



THE SOCIAL ACCEPTANCE PROJECT
Strengthening the Social Acceptance of Family Planning in the Philippines
TSAP-FP



**A QUALITATIVE STUDY ON FAMILY
PLANNING IN THE PHILIPPINES**



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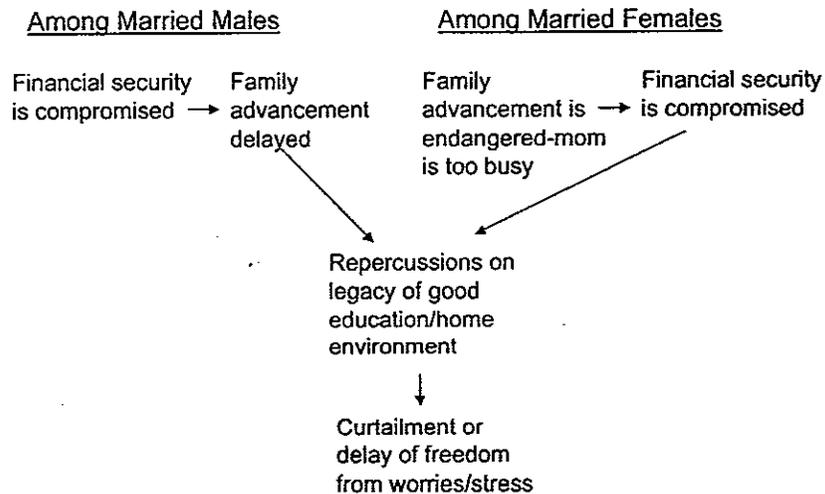
Executive Summary

- Groups are found to be aware of most contraceptive practices.
- Accessibility and advertisement in whatever form appear to be key factors to high awareness.
- Pills and condom are the modern methods that have a high awareness.
- Withdrawal is commonly used by teens as an entry level method to prevention of pregnancy in coitus. Friends are the source of information on this.
- The calendar method has a high awareness not only among users of withdrawal but also among users of pills and condom. Some users of pills and condom use the calendar method in tandem with their own to ensure a 'fail-safe' method in preventing pregnancy.
- Most respondents have heard about other methods like IUD, ligation, vasectomy but these methods have low acceptance due to their many perceived effects. Ligation and vasectomy are methods that are known to have a permanent effect, thus are perceived to be best for older females and males respectively, who are really sure they do not want another child.
- Barriers to trial of methods like pills, condoms, IUD, injectibles, and ligation appear to be hinged on the following key factors:
 - awareness of the method
 - affordability (which also has something to do with compliance)
 - ease of use
 - fears on safety of the method, that is, no side effect
 - perceived effects on users
 - comfort level of user
 - accessibility
- Values of 'Pinoy's' that can be used to break the barriers seem to be rooted in the family.
- Instilling fear of unwanted pregnancy and the repercussions of an unwanted pregnancy may be a key to entering them to know more about and use more effective FP methods.

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Executive Summary, Continued

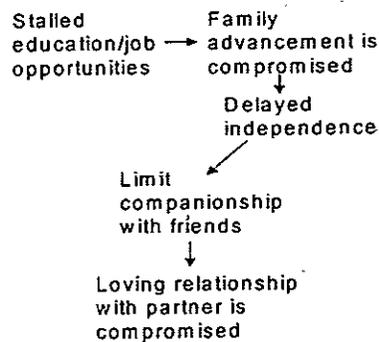
- Among married males, an unplanned pregnancy would threaten the financial security of the household. This would then delay any hopes of rising from their current hardships.
- This would have repercussions on their desire to pass on a legacy to their kids, which is a good education and a good home. If they could not give their kids the proper education, that would not ensure that their kids would have a bright future. This would mean that they might have to support their kids for a longer time than usual. This would ultimately delay their need to be free from worries and stress in their old age.
- Married females have the same concerns as the married males. However they put more emphasis on family advancement than financial security.
- Thus, for the women, messages that will compromise nurturing the family to advancement may help in making them more aware of methods that are sick-free as well as safe for them.
- Below is an illustration how the married male and female psyche may be conditioned to become more conscious about FP.



Executive Summary, Continued

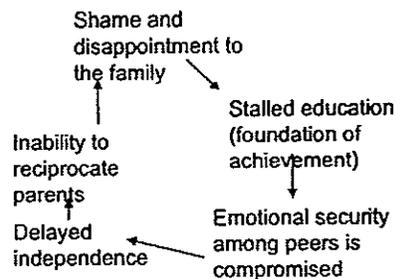
- For young adults, unexpected pregnancy would disrupt their education and compromise their chances of getting good jobs. As such, helping the family rise from their hardships will not be achieved. This would also delay their independence.
- An unexpected pregnancy would also limit the time spent with friends. Moreover, there is a possibility that such would destroy their loving relationship with their partners.

Among Young Adults



-
- The overriding reason why teens fear an unexpected pregnancy is the shame and disappointment it would cause their family. This would lead to stalled education, which is a foundation of their achievement.
 - Unexpected pregnancy will also compromise their emotional security among their peers. This would also delay their need to be independent.
 - Ultimately, an unexpected pregnancy would not only bring shame to their families but also make them unable to reciprocate what their parents have done for them.

Among Teens



Executive Summary, Continued

- There appears a need to put more attention to and address recurring stories about/perceived effects of pills, ligation, vasectomy, and IUD, specially those that refer to the safe use of these methods.
- Recurring stories about the IUD being misplaced or worse, getting entangled with the penis for instance, appear to be a strong barrier to its trial.
- Similarly, stories about pill residue in the womb causing cysts or cancer should be dealt with.
- There also appears to be a vacuum in the sources of information about contraceptive methods. Word-of-mouth overrides real and solid information. Wrong information about the methods are transferred from one source to another without being checked with a medical authority.
- Educational institutions that provide information about family planning seem to do so only because it is a requirement. They do not really give emphasis to the risks of unwanted pregnancy nor address the misperceptions surrounding the methods.
- Thus, young people receive the information but its importance is lost because the manner by which it is presented and the information itself is irrelevant to them.
- There is also a need to re-orient health centers so that they can effectively provide FP services to a wide and diverse constituency. The re-orientation includes:
 - ✓ Development/strengthening of skills in people relations (empathetic listening, rapport building, etc.)
 - ✓ Reconfigured room lay-outs to provide FP clients with privacy
 - ✓ Putting in place a system that will allow single people confidential access to contraceptive advice, services and supplies
 - ✓ Review of existing "policies" about withholding ligation from women due to their age and small family size despite their strong desire not to have any more children

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Executive Summary, Continued

- In trying to convert the users of withdrawal and calendar methods to adopt the more effective FP methods, the male partner should not be ignored in the communication process, the male being the one who emerges as the key decision-maker in selecting withdrawal and or calendar method.
- Users of withdrawal appear as a more complex group than users of calendar/rhythm because they need to have the "controlling power" over their wives/partners in their relationship; the concept of "panalo" (winning) may thus have a strong appeal to them.
- Finally, an attempt to put together a communication strategy that would be most relevant for each target segment:
 - ✓ Exploiting the core values of family relationships and advancement and financial security, family planning may be communicated as the "life strategy" that enables one to win over life's vicissitudes and hurdles.

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Executive Summary, Continued

The Message

- Among married females, the general message that appears to be more relevant in terms of driving this life strategy would be empowerment leading to freedom to pursue their goals/interests that have often been subsumed in favor of concerns over the family especially the children.
- Among married males, a general message that exploits financial security, being a good head of the family, a caring husband and father may be a strategic advantage as it plays on their being a winner (“panalo”).
- Among teens and single adults, messages that link to values of being a responsible family member, reciprocating parents for their sacrifices (“utang-na-loob”) and overall being a source of pride for the family are opportunities to enhance self-worth that may make them think twice about the risks of irresponsible sex.

Communication Medium

- Mass media--for married males and females
- Some mass media--for teens and single adults

Ancillary Strategies

- Married males and females
 - Maximize the power of TV and movies (e.g. talk shows using “winner” models, that is, personalities who are using FP and are considered as model husbands/fathers, empowered women)
 - Use the route of ‘telenovelas’ to tell a story linking values with empowerment
 - Focus group discussions among men/women in the barangay level that deal with issues on family life
- Teens/Single Adults
 - Consider programs in schools/school organizations that will promote not the FP methods per se but the values that they espouse to strengthen self-worth
 - Provide access to a private discussion of boy/girl relationships and attendant problems through a ‘hotline’ number
 - Conduct an information campaign in workplaces under a general “wellness program” to encourage single males and females to attend without being branded as “mahilig” (promiscuous).

Business Needs Assessment

**Project
Background**

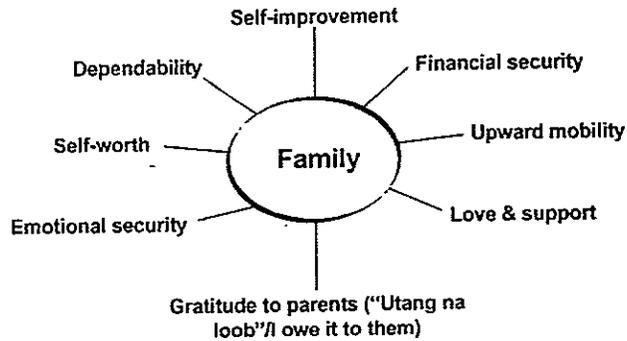
- In the past years, time and financial resources have been spent on family planning programs around the country. However, despite these programs, target women's attitudes and behaviors towards family planning are still ambivalent.
- In the past, researches and surveys on family planning have focused 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 is partnering with The Social Acceptance Project (TSAP) in this endeavor through a qualitative study using the focus group discussion method.

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Key Findings

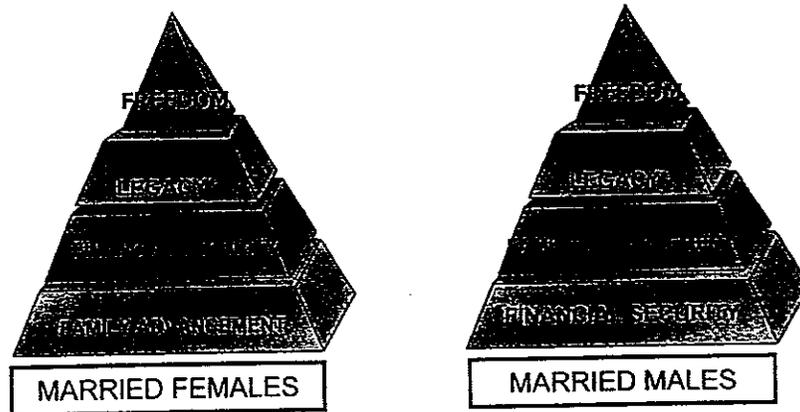
Values/Priorities

- Family is the one value on which other values are anchored.



Hierarchy of Values/Priorities

- Married females are more concerned about the total nurturing of their families while married males are more concerned with the family's financial security.



* Refers to moving one's children to a higher social level; not necessarily something material but more like education, life values.

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Key Findings, continued

Values/
Priorities

- A strong core value running across the various respondent segments is family relationship and happiness.
- Among the married respondents, this value focuses more on the offspring and a little less on the spouse.
- Family relationships and happiness is dimensionalized by love, strong ties among family members, and family pride.

"My life is incomplete without them because they are the ones who give me strength and inspiration. Most of us, for example, When something bad happens to our family...you feel that you lost something ...it's like a part of yourself is missing." – Married Female

- Accomplishment/proving one's worth and capability and being/becoming a good financial provider is a core value of males. Females, on the other hand, show a greater preoccupation than males with nurturing the less financially oriented aspects of family life.

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Key Findings, continued

Values/
Priorities,
continued

- A strong second value is financial security, which explains the respondents' focus on good education, stable job/career, and even having good health. It is noteworthy that stable jobs and successful careers are more strongly linked to financial security than to self-actualization.

" I also value my career...If I don't help my husband, how will I help my husband if I won't give myself importance because I want to help my husband because we are going to raise our kids, he doesn't have to work for the family by himself because times are hard. If you help your husband work, you can raise your children properly, can give them good education as long as you work together..." – Married Female

- A third core value is belonging and acceptance. This theme underlies the respondents' focus on friends, support groups and confidantes. It explains why the respondents appear to seek the counsel of friends than families especially on intimate/personal matters such as sex and contraception.
- A fourth core value is self-actualization (being a "good wife, mother, or person"). It merges more among the older married females than among any other group.

" I work hard, I sacrifice a lot for my kids, to give them a good future, to give them food to eat , to buy pampers and milk...expensive." – Married Female

- Spiritual anchoring is also valued and expressed more in terms of having a relationship with god than in terms of religion/religious practices.

"No matter how far is your knowledge, how strong is your power, if God is not in your deeds, you'll never succeed." – Married Female

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Key Findings, continued

Values/
Priorities,
continued

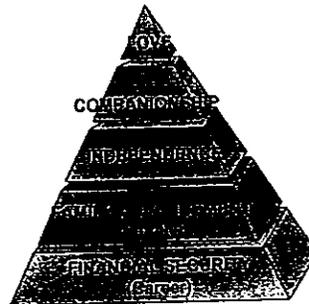
- Married females are more concerned about the total nurturing of their families while married males are more concerned with the family's financial security.
- Family has an anchoring character. It keeps their lives upright and stable and it is where other aspects of their lives branch out.
- Education is the key to a decent life. It will open doors of opportunities for the children.
- Among DE, work is a means to an end. It helps sustain the families' needs. Among Class Broad C, work is not only sustaining but also helps develop one's self-esteem.
- Cebu respondents dream of owning their own house. The astronomical prices of rent in Cebu drive them to this.
- Among Broad C, self-improvement is also important. It makes them better moms to their kids.
- For married males, they take their roles as head of the family as one whose primary function is to ensure that their children go to school and that the family would not starve. Their prevalent view of their wife is as someone who would take care of their kids. Work and health are instrumental values to achieving family stability.
- Friends are buddies for after work stress relievers like going to bars or just drinking at home. They can also be depended on to help in their buddy's financial plight or requirements.

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Key Findings, continued

Hierarchy of Values/Priorities

- Young single adults “de-prioritize” love while establishing their careers and helping provide for their families.



SINGLES
(Young Adults 19-24 Years)

Values/
Priorities
continued

- Among the single adult respondents, this core value revolves more around parents than siblings.

