

RESEARCH ARTICLE

Indigenous knowledge as practiced by traditional *Panday* in the care of pregnant *Meranaw* mothers during intrapartum care

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ABSTRACT

Background: This study explored the indigenous knowledge practiced by the traditional *Panday* in the care of pregnant *Meranaw* mothers during intrapartum care and how it is perceived by the midwives and the mothers. In analyzing their perspectives, qualitative method of research known as descriptive exploratory research design was utilized. The study gathered insights from 51 individuals.

Methodology: Data collection methods included interview and observations through thematic content analysis. Four themes emerged: traditional *Panday*, practices in intrapartum care, midwives' perceptions of traditional *Panday*, reasons for home births among mothers, and suggested policies and programs for traditional *Panday*, and mothers.

Results: Data revealed that most traditional *Panday*, exhibit satisfactory intrapartum care practices, which closely resemble those used in hospitals, indicating their capability to conduct safe home births. Some traditional *Panday*, demonstrate remarkable skills, such as identifying fetal position and even turning breech babies into the cephalic position during critical labor stages. The integration of herbal methods and Islamic practices, such as the recitation of *Azan* to the baby's ear, further distinguishes their approach.

Regarding midwives' perspectives, opinions varied, with some viewing traditional *Panday*, as dependable partners, while others perceive them as threats to maternal safety. However, most midwives advocate for finding solutions and improving access to care rather than viewing traditional *Panday*, as obstacles.

Conclusion: Mothers' preference for home births is attributed to factors such as comfort, privacy, and financial considerations. Traditional *Panday*, are valued for their modest fees and cultural sensitivity, as they prioritize the well-being and modesty of women in their care.

Introduction

1.1 Rationale

The traditional practices of indigenous communities, particularly regarding childbirth, face challenges due to the imposition of modern healthcare policies, such as the "No Home Birthing" Policy in the Philippines. Despite initiatives from the government aimed at improving maternal and child health, pregnant *Meranaw* women in marginalized communities continue to prefer the care provided by traditional birth attendants (TBAs) during intrapartum, leading to a conflict between indigenous knowledge and modern medical protocols. Continued reliance on traditional birthing practices without adequate integration with modern healthcare systems can lead to increased risks for both mothers and babies.

Previous studies, including Rebuya *et al.* (2020), have highlighted the importance of indigenous knowledge and traditional practices in healthcare, particularly in culturally diverse regions like the Philippines [1]. Mothers in the communities still prefer to give birth at home, especially those who are from geographically isolated and disadvantaged areas where the health care delivery system is lacking and poor. Despite the Rural Health Unit's accessibility, some community members prefer using traditional birth attendants and giving birth in their homes. The two main barriers preventing community members from accessing and using institutional delivery and trained attendants were distance and cost.

The purpose of this study is not to criticize the government's ban on home births or to discourage mothers from giving birth at home; rather, it seeks to understand how these two opposing viewpoints can be reconciled in order to benefit mothers in the community and better understand the refinement of culture through the preservation and dissemination of traditional *Panday*'s indigenous knowledge in the practice of handling pregnant *Meranaw* mothers in the community. Additionally, this study aims to investigate the meanings underlying Indigenous knowledge, folk practices, and local experiences of care throughout conception, pregnancy, and delivery. It seeks to reconcile differing viewpoints on home births, focusing on preserving traditional *Panday*'s indigenous knowledge while benefiting mothers and integrating traditional practices into modern healthcare systems.

1.2 Significance of the Study

This study holds significant importance in exploring the indigenous knowledge practiced by traditional *Panday* during intrapartum care for pregnant *Meranaw* mothers. It aims to provide valuable insights into the interaction between traditional *Panday* and mothers during the availing of traditional medicine, particularly maternal and child health care services. Additionally, it sheds light on the impact of factors such as limited access to government health care facilities, financial constraints, and cultural beliefs on health care practices.

Integrated Provincial Health Office (IPHO) - Lanao del Sur. As an institution situated at the intersection of tradition and modernity, the IPHO stands to benefit from this study by gaining a deeper understanding of traditional *Panday* practices during intrapartum care.

