

## **RESEARCH ARTICLE: Compliance to prenatal care among pregnant women at Panglima Estino, Province of Sulu: an assessment**

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**ABSTRACT.** This study assessed the extent of compliance to prenatal care among pregnant women in Panglima Estino, Province of Sulu in terms of Awareness to Prenatal Care, Family Tradition, Cultural Belief and Practices, Availability to Health Care Facilities, Financial Constraints and Accessibility, and Language and Communication Barriers. With 100 samples taken through non-probability sampling method via purposive sampling, and with the use of weighted mean, standard deviation, t-test for independent samples, One-way ANOVA, and Pearson's r, this study reveals the following findings: 1) Most of the respondents are within the age range of 31-40 years old, all are married, mostly are unemployed with 5,000 & below monthly income, and have secondary level of education; 2) On the average, there is a moderate extent of compliance of pregnant women to prenatal care; 3) Generally, variables age, civil status, occupation, average monthly income, and educational attainment indeed significantly mediate in ways how pregnant women assessed the extent of compliance of pregnant women to prenatal care; 4) Generally, the group of respondents who perceived the extent of compliance to prenatal care among pregnant women in Panglima Estino, Province of Sulu in terms of Awareness to Prenatal Care as Agree or with High Extent may not necessarily be the same group of respondents who perceived Family Tradition, Cultural Belief and Practices, Availability to Health Care Facilities, Financial Constraints and Accessibility, and Language and Communication Barriers as Moderately Agree or with Moderate Extent, respectively; and 5) This study supports the principle forwarded by Mosammet Khaleda Akter which espouses that, to reduce the ratio of maternal and infant mortality and to improve overall birth outcomes, adequate prenatal care is recommended. Adequate prenatal care is one of the core interventions for improving maternal and fetal outcomes where evidence suggests that access to adequate prenatal care is strongly associated with substantial reductions in mortality and morbidity for both mother and newborn.

**KEYWORDS:** *Prenatal Care, Financial Constraints, Pregnancy of Women, Communication Barrier, Awareness, Accessibility*

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## **1. Introduction**

The health of the mother and the unborn child are greatly dependent on prenatal care;

routine prenatal checkups, screenings, and interventions during pregnancy help keep an eye on the mother's condition, identify possible problems, and encourage the best possible growth of the fetus. Notwithstanding the acknowledged advantages of prenatal care, there are obstacles in attaining elevated adherence to prenatal care among expectant mothers, particularly in specific areas or societies.

Valencia in 2023 emphasized that due to the uncertainty during pregnancy and the possibility of vertical transmission in infants, prenatal treatment has been altered in light of the epidemic. Among the most susceptible people in the situation are pregnant women, as giving birth during a pandemic is dangerous by nature. Pregnant mothers and their fetuses have been shown to be significantly impacted by emerging infections. Any nurse educational intervention's ultimate goal is to assist expectant mothers in being as self-reliant as feasible and in identifying and managing any danger indications during the prenatal period. One of the most crucial strategies for raising pregnancy literacy is health education. It helps with a range of conditions during the pregnant trimesters and promotes voluntary behavior modification to support healthy ones. Health education takes into account all of the caregiving tasks required to manage pregnancy. Compliance is the act of adhering to and obeying laws, directives, or requests. Furthermore, it can be understood in the context of health domains as the capacity, preparedness, or willingness to accept and adhere to a recommended healthcare management.

Pregnancy-related health care refers to the appropriate and cautious use of guidelines to ensure a perfect pregnancy in terms of the mother's and the child's physical and mental well-being. Preterm delivery, postpartum hemorrhage, and low birth weight babies are all linked to low birth weight babies born during pregnancy who receive inadequate treatment. According to Iranian data, pregnancy-related issues rank fourth among the leading causes of death, after heart attacks, strokes, and car accidents.

When it comes to the examination of care during pregnancy, studies reveal that common reasons for women's neglect of these cares include financial difficulties, mistrust of these providers, misunderstandings based on personal or cultural contexts, a lack of staff, remote locations from health centers, and dispersed services. The existence of these issues makes behavioral patterns-based applied research on pregnancy period caring necessary. The BASNEF model, which examines reproductive behaviors, is the foundation of this study. According to this model, an individual initiates a behavior because they think it will improve their health and finances (attitude to behavior). In addition, significant others in a person's life have the power to influence his choices and serve as either facilitators or barriers to conduct (subjective norms). A person's decision to engage in a behavior (behavior intention) is formed by the interaction of their abstract attitudes and behavior attitudes.

In the meantime, elements like ability, finances, and cost can influence the conversion of behavioral intention into action; these elements, also known as enabling variables, are necessary in order for behavior to occur. In general, we wanted to conduct a study to examine the significance of pregnancy-related cares using the BASNEF model.

Improving mother and child health outcomes in Panglima Estino, a municipality renowned for its diverse population and distinctive cultural traditions, requires an understanding of prenatal care compliance within a particular environment. The majority of pregnant women in Panglima Estino decline to receive prenatal care due to a variety of causes, including customs, cultural beliefs, and practices. Pregnant women's reluctance to cooperate with health care services is indicated by a decline in their visits to medical facilities, as well as their refusal to take vitamins. Government health workers provide prenatal care in an attempt to keep expectant mothers from

becoming anemic during their pregnancy and to guarantee the mother's and the child's health at birth. Thus, the researcher wants to evaluate Panglima Estino, Sulu pregnant women's adherence to prenatal care.

## **2. Research Questions**

This study assessed the extent of compliance to prenatal care among pregnant women at Panglima Estino, Province of Sulu, during the Fiscal Year 2023-2024. Specifically, the study answered the following questions:

1. What is the extent of compliance to prenatal care among pregnant women in Panglima Estino, Province of Sulu in terms of:
  - 1.1 Awareness to Prenatal Care;
  - 1.2 Family Tradition, Cultural Belief and Practices;
  - 1.3 Availability to Health Care Facilities;
  - 1.4 Financial Constraints and Accessibility; and
  - 1.5 Language and Communication Barriers?
2. Is there a significant difference in the extent of compliance of Pregnant women to Prenatal Care in Panglima Estino, Province of Sulu when data classified according to their socio-demographic profile in terms of:
  - 2.1 Age;
  - 2.2 Civil Status;
  - 2.3 Occupation;
  - 2.4 Average Monthly Income; and
  - 2.5 Educational Attainment?
3. Is there a significant correlation among the sub-categories subsumed under the extent of compliance to prenatal care among pregnant women in Panglima Estino, Province of Sulu when data are categorized according to awareness to prenatal care, family tradition, cultural belief and practices, availability to health care facilities, financial constraints and accessibility, and language and communication barriers?

