



PRIMARY RESEARCH

# In quest for safe motherhood: Viewpoints of Mandaya mothers on antenatal care

Ronie J. Masunag<sup>1\*</sup>, Glorilyn M. Montejo<sup>2</sup><sup>1</sup>Department of Health, Davao Doctors College, Inc. Davao, Philippines<sup>2</sup> Department of Education, Davao, Philippines

## Keywords

Antenatal care  
Phenomenology  
Safe motherhood  
Social science  
Viewpoints  
Davao oriental  
Philippines

**Received:** 5 April 2023**Accepted:** 12 July 2023**Published:** 21 October 2023

## Abstract

Antenatal care is known as the key component of complete maternal health care services given to pregnant women. It monitors and assesses both the mother and the baby for any possibility of complications. However, despite the known benefits of antenatal care, many pregnant women have not completed quality antenatal care, specifically in Barangay Pichon, Caraga, Davao Oriental, Philippines. Furthermore, this study was anchored on the Transcultural Nursing Theory of Madeleine Leininger. This theory was utilized in this study to provide care congruent with the cultural values, beliefs, and practices of the Mandaya mothers. This qualitative study aimed to explore the viewpoints of Mandaya mothers on antenatal care. Participants were selected purposively and were limited to multigravida mothers who belong to the Mandaya Tribe and are of legal age. Moreover, five (5) Mandaya mothers participated in the in-depth interview, and seven (7) Mandaya mothers participated in the focus group discussion. After the data gathering, three emergent themes were formulated following Colaizzi's Method of Analysis. Furthermore, results showed that antenatal care prevents pregnancy risks and complications, ensures good fetal health conditions and teaches proper care and the maintenance of the newborn and responsible parenthood. Moreover, the findings revealed that Mandaya mothers experienced a sense of security and confidence in conservative practices and beliefs, deterrence due to perilous roads and travel conditions, and impediments due to a lack of financial resources. In addition, Mandaya mothers shared the significance of antenatal care and were hopeful about government action. Further research that focuses on indigenous people with diverse beliefs and practices regarding antenatal care is recommended. In conclusion, this research emphasizes that collaborative efforts of the local governments and medical professionals may enhance maternal and child health outcomes. This may also be improved if compliance with antenatal protocols were followed by mothers.

© 2023 The Author(s). Published by TAF Publishing.

## INTRODUCTION

Every pregnant woman seeks for safe motherhood and one way to achieve it is through compliance of antenatal care. Through antenatal care, especially in the early and later stages of pregnancy, possible risks are detected, hence, the complications during labor are avoided and ensures safe delivery of the mother and child (CSA, 2015).

Antenatal care is a strategy made by the government to lessen maternal mortality and morbidity, but despite the effort made by the government in implementing the program on antenatal care, still, not all mothers were able to complete it, or worse, others were not even able to visit

for once, and this has contributed to maternal mortality and morbidity. Maternal mortality mostly occurs in developing countries, with 239 per 100,000 live births versus 12 per 100,000 live births in developed countries in 2015. This occurrence reflects inequities of attendance in antenatal care, where most of the complications could have been prevented if they were treated earlier in pregnancy (Organization, 2018).

In addition, according to the WHO (2023), in 2020, close to 800 women lost their lives each day due to preventable causes linked to pregnancy and childbirth. Almost every two minutes, a maternal death occurred during that year.

\*corresponding author: Ronie J. Masunag

†email:roniemasunag@gmail.com



Between 2000 and 2020, there was a global decline of approximately 34% in the maternal mortality ratio (MMR), representing the number of maternal deaths per 100,000 live births. Nearly 95% of all maternal deaths in 2020 were concentrated in low and lower-middle-income nations.

Issues about incomplete antenatal care have become universal. In the global setting, 62% receive at least four antenatal visits, particularly in regions with the highest rates of maternal mortality, such as Sub-Saharan Africa and South Asia, where they got 52% and 46% respectively. Thus, the World Health Organization (WHO) endorses a minimum of four visits for antenatal care (UNICEF, 2016).

In the Philippines, PSA (2022) states that only 86% out of 95% target by the Department of Health on antenatal care was accomplished. This only shows that there is a slow measure in increasing antenatal care in order to attain safe motherhood (PSA, 2023).

Locally, despite the collaborations and efforts of the program with the partnership of the Local Government Unit (LGU), Department of Health, and World Health Organization in addressing antenatal care, still, Barangay T. Pichon got the lowest accomplishments in Caraga from 22.9% percent in 2016 to 30% in 2018 and it evidently got the highest maternal mortality from 2014 to 2022 with the total number of 4 (Rural Health Unit – Caraga, 2022). Furthermore, there are a lot of studies that focus on the perspectives of medical professionals on the attitude of mothers toward antenatal care, but only a few studies focus on the viewpoints of mothers, especially those in remote areas. Moreover, this study is relevant since there have been no related studies yet on antenatal care concerning the cultural aspects of Indigenous people, particularly the Mandaya community, on their viewpoints and perspectives on antenatal care. For contextual implications, this study highlights the importance of maternal health care, particularly antenatal care, in remote areas where access may be limited. It emphasizes the role of nurses in educating mothers and ensuring they understand the significance of antenatal care. The study underscores the need for collaboration between local governments, medical professionals, and local clinics to improve access to quality maternal healthcare services. For practical implications, nurses should be actively involved in educating mothers about antenatal care, especially in remote areas, to improve maternal and child health outcomes. Nursing schools and universities need to integrate intercultural nursing principles into their curriculum to prepare nurses for providing culturally sensitive care to diverse populations. Local Government Units (LGUs) should implement policies that support maternal health and collaborate with

local clinics to ensure equitable access to antenatal care services. Lastly, for theoretical significance, this study contributes to the literature on maternal health care by highlighting the importance of cultural sensitivity and collaboration in improving maternal and child health outcomes. It emphasizes the role of nurses in promoting maternal health and underscores the need for interdisciplinary collaboration in healthcare delivery. This study suggests avenues for further research, particularly in exploring indigenous beliefs and practices regarding antenatal care, which can inform culturally tailored interventions and policies.

### **PURPOSE OF THE STUDY**

The purpose of this qualitative phenomenological study was to explore and understand the experiences of Mandaya mothers on antenatal care and how these experiences affect their perception on antenatal care. In this study, antenatal care refers to the care that Mandaya mothers in T. Pichon obtains during pregnancy which helps guarantee healthy delivery of pregnant women to newborns. Pregnant women need to complete at least four antenatal visits.

### **Research Questions**

- What are the viewpoints of Mandaya mothers regarding antenatal care?
- What are the experiences of these mothers in handling safe motherhood?
- What insights can the participants share with their peers and with the nursing profession in general?

### **Theoretical Lens**

This study was grounded in Madeleine Leininger's Transcultural Nursing Theory, which aims to provide care that respects and aligns with cultural values, beliefs, and practices. The theory emphasizes understanding individuals, families, communities, and institutions within diverse healthcare systems, and it offers culturally tailored interpretations of care and health across different care frameworks. This understanding enables nurses to acknowledge both shared aspects and differences in cultural care, which involves preserving, accommodating, and sometimes restructuring cultural practices within nursing interventions and approaches (Gil, 2016).

Transcultural nursing theory is applied in this study since the Mandaya mothers in Barangay T. Pichon have their own set of beliefs regarding safer pregnancy and delivery. In order to understand these beliefs on safer pregnancy, one must fully engage with their culture. After all, the healthcare provider is primarily responsible for delivering care and remains alongside the patient for the majority of their

care journey. In accommodating culturally sensitive pregnant women, it is important to instill in them the importance of complying with antenatal care for safer pregnancy and delivery by means of health education and health care service implementation and provision. Furthermore, the frequent visibility of health care providers in the health centers in delivering health services on a daily basis for antenatal schedules, Mandaya mothers will be encouraged to attend and complete antenatal visits despite their cultural beliefs on safe motherhood, and if done repeatedly, this will lead to repatterned and restructured lifestyle from their beliefs and practices into realization of the true essence of safe motherhood by attending antenatal care.

### Importance of the Study

This study could be of importance to the following: Mandaya Mothers; Health Care Providers and Rural Health Unit; Department of Health; and Future Nursing Researchers. The result of this study can help Mandaya mothers realize that completing antenatal care visits is a way to achieve safe motherhood. Furthermore, it is important to Health Care Providers and Rural Health Unit in which it would give them ideas on the viewpoints and experiences of Mandaya mothers on the hindrances in completing antenatal care. It would help them broaden their understanding on such experiences and may push them to develop strategies to address the problems regarding the compliance of antenatal care by pregnant mothers in order to attain safe motherhood.

