STRENGTHENING SOCIAL ACCEPTANCE OF FAMILY PLANNING IN THE PHILIPPINES: A COMMUNICATION AND ADVOCACY PROJECT
USAID Contract No. 492-C-00-02-00019-00
PROGRESS REPORT: April to June 2005

I. SUMMARY OF ACCOMPLISHMENTS

A. PROJECT MANAGEMENT

1. Quarterly Benchmarks Approved by USAID
2. OY Workplan, narrative and budget submitted to USAID
3. Gold Quill Award of Excellence for TSAP-FP

B. BEHAVIOR CHANGE COMMUNICATION COMPONENT

1. Advertising messages intensified via Family Planning Hotline advertising
    1.1. Radio announcer-on-board plugs and tabloid advertising launched to promote Family Planning Hotline
    1.2. Billboards promoting FP and FP Hotline set up in two high traffic locations in Metro Manila

2. Media and technology to transmit correct FP information to target audiences and the public implemented
    2.1. FP Hotline monitored for number of questions and question senders
    2.2. Distance education on the air for government midwives (segment on *Tambalan sa Kalusugan*) monitored
    2.3. Love notes call-in program in Manila monitored for increases in the number of questions and air time devoted to the FP portion
    2.4. Soap Opera and Radio call-in program in Cebu Monitored
    2.5. Daily FP messages in radio news program on DZMM aired

3. Printed materials to deliver correct FP information to present and potential users of FP, spokespersons and health providers distributed to intended users
    3.1. IEC Materials printed and distributed

4. Communication activities to promote contraceptive self reliance conducted
    4.1. Contraceptive self reliance communication plan developed (in close consultation and coordination with the LEAD and PRISM Projects) for submission to USAID

5. Quick response mechanism to promote correct FP information activated
    5.1. FP Quick Response Workshop conducted in Bicol
    5.2. Orientation on FP reporting for Region VIII media conducted

5.3. Monthly publicity campaign conducted with at least ten newspaper pickups on:
- Benefits and safety of modern methods
- Satisfied users and successful health providers
- NDHS data that support need for FP

5.4. Media Training for Legislators

6. Adequate media support achieved for FP messages and outreach activities
   6.1. Ongoing Media rounds to strengthen relations with Media conducted
   6.2. Daily media monitoring reports conducted (FP News @ A Glance)
   6.3. Media tour of Cebu FP Promotion activities conducted
   6.4. Training on how to handle media for CAs conducted
   6.5. Assistance provided for dissemination of 2003 NDHS results to regional media practitioners in Cebu and ARMM

7. ARMM *Fatwa* dissemination activities implemented
   7.1. ARMM radio campaign materials approved by USAID and aired
   7.2. Materials for Friday Sermons developed for pre testing
   7.3. ARMM Radio materials monitored

C. OUTREACH COMPONENT

1. Technical assistance to sectoral partners on FP promotion and information campaigns provided
   1.1. Male Groups
      1.1.1. National Confederation of Tricycle Operators and Drivers Associations in the Philippines (NACTODAP)
      1.1.2. Armed Forces of the Philippines (AFP)
   1.2. Faith-Based Organizations
   1.3. Community Health Workers
   1.4. Socio-Civic Organizations

2. Local FP Promotion and motivation activities in TSAP-FP sites including linkages with service delivery through the small grants
   2.1. Informal Sector/Urban Poor
      2.1.1. Katinig
      2.1.2. CCUVA
      2.1.3. WISER 8
      2.1.4. Bayanihang Bulakenyo Foundation, Inc. (Lingkod Lingap sa Nayon)
      2.1.5. PBSP Visayas
      2.1.6. VINE
      2.1.7. LEFADO
      2.1.8. SUAC
      2.1.9. Kaugmaon

2.2. Men
    2.2.1. NACTODAP
    2.2.2. USC – SOAR
    2.2.3. Nagpakabana Foundation
2.3. Labor - FWN
2.4. Faith-Based
    2.4.1. SOFDEPI
    2.4.2. MUCARD
    2.4.3. Tarbilang
2.5. Women
    2.5.1. Makatao
    2.5.2. IMA
    2.5.3. Metsa
    2.5.4. WHCF
2.6. Multi-sectoral
    2.6.1. COFPRHA 8
    2.6.2. NeOFPRHAN
    2.6.3. SAFE – FP
2.7. Community Health Workers – National Confederation of BHW Federation

3. Capacity building inputs to new and existing FP spokespersons provided
    3.1. BiRHA on FP Promotion
    3.2. Bicol Urban Poor Coalition trained on FP Motivation
    3.3. Training of Trainers on Family Planning Motivation

4. 40 Influential individuals from various sectors promoting the use of modern FP
    4.1. 16 New influentials identified
    4.2. At least 10 New and 40 existing spokespersons provided with capability building inputs
        4.2.1. FP Influentials' Tool Kit Finalized
        4.2.2. Regional Kapihan of FP Influentials in Cebu conducted
        4.2.3. International OST Conducted
        4.2.4. Local OST Conducted
        4.2.5. Resource materials provided to Influentials
    4.3. 30 Local MRLs identified and mobilized in the dissemination of the *fatwa* on FP in 10 communities in ARMM
5. FP Promotion Activities of Influentials via media or community events

D. HEALTH PROVIDER COMPONENT

1. Competency tables for medicine, nursing and midwifery courses completed
2. 417 health providers trained on evidence based counseling (EBC)
3. Eight new critically appraised topics (CATs) finalized
4. Post-EBC training assessment initiated
5. Additional copies of CAT kits printed

6. Second draft of DOH Family Planning Clinical Standards Manual completed
7. EBC training for ARMM conducted
8. Revision of client forms to include family planning practices explored with the Department of Health

II. DETAILED REPORT

A. PROJECT MANAGEMENT

1. Approval of Benchmarks for April to June 2005

The benchmarks for the second quarter were discussed with the Cognizant Technical Officer on April 19, 2005. After two revisions, they were approved on May 5, 2005. The approved version is on *Annex 1*.

2. Option Year Workplan, narrative and budget submitted to USAID

The TSAP-FP Option Year Workplan with its narrative and budget was submitted to the USAID on April 1, 2005. These documents were products of a three-day Option Year Planning Workshop held on March 7-9, 2005 in Manila. *Annex 2* contains the Workplan and Narrative.

3. Gold Quill Award of Excellence for TSAP - FP

On June 27, 2005, the Social Acceptance Project – Family Planning (TSAP-FP) won the prestigious Gold Quill Award of Excellence given by the International Association of Business Communicators (IABC) during their annual conference held at the Washington Hilton Hotel, Washington DC. This is the highest award level given for any category. TSAP-FP won for communication management under the category "Economic, Social and Environmental Development". Communication management includes "projects, programs and campaigns defined by a communication strategy". Awards are given to winners who have "demonstrated the full range of planning and management skills – research, analysis, strategy, tactical implementation and evaluation". The entries were evaluated by two independent panels of expert judges in two tiers of global judging, with more than 300 first-tier judges located in Europe, Latin America, Africa, Asia and North America. Of the more than 1,000 entries received from 26 countries for 2005, the judges gave 60 Merit and 34 Excellence awards. According to the judges, TSAP-FP's greatest strength was in its "use of research before developing the campaign and after, to measure its success".

The Chief of Party receiving the Gold Quill Award of Excellence on behalf of TSAP - FP

B. BEHAVIOR CHANGE COMMUNICATION COMPONENT

1. Advertising messages intensified via Family Planning Hotline advertising

1.1. RADIO ANNOUNCER-ON-BOARD PLUGS AND TABLOID ADVERTISING LAUNCHED TO PROMOTE FAMILY PLANNING HOTLINE

Department of Health National Center for Health Promotion Director Ms. Angelina K. Sebial approved the Family Planning tabloid advertisements and the announcer-on-board materials on May 24, 2005. USAID gave its approval of the materials (*Annex 3*) on June 14, 2005.

Campaigns & Grey submitted a revised media plan for the materials (*Annex 4*) considering the increase in radio rates for the announcer-on-board materials. Break of the advertising campaign to promote the family planning hotline is on July 8, 2005 for print and July 13, 2005 for radio.

1.2. BILLBOARDS PROMOTING FAMILY PLANNING AND FAMILY PLANNING HOTLINE SET UP IN TWO HIGH TRAFFIC LOCATIONS IN METRO MANILA

With the refusal of ABS-CBN Network to give permission to celebrity couple Julius Babao and Tintin Bersola to appear in the planned family planning billboard, the advertising agency Campaigns & Grey was tasked to develop new materials. The agency submitted four billboard materials which are attached as *Annex 5*. These materials were submitted to the Department of Health through National Center for Health Promotion Director Ms. Angelina K. Sebial. She expressed preference for the design which had the headline: *"Siya ang pinakamagandang Mommy sa balat ng lupa."* (She is the most beautiful Mommy in the whole world.)

However, the following changes will be made on the copy and layout:

a. The headline will be revised to read: *"Walang kupas ang kagandahan ng Misis ko."* (My wife's beauty never fades.)
b. The subhead will also be revised to read: "*Sa tamang spacing ng pagbubuntis, alaga si Mommy at si baby!"* (Through proper spacing, Mommy and baby are well taken care of!)
c. Immediately after the headline and subhead, the *Sigurado Ka* logo will be placed.
d. The order of the logos of the sponsoring organizations will be revised. First on the left side will be the DOH logo, followed by the USAID logo and finally the different co-sponsoring organizations.
e. The photo will also be revised to include two children: one 8 years old, another 4 years old. The couple will be made to appear in their early thirties, and with an appearance of a happy, middle-class family.

The billboard will be revised and submitted to newly appointed DOH Secretary Francisco Duque for approval.

2. Media and technology to transmit correct FP information to target audiences and the public implemented

2.1. FP HOTLINE MONITORED FOR NUMBER OF QUESTIONS AND QUESTION SENDERS

During April to June 2005, there was a significant decrease in the number of telephone calls and text questions received by the Family Planning Hotline. This decrease was brought about by the cessation of the Department of Health television Hotline spots and the announcer-on-board material promoting the Hotline telephone number which used to air at the end of the *Para sa Inyong Kaalaman (For Your Information)* segment in the *Radyo Patrol Balita* on DZMM anchored by Angelo Palmones.

No. of Hotline Queries Received	Jan to March 2005 Average	April	May	June	April to June 2005 Average
Text Questions	2,046	524	404	485	471
Calls Received	165	54	64	43	54

Majority of the questions continued to be on family planning.

Types of Questions	April	May	June
	%	%	%
Family Planning	64	65	62
Sexuality	3	5	3
Medical issues	7	5	7
Pregnancy and related issues	6	7	9
Reproductive Anatomy	5	4	4
Maternal and child health	3	3	1
HIV/AIDS.STI	1	1	1
Referrals	14	12	11
Others	3	4	2
Total	100	107	100

Number of inquiries exceeds 100% due to multiple questions in one text

There was a significant increase in the number of referrals as an immediate result of the retraining of Hotline call respondents done in the previous quarter. In the previous quarter, only 3% of the responses ended in a referral.

Majority (60%) of the questions asked on family planning was on modern methods, of which the pill had the most number of queries at 33%. A significantly lower

number of questions were on traditional methods and natural family planning at 24% and 13% respectively.

Women continued to send majority of the text and telephone queries (70% in April, 80% in May and 60% in June).

Majority of the calls came from the age group 21 to 30 years old, the prime target of the TSAP-FP communication campaign. The data is presented in the table below.

Age Group	April	May	June
	%	%	%
15 to 20 years old	4	5	10
21 to 30 years old	83	70	78
31 to 40 years old	9	25	12
41 years and above	4	0	5

In the previous quarter, the FamPlan Hotline started asking for and tabulating the location of those who sent in text questions. Those who called in their questions mostly came from Metro Manila, while majority of the text questions came from outside Metro Manila.

Television was still the most often cited source of the FamPlan Hotline number, specifically GMA TV which aired the Department of Health advertising from November to December, 2004. The popular Rated K show of Korina Sanchez on ABS-CBN, which aired a segment on Vasectomy and showed the DOH ad in the previous quarter, was also cited as the source of the Hotline number. Word of mouth is increasingly becoming a source of the Hotline number, with 11% in April, 6% in May and 5% in June citing this as a source.

2.2. DISTANCE EDUCATION ON THE AIR FOR GOVERNMENT MIDWIVES (SEGMENT ON TAMBALAN SA KALUSUGAN) MONITORED

Will tubal ligation turn a woman into a sex maniac?
Will vasectomy affect a man's masculinity?
Is it normal for a DMPA user not to menstruate?

These were the three clinical scenarios featured during April to June 2005 in the ten-minute segment sponsored by TSAP-FP within the *Tambalan sa Kalusugan (Team for Health)* radio program. This program, intended for government midwives, is aired weekly every Saturday, from 11AM to 12 Noon over RMN News Manila 558 AM Band. It is hosted by Cecil Banca-Santos, President of the Philippine League of Government Midwives, Inc. (PLGMI) and celebrity doctor-singer Nonoy Zuñiga.

TSAP-FP's ten-minute segment takes on a drama-counseling format. Each month, the segment features a clinical scenario adapted from the manual on Evidence-Based

Medicine (EBM) on Family Planning. The first three weeks of each month are devoted to a dramatization of the clinical scenario. On the fourth week, a resource person is invited to discuss the drama, and provide insights on evidences addressing the clinical scenario depicted in the drama.

TSAP-FP's segment in *"Tambalan sa Kalusugan"* is now on its ninth month. The segment will run for 12 months.

Attached *(Annex 6)* are the storylines for April to June as approved by USAID.

2.3. LOVE NOTES CALL-IN PROGRAMS IN MANILA MONITORED FOR INCREASES IN THE NUMBER OF QUESTIONS AND AIR TIME DEVOTED TO THE FP PORTION

During the second quarter of 2005, the on-air nurse-counselor, Cynthia Herce, continued to tackle a wide array of topics related to family planning. She went on vacation in the month of May and was replaced by Marina Magnolia Ninobla, who is a nurse and a family planning counselor. The following topics were discussed in the five-minute spiel before the actual fielding of questions within the weekly radio program *LoveLines* over DZMM, the top rating AM station in the country:

- April 2 - Fertility Awareness
- April 9 - Menopause
- April 16 - Adolescent Sexuality, Risks of Unwanted Pregnancy
- April 23 - Teen Pregnancy
- April 30 - Modern Natural Family Planning
- May 7 - High Risk Pregnancy and Family Planning Options
- May 14 - Safe Motherhood and Family Planning
- May 21 - Modern Natural Family Planning Methods
- May 28 - Myths and Misconceptions on Modern Family Planning
- June 4 - Family Planning Patch
- June 11 - House Bill 3773
- June 18 - Male and Female Fertility
- June 25 - Standard Days Method

Even with the substitution of a different counselor in May, the number of calls and texts received in the program has maintained its average of 200 questions per program, taking up 90 minutes of the two hour program, generating **P11, 111,040.00 ($202,018.9)** for the quarter.

2.4. SOAP OPERA AND RADIO CALL-IN PROGRAM IN CEBU MONITORED

People living in the upland barangays of Cebu did not know that contraceptive pills were free. Prolonged use of the pill causes cancer. IUD makes a woman a maniac.

These were some of the misconceptions corrected by *Magpakabana Ka!* (Be informed!), on thirty-minute soap opera which aired in Cebu over top-rating station DYHP from the first quarter to the second quarter of 2005 (from March 7, 2005 to June 7, 2005) over the 2:30 to 3:00 p.m. time slot.

The program follows a four soap-opera/one interaction format where the first four soap-operas with certain themes are followed by a discussion of these themes by the anchors and the FP counselor Nurse Bernardita Pongan, the Cebu City FP coordinator.

The themes explored in the thirteen weeks of the soap operas were the following:

- Male involvement
- Spousal communication
- Myths and misconceptions (three weeks)
- The value of small family size
- Responsible adolescent sexuality
- The need to see a health provider
- High risk pregnancy
- Barriers to use
- Shifting to other methods when a previous method can no longer be used
- Male methods and issues

Due to the absence of a formal radio monitoring service in Cebu, DYHP has a unique system to monitor listenership of its programs. It employs two personnel who do nothing but circulate around the high population density areas of Metro Cebu, listening to what station radio sets in households are tuned in. Through this, DYHP found that listenership in *Magpakabana Ka* was no different from its other, purely entertainment soap operas, and was significantly higher than other AM stations, most notably DYSS-GMA, which placed second in the rating.

The Friday interactive program also offered some feedback on the show. Listeners who called the Friday show found the dramas educational and the answers of the anchors and counselor to the point and easily understood.

Storylines for the third quarter are on *Annex 7.*

2.5. DAILY FP MESSAGES IN RADIO NEWS PROGRAM ON DZMM AIRED

The daily FP messages over DZMM during the *Radyo Patrol Balita* portion hosted by Angelo Palmones ceased airing on May 16, 2005. Mr. Palmones was informed by the ABS-CBN Network management that the daily FP messages should not be part of a

daily news program since these were not presented as hard news. However, Mr. Palmones got the assurance that family planning could still be used in his daily news program if this was presented in a news format. The project has given Mr. Palmones family planning information presented as news and several have been used. As a result of the discontinuation of this activity, it generated only **Php 1,585,854.60 ($ 28,833.72**) in free broadcast values for the project in the second quarter of 2005 compared to the average values of **Php 1,901,230.10 ($ 34,567.82)** in the previous quarters.

3. Printed materials to deliver correct FP information to present and potential users of FP, spokespersons and health providers distributed to intended users

3.1. IEC MATERIALS PRINTED AND DISTRIBUTED

The final draft of the Broadcasters Manual of Family Planning Messages has been completed and submitted to the AED head office for comments. Upon clearance from the head office, the draft material will be submitted to USAID for approval prior to final printing and distribution to broadcasters nationwide.

Low-cost copies of TSAP-FP print materials were mass produced for distribution to partners, in particular the National Confederation of Tricycle Operators and Drivers Association of the Philippines (NACTODAP) and the Satisfied Users and Acceptors Clubs (SUACs) of NCR. Printed were 450,000 copies of the omnibus family planning brochure and 62,500 copies each of the *Tagalog* version of "The truth about . . ." series.

Printing of 500 copies of the ARMM version of the flipchart, "Family Planning for a Healthy Family," was completed. These will be distributed to health providers in ARMM.

4. COMMUNICATION ACTIVITIES TO PROMOTE CONTRACEPTIVE SELF RELIANCE CONDUCTED

4.1 CONTRACEPTIVE SELF RELIANCE COMMUNICATION PLAN DEVELOPED (IN CLOSE CONSULTATION AND COORDINATION WITH THE LEAD AND PRISM PROJECTS) FOR SUBMISSION TO USAID

As mandated by USAID, TSAP-FP has taken the lead in developing a communication plan to promote the CSR Strategy. TSAP-FP will be working closely with the LEAD for Health Project and PRISM.

Representatives from the three projects met for the first time on April 22 in Tagaytay City to agree on the objectives and elements of the joint CSR Communication Plan. The group also decided to officially call themselves the CSR.com (short for CSR Communication Plan Committee).

The CSR.com held a second meeting on May 5 at the TSAP-FP office where committee members decided on the Plan's five major target groups. Also identified were the corresponding desired behavior for each target group, the perceived benefits to be accrued from said behavior, the key messages, the tools by which to convey the messages, and the respective assignments of each cooperating agency involved in implementing the plan. Also agreed during the meeting was to expand the membership of the committee to include representatives from the Department of Health (DOH) and the Commission on Population. As a result of this meeting and a subsequent one held on May 24, a matrix that shows key milestones on the drafting of the CSR Communication Plan has been developed *(Annex 8)*.

An official letter from the DOH designated Dr. Honorata Catibog as the DOH representative in CSR.com.

In a meeting called by TSAP-FP on May 24, the CSR.com agreed to conduct a formative research among the Plan's target groups, in particular, the clients and the LGUs and public health providers. The research would help determine the target groups' present behavior relative to the CSR strategy. Research findings will serve as basis in crafting the final messages and strategies for reaching these two groups as part of the CSR Communication Plan. It was also agreed that PRISM would fund the research for the clients while the LEAD for Health Project would fund the ones for LGUs.

Before end of the quarter, TSAP-FP – in close collaboration with the PRISM staff and USAID –finalized the scope of work (SOW) for the research agency that will be selected through regular bidding to conduct the formative research for clients, now officially called, "Qualitative Research on Consumer Motivation to Purchase Contraceptives in the Philippines." PRISM has finalized the Request for Proposal and will start bidding procedures early part of the third quarter.

A meeting has been scheduled on July 5 with the LEAD, TSAP-FP and DOH representatives in CSR.com to discuss the SOW for the research agency that will conduct the formative research for the LGUs and health providers.

As part of its commitment to CSR.com, TSAP-FP completed its technical assistance to LEAD in developing a CSR Primer *(Annex 9)* and a Q&A on Administrative Order 158 on "Guidelines on the Management of Donated Contraceptives under the Contraceptive Self-Reliance Strategy" *(Annex 10).* TSAP-FP submitted these materials to USAID for approval. LEAD pretested the materials among service providers and local chief executives at the *1st Consultative Meeting on CSR Strategy for ARMM* held June 28-29 in Davao City.

5. Quick response mechanism to promote correct information on FP activated in the Regions

5.1. FP QUICK RESPONSE WORKSHOP CONDUCTED IN BICOL

The Quick Response Workshop in Bicol was held May 18 to 19, 2005 in Legazpi City. Fourteen representatives from Government and Non-Government Organizations which are members of the multi-sectoral network Bicol Reproductive Health Advocates (BIRHA) participated in the workshop.

The main objectives of the Quick Response Workshop were to identify key messages on family planning and action plans in order to deliver these messages. After a review of the messages for and against modern methods of family planning, the participants identified the following as the key messages for targets in the region:

- Family planning/birth spacing saves lives of mother and child
    - Family planning prevents induced abortion and its complications which are a major cause of maternal deaths
    - Pills and IUD do not cause cancer and have health benefits
- Couples have the human right to be informed and to choose from all legally available methods for them to be able to achieve their family size and proper birth spacing.
    - Bicolanos desire two children less than they are actually having
    - The right of couples to choose a family planning method is guaranteed by the Constitution
- Modern family planning methods do not cause abortion.
    - Evidence on mechanism of action that prevent the meeting of sperm and egg

After a discussion of the stakeholders involved in the issue, the participants crafted an action plan centered on the following activities:

Target: Clients

Activity	Details	Person Resp	Timetable
Safer RH/FP forums	Camarines Sur, Albay, Sorsogon, Masbate, Catanduanes (target women's health barangay and urban poor organizations)	BIRHA core group	Starting Aug 2005, and every 2 months

Target: Media

Activity	Objective	Person Resp	Timeline
Media profiling	To identify media allies (radio, TV and print)	Ronnie Lorejo	End June
Media Orientation on key messages	To increase understanding by media of issues (series of orientations)	BIRHA and MEDIA Inc.	July –Aug Sept – Oct
Develop Media Inc. satellites in provinces (key media areas)	(As a result of media orientation)	BIRHA thru Ronnie	
Training of Speakers Bureau	Develop core group of spokespersons (Speakers Bureau)		
Media appearances	To facilitate media appearances of spokespersons	Media Inc.	August onwards
Media monitoring	To monitor what is being said about FP on radio, TV and print by trained media	Population Commission	

After the action planning, the attendees participated in a media training activity facilitated by Corporate Image Dimensions. They were divided into several groups which conducted simulated press conferences on various topics. In general, the participants did well in the simulated press conferences, showing a good understanding of the topic of family planning, facility with the language, articulateness and sincerity.

The participants' evaluation of the Quick Response Workshop was very positive.

5.2. ORIENTATION ON FP REPORTING FOR REGION VIII MEDIA CONDUCTED

As a result of the need identified during the Quick Response Workshop conducted in Ormoc City on March 29 to 30, 2005, a Speakers' Bureau Training for spokespersons of COFPRHA 8 was held on May 10 and 11, 2005. The workshop was attended by 19 members of the multi-sectoral network COFPHRA 8 and three staff members of PopCom VIII.

The activity was meant to train participants on the two major requirements of an effective speaker: delivery and content. Highlighted in the opening session was the importance of non-verbals: eye contact, posture, breathing, pauses, verbal tics, etc.

Under the teaching principle of learning by doing, each participant was then asked to prepare and deliver a speech to introduce himself. After each speech, the other participants gave capsule evaluations of the speeches, with particular focus on the non-verbals.

After the first exercise, the next topic was "Structure" of the speech, with emphasis on the opening, the body of the speech and the closing. Afterward this, five participants volunteered to give an impromptu speech, with focus on the structure of the speech. After their speeches, they were given an evaluation of how they fared.

After the first two exercises, Dr. Edgar Daya, Chairman of COFPRHA 8 and Provincial Health Officer of Leyte, lectured on Evidence Based Medicine. At the end of his presentation, he shared the four messages that were developed during the Quick Response Workshop that was held in Ormoc City. The EMB lecture, as well as these messages were the bases for the speech that each participant was asked to make the following day.

The day ended with a short presentation on Speech Preparation and How to Answer Questions. The participants then prepared their speeches which they were to deliver the following day with evaluation and feedback to be given by two professors from Leyte State University.

It was observed that most of the participants had the potential to become good speakers and worthwhile members of the COFPRHA 8 speaker's bureau.

5.3 MONTHLY PUBLICITY CAMPAIGN CONDUCTED WITH AT LEAST TEN NEWSPAPER PICKUPS ON:

- *benefits and safety of modern methods*
- *satisfied users and successful health providers*
- *NDHS data that support need for family planning*

For this quarter TSAP-FP generated a total of 13 pickups in the major broadsheets and tabloids. The major stories picked up in the publications were the data from the National Demographic and Health Survey particularly on the family planning and health situation in the Visayas and Mindanao which was discussed in seven stories.

The other major story picked up in the papers was the statement of the Philippine Obstetrical and Gynecological Society calling the Department of Health's door-to-door family planning campaign Ligtas Buntis a welcome pro-life endeavor.

5.4 MEDIA TRAINING FOR LEGISLATORS

A media training workshop was conducted for legislators and their staff on June 9, 2005. The training was conducted by popular TV personality Ces Oreña Drilon, an FP ally, and Philippine Daily inquirer Editor Gerry Lirio, a print media ally. The evaluation of the sessions was very favorable with participants saying that they found the training worthwhile and will recommend it to their peers in Congress.

6. Adequate media support achieved for FP messages and outreach activities

6.1. ONGOING MEDIA ROUNDS TO STRENGTHEN RELATIONS WITH MEDIA CONDUCTED

In line with the regional strategy into which TSAP-FP is moving, TSAP-FP was instrumental in mobilizing the local media in regions 6, 7, 8, 9,12 and ARMM to cover the National Demographic Health Survey (NDHS) Dissemination Forums in the cities of Davao, Cebu and Zamboanga respectively. A total of sixty-two (62) media practitioners from different regions attended the events.

In Manila, Corporate Image Dimensions, TSAP-FP's public relations agency, continued to undertake media relations activities on a bi-weekly basis.

6.2 DAILY MEDIA MONITORING REPORTS CONDUCTED (FP NEWS @ A GLANCE)

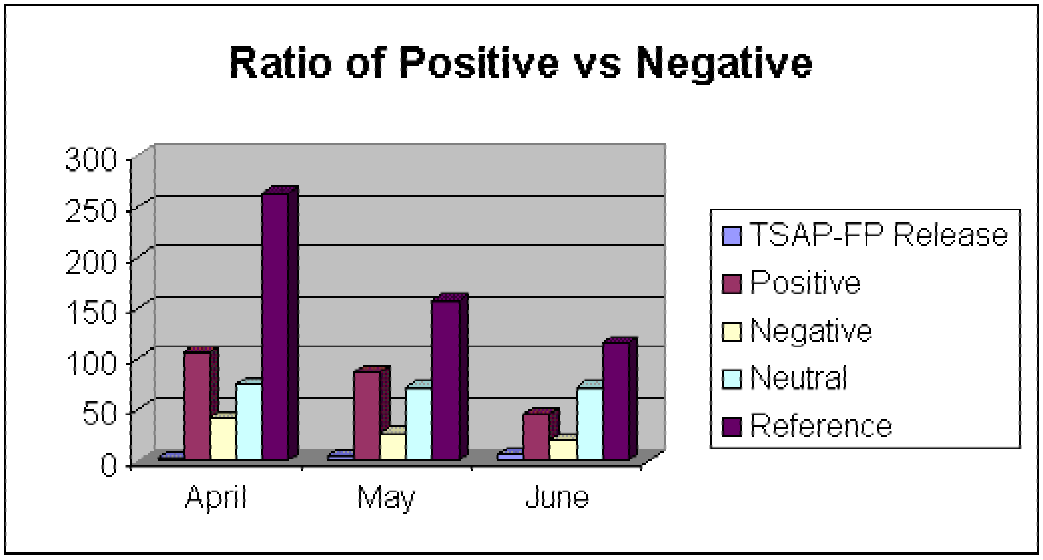
TSAP-FP issues FP News @ at a Glance on a daily basis (Mondays to Fridays). The basis for this news digest is the monitoring by CID on a daily basis, of eight (8) broadsheets and ten (10) tabloids which are scanned for FP related stories. On a weekly and monthly basis, magazines are also scanned by CID for relevant stories. Radio and TV were also monitored daily on a selective basis, with the top two stations; ABS-CBN 2 & GMA 7 monitored during early and late evening news programs.

For the period covering April 1 to June 30, 2005, the project picked up **1,097** FP-related stories. Of these, **252** were positive stories including 13 TSAP-FP-influenced

articles, **89** were negative stories, **219** were neutral and **537** were characterized as reference materials.

Of the 1,097 articles monitored, **465** (or 42 percent) fell under the category of Family Planning, **17** (or 2 percent) on Adolescent Reproductive Health, **246** (or 22 percent) on Population and Development Issues, and the remaining **369** (or 34 percent) were on HIV/AIDS, violence against women and other sexuality and gender issues.

The ratio of favorable vs. negative stories was maintained at 3.1 positive for every 1 negative story in the second quarter, similar to the ratio achieved in the two previous quarters. The ratio has decreased since the third quarter of last year with the increase in the number of articles against the Reproductive Health bill in Congress and the Department of Health's Ligtas Buntis door-to-door FP campaign published by groups who are opposed to informed choice on FP.



6.3. MEDIA TOUR OF CEBU FP PROMOTION ACTIVITIES CONDUCTED

The concept paper on this media relations activity was approved. The activity will be conducted on July 8 to 10 with particular emphasis on actual interviews of satisfied vasectomy acceptors of Nagpakabana Foundation in Cebu City and the holistic approach to family planning, health, livelihood and the environment in the Olango Island project of the Philippine Business for Social Progress. Invited participants from media include reporters from the Philippine Daily Inquirer, Philippine Star, Manila Bulletin, Manila Standard Today and The Manila times, which are the leading national broadsheets, and SunStar Daily and The Freeman, the top two dailies in Cebu.

6.4 TRAINING ON HOW TO HANDLE MEDIA FOR CAS CONDUCTED

The conduct of this activity has been postponed to the third quarter 2005.

6.5 ASSISTANCE PROVIDED TO POPCOM FOR DISSEMINATION OF 2003 NDHS RESULTS TO REGIONAL MEDIA PRACTITIONERS IN CEBU AND ARMM (Agreement with MACRO INTERNATIONAL)

The forum to disseminate the National Demographic and Health Survey to Visayas media on May 19 was well-attended and organized. Some thirty media practitioners attended the dissemination from key print and radio media outlets in Region VI, VII and VIII.

Notable were the following media participants:

Region VI: Nestor Burgos (Reporter-Visayas Examiner), Nanette Gaudalquiver (Editor-in-Chief Sun Star Iloilo), Rod Tecson (Anchorman - DYFM Bombo Radyo)

Region VII: Jimmy Abayon (Reporter – Sun Star Daily), Josua Cabrera (Editorial/Cartoonist – Sun Star Daily), Michelle Sanchez (Reporter – DYHP) and reporters from ABS-CBN, GMA 7 Cebu Daily News

Region VIII: Luisita Quebec (Anchorperson – DYVL "Action Radio"), Lemuel Pagli-awan (Reporter- Leyte Samar Daily Express), Cris Agner (former Reporter – DYVL), Lito Bagcinas (Bureau Chief – Today Eastern Visayas)

The POPCOM presentation on Fertility and Family Planning by Ms. Mia Ventura, Deputy Executive Director of the Commission on Population was clear. The presentation on Maternal and Child Health by Dr. Dolly Castillo, Region XI DOH Director was lively and interesting. She gave the presentation in the local dialect and incorporated her own personal stories and experiences from the field as she presented the data. This helped media participants in gaining better understanding of the data and its implications. Dr. Castillo also gave media participants some tips on what stories would be interesting to write as well as practical recommendations on how DOH can move forward based on NDHS data.

Questions posed by the media practitioners during the Open Forum related mostly to an articulation of their needs so they can be in a better position to contribute to the FP promotion and to some extent, clarification on certain health data. Among the needs expressed were:

- Request for a media relations program to help develop their skills in understanding on how to make sense out of the tables/numbers, making news bits from the data so FP can be a part of a bigger agenda in the news;

- Provision of assistance for capsulated information or trivia regarding FP which they can plug in their radio programs.
- Making available provincial data on NDHS since some provinces will not identify with regional data.
- Reaching out to senior managers/owners of their stations/publications since family planning is not in their agenda.

The forum on June 15 to disseminate the NDHS data on ARMM to the media representatives from the Autonomous Region was likewise well attended. Notable among the attendees were radio station managers from Marawi City, Tawi-Tawi and Sulu, as well as the correspondents of national newspapers Philippine Daily Inquirer and Philippine Star, as well as television crews from ABS-CBN and GMA.

POPCOM Executive Director Tomas Osias, DOH Undersecretary Milagros Fernandez, NSO Region IX Director Atty. Magtahar Manulon and POPCOM Region IX office-in-Charge Jesusa Villarante at the presidential table.

Undersecretary Milagros Fernandez of the Department of Health delivered the welcome remarks. She was followed by Executive Director Tomas Osias of the Commission on Population who gave a competent if standard presentation on Fertility and Family Planning. The presentation on Maternal and Child Health and Other Health Concerns was made by the Director of the National Statistics Office in Region IX.

The questions from the media were incisive. One of the questions was on the *Fatwa on Family Planning*, and what was being done to disseminate this. The TSAP-FP Communication Advisor answered that a radio campaign had just been launched disseminating the message that FP is birth spacing which is allowed in Islam. He invited the radio station managers to share initial feedback on the radio campaign.

7. ARMM *FATWA* DISSEMINATION ACTIVITIES IMPLEMENTED

7.1. ARMM RADIO CAMPAIGN LAUNCHED

USAID approved two versions of radio spots entitled "Birth Spacing" and "Ask the Ustadz" on May 26, 2005 (*Annex 11*). These materials were translated and produced in the following dialects: Maranao, Maguindanao, Yakan, Tausug and Sama. The spots started airing in Cotabato City, Zamboanga City (to reach Basilan), Sulu and Tawi-Tawi on June 1, 2005 and in Marawi City on June 16, 2005.

The following stations have been issued broadcast orders by TSAP - FP to air the spots:

- DXGD (Bongao) and DXMM (Tawi-Tawi) DXMS (Cotabato City) of Notre Dame Broadcasting Corporation.
- DXMR (Zamboanga), DXSO (Marawi), DXSM (Jolo) and DXDC (Tawi-Tawi) of the Philippine Broadcasting Service (Radyo ng Bayan)
- RMN Zamboanga and RMN Cotabato City of Radio Mindanao Network
- Hot FM (Sulu) and Sulu Media Arts in Sulu

The abovementioned stations comprise all the radio stations based in ARMM. They are airing the spots from between five spots per day (RMN stations) to 20 spots per day (Notre Dame Broadcasting stations).

7.2 ARMM RADIO MATERIALS MONITORED

Pending the conduct of a quantitative evaluation of reach and recall of the ARMM radio spots in August, informal feedback on the spots disseminating the *Fatwa* were received by TSAP – FP. Babylin Omar, station manager of DXGD Bongao Tawi-Tawi reported that on the first day of airing, she received a text message from a listener asking if indeed the *Fatwa* was official and where this was made. Ustadz Ali Bud, who had the time slot after her, answered the question.

At the next time slot, the texter asked the same questions of Ustadz Ali Bud who narrated how the *Fatwa* came about as a result of extensive consultations.

Ms. Omar also narrated how Shane, her reporter who was doing outreach in the poor barangays (villages) of Sibutu Island, got feedback from several people there. In Tandubanak, a young wife said that now that she knows that Islam does not prohibit family planning, she can start planning her family. In Unosunos, an older woman said that it was too late for her to practice family planning. But if she had only known about the *Fatwa* then, she would have practiced it.

Zeny Masong, station manager of *Radyo ng Bayan* Jolo, said that Integrated Provincial Health Officer Dr. Farrah Tan Omar congratulated her on the airing of

the spots. There were also some comments that perhaps, the Notre Dame station had pirated some talents of Radyo ng Bayan since they heard the Radyo ng Bayan talents on the spot being aired in Notre Dame. Of course they explained that the spots were a joint activity of the two stations.

Jeff Sampang, station manager of DXMM in Jolo, Sulu, said that the spots have generally received positive feedback, particularly since the station interviewed Ustadz Ibrahim Caojati, the Grand Mufti of Sulu on the *Fatwa*. Mr. Sampang also received some negative feedback but only from those who were not familiar with family planning.

7.3 MATERIALS FOR FRIDAY SERMONS DEVELOPED FOR PRETESTING

SOFDEPI, an NGO comprised of Muslim Religious Leaders supportive of FP, started preparing the sermons for the Friday sermons for August, which is Family Planning Month. These sermons will be further developed, validated and translated into the different dialects in ARMM at a workshop to be held in Zamboanga City in the third week of July.

C. OUTREACH COMPONENT

The second quarter of 2005 focused on capacity building of new partners engaged in the Bicol Region as well as local FP promotion and motivation activities conducted by TSAP-FP partners in target communities. Details of accomplishments are as follows:

1. Technical assistance to sectoral partners on FP promotion and information campaigns provided

During the quarter, TSAP-FP provided technical assistance in planning, training and monitoring FP promotion and information campaigns of sectoral partners such as the male groups, i.e. small transport groups and men in uniform, organized labor, faith-based groups, community health workers and socio-civic organizations.

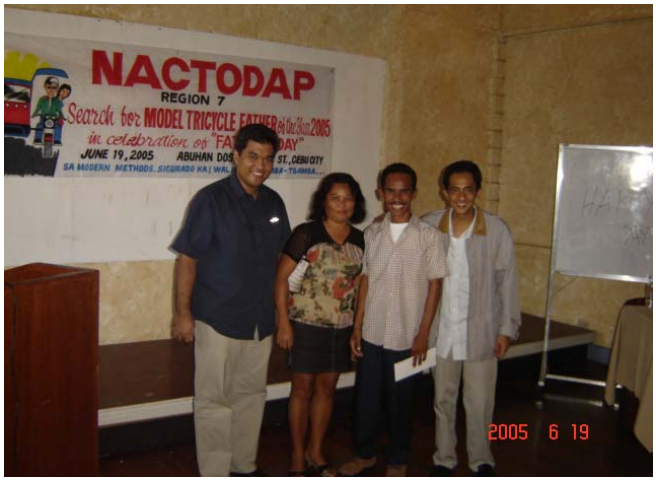
1.1. MALE GROUPS

1.1.1. National Confederation of Tricycle Operators and Drivers Associations in the Philippines (NACTODAP)

NACTODAP Celebrates Father's Day in Cebu and Laguna

<u>Cebu</u>

On June 19, 2005 in Cebu City, NACTODAP Region VII celebrated Father's Day by conducting a region-wide search for the "Model Father and Tricycle Driver" and the "Best TODA FP Program". Eleven Federations in Cebu and Dumaguete participated by submitting their respective "Model Father and Tricycle Driver" nominees and their bet for the "Best TODA FP Program". The candidate model fathers and drivers attended the event with their wives and children and answered questions relating to their family relations, quality of life, health seeking behavior, knowledge on family planning methods and actual family planning practice.



"Model Father and Tricycle Driver" winner Alex Loloy with (from left) Bruce Ragas of POPCOM VII, his wife Belen and NACTODAP National President Ariel Lim

Region POPCOM VII representatives presided as judges for the event, and Nagpakabana Foundation, through their *Bisayang Maginoo* campaign presented a short skit highlighting the importance of male involvement in family planning, particularly no-scalpel vasectomy as a permanent FP method.

Adjudged as winners for the model father and tricycle driver were the representatives of Mactan Airbase TODA, Catarman TODA Multi-Purpose Cooperative, and Mandaue TODA. Bagging the prize for the "Best TODA FP Program" was the Catarman TODA Multi-Purpose Cooperative.

Laguna

On 20 June 2005, the District 4 Laguna TODA Federation jointly observed Father's Day and its annual anniversary through a series of activities at Siniloan, Laguna. The day started with a motorcade of 600 tricycle units and distribution of brochures on FP to by-standers. During the program proper, wives of tricycle drivers participated in a poetry recitation contest, with "Benefits of Family Planning to Our Family" as one of the themes. In the afternoon, four (4) motorcycle units, donated by the Vice-Governor of Laguna, were raffled off to the tricycle drivers who participated in the celebrations and motorcade. Funds for this activity were solicited by Dist. 4 Laguna TODA Federation from local government officials in Laguna, private organizations and individuals. This is a spin-off initiative of the Laguna TODA Federation following the mid-term reporting and planning of NACTODAP last March 31 to April 2, 2005.

1.1.2. Armed Forces of the Philippines (AFP)

On May 19, 2005, the National Defense College of the Philippines (NDCP), with support from TSAP-FP, convened concerned DND officials (i.e., Office of the Undersecretary for Policy, Plans and Special Concerns, and Office of the Assistant Secretaries for Plans and Programs, Legal Affairs, Finance and Administration) and AFP Officials (i.e., J1, J7, Medical Center) for a *Policy Briefing on DND Family Planning Circular*. It was presided by Honorable Antonio C. Santos, Undersecretary for Policy, Plans and Special Concerns, Department of National Defense. This activity was attended by 16 officers and staff of the NDCP; six officials of the Department of National Defense; and eight officers of the Armed Forces of the Philippines.

As a result, Undersecretary Santos recommended to the Head of NDCP to issue a formal or professional paper based on the forum and forward it for presentation to the National Security Council. He specified the need for a specific authority i.e. Department Order, to implement guidelines for a department-wide family planning program. He promised to endorse the said Department Order to the Office of the Secretary of National Defense, once finalized.

1.2. FAITH-BASED ORGANIZATIONS

The Inter-Faith Partnership for the Promotion of Reproductive Health and Family Planning Programs, a network of Christian and Muslim churches promoting faith-based FP and RH practice, conducted a series of consultations in the cities of Tacloban in Leyte on May 13; Davao on May 13; San Fernando in Pampanga on June 2; Cebu on June 3; and Legazpi, Albay on June 14, 2005. The Interfaith Chair Bishop Fred Magbanua and staff of PLCPD attended these consultations. Each consultation was attended by at least 30 leaders of local faith-based groups affiliated with the following churches:

1. National Council of Churches in the Philippines
2. Council of Christian Bishops of the Philippines
3. Iglesia ni Cristo
4. Jesus is Lord Movement
5. Philippine Council of Evangelical Churches
6. Moslems
7. Other Catholic groups/individuals
8. Other faith-based organizations

The consultations aimed to: a) introduce the Interfaith Partnership among local churches and unite local church members on the need to push for policies and programs supportive of family planning/reproductive health concerns, b) deepen and broaden the involvement of provincial and regional level faith-based organizations in promoting responsible parenthood and family planning; c) lay the foundation for the possible formation of provincial and regional chapters of the Interfaith Partnership; d) assess the level of FP/RH services in their respective churches and explore the possibility of mainstreaming responsible parenthood and family planning in programs of local faith based groups; and e) review fundamental religious tenets which support the context and practice of FP.

As a result of the consultative series, the local churches pledged to unite and issued the following calls to action to outline specific agreements that will mainstream FP and RH in their respective setting: a) pursue a rights-based approach in order to hold the State responsible for providing RH programs and services to the entire people; b) address the provision of Family Planning services, particularly contraceptives in the budget of LGUs; c) practice care and sensitivity in the use of the Muslim's *Fatwa,* especially in light of their unique settings and cultural dynamics; d) popularize the position paper (Interfaith Declaration of Unity) among local member churches; and e) form local interfaith networks.

1.3. BARANGAY HEALTH WORKERS (BHWs)

During this quarter, as part of its small grants project, the **National Confederation of Barangay Health Workers Associations** implemented the second batch of training on FP Motivation for 35 BHW leaders from the National Capital Region, Laguna, Batangas, Cebu, and Negros Oriental. This training was held on April 13-15, 2005 in Aklan. The training aimed to strengthen their skills in FP motivation and promote evidence-based family planning information to men and women of reproductive age in their communities.

Ms. Emerlinda Abadiano, National President, BHW Confederation, using a TSAP FP flipchart to explain the reproductive system in one of the FP Motivation Session.

As an output of the training, the BHW leaders planned to (i) conduct echo sessions among other barangay health workers to share evidence-based FP information using *The Truth About the different FP methods* brochure and presentation material on *Contraceptive Safety and Technology* and (ii) launch community-level FP promotion activities targeting couples with unmet need in FP in their respective barangays. The Federation has already conducted two echo trainings using funds they generated from local sources.

1.4. SOCIO-CIVIC ORGANIZATIONS

TSAP-FP provided technical assistance to the Rotary Club of New Manila East in planning the conduct of the Rotary Sister Club's Forum on Family Planning and Responsible Parenthood scheduled in the next quarter. This Rotary Sister Clubs' Conference is intended to introduce Rotary NMEs responsible parenthood and family planning promotion anchored on the Rotary International's Fellowship on Population and Development and to generate commitment of sister clubs to RP/FP promotion. Target participants are club presidents and chairs of club's community service programs of local Rotary Clubs from NCR, cities of Cebu, Tacloban, Davao, Pampanga, and Bulacan.

2. Community-level FP promotion and motivation activities in TSAP-FP sites including linkages with service delivery supported and monitored thru small grants

During the quarter, 26 Sectoral and Local FP Networks in TSAP-FP sites implemented various community level FP promotion and community mobilization activities through the small grants awarded by TSAP-FP. These were launched in collaboration with local population and health offices.

2.1. INFORMAL SECTOR/URBAN POOR

2.1.1. Metro Manila

Katinig

Plans are already underway for the wrap-up of the KATINIG Informal Sector Coalition's small grant project on community FP promotion. This quarter, its core leaders further strengthened its partnership with local NGOs, community groups, and advocacy networks in Malabon, Caloocan and Valenzuela as well as with local population and health offices and FP service providers so that the sector can continuously promote FP in the communities. KATINIG leaders actively participated in dialogues with the Local Government Unit of Malabon to secure additional support for family planning services.

The KATINIG Youth was at the forefront of the sector's FP promotion activities in the previous quarters. While external relations of KATINIG progressed well in the last quarter, KATINIG suffered setbacks in its organizational strength. Seasoned leaders became inactive as they pursued a more active stance in the sector's other advocacy such as livelihood, social protection and security of vending places.

Despite this setback, KATINIG was able to complete its small grant activities in May and June 2005. Two youth forums on responsible teen sexuality were conducted on May 12 and 15 in Malabon. These were attended by new members and potential recruits of KATINIG Youth and graced by LGU officials. These forums incorporated a slogan making contest. The winning slogan " *Pangangalaga sa sekswalidad at paggalang sa kasarian ay simbolo ng isang responsableng kabataan"* **(Concern for One's Sexuality and Gender Sensitivity are Marks of a Responsible Youth)** was printed in bookmarks and leaflets and distributed in the communities of Concepcion, Baritan, Catmon, and Hulo in Malabon as well as in Barangay Bayanan and Alabang in Muntinlupa. Katinig also formalized the group of 30 satisfied FP acceptors.In the future, this satisfied FP acceptors' club will become part of the NCR Alliance of Satisfied Users and Acceptors (SUACs). A leaders' forum on Gender and FP was also conducted alongside the KATINIG NCR Assembly held at the SANAMAI Office

in Intramuros last June 29. A gender advocate and woman activist from SALIGAN' Law Center was invited as resource person.

To date, KATINIG's small grant activities have already expanded its sector's reach and roped in 49 community-based organizations and informal sector organizations with an estimated membership base of 2,450. It has conducted 20 community FP forums in 9 barangays in Caloocan, Malabon, Muntinlupa and Quezon City. Its FP promotion activities have reached a total ***of 2,103 men and women***. A total of 111 KATINIG core leaders have been trained on FP and Interpersonal Communication (34), advocacy (41) and FP community education or motivation (36). A total of 28 KATINIG Youth leaders have also been trained on leadership and community theater and have recruited 70 emerging youth leaders from the communities. Its community theater performances have reached a total of 1,900 men, women and youth. It has also identified 30 satisfied FP acceptors and FP users from Muntinlupa who will assist in its FP promotion activities.

SUAC

During the quarter, the 12 newly established clubs of FP satisfied users and acceptors (SUACs) in the seven localities of NCR namely, Caloocan, Makati, Malabon, Marikina (2), Quezon City (5), San Juan and Valenzuela launched a series of community-based group sessions on family planning. These follow-up sessions on FP aimed to reduce drop-out incidence among current users and acceptors while utilizing these groups of SUACs to further the promotion of modern FP methods. Resource persons included the FP Coordinator of Friendly Care Foundation and health workers from the city health offices and rural health units. Eighteen sessions attended by a total of 1,134 satisfied FP acceptors, were conducted as follows:

Date	SUAC Area
April 25	West Rembo, Makati
April 28	Barangay Fairview, Quezon City
May 3	Zapa, Caloocan
May 5	Marikina District 1
May 6	Malanday,Marikina District 2
May 5 and 6	Barangay San Perfecto, San Juan
May 8	Barangay Tanong, Malabon
May 9	Barangay Veinte Reales, Valenzuela
May 10	Zapa, Caloocan
May 13	Lambak, Crus na Ligas, Quezon City
May 14	Talipapa, Novaliches
May 18	San Juan
May 20	Project 4, Quezon City
May 21	Barangay Culiat, Tandang Sora
May 24	Valenzuela

May 25	Marikina
May 27	Barangay Bagong Buhay, Quezon City
May 31	Reclamation Area, San Juan

The Barangay Service Point Officers of San Juan in collaboration with POPCOM NCR and the network of satisfied FP acceptors and FP users continued its community FP promotion activities. Eight forums on male involvement in FP, community FP sessions, and FP motivation sessions were conducted during the quarter. These community-level activities reached 400 potential FP clients from among men and women of reproductive age in the communities.

2.1.2. Bulacan

Bayanihang Bulakenyo Foundation, Inc. (Lingkod Lingap sa Nayon)

Bayanihang Bulakenyo Foundation, Inc. a network composed of predominantly women volunteers called Mother Leaders and Lingkod Lingap sa Nayon (LLN) was organized to improve health and social services delivery in all barangays of Bulacan province. These volunteers were selected from the communities they serve. Bayanihang Bulakenyo Foundation, Inc. submitted to TSAP-FP a project proposal entitled *"Strengthening Acceptance of Family Planning among married men and women in Bulacan through the FP/RH Outreach Program of LLN & Mother Leaders Volunteers."* The target groups are married men and women in the ten low CPR municipalities of Bulacan namely Pandi, Bocaue, Dona Remedios Trinidad, Marilao, San Ildefonso, Obando, Calumpit, Plaridel, Baliwag and Pulilan.

Starting February to May 2005, the foundation in coordination with the Provincial Social Welfare and Development Office of Bulacan reactivated the Barangay Population and Nutrition Committees of the ten municipalities with low contraceptive prevalence rate. The LLN, together with the Municipal Social Welfare and Development Officers, launched orientations on the local population management programs and the population and family planning situation of Bulacan. In attendance were the barangay captains, barangay treasurers, population health and nutrition council and other barangay officials. ***As a result, the Barangay Population and Nutrition Council committed to allocate funds from the Human Ecological Security (HES) to finance the contraceptive commodities and other RH/FP activities. One percent of their HES funds will be allotted to implement various activities of the Population Management and Nutrition Programs in the Province.*** Additionally, the President of Association of Barangay Captains (ABC) of Bulacan committed that they will provide meals and transportation allowances i.e., gasoline to the prospective clients of Bilateral Tubal Ligation and provide some medicines.

The Bayanihang Bulakenyo (Lingkod Lingap sa Nayon and Mother Leaders) has taken great strides in improving the referrals on modern family planning methods,

especially BTL. For a period of six months (January to July 2005), ***the LLN and mother leaders have referred a total of 1,413 FP acceptors*** - the details are as follows:

- Pills - 789
- DMPA - 207
- IUD - 6
- BTL - 259
- NSV - 5
- Condom - 147

BTL and NSV acceptors were referred to FriendlyCare while acceptors of other methods to the nearest government health centers.

This harvest of acceptors is the result of the on-going community level FP motivation conducted by the LLN and mother leaders as well as the Father Leaders (Male FP Motivators) in their respective barangays and sitios.

2.1.3. Region VII

CCUVA

During the quarter, the Cebu City United Vendors Association (CCUVA) got to the final stage of implementing its project entitled "Mobilizing the Informal Sector Groups in Metro Cebu for FP Advocacy." CCUVA in cooperation with the affiliate members of Metro Cebu CAN conducted several FP/RH orientations, namely:

- *Panagtambayayong Para sa Bag-ong Sugbo* (Cooperation for a New Cebu) organized ten community level FP orientation sessions participated in by 549 men and women of reproductive age.
- Nazareth, Inc. Gender and Development Program organized 25 community sessions on FP with 848 participants.
- CCUVA leaders conducted 36 FP orientation sessions in barangays San Roque, Lorega, T. Padilla, San Nicolas, Mabolo, Day-as, Lahug, Labangon, Barrio Luz, Tejero, Kamagayan, Pahina Central, Calamba, Tisa, Guadalupe and Mambaling. These community level FP orientations have reached a total of 1,269 participants.