“....Without my parents I won't be brought up like this. I thank them because they know how to control, we are four in the family (4 sons) and if they didn't control, our lifestyle won't be like this. We are living a comfortable life even though we encountered difficulties like money problems but we were still able to overcome it.” – Single Male

- Single Females 25-34 Years
 - Most are already working or looking for work.
 - Manila female respondents appear to have gone to work early to help in the family's finances. They dream of going back to school someday.
 - The premium they put on the family sets their priorities in life. Financial stability is an instrumental value to achieving a stable future for self and the family.

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Key Findings, continued

Values/
Priorities
Continued

- Financial support extends to younger siblings.
"...to finance the education of my siblings because we're 7 and I am the eldest and I want to give them education. It's hard because most of them are boys....it's difficult if those boys don't have a job. They will soon have a family at least I can give them good education and they'll have a good future." – Single Female
- This appears to be the 'settling down' stage.
Concern for financial stability is not only for the sake of helping support the family but is also for preparing themselves for married life.
- Boyfriends are now considered as husband material.
- Friends are still confidants at this point although they now play a greater role as companions.
- Single Males 25-34 Years – All are working.
 - Changes in life patterns are already evident here. They are more settled (not too much into gimmicks with friends but prefer to be with girlfriend on a date).
 - There is now some interest in overall health particularly in the realization that one is no longer as robust as when one was an adolescent.
 - Values-concern for the family is still hinged on 'pagtanaw ng uang na loob' (or giving back what one owes his or her parents).
 - Cebu respondents appear to put a premium on having a job than Manila respondents probably because jobs are much harder to come by in Cebu. A stable job is an assurance of a stable future and is a stepping stone to one's independence.
 - Thoughts of the future are hinged on keeping the family, having enough money to help parents and sustaining one's own.
 - Friends keep them company and are good sounding boards in their lives.

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Key Findings, continued

Values/
Priorities
continued

- Single Females 19-24 Years
 - Most express a desire to have a business of their own or go abroad.
 - They are keen on trying out different life patterns (from dependency to independence).
 - They are eager to earn big as fast as possible in the hope of acquiring material possessions for the family and the self; having one's own house or improving the family home is a key ambition.
 - They have fewer but more intimate friends.
 - The things that they value in life are somehow linked and have a bearing on their future.
 - Work and education are seen as bringing them closer to their ambitions in life like acquiring material things, providing for their parents, etc.
 - Friends play the role of confidants and companions. They help in enabling one to grow as individuals while enduring the difficulties of life.
 - " My friends are ready to lend their shoulders for me to cry on, my good adviser and listener. They are always there when I need them. I can share with them my problems, they are there to give advice and of course during happy times they are also present." – Single Female*
 - Among Cebu respondents, a relationship with God is important to enable one to reach goals and dreams. They are strongly influenced by parents in this belief. Religion or relationship with God is barely mentioned by Manila respondents.
 - Boyfriends add color to one's life. They serve as an inspiration especially among Class Broad C females. However, their current boyfriends are not necessarily considered as husband material.
 - Among industrial workers, good health is an instrumental value to achieving one's goals and ambitions more quickly.

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Key Findings, continued

Values/
Priorities
continued

- Single Males 19-24 Years
 - Most are sexually active and had their first sexual experience at 13-14.
 - Most still live with their parents.
 - Working males help support the family.
 - Values appear strongly linked to desires to prove one's worth as a man.
 - There is a strong need to impress upon parents that they are capable of being depended upon to help take care of the family or their own in the future. Industrial workers especially express a strong desire to have their own family at this point in time.

"Independence...I want to stand on my own feet, and we're already old and we have our own minds, we need to separate from our family because that is where a new family starts." – Single Male

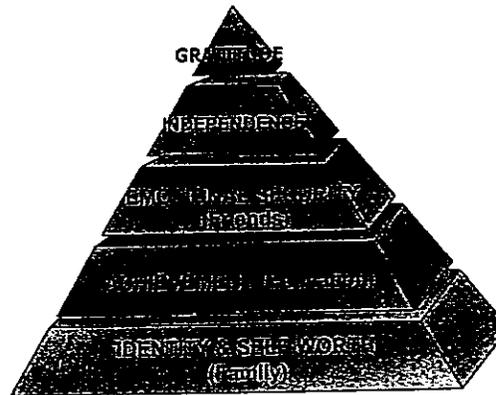
- Friends are buddies who are companions in gimmicks, give advice on sexual matters. They generally look after each other.
- Unlike women, men already consider their girlfriends as wife material, the reason perhaps why they tend to be possessive of their girlfriends.

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Key Findings, continued

Hierarchy of Values/Priorities

- Single teeners look to their families to establish their self-worth.



SINGLES (Teens 15-18 Years)

Values/
Priorities
continued

- Single Female 15-18 years
 - Manila respondents
 - Most have stopped studying and are already working.
 - Most have had sex with their boyfriends.
 - They express a keen desire to go back to school.
 - Cebu respondents
 - Most are still in school and live a sheltered life.
 - All claim to have gone only as far as kissing with their boyfriends.
 - They tend to be critical of friends who have had pre-marital sex.
 - Both groups' social life revolve around family, a few close friends and for some Manila respondents, a few friends from work ("It's a small world.")
 - There's a strong sense of 'utang na loob' (give back to parents what they gave by providing for their needs)
 - All are living with their parents
 - Siblings range from 1-4

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Key Findings, continued

Values/ Priorities continued

- The family is valued as a source of love, strength and support. This is where they get their identity and self worth. There is a strong need to reciprocate what they are currently experiencing within the family.
- Education is perceived as the key to reaching one's ambitions. Education is valued for the opportunities it will open.
- *"One factor now a days when you are looking for a job is that you are able to finish your studies, that's important. You can't just apply for a job without the proper education. It's like now, I am really exerting my effort in studying to get a good job." – Single Male*
- Work is important to help support the family but Manila respondents desire to go back to school someday.
- Single Males 15-18 Years
 - Some are products of broken homes.
 - They are very sexually active and had their first sexual experience at around 13-14 years.
 - Most are still in school and living with either one or both of their parents.
 - They are predominantly students though some are already working.
 - Cebu respondents seem to put more weight on parental authority than on friends.
 - Manila respondents are strongly influenced by peers.
 - The family is also perceived as a source of support in time of emotional or financial need. They are so confident of this support that they consider parent's displeasure over their indiscretions as natural but temporary.
 - Like females, they are also concerned about reciprocating this support through their own toil and effort.
 - Those who did not experience a supportive family life want to overcome this lack by being good husbands and fathers in the future.
 - Although education is important, Cebu respondents appear to put greater emphasis on education than Manila respondents did. They have bigger fears of parental reprisal.
 - In Manila, friends are co-conspirators and buddies in adventures. In Cebu, friends are companions in activities.

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Key Findings, continued

Views on Chastity and Sexuality – Married Males and Females

- Intimate relations between husbands and wives are largely male dominated. However, some females especially from Broad C are able to assert their need to be respected as co-equals in the marital bed.
- Some married males' view of chastity and sexuality is archaic. They believe that one should 'sow his wild oats while he can' while still single but the girl they marry should have had sexual relations only with them.
- Some men claim they are deeply concerned about the financial security of their families but this concern seems to become compromised in the bedroom. They themselves admit that they can't control themselves especially when they are drunk.
- Most Class DE women use "*gamit*" to refer to sexual intercourse. But this is not necessarily a pejorative term. They may not be aware of the implication of the term used. The term is used in the context of the sex act being a duty/obligation of a wife (primary role is to please the husband anytime).
- However, most Class DE and Broad C pill, IUD, ligation users value their worth as individuals who are not only capable of rearing children but also of helping meet the financial needs of the family. They want to have their sex and enjoy it too.

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Key Findings, continued

Views on Chastity and Sexuality – Single Males and Females

- Pre-marital sex appears to be common and “natural” for two people in love.
- Those who have sexual relations exercise serial monogamy. While one night-stands occur, these are isolated cases.
- If singles are “ashamed” to admit being sexually active, this is due to their fear of the social stigma than due to personal conscience.
- For Metro Manila and South Luzon males, any form of sexual activity is a natural occurrence. It is a rite of passage and part of being male. Some Cebu teens feel that being chaste is something that they could be proud of. This comes from their religious upbringing.

“I have no experience yet because I’m afraid to do it to my girlfriend. I have no job, I have no means to earn a living.” – 17 year old single, male

“I’m afraid of my parents if I get my girlfriend pregnant.” -- 16 year old single, male

- Remaining chaste while still unmarried is relatively common among female teens compared to males. There are those who firmly stick to their values, largely because of their fear of being pregnant. They also believe that virginity is still the greatest gift they can give their future husbands.

“I want to remain a virgin before I get married. That’s for my husband.” – 17 y.o. Cebuana

- This is resoundingly true among Cebuana teens. Their religious background as well as their upbringing make them hold on tightly to this value.
- Still, there are older teens from Metro Manila and some young adults in Cebu and S. Luzon who are sexually active, driven primarily by curiosity, peer pressure and conducive circumstances (absence of parental supervision in the home) and libido (“nag-iinit”).

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Key Findings, continued

Pregnancy and children

Fears of Unexpected Pregnancy and Its Impact on Children and Values

- Almost without exception, the respondents (whether young or older, male or female, single or married) view an unexpected pregnancy at this time in their lives as a disruption. Though not expressed in these blunt terms, the unexpected pregnancy would delay, if not compromise, the achievement of their life priorities most particularly in relation to financial security.
"...having another baby is difficult. Our prayer is "please (God) don't give us an angel because you'll only be mad at us if we won't be able to give the baby a good future....the baby will only suffer." – Married Female
- Among Class DE married groups, primary concerns regarding unexpected pregnancy are both emotional and financial in nature. Financially, having another baby at this time would just add strain to an already stretched budget. Working women would have to stop working, consequently making their financial situation even worse. Emotionally, having another child would mean taking attention away too soon from other children who are not yet old enough to be left alone.
- Males recognize the fact that it is difficult to find a job and to earn a decent living. Having more kids would mean that they would have to double their efforts to earn more.
- Men whose families are still living with in-laws also mention that losing face among them is another one of their biggest fears. This is perhaps because they depend on their in-laws to help support the family; thus, an unplanned pregnancy would not only be a strain on their finances but on their in-laws as well.
- Other than financial strain, Class Broad C married females are concerned about the health risks of having one child after another. They are also concerned that time for their own pursuits will have to be sacrificed if they have another child.
"... my #1 priority is my daughter. That is why I plan not to have other babies so I can take care of her not only through education but also her behavior...and also because of my health because if you have a lot of kids you will neglect your health." – Married Female, Broad C

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Key Findings, continued

Pregnancy And Children, continued

- However, they are more confident than their Class DE counterparts are in not having unplanned children because they are more proactive in preventing unwanted pregnancy. Perhaps being more educated and having more career-oriented jobs. They feel they have more going for them than just having children.
- Industrial workers on the other hand are already having difficulty taking care of their kids because of their job. It is a good thing that they have relatives to rely on. But with a new baby, they would have to take care of it themselves. They might even have to quit their jobs and forget about their dreams of working abroad when in the first place; they are determined to keep their jobs because they are crucial to maintaining a decent life for their families.
- Single Class Broad C females appear horrified at the thought of an unwanted pregnancy. Similar to Class Broad C married females; they feel that they will have a lot to lose in terms of ambition and career if they get pregnant at this time.

".....I might not be able to go (fly to Japan) I might not fulfill my dreams...."

- However, despite these fears, most males and females (especially of the lower socio-economic segment) approach this possibility with a "bahala na" ('Let God') attitude. This fatalistic attitude seems to stem from the centuries-old belief God would provide everything for them. Thus, in their minds, if God perchance will give them more children than they desire, God will provide for them. All they need to do is "doble kayod" (work double time).

*"Pag nabuntis [siya], God's gift kaya we have to accept." (If my wife becomes pregnant, it's God's gift so we have to accept)--
Married Male, withdrawal user*

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Key Findings, continued

Pregnancy And Children, continued

- Among single males and females, reprisal from parents and their own disappointment as not being able to achieve goals and dreams are bigger fears than just the financial repercussions.
"Of course having a kid is another responsibility, of course I won't be able to go to work when my stomach is already big, after conceiving the baby, my parents won't support me anymore so of course they'll get mad at me because they were always telling me that they trust me, you're still young Sheila." – Single Female
- Young Cebu teens see unexpected pregnancy as a big obstacle to their goal of finishing their studies. However, unlike some Manila teens that remain sexually active despite this fear, young Cebu teens choose to remain chaste. What appears to be a big influence in this attitude is their religiosity and the values of chastity instilled in them by their parents.
- Older single males and females understandably are more concerned about commitment and not being able to achieve ambitions than younger teens. This is perhaps because younger teens are in that romantic stage and are still blind to the realities of supporting and caring for a child.
- Among older Cebu unmarried males and females, reputation is a key concern. Being in a small community, an unwanted pregnancy cannot be hid and will certainly bring about embarrassment not only to themselves but also to their families, thereby conflicting with their core value of family happiness and pride.
- Another overriding attitude concerns parents. Although respondents (especially teen males and females) fear reprisal from parents, many believe that this is only temporary. In their minds, it is but natural for parents to react strongly to an unwanted pregnancy but when the child is there, their fondness for children will prevail and all will be forgiven.

