

Level Of Preparedness Of Primiparous Mothers With Complications Ages 20-30 During Pregnancy And Childbirth In Barangay 97, Zone 8, Tondo, Manila

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Abstract

Pregnancy and childbirth present significant physical, emotional, and psychological challenges, specifically for primiparous mothers experiencing pregnancy-related complications. Adequate preparedness is essential in promoting positive maternal and neonatal outcomes, yet limited research has focused on first-time mothers with complications in urban, low-income communities. With that being said, this study aimed to assess the Level of Preparedness of Primiparous Mothers with Complications aged 20–30 with Pregnancy and Childbirth in Barangay 97, Zone 8, Tondo, Manila. The researchers examined the preparedness based on employment status, the relationship between support systems and preparedness, and the influence of varying degrees of complications using a quantitative, descriptive research design, involving 30 purposively selected primiparous mothers. Data were collected using a researcher-developed, validated questionnaire administered through Google Forms. Preparedness levels were measured using a Likert-scale format, while appropriate non-parametric statistical tests were applied for data analysis. Findings of the study provide helpful insights into the preparedness levels, perceived barriers, and support needs of first-time mothers facing complications during pregnancy and childbirth. It emphasizes the importance of family and healthcare support systems and highlights socioeconomic factors that may affect maternal readiness. This study contributes valuable information for healthcare providers, barangay officials, and nursing professionals in developing targeted interventions and strengthening maternal health education and support services, ultimately promoting improved maternal and neonatal health outcomes.

Keywords: *Preparedness, Complications, Primiparous, Pregnancy, Childbirth, Recovery, Support, Guidance, Self-care, Socioeconomic.*



Introduction

Pregnancy and childbirth cause major changes to a woman's physiological function to support the growing fetus inside her womb. For first-time moms, also known as primiparous mothers, this is not just physically but also emotionally and psychologically demanding. The preparation helps mothers to navigate labor, delivery, and postpartum challenges with confidence. However, for mothers who experience complications during pregnancy, this preparedness becomes even more crucial as complications involve the mother's health, the fetus's health, or both. In understanding the preparedness of primiparous mothers with complications, various factors that may influence their readiness should be considered. Age, educational attainment, and socioeconomic status (SES) play major roles in affecting their access to healthcare, prenatal education, and support systems. Higher educational levels and stable financial resources will allow mothers to seek medical care and acquire adequate knowledge, while limited resources could hinder their preparedness.

Despite the growing recognition of the importance of maternal preparedness, research focusing on the unique experiences of primiparous mothers dealing with complications remains limited. Hence, this study aims to fill this gap by assessing the level of preparedness of primiparous mothers aged 20-30 in Barangay 97, Tondo, Manila, who have experienced complications during pregnancy and childbirth. Specifically, it seeks to determine the differences in preparedness levels based on employment status, the influence of support systems (family, healthcare providers), and the challenges and barriers these mothers face. The researchers focus on mothers ages 20-30 because they represent a demographic that may face challenges, including balancing young adulthood along with the responsibilities of motherhood. In addition, the respondents are primiparous mothers as they are likely to have less direct experience with pregnancy and childbirth compared to multiparous mothers.

Statement of the Problem

This study examined the factors affecting the level of preparedness of primiparous mothers with complications. It sought to answer the following questions:

1. What are the demographic factors of the respondents?
 - 1.1 Age
 - 1.2 Employment status
2. What are the challenges and barriers that hinder the preparedness of the respondents?
3. Is there a significant difference in the level of preparedness between employed and unemployed primiparous mothers?
4. Is there a significant relationship between availability of support systems (family, healthcare provider) and the preparedness level of primiparous mothers with complications?



5. Is there a significant difference in the level of preparedness between mothers with varying degrees of complications (e.g., mild, moderate, or severe complications)?

Methodology

This study used quantitative and employed a descriptive research design to evaluate the level of preparedness of primiparous mothers with complications within the age bracket of 20-30 in Brgy 97 Zone 8, Tondo, Manila. This specific research design involves systematically describing a phenomenon, or a situation; in this case, the researcher created a boundary in order to minimize the phenomenon and, as a result, increased the accuracy of the study.

Participants in this study were selected using purposive sampling. This sampling technique was employed as a result of the construct of importance, which indicated that the sample needed to be relevant to the question and objectives of the study. In this case, the researcher was able to be more focused in data collection instead of using arbitrary sampling.