The FP promotion sessions at the community level generated 18 family planning acceptors (14 BTL and 4 NSV) for this quarter. The CCUVA leaders referred them to the nearest health center. Acceptors for voluntary surgical sterilization (BTL and NSV) were referred to Marie Stoppes Clinic, FriendlyCare Clinic Cebu and Vicente Sotto Medical Center. CCUVA reported that on June 30, 2005 Marie Stoppes Clinic extended free BTL operation for clients referred by CCUVA and Metro CAN members.

During the summer break, the CCUVA Youth Federation launched three Responsible Teen Sexuality and Adolescent Reproductive Health orientations participated in by 93 members of CCUVA youth local associations.

PBSP Visayas

The Visayas Regional Office of the Philippine Business for Social Progress (PBSP), through a small grant from TSAP-FP, is implementing the "O*lango Island Capacity Building on Family Planning Project*" in six barangays namely Sabang, Pangan-an, Sta. Rosa, San Vicente, Talima and Gilutungan of Olango Island in Lapu-lapu City. The project aims to establish a core group of community-based barangay health volunteer trainers on FP/RH and disseminate FP/RH information among residents of reproductive age in the target barangays. This is anchored on the gains of the USAID-funded Coastal Resource Management Program (CRMP) and is a crucial component of the Olango Island Development Program implemented by PBSP Visayas office as a support arm to the poverty alleviation and environmental protection of the island.

To date, PBSP Visayas has completed all the activities funded by the small grant. During this quarter, the 24 community health volunteers and health staff of the barangay health center were trained in Community-based Information System (CBMIS) in May 2005. This training enabled the community health volunteers and barangay officials to conduct a barangay profile of barangays Sabang, Pangan-an, Sta. Rosa, San Vicente, Talima and Gilutungan.

PBSP Visayas also ***facilitated the referral of 35 BTL acceptors to Marie Stoppes Clinic on May 2005*** in Lapu-lapu City. This is a result of the on-going family planning promotion conducted by the community health volunteers in the covered barangays.

VINE

The Venue for Initiative and Genuine Development Foundation, Inc. (VINE) is a consortium of NGOs formed in 2002. Its members include Bidlisiw Foundation, NORFIL, World Vision Development Foundation, Legal Alternatives for Women, Inc. (LAW, Inc.) and the Children's Legal Bureau, Inc. (CLB, Inc). VINE operates primarily in the 6th District of Cebu Province which comprises the cities of Mandaue, Lapu-lapu and the Municipalities of Cordova and Consolacion. Its core project, the Balay Dangpanan Family Resource and Development Center is a crisis center for women and children survivors of domestic violence, abuse and exploitation.

In collaboration with TSAP-FP, VINE launched FP/RH promotion involving women workers of Mactan Export Processing Zone (MEPZ) who live in communities around the processing zone namely Sitio Santa Maria – Barangay

Pusok, Sitio Seaside – Barangay Ibo and Barangay Poblacion. These are the communities where women workers of MEPZ are concentrated.

During this quarter, VINE conducted the following activities: (i) conducted 2 sets of forum on Women's Health, Family Planning and Population and Development in May 2005 participated in by 164 women workers, (ii) mobilized the Lapu-lapu City Health Department and Sacred Heart Hospital to provide FP services to women workers during the Mother's Day celebration in barangays Sudtonggan and Sta. Maria, and (iii) conducted monthly meetings of the women advocacy network.

2.1.3. Region VIII

WISER 8

During the quarter, WISER 8 continued FP promotion in its target communities in Samar and Leyte. The community FP fora were ably facilitated by WISER 8 members and volunteers. Resource persons came from the municipal health and population offices. Local government officials and barangay leaders graced the various FP promotion activities. By end of the quarter, WISER 8's FP promotion activities had already reached a total of 1,086 men and women representing such sectors as pedicab drivers, vendors, farmers, fisherfolks, drivers, small construction workers, women and barangay health workers.

The table below describes the various family planning fora conducted by WISER 8 for the period March (unreported) to May 2005.

Barangay/Municipality	Dates Conducted	Number of Participants
Bgy. San Jose, Tacloban City	March 5	63
Basey, Samar	March 14	90
Bgy. Sampaguita, Tacloban City	March 18	61
Paranas, Samar	March 28	70
Balangiga, Eastern Samar	April 4	70
Ormoc City	April 9	71
Mercedes Eastern Samar	April 7	50
Taft, Eastern Samar	April 12	96
Pastrana ,Leyte	May 2	66

Lefado

As part of its community promotion on FP, the Leyte Family Development Organization (LEFADO) conducted FP sessions in different barangays in Leyte. Community fora were held in Barangay Sawang Carigara, Leyte on April 19, 2005 and in Barangay 106 Sto. Nino, Tacloban City on April 21, 2005. These

were facilitated by community volunteers and the LEFADO training team. Mothers' classes were similarly held in Barangay 106 Sto. Nino on April 20, 2005 and in barangays Tuyo, MacArthur, Leyte and Barangay 106 Sto. Niño, Tacloban City on April 21, 2005. A total of 200 community residents were reached by these FP sessions. LEFADO's FP Coordinator provided follow-up technical assistance to community volunteers in the re-echo of the FP sessions and fielding of resource persons on FP as well as in the tracking of FP referrals made.

Community theater presentations cum sessions on FP were similarly conducted in barangay 103A Paglaum, Tacloban on June 10, 2005, in barangay 106 Sto. Nino, Tacloban on June 14, 2005, in barangay Tigbao, Tacloban on June 21, 2005 and in barangay 89 Baybay, San Jose in Tacloban City on June 30, 2005. These were held as part of the town fiesta celebrations where a number of people converge in town halls and barangay centers.

Referrals of FP services by the community volunteers were tracked using the LEFADO FP referral forms to ensure that services have been rendered and completed. As of this writing, data on FP referrals are being collected by LEFADO.

2.1.4. Metro Davao

Kaugmaon

With the approval of the small grant to implement "*Community-based Program for the Promotion of Healthy Lifestyles among Adolescents and Young People,"* Kaugmaon Center for Children's Concerns Foundation, Inc. implemented the following activities during this quarter, (i) Community Theater Presentation on FP entitled *"Ako ang Mahukmanon"* ("I am Decisive"), (ii) FP Orientation among Young Couples, and (iii) Peer Educators Training.

Community Theater Presentation on FP. Seven community theater tours were conducted within the covered urban barangays in Davao City. Two presentations were held during the fiesta in Bayview and San Jose in Barangay Tibungco, three presentations were made at the culmination of the Community-based Arts Workshop in Barangay Sasa and another two presentations were made during the FP Orientation among Young Couples. The audiences were engaged in an open forum and dialogue in order to solicit observations, question and answer about the theme presented in the theater production. A total of 1,080 men and women of reproductive age attended the community events.

FP Orientation among Young Couples. Sixteen young couples attended the one day orientation on family planning. This activity provided a venue for the couples to discuss their aspirations about life and their family and link family planning to their desire to space births and provide for the welfare of their families. The Kaugmaon staff and the peer educators discussed the benefits of family planning and motivated the participants to practice modern family planning.

Peer Educators Training. Forty two (42) participants representing ten youth organizations in four urban poor barangays in Davao City attended the 3-day live-in training for peer educators on FP/RH. Kaugmaon invited expert local resource persons to discuss Gender, Sex and Sexuality, Pregnancy Prevention in Adolescence, Life Skills Building, and Myths and Facts of Family Planning and the Modern FP Methods. The training facilitators made use of drama, role playing, games, visual arts and other creative forms to draw active participation of the trainees. Towards the end of the training, ten teams of peer educators who will be responsible for the community-based promotion on FP/RH were organized.

2.2. Men

2.2.1. NACTODAP

NACTODAP obtained the commitment of POPCOM and other NGO's for its incoming tricycle terminal-level *"Usapang Lalake"* (Men's Talk) campaigns

On June 20, 2005, NACTODAP, through its National Chairman Danilo B. Cagas, and the Commission on Population, represented by its Executive Director Tomas Osias, jointly signed a Memorandum of Understanding in support of Male Involvement in Reproductive Health and Family Planning programs and activities in tricycle terminals nationwide. It was witnessed by the officers and heads of various NGOs. These NGOs vowed to support the joint NACTODAP-POPCOM initiative by providing resource persons to discuss FP during TODA meetings, providing FP counseling services for the drivers and their wives who are target FP acceptors, and providing FP services at discounted, subsidized and sometimes free rates for would-be FP acceptors to be generated from this undertaking. This is in preparation for the projected tricycle terminal-level family planning motivation activities and "Usapang Lalake" sessions to be launched by trained

NACTODAP FP motivators, linking FP service providers to tricycle driver families (men and women) with unmet need for FP. (*Annex 12,* copy of the MOA)

NACTODAP is now on its final phase of the grants implementation program, with target activities focusing on conducting tricycle terminal level FP motivation activities. So far, ***eight TODAs from the Cebu TODA Federation have submitted a consolidated FP referral report, as follows: pills: 54; BTL: 22; NSV: 3; IUD: 8.*** Other TODA Federations of NACTODAP are still consolidating their reports on FP referrals following the example of the Cebu TODA Federation.

2.2.2. USC-SOAR

The Sociology and Anthropology Research (SOAR) Group of the University of San Carlos has completed the study among no-scalpel vasectomy clients in Metro Cebu. The research is entitled *Voluntary Vasectomy: Rethinking Pagkalalaki among Married Cebuano* and authored by Elmira Judy T. Aguilar, Associate Professor of the Sociology and Anthropology Department of the university. Essentially, the study aimed to determine ways in which concepts of masculinity have shaped the contraceptive choice of Cebuano married men for vasectomy. The findings revealed that the sample men equate *masculinity* with *responsibility* and they defined it as "being able to meet the basic needs of the family." Given this frame of mind, these men decided to undergo vasectomy thinking that any additional child would compromise their ability to provide for their family and therefore make them less of a man. Further, the study showed that the wife's support for the husband's choice helped the latter to firm up his decision for vasectomy. With these salient findings, the author recommends that IEC campaigns on NSV stress the concept of responsibility, target the couples instead of just the men, and tap vasectomized men for their testimonials. (*Annex 13,* copy of the Report)

2.2.3. Metro Cebu - Nagpakabana Foundation

For the project "*Intensifying Community-based Promotion of Family Management (FP/RH) and NSV thru Network of Grassroots Advocates in Cebu City & Minglanilla, Cebu,"* Nagpakabana Foundation intends to mobilize and organize these NSV acceptors for FP promotion in order to address misconceptions of men on FP methods so that they will support FP practice of their spouses or of their own.

With support from TSAP-FP, Nagpakabana Foundation was able to conduct the following activities:

- **Contact building and master listing of the NSV acceptors**. The staff of Nagpakabana Foundation in collaboration with the Family Planning Clinic of Vicente Sotto Medical Center followed-up the NSV acceptors in Metro Cebu and the nearby towns of Cebu Province. They were invited to actively promote male involvement in family planning in their respective communities.

As a result of this undertaking, Nagpakabana Foundation was able to identify 97 NSV acceptors who signified their willingness to participate in the NSV club and its activities.

- **Formation of NSV Club.** Nagpakabana Foundation convened three consultations participated in by the NSV acceptors to formally organize the NSV Club which they called *Bisayang Maginoo* (Visayan Gentlemen) Club. The *Bisayang Maginoo* Club has three chapters, namely – Guba Chapter composed of NSV acceptors from the mountain areas of Cebu, Caohagan Chapter composed of NSV acceptors from Caohagan Island and Maginoong Bisaya main chapter composed of NSV acceptors of Cebu City, South and North areas of Cebu. During the first organizational meeting of the *Bisayang Maginoo* Club, its core members gave live testimonials about their experiences in *Radio DYLA*, a program hosted by Evan Epe. The *Bisayang Maginoo* Club has generated a founding membership of 41 NSV acceptors.

- **Training on FP Motivation.** Nagpakabana Foundation with the technical assistance of POPCOM Regional Office VII conducted a Family Planning Motivation training for 20 *Bisayang Maginoo* Club members on May 23-24, 2005. The training increased the knowledge of the participants on the benefits of FP and contraceptive safety. It also enhanced their skills in interpersonal communication.

- ***Usapang Bisayang Maginoo*** **(Visayan Gentleman's Talk).** The *Bisayang Maginoo* Club organized six sessions on FP promotion among different male groups. They called these sessions *Usapang Bisayang Maginoo*. With the technical assistance of POPCOM Regional Office VII and Nagpakabana Foundation, the *Bisayang Maginoo Club* aptly titled their FP promotion session as *"Lantugi sa Barberyahan" ("Discussion in the Barber Shop")*. The theme of these FP promotion sessions revolves around promoting male participation in FP and providing correct information on modern FP methods, most especially NSV. As a result of these FP promotion sessions, ***the NSV acceptors were able to motivate men to support FP and they were able to generate more than 30 potential NSV acceptors.***

- ***Bisayang Maginoo*** **Drama and Singing Contest.** Nagpakabana Foundation, Inc. launched the *Bisayang Maginoo* Club on the occasion of the Father's Day on June 19, 2005. The *Bisayang Maginoo* Club celebrated Father's Day in a festive mood. The "coming out" and formal introduction of the NSV club was opened with a motorcade participated in by members of the 3 *Bisayang Maginoo* Club chapters, POPCOM Regional Office VII, DOH CHD Central Visayas, Vicente Sotto Medical Center Family Planning Clinic, Nagpakabana Foundation and FPOP. After the motorcade, the *Bisayang Maginoo* Club members joined the Father's Day event organized by NACTODAP in Cebu City. They gave personal testimonials about their experience as NSV

acceptors. Additionally, four wives of NSV acceptors also shared testimonials about their experiences and they dispelled the misconception that vasectomy acceptors lose their libido and their masculinity. The testimonials of the NSV acceptors and the four wives drew attention from the audience who were widely appreciative. In the afternoon, the *Bisayang Maginoo* Club reconvened at the BMC Compound in Mabini and Bonifacio Streets, Cebu City to host a program and jingle singing contest. One highlight of the program was the drama presentation of NSV acceptors entitled *"Matud nila, Tubag ni Misis"* ("According to them, the wife answered'). This play featured the different myths and misconceptions on NSV. To dispel rumors and answer questions on the issue, the wives of NSV acceptors answered all the misconceptions and gave personal testimonies. After the play, the members of the 3 chapters of *Bisayang Maginoo* presented their own composed jingles. Before the activity ended, the Club officers held a brief press conference and entertained the members of the media, mostly radio broadcasters and a journalist from SunStar News. A newspaper clipping on the activity is on *Annex 14.*

2.3. LABOR – FWN

During this quarter, **FFW Women's Network (FWN)** convened the forum-workshops on family planning for its basic sector and trade union affiliates in Luzon and Visayas as part of its small grant project activities.

Luzon

Aptly titled, *Family Planning: A Call Against Poverty,* the forum workshop for FWN basic sector affiliates in Luzon was held on April 23, 2005 in Manila. Resource persons included the FPOP Executive Director and the FP Coordinator of Friendly Care Foundation. Personal testimonies of satisfied FP acceptors from the FWN ranks were also made part of the forum. A total of 62 community women leaders representing the Anda Rural Women's Alliance for Progress, the Olongapo-Zambales Women's Network Multi-purpose Cooperative, the *Kalipunan ng mga Ginang at Ginoong Alyansang Pangkabuhayan* **(**Federation of Livelihood Alliances) and the Textile and Garment Women Workers Multi-purpose Cooperative attended the activity.

Visayas

For its basic sector affiliates in the Visayas, FWN conducted the forum workshop on FP on May 14, 2005 in Iloilo City. A total of 67 leaders of the *Babae* Women's Organization attended the activity. The forum workshop for FWN's trade union affiliates was held on May 15, 2005 also in Iloilo City. A total of 50 women union leaders attended the activity. They represented the following FFW affiliate unions: Amigo Terrace Hotel Employees Union, BPI Employees Union, Capiz Emmanuel Hospital Employees Union, the Rank and File Labor Union of the Central Philippines University and the Iloilo Mission Hospital Employees Union.

Integration of FP in CBA

As part of FWN's monitoring of the unions' commitments to FP/RH promotion, eight local unions made progress in their CBA negotiations. The FP provisions in the CBA of TSPIC Employees Union were recently approved. The details of its implementation will be discussed by the TSPICEU Labor Management Council. The Dela Salle Health Science Campus Employees Union has already coordinated with the management for the conduct of FP/RH orientation sessions to be held in the next quarter. As agreed with the management, the San Pedro Hospital Employees Union will pursue information dissemination on natural family planning. The Laguna College of Business and Arts Faculty Union recently registered its newly approved CBA covering the years 2004 to 2007. The LCBA and the union shall initiate and implement programs for family management and promote family planning among the teaching and non-teaching personnel of its High School Department. The FFW Vitarich Corporation Workers Chapter also included FP provisions in their CBA proposal for the years 2005 to 2007. The NCR Philippines Corporation Employees Union is currently negotiating for their CBA for 2005 to 2007 that includes FP provisions such as the conduct of FP sessions for all employees.

Other unions in the Visayas have also put in place FP programs and services for their employees. The Capiz Emmanuel Hospital Employees Union and management will jointly conduct family planning seminars semi-annually at the expense of the hospital. The Iloilo Mission Hospital Employees Labor Union agreed with management to jointly conduct annual FP seminars. The Lopez Sugar Corporation-FFW Chapter in collaboration with the company organized a Labor Management Coordinating Council entrusted with the responsibility and authority of organizing and administering effective FP programs for all covered employees/workers. For its part, the Amigo Terraces Hotel Employees Organization agreed with the hotel management to promote natural family planning and to conduct FP seminars annually.

Others

With a rallying message, *Family Planning: A Call Against Poverty*, the FWN and its affiliates such as the FFW Industrial Fiber Labor Chapter and the *Samahang Manggagawa sa* BM Express (Workers' Organization in BM Express) participated in the *Welga ng Kababaihan Laban sa Kahirapan at Globalisasyon* (Strike of Women Against Poverty and Globalization) held on April 27, 2005 at the Quezon Memorial Circle. FWN called for the recognition of family planning as a concrete response to addressing poverty especially among women. The FWN also participated in multi-sectoral consultations with women's groups and other NGOs to build support for the national population/RH policy.

Members of the FWN participating in the Welga ng Kababaihan Laban sa Kahirapan at Globalisasyon.

2.4. FAITH-BASED – MUSLIM NGOs

2.4.1. SOFDEPI

During the second quarter of 2005, the Society for Family Development and Education in the Philippines (SOFDEPI) conducted its 4th and last Madrasah Guesting for Adolescent Students. This was held at Mahad Al Markazie in Pikit, Cotabato on April 9, 2005. There were 200 Madrasah students who listened to lectures on health risks of early pregnancies and other aspects of sex education from the Islamic point of view.

2.4.2. MUCARD - POM

Although originally scheduled for March, MUCARD-POM held its fifth and last batch of community orientation/forum on the *Fatwa* on FP last April 3, 2005 at their training center in Balindong, Lanao Sur. There were 44 participants during the forum consisting of 15 Muslim Religious Leaders (MRLs) and 29 community health workers. The forum surfaced the need from the MRL group to have a more extensive training on the *Fatwa*. As a response MUCARD-POM included additional sessions on the *fatwa* in their project assessment last June 23-24, 2005.

2.4.3. Tarbilang

The *Khutbas* (Friday Sermons in the Mosques) on the *Fatwa* on FP by eight MRLs continued until the second quarter of this year. This covered the Mosques in selected Barangays of Bongao, Tawi-Tawi.

2.5. Women

2.5.1. Metro Manila - Makatao

During the quarter, the MAKATAO Foundation conducted a gender sensitivity training for 45 women advocates. This was held on May 27-28 at the San Lorenzo Women's Hospital Training Room in Malabon. Its last community women's forum on FP was held on April 28-29 in Malabon. To date, MAKATAO Foundation, thru the MANAVA Women's Advocacy Network aptly named, WELEADRH or Women Leaders for FP/RH, has already trained 45 women leaders on FP advocacy and reached 1,000 community women through the conduct of FP dissemination forums and mothers' classes in nine target barangays in Malabon. MAKATAO is now wrapping up its small grant project implementation activities.

2.5.2. Pampanga - IMA

Ing Makababaying Aksyon (IMA) Foundation, Inc. is implementing the project "Integrated Community Action on Responsible Education for Family Planning (I CARE 4 FP)." For this period, IMA hosted a public affairs radio program called "Usapang Pamilya" which aired every Friday at 8:00-9:00 in the morning over DWGV-AM 792 khz, Radio Centro. This station effectively covers Regions 1, 2, 3 & NCR. The IMA Executive Director hosted the show. The radio program discussed the myths and misconceptions and provided updates on modern Family Planning, including its benefits. In one of its airings, IMA introduced the SAFE-FP network and its campaign for family planning promotion. In another episode, guests from the tricycle drivers group and the Department of Labor and Employment (DOLE) shared their programs and activities in relation to the FP campaign. The DOLE discussed its Family Welfare Program with Reproductive Health and Responsible Parenthood as one of its components. The DOLE partners also encouraged other informal sectors e.g., jeepney drivers, vendors association, to join in the campaign on FP. The FEDTODA partners likewise shared the FP Orientation conducted for the tricycle drivers.

IMA will install billboards containing FP messages in key thoroughfares in Angeles City, Pampanga. The draft designs were already submitted to TSAP-FP for approval and once final clearance is given by USAID, production and installation will follow.

IMA is also set to wind down the last activity under the small grants program with a barangay cluster forum set for July 8.

2.5.3. Metro Davao - Metsa

One of the community-based FP promotion activities implemented by METSA.

For this period, Metsa Foundation, Inc. launched community-based education on Family Planning and Responsible Parenthood in 19 women organizations in Tugbok and Calinan Districts in Davao City. A total of 686 women participated in the community education sessions. It was observed that many women still believe in a lot of myths on modern family planning methods. Through the community-based FP education, their fears and misconceptions were clarified. As a result, a number of women who decided to practice modern FP were referred to the District Health Center for IUD insertion, condom and pills. Metsa Foundation, Inc. reported that during the quarter, the following were referred for FP method – 20 IUD, 43 pills, 10 DMPA, 44 BTL and 100 condom.

Metsa and its partner organization *KOL-LOS NENG BI LIBO* (KnBL) conducted a *Dialogue with Barangay Council* in Tugbok and Calinan in May 17 and 27, 2005 to promote FP and solicit support for FP/RH by way of making the Gender and Development (GAD) budget available for FP information and services. These activities were attended by 51 barangay officials from 13 barangays. **These officials committed to pass a resolution for the implementation of FP program in their respective barangays and to allocate funds for FP service.**

Metsa Foundation reported that the FP promotion and community mobilization activities conducted since the beginning have resulted in making community women more aggressive in promoting modern family planning among their colleagues as well as influencing barangay officials to pass local legislations and barangay plans to increase support for FP services.

2.5.4. Metro Manila - Women's Health Care Foundation (WHCF)

As part of its small grant project on "*Family Planning sa Barangay:Walang Patsamba-tsamba",* the WHCF continued its FP promotion and FP service

provision to partner communities. WHCF collaborated with its network of community volunteers in Pasay, Quezon City and Parañaque and with MAKATAO Foundation and KATINIG for the conduct of barangay FP days in Malabon and Navotas. Dialogues with barangay officials, rural health units and local health officials were held in the target communities for FP promotion activities and FP services. During the quarter, ten barangay FP days, described as "colorful, interesting and grand" were mounted in the communities of Barangay 143 in Pasay on April 8, 2005; in San Dionisio, Parañaque on April 16, 2005; in San Isidro, Parañaque on April 30,2005; in Longos, Malabon on May 3, 2005; in Barangay 144, Pasay, and in West Crame, Quezon City on May 11, 2005; in Barangay Wawa, Navotas on May 17, 2005 in Barangay Tangos, Malabon on May 19, 2005; in Bayanan, Muntinlupa on May 21, 2005; and in Inadela, Navotas on May 25, 2005. Since the project started in January 2005, the WHCF has reached more than 1,500 men and women in its barangay-level FP promotion activities. (See A*nnex 15* for WHCFs Barangay FP Day Statistics).

WHCF, along with the national Reproductive Health Advocacy Network (RHAN) and other Manila-based NGOs such as WomenLead, PIGLAS, TUCP, FPOP, ZOTO and FWN developed plans to mount a massive campaign in the next quarter called "Bantay RH Campaign" (RH Watch) in Manila.

2.6. Multi-sectoral

2.6.1. Region VIII - COFPRHA 8

Snapshots of the parade during the Pintados (Painted) Festival in June. COFPRHA 8 carried large banners with FP messages.

During the quarter, the Coalition of FP/RH Advocates in Region 8 (COFPRHA 8) established a data base of satisfied FP acceptors from the municipalities of Maasin, Dulag, Sta. Fe and Alang-alang in Leyte who are willing to be allies and spokespersons for FP particularly at the barangay level. The data were forwarded to TSAP – FP for possible media interviews.

COFPRHA 8 also touched base with faith-based groups who responded to COFPRHA's call for effective partnership in FP/RH advocacy. In collaboration with POPCOM VIII, an orientation on Population, FP and Responsible Parenthood for faith-based groups was conducted on May 9, 2005 in Tacloban City. Sixty-two (62) leaders representing 20 local faith-based groups such as the United Church of Christ of the Philippines (UCCP), Church of Jesus Christ of the Latter Day Saints, and local evangelical groups such as the Good Shepherd, Eternal Life Ministries, Christ is King, Glad Tidings Fellowship, New Life Baptist Church, Livingwaters Foursquare Gospel Church, Tacloban All Fellowship, Assembly of God, and others attended the forum. This activity was a prelude to the Provincial Interfaith Dialogue on RH/FP held on May 13, 2005

organized by the National Interfaith Partnership for the Promotion of FP/RH and the Philippine Legislators Committee on Population and Development (PLCPD).

TSAP-FP provided technical assistance to COFPRHA 8's speakers' bureau training held on May 10-11, 2005 in Marabut, Samar, which was described under the BCC Component report.

As a follow-up to the March women's festival, activities involving women leaders were conducted i.e. Women's Health and FP fora in Maasin, Southern Leyte and Catbalogan, Samar; a region-wide contest on FP/RH awareness titled S*iday* (Waray term for seashell) was conducted in April. Also, full media exposure for 20 days over the local DYVL radio station was given free of charge to the contest. Forty eight (48) individual entries were received by the station from all over Samar and Leyte.

During the Pintados Festival in Tacloban City held on June 29, COFPRHA 8 participated in this local mardi gras with its entry "FP sa Pintados". Donning locally-crafted costumes made of grass mat with adornments of coconut shells, sea shells, chicken feathers, and body paints, the COFPRHA contingent paraded around the streets of Tacloban with huge banners promoting family planning messages as their backdrop. In place of the traditional body paints from where the festival got its name, the drummers and other members of the contingent wore shirts with the message *"Family Planning prevents abortion."*

In the afternoon, the COFPRHA 8 group competed in the cultural presentation (barangay category) where young men and women in full costume performed a well-choreographed number to the distinct beat and rhythm of drums. Providing a colorful background to the dancers were huge banners with family planning messages. ***This is the first time in the history of Pintados that socially relevant messages were incorporated in the cultural presentations***. For their performance, COFPRHA's entry garnered the grand prize in its category which earned them a trophy and cash prize.

Network meetings held during the period sharpened COFPRHA 8's collaboration arrangements and plans for the implementation of its small grant project.

2.6.2. Negros Oriental - NeOFPRHAN

Mayor Jocelyn S. Limkaichong of La Libertad, Negros Oriental lending her support to FP during the Community Leaders Seminar on FP/RH conducted by NeOFPRHAN.

The Negros Oriental Family Planning/Reproductive Health Advocacy Network, Inc. (NeOFPRHAN) was awarded a small grant to implement the project "*Mobilizing the Negrenses for FP/RH Promotion and Community Mobilization."* During the quarter, NeOFPRHAN executed various FP promotion and community mobilization activities in order to expand its reach in influencing various stakeholders in Negros Oriental, namely: *Community Leaders Training on Family Planning* for the municipalities of La Libertad (May 12-13 with 23 pax), Ayungon and Manjuyod (April 12-13 with 42 pax) and Zamboangita and Siaton (May 19-20 with 45 pax). NeOFPRHAN prepared the training design based on TSAP-FP's FP Motivation Training Module and the trainers were the core members of NeOFPRHAN themselves. After the training, the community leaders committed to promote family planning among men and women of reproductive age, motivate couples to practice modern FP, and refer them to the nearest FP providers. NeOFPRHAN also conducted a *Male FP Champions Training on FP/RH* on June 1 to 2, 2005 in Dumaguete City. The participants were selected male Sangguniang Bayan members, Church leaders, Municipal Government employees and representatives of local NGOs and POs. The male FP Champions committed to promote male involvement in FP/RH in their respective communities.

2.6.3. SAFE – FP

The Solidarity for the Advancement of Family Enlightenment on Family Planning (SAFE-FP) is about to complete its project titled "Strengthening Partnerships for the Enhancement of FP/RH Advocacy in Pampanga" funded under TSAP-FP's small grants program. During the quarter, SAFE-FP conducted various FP promotion activities among its target groups such as: a forum on adolescent reproductive health and responsible teen sexuality on April 26, 2005 in San

Fernando City, attended by 45 youth leaders from the Municipalities of Arayat, Candaba, Porac, Mabalacat, Magalang, City of San Fernando and Angeles City. A "*Local Legislative Forum*" with the theme "Population Management, A Challenge to Quality Health Care" was held on June 21, 2005, in San Fernando City and attended by more than 100 participants including the Vice Mayors of Magalang and Floridablanca, 13 municipal councilors, 14 barangay *kagawads* (councilors), three presidents of associations of Barangay Captains, five barangay staff, six volunteer health workers, 19 Municipal Health Officers, seven staff from the provincial health office, two representatives from the youth sector and one from the small transport sector. Some significant areas of discussion include the legislation of local ordinances and resolutions in support of the FP program including the increase in budgetary allocations; support for women's issues on health and passing an ordinance on gender and development; and looking into the issues faced by the youth especially those relating to ARH.

SAFE-FP also conducted an "FP Motivational Training for Volunteer Health Workers" attended by 28 participants from six municipalities of Pampanga (Candaba, Magalang, Florida, Porac, Mexico and Sto. Tomas). The training was conducted on May 25-27, 2005 in Malolos City. The training design followed TSAP's FP Motivation Training Module. It introduced an innovation by adding a topic on the Philippine Health Insurance (PhilHealth) system and what specific FP services are covered by Philhealth.

In addition, the group organized a male involvement forum attended by 100 TODA members, jeepney and calesa drivers, farmers, and market vendors from Angeles City, San Fernando City, plus the seven municipalities (Arayat, Candaba, Florida Blanca, Magalang, Mexico, Porac and Sto. Tomas) including male staff from DOLE and the City Government of San Fernando. The discussion focused on the importance of involving men in family planning (which NACTODAP President Ariel Lim tackled) and myths and misconception on FP methods with emphasis on NSV.

Further, SAFE-FP conducted a women's forum attended by 120 participants from seven municipalities including Angeles City, San Fernando and Sta Ana. Ms. Ana Maria Nemenzo, keynote speaker, discussed access to family planning services as a woman's right to reproductive health and its importance for the health of women and children. She called on women to play an active role in transforming their community and in decision making of their locality. FP myths and misconceptions were discussed by DOH FP Coordinator Tess dela Cruz.

Finally a training on social mobilization was conducted with 27 participants (MHOs, nurses, midwives, and 2 councilors) from the seven municipalities.

2.7. COMMUNITY HEALTH WORKERS – NATIONAL CONFEDERATION OF BHW FEDERATION

The BHW Leaders of Metro Cebu and Negros Oriental who attended the FP Motivation Training conducted five re-echo trainings on *Strengthening FP Motivation and Interpersonal Communication Skills* to selected BHWs in the following areas:

Place	Date	No. of participants
BHW Center, Cogon Pardo, Cebu City	May 6-7, 2005	47 Presidents of Municipal BHW Federations and 6 Presidents of City BHW Federation of Cebu Province
BHW Center, Cogon Pardo, Cebu City	April 23-24, 2005	35 Young adults (high school and college students) of Cebu City
Carcar, Cebu held in Municipal Hall	May 25, 2005	30 BHWs
Bayawan City, Negros Oriental held in Bayawan City District Hospital (batch 1)	May 5-6, 2005	35 BHWs
Bayawan City, Negros Oriental held in Bayawan City District Hospital (batch 2)	May 3-4, 2005	35 BHWs

The trainings were spearheaded by the President of the National Confederation of BHWs of the Philippines, Inc. together with the Department of Health of the concerned local government units. These trainings were funded by the Local Government Units.

The BHW Federation of Cebu also initiated the construction of a BHW Health Post and Center where BHW trainings, meetings and conferences are held, FP IEC materials are made available, and contraceptive pills and condoms for the BHW community-based distributors are kept. The Health Post was constructed out of contributions and donations of BHWs, Barangay Officials and other NGOs.

3. Capacity building inputs to new and existing FP spokespersons provided

3.1. REGION V - BiRHA ON FP PROMOTION

Thirty three (33) participants attended the FP Promotion Training for leaders of the Bicol Reproductive Health Alliance (BiRHA) on May 10-14, 2005 in Legazpi City. The participants consisted of NGO and urban poor leaders who form the core of BiRHA. The activity is an offshoot of the network's request for technical assistance from TSAP-FP to improve its capacity to undertake FP Promotion campaigns.

BiRHA's core member-organizations include the Mayon Integrated Development Alternatives and Services (MIDAS), Coastal Community Resources and Livelihood Development, Inc. (Coastal CORE), Family Planning Organization of the Philippines Albay Chapter, FPOP Community Health Center, Philippine Rural Reconstruction Movement (PRRM) chapters in Albay and Camarines Sur, Aide for AIDS (A 4 A), Bicol RH Information Network (BRHIN), MEDIA Inc., Albay and the Bicol Urban Poor Coordinating Council (BUPCC). The Regional Population Office V serves as Secretariat. BiRHA counts more than 70 organizational members from non-government organizations and people's organizations from the provinces of the Bicol Region (Camarines Norte, Camarines Sur, Albay, Sorsogon, Catanduanes and Masbate). BiRHA was established in 2004 and expanded in 2005 with technical assistance from TSAP-FP.

During the action planning portion of the training, BiRHA defined the issue they wish to address: "low social acceptance of FP in the Region due to misconception and lack of correct information, understanding, and strategies on promotion." The network intends to contribute to the solution of the issue through the following objectives:

- To enhance local governance (GOs and NGOs) thru learning package tours in areas with best/good practices in FP on 2006 and 2007.
- To increase the number of trained FP motivators among BiRHA members through a TOT on FP Motivation.
- To establish and enhance partnership among NGOs, POs, other civil society groups and local government agencies to support a strong FP program.
- Forge an agreement among BiRHA members to conduct an annual campaign for social acceptance of FP (August 1, FP Day as peak activity).

One of the notable features in the FP promotion plan forged by the group is the creative ways by which they intend to fund the activities to achieve their stated objectives, such as accessing local government funds for the learning package tours; tapping BiRHA partners to cost share in the TOT; pooling network resources (time, money, equipment, expertise) in the FP Day campaign; and accessing donor (TSAP, others) support for some of the activities which the network cannot fund.

3.2. BICOL URBAN POOR COALITION TRAINED ON FP MOTIVATION

Thirty five (35) urban poor leaders from various provinces of the Bicol Region were trained on motivating peers to practice family planning on April 28-30, 2005 in Legazpi City.

The participants to the FP Motivation Training represented ten provincial urban poor federations from Albay (Legazpi City, Tabaco City, Daraga, Ligao City and Malilipot), Camarines Sur (Naga City, Iriga City, and Pili), Camarines Norte (Daet), Sorsogon (Sorsogon City) and Masbate. The training was organized with the support of the Regional Population Office and the Bicol Urban Poor Coordinating Council (BUPCC).

Overall, the participants very satisfactorily demonstrated their FP motivation skills, as they assimilated what they have learned regarding the approaches and skills in interpersonal communication and modern methods of family planning. The urban poor leaders committed to promote family planning among their respective homeowner association members and members of their urban poor federations.

3.3. TRAINING OF TRAINERS ON FAMILY PLANNING MOTIVATION

Twenty seven (27) leaders from Bicol, Pampanga, National Capital Region, Metro Cebu, Samar-Leyte, Negros Oriental and Davao City attended the Training of Trainers on Family Planning Motivation held in Lapu-lapu City, Cebu on June 21-24, 2005 conducted by TSAP – FP using a module developed for the purpose.

The participants came from various sectoral organizations, local multi-sectoral networks and non-government organizations, namely – National Confederation of BHW in the Philippines, Inc., WISER 8, Metro Cebu CAN, CCUVA, Nutrilinc, Satisfied FP Users and Acceptors Clubs in NCR, BUPCC, BiRHA, IMA, SAFE-FP, Kaugmaon, NeOFPRHAN, Metsa, NACTODAP and POPCOM Regional Office VII and NCR.

After the training, the participants planned the following activities: conduct FP Motivation Trainings in their respective areas; mobilize the FP motivators to identify men and women with FP unmet needs; and vigorously carry out one-on-one and group FP motivation sessions to increase acceptance of FP in their sector and communities. The training also offered an opportunity to assess the effectiveness of the module and provide insights for its revision.

4. Forty (40) Influential Individuals from various Sectors Promoting the Use of Modern Family Planning

4.1. SIXTEEN (16) NEW INFLUENTIALS IDENTIFIED

The following persons have displayed significant potential and interest in promoting Family Planning in their respective localities and sectors:

National

1. Maj. Gen. Antonio Santos – Undersecretary, Dept. of National Defense. He is supporting the approval of the Department Order and Administrative Order for the Implementation of Family Planning in the different units of Armed Forces of the Philippines.

Region V

2. Ronnie Lorejo is the president of MEDIA Inc., an organization of active print, radio and broadcast media personalities in the Bicol region which actively promotes population, reproductive health and family planning concerns. He is the Southern Luzon correspondent of the Phil. Daily Inquirer, the number one broadsheet in the country.
3. Shirley Bolaños is the Executive Director of the Coastal Community Resources and Livelihood Development, Inc. (Coastal CORE) She is a core member of BiRHA. Coastal CORE integrates family planning and reproductive health in its over-all strategy of community-based coastal resource management.
4. Rafael Triunfante is the Executive Director of Bicol Integrated Community Health and Development Foundation (BICHD) which promotes alternative health service delivery strategies in poorer communities in the Bicol Region. He is also a married priest and is the focal person for interfaith partnership building in Bicol.
5. Jeannie Curiano is the Executive Director of the Bicol Reproductive Health Information Network (BRHIN), which seeks to be the clearinghouse of RH-related information, education and communication and materials in the Bicol region. She is also a founding member of BiRHA.
6. Rosalina "Daday" Miranda is the president of the Bicol Urban Poor Coordinating Council (BUPCC), a confederation of 10 urban poor federations in the Bicol Region.
7. Disraeli Dijunco of Naga City, Camarines Sur is a council member of the BUPCC.
8. Alvin Arivatado from Daet, Camarines Norte is a council member of the BUPCC.
9. Dante Almoguerra also from Daet, Camarines Norte is a council member of the BUPCC.
10. Minerva Barrameda from Ligao, Albay is a council member of the BUPCC
11. Ariel Najera – is the President of Camarines Norte Federation of Tricycle Operators and Drivers Association. He is trailblazing the promotion of family planning and responsible parenthood among the different TODA in the Province especially in the capital town of Daet.

Region VII

12. Aurora Flores is the Chapter Manager of Philippine Mental Health Association – Negros Oriental Chapter. She is an active core member of the Negros Oriental Family Planning and Reproductive Health Network (NEOFPRHAN).

13. Demetria Abella is the Executive Director of Foster Care, an NGO providing support services for children. She is an active core member of the Negros Oriental Family Planning and Reproductive Health Network (NEOFPRHAN).

14. Cindy Uy – Municipal Councilor of Manjuyod, Negros Oriental. She is actively promoting FP/RH among the local League of Councilors in Negros Oriental. As an active core member of the Negros Oriental Family Planning and Reproductive Health Network (NEOFPRHAN), she pushed for local legislation in support for provision of FP services in the Municipality of Manjuyod.

Region VIII

15. Julia Ayles is the Chairperson of the Senior Citizens Association, Quinapondan, Samar. She is also an Execom member of the Workers of the Informal Sector in Region 8 (WISER 8). She is actively promoting family planning among the home-based women association and has mobilized the Senior Citizens Association in Quinapondan to support family planning.

Metro Davao

16. Imelda Ejandra is a Barangay Health Worker and President of KnBL, a federation of 24 community women associations in the third District of Davao City. She is openly promoting family planning among men and women of reproductive age in Tugbok and Calinan Districts, most especially among the members of the community women associations.

4.2. AT LEAST 10 NEW AND 40 EXISTING SPOKESPERSONS PROVIDED WITH CAPABILITY BUILDING INPUTS

4.2.1. FP Influentials' Tool Kit Finalized

The FP influentials' tool kit has been edited and the prototype is being designed for pre-testing and production in the next quarter.

4.2.2. Regional FP *Kapihan* of FP Influentials in Cebu Conducted

The roundtable discussion of Cebu FP Influentials was held on April 26 in Banilad, Cebu City with about 45 participants from the NGOs, transport group, media, academe, and local government. The event was spearheaded by CCUVA, Metro Cebu CAN and the Regional Population Office. Vice Mayor Mike Rama of Cebu City spoke and responded to queries from the media. Vice Mayor Rama spoke passionately about the need for government to provide all FP options to couples and let them make the choice.

Ms. Judy Aguilar of the University of San Carlos moderated. In the beginning, she explained that this meeting was part of a series of roundtable discussions among FP infuentials in the country aimed to update everyone on their activities and on important FP issues.

Dr. Saleshe Baking of Nagpakabana Foundation presented her organization's efforts to organize NSV acceptors and tap them to promote greater male involvement in family planning. She organized the *Bisayang Maginoo* Club (Visayan Gentlemen's Club) composed of NSV acceptors from Cebu.

Brgy Kagawad Zenaida Amores reported about Metro Cebu CAN's FP orientation activities in the communities. Amores mentioned the linkage established with Marie Stoppes and FPOP for the services and commodities. She also shared how, as a barangay councilor, she and her colleagues were able to tap the barangay Gender and Development (GAD) fund for FP commodities.

Leo Rama, Regional Director of POPCOM 7, discussed key principles of the Philippine population program, current thrusts, and the contraceptive self-reliance (CSR) program. He talked about CSR's policy and advocacy implications.

During the open forum, Efren Tabanao, Regional Coordinator of NACTODAP, shared what his group is doing regarding FP promotion. He said that FP is now included as an item in their regular NACTODAP meetings because they realized that they should not be concerned only with traffic and fuel issues but also with responsible parenthood.

4.2.3. International OST Conducted

The TSAP FP Spokespersons' Observation Study Tour (OST) in Mexico was held on April 2-10 in Mexico City and the state of Hidalgo. Among others, the international OST aimed to provide participants with the opportunity to observe examples of organized family planning programs that have successfully worked with various sectors of Mexican society such as the government, media and non-governmental organizations. Further, participants were also expected to identify strategies for increasing FP information sharing and outreach that could be adapted to their own programs or situations towards increasing FP practice.

Those who took part in the Mexico OST were the following:

1. Rep. Josefina Joson – Chair, House Committee on Women, Congress
2. Rep. Darlene Antonino-Custodio – First District of South Cotabato and Member, Philippine Legislators Committee on Population and Development
3. Dr. Dolores Castillo– Assistant Secretary, Department of Health
4. Dr. Evelyn Palaypayon – President, Philippine Obstetrical and Gynecological Society (POGS)
5. Dr. Wilson Pamintuan – President, Rotary Club New Manila East
6. Bishop Fred Magbanua – Chair, Inter-Faith Partnership

7. Ms. Ces Orena-Drilon – TV Program Host and Newscaster, ABS-CBN
8. Ms. Susan Enriquez– TV Program Host and News Reporter, GMA-7
9. Mr. Gerry Lirio – City Editor, Philippine Daily Inquirer
10. Mr. Angelo Palmones – Station Manager, DZMM, anchor, Radyo Patrol Balita
11. Mr. Romeo Arca Jr. – FP Outreach Advisor, TSAP-FP
12. Mr. Felix Bautista – Communication Advisor, TSAP-FP
13. Ms. Nilda Perez, USAID CTO, FP Social Acceptance Project

Over-all, the OST in Mexico provided numerous insights and realizations gained from interactions with Mexican counterparts. The study tour was able to show the elements that contributed to the success of the Mexican family planning program such as: strong political will with corresponding budgetary support, extensive and comprehensive communication program, active civil society participation (including media and NGOs), adherence to evidence-based information, and effective inter-agency coordination among others. The various meetings and interactions during the study tour have made these factors apparent.

Among the organizations that stood out in terms of the interest generated were the Consejo Nacional de Poblacion or CONAPO, POPCOM's counterpart in Mexico; Catholics for Free Choice; and Centro de Orientacion Para Adolescentes.

Upon return to the Philippines, some of the participants immediately conducted their post-OST activities as follows:

1. Dr. Evelyn Palaypayon organized an "Orientation on Evidence-Based Family Planning" among the board members of POGS in Tagaytay city last May 24.
2. Rep. Josie Joson, in cooperation with PLCPD, supported a media training session for legislators and their chiefs of staff facilitated by Mexico OST alumni Ces Drilon, Gerry Lirio, and Felix Bautista. This was held In Pasig on June 9, 2005.
3. Angelo Palmones continued to feature FP-related stories in his morning program.
4. Bishop Fred Magbanua, in coordination with PLCPD, helped organize two interfaith forums.
5. Dr. Wilson Pamintuan started preparations for a Rotary sister clubs forum on family planning to be held in the next quarter.

The whole report on the Mexico OST is on *Annex 16.*

4.2.4. Local OST Conducted

Seventeen leaders from various sectors nationwide participated in the study tour from June 6 to 12, 2005 to observe successful initiatives that promote family

planning and reproductive health in Quezon City and in the provinces of Bulacan, Cagayan, and Pangasinan.

In Quezon City, Mayor Belmonte led an orientation on how the results of the city's Demographic and Health Survey were used to inform policymakers on FP and reproductive health issues.

In Bulacan province, the delegation witnessed how community health volunteers were effectively mobilized for information dissemination and health service delivery through the *Chikahan sa Barangay* (Village Informal Talks)

In Cagayan, a province with consistently high contraceptive prevalence and low infant and maternal mortality, Governor Edgar Lara outlined the importance of clarifying goals and objectives in achieving favorable health outcomes. Various local innovations were also highlighted such as the prepaid perinatal services, birthing homes, *tambayan sa* (hang out in) birthing home, *dalaw turo* (teaching the patients' visitors) itinerant teams, family planning, population and environment integration, among others.

Governor Victor Agbayani of Pangasinan, a provincial role model for achieving contraceptive self-reliance, emphasized the need to invest in the people's health and to involve various sectors to achieve a better quality of life for all.

The participants noted some key learning and insights as far as family planning promotion is concerned.

They said that a committed, sincere, facilitative, participatory, knowledgeable and action-oriented leadership is necessary for effective FP promotion, and that political commitment should be maximized to promote FP/RH in all fronts in order for other stakeholders to buy into FP/RH programs and projects. At the same time, various forms of leadership affect how the programs are translated at the program/service delivery levels.

A sincere participatory process, one in which the spirit of volunteerism is engendered among members of the community and where the civil society is actively engaged, is another insight that should not be missed.

At the program and service delivery level, clarifying roles and responsibilities among program implementers helps to minimize professional jealousy, confusion and inertia.

The participants also expressed their gratitude for TSAP's sincere and equitable appreciation of their partners, where they felt they were given the recognition due them as real partners for development.

4.2.5. Resource materials provided to Influentials

FP influentials were continually updated with the most recent news related to family planning through the FP Influentials E-group. Condensed stories in media related to family planning were e-mailed daily to them in an easy text format called "FP At a Glance."

4.3. THIRTY (30) LOCAL MRLS IDENTIFIED AND MOBILIZED IN THE DISSEMINATION OF *FATWA* ON FP IN 10 COMMUNITIES IN ARMM

In order to localize the dissemination of the *Fatwa* on FP, 30 MRLs were mobilized during this quarter. Technical assistance was provided by TSAP for their local *Fatwa* dissemination in Basilan, Tawi-tawi and Davao City. In addition to these three areas, other MRLs were mobilized in Lanao Sur, Maguindanao, and Sulu to assist in the *fatwa* dissemination under the TSAP Small Grants and USAID coordinating agencies. The MRLs provided with sub-grants belong to local associations of MRLs namely Muaddil Amanah Association in Basilan, Majlisul A'la in Tawi-Tawi, and Davao Islamic Dawah in Davao City. During the month of June, these MRLs conducted the following *Fatwa* dissemination sessions:

MRL Group	No. of Participants	Areas Covered
1. Muaddil Amanah Association in the Province of Basilan	150 MRLs participated in 5 sessions	Municipalities of Lantawan, Tuburan, Lamitan, Sumisip, Tipo-Tipo, and Maluso, all of Basilan
2. Majlisul A'la in the Province of Tawi-tawi	35 MRLs	Municipalities of Simunul and Sapa-Sapa, Tawi-Tawi
3. Islamic Dawah in Davao City	50 MRLs participated in 2 sessions	Sirawan and Ecoland Districts of Davao City

The names of the 30 MRLs (including those assisting MUCARD-POM and SOFDEPI), are on *Annex 17.*

5. FP Promotion Activities of Influentials via media or community events

The third wave of the Poll Survey on FP influentials was conducted on May 9 to 28, 2005. An updated list of 125 FP influentials was used, with a total of 102 FP influentials interviewed. Initial results revealed the following:

- FP influentials continue to support and promote family planning. In terms of coverage, influentials have increasingly spoken to youth groups, health professionals, couples and to some extent, to media during this survey wave.

Below are the percentages of influentials speaking publicly in support of FP for the three waves that have been done so far:

Wave 1 (July – Oct 2004)	-	86%
Wave 2 (Nov '04 – Jan 2005)	-	88%
Wave 3 – (Feb – Apr 2005)	-	91%

- In terms of messages conveyed on FP, similar to the previous wave, FP influentials tended to have discussions on the definition and importance of FP, the different methods and the benefits of FP. There were fewer discussions made on the link between population and poverty.

- Objections encountered by FP influentials, especially from those oppoed to some modern FP methods, continue to decrease. Members of groups/associations along with government officials appear to be asking more questions from FP influentials.

- FP influentials expressed a high commitment to support FP activities in the future. This includes embarking on activities like delivering seminars/trainings on FP, on responsible parenthood and reproductive health, implementing information campaigns on FP in general and training other leaders to help disseminate FP.

D. HEALTH PROVIDER COMPONENT

1. Competency tables for medicine, nursing and midwifery courses completed

During April to June 2005, the competency tables for medicine, nursing, midwifery and midwifery education were finalized. This was the result of a curricular review to determine where family planning topics can best be incorporated in the different subjects of these medical courses. From the competency table, a table of test specifications for family planning in the Medical Board Examination was developed (please see full report in *Annex 18)*. The development of test specifications was based on the assumption that family planning content areas are distributed and taught among the board subject headings and should, therefore, be tested across the same board subject headings.

2. A total of 402 health providers trained on evidence-based counseling (EBC)

A total of 402 health providers were trained on evidence-based counseling (EBC) for this quarter. Of the total, 81 (20%) were from Bulacan, 72 (18%) from Bicol, 80 (20%) from Oriental Negros, 126 (31%) from NCR and 43 (11%) from ARMM. Thirty-eight (9%) were doctors, 101 (25%) were nurses, 225 (56%) midwives and 38 (9%) were either populations officers or BSPOs. Three hundred seventy-nine (94%) were females and 23 (6%) were males.

As of the end of June 2005, a total of 1,892 health providers have been trained since the start of the project.

3. Eight new critically appraised topics (CATs) finalized

Of the 20 CATs targeted for the fiscal year, 12 were finalized, camera-ready and submitted to USAID for approval during the previous quarter. The remaining eight CATs were finalized this quarter and are being prepared for submission to USAID. These CATs answer the following clinical questions:

a. Can spinal anesthesia be safely used for postpartum tubal ligation among postpartum women with pregnancies complicated by gestational hypertension, pre-eclampsia or chronic hypertension with superimposed pre-eclampsia?
b. Is there a need to give prophylactic antibiotics to reduce the risk of pelvic infection among women who will be using an Intra-Uterine device?
c. What is the risk of ovarian cancer, among women with or without a history of endometriosis, with the intake of oral contraceptives?
d. Is there a risk of developing testicular carcinoma among males after vasectomy?
e. What is the risk of developing ovarian cancer among women who have undergone a tubal ligation?

f. How safe is an intra-uterine device if it is inserted soon after an abortion? And what is the risk of expulsion of an intra-uterine device if it is inserted soon after an abortion?
g. Can reproductive aged women use Levonorgestrel-IUD effectively and safely for more than five years?
h. Are women who are taking or have taken oral contraceptive pills at high risk of developing breast cancer?

4. Post-EBC training assessment initiated

The Yuchengco Research Center, the institution commissioned by TSAP to conduct the research, completed data collection through individual interviews among doctors and focus group discussions among nurses and midwives and their family planning clients in Cebu City. In total, ten doctors were individually interviewed while ten midwives and ten nurses participated in two separate FGDs. Twenty family planning clients of nurses and midwives also participated in two separate FGDs. A top-line report will be submitted by early August.

5. Additional copies of CAT kits printed

Additional copies of CAT Kits are needed for distribution to health providers trained from January 2005 until this quarter and to accommodate pending requests from local partners like DOH regional offices. The first 100 CAT Kit reprints were delivered during the period. Subsequently, 500 copies will be delivered weekly until all trained health providers will receive their copies.

6. Second draft of DOH Family Planning Clinical Standards Manual completed

The Technical Working Group (TWG) tasked to revise the Family Planning Clinical Standards Manual had a plenary meeting on June 8 to 9, 2005 to review and critique the second draft of the manual. Under the leadership of DOH Undersecretary Ethelyn Nieto, the document is being finalized for another round of review and presentation to a bigger audience in DOH before July 15, 2005. From here, pre-testing the manual among midwives will follow.

