



**TRENDS**

**Marketing Minds Who Specialize in Research™**

**Project LUCENT:  
BASELINE SURVEY ON FAMILY PLANNING  
KNOWLEDGE, ATTITUDE & PRACTICES  
AMONG FILIPINO MEN AND WOMEN**

**THE SOCIAL ACCEPTANCE PROJECT-FAMILY PLANNING (TSAP-FP)**

**January 2004**

## Table of Contents

	<u>PAGE</u>
<b>I. INTRODUCTION</b>	
Background	2
Objectives	4
Respondent Qualifications and Sampling Methodology	5
Methods and Procedures	7
Fieldwork	8
Weighting Procedure	10
How to Read Data Tables	11
<b>II. EXECUTIVE SUMMARY</b>	12
<b>III. KEY FINDINGS</b>	
Demographic Characteristic	19
Knowledge of Family Planning	24
Awareness of Family Planning Communications	51
Discussion of Family Planning	57

## Table of Contents

	<u>PAGE</u>
• Prepared for	
III. KEY FINDINGS (cont'd)	
Practice of Family Planning	66
Factors Considered in Choosing a Family Planning Method	94
Attitudes Toward Family Planning	98
Perceptions of Family Planning	105
Family Planning Consultation	109
Fertility	114
Media Habits	116
Attitudes and Sexual Practices of Those Who are Single	118
IV. ANNEXES	126

# I. INTRODUCTION

# I. INTRODUCTION

# BACKGROUND

---

The Academy for Educational Development has been awarded a contract from USAID/Philippines popularly known as *The Social Acceptance Project – Family Planning (TSAP-FP)*. In line with USAID/Philippines overall strategic objective of helping couples achieve their desired family size based on informed choice in family planning methods and in improving health in critical areas of the Philippines, TSAP-FP project has been tasked to promote greater social acceptance of family planning among the Filipino public. “*Greater social acceptance*” is generally measured in terms of an increase in percentage of the general public who strongly approve of and who have endorsed family planning practice to others.

The TSAP-FP project consists of three components working in synergy to achieve the overall goal of social acceptance. The main contribution of these components are:

## **Behavior Change Component (BCC)**

To reposition the concept of family planning and influence the minds and hearts of individuals to make them more pre-disposed to practice FP and become more open to discussing and endorsing FP among their peers. Through its public relations strategy, BCC aims to correct misinformation on FP methods and make people aware of the growing support of FP among various influential groups.

## **Advocacy and Social Mobilization (ASM)**

To influence the creation of a social atmosphere/environment where FP is an open and relevant topic among influential individuals, groups and communities.

## **Health Provider (HP)**

To influence health professionals to provide accurate information and advice on FP using Evidence Based Medicine.

# BACKGROUND

---

The confluence of these three components is envisioned to create an environment where the target individual, whether a present or potential user, endorser or provider of FP, is reached by many consistent messages throughout his/her daily life. These messages can be in the form of advertising, public relations, IEC materials, interpersonal messages at the health center, endorsement from family, friends and neighbors and endorsements from celebrities and other influential entities.

To be able to determine the impact of TSAP-FP's BCC multi-media campaign, TSAP-FP recognizes the need to obtain baseline data on prevailing knowledge, attitudes and practices among the Filipino general public related to family planning and family planning methods, as well as information on other relevant influences to social acceptance of family planning.

These data will be obtained in a study meant to provide quantitative measures of the perceptions and behavior of the Filipino public prior to the launch of BCC's multi-media communication campaign. It is envisioned that changes will happen as a result of the campaign towards achieving BCC's two-fold objectives:

- 1) increasing awareness and acceptance of the repositioned family planning concept and
- 2) improving delivery of information on family planning methods.

Ultimately, these actions will contribute to greater social acceptance of family planning in the Philippines.

# OBJECTIVES OF STUDY

---

1. To determine the extent of knowledge, attitudes and practices on family planning and family planning methods
2. To determine sources of awareness on communication/ pronouncements related to family planning and family planning methods
3. To determine the factors/attributes considered important in the choice of family planning methods
4. To find out perceptions/associations on specific family planning methods
5. To find out key influences to the acceptance and use of family planning and family planning method
6. To find out the media habits of the target population

# RESPONDENT QUALIFICATION & SAMPLING METHODOLOGY

A total of 1,600 respondents were interviewed for the study.

Respondent qualifications are as follows:

- Single / married
- Males / females
- 15-60 years old
- All socio-economic classes

Multi-stage probability sampling was used in the selection of sample spots and the allocation of sample units in each stage is as follows:

Area	Sample Precincts	Sample Households	Sample Respondents	Margin of Error <sup>1</sup>
<b>METRO AREAS</b>				
Metro Manila	80	5/precinct	400	+/- 5%
Metro Cebu	80	5/precinct	400	+/- 5%
Metro Davao	80	5/precinct	400	+/- 5%
Total	240		1,200	+/- 3%
<b>KEY CITIES IN LOW CPR REGIONS (5 &amp; 8)<sup>2</sup></b>				
Naga City	20	5/precinct	100	+/- 10%
Legazpi City	20	5/precinct	100	+/- 10%
Ormoc City	20	5/precinct	100	+/- 10%
Tacloban City	20	5/precinct	100	+/- 10%
Total	80		400	+/- 5%
<sup>1</sup> At 95% confidence level				
<sup>2</sup> Based on the national reading of the Family Planning Survey				

# RESPONDENT QUALIFICATION & SAMPLING METHODOLOGY

---

## Stage 1: Selection of Sample Precincts

The required number of precincts per area was distributed among cities and municipalities in each area in such a way that each city/municipality is assigned a number of precincts that is roughly proportional to its population size. An additional provision is that all cities/municipalities in Metro Areas must be sampled. Precincts were selected at random from within each city/municipality.

## Stage 2: Selection of Sample Households

In each sampled precinct, interval sampling was used to draw 5 sample households. Randomly selecting a starting street corner, the first sampled household was selected using random numbers from 1 to 5. Subsequent sample households were chosen using a fixed interval of 5 households in between the sampled ones; i.e., every 6th household were sampled.

## Stage 3: Selection of Sample Respondent

In each selected household, a respondent was randomly chosen among household members who are 15-60 years old, using a probability selection table. To ensure that half of the respondents are males and half are females, only male family members were pre-listed in the probability selection table of odd-numbered questionnaires while only female members were pre-listed for even-numbered questionnaires. In cases where there were no qualified respondent of a given gender, the interval sampling of household continued until five sample respondents were identified.

## METHODS & PROCEDURES

---

Interviewing was face to face using a structured questionnaire. The sealed-envelope technique was used for sensitive questions among unmarried respondents. Administered face-to-face, the respondent personally read the questionnaire and responded through codes which the interviewer recorded. The interviewer did not know the questions and the corresponding response, thus eliciting more truthful responses and not those which are merely socially acceptable.

A draft questionnaire was submitted to the client for review and approval, after which, a pre-test was conducted. Based on the results of the pre-test, the questionnaire was finalized with AED approval.

# FIELDWORK

---

## 1. TRAINING

- Trainings were conducted in Quezon City, Cebu City and Davao City.
  
- Training activities included:
  - One to two days office training to learn the basics of the project
  - Mock interviews with co-workers to get accustomed to the flow of interviewing and questionnaire format
  - Practice interviews with a supervisor around until the interviewer can be left on her own

## 2. ACTUAL FIELDWORK

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

## 3. SUPERVISION

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

## FIELDWORK (cont'd)

---

### 4. SPOT CHECKING

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

During the spot-checking, around 20% of the finished interviews were back-checked.

### 5. FIELD EDITING

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

### 6. FIELDWORK PERIOD

September 14 – October 6, 2003

# WEIGHTING PROCEDURE

To yield representative figures at the national level, census-based population weights were applied to the various area domains. Appropriate projection factors were applied so that original population proportions are reflected in the data tables using this formula:

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

Study Area	2000 POP (prov)	% of area	2000 POP	% 15-60	2000 POP 15-60 years old	Sample	Weights ('1000)
NCR			9,932,560	65.08%	6,464,110.05	400	16.16028
Metro Cebu	2,377,588 <sup>a</sup>	0.52	1,236,346	57.53%	711,269.72	400	1.77817
Metro Davao	1,147,116 <sup>b</sup>	0.31	355,606	57.45%	204,295.62	400	0.51074
Naga City	1,090,907 <sup>c</sup>	0.14	152,727	53.97%	82,426.75	100	0.82427
Legazpi City	1,551,549 <sup>d</sup>	0.09	139,639	53.97%	75,363.39	100	0.75363
Ormoc City	1,592,336 <sup>e</sup>	0.10	159,234	53.66%	85,444.75	100	0.85445
Tacloban City	1,592,336 <sup>f</sup>	0.11	175,157	53.66%	93,989.22	100	0.93989

a / population of Cebu Province - Since there is no 2000 data available on population of the 9 cities/municipalities comprising Metro Cebu, the proportion of these areas were taken from the 1995 data and was applied to the 2000 population of Cebu Province.

b / population of Davao City - Since there is no 2000 data available on population of the 11 districts comprising Metro Davao, the proportion of these areas were taken from the 1995 data and was applied to the 2000 population of entire Davao City.

c / population of Albay Province

d / population of Camarines Sur Province

e / population of Leyte Province - Since there are no 2000 data available on population of Naga City, Legazpi City, Ormoc City and Tacloban City, the proportion of these cities were taken from the 1995 data and was applied to the 2000 population of their respective provinces.

# HOW TO READ DATA TABLES

---

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

1. Percentages are derived from the base value given at the top of each table (in the “base – total line”)
2. An asterisk (\*) indicates that the percentage is less than 0.5%
3. A blank cell indicates nil.
4. Values sometimes add to slightly less or slightly more than the indicated total due to the rounding process used by the computer.
5. In reading data, it should be borne in mind that a base of 31 – 99 respondents is considered a small base, 30 or lower is considered a very small base. Therefore, analyze the corresponding data with caution.
6. “Wtd” figures mean these are projected figures basing on census results. This should not be mistaken as the sample size.

## **II. EXECUTIVE SUMMARY**

# EXECUTIVE SUMMARY

## Extent of knowledge, attitudes and practices on family planning and family planning methods

Majority of respondents claim that they only have little knowledge or have heard about FAMILY PLANNING but don't know anything about it. Claimed knowledge is higher among females and those who are married/living-in.

FAMILY PLANNING is associated with specific methods and controlling/limiting the number of children. The most popular motivation for couples to practice FAMILY PLANNING is to protect the children's future.

Awareness of oral pill and condom have reached almost saturation, and both methods lead in top level consciousness of the target population. Withdrawal, rhythm, tubal ligation, IUD, injectable and vasectomy are known to a majority, while LAM, Mucus/Billings and Basal Body Temperature are known only to a few.

	Metro Areas	Key Cities in Low CPR Regions
<b>Claimed degree of knowledge about FP</b>		
<b>Base: Total interviews</b>	%	%
Know a great deal	8	10
Know a fair amount	27	20
Know a little	48	33
Heard but don't know anything about it	17	33
Never heard of FP	-	4
<b>What know about FP</b>		
<b>Base: Those who know at least a little about FP</b>		
Specific FP methods	57	40
Controlling/limiting number of children	42	54
Others	12	14
<b>Reasons why people practice FP</b>		
<b>Base: Those who know at least a little about FP</b>		
To protect children's welfare	45	41
For economic reasons	32	24
To control/limit number of children	30	32
Child spacing	5	5
Others	8	8
<b>Total awareness of FP methods (Aided + Unaided)</b>		
<b>Base: Total interviews</b>		
Condom	97	95
Oral pill	96	91
Tubal ligation	70	62
IUD	67	67
Injectable	62	55
Vasectomy	61	60
LAM	27	23
Basal body temperature	11	5
Mucus/Ovulation/Billings	5	0
Withdrawal	88	80
Calendar/Rhythm	76	65

# EXECUTIVE SUMMARY

Awareness of FAMILY PLANNING methods is obtained from various sources, mainly from close friends, acquaintances, television and health centers.

	Metro Areas	Key Cities in Low CPR Regions
<b>Sources of awareness of FP methods</b>		
<b>Base: Total aware of method</b>		
Close friend	63	51
Acquaintance	56	43
TV	48	36
Health Center	41	40
Neighbor	30	40
Other relatives	29	13
Parents	28	25
Private hospital/clinic	25	18
Teacher	24	21
Spouse/Partner	21	15
Public hospital/clinic	18	21
Brother/sister	15	16
Brother/sister-in-law	12	8
Classmate	10	11
Books	11	12
Radio	7	17

# EXECUTIVE SUMMARY

FAMILY PLANNING is not exactly a preferred topic of conversation. Only a few have discussed FAMILY PLANNING with anyone in the past three months, mostly with a spouse/partner. Those who discuss with spouse/partner, claim to do so frequently, openly and feel comfortable discussing the topic. However, there is not much encouragement from spouses/partners.

A great majority feel that FAMILY PLANNING is important and beneficial to practicing couples and to their respective families.

A small majority of marrieds/with live-in partners are currently practicing FAMILY PLANNING -- whether modern or traditional methods. The more commonly used FAMILY PLANNING methods are the oral pill, withdrawal, condom and rhythm/calendar.

	Metro Areas	Key Cities in Low CPR Regions
<b>Discussions on FP in past 3 months</b>	%	%
<b>Base: Total interviews</b>	18	23
<b>Person discussed with</b>		
Spouse/partner	44	37
Acquaintance	37	37
Close friend	22	12
Health Center staff	18	28
Classmate	17	20
Teacher	15	10
Private hospital staff	13	9
<b>How often discussed with spouse/partner</b>		
<b>Base: Total who discussed with spouse/partner in past 3 months</b>		
Very/somewhat often	68	56
Somewhat/very seldom	32	44
<b>Degree of comfort/willingness of spouse/partner</b>		
<b>Base: Total who discussed with spouse/partner in past 3 months</b>		
Very/somewhat comfortable/willing	98	95
Somewhat/very uncomfortable/unwilling	2	5
<b>Whether encouraged by spouse/partner or not</b>		
<b>Base: Total who discussed with spouse/partner in past 3 months</b>		
Encouraged	35	<i>[Base size for this area too small for analysis]</i>
Discouraged	12	
Neither	54	
<b>Importance of FP</b>		
<b>Base: Total interviews</b>		
Very/somewhat important	96	87
Maybe important/maybe not	2	3
Somewhat/not at all important	2	1
<b>"FP benefits my family"</b>		
<b>Base: Total interviews</b>		
Strongly agree	79	74
<b>Use/Practice of FP</b>		
<b>Base: Total married/living-in</b>		
Current users	57	54
Lapsed users	29	24

# EXECUTIVE SUMMARY

## Sources of awareness on communication/ pronouncements related to family planning and family planning methods

Respondents get information about FAMILY PLANNING mostly from health centers and television.

Very few are aware of a popular individual making pronouncements related to FAMILY PLANNING in the past three months prior to the interview.

## Factors/attributes considered important in the choice of family planning methods

From a list of factors, efficacy, safety, recommendations, economy, and ease of use come out as the more important in choosing a FAMILY PLANNING method.

	Metro Areas	Key Cities in Low CPR Regions
<b>Sources of awareness of FP communications</b>		
<b>Base: Total interviews</b>	%	%
Health Center	48	55
TV	41	33
Private hospital/clinic	15	14
Seminar/workshop/conference	14	12
Public hospital/clinic	13	11
Radio	12	17
Magazine	12	8
Books	11	11
Newspapers	11	7
Friends	10	6
<b>Heard any popular individual speak about FP in past 3 months</b>	9	6
<b>Importance of factors in choosing a FP method</b>		
<b>Base: Total married/living-in</b>		
Effective in preventing pregnancy	86	76
Not harmful to one's health	83	83
No side effects	83	75
Recommended by doctor/nurse/midwife	81	71
Spouse/partner approves	76	74
Suitable for me	75	71
Comfortable/easy to use	73	67
Affordable/no cost	73	67
Doesn't get in way of sexual pleasure	62	54
No complicated requirements for use	61	58
Agree with my religious belief	60	63
Appropriate for sexually active people	57	51
Popular choice by many	49	47
A modern method	47	49

# EXECUTIVE SUMMARY

## Perceptions/associations on specific family planning methods

The oral pill and injectable are highly associated with being effective and recommended by health practitioners. Condom is seen to be a popular choice especially among the sexually active. Withdrawal is compatible with religious beliefs, does not entail any cost, and does not require any complicated requirements before it can be used/done.

## Key influences to the acceptance and use of family planning and methods

In Metro Areas, the spouse/partner is the major influence in the choice of a FAMILY PLANNING method. Close friends, health centers and private hospitals/clinics are the other key influences in the use of a FAMILY PLANNING method.

## Media habits of the target population

Watching television and listening to radio are still the more popular media habits.

	<u>Metro Areas</u>	<u>Key Cities in Low CPR Regions</u>
<b>Who Influenced Respondent to Use Method</b>		
<b>Base: Total used method</b>		
Spouse/Partner	25	
Health Center	15	
Close friend	15	<i>[Base size for this area too small for analysis]</i>
Close friend	15	
Private hospital/clinic	9	
Parents	9	
Acquaintance	6	
None	20	
<hr/>		
<b>Daily media habits</b>		
<b>Base: Total interviews</b>		
TV	86	73
Radio	56	51
Newspapers	34	10
Magazines	4	4
Internet	4	3

# III. KEY FINDINGS

# Demographic Characteristics

# DEMOGRAPHIC CHARACTERISTICS

1. The 50-50 split by gender is dictated by study design. Because the Philippines is a young country, a third (29% in Metro Areas; 34% in Key Cities in Low CPR Regions) of respondents are very young belonging to the 15-24 age group, most of whom are single. Another third (32% in Metro Areas, 28% in Key Cities in Low CPR Regions) of the sample are made up of the 25-34 age group.
2. The bigger proportion (62% in Metro Areas, 59% in Key Cities in Low CPR Regions) have partners. There is a higher proportion of singles in Key Cities in Low CPR Regions(38%) than in Metro Areas (32%). [Table 1]
3. Respondents in Metro Areas are better educated compared to those from Key Cities in Low CPR Regions. A bigger proportion of the Metro Areas have had some/completed college (49%) compared to the Key Cities in Low CPR Regions (42%). Conversely, there is a bigger proportion of respondents in Key Cities in Low CPR Regions who have had some elementary or at best reached high school (35% in Key Cities in Low CPR Regions, 21% in Metro Areas).
4. However, in terms of work status, respondents from the two study areas do not differ where almost half (46% in Metro Areas, 48% in Key Cities in Low CPR Regions) are currently employed.
5. Respondents from both areas are predominantly Roman Catholics (85 % in Metro Areas, 91% in Key Cities in Low CPR Regions). However, very few join organizations since 9 out of 10 (89%) do not belong to any organization.

# DEMOGRAPHIC CHARACTERISTICS

---

6. Economically, respondents in Metro Areas are better off than those in Key Cities in Low CPR Regions where almost everybody belongs to the Class DE (93%). Metro Area residents are more affluent in terms of the following basic household facilities/amenities:

- ✓ Running water
- ✓ Radio
- ✓ Television
- ✓ Refrigerator
- ✓ Washing Machine
- ✓ Telephone (cellular and landline)

# DEMOGRAPHIC CHARACTERISTICS

Table 1. Demographic Characteristics of Respondents

	METRO AREAS	KEY CITIES IN LOW CPR REGIONS		METRO AREAS	KEY CITIES IN LOW CPR REGIONS
BASE - TOTAL INTERVIEWS (WTD)	7380	337		7380	337
<b>GENDER</b>			<b>EDUCATIONAL ATTAINMENT</b>		
Female	50	50	No formal education	0	0
Male	50	50	Some elementary	1	5
<b>AGE GROUP</b>			Completed elementary	4	9
15-19	15	17	Some high school	16	21
20-24	14	17	Completed high school	22	18
25-34	32	28	Some vocational	2	2
35-44	20	20	Completed vocational	6	5
45-60	20	19	Some college	25	19
<b>CIVIL STATUS</b>			Completed college	23	22
Married	59	56	Post college	1	1
Living in as married	3	3	<b>WORKING STATUS</b>		
Separated	4	1	Working	46	48
Widowed	2	2	Self-employed	24	25
Single/Never married	32	38	Private worker/employee	18	16
			Government worker/employee	4	7
			Not working	34	31
			Never worked before	19	21

# DEMOGRAPHIC CHARACTERISTICS

Table 1. Demographic Characteristics of Respondents (cont'd)

	METRO AREAS	KEY CITIES IN LOW CPR REGIONS		METRO AREAS	KEY CITIES IN LOW CPR REGIONS
BASE - TOTAL INTERVIEWS (WTD)	7380	337		7380	337
<b>RELIGION</b>			<b>HOUSEHOLD FACILITIES/AMENITIES</b>		
Roman Catholic	85	91	Toilet	99	98
Other Christian	10	4	Electricity	98	95
Iglesia ni Cristo	3	1	Radio	94	88
Others	2	4	Television	94	86
			Running water	81	74
<b>MEMBERSHIP IN ORGANIZATIONS</b>			Betamax/VHS/VCD/DVD	80	61
Member	11	11	Refrigerator	79	59
Non-member	89	89	Washing machine	68	32
			Cellular Telephone	64	48
<b>SOCIO-ECONOMIC CLASS</b>			Landline Telephone	43	23
AB	8	0	Personal Computer	26	10
C	22	7	Aircon	22	10
D	48	64	Car/Van	20	6
E	22	29			

# Knowledge of Family Planning

# KNOWLEDGE OF FAMILY PLANNING

---

## DEGREE OF KNOWLEDGE

7. Shown a card with the options, a majority of respondents claim they only have little knowledge or have heard about FAMILY PLANNING but don't know anything about it (65% in Metro Areas, 66% in Key Cities in Low CPR Regions). [Table 2a/2b]

In both study areas, more females (39% in Metro Areas, 35% in Key Cities in Low CPR Regions) than males (31% in Metro Areas, 25% in Key Cities in Low CPR Regions) say they know a great deal/fair amount about FAMILY PLANNING; likewise, more married/living-in (38% in Metro Areas, 32% in Key Cities in Low CPR Regions) than unmarried (30% in Metro Areas, 29% in Key Cities in Low CPR Regions) say they know a great deal/fair amount about FAMILY PLANNING.

Also, it is observed that claimed knowledge increases as class and educational attainment of respondent increases.

In Key Cities in Low CPR Regions, non-Catholics tend to claim they know more about FAMILY PLANNING (38%) than Catholics (30%).

