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Belief, practices, and decision-making of the Agta husbands in the utilization of family planning in Aggugaddan, Peñablanca, Cagayan

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Abstract

Aim: This study explored the cultural perspectives of Agta husbands regarding family planning by examining how cultural experiences, social norms, and personal factors influence their decision-making. It also sought to highlight the importance of incorporating the perspectives of Indigenous husbands into the development of culturally responsive family planning programs and services.

Methodology: This qualitative study employed the Ethnonursing Research Method (ERM) involving 13 Agta husbands residing in Aggugaddan, Peñablanca, Cagayan who had experience in family planning decision-making. Participants were selected through purposive sampling. Data were collected through in-depth interviews with key informants and focus group discussions and interviews with Barangay Health Workers, community leaders, and spouses for contextual validation. Data were analyzed using the Ethnonursing Data Analysis Enabler for Qualitative Data.

Results: Four major themes emerged from the analysis: (1) Family Planning as a Key to Poverty Alleviation; (2) *Kaddaga* as a Natural Contraceptive; (3) Ancestral Lore as the Context of Family Planning Decision-Making; and (4) Respectful Compliance. These themes illustrate how cultural traditions, economic conditions, and family relationships collectively shape family planning decisions among Agta husbands.

Conclusion: The findings demonstrate that family planning decisions among Agta husbands are influenced by the interaction of cultural beliefs, economic realities, and family dynamics. The study highlights the importance of actively involving men in family planning discussions to promote shared decision-making, reduce gender bias, and strengthen culturally responsive nursing practice, community health interventions, and reproductive health services for Indigenous populations.

Keywords: *Agta husbands; family planning; Indigenous health; male involvement; ethnonursing research; reproductive health.*

INTRODUCTION

Family planning is recognized globally as a cornerstone of reproductive health, gender equity, and sustainable development (Ojong et al., 2024). It enables individuals and couples to determine freely and responsibly the number and spacing of their children while safeguarding maternal, newborn, and child health. The World Health Organization (WHO, 2025) recognizes access to comprehensive family planning services as an essential component of Universal Health Coverage (UHC), emphasizing that equitable reproductive healthcare contributes to improved health outcomes, poverty reduction, women's empowerment, and social development. Likewise, Sustainable Development Goal (SDG) 3 seeks to ensure healthy lives and promote well-being for all by improving access to sexual and reproductive healthcare services, reducing preventable maternal mortality, and strengthening healthcare systems capable of delivering equitable reproductive health interventions (Das et al., 2021).

Despite substantial progress in global reproductive health, considerable disparities remain, particularly among Indigenous peoples, geographically isolated communities, and socially marginalized populations. Recent reports from the United Nations Population Fund indicate that millions of women and couples worldwide continue to experience an unmet need for modern contraception because of socioeconomic inequalities, cultural barriers, geographic isolation, inadequate healthcare infrastructure, limited reproductive health education, and persistent

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gender-related inequities (Michael et al., 2026). These challenges are often compounded among Indigenous populations whose cultural traditions, customary practices, and historical experiences influence reproductive health behaviors and healthcare utilization differently from those of the general population.

Current global health priorities increasingly emphasize the importance of culturally competent healthcare and meaningful community engagement in reproductive health service delivery. The World Health Organization advocates culturally responsive healthcare models that respect Indigenous knowledge systems, traditional beliefs, and local decision-making processes while ensuring equitable access to evidence-based reproductive health services. Such approaches recognize that reproductive health interventions are most effective when healthcare providers understand the cultural values, family structures, and social norms that influence reproductive decision-making within Indigenous communities.

An emerging area of international reproductive health research is the active involvement of men in family planning (Aventin et al., 2023). Traditionally, reproductive health programs focused primarily on women because they are the direct users of most contraceptive methods. However, contemporary evidence demonstrates that male participation substantially improves contraceptive acceptance, reproductive decision-making, maternal health outcomes, and continuity of family planning utilization. Recent systematic reviews have shown that shared decision-making between husbands and wives promotes healthier reproductive choices, reduces unmet contraceptive needs, and strengthens family relationships. Consequently, the integration of men into reproductive health programs has become an important strategy recommended by international public health organizations to improve reproductive health outcomes and achieve gender equity.

Although considerable advances have been achieved globally, reproductive health inequities continue to affect many developing countries, including the Philippines. The country has strengthened its reproductive health programs through Republic Act No. 10354, otherwise known as the Responsible Parenthood and Reproductive Health Act, which guarantees universal access to modern family planning services, reproductive health education, maternal healthcare, and informed reproductive choices. Complementing this legislation, the Department of Health (DOH) continues to implement community-based reproductive health initiatives designed to increase contraceptive utilization, reduce unintended pregnancies, and improve maternal and child health outcomes. Nevertheless, substantial disparities remain among geographically isolated and disadvantaged areas, particularly among Indigenous Cultural Communities and Indigenous Peoples (ICCs/IPs), where access to culturally appropriate reproductive healthcare remains limited.

Among Indigenous communities in the Philippines, the Agta people represent one of the country's culturally distinct Indigenous groups whose reproductive health beliefs, healthcare practices, and family planning decisions are deeply embedded within traditional knowledge, kinship systems, and community values. Existing evidence suggests that Indigenous communities frequently encounter multiple barriers to reproductive healthcare, including geographic isolation, transportation difficulties, language differences, limited availability of healthcare providers, financial constraints, and inadequate culturally responsive health services. Moreover, traditional beliefs regarding fertility, childbearing, family roles, and ancestral practices continue to shape reproductive decision-making among many Indigenous households.

Family planning decisions within Indigenous communities are not solely determined by individual preferences but are influenced by complex interactions among cultural beliefs, social expectations, economic realities, traditional knowledge, and family relationships. In many Indigenous societies, including the Agta community, husbands often play significant roles in household decision-making, including matters concerning reproductive health and family planning. Consequently, understanding men's beliefs, perceptions, and decision-making processes is essential for designing culturally responsive reproductive health interventions that recognize shared family responsibilities while respecting Indigenous cultural values (Lupao, 2026).

Previous studies have examined contraceptive utilization, reproductive health behaviors, and family planning acceptance among women, healthcare providers, and the general population. Other investigations have explored male involvement in reproductive health within urban or non-Indigenous communities. However, relatively little empirical evidence exists regarding the perspectives of Indigenous husbands, particularly among the Agta community of Aggugaddan, Peñablanca, Cagayan. Existing studies have provided limited understanding of how Indigenous cultural beliefs, traditional reproductive practices, social norms, and economic circumstances influence the family planning decisions of Agta husbands. Likewise, there remains insufficient evidence regarding culturally embedded practices, such as *Kaddaga*, and their implications for nursing practice and reproductive health service delivery.

This study addresses these important knowledge gaps by focusing specifically on the beliefs, practices, and decision-making processes of Agta husbands regarding family planning using the Ethnonursing Research Method (ERM). Unlike previous investigations that primarily examined women's reproductive experiences or general family

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planning utilization, the present study centers on Indigenous male perspectives and explores reproductive decision-making within the context of Agta culture, traditions, and lived experiences. Through an ethnonursing approach, the study documents culturally embedded reproductive beliefs and practices that may not be adequately captured using conventional public health research methodologies.

The study likewise contributes significantly to nursing science by advancing culturally competent nursing, transcultural nursing, and community health nursing practice. The findings are expected to assist nurses, midwives, public health practitioners, and healthcare providers in designing culturally responsive reproductive counseling, patient-centered family planning services, and Indigenous-sensitive health promotion programs. Furthermore, the study contributes to public health by strengthening evidence for Indigenous reproductive health programs, improving healthcare accessibility among geographically isolated communities, and informing culturally appropriate reproductive health interventions. At the healthcare systems level, the findings may support the integration of Indigenous perspectives into reproductive healthcare delivery, while at the policy level they may provide evidence to strengthen Department of Health initiatives, support the implementation of the Indigenous Peoples' Rights Act, and promote culturally responsive reproductive health policies.

The technical novelty of this investigation lies in its application of the Ethnonursing Research Method to explore the family planning perspectives of Agta husbands, an area that remains largely underrepresented in Philippine reproductive health literature. It is one of the few studies to comprehensively document Indigenous male-centered family planning beliefs, decision-making processes, and culturally embedded reproductive practices, including *Kaddaga*, while simultaneously generating evidence that may serve as the foundation for culturally responsive nursing interventions among Indigenous populations.

Given the continuing need to reduce reproductive health inequities, improve culturally competent healthcare, strengthen male involvement in family planning, and enhance healthcare accessibility among Indigenous communities, this study seeks to explore the beliefs, practices, and decision-making of Agta husbands regarding the utilization of family planning in Aggugaddan, Peñablanca, Cagayan. Ultimately, the findings are expected to contribute to evidence-based nursing practice, community health, reproductive health policy, and culturally responsive healthcare delivery for Indigenous populations in the Philippines.