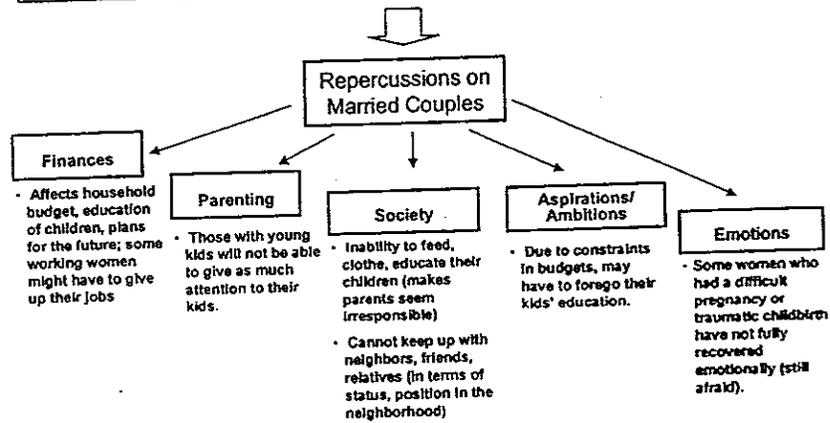
"We are still young....but then they'll understand it, it already happened...can't bring back the past" – Teen Female

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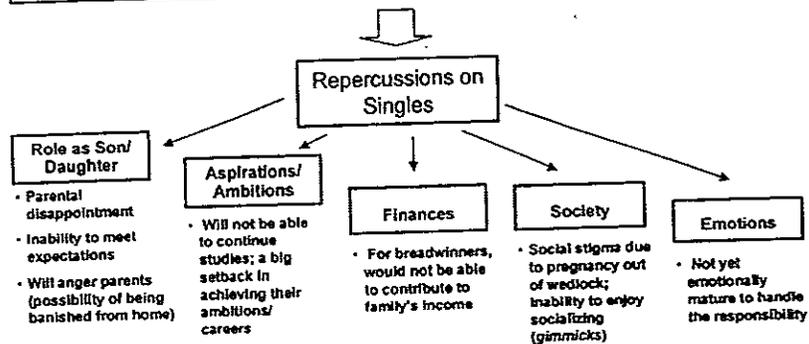
Key Findings, continued

- Views On Family Planning
- Fears of unexpected pregnancy lead respondents to seek ways to avoid it. However, different groups of respondents have different ways of approaching avoidance depending on their interests and motives.

Fears of Unexpected Pregnancy



Fears of Unexpected Pregnancy



Key Findings, continued

Views On Family Planning

- There are some respondents have a "Risk Avoiding" attitude towards family planning:
 - They see the need for family planning after the second or third child already
 - Financial and emotional strain trigger this
 - "I have 3 children. That's enough for now. Life is hard." --Married male, pills user*
 - They are mostly married and users of pills, condoms, IUD, etc.
 - They may use methods in tandem to ensure continued contraceptive efficacy, such as pills and condom ("compil") or calendar and condom.
- There are some who see Family Planning basically as the use of contraceptive methods to have "sex without fear" They are pleasure seekers who are mostly males between 15-34 years old. Their purpose is to have sex anytime, anywhere without fear of catching a disease or causing someone to become pregnant.
 - "If you have condoms, if you are tempted, for example when the two of you are together at her house, watching tv...you kissed and then it would lead to something passionate...sex. You are sure that it's safe." -- Single Male*
 - "I told my girlfriend this will happen again and again so we might as well use [contraception].)" -- Single male, 18 years old, condom user*
- Sexual encounters are sometimes unpredictable (one never knows when the opportunity would arise) so it is important to have something that is readily available and easy to use.
- Condoms are the most likely choice. However, some women partners do not approve of this method, likening it to eating an unpeeled banana. In this case, males resort to the withdrawal method.

Continued on next page

Key Findings, continued

Views On Family Planning, continued

- There are those whose attitude towards family planning is inclined towards controlling their sexual relationship with their spouse (The pleasure is mine). They usually have the following characteristics:
 - married males who want to be the sole decision-maker when it comes to the number of children they will have
 - their wives are usually subservient to their wishes
 - “ If my husband wants we can't do anything, sometimes he doesn't discharge inside because I'll be pregnant....”
 - they care little about or hardly cater to their wives' sexual enjoyment or concerns so long as they can have their pleasure first
 - most admit to getting their wives pregnant at some time only because they were too drunk to care about protection despite their wives' protestations
 - “We had another child because I was drunk. I was not able to withdraw because I want full satisfaction. She got mad but I said I was drunk.”—
Married male, withdrawal user
 - these are mostly traditional methods users
 - they use withdrawal or make their wives use the calendar method
- They generally are not in favor of their wives using modern methods as it reduces the amount of control they have on the sexual relationship.
- Others, on the other hand see FP as a means to enhance their sexual relationship. They seek sexual pleasure in a loving relationship). They also have the following characteristics:
 - may be married males and females or single males and females who enjoy sex with their partners
 - have sex as a means to enhance their relationship
 - “...we are like newly weds, that is why our love becomes stronger...it's like we're having our honeymoon monthly” — Married Female
 - the key is consideration—one is sensitive to the other's feelings and concerns when it comes to sex
 - they choose and decide on a method that will please them both and at the same time avoid unwanted pregnancy
 - they may choose modern or traditional methods depending on what is comfortable for both of them

Continued on next page

Key Findings, continued

Motivations for avoiding pregnancy

- Couples avoid pregnancy at this time mainly to space their children. A strong second motive is to limit the number of their children.

Spacing

- This motivation usually applies to moms who still have a young child to care for.
"The children are still small." -- Married female, pills user
- They want to give the best care to their children.
"My husband thinks our children will have a hard time if we have them one after the other." -- Married female, calendar user
- The husbands are usually involved in the choice of FP method
"We like to have 3 kids]as long as I can; why not as long as we space them." -- Married male, lapsed user

Limiting

- Married males and females usually have this as a motivating factor for avoiding pregnancy. They feel they have already reached the maximum number of children that they want to have.
- They ordinarily use ligation, IUD and pills.
"We talk before we go to bed. We decided just to have one child." -- Married female, IUD user
"Two is enough. If husband wants another one, he should do it with someone else." -- Married female, pills user
"Me, I don't want anymore [children]. I have 5 kids already. I have suffered a long time." -- Married female, pills user

Continued on next page

Key Findings, continued

Motivations for
Avoiding
Pregnancy,
continued

Preventing

- This is the primary motivation of those belonging to the Broad C sexually active single females who are not yet ready to become moms. They usually have ambitions that they would like to fulfill.

"That's why I'm using control methods, it's because I don't want to get pregnant." -- Female, pills user

- They are active participants in the choice of the method and sometimes decide on the method themselves.

Delaying

- This is normally the main motivation for newly married couples in the process of stabilizing their income and career.

"We've been married for three years before we had a child. We needed to take care of our careers first." -- Married female, pills user

- They usually have good communication with each other.
- Oral contraceptives (pills) are their most common method.

Continued on next page

Key Findings, continued

Relationship of
Methods to
Values, continued

Withdrawal, Calendar

- These methods put a person at a great risk of taking on a responsibility which he/she may not be prepared for.
- It results in creating a gap in terms of family ties and making one doubt his/her self worth.

Pills, Condoms, Ligation

- These methods appear to be connected to the value of emancipation among married women.
- Users of these methods appear to be more empowered than women using withdrawal or calendar/rhythm. Women, in particular, seem to have a stronger sense of self.
- These methods are perceived to develop one's sense of responsibility.

Contraceptives

- For others, though, use of contraceptive methods appears to be hinged on economics, that is, they simply cannot afford to have more children.

Continued on next page

Key Findings, continued

Knowledge of FP
Methods and
Quality of
Knowledge

- The respondents generally are able to name a number of family planning/contraceptive methods.
- Contraceptive information seems spotty, scant if not downright incorrect, and based in large part on second or third-hand information, than medical advice especially among the single and younger married respondents.
- The users of pills/condoms know more about FP methods than other respondent groups. Some Broad C women actively seek out information about the different brands and the different methods as well to make an informed choice. Some Broad C condom users are knowledgeable about which are quality brands of condoms and which are not.
- The users of withdrawal/calendar tend to stay in the "comfort zone." As long as the method that they use does not cause any "accidents," they stick to it; thus, they do not seek out information about other methods. Even if their method did not work, they persist in using it.
- In the case of single males and females, they are afraid/ashamed/embarrassed to ask information. They do not want people to know that they are sexually active because this is not socially acceptable.
- Their sources of information -- their peers.-- also have low awareness.

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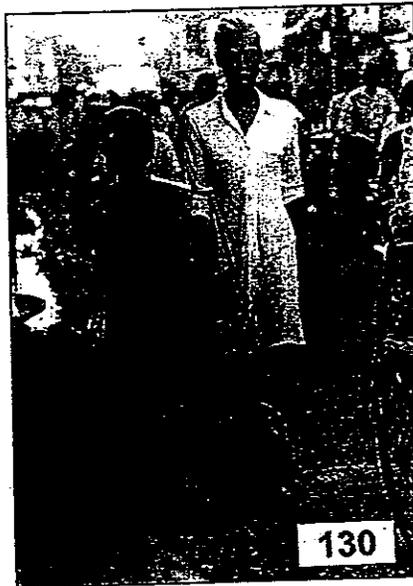
Key Findings, continued

User Imageries

- Generally, modern methods users have a positive image across groups, even among traditional and lapsed users, as may be gleaned from below:

Imagery of Pill users (as seen by both modern methods and traditional users)

- relaxed and contented
- workaholic, career-women
- enjoys life because she does not worry about getting pregnant, or is not always pregnant
- good mother because she is able to give her kids the attention that they need
- fashionable
- adventurous
- for the masses, simple people
- for GRO's
- for the young
- enjoys sex
- office worker
- sexually active



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Key Findings, continued

User Imageries, continued

- The pill user is seen as a person who definitely does not want to get pregnant because she has other priorities (career, enjoying youth) at the moment. She appears to be sure of what she wants while still being able to enjoy having sex and not have to experience the unwanted responsibilities of pregnancy.
 - Condom users have a mix of positive and negative imageries among respondents. Usually, users of the pill and condoms have more positive imageries of condom users in general. Their descriptions include the following:
 - ✓ They have well planned families;
 - ✓ They are educated, knowledgeable;
 - ✓ They are able to enjoy life (no worries);
 - ✓ They are active.
-



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Key Findings, continued

User Imageries, continued

- They also perceive condom-users as generally young males who free themselves from worries....
 - male
 - sexually active, aggressive
 - not ready for responsibilities
 - unfaithful
 - not earning enough
 - goes to bars and picks up girls
 - safety conscious
 - children are well spaced 'pamporma'
 - happy go lucky
 - sexually active
 - do not have serious plans for the future
 - relaxed, not worried about anything (getting a girl pregnant or getting STDs)
 - not satisfied with the sexual act
 - happy
 - modern
 - belongs to the upper income class
 - thinks of children's future
 - 'sosyal'
 - does not worry
 - smart
 - for young people,



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Key Findings, continued

User Imageries,
continued

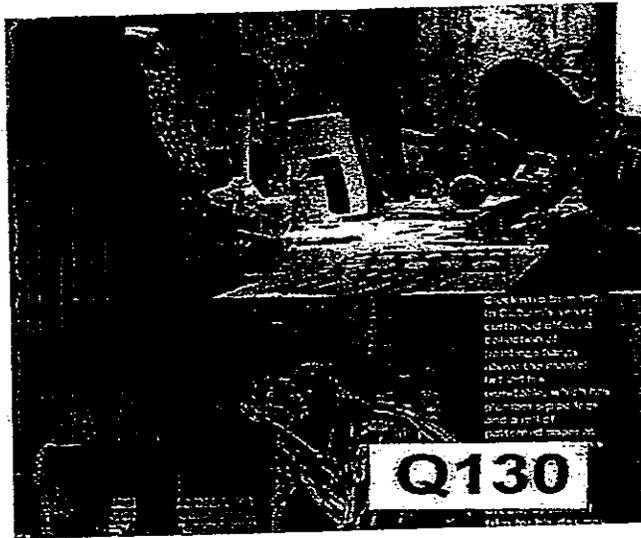
- Users of the withdrawal and the calendar method have generally negative imageries of condom users. Their descriptions include the following:
 - ✓ They are moody with a sad disposition;
 - ✓ Their husbands do not excite them anymore
-



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Key Findings, continued

- User Imageries, continued
- Users of IUDs also generate both positive and negative imageries. They are usually perceived by both modern methods users and traditional users as:
 - ✓ having time for themselves;
 - ✓ having children who are well-spaced
 - ✓ are usually busy at work
 - ✓ as office worker
 - ✓ having a night life
 - ✓ responsible
 - ✓ healthy
 - But, they can also be sad, because having intercourse is painful.
-



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Key Findings, continued

User Imageries,
continued

- Condom and pill users generally have a positive user imagery for injectable users. They are thought to be educated and knowledgeable and have well-planned families. Thus, they are able to enjoy life without any worries.
-



- In contrast, users of withdrawal and calendar methods see injectable users as very active yet moody with a sad disposition. Their husbands do not seem to excite them anymore because they have lost their taste for sex.
-



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Key Findings, continued

User Imageries, continued

- Modern Methods Users and Traditional Users see women who are ligated as having regular jobs and think of their family's future. They are happy because they don't have any financial worries anymore. These are usually older females.
- Ligation being a permanent birth control method offers the user security from having unwanted pregnancies. Yet once the decision has been made, the user does not have the option to choose otherwise.
 - tied to an obligation
 - at peace
 - has a regular job; thinks of family's future
 - content
 - able to enjoy life because no worries about side effects and having more kids
 - no problem
 - happy because no more financial worries
 - usually, older

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Key Findings, continued

User Imageries,
continued

- Men who have undergone vasectomy are thought to be more sexually active. They usually belong to the older age group.
 - However some traditional users perceived males who have undergone vasectomy as sad because they can no longer have an erection. They are perceived to be sexually impotent.
-



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Key Findings, continued

- User Imageries, continued
- Among for pill and condom users, those who practice the calendar method are thought to have the following characteristics:
 - ✓ healthy
 - ✓ simple
 - ✓ ready to handle responsibilities
 - ✓ comfortable
 - ✓ but, old-fashioned; conservative
 - ✓ "probinsyana"
 - ✓ religious
-



Continued on next page

Key Findings, continued

User Imageries, continued

- Those who actually practice the calendar method see themselves as:
 - ✓ sexy
 - ✓ simple
 - ✓ ready to handle responsibilities
 - ✓ comfortable
 - ✓ healthy
 - Those who practice withdrawal also have the same imageries of calendar method users as above.
-



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Key Findings, continued

User Imageries, continued

- Pills/condom/injectable users have the following imageries of people who use the withdrawal method:
 - ✓ belongs to the lower income class
 - ✓ religious
 - ✓ does not have dreams
 - ✓ old-fashioned
- Meanwhile, those who practice withdrawal see themselves as:
 - ✓ belonging to the lower income class
 - ✓ religious
 - ✓ comfortable
 - ✓ not sexually experienced
 - ✓ no worries/problems
- Those who practice the calendar method have the same imageries of withdrawal method users as above.