Traditional *Pandays*. This study contributes to understanding the diverse practices of *Panday* in intrapartum care, thereby facilitating greater recognition and acceptance of their role within the medical community and society at large.

***Meranaw* Pregnant Mothers.** This study will help them gain insight into the practices of *Panday* and compare them with scientifically-based approaches used in hospitals.

Health Providers. The findings of this study can empower health providers to organize communities more effectively, promote active participation, and conduct further research to improve maternal and child health care.

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Lanao del Sur. Findings can shed light on the prevalent practice of home births in geographically isolated and disadvantaged areas, informing future health care interventions.

Mindanao State University. As an institution dedicated to promoting health and service, the findings of this study can be utilized to mentor aspiring health providers, disseminate information effectively, and uplift health standards in the community.

Policy Makers. The findings of this study can inform policy makers about the challenges faced by pregnant women and traditional birth attendants, encouraging the development of culturally sensitive policies that uphold justice and support the needs of all stakeholders.

Future Researchers. The study serves as a valuable source of information for future researchers, providing a blueprint for further exploration and investigation into the area of indigenous knowledge and traditional practices in Lanao del Sur.

1.3 Definition of Terms

For the reader's better understanding, the following terms have been conceptually and operationally defined:

Folk Practices. Folk practices encompass the beliefs and practices of individuals, families, and communities expressed and enacted outside the control of formal religious or political authorities (Folk Beliefs and Rituals, Encyclopedia.com). In this study, "folk practices" refer to the beliefs and practices of traditional *Panday* in Lanao del Sur.

Hilot. A *hilot* or a traditional birth attendant (TBA), is known in the community as a quasi-midwife assisting mothers in their birth deliveries, usually at home. They have no formal training; they first observe, then assist, and later would progress to the actual handling of the stages of giving birth (Udan, 2008).

Indigenous Knowledge. This refers to a body of observations, oral and written knowledge, innovations, practices, and beliefs promoting sustainability and responsible stewardship of cultural and natural resources (The white house.com).

Intrapartum Care. Intrapartum Care focuses on women giving birth between 37 and 42 weeks of pregnancy, occurring from the onset of labor to delivery of the placenta (Law Insider).

Maternal Health. Maternal Health concerns women during pregnancy, childbirth, and the postnatal period, aiming for positive experiences and optimal health outcomes (World Health Organization).

Pregnancy. Pregnancy refers to the period during which a fetus develops inside a woman's womb, typically lasting about 40 weeks (National Institute of Health, 2017).

Traditional Panday. Traditional *Panday* is someone who uses traditional medicine to cure illnesses and assist with normal deliveries (Macmillan Dictionary, 2022). In this study, traditional *Panday* refer to traditional midwives who use traditional medicine and health care practices to aid pregnant mothers in Lanao del Sur.

Methodology

2.1 Research Design

This cross-sectional study utilized qualitative interviews with 17 traditional birth attendants, 17 *Meranaw* mothers, and 17 health workers. Interview and focus groups with key informants were conducted. Thematic analysis and an interpretive approach were also employed to study the collected data.

Descriptive research was used to characterize the specific topic under investigation. It aimed to answer the central question of "what are" indigenous knowledge and folk practices of traditional birth attendants in handling mothers during intrapartum care in Lanao del Sur, Philippines. This type of research does not provide answers to how, when, or why the

characteristics occurred but focuses on addressing the "what" question [2]. Qualitative exploratory research enabled the researchers to pose open inquiries with free responses from the key informants and addresses novel issues with little to no prior research.

2.2 Locale Of The Study

The study was conducted in Lanao del Sur province, Philippines, with purposive selection by the researcher. Lanao del Sur, officially the Province of Lanao del Sur (Filipino: *Lalawigan ng Lanao del Sur*), is situated in the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM). The study areas encompassed various Geographically Isolated and Disadvantaged areas in the municipalities and one city of Lanao del Sur, including Marawi city, Maguing, Marantao, Mulondo, Saguwaran, Bacolod-Kalawi, Binidayan, Buadipuso Buntong, Bubong, Piagapo, Lumbatan, Sultan Domalundong, Raman, Lumba Bayabao, Taraka, Butig, Balindong, and Tugaya. These municipalities host rural health units and fall under the jurisdiction of the Integrated Provincial Health Office in Lanao del Sur, Philippines.

