

Social Media Utilization: Its Link on the Health Seeking Behavior of Selected Young Mothers in Jolo

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ABSTRACT. This study examined the connection between social media usage and the health-seeking behaviors of a selected group of young mothers residing in Jolo. It considered their socio-demographic profiles, such as age, educational attainment, marital status, occupation, and barangay of residence. Utilizing a descriptive research design, the investigation gathered and examined data on patterns of social media activity and how these may influence various health-related actions among the respondents. The approach centered on observation and data collection, without aiming to determine direct causation. A total of 120 respondents were purposively chosen based on their availability and consent to participate, with 15 individuals drawn from each of the following barangays included in the study were Alat, Asturias, Bus-Bus, Chinese Pier, San Raymundo, Takut-Takut, Tulay, and Walled City. Findings revealed that the participants generally exhibited frequent social media use, particularly on Facebook, and showed positive health-seeking behaviors across physical, emotional, mental, social, and spiritual areas. Variations in both social media engagement and health-seeking actions were evident across different age groups, educational levels, and barangays, although marital status did not show a notable impact. A weak yet direct relationship emerged between social media activity and health-seeking behavior, especially in the physical, emotional, and social dimensions. These outcomes align with existing theories on health behavior, indicating that social media may influence the health attitudes and practices of young mothers.

KEYWORDS: *Social Media, Utilization, Health Seeking, Behavior, Young Mother*

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Introduction

In the current digital landscape, social media has emerged as a powerful tool influencing how people communicate, build relationships, and access a wide range of information. Originally designed for virtual interaction, it has quickly evolved into a multifaceted ecosystem of platforms, each tailored to meet the specific preferences and needs of diverse user groups (Amrit, 2023). As these digital spaces continue to shape human behavior, understanding changing trends in their usage becomes increasingly important not only for individuals but also for professionals in health, education, marketing, and policy-making.

As of 2024, Facebook remains the most utilized social media platform, reporting over 3.15 billion active users each month. It is next in line is YouTube, with 2.5 billion users, Instagram with 2 billion, and the rapidly expanding TikTok, which has surpassed 1 billion users (Vladimir, 2024). On a global scale, approximately 5.16 billion individuals roughly 59.3% of the global population are engaged on social media platforms (Chavez, Lamorinas, & Cenciro, 2023).

In parallel as social media continues to rise, the concept of health-seeking behavior, which refers to the steps individuals take to address health concerns so as to seek appropriate care, advice, or treatment. This behavior is a critical aspect of public health because it influences how communities access health services, affecting early intervention, disease prevention, and treatment effectiveness. Positive health-seeking practices play a significant role in enhancing community well-being, minimizing healthcare costs, and strengthening health systems (Kim et al., 2020; Chavez, 2020).

Scholarly interest in why people pursue or avoid medical help can be traced back to the 1950s. Since then, a wide range of academic disciplines including sociology, anthropology, psychology, and public health have contributed to this field, examining the many factors that influence individual health decisions (Ramya, 2019). These studies reveal that health-seeking behavior is shaped by personal beliefs, cultural practices, social networks, and the accessibility of health services (Chavez, Gregorio, Araneta, & Bihag, 2024; Chavez & Prado, 2023).

This study centers on investigating the relationship between social media engagement and health-seeking practices among young mothers in Jolo. The focus on this demographic arises from the increasing reliance on digital media for health information an issue of concern, particularly given the spread of misinformation online. Young mothers, often balancing multiple responsibilities, may turn to social media for quick health guidance, making it essential to understand the implications of such behavior (Chavez et al., 2024; Chavez, 2024). By exploring how digital platforms influence health decisions across various barangays, this research aims to support public health initiatives in Jolo. It strives to enhance the dissemination of accurate health information and contribute to better health outcomes in the local community (Murro et al., 2023; Garcia et al., 2025; Chavez, Del Prado, & Estoque, 2023).

Research Questions

This study determined the social media utilization and its link on the health seeking behavior of selected young mothers in Jolo.

Specifically, the study aimed to answer the following queries:

1. What is the socio-demographic profile of selected young mothers in Jolo in terms of;
 - 1.1 Age;
 - 1.2 Civil Status;
 - 1.3 Educational attainment; and
 - 1.4 Barangay?
2. What is the extent of social media utilization of selected young mothers in terms of;
 - 2.1. Duration in hours; and
 - 2.2. Type of social media?
3. What is the extent of health seeking behavior of selected young mothers in terms of;

- 3.1 Physical;
- 3.2 Emotional;
- 3.3 Mental;
- 3.4 Social; and
- 3.5 Spiritual?
4. Is there a significance difference in the extent of social media utilization of selected young mothers in Jolo when data are grouped according to:
 - 4.1 Age;
 - 4.2 Educational attainment;
 - 4.3 Civil status; and
 - 4.4 Barangay?
5. Is there a significance difference in the extent of health seeking behavior of selected young mothers in Jolo when data are grouped according to:
 - 5.1 Age;
 - 5.2 Educational attainment;
 - 5.3 Civil status; and
 - 5.4 Barangay?
6. Is there a significance correlation between the extent of social media utilization and health seeking behavior of selected young mothers in Jolo?

Literature Review

Foreign Studies and Literature

Social Media Use and Adolescent Health Behaviors. Platforms like Facebook, Instagram, and TikTok have become deeply embedded in the daily routines of adolescents, serving their needs for independence, social bonds, and a sense of belonging. While these platforms provide valuable opportunities for connection, growing evidence suggests that excessive engagement may come at a cost limiting real-life interactions and promoting sedentary behavior. Furthermore, adolescents are frequently exposed to digital content both advertiser-driven and user-generated that glamorizes the consumption of unhealthy products. This type of content, including influencer endorsements and peer sharing, may shape adolescents' attitudes and behaviors related to health. Research points to associations between this exposure and increased engagement in risky behaviors such as substance use and poor dietary choices. Both experimental findings and long-term studies indicate that what young people see online can influence how they act offline (Garil et al., 2024a).

Widespread Social Media Engagement and Gaps in Research. In recent years, social media has evolved into a dominant part of everyday life, with usage soaring across all age groups. Adolescents, in particular, spend significant amounts of time engaging in online activities such as gaming, messaging, and networking. This behavioral shift has prompted considerable interest among researchers in the social sciences (Ceneciro, 2025). Although a number of studies have examined the drivers behind frequent social media use, there remains a lack of comprehensive research on its broader implications especially in contexts such as college populations in China. The body of literature on well-being commonly adopts two major philosophical viewpoints: the

hedonic approach, which emphasizes pleasure and avoidance of discomfort, and the eudaimonic perspective, which focuses on achieving potential and personal development. Scholars generally concur that well-being should be examined as a multifaceted concept incorporating both dimensions (Divinagracia, 2024). There is a strong call for further research that spans diverse cultural contexts, as much of the existing scholarship centers on populations from WEIRD societies Westernized, Educated, Industrialized, Affluent, and Democratic (Garil et al., 2024b).

Positive and Negative Effects on Well-Being. Current research indicates a significant connection between social media usage and individuals' well-being. On the positive side, social platforms can foster a greater sense of social connection, reducing isolation and encouraging communication. Smartphone-based interactions often enhance users' perceived social support, alleviate loneliness, and increase feelings of closeness. In particular, speaking with loved ones through mobile technology has been found to strongly predict improved emotional well-being (Chavez & Unga, 2024).

Moreover, using social media for entertainment can facilitate self-expression and disclosure, while digital connections help reduce stigma and support feelings of acceptance and inclusion. Despite these benefits, some scholars warn of the downsides of excessive use. Prolonged time on social media may distract individuals from meaningful face-to-face connections, potentially leading to compulsive behavior rooted in the fear of missing out (Murro, 2024). Negative psychological outcomes such as anxiety, loneliness, and depression have been linked to overuse. Additionally, an emerging issue known as "phubbing" ignoring people in favor of mobile devices can erode the quality of real-life interactions and relationships (Carpio et al., 2024).

Conclusion and Future Directions. In conclusion, social media presents both opportunities and challenges for adolescent health and well-being. While it enables connection and emotional support, excessive use can contribute to harmful behaviors and psychological distress. A deeper understanding of these dynamics is essential for designing interventions that promote balanced and healthy social media engagement (Garil, Abbas, & Limen, 2024).

Local Studies and Literature

The Influence of Digital Technology in Modern Education. The growing integration of digital technology into academic settings has brought with it both advantages and challenges. While it enhances the development of students' knowledge, skills, and values, its unregulated use especially through social media can have unintended consequences. Social media platforms, when appropriately utilized, can support learning and communication. However, excessive or unsupervised engagement may negatively influence students' academic performance and personal development. Recognizing this duality, some educational institutions worldwide are actively working to find a balance between leveraging digital tools and maintaining discipline in the classroom. In response, certain schools have introduced strict policies on gadget use during instructional hours to reduce distractions (Jocelyn, 2023).

Social Media's Dual Effect on Student Learning. As highlighted by Jocelyn (2023), today's learners are surrounded by a digital landscape that can produce both supportive and detrimental outcomes. While these platforms may enhance peer interaction and supplement learning, their overuse can shift students' attention away from educational goals. In response to these concerns, schools in different countries are exploring strategic measures to regulate digital engagement. The global education community continues to debate and investigate the influence of social media within academic environments, underscoring the urgency of developing clear policies and interventions.

Academic Achievement and Social Media Usage. Research examining the relationship between social media use and academic performance success presents mixed results. For instance, a study conducted in Hong Kong by Lau (2017) found no significant correlation between the application of social media in academics and students' grade point averages (GPA). The results indicate that while social media might offer some academic support, it does not automatically contribute to improved academic outcomes.

The Consequences of Excessive Social Media Engagement. Additional evidence indicates that heavy social media use, particularly among university students, may be associated with declining academic performance. Prolonged use can interfere with students' sleep patterns, leading to reduced concentration and lower classroom participation (David et al., 2012; Ravizza et al., 2014). Studies by Curcio et al. (2006) and Woods & Scott (2016) also demonstrate that insufficient sleep impairs cognitive performance and hampers students' academic involvement.

Toward a Balanced Approach to Technology in Education. To conclude, while digital resources like social media have the potential to enhance learning experiences, unmoderated use within academic settings can negatively impact students. Schools must establish well-thought-out strategies that allow for the positive use of social media while enforcing appropriate boundaries. Such balanced approaches can help ensure that technology serves as a tool for academic success rather than a source of distraction.