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Key Findings, continued

Other
Perceived FP
Methods/
Procedures

- Some of the respondents also perceive that the following can be classified as family planning methods:
 - ✓ Aspirin (Cortal) and 7-Up
 - the “acid” of Cortal and 7-Up will kill sperm cells
 - one has to drink the concoction immediately after intercourse
 - ✓ “Ire” or pushing out sperm from the body
 - best done immediately after sex to ensure that sperm is pushed out
 - ✓ Jumping several times after sex so that sperm will not reach the ovary.
 - ✓ Vinegar douche before sex to kill sperm that will enter the body
-

USER
IMAGERY,
continued

- As may be seen from the preceding section, the various methods project generally positive, even aspirational, user imageries and lifestyle nuances that lend themselves richly to advertising executions.
 - The exception perhaps is withdrawal where the user associations are much less desirable than those of the other methods. This, plus the earlier observations that withdrawal users have a “blind spot” about their method and have subtle other needs (for power and control) makes withdrawal users a more complex personality than the users of other methods are. At the same time, they may be the user group that could be most vulnerable to switching to more effective modern methods through advertising themes that are aspirational and affirming of one’s self-worth and esteem.
-

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Key Findings, continued

Perceived Effects Regarding The Different FP Methods

- Perceived effects abound regarding FP methods that impact on their image and use. Friends, relatives and acquaintances usually pass around these perceptions and for the most part, the respondents do not appear to feel compelled to validate the stories with more knowledgeable parties such as medical professionals. Thus, making the perceived effects one of the significant barriers to the adoption of modern contraceptive methods. Importantly, vasectomy and IUD seems to bear the brunt of these perceived effects.

Perceived Effects

Vasectomy

- *"May pinuputol sa balls ng lalaki."* (They cut off something from the balls of the man.)
- *"Tatalian ang balls mo, ayaw ko yan masakit!"* (Your balls will be tied; I don't like that it hurts.)
- *"Nawawala ang pagkalalaki ko kasi mapuputulan ng ari."* (One's manhood will be lost because his thing will be cut off.)

Injectible

- will cause tumor in the uterus because one does not menstruate
- causes one to be irritable because menstruation is not regular
- causes edema
- dries the skin
- *"I used injectible but it's not suitable for me.....my skin got dry, and then I didn't get my period for 3months, I got scared".*

Ligation

- the woman can turn into a maniac because there is nothing to stop her from being promiscuous
- not good for women with asthma

Continued on next page

Key Findings, continued

**Perceived
Effects
Regarding The
Different Fp
Methods**

Withdrawal

- a side effect is that the woman will develop nervous symptoms because she does not achieve full sexual satisfaction
- safe to use during non-ovulating days

Pills

- do not dissolve well so some residue is left in the woman's uterus which can cause cysts, infection or worse, cancer

Condom

- might get disengaged inside the woman's vagina and be left behind there
- it can burst inside the woman's body

IUD

- may melt inside the body and the doctors will not be able to find it anymore
- may be washed away by strong menstrual flow
- itchy on the vagina
- permanent, one will not have children anymore
- may become entangled in the man's penis and the man and woman cannot be separated anymore

Abstinence

- no sex life; boring

Diaphragm

- Uncomfortable to insert

Spermicide

- Warm sensation inside the body
- Might cause itching, burning

Calendar

- No perceived side effects

- Use of contraceptives in general are not good for those who are not yet married because they might not be given children in the future ("Karma").

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Key Findings, continued

Method Groupings

How are methods classified and grouped?

- The terms "modern" and "traditional" did not come out spontaneously in most groups as a descriptor or classifier of contraceptive methods.
- Groupings of methods show that there are various ways of classifying them:

By inherent characteristic – the most common way the respondents group the different methods is to look at how these work (whether they are continuously used or intermittently used/episodic) and then link them further to whether they are:

- No side effect vs. With side effect
- Easy to use vs. Not easy to use
- Effective vs. Risky

Using the above parameters, the various methods may be "mapped" into quadrants as follows:

Continued on next page

Key Findings, continued

Method Groupings Continued

- A key advantage of withdrawal is that it is easy to use and resorted to only when needed.

<p>Continuous "Pangmatagalan" (Long-Term)</p>	<ul style="list-style-type: none"> • IUD • Injectibles • Vasectomy • Ligation • Abstinence 	<ul style="list-style-type: none"> • Pills • Calendar
<p>Episodic "Panandaliang Aliw" (Short-Term Pleasure)</p>	<ul style="list-style-type: none"> • Diaphragm • Spermicides 	<ul style="list-style-type: none"> • Condom • Withdrawal
<p>Not easy to use</p>		<p>Easy to use</p>

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Key Findings, continued

Method Groupings Continued

- It is interesting to note that except for Calendar and Withdrawal methods, all are perceived to have some side effect. However, pills, condoms and injectable users tend to attribute these side effects to "hiyang" (suitability) to the method rather than to a general bad effect of the method itself.
- Calendar and withdrawal users, on the other hand, seem to generalize side effects across modern methods simply because they lack the information to know more about each one.
- Diaphragm and spermicides were mentioned as some methods respondents have heard of but only a few were really aware of what it is.

Continuous	<ul style="list-style-type: none"> • Calendar • Abstinence 	<ul style="list-style-type: none"> • Pills • IUD • Vasectomy • Ligation • Injectable
	<ul style="list-style-type: none"> • Withdrawal • Diaphragm 	<ul style="list-style-type: none"> • Condom • spermicides
Episodic		
	No side effect	With side effect

Continued on next page

Key Findings, continued

Method Groupings Continued

- Withdrawal and calendar among its users may be risky to use but it's a risk users are willing to take because their fear of side effects overrides their fear of the risks.

Continuous	<ul style="list-style-type: none"> • Ligation • Vasectomy • IUD • Injectibles • Pills • Abstinence 	<ul style="list-style-type: none"> • Withdrawal • Calendar
Episodic		<ul style="list-style-type: none"> • Condom • Diaphragm • Spermicides
	Effective to use	Risky to use

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Key Findings, continued

**Method
Groupings**
continued

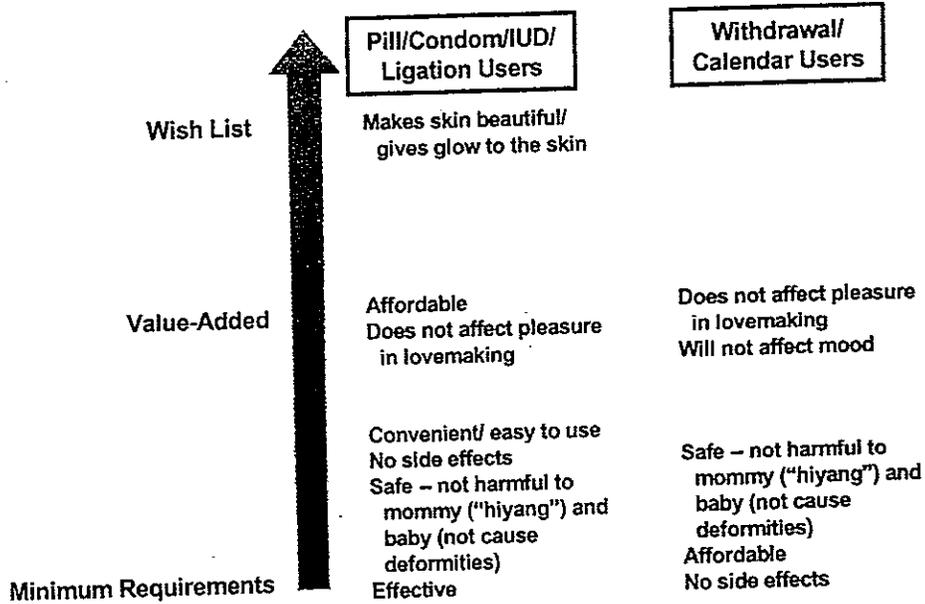
By procedure involved - This is another reference point used by the respondents to classify contraceptive methods.

- Surgical method: ligation, vasectomy (it is an operation which has to be done by a doctor)
 - Can be used anytime: condom, IUD, withdrawal
 - Taken regularly based on a fixed schedule: calendar method, rhythm, pills, injectibles
-

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Key Findings, continued

Key
Characteristics
Sought



Continued on next page

Key Findings, continued

Key Characteristics Sought

- The way the respondents who use pills, condom, IUD and ligation group the methods appear to imply key characteristics that they look for in family planning methods. These are:
 - ✓ Convenient to use
 - ✓ Effective
 - ✓ No side effects
 - ✓ Safe – not harmful to the mother (“hiyang”) and baby (not cause deformities)

The above characteristics may therefore be considered as the minimum requirements for any family planning method among these users.

- However, as an added value, family planning methods that are affordable and easy to procure and do not affect pleasure in lovemaking will be most encouraging. One other wish list for pill users is for a brand to make skin beautiful.
- For those who practice the withdrawal and calendar method, key characteristics sought are the following:
 - ✓ Safety
 - ✓ No side effects
 - ✓ Affordable
- These requirements are the reasons why they shun the idea of using pills, condoms and other methods known to be classified as modern methods of family planning. They believe that these methods are not safe and have side effects. Besides, they would have to shell out some cash to be able to use these methods.
- An added value these group of users seek include the following:
 - ✓ Will not affect their mood
 - ✓ Does not affect pleasure in lovemaking

Continued on next page

Key Findings, continued

Key Charac-
teristics
Sought,
continued

- Working women are especially concerned about comfort and ease of use. They do not want any complicated requirements and concerns about convenience whilst they are about their jobs and responsibilities as mothers and wives.
- The concept of an “effective (i.e., failsafe) method seems subjective. Nowhere is this more evident than in the case of withdrawal where its adopters seems convinced enough that the method works if properly executed. The apparently common accidental pregnancies among the practitioners of withdrawal is explained away as a “failing” of the male partner in doing the method correctly, rather than as an inherent weakness of the method itself. It is perhaps this mistaken notion or “blind spot” that explains in part why withdrawal persists despite the availability of other (more effective) methods.
- Thus, most male traditional users in Manila claim that “accidental” pregnancy of their wives came about when they were drunk. Their wives warned them of the “danger” but at the time, they felt that they would be able to control the risk of having another child by using withdrawal.
- Married males in Cebu and male traditional users in Manila appear to look for a method where they can exercise a modicum of control. Cebuanos, especially do not seem to be too happy about the idea of their wives taking control of the future of the family. They want the future of the family to be in their own hands including the control of the number of children that they will have. This notion of “control and power” over one’s wife appears to be a subtle attraction of withdrawal.
- Male Manila modern methods users and male industrial workers appear to prefer to use a combination of methods. This is perhaps because this group of men want to ensure that their wives are always “safe” and ready for them whenever the need arises.

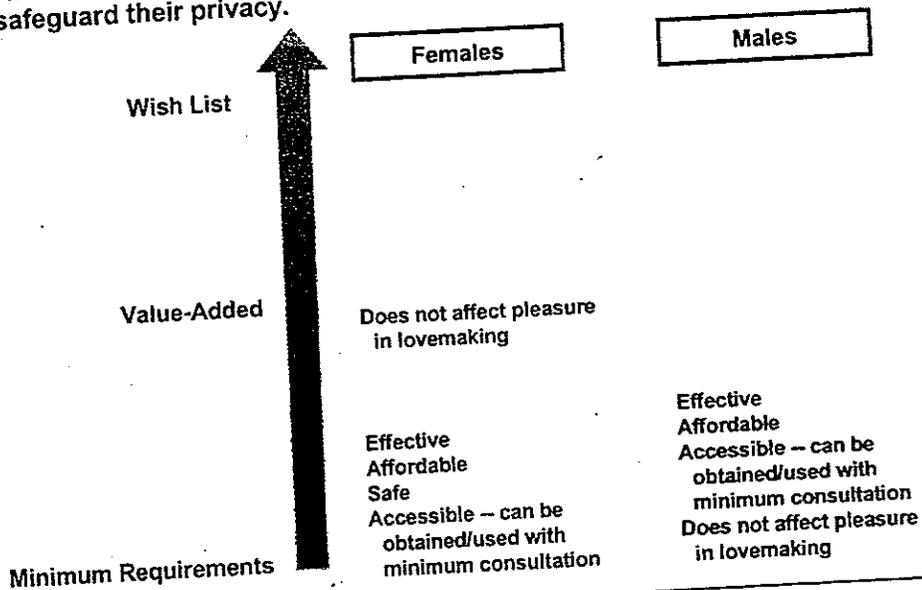
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Key Findings, continued

Key
Characteristics
Sought
Continued

Key Characteristics Mentioned -- Singles

- Accessibility of an FP method is critical to single males and females to safeguard their privacy.



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Key Findings, continued

Key Charac-
teristics
Sought
Continued

- Single males, on the other hand, seem to look for methods that will ensure “safety”, that is provide them assurance that they will not get their girlfriends pregnant and at the same time, it should be something that will not inhibit them from attaining sexual satisfaction. Providing their girlfriends with pills appear to is the best choice for this key characteristic being sought.
- Except for Broad C, single females do not really actively seek methods of contraception that is right for them. This is perhaps because of the social stigma that is associated with single women who are actively seeking modern methods of contraception. Hence, most single women depend on the recommendation of their boyfriends on what method to use. Those who seek information ensure that it is done in the most discreet way as possible by taking married friends as confidants or asking relatives in a round about manner.
- Broad C single females, though aware of the social stigma of actively seeking for the best contraceptive method for them, are not willing to compromise their goals and ambitions for an unwanted pregnancy and neither are they willing to sacrifice their active sex life. Hence, to ensure both, that is, achieve goals and active sex life, they resort to buying the most available and effective method, the pill.

Continued on next page

Key Findings, continued

Family Planning History

- Some of the married respondents who practice withdrawal and calendar methods started out as users of artificial methods, but dropped out due to perceived side effects. Worth noting is the absence of a counselor when they decided to adopt rhythm as their current method.

Family Planning History

Married Males and Females (Withdrawal/Calendar Users)

- Some of these respondents started out as users of artificial methods, but dropped out due to perceived side effects. Worth noting is the absence of a counselor when they decided to adopt rhythm as their current method.

