Original Article

Evaluation of Self-Care Practices of Pregnant Women in Barangay Apas, Cebu City, Philippines

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Abstract: Pregnancy is considered a state of wellness where few special precautions or advice are necessary. This is because the developing fetus depends on the mother's healthy body for all its needs. As a result, pregnant women need to take precautions and prioritize their health and nutrition to ensure the well-being of both them and their baby. The health of the mother and the unborn child is greatly impacted by self-care practices throughout pregnancy. This study utilized a researcher-made questionnaire and a descriptive-correlational research approach. The study was conducted at the Barangay Apas Health Center, where initial contact was established with the barangay health staff. Subsequently, questionnaires were distributed to pregnant women during their mother's class. A total sampling technique was employed, with N=41 pregnant women participating as research subjects. The simple percentage, weighted mean, and chi-square test of independence were used to treat the data statistically. The findings revealed a notable emphasis on the physical dimension of self-care, with consistent practice compared to the intellectual, social, emotional, and spiritual dimensions. Despite the varying degrees of emphasis across the five dimensions, the pregnant women demonstrated a good understanding and application of self-care practices. Pregnant women selected from Barangay Apas mostly exhibited a good awareness of appropriate self-care practices during pregnancy, adhering to them effectively. Despite this, no significant correlation was found between the respondents' profiles and their overall self-care practices. This therefore, highlights the significance of adopting individualized and holistic approaches to address the diverse needs and practices of pregnant women. The findings of this study can serve as a valuable resource for pregnant women, equipping them with the necessary knowledge and information to improve their self-care practices effectively through adopting scientifically proven procedures and strategies which can ensure the well-being and welfare of both them and their babies.

Keywords: intellectual, social, emotional, spiritual dimensions

1. INTRODUCTION

Pregnancy is considered a state of wellness where few special precautions or advice are necessary [1]. This is because the developing fetus depends on the mother's healthy body for all its needs. As a result, pregnant women need to take precautions and prioritize their health and nutrition to ensure the well-being of both them and their baby. Health care practices improve the health of both the mother and the fetus [2]. It is therefore essential for pregnant women to engage in self-care practices that promote their overall health and provide optimal conditions for the growth and development of the fetus [3].

