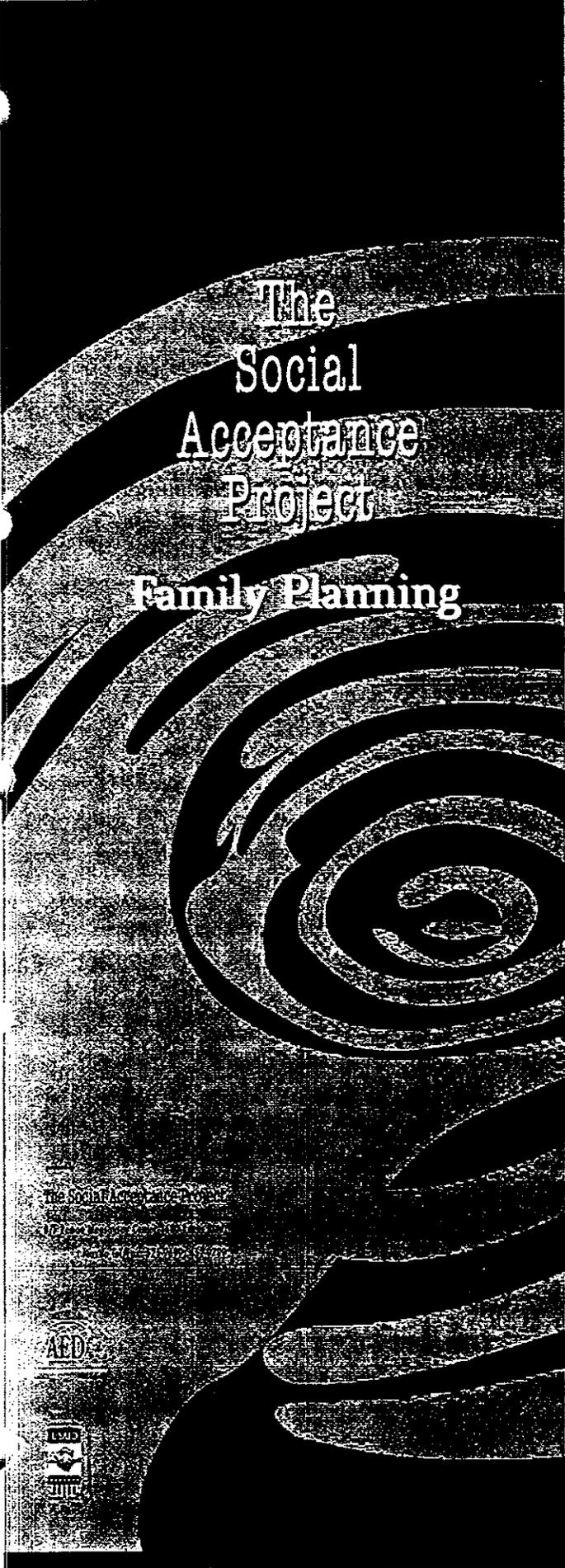


# QUARTERLY PROGRESS REPORT

October 1 to December 31, 2002



The  
Social  
Acceptance  
Project  
Family Planning

Strengthening the Social Acceptance of  
Family Planning in the Philippines:  
A Communication and Advocacy Project  
USAID Contract No. 492-C-00-02-00019-00

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**STRENGTHENING SOCIAL ACCEPTANCE OF FAMILY PLANNING  
IN THE PHILIPPINES : A COMMUNICATION AND ADVOCACY PROJECT  
USAID CONTRACT NO. 492-C-00-02-00019-00  
PROGRESS REPORT : OCTOBER 1 TO DECEMBER 31, 2002**

**I. SUMMARY OF ACCOMPLISHMENTS**

**A. PROJECT MANAGEMENT**

1. Movement to office address, procurement of project vehicles, furniture, equipment and supplies completed.
2. Hiring of Project Drivers completed.
3. Recruitment of Communication Advisor and Advocacy – Capacity Building Specialist completed.
4. Workplan for 2003 and Project Indicators developed.
5. Short name for the project (“The Social Acceptance Project – Family Planning” or TSAP-FP) agreed.

**B. BEHAVIOR CHANGE COMMUNICATION COMPONENT**

1. Research Audit (Situation Analysis) Completed.
2. Proposal approved and Market Research Agency to Conduct Formative Research competitively selected.
3. Draft PR/Crisis Management Plan developed.
4. Meetings with with Regional Population Office IV and NGO collaborators in Metro Manila and Calamba-Laguna-Batangas (Calaba) Industrial Area conducted.
5. Fact Sheet for Philippine Business Conference produced.

**C. ADVOCACY AND SOCIAL MOBILIZATION COMPONENT**

1. Project Briefing and Consultation with Collaborating NGOs in Metro Manila, Region IV and Metro Cebu conducted
2. Stakeholder Profile and Analysis initiated.
3. Initial Negotiations for formation of Provincial Advocacy Network in Bulacan held.

**D. HEALTH PROVIDER COMPONENT**

1. Consultant and Core Group for Evidence-based Medicine in Family Planning (EBM-FP) identified.
2. Rapid Appraisal of FP Clinics of TUCP and Iglesia ni Kristo undertaken.
3. Orientations on Family Planning Methods to Legislators and ASEAN delegates conducted.
4. Consultations with JSI Well Family Clinics and FriendlyCare on EBM-FP held.
5. Survey Instrument for Industrial Clinics developed.
6. Desk Review of Barriers to Acceptance of Modern FP Methods Completed.

## **II. DETAILED REPORT**

### **A. PROJECT MANAGEMENT**

- 1. Movement to office space, procurement of project vehicles, furniture, equipment and supplies completed.**

The project moved to its office on the 8<sup>th</sup> floor of the Ramon Magsaysay Center along Roxas Boulevard on October 7. All necessary equipment, furniture and office supplies were procured. Two project vehicles were purchased and delivered in November. Telephone lines and internet access were installed.

- 2. Hiring of Project Drivers completed.**

Two drivers – Messrs. Robert Batugal and Freddy Bumatay – were hired in late November.

- 3. Recruitment of Communication Advisor and Advocacy – Capacity Building Specialist completed.**

In December, USAID granted approval to hire Mr. Carlo Arvisu as Communication Advisor and Mr. Reynaldo Soriano as Advocacy – Capacity Building Specialist. With this approval, the project completed recruitment for its staff complement. Both will start work on January 2, 2003.

- 4. Workplan for 2003 and Project Indicators developed.**

A workplanning session was conducted with the project team and USAID/OPHN from October 1 – 4, 2002. During this session, the project's target areas and convergent strategies were also discussed. A draft workplan was developed. Further revisions were made, particularly, concerning the overlaps with the Commercial Market Strategies (CMS) project. The revised workplan and indicators, including quarterly benchmarks, will be discussed with USAID on January 14, 2003 prior to finalization.

- 5. Short name for the project agreed upon.**

It was agreed (with USAID concurrence) that the project will adopt the short title of "The Social Acceptance Project – Family Planning" or TSAP-FP.

- 6. Project Management and Administrative Systems Installed.**

Management and financial guidelines as well as forms and systems for reporting (Meeting, Travel, Training Reports) were agreed upon by the project team. A Manual of Operations for the project is being developed for approval by USAID. This Manual will contain operational and financial guidelines for activity implementation.

## B. BEHAVIOR CHANGE COMMUNICATION COMPONENT

### 1. Research Audit or Situation Analysis Completed.

The Research Audit is a situation analysis of the Knowledge, Attitudes and Practices (KAP) research studies undertaken on family planning and related issues within the past ten years among the target audiences (women, men, adolescents and young adults) and stakeholders (health providers and influentials). It aims to provide an overall analytical description of the findings of these studies in order to identify areas needing further investigation through qualitative or in-depth studies. The study revealed the following key insights on selected target audience segments :

- a) *Men* – The few research studies available point to the low involvement and limited participation of Filipino males in family planning. Yet, their influence on women suggest that the latter are more likely to practice FP if their partners participate in FP decision-making (and vice-versa). The findings also point to the lack of personal accountability among men for family planning since they perceive it as a woman's issue.
- b) *Women* – While considerable research has been conducted among women, very few studies on specific segments (urban poor, informal sector, employed in industry, young adult, adolescent, etc.) have been undertaken. Women harbor a lot of misconceptions and fears regarding modern contraceptives like the pill and IUD. Very few studies have been conducted to probe these misconceptions, their sources and whether they are held by women who have never practiced FP, who practice traditional methods or who have discontinued using modern methods. Few studies have also probed into the attitudes underlying the increasing rate of unprotected sexual activity among women living in specific areas (e.g. industrial zones).
- c) *Adolescents and Young Adults* – Research studies point to a significant proportion of adolescents and young adults who are sexually active before marriage and who do not practice contraception despite the fact that their awareness of FP methods is high. Very little investigation has been undertaken to probe further into their awareness levels regarding FP and the attitudes underlying this gap between awareness and practice.

Based on the key findings, the Terms of Reference (TOR) for the Formative Research was developed. A copy of the Situation Analysis Report is appended as Annex 1.

### 2. Proposal Approved and Market Research Agency to Conduct Formative Research selected.

The Formative Research study aims to probe attitudes and beliefs underlying behaviors and predisposition to behave in order to elicit useful information for the repositioning of family planning messages as part of a healthy lifestyle. The TOR for the Formative Research (Annex 2) was used as the basis for the selection of the market research agency. Three agencies namely, AC Nielsen, NFO-Trends and Acuity, Inc. were invited to participate in the bid. Acuity declined due to the size of the project. The assessment of the proposal of the two other agencies was done by the Chief of Party (COP), Monitoring and Evaluation (M&E) Specialist, and two senior

technical officers from AED Washington using an evaluation score sheet. Final tally of the average scores (85 for AC Nielsen vs. 76 for NFO-Trends) resulted in AC Nielsen being selected. The Work Order for AC Nielsen is currently being processed for signing in the second week of January 2003.

The study (proposal of AC Nielsen is on *Annex 3*) will conduct 44 in-depth interviews, 8 mini-group discussions and 24 full focus group discussions of single and married women, men and adolescents/young adults in Metro Manila, Metro Cebu and industrial zones of Calamba-Laguna-Batangas (Calaba). Research start-up is scheduled for January 13, 2003 with the arrival of Mr. Anton Schneider who will provide technical assistance in, among others, finalizing the research instruments and training facilitators. Findings from the formative research are expected by end-February. These findings will be a major input to the Strategic Communication Planning workshop to be held in early March 2003.

### **3. Draft Publicity/Crisis Management Plan Developed.**

TSAP-FP's subcontractor, Corporate Image Dimensions, Inc. (CID), the local affiliate of Ketchum PR, developed the draft Publicity/Crisis Management Plan. The plan has a pro-active and crisis management component. Specifically, it aims to : a) lay the groundwork for the launch of the repositioned FP message by ensuring a conducive environment for FP efforts in Philippine mass media; b) quickly and effectively respond to negative publicity regarding FP; and, c) provide accurate and relevant information on FP and related issues. The plan outline was presented to the project team on November 15, 2002. Based on comments from the team and from AED Washington, CID revised the plan. CID organized a small team for the implementation of the plan. An orientation for this CID team on FP issues was set. The first of the series of briefings was held on December 23, 2002. This first briefing discussed the Family Planning Program and its key players, the Reproductive Health Bill and political mapping conducted by the Philippine Legislators' Committee for Population and Development (PLCPD). The plan was revised and submitted by CID before the end of December 2002 (*Annex 4*). A meeting is scheduled with USAID in January 2003 to discuss and finalize the plan.

### **4. Meetings with Regional Population Office IV and NGO Collaborators for Communication and Capacity Building Activities conducted.**

TSAP-FP met with the following institutions and groups : Foundation for Adolescent Development (FAD), ReachOut Foundation, Responsible Parenthood and Maternal and Child Health Association of the Philippines (RP/MCHAP), Philippine Center for Population and Development (PCPD) and the Regional Population Office IV. Of these five, agreement was reached with three organizations (FAD, RP/MCHAP and RPO IV) for further collaboration.

Regarding *FAD*, possible collaboration areas include a retraining program for school clinicians to enhance their FP counseling skills to students in ten large Manila universities and the development of "issues-based" IEC materials that will help answer tough questions faced by adolescents (e.g. "My boyfriend wants to have sex with me. What do I do?"). With *RP/MCHAP*, two possible areas of collaboration surfaced – integration of a health provider component in the successful "Express Bus Aralan" project and technical assistance to enable the cooperative of the

Cebu Mitsumi Corporation which has more than 20,000 employees to provide FP information and counseling services. For *RPO IV*, several areas of cooperation surfaced – strengthening the KAMIT, the multi-sectoral coalition aimed at strengthening compliance with Article 134 of the Philippine Labor Code which requires that companies employing at least 100 persons provide family welfare, including FP, services (to be discussed in the Advocacy component section) and training of teachers and counselors to provide counseling on responsible sexuality to high schools and colleges in Region IV.

TSAP-FP will finalize agreements with these three institutions during the succeeding quarter.

#### **5. Fact Sheet for Philippine Business Conference Produced.**

TFAP-FP coordinated the development and printing of a Fact Sheet, an information material on population management issues, which was distributed during the Philippine Business Conference held on December 5, 2002 (*Annex 5*). The Fact Sheet was developed in collaboration with The Futures Group Inc. (TFGI) and Commercial Market Strategies (CMS) Project. As per agreement with CMS, the follow-up to advocacy activities targeting the business sector (of which production of this Fact Sheet is one) will henceforth be the responsibility of CMS.

### **C. ADVOCACY AND SOCIAL MOBILIZATION COMPONENT**

#### **1. Project Briefing and Group Stakeholder Consultations with Population Commission (Popcom), Department of Health (DOH) and Collaborating Agencies/NGOs in Metro Manila, Region IV and Metro Cebu conducted.**

Project briefings for possible collaborators were conducted by TSAP-FP on October 9 in Metro Manila, on December 9 for Region IV and December 10 in Metro Cebu. The briefings were opportunities to formally present the project to government and NGO collaborating agencies and discuss issues and possible areas of collaboration in the project. For these areas, senior officials of Popcom and DOH were present as well as key NGOs and sectoral groups which are working in the field of reproductive health or FP.

The Metro Manila consultation was attended by 22 representative of the following organizations : Department of Health, Population Commission, Foundation for Adolescent Development, Reachout Foundation, Philippine Center for Population and Development, Women in Nation Building, Responsible Parenthood/Maternal and Child Health Association of the Philippines, Personnel Management Association of the Philippines, Philippine Business for Social Progress, Family Planning Organization of the Philippines, Women Lead Foundation, Philippine NGO Council on Population, Health and Welfare, Inc., Woman Health Philippines and UNFPA. Dr. Mercedes Concepcion of the Popcom Board, Mr. Vic Tirol (representing journalists) and Ms. Raquel Villavicencio (representing film scriptwriters) were also present.

The Region IV activity was attended by 24 representatives from DOH Region IV, Popcom Region IV, Department of Labor and Employment (DOLE) Region IV, large private companies in Region IV like Nestle Philippines and Matsushita, TUCP, Kilusan-Jolibee

(trade union of Jolibee Corporation), Responsible Parenthood Maternal Child Health Association of the Philippines (RP/MCHAP) and Philippine Business for Social Progress. For this region, participants discussed strategies which would strengthen the companies' compliance with Article 134 of the Labor Code which states that companies with at least 100 employees should have a family welfare program, of which family planning is an obligatory component. They agreed to pursue a short list of activities like training needs assessment of health providers, orientations of human resource managers on FP, strengthening information and motivational activities. Planning for these activities was scheduled with the group for January 2003.

The Metro Cebu briefing was attended by 32 representatives from DOH Region VII, Popcom Region VII, Philippine Information Agency (PIA), National Economic Development Authority (NEDA) Region VII, Health Officers and Planning Officers of Talisay, Mandaue, Lapu-lapu and Cebu cities, University of the Philippines Cebu, Southwestern University, radio station DYAB/ABS-CBN, Philippine Business for Social Progress, Family Planning Organization of the Philippines Cebu chapter, FriendlyCare Cebu and the Cebu Chamber of Commerce. After these briefings, individual consultations were scheduled with participating agencies.

## **2. Stakeholder Profile and Analysis initiated.**

Stakeholder analysis is the identification and assessment of stakeholders (individuals or organizations) with interest in the family planning program. Stakeholders at the national and local levels are assessed based on their support or opposition to family planning. Based on this assessment, advocacy strategies will be formulated. The stakeholder analysis is a continuing process that the Advocacy team will undertake as the project progresses.

During this reporting period, environmental scanning and profiling of potential partners and allies were initiated. The Advocacy group held exploratory meetings with TUCP, PLCPD, Reproductive Health Advocacy Network (RHAN), Philippine NGO Council on Population, Health and Welfare, Inc. (PGNOC), Philippine Rural Reconstruction Movement (PRRM), Philippine Business for Social Progress (PBSP), Employers' Confederation of the Philippines (ECOP), Women's Media Circle, Iglesia ni Kristo Foundation, Philippine Educational Theater Association (PETA), Woman Health and Save the Children US. As per agreement with the Commercial Market Strategies (CMS) project, TSAP-FP will no longer target businessmen's associations like the ECOP for advocacy activities but will focus its advocacy to strengthening FP information and service provision in the industrial zones. Its activities targeting corporate foundations or NGOS like PBSP will be focused on strengthening activities for the latter's outreach programs.

## **3. Initial Negotiations for Formation of Provincial Advocacy Network (PAN) in Bulacan conducted.**

Exploratory meetings were conducted by the Advocacy team with concerned LGU offices and NGOs in Bulacan – one of the provinces targeted for network formation. Observations

revealed that the present governor, Josie de la Cruz, is a strong advocate of population concerns including FP. While advocacy work in this province is LGU-led, organizational structures that engage the participation of civil society are in place. Bulacan has mobilized a multi-sectoral committee on population and development as well as an active network of volunteers at the community level.

#### **D. HEALTH PROVIDER COMPONENT**

##### **2. Consultant and Core Group members for Evidence-based Medicine in Family Planning (EBM-FP) identified.**

EBM-FP is a major strategy in the health provider component. It is seen as a major tool in gaining health provider acceptance to include family planning in routine health practice and in enhancing their skills in providing correct information on contraceptive methods. For this, Critically-appraised Topics (CATS) packages on contraceptive methods will be developed and produced for dissemination to health providers specifically, obstetricians-gynecologists, family physicians, industrial nurses and midwives who provide FP services. Based on the agreement reached with the Commercial Market Strategies (CMS) project, TSAP-FP will develop the CATS packages and promote its use to the public health providers while CMS will conduct promotional/marketing activities to the private health providers.

The first step is development of the CATS packages. For this, a consultant and a core group of competent physicians who already use EBM in their particular specialties were identified. The consultant is Dr. Mario Festin, vice-chancellor for research of the University of the Philippines, Manila who is the foremost expert in EBM in the country. Dr. Festin assisted in identification of the core group members who will develop the CATS packages. This core group will participate in a workshop to identify the topics to be appraised and discuss the CATS development in January 2003 with Dr. Fred Tudiver as international consultant.

##### **3. Rapid Appraisal of FP Clinics of Trade Union Congress of the Philippine (TUCP) and Iglesia ni Kristo (INK) undertaken.**

The Medical Advisor conducted a rapid appraisal of two clinics (in Calamba, Laguna and Rosario, Cavite) run by the TUCP on November 13 and a clinic run by INK in the New Era Hospital in Quezon City on November 21. The main objective of the appraisal was to determine the capacity of the clinics to adequately provide FP services, including counseling and motivation, and their needs for TSAP-FP technical assistance. For TUCP, the salient findings are: a) the clinics are under-utilized by union members, their beneficiaries and members of their catchment communities; b) the registered midwives handling FP matters have no regular training to update knowledge and skills and do not have enough clients to enhance skills in IUD insertion, DMPA injection or pelvic examination; and, c) there are no promotional or marketing activities for the clinics which result in the loss of opportunity to tap a large potential market for FP services among workers and employees in the factories and communities.

For the INK clinic, the appraisal revealed the following: a) the clinic staff have no opportunity to attend refresher courses on FP due to lack of funds; and, b) they need IEC materials on FP for the clinics and their itinerant teams. However, the INK TV station (NET 21) and their two radio programs aired on DZEM and DZEZ, are opportunities to communicate FP messages and provide accurate information on the methods.

**3. Orientations on FP Methods to Legislators and to delegates to the 5<sup>th</sup> Asian and Pacific Conference conducted.**

On December 4, 2002, the Medical Advisor oriented legislators supportive of HB 4110 (Reproductive Health Bill) on contraceptive methods. The orientation was done to enhance the legislators' knowledge on specific FP methods which they can use when they speak in public (interpersonal or mass media) about FP. This need was identified during a prior meeting that the COP, Deputy COP and Advocacy and Medical Advisors held with Congress members Nereus Acosta and Krisel Lagman-Luistro. It was agreed that the TSAP-FP project will produce a short Question and Answer printed material on contraceptive methods as a handy reference for these legislators as well as other champions and allies for FP.

The following congressmen and congresswomen participated during the FP methods orientation : Liza Maza, Del de Guzman, Arthur Pingoy, Jr., Emmylou Talino-Santos, Filomena San Juan, Lorna Silverio, Nereus Acosta, Bellaflor Angara-Castillo, Krisel Lagman-Luistro, Joel Villanueva, Jack Duavit, Josefina Josen and Gilbert Remulla.

The orientation on FP methods for delegates (legislators) to the 5<sup>th</sup> Asian and Pacific Population Conference was given by the Medical Advisor during their round-table discussion on November 25, 2002.

**4. Consultations with JSI Well Family Clinic and FriendlyCare on EBM-FP held.**

The Medical Advisor, together with Reed Ramlow of TFGI, met Easter Dasmaringas, Resident Advisor and Gerard Suanes, Business Development and Marketing Specialist of JSI Well Family Midwife Clinic. They also met with Dr. Juvencio Ordon, COO and Dr. Jonathan Flavier of FriendlyCare Foundation, Inc.. During these meetings, collaboration between TSAP-FP and JSI and FriendlyCare was discussed. The latter organizations agreed that integration of EBM in their FP protocols and procedures and training in interpersonal communication and counseling for their service providers are welcome areas for TSAP-FP technical assistance.

**5. Survey Instrument for Industry-based Clinics developed.**

This survey instrument is a short questionnaire to determine the existence and status of family welfare or family planning clinics in companies with at least 100 employees. It will ride on the survey that the Employers' Confederation of the Philippines (ECOP) will conduct in January 2003. The instrument is attached as Annex 6.

## **6. Desk Review of Barriers to Use of Contraceptive Methods completed.**

The desk review of barriers to use of contraceptive methods among women and medical providers in the Philippines was completed. This review summarizes the results of quantitative and qualitative studies which identified attitudes and beliefs hindering the use of the pill, IUD and other contraceptive methods. The summary of findings is attached as Annex 7.

## **III. PLANNED PROGRAM ACTIVITIES FOR NEXT QUARTER**

### **A. BEHAVIOR CHANGE COMMUNICATION**

1. Conduct of Formative Research on Men, Women, Adolescents and Young Adults
2. Audit of Past Mass Media Campaigns on Family Planning
3. Finalization and Implementation of PR/Crisis Management Plan
4. Formation of Technical Working Group for Communication
5. Selection of Ad Agency for Mass Media Campaign
6. Conduct of Strategic Communication Planning Workshop
7. Signing of Memo of Agreements for Communication Activities with NGOs in Metro Manila and Region IV
8. Discussions with NGOs in Metro Cebu on Communication Activities
9. Finalization of workplan for 2003 and component indicators

### **B. ADVOCACY AND SOCIAL MOBILIZATION COMPONENT**

1. Completion of Stakeholder Analysis (first phase)
2. Preparation of Profile of Advocates and Allies
3. Completion of Training Needs Analysis of Advocates and Allies
4. Development of Strategic Advocacy and Social Mobilization Plan
5. Implementation of Advocacy Activities in Metro Manila and Industrial Areas of Region IV
6. Negotiations with Metro Cebu Stakeholders on Advocacy Activities
7. Finalization of workplan for 2003 and component indicators

### **C. HEALTH PROVIDER COMPONENT**

1. Formation and Orientation of EBM-FP Core Group
2. Conduct of Formative Research on Health Providers
3. Identification of topics for critically appraised topics (CATS) development
4. Initiation of Baseline Health Provider Survey (collaboration with CMS project)
5. Finalization of workplan for 2003 and component indicators

#### IV. PROGRESS TOWARDS SUSTAINABILITY

- 1) Communication and advocacy activities involve Department of Health and Population Commission officials at the national and regional levels. Regional DOH and Popcom officers were involved in initial meetings of government and NGO partners; in fact, for Region IV and Region VII (Cebu area), the Regional Popcom Offices organized the initial project briefings.
- 2) Regarding the Health Provider component, the organization of the EBM-Core group was done with sustainability in mind. Dr. Mario Festin is head of Research of the University of the Philippines (UP) and most of the members are part of the UP College of Medicine while some belong to other prestigious medical schools. It is hoped that the EMB-core group will be institutionalized in UP or another institution. Core group interventions are being planned and implemented within the framework of sustainability.

#### V. TECHNICAL ASSISTANCE

Name	Date	Tasks Completed
Elizabeth Thomas (AED)	Sept 25 to Oct 11	<ul style="list-style-type: none"> <li>- participated in first TSAP-FP workplanning meeting with USAID</li> <li>- oriented project staff on the field office budget for activities</li> <li>- oriented AED staff on company policies, benefits and administrative systems</li> <li>- attended project briefing of possible collaborating agencies including DOH and Popcom for Metro Manila</li> <li>- reviewed TSAP-FP administrative forms and systems</li> <li>- established communication protocols between local office, AED and USAID</li> <li>- discussed AED registration with two local lawyers</li> <li>- helped resolved outstanding administrative issues like payment of VAT, realignment of project quarters, quarterly financial reports to USAID and processing of purchase orders for office furniture and equipment</li> </ul>
Reed Ramlow (TFGI)	Dec 2 to 13	<ul style="list-style-type: none"> <li>- briefed TFGI staff on company policies and administrative systems</li> <li>- reviewed Advocacy and Health Provider workplans</li> <li>- oriented Medical Advisor on EBM-FP and discussed plans for EBM workshop in January 2003 with Medical Advisor and EBM consultant</li> <li>- assisted in discussions with CMS re. project overlaps</li> <li>- assisted Medical Advisor in developing strategies to approach health providers</li> <li>- discussed scope of work for health provider research</li> <li>- discussed needs for national and international technical assistance for the Advocacy and Health Provider components</li> <li>- participated in initial discussions with industry clinics, JSI Well Family clinic management and FriendlyCare on possible collaboration</li> </ul>

## VI. FINANCIAL INFORMATION

Academy for Educational Development  
 Project Title: Strengthening Social Acceptance of Family Planning - Philippines  
 Contract Number: 492-C-00-02-00019-00  
 Period of Performance: August 15, 2002 through August 14, 2005

	Total Estimated	Expenditures	Total Expenditures	Cumulative	Balance in
	Estimated	through last qtr.	for period 8/15/02 to	Expenditures	Contract
	Costs by CLIN	ending 10/31/02 (1)	12/31/02 by CLIN (2)	to Date	Budget by CLIN
<b>Contract Budget</b>					
0001 Research & Evaluation	1,439,223.00	0.00	100,513.57	100,513.57	1,338,709.43
0002 Communication & Advocacy	3,864,075.00	0.00	139,862.20	139,862.20	3,724,212.80
0003 Technical Assistance	1,545,210.00	0.00	54,067.06	54,067.06	1,491,142.94
0004 Training	2,012,279.00	0.00	66,818.88	66,818.88	1,945,460.12
<b>Total</b>	<b>8,860,787.00</b>	<b>0.00</b>	<b>361,261.71</b>	<b>361,261.71</b>	<b>8,499,525.29</b>
<b>Projected Expenditures for the period 1/1/03-3/31/03</b>					
0001 Research & Evaluation	40,744.30				
0002 Communication & Advocacy	119,361.07				
0003 Technical Assistance	102,165.71				
0004 Training	71,218.91				
<b>Total</b>	<b>333,490.00</b>				

- (1) No expenditures were reported for the prior quarter as the project office was in the process of being opened, staffed and equipped  
 (2) Expenditures for the quarter ending 12/31/02 include all costs incurred since the period of performance start date of 8/15/02

# Annex 1

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**THE ACADEMY FOR EDUCATIONAL DEVELOPMENT**

**THE SOCIAL ACCEPTANCE PROJECT**

**WORKING PAPER: JANUARY 2002**

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**Situation Analysis of the Knowledge, Attitudes and Behavior  
of Stakeholders and Key Target Groups Regarding the Family  
Planning Program in the Philippines**

**Reynaldo Guioguo**

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## ABBREVIATIONS

ADB	-	Asian Development Bank
AIDS	-	Acquired Immune Deficiency Syndrome
ASEAN	-	Association of South East Asian Nations
ARMM	-	Autonomous Region for Muslim Mindanao
BHW	-	Barangay Health Workers
CPR	-	Contraceptive Prevalence Rate
DOH	-	Department of Health
FGD	-	Focus Group Discussion
FP	-	Family Planning
FPOP	-	Family Planning Organization of the Philippines
FPS	-	Family Planning Survey
GNP	-	Gross National Product
HRD	-	Human Resource Development
IEC	-	Information, Education and Communication
IUD	-	Intra-Uterine Device
ICPD	-	International Conference on Population and Development
KAP	-	Knowledge and Practice gap
NCR	-	National Capital Region
NDHS	-	National Demographic and Health Survey
NGO	-	Non – Government Organization
NSO	-	National Statistics Office
OOE	-	Office of Oversight and Evaluation
PLCPD	-	Philippine Legislators Committee on Population and Development
PPMP	-	Philippine Population Management Program
POPCOM	-	Commission on Population
POP-ED	-	Population Education
SSRI	-	Social Science Research Institute
STD	-	Sexually Transmitted Diseases
UNFPA	-	United Nations Population Fund
USAID	-	United States Agency for International Development

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## EXECUTIVE SUMMARY

The initiative for this research study came from the Social Acceptance Project of the Academy for Education and Development (AED) which has been launched by USAID as part of the continuing reexamination of the Philippine Population Management Program (PPMP) and in response to the Cairo Declaration calling for fresh initiatives and approaches not only for women but also other key stakeholders such as men and youth. The re-focusing of the country's population program calls for no less than the creation of a climate of public opinion that supports and encourages couples to practice effective family planning methods in vast enough numbers that will impact the country's runaway population growth that is considered to be the highest in Southeast Asia.

