

**Strengthening Social Acceptance
Of Family Planning in the Philippines:
A Communication and Advocacy Project**

**Analysis of the Family Planning Hotline
Questions and Answers**

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ANALYSIS OF THE FAMILY PLANNING HOTLINE QUESTIONS AND ANSWERS

1. INTRODUCTION

In the late 1990s, reproductive health (RH) agencies began exploring alternative information communication technology (ICT) initiatives to ensure that RH information materials are transmitted in an efficient and acceptable manner. The tangible benefit of this technology is the connectivity that enhances the link between the individual requesting for information and the counselor that provides the response. Such link reduces isolation and improves knowledge sharing as information is provided, strategies discussed and experiences shared in efforts to build support for particular issues. The cell phone and message texting are deemed exciting, attractive and effective modes of information transmission. They are appropriate for inquiries since they are non-threatening and do not impose any sequence or order. It depends on the users to follow thru their own interests at their own pace. Hot lines and message texting are effective ways to reach a large audience at relatively low cost. They provide individuals with convenient, confidential, interactive and compassionate access to information, counseling and referrals and can provide a deeper understanding of the unique sexual and reproductive health needs of vulnerable groups. In addition, the ability to communicate quickly and directly by text messaging improves information and referral systems. It is more tailored to specific target audiences, more responsive to the queries of the clientele and more issue/problem oriented. While factual information is provided, it also enables the inquirer to examine his/her values, improve communication skills and help in goal-setting and decision-making.

2. BACKGROUND

The contraceptive prevalence rate (CPR) of modern methods in the Philippines had slightly increased from 30 percent in 1995 to 35 percent in 2002. Unmet need for family planning has been estimated at 20 percent. The reasons accounting for such observation are multifactorial. While lack of access to contraceptives is considered the immediate reason, inadequate knowledge about methods, their usage, mode of action, side effects and relative effectiveness are major constraints to method adoption.

In response to this acknowledged gap, The Social Acceptance Project on Family Planning (TSAP) with funds provided by the USAID, embarked on an integrated information program on RH including family planning directed toward women and men of reproductive age, key influentials and health

providers. It seeks to increase accessibility of information to current and future RH services users. Initiatives such as advertising campaign (Sigurado Ka), public relations efforts and family planning information on the air (Angelo Palmones's Para sa Inyong Kaalaman) generated a demand for family planning information. As a result, TSAP-FP received a number of queries by phone or e-mail address for family planning information.

A scarcity of sources of RH/FP information is observed. Hotlines are available on HIV/AIDS, adolescent concerns and related matters, however, there seems to be a need for more information on family planning. Therefore, TSAP-FP organized and operated a FP hotline through a subcontractor for an initial period of 12 months.

3. MODALITY OF HOTLINE OPERATIONS

3.1. *Some Features*

The hotline operates for 12 hours, six days a week, Mondays to Saturdays. The following are the major features of the operations:

- a. Text messaging as the major channel of communication.
- b. The hotline is housed in subcontractor's existing office space, preferably in a separate room.
- c. Textlines are established through both Globe and Smart in order to ensure maximum reach (one line per company). Globe and Smart send text questions to the hotline via e-mail. Text answers are returned to Globe and Smart via another e-mail message.
- d. The e-mail system uses a high speed DSL line, which the subcontractor is responsible for procuring (unless the subcontractor already has a DSL line). The hotline has an e-mail address that is easy to remember and does not identify the organization that is hosting the hotline. In addition, the address is Yahoo or Hotmail due to the limited memory capability of these e-mail providers.
- e. TSAP-FP provides computer workstations for use by the family planning hotline staff – one workstation for each call respondent on duty and one workstation for the supervisor. These workstations are installed with e-mail, a database program to capture information on calls/texts made and a program that can easily access a library of standard responses to text and e-mail questions.

- f. The voice hotline is accessible toll free from anywhere in Metro Manila. Callers outside of Metro Manila will make a toll call.
- g. Outside of operating hours, the voice hotline has an answering machine stating the hours of operation. The text and e-mail hotlines generate an automatic message saying that text will be responded on the following day.

3.2. Hotline Staffing

- a. The hotline has a coordinator, several call respondents and at least two call respondent supervisors. These may be existing subcontractor staff or they may need to be recruited, depending on the organization. The supervisors and coordinator may be shared with other subcontractor projects, depending on the workload.
- b. Two call respondents and supervisor will be on duty at all times during the operation of the hotline. The subcontractor is responsible for staff recruitment using job descriptions approved by TSAP-FP. The number of call respondents may increase or decrease over time, depending on the call volume.
- c. Call respondents are university graduates and fluent in both English and Tagalog. There is a mixture of female and male call respondents, preferably in their thirties.
- d. The subcontractor creates and maintains duly roster of call respondents and establishes a system for emergency substitutions in case of unexpected absences.
- e. The subcontractor supervises all counselors and conducts performance monitoring activities.
- f. TSAP-FP is responsible for the initial training of call respondents, in collaboration with the subcontractor's own training staff. This includes the development or adaptation of a training curriculum and the facilitation of the initial training of call respondents. The subcontractor arranges all training logistics, including the venue.
- g. The subcontractor is responsible for subsequent training of new call respondents in addition to regular technical updates and refresher trainings for the call respondents. Technical assistance for these activities is provided by the TSAP-FP. It is expected that the subcontractor will organize, at a minimum, quarterly technical updates and bi-annual refresher trainings for its staff.

3.3. Referrals and data management

- a. The hotline has a computerized referral database (with hard-copy backup in case of computer failure). The database consists of family planning referral information provided by TSAP-FP, in addition to subcontractor's own referral information. TSAP-FP hires a software consultant to develop the database and input the initial information.
- b. The subcontractor is responsible for updating the referral information on a quarterly basis, after receiving appropriate training from the TSAP-FP software consultant.
- c. Call respondents are responsible for entering data about each call into a computerized database, which is developed by the TSAP-FP software consultant. The exact data to be entered is determined by TSAP-FP and the subcontractor.

4. ASSESSMENT OF THE HOTLINE QUESTIONS AND ANSWERS

Part of monitoring the hotline sub project is the analysis (quantitative and contextual) of the hotline (particularly text message) entries and responses covering the period September 1-30, 2004. The basis of the analysis is the computer print out that detailed the following:

- ID or cell phone number of the caller
- Date and time of call
- Specific questions raised
- Specific reply provided
- Name of counselor

Yuchengco Center was tasked to undertake the analysis of the Family Planning hotline questions and answers from October 21 to November 22, 2004. The activities involve both qualitative and quantitative analysis of the information entries. The objectives of the analysis are:

Quantitative Component

- a. Determine the trend and pattern of calls for the whole month
- b. Assess the number of callers in relation to the frequency of calls
- c. Determine the frequency of call under each category of questions

- d. Delineate the competence of the counselors in terms of the adequacy of response to particular questions
- e. Identify the technical enhancement needs of the counselors based on the categories of questions raised.

Qualitative Analysis

- a. Determine the types of questions raised by texters according to the frequency of calls.
- b. Assess the pattern of calls made by frequent callers (same categories, different categories, same questions, different questions).
- c. Elicit reasons for the repeat calls made in terms of adequacy of responses.
- d. Cite examples for the competence assessment of counselors.
- e. Extricate projected attitudes (warmth, interest, empathy) from the verbatim responses provided.
- f. Determine the critically appraised topic on the basis of the frequency of inquiries made and the adequacy of responses.

5. METHODOLOGY AND ANALYSIS

The pre-analytical phase of the task involved substantive check-editing to validate the questions raised by the callers (relevant or irrelevant) followed by the categorization of questions and responses. It was noted that the questions were not concentrated on family planning per se but on other related concerns. Therefore, categories were:

- Anatomy/physiology of reproduction
- Family planning and abortion
- STI/HIV/AIDS
- Pregnancy
- Sexuality and sexual behavior
- Related health matters outside of RH
- Irrelevant questions

Counselors' responses were individually assessed using pertinent resources such as the 1997 DOH FP manual and the Johns Hopkins Contraceptive Technology Manual. These were categorized into:

- 0 - inaccurate/irrelevant
- 1 - partially correct
- 2 - correct

To arrive at a singular scoring system, the responses were grouped according to the aforementioned categories and the answers of counselors were scored and subsequently divided by the maximum possible score to determine the performance of each counselor.

6. LIMITATIONS OF THE ANALYSIS

- The number of callers is based on the ID of the cell phone. There may be instances where different callers may use the same phone.
- Repeated calls asking exactly the same questions in very short time intervals were noted. It is not known whether the send button was pressed several times or the caller was not convinced or satisfied with the answer such that the same query had to be resent.
- Nuisance calls were noted where frequency of texting numbered 46 and 108. An internal analysis of the 108 calls disclosed that the questions centered on sexuality.

7. FINDINGS OF THE STUDY

7.1. Number of Callers and Calls: Trends and Patterns

Over the month of September, the call intake covered 26 days. There was not any report of calls on Sundays. Tables 1 to 3 and Figure 1 present the number and patterns of daily calls for the month. The total number of calls received over the entire month was 2,207 with 698 callers. An analysis of the pattern of calls indicates a tendency to peak on Mondays, the start of the week. On the first Monday of the month, there were 309 calls which declined to 120 in the subsequent Monday, further decreasing to 70 toward the third Monday but rising to 107 in the last week. The Monday intake exceeded the other days in the week in most cases. An analysis of trends in the number of calls based on daily intake indicates peaks and troughs. Notable, though, is the second week (6-11 September) which registered the largest number of calls compared with the intake in subsequent weeks with the exception of Friday, September 24 with 167 calls.

Figure 1 indicates that similar trends were observed in number of calls and callers indicating that basically, few callers made repeated calls at the same time point. The erratic pattern of calls over the 12-hour period of counseling as shown in Figure 1 indicates the variability in total calls on a daily basis. Further analysis of the call and new callers' trend indicates that with the exception of a few peaks toward the end of the month, the tendency is for a decline in intake. Apparently, the initial enthusiasm in response was not sustained within the month. This is further reinforced by the assessment of weekly calls which veers toward a downward trend.

Table 1

Daily Call Intake, September, 2004

DAY	DATE	NUMBER OF CALLS
Wednesday	1	44
Thursday	2	64
Friday	3	27
Saturday	4	46
Monday	6	309
Tuesday	7	218
Wednesday	8	118
Thursday	9	114
Friday	10	81
Saturday	11	60
Monday	13	120
Tuesday	14	72
Wednesday	15	52
Thursday	16	54
Friday	17	44
Saturday	18	35
Monday	20	70
Tuesday	21	42
Wednesday	22	29
Thursday	23	66
Friday	24	167
Saturday	25	95
Monday	27	101
Tuesday	28	70
Wednesday	29	54
Thursday	30	55
	TOTAL	2,207

Table 2
Number of Calls Per Week, September 2004

WEEK	NUMBER OF CALLS	NUMBER OF DAYS
1	181	4 days
2	900	6 days
3	377	6 days
4	469	6 days
5	280	4 days
TOTAL	2,207	

Table 3a
Daily Number of Callers, September, 2004

DAY	DATE	NUMBER OF CALLERS	NUMBER OF NEW CALLERS
Wednesday	1	24	24
Thursday	2	23	20
Friday	3	14	12
Saturday	4	16	12
Monday	6	132	125
Tuesday	7	94	74
Wednesday	8	50	41
Thursday	9	44	29
Friday	10	34	17
Saturday	11	26	18
Monday	13	53	36
Tuesday	14	30	11
Wednesday	15	19	6
Thursday	16	20	9
Friday	17	13	5
Saturday	18	11	9
Monday	20	34	23
Tuesday	21	22	14
Wednesday	22	21	13
Thursday	23	24	12
Friday	24	93	84
Saturday	25	53	30
Monday	27	50	33
Tuesday	28	26	14
Wednesday	29	28	17
Thursday	30	26	10
	TOTAL	980*	698

* The total number of new callers was 698 but there were old (previous days') and new callers in a day adding up to 980

Table 3b
Number of New Callers Per Week, September 2004

WEEK	NUMBER OF NEW CALLERS
1	68
2	304
3	76
4	176
5	74
TOTAL	698

Table 3 provides information of the frequency of texting made. It can be seen in Table 4 (Figure 4) that the average frequency of texting of each caller was 3 in the entire month. There was an outlier noted where one caller made 108 calls which focused on sexual behavior. This individual was not taken in the computation of average as he/she might influence the summative figure. It is shown that less than a third of the callers (31 percent) made only one call; more than a fourth (27.9 percent), two calls; and slightly more than a tenth (13.9 percent), three calls. Nearly a fifth (18.1 percent) made 5 or more calls. Repeat calls could mean that either the callers are satisfied with the response that they would tend to find answers to other questions or they might not be convinced of the accuracy of the information provided that they repeat questions with the hope that this would yield the sought for answers.