Review of Related Literature and Studies

Global Family Planning and Reproductive Health

Family planning remains one of the most cost-effective public health interventions for improving reproductive, maternal, newborn, and child health. According to the World Health Organization (WHO, 2025), access to safe, voluntary, and rights-based family planning contributes significantly to reducing maternal mortality, preventing unintended pregnancies, promoting healthy birth spacing, and improving women's physical, psychological, and socioeconomic well-being. Family planning is likewise recognized as an essential component of Universal Health Coverage (UHC) because it ensures equitable access to quality reproductive healthcare regardless of socioeconomic status, ethnicity, or geographic location.

The United Nations Population Fund reported that despite significant progress in reproductive healthcare, millions of women worldwide continue to experience unmet needs for modern contraception. These unmet needs are associated with poverty, limited educational opportunities, inadequate healthcare infrastructure, gender inequality, social exclusion, and cultural barriers. Such disparities are particularly evident among Indigenous populations, rural communities, and geographically isolated areas where healthcare services remain difficult to access.

The Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being) and SDG 5 (Gender Equality), recognize universal access to reproductive healthcare as fundamental to sustainable development (Das et al., 2021). Achieving these goals requires not only increasing contraceptive availability but also addressing the social, cultural, and structural determinants that influence reproductive health behaviors. Contemporary public health literature therefore emphasizes community-centered, culturally responsive, and gender-inclusive approaches that recognize the diversity of reproductive health experiences across different cultural settings.

Recent evidence further suggests that reproductive justice extends beyond contraceptive availability and encompasses individuals' rights to make informed reproductive decisions free from discrimination, coercion, and structural inequities (Arguedas-Ramírez & Wenner, 2023). Consequently, healthcare systems are increasingly adopting culturally competent reproductive healthcare models that recognize Indigenous knowledge systems while promoting equitable healthcare utilization.

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Male Involvement in Family Planning

Historically, family planning programs concentrated primarily on women because most contraceptive methods directly involve female reproductive health. However, contemporary reproductive health research has increasingly recognized that men significantly influence reproductive decision-making, contraceptive acceptance, birth spacing, and maternal health outcomes (Lantiere et al., 2022).

Recent systematic reviews demonstrate that active male participation improves communication between spouses, increases contraceptive continuation, enhances maternal health outcomes, and promotes shared reproductive responsibility. Husbands who possess adequate reproductive health knowledge and participate in reproductive counseling are more likely to support contraceptive use, antenatal care, skilled birth attendance, and postpartum family planning. Conversely, limited male involvement often contributes to misconceptions regarding contraception, delayed reproductive healthcare seeking, and lower utilization of modern family planning methods.

Nevertheless, studies consistently report that male participation remains constrained by traditional gender norms, limited reproductive health education, cultural expectations regarding masculinity, and inadequate inclusion of men within reproductive health programs. These findings highlight the need for culturally appropriate interventions that actively engage husbands while respecting local traditions and family structures.

Indigenous Reproductive Health

Indigenous populations experience disproportionate reproductive health disparities compared with the general population. International studies consistently identify lower contraceptive utilization, reduced healthcare accessibility, higher maternal health risks, and greater unmet reproductive healthcare needs among Indigenous communities.

The World Health Organization emphasizes that these disparities are influenced by multiple interrelated factors, including geographic isolation, poverty, historical marginalization, language barriers, limited healthcare infrastructure, discrimination, and insufficient culturally competent healthcare services. Consequently, reproductive health programs among Indigenous communities should integrate traditional knowledge, cultural values, community participation, and respect for Indigenous self-determination.

Recent literature further indicates that culturally responsive healthcare improves trust between Indigenous communities and healthcare providers, enhances utilization of reproductive health services, and strengthens community participation in health promotion activities. Community health nurses play particularly important roles in bridging Indigenous knowledge with evidence-based reproductive healthcare while maintaining cultural safety and respect for traditional practices.

Philippine Reproductive Health Context

The Philippines continues to strengthen reproductive healthcare through the implementation of Republic Act No. 10354 or the Responsible Parenthood and Reproductive Health Act. The Department of Health (DOH) has expanded community-based family planning services, reproductive health education, maternal health programs, and modern contraceptive accessibility to improve reproductive health outcomes nationwide.

Despite these policy developments, considerable inequalities remain. Rural communities, geographically isolated and disadvantaged areas (GIDAs), and Indigenous Cultural Communities continue to experience lower access to reproductive healthcare because of transportation difficulties, shortages of healthcare professionals, financial limitations, and cultural barriers. Recent Philippine reproductive health reports further indicate that unmet contraceptive need remains substantially higher among disadvantaged populations compared with urban communities.

Community health nurses, rural health midwives, Barangay Health Workers (BHWs), and local government health units therefore remain central to improving reproductive health services by delivering culturally appropriate education, counseling, outreach activities, and community-based reproductive health interventions.

Family Planning among Indigenous Communities

Family planning within Indigenous communities cannot be understood solely through biomedical perspectives because reproductive decisions are deeply embedded within cultural beliefs, traditional knowledge, kinship systems, spiritual values, and community relationships (Valley et al., 2022).

Previous Philippine studies have demonstrated that Indigenous communities frequently interpret reproductive health through holistic worldviews that integrate physical, spiritual, environmental, familial, and cultural dimensions. Decisions regarding fertility, childbearing, contraception, and family size often involve not only individual couples but also extended family members, elders, and community leaders.

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Traditional beliefs continue to influence healthcare-seeking behavior, acceptance of modern contraceptives, and perceptions of reproductive responsibility. Consequently, culturally insensitive reproductive health interventions may fail to achieve intended outcomes despite adequate availability of healthcare services.

Current nursing literature therefore recommends culturally competent reproductive counseling that recognizes Indigenous beliefs while respectfully integrating evidence-based reproductive healthcare into existing cultural contexts.

The Agta Community and Family Planning

The Agta represent one of the Philippines' Indigenous communities whose cultural traditions, social organization, and subsistence practices continue to influence health behaviors and reproductive decision-making. Existing literature suggests that Agta families maintain strong communal relationships in which family welfare, traditional knowledge, and collective decision-making remain highly valued.

Earlier investigations have documented selected aspects of Agta reproductive health, cultural beliefs, and healthcare utilization. However, most available studies have focused primarily on women, healthcare utilization, or general Indigenous health behaviors. Comparatively little research has explored how Agta husbands understand family planning, interpret reproductive responsibility, negotiate cultural expectations, and participate in reproductive decision-making.

Moreover, culturally embedded reproductive practices, including *Kaddaga*, remain inadequately documented within nursing and public health literature despite their potential influence on family planning behavior. This limited understanding constrains healthcare providers' ability to develop culturally responsive reproductive health interventions specifically tailored to Agta communities.

Nursing Implications

Community health nursing emphasizes holistic, culturally competent, family-centered, and community-oriented healthcare. Nurses working within Indigenous communities are expected to recognize that reproductive health behaviors are influenced by cultural identity, traditional beliefs, socioeconomic conditions, and local decision-making structures.

Recent nursing literature advocates transcultural nursing approaches that integrate respect for Indigenous values with evidence-based reproductive healthcare. Such approaches improve patient trust, strengthen community engagement, enhance healthcare accessibility, and promote sustainable reproductive health interventions.

Understanding the perspectives of Agta husbands therefore has direct implications for nursing assessment, reproductive counseling, health promotion, community outreach, culturally responsive communication, and patient-centered reproductive care. The findings may likewise assist nurses in designing interventions that encourage shared decision-making while respecting Indigenous cultural traditions.

Literature Synthesis

The reviewed literature consistently demonstrates that family planning is a fundamental component of reproductive health, public health, and sustainable development. Existing evidence agrees that culturally competent healthcare, active male participation, and community engagement improve reproductive health outcomes. Likewise, studies consistently recognize that Indigenous populations continue to experience substantial reproductive health inequities because of geographic isolation, socioeconomic disadvantage, healthcare accessibility barriers, and cultural differences.

However, important inconsistencies remain. While international and Philippine literature increasingly acknowledges the importance of male involvement in family planning, most empirical investigations continue to focus predominantly on women. Existing studies rarely examine Indigenous husbands as primary participants, particularly within culturally distinct communities such as the Agta. Furthermore, few investigations employ qualitative ethnonursing approaches capable of documenting culturally embedded reproductive beliefs, traditional practices, and Indigenous perspectives from the viewpoint of male decision-makers.

These gaps demonstrate the need for an in-depth exploration of the beliefs, practices, and decision-making processes of Agta husbands regarding family planning. The present study addresses these deficiencies by employing the Ethnonursing Research Method to generate culturally grounded evidence that may contribute to nursing science, transcultural nursing, community health nursing, reproductive health practice, healthcare policy, and culturally responsive reproductive healthcare among Indigenous populations.

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Theoretical Framework

This study is anchored on three complementary theoretical perspectives: Social Constructivism, Madeleine Leininger's Culture Care Theory, and Ethnonursing Theory. These theories collectively provide a comprehensive framework for understanding how cultural beliefs, lived experiences, and social interactions shape the family planning beliefs, practices, and decision-making processes of Agta husbands.

