

**FAMILY PLANNING METHODS AMONG COUPLES OF A SELECTED  
BARANGAY IN TACLOBAN CITY: BASIS FOR HEALTHCARE  
PROGRAM ENHANCEMENT**

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**By**

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## **ABSTRACT**

### **FAMILY PLANNING METHODS AMONG COUPLES OF A SELECTED BARANGAY IN TACLOBAN CITY: BASIS FOR HEALTHCARE PROGRAM ENHANCEMENT**

**By**

**RIC-AN ARTEMIO S. GADIN, MAN**

The increase of population affects many aspects of society, including living conditions, basic needs, employment status and most importantly the health system. It is thus imperative to adequately plan family size in order to build a stable society. But despite of the availability of family planning programs where most methods of contraception are available both in the rural and urban health centers, literatures shows that population growth is still at rise. Thus the researcher became curious of the knowledge, attitude and practices of couples in family planning.

The study tried to assess the level of awareness and practices of family planning methods among couples in a selected Barangay in Tacloban City. It tried to seek the demographic profile of the respondents, their level of awareness and practices on the different family planning methods, and

establish if there is any relationship between their level of awareness and demographic profile.

This study followed a quantitative research model using an explorative and descriptive design to assess the level of awareness and practices of family planning practices among families in a selected barangay. Data were gathered through personal interview through the use of a survey questionnaire to all 109 couples within reproductive age of 15 - 49 in the selected barangay and were analyzed with the use of Pearson – r, Eta correlation, and T-Test.

Generally, the couples are educated adults earning below the poverty level income with an average of 3 children majority of whom were practicing family planning for five years and less.

The more common and easy to practice natural family planning methods which include abstinence, withdrawal, and standard days method, the higher is the couple's awareness level. On the other hand, the easier to use and readily available artificial family planning methods include bilateral tubal ligation, use of pills, injectables, and condom is the higher couple's level of awareness.

Easy to practice natural family planning methods are the most observed method in the community to include abstinence and withdrawal. The more complicated the method become the least likely it will be practiced by couples. Condoms, pills, bilateral tubal ligation, and injection which are more

accessible and readily available artificial family planning methods in the community are the most chosen and utilized by the couples.

Age, number of children, and the number of years using family planning do not affect the couples' level of awareness but they are rather affected by religion, educational attainment, occupation, and monthly income.

Religion being a cultural aspect does influence awareness on specific family planning methods which include ovulation method and IUD use. Educational attainment influence awareness on highly technical family planning methods that need deeper understanding which include Coitus Interruptus / Withdrawal, Calendar/Rhythm/Standard Days Method, Mucous/Billings/Ovulation Method, Lactating Amenorrhea Method, Birth Control Pills, IUD and Vasectomy. Occupation influences Mucous/Billings/Ovulation Method and Birth Control Pills and monthly income influence awareness on Ovulation Method, Lactating Amenorrhea Method Birth Control Pills, Condoms, and IUD. Thus, the higher socio-economic status couples have the more access to the information and somehow interest on these family planning methods there is.

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## **Chapter 1**

### **THE PROBLEM AND ITS BACKGROUND**

#### **Introduction**

Family Planning in simplest term is the couple's way of preparing their intended family, by utilizing or using various methods of natural or scientific birth control measures and techniques.

In the Philippines, the population has nearly doubled in just three decades to 94 million, making the Philippines the world's 12<sup>th</sup> most populous nation "At the current rate of 2.04% growth the highest by far in South-east Asia, 50 million Filipinos in 30 years" (Population Commission 2011). The increase of population affects many aspects of society, including living conditions, basic needs, employment status and most importantly the health system. It is also a predicament of a growing number of poor women in the Philippines who lack access to one of the most essential forms of health care.

Planning ahead has always been imperative in affecting the outcome of life-changing situations for everyone, which most certainly applies when it comes to pregnancy. The Philippine family planning program began in the 1970's that reflected a concern with the rapid population growth and in adequate maternal and child health. Over the past decades the program has had varying degrees of political support and consequently somewhat erratic implementation. In the past six years there has been an attempt to revive the

training of maternal child health and family planning workers and increase the choice of contraception ([www.fhi.org](http://www.fhi.org)).

The implementation of Family Planning in a Barangay would decrease maternal deaths and casualties of mother giving birth aside from the fact that child abortion due to unwanted pregnancies will decrease, thus, promote proper and safer sexual behavior. In addition, it may also help improve their children's lives because they can easily secure the educational security of their children while they are still young. Further, it would drastically slow down the population outgrowth, which is very crucial to many major environmental and geological phenomena.

However, Villegas (2011) pointed out that even if population control can contribute to solving poverty today, there are other more direct solutions that will not harm future generations of Filipinos. Among them are agricultural and rural development, nurturing of small and medium-scale enterprises, authentic agrarian reform backed-up by efficient infrastructures in the countryside, microcredit and microenterprise development, improving the quality of basic education for the poor, providing technical skills to the out-of-school youth, partnering with the private sector in implementing corporate social responsibility, and many others that your expert advisers can think of.

Through these many corollary benefits, family-planning programs are essential to achieving development targets. However, in many low-income countries, women and men do not have access to the basic supplies and

services they need, whether to prevent unwanted pregnancies, ensure safe deliveries, or manage and treat sexually transmitted infections.

### **Background of the Study**

Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through the use of contraceptive methods and the treatment of involuntary infertility. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy (WHO, 2011).

By virtue of Executive Order 119, the Philippine Family Planning Program has a legal mandate emanating from the United Nation Declaration of Human Rights which considers Family Planning as a basic human right, and the Philippine Constitution recognizes the:

Sanctity of family life and the need to protect the life of the mother and the unborn from conception (ART. 11, Sec 12).

Family as the foundation of the nation. Accordingly, the state shall strengthen its solidarity and actively promote its total development (Art XV, Sec. I)

Right of spouses to find a family in accordance with their religious convictions and demands of responsible parenthood (Art. XV, Sec 3.1)

Right of the family association to participate in the planning and implementation of policies and programs that affect them, (Art. XV, Sec. 3.4).

The goal of the program is to provide the people universal access to Family Planning information, education and services whenever and wherever these are needed.

Despite of the program where contraception is available both in the rural and urban health centers for free, 1.7 million babies are born annually in the Philippines, representing a population growth rate of 2.04 percent, among the highest in Asia (Manila Bulletin, 2011). The researcher himself is a nurse educator who has been exposed in the maternal health services and responsible for helping a client make an informed, voluntary and well considered decision about fertility and safe family planning. Thus the researcher became curious of the knowledge, attitude and practices of couples in family planning.

### **Research Locale**

The study was conducted at Barangay 56 - A, Tacloban City, classified as a highly urbanized city in Region VIII. The selected Barangay is an adopted Barangay of the Mother and Child Nurses Association of the Philippines, Inc. (MCNAP) Leyte Chapter. Being a member of the organization, it motivates the researcher to conduct the study which is geared

towards attaining its cause to Maternal and Child Nursing improvement through continuous provision of safety quality care, education and training, and research and management.

Barangay 56 - A is a populated community with a total population size of 667, located at the heart of Tacloban City. It is estimated that there are about 128 households with a number of children ranging from 1 - 10. Having extended families is also noted as a typical practice in the area, thus every household may contain a couple of families. Even at the heart of the city, economic status of the said community is depressed. Eighty percent (80%) of the population have fishing as their major source of livelihood and the remaining twenty percent (20%) are pedicab drivers, laborers, or employees (MCNAP Annual Data Report, 2010).

### **Statement of the Problem**

The study tried to assess the level of awareness and practices of family planning methods among couples in a selected Barangay in Tacloban City. Specifically, this study sought answers to the following questions:

1. What is the demographic profile of the participants in terms of:
  - 1.1 Age,
  - 1.2 Religion,
  - 1.3 Educational Attainment,
  - 1.4 Occupation,

- 1.5 Monthly income,
  - 1.6 No. of children, and
  - 1.7 No. of years using family planning?
2. What is the level of awareness of the participants on family planning in terms of:
    - 2.1. Natural method and
    - 2.2. Artificial method?
  3. What Family Planning methods are commonly practiced by the couples?
  4. Is there a significant relationship between the participant's level of awareness and demographic profile?
  5. Based from the results of the study, what strategies can be made to enhance the family planning program.

### **Hypothesis**

There is no significant relationship between the participant's level of awareness and demographic profile of couples in the selected Barangays.

### **Significance of the Study**

Results from this study would specifically benefit the following:

**Partner Communities** - as the results of the study will allow them to have an awareness on the family planning methods being practiced in the

community and get factual information upon which a cogent local policy could be shaped.

**Academe** - to help further clarify the different concepts and health care service provision of the family planning program at the local level.

**Parents** - particularly in exercising their role as responsible member of the society. This study elucidates or suggests to them to actively participate in the minimization of poverty by having family sizes fairly within their means.

**Children** - as they are the indirect beneficiaries of this study, their parents realizing the importance of practicing family planning, they in turn will receive the expected care and economic benefits from their parents.

**Health Practitioners** - as they will gain insight to effectively exercise their roles and responsibilities in educating couples or those who are planning to marry and who want to be more familiar with the family planning practices and methods.

**Future Researchers** - as it will also serve as basis for the development and improvement of the existing family planning program that is being implemented in the locality.

### **Scope and Limitation of the Study**

This study deals mainly on assessing the family planning methods practiced by couples of a selected barangay in Tacloban City. The study was limited to the adopted Barangay of the Mother and Child Nurses Association

of the Philippines, Inc. (MCNAP) Leyte Chapter, Barangay 56 – A, Tacloban City. Participants were limited to the couples of reproductive age that is from 15 – 49 years old. The study was conducted in June 2012 and was focused accordingly to the level of awareness of the different common methods of family planning promoted by the Department of Health. It also highlighted the preferences on the utilization of the methods offered by the Department of health.

### **Definition of Terms**

Based on the study, the following terms are operationally defined:

**Adoption** refers to the positive response of the mothers to the family planning program thru utilization of the said family planning methods in the barangay

**Awareness** pertains to knowledge of the participants regarding the family planning methods from observation, formal, and informal teachings

**Contraceptive** is a device that prevents pregnancy, these include condom, pills intrauterine device, natural family planning, injectable, lactation amenorrhea method and tubal ligation.

**Family Planning** is the participant's way of achieving family welfare by regulating and spacing of childbirth.

**Family Planning Methods, Artificial (AFP)** are methods or techniques by which a couple in the specified barangay can achieve or avoid pregnancy with the use of drugs, devices, or other synthetic means.

**Family Planning Methods, Natural (NFP)** are methods or techniques by which a couple can achieve or avoid pregnancy without the use of drugs or devices.

**Reproductive Age** refers to the age cluster of participants who are capable of bearing children.

## **Chapter 2**

### **REVIEW OF RELATED LITERATURE AND STUDIES**

This chapter presents the view of empirical literature and research literature derived from various sources such as books, journals and other published and unpublished materials. These related studies presented were selected on the basis of their significance in prompting directions for this current research. The theoretical framework will be the basis of the conduct of the study.

#### **Family Planning and the Society**

The Philippines, officially known as the Republic of the Philippines, is a country in Southeast Asia in the Western Pacific Ocean. With an estimated population of about 94 million people, the Philippines is the world's 12th most populous country. Philippine culture is a combination of Eastern and Western cultures. The Philippines exhibits aspects found in other Asian countries with a Malay heritage, yet its culture also displays a significant amount of Spanish and American influences (Baringer, 2006). More than 90% of the population are Christians: about 80% belong to the Roman Catholic Church while 10% belong to other Christian denominations, such as the Iglesia ni Cristo, the Philippine Independent Church, the Seventh-day Adventist Church, United Church of Christ in the Philippines, and Jehovah's Witnesses.

The Philippines is one of two predominantly Roman Catholic countries in Asia (NSO, 2008).

Knowledge of family planning is universal among women in the Philippines. Use of family planning has increased substantially from the 1970s to the 1990s but has increased only slowly since 1998. The most commonly known methods are the pill, male condom, female sterilization, and injectables. More than half of married Filipino women are using family planning. One-third (34%) of married women currently use a modern method of family planning; an additional 17% are using a traditional method. The pill (16%), withdrawal (10%), and female sterilization (9%) are the most commonly used methods. Use of modern family planning is fairly consistent in urban and rural areas but varies by region. In ARMM, only 10% of married women use a modern method, while in Cagayan Valley, 46% of women are using a modern method. Modern contraceptive use increases with women's education. Thirty-six percent of married women with high school or college education use modern methods compared with 9% of women with no education. Use of modern methods is fairly high, even among women from the poorest households (26%) (NSO, 2009).

Maximum utilization of family planning methods were seen among Hindu women, women of age group 30 or more, parity four and more, educational level up to high school and above and those of higher socioeconomic class (Sharma, 2012). Source of information is mostly through

friends and relatives. Most of the family planning acceptors belong to nuclear family. The acceptance of family planning increase with level of literacy. Maximum number of women who have undergone permanent sterilization had already 2 children at the time of sterilization. IUD is the most accepted one among the temporary method. Vasectomy was not at all practiced in the studied slum area. The newer contraceptives like emergency pills or injectable hormonal contraceptives were not at all used among study population. The side effects encountered with both temporary and permanent methods of family planning are statistically insignificant. Furthermore, the acceptance of family planning practices is influenced by many socio-cultural and demographic factors at levels of individual, family and society. Among these different factors, informed choice is evident in forms of education is considered to exert most profound effect on family planning acceptance and fertility.

Culture influences men's attitudes towards family planning. Dewi (2009) mentioned that the cultural and religious background of an individual can have a significant effect on men's attitudes toward family planning and reproductive health and their use of fertility controls for conception (Andrews, et al, 2008). Culture persuades the members of a society to act according to a tradition that has been in existence for generations. It is believed most especially by Catholic Christians based from Biblical passages from the Book of Genesis that, men are sent to the world by God after their fall, to procreate.

As such with regards to artificial family planning, Catholic leaders are least likely to approve and Pentecostal and Muslim leaders are the most likely to approve of such practices (Yeatman & Trinitapoli, 2008).

According to Regnerus, half of sexually active teenagers who say that they seek guidance from God or the scriptures when making tough decisions report using contraceptives in every sexual contact, but it was also established that, with good family relationship, delay in the practice of intercourse within the specified age group regardless of religiosity may be observed (Utter, 2010).

According to Murkoff & Mazel (2009), little babies do come with a hefty price tag. Planning for a baby should also mean planning for that baby's future security. Shah, et al. (2008) reported that socio – economic is one of the criteria of determinants of family planning. Awareness level about the different methods of family planning program, a significant difference was noted between upper-middle and low-socio economic group which was also supported by Beekle and McCabe (Guria, M, et al, 2009). In India problems are more difficult and complicated because of marked socio-economic diversity. In 2006 Gupta and Sinha reported that the success of any method depends on the regular use, proper knowledge and to create a scientific attitude to use such method. The knowledge attitude and practices (KAP) about family planning is noted to be high in educated family but it is not so in low-economic family (Guria, M, et al, 2009).