Methodology

1. Research Design

This research utilized a descriptive research methodology to collect and analyze information regarding the use related to social media and its connection to health-seeking behaviors among young mothers in Jolo. The descriptive design involved observing and gathering data about a specific subject without attempting to establish causal relationships. The main goal of this type of research is to provide a detailed and accurate representation of the population or phenomenon being studied. Additionally, it helps to identify patterns, trends, and associations within the collected data. Descriptive research plays a key role in enhancing understanding of a particular topic through systematic observation and data gathering. By employing this approach, the researchers gained a deeper insight into the issue at hand, which can provide valuable direction for future studies.

The study was also carried out using a cross-sectional design design. This type of observational research involves measuring both the outcomes and the exposures of study participants at one specific moment.

2. Research Participants

This research targeted a purposive sample of 120 young mothers. Participants were chosen based on their availability and consent to take part in the study. A total of 15 participants were selected from each of the following the barangays included in the study were Alay, Asturias, Bus-Bus, Chinese Pier, San Raymundo, Takut-Takut, Tulay, and Walled City.

3. Research Instruments

The survey instrument employed in this study was adapted from the research study titled "Social Media Use and Health Risk Behaviors in Young People: Systematic Review and Meta-analysis" by Purba, Thomson, Henery, and Pearce (2023). The research instruments, consisting of a rating scale and survey form, were designed to collect the necessary data. The survey form included a well-structured set of questions, formulated to elicit meaningful responses from the

participants. A Likert-scale questionnaire was employed, where respondents indicated the extent to which they agreed with each statement. The items were presented in a table format, with a corresponding scale (always, often, sometimes, seldom, never) listed in each column. Participants were asked to mark the box that best represented their response.

This survey format was particularly convenient for both the researchers and the participants, as it saved time, especially for respondents who were busy. To analyze the data, the responses were evaluated on a 5-point Likert scale, which is commonly employed worldwide to gauge people's opinions and attitudes. The scale included five options: always, often, sometimes, seldom, and never, with a neutral option at the center and intermediate choices in between. By calculating the weighted average of responses, the researcher was able to draw conclusions based on the data collected from the participants.

4. *Data Gathering Procedure*

After ensuring the accuracy and consistency of the survey questionnaire, with approval from both the adviser and the statistician, and following an evaluation by the Research Ethics Committee (REC), the data gathering process began. Before the data gathering, the researcher submitted a request letter, which was approved by the Graduate Studies Dean and the research adviser, to the Barangay Chairman, seeking permission to conduct the study titled "Social Media Utilization and Its Link on the Health-Seeking Behavior of Selected Young Mothers in Jolo". This letter also included a request for permission to distribute the survey questionnaire to the selected respondents. Additionally, the researcher informed the Barangay Captains about the ongoing research.

The survey questionnaire was then administered to the selected respondents, and the completed questionnaires were retrieved upon their completion. The collected data was systematically sorted, encoded, and subjected to analysis using the appropriate statistical tools. All data gathered for this study was kept confidential and was used exclusively for research purposes.

5. *Data Analysis*

To address the research questions outlined in Chapter 1, the researcher employed the following statistical tools:

For Question 1, frequency count and percentage were used to analyze the demographic characteristics of the respondents, specifically focusing on age, educational attainment, civil status, and barangay.

For Questions 2 and 3, the mean and standard deviation values were determined to be applied to assess the extent of health-seeking behavior and social media utilization among the selected young mothers in Jolo.

For Questions 5 and 6, One-way ANOVA was utilized to examine whether there were significant differences in health-seeking behavior and social media use among the selected young mothers when categorized based on age and educational attainment, civil status, and barangay.

For Question 6, Pearson's Product-Moment Correlation was employed to assess whether there was a notable correlation between the degree of health-seeking behavior and social media utilization among the selected young mothers in Jolo.

Results and Discussion

Socio-demographic profile of selected young mothers in Jolo in terms of: Age, Civil Status, Educational Attainment, and Barangay.

The results on the socio-demographic profile of selected young mothers in Jolo in terms of: age, civil status, educational attainment, and barangay are reflected in Table 1.1-1.4.

On Age

Table 1.1 Socio-demographic profiles of the selected young mothers in terms of age.

Age	Number of Respondents	Percent	Cumulative percent
Below 20 years old	23	19.2%	19.2%
21 to 25 years old	40	33.3%	52.5%
26 to 30 years old	40	33.3%	85.8%
31-35 years old	17	14.2%	100%
Total	120	100%	

Table 1.1 the socio-demographic profile of the selected young mothers in Jolo in terms of age is presented in the table below. Among the 120 respondents, 19.2% were under 20 years old, 33.3% were between 21-25 years old, 33.3% were between 26-30 years old, and 14.2% were between 31-35 years old. This indicates that the majority of the young mothers were between the ages of 21 and 30 years old.

On Civil Status.

Table 1.2 Socio-demographic profiles of the selected young mothers in terms of civil status.

Civil Status	Number of Respondents	Percent	Cumulative percent
Married	103	85.8%	85.8%
Separated	15	12.5%	98.3%
Widowed	2	1.7%	100%
Total	120	100%	

Table 1.2 the socio-demographic profile of the selected young mothers in Jolo in terms of civil status is shown in the table below. Out of the 120 respondents, 85.8% are married, 12.5% are separated, and 1.7% are widowed. This indicates that the majority of the young mothers are married.

On Educational Attainment.

Table 1.3 Socio-demographic profiles of the selected young mothers in terms of educational attainment.

Educational Attainment	Number of Respondents	Percent	Cumulative percent
Elementary	23	19.2%	19.2%
High School	27	22.5%	41.7%
College	70	58.3%	100%
Total	120	100%	

Table 1.3 the socio-demographic profile of the selected young mothers in Jolo in terms of educational attainment is shown in the table below. Out of the 120 respondents, 19.2% are elementary graduates, 22.5% are high school graduates, and 58.3% are college graduates. This indicates that the majority of the young mothers are college graduates.

On Barangay.

Table 1.4 Socio-demographic profiles of the selected young mothers in terms of barangay.

Barangay	Number of Respondents	Percent
Alat	15	12.5%
Asturias	15	12.5%
Bus-bus	15	12.5%
Chinese Pier	15	12.5%

San Raymundo	15	12.5%
Takut-takut	15	12.5%
Tulay	15	12.5%
Walled City	15	12.5%
Total	120	100%

Table 1.4 the socio-demographic profile of the selected young mothers in Jolo, in terms of barangay, is presented in the table below. Out of the 120 respondents, each barangay is represented by 12.5% of the total respondents. This indicates that the respondents are equally distributed across all barangays.

Extent of Social Media Utilization of Selected Young Mothers in terms of Duration in Hours, and Type of social media.

The results on the Extent of Social Media Utilization of Selected Young Mothers in terms of Duration in Hours, and Type of social media are reflected in the table 2.1-2.2.

In terms of Duration in Hours.

Table 2.1 Extent of social media utilization of selected young mothers in Jolo in terms of duration in hours.

No	Duration in Hours	Mean	S.D.	Descriptor
1	I spend 1-3 hours a day	4.42	.706	High
2	I spend 4-6 hours a day	4.24	.710	High
3	I spend 7-9 hours a day	3.48	.850	Moderate
4	I spend more than 10 hours a day	3.71	1.155	High
Weighted Mean		3.965	.52490	High

Legend: (5) 4.50 – 5.00=Very high; (4) 3.50 – 4.49=High; (3) 2.50 – 3.49=Moderate; (2)1.50 – 2.49=Low; (1)1.00 – 1.49=Very low

Table 2.1 the extent of social media utilization among selected young mothers in Jolo, in terms of duration (measured in hours), is reflected in the table below. The respondents, on average, reported a composite mean score of 3.965 with a standard deviation of 0.52490, which falls under the “high” category for social media usage duration.

Specifically, statement number one, "I spend 1-3 hours a day," received the highest mean score of 4.42 with a standard deviation of 0.706, which is also rated as "High." This indicates that the majority of respondents allocate a significant amount of time daily to social media.

This substantial time investment aligns with the findings of Moon et al. (2019), which suggest that most parents, especially women, are regular users of social media, engaging with multiple platforms daily. Such high utilization highlights the increasing role of digital platforms in providing maternal health-related information. Additionally, this behavior supports the idea that parents appreciate the convenience of using online resources to manage childcare responsibilities more effectively.

In terms of Type of social media.

Table 2.2 Extent of social media utilization of selected young mothers in Jolo in terms of type of social media.

Social Media	Number of Respondents	Percent	Cumulative percent
Number of Social Media			
1 Social Media	86	71.7%	71.7%
2 Social Media	24	20%	91.7%

3 Social Media	4	3.3%	95%
4 Social Media	6	5%	100%
Total	120	100%	
Type of Social Media			
Facebook	92	76.7%	
YouTube	17	14.2%	
TikTok	53	44.2%	
Instagram	8	6.7%	

Table 2.2 the extent of social media utilization among selected young mothers in Jolo, in terms of the type of social media, is reflected in the table below. Among the 120 selected young mothers, 71.7% used one social media platform, 20% used two, 3.3% used three, and 5% used four. Specifically, 92 out of 120 young mothers used Facebook, 17 used YouTube, 53 used TikTok, and 8 used Instagram. This suggests that most of the young mothers utilized just one social media platform, with Facebook being the most commonly used.

According to Waring et al. (2023), Facebook continues to be the most frequently used platform by parents seeking health-related information and support. Meanwhile, TikTok has gained significant traction in presenting emerging trends in maternal health, particularly through video-based, short-form content, which has become a popular medium for health-related information and dissemination.

Extent of extent of health seeking behavior of selected young mothers in terms of: Physical, Emotional, Mental, Social, and Spiritual.

The results on the Extent of extent of health seeking behavior of selected young mothers in terms of: Physical, Emotional, Mental, Social, and Spiritual are reflected in Table 3.1-3.5.

In terms of Physical Health.

Table 3.1 Extent of health seeking behavior of selected young mothers in Jolo in terms of physical health.

No	Physical Health	Mean	S.D.	Descriptor
1	I seek medical advice from social media when I have health concerns.	4.50	.661	Very High
2	I feel more informed about physical health issues due to social media.	4.41	.667	High
3	I follow health-related accounts on social media to improve my physical health.	4.47	.697	High
4	I have changed my health habits based on information I found on social media.	4.44	.765	High
5	I consult social media before making health-related decisions.	4.45	.708	High
Weighted Mean		4.453	.62965	High

Legend: (5) 4.50 – 5.00=Very high; (4) 3.50 – 4.49=High; (3) 2.50 – 3.49=Moderate; (2) 1.50 – 2.49=Low; (1) 1.00 – 1.49=Very low

Table 3.1 the extent of health-seeking behavior among selected young mothers in Jolo, in terms of physical health, is reflected in the table below. The respondents obtained a composite mean score of 4.453, with a standard deviation of 0.62965, indicating a "high" level of health-seeking behavior in the physical health category.