2.3 Key Informants of the Study

The people of Lanao del Sur, including residents of Marawi City, were chosen as key informants primarily based on their willingness to volunteer information.

17 mother key informants were selected based on their utilization of services from traditional *Panday*. 17 health workers were chosen as secondary data sources, sharing their experiences in the field. The third set of participants comprised 17 traditional *Panday* who had been practicing their field for a decade or more. Additionally, traditional *Panday* who had attended births for over ten years, and health workers practicing as Nurse, Doctor, Midwife or Nurse-Midwives in government-owned birthing facilities in the research locale, constituted the last set of key informants in this study.

These key informants mainly consisted of crucial individuals required to provide solutions to the difficulties posed by the study. Mothers who had experience adhering to such practices and traditional *Panday* were the primary individuals with whom the researcher interacted during the fieldwork, making them ideal study informants. Key informants were willing to engage in the study, met the legal age requirement, were in good physical and mental health, and had experienced giving birth at home using traditional birth attendants.

2.4 Sampling Procedure

The study employed a Multistage Sampling General Schema where the population is divided into a set of Primary Sampling Units and further subdivided into secondary and tertiary sampling units until the desired sampling unit level is reached.

1st Stage: Clustering Sampling. Probability Sampling Technique was utilized to identify the sampling units to be used in the study. The first step includes identifying the sampling frame. The sampling frame was based on the GIDA list of Lanao del Sur in the year 2022. Next, the population was clustered by identifying homogenous groups with same number of members (4-5 GIDA area per municipality).

2nd Stage: Systematic Sampling. Using the identified sample frame, the sample size identified were 17 GIDA Areas in Lanao del Sur. 17 Municipalities including 1 city included in the study (1 City, 8 municipalities from 1st District and 8 Municipalities from 2nd District).

3rd Stage: Purposive-convenience sampling. This sampling technique was used for selection. The members of target population, who met the requirements set for the selection of participants of the study, were included for the purpose of the study. Subjects who gave their verbal consent were also included in the study.

2.5 Research Instruments

The researcher took into account both primary and secondary sources for this investigation. Primary sources with first-hand knowledge of the issue were utilized by the researcher by personally taking part in the event under discussion through interview and observation of the targeted groups. Secondary sources used material from main sources to give an argument, interpretation, conclusion, or summary. Several data collection methods and tools were used for this project which includes:

- a. **Interviews:** This was employed to collect personal information of the subjects and their responses on exploring Indigenous knowledge.
- b. **Interview Schedule:** The researcher used a self-made interview guide consisting of open-ended questions to investigate and answer the problem.
- c. **Audio recorder:** With proper consent from the participants, a recording was used throughout the interview.

Ethical clearance was granted to carry out the study, including permission to conduct the study on the participants of the study, by the Research Ethics Committee of the College of Health Sciences, Mindanao State University Main Campus.

2.6 Data Gathering Procedure

The researcher obtained an approval letter signed by the dissertation adviser to begin the conduct of data collection. A set of directed inquiries was formulated and included to explore the participants' theoretical stances. Semi-structured interviews were conducted with the 51 key informants of the study to explore their understanding on indigenous knowledge practices in handling *Meranaw* pregnant mothers during childbirth.

Open-ended questions were used to allow key informants to express their experiences and perspectives adequately. Interviews were conducted with respect for the elders, ensuring confidentiality and providing tokens and honorariums. The initial meetings lasted for 40 to 60 minutes, while subsequent meetings lasted for 30 to 45 minutes.

Furthermore, the researcher is also a registered nurse and trained health emergency responder which ensured the safety of participants in an event of unforeseeable crises. The interviews were conducted with the presence of an interviewer and a recorder. Finally, traditional *Panday* in several villages in Lanao del Sur, Philippines, provided intrapartum care to expectant mothers using indigenous knowledge, prompting the researcher to inquire about these topics and variables.