However, many women have been exposed to various warnings and information regarding what they should or should not do during pregnancy, which can create confusion and make it challenging to differentiate between accurate information and misinformation [4]. This situation may hinder pregnant women from fully enjoying their pregnancy without unnecessary restrictions. Unfortunately, despite advancements, it has been found that misinformation and misconceptions about pregnancy continue to persist through various channels or sources [5]. The health of the mother and the unborn child is greatly impacted by self-care practices throughout pregnancy [6]. Healthy behaviors have a favorable impact on pregnant women's health and the development of their children, whereas poor habits can have a variety of negative physical and psychological effects in addition to raising the chance of birth abnormalities, miscarriage, and premature delivery. Two hospitals in Vietnam, Ca Mau Obstetrics and Pediatrics and Hanoi Obstetrics and Gynecology Hospital, conducted a study that collected and analyzed cross-sectional data on 562 pregnant women [7]. The findings of their study indicated that a mere 13% of pregnant women engaged in physical activity at least three times per week on a regular basis. Similarly, only 40% of them managed to consume enough fiber and five servings of vegetables daily. It was observed that 78.7% of individuals consistently refrained from drinking alcohol, while 53.9% of pregnant women were able to avoid exposure to secondhand smoke. Additionally, 71.7% of them avoided using conventional medications without a doctor's prescription [8]. Around 66% of expectant mothers consistently attended prenatal care checkups. About 30% of women regularly sought advice from medical professionals regarding their maternal health, and only 27% regularly discussed maternity care with medical staff. The findings of the study showed significant disparities in health practices among pregnant women in Vietnam [9]. While risk behaviors such as alcohol use and second-hand smoking were relatively high, beneficial behaviors such as physical exercise, vegetables or vitamins, and mineral supplement use were insufficient [10]. Similarly, in the Philippines, a quantitative study was conducted on how mothers used Antenatal Care [ANC] in selected cities in the Bicol region. ANC is a free mandatory preventive care service provided by the Philippine government to pregnant women. The study sought to determine the socio-demographic profile of mothers, their use of ANC services, and the various problems encountered during their antenatal care [11]. The respondents of their study were mothers in Iriga and Tabaco City who were young adults with low education level who lived in a poor small nuclear family with their partners. According to the findings of their study, despite the availability of ANC services in the country, not all pregnant women use them [12]. Not all ANC services were used to their full potential. Among these were insufficient use of syphilis tests, stool, and acetic acid wash; oral health care examination; safe sex education; and oral health checkups and prophylaxis. Mothers encountered a variety of issues when seeking ANC services, the most common of which were financial and personal issues [13]. Recently in Cebu, SunStar's lifestyle news featured young mothers sharing their pandemic pregnancy stories. Among those who shared their stories was a well-known Cebuana vlogger who advocates proper prenatal self-care practices in her videos as she prepares to become a first-time mom [14]. She stressed the necessity of doing self-research to learn more about pregnancy ‘dos and don'ts’ which she shares in her videos in order to educate mothers who are unaware of the proper self-care practices [15]. The first-time mothers who also shared their experiences prepared themselves not only physically, but also emotionally and financially, because giving birth during the pandemic was incredibly expensive. All of the pregnant women interviewed shared a common experience: a sense of fear and uncertainty during their pregnancy due to a lack of knowledge about what to expect and how to navigate this important phase of their lives. They learned self-care practices to help them deal with their fears. As per the testimony of one mother, acquiring knowledge before entering pregnancy can greatly empower an individual. Being well-informed in advance helps to significantly reduce stress and anxiety during the journey [16]. A similar study entitled “Exploring Women's Comprehensive Self-Care Behaviors During Pregnancy and Their Impact on Psychological Well-being: Implications for Maternal Care Facilities” [17], sought to explore the

correlation between self-care behaviors during pregnancy among women and their psychological well-being which highlighted the significance of both physical and psychological self-care for positive pregnancy outcomes [18-21]. Taking these factors into account would provide a more comprehensive understanding of the relationship between self-care behaviors and various demographic variables. To bridge this gap, this study aims to provide a comprehensive exploration of self-care practices during pregnancy. In addition to the physical and intellectual dimensions previously studied, this research incorporated the emotional, social, and spiritual dimensions. Collectively known as the Five Dimensions of Self-Care, these aspects examined to gain a holistic understanding of self-care practices among pregnant women [22-24].

2. MATERIALS & METHODS

This is a quantitative study that has been utilizing a descriptive-correlational design to determine self-care practices of pregnant women in Barangay Apas, Cebu City. The findings of the study shall serve as basis for a proposed action plan.

