NFO WORLDGROUP

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Project CLARITY
A CENSUS and KAP among Health Providers

Prepared for TSAP-FP

THE SOCIAL ACCEPTANCE PROJECT - FAMILY PLANNING

April 15, 2004

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TRENDS

Marketing Minds Who Specialize in Research™

INTRODUCTION

BACKGROUND

According to the 2000 Pulse Survey, 94% of Filipinos believe in the importance of managing one's fertility and in planning one's family. With this data, one is tempted to conclude that family planning is already socially acceptable in the Philippines. On the other hand, the 1998 National Demographic Health Survey (NDHS) reports that only 28% of married women of reproductive age (MWRA) used modern contraceptives. Another 18% of MWRA used traditional methods of family planning, and still another 20% expressed a desire to either space their next child or not have any more children but were not using any contraception, i.e., these women had an unmet need (for reliable family planning methods). Added together, the current and potential market for family planning in the Philippines in 1998 should have been about 66% or two thirds of MWRA, which would be a very respectable contraceptive prevalence rate.

However, fertility levels are not dropping to the expressed desires of married women. On the average, Filipino women are having one more child than they would like to have. The reason for this is that the majority of Filipino women is not using reliable methods of modern contraception or have tried these methods but discontinued usage. The reason for low usage of modern contraceptives, or "artificial contraceptives" as the Catholic Church refers to them, is not religion per se. Based on the 1998 NDHS, only 5% of non-user MWRA said they do not use contraceptives because of their religion. Conversely, nearly one-third of non-users and nearly 50% of pill, IUD and injectable discontinuers (aggregate percentage over a five-year period preceding 1998) said that they do not use or stopped using modern contraceptives because of side effects or health concerns. In the more recently published 2002 Family Planning Survey, results revealed that only 2% of currently married women did not use contraception due to prohibition by religion; while a sizable 26% cited health concerns and fear of side-effects as their reasons for not using contraceptives.

BACKGROUND

In both 1998 NDHS and 2002 FPS surveys, it can be inferred that Health Providers, particularly from the public health sector, are prominently the main source of contraceptive supply among current users of modern contraceptive methods (7 out of 10 current users of modern contraceptive methods obtain their supply from public health facilities while about 3 out of 10 do so from the private health facilities/practitioners).

A secondary review of past studies identified some of the key barriers to modern contraceptive use among women and to a lesser extent, has identified some barriers and biases among medical providers. The review has established that there are significant barriers for hormonal contraceptive methods; misunderstanding of the biological purpose of menstruation among many Filipino women, and husbands' major influence in getting their wives to stop using modern contraceptives without offering to take up a male method of contraception such as condom use or vasectomy.

On attitude of medical providers, the secondary review showed that many have biases toward modern contraceptives, particularly injectable and IUD. ***Provider concerns about contraceptives frequently echo those of their clients, particularly with respect to issues such as amenorrhea. Moreover, the provider's personal or religious values frequently influence their behavior.*** For example, the secondary review showed that over half of 500 Health Providers surveyed in 1995 feel it is inappropriate to prescribe contraceptives to nulliparous women and nearly half conceded their religious beliefs influence their attitude towards prescribing contraceptives. In addition, one out of five providers agreed with the statement that IUDs are an abortifacient.

Recent focus group discussions with contraceptive users and non-users and "frontline" medical providers have confirmed the aforementioned barriers still exist and have identified additional barriers.

BACKGROUND

The Academy for Educational Development (AED), particularly The Social Acceptance Project - Family Planning (TSAP-FP) division, has been awarded a contract from USAID/Philippines entitled, *"Strengthening the Acceptance of Family Planning in the Philippines."* The goal of the project is to contribute to a greater social acceptance of family planning among the Filipino public. The project will apply communication, advocacy and social mobilization strategies targeted at the general public, health service providers, opinion leaders and influentials and decision-makers to openly support family planning programs and practice. The project has three components: Behavior Change Communication, Advocacy and Social Mobilization and Health Provider Component.

In line with its Health Provider Component and recognizing that health service providers play a key role in providing information and counseling on family planning and user of methods to the general public, a study is being commissioned to look into the prevailing knowledge, attitudes, beliefs and practices among family planning health care providers in public health facilities/hospitals and industry clinics. The study is meant to help develop interventions in selected project sites that will equip health care providers with the correct and latest research-based information on specific family planning methods to counter whatever personal biases, misperceptions or misinformation they have on the different family planning methods. Ultimately, an increase in acceptance of family planning as part of the routine health package in public health facilities/hospitals and industry clinics can be achieved.

OBJECTIVES

1. To determine the level of knowledge on reproductive health and on the mechanism of action and side-effects of specific *modern* family planning methods – namely, oral pill, injectable, IUD, male and female sterilization, among Health Providers;

2. To determine the attitudes, beliefs and biases, and misconceptions of Health Providers on specific family planning methods;

3. To identify prevailing practices of Health Providers related to providing information and prescribing usage of family planning methods;

4. To find out how Health Providers keep themselves updated on medical science in general and on their specific knowledge of Evidence-Based Medicine (if at all);

VOLUME I

CENSUS OF HEALTH PROVIDERS IN PUBLIC HEALTH FACILITIES AND INDUSTRIAL CLINICS

TECHNICAL DETAILS

LOCATION

To carry out the objectives of the study, a census of Health Providers offering family planning services had to be conducted in the designated study areas prior to the actual survey:

METRO MANILA		
Caloocan	Manila	Pateros
Las Pinas	Marikina	Quezon City
Makati	Muntinlupa	San Juan
Malabon	Navotas	Taguig
Mandaluyong	Paranaque	Valenzuela
Pasay	Pasig	
METRO CEBU		
Cebu City	Mandaue City	
Lapu-lapu City	Talisay	
METRO DAVAO		
Agdao	Calinaw	Talomo
Baguio	Marilog	Toril
Bonawan	Paquibato	Tugbok
Buhangin	Poblacion	
CALABARZON		
Batangas	Laguna	
Cavite	Pampanga	
CEBU INDUSTRIAL AREAS		
Cebu City	Mandaue City	
Lapu-lapu City	Talisay	

FIELDWORK: July 3 – August 31, 2003

TECHNICAL DETAILS

METHODS AND PROCEDURES

1. Lists of government-run public health facilities/hospitals were gathered from the Department of Health. A list of public health facilities/hospitals and industrial zone clinics were also obtained from Local Government Units.

2. Lists of industrial companies were gathered from the Department of Trade and Industry and the Department of Labor and Employment.

3. With the list gathered from DOH, LGU, DTI and DOLE:
   a) Field interviewers approached the administration department of each hospital to obtain the list of Health Providers working in OB wards, delivery rooms, OPD, and family planning clinics.
   b) Rural Health Units, Bgy. Health Centers, Bgy. Health Stations, and Lying-in Clinics were also visited to get the list of Health Providers working in these facilities.
   c) Industrial companies with 100 regular employees were contacted in order to get the names of Health Providers working in their clinics.

4. After obtaining the list of Health Providers from each facility, field interviewers then proceeded to set an appointment with the Health Providers so they could be validated via an interview. The interview content was approved by the client.

TECHNICAL DETAILS

LIMITATIONS OF THE CENSUS

The census aimed to cover the entire population of Health Providers offering family planning services in the target areas. However, in the course of the field work , some obstacles came up which hindered the research agency from accomplishing its mission. Below are the reasons for not being able to cover 100% of the Health Providers:

1. In Metro Manila, the intent was to cover facilities in all 17 cities and municipalities. However, in the City of Manila, only three public hospitals and three lying-in clinics were covered because the City Mayor through the City Health Officer did not allow the conduct of any kind of Family Planning study in the city.

2. There were Health Providers who were not available for interview during the duration of the census fieldwork even after more than 2 callbacks which exceeded set industry standards on callbacks. They were on leave, out of town, on training, or simply unavailable.

3. Upon instructions of the client, military and specialty hospitals were excluded in the census.

Table A. Facilities Covered by Area

AREA/FACILITY	TOTAL FACILITIES	FACILITIES COVERED	% COVERED	REASONS WHY NOT 100%
METRO MANILA				
Hospitals	50	25	50%	Phil. General Hosp. And Jose Reyes Memorial Hospital administration refused; other hospitals are specialty or military hospitals
Health Center	422	383	91%	Staff not available
Lying-in Clinic	31	19	61%	Staff not available
METRO CEBU				
Hospitals	8	8	100%	
Rural Health Unit (RHU)	10	10	100%	
Health Center	56	56	100%	
Barangay Health Station	88	88	100%	
Lying-in Clinic	10	10	100%	
METRO DAVAO				
Hospitals	3	3	100%	
Rural Health Unit	14	14	100%	
Health Center	26	26	100%	
Barangay Health Station	80	80	100%	
Lying-in Clinic	1	1	100%	
CALABARZON				
Industry Clinics	207	140	68%	Company refused
CEBU INDUSTRIAL ZONE				
Industry Clinics	120	92	77%	Company refused

CENSUS RESULT

Table B. Census of Health Providers in Metro Manila Public Hospitals

CITY / MUNICIPALITY / HOSPITAL	DOCTORS								NURSES		MIDWIVES		TOTAL HEALTH PROVIDERS
	FM		GP		OBGYN		TOTAL						
Las Piñas													
Las Piñas Integrated District Hospital	3	(27%)	1	(9%)	1	(9%)	5	(45%)	4	(36%)	2	(18%)	11
Makati City													
Ospital ng Makati (Ob-Gyne Department)	0		0		17	(45%)	17	(45%)	18	(47%)	3	(8%)	38
Malabon													
Pagamutang Bayan ng Malabon	0		5	(33%)	1	(7%)	6	(40%)	5	(33%)	4	(27%)	15
San Lorenzo Ruiz Women's Hospital	0		0		1	(7%)	1	(7%)	7	(50%)	6	(43%)	14
Mandaluyong													
Mandaluyong City Medical Center (OB-WARD)	0		0		6	(30%)	6	(30%)	10	(50%)	4	(20%)	20
City of Manila													
Dr. Jose Fabella Memorial Hospital	0		0		55	(74%)	55	(74%)	11	(15%)	8	(11%)	74
Ospital ng Tondo	0		0		1	(10%)	1	(10%)	6	(60%)	3	(30%)	10
Tondo Medical Center	0		0		7	(30%)	7	(30%)	10	(43%)	6	(26%)	23
Marikina City													
Amang Rodriguez Medical Center	0		0		9	(26%)	9	(26%)	14	(41%)	11	(32%)	34
Muntinlupa													
Muntinlupa Hospital	0		0		11	(27%)	11	(27%)	26	(63%)	4	(10%)	41
Parañaque													
Parañaque Community Hospital	5	(33%)	1	(7%)	0		6	(40%)	8	(53%)	1	(7%)	15
Pasay City													
Pasay City General Hospital	0		0		10	(22%)	10	(22%)	20	(43%)	16	(35%)	46
Pasig City													
Pasig City General Hospital	0		0		7	(23%)	7	(23%)	12	(40%)	11	(37%)	30
Rizal Medical Center (Delivery Room)	0		0		8	(27%)	8	(27%)	15	(50%)	7	(23%)	30

CENSUS RESULT

Table B. Census of Health Providers Metro Manila Public Hospitals (cont'd)

CITY / MUNICIPALITY / HOSPITAL	DOCTORS								NURSES		MIDWIVES		TOTAL HEALTH PROVIDERS
	FM		GP		OBGYN		TOTAL						
Quezon City													
Dr. Jose N. Rodriguez Memorial Hospital	0		2	(13%)	5	(31%)	7	(44%)	8	(50%)	1	(6%)	16
East Avenue Medical Center (Nursing Dept.)	0		0		6	(16%)	6	(16%)	20	(54%)	11	(30%)	37
Novaliches District Hospital	0		0		2	(12%)	2	(12%)	10	(59%)	5	(29%)	17
Philippine's Children Medical Center	5	(11%)	0		14	(31%)	19	(42%)	16	(36%)	10	(22%)	45
Quezon City General Hospital/OPD-OB	11	(23%)	0		20	(43%)	31	(66%)	13	(28%)	3	(6%)	47
Quirino Memorial Medical Center	0		0		23	(45%)	23	(45%)	22	(43%)	6	(12%)	51
San Juan													
San Juan Medical Center	0		0		4	(44%)	4	(44%)	3	(33%)	2	(22%)	9
Taguig City													
Taguig Pateros District Hospital	0		2	(15%)	0		2	(15%)	5	(38%)	6	(46%)	13
Valenzuela City													
Polo Emergency Hospital	0		2	(11%)	1	(6%)	3	(17%)	9	(50%)	6	(33%)	18
Valenzuela General Hospital	1	(3%)	0		6	(21%)	7	(24%)	16	(55%)	6	(21%)	29
TOTAL	**25**	**(4%)**	**13**	**(2%)**	**215**	**(31%)**	**253**	**(37%)**	**288**	**(42%)**	**142**	**(21%)**	**683**

CENSUS RESULT

Table C. Census of Health Providers in Metro Manila Barangay Health Centers

CITY / MUNICIPALITY / HOSPITAL	DOCTORS								NURSES		MIDWIVES		TOTAL HEALTH PROVIDERS
	FM		GP		OBGYN		TOTAL						
Caloocan City	6	(5%)	20	(18%)	1	(1%)	27	(24%)	29	(26%)	56	(50%)	112
Las Pinas	0		15	(18%)	0		15	(18%)	25	(29%)	45	(53%)	85
Makati City	7	(7%)	15	(15%)	0		22	(22%)	37	(36%)	43	(42%)	102
Malabon	4	(6%)	14	(22%)	1	(2%)	19	(30%)	25	(39%)	20	(31%)	64
Mandaluyong	2	(2%)	16	(19%)	2	(2%)	20	(24%)	34	(40%)	30	(36%)	84
Marikina City	2	(4%)	6	(12%)	1	(2%)	9	(18%)	12	(24%)	29	(58%)	50
Muntinlupa	6	(7%)	7	(8%)	1	(1%)	13	(15%)	18	(21%)	53	(63%)	84
Navotas	2	(6%)	5	(15%)	0		7	(21%)	6	(18%)	20	(61%)	33
Para±aque	4	(5%)	7	(9%)	0		11	(15%)	25	(33%)	39	(52%)	75
Pasay City	6	(13%)	2	(4%)	0		8	(17%)	13	(27%)	27	(56%)	48
Pasig City	16	(12%)	12	(9%)	0		28	(21%)	31	(23%)	77	(57%)	136
Pateros	2	(7%)	6	(21%)	0		8	(29%)	4	(14%)	16	(57%)	28
Quezon City	12	(6%)	24	(12%)	1	(1%)	37	(18%)	49	(24%)	118	(58%)	204
San Juan	3	(7%)	5	(12%)	2	(5%)	10	(24%)	14	(33%)	18	(43%)	42
Taguig	7	(11%)	6	(10%)	0		13	(21%)	14	(22%)	36	(57%)	63
Valenzuela	4	(4%)	19	(21%)	0		23	(25%)	21	(23%)	48	(52%)	92
TOTAL	**83**	**(6%)**	**179**	**(14%)**	**9**	**(1%)**	**271**	**(21%)**	**357**	**(27%)**	**675**	**(52%)**	**1303**

There are 5 Midwives, 5 Registered Nurses and 1 General Practitioner who work in both Health Centers and Lying-in Clinics.

CENSUS RESULT

Table D. Census of Health Providers in Metro Manila Lying-in Clinics

CITY / MUNICIPALITY / HOSPITAL	DOCTORS												TOTAL HEALTH PROVIDERS
	FM		GP		OBGYN		TOTAL		NURSES		MIDWIVES		
Caloocan City	1	(25%)	0		0		1	(25%)	1	(25%)	2	(50%)	4
Las Pinas	0		0		0		1	(25%)	1	(25%)	2	(50%)	9
Mandaluyong	0		2	(9%)	1	(4%)	3	(13%)	10	(43%)	10	(43%)	23
City of Manila	1	(4%)	4	(16%)	1	(4%)	6	(24%)	6	(24%)	13	(52%)	25
Muntinlupa	0		0		0		1	(7%)	1	(7%)	12	(86%)	14
Navotas	0		3	(13%)	0		3	(13%)	3	(13%)	17	(74%)	23
Pasay City	0		0		0		0		0		4	(100%)	4
Pasig City	0		0		0		0		0		10	(100%)	10
Quezon City	0		1	(3%)	1	(3%)	2	(6%)	1	(3%)	31	(91%)	34
Taguig City	0		0		0		0		0		6	(100%)	6
Valenzuela City	0		0		0		0		0		17	(100%)	17
TOTAL	**2**	**(1%)**	**10**	**(6%)**	**3**	**(2%)**	**15**	**(9%)**	**23**	**(14%)**	**124**	**(77%)**	**162**

CENSUS RESULT

Table E. Census of Health Providers by Facility (Total Metro Manila)

FACILITY	DOCTORS								NURSES		MIDWIVES		TOTAL HEALTH PROVIDERS
	FM		GP		OBGYN		TOTAL						
Public Hospitals	25	(4%)	13	(2%)	215	(31%)	253	(37%)	288	(42%)	142	(21%)	683
Health Centers*	83	(6%)	178	(14%)	9	(1%)	270	(21%)	352	(27%)	670	(52%)	1292
Lying-in Clinics	2	(1%)	10	(6%)	3	(2%)	15	(9%)	23	(14%)	124	(77%)	162
TOTAL	**110**	**(5%)**	**201**	**(9%)**	**227**	**(11%)**	**538**	**(25%)**	**663**	**(31%)**	**936**	**(44%)**	**2137**

Health providers who work in both health centers and lying-in clinics (as mentioned in page 14), are counted as one to avoid duplication in counting the total number of FP Providers in Metro Manila.

CENSUS RESULT

Table F. Census of Health Providers by Facility Metro Cebu

FACILITY	DOCTORS								NURSES		MIDWIVES		TOTAL HEALTH PROVIDERS
	FM		GP		OBGYN		TOTAL						
Lying-in Clinic	**3**	**(14%)**	**1**	**(5%)**	**0**		**4**	**(18%)**	**8**	**(36%)**	**10**	**(45%)**	**22**
Rural Health Unit (RHU)	**7**	**(19%)**	**7**	**(19%)**	**0**		**14**	**(39%)**	**10**	**(28%)**	**12**	**(33%)**	**36**
Hospitals	**11**	**(10%)**	**5**	**(4%)**	**29**	**(25%)**	**45**	**(39%)**	**47**	**(41%)**	**23**	**(20%)**	**15**
Sta. Rosa Community Hospital	1	(25%)	0		0		1	(25%)	3	(75%)	0		4
Talisay District Hospital	2	(20%)	0		1	(10%)	3	(30%)	7	(70%)	0		10
Lapu-lapu District Hospital	0		1	(7%)	0		1	(7%)	6	(40%)	8	(53%)	15
Mandaue City Hospital	2	(25%)	0		1	(13%)	3	(38%)	1	(13%)	4	(50%)	8
Cebu City Medical Center/Delivery Room	0		0		7	(35%)	7	(35%)	11	(55%)	2	(10%)	20
Eversley Childs Sanitarium	0		3	(15%)	0		3	(15%)	10	(50%)	7	(35%)	20
St. Anthony Mother & Child Hospital	1	(14%)	0		3	(43%)	4	(57%)	2	(29%)	1	(14%)	7
Vicente Sotto Memorial Medical Center/FM Dept.	5	(16%)	1	(3%)	17	(55%)	23	(74%)	7	(23%)	1	(3%)	31
Health Center	**16**	**(11%)**	**7**	**(5%)**	**1**	**(1%)**	**24**	**(17%)**	**52**	**(37%)**	**64**	**(46%)**	**140**
Barangay Health Station	**0**		**0**		**0**		**0**		**0**		**93**	**(100%)**	**93**
TOTAL	**37**	**(9%)**	**20**	**(5%)**	**30**	**(7%)**	**87**	**(21%)**	**117**	**(29%)**	**202**	**(50%)**	**406**

CENSUS RESULT

Table G. Census of Health Providers by Facility Metro Davao

FACILITY	DOCTORS								NURSES		MIDWIVES		TOTAL HEALTH PROVIDERS
	FM		GP		OBGYN		TOTAL						
Lying-in Clinic	**0**		**0**		**0**		**0**		**0**		**1**	**(100%)**	**1**
Rural Health Unit (RHU)	**5**	**(11%)**	**6**	**(13%)**	**0**		**11**	**(24%)**	**18**	**(40%)**	**16**	**(36%)**	**45**
Hospitals	**13**	**(19%)**	**2**	**(3%)**	**15**	**(22%)**	**30**	**(44%)**	**23**	**(34%)**	**15**	**(22%)**	**68**
Davao Medical Center	13	(22%)	0		15	(25%)	28	(47%)	18	(31%)	13	(22%)	59
Marilog District Hospital	0		1	(50%)	0		1	(50%)	1	(50%)	0		2
Paquibato District Hospital	0		1	(14%)	0		1	(14%)	4	(57%)	2	(29%)	7
Health Center	**0**		**3**	**(11%)**	**0**		**3**	**(11%)**	**16**	**(57%)**	**9**	**(32%)**	**28**
Barangay Health Station	**0**		**0**		**0**		**0**		**0**		**57**	**(100%)**	**57**
TOTAL	**18**	**(9%)**	**11**	**(6%)**	**15**	**(8%)**	**44**	**(22%)**	**57**	**(29%)**	**98**	**(49%)**	**197**
TOTAL (w/o duplications)	**18**	**(10%)**	**9**	**(5%)**	**15**	**(9%)**	**42**	**(24%)**	**47**	**(27%)**	**85**	**(49%)**	**174**

Health Providers who work in 2 or more health facilities (RHUs, Health Centers and BHS) are counted as one.

Table H. Census of Health Providers in Industrial Clinics (Calabarzon & Cebu)

AREA	DOCTORS								NURSES		TOTAL HEALTH PROVIDERS
	FM		GP		OBGYN		TOTAL				
Calabarzon	**20**	**(9%)**	**19**	**(8%)**	**13**	**(6%)**	**52**	**(23%)**	**175**	**(77%)**	**227**
Cebu	**22**	**(26%)**	**8**	**(9%)**	**2**	**(2%)**	**32**	**(37%)**	**54**	**(63%)**	**86**

CENSUS RESULT

4. The Census yielded a list of 3,030 Health Providers summarized below by profession and by field of specialization:

AREA	DOCTORS												GRAND TOTAL
	FM		GP		OBGYN		TOTAL		NURSES		MIDWIVES		
Metro Manila	110	(5%)	201	(9%)	227	(11%)	538	(25%)	663	(31%)	936	(44%)	2137
Metro Cebu	37	(9%)	20	(5%)	30	(7%)	87	(21%)	117	(29%)	202	(50%)	406
Metro Davao	18	(10%)	9	(5%)	15	(9%)	42	(24%)	47	(27%)	85	(49%)	174
Calabarzon	20	(9%)	19	(8%)	13	(6%)	52	(23%)	175	(77%)	0		227
Cebu Industrial Zone	22	(26%)	8	(9%)	2	(2%)	32	(37%)	54	(63%)	0		86
Total	**207**	**(7%)**	**257**	**(8%)**	**287**	**(9%)**	**751**	**(25%)**	**1056**	**(35%)**	**1223**	**(40%)**	**3030**

VOLUME II

KAP ON HEALTH PROVIDERS

TECHNICAL DETAILS

RESPONDENTS AND SAMPLING METHODS

Respondent qualifications as defined by the client are as follows:

Licensed Health Providers in public health facilities/hospitals and industry clinics:

- **Doctors** (Obstetricians/Gynecologists, General Practitioners and Family Medicine Practitioners)
- **Midwives** (Hospital-based Midwives, Rural health Unit Midwives, Barangay Health Station Midwives)
- **Nurses** (Hospital-based Staff Nurses, Rural Health Unit Nurses, and Nurses in Industry Clinics)

Public health facilities/hospitals refer to government hospitals, provincial hospitals, district hospitals, city hospitals, rural health units and barangay health stations/centers.

Industry clinics refer to clinics located within the industrial sites that are either inside or outside company premises. Company clinics outside the industrial sites are those accredited by a company to provide health services to its employees.

TECHNICAL DETAILS

RESPONDENTS AND SAMPLING METHODS (cont'd)

Using the output of the census as sampling frame, a total of 750 respondents were selected using systematic random sampling. This means, each provider within each category (field expertise and area) had an equal chance of being chosen.

The number of respondents chosen by expertise and by area are as follows:

LOCATION	DOCTORS	MIDWIVES	NURSES	TOTAL
Metro Manila	100	100	100	**300**
Metro Cebu/Davao	75	100	100	**275**
Industrial Zones	75	0	100	**175**
TOTAL	250	200	300	**750**

The margin of error at a 95% confidence level for the respective sample sizes are as follows:

750	+/- 4
300	+/- 6
275	+/- 6
250	+/- 6
200	+/- 7
175	+/-7
100	+/- 10
75	+/- 11

TECHNICAL DETAILS

METHODS AND PROCEDURES

Interviewing was conducted face to face, using a structured questionnaire.

A draft questionnaire was submitted to the client for review. Upon approval of the draft questionnaire, a pre-test was conducted with the participation of TSAP-FP staff. Based on the results of the pre-test, the draft questionnaire was finalized which AED approved.

FIELDWORK

1. TRAINING

Training was conducted in Quezon City, Cebu City and Davao City all of which was supervised and participated in by a TSAP-FP staff.

Training activities included:

- One or two days office training to learn the basics of the project.
- Mock interviews with co-workers to get accustomed to the flow of interviewing and questionnaire format
- Practice interviews with a supervisor around until the interviewer can be left on her own

A Field Interviewer (FI) was left on her own only after she has conducted three (3) successive interviews without committing any error in interviewing and recording.

2. SUPERVISION

Three (3) supervisors reporting to the Field Manager monitored the study full-time. They observed interviews, did follow-ups and surprise checks on the research team. They also ensured that field logistics were received promptly and administered properly.

FIELDWORK (cont'd)

3. SPOT CHECKING

Spot-checking was done in various stages of field work. The first one took place after about 30% interviews were completed. The second spot-checking was conducted after 60% completion and the last one, immediately after 90% completion of interviewing.

During the spot-checking, around 20% of the finished interviews were re-interviewed.

4. FIELD EDITING

After each interview, the field interviewer was asked to go over her own work and check for consistency. All accomplished interview schedules were submitted to the assigned group supervisor who, in turn, edited every interview. Office editors conducted a final consistency check on all interviews prior to coding.

5. FIELDWORK PERIOD

September 12 – November 5, 2003

DATA PROCESSING

1. Interview sheets were edited/checked twice before the information were coded.
2. Double encoding for verification was done.
3. A data entry computer program further checked the consistency of the encoded data before data tables were generated.
4. Design of data tables was submitted to client for approval. In addition, technical guidance was provided by Dr. Ric Gonzales and Dr. Ruth Gamaro in finalizing the code frame used in the study.

WEIGHTING PROCEDURE

To be able to add the Health Providers and come up with a Totals column in the data tables, census-based population weights were applied to the various area domains. The population of each segment obtained in the Census was used to come up with the appropriate projection factors so that each segment is represented according to their proportion in the Totals column of the data tables.

$$\text{Projection Factors (weights)} = \frac{\text{Population}}{\text{No. of Interviews}}$$

DOCTORS			
Study Area	**Target Population**	**Sample**	**Weights**
NCR	538	100	5.380000
Metro Cebu/Davao	139	75	1.853333
Industrial Zones	84	75	1.120000

NURSES			
Study Area	**Target Population**	**Sample**	**Weights**
NCR	663	100	6.630000
Metro Cebu/Davao	164	100	1.640000
Industrial Zones	229	100	2.290000

MIDWIVES			
Study Area	**Target Population**	**Sample**	**Weights**
NCR	936	100	9.360000
Metro Cebu/Davao	287	100	2.870000
Industrial Zones	-	-	-

HOW TO READ TABLES

Below are some guidelines in reading the data tables in this report.

1. Percentages are derived from the base value given at the top of each table (in the “base – total line”)

2. “Wtd” (Weighted) figures mean these are projected figures basing on Census results. This should not be mistaken as the sample size. “Unwtd” (Unweighted) figures, on the other hand, are the actual count of respondents.

3. An asterisk (*) indicates that the percentage is less than 0.5%

4. A blank cell indicates nil.

5. Values sometimes add to slightly less or slightly more than the indicated total due to the rounding process used by the computer.

6. In reading data, it should be borne in mind that a base of 31 – 99 respondents is considered a small base, 30 or lower is considered a very small base. Therefore, analyze the corresponding data with caution.

SUMMARY

SUMMARY

Practices on Providing Family Planning Information

1. Given a list of instances where they may provide FP information, majority of Health Providers say that they provide FP information to all their patients who are of reproductive age even if they do not ask for it (66%). On the other hand, a plurality say they provide FP information to all their patients who have more than 2 - 3 children even if they do not ask for it (40%).

2. A large proportion of Health Providers estimate that only 1-40% of their total consultations are family planning - related (70%). This is further affirmed by the fact that more than half agree to the statement *"very few patients ask me about family planning"* (59%). It is a different picture though when it comes to their pre and post-natal patients where most of Health Providers claim that they provide family planning counseling to all their pre (79%) and post-natal (85%) patients.

3. Most of the facilities provide methods (74-97%) but less counseling (41-57%) with the exception of on-site industry clinics where more counseling is provided (71%) than method (62%). Promotion is practiced more in City/provincial hospitals (44%), Rural Health Units (44%) and Barangay Health Stations (41%).

SUMMARY

Mechanism of action and side-effects of modern family planning methods

4. While a majority of Health Providers believe that none of the FP methods is abortifacient (70%), a good 30% believe that some are. Of the methods, IUD garners the highest vote as an abortifacient (27%).

5. Mechanism of action of modern contraceptives have acquired certain associations.

Oral Pill

Given 15 statements about the pill, the ones that come out more popular are:

- causes weight gain (71%);
- can cause or aggravate high blood pressure (55%); and,
- can cause migraine (55%).

IUD

Out of 6 statements on IUD the most popular is that it causes pelvic infection (47%). Almost a third even think that it causes abortion (27%), a belief shared by more doctors.

Injectable

As regards the injectable, out of 11 statements, 2 come out more prominent:

- can cause amenorrhea leading to or aggravating high blood pressure (43%) and
- migraines (40%).

SUMMARY

Male and Female Sterilization

Out of 5 statements on ligation, the more popular belief is that it can cause ectopic pregnancy (19%). Out of 4 statements on vasectomy, garnering the highest agreement, though minimal, is that it can cause a loss of sexual libido (8%).