2.7 Method of Data Analysis

The first set of the data analysis utilized statistical tools such as frequency and simple percentage to analyze data in SOP number 1 which is the socio-demographic and economic profile. The researcher then utilized the Statistical Product and Service Solutions (SPSS) in performing the data computations of the study. This is the program commonly used for quantitative studies. For further interpretation of data, the researcher utilized other techniques:

2.7.1. Descriptive Statistics. Frequencies and percentages will be used to describe the personal profile of the respondents (Statement of the problem number 1).

2.7.1.1 Frequency. The total number of responses. Frequency of responses, including the respondent's personal profile was tallied for the computation of percentage value.

2.7.1.2 Simple Percentage. A part of a whole expressed in hundredths and used to determine the frequencies and the percentage of the first variable. This includes the manner on how the items were rated after the data consolidation. The formula is as follows:

$$P = (F_i/N) \times 100\%$$

Where: F is the number of the respondents and N is the total Sample.

On the other hand, second set of data analysis underwent thematic content analysis to analyze its content. This was used to facilitate the analysis and grouping of data. Transcription, Checking and Editing, Analysis and Interpretation, Generalization, and Validation are the five processes involved in this analysis approach [3].

Transcription was conducted to transcribe the data from tape recorder to paper, providing an initial understanding of the data. During transcription, the identities of the key informants were anonymized, using pseudonyms instead of their real names in the verbatim quotes.

Checking and editing where the information was broken down into smaller, meaningful components by examining each paragraph and identifying recurring motifs.

Analysis and Interpretation. Data on Indigenous knowledge as practiced by Traditional *Panday* handling pregnant *Meranaw* mothers during intrapartum care was utilized to interpret the themes identified in Step 2, relying on the researcher's explanations.

Step 4, Generalization, involved recognizing differences and similarities between various interviews, allowing for the development of typologies.

Finally, in Step 5, Validation, the veracity of the data was confirmed by reviewing the transcripts again and having a professional read them to confirm the findings.

2.9 Rigor and Trustworthiness

To ensure rigor and trustworthiness, the study underwent four criteria: credibility, transferability, dependability, and conformability. Data were categorized and the same methods were applied to all participants. The purpose, objectives, and techniques were transparently communicated. To prevent bias, clarifications were sought and all information gathered was kept confidential.

Results

The result of the study identified at least four (4) themes with corresponding sub-themes using thematic content analysis. The four themes are summarized into table (see Table 1) for reference of the themes which emerged from the study.

Traditional Birthing Practices of the Traditional *Panday*

Themes related to the expertise of the *Panday* in terms of their practices were described. Several sub-themes related to this theme include their practices before, during, and after the delivery of the baby. The practices of the *hilots* are passed down from the guidance of one *Panday* to another. The identification of their practices before, during, and after child delivery will help us understand their knowledge in terms of handling deliveries.

Sub-theme 1: Practices before the Delivery of the Baby

In this sub-theme, the researcher utilized the use of herbal medications, the importance of supplications and reliance on God and the utilization of oral rituals. It is evident from the conducted interviews that nearly all of the *Panday* use herbal medicine to ascertain the imminence of childbirth.

The informant reported the use of a certain herbal medicine named *Gabana* by the locals to ease the pain of contractions during labor. Aside from *guyabano* leaves, the use of *gunda* leaves, a local term for leaves that help easy expulsion of the fetus.

Aside from the use of herbal medications, the *Meranaw hilot* or *panday* incorporate supplication and reliance on the help of God into their practice. The use of supplications and reliance is one of the unique traditions of the *Meranaws*. As it is tied into their religious beliefs, it is apparent that even with their practice, they often use supplications.

Sub-theme 2. Practices During the Delivery of the baby

For this sub-theme, the researcher extracted three various practices done by the traditional birth attendants which include the following: (1) Repositioning the baby, (2) Utilizing Fundal Push, and (3) The Use of Incantations.

Repositioning the baby is one of the techniques used to encourage an optimal fetal position during childbirth. These techniques are often done to ensure a smoother labor and safe delivery for the baby. Additionally, there are accounts within the *Meranaw* community of instances where a baby was not in the cephalic position but was successfully repositioned by a traditional *Panday*, allowing for a normal vaginal delivery.

