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Factors Influencing Birth Preparedness and Complication Readiness Among Childbearing Age: Mixed Methods

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Abstract. Birth preparedness and complication readiness (BPCR) is a crucial intervention aimed at reducing maternal mortality rates. Despite its proven efficacy, numerous barriers impede its effective practice. This study explores the factors influencing BPCR among childbearing age women by assessing the impact of knowledge, preparation, attitude, and practices. Employing a mixed-method research design, data were collected using adapted survey questionnaires and interview guides. The study, conducted in Barangay Bucal, Calamba City, Laguna, involved 33 quantitative and 10 qualitative respondents, totaling 43 childbearing age women from primary health centers. The demographic profile revealed that the majority of respondents were young adults (18-25 years), had secondary education, experienced only one previous birth, and were Roman Catholic. The findings indicated that the respondents' knowledge, preparation, attitude, and practices related to BPCR were moderate. Statistical analysis revealed that age significantly influenced all four factors—knowledge, preparation, attitude, and practices—while the number of previous births significantly affected attitude and practices. However, civil status, educational attainment, and religion showed no significant impact. Qualitative data highlighted challenges such as transportation difficulties and financial instability as significant barriers to effective care and pregnancy management. The study recommends that childbearing age women pursue formal education to enhance their knowledge and skills, attend antenatal counseling, increase awareness of obstetric complications, rely on faith for support, secure transportation for delivery, strengthen support systems, and develop a structured action plan. These measures aimed to improve BPCR and address the identified barriers, ultimately contributing to reduced maternal mortality rates.

Keywords. Birth preparedness, complication readiness, knowledge, preparation, attitude, practices, childbearing age

I. Introduction

Pregnancy represents an important chapter in the lives of individuals and families alike. It is a period characterized by remarkable physiological changes, emotional milestones, and anticipations of parenthood.

Beyond its physical complexities, pregnancy fosters an emotional connection as expectant parents eagerly await the arrival of their child, encompassing discovery and preparation.

In the Philippines, despite national public health efforts to prevent childbearing in young adults, it continues to show one of the highest adolescent fertility rates among developing

countries. (Maravilla, 2019) High fertility rates in adolescence mean that teenagers may also experience subsequent pregnancies during teenage years, or repeated adolescent pregnancy.

The average range for the female reproductive years is between the ages of early 20's. The late 20s and early 30s are frequently regarded as the best reproductive years. However, a woman's chance of getting pregnant gradually declines as she gets older. There may be certain health hazards associated with pregnancy later in age, (Huffman et al., 2023,). Unexpected, and often life-threatening, events might occur at any stage of pregnancy, during the antepartum, intrapartum, and postpartum periods.

Maternal mortality is a significant global issue. According to the World Health Organization (WHO) in 2020, the vast majority, around 95%, of these deaths occur in developing regions. Sub-Saharan Africa alone makes up 70%, and Southern Asia contributes 16%, totaling 86% of maternal deaths worldwide (World Health Organization, 2024).

Maternal death is a global issue of great concern. The World Health Organization (WHO) reported approximately 99% of them occur in developing regions, with Sub-Saharan Africa (66%) and Southern Asia (22%) accounting for 88% of the global burden of maternal death. (Department of Economic and Social Affairs January 2020).

Ensuring safe motherhood and optimal maternal health outcomes requires more than routine medical care. It requires comprehensive strategies such as birth preparedness and complication readiness (BPCR). (Ihomba, et. al, 2020). Preparing mentally, physically, and emotionally during pregnancy is crucial as it can reduce the risk of experiencing mood disorders such as baby blues, postpartum anxiety, and depression, which are common due to the significant adjustments that come with motherhood. Understanding the duration of pregnancy and planning accordingly is fundamental to becoming a responsible mother. The emotional and psychological well-being of the mother can profoundly impact the health of the newborn, underscoring the importance of entering pregnancy with a positive mindset. Adequate knowledge and preparation facilitate a smoother transition into motherhood, enabling mothers to feel confident, relaxed, and secure in their abilities to succeed (Mughal and Azhar, 2022).

Birth preparedness and complication readiness stand as essential strategies aimed at enhancing maternal and newborn survival. It emphasizes proactive planning and readiness among expectant mothers and their families to plan for pregnancy, childbirth, and postpartum periods effectively. By promoting awareness, education, and access to essential services, BPCR not only enhances maternal and newborn survival rates but also strengthens community support systems.

This study aimed to determine the factors influencing birth preparedness and complication readiness among childbearing age in Barangay Bucal, Calamba City, Laguna. Also, it carries significant implications that contribute to improving maternal and newborn health outcomes.

II. Objective of the Study

This study aimed to examine the factors influencing birth preparedness and complication readiness among women of childbearing age in Barangay Bucal, Calamba City, Laguna. Specifically, it seeks to assess the level of awareness and knowledge, to determine the extent of understanding among women regarding birth preparedness and the importance of complication readiness. Identify Socioeconomic and Cultural Factors to analyze how income level, education, cultural beliefs, and family support influence maternal preparedness for childbirth. Evaluate Access to Maternal Healthcare Services to examine the availability, affordability, and utilization of prenatal care, skilled birth attendants, and emergency obstetric

services. Determine Barriers to Birth Preparedness' to identify the challenges that hinder effective birth preparedness and complication readiness, including financial, geographical, and institutional constraints. Provide Recommendations for Improvement and suggest strategies to enhance birth preparedness.

III. Methods

The researchers employed a mixed-method approach, combining and integrating both qualitative and quantitative research techniques within a single study. In the quantitative research, the study used a descriptive method that aims to determine the factors influencing birth preparedness and complication readiness among childbearing age. It used a quantitative research approach to collect the required data.

On the other hand, other participants were asked about their experiences as part of qualitative research. The primary aim is to gain insights into how individuals perceive and make sense of their experiences. Researchers delve into the subjective realities of participants, seeking to understand their feelings, thoughts, and interpretations.

For the study, a total of forty-three respondents were selected. Along with coordinating and obtaining permission from the College of Nursing's dean to conduct the study, the researchers also wrote to the Barangay Chairman of Barangay Bucal in Calamba City, Laguna, requesting permission to conduct the study and collect relevant data.

An adapted structured questionnaire and an unstructured interview with guided questions were used to gather data from the chosen postnatal women following a careful assessment of the literature and the goals of the study. To ascertain the factors impacting birth preparedness and complication readiness among reproductive age in Barangay Bucal, Calamba City, Laguna, the researchers employed a survey-style questionnaire. The researchers employed frequency and percentage distribution to determine the respondents' demographic profile. Using the statistical method of weighted mean, the Likert scale was used to assess the degree of influence on the readiness for complications and birth preparedness of childbearing women in Barangay Bucal, Calamba City, Laguna. When grouped by profile, the calculated f-value and p-value were utilized to test for significant differences in the degree of influence on birth preparedness and complication readiness among women of reproductive age.

IV. Results and Discussion

Table 1. Profile of the respondents in terms of age

Age	Frequency	Percentage
18-25	18	54.5
26-32	5	15.2
33-38	8	24.2
Others	2	6.1
Total	33	100.0

Table 1 shows the distribution of the respondents based on age. It revealed that among 33 respondents, most of them were in the age bracket of 18-25 years with a frequency of 18 or 54.5%, followed by 33-38 years with a frequency of 8 or 24.2%, 26-32 years with a frequency

of 5 or 15.2% while only 2 or 6.1% of the respondents' age were categorized as others. The distribution of respondents by age in the study indicates a significant prevalence of young adult women. This implies that the majority of the respondents were in the age group of young adults who had already born a child.

Table 2. Profile of the respondents in terms of civil status

Civil Status	Frequency	Percentage
Single	4	12.1
Married	14	42.4
Others	15	45.5
Total	33	100.0

Table 2 presents the profile of the respondents in terms of civil status. The data highlights that the majority, constituting 15 or 45.5% of the total, responded as others who were either separated or preferred not to mention their civil status. Whereas 14 out of 33 were already married which represents 42.4% of the whole, while only 4 or 12.1% were still single. This distribution reveals that nearly half of the respondents fall into the "others" category, which includes those who are separated or chose not to disclose their status. The dominance of the "others" category, alongside a notable representation of married individuals, suggests a need for further exploration of the implications of these statuses on the respondents' lives and the study's outcomes.

Table 3. Profile of the respondents in terms of educational attainment

Educational Attainment	Frequency	Percentage
High School (Secondary)	26	78.8
College (Tertiary)	7	21.2
Total	33	100.0

Table 3 illustrates the respondents' educational attainment. The educational attainment of childbearing women is a critical factor influencing their health and socioeconomic outcomes. According to the data presented, 26 or 78.8% of respondents attained only a high school level of education, while 7 or 21.2% achieved a college level. This distribution reflects broader trends observed in studies concerning the educational outcomes of women who bear children, particularly those who do so at a younger age.

Table 4. Profile of the respondents in terms of number of previous births

Number of Previous Births	Frequency	Percentage
1	11	33.3
2	7	21.2
3	5	15.2
4	10	30.3
Total	33	100.0

Table 4 shows the distribution of the respondents based on the number of previous births, it shows that about 33.3% had one (1) previous birth, 21.2% had. (2) previous births, 15.2% had about three (3) previous births and 30.3% had four. Table 5 outlines the profile of the respondents based on the number of previous births. The data highlights the majority of the number of previous making up 11 or 33.3% of the respondents have only 1 previous birth followed by 10 or 33.3% had 4 previous births, 7 or 21.2% had 2 previous births and 5 or 15.2% had 3 previous births. The data implies the trend where a significant number of women have either one or four previous births, which may reflect differing reproductive choices or circumstances among the respondents.

Table 5. Profile of the Respondents in terms of Religion

Religion	Frequency	Percentage
Roman Catholic	21	63.6
Others	12	36.4
Total	33	100.0

Table 5 illustrates the religion of the respondents. It revealed that out of 33 respondents, 21 or 63.6% were Roman Catholic while 12 or 36.4% responded as others or non-Catholic. This indicates a significant predominance of Roman Catholic respondents in the study area and may have a potential impact of religious beliefs on reproductive behaviors among childbearing women. Understanding differences among religions is essential for adapting reproductive health programs that respect and address the diverse beliefs within the community.

The Extent of Influence on Birth Preparedness and Complication Readiness among Childbearing Age Women

As shown in Tables 6 to 9 the extent of influence on birth preparedness and complication readiness among childbearing-age women was presented with the use of weighted mean and was verbally interpreted.

Table 6. Extent of Influence to Birth Preparedness and Complication Readiness among Childbearing Age in terms of Knowledge.

