

Postnatal Practices Among Bajau Mothers: Basis for a Culturally-Responsive Health Care Program

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Abstract

This study determined the postnatal practices of Bajau mothers. A descriptive-correlational research design was used. Eighty postpartum Bajau women served as respondents selected through the purposive sampling technique. Results showed that most of the respondents were ritually married and illiterate which deprived them of availing of modern health care services. Many are engaged in begging for livelihood and their combined daily income is far below the poverty threshold. Bajau mothers were found to have inadequate postnatal practices relative to birth spacing, postnatal check-up and infant immunization. They have less knowledge of the importance of visiting health centers after giving birth, thus, depriving their infants of free vaccination and receiving vitamins and supplements. Most of them adhere to traditional postnatal practices and rely on Bajau elders as their birth attendants. This elucidates the high risk of maternal and infant complications. It is recommended that healthcare providers outline appropriate strategies for the integration of traditional beliefs and modern approaches to postnatal care.

Keywords: Bajau, Postnatal Practices, Poverty Threshold, Illiteracy

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Introduction

Postnatal care is one of the most important health care services for mothers mainly to prevent maternal morbidity and mortality after delivery. Utilization of postnatal care greatly influences the lives of both the mother and the infant. Their well-being determines the health of the next generation and can help predict future public health challenges to families, communities, and the health care system. However, there is no information available about the uptake of postnatal care. Considering the circumstances of under-utilization and the lack of resources for maternal health services in the country, the need to assess the current situation of postnatal care utilization exists.

In line with its commitments to achieve the Millennium Developmental Goals (MDG) by 2015 as implemented by the United Nations, the government seeks to reduce the mortality among mothers by three-quarters to 52 per 1,000 live births (MD5) and reduce mortality among infants (or under 5 deaths) by two thirds to 27 per 1,000 live births. There is a clear trend that mortality among mothers is common to those who are poor and less educated. It was found out that child and maternal health are most profound not only in geographically isolated and disadvantaged areas but also in the urban settings populated by other settlers from different places (WHO, 2004).

Among the slow progression on MDG 4 and MDG 5, the government and other institutions have recently implemented programs concerning health for the betterment of our country; the overall health status of its people is one of the indicators that a nation is improving. Therefore, everyone living in a community regardless of status is expected to be covered by the government programs including the marginalized groups. Recently, clients from urban areas who are more exposed to the new trends in health avail of health services through public hospitals and barangay health centers, which have made health services more accessible to them, but migrants from rural to urban areas are still deprived of the privileges and free services of the government.

Indigenous Cultural Communities (ICC), having poor access to health services and supplies, also lack information and lack formal education combined with endemic poverty, need immediate interventions regarding concerns in reproductive health and family planning. Women of childbearing age (15-49) suffer from high mortality risk compared to the general population. Some traditional postnatal practices and teenage pregnancies aggravate this concern. Maternal problems can be prevented if access to health care services is provided especially to the less fortunate groups such as the poor and the marginalized or minority groups. Bajaus are the focus of this study being one of the minority groups in the country.

This study was conducted to describe the postnatal practices of Bajau mothers in Iligan City with an impact to the adaptation of new trends in health regarding the care of the postpartum mothers and their newborns.

