KNOWLEDGE AND ATTITUDES IN RELATION TO PRENATAL CARE COMPLIANCE AMONG PREGNANT WOMEN IN RURAL AREAS

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ABSTRACT

Prenatal care is crucial for maternal and fetal health, yet compliance remains low in rural areas despite adequate knowledge and positive attitudes. This study explored the relationship between knowledge, attitudes, and prenatal care compliance among pregnant women in selected barangays of Tangub City, Misamis Occidental, Philippines. Using a descriptive correlational design and quota sampling, 100 pregnant women were included. Data were collected through researcher-made questionnaires assessing knowledge, attitudes, and compliance with prenatal care. The responses were tabulated and analyzed using mean and standard deviation, while SPSS was employed for statistical accuracy. Pearson's product-moment correlation coefficient (Pearson's r) was used to examine the relationship between knowledge, attitudes, and prenatal care compliance. Results showed that most participants had a high level of knowledge regarding prenatal care and maintained positive attitudes toward its importance. Respondents also demonstrated high levels of adherence to recommended prenatal care practices. Statistical analysis revealed a significant positive correlation between knowledge of prenatal care and compliance, indicating that greater understanding is associated with higher adherence. Similarly, a significant relationship was found between positive attitudes and prenatal care compliance. These findings suggest that while knowledge and attitudes are strong, structural and logistical barriers may still affect compliance in rural areas. It is recommended that local government units and health departments work together to address obstacles such as transportation difficulties, distance to health facilities, and healthcare costs. Expanding barangay health center coverage and introducing transportation support or mobile clinic services can further improve prenatal care access

and adherence, ultimately promoting better maternal and fetal health outcomes in rural communities.

Keywords: *compliance, descriptive correlational design, prenatal care, significant relationship*

DEDICATION

We, the researchers, respectfully dedicate this study to the Almighty God for supporting and leading us during this journey.

We express our heartfelt thanks to the Mothers whose openness and readiness to share their experiences with compliance of prenatal care that have contributed significant worth to this research. Your determination and driven by a desire to promote maternal health is truly admirable.

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The Researchers

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The Researchers

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INTRODUCTION

Background of the Study

Pregnancy is not a disease, but it induces significant health risks due to extensive physiological changes across all maternal organ systems to support the survival and development of the fetus. These systemic alterations, while essential, can also lead to common discomforts and ailments such as morning sickness, heartburn, and constipation (WHO, 2022). During pregnancy, a healthy diet and lifestyle are essential for the growth of a healthy baby and can have long-term health benefits for the infant (Bashir et al., 2023). Women experience numerous physiological changes during pregnancy that support the normal growth and well-being of the fetus. Additionally, these adaptations help prepare both the mother and the baby for the process of childbirth (Jouanne et al., 2021). Early access to adequate prenatal care from skilled providers is crucial for detecting and preventing obstetric complications of pregnancy (Mugo et al., 2020).

Prenatal care refers to the medical attention a pregnant woman receives during pregnancy, including check-ups, testing, and counselling. It is a core element of preventive care and is vital in identifying and managing conditions that can put the pregnant person and the fetus at risk (Michel & Fontenot, 2022). In the Philippines, there are 22 deaths per 1,000 live births. This means that out of 1,000 babies born, 22 do not survive to their first birthday (WHO, 2024). For a better pregnancy outcome, the use of prenatal care services is a key component. This is associated with the rate of maternal morbidity and mortality. Additionally, the number of prenatal care visits is also paramount to achieving a better pregnancy outcome (Odusina et al., 2021).

The knowledge that a pregnant women have regarding prenatal care influences their compliance with recommended visits. Women who are aware of the benefits of prenatal care and danger signs during their pregnancy tend to comply more with their prenatal schedules (Oandasan & Purisima, 2024). Knowledge about prenatal care is essential to ensure that pregnant women will understand the importance of timely visits, screening, and interventions that improve maternal outcomes (Peahl et al., 2025). Research suggests that the lifestyle choices a woman makes during pregnancy can have a significant impact on the health and development of her child. Consequently, pregnant women need to have adequate knowledge about the key components of a healthy lifestyle throughout pregnancy (Nawabi et al., 2022). The initial prenatal visit should comprehensively cover medical history, physical examination, and pregnancy confirmation, laying the foundation for ongoing education and risk assessment. Knowledge imparted during this visit influences subsequent adherence to prenatal care (Karrar et al., 2024). Healthcare providers' knowledge about prenatal screening also impacts the quality of counseling that pregnant women receive (Azam et al., 2024).

Pregnant women's attitudes towards prenatal care in rural areas significantly influence their compliance with recommended practices. The attitudes of pregnant women toward prenatal care are influenced by both their knowledge and their past experiences with healthcare services. Therefore, it is crucial to provide women-friendly, respectful, and supportive prenatal care to foster positive perceptions and encourage continued engagement with these services. Providing a welcoming environment can help build trust, improve satisfaction, and promote better health outcomes for both mother and baby (Walundari et al., 2022). The negative attitudes of pregnant women may result from

previous pregnancy experiences (Drigo et al., 2020). Pregnant women in rural areas face challenges in accessing prenatal care, and the inconsistent delivery of services can contribute to negative attitudes toward seeking care (Sanchez et al., 2022). The attitude toward prenatal care check-ups during pregnancy reflects the quality of healthcare services in a community. Hence, offering services that are welcoming and supportive to women is crucial. It is advised that health education about the significance of prenatal care be delivered daily in the waiting areas of all primary healthcare centers. Healthcare providers should encourage the active involvement of pregnant women during these sessions and create space for them to ask questions (Bashir et al., 2023).

Prenatal care compliance refers to the extent to which a pregnant woman follows recommended prenatal care guidelines, including attending scheduled medical check-ups, adhering to prescribed treatments, maintaining a healthy lifestyle, and following medical advice. Several factors can affect compliance with prenatal care, including the residence, distance to health facilities, time to health facilities, characteristics of health services, women's status in the household, knowledge, attitude, beliefs, and culture (Elshazyl et al., 2017). Prenatal care service utilization in rural areas was significantly lower than that recommended in national and WHO guidelines, affecting the compliance of pregnant individuals (Roro et al., 2022). Compliance is influenced by personal, family, and social factors, including place of residence, distance to healthcare facilities, characteristics of healthcare services, women's status within the household, knowledge, attitudes, beliefs, and cultural practices (Chen et al., 2020).

There is a notable lack of research specifically focusing on the compliance and attitudes of pregnant women on prenatal care in rural settings, particularly in the

Philippines. Statistical analysis revealed a connection between knowledge, attitudes, and the frequency of prenatal visits. Since the number of antenatal visits in this study remains below the desired target, it is necessary to enhance pregnant women's understanding of the importance of prenatal visits for both maternal and fetal health during pregnancy (Mamuro et al., 2020). There may be knowledge gaps in rural areas due to traditional practices and a lack of adequate healthcare facilities. Poor educational status, low income, and long waiting times showed associations with the perceived poor quality of healthcare services (Tasneem &Ozdal, 2023).

The study aimed to explore the significant relationship between knowledge and attitudes on prenatal care compliance among pregnant women in rural areas. The results showed that knowledge and attitude on prenatal care had a significant relationship with prenatal care compliance. The study emphasizes the importance of enhancing maternal health education and fostering positive attitudes toward prenatal care in rural areas. The findings suggested that interventions focusing on knowledge and attitude enhancement may help improve the compliance of pregnant women in rural areas.

Theoretical Framework

This study utilizes Dorothea Orem's Self-Care Deficit Theory, emphasizing competence in self-care related to health maintenance. Dorothea Orem's Self-Care Deficit Theory, developed between 1959 and 2001, is a foundational nursing theory that emphasizes the importance of self-care in maintaining health and well-being. Orem, a prominent nursing theorist, articulated her ideas during a transformative period in nursing, advocating for a model that recognizes the patient's role in their own health

management. The theory posits that individuals have an inherent ability and responsibility to care for themselves; however, when they are unable to do so due to a lack of knowledge, resources, or support, a self-care deficit arises (Orem et al., 2001).

At its core, Orem's theory consists of three key concepts: self-care, which refers to the activities individuals initiate to maintain their health; self-care deficit, which occurs when individuals are unable to meet their self-care needs; and nursing systems, which describe how nurses can assist patients in overcoming these deficits. This framework is particularly relevant to our study on knowledge and attitudes regarding prenatal care compliance among primigravida women, regardless of age. First-time mothers often face significant challenges in accessing healthcare information and services, which can lead to self-care deficits in managing their prenatal health. Educational interventions could reduce the incidence of preterm birth; it is suggested that the women at risk for preterm birth are trained for prenatal self-care (Rezaeean et al.,2020).

By applying Orem's Self-Care Deficit Theory, this study aims to explore how enhancing knowledge and fostering positive attitudes can empower primigravida women to engage in necessary self-care practices, such as attending regular prenatal check-ups. The implementation of this theory into care during the perinatal period can contribute to improved health outcomes. Integrating Orem's theory of self-care deficit into pregnancy services can help increase women's self-care power (Tumkaya et al., 2024). Understanding these dynamics will help inform targeted interventions that promote compliance with prenatal care, ultimately leading to improved maternal and fetal health outcomes in rural communities.

This study highlights the critical role of nursing and healthcare interventions in addressing the self-care deficits experienced by pregnant women in rural communities. These women often face barriers such as limited access to health information, cultural misconceptions, and inadequate healthcare resources, which impede their ability to perform essential prenatal self-care activities. Orem's framework supports the development of targeted educational programs and supportive nursing systems that empower these women to acquire the necessary knowledge and foster positive attitudes toward prenatal care compliance. This empowerment not only bridges the gap between their current self-care agency and the required prenatal health practices but also promotes autonomy and responsibility in managing their pregnancy. Studies have shown that enhancing self-care agency through education and support can lead to improved prenatal outcomes, such as reduced rates of preterm birth and better maternal-fetal health (Rezaeean et al., 2020; Tumkaya et al., 2024).

Conceptual Framework

In this study, the variables are knowledge and attitudes in relation to prenatal care compliance among pregnant women in rural areas. The independent variables are knowledge and attitude in relation to the dependent variable which is prenatal care compliance among pregnant women in rural areas.

Knowledge is the engine that drives human life; therefore, acquiring knowledge is considered the most important human activity (Sfetcu, 2022). Knowledge of pregnant women in rural areas refers to their awareness and comprehension of key pregnancy-related concepts, including nutrition, prenatal care, the importance of routine check-ups, vaccinations, warning signs of pregnancy complications, and readiness for delivery.

Numerous factors, including exposure to health information, cultural attitudes, educational attainment, and access to healthcare services, frequently impact this understanding.

The knowledge that pregnant women have regarding prenatal care influences how they perceive and value prenatal care services. If they have proper knowledge regarding the danger signs or complications that may arise during pregnancy, they would develop favourable attitudes towards prenatal care services and start prenatal care earlier in pregnancy to avoid complications. If a pregnant woman is mistreated during her prenatal visit, the likelihood of her not returning to the facility is very high, especially in rural areas (Drigo et al., 2020).

The importance of prenatal care is essential for ensuring the health and well-being of both the mother and the baby during pregnancy. It enables early detection and management of potential complications, such as gestational diabetes, hypertension, or fetal abnormalities, which can significantly impact pregnancy outcomes if left untreated. Regular prenatal visits provide an opportunity for healthcare providers to monitor the baby's growth, offer nutritional guidance, and educate (Peahl et al., 2022)

The healthcare system and available resources play a crucial role in ensuring effective service delivery, particularly in prenatal care. Key resources include skilled healthcare professionals, well-equipped facilities, medications, diagnostic tools, and educational materials. To improve the health of mothers and children, it is essential to raise awareness through targeted health education. Educating pregnant women about its importance can reduce maternal and infant mortality, prevent congenital disabilities, and ensure safe delivery (Kancherla et al., 2022). Attitude refers to feelings, beliefs, and

reactions of an individual towards an event, phenomenon, objects, or person (Olufemi and Temitay, 2023).