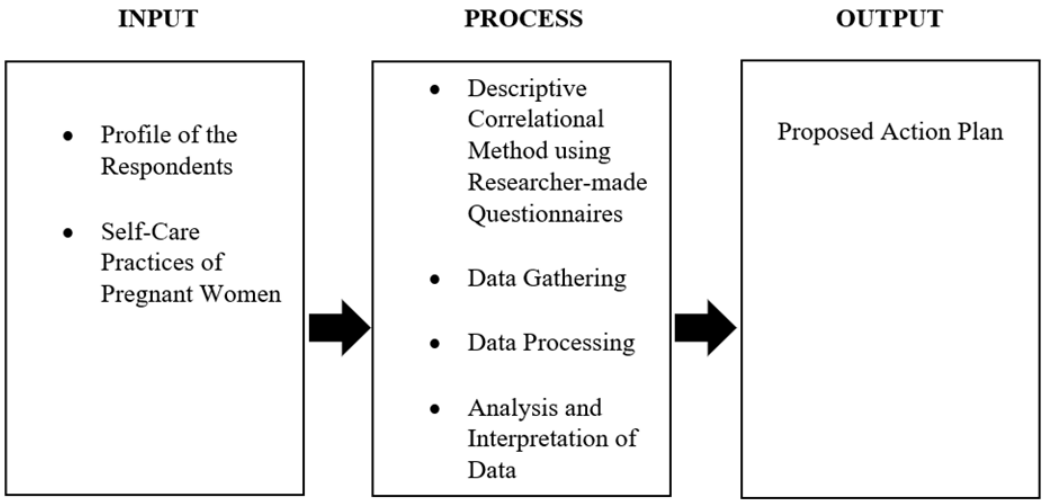

Figure 01: Research Flow

A quantitative study is a method of conducting studies and analyzing data to look for trends and patterns [25]. A descriptive correlational method is a research approach that involves gathering information and examining the relationships between variables without making any modifications to the study subjects [26]. The study conducted in Barangay Apas, Cebu City, it is located close to the utmost center of Cebu City (Region 7). The researchers conducted the study at Apas Barangay Health Center. The health center of Barangay Apas is situated along Generoso Street, adjacent to Apas Fire Sub Station, Apas Covered Court, Apas Sports Complex, and Apas Barangay Hall. The researchers have selected Barangay Apas as the research environment primarily because of its convenient accessibility. Additionally, Barangay Apas holds significance as one of the adopted communities of UC Banilad, making it an ideal location for executing the proposed action plan. The respondents of this study are pregnant women of legal age. Based on the barangay health center's recent records in the year 2022, the number of pregnant women in the barangay is 41.The study has been utilized all 41 pregnant women from Barangay Apas, Cebu City, who are registered in the records of the barangay as respondents, provided, such pregnant women meet the inclusion criteria and none of the exclusion criteria. This study employed a total sampling method. This study utilized a researcher-made questionnaire, the instrument comprised of two parts. Part one shall deal with the profile of the respondents in terms of age, highest educational attainment, trimester of pregnancy and number of pregnancies. The second part of the instrument shall deal with the self-care practices of pregnant women. Simple Percentage used to assess and analyze the profile of the

respondents in terms of age, highest educational attainment, trimester of pregnancies, and number of pregnancies. Weighted Mean used to evaluate the self-care practices of the respondents and categorize them according to the Five Dimensions of Self-Care.Chi-Square Test of Independence used to examine the significant relationship between the profile of the respondents and their self-care practices.

3. RESULTS & DISCUSSION

The data collected from the respondents is presented, analyzed, and interpreted. It encompasses the profile of the respondents, considering factors such as age, highest educational attainment, trimester of pregnancies, and number of pregnancies. The self-care practices of the respondents are examined across five dimensions, including the physical, intellectual, social, emotional, and spiritual aspects. Additionally, the chapter explores the correlation between the respondents' profiles and their self-care practices.

3.1 Profile of the Respondents

Table 01: Age of the Respondents

Profile	Frequency (f)	Percentage (%)
Age		
18 – 22	9	22.0
23 – 28	17	41.5
29 – 34	9	22.0
35 – 43	5	12.2
44 – 53	1	2.4
Total	**41**	**100**

Table 01 shows that the majority of the respondents fell within the 23–28 age range, comprising 17 respondents (41.5%). Additionally, there were 9 respondents (22.0%) in the 18–22 age group and another 9 respondents (22.0%) in the 29–34 age range. Ages 35–43 were represented by 5 respondents (12.2%), and the 44–53 age category had a single respondent (2.4%). Individuals aged 23–28 exhibit a higher level of compliance for prenatal classes. This is further supported stating that, typically, women in their young adulthood stage exhibit salient psychosocial characteristics related to stress, particularly in decision-making, such as parenthood.

Table 02: Highest Educational Attainment of the Respondents

Profile	Frequency (f)	Percentage (%)
Highest Educational Attainment		
Elementary Graduate	3	7.3
High School Graduate	26	63.4
College	11	26.8
Master's Degree	1	2.4
Total	**41**	**100**

As shown in Table 02, most of the respondents were high school graduates, accounting for 26 respondents (63.4%). College graduates comprised 11 respondents (26.8%), while only 3 respondents (7.3%) had completed elementary education. Additionally, a single respondent (2.4%) held a master's degree. Opting for prenatal care at barangay health centers is a common choice among high school graduates. Study indicating that a significant portion of respondents, who were high school graduates, encountered difficulties in accessing formal healthcare facilities for prenatal care stemmed from financial constraints and personal issues. As highlighted in their study's recommendations, the preference for barangay health centers is influenced by the limitations experienced by the respondents in accessing traditional healthcare options.

