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Anecdote of a Maranao Traditional Birth Attendant: A Phenomenological Exploration of Home Delivery Experiences Involving Twins

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ABSTRACT

Background: Traditional Birth Attendants (TBAs) remain important providers of maternal care in geographically isolated Maranao communities where access to skilled birth services is limited. Twin pregnancies are high-risk conditions requiring complex care and decision-making. ***Purpose***: This study explored the lived experiences of Maranao Traditional Birth Attendants in managing twin home deliveries. ***Methods***: A qualitative hermeneutic phenomenological design was employed in selected communities in Lanao del Sur, Philippines. Four Maranao TBAs with experience in twin home deliveries were purposively selected. Data was collected through in-depth interviews and analyzed using van Manen's interpretive phenomenological approach. ***Results***: Two major themes emerged: (1) *Cultural and Spiritual Practices in Twin Deliveries*, highlighting the integration of prayers, rituals, and traditional beliefs into childbirth care; and (2) *Preparing for and Managing Twin Deliveries*, reflecting experiential knowledge in identifying twin pregnancies, managing risks, making referral decisions, and providing maternal care. Participants relied on culturally grounded practices, spiritual beliefs, and accumulated experience in managing twin deliveries. ***Conclusion***: Maranao TBAs play a vital role in maternal care through culturally informed and experience-based practices despite resource limitations. ***Implications for Nursing***: Strengthening culturally responsive maternal health programs, referral systems, and collaboration between nurses, midwives, and TBAs may improve maternal and neonatal outcomes in underserved communities.

Keywords: Traditional birth attendants, twin pregnancy, home delivery, Maranao, phenomenology, Maternal care.

What does this paper add?

1. It generates context-specific qualitative insights into the lived experiences of Maranao Traditional Birth Attendants managing twin home deliveries, an underexplored area in maternal health research.
2. It advances understanding of how culturally embedded beliefs, spiritual practices, and experiential knowledge influence care delivery and risk management in high-risk childbirth.
3. It informs the development of culturally responsive maternal health strategies by emphasizing the integration of Traditional Birth Attendants into formal healthcare systems through collaborative and referral-based models.

Introduction

Twin pregnancy is recognized as a high-risk obstetric condition associated with increased maternal and neonatal morbidity and mortality compared to single pregnancies (Greatholder et al., 2023; Rodriguez-

Wallberg & Veleva, 2023). Evidence indicates that complications, such as pre-term birth, malpresentation, and perinatal mortality occur more frequently in twin gestations, particularly in settings with limited access to skilled obstetric care (American College of Obstetricians and Gynecologists, 2021; Conde-Agudelo et al., 2023; O'Connor et al., 2025; Townsend & Khalil, 2021). In low- and middle-income countries, these risks are further exacerbated by disparities in healthcare access, shortages of trained personnel, and continued reliance on non-facility-based childbirth practices (Garces et al., 2019; Getachew et al., 2024; Prins et al., 2024; Weitzner et al., 2023).

The World Health Organization defines Traditional Birth Attendants (TBAs) as individuals who assist mothers during childbirth and acquire their knowledge and skills through informal apprenticeship, traditional learning, or experiential practice (Damtew et al., 2024). Despite increasing efforts to promote facility-based deliveries, TBAs continue to play an important role in many rural and underserved communities worldwide, particularly where geographical, financial, and socio-cultural barriers limit access to formal maternal healthcare services (Johnson & Pierce, 2025; Nove et al., 2021; Prins et al., 2024). In the Philippines, TBAs, commonly known as hilot or panday in some communities, have remained as respected maternal care providers, especially in geographically isolated and disadvantaged areas where women may prefer home-based childbirth due to accessibility, affordability, cultural familiarity, and established community trust (Amit et al., 2022; Landicho, 2022).

Within the Maranao communities of Lanao del Sur, childbirth is deeply embedded within cultural and spiritual traditions that influence maternal health beliefs and practices (Diamla, 2025). Maranao TBAs integrate culturally rooted practices, including Islamic prayers, spiritual invocations, traditional rituals, and indigenous healing approaches into childbirth care (Hayudini & Pangandaman, 2024). Although these practices provide culturally meaningful support and strengthen community trust, previous studies have identified variations in adherence to standardized maternal and newborn healthcare protocols, which may increase risks during complicated deliveries (Dwivedi et al., 2024; Nove et al., 2021). Nonetheless, their continued presence demonstrates their important role in communities where access to skilled birth attendants remains limited (David et al., 2025; Dwivedi et al., 2024; Kassie et al., 2022).

Previous literature has documented the general roles, practices, and contributions of Traditional Birth Attendants (TBAs) in maternal healthcare across various low-resource settings (Esan et al., 2023; Kassie et al., 2022). However, limited evidence exists regarding their experiences in managing high-risk pregnancies, particularly twin home deliveries. Twin pregnancies require complex decision-making, early recognition of potential complications, preparedness for obstetric emergencies, and timely referral to formal healthcare facilities, given their increased risk of maternal and neonatal morbidity and mortality (American College of Obstetricians and Gynecologists, 2021; Rodriguez-Wallberg & Veleva, 2023). Understanding how TBAs navigate these challenges is particularly important in resource-limited communities where home births remain a culturally accepted and accessible option.

