

# RESEARCH ARTICLE: Childbirth experience and maternal role confidence among postpartum mothers from maternity units in Jolo

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**ABSTRACT.** The study aims to evaluate postpartum women' birthing experiences and maternal role confidence in Jolo maternity facilities. A quantitative-descriptive cross-sectional survey methodology was used to investigate the relationship between delivery experience and maternal role confidence. The study included 100 postpartum mothers who gave birth within six weeks of delivery or in the early postpartum period. The respondents were largely young adults who were literate, earning below monthly income, had two pregnancies, gave birth in government hospitals, and were treated institutionally by qualified health professionals. They were moderately satisfied with their delivery experience and quite confident in their maternal role. There were no significant variations in the extent of delivery experience or maternal role confidence across socio-demographic groups. A positive correlation was identified between childbirth experience and maternal role confidence.

**KEYWORDS:** *Childbirth experience; Maternal Role Confidence; Postpartum*

## ARTICLE DETAILS

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## Introduction

A specific health risk is associated with childbirth and pregnancy. Annually, approximately 30% of postpartum deaths are reported worldwide. According to the World Health Organization (WHO) (2022), the postpartum period, which lasts up to six weeks (42 days) following childbirth, is essential for the health of both the mother and the child. Nevertheless, despite its crucial significance, it continues to be the most ignored time period in the world.

For women, having a child marks the beginning of a deep and life-changing journey toward motherhood. Women go through substantial physical, emotional, and psychological changes during this time, and their experience with childbirth has a big impact on how they view parenthood (Nichols, 1996). The manner in which a woman gives birth can have an impact on her confidence, self-assurance, and overall well-being as a mother (Rubin, 1967).

The Maternal Role Attainment Theory, created by Ramona Mercer in 1986, is an important nursing theory that describes the path taken by women as they become mothers. Four main stages—anticipatory, formal, informal, and personal—are at the heart of this approach. Women create their conceptions of motherhood during the anticipatory phase, which lays the groundwork

for their subsequent journey as mothers. The formal stage, which denotes the active adoption of the maternal role, takes place during labor and delivery. The informal stage then follows in the weeks and months after giving birth, during which time one gains skill and confidence in caring for the infant. The process culminates in the personal stage, where women gradually develop a distinct mother identity. The relevance of Mercer's theory is shown by this study's findings, as highlighted by Chavez (2023), which imply that gender roles, educational attainment, and generational disparities may all have an impact on how people perceive and experience parenting.

To potentially improve maternal and child well-being through a deeper understanding of the emotional and psychological impact of childbirth experiences, the researcher is therefore compelled to conduct the study with the aim of determining the correlation between maternal role confidence and the experience of childbirth among postpartum mothers from maternity units in Jolo. By bridging the research gap in Jolo, where there is a dearth of previous studies on the same subject in the same context, taking cultural and regional elements into account also promotes healthcare equity by guaranteeing that all women, regardless of their background, receive the best care possible.

In addition, the study's findings can benefit academia by expanding the body of knowledge on the topic of maternal and child health, which may be useful as a reference for future researchers. These findings can also be applied to the larger context of community health, healthcare quality improvement, and informing authorities about the development of policies and interventions that can improve maternal and child care outcomes. By empowering postpartum moms and encouraging pleasant birthing experiences, this research will ultimately improve the health of the infants as well as the mothers' own wellbeing.

### **Research Questions**

The purpose of this study was to ascertain the postpartum mothers' confidence in their maternal role and their experience with childbirth from maternity units in Jolo. It specifically aimed to respond to the following queries:

1. What is the extent of childbirth experience among postpartum mothers from maternity units in Jolo comprises with the following categories:
  - 1.1 Professional support;
  - 1.2 Expectations;
  - 1.3 Holding the baby;
  - 1.4 Support from husband;
  - 1.5 Pain in labor;
  - 1.6 Pain relief after labor;
  - 1.7 Environment; and
  - 1.8 Control?
2. What is the extent of maternal role confidence among postpartum mothers from maternity units in Jolo subsumed within the following parameters:
  - 2.1 Knowledge;
  - 2.2 Task; and
  - 2.3 Feelings?
3. Is there a significant difference in the extent of childbirth experience among postpartum mothers from maternity units in Jolo when data are grouped according to socio-demographic profile in terms of:
  - 3.1 Age;
  - 3.2 Educational attainment;

- 3.3 Average monthly income;
  - 3.4 Number of pregnancies;
  - 3.5 Place of delivery; and
  - 3.6 Attendant during delivery?
4. Is there a significant difference in the extent of maternal role confidence among postpartum mothers from maternity units in Jolo when data are grouped according to socio-demographic profile in terms of:
- 4.1 Age;
  - 4.2 Educational attainment;
  - 4.3 Average monthly income;
  - 4.4 Number of pregnancies;
  - 4.5 Place of delivery; and
  - 4.6 Attendant during delivery?
5. Is there a significant correlation between the extent of childbirth experience and maternal role confidence among postpartum mothers from maternity units in Jolo?

### **Literature**

The cultural traditions and ideals surrounding labor strongly influence the meaning of the experience; each society gives birth to its own special significance. Cultural ideas and values, which establish roles, practices, and expectations surrounding labor, have a significant impact on women's impressions of childbirth. A woman's perspective on childbirth is also influenced by her age and educational attainment. Despite a wealth of research on the topic, childbirth's relevance is nevertheless complex and intensely personal (Nichols, 1996).