Attitudes refer to feelings, beliefs, and reactions of an individual towards an event, phenomenon, object, or person (Olufemi &Temitay, 2023). Society, cultural values, and individual experiences often influence the attitudes of pregnant women in rural areas regarding prenatal care. Some see prenatal care as crucial to a successful pregnancy, while others may adhere to customs or believe that doctor visits are not required unless problems occur. The willingness to seek care may also be impacted by prior poor experiences, fear of being judged, or a lack of trust in healthcare systems. A lack of education will hinder a person's development of an attitude towards new values introduced (Utomo et al., 2024). These women can adopt more proactive prenatal care practices if positive attitudes are fostered through culturally sensitive education, community involvement, and supportive healthcare settings.

Trust in healthcare providers is a vital factor influencing the healthcare-seeking behaviors of pregnant women, particularly in rural areas. In these communities, trust is often shaped by the provider's communication skills, cultural sensitivity, consistency, and perceived competence. Pregnant women's trust in healthcare providers can significantly influence their decisions regarding prenatal care and overall health outcomes (O'Brien et al., 2021). In pregnancy, optimal communication has been shown to increase satisfaction with care, decrease anxiety, and increase motivation for health behavior change. Pregnant individuals who actively engage in communication with their health care providers and advocate for themselves are more likely to receive

comprehensive health information and report a sense of being respected (Goh et al., 2023).

The perceived importance of prenatal care significantly influences a woman's adherence to recommended health practices during pregnancy. Women who recognize the value of prenatal care understand its role in monitoring their health and the baby's development, preventing complications, and ensuring a safe delivery. The importance of the quality of prenatal care provided by the health workers and social support during prenatal consultation, and additional evidence in support of the concept of association between quality of prenatal care and maternal-fetal attachment (Gonzales and Barcelo, 2023).

Compliance with prenatal care is essential for improving maternal and neonatal outcomes (Yapundich, 2024). Compliance with adequate prenatal care is associated with a decreased risk of both maternal and fetal adverse outcomes. Prenatal care compliance has a significant impact on the health of both the mother and the fetus. A healthier pregnancy is ensured through routine prenatal appointments, which enable the early detection and control of potential issues. The risk of preterm birth, low birth weight, and congenital anomalies is decreased by following medical recommendations, which include healthy eating, taking supplements (such as iron and folic acid), and changing one's lifestyle.

Healthcare accessibility significantly influences prenatal compliance, as it determines a pregnant woman's ability to receive timely and adequate care. Factors such as proximity to healthcare facilities, the affordability of services, the availability of skilled healthcare providers, and convenient clinic hours all impact a woman's adherence

to prenatal care guidelines. Accessible healthcare services encourage regular prenatal visits, foster trust in medical professionals, and support early detection and intervention for potential issues, ensuring better health outcomes for both the mother and the baby (Svikis et al., 2022).

Social support also plays a crucial role in ensuring compliance with prenatal care. It encompasses emotional, informational, and practical assistance from family, friends, healthcare providers, and the community, helping expectant mothers navigate the physical and emotional demands of pregnancy. Social support plays a crucial role in modifying lifestyles and enhancing both physical and psychological health outcomes in mothers (Nguyen et al., 2022).

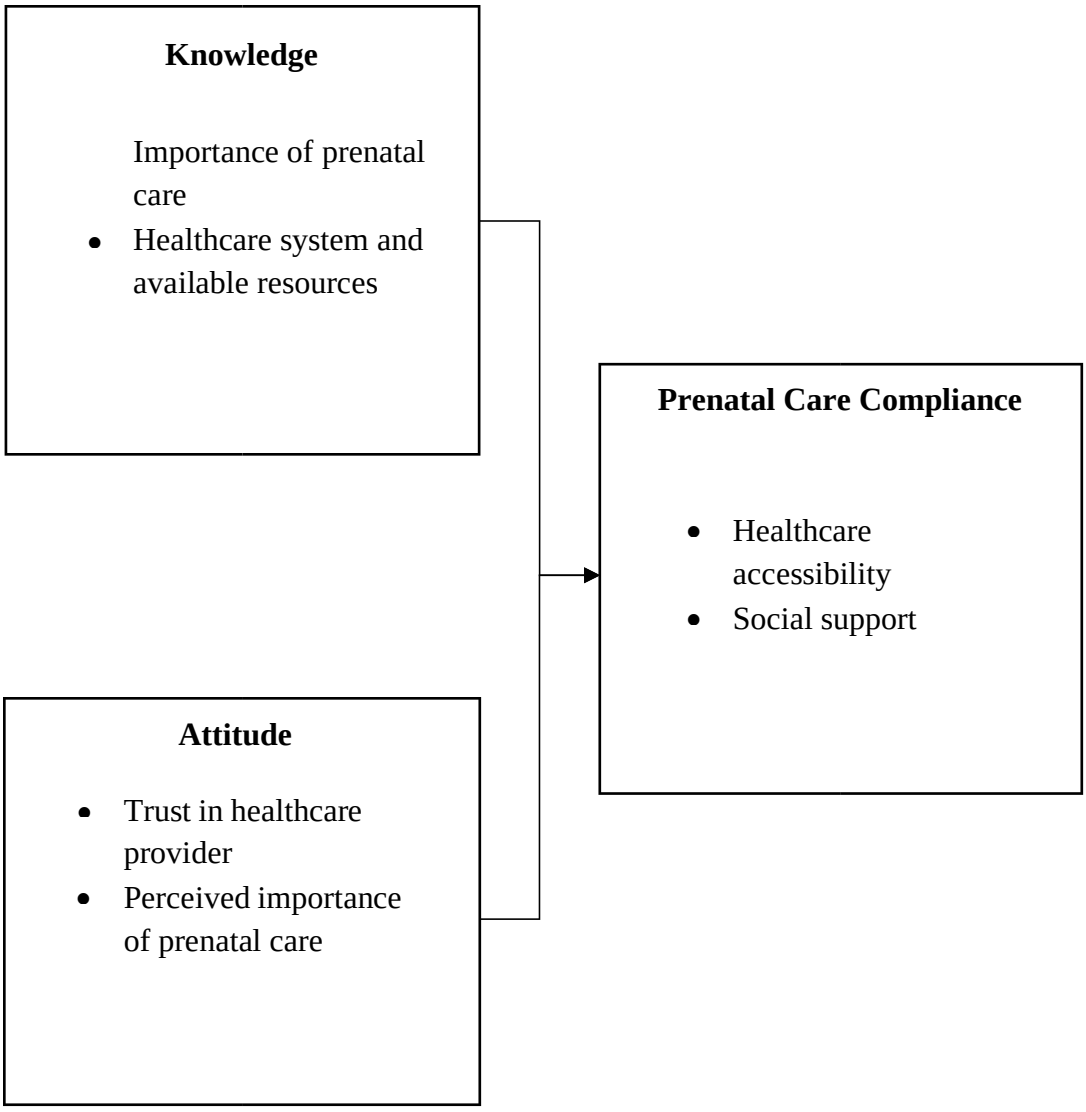

Figure 1. Schematic Diagram of the Study

Objectives of the Study

This study aimed to assess the knowledge and attitudes of pregnant women in rural areas regarding prenatal care compliance, with the goal of enhancing maternal and fetal health outcomes and ensuring timely access to necessary medical services.

The study sought answers to the following questions: 1) Assess the level of knowledge of pregnant women as to the importance of prenatal care and the healthcare system, and available resources. 2) Assess the level of attitudes of pregnant women as to trust in the healthcare provider and perceived importance of prenatal care. 3) Determine the prenatal care compliance among pregnant women as to healthcare accessibility and social support. 4) Explore the significant relationship between knowledge of prenatal care and prenatal care compliance. 5) Explore the significant relationship between attitudes on prenatal care and prenatal care compliance.

It is hypothesized that: (Ho1) There is no significant relationship between knowledge of prenatal care and prenatal care compliance among pregnant women in rural areas, and (Ho2) There is no significant relationship between attitudes toward prenatal care and prenatal care compliance among pregnant women in rural areas.

Significance of the Study

The significance of this study on knowledge and attitude in relation to prenatal care compliance among pregnant women in rural areas extends to various domains:

For Pregnant Women: This study provides valuable insights into the impact of knowledge and attitudes on prenatal care compliance, enabling pregnant women in rural areas to understand the importance of regular check-ups and maintaining good maternal

health practices. By identifying gaps in awareness and common barriers, the study aims to promote better health outcomes for both mothers and their babies through targeted educational initiatives.

For Healthcare Providers: The findings of this study can guide healthcare providers, such as midwives, nurses, student nurses, and barangay health workers, in developing effective interventions to enhance prenatal care compliance. By understanding the knowledge levels and attitudes of pregnant women, healthcare providers can enhance patient communication, develop culturally relevant health education programs, and implement strategies to promote regular prenatal visits.

For Future Researchers: This study serves as a foundational resource for further exploration of prenatal care compliance in rural areas. Future researchers can build upon these findings to examine additional factors influencing maternal health behaviours, refine interventions, and contribute to public health initiatives aimed at improving prenatal care services and maternal health outcomes.

RESEARCH METHODOLOGY

Design

This study utilized a quantitative, descriptive-correlational design. A quantitative descriptive-correlational design is a research design that explains the relationship between two or more variables without making any claims about cause and effect. This design is particularly effective as it allows for an in-depth portrayal of the population as it naturally occurs, without any manipulation of variables, thus exploring and assessing knowledge and attitudes towards prenatal care compliance. This design aims to assess the levels of knowledge and attitudes in relation to prenatal care compliance. By focusing on a specific point in time, the study provides a detailed account of the knowledge and attitudes of the respondents on prenatal care compliance. Data were collected through researcher-made questionnaires that quantify knowledge and attitudes related to prenatal care compliance. The analysis utilized statistical methods to explore correlations, ultimately aiming to uncover insights that could inform targeted interventions to improve prenatal care compliance in the community.

Environment

This study was conducted in selected barangays in the rural areas of Tangub City, namely Caniangan, Labuyo, Pangabuan, and Barangay 3. These areas have limited access to prenatal care check-ups, and pregnant individuals in the area primarily rely on their barangay health centers to access prenatal care, which is essential for our study about knowledge and attitudes in relation to prenatal care compliance among pregnant women in rural areas, to get accurate data from the respondents in the community.

Respondents of the Study/Unit of Analysis and Sampling Procedure

The respondents were 100 pregnant women with three inclusion criteria: 1) must be pregnant within the past 3 years, 2) residents of Tangub City, and 3) they are willing to participate in the research. A quota sampling method was employed. The quota sampling method ensures that specific subgroups of each barangay are adequately represented in the study. This method allowed the researchers to include participants based on the inclusion criteria, which were relevant to their knowledge and attitudes regarding prenatal care compliance.

Data Gathering Instruments

A researcher-made questionnaire was used for data collection, utilizing a 5-point Likert scale. The questionnaire consists of three sections:

A. Knowledge on the Prenatal Care Compliance Questionnaire. This tool assessed the level of knowledge of pregnant women as to the importance of prenatal care, the healthcare system, and available resources.

B. Attitude on Prenatal Care Compliance Questionnaire. This tool assessed the level of attitude of pregnant women regarding their trust in healthcare providers and the perceived importance of prenatal care.

C. Prenatal Care Compliance Questionnaire. This tool assessed prenatal care compliance among pregnant women in terms of healthcare accessibility and social support.

Data Gathering Procedure

Before conducting the research, the researchers obtained consent from the Dean of the College of Nursing, Midwifery, and Radiologic Technology. The researchers obtained permission from the relevant authorities, specifically the barangay captains of the selected barangays in Tangub City, to ensure compliance with institutional guidelines. Once consent was granted, the researchers identified their respondents and thoroughly explained the purpose of the study, seeking permission for participation. After the approval, the test questionnaire was distributed. After collecting all the necessary information, the researchers tabulated the data for analysis and interpretation.

