

HEALTH SEEKING BEHAVIOR OF WOMEN OF REPRODUCTIVE AGE IN THE SECOND DISTRICT OF ILOCOS SUR

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ABSTRACT

The study focused on the health seeking behavior of women of reproductive age who had delivered within a year ago in the second district of Ilocos Sur particularly at the municipalities of Santa, Narvacan, and Sta. Maria. It also looked into the relationship between the health seeking behavior and the socio-demographic and obstetrical –related factors of the respondents. The study came out with the following results: the respondents are 25-29 years old, married, college graduates, with no job, resides in the barangay, and Roman Catholics; and got pregnant three times with two living children. The respondents have “**High**” level of health seeking behavior. A significant relationship exists between age and health facility, and between occupation and prenatal check-up, while no significant relationship occurs between the level of health seeking behavior of the respondents and their obstetrical profile. It is recommended therefore that: (1) Health workers must give more emphasis to their clients the importance and the advantages derived from regular prenatal check-up; (2) The health care providers should conduct lectures on laboratory procedures, nutritional supplementation, and tetanus toxoid immunization to improve the level of health seeking behavior of the respondents; (3) Pregnant women should be encouraged to avail the health services of district hospitals and Municipal Health Offices; and (4) to adhere to healthy practices during pregnancy.

Keywords: prenatal check- up, consultation, health facility

Introduction:

Women seek advice on prenatal care from different persons like the family members, relatives, neighbors, and health workers. Some obtain information from the internet, books, magazines, and other printed materials. Some of them are often misled and do not know whom to and where to seek advice and what to follow. Some still go to traditional birth attendants who still practice folk medicine.

According to Opilas as cited by Baliwag et al. (2013) more than 70 % of all births in the Philippines during the 70's, were attended by traditional birth attendants, and only a few were aided by health professionals such as physicians and midwives. He said that these hilots did not receive any formal training on health nor midwifery nor on maternal and child health. It is from their mothers or grandmothers whom they had acquired their skill and techniques and in turn transpired these skills to their daughters.

According to Sheker (2012), in the Philippines, many pregnant women rely on traditional birth attendants known as “hilots,” although they have no formal obstetric preparation, and for them, a professional midwife is a luxury for women surviving in a hand-to-mouth existence. They consider Cior, the hilot as a big help to the women, especially to women who do not have enough money. She cited that many women in Tonsuya (one of the

deprived areas on the peripheries of Metro Manila) rely on unexperienced “hilots” to assist them during pregnancy. Further stated by Sheker, a recent study conducted between 2001 and 2003 revealed that nine out of 12 women in Tonsuya died in their homes because of the unsafe practices of a hilot.

The prenatal practices of women greatly affect pregnancy outcomes and pregnancy complications. It is then necessary for a pregnant woman to submit self for prenatal check-up and to seek suitable advice for her well-being.

A health worker particularly nurses and midwives play a great role in the assessment of pregnant women. A part of their functions include assisting and providing expectant women the necessary interventions to keep them healthy throughout their pregnancy.

It is then the purpose of the study to determine the health seeking behavior of women. Results of the study would serve as an insight for policy makers in the modification of plans and policies for future development of maternal care. For the health professionals, the result may serve as their driving force to assist women throughout their prenatal period, providing them care and helping the pregnant women initiate measures for the prevention of pregnancy complications. For the respondents for them to improve their health seeking behavior and be more active in taking care of their health during pregnancy.

Objectives:

The researchers determined the health seeking behavior of women who belong to the reproductive age in the second district of Ilocos Sur. It looked into the relationship between the level of health seeking behavior and the socio -demographic and obstetrical- related factors of the respondents regarding prenatal check -up, consultation, and health facility.

Theoretical Framework:

Health seeking behavior of women during pregnancy involves submitting self for prenatal check up to avail the services of health workers from different health facilities and for them to be benefitted from the different services or health programs of the Department of Health . These programs include, free tetanus toxoid immunization, fetal growth monitoring, fundic height measurement, iodine supplementation, iron supplementation, physical examination which includes abdominal palpation, internal examination, BP monitoring, weight monitoring, laboratory examination, and health education to pregnant women.