In the light of these social communication issues and concerns, the Social Acceptance Project had come up with the following approaches to "internalize" the small family norm and use of modern contraceptive methods among Filipinos through:

- a) Increase health literacy and improve the flow of accurate information about family planning;
- b) Increase dialogue about family planning and the credibility of health providers and the medical profession as sources of information;
- c) Raise the cultural legitimacy of family planning practice; and
- d) Build local capacities.

This report in turn, was designed to:

- provide a basic review of the psychological, sociological and cultural factors that may result in the practice or non-practice of family planning;
- briefly analyze the issues and concerns that explain how communication interventions can lead to behavioral change, client satisfaction, and other desired results for the Social Acceptance Project;
- come up with a list of recommendations that can be used for future researches and/ or monitoring and evaluation of proposed IEC interventions;

Our review of the population researches with regards to people's Knowledge, Attitudes and Practices of family planning revealed that stakeholders such as men, youth, service providers and influentials or opinion leaders have not been dealt with sufficiently in the past. The demographic and family planning surveys of the last decade have focused exclusively on women. For these other groups of stakeholders, much of the studies have been qualitative or case study types

which are handicapped by their lack of generalizability. A brief listing of the main findings of the study include the following:

A. *The family planning program had not made any substantial gains among the ranks of the poor. They are least likely to use modern methods and even women with means who can afford modern methods outnumber the poor in the use of traditional contraceptives*

B. *Traditional methods such as rhythm and withdrawal is making a resurgence as indicated in the 2002 National Family planning Survey which means a step back for the PPMP because it brings us farther away from the goal of achieving 60% of safe and reliable methods by 2005.*

C. *The use of a family planning contraceptive is more likely when the spouse or husband approves or supportive of the woman's decision. It is evident that family planning is better sustained when spouses are in agreement or supportive of each other.*

D. *The use of FP methods for many women have been emancipatory, freeing them to do activities outside their household chores and giving them a sense of self-respect and feeling of being able to control their own lives.*

E. *Men must be mainstreamed into the PPMP given their very low practice of family planning which were related to their lack of involvement lack of services geared for men in local FP clinics. Moreover, men also the decision of their spouses to practice or not to practice family planning.*

F. *There are large numbers of high risk youth that are sexually active but are not knowledgeable and are non-users of modern means of contraception*

G. *Government health service providers suffer from the lack of support by local governments whose priority is not reproductive health and by low public esteem.*

H. *Policy makers must translate their support for the population program into concrete action which is not happening right now. Advocacy and lobbying effort would be needed to push forward the implementation by government of a rational and comprehensive FP plan of action at the national, provincial and municipal levels.*

Finally, the study recommended the following areas/ topics for further research:

1. Create parallel data bases on the KAP of stakeholders such as men, youth, service providers and policy-makers similar to the national demographic and health surveys and family planning surveys that have primarily focused on women needs and concerns. It is also important that emphasis should be given for priority research funding for such type of studies instead of small-scale or area studies.
2. Develop more accurate and in-depth measures of FP KAP indicators that are to be included in National Demographic and Health Surveys (NDHS) and Family Planning Surveys or periodic census of the population. What may be needed is to convene a KAP standards committee that will formulate a set of questions on FP KAP that can in turn be used as a common reference for future NDHS or FP surveys.
3. The research agenda should also include in-depth or case studies focusing on emerging and new issues regarding the various stakeholders; i.e., ethnographic or culture based studies that can explain why FP, for example, is very successful in Region II or Cagayan Valley, or the paradox of why highly educated and economically better-off women continue to use traditional methods of contraception when they have all the information and resources available to make their choice from a wide range of more reliable and medically safe FP methods such as pills and IUD, for example.
4. More studies, both quantitative and qualitative (case studies) should be done on the Filipino male and the conflicts that they confront with regards to their support and practice of family planning. Some lessons can be learned here from commercial marketing of products directed at male consumers which are highly successful in reaching out to them. For several years now, a USAID sanctioned private initiative to sell condoms in the open market have been conducted in the major cities such as Metro Manila and it is perhaps, opportune to take a serious look at the outcomes and impact of this program as it may help to define for us the Filipino male psyche and how this can be accessed to for FP programs in the future.
5. The urban poor appears to be the bane and future opportunity for the PPMP. It is where the program had failed to live up to its expectations considering that FP practice among the poor is the lowest among the socio-economic groups. This is ironic since the urban poor are located in population centers where you have the greater concentration of health services, health personnel and communications. In the country's biggest city, Quezon City, about half of the residents are estimated to belong to the urban poor and large numbers of them reside in the two other biggest cities of Manila and Calocan.

6. Policy advocacy research on FP is a missing link in present efforts to mobilize the country in support of the PPMP and its strategic goals. Current efforts have been limited to the activities of the PLCPD based in the House of Representatives and its efforts in getting FP supportive legislation have not been successful. There should be a careful analysis of the reasons behind PLCPD's failure and to build from it into developing a broader based advocacy program that includes not only the legislative but also the Executive and the Judiciary as well as leading members of the business community, NGOs and mass media. The case in point here is the fate of the reproductive rights bill that have been languishing in Congress since the time of former President Fidel V. Ramos. A new tack needs to be developed that may not necessarily push for the passage of the bill in its present form but in more diffused versions and incorporated into existing legislative vehicles such as the amendments to the Local Government Code or in local legislations at the provincial, city and municipal levels.

## I. INTRODUCTION

The Commission on Population (POPCOM) in its first *State of the Philippine Population Report (SPPR)* published in 2000 in cooperation with the United Nations Population Fund (UNFPA) raised the alarm over the country's untrammled population increase that, if remained unchecked, would double the number of Filipinos in less than 30 years.

Based on the Census of Population and Housing conducted decennially by the National Statistics Office, the total population of the Philippines as of May 1, 2000 was 76,504,077 persons. This was higher by 7,887,541 persons or about 10.31 percent from the 1995 census (with September 1, 1995 as reference date). It was 10 times the Philippine population in 1903 when the first census was undertaken.

The expansion of the Philippine population reflected a 2.36 percent average annual growth rate in the 1995-2000 period. This figure recorded a slight increase from a declining growth rate that started in the first half of the seventies. The last increase recorded in population growth rates was during the period 1948 to 1960 at 3.07 percent. The recent growth rate was 0.04 percentage point higher than the annual growth during the early part of the nineties. If the average annual growth rate continues, the population of the Philippines is expected to double in 29 years.

Of the 16 regions comprising the Philippine archipelago, Southern Tagalog (Region 4) was the biggest in terms of population size, registering a total population of 11,793,655 persons accounting for 15.42 percent of the Philippine population. The National Capital Region (NCR) followed with 9,932,560 persons or 12.98 percent of the total population. Central Luzon (Region 3) registered the third largest population with 8,030,945 persons or 10.50 percent of the total population. These three regions combined comprised 38.90 percent of the total population.

### Highest growth rate and population size by province/city

There were five regions in the country which registered a population growth rate higher than the national level of 2.36 percent. These regions included Southern Tagalog (Region IV), 3.72 percent; Central Luzon (Region III), 3.20 percent; Central Visayas (Region VII), 2.80 percent; and Southern Mindanao (Region XI), 2.60 percent. The Autonomous Region for Muslim Mindanao, ARMM, one of the country's poorest areas registered the highest growth with 3.86 percent.

Among the 78 provinces in the country, the following provinces have surpassed the two millionth population mark: Pangasinan (2.43 million persons) of Region I (Ilocos), was the largest in terms of population size. Cebu (2.38 million persons), Bulacan (2.23 million persons), Negros Occidental (2.14 million persons) and Cavite (2.06 million persons) followed. Of the 21 provinces with more than one

million population, 13 provinces were in Luzon, five in Visayas and three in Mindanao.

Across cities, three out of 12 cities in the National Capital Region (NCR) and one in Mindanao have surpassed one million population. Quezon City had the largest in terms of population size, contributing 2.17 million to the Philippine population. It was followed by Manila (1.58 million persons) and Caloocan City (1.18 million persons). Outside NCR, Davao City broke the millionth mark at 1.15 million persons.

### **Negative Consequences of Runaway Population Growth**

The Philippine population had a median age of 21 years, which meant that half of the population were below 21 years old. The age structure of Philippine population was a broad base at the bottom consisting of large numbers of children and a narrow top made up of relatively small number of elderly. Young dependents belonging to age group 0 to 14 years comprised 37.01 percent. The old dependents (65 years and over) accounted for 3.83 percent, while 59.16 percent comprised the economically active population (15 to 64 years). This meant that for every 100 persons in the working age group (15-64 years), they had to support about 63 young dependents and about six old dependents. The end result is a reduction in the country's economic productivity since the young cannot be expected to contribute to the country's national income in a meaningful way.

Untrammelled population growth also worsens the country's poverty and with the young taking the brunt of its ill effects. Based on a 1998 national demographic survey, about 36 infants out of every 1,000 live births died before their first birthday and these are more pronounced among families whose incomes are below subsistence levels. As for the children of the poor who survived their infancy, making their way through life could be very tough considering that the country average shows that only six out of every ten pupils who enter Grade I are able to make it to Grade 6. Among those who are qualified to enroll for high school, only four out of 10 are able to enroll due to poverty and that overall, the incidence of drop-outs among the poor is significantly higher.

### **The Struggle to Check the Population Growth Rate**

The Family Planning (FP) program in the Philippines has been in existence for more than 30 years starting with such private initiatives as the Family Planning Organization of the Philippines (FPOP) and the subsequent creation of the Commission on Population or POPCOM under the Office of the President in the 1970's that placed the issue of population growth in the country's policy agenda. The FP program focus then was to create public awareness of the availability of contraceptive delivery services, the legitimacy of contraception and the need for controlling family size. Awareness-generating strategies worked well at the start

and gave the population program a firm foothold in the social and cultural consciousness of the nation. Yet the rise in people's awareness and/or knowledge was never matched by similar increases in the use of modern methods of contraception. By the late-1980's the Philippines experienced what observers noted as a plateau in the growth of its contraceptive prevalence rate (CPR). More current data on the country's population showed that the practice of family planning had remained somewhat stagnant with only slight increases in the mid-Nineties to the present of the number of acceptors for modern contraceptives, in particular.

For example, Family Planning Survey (FPS) results from 1995 to 2000 reveal a decline in the CPR, from 50.7 percent in 1995 to 47.0 percent in 2000. The same rate of contraceptive use was recorded in the 1997 FPS and in the 1998 National Demographic and Health Survey (NDHS). The 1999 FPS estimate for the CPR (49.3%) was a marked improvement, particularly the prevalence rate of modern methods (from 28.2% in 1998 to 32.4% in 1999 as seen in Table 1):

Table 1  
Contraceptive prevalence rate, Philippines: 1995-2000

Year	Any Method	Modern Method	Traditional Method
1995	50.7	25.5	25.2
1996	48.1	30.2	17.9
1997	47	30.9	16.1
1998	46.5	28.2	18.3
1999	49.3	32.4	16.9
2000	47	32.3	14.7

\*Based from the 1998 National Demographic and Health Survey, which used a different sampling design.

Sources: NSO, 1995-1997, 1999-2000 Family Planning Survey  
NSO, 1998 National Demographic and Health Survey

In response to this, much effort went into reexamining the national family planning/ population programs to identify possible reasons and solutions for the lull in the previously rising contraceptive-prevalence trend. The International Conference on Population and Development (ICPD) held in Cairo in 1994, provided a new orientation to the field of international population and to the Philippine FP program in particular. Whereas much of the work prior to Cairo was aimed at increasing contraceptive use and decreasing fertility, Cairo brought a renewed emphasis to women's reproductive rights, informed choice, client-oriented services, and satisfaction of reproductive intentions. This orientation is not inconsistent with increased contraceptive use, since it is assumed that greater client satisfaction will result in greater contraceptive continuation. Among the new program directions that came out of such deliberations were the integration of population programs with other development programs and the expansion of delivery systems by exploring new avenues such as the use of

commercial resources, community-based distribution programs and social marketing approaches.

UNFPA's Office of Oversight and Evaluation (OOE)<sup>1</sup> conducted a review in 1998 to assess progress to date in implementing the reproductive health approach of the 1994 International Conference on Population and Development (ICPD) Programme of Action and to propose modalities for improving the effectiveness, efficiency and the strategic direction of UNFPA's support of reproductive health programmes. The review was based on a sample of six countries which included the Philippines. Six principal areas were studied: the policy and legal environment; the organization and management of the reproductive health activities; access to and quality of reproductive health services; information, education, and communication (IEC) activities; increasing awareness of reproductive health components and services.

One of their recommendations was that there is a real need to increase utilization of key reproductive health services, which is low everywhere. According to their report, "To do this, communication strategies need to focus much more on understanding the socio-cultural values that guide people's, including service providers', attitudes and behaviors; and on deepening their knowledge as to what reproductive and sexual health is, what determines it, and how it can be achieved. Communication strategies need to attempt to change attitudes and behaviors.

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<sup>1</sup> Office of Oversight and Evaluation, "Implementing the Reproductive Health Vision: Progress and Future Challenges for UNFPA", published in Evaluation Findings, United Nations Population Fund Issue 20, July 1999.

## II. REORIENTING FAMILY PLANNING

The Cairo Declaration also underscored that a comprehensive viewpoint is needed to understand why people choose to practice or not to practice family planning which is a departure from the microeconomic framework, that views reproductive responses through the calculus of optimizing behavior, which has been a major tool for the analysis of fertility behavior for the last three decades. According to Indu Bhushan<sup>2</sup>, a project economist from the Asian Development Bank (ADB), "the microeconomic analysis assumes that couples have perfect, or complete and accurate information about the benefits from and the costs of both children and contraception. Under the basic assumptions of this framework, couples decide to have an additional child only when the net benefits from having the child or the difference between the future streams of benefits and costs are positive and greater than those of alternative investments. Avoiding the monetary costs of contraception is one of the benefits of childbearing. However, many authors note that the cost of contraception constitutes a very small proportion of a household budget. Therefore, conventional economic analyses conclude that unwanted fertility cannot exist in any significant measure because the cost of avoiding a child is extremely small relative to the cost of having and rearing a child."

But the fact remains that there exists the gap between people knowing and desiring to limit the number of their children and their actual practice of family planning. This is the so called "FP Knowledge and Practice Gap" that is currently known as "unmet need" that described people who desire to have fewer children but are not practicing family planning at present. What is required, therefore, according to Bushan (1997), is to consider fertility decisions as coming from the perceived rather than actual costs of contraception and the perceived probability of conception. Unlike the actual economic cost, the perceived cost of contraception can be quite substantial and can entail *sociological, psychological, and physiological costs* (Bogue 1983; Schearer 1983 as cited in Bushan: 1997).

### People's Perceptions as the Determining Factor

According to Bushan, "The perception of costs associated with contraceptive use depends upon the characteristics of a couple and their community. For example, for women whose husbands approve of family planning, the disutility associated with contraceptive use may be lower than that for those whose husbands do not approve. Similarly, educated women may know more about contraceptives and feel more confident in approaching service providers than poorly educated

<sup>2</sup> Bhushan, I., Understanding Unmet Need. Working Paper Number 4. Baltimore, Johns Hopkins University School of Public Health, Center for Communication Programs, November 1997.

women. Consequently, the perceived costs of contraception may differ." A relatively high perceived cost of contraception—cost defined in broad terms to include health, sociological, and psychological considerations—may lead one to practicing or not practicing family planning. As an alternative to the purely microeconomics view of fertility decision-making, he proposed, in place of the purely economic framework, the following formulation that place a high premium on the social, psychological and cultural factors paving the way for a clear and unequivocal role for communication or IEC intervention in promoting family planning behavior as shown below:

**Classification of Perceived Costs of Contraception**

Components of the perceived cost of contraception can be categorized as follows:

**1. Economic Costs**

- Search and information acquisition
- Out-of-pocket cost
- Travel and time costs
- Recurrent follow up and revisit costs

**2. Physiological and Psychological Costs**

- Discomfort
- Fear of permanent or serious damage to health
- Anxiety over contraceptive failure
- Perceived irreversibility of method

**3. Social, Familial, and Personal Costs**

- Threat to social norms
- Nonconformity with religious and moral beliefs
- Social disapproval and fear of sanction
- Threat to familial harmony
- Disharmony in the extended family
- Need to communicate with spouse about sex
- Spousal opposition to contraception
- Threat to personal adjustment
- "Loss of inner control"
- Threat to sexual pleasure and spontaneity
- Fear of approaching service providers
- Violation of modesty and privacy in sexual matters
- Contravention of expected gender role

**The Social Acceptance Project**

It is in the light of the reexamination of the Philippine Population Management Program and in response to the Cairo Declaration calling for fresh initiatives and

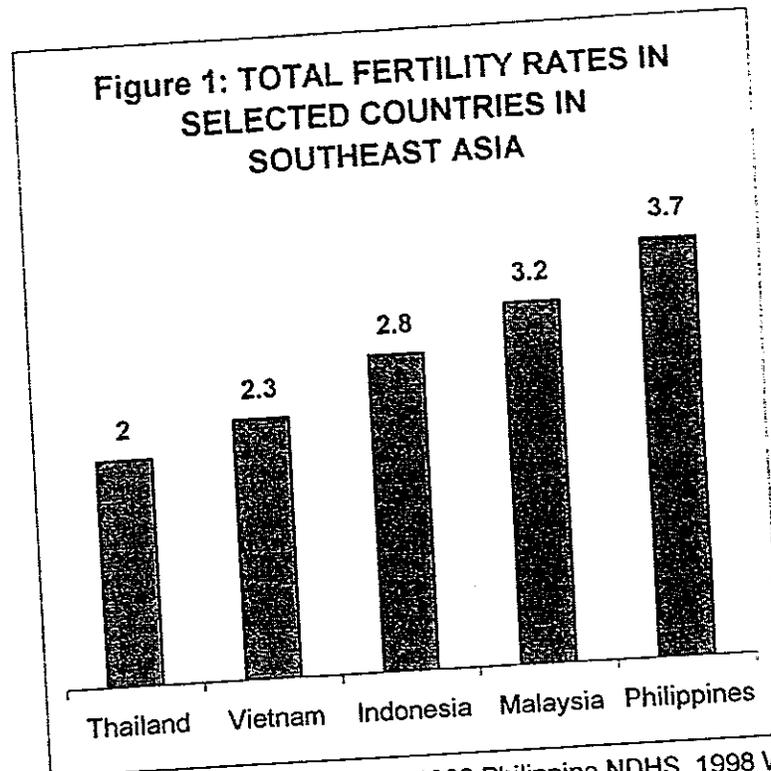
approaches not only for women but also other key stakeholders such as men and youth, that the Social Acceptance Project or the **Project on Strengthening the Social Acceptance of Family Planning in the Philippines**, becomes timely indeed. The Social Acceptance Project could tap into the accumulated socio-cultural and economic lessons of the last three decades of the Philippine population program and transform the use or practice of modern contraceptive methods into something that is internalized in the lifestyle of the populace – for family planning to be considered as “routine” and “unexceptional”. What this calls for is creating a climate of public opinion that supports and encourages couples to practice effective family planning methods in vast enough numbers that can impact the country’s run-away population growth that is considered to be the highest in Southeast Asia.

Given the lackluster performance of the Philippine population or family planning program in the last decade, the main communication task is no longer that of simply informing people about the need for family planning and the availability of services. Among the new goals that ought to be considered that have been drawn from the contemporary literature on population and family planning mentioned above are: a) identification and understanding of unmet need and “problem groups” b) development of a segmented approach to reach and motivate “hard-core” audiences so that they would become continuing users of contraception and c) exploration of the most efficient mix of communication approaches for each audience or audience segmentation. It is in the light of these issues and concerns that the Social Acceptance Project had come up with the following approaches to “internalize” the small family norm and use of modern contraceptive methods among Filipinos through:

- a) Increase health literacy and improve the flow of accurate information about family planning;
- b) Increase dialogue about family planning and the credibility of health providers and the medical profession as sources of information;
- c) Raise the cultural legitimacy of family planning practice; and
- d) Build local capacities.

Part of the Social Acceptance Project’s initial activities is the undertaking of this present review of population IEC-related researches in the Philippines during the last decade with particular emphasis on the psychological, sociological and cultural factors that may explain the reasons why the country’s family planning program failed to gain ground among most Filipinos. Comparatively speaking, the country lags behind the other countries of ASEAN whose population programs are far more successful or effective as shown in Figure 1. Family planning started in the 1970’s in both Thailand and the Philippines, for example, but whereas the former had been able to stabilize its population growth, the Philippines by far still lags behind and with Thailand ( better population control

had been noted by observers as a major factor) also surpassing the Philippines in terms of economic expansion of its GNP or Gross National Product.



Source: 1997 Indonesia NDHS, 1998 Philippine NDHS, 1998 World Population Sheet, Population Reference Bureau

## PURPOSE OF THIS REPORT

This report is designed to:

- provide a basic review of the psychological, sociological and cultural factors that may result in the practice or non-practice of family planning;
- briefly analyze the issues and concerns that explain how communication interventions can lead to behavioral change, client satisfaction, and other desired results for the Social Acceptance Project;
- come up with a list of recommendations that can be used for future researches and/ or monitoring and evaluation of proposed IEC interventions;

### III. METHODOLOGY

The review of communication or IEC related studies on family planning KAP among Filipinos covered the period 1990 to the present using available documents gathered from the following institutions and agencies (*The research studies covered are listed in Appendix I: Bibliography*):

1. The Department of Health
2. Commission on Population
3. Population Institute, University of the Philippines
4. Philippine Information Agency
5. College of Mass Communication, University of the Philippines
6. Philippine Center for Population and Development
7. John Hopkins University (JHU) PCS, Manila Office
8. The Reach Out Health Foundation
9. Friendly Care Foundation, Inc.
10. Philippine Social Science Council

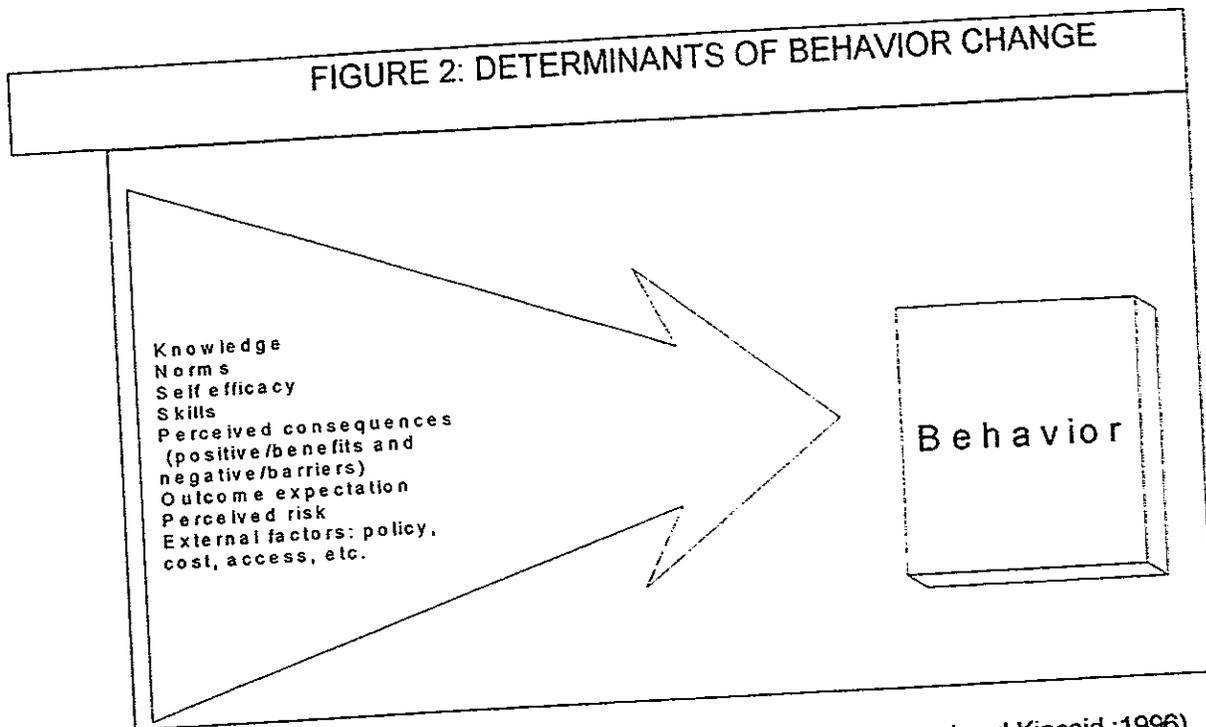
The research review focused on the following target audiences and stakeholder groups:

- a. Women
- b. Men
- c. Adolescents and Young Adults
- d. Healthcare Providers
- e. Influentials and Opinion Leaders

The analysis follows from the tradition of behavior theories that provide explanations of why people behave as they do. Three theories have been influential in guiding communication for behavior change programs according to Bertrand and Kincaid (1996)<sup>3</sup>. These are Bandura's *Social Cognitive* (formerly *Social Learning*) *Theory*, Azjen and Fishbein's *Theory of Reasoned Action*, and Becker's *Health Belief Model*. There is considerable overlap in constructs from these theories, and a core set of constructs or factors (also called "determinants") emerge from them that can be used to guide formative research, intervention design, and evaluation. Figure 2 illustrates the primary factors associated with behavior change (from Bertrand and Kincaid: 1996)<sup>4</sup>.

<sup>3</sup> Jane T. Bertrand and D. Lawrence Kincaid, EVALUATING INFORMATION-EDUCATION-COMMUNICATION (IEC) PROGRAMS FOR FAMILY PLANNING AND REPRODUCTIVE HEALTH: Final Report of the IEC Working Group, Carolina Population Center, University of North Carolina at Chapel Hill, Tulane University Center for International Health and Development and School of Public Health and Tropical Medicine, and The Futures Group, , October 1996

<sup>4</sup> Op. cit.



Source: Academy for Educational Development (as cited in Bertrand and Kincaid :1996)

In our discussion of the results of our research review, there will be constant use of the following terms or concepts which we would like to define as follows:

**KNOWLEDGE :** The respondent' s recall of at least one family planning method or recognition of at least one FP method as this is being described by the interviewer (in the 1998 NDHS for, example, the respondents were asked: "Which ways or methods have you heard about?")

**ATTITUDE:** Opinions or perceptions of family planning methods including perceived positive or negative consequences on its use as well as communicative behavior such as talking or endorsing a family planning method to someone.

**PRACTICE:** Respondents having tried a contraceptive and/ or continued use of a family planning method as indicated by the contraceptive prevalence rate (CPR).

## Limitations of the Study

This review is based on available studies, reports and papers coming from institutions or agencies involved in the Philippine population program. The list of institutions was far from exhaustive and there may have been studies that have been missed due to their unavailability or difficulty in locating them due to the limited time for data gathering.

Moreover, the data on the Knowledge, Attitudes and Practices of family planning aspects of target audiences and stakeholders such as men, youth, service providers and influentials or opinion leaders have not been dealt with sufficiently in the past demographic surveys (which are mainly directed at women) and so we have to resort to drawing inferences from the scant data that were available.

It must be also be noted here that we have not come across any national survey of FP communication or IEC study done in the past decade that addresses specifically the KAP of youth, men, health providers and public officials such as local government executives with regards to family planning methods or contraceptives. Moreover, even the National Demographic and Health Surveys (NDHS) and Family Planning Surveys that specifically target women respondents showed only scant information on the psycho-social and cultural factors that may explain their behavior (women) with regards to family planning.

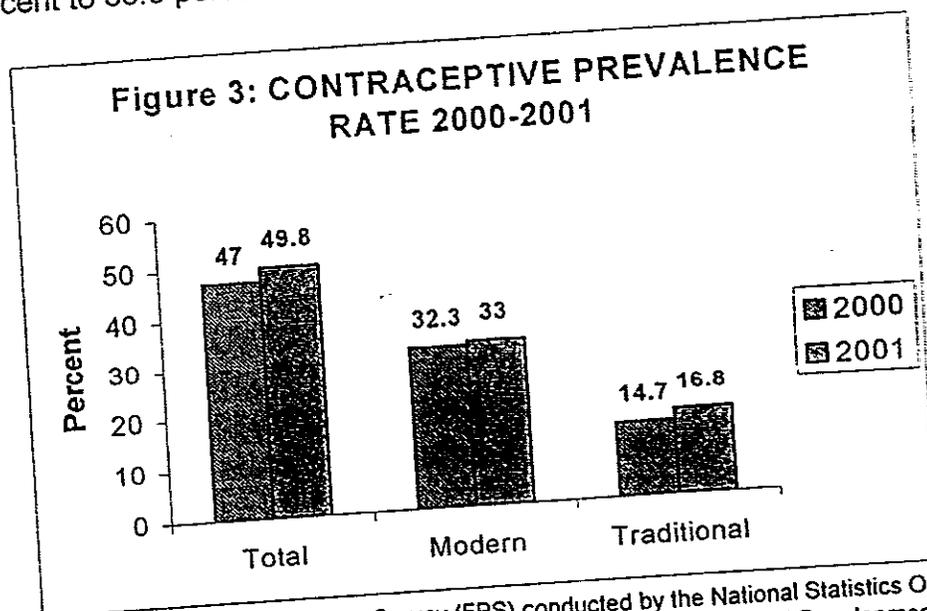
The studies that were reviewed included quantitative researches as well as qualitative research or case studies. The primary source for national-level KAP for women in particular were the periodic National Demographic and Family Planning Surveys. There were also other national surveys or studies on the youth, for example, but they provided only cursory information on FP KAP. Much of the data on the other stakeholder groups were case studies or localized to a particular province or region. These studies made use of surveys as well as focus group and key informant interviews. Their small sample sizes however, and lack of national scope make generalizations from them rather risky.