Validity and Reliability of the Instrument

To ensure the validity and reliability of the instrument for assessing knowledge and attitudes related to prenatal care compliance, it was compared with established measures of prenatal health outcomes. Validity was evaluated through content validity, where expert feedback was solicited to confirm that the instrument accurately reflects the constructs of prenatal care compliance. Reliability was assessed using test-retest methods and internal consistency, aiming for a Cronbach's alpha of 0.70 or higher for the overall scale. Pilot testing was conducted to refine the instrument, ensuring clear instructions and appropriate response formats. Additionally, statistical analyses strengthened the overall validity and reliability, contributing to more robust research findings.

Scoring Guidelines

The first, second and third part of the researcher-made questionnaire was assessed based on the continuum as follows:

A) Knowledge on Prenatal Care.

Score	Continuum	Responses	Interpretation
5	4.20 – 5.00	Strongly agree	Very High
4	3.40 – 4.19	Agree	High
3	2.60 – 3.39	Neutral	Average
2	1.80 – 2.59	Disagree	Low
1	1.00 – 1.79	Strongly Disagree	Very Low

B) Attitudes on Prenatal Care. To assess attitudes towards prenatal care, the following scale was used:

Score	Continuum	Responses	Interpretation
5	4.20 – 5.00	Strongly Agree	Very Good
4	3.40 – 4.19	Agree	Good
3	2.60 – 3.39	Neutral	Average
2	1.80 – 2.59	Disagree	Poor
1	1.00 – 1.79	Strongly disagree	Very Poor

C) Prenatal Care Compliance. To evaluate compliance with prenatal care, the following scale will be utilized:

Score	Continuum	Responses	Interpretation
5	4.20 – 5.00	Strongly Agree	Very High
4	3.40 – 4.19	Agree	High
3	2.60 – 3.39	Neutral	Average
2	1.80 – 2.59	Disagree	Low
1	1.00 – 1.79	Strongly Disagree	Very low

Mode of Analysis/ Statistical Treatment

The data obtained from the questionnaire were tabulated, examined, analyzed, and interpreted using relevant statistical tools.

Mean and Standard Deviation. These statistical tools were used to assess knowledge and attitudes toward prenatal care compliance among pregnant women, measuring both central tendency and variability in the study. The data were analyzed using statistical software (SPSS) to ensure accuracy.

Pearson product-moment correlation coefficient (Pearson's r). This was employed to examine the correlation between knowledge and attitude on prenatal care compliance.

Ethical Considerations

After Misamis University approved the study in accordance with ethical principles, the researchers maintained the confidentiality of all respondents, protecting their identities and not disclosing any personal information. The

researchers personally handed a consent letter to seek permission from the college dean, the barangay office, and the community chief, prior to conducting the study in the community. The consent letter stated the study's objectives and its purpose. Following approval, informed consent was obtained from research respondents via a consent letter. Respondents were given enough time to contemplate their participation. The researchers assured each respondent that they could withdraw from the study at any time without penalty and that they were willing to participate by consenting to complete the self-report questionnaire. The study protected the privacy of respondents, the confidentiality of research data, and the anonymity of research participants. Furthermore, the researcher guarantees that the findings will not be used for purposes other than the study itself. The data collected was maintained until the study was completed or published.

RESULTS AND DISCUSSIONS

This chapter presents the results of the study, discussing knowledge and attitude in relation to prenatal care compliance, which is analyzed and interpreted into the following topics:

Respondent's level of knowledge on prenatal care

Respondent’s level of attitudes on prenatal care.

Respondent’s level of prenatal care compliance.

Significant relationship between knowledge of prenatal care and prenatal care compliance.

Significant relationship between attitudes on prenatal care and prenatal care compliance.

Respondent’s Level of Knowledge

Table 1 showed that the respondents had a high level of knowledge (M = 3.82, SD = 0.91, High), indicating that most respondents were aware of the facilities, services, and support structures available to them. However, the slightly lower mean and higher standard deviation suggest that there was variation in knowledge levels, possibly due to differences in location, access to information, or personal experiences. Pregnant women exhibited high levels of knowledge and positive attitudes towards antenatal care, but their actual practices were relatively low, indicating a disconnect between knowledge and compliance (Hagos et al., 2023).

The importance of prenatal care was rated the highest among the two variables (M = 4.15, SD = 0.80, High), indicating that respondents were strongly aware of the critical role regular check-ups, proper nutrition, and early detection of complications play in both maternal and fetal health. This implies a high level of understanding of how prenatal care contributes to a healthy pregnancy and safe delivery. The study by Adai and Al-budairy (2019) aligns with the results, which highlight a positive relationship between pregnant women's knowledge of prenatal care. The study emphasized that increased awareness contributes to better health outcomes by identifying risks and preventing pregnancy-related complications. Studies have shown that maternal education and support from healthcare personnel significantly influence healthy prenatal behaviors, further emphasizing the importance of prenatal care knowledge in promoting safe pregnancies (Murdikawati et al., 2019).

It also showed that respondents' understanding of available healthcare resources was high (M = 3.99, SD = 0.86), reflecting their understanding of these resources. A study by Adai and Al-budairy (2019), assessing antenatal care utilization in Al-Diwaniyah City, found that awareness of healthcare services was positively associated with their utilization, suggesting that informed pregnant women are more likely to access necessary services. Pregnant women face barriers in accessing health information, including insufficient interaction with healthcare providers and difficulty distinguishing correct from incorrect information. These barriers highlight the challenges within healthcare systems that can limit pregnant women's ability to fully utilize available resources, underscoring the need for improved communication and support from

healthcare professionals to enhance access to prenatal care services and information (Javanmardi et al., 2019).

Table 1. Respondents'Level of Knowledge on Prenatal Care

Knowledge	Mean	StDev	I
Importance of Prenatal Care	4.15	0.80	H
Healthcare System and Available Resources	3.82	0.91	H
Overall Mean	**3.99**	**0.86**	**H**

Legend: 4.20-5.00 – Very High (VH)
3.40 – 4.19 -High (H)
2.60-3.39 – Average(A)
1.80- 2.59 – Low (L)
1.00- 1.79 – Very Low (VL)

Table 2 presents the respondents' high level of attitude towards prenatal care, along with its two key constructs: Trust in Healthcare Provider and Perceived Importance of Prenatal Care. The high overall attitude score (M = 3.96) emphasizes that the respondents not only recognize the value of prenatal care but also feel supported and guided by the professionals attending to them. These findings underscore the importance of maintaining and strengthening healthcare provider-patient relationships, as well as reinforcing the value of prenatal care through ongoing education and respectful care experiences. Such positive attitudes are consistent with findings from previous studies, which highlight the importance of trust and perceived relevance in enhancing prenatal care utilization and outcomes (Downe et al., 2019).

It showed that trust in the healthcare provider, which obtained a mean score of 3.89 (SD = 0.93), also falls within the high range. This indicates that most pregnant

women expressed confidence in the abilities and intentions of their healthcare providers. Such trust is crucial in fostering open communication, adherence to medical advice, and overall satisfaction with the care they receive during pregnancy. A healthcare facility's encounters with pregnant women with substance use disorders highlighted that therapeutic patient-provider communication significantly improves care experiences and outcomes. Emphasizing the importance of trust in reducing stigma and enhancing patient activation during prenatal care (Renbarger et al., 2020). Studies have found that socioeconomic factors influence trust in healthcare providers, which in turn impacts the utilization of available resources. This demonstrates how trust plays a pivotal role in ensuring equitable access to essential prenatal services (Freitas et al., 2020).

The table showed respondents' perceived importance of prenatal care received the highest mean score among the two at 4.02 (SD = 0.81), placing it in the high category. This reflects that the majority of pregnant women in the study highly value the role of prenatal care in ensuring the health and safety of both mother and child. It is demonstrated that early initiation of prenatal care and shared follow-up between primary healthcare and specialized care significantly improve pregnancy outcomes. It highlights the importance of organized healthcare services in supporting pregnant women through routine check-ups and health education (Sanine et al., 2019). Pregnant women highly value prenatal care that is patient-centered, informative, and tailored to their individual circumstances. They have perceptions of the quality of prenatal care and their preferences for care that meets their needs. It has been found that quality prenatal care encourages the timely initiation and consistent follow-up of visits, which are crucial for achieving positive maternal and infant health outcomes. Additionally, it is noted that

women's perception of prenatal care quality significantly influences their engagement with prenatal services (Fryer et al., 2023).

Table 2. Respondents'Level of Attitudes Towards Prenatal Care

Attitudes	Mean	StDev	I
Trust in Healthcare Provider	3.89	0.93	H
Perceived Importance of Prenatal Care	4.02	0.81	H
Overall Mean	**3.96**	**0.87**	**H**

Legend: 4.20-5.00 – Very Good (VH)
3.40 – 4.19 -High (H)
2.60-3.39 – Average(A)
1.80- 2.59 – Low (L)
1.00- 1.79 – Very Low (VL)

Respondent's Level of Prenatal Care Compliance

Table 3 shows that respondents' prenatal care compliance was high (SD = 3.79, M = 0.90), indicating that most pregnant women in the study consistently adhered to recommended prenatal care practices, such as attending regular check-ups, following health advice, and seeking medical attention when needed. The high level of compliance reflected in this table emphasizes the combined importance of supportive social environments and accessible healthcare systems in promoting positive maternal health outcomes. Improving accessibility further while maintaining strong community support could further enhance adherence to prenatal care. Research has shown that when pregnant women perceive their social networks as encouraging and healthcare services as readily available, their adherence to prenatal care protocols significantly improves (Kruk et al., 2020).

It showed that social support had the highest mean score of 4.03 H (SD = 0.91), suggesting that the respondents benefit from substantial emotional and practical assistance from their families, partners, or community members. Strong emotional and practical support from family, partners, and the community has been shown to enhance adherence to prenatal care routines by reducing stress and encouraging positive health behaviors. A study supports this result, stating that compliance with recommended prenatal interventions was higher among women who received encouragement and assistance from their social circles (Szkwara et al., 2019). The review identified that social support not only improved adherence but also contributed to better management of prenatal ailments and enhanced quality of life during pregnancy. Social factors, including family support, were essential in ensuring timely prenatal visits and early screening for maternal infections (Lopes & Dantas, 2019).

The table presented healthcare accessibility, with a mean of 3.54 (SD = 0.89), which also falls within the high category. This indicates that the majority of respondents have access to the necessary healthcare services, though some barriers remain. The study of Lopes and Dantas (2019) states that while many pregnant women adhered to prenatal care recommendations, factors such as distance to health facilities, transportation, and financial constraints could still hinder full compliance. The study emphasized that improving healthcare system accessibility is vital for increasing the frequency of prenatal visits and ensuring comprehensive care. Inconsistencies in healthcare system entry points and referral processes could impact pregnant women's ability to access specialized services (Custodio et al., 2019).

Table 3. Respondents' Level of Prenatal Care Compliance

Prenatal Care Compliance	Mean	StDev	I
Healthcare Accessibility	3.54	0.89	H
Social Support	4.03	0.91	H
Overall Mean	**3.79**	**0.90**	**H**

Legend: *4.20-5.00 – Very High (VH)* *1.80- 2.59 – Low (L)*
3.40 – 4.19 -High (H) *1.00- 1.79 – Very Low (VL)*
2.60-3.39 – Average(A)

Significant Relationship Between the Respondents' Knowledge on Prenatal Care and Prenatal Care Compliance

Table 4 presents the relationship between respondents' knowledge of prenatal care and their compliance with prenatal care, specifically focusing on two knowledge variables—importance of prenatal care and the healthcare system and available resources—in relation to the compliance variables of healthcare accessibility and social support. The results revealed both significant and highly significant associations, highlighting the influence of knowledge on the extent to which pregnant women adhere to prenatal care recommendations. This aligns with prior research indicating that increased awareness and understanding of prenatal care benefits, combined with knowledge of available healthcare resources, significantly enhance prenatal care utilization and adherence (Adeoye et al., 2020). Moreover, studies have shown that knowledge empowerment, coupled with accessible social support networks, facilitates better health-seeking behaviors among expectant mothers, ultimately improving maternal and neonatal outcomes (Mugo et al., 2019).