Conceptual Framework

Independent Variables

Dependent Variable

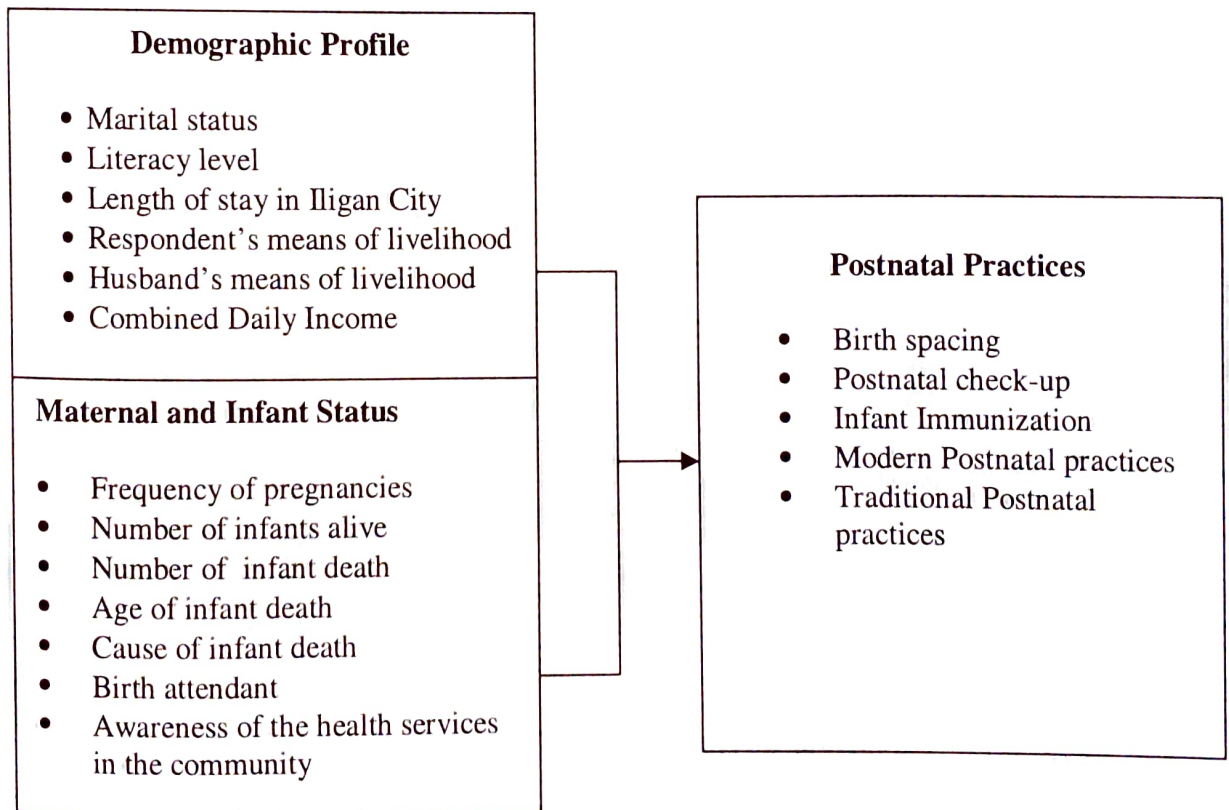


Figure 1. Schematic Diagram of the Study

The schematic diagram reflects on how the respondents' demographic profile and maternal and infant status affect their postnatal practices. During the postpartum period, for instance, the woman will not go for a postnatal check-up due to the lack of awareness about its importance and the lack of financial resources for transportation and medicines.

Obejctives of the Study

This study primarily aimed to determine postnatal practices among Badjau mothers in Tambacan, Iligan City.

Specifically, it further sought to:

1. Determine the profile of the respondents in terms of:
 - 1.1. Marital Status
 - 1.2. Literacy Level
 - 1.3. Years of stay in Iligan City
 - 1.4. Respondent's means of livelihood
 - 1.5. Husband's means of livelihood
 - 1.6. Combined family income
2. Assess the maternal and infant status of the respondents considering their:
 - 2.1. Frequency of pregnancies
 - 2.2. Number of infants alive
 - 2.3. Number of infant death
 - 2.4. Age of Infant death
 - 2.5. Cause of Infant death
 - 2.6. Birth attendant
 - 2.7. Awareness of the health services in the community
3. Appraise the respondents' postnatal practices as to:
 - 3.1. Birth Spacing
 - 3.2. Postnatal check-up
 - 3.3. Infant Immunization
 - 3.4. Modern postnatal practices
 - 3.5. Traditional postnatal practices
4. Find out if there is a significant relationship between the respondents' demographic profile and their postnatal practices?
5. Determine if there is a significant relationship between the respondents' maternal and infant status and their postnatal practices?

Null Hypotheses

Ho₁: There is no significant relationship between the respondents' demographic profile and postnatal practices.

Ho₂: There is no significant relationship between the respondents' maternal and infant status and their postnatal practices.

Scope and Limitation of the Study

This study focused on the Bajau mothers who live in Barangay Tambacan, Iligan City only. It was limited to multigravida Bajau who had lived in the area for at least 2 years, who were willing to be interviewed and who also understood the commonly used dialect "Bisaya" in Iligan City. Other inclusions are the Bajau mother's demographic profile that comprise their marital status, literacy level, respondents' husbands' means of livelihood and combined family income. The study also included their maternal and infant statuses in terms of frequency of pregnancies, number of infants alive, number of infant death, age of infant death, cause of infant death, birth attendant and their awareness of the health services in the community which was gathered in a timespan of 2-6 months. It further included the respondents' postnatal practices both modern, and traditional. The study did not include their original dialect, diagnosed and undiagnosed health conditions, number of infants that have or have not reached viability/term and their prenatal and intranatal beliefs and practices.