Figure 1
Daily Number of Calls and Callers, September, 2004

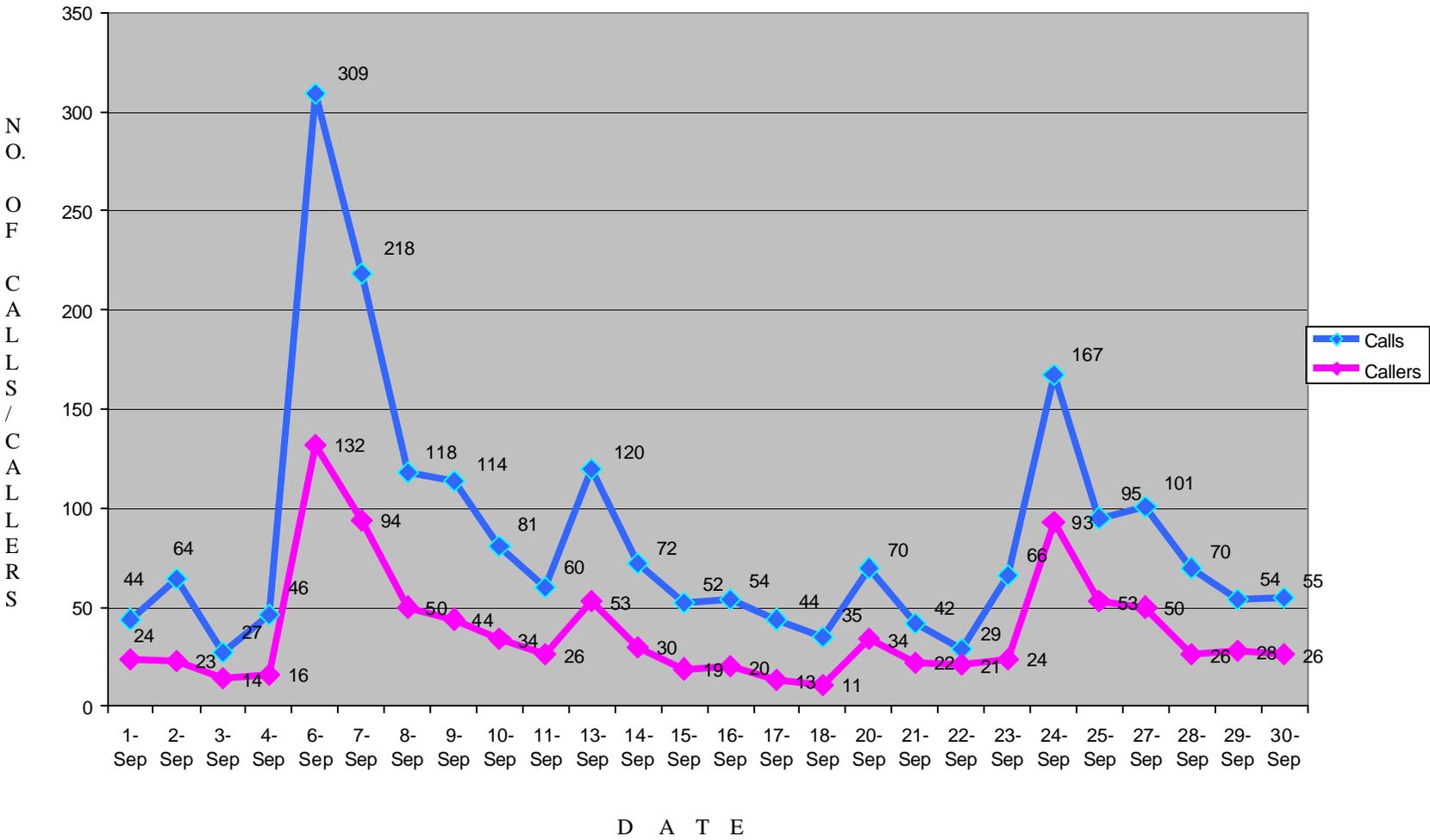
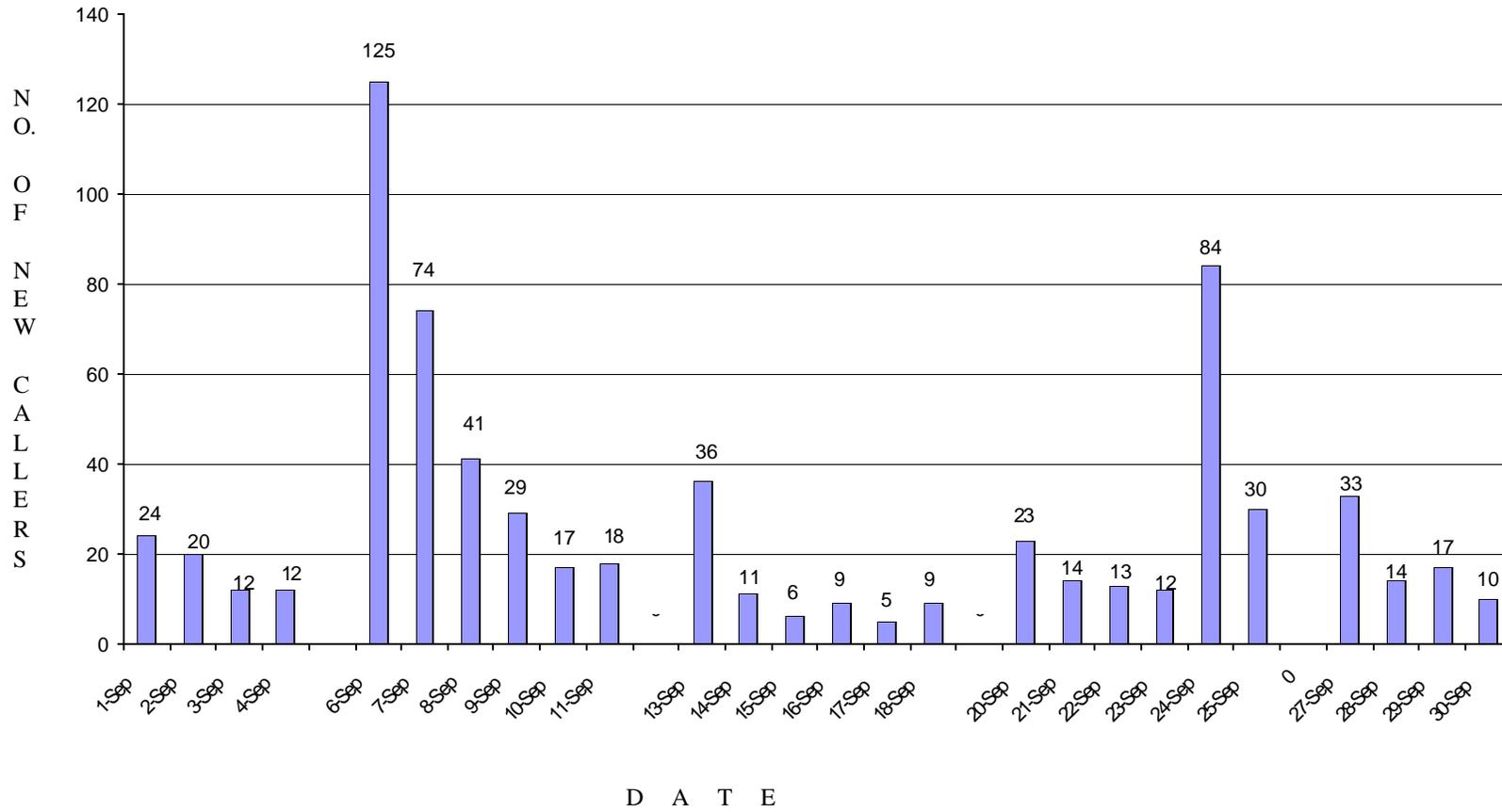


Figure 2
Number of New calls, September, 2004



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Figure 3
Number of Calls Per Week
September, 2004

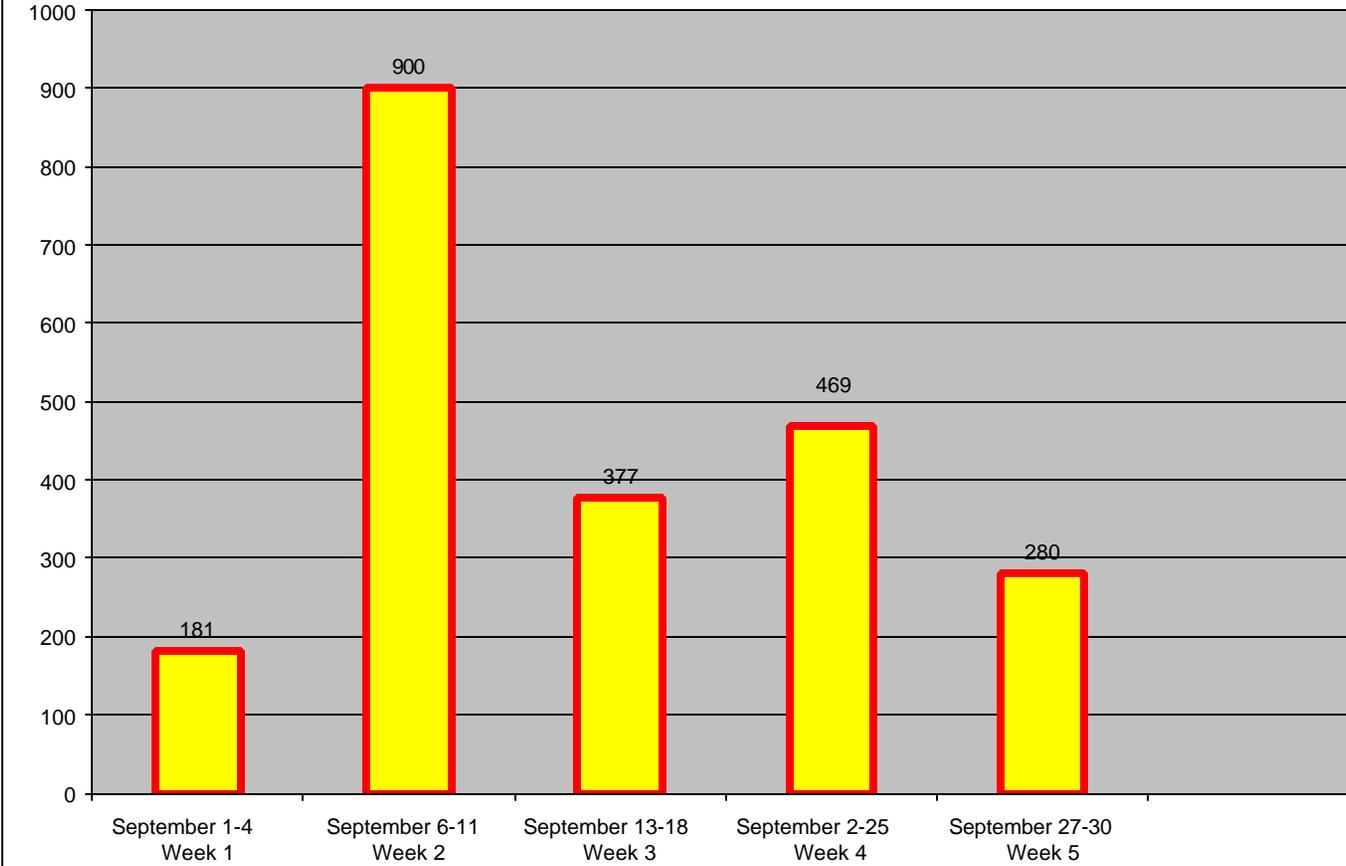
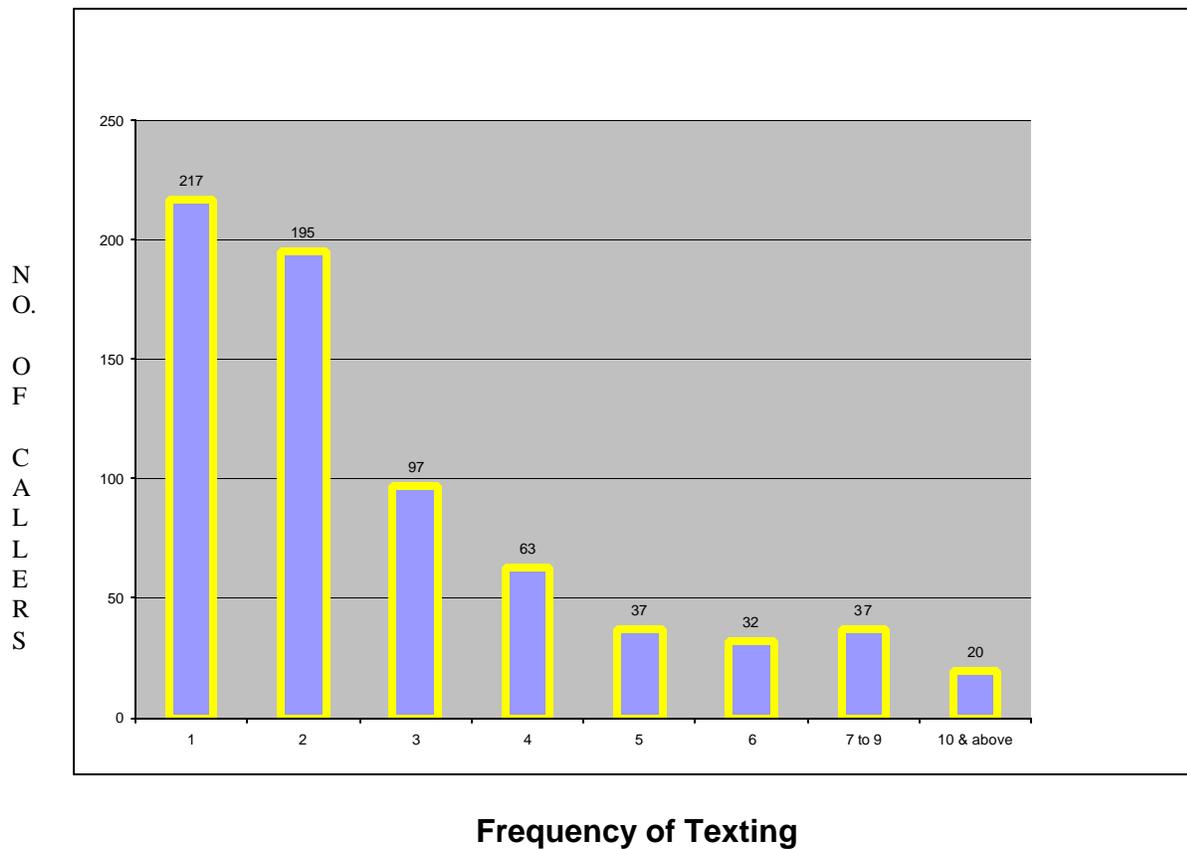


