

RESEARCH ARTICLE: Maternal Awareness and Attitude Toward Facility-Based Deliveries Among Post-Partum and Pregnant Women in Parang District Hospital, Sulu

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ABSTRACT. This study assessed the maternal awareness and attitude toward facility-based deliveries among post-partum and pregnant women at Parang District Hospital, Sulu using a descriptive-correlational research design. A purposive sampling method was employed to select 100 respondents. Data were analyzed using frequency, percentage score, weighted mean, standard deviation, Pearson's test of correlation, t-test, and ANOVA. The findings revealed that most respondents were 26-30 years old, high school graduates, had 1-3 parity, and were below minimum wage earners. Maternal awareness, in terms of benefits, incentives, risks of home delivery, and availability of healthcare workers, and attitude, in terms of behavioral intention, perceived benefits, and past behavior or experience, were predominantly rated from 'Agree' to 'Strongly Agree.' Respondents aged 26 years and above, with elementary to college-level education, with one or more parity, and earning 5,001 to 10,000 or preferring not to disclose their income showed better perceptions of maternal awareness and attitude. Very high to high positive significant correlations were observed, supporting the Health Belief Model and Theory of Planned Behavior. The findings emphasize the significance of facility-based delivery in promoting safe and effective healthcare services for pregnant and post-partum women.

KEYWORDS: *Maternal Awareness, Facility-Based Delivery, Maternal Attitude, Pregnant Women, Post-Partum Women, Health Belief Model, Theory of Planned Behavior*

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Introduction

Maternal health remains a critical public health concern, particularly in low- and middle-income countries where maternal mortality and morbidity remain high (World Health Organization [WHO], 2023). Facility-based deliveries attended by skilled health professionals are essential in preventing maternal and neonatal deaths by enabling timely management of complications such as postpartum hemorrhage, sepsis, hypertensive disorders, and obstructed labor (WHO, 2016, 2019). Maternal awareness of the benefits of facility-based delivery, available health services, and risks of home delivery can influence decisions regarding the place of childbirth (Gabrysch & Campbell,

2009; Montagu et al., 2017). However, limited awareness, cultural beliefs, fear of medical interventions, previous healthcare experiences, and lack of trust may hinder facility utilization (Chavez et al., 2023; Kruk et al., 2018).

In the Philippines, the Department of Health has implemented programs and policies, including the Maternal, Newborn, Child Health and Nutrition Strategy and the Responsible Parenthood and Reproductive Health Law, to promote skilled birth attendance and access to emergency obstetric care (DOH, 2011; Republic Act No. 10354, 2012). Despite these efforts, maternal healthcare access remains challenging, particularly in geographically isolated and disadvantaged areas, where socioeconomic conditions, education, parity, and previous childbirth experiences may influence healthcare-seeking decisions (DOH, 2018; PSA, 2022).

These challenges are particularly relevant in Sulu, where geographic isolation, poverty, transportation limitations, security concerns, and cultural practices may affect maternal healthcare utilization. Among Muslim communities, cultural and religious beliefs may also shape health-related attitudes and practices (Chavez et al., 2024). In Parang, some women may still prefer home delivery assisted by traditional birth attendants despite the availability of maternal health services at Parang District Hospital. Thus, this study examined the awareness and attitudes toward facility-based delivery among pregnant and postpartum women at Parang District Hospital, Sulu, and their relationship with selected demographic factors. The findings may provide evidence for improving maternal healthcare utilization and reducing preventable maternal and neonatal morbidity and mortality.

Research Questions

1. What is the demographic profile of the respondents in terms of:
 - 1.1. Age;
 - 1.2. Educational Attainment;
 - 1.3. Parity; and
 - 1.4. Average Monthly Income?
2. What is the level of maternal awareness toward facility-based deliveries among postpartum and pregnant women in Parang District Hospital, Sulu in terms of:
 - 2.1. Benefits;
 - 2.2. Incentive;
 - 2.3. Risks in home delivery; and
 - 2.4. Availability of healthcare workers?
3. What is the level of attitude toward facility-based deliveries among post-partum and pregnant women in Parang District Hospital, Sulu in terms of:
 - 3.1. Behavioral intention;
 - 3.2. Perceived benefits; and
 - 3.3. Past behavior or experience with facility/home delivery?
4. Is there a significant difference in the level of maternal awareness and attitude toward facility-based deliveries among post-partum and pregnant women in Parang District Hospital, Sulu when data are grouped according to the respondents' demographic profile, in terms of:
 - 4.1. Age;
 - 4.2. Educational Attainment;
 - 4.3. Parity; and
 - 4.4. Average Monthly Income?