# KNOWLEDGE OF FAMILY PLANNING

TABLE 2A. DEGREE OF KNOWLEDGE OF FAMILY PLANNING

	* AREA *				** GENDER **		* CIVIL STATUS *		* ECONOMIC CLASS *			* AGE GROUP *					* EDUCATIONAL ATTAINMENT *			* WORKING STATUS **		* RELIGION	
	METRO		METRO		MALE	FEMALE	SINGLE	MARRIED	ABC	D	E	15-19	20-24	25-34	35-44	45-60	NONE-ELE- MENTARY	SOME HIGH SCHOOL	HIGH SCHOOL GRAD.&UP	WORKING	NOT WORKING	CATHOLIC	NON CATHOLIC
	AREAS	NCR	CEBU	DAVAO																			
BASE - TOTAL INTERVIEWS (WTD)	7380	6464	711	204	3675	3704	2801	4579	2250	3537	1593	1106	1037	2364	1450	1424	375	1185	5820	3424	3956	6273	1106
(UNWTD)	1200	400	400	400	600	600	488	712	216	740	244	188	207	354	235	216	108	213	879	497	703	1047	153
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
I KNOW A GREAT DEAL ABOUT FAMILY PLANNING	8	8	10	15	6	10	8	8	11	8	4	6	6	9	8	10	5	2	9	9	7	7	15
I KNOW A FAIR AMOUNT ABOUT FAMILY PLANNING	27	28	16	29	25	29	22	30	28	27	24	21	27	23	31	33	11	22	29	28	26	28	22
I KNOW A LITTLE ABOUT FAMILY PLANNING	48	49	43	42	47	49	42	52	50	46	50	39	42	55	48	47	61	42	48	47	49	47	55
I HAVE HEARD ABOUT FAMILY PLANNING BUT I DONT KNOW ANYTHING ABOUT IT	17	16	30	14	21	13	28	10	11	19	22	33	26	13	12	10	22	34	13	16	18	19	8

# KNOWLEDGE OF FAMILY PLANNING

TABLE 2B. DEGREE OF KNOWLEDGE OF FAMILY PLANNING

	KEY			* EDUCATIONAL ATTAINMENT *													* WORKING STATUS *				* RELIGION *	
	CITIES IN * AREA *			* GENDER *			* CIVIL STATUS *			* ECONOMIC CLASS *			* AGE GROUP *				ELEMEN-	SOME	HIGH	NOT	NON	
	LOW CPR	LEGASPI/	ORMOC/	MALE	FEMALE	SINGLE	MARRIED	ABC	D	E	15-19	20-24	25-34	35-44	45-60	TARY	HIGH	SCHOOL	WORKING	WORKING	CATHOLIC	CATHOLIC
	REGIONS	NAGA	TAOLOBAN													GRAD	SCHOOL	GRAD & UP				
BASE - TOTAL INTERVIEWS (WTD)	337	158	179	169	169	138	199	25	215	97	58	56	93	69	62	48	69	221	161	176	307	30
(UNWTD)	400	200	200	200	200	164	236	31	257	112	69	65	111	82	73	56	81	263	193	207	365	35
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
I KNOW A GREAT DEAL ABOUT FAMILY PLANNING	10	11	10	7	13	5	14	20	11	7	3	8	10	16	13	2	4	14	15	6	10	15
I KNOW A FAIR AMOUNT ABOUT FAMILY PLANNING	20	22	18	18	22	24	18	16	23	16	17	19	21	28	15	3	15	25	21	20	20	23
I KNOW A LITTLE ABOUT FAMILY PLANNING	33	39	27	28	38	22	40	49	33	27	23	30	38	35	33	36	28	33	31	34	33	29
I HAVE HEARD ABOUT FAMILY PLANNING BUT I DONT KNOW ANYTHING ABOUT IT	33	25	40	42	24	40	28	12	31	43	43	40	28	20	39	59	43	24	31	35	33	31
I HAVE NEVER EVER HEARD OF FAMILY PLANNING	4	3	5	6	3	9	1	3	3	8	13	3	4	3	-	-	10	4	3	5	4	3

# KNOWLEDGE OF FAMILY PLANNING

## WHAT KNOW ABOUT FAMILY PLANNING

8. When asked what they know about FAMILY PLANNING, respondents either mention a specific FAMILY PLANNING method (57% in Metro Areas, 40% in Key Cities in Low CPR Regions) and or say it is about controlling the number of children. (42% in Metro Areas, 54% in Key Cities in Low CPR Regions). As can be seen in the data, those from Metro Areas associate FAMILY PLANNING more with specific methods while those from Key Cities in Low CPR Regions associate FAMILY PLANNING more with controlling or limiting the number of children. [Table 3a/3b]

Mentioning a specific FAMILY PLANNING method is more common among females, married/living-in and Catholics while males, singles and non-Catholics are more inclined to say FAMILY PLANNING is about controlling the number of children.

9. However, when respondents were further asked why couples should practice/use FAMILY PLANNING, the biggest reason given is for the children's future (45% in Metro Areas, 41% in Key Cities in Low CPR Regions) which may be connected with the other two key reasons: economic consideration (32% in Metro Areas, 24% in Key Cities in Low CPR Regions) and to limit/control number of children (30% in Metro Areas, 32% in Key Cities in Low CPR Regions). [Table 4a/4b]

# KNOWLEDGE OF FAMILY PLANNING

TABLE 3A. WHAT KNOW ABOUT FAMILY PLANNING

																	* EDUCATIONAL ATTAINMENT *						
	* AREA *				* GENDER **		* CIVIL STATUS *		* ECONOMIC CLASS **						ELEMEN- TARY GRAD	SOME HIGH SCHOOL	HIGH SCHOOL GRAD & UP	* WORKING STATUS *		* RELIGION *			
	METRO AREAS	NCR	CEBU	DAVAO	MALE	FEMALE	SINGLE	MARRIED	ABC	D	E	15-19	20-24	25-34				35-44	45-60	NOT WORKING	WORKING	CATHOLIC	NON CATHOLIC
<b>BASE - TOTAL WHO KNOW AT LEAST A LITTLE</b>																							
<b>ABOUT FAMILY PLANNING (WTD)</b>	6104	5446	484	174	2881	3223	2005	4099	2012	2861	1231	733	765	2049	1274	1283	287	776	5041	2872	3232	5089	1015
<b>(UNWTD)</b>	950	337	272	341	447	503	322	628	178	599	173	116	148	288	206	192	80	153	717	401	549	817	133
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
<b>SPECIFIC FAMILY PLANNING METHODS</b>	57	58	42	72	52	62	52	59	63	55	51	46	58	56	60	62	64	57	57	59	55	59	47
<b>Pills</b>	33	34	22	51	23	43	29	35	34	34	31	18	39	37	35	31	35	30	34	34	32	34	27
<b>What it is</b>	32	33	20	50	22	41	27	35	33	34	27	18	39	35	33	31	34	29	33	34	31	33	27
<b>Taking pills to avoid pregnancy</b>	21	21	13	33	14	26	18	22	17	24	18	6	28	22	25	18	20	13	22	21	20	21	19
<b>Taking pills to control the number of children</b>	10	10	5	10	7	13	8	11	13	9	6	11	9	10	8	11	7	17	9	11	9	11	7
<b>Condom</b>	21	22	10	32	27	16	27	19	27	19	16	29	22	18	24	19	5	21	22	24	19	23	12
<b>Stopping the sperm from penetrating the ovary</b>	10	11	2	12	12	8	13	9	15	8	8	12	11	7	11	13	1	9	11	11	10	11	5
<b>Worn on the penis to avoid pregnancy</b>	5	5	4	10	7	2	4	5	5	5	4	3	3	6	6	3	3	7	4	8	2	5	3
<b>IUD</b>	10	10	10	24	5	15	6	12	14	8	10	3	5	9	14	17	9	8	11	10	11	10	10
<b>Like a tube that is inserted in the female</b>	6	5	4	16	3	8	5	6	7	5	4	3	3	3	7	12	8	1	6	4	7	5	7
<b>Calendar/Rhythm</b>	10	10	7	11	12	8	8	11	8	9	13	5	8	8	15	11	15	7	10	13	7	10	7
<b>No sexual intercourse when the female fertile 3 days before &amp; after menstruation</b>	5	5	3	5	7	4	7	4	4	6	6	5	7	5	7	3	2	-	6	6	4	6	4
<b>Vasectomy</b>	8	9	3	8	8	9	6	9	11	8	5	5	3	11	6	12	1	9	9	11	5	8	8
<b>Withdrawal</b>	7	7	2	6	9	5	4	9	8	6	8	1	4	10	8	6	13	11	6	9	5	7	5
<b>Injectable</b>	6	6	4	9	1	10	2	8	7	6	5	-	7	6	8	6	19	5	5	6	6	5	8
<b>Ligation</b>	5	5	5	8	4	6	4	6	6	6	2	5	1	4	7	6	1	6	5	6	4	4	7
<b>CONTROLLING/LIMITING THE NUMBER OF CHILDREN</b>	42	42	46	28	46	38	43	41	40	41	47	52	43	40	39	38	35	48	41	41	42	41	47
<b>So that I would not have more children</b>	20	20	22	9	20	20	20	19	17	19	25	23	24	17	19	20	14	28	19	19	20	20	18
<b>Controlling the number of children</b>	10	10	12	11	11	9	10	10	9	12	8	8	10	11	10	10	19	2	11	11	10	9	18
<b>Control the family so that the number of family members does not increase</b>	10	10	9	8	14	7	9	11	8	10	14	12	7	10	12	9	1	8	11	11	9	10	8
<b>OTHERS</b>	12	12	23	11	12	13	14	12	11	13	14	19	10	11	13	12	21	12	12	11	14	12	17

NOTE: THOSE MENTIONED BY LESS THAN 5% ARE NOT SHOWN.

TABLE 3B. WHAT KNOW ABOUT FAMILY PLANNING

	KEY			* EDUCATIONAL ATTAINMENT *																		
	CITIES IN * AREA *			NONE-																		
	LOW CPR	LEGASPI	ORMOG	* GENDER *		* CIVIL STATUS *		* ECONOMIC CLASS **			* AGE GROUP *					ELEMEN-	SOME	HIGH	* WORKING STATUS *		* RELIGION *	
	REGIONS	NAGA	TACLOBAN	MALE	FEMALE	SINGLE	MARRIED	A B C	D	E	15-19	20-24	25-34	35-44	45-60	GRAD	SCHOOL	GRAD & UP	WORKING	NOT WORKING	CATHOLIC	NON CATHOLIC
BASE - TOTAL WHO KNOW AT LEAST A LITTLE								###	#	###	#				#	###	#					###
ABOUT FAMILY PLANNING (WTD)	212	114	98	89	123	70	142	21	143	48	25	32	64	53	38	19	32	160	106	106	192	20
(UNWTD)	253	144	109	106	147	84	169	26	171	56	30	37	77	64	45	23	38	192	128	125	230	23
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
CONTROLLING/LIMITING THE NUMBER OF CHILDREN	54	44	66	57	52	59	51	43	56	52	65	46	67	49	38	61	48	54	47	62	51	79
So that I would not have more children	27	20	34	26	27	25	27	20	27	29	17	32	38	20	18	36	27	26	20	34	24	48
Control the family so that the number of family members does not increase	17	10	26	18	17	22	15	19	19	13	28	17	15	17	15	22	14	18	17	18	17	22
Controlling the number of children	9	13	4	12	7	10	8	4	9	10	16	-	12	9	7	16	-	10	10	8	9	8
Limit the number of children which you can raise	2	2	2	1	3	1	2	-	2	3	-	-	4	3	-	-	5	2	2	2	2	-
Planning the right number of children	1	1	1	1	1	1	1	-	1	-	4	-	1	-	-	-	3	1	-	2	1	-
SPECIFIC FAMILY PLANNING METHODS	40	51	26	34	43	30	44	49	36	48	26	42	27	45	60	35	41	40	44	35	41	26
Pills	20	29	10	10	27	19	21	23	18	24	16	18	16	21	28	17	28	19	18	22	21	12
What it is	20	29	10	10	27	19	21	23	18	24	16	18	16	21	28	17	28	19	18	22	21	12
Taking pills to avoid pregnancy	16	24	7	9	21	17	16	23	13	24	16	18	13	14	24	13	18	16	15	18	17	12
Condom	11	17	3	10	11	15	9	8	10	12	16	20	7	9	7	8	10	11	10	11	11	5
Stopping the sperm from penetrating the ovary	5	8	-	3	6	8	3	4	6	2	10	8	3	4	2	8	5	4	5	4	5	-
Calendar/Rhythm	9	13	6	7	11	6	11	15	8	11	6	8	6	10	17	4	5	11	11	8	9	9
No sexual intercourse when the female is fertile 3 days before & after menstruation	4	6	3	2	6	5	4	4	3	9	3	8	3	3	7	-	3	5	4	5	4	5
IUD	7	8	7	3	10	5	8	15	5	11	-	5	6	10	11	-	6	8	8	6	7	8
Like a tube that is inserted in the female	7	8	6	2	10	5	8	15	4	11	-	5	6	10	9	-	6	8	7	6	7	8
OTHERS	14	13	15	14	14	14	14	19	14	11	13	23	15	12	9	10	16	14	17	11	15	-
Medicine to take so that you will not have anymore children	5	6	4	5	5	7	4	4	6	2	-	11	4	5	4	-	3	6	7	2	5	-
To give each one a brighter future	4	4	6	2	6	2	5	4	4	6	7	3	7	5	-	-	8	4	4	5	5	-

NOTE: THOSE MENTIONED BY LESS THAN 5% ARE NOT SHOWN.

# - SMALL BASE  
## - VERY SMALL BASE



# KNOWLEDGE OF FAMILY PLANNING

TABLE 4A. REASONS WHY COUPLES SHOULD PRACTICE USE FAMILY PLANNING

	* AREA *				* EDUCATIONAL ATTAINMENT *											* WORKING STATUS *		* RELIGION *					
	METRO		METRO		GENDER		CIVIL STATUS		ECONOMIC CLASS			AGE GROUP					NONE-ELE-	SOME HIGH	SCHOOL	NOT	NON		
	AREAS	NCR	CEBU	DAVAO	MALE	FEMALE	SINGLE	MARRIED	ABC	D	E	15-19	20-24	25-34	35-44	45-60	MENTARY	SCHOOL	GRAD&UP	WORKING	WORKING	CATHOLIC	CATHOLIC
<b>BASE - TOTAL WHO KNOW AT LEAST A LITTLE</b>																							
ABOUT FAMILY PLANNING (WTD)	6104	5446	484	174	2881	3223	2005	4099	2012	2861	1231	733	765	2049	1274	1283	287	776	5041	2872	3232	5089	1015
(UNWTD)	950	337	272	341	447	503	322	628	178	599	173	116	148	288	206	192	80	153	717	401	549	817	133
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
TO PROTECT CHILDRENS WELFARE	45	45	51	43	43	48	42	47	50	44	40	44	45	43	43	52	42	45	45	46	44	46	39
To be able to send children to school	20	18	34	28	17	22	18	21	20	20	20	16	21	15	17	33	22	24	19	20	20	21	14
To provide a good future for the children	20	21	12	11	20	19	18	20	23	18	17	19	18	20	17	23	21	13	21	23	17	20	18
To be able to take care of the children	7	7	6	5	6	8	8	7	10	7	2	5	11	8	6	6	2	9	7	8	6	8	2
To support the financial needs of the children	5	5	4	3	7	4	3	6	5	6	5	5	5	7	7	1	2	9	5	6	4	5	8
FOR ECONOMIC REASONS	32	33	33	23	35	30	25	36	26	32	42	20	25	34	36	38	36	33	32	36	29	33	28
For the family not to become poor	25	25	24	19	26	24	25	25	20	24	34	20	24	22	27	31	34	23	25	25	25	25	24
TO CONTROL/LIMIT THE NUMBER OF CHILDREN	30	30	28	36	27	32	28	31	33	30	25	21	37	34	29	25	33	24	30	31	29	28	37
To avoid having too many children	29	29	28	35	27	31	28	30	33	29	25	21	36	33	29	25	33	24	30	31	28	28	37
OTHERS	8	8	9	10	13	5	16	5	8	8	10	24	9	7	4	7	1	14	8	6	10	8	9
For population control	7	7	7	9	11	4	13	4	8	7	7	24	6	4	3	7	0	14	7	5	9	7	7
CHILD SPACING	5	5	5	7	4	7	3	7	5	7	2	2	3	8	4	6	6	1	6	6	5	5	8
To space ages of children	5	5	5	7	4	7	3	7	5	7	2	2	3	8	4	6	6	1	6	6	5	5	8

NOTE: THOSE MENTIONED BY LESS THAN 5% ARE NOT SHOWN

TABLE 4B. REASONS WHY COUPLES SHOULD PRACTICE USE FAMILY PLANNING

	KEY			* EDUCATIONAL ATTAINMENT *																		
	CITIES IN * AREA *			* GENDER **		* CIVIL STATUS *		* ECONOMIC CLASS **			* AGE GROUP *					* WORKING STATUS *			* RELIGION *			
	LOW CPR	LEGASPI	ORMOG	MALE	FEMALE	SINGLE	MARRIED	A B C	D	E	15-19	20-24	25-34	35-44	45-60	TARY	SOME HIGH	HIGH SCHOOL	NOT WORKING	WORKING	CATHOLIC	NON CATHOLIC
	REGIONS	NAGA	TACLOBAN												GRAD	SCHOOL	GRAD & UP					
BASE-TOTAL WHO KNOW AT LEAST A LITTLE								##	#	##	#			#	##	#						##
ABOUT FAMILY PLANNING (WTD)	212	114	98	89	123	70	142	21	143	48	25	32	64	53	38	19	32	160	106	106	192	20
(UNWTD)	253	144	109	106	147	84	169	26	171	56	30	37	77	64	45	23	38	192	128	125	230	23
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
TO PROTECT CHILDRENS WELFARE	41	46	35	44	39	47	39	49	42	35	44	40	39	38	48	42	27	44	44	38	41	47
To be able to send children to school	18	22	14	18	18	19	18	19	18	20	17	13	16	19	27	13	13	20	17	19	18	16
To provide a good future for the children	15	19	11	17	15	18	14	19	17	10	13	19	17	15	13	8	6	18	19	12	16	13
To be able to take care of the children	10	6	15	13	9	11	10	8	11	8	18	11	10	8	9	17	11	9	10	11	9	19
TO CONTROL/LIMIT THE NUMBER OF CHILDREN	32	31	34	27	36	17	40	24	31	41	20	30	32	39	34	39	50	28	32	33	33	31
To avoid having too many children	31	29	34	26	35	17	39	24	29	41	20	30	31	36	34	39	42	28	31	31	31	31
FOR ECONOMIC REASONS	24	19	28	28	21	30	20	18	25	22	33	24	29	21	12	28	18	24	24	23	24	22
For the family not to become poor	19	16	22	22	16	27	14	18	20	14	30	21	19	18	9	18	16	19	19	19	19	18
OTHERS	8	10	5	6	9	11	6	11	6	10	9	12	8	9	2	9	7	8	8	8	8	4
For population control	7	10	4	5	8	11	5	11	6	8	9	9	6	9	2	4	7	7	7	7	7	4
CHILD SPACING	5	6	4	1	7	4	5	4	3	9	7	3	2	6	7	4	8	4	4	6	5	-
To space ages of children	5	6	4	1	7	4	5	4	3	9	7	3	2	6	7	4	8	4	4	6	5	-

NOTE: THOSE MENTIONED BY LESS THAN 3% ARE NOT SHOWN

#- SMALL BASE

##- VERY SMALL BASE



# KNOWLEDGE OF FAMILY PLANNING

## AWARENESS OF MODERN AND TRADITIONAL METHODS

10. The labels “Modern Methods of FAMILY PLANNING” and “Traditional Methods of FAMILY PLANNING: are known to a minority, who are unclear about what the methods are. Awareness of both terms is generally higher in Metro Areas than the Key Cities in Low CPR Regions, among females than males and among non-Catholics as seen in table below.

	* METRO AREAS *					* KEY CITIES IN LOW CPR REGIONS *				
	METRO AREAS	* GENDER *		* RELIGION *		KEY CITIES IN LOW CPR AREAS	* GENDER *		* RELIGION *	
		MALE	FEMALE	CATHOLIC	NON CATHOLIC		MALE	FEMALE	CATHOLIC	NON CATHOLIC
BASE - TOTAL INTERVIEWS (WTD)	7380	3675	3704	6273	1106	337	169	169	307	30
(UNWTD)	1200	600	600	1047	153		200	200	365	36
	%	%	%	%	%	%	%	%	%	%
AWARE OF MODERN METHODS OF FP	43	39	47	41	51	25	17	33	24	35
AWARE OF TRADITIONAL METHODS OF FP	36	37	35	36	39	14	9	19	12	25

-----  
# - SMALL BASE

11. If they claim to have heard of the term, they were asked to name Modern and/or Traditional methods, respondents are more able to correctly classify Modern Methods than Traditional Methods where they include Modern Methods as well. [Tables 5a/5b/6a/6b]

# KNOWLEDGE OF FAMILY PLANNING

TABLE 5A. ASSOCIATIONS TO "MODERN METHODS OF FAMILY PLANNING"

	* AREA *				* GENDER *		* CIVIL STATUS *		* ECONOMIC CLASS *			* AGE GROUP *					* EDUCATIONAL ATTAINMENT *			* WORKING STATUS *		* RELIGION *	
	METRO		METRO		MALE	FEMALE	SINGLE	MARRIED	ABC	D	E	15-19	20-24	25-34	35-44	45-60	NONE-ELE- MENTARY	SOMEHIGH SCHOOL	HIGH SCHOOL GRAD&UP	NOT WORKING	WORKING	CATHOLIC	NON CATHOLIC
	AREAS	NCR	CEBU	DAVAO												GRAD	SCHOOL	GRAD&UP	WORKING	WORKING	CATHOLIC	CATHOLIC	
BASE-TOTAL INTERVIEWS (WTD)	7380	6464	711	204	3675	3704	2801	4579	2250	3537	1593	1105	1037	2364	1450	1424	375	1185	5820	3424	3956	6273	1105
(UNWTD)	1200	400	400	400	600	600	488	712	216	740	244	188	207	354	235	216	108	213	879	497	703	1047	153
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
AWARE	43	46	24	26	39	47	37	47	56	41	28	29	35	45	52	47	17	25	48	44	42	42	51
MENTIONED A MODERN FAMILY PLANNING METHOD ONLY	35	37	19	19	32	38	29	39	48	33	21	24	26	37	44	37	17	19	39	37	33	34	43
MENTIONED A TRADITIONAL FAMILY METHOD ONLY	1	1	1	1	1	2	1	1	1	2	1	-	2	1	1	3	-	1	1	2	1	1	0
MENTIONED BOTH MODERN AND TRADITIONAL FAMILY PLANNING METHODS	5	6	4	5	5	5	6	5	6	5	4	5	7	4	6	6	0	5	6	4	6	5	5
CANT SAY	1	2	1	1	1	2	1	2	2	1	2	-	-	3	1	1	0	-	2	1	2	1	3
NOT AWARE	40	39	44	60	40	40	35	43	33	40	49	38	39	42	36	43	59	40	39	40	40	40	41
I HAVE HEARD ABOUT FP BUT DONT KNOW ANYTHING ABOUT IT/I HAVE NEVER EVER HEARD OF FP	17	16	32	15	22	13	28	11	11	19	23	34	26	13	12	10	23	35	13	16	18	19	8

# KNOWLEDGE OF FAMILY PLANNING

TABLE 5B. ASSOCIATIONS TO "MODERN METHODS OF FAMILY PLANNING"

	KEY															* EDUCATIONAL ATTAINMENT *						
	CITIES IN AREA *			* GENDER *				* CIVIL STATUS *			* ECONOMIC CLASS *					NONE-ELEMEN- TARY	SOME HIGH SCHOOL	HIGH GRAD & UP	* WORKING STATUS *		* RELIGION *	
	LOW CPR REGIONS	LEGASPI/ NAGA	ORMOC/ TACLOBAN	MALE	FEMALE	SINGLE	MARRIED	ABC	D	E	15-19	20-24	25-34	35-44	45-60				GRAD	SCHOOL	GRAD & UP	WORKING
								##								#						##
BASE - TOTAL INTERVIEWS (WTD)	337	158	179	169	169	138	199	25	215	97	58	56	93	69	62	48	69	221	161	176	307	30
(UNWTD)	400	200	200	200	200	164	236	31	257	112	69	65	111	82	73	56	81	263	193	207	365	35
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
AWARE	25	33	17	17	33	21	28	43	25	20	14	20	30	28	27	11	14	31	26	23	24	35
MENTIONED A MODERN FAMILY PLANNING METHOD ONLY	17	19	15	11	22	13	19	27	18	12	10	14	20	20	18	7	11	21	15	18	16	23
MENTIONED A TRADITIONAL FAMILY METHOD ONLY	1	1	1	1	1	-	1	3	1	-	-	-	-	-	4	-	-	1	2	-	1	-
MENTIONED BOTH MODERN AND TRADITIONAL FAMILY PLANNING METHODS	2	2	1	1	2	1	2	7	1	1	-	3	1	3	-	-	-	2	2	1	1	9
CANT SAY	6	11	1	4	7	6	6	7	5	7	3	3	10	5	5	4	3	7	8	4	6	3
NOT AWARE	38	39	37	36	41	30	44	41	42	29	30	36	38	50	34	30	33	42	40	37	39	31
I HAVE HEARD ABOUT FP BUT DONT KNOW ANYTHING ABOUT IT/ I HAVE NEVER EVER HEARD OF FP	37	28	45	48	27	49	29	16	34	51	57	43	32	22	39	59	53	27	34	40	38	34

# - SMALL BASE

## - VERY SMALL BASE

# KNOWLEDGE OF FAMILY PLANNING

TABLE 6A. ASSOCIATIONS TO "TRADITIONAL METHODS OF FAMILY PLANNING"