Indicators	Mean	Verbal Interpretation
Morning sickness (pagduruwal sa umaga)	3.18	With moderate extent
Dizziness and Blurred Vision (pagkahilo at panlalabo ng paningin)	3.15	With moderate extent
Severe headache (Matinding pagksakit ng ulo)	2.94	With moderate extent
Excessive eating (Sobra sa pagkaen)	3.24	With moderate extent
Swelling of hands, legs, face, and entire body (Pamamang kamay, binti, mukha o buong katawan)	3.00	With moderate extent
Convulsion (Kombulsyon)	2.82	With moderate extent
High fever (mataas na lagnat)	2.85	With moderate extent
Heavy vaginal bleeding (matinding pagdurugo)	3.15	With moderate extent
Composite Mean	3.04	With moderate extent

Legend: 1.00 – 1.80, None at all; 1.81 – 2.60, With low extent; 2.61 – 3.40, With moderate extent; 3.410 – 4.20, With high extent; 4.21 – 5.00, With very high extent.

Table 6 shows the extent of influence on birth preparedness and complication readiness among childbearing-age women in terms of knowledge. Childbearing-age women are moderately knowledgeable about excessive eating as shown by the high score of 3.24, this suggests that while many women possess some awareness, there remains a significant gap in comprehensive understanding. This knowledge is essential as it can directly impact maternal and fetal health during pregnancy.

On the other hand, the occurrence of convulsion scored lowest at 2.82, indicating that childbearing women did moderately see this as a big problem. This indicates a level of awareness about the potential risks associated with seizures during pregnancy, but it also reflects a degree of normalization of the condition.

The average mean of 3.04 indicated with moderate extent knowledge of the respondents in birth preparedness and complication readiness throughout pregnancy. This suggests that while these women have some understanding of the dangers and signs to watch for during pregnancy, there may still be gaps in their knowledge that could affect their ability to respond effectively to complications.

Table 7. The extent of influence on birth preparedness and complication readiness among childbearing age in terms of preparation.

Indicators	Mean	Verbal Interpretation
Saving money(Pag iipon ng pera)	3.30	With moderate extent
Identifying mode of transportation (Paraan ng sasakyan na gagamitin)	2.88	With moderate extent
Identifying skilled provider(Kaalamanan kung sino magpapaanak)	3.21	With moderate extent
Identifying place of delivery (Kaalamanan kung san manganganak	2.85	With moderate extent
Identifying blood donors (Kaalamanan sa pag-donate ng dugo)	2.67	With moderate extent
Making Plans for Communication Means (Plano ng pakikipag komunikasyon)	2.97	With moderate extent
Composite mean	2.98	With moderate extent

Legend: 1.00 – 1.80, None at all; 1.81 – 2.60, With low extent; 2.61 – 3.40, With moderate extent; 3.410 – 4.20, With high extent; 4.21 – 5.00, With very high extent.

Table 7 shows the extent of influence on birth preparedness and complication readiness among childbearing-age women in terms of preparation. The highest mean, standing at 3.30, indicated a moderate extent regarding the saving of money during pregnancy, signifying how relevant to be financially capable before the baby arrives. This aligns with other studies that have found saving money is one of the most common birth preparedness practices.

On the contrary, the lowest mean of 2.67 was associated with the preparation for identifying blood donors, suggesting that awareness of the importance of having blood donors identified in case of emergency is relatively low among the women surveyed. This finding is significant because it highlights a potential gap in knowledge and preparedness that could have serious consequences in emergencies.

The average mean of 2.98 portrayed with moderate extent concerning the preparation of women during their pregnancy. This implies that while pregnant women are making some preparations,

there is still room for improvement by focusing on education, support, and equitable access to healthcare, there is potential to enhance the overall experience and outcomes for pregnant women.

Table 8. Extent of influence to birth preparedness and complication readiness among childbearing age women in terms of attitude.

Indicators	Mean	Verbal Interpretation
It is a lack of faith in God (Kakulangan sa Pagtiwala sa Panginoon)	3.30	With moderate extent
It helps promote timely access to skilled maternal health service (Nakakatulong ito sa pagtataguyod ng napapanahong pag-access sa bihasang serbisyo sa kalusugan ng ina)	3.42	With high extent
No need to prepare for complications in pregnancy (Hindi na kailangang maghanda para sa mga komplikasyon sa pagbubuntis)	3.42	With high extent
It aid seek care without delay in obstetric complication and delivery (Nakakatulong ito sa paghahanap ng pangangalaga nang walang pagkaantala sa komplikasyon at panganganak sa pagpapaanak)	3.36	With moderate extent
Help ensure the woman receive professional care (Tulongang matiyak na ang babae ay tumatanggap ng propesyonal na pangangalaga)	3.36	With moderate extent
It increases delays in obstetric complications (Pinapataas nito ang mga pagkaantala sa mga komplikasyon sa obstetric)	3.39	With moderate extent
Composite mean	3.38	With moderate extent

Legend: 1.00 – 1.80, None at all; 1.81 – 2.60, With low extent; 2.61 – 3.40, With moderate extent; 3.410 – 4.20, With high extent; 4.21 – 5.00, With very high extent.

Table 8 shows the extent of influence on birth preparedness and complication readiness among childbearing-age women in terms of attitude. As indicated by the highest mean of 3.42, the respondents tied the answer with a high extent of attitude that birth preparedness helps promote timely access to skilled maternal health services and that there is no need to prepare for complications in pregnancy. This underscores a significant positive attitude towards the importance of birth preparedness in ensuring timely access to skilled maternal health services. It reflects a growing recognition among women of childbearing age about the necessity of being prepared for childbirth and the potential complications that may arise during pregnancy. Conversely, the lowest mean of 3.30 with a statement of the respondents' lack of faith in God indicating with moderate extent which implies a dissenting view among the respondents. This signifies that the finding of a low mean score indicating a lack of faith among childbearing-age women suggests a complex interplay of personal beliefs, cultural influences, and health implications.

Overall, the average weighted mean of 3.38 generally illustrates with moderate extent of positive attitude towards these essential aspects of maternal health. This score indicates that while there is some awareness and preparation among women, there remains significant room for improvement.

Table 9. Extent of Influence to Birth Preparedness and Complication Readiness among Childbearing Age in terms of Practices.

Indicators	Mean	Verbal Interpretation
I practiced all I was taught in antenatal classes (Sinanay ko ang lahat ng itinuro sa akin sa mga klase sa antenatal)	3.00	With moderate extent
I knew all the danger signs of pregnancy and what to do (Alam ko lahat ng senyales ng panganib ng pagbubuntis at kung ano ang gagawin)	2.73	With moderate extent
I decided the facilities I had my delivery (Nagpasya ako sa mga pasilidad na dinadala ko)	2.79	With moderate extent
I had all the baby's clothing and other requirements before the delivery date (Nasa akin ang lahat ng damit ng sanggol at iba pang mga kinakailangan bago ang petsa ng paghahatid)	2.94	With moderate extent
I had a transportation schedule to my delivery centre prepared for emergency I had a blood donor available at my delivery (Mayroon akong iskedyul ng transportasyon sa aking delivery center na inihanda para sa emerhensiya Mayroon akong isang blood donor na magagamit sa aking paghahatid)	2.55	With low extent
I made arrangement to care for the home in my delivery absence (Gumawa ako ng kaayusan upang pangalagaan ang tahanan kapag wala ako sa paghahatid)	2.76	With moderate extent
I attended antenatal clinic at scheduled times (Dumalo ako sa antenatal clinic sa mga nakatakdang oras)	3.00	With moderate extent
Composite mean	2.82	With moderate extent

Legend: 1.00 – 1.80, None at all; 1.81 – 2.60, With low extent; 2.61 – 3.40, With moderate extent; 3.410 – 4.20, With high extent; 4.21 – 5.00, With very high extent.

Table 9 shows the extent of influence on birth preparedness and complication readiness among childbearing-age women in terms of practices. Notably, the two highest-ranked statements highlight that respondent practiced all that was taught in antenatal class and attended antenatal clinic as scheduled, with a mean score of 3.00, signifying with moderate extent among respondents. While there is a moderate level of preparedness indicated by the mean scores, targeted interventions to improve knowledge and practices surrounding BPCR are necessary, especially among younger and less educated women. Addressing these gaps can lead to improved maternal and neonatal health outcomes.

On the contrary, the statement ranking the lowest mentions that respondents had a transportation schedule to the delivery center prepared for emergency and a blood donor available at the time of delivery scored 2.55 portraying with low extent of practice by the respondents. This indicates a significant gap in preparedness as it reflects a broader issue where essential logistical arrangements, such as transportation and blood donation, are not prioritized or understood as vital components of birth preparedness.

The average weighted mean of 2.82 indicates with moderate extent of overall practices of the respondents on birth preparedness and complication readiness. This implies that while some women are aware of and engage in essential practices, many remain underprepared. Enhancing education and access to healthcare resources, especially regarding danger signs and emergency preparedness, is crucial in improving maternal health outcomes. Addressing these gaps can lead to better preparedness and ultimately reduce maternal and neonatal morbidity and mortality.

Significant Difference in the Extent of Influence to Birth Preparedness and Complication Readiness among Childbearing Age Women when Grouped According to Profile of the Respondents

Table 10. Significant Difference on the Extent of Influence to Birth Preparedness and Complication Readiness among Childbearing Age Women as to Knowledge When Grouped According to Profile

Variable	Mean	Computed F-value	P-value	Decision	Interpretation	
Extent of Influence to Birth Preparedness and Complication Readiness among Childbearing Age Women as to Knowledge and Age	18-25	2.90	3.072	0.043	Significant	Reject null hypothesis
	26-32	2.98				
	33-38	3.38				
	Others	3.19				
Extent of Influence to Birth Preparedness and Complication Readiness among Childbearing Age Women as to Knowledge and Civil Status	Single	2.88	0.348	0.709	Not Significant	Failed to reject null hypothesis
	Married	3.07				
	Others	3.06				
Extent of Influence to Birth Preparedness and Complication Readiness among Childbearing Age Women as to Knowledge and Number of Previous Birth	1	2.83	2.434	0.085	Not Significant	Failed to reject null hypothesis
	2	3.00				
	3	3.08				
	4	3.29				
Variable	Mean	Computed T-value	P-value	Decision	Interpretation	
Extent of Influence to Birth Preparedness and Complication Readiness among Childbearing Age Women as to Knowledge and Educational Attainment	Secondary – 3.09	0.821	0.481	Not Significant	Failed to reject null hypothesis	
	Tertiary – 2.97					
Extent of Influence to Birth Preparedness and Complication Readiness among Childbearing Age Women as to Knowledge and Religion	Roman Catholic – 3.01	1.320	0.205	Not Significant	Failed to reject null hypothesis	
	Others – 3.18					

Table 10 shows the test of difference between the extent of influence to birth preparedness and complication readiness among childbearing age women as to knowledge and the profile of the respondents. With regards to the age of the respondents, the statistical analysis conducted revealed that there is a significant difference with a p-value of 0.043 which is less than the threshold of 0.05 level of significance thus rejecting the null hypothesis. This finding aligns with the importance of age in maternal health education, as older women may have had more exposure to health information, either through personal experiences or community resources. In contrast, the other profile variables tested—civil status, number of previous births, educational attainment, and religion—did not show statistically significant differences in their influence on knowledge regarding birth preparedness and complication readiness. The p-values for these variables were 0.709, 0.085, 0.481, and 0.205, respectively, all exceeding the 0.05 significance level. This consistent failure to reject the null hypothesis across these variables suggests that they do not significantly impact the knowledge levels of childbearing-age women in this context. This outcome raises important considerations for public health interventions. For instance, while educational attainment is often assumed to correlate with knowledge about health practices, this study indicates that it may not be a determining factor for birth preparedness in the population studied. This finding is particularly relevant in regions where educational resources may be limited or where cultural beliefs may overshadow formal education.