According to WHO (2022), there are large national variations in the length of time that women and newborns spend in maternity units after giving birth, which results in a considerable percentage of women and newborns not receiving adequate postpartum care. Furthermore, as per the standards set forth by WHO (2018), a woman giving birth in a hospital should not be discharged earlier than 24 hours after giving birth; some women who give birth in maternity units will remain there for some time after giving birth. Regardless of where the birth took place, a caregiver must stay with the mother and child during the first 24 hours after delivery in order to be available to respond quickly to any changes in the mother's or the baby's health. The idea of maternal role confidence, as outlined in Mercer's Maternal Role Attainment Theory (1986), centers on a woman's growth and adaptation to the position of mother during the postpartum phase. The process by which women become mothers and how they progressively acquire competence and confidence in their new position are highlighted by Mercer's theory. Furthermore, Mercer's theory emphasizes how important it is for women to have support, direction, and a favorable social environment in order to feel confident and satisfied in their role as mothers.

The negative consequences of traumatic childbirth, such as marital conflict and psychological problems, are highlighted in Yeo and Sagong's study from 2023, "Korean Women's Perceptions of Traumatic Childbirth." It highlights the necessity of clinical intervention and a deeper comprehension of women's views by healthcare professionals, particularly with regard to respectful delivery conditions. The study emphasizes how important it is to provide women-centered therapies in order to treat post-traumatic stress disorder (PTSD) associated with childbirth and enhance mental health. Themes that have been identified include personal elements (such as grief, guilt, and identity problems in mothers) as well as social factors (like peer pressure, strained relationships, and demands placed on appearance) that are impacted by Korean cultural dynamics. Unrealistic cultural expectations of women, unbearable pain, disrespectful birthing surroundings,

a lack of husband support, and lifestyle changes are all contributing factors to traumatic childbirth experiences.

Ghobadi, Pazandeh, Potrata, and Lili (2018) carried out a cross-sectional study at Guilan Public Hospital in Iran titled "Iranian Women's Birth Experiences" and found that measuring and improving the quality of care given during this important phase requires assessing women's experiences during labor and delivery. To that end, 126 low-risk postpartum women were recruited, and data were collected using a questionnaire the researcher developed about their childbirth experiences. The results revealed that some women had less than ideal childbirth experiences; the factors that significantly influenced women's perceptions included the desire for a normal delivery, the freedom to move during labor, receiving respectful delivery, and receiving emotional support.

### **Research Methodology**

In order to examine the relationship between postpartum women' confidence in their maternal role and their experience giving delivery, this study used a quantitative-descriptive, cross-sectional survey design in Jolo's maternity facilities. According to Polit and Beck (2018), the goal of this study approach is to clearly summarize phenomena without changing any factors. It makes it possible to gather and analyze numerical data systematically in order to comprehend how variables relate to one another. Data from a sample of postpartum moms were gathered at a single point in time using a cross-sectional survey approach, which is frequently employed in nursing and healthcare research, as noted by Polit and Beck (2018). This method works well for examining characteristics that don't need to be manipulated, such the study's mother role confidence and delivery experience.

#### *1. Population and Sampling Design*

Purposive sampling was utilized in this study because it can be useful in gathering data from individuals who have similar traits, backgrounds, or areas of expertise that are pertinent to the particular goals of the research. (Chavez & Duhaylungsod, 2023). The deliberate, intentional selection of study participants based on traits that make them particularly illuminating about the research subject is known as purposive sampling. When a researcher wants to examine a certain subgroup or when the participants that are available aren't equally useful for other reasons, they frequently employ purposive sampling (Polit & Beck, 2018). Included in this example is the capacity to contrast and compare phenomena (Chavez and Lamorinas, 2023; Etikan et al., 2016; Palinkas et al., 2015).

#### *2. Instruments*

The Women's View of Birth Labor Satisfaction Questionnaire (WOMBLSQ), which was the research instrument, was developed from Smith (2001), and the Maternal Confidence Questionnaire (MCQ), which was adapted from Parker and Zahr (1985), with only minor modifications to meet the study's parameters.

The research questionnaire consists of three (3) components. Part I of the survey was used to delineate the sociodemographic characteristics of the participants, encompassing inquiries about age, level of schooling attained, mean monthly earnings, count of pregnancies, location of delivery, and presence of an attendant during childbirth. To ascertain the level of delivery experience, Part 2 was utilized. The variables related to the delivery experience are divided into eight categories: environment (5 items), control (5 items), holding the baby (5 items), expectations (5 items), professional support (5 items), pain during labor (5 items), pain relief after labor (5 items), and holding the baby (5 items). To gauge the degree of mother role confidence, Part III was utilized. Three (3) factors comprise the questions: Knowledge (5 items), Task (5 things), and Feelings (5

items). Respondents assessed their degree of pleasure and confidence in their maternal position using a five-point Likert scale, with 5 representing Strongly Agree (SA), 4 representing Agree (A), 3 representing Partially Agree (PA), 2 representing Disagree (D), and 1 representing Strongly Disagree (SD).

### 3. Data Gathering procedure

In the process of gathering data, the researcher started by getting the Sulu State College Dean of Graduate Studies' approval to use the research instrument. Followed by, collaborating with maternity unit staff in Jolo. In light of this, these medical specialists assist in locating and enlisting possible replies who fit the predetermined requirements. To make sure that respondents properly understand the study's aims, an explanation of the research's purpose and the expected level of involvement was given to the staff. The newborn screening and immunization follow-up visits, as well as postpartum follow-up visits in maternity facilities, were the times when the data collection technique was obtained. A comprehensive explanation of the research, including its goals, possible dangers, and advantages, was given by the researcher to each respondent prior to data collection. Throughout the whole research procedure, the ethical precepts of autonomy, informed consent, and confidentiality were respected.

