THE EFFECTS OF PERCEIVED SAFETY AND ACCESSIBILITY ON THE CHOICE OF LOCAL BIRTHING CENTERS VERSUS HOSPITALS AMONG EXPECTANT MOTHERS IN COGON, TAGBILARAN CITY, BOHOL

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ABSTRACT

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Perceived safety refers to the trust and sense of security that a healthcare facility provides, while accessibility involves proximity, affordability, and ease of transport. These two factors play an important role in a mother's decision when choosing where to give birth. This quantitative descriptive-correlational research study was conducted to determine the relationship between perceived safety and accessibility and the preferred childbirth facility among fifty-five purposively selected expectant mothers in Barangay Cogon, Tagbilaran City, Bohol. Data were collected using modified and validated questionnaires and analyzed through descriptive statistics, the

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chi-square test, and Pearson correlation. The results showed no significant relationship between the respondents' demographic profiles such as age, civil status, education, employment status, income, and number of pregnancies and their perceived level of safety and accessibility. However, a significant correlation was found between perceived safety and perceived accessibility. This means that when expectant mothers feel a facility is safe, they are more likely to find it accessible as well. The proposed intervention is the development of community-based birthing initiatives. The findings highlight the need to enhance both safety standards and access to maternal care to support better childbirth decisions.

INTRODUCTION

Childbirth is a life-changing event that requires careful planning to ensure the safety and well-being of both the mother and the newborn. The decision of a birthing place is influenced by a number of factors on a global scale. These considerations include the perceived levels of safety, accessibility, and the quality of healthcare services available to the public. Having educated birth attendants and having fast access to emergency obstetric care are among the most essential techniques for reducing the morbidity and mortality rates of both mothers and newborns, according to empirical studies. According to Gabrysch and Campbell (2009) and Omondi et al. (2020), despite this, a significant number of women in low- and middle-income countries continue to give birth at home or in non-institutional settings. This is due to the structural, economic, and cultural barriers they face. Several studies that were carried out in developing nations, such as Kenya and Nigeria, have highlighted the significance of an individual's socioeconomic status, the accessibility of dependable transportation, and perceptions of the safety and quality of care in determining the location of childbirth (Omondi et al., 2020; Oladimeji et al., 2017). These factors all play a role in determining where individuals choose to give birth. Women who perceive healthcare facilities as lacking professionalism, cleanliness, or courteous care are less likely to seek institutional delivery services, even when these services are physically available to them. In addition, integrated initiatives such as antenatal education, improved transportation infrastructure, and community engagement increase the proportion of births that occur in institutional settings. Taking these data into account, it can be inferred that complex interactions among medical, economic, and psychological factors influence decision-making about birth location.

Within the Southeast Asian context, similar trends have been observed. In countries such as Nepal and the Philippines, childbirth-related decisions are often heavily influenced by cultural beliefs, traditional practices, and family members' opinions. As stated by Khanal, Bhandari, Adhikari, Karkee, and Joshi (2014), there are numerous instances in which expectant mothers

do not make decisions regarding childbirth on their own. Instead, they are guided by the input of the entire family, the constraints of their financial situation, and the community's prevailing norms. The difficulties associated with accessibility, such as the long distances to healthcare facilities and limited transportation options, further hinder the practice of giving birth in an institution. Consequently, to achieve meaningful and durable improvements in maternal and newborn outcomes, maternal health interventions in the region need to take into account the available socio-cultural factors.

These global and regional determinants are expressed in context-specific ways in the local setting of Cogon, Tagbilaran City, Bohol. These forms of manifestation are shaped by the area's healthcare infrastructure, cultural practices, and socioeconomic realities. In an effort to reduce maternal and infant mortality, the Provincial Health Office of Bohol has developed several measures to improve maternal healthcare. These programs include training healthcare personnel in emergency obstetric and newborn care (Provincial Health Office, 2022). The city government of Tagbilaran has initiated community-based programs that provide prenatal and postnatal care at the barangay level, complementing these efforts. These programs aim to increase access to care for expecting mothers in the communities of Cogon and the surrounding areas (Tagbilaran City Government, 2023). Although considerable gains have been made, several problems remain. The choices of mothers regarding whether they would like to give birth in a hospital or a birthing center continue to be influenced by factors such as economic difficulty, limited transportation, and cultural views.