	* AREA *				* GENDER **		* CIVIL STATUS *		* ECONOMIC CLASS *			* AGE GROUP *					* EDUCATIONAL ATTAINMENT *			* WORKING STATUS *		* RELIGION *	
	METRO AREAS		METRO	METRO	MALE	FEMALE	SINGLE	MARRIED	ABC	D	E	15-19	20-24	25-34	35-44	45-60	NONE/LE-GRAD	SOME HIGH SCHOOL	HIGH SCHOOL GRAD.&UP	NOT WORKING	WORKING	CATHOLIC	NON-CATHOLIC
	NCR	CEBU	DAVAO																				
BASE - TOTAL INTERVIEWS (VTD)	7380	6464	711	204	3675	3704	2801	4579	2250	3537	1593	1106	1037	2364	1450	1424	375	1185	5820	3424	3956	6273	1106
(UNWTD)	1200	400	400	400	600	600	488	712	216	740	244	188	207	354	235	216	108	213	879	497	703	1047	153
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
AWARE	36	39	16	20	37	35	28	41	48	33	25	21	28	39	39	46	24	24	39	42	31	36	38
MENTIONED A TRADITIONAL FAMILY PLANNING METHOD ONLY	7	7	2	2	7	6	6	7	4	8	7	4	6	8	4	8	9	7	6	8	5	7	6
MENTIONED A MODERN FAMILY METHOD ONLY	23	25	10	16	24	23	17	27	37	19	13	14	16	23	27	33	14	15	26	25	22	23	26
MENTIONED BOTH MODERN AND TRADITIONAL FAMILY PLANNING METHODS	5	5	3	1	4	5	5	5	5	5	5	3	5	6	6	3	1	3	5	6	4	4	6
CANT SAY	2	3	1	1	3	2	3	2	3	3	1	3	2	3	1	2	0	1	3	2	2	3	0
NOT AWARE	47	46	53	65	41	52	44	49	42	48	52	45	46	48	49	44	53	41	47	42	51	46	53
I HAVE HEARD ABOUT FP BUT DONT KNOW ANYTHING ABOUT IT/I HAVE NEVER EVER HEARD OF FP	17	16	32	15	22	13	28	11	11	19	23	34	26	13	12	10	23	35	13	16	18	19	8

# KNOWLEDGE OF FAMILY PLANNING

TABLE 6B. ASSOCIATIONS TO "TRADITIONAL METHODS OF FAMILY PLANNING"

	KEY																* EDUCATIONAL ATTAINMENT *						
	CITIES IN *		AREA *							AGE GROUP *							ELEVEN-	SOME	HIGH	* WORKING STATUS *		* RELIGION *	
	LOW/OPR	LEGASPI	ORMOY	* GENDER **	* CIVIL STATUS *	* ECONOMIC CLASS **										TARY	HIGH	SCHOOL	NOT	WORKING	CATHOLIC	CATHOLIC	
	REGIONS	NAGA	TACLOBAN	MALE	FEMALE	SINGLE	MARRIED	ABC	D	E	15-19	20-24	25-34	35-44	45-60	GRAD	SCHOOL	GRAD & UP	WORKING	WORKING	CATHOLIC	CATHOLIC	
BASE - TOTAL INTERVIEWS (WTD)	674	316	369	337	337	276	398	50	430	195	116	111	186	137	124	95	138	441	322	353	614	60	
(UNWTD)	800	400	400	400	400	328	472	62	514	224	138	130	222	164	146	112	162	526	386	414	730	70	
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	
AWARE	14	19	10	9	19	13	15	26	15	9	7	12	14	21	14	7	6	18	14	14	13	26	
MENTIONED A TRADITIONAL FAMILY PLANNING METHOD ONLY	3	3	3	2	4	2	3	-	4	2	3	2	3	6	1	2	3	3	3	3	3	-	
MENTIONED A MODERN FAMILY METHOD ONLY	7	8	6	4	10	7	7	9	7	5	3	8	5	11	8	3	2	9	5	9	6	20	
MENTIONED BOTH MODERN AND TRADITIONAL FAMILY PLANNING METHODS	1	1	1	1	1	1	1	3	1	-	-	-	2	1	-	-	-	1	2	-	1	3	
CANT SAY	3	7	-	3	4	3	4	13	3	2	1	3	4	4	4	2	-	5	5	2	4	3	
NOT AWARE	49	53	45	48	55	38	56	58	52	41	36	45	55	57	48	34	41	55	52	46	50	40	
I HAVE HEARD ABOUT FP BUT DONT KNOW ANYTHING ABOUT IT I HAVE NEVER EVER HEARD OF FP	37	28	45	48	27	49	29	16	34	51	57	43	32	22	39	59	53	27	34	40	38	34	

# KNOWLEDGE OF FAMILY PLANNING

---

## **AWARENESS OF FAMILY PLANNING METHODS**

12. Respondents were asked to name on their own FAMILY PLANNING methods that they are aware of. The FAMILY PLANNING method recalled on their own by most is the oral pill (75% in Metro Areas, 65% in Key Cities in Low CPR Regions). Other methods recalled follow far behind: condom (52% in Metro Areas, 40% in Key Cities in Low CPR Regions), rhythm/calendar (42% in Metro Areas, 32% in Key Cities in Low CPR Regions). Unaided awareness of the three methods are higher in Metro Areas compared to Key Cities in Low CPR Regions.

Total aided and unaided shows almost 100% awareness for condom and oral pill. The other better-known FAMILY PLANNING methods are tubal ligation, IUD, injectables and vasectomy which are known to a majority. The other Modern Methods e.g., Lactational Amenorrhea/Full Breastfeeding, Mucus/Ovulation/Billings Method, Basal Body Temperature, Symptothermal Method and Beads/Necklace Method are known to small minority. [Chart 1a/1b]

# KNOWLEDGE OF FAMILY PLANNING

---

13. It is interesting to note that upon aiding, withdrawal gains over rhythm. Further data analysis shows that fewer of those from Metro Cebu, single, and 15-19 years old mention withdrawal prior to aiding. Upon aiding, a large proportion of those from Metro Cebu acknowledge withdrawal. This explains the large gap from aided and unaided awareness of withdrawal. [Tables 7a/7b, 8a/8b]

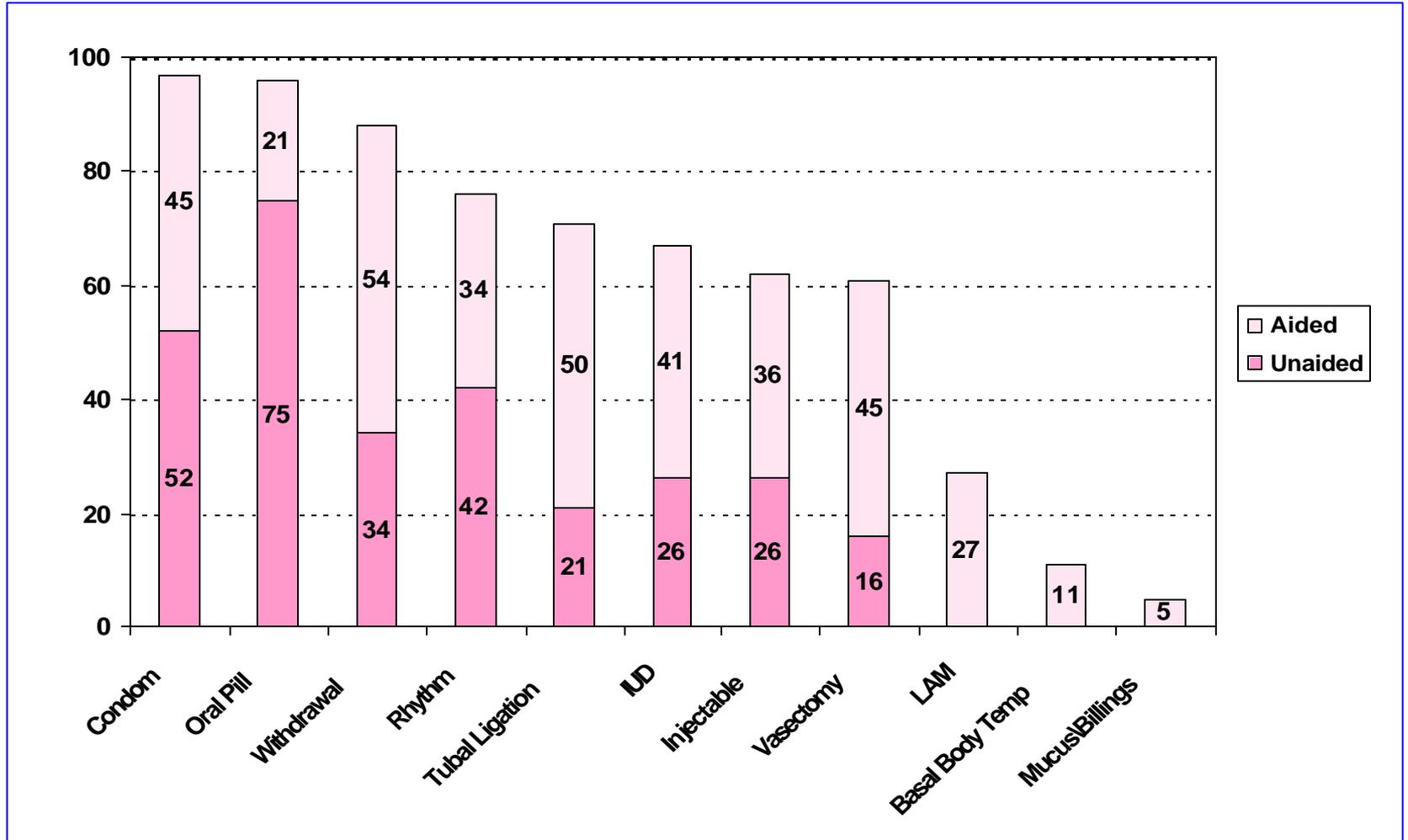
Prior to aiding, the same segments (single and 15-19 years old) in Key Cities in Low CPR Regions also fail to mention withdrawal. Upon aiding, majority of the following segments acknowledge withdrawal: married/living-in, Class ABC, 25-60 years old.

Also, awareness of ligation in Metro Areas greatly increases upon aiding. Those who do not mention ligation before aiding are those who are single, Male, 15-24 years old. Upon aiding, two-thirds of those from Metro Cebu say they are aware of the method.

Vasectomy registers higher awareness when aided among those in Key Cities in Low CPR Regions who are from Leyte, married/living-in, 35-60 years old.

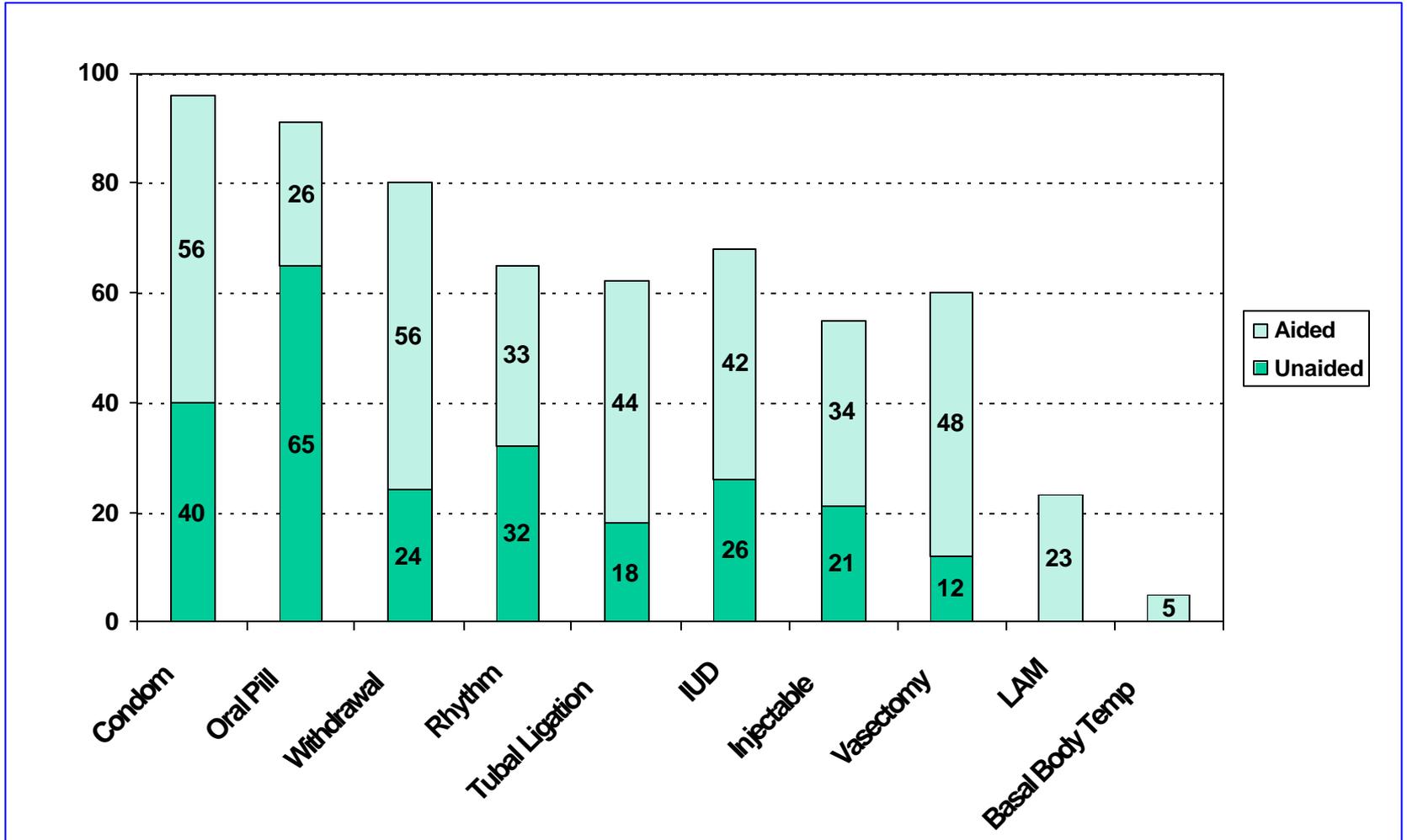
# KNOWLEDGE OF FAMILY PLANNING

Chart 1a. Awareness of Specific Family Planning Methods (Metro Areas)  
Base: Total Interviews



# KNOWLEDGE OF FAMILY PLANNING

Chart 1b. Awareness of Specific Family Planning Methods (Key Cities in Low CPR Regions)  
Base: Total Interviews



# KNOWLEDGE OF FAMILY PLANNING

TABLE 7A UNAIDED AWARENESS OF FAMILY PLANNING METHODS

	* AREA *				* GENDER *	** CIVIL STATUS *	* ECONOMIC CLASS *	* AGE GROUP *	* EDUCATIONAL ATTAINMENT *				* WORKING STATUS **		* RELIGION *									
	METRO		METRO						NONE/LE- MENTARY	SOME HIGH SCHOOL	HIGH SCHOOL	NOT		NON										
	AREAS	NCR	CEBU	DAVAO								WORKING	WORKING	CATHOLIC	CATHOLIC									
				MALE	FEMALE	SINGLE	MARRIED	ABC	D	E	15-19	20-24	25-34	35-44	45-60	GRAD	SCHOOL	GRAD&UP	WORKING	WORKING	CATHOLIC	CATHOLIC		
BASE - TOTAL INTERVIEWS (WTD)	7380	6464	711	204	3675	3704	2801	4579	2250	3537	1593	1106	1037	2364	1450	1424	375	1185	5820	3424	3856	6273	1106	
(UNWTD)	1200	400	400	400	600	600	488	712	216	740	244	188	207	354	235	216	108	213	879	497	703	1047	153	
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
MODERN METHODS	95	95	89	95	93	97	91	97	97	95	90	86	95	96	96	98	93	87	96	95	94	95	94	
ORAL PILL	75	76	70	80	63	87	69	79	78	76	70	59	83	80	74	75	77	58	78	73	77	75	75	
MALE CONDOM	52	53	49	55	66	39	61	47	54	53	48	55	64	51	55	42	42	48	54	54	51	53	46	
IUD	26	25	33	39	14	38	12	35	28	27	24	3	16	25	36	45	30	14	29	30	23	27	23	
INJECTABLE DMPA	26	27	20	23	13	39	14	33	26	26	26	6	25	28	36	28	33	16	28	27	25	26	27	
TUBAL LIGATION/FEMALE STERILIZATION	21	21	22	17	17	25	14	25	21	24	13	15	7	18	24	37	8	19	22	23	19	20	26	
VASECTOMY/MALE STERILIZATION	16	16	13	13	18	13	15	16	16	17	14	12	12	14	18	22	15	12	17	22	10	14	23	
TRADITIONAL METHODS	59	60	48	51	54	63	44	68	63	59	52	26	52	62	72	69	50	38	63	67	51	57	65	
CALENDAR/RHYTHM	42	42	40	37	33	50	32	48	49	41	32	21	25	43	58	51	17	24	47	46	38	41	44	
WITHDRAWAL	34	35	21	29	36	31	23	40	33	34	34	15	35	37	37	39	36	25	35	40	28	33	34	
NONE	4	4	7	4	5	3	8	1	2	4	6	13	5	3	0	2	7	11	2	2	6	4	2	

NOTE: THOSE MENTIONED BY LESS THAN 5% ARE NOT SHOWN.

# KNOWLEDGE OF FAMILY PLANNING

TABLE 7B. UNAIDED AWARENESS OF FAMILY PLANNING METHOD

	KEY CITIES IN AREA *			* GENDER **		* CIVIL STATUS *		* ECONOMIC CLASS **			* AGE GROUP *					* EDUCATIONAL ATTAINMENT *			* WORKING STATUS *		* RELIGION *		
	LOW/CPR REGIONS	LEGASPI NAGA	ORMOG/ TACLOBAN	MALE	FEMALE	SINGLE	MARRIED	A B C	D	E	15-19	20-24	25-34	35-44	45-60	NONE-ELEVEN-GRAD	SOME HIGH SCHOOL	HIGH SCHOOL GRAD & UP	NOT WORKING	WORKING	CATHOLIC	NON CATHOLIC	
				%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
			##	##	##	##	##	##	##	##	##	##	##	##	##	#	#	#	#	#	#	#	#
BASE - TOTAL INTERVIEWS (WTD)	337	158	179	169	169	138	199	25	215	97	58	56	93	69	62	48	69	221	161	176	307	30	
(UNWTD)	400	200	200	200	200	164	236	31	257	112	69	65	111	82	73	56	81	263	193	207	365	35	
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
MODERN METHODS	81	82	81	73	90	74	87	88	80	83	70	80	87	88	78	68	72	87	82	81	80	92	
MALE CONDOM	40	46	34	44	35	50	32	45	41	35	43	44	40	46	25	23	40	43	41	38	39	43	
ORAL PILL	65	68	62	51	78	55	72	68	63	67	58	60	73	68	59	57	62	67	60	69	64	71	
IUD	26	22	29	15	36	13	34	36	24	26	9	19	29	33	33	20	11	31	27	25	25	29	
INJECTABLE DMPA	21	23	20	6	36	9	30	36	19	23	7	20	29	25	19	18	13	25	18	25	20	35	
TUBAL LIGATION/FEMALE STERILIZATION	18	20	17	12	24	17	19	16	17	22	16	11	14	27	23	9	13	22	16	20	17	28	
VASECTOMY/MALE STERILIZATION	12	16	8	10	13	16	9	30	10	11	10	12	11	12	13	7	5	15	9	14	11	14	
TRADITIONAL METHODS	45	49	41	34	55	34	52	61	45	41	28	44	39	59	54	31	29	53	49	41	44	52	
CALENDAR/RHYTHM	32	35	28	21	42	22	38	55	33	21	16	28	28	44	41	11	18	40	34	29	31	38	
WITHDRAWAL	25	28	22	21	28	19	28	35	22	27	12	30	24	33	22	22	16	28	27	22	25	23	
NONE	15	13	17	22	8	25	8	10	16	14	30	16	11	8	15	27	21	11	13	17	16	8	

NOTE: THOSE MENTIONED BY LESS THAN 5% ARE NOT SHOWN

#- SMALL BASE

##- VERY SMALL BASE

# KNOWLEDGE OF FAMILY PLANNING

TABLE 8A. TOTAL AWARENESS OF FAMILY PLANNING METHODS (AIDED AND UNAIDED)

	* AREA *				* ECONOMIC CLASS *												* EDUCATIONAL ATTAINMENT *			* WORKING STATUS *		* RELIGION *		
	METRO		METRO		GENDER **		CIVIL STATUS *		ECONOMIC CLASS *			AGE GROUP *						NONE-ELE-	HIGH	NOT		NON		
	AREAS	NCR	CEBU	DAVAO	MALE	FEMALE	SINGLE	MARRIED	A B C	D	E	15-19	20-24	25-34	35-44	45-60	GRAD	SCHOOL	GRAD & UP	WORKING	WORKING	CATHOLIC	CATHOLIC	
BASE - TOTAL INTERVIEWS (WTD)	7380	6464	711	204	3675	3704	2801	4579	2250	3537	1593	1106	1037	2364	1450	1424	375	1185	5820	3424	3956	6273	1106	
(UNWTD)	1200	400	400	400	600	600	488	712	216	740	244	188	207	354	235	216	108	213	879	497	703	1047	153	
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
MODERN METHODS	100	100	100	100	100	100	99	100	99	100	100	99	100	100	100	100	100	99	100	100	100	100	100	100
MALE CONDOM	97	96	100	99	100	94	95	98	91	99	100	90	98	97	100	97	100	92	98	100	94	97	97	97
ORAL PILL	96	96	97	96	93	99	92	99	96	96	96	82	99	98	98	99	100	84	98	98	94	95	98	98
TUBAL LIGATION/FEMALE STERILIZATION	70	69	88	72	59	82	59	78	71	72	66	49	66	66	82	86	74	56	73	74	68	70	74	74
IUD	67	65	88	77	55	79	48	79	61	71	69	34	47	68	84	91	84	48	70	75	61	69	60	60
INJECTABLE/DMPA	62	61	67	56	46	77	43	73	59	65	57	29	48	68	77	70	59	42	66	66	58	64	51	51
NATURAL FAMILY PLANNING METHODS	33	35	25	30	23	44	21	41	40	32	27	18	26	32	42	45	28	20	36	31	35	34	30	30
LACTATIONAL AMENORRHEA METHOD (LAM) OR FULL BREASTFEEDING	27	28	19	26	16	38	14	34	30	27	22	8	22	29	33	35	24	20	28	24	29	28	21	21
BASAL BODY TEMPERATURE/ THERMOMETER	11	12	7	7	7	15	7	13	19	8	6	6	6	12	15	13	4	2	13	12	10	11	13	13
MUCUS METHOD/OVULATION METHOD/ BILLINGS' OVULATION METHOD	5	5	5	4	3	7	5	6	10	4	1	5	4	3	8	7	-	0	7	7	4	5	5	5
TRADITIONAL METHODS	92	92	95	91	89	95	83	97	90	94	89	70	98	96	100	93	85	76	95	96	88	92	91	91
WITHDRAWAL	88	88	93	88	86	90	76	95	85	91	87	60	91	93	100	88	79	69	92	94	83	88	86	86
CALENDAR/RHYTHM	76	75	83	75	70	81	66	81	82	74	69	50	69	74	93	86	64	53	81	80	72	75	79	79

NOTE: THOSE MENTIONED BY LESS THAN 5% ARE NOT SHOWN

# KNOWLEDGE OF FAMILY PLANNING

TABLE 8B. TOTAL AWARENESS OF FAMILY PLANNING METHODS (AIDED AND UNAIDED)

	KEY			* EDUCATIONAL ATTAINMENT *																			
	CITIES IN * AREA *			NONE-																			
	LOW CPR	LEGASPI	ORMOY	* GENDER **	* CIVIL STATUS *	* ECONOMIC CLASS * *			AGE GROUP *			TARY	SOME HIGH	HIGH SCHOOL	* WORKING STATUS * *		* RELIGION *						
	REGIONS	NAGA	TAOLOBAN	MALE	FEMALE	SINGLE	MARRIED	ABC	D	E	15-19	20-24	25-34	35-44	45-60	GRAD	SCHOOL	GRAD & UP	WORKING	NOT WORKING	CATHOLIC	NON CATHOLIC	
								##								#							##
BASE - TOTAL INTERVIEWS (WTD)	337	158	179	169	169	138	199	25	215	97	58	56	93	69	62	48	69	221	161	176	307	30	
(UNWTD)	400	200	200	200	200	164	236	31	257	112	69	65	111	82	73	56	81	263	193	207	365	35	
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
MODERN METHODS	100	100	100	99	100	99	100	100	100	99	100	99	100	100	99	100	99	100	99	100	100	100	100
MALE CONDOM	95	93	97	96	95	93	97	97	95	94	90	93	96	100	95	95	92	96	96	95	95	92	92
ORAL PILL	91	88	93	87	95	88	93	97	91	90	89	88	95	92	89	89	84	94	90	92	91	94	94
IUD	67	55	78	53	82	47	82	78	64	72	33	53	73	88	82	64	47	74	70	66	67	73	73
TUBAL LIGATION/FEMALE STERILIZATION	62	53	71	54	71	53	69	77	59	66	40	55	61	77	77	53	39	72	64	61	61	72	72
VASECTOMY/MALE STERILIZATION	60	56	64	53	66	45	70	84	60	54	27	49	59	80	80	49	30	71	63	57	58	75	75
INJECTABLE/DMPA	55	51	59	35	75	33	70	68	50	64	23	54	62	71	58	49	41	61	53	57	54	69	69
LACTATIONAL AMENORRHEA METHOD (LAM) OR FULL BREASTFEEDING	23	18	27	11	34	14	29	29	26	15	12	19	24	30	27	2	20	28	19	26	22	33	33
BASAL BODY TEMPERATURE/ THERMOMETER	5	8	4	2	9	2	8	16	5	5	-	3	5	11	8	3	2	7	6	5	5	6	6
TRADITIONAL METHODS	85	88	83	79	91	74	93	97	86	81	60	77	96	94	90	70	69	94	88	82	85	91	91
WITHDRAWAL	80	82	79	77	84	65	91	93	79	78	46	71	93	94	86	66	61	89	85	76	80	85	85
CALENDAR/RHYTHM	65	65	65	49	81	47	77	87	66	57	36	62	70	70	80	49	44	75	66	63	64	70	70

NOTE: THOSE MENTIONED BY LESS THAN 5% ARE NOT SHOWN

# - SMALL BASE

## - VERY SMALL BASE

# KNOWLEDGE OF FAMILY PLANNING

---

## SOURCES OF AWARENESS

14. Awareness of FAMILY PLANNING methods is obtained from various sources, mainly from from relatives, healthcare providers (public health facilities in particular the health center), close friends and acquaintances and television. [Table 9a/9b]

Only a few respondents learned about specific methods through reading materials such as books, magazines, newspapers, etc.