For the Local Government Unit, this may strengthen governing policies in the compliance of four plus antenatal cares since it is the most foundation of safe motherhood. It would also promote the collaborative effort of barangay local government unit and its stakeholders in targeting no maternal mortality.

Also, this study may be beneficial to Department of Health which it may serve as a reference for its officers to implement 4 plus antenatal cares down to the grassroots level through holistic community-based approach involving barangay local government unit.

Finally, to the future researchers who would choose to conduct similar study, the result of this study may be helpful as a reference for them to have an overview on the viewpoints and experiences of Mandaya mothers on antenatal care and their experiences in order to attain safe motherhood.

### Definition of Terms

To make this study comprehensible to the readers, terms were operationally defined:

#### **Antenatal Care**

This refers to the care that a pregnant woman receives 4 plus antenatal cares during pregnancy.

#### **4 + Antenatal Cares**

This refers to mothers who completed 4 antenatal visits at health care providers. One visit at first trimester, 1 visit at second trimester and 2 visits at third trimester.

#### **Quality Antenatal Care**

This refers to pregnant mothers who have completed 4 antenatal visits, seen by the doctor, seen by the dentist, completed laboratory examinations at least twice (urinalysis and hemoglobin), completed six months ferrous sulfate plus folic acid vitamins and counselling on danger signs.

#### **Mandaya Mothers**

This refers to the multigravida Mandaya mothers who were the recipient of the antenatal care introduced by the Department of Health.

#### **Safe Motherhood**

This refers to safe pregnancy, safe delivery and safe birth of new born of Mandaya mothers.

#### **Viewpoints**

This refers to the perspectives or perceptions of mothers about antenatal care.

### LITERATURE REVIEW

#### **Safe Motherhood**

Safe motherhood, is an initiative spearheaded by the UN since 1987, aims to guarantee women's safe passage through pregnancy and childbirth, resulting in the birth of healthy infants. Despite efforts such as the Millennium Development Goals (MDGs) from 2000 to 2015, countless women still face fatal or severe complications during pregnancy and childbirth each year. Safe motherhood begins before conception with adequate nutrition and adopting a healthy lifestyle. Key components include planned pregnancies, timely prenatal care, proactive complication prevention, and prompt and efficient treatment when complications arise, all vital aspects of maternal healthcare (Tulchinsky, Varavikova, & Cohen, 2023).

Moreover, safe motherhood prioritizes pregnant women's safety by providing preventive care, treatment for complications, trained birth assistance, and emergency obstetric care to prevent adverse outcomes. It ensures the well-being of both mother and baby throughout pregnancy, delivery, and postpartum, as stated by Prince (2018). Adopting a healthy lifestyle and addressing health concerns before

pregnancy are recommended to promote healthy pregnancies, according to the National Center for Chronic Disease Prevention and Health Promotion Division of Reproductive Health, USA (2015).

In addition, safe motherhood is a matter of human rights and social justice. It is a great challenge for the whole world to make safe motherhood a reality. Different Non-Government Organizations and International Non-Government Organizations and the governments of both developed and developing countries are making enormous efforts to reduce maternal mortality and morbidity. The goal of safe motherhood is for pregnant women to avail quality services, sound medical advices during pregnancy and child delivery (Prasad, 2013).

Additionally, in Nairobi, Kenya, the initiation of the Safe Motherhood Programme in 1987 aimed to promote maternal health. The program set a target of reducing maternal mortality by 50 percent. This objective was subsequently embraced by National Governments in Nigeria in September 1990. The Safe Motherhood Programme was developed with the intention of mitigating the significant toll of deaths and illnesses arising from pregnancy and childbirth complications (Olohiomeru, 2014).

Furthermore, maternal mortality and morbidity are some of the most important global health issues facing the world today. Worldwide, approximately 1,000 women die each day from pregnancy and childbirth related causes. Despite the international community's pledge to enhance maternal health by 2015 through Millennium Development Goal (MDG) number five, which targets a 75% reduction in maternal mortality and the achievement of universal access to reproductive health care, numerous countries have struggled to enact successful initiatives to diminish maternal mortality and morbidity. As a result, women globally still face the risk of death or health complications related to pregnancy and childbirth (Hodgins & D'Agostino, 2014).

The Global Strategy for Women's and Children's Health, spearheaded by the United Nations Secretary-General, aims to prevent 33 million unintended pregnancies and child-births, including unsafe abortions. Antenatal clinics are considered a vital strategy for reducing maternal mortality in low-income resource settings. They hold significant importance for pregnant women as they play a crucial role in preventing maternal and child mortality, along with complications during pregnancy (Cumber, Diale, Stanly, & Monju, 2016).

### **Antenatal Care**

Antenatal care encompasses the provision of comprehensive healthcare services by skilled professionals to pregnant women, aimed at optimizing the health of both the mother and baby throughout pregnancy. This care entails risk assessment, disease prevention and management specific to pregnancy, as well as health education and promotion (Abdelmola, 2023).

Similarly, antenatal care (ANC) is a care that a woman receives during pregnancy which helps ensure healthy outcomes of women and new-borns. It is a key entry point for pregnant women to receive a broad range of health promotion and preventive health service. Antenatal care, a pregnancy related services provided to pregnant women by health professionals and to further investigate laboratory examinations, referral and health education (Fesseha, Alemayehu, Etana, Hailelassie, & Zemene, 2014).

Also, antenatal care for pregnant women by health professionals maintains women's health during pregnancy and improves pregnancy outcomes by identifying and managing pregnancy related complications. ANC visits are a platform for delivery of evidence-based clinical interventions, counselling on maternal health, birth and emergency preparedness (Gupta et al., 2014).

Moreover, ANC helps to ensure the well-being of the mother and fetus through early detection of risks in pregnancy, prevention of pregnancy and labor complications and ensures the safe delivery of mother and child (CSA, 2015).

It was further added that effective antenatal care (ANC) contributes to the reduction of maternal and neonatal mortality rates and enhances health outcomes, especially in low-income nations. Quality ANC is assessed through three key dimensions: the frequency of visits, the timing of care initiation, and the incorporation of all recommended components of care outlined by WHO (2014) for ANC. This includes the initiation of care within the first trimester of pregnancy and attendance of at least four ANC visits throughout an uncomplicated pregnancy (Joshi, Torvaldsen, Hodgson, & Hayden, 2014).

The maternal health challenges stem from various immediate causes as well as underlying factors operating at individual, community, and national levels. A combination of intricate socio-economic dynamics, lack of awareness, and adherence to tradition collectively contribute to elevated morbidity and mortality rates among women of reproductive age (Hodgins & D'Agostino, 2014).

A demographic and health survey conducted to explore factors influencing the attendance of four or more antenatal care (ANC) visits revealed that half of the women adhered

to this recommendation, while 85% attended at least one visit. The study identified that older age, higher parity, and increased levels of education and household economic status among women were predictive factors for attending four or more ANC visits (Joshi et al., 2014).

Also, antenatal care utilization is associated with a number of sociodemographic and economic factors such as age of the woman, education, work status, parity, media exposure, household income, awareness and knowledge regarding antenatal care services, cultural beliefs, woman's autonomy, availability and access to health care, prior experience of delivery complications and motivation by either health care provider or family (Adhikari et al., 2016).

Moreover, although the Basic Antenatal Care (BANC) approach to health care services provision had brought about improvement in the quality of care, the waiting times, the intervals between antenatal care visits, integration of antenatal care with other primary health care services, limited space at the clinics and the attitudes and performance of clinic staff, are seen as the hindrances in completing the antenatal visits (Patience, Sibia, & Gwele, 2017).

In addition, some of their participants commented that the ANC services were not available every day of the week in the Primary Health Clinics. It was further expounded by NDH (2013) recommends that healthcare services should be made available every hour and day of the week. The working hours should also be convenient for pregnant women because inconvenient operating time is one of the barriers to accessing services (Patience et al., 2017).

Moreover, in a study about women's knowledge and attitude towards pregnancy in a high-income developing country confirmed that they had never sought antenatal care despite being aware of the importance of ANC and their ability to afford. They cited alleged mistreat and unfriendliness of the service provider as the main reason they stayed away from the facilities (Alkaabi, Alsenaidi, & Mirghani, 2015).

Despite the improvement in maternal and infant mortality, still, there are other factors which hinder these women from using ANC Services such as religion/cultural beliefs and poverty. As mentioned, poverty is one of the factors that delay women from completing ANC services because some of them cannot meet up to the standard of paying their laboratory bills and other things which the hospital may ask them. Also lack of health facilities in some remote areas makes these women feel reluctant to attend ANC (Cumber et al., 2016).