This study examines how perceptions of safety and accessibility shape decision-making among expectant mothers in Cogon. Additionally, it will investigate how demographic variables such as age, educational attainment, employment status, and household income affect their facility choices. Through a comprehensive analysis of these factors, the study aims to provide evidence-based insights that may inform local health policies and maternal care initiatives. Moreover, the research aims to support the development of a maternal healthcare system that is both responsive and inclusive, aligning with the preferences, needs, and circumstances of the women it serves. In doing so, it aims to advance equitable, safe, and respectful maternal care in Cogon, Tagbilaran City, and comparable settings.

Related Literature. According to Amit et al. (2022), women's choice of place of delivery has implications for maternal and child mortality. The use of institutional childbirth services remains suboptimal in the Philippines, with significant disparities between urban and rural communities. The Philippines is an archipelagic, low- and middle-income country with its health system transitioning toward universal health care, promising major reforms to ensure equitable access for all Filipinos. However, health resources and capacity remain poorly and unequally distributed, with rural and remote areas disadvantaged, as evidenced in key maternal and child health indicators.

Access to quality maternal care throughout pregnancy is the key to reducing preventable mortality and morbidity among pregnant women (Kanamori et al., 2021).

(Grünebaum et al., 2022) stated that presently, there is insufficient data to evaluate levels of maternal mortality and severe morbidity according to place of birth. Out-of-hospital births or local birthing centers are associated with fewer interventions such as episiotomies, epidural anesthesia, operative deliveries, and cesarean deliveries. When compared with hospital births, fetuses' and newborns' health and lives can be saved by delivering in the hospital, where many interventions can be life-saving and are unavailable at out-of-hospital births. Such interventions include risk-reducing interventions, treating serious infections, and timely prevention of pathologic or emergency events.

The study (Alliman & Phillippi, 2016) found that birth centers are a safe option for low-risk women who choose an out-of-hospital model of care. However, there are caveats to the generalizability of the findings. Although more research is needed, birth centers should be supported by clinicians, policymakers, and health insurance carriers to enable low-risk women to access this evidence-based model of care.

Based on the preceding legal bases, established by both international and national health policies, the Philippine government's commitment to improving maternal health and ensuring access to quality healthcare services is underscored. These regulations establish standards for comprehensive health care, prioritize the needs of expectant mothers, and promote safe childbirth practices. By examining how perceived safety and accessibility influence expectant mothers' choices between local birthing centers and hospitals, this study aligns with these legal mandates. It aims to identify barriers to effective maternal care. Reflecting on the objectives set forth in these essential legal documents can enhance health outcomes for mothers and their newborns.

Related Studies. In the study of Kifle et al. (2018), the choice of birth location has consistently been linked to maternal and newborn outcomes. Childbirth in a health facility with a qualified birth attendant is associated with lower rates of maternal morbidity and death compared to home births. Delivery in a health facility is also important in reducing stillbirths and increasing newborn survival. This study found that efforts to reduce the distance to a health facility, as well as to address common barriers such as a lack of transportation and health education focused on the potential risks of delivering at home at the individual and community levels, can significantly increase the use of health facilities for delivery.

Women who prefer a less medicalized experience and value an even more personal, holistic approach to birthing frequently choose birth centers, which midwives typically staff. These centers emphasize natural births with minimum interventions, which appeals to people who believe that hospital environments may result in unneeded treatments such as inductions or cesarean deliveries (Jardine et al., 2020). In contrast, hospitals are frequently chosen by moms

with high-risk pregnancies or those who value access to advanced medical equipment and immediate emergency care if issues arise (Hodnett et al., 2016). Some studies show that women consider the financial consequences, as out-of-pocket payments at birth centers can sometimes be lower than in hospitals; however, this varies by location and insurance coverage (Cheyney et al., 2019). Furthermore, cultural norms and familial counsel have a substantial impact on choice, with many women feeling supported in their decisions when family members or close friends have had favorable experiences in similar situations (Walker et al., 2021). Proximity to healthcare facilities can be important; women frequently choose based on convenience, perceived quality of care, and relationship with healthcare providers (Davis et al., 2017).