5. Is there a significant correlation among the subcategories subsumed under the level of maternal awareness and attitude toward facility-based deliveries among post-partum and pregnant women in Parang District Hospital, Sulu?

Literature

Foreign Studies and Literature

Maternal Awareness and Facility-Based Delivery. Maternal awareness of pregnancy risks, danger signs, and the benefits of skilled birth attendance is associated with greater use of facility-based delivery. Shifraw et al. (2016) found that women with greater awareness of obstetric risks were more likely to choose health facilities, while Rockers et al. (2009) and August et al. (2016) reported that antenatal counseling and community-based education improved knowledge and encouraged facility delivery. These findings suggest that health education can influence mothers' delivery decisions.

Maternal Attitudes and Perceptions. However, awareness does not always lead to facility utilization. Afulani et al. (2017) found that respectful treatment, communication, privacy, and emotional support influence women's attitudes toward facility-based childbirth. Similarly, Moyer et al. (2014) identified maltreatment and socioeconomic barriers, while Titaley et al. (2010) noted cultural beliefs and fear of medical procedures as factors that may discourage facility delivery. Thus, positive attitudes are shaped by both knowledge and perceptions of safety, dignity, affordability, and quality of care.

Interventions and Remaining Concerns. Antenatal and community-based education, along with supportive maternity services, can improve awareness and attitudes toward facility delivery (Adam, 2015; Sarker et al., 2016). Nevertheless, sociocultural beliefs, family influence, socioeconomic conditions, distance, and previous healthcare experiences may still affect delivery decisions (Gabrysch & Campbell, 2009; Moyer & Mustafa, 2013). Therefore, maternal awareness and attitudes should be examined together within specific cultural and healthcare contexts.

Local Studies and Literature

Maternal Awareness and Attitudes in BARMM. Studies in BARMM show that awareness of facility-based delivery does not always lead to its utilization. Diamla (2025) found that Meranaw mothers in Lanao del Sur preferred home births due to comfort, privacy, cost, and distance, with traditional Panday valued for their cultural sensitivity and affordability. Similarly, Hayudini and Pangandaman (2023) found that cultural and religious beliefs, financial constraints, and family decision-making influenced Tausug women's preferences for home birth despite awareness of safe delivery practices. Chavez et al. (2024) and Chavez (2023) likewise showed that contextual and financial factors can prevent awareness and positive intentions from translating into actual behavior.

Healthcare Experience and Sociocultural Factors. Maternal healthcare decisions are also shaped by healthcare experiences and sociocultural conditions. Carpio et al. (2025) found that meaningful clinical experiences can strengthen confidence and healthcare decision-making. In Sulu, family traditions, cultural beliefs, financial constraints, accessibility, and communication barriers affected women's engagement with prenatal care (Sikar et al., 2024). Religious and social beliefs also influenced attitudes and behaviors (Chavez & Ceneciro, 2023), while distance, transportation, road access, and travel time affected access to maternal care in Tawi-Tawi (Manikan, 2018). Similarly, Shimazaki et al. (2013) found that distance to facilities, antenatal concerns, and household involvement were associated with facility-based delivery.

Contextual Gap. Overall, the literature shows that maternal awareness and attitudes toward facility-based delivery are influenced by cultural, socioeconomic, and healthcare factors. However, evidence specifically examining these factors among pregnant and postpartum women in Parang District Hospital, Sulu remains limited. This study addresses this contextual gap by assessing maternal awareness and attitudes toward facility-based delivery within the sociocultural and healthcare context of Parang, Sulu.

Methodology

1. Research Design

This study employed a quantitative descriptive-correlational research design. It aimed to determine the level of maternal awareness and acceptance of facility-based deliveries and examine the relationship between these variables among pregnant and postpartum women at Parang District Hospital, Sulu.