Social Constructivism

The philosophical foundation of this study is Social Constructivism, which posits that knowledge and reality are socially constructed through human interaction, shared experiences, language, and cultural context (Burr, 2024). Rather than viewing reality as objective and universal, Social Constructivism recognizes that individuals interpret the world based on their personal experiences, cultural traditions, and interactions within their communities.

Within the Agta community, beliefs regarding family planning are developed and reinforced through interactions among husbands, wives, elders, community leaders, and healthcare providers. Decisions concerning reproductive health are therefore understood not merely as individual choices but as socially negotiated processes influenced by cultural norms, traditional practices, spiritual beliefs, family relationships, and community expectations. This philosophical perspective provides the foundation for exploring the lived experiences and meanings that Agta husbands assign to family planning.

Madeleine Leininger's Culture Care Theory

The principal nursing theory underpinning this investigation is Madeleine Leininger's Culture Care Diversity and Universality Theory. The theory emphasizes that culturally congruent nursing care is essential for achieving meaningful and effective health outcomes. According to Leininger, healthcare professionals must understand patients' cultural beliefs, values, customs, traditions, and lifeways before planning or implementing healthcare interventions (Khalifeh et al., 2026).

Culture Care Theory identifies three modes of nursing action:

1. Culture Care Preservation or Maintenance, in which beneficial cultural beliefs and practices are supported and preserved.
2. Culture Care Accommodation or Negotiation, in which nurses collaborate with individuals and communities to adapt healthcare interventions while respecting cultural values.
3. Culture Care Repatterning or Restructuring, in which harmful cultural practices are respectfully modified through culturally sensitive health education and collaborative decision-making.

These principles are particularly applicable to Indigenous reproductive healthcare. The theory recognizes that reproductive health behaviors are strongly influenced by cultural identity, traditional knowledge, kinship systems, spirituality, and community relationships. Understanding these cultural dimensions enables nurses to provide culturally responsive family planning services while respecting the autonomy and traditions of Indigenous communities.

Ethnonursing Theory

This study further employs Leininger's Ethnonursing Theory and the Ethnonursing Research Method (ERM), which are specifically designed to explore health beliefs, care practices, and cultural experiences from the perspectives of individuals within their own cultural environments (Collins et al., 2021).

Ethnonursing seeks to understand how people explain, experience, and practice healthcare within their everyday lives. Rather than imposing external interpretations, the method emphasizes discovering culturally embedded meanings directly from participants through prolonged engagement, observation, and in-depth interviews. The use of the Ethnonursing Research Method is particularly appropriate because the study seeks to understand the culturally embedded beliefs, traditional practices, and decision-making processes of Agta husbands regarding family planning. Through this approach, the researcher is able to document Indigenous knowledge systems, including traditional reproductive practices such as *Kaddaga*, while preserving the authentic voices and lived experiences of the participants.

Integration of the Three Theories

The three theoretical perspectives complement one another in explaining the phenomenon under investigation. Social Constructivism explains how reproductive beliefs are socially created and transmitted within the Agta community. Culture Care Theory provides the nursing lens for understanding the influence of culture on health behaviors and for designing culturally congruent nursing interventions. Ethnonursing Theory operationalizes these

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philosophical and theoretical assumptions through a qualitative methodology capable of exploring Indigenous experiences within their natural cultural context.

Together, these theories provide a comprehensive explanation of how cultural beliefs, social norms, traditional knowledge, economic realities, and interpersonal relationships collectively shape the family planning decisions of Agta husbands.

Conceptual Framework

The conceptual framework illustrates the relationships among the major concepts examined in the study. It proposes that the family planning beliefs, practices, and decision-making of Agta husbands are influenced by multiple interrelated cultural, social, and economic factors.

The framework identifies five major influencing domains:

Cultural Beliefs and Traditional Knowledge

This domain includes Indigenous values, ancestral practices, cultural identity, traditional reproductive beliefs, and culturally embedded practices such as *Kaddaga*. These cultural factors provide the foundation upon which reproductive decisions are formed.

Social Norms and Family Relationships

Family planning decisions are influenced by gender roles, marital relationships, family expectations, community traditions, elders' influence, and shared decision-making within the household.

Economic and Healthcare Factors

Economic resources, educational attainment, livelihood, transportation, healthcare accessibility, availability of reproductive health services, and interactions with healthcare providers influence the ability of families to access and utilize family planning services.

Beliefs and Practices Regarding Family Planning

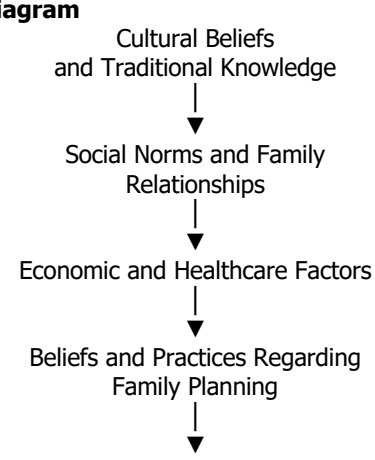
The interaction of cultural, social, and economic factors shapes the husbands' perceptions of family planning, contraceptive acceptance, preferred reproductive practices, and utilization of both traditional and modern family planning methods.

Decision-Making Outcomes and Nursing Implications

The resulting family planning decisions generate important implications for nursing practice, community health nursing, reproductive counseling, culturally responsive healthcare delivery, Indigenous health promotion, and reproductive health policy.

The framework assumes that these domains continuously interact rather than operate independently. Family planning decisions emerge from the dynamic interaction of culture, society, economy, and healthcare experiences rather than from any single determinant.

Proposed Conceptual Framework Diagram



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Decision-Making of Agta Husbands

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Nursing Practice
Community Health Nursing
Reproductive Health Services
Public Health and Health Policy

Relationship of the Framework to the Research Design

The theoretical and conceptual frameworks guided every phase of the research process.

During the development of the interview guide, the framework informed the formulation of open-ended questions exploring cultural beliefs, traditional practices, social relationships, healthcare experiences, and family planning decision-making.

During data collection, the framework directed the researcher to examine participants' experiences within their natural cultural environment while respecting Indigenous values and cultural practices consistent with the Ethnonursing Research Method.

During data analysis, the framework guided the coding and categorization of qualitative data by identifying recurring cultural meanings, social influences, traditional practices, and healthcare experiences that emerged from participants' narratives.

Finally, during interpretation of findings, the framework enabled the researcher to explain how cultural beliefs, family relationships, traditional knowledge, and socioeconomic realities collectively shaped the reproductive decisions of Agta husbands and informed recommendations for culturally congruent nursing practice, community health interventions, and Indigenous reproductive health programs.

Statement of the Problem

Family planning remains an essential component of reproductive health and community health nursing. Although considerable research has examined women's utilization of family planning services, limited evidence exists regarding the beliefs, cultural practices, and decision-making processes of Indigenous husbands, particularly among the Agta community in Aggugaddan, Peñablanca, Cagayan. As key decision-makers within their families, Agta husbands play an important role in reproductive health decisions, yet their perspectives remain insufficiently explored in nursing and public health literature. Understanding their cultural beliefs, traditional practices, and decision-making processes is essential for developing culturally responsive nursing interventions, improving reproductive health services, and strengthening family planning programs among Indigenous populations. This study therefore sought to explore the beliefs, practices, and decision-making of Agta husbands regarding the utilization of family planning and determine the implications of these findings for nursing practice.

Research Objectives

General Objective

To explore the beliefs, practices, and decision-making of Agta husbands regarding the utilization of family planning in Aggugaddan, Peñablanca, Cagayan.

Specific Objectives

Specifically, this study aimed to:

1. To explore the meaning of family planning from the perspectives of Agta husbands.
2. To identify the cultural beliefs of Agta husbands regarding family planning.
3. To describe the family planning practices of Agta husbands.
4. To examine the factors influencing the decision-making of Agta husbands in the utilization of family planning.
5. To determine the implications of the findings for nursing practice and culturally responsive family planning services among Indigenous communities.

Research Questions

This study sought to answer the following questions:

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1. How do Agta husbands define and perceive family planning?
2. What cultural beliefs influence Agta husbands regarding the utilization of family planning?
3. What family planning practices are observed among Agta husbands?
4. What factors influence the decision-making of Agta husbands regarding the utilization of family planning?
5. What are the implications of the findings for nursing practice and culturally responsive family planning services?

METHODOLOGY

Research Design

This study employed a qualitative ethnonursing research design grounded in the philosophical perspective of Social Constructivism to explore the beliefs, practices, and decision-making of Agta husbands regarding the utilization of family planning in Aggugaddan, Peñablanca, Cagayan, Philippines.

Social Constructivism proposes that reality and knowledge are socially constructed through individuals' lived experiences, interpersonal interactions, and cultural contexts. Consistent with this perspective, the present study sought to understand how Agta husbands construct the meaning of family planning based on their cultural beliefs, traditional knowledge, social relationships, economic realities, and everyday experiences. Rather than assuming a single objective reality, the study recognized that participants' perceptions of reproductive health were shaped by their unique Indigenous worldview and community context.

