ORIGINAL ARTICLE

Harmonized Traditional and Modern Child Rearing Practices among a Marginalized Group in Mountain Province, Philippines

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ABSTRACT

Background. Child rearing significantly impacts children's health as they grow older, with various practices aimed at promoting good health and a better future.

Objective. The study explored traditional and modern child rearing practices among a marginalized group in Mountain Province, Philippines.

Methods. The study utilized an ethnographic approach of qualitative research. The study was conducted in Mountain Province. The participants of the study were 40 married and 20 single parents. They were grouped based on their age and roles in the community. The researcher made use of semi-structured interview guide questions for KII and FGD.

Results. Results revealed that harmonized modern and traditional child-rearing practices in the areas of child rearing-hygiene, attitude, nutrition, discipline, and safety are observed among the Marginalized group of people.

Conclusion. Marginalized communities effectively harmonize traditional and modern child-rearing practices, reflecting cultural resilience and adaptability that foster holistic child development. Sustaining this balance requires community-based education for parents, culturally sensitive policies from local agencies, and further research to generate evidence that strengthens child-centered and culturally responsive programs.

Keywords: child rearing, marginalized group, modern child rearing, traditional child rearing

INTRODUCTION

Child-rearing is recognized as having a profound impact on the health and socialization outcomes of children as they grow. Across cultures, people engage in child-rearing practices with the aim of ensuring good health and securing a better future for the child. These responsibilities are often shared among relatives, including grandmothers, siblings, and aunts. Since children represent the future, their healthy growth and development are a priority for all societies. Through child-rearing, children acquire moral values, ethical principles, and life skills that enable them to contribute positively to their families and communities. However, children remain vulnerable to malnutrition and infectious diseases, conditions that are largely preventable.[1] In developmental terms, childhood spans the ages 0–12, while adolescence covers ages 13–18.[2]

Indigenous healthcare practices are closely linked to how people respond to health and illness.[3] In Indonesia and Malaysia, for example, child-rearing traditions include treating the placenta as an elder sibling or burying books

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eISSN 2094-9278 (Online)
Published: August 15, 2026
https://doi.org/10.47895/amp.v60i15.13183
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and pencils with it, believing these rituals influence the child's health and intellectual growth.[4] In the Philippines, known for its rich cultural heritage, indigenous child-rearing practices are also deeply embedded in community life. Many traditional food beliefs are thought to have positive effects on child health.[5] Among the Ibaloy, childcare is regarded as vital, supported by a wealth of indigenous health practices and belief systems.[6] Despite the political and academic interest in Indigenous Peoples' (IP) knowledge and practices on child-rearing, awareness and understanding among policymakers, managers, and public health service providers remain limited. Such knowledge is still largely undocumented, leading some to strictly adhere to indigenous practices while others disregard them.[7] The Philippines is currently at a turning point, poised to benefit from investments in health research that could drive economic, social, and scientific growth.[8]

Given that the concept of child-rearing is closely tied to children's health needs, the welfare of every child should be central to both international and national programs, and the practices of marginalized groups must be understood within the context of health legislation, education, and equitable access to care. This study aims *to explore and harmonize traditional and modern child-rearing practices among marginalized groups to inform culturally grounded, health-oriented frameworks for childcare and family support.* Findings can guide leaders and policymakers in developing and evaluating public resources aimed at improving child-rearing practices. Further, it supports the creation of a culturally sensitive framework that respects community traditions while meeting essential health care needs. Furthermore, by recognizing the need for a shift in societal values, this research can serve as a foundation for proactive transitional care led by professional nurses, thereby making the conceptualization of child-rearing practices among marginalized groups more explicit and coherent.

Philosophical Underpinning

This study was grounded in the philosophy of realism. Realism is the view that entities of a certain type have an objective reality.[9] It is a reality that is completely ontologically independent of conceptual schemes, linguistic practices, beliefs, etc. Entities including abstract concepts and universals as well as more concrete objects have an existence independent of the act of perception. In like manner, Moderate Realism as a type of realism is the view that there is no separate realm where the concepts exist, but they are located in space and time wherever they happen to manifest. Furthermore, it distinguishes between the things itself with the way it exists: a thing exists in the mind as a universal, and in reality, it exists as an individual. Thus, the ideas present in a universal do not exist outside the mind as a universal, but as an individual. Hence, Moderate Realism recognizes both sense knowledge, which presents things in their individuality, and intellectual conceptual knowledge, which presents things in their more abstract nature.