It is worthwhile to note that a significant number of respondents attribute their source of awareness of traditional methods such as withdrawal and calendar/rhythm to health facilities – both public and private.

# KNOWLEDGE OF FAMILY PLANNING

Table 9a. Sources of Awareness of Specific Family Planning Methods (Metro Areas)

	Total	Male Condom	Oral Pill	With- drawal	Calendar /Rhythm	Tubal Ligation	Vasec- tomy	IUD	Injectable	LAM
BASE - TOTAL AWARE OF METHOD	7364	7134	7073	6498	5574	5198	4492	4970	4548	1967
Relatives - Net	65	66	66	68	68	71	67	70	69	83
Other Relatives	29	30	29	30	30	32	29	33	33	39
Parents	28	29	29	30	31	32	33	30	30	47
Spouse/Partner	21	21	22	23	22	23	20	23	23	27
Brother/Sister	15	15	15	16	16	16	15	17	17	17
Brother/Sister-in-law	12	11	12	12	13	12	12	14	13	13
Parents-in-law	4	4	4	4	4	5	4	5	5	10
Close friend	63	64	63	67	64	64	64	64	65	53
Acquaintance	56	57	57	58	58	57	58	60	58	63
Neighbor	30	30	30	31	31	32	32	36	32	37
Classmates	10	10	10	11	10	10	12	9	8	7
Religious	4	5	5	5	6	6	6	6	4	5
Healthcare Provider - Net	58	59	60	63	65	65	67	70	74	83
Health Center	41	41	42	44	45	45	47	49	53	57
Midwife	25	26	26	28	29	29	31	33	34	39
Doctor	21	21	22	22	24	23	23	24	27	32
Nurse	10	10	10	10	11	11	12	12	12	11
Private Hospital/Clinic	25	25	26	27	30	31	32	31	31	42
Doctor	23	23	24	25	28	28	29	29	29	39
Nurse	4	4	4	4	5	5	6	6	6	6
Midwife	3	3	3	4	4	4	5	5	5	5
Public Hospital/Clinic	18	19	19	19	19	21	21	21	22	24
Doctor	15	15	15	15	15	18	16	17	18	21
Nurse	3	3	3	4	4	4	5	4	5	5
TV	48	49	49	49	53	50	57	50	50	61
Teacher	24	24	24	24	28	29	30	24	23	24
Books	11	11	11	12	12	12	14	12	12	18
Flyers/Leaflet	9	9	9	10	10	11	11	11	12	14
Newspaper	8	9	9	9	10	10	10	9	10	11
Magazine/Medical Journal	8	8	8	9	10	10	11	9	8	11
Marriage/Family Planning Counsellor	7	7	7	8	8	8	9	9	8	8
Radio	7	7	7	7	6	7	8	8	7	6
Billboards	4	4	4	4	4	5	5	5	4	5
Posters	4	4	4	4	4	4	4	3	4	3
Self/Respondent	5	5	5	6	6	5	5	5	5	8

# KNOWLEDGE OF FAMILY PLANNING

**Table 9b. Sources of Awareness of Specific Family Planning Methods (Key Cities in Low CPR Regions)**

	Total	Male Condom	Oral Pill	With-drawal	Calendar /Rhythm	Tubal Ligation	Vasectomy	IUD	Injectable
BASE - TOTAL AWARE OF METHOD (WTD)	321	321	307	270	218	210	238	227	185
Healthcare Provider - Net	58	59	60	67	69	68	70	69	74
Health Center	40	41	42	45	46	44	48	48	53
Midwife	26	26	27	30	31	30	33	31	37
Doctor	16	17	17	19	19	19	21	21	22
Nurse	8	8	9	9	10	9	9	10	11
Public Hospital/Clinic	21	22	22	25	27	29	30	27	28
Doctor	15	16	16	18	18	21	21	20	19
Nurse	7	7	7	8	10	10	10	9	10
Midwife	4	4	4	4	5	5	6	5	5
Private Hospital/Clinic	18	19	18	22	24	26	24	23	25
Doctor	15	16	15	19	20	21	20	19	20
Nurse	4	4	4	5	6	5	5	5	7
Relatives - Net	53	54	55	56	56	58	54	57	59
Parents	25	26	26	26	24	30	26	26	27
Brother/Sister	16	16	17	17	17	19	18	18	18
Spouse/Partner	15	16	16	17	19	16	17	17	19
Other Relatives	13	13	14	15	14	16	15	17	20
Brother/Sister-in-law	8	8	9	9	11	11	10	10	11
Parents-in-law	3	3	3	4	5	4	4	4	5
Close Friend	51	52	52	52	51	53	52	54	52
Acquaintance	43	43	44	45	44	45	44	46	43
Neighbor	40	41	42	42	44	47	46	50	48
Classmates	11	11	11	8	10	11	9	8	6
TV	36	38	36	37	37	39	40	35	37
Teacher	21	21	22	20	24	25	23	19	20
Radio	17	18	17	17	18	20	20	18	18
Books	12	12	12	13	15	14	16	13	13
Magazine/Medical Journal	7	7	6	7	7	7	9	7	7
Flyers/Leaflet	6	6	7	7	9	8	9	7	8
Marriage/Family Planning Counsellor	5	6	6	6	7	8	7	7	7
Self/Respondent	10	10	10	12	10	10	13	11	0

# KNOWLEDGE OF FAMILY PLANNING

15. If aware of the method, respondents were asked what they know about the method. Table 10 shows that while a majority of those aware are able to correctly define each method, understanding is still weak or limited but not necessarily incorrect. As can be seen in page 47, there is a great deal of vagueness or misunderstanding on how the calendar method should be used.

**Table 10. What Know About Method (Spontaneous)**

	<b>Metro Areas</b>	<b>Key Cities in Low CPR Regions</b>	
BASE - TOTAL AWARE OF METHOD (WTD)			
<b>MALE CONDOM</b>	(7134)	(321)	
How it is used	75		72
Worn on the penis to stop sperm from coming out	75	72	
What it is	19		20
Like a balloon used by men	7	*	
Protection to stop sperm from entering	5		10
<b>ORAL PILL</b>	(7073)	(307)	
How it is used	63		51
Taken daily / nightly	55	47	
To be taken before sexual intercourse	5	*	
What it is	25		33
Controls pregnancy	10	14	
Tablets taken in health centers	9	15	
Side effects	12		14
Headache and weightloss	5	6	
<b>WITHDRAWAL</b>	(6498)	(270)	
How it is done			
During climax, sperm can be released outside	68		58
What it is	25		29
Withdrawal during intercourse especially when fertile	15	20	
Withdrawal of sperm to avoid pregnancy	10	9	
Can't say	5		9

# KNOWLEDGE OF FAMILY PLANNING

**Table 10. What Know About (Method) (cont'd)**

	Metro Areas	Key Cities in Low CPR Regions		Metro Areas	Key Cities in Low CPR Regions
BASE - TOTAL AWARE OF METHOD (WTD)			BASE - TOTAL AWARE OF METHOD (WTD)		
<b>CALENDAR/RHYTHM</b>	(5574)	(218)	<b>IUD</b>	(4970)	(227)
How it is done	52	48	How it is used	67	67
Count 10 days before and after menstruation	19	8	Threadlike thing inserted in vagina	64	63
Count 7 days before and after menstruation	14	18	What it is	6	6
You will get pregnant if you have intercourse	11	8	Side effects	*	5
5 days before and after menstruation			Can't say	22	19
It is safe 9 days before and after menstruation	7	11	<b>INJECTABLE</b>	(4548)	(185)
What it is	41	38	How it is used	45	39
Counting the days of menstruation to find	34	32	Injected every 3 months	37	36
out when intercourse can be done			Injected every 6 months	5	*
It is safe after menstrual period	5	*	What it is	44	47
Can't say	5	12	Injection for women to avoid pregnancy	40	41
<b>TUBAL LIGATION</b>	(5198)	(210)	Injections to prevent monthly period	*	5
How it is done	87	77	Can't say	8	11
Cuts the pathway of the eggcell	38	29	<b>LAM/FULL BREASTFEEDING</b>	(1967)	(77)
Cuts the fallopian tube	22	23	Mother will not get pregnant as long as	89	89
Part of the woman's reproductive organ	10	8	she is breastfeeding		
is severed to prevent pregnancy			Can't say	6	8
Performs surgery to avoid pregnancy	7	7	<b>BASAL BODY TEMPERATURE</b>	(809)	(18)
Tying of the uterus	6	6	Taking temperature to find out if possible	87	86
Aborts fetus	*	6	to get pregnant or not		
Can't say	6	11	Can't say	11	14
<b>VASECTOMY</b>	(4492)	(202)			
How it is done	83	84			
Pathway of the sperm is severed	54	47			
The vein in the penis is severed	14	14			
Surgery is performed to prevent pregnancy	10	17			
Can't say	16	12			

# Awareness of Family Planning Communications

# AWARENESS OF FAMILY PLANNING COMMUNICATIONS

---

16. Information about FAMILY PLANNING is mainly credited to health facilities (Health Centers, private and public hospitals/clinics) and to TV. Other sources are cited by less than 20%.
17. Only a few can remember having read, seen or heard FAMILY PLANNING advertising within 3 months prior to the interview pill (31% in Metro Areas, 27% in Key Cities in Low CPR Regions). [Table 11]
18. Those aware of any FAMILY PLANNING advertising in the past 3 months attribute their advertising awareness to TV (91% in Metro Areas, 92% in Key Cities in Low CPR Regions). Radio is however more cited in Key Cities in Low CPR Regions (31%) than in Metro Areas (16%). Radio and print (newspapers, magazines, flyers/brochures) are mentioned importantly but far behind TV. [Table 12]
19. Healthcare providers, especially doctors whether in health centers, private or public hospitals/clinics, are seen as the most credible source of information on FAMILY PLANNING. [Table 14]
20. A great majority (81% in Metro Areas, 94% in Key Cities in Low CPR Regions) did not hear or can't recall a popular individual or group speak about FAMILY PLANNING. [Table 15]

# AWARENESS OF FAMILY PLANNING COMMUNICATIONS

**Table 11. Awareness of Any Family Planning Advertising/Communication**

	METRO AREAS					KEY CITIES IN LOW CPR REGIONS				
	TOTAL	MALE	FEMALE	SINGLE	MARRIED	TOTAL	MALE	FEMALE	SINGLE	MARRIED
BASE - TOTAL INTERVIEWS (WTD)	7380	3675	3704	2801	4579	337	169	169	138	199
<b><i>Awareness of Any Family Planning Advertising</i></b>										
Aware	31	30	32	33	30	27	19	35	30	26
Not Aware/Can't Recall	69	70	68	67	70	73	81	65	70	74

**Table 12. Sources of Advertising Awareness (Aided)**

	METRO AREAS					KEY CITIES IN LOW CPR REGIONS				
	TOTAL	MALE	FEMALE	SINGLE	MARRIED	TOTAL	MALE	FEMALE	SINGLE	MARRIED
BASE - Aware of Advertising (WTD)	7380	3675	3704	2801	4579	337	169	169	138	199
TV	91	92	90	92	90	92	90	93	89	94
Radio	16	12	19	8	20	31	26	34	26	36
Newspaper	11	10	11	14	9	6	7	5	10	3
Magazine	7	5	8	12	4	5	2	7	6	5
Posters	6	9	3	7	4	6	3	8	6	7
Flyers/Leaflets/Brochures	5	2	7	3	6	8	6	10	15	3
Billboards	4	5	3	6	3	5	5	4	8	2
Others	1	1	*	1	1	0	0	0	0	0

# AWARENESS OF FAMILY PLANNING COMMUNICATIONS

**Table 13. Sources of Information/Communication About Family Planning (Aided)**

	METRO AREAS					KEY CITIES IN LOW CPR REGIONS				
	TOTAL	MALE	FEMALE	SINGLE	MARRIED	TOTAL	MALE	FEMALE	SINGLE	MARRIED
BASE - TOTAL INTERVIEWS (WTD)	7380	3675	3704	2801	4579	337	169	169	138	199
Health Center	48	38	57	28	60	55	48	62	38	67
TV	41	47	34	48	36	33	35	31	45	25
Private Hospital/Clinic	15	11	19	6	20	14	10	18	12	15
Seminar/Workshop/Conference	14	16	12	11	15	12	12	12	7	15
Public Hospital/Clinic	13	11	16	7	17	11	9	13	9	12
Radio	12	14	9	15	10	17	20	14	20	15
Magazines	12	10	14	16	9	8	8	9	13	5
Books	11	11	12	15	9	11	11	11	19	5
Newspaper	11	14	8	14	9	7	9	5	8	7
Friends	10	13	6	10	9	6	7	4	5	6
Posters	8	8	8	12	6	8	9	7	12	5
Flyers/Leaflets/Brochures	7	8	7	8	7	8	7	9	6	10
Billboards	6	6	5	5	6	5	8	3	9	3
Teacher	5	6	5	12	1	3	3	2	6	*
Pharmacy/Drugstore	5	4	5	6	4	3	3	3	3	3
Others	12	12	12	17	9	10	10	9	12	8

# AWARENESS OF FAMILY PLANNING COMMUNICATIONS

**Table 14. Most Credible Source of Information on Family Planning**

	TOTAL	MALE	FEMALE	SINGLE	MARRIED	TOTAL	MALE	FEMALE	SINGLE	MARRIED
BASE - TOTAL INTERVIEWS (WTD)	7380	3675	3704	2801	4579	337	169	169	138	199
Healthcare Provider - Undup	87	82	91	77	93	87	82	93	78	93
Health Center	55	47	62	41	63	59	55	62	47	66
Doctor	46	41	50	27	57	46	42	49	34	54
Nurse	25	23	28	8	36	24	23	24	8	35
Midwife	15	10	20	15	15	16	12	20	12	18
Unspecified	25	22	28	40	16	27	29	25	43	16
Private Hospital/Clinic	53	51	54	50	54	44	35	53	40	47
Doctor	51	50	52	49	52	40	31	49	35	43
Nurse	26	23	29	6	39	18	13	23	5	27
Midwife	5	6	5	5	6	6	6	6	6	5
Unspecified	-	-	-	-	-	21	22	20	36	10
Public Hospital/Clinic	31	34	27	27	33	44	39	49	37	50
Doctor	29	32	25	24	31	39	32	46	33	43
Nurse	13	15	11	2	20	18	13	23	5	26
Midwife	-	-	-	-	-	7	6	9	5	8
Unspecified	18	20	15	27	13	25	27	22	35	18
Relatives - Undup	32	32	32	35	30	29	33	25	33	26
Brother/Sister	-	-	-	-	-	5	6	4	10	2
Parents	19	20	19	31	12	17	18	15	27	9
Parents-in-Law	8	7	10	2	13	4	4	4	2	5
Magazine	15	11	19	2	23	11	9	12	2	17
TV	9	9	8	15	5	11	16	7	15	8
Acquaintance	6	6	5	5	6	3	2	4	4	2
Teacher	6	6	6	14	1	7	9	4	15	1
Flyers/Leaflet/Brochure	5	7	4	0	8	3	3	3	3	3
Close Friends	5	6	4	11	2	0	0	1	-	1
DOH Secretary	5	5	4	5	5	-	-	-	-	-
Marriage/Family Planning Counsellor	-	-	-	-	-	8	7	8	9	7
Spouse/Partner	-	-	-	-	-	6	7	4	-	10
Books	-	-	-	-	-	6	6	6	9	4
Radio	-	-	-	-	-	5	5	6	4	7
None	31	31	31	28	32	21	24	18	20	22

# AWARENESS OF FAMILY PLANNING COMMUNICATIONS

**Table 15. Whether or Not Heard Any Popular Individual/Group Speak About FP in the Past 3 Months**

	METRO AREAS					KEY CITIES IN LOW CPR REGIONS				
	TOTAL	MALE	FEMALE	SINGLE	MARRIED	TOTAL	MALE	FEMALE	SINGLE	MARRIED
BASE - TOTAL INTERVIEWS (WTD)	7380	3675	3704	2801	4579	337	169	169	138	199
Heard	9	10	7	6	10	6	5	6	5	6
DOH Sec. Manuel Dayrit	2	2	2	2	2	1	1	1	1	1
Sen. Juan Flavier	2	2	2	1	2	2	2	1	2	1
Others						3	3	4	2	4
Not Heard/Can't Recall	81	90	93	94	90	94	95	94	95	94

# Discussion of Family Planning

# DISCUSSION OF FAMILY PLANNING

---

21. Discussion of FAMILY PLANNING is not a widespread activity. Only about one in five (18% in Metro Areas, 23% in Key Cities in Low CPR Regions) has discussed FAMILY PLANNING with somebody in the past 3 months. The activity is relatively high among single and 15-24 years old who may be more interested to learn about the topic. [Table 16]
  
22. FAMILY PLANNING discussion seldom happens with a FAMILY PLANNING practitioner. A large majority (69% in Metro Areas, 68% in Key Cities in Low CPR Regions) of married/living-in respondents discuss FAMILY PLANNING with their spouses/partners while singles discuss with either an acquaintance, friend or a classmate. Discussions with spouses/partners happen often (68% in Metro Areas, 56% in Key Cities in Low CPR Regions) which is generally described as very comfortable, open and willing to discuss the topic. [Table 17/18]

# DISCUSSION OF FAMILY PLANNING

Table 16. Discussions on Family Planning in the Past 3 Months

	METRO AREAS					KEY CITIES IN LOW CPR REGIONS				
	TOTAL	MALE	FEMALE	SINGLE	MARRIED	TOTAL	MALE	FEMALE	SINGLE	MARRIED
BASE - TOTAL INTERVIEWS (WTD)	7380	3675	3704	2801	4579	337	169	169	138	199
<b>Discussed in Past 3 months</b>	18	19	18	26	13	23	20	26	32	16
<b>Person discussed with</b>										
BASE - TOTAL DISCUSSED (WTD)	1334	692	652	736	608	76	33	43	44	32
Healthcare Provider - Undup	28	19	38	19	40	43	33	50	35	53
Health Center	18	13	24	13	25	28	25	30	24	33
Doctor	11	8	14	10	12	18	18	18	20	16
Midwife	7	5	10	3	13	14	10	17	6	25
Private Hospital/Clinic	13	8	17	9	17	9	11	8	12	5
Doctor	12	8	16	8	17	4	5	4	4	5
Public Hospital/Clinic	2	1	3	3	1	17	13	19	14	20
Doctor	1	1	1	1	1	9	3	13	6	12
Teacher	15	16	13	24	3	10	8	12	18	-
Relatives - Net	66	64	67	55	78	56	51	60	40	79
Spouse/Partner	44	46	41	23	69	37	36	37	14	68
Brother/Sister	11	7	15	18	2	9	9	8	15	-
Parents	11	11	10	10	12	9	5	12	6	13
Brother/Sister-in-law	10	9	12	17	2	8	8	8	6	11
Acquaintance	37	45	29	53	18	37	51	27	51	19
Close friend	22	27	17	27	17	12	8	16	11	14
Classmates	17	23	9	30	-	20	26	16	35	0
Neighbor	9	9	8	9	8	20	26	16	21	19
Religious	5	3	8	5	6	3	-	6	6	-
Others	4	4	4	7	-	5	5	6	9	-

# DISCUSSION OF FAMILY PLANNING

**Table 17. How Often Discussed With Spouse/Partner/Boyfriend/Girlfriend**

	METRO AREAS					KEY CITIES IN LOW CPR REGIONS				
	TOTAL	MALE	FEMALE	SINGLE	MARRIED	TOTAL	MALE	FEMALE	SINGLE	MARRIED
BASE - TOTAL DISCUSSED WITH SPOUSE/PARTNER/GIRL/BOYFRIEND	587	320	267	168	420	28	12	16	6	22
Very often/somewhat often	68	73	61	82	62	56	73	43	87	47
Very often	25	30	18	40	19	35	43	28	59	28
Somewhat often	43	43	42	41	43	21	29	15	29	19
Somewhat seldom/very seldom	32	27	39	18	38	44	28	57	13	53
Somewhat seldom	23	21	27	14	27	29	14	40	-	37
Very seldom	9	6	13	5	11	15	13	17	13	16

# DISCUSSION OF FAMILY PLANNING

**Table 18. Degree of Comfort/Willingness of Spouse/Partner/Boyfriend/Girlfriend To Talk Openly About Family Planning Methods To Avoid Pregnancy**

	METRO AREAS					KEY CITIES IN LOW CPR REGIONS				
	TOTAL	MALE	FEMALE	SINGLE	MARRIED	TOTAL	MALE	FEMALE	SINGLE	MARRIED
BASE - TOTAL DISCUSSED WITH SPOUSE/PARTNER/GIRL/BOYFRIEND	587	320	267	168	420	28	12	16	6	22
Very comfortable/willing, talked openly with me	82	79	86	87	81	73	59	84	59	77
Somewhat comfortable/willing, was a bit reluctant to talk with me	16	19	12	13	17	22	34	12	28	20
Somewhat uncomfortable/unwilling, was very reluctant to talk with me	2	2	2	1	2	-	-	-	-	-
Very uncomfortable/unwilling, refused to talk with me	-	-	1	-	-	5	6	5	13	3

# DISCUSSION OF FAMILY PLANNING

---

23. In Metro Areas, the few respondents who discussed FAMILY PLANNING with their spouses/partners say that the discussion is carried out positively. However, one out of two spouses/partners (54%) neither encourage nor discourage their spouses/partners to accept FAMILY PLANNING. With the more committed other half, there is more encouragement than discouragement for the spouse/partner. [Table 19/20]
24. Persons other than spouse/partner with whom discuss FAMILY PLANNING are non-committal about FAMILY PLANNING. One out of two neither encouraged nor discouraged the use of FAMILY PLANNING. Those who take a position are more encouraging though. [Table 21]
25. A large majority in both survey areas regard their spouse's/partner's opinion on FAMILY PLANNING to be very important. [Table 22]
26. The general opinion (78%) is that FAMILY PLANNING should be decided not only by the woman or the man but by both. [Table 23]

# DISCUSSION OF FAMILY PLANNING

**Table 19. Discussions of Family Planning in the Past 3 Months**

	METRO AREAS		
	TOTAL	MALE	FEMALE
BASE - TOTAL MARRIED/LIVING-IN DISCUSSED WITH SPOUSE/PARTNER	420	190	230
<b>Discussion on Family Planning*</b>			
Talked positively on Family Planning only	97	100	95
Talked negatively on Family Planning only	1	0	1

\*Note: Base size for Key Cities in Low CPR Regions too small for analysis

**Table 20. Whether Spouse/Partner/Boyfriend/Girlfriend Encouraged Respondent or Not**

	METRO AREAS				
	TOTAL	MALE	FEMALE	SINGLE	MARRIED
BASE - TOTAL DISCUSSED WITH SPOUSE/PARTNER	587	320	267	168	420
Encouraged	35	43	24	42	31
Discouraged	12	14	10	17	10
Neither	54	43	66	41	59