The study further adopted Madeleine Leininger's Ethnonursing Research Method (ERM), a qualitative research approach specifically developed to discover, document, analyze, and interpret culturally embedded beliefs, values, practices, and experiences related to health and caregiving. Ethnonursing is particularly appropriate for studies involving Indigenous populations because it enables researchers to understand health-related phenomena from the perspectives of participants within their natural cultural environments rather than through externally imposed interpretations.

The integration of Social Constructivism and Leininger's Ethnonursing Research Method provided both the philosophical and methodological foundations of the investigation. While Social Constructivism explained how reproductive health meanings were socially and culturally constructed, the Ethnonursing Research Method guided the systematic exploration of culturally grounded family planning beliefs and decision-making processes among Agta husbands. This approach enabled an in-depth understanding of the complex interactions among culture, tradition, family relationships, socioeconomic conditions, and reproductive health practices within the Agta community.

Population and Sampling

A purposive sampling technique was employed to recruit participants who possessed direct experience with the phenomenon under investigation. Purposive sampling is appropriate for qualitative inquiry because it allows the selection of information-rich participants capable of providing detailed descriptions of their lived experiences.

The primary participants consisted of thirteen (13) Agta husbands residing in Aggugaddan, Peñablanca, Cagayan.

Inclusion Criteria

Participants were included if they:

- were recognized members of the Agta Indigenous community;
- were legally married or living with their spouse as recognized by community customs;
- were permanent residents of Aggugaddan, Peñablanca, Cagayan;
- had personal experience participating in family planning or reproductive health decision-making;
- were at least 18 years old;
- were able and willing to participate in an in-depth interview; and
- voluntarily signed or provided informed consent before participation.

Exclusion Criteria

Individuals were excluded if they:

- were not members of the Agta community;
- had no experience in family planning decision-making;

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- were unable to communicate their experiences because of serious illness or cognitive impairment; or
- declined or withdrew informed consent at any stage of the study.

Participant recruitment was conducted with the assistance of Barangay Officials, Barangay Health Workers (BHWs), community leaders, and the Agta Chieftain, who served as community gatekeepers. Their involvement facilitated community entry, identified eligible participants, and established rapport between the researcher and the community while ensuring respect for Indigenous cultural protocols.

In addition to the primary participants, wives, Barangay Health Workers, and community leaders served as secondary informants to provide contextual information and data triangulation. Their perspectives were not analyzed as primary data but were used to validate, clarify, and contextualize the experiences shared by the Agta husbands.

Data collection continued until data saturation was achieved. Saturation was considered reached when no new concepts, cultural meanings, or emerging themes were identified during successive interviews, indicating that sufficient depth and richness of information had been obtained.

The demographic profile of the participants was presented according to age, number of children, occupation, and highest educational attainment.

Research Instrument

Data were collected using a researcher-developed semi-structured interview guide designed specifically for the objectives of the study and informed by the literature review, Social Constructivism, and Leininger's Culture Care Theory.

The interview guide underwent content validation by experts in qualitative research, transcultural nursing, and reproductive health to evaluate the relevance, clarity, cultural appropriateness, and alignment of each interview question with the study objectives. Recommendations from the validators were incorporated to improve the wording, sequence, and clarity of the interview questions before data collection commenced.

A pilot interview involving participants with characteristics similar to those of the target population was conducted to assess the comprehensibility and cultural appropriateness of the interview guide. Minor revisions were subsequently made to improve question flow and eliminate ambiguous wording.

The final interview guide consisted of approximately 12–15 open-ended questions organized into the following domains:

- understanding of family planning;
- cultural beliefs regarding family planning;
- traditional reproductive practices;
- family planning decision-making processes;
- factors influencing contraceptive utilization;
- community and family influences; and
- implications for nursing practice and reproductive healthcare.

The interview guide was translated into Ilocano, the language commonly used by participants. When culturally appropriate, participants' spouses assisted in clarifying unfamiliar terms to ensure accurate understanding while preserving the authenticity of participants' responses.

Data Collection

Data collection was conducted after obtaining ethical approval and permission from the appropriate institutional and community authorities.

Before each interview, the researcher explained the study objectives, procedures, expected duration, voluntary nature of participation, confidentiality measures, and participants' rights. Written informed consent was obtained before commencing the interviews.

Individual in-depth interviews were conducted in locations selected by the participants to ensure privacy, comfort, and confidentiality. Interviews generally lasted 45 to 90 minutes and were conducted primarily in Ilocano, with occasional use of the local Agta dialect when necessary to facilitate communication.

With participants' permission, all interviews were audio-recorded while the researcher simultaneously maintained detailed field notes documenting non-verbal behaviors, environmental observations, contextual factors, and reflective insights.

Following the interviews, audio recordings were transcribed verbatim in Ilocano and subsequently translated into English. Translation accuracy was verified through independent review and back-translation of selected transcripts to preserve the original meanings expressed by participants.

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To strengthen data credibility, focus group discussions and key informant interviews were conducted among Barangay Health Workers, community leaders, and participants' spouses. These secondary data sources served as methodological triangulation, providing contextual validation of the primary interview findings without replacing the perspectives of the Agta husbands.

Data collection was conducted over four consecutive weekends. Interview schedules were arranged during early morning before work or late afternoon after work to minimize disruption to participants' daily livelihood activities.

Data Analysis

Data were analyzed using Leininger's Ethnonursing Data Analysis Enabler, a systematic framework for qualitative analysis consisting of four sequential phases.

During the first phase, the researcher collected, transcribed, documented, and organized the raw interview data while reviewing field notes and observational records to become immersed in the participants' narratives.

During the second phase, significant statements, recurrent ideas, cultural meanings, and contextual expressions were coded and categorized according to their similarities and differences.

The third phase involved pattern and contextual analysis in which recurring relationships, cultural meanings, and shared experiences were examined across participants. Similar and contrasting perspectives were compared to identify culturally meaningful patterns that explained family planning beliefs and decision-making among Agta husbands.

Finally, the researchers synthesized the findings into overarching themes representing the shared cultural experiences of the participants. These themes formed the basis for the interpretation of results, theoretical integration, conclusions, implications for nursing practice, and recommendations.

Trustworthiness of the Study

To ensure methodological rigor, the study employed Lincoln and Guba's criteria for trustworthiness.

Credibility was established through prolonged engagement with the community, member checking, triangulation using secondary informants, and continuous verification of emerging findings.

Dependability was strengthened by maintaining detailed documentation of research procedures, interview protocols, coding decisions, and methodological processes to establish an audit trail.

Confirmability was enhanced through reflexive journaling, documentation of analytic decisions, and peer debriefing with qualitative research experts to minimize researcher bias.

Transferability was promoted by providing rich descriptions of the research context, participant characteristics, cultural setting, and data collection procedures to enable readers to determine the applicability of findings to similar Indigenous communities.

Ethical Considerations

The study strictly adhered to internationally accepted ethical principles governing research involving human participants.

Ethical approval was obtained from the Arellano University Research Ethics Committee dated Approval Date: March)14, 2024.

Institutional permission was likewise obtained from the Local Government Unit of Peñablanca, the Barangay Council of Aggugaddan, the Agta Chieftain, and other community leaders before the commencement of data collection. Community entry followed culturally appropriate Indigenous protocols to ensure respect for community authority and cultural traditions.

Written informed consent was obtained from every participant after providing comprehensive information regarding the purpose of the study, research procedures, potential risks and benefits, confidentiality measures, voluntary participation, and the right to refuse participation or withdraw at any time without consequence. The informed consent document was translated into Ilocano to facilitate participants' understanding.

Participants' identities were protected through the use of pseudonyms and identification codes. All interview recordings, transcripts, consent forms, and field notes were stored in password-protected electronic files and locked storage accessible only to the researcher. Research data will be retained securely for the period required by institutional policy and permanently destroyed following the prescribed retention period.

Throughout the research process, the researcher maintained cultural sensitivity, respected Indigenous customs and community protocols, practiced reflexivity to minimize personal bias, and ensured that participants were

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treated with dignity, respect, and autonomy. Particular attention was given to safeguarding the confidentiality of participants because they belonged to a relatively small Indigenous community where individuals could otherwise be easily identified.

RESULTS and DISCUSSION

Theme 1. Family Planning as a Key for Poverty Alleviation

The first major theme that emerged from the study was *Family Planning as a Key for Poverty Alleviation.* The narratives of the Agta husbands demonstrated that family planning was viewed not merely as a reproductive health intervention but as an important socioeconomic strategy that enabled families to cope with financial hardship, provide adequately for their children, and improve their overall quality of life. Participants consistently associated responsible family planning with their capacity to provide food, education, shelter, and other basic needs despite limited livelihood opportunities.