This philosophical stance supports the examination of phenomena as they exist in the real world while still recognizing the role of conceptual understanding. Methodologically, this perspective guided the use of semi-structured interviews and focus group discussions (FGDs), allowing for rich exploration of participants' experiences while maintaining attention to observable patterns and cultural realities. The assumptions that reality can be accessed through careful observation and reflection also imply limitations: findings are context-specific and may not be fully generalizable beyond the selected communities. Nonetheless, realism provides a robust lens for interpreting the interplay of traditional and modern child-rearing practices, supporting meaningful insights that are both grounded in participants' experiences and reflective of broader cultural patterns.

METHODS

Research Design

The study is a qualitative research design using the descriptive exploratory-analytical approach. Exploratory descriptive was appropriate for exploring and describing the child-rearing beliefs and practices among marginalized groups.

Setting and Participants

The study was conducted in selected communities of Mountain Province (MP), a marginalized area situated in the Central Cordillera of Northern Philippines. Characterized by its rugged terrain, rich indigenous heritage, and limited access to economic and health resources, MP reflects the unique challenges faced by upland communities in preserving cultural traditions while addressing contemporary health and development needs. Additionally, in MP, traditional child-rearing practices remain deeply embedded in everyday life.

The researcher made use of semi-structured interview guide questions for KII and FGD. Participants of the study were chosen based on the following criteria: (1) that they are practicing traditional child-rearing; (2) bona fide residents of Mountain Province belonging to the five ethnolinguistic groups; and (3) have a minimum of 10 years of residency in the community. The participants of the study consisted of 40 married and 20 single parents. They were grouped based on their age and roles in the community. Recruitment continued until sampling saturation was reached, having no new themes, insights, or variations in child-rearing practices emerging from additional interviews. This saturation point provided the formal basis for stopping recruitment, thereby ensuring that the data collected were sufficiently rich and comprehensive to address the aims of the study.

The participants engaged more deeply in the research process beyond interviews and FGDs. They contributed contextual explanations during observations, clarified cultural meanings of specific practices, and, in some cases, guided the researcher through community settings where child-rearing

activities naturally occurred. Some participants validated preliminary interpretations by confirming whether emerging themes accurately represented their lived experiences. Others provided informal demonstrations of caregiving routines, showed culturally symbolic objects used in child-rearing, or explained community norms and rituals. These additional forms of engagement enriched the data and allowed the researcher to understand practices within their natural social context.

Data Gathering Tool

Interview and observation guides were used as research instruments. The interview guide helped direct the conversation toward child-rearing beliefs and practices. While some interviews were highly structured, others were relatively open-ended. All of them, however, shared a core set of features, which included a predefined sequence of questions, guidance on how to pose the questions, and instructions on how to formulate follow-up questions. This ensured that the researcher knew what to do next after the interviewee had answered the last question. The interview and observation guides were iteratively refined based on the responses from early interviews and field notes as the study progressed. Some questions were reworded, and new probes were asked to explore unanticipated responses; likewise, redundant questions were removed to avoid repetition. These modifications enhanced the responsiveness of the instruments to evolving themes, consistent with qualitative research standards. The researcher also served as the primary instrument for both the interviews and observations. A fieldwork approach was used, which utilized FGDs and key informant interviews (KIIs). When permitted by the participants, an audio recorder and video camera were used to capture the conversations.

Data Collection

The researcher discussed and gave a clear purpose of the study's scope, design, data collection methods, and objectives to the identified participants, followed by the distribution of informed consent forms. Questions by the participants about their roles and responsibilities were addressed. Participants were grouped based on specific inclusion criteria.