### 4. Data Analysis

The measures selected are the Maternal Confidence Questionnaire (Pierce and Zahr, 1985) and the Women's Views of Birth Labor Satisfaction Questionnaire (WOMBLSQ), both of which were developed by Smith (2001) and are accepted as standard instruments due to their validity and reliability. To guarantee its accuracy and efficacy, the instrument was verified by two panel members before the survey questionnaire was released, and it was certified for its high reliability. This was necessary to ensure the instrument fit the study's parameters.

## Results

*1. What is the extent of childbirth experience among postpartum mothers from maternity units in Jolo comprises with the following categories: 2.1 Professional support; 2.2 Expectations; 3.3 Holding the baby; 2.4 Support from husband; 2.5 Pain in labor; 2.6 Pain relief after labor; 2.7 Environment; and 2.8 Control?*

Table 1 shows that postpartum moms from Jolo maternity facilities received competent care during their delivery experiences. The subcategories were professional support, expectations, holding the baby, husband's support, labor discomfort, pain relief after labor, environment, and control. The overall weighted mean score for these subcategories was 3.4360 with a standard deviation, indicating a Moderate Extent or Partially Agree grade. The survey discovered that postpartum mothers were typically satisfied with their overall birth experience in Jolo's maternity units. They experienced the physical and emotional components of becoming parents, as well as the regular labor and delivery procedure and the baby's journey from the mother's womb to the outside world to a moderate degree. Some items were rated as partially or moderately agreeable or with moderate extent, such as the presence of a carer, the delivery going as expected, seeing the baby at the right time, offering more relief for labor pain, and the impersonal and clinical nature of the birth room.

Table 1 Extent of childbirth experience among postpartum mothers from maternity units in Jolo

1.1 Professional Support		Mean	S.D.	Rating
1	During my labor, there was always a carer to explain things so that I could understand.	4.6500	.60927	Strongly Agree
2	In all my labor carers were very supportive.	4.7200	.49400	Strongly Agree

3	Carers always listened very, very carefully to everything that I had to say.	4.6300	.58006	Strongly Agree
4	All my carers treated me in the most friendly and courteous manner as possible.	4.6200	.58223	Strongly Agree
5	My carers couldn't have been more helpful.	4.7100	.49838	Strongly Agree
<b>Total Weighted Mean</b>		<b>4.6660</b>	<b>.49731</b>	<b>Strongly Agree</b>
<b>1.2 Expectations</b>		<b>Mean</b>	<b>S.D.</b>	<b>Rating</b>
1	The delivery went almost completely as I had hoped that it would.	4.3900	.75069	Agree
2	The labor went nearly exactly as I had hoped that it would.	4.4600	.71661	Agree
3	My labor was just about the right length.	4.1700	.99549	Agree
4	My labor went totally normal.	4.3700	.91734	Agree
5	My labor proceeded entirely without any unexpected issues.	4.4800	.65874	Agree
<b>Total Weighted Mean</b>		<b>4.3740</b>	<b>.61342</b>	<b>Agree</b>
<b>1.3 Holding the baby</b>		<b>Mean</b>	<b>S.D.</b>	<b>Rating</b>
1	I needed to hold my baby a little earlier than I did.	3.1500	1.5914	Partially Agree
2	After my baby was born, I was not given him/her quite as soon as I wanted.	2.4300	1.3428	Disagree
3	I got to see my baby at exactly the right time after he/she was born.	4.3600	.92682	Agree
4	Holding my baby for the first time brought about a rush of joy and relief after labor experience.	4.6700	.55149	Strongly Agree
5	The moment I held my baby, I felt an immediate need of protectiveness and responsibility towards him/her.	4.7800	.43993	Strongly Agree
<b>Total Weighted Mean</b>		<b>3.8780</b>	<b>.49555</b>	<b>Agree</b>
<b>1.4 Support from Husband</b>		<b>Mean</b>	<b>S.D.</b>	<b>Rating</b>
1	My birth partner/husband helped me to understand what was going on when I was in labor.	4.3700	1.0015	Agree
2	My birth partner/husband couldn't have supported me any better.	4.4800	.82241	Agree
3	I could have had a bit more help from my birth partner/husband.	4.0400	1.2053	Agree
4	My husband played a vital role in supporting me during labor.	4.4900	.77192	Agree
5	My husband support greatly contributed to my comfort during labor.	4.5800	.76779	Strongly Agree
<b>Total Weighted Mean</b>		<b>4.3920</b>	<b>.70089</b>	<b>Agree</b>
<b>1.5 Pain in Labor</b>		<b>Mean</b>	<b>S.D.</b>	<b>Rating</b>
1	I should have been offered something more to relieve my labor pain.	2.6100	1.3550	Partially Agree
2	I got excellent pain relief in labor.	2.8900	1.4695	Partially Agree
3	More pain relief would have made my labor easier.	2.7100	1.4163	Partially Agree
4	The pain I felt during labor was challenging to cope with.	3.7700	1.3696	Agree
5	I experienced manageable levels of pain during the entire labor.	3.9600	1.0817	Agree
<b>Total Weighted Mean</b>		<b>3.1880</b>	<b>.80494</b>	<b>Partially Agree</b>
<b>1.6 Pain Relief After Labor</b>		<b>Mean</b>	<b>S.D.</b>	<b>Rating</b>
1	Something more to relieve the pains I had after my baby was born.	2.8600	1.5506	Partially Agree
2	I was in a fair bit of pain immediately after the birth.	3.6700	1.1811	Agree
3	I didn't need a lot of pain relief after birth.	2.4400	1.5395	Disagree