7. EBC training for ARMM conducted

Attended by 43 participants (4 doctors, 18 nurses and 21 midwives) the Evidence Based Counseling (EBC) training for health service providers in the ARMM was conducted on June 22 to 23, 2005 in Zamboanga City. Of these participants, 16 came from Jolo-Sulu, 15 from Basilan and 12 from Tawi-tawi. The pre-test confirmed that participants lack knowledge on the concept of Evidence Based Medicine (EBM), especially its importance in FP. Majority can recall the GATHER approach to counseling.

The participants scored an average of 18 correct answers (range: 10-23) over the 30-item pre-test which increased to an average score of 27 correct answers (range: 21-29) in the post-test. The *Fatwa* discussed after the EBC added value to the learning of the participants. Some of their religious misconceptions, and interpretations were clarified. Most of them claim they do not hear discussions on family planning by their religious leaders.

8. Revision of client forms to include family planning practices explored with the Department of Health

Through the office of the National Epidemiology Center (NEC) of the Department of Health, 14 DOH staff attended the meeting of a technical group on June 27, 2005 to work on the integration of unmet needs for family planning in the client form used in the health centers. As of now, certain items were identified for inclusion in the existing client forms. DOH representatives are preparing to pilot test these revisions among end-users in both rural and urban health facilities. The group also agreed that the final client form will be incorporated in the revised DOH Family Planning Clinical Standards Manual.

III. IMPLEMENTATION ISSUES AND ACTIONS TAKEN

1) Lack of an Efficient FP Service Delivery Referral System

With the intensification of the small grants implementation of community motivation activities, TSAP-FP partners were able to generate more potential acceptors of modern FP methods. To date, TSAP-FP partners have reported nearly 1,900 acceptors of modern methods as a result of their motivation activities. In the last quarter, the issue of referral agencies' being unable to effectively meet the demand for FP services was discussed. This issue continued to be a concern for TSAP-FP, despite efforts to coordinate with FP service delivery agencies. The project established linkages between the partners and the FP service delivery agencies within their areas of operation. However, in cases where referrals were made to government health centers, the partners reported that the centers lacked supplies of pills. For potential acceptors of the permanent methods, there were problems regarding scheduling by government health centers of services, and the acceptor's inability to pay. These resulted in lost opportunities in many cases. Other partners (e.g. in Cebu and Bulacan) referred acceptors, instead, to private service providers like Friendly Care and Marie Stoppes. For Bulacan acceptors of permanent methods, the provincial government paid for their transportation to FriendlyCare in Metro Manila.

2) Work with Labor Unions and Industry-based Health Providers

During the previous quarter, the issue of TSAP-FP's continued involvement with labor unions and industry-based health providers was discussed in connection with the PRISM project's mandate to work with these target groups. During this quarter, a meeting was held between PRISM and TSAP-FP and the corresponding USAID CTOs of the project. In this meeting, it was agreed that TSAP-FP would turn over work with labor unions, specifically the Federation of Free Workers, and with industry-based health providers to the PRISM project.

3) Coordination with LEAD regarding FP Promotion Activities by Local Networks Mobilized by TSAP-FP

The regular coordination meetings with the LEAD project have resulted in improving coordination regarding health provider activities. However, there is a need for better coordination regarding FP promotion and outreach activities particularly those involving local networks mobilized by TSAP-FP. In some instances, like in Region VIII and Region V, the LEAD project has started to involve these local networks and partners in LEAD activities. For example, LEAD funded a strategic planning exercise of COFPHRA 8 in Region VIII for family planning, TB, Vitamin A and other issues. COFPRHA 8 reported some confusion regarding the implementation of the plan. Although coordination meetings have taken place regarding Region VIII activities of LEAD and TSAP-FP, there need to be regular meetings in order to discuss other regions and respond to collaboration issues as they arise.

4) Delays in Development of Clinical Standards Manual

Delays have been encountered in the development of the Clinical Standards Manual. The Technical Working Group established by DOH comprises DOH, NGO and private sector health personnel. The members were assigned topics to write. However, many of them have submitted delayed outputs which still need revision. Some members report that they do not have enough free time to work on the Manual. The DOH, led by Undersecretary Nieto, has been very supportive of the Manual revision and follow-up of the members. However, the turnover in DOH leadership (Secretary Dayrit was replaced by Secretary Duque in early June) caused delays in the organization of TWG meetings. The project has been working very closely with the DOH on this and expects to facilitate the process in the next reporting period.

5) Peace and Order Problems in ARMM

The resurgence of security problems in ARMM, particularly in Sulu, has hampered the implementation of activities in the area. Where possible, activities like workshops for Sulu province, were held in Zamboanga, assuming participants' availability.

IV. ACTIVITIES FOR NEXT REPORTING PERIOD

A. PROJECT MANAGEMENT

1. Finalization of Q3 Benchmarks
2. Final Submission of Option Year Workplan to USAID and securing DOH endorsement for the Option Year
3. Preparatory activities for the Option Year

B. BEHAVIOR CHANGE COMMUNICATION COMPONENT

1. Observation Study Tour of Cebu FP Projects for Media
2. EBM Orientation for Media Practitioners in Cebu
3. Quick Response Workshop for Partners in Cebu
4. Media Training for Members of Metro Manila SUACs
5. Workshop to Develop Friday Sermons for Family Planning Month

C. OUTREACH COMPONENT

1. Rotary Sister Clubs Forum on Population Management and responsible Parenthood
2. BiRHA Network Development Workshop
3. Local FP Day Celebrations by TSAP-FP Partners
4. NCR Kapihan 2
5. NDCP Writeshop on FP Module for AFP
6. Strategic Planning Workshop in Cebu, NCR, Samar/Leyte, Pampanga
7. TOT on FP Motivation
8. Briefing Sessions on Evidence-based FP for Legislators and National Spokespersons
9. Post – OST (local/international) Mobilization Meetings
10. Small Grants Processing

D. HEALTH PROVIDER COMPONENT

1. Plenary meeting on CPG Development
2. Round-table meeting on Field Test Design for the Family Planning Clinical Standards Manual
3. Plenary meeting on the Development of the Family Planning Clinical Standards Manual
4. Presentation of report on the pilot testing/use of revised client forms in both rural and urban health facility.

V. TECHNICAL ASSISTANCE

No in-country technical assistance for this quarter.

Benchmarks for The Social Acceptance Project – Family Planning
Q2 (April to June) 2005

Behavior Change Communication

Annual Target (Indicators)	Benchmark Statement	Benchmark Description	Documentation Requirements	Due Date
Percentage of the target audience who have heard of messages through mass media portraying FP as valuable to their life will increase from 31% to 50% (IR 3.1a) in Post Campaign KAP for 2004. **Note: No defined target as of yet since there are no plans for a national mass media campaign.**	**Advertising messages intensified via Family Planning Hotline advertising**	Radio announcer-on-board plugs and tabloid advertising launched to promote Family Planning Hotline	Media monitoring	May 15
		Billboards promoting family planning and family planning hotline approved	Approval letter	May 15
	Media and technology to transmit correct FP information to target audiences & the public implemented	FP Hotline monitored for number of questions and question senders	FP Operations Reports	June 30
		Distance education on the air for government midwives (segment on Tambalan sa Kalusugan) monitored	Broadcast report	June 30
		Love notes call-in programs in Manila monitored on number of questions and air time devoted to the FP portion	Activity reports	June 30
		Soap Opera and radio call-in program in Cebu monitored	Activity and Broadcast reports	June 30
		Daily FP messages in radio news program on DZMM aired	Broadcast reports	June 30
	Printed materials to deliver correct family planning information to present and potential users of family planning through champions and health providers distributed to intended users	• Broadcasters Manual of FP Messages	• Printed copies with distribution plan	June 30
		• Printing of FP Flipchart for ARMM service providers (digital file submitted to printer for printing)	• Printed copies with distribution plan	May 30
		• Low cost materials for tricycle drivers printed and distributed (Method Specific, Truth About and Stickers promoting FP Hotline)	• Printed copies with distribution plan	May 30

Annual Target (Indicators)	Benchmark Statement	Benchmark Description	Documentation Requirements	Due Date
	Communication activities to promote contraceptive self reliance conducted	• Contraceptive Self Reliance Communication Plan developed (in close consultation and coordination with the LEAD and PRISM Projects) for submission to USAID		June 30
The proportion of positive to negative stories will increase from 5.07 (Average for the whole of 2004) to 7.5:1 on key TV, radio programs and print media (Average for the first semester of 2005) **By the end of Project, awareness of the Fatwa would be 10% of residents in areas where Fatwah**	**Quick response mechanism to counteract negative messages on modern methods activated**	Quick Response Workshop conducted in Bicol	Workshop Report	May 12
		Orientation on FP reporting for Region VIII media conducted	Activity Report	May 20
		Monthly publicity campaign conducted with at least ten newspaper pickups on: • benefits and safety of modern methods • satisfied users and successful health providers • NDHS data that support need for family planning	Monitoring Report	June 30
	Adequate media support achieved for FP messages and social mobilization activities	Ongoing media rounds to strengthen relations with media conducted	Activity reports	June 30
		Daily media monitoring reports conducted (FP News @ a Glance)	Daily reports	June 30
		Media tour of Cebu FP promotion activities conducted : Olango and Magpakabana Ka.	Activity report	June 30
		Training on how to handle media for CAs conducted	Activity report	May 30
		Assistance provided for dissemination of 2003 NDHS results to regional media practitioners in Cebu and ARMM (Note: Budget for this activity to be provided by Macro/ORC)	Activity Report	May 30

Annual Target (Indicators)	Benchmark Statement	Benchmark Description	Documentation Requirements	Due Date
Fatwah dissemination activities and radio campaign were conducted	**ARMM fatwa dissemination activities implemented**	ARMM radio campaign materials approved by USAID and aired	Activity and media reports	May 15
		Materials for Friday Sermons developed for pretesting	Actual materials	May 30
		ARMM radio materials monitored	Monitoring reports	June 30

Social Mobilization Component

Annual Target (Indicator)	Benchmark This Quarter	Benchmark Description	Documentation Requirements	Due Date
36 existing sectoral partners and local FP networks intensifying mobilization for use of modern FP [IR 3.2a]	**Technical assistance to FP promotion and information campaigns of of nine (9) sectoral partners provided (professionals, faith-based, labor, socio-civic, men in uniform, urban poor networks) NON-GRANTEES**	▪ Training, planning and monitoring inputs provided to FFW, POGS-WAC, Interfaith Partnership, Rotary NME, NDCP, Metro Cebu CAN and QC CAN	Activity reports	June 30
		▪ BiRHA and Bicol Urban Poor Coalition trained on FP promotion and FP motivation	Training reports	May 14

Annual Target (Indicator)	Benchmark This Quarter	Benchmark Description	Documentation Requirements	Due Date
	26 sectoral and local FP networks implementing mobilization activities within their sector or locality as part of their approved small grants **GRANTEES**	• Supported and monitored local FP promotion and community education activities of the following sectoral groups and local networks (with assistance from regional POPCOM offices): ○ Informal Sector/Urban Poor –Katinig, CCUVA, WISER-8, LLN, PBSP, VINE, LEFADO, NCR SUACs, Kaugmaon ○ Men –NACTODAP, USC/SOAR, Nagpakabana ○ Labor – FWN ○ Faith-based – SOFDEPI, MUCARD, Tarbilang ○ Women – Makatao, IMA . Metsa, WHCF ○ Multi-sectoral – COFPRHA 8, NEOFPRHAN, SAFE-FP ○ Community health workers – National BHW ○ Small grant graduates – Sagip Pasig Movement, Women's Media Circle Foundation, Western Mindanao State University Development Foundation	Summary of partners' reports indicating summary of activities and outcomes Monitoring reports	June 30
40 influential individuals from various sectors promoting the use of modern FP [IR 3.2b]	**10 new influential individuals from various sectors identified as FP champions**	• Names of 10 new FP champions identified • FP Champions Strategy of TSAP finalized/approved	Actual List Strategy document/Concept Paper	April 30 April 30
	10 new and at least 40 existing champions provided with capability building inputs	• FP champions' tool kit produced and disseminated ▪ Regional FP *kapihan* of FP champions in Cebu conducted ▪ Local OST plan implemented • Resource materials provided to champions (newsletter, updates via email)	Actual Tool Kit Activity Report Trip report Actual materials; copies of updates	May 27 April 26 May 29 Month end

Annual Target (Indicator)	Benchmark This Quarter	Benchmark Description	Documentation Requirements	Due Date
	At least 30 Muslim religious leaders from ARMM mobilized to promote family planning practice	• 30 local MRLs identified and mobilized in o the dissemination of fatwa on FP in 10 communities in ARMM o the initial planning for the development of Friday sermon messages	Activity reports Work Plan	May 30 June 15
	15 champions actually promoting/publicly endorsing FP	• Post OST-Mexico champions' plan drafted and followed up • Pronouncements favorable to FP made by champions on the media or during community events	Post OST plan and follow up reports Media clippings; polling report	May 30 June 17

Health Provider Component

Annual Target	Benchmark Statement	Benchmark Description	Documentation Requirement	Due Date
1. Family Planning –related topics incorporated in the syllabi of the Board of Examination subjects of medical, midwifery and nursing professionals (3.3a)	**Present results of and finalize Competency Tables for Medicine, Nursing and Midwifery in consultation with PRC Boards**	The finalized Competence Table / Matrix on Family Planning related topics for Medicine, Nursing and Midwifery board syllabi will be presentation to the PRC Boards with an endorsement for its adoption	Documentation of presentation	May 31, 2005
	350 Health Providers trained on EBC and provided with CATs Kits	Health providers in NCR, Bicol, Negros Oriental, Bulacan and industry-based health providers in NCR and Cebu industries will be trained on EBC and provided with CAT Kits	Activity Report	June 20, 2005

2. At least 60% of health providers in public health facilities/hospitals and industry clinics have correct knowledge of specific FP methods (3.3b)	**9 new CATs for USAID approval**	Nine camera-ready new CATs will be submitted to USAID for approval	USAID approval for printing and reproduction 9 new CATs	July 31, 2005
	Post EBC Training Assessment Completed	A post-EBC training assessment conducted among health providers and their clients in Cebu City	Copy of topline report	June 30, 2005
	Additional CAT Kits produced	An additional 1,500 CAT Kits will be printed and distributed to trained health workers who have undergone EBC training	Mailing list	June 30, 2005
3. Appropriate protocols to ensure the integration of FP as part of routine service package developed (3.3c)	**Draft revised DOH FP Clinical Standards manual developed**	The Technical Working Group working on the revision of the DOH Family Planning Clinical Standards Manual will have produced a draft manual.	TOR completed Research agency selected	June 30, 2005
ARMM Activities	**40 Health Providers trained on EBC and provided with CATs Kits**	Health providers from Sulu, Basilan and Taw-tawi will be trained on EBC and provided with CAT Kits	Activity Report	May 15, 2005
	ARMM individual client forms approved	After the review of facility and client forms a revised version of the client will be developed to include information on unmet need and other FP data	Copy of approved form	May 31, 2005

THE SOCIAL ACCEPTANCE PROJECT – FAMILY PLANNING
OMNIBUS WORKPLAN
AUGUST 2005 TO AUGUST 2006

Project Activities	Start Date	Completion Date	Deliverables	Note	Person/s Responsible
OUTREACH TO INFLUENTIALS					
NATIONAL LEVEL					
NATIONAL: Strengthen capacity of partner national networks to promote FP **1. Inter-faith Partnership: Identify potential avenues for mainstreaming FP in church-based programs**					
1.1. Support to Interfaith Group for FP promotion	Oct 2005	Dec 2005	Activity Reports	Small Grant	Capacity Building Specialist
2. National Confederation of Tricycle Owners and Drivers' Association of the Philippines (NACTODAP): Strengthen capacity of NACTODAP (local TODA Presidents) in FP Promotion					
2.1. Small grant to support FP promotion among local TODA	Oct 2005	July 2006	Training Report; Project Proposal from NACTODAP incorporating the Implementation Plan for FP Promotion and community mobilization; Activity Reports	Small Grant	Local Area Coordinator
3. Armed Forces of the Philippines (AFP): Assist NDCP in developing FP Modules for AFP educators					
3.1. Development of modules on FP for AFP educators	Sep 2005	Dec 2005	FP Modules for AFP educators; Activity Reports	Technical Assistance	Local Area Coordinator
4. LEGISLATORS: Deepen knowledge and understanding of legislators on EBM FP					
4.1. Briefing sessions on EBM FP for legislators	Oct 2005	June 2006	Activity Reports		Outreach Advisor
5. INFLUENTIALS: Strengthen capacity of selected influentials to publicly support FP acceptance					
5.1. Technical assistance to the influentials' implementation of post-OST mobilization plan	Oct 2005	June 2006	Activity Reports; Concept Paper of Bahaginan II	Technical Assistance	Outreach Advisor
5.2. Small grant to National Academy of Science and Technology	Sept 2005	June 2006	Project Proposal from NAST; Activity Reports	Small Grant	Capacity Building Specialist
5.3. Media training/other TA to core FP influentials	Oct 2005	July 2006	Activity Reports	Technical Assistance	Outreach Advisor/Capacity Building Specialist
5.4. Local OST for influentials	Nov 2005	Nov 2005	Activity Report; Post OST mobilization plan	Technical Assistance	Capacity Building Specialist
5.5 TOT on FP Motivation	Aug 2005	Oct 2005	Training Report		Capacity Building Specialist

Project Activities	Start Date	Completion Date	Deliverables	Note	Person/s Responsible
5.6 Support for training of community FP motivators	Aug 2005	Jan 2006	Training Reports		Capacity Building Specialist
5.7. Polling of influentials	Oct 2005	June 2006	List of influentials; Polling report	Research/M & E	Outreach Advisor/M&E Specialist
6. Support Regional POPCOM and DOH in TSAP-FP sites in their FP promotion activities, i.e., logistics support, etc.					
6.1. Assistance to Regional POPCOM and DOH to provide continuing TA to partners	Aug 2005	July 2006	Plan of Action; Activity Reports	Technical Assistance	Capacity Building Specialsts/ Civil Society Mobilization Specialist
CEBU					
1. Strengthen alliance on FP led by CCUVA and Metro Cebu CAN					
1.1. Strategic planning and community mobilization for FP	Aug 2005	Dec 2005	CCUVA/Metro CAN Strategic and community mobilization Plans	Technical Assistance	Capacity Building Specialist
1.2. Small grant for FP chat groups, community activities and *bahaginan*	Sept 2005	June 2006	Activity reports	Small Grant	Capacity Building Specialist
2. Strengthen local FP influentials					
2.1. TA to influentials' (sectoral and HP) *bahaginan* in collaboration with POPCOM 7	Sept 2005	June 2006	Activity reports	Small Grant	Capacity Building Specialist
3. Provide funding support to local FP alliance in mounting FP events and strengthening community alliance on FP					
3.1. Small grant to MetroCan for chat groups, community activities and *bahaginan*	Sept 2005	June 2006	Activity reports on FP events and community mobilization activities	Small Grant	Capacity Building Specialist
DAVAO					
1. Strengthen capacity of METSA to (i) expand its FP promotion in urban poor communities in District 1 and (ii) incorporate male involvement in FP with DAVCITODA					
1.1. Training of local influentials (HP and other sectoral influentials) on FP social mobilization	Sept 2005	Nov 2005	Training Report and FP promotion and social mobilization plan	Training	Capacity Building Specialists
1.2. TA to local influentials' bahaginan in collaboration with POPCOM 11 and Davao City Health Department	Oct 2005	June 2006	Activity Reports	Technical Assistance	Capacity Building Specialist
1.3. Involve HP influentials in FP promotion and in providing technical support to sectoral partners	Oct 2005	June2006	Activity Reports	Technical Assistance	Capacity Building Specialist

Project Activities	Start Date	Completion Date	Deliverables	Note	Person/s Responsible
1.4. Support METSA and DAVCITODA in mobilizing its members for chat groups	Dec 2005	June 2006	Activity Reports	Small Grant	Capacity Building Specialist
2. Provide funding support to the local FP alliance in mounting FP events and strengthening community alliance on FP					
2.1. Small grants to METSA to implement community mobilization activities	Dec 2005	June 2006	Activity Reports	Small Grant	Capacity Building Specialist
SAMAR - LEYTE					
1. Strengthen capacity of COFPRHA 8 to actively promote evidence-based FP					
1.1. Strategic planning and community mobilization for FP	Aug 2005	Oct 2006	COFPRHA 8 Strategic and community mobilization Plans	Technical Assistance	Social Mobilization Specialist
2. Strengthen capacity of local influentials					
2.1. TA to local influentials' (sectoral and HP) *"bahaginan"*	Oct 2005	July 2006	Activity Reports	Small grant	Social Mobilization Specialist
3. Provide funding support to the local FP alliance in mounting FP events and strengthening community alliance on FP					
3.1. Small grant to COFPRHA 8 for FP promotion and community events	Sept 2005	June 2006	Project Proposal from COFPRHA 8; Activity Reports	Small grant	Capacity Building Specialist
BICOL					
1. Strengthen capacity of local networks to promote FP					
1.1. EBM-FP social mobilization for BiRHA and urban poor leaders	Aug 2006	Oct 2006	Training Reports	Training	Capacity Building Specialist
1.2 TA to local influentials' *"bahaginan"* in collaboration with POPCOM 5	Oct 2005	July 2006	Activity Reports	Small grant	Capacity Building Specialist
2. Provide funding support to the local FP alliance in mounting FP events and strengthening community alliance on FP					
2.1. Small grant to local network to promote FP in community	Sept 2005	June 2006	Project Proposal local network; Activity Reports	Small grant	Capacity Building Specialist
NCR					
1. Strengthen FP SA/SU Clubs for FP Promotion					
1.1. Strategic planning and community mobilization for FP	Aug 2005	Nov 2006	FP SA/SU Clubs Strategic & Community Mobilization Plans	Technical Assistance	Civil Society Mobilization Specialist
2. Develop linkage among sectoral partners (MAKATAO, WHFC, QC CAN, Sagip Pasig, PRRM, NCR TODAs, Katinig) to facilitate alliance building					

Project Activities	Start Date	Completion Date	Deliverables	Note	Person/s Responsible
2.1. Quarterly *"bahaginan"* in collaboration with POPCOM NCR	Sept 2005	July 2006	Activity Reports	Technical Assistance	Civil Society Mobilization Specialist
3. Provide funding support to the local FP alliance in promoting FP					
3.1. Small grant to FP SA/SU Club for local network to promote FP	Oct 2005	June2006	Project Proposal from FP SA/SU Club; Activity Reports	Small grant	Capacity Building Specialist
ARMM					
1. Support family planning month (Aug.) activities in mosques and communities	Aug 2005	Aug 2005	Reports from partners		ARMM Coordinator SM
2. Small grants to Muslim NGOs for community- based dissemination of the *fatwa*	Sept 2005	June 2006	Project Proposal from NGOs; Activity Reports	Small grant	Deputy Chief of Party Procurement Specialist
BEHAVIOR CHANGE COMMUNICATION					
NATIONAL					
1. Continue Family Planning Hotline operations	16 Aug 2005	15 Jul 2006	Operations Monthly Reports	Incorporate *fatwa*	Remedios AIDS Foundation
1.1 Hotline Monitoring Study	1 Sep 2005	30 Oct 2005	Study/Report	Negotiate with DOH/others on sustainability	TBD
2. Daily Radio FP Information Tidbits (Angelo Palmones) on DZMM	16 Aug 2005	15 Jul 2006	Daily Messages		Communication Specialist/DZMM
3. Production and Launch Broadcasters' Manual	16 Jul 2005	16 Sep 2005	Book Launch	From daily messages of Palmones	Communication Specialist RMDN
4. Radio call-in Program (Lovelines) o Joey Galvez o Cynthia Herce	16 Jul 2005	15 June 2006	Reports		Communication Specialist
5. Dr. Sigurado Campaign	15 Aug 2005	15 Jul 2006	Tearsheets/ media reports		Communication Advisor/CID

Project Activities	Start Date	Completion Date	Deliverables	Note	Person/s Responsible
6. Conduct PR Campaign/Media Relations (National & Regional)	Aug 2005	Jul 2006	PR Campaign		Communication Advisor/CID
6.1. TA for partners to do media monitoring					
6.2. Media relations activities a. EBM-FP Orientation for media in Cebu & Davao b. continuing Media Orientations in NCR & regions	Sep 2005 Jan 2006	Nov 2005 Mar 2006	Training conducted; Activity reports		Communication Advisor, in coordination with HP Component
6.3. Local tours to give regional exposure to national media and other champions	Oct 2005	Mar 2006	Tours conducted, Activity Rreports		
7. Produce IEC Materials (reprints)	Aug 2005	Nov 2005	Actual Materials	Includes low cost IEC Materials Replication of *Sigurado* song in audio cassettes	
7.1 Video for health centers	Sept 2005	Oct 2005			
7.2 Reproduction of print materials / mailing / distribution	Nov 2005	Jan 2006			
8. Post KAP Survey	April 2006	July 2006	Survey conducted, Survey Final Report		
CEBU					
1. Outdoor advertising campaign 1.1. Outdoor advertising Billboard rental	Aug 2005	Feb 2006	Billboards/media reports		Communication Advisor
2. Quick Response Workshop for local influentials	Aug 2005		Quick Response Plans in Cebu		Communication Specialist
3. Radio Campaign	Aug 2005	Nov 2005	Radio Campaign	Including staff travel for spot on	Communication Advisor / CID
3.1. Conduct Radio Spot Development Workshop (to include Davao participants)					
3.2. Media Buys					
4. Print advertising campaign	Aug 2005	Nov 2005			
DAVAO					
1. Quick Response Workshop	Oct 2005		Quick response plans for Davao		Communication Specialist

Project Activities	Start Date	Completion Date	Deliverables	Note	Person/s Responsible
2. Radio Campaign	Oct 2005	Jan 2006	Radio Campaign		Communication Advisor / CID
2.1. Media Buys	Oct 2005	Jan 2006			
3. Regional print advertising campaign	Oct 2005	Jan 2006	Print Campaign		Communication Advisor / CID
SAMAR-LEYTE					
1. Regional radio campaign	Jan 2006	Mar 2006	Radio Campaign	Includes staff travel for spot on	Communication Advisor / CID
1.1. Radio spot development workshop					
2. Radio campaign					
2.1 Media Buys	Jan 2006	April 2006	Radio Campaign		Communication Advisor / CID
3. Regional print advertising campaign	Jan 2006	Apr 2006	Print Campaign		Communication Advisor / CID
BICOL					
1. Regional radio campaign (radio spots to be developed with Bicol) - Media buys	Jan 2006	Apr 2006	Radio Campaign		Communication Advisor / CID
NCR					
1. Implement Outdoor Advertising Campaign					
1.1. Outdoor Advertising Billboard rental	16 Aug 2005	15 Feb 2006	Billboards media reports		Communication Advisor
ARMM					
1.1. Baseline and Post – KAP	Sep 2005	June 2006	Full report		Deputy Chief of Party Communication Advisor M & E Specialist Procurement Specialist

Project Activities	Start Date	Completion Date	Deliverables	Note	Person/s Responsible
1.2. Radio campaign (Continuation) (P50/30-seconds spot x 4 spots/day x 30 days x 10 stations x 3 months)	Sep 2005	June 2006	Radio spots		Communication Advisor Office Manager Procurement Specialist
1.3. Production of print IEC materials	Sep 2005	Dec 2005	Brochure/ tapes	Under BCC National Budget for print materials	Communication Advisor Office Manager Procurement Specialist
1.3.1. Guides for Friday sermons	Aug 2005				
1.3.2. Booklet for Nuptials solemnizing officers (*Khutbatun nikka*)	Sep 2005	Oct 2005	Booklet		
1.3.3. Other reference materials, as requested by partners a. Reprinting of the *Fatwa* b. Others	as requested by partners		Reproduced materials		
1.7. Media training for influentials	Sep 2005		Reports		Capacity Building Specialist
HEALTH PROVIDER INITIATIVES					
NATIONAL					
1. Share Best Practices Among Health Providers					
1.1. Best Practices Convention	Nov 2005	Dec 2005	At least 5 presentations of best practices in TSAP-FP sites	Coordinate planning and execution with Medical Consultant	Senior Medical Advisor Medical Coordinator
2. Assist DOH for Revision of the 1998 FP Clinical Standards Guideline					
2.1. Revision of 1997 DOH Family Planning Clinical Standards Manual 2.1.1. TA in pre-testing of the draft Manual 2.1.2. Printing of initial 1,000 copies of the revised Standards Manual	Sep 2005	May 2006	Pre-testing of Manual completed Copy of Final Manual Mailing list of recipient institutions and health	Upon completion of draft FP Clinical Standards Manual, pre-testing will be required. TSAP-FP	Technical Working Group Medical Consultant Senior Medical Advisor Medical Coordinator

Project Activities	Start Date	Completion Date	Deliverables	Note	Person/s Responsible
2.1.3. Distribution of 1,000 copies of the Manual according to DOH distribution scheme			providers	will finance including printing of initial 1,000 copies and mailing.	
3. Support POGS to Develop Clinical Practice guidelines					
3.1. Development of Clinical Practice Guidelines for other FP methods (POGS) ▪ 3.1.1. Printing of initial 1,000 copies of each CPG and ▪ 3.1.2. Distribution of 1,000 copies of each kind of CPG according to POGS distribution scheme	Sep 20'05	May 2006	Copy of CPG on Hormonal Contraceptives Conduct of CPG workshops Copies of other final CPGs Mailing list of recipient POGS members and institutions	TSAP-FP will finance workshops, printing and mailing of CPGs	Medical Consultants Senior Medical Advisor Medical Coordinator
4. Conduct Assessment Research					
Post KAP Study	Sep 2005	Dec 2005	Final report		M & E Specialist Medical Coordinator
CEBU					
1. Institutionalize EBM					
1.1. Integration of EBM in Residency Training in Teaching University Hospitals	Sep 2005	Dec 2005	Copies of Residency Training Manual and undergraduate curriculum of Medical Schools	Competency tables approved by PRC Board of Medicine will have to be available to provide basis for review of curriculum	Senior Medical Advisor Medical Coordinator
1.2. Integration of EBM in Midwifery Training Institutions	Sept '05	Dec '05	Copies undergraduate curriculum of midwifery schools	Competency tables approved by PRC Board of Midwifery will have to be available to provide basis for review of curriculum	Senior Medical Advisor Medical Coordinator

Project Activities	Start Date	Completion Date	Deliverables	Note	Person/s Responsible
1.3. PRC Dissemination forums for Medicine, Nursing and Midwifery School Deans and Principals	Nov 2005	Dec 2005	Conduct of PRC Dissemination Forum	Competency tables for medicine, nursing and midwifery must have been approved	Senior Medical Advisor Medical Coordinator
2. Disseminate Evidence Based Medicine in Family Planning					
2.1. Conduct Dissemination forum for Health Providers of Metro Cebu	Sep 2005	Nov 2005	Conduct of Information Dissemination Forum / forums for HPs included in census but not trained by HPC		Medical Coordinator
DAVAO CITY					
1. Institutionalize EBM					
1.1. Integration of EBM in Residency Training in Teaching University Hospitals	Sep 2005	Dec 2005	Copies of Residency Training Manual and undergraduate curriculum of Medical Schools	Competency tables approved by PRC Board of Medicine will have to be available to provide basis for review of curriculum	Senior Medical Advisor Medical Coordinator
1.2. PRC Dissemination forums for Medicine, Nursing and Midwifery School Deans and Principals	Nov 2005	Dec 2005	Conduct of PRC Dissemination Forums	Competency tables for medicine, nursing and midwifery must have been approved	Senior Medical Advisor Medical Coordinator
2. Conduct Evidence Based Medicine in Family Planning forum					
2.1. Dissemination forum for Health Providers of Metro Davao	Sep 2005	Nov 2005	Conduct of Information Dissemination Forum / forums for HPs included in census but not trained by HPC		Medical Coordinator

Project Activities	Start Date	Completion Date	Deliverables	Note	Person/s Responsible
SAMAR – LEYTE					
1. Strengthen capacity of midwives on Evidence-Based Counseling					
1.1. EBC Training for midwives	Jan 2006	Mar 2006	Conduct of EBC training	To use newly revised EBC Manual	Medical Coordinator
2. Strengthen skills of local influentials on EBM-FP					
2.1. Conduct EBM-FP training for CoFPRHA 8 members	Jan 2006	Mar 2006	Conduct of training	May have to use EBM-FP Motivation Manual of SM	Medical Coordinator, in coordination w/ Outreach Component
BICOL					
1. Strengthen Capacity of midwives in Evidence-Based Medicine in FP					
1.1. EBC training for midwives	Jan 2006	Mar 2006	Conduct of Trainings	To use newly-revised EBC Manual	Medical Coordinator
2. Strengthen capacity of local influentials on EBM in FP					
2.1. EBM-FP for BIRHA members	Jan 2006	Mar 2006	Conduct of training	May have to use EBM-FP Motivation Manual of Outreach Component	Medical Coordinator, in coordination w/ Outreach Component
NCR					
1. Institutionalize EBM					
1.1. PRC Dissemination for Medicine, Nursing and Midwifery Schools Deans and Principals	Sep 2005	Dec 2005	Conduct of PRC Dissemination Forum	Use PRC-approved competency tables	Senior Medical Advisor Medical Coordinator
2. Strengthen capacity of health providers on Evidence-Based Counseling					
2.1. Training on EBC for AFP Hospital based HPs (3 sessions)	Sep 2005	Feb 2006	Conduct of EBC among identified AFP health providers	Utilize AFP TOT members to co-facilitate newly revised EBC Manual	Medical Coordinator, in coordination w/ Outreach Component

Project Activities	Start Date	Completion Date	Deliverables	Note	Person/s Responsible
3. Community FP promotion activities	Sep 2005	Aug 2006	SM provided with facilitators for conduct of Chat groups	Coordination with Outreach Component imperative	Medical Coordinator
ARMM					
1. Training of health service providers and revise clinic forms (3 days)			Conduct of trainings; Revised forms		Senior Medical Advisor Medical Coordinator
OTHERS					
1. Documentation of Best Practices (Monograph)	Aug 2005	April 2006	Monograph		Chief of Party
2. End-of-Project Conference	May 2006	June 2006	Conference report		Deputy COP
3. Presentations of Best Practices During International Workshops	Sept 2005	March 2006	Presentations and trip reports		Deputy COP

CONTRACEPTIVE SELF RELIANCE

Project Activities	Start Date	Completion Date	Deliverables	Note	Person/s Responsible
1. Development of CSR Communication Plan	Aug 2005	Nov 2005	Communication Plan		Communication Advisor/CSR Focal Person
2. Formative research on: a. Clients b. Public health providers c. Local government officials	Sept 2005	October 2005	Final report	Formative research will be funded and managed by PRISM (for clients) and LEAD (for local government and public health providers). TSAP-FP will provide technical input.	M&E specialist

3. Concept development and production of multi-media advertising campaign including pretest	Nov 2005	Feb 2006	Storyboards/animatics of television material, script of radio material and comprehensive layouts of print materials	TSAP-FP to develop materials. Final production and airing/placement will be through sponsors generated by PRISM	Communication advisor/CSR Focal person
4. Development of interpersonal communication module	Nov 2005	Jan 2005	Training module		CSR Focal Person
5. Training of core trainers on IPC module	Feb 2005		Conduct of IPC trainers training module	Trainees will cascade IPC module to public health providers (co-funded with LEAD and PRISM)	CSR Focal Person
6. CSR Primer	Aug 2005	Sept 2005	Development of CSR primer to camera ready format	LEAD, PRISM and TSAP-FP will pay for the printing of their own requirements	CSR Focal Person
7. CSR Standard Powerpoint	Sept 2005	Oct 2005	Powerpoint file		CSR Focal Person
8. Video Documentary on successful LGU CSR Initiatives	Jan 2006	Mar 2006	Video documentary	To be funded by LEAD	CSR Focal Person
9. Pretest of IEC materials	Aug 2005	Mar 2006	Research reports	Pretest will be done as soon as materials are completed. The materials to be pretested include: CSR primer, standard powerpoint and video documentary	CSR Focal Person and M&E specialist

10. Media training of core members of speakers bureau	Oct 2005	Dec 2005	Conduct of three trainings for Luzon, Visayas and Mindanao speakers		Communication Advisor and CSR Focal person
11. Publicity and media relations	Aug 2005	Aug 2006	Publicity campaign		Communication advisor and CSR Focal person
12. Media events	Aug 2005	Aug 2006	Press conferences, media tours and media orientations		Communication advisor and CSR Focal person
13. CSR Outreach activities to FP partners	Aug 2005	Aug 2006	CSR dissemination activities in regular activities of partners	TSAP-FP partners will be trained on CSR through inclusion of CSR briefings in regular trainings. Partners expected to disseminate CSR messages to constituents	CSR Focal person Outreach advisor and specialists

THE SOCIAL ACCEPTANCE PROJECT – FAMILY PLANNING
WORKPLAN FOR OPTION YEAR (AUGUST 15, 2005 TO AUGUST 14, 2006)
CONTRACT NO. 492-C-00-02-00019-00
Revised June 6, 2005

Background

The contract for **The Social Acceptance Project – Family Planning (TSAP-FP)** was awarded to the Academy for Educational Development (AED), the prime contractor, on August 15, 2002. TSAP-FP is a collaborative effort among AED and its sub-contractors, namely, The Futures Group, Center for Development and Population Activities (CEDPA) and Ketchum PR (through it's local Philippines affiliate, Corporate Image Dimensions). The project is a three-year effort which aims to increase social acceptance of family planning (FP) as part of a healthy lifestyle. It employs three major strategies (or components)– behavior change communication (BCC), social mobilization (SM) and health provider (HP) interventions – which, together, work to achieve the desired results for social acceptance i.e., increasing the percentage of the general public who strongly approve of FP practice and increasing the percentage of the general public who have endorsed FP practice to others.

During its 2 1/2 years of implementation, the project has made significant gains towards achieving its objectives. As of March 1, 2005, based on its Pre and Post-Knowledge, Attitudes and Practice Survey (KAP), the percentages of those who strongly approve FP practice and those who have endorsed FP practice to others have substantially increased from 65% to 72% and 18% to 35%, respectively. Significant gains in reaching the objectives of its major strategies have also been made. For BCC, the percentage of the target audience who heard of FP messages through mass media increased from 31% to 54% while the number of positive and neutral over negative articles on FP in key print publications has also increased. For SM, the project has mobilized 12 large influential organizations from various sectors of society to publicly promote FP. Fifty influential individuals have also been tapped, trained and supported to openly endorse FP through media and other channels. Regarding HP interventions, a total of 1,133 public health providers (midwives, doctors and nurses) nationwide have been trained on evidence-based family planning and counseling. Moreover, revision of protocols, including the Clinical Standards Manual of the Department of Health, are in progress to strengthen and the institutionalize integration of family planning in the routine health service package.

The Mid-term Assessment Report of the Assessment Team contracted by USAID in September 2004 concluded that being "a highly innovative, much needed project that is a pioneer in each of its major components", TSAP-FP has made much progress, "as demonstrated by the numerous outputs that have been produced in less than two years". The Team noted that "the first two years of TSAP-FP have clearly been a time of research, testing and development for all its components (and) the project is now positioned to move ahead more effectively". It recommended an extension of three years.

USAID has expressed its intent to exercise the TSAP option year from August 15, 2005 to August 14, 2006. This workplan describes strategies and activities for the option year. These activities will build on TSAP's accomplishments to date in order to achieve the project's intermediate results. This will include expansion of successful activities to the project's focus regions. More specifically, the option year activities will :

- Develop capacity of the project's key institutional partners and individual influentials in the regions (NCR, Metro Cebu, Davao City, Samar-Leyte, Bicol and ARMM) as well as at the national level to expand social acceptance and sustain FP motivational and promotional activities at the community level using evidence-based FP. These activities target those partners which have the influence, reach and capacity to sustain themselves, as recommended by the Mid-term Assessment Team.

- Create a supportive media environment for reporting objective, evidence-based family planning information at the regional levels

- Promote evidence-based messages on FP as part of one's lifestyle using radio, outdoor advertising and public relations as well as interpersonal channels

- Increase the number of public health providers who are competent to provide evidence-based information and counseling on FP and attempt to link these health providers with the institutional partners in the regions

- Institutionalize FP in clinical practice of public and private health providers

- Expand dissemination of the *fatwa* and promote evidence-based FP in Autonomous Region of Muslim Mindanao (ARMM)

- Coordinate communication efforts to promote contraceptive self-reliance among key stakeholder groups.

It must be noted that in the final analysis, a supportive local government environment and access to affordable FP services are factors which will make social acceptance of FP a reality in people's lives. This is the reason that in the option year, TSAP-FP also hopes to more effectively coordinate its activities with the LEAD for Health and PRISM projects.

Outreach to Influentials

The Outreach activities of TSAP-FP aims to increase the number of influential organizations and individuals who are publicly promoting FP practice and build capacity for community level FP motivation. These activities are guided by the following strategies:

- Building and expanding coalitions and community alliances for family planning
- Strengthening capabilities for coalition-building and family planning promotion/motivation
- Enhancing capacity of individual influentials
- Promoting NGO-government partnerships for family planning
- Fostering sharing of the best practices through *Bahaginan* (sharing)

Over the last two and a half years, TSAP-FP's outreach activities have resulted in successful partnerships for FP promotion with large organizations that have nationwide chapters and groups that were not previously involved in family planning. Fifteen new groups/networks representing nine sectors are formally engaged in family planning promotion, ten new promotion networks were formed and four existing groups/family planning alliances were expanded. These partners have varying levels of organizational capacity to manage and sustain FP promotion activities among their constituencies and in their respective localities. These varying levels are due to the fact that engagement with these organizations were initiated at different time periods. In 2003, the project focused on organizations based in NCR and Cebu while those in Samar/Leyte, Davao, Bicol, Pampanga and Bulacan were targeted in 2004.

The Outreach component's objective for the option year is "*To strengthen the alliances on family planning by raising the capability of key partner networks and individual champions for community mobilization.*". The project will focus its efforts on organizations with strong potential for sustainability in selected TSAP-FP sites, based on the following criteria: 1) active involvement of sectoral and local FP influentials, 2) organizational capacity including internal systems in place, 3) extent of linkages built (with other sectoral groups and with local population and health offices), and 5) potential reach. Partnerships with these organizations will be nurtured during the option year alongside harnessing sustainability mechanisms.

In Metro Cebu, the Cebu City United Vendors Association (CCUVA) will be strengthened to further expand their FP promotion to other urban poor and informal sector groups. In Region 8, the capacity of the multi-sectoral Coalition of FP/RH Advocates (COFPRHA 8) will be enhanced to intensify their FP promotion activities to reach other untapped groups in Samar and Leyte. In Davao, the METSA Foundation will be reinforced to be able to expand their FP promotion activities to other urban poor women and men in Davao City. In Bicol, TSAP-FP will guide the Bicol FP/RH Alliance (BiRHA) and the Urban Poor Coalition as they gear their organizations for FP promotion in Bicol. In NCR, the Alliance of Satisfied FP Users and Acceptors (SUACs) will be emboldened as it cast a wide net of FP acceptors thru its 12 SUAC clubs in several barangays in NCR. The informal sector network, KATINIG, will continue to be involved in community FP motivation efforts in NCR. At the national level, partnerships with the Interfaith Partnerships for the Promotion of FP/RH, the National Association of Tricycle Operators and Drivers Associations (NACTODAP), the National Defense College of the Philippines (NDCP), and the Philippine Legislators Committee on Population and Development (PLCPD) will be bolstered in order for them to effectively promote FP

among their constituencies. Local study tours to areas with successful FP promotion activities will be used as venues of learning to share experiences and strengthen networking among various groups across regions.

A key activity to be pursued in the option year is the operationalization of "chat groups" at the community level in certain areas. These "chat groups", comprising men and women who have been identified to have unmet need for FP based on a tested community-based management information system (CB-MIS) by the Matching Grants Program of MSH, will be initiated and linked to the FP service provider network in the community. The FP motivation activities started in 2005 by key organizations will be strengthened particularly their linkages with accessible service delivery networks in their areas.

The guiding principle underlying these outreach activities will be sustainability. Capacity building of a core group of leaders within each of the above organizations will be undertaken to enable them to plan and manage community FP education and motivation activities on their own. As initiated in 2005, TSAP-FP staff will continue to take the back seat to pave the way for the core group of leaders to plan and manage FP promotion activities for their constituencies and communities.

A key factor to effective sustainability is the capacity of the Department of Health (DOH) and Population Commission (Popcom) at the national and regional levels. DOH and Popcom participation in capacity building and IEC activities, which were pursued during the first three years of the project, will continue. At the regional levels, Popcom and DOH have already been actively engaged in coordinating the multi-sectoral FP networks which TSAP-FP has supported. Assistance to DOH and Popcom will continue to be provided so that their role in coordinating outreach and FP promotion activities can be further strengthened.

Behavior Change Communication

The Behavior Change Communication (BCC) component is tasked to achieve the following intermediate result: Communications adequately portraying FP as important to the way of life of the target audience increased as measured by the: a) Percentage of target audience who have heard of messages portraying FP as valuable to their way of life; and, b) Number of positive and neutral vs. negative statements/discussions on FP made in key TV, radio programs and newspapers. It uses advertising, public relations, media relations, enter-educate approaches, IEC materials development and media training/coaching

For 2004, the indicators for these intermediate results and the actual results were:

1. Percentage of the target audience who have heard of messages through mass media portraying FP as valuable to their life will increase from 31% to 50% (IR 3.1a) in Post Campaign KAP. (*Actual Result: 54%)*

2. By the end of 2004, the proportion of positive to negative stories would have increased from 6.4:1 to 7.5:1 on key TV, radio programs and newspapers (*Actual result 8.6:1).*

Limitations in time and resources, as well as specific directions from USAID/Philippines recommending limitations regarding TV advertising, mean that the option year mass media campaign will be smaller in scale than the TSAP's first media campaign. Nevertheless, several lessons learned from the first campaign can be applied during the option year.

The advertising campaign implemented in 2004 showed that advertising is not enough to push the message. Advertising needs to be supplemented with a strong public relations strategy which includes media relations in order to expand the reach and frequency of the message using free media. Public relations has proven to be highly cost-effective in keeping family planning in the "top of mind" of the general public particularly at the national level. It is important to replicate this experience in the major geographic areas of the project during the option year.

Another major lesson is the need to work closely with social mobilization and health provider interventions to achieve a critical mass that will create sustained social acceptance of family planning. This implies even closer coordination among the three components that will result in more opportunities to show the groundswell of support for family planning via public relations. This closer coordination expects to provide influential organizations and individuals and health providers with enhanced skills and timely and appropriate materials and resources needed to promote family planning.

For the option year, BCC will apply the lessons it has learned in national-level advertising and public relations to the project's focus regions, including the National Capital Region, Metro Cebu, Metro Davao, Samar-Leyte, Bicol and the Autonomous Region in Muslim Mindanao.

The BCC workplan implements the regional strategy as follows :

1. Focus on developing relations with key sectors of media, focusing on those which can generate a critical mass of media influentials in the regions.
2. Use radio that has extensive reach in the region with radio materials developed by people who have extensive knowledge of the nuances of the language, culture and behavior of the residents of the region. These materials will be developed using a radio spot development strategy ("spot-on") that was successfully piloted in ARMM and initiated by AED in Africa.
3. Use outdoor advertising (billboards, transit ads) to extend the reach of the message at the same time increasing value for resources expended.
4. Develop low-cost IEC materials using the local dialect as well as reproducing effective IEC materials developed during TSAP-FP's first 2 ½ years.

5. Replicate successful radio programs and the FamPlan Hotline which deliver correct information and responds to questions on family planning.
6. Monitor and evaluate the effectiveness of communication through regional Post-KAP surveys but done immediately after a concentrated media and social mobilization effort in the different identified regions.

In addition to these regional activities, TSAP will implement several national-level activities, as follows:

- Continuation of the family planning hotline, with recruitment of additional counselors who speak languages spoken in the TSAP regions (ex: Cebuano)
- Reproduction of effective IEC materials developed in the first three years of the project
- Launch of the Dr. Sigurado column in tabloids
- A family planning promotion video featuring celebrity champions
- Coordination of the Contraceptive Self Reliance communication plan
- National-level post-KAP survey

Health Provider Interventions

The Health Provider Component (HPC) intervention aims to ensure that family planning is accepted and incorporated in routine health service delivery package. This is facilitated by the accomplishment of the following indicators:

1. Health and allied professional licensure examinations includes questions on family planning;
2. Health providers in selected health facilities and industry clinics have correct knowledge and provide correct information on the specific family planning methods;
3. Appropriate protocols ensure the incorporation of family planning in routine health service package

For the past 2 years the HPC has accomplished the following:

1. Drafted a table of competences for presentation and adoption to the PRC Boards of Medicine, Nursing and Midwifery;
2. Established a Network of experts on Evidence Based Medicine (EBM) called the Philippine Evidence Based Reproductive Medicine Network (PEBRMNet) that is recognized as a study group by the National Institutes of Health (NIH). The group is composed of the core group of 17 OB-Gynecologist and an expansion group of 58 Obstetrician-Gynecologist and other medical practitioners;
3. Produced 36 Critically Appraised Topics on the various family planning methods;

4. Developed an Evidence Based Counseling (EBC) Training Manual for used in capability building activities for health providers in project sites;
5. Trained 381 members of the Philippine League of Government Midwives (PLGM) on Evidence Based Medicine in Family Planning, 646 combined doctors, nurse and midwives in the local government health facilities and 106 doctors and nurses in the industry on EBC.
6. Based on the research commissioned by the project, initiated the revision of the 1998 DOH Family Planning Clinical Standards Manual in coordination with the Department of Health;
7. Developed a Clinical Practice Guideline on Hormonal Contraceptives with the PEBRMNet members of the POGS.

For the option year, Health Provider interventions will continue through completion what was started and attempt to institutionalize the gains it has made. Activities will focus on :

1. Integrating EBM into the Medical Residency Training in selected training hospitals in Cebu and Davao City and in Midwifery practice in a selected institutions in Cebu City;
2. Working for the adoption of the competency tables for medicine, nursing and midwifery by the Professional Regulations Commission;
3. Increasing the number of public health providers with the capacity to address misconceptions on family planning methods using evidence based information;
4. Working with the Outreach component to develop the capacity of local lay influentials to provide correct information on family planning to their constituencies and the community;
5. Completing the process of revision of the 1998 DOH Family Planning Standards Manual and its dissemination
6. Working with POGS to finalize and disseminate the Clinical Practice Guidelines (CPG) on family planning methods
7. Assisting the DOH with the revision of clinic forms to integrate FP
8. Sharing documented stories in EBM practice

Autonomous Region of Muslim Mindanao

The overall goal of TSAP – FP activities in ARMM is "to contribute to the improvement of the quality of life of Muslim Filipino families in ARMM through increased social acceptance of responsible parenthood and family planning as essential to achieving good health and quality of life". Initially, TSAP – FP's plan was to focus only on one province. In early 2003, upon request of USAID, the project expanded its target to all five provinces and one city of ARMM.

The strategy for promoting social acceptance of FP in ARMM is to address the commonly perceived barrier that Islam is against family planning. In order to do this, TSAP-FP activities in ARMM for the past two years focused on:

- Assisting in the development and dissemination of a *fatwa* (proclamation) by Muslim Religious Leaders
- Building and strengthening the capacities of key influentials (individuals and groups) in ARMM to promote FP/RH
- Organizing and mobilizing Muslim communities and groups in specific project sites to support and promote FP/RH
- Mainstreaming Evidence Based Medicine for FP among health service providers in their provision of information and counseling on FP

In November 2003, with technical assistance from TSAP-FP a *Fatwa* (a religious edict) on Reproductive Health and Family Planning was formulated by the influential Assembly of *Darul Iftas* (House of Opinion) in the Philippines, with the endorsement of the Grand Mufti of Egypt. The *fatwa* states that family planning in Islam refers to birth spacing and not birth control, and the justification for its adoption is to improve the health of mothers and children. The *fatwa* prescribes that Muslims need to approach a health provider, preferably a Muslim, for advice on family planning matters.

In 2004 and early 2005, the project was able to orient 400 ARMM-based and 150 metro Manila-based Muslim Religious Leaders (MRLs) and several community leaders on the *fatwa.* It assisted four NGOs to disseminate the *fatwa* and trained Muslim doctors on EBM-FP. It also developed a radio campaign to promote the fact that Islam does not prohibit family planning among the general public as proclaimed by the *fatwa*. With TSAP-FP assistance, a core group of MRLs developed a Training Manual for use by MRLs in disseminating the fatwa as well as a Guidebook and *Khutbatun nikkah* (wedding sermons) for marriage solemnizing officers.

For the option year, TSAP-FP activities in the ARMM will aim to further inform the public that FP is not against the teachings of Islam indicated in the *fatwa*. It will accomplish this by:

- providing assistance to expand the dissemination activities of the MRL partners through small grants;
- intensifying the radio campaign in the five provinces and one city of ARMM;
- training more health providers on evidence-based FP; and
- providing IEC materials for use by MRLs in their dissemination activities.

The Family Planning month celebration during August 2005 will also be an opportunity for synchronized messages on the fatwa during Friday prayers to be implemented by *Imams* (prayer leaders) who have been reached by the project.

Contraceptive Self Reliance (CSR)

USAID has organized key communication staff of TSAP-FP, LEAD for Health and PRISM projects into a task force that will develop and implement communication strategies to promote Contraceptive Self Reliance among various target groups.

Called CSR.com, the group has met several times to discuss and agree on a workplan for developing and implementing the CSR Communication Plan. Key elements of the workplan identified the target audiences, the behavior change expected of each target audience, the benefits of contraceptive self reliance to these targets, the communication tools and activities to reach these audiences and the Cooperating Agency responsible for these implementing these activities.