Table 4
Percentage Distribution of Callers
By Frequency of Texting
September, 2004

FREQUENCY OF TEXTING	NUMBER OF CALLERS	PERCENTAGE
1	217	31.1
2	195	27.9
3	97	13.9
4	63	9.0
5	37	5.3
6	32	4.7
7 – 9	37	5.3
10 and over	20	2.8
TOTAL	698	100.0

Figure 4
Distribution of Callers by Frequency of Texting
September, 2004



7.2. Call Intake by Time Interval

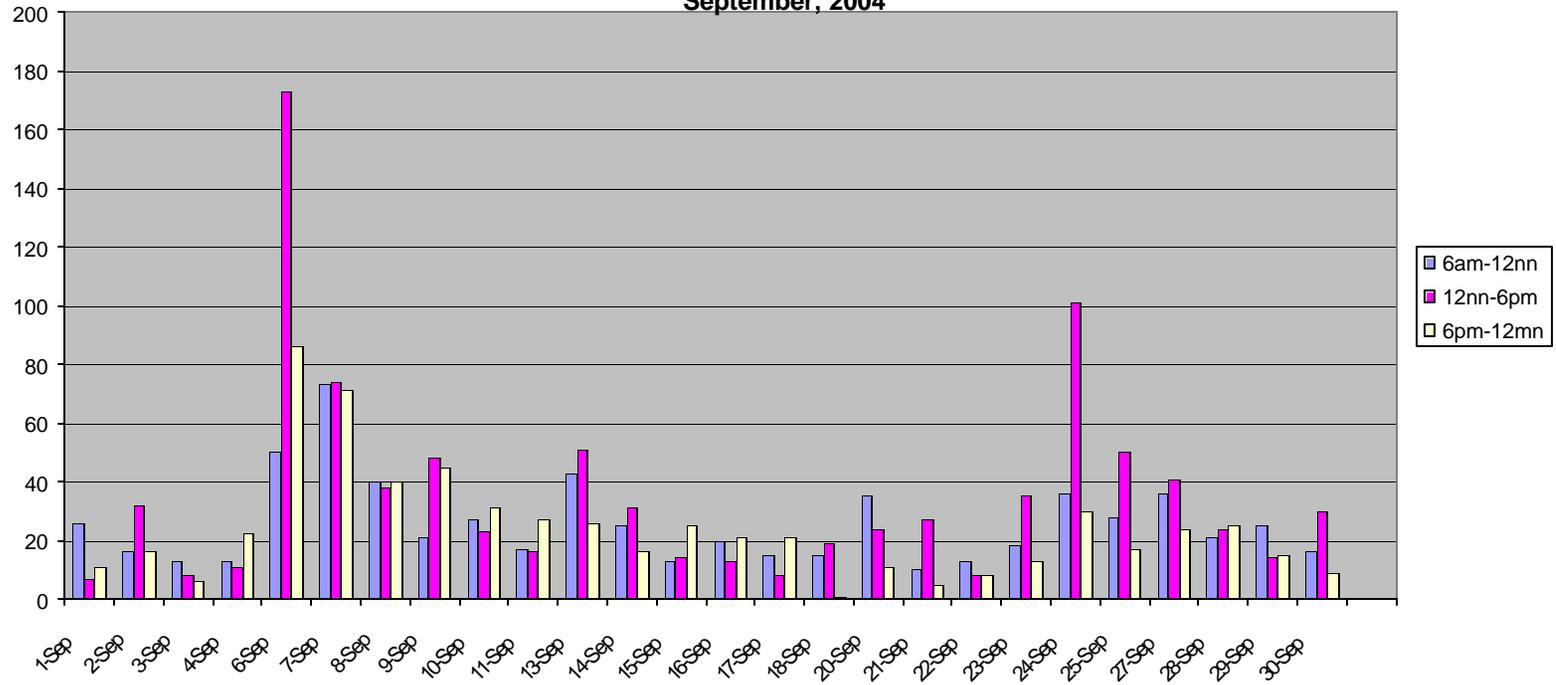
To assess the text load for the time allocated daily (10 am to 10 pm), three categories were set: 9-12 noon; 12 noon to 6pm; and 6pm to 10 pm. As noted in Table 5, most of the calls were made in the afternoon, between 12 noon and 6 in the evening followed by the evening hours of 6 to 10 pm. Inquiries are slack in the morning hours for 10 to 12 noon. The distribution is succinctly depicted in Figure 6.

Table 5

**Number of Calls by Specific Time Intervals
September, 2004**

DAY	DATE	TIME FRAME			TOTAL
		9AM-12NN	12NN-6PM	6PM-10PM	
Wednesday	1	26	7	11	44
Thursday	2	16	32	16	64
Friday	3	13	8	6	27
Saturday	4	13	11	22	46
Monday	6	50	173	86	309
Tuesday	7	73	74	71	218
Wednesday	8	40	38	40	118
Thursday	9	21	48	45	114
Friday	10	27	23	31	81
Saturday	11	17	16	27	60
Monday	13	43	51	26	120
Tuesday	14	25	31	16	72
Wednesday	15	13	14	25	52
Thursday	16	20	13	21	54
Friday	17	15	8	21	44
Saturday	18	15	19	1	35
Monday	20	35	24	11	70
Tuesday	21	10	27	5	42
Wednesday	22	13	8	8	29
Thursday	23	18	35	13	66
Friday	24	36	101	30	167
Saturday	25	28	50	17	95
Monday	27	36	41	24	101
Tuesday	28	21	24	25	70
Wednesday	29	25	14	15	54
Thursday	30	16	30	9	55
TOTAL		665	920	622	2207
PERCENTAGE		30.1	41.7	28.2	100.0

Figure 5
Number of Calls Per Time Frame
September, 2004

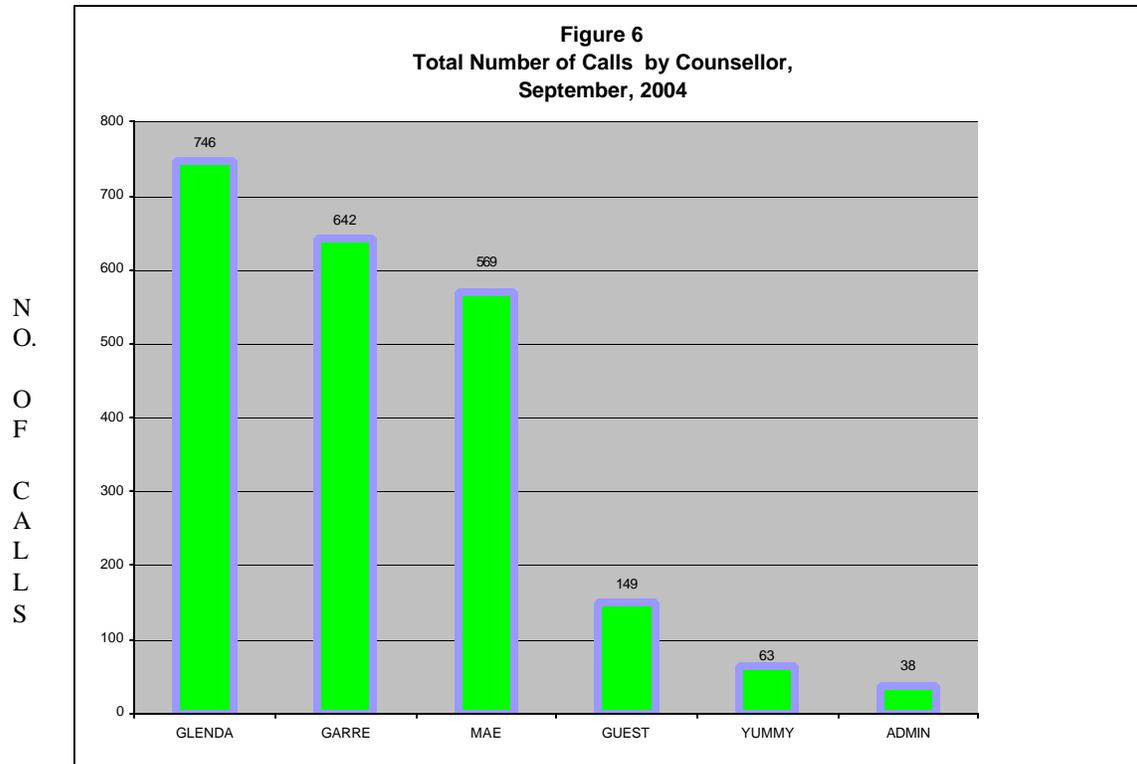


7.3. Call Intake by Counsellor

There were 6 counsellors in the program. There was a wide variability in the intake of the counselors. Glenda responded to the largest numbers of calls (746) corresponding to more than a third (33.8 percent) of the total; followed by Garre with 642 calls (29.1 percent), and Mae (569), with 25.8 percent. These three respondents answered 88.7 percent of all calls. The other three, Admin, Yummy and Guest, were not available most of the time and responded only to more than a tenth (11.3 percent) of the questions raised.