All interviews and FGDs were conducted in easily accessible areas, with 40 married and 20 single parents as participants from the selected communities of MP. The researcher used an audio recorder and field notes to capture the conversations, with an assistant taking additional notes during the FGDs. The researcher also took detailed field notes immediately after leaving each site to ensure no details were forgotten. To enhance qualitative rigor, the data collection process was iterative. Preliminary findings from early interviews informed follow-up questioning, enabling refinement of probes and allowing the researcher to explore emerging themes more deeply. Triangulation was achieved by comparing data across KIIs, FGDs, and field observations, ensuring that interpretations were consistent across multiple sources. As part of the procedural analytical process, the researcher revised interview prompts to clarify culturally specific concepts; these were made during data collection and documented. The participants were clearly informed and made aware that confidentiality and anonymity could not be guaranteed due to the nature of the data gathering. The study was conducted from 2018 to 2022, reflecting an extended engagement that contributed to richer, more credible findings.

Ethical Considerations

This study ensured adherence to the ethical standards of conducting research among human participants. The study was subjected to ethical review and approved by the Ethics Committee of Mountain Province State University. All information gathered during the data collection was treated with the utmost confidentiality and was used only for this study. Destruction of all recorded verbatim and field notes was done after the final writing.

Reflexivity

The primary researcher is a nurse educator and an indigenous member of Mountain Province; reflexivity played a central role in this study. This positionality demanded constant self-awareness to ensure that interpretations remained firmly anchored in participants' narratives rather than shaped by personal beliefs or experiences. To manage subjectivity, drafting of field notes and memoranda, and reflexive journaling were used to record emerging thoughts, emotional responses, and analytical shifts. These practices helped bracket assumptions, sustain neutrality, and became crucial when participants' accounts mirrored the researcher's own professional background.

Credibility and confirmability were strengthened through prolonged engagement, member validation, and transparent documentation of all analytic decisions. A validation meeting will likewise allow participants to affirm whether the findings accurately reflect their lived realities. Through ongoing reflexive strategies like journal writing, post-interview debriefing, and intentional recognition of positionality, maintaining transparency, reduced bias, and reinforced the overall trustworthiness of the study.

Data Analysis

The researcher utilized ethnographic analysis, coding multiple processes to identify patterns and themes. All recorded interviews and FGDs were transcribed verbatim, and transcripts were systematically checked against the audio files to ensure accuracy. Identifying information like names, locations, and culturally recognizable descriptors was anonymized during transcription to protect participants' confidentiality. Data were stored in password-protected digital folders, and hard copies of field notes were kept in

a locked cabinet accessible only to the research and all raw data will be destroyed after final writing.

The analytic process included initial open coding, followed by axial and thematic coding to cluster similar concepts. Memos were written throughout analysis to document analytic decisions, pose questions, and capture emerging insights. Data reduction resulted in the formulation of themes that were later presented through figures and narrative displays. Triangulation was used to enhance validity by comparing findings across interviews, FGDs, and field observations. A qualitative health researcher was consulted to ensure consistency in coding and interpretation; the manuscript provided limited documentation regarding the involvement of additional coders or peer debriefers. Bracketing was employed to minimize the researcher's preconceptions, allowing interpretations to remain grounded in participants' accounts.

Establishing Trustworthiness

Rigor and trustworthiness were integrated in this study to ensure that the perspectives of Indigenous Peoples (IP) in Mountain Province were accurately represented in the development of a child-rearing framework. The researcher approached the inquiry with openness, guided by a philosophical perspective that valued both *emic* (insider) and *etic* (researcher-informed) viewpoints. Rigor was demonstrated through systematic data collection, careful examination of all transcripts, and the use of verbatim responses to preserve the authenticity of participants' voices. Transcriptions and translations were thoroughly reviewed to ensure accuracy and fidelity to participants' meanings. Multiple strategies were applied to enhance trustworthiness:[22]

Credibility: Achieved through prolonged engagement during interviews, peer debriefing with colleagues, and triangulation of data with existing literature.

Transferability: Enhanced by providing rich descriptions of participants' contexts and experiences.

Dependability: Ensured through a clear audit trail of coding decisions and analytic steps.

Confirmability: Strengthened by reflexive journaling, where the researcher documented preconceptions and reflections throughout the research process.

RESULTS

In some marginalized groups, child-rearing practices are diversified and transcultural. Parents weave together the wisdom of the past with the practicalities of the present. One mother shared, *"We have a few rituals, and these are not against the Bible. They even support modern practices; that's why I want to keep them. For me, these are good traditions worth preserving."* While it is true that children raised vary from family to family, many find themselves naturally blending old customs with new approaches. This harmony between tradition and modernity not only strengthens family bonds but also supports children's health and development. It is a living example of transcultural nursing where understanding and respecting cultural values become part of good healthcare.