Some of these studies we covered were from secondary sources or are merely cited in a report or published material so specific details about the methodology of the research, number of respondents or area coverage cannot be provided. For the most part, though, we tried to present the details of the research scope and coverage for added information. Overall, looking at the last decade of IEC related researches in the Philippines, we found out that the level and number of researches involving national samples and the communication factors covered or the quality of information (communication factors and socio-psycho-cultural determinants researched on) have been fewer than expected from such a long-running program such as the Philippine Family Planning/ Population programme. We believe that serious consideration should be given in the future to the need for intensifying the quantitative and socio-cultural measures needed to develop a first-rate data base on family planning KAP in the Philippines.

## IV. WOMEN'S PRACTICE OF FAMILY PLANNING

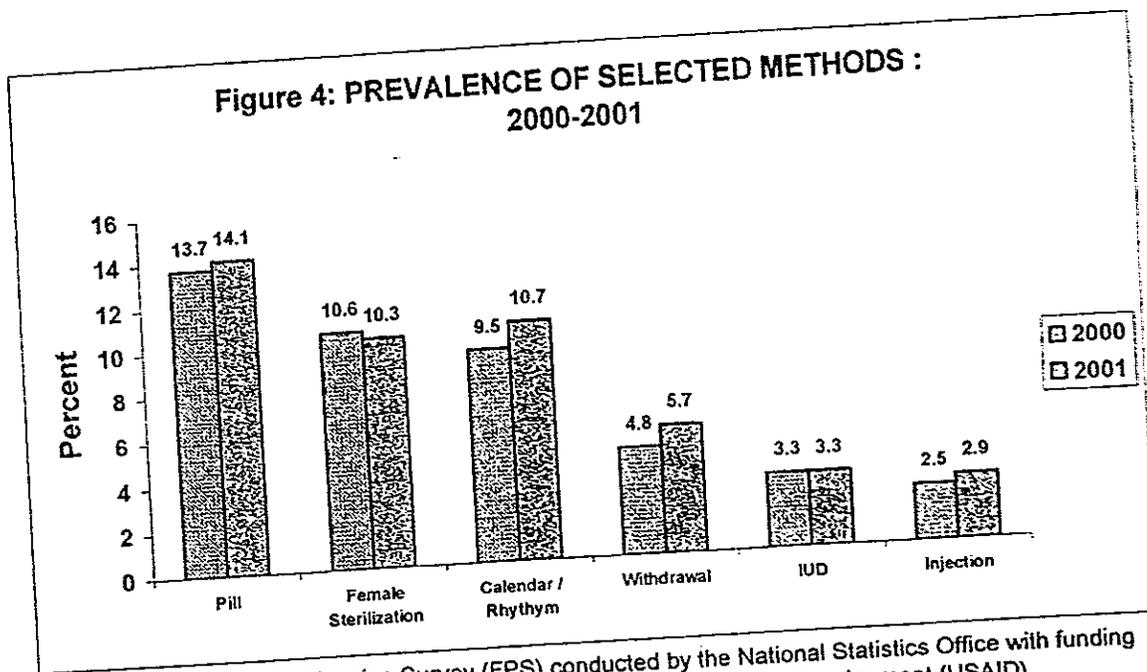
1. The latest FP survey in 2001 showed some increase in the contraceptive prevalence rate (CPR) compared with the previous year. The increase, however, came mainly from *traditional methods such as rhythm and withdrawal, which is a step back or retrogression from the more reliable modern methods.* Although the pill remains as the most popular contraceptive method, female sterilization that was second place in 2000 had been replaced by rhythm in 2001.

The 2001 Family Planning Survey is a joint undertaking between the National Statistics Office and USAID covering a total of 30,122 women 15 to 49 years of age nation-wide. The survey results showed that the contraceptive prevalence rate (CPR) or the proportion of married women 15-49 years reporting current use of contraceptives is up by 2.8 percentage points, from 47.0 percent in 2000 to 49.8 percent in 2001 (Figure 3). This significant increase is primarily caused by the increase in the prevalence rate for traditional methods (14.7% to 16.8%), particularly calendar rhythm (9.5% to 10.7%) and withdrawal (4.8% to 5.7%) as shown in Figure 4. The use of modern methods also increased very slightly from 32.3 percent to 33.0 percent.



Source: 2001 Family Planning Survey (FPS) conducted by the National Statistics Office with funding assistance from the United States Agency for International Development (USAID).

The pill remains as the most popular contraceptive method among currently married women with 14.1 percent using this method. Calendar/rhythm (10.7%) ranks second and female sterilization (10.3%), which ranked second in 2000, drops to third in 2001. Withdrawal method showed noticeable increase from 4.8% to 5.7% in 2001 and is the fourth most widely used method, followed by IUD (3.3%) and injection (2.9%).



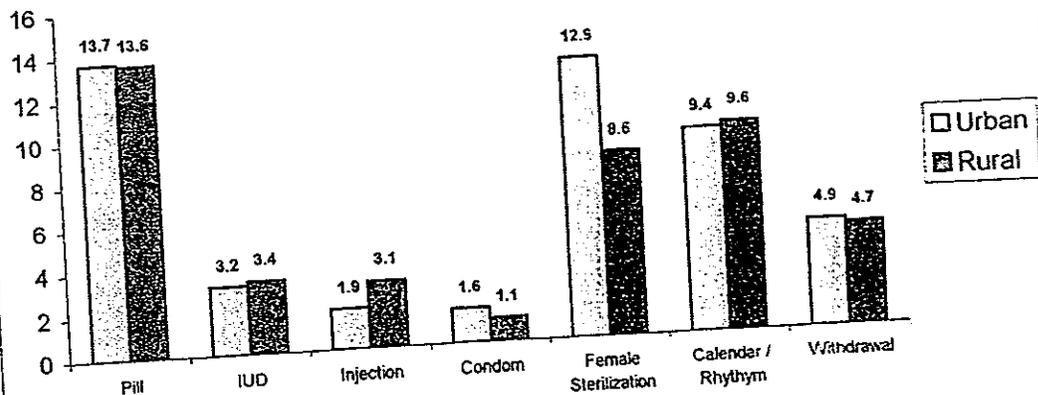
Source: 2001 Family Planning Survey (FPS) conducted by the National Statistics Office with funding assistance from the United States Agency for International Development (USAID).

2. There is no marked difference in the use of modern contraceptives such as the pill, IUD and condom in both urban and rural areas. This is also true for the traditional methods of rhythm and withdrawal. Only in female sterilization are the numbers significantly weighed more towards urban areas. One reason may be due to the fact that there are more health facilities in the urban areas that can handle this surgical procedure.

For the most part, urban and rural use of family planning methods is just about the same for such contraceptives as the pill, IUD, condom, rhythm and withdrawal. The only marked difference is in the higher prevalence of female sterilization in urban areas than in rural areas (12.9% versus 8.5%). Also, more rural women (3.1%) prefer the use of injection than urban women (1.9%). Among urban women, the three most applied FP methods are pills, sterilization and rhythm. For rural women, these are pill, rhythm and sterilization. Withdrawal is the fourth most practiced method in both rural and urban areas, besting the modern contraceptives such as IUD, injection and condom.

*prevalence of selected methods*

Figure 5: PERCENTAGE OF WOMEN USING METHOD BY URBAN OR RURAL RESIDENCE



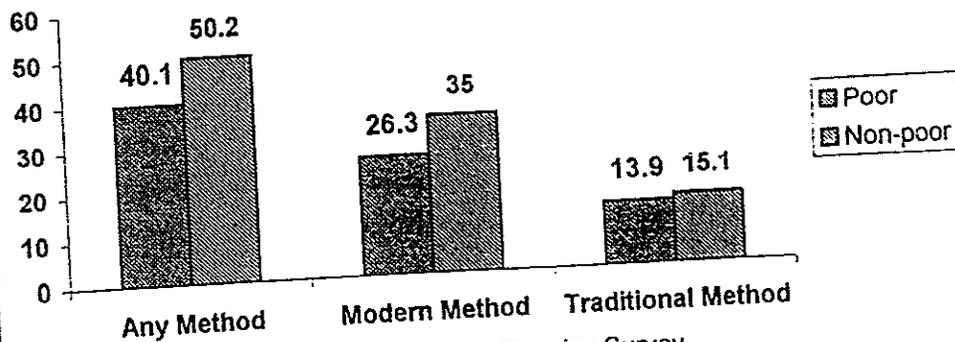
Source: 2000 Family Planning Survey

3. Women from poor households lagged behind their "better-off" counterparts in the use of family planning methods. This is evident for modern methods where most of the gap exists. Moreover, the economically advantaged women also outnumber the "poor" women in the use of traditional methods. This poses a paradox of sorts since women who by their economic position can afford or access any kind of contraceptives still choose traditional methods such as rhythm and withdrawal which are unreliable and more cumbersome to use.

Women in poor households (40.1%) are less likely to practice family planning than those in non-poor households (50.2%). (Please see Figure 6). This difference is due mainly to a higher prevalence of female sterilization among non-poor women than among poor women (13.2% versus 5.1%) (Please see Table 2).

The pill is the most preferred contraceptive method for both poor (13.3%) and non-poor women (13.8%). Female sterilization is the second most preferred method among the non-poor women (13.2%) while it is calendar/rhythm among poor women (9.4%). But on the other hand, the non-poor women are also practicing rhythm in more numbers (9.6%), which makes them as vulnerable to the rhythm's inconsistency and long record of failures (Table 2).

**Figure 6: CONTRACEPTIVE PREVALENCE RATE AMONG MARRIED WOMEN BY SOCIO-ECONOMIC STATUS**



Source: NSO, 2000 Family Planning Survey

**Table 2**  
Contraceptive prevalence rate among married women by current contraceptive method used, by five-year age group, according to socio-economic status, Philippines : 2000

Age Group	Any Method	MODERN METHOD										
		Any Modern Method	Pill	IUD	Injection	Diaphragm / Foam / Jelly / Cream	Condom	Female Sterilization	Male Sterilization	Mucus / Billings / Ovulation	Temperature	LAM
POOR												
Total	40.1	26.3	13.3	3	3	0.1	0.8	5.1	0.1	-	-	0.9
15-19	18.3	9.2	4.5	2	1.2	-	0.6	-	-	-	-	0.8
20-24	36.1	26.2	14.3	2.9	6	-	0.4	1	-	-	0.1	1.6
25-29	42.2	32.2	20	4	4.2	-	0.9	2.1	-	-	-	1.1
30-34	45.7	31.7	19.1	5	2.7	0.2	0.5	3.1	-	-	-	1.4
35-39	47.8	29.8	13.8	2.5	3.8	0.1	1.3	6.9	-	-	-	0.4
40-44	39.8	22.1	6.9	1.8	1.9	-	1.2	9.8	0.1	-	-	-
45-49	24.2	12.9	3.3	1.2	0.5	-	0.4	7.2	0.3	0.1	-	-
NON-POOR												
Total	50.2	35	13.8	3.4	2.3	-	1.6	13.2	0.2	0.1	-	0.4
15-19	25.4	19.8	13.8	0.7	3.3	0.2	0.6	-	-	-	-	1.2
20-24	39.1	28.8	18.5	3.6	3.1	-	1.6	0.9	-	-	-	1.1
25-29	49.6	36	21.9	4	4.1	-	1.6	3.3	0.2	-	-	0.9
30-34	56.2	39.7	20.4	5.2	2.6	-	2.2	9	0.1	-	-	0.2
35-39	57.3	39.2	15	4.3	2.4	0.1	1.8	15	0.2	0.3	-	0.2
40-44	54.1	35.9	7	2.4	1.5	-	1.2	23.4	0.3	-	-	0.1
45-49	38.5	27.2	2	1.1	0.4	-	1.1	21.8	0.5	-	-	0.1
TRADITIONAL METHOD												
		Any Traditional			Calendar / Rhythm			Withdrawal			Other	
POOR												
Total	13.9		9.4			3.8			0.7			

15-19	9.1	3	5	1.2
20-24	9.9	6.7	2.2	0.9
25-29	10	6.3	3.4	0.4
30-34	14	9.9	3.4	0.6
35-39	18	12.5	5.3	0.3
40-44	17.7	11.4	4.9	1.3
45-49	11.3	8.4	1.9	1
NON-POOR				
Total	15.1	9.6	5.3	0.2
15-19	5.6	2.4	3.1	-
20-24	10.3	4.7	5.4	0.1
25-29	13.6	7.7	5.6	0.2
30-34	16.5	11	5.3	0.2
35-39	18	11.6	6.4	0.1
40-44	18.2	12.4	5.3	0.4
45-49	11.3	7.3	3.6	0.3

Note: Married women include women whose marital status is 'living together'. Poor and non-poor classification is based on the score that indicates the household's socio-economic standing. This score was calculated based on the responses in the FPS on the presence of housing conveniences.  
Source: National Statistics Office, 2000 Family Planning Survey

4. The lack of formal education, and this is most pronounced among the poor, could also be a barrier in the practice of family planning. Women who had not completed elementary education are more likely of not practicing any contraception at all. On the other hand, women with elementary education or higher tend to use FP contraceptive methods, most notably modern contraceptives. But there still remains a sizeable number of educated women (college level or higher) who still cling to traditional FP methods and are still vulnerable to the high failure rate of such methods.

The use of family planning methods is most popular among elementary (49.5%) and high school graduates (49.5%) and is least popular among women who did not complete any grade (39.5%). Yet on the other hand, the level of use of traditional methods among women with college education (graduates) tend to even exceed the number of women with no grade completed (14.3% vs. 12.1%).

Table 3  
Percent Distribution of currently married women by current contraceptive method used, By selected background characteristics, Philippines : 2000

Selected Background Characteristics	Percent Using			Percent Not Using	Total
	Any Method	Modern <sup>1</sup>	Traditional <sup>2</sup>		
Education					
No Grade Completed	39.5	27.4	12.1	60.5	100
Elementary	46.2	31	15.3	53.8	100
Grade I to V	46.3	30.6	15.7	53.7	100

Graduate	49.5	34.7	14.8	50.5	100
High School	48.4	33.8	14.5	51.6	100
1st to 3rd Year	47	32.8	14.2	52.9	100
Graduate	49.5	34.7	14.8	50.5	100
College	47.1	33.2	13.9	52.9	100
Undergraduate	46.6	33.2	13.5	53.3	100
Graduate, higher	47.6	33.3	14.3	52.4	100

Notes: <sup>1</sup>Modern methods include pill, IUD, injection, diaphragm / foam/ jelly / cream, condom, female sterilization, male sterilization, mucus / billings / ovulation, temperature and LAM  
<sup>2</sup>Traditional Methods include calendar / rhythm and withdrawal.

<sup>3</sup>Each household was classified into poor and non-poor based on the score that indicates the household's socio-economic standing. This score was calculated based on the responses in the FPS on the presence of housing conveniences.

Source: National Statistics Office, 2000 Family Planning Survey

**5. Religion as a factor in FP method use affects only a very small number of women overall, although its role in Muslim areas (ARMM) is far more crucial than in the rest of the country.**

Related to the socio-economic factors linked to preferences for FP methods or contraceptives, data from the 2001 National Family Planning Survey also showed that on the aggregate, the percentage of women whose main reason for non-use was either their opposition to the use of contraception on religious grounds or prohibition by their religion comprised only about 6 percent. However, in ARMM, the data showed that 46.3 % of women who were not using any contraceptive method, cited prohibition by their religion as the main reason for their non-use of contraception. This explains why the CPR for ARMM has been consistently low, hovering between 13 percent and 18 percent based on data from the 1995 to 2001 rounds of the FPS.<sup>5</sup>

<sup>5</sup> National Statistics Office, 2001 Family Planning Survey: Final Report, 2001.

## V. OTHER DETERMINANTS OF FAMILY PLANNING PRACTICE

1. Knowledge of family planning among women is virtually universal (90% or more). But the figures drop substantially when compared with the number of women who have ever tried an FP method. This finding could be indicative that what they know is insufficient for them to take action or that there are other factors which are more important in their decision to practice family planning.

Overall, most women have heard or are aware of at least one FP method. The methods with the highest recognition were pills, condom and female sterilization - among all women, regardless of being married or not. It must also be noted that modern FP methods are also universally known which may be indicative of the success of the public communication efforts that have been undertaken by the program in the last 30 years.

But when the respondents were asked if they have used any family planning method even for once, the numbers dropped considerably, as shown below, with currently married women declining to around 69.4 percent while for all women, the numbers were even far more less - 43%. These findings suggest that perhaps the quality of information retained by the respondents about the different FP methods may not be adequate to at least make them confident enough to try out the FP method.

Table 4  
Percent Distribution of currently married women by current contraceptive method used, By selected background characteristics, Philippines: 2000

Knowledge of Contraceptive Method	All Women	Currently Married Women
Know of Any Method	97.6	98.6
Have Used an FP Method	43.4	69.4
Know of a Modern Method	97	98
Ever Used a Modern Method	32.8	52.5

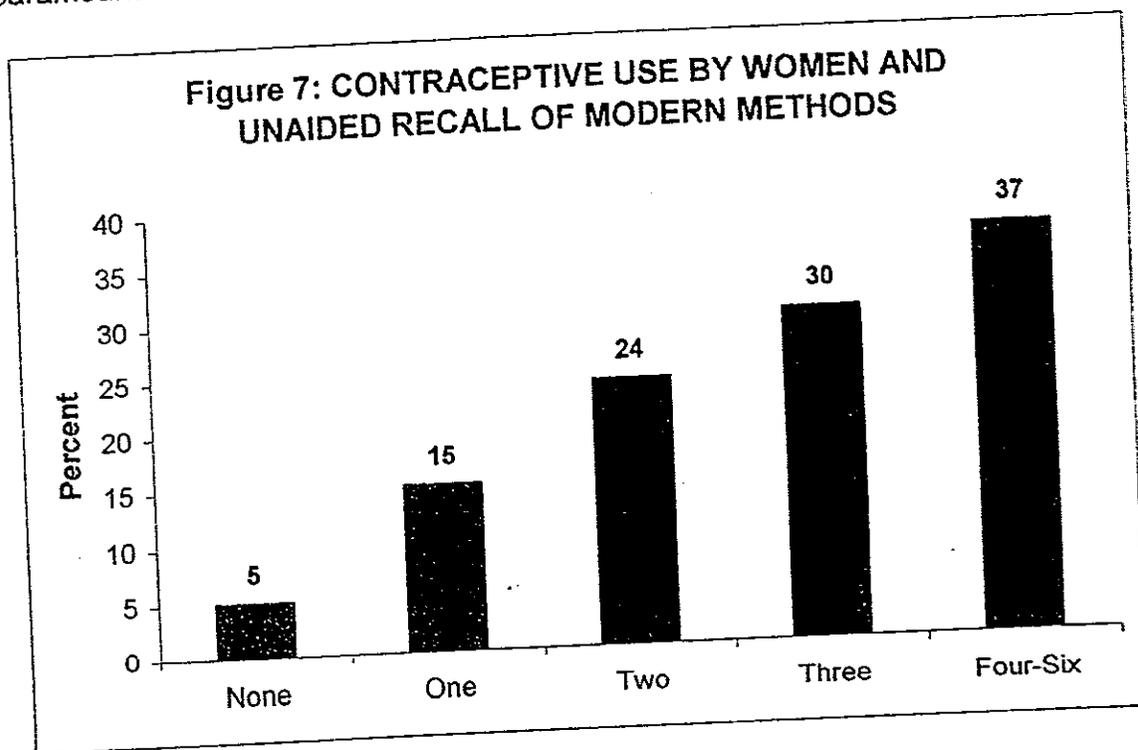
Source: 1998 National Demographic and Health Survey

2. Looking at knowledge levels, in depth; it appears that the higher the level of knowledge such as knowing more than one method, the more likely it is for one to practice family planning. Better-informed persons are better able to make the choice of a method that suits them and to stick with their decision.

A nation-wide survey conducted by TRENDS-MBL, Inc., a market research agency in 1996 with a national sample survey of 1563 women found that the

greater the number of modern methods that women could spontaneously (unaided) recall, the greater the likelihood that they used modern contraceptives. According to D. Lawrence Kincaid,<sup>6</sup> "It is reasonable to assume that women are more likely to find a method that is suitable for them (*"hiyang"*) if they are familiar with a greater number of methods. Knowledge and experience may also give them greater confidence with the method that they are currently using."

In the figure provided below, women who know more than 4 to 6 different types of FP methods are twice likely to practice family planning than women who know of only one contraceptive. The data suggested that the more people learn, the better it is for the success of the FP program and that the quality of FP information and its comprehension by the program stakeholders must be made paramount in all future IEC interventions or programs.

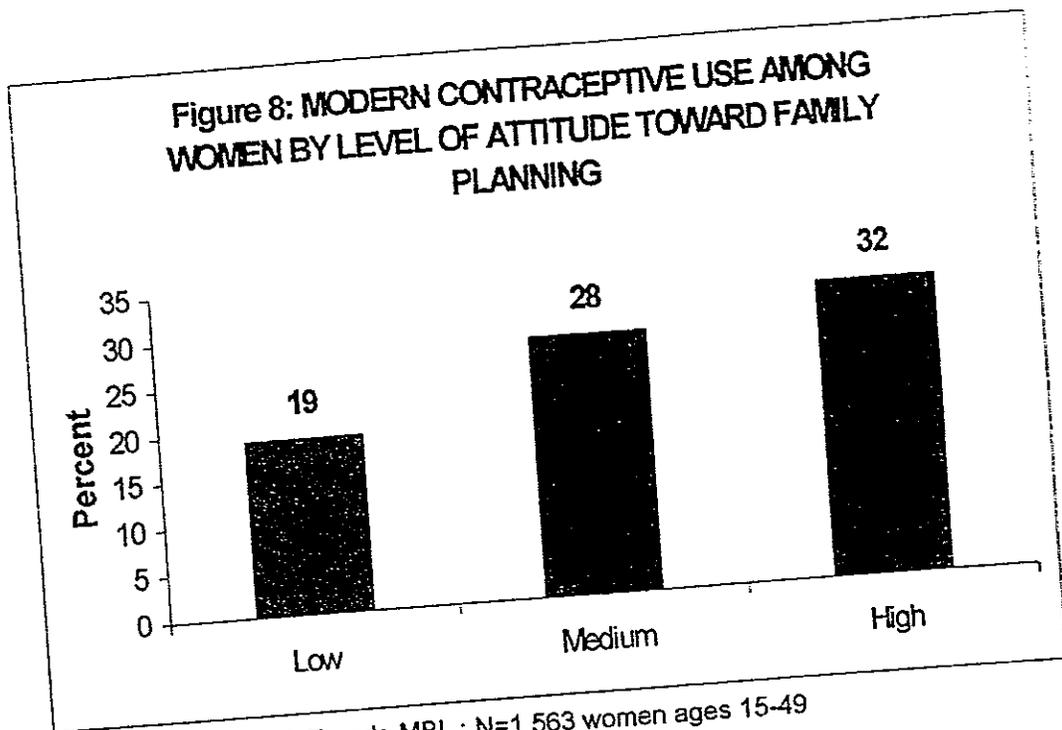


Source: JHU / CCP and Trends-MBL  
 Note: N=1563; p<.001

3. In terms of agreeing with FP principles and issues which they are exposed to, women who are in complete agreement with the issues or concerns of family planning or population policies are also more likely to practice family planning.

<sup>6</sup> D. Lawrence Kincaid, "WHY WOMEN IN THE PHILIPPINES PRACTICE FAMILY PLANNING: A QUALITATIVE AND QUANTITATIVE ANALYSIS," A paper prepared for the Assistant Secretary of Health, Philippines, September 23, 1998, and presented at a seminar on communication and family planning, Manila, August 2000.

In the JHUICCP and Trends MBL national survey cited above, the responses of the women to a series of 12 attitudinal statements on family planning were categorized as disagreed or unsure, agreed, or strongly agreed. When the answers to these twelve statements were summed to make a single overall attitude towards family planning, there was a substantial, statistically significant difference in terms of the use of modern contraceptive methods as seen in Figure 8:



Source: JHU / CCP & Trends-MBL.; N=1,563 women ages 15-49

4. Women who discuss family planning with their husbands are more likely to practice family planning; the practice of FP is also more likely among women with deeper understanding of fertility health issues.

Elma P. Laguna, et.al., in their study *Contraceptive Use Dynamics in the Philippines: Determinants of Contraceptive Method Choice and Discontinuation (2000)*<sup>7</sup>, indicated the following issues related to contraceptive method choice:

- Women are also likely to choose modern methods if they discuss this more with their husbands. This would imply that their husband's approval do count a lot when they make a decision themselves about family planning.

<sup>7</sup> Elma P. Laguna, Anna Liza C. Po, Aurora E. Perez and Andrew Kantner, *Contraceptive Use Dynamics in the Philippines: Determinants of Contraceptive Method Choice and Discontinuation*, Population Institute, University of the Philippines, Diliman Quezon City, October 2000

- Women who correctly identify when they are most likely to be at risk of conception during their ovulatory cycle are more likely to use modern contraceptive methods, especially natural methods. This relates to the finding that highly educated women are more capable of handling relatively complex information compared to low-educated women.

5. The persistence of rumors on the negative effects of family planning has a discouraging effect on its adoption by the urban poor. In addition, beliefs persist among them of the economic value of having more children.

A study of the urban poor conducted in 2002 by NFO Trends for the Johns Hopkins University / Population Commission Services consisted of couples and their families in class D & E (most urban poor are either unemployed or underemployed with income ranging from P200 to P400 a day) in eight selected urban poor areas in Metro Manila that was part of a community based FP project of the DOH. The study reported that the practice of family planning is low among the poor because "they feel that their knowledge is inadequate, particularly on how to use the methods – proper application, timing, and other dos and don'ts. FP users already have an in initial knowledge of FP from other users. However, their interactions with others who have used FP contributes to the spread of misconceptions."<sup>8</sup>

These misconceptions regarding FP were identified as:

- a) IUDs prick the penis or pierce the men's sexual organ during the intercourse;
- b) Ligation is perceived to have side effects;
- c) Use of pills results in the shrinking of women's breast;
- d) Injectables cause low blood and blood spotting among women as well as the total ceasing of the menstrual cycle that results in the accumulation of rotten blood inside the uterus.

The urban poor non-FP user's lack of knowledge or inadequate information were described in the in-depth interviews with them in terms of the following:

- They lack personalized information from BHW or center staff on FP/IEC materials
- A measure of fear remains in urban poor non-users that FP methods lead to discomfort and cause dreaded diseases like cancer among women non-users.
- They lack knowledge on the FP methods

<sup>8</sup> NFO Trends, "Poverty, Health and FP Profile of the Metro Manila Urban Poor," prepared for the Johns Hopkins University, October, 2002.

- There are urban poor non-FP users who believe that it would be better to have children come one after the other while the parents are still young and can take care of the children. This is better than when to have them at intervals (due to spacing), and the parents become too old to take care of the children.
- Taking care of one child is the same as taking care of many. Others believe that raising many children may be cheaper because of hand-me-downs.

6. Concerns for their health and safety of FP methods is seen by users as among the reasons why they are not using a contraceptive method. This is consistently the biggest reason, after their decision to have another baby, why women do not practice family planning.

Data from two national surveys conducted over a 5-year period indicated that the negative perceptions of women regarding the safety issues of family planning methods appear to be the biggest stumbling block on their practice of family planning. We did not consider the desire for additional children (for the spacers) since this is a situational context and not as a permanent barrier such as a person's fear of side effects as a reason for not using a contraceptive such as pills or IUD, for example.

Taken together, the fear of side effects together with health concerns of women with regards to FP methods constitute the main issue against family planning and why many women are not using it. Religion or the opposition of the Catholic Church, for example, is not as formidable an opposition compared to women's concerns for the health safety of FP methods, overall.

Table 5  
Reasons For Not Using Contraception Based on the 1993 and 1998 National Demographic and Health Surveys

Reasons for not using contraception	1993 NDHS	1998 NDHS
Fear of side effects	21.6	17.5
Health concerns	10	13.8
Respondent opposed	3.2	4.8
Inconvenient to use	2.1	1
Religious prohibition	4.8	4.8
Wants more children	20.1	20.4

Source: 1993, 1998 National Demographic and Health Surveys

7. Both wives and husbands also regarded the efficacy and safety of FP methods as among the most important attributes behind their choice of a contraceptive. In addition, approval of one's spouse was also cited as very important in the choice of an FP method.