On Prenatal Check- up

As stated by Crombleholm as cited by Dumlao and Cariaga (2013), prenatal care is very vital to ensure the overall health of newborns and the mothers . He pointed out that it is a major strategy for helping reduce complications of pregnancy such as the number of low birth weight babies born yearly.

According to the Department of Health as cited by Bermio (2015), the standard prenatal visit that women should follow during her pregnancy are as follows: first visit as early as possible before four months or during the first trimester, 2nd visit during the second trimester, third visit during the third trimester, and every two weeks after eight month of pregnancy until delivery.

On Health Care Provider

Health care providers who are responsible in the care of women during pregnancy, labor and delivery include: a) Obstetricians (OB) are physicians who concentrates in the care of expectant women and in delivering offspring. A cesarean delivery is performed by them since they possess special training in surgery b) Family practice clinicians are the ones who provide care, for the entire family through all stages of life. Care during pregnancy and delivery, and after birth are also a part of their functions. c) A licensed nurse-midwife (CNM) and certified professional midwife (CPM) are the experts to manage pregnancy and postnatal care. For well women who are at low risk of difficulties during pregnancy, labor, or delivery, midwives can be a noble preference. A CNM is trained both in nursing and midwifery. In case of a problem or emergency, a back-up plan with an obstetrician must be designed by all midwives (<https://www.womenshealth.gov/pregnancy/youre-pregnant-now-what/prenatal-care-and-tests>).

On Health Facility

Women can select to give birth at a hospital, birth center, or at home. Hospitals are best for a pregnant with wellbeing problems, pregnancy difficulties, or those who are at threat for difficulties during labor and delivery. Hospitals render the most progressive medical kit and extremely skilled doctors for pregnant women and their babies. A "homey" atmosphere needed during labor and delivery can be provided by birth or birthing center. With the most modern equipment and invariable measures, they make labor and delivery a natural and private process (<https://www.womenshealth.gov/pregnancy/youre-pregnant-now-what/prenatal-care-and-tests>).

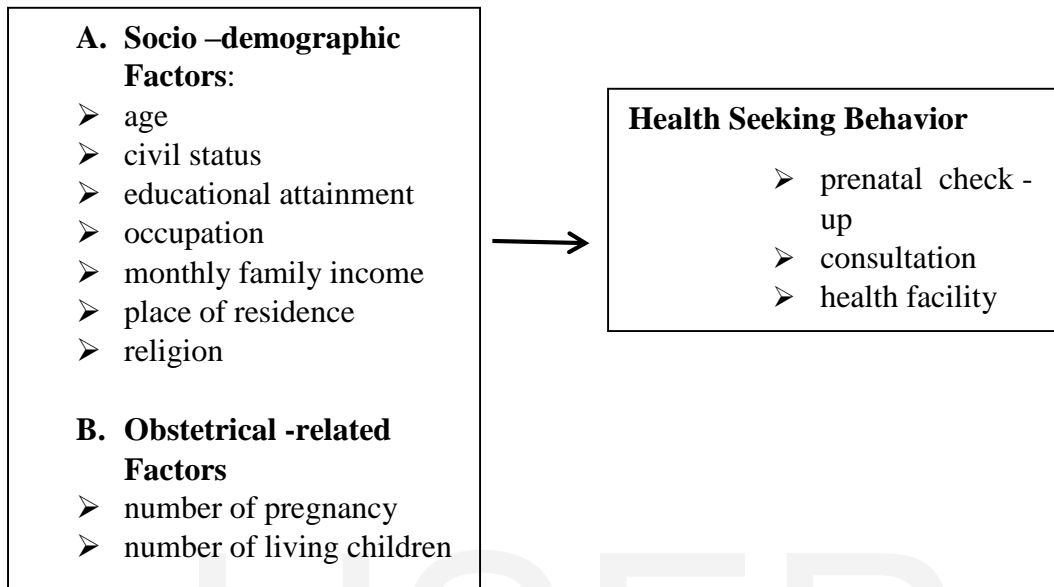
According to the United Nations Population Fund of 2014 , basic emergency obstetric and newborn care provided by BEMONC centers is critical to reducing maternal and neonatal death. This care, which can be provided with skilled staff in health centers , large or small, includes the capabilities for: administering antibiotics, uterotonic drugs (oxytocin) and anticonvulsants (magnesium sulphate), manual removal of the placenta, removal of retained products following miscarriage or abortion, assisted vaginal delivery, preferably with vacuum extractor, and basic neonatal resuscitation care (<http://www.unfpa.org/resources/setting-standards-emergency-obstetric-and-newborn-care>).