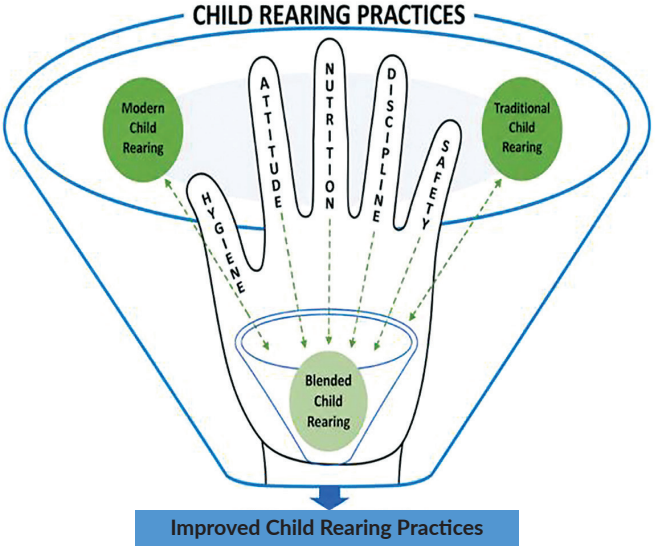

Figure 1. Harmonized traditional and modern child-rearing practices.

From the stories shared, five themes emerged, captured in the acronym HANDS: **Hygiene** - practices ensuring cleanliness and prevention of illness; **Attitude** - this fosters respect, empathy, and culturally appropriate behaviors; **Nutrition** - integration of modern and traditional dietary practices to promote health; **Discipline** – methods of guidance that balance cultural values with child development principles; and **Safety** – strategies to protect children within the home and community environment. These reflect how families, even with limited resources, can raise children in ways that honor their heritage while embracing the best of modern parenting. This integration not only strengthens family bonds but also supports children's overall health and development, illustrating the principles of transcultural nursing where understanding and respecting cultural values is integral to effective care. Figure 1 presents how these themes interact, showing how families, even with limited resources, weave tradition and modernity together to promote the well-being of their children. The figure emphasizes the dynamic and interconnected nature of these practices, highlighting that each theme contributes to holistic child-rearing that honors cultural heritage while embracing contemporary knowledge and health standards.

Hygiene

One unique tradition, shared fondly by participants, related to hygiene practices is the ritual performed when a child begins to eat solid food. This is believed to train the child to signal when they need to urinate instead of wetting their pants, which is an early and culturally rooted lesson on hygiene. Circumcision, which is another significant

Table 1. Summary of Themes, Subthemes, and Illustrative Quotes

Theme	Subtheme	Illustrative Quotes
Child Rearing Practices: Traditional and Modern		*"We have a few rituals, and these are not against the Bible. They even support modern practices; that's why I want to keep them. For me, these are good traditions worth preserving."*
	Hygiene	*"We make sure that our children will bathe daily."*
		"Before, we immediately bathed newborn babies after birth, but now we wait for six hours before bathing newborn babies."
	Attitude	*"Before, we slept together, male and female."*
		"The boy dies, but rises as a mature man."
	Nutrition	*"It is done, and it could either be done from birth to one month."*
		"Our elders let us drink fermented cassava or bones."
		"Exclusive breastfeeding for six months is encouraged. If the mother leaves her child, she expresses her breastmilk to be given to the baby."
		"What I do when the baby keeps on crying due to hunger and the mother is not yet home, I chew rice then give it to the baby."
	Discipline	*"For me, my child can be whipped if he or she has done something wrong."*
		"You can whip your child if she has done something wrong, but now we have a law that prohibits such practice."
		"…to send them to school, provide all their needs in school and other needs."
		"I would ask them to choose what they want, as long as it would be good for them."
	Safety	*"We all have our children immunized… if people do not want their child to be vaccinated, we explain and answer all their questions."*
		"Every child is born healthy, cared for by parents, and taught by teachers to eat the right foods, obey their parents, and respect others."