Table 6
Daily Number of Calls by Counsellor, September, 2004

DATE	COUNSELLORS						TOTAL
	GARRE	ADMIN	GLENDA	MAE	YUMMY	GUEST	
1	35	9					44
2		3	39	22			64
3	10		16	1			27
4	10		12	24			46
6	207		102				309
7	130			88			218
8	77		41				118
9		3	56	55			114
10	40		11	23		7	81
11	4		27	29			60
13			62			58	120
14	53					19	72
15	37		15				52
16			21	33			54
17				44			44
18			30	5			35
20		4	66				70
21	10			32			42
22		3	21		5		29
23		10		56			66
24			83	52		32	167
25		2	31		29	33	95
27		2	82		17		101
28	15			55			70
29	14		31		9		54
30		2		50	3		55
TOTAL	642	38	746	569	63	149	2207
%	29.1	1.7	33.8	25.8	2.9	6.8	100.0



This was shown by the distribution of responses of counselors according to the three time frames as shown in Table 7. The afternoon is the period where most of the calls occur

Table 7
Number of Responses by Counsellors by Time Frame
For the Period September 1-30, 2004

Counsellor	10am-12nn		12nn-6pm		6pm-10pm		TOTAL	
	No.	%	No.	%	No.	%	No.	%
Garre	179	27.9	247	38.5	216	33.6	642	100.0
Admin	7	18.4	16	42.1	15	39.5	38	100.0
Glenda	194	26.0	321	43.0	231	31.0	746	100.0
Mae	175	30.8	239	42.0	155	27.2	569	100.0
Yummy	53	84.1	10	15.9	0	--	63	100.0
Guest	57	38.3	87	58.4	5	3.3	149	100.0
TOTAL	665		920		622		2207	
%	30.1		41.7		28.2		100.0	

7.4. Categorization of Queries

The questions raised by the texters were categorized into 7 as follows:

7.4.1. Anatomy and Physiology of the reproductive system, including infertility

Examples:

- a. Menstrual cycle (signs and symptoms of ovulation, problems regarding irregularity of cycle)
- b. Size of male genitalia
- c. Amount of semen produced and number of sperm cells required per ejaculation
- d. Breast tenderness among females especially when menstruation is about to take place
- e. Infertility/sterility and its antecedents

7.4.2. Family planning including abortion

Examples:

- a. Natural and/or natural family planning methods such as the symphothermal method, cervical mucus assessment, rhythm, standard days method, pills, condom, IUD, tubal ligation and vasectomy
- b. Misconceptions regarding family planning methods
- c. Side effects of methods

7.4.3. Sexually-transmitted diseases, including HIV/AIDS

Examples:

- a. Manifestations of STI/HIV/AIDS
- b. Modes of transmission
- c. Incubation period
- d. Treatment and where to seek help
- e. Prevention and control

7.4.4. Pregnancy

Examples:

- a. Myths related to pregnancy
- b. Urine testing to determine pregnancy
- c. Bodily changes indicative of pregnancy
- d. Expected date of delivery
- e. Sex during pregnancy (i.e., up to what month of pregnancy can partners have sex? What are the advisable positions to protect fetus?)

7.4.5. Sexuality and sexual behavior

Examples:

- a. Masturbation
- b. Use of stimulators (goat's eyelids, etc.)
- c. Types of sexual behavior (i.e., anal, oral)
- d. Petting and kissing
- e. Sexual stimulation
- f. Position in sexual act
- g. Sexual satisfaction/pleasure

7.4.6. Non-reproductive health matters

Examples:

- a. Sty, skin disease, kidney problems, dengue fever, PTB
- b. Symptoms/manifestation of skin diseases
- c. Transmission
- d. Treatment

7.4.7. Irrelevant matters

Examples:

- a. Befriending counselor
- b. Gratitude expression
- c. Personal questions not related to RH
- d. How to find happiness
- e. Migration to Manila

Of the 2,207 calls made, more than a third (38.5 percent) were concerned with family planning, followed by sexuality and sexual behavior (18.6 percent), and pregnancy and delivery (10.1 percent). About a tenth of total calls focused on anatomy and physiology of reproduction including infertility (11.1 percent) and pregnancy and delivery (10.1 percent). More than a tenth (11.6 percent) related to non-RH questions and those deemed as irrelevant.

Multiple Categories of Questions

Of the 2,207 texts, there were 92 multiple questions with different categories. The combination include sexuality and anatomy/physiology e.g. sexual behavior and penile size and family planning and pregnancy.

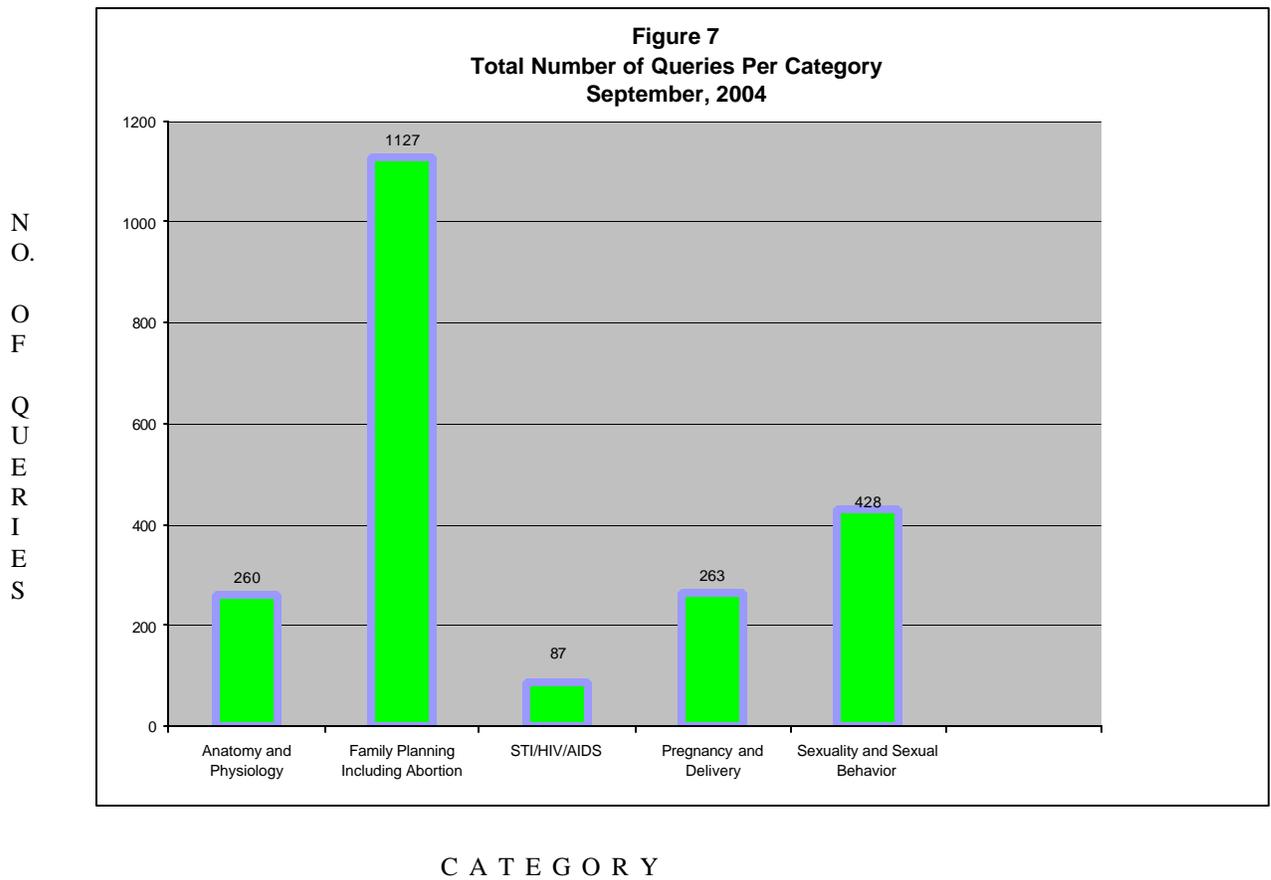
Table 8

**Percentage Distribution of Calls and Queries
Based on Five Categories of Questions**

CATEGORY	NO. OF CALLS	% OF CALLS	NO. OF QUERIES	% OF QUERIES*
Anatomy and Physiology of Reproduction	244	13.5	260	12.0
Family Planning Including Abortion	850	46.9	1127	52.1
STI/HIV/AIDS	84	4.6	87	4.0
Pregnancy and Delivery	224	12.4	263	12.1
Sexuality and Sexual Behavior	411	22.6	428	19.8
TOTAL	1813	100.0	2165	100.0

**number of queries exceed calls since there can be two questions falling in different categories with one text.*

The presentation on Table 8 and Figure 7 focused only on the five relevant categories.



7.5. Illustrations of Specific Questions

To get a handle of the types of questions raised reflecting the concerns of callers. These are examples:

Verbatim

7.5.1. Questions on family planning:

- General questions about specific methods

(I want to know about rhythm)
 (Can you inform me about IUD, what about calendar method?)
 (Can an 18 year old take pills?)
 (What is fertility awareness?)

- Mode of use

(How will I use condom?)
 (How do you measure the fertile period in rhythm?)
 (Where is the thermometer placed to detect ovulation?)
 (How to count safe days in a normal cycle)
 (How to use the calendar method)
 (My sex organ is small, how can I use condom?)

- Safety/Effectiveness

(How safe /effective is withdrawal?)
 (After 8 months postpartum, is it safe to resume intercourse?)
 (When is the safe period?)
 (Is cortal an effective way to prevent pregnancy?)
 (Is it safe to have sex after the monthly period?)
 (Would a woman be pregnant if she forgot to take the pills for one day?)
 (Is condom an effective method or does it leak?)
 (My menses are irregular, are there other methods to be used for family planning?)

- Side Effects

(Does IUD have a side effect?)
 (Does condom reduce sensation?)
 (What is the side effect of condom?)
 (I was informed that use of IUD may damage my ovary and lovemaking using different positions will damage my private parts)
 (What are the effects of withdrawal on the man or woman?)

- Others

(Where can I get an IUD?)

7.5.2. Pregnancy

- What are the reasons for the nausea felt by a pregnant woman?
- We don't use any family planning method. Can I be pregnant?
- What would be the easiest way to get pregnant?

7.5.3. Sexuality/sexual relation

- Do goat's eyelashes enhance sexuality? Do they tickle the girl? How is sex initiated? Do petting and necking result in pregnancy?
- Is it normal to masturbate 3 – 4 times a day?
- He is very slow when he does it. However, it is painful. Which is pleasurable, small or big?
- Usually for a man, how many minutes to rest before having the next sex?
- How many "rounds" can a couple have overnight?
- What are the advantages of taking viagra? What are the side effects?

7.5.4. Anatomy and physiology of reproduction

- At what age does the male organ stop growing?
- What is the maximum length of the male organ?

7.5.5. STI/HIV/AIDS

- My boyfriend got STI and I was infected. We both underwent treatment. Can I be reinfected even if I have sex only with him?
- What are the symptoms of "tulo"? AIDS?
- What is gonorrhea? Is it different from UTI?

7.5.6. Abortion Questions

Abortion was subsumed under family planning. There were 9 questions raised on abortion:

- Safest way of aborting the fetus without consulting a physician
- Why abortion is not legalized
- Number of days after pregnancy where fetus is considered safe to be aborted
- Opinion regarding termination of pregnancies resulting from rape
- If abortion resulting from rape could be exempted from the law
- Why abortion is legal in industrialized countries (e.g., U.S., Canada, Europe and Japan)
- Ways of "expelling the fetus aside from abortion"

- Ways to abort a one-month fetus with the right medicine (she knows it is wrong but it cannot be helped)
- How to expel a fetus through medicines

Responses

The common response given by the counselors was that abortion is prohibited by Philippine law and society. Where rape occurs, the abortion issue becomes legal matter so that lawyers should be consulted. On the query on why abortion is legal in other countries, the response was that legality of abortion depends on the norms, culture and beliefs of a country. A health provider can be consulted to see the pregnancy through delivery. Note: it would have been better if the exact reason why it is not legalized is presented e.g., value of human life. Besides, while certain abortion practices could be presented (use of crude instruments inserted into uterus, intake of abortifacients, etc.), what is important is to present the deleterious effects and complications including mortality from such actions.