More specifically, statement number one received the highest mean score of 4.50, with a standard deviation of 0.661, which is categorized as "Very High." This statement reads, "I seek medical advice from social media when I have health concerns."

Moon et al. (2019) highlighted the growing trend of mothers relying on digital platforms for health information, noting that the internet's ability to provide unlimited, quick, and anonymous information makes it a more convenient option for non-urgent health inquiries compared to contacting healthcare providers.

In terms of Emotional Health.

Table 3.2 Extent of health seeking behavior of selected young mothers in Jolo in terms of emotional health.

No	Emotional Health	Mean	S.D.	Descriptor
1	I use social media to seek support for emotional issues.	4.36	.776	High
2	I feel that social media helps me cope with stress and anxiety.	4.27	.764	High
3	I often share my emotional struggles on social media to get feedback.	4.17	.984	High
4	I feel less isolated because of the connections I make on social media.	4.34	.794	High
5	I often seek emotional support from friends or groups on social media.	4.31	.828	High
Weighted Mean		4.290	.74466	High

Legend: (5) 4.50 – 5.00=Very high; (4) 3.50 – 4.49=High; (3) 2.50 – 3.49=Moderate; (2) 1.50 – 2.49=Low; (1) 1.00 – 1.49=Very low

Table 3.2 the extent of health-seeking behavior of selected young mothers in Jolo, in terms of emotional health, is reflected in the table below. The respondents obtained a composite mean score of 4.290, with a standard deviation of 0.74466, indicating a "high" level of health-seeking behavior in the emotional health category.

More specifically, statement number one received the highest mean score of 4.36, with a standard deviation of 0.776, which is rated as "High." The statement reads, "I use social media to seek support for emotional issues."

Gillen (2023) emphasized that many mothers view social media as a crucial connection point during periods of physical isolation, such as during feeding sessions and contact naps. This reflects the increasing importance of online support networks for maternal emotional well-being. Social media helps validate mothers' experiences and alleviates feelings of isolation, allowing them to feel less alone.

In terms of Mental Health.

Table 3.3 Extent of health seeking behavior of selected young mothers in Jolo in terms of mental health.

No	Mental Health	Mean	S.D.	Descriptor
1	I find mental health resources on social media helpful	4.34	.750	High
2	I am more likely to seek help for mental health issues after seeing discussions on social media	4.20	.774	High
3	I follow mental health advocates on social media for guidance	4.27	.807	High
4	I have found mental health tips or resources on social media that I apply in my life	4.25	.802	High

5	I believe that social media can be a source of misinformation about mental health	3.81	1.063	High
Weighted Mean		4.173	.66557	High

Legend: (5) 4.50 – 5.00=Very high; (4) 3.50 – 4.49=High; (3) 2.50 – 3.49=Moderate; (2) 1.50 – 2.49=Low; (1) 1.00 – 1.49=Very low

Table 3.3 the extent of health-seeking behavior of selected young mothers in Jolo, in terms of mental health, is reflected in the table below. The respondents obtained a composite mean score of 4.173 with a standard deviation of 0.66557, indicating a "high" level in the mental health category.

More specifically, statement number one received the highest mean score of 4.34, with a standard deviation of 0.750, and is rated as "High." The statement reads, "I find mental health resources on social media helpful."

This finding aligns with the study by Olpin et al. (2023), which highlighted the growing role of digital platforms in supporting maternal mental health. Their research emphasized both the positive and negative outcomes of such digital engagement, noting that specific patterns of social media use were associated with increased parental stress and depression. As a result, the study suggests that mothers should be mindful and selective about their social media consumption by intentionally engaging with healthy and supportive digital communities.

In terms of Social Health.

Table 3.4 Extent of health seeking behavior of selected young mothers in Jolo in terms of social health.

No	Social Health	Mean	S.D.	Descriptor
1	I feel that social media provides me with a sense of social support	4.43	.707	High
2	I feel I can find support on social media when you are feeling down or stressed	4.30	.729	High
3	I feel that my online social connections are as supportive as my offline connections	4.31	.765	High
4	I have ever received helpful advice or emotional support from someone I met online	4.30	.763	High
5	I do online communities help me feel that I belong	4.34	.772	High
Weighted Mean		4.337	.68990	High

Legend: (5) 4.50 – 5.00=Very high; (4) 3.50 – 4.49=High; (3) 2.50 – 3.49=Moderate; (2) 1.50 – 2.49=Low; (1) 1.00 – 1.49=Very low

Table 3.4 the extent of health-seeking behavior of selected young mothers in Jolo, in terms of social health, is reflected in the table below. Overall, the respondents obtained a composite mean score of 4.337 with a standard deviation of 0.68990, which is interpreted as "high" in the social health category.

More specifically, statement number one received the highest mean score of 4.43 with a standard deviation of 0.707, and is rated as "High." The statement reads, "I feel that social media provides me with a sense of social support."

This finding supports the study of Olpin et al. (2023), which indicated that higher levels of social media engagement are positively associated with stronger social support systems among new mothers. Additionally, Moon et al. (2019) emphasized that mothers value the personalized information available through online support networks. These digital communities often function similarly to traditional support groups but offer greater accessibility and convenience.

In terms of Spiritual Health.

Table 3.5 Extent of health seeking behavior of selected young mothers in Jolo in terms of spiritual health.

No	Spiritual Health	Mean	S.D.	Descriptor
1	I use social media to explore spiritual practices and beliefs	4.35	.694	High
2	I find inspiration for my spiritual well-being through social media	4.24	.661	High
3	I engage with my spiritual communities on social media for support	4.27	.670	High
4	I find my spiritual journey or practices on social media	4.29	.715	High
5	I find community support for my spiritual beliefs through social media	4.23	.730	High
Weighted Mean		4.277	.63890	High

Legend: (5) 4.50 – 5.00=Very high; (4) 3.50 – 4.49=High; (3) 2.50 – 3.49=Moderate; (2) 1.50 – 2.49=Low; (1) 1.00 – 1.49=Very low

Table 3.5 the extent of health-seeking behavior of selected young mothers in Jolo, in terms of spiritual health, is presented in the table below. Overall, the respondents achieved a composite mean score of 4.277 with a standard deviation of 0.63890, which is interpreted as “high” in the spiritual health category.

More specifically, statement number one recorded the highest mean score of 4.35 with a standard deviation of 0.694, also rated as “High.” This statement reads, “I use social media to explore spiritual practices and beliefs.”

This finding aligns with Gard’s (2021) assertion that parents appreciate the capacity of social media to offer spiritual resources and foster a sense of community, which affirms and validates their experiences—including those related to spiritual well-being.

Significance difference in the extent of social media utilization of selected young mothers in Jolo in terms of: Age; Educational Attainment; Civil Status; and Barangay.

The results on the significance difference in the extent of social media utilization of selected young mothers in Jolo in terms of: age; educational attainment; civil status; and barangay are reflected in Table 4.1-4.4.

Social media utilization in terms of age.

Table 4.1 Differences in the social media utilization as perceived by selected young mothers in terms of age.

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Duration in Hours	Between Groups	2.373	3	.791	1.857	.141	Not Significant
	Within Groups	49.419	116	.426			
	Total	51.792	119				
Type of Social Media	Between Groups	7.288	3	2.429	4.277	.007*	Significant
	Within Groups	65.879	116	.568			
	Total	73.167	119				

Significance at alpha 0.05

Table 4.1 the table presents the differences in the extent of social media utilization among selected young mothers in Jolo when grouped according to age. It can be observed that the overall mean

differences and corresponding t-values under this category indicate a statistically significant difference.

Tammisalo et al. (2022) highlighted that young mothers exhibit varying patterns of social media engagement, with usage often centered around accessing health information and seeking social support.

Therefore, the null hypothesis stating that “There is no significant difference in the extent of social media utilization of selected young mothers in Jolo when data are grouped according to age” is rejected.

Table 4.1.1 Post Hoc Analysis: Differences in the social media utilization as perceived by selected young mothers.

Dependent Variable	(I) Grouping Age	(J) Grouping Age	Mean Difference (I-J)	Std. Error	Sig.
a) Duration in Hours	Below 20 years old	21-25 years old	-.103	.171	.930
		26-30 years old	.197	.171	.658
		31-35 years old	.228	.209	.696
	21-25 years old	Below 20 years old	.103	.171	.930
		26-30 years old	.300	.146	.174
		31-35 years old	.331	.189	.302
	26-30 years old	Below 20 years old	-.197	.171	.658
		21-25 years old	-.300	.146	.174
		31-35 years old	.031	.189	.998
	31-35 years old	Below 20 years old	-.228	.209	.696
		21-25 years old	-.331	.189	.302
		26-30 years old	-.031	.189	.998
b) Type of Social Media	Below 20 years old	21-25 years old	-.247	.197	.596
		26-30 years old	.278	.197	.495
		31-35 years old	.361	.241	.443
	21-25 years old	Below 20 years old	.247	.197	.596
		26-30 years old	.525*	.169	.012
		31-35 years old	.607*	.218	.031
	26-30 years old	Below 20 years old	-.278	.197	.495
		21-25 years old	-.525*	.169	.012
		31-35 years old	.082	.218	.982
	31-35 years old	Below 20 years old	-.361	.241	.443

21-25 years old	-.607*	.218	.031
26-30 years old	-.082	.218	.982

*. The mean difference is significant at the 0.05 level.

A post-hoc analysis using the Tukey HSD (Honestly Significant Difference) Test was performed to identify which specific age groups among the selected young mothers in Jolo exhibited statistically significant differences in the mean levels across the areas assessed under social media utilization. This analysis allowed for a more detailed comparison by determining where the significant variations lie among the age classifications.

As shown in Table 4.1.1, the analysis reveals a difference in the means of the social media utilization as perceived by selected young mothers in Jolo is calculated by subtracting the higher group mean from the lower group mean.

a) On Duration in Hours Category: it shows that no other groups of selected young mothers in Jolo obtain a more comprehensive view of the level of social media utilization under duration in hours category.

b) On Type of Social Media Category: it shows that the 26-30 years old group of selected young mothers in Jolo achieved a mean difference of $-.525^*$ accompanied by a standard error of .169 and a p value of .012, which are statistically significant at $\alpha = 0.05$ for 21-25 years old group. Furthermore, the 31-35 years old group of selected young mothers in Jolo achieved a mean difference of $-.607^*$ with a standard error of .218 and a p value of .031, which are significant at $\alpha = .05$ over 21-25 years old group. So under this sub-category, no other groups of selected young mothers in Jolo obtain a more comprehensive view of the scale of social media utilization under type of social media category than 21-25 years old group.

Social media utilization in terms of educational attainment.