\*Note: Base size for Key Cities in Low CPR Regions too small for analysis

# DISCUSSION OF FAMILY PLANNING

**Table 21. Whether Encouraged/Discouraged by Other People Discussed Family Planning With**

	METRO AREAS					KEY CITIES IN LOW CPR REGIONS				
	TOTAL	MALE	FEMALE	SINGLE	MARRIED	TOTAL	MALE	FEMALE	SINGLE	MARRIED
BASE - TOTAL INTERVIEWS (WTD)	7380	3675	3704	2801	4579	337	169	169	138	199
Encouraged	17	16	17	16	17	25	22	28	22	27
Discouraged	6	6	5	10	5	8	10	5	13	4
Neither	45	42	48	24	48	47	41	39	31	46
Never discussed	32	35	29	50	29	27	27	28	33	24

# DISCUSSION OF FAMILY PLANNING

**Table 22. Importance of Spouse's Opinion Regarding Family Planning**

	METRO AREAS			KEY CITIES IN LOW CPR REGIONS		
	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
BASE - TOTAL MARRIED/LIVING IN	4579	302	410			
Very important/somewhat important	86	91	82	91	95	88
Very important	73	77	70	82	88	78
Somewhat important	13	15	12	9	7	10
Maybe important/maybe not important	6	3	9	7	3	10
Somewhat not important/Not at all important	8	6	10	2	2	2
Somewhat not important	6	3	8	0	1	0
Not at all important	2	3	2	2	1	2

**Table 23. Who Should Decide on Family Planning Matters**

	METRO AREAS					KEY CITIES IN LOW CPR REGIONS				
	TOTAL	MALE	FEMALE	SINGLE	MARRIED	TOTAL	MALE	FEMALE	SINGLE	MARRIED
BASE - TOTAL INTERVIEWS (WTD)	7380	3675	3704	2801	4579	337	169	169	138	199
The man	10	14	5	13	8	14	19	8	16	12
The woman	13	7	18	17	10	9	8	10	14	5
Both	78	78	77	70	83	78	73	82	69	84

# Practice of Family Planning

# PRACTICE OF FAMILY PLANNING

---

27. In Metro Areas, majority (57%) of those who are married/living-in currently practice FAMILY PLANNING. A third (29%) have practiced FAMILY PLANNING before but discontinued, while 14% have never tried practicing FAMILY PLANNING. Among those single, half (51%) have never had sexual intercourse. Most of the sexually active singles (32% out of 49% who have ever had sexual intercourse) are using FAMILY PLANNING methods. A few (13% out of 49%) have discontinued using a method. Only a few (4% out of 49%) of the sexually active have never used a method. [Chart 2a]

In Key Cities in Low CPR Regions, a smaller majority (54%) currently practice FAMILY PLANNING. A fourth (24%) have discontinued, and about one in five (22%) have never practiced FAMILY PLANNING. Majority of the singles (66%) have never engaged in sexual intercourse. Most of the singles who are sexually active (26% out of 34%) currently use a method to prevent pregnancy. The rest have either never tried using a method (6% out of 34%) or discontinued (2/34%). [Chart 2b]

# PRACTICE OF FAMILY PLANNING

---

28. In Metro Areas, a higher proportion of males (61%) are admitting to currently adopting FAMILY PLANNING method than females (54%). This might include sexual activities not only with wife but also with others.
29. There is growing intention to practice FAMILY PLANNING as number of children increases. [Chart 2c]
30. Among married/living-in, CPR for Modern Methods registers at 39% in Metro Areas and 34% in Key Cities in Low CPR Regions.
31. With married/live-in partners, modern methods (39%) prevail over traditional methods (21%) in Metro Areas. The calendar/rhythm method is also popular but more prevalent in Key Cities in Low CPR Regions (11% in Metro Areas, 21% in Key Cities in Low CPR Regions). [Table 24]
32. Among singles, the most widely tried methods are male condom (13% in Metro Areas, 10% in Key Cities in Low CPR Regions) and withdrawal (16% in metro Areas, 9% in Key Cities in Low CPR Regions). These are also the more popularly adopted methods. Single males seem more involved with the usage of male condom and withdrawal.
33. Use of FAMILY PLANNING in the future can only increase in both Metro Areas and Key Cities in Low CPR Regions. A majority (60% in Metro Areas, 61% in Key Cities in Low CPR Regions) say they are likely to use a FAMILY PLANNING method in the future. However, those who have over two children in Key Cities in Low CPR Regions (64%) are less likely to use FAMILY PLANNING than those who have only one or two children (77%). [Table 25]

# PRACTICE OF FAMILY PLANNING

Chart 2a. Practice/Adoption of Family Planning Methods by Civil Status (Metro Areas)

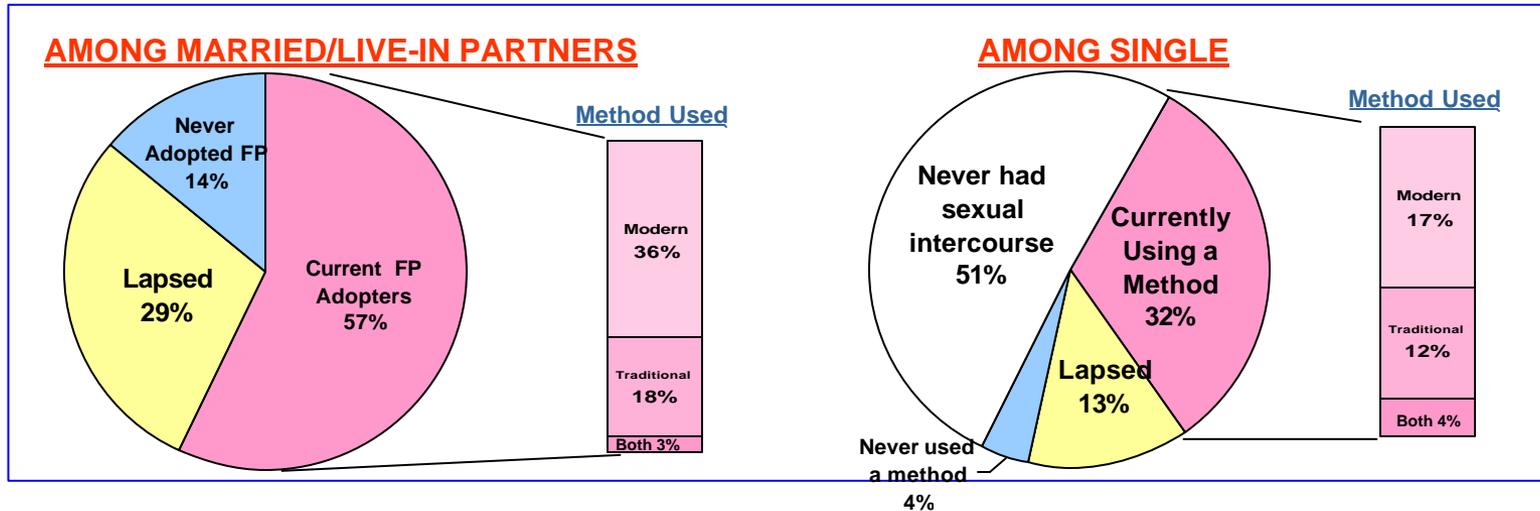
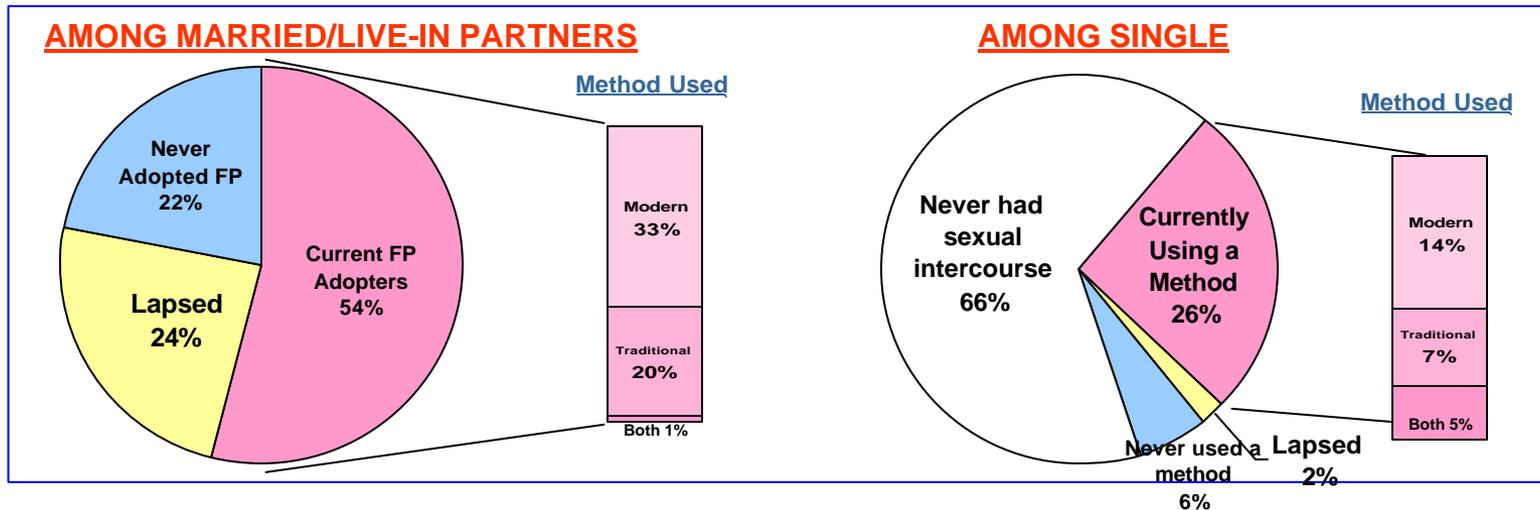
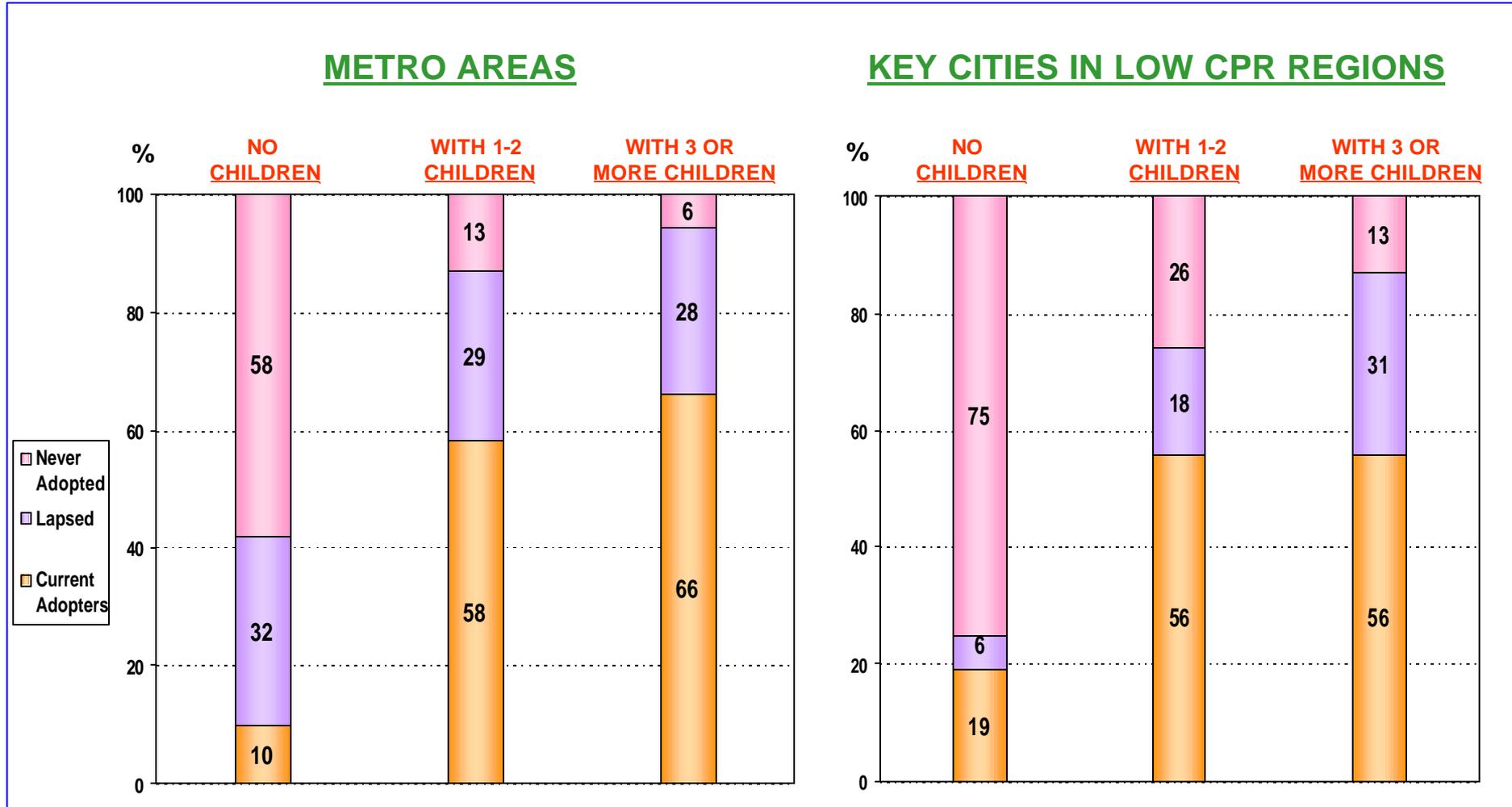


Chart 2b. Practice/Adoption of Family Planning Methods by Civil Status (Key Cities in Low CPR Regions)



# PRACTICE OF FAMILY PLANNING

Chart 2c. Practice/Adoption of Family Planning Methods by Number of Children (Metro Areas) Base - Total married



# PRACTICE OF FAMILY PLANNING

**Table 24. Usage of Family Planning Methods**

	METRO AREAS						KEY CITIES IN LOW CPR REGIONS					
	Base - Total Married			Base - Total Single			Base - Total Married			Base - Total Single		
	Ever Tried	Currently Used	Discontinued	Ever Tried	Currently Used	Discontinued	Ever Tried	Currently Used	Discontinued	Ever Tried	Currently Used	Discontinued
<b>Modern Methods</b>	<b>73</b>	<b>39</b>	<b>55</b>	<b>38</b>	<b>22</b>	<b>25</b>	<b>64</b>	<b>34</b>	<b>46</b>	<b>25</b>	<b>18</b>	<b>18</b>
Oral Pill	46	15	30	12	7	10	44	16	26	7	7	10
Male Condom	37	5	28	21	13	12	28	3	21	15	10	7
Tubal Ligation/Female Sterilization	14	14	-	1	1	-	10	10	-	-	-	-
IUD	8	2	6	3	2	3	7	2	4	-	-	-
Injectable/DMPA	9	2	7	1	*	1	9	1	7	-	-	-
Vasectomy/Male Sterilization	1	*	-	1	1	-	1	-	-	-	-	-
Natural FP Methods	13	2	10	1	*	2	6	1	4	2	1	3
LAM/Full Breastfeeding	11	2	9	-	-	1	6	1	3	-	-	-
Mucus/Ovulation/Billings Method	1	*	*	1	*	1	*	*	-	2	1	1
Standard Days/Beads Method	1	*	*	1	-	-	-	*	-	-	-	-
<b>Traditional Methods</b>	<b>63</b>	<b>21</b>	<b>45</b>	<b>28</b>	<b>18</b>	<b>17</b>	<b>51</b>	<b>21</b>	<b>31</b>	<b>18</b>	<b>11</b>	<b>7</b>
Withdrawal	47	13	33	24	16	14	41	15	23	14	9	6
Calendar/Rhythm	38	11	26	10	4	5	28	21	15	6	2	1
Others	*	-	*	3	2	4	-	-	-	6	2	6
Never tried any method	14	14	14	4	4	4	22	22	22	6	6	6
Never had sexual intercourse				51	51	51				66	66	66
None		29	16		13	12		24	18		2	9

**Table 25. Likelihood of Using/Continuing to Use Family Planning Methods in the Future**

	METRO AREAS							KEY CITIES IN LOW CPR REGIONS								
	TOTAL	MALE	FEMALE	SINGLE	MARRIED	With no children	With 1-2 children	w/ >3 children	TOTAL	MALE	FEMALE	SINGLE	MARRIED	With no children	With 1-2 children	w/ >3 children
BASE - TOTAL INTERVIEWS (WT)	7380	3675	3704	2801	4579	381	2242	1955	337	169	169	138	199	14	76	110
Very/Somewhat Likely	60	62	58	57	62	48	64	62	61	61	61	49	69	64	77	64
Very likely	44	44	44	32	51	42	51	53	51	49	53	33	63	45	73	58
Somewhat likely	16	18	14	26	11	7	13	8	10	12	8	15	6	19	4	6
Maybe Likely/Maybe Not	16	15	17	21	13	17	11	14	17	19	14	30	8	6	4	10
Somewhat Not/Not at all Likely	24	23	25	22	25	34	25	24	22	20	24	21	23	30	19	25
Somewhat not likely	4	4	4	7	2	1	3	1	5	6	4	7	3	-	1	5
Not at all likely	20	19	22	15	23	33	23	23	17	15	20	14	20	30	18	20

# PRACTICE OF FAMILY PLANNING

34. It is uncommon to consult a FAMILY PLANNING provider before using a FAMILY PLANNING method for the first time. Half of married/living-in who have ever tried using a FAMILY PLANNING method (52% in Metro Areas, 50% in Key Cities in Low CPR Regions) did not consult a FAMILY PLANNING provider (i.e., doctor/nurse/midwife) before using it. Among the other half, a larger proportion (28% in Metro Areas, 36% in Key Cities in Low CPR Regions) did not actually consult but were influenced by a FAMILY PLANNING provider. Only a few (20% in Metro Areas, 14% in Key Cities in Low CPR Regions) consulted a FAMILY PLANNING provider. [Chart 3]
35. In both study areas, more married/living-in respondents start with modern methods than with traditional methods. The oral pill stands out as the most preferred entry FAMILY PLANNING method followed by traditional methods such as withdrawal and rhythm/calendar. After the pill, the condom is the second preferred entry method among the modern methods. [Chart 4]
36. In choosing the initial method used, wanting to space children was the common factor. [Table 26]
- Those who used oral pill first in Metro Areas add that they were encouraged by doctors (19%). Almost half (46%) in fact claim that they were influenced by healthcare provider, particularly health center staff (27%). Another 45% were influenced informally by spouse, relatives, etc..
  - Those who adopted the condom first considered the safety and to a lesser extent, economy. Informal advice from relatives and friends (60%) rather than by formal consultation with FAMILY PLANNING providers (21%) influenced initial use of condom. Another 28% decided on their own without influences.
  - Those who used withdrawal first say that being safe and easy to adopt and economy influenced usage. Spouses/partners were a big influence in the adoption of withdrawal (45%). Some 27% were not influenced by anybody.
  - Those who used rhythm/calendar cite safe to use (40%). A plurality (27%) say they were influenced to use the method by a healthcare provider. Others were either influenced by their spouses/partners, or made the decision by themselves (24%).

*For Key Cities in Low CPR Regions, base sizes are too small to make the same “by method” analysis.*

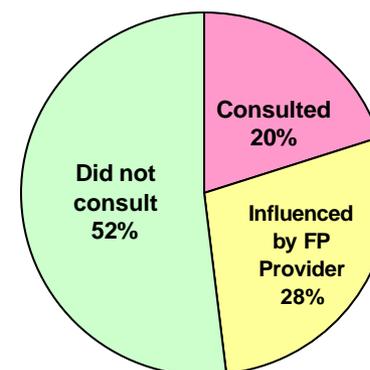
# PRACTICE OF FAMILY PLANNING

**Table 26. Family Planning Method First Used: Factors Which Led Respondent to Use and Who Influenced Respondent (Metro Areas) Base: Total Married/Live-in Partners**

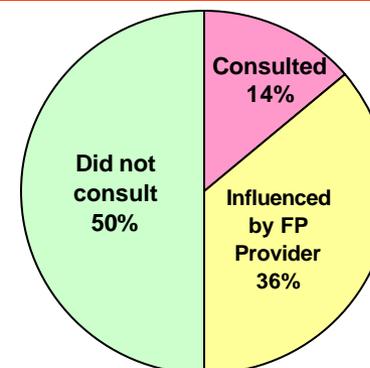
	Total	Oral Pill	Male Condom	With-drawal	Rhythm
BASE - TOTAL USED METHOD FIRST TIME (WTD)	4295	1223	605	138	103
<b>Factors Which Led Respondent to Use Method</b>					
Want to space children	32	45	35	34	32
Encouraged by doctor	8	19	5	-	*
Safe to use	25	14	29	25	40
Economic reasons	13	13	12	15	16
Limit number of children	7	12	8	*	*
Easy to use	11	10	8	24	13
Encouraged by others	5	8	*	*	*
For life to be more comfortable	5	*	11	*	5
Easy access	2	*	8	-	-
Accepted by religion	2	-	-	-	7
Others	4	*	*	5	6
<b>Who Influenced Respondent to Use Method</b>					
Health Center	15	27	2	5	16
Spouse/Partner	25	14	24	45	22
Close friend	15	12	28	14	9
Private hospital/clinic	9	13	16	*	5
Parents	9	10	-	6	8
Acquaintance	6	2	3	5	3
Public hospital/clinic	3	6	-	*	2
Neighbor	3	1	*	2	6
Brother/Sister-in-law	2	3	-	-	*
Brother/Sister	1	3	*	-	-
Other relatives	1	2	3	-	1
Parents-in-law	1	2	-	-	*
None	20	14	28	27	24

**Chart 3. Consultation with Family Planning Provider Before Using Method the First Time Base: Total Married/Live-in Partners, Ever Used Any Method**

## METRO AREAS

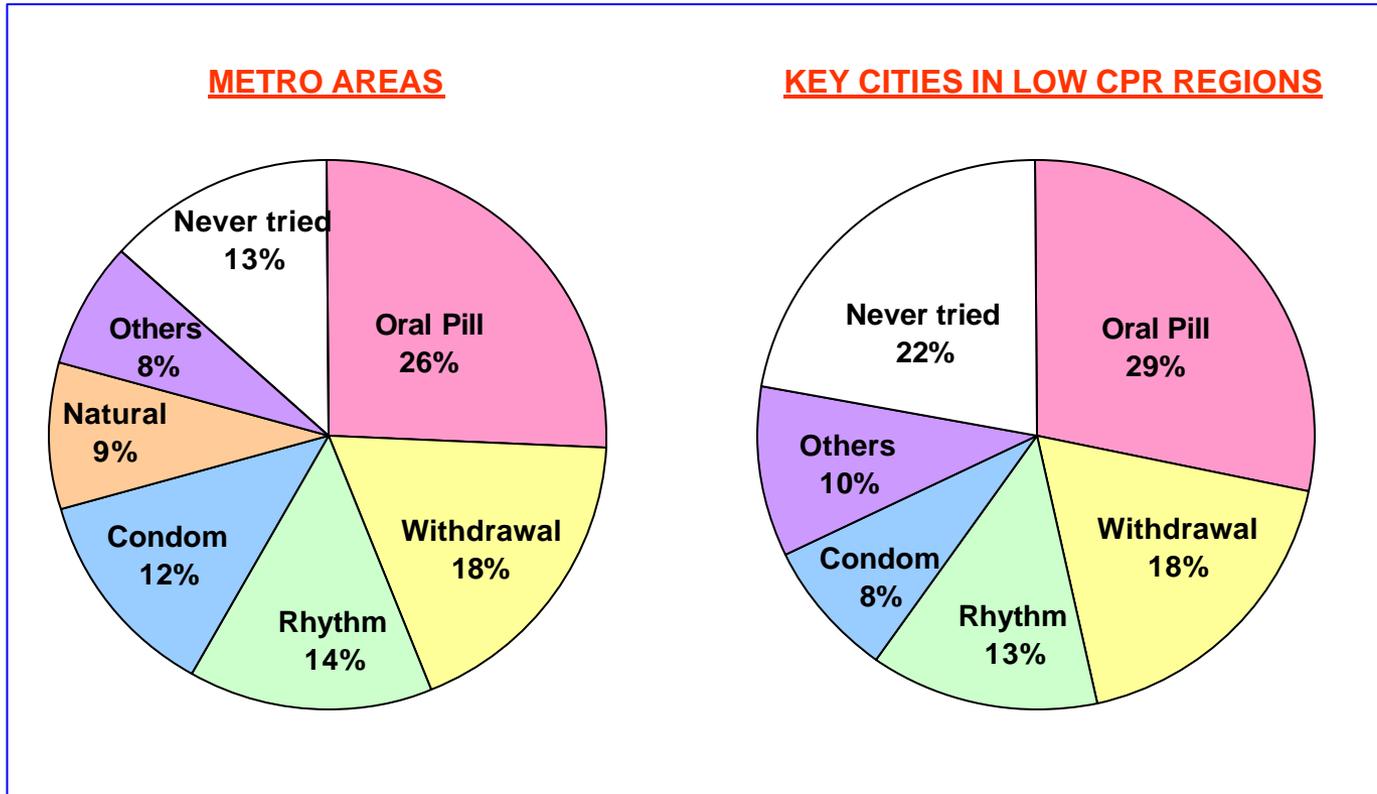


## KEY CITIES IN LOW CPR REGIONS



# PRACTICE OF FAMILY PLANNING

Chart 4. Family Planning Method First Used  
Base: Total Married/Live-in Partners



# PRACTICE OF FAMILY PLANNING

37. Majority of those who are currently using any FAMILY PLANNING method in Metro Areas (except those who are currently using LAM), have been on the method for over a year. [Table 27] LAM and injectables gained sizeable following in the past 3 months.