Although previous studies have described the profile and general birthing practices of Maranao Traditional Birth Attendants (Diamla, 2025; Maghuyop-Butalid et al., 2015), specific experiences of these birth attendants in managing twin home deliveries remain unexplored. In Lanao del Sur, maternal health records reported an average of 10,401 live births per month in 2024, with approximately 1.5% estimated to be twin pregnancies, equivalent to about 156 twin births monthly (Philippine Statistics Authority, 2024). Home deliveries remain common in many Geographically Isolated and Disadvantaged Areas (GIDAs) in the Philippines, where access to formal maternal healthcare services is often limited (Collado, 2019). Given the 305 identified GIDA barangays in Lanao del Sur, a proportional distribution suggests that approximately 41 twin births, or 26.20% of the estimated monthly twin births in the province, may occur within these geographically isolated communities. Although these figures are estimates and do not necessarily represent actual TBA-assisted deliveries, they underscore the continued occurrence of high-risk twin pregnancies in settings where Traditional Birth Attendants frequently serve as primary maternal care providers. Despite their important role in these communities, how Maranao TBAs recognize, manage, and make decisions during twin deliveries remains a critical, yet underexplored, area of maternal health research. Generating context-specific evidence on these experiences may inform culturally responsive

interventions, strengthen referral pathways, and promote meaningful collaboration between Traditional Birth Attendants and the formal healthcare system.

Therefore, this study aimed to explore and interpret the lived experiences of Maranao Traditional Birth Attendants in managing twin home deliveries. Specifically, it sought to examine the cultural beliefs, practices, and decision-making processes that influence their care during the antenatal, intrapartum, and postpartum periods. Findings from this study are expected to contribute to the development of culturally responsive maternal health programs and inform strategies for strengthening collaboration between Traditional Birth Attendants and formal healthcare providers.

Method

Study Design

This study employed a qualitative research design grounded in hermeneutic phenomenology, guided by van Manen's philosophical framework. This approach was selected to explore and interpret the lived experiences of Maranao Traditional Birth Attendants (TBAs) in managing twin home deliveries within their socio-cultural context. Hermeneutic phenomenology is appropriate for uncovering meanings embedded in participants' experiences and for understanding how cultural beliefs, practices, and contextual realities shape maternal care (Suddick et al., 2020).

Study Setting

The study was conducted in selected rural communities in Lanao del Sur, Mindanao, Philippines, including the municipalities of Saguiaran, Piagapo, and Pualas, which are resource-limited areas, particularly in the barangays that are referred to as geographically isolated and disadvantaged areas (GIDAs), where access to formal healthcare facilities is constrained, and pregnant mothers prefer to subscribe to traditional birth attendant practices.

Study Population and Sampling

The study population consisted of Maranao Traditional Birth Attendants (TBAs), locally known as *panday*, who were actively practicing in selected rural communities in Lanao del Sur, Mindanao, Philippines. These TBAs are recognized within their communities as primary providers of maternal care, particularly in home-based childbirth settings. A purposive sampling technique was employed to recruit participants who could provide rich, relevant, and experience-based insights into the phenomenon under investigation.

Eligible participants met the following inclusion criteria: (1) self-identified Maranao Traditional Birth Attendants; (2) aged between 30 and 60 years; (3) actively engaged in assisting home deliveries; and (4) with prior experience in managing twin deliveries. Exclusion criteria included TBAs who were no longer practicing, those without experience in twin deliveries, and individuals residing outside the identified study areas.

Participants were identified through community gatekeepers and local health networks, including barangay health workers and community leaders familiar with traditional birth attendants in the area. Initial contact was facilitated through these networks, followed by the researchers' direct approach to explain the study's purpose and invite participation.

Twenty (20) active practicing Traditional Birth Attendants were identified within the selected communities through referrals from community key informants and local health networks. Among these, only five (5) had direct experience in managing twin home deliveries. One (1) eligible participant declined participation due to personal reasons, resulting in a final sample of four (4) Traditional Birth Attendants.

Although the sample size was small, it was considered appropriate for the study based on the principle of information power, which posits that fewer participants may be required when the study aim is narrow and focused, participants possess highly specific experiential knowledge, the quality of dialogue is strong, and the information obtained is rich and relevant to the phenomenon being explored (Roberts et al., 2026). The participants in this study represented a highly specialized group of Maranao Traditional Birth Attendants with direct experience in managing twin home deliveries, a relatively uncommon and highly specific phenomenon within the study setting.

The adequacy of the sample was further supported by the achievement of meaning saturation, wherein successive interviews yielded rich and comprehensive descriptions of the participants' experiences, beliefs, practices, and decision-making processes related to twin home deliveries. Through ongoing analysis and reflective engagement with the data, no substantially

new experiential meanings relevant to the study objectives emerged from subsequent interviews. Consistent with hermeneutic phenomenology, the emphasis was placed on obtaining depth, richness, and interpretive understanding of lived experiences rather than achieving statistical representativeness.