Table 4.2. Differences in the social media utilization as perceived by selected young mothers in terms of educational attainment, the groups displayed distinct patterns of health-seeking behavior.

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Duration in Hours	Between Groups	1.513	2	.757	1.761	.176	Not
	Within Groups	50.278	117	.430			Significant
	Total	51.792	119				
Type of Social Media	Between Groups	12.019	2	6.010	11.49	.000*	
	Within Groups	61.147	117	.523			Significant
	Total	73.167	119				

Significance at alpha 0.05

Table 4.2 Shows the Difference in the Extent of Social Media Utilization of Selected Young Mothers in Jolo when grouped according to their educational attainment, significant differences in social media usage were observed.

The table illustrates the differences in the extent of social media utilization among selected young mothers in Jolo when grouped according to their educational attainment, significant differences in social media usage were observed educational attainment. Based on the results, the null hypothesis is rejected, indicating a significant difference between the groups computed overall mean differences and corresponding t-values indicate that a statistically significant difference exists across the groups.

Supporting this result, Tammissalo et al. (2022) emphasized that an individual's educational level appears to influence patterns of social media use. In the context of this study, it is important to consider the influence of educational attainment on usage patterns of young mothers, the findings suggest that those with varying educational backgrounds engage with digital platforms differently, particularly when seeking maternal health information and online social support.

Therefore, the null hypothesis is rejected, suggesting a significant difference between the groups stating that “There is no significant difference in the extent of social media utilization of selected young mothers in Jolo when data are grouped according to educational attainment” is hereby rejected.

Table 4.2.1. Post Hoc Analysis: Differences in the mean scores across groups categorized by educational attainment social media utilization as perceived by selected young mothers.

Dependent Variable	(I) Grouping Educational Attainment	(J) Grouping Educational Attainment	Mean Difference (I-J)	Std. Error	Sig.
a) Duration in Hours	Elementary	High School	-.275	.186	.304
		College	-.009	.158	.998
	High School	Elementary	.275	.186	.304
		College	.267	.149	.176
	College	Elementary	.009	.158	.998
		High School	-.267	.149	.176
b) Type of Social Media	Elementary	High School	-.826*	.205	.000
		College	-.098	.174	.841
	High School	Elementary	.826*	.205	.000
		College	.729*	.164	.000
	College	Elementary	.098	.174	.841
		High School	-.729*	.164	.000

*. The mean difference is significant at the 0.05 level.

A post-hoc analysis using the Tukey HSD Test was performed to identify which groups, classified by educational attainment, showed differences in mean levels across areas related to social media utilization, as perceived by selected young mothers in Jolo.

The analysis results, presented in Table 4.2.1, indicate that the difference in social media utilization means, as perceived by selected young mothers in Jolo, is calculated by subtracting the higher group mean from the lower group mean.

a) On Duration in Hours Category: it shows that no other groups of selected young mothers in Jolo gain a clearer understanding of the scope of social media utilization under duration in hours category.

b) On Type of Social Media Category: it shows that the elementary graduate group of selected young mothers in Jolo produced a mean difference of $-.826^*$ accompanied by a standard error of .205 with a p-value of 0.000, indicating that are statistically significant at $\alpha = 0.05$ for high school graduate group. Furthermore, the college graduate group of selected young mothers in Jolo obtained a mean difference of $-.729^*$ with a standard error of .164 and a p value of .000,

which are significant at alpha =.05 over high school graduate group. As a result, this sub-category did not include any other groups of selected young mothers in Jolo develop a more accurate perception of the magnitude of social media utilization under type of social media category than high school graduate group.

Social media utilization in terms of civil status.

Table 4.3. Differences in the social media utilization as perceived by selected young mothers in terms of civil status.

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Duration in Hours	Between Groups	.735	2	.368	.843	.433	Not Significant
	Within Groups	51.056	117	.436			
	Total	51.792	119				
Type of Social Media	Between Groups	2.786	2	1.393	2.316	.103	Not Significant
	Within Groups	70.381	117	.602			
	Total	73.167	119				

Significance at alpha 0.05

Table 4.3 Shows the Difference in the Extent of Social Media Utilization of Selected Young Mothers in Jolo in Terms of Civil Status

The table presents the comparison of social media utilization among selected young mothers in Jolo, categorized by civil status. Upon analysis, the computed mean differences and corresponding t-values reveal that there is no statistically significant variation in social media use based on civil status.

Tammisalo et al. (2022) noted that both married and divorced women are generally more inclined to utilize social media platforms. This trend often corresponds with their need for emotional connection, relationship-related engagement, and online social support. However, in this study, such behavioral differences were not significant enough to show disparity across civil status categories.

Hence, the null hypothesis stating that “There is no significant difference in the extent of social media utilization of selected young mothers in Jolo when data are grouped according to civil status” is accepted.

Social media utilization in terms of barangay.

Table 4.4. Differences in the social media utilization as perceived by selected young mothers in terms of barangay.

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Duration in Hours	Between Groups	13.525	7	1.932	5.655	.000*	Significant
	Within Groups	38.267	112	.342			
	Total	51.792	119				
Type of Social Media	Between Groups	23.567	7	3.367	7.602	.000*	Significant
	Within Groups	49.600	112	.443			
	Total	73.167	119				

Significance at alpha 0.05

Table 4.4 difference in the Extent of Social Media Utilization of Selected Young Mothers in Jolo According to Barangay

The table illustrates the extent of social media utilization among selected young mothers in Jolo when grouped according to their barangay. The analysis of the computed mean differences and t-values indicates a statistically significant difference across the barangays.

According to a 2024 report by the Philippine News Agency, geographical location serves as a strong influencing factor in social media engagement. Local communities significantly influence access to health-related information, with varying norms and levels of resource availability shaping usage behaviors. Even in less urbanized or remote settings, distinct patterns of digital engagement emerge, often influenced by the presence or absence of localized health services and digital infrastructure.

Consequently, the null hypothesis stating that “There is no significant difference in the extent of social media utilization of selected young mothers in Jolo when data are grouped according to barangay” is rejected.

Table 4.4.1. Post Hoc Analysis: Differences in the levels of [specific behavior or variable] across various [groups/categories] social media utilization as perceived by selected young mothers.

Dependent Variable	(I) Grouping Barangay	(J) Grouping Barangay	Mean Difference (I-J)	Std. Error	Sig.
a) Duration in Hours	Alat	Asturias	-.133	.213	.998
		Bus-bus	.200	.213	.982
		Chinese Pier	-.467	.213	.368
		San Raymundo	.133	.213	.998
		Takut-takut	-.400	.213	.571
		Tulay	-.733*	.213	.018
		Walled City	-.667*	.213	.045
	Asturias	Alat	.133	.213	.998
		Bus-bus	.333	.213	.772
		Chinese Pier	-.333	.213	.772
		San Raymundo	.267	.213	.915
		Takut-takut	-.267	.213	.915
		Tulay	-.600	.213	.103

	Walled City	-.533	.213	.207
Bus-bus	Alat	-.200	.213	.982
	Asturias	-.333	.213	.772
	Chinese Pier	-.667*	.213	.045
	San Raymundo	-.067	.213	1.000
	Takut-takut	-.600	.213	.103
	Tulay	-.933*	.213	.001
	Walled City	-.867*	.213	.002
Chinese Pier	Alat	.467	.213	.368
	Asturias	.333	.213	.772
	Bus-bus	.667*	.213	.045
	San Raymundo	.600	.213	.103
	Takut-takut	.067	.213	1.000
	Tulay	-.267	.213	.915
	Walled City	-.200	.213	.982
San Raymundo	Alat	-.133	.213	.998
	Asturias	-.267	.213	.915
	Bus-bus	.067	.213	1.000
	Chinese Pier	-.600	.213	.103
	Takut-takut	-.533	.213	.207
	Tulay	-.867*	.213	.002
	Walled City	-.800*	.213	.007
Takut-takut	Alat	.400	.213	.571
	Asturias	.267	.213	.915
	Bus-bus	.600	.213	.103
	Chinese Pier	-.067	.213	1.000
	San Raymundo	.533	.213	.207
	Tulay	-.333	.213	.772
	Walled City	-.267	.213	.915
Tulay	Alat	.733*	.213	.018
	Asturias	.600	.213	.103
	Bus-bus	.933*	.213	.001
	Chinese Pier	.267	.213	.915
	San Raymundo	.867*	.213	.002
	Takut-takut	.333	.213	.772
	Walled City	.067	.213	1.000
Walled City	Alat	.667*	.213	.045
	Asturias	.533	.213	.207
	Bus-bus	.867*	.213	.002

Chinese Pier	.200	.213	.982
San Raymundo	.800*	.213	.007
Takut-takut	.267	.213	.915
Tulay	-.067	.213	1.000

*. The mean difference is significant at the 0.05 level.

Dependent Variable	(I) Grouping Barangay	(J) Grouping Barangay	Mean Difference (I-J)	Std. Error	Sig.
b) Type of Social Media	Alat	Asturias	.000	.243	1.000
		Bus-bus	.000	.243	1.000
		Chinese Pier	-1.200*	.243	.000
		San Raymundo	-.067	.243	1.000
		Takut-takut	-.600	.243	.220
		Tulay	-.533	.243	.363
		Walled City	-.933*	.243	.005
	Asturias	Alat	.000	.243	1.000
		Bus-bus	.000	.243	1.000
		Chinese Pier	-1.200*	.243	.000
		San Raymundo	-.067	.243	1.000
		Takut-takut	-.600	.243	.220
		Tulay	-.533	.243	.363
		Walled City	-.933*	.243	.005
	Bus-bus	Alat	.000	.243	1.000
		Asturias	.000	.243	1.000
		Chinese Pier	-1.200*	.243	.000
		San Raymundo	-.067	.243	1.000
		Takut-takut	-.600	.243	.220
		Tulay	-.533	.243	.363
		Walled City	-.933*	.243	.005
	Chinese Pier	Alat	1.200*	.243	.000
		Asturias	1.200*	.243	.000
		Bus-bus	1.200*	.243	.000
		San Raymundo	1.133*	.243	.000
		Takut-takut	.600	.243	.220
		Tulay	.667	.243	.121
		Walled City	.267	.243	.956
San Raymundo	Alat	.067	.243	1.000	
	Asturias	.067	.243	1.000	
	Bus-bus	.067	.243	1.000	

	Chinese Pier	-1.133*	.243	.000
	Takut-takut	-.533	.243	.363
	Tulay	-.467	.243	.540
	Walled City	-.867*	.243	.012
Takut-takut	Alat	.600	.243	.220
	Asturias	.600	.243	.220
	Bus-bus	.600	.243	.220
	Chinese Pier	-.600	.243	.220
	San Raymundo	.533	.243	.363
	Tulay	.067	.243	1.000
	Walled City	-.333	.243	.868
Tulay	Alat	.533	.243	.363
	Asturias	.533	.243	.363
	Bus-bus	.533	.243	.363
	Chinese Pier	-.667	.243	.121
	San Raymundo	.467	.243	.540
	Takut-takut	-.067	.243	1.000
	Walled City	-.400	.243	.721
Walled City	Alat	.933*	.243	.005
	Asturias	.933*	.243	.005
	Bus-bus	.933*	.243	.005
	Chinese Pier	-.267	.243	.956
	San Raymundo	.867*	.243	.012
	Takut-takut	.333	.243	.868
	Tulay	.400	.243	.721

*. The mean difference is significant at the 0.05 level.

