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Male Partner Involvement in Maternal Health Care: Knowledge and Practices Among Partners of Teenage Mothers in a Philippine Community

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***Abstract*—** This study assessed the knowledge and practices on maternal health care among partners of teenage mothers in a selected community setting. It specifically examined socio-demographic characteristics, the extent of knowledge and practices in prenatal, intranatal, and postnatal care, and the relationships among these variables. A descriptive-correlational research design was employed with 50 respondents selected through community-based sampling. Data were gathered using a structured questionnaire and analyzed using frequency, percentage, weighted mean, and Chi-square test of independence at a 0.05 level of significance. Findings revealed that most respondents were 19 years old and above, high school graduates, engaged in labor-related occupations, and belonged to low-income households. Overall, respondents demonstrated high knowledge and often practiced maternal health care, with stronger engagement observed during prenatal and intranatal stages than postnatal care. Chi-square results showed no significant relationship between most socio-demographic variables and knowledge and practices, except for occupation (knowledge) and age (practices). A significant relationship was also found between knowledge and practices, indicating that higher knowledge leads to better maternal health behaviors. The study concludes that improving knowledge is essential in enhancing practices among partners of teenage mothers.

***Keywords*—** Male partner involvement; maternal health care; teenage pregnancy; knowledge and practices; Chi-square analysis.

I. INTRODUCTION

Maternal health remains a critical global public health concern, particularly in low- and middle-income countries where disparities in access to quality care continue to contribute to preventable maternal and neonatal morbidity and mortality. Despite significant advancements in healthcare systems, maternal health outcomes are still influenced by a complex interaction of biological, socioeconomic, cultural, and behavioral factors. Increasingly, global health discourse emphasizes that maternal health is not solely determined by the mother's individual behavior but is also shaped by the involvement and support of male partners during pregnancy, childbirth, and the postnatal period. According to the World Health Organization, strengthening male engagement in maternal and child health is essential in improving service utilization, enhancing health-seeking behaviors, and promoting positive maternal outcomes, particularly in vulnerable populations (World Health Organization, 2026).

Globally, evidence consistently shows that paternal involvement plays a significant role in improving maternal health outcomes. Studies have demonstrated that active participation of fathers during pregnancy is associated with improved prenatal care attendance, reduced pregnancy-related complications, and better psychosocial outcomes for mothers. For instance, paternal engagement has been linked to lower risks of fetal and infant morbidity across diverse populations, emphasizing its protective role in maternal and child health outcomes (Alio et al., 2011). Similarly, qualitative evidence highlights that fathers contribute not only through financial support but also through emotional, logistical, and decision-making assistance during pregnancy and childbirth (Alio et al., 2013). These findings suggest that male involvement is a multidimensional factor that directly influences maternal well-being and healthcare utilization.

Despite its recognized importance, male involvement in maternal health care remains limited in many

contexts due to cultural norms, gender roles, and systemic barriers within health systems. In many societies, maternal health services are traditionally designed to focus primarily on women, often excluding male partners from antenatal, intranatal, and postnatal care processes. This exclusion limits opportunities for fathers to acquire essential knowledge and participate meaningfully in reproductive health decision-making. Research indicates that inadequate male involvement is often associated with reduced utilization of maternal health services and suboptimal maternal outcomes (Mersha, 2018). Furthermore, gaps between policy and practice continue to exist, as health systems may not be fully equipped to integrate male partners into maternal healthcare services effectively (Gopal et al., 2020).

In addition, adolescent pregnancy presents a more complex dimension to maternal health care, particularly in developing countries such as the Philippines. Adolescents are considered a high-risk group due to their physiological immaturity, limited knowledge of reproductive health, and socioeconomic vulnerability. Studies in the Philippine context reveal that early sexual initiation and adolescent pregnancy are influenced by multiple structural and behavioral factors, including limited access to reproductive health education and inadequate family support systems (Habito et al., 2019). In such cases, the role of male partners becomes even more critical, as adolescent mothers often require additional emotional, financial, and healthcare support to ensure safe pregnancy outcomes.

Local studies further highlight that paternal involvement in maternal health care remains inconsistent and underexplored in many Philippine communities. While some fathers demonstrate active engagement in prenatal and postnatal care, many still face barriers such as work constraints, limited knowledge, and lack of inclusion in maternal health programs. Research conducted in various local settings indicates that fathers often experience limited participation opportunities in maternal health services, despite expressing willingness to be involved in their partners' pregnancy journeys (Romero-Ong & Lanuzo, 2025). Similarly, adolescent fatherhood studies in the Philippines suggest that young male partners often struggle with role adaptation, financial instability, and lack of preparedness for parenting responsibilities (Gutierrez et al., 2023). These challenges highlight the need for targeted interventions that enhance male partner knowledge and engagement in maternal healthcare processes.

Moreover, studies have shown that paternal education and awareness significantly influence maternal health behaviors. Higher levels of male partner education are associated with increased utilization of antenatal care services and improved maternal health knowledge among couples (Hyzam et al., 2023). Conversely, limited education and socioeconomic disadvantages may restrict male involvement, thereby affecting the quality of maternal support provided during pregnancy and childbirth. Additionally, cultural expectations and traditional gender roles often position men as financial providers rather than active participants in reproductive health care, further limiting their engagement in maternal health services.

Despite growing recognition of the importance of male involvement, there remains a gap in empirical studies focusing specifically on the knowledge and practices of male partners of teenage mothers within localized community settings. Most existing literature emphasizes maternal perspectives or general paternal involvement without isolating adolescent pregnancy contexts. Furthermore, there is limited evidence examining how socio-demographic characteristics influence male partners' knowledge and practices in maternal healthcare, particularly in rural or semi-urban Philippine communities. This gap highlights the need for localized, evidence-based research that can inform targeted interventions aimed at improving male partner engagement in maternal health care services.