1st Method Adopted	Reasons for Trial	Reasons for Continuance	Reasons for Discontinuance/Shifting
• Pills	Recommendation of friends, relatives	To avoid pregnancy Spacing children To be able to work	Side effects, ie, became fat, headaches
• Injectibles	Recommendation of Health Centers	To avoid pregnancy Spacing children To be able to work	Side effects, ie, irregular menstruation, irritable
• Withdrawal	Initiated by husband Usually a self-made decision	Perceived "effectiveness" Economic reasons Effective No fear of side effects No cash out	Desire to have children Cycle becomes irregular

Key Findings, continued

Family
Planning
History,
continued

- The serious repercussions experienced because of an unexpected pregnancy due to method failure pushed withdrawal users who are married to switch to more effective methods.

Family Planning History

Married Males and Females (Pills/Injectibles Users)

- The serious repercussions experienced because of an unexpected pregnancy due to method failure pushed withdrawal users to switch to more effective methods.

	Reasons for Trial	Reasons for Continuance	Reasons for Discontinuance/Shifting
1st Method Adopted • Withdrawal	Usual method used when they were just bf-gf	Perceived effectiveness Habit	Occurrence of pregnancy Desire to have a baby
Later Method Adopted • Pills	Recommendation of friends, relatives	To avoid pregnancy Spacing children To be able to work	Side effects, ie, became fat, headaches
• Injectibles	Recommendation of Health Centers	To avoid pregnancy Spacing children To be able to work	Side effects, ie, irregular menstruation, irritable Fear of developing cancer

Key Findings, continued

Family Planning History, continued

- As sexual relations increased in frequency between them and their partners, single respondents sought more effective methods than withdrawal even if the latter afforded them secrecy.

Family Planning History Single Males and Females

- As sexual relations increased in frequency between them and their partners, single respondents sought more effective methods than withdrawal even if the latter afforded them secrecy.

	Reasons for Trial	Reasons for Continuance	Reasons for Discontinuance/Shifting
1st Method Adopted • Withdrawal	Perceived effectiveness Misgivings about going to the Health Center (because of single status)	Perceived effectiveness Habit	Occurrence of pregnancy Desire to have a baby
Later Method Adopted • Pills	Recommendation of OB (need for privacy)	To avoid pregnancy	Side effects, ie, became fat, headaches
• Condoms	Usually a self-made decision Recommended by friends (especially among males)	To avoid pregnancy To avoid contracting sexually transmitted diseases (for some males esp those who have sex w/ women other than gf)	Less pleasure in sexual encounters, ie, "plastic", "barrier", not the real thing

Key Findings, continued

First
Experience Of
FP

- Among the marrieds, it is the female traditional method users who appear submissive to their husbands. Some would like to use some form of modern contraception but their husbands are more comfortable using withdrawal. They would then tend to follow their husbands in this decision.
- It would appear that for the traditional method users, their primary source of information about family planning is their network of relatives and friends. Thus, the quality of information that they have about family planning is mostly hearsay and unscientific. In fact, their refusal to use the modern methods of contraception is largely due to the myths and misconceptions that are disseminated within their network of friends and relatives.
- On the other hand, choosing the method of contraception is a decision that women who use modern methods make by themselves. Their husbands are merely informed of the decision. Moreover, their husbands seem to play a small role in selecting and deciding which method of contraceptive to use. The women are the ones who seek out information about these methods.
- Most of the single males confess to starting young in terms of first experience in using family planning methods.
- Further, it appears that they do not have hang ups in "confessing" unlike most single females who commonly experience discomfort in opening with their first experience in FP.
- However, it appears that there is no communication barrier between single partners as far as using family planning methods is concerned.
- Interestingly though, it appears that there is an unspoken agreement already that it is the male who is expected to take the lead and the female will follow. This kind of an agreement is actually considered as "normal" and is not perceived to result to a communication break between both parties.

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Key Findings, continued

Inter-action with provider/ Health center

Health centers and FP service providers play key roles in FP method choice, adoption and continuance. Some of these may be inhibiting while some are encouraging.

- Inhibiting

- Center Driven Factors :

- * Location - too far from one's home or place of work or too near my community (workers at the center are people I know)
 - * Physical structure- located near Barangay Hall or inside Barangay Hall where it is impossible to have a private conversation
 - * Family planning schedule is within working woman's office hours
 - * Lack of manpower- "No one is available when we visit."
 - * Always out of free samples
 - * Unsanitary conditions in the Health Center

- FP Provider Driven Factors:

- * Does not respect woman's need for private conversation--would ask embarrassing questions even if there are many people around
 - * Too young or not trained properly to conduct FP seminar--cannot answer questions or worse, embarrassed to talk or answer questions about sex
 - * Arrogant--does not like to entertain questions; makes me feel I'm imposing on their time
 - * Berates me for being pregnant again or for saying that a method they advised does not work well for me
 - * Gossips about me to people we know in the community
 - * Discourages me from trying out a method I prefer without proper explanation

- Social Factors

- * Social stigma ascribed to single females practicing sex -
"Too young"
"Promiscuous."
 - * Social stigma ascribed to single males asking about birth control
 - * "Sex maniac."

Continued on next page

Key Findings, continued

Inter-action
with provider/
Health center,
continued

- Inhibiting Factors

- Personal Factors:

- × Too lazy to go to the Health Center
 - × Misconceptions about the Health Center –“They cannot help me.”
 - × Too shy to approach an FP provider
 - × Afraid of gossip
 - × Husband does not like me to ask about FP methods
 - × (Males) Only females go to the Health Center

- Encouraging

- Center Driven Factors :

- × Physical Structure- there is at least a private corner where we can talk without being overheard by other people in the center
 - × Condoms/pills are available free of charge
 - × (Among singles) It's far enough from my community so that no one can recognize me there

- FP Provider Driven Factors:

- × Knowledgeable on the topic of FP and can conduct a seminar with ease-- adds humor to lecture
 - × Friendly and approachable--answer all my questions without making me feel I am imposing
 - × Explains pros and cons of each method to me
 - × Respects my need for private discussion
 - × Non-judgmental attitude
 - × Does not gossip about me to the community we belong to

- Personal Factors:

- × Husband encouraged me to go the Health Center for FP advice
 - × Husband went with me to the center for FP advice

As may be seen in the above enumeration of comments, the Health Center seems to inhibit than encourage the respondents to visit and seek family planning counsel from qualified health service providers. A number of women also reported being rejected when they applied for ligation because of their youth and small number of children. Clearly, interventions are needed to make Health Center personnel more responsive to FP clients and prospects.

Continued on next page

Key Findings, continued

Information Sources

- For the married males and females, their primary sources of information about family planning are their relatives and friends. They have no reason to doubt the veracity of the information provided by these people because their accounts are usually first hand accounts. However, even the myths and misconceptions about FP are also being handed down through these sources.
- Young single teens get their first information about FP from the peer group. Young males especially get their first 'dose' during peer arranged "binyag" (rite of passage to sexual practice). The peer group would usually provide a condom.
- Aside from the mandatory lessons of FP in school, young single females depend on friends to get to know the nitty gritty about FP methods. Unfortunately, though, these sources are sometimes racked with misperceptions and misconceptions (the blind leading the blind) that they end up not knowing any better.
- Parents who are users of FP methods at home are also sources of information. Children are naturally curious and they ask about pills or condoms or other FP paraphernalia that they see lying in the house. They even play with it sometimes.
- Neighbors are also a source of information. Filipino women, particularly in the Class DE segment love to chat with neighbors on late afternoons just before they prepare the evening meal. It is in these informal chats that different kinds of gossip and information are picked up.
- Older single males on the other hand depend on their male friends for information about FP methods. It is their male friends who would even buy the product for them.

Appendix A: Focus Group Discussion Guide

FGD GUIDE

ADULT MEN/WOMEN

Re-screen respondents

I INTRODUCTION

1. **Welcome** -- Moderator welcomes the respondent and introduces self
2. **Confidentiality, taping, etc** -- Moderator explains reason for the meeting and expected activities; explains that the discussion is confidential and the information obtained will not be used against them.
3. **Participant Introductions** -- Respondents introduce themselves to the group
4. Moderator answers questions, if any.

Warm-up Questions

II. Values/Priorities

Activity 1 : Values Exercise

Materials: blank cards, tree drawing, colored pens

Give respondents blank cards and ask them to write in the cards all the things that they consider important in their life now. Write one value for each card.

When respondents have finished, ask them to choose 5 that they absolutely cannot live without. Rank from most important to least important. Ask respondents to place the chosen cards on any part of the tree.

1. Ask respondents to describe the importance of each card --why is it important? What does it mean to you? What do you want in terms of (VALUE)?
2. If Family Planning (FP) is part of the value, probe-- What is the respondents' definition of FP? What does it mean to them? Why is this important?

Appendix A: Focus Group Discussion Guide

3. What if you can't get (VALUE)? How would you feel, what would others say about you?
4. If FP were not part of it, what ranking would they give it? Why?
5. If health or a healthy lifestyle is mentioned as a value, ask how do they understand "healthy lifestyle" to mean?
6. If health or a healthy lifestyle is not mentioned, why not?

III. Pregnancy & Children

You (all) mentioned some things that are important to you. And you mentioned that family (or variation of this, depending on what was mentioned in the VALUES exercise) is important to you. Now, let's talk about pregnancy and children...

1. If you were to get pregnant now, how would it affect some of these things that are important. For instance, how would it affect (ask for each VALUE/Aspiration)? PROBE.
2. How many children do you want to have? Have you discussed this with your wife/husband/partner? When was the first time you discussed this? How did this make you feel? Have you talked about it since then? When did you discuss it again?

Appendix A: Focus Group Discussion Guide

3. What if you have more children than this (the number you want)? What if you have less?
 - PROBE: Who would approve/ disapprove?
 - How well can you plan on the number of children you want to have, or...?
 - Is unintended pregnancy a problem?
 - What kind of problem is it? What makes it a problem? (PROBE)
 - What bad things can happen
 - What do you worry about in the case of unplanned or unexpected pregnancy?

IV. METHODS

1. What methods are available to avoid unintended pregnancy? (PROBE for as many methods as possible. Also probe for other terms/words used to refer to FP)
2. How important is it to you that you get pregnant (again)? When do you want to get pregnant (again)? On a scale of 1 to 10, where 10 means that you definitely want to get pregnant now and 1 means you definitely do not want to get pregnant now, how much, would you say, you want to or don't want to get pregnant right now?
3. Earlier you mentioned several things that are important in your life. If you use(d) a method (of family planning), would it / does it bring you closer to this, farther away, or make no difference? (Have them sort into three columns/piles).

Appendix A: Focus Group Discussion Guide

Possible topics (Should be taken from Values exercise):

- Being a good parent
- Being a good husband/wife
- Being romantic/having a good sex life
- Independence/Self-Confidence
- Quality of Life/Having a good life
- Having the approval of my family
- Having Good Health
- Being financially secure/ Not having financial worries
- Being a good/religious person
- Having control of my life
- Being able to pursue hobbies/personal interests
- Spending time with family & friends

4. What if you get pregnant sooner than that? What will happen? What will happen that is good/that you might look forward to? What might happen that is bad/ that makes you worry?
5. How would getting pregnant change your plans? Who would approve? Who would disapprove?
6. What's important to you in choosing a method to prevent/avoid pregnancy? (Have them write these characteristics on separate cards- for instance, safe, effective, etc.). Which are the most important (select 3-5).
7. Now for each characteristic I'd like you to list the methods that best match that characteristic. (Put characteristics across the top, and rank methods down. Do this for each characteristic).
8. Finally, I want you to add two more characteristic, "A METHOD THAT'S RIGHT FOR ME and A METHOD THAT'S NOT RIGHT FOR ME". Now, which methods would you list (in order) under each of these characteristics?

Appendix A: Focus Group Discussion Guide

9. Overall, What are the best methods? (What, specifically, is it about these that makes them the best?)
 - What are the worst methods? (What, specifically, makes them the worst?)
 - Which methods have you personally ever tried?
 - Which method do you currently use?

V. POSITIONING EXERCISE

IF CURRENT USER:

1. How do you feel about the method you now use?
2. What do you like about it? What do you worry about? When do you have these thoughts/worries/concerns?
3. What other thoughts and feelings do you have about using this method?
4. Do you talk to someone about your feelings (about using this method)? Who do you talk to? What do they say?
5. Is there anyone else you'd like to talk to but haven't yet? Who is that? Why haven't you spoken with them yet?
6. If you were choosing a method today, would you pick the same one or a different one? What about your experience with the method makes you say that?

Appendix A: Focus Group Discussion Guide

IF NON- USER of MODERN METHOD:

1. Earlier you mentioned several methods that you are not currently using (NAME THEM).
2. Let's start with... (THE PILL – ask for each method mentioned)
 - How do you feel about (METHOD)?
 - What do you like about it?
 - What do you worry about?
 - What other thoughts and feelings do you have about using this method?
 - Is there something that you'd like to know about this method? What is that?
 - Who could best answer that question?
 - Why haven't you spoken with them yet?

User positioning exercise

Activity: Picture Sort

Materials: Pictures from magazines, colored pens, easel paper

- Unaided (tell a story about her, what kind of person is she?)
 - User of modern method
 - User of Traditional Method
 - Non-user
- Aided list of adjectives, for instance:
 - Responsible
 - Good mother
 - Modern
 - Career-woman
 - Someone like me
 - Religious
 - Romantic
 - Loves her husband
 - Loves her family
 - Selfish
 - Respected
 - Takes care of her home
 - Healthy

Appendix A: Focus Group Discussion Guide

V. FIRST EXPERIENCE OF FP – General Impressions

1. When was the first time that you ever heard about a method of (Family Planning – Use the term that respondent has been using)? (TRY TO GET RESPONSE IN FIRST PERSON PRESENT TENSE)
 - Where are you? What is happening?
 - Who is there? What are they saying?
 - From whom?
 - Who was using the method?
 - What impression did you get about (method)?
 2. What did you think about (method)? How did it make you feel about (method)?
 3. What did you tell yourself? What do you still believe about (method)?
- (IF NOT MENTIONED ALREADY) What did your mother (FOR MEN: FATHER) tell you about FP? What did you think of what she (he) said?