The table presented several significant and highly significant relationships between knowledge and compliance. The knowledge of the healthcare system and available resources showed a highly significant relationship with both healthcare

accessibility ($r = 0.722$, $p < 0.001$) and social support ($r = 0.716$, $p < 0.001$). Therefore, the null hypothesis is not accepted. This suggests that when pregnant women are more informed about the services available to them, they are more likely to access those services and receive social support in doing so. The data aligns with the study by Oandasan and Purisima (2024), which states that high levels of knowledge about prenatal care services are associated with increased compliance, particularly in attending prenatal visits and utilizing available health resources. The authors recommend enhancing prenatal education and healthcare services to further improve compliance and outcomes. Comprehensive training for healthcare workers improved their knowledge, attitudes, and practices in maternity health management. Enhanced knowledge led to better patient guidance, which in turn increased patient compliance and effective use of healthcare resources (Wang et al., 20204).

It presented a significant relationship between the importance of prenatal care and social support ($r = 0.500$, $p = 0.000$), indicating that women who understand the importance of prenatal care often receive more encouragement and assistance from others. However, its relationship with healthcare accessibility was not significant ($p = 0.105$), suggesting that awareness alone may not be enough to overcome physical or systemic barriers to access. Pregnant women's high awareness of prenatal nutrition, maternal health screenings, and birth preparedness positively influenced women's engagement and compliance with prenatal care recommendations. This highlights how perceived importance and knowledge of prenatal care contribute to better health behaviors and outcomes (Acosta et al., 2025). The quality of patient-provider communication and, thus, the effectiveness of knowledge transfer were influenced by

experiences of discrimination and the presence or absence of social support. This underscores that knowledge and support are intertwined, but access can still be hindered by systemic issues (Polavarapu et al., 2024).

Table 4. Significant Relationship Between the Respondents' Knowledge on Prenatal Care and Prenatal Care Compliance

Constructs	Healthcare Accessibility	Social Support
Importance of Prenatal Care	r= 0.457 p= 0.105 Accept Ho	r= 0.722 p= 0.000 Reject Ho
Healthcare System and Available Resources	r= 0.500 p= 0.000 Reject Ho	r= 0.716 p= 0.000 Reject Ho

Ho: There is no significant relationship between knowledge on prenatal care and prenatal care compliance among pregnant women in rural areas

*Legend: 0.00-0.01** Highly Significant, 0.02-0.05* Significant, above 0.05 Not Significant*

Significant Relationship Between the Respondent's Attitudes Toward Prenatal Care and Prenatal Care Compliance

Table 5 presents the relationship between the respondents' attitude toward prenatal care and their prenatal care compliance, specifically examining two key attitude variables—trust in healthcare provider and perceived importance of prenatal care—in relation to healthcare accessibility and social support. Therefore, the null hypothesis is not accepted. The results reveal statistically significant and highly significant relationships, indicating that positive attitudes are closely associated with higher levels of prenatal care compliance among pregnant women. These results are consistent with

previous studies, which demonstrate that trust and the perceived value of prenatal care significantly influence pregnant women's adherence to recommended care protocols (Nguyen et al., 2020). Furthermore, research highlights that fostering positive attitudes through effective communication and supportive healthcare environments enhances prenatal care utilization and improves maternal health outcomes (Johnson & Smith, 2020).

It showed a significant relationship between trust in healthcare providers and both compliance variables: healthcare accessibility ($r = 0.381$, $p = 0.00$) and social support ($r = 0.338$, $p = 0.00$). These findings suggest that pregnant women who have confidence in the competence, care, and communication of healthcare professionals are more likely to attend prenatal check-ups regularly and benefit from the emotional and logistical support of others. When pregnant women feel confident in their providers' competence, communication, and care, they are more likely to attend check-ups and benefit from supportive networks. A study explored patient–clinician trust during pregnancy care, identifying clear communication, caring, and clinician competency as foundational for building trust. The study found that trust fosters a sense of safety and facilitates ongoing engagement with healthcare services, while mistrust leads to underutilization of care. (Molina et al., 2024). Social support was also enhanced when trust was present, as women felt more comfortable involving others in their care journey. Trust in provider competence and communication quality was crucial for patients' willingness to comply with care recommendations and to seek both medical and social support. Lack of trust, conversely, was linked to care avoidance and reduced engagement with support systems (Mikesell & Bontempo, 2023).

More notably, the perceived importance of prenatal care showed a highly significant relationship with both healthcare accessibility ($r = 0.682$, $p = 0.000$) and social support ($r = 0.687$, $p = 0.000$). This demonstrates that women who strongly believe in the value and necessity of prenatal care are not only more determined to seek out available health services but also tend to involve supportive individuals in their pregnancy journey. Their belief in the benefits of prenatal visits likely motivates consistent engagement with healthcare providers and strengthens connections with family and community members who assist them throughout pregnancy. When prenatal and healthcare providers emphasized the importance of care, pregnant women were more likely to utilize prenatal services. This proactive attitude resulted in higher attendance at check-ups and increased involvement of family and community members in supporting their health behaviors (Agili& Khalaf, 2023). Pregnancy is a critical entry point for engaging women in preventive healthcare. When women perceived prenatal care as important, they were more likely to access recommended screenings and involve non-birthing partners and family in their care, further strengthening social support and healthcare engagement. (Lewkowitz et al., 2023).

Table 5. Significant Relationship Between the Respondents' Attitudes Toward Prenatal Care and Prenatal Care Compliance

Constructs	Healthcare Accessibility	Social Support
Trust in Healthcare Provider	r= 0.381 p= 0.00* Reject Ho	r= 0.682 p= 0.000 Reject Ho
Perceived Importance of Prenatal Care	r= 0.338 p= 0.00* Reject Ho	r= 0.687 p= 0.000 Reject Ho

Ho: There is no significant relationship between attitude toward prenatal care and prenatal care compliance among pregnant women in rural areas.

*Legend: 0.00-0.01** Highly Significant, 0.02-0.05* Significant, above 0.05 Not Significant*

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

Based on the findings, the following conclusions are made**:**

1. The Pregnant women in the selected barangays of Tangub City have a high level of knowledge about prenatal care. They were aware of its importance and benefits, which is a good foundation for a healthy behavior during pregnancy.

2. Good attitudes significantly influenced the behavior of pregnant women during pregnancy. Those who are aware of the importance of prenatal care and trust their healthcare providers are more motivated to attend prenatal care check-ups. Strengthening maternal and fetal health outcomes.

3. Prenatal care compliance is high due to strong social support systems and accessible healthcare services. These elements made it easier for pregnant women to attend scheduled visits and maintain consistent care throughout their pregnancy.

4. Knowledge is a crucial factor in prenatal care compliance, particularly when it involves awareness of healthcare systems and the availability of resources. However, even if they know, they could still face barriers like financial issues that make it hard for them to access prenatal care.

5. Attitudes are a strong influence on prenatal care compliance. Women who have a good attitude are more likely to act independently, along with their knowledge, and overcome challenges with the help of others and trust in their healthcare provider.

Recommendations

Based on the following conclusions, these are the recommendations:

1. Pregnant women may be encouraged to seek prenatal care regularly during their pregnancy, and they should make use of the healthcare services available in their barangay. They should build a good relationship with their healthcare providers, and whenever they face problems such as financial difficulties or transportation issues, they should reach out to local health workers. Lastly, they should involve their partner and family in their prenatal journey, as this greatly eases the process and can help improve outcomes for both them and their baby.

2. Initiatives may support family members, specifically partners, in participating in prenatal education and care planning processes, as their involvement has been proven beneficial. The development of community-based support groups for pregnant women provides emotional and practical assistance, helping them maintain their connection to prenatal services.

3. Barangay health stations, in collaboration with barangay health workers, may incorporate brief, structured discussions on the importance of prenatal care and fostering trust with healthcare providers during regular check-ups. These discussions can clear up misconceptions, reinforce healthy behaviors, and encourage women to stick to their prenatal care schedules.

4. Local government units and health departments may strive to eliminate logistical barriers, including distance, transportation, and healthcare costs, to ensure equitable access to healthcare. Strategies may involve expanding access to health centers and

offering transportation or mobile clinic services, which can help connect awareness with access to care.

5. Future researchers may explore the use of various ideas, including mobile clinics, partner participation in care, and culturally appropriate health education, to improve access and increase engagement among women residing in remote locations for prenatal care. Additionally, practical components of access barriers, such as distance, transportation, and finances, need to be considered. Expecting women may find the use of simple technologies, such as text message reminders or mobile health applications, helpful in reducing the chances of missing their appointments.

REFERENCES

Acosta, B.G., Alicaya, K.N., Atang, R.L., Balagtas, H.A., Barlis, K.I., Bautista, K.A., & Gamiao, K.A. (2025). Awareness and Readiness on Pregnancy Attending Antenatal Care. *Proceedings Series on Health & Medical Sciences*. Retrieved on April 16, 2025 from https://tinyurl.com/yefhftj6

Adeoye, O. A., Oladimeji, O. A., & Akinyemi, O. O. (2020). Influence of knowledge and awareness on prenatal care utilization among pregnant women in Nigeria. International Journal of Maternal and Child Health, 9(2), 120-129. Retrieved on April 14, 2025 fromhttps://doi.org/10.21106/ijma.345

Al Agili, D. E., & Khalaf, Z. I. (2023). The role of oral and prenatal healthcare providers in the promotion of oral health for pregnant women. *BMC pregnancy and childbirth*, *23*(1), 313. Retrieved on April 21, 2025 from https://doi.org/10.1186/s12884-023-05654-x

Al-budairy, M.T., & Adai, M.G. (2019). A Survey of Determination the Level of Antenatal Care Utilization in Primary Health Care Centers of Al-Diwaniyah City. International Journal of Scientific and Research Publications (IJSRP). Retrieved on April 16, 2025 from https://tinyurl.com/ayccuknu

Bashir, S., Ansari, A. H., & Sultana, A. (2023). Knowledge, Attitude, and Practice on Antenatal Care Among Pregnant Women and its Association With Sociodemographic Factors: A Hospital-Based Study. Journal of patient experience, 10, 23743735231183578. Retrieved on December 20, 2024 from https://doi.org/10.1177/23743735231183578

Chen, Y., Zhang, C., & Tan, J. (2020). The factors that influence compliance of prenatal examination and pregnancy outcome. International Journal of Clinical and Experimental Medicine. Retrieved on June 26, 2025.