Methodology

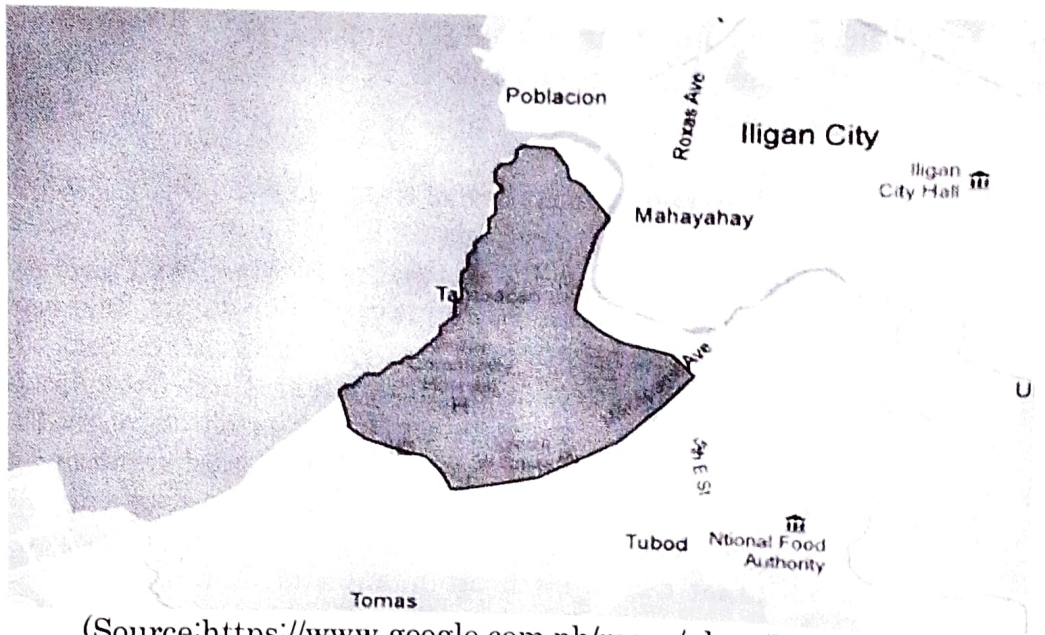
Research design

Descriptive correlational research design was used in this study to describe and determine the relationship between the variables. The study is aimed to determine if the respondents' demographic profile and maternal and infant status affect their modern and traditional postnatal practices.

Population and sample

The target population of the study consisted of 80 multigravid Bajau mothers in Tambacan, Iligan city selected through purposive sampling technique.

Research Locale



(Source: <https://www.google.com.ph/maps/place/Tambacan/>)

Figure 2. Map of Barangay Tambacan, Iligan City

The city of Iligan is a highly urbanized and a progressively industrialized city located in the province of Lanao del Norte. It has a population of 322,821, which is composed of Sebuano speaking locals and other minority groups including Maranaos, Lumad and Bajaus. Tambacan is one of the 44 barangays in Iligan City. Bajaus situate in this area because of its proximity to the sea.

Research Instrument and Validation

The instrument used for the study was a modified questionnaire which consisted of five parts. The first part included the respondents' demographic profile as to marital status, literacy level, years of stay in Iligan City, respondent's means of livelihood, husband's means of livelihood, and combined family income. The second part asked about the respondents' maternal and infant status as to frequency of pregnancies, number of infants alive, number of infant death, age of infant death, cause of infant death, birth attendant, and

awareness to the health services in their community. The third part included questions about their postnatal practices as to birth spacing, postnatal check-up and infant immunization. Part 4 determined the respondents' modern postnatal practices. Part 5 determined their traditional health practices based on the questionnaire from the study of Sarabi, 2007 about the Prenatal and Postnatal Beliefs among Bajau in Jolo, Sulu.

To test the validity of the questionnaire, a pilot study was conducted among respondents not included in the final study to check if the questions were comprehensible for Bajau respondents. Reliability of the instrument was determined through Cronbach's alpha of scaled items.

Data Collection

The data for this study were generated through a structured interview schedule. Data collection was done during a meeting of Bajau community and some extension advocates from the academe and non-government organizations. Each Bajau mother was interviewed separate from the othersto elicit clear and reliable answers.

Data analysis

To analyze the data gathered, Frequency and Percentage distribution, Average Weighted Mean, and Pearson Correlational Coefficient were utilized.

Results and Discussion

Table 1. Demographic Profile of the Respondents (N=80)

Response	No. of responses %	
Marital Status		
Ritually married	56	75
Abandoned and/or Live-in Separated	18	22.5
	6	7.5
Literacy Level		
Can read and write	5	6.25
Cannot read and write	75	93.75
Length of Stay in Iligan City		
2-5 years	59	73.75
6-9 years	17	21.25
10 years and up	4	5
Respondent's Means of Livelihood		
Begging	42	52.50
Selling	14	17.50
None	24	30.00
Husband's Means of Livelihood		
Fishing	35	43.7
Selling	18	22.5
Begging	6	7.5
None	21	26.25
Combined Daily Income		
Above Php 100	5	6.25
Php 76-100	20	25
Php 51-75	6	7.50
Php 26-50	47	58.75
Php 0-25	2	2.50

Table 1 shows that majority of the respondents are ritually married, cannot read and write, living in Iligan City for 2-5 years, they beg and the husbands fish for a living and with a family income of P 26-50. This indicates that Bajaus are still practicing the traditional tribal matrimonial rites and not the civil wedding rites. Illiteracy is clear among the respondents. An illiterate woman means an illiterate family (Gupta, 2008). Illiterate mothers also can lead to an increase in population as they do not understand the disadvantages of a growing population. Illiteracy has a significant effect on health. Despite the

availability of clinics that cater to the poor, these illiterate individuals are intimidated by the many forms they have to read and fill out before receiving medical attention. To avoid discrimination, these people are reluctant to seek medical attention unless this conditions has already worsened. Another health risk is the inability to read the medication prescription and the inability to take the right medication at the right dosage. Moreover, very few have stayed long in Iligan City like 10 years or more. This is due to the fact that the Bajau people are culturally nomadic. Their massive influx to the cities indicates there is something happening in their places of origin (Bracamonte, 2011). Their being a mendicant can be traced to illiteracy. They do not feel embarrassed about begging because they consider it a normal means of survival and they have nothing else to do for sustenance. This poses a big concern to the children's health since they are brought along by mothers while begging in the streets. The husbands are into fishing which can be traced back to their origin and culture. Their livelihood is traditionally, totally dependent on the resources of the sea so spear-fishing is vitally important to them (Langenheim, 2010). Furthermore, the husband's and wife's combined daily income is far below the poverty threshold. Poverty has hindered the Bajau people from seeking prenatal and postnatal care. They believe they cannot access professional services because they lack financial resources, thus they prefer to settle to traditional birth attendants which may negatively affect the outcome of the pregnancy and to the mother's and baby's health.