*For Key Cities in Low CPR Regions, base sizes are too small to make the same “by method” analysis.*

38. The most common reasons for switching from one FAMILY PLANNING method to another are side effects and efficacy. Citing side effects as their reason is higher in Metro Areas than in Key Cities in Low CPR Regions (61:47%); Key Cities in Low CPR Regions seem more affected by efficacy considerations than in Metro Areas (45-32%). Easy to use and economy are the two considerations of note. [Table 28]

39. Those who are not current users (have never used or discontinued) of FAMILY PLANNING methods were asked why they never used/stopped using specific methods. Below are their reasons: [Table 29-36]

	WHY STOPPED		WHY NEVER USED	
	Metro Areas	Key Cities in Low CPR Regions	Metro Areas	Key Cities in Low CPR Regions
<b>ORAL PILL</b>				
Fear of side effects	66	58	47	43
<b>CONDOM</b>				
Spouse opposed	23	36	24	21
<b>CALENDAR/RHYTHM</b>				
No need	36	44	-	-
Difficult to use	17	23	-	-
Irregular period	-	-	24	18
<b>WITHDRAWAL</b>				
No need	22	26	-	-
Not effective	17	23	20	-
Fear of side effects	-	-	-	18

40. Spouses/partners are the biggest influences on the non-use of a specific FAMILY PLANNING method. FAMILY PLANNING providers have little influence on type of method to discontinue. [Table 29-36]

# PRACTICE OF FAMILY PLANNING

**Table 27. When Started to Use Current Method (Metro Areas)**

	<b>ORAL PILL</b>	<b>TUBAL LIGATION</b>	<b>WITH- DRAWAL</b>	<b>CALENDAR/ RHYTHM</b>	<b>MALE CONDOM</b>	<b>LAM</b>	<b>INJECT- ABLE</b>	<b>IUD</b>
<b>BASE - TOTAL CURRENT USERS OF METHOD (WTD)</b>	676	634	599	491	214	90	78	70
Past 3 months	7	-	3	-	2	39	21	1
Over 3 to 6 months ago	1	3	-	3	8	2	3	3
Over 6 to less than 12 months ago	11	0	20	4	11	21	21	27
A year / Over a year ago	82	97	77	92	80	39	54	70

# PRACTICE OF FAMILY PLANNING

**Table 28. Reasons for Switching**  
**Base: Total who switched from one method to another**

	<b>METRO AREAS</b>	<b>KEY CITIES IN LOW CPR REGIONS</b>
<b>No adverse side-effects</b>	61	47
<b>No side effect</b>	33	26
<b>Does not harm my health</b>	15	7
<b>Won't have headaches</b>	7	-
<b>Won't lose weight</b>	6	-
<b>Effective</b>	32	45
<b>Sure that you won't get pregnant</b>	18	21
<b>Makes sure you never get pregnant</b>	-	18
<b>Effective</b>	7	
<b>Easy to use</b>	20	13
<b>Easy to use</b>	13	8
<b>Economical</b>	16	9
<b>Affordable</b>	8	-
<b>Cheap and not costly</b>	-	5
<b>Doctor-Recommended</b>	-	5

# PRACTICE OF FAMILY PLANNING

**Table 29a. Reasons Why Stopped Using Oral Pill**

	Metro Areas	Key Cities in Low CPR Regions
Base - total who have ever tried oral pill (wtd)	1648 %	64 %
Side effects	66	58
Has side effects	13	8
Irritable	10	-
Weight loss	9	5
Dizziness	7	5
Frequent headache	6	5
It cause varicose vein	5	-
No need	14	13
The wife is ligated	5	-
Wants more children	11	11
Want to have children	7	8
Doctor discouraged its use	-	7

**Table 29b. Reasons Why Never Used Oral Pill**

	Metro Areas	Key Cities in Low CPR Regions
BASE - Total who are aware of method but never tried oral pill (wtd)	2503 %	102 %
Fear of side effects	47	43
Fear of side effects	21	11
Frequent headache	7	-
Weight loss	5	7
Want to have children/more children	14	14
My spouse still wants to have children	7	11
We don't have any children yet	5	-
Dislike/Not interested with the method	9	9
Inadvisable due to physical/health condition	-	5
Others	*	5

# PRACTICE OF FAMILY PLANNING

**Table 29c. Who Influenced Never to Use Oral Pill**

	Metro Areas	Key Cities in Low CPR Regions
BASE - Total married/living-in who are aware but never tried oral pill (wtd)	2413 %	99 %
NONE	46	58
SPOUSE/PARTNER	23	9
ACQUAINTANCE	6	6
CLOSE FRIEND	5	4
HEALTH CENTER	4	4
DOCTOR	2	-
NURSE	1	-
MIDWIFE	1	4
PRIVATE HOSPITAL/CLINIC	4	4
DOCTOR	4	3
MIDWIFE	-	1
PRIEST/PASTOR/CHURCH LAY LEADER	4	4
OTHER RELATIVES	3	1
NEIGHBOR	3	-
PARENTS	2	2
BROTHER/SISTER	2	1
BROTHER/SISTER-IN-LAW	1	1
FLYERS/LEAFLET	1	-
NEIGHBOR	-	4
SCHOOL	-	1
BOOKS	-	1
RADIO	-	1

**Table 29d. Who Objected/Disallowed Use of Oral Pill**

	Metro Areas	Key Cities in Low CPR Regions
BASE - Total married/living-in who are aware but never tried oral pill (wtd)	2413 %	99 %
NONE	69	73
SPOUSE/PARTNER	23	16
NEIGHBOR	3	3
CLOSE FRIEND	3	-
HEALTH CENTER	2	3
NURSE	1	1
MIDWIFE	1	2
OTHER RELATIVES	2	1
PARENTS	2	-
BROTHER/SISTER-IN-LAW	2	-
ACQUAINTANCE	1	-
CHURCH LAY LEADER	1	-
CO-WORKERS	1	-
TV	1	-
PRIVATE HOSPITAL/CLINIC	1	-
DOCTOR	1	-
BOOKS	1	-
BROTHER/SISTER	*	2
PARENTS-IN-LAW	*	1

# PRACTICE OF FAMILY PLANNING

**Table 30a. Reasons Why Stopped Using Condom**

	<u>Metro Areas</u>	<u>Key Cities in Low CPR Regions</u>
Base - total who have ever tried condom (wtd)	1609 %	51 %
Spouse opposed	23	36
My spouse thinks it hinders	14	22
My spouse is unsatisfied	8	14
No need	20	9
The wife is ligated	11	-
Decreases sexual pleasure	11	12
Painful to the penis	-	5
Difficult to use	11	5
Wants more children	8	5
Not effective	7	13
Side effects	7	7
Has side effects	6	-
Others	6	-
Others	5	5

**Table 30b. Reasons Why Never Used Condom**

	<u>Metro Areas</u>	<u>Key Cities in Low CPR Regions</u>
BASE - Total who are aware of method but never tried condom (wtd)	2921 %	145 %
Spouse opposed	24	21
Husband did not agree to it/ Discouraged by boyfriend/girlfriend	24	-
My spouse does not like to control	-	20
Decreases sexual pleasure	15	11
Risky to use	14	7
Condom might get punctured	8	5
Might get left inside	5	-
Want to have more children	12	12
Doubts effectivity	-	26
Don't trust it, I might get pregnant	-	13
Discomfort during use	-	8
Fear of side effects	-	6

# PRACTICE OF FAMILY PLANNING

**Table 30c. Who Influenced Never to Use Condom**

	Metro Areas	Key Cities in Low CPR Regions
BASE - Total married/living-in who are aware but never tried condom (wtd)	2800 %	138 %
NONE	49	-
SPOUSE/PARTNER	35	29
CLOSE FRIEND	8	6
ACQUAINTANCE	2	4
CHURCH LAY LEADER	2	-
PRIVATE HOSPITAL/CLINIC	1	2
DOCTOR	0	1
MIDWIFE	0	1
HEALTH CENTER	1	-
NURSE	1	-
MIDWIFE	1	-
NEIGHBOR	1	1
PARENTS	1	-
PRIEST/PASTOR	-	1
RADIO	-	1

**Table 30d. Who Objected/Disallowed Use of Condom**

	Metro Areas	Key Cities in Low CPR Regions
BASE - Total married/living-in who are aware but never tried condom (wtd)	2800 %	138 %
NONE	69	74
SPOUSE/PARTNER	32	22
CLOSE FRIEND	1	3
NEIGHBOR	1	1
ACQUAINTANCE	1	1
CHURCH LAY LEADER	1	-
BROTHER/SISTER	1	-
HEALTH CENTER	-	1
NURSE	-	1
PRIVATE HOSPITAL/CLINIC	-	1
DOCTOR	-	1
TV	-	1

# PRACTICE OF FAMILY PLANNING

**Table 31a. Reasons Why Stopped Using Calendar/Rhythm**

	<u>Metro Areas</u>	<u>Key Cities in Low CPR Regions</u>
Base - total who have ever tried calendar/rhythm (wtd)	694	30
	%	%
No need	36	44
The wife is ligated	12	11
Too old to get pregnant	9	8
Menopause	8	14
Husband is away	-	6
The wife is pregnant	-	5
Difficult to use	17	23
I always miscalculate the number	12	20
Wants more children	14	6
Not effective	11	5
Not effective because I still got	7	5
Others	11	-
Others	5	-
Not applicable	10	19
My menstruation is not normal	10	17

**Table 31b. Reasons Why Never Used Calendar/Rhythm**

	<u>Metro Areas</u>	<u>Key Cities in Low CPR Regions</u>
BASE - Total who are aware of method but never tried calendar/rhythm (wtd)	2073	100
	%	%
Irregular menstrual period	24	18
Not too familiar/knowledgeable with method	18	15
Don't know how to use it	17	13
Risky to use	16	13
Afraid to miscalculate & get pregnant	8	6
Forgetting the date when fertile & not	5	-
Doubts effectivity	11	8
Want to have children/more children	8	13
I only have one child, I want to have more	5	11
Others	-	9
Prefers using other methods	-	7

# PRACTICE OF FAMILY PLANNING

**Table 31c. Who Influenced Never to Use Calendar/Rhythm**

	<u>Metro Areas</u> 1976 %	<u>Key Cities in Low CPR Regions</u> 96 %
BASE - Total married/living-in who are aware but never tried calendar/rhythm (wtd)		
NONE	70	71
SPOUSE/PARTNER	21	18
NEIGHBOR	3	-
CLOSE FRIEND	2	5
ACQUAINTANCE	2	3
PARENTS	2	1
HEALTH CENTER	1	-
MIDWIFE	1	-
TEACHER	-	1
PRIEST/PASTOR	-	1
OTHER RELATIVES	-	1

**Table 31d. Who Objected/Disallowed Use of Calendar/Rhythm**

	<u>Metro Areas</u> 1976 %	<u>Key Cities in Low CPR Regions</u> 96 %
BASE - Total married/living-in who are aware but never tried calendar/rhythm (wtd)		
NONE	70	82
SPOUSE/PARTNER	21	14
NEIGHBOR	3	3
CLOSE FRIEND	2	2
ACQUAINTANCE	2	2
PARENTS	2	1
HEALTH CENTER	1	1
MIDWIFE	1	-
NURSE	-	1

# PRACTICE OF FAMILY PLANNING

**Table 32a. Reasons Why Stopped Using Withdrawal**

	Metro Areas	Key Cities in Low CPR Regions
Base - total who have ever tried withdrawal (wtd)	1025 %	55 %
No need	22	26
The wife is ligated	9	-
Too old to get pregnant	4	-
Menopause	4	9
Not effective	20	14
Not effective because I still got pregn	9	6
Side effects	18	5
Has side effects	7	5
Irritable	2	-
Frequent headache	2	-
Risky to use	11	11
I might get pregnant if my husband fails to withdraw	11	11
Wants more children	10	10
Decreases sexual pleasure	7	7
Difficult to use	5	-
Spouse opposed	3	-
Others	11	12

**Table 32b. Reasons Why Never Used Withdrawal**

	Metro Areas	Key Cities in Low CPR Regions
BASE - Total who are aware of method but never tried withdrawal (wtd)	2921 %	145 %
Want to have more children	12	12
Spouse opposed	24	21
Husband did not agree to it/ Discouraged by boyfriend/girlfriend	24	-
My spouse does not like to control	-	20
Doubts effectivity	-	26
Don't trust it, I might get pregnant	-	13
Decreases sexual pleasure	15	11
Discomfort during use	-	8
Risky to use	14	7
Condom might get punctured	8	5
Might get left inside	5	-
Fear of side effects	-	6

# PRACTICE OF FAMILY PLANNING

**Table 32c. Who Influenced Never to Use Withdrawal**

	Metro Areas	Key Cities in Low CPR Regions
BASE - Total married/living-in who are aware but never tried withdrawal (wtd)	2208 %	99 %
NONE	51	65
SPOUSE/PARTNER	33	24
CLOSE FRIEND	6	5
ACQUAINTANCE	3	2
PRIEST/PASTOR/CHURCH LAY LEADER	2	2
NEIGHBOR	2	1
PARENTS	1	2
CO-WORKER	1	1
HEALTH CENTER	1	-
MIDWIFE	1	-
PRIVATE HOSPITAL/CLINIC	-	2
DOCTOR	-	1
MIDWIFE	-	1

**Table 32d. Who Objected/Disallowed Use of Withdrawal**

	Metro Areas	Key Cities in Low CPR Regions
BASE - Total married/living-in who are aware but never tried withdrawal (wtd)	2208 %	99 %
NONE	70	75
SPOUSE/PARTNER	33	21
ACQUAINTANCE	1	3
CLOSE FRIEND	1	1
CHURCH LAY LEADER	1	-
NEIGHBOR	*	2
PARENTS	*	1
HEALTH CENTER	-	1
NURSE	1	-
PRIVATE HOSPITAL/CLINIC	*	1
DOCTOR	*	1

# PRACTICE OF FAMILY PLANNING

**Table 33a. Reasons Why Never Used IUD**

	<u>Metro Areas</u>	<u>Key Cities in Low CPR Regions</u>
BASE - Total who are aware of method but never tried IUD (wtd)	3519 %	160 %
Fear of side effects	46	28
Fear of side effects	16	8
They say it's painful if you have IUD	-	7
Fear of the method/process	10	7
Want to have children/more children	9	11
We still want to have more children	7	8
Dislike/Not interested with the method	9	12
Restrictions/Negative effects if adopted	8	13
Not too familiar/knowledgeable with method	5	-
Doubts effectivity	5	5
Spouse opposed	-	8
Prohibited by religion	-	6
Others	*	5

# PRACTICE OF FAMILY PLANNING

**Table 33b. Who Influenced Never to Use IUD**

	Metro Areas	Key Cities in Low CPR Regions
BASE - Total married/living-in who are aware but never tried IUD (wtd)	3269 %	149 %
NONE	52	64
SPOUSE/PARTNER	13	12
CLOSE FRIEND	9	3
OTHER RELATIVES	5	4
ACQUAINTANCE	5	2
NEIGHBOR	4	3
HEALTH CENTER	3	1
DOCTOR	2	-
NURSE	1	-
MIDWIFE	1	1
PARENTS	2	2
BROTHER/SISTER	2	2
BROTHER/SISTER-IN-LAW	2	1
CHURCH LAY LEADER	2	-
PRIVATE HOSPITAL/CLINIC	1	2
DOCTOR	1	1
MIDWIFE	-	1
PUBLIC HOSPITAL/CLINIC	1	-
MIDWIFE	1	-
BOOKS	1	-
PRIEST/PASTOR	-	3
CO-WORKER	-	1
RADIO	-	1

**Table 33c. Who Objected/Disallowed Use of IUD**

	Metro Areas	Key Cities in Low CPR Regions
BASE - Total married/living-in who are aware but never tried IUD (wtd)	3269 %	149 %
NONE	79	75
SPOUSE/PARTNER	16	14
CLOSE FRIEND	2	-
PARENTS	1	2
OTHER RELATIVES	1	2
ACQUAINTANCE	1	2
NEIGHBOR	1	1
HEALTH CENTER	1	1
DOCTOR	1	-
MIDWIFE	*	1
CO-WORKERS	1	-
PARENTS-IN-LAW	1	-
BROTHER/SISTER	*	1
PUBLIC HOSPITAL/CLINIC	-	1
DOCTOR	-	1
SCHOOL	-	1
PARENTS-IN-LAW	-	1
TV	-	1
BROTHER/SISTER-IN-LAW	-	1
PRIVATE HOSPITAL/CLINIC	-	1
DOCTOR	-	1

# PRACTICE OF FAMILY PLANNING

**Table 34a. Reasons Why Never Used Injectable**

	<u>Metro Areas</u>	<u>Key Cities in Low CPR Regions</u>
BASE - Total who are aware of method but never tried injectable (wtd)	3207 %	129 %
Menstrual irregularities	42	36
Sared because menstruation is not normal	15	7
Scared because menstruation stops for a number of months	14	7
Afraid of side effects (ACG)	11	6
Dislike/Not interested with the method	15	13
Don't like injections	8	-
Financial Considerations	8	7
Fear of side effects	7	-
Has side-effects according to others	5	-
Want to have children/more children	6	11
Spouse opposed	-	6
My spouse does not like to control	-	5
No need to use	-	8
Not too familiar with family planning	-	5

# PRACTICE OF FAMILY PLANNING

**Table 34b. Who Influenced Never to Use Injectable**

**Table 34c. Who Objected/Disallowed Use of Injectable**

	Metro Areas	Key Cities in Low CPR Regions
BASE - Total married/living-in who are aware but never tried injectable (wtd)	3269 %	122 %
NONE	52	61
SPOUSE/PARTNER	13	-
CLOSE FRIEND	9	-
OTHER RELATIVES	5	1
ACQUAINTANCE	5	-
NEIGHBOR	4	-
HEALTH CENTER	3	-
DOCTOR	2	-
NURSE	1	-
MIDWIFE	1	-
PARENTS	2	1
BROTHER/SISTER	2	-
BROTHER/SISTER-IN-LAW	2	-
CHURCH LAY LEADER	2	-
PRIVATE HOSPITAL/CLINIC	1	-
DOCTOR	1	-
PUBLIC HOSPITAL/CLINIC	1	-
MIDWIFE	1	-
BARANGAY HEALTH WORKER (BHW)	-	1
RADIO	-	1
SCHOOL	-	1

	Metro Areas	Key Cities in Low CPR Regions
BASE - Total married/living-in who are aware but never tried injectable (wtd)	3269 %	122 %
NONE	76	71
SPOUSE/PARTNER	17	17
CLOSE FRIEND	3	3
PARENTS	2	1
ACQUAINTANCE	1	2
NEIGHBOR	1	2
HEALTH CENTER	1	1
MIDWIFE	1	1
BROTHER/SISTER	1	-
CHURCH LAY LEADER	*	1
PARENTS-IN-LAW	*	1
OTHER RELATIVES	*	1
PRIVATE HOSPITAL/CLINIC	-	1
DOCTOR	-	1
TV	-	1
BROTHER/SISTER-IN-LAW	-	1
BOOKS	-	1

# PRACTICE OF FAMILY PLANNING

**Table 35a. Reasons Why Never Used Ligation**

	Metro <u>Areas</u>	Key Cities in <u>Low CPR Regions</u>
BASE - Total who are aware of method but never tried ligation (wtd)	3143 %	125 %
Want to have children/more children	26	23
Inadvisable due to health/physical condition	24	13
Fear of side effects	20	21
Has side-effects according to others	5	-
Makes you a sex maniac	-	7
I'm scared to have an operation, there might be side effects	-	6
Spouse opposed	6	6
No need to use	5	5
Restrictions/negative effects if adopted	-	7
They say one cannot carry heavy things	-	5
Fear of the method/process	-	10

# PRACTICE OF FAMILY PLANNING

**Table 35b. Who Influenced Never to Use Ligation**

	Metro Areas	Key Cities in Low CPR Regions
BASE - Total married/living-in who are aware but never tried ligation (wtd)	2901 %	116 %
NONE	56	59
SPOUSE/PARTNER	16	17
CLOSE FRIEND	6	4
HEALTH CENTER	5	2
DOCTOR	4	-
NURSE	1	-
MIDWIFE	-	2
PRIVATE HOSPITAL/CLINIC	4	6
DOCTOR	4	6
MIDWIFE	-	1
CHURCH LAY LEADER	4	-
PARENTS	3	3
ACQUAINTANCE	3	1
PUBLIC HOSPITAL/CLINIC	2	-
DOCTOR	2	-
NEIGHBOR	1	3
OTHER RELATIVES	1	1
BROTHER/SISTER-IN-LAW	1	-
BROTHER/SISTER	-	2
PRIEST/PASTOR	-	1
BOOKS	-	1
CO-WORKER	-	1
RADIO	-	1
MIDWIFE (UNSPECIFIED IF PRIVATE OR PUBLIC)	-	1

**Table 35c. Who Objected/Disallowed Use of Ligation**

	Metro Areas	Key Cities in Low CPR Regions
BASE - Total married/living-in who are aware but never tried ligation (wtd)	2901 %	116 %
NONE	75	69
SPOUSE/PARTNER	18	18
PRIVATE HOSPITAL/CLINIC	2	4
DOCTOR	2	4
CLOSE FRIEND	2	1
PARENTS	1	2
OTHER RELATIVES	1	2
HEALTH CENTER	1	2
DOCTOR	1	-
NURSE	-	1
MIDWIFE	*	1
NEIGHBOR	1	2
ACQUAINTANCE	1	1
CHURCH LAY LEADER	1	-
PARENTS-IN-LAW	*	1
MIDWIFE (UNSPECIFIED IF PRIVATE OR PUBLIC)	-	1
TV	-	1

# PRACTICE OF FAMILY PLANNING

**Table 36a. Reasons Why Never Used Vasectomy**

	Metro Areas	Key Cities in Low CPR Regions	
BASE - Total who are aware of method but never tried vasectomy (wtd)	3235 %	147 %	
Spouse opposed	27	27	
Husband did not agree to it/Discouraged by boyfriend/girlfriend	23	-	
Fear of side effects	18	14	
Want to have children/more children	17	16	
They say it has side effects	10	5	
No need to use	10	5	
Husband/wife is still young	7	-	
Restrictions/negative effects if adopted	-	7	
Can't carry heavy loads anymore	-	5	
Prohibited by religion/church	5	5	
Others	6	-	
Not too familiar with family planning	-	5	

# PRACTICE OF FAMILY PLANNING

**Table 36b. Who Influenced Never to Use Vasectomy**

	Metro Areas	Key Cities in Low CPR Regions
BASE - Total married/living-in who are aware but never tried vasectomy (wtd)	2969 %	140 %
NONE	51	59
SPOUSE/PARTNER	34	28
CLOSE FRIEND	3	3
CHURCH LAY LEADER	3	-
OTHER RELATIVES	2	1
NEIGHBOR	2	1
ACQUAINTANCE	1	2
PRIVATE HOSPITAL/CLINIC	1	2
DOCTOR	1	2
PARENTS-IN-LAW	1	1
PARENTS	1	-
BROTHER/SISTER	1	-
PUBLIC HOSPITAL/CLINIC	1	-
DOCTOR	1	-
TV	1	-
HEALTH CENTER	-	1
DOCTOR	-	1
MIDWIFE	-	1
BROTHER/SISTER-IN-LAW	-	1
PRIEST/PASTOR	-	1
BOOKS	-	1
CO-WORKER	-	1
RADIO	-	1
BARANGAY HEALTH WORKER (BHW)	-	1