4	The pain relief measures after labor were helpful.	4.4700	.70288	Agree
5	The pain relief after labor worked well.	4.4400	.71520	Agree
<b>Total Weighted Mean</b>		<b>3.5760</b>	<b>.66319</b>	<b>Agree</b>
<b>1.7 Environment</b>		<b>Mean</b>	<b>S.D.</b>	<b>Rating</b>
1	My birth room was a little impersonal and clinical.	4.1900	1.0607	Agree
2	The area where I gave birth was very pleasant and relaxing.	4.3900	.79003	Agree
3	I felt labor environment lacked the necessary serenity and comfort for a positive childbirth experience.	2.1500	1.3586	Disagree
4	The labor environment felt reassuring and safe.	4.6200	.59933	Strongly Agree
5	I perceived the labor environment as stressful and discomforting during childbirth.	1.7200	1.1898	Disagree
<b>Total Weighted Mean</b>		<b>3.4140</b>	<b>.55213</b>	<b>Partially Agree</b>
<b>1.8 Control</b>		<b>Mean</b>	<b>S.D.</b>	<b>Rating</b>
1	Everyone seemed to tell me what to do in labor.	4.0900	1.2068	Agree
2	Labor was just a matter of doing what I was told by my carers.	4.2000	1.0917	Agree
3	I am satisfied with just one or two things about the labor care I received.	3.8000	1.4771	Agree
4	The way my labor care was provided could not have been improved.	4.6400	.64385	Agree
5	My overall childbirth experience was positive, filled with joy and support.	4.7000	.54123	Agree
<b>Total Weighted Mean</b>		<b>4.2860</b>	<b>.75812</b>	<b>Agree</b>

Legend: (5) 4.50-5.00=Strongly Agree; (4) 3.50-4.49=Agree; (3) 2.50-3.49=Partially Agree; (2) 1.50-2.49=Disagree; (1) 1.00-1.49=Strongly Disagree

2. What is the extent of maternal role confidence among postpartum mothers from maternity units in Jolo subsumed within the following parameters: 3.1 Knowledge; 3.2 Task; and 3.3 Feelings?

Table 1 reveals that postpartum women in Jolo maternity facilities are quite confident in their roles as moms. They are confident in their ability to complete chores and offer appropriate care for their children. The study also discovered that respondents agreed or strongly agreed with certain items, such as knowing when their baby wants to play with them, caring for their baby better than anyone else, bathing their baby, feeding their baby adequately, having all the skills needed to be a good parent, and being satisfied with their role as a parent. Overall, the study emphasizes the value of postpartum moms' confidence and competence in their jobs.

Table 2 Extent of maternal role confidence among postpartum mothers from maternity units in Jolo in terms of Knowledge; Task; and Feelings

<b>2.1 Knowledge</b>		<b>Mean</b>	<b>S.D.</b>	<b>Rating</b>
1	I know when my baby wants me to play with him/her.	4.6800	.48990	Strongly Agree
2	I know how to take care of my baby better than anyone else.	4.7500	.47937	Strongly Agree
3	When my baby is cranky, I know the reason.	4.7800	.43993	Strongly Agree
4	I can tell when my baby is tired and needs to sleep.	4.7600	.45216	Strongly Agree
5	I know what makes my baby happy.	4.7900	.40936	Strongly Agree
<b>Total Weighted Mean</b>		<b>4.7520</b>	<b>.36083</b>	<b>Strongly Agree</b>
<b>2.2 Task</b>		<b>Mean</b>	<b>S.D.</b>	<b>Rating</b>
1	I can give my baby a bath.	4.7800	.43993	Strongly Agree
2	I can feed my baby adequately.	4.7700	.56595	Strongly Agree
3	I can hold my baby properly.	4.7800	.56102	Strongly Agree

4	I can take care of when my baby is sick.	4.8100	.41911	Strongly Agree
5	I can let my baby sleep soundly.	4.5900	.88871	Strongly Agree
<b>Total Weighted Mean</b>		<b>4.7460</b>	<b>.43657</b>	<b>Strongly Agree</b>
<b>2.3 Feelings</b>		<b>Mean</b>	<b>S.D.</b>	<b>Rating</b>
1	I feel frustrated taking care of my baby.	1.5800	1.2647	Disagree
2	I would be good at helping other mothers learn how to take care of their infants.	3.9900	1.1590	Disagree
3	Being a parent is demanding and unrewarding.	4.5300	.96875	Agree
4	I have all the skills needed to be a good parent.	4.5500	.60927	Strongly Agree
5	I am satisfied with my role as a parent.	4.7000	.55958	Strongly Agree
<b>Total Weighted Mean</b>		<b>3.8700</b>	<b>.60595</b>	<b>Agree</b>

Legend: (5) 4.50-5.00=Strongly Agree; (4) 3.50-4.49=Agree; (3) 2.50-3.49=Partially Agree; (2) 1.50-2.49=Disagree; (1) 1.00-1.49=Strongly Disagree

3. *Is there a significant difference in the extent of childbirth experience among postpartum mothers from maternity units in Jolo when data are grouped according to socio-demographic profile in terms of: 4.1 Age; 4.2 Educational attainment; 4.3 Average monthly income; 4.4 Number of pregnancies; 4.5 Place of delivery; and 4.6 Attendant during delivery?*

### 3.1 According to Age

Table 3.1 reveals no statistically significant variation in the level of birthing experience among postpartum moms in Jolo. There is no variation in the respondents' perceptions of the birthing experience despite age differences. This implies that the age range of 19 to 30 years old may not have a different impact on views than the age range of 31 years or more. It is considered that there are no appreciable differences in the experiences of giving birth.