Other Modern Methods

As regards other modern methods like mucus/Billings, basal body temperature, LAM, sympto-thermal method and standard days' method, Health Providers admit that they do not know much about these methods to confidently recommend them or that these are inconvenient / difficult for patients to use.

SUMMARY

Attitudes on Family Planning

6. Health Providers believe that being in the service of providing family planning services do not diminish their public image as professionals.

7. Religious beliefs affect their prescribing practices. They admit as such, but this does not deter them from recommending modern family planning methods such as oral pill, male condom, IUD, injectable, ligation, vasectomy, LAM, mucus/Billings, thermometer, sympto-thermal and standard days' methods.

8. In general, there is hesitation to recommend FP methods to singles which is affirmed in their practice.

9. Health Providers are highly respectful of the right of patients to decide on the method to use. They are not likely to impose their preferences on their patients. They also put emphasis on spousal consent especially as it concerns permanent methods like ligation and vasectomy.

10. Health Providers are also very respectful of patient's right to know the advantages and disadvantages of FP methods.

SUMMARY

Prescribing Practices

11. The prescribing practices of Health Providers can be summarized as follows:

    a) Modern methods like oral pill, IUD, injectable, male condom, LAM and ligation are more frequently prescribed or recommended than mucus/Billings, thermometer, standard days', sympto-thermal and traditional methods.

    b) Compared to ligation, vasectomy is less recommended because Health Providers have fewer male patients.

    c) Withdrawal is prescribed by 1 out of 2 Health Providers (45%).

    d) For limiting the number of children permanent methods are preferred i.e. ligation (92%) and vasectomy (75%).

    e) More than half do not recommend a traditional method (55%).

SUMMARY

Usage of FP-related Literature

12. Health Providers to start with are not aware of medical literature such as DARE (97%), National Guidelines Clearing House (93%), Cochrane Database of Systemic Reviews (91%), PubMed (91%), and MedLine (83%). Most of them have not heard of Evidence-Based Medicine (81%) as well.

    Neither are they aware of the WHO Medical Eligibility Criteria for Starting Contraceptive Methods (87%).

13. The best known reference is the Green Book or the National Family Planning Service Guidelines (53%) which most of those aware claim to follow (76%).

How Health Providers Keep themselves Updated

14. Health Providers rely on lectures or workshop which 68% had attended in the past year to update themselves on Family Planning. Most of them had attended a post-licensure training course on family planning (65%). Reading is not too widespread (56% had read medical article/literature in past 4 weeks)

KEY FINDINGS

A. PERSONAL DATA

1. **Type of Facility**

As expected, most respondents come from public health facilities (87%), particularly health centers (56%). More doctors come from public hospitals while more midwives come from BHS and health centers.

Most Health Providers interviewed in Metro Manila work in health centers (75%). Those in Metro Cebu / Metro Davao work in either barangay health stations (31%), health centers (23%) or rural health units (19%).

2. **Gender**

Nine in ten (90%) respondents are female, although among doctors, there is a higher representation of males (27%).

3. **Age Group**

Most respondents are themselves in the productive age between 20-39 years old (56%). With more than half (55%) within 20-34 years old, nurses are relatively younger than either doctors (37%) or midwives (38%). Because more of them are nurses, Health Providers in Industrial Zones tend to be younger at 20-34 years old (66%) than those in other areas.

4. **Civil Status**

Three in four are either married or living-in (74%). Most midwives are married (83%). Health Providers within 20-39 years old tend to be single while those beyond 40 years old are likely to be married.

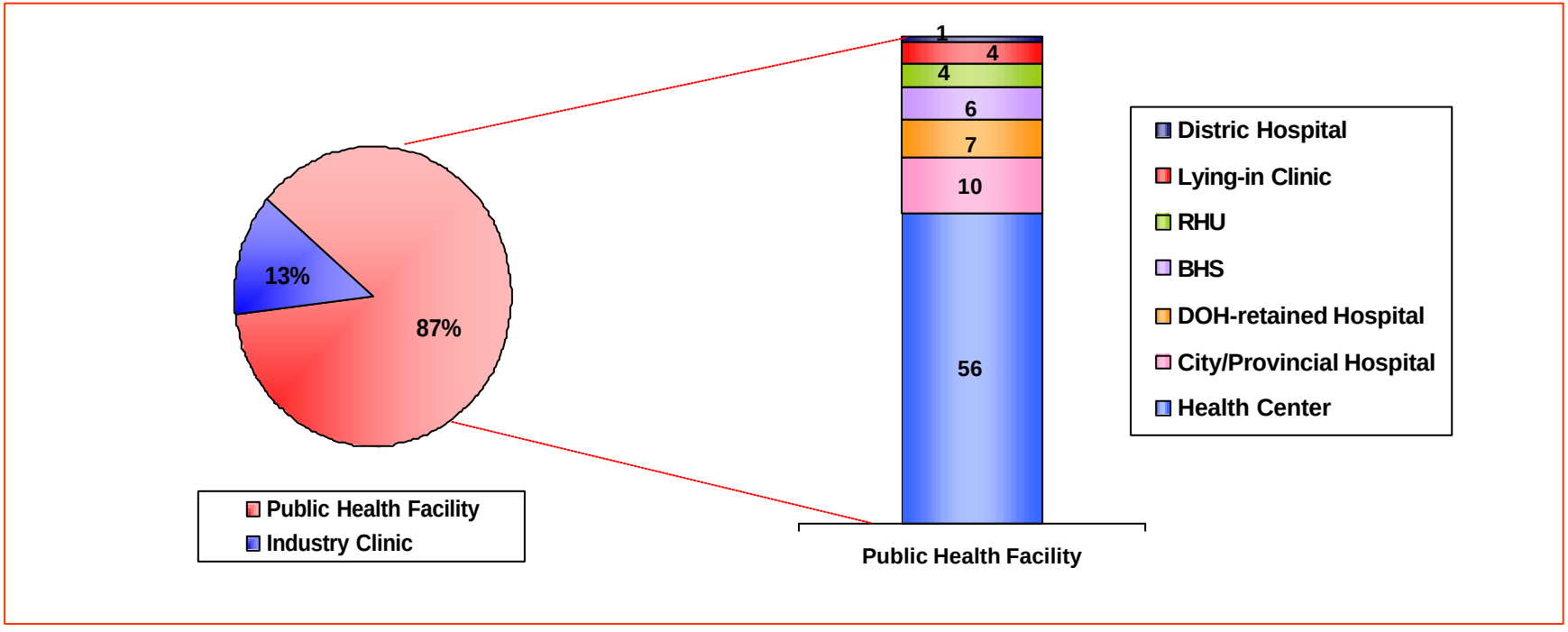
5. **Religion**

Roman Catholic is the dominant religion (83%), like the general Philippine population.

A. PERSONAL DATA

CHART 1. TYPE OF FACILITY

Base: total interviews



A. PERSONAL DATA

TABLE 1. TYPE OF FACILITY

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAO PROVIDERS	INDUSTRIAL ZONES PROVIDERS
BASE - TOTAL INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408
(UNWTD)	750	250	300	200	300	275	175
	%	%	%	%	%	%	%
PUBLIC HEALTH FACILITY	87	85	75	100	100	100	*
DOH-RETAINED HOSPITAL	7	17	4	3	7	10	-
CITY/PROVINCIAL HOSPITAL	10	16	10	6	12	12	*
DISTRICT-HOSPITAL	1	1	2	1	1	2	-
RURAL HEALTH UNIT (RHU)	4	4	4	3	-	19	-
BARANGAY HEALTH STATION (BHS)	6	*	1	15	-	31	-
HEALTH CENTER	56	45	53	66	75	23	-
LYING-IN CLINIC	4	2	2	6	5	2	-
INDUSTRY CLINIC	13	15	25	-	-	*	100
ON-SITE	12	14	25	-	-	*	98
OFF-SITE	*	1	-	-	-	-	2

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* - LESS THAN 0.5%

A. PERSONAL DATA

CHART 2. GENDER
Base: total interviews

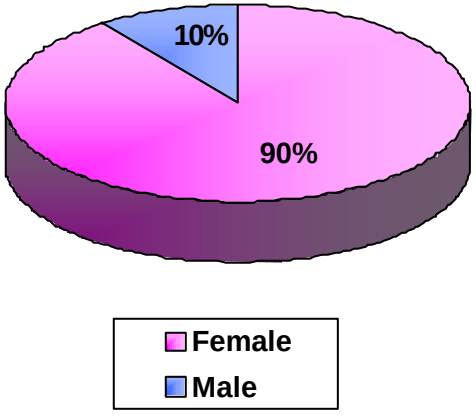

TABLE 2. GENDER

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES
BASE - TOTAL				
INTERVIEWS (WTD)	3250	818	1152	1280
(UNWTD)	750	250	300	200
	%	%	%	%
MALE	10	27	9	1
FEMALE	90	73	91	99

A. PERSONAL DATA

CHART 3. AGE GROUP
Base: total interviews

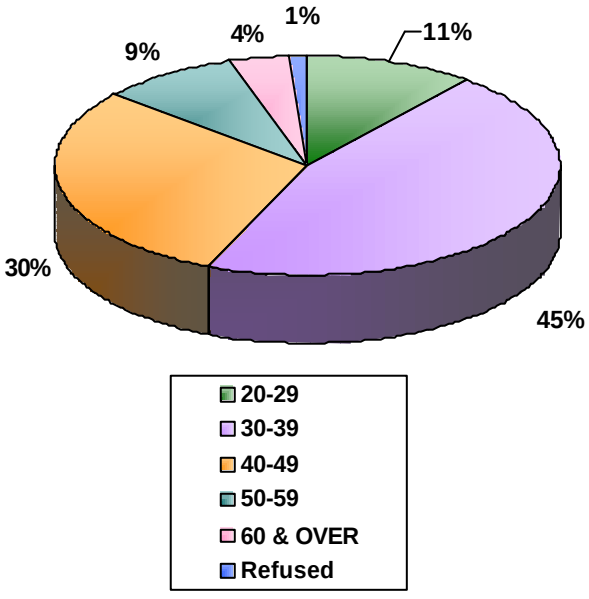

TABLE 3. AGE

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAO PROVIDERS	INDUSTRIAL ZONES PROVIDERS
BASE - TOTAL							
INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408
(UNWTD)	750	250	300	200	300	275	175
	%	%	%	%	%	%	%
20-24	1	-	2	1	-	2	4
25-29	10	9	17	6	7	11	26
30-34	31	24	36	31	32	25	36
35-39	15	17	10	18	14	17	14
40-44	12	22	7	10	13	14	6
45-49	18	12	20	20	20	20	5
50-54	7	6	6	8	7	7	5
55-59	2	3	1	3	3	2	3
60-64	3	5	*	3	3	3	1
65 & OVER	1	1	-	1	1	-	*
REFUSED	1	1	-	1	1	-	-

---
* - LESS THAN 0.5%

A. PERSONAL DATA

CHART 4. CIVIL STATUS

Base: total interviews

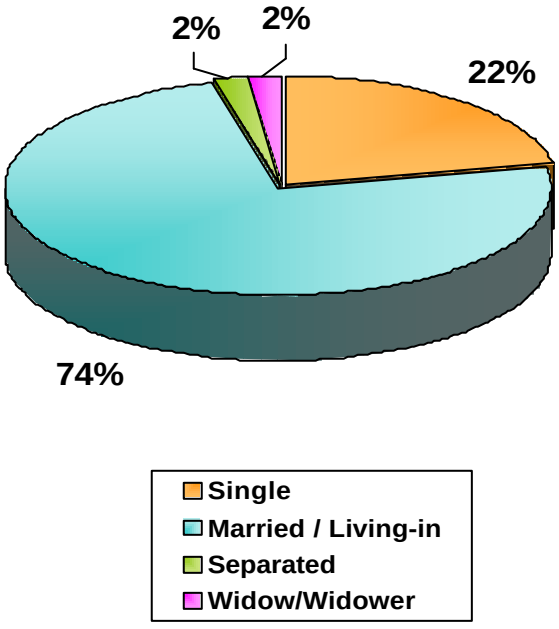

TABLE 4. CIVIL STATUS

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAO PROVIDERS	INDUSTRIAL ZONES PROVIDERS	* AGE GROUP * 20-39	40 & OVER
BASE - TOTAL									
INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408	1857	1378
(UNWTD)	750	250	300	200	300	275	175	445	303
	%	%	%	%	%	%	%	%	%
SINGLE	22	29	30	11	21	21	33	32	9
MARRIED/LIVING-IN	74	70	67	83	76	74	65	67	84
SEPARATED	2	1	2	3	2	2	1	1	4
WIDOW/WIDOWER	2	1	*	3	2	3	-	*	4

---

* - LESS THAN 0.5%

A. PERSONAL DATA

CHART 5. RELIGION
Base: total interviews

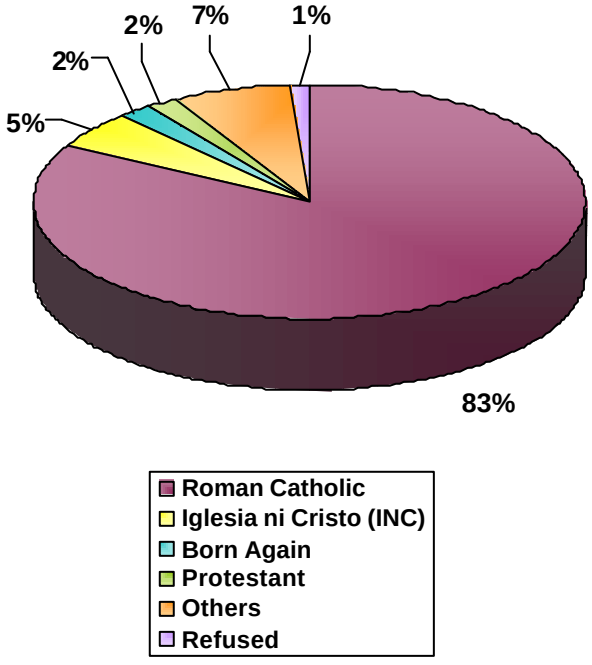

TABLE 5. RELIGION

	TOTAL HEALTH PROVIDERS	METRO MANILA PROVIDERS	METRO CEBU DAVAO PROVIDERS	INDUSTRI-AL ZONES PROVIDERS
BASE - TOTAL				
INTERVIEWS (WTD)	3250	2221	621	408
(UNWTD)	750	300	275	175
	%	%	%	%
ROMAN CATHOLIC	83	80	90	87
IGLESIA NI CRISTO (INC)	5	6	-	1
BORN AGAIN	2	3	*	3
PROTESTANT	2	2	1	2
OTHERS	7	4	2	4
REFUSED	1	1	-	-

---
* - LESS THAN 0.5%

B. TYPES OF SERVICES OFFERED

6. FP Services Offered per Facility

Most of the facilities provide methods (74-97%) but less counseling (41-57%) with the exception of on-site industry clinics which provide more counseling (71%) than methods (62%). Promotion is relatively prominent in City/Provincial Hospitals (44%), Rural Health Units (44%) and Barangay Health Stations (41%). Rural Health Units lead in delivering motivation (38%)

TABLE 6. TYPES OF FAMILY PLANNING SERVICES OFFERED BY FACILITY

	DOH-RETAINED HOSPITAL	CITY/ PROVINCIAL HOSPITAL	RURAL HEALTH UNIT (RHU)	BARANGAY HEALTH STATION (BHS)	HEALTH CENTER	INDUSTRY CLINIC ON-SITE
BASE - TOTAL FAMILY PLANNING SERVICES (WTD)	224	330	120	194	1819	401
(UNWTD)	58	77	57	65	290	171
	%	%	%	%	%	%
METHOD PROVISION	74	77	81	84	97	62
COUNSELING (FOR USERS/ACCEPTORS)	56	46	57	56	41	71
PROMOTION (ie. CONDUCTING LECTURES, MOTHER CLASS)	19	44	44	41	26	33
MOTIVATION	18	23	38	29	13	19
PRE-NATAL	3	-	3	-	*	-

NOTE: FIGURES BELOW 3% ARE NOT INCLUDED

* - LESS THAN 0.5%

C. PROFILE OF PATIENTS

7. Average Patients per Day

Health Providers' estimate of the average number of patients they handle per day varies from an average of 31 to 61. Midwives register the most number of patients averaging 59 per day while doctors have fewer (average of 44). Metro Manila patients average 61 per day or double that of Metro Cebu / Davao and Industrial Zones.

Again from the estimates made by the Health Providers interviewed, they average 21 pre-natal patients and 15 post-natal patients per day. That there are more pre-natal than post-natal patients per day suggests that some do not come back for consultations after giving birth.

8. Proportion of Male-Female Patients

Health Providers' estimates of gender distribution of patients, put the proportion of female patients at an average of 77 patients out of every hundred.

A fifth of doctors claim that they do not have male patients at all (21%).

C. PROFILE OF PATIENTS

TABLE 7. NUMBER OF PATIENTS PER DAY

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAC PROVIDERS	INDUSTRIAL ZONES PROVIDERS
BASE - TOTAL							
INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408
(UNWTD)	750	250	300	200	300	275	175
	%	%	%	%	%	%	%
1 - 5 PATIENTS	2	3	3	1	1	2	8
6-10 PATIENTS	5	5	7	5	3	8	16
11-15 PATIENTS	4	2	6	4	2	6	14
16-20 PATIENTS	9	14	7	7	6	13	15
21-25 PATIENTS	5	6	5	5	3	11	9
26-30 PATIENTS	9	15	8	6	8	13	8
31-40 PATIENTS	12	11	13	11	13	13	6
41-60 PATIENTS	25	25	27	24	27	25	15
61-80 PATIENTS	13	13	8	16	16	5	4
81-100 PATIENTS	9	6	8	13	13	3	1
MORE THAN 100 PATIENTS	7	1	8	9	8	2	4
AVERAGE PATIENTS	52	44	51	59	61	36	31

C. PROFILE OF PATIENTS

TABLE 8. NUMBER OF PRE-NATAL PATIENTS PER DAY

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAC PROVIDERS	INDUSTRIAL ZONES PROVIDERS
BASE - TOTAL							
INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408
(UNWTD)	750	250	300	200	300	275	175
	%	%	%	%	%	%	%
1 - 5 PATIENTS	17	22	20	11	7	26	57
6-10 PATIENTS	17	21	17	14	15	24	16
11-15 PATIENTS	11	10	10	12	11	13	5
16-20 PATIENTS	13	13	14	12	15	11	3
21-25 PATIENTS	6	7	5	6	7	4	*
26-30 PATIENTS	12	9	12	14	15	7	4
31-40 PATIENTS	8	5	9	8	9	5	1
41-60 PATIENTS	9	8	4	14	12	4	*
61-80 PATIENTS	4	1	3	6	5	1	*
81-100 PATIENTS	*	1	*	*	1	*	*
NONE	5	2	7	4	3	7	13
AVERAGE PATIENTS	21	20	20	27	28	15	7

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* - LESS THAN 0.5%

C. PROFILE OF PATIENTS

TABLE 9. NUMBER OF POST-NATAL PATIENTS PER DAY

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAC PROVIDERS	INDUSTRIAL ZONES PROVIDERS
BASE - TOTAL							
INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408
(UNWTD)	750	250	300	200	300	275	175
	%	%	%	%	%	%	%
1 - 5 PATIENTS	30	37	31	23	20	45	58
6-10 PATIENTS	23	24	23	24	26	24	11
11-15 PATIENTS	10	7	9	13	11	11	2
16-20 PATIENTS	10	10	6	14	13	6	1
21-25 PATIENTS	4	2	5	6	6	2	-
26-30 PATIENTS	6	5	5	8	8	3	-
31-40 PATIENTS	5	3	4	6	6	1	1
41-60 PATIENTS	5	2	7	5	7	*	-
61-80 PATIENTS	*	1	1	-	1	-	-
81-100 PATIENTS	*	-	*	-	-	*	-
MORE THAN 100 PATIENTS	*	1	-	-	*	-	-
NONE	6	9	10	2	2	8	27
AVERAGE	15	13	15	17	18	9	5

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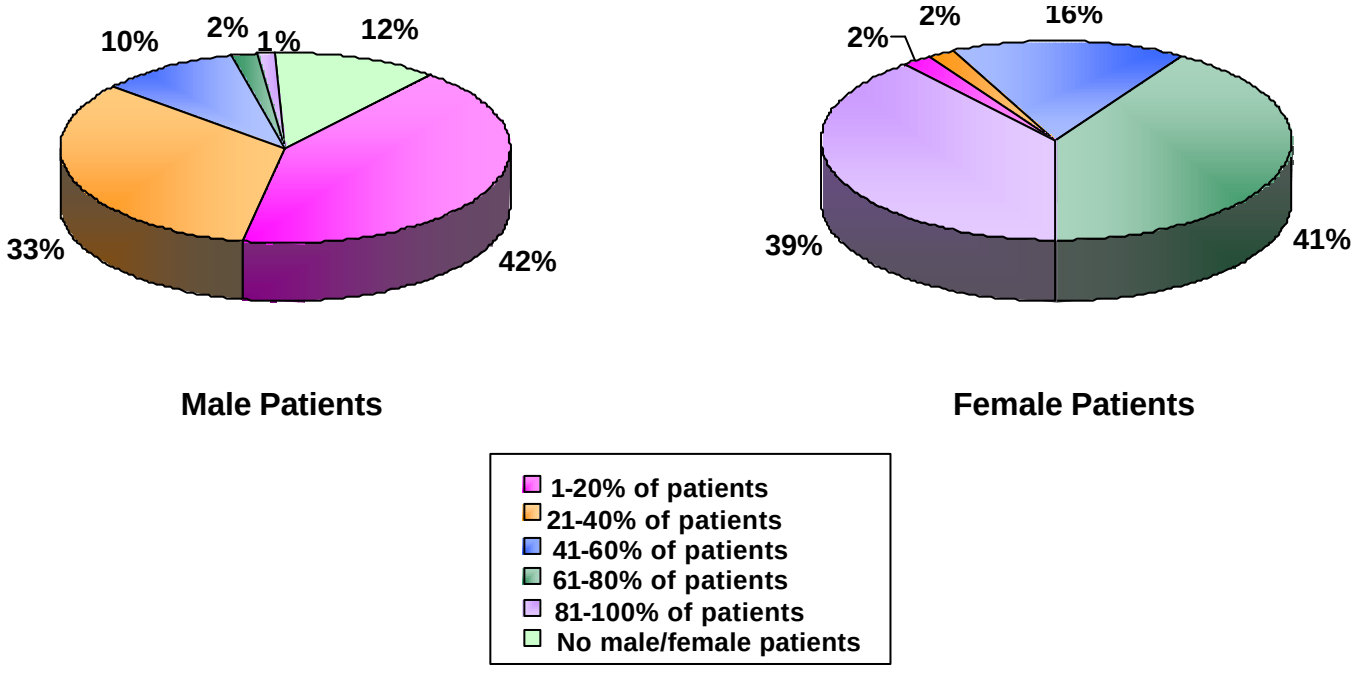
* - LESS THAN 0.5%

C. PROFILE OF PATIENTS

CHART 6. PROPORTION OF MALE-FEMALE PATIENTS

Base: total interviews



C. PROFILE OF PATIENTS

TABLE 10. PROPORTION OF MALE-FEMALE PATIENTS

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAC PROVIDERS	INDUSTRIAL ZONES PROVIDERS
BASE - TOTAL							
INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408
(UNWTD)	750	250	300	200	300	275	175
	%	%	%	%	%	%	%
MALE PATIENTS							
1 - 20 %	42	33	43	47	45	34	37
21 - 40 %	33	29	33	36	33	38	29
41 - 60 %	10	15	10	7	7	18	12
61 - 80 %	2	1	3	2	1	*	9
81 - 100 %	1	1	3	-	-	-	8
NONE	12	21	9	9	15	9	4
AVERAGE	26	29	28	24	24	29	36
FEMALE PATIENTS							
1 - 20 %	2	1	3	1	*	-	10
21 - 40 %	2	3	4	1	1	2	11
41 - 60 %	16	21	15	14	13	31	15
61 - 80 %	41	29	44	45	43	36	34
81 - 100 %	39	45	34	39	43	31	29
AVERAGE	77	78	75	78	81	73	67

---

* - LESS THAN 0.5%

C. PROFILE OF PATIENTS

9. Age of Patients

With the use of a showcard, Health Providers were made to profile their patients according to age. It is their perception that their patients are mostly young, below 30 years old (83%). More Health Providers in Metro Cebu / Davao service older patients who are in their middle age, elderly, and senior citizens.

10. Percent of FP-related Consultations

FP-related consultations is relatively small with some 45% of Health Providers estimating 20% or less of consultations to be FP-related. Compared to doctors and nurses, midwives score a higher proportion of FP-related consultations.

However, Health Providers claim that FP Counseling on pre (79%) and post-natal (85%) patients is a given for most patients, a service that is more pronounced in Metro Manila.

C. PROFILE OF PATIENTS

CHART 7. AGE GROUP OF PATIENTS

Base: total interviews

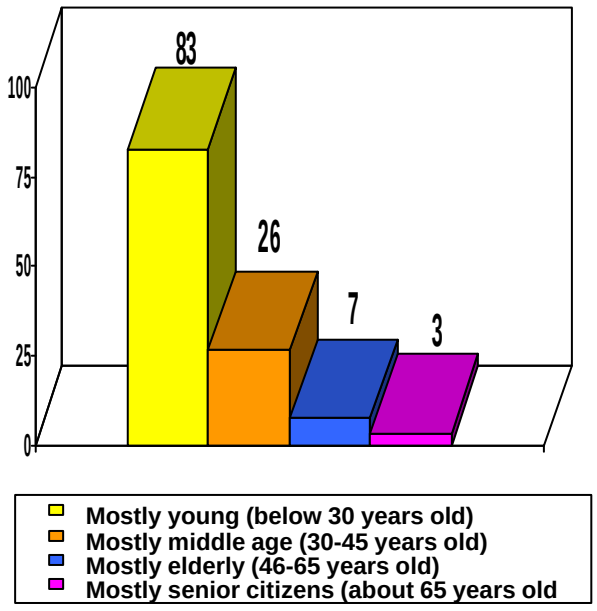


TABLE 11. AGE GROUP OF PATIENTS

	TOTAL HEALTH PROVIDERS	METRO MANILA PROVIDERS	METRO CEBU/DAVAO PROVIDERS	INDUSTRIAL ZONES PROVIDERS
BASE - TOTAL INTERVIEWS (WTD)	3250	2221	621	408
(UNWTD)	750	300	275	175
	%	%	%	%
MOSTLY YOUNG (BELOW 30 YEARS OLD)	83	81	89	87
MOSTLY MIDDLE AGE (30-45 YEARS OLD)	26	17	57	28
MOSTLY ELDERLY (46-65 YEARS OLD)	7	3	22	3
MOSTLY SENIOR CITIZENS (ABOUT 65 YEARS OLD)	3	*	14	1

---

* - LESS THAN 0.5%

C. PROFILE OF PATIENTS

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAO PROVIDERS	INDUSTRIAL ZONES PROVIDERS	* RELIGION * CATHOLICS	NON-CATHOLICS
BASE - TOTAL									
INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408	2695	530
(UNWTD)	750	250	300	200	300	275	175	639	107
	%	%	%	%	%	%	%	%	%
TABLE 12. PERCENT OF FAMILY PLANNING RELATED CONSULTATIONS									
1 - 20 %	45	55	46	38	46	36	55	45	47
21 - 40 %	25	19	24	30	24	32	18	25	24
41 - 60 %	14	10	13	18	14	17	11	14	13
61 - 80 %	7	6	8	6	7	6	5	7	7
81 - 100 %	8	9	8	8	8	8	8	8	9
NO ONE CONSULTED ON FAMILY PLANNING RELATED MATTERS	1	1	2	-	*	1	3	1	*
TABLE 13. PERCENT OF PRE-NATAL PATIENTS COUNSELED ON FAMILY PLANNING									
100%	79	82	75	80	86	62	69	79	82
99% & BELOW	17	15	18	17	12	31	19	17	13
NONE	5	3	7	3	2	7	12	4	5
TABLE 14. PERCENT OF POST-NATAL PATIENTS COUNSELED ON FAMILY PLANNING									
100%	85	83	83	89	92	75	64	84	94
99% & BELOW	8	8	7	9	6	16	9	9	3
NONE	7	9	11	2	2	9	27	7	3

---

* - LESS THAN 0.5%

D. BELIEFS ON REPRODUCTIVE HEALTH & CONTRACEPTIVES

11. When Does Pregnancy Occur

Between two options shown in a card, a majority of Health Providers believe that pregnancy occurs during fertilization (68%) rather than after implantation of a fertilized egg in the endometrium (32%). That it occurs during fertilization is a belief held by even more doctors and by Metro Manila Health Providers .

There are no significant differences in their belief regardless of religion.

12. FP Method which Causes Abortion

With the use of a showcard where the different FP methods were listed, Health Providers were asked which of these do they think causes abortion. Seven in ten (70%) Health Providers say that none of the FP methods is abortifacient.

On the other hand, a substantial 30% nominate a modern FP method to cause abortion, foremost of which is IUD (20%) followed by the oral pill (12%). Doctors, in fact, register the highest percentage in believing that some FP methods are abortifacient (41%).