RESEARCH METHODOLOGY

The study investigated the relationships among perceived safety, accessibility, and pregnant mothers' preferences for birthing centers or hospitals in Barangay Cogon, Tagbilaran City, Bohol. Using a **quantitative descriptive-correlational research design**, the researchers aimed to identify patterns and correlations between these variables without establishing causal relationships. This methodology was appropriate for examining healthcare decision-making processes, particularly how perceptions influence maternal choices (Polit & Beck, 2021). To collect relevant data, the researchers employed **purposive sampling**, targeting only pregnant mothers who met specific inclusion criteria. This technique was effective in selecting participants with experiences and characteristics directly relevant to the study's objectives (Etikan, Musa, & Alkassim, 2016). The sample included pregnant women who were (1) currently residing in Barangay Cogon, (2) at least 18 years old, and (3) in their first to third trimester. Underage women who had neurological disorders or were already admitted to their chosen birthing facility were excluded. From a population of 64 expectant mothers in Cogon, 55 respondents were selected, ensuring a 95% confidence level and a **5% margin of error**. The distribution was detailed by Purok, covering both lower and upper Cogon, highlighting differences in representation across neighborhoods.

The study used a modified structured questionnaire to collect data from participants. This instrument consisted of three main parts:

1. **Demographic Profile** – Collected data on the participants' age, educational attainment, employment status, monthly family income, number of pregnancies, and healthcare facility choice.
2. **Perceived Safety** – A 24-item questionnaire using a **4-point Likert scale** ranging from 1 (Disagree) to 4 (Strongly Agree), designed to gauge the mothers' sense of safety with their chosen facility. Items were adapted from an existing survey tool assessing satisfaction with primary healthcare services in Taguig.

Scale	Symbol	Descriptive Value	Meaning	Interpretation
4	SA.	Strongly Agree	I completely agree with the statement.	Very Safe
3	A	Moderately Agree	I agree with the statement, but to a moderate extent.	Moderate Safe
2	D	Agree	I agree with the statement to a minimal or lesser extent.	Less Safe
1	SD.	Disagree	I do not agree with the statement.	Not Safe

3. **Perceived Accessibility** – An 18-item section, also using a **4-point Likert scale**, adapted from a study by Hwang and Park (2019), measured how easily the participants could access their preferred healthcare facility.

Scale	Symbol	Descriptive Value	Meaning	Interpretation
4	SA.	Strongly Agree	I completely agree with the statement.	High Accessibility
3	A	Moderately Agree	I agree with the statement, but to a moderate extent.	Moderate Accessibility
2	D	Agree	I agree with the statement to a minimal or lesser extent.	Less Accessibility
1	SD.	Disagree	I do not agree with the statement.	No Accessibility

To ensure comprehensibility, the questionnaire included Cebuano translations, and nursing experts performed a face validity test to verify the tool's relevance, clarity, and appropriateness for the target population. Their feedback led to improvements in item wording and overall structure.

Regarding data collection procedures, the researchers obtained formal approvals by submitting letters to institutional and local authorities, including the Vice President of Academic Affairs, the Dean of the College of Nursing, the research adviser, and the Barangay Captain. Once clearances were obtained, data gathering was conducted face-to-face. The researchers personally visited respondents at home, explained the study's purpose, obtained informed consent, and administered the questionnaires. Each survey took approximately 5–10 minutes to complete. The researchers ensured ethical considerations were met and emphasized the importance of honest and accurate responses.

Throughout the study, the focus remained on understanding how perceived safety and accessibility affect pregnant women's decisions about birthing centers versus hospitals. Given the socioeconomic diversity and infrastructure disparities in Cogon, these factors are critical in shaping healthcare behavior. The results of this research aim to contribute valuable insights to local health

authorities and policymakers, potentially guiding interventions that improve maternal healthcare access and service quality in underserved urban and semi-urban communities.

RESULTS AND DISCUSSION

The research examined the demographic characteristics of 55 participants to ascertain the impact of various factors on maternal healthcare experiences. A majority of respondents (76.4%) were aged 24–35, which corresponds to the optimal childbearing years recognized by the Philippine Obstetrical and Gynecological Society (2024) and the WHO (2022). Civil status indicated that 52.7% were married, a demographic typically more inclined to utilize formal maternal care owing to enhanced partner and financial support (UNFPA, 2023). Approximately 49.1% of the respondents have a college degree, signifying a highly educated group. Advanced education is associated with higher health literacy and better maternal outcomes (NDHS, 2022; Gautam et al., 2021). Employment statistics indicated that 45.5% were employed full-time, while 21.8% were unemployed. Employment can improve access to prenatal care; yet, financial limitations may continue to provide obstacles (ILO, 2022). Regarding income, 72.7% earned ₱10,000–₱39,999 per month, placing them in the lower-middle-income band. This indicates restricted access to private healthcare but possible qualification for government health services (ADB, 2021). Concerning reproductive history, 43.6% were primiparous, a cohort generally more proactive in pursuing care. Ultimately, 69.1% favored hospitals over birthing centers, claiming superior emergency care and safety (Dehbarez et al., 2018).