In addition, a study about factors associated with delayed ANC attendance in Malawi, researchers found barriers to Antenatal care attendance were maternal/spouse educa-

tion, cost of services, access to care, religious and cultural beliefs and perceptions of care were found out to be a barrier; some women believed that ANC was reserved for those who were having health problems or complicated pregnancies, not for prevention and general well-being (Manda-Taylor, Sealy, & Roberts, 2017).

Also, in Philippines specifically in Leyte, poverty, the cost of services and the number of children were suggested as the factors related to the delayed and compliance of antenatal care (Horiguchi & Nakazawa, 2018).

In urban Accra, Ghana, socio-cultural influences shape pregnant women's care-seeking behavior, driving them to seek multiple forms of care beyond maternal health services due to perceived threats interpreted through a sociocultural lens. This includes seeking care from biomedical, herbalists, traditional birth attendants, and spiritual sources, which can disrupt consistent use of skilled provider care (Dako-Gyeke, Aikins, Aryeetey, Mccough, & Adongo, 2013). On the other hand, it was found out in a study that poor knowledge about safe motherhood practices among female respondents within selected rural communities in northern Nigeria is strongly associated with attendance at ANC visits. Therefore, increasing knowledge about safe motherhood practices should translate into safer pregnancy outcomes and subsequently lead to lower maternal mortality across the developing world (Okereke et al., 2013).

Also, it was suggested in a study to improve the status of women to have a good prenatal, intra natal and post-natal care, health education must be given through mass media to make mothers aware of the various complications of pregnancy and delivery, the importance of antenatal care and safe motherhood, and family planning. It was suggested that trained doctors and staff must be ensured with adequate comprehensive emergency Obstetric training (Lakshmi & Jyothi, 2017).

### **Mandaya Tribe**

According to the Mangkatadong (leaders) of the Mandaya tribe, the term "Mandaya" was not the original name of their people. Instead, it originated from "Daya" or "Taga daya," meaning people from the uplands, which refers to the mountains of Caraga overlooking the Pacific Ocean, and "lawud" or "Taga Lawud," meaning people living in the plains, typically referring to the coastal area facing the ocean. Although the indigenous group has been referred to as Mandaya, its members have gradually accepted this name (Masinaring, 2011; Akash, Khan, & Shear, 2023).

Furthermore, Mandaya is probably the greatest and best tribe among the largest tribal unit in southeastern Min-

danao. Mandaya exist in the present provinces of Davao Oriental, Davao del Norte and Compostella Valley, and from Tago town of Surigao del Sur and Southern part of Agusan del Sur (Ompang, 2015).

Also, The Mandaya people are regarded as possessing an intellect of high caliber, enabling them to safeguard their ethnicity and cultural legacy against the colonial intrusions of the Spaniards, Japanese, and Americans. To gain a deeper comprehension of the Mandaya culture, it is essential to delve into not just their traditional customs and ceremonies, but also their aspirations, perceptions, and emotions regarding their society and surroundings. Undoubtedly, the profound convictions of the Mandaya have forged a distinctive amalgamation of nature, spiritual entities, and humanity (Sillada, 2013).

In addition, The Mandaya perceive the world through a belief in both good and evil spirits governing nature. To maintain harmony, they perform rituals and offerings to appease these spirits. Contrary to Christian views, they believe evil spirits can be mollified with respect. Nature is central to their tribal life, requiring permission even for small actions. Disrespecting nature harms spirits and affects the community. Thus, caring for nature is synonymous with respecting the tribe (Sillada, 2013).

In addition, traditional healers are the holders of sacred or traditional knowledge on behalf of the community. They have strong beliefs in ethereal spirits as the major cause of illnesses. It is a fervent belief of traditional Mandaya communities that all things on earth are gifts from Magbabaya or Taganlang, which if they would abuse his gifts then the spirits left by him on the earth would retaliate, that all gifts come from his bosom, and that the Mandaya people are the only stewards of his gifts. Magbabaya is the Mandaya term for Supreme Giver. Taganlang is of Islamic origin and is sometimes used interchangeably with Magbabaya (Sangab ADMP, 1999).

Health holds immense significance in the Mandaya's lives, influencing their ability to sustain themselves and engage in agricultural activities, while their healers rely on pahimulso rather than breath for physical wellness, performing rituals and offering sacrifices to coexist with mystical beings (Masinaring, 2011).

Mandaya pregnancy and childbirth beliefs are steeped in tradition, involving rituals such as monthly massages, the application of tagalumo during the ninth month, and herbal preparations advised by the balyan, while postpartum care includes various remedies and a feast to thank the birth attendant (Ampongol, 2014).

## METHODOLOGY

This study employed a phenomenological qualitative research design. A phenomenological research design aims to provide thorough investigation of an individual's actual lived experiences and provide insights of how a person in each context perceives a given phenomenon (Ugwu, Eze, & Extension, 2023). The qualitative approach is utilized in this study to investigate the viewpoints and experiences of Mandaya mothers on antenatal care. With that, the researchers believe that their experiences could give knowledge and understanding the true reason why these Mandaya mothers completed and not completed the quality antenatal care. Through phenomenological process, the researchers may construct the universal meaning of the event, situation or experiences and arrive at a more profound understanding on the phenomenon (Cresswell, 2013).

The primary data sources were the participants themselves. The data of this study were extracted primarily from one-on-one in-depth interview and focused group discussion of Mandaya mothers from Barangay T. Pichon, Caraga, Davao Oriental, Philippines. Secondary sources of data were taken from the Rural Health Unit records and Review of Related Literatures that would support the primary data.

The researchers gave first a formal letter to the Master of Arts in Nursing Program Chair for approval of the conduct of the study. After the letter of permission was approved, the researchers sought three qualified experts to validate the guide questionnaires in terms of clarity, understandability and suitability of the research questions. After the approval of the three field experts, the letter of approval was sent to the Municipal Health Office of Caraga, Provincial Department of Health Officer, and National Commission Indigenous People (NCIP) Provincial Officer. Then, the researcher went to Barangay T. Pichon and gave the permission letter to Barangay Captain and Indigenous People Representative and presented the approved letter from the NCIP to the Tribal Chieftain of Barangay T-Pichon for the study to be conducted in the area. Before the study was conducted, the secretary of the chieftain oriented the researchers with the rules and regulations of the barangay and the researchers were endorsed to different "Limpongs" or "Purok Leaders" for the safety and security in the area while conducting a study.

Before conducting the interview, the researchers first sought the permission of the participants and carefully explained the purpose of the study into their dialect for better understanding. The researchers also asked the permission of the respondents to record the interview through a handheld device like cellphone. Also, the participants were in-

formed that the session of the interview was limited to 30 minutes to 45 minutes.

The researchers used the Colaizzi's method of data analysis (Colaizzi, 1978). Colaizzi's method aims to explore and understand the people's lived experiences on a given phenomenon through interpretation of the transcribed text, extracting significant statements, organizing and analyzing the data by following a step by step process (Wirihana et al., 2018).

Initially, the finished transcript was read and re-read several times to understand the thoughts, feelings and ideas of Mandaya mothers regarding their views on antenatal care and their experiences to attain safe motherhood. After, the researchers extracted significant statements from the participant's transcripts. Subsequently, the researchers formulated meanings from each significant statement; after the meanings were formulated, the researchers organized the meaning into cluster themes and emergent themes. The result of the study was integrated into an exhaustive description of the phenomenon of the study. Eventually, validation of the exhaustive description from the participants was followed to prevent from further redundancy, misused and overestimated findings. Finally, validation of the findings should be sought from the research participants to ensure the researchers' descriptive results are congruent with their viewpoints and experiences.

## RESULTS AND DISCUSSIONS

This chapter presents the analysis of the data collected from the narrative of Mandaya mothers on their viewpoints about antenatal care. Included are constructs which

emerged from the information gained through in-depth interview and focus group discussion. The ideas expressed by Mandaya Mothers were used to sort out their views and experiences on antenatal care.

Before the interview was conducted, the researchers sought first the approval of the Barangay Captain, Barangay Indigenous People Mandatory Representative – Barangay Pichon, Elders of Mandaya Tribe, and the Chieftain of Barangay Pichon. After the approval, the researchers contacted the qualified participants with the help of Purok Leaders and Barangay Health Care Workers of Barangay T. Pichon. Then, the researchers sought consent from the participants, the purpose was clearly explained to them and they were given an option to participate or not. Also, being into a sensitive cultural environment, the researchers considered and observed the rights to confidentiality, privacy and dignity of the participants who participated in the study. Focused group discussion took place at the residence of Barangay Health Care Worker in Sitio Sangab, T. Pichon, while the in-depth interview was conducted in the participants' respective houses located in different sitios of Barangay T. Pichon. To protect and preserved the identity and privacy of the participants, the participants' names were coded as shown in the table below.