In a study involving 480 couples in Munoz, Nueva Vizcaya (rural sample) and 300 couples in Manila (urban sample), the three most important criteria for FP methods cited by both rural and urban respondents were the effectiveness of the FP methods, approval of spouse and health side effects. When asked together, there is also mutual agreement among the couples that the health concerns and efficacy of the FP methods are the most important together with the approval of their spouse.

The efficacy of the FP methods and the safety issues involved can be taken together as the "scientific" information about the FP program that needs to be disseminated effectively. The data indicated that the concern for these type of information is still very high which may be due to the lack or inadequacy of dissemination efforts in the past. And this is true not only in the rural areas but in the urban areas as well.<sup>9</sup>

**Table 6**  
**Agreement Between Husbands and Wives on Importance of Specific Contraceptive Attributes**

Attribute Seen As Very Important	Wives % view attribute as very important	Husbands % view attribute as very important	Couples % view attribute as very important
Effectiveness in preventing pregnancy	77.2	75.8	65
Approval of spouse	71.8	62.7	51
Health side effects of contraception	65.4	61.7	48
Effects on marriage	63	54.9	45.8
Ease of use	53	48.9	41.9
Accessibility of supplies / services	38.3	29.7	32.4

Source: Ann E. Biddlecom, et.al., May 1996.

**8. Women who have gained higher economic and social status are also more likely to use family planning methods. Family planning practice can be considered part of their personal and social advancement beyond the traditional "stay at home" image of women in the past.**

A study in the province of Iloilo conducted by the Social Science Research Institute of the Central Philippines University in 1995-1997 covered 1,100 married women of reproductive age, plus 50 key informants. The research also included nine pre-survey and 27 post-survey focus group discussions with women, men,

<sup>9</sup> Ann E. Biddlecom, John B. Casterline and Aurora E. Perez, "Men's and Women's Views of Contraception: A Study in the Philippines," presented at the 1996 Annual Meeting of the Population Association of America, New Orleans, Louisiana, May 1996.

community leaders, members of women's groups, and family planning service providers from both urban and rural areas.

Their findings showed that more than half (52.6 percent) of the women interviewed were using a modern contraceptive method. The use of FP method was associated with women who are working. Contraceptive use was also associated with vocational training, higher level of education, and professional advancement. Contraceptive users were more likely to be involved in community activities, such as Parent-Teacher Associations, beautification projects, religious and health activities.<sup>10</sup>

Women said community projects increased their satisfaction and sense of self-worth by expanding their realm of activity beyond the household. Contraceptive users were somewhat more satisfied with their lives than non-users. Similarly, users were more likely to share decision-making with their husbands about their work outside the home, travel outside the community, contraceptive use and childbearing.

**9. As women's influence in decision-making in the household increase, so does her likelihood to adopt family planning method / contraceptive. Women who assert their role as co-partners in decision-making at home, tended to get their desire for fewer children more likely to be realized compared to those who are not as assertive.**

A related study on women's influence in family decisions including family planning method use or choice was done by Tapales (1996)<sup>11</sup> on reproductive decision making among married couples. The study population consisted of 780 married couples from five barangays in Metro Manila and eight barangays from the province of Nueva Ecija. Her findings indicated that couples where the wife has power in more types of household decisions have fewer children than those who perceive less power. As the number of decisions over which the wife perceives she has more influence increases, so does her control over her fertility.

The study demonstrated that women who have more influence over household decisions apply that power to decision making within the reproductive realm by having fewer children. Power does not also need to be overt in order to be exercised. As the results of the study illustrate, power perceptions by the wife are influential in determining the couple's family size. The findings also indicate that the professional status of women in society does affect their status at home, implying that more and genuine empowerment policies by the private and public sectors are necessary to create a more egalitarian community. Traditional

<sup>10</sup> Social Science Research Institute, "Economic and Psychosocial Influence of Family Planning on the Lives of Women in Western Visayas," Central Philippines University in collaboration with the Women's Resource Center and the Family Planning Organization of the Philippines, 1997.

<sup>11</sup> Athena Tapales, "Who Really Decides? Reproductive Decision Making Among Married Couples in the Philippines", presented at the Population Association of America meeting, New Orleans, Louisiana, 1996

privileges and burdens are exchanged for increased sharing of responsibilities and decisions, among which includes reproduction.

10. The support of husband/ spouse evidently is crucial in women's decision to continue using an FP method. The husband's support or lack of it may affect how women are encouraged to continue or discontinue their use of an FP method.

According to Laguna, et.al.,<sup>12</sup> in their analysis of the 1998 National Demographic and Health Survey, two out of five women (40 percent) who use any FP method stop using the method after a year. This rate is higher than the 1993 figure of 34 percent. One explanation for this could be drawn from their analysis of various socio-cultural factors ; e.g., the support of partners or husbands encourages FP use while the reverse accounts for high number of discontinuance, etc

For example, in methods such as pills and injectables where rumors are rife about side effects, women are bound to be dropouts if their husbands disapprove. The opposite is true when the husband approves, the wife stays with the method despite the negative news that she may encounter.

The husband's pro-natalist position could also be a determining factor in the adoption or continuance of a wife in the use of an FP method. In conditions where the husbands want more children, the discontinuance rate also rises as the wife tries to conform to the wishes of her husband.

Table 7  
Twelve-month Discontinuation Rates (DR) of Use of Contraceptive Methods  
(in months) by Selected Socio-Cultural Factors

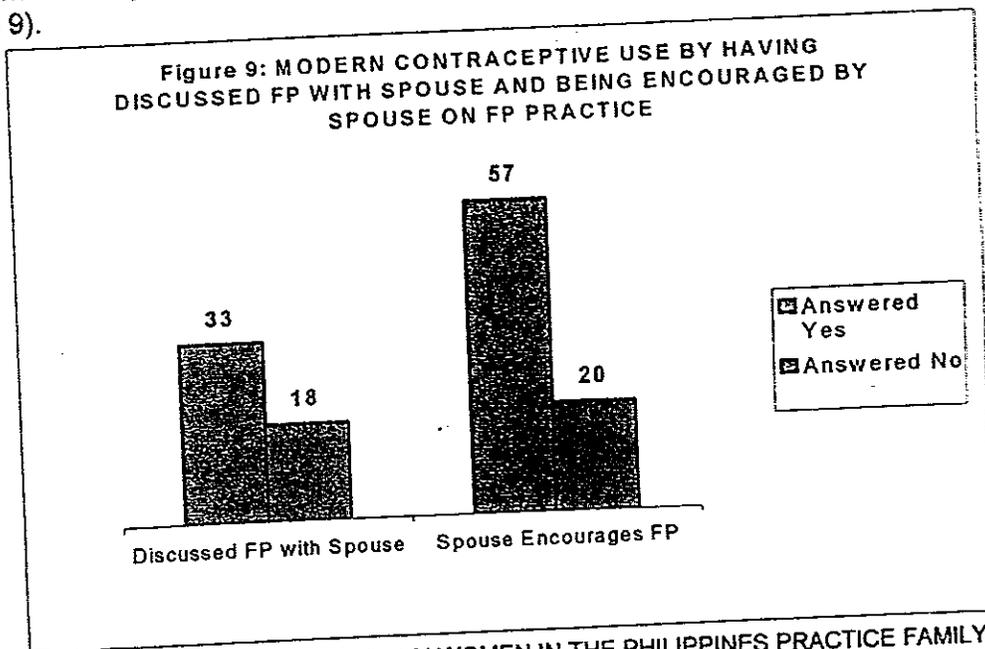
Socio-Cultural Factors	Pill	IUD	Injectables	Condom	Rhythm	Withdrawal
<b>Husbands approves of FP</b>						
Yes	42.6	13.9	47.1	59.8	40.1	45.4
No	60.9	9.3	52.9	73.8	32.2	35
<b>Discussed FP with partner</b>						
Never	62.9	12.7	49.1	27.2	44.8	45.4
Once	37.8	14.5	50.2	61.2	19.9	44.4
Often	44.4	14	46.6	63.4	38.9	44.8
					16.4	
					40.8	
					15.6	
<b>Husband desired number of children</b>						
Same as wife	40.7	14.2	46.9	58.2	39.9	45.6
Wants more	47.2	14.7	56.2	64.1	40.8	43

Source: 1998 National Demographic and Health Survey

<sup>12</sup> Elma P. Laguna, Anna Liza C. Po, Aurora E. Perez and Andrew Kantner , op. cit

Related to the findings on the influence of husbands cited above were similar findings from a study conducted by the Office of Population Studies, University of San Carlos in the province of Cebu (1995)<sup>13</sup> which covered more than 2,000 urban and rural women in the Metropolitan Cebu area who had a birth or pregnancy termination beginning in 1983. Following the survey, three in-depth ethnographic interviews (totaling five to seven hours) were conducted with a subset of 60 women to provide detailed information on women's decision-making processes. The findings showed only 12 percent of women saying they made autonomous decision when it came to deciding whether to use family planning. Among women who consulted their husbands, 25 percent said that in cases of conflict, the woman's decision prevailed, while 7 percent said the husband's will prevail. But in in-depth interviews, women told researchers that FP use was only secondary and what is important is good communication and negotiation with their spouse. The study concluded that, "Cebuano women viewed their marriages as pivotal to their lives."

In the national survey reported by Lawrence Kincaid (1996)<sup>14</sup> in a study that was mentioned previously, he said that the women were asked if they ever talked with their spouse/partner about family planning, and whether or not their partner ever encouraged them to practice family planning. Women who answer "yes" to these questions are much more likely to use a modern contraceptive than women who answer "no" (See Figure 9).



Source: D. Lawrence Kincaid, "WHY WOMEN IN THE PHILIPPINES PRACTICE FAMILY PLANNING: A QUALITATIVE AND QUANTITATIVE ANALYSIS," A paper prepared for the Assistant Secretary of Health, Philippines, September 23, 1998.

<sup>13</sup> Office of Population Studies, "Cebu Longitudinal Follow-Up Study," University of San Carlos, the Women's Studies Project and Carolina Population Center, 1995.

<sup>14</sup> L. Kincaid, op.cit.

## VI. MEN'S LOW PARTICIPATION IN FAMILY PLANNING

1. The lack of studies done at the national level on men and family planning has made it difficult to assess their overall KAP at this point. Existing studies using national survey data usually analyze the men's perspective through women's survey responses. Given this as a limitation, previous National Demographic and Health Surveys (NDHS) done in Southeast Asia showed that the use of FP methods among Filipino males is the lowest in the region.

The Commission on Population in its *2000 State of the Philippine Population Report*, admitted that, "Programs aimed at reducing population growth and total fertility have generally left men out of the picture. As principal targets of population programs, women have until recently borne much of the burden."

The data from the NDHS conducted in the Southeast Asian region indicated that the results of such neglect have a telling effect on the Filipino male's having the lowest use of FP methods when compared to his Asian counterparts.

What is more distressing is the relatively high numbers of Filipino males who are practicing traditional and unreliable means of contraception as against those who have been using condoms and vasectomy (Table 8).

Table 8  
Use of Family Planning Methods Involving Men's Cooperation  
Estimated Used Among Married Women of Reproductive Age (MWRA)

Region, Country & Year	% of MWRA				
	Any Method*	Condoms	Vasectomy	Withdrawal	Periodic Abstinence
<b>ASIA PACIFIC</b>					
<i>Indonesia 1991</i>	49.7	0.8	0.6	0.7	1.1
<i>1994</i>	54.7	0.9	0.7	0.8	1.1
<i>Malaysia 1984</i>	51.4	7.7	0.2	5.9	10
<i>1988</i>	48.3	5.6	NA	4.2	7
<i>Philippines 1986</i>	43.6	0.7	NA	8.7	8.5
<i>1993</i>	40	1	0.4	7.4	7.3
<i>Thailand 1987</i>	65.5	1.1	5.7	0.9	0.9
<i>Vietnam 1988</i>	53.2	1.2	0.3	7	8.1
<i>1994</i>	65	4	0.2	11.2	9.8

Source: Selected Surveys, 1987-1997 Demographic and Health Surveys (DHS)

2. Researches on Filipino males in terms of FP have been sporadic and have been generally small-scale; i.e., area studies or community surveys. The findings from these case studies is almost unanimous in saying that

male participation in FP is basically low and that Filipino males are indifferent to the issues related to fertility and reproductive health.

A study on male participation in reproductive health awareness in the province of Bukidnon by Sealza (1999)<sup>15</sup> conducted from 1997 to 1998 involved 226 married couples from the experimental area and 250 couples from the control barangays. The study reported the following low FP KAP of the husbands:

- The use of male contraception such as vasectomy is only, 3.6%
- More than half of the husbands did not know when it is not healthy for their wives to have a baby.
- Only 4 percent of husbands know that poor health, having more than 4 children and having undergone caesarian operation as unhealthy conditions for pregnancy too occur.
- A large number of traditional perceptions prevail specially in the area of the husband's supremacy in decision-making and achievement.
- Services for reproductive health, specifically for males, are not available, if not lacking in most government clinics.

Another study, this time of the urban poor, conducted by NFO Trends (2002)<sup>16</sup> for the Johns Hopkins University / Population Commission Services of eight urban poor communities in Metro Manila also showed the Filipino male's indifference to family planning.

Interviews conducted with male household members on their perceptions and behavior with regards to family planning revealed that, "With the exception of a few, men usually just mouth whatever their wives had told them. With the men, family planning seems an irrelevant issue that is not their concern. Nonetheless, males are amenable to the concept of family planning conceding to its benefits and realizing that it has direct implications on their role as providers for the family. But most males however are passive about the practice believing that it is the responsibility of the woman to seek ways not to get pregnant. This is on condition that the method chosen will not restrain them from sex whenever they want to or will not diminish the pleasure of having sex. Men reason that it is the woman's responsibility because she is the one who gets pregnant, she is the one who finds it hard and she is the one who has to tend to the growing up of the child. Among men family planning is not a hot issue to talk about or discuss. They make references about it, joke about it but do not talk about it seriously at length."

<sup>15</sup> Lita Palma-Sealza, "Male Participation Through Reproductive Health Awareness: A Baseline Study," *PSSC Social Science Information*, Vol. 27, No.2, July-December, 1999.

<sup>16</sup> NFO Trends, op.cit.

In a similar vein, Focus Group Discussion (FGD) studies of Filipino male participants from Metro Manila by McCann-Erickson Philippines in 1994<sup>17</sup> showed that there is a need to break the stereotypical thinking that health matters and family planning are outside of his area of concern. Their findings indicated that the male is not ready to admit he may be a part of the problem, much less a potential part of the solution. He does not feel personally accountable, he does not feel responsible, and is generally unmoved by injustice that does not directly touch his own circle of family and friends.

The Metro Manila male lives in a world where he believes he has more than his fair share of burden to bear. The rising cost of living, unemployment, corruption in government, crime and violence, and environment and pollution are the top five most pressing problems the country faces as far as he is concerned. The government is no help, he feels. He feels the pressure to constantly prove himself and perform and nothing he does is ever quite enough. To provide for his family, to give his children an education, to protect them from the crime and violence he sees around him – if he can manage that considering the odds he has to face, it should be more than sufficient.

**3. Husbands' preference for a small family play a crucial role on whether their wives practice family planning. Which means that the more enlightened the males are to the need for family planning, the more likely will be for their wives to use FP.**

A study that showed the male as an obstacle to FP because of his indifference to their wives desire to have less children was conducted by Casterline, et.al.,<sup>18</sup> covering 1,200 male and female respondents from Munoz, Nueva Ecija and another 780 respondents from the City of Manila.

Their findings indicated that women whose husbands prefer to postpone the birth of the next child are twice as likely to use FP contraceptives. On the other hand, women whose husbands would want to have a child soon are twice as likely not to practice FP contraception.

As indicated in the table below, 54% of women desiring to postpone their next birth and not using contraception have a husband who wants the next birth rather soon. On the other hand, 48% of women who are using contraceptives have their husband's agreeing or preferring that they postpone the next childbirth.

<sup>17</sup> McCann-Erickson Philippines, "Metro Manila Male Study," July 1995.

<sup>18</sup> John B. Casterline, Aurora E. Perez and Ann E. Biddlecom, "Factors Underlying Unmet Need for Family Planning in the Philippines," presented at the Population Association of America, San Francisco, USA, April 6-8, 1995.

**Table 9**  
**Husband's fertility preferences by wives use of FP contraceptive**

Husband's preference for next birth	WIVES WHO WANT TO POSPONE NEXT CHILDBIRTH	
	Using a contraceptive	Not using a contraceptive
Soon	25	54
Later	48	23
No more births	27	23
TOTAL	100	100

Source: John B. Casterline, et. Al., 1995

4. Men are generally unserved or underserved by the country's population program. Health facilities at the community and barangays levels cater exclusively to women's reproductive health needs. The absence of health facilities and counseling for men at community levels have added to the general belief that FP is a woman concern only.

A study by Lee (1999)<sup>19</sup> surveyed 41 reproductive health projects and identifying nine FP projects where men were involved. According to him, almost all interventions were undertaken in specific urban centers. Very few had a national, regional, provincial and/ or rural geographic focus. The men's participation in family planning interventions included attendance at mother's classes, counseling sessions or seminars, using condoms or vasectomy in a few cases, acting as community-based distributors or volunteer community-based educators and resource persons, or receiving information materials. The limits to men's participation were identified as:

- Most men think their role is only as an economic provider and see women's health purely as their wife's concern
- Using male family planning methods or attending health seminars were regarded as roles external to men.
- The engagement of many men in gambling, alcohol and womanizing or drug-taking were likewise considered hindrances.
- Most men cannot afford to lose a day's income to attend seminars or go for counseling
- Their work demands make men unable to have regular communication with their families
- The perception that majority were "Uninterested", "lazy" or "unconcerned", and more likely to gamble or drink on their days off.
- Many thought they were too old to be taught anything.
- Most men would not see the issues as problems or would say that they do not have the problem.

<sup>19</sup> Romeo B. Lee, "Men's Involvement in Women's Reproductive Health Projects and Programmes in the Philippines," *Reproductive Health Matters*, Vol, 7, No. 14, November 1999.

- Many men thought women's health projects and clinics were for women and children, and so only a few of them would participate or avail of services.

## VII. REACHING THE YOUTH AT RISK

1. The fertility rates among young and adolescent females are on the rise putting at risk their health and well-being particularly for those with unplanned pregnancies that make them vulnerable to the dangers of abortion and the hardships of teen motherhood when "babies are taking care of babies".

The 1998 NDHS data reveal that adolescents contribute 30% to the overall fertility. Adolescent fertility particularly among those below 20 may be low but these young women, numbering 3.6 million, comprise 5.2% of the total population. Although the fertility of adolescent has generally declined, its contribution to the overall fertility decline has been increasing. From 1980 to 1996, this contribution has been steadily increasing from 27% to about 30%.

The Department of Health (DOH) statistics indicates that foetal deaths were more prevalent among young mothers, and that babies born by them are likely to have low birthweight. Furthermore, a survey of pregnancy termination in five regions of the country showed that the proportion of teenagers who had induced abortion (16.5%) was greater than those who had normal deliveries (11.5%) and spontaneous abortion (6.2%). Recent studies show that 74% of all estimated illegitimate births occurred within the 15-24 age group. Some 21% of these out of wedlock births were among the 15-19 age group, and 53% among the 20-24 age bracket.

The problem of teenage pregnancy is much more pronounced in rural areas particularly among women with little or no formal education as shown in Table 10.

Table 10  
Percentage of Teenagers Age 15-19 Years Who are Mothers or Pregnant with Their First Child By Selected Characteristics

Characteristics	% Who are mothers	% Pregnant with first child	% Who have begun child bearing
<b>Age</b>			
15	0.3	0.2	0.5
16	0.8	0.8	1.6
17	3.6	1.4	5
18	7.8	2.6	10.5
19	17	4.2	21.3
<b>Residence</b>			
Urban	3.4	1.3	4.7
Rural	8.3	2.4	10.8
<b>Education</b>			
No education	17.3	0	17.3

Elementary	11.5	4.4	15.9
High School	4.5	1.2	5.7
College	3	1.5	4.5

Source: 1998 National Demographic and Health Survey.

**2. Knowledge of family planning among the youth is quite low and perceived to be inadequate. Population education, which was supposed to provide FP information directed at youth in schools, have proven to be insufficient.**

This finding on low knowledge of FP was shown in the 2001 Young Adult Baseline Survey<sup>20</sup> covering 494 college students age 15-24 years from five colleges and universities in Metro Manila. The study showed that, "Knowledge when pregnancy most likely to happen during a woman's menstrual cycle is still low among all the respondents. Seventy to seventy-nine percent state that it is the responsibility of both man and woman to ensure the use of contraception to protect the woman from getting pregnant whenever a heterosexual intercourse takes place."

According to Ogena<sup>21</sup>, in her analysis of the results of the YAFS-1 data, "Family planning is included as a topic in Population Education (POP-ED) which has been institutionalized in Philippine schools' curricula since the 1970s.... (yet) about one in every three young women felt inadequate on their knowledge of the subject and desired more information on family planning. Pills (77.7%) and condoms (59.0%) were claimed to be the best known methods while rhythm (51.3%)sterilization procedures (45.4%) were the least known. Data on knowledge about safe and unsafe periods of the menstrual cycle (crucial for the use of the rhythm method) reveal that claims of knowing the method was not associated with sufficient practical knowledge on non-risk periods. This knowledge of risk periods improved with formal lessons on family planning, although the percentages remain quite low."

**3. Large numbers of young people expressed tolerance regarding pre-marital sex and that a substantial number have actually engaged in sex between the ages of 16-18**

The Filipino Youth Study 2001<sup>22</sup> covering a total of 1,200 13-21 years old nationwide showed the following attitudes that would relate to the youth's fertility behavior:

<sup>20</sup> Josefina V. Cabigon, 2001 Young Adult Baseline Survey, University of the Philippines' Population Institute, December 2001.

<sup>21</sup> Nimfa B. Ogena, "How Are Filipino Youths Changing", Media Dialogue on the Changing Lifestyles of the Filipino Adolescents, Philippine Council for Population and Development (PCPD) and the UP Population Institute,

<sup>22</sup> NFO Trends, Inc., "Filipino Youth Study 2001", Philippine Province of the Society of Jesus, August 22, 2001.

- 41% are open to the prospect of pre-marital sex
- One out of four are already sexually experienced
- 40% have a girlfriend or boyfriend at the time of the interview
- By age 16-18, 34% have experienced more than one relationship with the opposite sex
- When with their boyfriend or girlfriend, one out of two go out by themselves without company.

Another nation-wide survey, the McCann Youth Study 2000 Edition<sup>23</sup> covering 900 respondents aged 13-21 years old from urban areas in Luzon, Visayas and Mindanao also found out that the young have more liberal views on sex and morality as indicated by the following findings of the study:

- Less than half would personally say that hiring a prostitute, having a girlfriend/ wife get an abortion, getting drunk and homosexuality is wrong.
- Only about half would personally consider things like premarital sex, phone or internet sex, and gambling heavily as outright wrong.
- Forty percent do not see wrong in divorce/ separation, marital infidelity, pornography and abortion.

**4. More and more young people are rushing into sexual relations heedless of the risks and without the protection afforded by contraceptive use. Lack of adequate knowledge on reproductive health matters and FP methods is the rule rather than the exception. The use of contraceptives is generally limited to condoms and withdrawal and even these are only used by a minority of the sexually active youth.**

Cheryl Vila and Aurora Perez<sup>24</sup>, in a secondary analysis of the 1993 National Demographic Survey and the 1998 NDHS noted that among the sexually active women, there is a considerable gap between the first sex intercourse which for today's youth (ages 15-24) is at 18 + years old and the first use of a contraceptive at age 19+ or a gap of more than one year thus making these women vulnerable to unwanted pregnancy at an early age.

The data also showed that today's youthful generation are engaging in sex at 18 years old as compared to their older counterparts whose average first sexual intercourse is at age 21. (Table 11)

<sup>23</sup> McCann-Erickson Philippines, "Youth Study 2000 Edition," The Strategic Planning Department, May 2001.

<sup>24</sup> Cheryl Tigno-Vila and Aurora E. Perez, "The Timing of First Births Among Young Adults in the Philippines," *PSSC Social Science Information*, Vol.28, No.2, July-December 2000.

**Table 11**  
**Mean Age at First Sexual Intercourse and Mean Age at First Contraceptive Use**  
**Among all Ever-Married Women**

Age Group	First Sexual Intercourse		First Contraceptive Use		Gap in Years 1993	Gap in Years 1998
	1993	1998	1993	1998		
15-24	18.4	18.2	20.2	19.7	-1.9	-1.5
25-39	20.8	21.1	25.0	24.7	-4.2	-3.6
40-49	21.3	21.4	28.4	26.8	-7.1	-5.4

Source: 1993 and 1998 National Demographic and Health Surveys.

The Commission on Population in its State of the Philippine Population Report for 2000 said that about 1.8 million Filipino males and 670,000 females age 15-24 are already sexually active. The report profiled the adolescents and young adults in terms of the following characteristics:

- More than one third (36 percent) of young women conceived before marriage.
- Out-of-school youths – estimated at 5.5 million, mostly concentrated in urban areas – face a higher risk of teenage pregnancy, sexually transmitted diseases and complications from abortions.
- Many adolescents engage in premarital sex without adequate knowledge about means of avoiding pregnancy and sexually transmitted diseases.
- Of those who are sexually active, 74 percent do not use any form of contraception; also 78 percent of males have never used a condom and 60 percent of them have had commercial sex.

Lacson, et.al. (1997)<sup>25</sup> in a study of 1,295 male (44% of sample) and female (56% of sample) students from two universities in Metro Manila found out that in general, males are more active when compared to females of the same age at a ratio of 3:1. Most males are sexually active by age 18. (Table 12)

In terms of FP use, only 38% of the respondents said that they have adequate knowledge on the proper use of condoms which showed a wide disparity with the number of young men who even in their teens (60.6%) are sexually active. The implication of this is clear, large numbers of today's teen males are placing themselves at risk to sexually transmitted diseases (STD) and unwanted pregnancies of their female partners who (if at the same age level) would be non-FP users themselves as we have discussed previously.

<sup>25</sup> Romel Saulog Lacson, Theocharis R. Theocharis, Robert Strack, Francisco S. Sy, Murray L. Vincent, Trinidad S. Osteria and Pilar Ramos Jimenez, "Correlates of Sexual Abstinence Among Urban University Students in the Philippines," *International Family Planning Perspectives*, Vol. 23, Issue 4 (December 1997).

**Table 12**  
**Percentage Distribution of Urban University Students**  
**by Selected Characteristics According to Sexual Experience**

Variables	Sexual Experience
<b>Sex</b>	
Male	75.6
Female	24.4
<b>Age</b>	
18 or below	60.6
above 18	39.4
<b>Condom knowledge</b>	
Inadequate	62.0
Adequate	38.0

Source: Romel S. Lacson, et.al., "Correlates of Sexual Abstinence Among Urban University Students in the Philippines," (December 1997).

In a review of FP studies on adolescents, Berja (1999)<sup>26</sup> noted the following features that give serious concern on the sexual behavior of young males, to wit:

- Ninety percent (90%) of sexual encounters of young males are unprotected. Even their sexual encounters with commercial sex workers are also unprotected (78%).
- Among the contraceptive users, the most popular methods are withdrawal and condom. Boys reported a higher level of contraceptive use than girls. However, their first sexual encounter was more protected than the subsequent ones.
- The highly educated sexually active male is 30% more likely to use contraceptive during a sexual encounter than one who had an elementary education.
- Among boys, 22% would have lost their virginity at 18, and 45% at age 21; compared to girls where 8% lost their virginity at 18 and 18% by age 21.
- 18% of the youth were engaging in premarital sex: 26% among males and 10% among females.

<sup>26</sup> Calrinda L. Berja, "Communication and Advocacy Strategies in Adolescent Reproductive and Sexual Health: Case Study Philippines," UNESCO PROAP Regional Clearing House on Population, Education and Communication, Bangkok, Thailand, 1999.

## VIII. HEALTHCARE PROVIDERS: NEED FOR CUSTOMER-ORIENTED APPROACH

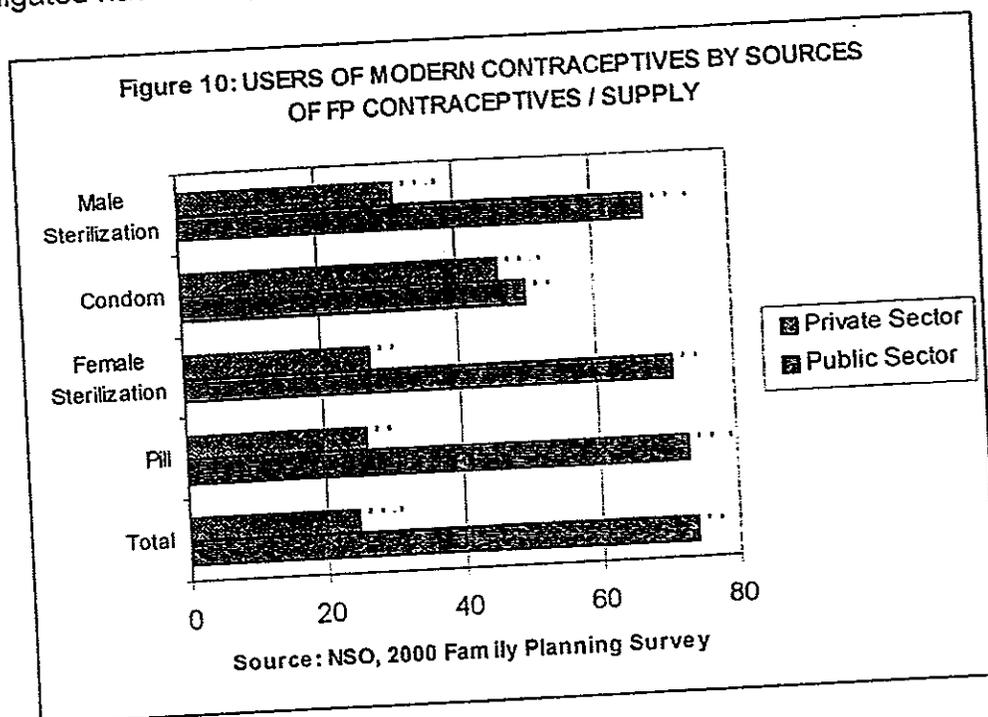
1. The people generally get their FP supplies and / or services from government hospitals and health stations at the barangay level. The quality of that service has often been suspect because of government's notoriety for inefficiency and corruption.