All participants were female, reflecting the gendered nature of traditional birth attendance within Maranao communities, where childbirth assistance is culturally designated as a female role. Most participants were also mothers, which contributed to their experiential knowledge and community credibility as birth attendants.

Data Collection Tools and Procedure

Data was collected using a semi-structured interview guide developed by the researchers, aligned with the study's objectives. The interview guide consisted of open-ended questions designed to elicit detailed narratives regarding participants' lived experiences in managing twin home deliveries, including their cultural practices, beliefs, decision-making processes, and management strategies during the antenatal, intrapartum, and postpartum periods. Prior to data collection, the interview guide was reviewed by experts in maternal health and qualitative research to ensure clarity, relevance, and content validity. Minor revisions were made to improve the sequencing and comprehensibility of the questions.

Data collection was conducted through face-to-face, in-depth interviews by the primary researcher. Interviews were held in locations preferred by the participants, primarily in their homes or other private community settings, to ensure comfort and confidentiality. Each interview lasted approximately from 30 to 60 minutes, depending on the participants' responses and availability. All interviews were conducted in the Meranaw language to facilitate accurate expression of experiences and cultural meanings. With participants' consent, interviews were audio-recorded to ensure complete and accurate data capture. In addition, field notes were taken during and immediately after each interview to document non-verbal cues, environmental context, and initial reflections relevant to the study.

Data Management and Analysis

All interviews were audio-recorded with participants' consent and transcribed verbatim immediately after data collection. Interviews conducted in the Meranaw language were first transcribed in Meranaw to preserve participants' meanings and cultural expressions. The primary researcher, who is fluent in both Meranaw and English, performed the initial translation of the transcripts into English. To enhance linguistic accuracy and preserve cultural and contextual meanings, the translated transcripts were subsequently reviewed and cross-validated by a bilingual academic colleague proficient in both languages. Any discrepancies in interpretation were discussed and resolved through consensus.

The researchers manually managed and analyzed the data without using qualitative data analysis software. Interview transcripts, translated documents, and field notes were systematically organized and reviewed throughout the analytical process. Manual coding was employed to facilitate close engagement with the data and to preserve sensitivity to the cultural and contextual nuances embedded within participants' narratives.

Data analysis was guided by van Manen's hermeneutic-phenomenological approach, which seeks to uncover and interpret the meanings embedded in lived experiences. Consistent with this approach, the researchers maintained a sustained orientation toward the phenomenon of interest—the lived experiences of Maranao Traditional Birth Attendants in managing twin home deliveries. Analysis began with repeated and reflective reading of the transcripts to gain a holistic understanding of each participant's narrative and the meanings conveyed through their experiences.

A selective or highlighting approach was employed, wherein statements, phrases, and passages that appeared particularly revealing about the phenomenon were identified and extracted. These significant statements were coded and grouped according to shared meanings and experiential patterns. Through reflection, interpretation, writing, and rewriting, related codes were clustered into thematic categories and subsequently organized into broader thematic structures that captured the essence of participants' experiences.

The analytical process was further informed by van Manen's four lifeworld existentials as interpretive guides. Spatiality (lived space) facilitated understanding of how Traditional Birth Attendants experienced providing maternal care in geographically isolated, resource-limited communities. Corporeality (lived

body) guided the interpretation of participants' embodied experiences and physical practices in the assessment and management of twin deliveries. Temporality (lived time) provided insight into how participants perceived and navigated critical moments throughout the antenatal, intrapartum, and postpartum periods. Relationality (lived relation) illuminated the interpersonal relationships between Traditional Birth Attendants, mothers, families, and the broader community that influenced care decisions and childbirth experiences.

Throughout the analysis, the researchers engaged in the hermeneutic circle, moving continuously between individual statements, emerging themes, and the phenomenon's overall meaning. This iterative process of interpretation allowed the researchers to refine their understanding of participants' experiences while remaining grounded in the original narratives. Reflective writing and ongoing dialogue among the researchers were used to challenge assumptions, deepen interpretation, and ensure that the findings authentically represented participants' lived experiences.

The final themes were developed through constant comparison across transcripts and refined until a coherent and meaningful representation of the phenomenon emerged. This recursive and interpretive process ensured that the findings reflected the depth, complexity, and cultural context of Maranao Traditional Birth Attendants' experiences in managing twin home deliveries.

Ethical Considerations

Ethical approval for the conduct of this study was obtained from the Mindanao State University – College of Health Sciences Research Ethics Committee (Approval Code: 2023-08). All procedures adhered to the ethical principles outlined in the Declaration of Helsinki. Prior to data collection, participants were provided with a clear explanation of the study's purpose, procedures, potential risks, and benefits. They were informed that participation was entirely voluntary and that they had the right to decline or withdraw from the study at any time without penalty or consequences. Written informed consent was obtained from all participants before the interviews were conducted.