### Profile of the Participants

The participants of the study were multigravida mothers with ages 25 – 41 years old. Most of the mothers have three to six children while one mother has twelve children. Five of them participated in the in-depth interview while seven mothers participated in the focus group discussions.

**TABLE 1.** Profile of the participants

Assumed Name	Age	Number of Children	Study Group
Participant A	28	5	IDI
Participant B	37	12	IDI
Participant C	29	3	IDI
Participant D	28	4	IDI
Participant E	28	4	IDI
Participant F	33	4	FGD
Participant G	38	3	FGD
Participant H	25	4	FGD
Participant I	38	3	FGD
Participant G	32	3	FGD
Participant K	28	3	FGD
Participant L	41	6	FGD

Using the Colaizzi's method of data analysis, out of 205 statements made by the participants, 120 were identified as significant with 61 formulated meanings were derived from

the significant statements. Then, three emergent themes were identified namely: Antenatal Care is Highly Beneficial to Mother, Child and Family as a Whole, Hindrances on the

Compliance of Antenatal Care, and Life Lessons and Enlightenment. Also, ten cluster themes, namely; Prevents Pregnancy Risks and Complications, Ensures Good Fetal Health Condition, Teaches Proper Care and Ministration of the New Born, Responsible Parenthood, Sense of Security and Confidence in Conservative Practices and Beliefs, Deterrence

due to Perilous Roads and Travel Conditions, Impediments due to Lack of Financial Resources, Attitude and Availability of Health Care Provider, Significance of Antenatal Care and Hopeful for Government Actions were categorized respectively under the emergent themes.

**TABLE 2.** Examples of significant statements and related formulated meaning

Significant Statements	Formulated Meaning
<p>“Pregnant women should undergo antenatal care to prevent risk in pregnancy such as urinary tract infection. With antenatal care you would know the right medications to be taken”.</p> <p>“In attending antenatal..., we are able to know how to take care of the newborn after birth. Also, prenatal helps us understand how to make the newborn grow healthy.”</p> <p>“...The preparation I made was to deliver just at home with Hilot since I am already used to it. I am more comfortable with the hilot with their touch when they used to massage my abdomen. Also, I feel shy when somebody touches my abdomen and whenever deliver to the hospital.”</p>	<p>Antenatal detects Urinary Tract Infection thus preventing risk in pregnancy. . Antenatal teaches and prepares in raising a newborn to grow healthy. Sense of comfortability and confidence with the “hilot” in handling pregnancy and delivery.</p>

Shown in the table 2 above are the examples of the significant statements extracted from the interview and out of

these significant statements, meanings were formulated.

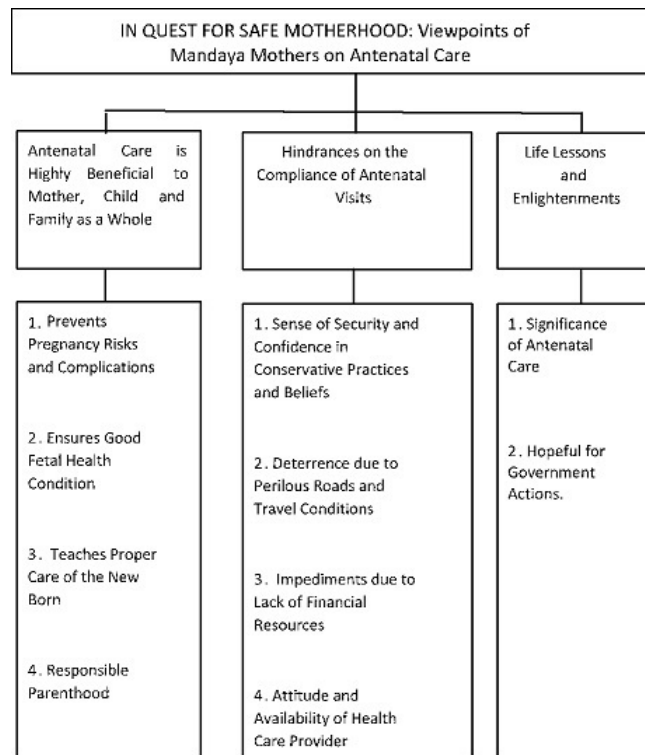
**TABLE 3.** Examples of cluster themes with their associated formulated meaning

Formulated Meaning	Cluster Themes
<p>Antenatal detects Urinary Tract Infection thus preventing risk in pregnancy.</p> <p>Antenatal teaches and prepares in raising a newborn to grow healthy.</p> <p>Sense of comfortability and confidence with the hilot in handling pregnancy and delivery.</p>	<p>Prevents Pregnancy Risks and Complications</p> <p>Teaches Proper Care of the New Born</p> <p>Sense of Security and Confidence in Conservative Practices and Beliefs</p>

The table 3 above shows the examples of the meaning formulated from the significant statements and these formu-

lated meanings were clustered into themes.





**FIGURE 1.** Thematic map

### **Emergent Theme 1: Antenatal Care is Highly Beneficial to Mother, Child and Family as a Whole**

Antenatal Care (ANC) for pregnant women by health professionals is beneficial in maintaining women's health during pregnancy. It improves pregnancy outcomes by identifying and managing pregnancy related complications. This theme generalized the understanding and viewpoints of Mandaya mothers on the benefits of antenatal care not just for pregnant women and the baby itself, but for the preparation of the family as a whole by being ready financially in order to have a safe delivery in a hospital and by nurturing the baby properly to grow healthy. Health and well-being of mothers and newborns are the basic elements that must be achieved by providing safe motherhood services (Shahid Ali et al., 2023). Furthermore, ANC visits are a platform for delivery of evidence-based clinical interventions, counselling on maternal health, birth and emergency preparedness (Gupta et al., 2014).

#### **Cluster Theme 1: Prevents Pregnancy Risks and Complications**

This theme highlights the viewpoint of Mandaya mothers that antenatal care is beneficial to pregnant women in preventing pregnancy risks and complications. Through antenatal care, possible problems that pregnant women might be experiencing such as high blood pressure, gestational di-

abetes, infection and eclampsia will be managed, if not prevented professionally. With that, health care provider will be able to diagnose, treat and manage such complications before they become serious (Shriver, 2017).

As stated by one of the participants, antenatal care helps detect maternal problem like hypertension and such will be prevented as early as possible through proper medicines.

*"Antenatal care for me determines high blood pressure and through antenatal care, complications of high blood pressure can be prevented earlier in my pregnancy through taking medicines". (Participant G)*

In addition, according to Mandaya mothers, antenatal care is needed for them to know what medicines to take especially for the urinary tract infection.

*"Pregnant women should undergo antenatal care to prevent risk in pregnancy such as urinary tract infection. With antenatal care you would know the right medications to be taken". (Participant F)*

Furthermore, Mandaya mothers see antenatal care as helpful to prevent future problems and to avoid the repetition of the previous bad experience in the delivery.

*“I experienced how difficult it was to deliver a child without antenatal... that’s why antenatal care for me now is important. Antenatal is really needed to prevent complications and to have safe pregnancy and delivery”.* (Participant J)

Based on the statements provided by the participants, they described antenatal care as beneficial to prevent maternal problem since it provides regular monitoring of complications like high blood pressure, urinary tract infection, and any illnesses that pregnant women might encounter.

Antenatal care services help pregnant women in identifying complications associated with the pregnancy or diseases that might adversely affect their pregnancy. Through antenatal visits, women benefit from various interventions, including counselling about healthy lifestyles, prevent and screen maternal problems and ensuring safe pregnancy and delivery (Abou-Zahr & Wardlaw, 2013).

#### **Cluster Theme 2: Ensures Good Fetal Health Condition**

This theme discusses the viewpoint of Mandaya mothers that antenatal care is beneficial to the baby for it maintains the good condition of the baby inside the mother’s womb. Moreover, through antenatal care and by means of ultrasound it ensures and checks the viability of the baby inside the mother’s womb, the baby’s growth and physical development and fetal defects like spina bifida, heart problems, absence of part of a limb and some cases of cleft palate. Through antenatal care, some fetal defects can be prevented earlier in pregnancy through taking complete multivitamins with folic acid daily from the first month of pregnancy until delivery (Viegi, 2018).

Mandaya mother view antenatal care as beneficial for the prevention of fetal problems through maternal health promotion,

*“Through constantly attending antenatal you will be reminded of the things you are going to comply especially on having an ultrasound to know the condition of the baby during pregnancy.”* (Participant H)

*“Antenatal care can make the baby healthy and not to get sick easily. It is really needed to report to the health center to be given with vitamins and tetanus injection during pregnancy for baby’s protection.”* (Participant C)

*“On my part, prenatal is needed to have a healthy baby. It will protect the baby during the mother’s*

*pregnancy through tetanus toxoid and vitamins.”*  
(Participant K)

Based on the statements of the participants, antenatal care becomes the means for mothers to protect their babies in their womb and ensures that these babies are in good condition. As posited by Abdelmola (2023), antenatal care encompasses the provision of comprehensive healthcare services by skilled professionals to pregnant women, aimed at optimizing the health of both the mother and baby throughout pregnancy. This care entails risk assessment, disease prevention and management specific to pregnancy, as well as health education and promotion.