7.5.7. Health related matters

Calls on non-reproductive health numbering 179 (8.1 percent) focused on the following areas:

- Dengue fever (symptoms and management)
- Pulmonary tuberculosis (manifestations, mode of transmission, severity, length of treatment, restrictions with PTB, availability of free drugs)
- Skin and scalp problems (skin changes, discoloration, dark armpits and how to whiten them, ringworm in groin area, warts, tineaflava, pimples, itchiness, rashes, and management of dandruff)
- Eye infections (treatment for sore eyes, affordability of sore eyes treatment, bacteria or virus causing sore eyes, mode of transmission, sty – cause [is it cockroach bite?], treatment of sty)
- Pain (near the appendix); orange urine; management of tennis elbow
- Anti rabies vaccine

Responses

The responses were generally referrals to other sources.

Example:

“it would be better if you can consult a physician so that it won’t worsen”.

“it would be useful to consult a physician to avoid complications”.

“The doctor can tell you since he will be knowledgeable of your medical history”.

“You can consult a dermatologist to give the proper medicines”.

“Consult a clinic for proper eye medication”.

7.5.8. Irrelevant Texts

Texts on the above topics include (numbering 216):

- Gratitude for the answer given
- Overdriving emotion expressed
- Need for confidentiality assurance
- More power to counselor
- Wanting to befriend counselor
- Appreciation of the newspaper column on how a career woman got married again
- Wanting to be happy

While most of the callers expressed their gratitude for the answer, others wanted to befriend or have some more personal conversations with the counselor. The standard response given by the counselor is “Thanks for texting family planning hotline. We can be called at (02) 522-0176. It is a pleasure to serve you”.

7.6. **Contextual Analysis of Family Planning Queries**

Of the 867 calls received on family planning, the major questions relate to the mode of usage (42.4 percent) and effectiveness (27.8 percent) of the different methods. It is notable that more than a tenth (17.3 percent) of the queries focused on other concerns such as what is the specific contraceptive method (natural family planning and modern methods (pills, injectable, IUD, ligation and condom). About 5 percent (42) inquired about source of consultation, information and supplies. This was subsumed under “others”. Side effects related to pills, withdrawal and condom were raised. Natural family planning is an area of interest of the callers as evidenced by nearly half (45 percent) of those who wanted to know the mode of use for rhythm, BBT and ovulation.

Table 9 gives the distribution of queries on family planning by categories (mode of use, effectiveness, side effects, general questions and source of information/method. Of those concerned with mode of usage – more than half referred to traditional methods – NFP (58.3 percent). About a third (28.9 percent) were concerned with how to take the pills. Effectiveness of use was centered mainly on NFP and withdrawal. Pill side effects and that of withdrawal were frequently asked.

Table 9

**Percentage Distribution of Queries on Family Planning
By Specific Methods and Particular Concerns**

METHOD	MODE OF USE	EFFECTIVENESS	SIDE EFFECTS	OTHERS (INCLUDING SOURCES)	TOTAL	NO.	%
NFP	58.3	27.7	--	35.7	100.0	451	44.6
Withdrawal	4.8	37.7	27.9	15.5	100.0	190	18.8
Condom	3.4	18.3	10.5	14.8	100.0	150	14.8
Pills	28.9	10.5	45.3	15.3	100.0	167	16.5
Injectables	3.4	4.7	5.8	15.4	100.0	33	3.3
IUD	1.0	0.7	5.8	2.0	100.0	11	1.1
Sterilization	0.2	0.4	4.7	1.3	100.0	9	0.9
TOTAL	429	281	126	175		1011*	
Percentage	42.4	27.8	12.5	17.3	100.0		

*There were 1127 queries minus abortion (9) minus general questions (107) = 1011

7.7. Pattern of Frequent Calls Pertaining to FP

Among those who called once(217 cases) almost half (105 or 48.4 percent) dealt with family planning particularly the determination of fertile days in the use of calendar method, effectiveness of condom and withdrawal, and effects of missed pill intake. Other areas of concern were sexuality, regularity of menses, masturbation.

For those who called twice, while family planning is still the predominant question asked (effective pill brand, NFP including BBT and standard days, pill use in lactation, withdrawal, spotting in depoprovera use) other areas sought were anatomy and physiology of reproduction, infertility and sexuality.

For three questions or more, the tendency is to have a combination of questions with family planning as a frequent topic (different methods, safe period, side effects of pills, rhythm method, withdrawal, etc.) together with anatomy/physiology and sexuality.

The frequency of call seems to be related to the tendency of caller to secure more information about different topics covered. Hence, it may be deduced the call frequency is related to the satisfaction with the questions raised that prodded the caller to make more inquiries.

Two outliers were one who made 46 calls and another with 108 texts.

46 texts (one caller)

A certain caller made a total of 46 calls for 8 days (from September 16 to 25). The caller's queries revolved around making love and forging relationships, which include kissing, petting, premarital sex and use of condom as contraceptive.

The counselors who received these calls answered most of the questions especially on sex, including foreplay (kissing and petting), non-penetrative sex as well as the proper use of condom. They accommodated some of the questions regarding love and relationship. However, with time progression, the caller was referred to "Dial a Friend"; and standard response "thanks for txtng Famplan Hotline. U may also call us at (02) 522-0176 for more information. "It's our pleasure to serve you" or "to avoid unplanned pregnancy, use a modern FP method like pill, injectable, IUD, condom or NFP. Consult a doctor, nurse, midwife or barangay health worker" and/or its Filipino translation; and referral to Dial-A-Friend.

108 texts (one caller)

Another caller made a total of 108 calls for 15 days (from September 4 to 29), with an average of 7 calls per day. The frequency of calls declined from 14 to 2 calls at the end of the 15th day of the call. Majority of the calls were done in the afternoon, from 12:19pm to 9:12pm.

Most of the questions were about sexuality and sexual behavior, specifically on premature ejaculation, effects of swallowing sperm to health, ways to attain sexual pleasure (including oral sex, masturbation and anatomical areas of arousal) and penis size (in relation to sexual pleasure and capacity to impregnate a woman). Few questions were raised on family planning which include condom (size, flavor, and use), infertility (erectile dysfunction, amount and color of semen) and pregnancy after tubal ligation. It can be noted that the caller has

many misconceptions on sexual position to avoid pregnancy and determine baby's sex, release of woman's egg/ovum during masturbation, masturbation in relation to infertility/sterility, washing of the vagina to prevent pregnancy and achieving orgasm in relation to pregnancy.

While the counselors provided information to this caller yet he/she kept on repeating or paraphrasing the questions. At times, the counselors responded to repeated questions by saying "thanks for txtng Famplan Hotline. U may also call us at (02) 522-0176 for more information. "It's our pleasure to serve you" or "to avoid unplanned pregnancy, use a modern FP method like pill, injectable, IUD, condom or NFP. Consult a doctor, nurse, midwife or barangay health worker" and/or its Filipino translation.

It was observed that aside from repeating and paraphrasing the questions, the caller provided inconsistent information about his identity. For example, he said he and his wife have 2 children, in other dates, he said that he has 4, in another dates, he said he has five instead. Another example is that he said that he is bothered because he has a short penis, yet in another date, he said that his penis measures 2 inches diameter and 7 inches long.

7.8. **Repetitive Questions**

It was noted that 63 questions were repeated verbatim twice; 8 questions thrice, 6 questions 4 times and 2 questions 5 times. The twice asked questions revolved around natural family planning, withdrawal, fattening effect of pills, side effects of pills, effectiveness; condom; vasectomy and inquiries regarding effective methods. It is not known whether such repeated calls is due to accidental pressing of the send button or genuine interest to get an elucidation of the question.

It is noted that questions are repeated if the question raised yielded standard answers.

Example:

Q: We are using withdrawal and I sleep with my wife once a month

A: To avoid pregnancy, use a modern method

The question was repeated verbatim and the answer was: Withdrawal is not an effective method since some semen can be released before complete withdrawal. It can cause pregnancy.

A third repeat question yielded the first answer.

Q: Can you drink castor oil mixed with juice or soft drink for family planning

A: Castor oil is a laxative in x-ray for what purpose are you using it?

The question was repeated verbatim and the answer was: To avoid unplanned pregnancy, use modern methods

A third repeat question generated the second answer.

Questions may be repeated to seek further clarification but in the second or third bouts, answers become standard such as:

- to avoid pregnancy, use modern methods
- thanks for txtng Famplan Hotline. U may also call us at (02) 522-0176 for more information. "It's our pleasure to serve you

General Attitude of the Callers

In most cases, legitimate questions are raised. However, there are some cases where callers felt that answers were vague. For example (same caller):

Q: Which gives more pleasure, a big or small sex organ?

A: It depends on a woman's preference

Q: Question was repeated

A: If you want to prevent pregnancy, use modern FP method

Q: Question was repeated

A: It depends on the woman's choice, some like it small, while some like it big

Q: Your response is so general

7.9. Performance of Counselors

The performance of the counselors was assessed through the review of the responses given to the inquiries made. The adequacy of the response was determined through a scoring system as follows:

Score	Category	
0	Irrelevant or incorrect response through wrong information or off-tangent answers	
Example:		
Sexually transmitted infection/HIV/AIDS	“What are the symptoms of herpes and gonorrhea?”	To avoid unplanned pregnancy, use modern FP methods like pill, injectable, IUD, condom or NFP. Consult a doctor, nurse or midwife.
Sexuality and sexual behavior	“Will I bleed if I have sex?”	If your hymen is intact, you will bleed. (Note: there are instances where the hymen is intact but the woman does not bleed in the first sexual relation)

1	Partially correct/ incomplete reply	
The answer is placed in this category if response given is incomplete or general information is provided		
Example:		
Family planning	“What is BBT and standard days method?” What is the procedure?	Ang BBT ay ang pag-alam ng babae kung pwede o hindi pwedeng magbuntis sa pamamagitan ng pagkuha ng kanyang temperatura. (BBT enables a woman to determine if she can get pregnant by taking the temperature) Note: No procedure was provided
Anatomy and physiology including fertility	“Is it safe to have sex without risk of getting pregnant a week after my menstruation? I have a regular menstruation”.	One week after menstruation is already your fertile period Note: There is no mention of length of fertile period after inception of menses.

<div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">2</div>		<p>Correct and complete response</p> <p>A response is considered correct and complete when the counselor is able to provide accurate answers to the question raised</p>
<p>Example:</p>		
<p>Family planning</p>	<p>“Gud am po, tanong ko lang po kung safe period yung 3 days after mens ayaw ko po magpills dahil baka maapektuhan matris (Would 3 days after menstruation be considered safe for intercourse? I won't like to take pills because it might affect my uterus)</p> <p>Gud am. Aside from morning sickness, ano pa ang symptoms of early week pregnancy?”</p>	<p>Depende sa haba ng menstrual cycle. Kung regular and menstruation period 28-32 days, fertile ang babae on Days 9-19 ayon sa standard days method (it depends on the length of menstrual cycle. If your menses are regular for 28-32 days, a woman is fertile. These will be days 8-19 according to the Standard Days Method)</p> <p>Aside from morning sickness, there is a change of eating habits, breast tenderness, delayed menstruation, weight and mood changes, frequent urination</p>

The questions were grouped according to the aforementioned five categories. Each response is marked and the scores were summed up. The sum is divided by the maximum possible scores to obtain the average score of the counselor. The counselors performance was assessed in terms of: average score and percentage providing correct answers (score of 2).

In terms of average scores, it was noted that the overall average score is relatively low – 77.1 percent.

Table 10 gives the average score of the counselors for the different categories of questions. Overall, for the six counselors, the score ranged from 55.2 for Mae to 86.9 for Guest. The second highest score went to

Glenda (77.9 percent) followed by Garre (77.0). The other scores seem relatively low (55.8, 55.2 and 61.5).