2. Research Participants and Sampling

The study involved 100 pregnant women and postpartum mothers availing maternal health services at Parang District Hospital, selected through purposive sampling. Participants were required to be 18 years old and above, currently pregnant or have given birth within the last 12 months, residents of Parang, Sulu, and voluntarily provide informed consent. Ethical considerations included voluntary participation, informed consent, confidentiality, anonymity, respect for respondents' rights and dignity, and the right to withdraw at any time without penalty.

Distribution Table of Respondents Based on Maternity Type

Maternity Type	No. of Respondents
Post-Partum Women	50
Pregnant Women	50
Total:	100

3. Research Instruments

Data were gathered using a survey questionnaire adapted and patterned from Shimazaki et al. (2013), Factors Associated with Facility-Based Delivery in Mayoyao, Ifugao Province, Philippines, with slight modifications to suit the local setting. The instrument consisted of three parts: demographic profile, maternal awareness of facility-based delivery, and acceptance of facility-based delivery. A 5-point Likert scale was used to measure the respondents' responses. The modified instrument was reviewed by at least two faculty experts from the School of Graduate Studies of Sulu State College.

4. Data Gathering Procedure

Formal permission to conduct the study and administer the questionnaire was secured from the Office of the Dean of Graduate Studies and endorsed to the Chief of Hospital of Parang District Hospital. Upon approval, the researcher personally distributed and administered the questionnaires. Respondents were given sufficient time to complete the instrument, after which the questionnaires were retrieved for data encoding, analysis, and interpretation.

5. Data Analysis

Frequency and percentage were used to determine the demographic profile of the respondents. Mean and standard deviation were used to determine the levels of maternal awareness and acceptance of facility-based delivery. One-Way Analysis of Variance (ANOVA) was used to determine significant differences when respondents were grouped according to age, education, parity, and socioeconomic status. Pearson Product-Moment Correlation Coefficient (Pearson r) was used to determine the relationship between maternal awareness and acceptance of facility-

based deliveries. Ethical principles, including informed consent, confidentiality, anonymity, voluntary participation, and respect for respondents' rights, were observed throughout the study.

Results and Discussion

Question 1. What is the demographic profile of respondents in terms of: Age, Educational attainment, Parity, and Average monthly income?

In terms of age

Table 1.1 Demographic profiles of the respondents in terms of age

Age	Number of Respondents	Percent
18 to 25 years old	17	17%
26 to 30 years old	36	36%
31 to 40 years old	30	30%
41 years old and above	17	17%
Total	100	100%

Table 1.1 shows the demographic profile of respondents in Parang District Hospital in terms of age. It can be gleaned from this table that out of 100 respondents, 17% aged 18 to 25 years old, 36% aged between 26 to 30 years old, 30% aged between 31 to 40 years old, and 17% aged between 41 years old and above. This implies that most of the respondents aged between 26 to 30 years old.

In terms of educational attainment

Table 1.2 Demographic profiles of the respondents in terms of educational attainment

Educational Attainment	Number of Respondents	Percent
No Formal Education	9	9%
Elementary Level	19	19%
High School Level	53	53%
College Level	19	19%
Post Graduate Level	0	0%
Total	100	100%

Table 1.2 shows the demographic profile of respondents in Parang District Hospital in terms of educational attainment. It can be gleaned from this table that out of 100 respondents, 9% have no formal education, 19% have only reached elementary level, 53% have reached high school level, and 19% have reached college level. This implies that majority of the respondents were high school level graduates.

In terms of parity

Table 1.3 Demographic profiles of the respondents in terms of parity

Parity	Number of Respondents	Percent
None	5	5%
1 to 3	49	49%
4 to 6	37	37%
7 and above	9	9%
Total	100	100%

Table 1.3 shows the demographic profile of respondents in Parang District Hospital in terms of parity. It can be gleaned from this table that out of 100 respondents, 5% have no children, 49% have 1 to 3 children, 37% have 4 to 6 children, and 9% have 7 or more children. This implies that most of the respondents have at least 1 to 3 children.

In terms of average monthly income

Table 1.4 Demographic profiles of the respondents in terms of average monthly income

Status of employment	Number of Respondents	Percent
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Below 5,000	25	25%
5,001 to 10,000	33	33%
10,001 to 15,000	15	15%
15,001 and above	6	6%
Prefer not to say	21	21%
Total	100	100%

Table 1.4 shows the demographic profile of respondents in Parang District Hospital in terms of average monthly income. It can be gleaned from this table that out of 100 respondents, 25% earned below 5,000, 33% earned 5,001 to 10,000, 15% earned 10,001 to 15,000, 6% earned 15,001 and above, and 21% preferred not to say their average monthly income. This means that most of the respondents were earning 5,001 to 10,000.