One participant shared:

"Agcontrol kami…, tapnu kasta ket han kami unay marigatan nga mangkasta dagiti annak mi."
("We need to control [the number of children] so that it will not be very difficult for us to support the needs of our children.") — Informant 3

Another participant emphasized:

"Kustu diay uppatten. Haan nga umadu ti ubbing ta narigat agbiruk pangbiag…. Marigatan kami nga mangpadakkel kadagiti ubbing mi ta awan met ti pagsapulan mi nga naimbag."
("Four children are enough because it is difficult to earn a living. We find it difficult to raise many children because we do not have stable employment.") — Informant 5

Similarly, one informant highlighted the importance of child spacing to ensure that children could receive adequate parental care and educational opportunities:

"Diay padakkelen mi pay met isuda tuy ubbing mi tapnu kasta ket han kami marigatan… tapnu makapagbasa da nga naimbag."
("We first allow our children to grow before having another child so that we can support them well and allow them to finish their education.") — Informant 13

These narratives indicate that Agta husbands viewed family planning primarily as a means of safeguarding family welfare rather than simply limiting fertility. Participants consistently linked smaller family size with improved parental capacity to provide adequate nutrition, education, healthcare, and emotional support for their children. Rather than perceiving contraception as contradicting their cultural identity, many husbands considered responsible family planning a practical adaptation to changing socioeconomic conditions while remaining consistent with their commitment to family well-being.

From an ethnonursing perspective, these findings illustrate how reproductive decision-making is shaped by the interaction between traditional cultural values and contemporary socioeconomic realities (Babbar et al., 2025). Historically, larger families were culturally valued because children contributed to household labor, strengthened kinship networks, and enhanced community resilience. However, the participants acknowledged that changing economic conditions, unstable employment, increasing educational costs, and limited livelihood opportunities have transformed how family size is perceived. Consequently, family planning has become a culturally acceptable strategy for protecting the welfare of both parents and children while responding to present-day economic challenges.

These findings further suggest that poverty was not viewed merely as an economic condition but as a determinant of reproductive decision-making (Tesfa et al., 2022). Participants demonstrated considerable awareness that unrestricted fertility could compromise their ability to provide quality care and educational opportunities for their children. This reflects a shift from viewing family planning solely as a contraceptive practice toward recognizing it as an investment in family development, child well-being, and long-term household resilience.

The findings are consistent with contemporary evidence indicating that voluntary family planning contributes not only to reproductive health but also to poverty reduction, educational attainment, women's empowerment, and sustainable community development. Recent global public health literature recognizes that access to culturally appropriate family planning enables families to allocate limited resources more effectively, improve child health outcomes, and reduce socioeconomic vulnerability, particularly among marginalized and Indigenous populations. Likewise, recent studies on Indigenous reproductive health emphasize that reproductive decision-making is closely linked to household economic security, food availability, educational aspirations, and community sustainability.

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The findings also reinforce current evidence demonstrating that men's participation in family planning contributes to improved reproductive health outcomes. Active involvement of husbands in reproductive decision-making promotes shared responsibility, strengthens communication between spouses, and improves acceptance of family planning methods. Rather than functioning solely as household decision-makers, the Agta husbands in this study increasingly viewed themselves as partners who shared responsibility for protecting the future of their families.

Implications for Nursing Practice

The findings have important implications for community health nursing, transcultural nursing, and reproductive health nursing. Community health nurses may incorporate culturally grounded discussions on family welfare, responsible parenthood, and child well-being during reproductive health counseling instead of focusing exclusively on contraceptive methods. Understanding that Agta husbands associate family planning with poverty reduction enables nurses to frame health education within the participants' own cultural priorities and lived experiences.

Transcultural nursing practice likewise requires recognition that reproductive decisions among Indigenous populations are embedded within cultural values, family obligations, and socioeconomic realities. Nurses who acknowledge these cultural perspectives are better positioned to establish trust, improve communication, and provide culturally congruent reproductive health services.

Implications for Clinical Practice

The findings suggest that clinicians involved in reproductive healthcare may adopt family-centered counseling approaches that actively engage husbands in reproductive health consultations. Shared decision-making, culturally sensitive communication, and respectful dialogue between healthcare providers and Indigenous couples may improve acceptance of family planning services while preserving cultural values and family autonomy.

Implications for Public Health

From a public health perspective, the findings support the development of culturally responsive reproductive health promotion programs that integrate family planning with poverty reduction, nutrition, maternal health, child health, and educational initiatives. Increasing male participation in reproductive health programs may further strengthen family planning utilization and improve reproductive health outcomes within Indigenous communities.

Implications for Healthcare Systems

Healthcare systems may strengthen accessibility of reproductive health services among Indigenous populations by integrating culturally responsive care into primary healthcare delivery. Collaboration among nurses, physicians, midwives, Barangay Health Workers, Indigenous leaders, and local government units may facilitate the delivery of family planning services that are respectful of Indigenous cultural beliefs while maintaining evidence-based standards of care.

Healthcare administrators may also consider expanding community outreach programs in geographically isolated Indigenous communities through mobile reproductive health clinics, culturally appropriate health education materials, and sustained engagement with Indigenous community leaders.

Implications for Health Policy

The findings provide evidence supporting the continued implementation of the Responsible Parenthood and Reproductive Health Act (Republic Act No. 10354) in ways that are culturally responsive to Indigenous communities. Policymakers may consider strengthening family planning policies by incorporating Indigenous perspectives into reproductive health planning, ensuring that culturally appropriate services are available, accessible, and acceptable to Indigenous populations. Likewise, the findings support the implementation of the Indigenous Peoples' Rights Act (Republic Act No. 8371) through greater recognition of Indigenous participation in the planning, implementation, and evaluation of reproductive health programs.

Overall, the theme *Family Planning as a Key for Poverty Alleviation* demonstrates that family planning among Agta husbands extends beyond fertility regulation and reflects broader aspirations for family security, child welfare, educational opportunity, and socioeconomic stability. The findings illustrate that reproductive decision-making is shaped by the interaction of cultural values, economic realities, and family responsibilities. From an ethnonursing perspective, culturally responsive family planning interventions that acknowledge these realities may

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strengthen community trust, improve healthcare utilization, promote shared reproductive responsibility, and contribute to more equitable reproductive health outcomes among Indigenous populations.

Theme 2. *Kaddaga* as a Natural Contraceptive

The second major theme that emerged from the analysis was *"Kaddaga as a Natural Contraceptive."* The narratives of the Agta husbands revealed that *Kaddaga*, a traditional herbal preparation derived from the roots of a forest plant, remains embedded in the community's Indigenous knowledge system and reproductive health practices. Participants described *Kaddaga* as an ancestral remedy used when modern contraceptives were unavailable, inaccessible, or financially unattainable. Beyond its perceived contraceptive function, *Kaddaga* represented the transmission of traditional ecological knowledge, cultural identity, and intergenerational wisdom regarding reproductive health.

One participant explained:

"Agidiay ramramut ti kayu Maam, nu awan igatang ti pills kasdiay, adda ti ramut ti kayu nga inumin dagiti babbai tapnu kwa, han nga agbalin iti ubing."
("When we do not have money to buy pills, there is a root from a tree that women drink so that pregnancy will not continue.") — Informant 3

Another participant described its traditional use:

"Adda dagijay ramramut nga nu kanen da didiay nu maysa bulan jay babbai nga agsikug ket mabalin na pay lang buraken diay napait mabalin na pay nga pukawen inggana tallo nga bulan."
("There is a bitter tree root that a woman who is one to three months pregnant drinks because it is believed to dissolve the pregnancy.") — Informant 4

Participants likewise explained the customary preparation of the herbal remedy.

"Bale ilaok di ijay iti bassit nga arak inggana maysa bulan... dijay ti pangpigil ti agsikug."
("The roots are soaked in wine for about one month before being taken to prevent pregnancy.") — Informant 4

These narratives illustrate that *Kaddaga* is more than a traditional herbal preparation; it reflects an Indigenous system of reproductive knowledge that has been transmitted across generations through oral tradition and lived experience. Participants associated the practice with the wisdom of their ancestors and regarded it as a culturally familiar option when access to modern reproductive health services was limited. The continued recognition of *Kaddaga* demonstrates that Indigenous reproductive practices remain influential despite the increasing availability of biomedical family planning methods.

From an ethnonursing perspective, the persistence of *Kaddaga* reflects the close relationship between culture, environment, and healthcare within Indigenous communities. The Agta people's extensive knowledge of their natural environment has historically enabled them to utilize locally available plants for health maintenance and disease management. In this context, reproductive health is not viewed exclusively through biomedical concepts but is integrated into a broader cultural understanding of health, nature, family, and community life (Liddell & McKinley, 2022).

Importantly, the findings do not establish the clinical effectiveness or safety of *Kaddaga* as a contraceptive or abortifacient. Rather, they document the cultural beliefs and practices surrounding its use as perceived by the participants. These findings therefore should be interpreted as ethnographic evidence of Indigenous knowledge rather than clinical evidence supporting its efficacy. This distinction is essential because documenting cultural practices differs fundamentally from recommending or validating their medical use.