Discussion with Partner

1. Have you talked to your husband/wife about FP? When was the first time that you talked about it with them?
2. Where were you when you talked about it? What did you say?
3. How did you feel about the conversation? Was it easy or difficult to have this conversation (PROBE: what made it easy? What made it difficult?)
4. What else did you want to say but didn't?
5. Is there anything your partner wanted to say but didn't?
6. When is the right time & place for a couple to discuss FP? (Probe for specifics: circumstances, alone, with someone, etc.) Should anyone else be involved in the discussion?

Appendix A: Focus Group Discussion Guide

7. Who is more interested in FP – you or your partner? What is it about FP that makes it more important to you/him/her? What would make it more interesting or more important to you/him/her?
8. How involved do you want your partner to be in FP? Do you want them more or less involved than they are right now? What do you want them to do that they are not doing now? What do you want them to stop doing that they are doing now? What would make them (more/less) involved?

FOR LAPSED USERS:

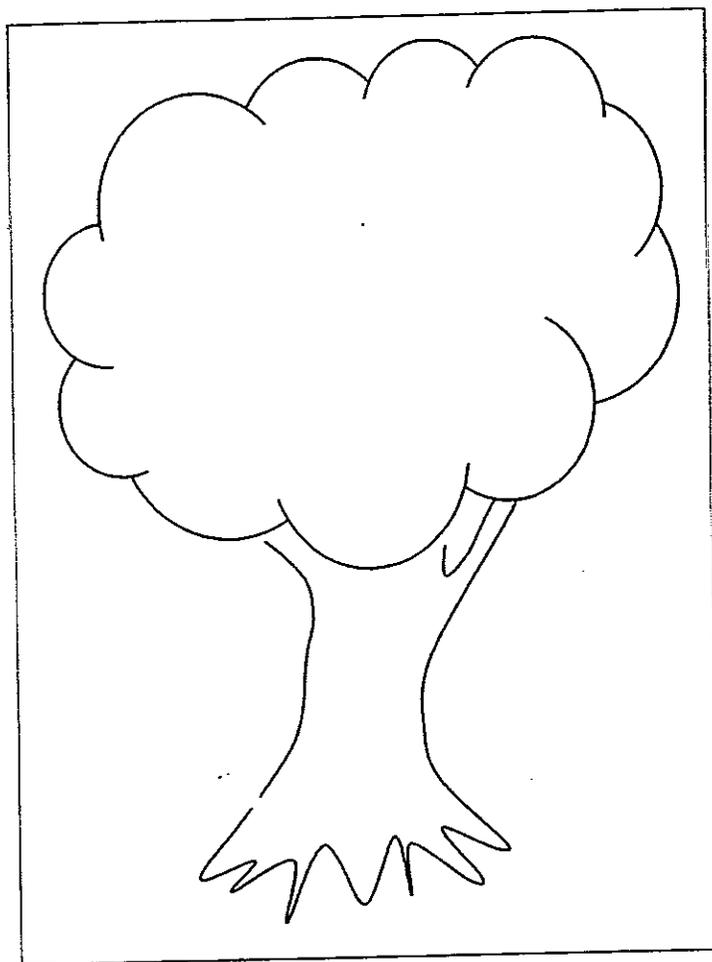
1. Why did you switch or stop using?
2. Specific circumstances (take me through it).
 - What happened?
 - Who were you with?
 - Who did you talk to, get advice from?
 - Where were you?
 - What were you thinking/what thoughts were going through your mind?
 - PROBE: Then what happened...? IF SOUGHT ADVICE, describe interaction. What did you say, what did they say? How did you feel. what were you thinking? What did you say?
3. What worries did you have with (past method used)?
4. Now that you are using (new method/ no method), how do you feel?
5. What worries you now? Any worries about (new method/not using a method)?

Appendix A: Focus Group Discussion Guide

FOR NEW USERS:

1. What made you want to try (method)?
2. What had you heard? From whom?
3. Where were you when you decided to try (method)? Describe what happened (who were you with, what did they say, what did you say, what were you thinking, feeling, what did you decide?). What did you do next?
4. How did you feel after you started using (method)?
5. Who did you talk to about it?
6. Who approves of your using (method)? Who doesn't approve?
7. Do you have any concerns about using (method)? Who do you talk to about this?
PROBE: Why? Who wouldn't you talk to about this? Why not?

Appendix B: Sample Tree



Appendix C: Profile of Respondent

PROJECT DYNASTY RESPONDENT PROFILE							
AREA	GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT	Total # HH	No. of Income Earners in HH
MANILA	I	30	F	compltd high sch	housewife	4	1
		25	F	compltd high sch	factory worker-Al River	6	2
		30	F	2nd yr Secretarial	housewife	4	1
		29	F	Civil Engrg-5yrs	Secretary to the Dean-Adamson	3	2
		34	F	compltd high sch	housewife	8	1
		27	F	Fine arts-4yrs	housewife	5	1
		34	F	BSC-4yrs	Secretary-DOTC	3	2
		34	F	2yrs -Sec	housewife	5	1
AREA	GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT	Total # HH	No. of Income Earners in HH
MANILA	III	29	M	Vocational-2yr	Room boy-ACCM Hotel	9	1
		25	M	compltd high sch	delivery boy-KFC	7	1
		26	M	2yrs ECE	checker-IDS warehouse	3	1
		28	M	auto mech-2yr	family driver	3	2
		31	M	2nd yr -BSC	driver-bgy patrol	7	2
		25	M	compltd high sch	coordinator-ASJ travel	3	1
		29	M	3yrs Marine Engr	kitchen crew-Kamayayn Restaurant	5	2
		AREA	GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT
MANILA	III	25	M	2yrs Voc	sewer-CNC flowers	5	2
		34	M	BSC-4yrs	own drives taxi busines	4	2
		25	M	2yrs Comp Sc	waiter Heritage Hotel	7	3
		30	M	AB English	Asst. Manager Computer Station	3	3
		34	M	BSC	own business-electronics	2	1
		25	M	2yrs-Fine Arts	Utility man-San Juan Med Ctr	4	3
		30	M	2 yrs Mech Engr	Agent-City Hall Mandaluyong	3	2

Appendix C: Profile of Respondent

PROJECT DYNASTY RESPONDENT PROFILE							
AREA	GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT	Total # HH	No. of Income Earners in HH
MANILA	4	29	M	2yrs Voc	Govt employee-Pasay	9	3
		26	M	complt high sch	catering service-own	8	3
		30	M	4yrs BSBA	Acct Exec-Global Access	3	1
		32	M	3rd yr high sch	custom rep.-Frontward cargo	5	1
		34	M	2nd yr-BSIT	factory worker-Besuto Food	5	1
		25	M	complt high sch	PLDT-lineman	7	3
		28	M	complt high sch	waiter-Barrio Fiesta	5	1
		29	F	BSMgt-4yrs	housewife	9	2
MANILA	5	33	F	1st yr HRM	housewife	4	1
		34	F	BSMgt-4yrs	Secretary-White Horse Travel	4	2
		33	F	2nd yr Secretarial	housewife	4	1
		34	F	BSBA 2nd yr	own catering service	5	2
		33	F	BSEduc-4yrs	business-garments	4	2
		31	F	BSC 1st yr	businesswoman-frozen foods	5	2
		27	M	2ndyr high sch	clown-entertainer	4	1
		30	M	2nd yr high sch	messenger-Toledo Construction	12	1
MANILA	6	28	M	complt high sch	machine operator-Sugarland	7	3
		26	M	complt high sch	revisor-Brillantes & Assoc.	3	2
		32	M	2yr Automotive	none	2	1
		25	M	3rd yr Automotive	revisor-Brillantes & Assoc	2	1
		25	M	complt high sch	aircon maintenance-self employed	2	1
		33	F	1st yr -computer	housewife	7	1
		27	F	2nd yr-Comp Prog	housewife	4	1
		26	F	complt high sch	housewife	3	1
MANILA	7	25	F	complt elem	housewife	3	1
		31	F	complt high sch	housewife	3	1
		25	F	4yrs BSC	housewife	3	1
		26	F	Com Sec-2yr	housewife	3	1
		26	M	Mech Engr-3rd yr	clerk-Loreal Phils	3	2
		27	M	3yrs PMI	service crew McDonalds	4	2
		33	M	complt high sch	tricycle driver	13	1
		29	M	2yrs-IETI	messenger Almendre Co.	4	1
MANILA	8	27	M	2yr Comp tech	sales clerk-Duty free	6	2
		32	M	1st yr Tech Voc	driver-Cigar Div	4	1
		26	M	complt high sch	helper-civil sorks Araneta	4	1
		34	F	BSC 4yr	credit card agent	5	2
		25	F	3rd yr HRM	housewife	3	1
		32	F	2nd yr high sch	housewife	5	1
		25	F	BSC 1st yr	housewife	8	1
		27	F	2nd yr Comp Sc	housewife	7	3
MANILA	9	34	F	1st yr-electronics	housewife	4	1
		27	F	housewife	housewife	3	1

Appendix C: Profile of Respondent

ADDTL GRP							
AREA	GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT	Total # HH	No. of Income Earners in HH
MANILA	1						
		30	F	2yr Sec	Saralee cosmetics	6	2
		21	F	AB English	housewife	4	1
		21	F	2nd yr BSMgt	housewife	3	1
		24	F	complt'd high sch	manager of Snack House	5	2
		29	F	4yrs Airline Sec.	Secretary-Living Waters Inc	4	1
		28	F	2yr Comp Sc	encoder Nova Regent	4	2
		23	F	complt'd high sch	salesgirl Greenhills	3	2
ADDTL GRP							
AREA	GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT	Total # HH	No. of Income Earners in HH
MANILA	2						
		30	F	2yr Sec	business-step ins	10	2
		30	F	2yr HRM	housewife	5	1
		30	F	BSMgt 4yrs	town Mitchoy's snack hse	7	2
		26	F	2nd yr HRM	trainer Holiday Inn	3	2
		26	F	BSC 4 yrs	housewife	4	1
		24	F	2yrs Sec	teller Mia Jocky	4	2
		30	F	complt'd high sch	operator Optical	2	2
ADDTL GRP							
AREA	GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT	Total # HH	No. of Income Earners in HH
MANILA	3						
		18	F	3rd yr Comp Sc	student	4	1
		23	F	BS Tourism	own business-Suntours	6	2
		20	F	2nd yr Comp Sc	Asst Mgr. Computer shop	3	3
		24	F	BSMgt	none	3	2
		24	F	BSMass com	retail Asst-Jeweller Inst	6	2
		22	F	HRMgt	ETelecure-staff consultant	5	3
ADDTL GRP							
AREA	GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT	Total # HH	No. of Income Earners in HH
MANILA	4						
		29	F	2nd yr Comp Tech	housewife	4	1
		29	F	complt'd high sch	housewife	6	1
		26	F	complt'd high sch	credit card agent	6	2
		30	F	1st Comp Sc	housewife	5	2
		30	F	2yr Comp Sc	encoder Nova computer	5	2
		30	F	complt'd high sch	housewife	5	1

Appendix C: Profile of Respondent

PROJECT DYNASTY					OCCUPATION OF RESPONDENT	Total # HH	No. of Income Earners in HH
AREA	GRP#	AGE	SEX	Educational Attainment			
MANILA	I - I	18	F	2nd yr BSE	service crew-Jolibee	7	2
		18	F	compltd high sch	none	3	1
		16	F	3rd yr high	student	5	1
		17	F	2yr Computer Sc	clerk Division 16	7	3
		18	F	2nd yr Accounting	student	6	3
		18	M	2nd yr Comp Sc	student	2	1
		18	M	4th yr high	student	6	2
		17	M	3rd yr high	student	6	1
		16	M	2nd yr Comp engng	student	8	3
		18	M	2nd yr Comp Tech	sales clerk ACC. Hardware	3	3
	I - I	26	F	compltd high sch	none	10	2
		34	F	2nd yr Secretarial	food vendor	8	3
		25	F	1st yr Voc	cashier-SM Packing	9	3
	I - I	19	F	2nd yr Commerce	none	5	3
		23	F	2nd yr Comp Sc	none	7	2
		24	F	compltd high sch	sales clerk-Columbia Photo	6	3
	I - I	21	M	2nd yr Comp Sc	none	14	5
		23	M	compltd high sch	plating laborer-Al River	7	2
		21	M	compltd high sch	none	5	2
	MINI	24	M	Instrumentation Tech 4yrs	none	5	1
	GRPS	22	M	2yr comp Tech	crew Sounds & Lights	4	3
	Grp 1	19	M	compltd high sch	Mc Do service crew	6	2
		19	M	2nd yr Mass Comm	student	7	1
	MINI	19	F	4th yr high	student	8	1
	GRPS	20	F	BSIE 4th yr	student	8	2
	Grp 2	22	F	Mass Comm grad	none	5	2
		21	F	compltd high sch	none	8	1
	MINI	30	F	2yr Secretarial	Data Encoder-Pinoy Grp of Co.	17	2
	GRPS	25	F	BSEEd	employee-Nestle	5	4
	Grp 3	27	F	2yrs Computer Sec.	cashier-Hortaleza	7	3
		25	F	4th yr HRM	student	3	1

Appendix C: Profile of Respondent

DYNASTY						
GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT	Total # HH	No. of Income Earners in HH
I	30	M	BSMgt	warehouse inventory clerk	3	1
	27	M	2nd yr-Voc. Tech	electronic technician	6	2
	33	M	BSMgt	Maintenance officer-Metropolis Hot	6	2
	26	M	compltd high sch	none	2	1
	25	M	BSMarine Engr	own business-jewelries	3	2
GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT	Total # HH	No. of Income Earners in HH
II	34	F	2nd yr Secretarial	housewife	5	1
	26	F	3rd yrBSEED	housewife	3	1
	33	F	compltd high sch	housewife	7	1
	28	F	2nd yr Comp Sec	collector-lending	4	1
	25	F	compltd high sch	sales clerk-edgarsonshoe supply	3	2
	25	F	compltd high sch	housewife	4	1
	32	F	BSC	govt employee	5	2
	GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT	Total # HH
III	28	M	HRM	waiter-ME restaurant	4	1
	26	M	2yr Nautical	none	7	1
	33	M	BSBA	govt employee City Hall	6	1
	31	M	4yr Nautical	none	5	1
	33	M	compltd high sch	plumber self employed	5	1
	34	M	2yr Elect Engr	security guard-Sentaril Sec Agency	5	1
	25	M	ECE	self employed technician	3	1
GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT	Total # HH	No. of Income Earners in HH
4	26	M	2yr-BSEd	driver-San Miguel	3	1
	34	M	BSBA	house detective-Shangria	4	1
	25	M	2nd yr-BSCS	driver-self employed	6	2
	25	M	2ndyr Nautical	waiter Waterfront	3	2
	25	M	4th yr BSCE	student	11	1
	34	M	2ndyr Nautical	business- lechon	5	2
	30	M	3rd yr Mech Engr	inventory clerk Kajuma	8	2
	GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT	Total # HH
5	26	F	compltd high sch	housewife	3	1
	32	F	BSC-accting	acctng clerk-AYAS	8	1
	33	F	3rd yr BSAd	sell barbeque-self employed	5	2
	34	F	2yr Sec	food vending-self employed	4	2
	33	F	compltd high sch	none	5	1
	34	F	3rd yr Commerce	housewife	8	1
	25	F	4yrAirwing Mgt	trainee	4	2