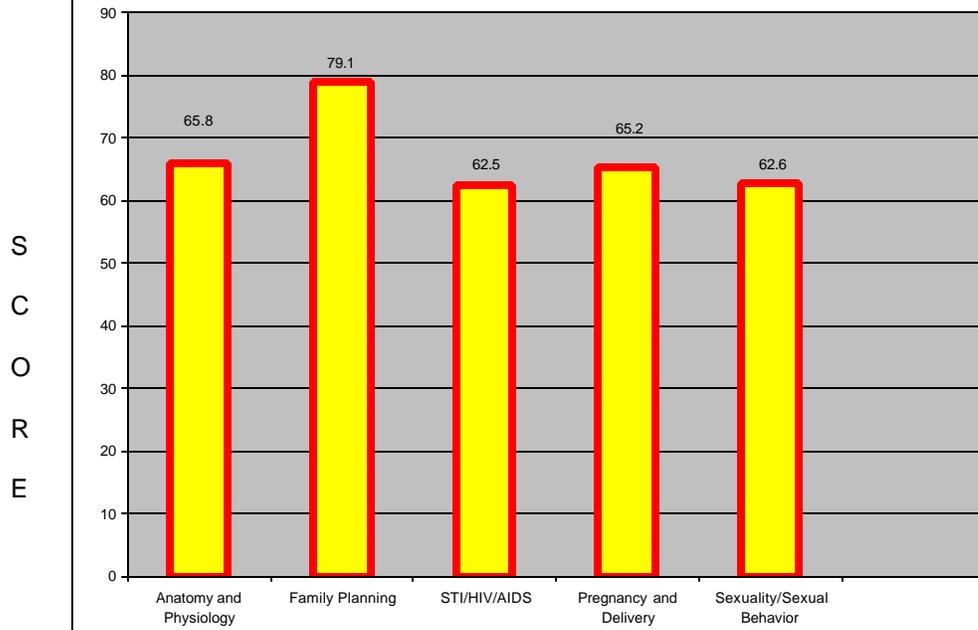
By category, the average scores of all counselors seem low: - 66 percent for anatomy and physiology of reproduction, 79 percent for family planning, 62 percent for STI/HIV/AIDS, 65 percent for pregnancy and 62.6 percent for sexuality and sexual behavior. Variations in performance were also noted. The area where knowledge level is minimal is STI/HIV/AIDS where scores ranged from 33.3 percent to 77 percent. Areas requiring further orientation include sexuality/sexual behavior (average score of 62.6; STI/HIV/AIDS, 62.5 percent; pregnancy, 65.2 percent and anatomy and physiology of reproduction, 65.8 percent.

Table 10

Average Score of Counselors by Question Category

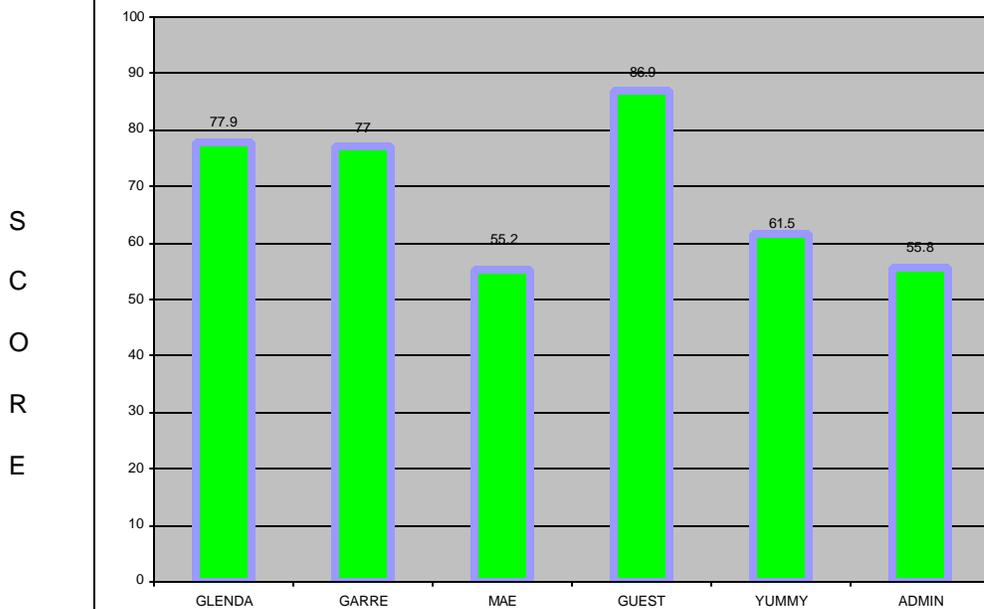
CATEGORY	GARRE	ADMIN	GLENDA	MAE	YUMMY	GUEST	TOTAL
Anatomy and Physiology of the Reproductive System	71.7	50.0	74.7	47.3	25.0	90.9	65.8
Family Planning	86.8	60.0	84.2	64.6	75.0	88.0	79.1
STI/HIV/AIDS	65.8	--	76.7	50.0	33.3	50.0	62.5
Pregnancy and Delivery	64.8	75.0	76.6	46.6	57.1	84.6	65.2
Sexuality and Sexual Behavior	67.5	50.0	67.6	43.8	60.4	88.3	62.6
TOTAL	77.0	55.8	77.9	55.2	61.5	86.9	77.1

Figure 8
Average Score of Counselors
by Specific Categories



CATEGORIES

Figure 9
Average Score of Individual Counselor



COUNSELOR

7.9.1. Percentage of Counselors with Correct Response

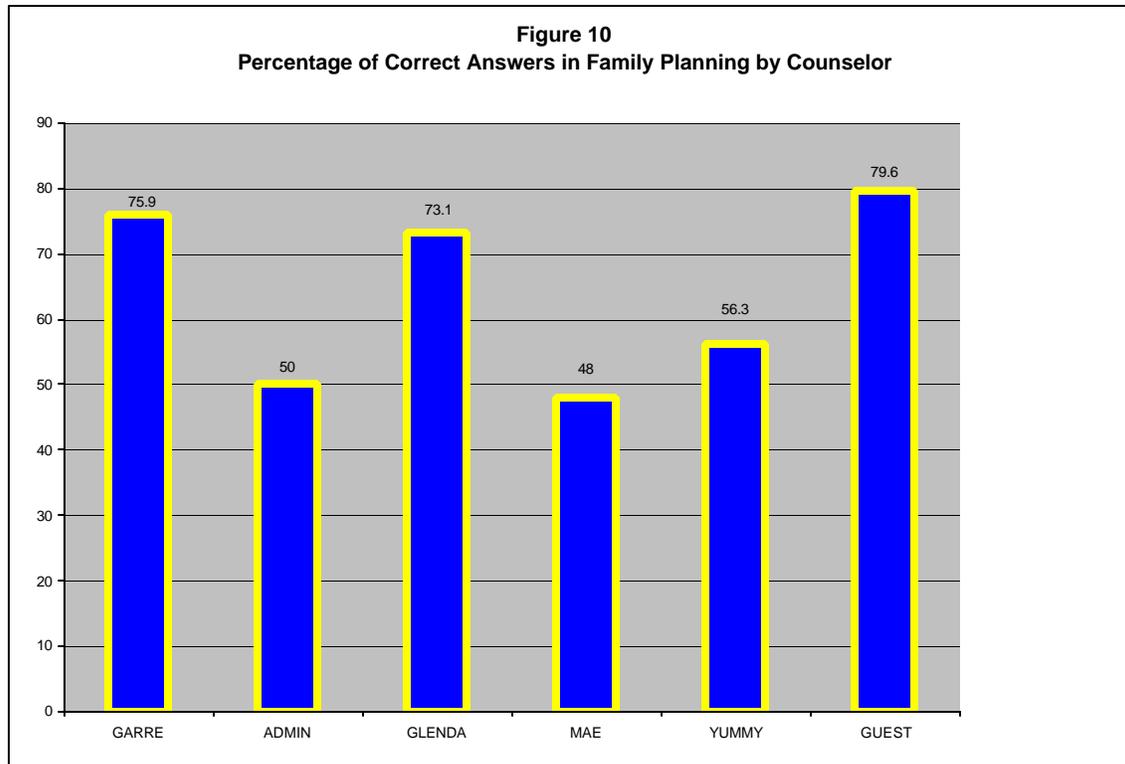
The percentage exhibiting correct response to the queries raised were assessed. Correct response is direct, comprehensive and accurate.

Table 11 presents the counselors according to the percentage of correct answers they have given to the questions raised. It could be seen that for family planning, the range of correct responses was from 48 percent (Mae) to 79.6 percent (Guest). Glenda had 73.1 percent of responses correct while Garre had 75.9 percent. Notable is the low percentage of correct response on STI/HIV/AIDS – none for three counselors and for those who showed some, the range was from 31 percent (Mae) to 53.3 percent (Glenda). Clearly, there is a need for strengthening of knowledge in this area. Likewise, more accurate information provision should be given in sexuality and sexual behavior as well as in pregnancy.

Table 11
Percentages of Correct Response
For Specific Categories by Counselor

CATEGORIES	GARRE	ADMIN	GLENDA	MAE	YUMMY	GUEST
Anatomy and Physiology	55.0	33.3	55.8	19.2	0*	81.8
Family Planning/ Abortion	75.9	50.0	73.1	48.0	56.3	79.6
STI/HIV/AIDS	47.4	0	53.3	31.0	0	0
Pregnancy	42.2	50.0	58.2	25.4	42.9	69.2
Sexuality/Sexual Behavior	56.4	45.5	55.0	25.8	54.2	80.0

* 0 means no fully correct answer but it is possible that partial responses were provided (Score 1).



7.9.2. Attitude of the Counselors

The attitude of the counselors was to be elicited through manifestation of warmth, empathy and interest. Empathy is defined as understanding, awareness and sensitivity to the other's feelings, thoughts and experiences by fully communicating in an objectively explicit manner such concerns. A contextual review of the responses given did not suggest any empathy on the part of the counselor as replies are terse and impersonal. Warmth is the quality or state of establishing cordial linkages with the caller by eliciting trust and confidence. Interest is manifested by the attention given to the caller by asking further questions to generate correct answers.

While warmth and empathy could not be discerned from the response provided, interest could be generated through the review of replies seeking elucidation or further information.

7.9.3. Interest of the Counselors

The counselors' interest in terms of answering the callers' queries is dichotomized into "with interest," meaning a counselor: (1) explores the subject matter (i.e., asking more information to provide a more direct/appropriate response); or (2) provides information that would lead to further questions; and those with no interest.

Examples: (Verbatim questions in Tagalog)

CATEGORY	QUESTION	RESPONSE
Anatomy and Physiology including Infertility	<p>“Anong edad po and isang lalaki ay maaari ng maging amg?” <i>(At what age could a man be a father?)</i></p> <p>“Sa anong edad po maaari ng maging ama and isang batang lalaki?” <i>(At what age could a young man be a father?)</i></p>	<p>“Pakilinaw ang iyong katanungan. Ano ang ibig mo sabihin sa amg?” <i>(Can you clarify your question?)</i></p> <p>Sa stage ng puberty, na kung saan ang reproductive organs ng lalaki ay well-developed na, maaari na siya makabuntis. Ito ay sa edad between 10-12. <i>(At the puberty stage where the male reproductive organ is well developed, he could impregnate a woman. This is at age 10-12 years)</i></p>

CATEGORY	QUESTION	RESPONSE
Family Planning including abortion	<p>“Gusto ko sanang magpavasectomy kaya lang baka may alam ba kayo na hospital na nag-ooperate ng free <i>(I would like to have a vasectomy. Do you know of any hospital that provides free services?)</i></p> <p>“2 years na po kami pero ala pa kami anak, san po ba maganda magpatingin kami mag-asawa ng di nman masyado mahal, kc po isa lang nagtatrabaho sa amin tks. <i>(We have been married for 2 years but we do not have any children. Where can we consult where services are not expensive because only one of us is working?)</i></p>	<p>Pwede malaman kung saan area ka nakatira para mairefer kita sa hospital/clinic na malapit sa iyo?” <i>(May I know in what area you reside so that I can refer you to a nearby hospital or clinic)</i></p> <p>Upang matugunan naming ang tanong mo, kailangan naming ang iyong edad, male or female, kung mayroon at ilang anak, at edad ng bunso. Ang iyong sagot ay confidential <i>(To be able to respond to your question, we need to know your age, sex, if you have children and how many, and the age of your youngest child. Your information will be kept confidential).</i></p>
Sexually Transmitted Infection/HIV/AIDS	<p>“If you want to know whether you got HIV after unprotected sex a week ago, can it be confirmed in an AIDS test?”</p> <p>“Gudam, when do you consider a person infected, upon contact with an infected person or after days when symptoms already show? Thank you very much.</p>	<p>Was your exposure with sex worker or multiple partner? And how sure are you that she/he is infected with HIV/AIDS</p> <p>Can you clarify your question please? Infected with what?</p>

Sexuality and Sexual Behavior	“E yun po bang oral sex ay hindi nakakasama sa kalusugan ng tao? (<i>Is oral sex harmful to one’s health?</i>)	“Ang oral sex ay walang masamang epekto sa katawan ngunit, siguraduhin na and kapartner ay walang impeksiyon upang maiwasan ang pagkahawa ng sakit. Upang mas ligtas, gumamit ng condom. (Oral sex does not have any untoward effect on the health of the person. Just ensure that partners do not have any infection to avoid infection. For prevention, use condom.
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On the other hand, a counselor is said to have no interest when for whatever reason fails to satisfy the criteria and/or referral is made even for a basic question.