## **3. Literature**

Pregnant women are known to display more clinical signs and symptoms during their pregnancy, according to Mohammed and et al. (2018). In order to enable pregnant women to manage their self-care as autonomously as possible, nurses play a crucial role. The cornerstone of nurse interventions in prenatal care is health education. Pregnant women's adherence to medical advice will help nurses manage their care in a comprehensive, holistic, and innovative way to ensure a successful pregnancy outcome. However, if the women do not comply, these items may not be possible even with the greatest of intentions and efforts from the medical staff. His study's findings showed that pregnant women's perceptions of health education compliance were influenced by both encouraging and inhibiting variables. First, in regard to themselves, the boosting elements were the state of their bodies and minds, their collaboration, and their relationship with the medical personnel; the limiting factors included their ability to focus, comprehend, accept, and trust. Second, friends and family, marital age, and family bonds were the social and economic promoting variables, whereas monthly income, family size, and transportation were the social and economic hindrances. Additionally, when survey participants were asked to rate the issues they felt were satisfying, follow-up on pregnancy concerns came in first, followed by warning indicators. In conclusion, practically all of the women at El Shatiby University Hospital are affected by the serious health issue of pregnant women's adherence to health education. Numerous circumstances could encourage or prevent these ladies from complying with

health instruction. The main suggestion is that nurses, in their capacity as health educators, support pregnant women, families, and society in their educational endeavors. In the area of health education, efforts and cooperation between all nursing specialties should be fostered.

According to the study by Robin Boot et al. (2020), a significant task for medical anthropology is to evaluate how the experience of the self and body is shaped by biomedicine, which is a loosely defined collection of various texts, technology, and practitioners. This paper investigates how the culture of biomedicine, which pregnant women encounter both formally at prenatal care check-ups and informally through diverse media, influences their perceptions of appropriate prenatal behavior. It does this through narrative analyses of in-depth, semi-structured interviews with 158 pregnant women in southern California. In keeping with current social science research that both challenges and borrows from

In line with this discovery, Bier et al. (2008) observed that the healthcare client experienced a discrepancy between compliance and doability. A variety of factors, including family size, culture, and society, have a discernible effect on how each person behaves with regard to following health guidance. Additionally bolstering this argument, Poter (1996) examined the social bond between family members and supplied pregnant women thought-provoking perspectives as well as alternative authoritative knowledge that has a detrimental impact on women's health decisions and adherence to prenatal education. Personal cooperation and the quality of the teaching materials and content were cited by a significant number of survey participants as the elements that most affected positive health education compliance when it came to the health personnel and setting. Thus, the teaching atmosphere and physical space had a significant influence on students' compliance with studying health education. Bergströmin (2014) provided an explanation in line with this finding, stating that certain studies have indicated that the health setting and learning environment, along with the proper arrangement of instructional location and content, are significant indicators for students when they are building and implementing their own learning.

Furthermore, Rashdan (2007) discovered that numerous reforms exist in Egypt that have the potential to stimulate the advancement of professional nursing in the field of health education. Women's compliance with health instructions will be enhanced by pregnancy-appropriate educational environments, health education resources, and staff inductions into hospital work environments that improve working circumstances. The majority of pregnant women believed that staff knowledge and training, health communication skills, and health education time were the most obvious issues impeding health education compliance in the health setting and among the staff. As a health educator, a nurse should unquestionably possess the necessary knowledge, skills, and abilities to fulfill the role of health educator. Incompetence on the part of the nurse would impair the client's understanding, which would lead to noncompliance.

In line with these findings, Fathi and Abdel Azize (2015) reported that Egyptian nurses possess extremely little expertise in the areas of assessment, planning, execution, and evaluation of the health education process. They don't have time to prepare for that important process because they are overburdened with work. Nonetheless, Abd El Mohsen (2009) emphasized that the nurse, in her capacity as a health educator, needs to possess up-to-date, accurate teaching knowledge and abilities. She also needs to be conversant with the social, communication, and educational skills required to develop effective health education interventions. Additionally, nurses need to schedule appropriate time for health education. Therefore, it is necessary to lessen the negative effects on health education compliance from both positive and negative views in health education. Effective methods for enhancing positive aspects must be employed whenever feasible at the same time. Ultimately, the research participants graded the issues that met their expectations and were

followed through on. Following up on a pregnancy was the first topic on the list, followed by warning indicators. These subjects appeared to be the most significant ones to the expectant mothers, as indicated by this ranking.

Consequently, they satisfied themselves and compiled by understanding and following directions. Root and Browner (2001) found that appointments, dietary awareness, and pregnancy risk indications were the most relevant subjective issues for pregnant women. This finding is consistent with other research on the subject. Contrary to these, however, Mersal et al. (2013) reported that antenatal measures and hygiene were the most crucial characteristics and knowledge that expectant mothers required.

Above all, issues related to health education for expectant mothers should be developed and executed through a methodical, reputable, and scientific procedure. Health educators who have had training and expertise in nursing should provide it. The health education paradigm in pregnancy and compliance with it would both greatly benefit from this.

#### **4. Methodology**

The current chapter outlines the methodology employed in the research. It covers the research design, study participants, sampling method, and research tools. Additionally, it discusses the statistical techniques that will be utilized in data analysis.

##### *Research Design*

The demographic profile of pregnant women, their level of adherence to prenatal care, family customs, cultural beliefs, the availability and accessibility of healthcare facilities, financial constraints and transportation issues, language and communication, and family tradition were among the variables that this study used a descriptive research design to describe, quantify, and infer relationships among. The goal of the study was to ascertain whether there were any notable differences in the degree of compliance among expectant mothers according to their sociodemographic profile, age, gender, marital status, average monthly income, and level of education. The study also discovered a strong association between the subcategories under which pregnant women in Panglima Estino, Province of Sulu, during the fiscal year 2023–2024, adhered to prenatal treatment.

##### *Respondents of the study*

The respondents of this study were the one hundred (100) pregnant women in Panglima Estino, the main source of data which was quantified to answer the research questions in this study. Library and internet were the source of information that was used to enrich the theoretical and conceptual frameworks of this research, the data from the respondents were collected through the use of questionnaires. Eight (8) pregnant women were drawn to represent each of the twelve (12) aforementioned barangays. Table below shows the distribution of samples in this study. Distribution of the Target Samples among Pregnant Women According to Barangay

##### *Sampling design*

Purposive sampling, sometimes referred to as judgmental selection or subjective sampling, is a type of non-probability sampling in which researchers pick participants for surveys by using their own judgment. This was the method utilized in this study. One hundred (100) respondents were purposefully picked by the researcher from a subset of Sulu barangays. Purposive sampling is used in this study, which aids in achieving its objectives. The primary tool used to collect data on the degree of compliance among pregnant women in Panglima Estino Sulu during the 2023–2024 school year was a survey questionnaire. Information was gathered regarding prenatal care awareness, family traditions, cultural beliefs and practices, availability and

accessibility to health care facilities, financial constraints, transportation issues, language and communication, and family traditions.