D. BELIEFS ON REPRODUCTIVE HEALTH & CONTRACEPTIVES

CHART 8. WHEN DOES PREGNANCY OCCUR

Base: total interviews

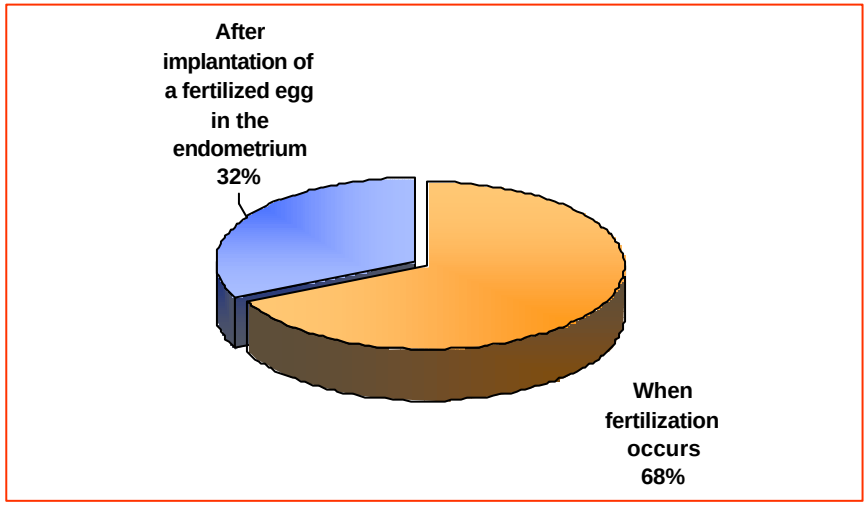


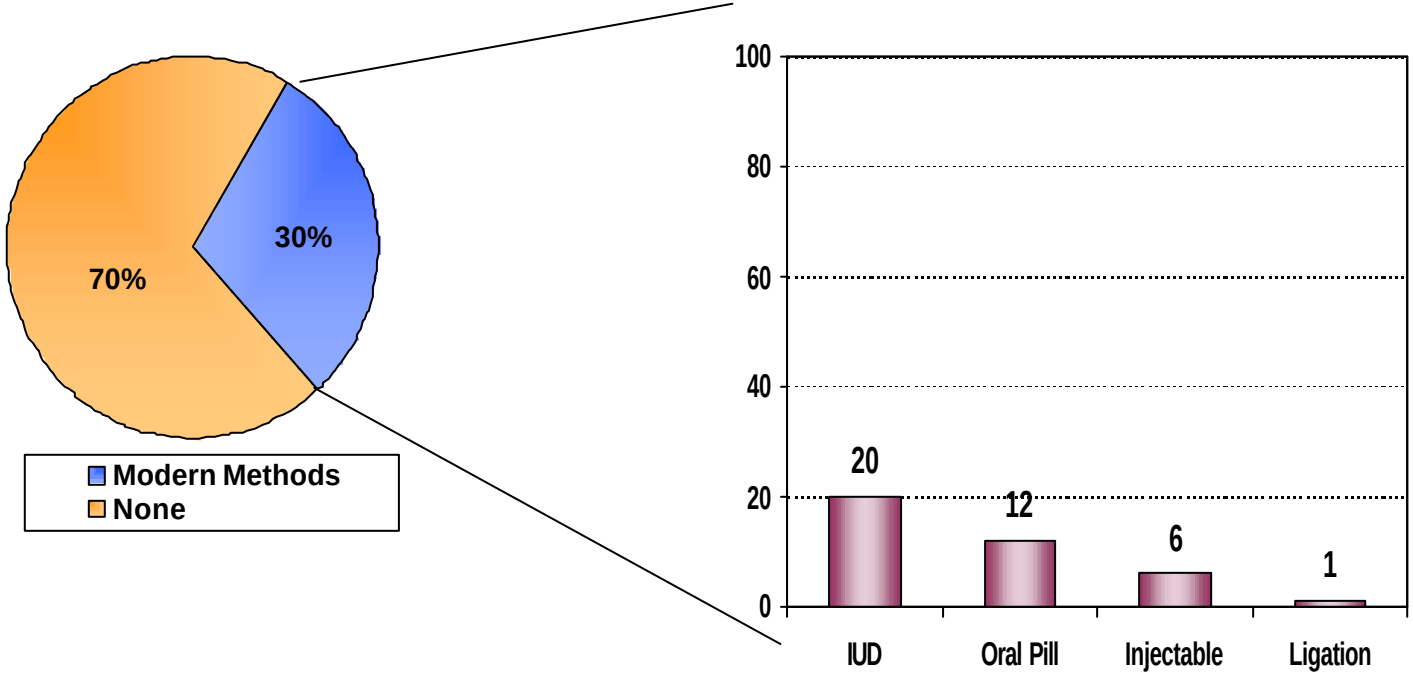
TABLE 15. WHEN DOES PREGNANCY OCCUR

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAO PROVIDERS	INDUSTRIAL ZONES PROVIDERS	* RELIGION * CATHOLICS	NON-CATHOLICS
BASE - TOTAL INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408	2695	530
(UNWTD)	750	250	300	200	300	275	175	639	107
	%	%	%	%	%	%	%	%	%
WHEN FERTILIZATION OCCURS	69	74	65	68	72	63	56	69	69
AFTER IMPLANTATION OF A FERTILIZED EGG IN THE ENDOMETRIUM	32	26	36	33	29	37	43	32	34

D. BELIEFS ON REPRODUCTIVE HEALTH & CONTRACEPTIVES

CHART 9. FP METHOD WHICH CAUSES ABORTION

Base - total interviews



D. BELIEFS ON REPRODUCTIVE HEALTH & CONTRACEPTIVES

TABLE 16. FAMILY PLANNING METHOD WHICH CAUSES ABORTION

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAO PROVIDERS	INDUSTRIAL ZONES PROVIDERS
BASE - TOTAL INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408
(UNWTD)	750	250	300	200	300	275	175
	%	%	%	%	%	%	%
MODERN METHOD - NET	30	41	26	25	30	22	38
IUD	20	34	17	13	20	13	25
ORAL PILL	12	11	10	13	12	9	14
INJECTABLE/DMPA	6	7	7	5	6	3	8
FEMALE STERILIZATION/ TUBAL LIGATION	1	1	1	2	1	*	1
NONE	70	59	73	75	70	78	62

---

* - LESS THAN 0.5%

E. MECHANISM OF ACTION OF FP METHODS

13. Mechanism of Action: Oral Pill

Given a questionnaire to fill up by themselves, among a list of statements concerning the oral pill, the more popular beliefs among Health Providers come out to be:

- oral pill causes weight gain (71%);
- can cause migraines (55%);
- can cause (or aggravate) high blood pressure (55%);

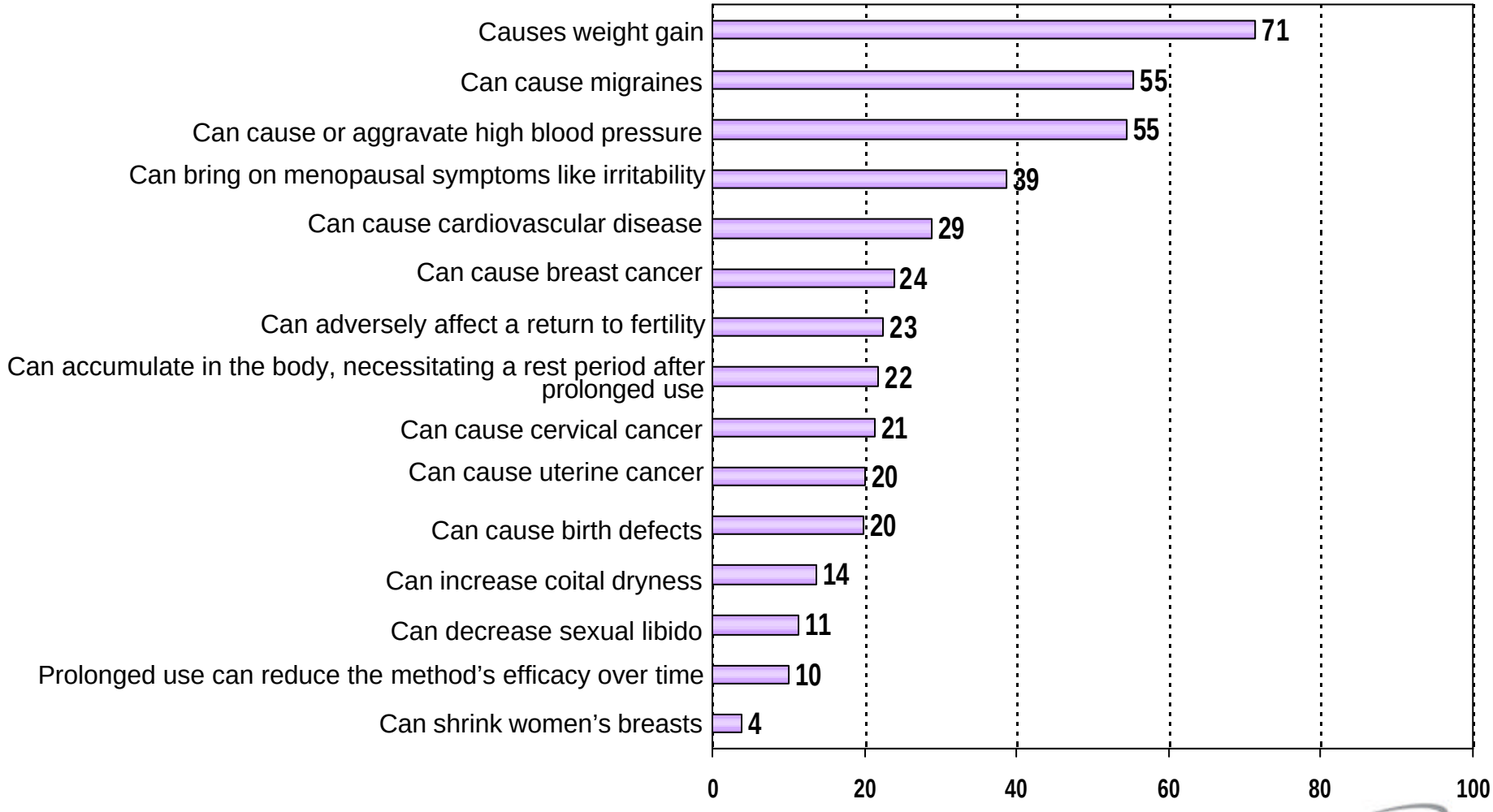
A substantial minority believe that the oral pill can:

- bring on menopausal symptoms like irritability (39%);
- cause cardiovascular disease (29%);
- cause breast cancer (24%);
- adversely affect a return to fertility (23%);
- accumulate in the body necessitating a rest period after prolonged use (22%);
- cause cervical cancer (21%);
- cause uterine cancer (20%); and,
- cause birth defects (20%).

Except for a few statements, midwives generally register the lowest percentage who consider the statements true.

E. MECHANISM OF ACTION OF FP METHODS

CHART 10. PERCENT WHO SAID STATEMENT IS TRUE FOR ORAL PILL
Base - total interviews



E. MECHANISM OF ACTION OF FP METHODS

TABLE 17. PERCENT WHO SAID STATEMENT IS TRUE FOR ORAL PILL

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAO PROVIDERS	INDUSTRIAL ZONES PROVIDERS
BASE - TOTAL INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408
(UNWTD)	750	250	300	200	300	275	175
	%	%	%	%	%	%	%
CAUSES WEIGHT GAIN	71	76	71	68	71	68	80
CAN CAUSE OR AGGRAVATE HIGH BLOOD PRESSURE	55	71	54	47	54	52	68
CAN CAUSE MIGRAINES	55	70	55	44	56	37	76
CAN BRING ON MENOPAUSAL SYMPTOMS LIKE IRRITABILITY	39	41	42	34	39	31	48
CAN CAUSE CARDIOVASCULAR DISEASE	29	47	30	16	29	19	41
CAN CAUSE BREAST CANCER	24	41	23	14	25	17	31
CAN ADVERSELY AFFECT A RETURN TO FERTILITY	23	33	25	14	23	20	27
CAN ACCUMULATE IN THE BODY, NECESSITATING A REST PERIOD AFTER PROLONGED USE	22	22	22	22	21	18	30
CAN CAUSE CERVICAL CANCER	21	27	29	11	21	13	35
CAN CAUSE UTERINE CANCER	20	27	24	12	20	14	29
CAN CAUSE BIRTH DEFECTS	20	27	22	13	19	18	26
CAN INCREASE COITAL DRYNESS	14	17	16	10	14	8	19
CAN DECREASE SEXUAL LIBIDO	11	11	15	8	11	7	20
PROLONGED USE CAN REDUCE THE METHOD'S EFFICACY OVER TIME	10	6	14	9	11	5	12
CAN SHRINK WOMEN'S BREASTS	4	4	6	2	4	2	5

E. MECHANISM OF ACTION OF FP METHODS

14. Mechanism of Action: Injectable

Statements on injectable that garner relatively high votes as being true are:

- can cause amenorrhea leading to or aggravating high blood pressure (43%);
- can cause migraines (40%);

These statements, on the other hand, hold true for a substantial minority:

- can bring on menopausal symptoms like irritability (32%); and,
- can adversely affect a return to fertility (29%).

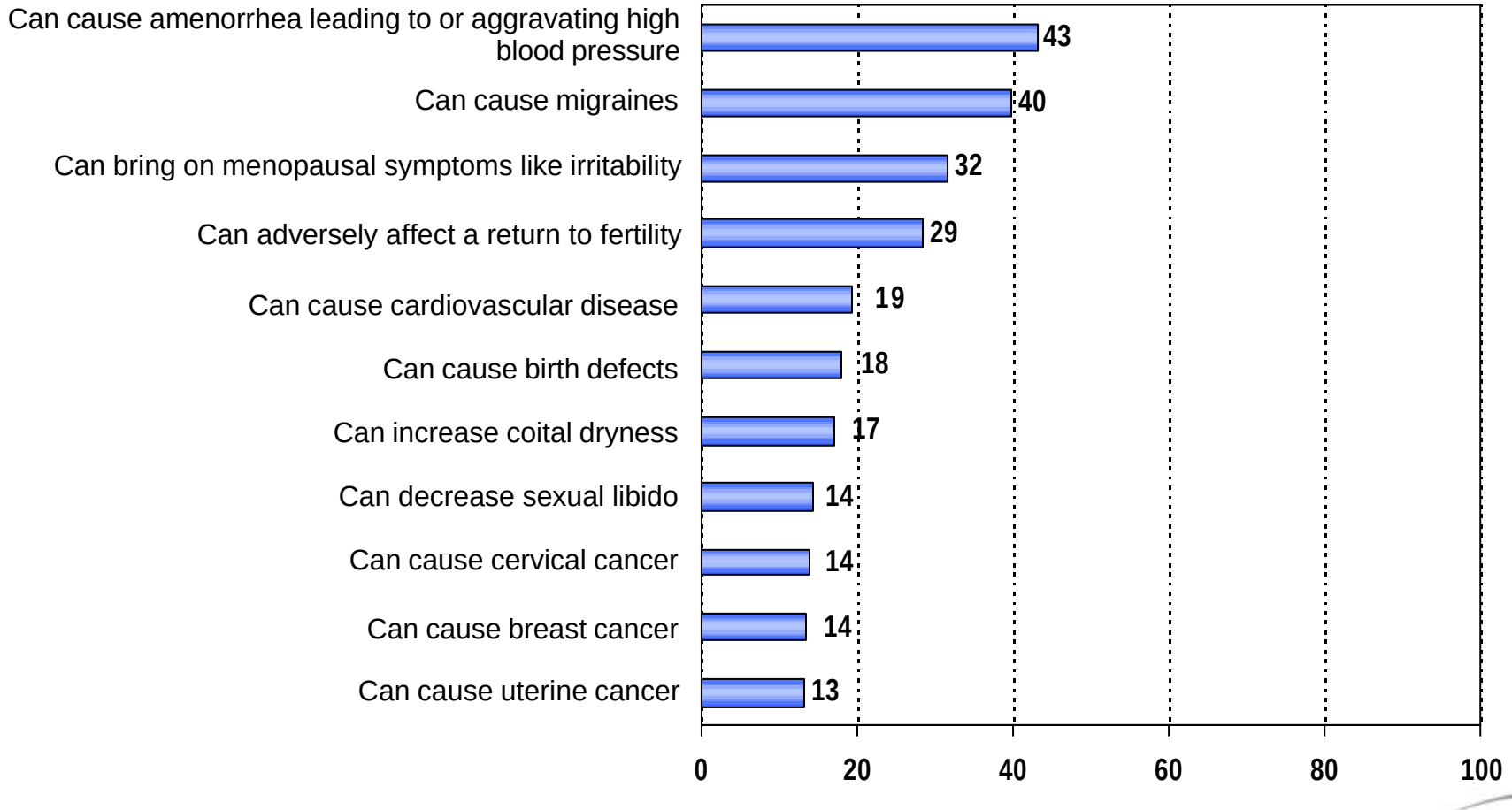
As with the statements on the oral pill, midwives register the least number of agreement on the statements regarding injectable.

In addition, Health Providers in Metro Cebu / Davao are less inclined to affirm the statements on injectable except on coital dryness and sexual libido.

E. MECHANISM OF ACTION OF FP METHODS

CHART 11. PERCENT WHO SAID STATEMENT IS TRUE FOR INJECTABLE / DMPA

Base - total interviews



E. MECHANISM OF ACTION OF FP METHODS

TABLE 18. PERCENT WHO SAID STATEMENT IS TRUE FOR INJECTABLE/DMPA

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAO PROVIDERS	INDUSTRIAL ZONES PROVIDERS
BASE - TOTAL INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408
(UNWTD)	750	250	300	200	300	275	175
	%	%	%	%	%	%	%
CAN CAUSE AMENORRHEA LEADING TO OR AGGRAVATING HIGH BLOOD PRESSURE	43	53	42	38	46	28	53
CAN CAUSE MIGRAINES	40	47	40	35	41	27	54
CAN BRING ON MENOPAUSAL SYMPTOMS LIKE IRRITABILITY	32	34	33	29	32	24	41
CAN ADVERSELY AFFECT A RETURN TO FERTILITY	29	49	30	15	29	22	37
CAN CAUSE CARDIOVASCULAR DISEASE	19	28	20	13	20	12	28
CAN CAUSE BIRTH DEFECTS	18	23	19	14	19	9	24
CAN INCREASE COITAL DRYNESS	17	23	18	13	15	21	22
CAN DECREASE SEXUAL LIBIDO	14	13	14	15	13	17	17
CAN CAUSE CERVICAL CANCER	14	20	17	7	15	9	17
CAN CAUSE BREAST CANCER	14	25	13	6	15	8	15
CAN CAUSE UTERINE CANCER	13	17	15	9	15	7	15

E. MECHANISM OF ACTION OF FP METHODS

15. Mechanism of Action: IUD

About half of Health Providers consider the statement that IUD can cause pelvic infection to be true (47%).

Other beliefs shared by a substantial minority are:

- can cause abortion (27%);
- can cause anemia in women (24%);
- physical exertion can cause an IUD to “fall out” (23%); and,
- has an “opening effect” on the uterus (20%).

It is interesting to note that when asked outrightly which FP methods do they think are abortifacient, 20% spontaneously nominated IUD (page 58). However, in the self-administered questionnaire, a significantly higher number consider it true that IUD is, indeed, abortifacient (27%).

The belief that IUD can cause pelvic infection and abortion is shared by more doctors and Health Providers in Industrial Zones.

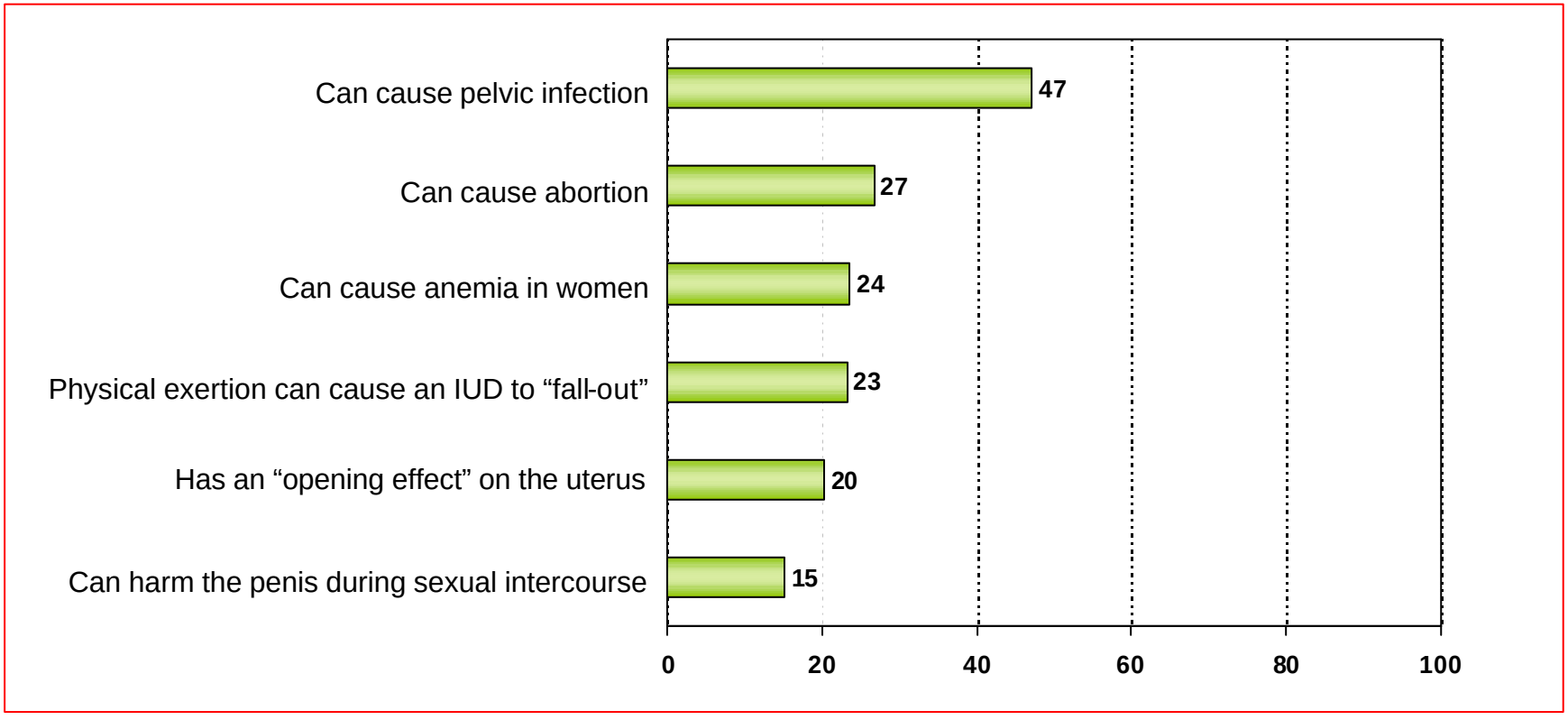
16. Mechanism of Action: Standard Days’ Method

The statement that the contraceptive protection of the standard days’ method is very comparable with that of hormonal contraceptives and IUD, is taken as true by a third of Health Providers interviewed (31%).

More doctors and nurses believe the statement on standard days’ Method as true.

E. MECHANISM OF ACTION OF FP METHODS

CHART 12. PERCENT WHO SAID STATEMENT IS TRUE FOR IUD
Base - total interviews



E. MECHANISM OF ACTION OF FP METHODS

TABLE 19. PERCENT WHO SAID STATEMENT IS TRUE FOR IUD

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAO PROVIDERS	INDUSTRIAL ZONES PROVIDERS
BASE - TOTAL INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408
(UNWTD)	750	250	300	200	300	275	175
	%	%	%	%	%	%	%
CAN CAUSE PELVIC INFECTION	47	71	46	33	47	39	61
CAN CAUSE ABORTION	27	50	25	14	26	21	41
CAN CAUSE ANEMIA IN WOMEN	24	29	19	24	24	20	26
PHYSICAL EXERTION CAN CAUSE AN IUD TO "FALL-OUT"	23	16	25	26	23	21	27
HAS AN "OPENING EFFECT" ON THE UTERUS	20	23	21	18	18	20	32
CAN HARM THE PENIS DURING SEXUAL INTERCOURSE	15	12	14	18	14	19	14

E. MECHANISM OF ACTION OF FP METHODS

CHART 13. PERCENT WHO SAID STATEMENT IS TRUE FOR STANDARD DAYS' METHOD

Base - total interviews

The contraceptive protection of the standard days' method is very comparable with that of hormonal contraceptives and IUDs

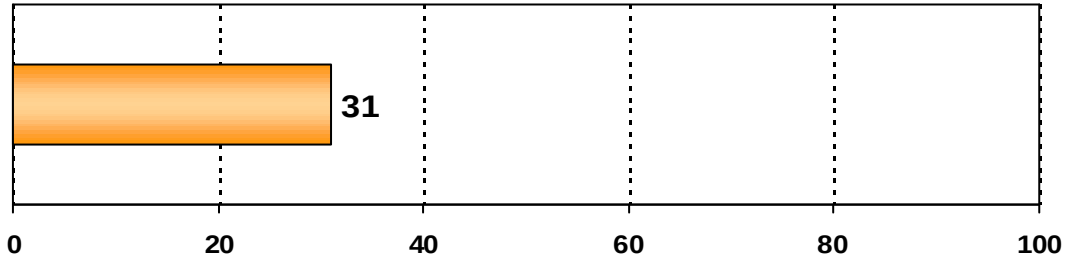


TABLE 20. PERCENT WHO SAID STATEMENT IS TRUE FOR STANDARD DAYS' METHOD

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAO PROVIDERS	INDUSTRIAL ZONES PROVIDERS
BASE - TOTAL INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408
(UNWTD)	750	250	300	200	300	275	175
	%	%	%	%	%	%	%
THE CONTRACEPTIVE PROTECTION OF THE "STANDARD DAYS" METHOD IS VERY COMPARABLE WITH THAT OF HORMONAL CONTRACEPTIVES AND IUDs	31	38	34	24	33	25	31

E. MECHANISM OF ACTION OF FP METHODS

17. Mechanism of Action: Vasectomy

A very small minority (3-8%) find the statements on vasectomy as true. Nurses score highest in thinking that vasectomy can cause a loss of sexual libido (12%).

Health Providers in Industrial Zones are more likely to think that it can cause a loss of sexual libido (19%) and that it can cause erectile dysfunction (12%).

18. Mechanism of Action: Tubal Ligation

One in five believes that tubal ligation can cause ectopic pregnancy (19%). This belief is more prevalent among doctors and Health Providers in Metro Manila and Industrial Zones.

A large proportion is aware that spinal anesthesia is not required before performing tubal ligation (75%). Still a good 25% think otherwise or does not know the answer.

19. Whether or Not Pap Smear is Required Before Prescribing Any FP Method

Three in four respondents believe that pap smear is required before prescribing any FP method (76%). Health Providers in Industrial Zones are more likely to adhere to this.