Addressing this gap is crucial, especially in light of national policies such as the Responsible Parenthood and Reproductive Health Act, which promotes equitable access to reproductive health services and emphasizes shared responsibility between partners in reproductive decision-making (Republic Act No. 10354, 2012). Strengthening male involvement aligns with global and national health priorities aimed at

improving maternal and child health outcomes through inclusive and participatory healthcare approaches. Furthermore, integrating fathers into maternal health programs has been identified as a cost-effective strategy to improve healthcare utilization, enhance maternal well-being, and promote positive family dynamics.

Given this context, understanding the level of knowledge and practices among partners of teenage mothers is essential in designing appropriate health interventions. It is also important to examine the relationship between socio-demographic factors and male partner involvement, as well as the association between knowledge and actual practices in maternal health care. Such evidence can provide valuable insights for health policymakers, program implementers, and community health workers in strengthening maternal health services.

Therefore, this study was conducted to assess the knowledge and practices of partners of teenage mothers regarding maternal health care in a selected community setting. Specifically, it aimed to generate empirical evidence that can support the development of targeted interventions to enhance male partner involvement and ultimately improve maternal and child health outcomes.

The study was guided by the following objectives: (1) To describe the socio-demographic profile of the respondents in terms of age, highest educational attainment, occupation, monthly income, and religious affiliation; (2) To determine the extent of knowledge of the respondents on maternal health care services in terms of prenatal, intranatal, and postnatal care; (3) To determine the extent of practices of the respondents on maternal health care services in terms of prenatal, intranatal, and postnatal care; (4) To determine the significant relationship between socio-demographic profile and extent of knowledge on maternal health care, as well as socio-demographic profile and extent of practices on maternal health care; (5) To determine the relationship between the extent of knowledge and practices on maternal health care among the respondents; and (6) To develop recommendations based on the findings to enhance the knowledge and practices of partners of teenage mothers in maternal health care.

II. METHODOLOGY

This study employed a descriptive-correlational research design to assess the knowledge and practices on maternal health care among partners of teenage mothers in a selected Philippine community. The respondents were 50 partners of teenage mothers who participated in the survey. The study focused on their socio-demographic profile in terms of age, highest educational attainment, occupation, monthly income, and religious affiliation. It also assessed their extent of knowledge and practices on maternal health care services along three areas: prenatal care, intranatal care, and postnatal care. This design was appropriate because it allowed the study to describe the profile, knowledge, and practices of the respondents and to determine whether significant associations existed among the identified variables.

Data were gathered using a structured researcher-made questionnaire composed of three major parts. Part I gathered the socio-demographic profile of the respondents. Part II measured the extent of knowledge on maternal health care services in terms of prenatal, intranatal, and postnatal care. Part III measured the extent of practices on maternal health care in the same three areas. The knowledge items were interpreted using a five-point scale: 4.21–5.00 as Very High Knowledge, 3.41–4.20 as High Knowledge, 2.61–3.40 as Moderate Knowledge, 1.81–2.60 as Low Knowledge, and 1.00–1.80 as Very Low Knowledge. The practices items were also interpreted using a five-point scale: 4.21–5.00 as Always Practiced, 3.41–4.20 as Often Practiced, 2.61–3.40 as Sometimes Practiced, 1.81–2.60 as Rarely Practiced, and 1.00–1.80 as Never Practiced.

The data were analyzed using descriptive and inferential statistics. Frequency and percentage were used to describe the socio-demographic profile of the respondents, while weighted mean was used to determine the extent of knowledge and practices on maternal health care services. To test the significant relationship between the socio-demographic profile and the extent of knowledge, socio-demographic

profile and extent of practices, and the relationship between knowledge and practices, the Chi-square test of independence was used. This statistical tool was appropriate because the variables involved were categorical or were converted into categorical levels based on the established adjectival interpretation of the scale. The level of significance was set at 0.05. The null hypothesis was rejected when the computed p-value was less than 0.05 and was not rejected when the p-value was greater than 0.05. For transparency, valid cases were used in the computation when incomplete or uncodable responses were encountered, and limitations due to low expected cell counts were considered in interpreting the Chi-square results.

III. RESULTS

Socio-demographic profile of the respondents

Table 1 presents the socio-demographic profile of the 50 partners of teenage mothers in terms of age, educational attainment, occupation, monthly income, and religion. The findings show that most respondents were 19 years old and above (36 or 72%), while 14 respondents (28%) were aged 16–18 years old. No respondent belonged to the 13–15 age group. This indicates that the partners of teenage mothers were mostly in late adolescence or young adulthood, suggesting that many were already at an age where they may be expected to assume greater responsibility in providing emotional, financial, and practical support during pregnancy, childbirth, and the postnatal period.

In terms of educational attainment, the majority of respondents were at the high school level (43 or 86%), while 6 respondents (12%) reached elementary level and only 1 respondent (2%) was a college graduate. None of the respondents were at the college level. This suggests that most partners had limited formal education, which may affect their access to, understanding of, and application of maternal health information. Although basic education may provide some foundation for health awareness, the low representation of college-level respondents highlights the need for maternal health education materials that are simple, practical, culturally appropriate, and easy to understand.