#### *Data Gathering Procedure*

In order to collect data, the following process was used: After formally requesting permission to administer the questionnaire from the Sulu State College Dean of Graduate Studies' office, a letter was sent to the head of the rural health unit informing them of the study's goal. The researcher conducted the launch, administration, and retrieval of the questionnaire individually. In order to promote truthful responses, the researcher additionally makes sure that responses are anonymous and confidential.

#### *Research Instrument*

The research instrument used in this study consists of two parts. Part I of the questionnaire focused on obtaining the demographic of the profile of the pregnant women that includes age, gender, civil status, average monthly income and educational attainment. Part II of the questionnaire focused towards obtaining data on the extent of compliance of pregnant women to prenatal care during the Fiscal year 2023-2024 in the context of Awareness to prenatal care (3) Family tradition, Cultural belief and practices (3), Availability to health care facilities (3), Financial constraints and accessibility (3), Language and communication barriers (3). Data to be obtained using this questionnaire was analyzed through 5-point modified like rt scale such as 5=Strongly Agree (SA), 4=Agree (A), 3=Moderate (M), 2=Disagree(D), 1=Strongly Disagree (SD).

#### *Data Analysis*

The tool utilized in this study was modified and based on a phenomenological investigation by Dr. Kathleen Valencia titled "Lived experiences of risk among pregnant women in Baybay City, Leyte during the COVID-19 pandemic." This tool, which is made up of the following areas: A standardized research instrument with proven validity and reliability was used to examine the following topics: awareness of prenatal care; family traditions; cultural beliefs and practices; availability and accessibility to health care facilities; financial constraints and transportation issues; and language and communication barriers. However, a small adjustment was done to make it more useful in the community, and this was reviewed by at least two(2) faculty experts from Sulu State College's School of Graduate Studies.

### **5. Results and Discussion**

1. *What is the extent of compliance to prenatal care among pregnant women in Panglima Estino, Province of Sulu in terms of: 1.1 Awareness to Prenatal Care; 1.2 Family Tradition, Cultural Belief and Practices; 1.3 Availability to Health Care Facilities; 1.4 Financial Constraints and Accessibility; and 1.5 Language and Communication Barriers?*

#### *1.1 In terms of Awareness to Prenatal Care*

Table 1.1 displays the degree of prenatal care compliance among pregnant women in Panglima Estino, Province of Sulu. This subcategory was scored as Agree or with High Extent, with a total weighted mean score of 4.0833 and a standard deviation of .77180. This finding suggests that participants in the survey had a high level of agreement regarding their awareness of prenatal care and the value of knowing about the significance of health initiatives related to prenatal care. This theory is consistent with the findings of (Bahadoran, 2014), which show that e-learning can raise primigravida women's knowledge and satisfaction levels. To be more precise, respondents gave the following ratings for this category: "I am aware of the importance of prenatal care," "I attend to health programs related to prenatal care," and "I learned about prenatal care through family and friends."

Table 1.1 Extent of compliance to prenatal care among pregnant women in Panglima Estino, Province of Sulu in terms of Awareness to Prenatal Care

<b>Awareness to Prenatal Care</b>		<b>Mean</b>	<b>S.D.</b>	<b>Rating</b>
1	I am aware of the importance of prenatal care. (Aun ako pangahati sin kahalgaan sin pag upiksa ha pag burus.)	4.1000	.91563	Agree
2	I attend to health programs related to pre-natal care. (Mag hagdir ako atawa kan mag aten ako sin pagpawunun panghindue sin pag upiksa ha pag buros.)	3.9300	1.1214	Agree
3	I acquired my knowledge about prenatal care through family and friends. (Naka kawa ako panghati sin kahalan sin pag upiksa ha pag buros ha mga pamilya ko iban kabagayan.)	4.2200	.79874	Agree
<b>Total Weighted Mean</b>		<b>4.0833</b>	<b>.77180</b>	<b>Agree</b>

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

### 1.2 In terms of Family Tradition, Cultural Belief and Practices

Table 1.2 shows the level of adherence to prenatal care in terms of family tradition, cultural belief, and practices among pregnant women in Panglima Estino, Province of Sulu. With a weighted average score of 2.4500 overall and a standard deviation of 1.1502, this subcategory is classified as Disagree or Low Extent. According to this study's findings, there was disagreement among the participants regarding the degree to which family traditions, cultural beliefs, and practices influenced pregnant women's adherence to prenatal treatment. They disagreed that their decisions about prenatal care are influenced by their superstitious and religious family beliefs, that dietary restrictions and family rituals may conflict with medical advice, and that their family is not supportive of new practices like prenatal care. This theory contradicts the findings of Honkavuo (2021), which show that a range of traditional and cultural rituals, activities, and beliefs are connected to women's pregnancy and birthing. This theory is in line with the findings of (Chavez, 2023) who found that among the characteristics of strategies were dialogic reading, correction, and instructional contents. The care of the infant and the health of the woman are impacted by these existential events. In particular, respondents rated as Low or Disagree with the following items from this category: "My family's superstitious and religious beliefs influence my decisions regarding prenatal care," "My family's traditions and practices and dietary restrictions may conflict with medical advice," and "My family is not supportive in the new practices like prenatal care."

Table 1.2 Extent of compliance to prenatal care among pregnant women in Panglima Estino, Province of Sulu in terms of Family Tradition, Cultural Belief and Practices

<b>Family Tradition, Cultural Belief and Practices</b>		<b>Mean</b>	<b>S.D.</b>	<b>Rating</b>
1	My religious and superstitious family beliefs influence my decisions regarding prenatal care. (In agama namu iban palipalihan kabiyaksahan panghati sin pamilya, maka agpang ha pagbaya ko ha palihalan sin pag upiksa ha pag burus.)	2.4700	1.2428	Disagree
2	My Family traditions and practices rituals and dietary restrictions may conflict with medical advice.	2.3900	1.2862	Disagree

(In kabiyaksahan sin pamilya namu iban asal addat baljanji dih mag atap atawa mag amu iban panghindue sin hinang sin duktor.)				
3	My family is not supportive in the new practices like prenatal care. (In pamilya ko dih sila mabaya ha bahgo panghindue biyah na sin pag upiksa ha pag burus.)	2.4900	1.3962	Disagree
<b>Total Weighted Mean</b>		<b>2.4500</b>	<b>1.1502</b>	<b>Disagree</b>