Table 11. Significant Difference on the Extent of Influence to Birth Preparedness and Complication Readiness among Childbearing Age Women as to Preparation When Grouped According to Profile

Variable	Mean		Computed F-value	P-value	Decision	Interpretation
Extent of Influence to Birth Preparedness and Complication Readiness among Childbearing Age Women as to Preparation and Age	18-25	2.76	10.008	0.000	Significant	Reject null hypothesis
	26-32	3.30				
	33-38	3.29				
	Others	2.92				
Extent of Influence to Birth Preparedness and Complication Readiness among Childbearing Age Women as to Preparation and Civil Status	Single	2.84	0.401	0.374	Not Significant	Failed to reject null hypothesis
	Married	3.02				
	Others	2.98				
Extent of Influence to Birth Preparedness and Complication Readiness among Childbearing Age Women as to Preparation and Number of Previous Births	1	2.83	1.268	0.304	Not Significant	Failed to reject null hypothesis
	2	3.02				
	3	2.93				
	4	3.13				
Variable	Mean		Computed T-value	P-value	Decision	Interpretation
Extent of Influence to Birth Preparedness and Complication Readiness among Childbearing Age Women as to Preparation and Educational Attainment	Secondary –	2.94	0.707	0.487	Not Significant	Failed to reject null hypothesis
	Tertiary –	3.04				
Extent of Influence to Birth Preparedness and Complication Readiness among Childbearing Age Women as to Preparation and Religion	Roman Catholic –	2.92	2.084	0.064	Not Significant	Failed to reject null hypothesis
	Others –	3.21				

Table 11 shows the test of difference between the extent of influence to birth preparedness and complication readiness among childbearing age women as to preparation and the profile of the respondents. The statistical analysis revealed that only the respondents' age has a highly significant difference to the extent of influence as to the preparation of women during pregnancy with a p-value of 0.000 which is less than the significance level of 0.05 thereby rejecting the null hypothesis. This suggests that older women may have more experience or knowledge regarding childbirth, which positively impacts their preparedness and readiness for complications during pregnancy.

On the other hand, other variables such as civil status, number of previous births, educational attainment, and religion show no significant difference with p-values of 0.374, 0.304, 0.487, and 0.064, all of which are above the 0.05 level of significance thus failed to reject the null hypothesis. This suggests that these variables might not be decisive in influencing the birth preparedness and complication readiness of childbearing-age women.

The findings highlight the importance of age as a determinant in childbirth preparedness, suggesting that interventions aimed at improving birth readiness may need to be tailored differently for younger versus older women. For instance, educational programs could be developed to enhance the knowledge and preparedness of younger women, who may lack the experience that older women possess. Furthermore, the lack of significant influence from civil status, previous births, education, and religion indicates that these factors might not be as critical in shaping women's preparedness for childbirth as previously assumed. This could lead to a reevaluation of how resources and educational efforts are allocated in maternal health programs.

Table 12. Significant Difference on the Extent of Influence to Birth Preparedness and Complication Readiness among Childbearing Age Women as to Attitude When Grouped According to Profile

Variable	Mean	Computed F-value	P-value	Decision	Interpretation	
Extent of Influence to Birth Preparedness and Complication Readiness among Childbearing Age Women as to Attitude and Age	18-25	3.24	5.322	0.005	Significant	Reject null hypothesis
	26-32	3.57				
	33-38	3.56				
	Others	3.42				
Extent of Influence to Birth Preparedness and Complication Readiness among Childbearing Age Women as to Attitude and Civil Status	Single	3.25	0.537	0.590	Not Significant	Failed to reject null hypothesis
	Married	3.39				
	Others	3.40				
Extent of Influence to Birth Preparedness and Complication Readiness among Childbearing Age Women as to Attitude and Number of Previous Births	1	3.23	4.893	0.007	Significant	Reject null hypothesis
	2	3.45				
	3	3.23				
	4	3.57				
Variable	Mean	Computed T-value	P-value	Decision	Interpretation	
Extent of Influence to Birth Preparedness and Complication Readiness among Childbearing Age Women as to Attitude and Educational Attainment	Secondary – 3.40	0.528	0.602	Not Significant	Failed to reject null hypothesis	
	Tertiary – 3.35					
Extent of Influence to Birth Preparedness and Complication Readiness among Childbearing Age Women as to Attitude and Religion	Roman Catholic – 3.58	1.219	0.248	Not Significant	Failed to reject null hypothesis	
	Others – 3.48					

Table 12 shows the test of difference between the extent of influence to birth preparedness and complication readiness among childbearing age women as to preparation and the profile of the respondents. The test results unveiled notable insights that age and number of previous births exhibited p-values of 0.005 and 0.007, falling below the standard significance level of 0.05. Consequently, the null hypothesis was rejected indicating its significance in influencing the attitude of childbearing-age women. The relationship between age and birth preparedness is well-documented. Older women tend to demonstrate higher levels of preparedness due to accumulated knowledge and experience from previous births, thus, the age of the respondents greatly influences the attitude toward birth preparedness and complication readiness. Moreover, the number of previous births also plays a crucial role in shaping attitudes towards birth preparedness. Women who have experienced childbirth multiple times are generally more aware of the potential complications and the necessary preparations required.

Conversely, the variables civil status, educational attainment, and religion do not affect nor influence the attitude of the childbearing age women resulting in p-values of 0.590, 0.602, and 0.248, respectively, thereby failing to reject the null hypothesis. It implies that these factors do not significantly influence attitudes toward birth preparedness and complication readiness in this study.

Table 13. Significant Difference on the Extent of Influence to Birth Preparedness and Complication Readiness among Childbearing Age Women as to Practices When Grouped According to Profile

Variable	Mean	Computed F-value	P-value	Decision	Interpretation	
Extent of Influence to Birth Preparedness and Complication Readiness among Childbearing Age Women as to Practices and Age	18-25	2.52	12.532	0.000	Significant	Reject null hypothesis
	26-32	3.09				
	33-38	3.25				
	Others	3.14				
Extent of Influence to Birth Preparedness and Complication Readiness among Childbearing Age Women as to Practices and Civil Status	Single	2.36	2.947	0.068	Not Significant	Failed to reject null hypothesis
	Married	2.94				
	Others	2.84				
Extent of Influence to Birth Preparedness and Complication Readiness among Childbearing Age Women as to Practices and Number of Previous Births	1	2.42	18.332	0.000	Significant	Reject null hypothesis
	2	2.67				
	3	3.03				
	4	3.27				
Variable	Mean	Computed T-value	P-value	Decision	Interpretation	
Extent of Influence to Birth Preparedness and Complication Readiness among Childbearing Age Women as to Practices and Educational Attainment	Secondary – 2.84	0.237	0.815	Not Significant	Failed to reject null hypothesis	
	Tertiary – 2.80					
Extent of Influence to Birth Preparedness and Complication Readiness among Childbearing Age Women as to Practices and Religion	Roman Catholic – 2.76	1.239	0.251	Not Significant	Failed to reject null hypothesis	
	Others – 3.04					

Table 13 shows the test of significant difference between the extent of influence to birth preparedness and complication readiness among childbearing age women as to practices. The table revealed the variables of age and number of previous births were highly significant thus, rejecting the null hypothesis since the p-value of 0.000 is below the significance level of 0.05. The observation signifies that respondents' age and number of previous births play a substantial role that greatly affects the practices of childbearing age women in birth preparedness and complication readiness.

Whereas variables such as civil status, educational attainment, and religion did not demonstrate a statistically significant difference with the practice with p-values of 0.068, 0.815, and 0.251 respectively. This suggests that these sociodemographic factors may not significantly impact the practices of birth preparedness among the studied population.

The extent of influence on birth preparedness and Complication readiness among childbearing-age women

Case Narratives

This study explored the factors influencing birth preparedness and complication readiness among childbearing age in Barangay Bucal, Calamba, Laguna. The following narratives of each participant contained information about them, including background questions that were necessary for the completion of this study.

To protect the participants of these studies, their real names were not used to identify them; instead, the researchers provided code names that were far from their real names. The ten respondents were named Apple, Iris, Grace, Connie, Danica, Ela, Pia, Nicole, Venus, and Michelle.

Participant 1: Apple

Apple was 18 years old at the time the study was conducted. She attained a secondary level of education. She is a Roman Catholic but still single and did not disclose the whereabouts

of the father of the child. She described her pregnancy as unplanned since she was still a minor when she got pregnant and at present, she only has one child.

Participant 2: Iris

Iris was 18 years old at the time the study was conducted. She had completed a secondary level of education. At present, she is living with her partner has only one previous birth and is a Roman Catholic.

Participant 3: Grace

Grace was 33 years old at the time the study was conducted. She is happily married and has three children, 2 girls and 1 boy. She is also a degree holder in Business Administration and a Roman Catholic.

Participant 4: Connie

Connie was 40 years old at the time the study was conducted. She enjoys a blissful marriage with 4 children. She completed secondary education and adhered to the Roman Catholic faith.

Participant 5: Danica

Danica was 20 years old and living with his partner with only 1 number of previous births at the time the study was conducted. She attained a secondary level of education and follows the Roman Catholic religion.

Participant 6: Ela

Ela was 18 years old and living with her partner at the time the study was conducted. She is a high school graduate with 1 child and identifies as Roman Catholic.

Participant 7: Pia

Pia was 20 years old at the time the study was conducted. Her marital status indicated that she was cohabiting with her partner with whom she has one child. She completed secondary education and is Roman Catholic.

Participant 8: Nicole

Nicole was 27 years old at the time the study was conducted. She is in a joyful marriage with 2 children. She is a college graduate, and her religious affiliation is born again.

Participant 9: Venus

Venus was 18 years old at the time the study was conducted. She is living with her partner with 1 child. She has achieved a secondary level of education and follows the Muslim faith.

Participant 10: Michelle

Michelle was 28 years old at the time the study was conducted. She is living with her partner with two children. Also, she is a high school graduate and follows the Roman Catholic faith.

Qualitative Data

This part follows the discussion of the emerging themes that are generated by the interviewers with the participant's data provided, and with the list of statements demonstrated on these themes. The emerging themes yielded in this study are the ones that have predominant themes for each of the aspects of participants.