The participants' continued awareness of *Kaddaga* also reflects persistent barriers to reproductive healthcare among Indigenous populations. Limited financial resources, geographic isolation, transportation difficulties, and inconsistent access to modern contraceptive services may encourage reliance on traditional practices. Consequently, the continued use or recognition of Indigenous reproductive remedies should not be interpreted solely as resistance to modern healthcare but also as an adaptive response to structural inequities affecting healthcare accessibility.

These findings are consistent with contemporary research emphasizing that Indigenous communities frequently combine traditional knowledge with biomedical healthcare according to cultural acceptability, accessibility, affordability, and perceived effectiveness. Recent literature on Indigenous health likewise recognizes that traditional healing practices continue to influence reproductive health decisions, particularly in geographically isolated communities where healthcare resources remain limited. International nursing literature further emphasizes that respectful recognition of Indigenous knowledge contributes to stronger therapeutic relationships, increased healthcare utilization, and improved community trust.

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The findings also illustrate the importance of balancing cultural respect with evidence-based healthcare (Alarabi et al., 2024). While culturally embedded reproductive practices deserve recognition as part of Indigenous cultural heritage, healthcare professionals also have the responsibility to provide accurate, evidence-informed reproductive health education regarding the safety, effectiveness, benefits, and risks of available family planning methods. This balance reflects the principles of culturally congruent nursing care advocated by Madeleine Leininger's Culture Care Theory, which encourages preservation of beneficial cultural practices while facilitating culturally respectful health education when practices may present health risks.

Implications for Nursing Practice

The findings highlight the importance of transcultural nursing and community health nursing in reproductive healthcare among Indigenous populations. Nurses may explore traditional reproductive practices respectfully during health assessments to better understand patients' cultural beliefs before introducing modern family planning options. Such culturally sensitive dialogue may strengthen trust, improve communication, and facilitate collaborative reproductive decision-making between healthcare providers and Indigenous families.

Rather than dismissing Indigenous practices, nurses may provide culturally responsive reproductive counseling that acknowledges traditional beliefs while presenting scientifically validated family planning methods. This approach promotes informed choice without disregarding the cultural identity of Indigenous communities.

Implications for Clinical Practice

For clinicians providing reproductive healthcare, the findings emphasize the importance of obtaining comprehensive reproductive histories that include the use of traditional herbal remedies. Awareness of Indigenous reproductive practices enables healthcare professionals to identify potential health risks, prevent adverse interactions, and provide individualized counseling using respectful, nonjudgmental communication. Shared decision-making remains essential to ensure that couples receive evidence-based information while maintaining cultural dignity and autonomy.

Implications for Public Health

From a public health perspective, the findings support culturally responsive reproductive health promotion programs that recognize traditional health beliefs while expanding equitable access to modern family planning services. Public health initiatives may benefit from involving Indigenous leaders, community elders, and Barangay Health Workers in culturally appropriate educational activities that address misconceptions, improve reproductive health literacy, and encourage informed reproductive choices.

The findings likewise highlight the need to reduce structural barriers to reproductive healthcare among geographically isolated Indigenous communities through sustained outreach services, culturally appropriate health education materials, and improved access to reproductive health commodities.

Implications for Healthcare Systems

Healthcare systems may strengthen culturally responsive service delivery by integrating Indigenous cultural knowledge into reproductive health programs while maintaining evidence-based clinical standards. Interdisciplinary collaboration among nurses, physicians, midwives, pharmacists, Indigenous leaders, and public health practitioners may facilitate respectful discussions regarding traditional reproductive practices and their implications for maternal and reproductive health.

Healthcare administrators may also consider supporting culturally appropriate continuing education programs that enhance healthcare professionals' competence in Indigenous health, transcultural communication, and culturally responsive reproductive counseling.

Implications for Health Policy

The findings provide evidence supporting the development of reproductive health policies that recognize Indigenous knowledge systems while ensuring access to safe, evidence-based reproductive healthcare. Policymakers may consider strengthening culturally adapted implementation of the Responsible Parenthood and Reproductive Health Act (Republic Act No. 10354) through greater collaboration with Indigenous communities during the planning, implementation, and evaluation of family planning programs.

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The findings likewise reinforce the objectives of the Indigenous Peoples' Rights Act (Republic Act No. 8371), which promotes respect for Indigenous cultures, traditional knowledge systems, and meaningful participation in decisions affecting community health and well-being.

Overall, the theme **"**Kaddaga as a Natural Contraceptive" demonstrates that Indigenous reproductive health practices are deeply rooted in cultural identity, ancestral knowledge, and environmental adaptation. Although the study does not establish the clinical effectiveness or safety of *Kaddaga*, it highlights its cultural significance within the reproductive experiences of Agta families. From an ethnonursing perspective, culturally responsive reproductive healthcare requires respectful recognition of Indigenous knowledge while ensuring that individuals and families have equitable access to scientifically validated, safe, and informed family planning options. Such an approach strengthens trust between Indigenous communities and healthcare providers and contributes to more inclusive, culturally congruent reproductive healthcare.

Theme 3. Ancestral Lore as the Context of Family Planning Decision-Making

The third major theme that emerged from the study was *Ancestral Lore as the Context of Family Planning Decision-Making*. The findings revealed that the reproductive decisions of Agta husbands were strongly influenced by ancestral teachings, traditional values, and inherited cultural knowledge. However, participants also described how these long-standing beliefs were gradually being reinterpreted in response to changing socioeconomic conditions, increased educational opportunities, and greater exposure to government and community-based reproductive health programs. Rather than completely abandoning their ancestral traditions, the participants demonstrated a process of cultural adaptation in which traditional beliefs coexisted with contemporary family planning practices.

One participant reflected on the tension between ancestral expectations and present-day realities:
"Ti kunada mayat nu adu ti ubbing yu…. Ngem ti panunut ku met diak tun ammu ti mapaspasamak ti dumteng nga aldaw kunak ket kustu lattan tuy uppaten tapnu masuportaran mi."
("Our ancestors said it was good to have many children. However, I do not know what the future holds, so I believe four children are enough for us to support.") — Informant 6

Another participant explained how community-based education influenced their understanding of family planning:
"Wen adda ti kasta idi… Adu ti anak idi… Ngem idi nangrugi iti DSWD nga napan dituy. Ijdiay mi masursurutan ti family planning."
("Yes, those beliefs existed before, and families used to have many children. However, when the Department of Social Welfare and Development started visiting our community, we began learning about family planning.") — Informant 5

Similarly, another participant emphasized the transition from traditional practices toward modern reproductive health methods:
"Adda ti imbaga da idi nga agcontrol kami kanu… dagituy annak ku tatta ket mapabarwan da metten."
("Our elders taught us to exercise control, but our children have already become more modern.") — Informant 9

These narratives illustrate that ancestral knowledge continues to shape reproductive decision-making among Agta husbands, but its influence is neither absolute nor static. Participants acknowledged the wisdom of their forefathers while simultaneously recognizing that contemporary economic conditions, educational aspirations, and healthcare information require them to reconsider traditional expectations regarding family size. Their reproductive decisions therefore reflected an ongoing negotiation between cultural continuity and social change rather than a complete rejection of Indigenous traditions.

From an ethnonursing perspective, this finding demonstrates that culture is dynamic and continually reconstructed through lived experiences and interactions with broader social institutions (Tri, 2024). Consistent with Social Constructivism, participants interpreted family planning within the context of both inherited cultural meanings and contemporary realities. Their narratives reveal that cultural beliefs are not fixed but evolve as individuals encounter new knowledge, changing economic circumstances, and expanding healthcare opportunities. Consequently, family planning decisions emerged from the integration of ancestral wisdom with modern reproductive health information rather than from either perspective alone.

The findings further demonstrate that exposure to government outreach programs and community-based health education did not necessarily weaken Indigenous identity. Instead, participants described selectively adopting modern family planning practices while preserving respect for their cultural heritage. This pattern reflects cultural

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adaptation rather than cultural replacement. Such adaptation illustrates the capacity of Indigenous communities to integrate external knowledge into existing cultural frameworks while maintaining community identity and social cohesion.

The findings also suggest that reproductive decision-making among Agta husbands is influenced by multiple interacting determinants, including traditional beliefs, household economic security, educational aspirations for children, exposure to healthcare information, and trust in healthcare providers. Family planning therefore cannot be understood solely as an individual health behavior but should be viewed as a culturally situated decision embedded within broader social, familial, and economic contexts.

These observations are consistent with contemporary Indigenous health literature, which emphasizes that traditional knowledge systems continue to influence healthcare behaviors even as communities engage with modern health services (Kendi, 2024). Recent research has shown that culturally respectful health education promotes greater acceptance of reproductive health interventions because it acknowledges Indigenous values instead of attempting to replace them. Likewise, evidence from community-based reproductive health programs indicates that respectful partnerships with Indigenous leaders improve trust, healthcare utilization, and community participation in reproductive health initiatives.

Implications for Nursing Practice

The findings reinforce the importance of transcultural nursing and community health nursing in Indigenous reproductive healthcare. Nurses may recognize ancestral beliefs as important cultural resources that shape health behaviors rather than viewing them as barriers to healthcare. During reproductive health counseling, nurses may explore patients' cultural beliefs respectfully and integrate these perspectives into individualized health education that supports informed reproductive choices.