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

### 1.3 In terms of Availability to Health Care Facilities

Table 1.3 presents the availability of health care facilities in Panglima Estino, Province of Sulu, together with the degree of compliance of pregnant women with prenatal treatment. With a weighted mean score of 3.3067 overall and a standard deviation of .99118, this subcategory is classified as Moderately Agree or with Moderate Extent. This finding suggests that the study's participants had a modest level of agreement regarding the availability of healthcare facilities in relation to pregnant women's compliance with prenatal care. They acknowledged, with varying degrees of agreement, that the medical facilities in their neighborhood are distant from where they live, despite the easy access to prenatal care professionals. This theory is consistent with (Mulogo, 2018) The sustainable provision of hygienic amenities, such soap for hand washing, should also be prioritized, especially in healthcare institutions with high patient volumes, like level IV hospitals and clinics. In particular, the following items under this category were rated by respondents as Moderately Agree or to a moderate extent: "I faced challenges in complying with the health care services visits," "The healthcare facility offering prenatal care is far from my residence," and "Health care service providers for prenatal care are readily available."

Table 1.3 Extent of compliance to prenatal care among pregnant women in Panglima Estino, Province of Sulu in terms of Availability to Health Care Facilities

Availability to Health Care Facilities	Mean	S.D.	Rating
1 The healthcare facility offering prenatal care is far from my residence. (In pagpa uubatan huhulmahan ha pag upiksa ha pag burus malayuh tuud ha piyag huhulaan namuh.)	3.0300	1.4802	Moderately Agree
2 I faced challenges in complying with health care services visits. (Kahunitan tuud ako mag bisita pa lugal pag uupiksaan.)	2.9000	1.4034	Moderately Agree
3 Health care service providers for prenatal care are readily available. (Naka tagama asal in mga mag uupiksa ha pag burus.)	3.9900	1.2909	Agree
<b>Total Weighted Mean</b>	<b>3.3067</b>	<b>.99118</b>	<b>Moderately Agree</b>

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

### 1.4 In terms of Financial Constraints and Accessibility

Table 1.4 presents the degree of financial constraints and accessibility related to prenatal care compliance among pregnant women in Panglima Estino, Province of Sulu. With a weighted mean score of 3.3067 overall and a standard deviation of .99118, this subcategory is classified as Moderately Agree or with Moderate Extent. This finding suggests that the study's participants had

a modest level of agreement regarding the availability of healthcare facilities in relation to pregnant women's compliance with prenatal care. This concept is in line with the findings of (Atiga, 2023) regarding the accessibility of medical supplies, the frequency and seasonality of drug shortages, patient reactions to drug shortages, and the dissemination of information about drug shortages to patients in both public and private healthcare facilities. They agreed in a moderate way that there are plenty of prenatal care providers nearby, but the medical facilities in their community are far from where they live. In particular, the following items under this category were rated by respondents as Moderately Agree or to a moderate extent: "I faced challenges in complying with the health care services visits," "The healthcare facility offering prenatal care is far from my residence," and "Health care service providers for prenatal care are readily available."

Table 1.4 Extent of compliance to prenatal care among pregnant women in Panglima Estino, Province of Sulu in terms of Financial Constraints and Accessibility

<b>Financial Constraints and Accessibility</b>	<b>Mean</b>	<b>S.D.</b>	<b>Rating</b>
1 I encountered financial constraints when I am far from my residence area. (Kahunitan ako mag gasto pasal malayu tuud in piyag huhulaan ko.)	3.1600	1.1609	Moderately Agree
2 I have missed prenatal care appointments due to concerns about the cost of healthcare services. (Napalabay ko in tugon ha pag upiksa sabab sin wayrun hipag gasto.)	3.1600	1.1609	Moderately Agree
3 Lack of accessible transportation prevented me from attending prenatal care. (Way ako pagkadto mari an hangkan ako dih maka hagdir sin pagupiksa ha pagburus.)	2.7900	1.4305	Moderately Agree
<b>Total Weighted Mean</b>	<b>3.0367</b>	<b>.97660</b>	<b>Moderately Agree</b>

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

### 1.5 In terms of Language and Communication Barriers

Table 1.5 presents the level of adherence to prenatal care among pregnant women in Panglima Estino, Sulu Province, with respect to communication and language barriers. With a weighted average score of 2.9133 overall and a standard deviation of 1.0985, this subcategory is classified as Moderately Agree or with Moderate Extent. According to this study's findings, participants' levels of agreement regarding the degree to which pregnant women adhere to prenatal care in terms of language and communication barriers was moderate. They indicated a moderate level of agreement that they don't know enough about how important prenatal care is and that language challenges make it hard for them to ask questions or voice concerns. This concept is consistent with (Olani, 2023) Language hurdles are making it more difficult for medical professionals to obtain patient histories, make diagnosis, and provide therapy. They have also made their workload heavier. This theory is in line with the findings of (Ceneciro, 2023), who identified the students' areas of weakness in vocabulary, grammar, and structure. The following items, specifically, were rated by respondents as Moderately Agree or to a moderate extent: "I have limited knowledge on the importance of prenatal care," "A health care service provider with a well-mannered personality can help me feel at ease during prenatal check-up," and "I have difficulties expressing my concerns or asking questions about prenatal care due to language barriers."

Table 1.5 Extent of compliance to prenatal care among pregnant women in Panglima Estino, Province of Sulu in terms of Language and Communication Barriers

Language and Communication Barriers	Mean	S.D.	Rating
1 I have limited knowledge on the importance of prenatal care. (Tiyu-tiyu da in panghati ko ha hal sin kahalgaan sin pag upiksa ha pag burus.)	2.680 0	1.2703	Moderately Agree
2 Well manner personality healthcare service provider can help me feel at ease during prenatal check-ups. (Bang marayaw pangaddatan sin mga mag uupiksa, landu maka tabang mapaluhay in pag tsek-up kako.)	3.490 0	1.3595	Moderately Agree
3 I have difficulties in expressing my concerns or asking questions about prenatal care due to language barriers. (Mahunit para kakuh magbaytah sin kalalagihan ko atawa pangasubo ko ha pasal sin pag upiksa ha pag burus pasalan dih kami mag hyatih.)	2.570 0	1.1997	Moderately Agree
<b>Total Weighted Mean</b>	<b>2.913 3</b>	<b>1.0985</b>	<b>Moderately Agree</b>

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

2. Is there a significant difference in the extent of compliance of pregnant women to Prenatal Care in Panglima Estino, Province of Sulu when data classified according to their socio-demographic profile in terms of: 2.1 Age; 2.2 Civil Status; 2.3 Occupation; 2.4 Average Monthly Income; and 2.5 Educational Attainment?