A post-hoc analysis using the Tukey HSD Test was conducted to determine which groups, classified by barangay, exhibited significant differences in mean scores across areas related to social media utilization as perceived by selected young mothers in Jolo.

As shown in Table 4.4.1, the analysis reveals a difference in the mean scores of the social media utilization as perceived by selected young mothers in Jolo is results from taking the difference between the lower and higher group means, with the higher subtracted from the lower.

a) On Duration in Hours Category: it shows that the Barangay Alat group of selected young mothers in Jolo indicated a mean difference of $-.733^*$ with a standard error of .213 and a p value of .018, which are significant at $\alpha = .05$ over Barangay Tulay group. Barangay Alat group of selected young mothers in Jolo resulted in a mean difference of $-.667^*$ with a standard error of .213 and a p value of .045, which are significant at $\alpha = .05$ over Barangay Walled City group. Meanwhile, Barangay Bus-bus group of selected young mothers in Jolo demonstrated a mean difference of $-.667^*$ with a standard error of .213 and a p value of .045, which are significant at $\alpha = .05$ over Barangay Chinese Pier group. Barangay Bus-bus group of selected young mothers in Jolo resulted in a mean difference of $-.933^*$ with a standard error of

.213 and a p value of .001, which are significant at $\alpha = .05$ over Barangay Tulay group. Barangay Bus-bus group of selected young mothers in Jolo indicated a mean difference of $-.867^*$ with a standard error of .213 and a p value of .002, which are significant at $\alpha = .05$ over Barangay Walled City group. Furthermore, Barangay San Raymundo group of selected young mothers in Jolo indicated a mean difference of $-.867^*$ with a standard error of .213 and a p value of .002, which are significant at $\alpha = .05$ over Barangay Tulay group. Barangay San Raymundo group of selected young mothers in Jolo resulted in a mean difference of $-.800^*$ with a standard error of .213 and a p value of .007, which are significant at $\alpha = .05$ over Barangay Walled City group. So under this sub-category, no other groups of selected young mothers in Jolo have a better way of perceiving the extent of social media utilization under duration in hours category than Barangay Tulay, Walled City, and Chinese Pier groups respectively.

b) On Type of Social Media Category: it shows that Barangay Alat group of selected young mothers in Jolo found a mean difference of -1.200^* accompanied by a standard error of .243 and a p value of .000, which are significant at $\alpha = .05$ over Barangay Chinese Pier group. Barangay Alat group of selected young mothers in Jolo found a mean difference of $-.933^*$ with a standard error of .243 and a p value of .005, which are significant at $\alpha = .05$ over Barangay Walled City group. Moreover, Barangay Asturias group of selected young mothers in Jolo achieved a mean difference of -1.200^* with a standard error of .243 and a p value of .000, which are significant at $\alpha = .05$ over Barangay Walled City group. Barangay Asturias group of selected young mothers in Jolo achieved a mean difference of $-.933^*$ with a standard error of .243 and a p value of .005, which are significant at $\alpha = .05$ over Barangay Walled City group. Furthermore, Barangay Bus-bus group of selected young mothers in Jolo resulted in a mean difference of -1.200^* with a standard error of .243 and a p value of .000, which are significant at $\alpha = .05$ over Barangay Chinese Pier group. Barangay Bus-bus group of selected young mothers in Jolo produced a mean difference of $-.933^*$ with a standard error of .243 and a p value of .005, which are significant at $\alpha = .05$ over Barangay Walled City group. Meanwhile, Barangay San Raymundo group of selected young mothers in Jolo produced a mean difference of -1.133^* with a standard error of .243 and a p value of .000, which are significant at $\alpha = .05$ over Barangay Chinese Pier group. Barangay San Raymundo group of selected young mothers in Jolo recorded a mean difference of $-.867^*$ with a standard error of .243 and a p value of .012, which are significant at $\alpha = .05$ over Barangay Walled City group. So under this sub-category, no other groups of selected young mothers in Jolo have a better way of perceiving the extent of social media utilization under type of social media category than Barangay Chinese Pier and Walled City group.

Significance difference in the extent of health seeking behavior of selected young mothers in Jolo in terms of Age, Educational Attainment, Civil Status, and Barangay.

The results on the Significance difference in the extent of health seeking behavior of selected young mothers in Jolo in terms of Age, Educational Attainment, Civil Status, and Barangay are reflected in table 5.1-5.4.

Health seeking behavior in terms of age.

Table 5.1. Differences in the health seeking behavior as perceived by selected young mothers in terms of age.

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Physical Health	Between Groups	5.826	3	1.942	5.448	.002*	Significant
	Within Groups	41.352	116	.356			
	Total	47.179	119				
Emotional Health	Between Groups	13.072	3	4.357	9.552	.000*	Significant
	Within Groups	52.916	116	.456			
	Total	65.988	119				
Mental Health	Between Groups	7.953	3	2.651	6.317	.001*	Significant
	Within Groups	48.685	116	.420			
	Total	56.639	119				
Social Health	Between Groups	7.088	3	2.363	6.006	.001*	Significant
	Within Groups	45.627	116	.393			
	Total	52.715	119				
Spiritual Health	Between Groups	1.640	3	.547	1.351	.261	Not Significant
	Within Groups	46.935	116	.405			
	Total	48.575	119				

Significance at alpha 0.05

Table 5.1 difference in the Extent of Health-Seeking Behavior of Selected Young Mothers in Jolo According to Age

This table presents the analysis of the extent of health-seeking behavior among selected young mothers in Jolo when categorized by age. The results show that the overall mean differences and corresponding t-values under this demographic variable indicate a statistically significant difference.

Krahe et al. (2023) noted that younger mothers often encounter barriers in accessing healthcare services, which may be linked to limited experience, resources, or autonomy. Similarly, Khajeh et al. (2019) emphasized that stigmatization and social judgment can discourage young mothers from pursuing formal health support. Robb et al. (2013) further argued that younger mothers are more reliant on their immediate social circles—particularly family and peers—which can heavily influence their healthcare-seeking decisions and behaviors.

Table 5.1.1. Post Hoc Analysis: Differences in the health seeking behavior as perceived by selected young mothers.

Dependent Variable	(I) Grouping Age	(J) Grouping Age	Mean Difference (I-J)	Std. Error	Sig.
a) Physical Health		21-25 years old	.14283	.15624	.797

	Below 20 years old	26-30 years old	.50783*	.15624	.008
		31-35 years old	.54783*	.19097	.025
	21-25 years old	Below 20 years old	-.14283	.15624	.797
		26-30 years old	.36500*	.13351	.036
		31-35 years old	.40500	.17286	.094
	26-30 years old	Below 20 years old	-.50783*	.15624	.008
		21-25 years old	-.36500*	.13351	.036
		31-35 years old	.04000	.17286	.996
	31-35 years old	Below 20 years old	-.54783*	.19097	.025
		21-25 years old	-.40500	.17286	.094
		26-30 years old	-.04000	.17286	.996
b) Emotional Health	Below 20 years old	21-25 years old	.06348	.17674	.984
		26-30 years old	.69348*	.17674	.001
		31-35 years old	.71407*	.21603	.007
	21-25 years old	Below 20 years old	-.06348	.17674	.984
		26-30 years old	.63000*	.15102	.000
		31-35 years old	.65059*	.19555	.006
	26-30 years old	Below 20 years old	-.69348*	.17674	.001
		21-25 years old	-.63000*	.15102	.000
		31-35 years old	.02059	.19555	1.000
	31-35 years old	Below 20 years old	-.71407*	.21603	.007
		21-25 years old	-.65059*	.19555	.006
		26-30 years old	-.02059	.19555	1.000
c) Mental Health	Below 20 years old	21-25 years old	.06348	.17674	.984
		26-30 years old	.69348*	.17674	.001
		31-35 years old	.71407*	.21603	.007
	21-25 years old	Below 20 years old	-.06348	.17674	.984
		26-30 years old	.63000*	.15102	.000
		31-35 years old	.65059*	.19555	.006
	26-30 years old	Below 20 years old	-.69348*	.17674	.001
		21-25 years old	-.63000*	.15102	.000

		31-35 years old	.02059	.19555	1.000
	31-35 years old	Below 20 years old	-.71407*	.21603	.007
		21-25 years old	-.65059*	.19555	.006
		26-30 years old	-.02059	.19555	1.000
d) Social Health	Below 20 years old	21-25 years old	.19196	.16953	.670
		26-30 years old	.54196*	.16953	.010
		31-35 years old	.74578*	.20721	.003
	21-25 years old	Below 20 years old	-.19196	.16953	.670
		26-30 years old	.35000	.14486	.080
		31-35 years old	.55382*	.18757	.020
	26-30 years old	Below 20 years old	-.54196*	.16953	.010
		21-25 years old	-.35000	.14486	.080
		31-35 years old	.20382	.18757	.698
	31-35 years old	Below 20 years old	-.74578*	.20721	.003
		21-25 years old	-.55382*	.18757	.020
		26-30 years old	-.20382	.18757	.698
e) Spiritual Health	Below 20 years old	21-25 years old	.11717	.16645	.895
		26-30 years old	.31217	.16645	.244
		31-35 years old	.22864	.20345	.676
	21-25 years old	Below 20 years old	-.11717	.16645	.895
		26-30 years old	.19500	.14223	.520
		31-35 years old	.11147	.18416	.930
	26-30 years old	Below 20 years old	-.31217	.16645	.244
		21-25 years old	-.19500	.14223	.520
		31-35 years old	-.08353	.18416	.969
	31-35 years old	Below 20 years old	-.22864	.20345	.676
		21-25 years old	-.11147	.18416	.930
		26-30 years old	.08353	.18416	.969

*. The mean difference is significant at the 0.05 level.

A post-hoc analysis using the Tukey HSD Test was performed to identify which age-based groups exhibited varying mean levels across areas related to health seeking behavior as perceived by selected young mothers in Jolo.