Table 03: Trimester of Pregnancy of the Respondents

Profile	Frequency (f)	Percentage (%)
Trimester of Pregnancy		
First Trimester	7	17.1
Second Trimester	21	51.2
Third Trimester	13	31.7
Total	**41**	**100**

In table 03, the majority of respondents were in their second trimester of pregnancy, constituting 21 respondents (51.2%). Those in their third trimester accounted for 13 respondents (31.7%), while only 7 respondents (17.1%) were in their first trimester. Most pregnant women typically schedule frequent prenatal care visits and prenatal classes in their second trimester. During this phase, the major organs and structures of the fetus undergo formation, contributing to a significant reduction in the risk of miscarriage. Furthermore, women often prioritize prenatal services in the second trimester because it is an opportune time for comprehensive fetal screenings.

Table 04: Number of Pregnancy of the Respondents

Profile	Frequency (f)	Percentage (%)
Number of Pregnancies		
First Pregnancy	19	46.3
Second Pregnancy	6	14.6
Third Pregnancy	10	24.4
Fourth or more pregnancies	6	14.6
Total	**41**	**100**

Table 04 shows that the majority of respondents were experiencing their first pregnancy, comprising 19 respondents (46.3%). Meanwhile, 10 respondents (24.4%) were in their third pregnancy, 6 respondents (14.6%) were in their second pregnancy, and 6 respondents (14.6%) were undergoing their fourth or subsequent pregnancy. First-time pregnant women are more inclined to seek prenatal consultations compared to those undergoing their second, third, or subsequent pregnancies. Moreover, first-time mothers are often concerned and inquisitive about the pregnancy process, labor, and postpartum care. The regularity of prenatal visits is attributed to the persistent feelings of shame and being overwhelmed, experienced by first-time moms.

3.2 Respondents' Adherence to the Five Dimensions of Self-Care

Table 05: Physical Dimension

Indicators	Weighted Mean	Interpretation
Physical Dimension		
1. I take nutritious foods and avoid highly processed foods.	3.40	Always
2. I make sure I get enough rest and sleep.	3.00	Mostly
3. I brush my teeth twice a day to promote oral hygiene.	3.80	Always
4. I take a bath every day and wipe my genitals front to back after voiding.	3.90	Always
5. I do moderate intensity exercises a few times a week for at least 30 minutes.	2.54	Mostly
Overall Mean	**3.42**	**Always**

Legend: 3.26 – 4.00 Always 2.51 – 3.25 Mostly
1.76 – 2.50 Rarely 1.00 – 1.75 Never

Table 05 reveals the highest weighted mean of 3.90, indicating that a significant majority of respondents consistently practice essential hygiene habits. Specifically, respondents reported that they always take a bath every day and adopt the recommended practice of wiping their genitals from front to back after

voiding. This high mean indicates the prevalence of these crucial self-care behaviors among the surveyed individuals, emphasizing their commitment to maintaining proper hygiene during pregnancy. Having the lowest mean of 2.54, the respondents indicated that they mostly do moderate intensity exercises a few times a week. This finding suggests a moderate level of physical activity among the surveyed individuals. The overall computed mean for the respondents' physical self-care practices during pregnancy was a 3.42 which indicates that the pregnant women always practice proper physical self-care during pregnancy. This high mean suggests a good adherence to recommended practices, showing a dedicated effort to prioritize and maintain physical well-being throughout the course of pregnancy. The degree to which pregnant women identified themselves as healthy individuals was linked to their interest in sustaining a healthy lifestyle and their participation in lifestyle support.