### 2.1 According to Age

Using data categorized by age and sociodemographic profile, Table 2.1 shows the variations in the degree of pregnant women's compliance with prenatal care in Panglima Estino, Province of Sulu. This table shows that the values of F-ratios and P-values of all other sub-categories included under the extent of compliance of pregnant women to prenatal care in Panglima Estino, Province of Sulu, are generally significant at alpha.05. This is true with the exception of "Availability to Health Care Facilities" and "Financial Constraints and Accessibility." This indicates that even though the respondents' ages range widely, they have different opinions about how much pregnant women in Panglima Estino, Province of Sulu, comply with prenatal treatment. This finding suggests that an individual who is older or between the ages of 41 and above may have a better perspective on how well pregnant women comply with prenatal treatment than women who are younger, between the ages of 20 and under, between the ages of 21 and 30, and between the ages of 31 and 40, or vice versa. This concept is in line with the findings of (Liu, 2021). Pregnant women's out-of-hospital health care management not only makes it easier for medical professionals to provide timely, individualized medical care, but it also makes it convenient for pregnant women to learn about health care through a variety of channels, enhances the standard of home health management for pregnant women, and successfully improves the outcome of the pregnancy. However, it is reasonable to conclude that different age groups do, in fact, significantly moderate the ways in which teacher-respondents evaluate the degree of pregnant women's compliance with prenatal treatment. As a result, the hypothesis that "When data are grouped according to respondent's demographic profile in terms of age, there is no significant difference in

the extent of compliance of pregnant women to prenatal care in Panglima Estino, Province of Sulu" is rejected.

Table 2.1 Differences in the extent of compliance of pregnant women to prenatal care in Panglima Estino, Province of Sulu when data classified according to their socio-demographic profile in terms of age

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Awareness to Prenatal Care	Between Groups	6.256	3	2.085	3.797*	.013	Significant
	Within Groups	52.716	96	.549			
	Total	58.972	99				
Family Tradition, Cultural Belief and Practices	Between Groups	15.634	3	5.211	4.338*	.007	Significant
	Within Groups	115.338	96	1.201			
	Total	130.972	99				
Availability to Health Care Facilities	Between Groups	4.236	3	1.412	1.457	.231	Not Significant
	Within Groups	93.026	96	.969			
	Total	97.262	99				
Financial Constraints and Accessibility	Between Groups	2.431	3	.810	.846	.472	Not Significant
	Within Groups	91.990	96	.958			
	Total	94.421	99				
Language and Communication Barriers	Between Groups	17.737	3	5.912	5.579*	.001	Significant
	Within Groups	101.734	96	1.060			
	Total	119.471	99				

\*Significant alpha .05

In Panglima Estino, Province of Sulu, when data were categorized according to the age socio-demographic profile of the pregnant women, a Post Hoc Analysis using the Tukey Test was performed to ascertain which groups, classified according to age, had varying levels of mean in areas covered under the extent of compliance of pregnant women to prenatal care. The analysis's outcome, which is displayed in Table 2.1.1, shows that the lower group mean minus the higher group mean can be used to calculate the differences in means for the following categories: family tradition, cultural beliefs and practices, awareness of prenatal care, language and communication obstacles. About Awareness of Prenatal Care: The data indicates that the group of pregnant women between the ages of 31 and 40 had a mean difference over the group of pregnant women between the ages of 20 and under of  $-.57799^*$ , with a Standard Error of .19225 and a p-value of .017, which is significant at  $\alpha = .05$ . Therefore, among all the pregnant women in this subcategory, those between the ages of 31 and 40 have the best ability to gauge how well-informed other pregnant women are about the extent of their adherence to prenatal treatment.

Regarding Family Tradition, Cultural Belief, and Practices: It demonstrates that, in comparison to the group of pregnant women in the age range of 20 years old and below, the group of pregnant women in the age range of 31 to 40 years old obtained the mean difference of .97222\* with Standard Error of .28437 and p-value of .005, which is significant at  $\alpha = .05$ . Therefore, of all the pregnant women in this subcategory, those between the ages of 31 and 40 have the best ability to gauge how compliant a given group of women is with prenatal care in terms of family tradition, cultural belief, and practices.

Regarding Communication and Linguistic Barriers: The data indicates that the group of pregnant women aged 41 and above had a mean difference of 1.59722\*, with a Standard Error of .55596 and a p-value of .025; this difference is significant at  $\alpha = .05$  when compared to the group of pregnant women aged 20 and under. Therefore, among all the pregnant women in this subcategory, those who are 41 years of age or older have the best ability to gauge how compliant their fellow pregnant women are with prenatal treatment in terms of language and communication barriers.

Table 2.1.1 Post Hoc Analysis: Differences in the extent of compliance of pregnant women to prenatal care in Panglima Estino, Province of Sulu in terms of Awareness to prenatal care, Family tradition, cultural belief and practices, and Language and communication barriers when data classified according to their socio-demographic profile in terms of age

<b>Dependent Variables</b>	<b>(I) Grouping by Age</b>	<b>(J) Grouping by Age</b>	<b>Mean Difference (I-J)</b>	<b>Std. Error</b>	<b>Sig.</b>
<b><i>Awareness to Prenatal Care</i></b>	20 years old & below	20-30 years old	-.19571	.19880	.759
		31-40 years old	-.57799*	.19225	.017
		41 years old & above	-.73611	.40020	.261
<b><i>Family Tradition, Cultural beliefs and Practices</i></b>	20 years old & below	20-30 years old	.61869	.29405	.159
		31-40 years old	.97222*	.28437	.005
		41 years old & above	1.25000	.59196	.157
<b><i>Language and Communication Barriers</i></b>	20 years old & below	20-30 years old	.73864*	.27617	.043
		31-40 years old	.96474*	.26707	.003
		41 years old & above	1.59722*	.55596	.025

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

### 2.2 According to Civil Status

This section is supposed to present the difference in the extent of compliance of pregnant women to prenatal care in Panglima Estino, Province of Sulu when data is classified according to their socio-demographic profile in terms of civil status. However, it is noted that a test of significant difference was not conducted since all the respondents involved in this study are married.