Another practice observed among traditional *Pandays* during delivery is the Fundal push or the act of pushing the baby to expel its head from the vaginal canal to the outside. Although this practice is not seen today inside hospitals, it is still being widely used in home birth settings. Fundal push is referred to as "*katekun*" in the *Meranaw* language.

The use of incantations or orations is also a vital practice done by the traditional birth attendants. In the utilization of data, almost all of the key informants of the study had stated the use of incantations in their practice.

Table 1. Tabulation of the Derived Themes and their Sub-themes

Themes	Sub-themes
Theme 1: Traditional Birthing Practices of the Traditional Panday	<ul style="list-style-type: none"> • Sub-theme 1: Practices BEFORE the delivery of the baby <ul style="list-style-type: none"> ○ 1.1 Use of Herbal Medicines ○ 1.2 Supplications and Reliance • Sub-theme 2: Practices DURING the delivery of the baby <ul style="list-style-type: none"> ○ 2.1 Repositioning the baby ○ 2.2 Utilizing Fundal Push ○ 2.3 The Use of Incantations • Sub-theme 3: Practices AFTER the delivery of the baby <ul style="list-style-type: none"> ○ 3.1 Bathing ○ 3.2 Breastfeeding ○ 3.3 Cord Care and the Delivery of the Placenta ○ 3.4 Religious Practices
Theme 2. RHU Health Workers' View on the expertise of Panday in the Community	
Theme 3. Meranaw Mothers on their Perspective towards Home Birthing	
Theme 4: Programs and Policies Suggested for Pregnant Women and Traditional Pandays	<ul style="list-style-type: none"> • Sub-theme 1: Midwives • Sub-theme 2: Traditional Panday • Sub-theme 3: Mothers

Thematic Results

The existence of *Panday* in the context of childbirth in the Philippines has been one of the practices that is still being practiced widely today. Because of this, the healthcare system along with other agencies has recognized their importance as maternity care providers. Theme-based analysis on the different aspects related to the practices of *Panday* and its contribution to the maternal practices can provide valuable insights and opportunities in the development of maternal and child healthcare programs.

In this analysis, the researcher derived four themes which addresses the problems presented in this paper. The first theme addresses the traditional birthing practices of the Traditional *Panday* which entails three sub-themes: practices utilized before childbirth, preparations and practices during delivery, and practices after delivery. The second theme derived from the data analysis pertains to the perspectives of the different RHU Health workers on the expertise of *Panday* in the community. The third theme centers on the viewpoint of Meranaw pregnant women regarding home childbirth. Lastly, the suggested policies and programs for pregnant women and *Panday*.

Their use of incantations also varies; some of them utilize water where they read the incantation and allow the mother to drink from it, which is known as *tawar*, while some read it while delivering the baby.

Sub-Theme 3: Practices after delivery of the baby

The data of the study revealed a crucial reality, that is, there are *Panday* who lack knowledge on some of the proper practices after the delivery of the baby. Practices done after the delivery of the baby from the mother's womb are a crucial step in maternal and child care practice.

The first practice utilized by the *Panday* is bathing the newborn baby. Bathing is one of the practices in healthcare settings before. But, during recent years, the healthcare facilities, because of the mandate of the DOH, have stopped this practice. However, indigenous practices by the *Panday* still include bathing the baby. Although the previous practice of bathing the baby showed a gap in the knowledge among the participants in the current practices for safe child delivery, some of the latest practices by the midwives are incorporated into their indigenous practices, one of which is the practice of breastfeeding.

In the practice of cord cutting and cord care, some *Panday* have already incorporated the modern practices of cord care, but others still use traditional techniques- because of fear of the current practices in cord care, such as the use of thread but with the guidance of modern-day doctors.

RHU Health Workers' View on the expertise of *Panday* in the Community

The RHU health workers hold differing opinions regarding the *hilot* or traditional *Panday* in their community. Some are supportive of the traditional *Panday*, while others are against them.