Table 06: Intellectual Dimension

Indicators	Weighted Mean	Interpretation
Intellectual Dimension		
1. I read books related to management of pregnancy-related concerns.	2.56	Mostly
2. I attend my mother's class or online seminars about matters relating to pregnancy.	2.07	Rarely
3. I consult my doctors or health professionals regarding proper ways to address discomforts and nutrition during pregnancy.	4.00	Always
4. I watch reliable videos on pregnancy online, such as those on YouTube or Facebook.	3.00	Mostly
5. I do my own research on proper self-care.	3.24	Always
Overall Mean	**2.89**	**Mostly**

Legend: 3.26 – 4.00 Always 2.51 – 3.25 Mostly
1.76 – 2.50 Rarely 1.00 – 1.75 Never

Table 06 shows the highest weighted mean of 4.00, this implies that a significant portion of respondents consistently follow a proactive approach to their intellectual well-being during pregnancy. Specifically, they reported always consulting their doctors or health professionals to address discomforts and seek guidance on nutrition. This emphasizes the commitment of the respondents to prioritize their health by actively seeking professional advice, reflecting a commendable engagement with healthcare providers for comprehensive care during the crucial period of pregnancy. During pregnancy, women often interact with various healthcare professionals, utilizing this period to disclose pertinent information about their medical history, including any instances of pain or bleeding, pregnancy dates, and undergoing examinations such as blood pressure assessments and prenatal blood tests, as well as receiving prescriptions for essential vitamins like folic acid and iodine. Online prenatal classes or courses encompass valuable information about pregnancy, childbirth, and postnatal care. These platforms facilitate interactions among expectant mothers, creating a supportive environment where they can connect with others who have shared similar experiences and comprehend each other's emotions. Participating in these classes equips mothers-to-be with essential skills, including proper breathing techniques to alleviate stress, understanding the physiological changes occurring in their bodies, navigating post-pregnancy periods, and acquiring knowledge on handling unforeseen situations. The

analysis of intellectual self-care practices among the respondents yielded an overall mean of 2.89. This finding indicates a collective commitment among pregnant women to actively engage in activities aimed at enhancing their intellectual well-being during the entire pregnancy journey. The relatively higher mean shows the importance placed on intellectual pursuits, such as reading, learning, and cognitive stimulation, suggesting a conscientious effort to foster mental and intellectual health throughout the critical phases of pregnancy. Reading during pregnancy not only enhances knowledge but also strengthens the bond between the mother and the baby. It promotes improved concentration, a longer attention span, and helps alleviate the mother's stress, ultimately contributing to the development of a more intellectually engaged baby.

Table 07: Social Dimension

Indicators	Weighted Mean	Interpretation
Social Dimension		
1. I join groups of pregnant mothers online sharing the same interests and concerns.	1.90	Rarely
2. I converse with other pregnant mothers in the community.	3.00	Mostly
3. I avoid isolating myself in times when I feel overwhelmed about my pregnancy.	3.00	Mostly
4. I engage in socialization activities like sports, shopping, strolling, and others.	2.00	Rarely
5. I spend time with others whose company I enjoy.	3.50	Always
Overall Mean	**2.64**	**Mostly**

Legend: 3.26 – 4.00 Always 2.51 – 3.25 Mostly
1.76 – 2.50 Rarely 1.00 – 1.75 Never

The table above indicates the highest weighted mean of 3.50, wherein the pregnant mothers mostly responded that they always spend time with others whose company they enjoy. This high mean suggests a deliberate effort to nurture social connections, highlighting the importance of positive social interactions during pregnancy. Maintaining a supportive social network during pregnancy is crucial for overall well-being, as it plays a pivotal role in mitigating stress, depression, and anxiety. A good social support system not only contributes to improved mental health but also enhances physical well-being, subsequently lowering the likelihood of pregnancy and birth complications. With the lowest mean of 2.00, respondents indicated that they rarely engage in socialization activities such as sports, shopping, strolling, and others. This relatively low mean suggests a limited participation in social activities, indicating a potential area for exploration and intervention to enhance the social dimension of self-care practices during pregnancy. Pregnancy brings about inevitable lifestyle changes, some of which can impact a woman's social life. While there are numerous positive aspects to being pregnant, for some women, it can also be a challenging period marked by persistent morning sickness, fatigue, and worries. In such situations, socializing with friends can serve as a revitalizing tonic, offering a much-needed break and a chance to regain a positive perspective on things. With an overall mean of 2.64, it is evident that pregnant women primarily engage in social self-care practices. This suggests that they actively foster social connections, support networks, and interpersonal relationships during the crucial period of