Confidentiality and anonymity were strictly maintained throughout the study. Participants were assigned pseudonyms or code identifiers to protect their identities, and any potentially identifying information was removed from the transcripts and research records. Audio recordings, transcripts, and field notes were securely stored and accessible only to the researchers. Given the study's cultural context, sensitivity and respect for local traditions and beliefs were observed throughout the research process. Interviews were conducted in a manner that ensured participants' comfort, privacy, and dignity. The researchers remained mindful of the Maranao community's cultural norms and values to foster trust and minimize potential discomfort during data collection.

Rigor/Trustworthiness

To ensure the rigor and trustworthiness of the study, the researchers adhered to the qualitative criteria of credibility, dependability, confirmability, and transferability. These principles guided the conduct of the study from data collection through analysis and interpretation.

Credibility was established through prolonged engagement with the data and in-depth interviews that enabled participants to openly share their lived experiences in managing twin home deliveries. The researchers repeatedly reviewed interview transcripts, field notes, and translated texts to ensure that interpretations accurately reflected participants' perspectives and meanings. The use of verbatim quotations in the presentation of findings further enhanced the authenticity and credibility of the study.

Given the cultural context of the research, particular attention was given to researcher reflexivity and positionality. The researchers are familiar with the Maranao culture and are proficient in the Meranaw language, which facilitated rapport-building, effective communication, and a deeper understanding of culturally embedded meanings expressed by participants. At the same time, the researchers recognized that such familiarity could influence data interpretation through preconceived assumptions or cultural biases. To mitigate this possibility, the researchers engaged in continuous reflexive practice throughout the study, maintaining reflective notes and critically examining their assumptions, interpretations, and responses during data collection and analysis. This process promoted self-awareness and helped ensure that interpretations remained grounded in participants' narratives rather than researcher expectations.

Dependability was ensured through a systematic and transparent research process. The study followed a consistent procedure for participant recruitment, data collection, transcription, translation, coding, and thematic analysis. An audit trail was maintained throughout the study, including interview recordings, field notes, transcripts, translated documents, coding records, analytical memos, and theme development processes. These records provided a transparent account of the methodological decisions undertaken during the research.

Confirmability was established by ensuring that findings emerged directly from participants' accounts rather than from researcher preferences or assumptions. The researchers engaged in collaborative analysis, regularly discussing emerging interpretations and thematic structures to challenge individual perspectives and enhance analytical objectivity. The use of verbatim participant quotations, field notes, and documentation of analytical decisions further supported the confirmability of the findings. Translation accuracy was strengthened through independent review and cross-verification of translated transcripts, preserving the original meanings and cultural nuances of the Meranaw language.

Transferability was addressed by providing a rich and detailed description of the study context, participant characteristics, cultural setting, and research procedures. Such contextual information enables readers to determine the relevance and applicability of the findings to similar populations, settings, or circumstances. Consistent with qualitative and phenomenological inquiry, the study's objective was not statistical generalization, but rather the development of a nuanced, contextually grounded understanding of the lived experiences of Maranao Traditional Birth Attendants in managing twin home deliveries.

Results

Participant Characteristics

Four Maranao Traditional Birth Attendants (TBAs), locally known as *panday*, participated in the study. All participants were female and had direct experience in managing twin home deliveries. Their ages ranged from 45 to 58 years. Educational attainment varied from no formal education to secondary education. Most participants acquired their knowledge and skills through informal apprenticeship, experiential learning, and intergenerational transmission of traditional birthing practices. Table 1 presents the demographic characteristics of the participants.

Table 1. Demographic characteristics of the participants

Participant	Age (Years)	Sex	Educational Attainment	Occupation/Role	Years of Experience as TBA
TBA-1	45	Female	Elementary Level	Traditional Birth Attendant/Farmer	24
TBA-2	52	Female	No Formal Education	Traditional Birth Attendant	31
TBA-3	58	Female	Secondary Level	Traditional Birth Attendant/Farmer	41
TBA-4	49	Female	Elementary Level	Traditional Birth Attendant	21

Emerging Themes

Two major themes emerged from the analysis: (1) Cultural and Spiritual Practices in Twin Deliveries and (2) Preparing for and Managing Twin Deliveries. These themes reflect the integration of cultural beliefs, spiritual practices, and experiential knowledge in the management of twin home deliveries.

Theme 1: Cultural and Spiritual Practices in Twin Deliveries

This theme describes how Maranao Traditional Birth Attendants integrate cultural beliefs, spiritual practices, and traditional rituals into the management of twin deliveries. These practices are deeply embedded in their worldview and serve as essential components of care during childbirth. Participants emphasized the

importance of spiritual practices, particularly the use of prayers and religious recitations during delivery. Also, they described the use of traditional rituals and herbal remedies that are performed before, during, and after delivery. These practices are not merely supplementary, but are also central to their caregiving approach, shaping their decisions, actions, and interpretations of childbirth.

Sub-theme 1.1: Reliance on Spiritual Beliefs and Divine Guidance

Participants consistently emphasized that successful delivery, particularly in high-risk cases, such as twin births, depends not only on their skills, but also on divine intervention. Spiritual practices, such as prayer and invocation, are performed to seek protection and guidance throughout the birthing process.

Participants expressed that childbirth outcomes are ultimately entrusted to Allah, reinforcing a strong faith-based orientation in their practice.