Furthermore, ultrasounds can detect fetal problems. It also detects multiple births, placental localization, and assessment of fetal wellbeing and detection of fetal anomalies (Edwardson, Small, Person, Lalos and Mogren, 2014).

Also, to ensure good fetal health condition completing tetanus toxoid and multivitamins with folic acid by the pregnant women should be taken into consideration. As postulated by Titaley, Hunter, Heywood, and Dibley (2010), good fetal health condition is achieved when pregnant mothers avail the provision of iron/folic acid supplements, and tetanus toxoid vaccinations as they are reported to protect newborns against neonatal death.

#### **Cluster Theme 3: Teaches Proper Care of the Newborn**

This theme discusses the understanding and viewpoint of Mandaya mothers on the importance of antenatal care. During antenatal visit, health care providers teach pregnant women the proper way of caring, nurturing and assisting the newborn to grow healthy.

*“Because of antenatal..., it prepares as what to do after the delivery of the newborn especially the proper way of breastfeeding the newborn and to undergo immunization every month in order for the newborn to grow healthy.”* (Participant E)

*“Sir in prenatal also, we are discussed about the importance of breastfeeding my baby for at least 6 months”* (Participant K)

Based on the statements of the participants, Mandaya mothers view antenatal care as a reminder on how to raise the new born baby to grow healthy through proper way of breastfeeding and immunization.

Antenatal care provides an important opportunity for the discussion between pregnant women and health care providers about health behavior during pregnancy, postpartum care and newborn care especially on the importance

of proper breastfeeding and immunization. Hence, it is the best way to make a child grow healthy in preventing future problems and illnesses (Al-Ateeq & Al-Rusaiees, 2015).

#### **Cluster Theme 4: Teaches Responsible Parenthood**

This theme describes the viewpoint of Mandaya mothers on antenatal care as beneficial to prepare the parents to become responsible in achieving safe pregnancy and delivery as well as family planning. One responsibility being taught in antenatal care is the birth and emergency preparedness plan to pregnant women most especially in preparing for financial aspects on the importance of facility based delivery to ensure safe motherhood. Also, according to Chikalipo, Chirwa, and Muula (2018), during antenatal care pregnant women are taught about responsible parenthood which includes educating them about childbearing and early parenthood of the husband and wife to ensure and prepare for safe pregnancy and delivery.

Mandaya mothers stated that antenatal care helps them prepare for hospital delivery and that they should be ready financially to sustain and prepare for hospital bills.

*"During antenatal... we can be reminded like how we are going to save money for the preparation of hospital delivery in order to achieve safe pregnancy and delivery". (Participant A)*

*"In antenatal care, we are reminded on how we are going to save money like planting vegetables as a source of income for preparation in hospital delivery" (Participant G)*

Also, one mother stated that becoming a responsible parent is to plan for the number of children and spacing of pregnancy to prevent further complications during pregnancy and delivery.

*"In antenatal care, we are also reminded and counselled on how we are going to use family planning after delivery" (Participant K)*

In here, Mandaya mothers view antenatal care as a reminder to prepare for live birth through saving money for hospital delivery to ensure safest pregnancy and delivery. Furthermore, preparation for childbirth begins before a woman becomes pregnant. Antenatal care offers expectant parents an opportunity to prepare physically, mentally, emotionally, and parenthood. Making informed decisions about childbirth, newborn care, and parenting practices is a critical investment in the attachment relationship between parent and child (API, 2019).

Also, the use of family planning have been highlighted by one of the participant which it emphasized during antenatal care, hence it is very crucial to every pregnant woman to plan, limit and space between deliveries and the conception of the next child. Somehow, family planning leads to healthier pregnancies, mothers and the babies; also it reduces maternal and infant mortality. Additionally, having smaller families allows parents to invest more with their child (World Health Organization, 2017).

#### **Emergent Theme 2: Hindrances on the Compliance of the Antenatal Visits**

Despite the knowledge on the importance of antenatal care as contributory to safe motherhood, still, numerous Mandaya mothers in Barangay T. Pichon, Caraga, Davao Oriental were not able complete such because of some circumstances. This emergent theme describes the Mandaya mothers' lived experiences in ensuring safe motherhood. This also outlines their practices and difficulties in compliance of antenatal care to ensure safe motherhood.

Safe motherhood means creating the circumstances within which a woman is enabled to choose whether she will become pregnant, and if she does, ensuring that she receives care for prevention and treatment for pregnancy complications through antenatal care (Prince, 2018).

#### **Cluster Theme 1: Sense of Security and Confidence in Conservative Practices and Beliefs**

This theme describes how Mandaya mothers ensure safe motherhood through traditional practices, relying on traditional birth attendants known as "hilot" or "mananabang" for assistance during pregnancy and home deliveries. Mandaya mothers trust in traditional healing methods and feel comforted by the familiar touch and methods of these birth attendants. They also hold beliefs in traditional healing, including herbal preparations for childbirth, monthly massages, and assistance during delivery. Additionally, Mandaya tradition involves rituals like opening containers and having older relatives walk over the mother's abdomen to aid delivery (Ampongol, 2014).

Traditional birth attendants are evidently present in Mandaya community in Pichon, Caraga Davao Oriental with the participants' different statements:

*"Sir., the soonest that I feel I was pregnant; I immediately went to traditional hilot to confirm if I was pregnant and to know if my pregnancy was doing well." (Participant B)*

*"I used to go to to hilot... That is to know if I am*

*pregnant and to know if the baby inside is positioned straight.” (Participant C)*

Furthermore, a participants added that through traditional hilot, pregnancy can be identified.

*“I go immediately to traditional hilot the time I knew I was pregnant. The hilot started touching my abdomen to check if I was pregnant or not. Then...Sir, she told me I was pregnant.” (Participant E)*

In addition, traditional hilot is known to be popular among Mandaya mothers because they feel comfortable when traditional hilot attendants assist them in delivering a child.

*“...The preparation I made was to deliver just at home with Hilot since I am already used to it. I am more comfortable with the hilot with their touch when they used to massage my abdomen. Also, I feel shy when somebody touches my abdomen and whenever deliver to the hospital.” (Participant D)*

Similarly, for Mandaya mothers, traditional hilot were means of making their pregnancy and delivery safe. It is recommended and practiced by their grandparents through generations.

*“My parents and grandparents told me to have some respect with the hilot and to be kind to them so that if I need help I can easily ask their presence for consultation about my pregnancy.” (Participant L)*

Also, traditional beliefs in handling pregnancy are still practiced in Barangay T. Pichon as participants affirmed that whenever they feel something different and feel not good with their condition they would perceive it as “tagalhi” which they call it as a twin of a child inside a mother’s womb that harms both the baby and the mother.

*“Sir..., according to our elders and the hilots, if we felt something different with our condition, they would perceive it as tagalhi. Tagalhi is a twin of the baby inside the womb that forms like an octopus that would slowly harm the baby which causes bleeding.” (Participant H)*

Moreover, Mandaya mothers also believe in traditional healing in removing the tagalhi which they called it as “tagalumo”, a cure that mostly comes from a dream (it could be in any form of herbal plants) that removes tagalhi and facilitates easy and prevents difficulty in the delivery.

*“...Umm, in order to remove the tagalhi, a mother has to drink a medicinal root which they call it as “tagalumo” which is bitter to taste. It is in a form of a root or any herbs that usually comes from anyone’s dream. Through that, tagalhi can be slowly delivered while maintaining the baby inside the mother’s womb safely and to stop the bleeding.” (Participant I)*

*“There was also a time sir I was bleeding. The hilot also gave me a drink that tastes bitter and they called it a “tagalumo”. The true names of these medicines are not revealed by the hilot because if known by everyone..., it will not be effective the next time it will be used.” (Participant D)*

Furthermore, pregnant mothers believe in dreams as a warning.

*“With my eldest, it happened... I have hard time delivering here. I kept on dreaming that I can’t cross the river earlier in my pregnancy. That’s one of the reasons why I did not take the chance to cross the river to attend prenatal.” (Participant F)*

Also, one of the participants stated that in order to stop the pain in her stomach, she used to drink liquor which they refer to as Mallorca, an old alcohol usually drank by most men in the barrio.