Table 1. *Profile of the Partners of Teenage Mothers (N=50)*

Profile	Category	f	%
Age	13–15 years old	0	0
	16–18 years old	14	28
	19 years old and above	36	72
Educational Attainment	Elementary level	6	12
	High school level	43	86
	College level	0	0
	College graduate	1	2
Occupation	Laborer	21	42
	Bagger/Sales boy	5	10
	Fisherman	8	16
	Vendor	3	6
	Farmer	7	14
	Others	6	12
Monthly Income	₱5,000 and below	32	64
	₱5,001–₱10,000	18	36
	₱10,001–₱15,000	0	0
	₱15,000 and above	0	0
Religion	Roman Catholic	47	94
	Others	3	6
TOTAL		50	100%

With regard to occupation, the largest proportion of respondents were laborers (21 or 42%), followed by fishermen (8 or 16%), farmers (7 or 14%), others (6 or 12%), baggers/sales boys (5 or 10%), and vendors (3 or 6%). This occupational profile indicates that many respondents were engaged in manual, informal, or low-income work. Such occupations may limit their availability to accompany their partners to prenatal check-ups, participate in health education sessions, or provide consistent support during maternal health care visits. Therefore, health programs should consider flexible schedules and community-based approaches to accommodate working partners.

In terms of monthly income, most respondents earned ₱5,000 and below (32 or 64%), while 18 respondents (36%) earned ₱5,001–₱10,000. None reported earning above ₱10,000. This finding reflects the economically vulnerable condition of the respondents. Low income may affect their ability to provide transportation, nutritious food, medicines, prenatal supplements, delivery needs, and postnatal care support. Hence, financial limitations should be considered when developing interventions for partners of teenage mothers, particularly in improving access to maternal health services.

As to religion, the majority of respondents were Roman Catholic (47 or 94%), while 3 respondents (6%) belonged to other religious affiliations. This indicates a relatively homogenous religious profile among the respondents. Religious and community values may influence perceptions of pregnancy, parenting, family responsibility, and reproductive health decision-making. Therefore, health education programs may benefit from community-sensitive approaches that promote responsible parenthood, male involvement, and maternal health support while respecting prevailing cultural and religious values.

Overall, the profile of the respondents suggests that the partners of teenage mothers were mostly young, high-school educated, employed in low-income occupations, economically constrained, and predominantly Roman Catholic. These characteristics provide an important context for understanding their knowledge and practices on maternal health care. The findings imply the need for accessible, practical, and community-based maternal health interventions that consider age, education level, work conditions, income limitations, and cultural-religious background.

Extent of knowledge of the respondents on maternal health care services

Table 2 presents the extent of knowledge of partners of teenage mothers regarding pre-natal care. The overall weighted mean of 3.73, interpreted as High Knowledge, indicates that the respondents generally possess a good understanding of essential pre-natal care services and health practices during pregnancy. This suggests that the partners are aware of their role in supporting teenage mothers during pregnancy, particularly in promoting safe behaviors, encouraging health care utilization, and recognizing the importance of maternal well-being.

Table 2. *Pre-Natal Care Knowledge (N=50)*

Indicators	Mean	Interpretation
• **Importance of regular prenatal check-ups**	3.94	High knowledge
• **Check-ups at least 8 times**	3.50	High knowledge
• **First prenatal check-up timing**	3.32	Moderate knowledge
• **Prenatal vitamins/ supplements**	3.90	High knowledge
• **Proper care and stress avoidance**	3.88	High knowledge
• **Danger signs during pregnancy**	3.52	High knowledge
• **Avoid harmful activities/vices**	4.04	High knowledge
Average	3.73	High knowledge

Among the indicators, the highest mean was recorded for avoiding harmful activities and vices such as alcohol, smoking, illegal drugs, and unsafe foods during pregnancy, with a mean of 4.04, interpreted as High Knowledge. This shows that the respondents are highly aware that harmful behaviors may negatively affect both the mother and the unborn child. This is a positive finding because knowledge of risk avoidance is essential in preventing pregnancy complications and promoting healthier maternal and fetal outcomes.

The respondents also showed high knowledge of the importance of regular prenatal check-ups with a mean of 3.94, followed by prenatal vitamins and supplements with a mean of 3.90, and proper care and stress avoidance during pregnancy with a mean of 3.88. These findings imply that the respondents understand the value of routine maternal health monitoring, nutritional supplementation, and emotional support during pregnancy. Such awareness is important because partners who understand these aspects are more likely to encourage teenage mothers to seek care, maintain healthy practices, and avoid unnecessary physical and emotional stress.

In addition, the respondents demonstrated high knowledge of danger signs during pregnancy with a mean of 3.52, and the need for at least eight prenatal check-ups with a mean of 3.50. Although both indicators were interpreted as high knowledge, their means were lower compared with other items. This suggests that while respondents are generally informed, there is still a need to reinforce specific technical information, especially the recommended number of prenatal visits and warning signs that require urgent medical attention.

The lowest mean was obtained by first prenatal check-up timing, with a mean of 3.32, interpreted as Moderate Knowledge. This indicates that respondents may not be fully aware of when a pregnant woman should first seek prenatal care. This is an important gap because early prenatal consultation allows health workers to assess pregnancy risks, provide supplements, give counseling, and monitor the health of both mother and fetus from the beginning of pregnancy.

Table 3 presents the extent of knowledge of partners of teenage mothers regarding intranatal care. The overall weighted mean of 3.83, interpreted as High Knowledge, indicates that respondents generally have a strong understanding of essential care during labor and delivery. This suggests that the partners are aware of the importance of safe childbirth practices, skilled assistance, preparedness, and support during the delivery process.