practice conducted by respected elders as a rite of passage into manhood, is now performed by healthcare professionals. This shift preserves the cultural significance of the practice while incorporating medical safety standards. In like manner, cleanliness remains a shared value across generations. Parents take pride in ensuring that children are bathed daily, as verbalized by the participants: "*We make sure that our children will bathe daily,"* a practice rooted in tradition yet affirmed by modern health advice. Bathing practices for newborns have also changed. In the early days, babies were bathed immediately after birth; now, parents follow the recommendation to wait six hours, reflecting a willingness to adapt tradition in the interest of a child's well-being. This was evident when participants verbalized that *"before, we immediately bathe newborn babies after birth, but now we wait for six hours before bathing newborn babies.*" Another is that families now rely on tepid sponge bathing (TSB) to reduce fever, a shift from the old custom of simply covering the child. The blending of modern and traditional is equally visible in newborn care. Many mothers described using alcohol to clean a newborn's umbilical cord, a step that aligns with infection prevention guidelines. The long-standing practice of bringing babies into the morning sunlight, a sight familiar in many villages, is still lovingly observed, now with the added knowledge of its health benefits recognized by the Department of Health. These stories revealed that parents are deeply connected to their cultural roots while being open to change. In this marginalized rural setting, traditions are not abandoned but carefully interwoven with new practices that promote health and safety. The result is a child-rearing approach that honors the past, embraces the present, and invests in a healthier future for the next generation.

Attitude

Traditional child-rearing practices aimed at developing positive attitudes among children. One such practice was the *sleepover*, where boys and girls could sleep together without malice. As one participant recalled, *"before, we slept together, male and female."* Children would share stories about their day, discuss their dreams, and engage in open conversations about topics that interested them. While this specific practice is no longer common, a similar concept persists today through sleepovers in the homes of relatives, an adaptation of the traditional practice into a more modern context.

Another notable activity that contributed to attitude formation was a traditional sport and fertility ritual among male schoolboys called the stone-throwing feat. This event was held after the first rice harvest and coincided with the planting of sweet potatoes. Symbolically, it represented the transition from boyhood to manhood. Boys would return home with bruises on their heads, which were seen as signs of a promising harvest for the family and community. On a personal level, enduring the pain of these injuries was considered a rite of passage, preparing them for life's challenges on the concept of "*the boy dies, but rises as a mature man*". Although this practice has faded, its essence survives

in modern sports, where the focus has shifted to fostering discipline and the spirit of sportsmanship.

Parents also encourage their children to interact and socialize with peers in the community. These interactions often involve sharing personal stories and dreams, as well as playing games. Some indigenous games have been replaced by mobile games; the underlying values of camaraderie and sportsmanship remained. Whether through traditional or modern play, children are encouraged to learn from each other's experiences. Another related child-rearing approach that continues to hold value is parents acting as active listeners. This involves attentively understanding what their children are trying to communicate, which is an approach that blends traditional wisdom with modern concepts of mental health, ultimately fostering positive attitudes. Attitude is highlighted in development, having consistent parental emphasis on moral guidance. Parents instill in their children the distinction between good and bad behavior, cautioning them against actions that could harm their health or social well-being. These practices, both traditional and adapted, demonstrate how the people in a marginalized country have sought to instill discipline, social values, and positive attitudes in their children, harmonizing cultural heritage with contemporary parenting approaches.

Nutrition

Food is more than sustenance; it is part of the care and love shared between mother and child. One treasured tradition is the preparation of finely sliced ginger mixed with salted meat, served during a simple ceremony where prayers are offered to the gods for a mother to have abundant breastmilk. This dish is often prepared from the time of birth until the baby's first month. It is a symbol of the community's commitment to the child's well-being. As one mother shared, *"it is done, and it could either be done from birth to one month."* Mothers are also given a tangy soup made from water fermented with cassava or bones that is rich in calcium and believed to strengthen both the mother and the baby. A participant fondly recalled, *"our elders let us drink fermented cassava or bones."* These recipes are more than just food; instead, they are acts of care passed down from generation to generation. Others advise papaya and beans that are also believed to boost milk production, as evident in a sharing of one participant: *"We tell newly delivered mothers to eat papaya and beans."* These practices, whether rooted in traditional or modern medical advice, only show how the people of this marginalized group weave tradition and innovation into their care, ensuring that both mothers and infants are nourished in body and spirit.