Question 2. What is the level of maternal awareness toward facility-based deliveries among post-partum and pregnant women in Parang District Hospital, Sulu in the context of: Benefits, Incentive, Risks in home delivery, and Availability of healthcare workers?

In terms of benefits

Table 2.1 Level of maternal awareness toward facility-based deliveries among post-partum and pregnant women in Parang District Hospital, Sulu in terms of benefits

Statements	Mean	S.D.	Description
1. Giving birth in a hospital ensures safer delivery for both mother and baby.	4.46	.86946	Agree
2. Facility-based delivery allows quick response to delivery complications.	4.42	.97628	Agree
3. Hospital deliveries reduce the risk of infection compared to home births.	4.49	.89324	Agree
4. Health workers provide proper postpartum care after delivery.	4.49	.89222	Agree
5. I believe that delivering in a facility improves the overall outcome of childbirth.	4.47	1.13222	Agree
Weighted Mean	4.466	.87204	Agree

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

Table 2.1 presents the level of maternal awareness toward facility-based deliveries among post-partum and pregnant women in Parang District Hospital, Sulu in terms of benefits. The respondents obtained a composite mean score of 4.466 (SD=0.87204), interpreted as “Agree.” The highest-rated statements concerned reduced risk of infection, proper postpartum care, and improved childbirth outcomes. These findings support Javier et al. (2018), who reported that greater awareness of pregnancy complications was associated with a greater likelihood of hospital delivery.

In terms of incentive

Table 2.2 Level of maternal awareness toward facility-based deliveries among post-partum and pregnant women in Parang District Hospital, Sulu in terms of incentive

Statements	Mean	S.D.	Description
1. I am aware that there are government incentives for facility-based deliveries.	4.33	.95405	Agree
2. Incentives (like PhilHealth, supplies, or cash assistance) encourage mothers to deliver in health facilities.	4.23	1.00358	Agree
3. I understand the benefits of PhilHealth coverage during hospital delivery.	4.20	.85280	Agree
4. Free maternal check-ups motivate me to give birth in a health facility.	4.46	.79671	Agree
5. I believe incentives help reduce financial burdens during delivery.	4.49	.91558	Agree
Weighted Mean	4.342	.85105	Agree

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

Table 2.2 presents the level of maternal awareness toward facility-based deliveries among post-partum and pregnant women in Parang District Hospital, Sulu in terms of incentives. The respondents obtained a composite mean score of 4.342 (SD=0.85105), interpreted as “Agree.” The

highest-rated statements concerned financial support, free maternal check-ups, and awareness of government incentives. These findings suggest that institutional support may help reduce financial barriers to healthcare, consistent with Capuno et al. (2016), who reported that financial incentives increased prenatal visits and facility-based deliveries among beneficiary households.

In terms of risks in home delivery

Table 2.3 Level of maternal awareness toward facility-based deliveries among post-partum and pregnant women in Parang District Hospital, Sulu in terms of risks in home delivery

Statements	Mean	S.D.	Description
1. Home deliveries have a higher risk of complications.	4.21	1.25766	Agree
2. I am aware that home births lack emergency medical support.	4.51	.79766	Strongly Agree
3. Delivering at home increases the chances of maternal or newborn infection.	4.35	.98857	Agree
4. I understand that unassisted home deliveries may endanger both mother and child.	4.52	.92638	Strongly Agree
5. I believe giving birth at home is unsafe without a skilled birth attendant.	4.51	1.07774	Strongly Agree
Weighted Mean	4.420	.82658	Agree

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

Table 2.3 presents the level of maternal awareness toward facility-based deliveries among post-partum and pregnant women in Parang District Hospital, Sulu in terms of risks in home delivery. The respondents obtained a composite mean score of 4.420 (SD=0.82658), interpreted as “Agree.” The highest-rated statements concerned the dangers of unassisted home deliveries, lack of emergency medical support, and the need for a skilled birth attendant. These findings suggest awareness of the risks associated with home delivery, consistent with Racelis et al. (2015), who reported that women with adequate knowledge of pregnancy complications were more likely to seek facility-based delivery.