Table 3. *Intranatal Care Knowledge (N=50)*

Indicators	Mean	Interpretation
• **Skilled birth attendance**	4.08	High knowledge
• **Facility/hospital delivery**	4.02	High knowledge
• **Signs of labor**	3.76	High knowledge
• **Danger signs during pregnancy**	3.60	High knowledge
• **Presence during delivery**	3.80	High knowledge
• **Birth plan awareness**	3.62	High knowledge
• **Cleanliness/sterility**	3.90	High knowledge
Average	3.83	High knowledge

Among the indicators, the highest mean was recorded for skilled birth attendance with a mean of 4.08, interpreted as High Knowledge. This indicates that respondents recognize the importance of assistance from trained health professionals during childbirth. This is a positive finding because skilled birth attendance is critical in reducing risks during delivery and ensuring that complications are properly managed.

The second highest indicator was facility or hospital delivery with a mean of 4.02, also interpreted as High Knowledge. This suggests that the respondents understand that childbirth should take place in a proper health facility where medical equipment, trained personnel, and emergency care are available. This awareness is important, especially for teenage mothers who may face increased health risks during childbirth.

The respondents also showed high knowledge on cleanliness and sterility during delivery with a mean of 3.90, and presence during delivery with a mean of 3.80. These results imply that partners understand both the medical and emotional aspects of childbirth support. Awareness of cleanliness and sterility helps prevent infection, while knowledge of the importance of partner presence reflects recognition of emotional support during labor.

In addition, the respondents demonstrated high knowledge of signs of labor with a mean of 3.76, birth plan awareness with a mean of 3.62, and danger signs during pregnancy with a mean of 3.60. Although these indicators were also interpreted as high knowledge, their relatively lower means suggest that further reinforcement may be needed. In particular, partners should be continuously educated on how to recognize labor signs, prepare a birth plan, and respond quickly to danger signs that require immediate medical attention.

Table 4 presents the extent of knowledge of partners of teenage mothers regarding postnatal care. The overall weighted mean of 3.76, interpreted as High Knowledge, indicates that respondents generally understand the importance of maternal and newborn care after delivery. This suggests that the partners are aware of their role in supporting the teenage mother's recovery, newborn care, breastfeeding, immunization, and follow-up health services.

Among the indicators, the highest mean was obtained by follow-up check-ups after delivery with a mean of 3.88, interpreted as High Knowledge. This shows that respondents recognize the importance of postnatal visits for monitoring the health of both mother and baby. Follow-up check-ups are essential in identifying postpartum complications, assessing newborn health, and providing continued guidance to young parents.

The respondents also demonstrated high knowledge of vaccination awareness and newborn screening, both with a mean of 3.80. This indicates that partners understand the importance of preventive health services for newborns.

Awareness of vaccines and screening procedures is important because these services help detect health problems early and protect the infant from preventable diseases.

Table 4. *Postnatal Care Knowledge (N=50)*

Indicators	Mean	Interpretation
• **Follow-up check-ups**	3.88	High knowledge
• **Exclusive breastfeeding**	3.76	High knowledge
• **Vaccination awareness**	3.80	High knowledge
• **Newborn screening**	3.80	High knowledge
• **Hearing tests**	3.58	High knowledge
• **Family support benefits**	3.74	High knowledge
• **Proper care/stress avoidance**	3.78	High knowledge
Average	3.76	High knowledge

In addition, the respondents showed high knowledge of proper care and stress avoidance with a mean of 3.78, exclusive breastfeeding with a mean of 3.76, and family support benefits with a mean of 3.74. These findings imply that partners are aware that postnatal care is not limited to medical check-ups but also includes emotional support, proper rest, breastfeeding assistance, and family involvement. This is especially

important for teenage mothers, who may need stronger physical, emotional, and practical support after childbirth.

The lowest mean was recorded for hearing tests with a mean of 3.58, although it was still interpreted as High Knowledge. This suggests that while respondents are generally aware of newborn hearing tests, this area may require additional emphasis during health education sessions. Compared with more commonly discussed services such as vaccination and breastfeeding, newborn hearing screening may be less familiar to some partners.

Extent of practices of the respondents on maternal health care services

Table 5 presents the extent of pre-natal practices among partners of teenage mothers. The overall weighted mean of 3.74, interpreted as Often Practiced, indicates that respondents generally demonstrate active involvement in supporting their partners during pregnancy. This suggests that, despite socio-economic constraints and varying levels of education and occupation, many partners still show consistent participation in essential prenatal care activities.

Among the indicators, the highest means were recorded for ensuring proper nutrition for the pregnant partner (M = 3.88) and avoiding harmful substances such as alcohol, smoking, and illegal drugs (M = 3.88), both interpreted as Often Practiced. These findings suggest that respondents are highly aware of health-protective behaviors during pregnancy and actively support lifestyle modifications that promote maternal and fetal well-being. This reflects a positive behavioral tendency toward safeguarding pregnancy outcomes.

Other indicators with relatively high means include accompanying the partner to the health center (M = 3.78), providing financial support when needed (M = 3.78), supporting pregnancy care (M = 3.76), and ensuring prenatal vitamin intake (M = 3.74). These results imply that partners are generally supportive not only emotionally but also financially and logistically, which is essential in ensuring regular prenatal consultations and adherence to maternal health recommendations.