"*Before we begin, we always pray, so that Allah will guide us and protect the mother and the babies*." *(TBA-1)*

"When the delivery becomes difficult, we ask for help from Allah, because He is the one who can make it safe." (TBA-3)

These accounts demonstrate how Traditional Birth Attendants rely on accumulated experiential knowledge, tactile assessment skills, and embodied understanding developed through years of practice to identify possible twin pregnancies in the absence of diagnostic technologies. Their confidence in recognizing twin gestations reflects experiential expertise that guides their early preparation for delivery.

Sub-theme 1.2: Performance of Traditional Rituals and Protective Practices

Beyond prayer, participants described performing specific cultural rituals believed to safeguard both the mother and the newborn. These include the use of traditional practices and culturally prescribed actions before, during, and after delivery. Such practices are viewed as protective mechanisms that address not only physical risks, but also spiritual vulnerabilities associated with childbirth.

"We follow the practices taught by our elders, especially during twin deliveries, because these help protect the mother and the babies." (TBA-4)

"There are rituals that we do to make sure that nothing bad will happen during the delivery." (TBA-2)

These narratives indicate that rituals are not optional, but are considered essential components of safe childbirth within the Maranao cultural context.

Sub-theme 1.3: Use of Herbal Remedies and Indigenous Healing Practices

Participants also reported using herbal remedies and traditional healing methods as part of maternal care. These practices are believed to strengthen the mother, facilitate labor, and promote recovery after delivery. The use of indigenous knowledge reflects the transmission of culturally grounded practices across generations.

"We use herbal medicine, because it helps the mother regain strength after giving birth." *(TBA-3)*

"These traditional medicines are important, because they help in the delivery and recovery of the mother." *(TBA-1)*

This sub-theme underscores the integration of physical and cultural healing practices, demonstrating a holistic approach to maternal care that extends beyond biomedical interventions.

Theme 2: Preparing for and Managing Twin Deliveries

This theme reflects the experiential knowledge, clinical judgment, and adaptive strategies used by Maranao Traditional Birth Attendants to manage the complexities of twin deliveries. It highlights their ability to anticipate, assess, and respond to challenges in resource-limited home settings.

Sub-theme 2.1: Experiential Identification of Twin Pregnancies

Participants described relying on tactile skills, observation, and experiential knowledge to identify twin pregnancies during the antenatal period. Without access to diagnostic tools, such as ultrasound, TBAs depend on physical assessment techniques, such as abdominal palpation and prenatal massage. Their ability to detect twin gestation is rooted in years of practice and embodied knowledge.

"*I perform prenatal massage. I can already tell if there are twins even if it was only 3 months*" *(TBA-2)*

"The abdomen is too big. I just touched and sensed that they were twins" (TBA-3)

"I have performed a prenatal massage. That's how I knew that they were twins" (TBA-4)

While contemporary obstetric practice generally relies on ultrasound imaging for the accurate diagnosis of twin pregnancies, participants expressed strong confidence in their traditional assessment methods. From a phenomenological perspective, these narratives do not seek to establish clinical accuracy, but rather illuminate how Traditional Birth Attendants understand, interpret, and trust their embodied knowledge acquired through years of childbirth experience. Their accounts reflect a deeply rooted confidence in traditional practices that informs subsequent preparation and decision-making during pregnancy and delivery.

Sub-theme 2.2: Confidence and Decision-making in Managing Twin Deliveries

Participants expressed confidence in managing twin deliveries based on their accumulated experience, practical knowledge, and repeated exposure to childbirth situations. Their decision-making was largely informed by continuous assessment of maternal and fetal conditions, as well as their perceived ability to safely deliver in the home setting. Confidence appeared to develop over years of practice, successful delivery experiences, and informal training through traditional learning pathways.

"I have almost 80 grandchildren and I have handled it by myself." (TBA-2

"*If you perform internal examination and feel the head of the baby, then you can manage the delivery at home, and I was also trained*" *(TBA-3)*

"I was able to do it even if it was just me conducting the home delivery." (TBA-4)

These accounts demonstrate that confidence in managing twin deliveries was strongly rooted in experiential learning, accumulated practical knowledge, and previous childbirth experiences. Participants relied on their observations, assessment skills, and personal judgment when determining whether a twin delivery could be safely managed at home. Their narratives further suggest that decision-making was influenced not only by perceived technical competence, but also by trust in the knowledge and skills developed through years of traditional practice.

Sub-theme 2.3: Emergency Preparedness and Risk Management

Participants acknowledged that twin deliveries carry higher risks and require preparedness for potential complications. They described strategies, such as anticipating difficulties, monitoring labor progression, and making referral decisions when necessary. Their narratives reflect an awareness of limitations and the need to balance traditional practices with safety considerations. Participants highlighted the importance of readiness:

"We prepare, because twin delivery is difficult, and we must be ready if something happens." (TBA-1)

"If we see that the situation is not safe, we advise to go to the hospital." (TBA-4)

These responses demonstrate that TBAs do not operate in isolation, but engage in situational decision-making, including recognizing when referral is necessary.