Table 2. Maternal and Infant Status of the Respondents (N=80)

Response	No. of responses	%
Frequency of Pregnancies		
Above 10	1	1.25
9-10	4	5.00
7-8	12	15.00
5-6	26	32.50
2-4	37	46.25
Number of Infants Alive		
0	1	1.30
1	3	2.80
2	13	16.3
3	19	23.8
4	19	23.8
5	14	17.5
6	7	8.8
7	2	2.5
8	1	1.3
9	1	1.3
Number of Infant Death		
0	40	50.0
1	18	22.5
2	10	12.5
3	7	8.8
4	2	2.5
5	2	2.5
6	1	1.3
Age of Infant Death		
0 – 6 months	14	17.5
7months – 1 year old	6	7.5
1year old and above	2	2.5
No idea	18	22.5
No mortality	40	50
Cause of Infant Death		
Fever	6	7.50
cough and colds	5	6.25
Stomach ache	4	5.00
No idea at all	25	31.25
None	40	50.00
Birth Attendant		
Bajau Elders	80	100
Health Worker	0	0

Table 2 depicts that majority of the respondents have 2-4 pregnancies and have 3-4 infants alive. Fifty percent have no infant death and majority of those who have infant death do not know the age and cause of death. All the respondents are being handled by the Bajau elder (*panday*) during delivery. The find implies that the respondents are not practicing family planning and birth spacing which may result to poor pregnancy outcomes, poor maternal and child health and more financial problems. Having half of the respondents to have infant death is very alarming. It indicates that they are deprived of the needed health services and resources before, during, and after pregnancy. They lack information that maternal and child services are available in the health centers. They rely on the Bajau elders (*panday*) to care for them during labor, delivery and during postpartum because they are not aware of the safe modern interventions provided by the professional health personnel. Bajau elders (*panday*) provide care based on experience and knowledge acquired informally through tradition. They usually have no modern health care training which may somehow cause maternal and infant complications.

Table 3. *Maternal and Infant Status of the Respondents as to Awareness on the Health Services in the Community*

Indicator	Mean	Description
It is important to visit the health center after giving of birth. (<i>Importantemobisitasa health center paghumanugpanganak</i>).	1.96	Slightly Aware
There are free vaccinations given to mothers and infants at the health center. (<i>Adunaymgalibre nga bakuna nga ginahatagsainahanugsabatasa health center</i>).	2.13	Slightly Aware
There are vitamin supplementations and medicines that are given freely at the health center and public hospital. (<i>Adunaylibre nga mgabitaminaugmgatambalsa health center ugsapubliko nga hospital</i>).	2.04	Slightly Aware
There are health seminars or lectures regarding proper postnatal care, family planning, immunization and other health services in the health centers. (<i>Adunaymgapagpanudlomahitungodsahustongpag-atimansa bag-ongnanganak, pagplanosapamilya, pagpabakunauguban pang mgaserbisyosa health center</i>).	1.84	Slightly Aware
Grand Mean	1.99	Slightly Aware

Table 3 shows that most of the respondents have limited information on the availability of the different health services from health centers and hospitals especially after the birth of the infant. Being illiterate and inferior hinder them from availing the health services in the community which may lead to poor maternal and child health care practices. It implies that health education and

services should be mainstreamed to this particular minority group to improve their way of life concerning maternal and child care. Home visits may be done by health care personnel to monitor the health of pregnant Bajau until the postpartum period to properly follow through their postnatal practices including maternal and infant care after delivery and the practice of birth spacing.

Table 4. *Postnatal Practices of the Respondents as to Birth Spacing, Postnatal Check-up and Child Immunization (N=80)*

Response	No. of responses	%
Birth Spacing		
Every year	9	11.12
Every 2 years	8	10.0
Every 3 years	11	13.8
None	52	65.0
Postnatal Check-up		
Health Center	12	15.00
Hospital	11	13.75
None	57	71.25
Child Immunization		
Subjected the child for immunization	1	1.25
Did not subject the child for immunization	8	10.00
No knowledge about immunization	71	88.75

Table 4 shows that majority of the respondents do not practice birth spacing, do not submit for postnatal check-up and have no knowledge about child immunization. It implies that health education about family planning or birth control methods should be provided to prevent the complications of successive pregnancies to both the mother and the infant such as increased risk of low birth weight, small for gestational size, preterm birth, infant death and labor issues such as uterine rupture. Most of the Bajau mothers do not go for postnatal check-up unless an illness is manifested after giving birth. They are not aware of the importance of the postnatal check-up which will prevent physical and psychological complications to the mother and promote the health of the infant. Almost all of the respondents have no idea about infant immunization that it stimulates the child's own immune system to protect against subsequent infection or disease. This poses a very important implication for health workers to reach out to this group of people. Considering the fact that they are illiterate, there is a need for them to be aware of the importance of immunization. Being socially and economically disadvantaged have brought them to their inferior health status thus their being deprived of the immunization program.