The public sector is the major source of modern contraceptives (Figure 10). Three out of four women (73.7 %) currently using a modern contraceptive method obtain their supplies from the public sector. In contrast, only one out of four women (24.7%) obtain her supply from a private source.

Government hospitals (25.4%), rural health units/urban health centers (26.5%) and barangay health stations (19.6%) are the leading sources of supply within the public sector. Only 2.2 percent of women obtain their supplies from the barangay service point officers/health workers.

The private sector, wherein the pharmacies and private hospitals/clinics are the more popular sources, provides supplies to almost a quarter (24.7%) of users of modern methods. In particular, 37.2 percent of condom users obtain their supply from pharmacies.

Moreover, three in ten men (30.7%) who have had vasectomy had their operation in private hospitals/clinics. One-fourth or 24.7 percent of the women who have been ligated had their operation also in private hospitals/clinics.



For example, the training on FP provided to the nurses and midwives who manned the FP centers or units (the Basic Comprehensive Course in Family Planning) conducted by the DOH with UNFPA assistance have been riddled with major gaps based on an evaluation conducted in 1993. According to Miralao (1994),<sup>27</sup> of the nurses and midwives trained:

- 34 percent could not name four advantages of oral contraceptives;
- 59 percent could not list five early pill danger signs;
- 38 percent could not name three modern methods of natural family planning
- 47 percent could not describe how to identify when ovulation has occurred using banal body temperature.

The role of NGO's in providing FP services had been looked at seriously due to the problems affecting these government FP centers/ units which have not been well regarded by many clients or have actually been deficient in making their clients come back for return visits. The quality of service provided by the healthcare provider make them quite popular even if clients have to pay for services. For example, in a study by Lamberte (1999)<sup>28</sup> covering 1,025 family planning users in 6 cities, the clients were more pleased with the services provided by NGOs.

According to the study findings, the "NGOs received higher ratings in many quality of care indicators from their family planning clients than public sector facilities. This implied satisfaction in spite of paying for services. Respondents gave high ratings to:

- friendliness of the staff
- staff competence
- privacy
- cleanliness of the clinic
- anonymity
- availability/ regularity of the supplies
- distance of the facility from work
- waiting time
- length of clinic hours
- variety of services

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<sup>27</sup> Virginia Miralao, "Family Planning Studies in the Philippines: A Review and Synthesis," Philippine Social Council and the Population Council, February 1994.

<sup>28</sup> Exaltacion Lamberte, Roy Brooks and Mark Sherman, "Understanding Provider Choice of Family Planning Clients: Consumer Intercept Study, The Policy Project, March 1999.

2. Studies of health care providers nation-wide have generally been lacking in terms of their FP KAP so it would be difficult to generalize at this point; however, there are localized studies that seemed to indicate that the healthcare provider in government run clinics, given the training, would be competent and motivated to provide good or effective FP services to clients.

A survey of family planning volunteer workers by David and Chin (1993)<sup>29</sup> in Iloilo City covering 106 BSPOs and 106 BHWs showed the need for the proper training and guidance of volunteer workers in the field in order to come up with better delivery of family planning services. For example, the study found out that the volunteer workers have fairly good knowledge about family planning as well as open-mindedness and favorable attitudes. In terms of FP practice, 100 BSPOs and the 95 BHWs who were or had been married practiced contraception.

Correlations linking various factors to the volunteer's performance identified the BSPO/BHW attendance at an FP training as the largest positive influence on their work with clients such as counseling and follow-up visits. This suggested that investments in human resource development (HRD) such as personnel training may result in sustained patterns of contraceptive use.

3. There is a sense among healthcare providers that the FP services should be expanded to include the "missing" services/ information materials for men and youth. This would imply that healthcare providers are conscious of the shortcomings of the program at their level and what needs to be done.

A nation-wide study using FGDs and key interviews of healthcare staff of health service clinics in Luzon, Visayas and Mindanao conducted by Costello, et.al (2001)<sup>30</sup> showed that the respondents see as primary problem areas or gaps, the lack of IEC facilities/ materials particularly for men and youth; the lack of medical equipment and supplies; as well as the heavy workload of too many patients. (Table 12)

<sup>29</sup> Fely David and Fely Chin, "An analysis of the Determinants of Family Planning Volunteer Workers' Performance in Iloilo City," *Philippine Population Journal*, Volume 9, Numbers 1-4, 1993.

<sup>30</sup> Marilou Costello, Virginia Miralao, Ma. Teresa Manganar, and Saniata Masulit, "A Rapid Field Appraisal of Reproductive Health Care Needs and Available Reproductive Health Services in the Philippines," Population Council and the Philippine Social Science Council, February 2001.

**Table 13**  
**Assessment of Health Systems by Service Providers**

Issues	Service providers N=44
Lack of personnel and too many patients (public)	19
Lack of supplies, equipment, medicine/ facilities (public)	26
Inadequate services/ lack of IEC/ counseling especially for men and youth/ dental/ infertility (public)	40
Congested; lack space, long queues in public facilities	6
Lack of time/ overloaded. Heavy responsibilities in public facilities	6
Lack of training/ trained personnel (public)	8

Source: Marilou Costello, et.al., , "A Rapid Field Appraisal of Reproductive Health Care Needs and Available Reproductive Health Services in the Philippines.", February 2001

## IX. INFLUENTIALS AND OPINION LEADERS: STRENGTHENING POLICY SUPPORT

1. Politicians who may be supportive are somewhat wary of family planning because of the conventional thinking that it will cost them votes from the Catholic Church. A lobbying effort is need to translate their support into concrete policy action.

The Philippine Legislators Committee on Population and Development (PLCPD) conducted a political mapping of the awareness of the population problem among members of the 11<sup>th</sup> Congress and identified the following results:<sup>31</sup>

- 87% cited rapid population as the main symptom of the population problem.
- 57% said lack of education is the main cause of overpopulation
- 55% believe an intensive information education campaign will solve the problem
- 51% said poverty is a cause of overpopulation
- 81 % support the teaching of reproductive health in high school
- 79% favor the setting up of offices in local governments to project a strong population management program.

The caveat, however, is that members of Congress (House of Representatives) are elected every three years and that many members of the 11<sup>th</sup> Congress have been replaced by newcomers in the present 12<sup>th</sup> Congress.

2. The lack of systematic studies on the FP KAP of Influentials and Opinion Leaders had been a glaring omission that we have found out in this study. Except for the PLCPD study mentioned above, we do not have any data on the perceptions and thinking of today's congressional leaders, local government executives, members of media and religious and NGO leaders with regards to family planning. Having said that, people at the community level appeared to be disappointed with their local government leaders with regards to the latter's weak support for family planning

Costello, et.al., (2002)<sup>32</sup> in their study, which have been cited previously, also asked the target audiences about their perceptions of their local government officials vis-à-vis their support for family planning. Their findings indicated that people in the community see very little support for FP or reproductive health services from their local leaders. (Table 13)

<sup>31</sup> PLCPD, "A Political Mapping of Legislators on Human Development and Population Concerns," Philippine Legislators' Committee in Population and Development, Foundation, Inc.

<sup>32</sup> Marilou Costello, Virginia Miralao, Ma. Teresa Manganar, and Saniata Masulil., op.cit.

**Table 14**  
**Informants' Perception Regarding Local Level Support to Health Programs**  
**By Category of Respondents**

Responses	Married respondents	Unmarried respondents
Government officials are supportive of general health projects, but not particularly of Reproductive Health	12	0
Some support for health but priority are food production, infrastructure, others	8	5
Reproductive Health has least priority	0	7

Source: Marilou Costello, et.al., op.cit

## X. SUMMARY AND CONCLUSION

This situational analysis looked at the present levels of Knowledge, Attitudes and Practices with regards to family planning of various stakeholders and key target groups namely: women, men, youth, service providers, policy makers and influentials. We have come across a number of researches over the last ten years or so on family planning in the Philippines but it turned up that these were largely about women. This is quite a revelation considering that the Philippine Population Management Program (PPMP) has been going on for more than 30 years yet its research or information data base had not kept pace with the evolution of the programme itself --- what with population and development, the devolution of health services, the Cairo Declaration --- just to name some of the landmark changes that the PPMP had been through since the creation of the Commission on Population (POPCOM) in the 1970's.

Based on the information that we have gathered so far, it is still possible though to draw up a picture of the PPMP in terms of its impact in the lives of Filipinos --- women, men and youth; as well as provide some insights on how the key groups of health service providers, policy makers and influentials can be mobilized to achieve the strategic objectives of PPMP based on the goals set by the United Nations in its ICPD review in 1999 which are:

- 60% of primary health care and Family Planning facilities offering the widest achievable range of safe and effective FP methods in place by 2005; 80% by 2010 and 100% by 2015;
- reduction by half of any gap between the proportion of individuals using contraceptives and those desiring to space or limit their families by 2005; by 75% by 2010 and by 100% by 2015;
- at least 90% of young men and women aged 15 to 24 having access to preventive methods by 2005; 95% by 2010.

These targets call for no less than a national commitment to make family planning an integral part of the Filipinos' way of life. A basic premise of PPMP is the improvement of the quality of life of each and every citizen and it is essential then to consider the achievement of these goals as part of the national effort to break the bonds of poverty and ignorance that have ensnared the larger number of our people to a life of destitution. Thus, the success of the PPMP is also the success of millions of our countrymen in bringing about a new hope for economic and social emancipation for themselves and their families. It is this sense of mission, that the end result of family planning is not just the adoption or use of a contraception; but the ultimate value of taking personal control of one's life toward a more productive and, hopefully, more brighter future particularly for the country's poor.

By way of looking through the FP researches that have been conducted through the past decade, we can perhaps take stock of how the PPMP account for itself in terms of contributing its share in improving the lives of ordinary Filipinos? The picture cannot be complete or 100% accurate because the data that we have may be limited but nonetheless, some trends or patterns can be observed that have a bearing on how the PPMP has affected the lives of its various stakeholders.

**A. The family planning program had not made any substantial gains among the ranks of the poor – women who are in most need of the services that government FP centers and units are supposed to provide for free just to encourage FP contraceptive use.**

1) National Demographic and Health Surveys (NDHS) and the series of Family Planning Surveys conducted by the National Statistics Office (NSO) provide ample evidence that women from poor households are less likely to be using family planning contraceptives. One reason proposed by research studies such as Kincaid (1998), NFO Trends (2002), for example, is the lack of adequate knowledge which may be needed for one to be confident enough to try the contraceptive or to dispel rumors about side-effects that easily come their way.

2) Pro-natalist attitudes and beliefs persist among the poor regarding the economic uses or value of having many children. Such beliefs are often belied by the fact that children are at the receiving end of malnutrition and diseases brought about by poverty and thus making them less productive than what their misguided parents assumed.

3) Poverty, lack of education, lack of opportunities to improve oneself and consequent domination by their spouses are formidable barriers confronting the poor that directly affect their non-use of FP methods.

4) There are still vast numbers of women from poor household which make use of traditional methods that are unreliable and cumbersome. Beset by the low level of education among the poor, the use of such methods as rhythm which requires knowledge of the ovulatory cycle, for example, would be highly prone to error.

**B. The resurgence of traditional methods such as rhythm and withdrawal is a step back for the PPMP because it brings us farther away from the goal of achieving 60% of safe and reliable methods by 2005.**

1) The National Family Planning survey of 2001 showed that the only significant increase in the contraceptive prevalence rate is the growth from 9.5% to 10.7% of rhythm and 4.8% to 5.7% growth of withdrawal users compared to 2000. The fact that these methods are hard to comply with and unreliable to say the least, makes millions of women vulnerable to the risk of unwanted pregnancies.

2) The growth among traditional FP users is brought about by the persistently high level of negative information or rumors regarding the modern methods such as the pills and IUD. Studies for example by Biddlecom (1996), NFO Trends, and NDHS surveys indicate that fear of side effects and health safety are always mentioned by people as their reasons for not using FP contraceptives or for dropping out.

3) Paradoxically, highly educated women who went through college are also users of traditional methods in big enough numbers. This is borne out by the Family Planning surveys which consistently showed a big enough group of educated and non-poor women (10%++) who use traditional methods such as rhythm and withdrawal. The issue of health safety and fear of side effects may also be a contributory factor here; for the educated women with a range of choices and the technical capability or skill to handle the natural family planning method or the modernized version of rhythm, it may be the more acceptable method than face the risks of side effects from pills or IUD.

***C. The use of a family planning contraceptive is more likely when the spouse or husband approves or supportive of the woman's decision. It is evident that family planning is better sustained when spouses are in agreement or supportive of each other.***

1) What emerged from the studies done on husband-wife communication with regards to family planning is that the husband's approval or support of his wife's use of FP contraceptive helps ensure continued contraceptive use. This is indicated in studies conducted by Biddlecom (1996), Laguna (2000), OPS (1995), Kincaid (1998) which came up with the common finding that husbands who are for pro-family planning are the best way to get wives to practice family planning on a continued basis. On the other hand, husbands with pro-natalist views or are against their wives' use of family planning contraceptives generally get their way in having their wife stop from using family planning altogether.

2) As it turned out, husbands are as concerned with the health and safety issues of FP contraceptives as much as their wives (Biddlecom:1996) which makes them a receptive audience for the "scientific" issues and information dissemination activities for modern FP methods. Thus

reproductive health materials on both males and females should also be directed at male audiences in order to create a better environment of acceptance for all modern family planning methods not just for the male-specific methods such as condoms or vasectomy.

***D. The use of FP methods for many women have been emancipatory, freeing them to do activities outside their household chores and giving them a sense of self-respect and feeling of being able to control their own lives.***

1) In studies by the SSRI (1997), Tapales (1996), women who think that they are in control of their own destiny and able to assert their rights in decision making at home are also more likely to use contraceptive methods. For these women, FP have provided them with a break from childbearing and household chores that could be better served through income generating activities or in improving themselves outside of the home.

2) The full potential for improving women's social and economic status as a consequence or desired outcome of family planning could be a powerful message that can win the hearts of women, particularly among the poor, where poverty and ignorance have relegated women to a diminished position in home and community affairs. The use of FP have had direct impact for example, on women's expanded activities in business and industry where women in the labor force have become a common enough occurrence throughout the country, particularly in the urban areas.

***E. Men must be mainstreamed into the PPMP given their lack of involvement in family planning per se and the influence they play in the decision of their spouses to practice family planning.***

1) The use of FP methods by men had been dismally low when compared with women's levels of contraceptive usage. This very low participation rate is indicative that for most men, FP is exclusively a domain for women and the conventional attitude is to leave such matters to their wives. This seeming irresponsibility or failure to involve themselves in fertility decisions involving their own families and/or action is the biggest stumbling block to men's participation in family planning. The Cairo Declaration, for one, emphasize the need to involve men in family planning matters and must therefore be manifest in the PPMP IEC thrusts in the future and in the re-tooling of its clinic services offered to the public.

2) The fact that men have nowhere to go to for counseling and services regarding their own reproductive health problems and concerns is also a formidable block to men's involvement. Studies such as Lee (1999), Sealza

(1999) pointed to the gaping lack of facilities for men that discourage them from making use of existing FP clinics in their area. This would require the re-tolling of existing clinic services, information programs and provision of supplies and equipment to handle men's needs in government FP centers and units.

3) Creating a favorable opinion or support for family planning among menfolk is crucial in ensuring the continuity of FP use among wives since men can directly influence whether their wife practices family planning or not. Men should constitute a distinct and separate audience for FP motivation and education and that their own needs with regards to family planning information must be closely attended to.

***F. There is a high risk sector among the youth that are sexually active but are not being served right now by the FP counseling and services that are available in government FP centers and units.***

1) There has been considerable debate on how to tackle the issue of unbridled sexuality among the youth. One conventional approach is to just ask them to abstain and wait till they grow older or get married. But this approach is unrealistic given our findings from the series of national youth surveys that showed considerable number of our young people who have been active sexually but are without the understanding or means to protect themselves with reliable FP contraception. What is imperative then is to re-assess and act upon this gap in the provision of FP services to groups among the youth that are highly at risk.

2) The Population Education (Pop-Ed) program in the elementary and high school grade levels had turned out to be inadequate in equipping our young people with the knowledge and skills to deal with their sexuality. In retrospect, the lack of comprehensive and systematic programs to reach out to the youth, have been neglected by the PPMP thinking that the Pop-Ed program is doing its job. The necessary step in addressing the problem is to overhaul the existing Pop-Ed program from just providing information on sexuality and re-focus on providing life skills for youth to better handle their personal relationships in the future.

3) The young males tended to be more sexually active than their female counterparts and need special attention in terms of FP information and provision of contraceptive counseling and services particularly in their teens. The same services and counseling should be made available to female teen-agers. This is a sensitive issue since even the talk of sex for teenagers is taboo in many circles. What is needed is to craft appropriate vehicles and modalities by which male teen-agers can be reached effectively since according to the YFS 2001 study, about one-third go with multiple partners,

and are therefore, most vulnerable to STDs and AIDS aside from the risk of making their girlfriends/ partners pregnant.

***G. Government health service providers suffer from the lack of support by local governments whose priority is not reproductive health and by low public esteem.***

1) The perceptions of government FP clinics by the public were low and they would prefer NGO run clinics even if they have to pay for its services. This is indicative of the deterioration of the quality of services by government run facilities, which still constitute the majority of service or FP suppliers that our people rely on especially the poor. The fact that public FP facilities turn-off prospective clients or consumers is a matter of grave concern for the PPMP given its 2005 target of making available to 60% of the population safe and reliable FP methods through its public clinics nation-wide.

2) The kind of training that the DOH had been conducting for FP clinic nurses and midwives have been riddled by major gaps in the knowledge and competence on FP that was supposed to be absorbed by the trainees. Evaluation studies as reported by Miralao (1994) indicated that nurses and midwives have major gaps in their understanding of FP methods and procedures even after undergoing the DOH- managed FP training. This would require a good deal of institutional strengthening on the part of PPMP since the nurses and midwives constitute the "public face" of FP and any undue criticism on them could boomerang on the PPMP as a whole.

3) The trend in today's service industry is "customer satisfaction" and the FP clinics are by themselves service units that must continually strive to develop satisfactory customer rating from FP clients or stakeholders. This is a new mindset that may not be easily adopted in a government bureaucracy but the FP clinics must learn the lessons from the private sector on how to develop and hold on to customers (stakeholders) if they want to remain relevant and needed in the future.

***H. Policy makers and influentials must take concrete action to stem the country's uncontrolled population growth and to actively promote the implementation by government, at all levels, of a rational and comprehensive FP plan of action.***

1) Policy makers are knowledgeable about the basic issues of population and its role in the country's national development but these do not translate easily into policy actions since politicians are fearful of losing votes with the Catholic Church. This is a situation that needs finesse and one-to-one

lobbying effort directed at key personalities that can ensure the passage of helpful legislation in support of the PPMP. Direct advocacy or lobbying efforts should also be extended to local government officials whose role is made more crucial in the implementation of FP activities because of the devolution of health services to local government units at the provincial and municipal levels.

2) Social mobilization through networking efforts aimed at influential sectors of mass media, business and the NGO community must also be mounted in support of PPMP. What is critical is to provide a regular and adequate flow of information and feedback between the PPMP and other sectors of society and to align the FP program goals and activities with the common ideals of fighting poverty and alleviating the suffering of the country's masses. In short, the FP program must find common cause with the rest of our government and the private sector as a major component or tool for alleviating the country's social and economic problems.

## XI. RECOMMENDATIONS FOR FURTHER RESEARCH

1. Create parallel databases on the KAP of stakeholders such as men, youth, service providers and policy-makers similar to the national demographic and health surveys and family planning surveys that have primarily focused on women needs and concerns. The sheer lack of time-series data involving nation-wide samples from these stakeholders have made it difficult to chart their progress or lack of progress with regards to the program activities and goals of the Philippine Population Management Program (PPMP). It is also important that emphasis should be given for priority research funding for such type of studies instead of small-scale or area studies that may be useful for their insights but lack the generalizability that policy-makers and decision makers look for when it is time for them to evaluate the program; e.g., presentation in Congress, planning for national information campaigns, cost-effectiveness studies of FP activities and projects, etc.
2. Develop more accurate and in-depth measures of FP KAP status as these are included in National Demographic and Health Surveys (NDHS) and Family Planning Surveys or periodic census of the population. It has been observed that the measures for Knowledge in the NDHS is confined merely to the respondents recall of one FP method or recognition of one method with the assistance of the interviewer. This is a very flimsy indicator of Knowledge and is not supported by the research literature in communication studies. What is called for is to convene a KAP standards committee that will formulate a set of questions on FP KAP that can in turn be used as a common reference for future NDHS or FP surveys.
3. Having said that, baseline or national data bases on men, youth, service providers and policy makers should be given top priority, the research agenda should also include in-depth or case studies focusing on emerging and new issues regarding the various stakeholders. What seems to be missing at this point are ethnographic or culture based studies that can explain why FP for example is very successful in Region II or Cagayan Valley as contrasted with other parts of the country such as Region IV or Southern Tagalog where the population growth rate is at its highest. There is also the seeming paradox of why highly educated and economically better-off women continue to use traditional methods of contraception when they have all the information and resources available to make their choice from a wide range of more reliable and medically safe FP methods such as pills and IUD, for example.
4. More studies, both quantitative and qualitative (case studies) should be done on the Filipino male and the conflicts that they confront with regards to their support and practice of family planning. As indicated in the studies we have reviewed, the Filipino nascent "machismo" mentality is a factor that not only makes them indifferent to importuning from their wives or other people with

regards to family planning but also opposed to the very idea of limiting their number of children even if poverty and the challenge of raising a big family constantly stares them at the face. Some lessons can be learned here from commercial marketing of products directed at male consumers which are highly successful in reaching out to them. For several years now, a USAID sanctioned private initiative to sell condoms in the open market have been conducted in the major cities such as Metro Manila and it is perhaps, opportune to take a serious looks at the outcomes and impact of this program as it may help to define for us the Filipino male psyche and how this can be accessed to for FP programs in the future.

5. The urban poor appears to be the bane and future opportunity for the PPMP. It is where the program had failed to live up to its expectations considering that FP practice among the poor is the lowest among the socio-economic groups. This is ironic since the urban poor are locate in population centers where you have the greater concentration of health services, health personnel and communications. In the country's biggest city, Quezon City, about half of the residents are estimated to belong to the urban poor and large numbers of them reside in the two other biggest cities of Manila and Caloocan. They are literally in the backyard of the DOH and yet the FP program does not have much to say about its impact in these urban poor communities. Renewed effort must be exerted by way of action research programs that look at how the urban poor could fully embrace the very idea of limiting their number of children as a means of liberating themselves through better economic opportunities and quality of life. If the target is to get 50% of the population to practice FP by 2005, then the urban poor have the numbers to help the PPMP make the crucial turn-around.
6. Policy advocacy research on FP is a missing link in present efforts to mobilize the country in support of the PPMP and its strategic goals. Current efforts have been limited to the activities of the PLCPD based in the House of Representatives and its efforts in getting FP supportive legislation have not been successful. There should be a careful analysis of the reasons behind PLCPD's failure and to build from it into developing a broader based advocacy program that includes not only the legislative but also the Executive and the Judiciary as well as leading members of the business community, NGOs and mass media. The case in point here is the fate of the reproductive rights bill that have been languishing in Congress since the time of former President Fidel V. Ramos. A new tack needs to be developed that may not necessarily push for the passage of the bill in its present form but in more diffused versions and incorporated into existing legislative vehicles such as the amendments to the Local Government Code or in local legislations at the provincial, city and municipal levels.

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# Annex 2

# Terms of Reference for a Formative Research on Family Planning November 2002

## I. Introduction

The Academy for Educational Development has been awarded a contract from USAID/Philippines entitled, *Strengthening the Social Acceptance of Family Planning in the Philippines*. The goal of the project is to contribute to a greater social acceptance among the Filipino public of family planning (FP) as part of a healthy lifestyle. The program will apply a strategic approach using communication, advocacy and social mobilization strategies targeted at the public at large, key target audience segments within the public, influentials / key decision-makers, civil society and youth organizations, to reposition family planning into a positive, healthful resource that is part of modern life.

## II. Background

Family planning in the Philippines has been a critical issue for many years. Donor organizations as well as the Philippines' Department of Health, have dedicated much time and financial resources to addressing family planning in the context of reproductive health, infant and maternal morbidity and mortality programs.

After nearly three decades of implementing a National Family Planning Program in the Philippines, knowledge of family planning is nearly universal (98 percent among all women and 99 percent among current married). Ninety-four percent of Filipinos believe it is important to have the ability to control one's fertility and plan one's family (Pulse 2000). While most women have children soon after marriage and a large proportion (83 percent) indicated that they want another child after the first birth, the proportion wanting no more children notably rises to fifty-three percent after the second child (1998 NDHS.) Overall, fifty-one percent of all currently married women in 1998 wanted no more children.

Yet these expressed desires are not consistent with behaviors. The actual total fertility rate in the Philippines (TFR) is 3.7 (1998 NDHS). One out of every five married women are non-users of family planning methods, yet want to space (9 percent) or limit (11 percent) childbearing. Use of modern contraceptive methods is low. In 1998, 47 percent of couples were family planning users, with 28 percent using modern contraceptives and 18 percent using traditional methods (i.e., calendar/rhythm, withdrawal). Results from the recent 2001 Family Planning Survey showed a slight improvement to 49.5% of family planning users, with 33.1% using modern methods and 16.4% using traditional methods. The quality of knowledge regarding the calendar/rhythm method is also a problem; only 14 percent of all women and 26 percent of women who have ever used calendar/rhythm methods, had correct knowledge of their fertile period (1998 NDHS).

The result is that on average, Filipina women are having one more child than they would like to have. And, although abortion is a crime under Philippine laws, one in six pregnancies end in abortion with an estimated 400,000 cases of abortion annually. Teenage pregnancies are on the rise. Young women 15-24 years old account for 30 percent of those giving birth.

When women who need family planning are asked why they do not use contraception, the general reasons they cite are desire for more children<sup>1</sup> (20 percent), side effects (18 percent), health/body concerns (15 percent), husband's/wife's opposition (10 percent), and *lastly religion* (5 percent).<sup>2</sup> Reasons for discontinuation of various methods are also informative. High discontinuation rates were registered for the condom (60 percent), injectable (52 percent), withdrawal (46 percent), pill (44 percent) and calendar/rhythm (36 percent). Only 5 percent of discontinuers by method did so due to a desire to become pregnant. *Method failure* was the major reason for discontinuation among traditional users. *Side effects or health concerns* were the main reasons cited by modern method users.

Such expressed concerns, either because of experienced side effects or worries due to rumors and misconceptions about contraception, point to a great need for accurate information and for support from the health system. Furthermore, it is important for the health system to be in tune with women's perspectives—including traditional systems of health. However, there is a large gap between clients' needs and the nature of services. The 1993 National Safe Motherhood Survey found that, among postnatal women who visit a clinic or health center for a check-up (about one third), just over half received advice on family planning. (National Statistics Office and Macro International 1994). The 1998 NDHS results also showed a high rate of lost opportunities – among those who received postnatal care after delivery, only 44% were given advice on family planning. The situation is not better in prenatal services. In 1998, only 7 percent of all postnatal women began using family planning with six months of delivery. A number of clinic policies also tend to discourage first time users from seeking modern contraceptive services.

Personal and social ambivalence about family planning is clearly linked to the Catholic Church's public opposition to a strong family planning program and of modern methods. Past surveys reveal that the majority of this predominantly Catholic country perceive family planning as important to attaining a better quality of life. A 2000 political mapping study (Pulse Asia/POLICY/Philippine Legislators' Committee on Population and Development) showed that almost 90 percent of 114 members of Congress were in favor of natural family planning. Fifty-nine percent favored modern family planning methods, almost 30 percent were not in favor and 10 percent were neutral on the issue. The sense of "taboo" associated with family planning does not reflect the needs and preferences of most Filipinos.

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<sup>1</sup> A common response among those in younger age groups.

<sup>2</sup> 22 percent reported themselves as too old, menopausal, had hysterectomy, or with infrequent sex or husbands away.

### *Research Audit Available*

There has been an abundance of research conducted ranging from Family Planning Surveys and Demographic Health Surveys (DHS), to private sector reproductive health care product consumer usage and practice research. An audit of this research has been completed by AED and is available to bidders. It includes information about family planning and reproductive health within the past ten years related to target audiences (women of reproductive age, men, youth and adolescents) and stakeholders (public and private health care providers, national and local government officials, religious leaders, business leaders, women's organizations, media and other influentials.)

The following added insights on select audience segments are based on initial findings from the research audit and discussions with possible partners:

#### a) MEN

There are very few research studies on males in the area of family planning. These studies point to a low involvement and limited participation of Filipino males in family planning. The attitude of Filipino males has been characterized as an expression of "machismo" – holding no personal accountability or responsibility, as FP tends to be perceived as a woman's issue.