In the study of Caltabiano, M & M. Castiglioni (2008), the average age at marriage among women married before age 20 increased from 13.7 years for those born in 1952–1956 to 15.6 years for those born in 1977–1981, while remaining relatively stable for men married before age 25 (17.3 years for the 1942–1946 birth cohort to 17.7 for the 1972–1976 birth cohort). After individual and couple characteristics were controlled for, younger age at interview was associated with greater odds of simultaneous marriage and cohabitation for both genders (odds ratios, 1.3–1.7).

In terms of marriage and starting of family, a study in North America indicated that, female university graduates born before the 1960s were less likely to marry than less-educated women. That is no longer the case in Canada. In fact, by 2006, there emerged a positive relationship between having a university education and being married. Indeed, women aged 25 to 49 with a university degree are now more likely to be married and start a family than less-educated women (Martin & Hou, 2010).

In the study of Martin and Hou (2010), it was noted that common-law unions have become more popular since 1981. The proportion of people aged 25 to 49 in a common-law union quadrupled in Canada, increasing from 4% in 1981 to 16% in 2006. In most cases, common-law unions appear to mark the starting point of conjugal life rather than a long-term situation. However, according to recent studies, in some instances common-law unions have become an alternative to marriage and in 2006, women with a university

education were less likely to be in a common-law relationship than less-educated women.

Couples who live together before tying the knot are more likely to get divorced than those who wait until after the big day. A survey of over 1,000 married men and women in the US found those who moved in with a lover before engagement or marriage reported significantly lower quality marriages and a greater potential for splitting up than other couples. About one-in-five of those who cohabited before getting engaged had since suggested divorce - compared with only 12 percent of those who only moved in together after getting engaged and 10 percent who did not cohabit prior to the wedding bells (The Telegraph, 2009).

There are a number of problems arising from the increased rate of cohabitation. Couples who live together have less financial stability, less relationship longevity; receive less community support and struggle with parenting issues. Forty percent of all children will have lived in at least one cohabiting relationship at some point in their life. It can also be noted that partners who cohabit with the intention of marrying share many of the characteristics of married people including the plan for the specific number of children. Those who cohabit without the intention of marrying often have short relationships with few benefits (Berg, 2011).

Apart from individual characteristics, socio-cultural factors may either encourage or prevent women from fully exercising their choice to use

contraception or to work in family planning programs. These factors include: prevailing expectations and norms regarding women's roles; family systems that promote or discourage high fertility and son preference; opportunities for women's social and economic independence through education, employment, inheritance, and property laws; and restrictions (e.g., religious or legal) on access to family planning information and services (Hong & Seltzer, 2011).

Family planning programs have been predominantly directed towards women perhaps because women bear children and there are more contraceptives for women than for men. However, it has been found in many developing countries that the decision to use or not to use contraceptives, and the choice of a particular contraceptive method, very often depends on the approval of the husband. Therefore, the family planning program must involve men (as well as women) to satisfy a couple's sexual and reproductive needs. Men should also be involved in encouraging their wives to utilize the available reproductive health care facilities (Dewi, 2009).

Lack of adequate knowledge in family planning methods and the poor attitude and practices about negative side of over population in adolescent girls may result in early pregnancy and sexual disharmony. The awareness program should be included in formal education system especially in the school curricula so that adolescent girls can acquire correct knowledge from reliable and social accepted sources rather than from so called magazine, pornography etc. (Guria, M., et. al, 2009).

Studies on the effect of family programs on fertility decline in low income countries such as Bangladesh (Joshi and Schultz 2007), Columbia (Miller 2005), and Peru (Angeles, Guilkey, and Mroz, retrieved 2011) show only a moderate effect (10-15 percent of fertility decline) can be attributed to the family planning program.

The role of the woman's education on her fertility has been extensively discussed in the literature and it's well established that more educated women tend to have less children (Martin and Juarez; Cleland and Rodriacuteguez) as cited by Hashem (2009).

Women's use of contraceptives to limit family size or to delay the birth of the first child may not have an equally positive effect on all their lives. A woman's individual characteristics -- age, economic situation, marital status, religion and educational level, as well as the number, sex and age of her children - affect her decision to use contraception. These characteristics also affect method choice or the decision to seek work in a family planning program. If a woman decides to stop childbearing after having six children, one more child may not make much difference in terms of her future educational and employment opportunities. By contrast, if a woman delays her first baby until after she finishes her schooling, this may affect not only her educational level but also her future employment, since education tends to have a strong effect on an individual's income level, regardless of development level (Hong & Seltzer, 2011).

The benefit of involving men in reproductive health activities could also improve women's participation in family planning. Studies in Brazil, Indonesia, and elsewhere have found that there is a growing number of female clients who have received their right for using contraception since their husbands have received family planning information, and attended couples' counseling about sexuality (Dewi, 2009)

It is usually maintained that education not only provides opportunities for personal advancement and awareness of social mobility but it also provides a new outlook, freedom from tradition, the willingness to analyze institutions, values and patterns of behavior and the growth of rationalism (Shukla, 2006). In other words, education is the most dynamic and influential tool for inducing positive attitude among couples towards the methods and measures of family planning.

Dewi cited in 2009 that, a study in Ghana covering the period 1988 to 1998 reveals that the level of men's education influences spousal fertility references. A husband's level of educational attainment especially beyond primary level influences his wife to limit childbearing. Men's preferences for smaller families can lead women to desire fewer children. This means less responsibility and more spare time for women to be involved in social activities. A smaller family will allow women to raise their status through attaining higher education or by joining the labor force. On the other hand, women's education alone is unlikely to change spousal fertility preferences.

Based on the result of the study conducted by Baul (2008), health education is an effective way of increasing the Knowledge and Attitude regarding family planning among the Subanon tribe. Any cultural beliefs and practices they have did not serve as a hindrance for them to learn family planning information and to retain them throughout the study period. The positive result for most of the categories on the questionnaire signifies that health education is a useful tool in conveying information regarding family planning among the Subanon women.

The ability to control fertility successfully, likewise requires understanding of the menstrual cycle and the times and conditions under which pregnancy is more or less likely to occur – in essence, an understanding of bodily functions is required (Andrews, et al, 2008).

The reasons and related issues that emerged from the secondary data analysis for use of family planning includes: (1) Women want to prevent or delay pregnancy. Because most women (84%) want 2-4 children, with younger ones wanting three or fewer although the ideal number is moving towards two as this is easy to support. (2) They want to help their husbands and immediate families. Women's priorities are children (first) and husbands (second); their health is last priority. Having fewer children lets them work to supplement the family income. (3) They desire to feel better about themselves. Practicing FP helps women to control their own lives, stay well-rested, and engage in self-indulgence and entertainment. (4) They wish to

improve their relationship with their husbands. Unrestricted by fear of pregnancy; couples experience a richer sex life and better communication. Husbands' willing participation through encouragement and support of their wives' FP practice is necessary. (5) Because they can find a suitable FP method. a.) Women search for sure, safe and easy to adopt methods b.) Safe methods are those most certain to prevent pregnancy; safe methods are "risk-free" in terms of side effects (natural fit) to their bodies. c.) "Easy to adopt" methods are those that do not require remembering or a lot of poking/looking into private parts. d.) Women have to weigh their fear of the scary side effects of pills, IUD and sterilization, with their fear of the ineffectiveness of withdrawal, condoms, and rhythm. e.) In the national survey, the most mentioned reason for using contraceptive was because it was safe (42%); the least mentioned was because religion approved of it (1%). f.) The survey also found that the greater number of modern methods women could spontaneously recall, the greater the likelihood they used these methods. So women were more likely to find a suitable method if they were familiar with a greater number of methods. For the reason that people encourage them to practice FP (Kinkaid, 2006), a.) Women tend to use a method that other women whom they know use. b.) The survey showed that women who talked about FP to their spouses/partners, and to other women, and who got their partners' encouragement, were much more likely to use/continue to use a

modern contraceptive. The strongest relationship was found for encouragement by one's spouse/partner (Kinkaid, 2006).

### **Family Planning Program**

Family Planning is considered as a basic human right. Every Individual has a right to information about family planning; all persons have the right to decide freely whether or not to practice family planning.

The current emphasis on reproductive health (RH) in population programs began years ago when human rights and women's health advocates began to question the rationale of traditional policies that mainly focused on reducing population growth through the provision of family planning services (Hardee, 2011).

The consensus definition of reproductive health ratified at the 1994 ICPD represents an important initial step in the process of health service transformation. Reproductive health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their

choice for regulation of fertility which are not against the law, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant (Hardee, 2011).

According to the World Health Organization, family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods, sexuality education, prevention and management of sexually transmitted infections, pre-conception counseling, and treatment of involuntary infertility (WHO, 2011).

Family planning programs vary in their characteristics and elements. Consequently, programs may differ in the ways they influence contraceptive use, employment opportunities, and other aspects of women's lives. These variations must be taken into account in any explanatory model of the effect of family planning on women's lives (Hong & Seltzer, 2011).

According to the Senate Policy Brief titled Promoting Reproductive Health (2009), the history of reproductive health in the Philippines dates back to 1967 when leaders of 12 countries including the Philippines' Ferdinand Marcos signed the Declaration on Population. The Philippines agreed that the population problem be considered and inadequate maternal and child health (MCH) as the principal element for long-term economic development. Thus,

the Population Commission was created to push for a lower family size norm and provide information and services to lower fertility rates.

Over the past two decades, the program has had varying degrees of political support and, consequently, somewhat erratic implementation. It focuses to improve and maintain the health of mothers and children by providing universal access to family planning information and services wherever and whenever these are needed (Cuevas, 2007).

Information that can contribute to saving lives includes (1) Proper spacing of pregnancies (at least 2 years apart); (2) Proper timing of pregnancies (within 20-35 years old); (3) Fewer pregnancies (not more than 4 children), are all aimed to contribute in the reduction of neonatal, infant, under-five, and maternal deaths . The Targets for the PFPP are the Married couples of the Reproductive Age (MACRA) group (15-49 years old): (1) those who have had pregnancies for the past 15 months, (2) those below 20 years and above 35 years old, (3) those who have more than 4 children, (4) Those with medical complications that do not necessitate pregnancy (DOH, 2006). The design, management, and implementation of the program abide with the following principles termed as the four pillars of the Family Planning program: responsible parenthood, respect for life, birth spacing and informed choice (DOH, 2006).

There are two bills aiming to guarantee universal access to methods and information on birth control and maternal care. House Bill No. 4244 or An

Act Providing for a Comprehensive Policy on Responsible Parenthood, Reproductive Health, and Population and Development, and For Other Purposes introduced by Albay 1st district Representative Edcel Lagman, and Senate Bill No. 2378 or An Act Providing For a National Policy on Reproductive Health and Population and Development introduced by Senator Miriam Defensor Santiago. Subsequently, the senate Bill No. 2865 which substituted SB No. 2378 was prepared Jointly by the Committees on Health and Demography; Finance; and Youth, Women and Family Relations with Senators Defensor -Santiago, Lacson and Cayetano as authors.

According to SB 2378 (2011), the State recognizes and guarantees the human rights of all persons including their right to equality and non-discrimination of these rights, the right to sustainable human development, the right to health which includes reproductive health, the right to education and information, and the right to choose and make decisions for themselves in accordance with their religious convictions, ethics, cultural beliefs, and the demands of responsible parenthood. The State likewise guarantees universal access to medically-safe, effective, legal, affordable, and quality reproductive health care services, methods, devices, supplies and relevant information and education thereon according to the priority needs of women, children and other underprivileged sectors.

In Europe, birthrates are even lower. As a consequence, by 2050 the population of Europe will have fallen to what it was in 1950. Mr. Longman

says this is happening all around the world: Women are having fewer children. It's happening in Brazil, it's happening in China, India and Japan. It's even happening in the Middle East. Wherever there is rapid urbanization, education for women and visions of urban affluence, birthrates are falling (Longman, 2004).

Government statistical office has concluded that there is no overpopulation in the Philippines but only the over-concentration of population in a number of urban centers. Despite other findings to the contrary, we must also consider the findings of a significant group of renowned economic scholars, including economic Nobel laureates, who have found no direct correlation between population and poverty. In fact, many Filipino scholars have concluded that population is not the cause of our poverty. The causes of our poverty are: flawed philosophies of development, misguided economic policies, greed, corruption, social inequities, lack of access to education, poor economic and social services, poor infrastructures, etc. World organizations estimate that in our country more than P400 billion pesos are lost yearly to corruption. The conclusion is unavoidable: for our country to escape from poverty, we have to address the real causes of poverty and not population (CBCP website).

Study conducted by Hashemi (2009) results show that the new family planning program has significantly reduced the relative risk of higher order births. The program effect was dramatically strengthened after passing the

new family planning bill in 1993. The effect of program on first birth is not significant and is marginal which shows that the program has not succeeded in delaying the first birth. But it clearly played a major role in delaying and stopping other births especially third birth and higher. Comparing the marginal effect of different variables of the model on the fertility reveals that woman's education had much stronger negative effect than the program effect. This result is consistent with the other similar studies in the literature which contribute the fertility decline to the development and put less emphasis on the role of family planning programs.

The attitudes towards contraceptive methods in the designated communities are mostly neutral or positive, with a slight preference given to natural methods of contraception. Modern contraceptive methods are rarely used in the communities because of the fear of side effects and low availability, especially in the villages without family planning cabinets. Withdrawal supported by abortion is the most practiced method of regulating family size in these communities. An overwhelming majority of the study participants liked the SDM and cited ease of usage, absence of side effects and lack of cost as its apparent advantages. Both men and women were eager to learn and use the method. Older members of the community (e.g., mothers-in-law who wield considerable influence), were also supportive of the SDM. The participants suggested individual consultations and group discussions as equally preferable ways of introducing the method to potential

users. The general opinion was that the method should be taught to women or a couple. If men are to be included in the training as a separate group, the methodologies for providing information differ because men preferred printed materials and male providers (Thompson 2001).

Comprehensive family planning programs have had a much larger effect for reducing fertility than had the fertility reductions brought about by substantial improvements in school quality G. Angeles, D. Guilkey, and T. Mroz (retrieved 2011).