**Table 36c. Who Objected/Disallowed Use of Vasectomy**

	Metro Areas	Key Cities in Low CPR Regions
BASE - Total married/living-in who are aware but never tried vasectomy (wtd)	2969 %	140 %
NONE	69	72
SPOUSE/PARTNER	30	21
ACQUAINTANCE	1	2
CLOSE FRIEND	1	1
PARENTS	1	1
PRIVATE HOSPITAL/CLINIC	1	1
DOCTOR	1	1
CHURCH LAY LEADER	1	-
OTHER RELATIVES	*	1
HEALTH CENTER	*	1
MIDWIFE	*	1
NEIGHBOR	*	1
BROTHER/SISTER-IN-LAW	-	1
PARENTS-IN-LAW	-	1
TV	-	1
PRIEST/PASTOR	-	1

# Factors Considered in Choosing a Family Planning Method

# FACTORS CONSIDERED IN CHOOSING A FAMILY PLANNING METHOD

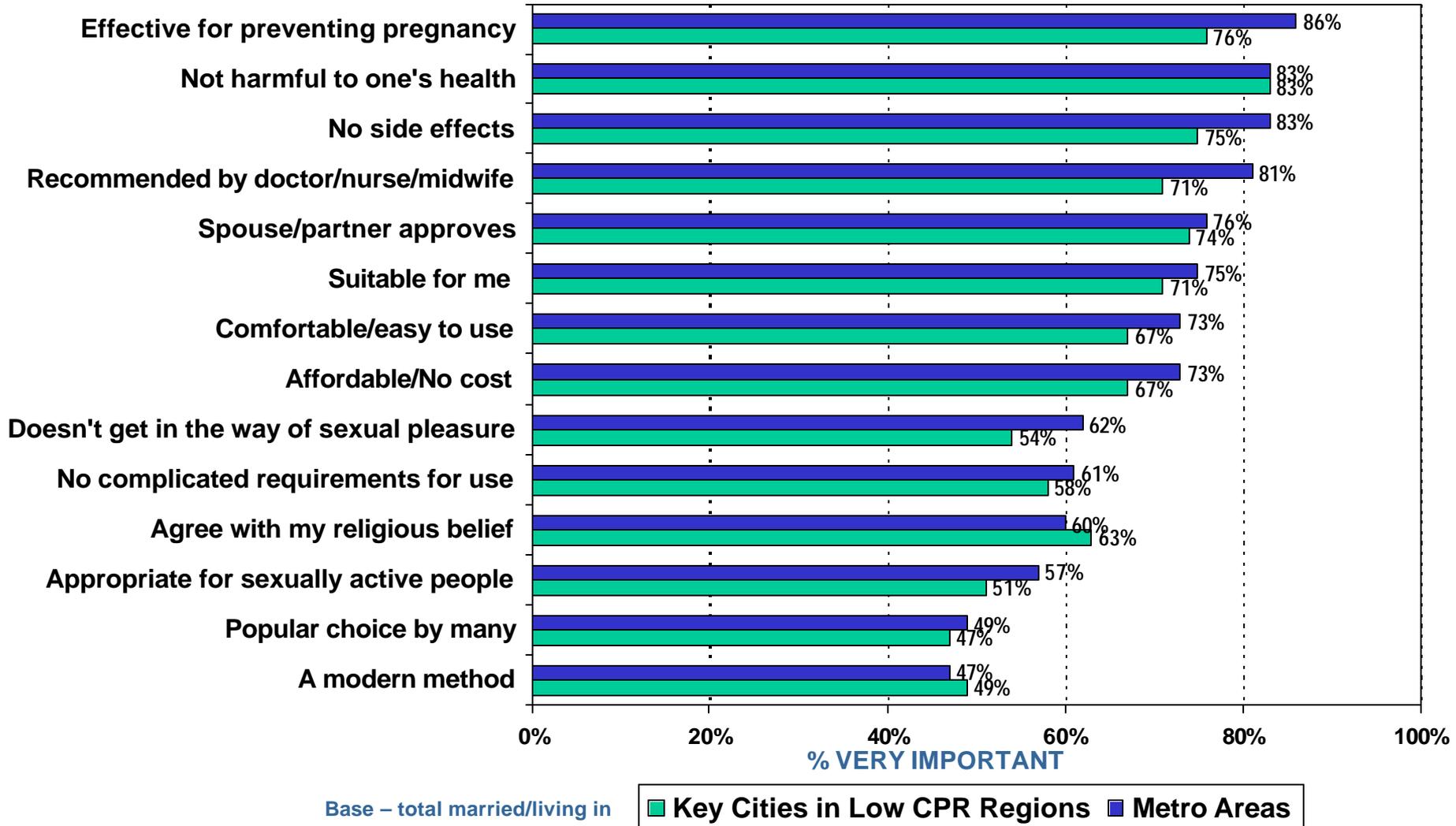
41. Those married/living-in were given 14 attributes and were asked to rate each based on its importance in choosing a FAMILY PLANNING method. These attributes come out to be the more important in their choice of a FAMILY PLANNING method: [Chart 5/Table 37]

	Metro Areas	Key Cities in Low CPR Regions
Effective for preventing pregnancy	86%	76%
Not harmful to one's health	83%	83%
No side effects	83%	75%
Recommended by doctor/nurse/midwife	81%	71%
Spouse/partner approves	76%	74%
Suitable for me	75%	71%
Comfortable/easy to use	73%	67%
Affordable/No cost	73%	67%
Doesn't get in the way of sexual pleasure	62%	54%
No complicated requirements for use	61%	58%
Agree with my religious belief	60%	63%
Appropriate for sexually active people	57%	51%
Popular choice by many	49%	47%
A modern method	47%	49%

To those from the Key Cities in Low CPR Regions, that it should agree with their religious beliefs (63%) is held more important than not getting in the way of sexual pleasure (54%).

# FACTORS CONSIDERED IN CHOOSING A FAMILY PLANNING METHOD

Chart 5. Important Factors in Choosing a Family Planning Method



# FACTORS CONSIDERED IN CHOOSING A FAMILY PLANNING METHOD

**Table 37. Ranked Important Factors in Choosing a Family Planning Method**  
Base: Total Married/Living in

	METRO AREAS		KEY CITIES IN LOW CPR REGIONS	
	%	Rank	%	Rank
Effective for preventing pregnancy	86%	1	76%	2
Not harmful to one's health	83%	1	83%	1
No side effects	83%	1	75%	2
Recommended by doctor/nurse/midwife	81%	2	71%	3
Spouse/partner approves	76%	3	74%	2
Suitable for me	75%	3	71%	3
Affordable/No cost	73%	3	67%	3
Comfortable/easy to use	73%	3	67%	3
Doesn't get in the way of sexual pleasure	62%	4	54%	5
No complicated requirements for use	61%	4	58%	4
Agree with my religious belief	60%	4	63%	3
Appropriate for sexually active people	57%	5	51%	5
Popular choice by many	49%	6	47%	6
A modern method	47%	6	49%	6

# Attitudes Toward Family Planning

# ATTITUDES TOWARDS FAMILY PLANNING

- 42. A big majority say that FAMILY PLANNING is very important (86% in Metro Areas, 87% in Key Cities in Low CPR Regions) and beneficial to the family (79% in Metro Areas, 74% in Key Cities in Low CPR Regions).  
[Table 38/Chart 6]
- 43. Majority also feel that decisions on FAMILY PLANNING matters should be a shared responsibility, particularly among married/living-in couples (83% in Metro Areas, 84% in Key Cities in Low CPR Regions).  
[Table 39]
- 44. The right to choose the method that is suitable is agreed by a majority in both survey areas (64% in Metro Areas, 57% in Key Cities in Low CPR Regions). Other constructs though agreed upon by more than half in Metro Areas do not get as much agreement in Key Cities in Low CPR Regions.

	<u>Metro Areas</u>	<u>Key Cities in Low CPR Regions</u>
<i>It is only right that information about all FP methods are provided to me.</i>	63%	47%
<i>I should choose a FP method appropriate for me regardless of what others think.</i>	62%	49%
<i>Practicing FP results in having the number of children I want that will lessen the financial burden of my family.</i>	59%	53%
<i>It is only right that all types of FP methods are made available for me to choose from.</i>	52%	45%
<i>Choosing modern methods of FP is a wise choice.</i>	52%	41%

# ATTITUDES TOWARDS FAMILY PLANNING

45. There does not seem to be any serious obstacle among couples insofar as accepting the concept of FAMILY PLANNING. A large majority of those who are married/living-in claim that their spouses/partner strongly agree to FAMILY PLANNING (71% in Metro Areas, 72% in Key Cities in Low CPR Regions). [Table 40] However, there is still a gap in inclination to practice since only 65% in Metro Areas and 67% in Key Cities in Low CPR Regions strongly agree with couples who practice FAMILY PLANNING. [Table 41]
46. Constructs referring to MODERN methods do not get clear agreement perhaps because the term “modern” is nebulous to the respondent (see #10).

	<u>Metro Areas</u>	<u>Key Cities in Low CPR Regions</u>
<i>Choosing modern methods of FAMILY PLANNING is a wise choice.</i>	52%	41%
<i>Modern methods of FAMILY PLANNING is a good fit to my lifestyle.</i>	42%	43%
<i>I feel confident that modern methods of FAMILY PLANNING are really effective at preventing pregnancy.</i>	42%	41%
<i>Choosing modern methods of FAMILY PLANNING makes me feel good about myself.</i>	41%	42%

There is widespread agreement though that calendar/rhythm and withdrawal are not effective (70% in Metro Areas, 65% in Key Cities in Low CPR Regions).

married/living-in people are generally in greater agreement with statements than singles.

# ATTITUDES TOWARDS FAMILY PLANNING

**Table 38. Importance of Family Planning**

	METRO AREAS					KEY CITIES IN LOW CPR REGIONS				
	TOTAL	MALE	FEMALE	SINGLE	MARRIED	TOTAL	MALE	FEMALE	SINGLE	MARRIED
BASE - TOTAL INTERVIEWS (WTD)	7380	3675	3704	2801	4579	337	169	169	138	199
Very/Somewhat important	96	97	96	95	97	96	98	95	93	98
Very important	86	82	88	83	87	87	88	87	83	89
Somewhat important	11	14	8	12	10	9	10	8	10	9
Maybe important/Maybe not	2	1	3	3	2	3	1	5	7	1
Somewhat/Not at all important	2	2	1	2	1	1	1	1	0	1
Somewhat not important	1	2	1	1	1	1	0	0	0	0
Not important at all	*	*	1	1	*	0	0	0	0	0

**Table 39. Who Should Decide on Family Planning Matters**

	METRO AREAS					KEY CITIES IN LOW CPR REGIONS				
	TOTAL	MALE	FEMALE	SINGLE	MARRIED	TOTAL	MALE	FEMALE	SINGLE	MARRIED
BASE - TOTAL INTERVIEWS (WTD)	7380	3675	3704	2801	4579	337	169	169	138	199
Man	10	14	5	13	8	14	19	8	16	12
Woman	13	7	18	17	10	9	8	10	14	5
Both	78	78	77	70	83	78	74	82	70	84

# ATTITUDES TOWARDS FAMILY PLANNING

**Table 40. Perceived Agreement/Disagreement of Spouse with Family Planning**

	<b>Metro Areas</b>	<b>Key Cities in Low CPR Regions</b>
BASE - TOTAL MARRIED/LIVING-IN (WTD)	4579	199
	712	236
	%	%
Strongly Agree/Somewhat Agree	85	86
Strongly Agree	71	72
Somewhat Agree	14	14
May Agree/May Disagree	9	8
Somewhat/Strongly Disagree	6	6
Somewhat Disagree	2	2
Strongly Disagree	4	4
INDEX	4.5	4.5

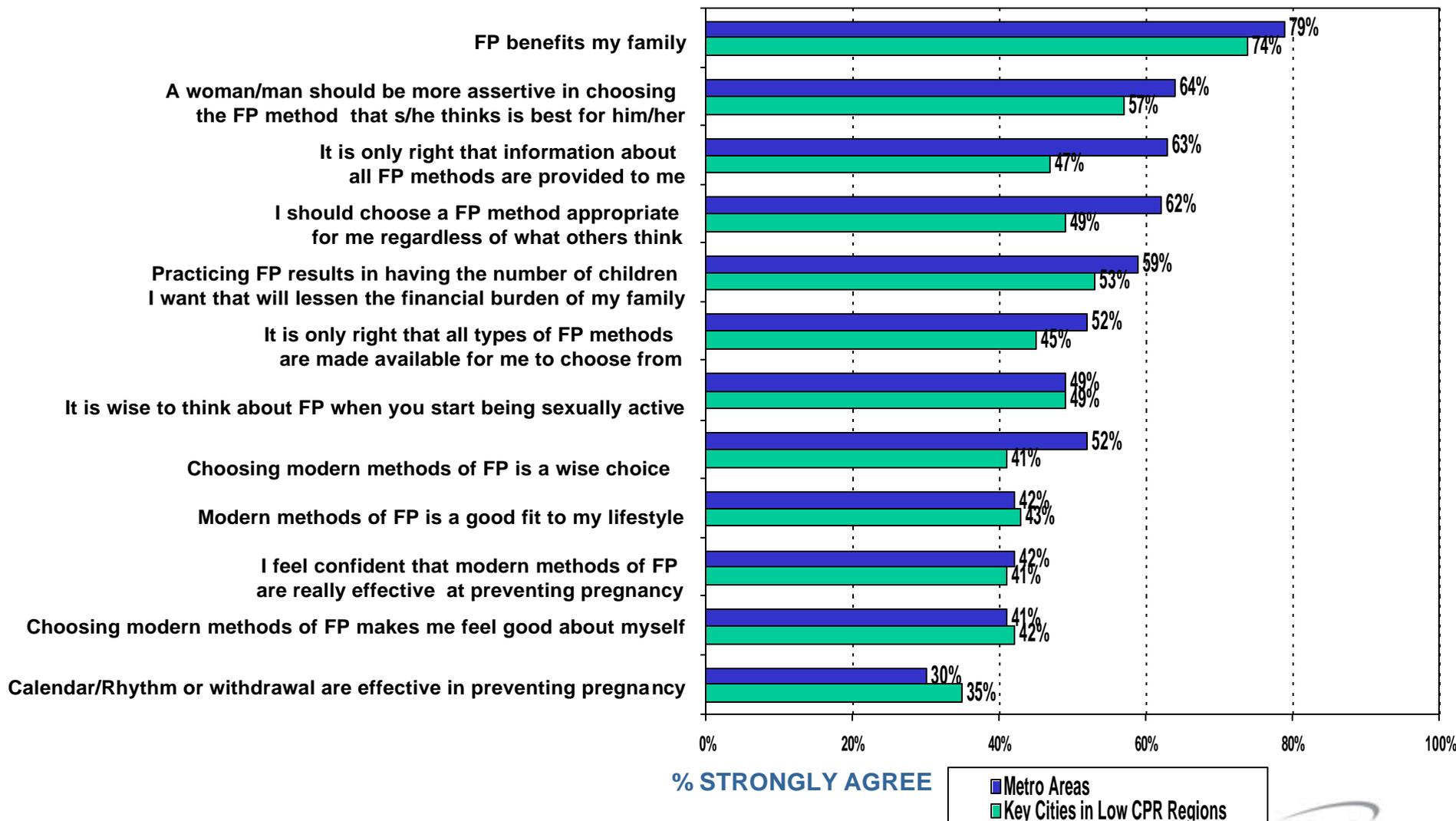
**Table 41. Agreement/Disagreement with Couples Who Adopt Family Planning**

	METRO AREAS					KEY CITIES IN LOW CPR REGIONS				
	TOTAL	MALE	FEMALE	SINGLE	MARRIED	TOTAL	MALE	FEMALE	SINGLE	MARRIED
BASE - TOTAL INTERVIEWS (WTD)	7380	3675	3704	2801	4579	337	169	169	138	199
Strongly/Somewhat Agree	86	83	88	80	90	84	82	87	81	87
Strongly agree	65	60	70	55	71	67	64	70	58	73
Somewhat agree	21	24	19	25	19	18	19	16	22	14
May Agree/May Disagree	9	9	8	12	7	10	13	8	11	10
Somewhat/Strongly Disagree	6	8	4	9	4	5	5	5	9	3
Somewhat disagree	2	4	1	4	2	3	2	3	6	*
Strongly disagree	3	4	3	5	2	3	3	2	3	3

# ATTITUDES TOWARDS FAMILY PLANNING

## Chart 6. Agreement to Specific Family Planning Statements

Base: Total Interviews



# ATTITUDES TOWARDS FAMILY PLANNING

**Table 42. Agreement to Specific Family Planning Statements**

	METRO AREAS			KEY CITIES IN LOW CPR REGIONS		
	TOTAL	MARRIED	SINGLE	TOTAL	MARRIED	SINGLE
Base - total interviews (wtd)	7380	4579	2801	337	199	138
(unwtd)	1200	712	488	400	236	164
	%	%	%	%	%	%
FP benefits my family	79	80	78	74	76	71
A woman/man should be more assertive in choosing FP method that s/he thinks is best for him/her	64	65	61	57	62	49
It is only right that information about all FP methods are provided to me	63	67	57	47	52	40
I should choose a FP method appropriate for me regardless of what others think	62	66	53	49	55	41
Practicing FP results in having the number of children I want that will lessen the financial burden of my family	59	64	51	53	59	43
It is only right that all types of FP methods are made available for me to choose from	52	58	43	45	52	34
Choosing modern methods of FP is a wise choice	52	55	46	41	43	38
It is wise to think about FP when you start being sexually active	49	51	46	49	53	43
Modern methods of FP is a good fit to my lifestyle	42	44	39	43	46	40
I feel confident that modern methods of FP are really effective at preventing pregnancy	42	47	34	41	43	34
Choosing modern methods of FP makes me feel good about myself	41	44	36	42	46	36
Calendar/Rhythm or withdrawal are effective in preventing pregnancy	30	33	24	35	38	29

# Perceptions of Family Planning Methods

# PERCEPTIONS OF FAMILY PLANNING METHODS

Perceptual mapping plots methods and attributes according to what respondents associate strongly with the method. Attributes congregating around a method defines the qualities which consumers perceive the method to have.

## AMONG THOSE IN METRO AREAS WHO HAVE EVER USED EACH FAMILY PLANNING METHOD:

47. **Natural FAMILY PLANNING** method, **rhythm** and **withdrawal** are associated with the following attributes:

- ✓ Suitable for me
- ✓ Affordable/no cost
- ✓ Agrees with my religious belief
- ✓ Comfortable/easy to use
- ✓ Spouse/partner approves
- ✓ No complicated requirements for use

**Vasectomy**, **ligation** and **condom** are more associated with popular choice by many and appropriate for sexually active people

**Injectables** and **oral pill** are more associated with being effective for preventing pregnancy and recommended by doctor/nurse/midwife

**IUD** is more associated with being a modern method and recommended by doctor/nurse/midwife. [Chart 7]

# PERCEPTIONS OF FAMILY PLANNING METHODS

**AMONG THOSE IN KEY CITIES IN LOW CPR REGIONS WHO HAVE EVER USED EACH FAMILY PLANNING METHOD:**

**Condom** is associated with the following attributes:

- ✓ Affordable/no cost
- ✓ Popular choice by many
- ✓ Appropriate for sexually active people

**Withdrawal** is associated with the following attributes:

- ✓ No complicated requirements for use
- ✓ Agrees with my religious belief
- ✓ Affordable/no cost
- ✓ Not harmful to one's health

**Injectable** and **oral pill** are associated with the following attributes:

- ✓ Effective for preventing pregnancy
- ✓ A modern method
- ✓ Recommended by doctor/nurse/midwife
- ✓ Spouse/partner approves
- ✓ Comfortable/easy to use

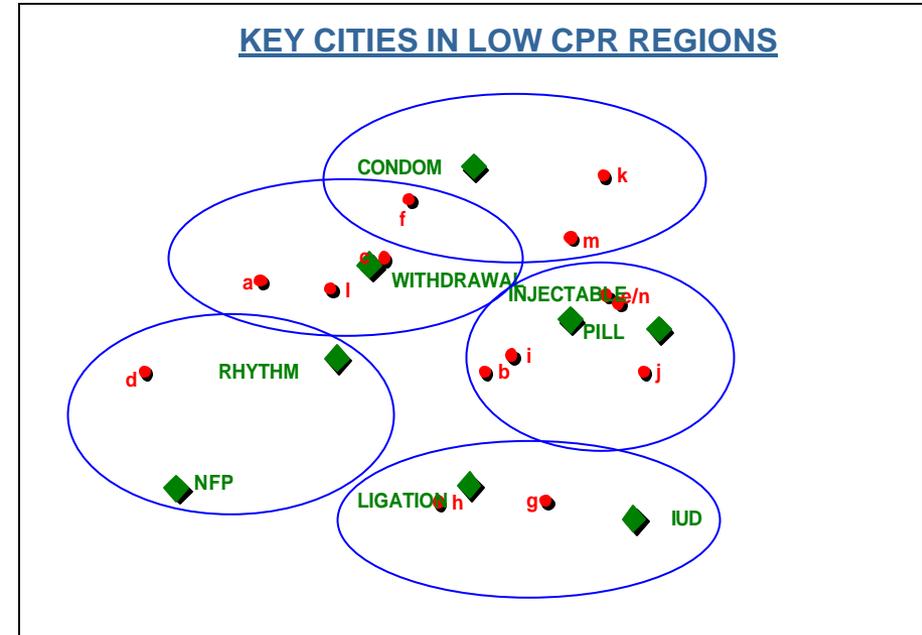
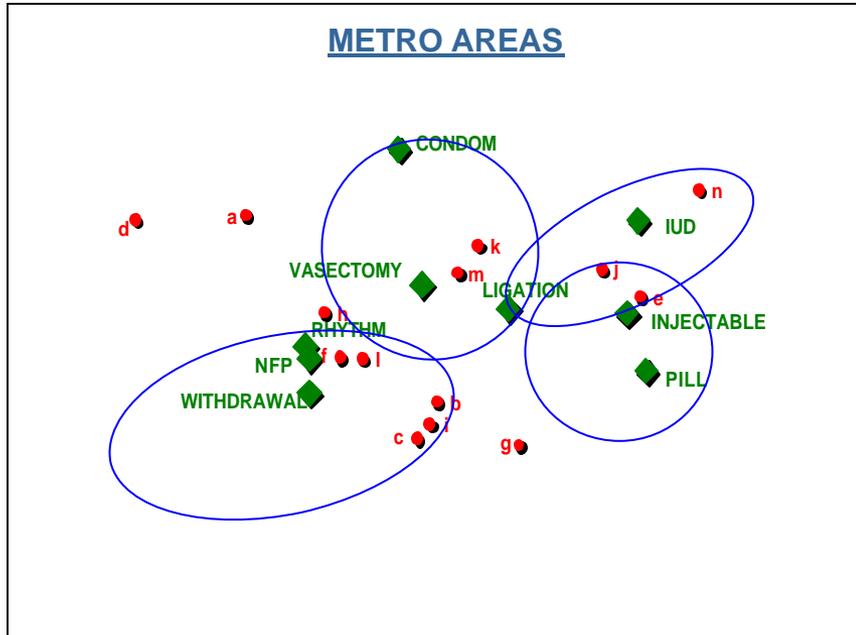
**Rhythm** and **Natural FAMILY PLANNING** methods are regarded as methods with no side effects.

**Ligation** and **IUD** are associated with :

- ✓ Suitable for me
- ✓ Doesn't get in the way of sexual pleasure

# PERCEPTIONS OF FAMILY PLANNING METHODS

Chart 7a. Associations with Family Planning Methods [Base – total married/living-in who have ever used (method)]



- a. Not harmful to one's health
- b. Comfortable/easy to use
- c. No complicated requirements for use
- d. No side effects
- e. Effective for preventing pregnancy
- f. Affordable/No cost
- g. Doesn't get in the way of sexual pleasure

- h. Suitable for me
- i. Spouse/partner approves
- j. Recommended by doctor/nurse/midwife
- k. Popular choice by many
- l. Agree with my religious belief
- m. Appropriate for sexually active people
- n. A modern method

Perceptual map is the mapping of the association between attributes of any two variables. It utilizes correspondence analysis as the statistical method to generate the map. The technique defines a measure of distance (association or correlation) between any two points, where the points are the attributes of the variables, which in this case are the different FAMILY PLANNING methods and perceived characteristics of the methods. The normalized distance is plotted on a plane. The relative distances of the mapped points show the degree of association between attributes of two variables. Points that are relatively closer to one another signify high association.