The study took place in Barangay 97, Zone 8, Tondo, Manila, Philippines. This barangay is a mixed-use area with a combination of residential, commercial, and community structures like schools, markets, and small enterprises. Historically, Tondo has been a low-income, working-class area, and Barangay 97 is no different, with most residents working in small-scale trades, retail, and services. Due to its proximity to main roads and transport hubs, Barangay 97, Zone 8, Tondo, Manila, is easily accessible to all parts of Manila, particularly to individuals commuting to central Manila for work or studies.

The study was focused on 20-30 year-old primiparous mothers with complications during pregnancy and childbirth in Barangay 97, Zone 8, Tondo, Manila. Participants were chosen according to their availability, and a total of thirty (30) participants were surveyed.

The study engaged with primiparous mothers aged 20-30 who encountered complications during pregnancy and childbirth in Barangay 97, Zone 8, Tondo, Manila, and employed primary data as the study's framework. For the analysis, the researchers constructed a survey questionnaire focused on preparedness since such data was presumed to be most valid and specific to the objectives of the study.

The researchers created a questionnaire. The instrument was reviewed by the clinical instructor for accuracy, relevance, and clarity. The questionnaire was distributed through Google Forms. The researchers used Google Forms to create an online survey to collect data. A scoring system was used in the Likert Scale, with higher scores corresponding to a greater level of preparedness.

The survey instrument consisted of four major sections:

- Demographic Profile (name [optional], age, employment status)
- Pregnancy Profile (pregnancy complication experienced)
- Preparedness Statements (level of preparedness)



- Response Scale (1 - Strongly Disagree, 2 - Disagree, 3 - Neutral, 4 - Agree, 5 - Strongly Agree)

Before conducting the survey, the researcher took the data collection consent form to the participants and to the health center to ask for permission to collect data. A questionnaire was sent for validation to a school faculty member who was an instructor, and it was returned as validated. After validation, communication letters were routed to the Nursing College Dean through the school heads and subsequent level coordinators. After the survey was approved, consent was collected, and the participants proceeded to complete the survey. Google Forms captured the participants' responses, and the researcher used the data to create an Excel spreadsheet for analysis.

Responses from each survey were recorded in Excel, and descriptive and inferential statistics were applied to answer the research questions. To summarize central Likert Scale responses, measures of central tendency were used and complemented with standard deviation. To summarize central Likert Scale responses, measures of central tendency were used, and complemented with standard deviation. Central tendency measures (mean, median, and mode) were complemented with standard deviation, and central Likert Scale responses were summarized. Additionally, to summarize the distribution of responses in each category, counts and percentages were calculated. Some selected comparisons and associations were analyzed using inferential tests, which were reviewed professionally by a statistician. Due to the availability of participants, the sample size was restricted to thirty (30) respondents.

1. Percentage and Frequency (for Statement of the Problem 1)

For each respondent of categorical variables like age and income range, each respondent's categorical variables were used to describe their demographic profile in relation to the phenomena of interest.

2. Weighted Mean

When averaging Likert Scale responses, the weighted mean was used so that every scale response option was assigned a weight, thus providing better control over the outcome.

3. The Mann-Whitney U Test

When the data collected was ordinal with no normal distribution, the Mann-Whitney U test was applied to compare the preparedness levels of employed and unemployed, primiparous mothers.

4. Spearman Rho Correlation (for Statement of the Problem 3)

Spearman's Rho was used to test the relationship between the readiness of first-time mothers with complications and the availability of support networks using ordinal or ranked data.

5. Kruskal-Wallis H Test (for Statement of the Problem 4)

The test was used to examine the disparities of two or more independent groups, and it was the most appropriate to be used with ordinal or continuous data that deviated from normal distribution.

Results and Discussion

Demographic Profile of the Respondents

The study included a total of 30 respondents, with 70% (21 respondents) ages between 20-25 while the remaining 30% (9 respondents) were aged 26-30. In terms of employment status, out of 30 respondents, 6 individuals (20%) are employed, whereas the majority, comprising 24 respondents (80%) were unemployed. This distribution suggests that unemployment was more prevalent among the respondents included in the study.

Table 2. Level of Preparedness

Statement	Weighted Mean	Verbal Interpretation
1. I had enough knowledge about the changes my body would go through during pregnancy.	3.63	Agree
2. I was prepared for newborn care, such as breastfeeding, bathing, and diaper changing.	4.07	Agree
3. I had a clear birth plan and felt confident in my choices.	3.87	Agree
4. I knew what to expect during labor and delivery.	3.90	Agree
5. I was mentally and emotionally prepared for childbirth.	3.97	Agree
6. I had enough knowledge about postpartum recovery and self-care.	4.17	Agree
Grand Total	3.93	Agree

In terms of the level of preparedness the mothers generally agreed on their level of preparedness despite varying degrees of complications. The statement on knowledge of postpartum recovery and self-care obtained the highest weighted mean (4.17), while knowledge of bodily changes during pregnancy had the lowest (3.63), both interpreted as “Agree.” The overall weighted mean of 3.93 indicates that respondents were generally prepared.