Angeles, Guilkey, and Mroz (retrieved 2011) develop an empirical model of life cycle fertility that accounts for individual heterogeneity as well as modeling the endogenous determination of family planning services in communities in Tanzania. Their empirical modeling approach recognizes that there might be particular unmeasured features of communities that could be related to the fertility of women within the community as well as to the propensity for the government to place family planning programs within the community. Their results indicate that such selective placement of family planning programs does have important effects on a researcher's ability to measure the programmatic effects. Without controlling for the endogeneity of the placement of the family planning facilities, they found that hospitals were the most important type of facility for providing effective family planning services. After controlling for the endogeneity of the timing of the placement of the programs, they found that hospitals providing family planning services

had little impact on individual fertility outcomes, while health centers providing family planning services appeared to have large fertility reducing effects.

### **Family Planning Methods**

Family planning is the use of contraceptives to prevent pregnancy or observe birth control. Ideally, contraception is the responsibility of both partners engaging in sex. The practice of contraception may be done by a variety of methods. Preference is given to the couples unto which method they may adhere into. Such practices are grouped mainly as that of natural and artificial family planning method. In natural method, all methods under it do not utilize any instrument nor give any synthetic materials just to prevent the occurrence of pregnancy. Artificial method of family planning on the other hand utilizes synthetic products, equipments, and some hormones in order to prevent pregnancy.

Until the 1950's, contraceptive products (products to prevent pregnancy) were not very reliable or could not be easily purchased. Today, as many as 40 million women in the United States use some form of contraception, a figure that represents 60% of women in childbearing age (CDC, 2009). As such consultation with a health professional may still be needed to determine the most suitable practice and there should be discussions between your sexual partners before sex to meet both of your contraceptive needs. The widespread use of contraceptives today points to

both an increased awareness of responsibility for contraception and the wider range of options available.

### **Natural Family Planning Methods**

Approximately 124,000 women in the United States use natural methods of family planning (i.e., cervical mucus or temperature monitoring) for avoiding pregnancy. Another 434,000 use self-devised calendar formulas (i.e., rhythm) as a means to avoid pregnancy. Many women rely on natural markers of fertility to help them achieve pregnancy. The accuracy, ease of use, acceptability, and effectiveness of natural biological markers to estimate the time of fertility in the menstrual cycle is important for these women.

**Coitus Interruptus / Withdrawal.** Coitus interruptus, also known as the rejected sexual intercourse, withdrawal or pull-out method, is a method of birth-control in which a man, during intercourse withdraws his penis from a woman's vagina prior to ejaculation to keep sperm from joining the egg (STDR, 2011). Withdrawal is sometimes referred to as the contraceptive method that is “better than nothing”.

Unfortunately, ejaculation may occur before withdrawal is complete and, despite the care used, some spermatozoa may be deposited in the vagina. Furthermore, because there may be a few spermatozoa present in the pre-ejaculation fluid, fertilization may occur even if withdrawal seems controlled. For these reasons, coitus interruptus is only about 75% effective (Berek, 2006). Coitus interruptus does not protect against STDs or STIs and

is viewed by medical professionals to be an ineffective method of birth control and high level of trust and cooperation of couples is required (STDR, 2011).

But, based on the evidence, it might more aptly be referred to as a method that is almost as effective as the male condom—at least when it comes to pregnancy prevention. If the male partner withdraws before ejaculation every time a couple has vaginal intercourse, about 4% of couples will become pregnant over the course of a year (Jones & et. al, 2009).

However, more realistic estimates of typical use indicate that about 18% of couples will become pregnant in a year using withdrawal. These rates are only slightly less effective than male condoms, which have perfect- and typical-use failure rates of 2% and 17%, respectively (Jones & et. al, 2009).

**Calendar / Rhythm Method.** Calendar Methods are various methods of estimating a woman's likelihood of fertility, based on a record of the length of previous menstrual cycles. Various systems are known as the Knaus–Ogino Method or rhythm method and Standard Days Method. These systems may be used to achieve pregnancy, by timing unprotected intercourse for days identified as fertile, or to avoid pregnancy, by restricting unprotected intercourse to days identified as infertile (Pillitteri, 2010).

**Douching.** Douching is a method to wash out the vagina, usually with a mixture of water, vinegar, and antiseptics after sexual intercourse, to remove seminal fluid. It has been touted as having a number of supposed but unproven benefits but is equivalently dangerous, as it interferes with both the

vagina's normal self-cleaning and with the natural bacterial culture of the vagina, and it might spread or introduce infections (Healthwise, 2009). In the study of Sakru & et. al (2006), vaginal douching tends pregnant women to genital tract the incidence of vaginal infections, especially those caused by *Enterococcus* spp and GBS. As such infections may render such women to high risk in terms of perinatal mortality and morbidity, thus it is already an uncommon practice.

**Cervical Mucus / Billings Ovulation Method.** This is a method which women use to monitor their fertility, by identifying when they are fertile and when they are infertile during each menstrual cycle. Attention to the sensation of the vulva, and the appearance of any vaginal discharge should be made. This information can be used to achieve or avoid pregnancy during regular or irregular cycles, breastfeeding, and perimenopause. Described by the World Organization of the Ovulation Method Billings (WOOMB) as "Natural Fertility Regulation", this method may be used as a form of fertility awareness or natural family planning, as well as a way to monitor gynecological health (WHO, 2009).

In the study of Fehring (2007), correct - use pregnancy rate was 2.1% and the imperfect-use pregnancy rate was 14.2% per 12 months of use of cervical mucus observations which is in fact can be as effective as other fertility awareness – based methods of natural family planning.

**Lactation Amenorrhea Method.** This is a method of avoiding pregnancies which is based on the natural postnatal infertility that occur when a woman is amenorrheic and fully breastfeeding. LAM is 98% - 99.5% effective during the first six months postpartum (Alberta Medical Association, 2009). In this method, breastfeeding must be the infant's only (or almost only) source of nutrition. Feeding formula, pumping instead of nursing, and feeding solids all reduce the effectiveness of LAM. The infant must breastfeed at least every four hours during the day and at least every six hours at night. The mother must not have had a period after 56 days post-partum (Hatcher, 2007). It was suggested that, suckling stimulus may be the key variable which determines the return of postpartum ovulation (Howie & McNeilly, 2011).

**Basal Body Temperature Method.** Basal body temperature is the lowest temperature attained by the body during rest (usually during sleep). It can also be utilized to monitor ovulation in females. It is generally measured immediately after awakening and before any physical activity has been undertaken, although the temperature measured at that time is somewhat higher than the true basal body temperature. The higher levels of estrogen present during the pre-ovulatory (follicular) phase of the menstrual cycle lower BBTs. The higher levels of progesterone released by the corpus luteum after ovulation raise BBTs. The rise in temperatures can most commonly be seen the day after ovulation, but this varies and BBTs can only be used to estimate ovulation within a three day range. Charting of basal

body temperatures is used in some methods of fertility awareness, and may be used to determine the onset of post-ovulatory infertility. However, BBTs only show when ovulation has occurred; they do not predict ovulation. Normal sperm life is up to five days, making prediction of ovulation several days in advance necessary for avoiding pregnancy (Berek, 2006).

Over the last 30 years the vast majority of researchers have concluded that BBT is not a reliable marker of ovulation. According to Guermandi et al (Fehring & Barron, 2005), reliability in interpretation of temperature curves ranges from 25% to 50% depending on the day of the cycle being studied which are affected by many reasons, including the technique of the patient, confounding factors such as alcohol intake or timing of temperature taking, or the woman's physiologic hormonal milieu. Despite their use for decades, BBT charts do not aid in diagnostic decision making about ovulation (Fehring & Barron, 2005).

### **Artificial Family Planning Methods**

Artificial family planning methods are subdivided into groups as to their mode of action and or process of practice. In general, there are those Hormonal Methods, Mechanical / Barrier Methods, and Surgical Methods.

#### **Hormonal Methods**

**Birth Control Pills.** Oral contraceptive pills, commonly known as the pill or COCs (combination oral contraceptives, are composed of varying amounts of synthetic estrogen and progestogen hormones. The estrogen acts

to suppress follicle stimulating hormone (FSH) and LH, thereby suppressing ovulation. The progesterone action complements that of estrogen by causing a decrease in the permeability of cervical mucus, thereby limiting sperm motility and access to ova. Progesterone also interferes with tubal transport and endometrial proliferation to such degrees that the possibility of implantation is significantly decreased (Pillitteri, 2010).

A variety of pills are available, but essentially they all work in the same way. Proper intake of pills have 92 – 99% efficacy rate (FPWA, 2009). It is easy to use as pills are just taken orally every day. Special precautions are necessary remembering to take it daily, it is not suitable for women who can't take estrogen, and that there are certain medication and vomiting or diarrhea can make the pill less effective(FPWA, 2009).

Indeed there are numerous side effects which unfortunately are not made known to the general public. For example on top of numerous studies showing its carcinogenic properties since the development of the synthetic estrogens in 1938 by Sir Edward Charles Dodds finally the International Agency for Research on Cancer (IARC) of the World Health Organization (WHO) announced on July 29, 2005 that after a thorough review of the published scientific literature, it has concluded that combined estrogen-progestogen oral contraceptives (and combined estrogen-progestogen menopausal therapy) are carcinogenic to humans - Group I category. This

category is used when there is sufficient evidence of carcinogenicity in humans (Miguel-Aguirre, 2008; Nidoy, 2010)

Cancers, Heart Attacks, Strokes, and may cause abortion are just some of listed major adverse effects of the pill on women. Although the primary effect of the BCP is (a) to prevent ovulation and (b) to change the cervical mucus which increases the difficulty of sperm entry into the uterus, in 1978 (sometime after abortion became legal in the U.S. in January 1973), a third effect has been listed in drug references and textbooks of pharmacology that is it causes changes in the lining of the uterus which makes it hostile to implantation or nidation (Miguel-Aguirre, 2008; Nidoy, 2010).

Further, it was noted that, although the pill is supposed to reach an effectiveness of over 99%, in practice the rate is much lower. Between 1.9% and 18.1% of women will experience an “unplanned pregnancy” in the first year of using the pill (therefore contributing to the so-called unwanted pregnancy), and thus, will most likely end up to abortion (Miguel-Aguirre, 2008).

**Injectables.** Injectable contraceptives are hormones given thru parenteral route such as or Depo-Provera (medroxyprogesterone acetate) norethisterone enanthate (NET-EN), each contain a progestin like the natural hormone progesterone in a woman’s body. It does not contain estrogen, and

so can be used throughout breastfeeding and by women who cannot use methods with estrogen (WHO, 2011).

Effectiveness depends on getting injections regularly: This means that 97 of every 100 women using injectables will not become pregnant. Risk of pregnancy is greatest when a woman misses an injection, thus, fertility returns after injections are stopped (WHO, 2011).

WHO (2011) reports that users may experience the following on the First 3 months; Irregular or prolonged bleeding. At one year, there is a possibility of none / infrequent / irregular monthly bleeding. NET-EN affects bleeding patterns less than DMPA. NET-EN users have fewer days of bleeding in the first 6 months and are less likely to have no monthly bleeding after one year than DMPA users. Weight gain, headaches, dizziness, abdominal bloating and discomfort, mood changes, and less sex drive may also be noted.

### **Mechanical Methods**

**Condoms and Diaphragms.** Condoms and diaphragms are barriers that prevent the union of sperm and egg cells. Both male and female condoms may be made latex or polyurethane. For males, it needs to fit closely over an erect penis. Condoms prevent semen from entering the vagina. Condoms should only be used with water-based lubricant. For male condoms, there is 85 – 98% efficacy rate while female condoms have lower at 79-95% only (FPWA, 2009).

Condoms are cheap and easy to buy from pharmacies, supermarkets, service stations, sexual health clinics and vending machines. It does not require prescription to secure condoms. No health risks issues as one may utilize polyurethane condoms if allergic to latex. Further, there is an involvement of male partners in sharing contraceptive responsibility and gives protection against most STIs if used correctly (FPWA, 2009).

Condoms and diaphragms are not abortifacient but they have the highest failure rate varying from 4-30 % depending on the age group surveyed. It condones promiscuity and since it does not protect 100%, it contributes to increased incidence of sexually transmitted disease /infection (Miguel-Aguirre, 2008). Availability of condoms makes people take wilder sexual risks, thus worsening the spread of the disease as it offers false reassurance of protection (Nidoy, 2010).

**Intrauterine Device.** IUDs are inserted into the uterus by a doctor to prevent sperm from reaching the egg. Its use may give up to 99% efficacy. It is also easy to use as there is no daily contraception pills to take and worries for missed doses. It is also cost effective and can last between 5 - 10 years. It should be noted that this IUDs can change the female menstrual period patterns and insertion of which should be done by a trained practitioner only (FPWA, 2009).

The IUD acts primarily by preventing the embryo from implanting and not by preventing conception. It can be noted that fertilization had been

successful and that, it is the implantation of the fertilized ovum to the uterine wall that this device prevents. Please note that doctors and scientists in Embryology, Anatomy and Physiology who study life in its early stages of development recognize and define life as beginning from fertilization. Thus, it is therefore an abortifacient, not a contraceptive, as attested to by Dr. Jerome Lejeune, expert on Fundamental Genetics, University of Paris. Experts who deny the abortifacient properties of the pill and IUD have actually transferred the beginning of life from fertilization to implantation (Miguel-Aguirre, 2008).

### **Surgical Methods**

**Bilateral Tubal Ligation.** This procedure is also called tubal sterilization, tubal ligation, voluntary surgical contraception, tubectomy, bi-tubal ligation, tying the tubes, minilap, and “the operation.” It works because the fallopian tubes are blocked or cut. Eggs released from the ovaries cannot move down the tubes, and so they do not meet sperm (WHO, 2011). This is a permanent contraception for women who will not want more children. There are two surgical approaches most often used. The first approach is by minilaparotomy, which involves making a small incision in the abdomen. The fallopian tubes are brought to the incision to be cut or blocked. The second is by laparoscopy, which involves inserting a long thin tube with a lens in it into the abdomen through a small incision. This laparoscope enables the doctor to see and block or cut the fallopian tubes in the abdomen. It is one of the most

effective methods but carries a small risk of failure: Less than 1 pregnancy per 100 women over the first year after having the sterilization procedure (5 per 1,000) (WHO, 2011).

Sterilization in the form of ligation and vasectomy is considered a form of mutilation. Both tubal ligation and vasectomy have its negative adverse effects. Clients who had tubal ligations may possibly result to high risk Ectopic pregnancy as the procedure have 1.85% failure rate. Further, Hemorrhage & bleeding, increased risk of heavy menses in the long term, Increased future gynecologic rate of surgery including hysterectomy, diverse anesthesia effects, post tubal ligation syndrome may be experienced as well (Miguel-Aguirre, 2008).

**Vasectomy.** This is also called male sterilization and male surgical contraception. It is a permanent contraception for men who will not want more children. It is done through a puncture or small incision in the scrotum, the provider locates each of the 2 tubes that carries sperm to the penis (vas deferens) and cuts or blocks it by cutting and tying it closed or by applying heat or electricity (cautery) (WHO, 2011).