Table 3.1 Differences in the extent of childbirth experience among postpartum mothers from maternity units in Jolo when data are grouped according to socio-demographic profile in terms of age

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
<b>Professional support</b>	Between Groups	.566	2	.283	1.147	.322	Not Significant
	Within Groups	23.919	97	.247			
	Total	24.484	99				
<b>Expectations</b>	Between Groups	.469	2	.234	.618	.541	Not Significant
	Within Groups	36.784	97	.379			
	Total	37.252	99				
<b>Holding the baby</b>	Between Groups	.110	2	.055	.220	.803	Not Significant
	Within Groups	24.202	97	.250			
	Total	24.312	99				
<b>Support from husband</b>	Between Groups	.778	2	.389	.789	.457	Not Significant
	Within Groups	47.855	97	.493			
	Total	48.634	99				
<b>Pain in labor</b>	Between Groups	.417	2	.208	.317	.729	Not Significant
	Within Groups	63.729	97	.657			
	Total	64.146	99				
<b>Pain relief after labor</b>	Between Groups	.635	2	.317	.717	.491	Not Significant
	Within Groups	42.908	97	.442			
	Total	43.542	99				
<b>Environment</b>	Between Groups	.840	2	.420	1.389	.254	Not Significant
	Within Groups	29.340	97	.302			
	Total	30.180	99				
<b>Control</b>	Between Groups	1.678	2	.839	1.474	.234	Not Significant
	Within Groups	55.222	97	.569			
	Total	56.900	99				

\*Significant alpha .05

### 3.2 According to Educational Attainment

Table 3.2 shows no significant difference in the extent of childbirth experience among postpartum mothers from maternity units in Jolo based on their educational attainment. This suggests that despite differences in educational level, respondents do not differ in their perceptions of childbirth experience. This suggests that having a master's or doctorate degree may not necessarily influence perceptions of childbirth experience. However, variable educational attainment does not significantly mediate how respondents assess the extent of childbirth experience. Therefore, the hypothesis that there is no significant difference in childbirth experience among postpartum mothers from maternity units in Jolo is accepted.

Table 3.2 Differences in the extent of childbirth experience among postpartum mothers from maternity units in Jolo when data are grouped according to socio-demographic profile in terms of educational attainment

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
<b>Professional support</b>	Between Groups	.641	3	.214	.860	.464	Not Significant
	Within Groups	23.843	96	.248			
	Total	24.484	99				
<b>Expectations</b>	Between Groups	.637	3	.212	.557	.645	Not Significant
	Within Groups	36.615	96	.381			
	Total	37.252	99				
<b>Holding the baby</b>	Between Groups	.506	3	.169	.680	.566	Not Significant
	Within Groups	23.805	96	.248			
	Total	24.312	99				
<b>Support from husband</b>	Between Groups	.099	3	.033	.066	.978	Not Significant
	Within Groups	48.534	96	.506			
	Total	48.634	99				
<b>Pain in labor</b>	Between Groups	3.398	3	1.133	1.790	.154	Not Significant
	Within Groups	60.748	96	.633			
	Total	64.146	99				
<b>Pain relief after labor</b>	Between Groups	4.160	3	1.387	3.381*	.021	Significant
	Within Groups	39.382	96	.410			
	Total	43.542	99				
<b>Environment</b>	Between Groups	2.051	3	.684	2.333	.079	Not Significant
	Within Groups	28.129	96	.293			
	Total	30.180	99				
<b>Control</b>	Between Groups	.235	3	.078	.133	.940	Not Significant
	Within Groups	56.665	96	.590			
	Total	56.900	99				

\*Significant at alpha 0.05

### 3.3 According to Average Monthly Income

Table 4.2 indicates that there is no statistically significant variation in the level of birth experience among postpartum moms from Jolo maternity units according to their educational attainment. This shows that respondents' impressions of the delivery experience are similar despite disparities in educational attainment. This implies that views of the delivery experience may not always be influenced by a master's or doctoral degree. Variable educational attainment, however,

had no discernible mediating effect on respondents' assessments of the depth of their delivery experience. As a result, it is acknowledged that there is no discernible difference in the birthing experiences of postpartum moms from Jolo maternity units.

Table 3.3 Differences in the extent of childbirth experience among postpartum mothers from maternity units in Jolo when data are grouped according to socio-demographic profile in terms of average monthly income

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
<b>Professional support</b>	Between Groups	1.607	3	.536	2.248	.088	Not Significant
	Within Groups	22.877	96	.238			
	Total	24.484	99				
<b>Expectations</b>	Between Groups	.566	3	.189	.494	.688	Not Significant
	Within Groups	36.687	96	.382			
	Total	37.252	99				
<b>Holding the baby</b>	Between Groups	6.021	3	2.007	10.533*	.000	Significant
	Within Groups	18.291	96	.191			
	Total	24.312	99				
<b>Support from husband</b>	Between Groups	2.833	3	.944	1.979	.122	Not Significant
	Within Groups	45.800	96	.477			
	Total	48.634	99				
<b>Pain in labor</b>	Between Groups	2.430	3	.810	1.260	.293	Not Significant
	Within Groups	61.715	96	.643			
	Total	64.146	99				
<b>Pain relief after labor</b>	Between Groups	1.909	3	.636	1.467	.228	Not Significant
	Within Groups	41.634	96	.434			
	Total	43.542	99				
<b>Environment</b>	Between Groups	3.862	3	1.287	4.696*	.004	Significant
	Within Groups	26.318	96	.274			
	Total	30.180	99				
<b>Control</b>	Between Groups	8.216	3	2.739	5.400*	.002	Significant
	Within Groups	48.685	96	.507			
	Total	56.900	99				