Table 3. Support System

Statement	Weighted Mean	Verbal Interpretation
7. My family provided emotional and practical support throughout my pregnancy.	4.10	Agree
8. I felt comfortable discussing my pregnancy concerns with my healthcare provider.	4.20	Agree
9. The presence of a strong support system (partner, family, friends) made me feel more prepared for childbirth.	4.53	Strongly Agree
10. I had access to reliable information and resources regarding pregnancy and childbirth.	4.00	Agree
11. My healthcare provider gave me enough guidance about pregnancy complications.	4.40	Strongly Agree
Grand Total	4.25	Strongly Agree

To determine the level of availability of support systems, the statement, “*The presence of a strong support system (partner, family, friends) made me feel more prepared for childbirth*” obtained the highest weighted mean of 4.53, interpreted as “Strongly Agree.” In contrast, “*I had*

access to reliable information and resources regarding pregnancy and childbirth” recorded the lowest weighted mean of 4.00, which is interpreted as “Agree.” Overall, the availability of the support system yielded a composite weighted mean of 4.25, corresponding to “Strongly Agree,” indicating that respondents generally perceived strong support during pregnancy and childbirth.

Table 4. Barriers

Statement	Weighted Mean	Verbal Interpretation
16. The lack of financial resources affected my preparedness for pregnancy and childbirth.	2.70	Neutral
17. The limited access to health services affected my preparedness for pregnancy and childbirth.	2.03	Disagree
18. The lack of knowledge affected my preparedness for pregnancy and childbirth.	2.07	Disagree
19. The emotional stress and anxiety affected my preparedness for pregnancy and childbirth.	2.87	Neutral
20. The lack of family or social support affected my preparedness for pregnancy and childbirth.	1.90	Disagree
Grand Total	2.31	Disagree

For the barriers, the statement *“The emotional stress and anxiety affected my preparedness for pregnancy and childbirth”* obtained the highest weighted mean of 2.87, indicating a “Neutral” response. On the other hand, the statement *“The lack of family or social support affected my preparedness for pregnancy and childbirth.”* had the lowest weighted mean

of 1.90, indicating a "Disagree" response. The overall weighted mean for the challenges and barriers that hinder preparedness is 2.31, which corresponds to an interpretation of "Disagree".

Table 5. Significant difference in the level of preparedness between employed and unemployed primiparous mothers

	Test Statistic	p-value	Remarks
Employment Status Level of Preparedness	56.000	0.432	Not Significant

To determine the significant difference in the level of preparedness between employed and unemployed primiparous mothers, the Mann - Whitney U Test was used. The obtained p-value is 0.432, which is greater than 0.05. Therefore, the null hypothesis failed to reject. This indicates that there is no significant difference in the level of preparedness between employed and unemployed primiparous mothers.

Table 6. Significant relationship between availability of support systems (family, healthcare provider) and the preparedness level of primiparous mothers with complications

	Test Statistic	p-value	Remarks
Support System * Level of Preparedness	0.412	0.024	Significant

To determine the significant relationship between availability of support systems (family, healthcare provider) and the preparedness level of primiparous mothers with complications the Spearman Rho Correlation was used. The obtained p-value is 0.024 and since the p-value is less than 0.05, the null hypothesis is rejected. Therefore, there is a significant relationship between the availability of support systems (family, healthcare provider) and the preparedness level of primiparous mothers with complications.

Table 7. Significant differences in the level of preparedness between mothers with varying degrees of complications

	Test Statistic	p-value	Remarks
Complications * Level of Preparedness	2.523	0.471	Not Significant

To determine the significant differences in the level of preparedness between mothers with varying degrees of complications, Kruskal Wallis H Test was used. The obtained p-value is 0.471 which is greater than 0.05; therefore, the null hypothesis is rejected. This indicates that there are no significant differences in the level of preparedness between mothers with varying degrees of complications.