It Works by closing off each vas deferens, keeping sperm out of semen. Semen is ejaculated, but it cannot cause pregnancy. Therefore, although the man can resume sexual intercourse within 1 week, an additional birth control method should be used until the two negative sperm reports have been obtained (Pillitterri, 2010). On the other hand, vasectomy has resulted

to the development of autoimmune response disorders (e.g thrombophlebitis), prolonged fever, generalized lymph node enlargement, recurrent infection, skin eruptions, multiple sclerosis, liver dysfunction, rheumatoid arthritis, risk of prostate cancer, and exacerbates atherosclerosis (hardening of the arteries). Other adverse effects which may be noted are; Psychological disorders, Bleeding, infection on the incision site, Sperm granuloma, Pain in the scrotum, formation of kidney stones, congestive epididymitis, chronic post vasectomy pain (Miguel-Aguirre, 2008).

### **Synthesis**

Varied studies stressed and gave importance on the different factors that affect family planning methods. It had been identified and studies supported that adoption of these methods varies as different factors came into consideration. These factors have been generally identified to be as: age, religion, educational attainment, occupation, socio-economic class, number of children, and number of years using family planning.

With family planning, it is being emphasized not only as a decision of the women but a cooperation of both of the couples to elicit a successful family. Choosing the right contraceptive is an important decision as to avoid the serious consequence of an unwanted pregnancy. While there is no “ideal method”, there is a preferred method. Care should be taken into consideration

in choosing a safe method that would avoid unfortunate medical consequences.

With the current population statistics, there is a need of reinforcing the Family Planning Programs. The government's effort to implement such program should be supported and studied in order to implement a better program that would enhance the families' health and well-being without the compromise of their safety, security, and sense of control of their individual families, taking into consideration all other aspects of being human.

### **Theoretical Framework**

The study utilized the General Systems Theory of Karl Ludwig von Bertalanffy and the Behavioral System Model of Dorothy E. Johnson. Bertalanffy introduced the systems theory as a universal theory that could be applied to many fields of study (Berman & Snyder, 2011). This theory provides a way of examining interrelationships and deriving principles. It is believed that systems may be complex and the systems components are often studied as subsystems.

According to Berman & Snyder (2011), Bertalanffy believed that a system depends on the quality and quantity of input, throughput, output, and feedback. The input is consists of information, material, or energy that enters the system. It is then processed in a way useful to the system after it is absorbed, and this transformation is called the throughput. The result of the

process which is also energy, matter, or information is now the output. The feedback is the mechanism by which some of the output of a system is returned to the system as input. Feedback enables a system to regulate itself by redirecting the output of a system back to the system as input, thus forming a feedback loop which can influence the behavior of the system and its future output. A negative feedback inhibits change while a positive feedback stimulates.

According to Tomey & Alligood (2008) Johnson accepted the definition of behavior as the output of intraorganismic structures and processes as they are coordinated and articulated by and responsive to changes in sensory stimulation. She also stated that a system is a whole that functions as a whole by virtue of the interdependence of its parts and that there is organization, interaction, interdependency, and integration of the parts and elements.

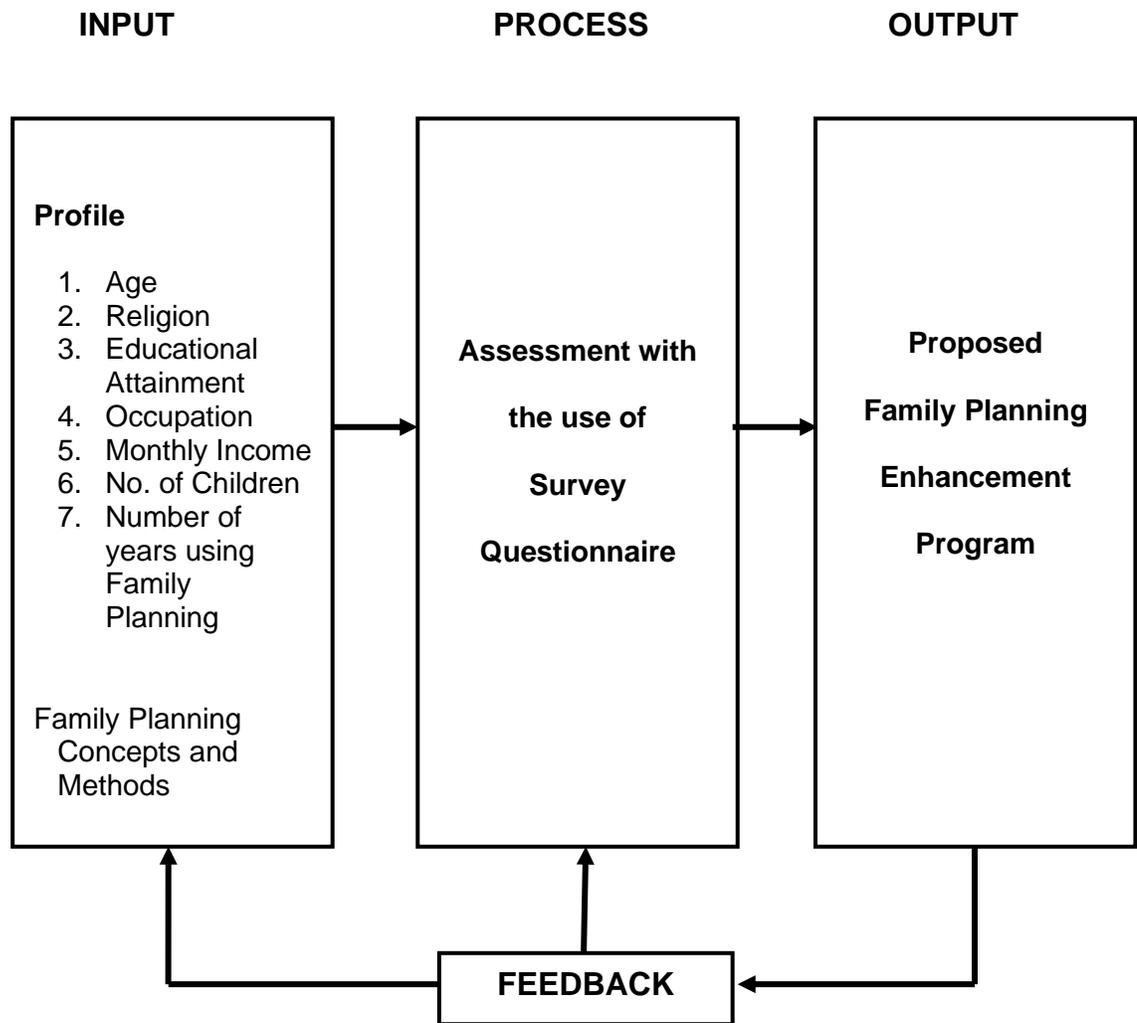
Johnson's Behavioral System Model encompasses the patterned, repetitive, and purposeful ways of behaving. A person as a behavioral system tries to achieve stability and balance by adjustment and adaptations that are successful to some degree for efficient functioning (Tomey & Alligood, 2008). Studies increasingly utilizes System Theories to understand the inter relationship not only that of the person as a biologic systems but also systems in families, communities, and nursing and health care.

In applying the above theory to the study, the Input – Process – Output Model is to be adopted which will provide the general structure and guide for the direction of the study as presented in Fig. 1.

There are three boxes that are represented. The first box represent the Input that contains the socio-demographic status of the participants in terms of (a) Age, (b) Religion, (c) Educational Attainment, (d) Occupation, (e) Monthly Income, (f) No. of children, and the (g) No of years using family planning, and level of awareness and adoption of participants on Family Planning.

The second box represents the Process which are the actions taken upon utilizing the various inputs through the use of the survey questionnaire to assess the level of awareness of the participants in relation to the adoption of family planning practices.

And finally, the third box represents the Output which is the result of the processes that will help the enhancement and development of the specified healthcare program. Feedback will then be utilized to determine effectiveness of the designed program.



**Figure 1**  
**Research Paradigm**

## **Chapter 3**

### **METHODOLOGY**

This chapter discusses the research design, participants of the study, instrumentation, validation, data gathering procedure, and statistical treatment.

#### **Research Design**

This study followed a quantitative research model using an explorative and descriptive design to assess the level of awareness and practices of family planning practices among families in a selected barangay. It is concerned with the collection, classification, and describing characteristics of which certain phenomena occurs and allows an in-depth exploration of dimensions of the phenomena, including its manifestations and related factors (Cacanindin, 2010).

Data was gathered through personal interview by the use of a survey questionnaire. A comprehensive analysis was presented showing the level of awareness and the adoption of family planning. Careful analysis and proper documentation of the results were of topmost consideration in this study. Any data gathered during the interpersonal survey was instrumental in the presentation of accurate results in relation to the focus of the study.

### **Participants of the Study**

Participants were handpicked to be included in the sampling frame based on certain criteria for the purposes of the study. There was a total of 109 couples selected as participants through purposive sampling, wherein the participants were all couples within reproductive age from 15 - 49 in the selected barangay. Participants were viewed as typical cases that provided enough data to answer the research questions (Cacanindin, 2010).

### **Instrumentation**

The collection of data involved an interview, utilizing the developed survey questionnaire to assess awareness and the common family planning methods among the selected couples. Questionnaires were designed by the researcher using the objectives of the study as the guide framework.

The questionnaire was composed of three parts: (1) Demographic Profile, (2) Awareness Level, and (3) Family Planning Adoption. The content of the instrument was adopted from the key concepts on family planning methods based on "Family Planning: A Global Handbook for Providers" (WHO, 2011).

A copy of the survey questionnaire was initially sent to the research adviser for evaluation of questionnaire construction and corrections. Content validity was done by distributing the developed survey questionnaire to experts for critique and analysis.

Pilot study was also conducted to seven families in a separately identified barangay and results of which were treated with Cronbach's Alpha to measure internal consistency for reliability of the questionnaire and resulted to 0.957 which is interpreted as having a very high internal consistency.

### **Data-Gathering Procedure**

This study was based on the answers of the personal interview of the researcher to the participants residing within the targeted community.

Initially an official written of request noted by the Research Adviser was handed to the Barangay Chairman seeking permission to conduct the study.

Upon approval of the permit to conduct the study, personal interview by the researcher was conducted to participants residing within the specified community using the developed questionnaire to directly identify and clarify responses that were not clear.

Results of the survey were then collated, processed and treated statistically for proper analysis and interpretation.

### Statistical Treatment of Data

Data were analyzed using descriptive and inferential analysis. For the descriptive analysis, the following statistical tools were adopted (de Guzman, 2008):

- a) **Percentage** was utilized to identify the distribution or frequency of the responses of the participants in the study.
- b) **Ranking** was utilized to identify the hierarchy of the most common methods utilized by the participants in the study.
- c) **Weighted Mean** was utilized to measure central tendencies of the responses in the study.
- d) To compute for the degree of relationship (establish correlation) between the level of awareness on family planning and demographic profile of couples such as age, monthly income, number of children, and number of years using family planning of the selected communities, the **Pearson – Product Moment Correlation Coefficient (Pearson – r)** was used. For the demographic profile such as educational attainment, occupation and religion, which are categorical in nature, **Eta correlation** was used. Interpretation of values obtained was as follows:

Coefficient of Correlation	Interpretation as to the Degree of Relation
± 0.90 to 1.00	Very high correlation; Very dependable relationship
± 0.70 to 0.89	High correlation; Marked relationship
± 0.40 to 0.69	Moderate correlation; Substantial relationship
± 0.20 to 0.39	Low correlation; Definite but small relationship
Less than ± 0.20	Negligible correlation
0	No correlation

- e) To test for the significance of the computed correlation coefficient between the level of awareness and demographic profile of the couples of the selected communities, **T- Test for Dependent or Correlated Means** was utilized. A p-value less than 0.05 was then interpreted as SIGNIFICANT.
- f) A continuous rating scale was used to measure the extent of the Level of awareness (Part II), as it offer distinct advantages over discrete scales (Belz & Kow, 2011; Treiblmaier, H. & P. Filzmoser, 2009). The participants were asked to give a rating at the appropriate position on a continuous line with numerical value from 0 to 10. Such numerical values

were then converted into percentile to accurately reflect a more sensitive value for the interpretation of data. The following scale was used to determine the appropriate values in the interpretation of mean scores.

**Level of awareness (Part II)**

<b>MEAN</b>	<b>RATE</b>	<b>INTERPRETATION</b>
8.0-10	Aware to great extent	Knowledge or idea regarding the subject matter is vast with 80-100% of information known.
6.0-7.99	Aware	Knowledge or idea regarding the subject of inquiry is sufficient of about 60-70%
4.0-5.99	Moderately Aware	Knowledge or idea regarding the subject of inquiry of about 40-59%
2.0 – 3.99	Aware Slightly	subject of inquiry of about 40 - 59 % knowledge or idea regarding the
0.0 – 1.99	Not Aware	knowledge or idea regarding the subject of inquiry of about 20 - 39 % Does not have any knowledge or idea regarding the subject of inquiry

## **Chapter 4**

### **PRESENTATION, ANALYSIS, AND INTERPRETATION OF DATA**

This chapter presents the data in relation to the questions asked in the study and their corresponding analysis and interpretation. The presentation is organized on the basis of the questions asked.

#### **I. Demographic Profile of the Participants**

This study investigated the demographic profile among couple participants in a selected barangay in Tacloban City. Table 1 presents the profile distribution of these participants with respect to age range, religion, educational attainment, occupation, monthly income, number of children, and number of years using family planning (FP)

The table shows that most of the participants were within the age range of 21 to 30 years old, comprising 46% or 50 out of 109 participants. This is followed by age range of 31 to 40 years old, which is 27%. The least number were under the age 20 and below with only 2 participants, or 2%. The average age among the 109 participants was 34 years old. These findings imply that most of the participants were in their right age for parenthood. This also reflects that they were matured and capable to be part of the study.