Conceptual Framework:

The researcher is directed by the model presented below:

Independent Variables:

Dependent Variables:



The paradigm illustrates the relationship of the two variables: the socio-demographic and obstetrical-related factors as independent variables and the health seeking behavior as the dependent variable.

Methodology:

The study made use of the descriptive-correlational research method. The number of respondents has been arbitrarily set to 118 and purposive sampling was used in the selection of respondents. A questionnaire- checklist formulated by the researchers and content validated by a pool of experts served as the main data gathering tool. It consisted of two parts: Part I dealt on the socio-demographic profile of the respondents such as age, civil status, educational attainment, occupation, place of residence, and religion and obstetrical -related profile of the respondents such as number of pregnancy and number of living children. Part II dealt with the health seeking behavior along prenatal check- up, consultation, and health facility. Frequency, percentage, mean percentage score, and simple linear correlation analysis were the statistical tools used in the interpretation of data.

Results and Discussions:

On Socio-Demographic and Obstetrical-Related Profile of the Respondents

A great percentage of the respondents (44 or 37.3%) belong to 25-29 years old, (48 or 40.7%) have the monthly family income of Php5,000 and below, (42 or 35.6%) have been pregnant three times, and (55 or 46.7%) have two living children. Most (105 or 89%) are married, (104 or 88.2%) have no job. A great number (51 or 43.2%) are college graduate. The majority (61 or 51.7%) resides in the barangay and (84 or 71.2%) are Catholics.

On the Level of Health Seeking Behavior of the Respondents Along Prenatal Check -Up

Table 1 shows the level of health seeking behavior of the respondents in terms of the prenatal check-up on the 9th-10th months.

Table 1

The Level of Health Seeking Behavior on Prenatal Check-up on the 9th -10th months

Age of Gestation		
9 th -10 th months	<i>f</i>	%
As needed	2	1.7
Once	9	7.6
Twice	13	11.0
Thrice	25	21.2
Every two weeks	69	58.5
Total	118	100.0
• Ideal every 2 weeks	DR	Fair

Norm

Item DR

Overall

81-100
61-80
41-60
21-40
1-20

Excellent (E)
Very Good (VG)
Good (G)
Poor(P)
Very Poor (VP) `

Very High (VH)
High (H)
Fair (F)
Low(L)
Very Low (VL)

It is reflected in the table that as a whole, the respondents have “**Fair**” level of prenatal check up during the 9th-10th months. The majority of the respondents (69 or 58.5%) attend to prenatal check-up every two weeks. There are only two (1.7%) who attend to prenatal check-up only as needed. The data implies that the respondents adhered to the right frequency of prenatal visit. This maybe because anytime they can have delivery during these periods.

Table 2 reflects the level of health seeking behavior of the respondents on prenatal check-up on the 7th to 8th month.

Table 2

The Level of Health Seeking Behavior of the Respondents on Prenatal Check-up on the 7th -8th month

Age of Gestation		
7th -8th month	<i>f</i>	%
Did not go for prenatal visit at all	71	60.17
Once or more	47	39.83
Total	118	100.0
• Standard: once in the 7th or 8th month	DR	Low

The table shows that as a whole, the respondents have “**Low**” level of prenatal check - up on the 7th- 8th month. There are nine (7.6%) who adhered to the right frequency of prenatal check- up while seventy one (60.17 %) did not go for prenatal visit at all.

The above data implies that the respondents were not religious enough in following the prescribed frequency of prenatal check- up. It maybe because during this period, they did not suffer from any complications during pregnancy.