Qualitative Data Analysis Variable 1 as to Knowledge:

Results of the Interview

Interview Excerpt:

Researchers: *How do you describe your knowledge of key danger signs during your pregnancy?*

Superordinate Theme 1: Precautionary Measures and Health Management

Emerging Theme 1: Health and Safety Concerns

The participants highlight the critical importance of early medical intervention and monitoring during pregnancy to address potential health and safety concerns. Grace emphasizes the urgency of seeking medical care when experiencing severe symptoms like abdominal pain and bleeding, which could indicate serious complications. Pia underscores the broader implications of delayed medical check-ups, suggesting that neglecting early screenings can lead to significant risks for the baby. Meanwhile, Michelle points out that pre-existing conditions such as high blood pressure, heart disease, or diabetes can exacerbate pregnancy-related complications, reinforcing the need for careful management and timely medical attention to ensure both maternal and fetal health.

Response of the Participants:

Grace: When there is abdominal pain and it is accompanied by bleeding, it is necessary to seek medical attention immediately.

(“Kapag sumasakit na ang puso at dinudugo kailangan na magpacheck up agad.”)

Pia: They say that if you don’t get checked early, many potential issues could arise for the baby.

(“Sabi pag hindi ka daw nagpacheck up ng maaga marami daw na posibleng mangyari sa baby.”)

Michelle: Having high blood pressure, heart disease, or diabetes can be dangerous during pregnancy.

(“Highblood, pag may sakit sa puso at pag diabetic ka delikado pag nagbubuntis.”)

Emerging Theme 2: Nutritional and Lifestyle Adjustments

The responses revealed a shared understanding of the crucial role of nutritional and lifestyle adjustments in maintaining health during pregnancy. Iris highlights a personal experience where reducing food intake was a strategy to manage weight gain, suggesting that dietary modifications are essential for health management. Connie expands on this by emphasizing a broader set of restrictions and recommendations, including avoiding unhealthy habits like junk food, smoking, and alcohol, while also stressing the importance of balanced nutrition and adequate rest. Together, these perspectives underscore the necessity of adopting healthier eating habits and lifestyle choices to support both maternal well-being and fetal development.

Response of the Participants:

Iris: There was nothing except that I ate a lot and then I was too fat, I just cut back on food for a few months.

(“Wala naman bukod sa madami akong kumain tapos sumobrang taba ako pinagbawas lang ako ng kain nun mga ilan buwan na.”)

Connie: There are many restrictions, such as avoiding junk food, smoking, and drinking alcohol. You also need to eat nutritious foods. Sometimes, it's important not to overexert yourself or stay up too late, as your health also affects your baby.

(“Maraming bawal katulad ng pagkain ng mga junk foods, bawal din ang magsigarilyo at mag inom ng alak at kailangan kakain ka ng mga masusustansiyang pagkain, minsan bawal din mapagod pati na rin magpuyat kasi health din yan ng baby mo.”)

Emerging Theme 3: Medical Monitoring and Advice

The participants pointed out the importance of vigilant medical monitoring and seeking professional advice during pregnancy. Nicole underscores the necessity of prompt medical evaluation when experiencing symptoms such as spotting, indicating that immediate attention is crucial for potential complications. In contrast, Venus's experience reflects a more routine aspect of pregnancy where common symptoms like morning sickness are often deemed normal. Together, these perspectives suggest a nuanced approach to medical advice: while some symptoms warrant immediate and serious medical consultation, others may be considered normal but still require reassurance and monitoring to ensure overall health and safety.

Response of the Participants:

Nicole: If you experience spotting, you need to get checked right away.

(“Pag nagka-spot ka kailangan magpachek up kana agad.”)

Venus: The only thing I knew during my pregnancy was that I had morning sickness, but they said it was normal.

(“Ang alam ko lang ng time na nagbuntis ako nagkaroon ako ng morning sickness pero sabi nila normal lang daw yun.”)

Superordinate Theme 2: Pregnancy-Related Physical Discomforts

Emerging Theme 1: Physical Symptoms

Some of the respondents have common experiences of physical symptoms during pregnancy that include dizziness, headaches, and morning sickness. Apple mentions a combination of dizziness, morning sickness, and fatigue, indicating a general sense of physical discomfort and exhaustion. Danica's experience is more focused on headaches, suggesting that this symptom can also be a significant issue. Ela's account aligns with Apple's, as she also reports dizziness and headaches along with morning sickness and heightened sensitivity to certain smells, which further complicates her ability to eat. Together, these responses highlight that dizziness,

headaches, and morning sickness are prevalent and challenging symptoms during pregnancy, impacting daily functioning and overall well-being.

Response of the Participants:

Apple: I'm always dizzy and then have morning sickness and get tired quickly.

("Nahihilo lang palagi tapos nag morning sickness at mabilis mapagod.")

Danica: I just have a headache.

("Nasakit lang ulo ko.")

Ela: I'm just feeling dizzy and have a headache, and I've been vomiting in the morning, so it's hard to eat and I can't stand the smell of garlic at that time.

("Nahihilo lang at masakit ang ulo tapos nagsusuka sa umaga kaya ang hirap kumain at ayoko ng amoy ng bawang ng time na yon.")

Researchers: *How about your knowledge of key danger signs during labor and delivery?*

Superordinate Theme 1: Managing Pregnancy-Related Emergencies

Emerging Theme 1: Emergency Symptoms and Actions

Participants agree that symptoms such as vaginal bleeding, shortness of breath, and the breaking of the amniotic sac are serious and necessitate immediate medical attention. Apple expresses concern about vaginal bleeding and shortness of breath and acknowledges a lack of familiarity with convulsions, implying a need for clear guidance on various emergency signs. Grace, Nicole, and Michelle all emphasize that if the amniotic sac breaks or there is heavy bleeding, it is crucial to seek prompt medical care, whether by going to the hospital or contacting an OB, to ensure both maternal and fetal safety. This unified view highlights the importance of recognizing and responding quickly to severe symptoms to manage potential complications effectively.

Response of the Participants:

Apple: Vaginal bleeding and shortness of breath are concerning, and I'm not familiar with convulsions; I thought they were only related to fever.

("Vaginal Bleeding and shortness of breath yun convulsion hindi ako familiar dun akala ko sa lagnat lang yun.")

Grace: If your amniotic sac breaks and there's bleeding, you need to go to the hospital immediately.

("Pag pumutok na panubigan na may kasamang dugo kailangan dalhin na agad sa hospital.")

Nicole: If you have heavy bleeding and your amniotic sac breaks, you need to go to the hospital or see your OB immediately.

("Sobrang lakas ng dugo tapos pag pumutok na panubigan mo kailangan pumunta kana agad sa hospital or sa OB mo.")

Michelle: If you experience bleeding and your amniotic sac breaks, you need to go to the hospital immediately.

(“Pag dinugo ka at pinutukan ng panubigan kailangan pumunta na agad sa hospital.)

Superordinate Theme 2: Understanding and Mitigating Health Risks

Emerging Theme 1: Health and Risks and Conditions

The participants emphasized the balance between medical needs and practical considerations. Iris's comment reflects a concern about the potential development of high blood pressure due to weight gain, illustrating a common risk associated with pregnancy that requires monitoring. Pia's experience reveals a situation where she was advised to undergo a blood transfusion due to low blood levels, but financial constraints led her to consider medication as a more feasible option, prioritizing budgetary limitations over immediate medical recommendations.

Response of the Participants:

Iris: I was told that I might develop high blood pressure because I've gained weight.

(“Sabi sa akin pwede daw ako magkahighblood dahil nga tumaba ako.”)

Pia: They said I'm low on blood and that I need a transfusion, but my husband suggested that, if possible, I should just take medication instead because, first and foremost, our money is only enough for the delivery.

(“Kulang daw kasi sa dugo kaya sasalinan daw ako eh sabi ng asawa ko kung pwede daw ay iinom na lang ako ng gamot kasi unang una sapat lang naman ang pera namin sa panganganak ko.”)

Superordinate Theme 3: Delivery Methods and Factors

Emerging Theme 1: Delivery Types and Considerations

Connie's experience illustrates that delivery decisions are influenced by various factors, such as the progression of labor and the mother's health conditions. While she had normal deliveries for her first three children, her age and asthma led to a C-section for her most recent birth, highlighting how medical considerations and personal health history can dictate the choice between a vaginal birth and a cesarean section. This response emphasizes the need for flexibility and medical evaluation in planning the delivery method to ensure the safety and well-being of both mother and baby.

Response of the Participants

Connie: The type of delivery depends on whether it's a normal labor or a C-section. For my first through third children, I had normal deliveries, but for my last one, I had a C-section because I was older and also had asthma.

(“Sa panganganak depende kung normal labor or CS dun kasi sa una hanggang sa ikatlo kong anak normal pero dito sa huli ay CS ako dahil Narin sa may edad ako at may hika din kasi ako.”)

Superordinate Theme 4: Awareness and Perceptions of Pregnancy Risks

Emerging Theme 4: General Uncertainty and Risk Perception

The participants reveal a sense of uncertainty and apprehension surrounding childbirth and pregnancy risks. Danica's mention of traditional beliefs about the dangers of childbirth reflects a cultural perspective that emphasizes the inherent risks of delivery. Ela's response indicates a

general awareness of the risks associated with pregnancy but acknowledges a lack of detailed knowledge, contributing to her uncertainty. Venus's lack of familiarity with specific conditions like convulsions and eclampsia further underscores the widespread uncertainty about potential pregnancy complications.

Response of the Participants:

Danica: They say it's dangerous to give birth, and that one foot is already in the grave, according to the elders—haha.

(“Delikado kapag manganganak sabi ng matatanda yun isang paa daw nasa hukayahaha.”)

Ela: I don't know much about it yet, but they say pregnancy is risky, especially when it's time to give birth.

(“Wala pa ako masyadong alam tungkol dun basta sabi nila delikado lang daw ang pagbubuntis lalo pag manganganak na daw.”)

Venus: I don't know much about convulsions and eclampsia.

(“Yun convulsion at eclampsia hindi ko masyado alam yun.”)

Researchers: Have you experienced any key danger signs *during the postpartum period?*

Superordinate Theme 1: Experiencing and Managing Physical Symptoms

Emerging Theme 1: Common Physical Symptoms

The responses highlight a range of common physical symptoms experienced during pregnancy, with dizziness, headaches, and breathing difficulties being frequently reported. Apple's uncertainty about her headache contrasts with Iris's and Danica's more specific experiences of dizziness, which Iris attributes to exhaustion and Danica simply describes. Connie's difficulty breathing due to asthma adds another layer of complexity to managing physical symptoms. Pia notes paleness, which she was reassured is normal, while Venus connects her dizziness and fever to a cold. Together, these responses reflect the varied and often overlapping physical challenges faced during pregnancy, indicating a need for clear guidance and support to address and manage these common symptoms effectively.

Response of the Participants:

Apple: I just have a headache, and I don't know why it hurts.