pregnancy. The relatively higher mean emphasizes the importance placed on maintaining a healthy social dimension, emphasizing the positive impact of these practices on the overall well-being of pregnant individuals. It is significant to maintain social well-being during pregnancy as it can alleviate emotional and physical pressures, improve the well-being of mother and child, and reduce risk of complications.

Table 08: Emotional Dimension

Indicators	Weighted Mean	Interpretation
Emotional Dimension		
1. I verbalize my feelings to close friends or other family members.	3.30	Always
2. I maintain a positive attitude.	3.40	Always
3. I identify comforting activities, objects, relationships, places and seek them out.	3.10	Mostly
4. I engage in activities that fill me up emotionally.	2.70	Mostly
5. I express my frustrations to people whom I can rely on.	3.30	Always
Overall Mean	**3.16**	**Mostly**

Legend: 3.26 – 4.00 Always 2.51 – 3.25 Mostly
1.76 – 2.50 Rarely 1.00 – 1.75 Never

Table 08 shows the highest weighted mean of 3.40, which means that the majority of the respondents always maintain a positive attitude throughout their pregnancy. This indicates that pregnant individuals actively incorporate positive thinking into their life while being pregnant. The findings highlight the proactive efforts of the respondents to cultivate a positive mindset, reflecting a holistic approach to self-care that encompasses emotional and psychological dimensions during pregnancy. Numerous individuals are embracing mindfulness as a coping mechanism during pregnancy, seeking to navigate the challenges they encounter. This natural approach to gaining control over one's thoughts has been substantiated as effective in reducing stress levels across various circumstances, including the unique challenges of pregnancy. It is essential to understand that experiencing heightened emotions during pregnancy is a normal occurrence. Hormonal shifts, physical discomfort, and the anticipation of parenthood can collectively contribute to emotional fluctuations. With that, ensuring a stable emotional well-being during pregnancy becomes crucial, needing the implementation of various strategies.

Table 09: Spiritual Dimension

Indicators	Weighted Mean	Interpretation
Spiritual Dimension		
1. I attend religious services.	2.30	Rarely
2. I engage in meditation and other mindfulness practices.	2.00	Rarely
3. I spend time with nature.	2.60	Mostly
4. I identify what is meaningful for me and notice its place in my life.	3.00	Mostly
5. I read inspirational literature.	2.8	Mostly
Overall Mean	**2.54**	**Mostly**

Legend: 3.26 – 4.00 Always 2.51 – 3.25 Mostly
1.76 – 2.50 Rarely 1.00 – 1.75 Never

Table 09 shows the highest weighted mean of 2.8, wherein the respondents answered they mostly read inspirational literature. This indicates a prevalent inclination among pregnant individuals to seek inspiration through reading, reflecting a deliberate effort to enhance their spiritual well-being during pregnancy. This finding implies a recognition of the positive influence that spiritual and inspirational content can have on one's overall outlook and well-being. Embracing a spiritual and conscious perspective during pregnancy and motherhood has the potential to enrich one's experience and infuse deeper meaning into the entire journey. The lowest mean in table 9 is 2.00 which indicates that the respondents rarely engage in meditation and other mindfulness practices. This draws attention to an area where there might be less emphasis or participation in activities that promote spiritual well-being. However, despite the respondents reporting infrequent engagement in four out of the five indicators in the spiritual dimension, the overall mean stands at 2.54. This indicates that, on average, they still predominantly practice spiritual self-care during pregnancy. This apparent contradiction prompts a closer examination, suggesting that while certain specific spiritual practices might be less frequently practiced, there remains a collective commitment to incorporating spiritual well-being into their overall self-care routines. The overall mean suggests a nuanced approach to spiritual self-care, acknowledging a variety of practices that contribute to the respondents' spiritual well-being during pregnancy. Upon examining the collective self-care practices across the five dimensions in Tables 5 to 9, the grand mean of 2.93 emerges as a significant finding. This value suggests that, as a whole, respondents consistently adhere to a variety of self-care practices during pregnancy. This implies a holistic approach, incorporating physical, intellectual, social, emotional, and spiritual dimensions. The grand mean reflects a moderate commitment among pregnant individuals to prioritize and actively engage in diverse self-care practices, fostering a well-rounded approach to maternal health and well-being. A holistic health approach encompasses multiple dimensions of well-being, such as physical, mental, emotional, social, intellectual, and spiritual aspects. In addition to adopting healthy physical behaviors, prioritizing psychological wellness is integral during the pregnancy period, as it plays a significant role in influencing pregnancy outcomes.