This is an important area that needs to be further explored, since research on women suggests that they are more likely to practice FP if their spouses participate in FP decision-making (and vice-versa).

Male involvement in FP needs to be further explored both in terms of their influence on their partners to practice FP and also in terms of their own practice of FP (vasectomy & condom use).

#### b) WOMEN

While considerable research has been conducted among women, very few segmentation studies were made (such as by age group, by work occupation). The 2002 Metro Manila urban poor study was limited to the Department of Health assisted areas and are not necessarily "generalizable" to the rest of the urban poor population.

A lot of misconceptions and rumors still abound which tend to scare woman from trying or sustaining modern FP contraceptive use (e.g. the pill).

Further in-depth study of women's practices based on the needs of specific segments (age, employment, parity, method usage, discontinuation, etc) is warranted. It is felt that in-depth probing among specific segments on issues such as "side effects", social support/influence, access and service support, lifestyle needs, apparent misconceptions and rumors can lead to additional insights.

For example, it seems that unmarried female workers in industrial areas are sexually active and not practicing contraception. We need to explore their sexual attitudes and practices, uncover existing barriers to practice and possible opportunities and channels to make contraception a more attractive offering for them.

### c) ADOLESCENTS AND YOUNG ADULTS

The 2000 State of Philippine Population Report showed notably high levels of sexual activity among males and females age 15-24 years. It was noted that 36% of young women in this age group conceived before marriage. Many adolescents engage in premarital sex without practicing contraception or using methods to prevent sexually transmitted diseases. Among those who are sexually active, 74% do not use any form of contraception. Another study cited by in the research audit shows that, despite the low level of FP usage, there is a high level of awareness among this age group of at least one FP method.

Based upon the experience of one of our partners, Foundation for Adolescent Development, it appears that adolescents find no significance in the term family planning because they have no families. An important issue for the research will be to suggest appropriate language or terminology which will appeal to young people. Clearly, a different kind of positioning of the family planning concept needs to be applied to this target segment who are at great risk of teenage pregnancies, sexually transmitted diseases and early marriage.

### III. Objectives of Research

This research project is intended to result in increased insights and understanding about:

- ❖ Knowledge, attitudes, perceptions and beliefs about family planning among key target audiences (see target audiences section below)
- ❖ Constraints and barriers to acceptance and use of family planning methods in terms of myths, misperceptions, taboos, fears, and cultural norms
- ❖ Benefits of family planning that are valued by these audiences
- ❖ Channels of information / influence that impact the family planning decisions of the target audiences
- ❖ Perceptions about *planning* for parenthood and children, including the values associated with family, family planning, and children
- ❖ Perceptions of modern vs. traditional methods
- ❖ Perceptions of modern vs. traditional method users

### IV. Target Audiences & Issues for Research

AED seeks a research contractor to carry out innovative qualitative research to fill in gaps and deepen our understanding by probing into knowledge, attitudes, beliefs and practices among the following key target groups:

Target audience segments include:

1. Urban poor youth and young adults (15 - 24 years of age)
2. Urban poor adults (25-34)
3. Industry workers

**1. Urban Poor: Youth & Young Adults:** Male and female, married and single, 15-24 years of age, in low income urban communities

*Illustrative Research Topics:* Sources of information and networking; decision-making about sexuality and family planning; availability of services and constraints (both logistical and social) to access

**2. Urban Poor Adults:** Male and female, 25-34 years of age, married and single in low income urban communities (including newly married women, women who have just given birth and women in low-paying industrial or agricultural jobs; male spouses/partners of newly married or sexually active women who have just given birth; men in low income urban communities)

**Illustrative Research Topics: Women** Side effects and health concerns (e.g., are concerns primarily based on personal experience or reports from others/rumors?); sources of information and networks; differences between “Doers and Non-Doers” – those women who are using modern family planning methods and those who tried but stopped - to understand reasons for drop-out and how “non-doers” are different from “doers”.

**Illustrative Research topics: Men** Influence of men in family planning interventions, how couples make decisions about family planning, and benefits men see as valuable; differences between “Doers and Non-Doers” – those men who have used modern methods (vasectomy, use condoms regularly), or whose wives use modern contraceptives, to understand how they are different from the non-doers.

3. **Industry Workers:** Male and female, married and single, 18-24 years of age, working in factories and commercial establishments—especially those in industrial zones.

**Illustrative Research topics:** Sources of information and networking; decision-making about sexuality and family planning; social acceptability, availability of services and constraints (both logistical and social) to access within the unique living spaces of industry workers (dormitories.)

### Geographic Areas

- *Metro Manila*
- *Metro Cebu (Region VII)*
- *Region IV (industrial areas of Laguna, Cavite, Rizal and Batangas)*

### Methodology

The research proposal should define the type of methodology and techniques (focus groups, individual depth interviews-IDIs, other methods) that will be used to most effectively obtain the information needed. This highly targeted research will provide insights into personal experiences, information sources, misperceptions, rumors, and hidden values and perceptions. It is worth keeping in mind the latent feelings audience members may have but may be barely conscious or even unconscious of - may be associated with judgments about morality and values that are strongly linked to family planning behavior. Therefore, projective techniques and other approaches which are able to uncover underlying values, beliefs and judgments are expected to be an important component of the methodology.

Bidders are encouraged to provide examples of specific projective or other techniques which they feel will allow these “underlying” issues to surface; if possible, with examples of how these techniques have been useful in other studies.

## Costing Guidelines

Bidders are encouraged to draw on their expertise in qualitative research to develop a research design which:

- 1) adequately reflects all of the geographic/demographic audience segments indicated above;
- 2) includes sufficient representation of key usage & attitudinal segments; for instance, current & former users of modern methods, users of traditional methods, non-users, etc.
- 3) is cost-efficient – that is, does not provide unnecessary duplication of existing research findings, and maximizes the amount of useful information obtained from each interview or group of interviews.

We do not wish to prescribe any particular research methodology, but request bidders to suggest methods that they feel are best suited to accomplish the research objectives.

The following is provided simply to provide some guidance and suggested limit to the anticipated size of the study. Bidders are encouraged to suggest approaches which are most cost-efficient and minimize the number of interviews, while maximizing research quality and depth.

We would anticipate that the total number of interviews would not exceed ~~approximately 20~~ approximately 20 in-depth interviews, or

- 40 focus groups (FGs), or
- A combination of IDI's, FG's, mini-FG's (triads, dyads, etc.) or other techniques that provide the same research depth as the above.

Since this research is intended to be formative, we expect that the primary methods will be qualitative. However, bidders may also suggest small-scale quantitative approaches, if they feel that these will enhance the research results.

## Scope of Work

The scope of work to conduct this formative research is to:

- 1) Carry out qualitative research on family planning and reproductive health that will provide insights into knowledge, attitudes, beliefs and practices of target audience members regarding family planning. Methodology may include individual depth interviews (IDIs), focus groups, or other techniques. Bidders are encouraged to provide a strong rationale explaining how the methods described will achieve the research objectives.
- 2) Submit draft and final reports of the research carried out, which includes an executive summary, and detailed findings, including an analysis of implications for the behavior change program. This should include knowledge, attitudes, beliefs and practices of each of the target audience segments, insights into the key factors influencing the key target audiences, and identification of opportunities, approaches and channels to reach them.

## Deliverables

- 1) Participant screening questionnaires and recruitment guidelines
- 2) Interviewer discussion guides, for each segment, including any handout materials, concepts, photos, other stimulus material used in the interviews
- 3) Audio tapes of all discussions
- 4) Transcripts of focus group discussions (Tagalog)
- 5) Submission of a topline report (English)
- 6) Draft report (English) submitted to AED for comment
- 7) Final Report (English) that addresses/incorporates AED's comments and includes:
  - a) Executive Summary
  - b) Detailed findings, organized by segment and topic area
  - c) Strategic recommendations for the behavior change program directed at these audience segments
  - d) Appendix with details of all interviews, identifying number of interviews, demographic data, location, time, duration, interviewer(s), etc.
- 8) Presentation of Findings (English)

All materials, with the exception of audio tapes and transcripts should be made available electronically and in hard copy in English.

## Proposal

The firm should submit a research proposal that includes the objectives, methodologies, detailed time line and budget as well as a three-page capability statement including experience in carrying out formative research and/or similar types of studies. The proposal should also include the CVs of the principal staff who

will work on the research and the percentage of time each person will dedicate to the project.

### **AED Involvement**

AED expects to have some involvement throughout the research process, especially at the beginning (design stage) and end (final report). AED will provide a communications research specialist to work with the selected firm in developing, pre-testing and finalizing the research instruments and techniques. AED will also monitor the data gathering activities and review deliverables prior to finalization.

Final Report. The selected firm will submit a draft of the completed research report to AED for comment.

Presentation of Findings. The research firm will be expected to make a presentation of the final results to AED and its partner agencies. As with the report, the research firm will be expected to submit a draft of the presentation for comment and review. The cost for this presentation (including senior staff time to review the draft with AED and to make the actual presentation) should be itemized separately.

### **Cost Estimates**

For cost comparisons and eventual contract negotiations, agencies are requested to submit *realistic and competitive cost estimates* for completing all of the requested tasks and deliverables.

Cost estimates must include sufficient detail to allow meaningful cost comparisons. At a minimum, bidders are requested to include and itemize:

- 1) Labor Costs, direct and indirect
- 2) Consultant fees and subcontract expenses, if any
- 3) Agency fees, "markups", and other indirect expenses
- 4) Direct – "out-of-pocket" – expenses, such as respondent incentives, snacks, facility costs, equipment costs, etc
- 5) Travel costs
- 6) Communication (phone, fax, courier, etc.)
- 7) Any other anticipated expenses

If possible, AED would welcome unit cost estimates, wherever appropriate – for instance, cost per FG, cost per IDI, etc.

## VI. EVALUATION CRITERIA

Evaluation criteria will include both technical and cost categories consistent with the scope of work.

Criteria	Points
<b>Technical Approach and Qualifications</b>	
1. Agency Background and Experience	15
2. Qualifications and Management of Assigned Staff	30
3. Approach & Research Design	30
4. Timetable	10
Subtotal for Technical Proposal	85
<b>Cost</b>	15
Subtotal for Cost Proposal	15
<b>Grand Total = Technical + Costs</b>	<b>100</b>

### Schedule and timing

It is anticipated that development, pre-testing and finalization of the research instruments will be conducted in early January. During that time, AED will provide a communications research specialist to work with the selected firm to provide assistance and guidance, and to ensure that the final research plan is able to meet the project's objectives.

A topline report must be submitted by **February 7, 2003** and a draft research report on **February 14, 2003** with a final report due one week after receipt of AED's comments on the draft report.

### Submission of proposals

Proposals may be submitted either electronically or hard copy. If hard copies are submitted, three (3) copies should be submitted to the address below. All proposals, whether electronic or hard copy must be received **no later than close of business of November 29, 2003**.

## CONTACT INFORMATION

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# Annex 3



A Qualitative  
Research  
Proposal on  
Needs, Values,  
Motives on  
Family Planning

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January 20, 2003  
(Revision 04)



# Academy for Educational Development

(REVISION 04)

**Client Contact:** Eleonora de Guzman/Adora Fausto  
**ACNielsen Contact:** Sylvia Z. Habulan/Larina G. Perez/Fidelidad Ester N. Magpantay/Azucena A. Barredo  
**Date:** December 19, 2002

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# Business Needs Assessment

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**Project  
Background**

Past and current Family Planning programs have focused on family planning in the context of reproductive health, infant and maternal morbidity and mortality programs. These programs have been successful in terms of driving awareness of the concept of family planning (98% among all women and 99% among married). A Pulse 2000 research also shows that most Filipinos believe that it is important to be able to control one's fertility and plan one's family.

However, expressed desires appear to be inconsistent with behaviors. For example, a 1998 NDHS report shows that one out of every five married women are never-users of family planning methods, even as they want to space or limit child bearing.

Use of modern methods appears to be gaining acceptance as shown by a 2001 Family Planning Survey, but where the traditional methods are concerned, only minority proportions of all women and ever practitioners of the calendar/rhythm method have correct knowledge of their fertile period. The result is that on the average, Filipino women are having one more child than they would like to have. Worse, one out of every six pregnancies end in abortion. Teenage pregnancies are also on the rise.

Based on research, it appears that women who need family planning but do not practice contraception have a number of misconceptions about it. An added hurdle is the inadequate support structure for family planning to reach women who have just given birth.

Despite the time and financial resources spent on family planning programs, target women's attitudes and behaviors towards family planning are still ambivalent. Several researches and surveys on family planning have focused on consumer usage and practice. It appears that there may be a need to conduct more segmentation research, looking in-depth into the needs, values and motivations of target segments with regard to family planning and sexuality. Findings from this study are deemed helpful in coming up with communication, advocacy and social mobilization strategies to reposition family planning to have more relevance and appropriateness to target segments.

ACNielsen proposes to partner with The Academy for Educational Development in this endeavor.

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## Business Needs Assessment (Continued)

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**Research  
Issues and  
Objectives**

ACNielsen proposes to partner with AED by conducting a qualitative study using the focus group discussion method to gain insights and address the following issues:

Among All Segments of the Target Population:

A. Values and Aspirations

1. What do they value in life? What is most important to them? Why?
2. What do they hope to achieve? How do they hope to achieve it?
3. What do they feel are the constraints/barriers to achieving this? Why?
4. How do they hope to address or how do they plan to address these constraints/barriers? Why in this manner? What benefits will they get from it?
5. How do they find their lifestyle right now, easy or difficult? Why? What in their lifestyle makes it easy? What makes it difficult?
6. What are their lifestyle needs to make life less difficult? Why these?
7. What role does family play in their life right now?
8. What plans/hopes do they have for family? How do they hope to achieve it?
9. What are the barriers/constraints in achieving this for family? Why?
10. How do they hope to address these barriers/constraints?

B. Family Planning Perceptions and Practice

11. Are they aware of family planning? What do they know about it? What have they experienced, if any? What have they heard, if any? From whom, where did they get this information? How do they feel about it? Why?
12. For whom/for which groups of people is family planning? Why? What does family planning mean to them? Will it be beneficial? In what way? If not, why not? Is it relevant? How? If not, why not? How can it be made more relevant? What needs should FP address to make it more relevant?
13. What FP methods are they aware of? From whom/where did they get this information? How do they feel about this? Why?
14. Have they tried/practiced any FP or birth control method? What and why? From whom/where did they get their information on what to practice/use? How do they feel about it? What was the experience? Why?
15. If not practice/tried any FP method, what do they do to protect themselves from unplanned pregnancies? Why? From whom/where did they learn this? Is it effective? What was the experience? How do they feel about it?

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**Research  
Issues and  
Objectives**

Additional issues to be addressed for specific segments of the target population are:

Adult Males:

16. How do they see their role in family planning? Do they think about family planning at all? When? What occasions/circumstances would make them think about FP? Why these occasions/circumstances? If not even consider it, why not? This will include probes on unique concerns of men linked to income, post-natal needs of their wives and related issues.
17. For those who have considered it, have they done anything about it? What? Why this practice/use? How do they feel about it? If not, why not?
18. Who decides on what FP practice/method to use? Why? What would be the basis of the decision to practice or what method to use? Who or what would carry more weight in decision-making? Why?
19. How do they feel about the different FP practices/methods they are aware of?

Adult Females:

17. What are their concerns/issues regarding the practice of FP or its methods? On what do they base these issues/concerns? This will include probes on the unique/special concerns of working women that are linked to fertility, sexuality and productivity.
18. What FP method do they use, if any? How did they get to know about this method? How do they feel now that they are using it? What are the benefits? Are there any concerns? What? Why?
19. If tried but discontinued, why?
20. What can trigger them to continue practicing contraception? Why this?

Youth and Young Adults:

21. What do they know/hear about sexual practices of young people like themselves? How do they feel about it?
22. Do they think about contraception at all? When? What occasions/circumstances would make them think about contraception? Why these occasions/circumstances? If not even consider it, why not?
23. For those who have considered it, could they do anything about it if they wanted to? What? Why this practice/use? How do they feel about it? If not, why not?
24. Would they have access to contraceptive methods in case they need them? Where? What types of contraceptive methods can they have access to? How would they ask for it? How do they find these channels of access? Why?

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## Business Needs Assessment (Continued)

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### Research Issues and Objectives

25. If no access, how do they feel about this? What would they do to have access? This will include probes on the informal "network" of the youth.
26. Is contraception considered relevant? Why? Why not? If so, is it important? Why?
27. What would they consider as a relevant campaign for contraception for their age group? If they were part of the group disseminating the information about contraception, how would they go about it? Where will they disseminate, what will they do? What will they call their project? Why?

The research issues stated above are intended to gain insights and understanding on the following:

1. Knowledge, attitudes, perceptions and beliefs about family planning and contraceptive practice among key target audiences
2. Perceptions about planning for parenthood and children, including the values associated with family, family planning and children
3. Benefits of family planning that are valued by target segments
4. Constraints and barriers to acceptance and use of FP methods in terms of myths, misperceptions, taboos, fears and cultural norms
5. Perceptions of modern versus traditional methods
6. Perceptions of modern versus traditional method users
7. Channels of information/influence that impact on the family planning decisions of the target segments

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## Research Design

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**Methodology** ACNielsen proposes to conduct qualitative research using the Focus Group Discussion (FGD) method.

The FGDs will consist of unstructured discussions on the relevant topics plus disguised and undisguised information gathering techniques. Projective techniques will be used to ferret out in-depth information from respondents regarding the issues mentioned earlier. The techniques under consideration are:

- Value Clarification Tree Exercise, to determine the important values of target segments and how they relate to FP.

This exercise will be used for Item A of the Research Issues to be obtained.

- Storytelling through photo collage exercises to ferret out perceptions about family, family planning and experiences regarding use and non-use of FP including the taboos and myths associated with FP.

The story-telling exercise is designed to bring to the fore issues relevant to perceptions of modern versus traditional methods and perceptions of modern versus traditional methods users.

This exercise is also specifically helpful for item B of the research issues to be obtained.

- An Ideal Scenario exercise to determine the more relevant information to be addressed in FP and to garner insights on what needs are most important to address.

This technique will be applied to youth and young adults specifically to address issues on what would be a relevant campaign for them.

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## Research Design (Continued)

### Methodology (Cont'd.)

ACNielsen has frequently used the above projective techniques to surface issues that are sometimes difficult to articulate because of the emotional and social elements surrounding them.

Other techniques that may be used as necessary during the FGDs are:

- Laddering, to enable the researcher to translate rational responses to their ultimate emotional/non-rational ends which can be used to develop communication materials on FP for specific target groups.

This technique may be used to supplement the value clarification exercise. The facilitator will drill down on the values that emerge to surface key motives, needs and aspirations. This technique, if time permits may also be used to uncover end benefits of family planning that are important to target segments.

- Third-person questioning technique and hypothetical "what if" questioning, to be used particularly among single respondents who may feel inhibited to disclose sexuality-related matters due to concerns about social acceptance and the like. Thought bubbles may also be used as part of the third-person technique.

The third person technique will make use of thought bubbles to uncover perception about family planning, the constraints and barriers as well as the myths, perceptions, taboos and fears of target segments regarding family planning.

### Location

Metro Manila, Metro Cebu and the Industrial Estates of Cavite, Laguna and Batangas

The first two locations are the country's most populated urban centers and have significant proportions of poor individuals/households who are the identified targets for AED's FP program.

Respondents from the Southern Luzon area will be recruited from the industrial areas.

**Respondent**

Males and females, Class D/E aged 15-34 years, both married and single, user/lapsed user/non-user of any contraceptive method. For the Southern Luzon area, the respondents are males and females, Class D/E aged 18-24 years old, both married and single user/lapsed user/non-user of any contraceptive method. These respondents must be working at the industrial estates in these areas.

*Continued on next page*

**Research Design (Continued)**

**Respondent  
Groups**

ACNielsen proposes to convene 44 in-depths, 8 mini-groups and 24 full groups for this study. Each group will have 6-8 respondents, each mini-group will have 3-4 respondents..

The respondent groupings take into consideration the following:

- Needs, behavior and perceptions are likely to be different according to a person's lifestage. Hence, teens/youth need to be separated from adults. Among the young, dynamics are likely to be different among the young teenagers and the young adults, thus the need to separate them from one another.
- Singles and married respondents are likely to respond differently on such an intimate matter as family planning/contraception; hence, they must be in separate groups.
- Since there are gender issues affecting family planning, the female and the male groups need to be convened separately.
- Usership/usage of Family Planning effects one's motivations and perception. Hence, users and never-users of family planning methods are convened separately.
- Still on family planning usership, it is important to research the users of modern family planning methods (pills, injectable, permanent methods, IUD, condoms) and the users of traditional methods (calendar/rhythm, withdrawal) separately because of the impact of their selected method on successful contraception.
- Usership/usage of family planning was not considered as a criterion among singles as it is assumed that they will not easily disclose such information. Indications of practices shall be ferreted out with the use of projective techniques in the groups as described in a preceding section of this proposal.
- In-depth interviews will be utilized among single teens aged 15-18 years as it is assumed that teens of this age will have difficulty discussing sexual perceptions and practices in a group setting.
- A combination of mini-groups and in-depth interviews will be conducted among young adults. Although young adults may be more open to discussing personal detail compared to teens, it is still best to keep the group small to make them feel more comfortable with each other. In-depth interviews will be convened to validate or probe further what had been disclosed in the mini-groups.

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## Research Design (Continued)

### Respondent Groups (Cont'd.)

- Though it is ideal to conduct a mix of mini groups and in-depths among single male adult respondents, full groups will be convened as an effort to cut back on cost and to help address timing constraints.
- Full groups among married male and female adults will be convened as it is assumed that marrieds are less likely to be constrained in groups given the proper rapport building and motivation.

Below is a detailed spread of interviews:

	Single		Married				Married				
			Mod. Method Users		Traditional Users		Lapsed Users		Never Users		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
<b>TEENS</b>											
<u>Metro Manila</u>											
15-18 years	5 I.D.	5 I.D.									
19-24 years	3 I.D. 1 M.G.	3 I.D. 1 M.G.									
<u>Cebu</u>											
15-18 years	5 I.D.	5 I.D.									
19-24 years	3 I.D. 1 M.G.	3 I.D. 1 M.G.									
<b>ADULT</b>											
<u>Metro Manila</u>											
25-34 years	1 F.G.	3 I.D. 1 M.G.	1 F.G.	1 F.G.	1 F.G.	1 F.G.	1 F.G.	1 F.G.	1 F.G.	1 F.G.	1 F.G.
<u>Cebu</u>											
25-34 years	1 F.G.	3 I.D. 1 M.G.	1 F.G.	1 F.G.	1 F.G.	1 F.G.	1 F.G.	1 F.G.	1 F.G.	1 F.G.	1 F.G.
<b>INDUSTRY</b>											
<u>Cavite/Laguna</u>											
18-24 years	1 M.G.			1 F.G.	1 F.G.						
<u>Batangas</u>											
18-24 years		3 I.D.				1 F.G.	1 F.G.				
<u>Laguna</u>											
18-24 years	1 M.G.	3 I.D.	1 F.G.				1 F.G.				

Legend: I.D. - One-on-one interviews  
M.G. - Mini-group of 3-4 respondents  
F.G. - Full-group of 6-8 respondents

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## Research Design (Continued)

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- “Modern Method Users” are defined as currently using a particular modern method of family planning, specifically pills, injectables, IUD, condoms and permanent methods (vasectomy, ligation).
- “Lapsed” are those who used a particular modern method for at least 3 months before but not so at present. They may be using a traditional method now or are now never-users of any family planning method.
- “Traditional” are those who are currently using calendar/rhythms or withdrawal. “Never-users” have never practiced any method of family planning but are aware of some of the methods available.

An effort will be exerted to recruit in the married groups some respondents who/whose spouses had recently given birth (gave birth in the past 12 months).

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## Research Design (Continued)

### Procedure

#### First Stage: Screening of Respondents

The respondents will be selected purposively. Personal interviews will be conducted by ACNielsen's qualitative research recruiters to look for persons who meet the requirements of the study. Only those who qualify will be invited and of invitation will be given to remind them of the date, time and place of the meeting. To ensure good attendance, more than the required number of respondents will be invited to each FGD session.

ACNielsen will use its standard criteria for socio-economic classification to identify the target segments who may be defined as members of the urban poor. Using ACNielsen's criteria, the urban poor belong to Class E. Their characteristics are listed down in the appendix (Criteria for Socio-Economic Classification).

#### Second Stage: The Meeting Proper

The Metro Manila meetings will be held at the Focus Group Discussion Room of ACNielsen which are equipped with one-way mirrors through which the Client may watch the proceedings. ACNielsen's FGD rooms come in 2 formats, one using an informal "living room" style of seating, and another using a round table conference seating arrangement. The groups in Metro Cebu and the industrial areas will be conducted in an appropriate venue, such as a function room at a restaurant.

In-depth interviews will also be conducted in the FGD rooms or private meeting venues in restaurants.

Experienced facilitators will handle the discussions. Discussions will be unstructured. However, to ensure that all important points are covered at the meeting, the facilitator will refer to a discussion guide approved by the Client.

All proceedings will be tape-recorded. Refreshments will be served during each meeting and gifts in the form of cash will be given to respondents at the end of each session. All recruits will be given their cash incentive (the core group as a token of appreciation for their participation in the actual FGDs and those who did not make it to the core group as a token of appreciation for accepting the invitation and coming to the venue nonetheless).

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## Research Design (Continued)

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### Analysis

The taped discussion/interview will be transcribed.

The facilitators' notes and observations plus the transcripts of the focus groups will be the materials on which the report will be based.

The report will consolidate the findings of all the groups but when and where necessary, the findings will differentiate among the various respondent groups based on:

- Broad respondent groupings (teens, adults, industry workers)
- Gender
- Age group
- Marital status
- Usership of family planning

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## ACNielsen Service Plan

### Scope of Services

The following are the services to be rendered:

1. Development of the respondent screening questionnaire and recruitment guidelines
2. Development of the discussion guide for each segment, to be approved by the client (the guide will include all relevant materials such as photo collages and papers and pens to be used in the study)
3. Recruitment of qualified respondents
4. Facilitation of the groups/in-depths
5. Audio taping of the groups/in-depths
6. Transcripts of focus group discussions in Tagalog
7. Gifts for respondents
8. Refreshments for clients and respondents
9. Submission of topline report after last FGD session
10. Submission of draft final report in English one week after topline report
11. Submission of final report one week after receipt of comments from AED
12. Presentation of findings

### Deliverables

The following will be delivered as fulfillment of this study:

- Two bound copies of the topline report plus a diskette copy
- Two bound copies of the final report plus a diskette copy
- Two bound copies of the presentation materials plus a diskette copy
- Audio tapes of the group discussions

### Timing

A topline report will be available by February 14, 2003 and a draft research report on February 21, 2003 if approval of this contract is received by December 27, 2002. ACNielsen offices will be closed from December 23, 2002 to January 3, 2003 for the Christmas holidays. However, an executive will be in the office on the 27<sup>th</sup> to receive documents.

Below is a recommended schedule:

Date	Activity
December 27	Receipt of signed contract by ACNielsen
December 27-Jan. 3	Setting up/preparation of discussion guide
Jan. 3	Submission of discussion guide to Client/Start of recruitment
January 8	Receipt of guide with Client comments/Recruitment
January 10	Submission of revised discussion guide/Recruitment
January 13	Finalization of guide and input of additional comments, if any/ Recruitment
January 20 - 25	Fieldwork for Manila
January 26 - 28	FW in Cavite/Laguna/Batangas
Jan. 29 - Feb. 3	Field work for Cebu

February 21	Submission of topline report
February 28	Submission of draft final report

Presentation to be scheduled at least one week after submission of final report.

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## ACNielsen Service Team

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### Service Team

ACNielsen offers CLIENT the skills and experience of a highly qualified project team.

The Project Director will be SYLVIA HABULAN. She will be supported by LARINA PEREZ and two MALE FACILITATORS to conduct the male groups.

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### SYLVIA Z. HABULAN Director, Account Servicing

Sylvia was a consultant with ACNielsen Philippines' Qualitative Research Unit handling focus group discussions (FGDs) before joining the company on a full time basis in 1994 as a Senior Manager. Prior to that, she was a consulting psychologist with intensive experience in the field of Child Therapy and Human Relations Training. This stint gave her important experience in the design and use of projective techniques.

She has handled various team building, leadership and stress management workshops for different institutions and corporations within the country. Her experience in these workshops prepared her to identify issues that are difficult to surface and verbalize, and how they can be elicited and understood through indirect methods of probing. They also honed her skills in group dynamics and facilitation.

For several years, Sylvia was also a regular consultant at the Social Securities System handling the Psychology of Retirement and the Personality Development Module and worked as a consultant for the World Council of Churches Cultural Action Program. In 1991, she also had a brief stint in Australia to oversee the cultural action activities of the World Council of Churches 7<sup>th</sup> Assembly. These exposures equipped her with insights on personal and group values and motivations that in turn enable her to understand human behavior better.

Sylvia also taught several Psychology subjects at the University of Santo Tomas and at St. Scholastica's College for 10 years.

She is a Psychology graduate of St. Scholastica's College and has completed her masteral units in Clinical Psychology at the University of Santo Tomas.

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## ACNielsen Service Team, (Continued)

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**SYLVIA Z.  
HABULAN**  
Director,  
Account  
Servicing  
(Cont'd.)