E. MECHANISM OF ACTION OF FP METHODS

CHART 14. PERCENT WHO SAID STATEMENT IS TRUE FOR VASECTOMY

Base - total interviews

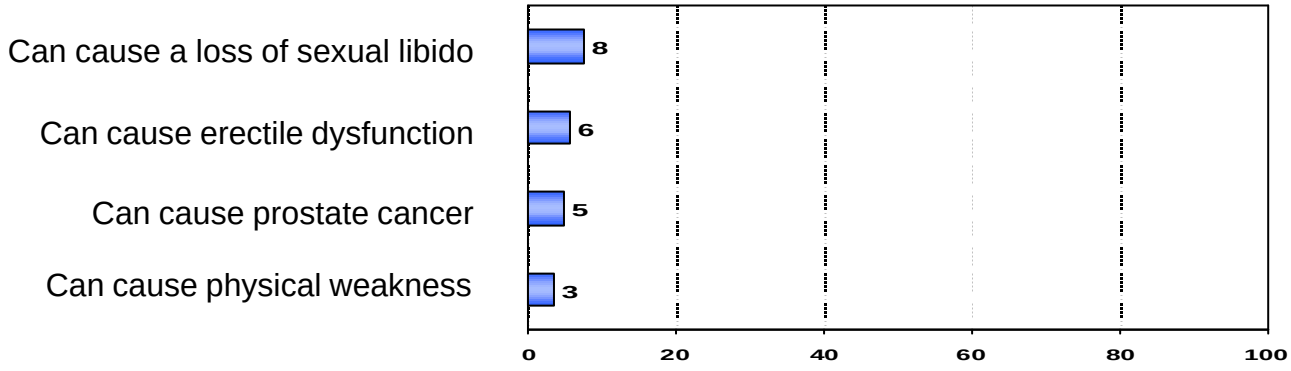


TABLE 21. PERCENT WHO SAID STATEMENT IS TRUE FOR VASECTOMY

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAC PROVIDERS	INDUSTRIAL ZONES PROVIDERS
BASE - TOTAL INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408
(UNWTD)	750	250	300	200	300	275	175
	%	%	%	%	%	%	%
CAN CAUSE A LOSS OF SEXUAL LIBIDO	8	4	12	5	7	3	19
CAN CAUSE ERECTILE DYSFUNCTION	6	5	7	4	5	3	12
CAN CAUSE PROSTATE CANCER	5	4	5	5	5	3	7
CAN CAUSE PHYSICAL WEAKNESS	3	3	4	3	3	3	7

E. MECHANISM OF ACTION OF FP METHODS

CHART 15. PERCENT WHO SAID STATEMENT IS TRUE FOR TUBAL LIGATION

Base - total interviews

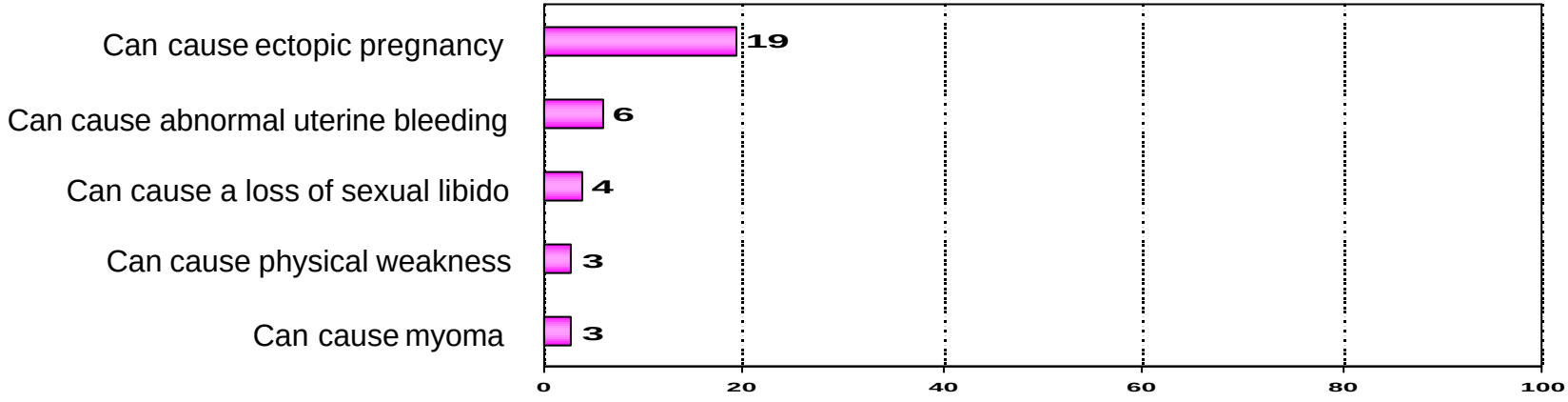


TABLE 22. PERCENT WHO SAID STATEMENT IS TRUE FOR TUBAL LIGATION

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAO PROVIDERS	INDUSTRIAL ZONES PROVIDERS
BASE - TOTAL INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408
(UNWTD)	750	250	300	200	300	275	175
	%	%	%	%	%	%	%
CAN CAUSE ECTOPIC PREGNANCY	19	37	17	10	21	11	24
CAN CAUSE ABNORMAL UTERINE BLEEDING	6	4	9	4	5	5	15
CAN CAUSE A LOSS OF SEXUAL LIBIDO	4	3	6	3	3	3	9
CAN CAUSE PHYSICAL WEAKNESS	3	2	4	3	2	1	8
CAN CAUSE MYOMA	3	*	7	1	2	1	8

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* - LESS THAN 0.5%

E. MECHANISM OF ACTION OF FP METHODS

CHART 16. WHETHER OR NOT SPINAL ANESTHESIA IS REQUIRED BEFORE DOING TUBAL LIGATION

Base - total interviews

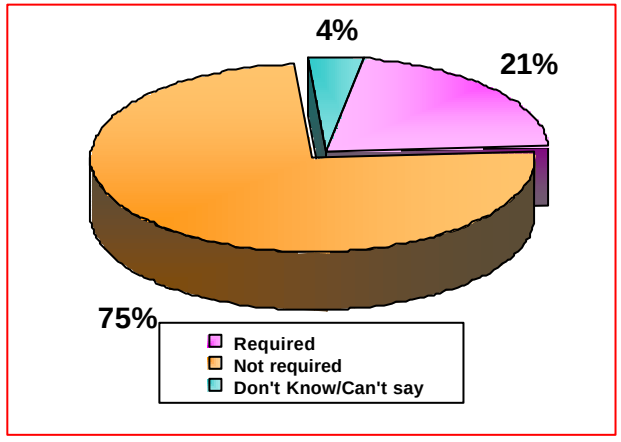

TABLE 23. WHETHER OR NOT SPINAL ANESTHESIA IS REQUIRED BEFORE DOING TUBAL LIGATION

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU DAVAO PROVIDERS	INDUSTRI-AL ZONES PROVIDERS
BASE - TOTAL							
INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408
(UNWTD)	750	250	300	200	300	275	175
	%	%	%	%	%	%	%
REQUIRED	21	25	18	22	21	20	27
NOT REQUIRED	75	74	77	73	75	75	69
DON'T KNOW/CAN'T SAY	4	1	6	5	4	6	4

CHART 17. WHETHER OR NOT PAP SMEAR IS REQUIRED BEFORE PRESCRIBING ANY FP METHOD

Base - total interviews

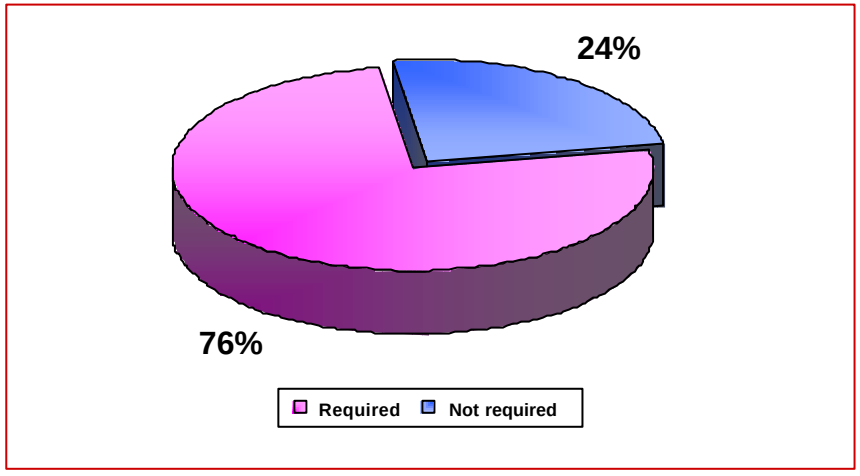

TABLE 24. WHETHER OR NOT PAP SMEAR IS REQUIRED BEFORE PRESCRIBING ANY FAMILY PLANNING METHOD

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAO PROVIDERS	INDUSTRIAL ZONES PROVIDERS	* RELIGION * CATHOLICS	NON-CATHOLICS
BASE - TOTAL									
INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408	2695	530
(UNWTD)	750	250	300	200	300	275	175	639	107
	%	%	%	%	%	%	%	%	%
REQUIRED	76	80	76	73	75	72	85	77	69
NOT REQUIRED	24	20	24	28	25	28	15	23	31

F. ATTITUDES TOWARDS FAMILY PLANNING

20. To find out the attitude of Health Providers as regards certain FP issues or concerns,12 statements were given to Health Providers to agree or disagree on.

    Based on their response to a statement, it can be gleaned that Health Providers do not feel diminished by offering FP services. Ninety-one percent of doctors/midwives/nurses who offer family planning services do not think they have a negative image in the Philippines just because they are offering FP services.

21. Health Providers agree almost unanimously to the statements: 1) a doctor/midwife/nurse should tell their patients the advantages as well as the disadvantages of family planning methods (99%), and that 2) health risks increase for women who give birth to too many children (98%) and 3) it is important to make modern contraceptive products easily available so the number of unplanned pregnancies can be reduced (87%).

22. Health Providers are respectful of their patient's right to decide on FP methods to adopt since a large proportion of them disagree to the statement that Health Providers should be the one to decide on the family planning method for their patient (72%). Opinion is divided as regards the statement "if husband/wife/partner does not approve of the method, a woman/man should not use or practice the method". However, more Health Providers in Industrial Zones as well as doctors tend to favor the statement.

F. ATTITUDES TOWARDS FAMILY PLANNING

23. A majority of Health Providers agree to the statement that very few patients ask them about family planning (59%) which affirms the claim of 1 in 2 Health Providers that only 1-20% of their consultations are FP-related. Considerably more doctors and Health Providers in Industrial Zones can relate with the statement.

24. Health Providers, however, disagree to the statement that they discuss contraception only when a patient brings up the subject (88%).

25. Health Providers are reluctant to prescribe contraceptives to an unmarried woman (73%). Reluctance is more prevalent among nurses and midwives, Health Providers in Metro Cebu / Davao and Catholics.

26. To a certain degree, Health Providers acknowledge the effect of religion when prescribing contraceptives. Majority admit that religious teachings in the Philippines affect the types of family planning methods they recommend to patients (59%). Relatively fewer midwives agree with this statement. On the other hand, most do not agree that recommending modern family planning methods are against their religious beliefs (82%). More non-Catholics than Catholics also do not agree with the statement.

27. Health Providers are in general disagreement that most patients think the medical service offered in the private sector is better than the medical service offered in the public sector (81%). Midwives and Health Providers in Metro Manila register the strongest disagreement.

F. ATTITUDES TOWARDS FAMILY PLANNING

CHART 18. ATTITUDES TOWARDS FAMILY PLANNING

Base - total interviews

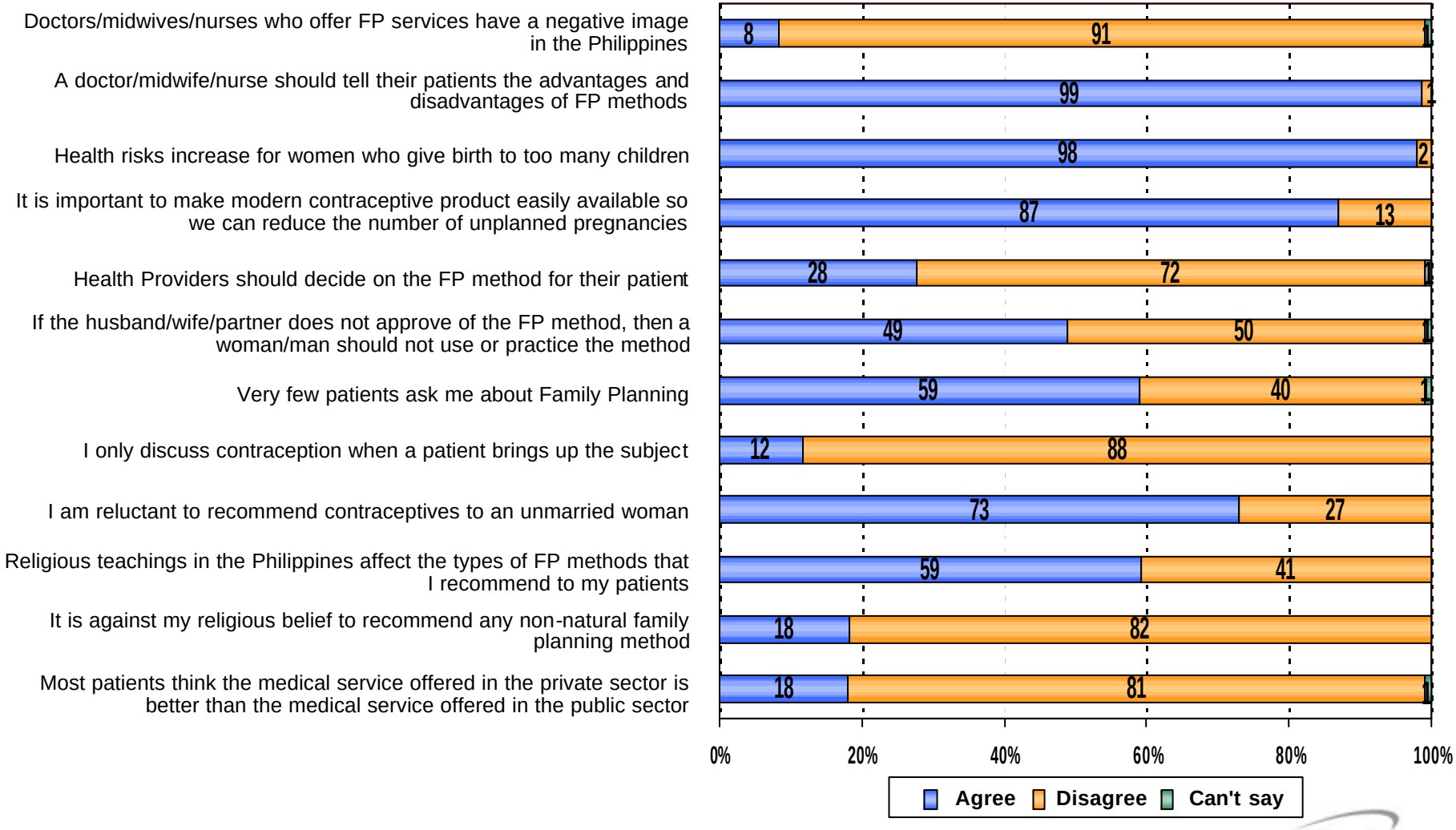

TABLE 25. ATTITUDES TOWARDS FAMILY PLANNING

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAO PROVIDERS	INDUSTRIAL ZONES PROVIDERS	* RELIGION * CATHOLICS	NON-CATHOLICS
								2695	530
BASE - TOTAL									
INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408	639	107
(UNWTD)	750	250	300	200	300	275	175	%	%
	%	%	%	%	%	%	%		
A. DOCTORS/MIDWIVES/NURSES WHO OFFER FAMILY PLANNING SERVICES HAVE A NEGATIVE IMAGE IN THE PHILIPPINES									
AGREE	8	7	7	10	8	10	9	10	9
DISAGREE	91	92	93	89	92	88	90	88	90
CAN'T SAY	*	*	*	1	-	2	*	2	*
B. A DOCTOR/MIDWIFE/NURSE SHOULD TELL THEIR PATIENTS THE ADVANTAGES AND DISADVANTAGES OF FAMILY PLANNING METHODS									
AGREE	99	99	98	99	98	99	100	99	99
DISAGREE	1	1	2	1	2	1	-	2	1
C. HEALTH RISKS INCREASE FOR WOMEN WHO GIVE BIRTH TO TOO MANY CHILDREN									
AGREE	98	95	98	100	98	98	96	98	99
DISAGREE	2	5	2	*	2	1	4	2	1
CAN'T SAY	*	-	-	*	-	1	-	*	-
D. IT IS IMPORTANT TO MAKE MODERN CONTRACEPTIVE PRODUCT EASILY AVAILABLE SO WE CAN REDUCE THE NUMBER OF UNPLANNED PREGNANCIES									
AGREE	87	82	86	90	86	89	87	86	91
DISAGREE	13	18	13	10	14	10	13	14	9
CAN'T SAY	*	-	1	*	*	1	-	-	-

---

* - LESS THAN 0.5%

TABLE 25. ATTITUDES TOWARDS FAMILY PLANNING (CONT'D)

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAO PROVIDERS	INDUSTRIAL ZONES PROVIDERS	* RELIGION * CATHOLICS	NON-CATHOLICS
BASE - TOTAL									
INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408	2695	530
(UNWTD)	750	250	300	200	300	275	175		
	%	%	%	%	%	%	%	639 %	107 %
E. HEALTH PROVIDERS SHOULD DECIDE ON THE FAMILY PLANNING METHOD FOR THEIR PATIENT									
AGREE	28	26	26	31	30	21	29	27	34
DISAGREE	72	74	73	69	70	78	70	73	65
CAN'T SAY	1	*	1	1	*	1	1	*	1
F. IF THE HUSBAND/WIFE/PARTNER DOES NOT APPROVE OF THE FAMILY PLANNING METHOD, THEN A WOMAN/MAN SHOULD NOT USE OR PRACTICE THE METHOD									
AGREE	49	55	50	44	44	54	67	49	46
DISAGREE	50	44	49	55	56	43	31	50	52
CAN'T SAY	1	1	1	1	*	3	2	1	2
G. VERY FEW PATIENTS ASK ME ABOUT FAMILY PLANNING									
AGREE	59	71	56	56	57	59	75	60	59
DISAGREE	40	29	44	45	43	41	25	40	41
CAN'T SAY	1	1	1	-	1	-	-	1	-
H. I ONLY DISCUSS CONTRACEPTION WHEN A PATIENT BRINGS UP THE SUBJECT									
AGREE	12	14	14	8	7	14	34	12	9
DISAGREE	88	86	86	92	93	86	66	88	91

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* - LESS THAN 0.5%

TABLE 25. ATTITUDES TOWARDS FAMILY PLANNING (CONT'D)

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAO PROVIDERS	INDUSTRIAL ZONES PROVIDERS	* RELIGION * CATHOLICS	NON-CATHOLICS
BASE - TOTAL									
INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408	2695	530
(UNWTD)	750	250	300	200	300	275	175	639	107
	%	%	%	%	%	%	%	%	%
I. I AM RELUCTANT TO RECOMMEND CONTRACEPTIVES TO AN UNMARRIED WOMAN									
AGREE	73	61	75	79	70	87	72	75	65
DISAGREE	27	40	25	21	30	14	28	26	35
J. RELIGIOUS TEACHINGS IN THE PHILIPPINES AFFECT THE TYPES OF FAMILY PLANNING METHODS THAT I RECOMMEND TO MY PATIENTS									
AGREE	59	64	62	53	58	62	62	60	55
DISAGREE	41	36	38	46	42	37	38	39	45
CAN'T SAY	*	*	-	1	-	1	-	*	-
K. IT IS AGAINST MY RELIGOUS BELIEF TO RECOMMEND ANY NON-NATURAL FAMILY PLANNING METHODS									
AGREE	18	22	18	16	18	19	18	20	10
DISAGREE	82	77	82	84	82	81	81	80	90
CAN'T SAY	*	*	*	-	-	*	1	*	*
L. MOST PATIENTS THINK THE MEDICAL SERVICE OFFERED IN THE PRIVATE SECTOR IS BETTER THAN THE MEDICAL SERVICE OF FERED IN THE PUBLIC SECTOR									
AGREE	18	28	19	11	14	19	41	19	15
DISAGREE	81	72	80	88	86	79	58	81	85
CAN'T SAY	1	-	1	1	-	2	1	1	*

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* - LESS THAN 0.5%

G. PRESCRIBING PRACTICES

28. Prescribing practices of Health Providers are summarized below:

	TOTAL
FP Method Recommend	Modern methods, e.g., pill (97%), ligation(94%), LAM (94%), injectable (93%), condom (93%) and IUD (92%) are way ahead among the modern methods while mucus/Billings (66%), thermometer (58%), sympto-thermal (52%) and standard day's (52%) methods are way behind. Vasectomy is recommended less than ligation (76% vs 94%)) because of fewer male patients. Traditional methods though much less recommended than modern methods are relatively popular: calendar (75%) and withdrawal (45%).
FP Method Recommend for Child Spacing	Pattern of recommendation is almost the same as above except that noticeably IUD is less recommended for child spacing (79%). Permanent methods like ligation and vasectomy are not for this purpose.
FP Method Recommend for Limiting Number of Children	More permanent methods are preferred for limiting the number of children i.e. ligation (92%) and vasectomy (75%).
FP Method Never Recommend	One out of two do not recommend traditional methods (55%) or modern methods like standard days' (48%) or sympto-thermal (47%). A plurality also do not recommend thermometer (42%),or mucus/Billings (34%).

G. PRESCRIBING PRACTICES

	METRO MANILA	METRO CEBU/DAVAO	INDUSTRIAL ZONES
FP Method Recommend		Low inclination for Billings (52%), thermometer (41%), sympto-thermal (37%), standard days' (29%)	High inclination for traditional methods, e.g. calendar (94%) & withdrawal (58%). Ligation (76%), injectable (79%), IUD (73%) & vasectomy (65%) are de-emphasized High on mucus/Billings (74%), thermometer (65%), sympto-thermal (62%)
FP Method Recommend for Limiting Number of Children			A few do not recommend any method for preventing child birth (21%)
FP Method Never Recommend		A majority never recommend traditional methods (77%) and less popular modern methods like sympto-thermal (62%), thermometer (59%), standard days' (56%).	Reluctant to recommend IUD (27%), injectable (20%) and more permanent methods e.g. vasectomy (35%) and tubal ligation (24%)

G. PRESCRIBING PRACTICES

CHART 19. FAMILY PLANNING METHOD PROVIDE/RECOMMEND AND NEVER RECOMMEND TO PATIENTS

Base - total interviews

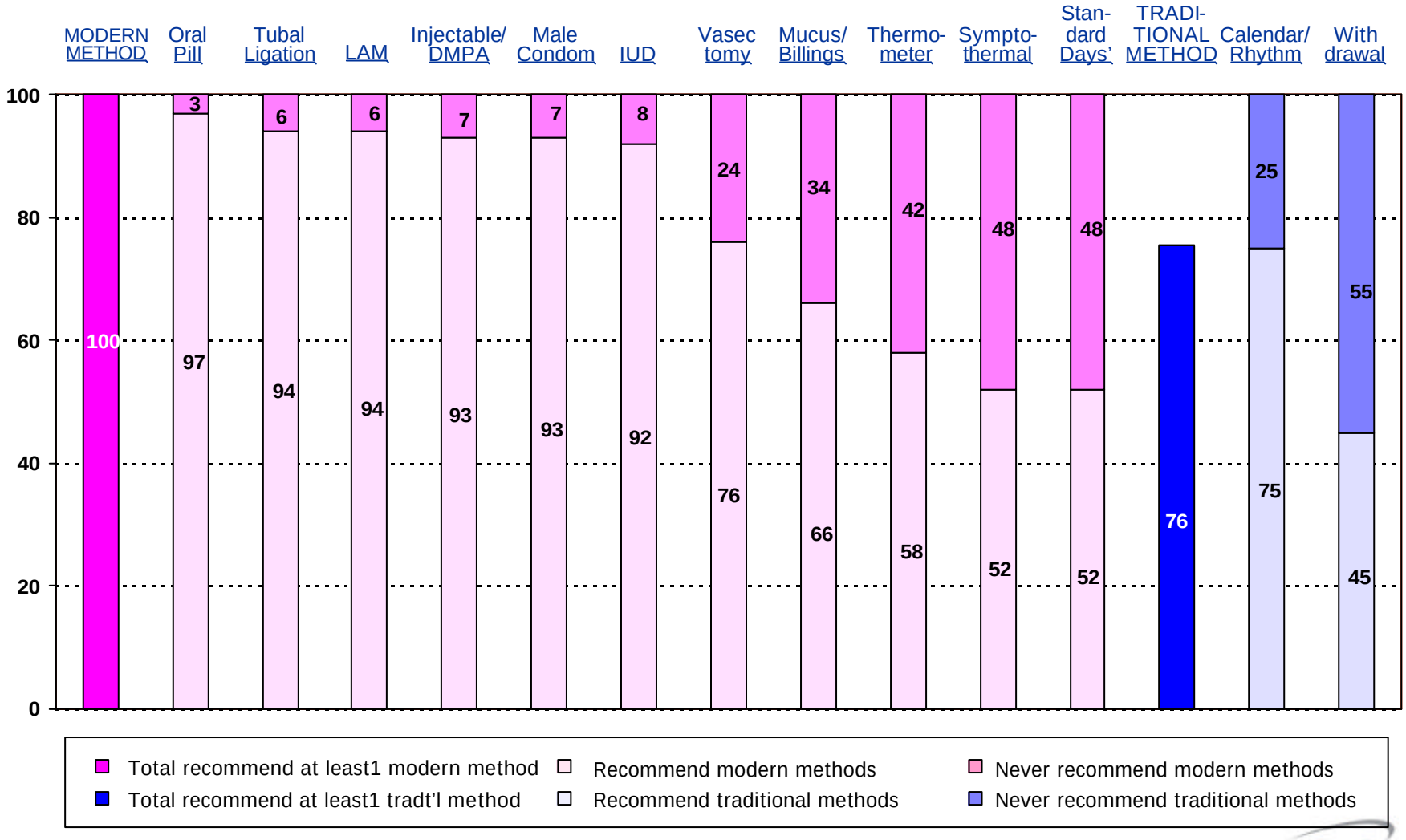


TABLE 26. FAMILY PLANNING METHOD PROVIDE/RECOMMEND TO PATIENTS

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA HEALTH PROVIDERS	METRO CEBU/DAVAO HEALTH PROVIDERS	INDUSTRIAL ZONES HEALTH PROVIDERS
BASE - TOTAL INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408
(UNWTD)	750	250	300	200	300	275	175
	%	%	%	%	%	%	%
MODERN METHOD - UNDUPLICATED	100	99	99	100	100	100	100
ORAL PILL	97	95	97	98	96	99	96
FEMALE STERILIZATION/TUBAL LIGATION	94	95	90	96	96	95	76
LACTATIONAL AMENORRHEA METHOD (LAM)/FULL BREASTFEEDING	94	90	93	97	96	91	89
INJECTABLE/DMPA	93	93	90	97	95	95	79
MALE CONDOM	93	87	95	94	90	98	96
IUD	92	89	88	97	94	96	73
MALE STERILIZATION/VASECTOMY	76	73	76	79	76	86	65
MUCUS/BILLINGS/OVULATION METHOD	66	75	64	62	68	52	74
THERMOMETER	57	66	58	51	61	41	65
SYMPTO-THERMAL METHOD	52	63	50	47	54	37	62
STANDARD DAYS' METHOD (SDM)/ BEADS/NECKLACE	52	56	47	40	53	29	40
TRADITIONAL METHOD - UNDUPLICATED	76	76	78	74	76	63	95
CALENDAR/RHYTHM	75	75	76	74	75	62	94
WITHDRAWAL	45	49	45	43	49	23	58

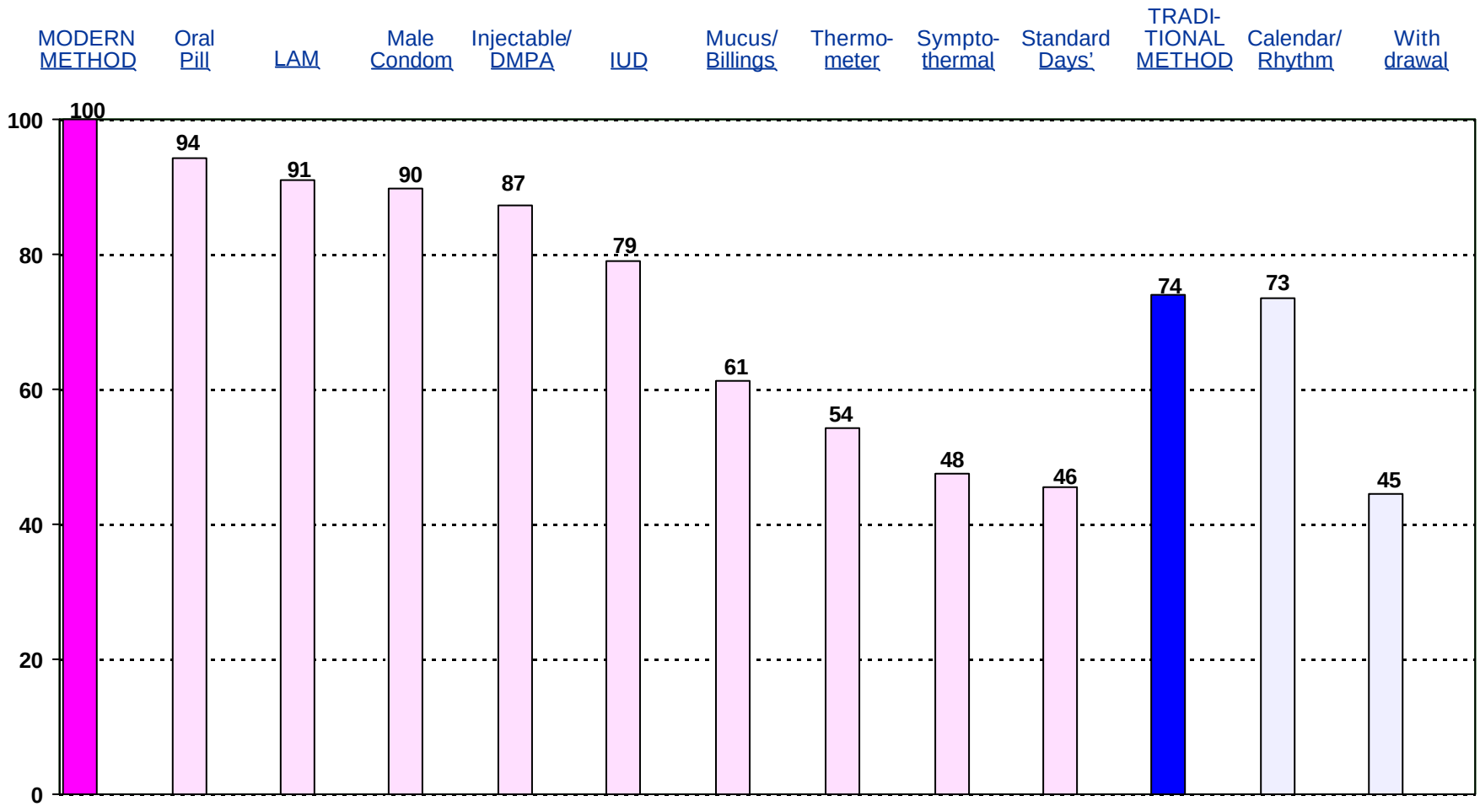
TABLE 27. FAMILY PLANNING METHOD NEVER RECOMMEND TO PATIENTS

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAC PROVIDERS	INDUSTRIAL ZONES PROVIDERS
BASE - TOTAL INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408
(UNWTD)	750	250	300	200	300	275	175
	%	%	%	%	%	%	%
MODERN FAMILY PLANNING METHODS - UNDUPLICATED	68	67	67	68	65	73	74
STANDARD DAYS' METHOD (SDM)/BEADS/ NECKLACE	48	39	46	57	47	56	44
SYMPTO-THERMAL METHOD	47	37	47	54	46	62	33
THERMOMETER	42	34	42	48	39	59	35
MUCUS/BILLINGS/OVULATION METHOD	34	26	35	38	31	49	27
MALE STERILIZATION/VASECTOMY	23	27	24	21	24	13	35
IUD	8	11	11	3	6	4	27
MALE CONDOM	8	13	5	6	10	2	4
INJECTABLE/DMPA	7	7	10	4	5	5	20
FEMALE STERILIZATION/TUBAL LIGATION	7	6	10	4	4	5	24
LACTATIONAL AMENORRHEA METHOD (LAM)/FULL BREASTFEEDING	6	10	6	3	4	9	11
ORAL PILL	3	5	3	2	4	1	4
TRADITIONAL METHOD - UNDUPLICATED	55	51	56	57	51	77	44
WITHDRAWAL	54	50	54	57	50	76	42
CALENDAR/RHYTHM	25	25	23	26	25	38	6
NONE	16	19	18	13	17	11	17

G. PRESCRIBING PRACTICES

CHART 20. FAMILY PLANNING METHOD PROVIDE/RECOMMEND TO PATIENTS FOR CHILD SPACING

Base - total int - wtd (unwtd) - 3250 (750)



Note: Figures 2% below are not included

TABLE 28. FAMILY PLANNING METHOD RECOMMEND TO PATIENTS TO DELAY PREGNANCY/FOR CHILD SPACING

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAO PROVIDERS	INDUSTRIAL ZONES PROVIDERS
BASE - TOTAL INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408
(UNWTD)	750	250	300	200	300	275	175
	%	%	%	%	%	%	%
MODERN METHOD - UNDUPLICATED	100	100	100	100	100	100	99
ORAL PILL	94	93	93	96	95	94	91
LACTATIONAL AMENORRHEA METHOD (LAM)/FULL BREASTFEEDING	91	89	91	93	93	87	88
MALE CONDOM	90	84	92	92	88	93	94
INJECTABLE/DMPA	87	86	83	92	90	89	69
IUD	79	79	77	82	80	84	65
MUCUS/BILLINGS/OVULATION METHOD	61	72	60	55	64	46	72
THERMOMETER	54	64	56	47	57	38	64
SYMPTO-THERMAL METHOD	48	59	48	39	49	33	60
STANDARD DAYS' METHOD (SDM)/BEADS/ NECKLACE	46	56	46	39	52	26	40
MALE STERILIZATION/VASECTOMY	2	*	2	3	2	2	1
FEMALE STERILIZATION/TUBAL LIGATION	1	1	1	2	1	2	*
TRADITIONAL METHOD - UNDUPLICATED	74	75	75	72	74	60	94
CALENDAR/RHYTHM	73	74	74	72	74	59	92
WITHDRAWAL	45	48	44	43	49	22	57