The analysis results, presented in Table 5.1.1, show that the difference in health-seeking behavior, as perceived by selected young mothers in Jolo, is calculated by subtracting the higher group mean from the lower group mean.

a) On Physical Health Category: it shows that the below 20 years old group of selected young mothers in Jolo recorded a mean difference of $-.50783^*$ with a standard error of $.15624$ and a p value of $.008$, and 21-25 years old produced a mean difference of $-.36500^*$ with standard error of $.13351$ and a p value of $.036$, which are significant at $\alpha = .05$ over 26-30 years old group. Furthermore, the below 20 years old group of selected young mothers in Jolo achieved a mean difference of $-.54783^*$ with a standard error of $.19097$ and a p value of $.025$ which are significant at $\alpha = .05$ over 31-35 years old group. So under this sub-category, no other groups of selected young mothers in Jolo have a better way of perceiving the extent of health seeking behavior under physical health category than 26-35 years old group.

b) On Emotional Health Category: it shows that the below 20 years old group of selected young mothers in Jolo achieved a mean difference of $-.69348^*$ with a standard error of $.17674$ and a p value of $.001$, and 21-25 years old obtained a mean difference of $-.63000^*$ with standard error of $.15102$ and a p value of $.000$, which are significant at $\alpha = .05$ over 26-30 years old group. Furthermore, the below 20 years old group of selected young mothers in Jolo achieved a mean difference of $-.71407^*$ with a standard error of $.21603$ and a p value of $.007$, and 21-25 years old obtained a mean difference of $-.65059^*$ with standard error of $.19555$ and a p value of $.006$, which are significant at $\alpha = .05$ over 31-35 years old group. So, under this sub-category, no other groups of selected young mothers in Jolo have a better way of perceiving the extent of health seeking behavior under emotional health category than 26-35 years old group.

c) On Mental Health Category: it shows that the below 20 years old group of selected young mothers in Jolo achieved a mean difference of $-.50587^*$ with a standard error of $.16412$ and a p value of $.013$, and 21-25 years old achieved a mean difference of $-.41000^*$ with standard error of $.14024$ and a p value of $.021$, which are significant at $\alpha = .05$ over 26-30 years old group. Furthermore, the below 20 years old group of selected young mothers in Jolo obtained a mean difference of $-.61381^*$ with a standard error of $.20060$ and a p value of $.014$, and 21-25 years old achieved a mean difference of $-.51794^*$ with standard error of $.18158$ and a p value of $.026$, which are significant at $\alpha = .05$ over 31-35 years old group. So under this sub-category, no other groups of selected young mothers in Jolo have a better way of perceiving the extent of health seeking behavior under mental health category than 26-35 years old group.

d) On Social Health Category: it shows that the below 20 years old group of selected young mothers in Jolo achieved a mean difference of $-.54196^*$ with a standard error of $.16953$ and a p value of $.010$. Furthermore, the below 20 years old group of selected young mothers in Jolo obtained a mean difference of $-.74578^*$ with a standard error of $.20721$ and a p value of $.003$, and 21-25 years old recorded a mean difference of $-.55382^*$ with standard error of $.18757$ and a p value of $.020$, which are significant at $\alpha = .05$ over 31-35 years old group. So under this sub-category, no other groups of selected young mothers in Jolo have a better way of perceiving the extent of health seeking behavior under social health category than 26-35 years old group.

e) On the Spiritual Health Category, it shows that there are no other groups of selected young mothers in Jolo have a better way of perceiving the health seeking behavior under spiritual health category.

Health seeking behavior in terms of educational attainment.

Table 5.2. Differences in the health seeking behavior as perceived by selected young mothers in terms of educational attainment.

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Physical Health	Between Groups	5.208	2	2.604	7.259	.001*	Significant
	Within Groups	41.971	117	.359			
	Total	47.179	119				
Emotional Health	Between Groups	10.171	2	5.086	10.66	.000*	Significant
	Within Groups	55.817	117	.477			
	Total	65.988	119				
Mental Health	Between Groups	7.498	2	3.749	8.926	.000*	Significant
	Within Groups	49.141	117	.420			
	Total	56.639	119				
Social Health	Between Groups	3.789	2	1.894	4.530	.013*	Significant
	Within Groups	48.926	117	.418			
	Total	52.715	119				
Spiritual Health	Between Groups	2.657	2	1.329	3.386	.037*	Significant
	Within Groups	45.917	117	.392			
	Total	48.575	119				

Significance at alpha 0.05

Table 5.2 the table illustrates the variation in health-seeking behavior among selected young mothers in Jolo, based on their educational attainment. From this table, it is evident that, in general, the overall mean differences and corresponding t-values reflect a significant disparity.

According to Bhalotra & Clarke (2013), the basic education has shown to increase the probability of women seeking health services, use of contraceptive methods, and delivery in hospitals. This suggested that even with basic education can change how mothers engage with healthcare services. Furthermore, UNESCO has shown that if every mother receives basic education, it would reduce maternal death.

Moreover, Friis et.al. (2016) showed that health literacy mediates between educational attainment and health behaviors. This potential impact highlighted the significant role of education in changing health-seeking behaviors that eventually improve maternal health outcomes.

As a result, the hypothesis asserts that “There is no significant difference on the extent of health-seeking behavior of selected young mothers in Jolo when data are grouped according to educational attainment” is rejected.

Table 5.2.1. Post Hoc Analysis: Differences in the health seeking behavior as perceived by selected young mothers.

Dependent Variable	(I) Grouping Educational Attainment	(J) Grouping Educational Attainment	Mean Difference (I-J)	Std. Error	Sig.
a) Physical Health	Elementary	High School	.25443	.16995	.296
		College	.52596*	.14395	.001
	High School	Elementary	-.25443	.16995	.296
		College	.27153	.13569	.116
	College	Elementary	-.52596*	.14395	.001
		High School	-.27153	.13569	.116
b) Emotional Health	Elementary	High School	.29243	.19599	.298
		College	.71677*	.16600	.000
	High School	Elementary	-.29243	.19599	.298
		College	.42434*	.15647	.021
	College	Elementary	-.71677*	.16600	.000
		High School	-.42434*	.15647	.021
c) Mental Health	Elementary	High School	.10145	.18349	.845
		College	.40907*	.15542	.026
	High School	Elementary	-.10145	.18349	.845
		College	.30762	.14650	.094
	College	Elementary	-.40907*	.15542	.026
		High School	-.34148	.14682	.056
d) Social Health	Elementary	High School	.28374	.18389	.275
		College	.62522*	.15576	.000
	High School	Elementary	-.28374	.18389	.275
		College	.34148	.14682	.056
	College	Elementary	-.62522*	.15576	.000
		High School	-.34148	.14682	.056
e) Spiritual Health	Elementary	High School	.14396	.17776	.698
		College	.36460*	.15056	.044
	High School	Elementary	-.14396	.17776	.698
		College	.22063	.14192	.270
	College	Elementary	-.36460*	.15056	.044
		High School	-.22063	.14192	.270

*. The mean difference is significant at the 0.05 level.

A post-hoc analysis using the Tukey HSD test was performed to identify which educational attainment groups exhibited significant differences in mean scores across areas related to health-seeking behavior, as perceived by selected young mothers in Jolo.

The analysis results, outlined in Table 5.2.1, demonstrate that there is a variation in the mean scores of the health seeking behavior as perceived by selected young mothers in Jolo is calculated by subtracting the higher group mean from the lower group mean.

a) On Physical Health Category: indicates that the below college graduate group of selected young mothers in Jolo obtained a mean difference of $-.52596^*$ with a standard error of $.14395$ and a p value of $.001$, which are significant at $\alpha = .05$ over elementary graduate group. Thus, within this sub-category, no additional groups of selected young mothers in Jolo gain improved insight into the extent of health seeking behavior under physical health category than elementary graduate group.

b) On Emotional Health Category: it shows that the college graduate group of selected young mothers in Jolo recorded an average difference of $-.71677^*$ with a standard error of $.16600$ and a p value of $.000$, which are significant at $\alpha = .05$ over elementary graduate old group. Furthermore, the college graduate group of selected young mothers in Jolo obtained a mean difference of $-.42434^*$ with a standard error of $.15647$ and a p value of $.021$, which are significant at $\alpha = .05$ over high school graduate group. Within this sub-category, there were no additional groups of selected young mothers in Jolo gain a clearer understanding of the degree of health seeking behavior under emotional health category than elementary and high school graduate group respectively.

c) On Mental Health Category: it shows that the college graduate group of selected young mothers in Jolo obtained a mean difference of $-.40907^*$ with a standard error of $.15542$ and a p value of $.026$, which are significant at $\alpha = .05$ over elementary graduate group. So, under this sub-category, no other groups of selected young mothers in Jolo have a better way of perceiving the extent of health seeking behavior under mental health category than elementary graduate group.

d) On Social Health Category, it shows that the college graduate group of selected young mothers in Jolo obtained a mean difference of $-.62522^*$ with a standard error of $.15576$ and a p value of $.000$, which are significant at $\alpha = .05$ over elementary graduate group. So, under this sub-category, no other groups of selected young mothers in Jolo have a better way of perceiving the extent of health seeking behavior under social health category than elementary graduate group.

e) On the Spiritual Health Category, it shows that the college graduate group of selected young mothers in Jolo obtained a mean difference of $-.36460^*$ with a standard error of $.15056$ and a p value of $.044$, which are significant at $\alpha = .05$ over elementary graduate group. So, under this sub-category, no other groups of selected young mothers in Jolo have a better way of perceiving the extent of health seeking behavior under spiritual health category than elementary graduate group.

Health seeking behavior in terms of civil status.

Table 5.3. Differences in the health seeking behavior as perceived by selected young mothers in terms of civil status.

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Physical Health	Between Groups	1.100	2	.550	1.397	.251	Not Significant
	Within Groups	46.078	117	.394			
	Total	47.179	119				
Emotional Health	Between Groups	2.392	2	1.196	2.201	.115	Not Significant
	Within Groups	63.596	117	.544			
	Total	65.988	119				
Mental Health	Between Groups	1.577	2	.789	1.676	.192	Not Significant
	Within Groups	55.061	117	.471			
	Total	56.639	119				
Social Health	Between Groups	1.661	2	.830	1.903	.154	Not Significant
	Within Groups	51.054	117	.436			
	Total	52.715	119				
Spiritual Health	Between Groups	1.310	2	.655	1.621	.202	Not Significant
	Within Groups	47.265	117	.404			
	Total	48.575	119				

Significance at alpha 0.05.

Table 5.3 shows the difference in the extent of health seeking behavior of selected young mothers in Jolo in terms of civil status. It can be gleaned from this table that, generally, the overall mean differences and t-values obtained under this category indicate no significant difference.