\*Significant alpha .05

### 3.4 According to Number of Pregnancies

According to their sociodemographic profile, postpartum moms in Jolo, Philippines, do not significantly differ in how they perceive their birthing experience (Table 3.4). According to the findings, respondents who have had more pregnancies than those who have only had one, two, three, or four pregnancies do not perceive the extent of delivery experience differently. The number of pregnancies varies, but this has no discernible impact on how respondents felt about their delivery experience. Thus, it is agreed upon that postpartum moms' experiences with childbirth are not significantly different from one another.

Table 3.4 Differences in the extent of childbirth experience among postpartum mothers from maternity units in Jolo when data are grouped according to socio-demographic profile in terms of number of pregnancies

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
<b>Professional support</b>	Between Groups	.266	4	.067	.261	.902	Not Significant
	Within Groups	24.218	95	.255			
	Total	24.484	99				
<b>Expectations</b>	Between Groups	1.886	4	.472	1.267	.289	Not Significant
	Within Groups	35.366	95	.372			
	Total	37.252	99				
<b>Holding the baby</b>	Between Groups	2.532	4	.633	2.761*	.032	Significant
	Within Groups	21.779	95	.229			
	Total	24.312	99				
<b>Support from husband</b>	Between Groups	.739	4	.185	.367	.832	Not Significant
	Within Groups	47.894	95	.504			
	Total	48.634	99				
<b>Pain in labor</b>	Between Groups	3.544	4	.886	1.389	.244	Not Significant
	Within Groups	60.602	95	.638			
	Total	64.146	99				
<b>Pain relief after labor</b>	Between Groups	3.492	4	.873	2.070	.091	Not Significant
	Within Groups	40.051	95	.422			
	Total	43.542	99				
<b>Environment</b>	Between Groups	2.952	4	.738	2.575*	.042	Significant
	Within Groups	27.228	95	.287			
	Total	30.180	99				
<b>Control</b>	Between Groups	1.642	4	.411	.706	.590	Not Significant
	Within Groups	55.258	95	.582			
	Total	56.900	99				

\*Significant alpha .05

### 3.5 According to Place of Delivery

The variations in delivery experiences among Jolo postpartum moms according to sociodemographic factors are displayed in Table 3.5. With the exception of "Environment," "Expectation," "Support from Husband," and "Pain Relief after Labor," every other subcategory has a significant F-ratio and P-value. This implies that, despite giving birth in various locations, respondents had diverse perspectives about what it's like to give birth. Although giving birth at a government hospital may be perceived as advantageous, respondents' evaluations of the experience are greatly influenced by the location of the delivery. The idea that there are no appreciable variations in the experience of birthing is thus disproved.

Table 3.5 Differences in the extent of childbirth experience among postpartum mothers from maternity units in Jolo when data are grouped according to socio-demographic profile in terms of place of delivery

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
<b>Professional support</b>	Between Groups	1.697	2	.849	3.612*	.031	Significant
	Within Groups	22.787	97	.235			
	Total	24.484	99				
<b>Expectations</b>	Between Groups	.797	2	.399	1.061	.350	Not Significant
	Within Groups	36.455	97	.376			
	Total	37.252	99				
<b>Holding the baby</b>	Between Groups	4.836	2	2.418	12.044*	.000	Significant
	Within Groups	19.475	97	.201			
	Total	24.312	99				
<b>Support from husband</b>	Between Groups	.994	2	.497	1.012	.367	Not Significant
	Within Groups	47.639	97	.491			
	Total	48.634	99				
<b>Pain in labor</b>	Between Groups	9.730	2	4.865	8.672*	.000	Significant
	Within Groups	54.416	97	.561			
	Total	64.146	99				
<b>Pain relief after labor</b>	Between Groups	1.615	2	.808	1.868	.160	Not Significant
	Within Groups	41.927	97	.432			
	Total	43.542	99				
<b>Environment</b>	Between Groups	.839	2	.419	1.386	.255	Not Significant
	Within Groups	29.342	97	.302			
	Total	30.180	99				
<b>Control</b>	Between Groups	5.677	2	2.839	5.375*	.006	Significant
	Within Groups	51.223	97	.528			
	Total	56.900	99				

\*Significant at alpha 0.05

### 3.6 According to Attendant during Delivery

According to Table 3.6, there are no discernible changes between postpartum moms' perceptions of their labor experience in Jolo, Philippines, depending on who assisted with the delivery. All other subcategories' F-ratios and P-values are not significant at alpha.05. This shows that although respondents may have differed in the attendant they had during delivery, their impressions of the event were consistent. This implies that a doctor's attendance may not always have an impact on how a delivery experience is perceived. Nonetheless, the responders' evaluation of the experience is not considerably impacted by the variable attendant during delivery. Thus, it is acknowledged that postpartum moms in Jolo do not significantly differ in their experiences giving birth.