Aside from her management functions, Sylvia conducts focus group discussions and one-on-one in-depth interviews on various topics on fast moving products, consumer durable products, real estate, financial products and services. She has also done "clinics" where she leads respondents in rather detailed assessments of features of new products. She has also led some clients in brainstorming sessions.

She has handled various family planning qualitative projects for Johns Hopkins University. Sylvia will facilitate all the female married groups and will be involved with report preparation and presentation.

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**LARINA G. PEREZ**  
Manager,  
Client  
Servicing

Prior to joining AC Nielsen, Larina worked for a local Internet company as a Content Manager. Her work involved designing the company's website and handling the daily content of the website. The job also involved managing a pool of writers and web designers. This experience comes in handy when Larina manages large-scale research projects with complex logistical requirements.

For seven years, she was involved with Business World Publishing, Inc. and Business World Online, Inc., initially working as a reporter covering the following beats: transportation, telecommunications, tourism, Securities and Exchange Commission, and the country's Top 1000 Corporations. She eventually became an editor for the newspaper's Internet edition. Her stint in journalism developed her interviewing and analytical skills and taught her to identify what issues are significant and focus on them.

Her more recent qualitative projects include exploring market development opportunities for some food and beverage products. Her researches frequently are in the area of communication, i.e., finding out how a company can best reach its target group with a message that is relevant and meaningful.

As a full-time qualitative researcher at ACNielsen, Larina conducts an average of 20 group discussions a month among various consumers (males and females, housewives, kids, teeners, etc.) She has successfully handled FGDs in various areas in the Philippines from Northern Luzon to Mindanao.

She obtained her masteral degree in Business Administration from the University of the Philippines. She also has a B.A. degree in Mass Communications major in Journalism from the same university.

Larina will be one of the facilitators in this study and will also be involved full time in analysis and report writing.

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## ACNielsen Service Team, (Continued)

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**GERALD  
BAUTISTA**  
Associate  
Director, Client  
Servicing,  
Nielsen Media  
Research

He has been with ACNielsen for ten (10) years and has extensive experience in working on researches on TV, Radio and Print audience behavior.

He has been exposed to handling various types of customized media studies commissioned by local and off-shore clients.

He earned his degree in AB Communications from the Ateneo de Manila University and a Master's in Business Administration degree from the University of the Philippines.

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**GABRIEL  
BULURAN,**  
Director,  
Operations,  
Nielsen Media  
Research

Gabs has been with ACNielsen for ten years. He also has extensive experience in researching Radio, TV and Print audience behavior.

Gabs' current expertise lies in People Management and Research Operations in Media Research. However, Gabs has had experience conducting focus group discussions in ACNielsen on various topics where a male facilitator is required. His brief stint as a college instructor at the Bulacan State University has helped him in his probing techniques as a facilitator.

He is a graduate of AB Philosophy at the Ateneo de Manila University.

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## ACNielsen Service Team, (Continued)

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### Consultants

In addition, Azucena Barredo, Executive Director of the Customized Research Services Division, and Fidelidad Ester Magpantay, Executive Director for Account Management and Business Development will provide consultancies for the project. Mz. Barredo and Magpantay each have over 25 years of hands-on experience in research analysis and management.

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### ACNielsen's Experience

ACNielsen has accumulated extensive and detailed experience in the design and conduct of qualitative research in social marketing including researches to launch low-dose contraceptive pills and promote the use of condoms against AIDS, among others.

The company's experience in family planning research dates back to the early 1970s when the firm mounted large-scale nationwide researches for the University of the Philippines Population Institute and the Commission on Population.

Over the years, the company's clients in family planning research expanded to include Kabalikat ng Pamilyang Pilipino, The Futures Group and Johns Hopkins University in cooperation with the Department of Health.

Some of the surveys done by the company include:

- Knowledge, attitude and practice (KAP) studies prior to launch of an family planning campaign and after-launch. The research methodologies have included pre- and post-launch surveys among a fixed panel of respondents (i.e., same respondents being monitored over time) and quantitative KAP researches among different respondent samples.
  - Exploratory/qualitative researches to identify primary and secondary target markets for new branded family planning methods that were about to be launched in the Philippines. The qualitative research were also conducted to develop marketing and communication strategies for the new brands.
  - Advertising evaluation studies to determine the acceptability of proposed campaigns in terms of impact, relevance, and understandability.
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## ACNielsen Service Team, (Continued)

### ACNielsen's Experience (Cont'd.)

- Distribution checks to determine the presence/absence of specific family planning supplies in retail outlets.
- Researches on "gatekeeper" and "influencers" in family planning such as medical doctors, nurses, midwives (including traditional "hilots") to understand their role in promoting family planning and their needs in supporting the program.

### Company Profile

#### History

Previously known in the Philippines as the Pulse Research Group (composed of Consumer Pulse, Dealer Pulse, and Media Pulse).

Consumer Pulse (the oldest company in the Pulse Research Group) was founded in 1970 and became operational in 1971. Within 5 years, Consumer Pulse became the leading market research company in the Philippines. Dealer Pulse was established in 1974 and Media Pulse in 1979.

Research Group became a member of the Survey Research Group (SRG) in 1974. SRG was the biggest market research conglomerate in Asia Pacific with regional offices in HongKong.

In 1990, SRG acquired Unisearch which was the in-house market research group of Unilever in the Philippines which was being spun-off to become an independent organization.

In 1995, Pulse Research Group acquired Philippine Monitoring Services, a private firm which monitored advertising on TV, radio, and print.

In 1994, Survey Research Group became part of ACNielsen which was founded in 1923 in the United States.

In 1998, the various companies in the Philippines (Consumer Pulse, Dealer Pulse, Media Pulse, Unisearch, and Philippine Monitoring Services) assumed the ACNielsen name.

In 2000, ACNielsen worldwide became part of VNU which is into market measurement and information, media research, and publishing.

*Continued on next page*



## ACNielsen Service Team, (Continued)

**Company  
Profile  
(Cont'd.)**

Today, ACNielsen continues to be the leading research conglomerate in the Philippines, in Asia Pacific, and in the world. ACNielsen operates in over 100 countries worldwide and maintains global offices in the United States and in the Netherlands.

### People Complement

ACNielsen Philippines maintains fully staffed offices in 2 locations in Metro Manila (the main office in Mandaluyong City and a branch office in Makati City) plus Field offices in Cebu City (Central Philippines) and Davao City (Southern Philippines).

The ACNielsen company in the Philippines employs over 400 full-time associates, over 100 of whom are with the Customized Research Services Division (CRSD) and dedicated to doing customized research which includes social marketing research. The company also maintains an MIS group, a Measurement Science team composed of statisticians, fully staffed Finance Department and Human Resource Department, and Corporate Relations, aside from the core business divisions of CRSD, the Retail Measurement Services Division (RMSD), Consumer Panel Services (CPS) and Nielsen Media Research (NMR).

CRSD (the division that conducts social marketing research) includes 7 Directors with a combined research experience of over 125 years. Their academic background is diverse, covering business, social sciences, and the arts. The Activate team of CRSD specializes in qualitative research and is headed by a college degree holder in Psychology.

CRSD's Data Collection Department and Coding Unit conduct and process over 250,000 interviews with individuals and 400 focus groups each year, covering a wide range of products/services and business topics and issues.

*Continued on next page*

## ACNielsen Service Team, (Continued)

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**Company  
Profile  
(Cont'd.)**

For maximum flexibility in operations, fieldwork and coding of research projects are subcontracted to independent fieldwork agencies. These agencies are headed by former employees of Pulse who had at least 10 years of experience with Pulse before they set up their own fieldwork companies servicing ACNielsen Philippines exclusively. The subcontractors have a combined nationwide network of over 250 interviewers. These interviewers have at least 2 years of collegiate level education and are fluent in English plus one or more Philippine dialects. (The Philippines has 5 major dialects in addition to the national language Pilipino.)

The interviewer network includes female and male interviewers which enables ACNielsen to effectively address any gender-sensitive concerns relating to the surveys that the company conducts. While most of the interviewers are based in Metro Manila, the network also has interviewers based in the key cities of Cebu, Bacolod, Iloilo, and Davao to enable the cost-efficient implementation of nationwide researches.

Although field operations is subcontracted, quality control remains with ACNielsen. The task is carried out by full-time Data Collection associates and supervisors who are experienced in interviewing, quality assurance and project management.

ACNielsen maintains an in-house Data Processing group and a network of programmers for flexibility, especially during peak work times.

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### Social Marketing Research Approaches

ACNielsen believes in harnessing its suite of market research techniques also for non-business applications such as social marketing. Relevant research techniques include:

- Winning Brands, which monitors the health of a brand (or family planning method, for example). It measures brand equity and shows what the drivers of the equity are, and their relative importance. These information are then linked to the brand owner's inputs to market the brand such as advertising. The information then provides strategic insight on how a brand should be managed and supported for maximum performance.
- Retail audits, which is a monthly audit of retail stores to measure product distribution and sales offtake; this may be useful for FP supply methods which use retail outlets such as supermarkets, grocery stores, and sari-sari ("mom and pop" type of outlets) stores for product distribution and selling.

*Continued on next page*

## ACNielsen Service Team, (Continued)

**Company  
Profile  
(Cont'd.)**

- ads@work, which evaluates advertising materials to determine how well they deliver on the intended objective/s of the advertiser.
- eQ, which measures customer satisfaction and loyalty, and may be useful to evaluate the services of clinic or clinician-dependent methods of family planning.
- Omnibus, which is a quarterly nationwide urban survey where subscribers share in the cost of fieldwork. It is a cost-efficient way of monitoring the target population of family planning programs.
- Target Audience Measurement (TAM), which monitors the TV viewing habits of consumers to help advertisers identify the best TV program vehicles to buy for their advertising placements.
- Corwatch, which keeps track of media's coverage of companies/groups and or issues.

ACNielsen uses a variety of data gathering methods, including face-to-face interviews, self-accomplished questionnaires and when feasible, online/internet research. For family planning and related researches where sensitive questions need to be asked, ACNielsen has used the sealed envelope technique where the respondent is given a list of questions in a sealed envelope (the contents of which is unknown to the interviewer) and merely gives the interviewer the code corresponding to his/her response; this code is then written down by the interviewer on a response sheet.

Where qualitative research is concerned, ACNielsen uses a variety of projective techniques to explore sensitive topics. These techniques include games, role plays, and paper and pencil exercises among others.

*Continued on next page*

# **Annex 4**

**IN INTERIM PUBLICITY AND CRISIS MANAGEMENT PLAN**  
**For the Social Acceptance Project – Family Planning**

**Developed by**

**Corporate Image Dimensions/Ketchum**

## **An Overview of Family Planning in the Philippines**

Efforts to promote Family Planning in the Philippines started in the 1970's when the Philippine government actively and vigorously pursued it as a program. In the late 1980's, however, the Family Planning Program did not receive encouragement or support from the government when a strongly Catholic national leadership followed the Catholic Church's position of emphasizing only natural FP methods. Up to now, the national leadership is adamant at an aggressive FP program. And the momentum created by FP efforts in the 70's and early 80's has remained stalled.

Family Planning in the Philippines has, therefore, been often described at best as "high in awareness level but not as effective in practice."

Expectedly, opposition to a comprehensive FP program comes from the Catholic hierarchy in the country. Catholic Church's official position on the matter explicitly prohibits artificial family planning methods and allows a comprehensive management of the FP program.

Further, Jaime Cardinal Sin, the influential Archbishop of Manila, stated in his Circular dated October 16, 2002, that the Church supports the program if implemented and followed as a Catholic program that brings about responsible parenthood. It should not be a vehicle program to address the country's population control problems.

The Catholic Church is currently vocal in its stance against Reproductive Health Bill (HB 4110) which is currently in Congress for deliberation. HB 4110 seeks "to establish a reproductive health care program that will educate women and men about reproductive rights and provide them with information that would include the relative benefits and risks of family planning methods."

Aside from the very strong opposition from the Church groups, Family Planning efforts in the country suffers from widespread misconception among the target users about the safety of modern contraceptive methods. While past published campaigns and write-ups re FP have somewhat adequately generated public awareness on FP methods, it seems like safety and medical issues have not still been properly addressed, more so resolved.

Opposition notwithstanding, recent surveys show a surprisingly strong public opinion in favor of FP. Based on the 2000 "Ulat ng Bayan" Survey of Pulse Asia, 9 out of 10 Filipinos agree that family planning is important. Other relevant findings are as follows:

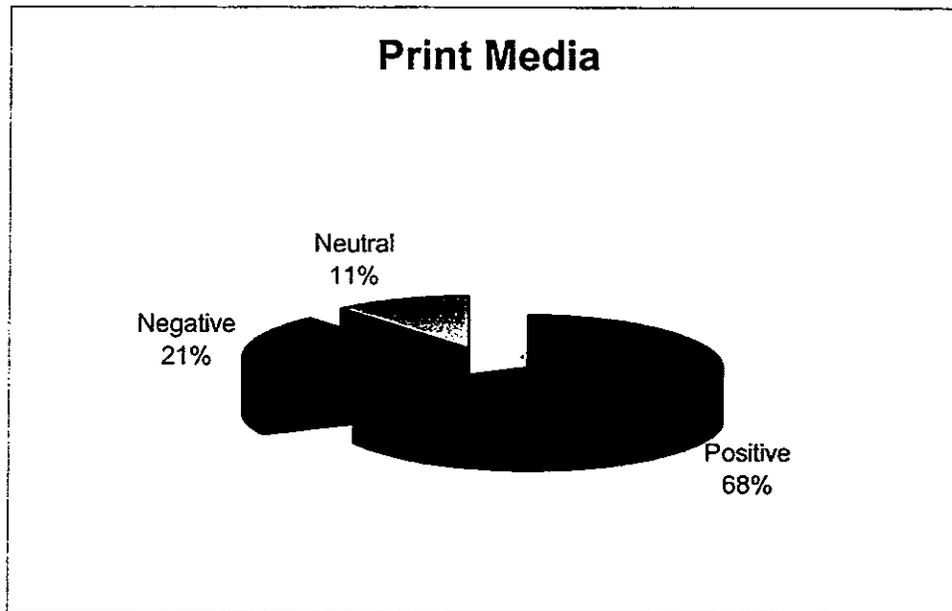
- 8 out of 10 say that electoral candidates favoring family planning should be supported.

- Remarkably high levels of awareness of contraceptives ranging from 82% to 95%.
- 72% personally agree with the issue of teaching family planning to all citizens.
- Nearly 7 out of 10 are of the opinion that FP services should be made accessible to married or unmarried women.

### Philippine Media and FP

In the Philippines, there are nine nationally circulated newspapers, 22 tabloids circulated in Metro Manila and peripheral cities, 6 national commercial television stations; and roughly 25 national AM and FM radio stations. Complementing national mass media are regional and provincial publications, radio and TV stations, as well as Cable TV.

A compilation of newspaper clippings on FP taken from October 2002 to January 6, 2003 indicate that out of a total of 106 clippings monitored, 72 of the releases presented positive sides, 12 were neutral and 22 were negative.



The neutral articles were matter-of-factly as stated statistics on population, birth control methods and family planning related events were presented without giving a clear opinion.

From the summary of media reportage on family planning and birth control issues over a three-month period and from recent media coverage, it can be gleaned that there is a potential for a groundswell of support for family planning among media practitioners. On the other hand, the main opposition to Family Planning, the Catholic Church, has been observed to be also using mass media to oppose

a comprehensive family planning effort in the country. It therefore becomes a challenge for us to properly harness media in support of all efforts aimed at making FP a socially acceptable proposition in the Philippines with a high level of practice.

## **An Interim Publicity and Crisis Management Plan**

This publicity and crisis management plan intends to address various public relations issues on Family Planning for the time being that a program with a repositioned FP concept is not yet implemented. Specifically, this Plan aims:

- To lay the groundwork for the launch of a repositioned FP concept by ensuring a conducive environment for FP efforts in Philippine mass media,
- To quickly and effectively address issues deemed negative or unfavorable to FP, and
- To provide target audience with correct and relevant information on FP and related issues.

### Basic Stance

Family Planning in the Philippines needs to be socially accepted as a solution-oriented belief system that upholds responsible parenthood.

### Target Audience

Parents and couples,  
Men and women of reproductive age,  
Youth & working professionals  
Socio-economic levels B, C, D, and E  
Decision-makers, influentials, educators and media

### Project Period

January to June 2003 (interim period pending the production of the forth-coming tri-media campaign)

### Approach

Based on the mentioned objectives, publicity efforts will be implemented through two major components, namely:

1. A pro-active publicity campaign, and
2. A reactive, crisis management and response campaign.

## **Pro-active Publicity Campaign**

The pro-active publicity campaign aims to strategically build concern and awareness in family planning among the target audience. Hence, the end goal is to pave the way for the forth-coming tri-media campaign. This will be done in two phases, split equally across the allotted period.

Phase 1 will create an atmosphere conducive to the communication of FP facts and information. This phase includes presenting situations, facts, and figures that would eventually incline the audience's opinion towards the relevance of FP.

Phase 2 will present FP as the ideal solution that will address the presented situationer. This phase will consist of basic FP information, addressing common myths, presenting role models and champions of FP.

Press/Information kits will be distributed in relevant venues (e.g. press conferences, media tie-ups). Likewise, materials for radio will be distributed on a regular, periodic basis.

Following is a proposed schedule of publicity materials for media distribution

Month	Theme/ Issue	Story Angle/ Headline	Section
January	<ul style="list-style-type: none"> <li>Meeting of Families, Jan 23-25</li> </ul>	<ol style="list-style-type: none"> <li><u>The Filipino Family Today</u>- a feature on the plight of the Filipino family, the challenges of poverty. <i>(Objective: To make audience aware of the difficulties of being a parent)</i></li> <li><u>Poverty, Population and the Economy</u> – Presents latest figures on population and development issues. Lists the implications of these figures in the country's economy <i>(Objective: will bring to attention the negative effects of overpopulation, make people realize the importance of population control)</i></li> <li><u>Radio material: Population &amp; Development on the Rise</u> - Presents latest figures on population and development issues.</li> </ol>	<p>Lifestyle/ health</p> <p>Business</p>
February	<ul style="list-style-type: none"> <li>Valentine's Day</li> <li>Relationships/ Couplehood</li> </ul>	<ol style="list-style-type: none"> <li><u>Sex and the Single</u> – Informative article on the prevalence of pre marital sex in the present. Will cite statistics and surveys. <i>(Objective: to bring to the attention of the audience the prevalence of sex and its emotional and physical side effects)</i></li> <li><u>Teenage Mothers</u>- an article on the prevalence of young, unwed mothers due largely to ignorance on the repercussions of sex. Will concentrate on the negative side effects this has on their lives. <i>(Objective: To give the audience a clear picture of the difficulties a young, unwed mother has to face, inform them of adolescent reproductive health)</i></li> </ol>	<p>Health/ lifestyle</p> <p>Youth</p>

		3. <u>Radio material: Teenage pregnancy, Sex and the Single</u> - Presents latest figures on the sexual behavior of youth. (possible source: YAFS study)	
March	<ul style="list-style-type: none"> <li>• <i>Women's month</i></li> </ul>	<ol style="list-style-type: none"> <li>1. <u>This Filipina</u> -a caricature of the modern Filipina as informed about her rights, and in control of her health. (<i>Objective: to give a clear picture of the modern Filipina Woman and the importance of women's health</i>)</li> <li>2. <u>Women: Beyond Home Economics</u> - presents statistics re: modern women; a look at the role of and the challenge women face in a developing economy (<i>Objective: to portray the modern working woman and all the difficulties she has to face</i>)</li> <li>3. <u>Radio material: Women in the Workplace</u> - Presents latest figures on women at work and other related issues.</li> </ol>	<p>Lifestyle/ women's magazines</p> <p>business</p>
April	<ul style="list-style-type: none"> <li>• <i>Holy Week</i></li> <li>• FP provides couples with a choice, considers religious beliefs</li> <li>• FP is part of the Filipino value system</li> </ul>	<ol style="list-style-type: none"> <li>1. <u>Family Planning 101</u>- informative article that separates facts vs. myths on the issue of FP. Highlights how FP provides couples with a choice that suits their religion, what to do when choosing an FP method based on religion (<i>Objective: to separate facts from fallacies regarding FP</i>)</li> <li>2. <u>Family Planning, Filipino-style</u> -features how FP matches Filipino values such as <i>paggalang</i>, close familial ties, <i>pagkamasinop</i>, by featuring 2 families- one who practices FP and one who doesn't. (<i>Objective: to give audience a concrete example of the benefits of FP through families they can relate with</i>)</li> </ol>	<p>Lifestyle/ family</p> <p>lifestyle</p>

May	<ul style="list-style-type: none"> <li>• <i>Mother's Day</i></li> <li>• FP promotes responsible parenthood, saves lives</li> </ul>	<ol style="list-style-type: none"> <li>1. <u>Mother Knows Best</u> – Testimonial from a well-known personality and mother who is enjoying the benefits of practicing FP (<i>Objective: to inform audience of the benefits of FP to a woman's health</i>)</li> <li>2. <u>A Mother's Choice</u> -provides tips and hints for mothers on choosing an FP method, prenatal care to prevent abortion. (<i>Objective: to clearly outline different FP methods that may be used and to show that FP does not endorse abortion</i>)</li> </ol>	Lifestyle  Health
June	<ul style="list-style-type: none"> <li>• <i>wedding month, Father's Day</i></li> <li>• FP promotes responsible parenthood, encourages male involvement</li> </ul>	<ol style="list-style-type: none"> <li>1. <u>Macho Man</u> highlights men's role in FP, responsible parenthood, redefining the Filipino male as one who involves himself actively in FP, a human interest story on a man who has been vasectomized (<i>Objective: to show that men play a vital role in FP, it is not just the woman's responsibility</i>)</li> <li>2. <u>His, Hers, Theirs</u> - features the roles of husband and wife in FP, tips on how to choose the best method (<i>Objective: to stress responsible parenthood and its positive effect on the entire family</i>)</li> </ol>	Lifestyle  Lifestyle/ health

## **Crisis Management and Response Program**

In times of crisis, the team ideally takes the lead in informing the concerned groups and parties regarding the issue with a recommended course of action. The agreed upon action will then be implemented. This response program will act independently from the publicity plan.

### Key Messages & Responses

Responses emanating from agency will address negative messaging and misinformation regarding FP. This is intended to balance issues raised as well as to further the cause of FP in the Philippines. Our key messages/responses (based to prominent negative issues) are as follows:

1. Re accusations that FP promotes and legalizes abortion:

“Family planning is not abortion. It, in fact, prevents abortion. Modern family planning methods are not abortifacient.”

2. Re accusations that FP destroys the family:

“Family planning saves lives – both for spacing and limiting. It allows the couple to choose the number of children that they can raise well (responsible parenthood).”

3. Re accusations that FP is coercive:

“Family planning provides a voluntary choice of methods, including natural methods, which the couple can choose depending on their situation, conscience, cultural background and religious beliefs.”

4. Re accusations that FP is a foreign imposition:

“Family planning, which involves the promotion of both natural and artificial methods, is a program of the national government borne out of its development objectives.”

5. Re accusations that FP is anti-health:

“Family planning is part of a healthy lifestyle as parents and children are provided ample attention and care.”

## Organization and Logistics

Crisis Team. This group will implement all activities of the approved plan. On the lead is the Communications Advisor who will work in tandem with Corporate Image Dimensions led by Managing Director Larry Zurita. Team members include Program Supervisor Jody L. Montealegre, Program Managers, writers, Media Relations Officer, Media Monitoring Officer, and Executive Assistant.

The Communications Advisor will be based in AED offices while the rest of the team will be based in the office of Corporate Image Dimensions.

The team will:

- Relate with media assets
- Monitor media results
- Prepare media monitoring reports
- Manage prompt media response requirements during crisis periods
- Handle coordination, identifying and briefing of officially designated spokespersons
- Monitor timeline for project implementation
- Manage budget appropriations
- Prepare campaign reviews and reports

Project Directory. The Crisis team will maintain a readily available listing of resource persons, trained spokespersons and organizations. The list includes contact numbers, addresses, e-mail for easy communication and accessibility. E-mail address should be arranged through an anonymous, non-descript address (e.g. Yahoo) to maintain confidentiality of project management. Internally, CID will have a directory that will provide the residence phone and mobile number listing of the crisis team.

Media Monitoring. A comprehensive tri-media monitoring system will be provided during the total campaign period. An analysis of media coverage of issues affecting FP will form the basis of response for the day in line with the monthly thematic publicity efforts. A compilation and summary of media reports will be made available for review.

Training/ Orientation Sessions. All people involved in the project should have a considerable uniform understanding of the issues affecting FP. Training/ orientation seminars will be scheduled for them as necessary. The same goes for spokespersons and other key personalities.

Response Criteria. Crisis team will determine the most effective method of response based on the characteristics of the issue that needs to be addressed. Generally, response would depend on the following:

1. Media vehicle, size and reach
2. Message
3. Speaker (e.g. degree of influence)

Response Action Plan. A standard response action plan will set the professional framework for crisis situations that may arise during the total project campaign. The following aspects are the priority concerns for the effective implementation for FP's Response Action Plan:

1. Preparedness to handle any crisis situation,
2. Promptness of response, and
3. Proper action taken to address the issue at hand.

Being prepared. Being proactive on FP and related issues requires the crisis team to efficiently monitor news updates and articles published on print and broadcast on R/TV. The team will be abreast on news developments and should have a keen understanding on FP and its issues. Such information can be collated in a news kit to include a fact sheet, a general statement re FP and pertinent topics to FP which will be produced and made available for concerned working parties only.

Prompt Response. The crisis team will be responsible for the prompt response of AED and FP-concerned organizations through a pool of assigned spokespersons re critically published or broadcast news on FP. Thus, the Project Directory will also be regularly updated.

Proper Action. The team will make spokespersons be accessible to the media particularly in times of a crisis situation, i.e., being "one phone call" away which should trigger a required action in terms of releasing an editorial, a column, a news item or feature. The assigned spokesperson and the lead person in the crisis team should be made available for queries, questions and statements about the exposed issue.

Internal/ External Assessment. Communications Advisor will conduct weekly evaluations on the performance of the team vis-à-vis status of issues. Monthly meetings will be scheduled to evaluate internal and external efforts.

## **Measures of Effectivity**

Success or failure of the program will be measured by the following:

1. Number of positive versus negative publicity
2. Number of media personality in favor or who agree to promote FP
3. Opinion polls

## **Annexes:**

1. Response action sheet
2. Project evaluation form
3. Media assets and possible spokespersons
4. Press/ Info kit outline of contents

## RESPONSE ACTION SHEET

### 1- Incident

- Media

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- Non-Media

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### 2- Response

- Media Release

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- Interview date

---

- Spokesperson

---

- Organization

---

- Remarks

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### 3- Summary

### 4- Follow-up/ Next Steps

**THE SOCIAL ACCEPTANCE FOR FAMILY PLANNING**  
Project Evaluation

For Internal Evaluation	Excellent	VG	G	F	S
1- Efficiency	( )	( )	( )	( )	( )
2- Understanding of issues	( )	( )	( )	( )	( )
3- Involvement in FP	( )	( )	( )	( )	( )
4- Media Strength	( )	( )	( )	( )	( )
5- Situation management	( )	( )	( )	( )	( )

COMMENTS:

RECOMMENDATIONS:

For External Evaluation	Excellent	VG	G	F	S
<b>General Public</b>					
1- Reach to target market	( )	( )	( )	( )	( )
2- Achieved comprehension level of audience	( )	( )	( )	( )	( )
3- Influence created on audience	( )	( )	( )	( )	( )
4- Empowering the audience to support FP	( )	( )	( )	( )	( )
<b>Media</b>					
1- Achieved support from media	( )	( )	( )	( )	( )
2- Quickness of media response	( )	( )	( )	( )	( )
3- Achieved balance of media views presented	( )	( )	( )	( )	( )

COMMENTS:

RECOMMENDATIONS:

Prepared By:  
Corporate Image Dimensions

Cleared By:  
The Academy for  
Educational Development

## PUBLICATIONS

### Broadsheets

1. Phil. Daily Inquirer
2. Manila Bulletin
3. Philippine Star
4. BusinessWorld
5. Manila Times
6. Daily Tribune
7. Malaya
8. Manila Standard
9. Today

### Tabloids

1. People's Journal
2. People's Tonight
3. People's Taliba
4. Tempo
5. Abante
6. Abante Tonite
7. Balita
8. Remate
9. Remate Tonite
10. Bandera
11. Tumbok
12. People's Balita
13. Saksi Ngayon
14. kabayan
15. Pilipino Star Ngayon
16. Bulgar
17. RP Daily Expose
18. Banat

## COLUMNISTS

1. Domini Torrevillas – Phil. Star
2. Rina Jimenez-David – Phil. Daily Inquirer
3. Winnie Monsod – BusinessWorld
4. A.G. Romualdez, Jr. - Malaya
5. Ike Señeres – Daily Tribune
6. Marit Remonde – Manila Times
7. Manolo Jara – Manila Times
8. Conrad De Quiros - Phil. Daily Inquirer
9. Ramon Tulfo – Phil. Daily Inquirer

10. Federico Pascual – Phil. Star
11. Greg Macabenta – Businessworld
12. Teddy Benigno – Phil. Star

#### COMMENTATORS / AM RADIO

1. Deo Macalma – DZRH
2. Korina Sanchez – DZMM
3. Jay Sonza – DZXL
4. Rey Langit – DWIZ
5. Mike Enriquez - DZBB

- Deskmen and reporters from TV Stations  
ABS-CBN 2; ABC 5; GMA 7; RPN 9; IBC 13; Net 25; ANC 21; Zoe 11

Other media that we will be tapping for assets include:

- Women's magazines, trade publications, health publications, showbiz/celebrity publications
- Provincial dailies, i.e. Sunstar, Freeman, Davao Post

The formation of a large pool of media assets will not happen instantaneously. We will have to start with a small core group, gradually expanding into various media groups through consistent media relations efforts and media briefings.