Appendix C: Profile of Respondent

GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT	Total # HH	No. of Income Earners in HH
6					4	1
	25	M	BSCriminology	none	8	1
	25	M	compltd high sch	waiter-Dinghow	9	1
	25	M	compltd high sch	none	5	2
	31	M	2yr Marine Assoc	none	5	1
	25	M	3rd yr high	barber -Sagitarius barber shop	4	2
	26	M	2nd yr Nautical	none	3	1
	32	M	1st yr Marine	none		
GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT	Total # HH	No. of Income Earners in HH
7					4	2
	33	F	4yrs Computer Sc	buy & sell RTW	4	1
	27	F	2ndyr Computer S	none	4	1
	27	F	compltd high sch	none	3	2
	30	F	2yr Comp. Sc	food vending-self employed	6	1
	27	F	compltd high sch	housewife	4	2
	25	F	1styr Comp Sc	none	8	1
	30	F	2yr HRM	lecturer-SPCI Foundation		
GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT	Total # HH	No. of Income Earners in HH
8					4	1
	26	F	2yr Com Sec	housewife	5	1
	26	F	compltd high sch	housewife	6	1
	30	F	2ndyr high sch	none	3	1
	26	F	3rd yr high sch	none	4	1
	30	F	BS Tourism	none	2	1
	25	F	compltd high sch	none		
GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT	Total # HH	No. of Income Earners in HH
I-1					10	1
	16	M	2nd yr high	student	9	1
	17	M	1styr BSMT	student	6	2
	18	M	2nd yr CE	student		
					7	1
	22	M	BSAD-4yr	student	6	1
	23	M	3rdyr Civil Engr	student	4	1
	21	M	2nd yr Nautical	student		
					7	1
	17	F	3rd yr high	student	3	1
	17	F	3rd yr high	student	3	1
	18	F	2ndyr Comp. Sc	student	8	2
	18	F	1st yr BSBA	student	4	1
	15	F	3rd yr high	student		
					5	2
	24	F	2yr Travl&tour	cashier-Ratsky Cebu	7	1
	20	F	2ndyr CustomsAd	none	6	2
	23	F	BSC Banking&Fin	none	5	1
	26	F	BSC	none	6	1
	27	F	2ndyr BSEED	factory worker	5	3
	25	F	AB History	govt employee-Capitol		

Appendix C: Profile of Respondent

PROJECT DYNASTY						
AREA	GRP#	AGE	SEX	Educational	OCCUPATION OF RESPONDENT	Total # HH No. of Income Earners in HH
LAGUNA				Attainment		
	I	24	M	2yr Comp Sc	automotive FCC-operator	4 2
		23	M	compltd high sch	checker - Nissan	4 1
		24	M	Voc.Auto Mech	production -motor operator	4 2
		22	M	compltd high sch	operator - Coke	2 1
		21	M	compltd high sch	Nissin Monde - operator	4 1
		24	M	2nd yr Electr Engr	MDD - forklift operator	4 1
		26	M	4yr Electronic Engr	Toyota-maintenance officer	3 1
AREA	GRP#	AGE	SEX	Educational	OCCUPATION OF RESPONDENT	Total # HH No. of Income Earners in HH
LAGUNA	II			Attainment		
		21	F	compltd high sch	Golay-production operator	3 2
		22	F	1st yr-Electronics	Hitachi-production operator	3 2
		24	F	compltd high sch	Tri-lux-operator	7 2
		21	F	compltd high sch	Toyota - operator	5 2
		24	F	1st yr BSC	Toshiba - operator	5 2
		22	F	2nd yr HRM	Fujitzu-production operator	4 2
		21	F	2ndyr BSEd	Nissin-factory worker	3 2
AREA	GRP#	AGE	SEX	Educational	OCCUPATION OF RESPONDENT	Total # HH No. of Income Earners in HH
LAGUNA				Attainment		
	III	19	M	2nd yr BSIT	production operator-IDP	6 2
		21	M	Automotive 2yr Voc	Nissan - assembler	3 2
		24	M	compltd high sch	bottling crew	4 2
		21	M	BSEEd	production crew-Nissin	5 2
AREA	GRP#	AGE	SEX	Educational	OCCUPATION OF RESPONDENT	Total # HH No. of Income Earners in HH
LAGUNA	I - I			Attainment		
		21	F	2nd yr BSC	factory worker - Golay Bucket	4 2
		21	F	1st yr - BSC	operator - Nissin Monde	10 2
		22	F	2yr Com Sec.	Fujitzu - machine operator	6 2

Appendix C: Profile of Respondent

AREA	GRP#	AGE	SEX	Educational Attainment	OCCUPATION OF RESPONDENT	Total # HH	No. of Income Earners in HH
BATANGAS	1						
		24	F	2yr BSE	trimmer - garments	10	4
		23	F	2nd yr BSC	repacker - Gen Milling	4	2
		24	F	complt'd high sch	factory worker-GMC	5	2
		24	F	complt'd high sch	factory worker-Khong guan	3	2
		24	F	BSC	clerk-Shell	5	2
		24	F	complt'd high sch	sewer-Pacific Flour Mills	2	2
		21	F	BSC	sampler - San Miguel	3	2
BATANGAS	2						
		22	M	2nd yr Vocational	TESDA welder -Shell	3	1
		19	M	complt'd high sch	helper electrician-/shell	3	1
		22	M	complt'd high sch	bagger - GMC	3	1
		24	M	complt'd high sch	razor - Shell	4	1
		24	M	complt'd high sch	tool keeper Shell refinery	3	1
		24	M	2yr BSC	pull pot operator-GMC	4	1
		24	M	BSC	machine operator - LDI	3	1
BATANGAS	-1						
		21	F	BSC 2nd yr	Q.A. - EPSON	11	2
		23	F	3rd yr high sch	visual operator NDEC	5	2
		20	F	complt'd high sch	EPSON operator	10	3
CAVITE	1						
		19	M	complt'd high sch	factory worker EPZA HTI	11	4
		18	M	3rd yr-BSC	APC electrician	8	2
		18	M	complt'd high sch	factory worker HTI EPZA	7	2
		18	M	complt'd high sch	laborer SCAD	3	2
CAVITE	2						
		24	F	2yr Electronics	Sepung - packer	10	2
		22	F	2yr Computer Sec.	SPC-personnel	7	2
		22	F	BSE	helper-CEPZ	8	3
		24	F	2yr Comp. Sc	xerox machine operator - Sensor	3	2
		24	F	2nd yr BSC	trimmer -garments EPZA	3	2
		20	F	2nd yr high sch	factory worker-Plaques Tech	3	2
		19	F	complt'd high sch	Speedy Tech electronic operator	5	2
CAVITE	3						
		22	M	complt'd high sch	Security guard-Blue Diamond	4	1
		19	M	Computer Tech 2yrs	Techtron -machine operator	3	1
		22	M	Computer Electronics 2yrs	material handler-Pacific River Meta	3	1
		24	M	BSc computer Sc	personnel staff-HRD EPZA	11	3
		24	M	BSC 2nd yr	assembler -HTI	3	1
		24	M	complt'd high sch	sewer - EPZA CID	6	1

Appendix D: List of Health Centers

PROJECT DYNASTY
FEMALE
BATANGAS

Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience
					in Health Center
20	1		Tabangao Aplaya	Batangas City	GOOD: Nang i-check-up ako noong nagbutun'tis. asikasong-asikaso at sinabihan pa nila ako ng date sa susunod kong check-up BAD: none
23	2	repacker	Tabangao Aplaya	Batangas City	GOOD: free clinic, nagko-consulta ng libre BAD: none
24	5	factory worker	Tabangao Aplaya	Batangas City	GOOD: nakakapagpa-check-up ng libre nakakapagbigay ng libreng gamot BAD: none
			Tabangao Aplaya	Batangas City	GOOD: Malaki ang naitutulong lalo sa aking anak dahil agad nilang inaasikaso kapag pumupunta upang magpa-tingin at libre ang mga bakuna BAD: Minsa sa karamihan ng nagpapatingin ay lalong nahihirapan ang anak sa sobrang init
24	1	factory worker	Tabangao Aplaya	Batangas City	GOOD: none BAD: none
24	2	mananahi	Tabangao Aplaya	Batangas City	GOOD: Nakapagbigay ng magandang serbisyo at mga gamot; malimit magpa free clinic BAD: none
24	1	clerk	Tabangao Aplaya	Batangas City	GOOD: Nag-koconduct ng free clinic, nagbibigay ng libreng gamot; malinis ang paligid at ok ang service BAD: Minsan ang tagel dumating ng mga doktor

Appendix D: List of Health Centers

MALE
BATANGAS

Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
22	1	welder	Tabangao Aplaya	Batangas City	GOOD: maayos naman dahil iniintindi nila ang bawat pumupunta doon. BAD: none
19	1	helper electrical	Lebjo	Batangas City	GOOD: nagbibigay ng libreng gamot; libreng check-up BAD: none
22	1	bagger	Tabangao Aplaya	Batangas City	GOOD: tanungan ng kapag may sakit at nagbibigay ng libreng gamot at libreng konsulta BAD: none
24	1	none	Tabangao Aplaya	Batangas City	GOOD: nagbibigay ng libreng gamot at konsulta BAD: none
24	1	tool keeper	Lebjo	Batangas City	GOOD: mahusay, nagbibigay ng gamot BAD: none
24	2	pull pot	Tabangao Aplaya	Batangas City	GOOD: okay ang sserbisyo nila. Kung anong kailangan na medicine ay naibibigay nila BAD: none
24	1	operator	Lebjo	Batangas City	GOOD: nangangalaga sa kalusugan ng mamamayan BAD: none

Appendix D: List of Health Centers

**FEMALE
CEBU**

Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
26	2	housewife	Duljo Fatima	Cebu City	GOOD: maganda ang kanilang pakikisama sa tao BAD: none
30	4	none	Duljo Fatima	Cebu City	GOOD: Maasikaso sila sa kanilang mga payente. Ok lang sila wala namang problema BAD: none
30	2	none	T. Padilla	Cebu City	GOOD: Ang mga nurse ay mapayuhin sa mga pasyente BAD: may mga nurse na masungit at about the medicine mahirap magbigay roon.
26	3	housewife	Parian	Cebu City	GOOD: mabuli ang aking na-experience dahil ang mga health worker ay masipag at maasikaso sa kanilang pasyente BAD: none
26	1	none	T. Padilla	Cebu City	GOOD: Marunong silang mag-asikaso sa kanilang mga pasyente. Pag-pasok natin, sasalubungin agad tayo ng "good smile"
25	0	none	T. Padilla	Cebu City	GOOD: none BAD: none
30	6	lecturer	T. Padilla	Cebu City	GOOD: They teach us or me on how to prevent child or how to use contraceptive in a proper way.

**FEMALE
CEBU**

Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
27	2	none	Bulacao		GOOD: none BAD: none
33	3	buy & sell RTV	Brgy. Ward II	San Antonio N. Samar	GOOD: none BAD: none
27	2	none	Brgy. Day-as		GOOD: none BAD: none
27	4		Lorega	Cebu City	GOOD: good check-up BAD: none
30	1	food vending	Brgy. Day-as		GOOD: free consultation, free immunization, free medicine BAD: none
25	2	none	Day-as		GOOD: free consultation, free sample of medicine BAD: none

Appendix D: List of Health Centers

MALE
CEBU

Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
25	single	waiter	T. Padilla	Cebu City	GOOD: none BAD: none
31	single	none	T. Padilla	Cebu City	GOOD: good service BAD: none
25	single	none	T. Padilla	Cebu City	GOOD: Help other people BAD: none
26	single	none	T. Padilla	Cebu City	GOOD: none BAD: none
25	single	none	Brgy. Tinago	Cebu City	GOOD: none BAD: none
25	single	hair cutter	Hipodromo	Cebu City	GOOD: Paglabang sa Pamilya BAD: none
32	1	none	Bo. Luz		GOOD: none BAD: none

FEMALE
CEBU

Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
33	3	none	Inayawan	Cebu City	GOOD: none BAD: none
34	4	housewife	Hipodromo	Cebu City	GOOD: teach us how to care for our babies BAD: none
33	2	BBQ vendor	Hipodromo	Cebu City	GOOD: giataga-an ko ug ma-ayong pagtagad sa mga empleyado. BAD: none
34	2	food vending	T. Padilla	Cebu City	GOOD: ganahan na ko sa Health Center kay magpa-check ka walay bayag-ug libre pa gyud ang tambal basta na-anglang sa ilaha BAD: none
32	2	acctng clerk	Alaska	Cebu City	GOOD: all the workers in the center are accommodating, they always take care of every patient in the center. In our health Center all the workers are well trained BAD: none
25	1	student	Dalingding	Cebu City	GOOD: gives us free medication; entertain question BAD: none
26	1	housewife	Day-as	Cebu City	GOOD: everything is fine, wala akong masabi BAD: none

Appendix D: List of Health Centers

MALE
CEBU

Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
26	2	driver	Bulacao	Cebu City	GOOD: none BAD: none
34	2	house detective	Pari-an		GOOD: gain more knowledge about birth control BAD: none
30	2	inventory clerk	T. Padilla	Cebu City	GOOD: none BAD: none
34	3	bus.(lechon)	T. Padilla	Cebu City	GOOD: none BAD: none
25	1	waiter	Guadalupe	Cebu City	GOOD: Vitamins for free BAD: none
25	1	student	Lahug		GOOD: none BAD: none
25	1	PUJ driver	Hipodromo	Cebu City	GOOD: none BAD: none