Table 3.6 Differences in the extent of childbirth experience among postpartum mothers from maternity units in Jolo when data are grouped according to socio-demographic profile in terms of attendant during delivery

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
<b>Professional support</b>	Between Groups	1.231	2	.616	2.568	.082	Not Significant
	Within Groups	23.253	97	.240			
	Total	24.484	99				
<b>Expectations</b>	Between Groups	3.168	2	1.584	4.508*	.013	Significant
	Within Groups	34.084	97	.351			
	Total	37.252	99				
<b>Holding the baby</b>	Between Groups	.580	2	.290	1.186	.310	Not Significant
	Within Groups	23.731	97	.245			
	Total	24.312	99				
<b>Support from husband</b>	Between Groups	.087	2	.043	.086	.917	Not Significant
	Within Groups	48.547	97	.500			
	Total	48.634	99				
<b>Pain in labor</b>	Between Groups	6.585	2	3.292	5.548*	.005	Significant
	Within Groups	57.561	97	.593			
	Total	64.146	99				
<b>Pain relief after labor</b>	Between Groups	2.057	2	1.029	2.405	.096	Not Significant
	Within Groups	41.485	97	.428			
	Total	43.542	99				
<b>Environment</b>	Between Groups	.902	2	.451	1.495	.229	Not Significant
	Within Groups	29.278	97	.302			
	Total	30.180	99				
<b>Control</b>	Between Groups	2.176	2	1.088	1.929	.151	Not Significant
	Within Groups	54.724	97	.564			
	Total	56.900	99				

\*Significant alpha .05

4. Is there a significant difference in the extent of maternal role confidence among postpartum mothers from maternity units in Jolo when data are grouped according to socio-demographic profile in terms of: 5.1 Age; 5.2 Educational attainment; 5.3 Average monthly income; 5.4 Number of pregnancies; 5.5 Place of delivery; and 5.6 Attendant during delivery?

4.1 According to Age

According to Table 4.1, there is no discernible variation in the level of maternal role confidence among postpartum women in Jolo according to their age-based sociodemographic profile. The findings show that respondents' opinions of their confidence in their mother roles are the same regardless of age. This implies that judgments of mother role confidence may not always be influenced by age, even if an individual is 31 years of age or older. However, respondents'

assessments of the degree of confidence in their mother role are not significantly mediated by variable age. Thus, it is believed that there is no discernible variation in postpartum moms' confidence in their maternal roles in Jolo.

Table 4.1 Differences in the extent of maternal role confidence among postpartum mothers from maternity units in Jolo when data are grouped according to socio-demographic profile in terms of age

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
<b>Knowledge</b>	Between Groups	.330	2	.165	1.274	.284	Not Significant
	Within Groups	12.560	97	.129			
	Total	12.890	99				
<b>Task</b>	Between Groups	.059	2	.029	.152	.859	Not Significant
	Within Groups	18.810	97	.194			
	Total	18.868	99				
<b>Feelings</b>	Between Groups	3.425	2	1.712	5.045*	.008	Significant
	Within Groups	32.925	97	.339			
	Total	36.350	99				

\*Significant at alpha 0.05

#### 4.2 According to Educational Attainment

Based on their educational attainment, postpartum moms in Jolo do not significantly differ in their confidence in their maternal roles, as Table 4.2 demonstrates. This implies that respondents' assessments of their confidence in their parental roles are similar despite variations in educational attainment. This implies that views of maternal role confidence may not always be influenced by a master's or doctoral degree. Variable educational attainment, however, has no discernible mediating effect on respondents' assessments of the degree of confidence in their maternal role. Thus, it is believed that there is no discernible variation in postpartum moms' confidence in their maternal roles in Jolo.

Table 4.2 Differences in the extent of maternal role confidence among postpartum mothers from maternity units in Jolo when data are grouped according to socio-demographic profile in terms of educational attainment

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
<b>Knowledge</b>	Between Groups	.204	3	.068	.516	.672	Not Significant
	Within Groups	12.685	96	.132			
	Total	12.890	99				
<b>Task</b>	Between Groups	.419	3	.140	.726	.539	Not Significant
	Within Groups	18.450	96	.192			
	Total	18.868	99				
<b>Feelings</b>	Between Groups	1.626	3	.542	1.498	.220	Not Significant
	Within Groups	34.724	96	.362			
	Total	36.350	99				

\*Significant alpha .05

#### 4.3 According to Average Monthly Income

Based on their sociodemographic profile and average monthly income, Table 4.3 demonstrates that there is no substantial difference in postpartum women' confidence in their

maternal role among those in Jolo. This shows that respondents' views of their confidence in their parental roles are not different from those of respondents with higher average monthly incomes. This implies that views of mother role confidence are not always influenced by higher income levels. Variable average monthly income, however, had no discernible impact on respondents' confidence in their parental role. Thus, it is believed that there is no discernible variation in postpartum moms' confidence in their maternal roles in Jolo.

Table 4.3 Differences in the extent of maternal role confidence among postpartum mothers from maternity units in Jolo when data are grouped according to socio-demographic profile in terms of average monthly income.