Diabelková, J., Rimárová, K., Dorko, E., Urdzík, P., Houžvičková, A., &Argalášová, Ľ. (2023). Adolescent pregnancy outcomes and risk factors. International Journal of Environmental Research and Public Health, 20(5). Retrieved on November 4, 2024 from https://doi.org/10.3390/ijerph20054113

Drigo, L., Luvhengo, M., Lebese, R. T., & Makhado, L. (2020). Attitudes of pregnant women towards antenatal care services provided in primary health care facilities of Mbombela Municipality, Mpumalanga Province, South Africa. The Open Public Health Journal, 13(1), 569–575. Retrieved on December 20, 2024 from https://doi.org/10.2174/1874944502013010569

Elshazly, H. A., Elkalash, S. H., & Marzouk, Y. M. (2018). Compliance of pregnant women with antenatal care in family health facilities in Tanta District, Gharbia Governorate, Egypt. *Egyptian Family Medicine Journal, 2*(2), 92-97. Retrieved on January 9, 2025 from https://efmj.journals.ekb.eg/article_68558_f75850d13bd76109bf990d25c51a56e5. pdf

Freitas, C. H. S. M., Forte, F. D. S., Galvão, M. H. R., Coelho, A. A., Roncalli, A. G., & Dias, S. M. F. (2019). Inequalities in access to HIV and syphilis tests in prenatal care in Brazil. *Cadernos de saude publica*, *35*(6), e00170918. Retrieved on April 16, 2025 from https://doi.org/10.1590/0102-311X00170918

Fryer, K., Reid, C. N., Cabral, N., Marshall, J., & Menon, U. (2023). Exploring Patients' Needs and Desires for Quality Prenatal Care in Florida, United States. *International journal of MCH and AIDS*, *12*(1), e622. Retrieved on April 16, 2025 from https://doi.org/10.21106/ijma.622

Gebremariam, H., Tesfai, B., Tewelde, S., Kiflemariam, Y., &Kibreab, F. (2023). Level of knowledge, attitude, and practice of pregnant women on antenatal care in Amatere Health Center, Massawa, Eritrea: A cross-sectional study, 2019. Infectious Diseases in Obstetrics and Gynecology, 2023, 1–10. Retrieved on January 15, 2025 from https://doi.org/10.1155/2023/1912187

Goh, A. H., Altman, M. R., Canty, L., & Edmonds, J. K. (2023). Communication between pregnant people of color and prenatal care providers in the United States: An integrative review. Journal of Midwifery & Women's Health, 68(6). Retrieved on April 27, 2025 https://doi.org/10.1111/jmwh.13580

Gonzales, A. M., Jr, & Barcelo, T. I. (2023). Quality of prenatal care and maternal fetal attachment among primigravid mothers in the Philippines: A cross sectional study. Midwifery, 127(103842), 103842. Retrieved on January 9, 2025 from https://doi.org/10.1016/j.midw.2023.103842

Haftu, A., Hagos, H., Mehari, MA. *et al.* Pregnant women adherence level to antenatal care visit and its effect on perinatal outcome among mothers in Tigray Public Health institutions, 2017: cohort study. *BMC Res Notes* 11, 872 (2018). Retrieved on January 9, 2025 from https://doi.org/10.1186/s13104-018-3987-0

Javanmardi, M., Noroozi, M., Mostafavi, F., & Ashrafi-Rizi, H. (2019). Challenges to access health information during pregnancy in Iran: a qualitative study from the perspective of pregnant women, midwives and obstetricians. *Reproductive health*, *16*(1), 128. Retrieved on April 16, 2025 from https://doi.org/10.1186/s12978-019-0789-3

Johnson, R., & Smith, L. (2020). Enhancing prenatal care compliance through positive patient attitudes and healthcare support. Journal of Maternal-Fetal & Neonatal Medicine, 33(12), 2045-2052. Retrieved on April 19, 2025 from https://doi.org/10.1080/14767058.2019.1581345

Jouanne, M., Oddoux, S., Noël, A., & Voisin-Chiret, A. S. (2021). Nutrient requirements during pregnancy and lactation. Nutrients, 13(2), 692. Retrieved on December 12, 2024

Kamila Cygan-Rehm, Krzysztof Karbownik, The effects of incentivizing early prenatal care on infant health, Journal of Health Economics, Volume 83, 2022, 102612, ISSN 0167-6296, Retrieved on October 23, 2024 from https://doi.org/10.1016/j.jhealeco.2022.102612.

Kancherla, V., Roos, N., &Walani, S. R. (2022). Relationship between achieving Sustainable Development Goals and promoting optimal care and prevention of birth defects globally. Birth Defects Research, 114(14), 773-784. Retrieved on January 15, 2025 from https://doi.org/10.1002/bdr2.2055

Karrar, S. A., Vadakekut, E. S., & Hong, P. L. (2024, August 12). *Initial antepartum care*. National library for medicine. Retrieved on June 26, 2025.

Kruk, M. E., Gage, A. D., Joseph, N. T., Danaei, G., García-Saisó, S., & Salomon, J. A. (2020). Mortality due to low-quality health systems in the universal health coverage era: a systematic analysis of amenable deaths in 137 countries. The Lancet, 392(10160), 2203-2212.Retrieved on April 16, 2025 fromhttps://doi.org/10.1016/S0140-6736(18)31668-4

Lewkowitz, A. K., Griffin, L. B., Miller, E. S., & Howard, E. D. (2022). A Missed Opportunity? How Prenatal Care, Birth Hospitalization, and Digital Health Could Increase Nonbirthing Partners' Access to Recommended Medical and Mental Healthcare. *The Journal of perinatal & neonatal nursing*, *36*(4), 330–334. Retrieved on April 16, 2025 from https://doi.org/10.1097/JPN.0000000000000688

Mamuroh, L., Sukmawati, S., &Nurhakim, F. (2020). The relationship between knowledge, attitude, and prenatal visits in pregnant women. Journal of Maternity Care and Reproductive Health, 3(2). Retrieved on January 9, 2025

Michel, A., & Fontenot, H. (2023). Adequate prenatal care: An integrative review. Journal of Midwifery & Women's Health, 68(2), 233–247. Retrieved on January 7, 2025 from https://doi.org/10.1111/jmwh.13459

Mikesell, L., & Bontempo, A. C. (2023). Healthcare Providers' Impact on the Care Experiences of Patients with Endometriosis: The Value of Trust. *Health communication*, *38*(10), 1981–1993. Retrieved on April 16, 2025 from https://doi.org/10.1080/10410236.2022.2048468

Molina, R. L., Bazan, M., Rivera Casul, G., Pazos Herencia, Y., Alegría, M., Fernandez, L., Edelen, M., Kaimal, A. J., Hacker, M. R., & Guise, J.-M. (2024). Exploring patient–clinician trust during pregnancy care: A qualitative study with Latine patients. *O&G Open*, *1*(2), Article 006. Retrieved on April 16, 2025 from https://doi.org/10.1097/og9.0000000000000006

Murdikawati, D.F., Budihastuti, U.R., & Dewi, Y.L. (2019). Multilevel Analysis on the Contextual Effect of Posyandu on Healthy Prenatal Behavior Among Pregnant Women in Bengkayang, West Kalimantan. Journal of Maternal and Child Health. Retrieved on April 16, 2025 from https://tinyurl.com/263wu5r2

Nam, J. Y., Oh, S. S., & Park, E.-C. (2022). The association between adequate prenatal care and severe maternal morbidity among teenage pregnancies: A populationbased cohort study. Frontiers in Public Health, 10, Article 782143. Retrieved on January 7, 2025 from https://doi.org/10.3389/fpubh.2022.782143.

Nguyen, L. D., Nguyen, L. H., Ninh, L. T., Nguyen, H. T. T., Nguyen, A. D., Vu, L. G., Nguyen, H. S. A., Nguyen, S. H., Doan, L. P., Vu, T. M. T., Tran, B. X., Latkin, C. A., Ho, C. S. H., & Ho, R. C. M. (2022). Women's holistic self-care behaviors during pregnancy and associations with psychological well-being: implications for maternal care facilities. BMC Pregnancy and Childbirth, 22(1), 1–12. Retrieved on December 20, 2024 from https://doi.org/10.1186/s12884-022-04961z

Nguyen, T. H., Le, Q. T., & Tran, T. H. (2020). The impact of trust in healthcare providers on prenatal care adherence among pregnant women in Vietnam. BMC Pregnancy and Childbirth, 20(1), 300.Retrieved on April19, 2025 fromhttps://doi.org/10.1186/s12884-020-02979-5.

Oandasan, M. R., & Purisima, E. M. R. (2024). Examining Prenatal Care Compliance and Its Determinants Among Pregnant Mothers: A Descriptive Correlational Study. *South Eastern European Journal of Public Health*, 2233–2245. Retrieved on April 16, 2025 from https://doi.org/10.70135/seejph.vi.2836

O'Brien, D., Butler, M. M., & Casey, M. (2021). The importance of nurturing tru relationships to embed shared decision- making during pregnancy and childbirth. Midwifery, 98(102987), 102987. Retrieved on January 15, 2025 from https://doi.org/10.1016/j.midw.2021.102987

Olufemi, Temitayo & Adewuyi, Temitayo. (2023). In: Psychology of Attitudes THEORIES OF ATTITUDES. Retrieved on December 12, 2024.

Orem, D. E., Taylor, S. G., &Renpenning, K. M. (2001). Nursing: Concepts of practice (6th ed.). Mosby.Peahl, A. F., Smith, R. D., & Moniz, M. H. (2020). Prenatal care redesign: creating flexible maternity care models through virtual care. American journal of obstetrics and gynecology, 223(3), 389-e1. Retrieved on January 15, 2025

Peahl, A. F., Turrentine, M., Barfield, W., Blackwell, S. C., & Zahn, C. M. (2022). Michigan plan for appropriate tailored healthcare in pregnancy prenatal care recommendations: A practical guide for maternity care clinicians. Journal of Women's Health (2002), 31(7), 917–925. Retrieved on December 15, 2024 from https://doi.org/10.1089/jwh.2021.0589

Polavarapu, M., Singh, S., Sharma, S., & Hamilton, G. (2024). Impact of telehealth on patient-provider communication in prenatal care for pregnant women from underserved settings. *Journal of communication in healthcare*, *17*(3), 292–300. Retrieved on April 16, 2025 from https://doi.org/10.1080/17538068.2024.2360820

Ravintaran, T., Go, K. X., Che Isa, I. N., Mohd Norsuddin, N., Sabarudin, A., Mohamed Sharif, N., Ahmad Zaiki, F. W., Hashim, U. F., & Said Rahmat, S. M. S. (2023). Effectiveness of an educational module in improving knowledge, awareness and perception among pregnant women regarding the safe use of prenatal ultrasound. Heliyon, 9(1), e12773. Retrieved on January 7, 2025 from https://doi.org/10.1016/j.heliyon.2022.e12773

Renbarger, K. M., Shieh, C., Moorman, M., Latham-Mintus, K., & Draucker, C. (2020). Health Care Encounters of Pregnant and Postpartum Women with Substance Use Disorders. *Western journal of nursing research*, *42*(8), 612–628. Retrieved on April 16, 2025 from https://doi.org/10.1177/0193945919893372

Rezaeean, S. M., Abedian, Z., Latifnejad-Roudsari, R., Mazloum, S. R., & Abbasi, Z. (2020). The Effect of Prenatal Self-Care Based on Orem's Theory on Preterm Birth Occurrence in Women at Risk for Preterm Birth. Iranian journal of nursing and midwifery research, 25(3), 242–248. Retrieved on December 20, 2025 https://doi.org/10.4103/ijnmr.IJNMR_207_19.

Roro, M., Deressa, W., &Lindtjørn, B. (2022). Antenatal care utilization and compliance with national and WHO guidelines in rural Ethiopia: A cohort study. *BMC Pregnancy and Childbirth*, *22*(1), 849. Retrieved on January 15, 2025 from https://doi.org/10.1186/s12884-022-05171-3

Salehi, Azam1; Ahmad-Shirvani, Marjan2; Mousavinasab, Nouraddin3; Aarabi, Mohsen4; Shahhosseini, Zohreh2. Health-care Providers' Knowledge about Prenatal Screening: A Study in the North of Iran. Nursing and Midwifery Studies 8(2):p 112-117, Apr–Jun 2019. Retrieved on June 26, 2025.