Naming a child is another occasion marked with shared meals. Relatives and friends bring gifts, eat together, and serve the same fermented dishes. The warm broth from cooked chicken is offered to the new mother, which is believed to restore her energy and give her resistance to both her and her baby. Modern practices have also found their place at the family table. Many participants spoke about encouraging newly delivered mothers to eat papaya and meat soup to help increase breastmilk supply. One participant explained, *"Exclusive breastfeeding for six months is encouraged. If the mother leaves her child, she expresses her breastmilk to be given to the baby."* These words are a recognition that breastmilk is more than nourishment; it is a bond between mother and child. A child rearing custom remains in certain homes, such as when a hungry baby cries and the mother has not yet returned home; some grandparents still follow the old practice of pre-chewing rice before feeding it to the infant. One shared, *"What I do when the baby keeps on crying due to hunger and the mother is not yet home, I chew rice then give it to the baby."*

Discipline

Discipline, in the context of child-rearing, is more than just correcting misbehavior but it is a process of teaching, guiding, and nurturing children to develop self-control, self-direction, competence, and care for others. Among marginalized groups, parents use a holistic approach to discipline, ensuring that while they guide their children's behavior, they also make them feel loved, safe, and secure. From infancy through adolescence, both traditional and modern disciplinary practices are evident. Some parents prefer traditional methods, with one participant sharing, *"for me, my child can be whipped if he or she has done something wrong."* Others acknowledge that while such practices were once common, legal changes have made them unacceptable. As one participant explained, *"you can whip your child if she has done something wrong, but now we have a law that prohibits such practice."* Beyond correction, parents in marginalized group see discipline as part of their greater responsibility by providing for their children's needs, ensuring their education, and supporting their overall growth. One participant expressed this clearly: *"…to send them to school, provide all their needs in school and other needs."*

An important strategy practiced in the community is offering children constructive choices. Parents believe that allowing children to decide for themselves within safe and positive boundaries helps them learn to think critically and make sound judgments. One parent explained, *"I would ask them to choose what they want, as long as it would be good for them."* As children grow older, they are given more freedom to make decisions, with parents offering support and guidance along the way. Child rearing in marginalized groups is also a shared responsibility. Grandmothers, siblings, and even neighbors often participate in looking after the children. This communal approach not only lightens the parents' load but also creates more opportunities for children to learn discipline through the guidance of multiple caregivers.

Safety

Safety is considered an important aspect of child-rearing to this marginalized group as community members believe to have a lasting impact on a child's growth and development.

One traditional practice related to safety is the care of the cord. After the cord is cut, it is placed inside a bamboo tube and buried within the family's home premises. Community members believe that if the umbilical cord is not safely kept, the child may grow up to be *"good for nothing."* In contrast, safeguarding the dried cord symbolizes a connection to home, ensuring that, even when the child leaves, they will always yearn to return safely to their family. Following the "cord off," the family butchers a chicken or boils meat to share in a communal meal for the child's welfare. The method of cutting the umbilical cord also reflects a concern for safety. Traditionally, a sharpened stick crafted to resemble a knife is used, as it is considered cleaner and less likely to cause infection than scissors. However, some families use sterilized scissors wiped with alcohol. Regardless of the tool, participants reported no cases of complications. They also avoid cutting the cord too short to prevent infection as it dries, which typically occurs within two days. These practices illustrate the community's deep concern for a child's safety, ensuring that as the child grows, they understand their limitations and learn to keep themselves safe.

Another traditional ritual aims to prevent a child from overeating or begging food from others. The family cooks native chicken with salted meat, and the mother lets the newborn smell it after cooking. This is believed to help the child develop moderation in eating and avoid taking food indiscriminately from others. Similarly, the placenta is deeply buried alongside those of the child's siblings, symbolizing future family unity. This practice is also linked to the belief that it can prevent a baby's teeth from growing too early around three months of age, which, if it occurred, might cause the baby to bite the mother during breastfeeding and harbor resentment toward her, disrupting the child's healthy development. Child-rearing practices also incorporate protective measures. Immediately after birth, no one is allowed to enter the household, and family members do not leave the home. A stick is placed across the entrance to signify "No Entry." This is believed to shield the newborn from evil spirits or illnesses that visitors might carry, which is an understanding that aligns with modern infection prevention practices.