Respondent's Perceived Level of Safety towards the Respondent's Preferred Healthcare Facility. The study examined mothers' perceptions of safety in their chosen healthcare facilities using five primary indicators: availability of medical personnel and specialized care, emergency preparedness, facility reputation, hygiene and infection control, and privacy and comfort. Respondents uniformly assessed their facilities as "Very Safe" across all categories, with notably elevated ratings concerning experienced people and supportive environments. The most highly regarded criterion was the accessibility of medical personnel and specialist treatment, with a composite mean of 3.74. Participants emphatically concurred that the presence of proficient specialists—such as obstetricians and anesthesiologists—provided a sense of security during delivery. They prioritized access to specialized care for probable problems, underscoring the need for clinical experience and preparedness. These findings align with those of Alliman et al. (2016), who highlighted the importance of competent care teams and the availability of resources in achieving favorable maternal outcomes. Emergency preparedness also achieved elevated scores, with a composite mean of 3.66. Mothers conveyed assurance on the availability of emergency equipment, skilled staff, and established procedures. This confidence in

emergency preparedness corroborated the findings of Geller et al. (2004), who observed that efficient response systems markedly diminish maternal risks—perceived assurance in the facility's capacity to manage difficulties swayed numerous mothers' decisions to choose institutional care. The facility's reputation had a composite mean of 3.68, highlighting its influence on perceived safety. Recommendations from healthcare professionals, peer evaluations, and internet assessments were crucial in establishing trust and confidence in a facility. Participants also noted the staff's friendliness and empathy as contributing to the favorable perception. The findings corroborate Mosadeghrad's (2014) assertions that trust and community reputation are essential for patient happiness and healthcare selection. Cleanliness, hygiene, and infection control received an equivalent rating of "Very Safe," with a composite mean of 3.66. Mothers saw evident hygiene measures, consistent upkeep, and compliance with infection control protocols. These precautions ensured the protection of their health and that of their newborns. Studies by Lankester et al. (2013) and Kruk et al. (2016) substantiate the notion that hygiene affects trust in healthcare institutions and encourages the pursuit of medical care. The composite mean for privacy and comfort, the final indication, was 3.69. Participants unanimously concurred that their privacy was honored and that the facility's ambiance was both cozy and reminiscent of home. Emotional support, respect, and a loving environment were regarded as essential to safety. These findings align with Tadesse (2023), who highlighted that courteous, patient-centered treatment improves maternal satisfaction and promotes future facility utilization. Respondent's Perception of Accessibility to Their Preferred Healthcare Facility . The research evaluated the perceived accessibility of healthcare facilities for pregnant mothers in Barangay Cogon, Tagbilaran City, Bohol, concentrating on proximity, transportation, emergency access, and familial support. The results indicated a high degree of accessibility, with all categories assessed as "Very Accessible," implying that pregnant women encounter few obstacles in obtaining care. Respondents unanimously concurred that they could readily access their selected institution, even during crises. The top-rated item underscored prompt access to care during pregnancy, emphasizing confidence in timely care. Travel time, distance, and transportation expenses were not seen as substantial obstacles, yielding a composite mean of 3.56. These findings indicate a conducive local infrastructure and correspond with Penchansky and Thomas's (1981) approach, which characterizes accessibility as not merely physical proximity but also the simplicity and cost-effectiveness of obtaining healthcare services. The subsequent element evaluated was the Availability of Public Transport, which garnered highly positive evaluations. Participants unanimously agreed that dependable, secure public transportation alternatives substantially improve their ability to access healthcare services. The top-rated assertion, "The availability of public transport facilitates my access to healthcare services," underscores the essential function of local transit infrastructure in

providing access to childbirth and maternity care facilities. The composite mean for this section was 3.62, reinforcing the view that public transit in Cogon is both accessible and dependable. Respondents perceived public transit as both accessible and secure. These findings align with Apungu's (2023) research, which found that inadequate transportation infrastructure, particularly in rural areas, can significantly impede access to maternal health care. Conversely, the favorable perceptions in Cogon suggest that the region's transportation infrastructure is crucial for facilitating prompt and efficient maternal healthcare.