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
<b>Knowledge</b>	Between Groups	.090	3	.030	.225	.879	Not Significant
	Within Groups	12.800	96	.133			
	Total	12.890	99				
<b>Task</b>	Between Groups	.659	3	.220	1.159	.330	Not Significant
	Within Groups	18.209	96	.190			
	Total	18.868	99				
<b>Feelings</b>	Between Groups	.307	3	.102	.273	.845	Not Significant
	Within Groups	36.043	96	.375			
	Total	36.350	99				

\*Significant alpha .05

#### 4.4 According to Number of Pregnancies

According to the sociodemographic profile, Table 5.4 reveals no discernible variation in the level of maternal role confidence among postpartum moms in Jolo. The opinions of confidence in the maternal role are not different across respondents with different pregnancies. This implies that perceptions are not always affected by having five or more pregnancies. Nonetheless, respondents' assessments of their confidence in their maternal role are not considerably impacted by the different number of pregnancies. As a result, it is agreed upon that there is no discernible variation in maternal role confidence.

Table 4.4 Differences in the extent of maternal role confidence among postpartum mothers from maternity units in Jolo when data are grouped according to socio-demographic profile in terms of number of pregnancies

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
<b>Knowledge</b>	Between Groups	.847	4	.212	1.671	.163	Not Significant
	Within Groups	12.042	95	.127			
	Total	12.890	99				
<b>Task</b>	Between Groups	1.217	4	.304	1.637	.171	Not Significant
	Within Groups	17.652	95	.186			
	Total	18.868	99				
<b>Feelings</b>	Between Groups	1.797	4	.449	1.235	.301	Not Significant
	Within Groups	34.553	95	.364			
	Total	36.350	99				

\*Significant at alpha 0.05

#### 4.5 According to Place of Delivery

Based on their sociodemographic profile and place of delivery, postpartum moms in Jolo exhibit varying levels of confidence in their maternal role (see Table 4.5). The findings indicate that respondents' views of their level of confidence in their maternal role vary, with those who gave birth at Government Hospital perceiving their role as more secure. Nonetheless, the respondents' evaluation of their confidence in their maternal role was not significantly impacted by the place of birth, suggesting that postpartum moms in Jolo do not differ considerably in their confidence levels.

Table 4.5 Differences in the extent of maternal role confidence among postpartum mothers from maternity units in Jolo when data are grouped according to socio-demographic profile in terms of place of delivery

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
<b>Knowledge</b>	Between Groups	.450	2	.225	1.756	.178	Not Significant
	Within Groups	12.439	97	.128			
	Total	12.890	99				
<b>Task</b>	Between Groups	.532	2	.266	1.408	.250	Not Significant
	Within Groups	18.336	97	.189			
	Total	18.868	99				
<b>Feelings</b>	Between Groups	.807	2	.403	1.101	.337	Not Significant
	Within Groups	35.543	97	.366			
	Total	36.350	99				

\*Significant at alpha 0.05

#### 4.6 According to Attendant during Delivery

Table 4.6 reveals that there is no significant variation in maternal role confidence among postpartum moms in Jolo based on their socio-demographic profile in terms of attending during delivery. Despite changes in attendance during delivery, respondents' evaluations of the childbirth experience are consistent. This implies that seeing a doctor may not always alter impressions of the birthing experience. However, the variable attendant during delivery had no significant effect on respondents' estimate of maternal role confidence, validating the null hypothesis.

Table 4.6 Differences in the extent of maternal role confidence among postpartum mothers from maternity units in Jolo when data are grouped according to socio-demographic profile in terms of when data are grouped according to socio-demographic profile in terms of attendant during delivery

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
<b>Knowledge</b>	Between Groups	.313	2	.157	1.207	.303	Not Significant
	Within Groups	12.577	97	.130			
	Total	12.890	99				
<b>Task</b>	Between Groups	1.010	2	.505	2.744	.069	Not Significant
	Within Groups	17.858	97	.184			
	Total	18.868	99				
<b>Feelings</b>	Between Groups	2.965	2	1.482	4.307*	.016	Significant
	Within Groups	33.385	97	.344			
	Total	36.350	99				

\*Significant at alpha 0.05

5. *Is there a significant correlation between the extent of childbirth experience and maternal role confidence among postpartum mothers from maternity units in Jolo?*

The study found a moderately positive relationship between the extent of birthing experience and maternal role confidence among postpartum moms in Jolo maternity units. Pearson Correlation Coefficients (Pearson's *r*) for these variables are significant at alpha.05. According to the findings, individuals who estimate their delivery experience as somewhat agreeing or moderately agreeing are more likely to rate their maternal role confidence as agreeing or high. As a result, the hypothesis that there is no significant relationship between the level of delivery experience and maternal role confidence is rejected.

Table 5. Correlation between the extent of childbirth experience and maternal role confidence among postpartum mothers from maternity units in Jolo

Variables		Pearson <i>r</i>	Sig	N	Description
Independent	Dependent				
Childbirth Experience	Maternal Role Confidence	.345**	.000	100	Moderate

\*Correlation Coefficient is significant at alpha .05

Correlation Coefficient Scales Adopted from Hopkins, Will (2002):

0.0-0.1=Nearly Zero; 0.1-0.30=Low; .3-0.5 0=Moderate; .5-0.7-0=High; .7-0.9= Very High; 0.9-1=Nearly Perfect

### Conclusion

The study found that postpartum moms in Jolo maternity units are moderately satisfied with their birthing experiences and have strong trust in their maternal roles. Sociodemographic characteristics such as age, education, income, number of pregnancies, and attendant during delivery had no significant influence on these perceptions. Moderately fulfilled moms are more likely to be confident in their duties, a finding that supports Mercer's Maternal Role Attainment Theory. The study supports the notion that a positive birth experience is essential for promoting maternal well-being and confidence. Additional research and treatments should focus on improving these experiences in order to enhance maternal health outcomes. This emphasizes the necessity for individualized healthcare practices that fulfill women' specific needs and aspirations during and after birth.

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