Table 5. *Pre-Natal Practices (n=50)*

Indicators	Mean	Interpretation
• **Accompanies partner to check-ups**	3.38	Sometimes
• **Supports pregnancy care**	3.76	Often
• **Ensures prenatal vitamins**	3.74	Often
• **Avoids harmful substances**	3.88	Often
• **Ensures proper nutrition**	3.88	Often
• **Accompanies to health center**	3.78	Often
• **Financial support**	3.78	Often
Average	3.74	Often

However, the lowest mean was observed in accompanying the partner to prenatal check-ups, with a mean of 3.38, interpreted as Sometimes Practiced. This indicates a gap between knowledge and actual attendance during prenatal visits. While respondents may understand the importance of prenatal care, their actual presence during check-ups is inconsistent, possibly due to work commitments, financial limitations, or lack of structured encouragement from health facilities.

Table 6 presents the extent of intranatal practices among partners of teenage mothers. The overall weighted mean of 3.76, interpreted as Often Practiced, indicates that respondents generally demonstrate active involvement and support during labor and delivery. This suggests that partners are not only aware of their roles during childbirth but are also able to translate this awareness into practical assistance, particularly in ensuring safety, emotional support, and preparedness during the intranatal phase.

Among the indicators, the highest mean was recorded for decision-making support during childbirth, with a mean of 3.90, interpreted as Often Practiced. This implies that partners are actively involved in important decisions during labor when necessary, reflecting shared responsibility in managing childbirth-related situations. Closely related to this is preparing delivery needs such as baby clothes and essential items, with a mean of 3.88, indicating strong readiness and foresight in anticipating delivery requirements.

Table 6. *Intranatal Practices (n=50)*

Indicators	Mean	Interpretation
• **Transportation arrangement**	3.72	Often
• **Accompanies during labor**	3.64	Often
• **Prepares delivery needs**	3.88	Often
• **Emotional support**	3.86	Often
• **Follows health worker advice**	3.58	Often
• **Prepared for delivery situations**	3.72	Often
• **Decision-making support**	3.90	Often
Average	3.76	Often

Another important finding is the high level of emotional support during labor, with a mean of 3.86, suggesting that partners recognize the importance of psychological and emotional reassurance during childbirth. Additionally, respondents reported often practicing transportation arrangement (M = 3.72) and being prepared for possible delivery situations (M = 3.72), both of which reflect practical readiness in ensuring timely access to health facilities and emergency preparedness during labor.

The lowest mean was observed in following health worker advice during delivery, with a mean of 3.58, although still interpreted as Often Practiced. This indicates that while partners generally cooperate with healthcare professionals, there may still be instances where compliance with instructions such as breathing techniques or delivery positioning is not fully consistent. Similarly, accompanying the partner during labor (M = 3.64) received a comparatively low rating, suggesting that physical presence during childbirth may sometimes be limited by external factors such as work or accessibility constraints.

Table 7 presents the extent of postnatal practices among partners of teenage mothers. The overall weighted mean of 3.48, interpreted as Often Practiced, indicates a generally positive level of involvement in postnatal care. However, compared to prenatal and intranatal practices, the lower mean suggests that postnatal involvement is relatively weaker and requires further strengthening, particularly in areas requiring sustained engagement after childbirth.

Among the indicators, the highest mean was observed in baby care assistance with a mean of 3.80, interpreted as Often Practiced. This suggests that partners are actively involved in basic newborn care such as feeding, bathing, and putting the baby to sleep. This reflects a strong sense of responsibility in caring for the newborn during the early postnatal period, which is crucial for infant survival and development.

Table 7. *Postnatal Practices (n=50)*

Indicators	Mean	Interpretation
• **Baby care assistance**	3.80	Often
• **Breastfeeding support**	3.60	Often
• **Diaper changing**	3.58	Often
• **Immunization support**	3.42	Often

• **Follows healthcare advice**	3.26	Sometimes
• **Family planning participation**	3.22	Sometimes
Average	3.48	Often

Other indicators such as breastfeeding support (M = 3.60), diaper changing (M = 3.58), and immunization support (M = 3.42) were also interpreted as often practiced. These findings indicate that partners are generally supportive of essential newborn care activities and preventive health measures. Their involvement in immunization support is particularly important in ensuring that infants receive timely vaccinations and protection against preventable diseases.

However, two indicators were only interpreted as Sometimes Practiced, namely following healthcare advice from providers (M = 3.26) and participation in family planning discussions (M = 3.22). These results highlight a notable gap in postnatal engagement, particularly in adherence to professional health guidance and involvement in reproductive health planning. This may indicate limited communication between partners and health providers, or a lack of awareness regarding the importance of continuous maternal and child health guidance after delivery.

The findings across prenatal, intranatal, and postnatal practices indicate that partners of teenage mothers demonstrate an overall moderate to high level of involvement in maternal health care, with stronger engagement observed during the prenatal (M = 3.74) and intranatal (M = 3.76) stages compared to the postnatal period (M = 3.48). During pregnancy, partners were most consistent in promoting health-protective behaviors such as ensuring proper nutrition, avoiding harmful substances, and supporting prenatal care, although physical attendance during check-ups remained less consistent. In the intranatal phase, involvement was particularly evident in decision-making support, emotional assistance, and preparation for delivery needs, reflecting strong responsiveness during childbirth. However, slightly lower engagement was noted in adherence to health worker advice and consistent physical presence during labor. In contrast, postnatal practices were comparatively weaker, with active involvement mainly in basic newborn care such as baby care assistance and breastfeeding support, while adherence to healthcare advice and participation in family planning discussions were only sometimes practiced. Overall, these results suggest that while partners exhibit strong supportive behaviors during pregnancy and childbirth, their engagement declines in the postnatal stage, highlighting the need to strengthen continuity of care through structured postnatal education, follow-up counseling, and sustained male partner involvement in maternal and child health programs.