### 2.3 According to Occupation

Using data categorized by their career and sociodemographic profile, Table 2.3 shows the variations in the degree of compliance of expectant mothers to prenatal care in Panglima Estino, Province of Sulu. Table reveals that all sub-categories included in the extent of pregnant women's

compliance with prenatal care in Panglima Estino have F-ratios and P-values that are generally significant at alpha.05. The exception to this is "Awareness to Prenatal Cares." This indicates that even if the respondents' occupations vary, they do have different opinions on how much pregnant women in Panglima Estino, Province of Sulu, comply with prenatal treatment. This finding suggests that, either way, having a job may provide the responder a better perspective on how well pregnant women are complying with prenatal care than do jobless or self-employed women, or vice versa. This theory is consistent with the results of (Chen, 2020). Multivariate analysis showed that, after adjusting for age, history of unfavorable pregnancy, education level, ethnicity, multiparity, gestational complications, and medical history, the number of prenatal examinations for pregnant women in Linzhi was influenced by interventional measures and ethnicity. However, it is reasonable to conclude that the degree to which teacher-respondents evaluate pregnant women's compliance with prenatal care is significantly mediated by variable occupation. As a result, the hypothesis that "When data are grouped according to respondent's demographic profile in terms of occupation, there is no significant difference in the extent of compliance of pregnant women to prenatal care in Panglima Estino, Province of Sulu" is rejected.

Table 2.3 Differences in the extent of compliance of pregnant women to prenatal care in Panglima Estino, Province of Sulu when data classified according to their socio-demographic profile in terms of occupation

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Awareness to Prenatal Care	Between Groups	1.214	2	.607	1.019	.365	Not Significant
	Within Groups	57.758	97	.595			
	Total	58.972	99				
Family Tradition, Cultural Belief and Practices	Between Groups	12.893	2	6.447	5.296*	.007	Significant
	Within Groups	118.079	97	1.217			
	Total	130.972	99				
Availability to Health Care Facilities	Between Groups	9.702	2	4.851	5.374*	.006	Significant
	Within Groups	87.560	97	.903			
	Total	97.262	99				
Financial Constraints and Accessibility	Between Groups	14.508	2	7.254	8.805*	.000	Significant
	Within Groups	79.913	97	.824			
	Total	94.421	99				

	Total	94.421	99			
Language and Communication Barriers	Between Groups	7.920	260	3.960	3.443*	.036 Significant
	Within Groups	111.552	9750	1.150		
	Total	119.471	99			

\*Significant alpha .05

The degree to which pregnant women in Panglima Estino, Province of Sulu comply with prenatal care was one of the areas covered by a post hoc analysis employing the Tukey Test. The analysis was based on data categorized according to the sociodemographic profile of the groups, with the aim of identifying which groups had varying means. The analysis's outcome, which is displayed in Table 2.3.1, shows that the lower group mean minus the higher group mean can be used to calculate the differences in the means of family tradition, cultural belief and practices, availability to healthcare facilities, financial constraints, and accessibility. Regarding Family Tradition, Cultural Belief, and Practices: The results indicate that, compared to the group of pregnant women who are unemployed, the self-employed group received a mean difference of -1.35271\* with a Standard Error of .46587 and a p-value of .013 that is significant at alpha=.05. Therefore, among the pregnant women in this subcategory, self-employed pregnant women have the best ability to gauge how compliant other pregnant women are with prenatal care in terms of family tradition, cultural beliefs, and practices.

Regarding Availability to Health Care Facilities: The results indicate that the group of pregnant women who are working had a mean difference over the group of pregnant women who are jobless of -1.06395\*, with a Standard Error of .35119 and a p-value of .009, which is significant at alpha=.05. Therefore, no other group of pregnant women can more accurately assess the degree of adherence to prenatal treatment in terms of availability to health care facilities employed under this subcategory.

Regarding Financial Constraints and Accessibility: The results indicate that, compared to the group of pregnant women who are jobless, the group of pregnant women who are employed acquired a mean difference of -1.27907\* with Standard Error of .33550 and p-value of .001, which is significant at alpha=.05. Thus, among the pregnant women in this subcategory, only the employed pregnant women are better able to gauge how much prenatal care is being complied with in terms of accessibility and financial constraints.

Table 2.3.1 Post Hoc Analysis: Differences in the extent of compliance of pregnant women to prenatal care in Panglima Estino, Province of Sulu in terms of Family Tradition, Cultural Belief and Practices, Availability to Health Care Facilities, Financial Constraints and Accessibility when data classified according to their socio-demographic profile in terms of occupation

Dependent Variables	(I) Grouping by Age	(J) Grouping by Age	Mean Difference (I-J)	Std. Error	Sig.
<i>Family Tradition, Cultural beliefs and Practices</i>	Unemployed	Employed	-.68605	.40782	.217
		Self-employed	-1.35271*	.46587	.013
<i>Availability to Health Care</i>	Unemployed	Employed	-1.06395*	.35119	.009
		Self-employed	-.59173	.40118	.307

<b>Facilities</b>					
<b>Financial Constraints and Accessibility</b>	Unemployed	Employed	-1.27907*	.33550	.001
		Self-employed	-.77907	.38326	.110

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

#### 2.4 According to Average Monthly Income

When data is categorized based on a pregnant woman's average monthly income, Table 2.4 shows the variations in the degree of compliance with prenatal treatment in Panglima Estino, Province of Sulu. This table shows that the values of the F-ratios and P-values of all the sub-categories included under the extent of compliance of pregnant women to prenatal care in Panglima Estino are generally significant at alpha.05. This is true with the exception of "Availability to Health Care Facilities" and "Financial Constraints and Accessibility." This indicates that while respondents' average monthly incomes may fluctuate, they do differ in how much they believe pregnant women in Panglima Estino, Province of Sulu, are complying with prenatal treatment. This finding suggests that a responder with a monthly income of 15,001 or more may have an advantage over those with a salary of 5,000 or less, 5,000 to 10,000, 10,000 to 15,000, or vice versa, in assessing how compliant pregnant women are with prenatal care. However, it is reasonable to conclude that there is a significant mediation effect of varied average monthly income on teacher-respondents' assessments of pregnant women's compliance with prenatal treatment. This theory is consistent with (Elsharkawy, 2022) Assessments were conducted at baseline and three months later to measure knowledge, hemoglobin levels, and the capacity to choose appropriate meals. As a result, the hypothesis that "When data are grouped according to respondent's demographic profile in terms of average monthly income, there is no significant difference in the extent of compliance of pregnant women to prenatal care in Panglima Estino, Province of Sulu" is rejected.