**Table 1**  
**Profile Distribution of Participants**

<b>Age Range</b>	<b>Frequency</b>	<b>Percent (%)</b>
20 years old and below	2	2
21 – 30 years old	50	46
31 – 40 years old	30	27
41 – 50 years old	27	25
51 years old and above	0	0
<b>Total</b>	<b>109</b>	<b>100.0</b>
<b>Religion</b>		
Roman Catholic	105	96
Born Again Christian	3	3
Protestant	1	1
<b>Total</b>	<b>109</b>	<b>100.0</b>
<b>Educational Attainment</b>		
Elementary Level	6	5
Elementary Graduate	1	1
High School Level	26	24
High School Graduate	26	24
College Level	21	19
College Graduate	28	26
Post Graduate	1	1
<b>Total</b>	<b>109</b>	<b>100.0</b>
<b>Occupation</b>		
None	24	22
Self Employed	52	48
Government Employee	7	6
Private Employee	26	24
<b>Total</b>	<b>109</b>	<b>100.0</b>
<b>Monthly Income</b>		
5,000 & below	42	38
5,001 – 10,000	38	35
10,001 – 15,000	14	13
15,001 – 20,000	7	6
20,001 & above	8	7
<b>Total</b>	<b>109</b>	<b>100.0</b>
<b>Number of Children</b>		
1 – 3	74	68
4 – 6	32	29
7 – 9	2	2
10 & above	1	1
<b>Total</b>	<b>109</b>	<b>100.0</b>
<b>Number of Years Using FP</b>		
5 years & below	57	52
6 – 10 years	21	19
11 – 15 years	9	8
16 – 20 years	17	16
21 years & above	5	5
<b>Total</b>	<b>109</b>	<b>100.0</b>

It also shows that 105 or 96% of the participants were Roman Catholic.

While the remaining participants were Born Again Christian and Protestant,

with 3 and 1 participants, respectively. This concurs with the 2008 NSO findings that the Philippines is predominantly a Roman Catholic Nation with Majority of which is Roman Catholic.

The table above shows that only 28 out of 109, or 26% of the participants were college graduates. This is followed by High School Level and High School Graduates, which comprise the same number of participants at 24% each with 26 participants. While the least number of participants were elementary graduate and post graduate, each have 1 respondent or 1%. Though the college graduates comprised the highest percentage among the categories, it actually is just a quarter of the entire population of the participants - still a small part when taking into consideration that these are individuals with families, thus could influences spousal fertility references (Dewi, 2009).

The data show that most of the participants were self employed, which comprise 48% or 52 of the 109 participants. These were composed of sari-sari store owners, vendors, pedi cab drivers, fishermen, etc. This is followed by employees in private companies which was 24% or 26 out of 109 participants. It also shows that 24 out of 109 participants or 22%, were unemployed, and only 7 or 6.4% were government employees. The occupation reflects the source of income of every couple. It is evident that there was high unemployment in the said community.

The table shows 38% or 42 out of 109 participants gained monthly income of P5,000 and below. This is followed by 35% or 38 who had a monthly income ranging from P5,001 to P10,000. The least number of participants gained a monthly income ranging from P15,001 to P20,000, who were only 7 or 6%. This reflects that the majority of the couples earned below the poverty level income which is supposed to be between Php15, 000 – Php20, 000 per month. It can be noted that the socio economic status of couples can be a determinant in the application of family planning (Shah, et al, 2008)

The presentation above shows that most of the participants, that is 74 out of 109 or 68%, had only a total of 1 to 3 children. This is followed by those who had 4 to 6 children who comprise 29%. There was only 1 participant having 10 and/or above number of children. As a result of these figures, an average of 3 children was obtained from the participants.

As presented 52% of the participants, or 57 out of 109, had been using family planning for 5 years and below. This is followed by those who applied the same thing for 6-10 years, which was done by 21 or 19% of the participants. The least number was those who had observed family planning for 21 years and above, done by only 5 participants or 5%. It can be noted that the result of the number of years of family planning practice may be congruent with the age group of the participants of the study and perhaps their awareness on the different methods of family planning.

## II. Level of Awareness among Participants on Family Planning

Table 2 below presents the results on the level of awareness of couple participants on family planning.

**Table 2**

### Level of Awareness among Participants on Family Planning Concepts

<b>Family Planning Concepts</b>	<b>MEAN</b>	<b>Description</b>
1. There is a family planning program promoted by the government?	9.01	Aware to a great extent
2. There is a need for a family planning program?	9.69	Aware to a great extent
3. Family planning may help to maintain a healthy mother and child?	9.42	Aware to a great extent
4. Family planning may save lives?	9.22	Aware to a great extent
5. With small number of children, you will have more time and money for everyone	9.77	Aware to a great extent
<b>Overall Mean</b>	<b>9.42</b>	<b>Aware to a great extent</b>

As presented above, the participants were aware to a great extent on the presence of a family planning program promoted by the government with a mean of 9.01. This is a result of the government's decade long effort on information dissemination campaign on Family Planning Program and the

current Reproductive Health Bill. The participants also recognized that there was a need for a family planning program with a mean result of 9.69 and is interpreted as being aware to great extent. They may have been direct or indirect witnesses of the current population status thus recognize that a family planning program may indeed be necessary. They were also aware to a great extent, with a mean of 9.42 that the family planning program may help to maintain a healthy mother and child thus save lives, having a mean of 9.22.

Finally, having a mean of 9.77, the participants were aware to a great extent that there will be more time and money for everyone with a small number of children. Their being a personal witness and personal experiences on a larger family size could have helped them realize the economic effect of proper family planning. Overall, it shows that couples were aware to the great extent on the different Family Planning concepts being promoted by the government.

### **Natural Family Planning**

Discussion that follows presents the level of awareness of participants on family planning categorized as Natural Method in Table 3 and Artificial Method on Table 4.

**Abstinence.** The participants were aware to a great extent on abstinence as the best way to prevent pregnancy and this method promotes discipline and self concept having a mean result of 9.47 and 9.36 respectively. It shows that couples were more aware that there was a need

for a sexual contact in order for them to produce offspring, a fundamental knowledge regarding contraception.

**Table 3**  
**Level of Awareness of Participants on Family Planning**  
**In Terms of Natural Method**

Indicators	WEIGHTED MEAN	Description
<b>Abstinence</b>		
1. The best way to prevent pregnancy is abstinence	9.47	Aware to a great extent
2. This method promotes discipline and self concept	9.36	Aware to a great extent
<i>Sub-Mean</i>	<b>9.41</b>	<b>Aware to a great extent</b>
<b>Coitus Interruptus/Withdrawal</b>		
1. There will be no pregnancy when the penis is withdrawn and ejaculation is done outside the vagina	7.89	Aware
2. This method requires time to learn	8.31	Aware
3. This might not be effective to male who cannot control their ejaculation	8.20	Aware
<i>Sub-Mean</i>	<b>8.13</b>	<b>Aware</b>
<b>Calendar/Rhythm/Standard Days Method</b>		
1. Pregnancy may be prevented by not having coitus during identified fertile days	6.44	Moderately Aware
2. The 8 <sup>th</sup> – 19 <sup>th</sup> day of every cycle are the days that females are fertile	5.66	Moderately Aware
3. This method does not have side effects	5.99	Moderately Aware
<i>Sub-Mean</i>	<b>6.03</b>	<b>Moderately Aware</b>
<b>Mucous/Billings/Ovulation Method</b>		
1. There will be no pregnancy when coitus is done during observed infertile days	2.42	Not Aware
2. This can be used by any women as long as there is no unusual condition that result in extraordinary vaginal discharges	2.38	Not Aware
3. There should be regular observation for presence of mucous and observation of fertile days characteristics	2.42	Not Aware
<i>Sub-Mean</i>	<b>2.41</b>	<b>Not Aware</b>
<b>Lactating Amenorrhea Method</b>		
1. That breastfeeding will help prevent pregnancy	3.67	Slightly Aware
2. There is a proper practice for this method to be effective	3.72	Slightly Aware
3. This method is effective up to six months after delivery	2.91	Not Aware
<i>Sub-Mean</i>	<b>3.43</b>	<b>Slightly Aware</b>

**Coitus interruptus / Withdrawal.** With a mean of 7.89, participants were aware that with coitus interruptus or withdrawal, there would be no pregnancy when the penis is withdrawn and ejaculation is done outside the vagina. With a mean of 8.31, participants were aware that this method required time to learn and this might not be effective for males who cannot control their ejaculation as shown by a mean of 8.20.

**Calendar/rhythm/standard days method.** It can be noted that with a mean of 6.44, participants were moderately aware that pregnancy may be prevented by not having coitus during identified fertile days. They recognized as moderately aware as well that the 8<sup>th</sup> – 19<sup>th</sup> day of every cycle were the days that females are fertile and the practice of this method did not have side effects as shown by a mean of 5.66 and 5.99 respectively. The technicalities of this method could have affected the participant's awareness as this method needs a lot of base information for them to be able to understand.

**Mucous/billings/ovulation method.** This method is not considered as a familiar natural family planning method practice as participants were not aware that there would be no pregnancy when coitus is done during observed infertile days. They were also not aware that it could be used by any woman as long as there is no unusual condition that results in extraordinary vaginal discharges, and that it needs regular observation for presence of mucous and observation of fertile day's characteristics having mean results of 2.42, 2.38, and 2.42 respectively.

**Lactating amenorrhea method.** With a mean of 3.67 and 3.72 respectively, participants were just slightly aware that breastfeeding would help prevent pregnancy and there was a proper practice for this method to be effective. Having a mean of 2.91, it shows that the participants were not aware that this method is effective up to six months after delivery. Though breastfeeding was a practice of newly delivered mothers, the couples did not recognize its importance and relationship to natural family planning method.

### **Artificial Family Planning**

**Pills.** With a mean of 9.28 and 9.01 respectively, participants were aware to a great extent that pills could be utilized to prevent pregnancy, and that pills were a more effective method but needed to be utilized properly. But when interviewed on whether pills were taken everyday and the possible effects of pills on the body, a mean of 7.12 and 7.73 respectively shows that participants were aware of it. An 8.29 overall sub-mean reflects that participants were aware of birth control pills as a means of contraception. The data collected shows that the government's campaign on family planning on the concepts of pills as a contraceptive is effective, but awareness on its utilization and on its possible effects is not as much.

**Table 4**  
**Level of Awareness among Participants on Family Planning**  
**In Terms of Artificial Method**

Indicators	WEIGHTED MEAN	Description
<b>Birth Control Pills</b>		
1. Pills can be utilized to prevent pregnancy?	9.28	Aware to a great extent
2. Pills are more effective method but needs to be utilized properly	9.01	Aware to a great extent
3. Pills are taken every day	7.12	Aware
4. There are possible effects of pills on your body	7.73	Aware
<b>Sub-Mean</b>	<b>8.29</b>	<b>Aware</b>
<b>Injectables</b>		
1. There are Injections that can be utilized to prevent pregnancy?	8.77	Aware
2. This is a more effective method but should be done in the appropriate time and frequency	8.25	Aware
3. Injection is administered every 3 months	5.67	Moderately Aware
4. There are possible effects of injectables on your body	6.83	Moderately Aware
<b>Sub-Mean</b>	<b>7.38</b>	<b>Aware</b>
<b>Condom</b>		
1. Condoms can be utilized to prevent pregnancy?	7.54	Aware
2. Male condom and female condoms are different	5.47	Moderately Aware
3. This is effective but needs to be utilized properly	6.59	Moderately Aware
4. There is a proper way of wearing condoms before every intercourse	6.27	Moderately Aware
<b>Sub-Mean</b>	<b>6.47</b>	<b>Moderately Aware</b>
<b>IUD</b>		
1. IUDs can be utilized to prevent pregnancy?	4.19	Slightly Aware
2. This is very effective and is easier to use	3.70	Slightly Aware
3. Do you know how IUDs are used and inserted?	2.39	Not Aware
<b>Sub-Mean</b>	<b>3.43</b>	<b>Slightly Aware</b>
<b>Bilateral Tubal Ligation</b>		
1. Ligation may be a means of preventing pregnancy	9.83	Aware to a great extent
2. This is very effective but is permanent	9.53	Aware to a great extent
3. This method is a surgical procedure done in hospitals	9.50	Aware to a great extent
4. There are possible complications this procedure may have	9.06	Aware to a great extent
<b>Sub-Mean</b>	<b>9.48</b>	<b>Aware to a great extent</b>
<b>Vasectomy</b>		
1. Male ligation may be a means of preventing pregnancy	6.35	Moderately Aware
2. This is very effective but is permanent	5.91	Moderately Aware
3. This method is a surgical procedure done in hospitals	6.16	Moderately Aware
4. There are possible complications this procedure may have	5.78	Moderately Aware
5. This is very effective and is easier to utilize	5.87	Moderately Aware
<b>Sub-Mean</b>	<b>6.01</b>	<b>Moderately Aware</b>

**Injectables.** Data shows that participants were aware that there were Injections that can be utilized to prevent pregnancy and it was a more

effective method but should be done in the appropriate time and frequency with a mean of 8.77 and 8.25 respectively. But with regards to its administration every 3 months and the presence of possible effects in the body, participants were moderately aware having a mean of 5.67 and 6.83 respectively. It shows that participants were generally aware on the injectables as a method of family planning as reflected by a sub-mean of 7.38.

**Condom.** Participants were aware with a mean of 7.54 that condoms could be utilized to prevent pregnancy. When asked if male condom and female condoms were different, if it was effective but needed to be utilized properly, and if there was a proper way of wearing condoms before intercourse, participants showed moderate awareness with a mean of 5.47, 6.59, and 6.27 respectively. A sub-mean of 6.47 may then be interpreted that participants were moderately aware of condom utilization as an effective means of contraception. Though condoms are commonly advertized as a contraceptive device, the participant's awareness on its proper utilization is not at full extent.

**IUD.** Participants were slightly aware that IUDs could be utilized to prevent pregnancy, and that it was very effective and easier to use with means of 4.19 and 3.70 respectively. With a mean of 2.39, participants were not aware how IUDs were used and inserted. With little information regarding

this as one of the uncommon family planning method, a sub-mean of 3.43 shows that participants were only slightly aware about it.

**Bilateral Tubal Ligation.** With a mean of 9.83, results shows that the participants were aware to a great extent that bilateral tubal ligation may be a means of preventing pregnancy. They were also aware to a great extent that it is very effective but was permanent, and that this was done in the hospitals and possible complications might arise from this procedure with a mean of 9.53, 9.50, and 9.06 respectively. A sub-mean of 9.48 means that the participants were aware to a great extent on the different concepts regarding bilateral tubal ligation.

**Vasectomy.** With a mean of 6.35, 5.91, it is shown here that participants were moderately aware on male ligation as means of preventing pregnancy and that it was effective but permanent. They were also moderately aware that it was a surgical procedure done in hospitals and that there were possible complications the procedure may have, with a mean of 6.16, and 5.78 respectively. A sub-mean of 6.01 means that participants were moderately aware on vasectomy.

In summary, as reflected in Table 5, for the natural method of family planning, it can be noted that abstinence ranked 1<sup>st</sup> with the highest sub-mean of 9.41 which indicates that couples were aware to a great extent on abstinence as a means of contraception. Coitus Interruptus / withdrawal ranked 2<sup>nd</sup> with a sub-mean of 8.13 and interpreted as aware. Calendar

Method / Rhythm / Standard Days Method, Lactating Amenorrhea Method, and Mucous / Billings / Ovulation Method came 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> with sub-means of 6.03 which is interpreted as moderately aware, 3.43 as slightly aware, and 2.41 as not aware respectively.