CSR.com has identified the following audiences to be the most critical in the successful achievement of CSR objectives: *clients, local government officials* (which include local chief executives or LCEs, Sangguniang Bayan members specifically those involved in health and finance, local development boards, administrative officers, and associations of local executives), *public health providers* including associations of public health providers, the *private sector* (namely contraceptive manufacturers/suppliers and health providers, employers and employee/labor groups and their associations or confederations) *national legislators and agencies*, and the *media*.

Among these targets, CSR.com has identified the need to probe into the knowledge, perceptions, attitudes, beliefs and practices of key target audiences, specifically clients, local government officials and public health providers. TSAP-FP will provide technical assistance to PRISM which will fund the client qualitative research and to LEAD which will fund the local government and public health provider qualitative research.

The results of the qualitative research will form the basis for crafting the messages for specific target audiences. These messages will be used to develop concepts for a multi-media advertising campaign for which PRISM will look for sponsors. The messages will also be integrated into the IEC materials, CSR Primer, Q&A on Administrative Order 158, standard powerpoint on CSR and video documentary on successful LGU CSR initiatives. TSAP-FP will be responsible for developing and pretesting all these materials. TSAP-FP, PRISM and LEAD will reproduce these materials for their specific needs.

TSAP-FP will also develop an interpersonal communication module to help public health providers to effectively counsel clients who can afford to start availing of the services of private health providers. TSAP-FP will train a core group of trainers who will then be responsible for cascading these trainings to public health providers in the LGUs.

The media will be tapped to disseminate correct information on CSR to decision makers, clients and the public at large. The major strategies that will be used to harness the power of media will be media relations and publicity activities as well as media events like press conferences, orientations and media tours. A speakers' bureau comprised of a cross-

section of influentials from among the various major target audiences will be organized and trained to act as spokespersons on CSR issues.

The CSR dissemination activities will be integrated into regular TSAP-FP training and orientation activities.

TSAP-FP will hire an additional staff person to coordinate these CSR activities during the option year.

TSAP-FP
HOTLINE RADIO SPIELS

TAGALOG SCRIPTS WITH ENGLISH TRANSLATIONS

1. Kanina, may nagtatanong dito kung totoo bang nakakapagpaganda ng kutis ang ilang klase ng pills maliban sa pagpigil nito sa pangingitlog o ovulation ng isang babae. Ang sagot diyan ay oo. Malalaman niyo ang tamang sagot sa mga ganyang uri ng katanungan sa Family Planning Hotline.

   Ano man ang iyong nais malaman tungkol sa family planning puwede kayong tumawag sa 522-0176, o kaya I-text o tawagan niyo ang 0917-832-6756 o kaya 0918-832-6756. Mabilis masasagot ang inyong mga tanong tungkol sa Family Planning.

   Translation:
   Earlier, someone asked us if it was true that some kind of pills will make a woman's skin smoother aside from preventing the ovulation of a woman. The answer is yes. You can ask those kinds of questions and get correct answers from the Family Planning Hotline.

   Whatever you want to know about family planning, you can call 522-0176 or you can text or call 0917-832-6756 or 0918-832-6756. The Family Planning Hotline can quickly answer your questions about family planning.

2. O, konting usapang lalake sandali. Akala kasi ng ilan, ang lalaking nagpa-vasectomy ay di na lalabasan at manghihina pa ang pangangatawan. Ito ay hindi totoo. Lalabasan pa rin at hindi hihina ang lakas ng lalakeng nagpa-vasectomy na. Malalaman ninyo ang tamang sagot sa mga ganyang uri ng katanungan sa Family Planning Hotline.

   At ano man ang iyong nais malaman tungkol sa family planning, puwede kayong tumawag sa 522-0176, o kaya I-text o tawagan niyo ang 0917-832-6756 o kaya 0918-832-6756. Mabilis masasagot ang inyong mga tanong tungkol sa Family Planning.

   Translation:
   Ok, let's have a little male talk. Some men think that those who have had a vasectomy will no longer ejaculate and will lose physical strength. This is not true. Men who have had vasectomies still experience ejaculation and remain physically strong. You can ask those kinds of questions and get correct answers from the Family Planning Hotline.

Whatever you want to know about family planning, you can call 522-0176 or you can text or call 0917-832-6756 or 0918-832-6756. The Family Planning Hotline can quickly answer your questions about family planning.

3. Merong nagtatanong kung puwede mabuntis ang isang babae kahit isang beses lang siyang makipagtalik. Ang sagot diyan ay oo. Ang isang babae ay puwedeng mabuntis kahit isang beses lang makipagtalik. Malalaman ninyo ang tamang sagot sa mga ganyang uri ng katanungan sa Family Planning Hotline.

   At kung may iba pa kayong tanong tungkol sa family planning, puwede kayong tumawag sa 522-0176, o kaya I-text o tawagan niyo ang 0917-832-6756 o kaya 0918-832-6756. Mabilis masasagot ang inyong mga tanong tungkol sa Family Planning.

   Translation:
   Someone asked me if it was possible for a woman to get pregnant even if it is the first time for her to have sexual intercourse. The answer is yes A woman can get pregnant even if it is the first time for her to have sexual intercourse. You can ask those kinds of questions and get correct answers from the Family Planning Hotline.

   Whatever you want to know about family planning, you can call 522-0176 or you can text or call 0917-832-6756 or 0918-832-6756. The Family Planning Hotline can quickly answer your questions about family planning.

4. Yung kumpare ko, nagaalala na baka nasingitan siya dahil buntis ang misis niya kahit na nag-withdrawal sila. Sa totoo lang, marami talaga ang nabubuntis sa withdrawal dahil ito ay patsamba-tsambang pamamaran ng pagpaplano ng pamilya. Malalaman ninyo ang tamang sagot sa mga ganyang uri ng katanungan sa Family Planning Hotline.

   Kaya kung meron kayong nais malaman tungkol sa family planning, puwede kayong tumawag sa 522-0176, o kaya I-text o tawagan niyo ang 0917-832-6756 o kaya 0918-832-6756. Mabilis masasagot ang inyong mga tanong tungkol sa Family Planning.

Translation:
My bosom buddy was wondering if it was possible that his wife was unfaithful because she got pregnant even as they were practicing withdrawal. In fact, many women have become pregnant with withdrawal because this is not an effective family planning method. You can ask those kinds of questions and get correct answers from the Family Planning Hotline.

Whatever you want to know about family planning, you can call 522-0176 or you can text or call 0917-832-6756 or 0918-832-6756. The Family Planning Hotline can quickly answer your questions about family planning.

5. Gustong malaman ng isang misis kung totoo bang masisilo ng sinulid ng IUD ang ari ng mister niya. Ang sagot dito ay hindi dahil ang natitirang sinulid pagkalagay ng IUD ay lubos na maikli. Malalaman niyo ang tamang sagot sa mga ganyang uri ng katanungan sa Family Planning Hotline.

   Kaya kung meron kayong nais malaman tungkol sa family planning, puwede kayong tumawag sa 522-0176, o kaya I-text o tawagan niyo ang 0917-832-6756 o kaya 0918-832-6756. Mabilis masasagot ang inyong mga tanong tungkol sa Family Planning.

   Translation:
   A wife wants to know if it was possible for her husband's penis to get entangled with the string of the IUD she is planning to use. The answer is no because the string that remains after the insertion of the IUD is very short. You can ask those kinds of questions and get correct answers from the Family Planning Hotline.

   Whatever you want to know about family planning, you can call 522-0176 or you can text or call 0917-832-6756 or 0918-832-6756. The Family Planning Hotline can quickly answer your questions about family planning.

6. Kayo ba ay may gustong itanong tungkol sa family planning, pero nahihiya kayo? Ngayon, puwede na kayong magtanong sa Family Planning Hotline. Confidential ang tanong. Puwedeng tawag, puwedeng text.

   Ano man ang iyong nais malaman tungkol sa family planning at buhay mag-asawa, puwede kayong tumawag sa 522-0176, o kaya I-text o tawagan niyo ang 0917-832-6756 o kaya 0918-832-6756.

Mabilis masasagot ang inyong mga tanong tungkol sa Family Planning.

Translation:
Do you have a question about family planning but were ashamed to ask? Now, you can get your answers from the Family Planning Hotline. You get answers quickly and with confidentiality. You can call or you can text.

Whatever you want to know about family planning, you can call 522-0176 or you can text or call 0917-832-6756 or 0918-832-6756. The Family Planning Hotline can quickly answer your questions about family planning.

TALKING POINTS ONLY

1. VASECTOMY

- Question: Kung ang lalake, nagpa-vasectomy, pwede pa rin ba siyang makipagtalik at labasan? Hihina ba ang pangangatawan niya?
- Answer: Pinatunayan ng mga dalubhasang doctor na pwede pa rin makipagtalik at lalabasan pa rin ang lalakeng nagpa-vasectomy. At mananatiling malakas ang pangangatawan niya para magtrabaho.
- Ganitong klaseng mga tanong, masasagot sa Family Planning Hotline.
- Confidential, puwedeng tawag, puwedeng text.
- Tawag lang sa 522-0176
- Sa cell, puwedeng sa 0917-832-6756 o kaya sa 0918-832-6756.

Translation:

- *Question: If a man has a vasectomy, will he still be able to have sex and ejaculate? Will he become physically weaker?*
- *Answer: According to medical experts, a man will still be able to have sexual intercourse and ejaculate after a vasectomy. And he will remain physically strong to work.*
- *These are the kinds of questions that can be answered by the Family Planning Hotline.*
- *Confidential. You can call or you can text.*
- *You can call 522-0176.*
- *Or you can call or text cellphone numbers 0917-832-6756 or 0918-832-6756.*

2. LIGATION

- Question: Tumataas ba ang tsansang magka-ectopic pregnancy ng mga babaeng nagpa-ligate na?
- Answer: Napagalaman ng mga dalubhasang doktor na hindi tumataas ang tsansang magka-ectopic pregnancy ng babaeng nagpa-ligate, kumpara sa babaeng hindi nagpa-ligate.
- Ganitong klaseng mga tanong, masasagot sa Family Planning Hotline.
- Confidential, puwedeng tawag, puwedeng text.
- Tawag lang sa 522-0176
- Sa cell, puwedeng sa 0917-832-6756 o kaya sa 0918-832-6756.

Translation:

- *Question: Does a woman face a higher risk of ectopic pregnancy after a tubal ligation?*
- *Answer: Medical experts have found that a woman who has had a ligation faces no greater risk of ectopic pregnancy compared to a woman who has not had a ligation.*
- *These are the kinds of questions that can be answered by the Family Planning Hotline.*
- *Confidential. You can call or you can text.*
- *You can call 522-0176.*
- *Or you can call or text cellphone numbers 0917-832-6756 or 0918-832-6756.*

3. PILLS
    - Question: Nakakapagpakinis ba ng kutis ang pills maliban sa pagpigil nito sa buwanang pangingitlog o ovulation ng isang babae?
    - Answer: Oo. Pinatunayan ng mga dalubhasang doctor na may benepisyo na pagpapakinis ng kutis ang pills maliban sa pagpigil ng buwanang pangingitlog o ovulation ng isang babae.
    - Ganitong klaseng mga tanong, masasagot sa Family Planning Hotline.
    - Confidential, puwedeng tawag, puwedeng text.
    - Tawag lang sa 522-0176
    - Sa cell, puwedeng sa 0917-832-6756 o kaya sa 0918 832-6756.

    Translation:

    - *Question: Do pills help make a woman's skin smoother aside from preventing the monthly release of a mature egg or monthly ovulation of a woman?*
    - *Answer: Yes. Medical experts have found that pills have the non-contraceptive benefit of making a woman's skin smoother aside from preventing the monthly release of a mature egg or monthly ovulation of a woman.*
    - *These are the kinds of questions that can be answered by the Family Planning Hotline.*
    - *Confidential. You can call or you can text.*
    - *You can call 522-0176.*
    - *Or you can call or text cellphone numbers 0917-832-6756 or 0918-832-6756.*

4. WITHDRAWAL
    - Question: Effective ba ang withdrawal sa pagplano ng pamilya?

- Answer: Nakita ng mga dalubhasang doktor na marami na ang nabuntis sa withdrawal dahil ito ay patsamba-tsamba at hindi siguradong pamamaran ng pagpaplano ng pamilya.
- Ganitong klaseng mga tanong, masasagot sa Family Planning Hotline.
- Confidential, puwedeng tawag, puwedeng text.
- Tawag lang sa 522-0176
- Sa cell, puwedeng sa 0917-832-6756 o kaya sa 0918-832-6756.

Translation:

- *Question: Is withdrawal effective as a family planning method?*
- *Answer: Medical experts have found that withdrawal is not an effective method of family planning. Many women have gotten pregnant using withdrawal.*
- *These are the kinds of questions that can be answered by the Family Planning Hotline.*
- *Confidential. You can call or you can text.*
- *You can call 522-0176.*
- *Or you can call or text cellphone numbers 0917-832-6756 or 0918-832-6756.*

5. INJECTABLES
    - Question: Normal ba na huminto ang regla ng mga babaeng gumagamit ng injectable?
    - Answer: Oo. Sabi ng mga dalubhasang doktor na ang paghinto ng regla sa injectable ay epekto ng injection at hindi dapat ipangamba. Ang mga babaeng gumagamit ng injectable ay pansamantalang hindi magkakaroon ng kanilang buwanang regla kadalasan mula sa ika-apat na buwan ng pagagamit nito.
    - Ganitong klaseng mga tanong, masasagot sa Family Planning Hotline.
    - Confidential, puwedeng tawag, puwedeng text.
    - Tawag lang sa 522-0176
    - Sa cell, puwedeng sa 0917-832-6756 o kaya sa 0918-832-6756.

    Translation:

    - *Question: Is it normal for women on injectables to experience cessation of menstruation?*
    - *Answer: Yes, according to medical experts, the cessation of menstruation with injectables is normal and no cause for worry. Women on injectables will stop menstruating on the fourth month or so after the start of their injections.*
    - *These are the kinds of questions that can be answered by the Family Planning Hotline.*
    - *Confidential. You can call or you can text.*

- *You can call 522-0176.*
- *Or you can call or text cellphone numbers 0917-832-6756 or 0918-832-6756.*

6. SPACING
    - Question: Ilang taon ang magandang pag-aagwat ng panganganak?
    - Answer: Sang-ayon sa pinakabagong pagaaral ng mga dalubhasang doctor, ang pinakamabuting pag-aagwat ng panganganak ay mula sa tatlo hanggang limang taon para mapangalagaan ng husto ang kalusugan ng ina at ng kanyang sanggol.
    - Ganitong klaseng mga tanong, masasagot sa Family Planning Hotline.
    - Confidential, puwedeng tawag, puwedeng text.
    - Tawag lang sa 522-0176
    - Sa cell, puwedeng sa 0917-832-6756 o kaya sa 0918-832-6756.

    Translation:
    - *Question: What is the optimum spacing between births?*
    - *Answer: According to the latest research conducted by medical experts, the ideal spacing of births for the health of mother and child is from 3 to 5 years.*
    - *These are the kinds of questions that can be answered by the Family Planning Hotline.*
    - *Confidential. You can call or you can text.*
    - *You can call 522-0176.*
    - *Or you can call or text cellphone numbers 0917-832-6756 or 0918-832-6756.*

Tabloid Ads

I. The following formats will be used for the print ads:

II. The following questions and answers in Tagalog will be used for the first format above. Following the Tagalog text of every proposed Q an A is the English translation made for clearance purposes. The English translations will not appear in the actual print ads.

Ad 1:

Q. Pwede bang mabuntis ang isang babae kahit minsan lang siyang makipagtalik?
A. Oo, maaring mabuntis ang isang babae kahit minsan lang o first time niyang makipag-talik.

Translation:

Q. Is it possible for a woman to get pregnant even if she has sexual intercourse only once?

A. Yes, a woman can get pregnant even if she has sexual intercourse only once or during the first time that she has sexual intercourse.

Ad 2:

Q. Buntis ang misis ko kahit nag-withdrawal ako. Nasingitan kaya ako?

A. Marami na ang nabuntis sa withdrawal, dahil hindi sigurado ang method na ito.

Translation:

Q. My wife is pregnant even as we practiced withdrawal. Could she possibly have had sexual intercourse with someone else?

A. Many women have become pregnant when using withdrawal, as this is not an effective family planning method.

Ad 3:

Q. Lalabasan pa ba ako at mananatiling malakas kung magpa-vasectomy ako?

A. Oo, lalabasan ka pa at mananatiling malakas para magtrabaho pagkatapos ng vasectomy.

Translation:

Q. Will I still ejaculate and remain physically strong after a vasectomy?

A. Yes, You will still ejaculate and remain strong to work after a vasectomy.

Ad 4:

Q. Masisilo ba ang ari ng lalake sa sinulid ng IUD?

A. Hindi. Maikli lang ang natitirang sinulid ng IUD pagkalagay nito.

Translation:

Q. Will a man's penis get entangled with the IUD's string?

A. No. After insertion, the IUD's string is cut very short and cannot get entangled with the penis.

Ad 5:

Q. Gumanda ang kutis ko nung nagpills ako. Normal ba ito?

A. Oo, ang magandang kutis ay isa sa benepisyo ng ilang klase ng pills.

Translation:
Q. My skin became smoother after I started taking the pill. Is this normal?
A. Yes, smoother skin is one of the non-contraceptive benefits of certain kinds of pills.

IBA NA ANG SIGURADO
Tambalan sa Kalusugan- CBS Productions
Reference: Mr. Gerry N. Trillana

Primary Audience: Midwives
Secondary: General Public

MONTH	DESCRIPTION	
5	Tubal Ligation	Fredo is a police officer in the Vice Squad. He is assigned to a "sting" operation to bring a stop to a big "call girl" syndicate. Posing as a client, he befriends one of the syndicate's "girls" – Mona. In his conversation with Mona, Fredo finds out she has had two miscarriages already. Mona says getting pregnant is inconvenient for her; she is laid off work every time she gets pregnant. So, she has undergone tubal ligation. The "sting" is a success. Fredo puts the syndicate's people behind bars – including Mona. Fredo goes home to wife Cristy and three kids. That night, in bed, Cristy tells Fredo three pregnancies are enough for her. She is thinking of having a tubal ligation. He has heard rumors that having tubal ligations can make women more sexually active – and sometimes even turning them into sex maniacs – which reminds him again of his conversation with Mona. The following days sees a "cold war" between husband and wife. Fredo decides he needs more information about all this. He consults the local midwife – who corrects his misconception about it. She says tubal ligation has no effect on a woman's sex drive, and therefore, Fredo should have no worries at all about this. He is so relieved to here this from a real expert – and realizes he'd been believing stupid rumors all along. Fredo tells Cristy how truly contrite he is. So how long after the operation can they make love again? Fredo asks. Cristy assures him that, according to the midwife, they can resume sexual relations as soon as her wound heals – and maybe even enjoy themselves more – since they will have no fear of ever getting pregnant. Fredo is ecstatic.
	Announcer's Closing Statement	You have just heard a dramatization of a clinical scenario: a husband whose wife wants to undergo tubal ligation is worried that his wife might turn into a sex maniac. The husband consults a health provider and learns that there is evidence showing that tubal ligation has no effect on a woman's sex drive. All women should always consult a health provider for correct information on tubal ligation and other modern methods of family planning. This portion is brought to you by the Philippine League of Government Midwives.

*****NOTE: 1 month = 4 Saturdays. Three (3) Saturdays with 1 radio drama episode each. Last Saturday will be discussion with guest expert.***

IBA NA ANG SIGURADO
Tambalan sa Kalusugan- CBS Productions
Reference: Mr. Gerry N. Trillana

Primary Audience: Midwives
Secondary: General Public

MONTH	DESCRIPTION	
7 (May)	Vasectomy	Dodong is a cop. He is known in the precinct as "Dodong the Bull" because of his large build. Also, in his bachelor days, he was known to be quite a ladies man. Now married and with three kids, Dodong feels his cop's salary is not enough to make ends meet. He talks about this with his wife. Initially, the plan is for the wife to have tubal ligation. But after 3 ceasarian deliveries, Dodong worries about his wife's life if she will again go under the knife. After giving it serious thought, Dodong finally decides that it's his turn to carry the burden of family planning. He will undergo a vasectomy operation. The husband becomes the butt of jokes in the precinct when he tells his friends about his plan. They say his voice will turn falsetto, he'll never get an erection again, he will become effeminate, and his wife may leave him in the end because he will not be able to ever satisfy her in bed again. The husband is now having second thoughts if he will push through with his decision. He loves his wife but he fears for the loss of his manhood. They decide to visit the health center for advice. Here, the midwife introduces Dodong and his wife to a satisfied vasectomized male. From him, the couple learns all about there is to know about vasectomy, in particular, that vasectomy does not affect sexual and marital satisfaction among men.
	Announcer's Closing Statement	You have just heard a dramatization of a clinical scenario: a husband who decides to undergo vasectomy is worried about losing his masculinity. The husband and his wife consult a health provider and learn that there is evidence showing that vasectomy does not affect a man's masculinity, and his sexual and marital satisfaction. Couples should always consult a health provider for correct information on surgical sterilization and other modern methods of family planning. This portion is brought to you by the Philippine League of Government Midwives.

*****NOTE: 1 month = 4 Saturdays. Three (3) Saturdays with 1 radio drama episode each. Last Saturday will be discussion with guest expert.***

IBA NA ANG SIGURADO
Tambalan sa Kalusugan- CBS Productions
Reference: Mr. Gerry N. Trillana

Primary Audience: Midwives
Secondary: General Public

MONTH	DESCRIPTION	
8 (June)	DMPA	A 24-year-old woman has just recently delivered her first child. She had a hard time carrying the child because she is anemic. She believes that her anemia is due to the heavy bleeding she experiences every time she has her monthly menstrual period. Even before her baby was born, she and her husband agreed that they will practice family planning to space her next pregnancy. She is now wondering if there is an effective family planning method that will also help her address her anemia. She consults a midwife to ask about the most appropriate family planning method in her case. The midwife takes a thorough medical history and asks the woman about her lifestyle to give her advice on which method would be best for her and her husband. After several consultations, the woman finally decides DMPA will be best. Several months after being on DMPA, the woman is pleased because her menstrual flow is not as heavy as before. Her doctor even informs her that she is no longer anemic. However, she notices that in the last 2 months she did not menstruate at all, and is worried this may lead to accumulation of toxins in her blood and cause diseases like cancer. She shares her concerns with her midwife at the health center. She tells her that it is normal for DMPA to sometimes cause no menstruation, and less menstruation than before. She also assures her blood toxins don't accumulate and cause things like cancer. The woman feels much better having heard from a healthcare expert that she has nothing to worry about.
	Announcer's Closing Statement	You have just heard a dramatization of a clinical scenario: a housewife who is anemic and using DMPA as a family planning method has stopped menstruating. She is worried that this may lead to accumulation of toxins in her blood and cause diseases like cancer. She goes to the heath center and the midwife assures her that it is normal for DMPA to sometimes cause no menstruation, and less menstruation than before. Couples should always consult a health provider for correct information on surgical sterilization and other modern methods of family planning. This portion is brought to you by the Philippine League of Government Midwives.

*****NOTE: 1 month = 4 Saturdays. Three (3) Saturdays with 1 radio drama episode each. Last Saturday will be discussion with guest expert.***

DYHP Storylines

Note: All the dramas which will be developed from the storylines below will end with the standard statement "You have just heard a dramatization of a scenario about (family planning method). All women (or men if the method is male specific) should consult a health provider for medical advice prior to using any family planning method."

1st Week – Male Involvement

a. ***Palanga tika*** – a drama which would revolve around the transformation of a man from someone who thought that family planning was only for women to a believer in male involvement. He changes after his wife was diagnosed to have a life threatening cardiac disease during her third pregnancy. In the end, he decides to have a vasectomy.

b. ***Nadelay*** – drama which would revolve around the man's difficulty to provide proper material and psychological support to his growing family. He finally determines that the proper spacing of children through condoms will allow him to take better care of his children.

c. ***Nasipyat*** – Drama which would revolve about the husband who accused his wife of infidelity after she got pregnant even as he was practicing withdrawal. By consultations with health providers, the husband realized and admitted that withdrawal was a patsamba-tsamba (chancy) method. He resolves to talk to his wife about a sigurado (sure) method to practice like vasectomy.

d. ***Eksakto way kuang*** – drama which would revolve around a jealous man who keeps his wife always pregnant so she will not be attractive to other men. In the end, he realizes that he was slowly killing his wife as the wife's health was really starting to suffer. He resolves that even if she is lost to another man because she is pretty and healthy, it is better than losing her to death. He allows her to practice family planning.

e. Interaction – doctors talk about male involvement.

2nd Week – Spousal Communication

a. ***Nisugot na si Tisya*** – Tisya, a Filipina who does not believe in FP, marries a successful businessman who believes in family planning. The husband only wants her to have three children. After constant communication Tisya realized that there was indeed a need to practice family planning and agreed to have only two children. She uses pills as a safe family planning method, after consulting a health provider.

b. ***Hapit Ma Karma*** – A married commercial model does not want to have children as she is afraid that pregnancy will affect her looks. Her husband wants to have children.

They almost separate due to their opposing views. However, they finally go back to each other's arms after they have talked about the matter several times. They decide to start a family but with proper birth spacing, through injectables, so that the looks and health of the commercial model are maintained.

c. ***Sabot ha*** – a lovely working couple gets married. They believe in family planning, but cannot decide on what method to use. The wife wants to practice traditional methods because she has heard that modern methods have side effects. The husband wants to use a modern method because he knows that traditional methods will fail and he is not yet ready financially for a child at that time. Finally, they decide that the wife should practice natural family planning after consulting with a health professional.

d. **Dyutay—**Rosario comes from a large family. Her husband Noel comes from a small one. Rosario wants to have a large family as well, claiming that her large family was a happy one. Noel insists on having a small family, as he believes that a small family will enable Rosario and him to better take care of the family. To resolve their differences of opinion, they decide to ask Lourdes, Rosario's mother. Lourdes confides that raising her large brood was extremely difficult for her. She does not want Rosario to also experience the difficulties of having such a large family. In the end, Rosario agrees that during these times, a small family was best, and decides to visit the health provider for family planning counseling.

e. Interaction on the need for husband and wife to decide between themselves on family planning

3rd Week-Myths and Misconceptions

a. ***Candy wrapper*** – The spouses Maria and Pedro were both career-oriented couple. Thus they agreed to practice family planning by the use of condoms. Lately the husband felt that using condoms seemed to have caused the loss of his libido. They decided then to consult a health provider. It was explained to them that there was no scientific basis for his concern. There were other factors for loss of libido: psychological such as tension, physiological, such as diabetes. The health provider found that the loss of libido was due to overwork and tension brought about by Pedro's special job assignment.

b. ***Dili na Sexy*** – Betty in spite of having three children still does not want to use pills. She is so scared that if she uses the pill her breasts will become smaller. In order to take away her fear, she decides to consult a health provider in their barangay. The answer says that there is no scientific evidence that shows that the pill will cause the woman's breast to shrink.

c. ***Nauga*** – Catherine, a girl from the province, believes that using the pills will dry up her vagina, thus making sexual intercourse painful. The husband believes otherwise. To

settle their differences, they consult a doctor and the latter advises that there is no scientific basis for this concern.

d. ***Tama na*** – Maria has been taking pills for several years. Maria and her husband think that there is a need to have a rest period since the pill gets stuck in the body. It is the sister of Maria who insisted that they should seek advice from a health provider. It is not possible for pills to get stuck or stored in the body. Pills dissolve in a woman's body just like other medicines and food. A rest period from taking pills is not necessary and a woman may use oral contraceptives for a long period.

e. Interaction on the scientific evidence that disproves some common myths and misconceptions

4th Week – The Value of Small Family Size

a. *Trabajo to death* (Working to Death) – a traysikad (tricycle) driver and labandera (laundrywoman) work too hard to feed their six children. Eventually they fall out of love and almost separated since they cannot find time for each other anymore due to the burden of work. A friend advised the couple to see a health provider and eventually the husband decided to go for a vasectomy. After the vasectomy, both felt that their situation was somehow a little more manageable and even their relationship improved because of the assurance that they won't have an additional child anymore.

b. ***Equal Opportunity*** – A successful trader is invited as a commencement speaker in the high school where he graduated. In his speech, he reminisces about the hardships and sacrifices that he had to go through to get a decent education. Because of poverty and large family size (seven children), his parents could afford to send only his two older brothers to school. Determined, however, to finish high school and on to college, he took on odd jobs (mostly selling stuff). His hard work pays off. He graduates in the top 10 of his class and puts up his own business, setting aside marriage until he feels he is financially stable to start a family. He marries his high school sweetheart at age 31. Now, 20 years after graduating from high school, he is a proud father of two well-spaced children (ages 9 and 5). Learning from the hardships that his parents went through to keep body and soul together, he is determined to have only the number of children that he and his wife can afford to have. For them, two is enough.

c. ***Sa Nanlabay na Panahon*** – the youngest of the five children of Luis and Anne was given up for adoption, as Luis and Anne felt that they could no longer support the baby. It was very difficult for Anne, and through the years, she kept wondering where her youngest son was and how he was doing. Following the advice of psychologists, Tony and Cristy, the adoptive parents of Joey, early on told Joey that he was an adopted child. Joey loved his adoptive parents very much and accepted his status. But he also kept wondering where his real parents were. The son, now a well adjusted young man, with the full support of his adoptive parents, went to see his biological

parents. It was an emotional meeting where Anne showed that he loved Joey so much but she had no choice at that time. Joey resolves that there will never come a time when he will not take good care of his children and he will plan his family well.

d. ***Best Friends*** – Emy and Novie, both 35 years old, were best friends in high school. Fifteen years later, they meet again by chance in a palengke where Emy owns a stall selling fruits. Emy now has 12 children. Novie, a secretary in a bank, has only two. Emy asks Novie how she was able to have only two children. Novie says she and her husband practice family planning (Novie has been using the IUD for six years now.) Novie looks so much younger, happier and healthier than Emy.

e. Interaction on the benefits of small family size

5th Week—Myths and Misconceptions (The following soap operas will be given a light treatment in writing and direction)

a. ***Tabachoy (Fatso)*** – the husband does not want the wife to take the pills because he thought that the pills would cause her to gain weight and would no longer be sexy. The couple found out that it was not true after reading a flier entitled "The Truth About Pills" and consulting a health provider.

b. ***Vasectomy*** – Directed in a light treatment, this soap opera revolves around a husband who was scared to undergo a vasectomy for fear of losing his libido. His friends started ribbing him after they found out about his plan to have a vasectomy. But he persists with the procedure because he felt that it was his responsibility. His friends were surprised when the wife confides to her "kumares" that her husband's libido had in fact increased.

c. ***Combati (Combative)*** – In a light manner, the soap opera will look at changes in a woman after she undergoes a ligation. Before the ligation, the wife was "losyang" (frumpy) and did not want to fix herself. After the ligation, she took extra care to always look good and well dressed. It turns out that her frumpiness before the ligation was intentional to discourage her husband from making love. She did not want to get pregnant again. After the ligation, there was no more fear of an unplanned pregnancy, so she started fixing herself up again for her husband.

d. ***Ambak 'Day m (Jump, Baby!)*** – The couple believes that after making love, an effective method would be for the wife to jump up and down. Too late did the couple realize that this was not an effective method at all. After the wife's delivery, the couple consults a health provider who advises them to use any of the modern family planning methods appropriate for a breastfeeding mother like progestin-only pill, injectable or IUD.

e. Interaction on some common beliefs in family planning and why these are not true

6th Week – Responsible adolescent sexuality

a. ***Giya (Guide)*** – the daughter resented her parents who were so occupied with their work. She wanted to elope with her boyfriend and get pregnant as a way of getting back at her parents. The boyfriend, a very level-headed person, said that getting married should not be done in haste and as a means to escape, but must be done for the right reasons. The girl's parents appreciated the judgment of the boy whom they later on loved like their own son. The girl seeing how her parents also loved the boy she loves, started to look at her parents in a better light.

b. ***Nalula sa Tagumpay (Drunk with Success)*** – A promiscuous and a very popular girl in show business does not know who the father of her beloved child is. She is frustrated that she is unable to tell her child who the child's father is. The young mother resolves to practice family planning, so she will not have any more unplanned pregnancies in the future. She consults a health provider and decides to have an IUD.

c. ***Hangol sa Unod (Pleasures of the Flesh)*** – Paul was a happy go lucky teenager. He did not use any precautionary measures, i.e. condoms, since he thought that he was immune from sexually transmitted infections (STI). It was too late to find out that he was already infected with the HIV virus.

d. ***Chat*** – She decided to have eyeball (face to face meeting) for the first time with a boy that she met in the chat room. The boy convinced the innocent girl to have sex with him and assured her that she would not get pregnant because it was after all the first time. The girl agreed. She became pregnant. The lesson: young girls should be educated about sexual matters.

e. Interaction on the need to educate young people about sexuality

7th Week – The need to see a health provider

a. ***Sayop Na Pagtuo (False Belief)*** – the girl grew up with the concept that if you take pills there is a tendency to develop cancer. Thus she really does not practice family planning. The time comes that she has already four children, she decides then to consult a health provider. She then learned that the use of pills would not cause cancer.

b. ***Lobo (Balloon)*** – He normally keeps a condom in his wallet. He uses it when it is necessary. On one occasion, he makes love to his wife using a condom which he has kept in his wallet for quite a long time. The wife gets pregnant. They were both surprised and decided to consult a health provider. The health provider says that exposure of condom to heat may cause its rupture. Thus without their knowing, they had used a ruptured condom.

c. ***Tungod sa Bisyo (Because of Vices)*** – Due possibly to her cigarette smoking and drinking and not having had prenatal visits, Maria delivered a still-born baby. At the clinic where she gave birth, the health provider teaches Maria the value of prenatal counseling and the need of controlling her vices while pregnant. But most of all, the health provider advises Maria not to get pregnant so soon after her still-born child so she can recover her health. With the help of the health provider, Maria decides to take the pill to space her next pregnancy.

d. ***Trabajador (Laborer)***– Mario believes that he should not undergo vasectomy. He believes that if he undergoes such an operation it would make him weak and thus he would not be able to work. His wife believes otherwise. Thus they consult a health provider, who says that vasectomy is a very effective family planning method. The alleged belief of becoming weak has no scientific basis.

e. Interaction on the importance of consulting a health provider in family planning matters

8th Week—Myths and Misconceptions

a. ***Nibara (Blocked)*** – the woman was afraid that the injectable contraceptive causes mood swings and no menstruation because the injection restricts the flow of menstrual blood. The couple's misconception was corrected when they were informed by a health provider that the injection stops menstruation, not by blocking the flow, but because there is no thickening of the uterine wall that happens, consequently, no menstrual blood. As a matter of fact, one of its benefits is it prevents anemia.

b. ***Pills ni Cecille (Cecille's Pills)*** – The couple feared that the pill caused the tumor that was found in Cecille's stomach. The medical findings however revealed that the pill was unrelated with the tumor and that this was benign.

c. ***Dribe ko be (Let Me Lead)*** – Mrs. Cruz insists to be on top during love making on the belief that she will not get pregnant. This misconception was reinforced because the wife did not get pregnant for several years. When the couple started to try for a baby, the wife could still not get pregnant. Only later did the couple realize that Mr. Cruz had low sperm count. And that the woman on top position was not an effective family planning method. The couple resolves to see a health provider who advises them to use any of the modern family planning methods of their choice.

d. ***Safe ka ba? (Are You Safe?)*** – The Cortes couple believes that love making is safe when being done three days before and after menstruation. The couple thought that their method was working because she did not get pregnant for a few months. Only later did they realize that the calendar method was "patsamba-tsamba" (uncertain) when she got pregnant. They resolve to use modern natural family planning after the pregnancy.

e. Interaction on evidence that disproves the above myths and misconceptions

9th Week – High risk pregnancy

a. ***Batang Mabdos (Too Young)*** – A prominent family decides to marry off their young daughter when she was caught talking to the son of another well-known family. She gets pregnant at the very young age of 16. The pregnancy was difficult and both mother and child were very weak after delivery.

b. ***Menopausal Baby (Too Old***) – The mother had her IUD removed as she felt she was too old to have a baby. But several months later, she becomes pregnant, and the pregnancy was very difficult. She even worries that the baby may have Down's syndrome as she was already in her forties when she got pregnant.

c. ***Nasad (Too Many)*** – A couple continues to have children in the hope of finally having a son. As a result, the mother's health suffers, and she almost dies having the last baby. After much soul searching, the couple finally agrees for the wife to have a tubal ligation.

d. ***Nasipyat (Too Soon)*** – A couple relied on the withdrawal method for family planning. It was not very reliable because she got pregnant only two months after giving birth. It was difficult for her to take care of her first baby, while pregnant with the next. She promises herself to have a tubal ligation when her baby is born.

e. Interaction on the four common "toos" that result in high risk pregnancy and how to avoid high risk pregnancies by the practice of family planning

Week 10: Barriers to Use:

a. ***Kaluha (Twins)* –** Perla says that she will not use pills because she believes that once she stops the pills, she will conceive twins or triplets. The health provider however advises that there is no connection between the pill and multiple births.

b. ***Tinubdan (Passing on the Genes)*** – The husband was handsome, so the wife did not mind having many children since she believed that she would also have handsome children. However on her third pregnancy, she suffered because of hypertension. She decided then to have a tubal ligation after consulting a health provider.

c. ***Ok ka lang* (*You're Fine*)**—Sylvia had three beautiful children and she and her husband decided that they would not have any more children. She was thinking of having an IUD or a tubal ligation but had heard that both of these methods would make a woman a sex maniac. To allay her fears, she went to see her health provider who advised her that these methods would not in any way make her a maniac.

d. ***Lig-on ang Paghigugma (Love is Strong)***—Nonoy worked as a dock worker in the Port of Cebu. He made a good living because he was strong, honest and conscientious in his work. He loved his wife and children dearly. He knew that he could no longer be able to provide for his family if he had more children, so he and his wife decided to limit their family. Nonoy, loving his wife so much, felt that it was his turn to practice family planning. After all, it was his wife who felt the burden of pregnancy and childbirth. He was thinking of having a vasectomy but had heard somewhere that this will make him weak. He texted the Family Planning Hotline which replied that vasectomy will not make him weak; in fact the NSV will only keep him out of work for a few days. Reassured, he went to see his health provider.

Week 11: Shifting to other methods when a previously satisfactory method can no longer be used or must be used with more monitoring

a. ***Relaks lang (Take it Easy)***—Siony was a satisfied user of the pill, getting her supply for free from the health center. However, her family has a history of hypertension and when she found out that she was borderline hypertensive, she consulted her health provider. After carefully examining her family history and the state of her health, the health provider helped Siony decide to shift to DMPA.

b. ***Pag ayo-ayo! (Just be careful)*** - Teresa was a satisfied pill user who just celebrated her 35th birthday. She knew from her readings that the pill is not normally prescribed for women who are above 35. To be sure, she went to her health provider. After a thorough screening, Teresa was advised to continue with the pill, since she was not suffering from hypertension and she was not a smoker. However, she was asked to see her health provider more often.

c. ***Satisfied User***—Norma had been using the IUD for ten years. She found this method convenient and safe. She visited her health provider who simply replaced the IUD since there have been instances when the IUD will no longer provide protection after 10 years.

d. ***Para sa bata*** (For the baby)—Daisy was a successful LAM user. She found this method very convenient aside from helping to ensure the health of her baby. On her 5th month after childbirth, she had her first menstruation after pregnancy. She texted the Family Planning Hotline which replied that the DMPA or Progestin-Only-Pill can be used by breastfeeding mothers. Daisy went to her health center which started her on the injectable.

Week 12: Male methods and issues

a. ***All in the Mind***—Dodong, a fisherman who was at sea for long periods of time, was advised by a midwife to use a condom as a family planning method since he did not know exactly when his boat will dock at the Cebu port and he can spend time with his wife. Dodong argued that once in the past he found that using the condom made lovemaking less satisfying for him. After a few questions to Dodong which elicited

the reason why using the condom was less satifying (possible reasons being lack of knowledge on how to apply a condom), the midwife counseled him on the proper use of the condom. She reiterated that with proper use, the condom does not interfere with lovemaking as proven by other males she has counseled. After being thus reassured, Dodong decided to try using the condom again following the instructions given him.

b. ***Dili para naku! (Not for me!)***—Inday believed that a condom was used only for prostitutes. She refused when her husband suggested that they use a condom as a family planning method. However, she asked around her close friends and one of them told her that the condom was an effective family planning method. Her friend told her that she uses a condom regularly. Inday relented and allowed her husband to use a condom as a family planning method.

c. ***Alang-alang (Something's Lacking)***—Romeo was a healthy man with healthy desires. He and his wife Cristina were considering a natural family planning method as a means to space their children. They went to see a health provider to ask for advice on how to practice natural family planning. The health provider said that there are modern natural family planning methods that were effective, compared to the rhythm method which was ineffective. The health provider said that the billings/cervical mucus method, if correctly and consistently used, is 97% effective. The rhythm method, on the other hand, is much less effective and is not recommended by the DOH.

d. ***Macho Gihapon*! *(Still Macho)*—**Jerry worked at a piggery and he had seen a fellow worker of his castrating male piglets so that these will become easier to handle and have good meat when butchered. He was of the firm belief that vasectomy was like castration. He was disabused of this belief by a co-worker who has had a vasectomy. This co-worker, Reynald, remains as manly as he was prior to his vasectomy. His voice did not change to something effeminate as he feared it would. He is still very much in love with his wife and in fact, has become more affectionate to her.

Week 13: Non-contraceptive benefits

a. ***Guwapa na, protected pa! (Beautiful and protected!)*—**Tetet longed for beautiful skin. She worked in a department store where her periodic outbursts of acne made her feel conscious. One day at the health center, she heard of a woman who was saying that her contraceptive pills helped her skin problem. When it was her turn to see the health provider, she asked if indeed some brands of pills had the benefit of clearing the skin. She was informed that this was true. So she shifted to that brand of pill.

b. ***Dili na anemic (No longer anemic)***—Lailani suffered from a mild form of anemia which became worse as she had heavy menstrual flow. When she went to see health provider about her anemia, she was advised that the DMPA will help her anemia. However, she was told that she will expect some spotting at first and finally, her

periods will stop. She was also informed that the cessation of menstruation will not have any ill effects.

c. ***Hingpit na Babye (Still complete)***—Anita had a problem. She was having unusual uterine bleeding. Her health provider diagnosed that she had dysfunctional uterine bleeding, which occurred in some women. Her doctor said that in the past, the treatment for this condition was a hysterectomy but this was expensive and invasive. However, there was a new IUD in the market that contained hormones. This will not only protect against unexpected pregnancy but will also help control the uterine bleeding. Anita opted to have the IUD inserted, which stopped her uterine bleeding. She was also relieved since she did not have to undergo hysterectomy and still felt like a complete woman.

d. ***Limtanon (Forgetful)—***Felisa always kept forgetting things because she was a working housewife. One time she forgot to take the pill for two days. She was advised by her health provider to stop taking the pill and use a back up method in the meantime like the condom. She was counseled to think about shifting to the injectable as this was good for three months. So when her period returned, she went back to the health provider to have her injectable shot.

DRAFT CSR Communication Plan (24 May 2005)

Target Groups	Desired Behavior	Benefits/Messages	Tools	CAs responsible
1. Clients, ie., 60% of MWRAs who can afford to pay but are getting contraceptives for free	To start buying contraceptives	- Able to exercise right to choose - Broadens choices of products/brands that are more hiyang to consumer - Ensured supply of contraceptives (no more 'pila') & no disruption in taking contraceptive of choice - Able to demand & receive better quality of service	- Sponsored multi-media advertising - IPC - Public Relations - IEC materials of CAs - Detailing kits - FP Hotline - TSAP-FP partners - Media Training for Speakers Bureau	- TSAP (concept devt) PRISM (sponsorship) - TSAP-FP/CSR.com - TSAP-FP - TSAP-FP CSR.com - PRISM - TSAP-FP - TSAP-FP - TSAP-FP
2. LGUs - 84 LGUs with CSR orientation and workplan developed but not all have budget provision - middle & lowest income municipalities, specifically Mayor plus Budget Officer, SB for Health, PPO, MHO, Admin Officer, Executive Secretary *Local legislative bodies* - 416 LGUs with no CSR orientation *Various Leagues of local execs*	- To allocate resources for contraceptives (c/o Verne – to orient CSR.com on messages & strategies used to convince 84 LGUs in supporting CSR) -To champion cause of CSR	- Healthier constituents - Less resources going to curative care & more resources for other basic services - Savings generated from CSR can be used for other health services	- CSR Primer for LGUs - Standard PPT - Video docus of successful LGU CSR initiatives - Local OST - Q&A on AO158 - Media Training for Speakers Bureau	- TSAPFP/LEAD - LEAD/TSAPFP - LEAD/TSAPFP - LEAD - LEAD/TSAPFP - TSAP-FP
- Health providers from Public Sector - *Leagues of Health Providers*	- To convince can afford clients to buy their own contraceptives	- Less work load, less stress - More time to devote to poor clients - More time for "private" practice	- CSR Primer for LGUs - Standard CSR module integrated in existing training programs to	- TSAP-FP/LEAD - LEAD

Target Groups	Desired Behavior	Benefits/Messages	Tools	CAs responsible
	- To refer can afford clients to private providers	- *Philhealth reimbursement*	guide providers in motivating clients to buy contraceptives - Local OST - Q&A on AO158 - Directory of private sector providers & list of products, suppliers, prices	 - LEAD - TSAP-FP/LEAD - PRISM
3. Private Sector - Suppliers - Pharma Companies - Drugstores	- To ensure availability of quality and affordable hormonal contraceptives *- To market their products*	- More profit/*regular source of income* - Better diversification of products	- Studies on market trends - Cost-benefit analysis for contraceptive manufacturers *- EBM marketing*	- PRISM TSAP-FP
- Providers - Private midwives thru associations - Private physicians thru associations	- To provide affordable and quality FP services and convince their clients to buy their commodities	- More profit - Role as health provider & entrepreneur is enhanced - Regular source of income - Broader client base - Enhanced partnership between physician & midwife - Available financing	- List of products and suppliers - Success stories of midwives (income forecast) - Standard CSR module integrated in existing training programs to guide providers in motivating clients to buy contraceptives - IEC to inform providers about available financing	- PRISM - PRISM - PRISM - PRISM - LEAD

Target Groups	Desired Behavior	Benefits/Messages	Tools	CAs responsible
Employers	- To implement FP in the workplace - To allocate funds to procure FP commodities	- Increased productivity of workforce - Enhanced corporate social responsibility	- Cost-benefit analysis on FP provision to employees - Standard PPTs in industry association meetings	- PRISM - PRISM
Organized labor	*- To demand FP services in the workplace* *- To negotiate allocation of funds for FP as part of CBA*		- CSR orientations integrated in existing modules - assistance in negotiation skills integrated in existing trainings	- TSAP-FP/PRISM
4. Legislators & National Agencies (thru Popcom & DOH)	- For DOH to propose a line item in their budget for contraceptives - For DOH to procure contraceptives from their budget line item for medicines - For Congress to approve any budgets for contraceptives *- For Legislators to influence mayors in their districts to support CSR*	- Healthier constituents - Less resources going to curative care & more resources for other basic services	- CSR Primer - Q&A on AO158 *- FAMPLAN Model on CSR* - Cost-benefit analysis on CSR - Standard PPT - Media Training for Speakers Bureau	- TSAP-FP/LEAD - TSAP-FP/LEAD - PRISM - PRISM - LEAD/TSAPFP - TSAPFP
5. Media (print and broadcast)	To disseminate accurate and favorable info on CSR	- Enhanced role in shaping public opinion	- Press Forums on CSR - News releases - OST	TSAP-FP

Next Steps:

Tasks	CA Responsible	Due Date
1. Gather and distribute all previous materials/tools related to CSR	PRISM	Week of May 9, 2005
2. Development of TORs, with inputs from CSR.com members	TSAP-FP	Second week of June 2005
3. Review of TORS	TSAP-FP	Third week of June 2005
4. Meeting to finalize TORs	TSAP-FP	June 28, 2005
5. Issuance of RFPs	LEAD & PRISM	July 1, 2005
6. Review & selection of proposals	Review team	July 19, 2005
7. CAs to identify major activities, timeline and resource requirements based on communication tools in column #4 above	CSR.com	First two weeks of June 2005
8. Formative research to assess local chief execs, public sector health providers, and target clients' knowledge, attitudes, behavior and perceived barriers regarding purchase of contraceptives	TSAP-FP to oversee technical requirements of research; PRISM to fund clients study; LEAD to fund LGUs and HP study	September 2005 (best effort)
9. Presentation of research results	Research agency	October 2005
10. Development of messages based on formative research	CSR.com	October 2005
11. Pretest of messages	TSAP-FP	October 2005
12. Prepare draft complan	CSR.com	October 30, 2005
8. Meeting to review & validate draft complan	CSR.com	November 7, 2005 (c/o PRISM)
9. Finalize complan and submit to USAID for approval	TSAP-FP	November 14, 2005 (c/o LEAD)

Other activities:

LEAD to submit set of Q&A on AO158 to TSAP-FP – May 30, 2005
Prepare prototype of CSR Primer – by June 10, 2005
Pretesting – June 15-16, 2005
Prepare prototype of Q&A on AO158 - by June 10, 2005
Pretesting – June 15-16, 2005

CSR Leaflet

Title: **Only 1 in 3 married Filipinas practices a modern method of family planning. Even as she gets her contraceptives for free.**

Subhead: **What would happen if she has to start buying contraceptives?**

Text: By 2009, supplies of contraceptives from foreign donors will no longer be available for free distribution to couples who plan their families.

And between now and 2008, supplies of free pills and injectables are gradually being reduced. The following schedule was agreed upon by the donors and the Philippine government in line with the country's objective of assuming full responsibility to provide for its citizens' needs for family planning.

Year	Percent of total requirement	
	Pills	Injectables
2005	59	82
2006	23	59
2007	6	23
2008	0	5
2009	0	0

Source: Department of Health Administrative Order #158

Various sectors of Philippine society will have to work together to ensure that couples who wish to plan their families will still have the means to do so. This is consistent with the Philippine Constitution that states that couples have the responsibility to decide how many children to have in accordance with their religious beliefs, preferences and needs.

It would be tragic if couples can no longer plan their families and properly space their children because contraceptives are no longer available. The woman's health will suffer and so will her child.

Compared to children born less than two years apart, those born 3 to 4 years apart are:

- 1.5 times more likely to survive the first week of life
- 2.2 times more likely to survive the first 28 days of life
- 2.3 times more likely to survive the first year of life
- 2.4 times more likely to survive to age 5

Compared with women who give birth at 9- to 14-month intervals, women

who have their babies at 27- to 32-month intervals are:

- 1.3 times more likely to avoid anemia
- 1.7 times more likely to avoid third-trimester bleeding
- 2.5 times more likely to survive childbirth

Source: Population Reports Issue L13, 2002

Couples will find more difficulty achieving their desired family size. As it is now, Filipino couples want an average of 2.5 children but are actually having an average of 3.5 children.

Moreover, larger families are more likely to be poor and stay poor, compared to smaller families.

Poverty Incidence in Percent				
No of Children	**1991**	**1994**	**1997**	**2000**
National	**39.9**	**35.5**	**31.8**	**33.7**
1	**12.7**	**14.9**	**9.8**	**9.8**
2	**21.8**	**19.0**	**14.3**	**15.7**
3	**22.9**	**20.7**	**17.8**	**18.6**
4	**30.1**	**25.3**	**23.7**	**23.8**
5	**38.3**	**31.8**	**30.4**	**31.1**
6	**46.3**	**40.8**	**38.2**	**40.5**
7	**52.3**	**47.1**	**45.3**	**48.7**
8	**59.2**	**55.3**	**50.0**	**54.9**
9 or more	**60**	**56.6**	**52.6**	**57.3**

Source: _____, Family Income and Expenditure Surveys, 1995-2000, NSO

What can the various sectors of Philippine society do to remedy the situation? What can they do to ensure that couples who are presently planning their families will not drop out because of lack of supply?

The Department of Health is responsible for determining the required strategies to ensure that supplies for family planning services will continue to be provided to the present acceptors as well as potential users. Through Administrative Order 158, the Department of Health has mandated the guidelines regarding the orderly and fair distribution of the declining quantities of donated contraceptives.

Other national government agencies also have a significant role to ensure the availability of affordable family planning methods. Congress can allocate resources to buy contraceptives for distribution to the national public health system.

The Tariff Commission will have to allow the importation of contraceptive supplies at low duties to enable the entry of affordable contraceptives in the market. The Bureau of Food and Drugs will have to certify new formulation of affordable contraceptives.

Philhealth will need to expand coverage of family planning services among subsidized health services.

Local Government Units have been mandated by the Local Government Code to provide basic health services, including family planning, to their constituents. With free contraceptives no longer available from foreign donors through the Department of Health, LGUs will have to decide how best to provide a continuing supply of contraceptives to their constituents.

LGUs can decide to continue supplying free contraceptives to all who previously availed of free contraceptives. LGUs can also decide to supply free contraceptives to only those who are truly needy and shift those who can afford contraceptives to the private sector. The following are possible scenarios.

Scenario	Cost	Issues
LGUs to continue supplying free contraceptives to all	Highest	Low risk of women dropping out; no need to segment market
LGUs to supply contraceptives to only the most needy	Medium	Higher risk of women dropping out; need to segment market (those who can afford and those who cannot afford) and possible mistakes in classification
LGUs will not supply free contraceptives	Lowest	Highest risk of women dropping out or shifting to ineffective traditional methods or difficult to learn natural family planning methods

The leadership of most LGUs will realize that cutting the supply of free contraceptives to all constituents, even those who cannot afford, will be counterproductive.

The 2003 National Demographic and Health Survey shows that the three regions with the highest infant mortality rates are also the three regions with the lowest percentage of women practicing a modern method of family planning.

The LGUs that do not invest in family planning for their constituents will find that they have to allocate more resources to provide health and social services for an increasing number of unhealthy mothers and children.