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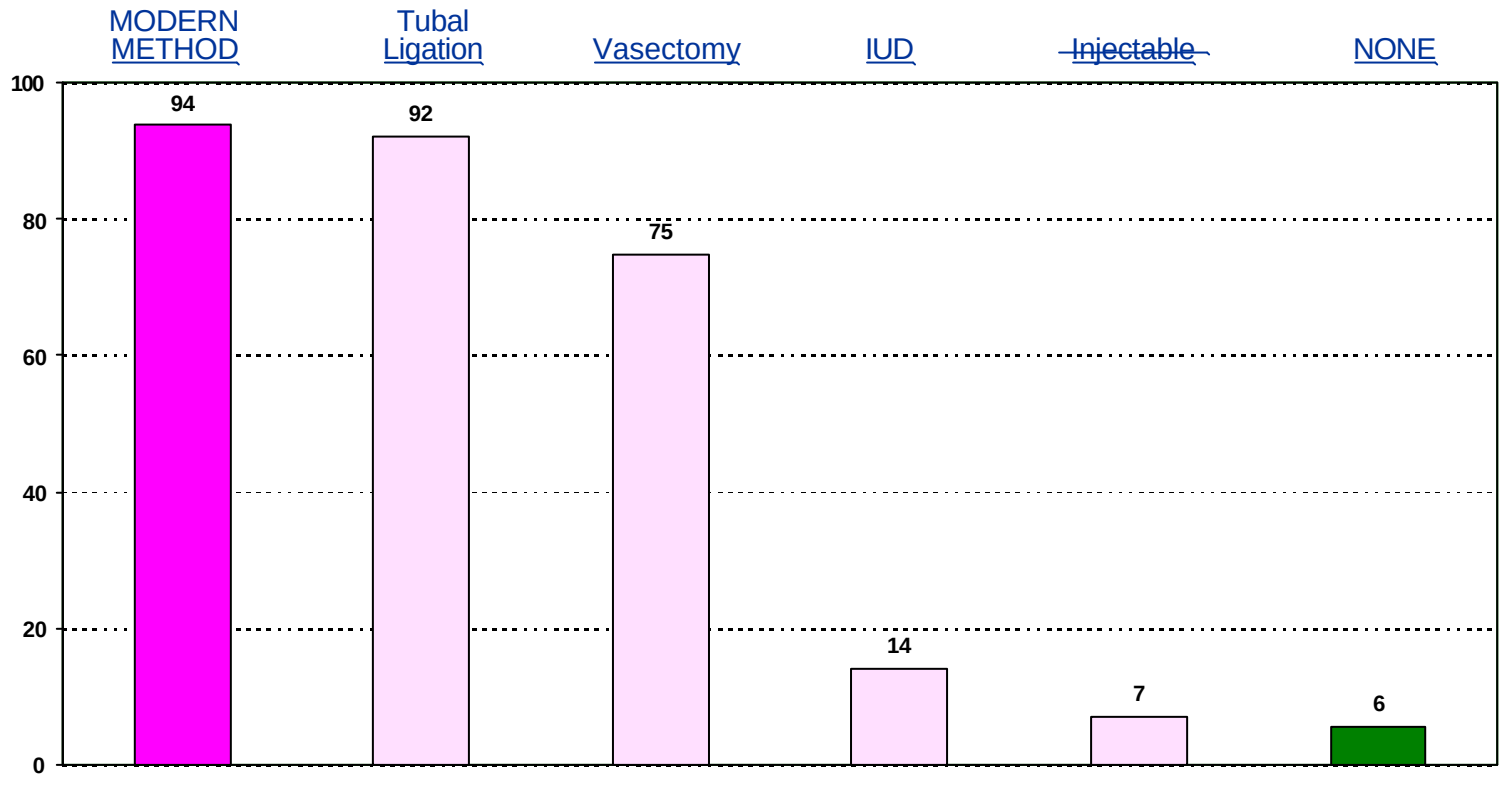
* - LESS THAN 0.5%

G. PRESCRIBING PRACTICES

CHART 21. FAMILY PLANNING METHOD PROVIDE/RECOMMEND TO PATIENTS FOR LIMITING CHILDREN

Base - total interviews



Note: Figures below 5% are not included

TABLE 29. FAMILY PLANNING METHOD RECOMMEND TO PATIENTS TO LIMIT CHILDREN

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAO PROVIDERS	INDUSTRIAL ZONES PROVIDERS
BASE - TOTAL INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408
(UNWTD)	750	250	300	200	300	275	175
	%	%	%	%	%	%	%
MODERN METHOD - UNDUPLICATED	94	95	91	95	96	96	79
FEMALE STERILIZATION/TUBAL LIGATION	92	94	89	94	95	93	76
MALE STERILIZATION/VASECTOMY	75	73	74	76	74	85	63
IUD	14	12	14	16	16	12	8
INJECTABLE/DMPA	7	7	9	6	7	6	11
ORAL PILL	4	4	6	3	4	4	6
SYMPTO-THERMAL METHOD	4	3	1	6	4	3	*
MUCUS/BILLINGS/OVULATION METHOD	4	1	3	6	4	3	1
THERMOMETER	3	2	1	5	4	2	-
MALE CONDOM	2	2	2	3	2	3	2
LACTATIONAL AMENORRHEA METHOD (LAM)/FULL BREASTFEEDING	2	*	1	4	3	2	1
STANDARD DAYS' METHOD (SDM)/BEADS/ NECKLACE	1	*	*	1	-	3	-
TRADITIONAL METHOD - UNDUPLICATED	1	1	2	1	1	3	1
CALENDAR/RHYTHM	1	1	2	1	1	2	1
WITHDRAWAL	*	1	*	*	-	2	-
NONE	6	5	8	4	4	2	21

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* - LESS THAN 0.5%

G. PRESCRIBING PRACTICES

29. Health Providers give varied reasons as to why they do not recommend a certain method. The main reasons (around 10% and higher) are summarized below:

	IUD	INJECTABLE	CONDOM	VASECTOMY	LIGATION
Reasons why Never Recommend	Varied reasons given, with focus on: side effects reported by patients (15%) as well as by parents of patients (13%); no training (16%) and against religious belief/pro-life (17%).	Patients report side effects (17%) as well as experienced by their parents (13%), patient prefer other methods /does not ask about this method (16%), pro-life/ against religion (20%).	Patients do not ask about method (49%), against religion/prolife (13%).	Patients do not ask about method (41%) since there are few male patients, patients prefer other methods (12%), no training(14%).	Against religion/pro-life (19%), inappropriate for patient's age (14%), no training (13%), method not available (13%).

G. PRESCRIBING PRACTICES

	BILLINGS	SYMPTO-THERMAL	LAM	THERMOMETER	STANDARD DAYS'
Reasons why Never Recommend	No training (32%), difficult/incon-venient to use (26%), difficult to explain to patient (23%), high failure rate (14%).	No training (41%), difficult/incon-venient to use (24%), difficult to explain to patients (17%).	High failure rate (34%), no training (30%) difficult/incon-venient to use (24%).	Difficult / inconvenient to use (39%), difficult to explain to patients (14%), no training (26%), high failure rate (11%).	No training (56%), difficult/incon-venient to use (11%), method not yet available (11%).

	CALENDAR	WITHDRAWAL
Reasons why Never Recommend	High failure rate (65%), difficult/inconvenient to use (17%).	High failure rate (60%), patient experience side effects (15%), side effects experienced by parents (10%).

TABLE 30. REASONS WHY NEVER RECOMMEND METHOD TO PATIENTS

A. IUD

BASE - TOTAL WHO WOULD NEVER RECOMMEND METHOD TO PATIENTS	
(WTD)	257
(UNWTD)	79
	%
PATIENT-RELATED CONCERNS - NET	33
PATIENTS EXPERIENCE SIDE EFFECTS WITH METHOD - NET	15
MANY SIDE EFFECTS LIKE PELVIC INFLAMMATORY DISEASE	4
CAUSE ABORTION	3
INCONVENIENT/DIFFICULT FOR PATIENTS TO USE - NET	9
PATIENT IS NOT COMFORTABLE	6
PATIENTS CHOOSE THE METHOD THEY WANT - NET	7
THEY DO NOT LIKE THIS	4
NOT INTERESTED	3
PATIENTS ARE NOT SATISFIED WITH METHOD - NET	3
PATIENT IS NOT SATISFIED	3
PARENTS SIDE EFFECTS WITH METHOD - NET	13
CAUSES INFECTION	5
BLEEDING	4
NO TRAINING/NOT ENOUGH KNOWLEDGE ABOUT METHOD - NET	16
NOT ENOUGH KNOWLEDGE ABOUT METHOD	10
DID NOT RECEIVE TRAINING ON THIS	6
PROLIFE/AGAINST OUR RELIGION	17
MOST OF MY PATIENTS ARE MALE	3
HIGH FAILURE RATE	3
OTHERS - NET	17
I DON'T RECOMMEND THE METHOD, ONLY OB-GYNE	6
LIKE ABORTION, TOO MUCH BLEEDING	5
BECAUSE AGE GROUP HERE ARE TEENS/YOUTH, NOT QUALIFIED FOR AGE REQUIREMENTS	3

B. INJECTABLE/DPMA

BASE - TOTAL WHO WOULD NEVER RECOMMEND METHOD TO PATIENTS	
(WTD)	221
(UNWTD)	65
	%
PATIENT-RELATED CONCERNS - NET	25
PATIENTS EXPERIENCE SIDE EFFECTS WITH METHOD - NET	17
SIDE EFFECT- DOES NOT HAVE MENSTRUATION	8
HAVE SIDE EFFECT IN HEALTH	6
PATIENTS CHOOSE THE METHOD THEY WANT - NET	6
NOT INTERESTED	3
THEY DO NOT LIKE THIS	3
PATIENTS DOES NOT ASK ABOUT METHOD - NET	10
NO PATIENT IS ASKING	10
PARENTS SIDE EFFECTS WITH METHOD - NET	13
CAUSES HEADACHE	5
CAUSE AMMENORHEA	3
PROLIFE/AGAINST OUR RELIGION	20
HIGH FAILURE RATE - NET	15
NOT SAFE IF PERIOD IS NOT REGULAR	10
CAN CAUSE UNPLANNED PREGNANCY	4
NO TRAINING/NOT ENOUGH KNOWLEDGE ABOUT METHOD - NET	9
NOT ENOUGH KNOWLEDGE ABOUT METHOD	6
DID NOT RECEIVE TRAINING ON THIS	3
MOST OF MY PATIENTS ARE MALE	3
OTHERS - NET	6
I DON'T RECOMMEND THE METHOD, ONLY OB-GYNE	3
I BELIEVE IN NATURAL PLANNING	3

C. MALE CONDOM

BASE - TOTAL WHO WOULD NEVER RECOMMEND METHOD TO PATIENTS	
(WTD)	245
(UNWTD)	46
	%
PATIENTS DOES NOT ASK ABOUT METHOD - NET	49
NO MALE PATIENT	37
MEN DO NOT ASK	11
PROLIFE/AGAINST OUR RELIGION	13
PATIENT-RELATED CONCERNS - NET	12
PATIENTS CHOOSE THE METHOD THEY WANT - NET	9
NOT INTERESTED	9
INCONVENIENT/DIFFICULT FOR PATIENTS TO USE	4
HIGH FAILURE RATE - NET	7
NOT SAFE	3
NOT EFFECTIVE	3
METHOD NOT/NOT YET AVAILABLE - NET	4
WE DON'T HAVE THAT HERE	4
OTHERS - NET	17
I DON'T RECOMMEND THE METHOD, ONLY OB-GYNE	10
OUR MAYOR DOES NOT WANT THIS METHOD	4

NOTE: THOSE MENTIONED BY 2% AND BELOW ARE NOT SHOWN.

TABLE 30. REASONS WHY NEVER RECOMMEND METHOD TO PATIENTS (CONT'D)

D. MALE STERILIZATION/VASECTOMY

BASE - TOTAL WHO WOULD NEVER RECOMMEND METHOD TO PATIENTS	
(WTD)	758
(UNWTD)	169
	%
PATIENTS DOES NOT ASK ABOUT METHOD - NET	41
NO MALE PATIENT	30
MEN DO NOT ASK	8
PATIENT-RELATED CONCERNS - NET	17
PATIENTS CHOOSE THE METHOD THEY WANT - NET	12
THEY DO NOT LIKE THIS	9
INCONVENIENT/DIFFICULT FOR PATIENTS TO USE	4
NO TRAINING/NOT ENOUGH KNOWLEDGE ABOUT METHOD - NET	14
NOT ENOUGH KNOWLEDGE ABOUT METHOD	8
DID NOT RECEIVE TRAINING ON THIS	3
PROLIFE/AGAINST OUR RELIGION	5
METHOD NOT/NOT YET AVAILABLE - NET	5
WE DON'T HAVE THAT HERE	5
HIGH FAILURE RATE - NET	3
NOT RECOMMENDED BY DOH	3
OTHERS - NET	14
I DON'T RECOMMEND THE METHOD, ONLY OB-GYNE	4
BECAUSE AGE GROUP HERE ARE TEENS/YOUTH, NOT QUALIFIED FOR AGE REQUIREMENTS	3

E. FEMALE STERILIZATION/TUBAL LIGATION

BASE - TOTAL WHO WOULD NEVER RECOMMEND METHOD TO PATIENTS	
(WTD)	212
(UNWTD)	65
	%
PROLIFE/AGAINST OUR RELIGION	19
INAPPROPRIATE FOR PATIENT'S AGE - NET	14
USUALLY WORKERS ARE STILL YOUNG	4
MOST OF THE WORKERS ARE YOUNG AND HAVE FEW CHILDREN	3
BECAUSE AGE GROUP HERE ARE TEENS/YOUTH, NOT QUALIFIED FOR AGE REQUIREMENTS	10
PATIENT-RELATED CONCERNS - NET	14
PATIENTS CHOOSE THE METHOD THEY WANT - NET	9
THEY ARE THE ONE WHO CHOOSE	7
INCONVENIENT/DIFFICULT FOR PATIENTS TO USE - NET	4
ASK DOCTOR TO GIVE DIRECTIONS	4
NO TRAINING/NOT ENOUGH KNOWLEDGE ABOUT METHOD - NET	13
DID NOT RECEIVE TRAINING ON THIS	7
NOT ENOUGH KNOWLEDGE ABOUT METHOD	4
NOT VERY FAMILIAR	3
METHOD NOT/NOT YET AVAILABLE - NET	13
WE DON'T PROVIDE LIGATION HERE	8
WE DON'T HAVE THAT HERE	5
MOST OF MY PATIENTS ARE MALE	4
OTHERS - NET	23
OUR MAYOR DOES NOT WANT THIS METHOD	5
I DON'T RECOMMEND THE METHOD, ONLY OB-GYNE	4

F. MUCUS/BILLINGS'/OVULATION METHOD

BASE - TOTAL WHO WOULD NEVER RECOMMEND METHOD TO PATIENTS	
(WTD)	1109
(UNWTD)	270
	%
NO TRAINING/NOT ENOUGH KNOWLEDGE ABOUT METHOD - NET	32
DID NOT RECEIVE TRAINING ON THIS	18
NOT ENOUGH KNOWLEDGE ABOUT METHOD	12
NOT VERY FAMILIAR	3
PATIENT-RELATED CONCERNS - NET	31
INCONVENIENT/DIFFICULT FOR PATIENTS TO USE - NET	26
TOO MUCH WORK/HASSLE, PATIENT HAS TOO MANY THINGS TO DO	9
PROCEDURE IS HARD	8
PATIENTS CHOOSE THE METHOD THEY WANT - NET	5
THEY DO NOT LIKE THIS	4
DIFFICULT TO EXPLAIN TO PATIENTS - NET	23
HARD FOR THE PATIENT TO UNDERSTAND METHOD	12
HARD TO EXPLAIN	6
NOT EASILY UNDERSTOOD BY PATIENTS	5
HIGH FAILURE RATE - NET	14
NOT EFFECTIVE	4
NOT ACCURATE	3
NOT SAFE IF PERIOD IS NOT REGULAR	3
METHOD NOT/NOT YET AVAILABLE - NET	4
WE DON'T HAVE THAT HERE	4

NOTE: THOSE MENTIONED BY 2% AND BELOW ARE NOT SHOWN.

TABLE 30. REASONS WHY NEVER RECOMMEND METHOD TO PATIENTS (CONT'D)

G. SYMPTO-THERMAL METHOD

BASE - TOTAL WHO WOULD NEVER RECOMMEND METHOD TO PATIENTS	
(WTD)	1535
(UNWTD)	356
	%
NO TRAINING/NOT ENOUGH KNOWLEDGE ABOUT METHOD - NET	41
DID NOT RECEIVE TRAINING ON THIS	18
NOT ENOUGH KNOWLEDGE ABOUT METHOD	14
NOT VERY FAMILIAR	9
PATIENT-RELATED CONCERNS - NET	31
INCONVENIENT/DIFFICULT FOR PATIENTS TO USE - NET	24
PROCEDURE IS HARD	8
TOO MUCH WORK/HASSLE, PATIENT HAS TOO MANY THINGS TO DO	7
PATIENTS CHOOSE THE METHOD THEY WANT - NET	5
THEY DO NOT LIKE THIS	3
DIFFICULT TO EXPLAIN TO PATIENTS - NET	17
HARD TO EXPLAIN	7
HARD FOR THE PATIENT TO UNDERSTAND METHOD	5
NOT EASILY UNDERSTOOD BY PATIENTS	3
HIGH FAILURE RATE	6
METHOD NOT/NOT YET AVAILABLE - NET	5
WE DON'T HAVE THAT HERE	3

H. LACTATIONAL AMENORRHEA METHOD (LAM)/ FULL BREASTFEEDING

BASE - TOTAL WHO WOULD NEVER RECOMMEND METHOD TO PATIENTS	
(WTD)	193
(UNWTD)	62
	%
HIGH FAILURE RATE - NET	34
NOT EFFECTIVE	10
CAN CAUSE UNPLANNED PREGNANCY	5
NOT KNOW WHEN IS THEIR FERTILE TIME, FOR 6 MONTHS ONLY	5
NOT ACCURATE	4
NOT RELIABLE METHOD	4
NOT SAFE	3
NO TRAINING/NOT ENOUGH KNOWLEDGE ABOUT METHOD - NET	30
NOT ENOUGH KNOWLEDGE ABOUT METHOD	19
NOT INCLUDED IN THE FAMILY PLANNING TRAINING	5
DID NOT RECEIVE TRAINING ON THIS	4
PATIENT-RELATED CONCERNS - NET	27
INCONVENIENT/DIFFICULT FOR PATIENTS TO USE - NET	24
PROCEDURE IS HARD	8
DOES NOT KNOW HOW TO USE	7
TOO MUCH WORK/HASSLE, PATIENT HAS TOO MANY THINGS TO DO	5
HARD TO MONITOR	3
PATIENTS CHOOSE THE METHOD THEY WANT - NET	3
THEY DO NOT LIKE THIS	3
DIFFICULT TO EXPLAIN TO PATIENTS - NET	8
HARD FOR THE PATIENT TO UNDERSTAND METHOD	4
HARD TO EXPLAIN	3
OTHERS - NET	12
I DON'T RECOMMEND THE METHOD, ONLY OB-GYNE	6
NOT SURE, DON'T FULL BREAST FEEDING	3

I. BASAL BODY TEMPERATURE/THERMOMETER

BASE - TOTAL WHO WOULD NEVER RECOMMEND METHOD TO PATIENTS	
(WTD)	1372
(UNWTD)	333
	%
PATIENT-RELATED CONCERNS - NET	45
INCONVENIENT/DIFFICULT FOR PATIENTS TO USE - NET	39
PROCEDURE IS HARD	13
TOO MUCH WORK/HASSLE, PATIENT HAS TOO MANY THINGS TO DO	10
PATIENTS FIND IT HARD, THEY ALWAYS FORGET	6
WORKERS ARE BUSY, NO TIME TO PERFORM METHOD	3
HARD TO MONITOR	3
PATIENTS CHOOSE THE METHOD THEY WANT	3
PATIENTS CANNOT AFFORD METHOD/HAVE TO BUY	3
NO TRAINING/NOT ENOUGH KNOWLEDGE ABOUT METHOD - NET	26
DID NOT RECEIVE TRAINING ON THIS	13
NOT ENOUGH KNOWLEDGE ABOUT METHOD	9
NOT VERY FAMILIAR	5
DIFFICULT TO EXPLAIN TO PATIENTS - NET	14
HARD FOR THE PATIENT TO UNDERSTAND METHOD	7
NOT EASILY UNDERSTOOD BY PATIENTS	3
HIGH FAILURE RATE - NET	11
NOT EFFECTIVE	3
METHOD NOT/NOT YET AVAILABLE - NET	6
WE DON'T HAVE THAT HERE	5
OTHERS	3

NOTE: THOSE MENTIONED BY 2% AND BELOW ARE NOT SHOWN.

TABLE 30. REASONS WHY NEVER RECOMMEND METHOD TO PATIENTS (CONT'D)

J. STANDARD DAYS' METHOD (SDM)

BASE - TOTAL WHO WOULD NEVER RECOMMEND METHOD TO PATIENTS	
(WTD)	1572
(UNWTD)	364
	%
NO TRAINING/NOT ENOUGH KNOWLEDGE ABOUT METHOD - NET	56
DID NOT RECEIVE TRAINING ON THIS	22
NOT ENOUGH KNOWLEDGE ABOUT METHOD	18
NOT VERY FAMILIAR	16
PATIENT-RELATED CONCERNS - NET	17
INCONVENIENT/DIFFICULT FOR PATIENTS TO USE - NET	11
PROCEDURE IS HARD	4
TOO MUCH WORK/HASSLE, PATIENT HAS TOO MANY THINGS TO DO	3
PATIENTS CHOOSE THE METHOD THEY WANT	4
METHOD NOT/NOT YET AVAILABLE - NET	11
WE DON'T HAVE THAT HERE	7
NOT YET AVAILABLE	4
DIFFICULT TO EXPLAIN TO PATIENTS - NET	8
HARD FOR THE PATIENT TO UNDERSTAND METHOD	3
HIGH FAILURE RATE	7

K. CALENDAR/RHYTHM

BASE - TOTAL WHO WOULD NEVER RECOMMEND METHOD TO PATIENTS	
(WTD)	804
(UNWTD)	188
	%
HIGH FAILURE RATE - NET	65
NOT SAFE IF PERIOD IS NOT REGULAR	21
NOT SAFE	12
NOT EFFECTIVE	10
NOT ACCURATE	6
NOT RELIABLE METHOD	5
CAN CAUSE UNPLANNED PREGNANCY	5
TOO MANY FAILURE	3
PATIENT-RELATED CONCERNS - NET	18
INCONVENIENT/DIFFICULT FOR PATIENTS TO USE - NET	17
PATIENTS FIND IT HARD, THEY ALWAYS FORGET	5
HARD TO MONITOR	4
PROCEDURE IS HARD	3
NO TRAINING/NOT ENOUGH KNOWLEDGE ABOUT METHOD - NET	7
DID NOT RECEIVE TRAINING ON THIS	4
DIFFICULT TO EXPLAIN TO PATIENTS - NET	6
HARD FOR THE PATIENT TO UNDERSTAND METHOD	4
NOT CONSIDERED AS A FAMILY PLANNING METHOD - NET	5
OBSOLETE	5

L. WITHDRAWAL

BASE - TOTAL WHO WOULD NEVER RECOMMEND METHOD TO PATIENTS	
(WTD)	1764
(UNWTD)	432
	%
HIGH FAILURE RATE - NET	60
NOT SAFE	20
THERE'S EARLY EJACULATION	15
NOT EFFECTIVE	10
CAN CAUSE UNPLANNED PREGNANCY	6
NOT RELIABLE METHOD	5
NOT ACCURATE	3
PATIENT-RELATED CONCERNS - UNDUPLICATED	27
PATIENTS EXPERIENCE SIDE EFFECTS WITH METHOD - NET	15
HAVE PSYCHOLOGICAL EFFECT FOR BOTH MALE AND FEMALE	11
MEN EXPERIENCE HEAD ACHES	3
INCONVENIENT/DIFFICULT FOR PATIENTS TO USE - NET	9
DISRUPTS SEXUAL PLEASURE	6
PATIENTS CHOOSE THE METHOD THEY WANT	3
PARENTS SIDE EFFECTS WITH METHOD - NET	10
NERVOUS BREAKDOWN	5
NO TRAINING/NOT ENOUGH KNOWLEDGE ABOUT METHOD	3

NOTE: THOSE MENTIONED BY 2% AND BELOW ARE NOT SHOWN.

G. PRESCRIBING PRACTICES

30. As suggested earlier (page 79), Health Providers are reluctant to recommend FP methods to unmarrieds. Those who recommend condoms or oral pill are the more likely to recommend the method to an unmarried person (55% and 28% respectively). Health Providers who recommend other methods hardly prescribe these to unmarrieds.

31. Partner's consent is a requirement for permanent methods. Health providers who recommend the method are unwilling to perform tubal ligation (80%) and vasectomy (75%) if the patient does not show proof of spousal consent. They are not as strict though with non-permanent methods, i.e.relatively fewer Health Providers require spousal consent with IUD (51%), injectable (50%), pill (42%), condom (33%).

G. PRESCRIBING PRACTICES

CHART 22. NUMBER OF HEALTH PROVIDERS WHO RECOMMEND METHOD TO AN UNMARRIED PERSON

Base: total who recommend the method

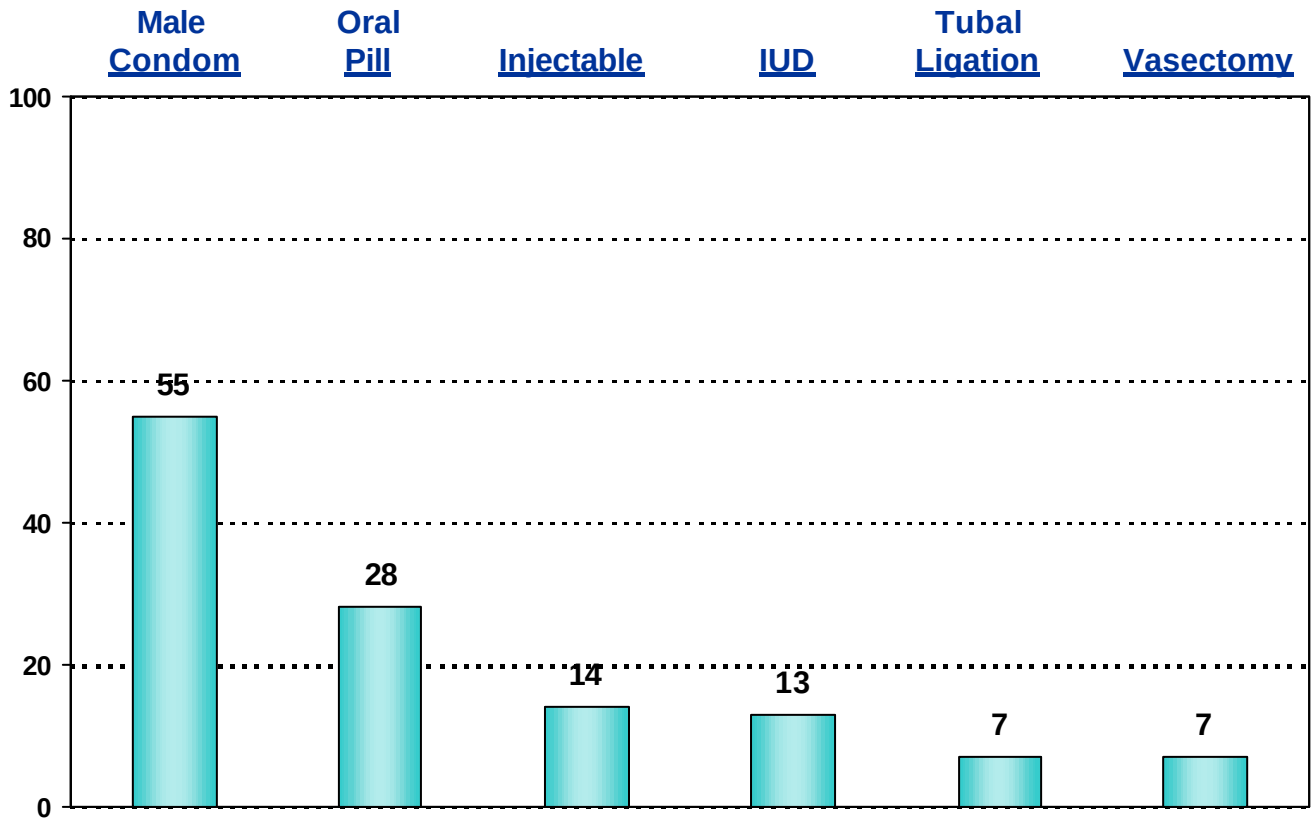

TABLE 31. WHETHER OR NOT PROVIDE/RECOMMEND METHOD TO AN UNMARRIED PERSON

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAO PROVIDERS	INDUSTRIAL ZONES PROVIDERS
A. MALE CONDOM							
BASE - TOTAL WHO PROVIDE/RECOMMEND MALE CONDOM (WTD)	3005	715	1091	1199	2005	607	392
(UNWTD)	704	226	287	191	269	268	167
	%	%	%	%	%	%	%
RECOMMEND	55	65	60	44	56	42	68
DO NOT RECOMMEND	45	35	40	56	44	58	32
B. ORAL PILL							
BASE - TOTAL WHO PROVIDE/RECOMMEND ORAL PILL (WTD)	3145	780	1114	1251	2142	612	391
(UNWTD)	726	237	292	197	289	270	167
	%	%	%	%	%	%	%
RECOMMEND	28	47	26	19	30	19	33
DO NOT RECOMMEND	72	53	74	81	70	81	67
C. INJECTABLE/DMPA							
BASE - TOTAL WHO PROVIDE/RECOMMEND INJECTABLE/DMPA (WTD)	3027	758	1034	1235	2111	592	324
(UNWTD)	684	224	266	194	285	260	139
	%	%	%	%	%	%	%
RECOMMEND	14	26	10	11	16	9	11
DO NOT RECOMMEND	86	75	90	89	84	91	89

TABLE 31. WHETHER OR NOT PROVIDE/RECOMMEND METHOD TO AN UNMARRIED PERSON (CONT'D)