## List of Possible Spokespersons:

### BUSINESS SECTOR :

1. Guillermo Luz  
Makati Business Club
2. Emil Piansay  
Mindanao Business Council Trustee
3. Miguel B. Varela  
President of Philippines, Inc.  
and Phil. Chamber of Commerce and Industry (PCCI)

### RELIGIOUS SECTOR

1. Bro. Eddie Villanueva  
Iglesia Ni Kristo
2. Fr. John Schumacher, S.J.
3. Philippine Independent Church

### LABOR SECTOR

1. TUCP
2. Rene Cristobal  
Employers Confederation of the Phils.

### MEDIA

1. Rina Jimenez-David -- Columnist / Phil. Daily Inquirer
2. Winnie Monsod -- Columnist / Businessworld
3. A. G. Romualdez, Jr. -- Columnist / Manila Times  
(former DOH secretary)

### GOVERNMENT

1. Dir. Tomas Osias  
POPCOM (Population Commission)
2. NEDA
3. DOH
4. NSO

## SENATE :

1. Senator Rodolfo A. Biazon (Author of House Bill 4110 in Senate)

## HOUSE OF REPRESENTATIVES

1. Rep. Bellaflor Angara Castillo
2. Rep. Gilbert Remulla
3. Rep. Crisel Lagman-Luistro
4. Rep. Robert Ace Barbers
5. Rep. Carmen Cari
6. Rep. Antonio Eduardo Nachura
7. Rep. Reynaldo Uy

## MOVIE INDUSTRY

1. Ogie Alcasid and Michelle Van Eimeren
2. Rosanna Roces
3. Janno Gibbs and Bing Loyzaga

## ACADEME

1. Alejandro Herrin  
UP Economic Professor
2. Corazon Raymundo  
UP Population Institute, Professor

## YOUTH

1. Jolina Magdangal
2. Judy Ann Santos

## FAMILY & SEXUALITY

1. Dr. Margarita Holmes
2. Bob Garon

Other local agencies :

1. PPO (Provincial Population Office)
2. WomenHealth Philippines
3. Family Planning Organization of the Phils.
4. JSI Research and Training Institute
5. Well-Family Midwife Clinics

OTHER RESOURCE PERSONS

- Rina Marcelo for gender issues
- Vic Tirol for writing
- Billy Lacaba for writing
- Dr. Janice Melgar for medicine
- Guy Custodio for women's issues
- Diana Mendoza, health beat reporter (DOH press corps)

## Press Kit Contents

1. Fact Sheet: General Facts and Figures related to family planning
  - a. Population and development figures (eg. Demographics, YAFS)
  - b. Opinion polls directing towards the need for FP programs
2. Fact Sheet: Family Planning in the Philippines, a history
  - a. History of government initiatives
  - b. Listing of private sector initiatives
  - c. Current programs
3. Fact Sheet: Family Planning general info
  - a. Kinds of FP methods
  - b. FP myths vs. facts
4. POPCOM statement on FP
5. general statement from opposition/ analysis of messages against FP
6. Contacts for more sources/ info (e.g. PLCPD, POPCOM)
7. News or Photo release (depending on event)

(Contents would highly depend on its relevance to the event/ situation where the kit will be distributed. Variation of contents may occur.)

### Other possible contents:

1. *Agenda of event*
2. *Speeches (if event)*
3. *Curriculum vitae of speakers*
4. *Position papers, abstracts (if convention)*

# Annex 5

# The **BUSINESS SECTOR** must TAKE THE LEAD in **POPULATION MANAGEMENT.**

The business sector has the resources and the constituency to make a significant impact on the Philippines' population problem.

**The population problem in the Philippines is serious and urgent.**

The population is growing faster than the country's ability to meet its people's basic needs for education, healthcare, housing and infrastructure, food and jobs. At the current rate of growth, the Philippine population will double in **29 years**.

- Poverty incidence in the Philippines is among the highest in ASEAN. (Refer to table below.)

**The Business Sector can do something about the population problem.**

The business sector employs a large number of Filipinos, the majority of whom are in their prime reproductive and sexually active ages.

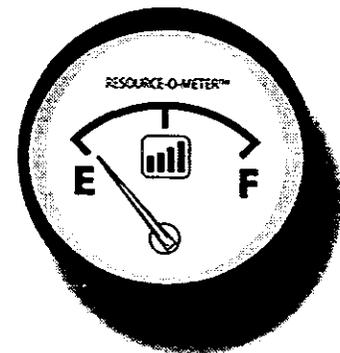
- Out of the total Philippine workforce of 27.5 million (2000 DOLE figures), an estimated **76 percent** are in their prime reproductive ages of 20 to 44.

The **POPULATION PROBLEM** in the Philippines is **SERIOUS** and **URGENT.**

- At least 11.6 million Filipinos are employed in the non-agricultural business sectors like mining, manufacturing, electricity, construction, wholesale and retail, transportation and financing.
- A study (Social Weather Stations/National Youth Commission, 1998) estimates that 2.1 million Filipinos between the ages of 17 to 24 (the age group that has just entered or about to enter the workforce) have experienced premarital sex.
- A challenge in population management in the Philippines is the lack of male participation in family planning. Males comprise 68 percent of the workforce.

**Population and Economic Data of Four ASEAN Countries**

	Philippines	Thailand	Indonesia	Vietnam
Population (2001) ADB	80.1 million	62.9 million	213.5 million	78.9 million
Population Growth Rate (1990-1999) ADB	2.4 %	1.1 %	1.6 %	1.7 %
GDP Growth Rate (2000) ASEAN Statistical Yearbook	4.01%	4.67%	4.90%	6.76 %
Poverty Incidence ADB	40 % (2000)	12.9 % (1998)	18.2 % (1999)	37 % (1998)
Per Capita Income (2000) WB	\$1,040	\$2,000	\$570	\$390



We're running out of resources.  
We're running out of time.

**It makes financial sense for businesses to provide family planning services to their employees.**

- There is ample evidence to show that **a family planning program pays for itself**. Some benefits are increased productivity and reduced absenteeism, on top of avoidance of costs associated with childbirth like advancing SSS benefits, health insurance costs, maternity leave over and above SSS benefits, paternity leave pay and temporary replacement of workers on maternity leave.
- A study conducted by Philippine Center for Population and Development shows

that a Responsible Parenthood/Maternal and Child Health (RP/MCH) program can have a significant cost benefit. (Refer to Table below)

- Family planning protects the health and saves the lives of women: your female employees or the wives and girlfriends of your male employees

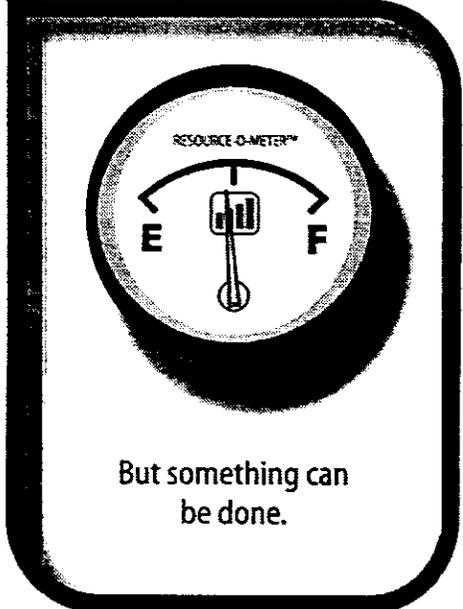
**The  
BUSINESS  
SECTOR  
can do  
SOMETHING  
about the  
POPULATION  
PROBLEM ...**

- A family planning program in your workplace can help decrease the number of unintended pregnancies.
- Up to 45 percent of all pregnancies in the Philippines are unwanted or mistimed.
- Spacing of births results in healthier pregnancies. Mothers giving birth at 9- to 14-month intervals are 2.5 times more likely to die in childbirth than those giving birth at 27- to 32-month intervals.

**Summary of Cost Benefit Study of RP/MCH Program in Four Companies**

	Semiconductor Company 1	Semiconductor Company 2	Agribusiness Company 1	Agribusiness Company 2
Workforce (at end of the study)	3,854	14,148	506	405
Contraceptive use at start of program	42 %	50 %	55 %	39 %
Contraceptive use at end of program	78 %	46 %	69 %	58 %
Cost of program	P113,206	P285,450	P25,302	P36,562
Gross saving of program	P940,150	P1,313,508	P189,452	P19,222
<b>Cost Benefit Ratio</b>	<b>8.30</b>	<b>4.60</b>	<b>7.49</b>	<b>(1.90)</b>

*Cost of program includes personnel cost and space usage including electricity and equipment. Cost of program does not include training which was subsidized by PCPD. Gross savings is the avoidance of costs such as the opportunity cost of advancing SSS benefits, maternity leave over and above SSS benefits, paternity leave pay, productivity loss and replacement cost.*



**The Business Sector can make a significant contribution to the solution of the country's population problem by implementing effective family planning programs in the workplace.**

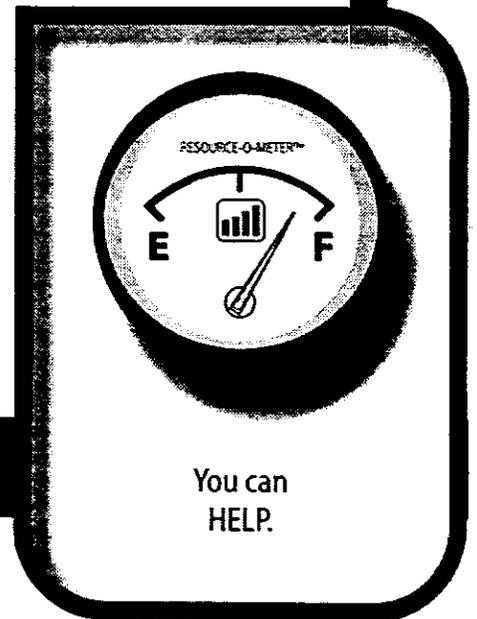
This fact sheet is brought to you by:

***The Social Acceptance Project-Family Planning  
Commercial Marketing Strategies  
The Policy Project***

For more information on how you can implement a family planning program in your business establishment, write:

Grace Migallos  
Country Representative  
Commercial Marketing Strategies  
[gmigallos@cmsproject.com](mailto:gmigallos@cmsproject.com)

**YOU** can  
MAKE a  
SIGNIFICANT  
CONTRIBUTION.



# Annex 6

## QUESTIONNAIRE: FAMILY PLANNING

### I. GENERAL INFORMATION ON THE COMPANY

Name of Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Location of Operations: \_\_\_\_\_  
 Authorized Person to Fill-in Questionnaire: \_\_\_\_\_ Position: \_\_\_\_\_  
 Contact #: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Industry/ Product Type: \_\_\_\_\_ No. of Years in Existence: \_\_\_\_\_

Name of HR Manager: _____	
Sex: _____	Age: _____ Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow/er <input type="checkbox"/> No. of years in this company: _____

AGE RANGE	TOTAL	MALE	FEMALE																																										
18 and below																																													
18-24																																													
25-39																																													
40-50																																													
50 and above																																													
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### II. FAMILY WELFARE COMMITTEE

- Does management promote family welfare and FAMILY PLANNING in your company?  
 Yes  No

2. How does your company increase awareness and promote family welfare and FAMILY PLANNING among employees?
  - Company sponsored seminars
  - Posters, Bulletin board
  - Distribution of Primers, Brochures, Leaflets
  - Exhibits
  - Audio-visual presentation
  - Clinical Services
  - FAMILY PLANNING Counseling
  - Others, pls. Specify \_\_\_\_\_
  
3. Does your company have a "Family Welfare/Family Planning Committee"?
 

Yes                       No
  
4. Who initiated the establishment of a "Family Welfare/Family Planning Committee"?
  - Management
  - Employees
  - Both Management and Employee
  
5. What are the committee's programs/activities to promote family welfare and FAMILY PLANNING?
  - Company sponsored seminars
  - Posters, Bulletin board
  - Distribution of Primers, Brochures, Leaflets
  - Exhibits
  - Audio-visual presentation
  - Clinical Services
  - FAMILY PLANNING Counseling
  - Others, pls. Specify \_\_\_\_\_
  
6. Does your company coordinate with specialized organizations on Family Welfare/FAMILY PLANNING?
  - DOLE (Dept. of Labor)
  - POPCOM (Commission on Population)
  - DOH (Dept. of Health)
  - Labor Unions
  - Church groups
  - Local Community
  - Others, pls. Specify \_\_\_\_\_
  
7. What type of support do you get from the specialized organizations that you coordinate with?
 

\_\_\_\_\_

\_\_\_\_\_

### III. FAMILY PLANNING CLINIC

1. Does your company clinic offer FAMILY PLANNING services?
 

Yes                       No
  
2. When did the company clinic start providing FAMILY PLANNING services?
 

\_\_\_\_\_

3. What are FAMILY PLANNING services are offered by the company clinic?

- Routine physical exams
- FAMILY PLANNING counseling
- Distribution/Training on FAMILY PLANNING methods
- Others, pls. Specify \_\_\_\_\_

4. Who are the clinic staffs?

- Physician       Nurse
- Midwife         Counselor

5. What type of training does the staff have on FAMILY PLANNING?

Physician	_____
Nurse	_____
Midwife	_____
Counselor	_____

- 6. What are the FAMILY PLANNING methods promoted by your clinic?
- 7. How many have received training or actual contraceptives among employees?
- 8. In the past 6 months, how many employees have received training or actual contraceptives from the company clinic?

FAMILY PLANNING Methods	Implemented (pls. Check)	Total no. of Acceptors	No. of acceptors in the past 6 months
Pills			
IUD			
Injectable			
Diaphragm/Foam/Jelly/Cream			
Condom			
Ligation/Female Sterilization			
Vasectomy/Male Sterilization			
Training on Calendar/Rhythm/ periodic abstinence			
Mucus/Billings/Ovulation			
Training on Thermometer/Basal Body Temperature			
Lactation Amenorrhea Method (LAM)			
Training on Withdrawal			
Cycle bead			
Others:			

9. Is the cost of the FAMILY PLANNING services completely funded by the company?  
 Yes                       No

10. Does your company provide incentives to acceptors of FAMILY PLANNING services?  
 Yes                       No

11. What are these incentives?
- Cash Incentives
  - Groceries
  - Awards/Recognition
  - Others, pls. Specify \_\_\_\_\_
12. Do you extend the FAMILY PLANNING programs of your company to;
- Dependents of employees
  - Near-by communities
  - Others, pls. Specify \_\_\_\_\_
  - None of these
13. Does your company have a "community outreach program/unit" that offers FAMILY PLANNING services to near-by communities?
- Yes                       No
14. What FAMILY PLANNING services do you give to the community?
- Routine physical exams
  - FAMILY PLANNING counseling
  - Company sponsored seminars on FAMILY PLANNING
  - Posters, Bulletin board on FAMILY PLANNING
  - Distribution of Primers, Brochures, Leaflets
  - Exhibits
  - Audio-visual presentation
  - Distribution/Training on FAMILY PLANNING methods
  - Others, pls. Specify \_\_\_\_\_
15. Who coordinates the FAMILY PLANNING services to the community?
- Company Human Resource Officer
  - Company CEO
  - Company Production/Service Operations Officer
  - Company Community Relations Officer
  - Union/Labor Leaders
  - Others, pls. Specify \_\_\_\_\_
16. Do you have plans in the future to upgrade FAMILY PLANNING programs in your company?
- Yes                       No
17. What new programs or updates on FAMILY PLANNING do you want to implement in your company?
- \_\_\_\_\_
- \_\_\_\_\_
18. What do you think is the attitude of the male/female employees in this company on family planning? (Please check appropriate box.)
- |   |   |
|---|---|
| <p>Male:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> very positive</li> <li><input type="checkbox"/> somewhat positive</li> <li><input type="checkbox"/> neither positive nor negative</li> <li><input type="checkbox"/> somewhat negative</li> <li><input type="checkbox"/> very negative</li> </ul> | <p>Female:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> somewhat positive</li> <li><input type="checkbox"/> very positive</li> <li><input type="checkbox"/> neither positive nor negative</li> <li><input type="checkbox"/> somewhat negative</li> <li><input type="checkbox"/> very negative</li> </ul> |
|---|---|

19. Based on your interactions with the employees, do male/female employees generally ask more information related to: (Please check appropriate box.)

natural family planning	Male: <input type="checkbox"/> Yes <input type="checkbox"/> No	Female: <input type="checkbox"/> Yes <input type="checkbox"/> No
modern family planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

20. Based on your interactions with the employees, do you think male/female employees knowledge on family planning, in general, is: (Please check appropriate box.)

Male:	Female
<input type="checkbox"/> very good	<input type="checkbox"/> very good
<input type="checkbox"/> good	<input type="checkbox"/> good
<input type="checkbox"/> neither good or poor	<input type="checkbox"/> neither good or poor
<input type="checkbox"/> poor	<input type="checkbox"/> poor
<input type="checkbox"/> very poor	<input type="checkbox"/> very poor

# Annex 7

## Secondary Review

### Barriers to Modern Contraceptive Use in the Philippines

#### Executive Summary

According to the 2000 Pulse Survey, 94% of Filipinos believe it is important to have the ability to control one's fertility and to plan one's family. Presented with this data, one is tempted to conclude that family planning is already socially acceptable in the Philippines. On the other hand, the 1998 DHS reports that modern contraceptives were used by only 28% of married women of reproductive age (MWRA). 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.

The fact is, however, fertility levels are not dropping to the expressed desires of married women. On average, Filipina women are having one more child than they would like to have. The reason for this is that the majority of Filipino women are not using reliable methods of modern contraception, or they have tried and discontinued using modern contraceptives. The reason for low usage of modern contraceptives, or "artificial contraceptives" as the Church refers to them, is not religion per se. In 1998, 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.

This secondary review has 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. There are significant barriers for hormonal contraceptive methods, e.g., oral contraceptive pills and injectable contraceptives (e.g., DMPA), among providers. Filipina women are generally very concerned about menstrual changes, particularly the amenorrhea that is caused by DMPA use. There appears to be a fundamental misunderstanding of the biological purpose of menstruation among many women. Many women apparently believe menstruation has a "cleansing effect." Related to this, many women are apparently concerned that menstrual changes brought on by hormonal method use can cause "high blood" or "low blood," and otherwise throwing the "bodily humors" out of balance, resulting in anger, headache, dizziness, blurry vision, pain in the nape of the neck, fainting, and worse, blood clots, cancers, and tumors. Other mentioned concerns are that pills accumulate in the body and that hormonal methods cause sexual dysfunction. Men weigh in heavily on these concerns, and are believed to be a major influence on getting their wives to stop using modern contraceptives without offering to take up a male method of contraception such as condom use or vasectomy.

IUDs are also the source of considerable speculation among women, e.g., they can fall out during menstrual periods when hard at work, they can prick the penis, etc.

The issue of contraceptive use frequently boils down to “hiyang” (loosely translated as “suitability”), which is the concept used by women to describe whether a contraceptive method is right for them or not.

Significant percentages of medical providers are seen to have biases and unfavorable attitudes toward modern contraceptives, particularly injectables and IUDs, and their attitudes frequently reflect those of their clients, such as those relating to the effects of amenorrhea. Many feel it is inappropriate to prescribe contraceptives to nulliparous women and nearly half of over 500 providers surveyed in 1995 conceded their religious beliefs influence their attitudes toward prescribing contraceptives.

## Summary of Findings

### Hormonal Method Barriers

#### Menstrual Changes

Studies have established that hormonal contraceptive effects (particularly with respect to DMPA) on the menstrual cycle could represent a key barrier to use.<sup>1,2</sup> Filipina women believe menstruation keeps them healthy. They view menstruation as important for good blood circulation and for keeping the bodily “humors” in balance. An increase in menstruation is more acceptable to them than a decrease, which is associated with the use of hormonal contraceptive methods, particularly DMPA, which typically causes amenorrhea. Menstrual changes lead women to speculate about the accumulation of blood in the body (“dirty blood”) and its relationship to “high blood” and, to a lesser extent, “low blood” and other chronic conditions such as blood clots, tumors or cancer.

Some medical providers (particularly midwives) have advised DMPA users who have experienced amenorrhea to stop using the method until their period returns.

#### “High/Low Blood”<sup>3</sup>

It is important to note that “high blood” does not exclusively infer hypertension (high blood pressure could be just one manifestation of a perceived “high blood” condition). “High blood” symptoms are said to be anger, headache, dizziness, blurry vision, pain in the nape of the neck, and fainting. Anemia or “low blood,” while routinely discussed with patients using the IUD, has also been associated with hormonal contraceptive methods. Because of confusion between “low blood,” low blood pressure and anemia, some women have wondered whether the “brown pills” or ferrous sulfate tablets in combined oral contraceptive pill cycles could raise blood pressure.

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<sup>1</sup> R. Henry, *Contraceptive Practice in Quirino Province, Philippines: Experiences of Side Effects*, (Calverton, Maryland, USA: University of the Philippines Population Institute, University of La Salette, Macro International Inc., 2001).

<sup>2</sup> Reynaldo Guioguo, *Research Audit of the Knowledge, Attitudes and Practice (KAP) of Family Planning Among Target Audiences and Key Stakeholders* (Manila, Philippines: The Social Acceptance Project for Family Planning [TSAP-FP], 2002).

<sup>3</sup> Op Cit.

### Husbands' Influence

Husbands participate in speculation about the relation between hormonal contraceptive use and perceived harms associated with side effects such as amenorrhea (e.g., ill temperament, "high blood"), and accordingly have influenced their wives to stop taking hormonal contraceptives.<sup>4</sup>

### Accumulation<sup>5</sup>

Some women evidently believe contraceptive pills can accumulate in the body or uterus, i.e., they do not dissolve. Some have inferred that "cleansing" of accumulated pills is necessary, which could be accomplished by stopping use of the pill.

### Sexual Dysfunction

Women who have used DMPA have said they experienced loss of sexual urges, decreased aggressiveness and vaginal dryness during sexual intercourse.<sup>6</sup>

### Provider Attitudes

In a 1993 provider study (among 66 obstetricians/gynecologists and 84 general practitioners), 39% of OB/GYNs and 64% of GPs said they would not be willing to recommend the injectable contraceptive.<sup>7</sup> Some of the reasons given for not recommending the injectable were:

- It has side effects such as amenorrhea, which may cause concern among some patients that they are pregnant or that toxins and harmful chemicals will accumulate inside the body.
- It causes spotting.
- It has strong side effects such as cancer, bleeding, headache, and nausea.

The injectable was perceived to have some advantages: ease of compliance, assumed cheaper price, convenience, and not being irritating to the body like condoms or the IUD.

In a later survey (1995) among 521 medical providers (general practitioners, OB/GYNs and midwives), there was considerable improvement in provider attitudes toward injectables. Only 11 percent said they would never recommend the injectable contraceptive. A smaller percentage (only 2 percent) said they would never recommend OC pills.<sup>8</sup>

### Pill Use Shrinks Women's Breasts

A study of the urban poor conducted in 2002 by NFO Trends for Johns Hopkins University/Population Communication Services showed there was a common perception that pill use results in shrinkage of the woman's breasts.<sup>9</sup>

### Other Side Effect Fears for Injectable Contraceptives

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<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

<sup>7</sup> The Futures Group International, *Briefing Book on Commercial Sector Physicians and Midwives in the Philippines: A Review of Secondary Research*, (Glastonbury, CT, USA, February 1995).

<sup>8</sup> Pulse Research Group, *Attitudes and Practice Survey Among Health Professionals in the Private Sector Philippines* (Manila, Philippines, January 1996).

<sup>9</sup> Reynaldo Guioguo, *Research Audit of the Knowledge, Attitudes and Practice (KAP) of Family Planning Among Target Audiences and Key Stakeholders* (Manila, Philippines: The Social Acceptance Project for Family Planning [TSAP-FP], 2002).

According to focus group discussions held in 1994, side effect fears associated with injectable contraceptives (apart from menstrual changes and amenorrhea) were as follows<sup>10</sup>:

- Skin allergies
- Effect on future offspring, e.g., abnormalities
- Weight loss/weight gain

### **IUD Barriers**

#### Inappropriate for Hardworking Women

Many women and some midwives apparently believe, and some cite experience, that the IUD can fall out during hard work, such as farming, particularly during the menstrual period, when the uterus is said to be “open, cold and slippery.”<sup>11</sup> The IUD is thought to increase the exposure of the uterus to cold by holding the uterus open.

#### Increased Menstrual Blood Flow

Increased menstrual blood flow is perceived by some to be a detriment and cause for discontinued use, and for others, perhaps surprisingly, to be a benefit, as it is perceived to promote blood flow to the uterus.<sup>12</sup>

#### Provider Attitudes

In a 1993 provider study (among 66 obstetricians/gynecologists and 84 general practitioners), 17% of OB/GYNs and 34% of GPs said they would not be willing to recommend the IUD.<sup>13</sup> Some of the reasons given for not recommending the IUD were:

- It is misplaced sometimes.
- It is uncomfortable (due to the string).
- The patient can get pregnant if it is inaccurately placed.
- There can be complications/infection.
- It induces abortion.

In a later survey (1995) among 521 medical providers (general practitioners, OB/GYNs and midwives), 13 percent said they would never recommend the IUD.<sup>14</sup> Among these providers, 28 percent of OB/GYNs, 23 percent of GPs and 16 percent of midwives strongly agreed with the statement that the “IUD is an abortifacient.” It is interesting to note that this sentiment was most strongly held by OB/GYNs.

#### IUDs Harm the Penis During Sexual Intercourse

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<sup>10</sup> Pulse Research Group, *A Focus Group Discussion on Attitudes Towards Birth Spacing Methods*, (Manila, Philippines, March 1994).

<sup>11</sup> R. Henry, *Contraceptive Practice in Quirino Province, Philippines: Experiences of Side Effects*, (Calverton, Maryland, USA: University of the Philippines Population Institute, University of La Salette, Macro International Inc., 2001).

<sup>12</sup> Ibid.

<sup>13</sup> The Futures Group International, *Briefing Book on Commercial Sector Physicians and Midwives in the Philippines: A Review of Secondary Research*, (Glastonbury, CT, USA, February 1995).

<sup>14</sup> Pulse Research Group, *Attitudes and Practice Survey Among Health Professionals in the Private Sector Philippines* (Manila, Philippines, January 1996).

A study of the urban poor conducted in 2002 by NFO Trends for Johns Hopkins University/Population Communication Services showed there was a common perception that IUDs prick or pierce the penis during sexual intercourse.<sup>15</sup>

## General Barriers

### Hiyang<sup>16</sup>

*Hiyang* is the Filipino concept referring to (physical) "suitability." Women and men cite *hiyang* to explain why a modern contraceptive method is or is not physically suitable for them. The physical signs most likely to result in a positive *hiyang* are continuation of normal menstruation, weight gain, and absence of symptoms of "high blood" such as headache, dizziness, and "hotheadedness" (ill temperament). Conversely, menstrual changes and other side effects would likely result in negative *hiyang*. Some women have used the concept of resistance and immunity to translate the concept of *hiyang*, inferring that some women are susceptible to side effects while others are resistant or gain "immunity" to them over time. However, immunity to side effects has also extended to a belief that the body could build immunity to a modern method's contraceptive effect, necessitating a "rest period" to prevent such an occurrence.

### Medical Providers' Negative Attitudes and Misconceptions Regarding Family Planning

The 1995 provider survey showed that many medical providers "strongly agree" with many unfavorable statements regarding family planning.<sup>17</sup> These findings indicated:

- Over half of providers do not recommend contraceptives to nulliparous women.
- Over half of providers agree that a wife should have a husband's concurrence in accepting family planning.
- Religious factors have a significant bearing on providers' attitudes toward modern contraceptives.
- Many providers are not proactive in discussing family planning (FP) with their patients, including a third of OB/GYNs and nearly half of midwives, who clearly are in a position to proactively discuss FP with patients seeking antenatal care.

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<sup>15</sup> Reynaldo Guioguo, *Research Audit of the Knowledge, Attitudes and Practice (KAP) of Family Planning Among Target Audiences and Key Stakeholders* (Manila, Philippines: The Social Acceptance Project for Family Planning [TSAP-FP], 2002).

<sup>16</sup> R. Henry, *Contraceptive Practice in Quirino Province, Philippines: Experiences of Side Effects*, (Calverton, Maryland, USA: University of the Philippines Population Institute, University of La Salette, Macro International Inc., 2001).

<sup>17</sup> Susan Smith, *Findings and Implications of the Provider Survey for the Social Marketing Program in the Philippines*, (Washington, DC: The Futures Group International, January 1996).

### Medical Providers' Unfavorable Attitudes Toward Family Planning

Percentage of providers who strongly agree with the following unfavorable statements

Issues	Total	OB/GYNs	GPs	Midwives
A woman should have at least one child before taking OCs	54	51	46	66
If husband doesn't approve of FP, the woman should not use it	51	53	52	48
Religious teachings affect recommendation	47	48	53	40
Reluctant to recommend contraceptives to an unmarried woman	44	43	44	44
I only discuss contraception when the client brings up the subject	40	31	46	44
Health providers should decide on the method for client	34	25	34	43
Very few patients ask about FP	27	17	32	33
IUD is an abortifacient	22	28	23	16
Against religious beliefs to recommend any non-natural FP method	18	16	19	22

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