Discussion

This study explored the lived experiences of Maranao Traditional Birth Attendants (TBAs) in managing twin home deliveries within resource-limited settings. Two major themes emerged: Cultural and Spiritual Practices in Twin Deliveries and Preparing for and Managing Twin Deliveries. These findings highlight the complex interplay between cultural beliefs, experiential knowledge, and adaptive decision-making in the context of high-risk childbirth.

Cultural and Spiritual Practices in Twin Deliveries

The present study found that Maranao Traditional Birth Attendants integrate spiritual beliefs, Islamic practices, and indigenous healing traditions as essential components of maternal care during twin deliveries. Participants consistently emphasized reliance on divine guidance through prayer, Qur'anic recitations, and traditional spiritual practices before and during childbirth. These findings suggest that childbirth is understood not merely as a physiological event, but also as a deeply spiritual experience requiring both physical and spiritual preparation.

A notable finding was the frequent use of Qur'anic recitations and supplications as part of childbirth management. Participants described reading short verses from the Holy Qur'an, reciting *Ayatul Kursi* for protection, and using specific supplications, such as *"La ilaha illa anta subhanaka inni kuntu minadzalimin"* during difficult labor situations. These practices were believed to provide spiritual protection, facilitate labor progression, and invoke divine assistance during

childbirth. Such findings reflect the strong influence of Islamic beliefs on maternal care practices among Maranao communities and are consistent with previous reports describing the integration of religious observances into childbirth practices among Maranao Traditional Birth Attendants (Maghuyop-Butalid et al., 2015).

The findings further demonstrate that spiritual practices served not only religious purposes, but also psycho-social functions. Participants perceived prayer and Qur'anic recitation as sources of reassurance, confidence, and emotional support during challenging deliveries. Similar observations have been reported in studies conducted in other cultural settings, where spiritual practices help reduce anxiety, strengthen coping mechanisms, and foster trust between traditional birth attendants and childbearing women (Keegan, 2021; Opara & Petrucka, 2025; Qamar & Azher, 2024).

In addition to spiritual interventions, participants reported utilizing indigenous herbal remedies and ethnomedical practices as part of maternal care. Specific examples included the use of guyabano (*Annona muricata*) leaves to facilitate labor progression, rambiyowa (*Eleusine indica*, or wiregrass) herbal preparations to ease difficult deliveries, and herbal mixtures containing ginger and tambis (Watery Rose Apple) leaves for postpartum recovery. These findings highlight the continued transmission of traditional health knowledge within Maranao communities and demonstrate how culturally embedded healing practices remain integrated into maternal care. Previous studies similarly documented the use of ethnobotanical resources and traditional medicinal plants in the management of various health conditions, including pregnancy and childbirth (Kamel et al., 2022; Magtalas et al., 2023).

The integration of spiritual and indigenous healing practices observed in this study reflects a holistic worldview in which physical, spiritual, and social dimensions of health are interconnected. Rather than viewing childbirth solely through a biomedical lens, participants perceived successful delivery as dependent upon both technical caregiving skills and divine intervention. This finding aligns with the concept of medical pluralism, wherein traditional, spiritual, and biomedical systems coexist and collectively shape health-seeking behaviors and maternal care practices (Galvin et al., 2024; Hashmi et al., 2025).

While these culturally grounded practices contribute to community trust, cultural continuity, and emotional support during childbirth, previous literature has raised concerns regarding variations in traditional practices and their alignment with evidence-based maternal healthcare protocols (Dwivedi et al., 2024; Nove et al., 2021). Consequently, culturally sensitive approaches that respect local beliefs while strengthening collaboration with formal healthcare services remain essential to improving maternal and neonatal outcomes in geographically isolated communities.

Preparing for and Managing Twin Deliveries

The present study further revealed that Maranao Traditional Birth Attendants rely heavily on experiential knowledge, practical judgment, and accumulated childbirth experience in preparing for and managing twin deliveries. Participants described identifying twin pregnancies through tactile assessment techniques, prenatal massage, abdominal palpation, and continuous observation throughout pregnancy. In the absence of diagnostic technologies, such as ultrasound, these traditional assessment methods served as the primary basis for anticipating and preparing for twin births.

From a biomedical perspective, identifying twin pregnancies solely by physical assessment may be limited, particularly in early gestation. Nevertheless, the participants' narratives highlight the significance of embodied and experiential knowledge acquired through years of childbirth practice. Their confidence in recognizing twin pregnancies reflects a culturally grounded understanding of maternal care developed through repeated exposure to pregnancy and delivery situations rather than through formal diagnostic procedures. Similar findings have been reported among Traditional Birth Attendants in other low-resource settings, where experiential learning serves as a primary source of clinical decision-making and maternal care practices (David et al., 2025; Johnson & Pierce, 2025).

An important finding of this study concerns the apparent tension between participants' confidence in managing twin deliveries and the well-documented risks associated with twin pregnancies. Participants expressed considerable confidence in their ability to conduct twin home deliveries, attributing this confidence to years of practical experience, previous successful deliveries, informal apprenticeship, and, in one case, formal training as a Traditional Birth Attendant. This concurs

with the literature that such confidence appeared to be reinforced by repeated exposure to childbirth situations and by the perception that many previous deliveries had been successfully managed within the community setting (Agboyo et al., 2024; Damtew et al., 2024).