Most LGUs will continue to supply free contraceptives to at least some of their population. The LGUs will need to develop skills in forecasting, resource mobilization, procurement, distribution and service delivery. They need to develop cost recovery schemes or other forms of financing like Philhealth. Moreover, they need an allocation in the local budget for contraceptive purchases.

Training for LGUs to help them develop cost recovery schemes and make them self reliant in logistics can be obtained from the Local Enhancement and Development (LEAD) for Health Project.

Public Health Providers will have to develop counseling and referral skills. They need to determine who among their clients to continue servicing with contraceptive supplies made available by the local government, and who to refer to the private sector. The LEAD for Health project is conducting such training programs in coordination with the local governments.

Clients will decide if they will start, continue or stop practicing family planning if they had to buy contraceptives. A willingness to pay study conducted in Pangasinan found that respondents were paying a median amount of Php5.00 for their pill supplies and Php10.00 for their injectable supplies (indicating free or heavily subsidized supplies and services). On the other hand, they were willing to pay a median amount of Php23.40 for pills and Php33.40 for injectables.

The main determinant of the couple's decision is cost benefit. If couples think that the health, economic and social benefits of family planning are greater than the cost of contraceptives, they will start to buy contraceptives. The Social Acceptance Project-Family Planning seeks to improve the social acceptability of family planning as part of a healthy lifestyle. Moreover, it will develop communication tools to convince clients that purchasing contraceptives will result in benefits such as broader choice, ensured continuity of supply and ability to demand and receive better service.

Private health providers will get referral clients from the public health sector. For these health providers to be able to serve the clients from the private sector, they need to develop skills in family planning counseling. They also need to provide affordable family planning services. The Private Sector Mobilization for Family Planning (PRISM) Project is training midwife entrepreneurs to be able to provide quality family planning services at affordable prices.

The Pharmaceutical Industry did not have any strong motivation to introduce affordable contraceptives while 72 percent of women were getting their contraceptives for free or at highly subsidized rates. The phase out of free pills by 2008 and of free injectables by 2009 will create a commercial market for low-cost contraceptives. The pharmaceutical industry can profitably exploit this growing market with the introduction of affordable and competitive products.

The table below shows a rough estimation of the size of market to replace donated supplies:

	Pills	Injectables
Amount of donated supplies, 2004 (In millions cycles/vials)*	11.3	1.4
Median price clients are willing to pay (In pesos)**	23.40	33.40
Size of replacement market (In million pesos)	**264.4**	**46.8**

*Based on Department of Health Administrative Order 158, 2004.
**Pangasinan Willingness to pay study

Moreover, the market for pills and injectables is growing as a result of the increase in population and the growing percentage of women who use these family planning methods.

Percent of currently married women who practice contraceptive method					
	1999 FPS	2000 FPS	2001 FPS	2002 FPS	2004 FPS
Pill	13.1	13.7	14.1	15.3	
Injectable	2.7	2.5	2.8	3.0	

Source: Family Planning Survey of the National Statistics Office

PRISM will help pharmaceutical manufacturers, distributors and retailers to exploit this growing market through market studies, marketing assistance and help in importing and registering affordable contraceptive brands.

Employers and employees can work together to ensure the supply of contraceptives to working women. Article 134 of the Labor Code

mandates employers with at least 200 employees to provide family planning services. Labor federations like the Trade Union Congress of the Philippines and the Federation of Free Workers are also on their own providing family planning services to members or are promoting family planning as a negotiating issue. PRISM is working with employers while TSAP-FP is working with labor federations to promote family planning in the workplace.

Close: What will happen if women no longer have access to free contraceptives and have to start buying?

With the various sectors of society mentioned above working together to ensure contraceptive self reliance, women will continue to receive the benefits of family planning: better health, desired family size and better quality of life.

Contact information:

For more information on how LGUs can prepare for contraceptive self reliance call:

Local Enhancement and Development for Health
Suite 1101, Ma. Natividad Building,
470 T.M. Kalaw Avenue cor. Cortada St.
1000 Ermita, Manila
Tel. No.: (632) 526-3877
Fax No.: (632) 521-0950

For more information on how the pharmaceutical industry and private health providers can take advantage of the growing market for contraceptive supplies and services, and how employers and employees can put family planning programs in the workplace, contact:

Private Sector Mobilization for Family Planning
Units 23 A&B, 23rd Floor
Wynsum Corporate Plaza
22F. Ortigas Road
Ortigas Center, Pasig city
Tel. No. (632) 635-2397
Fax No. (632) 638-7334

For more information on the The Social Acceptance Project-Family Planning, contact:

The Social Acceptance Project-Family Planning

8/F Ramon Magsaysay Center
1680 Roxas Boulevard, Manila
Tel. No. (632) 525-9699
Fax No. (632) 525-9799

Q&A
on
Administrative Order 158
"Guidelines on the Management of Donated Commodities under the Contraceptive Self-reliance (CSR) Strategy"

Draft Only

20 June 2005

What is Administrative Order (AO) 158?

AO 158, entitled *Guidelines on the Management of Donated Commodities under the Contraceptive Self-reliance (CSR) Strategy,* provides for the orderly, fair, and beneficial disposition of declining quantities of donated contraceptives. At the same time, it encourages all domestic stakeholders of the national family planning program to take appropriate steps to protect and assure the continued access to contraceptives of Filipinos.

AO 158 was adopted and issued by the Department of Health (DOH) as government policy on 9 July 2004.

What is the story behind AO 158?

External donors, with the concurrence of the Philippine government, have decided to begin in 2004, a gradual phase-down on foreign donations of contraceptives, which will end in 2008 with the complete phase-out of all donated supplies of condoms, pills and injectables. There are still no plans to phase-out donations of IUDs.

Here is the timetable for the phase-out of externally-donated contraceptives.

Year 1 2004	Year 2 2005	Year 3 2006	Year 4 2007	Year 5 2008
Stop condom distribution. Maintain full complement of IUDs and injectables and reduce pills to 90% required by the Family Planning Program	Reduce distribution of pills to the poorest and reduce injectables by 10%	Reduce pill donation by 60% and injectables by 25%	Stop pill donation and reduce injectables by 90% (still procuring IUDs)	Stop donation of injectables (still procuring IUDs)

In response to the phase-out of externally donated contraceptives, the Philippine government, through the DOH, has formulated and is currently implementing a Contraceptive Self-Reliance (CSR) Strategy.

What is the contraceptive self-reliance strategy and what does it hope to accomplish?

The CSR strategy provides for the orderly transition from externally donated contraceptives to domestically provided commodities for family planning.

The strategy will ensure that family planning services will continue to be provided to current and potential users. It will develop complementary means of financing contraceptives through a variety of options such as Philhealth, employer benefits, and out-of-pocket financing. It will also expand complementary private sources of contraceptive supplies through such options as self-help community-based distribution, NGO outlets, private and commercial providers, and workplace-based outlets.

Why are donors phasing out donations of contraceptives?

External donors have been donating contraceptives for more than 30 years. These donations, however, were never intended to go on indefinitely.

In particular, USAID, one of the major donors, recognizes that the Philippine government continues to have the main responsibility for meeting the family planning needs of the country.

Will there be no more contraceptive assistance from USAID?

USAID will still provide around US$3 million yearly for contraceptive supplies but this will only be concentrated to the poorest and neediest – those belonging to the Class D1 (earning roughly P5,209 to P7,291 per month) and Class E (P5,028 and below per month) socio-economic groups.

USAID is increasing its assistance to projects that aim to strengthen the private sector as alternative sources of family planning services and supplies catering to the Class C and D socio-economic groups. This way, the Philippine government's limited resources will be focused on those who cannot afford to pay for their supplies.

Why should LGUs take on the task of providing for family planning commodities when foreign donations of the same are phased out? Why doesn't the national government assume this responsibility?

The responsibility for providing basic services, including FP services, was devolved to LGUs in 1991. This is specifically provided for in Section 17 of Republic Act 7160, otherwise known as the Local Government Code of 1991. Thus, family planning services form part of the basic health services that LGUs now provide.

Who are the key players in CSR strategy implementation?

Both government and private sectors play a key role in the implementation of the CSR strategy. At the national level, the key players are the DOH, Philippine Health Insurance Corporation (PhilHealth), and the Commission on Population (Popcom). At the local level, it is the provincial, city and municipal governments, and *barangays* (villages).

The private sector is expected to provide complementary financing and sources of commodities.

What is the timetable for the phase down of free contraceptives?

The richest provinces and cities **(i.e, LGUs wherein those who have the means to pay make up a large part of the population and the poor comprise a small section of the population)** are scheduled to run out of donated pills within two to three years.

The poorest LGUs **(i.e., LGUs wherein the poor make up a large part of the population and those who have the means to pay comprise a small section of the population)** will be given more time, with donated pills running out within four to five years.

The scheme is designed to induce **LGUs with the greatest capability to be locally self-reliant to act sooner,** while allowing **LGUs with the least capability to be similarly locally self-reliant to have more time to do so.**

Who are eligible to receive donated contraceptives from DOH?

Distribution of reduced contraceptive supplies will begin in the third quarter of 2004. Only the provincial and city governments are eligible to receive donated contraceptives from DOH. Arrangements are being made for all municipal governments and component cities to regularly access donated contraceptives through their provincial governments. Arrangements will be made for NGOs and private providers to continue accessing donated contraceptives through the provincial, city or municipal governments.

What happens if an LGU is unable to receive and distribute donated contraceptives?

In circumstances where an LGU is unable to receive and distribute donated contraceptives, DOH shall establish temporary alternative mechanisms to assure adequate supplies in that LGU. These mechanisms may include deputizing NGOs, private providers, or retained DOH facilities to make donated contraceptives available to local providers and users.

How will the contraceptives be distributed to LGUs during the phase-out period?

All 77 provinces and 34 cities *(see Annex A)* covered in the contraceptive distribution and logistics management information system (CDLMIS)[1] have been classified into five groups according to the 2000 poverty incidence index.[2]

The first group, consisting of cities and provinces with the lowest poverty incidence will comprise the batch of LGUs with the most accelerated pace of contraceptive donation phase-out (first batch).

The second and third groups, with the next higher rates of poverty incidence, will comprise the batch of LGUs with a longer phase-out period (second batch).

The fourth and fifth groups of LGUs, with the highest rate of poverty incidence, will comprise the batch with the longest phase-out period (third batch).

Quantity of Donated **Pills** to be Distributed to LGUs During the Phase-out Period (Based on % of Estimated Annual Consumption)			
Year	Batch 1 LGUs (Richest)	Batch 2 LGUs (Middle)	Batch 3 LGUs (Poorest)
2004/Q3-4	80	100	100
2005/Q1-2	50	80	90
2005/Q3-4	30	60	70
2006/Q1-2	20	40	50
2006/Q3-4	0	20	30
2007/Q1-2	0	0	30
2007/Q3-4	0	0	30

Quantity of Donated **Injectables** to be Distributed to LGUs During the Phase-out Period (Based on % of Estimated Annual Consumption)

[1] The CDLMIS is a nationwide contraceptive delivery system operated and maintained by DOH. It ensures adequate and continuous flow of contraceptive supply to all delivery sites and service facilities, i.e., provincial/city health offices, rural health units, hospitals, other government offices, non-government organizations, and affiliated industry-based clinics.

[2] The percentage of the population that falls below the poverty threshold, the minimum amount required by a family to meet their food and non-food basic needs. The Poverty Incidence Index as used in AO 158 was based on the 2000 Philippine Provincial Poverty Statistics published by the National Statistics Coordination Board.

Year	Batch 1 LGUs (Richest)	Batch 2 LGUs (Middle)	Batch 3 LGUs (Poorest)
2005/Q1-2	80	90	100
2005/Q3-4	70	80	90
2006/Q1-2	60	70	80
2006/Q3-4	40	60	70
2007/Q1-2	20	40	60
2007/Q3-4	0	20	40
2008/Q1-2	0	0	30
2008/Q3-4	0	0	30

What will be the role of LGUs in the contraceptive phase-down?

1. **The LGUs will become the local guarantor of overall contraceptive availability.** This means that the LGUs will ensure that contraceptive supplies in the locality will always be sufficient to meet the needs of all current users.

2. **The LGUs will assure sufficient supply of free contraceptives for the poor.** In the beginning, this might mean simply reserving the increasingly scarce supplies of donated contraceptives exclusively for poorest users. Eventually, it will mean using public funds to procure contraceptives to support free distribution to poorest users even when donated supplies are short or no longer available.

3. **The LGUs will promote expansion of other sources of contraceptive supply.** This will entail LGUs to encourage current users ***with the means to pay*** to shift their supply of contraceptive from health centers to commercial and NGO outlets, w***hile making sure that such shifts will not lead to couples discontinuing FP practice.***

How will LGUs ensure provision of direct FP services in their areas?

LGUs will –

1. Develop contraceptive distribution guidelines to cover their catchment cities, municipalities, and devolved health facilities;

2. Conduct campaigns to inform their catchment cities, municipalities, and devolved health facilities of the LGU's contraceptive distribution guidelines;

3. Provide resources for the delivery of contraceptives to their catchment cities, municipalities, and devolved health facilities;

4. Undertake the following measures to guarantee local availability of contraceptives to include any or all of the following:

   a) Allocate budget to procure contraceptives for free distribution;

b) Make available contraceptives for sale at cost-recovery basis or at margins above cost; and/or
c) Allow consigned supplies from social marketing sources or commercial sources to be made available to clients in LGU outlets.

5. Continue with the quarterly distribution and inventory of the contraceptive stocks at public health and NGO facilities;

6. Consolidate the CDLMIS reports; and

7. Ensure the prompt, quarterly submission of CDLMIS reports to the Procurement and Logistic Service copy furnished the Center for Health Development.

How will provinces and cities manage contraceptive supplies?

Provincial and city governments will be encouraged and assisted by DOH to **use CDLMIS as the basic local distribution and logistics system for the management of all sources of contraceptive supplies** in the province or city. Provincial and city governments will be asked to regularly develop sound forecasts, estimates, and plans for meeting the total contraceptive needs of all FP users in the province or city. Starting 2005, each province and city will generate annual forecasts of estimated total consumption needs for pills and injectables.

DOH will require provincial and city governments to provide prompt, complete, and accurate reports of actual consumption and forecasts of needs to enable the DOH to allocate and distribute donated contraceptives.

Who will issue the policies governing management of contraceptive supplies at the local level?

Provincial and city governments are authorized to issue and adopt their own desired local policies, consistent with national policies, for governing the financing, procurement, distribution, and management of all sources of contraceptives in their locality. This is on the condition that donated contraceptives in public health facilities will be given ***free*** to FP clients, with priority for meeting the needs of poor clients.

Provincial governments will establish appropriate arrangements and set reasonable conditions for component city and municipal governments to participate in and contribute to the attainment of CSR in the province.

Are donated contraceptives intended only for public health facilities?

Provincial, city or municipal governments that obtain supplies of donated contraceptives may, at their discretion, make portions of such supplies available not only in their own service outlets but also to NGOs and private providers serving in their localities. Local policies may allow charging of fees for services rendered in connection with the dispensing of donated contraceptives which are given for free.

What happens if LGUs support the CSR Strategy?

- **Unmet need for family planning[3] will be reduced especially among the poor.**

  Unmet need among the lowest income group (26.7%) is twice that among the second highest income group (13.4%) and more than twice in the highest income group (12.3%).

- **The use of modern FP methods will increase, especially among the poor.**

  Data from the 2003 NDHS indicate that compared with 35.2% among the high-income group, the use of modern FP methods among the low-income group stands at 23.8%.

- **The poor will be better able to achieve their fertility goals.**

  According to the 2003 NDHS, Filipino couples have more children than they actually desire. Among the poor, they want only three children, but end up with five.

- **Lower fertility will help improve infant and child mortality, especially among the poor.**

  Studies show that family planning alone can reduce child mortality by 25% and maternal mortality by 20%.

- **Population growth rate will slow down.**

[3] Unmet need is defined as the percentage of currently married women who either do not want any more children or want to wait before having their next birth, but are not using any method of family planning.

Annex A. List of LGUs per batch (based on poverty incidence index)

BATCH	PROVINCE	CITY
First Batch *City = 23* *Province =13*	Bulacan	Quezon City
	Batanes	Pasig City
	Rizal	Marikina City
	Laguna	Mandaluyong City
	Bataan	San Juan
	Cavite	Las Piñas City
	Benguet (incl. Baguio City)	Taguig
	Pampanga (incl. Angeles City)	Parañaque
	Nueva Vizcaya	Makati City
	Davao del Sur (incl. Davao City)	Muntinlupa City
	Ilocos Norte	Pasay City
	Cagayan	Pateros
	Batangas	Manila City
		Caloocan City
		Valezuela
		Malabon
		Navotas

BATCH	PROVINCE (including independent cities in the CDLMIS)
Second Batch *City = 9* *Province = 35*	Guimaras
	Zambales (incl. Olongapo City)
	Apayao
	Aurora
	Nueva Ecija (incl. San Jose City and Cabanatuan City)
	Tarlac
	Misamis Oriental (incl. Cagayan de Oro City)
	Palawan
	Southern Leyte
	Cebu (incl. Cebu City)
	Negros Oriental
	Siquijor
	Iloilo (incl. Iloilo City)
	Isabela
	Ilocos Sur
	Pangasinan (incl. Dagupan City)
	Quirino
	Bukidnon
	La Union
	Quezon (inca. Lucena City)
	Davao Oriental
	Biliran
	Antique
	Leyte (incl. Tacloban City)
	Zamboanga del Sur (incl. Zamboanga City)
	South Cotabato (incl. Gen. Santos City)
	Surigao del Sur
	Kalinga
	Davao del Norte

BATCH	PROVINCE (including independent cities in the CDLMIS)
	Albay
	Agusan del Norte
	Western Samar
	Northern Samar

Note: Zamboanga City is actually part of Zamboanga Sibugay. However, Zamboanga Sibugay, as a recently created province, does not appear in the current CDLMIS list.

BATCH	PROVINCE (including independent cities in the CDLMIS)
Third Batch *City = 2* *Province = 29*	Sorsogon
	Occidental Mindoro
	Negros Occidental
	Surigao del Norte
	Camarines Sur (incl. Naga City)
	North Cotabato
	Oriental Mindoro
	Misamis Occidental
	Catanduanes
	Marinduque
	Zamboanga del Norte
	Bohol
	Eastern Samar
	Sarangani
	Abra
	Mountain Province
	Agusan del Sur
	Lanao del Norte (incl. Iligan City)
	Capiz
	Camarines Norte
	Camiguin
	Sultan Kudarat
	Romblon
	Ifugao
	Masbate
	Basilan
	Lanao del Sur
	Maguindano (incl.Cotabato City)
	Tawi-tawi
	Sulu

Title: Ask the Ustadz
For translation into Maranao, Maguindanao, Yakan, Tausug and Sama

(Note: Names of characters should be changed to that common in the area.)

SFX: Loud knocking on the door and a woman groaning

AMA-Iran: Peace be with you Babu.

Babu (Health provider): Peace be with you too, Ama-Iran. You're out of breath, what happened?

Ama-Iran: It's Jarija, she's so weak from bleeding after giving birth to our fourth child.

Babu: Why? Aren't you practicing family planning while your wife is still young?

Ama-Iran: But isn't that prohibited in our religion?

Babu: Why don't you bring her in first. When she's well, you can pay the mufti or ustadz a visit and ask them about family planning, okay?

SFX: Reading of the verse in the Qu'ran

Ama-Iran: Peace be with you. Could you explain to me what family planning is all about? Is this acceptable in Islam?

Ustadz: Peace be with you too. According to the national fatwa, an Islamic edict on family planning proclaimed by the Assembly of the Darul Ifta of the Philippines on March 10, 2004, family planning is birth spacing and is accepted in Islam because it is good for the health of the mother and child.

Ustadz: Based on the teaching of Islam, it is the responsibility of parents to raise healthy and godly children.

Ask your imam or ustadz about the fatwa. And visit the health center for further information on family planning.

Title: Birth Spacing
For translation into Maranao, Maguindanao, Yakan, Tausug and Sama

SFX: Market sounds

Lumen: Sittie, you look so weak and pale. Are you alright?

Sittie: The doctor says that I'm anemic because of successive pregnancies.

(Note: Characters' names should be changed to names common in the area.)

Lumen: Why don't you try birth spacing?

Sittie: Birth spacing? Isn't that prohibited in Islam?

Lumen: Haven't you heard of the Fatwa on family planning? It says that birth spacing is acceptable in Islam. Birth spacing is important to ensure the health of mother and child. It is best that you visit the health center for more information on birth spacing.

Sittie: Is that so? Okay, I'll bring my husband along so that he will also learn about birth spacing.

Voice Over: It is the responsibility of mothers to take care of their health and that of their babies. Many health providers recommend three to five years spacing between births of children

The national fatwa, an Islamic edict on family planning proclaimed by the Assembly of Darul Iftah of the Philippines on March 10, 2004, says that all methods of birth spacing are allowed as long as they are safe, legal, in accordance with the Islamic Shariah, and approved by a credible physician, preferably a Muslim, for the benefit of both mother and child.

Ask your imam or ustadz about the fatwa. And visit the health center for further information on family planning.

###

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding made and entered into between:

The **Commission on Population,** a government entity duly established under Phillippine Laws with offices located at the POPCOM Building, Welfareville Compound, Mandaluyong City represented by its Executive Director, **TOMAS M. OSIAS,** hereinafter referred to as **POPCOM**:

and

The **National Confederation of Tricycle Operators and Drivers Association of the Philippines**, a non-stock, non-profit transport organization with office address at 3rd floor Aniger Building, Magallanes interchange, Barangay Bangkal, Makati City, represented by its chairman **MR. DANILO B. CAGAS**, hereinafter referred to as **NACTODAP.**

WITNESSETH:

WHEREAS one of the elements of reproductive health under the Philippine Population Management Program is male involvement in reproductive health following our country's commitments in the International Conference on Population and Development (ICPD);

WHEREAS prior to ICPD, the population field tended to focus almost exclusively on the fertility behavior/needs of women, undermining men's important role in reproductive health and family planning though they were found to be the decision-makers in FP method use and in number of children based on studies conducted in the country;

WHEREAS the Academy for Educational Development, has trained a number of NACTODAP federation presidents on RH male involvement, as possible partners in the promotion of the program;

WHEREAS NACTODAP, one of the biggest male-organizations with almost 3,000,000 members in the whole country and **POPCOM** with its fifteen (15) regional population offices serving as the central policy making, planning, and coordinating agency and technical resource for Population Program agreed to undertake the promotion of involvement in reproductive health (RH) of male as FP motivators and advocates to their peers, and as responsible father and husband in the sphere of childbearing, fertility regulation, childrearing and care as well as in the management of the household;

WHEREAS this undertaking is envisioned to contribute to the improvement of the over-all health, responsibility and well being of couples, children and family as a whole through the attainment of their reproductive goal.

WHEREAS, both **POPCOM** and **NACTODAP,** have agreed to complement and supplement each other towards the attainment of these goals and objectives;

NOW THEREFORE, for in consideration of the foregoing premises **POPCOM** and **NACTODAP** hereby adhere to the following duties and responsibilities:

NACTODAP shall:

1. Integrate reproductive health and family planning concerns in their monthly meetings;
2. Conduct FP orientation among peers;
3. Undertake *"Usapang Lalaki"* during informal group talk at terminals
4. Motivate other peers and passengers to practice family planning;
5. Refer clients to appropriate health centers/hospitals;
6. Conduct Father's Day celebrations yearly;
7. Disseminate and post FP materials on tricycle;

8. Network with government, non-government agencies/institutions including media in the locality in the conduct of FP/RH activities.
9. Submit report to AED before end of project and to POPCOM quarterly;

POPCOM shall:

1. Coordinate with local government health office and population offices and other NGOs for resource persons during FP orientation and for FP service referrals;
2. Provide technical assistance on the conduct of various activities;
3. Develop reporting forms for quarterly and/or end of project report to be accomplished by NACTODAP and submitted to AED and POPCOM as part of its regular report;
4. Provide IEC materials and relevant data and information; and
5. Provide list of public and private clinics and hospitals for FP referrals.

IN WITNESS WHEREOF, both **POPCOM** and **NACTODAP** have signed this Memorandum of Understanding on this 20th day of June 2005 at Rembrandt Hotel, Quezon City, Metro Manila, Philippines.

COMMISSION ON POPULATION:

TOMAS M. OSIAS
Executive Director

NACTODAP:

DANILO B. CAGAS
Chairman

SIGNED IN THE PRESENCE OF:

DKT
FPOP
Friendly Care, Inc.
IMCH
LIKHAAN
LPPO
PRRM
Reachout
Remedios IMDS
TUCP
WHCF
C-MEN

VOLUNTARY VASECTOMY: RETHINKING *PAGKALALAKI* AMONG MARRIED CEBUANO

ELMIRA JUDY T. AGUILAR
Project Leader
Sociology and Anthropology Research Group (SOARGroup)

This is to acknowledge the support provided by the

Academy for Educational Development (AED) and the United States Agency for International Development (USAID)

ABSTRACT

This study intends to determine the ways in which concepts of masculinity have shaped the contraceptive choice of men for vasectomy. Specifically, it aims to find out the definition of masculinity in Cebuano culture; the social and cultural conditions in Cebu that encouraged males to choose vasectomy as a family planning method; the influences that family members, peers, and health care providers have on men's decision to undergo vasectomy; the stereotypical roles and local cultural concepts that hinder or promote the provision and utilization of vasectomy as a family planning option from the viewpoints of both the providers and acceptors; and if and how changes in self-concepts of masculinity might be taking place among Cebuano vasectomized males.

A total of 44 no-scalpel vasectomy clients were part of one-on-one in-depth interviews and, from them, a few were selected to participate in the focus group discussions. A total of 34 wives were likewise interviewed on, one-on-one basis. Five service providers served as key informants regarding their direct involvement in the delivery of no-scalpel vasectomy.

The findings show that masculinity is defined as being a responsible husband and father who can provide for the basic needs of his family such as food, clothing, and education. Thus, a person's direct participation in family planning is basically due to economic reasons because of his responsibility to take care of his family's future.

Wives and health providers have significantly contributed to men's decisions to undergo vasectomy. Wives provided information about the procedure and supported their husbands' decisions to have a vasectomy. Health providers thoroughly explained the procedure and corrected myths and misconceptions regarding the procedure and this gave men an assurance that vasectomy is safe and reliable. In-laws and friends did not have noteworthy influence on men's decision.

It did not take long for men to decide to undergo vasectomy after they received information about it. This was especially true when misconceptions associated with having vasectomy such as failure to have an erection, loss of physical strength and equating it with castration, to name three, were corrected. After having vasectomy, men still saw themselves as masculine and rightfully responsible husbands and fathers.

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CHAPTER I

INTRODUCTION

RATIONALE

In Central Visayas, the City of Cebu is the hub in terms of political and economic activities. Several pull factors draw people to it, such as employment opportunities, institutions of higher education, hospitals, and a relatively peaceful environment. People choose to live in Cebu to better their lives. According to a National Statistics Office report (July 2001), the population growth rate of Metro Cebu almost doubled from 1.87 percent in 1995 to 3.02 in 2000. The Cebu City Health Department reported in 2001 that the city population increased from 718,821 in 2000 to 731,544 in 2001. Its Total Fertility Rate in 2001 was 1.7. Because of its attractiveness to many, its population growth is already placing a strain on its limited resources such the delivery of basic social services.

Family Planning is an option that the Philippine government is looking at to curb current and future problems related to population growth. Its approaches are still essentially traditional such as heavily targeting women and placing the responsibility for the number and spacing of children on them. Men's responsibilities in this regard are left unattended. This is despite the Programme of Action of the United Nations International Conference on Population and Development in Cairo (1994), which highlighted the increased participation and sharing of responsibility of men in the actual practice of family planning.

Among the top family planning methods that the Cebu City Health Department reported in 2001, vasectomy was not on the list. Condom use was the third most common method. The top two are pills and DMPA both of which are for women. Vasectomy remains unpopular because in a male-dominant, "macho" society, men are not supposed to take an active part in fertility regulation. Women have always been perceived as responsible for family health in general and fertility regulation in particular. This has become a "domain" of women where men play passive roles. The lack of male involement with contraception is due to the fact that it is considered "a woman's affair" (Diaz and Diaz, 1999: 229 in Manhoso and Hoga, 2005: 102). Moreover, vasectomy is highly disliked because of misconceptions that surround it, wherein vasectomy is confused with castration, it is said that it decreases sexual abilities, and that it leads to loss of vitality or changes in a man's physical characteristics such as hair loss and change of voice, and even to changes in his personality (Atkins and Jezowski, 1983: 91).

There are now efforts from both government and non-government agencies that seriously include men in their family planning programs and one such effort is to promote vasectomy as a contraceptive method. There is a sense that men are now beginning to open themselves up and accept vasectomy as an option. However, the materials are limited that specifically explain the reasons for the choices that some men are now making and that reveal whether and how these decisions may have created a difference to the people that are involved,

such as the family, health care personnel and the community. It is the intent of this study to present the contextual circumstances and the impact of the choices that some men are now making on *pagkalalaki* (Ceb. "maleness"), a cultural concept.

REVIEW OF RELATED LITERATURE: MASCULINITY IN CULTURE AND SOCIETY

Understanding Masculinity and Male Dominance

Most societies value men over women and there are three theoretical explanations for this stratification suggested by Nielsen (1990:197-225). First, the *functionalist theory* suggests that it is necessary for the survival of society. Marvin Harris's anthropological studies on male dominance in horticultural societies suggest that males are valued because they are important during warfare in order to expand territories to increase productivity. In such societies, females have value only in that sex with women is a reward for male bravery in war.

In modern societies, the sexual power of men over women can also be extended to the analysis of the sexual division of labor, sexual politics in workplaces, and the interplay of gender relations with class dynamics (Carrigan, Connell and Lee, 1987). Men have occupied higher positions in the workplace thereby according them more pay over women and better work conditions and more certain job security. Men, according to Talcott Parsons in his *sex-role theory* (Parsons and Bales, 1953:101), are able to assert their dominance

because of their "instrumental" interests, needs and functions making them occupy technical, executive and judicial roles while women, due to their "expressive" interests, needs and functions, are relegated to supportive, integrative and "tension-managing" roles. This was further supported by a study in Mexico done by Melhuus (1998) where the sexual division of labor expects a man to work to maintain his family while the wife is not expected to work outside of the home although she can generate some income while staying at home. Women in this case are not absolutely denied work but their capacity to provide is severely limited. But even if men are willing to take part in child rearing, financial concerns hinder them from doing so and since economic discrimination which favors men provide them with an advantage in terms of earning capacity, it further reinforces the traditional pattern of men as breadwinners and women as child rearers (Polatnick, 57: 1973). Melhuss (1998) adds that a wife who works outside the home is perceived as challenging her husband's honor by making obvious his inability to provide for the family all on his own. These role divisions also reflect how men and women treat themselves at home in domestic life. In matters of decision-making, even in reproduction, men have a greater say than women.

Second, *ideological theories* emphasize factors pertaining to values. Sex stratification is brought about by beliefs, especially of dominant groups, about the basic natures of women and men. De Beauvoir's classic work entitled *The Second Sex* explained that women have always been defined by men as the

Other, while men define themselves as the Self. Thus, "the Self becomes the subject and the Other becomes the object." An example was given by Levi-Strauss' "exchange-of-women" notion. He said that men in some cultures perceive women as valuables, thus, fitting as gifts. Women are "traded and exchanged" by and for the benefit of men, in marriage. This resulted in women being "commodified, reified, and objectified."

Lastly, *materialist theories* look at economic relations in society as the core determinant in status differences. For example, the Marxist feminists view subordination of females as beneficial to men and to capitalism, in capitalist societies. Women are relegated to doing the least profitable tasks such as food preparation, cleaning tasks and child care. These domestic responsibilities of women free men to increase their surplus value to the advantage of capitalists. Because men have become dependent on capitalists for the economic needs of the family, they stay on their jobs even if they are subjected to harsh conditions. But some women work outside their homes, too. The domestication and dependence of women led to a decrease in their labor value, spelling profit for capitalists. Moreover, the commodification of women's bodies helped boost profits when women were used as sex objects in advertisements that bordered on pornography.

In relation to the domestication of women, childrearing which has been relegated to them is perceived as a limiting factor in terms of income capacity. Thus, rather than taking on this role, men prefer to be the breadwinners which

has given them more economic power. With this comes occupational achievement, which is the gauge in terms of looking at the family's status measured through the occupational success of the husband (Parsons in Polatnick, 61: 1973).

Asserting Masculinity

The preceding explanations elucidate the status that men occupy and how they perceive themselves. In most societies, men strive hard to assert their status. They pass through several challenges to prove their masculinity. *Masculinity* refers to a culture's ideal definition of maleness or male behavior. It also refers to the reality of male lives as revealed in concrete male activities and behaviors (Watson-Franke, 1992:475). Masculinity is linked with "dominance, and notions of power are part of male discourse, so much so that power is assumed to be a male prerogative, representing a contested space for the articulation of male identity" (Melhuus, 1998:359). Moreover, Gutmann (1997:386) stressed that, foremost, masculinity is anything men think and do to be men, and some men are intrinsically considered more manly than other men. This is further supported by issues on *masculine gender role* or what men are, *stereotype of masculinity* or what people *think men are*, and *gender ideal* or what people *think men should be* (Clatterbaugh, 1990, cited in Watson-Franke, 1992:475).

Studies among Trukese men in Micronesia revealed that men are so obsessed with their masculinity that they have to prove that they are strong and

manly by participating in deep-sea fishing expeditions in shark- infested areas. They also engage in "weekend brawls, drinking sprees and sexual conquests" (Marshall, 1979, cited in Gilmore, 2001:209). Everywhere men are believed to rightfully dominate social, economic, and sexual spheres. These involvements also give them the right to control women's sexual and reproductive capacities (Chodorow, 1978:9).

Another example of men's pursuits in relation to masculinity is seen among the Amhara of Ethiopia. Men have a belief in masculinity called *wand-nat*. This involves " aggressiveness, stamina, and bold 'courageous action' in the face of danger; it means never backing down when threatened." Amhara youths are forced to participate in whipping contests called *buhe*. This often leads to lacerated faces, ears torn open and bloodied faces (Levine, 1966; Reminick, 1982, cited in Gilmore, 2001:209). With physical strength comes the expectation that men should be "strong and tough" characteristics that are valued among northern Mexican men. This means that a man never avoids a fight, and he must always win thus, courage is important. No wonder that Mexico has the highest known homicide rate in the entire world (Gilmore and Gilmore, 1979: 282).

Aside from physical prowess that men must possess to*1997* prove their maleness, another aspect is in the domestic sphere where modeling contributes to men's concept of being masculine. This was revealed in the critique of Millman (1971) on the work done along the lines of the sociology of gender where she said that in the learning process that American boys experience about

parenthood, they came to realize that "they don't have to take care of children" because in the homes, fatherhood has not been central. Nurturance is something not in line with masculinity or maleness. Engaging in motherly activities such as taking care of babies is "negatively sanctioned" thus, handling babies is something they are not good upon and besides, females are around to take care of the job. Even in the area of health promotion for the family, it is still basically gendered. Men's attention had been focused on earning money for the family that leaves almost everything in the home up to the wife. The "most traditional wife is responsible for managing the health and social-emotional condition of the family members including that of her husband and herself (Stolzenberg, 2001:66).

In the work done by Whitehead (1997:423) among Americans, found that masculinity in America has two major themes: "respectability and reputation". Respectability includes notions such as: having economic power to provide for one's family; being law abiding; winning through competing successfully; and exhibiting a strong Judeo-Christian sense of morality and fair play. Masculine reputation included sexual prowess; defiance of authority and general rowdiness." This is supported by a study among men in the circum-Mediterranean region where maleness is defined by "three moral imperatives: first, impregnating one's wife; second, provisioning dependents; third, protecting the family" (Gilmore, 1990, cited in Gutmann, 1997:389). An expression of masculinity in Mexico is being *macho* and this means, for a man, a display of his

being on top of the situation. However, it can have an adverse effect, and men and women both admit that it may result in unnecessary drunkenness and fits of violence including the abuse of women. Women however, do not want a soft husband but rather someone "hardworking, responsible and respected-- a true man" (Melhuus, 1998: 360).

Growing Up Male in Philippine Society

Concepts of masculinity start from childhood. Socialization plays a vital role in shaping ourselves, how we see ourselves and how others see us. Being masculine is apparently upholding male values by following norms set for male behavior. Socialization into gender roles from childhood to adulthood shape men's liking for certain things like "guns, forms of behavior like womanizing, and forms of leisure like long range shooting, gambling, and drinking". These are even reflected in movies and television shows that deify wrong concepts of maleness including certain forms of violence against women (Angeles, 2001:19). The paper of Connell (1997:9) further supports this by saying that sports on television, thriller movies in Hollywood, video games and super-hero comics, highlight the physical supremacy of men and their being "masters of technology and violence". These create a great impact on men's lives that they cannot entirely be faulted for their transgressions.

In the Philippines, "male norms stress values such as courage, inner direction, certain forms of aggression, autonomy, mastery, technological skill, group solidarity, adventure, and a considerable amount of toughness in mind

and body" (Sexton, 1969:209). As a result, there are traits that men should possess and masculinity is comprised of being *malakas* (strong), *matipuno* (brawny), *malaki ang katawan* (big bodied), *maskulado* (muscular), and *malusog* (healthy) (Jimenez in Liwag, de la Cruz and Macapagal, 1998:2). Emphasis is placed on physical characteristics because a man is expected to do heavy work, and in Maranao culture, a set of brothers are considered as their fathers' "army" (Macalandong, Masangkay, Consolacion, and Guthrie, 1978 , cited in Liwag, de la Cruz and Macapagal, 1998:7).

Correlated with this requirement of physical strength are the kinds of games that boys play. They are allowed to engage in "rougher, more daring, and more action-filled activities" (Jocano, 1988). They play at hitting bottle caps, gambling, and gun-fighting (Estrada,1983; Lagmay,1983). Older boys, according to Jocano (1988), swim, box and kick imitating those they see in the movies, although these boys also play gender-neutral activities such as street football, hide-and-seek and an indigenous variation of tag. This indicates that boys are able to play certain games comfortably with girls. Additionally, boys are given more time to play outside of the home because they are not expected to do a lot of household chores (Mendez and Jocano, 1979). This signifies that boys have more time for leisure compared to girls who are expected to stay in the home and help their mothers in domestic work. In the long run, children are socialized in such a way that girls are raised as "dutiful daughters."

Chores assigned to boys are characterized by physical vigor, distance from home and minimal socio-emotional skills. Tasks include fetching water, gathering and chopping firewood, scrubbing the floor, lifting furniture and carrying heavy objects, to cite a few. Most of the time, they work closely with their fathers. However, they also provide relief to their mothers by assisting in child care when girls are not available (Liwag, de la Cruz, and Macapagal,1998). These behavioral patterns are prevalent among adolescent boys. Boys grow up assuming that a husband's role is to decide on family investment and securing the family, while they see that a wife's role is to take care of family planning and household management (Macrohom, 1978). The training of sons prepare them for their traditional role of head of family.

Filipino Models of Masculinity

The above concepts of masculinity are strongly influenced by Western culture dating back to the Spanish Era. For instance, when the Philippine government started to build a national army in the 1930s, it emulated the European standard of military masculinity and its biases. Women were barred from conscription and from entering the Philippine Military Academy. It was only thirty years later, in 1963, that women soldiers were recruited by the army and another thirty years after that, in 1993, that women were admitted to the Philippine Military Academy (McCoy, 2000:316). Within the Academy, male initiation has taken the form of hazing which is central to armies everywhere as a

way of expressing one's masculinity. This is so because manhood in many societies must be earned and so rituals such as hazing are invented.

To garner support for the army, the Philippine government used gendered propaganda with "men strong, women weak; men defenders, women the defended." So, young men were recruited to defend "her" and her defenseless womankind. But what tasks were given to women in relation to building the Philippine army? Then Senate President Quezon, who spoke before the Federation of Women's Clubs in 1935, urged the women to mould a citizenry of virile manhood capable of carrying the burdens of the country's independent existence (McCoy, 2000:325-6).

U.S. media has reinforced the concept of going to war in order to affirm one's masculinity. This was shown in films such as *Judge Dredd* and *Born on the Fourth of July* where men were depicted as violent, brutal and domineering, and devoid of any emotional baggage. In the latter film, however, the issue of losing one's virility as a result of war was also reflected. The main character became paralyzed and asked the doctor if he was still capable of reproduction. He was answered in the negative and was shattered by the revelation (Hatty, 2000)**.** Virility is a central issue among men because failure to produce children is seen as a reflection of one's masculinity. In Philippine society, the siring of children is considered such an important achievement that children are often assumed to have a lifelong indebtedness to their parents for giving them life (Tan, 1989). In the same study by Tan (1989), he described the "procreator father" as someone

who womanizes and impregnates other women and popular actors such as Joseph Estrada (who incidentally was a former President of the Philippines), Lou Salvador, Jr and Dolphy embody such characteristcis.

Childbearing is key not just for reproduction but for other related reasons as well. For instance, among Ilokanos, where kinship is considered bilaterally, fathering children and having a family is a way of asserting not just masculinity but political claims as well. Ilokano overseas migrant workers often see their work as limiting the number of children that they could have produced (Margold, 2002:187)

Aside from going to war and fathering children, Filipino men have also taken on the conspicuous role of being sole providers of their families , a much-valued characteristic found among men in many cultures. A study conducted by Pingol (2001) among Ilocanos revealed that masculinity is primarily associated with men's ability to provide for the family which is related to success in the workplace. Modern-day Ilokanas revealed that the ideal husband is someone who can attend to his household and familial duties, most significantly to securing his family's economic stability (Margold, 2002:185) Other attributes cited by Pingol included: "being a good leader, with intelligence and expertise, being principled, helpful, decent, law-abiding, trustworthy, and understanding". Additionally, attributes such as virility, physical strength, good looks, a capacity to take risks such as in gambling and having illicit affairs without being irresponsible to one's family were likewise cited by men.

Understanding the Filipino Father

Philippine society does not differ much from Western cultures when it comes to fathering. Western fathering, like Filipino fathering, is an expression of men's sexual and reproductive control. A father is not expected to play a significant role as a participative and nurturing parent, rather he is there as a progenitor who keeps everything under control (Watson-Franke,1992). Allen Tan (1989) found Filipino fathers to fall into four types:

1) *The Procreator*. His idea of fatherhood is centered on siring children and he often does not go beyond his biological duties aside from providing for his offspring. Fatherhood is basically seen as a sign of virility and procreating is an end itself. A majority of Filipino fathers are in this category. Related to being a procreator is the role of being a *PROVIDER*. He must ensure that the children mature and continue his lineage. This means that he must be able to meet their basic needs including education. On the downside, because of the strong effect of masculinity, some in this group are just basically concerned with siring many children to prove their virility and insure genetic continuity without much thought given to how to care for them. For the procreator, his primary satisfaction is a sense of having achieved a genetic immortality. He becomes frustrated whenever a child, especially a son, fails to continue his family.

2) *The Dilettante*. This person is not a very active father, but his emotional involvement seems to be positive. This is the case of the overseas worker, who must be absent in order to provide economically for the family. He may visit his family only for a month or so in a year but is able to form an affectionate relationship with his children (Du-Lagrosa, 1986). The dilettante father's role is that of a *FRIEND*. He takes on a supporting role while the mother is the main caretaker of the children. He is not bothered with the daily challenges related to child rearing but he is around to provide emotional support when needed. As a friend, his satisfaction lies in his being a companion to his children especially during happy moments of fun and play. He is frustrated when the children confide or ask advice from someone else.
3) *The Determined Father*. This is a father who sees fatherhood as a mission, an obligation and a task. He sets goals, to control the children's destiny towards what he wants them to be. At times, the children become extensions of himself and his ambitions in life. His role is that of a *MOLDER*. He sees the children as incompetent, incapable of making sound decisions. His satisfaction comes from their accomplishments of the goals he has set. He is frustrated when the goal of a child is different from his own goal for them.

In the Filipino household, the father figures conspicuously in terms of instilling discipline in a child. A mother may also take on this role,

but when she faces problems, the father is the one to whom she, ultimately turns (Lagmay, 1983). This kind of father is perceived as having *authority* over the children (Espina, 1996).

4) *The Generative Father*. This father's involvement is high and he reacts positively to fatherhood. He sees his experience as a maturing and fulfilling one for himself. His role is that of a *GUARDIAN*, nurturing and guiding his children. He does not dictate to his children; rather he allows them to develop. This is similar to the Hopi father who highly values fatherhood and therefore strives to be a good father (Schlegel, 1989). The same is evident among Navaho fathers who publicly take care of their babies, nurse and nurture them even if they are busy with other chores (Malinowski, 1927).

The generative father's satisfaction is derived from the personal fulfillment of being able to oversee the development of the children to achieve *his* goals for them, but by allowing them to pursue their personal goals within limits.

Masculinity, Fatherhood and Contraception

In patriarchal societies, men are seen as the superior sex (Wood, 2001: 179)) and this shapes how men assert their masculinity in their behavior. Men rate their masculinity based on the extent of their machismo. Machismo encompasses "virility, strength, ability to stand up against difficulty and maintain their stance as true 'men among men' " (Velez, n.d.:1). In a study in Brazil, the

main fears of men on vasectomy can be summarized under the "macho" concept. They thought that it would reduce their self-esteem due to their belief that vasectomy would affect their sexual performance (Manhoso and Hoga, 2005:104). For a man to be macho or masculine, he should be sexual and be able to impregnate a woman or even a few of them within or outside the confines of marriage. Machismo is not just a personal thing, it has also become political and structural. Society tolerates and perpetuates it (Sternberg, n.d.). Having extramarital affairs is something prevalent in Philippine society and there is a double standard of morality where men can easily get away with it and women sometimes turn a blind eye on their husbands' infidelity like cohabiting with mistresses and engaging in paid sex with prostitutes (Angeles, 2001: 10).

Part of showing a man's strength is his ability to control his emotions even to the extent of not showing fear, pain, and remorse when it might be expected. The danger of a man's strength is also his ability to physically express it through violence on women and children. Despite many challenges, a man should be able to face other men on his own and without the help of anyone, especially a woman (Doyle, 1995 cited in Wood, 2001: 182). Watson-Franke (1992) adds that men's roles are perceived as structurally at the epicenter of society from where women are always controlled by men. This is evident in the seeming tolerance of women when it comes to men's activities in a study conducted by Angeles (10:2001) where women in an urban poor community in Leveriza were going about their usual duties while men were "chatting, smoking, and playing a

game of pool." As Sternberg (n.d.) puts it, "machismo gives rise to powerful images which legitimize women's subordination, and establish a value system which is concerned with regulating not so much relationships between (sic) men, and women, but relationships between men, where women are conceived of as a form of currency."

Doyle (1995), outlined five themes of masculinity which shape the role of men in society:

1) *Don't be female*. This means do not embody feminine characteristics. Anything that is considered womanly is strongly discouraged because women are considered inferior. Thus, men are discouraged from crying, showing pain, acting ladylike and showing emotional sensitivity. This was also highlighted in a study of boys in Philippine society where men should "endure physical pain or at least suffer in silence" (Flores, 1969 cited in Liwag, de la Cruz and Macapagal, 1998: 8).
2) *Be successful*. Men are expected to achieve in their chosen careers. This is the reason why in Philippine society males are prioritized in terms of their educational needs over females since they are expected to be the future providers of their families (Lamug, 1989). Whatever men take up, they should perform well and outdoing others is acceptable. Part of the measurement of success is a man's ability to provide for the economic needs of his family. Being the breadwinner is the primary responsibility of

men (Lee and Dodson, 1999:40). Staying home to take care of the children and do house chores is shunned.

3) *Be aggressive*. Boys are taught to play rough games which encourage violence, force and dominance. This early encouragement of aggression may later be translated into physical violence against women because women are seen as inferior and subordinate to men. Physical violence is perceived as a sign of mastery.

4) *Be sexual*. Men are expected to be sexually experienced, thus, their having had many partners is not frowned upon (Gaylin, 1992 cited in Wood 2001: 182). Men may be expected to be sexually active prior to marriage, quite the contrary and in contradiction to society's expectation of women that they must remain chaste before marriage. A man is supposed to conquer women and everything centers on his wants and desires (Velez:n.d). It is no wonder that even if a man is married and has sexual liaisons outside of marriage, society does not strongly condemn him because it is part and parcel of masculinity.

5) *Be self-reliant*. A man should be able to stand his ground no matter how difficult the situation may be (Velez:n.d.). He should assert his independence and toughness. When family problems arise, he is expected to solve them, especially with regard to financial matters. Little or nothing is expected from the wife. A man must "depend on himself, take care of himself and rely on nobody."

The above themes are ideas which, rightly or wrongly, still exist today. Because of them, men fail to fully harness their potentials. For instance, it has been pointed out that norms and expectations regarding men have hindered their ability to communicate with their wives on matters regarding sex and sexuality (Stycos, 1996: 2). This is even reflected in the form of jokes in a research done by Angeles (11: 2001) where men say they are "*macho, machunurin sa asawa"* (macho here means being obedient to one's wife), then there's *"Yakuza, yuko sa asawa"* (means bowing to one's wife) and finally, *"Pedrong Taga, taga-luto, taga-laba"* (means tough men who does the cooking and laundry). So, even if there is a changing climate on the male image, there is still some sense of uneasiness thus, joking about it provides some relief. Additionally, the macho image has prevented men from sharing domestic responsibilities with women, such as the decision to try contraception. Because young men live up to strong male stereotypes such as having many sexual partners and, showing a lower level of emotional intimacy, they hesitate to share in sexual responsibility (UNFPA, 2000). Men are, often with good reason, stereotyped as lazy, disinterested or unconcerned in relation to reproductive health issues. Even program planners have this stereotype of men as simply not being interested in reproductive health issues: they still need to be forced to attend social activities related to them, they are way too old to be taught, they do not see anything

advantageous in them, they do not want to share their personal lives, they fear their masculinity will be challenged, they believe that women should be the ones to participate, they know little about health, or they do not perceive certain health issues as problems (Lee and Dodson, 1999: xvi).

Male self-stereotyping limits the options available to men and, therefore, of women also. However, machismo as the excuse to perpetuate the status quo, in which men dominate and women are subordinated, can be challenged. For instance, women's rights advocates have questioned the pitfalls of family planning programs in the Philippines since it still heavily targets women and to some extent excluding men and thereby abandoning their responsibilities on contraception (Angeles, 15: 2001). Giving up to machismo has been committed by programs in many cultures where it is pervasive. In Latin America for instance, machismo was thought to be the factor limiting the use of vasectomy, but research revealed that other factors, such as inadequate information, education and accessibility, should be given more importance (Vernon, 1991; Foreit, *et al*. 1989). In the Philippines, a study by Lee and Dodson (1999) revealed that there are programs on reproductive health that encourage male participation, but male participation is minimal (as in attending women's or mother's classes or seminars or as receivers of educational materials). A more considerable participation of men has occurred in the decision to use condoms and in trying vasectomy.

The pervasive problem of machismo as a limiting factor is one that health care providers must challenge. It is not just about male participation and responsibility, but more about raising the issue of gender equality and family welfare to another level (UNFPA, 2000). Gender equality is a complex challenge since success in this area requires far-reaching changes in social, economic, and ideological factors related to gender relationships (Mundigo, 1995 in Manroso and Hoga, 2005:107). There is now a growing interest among young men to accept principles of gender equality and some have supported women's efforts to end male violence such as the case of Men Against Sexual Assault in Australia. This has not been easy at all since men are "likely to be met with antagonism and derision from other men" (Connell, 7:1997). The case in Australia is not isolated, in so many countries, efforts have been made to involve men, young and old alike. Now, it is about rethinking and reshaping old and oppressive concepts and practices that impinge on the development of both men and women.

REVIEW OF RELATED LITERATURE: VASECTOMY

Antecedents to Acceptance

It is important to understand what we know about the decision-making process that men undergo before submitting themselves for vasectomy because this may vary from one culture to another. In the design of programs, therefore, culturally appropriate strategies need to be put in place that seriously consider the felt needs of the target population. In a study

conducted by Mumford (1983: 83) in the United States, the length of the decision-making process may take from two to more than ten years. This is unlike the findings from a study conducted in Brazil, Colombia and Mexico (Vernon, 1996: 28) that it only took men four months to a little over a year to decide. In the Philippines, it has been found to take men about three years to finally undergo vasectomy after giving it a first thought. However, it only took them about three months to undergo vasectomy after making the decision to be sterilized (de Guzman, 1990).

Reasons for Vasectomy

1) *Concern for women's health.* Pregnancy is a major event in a woman's life that may place her in a difficult situation. Pregnancy can pose great risks to a woman's life and that of her child. A case in point is the experience of a medical doctor in the Philippines (Flavier, 2002: 1) who said that he and his wife always enjoyed her pregnancies but she never had an easy time. Both of their children were born through Caesarean section. The first pregnancy was difficult because the baby went into distress a few hours into labor. The second baby was also delivered by Caesarean section because his wife experienced abnormal uterine bleeding. Such difficult situations that women experience often make men decide to share, even take on sexual responsibility. They lead to the realization that as "economic providers" and "men of the household", men must now take greater responsibility unto themselves because the women have previously carried the great burden of

contraceptive use and childbearing (Landry and Ward, 1995: 61). The incorporation of vasectomy as part of reproductive health services is sound because it challenges the traditional masculinity concept. Submitting one's self for vasectomy can be "macho"; men can be responsible and this time around they take up the cudgel in terms of contraception (Berkowitz 2002: 4).

2) *Decision not to have more children.* Children in most cases have always been a welcome treat but when times get hard and basic needs sometimes cannot even be met, this situation changes. Couples are then compelled to decide to stop having children even if they would have wanted more. This has been supported by the study of De Guzman (1990) where men decided not to have more children because they already had all the children they wanted. One benefit of successful vasectomy is its relative permanency. Couples no longer have to worry about having more babies and can concentrate on providing for their current children (McEachran, 2002: 8). In other forms of family planning, the economic benefits of having no further children are coupled with the fear of having unwanted pregnancies (Mumford, 1983: 84; de Castro *et al*. 1984:127). Unwanted pregnancies may lead to greater risks such as resorting to unsafe abortion services especially where abortion is illegal.