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAC PROVIDERS	INDUSTRIAL ZONES PROVIDERS
D. IUD							
BASE - TOTAL WHO PROVIDE/ RECOMMEND IUD (WTD)	2990	727	1018	1245	2096	597	297
(UNWTD)	670	210	265	195	282	263	125
	%	%	%	%	%	%	%
RECOMMEND	13	23	9	9	16	7	3
DO NOT RECOMMEND	88	77	91	91	84	93	98
E. TUBAL LIGATION							
BASE - TOTAL WHO PROVIDE/RECOMMEND RECOMMEND FEMALE STERILI-ZATION/TUBAL LIGATION (WTD)	3038	773	1040	1226	2136	591	311
(UNWTD)	685	228	266	191	289	262	134
	%	%	%	%	%	%	%
RECOMMEND	7	11	4	7	9	3	1
DO NOT RECOMMEND	93	89	96	93	91	97	99
F. VASECTOMY							
BASE - TOTAL WHO PROVIDE/RECOM-MEND MALE STERILIZATION/ VASECTOMY (WTD)	2479	598	870	1011	1681	533	264
(UNWTD)	578	189	229	160	225	239	114
	%	%	%	%	%	%	%
RECOMMEND	7	11	5	7	9	3	5
DO NOT RECOMMEND	93	90	95	93	91	97	96

G. PRESCRIBING PRACTICES

CHART 23. NUMBER OF HEALTH PROVIDERS WHO REQUIRE SPOUSAL CONSENT BEFORE PROVIDE METHOD

Base: total who recommend the method

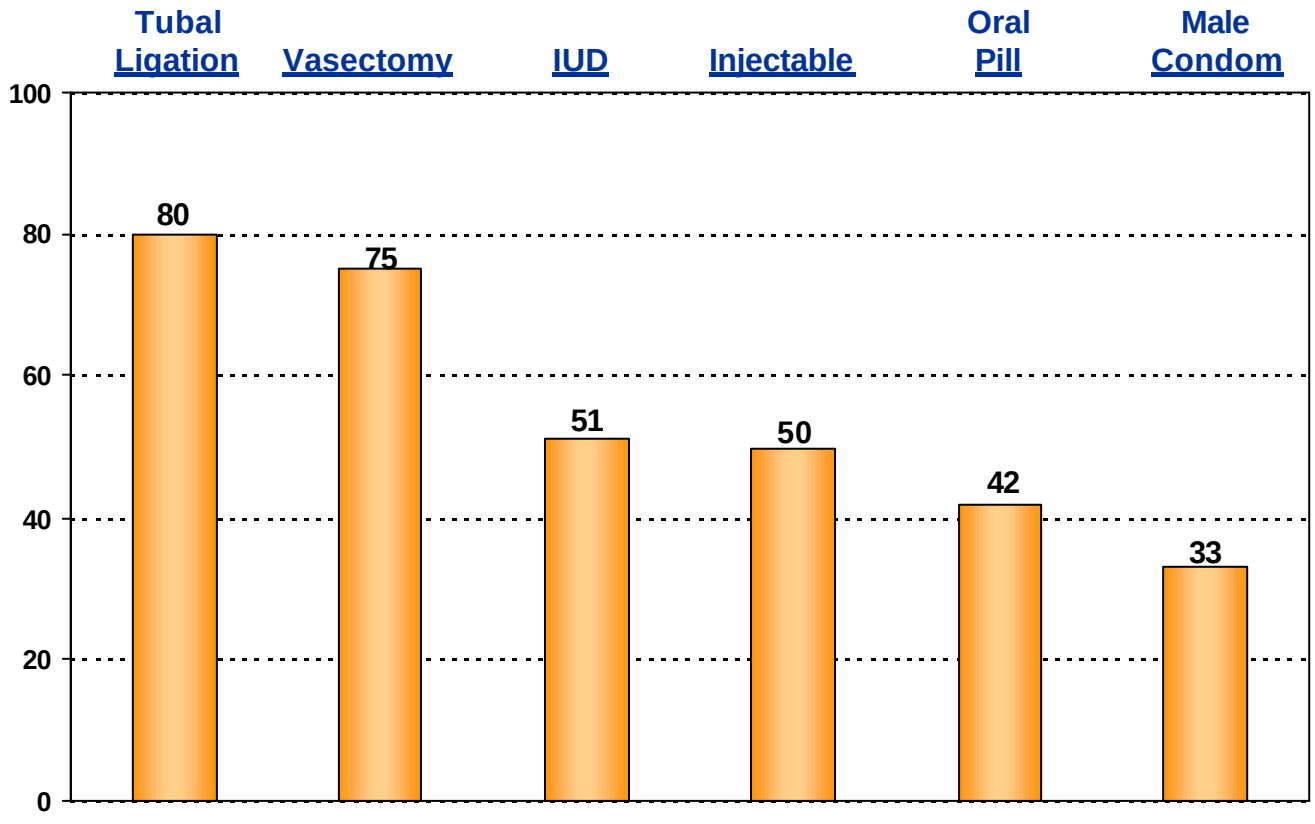

TABLE 32. WHETHER OR NOT REQUIRE SPOUSAL CONSENT BEFORE PROVIDE/RECOMMEND METHOD

	TOTAL HEALTH PROVIDERS	METRO MANILA PROVIDERS	METRO CEBU/DAVAO PROVIDERS	INDUSTRIAL ZONES PROVIDERS
A. TUBAL LIGATION				
BASE - TOTAL WHO PROVIDE/RECOMMEND FEMALE STERILIZATION/TUBAL LIGATION (WTD)	3038	2136	591	311
(UNWTD)	685	289	262	134
	%	%	%	%
REQUIRE SPOUSAL CONSENT	80	79	80	88
DO NOT REQUIRE SPOUSAL CONSENT	20	21	20	12
B. VASECTOMY				
BASE - TOTAL WHO PROVIDE/RECOMMEND MALE STERILIZATION/ VASECTOMY (WTD)	2479	1681	533	264
(UNWTD)	578	225	239	114
	%	%	%	%
REQUIRE SPOUSAL CONSENT	75	73	77	87
DO NOT REQUIRE SPOUSAL CONSENT	25	27	23	13
C. IUD				
BASE - TOTAL WHO PROVIDE/RECOMMEND IUD (WTD)	2990	2096	597	297
(UNWTD)	670	282	263	125
	%	%	%	%
REQUIRE SPOUSAL CONSENT	51	47	59	65
DO NOT REQUIRE SPOUSAL CONSENT	49	53	41	35

TABLE 32. WHETHER OR NOT REQUIRE SPOUSAL CONSENT BEFORE PROVIDE/RECOMMEND METHOD (CONT'D)

	TOTAL HEALTH PROVIDERS	METRO MANILA PROVIDERS	METRO CEBU/DAVAO PROVIDERS	INDUSTRIAL ZONES PROVIDERS
D. INJECTABLE/DMPA				
BASE - TOTAL WHO PROVIDE/RECOMMEND INJECTABLE/DMPA (WTD)	3027	2111	592	324
(UNWTD)	684	285	260	139
	%	%	%	%
REQUIRE SPOUSAL CONSENT	50	47	54	60
DO NOT REQUIRE SPOUSAL CONSENT	50	53	46	40
E. ORAL PILL				
BASE - TOTAL WHO PROVIDE/RECOMMEND ORAL PILL (WTD)	3145	2142	612	391
(UNWTD)	726	289	270	167
	%	%	%	%
REQUIRE SPOUSAL CONSENT	42	38	49	57
DO NOT REQUIRE SPOUSAL CONSENT	58	62	51	44
F. MALE CONDOM				
BASE - TOTAL WHO PROVIDE/RECOMMEND MALE CONDOM (WTD)	3005	2005	607	392
(UNWTD)	704	269	268	167
	%	%	%	%
REQUIRE SPOUSAL CONSENT	33	30	41	37
DO NOT REQUIRE SPOUSAL CONSENT	67	70	59	63

G. PRESCRIBING PRACTICES

32. In accordance with their belief (page 72), a large majority do not give spinal anesthesia before performing tubal ligation (84%).

33. Apparently, even if a majority of Health Providers believe that a pap smear is required before prescribing contraceptives (page 73), in practice, fewer admit they actually require this from their patients (60%).

34. Given a showcard containing a list of possible situations that Health Providers may provide family planning information to patients, majority of them say that they provide FP information to all their patients who are of reproductive age even if they do not ask for it (66%). More midwives and Health Providers in Metro Manila and Metro Cebu / Davao do this.

    A plurality say they provide FP information to all their patients who have more than 2 or 3 children even if they do not ask for it (40%).

G. PRESCRIBING PRACTICES

CHART 24. WHETHER OR NOT GIVE SPINAL ANESTHESIA BEFORE DOING TUBAL LIGATION

Base: total interviews

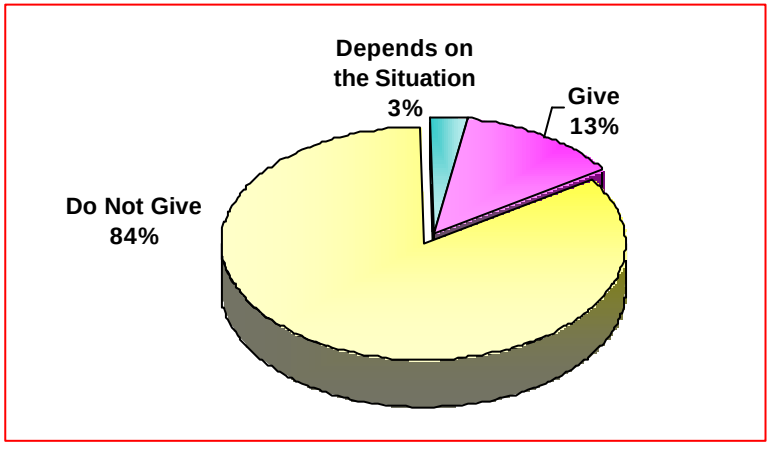

TABLE 33. WHETHER OR NOT GIVE SPINAL ANAESTHESIA BEFORE DOING A TUBAL LIGATION

	TOTAL FP PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAO PROVIDERS	INDUSCTIAL ZONES PROVIDERS	* RELIGION * CATHOLICS	NON-CATHOLICS
BASE - TOTAL RESPONDENTS (WTD)	3250	818	1152	1280	2221	621	408	2695	530
(UNWTD)	750	250	300	200	300	275	175	639	107
	%	%	%	%	%	%	%	%	%
YES	13	21	14	8	13	12	17	13	15
NO	84	79	82	89	85	84	78	84	83
DEPENDS UPON THE SITUATION	3	1	4	3	2	4	5	3	2
REFERRAL ONLY	*	-	*	1	*	*	-	*	*

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* - LESS THAN 0.5%

G. PRESCRIBING PRACTICES

CHART 25. WHETHER OR NOT RECOMMEND WOMEN TO UNDERGO PAP SMEAR FIRST BEFORE PRESCRIBING CONTRACEPTIVES

Base: total interviews

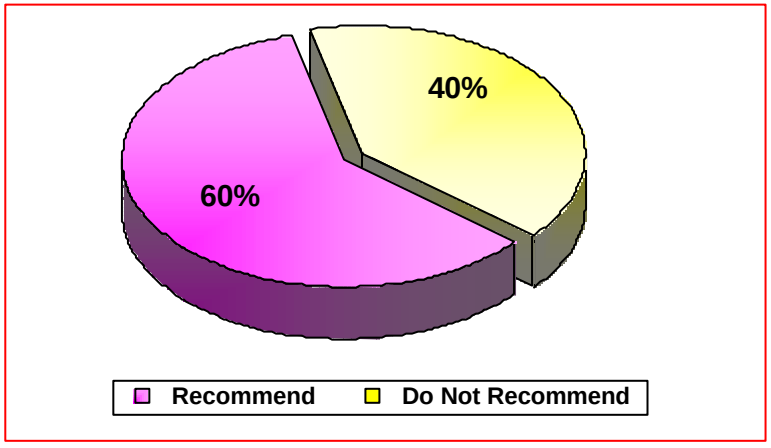


TABLE 34. WHETHER OR NOT RECOMMEND WOMEN TO UNDERGO PAP SMEAR FIRST BEFORE PRESCRIBING CONTRACEPTIVES

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAO PROVIDERS	INDUSTRIAL ZONES PROVIDERS	* RELIGION * CATHOLICS	NON-CATHOLICS
BASE - TOTAL INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408	2695	530
(UNWTD)	750	250	300	200	300	275	175	639	107
	%	%	%	%	%	%	%	%	%
RECOMMEND	60	71	60	53	56	64	78	62	51
DO NOT RECOMMEND	40	29	39	47	44	35	22	38	48

G. PRESCRIBING PRACTICES

TABLE 35. INSTANCES/SITUATIONS PROVIDE FAMILY PLANNING INFORMATION TO PATIENTS

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAO PROVIDERS	INDUSTRIAL ZONES PROVIDERS
BASE - TOTAL INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408
(UNWTD)	750	250	300	200	300	275	175
	%	%	%	%	%	%	%
I PROVIDE FAMILY PLANNING INFORMATION TO ALL MY PATIENTS WHO ARE OF REPRODUCTIVE AGE, EVEN IF THEY DO NOT ASK FOR IT	66	61	65	71	70	67	45
I PROVIDE FAMILY PLANNING INFORMATION TO ALL MY PATIENTS WHO HAVE MORE THAN 2 OR 3 CHILDREN, EVEN IF THEY DO NOT ASK FOR IT	40	40	42	38	47	28	26
I PROVIDE FAMILY PLANNING INFORMATION ONLY TO MARRIED PATIENTS, EVEN IF THEY DO NOT ASK FOR IT	16	12	18	16	16	14	16
I PROVIDE FAMILY PLANNING INFORMATION TO PATIENTS ONLY IF THEY ASK FOR IT	9	12	10	5	4	10	30

G. PRESCRIBING PRACTICES

35. Minimum / Maximum age Required before Prescribing Method

a) A majority of those who recommend the method believe that male condom (86-88%), vasectomy (79-80%), IUD (65-72%), tubal ligation (58%), and injectable (52-60%) do not have a prerequisite minimum or maximum age for users. As regards the oral pill, fewer Health Providers say that there is no maximum age (31%) for the method than those who say there is no minimum age for the oral pill (54%).

b) Among those who assert that there is a minimum age required,most would consider even 18-20 year-olds can adopt the male condom (97%), oral pill (93%), injectable (69%), and IUD (58%). Based on responses which is rather spread out, modal minimum age for ligation (33%) and vasectomy (32%) is 26-30 years old.

c) Based on responses, median maximum age set for oral pill and injectable are 36 and 39 years old, respectively, while for IUD, ligation and vasectomy, it is set at 40 years old.

36. Minimum Number of Patient's Children Required before Prescribing Method

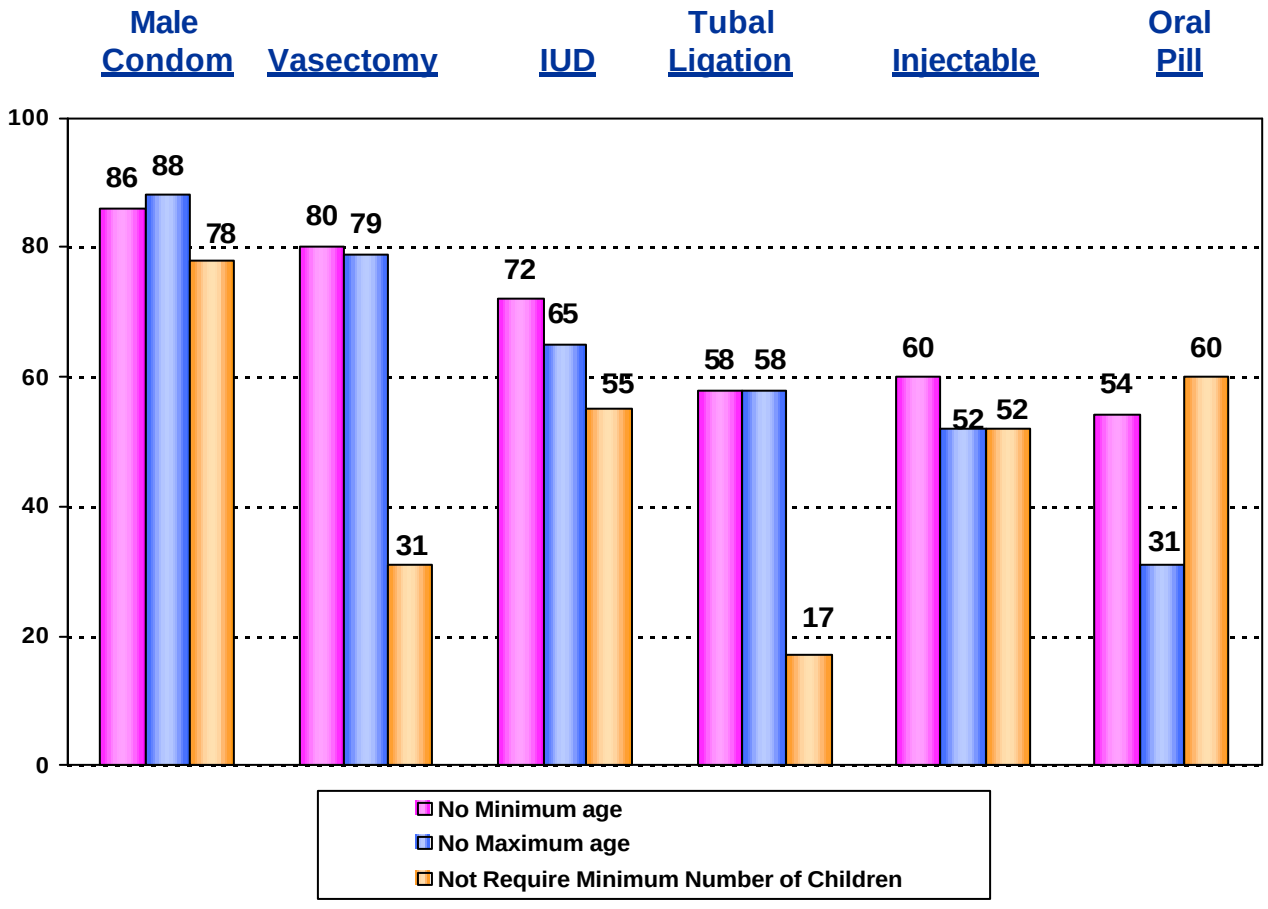
a) Permanent methods, tubal ligation (83%) and vasectomy (69%) are mainly the FP methods thought to require a minimum number of children. More providers in Metro Cebu / Davao say this.

b) Among those who say there is a minimum number of children for the methods, the more popular belief is that a minimum of 3 children is required before tubal ligation and vasectomy can be performed.

G. PRESCRIBING PRACTICES

CHART 26. HEALTH PROVIDERS WHO SAY THERE IS NO MINIMUM OR MAXIMUM AGE AND NO MINIMUM NUMBER OF PATIENTS' CHILDREN REQUIRED BEFORE PRESCRIBING METHOD

Base: total who recommend the method



G. PRESCRIBING PRACTICES

TABLE 36. WHETHER OR NOT THERE IS A MINIMUM AGE FOR METHOD

	TOTAL HEALTH PROVIDERS	METRO MANILA PROVIDERS	METRO CEBU/DAVAO PROVIDERS	INDUSTRIAL ZONES PROVIDERS
A. MALE CONDOM				
BASE - TOTAL WHO PROVIDE/RECOMMEND MALE CONDOM (WTD)	3005	2005	607	392
(UNWTD)	704	269	268	167
	%	%	%	%
THERE IS A MINIMUM AGE	14	16	9	11
THERE IS NO MINIMUM AGE	86	84	91	89
B. MALE STERILIZATION/VASECTOMY				
BASE - TOTAL WHO PROVIDE/RECOMMEND MALE STERILIZATION/VASECTOMY (WTD)	2479	1681	533	264
(UNWTD)	578	225	239	114
	%	%	%	%
THERE IS A MINIMUM AGE	20	21	16	20
THERE IS NO MINIMUM AGE	80	79	84	80
C. IUD				
BASE - TOTAL WHO PROVIDE/RECOMMEND IUD (WTD)	2990	2096	597	297
(UNWTD)	670	282	263	125
	%	%	%	%
THERE IS A MINIMUM AGE	28	26	32	32
THERE IS NO MINIMUM AGE	72	74	68	68

G. PRESCRIBING PRACTICES

TABLE 36. WHETHER OR NOT THERE IS A MINIMUM AGE FOR METHOD (CONT'D)

	TOTAL HEALTH PROVIDERS	METRO MANILA PROVIDERS	METRO CEBU/DAVAO PROVIDERS	INDUSTRIAL ZONES PROVIDERS
D. FEMALE STERILIZATION/TUBAL LIGATION				
BASE - TOTAL WHO PROVIDE/RECOMMEND FEMALE STERILIZATION/ TUBAL LIGATION (WTD)	3038	2136	591	311
(UNWTD)	685	289	262	134
	%	%	%	%
THERE IS A MINIMUM AGE	42	43	42	42
THERE IS NO MINIMUM AGE	58	58	58	58
E. INJECTABLE/DMPA				
BASE - TOTAL WHO PROVIDE/RECOMMEND INJECTABLE/DMPA (WTD)	3027	2111	592	324
(UNWTD)	684	285	260	139
	%	%	%	%
THERE IS A MINIMUM AGE	40	41	40	34
THERE IS NO MINIMUM AGE	60	59	60	66
F. ORAL PILL				
BASE - TOTAL WHO RECOMMEND ORAL PILL (WTD)	3145	2142	612	391
(UNWTD)	726	289	270	167
	%	%	%	%
THERE IS A MINIMUM AGE	46	47	47	37
THERE IS NO MINIMUM AGE	54	53	53	63

G. PRESCRIBING PRACTICES

TABLE 37. MINIMUM AGE FOR METHOD

	ORAL PILL	IUD	INJECTABLE/ DMPA	TUBAL LIGATION	VASECTOMY	MALE CONDOM
BASE - TOTAL WHO SAY THERE IS A MINIMUM AGE METHOD (WTD)	1433	837	1215	1284	499	409
(UNWTD)	324	200	269	291	114	85
	%	%	%	%	%	%
18-20	93	58	69	15	14	97
21-25	4	28	25	28	13	3
26-30	*	9	4	33	32	-
31-35	1	4	2	22	23	-
36-40	1	-	-	2	15	-
41 & ABOVE	1	1	1	1	4	-
MEDIAN AGE	18	20	20	28	30	18

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* - LESS THAN 0.5%

G. PRESCRIBING PRACTICES

TABLE 38. WHETHER OR NOT THERE IS A MAXIMUM AGE FOR METHOD

	TOTAL HEALTH PROVIDERS	METRO MANILA PROVIDERS	METRO CEBU/DAVAO PROVIDERS	INDUSTRIAL ZONES PROVIDERS
A. MALE CONDOM				
BASE - TOTAL WHO PROVIDE/RECOMMEND MALE CONDOM (WTD)	3005	2005	607	392
(UNWTD)	704	269	268	167
	%	%	%	%
THERE IS A MAXIMUM AGE	12	14	8	8
THERE IS NO MAXIMUM AGE	88	86	93	92
B. MALE STERILIZATION/VASECTOMY				
BASE - TOTAL WHO PROVIDE/RECOMMEND MALE STERILIZATION/ VASECTOMY (WTD)	2479	1681	533	264
(UNWTD)	578	225	239	114
	%	%	%	%
THERE IS A MAXIMUM AGE	22	23	17	23
THERE IS NO MAXIMUM AGE	79	77	83	77
C. IUD				
BASE - TOTAL WHO PROVIDE/RECOMMEND IUD (WTD)	2990	2096	597	297
(UNWTD)	670	282	263	125
	%	%	%	%
THERE IS A MAXIMUM AGE	35	33	40	38
THERE IS NO MAXIMUM AGE	65	67	60	62

G. PRESCRIBING PRACTICES

TABLE 38. WHETHER OR NOT THERE IS A MAXIMUM AGE FOR METHOD (CONT'D)

	TOTAL HEALTH PROVIDERS	METRO MANILA PROVIDERS	METRO CEBU/DAVAO PROVIDERS	INDUSTRIAL ZONES PROVIDERS
D. FEMALE STERILIZATION/TUBAL LIGATION				
BASE - TOTAL WHO PROVIDE/RECOM-MEND FEMALE STERILIZATION/ TUBAL LIGATION (WTD)	3038	2136	591	311
(UNWTD)	685	289	262	134
	%	%	%	%
THERE IS A MAXIMUM AGE	42	42	46	38
THERE IS NO MAXIMUM AGE	58	59	54	62
E. INJECTABLE/DMPA				
BASE - TOTAL WHO PROVIDE/RECOM-MEND INJECTABLE/DMPA (WTD)	3027	2111	592	324
(UNWTD)	684	285	260	139
	%	%	%	%
THERE IS A MAXIMUM AGE	48	49	47	38
THERE IS NO MAXIMUM AGE	52	51	53	62
F. ORAL PILL				
BASE - TOTAL WHO RECOMMEND ORAL PILL (WTD)	3145	2142	612	391
(UNWTD)	726	289	270	167
	%	%	%	%
THERE IS A MAXIMUM AGE	70	73	71	47
THERE IS NO MAXIMUM AGE	31	27	29	53

G. PRESCRIBING PRACTICES

TABLE 39. MAXIMUM AGE FOR METHOD

	ORAL PILL	IUD	INJECTABLE/ DMPA	TUBAL LIGATION	VASECTOMY	MALE CONDOM
BASE - TOTAL WHO SAY THERE IS A MAXIMUM AGE FOR METHOD (WTD)	2187	1036	1446	1279	532	348
(UNWTD)	481	246	321	298	124	70
	%	%	%	%	%	%
30 & BELOW	5	6	7	7	5	10
31-35	43	28	35	22	15	6
36-40	34	46	35	40	40	20
41-45	14	19	20	27	24	15
46-50	4	1	3	4	12	29
51 & ABOVE	*	1	1	-	5	20
MEDIAN AGE	36	40	39	40	40	45

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* - LESS THAN 0.5%

TABLE 40. WHETHER THERE IS A MINIMUM NUMBER OF PATIENT'S CHILDREN REQUIRED BEFORE PROVIDE / RECOMMEND METHOD

	TOTAL HEALTH PROVIDERS	METRO MANILA PROVIDERS	METRO CEBU/DAVAO PROVIDERS	INDUSTRIAL ZONES PROVIDERS
A. MALE CONDOM				
BASE - TOTAL WHO PROVIDE/RECOMMEND				
MALE CONDOM (WTD)	3005	2005	607	392
(UNWTD)	704	269	268	167
	%	%	%	%
HAVE A MINIMUM NUMBER OF CHILDREN	22	21	24	26
DON'T HAVE MINIMUM NUMBER OF CHILDREN	78	79	76	74
B. MALE STERILIZATION/VASECTOMY				
BASE - TOTAL WHO PROVIDE/RECOMMEND				
MALE STERILIZATION/VASECTOMY (WTD)	2479	1681	533	264
(UNWTD)	578	225	239	114
	%	%	%	%
HAVE A MINIMUM NUMBER OF CHILDREN	69	71	56	79
DON'T HAVE MINIMUM NUMBER OF CHILDREN	31	29	44	22
C. IUD				
BASE - TOTAL WHO PROVIDE/RECOMMEND				
IUD (WTD)	2990	2096	597	297
(UNWTD)	670	282	263	125
	%	%	%	%
HAVE A MINIMUM NUMBER OF CHILDREN	45	42	52	57
DON'T HAVE MINIMUM NUMBER OF CHILDREN	55	58	48	44

TABLE 40. WHETHER THERE IS A MINIMUM NUMBER OF PATIENT'S CHILDREN REQUIRED BEFORE PROVIDE / RECOMMEND METHOD (CONT'D)

	TOTAL HEALTH PROVIDERS	METRO MANILA PROVIDERS	METRO CEBU/DAVAO PROVIDERS	INDUSTRIAL ZONES PROVIDERS
D. FEMALE STERILIZATION/TUBAL LIGATION				
BASE - TOTAL WHO PROVIDE/RECOMMEND FEMALE STERILIZATION/TUBAL LIGATION (WTD)	3038	2136	591	311
(UNWTD)	685	289	262	134
	%	%	%	%
HAVE A MINIMUM NUMBER OF CHILDREN	83	87	68	86
DON'T HAVE MINIMUM NUMBER OF CHILDREN	17	13	32	14
E. INJECTABLE/DMPA				
BASE - TOTAL WHO PROVIDE/RECOMMEND INJECTABLE/DMPA (WTD)	3027	2111	592	324
(UNWTD)	684	285	260	139
	%	%	%	%
HAVE A MINIMUM NUMBER OF CHILDREN	48	47	49	49
DON'T HAVE MINIMUM NUMBER OF CHILDREN	52	53	51	51
F. ORAL PILL				
BASE - TOTAL WHO PROVIDE/RECOMMEND ORAL PILL (WTD)	3145	2142	612	391
(UNWTD)	726	289	270	167
	%	%	%	%
HAVE A MINIMUM NUMBER OF CHILDREN	40	38	40	51
DON'T HAVE MINIMUM NUMBER OF CHILDREN	60	62	60	49

G. PRESCRIBING PRACTICES

TABLE 41. MINIMUM NUMBER OF PATIENT'S CHILDREN REQUIRED BEFORE PROVIDE / RECOMMEND METHOD

	ORAL PILL	IUD	INJECTABLE/ DMPA	TUBAL LIGATION	VASECTOMY	MALE CONDOM
BASE - TOTAL WHO SAY THERE IS A MINIMUM NO. OF CHILDREN REQUIRED FOR METHOD (WTD)	1267	1351	1442	2534	1703	659
(UNWTD)	304	326	331	549	387	163
	%	%	%	%	%	%
1 - 2	67	49	58	8	7	61
3 - 4	31	48	41	80	74	37
5 & ABOVE	2	4	1	12	19	3
MEDIAN NUMBER OF CHILDREN	2	3	2	3	3	2

G. PRESCRIBING PRACTICES

37. What Done When FP Provider Can Not Answer Patient's Questions

a) Difficult situations are usually referred to a doctor. Nurses and midwives claim that they refer patients (47-62%) to or consult (22-24%) a physician/doctor when they can not answer patients' questions.

b) It is interesting to note that doctors would refer such cases to co-doctors who would be specialists or who would be more knowledgeable (54%).