Table 5. *The Respondents' Modern Postnatal Practices*

Indicator	Mean	Description
I breastfeed my baby after giving birth. (<i>Magpasusokosabatapaghumanugpanganak</i>).	3.54	Always
I clean and keep dry the baby after birth. (<i>Ginalimpyohan uggisiguro nga ugaangbata human natawo</i>).	3.14	Often
I clean my areola before and after breastfeeding. (<i>Ginalimpyuhannakoakongatngalsadili pa ugpaghumanugpasusosabata</i>).	3.04	Often
I go to the health center for my baby's immunization. (<i>Gaadtokosa health center para magpabakunasabata</i>).	1.05	Never
I carry my baby everytime I go to work. (<i>Akongdala- dalaonangbata sa akong pagpanarbaho</i>).	2.56	Often
I take a bath after giving birth. (<i>Maligokopaghumanugpanganak</i>).	2.49	Seldom
I eat nutritious foods after giving birth. (<i>Mokaonkougmasustansya nga pagkaon human manganak</i>).	3.36	Often
I avoid having sex months after giving birth. (<i>Dili komakighilawaspilakabulanpaghumanogpanganak</i>).	2.86	Often
I use methods of birth control. (<i>Gagamitkougmgapamaagiaronmalikayanangpagburos</i>).	1.00	Never
I exclusively breastfeed my child at least 6 months from birth. (<i>Nagpasusoko nga walaysagulsabatagikanpagkatawohangtudunomkabulan</i>).	2.38	Seldom
I take vitamin supplements, pain reliever and antibiotic after birth. (<i>Nagtumarkougbitamina ,pawalasaakitugkagaw human ug panganak</i>).	2.39	Seldom
Overall Mean	2.36	Seldom

Table 5 shows that the respondents seldom institute the modern postnatal practices. The respondents always breastfeed their infants after birth but they do not give the first milk or colostrum because they believe that it is dirty. They are not aware that colostrum is rich in nutrients and antibodies. They have a good practice as to bathing the baby and cleaning the nipple before and

after breastfeeding. They do not comply with infant immunization due to the fear of discrimination as well as lack of information, time and even money for transportation. This result is in line with the study of (Titaley, 2010) that financial difficulty is the major reason among women who did not fulfill the minimum requirements of postnatal care services. Bajau mothers often bring their infants during begging as their props (Bracamonte, 2011). It is also found out that because of the very low family income, they are forced to work while taking care of their infants. Most of the respondents seldom take a bath after giving birth because of the belief that they might get sick. They often eat nutritious foods to regain lost energy during delivery and to sustain breastfeeding. Often, they do not engage in sex months after birth. They believe that they should take a rest from sex for a long period after delivery. The respondents never tried to use contraceptives or practice birth control measures. None of them have ideas about family planning. They seldom practice exclusive breastfeeding up to 6 months or above. They tend to introduce solid foods to the baby before six months of age. And they seldom take vitamin supplements, pain relievers and antibiotics after birth because of financial constraints and the lack of information of their importance.

Table 6. The Respondents' Traditional Postnatal Practices

Indicator	Mean	Description
1. Drink "hot" liquid such as water, soup, and ginger. (<i>Pag-inomuginit nga ilimnonsamasatubig, sabaw, luy-a</i>).	3.51	Always
2. Avoid to eat fish. (<i>Dili mokaonugisda</i>).	3.35	Often
3. Avoid to take a bath for 1 week after giving of birth. (<i>Dili maligosulodsausakasemanapaghumanugpanganak</i>).	2.70	Often
4. Apply amixture of seawater from high and low tide to all body parts for three days after delivery. (<i>Paghaplasugtubigdagatsulodsatulokaadlaw human panganak</i>).	2.98	Often
5. Avoid doing heavy work. (<i>Maglikaysa bug-at nga buluhaton</i>).	2.98	Often
6. Remain in bed for about a week or two. (<i>Maghigdalangsulodsausa o duhakasemana</i>).	3.11	Often
7. Expose self to a fire after delivery. (<i>Magpadoolsakalayo</i>).	2.84	Often
8. Eat soft, gruel rice for a week.	3.33	Often