Table 2.4 Differences in the extent of compliance of pregnant women to prenatal care in Panglima Estino, Province of Sulu when data classified according to their socio-demographic profile in terms of average monthly income

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Awareness to Prenatal Care	Between Groups	3.561	2	1.780	3.117*	.049	Significant
	Within Groups	55.411	97	.571			
	Total	58.972	99				
Family Tradition, Cultural Belief and Practices	Between Groups	13.595	2	6.798	5.618*	.005	Significant
	Within Groups	117.377	97	1.210			
	Total	130.972	99				
Availability to Health Care Facilities	Between Groups	2.934	2	1.467	1.509	.226	Not Significant
	Within Groups	94.328	97	.972			
	Total	97.262	99				
	Between Groups	3.584	2	1.792	1.913	.153	Not Significant

Financial Constraints and Accessibility	Within Groups	90.837	97	.936			
	Total	94.421	99				
Language and Communication Barriers	Between Groups	18.222	2	9.111	8.729*	.000	Significant
	Within Groups	101.249	97	1.044			
	Total	119.471	99				

\*Significant alpha .05

When data were categorized according to their socio demographic profile in terms of average monthly income, a post hoc analysis using the Tukey Test was performed to ascertain which groups, classified according to average monthly income, had different levels of mean in areas covered by the extent of compliance of pregnant women to prenatal care in Panglima Estino, Province of Sulu. The analysis's outcome, which is displayed in Table 2.4.1, shows that the lower group mean minus the higher group mean can be used to calculate the differences in the means of the following categories: family tradition, awareness of prenatal care, cultural belief and practices, language and communication barriers. Regarding Prenatal Care Awareness: The data indicates that the group of expectant mothers whose monthly income was between 11,000 and 15,000 had a mean difference of  $-.96429^*$ , with a Standard Error of .38680 and a p-value of .038. This difference is significant at  $\alpha=.05$  compared to the group of expectant mothers whose monthly income was 5,000 or less. Therefore, in terms of awareness of prenatal care, no other group of pregnant women has a greater sense of how well-compliant the other group is with prenatal treatment than those whose monthly income is between 11,001 and 15,000.

Regarding Family Tradition, Cultural Belief, and Practices: It demonstrates that, in comparison to the group of pregnant women whose monthly income is 5,000 & below, the group whose earnings were pegged at 11,001-15,000 obtained the mean difference of  $1.59524^*$  with Standard Error of .56296 and p-value of .015, which is significant at  $\alpha=.05$ . Therefore, among the pregnant women in this subcategory, none have a greater sense of how well the other pregnant women are adhering to family tradition, cultural beliefs, and prenatal care practices than the pregnant women whose monthly income ranges from 11,001 to 15,000.

Regarding Communication and Linguistic Barriers: It demonstrates that, in comparison to the group of pregnant women whose monthly income is 5,000 or less, the group of pregnant women whose earning was pegged at 11,001–15,000 obtained the mean difference of  $2.05952^*$  with Standard Error of .52285 and p-value of .000, which is significant at  $\alpha=.05$ . Therefore, among pregnant women in this subcategory, none are more suited to assess how well pregnant women are complying with prenatal treatment in terms of language and communication barriers than those whose monthly income is between 11,001 and 15,000.

Table 2.4.1 Post Hoc Analysis: Differences in the extent of compliance of pregnant women to prenatal care in Panglima Estino, Province of Sulu in terms of Awareness to Prenatal Care, Family Tradition, Cultural Belief and Practices, and Language and Communication Barriers when data classified according to their socio-demographic profile in terms of average monthly income

Dependent Variables	(I) Grouping by Average Monthly Income	(J) Grouping by Average Monthly Income	Mean Difference (I-J)	Std. Error	Sig.
<i>Awareness to Prenatal Care</i>	5,00 & below	5,001-10,00	-.07540	.23325	.944
		11,0001-15,000	-.96429*	.38680	.038

<b>Family Tradition, Cultural Belief and Practices</b>	5,00 & below	5,001-10,00	.67857	.33948	.118
		11,0001-15,000	1.59524*	.56296	.015
<b>Language and Communication Barriers</b>	5,00 & below	5,001-10,00	.53175	.31529	.216
		11,0001-15,000	2.05952*	.52285	.000

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

### 2.5 According to Average Educational Attainment

In Panglima Estino, Province of Sulu, Table 2.5 shows the variations in the degree of compliance of expectant mothers with prenatal care when data is categorized based on their educational attainment and sociodemographic profile. This table shows that the values of F-ratios and P-values of all other sub-categories included under the extent of compliance of pregnant women to prenatal care in Panglima Estino are generally significant at alpha.05. This is true with the exception of "Awareness to Prenatal Care" and "Family Tradition, Cultural Belief and Practices." This indicates that even while the respondents' educational backgrounds are different, they still have different opinions about how much pregnant women in Panglima Estino, Province of Sulu, comply with prenatal treatment. This finding suggests that having a bachelor's degree may provide a respondent with a better perspective on how much pregnant women comply with prenatal care than do women who only have an elementary, secondary, or college education, or vice versa. This theory is consistent with (Beuermann, 2020) There was no variation in the mothers' baseline educational attainment when examining the differences in their eating patterns or attendance at prenatal care. This notion is in line with the conclusions of (Chavez, 2023) and should be supported in order to maintain a fruitful academic experience, regardless of one's level of competence, autonomy, or independence. However, it is reasonable to conclude that there is a substantial mediation effect of varied educational attainment on how teacher-respondents evaluate the degree of pregnant women's compliance with prenatal treatment. As a result, the hypothesis that "When data are grouped according to respondent's demographic profile in terms of educational attainment, there is no significant difference in the extent of compliance of pregnant women to prenatal care in Panglima Estino, Province of Sulu" is rejected.

Table 2.5 Differences in the extent of compliance of pregnant women to prenatal care in Panglima Estino, Province of Sulu when data classified according to their socio-demographic profile in terms of educational attainment

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Awareness to Prenatal Care	Between Groups	.536	4	.134	.218	.928	Not Significant
	Within Groups	58.436	95	.615			
	Total	58.972	99				
Family Tradition, Cultural Belief and Practices	Between Groups	10.646	4	2.661	2.101	.087	Not Significant
	Within Groups	120.326	95	1.267			
	Total	130.972	99				
Availability to Health Care Facilities	Between Groups	17.586	4	4.396	5.242	.001	Significant
	Within Groups	79.676	95	.839			
	Total	97.262	99				
Financial Constraints and Accessibility	Between Groups	20.690	4	5.173	6.665	.000	Significant
	Within Groups	73.731	95	.776			
	Total	94.421	99				
Language and Communication Barriers	Between Groups	17.829	4	4.457	4.166	.004	Significant
	Within Groups	101.642	95	1.070			
	Total	119.471	99				

\*Significant alpha .05

When data were categorized according to their socio demographic profile in terms of educational attainment, a post hoc analysis using the Tukey Test was used to identify which groups, classified according to educational attainment, had different levels of mean in areas covered under the extent of compliance of pregnant women to prenatal care in Panglima Estino, Province of Sulu. The analysis's outcome, which is displayed in Table 2.5.1, shows that the lower group mean minus the higher group mean can be used to calculate the differences in the means of the following categories: availability to health care facilities, financial constraints and accessibility, and language and communication barriers. Regarding Availability to Health Care Facilities: The data indicates that, compared to the group of pregnant women with elementary level education, the group with secondary level education obtained a mean difference of .94521\* with Standard Error of .26528 and p-value of .005, which is significant at  $\alpha = .05$ . Therefore, among the pregnant women in this subcategory, only those with a secondary education have a better sense of how well-compliant the other pregnant women are with prenatal care in terms of availability to healthcare facilities.