Saliba, T.A., Custódio, L.B., Saliba, N.A., &Moimaz, S.A. (2019). Dental prenatal care in pregnancy. *RGO - Revista Gaúcha de Odontologia*. Retrieved on April 16, 2025 from https://tinyurl.com/mtjwdhvm

Sanine, P. R., Venancio, S. I., Silva, F. L. G. D., Aratani, N., Moita, M. L. G., & Tanaka, O. Y. (2019). Atençãoaopré-natal de gestantes de risco e fatoresassociados no Município de São Paulo, Brasil [Prenatal care in high-risk pregnancies and associated factors in the city of São Paulo, Brazil]. *Cadernos de saude publica*, *35*(10), e00103118. Retrieved on April 16, 2025 from https://doi.org/10.1590/0102-311X00103118

Sánchez, T., Linehan, L., O'Donoghue, K., Byrne, M., & Meaney, S. (2022). Facilitators and barriers to seeking and engaging with antenatal care in high-income countries: A meta-synthesis of qualitative research. *Health & social care in the community*, *30*(6), e3810–e3828. Retrieved on January 9, 2025 from https://doi.org/10.1111/hsc.14072

Sfetcu, N. (2022). The Knowledge. Retrieved on December 12, 2024 from https://doi.org/10.13140/RG.2.2.11276.59528

Sikar, A., Baybayan, S., & Asiri, M. (2024). Compliance to prenatal care among pregnant women at PanglimaEstino, Province of Sulu: an assessment. SOCIAL PSYCHOLOGY AND HUMAN EXPERIENCE, 1(1), 1-23. Retrieved on November 4, 2024

Szkwara, J. M., Milne, N., Hing, W., & Pope, R. (2019). Effectiveness, Feasibility, and Acceptability of Dynamic Elastomeric Fabric Orthoses (DEFO) for Managing Pain, Functional Capacity, and Quality of Life during Prenatal and Postnatal Care: A Systematic Review. *International journal of environmental research and public health*, *16*(13), 2408. Retrieved on April 16, 2025 from https://doi.org/10.3390/ijerph16132408

Tasneem, S., &Ozdal, M. A. (2023). Pregnant women's perceptions of the quality of antenatal care in a public hospital in Punjab, Pakistan during COVID-19: A crosssectional study. Healthcare (Basel, Switzerland), 11(7), 996. Retrieved on December 12, 2024 from https://doi.org/10.3390/healthcare11070996

Tessema, Z. T., &Minyihun, A. (2021). Utilization and determinants of antenatal care visits in East African countries: A multicountry analysis of demographic and health surveys. Advances in Public Health, 2021, Article 6623009. Retrieved on December 20, 2024 from https://doi.org/10.1155/2021/6623009.

Tümkaya, M. N., Eroğlu, K., & Karaçam, Z. (2024). The effect of Orem's Self-Care Deficit Theory-based care during pregnancy and postpartum period on health outcomes: A systematic review and meta-analysis. International journal of nursing practice, e13300. Advance online publication. Retrieved on January 15, 2025 from https://doi.org/10.1111/ijn.13300.

Utomo, N. K. P., Gafur, M., Ma'rifah, N. N., Putri, D. R., Hidayat, C. T., & Asih, S. W. (2024). The influence of health education on knowledge of antenatal care in pregnant women in rural areas. Journal of Rural Community Nursing Practice, 2(1), 70–81. Retrievedon January 9, 2025 from https://doi.org/10.58545/jrcnp.v2i1.86

Wang, M., Yang, L., Zhang, S., Wu, M., Sun, Z., Shen, L., Xu, X., Ma, L., & Li, J. (2024). The Impact of a Multidisciplinary Experiential Training Model on Knowledge, Attitude and Practice of Healthcare Workers in Maternity Health Management: A Preliminary Study. *Journal of multidisciplinary healthcare*, *17*, 3029–3039. Retrieved on March 9, 2025 Retrieved on April 16, 2025 from https://doi.org/10.2147/JMDH.S465695

Wulandari, R. F., Wardhani, R. K., &Ulfa, M. (2022). The Correlation of Knowledge and Attitude of Pregnant Women and The Compliance of Birth Planning and Complication Prevention Program (P4K) in Ringinpitu KecamatanPelemahan Kabupaten Kediri. Jurnal Ners dan Kebidanan (Journal of Ners and Midwifery), 9(1), 028-033. Retrieved on January 9, 2025

APPENDICES

APPENDIX A: Research Questionnaire

KNOWLEDGE AND ATTITUDES ON PRENATAL CARE COMPLIANCE AMONG PREGNANT WOMEN IN RURAL AREAS

Direction: This section assesses the Knowledge on Prenatal care among pregnant women. Please put a check (/) mark to the appropriate boxes of your answers.

Answers	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Strongly agree	/				
Agree		/			
Disagree				/	
Strongly disagree					/

Example:

A. Knowledge about Prenatal Care

Importance of Prenatal Care	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I know that prenatal care is essential for monitoring my health during pregnancy.					
2. I understand the importance of regular prenatal check-ups for both my health and my baby's health.					
3. I believe that attending prenatal classes enhances my understanding of pregnancy care.					
4. I believe that regular prenatal care is essential for a healthy pregnancy outcome.					
5. I understand that prenatal care can help identify potential early complications of pregnancy.					
6. I believe that attending prenatal care appointments can reduce the risk of pregnancy-related complications.					
7. I consider prenatal care to be a way to ensure both my health and my baby's health.					
8. I think prenatal care should be a priority during pregnancy, regardless of one's health.					

Healthcare System and Available Resources	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I am aware of the healthcare facilities available in my area for prenatal care.					
2. I know where to find prenatal care services in my community.					
3. I have access to healthcare professionals who can guide me during pregnancy.					
4. I am familiar with the types of prenatal care services that are available in our community.					
5. I have received enough information about prenatal care from local healthcare providers.					
6. I am informed about the different methods of childbirth and the healthcare resources available.					
7. I believe that prenatal care contributes significantly to a healthy pregnancy outcome.					
8. I believe prenatal care adds greatly to a favorable pregnancy result.					

Direction: This section assesses the Attitude on Prenatal care among pregnant women. Please put a check (/) mark to the appropriate boxes of your answers.

B. Attitude toward Prenatal Care

Trust in Healthcare Provider	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I believe that my healthcare providers clearly explain the procedures and treatments during my prenatal visits.					

2. I trust my healthcare provider is available to answer my questions or address my concerns when needed.					
3. I trust that my healthcare providers clearly explain the procedures and treatments during my prenatal visits.					
4. I trust that my healthcare provider is knowledgeable and capable of providing the best care for my pregnancy.					
5. I feel confident that my healthcare provider keeps my personal and medical information private.					
6. I believe my healthcare provider treats me with respect regardless of my background or circumstances.					
7. I feel secure knowing I can rely on the same healthcare provider throughout my pregnancy.					
8. I would recommend my healthcare provider to other pregnant women in my community.					
Perceived Importance of Prenatal Care	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
1. I believe regular prenatal checkups are essential for a healthy pregnancy					
2. I'm aware attending prenatal care appointments helps in preventing complications during pregnancy.					

3. I believe receiving prenatal care ensures the well-being of both the mother and the baby.					
4. I'm aware It is important to follow the advice of healthcare providers during pregnancy.					
5. I believe taking prescribed supplements (e.g., folic acid, iron) is a vital part of prenatal care.					
6. I consider prenatal care as an important way to detect any health issues early in pregnancy.					
7. I'm aware prenatal care provides valuable information about managing pregnancy and childbirth.					
8. I understand that prenatal treatment provides vital knowledge about managing pregnancy and childbirth.					

Direction: This section assesses the Compliance on Prenatal care among pregnant women. Please put a check (/) mark to the appropriate boxes of your answers.

C. Prenatal Care Compliance

Healthcare Accessibility	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I find it easy to schedule appointments with my prenatal care provider.					
2. The cost of prenatal care services is manageable for me.					
3. I have access to transportation that allows me to get to my prenatal appointments without					

significant difficulty.					
4. I feel comfortable asking my healthcare provider questions about my pregnancy.					
5. The waiting times at my prenatal care provider's office are reasonable.					
6. I have access to a variety of prenatal care services in my community, such as ultrasounds and blood tests.					
7. I am confident that I can receive the necessary prenatal care services in my community.					
8. The distance to my prenatal care provider's office is not a major obstacle for me.					
Social Support	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
1. I have someone who can help me with childcare while I attend my prenatal appointments.					
2. I feel supported by my family in maintaining my prenatal care schedule.					
3. My partner or spouse is supportive of my need for prenatal care.					
4. I feel comfortable talking to my family and friends about my pregnancy concerns.					
5. My family and					

friends offer practical help with tasks like housework or errands during my pregnancy.					
6. I feel like I can rely on my family and friends to help me manage the stress of pregnancy.					
7. My family and friends encourage me to seek professional help if I am struggling with my pregnancy or prenatal care.					
8. I feel at ease discussing my pregnancy worries with my friends and family.					

APPENDIX B: Sample of Filled Out Questionnaire

Direction: This section assesses the Knowledge on Prenatal care among pregnant women. Please put a check (✓) mark to the appropriate boxes of your answers.

Direksyon: Kini nga seksyon nag-assess sa kahibalo mahitungod sa prenatal care sa mga nagmabdos nga kababayen-an. Palihug ibutang ang tsek (✓) mark sa hustong kahon alang sa imong tubag.

Answers	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Strongly Agree	✓				
Agree		✓			
Disagree				✓	
Strongly Disagree					✓

A. Knowledge about Prenatal Care

Importance of Prenatal Care	Strongly Agree (Ning ayon ko kaayo)	Agree (Ning ayon ko)	Neutral (Sakto lang)	Disagree (Dili ko ayon)	Strongly Disagree (Dili jud ko ayon)
1. I know that prenatal care is essential for monitoring my health during pregnancy. Nahibalo ko nga ang prenatal care kinahanglanon alang sa pagmonitor sa akong kahimsog sa panahon sa akong pagmabdos.		✓			
2. I understand the importance of regular prenatal check-ups for both my health and my baby's health. Akong nasabtan ang importansya sa regular nga prenatal check-up para sa akong panglawas ug sa panglawas sa akong anak.		✓			
3. I believe that attending prenatal classes enhances my understanding of pregnancy care. Nagatuo ako nga ang pagtambong sa prenatal makadugang sa akong pagsabot sa akong pagmabdos.			✓		
4. I believe that regular prenatal care is essential for a healthy pregnancy outcome. Nagatuo ako nga ang regular nga ang regular nga prenatal check-up kinahanglan kin isa akong himsog nga pagburos.			✓		
5. I understand that prenatal care can help identify potential early complications of pregnancy. Akong nasabtan nga ang pag-atiman sa prenatal makatabang sa pag-ila sa unang simtomas sa komplikasyon sa akong pagmabdos.			✓		
6. I believe that attending prenatal care appointments can reduce the risk of pregnancy-related complications. Nagatuo ako nga ang pagtambong sa mga prenatal appointment makapa-ubos sa mga komplikasyon nga may kalabutan sa pagmabdos.		✓			
7. I consider prenatal care to be a way to ensure both my health and my baby's health. Giisip nako ang pag-atiman sa prenatalcare nga usa ka paagi aron masiguro ang akong kahimsog ug kahimsog sa bata nga naa saakong tiyan.				✓	
8. I think prenatal care should be a priority during pregnancy, regardless of one's health.					

Sa akong huna-huna ang prenatal check-up kinahanglan kini nga i-prayoridad sa panahon sa pagmabdos.			✓		
Healthcare System and Available Resources	**Strongly Agree (Ning ayon ko kaayo)**	**Agree (Ning ayon ko)**	**Neutral (Sakto lang)**	**Disagree (Dili ko ayon)**	**Strongly Disagree (Dili jud ko ayon)**
1. I am aware of the healthcare facilities available in my area for prenatal care. Nakabalo ko kung asa ang lugar ug mga serbisyo sa pag-atiman sa akong pagburos sa among komunidad.			✓		
2. I know where to find prenatal care services in my community. Nakabalo ko kung asa ang duol nga serbisyo sa pag-atiman sa akong pagburos sa akong komunidad.				✓	
3. I have access to healthcare professionals who can guide me during pregnancy. Dali rako makaduol sa mga healthcare professional nga makagiya nako panahon sa akong pagmabdos				✓	
4. I am familiar with the types of prenatal care services that are available in our community. Pamilyar ko sa mga serbisyo sa prenatal nga anaa sa among komunidad.			✓		
5. I have received enough information about prenatal care from local healthcare providers. Nakadawat ko og igong impormasyon bahin sa pag-atiman sa prenatal gikan sa lokal nga mga healthcare providers				✓	
6. I am informed about the different methods of childbirth and the healthcare resources available. Gipahibalo ko sa mga lain-laing mga pamaagi sa pagpanganak nga gihatag ug anaa makita sa healthcare nga pasilidad.			✓		
7. I believe that prenatal care contributes significantly to a healthy pregnancy outcome. Nagtuo ako nga ang pag-atiman sa prenatal dakong natampo sa maayong resulta sa pagmabdos			✓		
8. I believe prenatal care adds greatly to a favorable pregnancy result. Nagatuo ako nga ang pag-atiman sa prenatal makadugang ug dako sa maayong nga resulta sa pagmabdos.		✓			

Direction: This section assesses the Attitude on Prenatal care among pregnant women. Please put a check (✓) mark to the appropriate boxes of your answers

Direksyon: Kini nga seksyon nag-assess sa pamatasan (áttitude) mahitungod sa prenatal care sa mga nagmabdos nga kababayen-an. Palihug ibutang ang tsek (✓) mark sa hustong kahon alang sa imong tubag.