(“Masakit lang ulo ko hindi ko din alam kung bakit nasakit.”)

Iris: I often feel dizzy, probably due to exhaustion.

(“Yun lang madalas ako mahilo siguro sa pagod.”)

Connie: Nothing else, except that I have difficulty breathing due to my asthma.

(“Wala naman bukod dun nga sa nahihirapan ako huminga dahil sa hika ko.”)

Danica: I'm just feeling dizzy.

(“Nahihilo lang ako.”)

Pia: There's nothing else, except that I'm pale, but they said that's normal.

(“Wala naman bukod sa maputla lang ako pero normal lang daw yun.”)

Venus: I’m feeling dizzy, and I remember I had a fever, probably due to my cold.

(“Nahihilo tapos tanda ko nagkalagnat ako gawa ata ng sipon ko.”)

Superordinate Theme 2: Health Concerns and Medical History **Emerging Theme 1: Perceived Health Issues and Responses**

Ela's primary concern is morning sickness, which has led to weight loss. Ela's focus on this symptom suggests that it was a significant concern for her, impacting her physical health and possibly her overall well-being. Michelle's mention of high blood pressure, even if only once, indicates the potential seriousness of such health issues during pregnancy. It highlights the importance of monitoring and managing conditions that can affect maternal and fetal health.

Response of the Participants

Ela: There's nothing else; I just lost weight because of morning sickness.

(“Wala naman namayat lang ako kasi nag morning sickness ako.”)

Michelle: I had high blood pressure, but it was only one time.

(“Tinaasan lang ako ng dugo pero isang beses lang.”)

Superordinate Theme 3: Precautionary Practices for Safety

Emerging Theme 1: Precautionary Measures and Safety

Nicole's response highlights the significance of taking precautionary measures and adhering to safety guidelines during pregnancy to protect both maternal and fetal health. By stating that she was very careful and avoided all restrictions, Nicole underscores her commitment to following recommended practices to mitigate risks and ensure a safe pregnancy.

Response of the Participants:

Nicole: There's nothing else; I was very careful during my pregnancy and avoided all the restrictions because I wanted to ensure both my baby's and my safety.

(“Wala naman kasi naging maalaga naman ako during my pregnancy lahat ng bawal talagang iniwasan ko kasi para sa safe naming mag ina.”)

Superordinate Theme 4: Monitoring for Complications

Emerging Theme 1: Absence of Key Danger Signs

Grace reassured the absence of key danger signs during her pregnancy, suggesting that she has not encountered any significant or alarming symptoms that typically warrant concern. This indicates that, from her perspective, her pregnancy has progressed without the major complications or critical warning signs that might prompt urgent medical intervention.

Response of the Participants:

Grace: I haven't experienced any key danger signs.

(“Hindi ako naka experienced.”)

Table 14. Superordinate and Emerging Themes in Knowledge

Superordinate Themes	Emerging Themes
Knowledge	
Precautionary Measures and Health Management Pregnancy-Related Physical Discomforts	<ul style="list-style-type: none"> ● Health and Safety Concerns ● Nutritional and Lifestyle Adjustments ● Medical Monitoring and Advice ● Physical Symptoms
Managing Pregnancy-Related Emergencies Understanding and Mitigating Health Risks Delivery Methods and Factors Awareness and Perception of Pregnancy Risks	<ul style="list-style-type: none"> ● Emergency Symptoms and Actions ● Health Risks and Conditions ● Delivery Types and Considerations ● General Uncertainty and Risk Perception
Experiencing and Managing Physical Symptoms Health Concerns and Medical History Precautionary Practices for Safety Monitoring for Complications	<ul style="list-style-type: none"> ● Common Physical Symptoms ● Perceived Health Issues and Responses ● Precautionary Measures and Safety ● Absence of Key Danger Signs

Qualitative Data Analysis Variable 2 as to Preparation:

Results of the Interview

Interview Excerpt:

Researchers: *Could you describe the steps or preparations you have made in anticipation of childbirth?*

Superordinate Theme 1: Healthcare Management/ Financial Readiness

Emerging Theme 1: Regular Medical Check-Ups/ Financial Preparation

The collective responses of the participants underscore the dual importance of regular medical check-ups and financial preparation in ensuring a smooth and well-managed pregnancy. Participants consistently emphasize the necessity of routine check-ups to monitor health and address any issues promptly, reflecting a shared understanding of their critical role in pregnancy care. Additionally, many responses highlight the importance of financial readiness, with several participants noting the need to save money to cover childbirth expenses and other related costs. This combined focus on both proactive health management and financial planning illustrates a comprehensive approach to preparing for and navigating the challenges of pregnancy, aiming to ensure both maternal and fetal well-being while managing the financial aspects effectively.

Iris: Regular check-ups.

(“Pacheck up palagi.”)

Connie: Number one is to always get regular check-ups, be prepared, and ensure that your family, especially your spouse, is always supportive.

(“Number 1 talaga ay lagi kang magpapacheck up dapat pati handa ka at lagi nakasuporta ang pamilya mo lalo na ang asawa mo.”)

Ela: Always get check-ups at the center.

(“Pacheck up palagi sa center.”)

Pia: Get check-ups and save money.

(“Check-up tapos ng ipon ng pera.”)

Nicole: Consistent check-ups and financially prepared.

(“Regular check-up at financially prepared.”)

Grace: I've started setting up the baby's things, and the most important thing is that you need to have some savings.

(“Nag andar na ako ng mga gamit ng bata at yun pinakamahalaga ay kailnagan may ipon kang pera.”)

Danica: Get regular check-ups and save money.

(“Pacheck up at ipon ng pera.”)

Michelle: Check-ups and, most importantly, having savings.

(“Check-ups and, most importantly, having savings.”)

Apple: I regularly go for check-ups at our center and, as much as I can, I'm saving money for childbirth.

(“Nagpapacheck up ako palagi sa center namin tapos nag-iipon kahit papaano ng perang pampaanak.”)

Venus: We're saving money and getting check-ups at the center.

(“Nag-iipon kami ng pera nun boyfriend ko at nagpapacheck up sa center.”)

Researchers: *How did you decide on the place of delivery (home, lying-in, hospital, etc.)?*

Superordinate Theme 1: Hospital Selection Factors

Emerging Theme 1: Proximity and Affordability of the Hospital

Participants consistently emphasize that the nearest hospital, JP Hospital, is favored not only for its convenience due to its close location but also for its cost-effectiveness. This suggests that easy access to a nearby facility and the financial feasibility of its services are key factors in

making decisions about where to give birth, reflecting a practical approach to managing the logistics and expenses associated with maternity care.

Apple: The JP Hospital here is the nearest facility where I can give birth, and it has minimal costs.

(“Hospital dito sa JP hospital pinakamalapit na hospital na pwede akong manganak wala masyadong babayaran.”)

Iris: The hospital at JP is nearby and affordable.

(“Hospital dyan sa JP malapit at mura.”)

Pia: The hospital is close by and affordable.

(“Hospital malapit at mura.”)

Emerging Theme 2: Hospital Choice Based on Healthcare Providers and Facilities

The participants underscore that hospital choice during childbirth is significantly influenced by the availability of trusted healthcare providers and the quality of facilities. Grace and Nicole both highlight that their decision to give birth at a particular hospital was driven by the presence of their obstetrician, reflecting the importance of having familiar and trusted medical professionals. Connie’s choice was also influenced by financial considerations, specifically the benefits provided by her husband's SSS and PhilHealth, indicating that insurance coverage plays a crucial role in hospital selection. Michelle’s preference for a hospital with complete facilities emphasizes the importance of having access to comprehensive medical resources. Together, these responses reveal that the choice of hospital is often a multi-faceted decision involving both personal healthcare relationships and practical considerations regarding medical resources and financial support.

Grace: I gave birth at the hospital because my OB was there.

(“Sa hospital ako nanganak kase nandoon ang OB ko.”)

Connie: I gave birth at the hospital because my husband has SSS and PhilHealth.

(“Hospital ako kasi may SSS at Philhealth asawa ko.”)

Nicole: I chose the hospital because, first and foremost, my OB was there.

(“Hospital kasi unang una nandoon ang OB ko.”)

Michelle: I went to the hospital because they have complete facilities there.

(“Hospital kasi kumpleto yun facility nila doon.”)

Superordinate Theme 2: Constraints and Preferences in Birth Settings

Emerging Theme 1: Constraints on Birth Locations

Ela's response highlights a significant constraint on birth locations, emphasizing that regulatory or institutional restrictions can limit choices for where to give birth. The prohibition of home births in her case led to the necessity of delivering in a hospital, reflecting how external constraints—such as healthcare policies or legal requirements—can influence and restrict personal birth preferences.

Ela: They said home births are not allowed, so I had to go to the hospital.

(“Hospital bawal daw kasi sa bahay.”)

Emerging Theme 2: Hospital vs. Other Facilities

Danica's and Venus's responses reveal a preference for different types of facilities for childbirth. Danica's choice of a hospital suggests a preference for the comprehensive medical resources and support typically available in such institutions, which are often associated with higher levels of care and emergency readiness. In contrast, Venus's choice of a center indicates a preference for alternative facilities that may offer a different approach to maternity care, potentially focusing on more personalized or less intensive services.

Danica: In hospital.

(“Sa ospital.”)

Venus: Center.

(“Center.”)

Researchers: *What factors influenced your decision on where to give birth?*

Superordinate Theme 1: Practical Considerations in Hospital Selection

Emerging Theme 1: Affordability and Proximity

Participants consistently emphasize the significance of affordability and proximity in their healthcare decisions. The recurrent mention of cost and convenience highlights a shared concern for accessible and economical healthcare options. For instance, Apple, Iris, Danica, Ela, Pia, and Venus all point out that the local public hospital, JP Hospital, is both financially manageable and conveniently located, suggesting that these factors are crucial in their choices. The responses collectively underscore that while private healthcare might be out of reach for some, the public hospital provides a viable and preferred alternative due to its affordability and proximity.

Apple: It's just my mother with me, and I don't know much about it. Plus, it's affordable and close by.

(“Nanay ko lang wala din naman kasi akong alam saka yan ang mura at malapit.”)

Iris: That's because it's close by and affordable.

(“Yun kasi ang malapit at mura.”)

Danica: Financially, it's more affordable.

(“Financially mas mura.”)

Ela: That's affordable because the hospital at JP is public.

(“Yun ang mura sa hospital dyan sa JP public kasi yun.”)

Pia: Of course, you need money for a private hospital, but we can afford JP Hospital because it's public.

(Siyempre kailangan ng pera pag sa private pero pag sa JP hospital kaya namin kasi public.”)

Venus: It's closer and more affordable.

(“Mas malapit at mas mura.”)