<i>(Lugawangkan-on sulodsausakasemana).</i>		
9. The umbilical cord is cut at the measurement from the stomach up to the level of anterior fontanelle. <i>(Putlonangpusodsabatasagitas-on gikansatiyanhandtodsaiyanghubon).</i>	1.35	Seldom
10. Squeeze a lemon or tomato to the umbilicus of the baby. <i>(Pug-an uglimonsito o kamatisangpusodsabata).</i>	1.34	Never
11. Give the baby some drops of ampalaya juice. <i>(Patuloanugdugasapaliyaang baba sabataaronmaluwaanghugaw nga natulonsapag-anak).</i>	1.91	Seldom
12. Bury the placenta in the seashore. <i>(Ihubonganginunlandaplinsadagat).</i>	2.38	Often
13. Do ritual postpartum bath forty-five days after birth. <i>(Pagtumansa "tigukatapusan" human sakwarenta'y singkokaadlaw).</i>	2.16	Seldom
14. Use Sambong leaves for genital wash. <i>(Paggamituglakdanbulan para panghugassakinatawo).</i>	2.79	Often
15. I use Guava leaves for genital wash. <i>(Paggamitugbayabas para panghugassakinatawo).</i>	3.36	Often
16. Use Native coffee to prevent excessive bleeding. <i>(Paggamitugkahawa para dilikomagdugougdaghan).</i>	2.48	Seldom
17. I use lemon basil leaves to ward-off bad spirits. <i>(Paggamitugsulasipangontrasadaotangmgaespiritu.)</i>	2.10	Seldom
18. I use bark of the coconut tree to prevent excessive bleeding. <i>(Naggamitkougpigih-niyog para dilimagdugougdaghan).</i>	1.88	Never
19. I use tree roots to defend against bad spirits. <i>(Paggamitug sakahoypanalipodsadaotangespiritu).</i>	2.09	Never
Grand Mean	2.56	Often

Table 6 shows that the respondents often practice the traditional postnatal practices. The very strong level of belief and adherence to traditional postpartum care among the Bajau mothers is consistent with the finding of Hishamshah (2010) which revealed the prevalence of traditional postpartum practices among women in the rural community in Penang, Malaysia. Most of the respondents claimed that they would repeat the same traditional postpartum care regimen in their subsequent pregnancies despite the possibility of

complications. The respondents always drink hot fluid after delivery to prevent abdominal discomfort and to help regain lost fluids. They do not eat fish after delivery which deprive them of its nutritional benefit. Bajau mothers are not allowed to take a bath for one week after delivery because of the belief that it will increase the risk of catching colds. They are rendered with "lunas" by the "panday" using a mixture of seawater from high and low tide. This will be boiled and then applied to all parts of the body for three days to alleviate the body weakness and fatigue brought about by delivery. This agrees with some traditional custom in the Philippines which dictates that women should not bathe for about ten days after giving birth and during menstruation. Bathing during these times is believed to cause ill health and rheumatism in old age. But this practice deprives the postpartum woman from the needed hygiene and comfort especially that uterine discharges are present. Bajau mothers are considered ill and weak after delivery so that often they not allowed to do heavy work and to engage in sex for one and a half month. They remain bedridden for about a week or two. They are given more than enough time to restore the energy lost during the birthing process but this results to limitations in activities that may prevent the woman to initiate bonding and caring with the infant and to perform her routine chores. Often they are placed very close to a fire or over heated bricks soon after delivery which may increase body heat and even cause burns. It is in contrast to the practice in the hospital setting which is perillite exposure, the application of dry heat to the perineal area to provide comfort, increase blood circulation and hasten healing of the wound. Often the respondents are served with soft, gruel rice for a week with the belief that eating hard rice is heavy work. Seldom do they practice the traditional cutting of the umbilical cord measuring from the stomach up to the level of anterior fontanelle of the baby to have a longer life. They never perform the squeezing of lemon or tomato to the infant's umbilicus which is very irritating but is believed to have antiseptic effects. They seldom give some drops of ampalaya (*paliyah*) to the infant which is believed to expel the dirt that the baby has ingested. They often place the placenta in a coconut shell and after three days it is buried in the sand within the vicinity because it is believed to be the neonate's twin. This is contrary to the modern practice of disposing the placenta in a septic tank to prevent contamination. They seldom practice the customary postpartum bath known as *liguhkatapusan* performed by the *panday* forty five days after giving birth where a gallon of water is used to bathe the mother while the *panday* performs the ritual prayer. They often use sambong and guava leaves which are very good alternatives for genital wash to promote hygiene and wound healing. They seldom use native coffee (*kahawa*) to prevent excessive bleeding after delivery. Seldom do they use lemon basil leaves (*sulasi*) to ward-off bad spirits. Lastly, they never use coconut tree (*pigih niyug*) to prevent excessive bleeding and tree roots

(*gamut kahuy*) to defend them from bad spirits. It is found out that due to mobilization from rural to urban areas, Bajaus have adopted to some trends in the urban setting such as the utilization of medications. The respondents are now familiar with medicines Amoxicillin and Paracetamol but they do not know the exact indication of each drug and perceive that these medicines are remedies for all types of diseases.