*“One thing I used to do when I felt pain in my belly was I drink Mallorca which one thing I believed that can stop the pain.” (Participant B)*

Participants expressed a preference for traditional birth attendants due to comfort and recommendation by their parents and grandparents, relying on traditional remedies like “tagalumo” for pregnancy-related illnesses, despite its lack of scientific validation and government approval, potentially posing risks to Mandaya mothers’ health during pregnancy and delivery.

Globally, health beliefs during pregnancy and childbirth vary, with misinterpretation and mismanagement of danger signs contributing to maternal mortality, often exacerbated by traditional practices like abdominal pushing, unsafe delivery, fetal manipulation, and herbal ingestion (Morris, Short, Robson, & Andriatsihosena, 2014).

In addition, a study by Felisian, Mushy, Tarimo, and Kibusi (2023) discusses several beliefs held in the community that

are put into practice during childbirth. These practices are believed to expedite the delivery process and symbolize the woman's strength when she opts for home delivery. The study's findings reveal that sociocultural beliefs and practices are prevalent, spanning from the antenatal period through childbirth to the postnatal period. Both harmful and harmless practices were identified.

### **Cluster Theme 2: Deterrence Due to Perilous Roads and Travel Conditions**

This cluster theme enunciates the experiences of Mandaya mothers regarding their difficulties on the road and distance as hindrances in attending antenatal care. With difficult road and long distance travel, somehow, it discourages and makes Mandaya mothers lethargic to attend antenatal care.

Mandaya mothers stated that they need to walk for long hours before reaching the health center, passing the rocky road and overflowing rivers and to some extent their life being pregnant is risky due to non-availability of bridge. To further elaborate their statements, here are some of their experiences:

*"Long distance walking was very tiring and crossing the river for antenatal care was really difficult."* (Participant B)

*"There was one time when I visited the health center for antenatal care, I slipped since it was raining during that time. I thought that I was going to have a miscarriage. I needed to cross the river through the Sal'lay (an improvised zip line made of rattan) since it has no bridge, it was really risky."* (Participant G)

*"When I was pregnant, it was really hard for me to travel along a very mountainous hill going back and forth by just walking before reaching the health center."* (Participant E)

Health risk is also one of their concerns that can be triggered when walking in long distance. This can be better understood through their testimonies:

*"When I was pregnant, I usually got cramps which caused my difficulty to travel and it hindered me not to attend for antenatal visit. That was why I preferred to stay at home."* (Participant H)

*"Sir..., I did not attend antenatal care since my body got swollen from my second month of pregnancy until I delivered. It was always triggered*

*more due to difficult and long distance roads."*  
(Participant L)

Mandaya mothers were hesitant in attending antenatal care due to the difficult roads and far distant health center. For them, it would contribute additional risks in their condition. Physical access to health services was a major problem almost of the geographically isolated areas in any settings. In a qualitative study at South Sudan barriers of utilization of antenatal care were resulted from distance to health facilities, flooding and poor roads. Couples felt that if a health facility was near, they would attend Antenatal care regularly and return home quickly without having to worry about insecurity (van Pelt et al., 2023).

Furthermore, it was affirmed in a study that distance and difficult road in remote areas make pregnant women feel hesitant to attend antenatal care services (Cumber et al., 2016).

### **Cluster Theme 3: Impediments Due to Lack of Financial Resources**

This theme talks about lower income of Mandaya mothers as a contributory factor of non-compliance of quality antenatal care since it would cost money for transportation in going to Rural Health Unit or to the hospitals back and forth for complying the requirements of quality antenatal care. Here are some of their statements:

*"Sir, when they call for us to go down for prenatal and laboratory examinations; when we don't have money usually we get confused to decide whether to go or not. There's always a time we cannot comply due to lack of money."* (Participant C)

Also, one of the concerns of Mandaya mothers is the sufficiency of money in preparation for their safe delivery in a hospital.

*"Sir, our financial budget is only limited just for us to eat three times a day and we really don't have enough budget to go for laboratory examinations since it would cost money for transportation and we don't have enough money to deliver at hospital as required, so we prefer by just home."* (Participant L)

Based on the statements of Mandaya mothers, they had difficulty in completing the requirements in antenatal care to have safe motherhood because of low financial support to attain quality antenatal care. In the study entitled factors

associated with delayed antenatal care, attendance varies by country, region, culture, and population. The most common barriers worldwide are transportation and the cost of services (Manda-Taylor et al., 2017).

#### **Cluster theme 4: Attitude and Availability of Health Care Providers**

This cluster talks about the experiences of Mandaya mothers with regards to the health care providers' attitudes and availability as one of the contributory factors of not completing antenatal care.

There were instances that some of the participants complained with regards to the attitudes of the health care providers as tactless as they revealed in their statements:

*"There was a time when I missed my antenatal care check-up schedule, the midwife insulted me, saying, you have not thought of any difficulty when you had sex with your husband, and now that you are pregnant you are complaining that it is difficult to come for antenatal care, which is very necessary your condition. Besides, it's not my fault if you reside far away from the health care center." (Participant I )*

With regards to the services of the health care providers, one participant confessed her disappointment through her statement,

*"Sir... every time I went there, even though there was no injection or vitamins given to us, they still collected some donations from us. The donation at first was 20 and it increased to 30 pesos because of that sir, my husband had complained to BHWs. Sometimes we are disappointed to go there (health center) because even we haven't availed any medicine, we are still asked to donate money". (Participant J)*

Furthermore, participants complained about the unavailability of the health care provider as they revealed in their story,

*"I only had laboratory check-up but I didn't have the chance to be checked by the doctor and the dentist since they are not around as I visited the health center in Caraga. That is why sir, I just wasted my time and money going there." (Participant E)*

*"Also, one of the reasons I did not complete antenatal care is there were no daily schedule in the*

*health center. If there had been only a proper schedule, then we can attend it during our most convenient time." (Participant K)*

On the other hand, one participant shared positive feedback on the work and attitude of a health care provider.

*"Sir...I do not have any regret with the nurse assigned to us in Sangab. She always gives priority to those who are far from the health center. She feels happy whenever she sees pregnant mothers who are able to complete the antenatal care visits and be able to deliver in a hospital." (Participant G)*

Also, two participants shared about their experiences in which they are contented with the schedules and availability of the nurses during prenatal through their shared statements,

*"Another reason that I have completed prenatal is that the doctor, nurses and medtech are striving hard in reaching us to deliver quality prenatal health care services. Because of it, we are sure our baby is safe during our pregnancy. We, who are the nearest to the health center can complete the prenatal but those that are far would have a hard time to comply it." (Participant A)*

*"I am thankful since there was a nurse who was assigned to take good care of every pregnant woman who visited the health center for antenatal care." (Participant C)*

Their statements underscore the critical role of healthcare providers' attitudes and availability in pregnant women's adherence to quality antenatal care. While some Mandaya mothers accessed care due to accommodating attitudes and provider availability, others struggled to complete visits due to provider unavailability and unpleasant treatment.

These results were manifested in the study of van Pelt et al. (2023) that posits that pregnant women are motivated to attend antenatal care and are grateful for the services received. However, they also articulated a need for improvements in antenatal care services such as the availability of diagnostic tests and more interactions with healthcare workers.

NDH (2013) recommends that health care services should be made available every hour and every day of the week. The working hours should also be convenient for pregnant women because inconvenient operating time is one of the

barriers to accessing services (Ngxongo, Sibiya, & Gwele, 2016).

In addition, positive attitudes from healthcare providers, characterized by respect, care, friendliness, and sympathy, encourage pregnant women to return for care, while negative behaviors such as verbal abuse, including shouting and scolding, deter them (Mannava, Durrant, Fisher, Chersich & Luchters, 2015).

### **Emergent theme 3: Life Lessons and Enlightenments**

This theme refers to the discernments and awareness the Mandaya mothers learned during their pregnant days. They are able to share the true essence of antenatal care and their hopefulness in getting immediate actions from the government for the fulfilment of the national target of having quality antenatal care.

Each pregnancy and childbirth experience is distinct. It is essential to address inequalities that impact health outcomes, particularly in sexual and reproductive health to ensure that all women have access to respectful and high-quality maternity care.

Antenatal care, vital for both mother and baby according to Gele and Sundby (2013), is seen as a key to safe motherhood by mothers. However, obstacles like difficult roads and limited healthcare providers prevent some from accessing this care. These mothers hope for government action to ensure quality antenatal care for all, promoting safe motherhood.

### **Cluster theme 1: Significance of Antenatal Care**

This cluster discusses the realizations of Mandaya mothers in ensuring safe motherhood and the importance of attending antenatal care. These realizations are worth sharing to their peers and to the public in general.

Every mother only wants the best for her baby, thus attending antenatal care is essential. One participant stated the importance of prenatal and saving for safe pregnancy and delivery.