Regarding Financial Constraints and Accessibility: The data indicates that, compared to the group of pregnant women with elementary level education, the group with secondary level education obtained a mean difference of 1.00498\* with Standard Error of .25519 and p-value of .001, which is significant at  $\alpha = .05$ . Therefore, among pregnant women in this subcategory, only those with a secondary education have a better sense of how well-compliant other pregnant women are with prenatal care in terms of accessibility and financial constraints.

Regarding Communication and Language Barriers: The group of expectant mothers who had never attended college received a mean difference of 1.06641\*, a Standard Error of .27908, and a p-value of .002, which is significant at  $\alpha = .05$  when compared to the group of expectant mothers who had only completed elementary school. Therefore, among the pregnant women in

this subcategory, only those with a secondary education have a better sense of how well the other pregnant women are complying with prenatal care in terms of language and communication barriers.

Table 2.5.1 Post Hoc Analysis: Differences in the extent of compliance of pregnant women to prenatal care in Panglima Estino, Province of Sulu in terms of Availability to Health Care Facilities, Financial Constraints and Accessibility, and Communication Barriers when data classified according to their socio-demographic profile in terms of educational attainment

<b>Dependent Variables</b>	<b>(I) Grouping by Educational Attainment</b>	<b>(J) Grouping by Educational Attainment</b>	<b>Mean Difference (I-J)</b>	<b>Std. Error</b>	<b>Sig.</b>
<b>Availability to Health Care Facilities</b>	Elementary	Secondary level	.94521*	.26528	.005
		College level	.28489	.36643	.937
		Bachelor's degree holder	-1.47701	.65864	.173
		No formal education	.46743	.24709	.329
<b>Financial Constraints and Accessibility</b>	Elementary	Secondary level	1.00498*	.25519	.001
		College level	.60181	.35250	.434
		Bachelor's degree holder	-1.35057	.63359	.215
		No formal education	.63091	.23770	.069
<b>Language and Communication Barriers</b>	Elementary	Secondary level	.14789	.29962	.988
		College level	-.27750	.41388	.962
		Bachelor's degree holder	-.22989	.74391	.998
		No formal education	1.06641*	.27908	.002

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

3. Is there a significant correlation among the sub-categories subsumed under the extent of compliance to prenatal care among pregnant women in Panglima Estino, Province of Sulu when data are categorized according to awareness to prenatal care, family tradition, cultural belief and practices, availability to health care facilities, financial constraints and accessibility, and language and communication barriers?

Table 3 shows the relationship between the subcategories that are included in the extent of prenatal care compliance among pregnant women in Panglima Estino, Province of Sulu. The data are categorized based on factors such as family tradition, cultural beliefs and practices, availability of healthcare facilities, financial constraints, accessibility, and language and communication barriers. This table shows that although there is little negative association, the calculated Pearson association Coefficients (Pearson's r) between these variables are significant at alpha.05. In Panglima Estino, Province of Sulu, pregnant women's compliance to prenatal treatment falls into the following subcategories, with the following degrees of correlations: 1) There is a low negative correlation between prenatal care awareness and family customs, cultural beliefs, and practices; 2)

There is almost no negative correlation between prenatal care awareness and access to healthcare facilities; 3) There is a low negative correlation between prenatal care awareness and financial constraints and accessibility; and 4) There is a low negative correlation between prenatal care awareness and barriers to language and communication.

These findings suggest that the respondents who rated family tradition, cultural beliefs and practices, availability to healthcare facilities, financial constraints and accessibility, and language and communication barriers as either moderately agree or moderately extent, respectively, may not be the same respondents who rated the degree of compliance to prenatal care among pregnant women in Panglima Estino, Province of Sulu in terms of Awareness to Prenatal Care. The notion that incorporates exercises for positive youth development into every session is in line with the conclusions of Buzi (2013). It is safe to say that, in the meantime, there is a negative low correlation between the level of prenatal care compliance among pregnant women in Panglima Estino, Province of Sulu, and factors such as family tradition, cultural beliefs and practices, availability to health care facilities, financial constraints and accessibility, and language. This concept is consistent with the research of (Chavez, 2023) and is used to keep the conversation light-hearted. Consequently, the hypothesis that claims, "When data are categorized according to awareness of prenatal care, family tradition, cultural belief and practices, availability and accessibility to health care facilities, financial constraints and transportation issues, and language and communication barriers, there is no significant correlation among the sub-categories subsumed under the extent of compliance of pregnant women to prenatal care in Panglima Estino, Province of Sulu" is rejected.

Table 3. Correlation among the sub-categories subsumed under the extent of compliance to prenatal care among pregnant women in Panglima Estino, Province of Sulu when data are categorized according to awareness to prenatal care, family tradition, cultural belief and practices, availability to health care facilities, financial constraints and accessibility, and language and communication barriers

Variables		Pearson <i>r</i>	Sig	N	Description
Dependent	Independent				
Awareness to Prenatal Care	Family tradition, cultural belief and practices	-.234*	.019	100	Low
	Availability to health care facilities	-.065	.523	100	Nearly Zero
	Financial constraints and accessibility	.280**	.005	100	Low
	Language and communication barriers	-.289**	.004	100	Low

\*Correlation Coefficient is significant at alpha .05

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

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

## 6. Conclusion

The following conclusions are drawn from this study's findings: In Panglima Estino, Province of Sulu, there is a sufficient representation of pregnant women with respect to age, civil status, occupation, average monthly income, and level of education. Expectant mothers often comply with prenatal treatment to a modest degree. Pregnant women's assessments of their own compliance with prenatal care are generally considerably mediated by characteristics such as age,

civil status, occupation, average monthly income, and educational attainment. In general, the respondents who rated family tradition, cultural beliefs and practices, availability to healthcare facilities, financial constraints and accessibility, and language and communication barriers as either moderately agree or with moderate extent, respectively, may not be the same group of respondents who rated the level of compliance to prenatal care among pregnant women in Panglima Estino, Province of Sulu in terms of Awareness to Prenatal Care as Agree or with High Extent. This study appears to validate the idea put forth by Mosammet Khaleda Akter, who advocates for optimal prenatal care in order to enhance overall birth outcomes and lower the ratio of maternal to baby death. Evidence suggests that access to sufficient prenatal care is substantially associated with significant decreases in both mother and baby mortality and morbidity. Sufficient prenatal care is one of the key strategies for improving maternal and fetal outcomes.

## 7. References

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