B. Attitude toward Prenatal Care

Trust in Healthcare Provider	Strongly agree (Ning uyon ko kaayo)	Agree (Ning uyon ko)	Neutral (Sakto lang)	Disagree (Dili ko uyon)	Strongly Disagree (Dili jud ko uyon)
1. I believe that my healthcare providers clearly explain the procedures and treatments during my prenatal visits. Nagatuo ako nga ang mga healthcare providers nitabang sa pag pasabot sa mga pamaagi ug mga itambal sa panahon sa akong pag bisita sa akong prenatal.		✓			
2. I trust my healthcare provider is available to answer my questions or address my concerns when needed. Misalig ko nga anaa kanunay ang akong healthcare provider aron tubagon ang akong mga pangutana ug sulbaron ang akong mga kabalaka kung kinahanglan.			✓		
3. I trust my healthcare provider to respect my cultural beliefs and practices during prenatal care. Nissalig ko nga ang akong healthcare provider nga motahod sa akong kultural nga pagtuo ug pamatasan atol sa prenatal.		✓			
4. I trust that my healthcare provider is knowledgeable and capable of providing the best care for my pregnancy. Misalig ko nga ang akong healthcare provider adunay kahibalo ug makahimo sa paghatag sa labing maayo nga pag-atiman sa akong pagmabdos			✓		
5. I feel confident that my healthcare provider keeps my personal and medical information private. Naakoy sekyuridad nga makasalig sa akong healthcare provider sa tibuok nakong pagburos.				✓	
6. I believe my healthcare provider treats me with respect regardless of my background or circumstances. Nagatuo ako nga gitagad ako sa akong healthcare provider nga may pagtahod bisan unsa pa ang akong background o kahimtang					✓
7. I believe that I can rely on the same healthcare provider throughout my pregnancy. Nagatuo ako nga makasalig ko sa mga healthcare provider sa tibuok nakong pagmabdos.			✓		
8. I would recommend my healthcare provider to other pregnant women in my community. Maka-rekomenda ko sa akong healthcare provider sa ubang mabdos sa akong komunudad.				✓	
Perceived Importance of Prenatal Care	**Strongly agree (Ning uyon ko kaayo)**	**Agree (Ning uyon ko)**	**Neutral (Sakto lang)**	**Disagree (Dili ko uyon)**	**Strongly Disagree (Dili jud ko uyon)**

1. I believe engaging in prenatal care helps me feel more connected to my unborn child Nagatuo ako nga ang pagtambong sa prenatal n makatabang kanako nga mas mobati og koneksyon sa akong anak nga naa pa saakong tiyan.		✓			
2. I believe attending prenatal care appointments prepares me for breastfeeding and newborn care. Nagatuo ako nga ang pag adtosa mga appointment sa prenatal mag-andam kanako para sa pagpasuso ug pag-atiman sa akong anak. .			✓		
3. I believe prenatal care offers me reassurance about my baby's health status Nagatuo ako nga ang prenatal naghatag kanako og kasiguruhan bahin sa kahimtang sa panglawas sa akong anak. .		✓			
4. I'm aware it is important to follow the advice of healthcare providers during pregnancy. Nakahibalo ako nga importante sundon ang tambag sa mga healthcare providers panahon sa pagmabdos			✓		
5. I believe taking prescribed supplements (e.g., folic acid, iron) is a vital part of prenatal care. Nagtuo ko nga ang pagkuha sa gireseta nga mga suplemento (pananglitan, folic acid, iron) usa ka hinungdanon nga bahin sa pag-atiman sa prenatal.			✓		
6. I consider prenatal care as an important way to detect any health issues early in pregnancy. Akong gikonsiderar ang pag-atiman sa prenatal isip usa ka importante nga paagi sa pag-ila sa bisan unsang mga isyu sa panglawas sayo sa pagmabdos.		✓			
7. I believe regular prenatal visits reduce my anxiety about potential pregnancy complications. Nagatuo ako nga ang regular nga pagbisita sa prenatal makapa-ubos sa akong kabalaka bahin sa posibleng mga komplikasyon sa pagburos.		✓			
8. I understand that prenatal care provides vital knowledge about managing pregnancy and childbirth. Nasabtan nako nga ang pagtambal sa prenatal naghatag hinungdanon nga kahibalo bahin sa pagdumala sa pagmabdos ug pagpanganak.			✓		

Direction: This section assesses the Compliance on Prenatal care among pregnant women. Please put a check (✓) mark to the appropriate boxes of your answers.

Direksyon: Kini nga seksyon nag-assess sa pagtuman sa prenatal care sa mga nagmabdos nga kababayen-an. Palihug ibutang ang tsek (✓) mark sa hustong kahon alang sa imong tubag.

C. Prenatal Care Compliance

Healthcare Accessibility	**Strongly agree (Ning uyon ko kaayo)**	**Agree (Ning uyon ko)**	**Neutral (Sakto lang)**	**Disagree (Dili ko uyon)**	**Strongly Disagree (Dili jud ko uyon)**
1. I find it easy to schedule appointments on my prenatal care. Sayon ra nako ang pag-schedule sa akong mga appointment alang sa prenatal care.		✓			
2. The cost of prenatal care services is manageable for me. Ang gasto sa mga serbisyo sa pag-atiman sa prenatal kaya ra nako.			✓		
3. I have access to transportation that allows me to get to my prenatal appointments without significant difficulty. Ako adunay access sa transportasyon sa pag adto sa akong prenatal nga appointment nga walay kalisdanan.		✓			
4. The nearest healthcare facility offering prenatal care services is within a reasonable distance from my residence. Ang healthcare facility nga para prenatal care duol ra sa akong balay.			✓		
5. The waiting times at my prenatal care provider's office are reasonable. Ang mga oras sa paghulat sa opisina sa akong prenatal care provider makatarunganon			✓		
6. I have access to a variety of prenatal care services in my community, such as ultrasounds and blood tests. Ako adunay access sa lain-laing mga serbisyo sa pag-atiman sa prenatal sa akong komunidad, sama sa mga ultrasound ug blood testing.				✓	
7. I am confident that I can receive the necessary prenatal care services in my community. Masaligon ko nga makadawat ko sa gikinahanglang serbisyo sa pag-atiman sa prenatal sa akong komunidad.			✓		
8. The distance to my prenatal care provider's office is not a major obstacle for me. Ang gilay-on sa opisina sa akong healthcare provider dili babag sa pag adto sa akong prenatal.					✓
Social support	**Strongly Agree (Ning uyon ko kaayo)**	**Agree (Ning uyon ko)**	**Neutral (Sakto lang)**	**Disagree (Dili ko uyon)**	**Strongly Disagree (Dili jud ko uyon)**
1. I have someone who can help me with childcare while I attend my prenatal appointments. Ako adunay usa nga makatabang kanako sa pag-atiman sa bata samtang ako motambong sa akong prenatal appointment		✓			

2. I feel supported by my family in maintaining my prenatal care schedule. Gibati nako nga gisuportahan sa akong pamilya sa pagpadayon sa akong iskedyul sa pag-atiman sa prenatal		✓			
3. My partner or spouse is supportive of my need for prenatal care. Ang akong kapikas o kapikas nagsuporta sa akong panginahanglan sa pag-atiman sa prenatal.	✓				
4. I feel comfortable talking to my family and friends about my pregnancy concerns. Komportable ko nga makigsulti sa akong pamilya ug mga higala bahin sa akong mga kabalaka sa pagmabdos.			✓		
5. My family and friends offer practical help with tasks like housework or errands during my pregnancy. Ang akong pamilya ug mga higala nagtanyag ug praktikal nga tabang sa mga buluhaton sama sa buluhaton sa balay sa panahon sa akong pagmabdos				✓	
6. I feel like I can rely on my family and friends to help me manage the stress of pregnancy. Gibati nako nga makasalig ako sa akong pamilya ug mga higala aron matabangan ako sa pagdumala sa tensiyon sa pagmabdos			✓		
7. My family and friends encourage me to seek professional help if I am struggling with my pregnancy or prenatal care. Ang akong pamilya ug mga higala nagdasig kanako nga mangita og propesyonal nga tabang kung naglisod ko sa akong pagburos o sa akong prenatal				✓	
8. I have someone to accompany me to my prenatal appointments. Adunay mokuyog kanako sa akong mga prenatal nga appointment.			✓		

Appendix C: Sampling Computation

Municipality/ City	Respondents	Sample per Barangay	Total Sample Size
Tangub City	**Pregnant Women**	**25 x 4 barangays**	**100**

APPENDIX D: Approved Letters of Consent

MISAMIS UNIVERSITY
Ozamiz City 7200, Philippines
College of Nursing, Midwifery and Radiologic Technology
Tel No. +63 88 521-0367 / Telefax No. +63 88 521-2917
E-mail Address: mu@mu.edu.ph

CERTIFIED: ISO 21001:2018 Educational Organizations Management System by DNV
ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)
GRANTED: AUTONOMOUS STATUS by the Commission on Higher Education (CHED)

March 18, 2025

DR. SAMMY B. TAGHOY
Dean, College of Nursing, Midwifery and Radiologic Technology
Misamis University

Dear Dr. Taghoy:

Good day!

We are writing to formally request approval to conduct data gathering for our thesis research titled "Knowledge and Attitude in Relation to Prenatal Care Compliance Among Pregnant Women in Rural Areas." This study aims to explore the knowledge and attitudes of pregnant women in rural areas in relation to their compliance with prenatal care. The research focuses on improving maternal and infant health outcomes. Data collection will involve surveys with selected mothers from various barangays in Tangub City. We assure you that all participants will provide informed consent and that ethical standards will be strictly followed. Additionally, we will comply with all institutional policies regarding participant privacy and data confidentiality.

With this, we kindly seek your approval to proceed with the data-gathering process.

Rest assured that all information collected will be treated with the utmost confidentiality.

Sincerely,

REU JHAMES S. CARDENAS

JAN MARIO R. GOJO

SILMER NOEL P. IGNACIO
Researchers

Noted by:

AMIE G. TOJINO MAN, RN
Research Adviser

Approved by:

DR. SAMMY B. TAGHOY
College Dean

MISAMIS UNIVERSITY
Ozamiz City 7200, Philippines
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March 26, 2025

HON. JONATHAN L. LABARES
Barangay Captain
Labuyo, Tangub City
Misamis Occidental

Dear Hon. Labares,

Greetings from Misamis University College of Nursing, Midwifery, and Radiologic Technology!

We are writing to formally request your approval to conduct data gathering for our research titled, "Knowledge and Attitude in Relation to Prenatal Care Compliance Among Pregnant Women in Rural Areas", to be conducted in Labuyo, Tangub City. This study aims to explore the knowledge and attitudes of pregnant women in rural areas in relation to their compliance with prenatal care. The research is geared toward improving maternal and infant health outcomes. Data collection will involve administering surveys to selected mothers in your barangay. We assure you that all respondents will be provided with informed consent, and ethical standards will be strictly followed. Additionally, we will comply with all institutional policies regarding privacy and data confidentiality.