*"Umm... I can share to them to become a good mother through attending antenatal and having savings to ensure safety pregnancy and delivery since I had experienced a lot. One of it is I didn't attend antenatal and it lead me into danger; I almost died due to severe bleeding. That time, my pregnancy reached 10 months before I get to deliver and those times are really risky."* (Participant A)

Mandaya mothers also want to share to future pregnant mothers not to be too confident in having no antenatal care

and discourage them not to deliver the baby at home.

*"I will encourage pregnant women to attend antenatal care to have a good health condition of both the mother and the baby and not be too confident in having no prenatal and to not deliver the baby at home."* (Participant D)

In addition, mothers put emphasis on the importance of attending antenatal care to know the health condition of both the mother and the baby.

*"I am telling every pregnant woman to attend antenatal to know if they are high blood or not since I already experienced it. Also, to know the condition of the baby inside like if the baby is breathing normally during the pregnancy."* (Participant G)

*"To the pregnant women, my message for them is to really have to comply antenatal care since it will give good health to the baby and the mother."* (Participant J)

Mothers also encourage every pregnant woman that becoming pregnant is a responsibility, therefore it is important to attend prenatal care whatever the situation is.

*"The situation may be difficult..., but since they chose to be pregnant therefore they have to be responsible for it. It is important to have antenatal since it will give protection both to the mother and the baby."* (Participant I)

Based on the responses of the Mandaya mothers, they learned a lot from their experiences and were motivated as well as encouraged to handle safe motherhood.

Mothers who give support and encouragement to their fellow pregnant mothers especially those who are marginalized and are far from the health centers is seen to be helpful since they have the same experiences of being a mother. Their support is seen to have a potential to improve physical outcomes for mothers and babies by increasing the uptake of maternal and child health services through antenatal care (McLeish & Redshaw, 2015).

### **Cluster theme 2: Hopeful for Government Actions**

This cluster theme indicates the hope and faith of Mandaya mothers towards the solutions to the problems and hindrances in attending prenatal care. They are optimistic that these problems will be addressed and be given immediate actions from the government or from the medical authorities.

One way Mandaya mothers see as a solution to the problem is to have permanent nurses in their sitio or barangay. It is further elaborated through their statements:

*“What I can say... with the difficult road we have, hopefully we can have our nurse or midwife to be assigned in our sitio so that anytime when we are not feeling well and when we need help we can have someone whom we can ask for help anytime. With that also, we can be given with quality services on antenatal care.”* (Participant E)

*“Also Sir, since the government has already extended help with us, hopefully Sir that we will have our permanent nurse to be assigned at health center every day. Also, during rainy days, we will be able to go down for prenatal without worrying for slippery roads to walk on.”* (Participant G)

Moreover, Mandaya mothers want to raise the concern of having complete and free medicines for pregnant women in every barangay especially before and after delivery. Through their statements, it is further elaborated:

*“What we wanted to be heard by the government is that hopefully there will be a special and enough assistance for pregnant women in their pregnancy and delivery like the access of medicines especially to that high blood pregnant mothers because we have lacking of financial support to buy for it.”* (Participant L)

Furthermore, Mandaya mothers are hopeful that they may be given a house to stay when they deliver or attend an antenatal care at a health center since it is far from their house.

*“Hopefully it can be given with solution at least when we go there we have a home to stay especially us who are the farthest sitios in Caraga. Through it, quality antenatal care service to pregnant women might be completed.”* (Participant K)

In general, Mandaya mothers were very hopeful for the support of the government especially in having permanent nurses or health care providers to be assigned in a daily basis schedule, a house to stay when they arrived in Caraga to deliver and a support like complete medicines especially to those high risks pregnant women since they do not have enough money to sustain for it. Through it, a possibility of

attaining safer motherhood by attending antenatal care has the bigger possibility to be achieved.

Inadequate resources such as availability of health care providers and lack of essential medicines contribute to poor quality of antenatal care. Therefore, increase attention for the importance of basic assessments and response based services has to be given with considerations and should be adapted to the local setting to strive for realistic quality improvement of ANC (Solnes Miltenburg et al., 2017).

In support, Titaley, Dibley, Roberts, Hall, and Agho (2010) argued that financial difficulty began as the major issue among women who did not fulfil the minimum requirements of four antenatal care services. This is related to the cost of health services, transportation costs, or both. In remote areas, the distances from health care facilities, poor road conditions were also the major concerns, particularly for those living in remote areas. In addition, the limited availability of health services is also a problem, especially if the assigned midwife is frequently travelled out from the health care center.

## CONCLUSION

The viewpoints on antenatal care and lived experiences in ensuring safe motherhood of Mandaya mothers were described in this study. The themes which explained the mothers' viewpoints and lived experiences resulted from the influence of traditional practices and beliefs, fears of health risks due to the difficult roads and far health care facilities, financial difficulty, and the attitude and availability of the health care providers. These were mainly the reasons of Mandaya mothers of not attending or completing the antenatal care visits. The good health care provider and patient relationship plays an important role in complying and attending the antenatal care which is the basic way in attaining safer motherhood.

The findings of this study revealed that despite the fact that most of the pregnant mothers viewed antenatal care as beneficial, there were still those that did not comply or complete antenatal care visits and worst others did not even comply even for once. Thus, the data gathered and analyzed have paved the way to make implications for the furtherance of the nursing practice, nursing education, nursing research and recommendations to future researchers. The following are the implications of the findings of this research.

For the nursing practice, since the health care providers especially nurses are the primary source in giving care to achieve safer motherhood, they will be of great help in forming pregnant women's mind set on the benefits and impor-



tance of antenatal care through health education, encouragement and implementation through quality health service delivery and provision.

Also, for the Local Government Unit, though, nurses play a major role in pregnant mothers' attainment of safe motherhood; the LGU officials can also be of great help by strengthening and keeping a thorough implementation of the ordinances and resolutions enabling pregnant women to comply quality antenatal care. The collaboration of both the nursing practice and the government agencies through the availability of free medicines, a reachable health care facility, a house to stay near the facility, permanent nurses to be assigned daily in Barangay Health Care Centers, may help the full and best implementation of safe motherhood and quality antenatal care.

For nursing education, the application of transcultural nursing of Madeleine Leininger has to be strengthened in the curriculum in the nursing schools. By the time they will be deployed in the community, they are already equipped with knowledge and ideas about their roles in transforming these pregnant women in compliance of antenatal care despite their beliefs and practices. At some point, their availability in a daily basis would eventually lead into compliance of antenatal care.

In addition, for the nursing research, further research to focus on the Indigenous People with diverse belief and practices in regards with antenatal provisions has to be taken into considerations. Meanwhile, they are those people who are deprived with health care services due to their far distant in the health care facilities.

Lastly, for future researchers, the findings of this research can serve as a valuable reference, providing insights into the perspectives and experiences of Mandaya mothers regarding antenatal care and their journey towards achieving safe motherhood.

## REFERENCES

- Abdelmola, A. (2023). Antenatal care services in Sudan before and during the 2023 war: A review article. *Cureus*, 15(12).
- Adhikari, T., Sahu, D., Nair, S., Saha, K. B., Sharma, R. K., & Pandey, A. (2016). Factors associated with utilization of antenatal care services among tribal women: A study of selected States. *Indian Journal of Medical Research*, 144(1), 58-66.
- Akash, R. S. I., Khan, M. I., & Shear, F. (2023). The dynamics of international trade, capital flow, and economic growth in developing economies. *Journal of Management Practices, Humanities and Social Sciences*, 7(3), 18-25.
- Al-Ateeq, M. A., & Al-Rusaie, A. A. (2015). Health education during antenatal care: The need for more. *International journal of women's health*, 239-242.
- Alkaabi, M. S., Alsenaidi, L. K., & Mirghani, H. (2015). Women's knowledge and attitude towards pregnancy in a high-income developing country. *Journal of Perinatal Medicine*, 43(4), 445-448.
- Ampongol. (2014). *Mandaya ethnic tribe*. Retrieved from <https://shorturl.at/CL15V>
- API. (2019). *Prepare for pregnancy, birth, and parenting*. Retrieved from <https://shorturl.at/mEmfg>

## Limitations and Delimitations of the Study

This study focused on exploring and understanding the viewpoints of Mandaya mothers on antenatal care using a phenomenological qualitative research design. Moreover, research participants were selected by following a purposive sampling technique. A total of 12 participants were selected according to the following criteria: multigravida Mandaya mothers of legal age. Furthermore, this study limits to multigravida Mandaya mothers only since the researchers did not find enough participants for first time mothers. The study was conducted at Barangay T. Pichon, Caraga, Davao Oriental from January to April 2023.

## Recommendations for Future Researchers

This study focused on the viewpoints of Mandaya mothers on antenatal care. Also, this study focused on the experiences of Mandaya mothers in handling safe motherhood. Hence, the following are recommended.