Accessibility during emergencies was a significant focus, with respondents rating this feature as "Very Accessible," yielding a composite mean of 3.67—the highest among all evaluated categories. Participants unanimously agreed that healthcare facilities are well situated to provide prompt assistance in emergencies. The assertion, "The facility is optimally situated to deliver immediate care during emergencies," received the highest rating in this section. This indicates a general sense of readiness and adaptability among healthcare institutions in Cogon. Although all items received favorable scores, the average confidence in preventing delays during urgent circumstances was marginally diminished. This indicates that although location and accessibility are robust, there may still be some apprehensions regarding interior facility operations during peak demand periods. Nonetheless, the findings are promising and underscore the significance of geographic accessibility during emergencies, as highlighted by Penchansky and Thomas (1981). Efficient emergency access is fundamental to maternity healthcare, and the results indicate that the local infrastructure in Cogon adequately fulfills this essential requirement. The last evaluated area was Accessibility for Family Support, with a composite mean of 3.62, indicating "Very Accessible" and underscoring the crucial importance of family involvement in maternal care. The top-rated statement, "The location of the healthcare facility facilitates family support during emergencies," emphasizes the emotional and logistical significance of proximity for family involvement in critical situations. Participants reported that family members could accompany them to healthcare appointments, and they valued the friendly atmosphere that fostered family involvement. This robust support system enhances patient satisfaction and outcomes. The results align with the research by Hodnett et al., (2013), which found that family presence during labor alleviates maternal stress and improves outcomes. The availability of facilities for patients and their families fosters a comprehensive care experience that addresses clinical, emotional, and psychological requirements.

Correlation between Level of Safety and Accessibility. Table 1 presents the relationship between respondents' perceived levels of safety and the accessibility of healthcare facilities, using Spearman's rank-order correlation. The correlation coefficient ($\rho = 0.612$) indicates a **moderately strong positive association**, suggesting that greater accessibility is associated with higher perceptions of safety among respondents. The p-value (<.001) indicates that

the relationship is statistically significant, leading to rejection of the null hypothesis.

Table 1. *Correlation between Respondents' Perceived Level of Safety and Accessibility*

Correlation Between Respondents' Perceived Level of Safety and Accessibility of Healthcare Facilities (n = 55)				
Variables	**Spearman's *X***	**p-value**	**Decision on H_0**	**Interpretation**
Perceived Safety and Accessibility	**0.612**	$p < .001$	Reject H_0	Moderately strong, positive, and statistically significant relationship

This finding implies that **accessibility and safety are not independent constructs** in the context of maternal healthcare decision-making. When healthcare facilities are perceived as geographically reachable, affordable, adequately staffed, and easy to navigate, women are more likely to view these facilities as safe places for childbirth. Conversely, barriers such as long distance, poor transportation, limited operating hours, or inadequate infrastructure may heighten perceptions of risk, even if clinical services are technically available.

The strength of the correlation suggests that accessibility functions as a **foundational condition for perceived safety**, reinforcing the notion that safety perceptions extend beyond clinical competence to include logistical, environmental, and systemic factors. This aligns with access-to-care frameworks, which argue that utilization and trust in health services are shaped by both structural access and experiential perceptions.

The results are consistent with the findings of **Rizkianti, Saptarini, and Rachmalina (2021)**, who reported that women in Indonesia facing accessibility barriers—such as distance to facilities and transportation difficulties—were significantly more likely to experience pregnancy complications. Their study emphasized that limited access not only reduces service utilization but also increases perceived and actual health risks, thereby influencing women's confidence in facility-based care.

Similarly, **Fatima, Khanam, and Rahman (2025)** found in Bangladesh that improved facility infrastructure and proximity significantly increased the likelihood of facility-based deliveries, while longer travel distances reduced utilization. Their results demonstrate that accessibility shapes women's perceptions of preparedness and safety, particularly in low-resource settings where delays in reaching care can have serious consequences.