Superordinate Theme 2: Quality of Care and Facilities

Emerging Theme 1: Hospital Facilities and Care Quality

The participants reveal a strong emphasis on the importance of hospital facilities and care quality in their decision-making process. Grace highlights the necessity of comprehensive facilities as recommended by her OB, suggesting that having access to a full range of medical resources is crucial for managing potential issues. Connie notes that financial resources enable the choice of private hospitals, that offer more personalized care, indicating a preference for tailored services when affordability is not a concern. Nicole underscores the value of having her OB present and the importance of immediate access to complete facilities for both safety and effective emergency care. Michelle adds that the combination of complete facilities and affordability influences her positive perception of the hospital. Overall, the participants prioritize comprehensive, accessible, and affordable care when selecting hospital services.

Grace: Our decision, along with my OB's recommendation, was to choose that hospital so that if any issues arise, they have complete facilities.

(“Ang OB ko pati desisyon naming mag asawa para kung magkaroon man ng problema kumpleto ang facility dun.”)

Connie: Of course, if you have the money, you can opt for a private hospital where you receive more personalized care.

(“Syempre pera kung may pera ka din naman sa private hospital ka alagang alaga ka.”)

Nicole: For the safety of both me and my baby, it's important to have my OB there. I'll receive proper care, and if any emergencies arise, they can handle them immediately because their facilities are complete.

(“Para sa safety naming mag ina aside from that andoon kasi ang OB ko maalagaan ako ng maayos at kung magkaroon man ng emergency magagawan agad ng paraan at kumpleto ang kanilang facility.”)

Michelle: Their facilities are complete and also affordable.

(“Kumpleto yun facility nila mura din.”)

Table 15. Superordinate and Emerging Themes in Preparation

Superordinate Themes	Emerging Themes
Preparation	
Healthcare Management Financial Readiness	<ul style="list-style-type: none"> ● Regular Medical Check-Ups ● Financial Preparation
Hospital Selection Factors Constraints and Preferences in Birth Settings	<ul style="list-style-type: none"> ● Proximity and Affordability of the Hospital ● Hospital Choice Based on Healthcare Providers and Facilities ● Constraints on Birth Locations ● Hospital vs. Other Facilities
Practical Considerations in Hospital Selection Quality of Care and Facilities	<ul style="list-style-type: none"> ● Affordability and Proximity ● Hospital Facilities and Care Quality

Qualitative Data Analysis Variable 3 as to Attitude:

Results of the Interview

Interview Excerpt:

Researchers: *How important do you think it is to be prepared for childbirth and potential complications?*

Superordinate Theme 1: Essential Health Practices

Emerging Theme 1: Importance of Regular Check-Ups

The participants underscore the critical importance of regular check-ups from multiple perspectives. They highlight that these health visits are not only a family tradition or cultural expectation, as noted by Apple, but also provide practical benefits such as free vaccinations that enhance safety, as Danica mentioned. Pia's response supports the routine necessity of check-ups, while Nicole emphasizes a holistic approach to health, integrating check-ups with vitamins, exercise, and a balanced diet. Venus echoes the connection between check-ups and vitamins, and Michelle stresses the proactive role of check-ups in identifying and managing potential health issues. Together, these views illustrate a comprehensive appreciation of regular check-ups as essential for maintaining overall health and well-being.

Apple: It's important to go to the health center, and that's something my parents also emphasize.

(“Importante kaya mahalaga din na pumunta sa health center tapos yun din sinasabi din ng magulang ko.”)

Danica: It's important to always get check-ups because, first of all, the vaccinations are free there, which helps ensure the baby's safety.

("Importante lagi kang magpacheck up kasi unang una libre ang bakuna dun pati para safe si baby.")

Pia: It's important, so you should always get check-ups.

("Mahalaga kaya dapat lagi magpacheck up.")

Nicole: It's very important for the safety of both you and your baby. Regular check-ups are essential, along with taking vitamins, exercising, and maintaining a balanced diet.

("Very important kasi yun safe ninyong mag ina kaya dapat andun yun regular checkup at magtake ng vitamins as well as mag exercise at balance diet.")

Venus: It's important to get check-ups and take vitamins.

("Mahalaga magpacheck up at inom ng vitamins.")

Michelle: It's important to get check-ups so you can be aware of potential issues for both you and the baby.

("Mahalaga na nagpapacheck up para alam mo yun mga pwede mangyari sayo at sa bata.")

Superordinate Theme 2: Preparation for Safe Outcomes

Emerging Theme 1: Preparation and Safety

The participants highlight that preparation and safety are crucial aspects of managing health and well-being. Grace emphasizes the need for both mental and physical readiness to handle any potential challenges, while Connie underscores that thorough preparation translates into enhanced safety for the baby. Ela reinforces this by affirming that preparation ensures the safety of both the individual and the baby. Together, their responses reflect a shared understanding that being well-prepared is fundamental to safeguarding oneself and one's baby, ensuring a secure and stable environment.

Grace: This is very important because you need to be mentally and physically prepared for whatever may happen.

("Napakahalaga nito dahil kailangan mentally at physically prepared ka sa kung ano man ang mangyari sayo.")

Connie: When you're prepared, you can be assured that your baby will be safe as well.

("Pag handa ka assured ka na ligtas din ang anak mo.")

Ela: It's important because it ensures both you and your baby are safe.

("Mahalaga kasi para safe kayo ng baby.")

Superordinate Theme 3: Personal Experience with Health Management

Emerging Theme 1: Positive Outcomes and Personal Experience

Iris's experience reflects a generally smooth journey with a notable observation. Her weight gain, while a common concern, was accompanied by reassurance from the healthy growth of her baby, highlighting a key aspect of positive personal experiences during pregnancy. The absence of complications during childbirth further reinforces a favorable outcome, suggesting that despite typical challenges, her overall experience was marked by stability and success.

Iris: The only issue I had was that I gained weight, but it's nice to see that my baby was also growing well. I didn't encounter any problems when I gave birth.

("Ang alam ko lang nagiging problema ko ay naging mataba lang ako pero nakakatuwa ang laki din ng baby ko wala naman naging problema noon nanganak ako.")

Researchers: *How confident do you feel in your ability to handle any complications that may arise during childbirth?*

Superordinate Theme 1: Confidence and Preparedness

Emerging Theme 1: Confidence in Preparedness and Health

The participants convey a strong sense of confidence in their preparedness and health. Apple feels reassured by positive experiences shared among peers, while Iris and Ela both emphasize their trust in their health management due to regular check-ups. Danica highlights her confidence stemming from being up to date on vaccinations. Pia and Venus also express confidence, attributing it to their low illness susceptibility and consistent attendance at health appointments. Overall, their responses reflect a shared assurance in their preparedness and health due to proactive health practices and positive personal experiences.

Apple: Everything is fine. I also have friends around my age, and their childbirth experiences have been okay.

("Ok naman. May mga kaibigan din naman ako na kasing edad ko ok naman yun panganganak nila.")

Iris: Everything is fine. I'm regularly getting check-ups, so it's all good.

("Ok lang ayos lang nagpapacheck up naman ako palagi.")

Danica: I have all my vaccinations, so I know I'm safe.

("Kumpleto bakuna ko kaya alam kong safe ako.")

Ela: I'm confident because I get regular check-ups.

("Confident ako kasi nagpapacheck up ako palagi.")

Pia: Because I'm not prone to illness, and I always attend my appointments at the center.

("Kasi hindi naman ako sakitin isa pa lagi ako na attend sa center.")

Venus: I'm not prone to illness, so I can handle it.

("Hindi naman ako sakitin kaya kayang kaya ko yun.")

Superordinate Theme 2: Support Systems and Emotional Support

Emerging Theme 1: Support Systems, Faith and Belief

The participants emphasize the role of support systems, faith, and belief in navigating childbirth and related challenges. Grace and Connie highlight their reliance on spiritual faith and prayer for a smooth and prepared experience. Nicole acknowledges the presence of fear but underscores the importance of both family support and divine guidance through prayer, alongside professional assistance from her OB. Michelle similarly expresses that, despite fear, ongoing prayer provides reassurance and a sense of divine support. Together, their responses illustrate a shared understanding that faith, prayer, and supportive relationships are integral to managing fears and ensuring a positive experience during childbirth.

Grace: I believe I can handle this well, and I've prayed for a smooth childbirth.

("Naniniwala akong mahahandle ko ito ng maayos at dahil pinagdasal ko na maging maayos ang panganganak ko.")

Connie: You chose to get pregnant, so you should be prepared for everything and not forget to call on the Lord.

("Ginusto mong magbuntis kaya dapat handa ka sa lahat ng bagay at huwag makakalimot tumawag sa Panginoon.")

Nicole: There is still fear, but with the help of my family and, of course, my OB. Most importantly, you need to pray to the Lord to guide you during labor, as He is the one who truly knows.

("May fear pa rin pero with the help of my family and of course yun OB ko pero most important kailangan magdasal ka sa Panginoon na iguide ka during labor siya kasi ang may alam.")

Michelle: It's scary but just keep praying; the Lord will not abandon you.
("Nakakatakot pero palagi ka lang magdasal hindi ka pababayaan ng Panginoon.")

Researchers: *What are your thoughts on seeking antenatal care during pregnancy?*

Superordinate Theme 1: Comprehensive Healthcare Management

Emerging Theme 1: Regular Health Center Visits

Based on the participant's answers, it emphasized the necessity of regular health center visits as a fundamental aspect of maintaining both the baby's health and overall well-being. Apple and Iris both stress the importance of consistent attendance for ensuring the baby's continued health, while Danica highlights the value of these visits in accessing essential vaccinations. Their responses collectively underscore a shared understanding that regular check-ups and vaccinations at the health center are crucial for proactive health management and safeguarding the baby's health.

Apple: You need to regularly attend the health center for check-ups to ensure the baby stays healthy.

(“Kailangan nga lagi aattend sa health center para makapagpacheck up para na din maging healthy si baby.”)

Iris: Of course, you need to go to the health center regularly for the baby.

(“Syempre kailangan pumunta lag isa center para sa baby.”)

Danica: Attend the center and get all your vaccinations there.

(“Attend sa center at kumpleto ang bakuna dun.”)

Emerging Theme 2: Provision of Free Vaccines and Vitamins

The respondents collectively underscore the significant benefit of free vaccines and vitamins provided at health centers. Pia highlights the dual importance of these resources for the baby's health, emphasizing that they are available at no cost. Venus echoes this by noting that health centers offer crucial support through the provision of free vaccines and vitamins. Together, their responses reflect a shared recognition of the valuable role these free services play in supporting the health and well-being of both the baby and the family.

Pia: It's important for the baby, and also, the vitamins and vaccines are free.

(“Mahalaga para sa baby pati yun nga libre ang vitamins at bakuna.”)

Venus: At the center, they help by providing free vaccines and vitamins as well.

(“Pag sa center kasi nakakatulong sila, may libre bakuna at vitamins pa.”)