In terms of availability of healthcare workers

Table 2.4 Level of maternal awareness toward facility-based deliveries among post-partum and pregnant women in Parang District Hospital, Sulu in terms of availability of healthcare workers

Statements	Mean	S.D.	Description
1. Skilled birth attendants are available anytime in the hospital.	4.30	1.08711	Agree
2. Health workers in Parang District Hospital are approachable and helpful.	4.26	1.06950	Agree
3. There are enough midwives and nurses to assist during delivery.	4.48	.77172	Agree
4. I am confident that trained professionals will attend to me during labor.	4.42	.76779	Agree
5. The presence of qualified staff makes me feel safe delivering in the hospital.	4.56	.87985	Strongly Agree
Weighted Mean	4.404	.77589	Agree

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

Table 2.4 presents the level of maternal awareness toward facility-based deliveries in terms of availability of healthcare workers. The respondents obtained a composite mean score of 4.404 (SD=0.77589), interpreted as “Agree.” The findings indicate that the presence of qualified and trained healthcare workers contributes to maternal confidence in facility-based delivery, consistent with the Department of Health strategic framework emphasizing skilled birth attendants and emergency obstetric care.

Question 3. What is the level of attitude toward facility-based deliveries among post-partum and pregnant women in Parang District Hospital, Sulu in the context of: Behavioral Intention, Perceived benefits, and Past behavior or experience with facility/home delivery?

In terms of behavioral intention

Table 3.1 Level of attitude toward facility-based deliveries among post-partum and pregnant women in Parang District Hospital, Sulu in terms of behavioral intention

Statements	Mean	S.D.	Description
1. I plan to give birth in a health facility.	4.49	.83479	Agree
2. I encourage other mothers to deliver in hospitals.	4.40	1.09175	Agree
3. I intend to attend prenatal check-ups regularly in the hospital.	4.59	.76667	Strongly Agree
4. I am willing to follow hospital delivery procedures.	4.66	.58981	Strongly Agree
5. I prefer a facility-based delivery over a home delivery.	4.69	.59789	Strongly Agree
Weighted Mean	4.566	.67931	Strongly Agree

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

Table 3.1 presents the level of attitude toward facility-based deliveries among post-partum and pregnant women in Parang District Hospital, Sulu in terms of behavioral intention. The respondents obtained a composite mean score of 4.566 (SD=0.67931), interpreted as “Strongly Agree.” These findings indicate a strong intention to utilize facility-based delivery services. This supports Dela Cruz and Capuno (2020), who found that greater awareness of maternal health risks significantly mediated women’s intention to deliver in health facilities.

In terms of perceived benefits

Table 3.2 Level of attitude toward facility-based deliveries among post-partum and pregnant women in Parang District Hospital, Sulu in terms of perceived benefits

Statements	Mean	S.D.	Description
1. Delivering in a hospital ensures a safer environment for my baby.	4.66	.57243	Strongly Agree
2. I believe medical equipment and facilities help prevent complications.	4.59	.68306	Strongly Agree
3. Health professionals provide proper support during childbirth.	4.51	.75872	Strongly Agree
4. I feel more comfortable giving birth in a clean and safe environment.	4.57	.75552	Strongly Agree
5. I believe facility-based delivery contributes to better maternal health outcomes.	4.54	.82168	Strongly Agree
Weighted Mean	4.574	.68204	Strongly Agree

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

Table 3.2 presents the level of attitude toward facility-based deliveries in terms of perceived benefits. The respondents obtained a composite mean score of 4.574 (SD=0.68204), interpreted as “Strongly Agree.” This indicates that respondents strongly perceive facility-based deliveries as beneficial. This supports Shifraw et al. (2016), who identified perceived susceptibility to childbirth complications, previous delivery experiences, and perceived quality of care as determinants of delivery place.