Significant relationship between socio-demographic profile and extent of knowledge on maternal health care

Table 8 presents the Chi-square test results on the relationship between the socio-demographic profile of partners of teenage mothers and their extent of knowledge on maternal health care. The findings reveal that most socio-demographic variables, including age (χ^2 = 3.457, p = 0.178), educational attainment (χ^2 = 7.472, p = 0.113), monthly income (χ^2 = 0.956, p = 0.620), and religious affiliation (χ^2 = 2.625, p = 0.622), did not show statistically significant relationships with the respondents' level of knowledge. This implies that knowledge on maternal health care among partners of teenage mothers is generally consistent regardless of age group, educational background, income level, or religious affiliation. In other words, exposure to maternal health information may be more influenced by community health programs and shared environmental factors rather than individual demographic characteristics.

However, a significant relationship was found between occupation and extent of knowledge on maternal health care (χ^2 = 23.619, p = 0.009). This indicates that the type of work or occupational engagement of the respondents plays a meaningful role in shaping their level of knowledge. This finding suggests that partners engaged in different livelihood

activities may have varying access to health information, availability to attend health education sessions, and exposure to maternal health services. For example, individuals with more flexible or community-connected occupations may have greater opportunities to receive health information compared to those engaged in labor-intensive or time-constrained work.

Table 8. *Significant relationship between socio-demographic profile and extent of knowledge on maternal health care*

Profile Variable	χ^2 Value	df	p-value	Interpretation	Decision
Age	3.457	2	0.178	Not significant	Fail to reject H_0
Educational Attainment	7.472	4	0.113	Not significant	Fail to reject H_0
Occupation	23.619	10	0.009	Significant	Reject H_0
Monthly Income	0.956	2	0.620	Not significant	Fail to reject H_0
Religious Affiliation	2.625	4	0.622	Not significant	Fail to reject H_0

Overall, the results suggest that while most socio-demographic factors do not significantly influence knowledge on maternal health care, occupation remains a key determinant. This highlights the importance of designing maternal health education strategies that are responsive to the work conditions of male partners, ensuring that information dissemination is accessible even to those with demanding or informal occupations. Health programs may need to adopt flexible schedules, workplace-based information drives, and community outreach activities to ensure equitable access to maternal health knowledge across all occupational groups.

Significant relationship between socio-demographic profile and extent of practices on maternal health care

Table 9 presents the Chi-square test results examining the relationship between the socio-demographic profile of partners of teenage mothers and their extent of practices on maternal health care. The findings indicate that most socio-demographic variables, including educational attainment (χ^2 = 1.106, p = 0.893), occupation (χ^2 = 15.216, p = 0.124), monthly income (χ^2 = 4.076, p = 0.130), and religious affiliation (χ^2 = 2.186, p = 0.702), did not show statistically significant relationships with maternal health care practices. This suggests that the extent of practices among partners is generally not influenced by their educational background, type of work, income level, or religious affiliation. In practical terms, this implies that engagement in maternal health care practices tends to be relatively consistent across different socio-demographic groups.

However, a significant relationship was found between age and extent of practices on maternal health care (χ^2 = 8.853, p = 0.012). This indicates that age plays a meaningful role in shaping how partners of teenage mothers engage in maternal health care practices. Older partners may demonstrate more consistent or responsible involvement due to greater maturity, life experience, or increased awareness of parental responsibilities, while younger partners may still be adjusting to the demands of supporting a pregnant partner.

Table 9. *Significant relationship between socio-demographic profile and extent of practices on maternal health care*

Profile Variable	χ^2 Value	df	p-value	Interpretation	Decision
Age	8.853	2	0.012	Significant	Reject H_0
Educational Attainment	1.106	4	0.893	Not significant	Fail to reject H_0
Occupation	15.216	10	0.124	Not significant	Fail to reject H_0
Monthly Income	4.076	2	0.130	Not significant	Fail to reject H_0
Religious Affiliation	2.186	4	0.702	Not significant	Fail to reject H_0

The results suggest that socio-demographic factors generally have limited influence on maternal health care practices among partners, except for age, which emerges as a significant determinant.

This highlights the importance of age-responsive interventions in maternal health programs, where younger partners may require more structured guidance, mentoring, and support to enhance their involvement in prenatal, intranatal, and postnatal care activities.

Relationship between the extent of knowledge and practices on maternal health care among the respondents.

Table 10 presents the Chi-square test results examining the relationship between the extent of knowledge and practices on maternal health care among partners of teenage mothers. The findings reveal a highly significant relationship between overall knowledge level and overall practice level (χ^2 = 53.207, df = 4, $p < 0.001$). This result indicates that the level of knowledge of partners is strongly associated with how they actually perform maternal health care practices.

Table 10. *Relationship between the extent of knowledge and practices on maternal health care among the respondents*

Variables	χ^2 Value	df	p-value	Interpretation	Decision
Overall Knowledge Level vs Overall Practice Level	53.207	4	<0.001	Significant	Reject H_0

The significant p-value suggests that partners who possess higher levels of knowledge on maternal health care are more likely to demonstrate better and more consistent practices during the prenatal, intranatal, and postnatal periods.

This implies that awareness and understanding of maternal health concepts directly influence behavioral actions such as accompanying partners to health facilities, providing emotional and financial support, preparing for delivery, and participating in postnatal care activities.

This finding highlights the importance of knowledge as a key determinant of behavioral outcomes in maternal health care. It suggests that improving the knowledge base of partners through health education, counseling, and community-based information dissemination can lead to improved maternal health practices.