This finding aligns with what was pointed by Mizero et.al. (2024) that the absence of significant differences in terms of civil status may be associated to young mothers facing systematic barriers to health access. These may include stigmatization from healthcare providers, financial difficulties, and lack of services addressing their respective healthcare needs.

In contrast to the study of Pandey et al. (2019) suggested that civil status can influence healthcare service utilization patterns. In their research, married Medicare beneficiaries demonstrated lower odds of inpatient utilization in comparison to those who are not married. However, they emphasized that financial problems may affect many young mothers regardless of civil status that often to have limited income sources and faced additional expenses related to childcare.

Therefore, the hypothesis, which states that “There is no significant difference on the extent of health-seeking behavior of selected young mothers in Jolo when data are grouped according to civil status” is accepted.

Health seeking behavior in terms of barangay.

Table 5.4 Differences in the health seeking behavior as perceived by selected young mothers in terms of barangay.

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Physical Health	Between Groups	7.067	7	1.010	2.819	.010*	Significant
	Within Groups	40.112	112	.358			
	Total	47.179	119				
Emotional Health	Between Groups	6.841	7	.977	1.851	.084	Not Significant
	Within Groups	59.147	112	.528			
	Total	65.988	119				
Mental Health	Between Groups	9.156	7	1.308	3.085	.005*	Significant
	Within Groups	47.483	112	.424			
	Total	56.639	119				
Social Health	Between Groups	11.595	7	1.656	4.512	.000*	Significant
	Within Groups	41.120	112	.367			
	Total	52.715	119				
Spiritual Health	Between Groups	11.129	7	1.590	4.755	.000*	Significant
	Within Groups	37.445	112	.334			
	Total	48.575	119				

Significance at alpha 0.05

Table 5.4 shows the difference in the extent of health seeking behavior of selected young mothers in Jolo in terms of barangay. It can be gleaned from this table that, generally, the overall computed differences in means and corresponding t-scores under this category indicate a substantial variation.

This finding aligns with the study of Covar (2015) that differences vary across barangays in physical health-seeking behavior. Residents of Barangay San Miguel in Laguna exhibited a moderate health-seeking behavior. Meanwhile, Reyes et.al. (2023) reported that the Barangay Health Workers served as significant bridges between communities and healthcare institutions facing challenges such as insufficient physical space or materials, limited community backing, and the unavailability of suitable resources. The disparities may be associated with “belief in traditional healers” and cultural factors that influenced health-seeking behaviors. Consequently, the hypothesis asserts that “There is no significant difference on the extent of health-seeking behavior of selected young mothers in Jolo when data are grouped according to barangay” is rejected.

Table 5.4.1. Post Hoc Analysis: Differences in the health seeking behavior as perceived by selected young mothers.

Dependent Variable	(I) Grouping Barangay	(J) Grouping Barangay	Mean Difference (I-J)	Std. Error	Sig.
a) Physical Health	Alat	Asturias	.16000	.21852	.996

	Bus-bus	.16000	.21852	.996
	Chinese Pier	.60000	.21852	.120
	San Raymundo	.74667*	.21852	.019
	Takut-takut	.29333	.21852	.880
	Tulay	.52000	.21852	.262
	Walled City	.18667	.21852	.989
Asturias	Alat	-.16000	.21852	.996
	Bus-bus	.00000	.21852	1.000
	Chinese Pier	.44000	.21852	.478
	San Raymundo	.58667	.21852	.138
	Takut-takut	.13333	.21852	.999
	Tulay	.36000	.21852	.720
	Walled City	.02667	.21852	1.000
Bus-bus	Alat	-.16000	.21852	.996
	Asturias	.00000	.21852	1.000
	Chinese Pier	.44000	.21852	.478
	San Raymundo	.58667	.21852	.138
	Takut-takut	.13333	.21852	.999
	Tulay	.36000	.21852	.720
	Walled City	.02667	.21852	1.000
Chinese Pier	Alat	-.60000	.21852	.120
	Asturias	-.44000	.21852	.478
	Bus-bus	-.44000	.21852	.478
	San Raymundo	.14667	.21852	.998
	Takut-takut	-.30667	.21852	.854
	Tulay	-.08000	.21852	1.000
	Walled City	-.41333	.21852	.560
San Raymundo	Alat	-.74667*	.21852	.019
	Asturias	-.58667	.21852	.138
	Bus-bus	-.58667	.21852	.138
	Chinese Pier	-.14667	.21852	.998
	Takut-takut	-.45333	.21852	.438
	Tulay	-.22667	.21852	.968
	Walled City	-.56000	.21852	.181
Takut-takut	Alat	-.29333	.21852	.880
	Asturias	-.13333	.21852	.999
	Bus-bus	-.13333	.21852	.999
	Chinese Pier	.30667	.21852	.854
	San Raymundo	.45333	.21852	.438

	Tulay	.22667	.21852	.968
	Walled City	-.10667	.21852	1.000
Tulay	Alat	-.52000	.21852	.262
	Asturias	-.36000	.21852	.720
	Bus-bus	-.36000	.21852	.720
	Chinese Pier	.08000	.21852	1.000
	San Raymundo	.22667	.21852	.968
	Takut-takut	-.22667	.21852	.968
	Walled City	-.33333	.21852	.792
Walled City	Alat	-.18667	.21852	.989
	Asturias	-.02667	.21852	1.000
	Bus-bus	-.02667	.21852	1.000
	Chinese Pier	.41333	.21852	.560
	San Raymundo	.56000	.21852	.181
	Takut-takut	.10667	.21852	1.000
	Tulay	.33333	.21852	.792

*. The mean difference is significant at the 0.05 level.

Dependent Variable	(I) Grouping Barangay	(J) Grouping Barangay	Mean Difference (I-J)	Std. Error	Sig.
c) Mental Health	Alat	Asturias	-.13333	.22125	.999
		Bus-bus	.04000	.22125	1.000
		Chinese Pier	.61333	.22125	.113
		San Raymundo	.65333	.22125	.072
		Takut-takut	.41333	.22125	.575
		Tulay	.74667*	.22125	.022
		Walled City	.33333	.22125	.802
	Asturias	Alat	.13333	.22125	.999
		Bus-bus	.17333	.22125	.994
		Chinese Pier	.74667*	.22125	.022
		San Raymundo	.78667*	.22125	.013
		Takut-takut	.54667	.22125	.219
		Tulay	.88000*	.22125	.003
		Walled City	.46667	.22125	.416
Bus-bus	Alat	-.04000	.22125	1.000	
	Asturias	-.17333	.22125	.994	
	Chinese Pier	.57333	.22125	.170	
	San Raymundo	.61333	.22125	.113	
	Takut-takut	.37333	.22125	.695	

	Tulay	.70667*	.22125	.037
	Walled City	.29333	.22125	.887
Chinese Pier	Alat	-.61333	.22125	.113
	Asturias	-.74667*	.22125	.022
	Bus-bus	-.57333	.22125	.170
	San Raymundo	.04000	.22125	1.000
	Takut-takut	-.20000	.22125	.985
	Tulay	.13333	.22125	.999
	Walled City	-.28000	.22125	.909
San Raymundo	Alat	-.65333	.22125	.072
	Asturias	-.78667*	.22125	.013
	Bus-bus	-.61333	.22125	.113
	Chinese Pier	-.04000	.22125	1.000
	Takut-takut	-.24000	.22125	.959
	Tulay	.09333	.22125	1.000
	Walled City	-.32000	.22125	.833
Takut-takut	Alat	-.41333	.22125	.575
	Asturias	-.54667	.22125	.219
	Bus-bus	-.37333	.22125	.695
	Chinese Pier	.20000	.22125	.985
	San Raymundo	.24000	.22125	.959
	Tulay	.33333	.22125	.802
	Walled City	-.08000	.22125	1.000
Tulay	Alat	-.74667*	.22125	.022
	Asturias	-.88000*	.22125	.003
	Bus-bus	-.70667*	.22125	.037
	Chinese Pier	-.13333	.22125	.999
	San Raymundo	-.09333	.22125	1.000
	Takut-takut	-.33333	.22125	.802
	Walled City	-.41333	.22125	.575
Walled City	Alat	-.33333	.22125	.802
	Asturias	-.46667	.22125	.416
	Bus-bus	-.29333	.22125	.887
	Chinese Pier	.28000	.22125	.909
	San Raymundo	.32000	.22125	.833
	Takut-takut	.08000	.22125	1.000
	Tulay	.41333	.22125	.575

*. The mean difference is significant at the 0.05 level.

Dependent Variable	(I) Grouping Barangay	(J) Grouping Barangay	Mean Difference (I-J)	Std. Error	Sig.
d) Social Health	Alat	Asturias	-.10667	.23775	1.000
		Bus-bus	.00000	.23775	1.000
		Chinese Pier	.50667	.23775	.402
		San Raymundo	.69333	.23775	.079
		Takut-takut	.28000	.23775	.937
		Tulay	.42667	.23775	.625
		Walled City	-.01333	.23775	1.000
	Asturias	Alat	.10667	.23775	1.000
		Bus-bus	.10667	.23775	1.000
		Chinese Pier	.61333	.23775	.174
		San Raymundo	.80000*	.23775	.023
		Takut-takut	.38667	.23775	.733
		Tulay	.53333	.23775	.335
		Walled City	.09333	.23775	1.000
	Bus-bus	Alat	.00000	.23775	1.000
		Asturias	-.10667	.23775	1.000
		Chinese Pier	.50667	.23775	.402
		San Raymundo	.69333	.23775	.079
		Takut-takut	.28000	.23775	.937
		Tulay	.42667	.23775	.625
		Walled City	-.01333	.23775	1.000
	Chinese Pier	Alat	-.50667	.23775	.402
		Asturias	-.61333	.23775	.174
		Bus-bus	-.50667	.23775	.402
		San Raymundo	.18667	.23775	.994
		Takut-takut	-.22667	.23775	.980
		Tulay	-.08000	.23775	1.000
		Walled City	-.52000	.23775	.367
San Raymundo	Alat	-.69333	.23775	.079	
	Asturias	-.80000*	.23775	.023	
	Bus-bus	-.69333	.23775	.079	
	Chinese Pier	-.18667	.23775	.994	
	Takut-takut	-.41333	.23775	.662	
	Tulay	-.26667	.23775	.951	
	Walled City	-.70667	.23775	.068	
Takut-takut	Alat	-.28000	.23775	.937	
	Asturias	-.38667	.23775	.733	

		Bus-bus	-.28000	.23775	.937
		Chinese Pier	.22667	.23775	.980
		San Raymundo	.41333	.23775	.662
		Tulay	.14667	.23775	.999
		Walled City	-.29333	.23775	.920
	Tulay	Alat	-.42667	.23775	.625
		Asturias	-.53333	.23775	.335
		Bus-bus	-.42667	.23775	.625
		Chinese Pier	.08000	.23775	1.000
		San Raymundo	.26667	.23775	.951
		Takut-takut	-.14667	.23775	.999
		Walled City	-.44000	.23775	.587
	Walled City	Alat	.01333	.23775	1.000
		Asturias	-.09333	.23775	1.000
		Bus-bus	.01333	.23775	1.000
		Chinese Pier	.52000	.23775	.367
		San Raymundo	.70667	.23775	.068
		Takut-takut	.29333	.23775	.920
		Tulay	.44000	.23775	.587

*. The mean difference is significant at the 0.05 level.