MALE
CEBU

Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
33	3	PLUMBER	T. Padilla	Cebu City	GOOD: namimigay sila ng gamot BAD: none
28	2	OFW	Inayawan	Cebu City	GOOD: manghatag ug sample ng tambal; good provider BAD: none
31	2	book keeper	Tinago		GOOD: kapag pumunta binibigyan ng gamot BAD: none
26	1	clerk/LTFRB	Bo. Luz		GOOD: Nagbibigya ng contraceptives BAD: none
33	4	messenger	Mabolo		GOOD: sample condoms; sample medicines; free consultation BAD: none
25	1	technician	Cebu City	Cebu City	GOOD: Family Planning BAD: none
34	2	security guard	T. Padilla	Cebu City	GOOD: Distribute condoms; BP measurement BAD: none

Appendix D: List of Health Centers

FEMALE
CEBU

Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
26	1	housewife	T. Padilla	Cebu City	GOOD: none BAD: Ang nurse is very strict unya dili nimo sayon ma-approach.
25	2	sales clerk	Banawa	Cebu City	GOOD: Kompleto ang mga immunization nila sa mga bata. BAD: Nagalit ang doktora nung nagpa-check-up ako dahil nag-bleeding ako. Dahil sa pag- take ko ng pills.
34	3	housewife	Hipodromo	Cebu City	GOOD: ok ang doctor BAD: none
25	1	sales clerk	Katipunan		GOOD: They are so accommodating, friendly and entertaining BAD: none
28	2	Collector	T. Padilla	Cebu City	GOOD: Maago sila mo entertain sa mga tawo. BAD: none
33	5	housewife	Mabolo		GOOD: maayo, walang problema BAD: none
32	3	gov't employee	Brgy Tinago		GOOD: good services and they entertain the clients very well BAD: none

Appendix D: List of Health Centers

FEMALE
CEBU

Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
16			Hipodromo		GOOD: none BAD: none
18			Day-as	Cebu City	GOOD: none BAD: none
17					GOOD: none BAD: none
			Mambaling		GOOD: none BAD: none
			Pari-an	Cebu City	GOOD: none BAD: none
			Guadalupe		GOOD: none BAD: none
			Panganiban		GOOD: none BAD: none
Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
			Day-as		GOOD: none BAD: none
Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
			Mabolo		GOOD: none BAD: none
Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
21			Pari-an	Cebu City	GOOD: none BAD: none
Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
			T. Padilla	Cebu City	GOOD: none BAD: none
Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
22			M.J. Cuenco		GOOD: none BAD: none
Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
			T. Padilla	Cebu City	GOOD: none BAD: none
Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
23			M.J. Cuenco		GOOD: none BAD: none
Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
			Hipodromo		GOOD: We have a clean and well equip facility BAD: I heard of people not given proper medical attention

Appendix D: List of Health Centers

**FEMALE
BATANGGAS**

Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
23	SINGLE	OPERATOR	Lebjo	Batanggas	GOOD: gives medicine BAD: none

Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
20	SINGLE	OPERATOR	Lebjo	Batanggas	GOOD: I'VE LEARNED KUNG PAANO SILA MANGGAMOT BAD: MAREKLAMO ANG DOCTOR

Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
21	SINGLE	Q.A	Lebjo	Cebu City	GOOD: none BAD: none

Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
21					did not consult health center
22					did not consult health center
21					no experience yet with h c

**FEMALE
BATANGGAS**

Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
21					not consult hc
23			Cabuyao Laguna		Ayos ang palakad, di magulo
24			Balibago		walang experience
22			San Pedro H C		BAd: natalayuan kami sa bayan
21			Pulo Sta Cruz HC		Good: Nagtuturo ng paraan ng FP
24			Balibago Sta Rosa		BAD: Laging late ang doktor pag nagpa check up kami pag nag-reseta, walang stock ang gamot, walang libre minsan
24			Pulo Sta Cruz HC		Good: give info re FP method

Appendix D: List of Health Centers

FEMALE
BATANGGAS

Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
21			Mercado Village	Pulong Sta Cruz	Bad: konti ang medicine
22			Pulong Sta Cruz		Bad:Kung sino lang ang kakilala, siya lang binibigyan ng gamot palakasan
24			Pulong Sta Cruz		Good:pag emergency, inaasikaso agad
21			Pulo sta cruz		no bad experiences, ok lang
24			Alabang Mini HC	Sitio Anatan	Good: near BLISS, house maasikaso ang staff
22			Lopez Quezon	Bgy gomez	malinis ang patigid ng center, pati ang looban mismo
22			Pulo Sta Cruz		Bad: mabagal ang serbisyo, kung sino ang kakilala siya inuuna

FEMALE
BATANGGAS

Age	No. of kids	Occupation	Brgy Health Center	Address	Experience
19			Pulo		no bad experience
21			Bulubod diva	Sta rosa	malayo ang HC sa amin, mas malapit ang hospital
24					not visit h c
21					hindi nakakbisita sa hc

Appendix D: List of Health Centers

PROJECT DYNASTY
GROUP NO: FEMALE
AREA BATANGAS

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
FEMALE				Tabangao Aplaya	Batangas City	GOOD: Nang i-check-up ako noong nagbubuntis, asikasong-asikaso at sinabihan pa nina ako ng date sa susunod kong check-up BAD: none
FEMALE				Tabangao Aplaya	Batangas City	GOOD: free clinic, nagko-consulta ng libre BAD: none
FEMALE				Tabangao Aplaya	Batangas City	GOOD: nakakapagpa-check-up ng libre nakakapagbigay ng libreng gamot BAD: none
FEMALE				Tabangao Aplaya	Batangas City	GOOD: Malaki ang naitutulong lalo sa aking anak dahil agad nilang inaasikaso kapag pumupunta upang magpa-tingin at libre ang mga bakuna BAD: Minsa sa karamihan ng nagpapatingin ay lalong nahihirapan ang anak sa sobrang ini!
FEMALE				Tabangao Aplaya	Batangas City	GOOD: none BAD: none
FEMALE				Tabangao Aplaya	Batangas City	GOOD: Nakapagbigay ng magandang serbisyo at mga gamot; malimit magpa free clinic BAD: none
FEMALE				Tabangao Aplaya	Batangas City	GOOD: Nag-koconduct ng free clinic, nagbibigay ng libreng gamot; malinis ang paligid at ok ang service BAD: Minsan ang tagal dumating ng mga doktor

PROJECT DYNASTY
GROUP NO: FEMALE
AREA CEBU

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
FEMALE	26		housewife	Duljo Fatima	Cebu City	GOOD: maganda ang kanilang pakikisama sa tao BAD: none
FEMALE	30		none	Duljo Fatima	Cebu City	GOOD: Maasikaso sila sa kanilang mga payente. Ok lang sila wala namang problema BAD: none
FEMALE	30		none	T. Padilla	Cebu City	GOOD: Ang mga nurse ay mapayuhin sa mga pasyente BAD: may mga nurse na masungit at about the medicine mahirap magbigay roon.
FEMALE	26		housewife	Parian	Cebu City	GOOD: mabuti ang aking na-experience dahil ang mga health worker ay masipag at maasikaso sa kanilang pasyente BAD: none
FEMALE	26		none	T. Padilla	Cebu City	GOOD: Marunong silang mag-asikaso sa kanilang mga pasyente. Pag-pasok natin, sasakabungin agad tayo ng "good smile"
FEMALE	25		none	T. Padilla	Cebu City	GOOD: none BAD: none
FEMALE	30		lecturer	T. Padilla	Cebu City	GOOD: They teach us or me on how to prevent child or how to use contraceptive in a proper way.

Appendix D: List of Health Centers

PROJECT DYNASTY

GROUP NO:

AREA

FEMALE

CEBU

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
FEMALE	27		none	Bulacao		GOOD: none BAD: none
FEMALE	33		buy & sell RTV	Brgy. Ward II	San Antonio N. Samar	GOOD: none BAD: none
FEMALE	27		none	Brgy. Day-as		GOOD: none BAD: none
FEMALE				Lorega	Cebu City	GOOD: good check-up BAD: none
FEMALE	30		food vending	Brgy. Day-as		GOOD: free consultation, free immunization, free medicine BAD: none
FEMALE	25		none	Day-as		GOOD: free consultation, free sample of medicine BAD: none

PROJECT DYNASTY

GROUP NO:

AREA

MALE

CEBU

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
MALE	25		waiter	T. Padilla	Cebu City	GOOD: none BAD: none
MALE	31		none	T. Padilla	Cebu City	GOOD: good service BAD: none
MALE	25		none	T. Padilla	Cebu City	GOOD: Help other people BAD: none
MALE	26		none	T. Padilla	Cebu City	GOOD: none BAD: none
MALE	25		none	Brgy. Tinago	Cebu City	GOOD: none BAD: none
MALE	25		hair cutter	Hipodromo	Cebu City	GOOD: Pagtabang sa Pamalya BAD: none
MALE	32		none	Bo. Luz		GOOD: none BAD: none

Appendix D: List of Health Centers

PROJECT DYNASTY
GROUP NO:

FEMALE
CEBU

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
FEMALE	33		none	Inayawan		GOOD: none BAD: none
FEMALE	34		housewife	Hipodromo	Cebu City	GOOD: teach us how to care for our babies BAD: none
FEMALE	33		BBQ vendor	Hipodromo	Cebu City	GOOD: giataga-an ko ug ma-ayong pagtaad sa mga empleyado. BAD: none
FEMALE	34		food vending	T. Padilla	Cebu City	GOOD: ganahan na ko sa Health Center kay magoa-check ka walay bayag-ug libre pa gyud ang tambal basta na-a lang sa ilaha
FEMALE	32		acctng clerk	Alaska	Cebu City	GOOD: all the workers in the center are accommodating, they always take care of every patient in the center. in our health center all the workers are well trained BAD: none
FEMALE	25		student	Dalingding	Cebu City	GOOD: gives us free medication; entertain question BAD: none
FEMALE	28		housewife	Day-as	Cebu City	GOOD: everything is fine, wala akong masabi BAD: none

PROJECT DYNASTY
GROUP NO:

MALE
CEBU

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
MALE	26		driver	Bulacao	Cebu City	GOOD: none BAD: none
MALE	34		house detective	Pari-an		GOOD: gain more knowledge about birth control BAD: none
MALE	30		inventory clerk	T. Padilla	Cebu City	GOOD: none BAD: none
MALE	34		bus. (lechon)	T. Padilla	Cebu City	GOOD: none BAD: none
MALE	25		waiter	Guadalupe	Cebu City	GOOD: Vitamins for free BAD: none
MALE	25		student	Lahug		GOOD: none BAD: none
MALE	25		PUJ driver	Hipodromo	Cebu City	GOOD: none BAD: none

Appendix D: List of Health Centers

PROJECT DYNASTY
GROUP NO:
AREA

MALE
CEBU

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
MALE	33		PLUMBER	T. Padilla	Cebu City	GOOD: namimigay sila ng gamot BAD: none
MALE	28		OFW	Inayawan	Cebu City	GOOD: manghatag ug sample ng tambal; good provider BAD: none
MALE	31		book keeper	Tinago		GOOD: kapag pumunta binibigyan ng gamot BAD: none
MALE	26		clerk/LTRB	Bo. Luz		GOOD: Nagbibigya ng contraceptives BAD: none
MALE	33		messenger	Mabolo		GOOD: sample condoms; sample medicines; free consultation BAD: none
MALE	25		technician	Cebu City	Cebu City	GOOD: Family Planning BAD: none
MALE	34		security guard	T. Padilla	Cebu City	GOOD: Distribute condoms; BP measurement BAD: none

PROJECT DYNASTY
GROUP NO:

FEMALE
CEBU

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
FEMALE	26		housewife	T. Padilla	Cebu City	GOOD: none BAD: Ang nurse is very strict unya dili nimo sayon ma-approach.
FEMALE	25		sales clerk	Banawa	Cebu City	GOOD: Kompleto ang mga immunization nila sa mga bata. BAD: Nagalit ang doktora nung nagpa-check-up ako dahil nag-bleeding ako. Dahil sa pag-take ko ng pills.
FEMALE	34		housewife	Hipodromo	Cebu City	GOOD: ok ang doctor BAD: none
FEMALE	25		sales clerk	Katipunan		GOOD: They are so accommodating, friendly and entertaining BAD: none
FEMALE	28		Collector	T. Padilla	Cebu City	GOOD: Maago sila mo entertain sa mga tawo. BAD: none
FEMALE	33		housewife	Mabolo		GOOD: maayo, walaang problema BAD: none
FEMALE	32		gov't employee	Brgy Tinago		GOOD: good services and they entertain the clients very well BAD: none

Appendix D: List of Health Centers

PROJECT DYNASTY

GROUP NO:

MALE

AREA

CEBU

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
MALE	16			Hipodromo		GOOD: none BAD: none

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
MALE	18			Day-as	Cebu City	GOOD: none BAD: none

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
MALE	17					GOOD: none BAD: none

PROJECT DYNASTY

GROUP NO:

FEMALE

AREA

CEBU

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
FEMALE				Mambaling		GOOD: none BAD: none

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
FEMALE				Pari-an	Cebu City	GOOD: none BAD: none

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
FEMALE				Guadalupe		GOOD: none BAD: none

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
FEMALE				Panganiban		GOOD: none BAD: none

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
FEMALE				Day-as		GOOD: none BAD: none

Appendix D: List of Health Centers

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
FEMALE				Mabolo		GOOD: none BAD: none

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
MALE	21			Pari-an	Cebu City	GOOD: none BAD: none

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
FEMALE				T. Padilla	Cebu City	GOOD: none BAD: none

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
MALE	22			M.J. Cuenco		GOOD: none BAD: none

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
FEMALE				T. Padilla	Cebu City	GOOD: none BAD: none

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
MALE	23			M.J. Cuenco		GOOD: none BAD: none

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
FEMALE				Hipodromo		GOOD: We have a clean and well equip facility BAD: I heard of people not given proper medical attention

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
FEMALE				Bulacao		GOOD: They entertain peole who needed their attention BAD: none

Name	Age	No. of kids	Occupation	Brgy Health Center	Address of H C	Experience in Health Center
FEMALE				Borbon	Cebu City	GOOD: none BAD: none