Community health nurses working with Indigenous populations may also collaborate with community elders and respected cultural leaders when planning reproductive health activities. Such partnerships may strengthen trust, improve cultural acceptability, and encourage greater participation in family planning programs.

Implications for Clinical Practice

For clinicians, the findings emphasize the importance of culturally sensitive communication during reproductive counseling. Understanding the cultural significance of ancestral teachings enables healthcare professionals to discuss family planning in ways that acknowledge patients' values while providing evidence-based guidance. Shared decision-making that respects both Indigenous traditions and contemporary healthcare recommendations may improve patient satisfaction, adherence to chosen family planning methods, and continuity of reproductive healthcare.

Implications for Public Health

From a public health perspective, the findings highlight the importance of designing reproductive health promotion programs that recognize Indigenous cultural contexts. Community-based health education may become more effective when culturally relevant examples, local languages, traditional leadership structures, and Indigenous knowledge are incorporated into health promotion strategies. Increased male engagement in culturally adapted reproductive health education may further enhance family planning acceptance and reproductive health literacy within Indigenous communities.

Implications for Healthcare Systems

Healthcare systems may strengthen reproductive health services for Indigenous populations by institutionalizing culturally responsive care within primary healthcare programs. Healthcare administrators may encourage interdisciplinary collaboration among nurses, physicians, midwives, Barangay Health Workers, Indigenous leaders, and local government units to develop family planning services that respect cultural diversity while maintaining evidence-based standards of care.

The findings also underscore the importance of sustained outreach services for geographically isolated Indigenous communities to ensure equitable access to reproductive health information and services.

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Implications for Health Policy

The study provides evidence supporting the implementation of culturally responsive reproductive health policies that integrate Indigenous perspectives into program planning and service delivery. Policymakers may strengthen the implementation of the Responsible Parenthood and Reproductive Health Act (Republic Act No. 10354) by promoting culturally appropriate reproductive health education that respects Indigenous traditions while expanding access to modern family planning services.

The findings likewise reinforce the objectives of the Indigenous Peoples' Rights Act (Republic Act No. 8371), particularly its provisions recognizing Indigenous cultural integrity, participation in decision-making, and protection of traditional knowledge systems within health programs.

Overall, the theme *Ancestral Lore as the Context of Family Planning Decision-Making* demonstrates that the reproductive decisions of Agta husbands emerge from a dynamic interaction between inherited cultural knowledge and contemporary social realities. Rather than abandoning ancestral beliefs, participants selectively integrated traditional values with modern reproductive health information to address present-day family needs. From an ethnonursing perspective, this finding underscores the importance of culturally congruent healthcare that recognizes Indigenous knowledge as an essential foundation for effective reproductive health promotion. Respectful integration of cultural traditions with evidence-based healthcare may strengthen community trust, improve healthcare utilization, and contribute to more equitable reproductive health outcomes among Indigenous populations.

Theme 4. Respectful Compliance: Shared Decision-Making in Family Planning

The fourth and final theme that emerged from the study was *Respectful Compliance*. The findings revealed that although Agta husbands traditionally occupied leadership roles within the household, reproductive decision-making was characterized not by unilateral authority but by mutual respect, open communication, and shared responsibility between spouses. Participants consistently described themselves as initiating discussions regarding family planning while ultimately respecting their wives' preferences concerning contraceptive use. This pattern demonstrates that family planning decisions within the Agta community are negotiated collaboratively rather than imposed by either partner.

One participant explained:

"Isunga ti plano mi met ket surutin mi adiay ta pagsiatan mi met lang ti agtipid ti aganak."
("We agreed to follow the advice because it will help us limit the number of our children for the welfare of our family.") — Informant 5

Another participant narrated how information obtained from neighbors influenced his discussion with his wife:

"Siak ti immuna nga nakangeg iti karkarruba nga ti pills ket pangcontrol ti ubbing, isu imbagak kanya na isu inpadas na."
("I first learned from our neighbors that contraceptive pills could help control the number of children, so I shared this information with my wife, and she decided to try it.") — Informant 2

Similarly, another participant demonstrated support for his wife's reproductive choice:

"Adda, lady pills adiay… Inbaga na nga aggamit palang… ket ti inbagak kanya na nga mabalin latta."
("She told me she wanted to use contraceptive pills, and I told her that it was acceptable.") — Informant 10

These narratives demonstrate that Agta husbands increasingly perceive reproductive decision-making as a shared family responsibility. Although participants recognized their traditional roles as household heads, they emphasized consultation, dialogue, and mutual agreement rather than exercising exclusive authority. The willingness of husbands to respect their wives' reproductive choices reflects an evolving understanding of family planning in which cooperation and shared responsibility are viewed as essential to family well-being.

From an ethnonursing perspective, this finding reflects the interaction between traditional cultural values and contemporary concepts of reproductive partnership. Respectful compliance should not be interpreted as passive submission; rather, it represents a culturally grounded process of negotiation in which husbands maintain their familial responsibilities while acknowledging the reproductive autonomy and lived experiences of their wives. Such

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collaborative decision-making illustrates the dynamic nature of cultural roles within Indigenous communities as they adapt to changing health information, educational opportunities, and social expectations.

The findings further indicate that communication plays a central role in family planning acceptance. Participants described discussing reproductive health information obtained from healthcare workers, neighbors, and community outreach activities before arriving at mutually acceptable decisions. These conversations enabled couples to consider both cultural beliefs and practical realities such as financial capacity, child welfare, and maternal health. Consequently, reproductive decisions emerged through interpersonal dialogue rather than through individual preference alone.

The willingness of husbands to support their wives' contraceptive choices also reflects increasing trust in community-based reproductive health education. Participants demonstrated openness to information provided by healthcare professionals and recognized the value of modern family planning methods in improving family welfare. This suggests that culturally appropriate health education may positively influence male participation in reproductive health while preserving traditional family relationships.

These findings are consistent with contemporary reproductive health research emphasizing that male involvement strengthens family planning utilization, improves contraceptive continuation, enhances maternal health outcomes, and promotes shared reproductive responsibility (Aventin et al., 2023). Recent evidence likewise indicates that respectful communication between spouses contributes to greater reproductive autonomy, informed decision-making, and healthier family relationships. Within Indigenous communities, culturally appropriate engagement of husbands has also been shown to increase acceptance of reproductive health programs while strengthening trust between healthcare providers and community members.

Implications for Nursing Practice

The findings reinforce the importance of family-centered, community health, and transcultural nursing approaches in reproductive healthcare. Nurses may actively encourage respectful communication between couples during reproductive counseling and recognize husbands as important partners in family planning without diminishing women's reproductive autonomy. Couple-centered counseling that acknowledges Indigenous cultural values may strengthen shared decision-making while promoting informed reproductive choices.

Community health nurses may likewise develop culturally appropriate educational sessions that encourage constructive dialogue between husbands and wives regarding reproductive health, contraceptive options, and family welfare. Such interventions may contribute to stronger family relationships and greater acceptance of family planning services.

Implications for Clinical Practice

For clinicians, the findings emphasize the importance of involving both partners in reproductive counseling whenever appropriate and desired by the couple. Shared consultations, culturally sensitive communication, and individualized counseling may improve understanding of contraceptive options, reduce misconceptions, and support informed reproductive decision-making. Respectful engagement of husbands may also strengthen adherence to chosen family planning methods while preserving women's right to make informed healthcare decisions.

Implications for Public Health

From a public health perspective, the findings support the expansion of male-inclusive reproductive health promotion programs within Indigenous communities. Public health practitioners may develop culturally adapted educational campaigns that encourage shared parental responsibility, positive masculinity, and respectful communication regarding reproductive health. Such initiatives may contribute to improved family planning utilization, maternal health, child health, and gender equity.

The findings also suggest that strengthening community-based reproductive health education through Barangay Health Workers, Indigenous leaders, and local health personnel may increase community acceptance of family planning while maintaining cultural sensitivity.

Implications for Healthcare Systems

Healthcare systems may strengthen Indigenous reproductive healthcare by institutionalizing family-centered and culturally responsive service delivery models. Healthcare administrators may consider integrating couple-focused reproductive counseling into primary healthcare services and supporting continuing professional development

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programs that enhance healthcare providers' competence in culturally responsive communication and Indigenous health.

Interdisciplinary collaboration among nurses, physicians, midwives, Barangay Health Workers, social workers, and Indigenous leaders may further improve the coordination and accessibility of reproductive health services within geographically isolated Indigenous communities.

Implications for Health Policy

The findings support the continued implementation of culturally responsive reproductive health policies that encourage responsible parenthood through shared decision-making. Policymakers may strengthen the implementation of the Responsible Parenthood and Reproductive Health Act (Republic Act No. 10354) by promoting reproductive health programs that actively engage both husbands and wives while respecting Indigenous cultural values and community participation.

The findings also reinforce the principles of the Indigenous Peoples' Rights Act (Republic Act No. 8371), particularly its emphasis on culturally appropriate service delivery, community participation, and respect for Indigenous family structures and decision-making processes.