**Table 5**  
**Summary and Ranking of Awareness on Natural**  
**and Artificial Family Planning Method**

<b>Rank</b>	<b>Natural Family Planning Method</b>	<b>Sub-Mean</b>	<b>Description</b>
1	Abstinence	9.41	Aware to a great Extent
2	Coitus Interruptus / Withdrawal	8.13	Aware
3	Calendar Method / Rhythm / Standard Days Method	6.03	Moderately Aware
4	Lactating Amenorrhea Method	3.43	Slightly Aware
5	Mucous / Billings / Ovulation Method	2.41	Not Aware
<b>Rank</b>	<b>Artificial Family Planning Method</b>	<b>Sub-Mean</b>	<b>Description</b>
1	Bilateral Tubal Ligation	9.48	Aware to a Great Extent
2	Birth Control Pills	8.29	Aware
3	Injectables	7.38	Aware
4	Condom	6.47	Moderately Aware
5	Vasectomy	6.01	Moderately Aware
6	IUD	3.43	Slightly Aware

As shown in Table 5 for the artificial method, Bilateral Tubal Ligation ranked 1<sup>st</sup> with the highest mean of 9.48, which means that couples were aware of it to a great extent. With a sub-mean of 8.29 and 7.38, Birth Control Pills and Injectables both ranked 2<sup>nd</sup> and 3<sup>rd</sup>, and represent that couples were aware of it. Couples were moderately aware on both Condom and Vasectomy as reflected by sub-means of 6.47 and 6.01, and were ranked 4<sup>th</sup> and 5<sup>th</sup> respectively. It is immediately followed by IUD with a sub-mean of 3.43 which means that couples were just slightly aware of IUDs.

### III. Family Planning Practices among Participants

Discussions that follow present the family planning practices that the couple participants used. Results are presented in Table 5.

**Table 6**  
**Family Planning Practices \***

<b>Rank</b>	<b>Natural Family Planning Practices</b>	<b>Percent</b>
1	Abstinence	98
2	Withdrawal	83
3	Standard Days Method	43
4	Lactation Amenorrhea Method	29
5	Mucous method	4
<b>Rank</b>	<b>Artificial Family Planning Practices</b>	<b>Percent</b>
1	Condom	25
2	Pills	19
3	Bilateral Tubal Ligation	17
4	Injectables	5
5	IUD ( and Frequency of consultation)	1
6	Vasectomy	1

(\*) Multiple responses

**Natural Family Planning Method.** Abstinence was the most common NFP method practiced by 107 of 109 or 98%. It is followed by Withdrawal Method practiced by 90 or 83%, Standard Days method by 47 or 43%, and Lactation Amenorrhea Method by 3 or 29%. The least being practiced family planning method is the Mucous Method which was done only by 4 or 4% of the participants. It could be noted that participants did not only adhere to one type of method but rather a variety or sometimes maybe a combination of all family planning methods. In general, the results concur with Kinkaid's (2006) observation that the family planning method most commonly practiced by the participants are those that are "Easy to adopt" methods and those that do not require remembering or a lot of poking/looking into private parts. In the mucous method, it requires an understanding of bodily functions (Andrews, et al, 2008), which makes it difficult to practice.

**Artificial Family Planning Method.** The use of condom was the most common artificial family planning method used by 27 participants or 25%. It is followed by use of pills with 21 participants or 19%. Bilateral Tubal Ligation done to 18 participants or 17% and injections to 5 or 5% of the participants follows consecutively. With only 1 or 1% each who had IUD and Vasectomy, it is the method least commonly practiced by the participants. The participant who had IUD claimed to have medical consultation done every 3 months. The results support the NSO (2009) results that the most commonly known methods are the pills, male condom, female sterilization, and injectables. This

also reflects that the commonly used contraceptives are those that are easy to use, readily available and accessible in the market. It can also be noted as well that the more invasive the procedure is, the least it is being practiced by couples.

#### **IV. Relationship between Participants' Level of Awareness on Family Planning and Demographic Profile**

The study determined and tested the significant relationship between couple participants' level of awareness on family planning and their demographic profile. Table 7 below presents the results.

**Age.** Table 7 shows that of the eleven family planning practices correlated to demographic variable age, none of these showed to be significant. Hence, the null hypothesis of no significant relationship was not rejected at the 5% level of significance. This result implies that age of the participants has nothing to do with their choice on what family planning practices they are going to use. This result contradicts Sharma's (2012) findings. This may be attributed to the wide age range of health education conducted to the community by DOH and other NGOs in support of the family planning program of the government.

**Religion.** In Table 7, of the eleven family planning practices correlated to demographic variable religion, only two showed to be significant. For the Natural Method, only Mucous/Billings/Ovulation Method showed to be significant with a correlation coefficient of 0.216 with a corresponding p-value

of 0.024. Hence, the null hypothesis of no significant relationship was rejected at the 5% level of significance. This result implies that religion of the participants had influenced on the awareness of ovulation method as their practice for family planning.

**Table 7**

**Significant Relationship between Participant's Level of Awareness on Family Planning and Demographic Profile**

Variables	Correlation Coefficient	Degree of Correlation	p-value	Decision	Interpretation
AGE and					
Abstinence	-0.072	Negligible	0.458	Accept Ho	Not Significant
Coitus Interruptus/Withdrawal	-0.053	Negligible	0.584	Accept Ho	Not Significant
Calendar/Rhythm/Standard Days Method	-0.062	Negligible	0.520	Accept Ho	Not Significant
Mucous/Billings/Ovulation Method	0.105	Negligible	0.276	Accept Ho	Not Significant
Lactating Amenorrhea Method	0.043	Negligible	0.655	Accept Ho	Not Significant
Birth Control Pills	0.022	Negligible	0.817	Accept Ho	Not Significant
Injectables	0.075	Negligible	0.435	Accept Ho	Not Significant
Condom	-0.074	Negligible	0.444	Accept Ho	Not Significant
IUD	0.142	Negligible	0.141	Accept Ho	Not Significant
Bilateral Tubal Ligation	-0.005	Negligible	0.959	Accept Ho	Not Significant
Vasectomy	0.107	Negligible	0.269	Accept Ho	Not Significant
EDUCATIONAL ATTAINMENT and					
Abstinence	0.213	Low	0.564	Accept Ho	Not Significant
Coitus Interruptus/Withdrawal	<b>0.384</b>	<b>Low</b>	<b>0.011</b>	<b>Reject Ho</b>	<b>Significant</b>
Calendar/Rhythm/Standard Days Method	<b>0.450</b>	<b>Low</b>	<b>0.001</b>	<b>Reject Ho</b>	<b>Significant</b>
Mucous/Billings/Ovulation Method	<b>0.413</b>	<b>Moderate</b>	<b>0.000</b>	<b>Reject Ho</b>	<b>Significant</b>
Lactating Amenorrhea Method	<b>0.373</b>	<b>Low</b>	<b>0.000</b>	<b>Reject Ho</b>	<b>Significant</b>
Birth Control Pills	0.158	Negligible	0.102	Accept Ho	Not Significant
Injectables	<b>0.201</b>	<b>Low</b>	<b>0.036</b>	<b>Reject Ho</b>	<b>Significant</b>
Condom	0.113	Negligible	0.241	Accept Ho	Not Significant
IUD	<b>0.448</b>	<b>Moderate</b>	<b>0.000</b>	<b>Reject Ho</b>	<b>Significant</b>
Bilateral Tubal Ligation	0.048	Negligible	0.681	Accept Ho	Not Significant
Vasectomy	<b>0.266</b>	<b>Low</b>	<b>0.005</b>	<b>Reject Ho</b>	<b>Significant</b>
OCCUPATION and					
Abstinence	0.098	Negligible	0.309	Accept Ho	Not Significant
Coitus Interruptus/Withdrawal	0.135	Negligible	0.162	Accept Ho	Not Significant
Calendar/Rhythm/Standard Days Method	0.028	Negligible	0.772	Accept Ho	Not Significant
Mucous/Billings/Ovulation Method	<b>0.263</b>	<b>Low</b>	<b>0.006</b>	<b>Reject Ho</b>	<b>Significant</b>
Lactating Amenorrhea Method	0.172	Negligible	0.074	Accept Ho	Not Significant
Birth Control Pills	<b>0.209</b>	<b>Low</b>	<b>0.029</b>	<b>Reject Ho</b>	<b>Significant</b>
Injectables	0.059	Negligible	0.561	Accept Ho	Not Significant
Condom	0.089	Negligible	0.355	Accept Ho	Not Significant
IUD	0.135	Negligible	0.162	Accept Ho	Not Significant
Bilateral Tubal Ligation	-0.050	Negligible	0.604	Accept Ho	Not Significant
Vasectomy	0.143	Negligible	0.138	Accept Ho	Not Significant

Variables	Correlation Coefficient	Degree of Correlation	p-value	Decision	Interpretation
RELIGION and					
Abstinence	-0.016	Negligible	0.872	Accept Ho	Not Significant
Coitus Interruptus/Withdrawal	0.040	Negligible	0.683	Accept Ho	Not Significant
Calendar/Rhythm/Standard Days Method	0.117	Negligible	0.226	Accept Ho	Not Significant
Mucous/Billings/Ovulation Method	<b>0.216</b>	<b>Low</b>	<b>0.024</b>	<b>Reject Ho</b>	<b>Significant</b>
Lactating Amenorrhea Method	0.166	Negligible	0.085	Accept Ho	Not Significant
Birth Control Pills	0.031	Negligible	0.751	Accept Ho	Not Significant
Injectables	0.038	Negligible	0.696	Accept Ho	Not Significant
Condom	0.181	Negligible	0.060	Accept Ho	Not Significant
IUD	<b>0.203</b>	<b>Low</b>	<b>0.034</b>	<b>Reject Ho</b>	<b>Significant</b>
Bilateral Tubal Ligation	-0.060	Negligible	0.535	Accept Ho	Not Significant
Vasectomy	0.067	Negligible	0.491	Accept Ho	Not Significant
MONTHLY INCOME and					
Abstinence	0.050	Negligible	0.604	Accept Ho	Not Significant
Coitus Interruptus/Withdrawal	-0.006	Negligible	0.949	Accept Ho	Not Significant
Calendar/Rhythm/Standard Days Method	0.122	Negligible	0.207	Accept Ho	Not Significant
Mucous/Billings/Ovulation Method	<b>0.285</b>	<b>Low</b>	<b>0.003</b>	<b>Reject Ho</b>	<b>Significant</b>
Lactating Amenorrhea Method	<b>0.311</b>	<b>Low</b>	<b>0.001</b>	<b>Reject Ho</b>	<b>Significant</b>
Birth Control Pills	<b>-0.190</b>	<b>Negligible</b>	<b>0.048</b>	<b>Reject Ho</b>	<b>Significant</b>
Injectables	-0.102	Negligible	0.290	Accept Ho	Not Significant
Condom	<b>0.199</b>	<b>Negligible</b>	<b>0.038</b>	<b>Reject Ho</b>	<b>Significant</b>
IUD	<b>0.225</b>	<b>Low</b>	<b>0.019</b>	<b>Reject Ho</b>	<b>Significant</b>
Bilateral Tubal Ligation	-0.045	Negligible	0.639	Accept Ho	Not Significant
Vasectomy	0.141	Negligible	0.145	Accept Ho	Not Significant
NUMBER OF CHILDREN and					
Abstinence	-0.020	Negligible	0.839	Accept Ho	Not Significant
Coitus Interruptus/Withdrawal	-0.102	Negligible	0.290	Accept Ho	Not Significant
Calendar/Rhythm/Standard Days Method	0.068	Negligible	0.482	Accept Ho	Not Significant
Mucous/Billings/Ovulation Method	0.006	Negligible	0.951	Accept Ho	Not Significant
Lactating Amenorrhea Method	0.002	Negligible	0.985	Accept Ho	Not Significant
Birth Control Pills	-0.163	Negligible	0.090	Accept Ho	Not Significant
Injectables	0.090	Negligible	0.354	Accept Ho	Not Significant
Condom	-0.046	Negligible	0.634	Accept Ho	Not Significant
IUD	0.088	Negligible	0.364	Accept Ho	Not Significant
Bilateral Tubal Ligation	0.134	Negligible	0.165	Accept Ho	Not Significant
Vasectomy	0.110	Negligible	0.255	Accept Ho	Not Significant
NUMBER OF YEARS USING FAMILY PLANNING and					
Abstinence	-0.084	Negligible	0.387	Accept Ho	Not Significant
Coitus Interruptus/Withdrawal	-0.093	Negligible	0.337	Accept Ho	Not Significant
Calendar/Rhythm/Standard Days Method	-0.102	Negligible	0.292	Accept Ho	Not Significant
Mucous/Billings/Ovulation Method	0.105	Negligible	0.276	Accept Ho	Not Significant
Lactating Amenorrhea Method	0.008	Negligible	0.933	Accept Ho	Not Significant
Birth Control Pills	-0.043	Negligible	0.657	Accept Ho	Not Significant
Injectables	0.033	Negligible	0.736	Accept Ho	Not Significant
Condom	-0.122	Negligible	0.205	Accept Ho	Not Significant
IUD	0.103	Negligible	0.285	Accept Ho	Not Significant
Bilateral Tubal Ligation	-0.069	Negligible	0.474	Accept Ho	Not Significant
Vasectomy	0.066	Negligible	0.498	Accept Ho	Not Significant

With regards to the Artificial Method, the awareness of IUD showed to be significant with a correlation coefficient value of 0.203 and p-value of

0.034. Hence, the null hypothesis of no significant relationship was rejected at the 5% level of significance. This result implies that religion of the participants had influenced on the awareness of IUD as their practice for family planning.

As a predominantly Roman Catholic country (NSO, 2008) the result concurs with Dewi's (2009) analysis that culture do influences attitude towards family planning. It also somehow affirms that Catholicism least likely approve the use of artificial family planning (Yeatman & Trinitapoli, 2008) which could have influenced the participants awareness.

**Educational Attainment.** It is represented in Table 7 that of the eleven family planning practices correlated to demographic variable educational attainment, seven of these showed to be significant. For the Natural Method, Coitus Interruptus/Withdrawal, Calendar/Rhythm/Standard Days Method, Mucous/ Billings/Ovulation Method, and Lactating Amenorrhea Method showed to be significant with correlation coefficient values of 0.303, 0.385, 0.413 and 0.373, respectively. These values were tested using t-test with p-values of 0.001, 0.000, 0.000 and 0.000, respectively. Hence, the null hypotheses of no significant relationships among these practices were rejected at the 5% of significance. These results implies that the higher the educational attainment of the participants the higher is their awareness of the said family planning method, an acceptable premise as these are considered

to be more technical in terms and in the methods on how to practice these methods.