Table 3 depicts the level of health seeking behavior of the respondents on prenatal check-up on the 4th -6th months.

Table 3
The Level of Health Seeking Behavior of the Respondents on Prenatal Check-up on the 4th -6th months

Age of Gestation		
4th -6th months	<i>f</i>	%
As needed	2	1.7
Once or more	116	98.3
Total	118	100.0
• Standard: once	DR	Very High

The table shows that as a whole, the respondents have “ **Very High**” level of prenatal check- up on the 4th-6th months. The majority of the respondents (116 or 98.3%) went for prenatal check -up once or more .The data implies that the respondents were very much concerned on their well -being during this period since they went for prenatal check- up not only once but more than the prescribed frequency.

Table 4 presents the level of health seeking behavior of the respondents on prenatal check-up on the first to third month.

Table 4
The Level of Health Seeking Behavior of the Respondents on Prenatal Check-up on the first to 3rd Month

Age of Gestation		
1-3 months	<i>f</i>	%
As needed	2	1.70
Once or more	116	98.30
Total	118	100.0
• Standard: at least once	DR	Very High

The table above shows that the respondents have a “ **Very High** ” level of prenatal check- up during the first to third month . Almost all of the respondents (116 or 98.30%) went for prenatal check-up once or more .

The data implies that the respondents were very much religious in taking care of themselves during their first trimester of pregnancy.

Table 5 depicts the summary table of the health seeking behavior of the respondents on prenatal care .

Table 5

Summary Table of the Health Seeking Behavior of the Respondents on Prenatal Care

Age of Gestation	Mean	Descriptive Rating
1-3 months	98.3	Very High
4-6 months	98.3	Very High
7 th -8 th month	39.8	Low
9 th -10 th months	58.8	Fair
Overall Mean	73.80	High

It is reflected in the table that as a whole, the respondents have “**High**” level of health seeking behavior on prenatal care(\bar{x} = 73.80).

The above findings imply that the respondents follow the right frequency of prenatal check -up. This maybe because they are fully aware of the prescribed schedule, and on the advantages of timely prenatal check -up.

Kotecha, Patel, Shah, Katara, Parul (2012) found out in their study that most of the pregnant women had undergone the antenatal check -up for more than three times. Almost all women used to go for pre-birth care for their baby’s good health and safe delivery.

Koenig (2001) stated that Bangladeshi women report the low but increasing use of antenatal care.

On the Level of Health Seeking Behavior of the Respondents Regarding Consultation

Table 6 presents the health seeking behavior of the respondents regarding consultation.

Table 6

Percentage Mean Score Showing The Health Seeking Behavior of the Respondents Regarding Consultation

Consultation	f	%	DR
On Consultation, I....			
1. submit self for the prenatal check up to a doctor, rural health midwife, and to nurse when my menstruation was delayed.	116	98.3	E
2. read books, browse the internet, and ask from a relative when wanted to know more about pregnancy.	111	94.1	E
3. did pregnancy test by self when menstruation was delayed.	91	77.1	VG
4. perform pregnancy test with the help of a friend/ family member/health personnel when menstruation was delayed.	81	68.6	VG
5.usually go for an ultrasound to know the sex of the baby even without the advice of the health personnel.	56	47.5	G
6. take medications without doctor’s prescription.	102	86.44	E
7. went for an ultrasound when the health workers advised to go.	115	97.5	E