Examples: (Lack of interest)

CATEGORY	QUESTION	RESPONSE
Family Planning including abortion	“How about rhythm? Or else IUD	“Rhythm is unreliable, IUD is placed inside the women’ womb during menstruation to avoid pregnancy.”
Sexually Transmitted Infection/HIV/AIDS	“Can STD be passed by an infected mother to her baby through breastfeeding?	“through HIV/AIDS there is risk.
Pregnancy and delivery	“Mabubuntis ba ang babae kapag nagpagalaw siya ng may tinatawag na pahabol sa mens?	“Depende sa cycle ng mens mo”
Sexuality and Sexual Behavior	“What kiss would you prefer to arouse a guy?	“Pls call Dial A Friend with #7348902/7349663-64. And they will help you.”

Based on the contextual analysis of the responses obtained, Table 12 provides the interest level of the counselors according to the five categories of questions raised.

Table 12
Percentage of Counselors with Interest
By Category of Questions

Category	Percentage with Interest
Anatomy and Physiology or Reproduction	2.0
Family Planning	5.4
STI/HIV/AIDS	7.1
Pregnancy and Delivery	3.1
Sexuality/Sexual Behavior	2.2
Total	4.0

* Total number of queries exceeded the number of texts since there can be two categories of questions in one text.

It was noted that the level of interest manifested by the counselor to the five categories of question was rather low (4 percent). For example, regarding anatomy and physiology of reproduction, only 2 percent exhibited interest by following-up the question raised. The percentages in other categories were equally low – 5.4 for family planning; 7.1 for STI/HIV/AIDS; 3.1 for pregnancy and delivery; and 2.2 for sexuality. Clearly, the need for clarification to generate adequate answers is underscored.

Further delineation of performance of the various counselors indicates that there is variability in interest in the various counselors. For anatomy and physiology, Guest had 9.1 percent while Garre got 3.3 percent. However, Garre received 60 calls on this aspect compared to 11 received by Guest. In STI/HIV/AIDS, Mae showed interest in 10.3 percent of the 29 questions raised and regarding pregnancy and delivery, further elucidation was shown by Garre in 6.3 percent of the call. (Table 13)

Table 13
Percentage Showing Interest by Counselors
And Category of Query

Counselor	Anatomy and Physiology of Reproductive System incl. Fertility	Family Planning including Abortion	STI/HIV/AIDS	Pregnancy and Delivery	Sexuality/ Sexual Behavior	T o t a l
Garre	3.3	8.4	5.3	6.3	4.3	6.5
Admin	0.0	0.0	0.0	0.0	0.0	0.0
Glenda	1.1	4.4	6.7	2.5	1.5	3.1
Mae	1.4	4.1	10.3	1.7	1.0	3.2
Yummy	0.0	0.0	0.0	0.0	4.2	1.9
Guest	9.1	5.6	0.0	0.0	0.0	3.6
T o t a l	2.0	5.4	7.1	3.1	2.2	4.0

7.9.4. Appraisal of Counselor's Performance

Basically, the counselors provided partial to complete information to the text sent. Only a few manifested interest to their clients at time there is a tendency to refer them to individuals (e.g., OB-Gyne, doctor and Urologist); other service delivery points (e.g., FP clinics and hospitals) and other hotlines (e.g., Dial-A-Friend and Remedios AIDS hotline). It was noted that the counselors provided inconsistent data regarding average penis size for Filipino males, contracting UTI through sexual intercourse, determining the fertile days using the rhythm and other NFP methods and information regarding pills (specifically, who can take pills and whether a woman can get pregnant if she missed a single dose).

The three top counselors were Garre, Glenda and Guest. They obtained high average scores by providing adequate answers. Besides, they, in general :

- Answered the callers' questions directly;
- Provided correct information especially on FP issues and concerns;
- Showed interest by eliciting additional information to provide further information to their clients;
- Explained each of the FP methods asked in detail and provided concrete examples to facilitate comprehension;

- Exhausted the alternatives/options open to the client and also focused on the client's specific need for information;
- Encouraged the caller to call their hotline if the message through text is not clear; and
- Provided more explanation if the caller cannot understand the information given to them.

On the other hand, Admin, Yummy and Mae obtained relatively low scores. Aside from this, they:

- Provided incorrect to partial answers to caller's queries, "playing safe" in providing information;
- Gave inconsistent information leading to further confusion;
- Gave general and vague answers not directly answering the question raised;
- Rarely showed interest to the caller by not obtaining for further information from the client to provide more direct answers;
- Did not explain further or provide additional information on FP; and
- Became defensive to the caller's remarks/response (especially Mae).

7.9.4.1. Areas of Strengths and Weaknesses of Each Counselor

To reinforce the observations earlier made, excerpts from record of counselor-caller communications reflecting the capacity of each counselor in providing adequate responses are cited in this section.

A counselor's strength is based on demonstration of mastery in answering the caller's queries directly, concisely, adequately, correctly and provision of more information.

A counselor's weakness is exhibited by:

- Providing general rather than specific information which does not focus on the caller's exact concern/s;
- Providing vague answers without further explanation or elaboration;
- Answering the question partially then referring the caller to another agency/person;
- Showing disinterest and providing inappropriate response; and
- Being defensive to the caller's response (if vagueness is discerned by texter).

Verbatim Questions and Answers on the Text

1. GARRE

CATEGORY	QUESTION	RESPONSE
Family planning including abortion	<p>“Pagkatapos ng mens, pwde na ba itong gamitin? Di ba into na mabubuntis?</p> <p>Gd pm tanong k lng po kng ano ano gmot sa mahirap maihi at me dilaw lgi brf ko std kaya to?</p>	<p>Depende sa haba ng menstrual cycle. Kung regular and mens period 28-32 days, fertile and babae from 8-19 ayon sa Standard Days Method”.</p> <p>Sumangguni agad sa isang doctor para masuri ng mabuit ang yong kalagayan at mbigyan ng agarang lunas. Maaring STI and mga sintomas n ibinigay mo</p>
Family Planning	<p>Hi! Gud pm po ask me po f ung ex. Po b last mens ko 21st ng August til nw po end of Sept n wl p me regal possible po b buntis me kc po nkpgmake-luv po kc me 29th.</p>	<p>Mas mabuti na lumapit sa isang clinic para magpapregnancy test para masiguro and status kung buntis o hindi.</p>
Sexuality and sexual relation	<p>Gud am ako p c mrs catchin 41 yrs old ittng k lng kng anong gmot ng nwwlan ng ericyon and asawa k nong nskagitnaan na kami ng aning sexual affair he s 49 y</p>	<p>When people aged hormones decline so maybe that’s one reason of your problem. You may have consultation with the Urologist to give you the right treatment.</p>

2. GLENDA

CATEGORY	QUESTION	RESPONSE
Family planning including abortion	What method would u recommend 2 us 2 avoid pregnancy?	Upang matugunan naming ang tanong mo, kailangan naming ang iyong edad, M o F, kung mayroon at ilan ang anak at edad ng bunso. Ang iyong sagot at confidential.
Sexually Transmitted Diseases/HIV/AIDS	Ano sintomas tulo?	Mga sintomas ng tulo; sa lalake – masakit na pag-ih, paglabas ng nana sa ari, pmumula at pmmaga ng ulo ng ari; sa babae – mskit na pag-ih, discharge fr d vagina, lagnat
Pregnancy and Delivery	Pls tel me sympton of pregnancy?	Symptoms of pregnancy includes missed period, delayed menstruation, nausea, vomiting, change in eating habit, breast tenderness
Sexuality and Sexual Behavior	Is it normal to bleed after sexual contact? Despite da fact dat da female is no longer a virgin.	Maaari pong cya ay may infection kaya may bleeding, mkbubuti king magpakunsulta sa dr upang malaman kung ano talaga ang dahilan ng bleeding

3. GUEST

CATEGORY	QUESTION	RESPONSE
Anatomy and Physiology including infertility	Tnx, but if n some case I failed, s there anyway 2 check sperm?	Have a Semen analysis in a laboratory so you could check your sperm count, sperm motility, and sperm morphology. These would find out if your sperm is in normal condition to be able to fertilized an egg or a woman.
Family planning including abortion	<p>Wala bang side effect ang injectable and pills?</p> <p>Inquire ko lang po kung ano and pwedi naming sundin ng husband ko na natural method of birth control. We have 8 mos. Old of baby as of nw. TNX</p>	<p>Side effects of pills (not signs of sickness): nausea, bleeding in b/n period, headaches, breast tenderness, weight gain, mood changes. Side effects of injectables: same as pills plus light spotting to no menstruation at all.</p> <p>Ang iba't ibang paraan ng natural family planning ay cervical mucus, basal body temperature, symptothermal, standard days at lactational amenorrhea method</p>

4. ADMIN

CATEGORY	QUESTION	RESPONSE
Anatomy and Physiology including infertility	Nakakabuo ba ng baby ang malabnaw na sperm kasi araw araw kami nagsesex ng boyfriend ko and I'm afraid to get pregnant?	Kung healthy and sperm ng partner mo, makakabuntis sya.
Family planning including abortion	Ano po ang tawag sa instrument sa pagkuha ng body temperature? Does having sex with my partner 7 days before & after her menstruation lessen the chance of making her pregnant?	Thanks for texting FAMPLAN hotline. U may also call us at (02) 5220176 for more information. It is our pleasure to serve you. 7 days before and after mens is not reliable. It usually depends on her menstrual cycle to determine if she is fertile or in a safe period. To prevent unplanned pregnancy, use modern FP methods such as pills, condom, injectables or IUD.
Sexually Transmitted Diseases/HIV/AIDS	Ano ba ang nararamdaman pag may UTI? Gud am po, itatanong k lng po kng nkkhwa b ang UTI?	Kung nais nyo muna makaiwas sa pagbubuntis, gumamit ng modern method ng family planning tulad ng pill, injectable, IUD, condom or NFP. UTI is caused by bacteria sa urinary tract or maaaring makakuha ng bacteria sa paligid ng labasan ng ihi. Tnx for txtng FAMPLAN hotline us may also kol 5220176.
Sexuality and Sexual Behavior	Pinayagan na ba ng doh ang pasasama kapwa babae o lalaki para n d dumami ang population sa mundo?	Hindi sakop ng DOH ang mga bagay tungkol sa pagsasama ng babae at lalaki. Madaming programa ang DOH upang mabigyan ng better health services kasama ang family planning.