Superordinate Theme 2: Health Monitoring and Management

Emerging Theme 1: Importance of Monitoring Health

The participants highlighted a shared recognition of the critical role that regular health monitoring plays, particularly during pregnancy. Grace emphasizes the necessity of tracking the baby's condition in utero, highlighting the importance of continuous observation for maternal and fetal well-being. Nicole supports this view by stressing the value of regular check-ups for ongoing assessment of both the mother's and baby's health. Michelle adds that these check-ups not only facilitate monitoring but also provide additional benefits such as free vaccines, vitamins, and the maintenance of a health record at the medical center.

Grace: It's important during pregnancy to monitor the baby's condition while they are still in the womb.

(“Mahalaga during pregnancy para malaman kung ano kalagyan ng baby habang nsa tiyan palang siya.”)

Nicole: It's important to have regular check-ups so that both you and your baby's condition can be monitored.

(“Mahalaga na lagi kang may regular check-up para namomonitor yun condition ninyong mag ina.”)

Michelle: Check-ups are important because they allow for monitoring of the baby's condition. Additionally, you get free vaccines and vitamins, and having a record at the center is also crucial.

(“Mahalaga ang check-up unang una namonitor si baby tapos libre pa bakuna at vitamins mahalaga pati may record sa center.”)

Emerging Theme 2: Value of Knowledge and Records

Connie emphasizes that gaining knowledge about the baby's condition and keeping a detailed record are essential for understanding the baby's background and ensuring proper care. Ela reinforces the importance of regular check-ups not only for health monitoring but also for establishing a comprehensive record, which is often required by hospitals before admission for delivery. Together, their responses reflect a consensus on the necessity of both informed understanding and documented medical history in facilitating effective prenatal care and ensuring smooth hospital procedures.

Connie: It's important to gain knowledge to keep the baby well and also to have a record. This way, you know the background while the baby is still in the womb.

(“Importante yun para magkaroon ng kaalaman para mapanatiling maayos si baby saka importante din yun may record. Kasi alam kung anong background habang pinagbubuntis pa si baby.”)

Ela: You should always get check-ups to have a record as well. It's important to have a record before giving birth because hospitals usually require it before admitting you for delivery.

(“Dapat laging nagpapacheck up para may record na din. Importante kasi yun may record bago manganak. Karaniwan kasi hinihingian ng record sa ospital bago i-admit pag manganak na.”)

Table 16. Superordinate and Emerging Themes in Attitude

Superordinate Themes	Emerging Themes
Attitude	
Essential Health Practices Preparation for Safe Outcomes Personal Experience with Health Management	<ul style="list-style-type: none"> ● Importance of Regular Check-Ups ● Preparation and Safety ● Positive Outcomes and Personal Experience
Confidence and Preparation Faith and Spirituality	<ul style="list-style-type: none"> ● Confidence in Preparedness and Health ● Role of Faith and Spiritual Belief

Utilization of Health Center Services Health Monitoring Management	<ul style="list-style-type: none"> ● Regular Health Center Visits ● Provision of Free Vaccines and Vitamins ● Importance of Monitoring Health ● Value of Knowledge and Records
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Qualitative Data Analysis Variable 4 as to Practices:

Results of the Interview

Interview Excerpt:

Researchers: *How do you ensure you are prepared for childbirth and potential complications*

Superordinate Theme 1: Adhering to Guidance and Instructions

Emerging Theme 1: Following Professional and Personal Advice

The responses from participants reveal a strong consensus on the importance of adhering to professional and personal advice during pregnancy. Participants uniformly emphasize the value of following guidance from healthcare professionals such as midwives and doctors, as well as personal advice from family members, to ensure the health and safety of both mother and baby. It highlights a shared belief in the efficacy of expert recommendations and the role of personal support systems in navigating pregnancy-related decisions and practices.

Apple: I follow the advice of the midwife at the center, as well as my mother's advice.

(“Sinusunod ko ang sabi ng midwife sa center pati narin sabi ng nanay ko.”)

Connie: You should take care with your check-ups and follow your doctor's advice to ensure that both you and your baby stay healthy and safe.

(“Dapat alaga ka sa check-up susundin m mga bilin ng doctor mo para maging healthy at ligtas kayong mag ina.”)

Danica: Just follow the midwife's advice and eat healthy foods.

(“Sundin mo lang yun sabi ng midwife tapos eat healthy foods.”)

Ela: The center guides to ensure safety during childbirth and pregnancy.

(“May mga tinuturo sa center para daw maging safe pag manganganak at pag buntis.”)

Pia: Just follow the instructions given at the center.

(“Sundin lang yun mga sinabi sa center.”)

Venus: I followed the advice given in the center and avoided the forbidden things during pregnancy to prevent complications.

(“Sinunod ko yun mga sinabi sa center pati mga bawal pag buntis para maiwasan ang komplikasyon.”)

Michelle: Just follow what the doctor and midwife say.

(“Sundin mo lang sinasabi ng doctor at midwife.”)

Emerging Theme 2: Managing Health and Awareness

The participants' responses reveal their approach to handling their health. Iris's perspective suggests a sense of reassurance based on her current lack of significant symptoms, attributing her mild dizziness to common factors like tiredness and sleep deprivation. In contrast, Grace actively seeks out information on potential health issues through YouTube videos, indicating a proactive strategy to stay informed and prepared. It implies a blend of personal reassurance and proactive vigilance in managing health and awareness.

Iris: I feel like I won't have any problems since I'm not experiencing anything aside from feeling dizzy, which I think is probably due to tiredness and lack of sleep.

(“Feeling ko naman wala naman akong magiging problema wala naman akong nararamdaman bukod dun sa nahihilo ako pero siguro gawa ng pagod at puyat ako.”)

Grace: I watch YouTube videos of people experiencing complications to stay aware of potential issues, and I always remind myself to stay calm and keep my spirits up.

(“Nanonood ako sa youtube ng mga nakakaexperience ng mga komplikasyon para maging aware ako sa mga possible na pwede mangyari at lagi kong niremind sarili ko na dapat kalma lng at lakasan ko loob ko.”)

Superordinate Theme 2: Holistic Preparation for Pregnancy

Emerging Theme 1: Comprehensive Preparation

Nicole emphasizes that effective preparation involves not just financial planning but also mental and physical readiness. This illustrates that being well-prepared requires balancing practical concerns with proactive health management to ensure overall readiness and stability.

Nicole: You need to be prepared financially, mentally, and physically, and it's also important to monitor both your health and your baby's health.

(“Kailangan financially, mentally at physically prepared ka at kailangan din na monitor ang health ninyo ni baby.”)

Researchers: *Have you encountered any challenges in preparing for childbirth or understanding potential complications?*

Superordinate Theme 1: Experiences of Complications and Risks

Emerging Theme 1: Pregnancy Challenges and Complications, Impact of External Factors

The participants' responses reflect a range of concerns and experiences related to age and health issues. Apple's comment reveals a general awareness of the increased risks associated with pregnancy later in life. Connie's experience highlights the compounded impact of age and pre-existing conditions, such as asthma, on pregnancy outcomes. Pia's account illustrates a personal confrontation with a serious complication and the decision-making process regarding treatment options, emphasizing the unpredictability of pregnancy challenges. Michelle's mention of elevated blood pressure underscores the potential for sudden health risks during pregnancy.

Together, these responses illustrate how external factors like age, existing health conditions, and unforeseen complications can significantly influence pregnancy experiences and outcomes. Apple: I'm not very familiar with what might happen, but I understand that pregnancy can be risky as you get older.

("Wala pa naman hindi naman kasi ako familiar sa mga pwede mangyari basta ang alam ko lang delikado magbuntis pag may edad na.")

Connie: I had problems with my youngest because I was older at the time, and my asthma also became an issue.

("Dun sa bunso ko ako nagkaproblema habang pinagbubuntis ko dahil siguro may edad na rin ako tas naging issue din iyong asthma ko.")

Pia: Yes, I didn't know that would happen to me, and they wanted to give me a blood transfusion. Thankfully, I agreed to just take vitamins instead.

("Yun nga hindi ko naman alam na ganoon ang mangyayari sa akin na gusto salinan ako ng dugo buti na lang pumayag na mag vitamins na lang ako.")

Michelle: My blood pressure went up once, and they said it was risky.

("Tumaas blood pressure ko ng isang beses at sabi delikado daw iyon.")

Superordinate Theme 2: Generally Positive Outcomes with Minor Issues

Emerging Theme 1: General Lack of Problems

The participants' responses reflect an overall positive or untroubled experience during their pregnancies. Iris notes a common, manageable issue of weight gain without further complications. Danica reassures that with up-to-date vaccinations, the baby's safety is assured, implying a sense of confidence in standard health practices. Ela mentions minor logistical challenges rather than health problems, such as difficulties with transportation at night. Nicole attributes her trouble-free pregnancy to the high quality of care provided by her obstetrician. Venus points out a financial shortfall as the only significant issue, suggesting that while there were minor difficulties, health-related problems were not prevalent. Collectively, these responses indicate a general sense of well-being and effective management of minor challenges during pregnancy.

Iris: Nothing. I just gained weight during the pregnancy.

("Wala naman. Tumaba lang talaga ako noon habang nagbubuntis.")

Grace: There weren't any problems.

("Wala naman naging problema.")

Danica: There wasn't any problem; as far as I know, if all the vaccinations are up to date, the baby should be safe.

("Wala naman basta ang alam ko pag kumpleto ang bakuna ay safe si baby.")

Ela: There weren't any problems, except that we need a service because it's difficult at night, and sometimes there are no tricycles available here.

("Wala naman naging problema bukod lang sa dapat may service kasi mahirap pag gabi at gawa ng mga tricycle minsan wala ng tricycle dito sa amin.")

Nicole: There weren't any issues because my OB took good care of me.

("Wala naman, kasi talagang inalagaan ako ng OB ko.")

Venus: There weren't any issues, except that we were short on money.

("Wala naman bukod lang sa kinulang kami sa pera.")

Researchers: *Can you describe any experiences you have had with seeking care during pregnancy or childbirth?*

Superordinate Theme 1: Logistical Challenges and Preparation

Emerging Theme 1: Transportation Challenges

The respondents highlight significant difficulties related to accessing reliable transportation, especially during critical times. Apple describes a specific instance where, due to the nighttime birth and her remote location, she had to resort to a motorcycle for emergency transport. Iris acknowledges the general difficulty in finding transportation but notes a slight improvement during the daytime with the availability of tricycles. Danica emphasizes that transportation issues become particularly problematic during emergencies, underlining the urgency of reliable access. Ela's response reinforces the overarching theme of transportation difficulties in their area, suggesting that this challenge is a consistent concern for all participants. Together, these responses illustrate how transportation issues can create substantial obstacles, particularly in emergencies, impacting access to necessary medical care.

Apple: I gave birth at night, so it was difficult to find transportation here since we're a bit out of the way. I ended up taking a motorcycle to the hospital.

("Gabi kasi ako nanganak noon kaya mahirap sakayan dito sa amin kase medyo dulo kaya sa motor ako sumakay papuntang hospital.")