8. go to the hospital for laboratory examinations like Complete Blood Count (CBC), Hepatitis B Surface Antigen (HBS Ag), and urinalysis when the doctor advised me to do so.	110	93.2	E
9. postpone check up until have available money.	97	82.20	E
10. consult the doctor when have vaginal bleeding, severe vomiting, severe headache, and blurring of vision.	109	92.4	E
11. go to the hilot when feel pregnant.	113	95.76	E
12. go to hilot before the expected date of confinement for him to check that my pregnancy is in cephalic presentation.	104	88.14	E
13. go to the hilot for an herbal extract when have bleeding to save pregnancy.	108	8.5	VP
14. seek the advice of a saleslady at the drug store on what to take when sick during pregnancy.	101	85.59	E
15. follow the instruction of a pharmacist at the drug store on what to take when sick during pregnancy.	90	76.27	VG
16. consult a health professional regarding pregnancy because of their scientific explanation.	113	95.8	VG
17. prefer to go to the hospital or Municipal Health Office when suffer from a cough and colds.	111	94.1	E
18. prefer to go to the hospital or Municipal Health Office when have difficulty to urinate.	113	95.8	E
19. prefer to go to the Municipal Health Office/ hospital .	77	65.3	VG
20. prefer to go to the Municipal Health Office because of free tetanus toxoid immunization.	101	85.6	E
Overall Mean Percentage Score	85.56		Very High

The overall mean percentage score of 85.56 signifies a “**Very High**” level of health seeking behavior regarding consultation.

The very high level of health seeking behavior regarding consultation among respondents imply good behavior. The findings imply that the respondents know how to take care and protect themselves and their baby from any harm through proper consultation.

When taken singly, the respondents have “Excellent” level of health seeking behavior on “submit self for prenatal check-up to a doctor, rural health midwife, nurse when menstruation was delayed”(98.3%), “went for an ultrasound when the health personnel advised to go” (97.5%), “consult a health professional regarding pregnancy because of their scientific explanation” (95.8%) and “prefer to go to the hospital or Municipal Health Office when have difficulty to urinate” (95.8%).

Some of the respondents of the study of Kridli S., Ilori O., and Verriest, H., (2013), gave priority to family, especially mothers, as a basis of practices during pregnancy, followed by their sisters and sisters in law who had experienced gestation. Other participants got ideas and facts related to gestation by the use of books, media, and the internet instead of referring to their mothers. One claimed that when she gets pregnant, she will not use her mother’s advice only but has to read a book.

The study of Koenig (2001) discovered that only one in three sought management from a capable provider, and that more than three-fourths of women with the time-sensitive difficulties of convulsions or too much bleeding either failed to look for any treatment or sought treatment from an unqualified provider in both urban and rural Bangladesh. For him, the chief

reason cited for failing to find maternal care-seeking behavior for severe difficulties were concern over medical expenditures, and pronounced socioeconomic differences.

According to Abasiubong et al. (1999), there is increasing evidence in developing countries that pregnant women self-medicate, which consists of 41.9% for fever/pain relievers; 9.1% combination of aromatic plants and other medications; 4.0% sedatives; 3.5% alcohol; while 1.3% used kolanuts. Findings in his study revealed that poor sleep, fever, vomiting, and infections are the reasons for failing to seek care for severe complications.

In the study of Abrahams et al. (1999), self-medication was a collective practice of both rural and urban women. They managed their minor ailments in a variety of ways during and after pregnancy as well as prophylactic treatment for health preservation for their newborn. Often, advice of older women was followed.

On the Level of Health Seeking Behavior of the Respondents Regarding Health Facility

Table 7 presents the health seeking behavior of the respondents regarding the health facility.

Table 7

Percentage Mean Score Showing The Health Seeking Behavior of the Respondents Regarding Health Facility

Health Facility	<i>f</i>	%	DR
On Health Facility, I....			
1. postpone check up because our house is too far from the Municipal Health Office /hospital.	93	78.81	VG
2. go immediately to the nearest Municipal Health Office or hospital when not feeling well.	111	94.1	E
3. seek medical advice to the nearest health facility when feel any of the danger signals of pregnancy such as abdominal pain, vaginal bleeding, severe vomiting, severe headache, and blurring of vision.	112	94.9	E
4. go to the hospital rather than Municipal Health Offices because of completeness of facility.	112	94.9	E
5. prefer to go to the Municipal Health Office rather than hospital because of the free prenatal vitamins and medications.	106	89.8	E
6. prefer to go to the herbolarayo because there are times that the health personnel in the Municipal Health Office are not available.	80	67.79	VG
7. prefer to go to the Municipal Health Office because it is near the residence.	91	77.1	VG
8. would rather go to the hilot to save money.	102	86.44	E
9. would rather go to the hospital because of availability of emergency drugs.	109	92.4	E
10. would rather go to the hospital/ Municipal Health Office because of sterile Delivery Room (DR) or Out Patient Department (OPD) instruments.	109	92.4	E
Mean Percentage	86.86		Very High