Therefore, strengthening educational interventions and ensuring continuous engagement of male partners in maternal health programs are essential strategies to bridge the gap between awareness and actual practice, ultimately contributing to better maternal and child health outcomes.

Proposed recommendations based on the findings to enhance the knowledge and practices of partners of teenage mothers in maternal health care

The proposed recommendations derived from the study findings present a comprehensive, multi-dimensional intervention framework aimed at enhancing the knowledge and practices of partners of teenage mothers in maternal health care.

The recommendations are firmly grounded on the empirical results, particularly the Chi-square analysis, which revealed that socio-demographic variables such as age, educational attainment, monthly income, and religious affiliation generally do not have a significant relationship with both knowledge and practices, while occupation and age (for practices) emerged as significant determinants.

Furthermore, the highly significant relationship between knowledge and practices underscores the critical role of knowledge translation in shaping actual maternal health behaviors among partners.

Table 11. *Proposed recommendations based on the findings to enhance the knowledge and practices of partners of teenage mothers in maternal health care*

Key Finding	Recommendation	Specific Strategies/Activities	Responsible Stakeholders	Expected Outcome
Majority of partners were 19 years old and above (36 or 72%), while 14 or 28% were 16–18 years old.	Develop age-responsive male partner involvement programs.	Conduct separate or age-sensitive sessions for younger and older partners focusing on responsible fatherhood, partner support, and maternal health responsibilities.	Municipal Health Office (MHO), Rural Health Unit (RHU), Barangay Health Workers (BHWs), LGU Youth Office	Improved participation of both younger and older partners in prenatal, intranatal, and postnatal care.
Most respondents were at the high school level (43 or 86%).	Use simple, practical, and easy-to-understand maternal health education materials.	Prepare visual IEC materials, illustrated checklists, short videos, and Filipino/local-language explanations on maternal health care.	MHO, RHU, BHWs, Schools, Health Educators	Improved understanding of maternal health concepts among partners with basic education levels.
Most respondents were laborers (21 or 42%), followed by fishermen (8 or 16%), farmers (7 or 14%), others (6 or 12%), bagger/sales boys (5 or 10%), and vendors (3 or 6%).	Provide flexible and occupation-sensitive health education.	Schedule maternal health sessions during weekends, after work hours, or barangay assembly days; conduct workplace/community-based IEC sessions for laborers, fishermen, farmers, vendors, and service workers.	MHO, RHU, Barangay Officials, Employers/Community Leaders	Increased access to maternal health education despite work-related time constraints.
Most respondents had monthly income of ₱5,000 and below (32 or 64%), while 18 or 36% earned ₱5,001–₱10,000.	Reduce financial barriers to maternal health care participation.	Link teenage mothers and partners to available transportation assistance, social welfare support, PhilHealth guidance, nutrition support, and LGU maternal care programs.	LGU, MSWDO/DSWD, RHU, Barangay Council	Improved ability of low-income partners to support check-ups, delivery preparation, and postnatal care.
Majority were Roman Catholic (47 or 94%), while 3 or 6% belonged	Engage faith-based and community leaders in	Include values-based messages on responsible parenthood, family support, and care for	MHO, Barangay Officials, Faith-Based Leaders, Community Organizations	Increased community acceptance and support

to other religious affiliations.	maternal health advocacy.	mother and child during community health promotion activities.		for male partner involvement in maternal health care.
Respondents had high prenatal knowledge overall (Average Mean = 3.73). Highest knowledge was on avoiding harmful activities/vices during pregnancy (M = 4.04), while the lowest was on timing of the first prenatal check-up (M = 3.32, Moderate Knowledge).	Sustain prenatal health education while strengthening awareness of early prenatal consultation.	Emphasize the importance of early ANC registration, recommended timing of first prenatal check-up, regular check-ups, prenatal vitamins, danger signs, nutrition, and stress avoidance.	RHU, Midwives, Nurses, BHWs	Improved early prenatal consultation and stronger partner support during pregnancy.
Respondents had high intranatal knowledge overall (Average Mean = 3.83). Highest knowledge was on skilled birth attendance (M = 4.08) and facility/hospital delivery (M = 4.02).	Maintain and reinforce birth preparedness education for partners.	Conduct birth planning sessions covering skilled birth attendance, facility-based delivery, signs of labor, danger signs, cleanliness, sterility, and emergency preparedness.	RHU, Midwives, Nurses, BHWs	Better preparedness of partners during labor and delivery.
Respondents had high postnatal knowledge overall (Average Mean = 3.76). Highest knowledge was on follow-up check-ups after delivery (M = 3.88), while the lowest was on newborn hearing tests (M = 3.58).	Strengthen postnatal and newborn care education.	Include newborn hearing screening, newborn screening, immunization, breastfeeding, maternal recovery, stress avoidance, and family support in postnatal counseling.	RHU, BHWs, Midwives, Nurses	Improved awareness of essential postnatal and newborn care services.