3) *Dissatisfaction with other methods.* The contraceptives tried before resorting to vasectomy are usually the pill, the condom and the IUD. The fear of the medical side effects of the pill and IUD have prompted couples to stop using them. Condoms, on the other hand, lessen sexual satisfaction and a condom's breakage has caused unwanted pregnancies. (Mumford, 1983: 85; Vernon, 1996: 27; Flavier, 2002: 2). The option to go for vasectomy was borne-out of discussions between the husband and the wife and a result of many troubles related to contraceptive methods they experienced. The first option was mainly female methods. Thus, vasectomy was the last option after the negative effects as a result of other contraceptive methods (Manhoso and Hora, 2005:105). The continued use of these "temporary" or impermanent methods is inconvenient, inaccessible, ineffective, and costly. They have adverse effects on sexual satisfaction because couples lose their spontaneity and there is always that fear of unwanted pregnancy (de Castro *et al*., 1984: 128; Landry and Ward, 1995: 62).

4) *Advantages of vasectomy.* Vasectomy is preferred over tubal ligation and other temporary methods because it leads to a pregnancy rate of zero to 2.2 percent. It is "simpler, easier, safer, quicker and most comfortable" (Vernon, 1996: 28). Landry and Ward (1995) said that their respondents found vasectomy a better choice compared to ligation because recovery time is shorter and there are fewer risks involved. For instance, there is now an increasing interest in no scalpel vasectomy which was

developed in China in 1974 . It only takes eight minutes, requires a puncture rather than an incision, and men can immediately go home after the procedure with only a Band-Aid on the puncture site (Flavier 2002). This procedure carries still fewer risks, requires an even shorter recovery period and is cheaper compared to the traditional method (malehealth.co.uk 2002).

Athough in the Philippines ligation is still more popular than vasectomy, the no-scalpel vasectomy is also popular because it is safe, inexpensive and simple. Vasectomy is inexpensive because it can be paid for through Philhealth. FriendlyCare, a non-government organization, also offers it at a discounted rate of PhP 200 ($4) in some places. Another NGO is Management Sciences for Health which works with local government units and its rates are subsidized (Flavier, 2002: 2).

Events Leading to Vasectomy

In addition to the above considerations, Mumford (1983) discussed the seven events common to men seeking vasectomy:

1) *New awareness of vasectomy.* Most men who decide to undertake vasectomy have known about it for two years or more. This does not mean, however, that they gain full knowledge about the method and its implications in that period.

2) *Interaction with a vasectomized man.* A majority of men have already talked to a vasectomized man. In a study by de Castro *et al*. (1984: 128) in Brazil, most referrals to the study clinic were from previous vasectomy

patients. This was also the reason that prompted the personnel of Profamilia in Colombia to hire a promoter to give talks in the clinics and communities (Vernon 1996: 28). In a more recent study in Brazil, men decided to have a vasectomy after understanding the positive experiences of other men and this was significant in terms of demystifying fears related to vasectomy (Manhoso and Hoga, 2005: 105). Other popular sources of information that are cited for Latin American countries are friends and relatives, radio, and clinic staff (Vernon 1996: 29). Manhoso and Hoga (2005: 105) also cited that the involvement of professionals in the educational process and health care received from them facilitated the clarification of doubts and encouraged a better understanding of the surgical procedure. In the Philippines, 400 men who underwent vasectomy were interviewed and they opted for vasectomy after they "first consulted another sterilized person or their friends, relatives or neighbors" (de Guzman, 1990:109).

3) *Decision not to have more children.* De Guzman (1990) found that this decision usually stems from reasons that include "financial consideration, population problem, difficulty during pregnancy or child delivery, age and emotionally could not handle more." In the same study of de Guzman (1990), aside from economic reasons, a majority of the men already had achieved their desired number of children aside from the failure of other methods.

4) *Started seriously considering vasectomy.* Almost half of the respondents interviewed by Mumford said that they seriously considered

vasectomy for two years or more; in Latin American countries, the length of decision-making is shorter (Vernon 1996: 28). In the Philippines, among the male vasectomy acceptors, the interval between the birth of the youngest living child and the date of the vasectomy is five years on the average. However, "more than seven out of 10 males went under the knife for their vasectomy one month or less after making the decision to accept vasectomy" (de Guzman,1990:111).

5) *Realization that temporary contraceptives are no longer acceptable.* Mumford found that couples only decide that temporary contraceptives are no longer acceptable after the birth of the child that is seen as completing the family. Temporary methods are then no longer attractive and their disadvantages become heightened. For instance, Berkowitz (2002: 2) decided to have a vasectomy after his second child. The side effects of the pill made him and his wife eliminate it among their options. They tried condoms and the calendar method but found that they were like playing Russian roulette. Though still experiencing sexual excitement, they simultaneously feared having another child. They decided to use a permanent and safe method. Men in Cebu who had vasectomy said that their fear of bearing additional children during intercourse had been eliminated (*SunStar*, 2005: A12).

6) *Decision that vasectomy is the best contraceptive method.* Mumford found that among the reasons for deciding that vasectomy is the best option

were that, because of its "effectiveness, [it] does not interfere with sexual satisfaction and lacks side effects." The Philippine study of de Guzman (1990: 112) also cited the positive characteristics of sterilization such as its effectiveness, goodness for health, convenience, simplicity, and cheaper cost. The low cost of vasectomy compared to the pills and other family planning methods was also cited by men in Cebu who underwent vasectomy (*SunStar,* 2005: A12).

7) *Experienced a "scare".* A "scare" is usually associated with a missed period and with severe side effects of the pill. Fears also escalate with the respondents' dissatisfaction with the temporary methods.

Given the above stated "flash" events that men undergo, Mumford (1984) developed five distinct phases that men experience before undergoing vasectomy.

1) *Phase I.* This is the time before the number of children is seen as complete. The man is relatively content with temporary methods because their "temporariness" serves a purpose. This lasts for several years.

2) *Phase II.* The desired number of children is already complete. The man begins to be discontent with temporary methods of contraception. This usually lasts for several months to years.

3) *Phase III.* The husband begins to seriously consider vasectomy. Discontentment with temporary methods heightens. This usually lasts for one month to three years.

4) *Phase IV and V.* The man finally decides that vasectomy is the best method. There is usually a period of delay for one month to three years. Ultimately, the man has a vasectomy.

Involvement of Women in Decision-making

As men go through the process of deciding to submit themselves to vasectomy, women also participate in the decision-making process. In the successful program in São Paulo, Brazil, 68 percent of the clients of PRO-PATER who were interviewed stated that their wives had influenced their decision to get a vasectomy (de Castro *et al*. 1984). However, the extent of the wife's influence was not discussed by de Castro *et al.* The same was true in a study commissioned by the New Zealand Family Planning Association which revealed that husbands needed "a little push" from their wives or partners. Once the joint decision was made, they were no longer influenced by misperceptions or adverse attitudes echoed by their male friends (malehealth.co.uk.feature 2002). On the contrary, the study of de Guzman (1990) revealed that a majority of the Filipino males never consulted their wives about their plan to be vasectomized. However, the spouse was the influential person affecting the decision among a minority.

It is understandable that women are more knowledgeable about family planning methods because almost all family planning programs target women. Thus, the lead role that they can take in informing and influencing

their partners must be capitalized upon. In Colombia, studies of vasectomy acceptors show that their initial source of information on the procedure is the wife and she is also the main person who influences the decision. Communication between partners about the possibility of sterilization is very important because they discuss when and how to terminate their reproductive capacity. It is unfortunate that many physicians see only one partner and are unaware of the benefits of having couples jointly discuss their decision-making regarding contraception (Ringheim, 1993: 92). Of course, we also have to take into consideration that not in all countries do women have a major role in deciding the number of children. This is especially true in countries where women do not know and assert their reproductive rights. For instance, in Bangladesh and Sri Lanka, both men and women feel that the husband should be the one to decide the family size and so wives do not take an active role in the decision-making regarding vasectomy (Landry and Ward, 1995: 64; McEachran, 2002:10).

In countries where women take an active role, we must learn from their experiences and apply those that are acceptable in certain settings. In Kenya, Rwanda, Mexico and the USA, women are participants in the vasectomy decision. In these countries, couples discuss vasectomy before the operation. In several cases, women are the first to suggest the operation to their partners. Men and women also report that the women have been more

supportive of having a vasectomy than friends and relatives (Landry and Ward 1995: 64).

Given that the decision of husbands for vasectomy is influenced by both external factors (services in health care settings, the influence of family and friends) and internal (values, beliefs, aspirations and ambitions), descriptive decision theory will be used in relation to the phases that men undergo before getting a vasectomy as presented by Mumford (1983). Descriptive decision theory is "concerned with how and why people think and behave the way they do. It is an empirical and clinical activity that investigates decision making contextually" (Bell *et al*. 1988 in Kayser-Jones, 1995).

In this work, I explore the important role the social support system plays in helping a male to make the decision to undergo vasectomy. The focus, however, will be on the role of wives in the decision making process from the time husbands receive their first information on vasectomy until the time they accept the need to undergo sterilization.

THE PROBLEM

Statement of the Problem

Within the problem area of what constitutes gender norms and gender self-perceptions in Cebuano culture, the study intends to determine the ways in which concepts of masculinity have shaped the contraceptive choice of men for vasectomy and how this choice, in turn, has changed the meaning of masculinity for an urban sample of married Cebuano men.

Sub-problems:

The study will specifically determine:

1) How masculinity is defined in Cebuano culture as reflected in the sample interviews;
2) The social and cultural conditions in Cebu that have encouraged males in the sample to choose vasectomy as a family planning method;
3) The influences that family members, peers, and health care providers have had on the men's decisions to undergo vasectomy in a Cebuano culture;
4) The stereotypical roles (seen to be characteristic of or associated with men) and local cultural concepts of masculinity that hinder and/or promote the provision and utilization of vasectomy as a family planning

option, from the viewpoints of both vasectomy providers and acceptors; and

5) If and how self-concepts of masculinity have been affected by the process of making a decision to undergo vasectomy, and thus how cultural change in concepts of masculinity might be taking place among Cebuano vasectomized males.

Significance of the Study

This study is significant for the following reasons:

There has been no study to the knowledge of the researcher that focuses on understanding Cebuano male gender norms, let alone on the effects of vasectomy on Cebuano male self-perceptions. These will be investigated among a sample of married couples in Cebu City, Philippines, the male partner of whom has undergone vasectomy.

This will guide program planners in designing culturally-specific programs that will meet the felt needs of their clients by learning from the results of this study and those in other countries. This study will be carried out in the context of a society that places the burden of contraception on women as men are traditionally valued for their virility (this refers to sexual potency with emphasis in the capacity to bear children), and vasectomy would mean the end of this valued status.

As part of the holistic approach in designing programs that are culturally sensitive, research findings can facilitate the inclusion of vasectomy among other reproductive health services, and will strengthen male participation in promoting reproductive health. This study also hopes to contribute to the growing literature veering away from the position where men have been treated as the "problem" in terms of family planning services (Angeles, 2000). It envisions a positive treatment of men as real partners in the area of reproductive health by highlighting contributions they can make to relieve women of being overburdened in the bearing of reproductive responsibility.

It will also test the similarities and differences in the vasectomy decision-making process of Cebuano urban males as compared to other cultures. A model has been developed by Stephen Mumford (1983) based on his study in the United States and a similar study was also done by Landry and Ward (1995) in six countries, namely Bangladesh, Kenya, Mexico, Rwanda, Sri Lanka and the USA. In the latter study, insights were revealed that can aid program planners in their approaches. Another significant study of comparable nature was also done in Brazil, Mexico and Colombia by Vernon (1996). All of these studies revealed that there are cultural differences that must be taken into account in addition to the many lessons that were learned from prior studies. The present research aims to add to these insights.

Limitations of the Study

This study does not include men who opted against vasectomy. Thus, no comparison can be made in terms of differences on men's views regarding acceptance and non-acceptance of vasectomy. Only men who opted for vasectomy were included because the researcher only wanted to capture the change of behavior towards vasectomy as a family planning method.

The study was only done in partnership with one hospital that has been known to have pioneered No-Scalpel Vasectomy. There are now a few more health facilities offering the said service but they were not included since it was only recently that the study leader came in contact with them. Besides, in terms of long experience in dealing with vasectomy as a family planning option, Sacred Heart Hospital has the edge through its long experience and available human resource to perform the procedure.

RESEARCH METHODOLOGY

Research Environment

Sacred Heart Hospital, a private health facility that is known to promote no-scalpel vasectomy as a family planning option, was visited several times to become familiar with the services they offer, identify the candidate respondents, and consider how they will be contacted. Sacred Heart Hospital has a reproductive health center that caters to the needs of both men and women. It has a steady pool of medical trainees from the College of Medicine of Southwestern University and a staff nurse has been assigned to focus on the facilitation of the delivery of its reproductive health services. Medical graduates of the university who are now working in the United States have been known to conduct free no-scalpel vasectomies for willing men on visits back to the Philippines. Moreover, they have been training doctors to do no-scalpel vasectomies when these graduates return.

The main entrance of Sacred Heart Hospital.

Features of the promotion of no-scalpel vasectomy are aggressive mass media campaigns, production and distribution of information materials, barangay level education campaigns, and networking in government and non-government agencies conduct orientation seminars and eventually obtain referrals of clients.

Study Participants

In my visits to the Reproductive Health Center of Sacred Heart Hospital, that for the past three years, 106 no-scalpel vasectomy clients had come from Cebu City, Mandaue City, Lapu-lapu City and Talisay City. But of the 106 men, only 63 had complete names, addresses, and telephone numbers. I was only able to interview an opportunity sample of 44 out of 63 clients because the others had already transferred residence, gone to work abroad, or declined because they were too busy with their work schedule and responsibilities at home to find time for an interview. This is 41.5 percent of the clients. The wives of men who underwent vasectomy were also interviewed; but we were not able to interview all the wives since some were living outside Metro Cebu, or were too busy with their household chores.

Personnel from Sacred Heart Hospital assisted in locating and giving a brief background on the study participants. Moreover, community residents also assisted in locating the study participants for those whose addresses were difficult to track down.

Selected personnel of Sacred Heart Hospital who are directly involved in delivering vasectomy services were interviewed as key informants. The pioneers of no-scalpel vasectomy who introduced it to Sacred Heart Hospital were interviewed through electronic mail because they are based in the United States. In January, 2005, a chance was taken to meet with them

during their visit to Sacred Heart Hospital for their yearly No-Scalpel Vasectomy free clinic.

Profile of Participants

Table 1 The personal characteristics of vasectomized Cebuano

Characteristics	N (44)	%
Marital Status		
Legally married	44	100
Living together	0	0
Number of children		
02	6	14
03	18	41
04	8	18
5 or more	12	27
Average number of children	4	
Age range		
26-31	10	23
32-37	23	52
38-43	8	18
44-49	3	7
Average age	35	
Age range at the time of marriage		
15-20	7	16
21-26	29	66
27-32	7	16
33-38	1	2
Average age at the time of marriage	25	
Income range		
1,000-6,000	21	48
7,000-12,000	19	43
13,000-18,000	0	0
19,000-24,000	1	2
24,000 and above	1	2
Confidential	2	5
Average income	8,346.00	

Table 1 shows that the average age of men who underwent vasectomy at the time of the interview was 35 years old . The oldest client was 44 years old while the youngest was 27 years old. At the time that they underwent the procedure, the mean number of children they already had was four. The most number of children was eight while the least number was two. The average monthly income was a little over PhP 8,000.00 and the lowest income recorded every month was at PhP 2,000.00. The daily wage in 2004 is pegged at PhP

208.00 per day or a monthly income of PhP 6,240.00. Half of the study participants do not receive the required minimum wage. The mean age that the study participants got married was 25 years old. The youngest age recorded at the time that a study participant got married was 18 years old.

The mean age of the wives when they got married was 21 years old (**Table 2**). The youngest age at marriage was 16 years old while the oldest was 30 years old. Majority of the wives are not employed and the mean income is a little over PhP 4,000.00.

Table 2 Personal characteristics of wives of vasectomized men

Characteristics	n(34)	%
Marital Status		
Legally married	34	100
Living together	0	0
Number of children		
02	6	18
03	12	35
04	5	15
5 or more	11	32
Average number of children	4	
Age range		
20-25	4	12
26-31	11	32
32-37	12	35
38-43	7	21
Average age	33	
Age range at the time of marriage		
15-20	17	50
21-26	12	35
27-32	5	15
Average age at the time of marriage	21	
Income range		
1,000-6,000	9	26
7,000-12,000	4	12
13,000-18,000	2	6
19,000-24,000	0	0
24,000 and above	1	3
Confidential	4	12
None	14	41
Average income	4,516.00	

Research Procedure

The Preparatory Stage. A male, married interviewer was hired to assist in-depth interviewing of men who had undergone vasectomy. A female interviewer was hired to interview the wives. The study leader held key informant interviews of the personnel of Sacred Heart Hospital directly involved in the delivery of no-scalpel vasectomy and facilitated focus group discussion of the men after the in-depth interviews were conducted by the research assistant.

The research assistants were oriented regarding the study, research instruments, ethics, mechanics of data gathering and reporting.

All the instruments except those for the service providers were translated from the local language, Cebuano. Interviews were also done in Cebuano.

Interviews. One-on-one in-depth interviews with vasectomized married men were conducted using an interview guide designed for this purpose. Topics included responsibilities assigned to them when they were still young and how these had affected their participation in rearing their children; characteristics of a "real man" and if any of these characteristics facilitated or hindered their decision to undergo vasectomy; participation of men in family planning; social and cultural reasons for their decision to undergo vasectomy; involvement of their partners, in-laws, friends and health provider in the decision making process; effects of vasectomy on their concepts of

masculinity; changes in the perceptions of their wives, in-laws and friends on their masculinity after undergoing vasectomy; and their recommendations to improve the delivery of vasectomy services in a macho culture.

The wives of the men who underwent vasectomy were interviewed to capture their views on masculinity; male involvement in family planning; reasons for the unpopularity of vasectomy among men; participation in the decision making process; changes in their own views, as well as those of their in-laws and friends of their husbands, after the vasectomy; and recommendations on how to encourage men to undergo vasectomy.

Interviews were conducted with health care professionals who were directly involved in the promotion and delivery of services related to vasectomy. The topics included the background to offering no-scalpel vasectomy; the training program; activities related to information, education and communication campaigns to popularize vasectomy as form of family planning method; efforts made to challenge the traditional concepts of *pagkalalaki* to enhance the delivery of vasectomy services in a "macho society"; and the challenges they faced in the promotion and delivery of vasectomy services.

Focus Group Discussions. After the in-depth interviews, there were still gaps in the data. Thus, the study leader and male research assistant did two focus group discussions covering the topics: concepts of machismo; effects of vasectomy on their concepts of machismo; involvement of wife, in-laws and

friends on decisions to undergo vasectomy; changes in their lives especially as a husband and father after undergoing vasectomy; and three important reasons for their decision to become directly involved in family planning by undergoing vasectomy.

Focus group discussions provide some form of check and balance in the answers of study participants because they reject wrong and extreme views. They also collectively clarify certain points raised. Participants tend to enjoy themselves by sharing their experiences. On the other hand, because time is of the utmost consideration and several people give their ideas, the number of questions may be limited and the facilitator must be able to manage the interviews, especially if there are those who tend to dominate the discussions (Patton, 1990).

Secondary Data Gathering. Performance records of health care facilities were utilized to acquire information on the number of vasectomized men over a period of two years (as to whether it has increased or decreased), the problems encountered, and interventions made in relation to problems faced.

Conduct of Data Gathering.

1) The study leader held several meetings with the personnel of Sacred Heart Hospital to orient herself on their delivery of no-scalpel services. These meetings helped in the formulation of research instruments and

establishment of a plan to undertake with the data gathering stage. A list of clients for the past two years was found and the study leader was given an orientation on their backgrounds. The two research assistants were introduced to these personnel.

2) Before the interviews were conducted, several phone calls and home visits either in the home or office of the possible respondents for appointments were made to arrange appointments and instructions on the time and place where the interviews would be conducted were discussed.
3) Interview transcripts were submitted on a weekly basis. Together with the interviewers, the transcripts were immediately checked for gaps in the data and clarifications that needed to be made, so that call backs were done immediately as well. Challenges encountered by the research assistants were discussed in order to properly strategize the data gathering process. No major problems were encountered.
4) All data were first processed by entering all answers belonging to the same question. At the onset, data were encoded thematically and then common patterns of knowledge, attitude, behavior and experiences were identified by going over the transcripts several times. Different and conspicuous answers belonging to the same questions were also grouped together. They were then content analyzed through the set of themes or categories made. Salient words were given

greater weight by taking note of the number of times they were mentioned by the study participants (Ryan and Weisner, 1998:59)

Organization of the Study

The study is organized under the following topics: Chapter One: Introduction; Chapter Two: a discussion on the background of Sacred Heart Hospital and the beginnings of its involvement in no-scalpel vasectomy, vasectomy campaign drive, and networking activities to garner support for no-scalpel vasectomy; Chapter Three: views of participants on masculinity in Cebuano culture; Chapter Four: socioeconomic and cultural conditions encourage participants to choose vasectomy as a family planning method; Chapter Five: the influences that family members, peers, and health care providers had on men's decisions to undergo vasectomy; Chapter Six: stereotypes that hinder or promote the provision and utilization of vasectomy from the viewpoints of vasectomy providers, acceptors and wives; Chapter Seven: the decision-making process undertaken by men to undergo vasectomy; Chapter Eight: post-operative effects on perceptions of masculinity; Chapter Nine: summary, hypothesis testing, conclusions regarding the research problem, and recommendations.

Definition of Terms

1) ***Pagkalalaki.*** Concepts of maleness in Cebuano language and culture.
2) *No-Scalpel Vasectomy.* A permanent family planning method which involves accessing the vas deferens through a small puncture by using a forcep.
3) *Voluntary*. Involves the choice of freely submitting one's self after knowing about the entire procedure and its consequences.
4) *Cebuano Married Men*. Men who are residing in Metro Cebu, speak Cebuano (Cebuano Bisayan) and are in a legally intimate relationship who have reached their desired number of children and chosen to undergo no-scalpel vasectomy.

CHAPTER TWO

BACKGROUND OF SACRED HEART HOSPITAL AND THE BEGINNINGS OF ITS INVOLVEMENT IN NO-SCALPEL VASECTOMY

Sacred Heart Hospital of Southwestern University, Urgello Street, Cebu City, started to offer no-scalpel vasectomy in 2002. This was mainly through the efforts of their alumni in the College of Medicine of Southwestern University who are the founders of No-Scalpel Vasectomy International, Incorporated. These founders included Dr. Ramon Suarez, Dr. Nenita Suarez and Dr. Benita Kiamco who are all based in the United States. These founders had been inspired by the work done by the current Medical Director of Sacred Heart Hospital, Dr. Lydia 1970's on population management. From its onset, Dr. Aznar-Alfonso was already supportive of their program when they came to the Philippines to discuss their intent to partner with Sacred Heart Hospital.

The main entrance to the Reproductive Health Clinic.

The Beginnings of No-Scalpel Vasectomy International, Incorporated

The founders of No-Scalpel Vasectomy International, Incorporated were previously involved in "traditional" surgical or medical missions in the Philippines as their way of giving back to the country their expertise and resources. They were also involved in other activities such as helping family members and relatives to start their own businesses and sponsoring scholarships. Such efforts

were at times fruitless because many of those they helped, especially the scholars some of whom were their own siblings, were not able to find gainful employment after graduating from college. These in turn might not be able to fully educate their own children, as a multiplier effect. All these efforts although rewarding, yielded less than satisfactory results because they came to realize that they were unable to address one of the "root" causes of the problems of the country, which according to them, is "too many people going after limited resources."

It was in 2000 that the founders decided to take another route, to help manage the population growth. Thus, they formed the foundation with a mission to "provide free voluntary vasectomy to manage population growth in the Philippines and other Third World countries." As retirees, they can now both enjoy life and give something in return to those who need it most. Their yearly funding amounts to $10,000.00. Of this amount, the founders contribute 25 percent, friends, neighbors and colleagues, contribute 65 percent, and other Filipino-American Organizations contribute 10 percent. All American volunteers pay their own travel and lodging expenses when on mission trips.

A Training Program of No-scalpel Vasectomy Providers

Among the founders, Dr. Ramon Suarez is the prime mover of No-Scalpel vasectomy. He is a Diplomate of the American Board of Urology, a Fellow of the American College of Surgeons, and a Professor of Urology, College of Medicine of Pennsylvania State University. He was previously trained in the traditional type of

vasectomy which required two scrotal incisions and a sutured closure. In 1998, he learned about No-Scalpel Vasectomy developed by Dr. Li in China, that is a quicker and simpler procedure with less risk of bleeding and discomfort to the patient. He started to modify the traditional techniques based on his readings until he went to China to undergo training with Dr. Li. He was one of the first American physicians trained and certified by Dr. Li on No-Scalpel Vasectomy. He teaches No-Scalpel Vasectomy in the United States of America and other countries abroad such as China when in 2002, he became a visiting Professor in Chengdu. Together with Dr. Colin Kerr, they developed a video tape on No-Scalpel Vasectomy, intended for teaching would be trainees and as material for their advocacy work.

Dr. Ramon Suarez has taught doctors in the Philippines on No-Scalpel Vasectomy. One such doctor is Joseph Al Alesna, Training Officer at Vicente Sotto Memorial Medical Center and a consultant of Sacred Heart Hospital. He had been trained in the traditional type of vasectomy as a medical intern and as a medical practitioner, and was providing services with his involvement in a non-government organization called MASS ADS headed by Dr. Alberca from the 1970s until the early part of the 1990s. Its services focused on family planning and vasectomy was one of the methods provided by the agency. He came to know Dr. Suarez, Dr. Li and Dr. Liu when he was invited by the Reproductive Health Center of Sacred Heart Hospital to undergo training on No-Scalpel Vasectomy in February 2004. Since then, he has been providing his services during outreach

activities and at Sacred Heart Hospital, Vicente Sotto Memorial Medical Center, and Minglanilla District Hospital.

Aside from the training conducted by Dr. Suarez, the foundation have also linked up with EngenderHealth, a non-government organization based in Manila that provides family planning services. Dr. Ramon Suarez and Dr. Nenita Suarez have co-authored a training manual on No-Scalpel Vasectomy through EngenderHealth, distributed by the Department of Health.

The Promotion of No-Scalpel Vasectomy

Initially, the founders only campaigned in their hometowns in Leyte and Cebu. The campaign focused on their own testimonials since they have also been vasectomized. They enlisted the help of a younger relative in the United States who works in the Armed Forces to write about his experience of vasectomy. They do couple-to-couple educational and testimonial sessions and, in one of these sessions, were able to convince a Barangay Captain to undergo the procedure. The barangay official and his wife eventually became one of their active educators and advocates.

In 2002, the founders were introduced to Ms. Frohnie Cagalitan, Medical Social Worker of the College of Medicine of Southwestern University who had been detailed with the Sacred Heart Hospital. Ms. Cagalitan is an active reproductive health advocate whom the founders had trained through its linkage with EngerderHealth. That training had included an orientation on No-Scalpel

Vasectomy and observations of the actual procedure. She also enriched her knowledge by searching for relevant materials through the internet. These have been of value for her to thoroughly explain the procedure to clients including its advantages and disadvantages. Ms. Cagalitan has been their point person in terms of promoting no-scalpel vasectomy.

Flyers in English and *Cebuano* are now being produced through the help of Ms. Cagalitan. These materials explain that the procedure is simple, safe, does not require surgery, and takes only ten minutes (Annex C). The reading materials highlight that the sex life of those who have been vasectomized actually improve and no problems related to their sexuality have been experienced. The founders of no-scalpel vasectomy are also mentioned as having undergone the procedure for some time already and now enjoy life even more and they would like others to enjoy their lives as well.

The counseling area inside the Reproductive Health Clinic.

These materials are distributed during orientation activities in different work establishments and during barangay meetings. They are also being distributed through different agencies such as the Philippine Information Agency, Barangay Health Centers, Government Offices, Non-government Organizations, and hospitals. Previous client-advocates are also asked to distribute these materials to potential clients.

Letters containing information regarding no-scalpel vasectomy and its related schedule of activities are also distributed to different government agencies such as the Population Commission, Department of Labor and Employment and Department of Social Work and Development. The group has also enlisted the help of the Cebu Chamber of Commerce to get private companies to participate. The Cebu City Medical Center has also been instrumental in disseminating information regarding their activities. Another partner non-government organization whose help in dissemination has been enlisted by Sacred Heart Hospital are the Marie Stoppes Clinics, because helped in they are strategically located in three areas of Metro Cebu. They are present during free clinics assisting in the registration, counseling, and giving grocery coupons worth PhP 300.00 per client in exchange for the clients' income loss by being present. The coupon is used to avail of grocery items at grocery store near Sacred Heart Hospital. This was aside from the free lunch, t-shirt, medicines and condoms given by Sacred Heart Hospital through funding support by No-Scalpel Vasectomy International, Incorporated.

The group visits radio stations to promote its activities in the different programs of stations such as DYLA, DYSS, DYHP, Aksyon Radyo, and Bombo Radyo. During radio visits, phone calls are entertained to accommodate questions regarding the procedure and correct misconceptions about vasectomy.

Posters and streamers are placed in strategic areas where there is heavy human traffic. These areas include Barangay Health Centers, bus and *jeepney* terminals, Carbon Market and other business establishments.

Another person whose help has been enlisted is the nurse stationed at the Reproductive Health Center of Sacred Heart Hospital. Ms. Myrna Danuco helps distribute information materials, accommodates potential clients who visit the center, and answers telephone inquiries. Her training included actual observation of the procedure. She now assists in the actual procedure which is being performed in the Emergency Room of Sacred heart Hospital. As a staff regularly assigned to the reproductive health clinic, she entertains inquiries on no-scalpel vasectomy and schedules acceptors for the free procedure every Friday. At times, rescheduling of appointments is done when the doctor who performs the procedure is not available.

The minor operating room located at the emergency room where no-scalpel vasectomies are done.

Aside from the staff of Sacred Heart Hospital, former clients have been instrumental in the campaign to increase male involvement in family planning by opting for no-scalpel vasectomy. These clients offer testimonies regarding their experience, facilitate the introduction of no-scalpel vasectomy in their workplaces, bring clients to the clinic, and assist in the distribution of information materials.

CHAPTER III

VIEWS OF PARTICIPANTS ON MASCULINITY IN CEBUANO CULTURE

Growing-up Male and its Effects on Childrearing

A majority of the study participants shared in doing household chores while they were growing up. Most of them were given responsibilities by their parents while a few took the initiative to help in domestic work even if they were not encouraged by the their parents to take part in doing household chores. As one participant said:

> I was not really given any responsibilities in the home. It was self-imposed. I helped clean the house and did the laundry.

Another participant revealed that:

> I was not given any responsibility in particular by my parents. There were instances though that I helped in doing simple household chores such as cleaning the house.

Aside from household chores, there were those who at a young age, were already trained to help in their family's means of livelihood such as farming, fishing, and small business. A few participants shared their experiences:

> I fed the pigs and helped my father till our land (Security guard, thirty-eight years old with three children).

> In our house, I was tasked to fetch water from a nearby deep well. Outside of the home, it was more of a self-imposed initiative on my part. I sold goods in the market and ice candy to my classmates. So as early as ten years old, I already started making money (Pastor, forty-four years old with three children).

A few claim that since they were the eldest or there was no female child, they were compelled to take on most of the household chores even those that are normally considered tasks for female children, such as taking care of the younger siblings, cooking, and doing the laundry. A participant said:

> I cooked food and washed our clothes since I do not have female siblings.

On the other hand, there are also those who were only assigned tasks fit for male children such as feeding the animals, chopping firewood, and fetching water. Most of the domestic responsibilities as shown in **Table 3** are cleaning the house, cooking, and fetching water.

Table 3. Domestic Chores Done During Childhood

Domestic chores (N=44)	Number of Mentions
Cleaning the house	17
Cooking	13
Fetching water	10
Washing the dishes	8
Doing the laundry	8
Feeding animals	1
Chop firewood	1
Take care of younger sibling	1

Multiple response

Table 4. Taught domestic chores to their children

Responses	N=44	%
Yes	31	70
No	0	-
NA (children are very young)	13	30
Total	44	100

Table 5. Domestic chores assigned to children

Domestic Chores (N=44)	Number of mentions
Doing the laundry	5
Washing the dishes	5
Buying from the nearby *sari-sari* store	4
Cooking	3
Fetching water	2

Multiple response

For those with grown children, a majority admit that the way they had been reared by their parents influenced how they rear their own children. As in their past training, they also consciously teach their children to do household chores and even divide the tasks among them with older children taking more responsibilities (**Table 4**). The common tasks assigned included washing the dishes, doing the laundry, and cleaning the house (**Table 5**). It is deemed important that children, even at a young age, should be taught domestic responsibilities so that if anything adverse might happen, such as running into

financial distress, they will not find it hard to adjust in terms of helping in domestic responsibilities. This response also held true for those with household help around. A participant shared that:

> In a way, I think it has affected the way I have been dealing with my children. Now, my wife and I have been teaching them basic responsibilities in the home like cleaning up their own mess especially after playing with their toys even if we have a household help.

One parent admits that even if it is important to teach children to participate in domestic work, it should not be to the detriment of their studies. Studying for the next day's lessons remains the top priority for their children.

For those who were trained to help in their family's source of income, they also imparted it on their children such as helping them sell goods in their stall in the market when there are no classes. Additionally, there were those who assigned tasks based on the gender of their children. For instance, females did the laundry and cooking while males fetched water.

Study participants with very young children cannot yet say if their upbringing affected the way they reared their children because they have not yet assigned tasks to them.

The Measure of a "Real Man": Views of Husbands and Wives

Predominantly, a "real man" is viewed as responsible for meeting the basic needs of his family such as food, clothing, and education (**Table 6**). This means that a husband must be able to answer the financial needs of his family, thus he should be earning on his own. However, he should still be able to make time for his family and be caring and sweet towards his wife. His family should be his priority and he must have a keen sense of foresight in terms of establishing a good future for them especially in terms of handling the family's finances. A wife said:

> He should be responsible for his family and can provide for their needs. He should also be able to find means to ensure the future of his children. He must also have his on stand on certain matters and must have a plan in life. All these must be good because it is for the future of his family.

Engaging in vices such as drinking and having extramarital affairs would prove to be detrimental to the future of his family. If the husband does resort to drinking, it should only be in limited amounts and must not become habitual. In connection, honesty towards his wife is important. It does help that the husband is God fearing and morally upright.

As head of the family, the husband is not only expected to take care of the financial needs of the family, when needed he should help in the household chores rather than spend his time hanging around the neighborhood. Additionally, he is obliged to be involved in taking care of the children and

instilling discipline in them. As a partner, he is expected to understand his wife, her work schedule, and her interest in helping to meet the financial needs of the family by being gainfully employed or engaging in small business endeavors. A husband also needs to support his wife emotionally. For instance, during heated arguments, the husband is expected to listen rather than angrily engage his wife and shout at her. As a result, he should not harm or ridicule her; instead, he must respect her.

Table 6. Characteristics of a "real man"

Characteristics	Number of Mentions	
	Husbands (N=44)	Wives (N=34)
Responsible	41	29
Respects women	2	8
Physically strong	0	6
Shares in domestic work	1	4
Does not have vices	1	4
Disciplines children	0	4
Affectionate towards wife	0	3
Honest	0	3
Not effeminate	1	3
God-fearing	0	2
Capable of siring children	0	2
Attracted to women	1	1
Participates in Family Planning	0	1

Multiple response

The physical characteristics of a "real man" include his ability to sire children thus, he should be attracted to the opposite sex. But even if he is expected to sire children, he should also be responsible to take measures to participate in family planning to be able to meet the needs of his family in the future. Other physical attributes include his strength and ability to do simple household repairs such as plumbing, electrical work, and other minor mechanical problems. This requires him to be energetic, not frail.

It was conspicuously cited that a real man is not gay or possesses characteristics attributed to gays. As a wife cited:

> You would not see him engage in small talks with women like gays do. Gays almost always mind their neighbors' business and backbites them. He should only mind his own business and must be able to discipline his family.

A man who is *macho* is physically fit, robust, strong, and mentally competent. Because he is physically healthy, he is predictably hardworking and can be relied upon by his family to meet their needs. The downside of being *macho* occurs when a man succumbs to wrong notions such as refusing to participate in domestic work like doing the laundry and taking care of the children, leaving the wife burdened with domestic work.

Beyond the physical characteristics, a majority of the respondents equate being responsible with being *macho*. This means that a husband takes care of his

wife and children and works to ensure their future. Even if family members heavily rely on the husband, he does not have a monopoly in terms of deciding what is best for the family. Decisions must be reached together with the wife or if not, the wife should at least be consulted and her views taken into consideration.

One respondent mentioned that being *macho* is positive because he believes that men should be strong especially since women are weak physically. But generally, a *macho* man is seen positively because he only seeks what is good for the family and this comes with great responsibility.

CHAPTER IV

SOCIOECONOMIC AND CULTURAL CONDITIONS ENCOURAGE PARTICIPANTS TO CHOOSE VASECTOMY AS A FAMILY PLANNING METHOD

Financial Situations, Wives' Health, and Quality Fatherhood

The difficult financial situation of most families prompted the men to undergo vasectomy (**Table 7**). They realized that due to spiraling prices of basic commodities and the increasing cost of meeting the basic needs of their families such as food, clothing, shelter and education, they should take matters in their own hands. Being the family heads had never been easy especially when their incomes could barely meet family needs especially for those having more than three children. One father admits, that as a responsible partner he should be able to match his income with the number of children he has whose needs he must be able to provide.

Table 7. Reasons for choosing vasectomy

Reasons (N=44)	Number of Mentions
Economic	27
Limit number of children	15
Health of wife	8
Contraceptive failure	2
Spend quality time with children	1

Multiple response

Men are also concerned with the health of their wives. For instance, frequent pregnancies had caused reproductive health problems for their wives. As one husband narrated:

> I was very afraid of the idea that my wife would get pregnant again because she almost died during her last delivery.

For those whose wives were also using artificial contraceptive methods such as pills, the husbands were concerned with its adverse effects, which included perceived mood swings.

For couples who were already using family planning methods, they experienced failures both in the natural and artificial contraceptive methods. Moreover, men had realized that the burden of reproduction and raising children had always been with them the wives' concern, which brought about health problems for their wives. One husband said that:

> I really thought that we would only have four children but my wife got pregnant a fifth time. We were using the rhythm method which failed. My wife was going to have a ligation but we found out that her blood pressure is elevated. I was told that ligation would not be good for her.

Men had chose vasectomy because they had already reached their desired number of children. More importantly, spending quality time with the children is important, for according to one father:

> First of all, I think having only three children is wise enough. The reason for not having more children is not primarily due to my financial capability to meet their needs, it is more on raising them well by spending "quality time" with them. Having only three kids, I still sometimes feel guilty because I am not able to give equal attention to all of them.

When the men were asked during the focus group discussions to enumerate the three reasons for opting to undergo vasectomy, they cited that the prevailing economic crisis, coupled with threats to their financial stability, the future of their family especially their children, and their wives' health most often. Where their children were concerned, their education remains a priority. One respondent, however, adds that there are also men who go for vasectomy so that they can play around without the fear of impregnating someone, especially if it's a mistress.

Male Involvement in Family Planning

Many of the men say that family planning is something that couples should agree about and decide upon together. They realize though, that being the head of the family, with the responsibility to plan and chart its future, is a big challenge placed upon them. Thus, they are now taking the full responsibility to stop having children by choosing vasectomy. For those men who see the initiative to undergo vasectomy as solely their own, they claim that as men, they

have the exclusive responsibility to look for a job to earn for the family and this also means looking after its future.

Men view family planning not only in the context of limiting the number or spacing of their children. They cite that they got involved also because of their desire to meet the needs of their family especially their children. The needs ranged from giving them food, shelter, education, and guiding them by participating in their care and nurturance. Husbands recognized the fact that the methods available are woman-centered such as pills, ligation, and intrauterine devices. However, no-scalpel vasectomy is also an available option that couples can choose to safely plan the number of their children.

One respondent confesses that it is better if husbands and wives are able to agree on family planning, although in his case he decided against the view of his wife. She was against vasectomy because she views it as a sin.

In **Table 8**, wives emphasize that male involvement in family planning not only means limiting the number of children but is more importantly about sharing the responsibility of nurturing them and ensuring their future, especially their education. Nurturance of children means taking an active part in instilling in them discipline and good manners. Additionally, husbands ought to share in the domestic responsibilities like doing household chores and helping in the marketing. Since women are burdened with risks associated with pregnancy and giving birth, thus, having a vasectomy is a husband's contribution.

Table 8. Reasons cited by wives on the importance of male involvement in family planning

Reasons for male involvement in FP (N=34)	Number of Mentions
Shared responsibility	23
Ensure future of family	16
Limit number of children	8

Multiple response

In discussing with the husband which family planning method to adopt, wives emphasize that factors such as spacing and number of children should be considered. For instance, if couples choose the natural family planning methods, the husbands are expected to be cooperative and understand that there are times that their need for sex must be forgone to avoid pregnancy.

CHAPTER V

THE INFLUENCES THAT FAMILY MEMBERS, PEERS, AND HEALTH CARE PROVIDERS HAD ON MEN'S DECISIONS TO UNDERGO VASECTOMY

The study participants claim that their wives and health providers were the most instrumental in their decision to undergo vasectomy (**Table 9**). According to most of the men, after they discussed their plans to undergo vasectomy with their wives, and obtained their support, the health providers were then largely significant in their final decisions. However, their in-laws and friends did not greatly affect their decision to have a vasectomy.

Table 9. Involvement of wives, in-laws, friends and health providers in men's decision to have a vasectomy

Persons Involved in the decision	Responses (N=44)	
	Yes	No
Wife	31 (70%)	11 (30%)
In-laws	3 (7%)	41 (93%)
Peers	7 (16%)	37 (84%)
Health providers	43 (98%)	1 (98%)

Multiple response

The Wives, In-Laws, and Friends

A majority of the men involved their wives in their decision to have a vasectomy. **Table 10** shows that there were those who first learned about no-scalpel vasectomy from their wives who had either attended an orientation, got

hold of a flyer containing information about vasectomy, or had found a health provider who explained the procedure to them. Both men and women seriously took into account their adverse experiences of contraceptive use, most notably contraceptive failure and the high cost of artificial methods. Other considerations included unpleasant experiences during pregnancy and childbirth, having already had more children than desired, the status of wife's health, and current financial standing. A wife said that:

> We both decided that he should undergo vasectomy. I supported him because I also wanted to stop getting pregnant so that we would not have additional children. I cannot use the IUD because I have hypertension. That is why vasectomy is a better option.

The negative experiences of women with contraceptive use included palpitations, headaches, moodiness, loss of weight and the appearance of varicose veins for the pill users. An IUD user mentioned experiencing severe abdominal cramps. They also mentioned contraceptive failure for those who were using the rhythm method, withdrawal, and pills. Many spouses, especially the women had contemplated on having a ligation but decided against it because it was expensive, their health would not allow it because they had hypertension, one found out that there was something wrong with her fallopian tubes which would not qualify her for ligation, and post-operative recovery would be cumbersome because they have a lot of domestic work to attend to that would be contraindicated.

Table 10. Wives' participation in husbands' decision to have a vasectomy

Extent of participation (N=34)	Number of Mentions
Wives cited reproductive health problems experienced	22
Husbands initiated discussion and wives gave support	16
Wives initiated discussion on vasectomy	11

Multiple response

Some couples decided to choose vasectomy because of risks to health they had experienced during pregnancy and delivery. One woman had had a difficult pregnancy and ultimately a cesarian section during delivery, only to learn that the fetus had died before delivery. Some women's hypertension led to pre-eclampia which may result in death during delivery. Miscarriage or spontaneous abortion is another reason cited. Difficult pregnancy and delivery lead to additional medical cost when a newborn needs incubation and a longer stay in the hospital after delivery.

A majority of those who have opt for vasectomy have three or more children. This is already very difficult for them in a period of increasing prices of basic commodities, when at the same time they either do not have a steady source of income or they are earning less than what their family needs.

Table 11. Wives supported husbands' decision to have a vasectomy

Answers	N=34	%
Yes	32	94
No	2	6
Total	34	100

Table 11 above shows that only two women did not agree to let their husbands go through vasectomy because they considered it sinful or because and their live-in union was not stable. Were they to separate later, the man would no longer be able to sire children to the woman he will eventually marry. A husband explained his decision to have a vasectomy without his wife's consent:

> My wife was not part of the decision-making process because she is against vasectomy since she considers it a sin. I thought of having a vasectomy when we already had eight children. But that time, I asked my wife to have a ligation but she did not like the idea because it is still a sin. When we already had ten children, I solely decided to have vasectomy. We had fights because she was concerned that it might adversely affect my health. She even went to the Security Agency that I work for and demanded why she was not informed *(the security agency asked the personnel of Sacred Heart Hospital for an orientation on No-Scalpel Vasectomy for their workers)*.

The wife said:

> It was solely his decision. I did not support him because it is a mortal sin. We fought because I could not understand the reason why he had a vasectomy and he never answered. I really cried when I knew that he had had a vasectomy. My mother advised me to just accept it and our priest told me to just pray for my husband because anyway, he is looking after the future of our family.

There were husbands who did not include their wives in their decision because they had to take matters in their own hands, especially given difficult times when the future of the family was at stake. One husband decided to surprise his wife because at the onset, it was supposed to have been the wife who would go for ligation but they had decided against it when they learned that it has a number of side effects. Because of these possible undesirable effects of ligation on his wife, he decided to have a vasectomy. His wife was very supportive upon learning that her husband had gotten a vasectomy.

The Health Providers

A majority of the study participants were greatly encouraged by the health providers who they considered to be experts knowledgeable about the procedure. The manner in which it was explained to them provided an assurance that it is safe, thereby easing their apprehensions. There examined visual aids used to facilitate a clear understanding of what should be expected during and after vasectomy. They felt confident that nothing adverse would happen because they read or heard testimonies given by previously vasectomized clients

regarding their experiences. It helped a lot that during counseling, instructions given to them were clear in terms of what to do and what to expect after the procedure to ensure that nothing unfavorable would happen. One client was even accompanied by a health provider to Sacred Heart Hospital prior to the scheduled date of the procedure to ensure that he knew where the venue would be.

Only a very few of the men involved their in-laws and friends in their decision to undergo vasectomy. Those who were influenced by their in-laws bared that they were encouraged to undergo vasectomy because they brought up the facts of the economic crunch, that religion did not prohibit the practice of vasectomy, and that their in-law also had had a vasectomy. Friends positively influenced their decision to have a vasectomy when they decided to undergo the procedure together, thereby allaying fears and anxiety. Friends also assured its safety because of their own previous experiences, and they also said there was nothing wrong with it because it is not against their religion.

CHAPTER SIX

STEREOTYPES THAT HINDERED AND /OR PROMOTED THE PROVISION OF VASECTOMY FROM THE VIEWPOINTS OF VASECTOMY PROVIDERS, ACCEPTORS, AND WIVES

The Downside of Vasectomy

Vasectomy is unpopular as a contraceptive choice because of erroneous beliefs associated with it. A common is the notion that vasectomized men can no longer attain erection. This is a threat to their *pagkalalaki*. They think that they will no longer enjoy having sex or be able to have sex with their wives. That this might result in their wives' philandering because they will no longer be sexually satisfied by their mates. Eventually, this will lead to their break-up. Some wives think that because vasectomized men can no longer impregnate, they will no longer have second thoughts about having extramarital affairs. One male study participant pointed out his wife's worry that he would become a "sex maniac" because he would be free from the fear of getting his wife pregnant, and would also have extramarital affairs to satisfy his lusts. One wife mentioned that men might worry about absolutely not being able to sire children even if, for example, the wife dies, he wants to have children in a second legitimate relationship.

Another misconception of vasectomy is that it is equivalent to castration. This leads to the opposite conclusion from one stated above, that vasectomized

men will no longer be interested in sex. Moreover, it is believed that men will no longer release semen. Failure to release semen was interpreted by a friend of a study participant as a factor that would eventually result in prostate cancer. Thirdly, castration also means to some being inutile; a vsectomized male will be unable to attain erection.

Table 12. Reasons cited by wives on vasectomy's unpopularity among men

Reasons for refusal to have a vasectomy (N=34)	Number of Mentions
Lessened sexual drive	13
Failure to have an erection	11
Affects physical strength	10
Will become a sex maniac	3
Will become gay	2
Against the teachings of the church	2

Multiple response

Another erroneous and common belief is that, physically, vasectomy lessens a man's strength (**Table 12**). He will no longer be able to do heavy work because it is thought to be risky for his health. Health risks erroneously mentioned included enlargement of the testes and death if there are complications. In the long run, men will become lazy because they are selective of the kind of work they do even to the extent of no longer participating in domestic work. They will end up unemployed, which would mean financial loss and a bleak future for the family.

Other than these physical aspects, there are also erroneous beliefs about psychological consequences such as moodiness and the tendency to get angry

easily. These are attributed to the lack of sex drive, leading to an adverse effect on a couple's sex life. The husbands would also have to contend with being teased by neighbors and friends who think they are not able to attain erections anymore and their sex lives have ended (because of the fear of being teased, a few men and their wives never mention that the husbands underwent vasectomy). Men might become gay in the end since sex with a woman is no longer enjoyable.

Religious beliefs play another major factor in the unpopularity of vasectomy because religious Filipinos, believe in what the Bible says which is "go out into the world and multiply." Vasectomy is equated with sin because it runs counter to what God wants couples to do.

Two men experienced failure in vasectomy. One admitted that he failed to have a sperm count before engaging in unprotected sex with his wife. One opted to have another while the second did not opt to have another procedure. The one who had a repeat vasectomy is not fully convinced of the effectiveness of vasectomy and is still using condoms especially since he did not have a sperm count yet after the second procedure. Their wives got pregnant less than a year after the procedure. Both failures led to domestic conflicts, because the wives were hoping that they would not get pregnant again and experience the hardships of another pregnancy. Moreover, the pregnancies caused the wives to feel ashamed for relatives and friends knew that the husbands had vasectomies.

These people could not help but think that the pregnancies were a result of the wives' having extramarital affairs. One of the wives expressed her frustration:

> I regret that I suggested the procedure to my husband. They said that it is 98% effective. Perhaps we belong to the 2% ineffective. By August, he was supposed to have been vasectomized for one year but I got pregnant in June. My menstruation stopped. Had we not tried this method, I believe I would not have gotten pregnant since he was pretty good at using the calendar method. We were using it for two years and I did not get pregnant. Just when we decided to make it sure with vasectomy, I got pregnant. My experience was really frustrating and especially I felt ashamed in the presence of the doctor who performed it. I hid every time I saw him from a distance and if I could not avoid meeting him, I covered my belly. My husband did not have a sperm count after the procedure. People probably think that I had an extramarital affair although I know the truth. I definitely would not recommend it to men.

Their husbands said that the possibility of failure sometimes affects their initiatives to encourage others to undergo vasectomy.

The Upside of Vasectomy

The best way to counter the misconceptions of vasectomy is to launch massive information drives using media and going to the barangays to ensure that many communities are covered by the campaign. During the information drive, reading materials describing the procedure and how to ensure its effectiveness are necessary. Facts should be presented to correct the usual misconceptions. Testimonials of the experiences of men who underwent

vasectomy would encourage men. Wives also say that having couples share their experiences would go a long way to encourage men to have a vasectomy.

Majority of the study participants emphasize that discussion of the exacerbation of economic hardships faced by families with many children is an eye opener. The future of those having many children will be bleak because times are hard, especially for those receiving low wages and facing job loss. Having more than three children is already a financial burden. As one husband says:

> These are hard times. It would be not be good if we just keep on having children. One must be able to match his income with the needs of his family. Just look at our population growth and how the economy is ailing. There is no balance.

The same husband echoes the concern of others regarding the harmful effects of continuous pregnancies on the women's health:

> Another thing, men must also be aware that family planning is not an exclusive responsibility of women. Men also have a role to play. If we talk about family planning, women are the ones hardest hit. Just look at the methods--pills, IUD, ligation. For us men, there is vasectomy which is easy, free, and safe. It is better if we choose vasectomy.

The men who participated in the focus group discussions agrees that their sex life has become better because they no longer worry about unwanted pregnancy. They are able to clearly chart the futures of their families because they are no longer worried of another person whose needs they must meet.

Men mention that no-scalpel vasectomy is a better option compared to ligation because it is not a surgery, it is safe, and recovery is fast as long as one religiously follows the instructions given during post-counselling.

Another concern is the religious aspect. A husband said that vasectomy should not be seen as against the law of God, rather it is being responsible to wife and family as a whole. A husband discloses:

> Well, for those who have not planned their future, they better start it now before it is too late. Men can be encouraged by explaining to them that it is not a sin. I am an avid student of the Bible and I could not find why the Catholic Church says that it is a sin.

A wife who refused to have a ligation for religious reasons, felt bad when her husband had a vasectomy but she was later enlightened after talking to a trusted priest who said that she should not worry because her husband is after all, looking at the future of their family.

CHAPTER VII

THE DECISION-MAKING PROCESS UNDERTAKEN BY MEN TO UNDERGO VASECTOMY

The decision to undergo no-scalpel vasectomy did not take long for majority of participants. In fact, it did not take more than one month for them to decide after knowing about the procedure (**Table 13**). There were a few who only took a day to decide to have the procedure. The urgency to have the decision was brought about by the number of children they already had at that time. Some had already reached their desired number while others had already exceeded the number of children they desired. They explain that having more children would mean additional financial difficulties in terms of raising them and meeting their needs. In fact, some were already facing problems in terms of answering the basic needs of their family. The concern for their wives' health also compelled them to have the procedure done immediately. They pointed out that too many pregnancies took a toll on their wives physical health. Some wives had already experienced high-risk pregnancies and difficult deliveries.