With regards to the Artificial Method, Birth Control Pills, IUD and Vasectomy showed to be significant with correlation coefficient values of 0.201, 0.448 and 0.266, respectively. These values were tested using t-test with p-values of 0.036, 0.000 and 0.005, respectively. Hence, the null hypotheses of no significant relationships among these practices were rejected at the 5% of significance. These results imply that the higher the educational attainment of the participants the higher is their awareness of the said family planning practices.

The results supports Guria's (2009) analysis that knowledge, attitude and practices (KAP) about family planning is noted to be high in educated family. Inclusion of family planning practices in school curricula could have led to the increase awareness as educational attainment increases which brings light and in depth understanding of the methods.

**Occupation.** It can be gleaned from Table 7 that of the eleven family planning practices correlated to demographic variable occupation, only two of these showed to be significant. For the Natural Method, only Mucous/Billings/Ovulation Method showed to be significant with a correlation coefficient value of 0.263 and a p-value of 0.006. Hence, the null hypothesis of no significant relationship was rejected at the 5% level of significance. This

result implies that occupation showed to influence the awareness of the said natural method of family planning.

As for the Artificial Method, the use of Birth Control Pills showed to be significant with a correlation coefficient value of 0.209 and a corresponding p-value of 0.029. Hence, the null hypothesis of no significant relationship was rejected at the 5% level of significance. This result implies that occupation showed to influence the awareness of the said artificial method of family planning.

Occupation is a socio-economic factor that could influence awareness on family planning methods (Shah, et. al, 2008). The type of occupation could emanate from the level of educational attainment the participants have. As with the results, there should have been adequate knowledge regarding the use of both Mucous/Billings/Ovulation Method and birth control pills to affect the participants level of awareness.

**Monthly Income.** Of the eleven family planning practices correlated to demographic variable monthly income, in Table 7, five of these showed to be significant. As for the Natural Method, Ovulation Method and Lactating Amenorrhea Method showed to be significant with a correlation coefficient of 0.285 and 0.311, respectively. These values were further tested using t-test which obtained p-values of 0.003 and 0.001, respectively. Hence, the null hypothesis of no significant relationship was rejected at the 5% level of

significance. This result implies that the higher the income of the participants the higher the awareness of these two Natural Methods of family planning.

With regards to the Artificial Method, Birth Control Pills, Condoms, and IUD showed to be significant with correlation coefficient of -0.190, 0.199 and 0.225, respectively. These values were further tested and obtained p-values of 0.048, 0.038 and 0.019, respectively. Hence, the null hypothesis of no significant relationship was rejected at the 5% level of significance. This result implies that income of the participants influenced their awareness of the three Artificial Methods of family planning.

Results supported the claim of Guria, et. al. (2009) that awareness level on the different methods of family planning was noted to be of significant difference between upper-middle and low-socio economic groups. Socio-economic status are indirect indicators on the level of education as higher socio economic status would indicate the ability of the couples to access information regarding family planning methods.

**Number of Children.** It is shown in Table 7 that of the eleven family planning practices correlated to demographic variable number of children, none of these showed to be significant. Hence, the null hypothesis of no significant relationship was accepted at the 5% level of significance. This result implies that number of children has nothing to do with their awareness and choice on what family planning practices they are going to use.

The number of children the couples have does not influence their awareness of any family planning methods. It may have affected the couple's interest for its use but results show that with regards to their awareness, it has no impact.

**Number of years using family planning.** From the data in Table 7, of the eleven family planning practices correlated to demographic variable number of years using family planning, none of these showed to be significant. Hence, the null hypothesis of no significant relationship was accepted at the 5% level of significance. This result implies that the number of years using family planning of the participants has nothing to do with their awareness and choice on what family planning practices they are going to use. Even if the couples are using family planning for a longer time, it does not prove that it would increase their awareness on all or specific family planning methods they are adopting, as it does not guarantee correct practices.

## Chapter 5

### SUMMARY, CONCLUSION, AND RECOMMENDATION

This study was conducted in order to assess the level of awareness and practices of family planning methods among couples in a selected Barangay in Tacloban City. In this study answer to the following questions were sought:

1. What is the demographic profile of the participants in terms of:
  - 1.1 Age,
  - 1.2 Religion,
  - 1.3 Educational Attainment,
  - 1.4 Occupation,
  - 1.5 Monthly Income,
  - 1.6 No. of children, and
  - 1.7 No. of years using family planning?
2. What is the level of awareness of the participants on family planning in terms of:
  - 2.2. Natural Method and
  - 2.3. Artificial Method?
3. What Family Planning methods are commonly practiced by the couples?

4. Is there a significant relationship between the participant's level of awareness and demographic profile?
5. Based from the results of the study, what strategies can be made to enhance the family planning program.

The data were gathered from the representative of one of the couple through interview method with the use of a questionnaire. The statistical treatment utilized were percentage, ranking, weighted mean, Pearson-r, Eta Correlation, and t-test of dependent means.

## **Summary of Findings**

### **1. Profile of the Participants.**

The age range of the participants is from 15 – 49 years old. The bulk of the participants were within the ranges of 21-30 and 31-40. The least number came from 20 years old and below.

Majority of the participants were Roman Catholic. There were only a small percentage of Born Again Christians and Protestants.

The highest educational attainment was post graduate followed by college graduates. The lowest educational attainment was at elementary level.

Most of the participants were self-employed and the least were those coming from government service.

Most of the participants earned P5,000 and below. Only a small percentage had a monthly income ranging from P15,001 to P20,000.

Of the 109 participants, majority had 1-3 children, a least number of participants were observed to have more than 10 children. In turn, couples had been practicing family planning mostly for 5 years and below, and It was least practiced by those aging 21 years and above.

## **2. Level of Awareness**

### **a. Natural Family Planning**

Data shows that couples of the selected community were aware to a great extent on abstinence. It also shows that couples were aware on coitus interruptus / withdrawal. On the other hand, participants were just moderately aware on Calendar/Rhythm/Standard Days Method, and in terms of Lactating Amenorrhea method, participants were slightly aware of it while they were not aware on Mucous/Billings/Ovulation Method.

### **b. Artificial Family Planning**

The couples' highest level of awareness was on bilateral tubal ligations which show that they were aware of it to a great extent. They were then aware on Pills and Injectables, and moderately aware on condom usage and vasectomy. The IUD got the least sub-mean and is interpreted as just slightly aware.

### **3. Commonly Practiced Family Planning Methods**

In natural family planning, the most commonly used method was Abstinence. It was followed by withdrawal, then by the standard days method, lactation amenorrhea method, and lastly the mucous method.

In Artificial family planning on the other hand, condom use was the most common method used. Pills usage ranked next and was followed by Bilateral Tubal Ligation and injections. IUD and Vasectomy were the least common methods practiced by the participants. IUD consultation was noted to be done once every three months.

### **4. Relationship between the Participants' Level of Awareness and Demographic Profile**

Of all the demographic profile, only the following are shown to be significant. Hence, the null hypothesis of no significant relationship was rejected at the 5% level of significance:

#### **Religion**

For the Natural Method, only Mucous/Billings/Ovulation Method showed to be significant. And with regards to the Artificial Method, the awareness of IUD showed to be significant.

#### **Educational Attainment**

For the Natural Method, Coitus Interruptus/Withdrawal, Calendar/Rhythm/Standard Days Method, Mucous/ Billings/Ovulation Method, and Lactating Amenorrhea Method showed to be significant.

With regards to the Artificial Method, Birth Control Pills, IUD and Vasectomy showed to be significant.

### **Occupation**

For the Natural Method, only Mucous/Billings/Ovulation Method showed to be significant and as for the Artificial Method, the use of Birth Control Pills showed to be significant.

### **Monthly Income**

As for the Natural Method, the Ovulation Method and Lactating Amenorrhea Method showed to be significant. With regards to the Artificial Method, Birth Control Pills, Condoms, and IUD showed to be significant.

## **Conclusions**

Based on the results of the study, the researcher concludes that:

1. The more common and easy to practice natural family planning methods which include abstinence, withdrawal, and standard days method, the higher is the couple's awareness level. On the other hand, the easier to use and readily available artificial family planning method that includes bilateral tubal ligation, use of pills, injectables, and condom, the higher is the couple's level of awareness.
2. Easy to practice Natural family planning methods are the most observed method in the community to include abstinence and

withdrawal. The more complicated the method becomes; the least likely it will be practiced by couples.

3. Condoms, pills, bilateral tubal ligation, and injection which are more accessible and readily available artificial family planning methods in the community are the most chosen and utilized by the couples.
4. Age, number of children, and no. of years using family planning does not affect the couple's level of awareness but is rather affected by religion, educational attainment, occupation, and monthly income.
5. Religion being a cultural aspect does influence awareness on specific family planning methods which includes ovulation method and IUD use.
6. Educational attainment influence awareness on highly technical family planning methods that needs deeper understanding which includes Coitus Interruptus / Withdrawal, Calendar/Rhythm/Standard Days Method, Mucous/ Billings/Ovulation Method, Lactating Amenorrhea Method, Birth Control Pills, IUD and Vasectomy.
7. Occupation influences Mucous/Billings/Ovulation Method and Birth Control Pills and monthly income influence awareness on Ovulation Method, Lactating Amenorrhea Method Birth Control Pills, Condoms, and IUD. Thus, the higher socio-economic status couples have the more access to the information and somehow interest on these family planning methods there is.

## **Recommendations**

Based on the results of the study, the researcher recommends the following:

1. The Mother and Child Nurses Association of the Philippines, Leyte Chapter (MCNAP) should include the following in their family planning program service to their adopted community:
  - a. Reiterate and enforce the importance of family and the practice of the natural family planning methods which are safer and less expensive to utilize.
  - b. Once couples have decided to practice family planning, they should approach the organization and available barangay healthcare professionals for proper health education and counseling on the appropriate family planning methods to be utilized.
  - c. There should be specific healthcare professionals assigned or delegated by the organization, the task to take charge and focus on the family planning program that is readily available for health education and counseling.
  - d. Support the development of educational material / visual aid translated in local vernaculars to promote greater understanding and awareness in the different family planning methods.
  - e. It is also recommended that information dissemination through the use of IEC material such as brochure and pamphlets be

utilized to promote standard day, lactating amenorrhea, and ovulation methods to increase awareness and practice of this type of natural family planning method.

- f. Family planning education program should be conducted most specially to couples of different religions who are less educated, unemployed, and to those with low monthly income.
  - g. Propose a health education program action plan designed to enhance and increase the level of awareness and reinforce the family planning methods and practices of target population.
2. For future researchers, this study may be replicated using bigger samples that would reflect family planning practices in the city and the whole region in general.

## **Proposed Health Education Program Action Plan To Increase Awareness On Family Planning Methods Among Couples**

### **Overview**

With an increasing population size in the Philippines, responsible parenthood should be encouraged. There should be an increased awareness on the different family planning methods to give couples a varied choice of the methods which are safe and deemed appropriate to their stature. In support to increasing Knowledge and Attitude regarding family planning, the conduct of health education was found to be an effective means (Baul, 2008).

This health education action plan is designed to ensure an increased family planning methods awareness of couples in the selected barangay in Tacloban City. This will be implemented through health education that would make them informed and have safe decisions about family planning practices. It is designed in such way to fully cover the education of all target couples of the specified community.

The education plan is designed to be conducted for two days (12 hours) every weekend for one month. The time frame is so designed to adequately impart information without taking much toll on the couple's time for their daily activities and a month time is then deemed adequate to cover all the target couples of the barangay.

**General Objectives**

After the implementation of this health education action plan, couples must be able to describe the different family planning methods being emphasized along with other pertinent concepts that would affect their utilization

**Proposed Budget**

Honorarium for Guest Lecturer	P 4800.00
Refreshment for the Participants	P 3000.00
Hand-outs and Materials	<u>P 3000.00</u>
<b>Total</b>	<b>P10, 800.00</b>

### NATURAL FAMILY PLANNING METHOD

Key Result Areas	Objectives	Strategy	Time	Person/s in Charge	Expected Outcome
1. Mucuos Methods	At the end of the 6 hours of health education, participants will be able to:	<b>DIDACTIC</b> Round Table Discussion Movie clip presentation	3 Hours	Lecturer	1. Increase knowledge actions & views of participants to a minimum of 75 %
2. Standard Days Methods	1. Discuss the different Natural Family Planning Methods	Use of visual aid			2. Establish core group activities and partnership with the community
3. Lactation Amenorrhea Method (LAM)	2. Describe the concept behind every Method	<b>WORKSHOP</b> Jig-saw puzzle	3 Hours	MCNAP Facilitator	3. Increase practices of the specific family planning method
	3. Identify factors affecting the different methods	Role Playing			
	4. Cite advantages & disadvantages of each method	Return Demonstration			
	5. Identify the percentage of effectiveness of every method				
	6. Demonstrate the correct use of natural family planning method				

### ARTIFICIAL FAMILY PLANNING METHOD

Key Result Areas	Objectives	Strategy	Time	Person/s in Charge	Expected Outcome
1. Vasectomy	At the end of the 6 hours of health education, participants will be able to:	<b>DIDACTIC</b>	3 Hours	Lecturer	1. Increase knowledge actions & views of participants to a minimum of 75 %
2. IUD (Intrauterine Device)	1. Discuss the different Artificial Family Planning Methods	Round Table Discussion Movie clip presentation Use of visual aid			2. Establish core group activities and partnership with the community
3. Condoms	2. Describe the concept behind every Method	Actual sample	3 Hours	MCNAP Facilitator	3. Increase practices of the specific family planning method
	3. Identify the different types of artificial family planning methods	<b>WORKSHOP</b> Demonstration thru dummy or the like			
	4. Cite advantages & disadvantages of each methods	Return Demonstration			
	5. Determine potential side effects and contraindications				
	6. Identify percentage of effectiveness of each methods				
	7. Demonstrate the correct use of artificial family planning method devices				

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**APPENDIX A****Letter of Request to Conduct Study**

November 20, 2011

**Ma.Victoria S. Cagnan, RN, MAN**

President

Mother and Child Nurses Association of the Philippines (MCNAP)

Dear Madame:

Greetings of Peace!

The undersigned will be conducting a research on "Family Planning Methods Among Couples of a Selected Barangay in Tacloban City: Basis For Healthcare Program Enhancement", for scholastic purposes in fulfillment of the requirements in Masters of Arts in Nursing at The Philippine Women's University, Manila.