Dependent Variable	(I) Grouping Barangay	(J) Grouping Barangay	Mean Difference (I-J)	Std. Error	Sig.
e) Spiritual Health	Alat	Asturias	-.13333	.21113	.998
		Bus-bus	-.05333	.21113	1.000
		Chinese Pier	.53333	.21113	.195
		San Raymundo	.81333*	.21113	.005
		Takut-takut	.25333	.21113	.930
		Tulay	.29333	.21113	.860
		Walled City	.02667	.21113	1.000
	Asturias	Alat	.13333	.21113	.998
		Bus-bus	.08000	.21113	1.000
		Chinese Pier	.66667*	.21113	.041
		San Raymundo	.94667*	.21113	.000
		Takut-takut	.38667	.21113	.600
		Tulay	.42667	.21113	.473
	Bus-bus	Alat	.05333	.21113	1.000
Asturias		-.08000	.21113	1.000	

	Chinese Pier	.58667	.21113	.111
	San Raymundo	.86667*	.21113	.002
	Takut-takut	.30667	.21113	.830
	Tulay	.34667	.21113	.724
	Walled City	.08000	.21113	1.000
Chinese Pier	Alat	-.53333	.21113	.195
	Asturias	-.66667*	.21113	.041
	Bus-bus	-.58667	.21113	.111
	San Raymundo	.28000	.21113	.887
	Takut-takut	-.28000	.21113	.887
	Tulay	-.24000	.21113	.947
	Walled City	-.50667	.21113	.252
San Raymundo	Alat	-.81333*	.21113	.005
	Asturias	-.94667*	.21113	.000
	Bus-bus	-.86667*	.21113	.002
	Chinese Pier	-.28000	.21113	.887
	Takut-takut	-.56000	.21113	.149
	Tulay	-.52000	.21113	.222
	Walled City	-.78667*	.21113	.007
Takut-takut	Alat	-.25333	.21113	.930
	Asturias	-.38667	.21113	.600
	Bus-bus	-.30667	.21113	.830
	Chinese Pier	.28000	.21113	.887
	San Raymundo	.56000	.21113	.149
	Tulay	.04000	.21113	1.000
	Walled City	-.22667	.21113	.961
Tulay	Alat	-.29333	.21113	.860
	Asturias	-.42667	.21113	.473
	Bus-bus	-.34667	.21113	.724
	Chinese Pier	.24000	.21113	.947
	San Raymundo	.52000	.21113	.222
	Takut-takut	-.04000	.21113	1.000
	Walled City	-.26667	.21113	.910
Walled City	Alat	-.02667	.21113	1.000
	Asturias	-.16000	.21113	.995
	Bus-bus	-.08000	.21113	1.000
	Chinese Pier	.50667	.21113	.252
	San Raymundo	.78667*	.21113	.007
	Takut-takut	.22667	.21113	.961

Tulay	.26667	.21113	.910
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*. The mean difference is significant at the 0.05 level.

Post-hoc analysis using the Tukey HSD Test was conducted to determine which groups were classified according to barangay to have different levels of mean in areas subsumed under health seeking behavior as perceived by selected young mothers in Jolo.

The result of the analysis, which is shown in Table 5.4.1, indicates that the difference in the means of the health seeking behavior as perceived by selected young mothers in Jolo is obtained by way of a lower group mean minus a higher group mean.

a) On Physical Health Category: it shows that Barangay San Raymundo group of selected young mothers in Jolo obtained a mean difference of $-.74667^*$ with a standard error of $.21852$ and a p value of $.019$, which are significant at $\alpha = .05$ over Barangay Alat group. So, under this sub-category, no other groups of selected young mothers in Jolo have a better way of perceiving the extent of health seeking behavior under physical health category than Barangay Alat group.

b) On Emotional Health Category: it shows that no groups of selected young mothers in Jolo have a better way of perceiving the extent of health seeking behavior under emotional health category.

c) On Mental Health Category: it shows that Barangay Chinese Pier group of selected young mothers in Jolo obtained a mean difference of $-.74667^*$ with a standard error of $.22125$ and a p value of $.022$, which are significant at $\alpha = .05$ over Barangay Asturias group. Moreover, Barangay San Raymundo group of selected young mothers in Jolo obtained a mean difference of $-.78667^*$ with a standard error of $.22125$ and a p value of $.013$, which are significant at $\alpha = .05$ over Barangay Asturias group. Furthermore, Barangay Tulay group of selected young mothers in Jolo obtained a mean difference of $-.74667^*$ with a standard error of $.22125$ and a p value of $.022$, which are significant at $\alpha = .05$ over Barangay Alat group. Barangay Tulay group of selected young mothers in Jolo obtained a mean difference of $-.88000^*$ with a standard error of $.22125$ and a p value of $.003$, which are significant at $\alpha = .05$ over Barangay Asturias group. Barangay Tulay group of selected young mothers in Jolo obtained a mean difference of $-.70667^*$ with a standard error of $.22125$ and a p value of $.037$, which are significant at $\alpha = .05$ over Barangay Bus-bus group. So, under this sub-category, no other groups of selected young mothers in Jolo have a better way of perceiving the extent of health seeking behavior under mental health category than Barangay Alat, Asturias, and Bus-bus groups respectively.

d) On Social Health Category, it shows that Barangay San Raymundo group of selected young mothers in Jolo obtained a mean difference of $-.80000^*$ with a standard error of $.23775$ and a p value of $.023$, which are significant at $\alpha = .05$ over Barangay Asturias group. So, under this sub-category, no other groups of selected young mothers in Jolo have a better way of perceiving the extent of health seeking behavior under social health category than Barangay Asturias group.

e) On the Spiritual Health Category, it shows Barangay Chinese Pier group of selected young mothers in Jolo obtained a mean difference of $-.66667^*$ with a standard error of $.21113$ and a p value of $.041$, which are significant at $\alpha = .05$ over Barangay Asturias group. Furthermore, Barangay San Raymundo group of selected young mothers in Jolo obtained a mean difference of $-.81333^*$ with a standard error of $.21113$ and a p value of $.005$, which are

significant at $\alpha = .05$ over Barangay Alat group. Barangay San Raymundo group of selected young mothers in Jolo obtained a mean difference of $-.94667^*$ with a standard error of $.21113$ and a p value of $.000$, which are significant at $\alpha = .05$ over Barangay Asturias group. Barangay San Raymundo group of selected young mothers in Jolo obtained a mean difference of $-.86667^*$ with a standard error of $.21113$ and a p value of $.002$, which are significant at $\alpha = .05$ over Barangay Bus-bus group. Barangay San Raymundo group of selected young mothers in Jolo obtained a mean difference of $-.78667^*$ with a standard error of $.21113$ and a p value of $.007$, which are significant at $\alpha = .05$ over Barangay Walled City group. So, under this sub-category, no other groups of selected young mothers in Jolo have a better way of perceiving the extent of health seeking behavior under spiritual health category than Barangay Asturias, Alat, Bus-bus, and Walled City groups respectively.

Significance correlation between the extent of social media utilization and health seeking behavior of selected young mothers in Jolo.

The results on the significance correlation between the extent of social media utilization and health seeking behavior of selected young mothers in Jolo are reflected in table 6.1.

Correlation between the extent of social media utilization and health seeking behaviors of selected young mothers in Jolo.

Table 6.1. Correlation between the extent of social media utilization and health seeking behavior of selected young mothers in Jolo.

Variables	Pearson <i>r</i>	Sig.	N	Description
Social Media Utilization				
Physical Health	.249**	.006	120	Low
Emotional Health	.277**	.002	120	Low
Mental Health	.110	.233	120	No Correlation
Social Health	.268**	.003	120	Low
Spiritual Health	.170	.064	120	No Correlation

Legend: ** Correlation Coefficient is significant at $\alpha .01$

Correlation Coefficient Scales Adopted from Hopkins, Will (2002): 0.0-0.1=Nearly Zero; 0.1-0.30=Low; 0.3-0.5 0=Moderate; 0.5-0.7-0=High; .7-0.9= Very High; 0.9-1=Nearly Perfect

Table 6.1 shows the correlation between the extent of social media utilization and health seeking behavior of selected young mothers in Jolo. It can be gleaned from this table that, there is a low positive and significantly correlation between the extent of social media utilization and health seeking behavior under physical health ($r=.249$; $p=.006$), emotional health ($r=.277$; $p=.002$), and social health ($r=.268$; $p=.003$) of selected young mothers in Jolo.

These findings support the study of Frey et al. (2023) reported that most of the parents were using social media for health information related of their children. Meanwhile, Kubb &

Foran (2020) revealed that parents, nowadays, frequently search for specific content relevant to physical health concerns.

Research by Kreiter (2023) showed that mothers often search in social media platforms for validation and emotion support through social media posts, comments, and likes of their child. Many young mothers may opt to seek health related information through their social media engagement patterns.

Therefore, the hypothesis which states that: “There is no significant correlation between the extent of social media utilization and health seeking behavior of selected young mothers in Jolo,” is hereby rejected.

Conclusion

Based on the study's findings, it was concluded that the selected young mothers in Jolo were fairly represented across various demographics such as age, civil status, educational attainment, and barangay. These participants generally demonstrated a high level of engagement with social media, with the majority using a single platform most likely Facebook as their primary source of online interaction. Likewise, the respondents showed a high level of health-seeking behavior across physical, emotional, mental, social, and spiritual domains. Statistical analysis revealed that social media usage significantly varied by age, educational attainment, and barangay, but not by civil status. This outcome reinforces the principles of the Health Belief Model (HBM), which emphasizes the influence of personal beliefs on behavioral outcomes. Similarly, significant differences in health-seeking behavior were also observed in relation to age, education, and geographic location, supporting Johnson’s Behavioral System Model, which underscores the need for balance across different behavioral subsystems for overall wellness. The findings also indicated a low yet positive correlation between social media use and aspects of health-seeking behavior—particularly in physical, emotional, and social health highlighting the role digital platforms may play in influencing maternal health choices.

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