Table 13. Length of time on deciding to have a vasectomy after knowing about the procedure

Length of time to decide	N=44	%
Less than one month	39	89
One month	3	7
More than one month to six months	1	2
More than one year	1	2
Total	44	100

The decision to undergo vasectomy did not come about without first seeking information about the procedure. Their sources of information included television (ABS-CBN's *TV Patrol*), radio (DYHP's radio program entitled, *Kini ang Akong Suliran* [*This is My Problem*] anchored by Dr. Lourdes Libres-Rosaroso, a newspaper (*SunStar Daily*), flyers, streamers, health providers, neighbors, in-laws and wives. A study participant narrates how he came to his decision:

> After I read in the newspaper about no-scalpel vasectomy, I immediately called up Sacred Heart Hospital. The person who answered the phone explained the procedure and family planning also. My wife and I first discussed it and I then decided to have the procedure. It did not take one week for me to decide.

Table 14 shows that majority mention health providers as source of information and these include barangay health workers, medical interns and doctors from Sacred Heart Hospital who thoroughly explained the procedure,

which made them understand that unlike, in the past, it is not a procedure that takes a long time, and it is safe. Its safety was very important to one of the study participants because a neighbor had an infection after he had the traditional vasectomy procedure. A person from Sacred Heart Hospital also gave an orientation in the workplace of a few of those who decided to undergo vasectomy which convinced them of its effectivity, safety, and practicability. He said:

> At the time when I still had four children, I already planned to have a vasectomy but it was going to be the traditional type, which required an operation. I had a neighbor who suffered an infection after the procedure. I got scared then. Now, when the number of my children reached eight, there was somebody from the barangay health center who explained the new procedure. She also said that it is free, safe, and not painful. So, I then went to Sacred Heart Hospital to have a vasectomy.

Neighbors were one source of information when they either heard or read about vasectomy and talked about it with a participant. These neighbors also encouraged them to attend an orientation on vasectomy in their barangay or in Sacred Heart Hospital. Five of the study participants underwent the procedure together with their neighbors, which was an advantage to them because they gave each other moral support.

Table 14. Sources of information on vasectomy

Sources of information (N=44)	Number of Mentions
Health provider	18
Newspaper	8
Streamer and flyers	6
Radio	5
Wife	5
Friend or neighbor	5
Television	3

Multiple response

Another source of information were wives, some of whom knew about vasectomy through various sources such as a doctor when they had their regular pre-natal check-ups, and health personnel who conducted orientations regarding the procedure. The wives discussed the information they got with their husbands and this encouraged the latter to have the procedure. A few husbands still sought other sources of information about the procedure such as attending an orientation, which they also knew about through their wives.

CHAPTER VIII

POST-OPERATIVE EFFECTS ON PERCEPTIONS OF MASCULINITY

Study participants' perception of *pagkalalaki* has not changed after undergoing the procedure. Husbands equated it with being responsible in terms of putting the needs of the family first. Such needs include providing food on the table and sending their children to school. Education of their children figures prominently in their priorities since this is one way to give them a chance in life.

This concern of husbands is also held by their wives. Beyond the issue of reproduction, women should be respected, not be subject to physical abuse, such as the physical abuse of continuous childbearing. In the same way, women must not be burdened with problems stemming from the vices of their men such as drinking and womanizing.

A number mention that their sex life has been significantly enhanced because they are no longer anxious and even fearful of another pregnancy. Their sex drives have improved. Now, they also have "peace of mind" and their domestic life has become better, whereas in the past, they had fights due to frequent unplanned pregnancies and failure to immediately respond to the basic needs of family members such as food and education expenses and other expenses related to the upkeep of the home. Fewer domestic spats have led to couples becoming closer. A husband shared his experience:

> It (vasectomy) makes me feel better now about myself. My sex life is good because there are no more apprehensions before the contact. No more worries of bearing another child.

A wife shares how their sex life improved after the procedure:

> There were hurdles like we were advised not to have sex before completing 20 ejaculations but after that, there were really positive changes. No more worries of getting pregnant. In terms of stimulation, there were no changes. The operation in fact, made our sex life better--no worries, guilt feelings and apprehensions. You only need to sleep soundly after.

Wives see their husbands' choices to have a vasectomy in a positive way because they have been spared from undergoing ligation which is perceived as more expensive and riskier compared to vasectomy. One wife is happy because her life is no longer endangered by difficult pregnancies. In the past, she experienced a complicated pregnancy, which eventually resulted in a stillbirth.

In-laws see the move to go through vasectomy optimistically because they no longer have to help to meet the food and schooling needs of the grandchildren, should more of them have come along. Their present grandchildren would have a better future when expenses would not have to go to the unborn siblings. They see the move as something to be proud of.

The friends of the participants were concerned about any adverse physical effects of vasectomy, such as no longer being able to attain an erection. This, many misconceived, would have an impact on their *pagkalalaki* because impotence would mean the end of a man's sex life. Failure to have erections was coupled with fears of doctors committing errors during the procedure. Eventually,

some said, not being able to have an erection was also interpreted as a man becoming gay.

Table 15. Post-operative perceptions of wives', friends' and in-laws' on men's masculinity (N=44)

Perceptions	Wives	In-laws	Friends
Positive	43	43	40
Negative	0	0	3
NA (did not inform anyone)	1	1	1
Total	44	44	44

In brief, the perception of the vasectomized man's *pagkalalaki* remained positive and the same after as before vasectomy (**Table 15**). Vasectomy is seen as one of the acts of responsibility a male should take to ensure the well-being of his family of procreation.

CHAPTER IX

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

Summary of Findings

1) Masculinity is defined as being a responsible husband and father. This means that a man should be able to meet the basic needs of his family--food, clothing, and education. He should be able to take part in raising the children and sharing in domestic work. Should devote time for his wife and support her not just financially but also emotionally. In terms of decision-making, the husband as well as the wife must jointly decide; if not, the wife should at least be consulted.

A man is expected to sire children but with this expectation comes the responsibility to take care of them. Part of this responsibility towards the children is his direct participation in family planning. Aside from siring children, physical strength is likewise attributed to being a man. Thus, he is expected to be hardworking not just in terms of having a steady source of income but also participating in domestic work.

2) Men were encouraged to undergo vasectomy most importantly due to economic reasons. They had been feeling the crunch of ensuring the future of their family members, especially their children. This would prove to be more

difficult were another child to come along. In fact, a had majority already reached or even exceeded their desired number of children.

The husbands' concern for the health of their wives, who in the past experienced various reproductive health problems during pregnancy and childbirth, made them take charge of choosing vasectomy. Added to this was the constant pressure placed on women to regulate fertility by way of contraceptive methods.

3) Wives made a significant contribution to the decision of men to undergo vasectomy. Aside from providing husbands with information regarding the procedure, the extent of support given by the wives as expressed through their agreement on the decision of their husbands to have a vasectomy made a marked impact to go through with the procedure.

The encouragement given by health providers by thoroughly explaining the procedure and correcting myths and misconceptions and assuring them of its safety and reliability provided an extra push on the acceptance of husbands to have vasectomy.

In-laws and friends did not have a noteworthy influence on the decision of men to submit themselves for vasectomy.

4) In the past, men were not keen on undergoing vasectomy because of various misconceptions regarding the procedure. Foremost, there was the notion that they could no longer attain erection and even the confusion of it with

castration which would greatly affect men's virility. This in turn, would affect their *pagkalalaki*, their sexuality, strength, maleness and ability to provide. Psychological and religious factors also figured prominently in their decision to forego vasectomy in the past. All these were corrected through accurate information given by various reliable sources such as health care providers and vasectomized men.

Aside from the accurate information given, men as *padre de pamilya* (head of family), seriously took into account their responsibility as fathers of their children and husbands of their wives. They took matters into their own hands by making the decision to actually submit themselves for vasectomy.

5) As cited previously, men equated masculinity with responsibility towards the family. This is the very reason that prompted men to have a vasectomy without much delay from the time they received accurate information regarding the procedure. Thus, after having the procedure, men felt that nothing actually changed with the way they perceived their masculinity. In fact, having vasectomy affirmed their concept of being a responsible man, husband, and father. Their wives also saw this in the same light.

CONCLUSIONS AND FURTHER DISCUSSION

This study outlines the reproductive choices of Cebuano men to undergo vasectomy and explains the concepts of *pagkalalaki* that Cebuano men hold which created an impact on their choice. Cebuano married men understand the concept of *pagkalalaki* as being responsible in terms of meeting the basic needs of the family such as food and education. A related finding on masculinity by Whitehead (1997) in a study conducted in America is that masculinity involves two themes, namely, respectability and reputation. The former includes having economic power to provide for one's family. Men see that it is their primary duty to financially meet the needs of the family and this is also supported in the Philippines by studies done among Ilokanos by Pingol (2001) and Margold (2002).

Beyond being able to meet the economic needs of the family (Whitehead, 1997), men likewise see their role as actively to participate in the nurturance of their children by spending "quality time" with them. Moreover, they should also be able to spend time with their wives despite the many responsibilities they have, which includes participation in domestic work. Doing household chores is not an issue among Cebuano men also, and this can be related to the way they were socialized in their childhood years when they were trained to do simple household chores. Also in the Philippines, Mendez and Jocano (1979) revealed in their research that Tagalog boys were assigned chores which require physical strength, traveling some distance from the home, and minimal socio-emotional

skills. Liwag, de la Cruz, and Macapagal (1998) found that boys assisted in child care when girls were not available.

Masculinity as perceived by both men and women include physical characteristics although they are not considered significant in the decision to choose vasectomy. These physical characteristics include physical strength and the ability to sire children. An emphasis on physical strength was found in the present study and also by Liwag, de la Cruz and Macapagal (1998) because they found out where men are expected to do heavy work. There is another important expectation which is the ability of men to impregnate women which, in fact, Gilmore (1990) and Gutmann (1997) report in their studies among men in the circum-Mediterranean region. There part of the "moral imperatives" of maleness involved impregnating one's wife aside from meeting the needs of dependents and protecting the family. In the Philppines, Tan (1989) believes that the siring of children is considered an essential achievement.

Men choose vasectomy despite the prevailing myths that surround it, for instance, its leading to an inability to attain erection, lack of interest in having sex, and being equal to castration. These are discussed by Atkins and Jezowski (1983). First, our men are concerned for the future of the family especially now that times are now economically difficult. In Margold (2002), an ideal husband is seen as someone who can secure his family's economic stability. Second, the health status of their wives is threatened by risky pregnancies and deliveries. The threat of pregnancy to women's health is also a concern raised by Flavier

(2002) who was himself prompted to have a vasectomy. For so long in these men's partnerships, women have been carrying the burden of reproduction, family planning, and using women-centered family planning methods. But the males have come to realize that, indeed, there is another choice centered on *them*. Landry and Ward (1995) learned in their research that men have come to realize that it is now their turn. In relation to women's health, couples have had adverse experiences with certain artificial and natural family planning methods. These have also been alluded to by Mumford (1983), Vernon (1996) and Flavier (2002).

Thirdly, decided to stop having children because the couple had either reached or surpassed their desired number. This was likewise found by De Guzman (1990) in his study on vasectomy.

The decision of men to have vasectomy can be facilitated through the support extended by the wives and health care providers. Wives play a crucial role in the decision of many men because, foremost, they provide information about the procedure and reinforce men's resolve to have a vasectomy. Similarly, Ringheim (1993) divulges that vasectomy acceptors in Colombia point to their wives as initial sources of information and as the key persons to influence the decision. Additionally, in a successful program in Brazil initiated by PRO-PATER, which was studied by de Castro *et al* (1984), wives indeed influenced men's decisions. However, a study by de Guzman (1990) in the Philippines, found that

the men in its sample never consulted their wives about their plan to be vasectomized.

The key role that health care providers play in the decision-making of men is in the area of educating them regarding the procedure and explaining the prevailing misconceptions on vasectomy. The advantages of vasectomy over other methods enable men decide that it is the better choice especially compared to ligation which Landry and Ward (1995) also discovered this. Vernon (1996) says that vasectomy is preferred because it is "simpler, easier, safer, quicker and most comfortable". Friends and in-laws do not have a significant impact because once men get the support of their wives through a joint decision, nothing else matters not even the misconceptions or adverse attitudes reverberated by their male friends.

Finally, men still hold the same positive concepts of *pagkalalaki* after vasectomy as they had before, and it does make a big difference that men are now taking an active and direct participation in terms of family planning. This is indeed a huge departure from the study done by UNFPA (2000) where strong male stereotype prevented men from sharing in sexual responsibility.

Recommendations

Based on the findings, the following recommendations are forwarded:

1) In the information campaigns that will be launched to garner the participation of men in family planning, especially vasectomy, it is not enough that myths will be corrected and facts presented. Another convincing manner to get the support of men, based on this research and other, is stressing their responsibility towards their children and wives. The concept of responsibility hinges on securing the future of the family by being able to sire the number of children whose basic needs like food and education can be met under their current circumstances, and stopping there.

2) It is noteworthy that men are concerned to secure the economic welfare of the family. This means that they are tied to their jobs and may not have the opportunity to spare time for discussions on other matters or in other places. Efforts should be made to reach out to men in their workplaces through of information, education, and communication campaigns. They would be a captive audience with an opportunity to closely interact with men who may have previously held concepts and misconceptions on vasectomy similar to their own.

3) In relation to the above recommendation, community gatherings of men and women need to be embedded in any such campaign plan since men who are

at work for most of their day will prefer to stay at home during time off due to their participation in domestic chores. Community-based gatherings will not only enhance couple-centered decision making but will also improve male involvement in family planning through interaction with other men in the community. Worth mentioning that these discussions must be kept time-bound so that men can still have time for their families.

4) There is a need to involve men who have been previously vasectomized in the massive education campaigns in support of vasectomy. Their testimonies as to the nature of the procedure, its success, and the joys they are currently experiencing can help other men realize that it is alright to submit one's self for vasectomy. This is also an effective way to dispel erroneous beliefs about vasectomy in relation to cultural conceptions of masculinity based on the actual experiences of previously vasectomized men.

5) Couple-centered information activities including pre and post counseling is key in terms of helping males to make a firm decision on family planning. Veering away from women-centered or male-centered only campaigns helps enhance greater participation in family planning. This is also a departure from the usual frame-of-mind of program planners and implementors that "men are the problem" when it comes to family planning. Additionally, there is a need to

veer away from stereotyping men in terms of their participation in family planning simply because age-old concepts about their masculinity may be a hindrance in any program designed for them. For as we have seen, this was not a problem for our Cebuano vasectomy acceptors. Eventually, this will ease the burden of responsibility placed on women in terms of reproduction and fertility regulation because men will then take a proactive stance not only in family planning but the more politically correct and encompassing concept of responsible parenthood.

6) Health service providers need to graduate from the usual information dissemination approaches like focusing only on how the procedure will take place and clients' responsibilities after undergoing vasectomy. Instead, program planners must raise the discussion to a higher level that will include issues on gender, women's health, male participation, and family welfare.

7) A study on men who undergo vasectomy must be pursued in comparison with those who do not undergo vasectomy but are using other family planning methods. This will highlight differences in terms of methods used, client satisfaction, and even the state of a couple's relationship.

8) A study on male rejectors of vasectomy to get a full picture of what is happening to Cebuano concept of *pagkalalaki*.

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Group promotes vasectomy

Husbands, mostly Catholics, see no conflict between non-scalpel vasectomy and their faith

JUJEMAY G. AWIT *Sun.Star Correspondent*

he Maginoong Bisaya says its members re mostly Catholics who also have to look fter the needs of their families

HE Catholic Church is nst artificial family ning methods, but a p of vasectomized hus- s called the Maginoong a say most of its mem- are devout Catholics.

he Maginoong Bisaya formed by the Nagpaka- Foundation to promote o-scalpel" vasectomy as thod of family planning. an interview, Magino- Bisaya president Noe co said that while they ware that the church is t vasectomy, it doesn't it is right.

have one bible, so many differ- religi s because there ifferent interpretations of ible. As fathers, we are *adre de familya*, and the on how to manage our should be up to us. The s will never understand it is to manage a fam- Frasco said.

f the over 100 husbands who underwent the no-scalpel vasectomy of the Nagpakabana Foundation, 77 percent are Catholics.

Frasco also explained that ever since he was vasectomized last year, a lot of pressure has been taken off his back.

The 28-year-old father of two said that "physically, mentally, morally, and financially," his life changed for the better.

He said he and his wife are more sexually active now that there is no fear of her getting pregnant again. With only two children, Frasco can support his family well.

Frasco clarified that fears of the procedure will make men impotent is not true. "If anything has changed as far as physical intimacy is concerned, they're all for the better."

Of those who braved the procedure, 32 percent did it for economic reasons, 22 percent did it for health.

Frasco explained that some wives are too weak to undergo tubal ligation. Husbands are also wary that their wives' health fails when they have too many children.

No-scalpel vasectomy is offered by the Nagpakabana Foundation, headed by Dr. Saleshe Baking, for free at the Vicente Sotto Memorial Medical Center. The procedure lasts 15 to 20 minutes.

Nagpakabana Foundation and Maginoong Bisaya will soon hold a seminar to correct fears that of the procedure. JGA

CATHOLICS. Members of the group Maginoong Bisaya swear their life changed for the better after undergoing the non-scalpel vasectomy procedure. An improved sexual life and a small and manageable family are among the benefits they now enjoy.

(SUN.STAR FOTO/ALLAN DEFENSOR)

CLEOFE A. MACEDA Editor
metro@sunstar.com.ph

Men's groups help birth control drive

They join female organizations promote natural, modern methods

BY JUJEMAY G. AWIT
Sun.Star Correspondent

TWO male organizations have joined predominantly female organizations to promote family planning, either through natural methods or modern ones.

The Maginoong Bisaya, a group of men who have undergone vasectomy and organized by the Nagpakabana Foundation, and the National Confederation of Tricycle Operators and Drivers Association (Nactodap) acknowledged that the increasing number of children in every Filipino household is a problem.

The newly created Maginoong Bisaya was duly formed to entice men to undergo vasectomy and advocate family planning activities on a permanent level.

Vasectomy is a surgical procedure that makes a man sterile by cutting out sections of the vasa deferentia (the tubes that carry sperm) and tying the ends, thereby interrupting the route that the sperm must travel to be ejaculated and cause conception.

Birth spacing

The Nactodap, on the other hand, is promoting birth spacing and limiting the number of children per household. The group considers three to four children to be the ideal number.

Efren Tabanao of Nactodap told **Sun.Star Cebu** that for the first time on June 19, the group will also give an award for the model tricycle driver of the year.

Criteria for the award include the number of children, birth spacing and living condition. The winner should also have a clean record as a tricycle driver, said Tabanao.

While Nactodap also advocates the use of contraceptives to achieve the ideal number of children and the ideal gap in between children, the group is also pushing for its members to undergo vasectomy, just like Maginoong Bisaya.

Members

Nactodap, Tabanao said, has over 86,000 members in the whole region.

So far, Maginoong Bisaya has only 36 members, but Dr. Saleshe Baking of the Nagpakabana Foundation said that through proper education, their members will definitely increase.

Besides, she said, the group was only formed last March.

She acknowledged, though, that the procedure (vasectomy) is still taboo among men. She said Nagpakabana Foundation helped over a hundred men go through vasectomy, but only 36 of them were willing to come out and become advocates.

"That is why we have scheduled a number of seminars and press conferences to inform the public on the advantages of the procedure," she said.

Baking added that fears like non-erection and failure to perform sex after vasectomy procedures are simply hearsay. "The procedure has no side effects."

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Bureau welcomes DOJ order to review cases of juvenile offenders

THE Children's Legal Bureau (CLB) has welcomed the order of the Department of Justice to review the cases of juvenile offenders all over the country for a more comprehensive juvenile justice system.

The CLB, however, lamented on the delay of the order.

CLB executive director, Atty. Joan Dymphna Saniel, said, "The order is welcome but it's really overdue."

She stressed that the country's juvenile justice system has long been a problem.

However, "*Mas maayo himuon nga ila ng gihimo* (Better they do it)," she added, taking into consideration cases on juveniles who served beyond their sentence or have been detained without proper charges.

Saniel said that DOJ's order might be one of the steps the government is taking into to answer the call of the United Nations to implement the standards of juvenile justice provided by the United Nation Convention on the Right of the Child (UNCRC) and other UN instruments.

This May 18, the Philippine government is scheduled to have a dialogue with UNCRC in Geneva, Switzerland to take up issues about the consideration of the second periodic report of the Philippines on the UNCRC implementation. (UP Mass Comm intern Narsheen Moide Attiaga)

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to hold meeting, oard of directors

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THE Young Presidents Organization-Japan Chapter members, together with Cebu Chamber of Commerce & Industry Board of Trustee during their courtesy visit with Gov. Gwen Garcia discussing about the interests of some members to invest in the Philippines last April 22 at the Provincial Capitol. From left to right: Nakauchi Hiroshi, CCCI President Robert Go, Aritachi Kenichiro, Hiroshi Yoshihiro, Governor Garcia, Ryuji Kiyotaka, Kato Kentaro, Hidenori Hisatake and Xavier Alautiz.

Vasectomy recipients relate experiences

THE recipients of the vasectomy method of family planning have experienced change in their lives.

In a press conference at the BMC College yesterday, Ramonito Gallegos, a father of three, said "vasectomy is a bold step for me to become a better father to my children."

"The primary reason why I undergo the operation is that I wanted to give my children better education. If I have more children, it would be difficult for me to send them to a good school," Gallegos said.

Rodolfo Nanoy, a fisherman from Caohagan Island off Lapu-Lapu City, for his part, said that having many children does not only pose a threat to economic security but also to the roles that each parent must take.

"Instead of going out to the sea to fish, I usually stay at home to look after the kids especially when my wife is working," Nanoy said.

Reynaldo Camacho, however, has a different version.

Camacho, a mechanic and a father of two, said that every time his wife gets pregnant, her blood pressure goes up.

"We are aware that the Catholic church is against family planning especially vasectomy. But being Catholics, we are also aware that we should stand by our choices," Noe Frasco, the president of the Maginoong Bisaya Club, said.

BMC is composed of husbands who undergone the no scalpel vasectomy.

It is organized by Nagpakabana Foundation, which is led by Dr. Saleshe Baking, vasectomy surgeon.

Frasco said he has not experienced any side effects yet from the no scalpel vasectomy.

Dr. Alfredo Baking, a medical specialist, also clarified misconceptions about vasectomy saying that the hormones of the body would not be affected but only the sperm that causes pregnancies. (Correspondent Peter Michael J. Opulencia)

SAINT OF THE DAY: ST. FRANCA VISALTA was only 7 years old when she was placed in a Benedictine convent and was 14 when she made her religious profession. Her position as abbess was short-lived because of the strict-

niversary), Fr. Hector Seville (birthday), Sto. Nino Parish in Medellin, Cebu (Fiesta Vesperas).

CONCERT FOR A CAUSE: Maasin Bishop Precioso Cantillas will lead Pres Pad es in a concert on

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wborns to get Hepatitis B vaccines

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Roselle and Ronald Lim-Chiu, and is fully supported by hospital administrator Engr. Oscar Tuason.

The Hepatitis B vaccine at birth project is also endorsed by the Philippine Pediatric Society-Cebu Chapter.

NECESSARY

Hepatitis B vaccine at birth is necessary to protect infants from contracting the illness from infected mothers.

The disease can be transmitted from mother to child, and vaccinating the infant 12 hours after birth would help prevent transmission of the virus.

And since people afflicted with hepatitis B don't know they're infected because sometimes symptoms are not obvious, it's best that pregnant women are tested for Hepatitis B.

PREVENT INFECTIONS

Dr. Blanco said "Immunization of infants is the main strategy to prevent these infections and reduce the prevalence of chronic infection."

CDUH is solidifying this resolve by making the Hepatitis B vaccination at birth mandatory for all newborn infants at the hospital.

The service is made available at CDUH and its affiliate, Mactan Doctors' Hospital.

Likewise, healthy term newborns whose mothers are of unknown Hepatitis B antigen status shall be vaccinated at birth and subsequently given HBIg if the mother is found out to be HBsAg.

Private pediatricians in the nursery are also encouraged to give Hepatitis B vaccine at birth to their newborn patients.

RESOLUTION

The Philippine Foundation for Vaccination (PFV) has endorsed a resolution to Congress to make administration of Hepatitis B vaccine at birth mandatory.

In support of this advocacy, GlaxoSmithKline (GSK) Philippines is making their vaccines more accessible.

ADULT VACCINATION

Aside from infant and child vaccination, GSK has also spearheaded an adult vaccination campaign whereby adults in their productive years are encouraged to take the shot to prevent them from contracting vaccine-preventable diseases that may hinder their productivity in the future.

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steps of the clientele and stakeholders as the program reaches the Visayas and Mindano regions."

DepEd 7 director Dr. Carolino B. Mordeno commended the Cebu City Division for coming up with the program which is aimed to create a formal arena for discussing the DepEd's current thrusts.

The program will feature news and interaction between the hosts and the guests.

It will also feature guests from DepEd and the academe, Parents Teachers Community Association (PTCA) representatives, student leaders, young achievers, exemplary students, and the school organizations.

CCTN 47 will start airing the program on April 30 with the launching ceremony as the first episode. (UP Intern Narsheen Molde Artiaga)

Dr. Saleshi Baking (right) of the Maginoong Bisaya Club of Nagpakabana Foundation briefs media regarding their campaign on "no scalpel vasectomy" last Sunday at BMC College Mahon street, Cebu City. With her is Ella Cañete of Population Commission.

ower plant gearing s ISO certification

ower Plant (BDPP), the 22-megawatt gov-
cility supplying electricity in the province
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Power Plant engaged the services of Bu-
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Beetlerock provides internet to public high schools

BEETLEROCK, Inc., the company behind the online gaming Fairyland, has been supporting private companies and civic organizations in its effort to provide Internet access and basic Internet literacy programs to all public secondary schools in the Philippines.

Aptly called "Gearing Up Internet Literacy and Access for Students (GILAS)", this multi sectoral initiative has already provided internet connectivity to Parang Basak National High School in Lamitan, Basilan through the efforts of Fairyland gamers.

Players of Fairyland took part in the charity drive by using their hard earned in-game coins to buy Beetlerock's virtual apples, which cost 1,000 coins each (normally priced at less than 10 coins).

As a result of huge apple sales in excess of one million coins, Beetlerock pledged to provide funding to initiate the project.

For every $1 Beetlerock donated to the project, an anonymous Fairylander agreed to match this for the school's internet connectivity project.

What's more, for each $2 donated by Beetlerock and the Fairylander, the GILAS consortium in turn matches this with an equivalent $2 donation.

This act of charity in the real world started with simple charity within the virtual world of Fairyland.

Beetlerock, Inc. hopes to continue its charity work as the number of its gamers all over the Philippines increase.

The online world of Fairyland is a virtual world for all and can be found at www.fairyland.com.ph.

FAMILY PLANNING DAY ACTIVITIES/STATISTICS

	GULOD	TORO HILLS	BAGONG SILANG	CAMARIN
	March 12, 2005	March 18, 2005	March 28, 2005	March 31, 2005
Pills	16	31	25	20
Condom	52	18	9	19
IUD	36	23	5	20
Injectables	18	11	8	25
Permanent	31	17	15	10
Modern NFP	20	13	20	20
Total No. of IEC materials given	173	113	82	114
FP Counseling	16	18	17	16
Medical/RH Consultation	23	11	24	13
Services Rendered Acceptors:				
PILLS	10	10	19	22
CONDOMS	-	-	20	8
INJECTION	-	-	3	6
IUD Insertion	-	-	1	-
IUD Check up	-	-	1	-
PAP SMEAR	-	-	4	13
Other activities	Rap Contest – 350 pax	FP Forum – 500 pax	Interactive Dance – 50 pax	Dance Contest – 50 pax

FAMILY PLANNING DAY ACTIVITIES/STATISTICS

	PASAY 143	**SAN DIONISIO**	**SAN ISIDRO**	**MALABON**
	April 8, 2005	April 16, 2005	April 30, 2005	May 3, 2005
Pills	47	47	49	44
Condom	47	43	29	34
IUD	11	8	9	36
Injectables	6	8	6	34
Permanent	20	3	1	78
Modern NFP	6	3	3	33
Total No. of IEC materials given	118	112	97	259
FP Counseling	41	58	86	33
Medical/RH Consultation	8	2	1	1
Services Rendered **Acceptors:** PILLS CONDOMS INJECTION IUD Insertion/Removal PAP SMEAR	 10 15 - - -	 28 19 5 - 5	 35 18 - 2 33	 15 5 3 4 5
Other activities	Motorcade Dance Contest Mobile / Party	Parade with band Dance Contest	Motorcade Dance Contest Rap Contest	Interview of patients for prenatal check-up for contraceptive use after delivery

An Observation Study Tour (OST) of the Family Planning Program in Mexico
April 2-11, 2005

Organized by
The Social Acceptance Project-Family Planning (TSAP-FP)
Academy for Educational Development

Introduction

The Social Acceptance Project for Family Planning (TSAP-FP) conducted an observation study tour to Mexico City, Mexico from April 2-11, 2005 with representatives from different sectors in the Philippines, including the legislature, the healthcare sector (public and private), civil society, and the media. The objectives of the study tour were to:

1. Observe examples of organized family planning programs that have successfully worked with various sectors of Mexican society such as the government, media and non-governmental organizations;
2. Observe strategies for increasing FP information sharing and outreach that could be adapted to their own programs or situations towards increasing FP practice;
3. Define specific messages for enhancing acceptance of family planning and related activities that they will undertake upon return to the Philippines; and
4. Strengthen commitment to specific FP information sharing and outreach activities that OST participants could implement.

The study tour participants included many well-recognized, influential personalities from the Philippines, including:

1. Rep. Josefina Joson – Chair, House Committee on Women
2. Rep. Darlene Antonino-Custodio – First District of South Cotabato and Member, Philippine Legislators Committee on Population and Development
3. Dr. Dolores Castillo– Assistant Secretary, Department of Health
4. Dr. Evelyn Palaypayon – President, Philippine Obstetrical and Gynecological Society (POGS)
5. Dr. Wilson Pamintuan – President-elect, Rotary Club New Manila East
6. Bishop Fred Magbanua – Chair, Inter-Faith Partnership
7. Ms. Ces Orena-Drilon – Host and Newscaster, ABS-CBN
8. Susan Enriquez– Program Host, GMA-7
9. Mr. Gerry Lirio – City Editor, Philippine Daily Inquirer
10. Mr. Angelo Palmones – Station Manager, DZMM and top rating radio broadcaster
11. Mr. Romeo Arca Jr. – FP Outreach Advisor, TSAP-FP
12. Mr. Felix Bautista – Communications Advisor, TSAP-FP
13. Ms. Nilda Perez, USAID CTO, FP Social Acceptance Project

Organization and Management

The organization of the agenda (see Appendix A) was developed by a consultant based in Mexico, Ms. Cindi Cisek, in coordination with Ms. Elizabeth Thomas from AED/Washington and Mr. Romeo Arca Jr. of TSAP/Philippines. Ms. Cisek also accompanied the OST participants while in Mexico City to coordinate and lead in-country meetings. In order to facilitate communication with Mexican counterparts, two simultaneous interpreters were contracted to

support the group. The Philippine Embassy in Mexico also provided significant logistical support to the group, helping with group arrival and departure, and assigning their Protocol Officer to support the two congresswomen during their stay. Ms. Cisek conducted a general briefing for the group on the history and current status of Mexico's family planning program and its key players prior to the in-country meetings. Each participant also received a briefing booklet during the first day of meetings with a summary of the key elements of Mexico's family planning program and a brief profile of each of the organizations to be visited during their stay.

During the study tour, participants kept a daily journal of the key findings and observations related to the OST meetings. The daily journals were then used by participants to develop their individual social mobilization plans at the end of the visit.

Background on Mexico's Family Planning Program

The Mexican family planning program represents one of the strongest public sector programs in existence today. As a result of almost three decades of political support, the program has achieved significant advancements. In 2000, the total contraceptive prevalence rate was estimated at 70.8 percent, and the current total fertility rate is estimated at 2.4 children per women—down from over six children per woman in the early 1970s. Despite these advancements, the Mexican government also recognizes that the success of the family planning program has not been felt throughout the entire country—and there are still important regional differences. The National Population Council (CONAPO) estimates that there are still eight states where the contraceptive prevalence rate is less than 65%--where there is at least a 10 year development lag in comparison to the national context. There are even more important gaps in other areas—primarily rural, indigenous, and marginalized urban areas—where the development lag is greater than 16 years.

The United States Agency for International Development (USAID) initiated its support to the Mexican family planning program in 1974—shortly after the Mexican government officially began its Family Planning Program. For almost three decades, USAID provided large donations of contraceptive commodities to the Mexican program. In 1992, USAID developed its final technical assistance strategy for the Mexican program—designed to gradually phase-out support over the next five years. In 1992, USAID began reducing its contraceptive donations to the Mexican program—and by 1995 had completely stopped providing contraceptive commodities. During its final phase, USAID provided technical and financial support to the program through a coordinated technical assistance program of cooperating agencies. In March 1999, USAID completely ended is supported to the Mexican family planning program and all related public and private sector organizations.

Because of the strong political support for family planning, the public sector has been and continues to be the major provider of clinic-based family planning services within the country. The majority of health services are provided by three government agencies: the Instituto Mexicano del Seguro Social (IMSS), the Secretaria de Salud (SSA), and the Instituto de Seguridad y Servicios Sociales para los Trabajadores del Estado (ISSSTE). The IMSS offers services for all persons that are formally employed. The ISSSTE provides services for state and federal employees. The SSA provides services to all individuals with no formal health coverage—and serves as Mexico's health safety net. Like few other available services, however, family planning services are free across the board—and even the government institutions (IMSS and ISSSTE) that normally serve only insured populations provide free family planning services to anyone who walks through their doors. These three organizations are the primary providers of clinic-based family planning services—with the IMSS providing the largest portion of services overall.

In-Country Meetings

During the study tour, participants were exposed to a wide variety of public and private institutions in Mexico that have been instrumental in promoting, defending, and implementing reproductive health information and services. The strong political support for family planning that has been characteristic of the Mexican family planning program for more than 30 years has been one of the key factors in its success. The OST participants observed the importance of this high-level political support in allowing for a national, centrally-coordinated family planning strategy. OST participants also observed the importance of civil society in both defending and promoting reproductive health rights—particularly on issues that were not part of the early family planning program, such as services for special populations (indigenous, youth) and new alternatives (such as emergency contraception). OST participants were also exposed to the wide variety of communication strategies that have been used by both public and private organizations to increase access to information and education. The following institutions were visited during the study tour:

National Population Council

On January 7, 1974, the General Population Law (Ley General de Poblacion) was approved in Mexico outlining the legal parameters for a new and explicit population policy. The General Population Law establishes the right of all individuals to decide based upon informed choice the number and spacing of their children and their right to the necessary information and services in order to exercise their decision. Article 16 of the General Population Law also establishes that all information, education, and health services related to family planning will be free of charge when provided by state organizations. Also promulgated by the General Population Law, the National Population Council (CONAPO) was established in March of 1974. CONAPO was created as an inter-institutional designed to direct the country's population policy and the demographic planning in the country. The Secretary of Government presides over CONAPO—which also incorporates the Secretary of Foreign Affairs, Secretary of the Treasury, Secretary of Social Development, Secretary of the Environment and Natural Resources, Secretary of Agriculture, Livestock, Rural Development, Fishing, and Alimentation, Secretary of Public Education, Secretary of Health, Secretary of Labor and Social Prevision, Secretary of Agrarian Reform, and Social Security and Services Institute for State Workers, and the Mexican Institute for Social Security.

The OST participants visited Mexico's National Population Council where they received a brief overview of Mexico's demographic situation by Mr. Virgilio Partida, General Director of Sociodemographic Studies—and a review of Mexico's population policy by Mr. Ricardo Aparicio, Adviser. The key issues discussed during this meeting was the strong policy environment that supports Mexico's family planning program, and the fact that the program is based upon access to reproductive health information and services as a basic human right. The OST participants returned to CONAPO on Wednesday, April 6, to review CONAPO's communication strategies, and to see first hand the wide range of information and communication activities being implemented by the institution. CONAPO does not implement any method-specific campaigns. CONAPO and the Mexican Social Security Institute collaborate, for example, on a nationwide television and radio campaign to promote a family planning hotline, providing information and counseling on family planning products and services. They have also developed IEC campaigns designed to encourage young people to develop a "demographic" culture—and encouraging them to develop their own "life plans." The campaigns also encourage women to delay marriage/age of first union, and encourage young couples to delay the birth of their first baby. OST participants from the media were particularly interested in knowing what type of impact Mexico's family planning program has had in advancing other social development

problems, for example, poverty, status of women, etc. CONAPO provided a copy of their ICPD + 10 report as documentation of the impact of the family planning program across different sectors.

Ministry of Health (SSA)

The Mexican Ministry of Health—or SSA—is the second largest provider of clinic-based family planning services within the country. The responsibility for provision of healthcare services is decentralized and organized at the state level. The central level of the Secretary of Health serves as a normative body, and provides general oversight and guidance on strategic programs, including family planning. As mentioned earlier, family planning services are provided free of charge to all users (and in all government institutions).

The OST participants visited the SSA where they were briefed by Dra. Raffaela Schiavon, General Deputy Director of Reproductive Health and Dr. Marco Olaya, Director of Family Planning. Since the phase-out of USAID support, Mexico's family planning program has faced several key obstacles. During 2003-2004 when the full effects of decentralization started to take place (and state-level governments were fully responsible for procuring contraceptives), many health Ministry of Health (MOH) facilities faced stock-outs of contraceptives. The MOH at the central level has been working to develop strategies to assist state-governments in identifying quality, affordable options for contraceptive procurement. In 2003, the MOH worked with UNFPA to implement a coordinated purchase of contraceptives, in which approximately 14 different states participated. These issues and recent changes in the organization of the MOH make it difficult to assess how well the family planning program is continuing without donor support. In addition, there has been no demographic and health survey implemented in Mexico since 1997 so it is difficult to assess the full effect of USAID's phase-out to the family planning program. The key issues discussed during the meeting were the status of Mexico's family planning program after graduation from USAID assistance, the key challenges faced by the program, how the program has identified priority groups, and how the MOH has addressed the issue of a central contraceptive commodity procurement strategy to ensure contraceptive supplies are available at the state level. The group also discussed the recent update of Mexico's family planning norms to include emergency contraception, and how the MOH handled the public debate and criticism that ensued from conservative groups.

Catholics for a Free Choice

On Tuesday, April 5, OST participants visited the international NGO, Catholics for Free Choice. Dr. Maria Consuelo Mejia provided an overview of the organization's key activities and key accomplishments in Mexico. Catholics for Free Choice has developed a wide variety of communication and social mobilization strategies. Their communication materials range from having very soft messages, such as one poster which emphasizes the fact that the Virgin Mary was consulted by God before accepting to be the mother of Christ—suggesting that all women should also have the freedom to choose in decisions related to their reproductive health—to very aggressive materials which accuse the world's Bishops of contributing to the death of millions because of their failure to recognize the condom as a mechanism for preventing HIV/AIDS. The key issues discussed during this meeting included how Catholics for Free Choice is analyzing church doctrine to demonstrate that the principles of freedom of conscience allow for women to make their own reproductive health decisions. The discussions also included how they are working with some priests and pastors and ministers from other religions to support their work at the local levels.

MEXFAM

The OST participants visited one of Mexico's largest and well-known family planning associations, MEXFAM. The group was received by Dr. Vicente Diaz, MEXFAM's Executive Director and several of MEXFAM's other key staff. The issues discussed by the group were MEXFAM's provision of services to adolescents—and how MEXFAM deals with opposition from parents and community leaders. In their current adolescent program, MEXFAM attempts to involve parents and community leaders to inform them prior to initiating programs. Despite the controversial "public" nature of the issue, MEXFAM suggested that at the implementation level they receive relatively little opposition from parents. MEXFAM also discussed the attacks that they have received from conservative groups that are against family planning, but suggested that these are only short-lived controversies. In general, MEXFAM stated that there will always be opposition to their work from some organizations, but they continue to work toward their mission. Their over 30 years of existence shows that they have been successful, despite periodic attacks from conservative groups.

WEEF

The group visited the World Education Entertainment Foundation established by Mr. Sergio Alarcon and Mr. Miguel Sabido on Tuesday, April 5. The group met at the Miguel Sabido Cultural Center and was briefed on the entertainment-education communication strategies that were developed by Miguel Sabido to introduce public health messages, including family planning, into mainstream television. Mr. Sabido had also participated in a forum in the Philippines sponsored by President Arroyo at the beginning of her administration in support of the entertainment-education approach.

UNFPA

On Wednesday, April 6, OST participants visited UNFPA's offices in Mexico City to discuss UNFPA's role in the central procurement strategy implemented by the MOH. Ms. Gabriela Rivera presented UNFPA's overall contraceptive security strategy, and how they provided technical support to the MOH's central procurement process. UNFPA's centralized procurement has created substantial savings for the state-level governments. The key issues discussed were the types of financial support being provided by UNFPA—and whether they actually cover any of the commodity costs directly.

CIMAC

OST participants also met with the news media network dedicated to promoting women's issues, called CIMAC. CIMAC's Director, Ms. Lucia Lagunes, provided a comprehensive overview of how this group of media professionals began working to promote the interests of women in the media. CIMAC produces its own radio program and functions as a news source for many international news organizations, including Reuters. CIMAC states that their experience demonstrates that women's issues are newsworthy, and that they have been very successful in promoting awareness on a range of topics, including reproductive health and family planning. The key issues discussed in this meeting were how the organization was formed, how difficult has it been for CIMAC to establish a reputation in the news media world—given their focus on women's social issues, and what strategies have been most successful for broad media placement of women's issues.

CELSAM

On April 6, OST participants met with the Centro Latinoamericano Salud y Mujer (CELSAM)—which is a non-profit association dedicated to providing consumers and physicians with method-specific information on contraceptives. Although CELSAM is funded partially by Schering A.G., they do not promote specific products or brands. They use a variety of electronic and mass media to increase access to information and services. The key issues discussed during this meeting were the multi-sectoral coordination that takes place between CELSAM and its partners. CELSAM, for example, is currently implementing an adolescent initiative in close collaboration with the Mexican Ministry of Health.

Visit to Pachuca, Hidalgo

On Thursday, April 7, OST participants traveled to Pachuca, Hidalgo to meet with state-level officials from the Ministry of Health and National Population Council to discuss the types of family planning initiatives being promoted and supported at the state-level. OST participants were exposed to the breadth and depth of reproductive health, family planning, adolescent health, sexual abuse, and family violence programs implemented at the state level through 12 different Powerpoint presentations made by representatives from various state-level organizations. These included the diverse range of socio-demographic studies and tools being used by the state to develop social, economic, and population programs. Participants also received information on the state's efforts to decentralize and institutionalize the population policy at the municipal level, including support to municipalities in developing their own information and education programs. Participants were briefed on how state-level agencies are collaborating with the local affiliates of national NGOs in implementing community development programs as well as programs targeted toward adolescents—and how issues of sexual and reproductive health rights, gender equity, empowerment, and family integration were being introduced in primary and middle schools. Participants were also introduced to the "Zona Libre" radio program being implemented at the state-level as a mechanism for providing youth and adolescents with a forum for discussing family planning, women's health, sexually transmitted infections, initiation of sexual activity, gender equity, addictions, and developing a "life project."

Planificatel, Mexican Social Security Institute

On Friday, April 8, OST participants visited the hotline call center for Planificatel—a national free hotline service that provides information on family planning methods. The hotline is promoted through a variety of mass media channels in collaboration with the Mexican Social Security Institute and CONAPO.

CORA

OST participants visited CORA (Centro de Orientacion Para Adolescentes)—a Mexican NGO dedicated to providing reproductive health and family planning services for adolescents. CORA has been highly visible in the public debate to encourage access to family planning information and services for adolescents—even recently when Dr. Monroy openly discussed the importance of doing more than promoting abstinence messages—and criticized the new adolescent program (focusing on abstinence) of President Fox's daughter as not doing enough. In general, Dr. Monroy stated that the controversy surrounding adolescent reproductive health issues has never hurt the organization, but rather has helped to create awareness of the issues. Participants discussed with Dr. Monroy the organization's strategies for addressing pubic concerns about providing contraceptives for adolescents.

Key Findings and Implications Discussed by OST Participants

On Friday, April 8, participants discussed what they found to be the key findings from the Mexico visit. Some of their key observations included:

- The importance of using internationally recognized, scientific, and evidence-based information on family planning methods and services. OST participants requested that the TSAP project develop a concise briefing booklet that provides them with the latest key information on contraceptive technology.

- The importance of Mexico's strong legal and regulatory environment in ensuring federal support to the family planning environment, and the need to push for approval of House Bill 3773 in the Philippines to establish the legal context for the family planning program.

- The importance of Mexico's civil society organizations in supporting family planning and reproductive health information—and the need to develop cross-cutting ties in the Philippines among individuals and organizations to support these issues.

- The importance of positioning family planning as a basic human right—and that it is the government's responsibility to provide access to information and services so that individuals can make their own informed choice.

- The importance of addressing contraceptive security issues early on—and the need to start by working with local government units that are already supporting family planning.

- The importance of using the media to convey information about family planning and reproductive health—and the need to develop an organization of media professionals that support these issues. Participants brainstormed that the organization might be called Communicators for Choice (CFC).

Social Mobilization Strategies Presented by Participants

On Saturday, April 9, OST participants presented their draft social mobilization strategies to the group for discussion. The summary of the key ideas discussed during these presentations is included in Table 1.

Table 1. Social Mobilization Strategies to be Implemented by OST Participants

Individual or Organization	Key Social Mobilization Strategies
Bishop Fred Magbanua, Interfaith Partnership for FP & RH	- Develop Interfaith Chapters in key cities throughout the Philippines. - Support the passage of House Bill 3773 by making personal visits to Philippine legislators during June. - Assist in recruiting members in the media to join CFC.
Dr. Dolores Castillo, Assistant Secretary, Department of Health	- Increase information sharing on FP/RH through networks. - Support DOH's mobilization strategies

Individual or Organization	Key Social Mobilization Strategies
	at the district level that are supportive of FP programs.
Dr. Evelyn Palaypayon – President, Philippine Obstetrical and Gynecological Society (POGS)	- Develop partnerships with other key civil organizations, e.g. Rotary Club - Develop core group of POG specialists to support evidence-based practices related to FP. - Strengthen FP lectures among 3rd and 4th year medical students and interns.
Dr. Wilson Pamintuan – President, Rotary Club New Manila East	- Invite FP Champions to attend Convention Among 8 Districts in Manila - Encourage every district chapter to identify FP Champions. - Incorporate FP interventions into other on-going programs. - Issue a public statement by the Rotary Club in support of FP/RH
Susan Enriquez– Program Host, GMA-7	- Feature FP/RH in her Sunday morning television and daily radio program. - Join CFC. - Participate in civic association activities.
Ces Orena-Drilon – Host and Newscaster, ABS-CBN	- Continue her personal commitment to make RH/FP visible in public debate. - Increase awareness and visibility of the importance of House Bill 3773. - Need to form a resource media group to support FP/RH journalists.
Mr. Angelo Palmones – Station Manager and Announcer, DZMM	- Incorporate family planning initiatives into ongoing award to “Outstanding Midwives.” - Expand program of financial support for medical services to include family planning. - Promote the publication of scientific research articles which discuss the impact on population on the environment. - Convene medical professionals group to support informed choice on family planning.
Mr. Gerry Lirio – City Editor, Philippine Daily Inquirer	- Provide family planning orientation to newspaper reporters. - Support other family planning champions in deciding how to position and place their FP stories. - Develop feature stories on vasectomy.
Rep. Josefina Joson – Chair, Committee on Women, House of Representatives	- Finish House Bill 3773 in early June. - Support mobile diagnostic clinics to

Individual or Organization	Key Social Mobilization Strategies
	include FP in her district. - Use local radio and provisional governments to build case for FP.
Rep. Darlene Antonino-Custodio – First District of South Cotabato and Member, Philippine Legislators Committee on Population and Development	- Propose support to DOH for family planning in upcoming appropriation meetings. - Develop key knowledge on family planning using international literature as research base. - Conduct one-on-one talks with other legislators at the national level to support FP. - Have dialogue with civic organizations to support FP.

OST Evaluation

The OST participants were all asked to evaluate their experience in Mexico at the end of the study tour. The evaluations showed very positive comments related to their experience. All participants stated that they felt that the OST objectives had been met, and that the meetings were relevant to the overall objectives. Some of the comments suggested that the OST schedule was very grueling, and that more time might have been dedicated to other activities. In general, participants had high ratings for the logistical aspects of the study tour.
The participant evaluations are attached in Appendix B.

General Recommendations for Follow-up

- Many of the OST participants frequently had questions on the efficacy, effectiveness, and appropriateness of different contraceptive methods—as a result it will be critical to ensure that the briefing booklet requested by participants is developed and disseminated. It may also be worthwhile considering developing a special training program for some key family planning champions to ensure that they have access to accurate information on modern methods.

- Given the importance of House Bill 3773, OST participants recommended that upon return to Manila they all meet again as a group to discuss more specific strategies for supporting approval on this bill and the need for TSAP to develop key questions and answers related to the information contained in the bill.

- Many participants requested that the TSAP project conduct a “political mapping” exercise (if it hasn’t been conducted already) to determine at what levels of government there is support for family planning.

- Many of the OST participants included very specific next steps and activities in their social mobilization plans. It will be important to provide follow-up with the organizations and individuals to ensure that these activities are implemented—and to provide support and technical assistance as needed.

Conclusion

In general, the OST participants were exposed to a wide variety of technical information, strategies, and activities related to family planning during their stay in Mexico. At the end of their stay, many participants stated that they felt much more confident in discussing and debating key family planning issues. In general, all participants were extremely motivated to apply their new knowledge and experience to their professional and vocational activities upon their return.

Appendix A- Final Agenda
An Observation Study Tour in Mexico for TSAP FP Champions
April 2-12, 2005

Date	Meeting Objective	Counterparts
Saturday, April 2, 2005		
Group Arrival NH Krystal Hotel Liverpool 155, Zona Rosa C.P. 06600 Tel: 52 28 99 28	Reception of Study Tour Participants at Airport	Ms. Cindi Cisek, AED Study Tour Leader (Cel. 998-100-4724) Mr. Rene Canlas, Administrative Officer, Philippine Embassy (Cel: 044-5554032366)
Sunday, April 3, 2005		
8:00 – 15:00: Independent Outing	Visit to the Basilica de la Virgen de Guadelupe and Teotihuacan Ruins	Study Tour Participants
19:00 – 23:00: Dinner Sponsored by Philippine Embassy	- Dinner sponsored by Philippine Embassy	Philippine Embassy
Monday, April 4, 2005		
8:00-9:00 Initial Briefing at the NH Krystal Hotel	- Review of Study Tour Objectives - Review of Agenda & Background Materials - Introduce team activity/assignment	Study Tour Participants
9:30: Depart for CONAPO		
10:00 – 13:00: National Population Council (CONAPO) Ángel Urraza 1137 Colonia Del Valle Delegación Benito Juárez CP. 03100 Tel: 54 88 84 01	Review Mexico's Demographic & Population Policy. Review CONAPO's strategy for creating a "demographic" culture and encouraging individuals to develop their "life" plan.	Mtro. Virgilio Partida, Director of Sociodemographic Studies
13:00 – 14:30 Lunch		
14:30 – 16:00 Ministry of Health Homero 213, 7o. Piso, Col. Chapultepec Morales, Deleg. Miguel Hidalgo, México, D.F.	Review the MOH's support of reproductive health and family planning policy.	Dra. Raffaela Schiavon, General Director Adjunt Reproductive Health Dr. Marco Olaya, Director of Family Planning

Tel: 52.63.91.00 ext. 3028 (contact Guillermina Mendoza)		
17:00 – 18:00	Courtesy Meeting with USAID/Mexico	Ms. Nilda Perez Mr. Romeo Arca Ms. Cindi Cisek
Tuesday, April 5, 2005		
8:25 – Departure for Coyoacan		
9:00 – 11:00: Catholics for Free Choice Londres No. 234, Col. Del Carmen Coyoacán, México D.F. 04100, Tel: 5554-5748	Meet with NGO affiliated with defending reproductive health rights for women and men.	Dra. Maria Consuelo Mejia, Director
11:30 – 13:00 MEXFAM Juárez 208, Tlalpan 14000, Tel: 5487-0030	Discuss MEXFAM's role in supporting reproductive health rights during critical public and policy debates.	Dr. Vicente Diaz, Executive Director
13:00 – 14:30 Garden Luncheon Organized by MEXFAM		
15:00 – 16:00 World Entertainment Education Fund Centro Cultural Miguel Sabido Dr. Mora 4 Alameda Central, poniente Centro Historico, D.F.	Review the mass media and other strategies used by this NGO for addressing family planning and reproductive health rights.	Mr. Sergio Alarcon Mr. Miguel Sabido
16:00 – 17:00 Reception with Mexican Media organized by WEEF	Interact with key media professionals to discuss RH/FP topics	WEEF, Media Journalists,
Wednesday, April 6, 2005		
Thematic Meetings: **Service Delivery, Contraceptive Security, & Other Issues** **Communications & Social Mobilization** **Legislative & Policy** (concurrent meeting) 10:30 – 12:00 Meeting with Mexican Legislators (final time	10:30 – 12:00 Meeting with Mexican Legislators: Rep. Adriana Gonzales Carillo, President of the Foreign Relations Committee Rep. Diva Hadamira, Head of the Committee on Equity and Gender Rep. Angelica de la Pena, President of the Special Commission on Childhood, Adolescence, and Family	9:00 – 10:30 Mtro. Héctor Carrizo, Director of Population Education and Communication Review CONAPO's mass media, communications, and public relations strategies related to population and family planning. Ángel Urraza 1137 Colonia Del Valle Tel: 54 88 84 01

Mexican Legislators (final time & place to be confirmed)	11:30 – 13:00 Discuss UNFPA's role in securing international procurement of contraceptives.	Lic Gabriela Rivera, UNFPA Equipo de Apoyo Técnico del UNFPA, ubicadas en Homero 806, esquina Eugenio Sue. Tel: 52 63 97 51 (cellular) 55 31 04 12 43
13:00-14:00 Lunch		
14:00 (Depart for CORA from NH Krystal)		
14:00 – 15:30 Balderas 86, Centro, C.P. 06050 México, Distrito Federal Tel. 55 10 00 85, 55 10 20 33, 55 12 57 96	Discuss support to reproductive health issues by this network of journalists and communication specialists.	Lucia Lagunares, Director, CIMAC Noticias
16:00 – 17:30 CELSAM (Meeting at Hotel NH Cristal)	Meet with this non-profit organization that provides method-specific information on contraceptives to consumers and physicians through media.	Dr. Jose Luis Corral, Executive Director, CELSAM Cel: 55-5431-92-52
20:30 Independent Outing – Mexican Folklore Ballet (optional, paid by participants)		
Thursday, April 7, 2005 Field Visit to the State of Hidalgo		
8:00 – 16:00 COESPO Calle Mejia No. 100 Grand Plaza Col. Centro Pachuca, Hidalgo Tel: 714-8492	Meet with the state-level affiliate of the National Population Council to discuss local issues surrounding the population/family planning debate.	Lic. Hector Manuel Vargas Meneses, Secretario Tecnico, COESPO
14:00 – 15:30 Lunch		
16:00 – 18:00 (Return travel to Mexico City)		
Friday, April 8, 2005		
9:00 – 11:00	Visit the Planificatel Hotline of the Mexican Social Security Institute	Lic. Mauricio Ballona Nieto, Chief of User Orientation, IMSS
11:30 – 13:00 CORA Angel Urraza 1122 en Colonia del Valle Tel: 55758264	Discuss with this NGO strategies for promoting reproductive health rights and services.	Dr. Anameli Monroy, Director, CORA Discuss with this NGO strategies for promoting reproductive health rights and services.
13:00 – 14:30 Lunch		

14:30 – 17:30	Team Working Groups & Preparation of Team Presentations	Study Tour Participant Teams
Saturday, April 9, 2005		
9:00 – 12:00	Final Team Presentations & Group Discussion	Study Tour Participants
Sunday, April 10, 2005 – Free Day		
Monday, April 11, 2005- Study Tour Participants Depart for the Philippines		

Appendix B – Key Elements of Mexico's Family Planning Program & Profile of Key Organizations

Legal and Regulatory Context for the Family Planning Program

On January 7,1974, the General Population Law (Ley General de Poblacion) was approved outlining the legal parameters for a new and explicit population policy. The General Population Law establishes the right of all individuals to decide based upon informed choice the number and spacing of their children and their right to the necessary information and services in order to exercise their decision. Article 16 of the General Population Law also establishes that all information, education, and health services related to family planning will be free of charge when provided by state organizations.