However, this confidence should not be interpreted as a disregard for risk. Rather, participants demonstrated an awareness of the potential complications associated with twin pregnancies and engaged in ongoing assessment of maternal and fetal conditions throughout labor. Their narratives suggest that confidence and caution coexisted, with decision-making guided by continuous evaluation of labor progression, fetal presentation, maternal well-being, and perceived delivery complexity. This finding indicates that Traditional Birth Attendants (TBAs) did not necessarily view twin deliveries as uniformly manageable; instead, they assessed each case individually based on their experience, observations, and perceived level of risk.

The findings further revealed that referral decisions served as an important risk-management strategy among the participants. TBAs reported advising pregnant women to seek consultation from healthcare professionals during pregnancy, encouraging ultrasound examinations when twin gestation was suspected, and referring mothers to health facilities when complications or difficult deliveries were anticipated. The perceived threshold for referral appeared to occur when labor became prolonged or difficult, fetal presentation was unfavorable, such as breech positioning, the mother or newborn exhibited signs of distress, or when the situation exceeded the TBA's perceived capacity to manage safely within the home setting. One participant explicitly emphasized that immediate referral to a hospital would be initiated whenever the delivery situation was beyond her ability to manage. These findings suggest that TBAs recognized the boundaries of their practice and used referral as a mechanism for managing cases perceived as high risk.

This finding is consistent with studies indicating that although Traditional Birth Attendants rely heavily on experiential knowledge and community-based practices; many recognize the importance of collaboration with formal healthcare systems when confronted with obstetric complications (Kassie et al., 2022; Shimpuku et al., 2021). Research has shown that TBAs frequently serve as the first point of maternal care in geographically isolated and underserved communities and may facilitate referrals to skilled birth attendants or healthcare facilities when warning signs are identified. Such referral practices have been associated with improved maternal and neonatal outcomes, particularly in settings with limited access to professional healthcare services (Agboyo et al., 2024; David et al., 2025). The willingness of participants in the present study to recommend prenatal consultations, ultrasound examinations, and hospital referrals demonstrates an awareness of both the capabilities and limitations of traditional birth practices in managing high-risk pregnancies.

The findings have important clinical implications, because they demonstrate that Traditional Birth Attendants function not only as childbirth attendants, but also as frontline maternal health decision-makers in geographically isolated communities. Their ability to recognize potential complications, assess delivery risks, and facilitate timely referral may contribute to improved maternal and neonatal outcomes when supported by accessible referral systems and collaborative relationships with formal healthcare providers. At the same time, the findings underscore the continuing vulnerability of mothers experiencing twin pregnancies in resource-limited settings where access to emergency obstetric care remains constrained. Previous studies have consistently emphasized that twin pregnancies require skilled birth attendance and timely access to emergency obstetric services because of the increased risks of malpresentation, pre-term birth, post-partum hemorrhage, fetal distress, and perinatal morbidity and mortality (American College of Obstetricians and Gynecologists, 2021; Greatholder et al., 2023; Rodriguez-Wallberg & Veleva, 2023). Furthermore, some scholars have argued that limited access to diagnostic tools, emergency obstetric services, and formal clinical training may constrain TBAs' ability to accurately identify and manage complications associated with multiple gestations (Geremew et al., 2025). These contrasting perspectives suggest that while the participants demonstrated situational awareness and established referral practices, their assessments should be understood within the broader context of the recognized obstetric risks associated with twin pregnancies.

The findings suggest that the management of twin deliveries among Maranao TBAs is characterized by a dynamic interplay between experiential confidence,

cultural knowledge, spiritual beliefs, and situational risk assessment. Their confidence appeared to stem not from a denial of obstetric risk, but from accumulated experience and a perceived ability to distinguish between deliveries that remained manageable within the home setting and those requiring referral to formal healthcare services. The findings, therefore, highlight the dual role of TBAs as both cultural custodians of traditional childbirth practices and informal maternal health gatekeepers who contribute to risk recognition and referral decision-making within their communities. This underscores the importance of strengthening partnerships between Traditional Birth Attendants and formal healthcare providers to ensure that mothers experiencing twin pregnancies receive culturally acceptable care while maintaining access to timely and appropriate obstetric interventions.

Implications for Nursing

The findings of this study have important implications for nursing practice, education, research, and community-based maternal healthcare. The experiences of Maranao Traditional Birth Attendants demonstrate that maternal care within geographically isolated communities is shaped not only by biomedical considerations, but also by cultural beliefs, spiritual practices, indigenous knowledge systems, and longstanding community relationships. As such, nurses working in maternal and child health settings should recognize the significant influence of Traditional Birth Attendants in shaping maternal health behaviors and healthcare-seeking practices among pregnant women.