The midwives expressed how some of the traditional *Panday* were skillful enough that some of them actually performed Leopold's Maneuver, which is

a series of techniques used by healthcare providers to determine the position, presentation, and engagement of the fetus in the uterus. However, some midwives pointed issues on gaps in their knowledge. Another Midwife Key Informant also pointed out the health risks faced by the mother during the delivery because of the lack of sterility during the birthing procedure. The differences in the opinions of the RHU health workers in regard to the presence of *Panday* in the community stem from the safety concerns on the health of the mother and the baby of the health workers during the delivery.

Meranaw Mothers on their Perspective towards Home Birthing

The data utilized in this study revealed different reasons why mothers preferred giving birth inside their homes than birthing clinics or hospitals, including comfort, privacy, trust in the *Panday*, financial constraint, and lastly, the distance and accessibility of the healthcare facilities.

Therefore, the practice of home birthing is one of the preferences of *Meranaw* mothers because of how it provides them with their right to be supported and how it eases the perceived problems during the time of delivery. Moreover, the trust they have with their traditional *Panday* plays a major factor in their birthing preferences.

Suggested Policies and Programs for the Pregnant *Meranaw* Mothers and *Panday* in Lanao del Sur by the Key Informants

The data revealed that some midwives in hospitals do not view traditional *Panday* or traditional midwives as threats; instead, they see them as partners whom they can rely on at times. Consequently, some of them proposed policies such as provision of trainings to the *Pandays* by the Government and the provision of subsidy to the Mothers and *Pandays*.

Discussion

The Indigenous knowledge of the traditional *Panday* was categorized into three main areas: practices before, during, and after delivery. Before delivery, traditional *Panday* used herbal medicines such as guyabano leaves and gunda to determine if labor was imminent. The use of herbal medicine in the Philippines comes a long way. An article by Tupas *et al.* published in 2016 entitled Perspectives on Herbal Medicine in the Philippines, Economic Demands, Quality Control, and Regulation highlights how Filipinos are fond of using herbal plants as part of their alternative medicines [5]. Folk medicinal plants are believed to be effective; these plants have potential medicinal effects that need to be explored. Other practices of the *Panday* which emerged included reading verses from the Holy Qur'an and preparing medicines for potential complications.

During delivery, traditional *panday* employed various techniques, including the following: (1) Repositioning the baby and (2) Utilizing Fundal Push or “*Katun*” to aid in the expulsion of the baby. In a study by Wikiewicz *et al.* (2023), they revealed that repositioning the baby encourages an optimal fetal position improving the labor process. [6] Fundal push is one of the practices also done in hospital settings utilized by healthcare providers, but, in the recent years, studies had shown that the fundal push may pose a risk to the mothers. [7] After delivery, practices such as breastfeeding and religious rituals were observed.

The study found mixed reactions among midwives regarding the presence of traditional *Panday* in the community. A number of health worker key informant holds a positive outlook about *Panday*, expressing their support in training the traditional *Panday*. Despite a decrease in the number of births attended by *hilots* over the years (from 75-80% of total births in 1954 to 47% in 1972), their presence remains substantial. [8]

However, even with some agreeing, other midwives expressed concerns, particularly on the safety of mothers because of knowledge gaps on the current evidence-based practices exhibited by the traditional *Panday* particularly in the issue of sterility during the birthing procedure prompting them to advocate on a strict no-birth-home policy. In a study by Maghuyop-Butalid *et al.* (2015), *Pandays* or traditional birth attendants do not observe sterility, as they do not wear sterile gloves when handling deliveries. [9]

Reasons for choosing home births included comfort, privacy, financial considerations, and distance from healthcare facilities. Participants expressed feeling less exposed and more comfortable giving birth at home, despite potential risks. Sychareun (2012) noted that pregnant women dislike the lack of privacy and confidentiality in health facilities, and being exposed during delivery makes hospital deliveries less appealing than home births. [10] In another study by Sarker *et al.* (2016), some women are left with no option to deliver at home because of poverty. [11] Additionally, a study in Ghana by Dotse-Gborgbortsi *et al.* (2020), also revealed that distance is one of the important influencers of choice of hospital for childbirth.

Suggestions for policies included providing training for traditional *Panday*, strict implementation of no-home-birth policies, provision of transportation for women in remote areas, support for traditional *Panday* in the form of kits and livelihood subsidies, and trainings and lastly, livelihood support for *Meranaw* mothers. The suggestions made were based on the findings from the data collected from the key informants of the study.