Iris: It's difficult to find transportation here, but luckily in the morning, there are usually tricycles available on the main road.

("Mahirap ang sakayan dito sa amin pero buti na lang umaga kahit papano may mga makuhang tricycle sa labasan.")

Danica: The only problem is really with transportation during emergencies.

("Problema lang naman sasakyan talaga pag emergency.")

Ela: Transportation is just really difficult in this area.

("Mahirap lang talaga sasakyan dito sa lugar.")

Emerging Theme 2: Preparation and Planning

Grace highlights the effectiveness of her meticulous planning, including arranging transportation for nighttime labor, which helped avoid any issues. Connie's experience reflects the importance of family support and proactive management in facilitating a trouble-free pregnancy. Nicole echoes this sentiment by describing the excitement and detailed planning that went into readying both personal and baby-related necessities, including emergency transportation. Collectively, these responses illustrate that comprehensive preparation and careful planning significantly contribute to mitigating potential challenges and ensuring a more seamless pregnancy journey.

Grace: There weren't any issues because I had prepared everything we needed, including arranging transportation in case I went into labor at night.

("Wala naman, kasi lahat naman ng kailangan namin mag ina ay inihanda ko na ultimo sasakyan namin kung sakaling manganak ako ng gabi.")

Connie: There weren't any issues because I took care of everything, and with the help of my children and husband, everything went smoothly.

("Wala naman kasi inayos ko naman lahat pati sa tulong na rin ng mga anak ko at asawa ko naging ok naman lahat.")

Nicole: We were excited and planned my pregnancy thoroughly, so we had everything ready, including the baby's things and the vehicle in case of an emergency.

("Excited kami at pinagplanuhan din kasi naming mag asawa itong pagbubuntis ko kaya iyong mga gamit ng bata tapos yung sasakyan in case na magkaroon ng emergency ay ready lahat.")

Superordinate Theme 2: Impact of Financial and Medical Issues

Emerging Theme 1: Financial Concerns

Venus's response highlights the significant impact that financial instability can have during pregnancy. She describes how a sudden loss of income, due to her boyfriend's job loss, created a financial strain just before giving birth. This situation not only affected their ability to cover existing expenses but also necessitated additional spending on baby-related items.

Venus: We were short on money because my boyfriend lost his job two months before I gave birth. We had expenses to cover and also needed to buy a few things for the baby.

("Nashort kami sa pera kasi nawalan ng trabaho yun boyfriend ko two months ago bago ako manganak syempre pang gastos pa namin tapos bumili kami ng konting gamit ng bata.")

Emerging Theme 2: Medical Issues

Pia's response highlights the significant medical challenge she faced during childbirth, specifically the need for a blood transfusion. This experience underscores the severity and

unpredictability of medical complications that can arise during labor, emphasizing how such issues can have immediate and critical implications for both the mother and baby.

Pia: I had a problem when I gave birth because I needed a blood transfusion at that time.

(“Nagkaroon ng problema ng nanganak ako kasi nga kinailangan na salinan ako ng dugo noon.”)

Superordinate Theme 3: Overall Childbirth Experience

Emerging Theme 1: Overall Positive Experience

Michelle’s response reflects an exceptionally smooth and trouble-free pregnancy and childbirth. Her simple yet affirmative statement, "There weren’t any problems," highlights an experience devoid of complications or significant challenges, suggesting a straightforward and positive journey through her pregnancy.

Michelle: There weren’t any problems.

(“Wala naman.”)

Superordinate Themes	Emerging Themes
Practices	
Adhering to Guidance and Instructions Holistic Preparation for Pregnancy	<ul style="list-style-type: none"> ● Following Professional and Personal Advice ● Managing Health and Awareness ● Comprehensive Preparation
Experiences of Complications and Risks Generally Positive Outcomes with Minor Issues	<ul style="list-style-type: none"> ● Pregnancy Challenges and Complications ● Impact of External Factors ● General Lack of Problems
Logistical Challenges and Preparation Impact of Financial and Medical Issue Overall Childbirth Experience	<ul style="list-style-type: none"> ● Transportation Challenges ● Preparation and Planning ● Financial Concerns ● Medical Issues ● Overall Positive Experience

Table 17. Superordinate and Emerging Themes in Practices

V. Conclusions and Recommendation

Based on the findings in this study, the researchers were able to determine the conclusions.

1. Most of the respondents were considered as young adults, either married but most responded as others for their civil status. Also, the childbearing age women-respondents attained high school level with only one birth child and Roman Catholic as their Religion.
2. Women consider the symptoms of excessive eating as the first sign of pregnancy while other childbearing women were moderately knowledgeable that convulsion can be experienced during their term.
3. Pregnant women were financially prepared by saving money and less anxious about looking for blood donors when complications occurred.

4. Attitudes of women during pregnancy towards birth preparedness and complications readiness were to a moderate extent having the slightest attitude towards faith in God.
5. Childbearing-age women practice antenatal care during pregnancy but lack transportation when problems arise.
6. The age of the respondents significantly affects all the indicators in birth preparedness and complication readiness while the number of previous births affects the attitude and practices.
7. Significant challenges such as transportation difficulties and financial instability are noted as barriers to accessing care and managing pregnancy effectively.

Recommendations

Based on the conclusions drawn, the following recommendations may be considered:

1. **Encourage Ongoing Education:** Women after giving birth should have the willingness to continue to attend formal education as this can help them with knowledge and provide opportunities to strengthen their long-term health and well-being.
2. **Promote Antenatal Counseling:** Childbearing women should attend antenatal counseling to cover their needs and knowledge gaps, especially in certain complications during pregnancy. Some of the aspects that may be considered are comprehensive antenatal education, early antenatal visits, and promoting self-awareness and self-monitoring.
3. **Increase Awareness of Obstetric Complications:** Women should be aware of obstetric complications. Women with more education are more prepared for birth and complications if emerge. Birth preparedness and complication readiness are some of the interventions and include identifying a compatible blood donor in case of hemorrhage.
4. **Integrate Faith-Based Counseling:** Birth preparedness and complication readiness are one of strategies of women during pregnancy where it reduces delay in obtaining care yet being prepared should integrate faith-based counseling which includes prayers and faith in God for faith can lead everyone to handle every situation and get the best possible outcome, especially during pregnancy.
5. **Ensure Reliable Transportation:** Provision of transportation, especially during the month or estimated date of delivery since unanticipated obstetric complications and emergencies sometimes occur which can be done through collaboration with local community leaders, organizations, or government agencies and even with the families.
6. **Develop a Comprehensive Action Plan:** To ensure the birth preparedness and complication readiness of childbearing-age women, a comprehensive action plan should be developed and should involve a multi-faceted approach that addresses various aspects of healthcare access, education, community involvement, and support systems.
7. **Strengthen Support Systems:** Childbearing women should enhance their pregnancy management by integrating more robust support systems to address key challenges. In addition, healthcare providers should reinforce the importance of understanding pregnancy risks and adhering to medical advice through continuous education and personalized guidance. Lastly, improving access to transportation and financial support can alleviate significant barriers, suggesting a need for community-based programs or policies that address these issues.

Structured Action Plan

Action Plan: Ensuring birth preparedness and complication readiness among childbearing-age women.

Action Plan to be Implemented	Objective	Actions	Persons Involved
<p>1. Education and Awareness Campaigns:</p>	<ul style="list-style-type: none"> ● Increase knowledge and understanding of birth preparedness and potential complications during pregnancy. 	<ul style="list-style-type: none"> ○ Conduct community-wide educational sessions on pregnancy care, danger signs, and the importance of antenatal visits. ○ Distribute informational materials (brochures, posters) in local languages and through accessible channels (health clinics, community centers, social media). ○ Engage local leaders, educators, and healthcare providers to lead discussions and workshops on birth preparedness. 	<p>governments, healthcare providers, non-governmental organizations, and communities</p>
<p>2. Antenatal Care (ANC) Strengthening:</p>	<ul style="list-style-type: none"> ● Ensure regular and timely access to antenatal care services for all pregnant women. 	<ul style="list-style-type: none"> ○ Improve availability and accessibility of ANC services in both urban and rural areas. ○ Promote early initiation of ANC visits through incentives or awareness campaigns. ○ Integrate birth preparedness discussions into ANC visits, covering topics like birth plans, emergency preparedness, and postpartum care. 	<p>governments, healthcare providers, non-governmental organizations, and communities</p>
<p>3. Financial Preparedness:</p>	<ul style="list-style-type: none"> ● Assist women in preparing financially for childbirth and potential emergencies. 	<ul style="list-style-type: none"> ○ Offer financial literacy programs or savings schemes tailored for pregnant women. ○ Provide guidance on budgeting for childbirth expenses and emergency funds. ○ Explore community-based 	<p>governments, healthcare providers, non-governmental organizations, and communities</p>



		microfinance initiatives or savings groups to support financial planning.	
4. Transportation and Emergency Response:	<ul style="list-style-type: none"> • Ensure prompt access to healthcare facilities during emergencies. 	<ul style="list-style-type: none"> ○ Establish emergency transport systems or vouchers for pregnant women in need. ○ Partner with local transport providers to ensure reliable access to healthcare facilities. ○ Train community health workers and volunteers in basic emergency response and first aid. 	governments, healthcare providers, non-governmental organizations, and communities
5. Community Engagement and Support:	<ul style="list-style-type: none"> • Foster a supportive environment for pregnant women through community involvement. 	<ul style="list-style-type: none"> ○ Form community support groups or networks where women can share experiences and support each other. ○ Involve community leaders and elders in promoting birth preparedness and dispelling myths or misconceptions. ○ Encourage men and family members to participate in discussions and support women's health decisions. 	governments, healthcare providers, non-governmental organizations, and communities
6. Health System Strengthening:	<ul style="list-style-type: none"> • Improve healthcare infrastructure and quality of maternal health services. 	<ul style="list-style-type: none"> ○ Upgrade facilities to provide comprehensive maternal and neonatal care. ○ Train healthcare providers on respectful maternity care, effective communication, and management of pregnancy complications. ○ Ensure availability of essential medicines, equipment, 	governments, healthcare providers, non-governmental organizations, and communities

		and supplies needed for safe childbirth and emergency care.	
7. Monitoring and Evaluation:	<ul style="list-style-type: none"> ● Measure the progress and effectiveness of the action plan. 	<ul style="list-style-type: none"> ○ Establish monitoring mechanisms to track ANC attendance rates, birth preparedness practices, and maternal health outcomes. ○ Conduct regular assessments and surveys to gather feedback from women and communities. ○ Use data to adjust strategies, address gaps, and sustain effective interventions. 	governments, healthcare providers, non-governmental organizations, and communities

By implementing this action plan, stakeholders including governments, healthcare providers, non-governmental organizations, and communities can collaborate to enhance birth preparedness and complication readiness among childbearing-age women. This holistic approach addresses barriers and promotes proactive healthcare-seeking behaviors, ultimately improving maternal and neonatal health outcomes.

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