The findings suggest the need for stronger collaborative partnerships between nurses and Traditional Birth Attendants, particularly in geographically isolated and disadvantaged communities. Rather than viewing Traditional Birth Attendants solely as recipients of training or supervision, nurses should engage them as valuable community partners who possess extensive experiential knowledge, cultural competence, and established trust within the communities they serve. Such partnerships may facilitate culturally responsive maternal health programs while promoting safer childbirth practices and timely referral of high-risk pregnancies.

The study further highlights the importance of cultural humility in nursing practice. Nurses providing maternal healthcare services to indigenous and culturally distinct populations should develop a deeper understanding of local childbirth beliefs, Islamic spiritual practices, and traditional healing approaches that influence maternal care decisions. Appreciating these cultural dimensions may strengthen therapeutic relationships, improve communication, and enhance the acceptability of maternal health interventions within the community.

The findings also underscore the need to strengthen referral linkages between Traditional Birth Attendants and formal healthcare facilities. Collaborative referral systems, shared communication pathways, and community-based maternal health initiatives may improve the early identification and timely management of high-risk pregnancies, including twin gestations. Such approaches may help reduce delays in accessing skilled obstetric care while respecting culturally embedded childbirth practices.

For nursing education, the findings emphasize the importance of incorporating cultural competence, transcultural nursing principles, community engagement, and indigenous health perspectives into maternal and child health curricula. Preparing future nurses to work effectively with culturally diverse populations and traditional healthcare providers may enhance their ability to deliver respectful, inclusive, and contextually appropriate care.

For nursing research, the study highlights the need for further investigations exploring collaborative models between nurses and Traditional Birth Attendants, culturally responsive maternal healthcare interventions, and the impact of traditional maternal health practices on pregnancy and childbirth outcomes. Such research may contribute to the development of evidence-informed strategies that bridge traditional and biomedical systems of care while promoting maternal and neonatal well-being.

Limitations

Several limitations should be considered when interpreting the findings of this study. First, the study involved only four Maranao Traditional Birth Attendants from selected communities in Lanao del Sur who had direct experience in managing twin home deliveries. Although these participants provided rich accounts of the phenomenon, the findings represent the experiences of a small, culturally specific group. Consequently, the results are not intended for statistical generalization, but may offer valuable insights that are

transferable to similar cultural and community-based maternal healthcare settings.

Second, the study was conducted within the unique socio-cultural context of Maranao communities in Lanao del Sur. Cultural beliefs, spiritual practices, traditional healing approaches, and maternal care experiences may differ across other ethnolinguistic groups, regions, and healthcare contexts. Readers are therefore encouraged to consider the study's contextual characteristics when assessing the applicability of the findings to other populations or settings.

Third, although rigorous procedures were undertaken to ensure translation accuracy, including transcription in the original Meranaw language and subsequent review of the translated transcripts, the possibility of subtle meaning loss, linguistic nuances, or cultural interpretations during translation cannot be completely eliminated. Certain culturally embedded concepts and expressions may lack exact English equivalents, potentially influencing the interpretation of participants' narratives.

Finally, the study focused exclusively on the perspectives of Traditional Birth Attendants and did not include the experiences of mothers, family members, community health workers, midwives, or other healthcare professionals involved in maternal care. Future studies may benefit from incorporating multiple stakeholder perspectives to provide a more comprehensive understanding of maternal healthcare practices, decision-making processes, and referral experiences related to twin home deliveries.

Despite these limitations, the study provides valuable insights into the lived experiences of Maranao Traditional Birth Attendants in managing twin home deliveries and contributes to the limited body of literature on traditional maternal healthcare practices in culturally distinct, geographically isolated communities.

Conclusion

This study provides in-depth insights into the lived experiences of Maranao Traditional Birth Attendants (TBAs) in managing twin home deliveries within resource-limited settings. The findings reveal that TBAs navigate high-risk childbirth through a combination of cultural beliefs, spiritual practices, and experiential knowledge, reflecting a holistic approach to maternal care. Though TBAs possess valuable skills in identifying and managing twin pregnancies, their practices are shaped by non-clinical approaches and constrained by limited access to formal healthcare resources. These conditions highlight both the resilience of traditional care systems and the inherent risks associated with home-based twin deliveries. Thus, this study strongly supports the need to strengthen culturally sensitive and collaborative maternal health strategies. Integrating TBAs into formal healthcare systems through training, support, and referral linkages is essential to improve maternal and neonatal outcomes in underserved communities.

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Ethics Committee Approval

This study received approval from the Mindanao State University – College of Health Sciences Research Ethics Committee Approval Code: 2023-08 Date of Approval: August 10, 2023.

Informed Consent

All participants were informed of the study's purpose, procedures, and their rights prior to participation. Written informed consent was obtained from each participant in compliance with ethical standards.

Conflict of Interests

The authors declare no conflict of interests, financial or otherwise, that could be perceived as influencing the objectivity of this research.

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Author Contributions

Study design: **HKP, SNM**. Data Collection: **SNM**. Data analysis: **HKP, SNM**. Study Supervision: **HKP**. Manuscript Writing: **HKP, SNM**. Critical Revision for Important Intellectual Content: **HKP, SNM**.

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