Range
81-100

Item DR
Excellent (E)

Overall DR
Very High (VH)

61-80	Very Good (VG)	High (H)
41-60	Good (G)	Fair (F)
21-40	Poor (P)	Low (L)
1-20	Very Poor (VP)	Very Low (VL)

The table shows a “ **Very High**” level of health seeking behavior among the respondents regarding health facility with a mean rating of 86.86%.

The above findings imply that the respondents are aware of the different services offered at the health facility such as the giving of free tetanus toxoid, free prenatal vitamins, availability of equipment and instruments, and the reliability of health workers in terms of prenatal advice.

When taken singly, the respondents have an “Excellent” level of health seeking behavior on “seek medical advice to the nearest health facility when feel any of the danger signals of pregnancy such as abdominal pain, vaginal bleeding, severe vomiting, severe headache and blurring of vision” (94.9%) and “go to the hospital rather than the Municipal Health Offices because of completeness of facility” (94.9%).

This denotes that the respondents have high concern about the danger signs of pregnancy and immediately seeks medical consultation in the hospital and they do not like to go to the “hilots” which is in contrary with the study of Sheker (2012) which states that countless women who conceive in the Philippines refer to traditional birth attendants known as “hilots”, even they have no obstetric preparation.

Table 8 depicts the summary table on health seeking behavior of the respondents.

Table 8
Summary Table on the Health Seeking Behavior of the Respondents

Health Seeking Behavior	Overall Mean Percentage Score	Descriptive Rating
Prenatal Check up	73.80	High
Consultation	85.56	Very High
Health Facility	86.86	Very High
As a whole	82.07	Very High

The table reflects that as a whole, the respondents have “ **Very High**” level of health seeking behavior (82.07). This maybe due to the fact that the different Municipal Health offices offer free services .

The outcome of the study of Qureshi et al. (2016), discovered that women commonly go to health facilities if they suffer from difficulties in pregnancy or risks signs, such as heavy bleeding or headache.

In the study of White K.et al. (2006) 32% of pregnant women in Haiti postponed management of pregnancy-related illnesses. Further revealed that women depended chiefly on their husbands and mothers for health care and followed their advice during pregnancy and times of illness, and manage their ailment by lying down.

The study of Koenig, Michael A. (2001) divulges that there is a low rate among pregnant women who choose to deliver in a health facility or with the aid of an expert provider.

According to Turner, C. (2017), the cost of transport is the main obstacle to seeking healthcare. A one-way journey from rural areas of the health district to the referral hospital can cost up to \$60. One respondent recalled the case of a baby who died in his village because the parents do not have money for the transport of the baby to the hospital.

Choudhury, N. (2012), claimed that in a baseline investigation, 84 percent of women stated that home based births handled by traditional birth attendants (TBAs). Findings also revealed that in the in-depth dialogues, women reported the general preference for TBAs. TBAs charge a low-cost delivery and women favored to accept care in the home, unless there was a perceived impediment .

On the Relationship Between the Socio-demographic and Obstetrical-Related Profile of the Respondents and the Health Seeking Behavior

Table 9 displays the correlation coefficient between the level of health seeking behavior of the respondents and their socio-demographic and obstetrical –related factor .