Some child-rearing traditions also align with modern health guidelines, such as those in the Basic Emergency Obstetric and Newborn Care (BEmONC) program. For example, newborns are not bathed immediately after birth, as this is believed to be harmful. Families follow Department of Health (DOH) recommendations, including immunization, breastfeeding for nutrition, and other health promotion practices. As one participant shared, *"we all have our children immunized… if people do not want their child to be vaccinated, we explain and answer all their questions."* Another participant emphasized the importance of fully implementing health programs so that *"every child is born healthy, cared for by parents, and taught by teachers to eat the right foods, obey their parents, and respect others."*

DISCUSSION

Results of the study showed that there is a harmonized traditional and modern child-rearing practice among marginalized people. Similarly, another study revealed that Ibaloys have a strong connection with their traditional beliefs and strong support from their family and community in the care of their children.[6] Most of the traditional beliefs and practices of rearing are still observed alongside modern healthcare principles and practices. This harmonized relationship between child-rearing practices results in the blend of traditional and modern practices evident in the key aspects of child-rearing, such as hygiene, attitude formation, nutrition, discipline, and safety. The community's ability to harmonize these elements reflects cultural resilience and adaptability, ensuring that children grow up with a strong sense of identity while benefiting from advancements in health and development.[10] Likewise, Ibaloys possess rich indigenous health practices and belief systems regarding childcare, and to them, childcare is vital.[6] Further, Turkish families persisted in practicing traditional childcare practices, and some practices are abandoned in favor of modern, health-oriented methods, showing intergenerational shifts and coexistence of tradition and modernity in child health and rearing.[11] Likewise, in a study from rural Odisha, India, researchers observed how newborn care practices are changing: while traditional practices such as umbilical-cord care and ritual-based practices remain present, there is a growing reliance on formal health services and community health workers, indicating an adaptive hybridization of care (traditional + modern).[12] Similarly, in the context of indigenous maternal and child health in the Philippines, efforts to develop culturally tailored Maternal and Child Health (MCH) tools like a community-specific MCH handbook among the Tagbanua demonstrated that integrating indigenous values into modern health education can effectively improve health knowledge and practices among indigenous mothers.[13] In a study conducted in Indonesia, it revealed that local cultural values, spirituality, and family structure remain central to family care, even as modern influences come into play, highlighting that "family nursing care" in such contexts must account for both tradition and modern norms, showing the value of culturally rooted child-rearing approaches.[14]

A recent policy note also emphasizes that early childhood care in the Philippines often extends beyond parents, involving siblings, grandparents, household helpers, day care workers, and community health personnel, which reflects how traditional and modern caregiving networks are harmonized in practice.[15] This wider caregiving network strengthens the integration of indigenous and contemporary approaches to raising children, ensuring that cultural values remain intact while promoting child health and development.

Furthermore, the child-rearing practices among marginalized people are comparable with some of the practices done by other countries. In Indonesia, the placenta is con-

sidered the elder sibling, or the twin of the baby being born. The burial needs to be performed by the father of the baby strictly. However, before the burial, it is necessary for the placenta to be placed in a clean bowl and properly washed. If it is not properly handled, it is believed that the mother or the baby will fall very ill.[4] Likewise, this is also a practice in Malaysia; however, books and pencils are also added to make sure that the child grows up to be a hard-working individual and a very intelligent student. Placenta is buried not deep.[4] Moreover, every culture has a health and caring process, techniques, and practices viewed as important to the people.[16,17] Hence, healthcare providers should acknowledge, appreciate, respect, and honor these common beliefs and practices for them to provide competent and culturally sensitive care.[16,18]

Traditional practices remain deeply rooted in the community's way of life. These practices are complemented by modern approaches, such as regular medical check-ups, vaccination programs, and public health campaigns, which contribute to better child health outcomes.[19] This duality demonstrates that tradition and science need not be in conflict but can instead reinforce one another for the betterment of child well-being. A study comparing Iraq and the Philippines also highlighted how traditional newborn health practices persist and, when unsafe, must be addressed through culturally sensitive and multifaceted interventions, underscoring the need to harmonize tradition and evidence-based medicine.[20]