Thank you very much, and we look forward to your kind consideration.

Sincerely yours,

REU JHAMES S. CARDENAS

JAN MARIO R. GOJO

SILMER NOEL P. IGNACIO

STEFAN P. DACUYA
Researchers

Noted by:

DR. SAMMY B. TAGHOY
College Dean

Approved by:

HON. JONATHAN L. LABARES
Barangay Captain
Labuyo, Tangub City

MISAMIS UNIVERSITY
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March 26, 2025

HON. LADYLU R. ORDENIZA
Barangay Captain
Barangay 3, Tangub City
Misamis Occidental

Dear Hon. Ordeniza,

Greetings from Misamis University College of Nursing, Midwifery, and Radiologic Technology!

We are writing to formally request your approval to conduct data gathering for our research titled, "Knowledge and Attitude in Relation to Prenatal Care Compliance Among Pregnant Women in Rural Areas", to be conducted in Barangay 3, Tangub City. This study aims to explore the knowledge and attitudes of pregnant women in rural areas in relation to their compliance with prenatal care. The research is geared toward improving maternal and infant health outcomes. Data collection will involve administering surveys to selected mothers in your barangay. We assure you that all respondents will be provided with informed consent, and ethical standards will be strictly followed. Additionally, we will comply with all institutional policies regarding privacy and data confidentiality.

Thank you very much, and we look forward to your kind consideration.

Sincerely yours,

REU JHAMES S. CARDENAS

JAN MARIO R. GOJO

SILMER NOEL P. IGNACIO

STEFAN P. DACUYA
Researchers

Noted by:

DR. SAMMY B. TAGHOY
College Dean

Approved by:

HON. LADYLU R. ORDENIZA
Barangay Captain
Barangay 3, Tangub City

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March 26, 2025

HON. MARIO R. BUSTAMANTE
Barangay Captain
Caniangan, Tangub City
Misamis Occidental

Dear Hon. Bustamante,

Greetings from Misamis University College of Nursing, Midwifery, and Radiologic Technology!

We are writing to formally request your approval to conduct data gathering for our research titled, "Knowledge and Attitude in Relation to Prenatal Care Compliance Among Pregnant Women in Rural Areas", to be conducted in Caniangan, Tangub City. This study aims to explore the knowledge and attitudes of pregnant women in rural areas in relation to their compliance with prenatal care. The research is geared toward improving maternal and infant health outcomes. Data collection will involve administering surveys to selected mothers in your barangay. We assure you that all respondents will be provided with informed consent, and ethical standards will be strictly followed. Additionally, we will comply with all institutional policies regarding privacy and data confidentiality.

Thank you very much, and we look forward to your kind consideration.

Sincerely yours,

REU JHAMES S. CARDENAS

JAN MARIO R. GOJO

SILMER NOEL P. IGNACIO

STEFAN P. DACUYA
Researchers

Noted by:

DR. SAMMY B. TAGHOY
College Dean

Approved by:

HON. MARIO R. BUSTAMANTE
Barangay Captain
Caniangan, Tangub City

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March 26, 2025

HON. MILDRED M. ACUNO
Barangay Captain
Pangabuan, Tangub City
Misamis Occidental

Dear Hon. Acuno,

Greetings from Misamis University College of Nursing, Midwifery, and Radiologic Technology!

We are writing to formally request your approval to conduct data gathering for our research titled, "Knowledge and Attitude in Relation to Prenatal Care Compliance Among Pregnant Women in Rural Areas", to be conducted in Pangabuan, Tangub City. This study aims to explore the knowledge and attitudes of pregnant women in rural areas in relation to their compliance with prenatal care. The research is geared toward improving maternal and infant health outcomes. Data collection will involve administering surveys to selected mothers in your barangay. We assure you that all respondents will be provided with informed consent, and ethical standards will be strictly followed. Additionally, we will comply with all institutional policies regarding privacy and data confidentiality.

Thank you very much, and we look forward to your kind consideration.

Sincerely yours,

REU JHAMES S. CARDENAS

JAN MARIO R. GOJO

SILMER NOEL P. IGNACIO

STEFAN P. DACUYA
Researchers

Noted by:

DR. SAMMY B. TAGHOY
College Dean

Approved by:

HON. MILDRED M. ACUNO
Barangay Captain
Pangabuan, Tangub City

Appendix E: Statistical Computation

A. KNOWLWDGE ON PRENATAL CARE COMPLIANCE

	N	Mean	Standard Deviation
Importance of Prenatal Care	100	4.15	0.80
Healthcare System and Available Resources	100	3.82	0.91
Overall Mean		3.99	0.86

B. ATTITUDES ON PRENATAL CARE COMPLIANCE

	N	Mean	Standard Deviation
Trust in healthcare Provider	100	3.89	0.93
Perceived Importtance of Prenatal Care	100	4.02	0.81
Overall Mean		3.96	0.87

C. LEVEL OF PRENATAL CARE COMPLIANCE

	N	Mean	Standard Deviation
Healthcare Accessibility	100	3.54	0.89
Social Support	100	4.03	0.91
Overall Mean		3.79	0.90

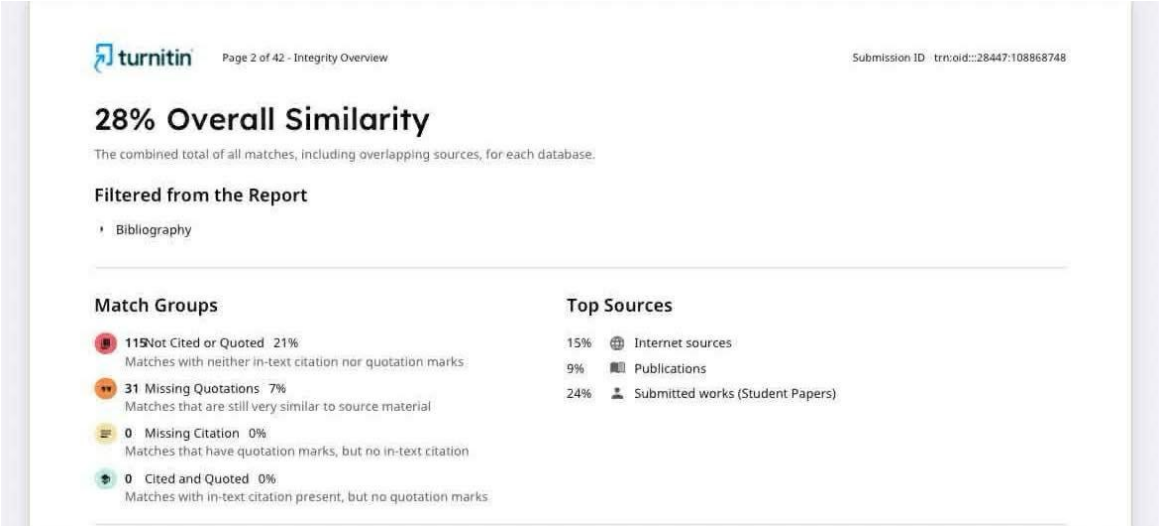
Knowledge on Prenatal Care Compliance	Cronbach's Alpha	No. of items
Importance of Prenatal Care	0.8967	8
Healthcare System and Available Resources	0.8867	8
TOTAL	0.9315	16

Attitudes on Prenatal Care Compliance	Cronbach's Alpha	No. of items
Trust in Healthcare Provider	0.8910	8
Perceived Benefits of Prenatal Care	0.8967	8
TOTAL	0.9363	16

Level of Prenatal Care Compliance	Cronbach's Alpha	No. of items
Healthcare Accessibility	0.8844	8
Social Support	0.8970	8
TOTAL	0.9005	16

APPENDIX F: Documentations (Photos)

APPENDIX G: Grammarly Report and Turnitin Results



turnitin Page 2 of 42 - Integrity Overview Submission ID trn:oid:::28447:108868748

28% Overall Similarity

The combined total of all matches, including overlapping sources, for each database.

Filtered from the Report

- Bibliography

Match Groups

115 Not Cited or Quoted 21%
Matches with neither in-text citation nor quotation marks

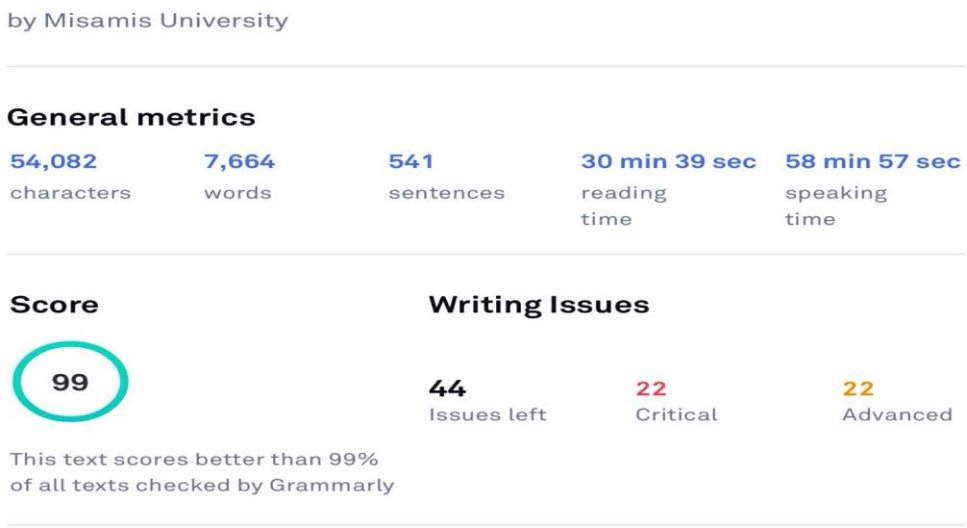
31 Missing Quotations 7%
Matches that are still very similar to source material

0 Missing Citation 0%
Matches that have quotation marks, but no in-text citation

0 Cited and Quoted 0%
Matches with in-text citation present, but no quotation marks

Top Sources

15% Internet sources
9% Publications
24% Submitted works (Student Papers)



by Misamis University

General metrics

54,082	7,664	541	30 min 39 sec	58 min 57 sec
characters	words	sentences	reading time	speaking time

Score

99

This text scores better than 99% of all texts checked by Grammarly

Writing Issues

44	22	22
Issues left	Critical	Advanced

CURRICULUM VITAE

PERSONAL DATA

Name	: Reu Jhames S. Cardenas
Date of Birth	: July 16, 2004
Place of Birth	: Tangub City
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EDUCATIONAL BACKGROUND

Elementary	: Taguite Elementary School
	P-1 Taguite, Tangub City
Secondary	: St. Michael's High School
	3rd South Street Barangay 1, Tangub City
Senior High School	: St. Michael's High School
	3rd South Street Barangay 1, Tangub City
College	: Misamis University
	H.T. Feliciano Street Aguada, Ozamiz City

CURRICULUM VITAE

PERSONAL DATA

Name	: Stefan P. Dacuya
Date of Birth	: February 06, 2002
Place of Birth	: Oroquieta City
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EDUCATIONAL BACKGROUND

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Secondary	: Jimenez National Comprehensive High School
	Brgy. Corrales Jimenez, Mis. Occ.
Senior High School	: Misamis University
	H.T. Feliciano Street Aguada, Ozamiz City
College	: Misamis University
	H.T. Feliciano Street Aguada, Ozamiz City

CURRICULUM VITAE

PERSONAL DATA

Name	: Jan Mario R. Gojo
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EDUCATIONAL BACKGROUND

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	H.T. Feliciano Street Aguada, Ozamiz City
College	: Misamis University
	H.T. Feliciano Street Aguada, Ozamiz City

CURRICULUM VITAE

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Secondary	: St. Michael's High School
	3rd South Street Barngay 1, Tangub City
Senior High School	: St. Michael's High School
	3rd South Street Barngay 1, Tangub City
College	: Misamis University
	H.T. Feliciano Street Aguada, Ozamiz City