These findings collectively support the **"second delay" model** in maternal health, where delays in reaching appropriate care contribute to adverse

outcomes. Accessibility, therefore, plays a dual role: it affects both **actual service use** and **subjective safety perceptions**, which in turn influence health-seeking behavior.

The significant association observed in this study underscores the need for **integrated maternal health interventions** that address accessibility and safety simultaneously. Improving physical infrastructure, transportation networks, facility readiness, and

CONCLUSIONS

The study revealed that expectant mothers in Cogon, Tagbilaran City generally perceive their preferred healthcare facilities as "very accessible" and "very safe." A majority (69.1%) preferred hospitals over local birthing centers (30.9%).

Demographic factors such as age, education, income, employment, pregnancy experience, and healthcare facility choice did not significantly affect perceptions, indicating uniformity in views across different backgrounds. Key contributors to perceived safety were competent medical staff and specialized care, while emergency services ranked highest among accessibility factors.

A statistically significant moderate positive correlation was found between perceived accessibility and safety, supporting the Health Belief Model, which posits that perceived benefits and barriers influence health decisions. The easier and safer a facility is perceived to be, the more likely it is to be chosen.

These findings highlight the need to improve physical access and quality of care to strengthen maternal trust and utilization, reinforcing the importance of professional responsiveness and emergency readiness in public health systems.

Recommendations

RECOMMENDATIONS

1. The local health authorities, together with the administrators of healthcare facilities and community health workers, should develop ongoing educational programs to make pregnant mothers and providers feel valued and supported, raising awareness about healthcare accessibility and safety. Regular workshops and information sessions can help foster a sense of partnership and shared responsibility.
2. Healthcare facilities should improve the training of their existing personnel by increasing access to programs in maternity and newborn care that are accredited and efficient in terms of cost. Despite the fact that many providers already implement such training, it is essential to place a greater emphasis on continuous improvement through programs such as Essential Newborn Care (ENC), Basic Emergency Obstetric and Newborn Care (BEmONC), and Expanded Maternal and Newborn Services (EMoNC) in order to improve the quality

of services and refine skills that can save lives. This objective can be supported by working together with organizations such as the Department of Health (DOH, 2021), the OpenWHO platform of the World Health Organization (WHO), the Technical Education and Skills Development Authority (TESDA), and colleges that provide free or subsidized training. It is also possible to increase involvement and promote safer, more responsive maternal healthcare by offering incentives such as paid training days and continuing professional development credits.

3. In order to address transportation and proximity issues, local government entities should collaborate with transportation services to create reliable access routes for pregnant women. This partnership can foster trust and reassurance, especially during emergencies, by establishing community-based transport support or ambulance services.
4. Because maintaining high levels of cleanliness, hygiene, and infection control is essential to safeguarding the safety of patients and maximising their level of satisfaction, facilities are required to do so. To foster trust among the general public, it is imperative that health protocols be strictly adhered to and that regular audits be conducted.
5. Campaigns aimed at promoting public health should have an emphasis on raising knowledge about the connection between accessibility and safety, with a particular focus on highlighting the fact that strengthening access points directly contributes to safer healthcare experiences. An increased utilization of healthcare services among pregnant moms may be encouraged as a result of this aspect.
6. It is recommended that targeted awareness and education initiatives be launched for expectant moms to encourage them to use birthing centers in their communities more frequently. These initiatives should showcase the facility's ability to deliver not just safe but also accessible and high-quality care. This can be accomplished through testimonials, community gatherings, and the distribution of instructional materials by barangay health professionals. Women's trust and desire to pick local birthing facilities can be increased by highlighting the benefits of prompt, skilled treatment during labor and the availability of emergency backup. This can be performed by highlighting the benefits of these services.
7. To communicate the research findings to the general public, it is necessary to develop comprehensive dissemination strategies. Enhancing public knowledge of healthcare safety and accessibility issues can be achieved through formats such as community forums, social media campaigns, local radio broadcasts, and instructional booklets. By involving local leaders and barangay health workers in the dissemination process, it would be possible to ensure that information reaches a wide range of community groups and to encourage active participation in enhancing

healthcare services.

8. It is advised that future researchers conduct studies on a bigger scale and in a wider setting in order to investigate further how different demographic and environmental factors influence perceptions of the accessibility and safety of healthcare. To gain a more in-depth understanding of the specific challenges encountered by various groups within the community, qualitative methodologies could be beneficial.

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