TABLE 42. WHAT DONE WHEN CANNOT ANSWER PATIENT'S QUESTIONS

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAC PROVIDERS	INDUSTRIAL ZONES PROVIDERS
BASE - TOTAL INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408
(UNWTD)	750	250	300	200	300	275	175
	%	%	%	%	%	%	%
REFER PATIENT TO OTHER MEDICAL PRACTITIONER - UNDUPLICATED	64	54	72	62	54	87	78
REFER TO PHYSICIAN/DOCTOR	43	10	62	47	37	58	53
REFER TO SPECIALIST	8	20	2	6	8	7	12
REFER TO FAMILY PLANNING SUPERVISOR	5	5	5	5	5	6	1
REFER TO SOMEONE WHO KNOWS MORE ABOUT THE TOPIC	4	7	3	3	3	4	3
REFER TO MUNICIPAL HEALTH OFFICER	3	3	2	4	2	9	1
REFER TO OB-GYNE	3	5	3	1	1	4	10
REFER TO REPRODUCTIVE HEALTH/ FAMILY PLANNING DEPARTMENT	2	1	1	3	2	2	-
EDUCATE ONE'S SELF - UNDUPLICATED	30	24	32	32	31	23	35
CONSULT DOCTORS	18	4	22	24	23	5	11
RESEARCH	6	12	5	4	3	11	15
READ BOOKS	5	7	5	4	5	5	9
READ LEAFLETS/PAMPHLETS	2	0	1	5	3	1	-
READ JOURNALS	2	3	0	2	2	1	1
GIVE NO RESPONSE - UNDUPLICATED	4	11	1	1	4	3	2
WILL ASK PATIENT TO COME BACK	4	11	1	1	4	3	2
OTHERS - UNDUPLICATED	4	11	0	2	5	0	0
CAN ANSWER ALL QUESTION ASK	4	11	-	2	5	-	0
CAN'T SAY/NONE	11	18	6	11	14	1	7

NOTE: THOSE MENTIONED BY 1% OR LESS ARE NOT SHOWN.

H. AWARENESS & USAGE OF FP-RELATED LITERATURE

38. Most Health Providers are not aware of FP-related literature (83-97%). Health Providers are generally not aware of the following: DARE (97%), National Guidelines Clearing House (93%), Cochrane Data Base of Systemic Reviews (91%), PubMed (91%) and MedLine (83%).

39. Only 1 in 2 of the few who are aware use any of the above-mentioned literature (44-57%) and DARE is used by even fewer (31%). Frequency of usage of MedLine, PubMed, Cochrane Database of Systemic Reviews and National Guideline Clearing House is either once a week (19-30%) or once a month (12-33%).

40. Awareness of Evidence-Based Medicine or EBM is relatively higher though only a minority are aware of it (19%). Most doctors compared to nurses and midwives, however, are aware of EBM (64%).

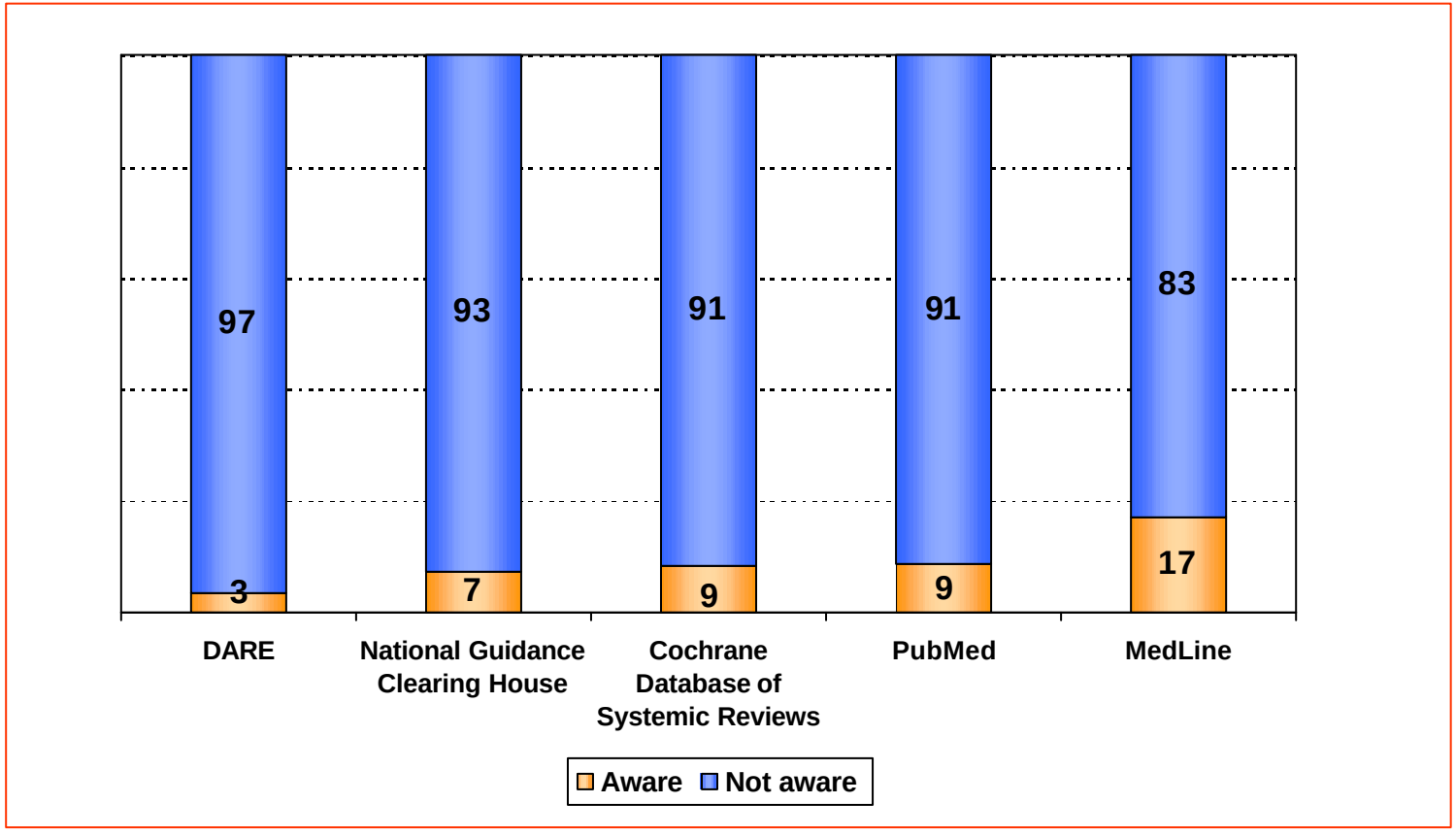
    The few Health Providers who are aware, learned from seminars/training/lectures/workshops (59%), medical journals/magazines (25%) and friends and colleagues (23%).

41. Awareness of WHO Medical Eligibility Criteria for Starting FP methods is lean among Health Providers. Even after showing the book cover, only 13% claim to be aware of the publication with doctors (15%) and midwives (16%) leading in awareness.

    The few who are aware consider the five pre-listed statements on WHO Medical Eligibility Criteria shown in Chart 30 as true (51-93%).

H. AWARENESS & USAGE OF FP-RELATED LITERATURE

CHART 27. AWARENESS OF FP-RELATED LITERATURE
Base - total interviews



H. AWARENESS & USAGE OF FP-RELATED LITERATURE

TABLE 43. AWARENESS OF FP-RELATED LITERATURE

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAC PROVIDERS	INDUSTRIAL ZONES PROVIDERS	* AGE GROUP * 20-39	40 & OVER	* CIVIL STATUS * MARRIED	SINGLE
BASE - TOTAL											
INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408	1857	1378	2406	725
(UNWTD)	750	250	300	200	300	275	175	445	303	542	184
	%	%	%	%	%	%	%	%	%	%	%
AWARE OF :											
MEDLINE	17	50	8	5	17	13	24	20	13	14	30
COCHRANE DATABASE OF SYSTEMATIC REVIEWS	9	27	2	3	8	9	10	11	5	7	15
PUBMED	9	26	4	2	8	9	14	11	6	7	14
NATIONAL GUIDELINES CLEARINGHOUSE	7	14	2	7	7	8	7	6	8	6	11
DARE	3	8	3	1	3	5	5	3	5	3	5

H. AWARENESS & USAGE OF FP-RELATED LITERATURE

TABLE 44. USAGE OF FP-RELATED LITERATURE

	MEDLINE	PUBMED	COCHRANE DATABASE OF SYSTEMATIC REVIEWS	NATIONAL GUIDELINE CLEARING HOUSE	DARE
BASE - TOTAL AWARE OF FP-RELATED LITERATURE (WTD)	560	282	278	234	111
(UNWTD)	156	88	83	58	37
	%	%	%	%	%
USE	57	53	44	52	31
DO NOT USE	43	48	56	48	69

H. AWARENESS & USAGE OF FP-RELATED LITERATURE

TABLE 45. HOW OFTEN USE FP-RELATED LITERATURE

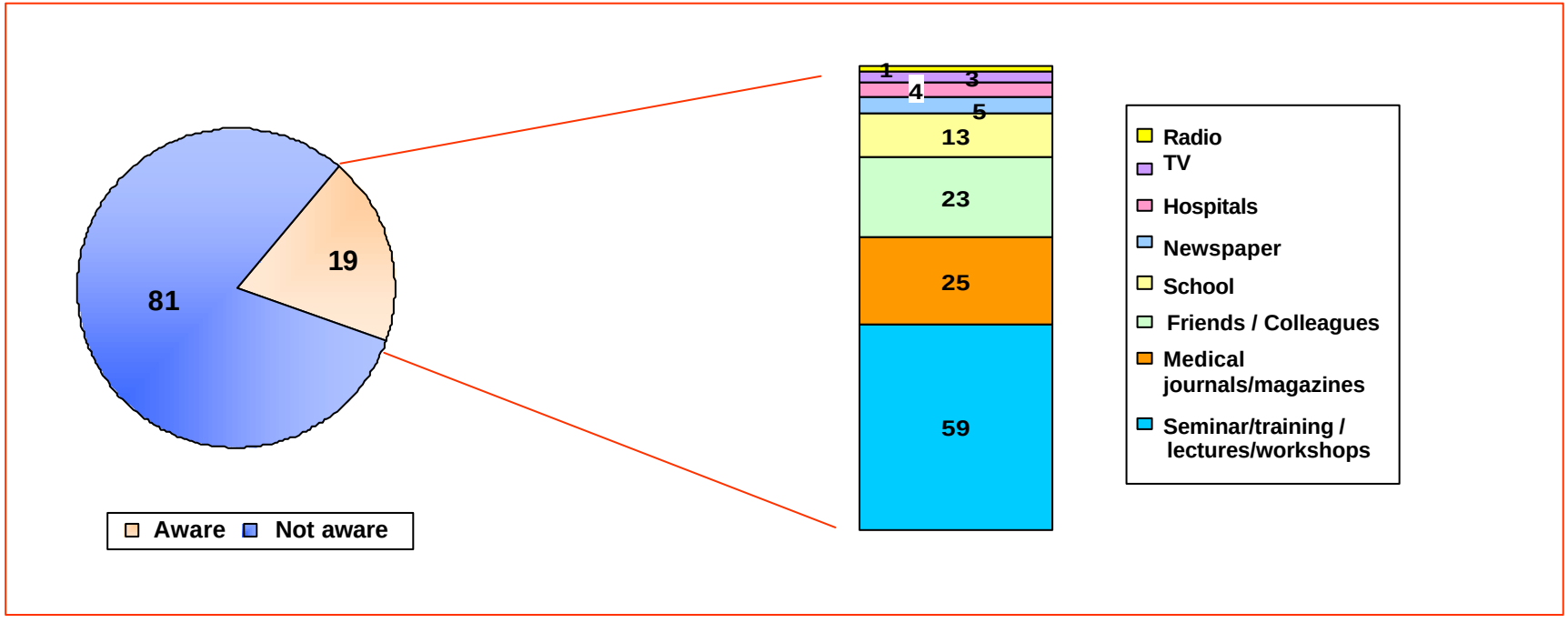
	MEDLINE	PUBMED	COCHRANE DATABASE OF SYSTEMATIC REVIEWS	NATIONAL GUIDELINE CLEARING HOUSE	DARE
BASE - TOTAL WHO USE FP-RELATED					#
LITERATURE (WTD)	321	148	122	122	34
(UNWTD)	90	47	34	28	11
	%	%	%	%	%
MORE OFTEN THAN ONCE WEEK	11	16	3	29	5
ONCE A WEEK	19	20	20	30	21
ONCE A MONTH	30	33	32	12	14
ONCE IN 2-3 MONTHS	14	12	16	6	5
ONCE IN 4-6 MONTHS	7	6	1	2	5
ONCE IN 7-12 MONTHS	4	6	4	4	10
LESS OFTEN THAN ONCE A YEAR	14	8	24	17	-
CAN'T ESTIMATE	1	-	-	-	40
AVERAGE (MONTHLY)	2.0	2.4	1.4	3.7	2.4

- SMALL BASE

H. AWARENESS & USAGE OF FP-RELATED LITERATURE

CHART 28. AWARENESS AND SOURCES OF AWARENESS OF EBM

Base - total interviews



H. AWARENESS & USAGE OF FP-RELATED LITERATURE

TABLE 46. AWARENESS OF EVIDENCE-BASED MEDICINE/EBM

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAO PROVIDERS	INDUSTRIAL ZONES PROVIDERS	* GENDER * MALE	FEMALE	** CIVIL STATUS * MARRIED	SINGLE
BASE - TOTAL											
INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408	336	2914	2406	725
(UNWTD)	750	250	300	200	300	275	175	93	657	542	184
	%	%	%	%	%	%	%	%	%	%	%
AWARE	19	64	4	5	19	19	22	39	17	16	28
NOT AWARE	81	36	97	96	81	81	79	61	83	84	72

H. AWARENESS & USAGE OF FP-RELATED LITERATURE

TABLE 47. SOURCE OF AWARENESS OF EVIDENCE-BASED MEDICINE/EBM

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAC PROVIDERS	INDUSTRIAL ZONES PROVIDERS	* GENDER * MALE	FEMALE	* AGE GROUP * 20-39	40 & OVER
BASE - TOTAL AWARE OF EVIDENCE-			#								
BASED MEDICINE/EBM (WTD)	622	524	41	57	414	120	88	131	491	339	284
(UNWTD)	185	167	8	10	70	63	52	40	145	104	81
	%	%	%	%	%	%	%	%	%	%	%
SEMINAR/TRAINING/LECTURES/ WORKSHOPS	59	64	21	39	59	58	61	76	55	54	65
MEDICAL JOURNALS/MAGAZINES	25	25	28	22	31	16	11	28	25	31	18
FRIENDS/COLLEAGUES	23	21	38	27	18	37	25	24	22	26	18
SCHOOL	13	15	-	-	11	15	17	7	14	16	8
NEWSPAPER	5	6	-	-	5	3	4	11	3	3	6
HOSPITALS	4	5	-	-	4	6	2	3	5	7	1
TV	3	2	-	17	4	3	2	6	3	2	5
DOCTOR	2	-	34	-	3	-	-	-	3	2	2
RADIO	1	1	-	-	1	2	-	6	-	-	3

- SMALL BASE

H. AWARENESS & USAGE OF FP-RELATED LITERATURE

CHART 29. AWARENESS OF WHO MEDICAL ELIGIBILITY CRITERIA FOR STARTING CONTRACEPTIVE METHODS

Base: total interviews

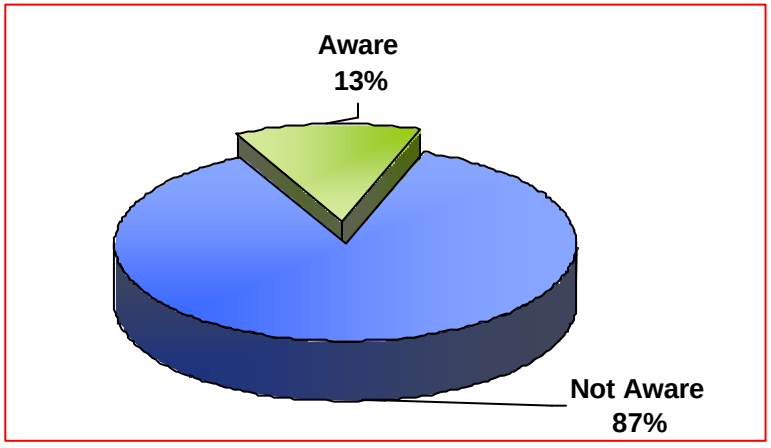


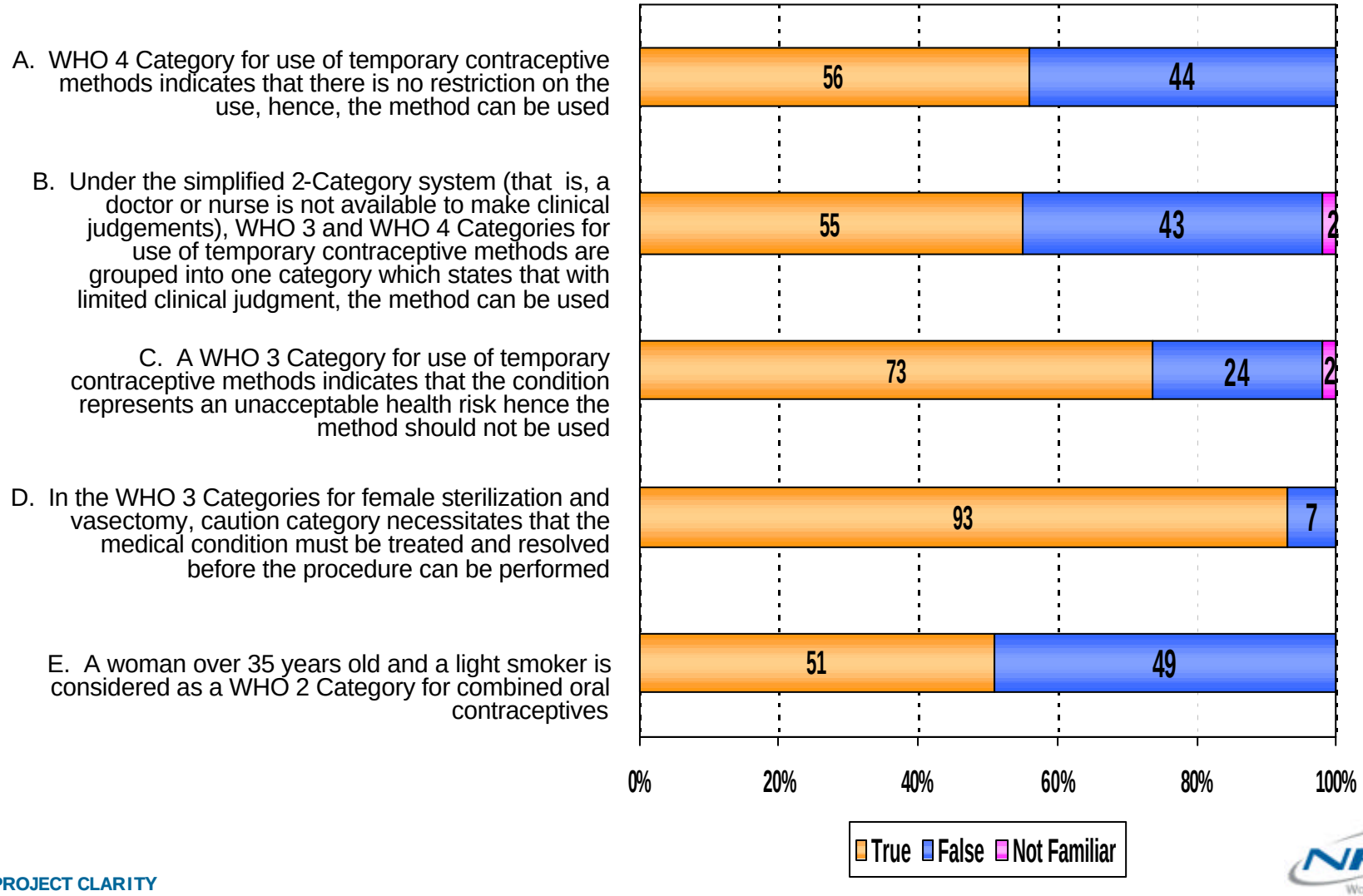
TABLE 48. AWARENESS OF WHO MEDICAL ELIGIBILITY CRITERIA FOR STARTING CONTRACEPTIVE METHODS

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAC PROVIDERS	INDUSTRIAL ZONES PROVIDERS	* AGE GROUP * 20-39	40 & OVER
BASE - TOTAL									
INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408	1857	1378
(UNWTD)	750	250	300	200	300	275	175	445	303
	%	%	%	%	%	%	%	%	%
AWARE	13	15	7	16	15	9	4	10	15
NOT AWARE	87	85	93	84	85	91	96	90	85

H. AWARENESS & USAGE OF FP-RELATED LITERATURE

CHART 30. WHETHER STATEMENTS IN WHO MEDICAL ELIGIBILITY CRITERIA FOR STARTING CONTRACEPTIVE METHODS ARE TRUE OR FALSE

Base: total who are aware of WHO Medical Eligibility Criteria for Starting Contraceptive Methods



H. AWARENESS & USAGE OF FP-RELATED LITERATURE

42. Shown a facsimile of the Green Book, as locally referred to, otherwise The National Family Planning Service Guidelines, half of Health Providers acknowledge having heard or read it (53%). More midwives, Health Providers in Metro Manila and non-Catholics are aware of the Green Book.

43. Most of those aware of the Green Book or The National Family Planning Service Guidelines claim to follow its policies (76%) particularly Health Providers in Metro Manila and Metro Cebu / Davao and those 40 years old and older.

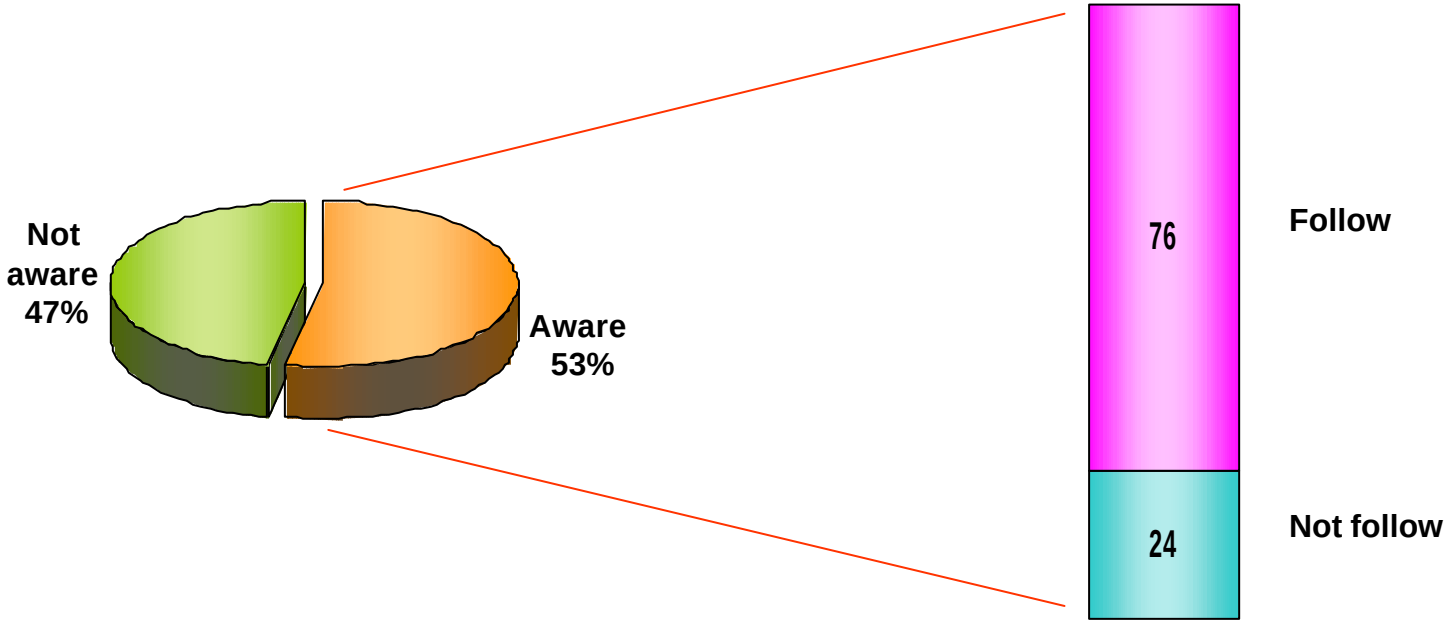
    Although most users of the Green Book or The National Family Planning Service Guidelines say that Chapters 2 (Counseling in Family Planning) and 4 (Methods of Family Planning) are very relevant (82-85%), relatively less users find it very easy to understand (69-70%) and significantly much less find these very easy to implement (43-48%).

44. The main reason given for non-usage of the Green Book is non-availability of a copy (75%).

H. AWARENESS & USAGE OF FP-RELATED LITERATURE

CHART 31. AWARENESS OF NATIONAL FAMILY PLANNING SERVICE GUIDELINES / "GREEN BOOK"

Base: total interviews



H. AWARENESS & USAGE OF FP-RELATED LITERATURE

TABLE 49. AWARENESS OF NATIONAL FAMILY PLANNING SERVICE GUIDELINES / "GREEN BOOK"

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAO PROVIDERS	INDUSTRIAL ZONES PROVIDERS	* RELIGION * CATHOLICS	NON-CATHOLICS
BASE - TOTAL									
INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408	2695	530
(UNWTD)	750	250	300	200	300	275	175	639	107
	%	%	%	%	%	%	%	%	%
AWARE	53	49	49	58	61	40	24	50	63
NOT AWARE	47	51	51	42	39	60	76	50	37

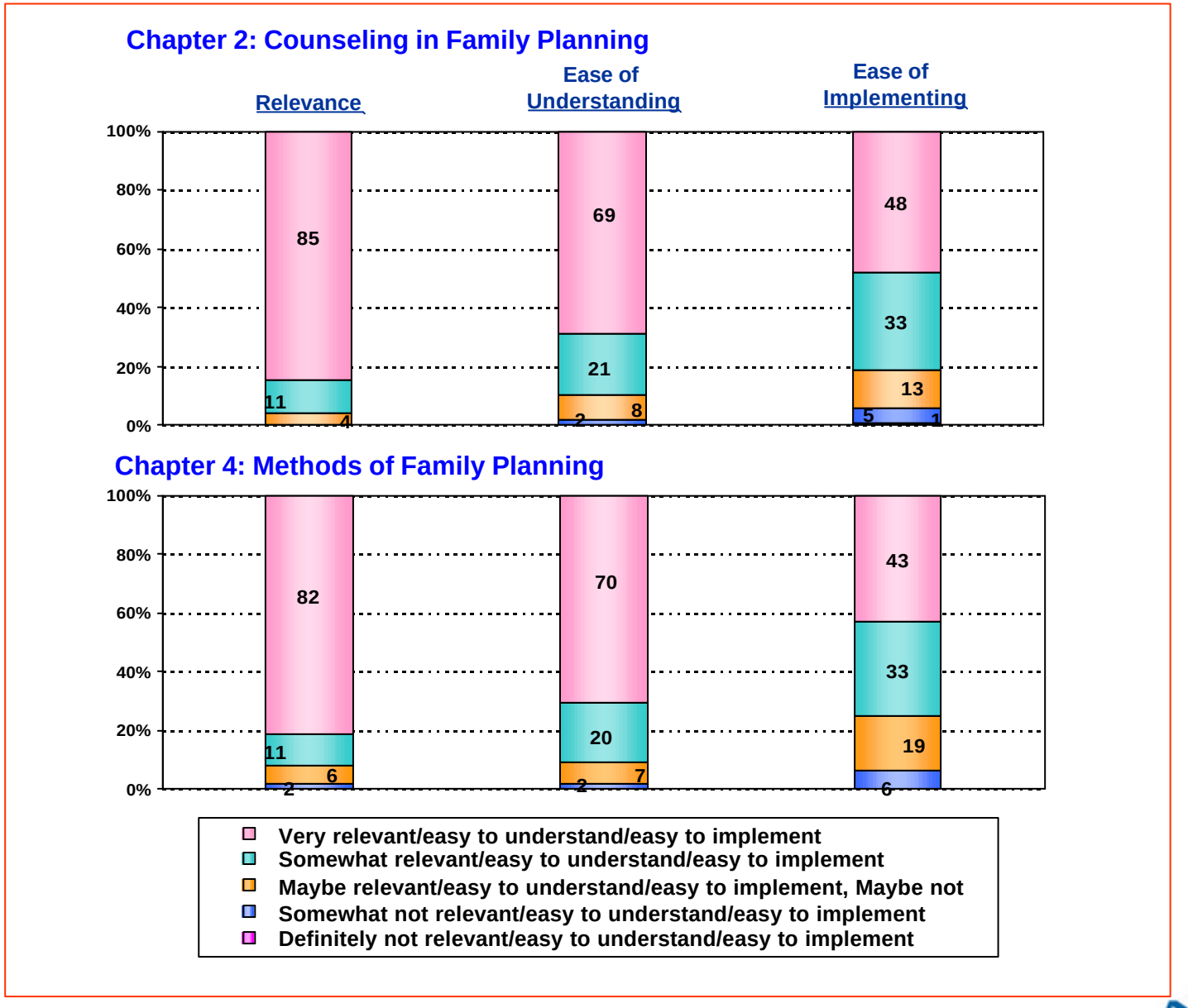
H. AWARENESS & USAGE OF FP-RELATED LITERATURE

TABLE 50. WHETHER OR NOT FOLLOW/USE THE NATIONAL FAMILY PLANNING SERVICE GUIDELINES/"GREEN BOOK"

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAC PROVIDERS	INDUSTRIAL ZONES PROVIDERS	* AGE GROUP * 20-39	40 & OVER
BASE - TOTAL AWARE OF NATIONAL FAMILY PLANNING SERVICE GUIDELINES/ "GREEN BOOK" (WTD)	1709	401	567	741	1362	249	99	945	755
(UNWTD)	331	102	122	107	183	107	41	187	143
	%	%	%	%	%	%	%	%	%
FOLLOW	76	74	71	80	78	78	42	70	82
NOT FOLLOW	24	26	29	20	23	22	58	30	18