Overall, the theme *Respectful Compliance* demonstrates that family planning among Agta husbands is characterized by collaborative decision-making founded on mutual respect, open communication, and shared responsibility between spouses. Rather than exercising unilateral authority, participants described reproductive decisions as negotiated processes that balanced cultural traditions, economic realities, and concern for family welfare. From an ethnonursing perspective, these findings underscore the importance of culturally congruent nursing interventions that promote couple-centered reproductive counseling, strengthen male engagement, and respect both Indigenous cultural values and women's reproductive autonomy. Such approaches may improve reproductive health outcomes while fostering trust, partnership, and culturally responsive healthcare within Indigenous communities.

Overall Synthesis of Findings

The findings of this ethnonursing study demonstrate that the beliefs, practices, and decision-making of Agta husbands regarding family planning are shaped by the dynamic interaction of cultural traditions, socioeconomic realities, Indigenous knowledge systems, family relationships, and exposure to contemporary reproductive health information. Rather than representing isolated cultural practices, the four emergent themes collectively illustrate how reproductive decision-making among Agta husbands reflects a continuous negotiation between preserving ancestral identity and adapting to changing social and economic circumstances.

The first theme, *Family Planning as a Key for Poverty Alleviation*, revealed that family planning was primarily perceived as a strategy for improving family welfare rather than merely limiting fertility. Participants associated responsible parenthood with their ability to provide adequate food, education, healthcare, and economic security for their children. This finding demonstrates that reproductive decision-making is closely linked to household resilience and long-term family development.

The second theme, *Kaddaga as a Natural Contraceptive*, highlighted the continuing influence of Indigenous reproductive knowledge. The participants recognized *Kaddaga* as part of their ancestral heritage and described its traditional role in reproductive health. Although the study does not establish its clinical safety or effectiveness, the findings underscore the importance of understanding Indigenous health beliefs as essential components of culturally responsive healthcare. Respectful documentation of traditional practices enables healthcare professionals to better appreciate the cultural context in which reproductive decisions occur while continuing to provide evidence-based reproductive health education.

The third theme, *Ancestral Lore as the Context of Family Planning Decision-Making*, demonstrated that traditional beliefs remain influential but are continuously reinterpreted in response to education, socioeconomic change, and exposure to formal healthcare services. Rather than abandoning their cultural identity, the Agta husbands selectively integrated modern reproductive health information into their existing worldview. This process illustrates cultural adaptation, whereby Indigenous communities preserve their cultural heritage while responding to contemporary health and social realities.

Finally, the fourth theme, *Respectful Compliance*, illustrated that reproductive decision-making among Agta husbands is characterized by mutual respect, shared responsibility, and open communication between spouses. Although husbands traditionally occupy leadership roles within the family, participants emphasized consultation, partnership, and support for their wives' reproductive choices. This finding reflects an evolving model of family-

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centered reproductive decision-making that balances cultural traditions with contemporary concepts of gender partnership and shared responsibility.

Collectively, these themes demonstrate that family planning among Agta husbands cannot be adequately understood through biomedical perspectives alone. Their reproductive decisions are deeply embedded within Indigenous cultural values, traditional ecological knowledge, socioeconomic realities, and interpersonal relationships. Consequently, effective reproductive healthcare among Indigenous populations requires culturally responsive approaches that recognize these interacting influences while ensuring equitable access to safe, evidence-based family planning services.

From a nursing perspective, the findings reinforce the importance of transcultural nursing and community health nursing in promoting culturally congruent reproductive healthcare. Nurses who recognize Indigenous cultural beliefs and involve families in reproductive counseling are better positioned to establish trust, strengthen therapeutic relationships, and facilitate informed reproductive decision-making. Likewise, healthcare systems that integrate Indigenous perspectives into reproductive health services may improve healthcare accessibility, patient satisfaction, and continuity of care among geographically isolated communities.

The study likewise contributes to public health by highlighting the importance of male engagement, culturally appropriate reproductive health promotion, community participation, and equitable healthcare access in reducing reproductive health disparities among Indigenous populations. Furthermore, the findings provide evidence that may inform culturally responsive implementation of the Responsible Parenthood and Reproductive Health Act (Republic Act No. 10354) and the Indigenous Peoples' Rights Act (Republic Act No. 8371), thereby strengthening reproductive health policies that are respectful of Indigenous cultures while promoting reproductive rights and health equity.

Conclusions

This ethnonursing study explored the beliefs, practices, and decision-making of Agta husbands regarding the utilization of family planning in Aggugaddan, Peñablanca, Cagayan. The findings demonstrate that family planning is understood not only as a reproductive health intervention but also as a culturally and socially embedded strategy for promoting family welfare, economic stability, and responsible parenthood.

The study revealed that the reproductive decisions of Agta husbands are influenced by the interaction of ancestral traditions, Indigenous knowledge, socioeconomic realities, educational aspirations, and exposure to modern reproductive health information. Participants demonstrated that traditional beliefs continue to shape reproductive health behaviors; however, these beliefs are increasingly being integrated with contemporary family planning knowledge through culturally respectful adaptation rather than cultural replacement.

The identification of *Kaddaga* as an Indigenous reproductive practice highlights the continuing importance of documenting traditional knowledge systems while recognizing that culturally embedded practices should be interpreted within their social and historical contexts rather than as evidence of clinical effectiveness. Respectful recognition of Indigenous knowledge enables healthcare professionals to better understand the cultural realities influencing reproductive decision-making and supports culturally congruent healthcare delivery.

The study further demonstrates that family planning decision-making among Agta husbands is characterized by mutual respect, shared responsibility, and collaborative communication between spouses. Male participation emerged not as an expression of dominance but as a partnership that supports family welfare and informed reproductive choices. This finding reinforces the importance of engaging both husbands and wives in culturally appropriate reproductive counseling.

The findings contribute to nursing science by expanding the application of transcultural nursing, community health nursing, and culturally competent reproductive healthcare among Indigenous populations. They likewise contribute to clinical practice by emphasizing the value of culturally sensitive communication, shared decision-making, and patient-centered reproductive counseling.

From a public health perspective, the findings highlight the importance of strengthening male involvement, culturally responsive reproductive health promotion, and equitable access to family planning services among geographically isolated Indigenous communities. The study also contributes to healthcare systems by providing evidence supporting the integration of Indigenous cultural knowledge into reproductive healthcare planning, service delivery, and interdisciplinary collaboration.

Finally, the findings provide evidence that may inform health policy, particularly the culturally responsive implementation of the Responsible Parenthood and Reproductive Health Act (Republic Act No. 10354) and the Indigenous Peoples' Rights Act (Republic Act No. 8371). Collectively, the study advances understanding of Indigenous reproductive health by demonstrating that culturally congruent nursing care, respectful community

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engagement, and recognition of Indigenous knowledge are fundamental to improving reproductive health outcomes among Indigenous populations.

Recommendations

Based on the findings of the study, the following recommendations are respectfully offered:

Healthcare professionals, particularly nurses, midwives, physicians, and Barangay Health Workers, may further strengthen culturally responsive reproductive healthcare by recognizing Indigenous beliefs, values, and traditional knowledge while providing evidence-based family planning counseling. Continuous professional development in transcultural nursing and Indigenous health may further enhance healthcare providers' ability to deliver respectful and culturally congruent reproductive healthcare services.

Community health nurses and public health practitioners are encouraged to develop family-centered reproductive health education programs that actively engage both husbands and wives in shared reproductive decision-making. Educational activities may incorporate culturally appropriate communication strategies, local languages, and collaboration with Indigenous leaders to improve community participation and reproductive health literacy.

Healthcare administrators and local government units may strengthen outreach reproductive health services for geographically isolated Indigenous communities through sustained community engagement, culturally adapted health promotion materials, mobile health services, and interdisciplinary collaboration among nurses, physicians, midwives, social workers, and Indigenous community leaders.

Policymakers may consider strengthening the culturally responsive implementation of the Responsible Parenthood and Reproductive Health Act (Republic Act No. 10354) by integrating Indigenous perspectives into reproductive health planning, implementation, monitoring, and evaluation. Similar attention may be given to strengthening programs that support the objectives of the Indigenous Peoples' Rights Act (Republic Act No. 8371) by ensuring meaningful Indigenous participation in healthcare decision-making.

Schools of nursing and other health professions may incorporate additional learning experiences on Indigenous health, transcultural nursing, culturally competent communication, and community-engaged reproductive healthcare to prepare future healthcare professionals for culturally diverse clinical practice.

Future researchers are encouraged to conduct further ethnonursing and interdisciplinary investigations involving other Indigenous Cultural Communities in the Philippines to broaden understanding of culturally embedded reproductive health beliefs and practices. Additional research may also examine the cultural significance, pharmacological properties, safety, and potential health implications of traditional reproductive practices such as *Kaddaga* through appropriate laboratory, clinical, ethnobotanical, and public health investigations conducted in accordance with ethical and scientific standards.

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