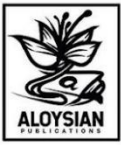
Discussion

The findings indicate that the most of respondents were young adults aged between 20–25 years old and were predominantly unemployed. The age range and employment profile suggests that most primiparous mothers in the study may still be in an early life stage and potentially relying on family or partner support rather than formal employment. These factors may influence both their access to resources and their perceived preparedness for pregnancy and childbirth.

Overall, the mothers reported a high level of preparedness, as reflected by an overall weighted mean of 3.93, interpreted as “Agree.” Respondents felt most prepared in terms of postpartum recovery and self-care, that reflect the emphasis of health education provided during prenatal and postnatal visits. Nevertheless, preparedness related to knowledge of physical changes during pregnancy received the lowest score, although it remained positive. This findings suggests that while mothers felt generally prepared, there may still be gaps in terms of understanding the physiological changes of pregnancy that could be addressed through improved prenatal education.

The availability of support systems appeared as a strong contributing factor to preparedness. Respondents strongly agreed that they had sufficient support, with a weighted mean of 4.25. Support systems such as family members and health care providers appeared to play a pivotal role in increasing the confidence and readiness of the mothers’ in childbirth. This corresponds with the notion that emotional, informational, and practical support can positively influence maternal experiences, particularly among first-time mothers with complications.

In terms of challenges and barriers, the overall “Disagree” rating (2.31) indicates that most mothers did not perceive significant obstacles affecting their preparedness. In spite of that, emotional stress and anxiety were identified as moderate concerns, emphasizing the importance of psychological support and counseling as part of maternal care.



The statistical analysis further supported these observations. The Mann–Whitney U test revealed that there is no significant difference in preparedness levels between employed and unemployed primiparous mothers, suggesting that employment status alone does not significantly influence maternal preparedness. Similarly, the Kruskal–Wallis H test showed no significant differences in preparedness among mothers with varying degrees of complications, indicating a relatively consistent level of preparedness across groups.

However, the Spearman rho correlation analysis demonstrated a notable relationship between the availability of support systems and the level of preparedness. This finding accentuates the critical role of family and healthcare provider support in enhancing preparedness among primiparous mothers with complications. Overall, the results emphasize that while demographic factors and complication severity may not significantly affect preparedness, strong support systems are essential in promoting maternal readiness and well-being.

Conclusion

This study assessed the level of preparedness of primiparous mothers aged 20–30 with pregnancy complications in Barangay 97, Zone 8, Tondo, Manila. Based on the findings primiparous mothers in this urban, low-income community generally possess a high level of preparedness for pregnancy and childbirth despite the presence of complications. Their readiness is particularly strong regarding postpartum recovery, self-care, and newborn care, although a slight gap exists in their understanding of the specific physiological changes that occur during pregnancy.

The study highlights that support systems are the primary driver of maternal readiness. There is a significant relationship between the availability of support from both family and healthcare providers and the mother's level of preparedness. Emotional and practical support from partners and relatives, combined with guidance from healthcare professionals, effectively bridges the gap created by lack of experience or socioeconomic limitations. Socioeconomic and clinical variables do not significantly dictate preparedness in this demographic.

The statistical analysis confirmed that employment status and the specific severity of the complication (mild, moderate, or severe) did not lead to significant differences in how prepared a mother felt. This suggests that with the right support and education, first-time mothers can achieve high levels of readiness regardless of their financial status or the complexity of their medical condition. While mothers generally disagreed that they faced major barriers, emotional stress and anxiety remain the most notable challenges. This indicates that while physical and informational needs are being met, there is a continued need for enhanced psychological and emotional support within maternal health services.

The study concludes that fostering strong interpersonal and clinical support networks is more critical to maternal preparedness than a mother's employment status or the nature of her pregnancy complications. These findings provide a foundation for barangay health workers and nursing professionals to prioritize family-centered care and mental health screenings to further improve maternal and neonatal outcomes in Tondo.



Recommendations

The following are the recommendations based on the study's findings and conclusions:

1. The health care providers may consistently offer guidance on pregnancy complications, emotional health, and postpartum care through regular check-ups.
2. The barangay may cooperate with mental health professionals to provide counseling and stress management sessions for expectant mothers since emotional stress and anxiety were moderately noted during the study.
3. The local health center and barangay officials may emphasize efforts towards strengthening and accessibility of support systems, involving partners and family members, to improve the preparedness of primiparous mothers for childbirth and parenting.
4. Provide health teaching to the primiparous mothers in the barangay, focused on improving awareness about bodily changes during pregnancy, which was the lowest-rated area in the study.
5. Further research is needed to identify other challenges that hinder the readiness of primiparous mothers to develop and implement targeted interventions to improve it.

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