5. MAE

CATEGORY	QUESTION	RESPONSE
Anatomy and Physiology including infertility	Nilalabasan ng egg ang babae pag minamasturbate? Anong kulay ito?	Kung nais nyo muna makaiwas sa pagbubuntis, gumamit ng modern method ng family planning tulad ng pill, injectable, IUD, condom or NFP.
Family planning including abortion	<p>Y is it very painful wen my doc njects a 3-mo dmpa (noristerat, I think)?</p> <p>I thot hotlines wer not supposed 2 b judgmental nor condsconding. Do not ever belittle the xperience of pain of any 1 again</p> <p>Katoliko po kmi. Ayaw po naming gumamit nun binanggit nyo. Masama raw sbi pari namin</p>	<p>Actually, it is not that painful. Maybe you pain tolerance is low.</p> <p>We are not judgemental an only telling you one of the possible reason.</p> <p>Sabi mo knina u r 14 y/o at la pa mens kaya dka pa rin pwede gumamit ng FP method pero sa mga d pwede and artificial meron naman natural FP method na pagpipilian.</p>
Sexuality and Sexual Behavior	Di po ba masama sa babae nakikipagsex wala pang mens?	It's your choice.

6. YUMMY

CATEGORY	QUESTION	RESPONSE
Anatomy and Physiology including infertility	What is the shortest penis size that can sexually satisfy an adult woman?	Sexual pleasure does not depend on the size of the penis, but on how the brain is stimulated. Thanks for txtng FAMPLAN, for questions on Family planning u may call us as 522-0176
Family planning including abortion	<p>Gudmrning po, ask po nmin f hnd po b msma mkipg-do after po ng mens? Safe po b o fertile? Ilang day po? Tnx hntay po nmin sgot nu, tnx po & more power Godbls.</p> <p>Gudpm! Sori 4 ds2rbng. Ask ko lng kng 100% bng safe and mucos method? Kc ayw ng aswa ko ang condom at auko rn sa clendar method.</p> <p>1991 ng etopik prdgnan ako hangang ngayon hindi p magbntis ano kaya ang dahilan?</p>	<p>Depende sa haba ng siklo (menstrual cycle) ng babae. Pag sobra ikli ng siklo (Note: what is the meaning of a short cycle?), maaaring mabuntis ang babae kung magtatalik kahit may regla ito. Kung regular ang menstrual period na 26-32 days, fertile and babae from day 8-19 ayon sa standard days method</p> <p>Hindi 100% safe kung ang gagamitin lang na FP method ay cervical, mas maiging gamitin ang sympto-thermal method. Inaalang nito kung pwede mabuntis ang babae sa pag-oberba ng 3 bagay: mucus sa kanyang puwerta, basal body temperature at posisyon ng kanyang puwerta.</p> <p>Maaaring mahirapang mabuntis kapag nagkaroon ng ectopic pregnancy. Maiging magpasuri sa OB-Gyne upang malaman kung anong sanhi ng hindi pagbubuntis</p>
Sexuality and Sexual behavior	What r d best way 2 make my gf stisfied wen mking love?	To avoid unplanned pregnancy, use a modern FP method like pill, injectable, IUD, condom o NFP. Consult a doctor, nurse, midwife or barangay health worker.

Based on the analysis of the performance of the aforementioned counselors, the adequacy depends on the ability to:

- Address directly the question;
- Provide details in usage; and
- Delineate related information.

In this context, the counselors should:

1. Not to be judgemental and biased;
2. Present all possible alternatives/options open to the callers (i.e., in providing information on FP method, present both natural and artificial methods);
3. Provide specific examples (i.e., in calculating fertile days) and use layman's terms;
4. Provide consistent information (i.e., determining fertile days using the standard days method, average size of male genitalia, when pregnant can have sex);
5. Provide additional information particularly on topics like STD/HIV/AIDS; and
6. Elicit additional data from the client to provide individualized counseling based on the clients needs/concerns.

8. CRITICALLY APPRAISED SCOPE IN FAMILY PLANNING

Based on the contextual analysis of questions and responses, critical issues need to be clarified include:

A. Family Planning

- a. Determination of fertile period according to the regularity (or irregularity of menses; concerns arise as to when sexual relations can effectively be resumed at the cessation of menses to prevent pregnancy. A concern is pregnancy probability during menstruation. There is a need to provide consistent, correct responses.

In the examples shown below, it is noted that counselors give different responses to similar questions:

NATURAL FAMILY PLANNING	COUNSELOR'S RESPONSE	REMARKS
<p>A. Rhythm Method</p> <p>1. What is rhythm method?</p> <p>2. Is it safe to have sex if a woman is menstruating? (specifically how many days before and after menstruation should a couple engage in sex to avoid pregnancy?)</p> <p>3. How can you determine the safe and unsafe days using rhythm method?</p> <p>4. Is rhythm a safe method of Family planning?</p>	<p>In rhythm method, the woman monitors her menstrual cycle for 6 consecutive months, gets the shortest and longest cycle to know the safe and unsafe period.</p> <p>Monitor your menstrual cycle for 6 consecutive months to determine your longest and shortest cycle, shortest minus 11, the difference are the fertile days.</p> <p>It depends on her menstrual cycle, if it is regular <u>26-32</u> days, she's fertile every <u>8-19</u> days of month (following 12 days after 7 dys of mens) consider 1 as the 1st day of menstruation. This is according to Standard Days Method.</p> <p>Depende sa haba ng ng menstrual cycle. Kung regular ang mens period, <u>28-32</u> days, fertile and babae from day <u>8-19</u> ayon sa Standard Days Method</p> <p>Regular ang cycle ng babae kung ito ay 26-32 days, kapag pumasok at di lumampas dito ang bilang ng kanyang monthly cycle, fertile siya every <u>9-18</u> of the months (following 12 days after 7 days ng menstruation)</p> <p>Based on SDM with 26-32 day menstrual cycle, days 1-7 of menstrual period and days 20-29 are safe.</p> <p>That's why we always explained that the rhythm method is unreliable, but some still choose that method.</p> <p>Kung ang cycle mo ay di regular, ang rhythm ay unreliable. Gumamit ka na lang ng ibang method.</p> <p>Ang rhythm method ay unreliable. Kung nais nyo makaiwas muna sa pagbubuntis, gumamit ng modern method ng FP tulad ng pill, injectable, IUD, condom, o NFP. Kumunsulta sa doctor, nars, midwife o barangay health worker.</p>	<p>Provided general and somewhat vague information rather than specific ways of counting the safe and unsafe days in a menstrual cycle (that can be achieved by using concrete examples)</p> <p>Provided inconsistent explanations as to the range of regular menstrual periods, that may lead to confusion on the part of the caller</p> <p>Mentioned unreliability of rhythm method without further attempts to correct the caller's misconceptions.</p>

NATURAL FAMILY PLANNING	COUNSELOR'S RESPONSE	REMARKS
<p>C. Penis size</p> <p>1. What is the average size of penis for a Filipino?</p>	<p>The average size of the Filipino is 4-5 inches but it also varies on the height of the person.</p> <p>Average Filipino penis size is 4-5 inches when erect, diameter is 3-4 inches.</p> <p>Normally, ang size ng penis ay 3-5 inches kung matigas kung relax naman ay 2-3 inches.</p> <p>Ang normal size para sa Filipino ay 4-6 inches.</p> <p>Average size of Pinoy penis is 4-5 inches in length and 2-4 inches in diameter.</p>	<p>Provided inconsistent information on the average size of penis for a Filipino male.</p>

- b. Pertinent to NFP, there is interest on learning how to use the various natural methods (calendar, ovulation, standard days)
- c. Lactation and postpartum amenorrhea – when a woman has prolonged absence of menstruation during breastfeeding, when a woman is still amenorrheic, after some time, the fear of pregnancy is there. More information is needed.
- d. Dispelling myths and fallacies related to sexuality, family planning:
 - Condom use results in weight loss
 - Washing the vagina after sex is one method of preventing pregnancy
- e. More thorough information on the particular contraceptive mentioned – mode of use, action, effectiveness, side effects and sources
- f. Pregnancy occurrence (e.g., if orgasm is not reached, without penetration, duration of intercourse,

B. Sexuality

- a. Sexual positions yielding greater satisfaction
- b. Sexual positions to have male or female issue
- c. Sexual behavior during pregnancy.

C. Pregnancy-related questions

- a. Probability of pregnancy with single unprotected sex
- b. Pregnancy probability during menstruation
- c. Pregnancy without penetration
- d. Sex during pregnancy
- e. Pregnancy after partner's ejaculation of watery substance
- f. Pregnancy even if a partner did not reach orgasm
- g. Duration of intercourse to get pregnant
- h. Detection and signs of pregnancy

D. STI/HIV/AIDS

- a. Types and manifestations
- b. Modes of transmission
- c. Cost of testing and location of testing centers
- d. Medicines that can be bought without prescription
- e. Myths and fallacies regarding transmission
- f. Mother-child transmission.

9. ISSUES AND CONCERNS

The results of the quantitative and contextual analysis yielded a lot of insights that need to be addressed.

1. Viability of hotline on family planning and related concerns – Considering that the concerns expressed by texters require a thorough explanation (e.g. when to measure the safe period), it is not sure whether adequate response could be provided. And example is natural family planning. When questions are very specific, answers may have to be given in terms of averages or time interval (e.g. fertile period). Therefore, the hotline may not be a single provider of information on issues raised. Printed materials can supplement the information needs.
2. Need to strengthen efforts to recruit more texters – An examination of trends of calls and new callers (with the exception of a few peaks) reveals either a plateau or a downward trend. For maximum impact, there should be efforts to recruit more new texters.
3. Need for a more personalistic approach to inquiries. As attempts are made to deal with the questions raised, second or third repeated questions are answered by: “if you do not want to be pregnant, use family planning” or “thank you for texting FAMPLAN hotline. You may also call us at (02) 522-0176” . Such standard responses may leave the callers dissatisfied.

4. Need for competence of counselors. Most of the questions related to the different categories were partially answered which indicates that a more technical orientation be provided to them.
5. Need to assess and review the orientation programme as a result of the variability in responses of counselors. Need to review the adequacy of the training curriculum in the light of the questions raised.
6. Verification of repeat questions. It is not known if those who asked the same question consecutively needed more clarification or if it is an error of pressing "send".
7. Assessment of satisfaction of senders. It is not clear if texters are satisfied with the responses given. There may be a need to follow-up these texters.

10. RECOMMENDATIONS

- a. Assess the viability of the hotline as a source of family planning and RH information in the light of the detailed information sought by texters. Supplementary materials may have to be provided.
- b. Strengthen the recruitment programme for texters to ensure an increasing number of new intakes.
- c. Enhance the competence of counselors through a comprehensive orientation (including refresher courses) to ensure that they are able to respond adequately to the concerns raised (e.g. determining fertile periods by length of cycle, lactational amenorrhea, how to use pills, relative efficiency of methods).
- d. Review and revise the training manual to reflect concerns.
- e. Conduct refresher courses directed to the most frequent questions raised so that adequate answers can be provided.
- f. Strengthen the counseling competence of the counselors that will bring about their
 - i) personal qualities such as:
 - desire to work and help texters
 - personal belief in FP and RH
 - respect for people and their rights

- minimal biases
- absence of judgment
- tolerance and empathy for clients
- confidentiality
- professionalism
- comfort in dealing with sexuality

ii) knowledge

- technical knowledge of FP and RH
- factors inhibiting clients from full expression of their needs
- handling of special cases

Related to these are technical knowledge of:

- reproductive anatomy and physiology
- misconceptions about FP and RH
- contraceptive technology (risks, benefits, effectiveness, mode of action)
- mode of use correctly and effectively
- side effects and complications and how to deal with them
- prevention and treatment of STI/HIV/AIDS
- policies, laws and programmes
- eligibility requirements
- referral networks and sources of supplies and information

iii) skills

- creating a comfortable atmosphere for texters
- clear presentation of information
- encouraging further questions
- listening attentively
- asking questions to encourage clients to share information and feelings to be able to provide adequate answers
- presenting information in clients' language

- g. Conduct a satisfaction survey by texting callers to determine if the counselor met clients' needs.
- h. Undertake follow-up texting to assess the utilization of knowledge (behavior change) by the texters

References

Johns Hopkins Population Information Program. The Essentials of Contraceptive Technology. March 2003.

DOH Family Planning Clinical Standards Manual 1997.