In terms of past behavior or experience with facility/home delivery

Table 3.3 Level of attitude toward facility-based deliveries among post-partum and pregnant women in Parang District Hospital, Sulu in terms of past behavior or experience with facility/home delivery

Statements	Mean	S.D.	Description
1. I have previously delivered in a health facility.	4.25	1.15798	Agree
2. My past hospital delivery experience was positive.	4.58	.69892	Strongly Agree
3. My previous delivery influenced my current preference for facility-based birth.	4.62	.64792	Strongly Agree
4. I was satisfied with the care received from hospital staff.	4.52	.73140	Strongly Agree
5. My family supports my decision to give birth in a facility.	4.63	.71992	Strongly Agree
Weighted Mean	4.520	.65258	Strongly Agree

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

Table 3.3 presents the level of attitude toward facility-based deliveries in terms of past behavior or experience. The respondents obtained a composite mean score of 4.520 (SD=0.65258),

interpreted as “Strongly Agree.” This indicates that past experiences and family support influence facility-based delivery preferences. This supports Afulani et al. (2017), who found that respectful treatment, effective communication, privacy, and emotional support influenced women’s acceptance of facility-based delivery.

Question 4. Is there a significant difference in the level of maternal awareness and attitude toward facility-based deliveries among post-partum and pregnant women in Parang District Hospital, Sulu when the data are grouped according to the respondents’ profile in terms of: Age; Educational attainment; Parity; Average monthly income; and Status of employment?

In terms of age

Table 4.1 Differences in the level of maternal awareness and attitude toward facility-based deliveries among post-partum and pregnant women in Parang District Hospital, Sulu in terms of age

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
<i>Maternal Awareness</i>							
Benefits	Between Groups	6.452	3	2.151	2.999	.034	Significant
	Within Groups	68.833	96	.717			
	Total	75.284	99				
Incentive	Between Groups	5.808	3	1.936	2.820	.043	Significant
	Within Groups	65.896	96	.686			
	Total	71.704	99				
Risks in home delivery	Between Groups	16.190	3	5.397	10.070	.000	Significant
	Within Groups	51.450	96	.536			
	Total	67.640	99				
Availability of healthcare workers	Between Groups	4.498	3	1.499	2.613	.056	Not Significant
	Within Groups	55.100	96	.574			
	Total	59.598	99				
<i>Attitude</i>							
Behavioral intention	Between Groups	6.467	3	2.156	5.276	.002	Significant
	Within Groups	39.218	96	.409			
	Total	45.684	99				
Perceived benefits	Between Groups	4.120	3	1.373	3.144	.029	Significant
	Within Groups	41.933	96	.437			
	Total	46.052	99				
Past behavior or experience with facility/home delivery	Between Groups	6.436	3	2.145	5.765	.001	Significant
	Within Groups	35.724	96	.372			
	Total	42.160	99				

Significance at alpha 0.05

Table 4.1 presents the difference in the level of maternal awareness and attitude toward facility-based deliveries among post-partum and pregnant women in Parang District Hospital, Sulu according to age. The results showed a significant difference in most areas, except for availability of healthcare workers, as indicated by the obtained F-ratios and p-values. Therefore, the hypothesis stating that there is no significant difference in the level of maternal awareness and attitude toward facility-based deliveries when respondents are grouped according to age is rejected.

Post-hoc analysis using the Tukey HSD Test showed significant differences among age groups in terms of benefits, incentives, risks in home delivery, behavioral intention, perceived benefits, and past behavior or experience with facility/home delivery.

In terms of educational attainment

Table 4.2 Differences in the level of maternal awareness and attitude toward facility-based deliveries among post-partum and pregnant women in Parang District Hospital, Sulu in terms of educational attainment

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
<i>Maternal Awareness</i>							
Benefits	Between Groups	35.215	3	11.738	28.123	.000	Significant
	Within Groups	40.070	96	.417			
	Total	75.284	99				
Incentive	Between Groups	28.044	3	9.348	20.554	.000	Significant
	Within Groups	43.660	96	.455			
	Total	71.704	99				
Risks in home delivery	Between Groups	20.983	3	6.994	14.391	.000	Significant
	Within Groups	46.657	96	.486			
	Total	67.640	99				
Availability of healthcare workers	Between Groups	18.363	3	6.121	14.250	.000	Significant
	Within Groups	41.235	96	.430			
	Total	59.598	99				
<i>Attitude</i>							
Behavioral intention	Between Groups	13.580	3	4.527	13.536	.000	Significant
	Within Groups	32.104	96	.334			
	Total	45.684	99				
Perceived benefits	Between Groups	14.989	3	4.996	15.441	.000	Significant
	Within Groups	31.064	96	.324			
	Total	46.052	99				
Past behavior or experience with facility/home delivery	Between Groups	15.190	3	5.063	18.023	.000	Significant
	Within Groups	26.970	96	.281			
	Total	42.160	99				

Significance at alpha 0.05

Table 4.2 presents the difference in the level of maternal awareness and attitude toward facility-based deliveries according to educational attainment. The results showed a significant difference, as indicated by the F-ratios and p-values. Therefore, the hypothesis stating that there is no significant difference when respondents are grouped according to educational attainment is rejected.