Table 7. *Relationship between the Respondents' Demographic Profile and their Postnatal Practices as to Birth Spacing, Postnatal Check-up and Immunization*

Demographic Profile	Computed Pearson r	P value	Decision	Remarks
Marital status	6.159	0.180	Accept	Not significant
Length of stay in Iligan City	-8.926	0.174	Accept	Not significant
Wife's means of livelihood	0.986	0.327	Accept	Not significant
Husbands' means of livelihood	0.3162	- 0.001	Reject Ho	Significant
Combined Daily Income	-3.497	-0.026	Reject Ho	Significant
Literacy level	5.286	0.203	Accept	Not significant

Table 7 depicts that among the components of the respondents' demographic profile, only husbands' means of livelihood and combined daily income have a significant relationship with their postnatal practices as to birth spacing, postnatal check-up and immunization. Thus, the occupation of the husband and the family income affect the postnatal practices of the respondents as to birth spacing, postnatal check-up and immunization. It can be taken into account that the respondents' husbands are geared toward small-scale fishing with a very low income which implies that their priority is to survive rather than to avail of the health services provided in the health center such as birth spacing education, postnatal check-up and immunization.

Table 8. *Relationship between the Respondents' Demographic Profile and their Modern Postnatal Practices*

Demographic Profile	Computed Pearson r	P value	Decision	Remarks
Marital status	5.739	0.89	Accept	Not significant
Length of stay in Iligan City	-8.099	0.71	Accept	Not significant
Wife's means of livelihood	1.298	0.88	Accept	Not significant
Husbands' means of livelihood	-1.508	0.25	Accept	Not significant
Combined Daily Income	-2.894	0.05	Reject Ho	Significant
Literacy level	9.525	0.02	Reject Ho	Significant

As shown in table 8, the respondents' demographic profile in terms of combined daily income and literacy level has a significant relationship on their modern postnatal practices. This implies that their poverty and illiteracy affect their very limited compliance to the modern postnatal practices. The respondents' income greatly influences their postnatal practices because their priority is to have something to eat thus they prefer go to the streets as mendicants rather than go to the health center for check-up. Literacy level is significantly related to their inadequate postnatal check-up since they do not have the capability to understand its importance. They lack formal education that may increase their understanding on the multiple dimensions of health which may be translated into a greater use of maternal and child health services. This find is in line with the finding of Greenaway (2012) that there is an association between health knowledge and use of health services thus, going to school is associated with greater use of maternal and child health services. Therefore, the respondents are less likely to avail postnatal health services because of poverty and illiteracy putting them at greater risk to birth related complications.

Table 9. *Relationship between the Respondents' Demographic Profile and their Traditional Postnatal Practices*

Demographic Profile	Computed Pearson r	P value	Decision	Remarks
Marital status	6.730	0.31	Accept	Not significant
Length of stay in Iligan City	7.590	0.32	Accept	Not significant
Wife's means of livelihood	2.082	0.43	Accept	Not significant
Husbands' means of livelihood	2.379	0.15	Accept	Not significant
Combined Daily Income	1.587	0.13	Accept	Not significant
Literacy level	8.125	0.05	Reject Ho	Significant

Table 9 shows that the respondents' demographic profile as to literacy level has a significant relationship with their traditional postnatal practices. Thus, their adherence to inadequate and wrong postnatal practices is associated to their illiteracy. One great traditional practice is the reliance to untrained Bajau elder (*panday*) as birth attendant.

Table 10. *Relationship between the Respondents' Maternal and Infant Status and Postnatal Practices in terms of Birth Spacing, Postnatal Check-up and Immunization*

Maternal & Infant Status	Pearson Correlation	P value	Decision	Remarks
Frequency of Pregnancy	0.95	0.400	Accept	Not significant
No. of dead infant	0.042	0.715	Accept	Not significant
No. of living infant	-.0019	0.869	Accept	Not significant
Awareness on health services	-0.436	0.000	Reject Ho	Significant

As depicted in table 10, the respondents' maternal and infant status as to awareness on health services in the community has a significant relationship with postnatal practices in terms of birth spacing, postnatal check-up and infant

immunization. This implies that their non-practice of birth spacing and non-compliance to postnatal check-up and infant immunization are associated to their limited awareness of the health services in the health center. This result is in line with the finding of (Dhakal, 2007) that lack of awareness is the main barrier in the utilization of postnatal care.

Table 11. Relationship between the Respondents' Maternal and Infant Status and Their Modern Postnatal Practices

Maternal & Infant Status	Pearson Correlation	P value	Decision	Remarks
Frequency of Pregnancy	0.84	0.459	Accept	Not significant
No. of dead infant	0.095	0.401	Accept	Not significant
No. of living infant	0.210	0.61	Accept	Not significant
Awareness on health services	-0.535	0.000	Reject Ho	Significant

Table 11 shows that the respondents' maternal and child status as to awareness on health services is significantly related to their modern postnatal practices. This implies that their minimal awareness on the health services available in the community deprive them of learning the modern postnatal practices that are very essential towards obtaining maternal and child health after delivery.