Respondents often practiced prenatal care support overall (Average Mean = 3.74). However, accompanying partners to prenatal check-ups was only sometimes practiced (M = 3.38).	Increase actual male attendance during prenatal check-ups.	Implement couple-friendly ANC schedules, partner attendance cards, reminder systems, and direct invitation of partners during prenatal visits.	RHU, BHWs, Midwives, Barangay Health Centers	Increased presence of partners during prenatal consultations.
Respondents often practiced intranatal support overall (Average Mean = 3.76). Strongest practice was helping in decision-making during childbirth when needed (M = 3.90).	Sustain partner involvement in delivery preparation and childbirth support.	Encourage partners to prepare delivery items, arrange transportation, provide emotional support, follow health workers' advice, and participate in birth planning.	RHU, Midwives, Nurses, BHWs	Improved partner readiness and support during labor and delivery.
Respondents often practiced postnatal care support overall (Average Mean = 3.48). However, following healthcare advice (M = 3.26) and participating in family planning discussions (M = 3.22) were only sometimes practiced.	Strengthen postnatal counseling and couple-based family planning education.	Conduct postnatal home visits with both mother and partner; include breastfeeding support, newborn care, immunization, maternal recovery, family health advice, and family planning counseling.	RHU Family Planning Program, Midwives, Nurses, BHWs	Improved compliance with health advice, stronger newborn care support, and increased family planning participation.
Occupation was significantly associated with knowledge on maternal health care ($\chi^2 = 23.619$, p = 0.009), while	Prioritize occupation-sensitive knowledge interventions.	Tailor IEC delivery to workers' availability and occupational context; use brief, practical, and flexible education sessions for working partners.	MHO, RHU, Barangay Officials, BHWs	Improved maternal health knowledge among occupational groups with

age, education, income, and religion were not significant.				varying work schedules and exposure.
Age was significantly associated with practices on maternal health care ($\chi^2 = 8.853$, $p = 0.012$), while education, occupation, income, and religion were not significant.	Strengthen age-responsive practice reinforcement.	Provide coaching for younger partners and responsible fatherhood reinforcement for older partners; integrate partner practice checklists into health visits.	RHU, BHWs, LGU Youth Office, Schools	Improved consistency of maternal health practices across age groups.
Knowledge and practices were significantly related ($\chi^2 = 53.207$, $p < 0.001$).	Convert knowledge into consistent maternal health practices.	Use practical demonstrations, couple counseling, partner commitment cards, peer-father educators, reminder systems, and follow-up monitoring.	MHO, RHU, Midwives, Nurses, BHWs, NGOs	Improved translation of maternal health knowledge into actual supportive behaviors.

In response to these findings, the recommendations emphasize the need for inclusive and accessible maternal health education strategies rather than demographically segmented interventions. Since most socio-demographic factors were not statistically significant, the study supports a community-wide approach in delivering maternal health education, ensuring that all partners—regardless of background—have equal access to essential information.

However, given the significant influence of occupation, it is recommended that health programs adopt occupation-sensitive and flexible delivery mechanisms, such as weekend sessions, workplace-based information drives, and community outreach activities. This approach is particularly important for laborers, fishermen, farmers, and other working partners whose schedules may limit their access to traditional health education settings.

The findings also highlight specific gaps in maternal health care practices, particularly in areas such as prenatal attendance and postnatal compliance. While knowledge levels were generally high across prenatal, intranatal, and postnatal domains, actual practice—especially in postnatal care—was comparatively weaker. In this regard, the recommendations stress the importance of strengthening behavioral reinforcement strategies, including couple-based counseling, structured health reminders, peer-father education programs, and regular follow-up mechanisms. These interventions are designed to bridge the identified knowledge-to-practice gap and ensure that awareness is effectively translated into consistent and meaningful support behaviors.

Moreover, the significant relationship between knowledge and practices ($\chi^2 = 53.207$, $p < 0.001$) reinforces the importance of sustained educational interventions as a key driver of behavioral change. As such, the recommendations advocate for the continuous implementation of comprehensive

maternal health education programs, focusing on prenatal check-up attendance, birth preparedness, postnatal care compliance, and family planning participation. Health workers are encouraged to intensify counseling efforts and adopt practical, demonstration-based teaching methods that actively involve male partners in maternal care processes.

Finally, the recommendations underscore the importance of multi-stakeholder collaboration involving local government units, rural health units, barangay health workers, schools, and community organizations. Such collaboration ensures that maternal health programs are not only accessible but also culturally responsive and sustainable. By integrating health education into community structures and reinforcing male partner involvement as a shared responsibility, the interventions aim to improve maternal and child health outcomes, particularly among vulnerable teenage mothers. Overall, the proposed strategies provide a holistic response to the study's findings, ensuring that maternal health interventions are both evidence-based and contextually appropriate.

IV. CONCLUSION & RECOMMENDATION

The study concludes that partners of teenage mothers generally demonstrate a high level of knowledge and an often-practiced level of involvement in maternal health care across prenatal, intranatal, and postnatal domains. While socio-demographic characteristics such as age, educational attainment, monthly income, and religious affiliation were found to have no significant relationship with both knowledge and practices, occupation significantly influenced knowledge, and age significantly influenced practices. Moreover, a highly significant relationship was established between knowledge and practices, indicating that increased awareness of maternal health care is strongly associated with improved supportive behaviors. However, despite the generally positive findings, gaps remain particularly in consistent prenatal check-up attendance and postnatal care compliance, suggesting that knowledge is not yet fully and uniformly translated into sustained practice across all stages of maternal care.

Based on the findings, it is recommended that maternal health programs strengthen inclusive, community-wide, and behavior-focused interventions that prioritize the translation of knowledge into practice among partners of teenage mothers. Health authorities should implement occupation-sensitive and flexible education strategies such as workplace-based information drives, weekend sessions, and barangay-level outreach programs to accommodate working partners. In addition, structured couple-based counseling, peer-father mentoring, and continuous health reminders should be institutionalized to improve prenatal attendance and postnatal compliance. Local government units and health agencies are encouraged to strengthen collaboration in delivering sustained maternal health education, with particular emphasis on enhancing male partner involvement in birth preparedness, postnatal care, and family planning participation. These targeted and practical interventions aim to bridge the knowledge–practice gap and ultimately improve maternal and child health outcomes in the community.

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