Post-hoc analysis showed significant differences between respondents with no formal education and those with elementary, high school, and college education across all areas.

In terms of parity

Table 4.3 Differences in the level of maternal awareness and attitude toward facility-based deliveries among post-partum and pregnant women in Parang District Hospital, Sulu in terms of parity

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
<i>Maternal Awareness</i>							
Benefits	Between Groups	31.651	3	10.550	23.213	.000	Significant
	Within Groups	43.633	96	.455			
	Total	75.284	99				
Incentive	Between Groups	34.397	3	11.466	29.504	.000	Significant
	Within Groups	37.306	96	.389			
	Total	71.704	99				
Risks in home delivery	Between Groups	36.956	3	12.319	38.540	.000	Significant
	Within Groups	30.684	96	.320			
	Total	67.640	99				
Availability of healthcare workers	Between Groups	27.165	3	9.055	26.803	.000	Significant
	Within Groups	32.433	96	.338			
	Total	59.598	99				
<i>Attitude</i>							

Behavioral intention	Between Groups	18.444	3	6.148	21.666	.000	Significant
	Within Groups	27.240	96	.284			
	Total	45.684	99				
Perceived benefits	Between Groups	14.847	3	4.949	15.225	.000	Significant
	Within Groups	31.205	96	.325			
	Total	46.052	99				
Past behavior or experience with facility/home delivery	Between Groups	19.454	3	6.485	27.416	.000	Significant
	Within Groups	22.706	96	.237			
	Total	42.160	99				

Significance at alpha 0.05

Table 4.3 presents the difference in the level of maternal awareness and attitude toward facility-based deliveries according to parity. The results showed a significant difference, as indicated by the F-ratios and p-values. Therefore, the hypothesis stating that there is no significant difference when respondents are grouped according to parity is rejected.

Post-hoc analysis showed significant differences between respondents with no parity and those with 1 to 3, 4 to 6, and 7 and above parity across all areas.

In terms of monthly income

Table 4.4 Differences in the level of maternal awareness and attitude toward facility-based deliveries among post-partum and pregnant women in Parang District Hospital, Sulu in terms of average monthly income

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
<i>Maternal Awareness</i>							
Benefits	Between Groups	13.188	4	3.297	5.044	.001	Significant
	Within Groups	62.096	95	.654			
	Total	75.284	99				
Incentive	Between Groups	18.467	4	4.617	8.239	.000	Significant
	Within Groups	53.236	95	.560			
	Total	71.704	99				
Risks in home delivery	Between Groups	12.539	4	3.135	5.405	.001	Significant
	Within Groups	55.101	95	.580			
	Total	67.640	99				
Availability of healthcare workers	Between Groups	10.635	4	2.659	5.159	.001	Significant
	Within Groups	48.963	95	.515			
	Total	59.598	99				
<i>Attitude</i>							
Behavioral intention	Between Groups	5.761	4	1.440	3.427	.012	Significant
	Within Groups	39.924	95	.420			
	Total	45.684	99				
Perceived benefits	Between Groups	13.663	4	3.416	10.019	.000	Significant
	Within Groups	32.389	95	.341			
	Total	46.052	99				
Past behavior or experience with facility/home delivery	Between Groups	8.294	4	2.073	5.816	.000	Significant
	Within Groups	33.866	95	.356			
	Total	42.160	99				

Significance at alpha 0.05

Table 4.4 presents the difference in the level of maternal awareness and attitude toward facility-based deliveries according to average monthly income. The results showed a significant difference, as indicated by the F-ratios and p-values. Therefore, the hypothesis stating that there is no significant difference when respondents are grouped according to average monthly income is rejected.