Table 9
Correlation Coefficients Between Health-Seeking Behavior of the Respondents and the Socio-demographic and Obstetrical-Related Variables

Variables	Prenatal Check up	Consultation	Health Facility	As a whole
A. Socio-Demographic Factor				
Age	-.054	-.003	.191*	.026
Civil Status	.099	.014	-.086	.041
Educational Attainment	.077	-.070	.154	.063
Occupation	.150*	.128	-.008	.156
Monthly Family Income	.032	-.059	.115	.027
Place of Residence	.030	.015	-.081	.000
Religion	-.035	-.064	-.039	-.066
B. Obstetrical-Related Factor				
Number of Pregnancy	.002	.005	-.008	.001
Number of Living Children	.020	-.001	.078	.036

*. Correlation is significant at the 0.05 level (2-tailed)

As a whole, the socio-demographic and obstetrical-related factor of the respondents, did not significantly influence the health seeking behavior of the respondents. This means that whether the respondent is young or old, married, or single, with high or low level of educational attainment, with or without occupation, with high or low monthly family income, whether residing in rural or urban, whether with many or little number of pregnancy, or with many or small number of living children, do not affect their health seeking behavior during pregnancy on prenatal check- up, consultation, and health facility.

The result of the study negates the findings of Ventura as cited by Rios, Bermio, and Bautista (2014) that younger pregnant adolescents are less likely to access prenatal care than older adolescents. He further said that adolescents are less likely to seek timely prenatal care than adults.

The findings negate the result of the study of Lavado, Lagrada, Ulep, and Tan (2010), wherein older women received inferior quality of prenatal care than women who are younger.

The result of the study is in contrary to the findings of Lavado, Lagrada, Ulep, and Tan (2010), wherein women who are poorer and with lower educational attainment received poorer quality of prenatal care, compared with the wealthier and better educated women.

The findings contradicts the result of Dumlao and Cariaga (2013) that occupation is significantly related to the frequency of prenatal check- up.

When taken singly, among the socio-demographic factors of the respondents, age was significantly related to the health seeking behavior of the respondents regarding health facility. This implies that that the older the respondents, the higher their level of health seeking behavior regarding health facility. In addition, the older the respondents, the more they know the benefits derived when they seek prenatal care from health care facilities.

Occupation also showed the significant relationship with the prenatal check-up. The findings suggest that the respondents who have occupation tend to go for their prenatal check-up, and this was attributed to the information on the advantages of prenatal check-up derived from their co-workers, from the seminars and training they attend to, and exposure to mass media and other sources of information on their respective workplaces.

The other socio-demographic factors like civil status, educational attainment, monthly family income, place of residence and religion failed to show the significant relationship with their health seeking behavior regarding health facility. The findings imply that whether the respondents are married or not, with high or low educational attainment, with high or low monthly family income, live in barangay or poblacion, catholics or non-catholics, do not affect their level of health seeking behavior.

Furthermore, the findings contradict the result of the study of Yubia (2011) that household wealth status, and education significantly influence pre-birth care seeking behaviors of young and old women.

The obstetrical-related factors did not show any significant relationship with the health seeking behavior of the respondents, and that whether the respondents have one or more pregnancies and number of living children; it does not affect their level of health seeking behavior.

The findings negate the result of the study of Yubia, (2011) wherein women who have healthier maternal health-seeking behaviors declines with increasing parity. Whereas, having a higher level of education, belonging to households of upper wealth status and urban residence are linked with better maternal health-seeking behaviors.

In a study conducted by Lavado, Lagrada, Ulep, and Tan (2010), multiparous women received poorer quality of prenatal care.

Conclusions:

The health seeking behavior of women during pregnancy is “ **Very High**”. It maybe because of the free services offered by the health workers such as free prenatal vitamins, free tetanus toxoid immunization , free laboratory examination, free consultation , and health education rendered to the respondents. The behavior of women towards prenatal check-up, whom to consult, and where to avail services are affected by various factors. These behaviors must be influenced by health workers emphasizing the ideal prenatal practices.

Recommendations:

In the premise of the conclusions drawn by the researchers, the following recommendations are forwarded: 1) Health workers must give more emphasis to their clients the importance and the advantages derived from regular prenatal check-up, 2) The Department of Health should design programs in order to reach out mothers living in far areas to provide them knowledge regarding safe pregnancy and delivery, 3)The health care providers should conduct lectures on laboratory procedures, nutritional supplementation and tetanus toxoid immunization to improve the level of health seeking behavior of the respondents, and 4) Pregnant women should be encouraged to avail the different health services of the different district hospitals and Municipal Health Offices and to adhere to healthy practices during pregnancy.

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