Conclusion

The study delved into the intrapartum practices of traditional *Panday* in caring for pregnant *Meranaw* mothers, shedding light on their methods, perceptions, and impact within the community. From the data gathered, it was evident that the practices of traditional *Panday* in intrapartum care are generally safe and not significantly different from hospital methods, showcasing their expertise and adaptability.

Analysis of midwives' perspectives revealed a spectrum of views regarding traditional *Panday*, ranging from seeing them as valuable community partners to viewing them as potential threats to maternal and child safety. For mothers, the preference for home births stemmed from a sense of comfort, privacy, and financial considerations, emphasizing the value of familiarity and cultural practices in the birthing experience. Traditional *Panday* themselves expressed the need for support from the government, including access to essential kits and livelihood opportunities.

Ultimately, the study underscores the importance of recognizing and supporting indigenous practices while also ensuring the provision of safety and quality of care. Recommendations aligning with the needs and aspirations of traditional *Panday*, midwives, and mothers alike highlight the potential for provision of collaborative efforts to improve maternal health outcomes in the community.

Limitation of the study

The study is limited to the reliance on a relatively small sample size of 51 participants, which may restrict the generalizability of the findings to a broader population. Additionally, the study's focus on the *Meranaw* community in Lanao del Sur may limit the transferability of results to other cultural contexts. Lastly, the use of open-ended questions for data collection may introduce subjectivity in the interpretation of responses.

Recommendation

The following recommendations are proposed based on the findings and conclusions of the study:

Policy Makers. Recognize and value the significant roles played by traditional *Panday* in *Meranaw* communities, acknowledging their longstanding presence and contributions to maternal health care. Policies should be formulated to preserve and integrate the skills and knowledge of traditional *panday* into the broader health system.

Traditional Leaders. Engage with traditional *Panday* to facilitate dialogue and understanding, leveraging their deep-rooted connections within the traditional community. Traditional leaders can serve as mediators to foster cooperation between traditional *Panday* and government agencies.

IPHO (Integrated Provincial Health Office). Adopt a neutral stance towards traditional *Panday*, recognizing their integral role in Maranaw society and the community's preference for their services. Serve as guides to support traditional *Panday* in providing maternal health care, offering training programs, and coordinating efforts to ensure seamless care for pregnant women.

Philippine Obstetrical and Gynecological Society (POGS). Consider integration of appropriate practices used by traditional *Panday* into mainstream intrapartum care and offer continuous professional development on intercultural competencies for OB-GYNs, particularly in areas with high indigenous populations.

Academe. Incorporate teachings on cultural preservation and beauty of indigenous knowledge in handling pregnant women in the curriculum and some elective subjects.

Traditional Panday. Pass on their knowledge to the younger generation by collaborating with the government and healthcare institutions. Facilitate training programs where younger midwives or students can apprentice under experienced traditional *Panday*. Continuously update their skills, incorporating modern tools and best practices, particularly in managing high-risk pregnancies that warrant hospital delivery.

Future Researchers. Utilize the findings of this study as valuable literature on traditional midwifery practices within the *Meranaw* community. Further research can build upon this foundation, exploring additional aspects of indigenous knowledge and its impact on maternal and neonatal health outcomes.

Project Proposals. Formulation of achievable and sustainable programs like training, livelihood programs and other social development projects for the *Meranaw* mothers and traditional *Panday* specially those who are living in the geographically isolated and disadvantaged areas this will capacitate, empower and make them a self-reliant people of their respective communities.

Policy. Crafting of culturally sensitive policies for the mothers, health workers and traditional *Panday*. For the local Government Units that has existing policies on maternal and child health care must impose proper and strict implementation of the existing local policies, ordinances and standard of operations that aims for the quality of health care delivery system in the rural areas especially those areas situated in the geographically isolated and disadvantage areas of Lanao del Sur.

Local Government Units. Proper implementation of the health and social services for their people in the community that can be benefited by both the mothers, health workers, and traditional *Panday*. Strengthening programs on health care delivery system and be a role model in excellent and good governance when it comes to championing health for the people.

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