Post-hoc analysis showed significant differences among income groups across the areas of benefits, incentives, risks in home delivery, availability of healthcare workers, behavioral intention, perceived benefits, and past behavior or experience with facility/home delivery.

Question 5. Is there a significant correlation among the sub-categories subsumed under the level of maternal awareness and attitude toward facility-based deliveries among post-partum and pregnant women in Parang District Hospital, Sulu?

Table 5.1 Correlation among the sub-categories subsumed under the level of maternal awareness and attitude toward facility-based deliveries among post-partum and pregnant women in Parang District Hospital, Sulu

Variables	Pearson r	Sig.	N	Description
Benefits				
Incentive	.693**	.000	100	High Correlation
Risks in home delivery	.609**	.000	100	High Correlation
Availability of healthcare workers	.543**	.000	100	High Correlation
Behavioral intention	.682**	.000	100	High Correlation
Perceived benefits	.654**	.000	100	High Correlation
Past behavior or experience with facility/home delivery	.636**	.000	100	High Correlation
Incentive				
Risks in home delivery	.620**	.000	100	High Correlation
Availability of healthcare workers	.755**	.000	100	Very High Correlation
Behavioral intention	.701**	.000	100	Very High Correlation
Perceived benefits	.893**	.000	100	Very High Correlation
Past behavior or experience with facility/home delivery	.755**	.000	100	Very High Correlation
Risks in home delivery				
Availability of healthcare workers	.668**	.000	100	High Correlation
Behavioral intention	.724**	.000	100	Very High Correlation
Perceived benefits	.586**	.000	100	High Correlation
Past behavior or experience with facility/home delivery	.766**	.000	100	Very High Correlation
Availability of healthcare workers				
Behavioral intention	.779**	.000	100	Very High Correlation
Perceived benefits	.681**	.000	100	High Correlation
Past behavior or experience with facility/home delivery	.579**	.000	100	High Correlation
Behavioral intention				
Perceived benefits	.717**	.000	100	Very High Correlation
Past behavior or experience with facility/home delivery	.593**	.000	100	High Correlation
Perceived benefits				
Past behavior or experience with facility/home delivery	.721**	.000	100	Very High Correlation

Legend: ** Correlation Coefficient is significant at alpha .01 level,

* Correlation Coefficient is significant at alpha .05 level,

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

Table 5.1 illustrates the correlation among the sub-categories of maternal awareness and attitude toward facility-based deliveries among post-partum and pregnant women in Parang District Hospital, Sulu. The Pearson Correlation Coefficients (Pearson r) reveal significant positive correlations at $\alpha=0.05$.

Results show generally high to very high positive and significant relationships among the variables. The strongest correlations are between incentive and perceived benefits ($r=.893$; $p=.000$), availability of healthcare workers and incentive ($r=.755$; $p=.000$), risks in home delivery and past behavior or experience with facility/home delivery ($r=.766$; $p=.000$), and risks in home delivery and behavioral intention ($r=.724$; $p=.000$). Other sub-categories also demonstrated significant positive correlations, indicating consistent relationships between maternal awareness and attitude toward facility-based deliveries.

Overall, the findings indicate that the sub-categories of maternal awareness and attitude are positively and significantly correlated. Therefore, the hypothesis asserting that there is no significant correlation among the sub-categories subsumed under the level of maternal awareness and attitude toward facility-based deliveries among post-partum and pregnant women in Parang District Hospital, Sulu is rejected.

Conclusion

The study reveals that respondents in Parang District Hospital are predominantly middle-aged mothers, with high school-level education, 1 to 3 children, and below-minimum-wage income. Maternal awareness toward facility-based deliveries was rated “Agree,” while attitude was rated “Strongly Agree,” indicating favorable perceptions and intentions toward hospital-based delivery. Significant differences were found when responses were grouped according to age, parity, educational attainment, and average monthly income.

These findings support the Health Belief Model and Theory of Planned Behavior, emphasizing the roles of perceived risks and benefits, behavioral intention, past experiences, and healthcare accessibility in the decision to utilize facility-based deliveries. The study recommends strengthening PhilHealth and maternity support, improving patient-centered care, involving families in birth planning, encouraging community support for facility-based deliveries, and further investigating logistical and cultural barriers to maternal healthcare.

(Disclaimer: While artificial intelligence (AI) was used for language enhancement, all concepts that were generated are entirely original.)

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