In connection with this, may I request from your good office to conduct the said study in the adopted Barangay of the organization pursuant to its goal in attaining its cause to Maternal and Child Nursing improvement through continuous provision of safety quality care, education and training, and research and management.

All gathered information thereunto shall be considered confidential and will not be used for purposes other than what the study requires.

We hope for your favorable consideration. Thank you and more power.

Respectfully yours,

**(Sgd.) Ric-An Artemio S. Gadin, BSN, RN**

Researcher

The Philippine Women's University

Noted by:

**(Sgd.) Prof. Ciriaco A. Ty, RN, RM, MD, MAN**

Research Adviser

The Philippine Women's University

Approved by:

**(Sgd.) Ma.Victoria S. Cagnan, RN, MAN**

MCNAP President

June 5, 2012

**Hon. Editha S. Monredondo**  
Barangay Chairman  
Barangay 56 – A, Tacloban City

Dear Madame:

Greetings of Peace!

The undersigned will be conducting a research on “Family Planning Methods Among Couples of a Selected Barangay in Tacloban City: Basis For Healthcare Program Enhancement”, for scholastic purposes in fulfillment of the requirements in Masters of Arts in Nursing at The Philippine Women’s University, Manila.

In connection with this, may I request from your good office pertinent Barangay demographic profile and the permission to conduct the said study in your community. All gathered information thereunto shall be considered confidential and will not be used for purposes other than what the study requires.

We hope for your favorable consideration. Thank you and more power.

Respectfully yours,

**(Sgd.) Ric-An Artemio Gadin, BSN, RN**  
Researcher  
The Philippine Women’s University

Noted by:

Approved by:

**(Sgd.) Prof. Ciriaco A. Ty, RN, RM, MD, MAN**  
Research Adviser  
The Philippine Women’s University

**(Sgd.) Hon. Editha S. Monredondo**  
Barangay Chairman  
Barangay 56 – A, Tacloban City

## **APPENDIX B**

### **Validation Letter**

November 20, 2011

**Ma. Victoria S. Cagnan, RN, MAN**

President

Mother and Child Nurses Association of the Philippines (MCNAP)

Dear Madame:

Greetings of Peace and Joy!

I am Ric-An Artemio S. Gadin, RN, masteral student of the Philippine Women's University and is currently enrolled in Thesis Writing. In this regard, I would like to seek your expertise to validate the questionnaire which is to be utilized in the study entitled "Family Planning Methods Among Couples of a Selected Barangay in Tacloban City: Basis For Healthcare Program Enhancement" for the fulfillment of the Degree in Masters of Arts in Nursing in The Philippine Women's University.

Attached herewith are the statement of the problem and the questionnaire for your perusal.

Best regards and a heartfelt gratitude for your assistance.

Respectfully yours,

Noted by:

**(Sgd.) Ric-An Artemio Gadin, BSN, RN**  
Researcher  
The Philippine Women's University

**(Sgd.) Prof. Ciriaco A. Ty, RN, RM, MD, MAN**  
Research Adviser  
The Philippine Women's University

**APPENDIX C**  
**INFORMED CONSENT**

I, A Filipino, of legal age, hereby agree to participate in this research being conducted Mr. Ric-An Artemio Gadin regarding the “Family Planning Methods Among Couples of a Selected Barangay in Tacloban City: Basis For Healthcare Program Enhancement”. I am willing to spend time for answering the questionnaire, which will given, on the premise that all gathered information thereunto shall be considered with utmost confidentiality and shall not be used for purposes other than what the study requires.

As a proof of my agreement to the objectives and methodology of this study, I hereby affix my signature below.

---

Signature over Printed Name'

Date

**APPENDIX D**  
**SURVEY QUESTIONNAIRE**

**Instructions:** Please answer the following questions very briefly and as truthfully as possible and do not leave unanswered items. All answers presented will be treated with utmost confidentiality.

**STATEMENT OF THE PROBLEM:** The study tries to assess the level of awareness practices of family planning methods among couples in a selected Barangay in Tacloban City.

**I. Demographic Profiles:**

Name (Optional): \_\_\_\_\_ Age: \_\_\_\_\_

Educational attainment:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> None              | <input type="checkbox"/> Elementary level     | <input type="checkbox"/> Elementary graduate |
| <input type="checkbox"/> High School level | <input type="checkbox"/> High School graduate | <input type="checkbox"/> College level       |
| <input type="checkbox"/> College graduate  | <input type="checkbox"/> Post Graduate        |  |

Religion:

- |                                    |                                 |                                       |
|------------------------------------|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Christian | <input type="checkbox"/> Muslim | <input type="checkbox"/> Others _____ |
|------------------------------------|---------------------------------|---------------------------------------|

Occupation:

- |  |  |
|--|--|
| <input type="checkbox"/> None          | <input type="checkbox"/> Government employee |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Private employee    |

Monthly Income: Php \_\_\_\_\_

No. of Children: \_\_\_\_\_

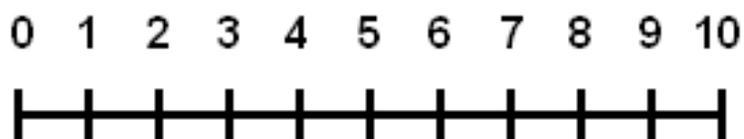
No. of years using family planning: \_\_\_\_\_

## II. Level of Awareness

The questions in this section ask for your views and awareness regarding Family Planning. You will be asked to select one response that matches most closely with your perception of the statement.

**Your responses are entirely confidential. No one in the will see the answers you give**, so please answer the questions as honestly as possible. There are no “right” or “wrong” answers; it is your view that is important. The more honest you are, the more valuable your response will be.

**Instructions:** Please answer how you regard your level of awareness regarding Family Planning by answering the scale number from 0 to 10



9 - 10 - **Aware to great extent**

7 - 8 - **Aware**

5 - 6 - **Moderately Aware**

3 - 4 - **Slightly Aware**

0 - 2 - **Not Aware**

A. How aware are you of the following concepts about the Family Planning Program:

<b>Family Planning Program</b>	<b>Scale</b>
1. There is a family planning program promoted by the government?	
2. There is a need for a family planning program?	
3. Family planning may help to maintain a healthy mother and child?	
4. Family planning may save lives?	
5. With small number of children, you will have more time and money for everyone	

B. How aware are you of the following Natural Method of family planning:

<b>Abstinence</b>	<b>Scale</b>
1. The best way to prevent pregnancy is abstinence	
2. This method promotes discipline and self concept	
<b>Coitus Interruptus / Withdrawal</b>	<b>Scale</b>
1. There will be no pregnancy when the penis is withdrawn and ejaculation is done outside the vagina	
2. This method requires time to learn	
3. This might not be effective to male who cannot control their ejaculation	
<b>Calendar / Rhythm / Standard Days Method</b>	<b>Scale</b>
1. Pregnancy may be prevented by not having coitus during identified fertile days	
2. The 8 <sup>th</sup> – 19 <sup>th</sup> day of every cycle are the days that females are fertile	
3. This method does not have side effects	
<b>Mucous / Billings / Ovulation Method</b>	<b>Scale</b>
1. There will be no pregnancy when coitus is done during observed infertile days	
2. This can be used by any women as long as there is no unusual condition that result in extraordinary vaginal discharges	
3. There should be regular observation for presence of mucous and observation of fertile days characteristics	

<b>Lactating Amenorrhea Method</b>	<b>Scale</b>
1. That breastfeeding will help prevent pregnancy	
2. There is a proper practice for this method to be effective	
3. This method is effective up to six months after delivery	

C. How aware are you of the following Artificial Method in family planning:

<b>Birth Control Pills</b>	<b>Scale</b>
1. Pills can be utilized to prevent pregnancy?	
2. Pills are more effective method but needs to be utilized properly	
3. Pills are taken every day	
4. There are possible effects of pills on your body	
<b>Injectables</b>	<b>Scale</b>
1. There are Injections that can be utilized to prevent pregnancy?	
2. This is a more effective method but should be done in the appropriate time and frequency	
3. Injection is administered every 3 months	
4. There are possible effects of injectables on your body	
<b>Condom</b>	<b>Scale</b>
1. Condoms can be utilized to prevent pregnancy?	
2. Male condom and female condoms are different	
3. This is effective but needs to be utilized properly	
4. There is a proper way of wearing condoms before every intercourse	
<b>IUD</b>	<b>Scale</b>
1. IUDs can be utilized to prevent pregnancy?	
2. This is very effective and is easier to use	
3. Do you know how IUDs are used and inserted?	
<b>Bilateral Tubal Ligation</b>	<b>Scale</b>
1. Ligation may be a means of preventing pregnancy	
2. This is very effective but is permanent	
3. This method is a surgical procedure done in hospitals	
4. There are possible complications this procedure may have	
<b>Vasectomy</b>	<b>Scale</b>
1. Male ligation may be a means of preventing pregnancy	
2. This is very effective but is permanent	
3. This method is a surgical procedure done in hospitals	
4. There are possible complications this procedure may have	
5. This is very effective and is easier to utilize	

### III. Family Planning Practice

The questions in this section ask for the Family Planning Methods you practice.

You may answer more than one method.

**Your responses are entirely confidential. No one in the will see the answers you give**, so please answer the questions as honestly as possible. There are no “right” or “wrong” answers; it is your view that is important. The more honest you are, the more valuable your response will be.

**Instructions:** Please answer which family planning methods you and your partner practice. You may answer more than one.

#### A. Natural Method

Family Planning Method	YES	NO
1. Abstinence		
2. Withdrawal		
3. Lactation Amenorrhea Method		
4. Standard Days Method		
5. Mucous method		

#### B. Artificial Method

Family Planning Method	YES	NO
1. Pills		
2. Injections		
3. Condom		
	<b>Done (1)</b>	<b>Not Done (2)</b>
4. IUD (Frequency of consultation) _____		
5. Vasectomy		
6. Bilateral Tubal Ligation		

**APPENDIX E****Sample Analysis / Computations****Pearson's Product Moment Correlation Computation****Machine Formula:**

$$r = \frac{n \sum XY - \sum x \sum y}{\sqrt{\{n \sum x^2 - (\sum x)^2\} \{n \sum y^2 - (\sum y)^2\}}}$$

where: X – Age of Respondents

Y – scores obtained on extent of participatory decision  
making and job satisfaction

n – sample size

**Computer generated output:**

Correlation between AGE and the following: Abstinence, Coitus, and  
Calendar

### Correlations

		Age	abstinence	coitus	calendar
Age	Pearson Correlation	1	<b>-.072</b>	<b>-.053</b>	<b>-.062</b>
	Sig. (2-tailed)		<b>.458</b>	<b>.584</b>	<b>.520</b>
	N	109	109	109	109
abstinence	Pearson Correlation	-.072	1	.437**	.030
	Sig. (2-tailed)	.458		.000	.757
	N	109	109	109	109
coitus	Pearson Correlation	-.053	.437**	1	.335**
	Sig. (2-tailed)	.584	.000		.000
	N	109	109	109	109
calendar	Pearson Correlation	-.062	.030	.335**	1
	Sig. (2-tailed)	.520	.757	.000	
	N	109	109	109	109

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

### Eta Correlation

#### Machine Formula:

$$\eta = \sqrt{\frac{SSB}{SST}}$$

$$\text{where: } SST = \sum \sum y_{ij}^2 - \frac{(\sum \sum y_{ij})^2}{nk}$$

$$SSB = \frac{\sum y_i^2}{n} - \frac{(\sum \sum y_{ij})^2}{nk}$$

**Computer Generated Output:****Directional Measures**

			Value
Nominal by Interval	Eta	educ Dependent <b>abstinence Dependent</b>	.300 <b>.213</b>
Nominal by Interval	Eta	educ Dependent <b>coitus Dependent</b>	.478 <b>.384</b>
Nominal by Interval	Eta	educ Dependent <b>calendar Dependent</b>	.495 <b>.450</b>

**ANOVA**

		Sum of Squares	df	Mean Square	F	p-value
abstinence	Between Groups	4.640	6	.773	.811	<b>.564</b>
	Within Groups	97.282	102	.954		
	Total	101.922	108			
coitus	Between Groups	52.194	6	8.699	2.933	<b>.011</b>
	Within Groups	302.499	102	2.966		
	Total	354.693	108			
calendar	Between Groups	191.075	6	31.846	4.317	<b>.001</b>
	Within Groups	752.378	102	7.376		
	Total	943.454	108			

## CURRICULUM VITAE



SANTAN ST BANEZVILLE II, FATIMA VILLAGE SAGKAHAN, TACLOBAN CITY, PHILIPPINES

**BIRTH DATE:** NOVEMBER 9, 19[REDACTED] • **BIRTHPLACE:** [REDACTED] **SEX:** MALE

**CITIZENSHIP:** FILIPINO • **RELIGION:** CATHOLIC CHRISTIAN • **CIVIL STATUS:** SINGLE

**CELLULAR PHONE** [REDACTED] • **E – MAIL:** [REDACTED]

**MOTHER:** TERESITA [REDACTED]

**FATHER:** ARTEMIO [REDACTED]

## RIC-AN ARTEMIO SURIO GADIN

### LICENSURE and CERTIFICATION

---

Philippine Nurses Licensure Examination

PRC No : 0397151

Certified Nurse Intravenous Therapy Trainer

IV Card No : 07-3689

Certified Nurse in Internal Examination and Suturing of Perineal Laceration

Card No : 09-0013

### EDUCATION

---

2008 - Present Philippine Women's University

Metro Manila

MASTERS OF ARTS IN NURSING

MAJOR IN NURSING ADMINISTRATION

(Complete Academic Requirements)

2002 – 2006 St. Scholastica's College of Health Sciences

Tacloban City, Leyte  
 BACHELOR OF SCIENCE IN NURSING  
 ASSOCIATE IN HEALTH SCIENCE EDUCATION

### **SERVICE RECORDS**

---

CATARMAN DOCTORS HOSPITAL CHIEF NURSE	2012 – Present
ST. SCHOLASTICA'S COLLEGE OF TACLOBAN FACULTY MEMBER (CLINICAL INSTRUCTOR)	2010 – Present
OUR LADY OF PORZIUNCOLA HOSPITAL, INC. (OLPHI) CLINICAL NURSE SUPERVISOR	2009 – 2010
OUR LADY OF PORZIUNCOLA HOSPITAL, INC. (OLPHI) PERIOPERATIVE NURSE (ORT and PACUt)	2007 – 2009

### **ORGANIZATION MEMBERSHIPS**

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Philippine Red Cross Leyte Chapter, Tacloban City Chapter  
 Philippine Nurses Association, N. Leyte Chapter  
 Mother and Child Nursing Association of the Philippines  
 Operating Room Nurses Association of the Philippines  
 Association of Nursing Service Administrators of the Philippines  
 Catholic Nurses Guild of the Philippines