Table 10: Test of Significant Relationship between Respondents' Age and their Self-Care Practices

Paired Variables	Computed Chi-Square	df	Cramer's V	P – Value	Decision	Interpretation
Age & Physical Dimension	5.628	8	0.262	0.689	Accept Ho	No Significant Relationship
Age & Intellectual Dimension	3.839	8	0.216	0.871	Accept Ho	No Significant Relationship
Age & Social Dimension	5.812	12	0.217	0.925	Accept Ho	No Significant Relationship
Age & Emotional Dimension	29.657	12	0.280	0.646	Accept Ho	No Significant Relationship
Age & Spiritual Dimension	12.819	12	0.323	0.382	Accept Ho	No Significant Relationship
Age & Overall	**11.716**	**8**	**0.378**	**0.164**	**Accept Ho**	**No Significant Relationship**

A chi-square analysis was conducted to explore any potential relationship between the respondents' age and their self-care practices during pregnancy. Table 10 shows that the computed chi-square value for age and overall, 11.716, does not indicate a significant relationship. This indicates that there is no correlation between the respondents' age and their self-care practices during pregnancy. Hence, their age does not influence their adherence to self-care practices. This finding emphasizes the importance of recognizing that pregnant individuals across various age groups exhibit comparable dedication to self-care practices during their pregnancy.

Table 11: Test of Significant Relationship between Respondents' Highest Educational Attainment [HEA] and their Self-Care Practices.

Paired Variables	Computed Chi-Square	df	Cramer's V	P – Value	Decision	Interpretation
HEA & Physical Dimension	15.480	6	0.434	0.017	Reject Ho	Significant Relationship
HEA & Intellectual Dimension	7.488	6	0.302	0.278	Accept Ho	No Significant Relationship
HEA & Social Dimension	6.768	9	0.235	0.661	Accept Ho	No Significant Relationship
HEA & Emotional Dimension	6.810	9	0.235	0.657	Accept Ho	No Significant Relationship
HEA & Spiritual Dimension	13.272	9	0.328	0.151	Accept Ho	No Significant Relationship
HEA & Overall	**6.756**	**6**	**0.287**	**0.344**	**Accept Ho**	**No Significant Relationship**

Table 11 reveals that the computed chi-square value for the relationship between the highest educational attainment and the physical dimension of self-care is 15.480, signifying a significant relationship. This suggests that there is a discernible impact of educational attainment on the physical aspect of self-care practices among the respondents. However, the chi-square value for the highest educational attainment and overall (6.756) indicates no significant relationship. This implies that, despite the influence observed in the physical dimension, the overall self-care practices do not appear to be significantly influenced by the respondents' highest educational attainment.