Also promulgated by the General Population Law, the National Population Council (CONAPO) was established in March of 1974. CONAPO was created as an inter- institutional designed to direct the country's population policy and the demographic planning in the country. The Secretary of Government presides over CONAPO-which also incorporates the Secretary of Foreign Affairs, Secretary of the Treasury, Secretary of Social Development, Secretary of the Environment and Natural Resources, Secretary of Agriculture, Livestock, Rural Development, Fishing, and Alimentation, Secretary of Public Education, Secretary of Health, Secretary of Labor and Socia~Prevision, Secretary of Agrarian Reform, and Social Security and Services Institute for State Workers, and the Mexican Institute for Social Security.

The Official Mexican Norm for Family Planning Services provides guidelines for the provision of services by outlining the key scientific and technological advances in ". contraception, technical information about contraceptive methods, counseling and orientation, informed choice, and sexual and reproductive health rights. These norms were developed in 1994-and are currently being updated. Also important to the sustainability of family planning program, contraceptive supplies are included in the Inter-institutional List of Essential Medical Supplies, which guides procurement of medications for all public sector institutions.

In addition to the strong legal context for the Mexican family planning program, the program was also perceived as a top priority by the highest levels of Mexican government. The program received strong political support by the governing party that dominated Mexican politics for more than 70 years-the Institutional Revolutionary Party or PRI. This support was continued throughout the administrations of Luis Echevarria, Lopez Portillo, de la Madrid, Salinas, and Ernesto Zedillo. In the mid-1990s, President Zedillo updated the national population policy and made reproductive health one of its pillars. Mexico was one of the first countries to adopt the integrated reproductive health model that was promoted during the 1994 Conference on Population and Development. In July 2000, the National Action Party (PAN) won the presidential election, and President Vicente Fox entered office in 2001. The PAN has a more conservative orientation, and President Fox has demonstrated closer affiliations with the Catholic Church, although support for the family planning program has continued.

The Mexican Family Planning Program has also benefited from strong inter-sectoral coordination. CONAPO was also tasked with overseeing international donor assistance. During the period of USAID support, CONAPO was the liaison between USAID and the various public sector organizations receiving support. USAID and CONAPO formed an ongoing leadership committee of the major public sector service delivery institutions that served to direct, monitor, and supervise implementation of the USAID strategy. In addition to this committee, the Secretary of Health also instituted an Inter-institutional Reproductive Health Group, comprised of public sector organizations and civil society. This broader group of participants also served to discuss and debate strategic issues in family planning and reproductive health.

USAID's Public Sector Phase-Out Strategy for Family Planning Assistance

USAID began providing population support to the Mexican Family Planning program in 1978. For many years, USAID was the largest foreign donor to the program. Between 1985 and
1995, USAID's average budget for family planning was approximately US$1 0 million annually.

In 1996, the family planning budget increased to US$13 million-approximately 10% of the total (US$124 million) that Mexico assigned to its National Family Planning Program.

In 1991, USAID designed a five-year phase-out strategy to direct the last phase of population support to Mexico. The phase-out strategy included a memorandum of understanding between USAID and the various public sector organizations that received support. The objective of the memorandum was to outline the specific roles of the various organizations and the steps toward graduation, including the reduction of donated commodities and the Mexican government's commitment to procure increasing levels of commodities. In 1992, USAID started reducing its contraceptive donations incrementally by 25 percent each year. By 1996, USAID had completely phased out donations.

The final period of support from 1996 onwards included technical assistance in several priority areas. USAID's phase-out strategy of technical assistance and financial support was designed to focus on nine priority states with high fertility, high infant mortality rates, and large rural populations (Chiapas, Guanajuato, Guerrero, Hidalgo, Mexico, Michoacan, Oaxaca, Puebla, and Veracruz). The targeted strategy was designed to maximize USAID's impact in low- income and underserved populations within the country. In March 1999, USAID ended its support to the Mexican family planning program.

Reproductive Health Indicators

The impact of Mexico's strong family planning program is evident. In the last three decades, the total fertility rate decreased from more than six children per women in the early 1970s to an estimated 2.65 in 1997. Mexico's last nationwide reproductive health survey was conducted in 1997 by the National Institute of Statistics, Geography, and Information (INEGI) in collaboration with CONAPO. The results of this survey demonstrated that the use of contraceptive methods increased to 68.5% in 1997 (See Table 1).

Table 1. Use of Contraceptives by Method by All Women of Reproductive Age 1

Method	1987	1992	1997
Tubal ligation	19.8%	27.3%	30.6%
IUD	10.2%	11.1%	14.2%
Traditional	7.7%	7.7%	8.4%
Pills	9.5%	9.6%	6.9%
Injections	2.7%	3.2%	3.2%
Condoms	2.4%	3.1%	4.0%
Vasectomy	0.7%	0.8%	1.2%
TOTAL	52.7%	63.1%	68.5%

Despite these important advancements, the impact of the family planning program has not been homogeneous throughout the entire country. In eight states, contraceptive prevalence is less than 65% (Guerrero, Chiapas, Oaxaca, Guanajuato, y Puebla) with at least a 10 year lag behind the national context. The most problems are in rural, indigenous, and marginalized urban areas-in 1997 there was still difference of 20 percentage points in contraceptive prevalence between rural and urban areas-indicating an approximate 16 year lag. In rural areas, unmet need is 22.7% compared to 8.9% in urban areas (See Table 2).

Table 2. Contraceptive Prevalence and Unmet Need by Residence2

Area of Residence	Contraceptive Prevalence		Unmet Need	
	1987	1997	1987	1997
Urban	61.5%	73.3%	15.9%	8.9%
Rural	32.5%	53.6%	45.7%	22.2%
Total	52.7%	68.5%	25.1%	12.1%

It is estimated that within Mexico there are approximately 63 different indigenous groups representing more than 10 million persons. Approximately 87% of these indigenous groups live in the states of Oaxaca, Veracruz, Chiapas, Puebla, Yucatan, Hidalgo, Mexico, Guerrero, San Luis Potosi, Michoacan, and Sonora. In populations that are 40% or more indigenous the use of contraceptives is less than 10%. Providing quality, culturally- appropriate reproductive health services to these populations requires additional resources. Primarily because the populations are disperse, more costly to reach, and require materials that are in their languages.

Family Planning Services

Because of the strong political support for family planning, the public sector has been and continues to be the major provider of clinic-based family planning services within the country. The majority of health services are provided by three government agencies: the Instituto Mexicano del Seguro Social (IMSS), the Secreta ria de Salud (SSA), and the Instituto de Seguridad y Servicios Sociales para los Trabajadores del Estado (ISSSTE). The IMSS
offers services for all persons that are formally employed. The ISSSTE provides services for state and federal employees. The SSA provides services to all individuals with no formal health coverage-and serves as Mexico's health safety net. Like few other available services, however, family planning services are free across the board-and even the government institutions (IMSS and ISSSTE) that normally serve only insured populations provide free family planning services to anyone who walks through their doors. These three organizations are the primary providers of clinic-based family planning services-with the IMSS providing the largest portion of services overall. According to the 1997 survey, the public sector provides over 80% of long-term and permanent methods.

The private sector leads in the provision of temporary methods and methods that can be easily obtained at the pharmacy, including injections (66.6%), condoms (65.1%), pills (58.7%), and other barrier methods (99.6%). See Table 3.

Table 3.Source of Contraceptive Method by Sector, 1997

Method Used	Public Sector	Private Sector
Total	7.23	27.7
Pills	41.3	58.7
IUD	86.1	13.9
Injections	33.4	66.6
Barrier	0.4	99.6
Condoms	37.9	65.1

Method Used	Public Sector	Private Sector
Tubal Ligation	81.2	18.8
Vasectomy	84.7	15.3

The Transition from Donations to Procurement

The SSA began receiving contraceptive donations from USAID in 1974 when Mexico began its Family Planning Program (FPP). Donations remained constant until they began decreasing in 1992. Donations met 75 percent of contraceptive needs in 1992, 50% in 1993, and 25% in 1994. By 1995, the SSA was entirely responsible for procurement of contraceptives. When the SSA began procuring contraceptives, contraceptives were purchased with Mexican government funds assigned to the SSA annually and delivered in monthly budgetary allocations, beginning in April of each year. As part of the phase-out plan, the SSA began lobbying for increased contraceptive budgets. At the same time, the head of the Reproductive Health Directorate also began lobbying other international donors to potentially replace the reduction from USAID. The SSA succeeded in securing a donation from UNFPA for oral contraceptives and IUDs-which covered an immediate need for contraceptives, but appears to also have been counter-productive to the SSA's attempt to lobby for its own increased procurement budget. Ultimately, the UNFPA donation was higher than expected-and covered the institution's needs for both methods for approximately three years.

Profile of Key Organizations

Organization Profile & Sector

CONAPO The National Population Council (CONAPO) was established in March of (government) 1974. CONAPO was created as an inter-institutional designed to direct the country's population policy and the demographic planning in the country. The Secretary of Government presides over CONAPO-which also incorporates the Secretary of Foreign Affairs, Secretary of the Treasury, Secretary of Social Development, Secretary of the Environment and Natural Resources, Secretary of Agriculture, Livestock, Rural Development, Fishing, and Alimentation, Secretary of Public Education, Secretary of Health, Secretary of Labor and Social Prevision, Secretary of Agrarian Reform, and Social Security and Services Institute for State Workers, and the Mexican Institute for Social Security.

SSA The Mexican Secretary of Health (SSA) is responsible for providing (government) healthcare coverage to Mexico's uninsured population. The SSA is the second largest provider of clinic-based family planning services within the country. The responsibility for provision of healthcare services is decentralized and organized at the state level. The central level of the Secretary of Health serves as a normative body, and provides general oversight and guidance on strategic programs, including family planning.

IMSS The Mexican Social Security Institute (IMSS) is the largest healthcare (government) service delivery organization in Mexico, and the largest provider of family planning services-with 41.4% of all users reporting IMSS as their source for family planning. _The IMSS offers services for all persons that are formally employed.

Catholics for Free Choice (CFFC) is an education association wbjch aims to increase awareness of the importance of access to reproductive health (Education information and services. In 1986, we began working with women in association) Latin America. In 1987, after the International Women and Health Meeting, CFFC held a two-day post-conference symposium for Latin American Catholic women when we initiated our first presence in the Latin American region.

MEXFAM MEXFAM is a nonprofit civil association, governed by volunteers, that (Family Planning specializes in diffusing the practice of voluntary fertility regulation among Services NGO) the needy sectors of the Mexican population.

Mexfam was founded in 1965 and the Mexican member of the International Planned Parenthood Federation (IPPF). Its mission is "to provide quality and avant-garde services in family planning, health and sexual education, focusing especially on the

vulnerable populations in the country: young people and the poor," Mexfam works in both cities and rural areas and its services reach more than 400,000 families and close to 1,600,000 young people. Sexual health is defined by MEXFAM as the capacity to enjoy a satisfactory and safe sexual life, based on the values of love, affection, gender equity, communication, and full responsibility in reproductive issues.

WEEF The World Entertainment-Education Foundation (WEEF) is a not-for-profit association aimed at preserving and advancing the methodologies developed by Mexican writer, producer, and director Miguel Sabido. was a key player in developing the intellectual basis for the entertainment-education strategy.

CIMAC Comunicaci6n e Informaci6n de la Mujer, A.C. (CIMAC) is a multi-media organization that has been promoting state-of-the-art media strategies to inform and educate on issues related to women in Mexico and the World. CIMAC is a network *of* journalists, communication specialists, and research that use a variety *of* different media. In *2002,* CIMARC received the Rosa Cisneros award provided by IPPF International for its contribution to increasing public conscience *of* the issues related to sexual and reproductive health.

CORA The Orientation Center for Adolescents (CORA) is an NGO that is dedicated to improving the quality *of* life by promoting high quality health services for children, adolescents, young adults, parents, professionals, and all interested persons. CORA has been very active in the public debate surrounding reproductive health rights for adolescents.

CELSAM The Centro Latinoamericano Salud y Mujer (CELSMA) is a non-profit association supported initially by the multinational pharmaceutical company, Schering A.G., to promote ideas and alternative that improve the condition and quality *of* life among women. CELSAM disseminates its information and research to the general population in order to provide information to women as well as healthcare providers.

Appendix C – OST Evaluations

A. Over-all experience in Mexico

Almost all (10 out of 11) of the participants said that their over-all experience in Mexico was **very good or excellent.** One participant said that the OST was still good despite the hectic and grueling schedule. It was a great learning experience for another participant who plans to adopt the many strategies on FP and ARH.

B. Objectives of the study tour being achieved

Almost all (9 out of 11) of the participants agree that the objectives of the study tour were met.

However, two participants cited the following weaknesses: 1) lack some competent speakers; and 2) did not acquire new/innovative skills in conveying FP messages from Mr. Sabido.

C. Relevance of the meetings to overall objectives

Almost all (9 out of 10) of the participants find the meetings relevant to the over-all OST objectives.

One participant remarked that some of the meetings were repetitive. Another said that there could have been more interaction with the residents in communities with successful FP programs. Another commented that the speaker from WEEF had no connections with any media organization.

D. Most interesting aspects of the study tour

Majority of the participants cited the meeting with CONAPO as the most interesting aspect of the study tour. Some of the observations on this meeting are as follows:

- It shows us the systematic way of implementing the FP program
- Well-organized, complete date, excellent packaging on information
- The need for government social security; LGU need cooperation and coordination
- National population policy in place

The meeting with CORA was also described as interesting by most of the participants.

- Learned new concepts on how to pursue my FP advocacy
- Clear population policy
- Excellent program for adolescents

Other organizations enumerated are as follows:

- MEXFAM
- Catholics for Free Choice - Excellent to emulate in the Philippines
- COESPO
- IMSS - 1-800 phone service

One participant cited the lectures of Dr. Rafaela Schiavon and Murray as the most interesting aspect of the tour.

E. Least interesting aspects of the study tour

Around three participants cited the meeting with Mr. Subido as the least interesting aspect of the study tour. One participant observed that Mr. Subido only needed media attention.

Other aspects which the participants mentioned as least interesting included the meeting with WEEF ("Did not learn anything, he is only interested in promoting something that is no longer effective."), youth and media bureau meetings and the Rafaela and Murray lectures.

One participant pointed that some of the powerpoint presentations were too long with no time for open forums.

Four of the participants said that all parts of the tour were interesting.

F. Suggestions for the implementation of future study tours

Following are the suggestions of the participants:

1. Content/Program
   - Need actual site visits in communities with successful FP programs and interact with residents
   - Pre-meeting of all study tour participants in Manila
   - Maybe we can take a look at FP programs in other Catholic countries like Italy and Spain
   - Include field trips to municipalities
   - Include CSR in the content
   - Opportunities for interaction with mainstream media supporting FP
   - Reduce number of meetings
   - More meetings with people who actually implement the program; Observation of actual community activities
   - More time for clarificatory questions

2. Resource Person
   - Make sure that the speakers or organizations of the study tour are related to the objective of the tour
   - More on Mexican media counterparts

3. Participants
   - Composition of OST should be:
   From the government – POPCOM, LGU, Legislators
   Private – Leagues of service providers
   Media – even local
   Others
   - Involve more legislators and LGU officials from the Philippines

G. Rating of participants for following items:

Item	Rating			Remarks
a. Resource Person	Excellent 3	**Good** **8**	Poor	"Short of time, though" "Our resource persons showed great passion for their work" "Generally good, a few were excellent ones" "Rafaella and Murray the best" "Although some are so-so"
b. Time allocation for meetings	Too much	**Adequate** **10**	Too little 1	"It's too comprehensive, but too little time." "Except that we don't have a chance to visit a municipality" "More time for open forum"

Item	Rating			Remarks
c. Participant involvement	**Excellent 9**	Good 2	Poor	"Jet lag is one factor of uneasy and uncomfortable attitude" "Very active"
d. Enjoyment sessions	Excellent 2	**Good 9**	Poor	"Complete with audio-visual though sometimes not properly interpret" "Generally okay except the meeting with WEEF"
e. Hotel accommodation	Excellent 3	**Good 8**	Poor	"A hotel nearer shopping malls would be better" "Ok. But very expensive in terms of telecommunications"
f. Transportation arrangements	**Excellent 6**	Good 5	Poor	"Scale of 1-10 = 5"
g. Materials 1 no answer	Excellent 5	**Good 6**	Poor	"Could be better in English" "Preference – English" **"Project should make sure participants get a CD of everything"**
h. Pre-OST coordination	**Excellent 7**	Good 4	Poor	"Cindi did a good job!"
i. In-country OST coordination	**Excellent 9**	Good 2	Poor	"Though we're late most of the time"

H. Over-all rating of OST

Excellent	1	2	3	4	5	Poor

Seven out of 11 participants gave an over-all rating of 2 to the OST. Three of the participants gave a rating of 1. Another participant gave a rating of 3 to the OST.

LIST OF ARMM MRLS
(Mobilized as Resource Speakers and Trainors)

Name	MRL Group	Area Covered
1. Ustadz Abdulgani Alawi	Majlisul A'la	Tawi-tawi (Core)
2. Ustadz Abdulfadil Tiam Ang	Majlisul A'la	Tawi-Tawi (Core)
3. Ustadz Ahmad Alih Bud	Majlisul A'la	Tawi-Tawi (Core)
4. Berhamin A. Suaib	Majlisul A'la	Bongao,Tawi-Tawi
5. Nafeesur Rahman Suhod	Majlisul A'la	Simunul, Tawi-Tawi
6.Ustadz Abdullah Hamja Utoh	Muaddil Amanah	Basilan (Core)
7 Ustadz Shervin Kasim	Muaddil Amanah	Basilan (Core)
8. Dr. Paysal Kasim	Muaddil Amanah	Basilan (Core)
9. Ustadz Abdulwahab Tunggal	Muaddil Amanah	Lantawan, Basilan
10. Ustadz Abdulbasri Asmad	Muaddil Amanah	Lamitan, Basilan
11. Ustadz Anwar Abdurahman	Muaddil Amanah	Maluso, Basilan
12. Haider Hayad	Muaddil Amanah	Tipo-Tipo, Basilan
13. Ustadz Omar Abdullah	Islamic Dawah	Davao City (Core)
14. Sheik Mohammad Pasigan	Islamic Dawah	Davao City (Core)
15. Abdulrahman Yunus	Islamic Dawah	Sirawan, Davao City
16. Ali Adzaman	Islamic Dawah	Ecoland, Davao City
17. Zaid Tinduruan	Islamic Dawah	Ecoland, Davao City
18. Ustadz Esmael Ebrahim	SOFDEPI	Core Group ARMM
19. Hadjja Maleja Daud	SOFDEPI	Core Group ARMM
20. Hadjja Mariam Daud	SOFDEPI	Core Group ARMM
21. Dr. Tato Usman	SOFDEPI	Core Group ARMM
22. Ustadz Wadhumar Alam	Council of Ulamas	Sulu
23. Aleema Isnairah Gauraki	MUCARD	Lanao Sur (Core)
24. Ustadz Kamil Mambatawan	MUCARD	Lanao Sur (Core)
25. Ustadz Abdulmanap Patamama	MUCARD	Lanao Sur (Core)
26. Sheik Ahmad Mala	SOFDEPI	Maguindanao/Cot.
27. Aleema Afifa Yunos	SOFDEPI	Maguindanao/Cot.
28. Aleema Amina Badrudin	SOFDEPI	Maguindanao/Cot.
29. Ustadz Abdulbasir Ungab	SOFDEPI	Cotabato City
30. Ustadz Abdulaziz Kamal	SOFDEPI	Maguindanao

Report on the
Family Planning Competency of
Doctors, Nurses and Midwives in the
PRC Licensure Examinations

A Report By:
Dr. NEMUEL FAJUTAGANA

As Submitted to:
The Social Acceptance Project – Family Planning

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TSAP-FP
Report Prepared by: **Nemuel S. Fajutagana, MD, MHPEd**

Part I: Describe PRC and its processes and identify avenues for TSAP-FP entry into the PRC board examinations

1. The Professional Regulation Commission

It was on June 22, 1973 when the Philippine Regulatory Commission was created with the signing of Presidential Decree No. 223 by President Ferdinand E. Marcos. Since then the PRC has evolved into a modern regulatory office, now with the capability of processing thousands of registering professionals in few minutes and most important of all able to give result of examinations only days after the conduct of examination. The capability of PRC was further enhanced with the passing of RA 8981 or better known as the 'PRC Modernization Act of 2000.'

Under the Commission are the forty-three (43) Professional Regulatory Boards (PRB) which exercise administrative, quasi-legislative, and quasi-judicial powers over their respective professions. This paper is particularly interested in three of the eight (8) health related Professional Regulatory Boards, namely **Medicine, Nursing** and **Midwifery**.

The 43 PRBs which were created by separate enabling laws, perform the same functions (see box) subject to review and approval by the Commission.

1. **Prepare the contents of licensure examinations. Determine, prescribe, and revise the course requirements**
2. Recommend measures necessary for advancement in their fields
3. Visit / inspect schools and establishments for feedback
4. Adopt and enforce a Code of ethics for the practice of their respective professions
5. Administer oaths and issue Certificate of Registration
6. Investigate violations of set professional standards and adjudicate administrative and other cases against erring registrants
7. Suspend, revoke, or reissue Certificate of Registration for causes provided by law.

Figure 1. Functions of the Professional Regulatory Boards

Of the seven functions, the most crucial for the TSAP-FP HPC indicator (*number of board examination questions related to family planning*) is the first function, preparing the contents of licensure examinations. Using the number of examination questions as basis is influenced by the fact that unless a content area is a board examination area, it will not be given emphasis in both curriculum and instruction by degree granting schools and concerned faculty members and will not be studied, most especially, by graduates who are about to take the board licensure examination. If FP content areas will not be given emphasis both by the teacher and the learner, then the program will lose its major communicators and change

agents in the health sector- the doctors, nurses, and midwives. The assumed relationship between board examination, content area coverage and students' study behavior (attitude toward content area) is shown in figure 2.

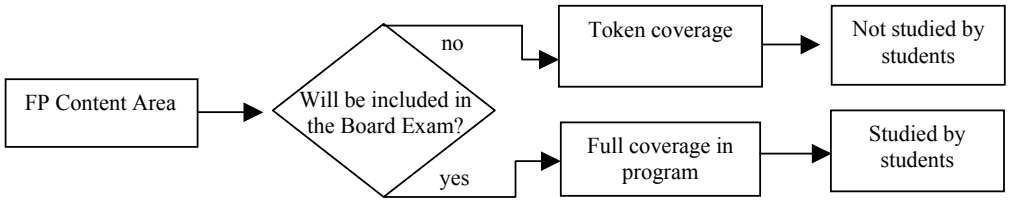

Figure 2. Relationship between board examination, content coverage, and students' attitude toward the content area.

2. The Board Examination Process of PRBs: Focus on Medicine, Nursing and Midwifery

Based on available data, a flow chart of how board examination items are developed and eventually utilized in actual board examinations was created. The whole process may be divided into three major stages, namely: phase 1 or the preparatory phase, phase 2 or the test item preparation phase, and phase 3 or the actual conduct of examination.

Phase 1: Preparatory phase

It is in this phase where members of a PRB review program offerings, content areas, and eventually suggest syllabi for the professional courses. The PRB for medicine, for example, requests syllabi from all medical schools. The PRB then collates all the available materials and then requests the Association of Philippine Medical Colleges (APMC) to do a comprehensive review. After the APMC review, the final syllabus is eventually prepared and approved by PRB members, copy of which is distributed to all medical schools.

Phase 2: Test Item Writing and Data Banking

This phase basically starts with the formulation of test blueprint. Test blueprints or test specifications define exactly how the test would look like in the area of content, domain and item distribution. Theoretically, the test blueprint provides the basis for test of validity of board examinations. It is also the basis for assignment of test items to be prepared by each of the PRB members. Once the items are prepared, they are assigned their respective minimum passing levels (MPL) using the Nedelsky method and then committed to the test item database.

Phase 3: Conduct of actual board examination

The first step in this phase is the random generation of actual test item by computer. Using as basis individual item's MPL, the test MPL is eventually determined. Generated items are eventually printed. This step happens few hours prior to the conduct of actual board examination.

Below is a schematic presentation of the board examination process as culled from available data and result of interview of people familiar with the board examination process. This schema is still subject to verification by some PRB members.

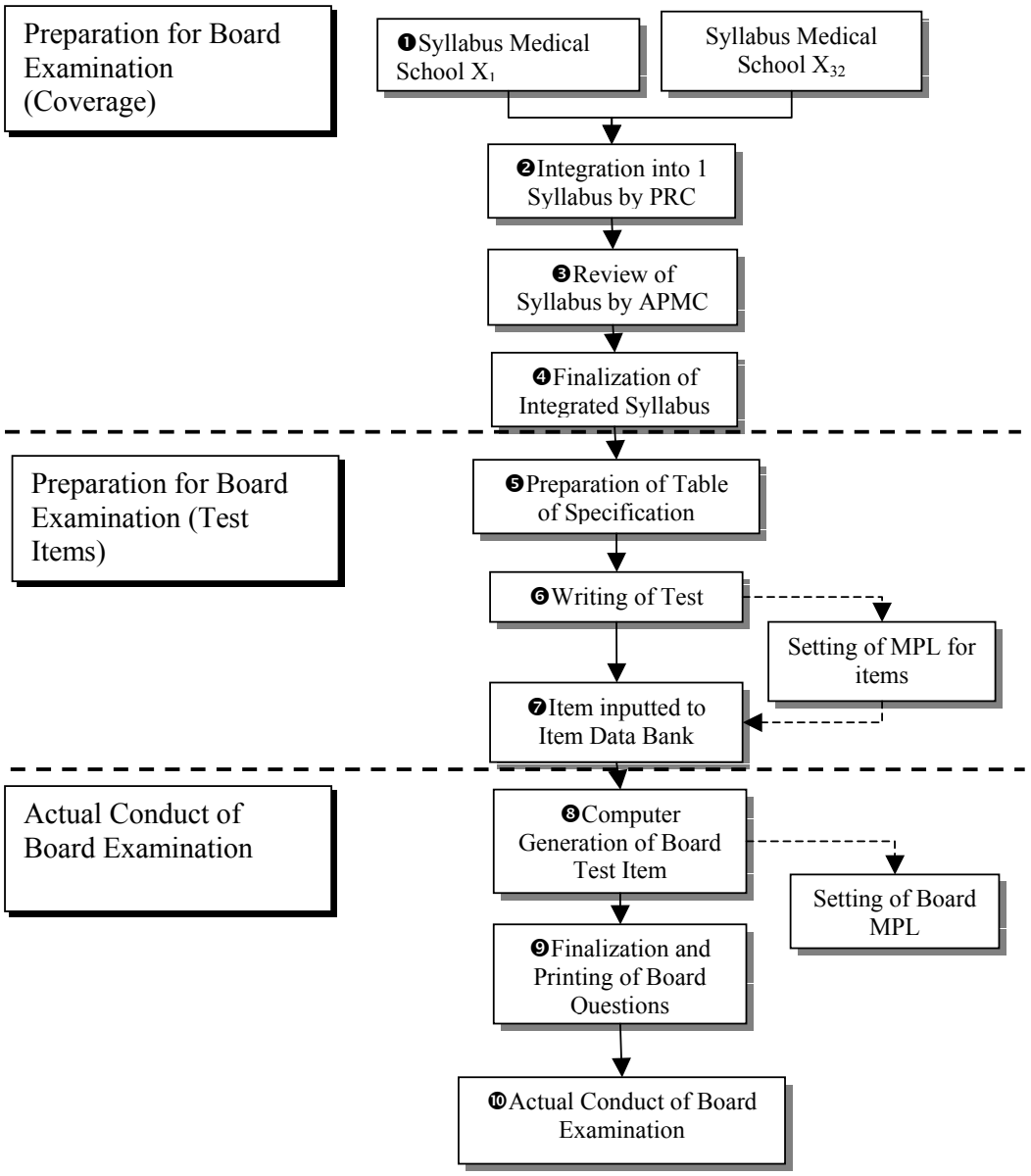

Figure 3. Flow Chart of Board Examination Process: Focus on Physician Licensure Examination.

3. Possible Avenues for TSAP-FP program entry to the Licensure Examination

Avenue is defined here as the point (in the whole board process) where the program might be able to influence the coverage and content of board examinations for medicine, nursing and midwifery. In this particular point of the report, the discussion will focus on identifying or suggesting areas where the program might be able to affect the inclusion of FP topics as board examination questions. Technically, there is one phase where influence cannot be introduced, and that is phase three (actual conduct of board examination), and for obvious reason.

The major dilemma that one has to face when introducing curricular proposal is the fact that most schools may not be willing to introduce or accept change unless the proposed change would involve, as mentioned earlier, a board subject or topic. This would mean that the process would have to be done backwards, and this is based on the premise that what the PRBs would consider as important will also be what schools would consider as important. This is of course not a pedagogically sound move. The coverage of board questions are supposed to be influenced by the competency requirements of the profession and not the board examination questions influencing the competency requirement.

There are three curricular and assessment questions that must be answered even as we are in the process of proposing avenues for entry and entry strategies.

3.1. How much of FP is actually incorporated and covered in existing medicine, nursing, and midwifery offerings? This question is important since amount of time spent is directly related to the degree of importance of that topic(s). If schools are covering FP content areas extensively, there is no reason why they cannot be major content areas in the three professional board examinations. A bargaining chip (in a way), when negotiating with members of the respective PRBs.

3.2 How often does a particular PRB convene or meet representatives of academic and professional education to discuss curricular and instructional issues? This question is necessary because it involves the first phase of the whole process – development of syllabus. As of this time, all of the targeted PRBs have already issued their respective syllabus as shown in the box below. Both medicine and nursing syllabi are pretty recent and may not yet be subject for review or revision.

Title of Syllabus
1. Medicine: *Syllabus for the Physician Licensure Examination (Resolution No. 22, Series of 2002)*
2. Nursing: *Foundations of Nursing Practice Including Professional Adjustment*
3. Midwifery: *Framework of Midwifery Licensure Examination*

3.3. On the average, how many questions related to FP are usually asked in any of these professional board examinations? This question is now of course rendered moot and

academic since PRC, through Resolution Number 164, would not be releasing anymore copies of questions used in a just concluded board examination or previously conducted board examination. The program will now have no means of determining the actual number of questions related or may have relation to FP in the same board examination. The question was included to highlight a point.

Considering all the above scenarios, the following avenues and corresponding entry strategies are now proposed.

Table 1. Suggested entry point and necessary preparation of TSAP-FP for PRC Board Examination Preparation

Phase	Avenues	Important Preparation (entry strategies)
Phase 1	• Syllabus development The best entry point in this phase. Technically the easiest way is be informed as to when and how the next review of existing syllabus will be done.	• The program prepares a detailed competency table and detailed syllabus on FP and related content areas. • Organize roundtable discussion with key figures in the academe and present proposed FP syllabus. Syllabus must be designed in such a way that it would be easy for the content to be transferred to any relevant subject in the standard course offering. • Related to the second point, is the development of learning objects instead of full sized topic outline.
Phase 2	• The only possible point of entry is the preparation of test blueprint or test specification • As of this time, RPBs are not soliciting for actual items for data banking and therefore may be impossible to use as entry point.	• The available useful data that the program has access are the syllabi. However, syllabi just provide listing of subjects and thematic areas. • The best that the program could do is to prepare very specific content areas the program has identified as must in FP and in what specific board examination subject they can be covered. • It is not feasible at this point to just propose FP as one board content area. The more areas where FP concepts can be tested are identified, the better. • The more concrete proposal would be a proposed test blueprint /specifications that would show placement of FP topics in different board subjects and domains with the corresponding number of items.

As already mentioned earlier, influence on the content of board examinations can only be made up to Phase Two. Hard selling the idea would require a good review of the existing syllabi and the development of FP oriented learning objects.

Part II. Competency Analysis

As mentioned in Part I, the only way to be able to properly identify FP board content areas (worth recommending to the PRB's) is to conduct a competency analysis for each of the three health professions involved in the provision or delivery of family planning services. Competency analysis is important because it is through this process that roles and responsibilities of each profession are defined, enhanced, reduced, refined, etc. During competency analysis, roles and responsibilities are analyzed against existing practice of the profession, laws or PRC policies/guidelines related to practice of a profession, existing course offerings among others. Competency analysis is best done with a team; unfortunately, this was not done in this particular project. Focused was on the review of PRC guidelines and frameworks, as they define the practice of the affected professions here in the Philippines, including the promotion, delivery or provision of Family Planning services.

This competency analysis report covers Midwifery, Nursing and Medicine. Competency analyses included in this report only covers Roles, Responsibilities and Tasks (of the three professions) that are related to the promotion, delivery, and provision of family planning services.

1. Profession: Midwife

In the Philippines health care delivery system, midwives serve as the first contact health professional. In some remote areas, midwives may be the only health professionals available.

1.1 Review of PRC's Framework of Midwifery Licensure Examination: Implications to practice

The PRC's **Framework of Midwifery Licensure Examination** lists as major responsibility the provision of family planning services. Review of about 49 major listed tasks (or competencies) in the framework, however, revealed only one task that could be directly linked to provision of family planning services and that is motivating couples to utilize family planning services. This task and its limitations are further described in *Resolution No. 100, Series 1993* of the Board of Midwifery:

> "Rule 11. Family Planning Services. – The registered midwife is allowed to provide family planning services that are **specific/limited to giving motivation and counseling service to married couples** who wish to avail of family planning services; provided that those midwives who have undergone a special training and given a certificate by the **Certifying Board jointly undertaken by the Department of Health and Board of Midwifery** will be allowed to provide the **married couples** family planning interventions that are medical or surgical in nature i.e., pills and intrauterine devices."[1]

[1] Board of Midwifery, Resolution No. 100 Series of 1993

Curricular Implications of Rule 11

a. Regular program for midwifery need not include advance family planning content areas and skills as these are not required in regular practice. This may affect future proposals on adding more FP items in the Midwifery board examinations.
b. Advance content areas and skills are to be developed at 'postgraduate' level and therefore need not be assessed at the board level since they require different process for certification.
c. The use of 'married couples' negates the fact that use of contraception is an issue not limited to married couple.

1.2 Competency Analysis

Role: Health Care Provider
Responsibility: Provide Family Planning Services

Table 2. Competency Table for Midwifery

Tasks	K	S	A
Task 1. Evaluate couple's readiness for introduction of FP services			
• Collect social and personal history	1. Important questions to ask 2. Criteria for good FP candidates	Interviewing skills Social skills Communication skills	Inquisitiveness Thoroughness
• Collect menstrual history	3. Anatomy and physiology of the reproductive systems through the life cycles.	Interviewing skills	Inquisitiveness
• Perform internal examination (only if with presumptive signs of pregnancy)	4. Anatomy female reproductive system	Internal examination	thoroughness
Task 2: Provides motivation to couples to utilize family planning services.			
Subtask 2.1. Suggest appropriate family planning methods	5. Factors involved in decision making regarding unplanned or undesired pregnancies and resources for counseling and referral.	Communication skills Decision making skills	Empathy Sensitivity
	4. Modern and traditional family planning methods 5. Indications and contraindications 6. Factors relating to barrier, steroidal, mechanical, chemical, physiologic, and surgical conception control methods, including: 6.1. Rationale for use. 6.2. Contraindications to use.	Analytical skills Communication skills	

	6.3. Effectiveness rates. 6.4. Mechanisms of action. 6.5. Advantages/disadvantages. 6.6. Risks/side effects/complications. 6.7. Comparative cost. 6.8. Instructions/counseling. 6.9. Psychological and sexual considerations. 6.10. Provision of appropriate method. 6.11. Discontinuation or change of method.		
Sub task 2.2. Initiate use of contraceptive methods*	• Types of FP methods o Sub-dermal implants o Sterilisation (male and female) o Intrauterine contraception o Natural Family Planning		

Only if certified by BOM and DOH

2. Profession: Nurse

2.1 Short Description

Two **generic terminal competencies**[2] may be used to generate subtasks on provision of family planning services by nurses. They are the following:

- Utilizes the nursing process in the care of individuals, families and communities; and
- Communicates effectively with patients/clients, families as well as other members of the health team in various settings.

The Resource Units in NCM 100-105 published by the Association of Deans of Philippine Colleges of Nursing also used the first terminal competency although with much more detail. For example, NCM 101 or Promotive and Preventive Nursing Care Management's statement of terminal competency: 'Given a healthy client/client at risks, the students will be able to apply the nursing process in meeting the promotive and preventive health needs across the life span.' The listed intermediate competency that can be linked to provision of family planning services is 'given clients/model in the community, provides nursing care re: responsible parenthood.'

[2] The same set of terminal competencies are used for Foundations of Nursing, Maternal and Child Health Nursing, Community Health Nursing and Communicable Disease Nursing, Nursing Care of Adolescents, Adults and Aged, and Mental Health and Psychiatric Nursing. (PRC – Board of Nursing)

What I noticed when I reviewed the Resource Units of APDCN and PRC's course syllabus is that they are using different nomenclature. The new nursing program is actually horizontally and vertically integrated compared to the combined age group and practice clustering of subjects or units.

Table 3. Comparison of Nursing themes of PRC and APDCN

Organization of Nursing Content (PRC)	Organization of Nursing Content (APDCN)
Foundations of Nursing Maternal and Child Health Community Health Nursing and Communicable Disease Nursing Nursing Care of Adolescents, Adults and Aged Mental Health and Psychiatric Nursing	Foundations of Nursing (NCM 100) Promotive and Preventive Care Management (NCM 101) Curative, Rehabilitative Nursing Care Management Related Learning Experience 103) Rehabilitative Nursing Care Management II (NCM 104) Nursing Management and Leardership (NCM 105)

The competency table below provides a more detailed information re: provision of family planning service by nurses.

2.2. Competency Analysis: Nursing

Role: Health Care Provider

Responsibility: Promote Responsible Parenthood to clients in the reproductive age group.

Table 4. Competency Analysis for FP responsibilities of Nurses

Tasks	K	S	A
Task 1. Evaluate women of reproductive age			
• Collect social and personal history relevant to FP	1. Important questions to ask 2. Criteria for good FP candidates	Interviewing skills Social skills Communication skills	Inquisitiveness Thoroughness
• Collect menstrual history	3. Anatomy and physiology of the reproductive systems through the life cycles.	Interviewing skills	Inquisitiveness
• Perform internal examination (only if with presumptive signs of pregnancy)	4. Anatomy female reproductive system	Internal examination	thoroughness
Task 2: Provides motivation to couples to utilize family planning services.			
Subtask 2.1. Suggest appropriate family planning methods	1. Factors involved in decision making regarding unplanned or undesired pregnancies and resources for counseling	Decision making Problem solving	

Tasks	K	S	A
	and referral.		
	1. Modern and traditional family planning methods 2. Indications and contraindications 3. Barrier, steroidal, mechanical, chemical, physiologic, and surgical conception control methods according to the following: • Rationale for use. • Contraindications to use. • Effectiveness rates. • Mechanisms of action. • Advantages/disadvantage • Risks/side effects/complications. • Comparative cost. • Instructions/counseling. • Psychological and sexual considerations. • Provision of appropriate method. • Discontinuation or change of method.	Analytical skills Communication skills	
Sub task 2.2. motivate use of contraceptive methods	FP Methods o Sub-dermal implants o Sterilisation (male and female) o Intrauterine contraception o Natural Family Planning		

3. Profession: Doctor of Medicine

3.1 Short Description:

Physicians are the only professionals allowed by law to provide pharmacologic or surgical services to men and women who want to practice family planning as the two major tasks are considered as 'practice of medicine.' As mentioned earlier, midwives will only be allowed to do the same after proper certification by the Department of Health and the Board of Midwifery.

Role: Health Care Provider

Responsibility: Provide Family Planning Services

3.2. Competency Analysis

Table 5. Competency Analysis for FP responsibilities of Physicians

Tasks	K	S	A
Task 1. Evaluate women and men of reproductive age			
• Collect Patient history relevant to family planning	Anatomy, physiology, biochemistry of the female /male reproductive systems Effect of neuroendocrine system on menstruation, spermatogenesis, ovulation, fertilization, implantation, the placenta, membranes and its hormones.	Interviewing skills	
• Perform Physical examination of male and female patients	Anatomy of the female genitalia Anatomy of male genitalia	Palpation Auscultation Internal examination	
• Perform internal examination	Anatomy of the female genitalia		
• Ensure that women who would be using contraception are not pregnant	Signs and Symptoms of Pregnancy Pregnancy test	Use of pregnancy test kit	
Task 2: Provides motivation to couples to utilize family planning services.			
Subtask 2.1. Suggest appropriate family planning methods	Factors involved in decision making regarding unplanned or undesired pregnancies and resources for counseling and referral. Use evidence when suggesting Contraceptive method to patients.	Communication skills	
	1. Differentiate modern and traditional family planning methods 2. Discuss barrier, steroidal, mechanical, chemical, physiologic, and surgical conception control methods according to the following: 3.1. Rationale for use. 3.2. Contraindications to use. 3.3. Effectiveness rates. 3.4. Mechanisms of action. 3.5. Advantages/disadvantages. 3.6. Risks/side effects/complications.	Analytical skills Communication skills	

Tasks	K	S	A
	3.7. Comparative cost. 3.8. Instructions/counseling. 3.9. Psychological and sexual considerations. 3.10. Provision of appropriate method. 3.11. Discontinuation or change of method.		
Sub task 2.2. Initiate use of contraceptive methods			
• Ensure that women who would be using contraception are not pregnant			
• **Get menstrual history**	Signs and Symptoms of Pregnancy Pregnancy test	History taking Communication skills Use of pregnancy test kit	Thoroughness Patience Gender sensitivity
• Perform internal examination	Anatomy of the female genitalia		
• **Initiate non-surgical FP intervention**	• relative and absolute contraindication for COC • hormonal emergency contraception 1. METHODS OF CONTRACEPTION AND SKILLS • Sub-dermal implants ○ Sterilisation (male and female) ○ Intrauterine contraception ○ Natural Family Planning	• use of injectable contraception • fit and check diaphragms and caps • teaching male and female condom use • Communication skills	Patience
Task 3. Perform invasive FP methods to a woman or manof reproductive age after getting consent.	• IUD insertion • Sterilisation procedure (male and female)	• Insertion of IUD • Surgical skills	

Table 6. *Comparing FP Competency Requirements of Registered Midwives (RM), Registered Nurse (RN) and Physicians (MD*).

Tasks		RM	RN	MD
Task 1. **Evaluate women and men of reproductive age**		☑	☑	☑
• Collect Patient history relevant to family planning	Discuss the Anatomy, physiology, biochemistry of the female /male reproductive systems	☑	☑	☑

Tasks		RM	RN	MD
planning	Explain the effect of neuroendocrine system on menstruation, spermatogenesis, ovulation, fertilization, implantation, the placenta, membranes and its hormones.	☑	☑	☑
• Perform Physical examination of male and female patient	Describe the anatomy of the female genitalia Describe the anatomy of male genitalia	☑	☑	☑
• Perform internal examination	Perform the following PE procedures: Palpation Auscultation Internal examination	☑	☑	☑
• Ensure that women who would be using contraception are not pregnant	Enumerate the Signs and Symptoms of Pregnancy Explain Pregnancy testing Use of pregnancy test kit	☑	☑	☑
Task 2: Provides motivation to couples to utilize family planning services.				
Subtask 2.1. Suggest appropriate family planning methods	Discuss factors involved in decision making regarding unplanned or undesired pregnancies and resources for counseling and referral.	☑	☑	☑
	3. Differentiate modern and traditional family planning methods	☑	☑	☑
	4. Discuss barrier, steroidal, mechanical, chemical, physiologic, and surgical conception control methods according to the following: 3.12. Rationale for use. 3.13. Contraindications to use. 3.14. Effectiveness rates. 3.15. Mechanisms of action. 3.16. Advantages/disadvantages. 3.17. Risks/side effects/complications. 3.18. Comparative cost. 3.19. Instructions/counseling. 3.20. Psychological and sexual considerations. 3.21. Provision of appropriate method. 3.22. Discontinuation or change of method.	☑	☑	☑
Sub task 2.2. Initiate use of contraceptive methods	• Discuss relative and absolute contraindication for COC	☑	☑	☑
	• Insert IUD	☑	☒	☑
	Discuss METHODS OF CONTRACEPTION • Sub-dermal implants o Sterilisation (male and female) o Intrauterine contraception o Natural Family Planning	☑	☑	☑

Tasks		RM	RN	MD
	• use injectable contraception • fit and check diaphragms and caps • teach male and female how to use condom	☑	☒	☑
Task 3. Perform invasive FP methods to a woman of reproductive age after getting consent.	• Describe Sterilisation procedure (male and female)	☒	☒	☑
	• Perform tubal ligation or vasectomy.	☒	☒	☑

Part III: Development of Test Specification for FP in Medical Board Examination

As mentioned earlier in this report, PRC does not usually solicit test items for the board examination. If a group were to lobby for coverage of specific themes in the board examination, the next best thing to submitting a set of actual test items would be a test blueprint or test specification. Test specifications '…describe the achievement domain being measured and (to) provide guidelines for obtaining a representative sample of test tasks.[3]

The development of the FP test specifications were based on the assumption that the teaching of family planning content areas is scattered among the board subject headings and should therefore be tested also across the same board subject headings.

To simplify the process, the board subjects listed in Article 3, Section 21 of Republic Act No. 2382 were used as initial subject headings for the main FP test specification. From the list, seven subjects with clear and direct relation to FP were selected. It would be important to emphasize though that the list does not preclude the fact that FP is actually being covered in other subjects as well.

Coverage of Medical Board according to Republic Act No. 2382 or The Medical Act of 1959 Article 3, Section 21. *Scope of Examination*. – *The following subjects shall be given in the examination:*	Suggested Subject headings for FP blueprint
c. Complete Examination 1. Anatomy and Histology 2. Physiology 3. Biochemistry 4. Microbiology and Parasitology 5. Pharmacology and Therapeutics 6. Pathology 7. Medicine 8. Obstetrics and Gynecology 9. Pediatrics and Nutrition 10. Surgery and Opthalmology, Otolaryngology and Rhinology 11. Preventive Medicine and Public Health, and 12. Legal Medicine, Ethics and Medical Jurisprudence	Anatomy and Histology Physiology Biochemistry Pharmacology and Therapeutics Medicine Obstetrics and Gynecology Preventive Medicine and Public Health, and Legal Medicine, Ethics and Medical Jurisprudence

[3] Grunlond, N.E. (1998). Assessment of Student Achievement. 6th ed.

Table 7. The Suggested Subject and Domain headings for an FP Blue Print or Test Specification

Subjects/ Content	Knows			Comprehends Principles	Applies Principles
	Terms	Facts	Procedure		
Anatomy and Histology					
Physiology					
Biochemistry					
Pharmacology and Therapeutics					
Obstetrics and Gynecology					
Preventive Medicine and Public Health					
Legal Medicine, Ethics and Medical Jurisprudence					

Subject Specific Test Specifications

To be able to identify in more detail the FP content to be tested, test specifications for each of the subject headings were developed. This detailed TS would make recommendation for test items much easier.

TS for Anatomy and Physiology

TS would cover normal anatomy and physiology of the male and female reproductive systems. Focus will also be on the menstrual cycle since major FP interventions uses this as guide.

Table 8. Suggested Specification for Anatomy and Physiology

DOMAIN Subjects/ Content	Knows			Comprehends Principles	Applies Principles	TOTAL ITEMS
	Terms	Facts	Procedure			
Anatomy and Histology						
❑ Male Reproductive System	1	1				2
❑ Female Reproductive System	1	1				2
Physiology						
❑Effect of neuroendocrine system on menstruation, spermatogenesis, ovulation, fertilization, implantation, the placenta, membranes and its hormones				2	2	4
❑ Menstrual Cycles					2	2
TOTAL ITEMS	2	2		2	4	10

TS for Pharmacology and Therapeutics
It is in this subject heading were most of the non-surgical FP methods will be covered specially hormonal and steroidal contraceptives.

Table 9. Suggested Specification for Pharmacology and Therapeutics

DOMAIN Subjects/ Content	Knows			Comprehends Principles	Applies Principles	TOTAL ITEMS
	Terms	Facts	Procedure			
(Biochemistry)/ Pharmacology and Therapeutics						
❑Hormonal /Steroidal Contraceptives						
❑Estrogen						4
Pharmacology	1					
Mechanism of action				1	1	
Non contraceptive effects		1				
❑Progestins						4
Pharmacology	1					
Mechanism of action				1	1	
Non contraceptive effects		1				
Preparations Combination						
Injectables				1	1	2
Patch						
TOTAL ITEMS	2	2		3	3	10

TS for Obstetrics and Gynecology
This TS would show that FP content areas can actually be covered in one subject heading. However, this would make FP content items much more difficult to sell, as they would compete with other major OB and Gyne content areas.

Table 10. Suggested Specification for Obstetrics and Gynecology

DOMAIN Subjects/ Content	Knows			Comprehends Principles	Applies Principles	**TOTAL ITEMS**
	Terms	Facts	Procedure			
Obstetrics and Gynecology						
Anatomy and Physiology of Male and Female Reproductive System	See TS for Anatomy and Physiology (Table 8)					
History and PE						**5**
• Signs and Symptoms of Pregnancy		1			1	
• Pregnancy testing					1	
• pregnancy test kit		1				
• steps in doing examination of female genitalia			1			
Contraception						**5**
• Hormonal/Steroidal	See TS for Pharmacology (Table 9)					
• Barrier		1			1	
• Surgical		1			1	
Natural Family Planning Method		1				
TOTAL ITEMS		**5**	**1**		**4**	**10**

TS for Preventive Medicine and Legal Medicine
The idea to influence item writers in using FP case scenarios as trigger for problems for preventive medicine, legal medicine, ethics, and medical jurisprudence.

Table 11. Suggested Test Specifications for Preventive Medicine and Legal Medicine

DOMAIN / Subjects/ Content	Knows			Comprehends Principles	Applies Principles	TOTAL ITEM
	Terms	Facts	Procedure			
Preventive Medicine and Public Health						2
Socio-Economic dynamics of Family Planning					1	
Initiating/motivating use of FP methods					1	
Legal Medicine, Ethics and Medical Jurisprudence						1
Legal issues regarding use of contraceptive methods					1	
TOTAL ITEM					3	3

In summary, a total of 33 test items is being proposed if a comprehensive evaluation of FP competencies is to be achieved. The 33 items represent the major competencies needed for a graduate to be able to perform FP related tasks and to act as FP advocate for all sectors.

Table 12. General Test Specifications for FP in Medical Board Examination

DOMAIN / Subjects	Knows			Comprehends Principles	Applies Principles	**TOTAL ITEM**
	Terms	Facts	Procedure			
Anatomy and Histology	2	2		2	4	**10**
Biochemistry/Pharmacology	2	2		3	3	**10**
Obstetrics and Gynecology		5	1		4	**10**
Preventive Medicine					2	**2**
Legal Medicine					1	**1**
TOTAL ITEM	**4**	**9**	**1**	**5**	**14**	**33**

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