A similar study may be conducted using a Quantitative Research Design with a larger number of participants.

Since, the study is limited only to the viewpoints of Mandaya mothers on antenatal care and safe delivery, future researchers may have the mothers and their husbands to elaborate more on the reasons of completing and or not attending antenatal care.

Furthermore, they may focus on the experiences of postpartum mothers from delivery until 6 weeks of giving birth and also the use of family planning since it is also a contributory factor to safe motherhood. In addition, they may focus on the viewpoints of first time mothers in handling safe motherhood instead of the multigravida mothers who are the participants of this study.

Moreover, since the study only focused on one setting which is Barangay T. Pichon, Caraga, Davao Oriental, future researchers may also include the whole 17 barangays in Caraga, Davao Oriental as the participants of the study.

- Chikalipo, M. C., Chirwa, E. M., & Muula, A. S. (2018). Exploring antenatal education content for couples in Blantyre, Malawi. *BMC pregnancy and childbirth, 18*, 1-14.
- Colaizzi, P. F. (1978). *Psychological research as the phenomenologist views it*. New York, NY: Oxford University Press.
- Cresswell, J. (2013). *Qualitative inquiry & research design: Choosing among five approaches*. Thousand Oaks, CA: SAGE Publication, Inc.
- CSA. (2015). *Ethiopia demographic and health survey* (Tech. Rep.). Maryland, USA: Central Statistical Agency.
- Cumber, S. N., Diale, D. C., Stanly, E. M., & Monju, N. (2016). Importance of antenatal care services to pregnant women at the Buea regional hospital Cameroon. *J Fam Med Health Care, 2*(4), 23-9.
- Dako-Gyeke, P., Aikins, M., Aryeetey, R., McCough, L., & Adongo, P. B. (2013). The influence of socio-cultural interpretations of pregnancy threats on health-seeking behavior among pregnant women in urban Accra, Ghana. *BMC Pregnancy and Childbirth, 13*, 1-12.
- Felisian, S., Mushy, S. E., Tarimo, E. A., & Kibusi, S. M. (2023). Sociocultural practices and beliefs during pregnancy, childbirth, and postpartum among indigenous pastoralist women of reproductive age in Manyara, Tanzania: A descriptive qualitative study. *BMC Women's Health, 23*(1), 123.
- Fesseha, G., Alemayehu, M., Etana, B., Hailelassie, K., & Zemene, A. (2014). Perceived quality of antenatal care service by pregnant women in public and private health facilities in Northern Ethiopia. *American Journal of Health Research, 2*(4), 146-151.
- Gil, W. (2016). *Madeleine leininger's transcultural nursing theory*. Retrieved from <https://shorturl.at/RenBo>
- Gupta, S., Yamada, G., Mpembeni, R., Frumence, G., Callaghan-Koru, J. A., Stevenson, R., ... Baqui, A. H. (2014). Factors associated with four or more antenatal care visits and its decline among pregnant women in Tanzania between 1999 and 2010. *PloS One, 9*(7), e101893.
- Hodgins, S., & D'Agostino, A. (2014). The quality-coverage gap in antenatal care: Toward better measurement of effective coverage. *Global Health: Science and Practice, 2*(2), 173-181.
- Horiguchi, H., & Nakazawa, M. (2018). The factors associated with the delayed first Antenatal Care in the Philippines. *Universal Journal of Public Health, 6*(2), 49-55.
- Joshi, C., Torvaldsen, S., Hodgson, R., & Hayen, A. (2014). Factors associated with the use and quality of antenatal care in Nepal: A population-based study using the demographic and health survey data. *BMC Pregnancy and Childbirth, 14*, 1-11.
- Lakshmi, K., & Jyothi, K. (2017). The Safe Motherhood Initiative-maternal health in the community, caring for future. *International Journal of Contemporary Medical Research, 4*(7), 1617-1620.
- Manda-Taylor, L., Sealy, D., & Roberts, J. (2017). Factors associated with delayed antenatal care attendance in Malawi: Results from a qualitative study. *Medical Journal of Zambia, 44*(1), 17-25.
- Masinarang, M. (2011). *Understanding the lumad: A closer look at a misunderstood culture*. Baguio, PH: Tebtebba Foundation.
- McLeish, J., & Redshaw, M. (2015). Peer support during pregnancy and early parenthood: A qualitative study of models and perceptions. *BMC Pregnancy and Childbirth, 15*, 1-14.
- Morris, J. L., Short, S., Robson, L., & Andriatsihosena, M. S. (2014). Maternal health practices, beliefs and traditions in southeast madagascar. *African Journal of Reproductive Health, 18*(3), 101-117.
- NDH. (2013). *National core standards for the health care establishment in South Africa* (Tech. Rep.). Pretoria, SA: National Department of Health (of South Africa).
- Ngxongo, T. S. P., Sibiyi, M. N., & Gwele, N. S. (2016). Experiences and views of the pregnant women regarding the Basic Antenatal Care approach to health care services provision in eThekweni district, KwaZulu-Natal. *Journal of Nursing and Health Sciences, 3*(1), 5-14.
- Okereke, E., Aradeon, S., Akerele, A., Tanko, M., Yisa, I., & Obonyo, B. (2013). Knowledge of safe motherhood among women in rural communities in northern Nigeria: Implications for maternal mortality reduction. *Reproductive Health, 10*, 1-12.
- Ompang, M. (2015). *The Mandaya ethnic group*. Retrieved from <https://shorturl.at/vv10z>
- Organization, W. H. (2018). *Who recommendations on intrapartum care for a positive childbirth experience*. Geneva, CH: World Health Organization.
- Prasad, S. (2013). Safe motherhood practice in dalit community. *Academic Voices A Multidisciplinary Journal, 2*(1).
- Prince, M. (2018). *Safe motherhood and child development: Men's role*.

- PSA. (2022). *National demographic & health survey*. Retrieved from <https://shorturl.at/xb0sT>
- PSA. (2023). *Philippine National Demographic and Health Survey (NDHS): Final report (Tech. Rep.)*. Quezon City, Philippines: Philippine Statistics Authority.
- Shriver, E. (2017). *Common complications of pregnancy. national institute of child health and human development*. Retrieved from <https://shorturl.at/ZZeiF>
- Sillada, D. (2013). *The quintessence of being a Mandaya*. Retrieved from <https://shorturl.at/axqwQ>
- Solnes Miltenburg, A., van der Eem, L., Nyanza, E. C., van Pelt, S., Ndaki, P., Basinda, N., & Sundby, J. (2017). Antenatal care and opportunities for quality improvement of service provision in resource limited settings: A mixed methods study. *PloS One*, 12(12), e0188279.
- Titaley, C. R., Dibley, M. J., Roberts, C. L., Hall, J., & Agho, K. (2010). Iron and folic acid supplements and reduced early neonatal deaths in Indonesia. *Bulletin of the World Health Organization*, 88(7), 500-508.
- Titaley, C. R., Hunter, C. L., Heywood, P., & Dibley, M. J. (2010). Why don't some women attend antenatal and postnatal care services?: A qualitative study of community members' perspectives in Garut, Sukabumi and Ciamis districts of West Java Province, Indonesia. *BMC Pregnancy and Childbirth*, 10, 1-12.
- Tulchinsky, T., Varavikova, E., & Cohen, M. (2023). *The new public health*. Amsterdam, NE: Elsevier Science. Retrieved from <https://books.google.com.pk/books?id=8RxoEAAAQBAJ>
- Ugwu, C., Eze, V., & Extension, K. P. (2023, 01). Qualitative research. , 8, 20-35.
- UNICEF. (2016). *The state of the world's children (Tech. Rep.)*. The State of the World's Children.
- van Pelt, S., van der Pijl, M., AC Ruiters, R., Ndaki, P. M., Kilimba, R., Shields-Zeeman, L., ... Massar, K. (2023). Pregnant women's perceptions of antenatal care and utilisation of digital health tools in Magu District, Tanzania: A qualitative study. *Sexual and Reproductive Health Matters*, 31(1), 2236782.
- Viegi, . B. M., C. (2018). *Folic acid in the prevention of neural tube defects*. Retrieved from <https://shorturl.at/wXnaF>
- WHO. (2014). *Promoting the role of traditional medicine in health System: Strategy for African region (Tech. Rep.)*. Harare, Zimbabwe: WHO regional for Africa.
- WHO. (2023). *Maternal mortality*. Retrieved from <https://shorturl.at/AL75D>
- Wirihana, L., Welch, A., Williamson, M., Christensen, M., Bakon, S., & Craft, J. (2018). Using colaizzi's method of data analysis to explore the experiences of nurse academics teaching on satellite campuses. *Nurse Researcher (2014+)*, 25(4), 30.