Table 12: Test of Significant Relationship between Respondents' Trimester of Pregnancies [TOP] and their Self-Care Practices

Paired Variables	Computed Chi-Square	Df	Cramer's V	P – Value	Decision	Interpretation
TOP & Physical Dimension	1.922	4	0.153	0.750	Accept Ho	No Significant Relationship
TOP & Intellectual Dimension	8.602	4	0.324	0.072	Accept Ho	No Significant Relationship
TOP & Social Dimension	7.220	6	0.297	0.301	Accept Ho	No Significant Relationship
TOP & Emotional Dimension	3.266	6	0.200	0.775	Accept Ho	No Significant Relationship
TOP & Spiritual Dimension	12.973	6	0.398	0.043	Reject Ho	Significant Relationship
TOP & Overall	**4.691**	**4**	**0.239**	**0.320**	**Accept Ho**	**No Significant Relationship**

Table 12 reveals a significant relationship between the trimester of pregnancies and the spiritual dimension (12.973). This indicates a statistically significant relationship, suggesting that the trimester of pregnancies does play a role in shaping spiritual self-care practices among respondents. On the contrary, the relationship between the trimester of pregnancies and the overall dimensions, with a value of 4.691, indicates no significance. Therefore, it can be inferred that the trimester of pregnancy does not influence pregnant women's adherence to their overall self-care practices. This means that, while there may be an impact on spiritual self-care, the trimester of pregnancy does not exert a significant influence on the respondents' adherence to self-care practices across all dimensions collectively.

Table 13: Test of Significant Relationship between Respondents' Number of Pregnancies [NOP] and their Self-Care Practices

Paired Variables	Computed Chi-Square	df	Cramer's V	P – Value	Decision	Interpretation
NOP & Physical Dimension	4.749	6	0.241	0.576	Accept Ho	No Significant Relationship
NOP & Intellectual Dimension	8.723	6	0.326	0.190	Accept Ho	No Significant Relationship
NOP & Social Dimension	12.946	9	0.324	0.165	Accept Ho	No Significant Relationship
NOP & Emotional Dimension	28.554	9	0.482	0.001	Reject Ho	Significant Relationship
NOP & Spiritual Dimension	8.911	9	0.269	0.446	Accept Ho	No Significant Relationship
NOP & Overall	**7.044**	**6**	**0.293**	**0.317**	**Accept Ho**	**No Significant Relationship**

Table 13 illustrates a significant relationship between the number of pregnancies and the emotional dimension, with a computed chi-square value of 28.554. This highlights that the number of pregnancies influence emotional self-care practices among the respondents. Multiple pregnancies are linked to elevated risks for both mothers and babies such as miscarriage, anemia, hypertensive disorders, hemorrhage, and postnatal illness. Women with multiple pregnancies often experience heightened emotional responses due to these increased physical and medical complexities. Meanwhile, the chi-square value of 7.044 for the relationship between the number of pregnancies and overall self-care practices does not attain statistical significance. This suggests that, while the number of pregnancies may impact emotional self-care practices, it does not exert a significant influence on the respondents' adherence to self-care practices across all dimensions collectively.

4. CONCLUSIONS

In conclusion, the study provided valuable insights into the self-care practices of pregnant women. The findings revealed a notable emphasis on the physical dimension of self-care, with consistent practice compared to the intellectual, social, emotional, and spiritual dimensions. Despite the varying degrees of emphasis across the five dimensions, the pregnant women demonstrated a good understanding and application of self-care practices. Pregnant women selected from Barangay Apas mostly exhibited a good awareness of appropriate self-care practices during pregnancy, adhering to them effectively. Despite this, no significant correlation was found between the respondents' profiles and their overall self-care practices. This therefore, highlights the significance of adopting individualized and holistic approaches to address the diverse needs and practices of pregnant women. A copy of the study sent to the Nursing Department of the University of Cebu – Banilad Campus for reference purposes. The output submitted for approval to the University of Cebu Academic Research Ethics Committee [UCAREC] and requires authorization from the Dean and Level Chairman of the College of Nursing. To

execute the proposed action plan. Future researchers undertake the following: Explore factors influencing exercise frequency and intensity during pregnancy and potential interventions to promote a more active lifestyle for expectant mothers. Further explore and target initiatives that could enhance access to crucial knowledge and resources during pregnancy. Further investigate and tailor strategies to promote emotional and social well-being among pregnant individuals. Promote and facilitate practices that contribute to a stronger spiritual self-care regimen during pregnancy.

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