CHART 32. RELEVANCE / EASE OF UNDERSTANDING / EASE OF IMPLEMENTING GREEN BOOK'S CHAPTER 2 & 4

Base: total who follow/use Green Book



	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAC PROVIDERS	INDUSTRIAL ZONES PROVIDERS	* RELIGION * CATHOLICS	NON-CATHOLICS
BASE - TOTAL WHO FOLLOW/USE THE NATIONAL FAMILY PLANNING SERVICE GUIDELINES/ "GREEN BOOK" (WTD)	1291	297	400	593	1055	194	# 42	1046	227
(UNWTD)	239	69	81	89	142	79	18	195	41
	%	%	%	%	%	%	%	%	%
TABLE 51. RELEVANCE OF NATIONAL FAMILY PLANNING SERVICE GUIDELINES' / GREEN BOOK'S CHAPTER 2									
VERY RELEVANT/CURRENT	85	95	85	79	85	84	78	86	80
SOMEWHAT RELEVANT/CURRENT	11	6	15	12	10	15	22	11	16
MAYBE RELEVANT/CURRENT, MAYBE NOT	4	-	-	9	5	2	-	4	4
SOMEWHAT NOT RELEVANT/CURRENT	-	-	-	-	-	-	-	-	-
DEFINITELY NOT RELEVANT/CURRENT	-	-	-	-	-	-	-	-	-
INDEX	4.8	4.9	4.9	4.7	4.8	4.8	4.8	4.8	4.8
TABLE 52. HOW EASY TO UNDERSTAND NATIONAL FAMILY PLANNING SERVICE GUIDELINES' / GREEN BOOK'S CHAPTER 2									
VERY EASY TO UNDERSTAND	69	78	65	67	69	65	72	69	67
SOMEWHAT EASY TO UNDERSTAND	21	15	23	23	20	27	22	21	19
MAYBE EASY TO UNDERSTAND, MAYBE NOT	8	8	8	9	8	8	7	7	14
SOMEWHAT NOT EASY TO UNDERSTAND	2	-	5	2	3	-	-	3	-
DEFINITELY NOT EASY TO UNDERSTAND	-	-	-	-	-	-	-	-	-
INDEX	4.6	4.7	4.5	4.5	4.5	4.6	4.6	4.6	4.5
TABLE 53. HOW EASY TO UNDERSTAND NATIONAL FAMILY PLANNING SERVICE GUIDELINES' / GREEN BOOK'S CHAPTER 2									
VERY EASY TO IMPLEMENT	48	40	49	51	49	50	18	46	57
SOMEWHAT EASY TO IMPLEMENT	33	32	32	35	33	36	32	35	24
MAYBE EASY TO IMPLEMENT, MAYBE NOT	13	23	12	9	14	4	46	13	15
SOMEWHAT NOT EASY TO IMPLEMENT	5	3	7	4	4	7	4	5	3
DEFINITELY NOT EASY TO IMPLEMENT	1	2	*	1	1	3	-	1	1
INDEX	4.2	4.1	4.2	4.3	4.2	4.2	3.6	4.2	4.3

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* - LESS THAN 0.5%

\# - SMALL BASE

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAC PROVIDERS	INDUSTRIAL ZONES PROVIDERS	* RELIGION * CATHOLICS	NON-CATHOLICS
BASE - TOTAL WHO FOLLOW/USE THE NATIONAL FAMILY PLANNING SERVICE GUIDELINES/ "GREEN BOOK" (WTD)	1291	297	400	593	1055	194	# 42	1046	227
(UNWTD)	239	69	81	89	142	79	18	195	41
	%	%	%	%	%	%	%	%	%
TABLE 54. RELEVANCE OF NATIONAL FAMILY PLANNING SERVICE GUIDELINES' / GREEN BOOK'S CHAPTER 4									
VERY RELEVANT/CURRENT	82	87	87	76	84	72	80	84	74
SOMEWHAT RELEVANT/CURRENT	11	9	10	12	8	22	20	11	10
MAYBE RELEVANT/CURRENT, MAYBE NOT	6	2	3	9	6	6	-	4	10
SOMEWHAT NOT RELEVANT/CURRENT	2	2	-	3	2	-	-	1	7
INDEX	4.7	4.8	4.8	4.6	4.7	4.7	4.8	4.8	4.5
TABLE 55. HOW EASY TO UNDERSTAND NATIONAL FAMILY PLANNING SERVICE GUIDELINES' / GREEN BOOK'S CHAPTER 4									
VERY EASY TO UNDERSTAND	70	83	78	59	70	72	81	73	57
SOMEWHAT EASY TO UNDERSTAND	20	14	11	30	20	26	12	18	31
MAYBE EASY TO UNDERSTAND, MAYBE NOT	7	4	8	8	8	-	7	7	7
SOMEWHAT NOT EASY TO UNDERSTAND	2	-	3	2	2	2	-	2	4
DEFINITELY NOT EASY TO UNDERSTAND	*	-	*	-	-	1	-	-	1
INDEX	4.6	4.8	4.6	4.5	4.6	4.7	4.7	4.6	4.4
TABLE 56. HOW EASY TO IMPLEMENT NATIONAL FAMILY PLANNING SERVICE GUIDELINES' / GREEN BOOK'S CHAPTER 4									
VERY EASY TO IMPLEMENT	43	34	42	47	40	60	31	45	27
SOMEWHAT EASY TO IMPLEMENT	33	37	30	33	35	22	40	30	46
MAYBE EASY TO IMPLEMENT, MAYBE NOT	19	26	16	17	20	11	28	18	27
SOMEWHAT NOT EASY TO IMPLEMENT	6	4	11	3	6	5	-	7	-
DEFINITELY NOT EASY TO IMPLEMENT	*	-	*	1	-	3	-	*	1
INDEX	4.1	4.0	4.0	4.2	4.1	4.3	4.0	4.1	4.0

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* - LESS THAN 0.5%

\# - SMALL BASE

H. AWARENESS & USAGE OF FP-RELATED LITERATURE

TABLE 57. REASONS WHY NOT FOLLOW/USE THE NATIONAL FAMILY PLANNING SERVICE GUIDELINES/"GREEN BOOK"

BASE - TOTAL WHO DO NOT FOLLOW/USE THE NATIONAL FAMILY PLANNING SERVICE GUIDELINES/"GREEN BOOK" (WTD)	419
(UNWTD)	92
	%
AVAILABILITY OF GREEN BOOK - NET	75
I HAVE NO COPY	75
AVAILABILITY OF ALTERNATIVE REFERENCES - NET	12
FOLLOW LEAFLETS ON FAMILY PLANNING	8
FOLLOW A NEW GUIDE CALLED ENGENDER HEALTH	2
PERSONAL REASONS - NET	6
DISAGREE WITH GUIDELINES	2
USED TO THE OLD METHOD	2
USEFULNESS OF THE GREEN BOOK - NET	5
TAKES TOO MUCH TIME TO READ	4
CONTENTS OF THE GREEN BOOK - NET	2
IT'S OLD ALREADY	2
AWARENESS OF GREEN BOOK - NET	2
JUST HEARD ONLY	2

FIGURES 1% AND BELOW ARE NOT INCLUDED

H. AWARENESS & USAGE OF FP-RELATED LITERATURE

45. Majority claim to follow other guidelines in providing FP services (62%) particularly Health Providers in Metro Cebu / Davao and Industrial Zones. Doctors in Metro Manila tend not to follow other FP guidelines in providing services.

Those who claim to follow guidelines mainly use reference materials, e.g. leaflets, flyers, pamphlets, handouts (59%), which are mostly given by DOH.

H. AWARENESS & USAGE OF FP-RELATED LITERATURE

CHART 33. WHETHER FOLLOW/USE OTHER GUIDELINES ON PROVIDING FP SERVICES OR NOT

Base: total interviews

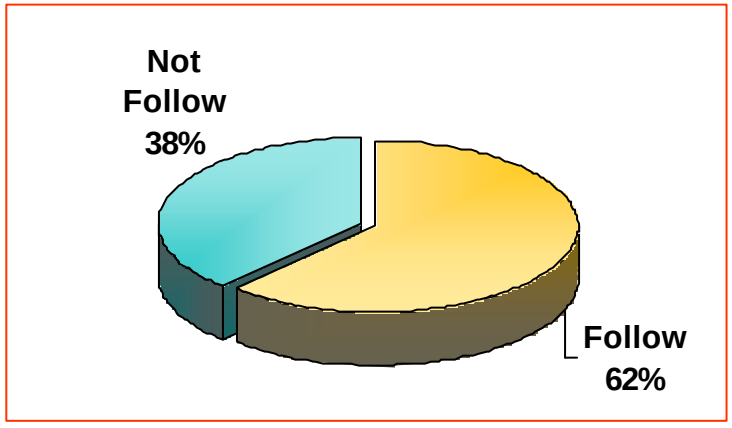

TABLE 58. WHETHER FOLLOW/USE OTHER GUIDELINES ON PROVIDING FAMILY PLANNING SERVICES OR NOT

	TOTAL HEALTH PROVIDERS	METRO MANILA TOTAL PROVIDERS	METRO MANILA DOCTORS	METRO MANILA NURSES	METRO MANILA MID-WIVES	METRO CEBU/DAVAO TOTAL PROVIDERS	METRO CEBU/DAVAO DOCTORS	METRO CEBU/DAVAO NURSES	METRO CEBU/DAVAO MID-WIVES	INDUSTRIAL ZONES TOTAL PROVIDERS	INDUSTRIAL ZONES DOCTORS	INDUSTRIAL ZONES NURSES
BASE - TOTAL												
INTERVIEWS (WTD)	3250	2221	559	689	973	621	134	180	307	408	125	283
(UNWTD)	750	300	100	100	100	275	75	100	100	175	75	100
	%	%	%	%	%	%	%	%	%	%	%	%
FOLLOW	62	51	36	59	54	88	95	85	86	82	91	78
NOT FOLLOW	38	49	64	41	46	12	5	15	14	18	9	22

TABLE 59. GUIDELINES USED IN PROVIDING FAMILY PLANNING SERVICE FOLLOWED/USED

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAC PROVIDERS	INDUSTRIAL ZONES PROVIDERS
BASE - TOTAL WHO FOLLOW/USE ANY GUIDELINES ON PROVIDING FAMILY PLANNING SERVICES (WTD)	2011	441	780	789	1133	544	334
(UNWTD)	537	175	222	140	149	242	146
	%	%	%	%	%	%	%
REFERENCE MATERIALS - NET	59	43	60	66	67	48	52
LEAFLETS/PAMPHLETS/FLYERS/ HANDOUTS - NET	45	34	48	50	53	31	45
LEAFLETS/PAMPHLETS FROM DOH	17	13	17	18	21	10	14
LEAFLETS, PAMPHLETS, FLYERS, BROCHURES	12	12	14	11	12	9	17
"FAMILY HEALTH PROVIDE" - DOH	5	3	5	6	7	4	1
FAMILY PLANNING TUNGO SA KALUSUGAN BY DOH	4	3	5	3	6	2	-
LEAFLETS MADE BY (HEALTH OFFICE) AND DOH	3	*	2	5	4	2	1
PAMPHLETS ABOUT IUD, CONDOM - DOH	2	1	2	1	1	-	5
VISUAL AIDS - NET	12	6	11	16	12	16	5
FLIP CHART BY DOH	10	6	10	12	11	12	3
WALL CHARTS/POSTERS - NET	5	2	4	8	5	5	4
POSTER SCIENTIFIC NATURAL FAMILY PLANNING METHODS - DOH	2	-	*	4	3	1	-
GUIDELINES - NET	19	13	17	25	22	19	10
A GUIDELINE TO PHILIPPINE FAMILY PLANNING PROGRAM METHOD	5	6	5	5	6	5	2
NATURAL FAMILY PLANNING METHOD BY DOH	4	1	3	8	5	4	4
DOH GUIDELINES	3	2	5	2	3	2	2
GATHER APPROACH - AVSC INT'L	2	*	3	3	2	4	-
FAMILY PLANNING GUIDELINE	2	-	*	4	2	2	-

NOTE: THOSE MENTIONED BY LESS THAN 2% ARE NOT SHOWN.

* - LESS THAN 0.5%

TABLE 59. GUIDELINES USED IN PROVIDING FAMILY PLANNING SERVICE FOLLOWED/USED (CONT'D)

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAC PROVIDERS	INDUSTRIAL ZONES PROVIDERS
BASE - TOTAL WHO FOLLOW/USE ANY GUIDELINES ON PROVIDING FAMILY PLANNING SERVICES (WTD)	2011	441	780	789	1133	544	334
(UNWTD)	537	175	222	140	149	242	146
	%	%	%	%	%	%	%
MANUALS - NET	13	11	14	13	9	23	9
BASIC COMPREHENSIVE FAMILY PLANNING MANUAL - DOH	5	4	5	4	4	8	2
FAMILY PLANNING CLINICAL STANDARD MANUAL BY DOH	3	5	2	3	3	6	1
LEARNINGS FROM TRAINING COURSES ATTENDED - NET	9	19	8	5	2	17	20
SHORT-TERM TRAINING COURSES - NET	5	10	5	4	2	11	10
SEMINAR FROM DOH	3	5	2	2	2	6	-
KNOWLEDGE ON MY SEMINAR/LECTURES/ CONNECTION	2	4	2	-	-	3	6
UNDERGRADUATE TRAINING - NET	3	8	2	1	-	6	8
STOCK KNOWLEDGE FROM PREVIOUS SCHOOL DAYS/KNOWLEDGE DURING SCHOOL DAYS/KNOWLEDGE DURING SCHOOL DAYS	3	8	2	1	-	6	8
OTHERS - NET	2	1	4	*	3	1	1
OTHERS (UNSPECIFED) - NET	2	1	4	*	3	1	-
FROM DOH - FHIS - ALL PROGRAMS (CAN'T RECALL AUTHOR)	2	1	4	*	3	1	-
NOT APPLICABLE RESPONSE	2	*	2	2	1	4	1

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* - LESS THAN 0.5%

NOTE: THOSE MENTIONED BY LESS THAN 2% ARE NOT SHOWN.

I. TRAINING RECEIVED

46. Family Planning Post-Licensure Training/Course Attended

a) Majority claim to have attended a post-licensure training / course on family planning (65%). Highest attendance is registered by midwives (73%) and those who are 40 years and older (84%); lowest attendance is among Health Providers in Industrial Zones (36%).

b) Among those who have participated in a post-licensure training on family planning, Health Providers recall two major training courses which they have attended:

- Basic Comprehensive FP Training Course (44%) and
- Basic FP Training Course on All Methods Except IUD Insertion, Tubal Ligation and Vasectomy (27%).

Not too many mention having attended FP Counseling Skills Training on Gather Approach (19%) and General Family Planning Orientation (18%).

I. TRAINING RECEIVED

CHART 34. WHETHER OR NOT ATTENDED ANY FP POST-LICENSURE TRAINING/COURSE

Base: total interviews

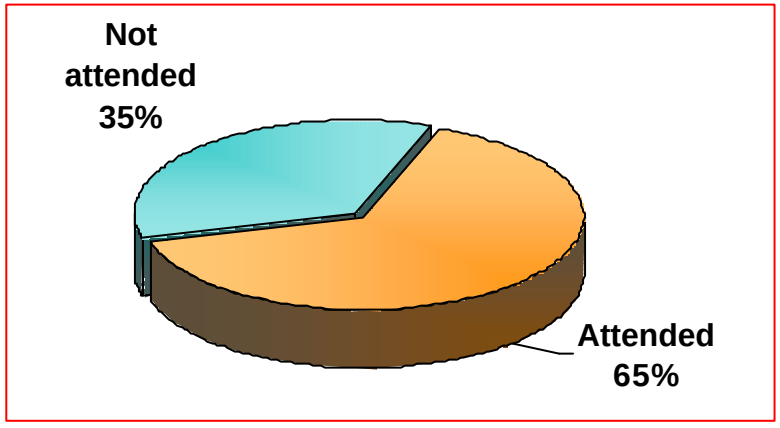

TABLE 60. WHETHER OR NOT ATTENDED ANY FAMILY PLANNING POST-LICENSURE TRAINING/COURSE

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAC PROVIDERS	INDUSTRIAL ZONES PROVIDERS	* AGE GROUP * 20-39	40 & OVER
BASE - TOTAL									
INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408	1857	1378
(UNWTD)	750	250	300	200	300	275	175	445	303
	%	%	%	%	%	%	%	%	%
ATTENDED	65	62	57	73	68	71	36	50	84
NOT ATTENDED	35	38	43	27	32	29	64	50	16

TABLE 61. FAMILY PLANNING POST-LICENSURE TRAINING/COURSE ATTENDED

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAO PROVIDERS	INDUSTRIAL ZONES PROVIDERS
BASE - TOTAL WHO ATTENDED ANY FAMILY PLANNING POST-LICENSURE TRAINING/COURSE (WTD)	2102	506	656	940	1516	439	147
(UNWTD)	453	142	161	150	203	189	61
	%	%	%	%	%	%	%
BASIC COMPREHENSIVE FAMILY PLANNING TRAINING COURSE - BASIC COMPRE ON ALL METHODS INCLUDING IUD INSERTION EXCEPT TUBAL LIGATION AND VASECTOMY	44	44	46	44	44	56	16
BASIC FAMILY PLANNING TRAINING COURSE ON ALL METHODS EXCEPT IUD INSERTION, TUBAL LIGATION AND VASECTOMY	27	25	26	28	28	26	20
FAMILY PLANNING COUNSELLING SKILLS TRAINING USING THE GATHER APPROACH	19	11	23	20	19	21	9
GENERAL FAMILY PLANNING ORIENTATION	18	21	13	20	21	7	25
NATURAL FAMILY PLANNING	13	7	17	13	14	11	3
DMPA	9	4	13	8	7	17	-
INTERPERSONAL COMMUNICATION SKILLS FAMILY PLANNING	9	4	10	10	7	16	-
SURGICAL SKILLS TRAINING ON TUBAL LIGATION AND/OR VASECTOMY	5	10	4	3	5	6	3
IUD INSERTION	5	4	3	6	5	6	2
BREASTFEEDING	4	2	3	5	5	1	-
UPDATES ON FAMILY PLANNING	4	3	6	2	4	2	-
CDLIMS	2	*	-	5	3	*	-
REPRODUCTIVE	2	2	3	2	2	1	6
COMPETENCY TRAINING	2	2	2	1	2	1	-
TRAINING OF TRAINORS	2	4	1	1	2	*	-
BTL SURGEON/BTL TRAINING	2	4	-	1	2	1	-

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* - LESS THAN 0.5%

NOTE: THOSE MENTIONED BY LESS THAN 2% ARE NOT SHOWN.

J. KEEPING UP-TO-DATE ON MEDICAL SCIENCE

47. How Keep Updated on Medical Science and Developments in Field of Expertise

a) Health Providers claim to keep themselves updated on medical science and developments in their field of expertise mainly by attending seminars/training/conferences (84%). However, fewer Health Providers in Industrial Zones are able to do this (72%).

Reading medical journals / magazines is the next best way that providers update themselves (53%) although fewer providers in Metro Cebu / Davao claim to do this (37%).

Only a tenth surf the web/internet (11%) which is relatively much more popular among doctors (20%) and nurses (16%) and Industrial Zone Health Providers (38%).

b) Despite the claim of a large majority of respondents that they keep themselves updated by attending seminars/training/conferences, only 68% admit to have gone to educational lectures and workshops in the past 12 months. Pulling the average down is the lower attendance of nurses (62%) and midwives (65%) and Metro Manila Health Providers (65%).

c) A plurality say they have spent 1-5 days attending educational lectures and workshops in the past 12 months (39%) .

J. KEEPING UP-TO-DATE ON MEDICAL SCIENCE

TABLE 62. HOW KEEP UPDATED ON MEDICAL SCIENCE AND DEVELOPMENTS IN FIELD OF EXPERTISE

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAC PROVIDERS	INDUSTRIAL ZONES PROVIDERS
BASE - TOTAL INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408
(UNWTD)	750	250	300	200	300	275	175
	%	%	%	%	%	%	%
ATTEND SEMINARS/TRAININGS/ CONFERENCES	84	86	80	85	86	83	72
READ MEDICAL JOURNALS/MAGAZINES	53	59	53	50	58	37	52
SURF THE WEB/INTERNET	11	20	16	2	8	7	38
READ BOOKS	9	7	12	8	6	16	17
LEAFLETS/PAMPHLETS	6	1	4	10	7	5	1
WATCHED TV ABOUT MEDICAL SIDE	4	3	4	6	6	1	1
RESEARCH	4	3	4	6	6	1	1

NOTE: THOSE MENTIONED BY LESS THAN 2% ARE NOT SHOWN.

CHART 35. WHETHER ATTENDED ANY EDUCATIONAL LECTURE OR WORKSHOP IN THE PAST 12 MONTHS

Base - total interviews

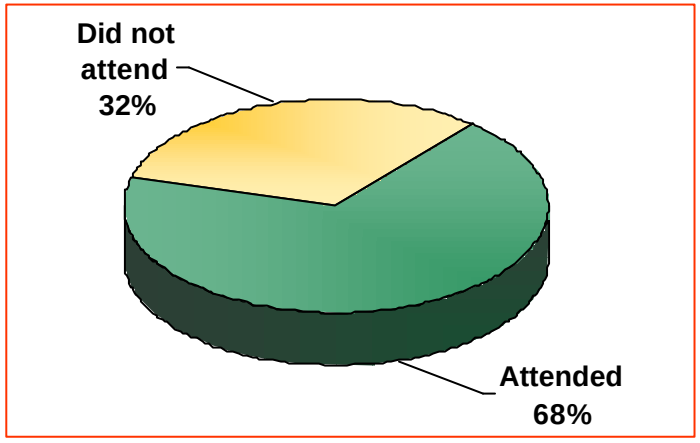

TABLE 63. NUMBER OF DAYS ATTENDED AN EDUCATIONAL LECTURE IN THE PAST YEAR

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAC PROVIDERS	INDUSTRIAL ZONES PROVIDERS
BASE - TOTAL INTERVIEWS							
(WTD)	3250	818	1152	1280	2221	621	408
(UNWTD)	750	250	300	200	300	275	175
	%	%	%	%	%	%	%
ATTENDED ANY - NET	68	81	62	65	65	86	85
1 - 5 DAYS	39	36	43	37	38	38	44
6 - 10 DAYS	13	18	11	12	12	15	16
11 - 15 DAYS	6	11	3	5	5	9	7
16- 20 DAYS	2	3	2	1	1	4	3
MORE THAN 20 DAYS	8	13	4	9	8	10	6
CAN'T RECALL DAYS	*	*	-	**	-	1	-
DID NOT ATTEND ANY	32	19	38	35	35	24	25

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* - LESS THAN 0.5%

J. KEEPING UP-TO-DATE ON MEDICAL SCIENCE

48. Medical Article/Literature Read

a) When asked when was the last time they had read a medical article or literature from a medical journal or magazine, only a small minority had read in the past 6 days including the day of the interview (26%). However, if one considers the past 4 weeks, about half had done so (56%); the other half over four weeks ago (17%) or cannot remember how long ago that was (27%).

Doctors register the highest readership of medical literature in the past 6 days.

b) Majority (60%) claim that they last read 1-2 medical articles.

c) These articles were from magazines (23%) and medical health journals (11%). The most popularly read magazine is HEALTH BEAT (8%). Health Providers who could not remember the source of their last reading material simply mentioned the topic read which is mainly on non-family planning related topics about health such as hypertension, diabetes, SARS, dengue etc. (28%).

CHART 36. LAST TIME READ A MEDICAL ARTICLE/LITERATURE

Base - total interviews

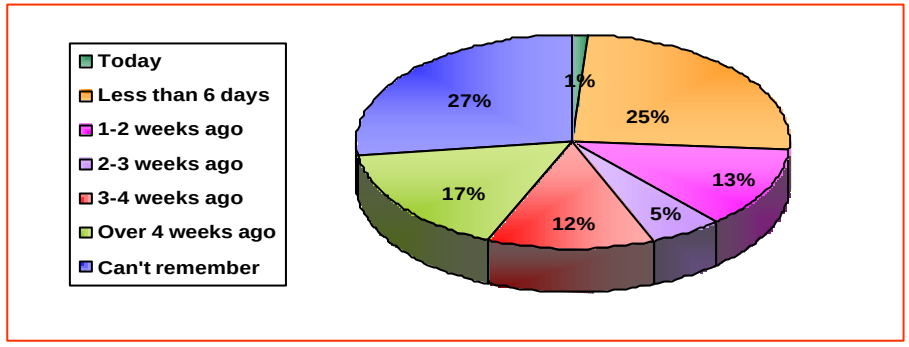

TABLE 64. LAST TIME READ A MEDICAL ARTICLE/LITERATURE

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAC PROVIDERS	INDUSTRIAL ZONES PROVIDERS	* AGE GROUP * 20-39	40 & OVER
BASE - TOTAL									
INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408	1857	1378
(UNWTD)	750	250	300	200	300	275	175	445	303
	%	%	%	%	%	%	%	%	%
TODAY	1	2	2	-	-	3	6	1	2
YESTERDAY	13	24	10	10	13	12	15	11	17
2-3 DAYS AGO	7	8	6	8	9	3	7	6	9
4-6 DAYS AGO	5	6	4	5	5	5	3	5	5
1-2 WEEKS AGO	13	18	11	11	14	9	14	14	11
OVER 2-3 WEEKS AGO	5	5	7	4	5	5	6	7	4
OVER 3-4 WEEKS AGO	12	11	13	13	13	8	15	13	12
OVER 4 WEEKS AGO	17	10	21	17	19	13	8	19	14
CAN'T REMEMBER	27	17	27	32	22	43	26	25	28

J. KEEPING UP-TO-DATE ON MEDICAL SCIENCE

CHART 37. NUMBER OF MEDICAL ARTICLES / LITERATURE LAST READ

Base - total interviews

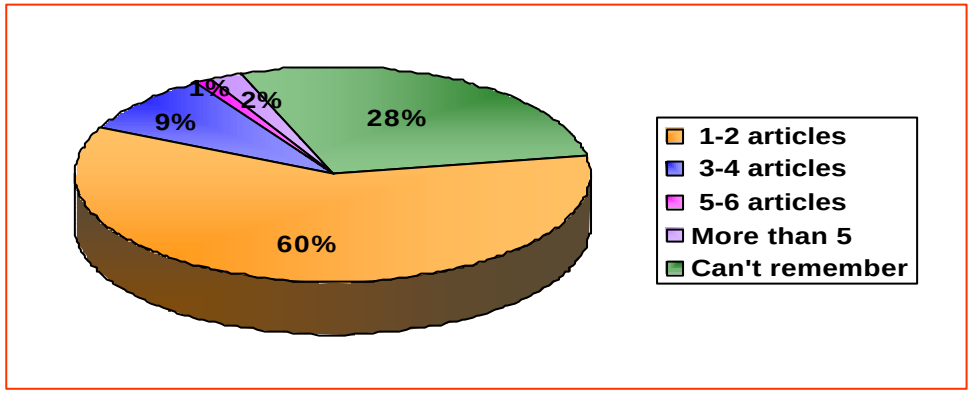

TABLE 65. NUMBER OF MEDICAL ARTICLES/LITERATURES LAST READ

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAO PROVIDERS	INDUSTRIAL ZONES PROVIDERS
BASE - TOTAL INTERVIEWS (WTD)	3250	818	1152	1280	2221	621	408
(UNWTD)	750	250	300	200	300	275	175
	%	%	%	%	%	%	%
1 - 2 ARTICLES	60	66	62	58	64	53	59
3 - 4 ARTICLES	9	11	8	8	9	3	12
5 - 6 ARTICLES	1	2	1	1	2	-	2
MORE THAN 6 ARTICLES	2	4	2	-	2	*	1
CAN'T RECALL/CAN'T REMEMBER	28	18	27	34	23	43	27

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* - LESS THAN 0.5%

TABLE 66. MEDICAL ARTICLES/LITERATURE LAST READ

	TOTAL HEALTH PROVIDERS	TOTAL DOCTORS	TOTAL NURSES	TOTAL MIDWIVES	METRO MANILA PROVIDERS	METRO CEBU/DAVAC PROVIDERS	INDUSTRIAL ZONES PROVIDERS
BASE - TOTAL RESPONDENTS (WTD)	3250	818	1152	1280	2221	621	408
(UNWTD)	750	250	300	200	300	275	175
	%	%	%	%	%	%	%
SOURCES OF MEDICAL ARTICLES - NET	45	45	46	45	53	30	29
MAGAZINE - NET	23	13	25	28	27	14	16
HEALTH BEAT MAGAZINE	8	4	8	9	10	2	1
MAGAZINE (UNSP)	3	*	4	4	4	1	1
READER'S DIGEST - CARDIOVASCULAR DISEASE/ PREGNANT WOMEN	2	1	4	*	2	2	4
TODAY'S HEALTH	2	3	3	-	2	1	3
MEDICAL JOURNALS - NET	11	23	9	5	12	8	8
OBGYNE JOURNALS	2	6	-	2	3	*	1
REFERENCE MATERIALS - NET	4	2	6	4	4	4	1
LEAFLETS/PAMPHLETS/FLYERS/HANDOUTS/ REVIEWER - NET	4	2	6	3	4	2	1
PAMPHLETS ON FAMILY PLANNING	2	1	2	2	2	1	*
NEWSPAPERS - NET	3	1	3	5	4	1	3
PHILIPPINE INQUIRER	2	1	2	2	2	1	1
MEDICAL BOOKS - NET	2	1	3	2	3	1	3
OTHER SOURCES - NET	5	7	6	3	6	2	3
ARTICLES/TOPIC - NET	32	45	29	26	29	32	47
NON-FAMILY PLANNING RELATED TOPICS - NET	28	42	24	22	25	26	45
HYPERTENSION	3	7	2	1	2	2	6
DIABETES	2	5	1	2	2	2	5
SARS	2	2	3	2	2	1	4
DENGUE	2	1	1	2	2	2	-
KIDNEY	2	1	1	2	2	1	1
FAMILY RELATED TOPICS - NET	6	5	6	6	6	7	4
FAMILY PLANNING METHODS - NET	3	4	3	3	3	6	2
FAMILY PLANNING METHODS (NEW UPDATES) - DOH	1	1	-	2	1	2	-
DMPA	1	-	1	*	1	1	-
GENERAL FAMILY PLANNING ISSUES - NET	1	*	1	2	2	1	1
CAN'T RECALL/CAN'T REMEMBER	27	18	28	33	22	44	28

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* - LESS THAN 0.5%

NOTE: THOSE MENTIONED BY 2% OR LESS ARE NOT SHOWN.