Table 12. Relationship between the Respondents' Maternal and Infant Status and Their Traditional Postnatal Practices

Maternal & Infant Status	Computed Pearson r	P value	Decision	Remarks
Frequency of Pregnancy	0.84	0.000	Accept	Not significant
No. of Children alive	0.95	0.000	Accept	Not significant
No. of children dead	0.95	0.000	Accept	Not significant
Awareness on the health services	-0.535	0.05	Reject Ho	Significant

Table 12 shows that there is a significant relationship between the respondent's maternal and infant status in terms of awareness on the health services and their traditional postnatal practices. Thus, their limited awareness of the services provided in the health center affects their adherence to the traditional postnatal practices. This implies that because of their less awareness to the modern postnatal practices taught in the Health Center, the more likely they will adhere to the traditional practices passed from their ancestors.

Table 13. *Relationship between the Respondents' Maternal and Infant Status as to Age of Infant Death and Cause of Infant Death and Their Postnatal Practices as to Birth Spacing, Postnatal Check-up and Infant Immunization*

Maternal & Infant Status	Pearson Correlation	P value	Decision	Remarks
Age of infant death Pearson Correlation P value	0.859	0.000	Reject Ho	Significant
Cause of infant death	-0.086	0.597	Accept	Not significant

Table 13 depicts the respondents' maternal and infant status as to age of infant death has a significant relationship with their postnatal practices as to birth spacing, postnatal check-up and infant immunization. The respondents that were able to recall the age of infant death disclosed that their infants died at age 0-6 months wherein babies at this period are more vulnerable to lots of diseases since their body's immune system is not yet fully developed. It indicates that non-compliance to proper postnatal practices such as birth spacing, postnatal check-up and immunization may lead to infant mortality between 0-6 months after birth.

Table 14. *Relationship between the Respondents' Maternal and Infant Status as to Age of Infant Death and Cause of Infant Death and Their Modern Postnatal Practices*

Maternal & Infant Status	Pearson Correlation	P value	Decision	Remarks
Age of child's death	0.496	0.001	Reject Ho	Significant
Cause of child's death	-0.344	0.960	Accept	Not significant

Table 14 shows that the respondent's maternal and infant status as to cause of infant death has a significant relationship with their modern postnatal practices. Majority of the respondents do not have any idea as to the cause of infant death which is associated with their non-compliance to modern postnatal practices. They lack the information on the types of infant complications including their signs and symptoms. Thus, their poor modern postnatal practices affect their awareness of the cause of infant death.

Table 15. *Relationship between the Respondents' Maternal and Infant Status as to Age of Infant Death and Cause of the Infant Death and Their Traditional Postnatal Practices*

Maternal & Infant Status	Pearson Correlation	P value	Decision	Remarks
Age of infant death	0.291	0.069	Accept	Not significant
Cause of infant death	-0.008	0.597	Accept	Not significant

Table 15 shows that respondents' maternal and infant status as to age and cause of infant death have no significant relationship with their traditional postnatal practices. It implies that traditional practices do not affect the age and cause of infant death. This finding is in line with the finding of Sarabi, 2007 that despite entrusting prenatal, natal and postnatal care to the Bajau elder who adheres to the traditional belief that even scientific study cannot explain, still Bajaus have survived for many generations.

Conclusion

The poor postnatal practices among the Bajau mothers are strongly attributed to poverty and illiteracy. Therefore, a culturally-sensitive health education and services should reach this underprivileged group to protect and improve the maternal and infant health among the Bajau community.

Selected References

- Bracamonte, N. L., Boza A.S., & Poblete, T. O. (2011). From the seas to the streets: The Bajau in Diaspora in The Philippines. *2011 International Conference on Humanities, Society and Culture IPEDR Vol.20 (2011) © (2011) IACSIT Press, Singapore.*
- Dhakal, S., Chapman, GN, Simkhada, PP, Teijlingen, ER, Stephens, J and Raja, AE. (2007). Utilisation of postnatal care among rural women in Nepal. *BMC Pregnancy and Childbirth, 7:19.*
- Greenaway, E., Leon, J. and Baker, D. (2012). Understanding the association between maternal education and use of health services in Ghana: Exploring the role of health knowledge. *J Biosoc Sci 2012; 44(6): 733-747.*
- Gupta, Neena (2008). Illiteracy India's Leading Problem. Accessed May 26, 2013 from: <http://www.shvoong.com/humanities/1823102-illiteracy/>
- Hishamshah, M, Ramzan, M bin, Rashid, A. Mustaffa, W Wan, Haroon, R, & Badaruddin, N. (2010). Belief and practices of traditional postpartum care among women in rural community in Penang Malaysia. *The Internet Journal of Thrid Workd Medicine, 9:2.*
- Langenheim, Johnny (2010). The last of the sea Nomads. Retrieved July 28, 2013 from: <http://www.theguardian.com/environment/2010/sep/18/last-sea-nomads>
- Sarabi, R. (2007). Perinatal beliefs and practices among Badjao in Jolo, Sulu. Accessed May 7, 2008 from <http://som.adzu.edu.ph/research/pdf/2008-05-07-163227sarabi.pdf>
- Titaley, Christiana R; Hunter, Cynthia L. Heywood, Peter, Dibley, Michael J (2010). Why don't some women attend antenatal and postnatal care services?: A qualitative study of community members' perspective in Garut, Sukabumi and Ciamis districts of West Java Province, Indonesia, *BMC Pregnancy and Chilbirth, 10:61.*