The study also emphasizes the critical role of multi-sectoral linkages in promoting health within the community. These linkages facilitate the flow of resources, knowledge, and policy support, empowering communities to make informed decisions about child-rearing practices while preserving their cultural heritage. Similarly, strategic involvement and collaborations of local actors within communities give rise to improvements in the utilization of primary healthcare centers, reportedly resulting in improved access to PHC healthcare services for community members.[21] Another study highlights the importance of understanding the psychosocial aspects of community participation among various stakeholders involved in rural health care.[22] Similarly, studies on early childhood education in the Philippines reveal that while parents face challenges like limited time and resources, their involvement remains central to their children's growth.[23,24] Recent parenting program interventions in the Philippines further show that modern positive discipline approaches can be adapted to align with Filipino values such as *mabuting asal* (good behavior) and *pakikipagkapwa* (shared identity), helping parents balance traditional values with contemporary practices.[25] Through collaborative, community-based efforts and multi-sectoral partnerships, the province can continue to build a future where children thrive physically, emotionally, and culturally. This integrated approach serves as a powerful model for other marginalized groups navigating the complexities of contemporary healthcare while honoring their ancestral roots.

Limitations of the Study

The study was conducted only in selected communities in Mountain Province, CAR, which is a marginalized and geographically isolated setting. The findings may not be fully generalizable to other indigenous and non-indigenous communities with different socio-economic conditions, belief systems, and child-rearing environments, even if the area of study offers a culturally rich context. The use of purposive sampling, limited to residents who have practiced traditional child-rearing for at least ten years, may have excluded parents with evolving or mixed parenting approaches, hence narrowing the range of perspectives captured. Additionally, participants were drawn only from specific ethnolinguistic groups within the province, which may not reflect variations that exist across broader indigenous populations in the Philippines. As the study relied on qualitative interviews and self-reported experiences, responses may also be influenced by memory recall, cultural expectations, or social desirability, potentially affecting the depth and accuracy of the data.

Recommendations

Parents and caregivers should be supported through community-based education and parenting programs that encourage the continued harmonization of traditional wisdom with modern child-rearing practices, particularly in hygiene, nutrition, discipline, and safety. Local government units and relevant agencies should institutionalize culturally sensitive initiatives that safeguard indigenous values while promoting child health and well-being through tailored health and education programs. Further studies are needed to explore the evolving interplay between traditional and modern practices, particularly through longitudinal and comparative approaches, to generate evidence that can refine interventions and guide culturally responsive policies.

CONCLUSION

Marginalized communities are able to harmonize traditional and modern child-rearing practices in the areas of hygiene, attitude, nutrition, discipline, and safety. This integration reflects both cultural resilience and adaptability, as families preserve their values and indigenous knowledge while also embracing evidence-based approaches that promote child health and well-being. This balance ensures that children grow in nurturing environments that are culturally rooted yet responsive to present-day needs. It further emphasizes the importance of strengthening culturally sensitive programs and policies that honor tradition while supporting holistic child development.

Acknowledgments

The author extends her heartfelt gratitude to the people of the selected communities of Mountain Province for sharing their stories, traditions, and wisdom on child rearing; likewise, their generosity, trust, and openness made

this paper possible. The ever-supportive family, friends, and relatives in the author's research endeavor; others who gave unsolicited critiques that challenge the author; and all those who have served as mentors of the author.

Statement of Authorship

The author certified fulfillment of ICMJE authorship criteria.

Author Disclosure

The author acknowledges that, as an indigenous member of the Mountain Province community, personal experiences and cultural perspectives could have influenced the conduct, data collection, and interpretation of the study. Reflexivity was practiced throughout the research process, including maintaining reflective field notes, documenting analytic decisions, and engaging in member checking with participants to verify interpretations to manage potential sources of researcher bias. Additionally, feedback from an external qualitative research critic was sought to provide independent review and reduce the influence of personal or contextual biases. No financial, professional, or other external conflicts of interest influenced the design, implementation, or reporting of this study.

Funding Source

None.

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