# Family Planning Consultation

# FAMILY PLANNING CONSULTATION

---

48. A great majority in both Metro Areas (90%) and Key Cities in Low CPR Regions (82%) did not consult or seek information about FAMILY PLANNING in the past 3 months largely because they feel they do not need to. Those who consulted went to health centers (41% in Metro Area, 45% in Key Cities in Low CPR Regions) with a plurality (36% in Metro Areas, 41% in Key Cities in Low CPR Regions) who are very satisfied with the consultation. [Chart 8a/b/c]

Among those married/living-in who consulted in the past 3 months (8% in Metro Areas, 12% in Key Cities in Low CPR Regions), majority went to healthcare providers in public and private institutions particularly in health centers.

Singles felt too embarrassed or did not feel the need to consult healthcare providers. They resorted to secondary sources such as TV and reading materials. Only a small percentage (31% of 14% in Metro Areas) went to health centers. Small wonder that singles in Metro Areas are less satisfied with their sources.

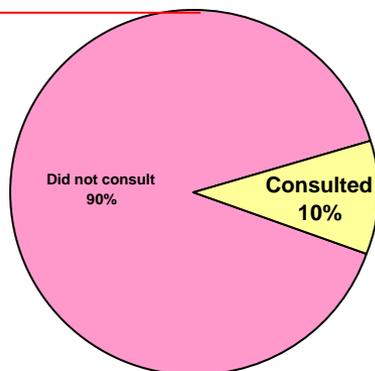
# FAMILY PLANNING CONSULTATION

Chart 8a. Family Planning Consultation in Past 3 Months (Base: Total Interviews)

## METRO AREAS

### Reasons for Not Consulting

Didn't feel the need	21%
Ligated/over child-bearing age	17
Too embarrassed	12
Satisfied with current method	11
Want to get pregnant	9
Busy/No time	8
Don't know where	8



### Where

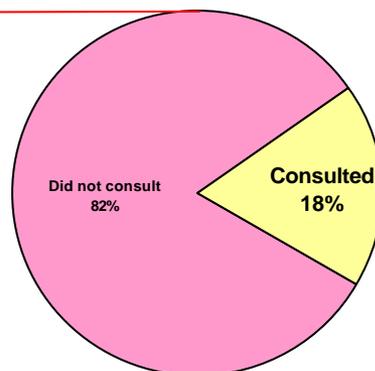
Health Center	41%
Midwife	13
Doctor	12
Books	19
TV	16
Private Hosp/Clinic	14
Magazine	12



## KEY CITIES IN LOW CPR REGIONS

### Reasons for Not Consulting

Didn't feel the need	17%
Too embarrassed	16
Ligated/over child-bearing age	13
Busy/No time	13
Don't know where	12
Want to get pregnant	7
Satisfied with current method	5
Doctor not always there	5
Doesn't practice FP	6



### Where

Health Center	45%
Midwife	14
Doctor	10
Nurse	5
TV	23
Public Hosp/Clinic	16
Magazine	13
Books	11
Private Hosp/Clinic	10



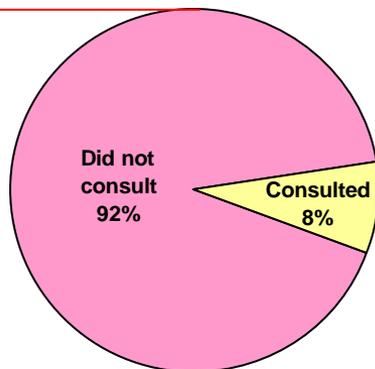
# FAMILY PLANNING CONSULTATION

Chart 8b. Family Planning Consultation in Past 3 Months Among married/living-in

## METRO AREAS

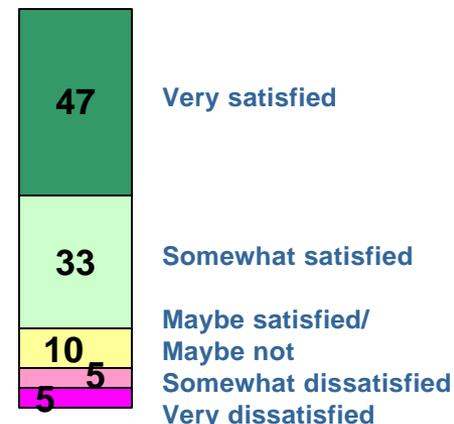
### Reasons for Not Consulting

Ligated/over child-bearing age	27%
Satisfied with current method	17
Want to get pregnant	14
Busy/No time	12
Didn't feel the need	9



### Where

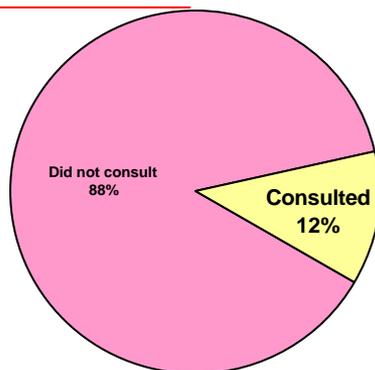
Health Center	53%
Midwife	27
Doctor	25
Nurse	6
Private Hosp/Clinic	25
Public Hosp/Clinic	11
Acquaintance	11
Close friend	9
Books	5
Other relatives	5



## KEY CITIES IN LOW CPR REGIONS

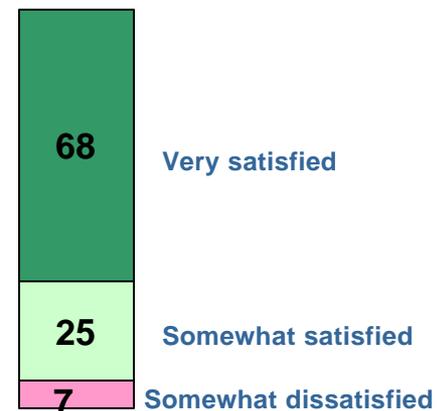
### Reasons for Not Consulting

Didn't feel the need	27%
Busy/No time	20
Ligated/over child-bearing age	20
Want to get pregnant	11
Satisfied with current method	9
Doesn't practice FP	7



### Where

Health Center	62%
Midwife	34
Doctor	25
Nurse	11
Public Hosp/Clinic	21
Doctor	18
Midwife	4
Private Hosp/Clinic	17
Doctor	13
Midwife	4



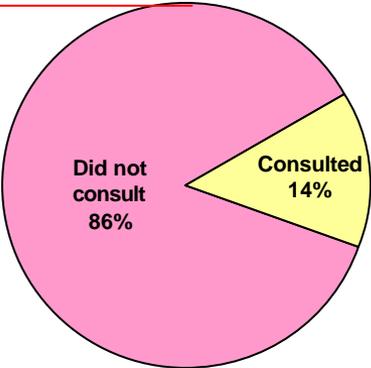
# FAMILY PLANNING CONSULTATION

Chart 8c. Family Planning Consultation in Past 3 Months Among Singles

## METRO AREAS

**Reasons for Not Consulting**

Didn't feel the need	43%
Too embarrassed	34



**Where**

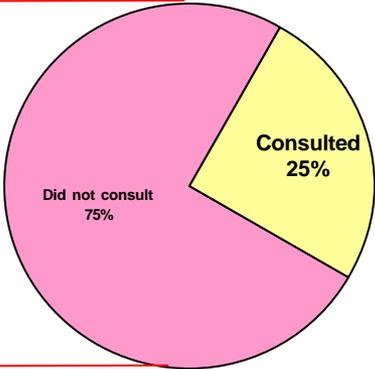
Books	32%
Health Center	31
TV	31
Magazine/Medical Journal	23
Others	21
Seminar/Workshop/Conference	12
Newspaper	11
Internet	11
Flyers/Leaflet	10
Radio	7
Store clerk/Pharmacy Drugstore	6
Billboards	6



## KEY CITIES IN LOW CPR REGIONS

**Reasons for Not Consulting**

Too embarrassed	41%
Didn't feel the need	27
Doctor/Health center staff not always available	12



Further analysis among those who consulted in Key Cities in Low CPR Regions not recommended due to very small base.

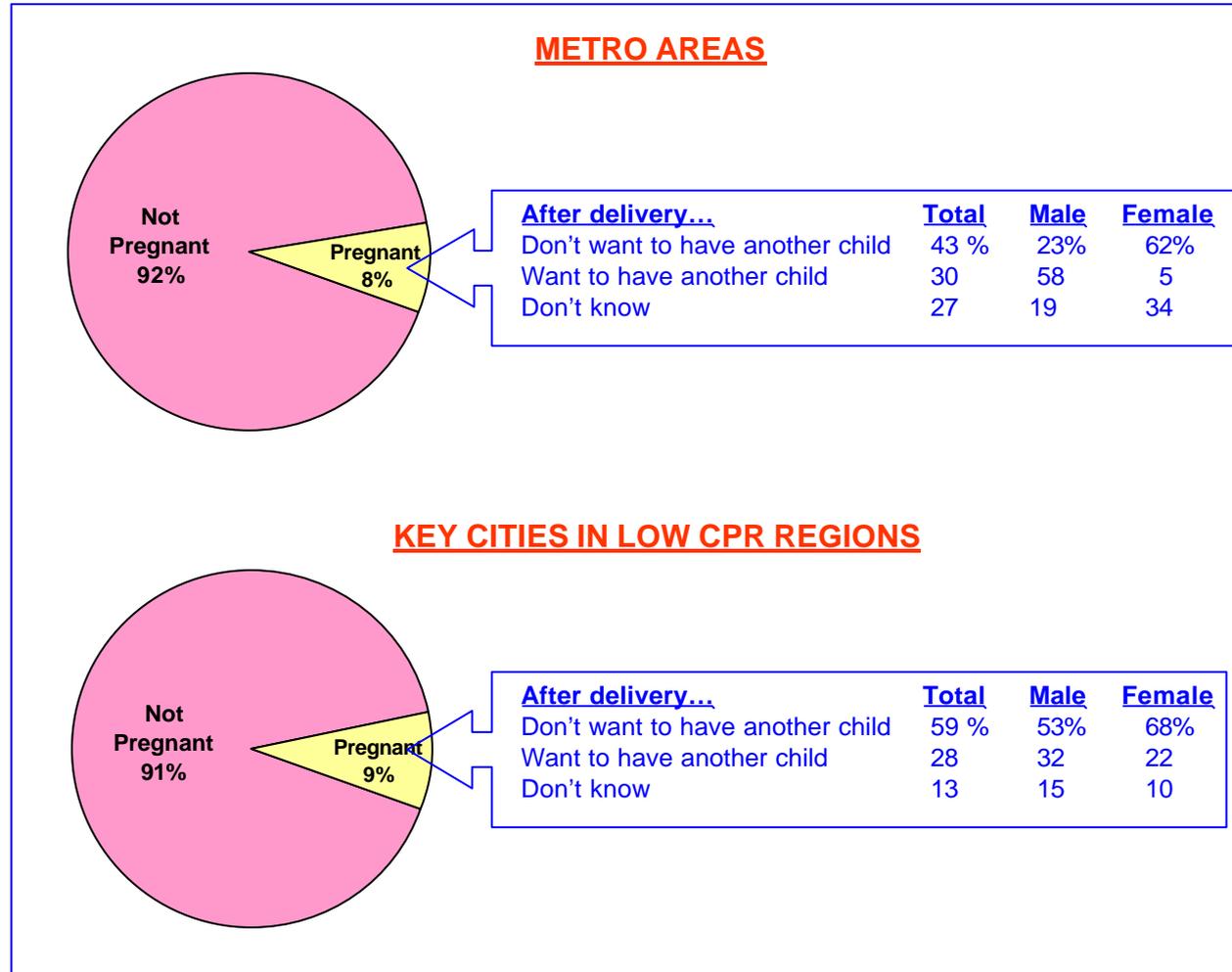
# Fertility

# FERTILITY

**Chart 9. Fertility Preferences**  
**Base: Total Married/Living In**

49. Very few of respondents/ respondents' wives were pregnant during the interview (8% in Metro Areas, 9% in Key Cities in Low CPR Regions). Those pregnant were asked if they would want to have another child after delivery. Males and females in Metro Areas have different reactions. Pregnant females generally do not want to have another child (62%) while males tend to want another one (58%). [Chart 9]

However, in Key Cities in Low CPR Regions, more than half of both male and female do not want to have another child (53% among males, 68% among females).



# Media Habits

# MEDIA HABITS

50. Watching TV daily is a common habit in Metro Areas than in the Key Cities in Low CPR Regions. Listening to the radio everyday though less frequent than watching TV is about the same for both survey areas.

Newspaper reading in Metro Areas is a daily or at least a weekly activity. Those in Key Cities in Low CPR Regions read newspapers less frequently (34% in Metro Areas, 10% in Key Cities in Low CPR Regions).

Reading magazines is at best once a week in Metro Areas and even less frequent in Key Cities in Low CPR Regions.

More than half of those in both areas have never tried surfing the internet. [Table 43]

**Table 43. Media Exposure**

BASE - TOTAL INTERVIEWS	Watching TV		Listening to Radio		Reading Newspapers		Reading Magazines		Surfing the Internet	
	Metro Areas	Key Cities in Low CPR Regions	Metro Areas	Key Cities in Low CPR Regions	Metro Areas	Key Cities in Low CPR Regions	Metro Areas	Key Cities in Low CPR Regions	Metro Areas	Key Cities in Low CPR Regions
Everyday/Almost everyday	86	73	56	51	34	10	4	4	4	3
A few times a week	10	17	21	19	27	16	14	9	8	5
Once a week	2	5	11	15	21	21	21	9	8	3
A few times a month	1	1	5	1	7	8	13	7	2	4
Once a month	1	1	4	6	7	23	16	17	8	4
A few times a year	0	1	1	2	2	9	14	16	3	3
Hardly ever	0	1	2	6	2	11	15	28	12	12
Never	0	0	1	1	*	3	4	10	57	67

# Attitudes and Sexual Practices of Those Who Are Single

# ATTITUDES AND SEXUAL PRACTICES OF THOSE WHO ARE SINGLE

- 51. Less than half (42% in Metro Areas, 45% in Key Cities in Low CPR Regions) of unmarried respondents currently have no steady boyfriend/girlfriend.
- 52. Practice of pre-marital sex is high even if one out of two consider pre-marital sex wrong under any circumstance. About a third say (33% in Metro Areas, 31% in Key Cities in Low CPR Regions) it is acceptable in a steady relationship. [Table 44]

More males say pre-marital sex is acceptable in a steady relationship while more females say it is wrong in any circumstance.

**Table 44. Disposition About Pre-Marital Sex**

	METRO AREAS			KEY CITIES IN LOW CPR REGIONS		
	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
BASE - TOTAL INTERVIEWS (WTD)	2801	1668	1133	138	86	52
<i>Pre-marital sex is...</i>						
Acceptable even if there is no relationship	5	6	2	5	6	5
Acceptable for males but not for females	7	8	5	13	11	17
Acceptable in a steady relationship	33	39	25	31	41	16
Wrong regardless of circumstances	56	47	68	50	43	61

# ATTITUDES AND SEXUAL PRACTICES OF THOSE WHO ARE SINGLE

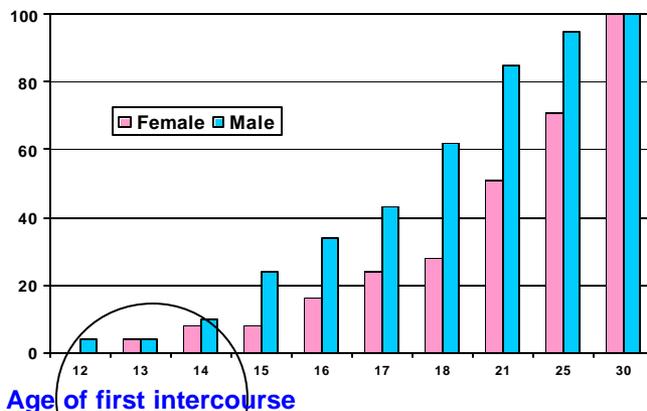
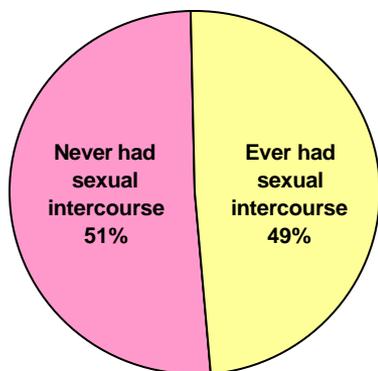
---

53. Half (49%) of single respondents in Metro Areas have had sexual intercourse. [Chart 10] This proportion is lower (33%) in Key Cities in Low CPR Regions. Males are a lot more inclined to pre-marital sex than females.
54. In Metro Areas, males experience pre-marital sex earlier than females. At age 15, over 20% of males had their first sexual experience and by age 21, this has grown to more than 80%. Their first sexual intercourse is with boyfriends (96%) or girlfriends (64%).
55. For females, pre-marital sex is motivated by emotional involvement while males do it out of curiosity, lust or as a rite of passage. Over half of females who have had sexual intercourse (59%) say was a way to prove that they love their boyfriends. About a fifth of both males and females were driven out of curiosity. More males admit they have been driven by lust and peer pressure. First sexual intercourse occurred in private houses, either theirs, their partners', or a friends'.
56. During their first sexual intercourse, 71% thought of the possibility getting pregnant (females) or getting someone pregnant (males). Majority (69% in Metro Areas, 63% in Key Cities in Low CPR Regions) of single respondents say they will not be happy if they get pregnant/somebody pregnant. This sentiment is more pronounced among females than among males. [Table 31] Use of methods to prevent pregnancy is not common on the first sexual intercourse. Only 26% used protection. [Chart 11]

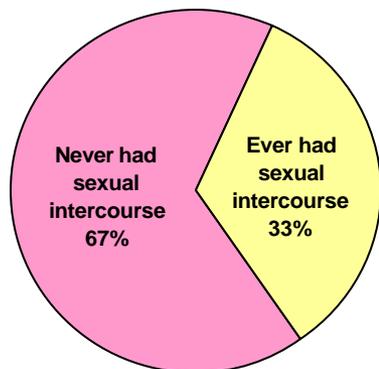
# ATTITUDES AND SEXUAL PRACTICES OF THOSE WHO ARE SINGLE

Chart 10. First Sexual Intercourse (Base: Total single)

## METRO AREAS



## KEY CITIES IN LOW CPR REGIONS



Further analysis among singles who have ever had sexual intercourse in Key Cities in Low CPR Regions not recommended due to very small base.

### What influenced

	Total	Male	Female
To prove I love my boy/girlfriend	38 %	27%	59 %
Curiosity	28	33	20
Boy/girlfriend wants to	23	26	16
Lust	14	20	1
My friends have experienced it	13	17	4
Was forced to do so	9	6	16

### With whom

	Total	Male	Female
Boy/girlfriend	75	64	96
Close friend	6	10	0
Others	19	26	4

### Where

	Total	Male	Female
Respondent's house	28	26	32
Motel/Hotel	23	18	33
Friend's house	18	23	8
Boy/girlfriend's house	18	13	26
Others	13	20	0

	Total	Male	Female
Thought of getting pregnant/ getting someone pregnant	71	72	69

	Total	Male	Female
Used any method to prevent pregnancy	26	24	29

# ATTITUDES AND SEXUAL PRACTICES OF THOSE WHO ARE SINGLE

---

57. A sizeable proportion of those who have ever had pre-marital sex are sexually active but majority do not always use any method to prevent pregnancy. In Metro Areas, 41% have had sexual intercourse in the past 3 months. Of this segment, a large majority (88%) had sexual intercourse about 1-5 times in the past 3 months but only a minority use methods to prevent pregnancy all the time.

*For Key Cities in Low CPR Regions, base sizes are too small to make the same analysis.*

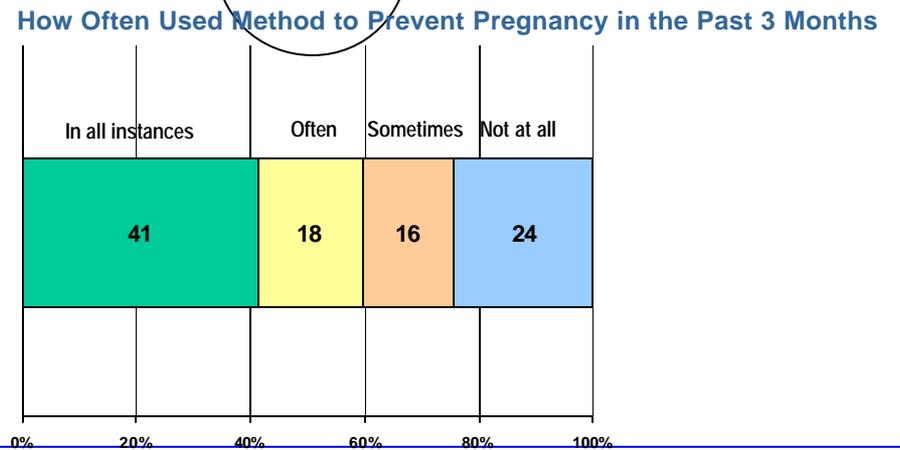
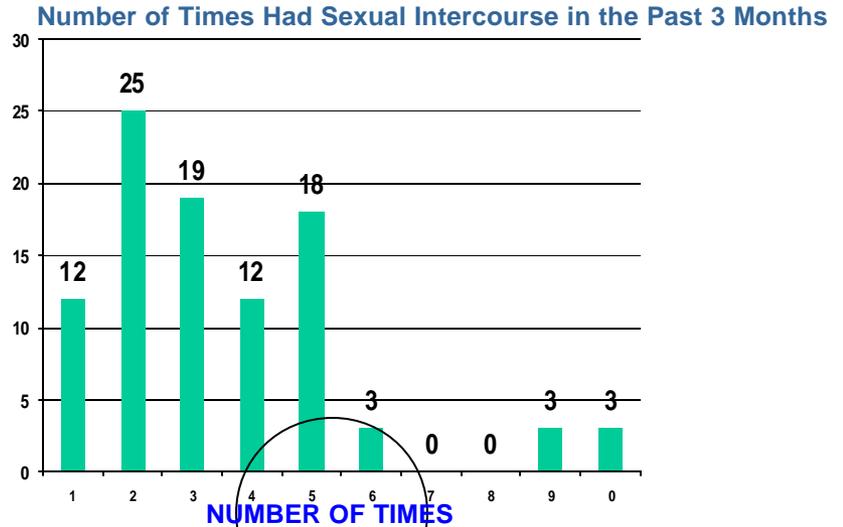
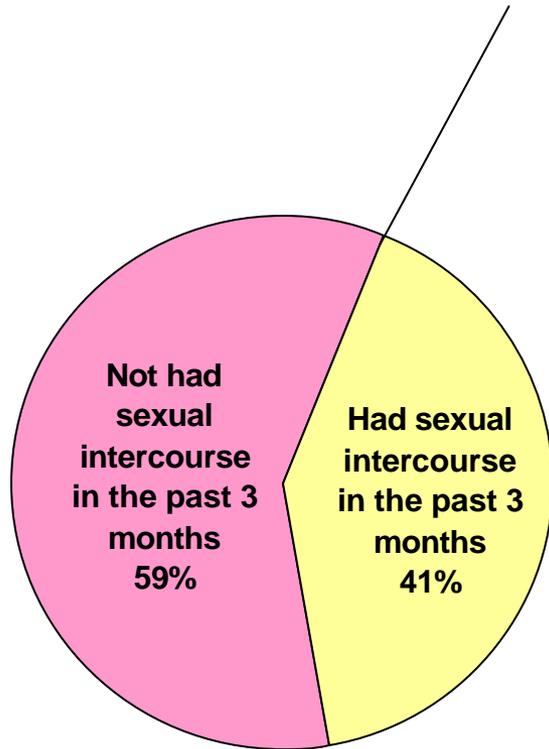
58. Incidence of pregnancy among singles is about one out of five (17%) have been pregnant/gotten somebody pregnant. In Metro Areas, this happened to 24% when they were 18-19 years old but for a larger proportion (36%), this happened later (25-29 years old). [Chart 12]

59. Among females, the first person they discussed this pregnancy was with their boy/girlfriend (60%), then their parents or siblings. Eleven percent did not discuss this with anybody. Males discussed this first with their parents (31%) or did not discuss this with anybody (21%).

*For Key Cities in Low CPR Regions, base sizes are too small to make the same analysis.*

# ATTITUDES AND SEXUAL PRACTICES OF THOSE WHO ARE SINGLE

**Chart 11. Sexual Behavior in the Past 3 Months (Metro Areas)**  
 Base: Total who have ever had sexual intercourse

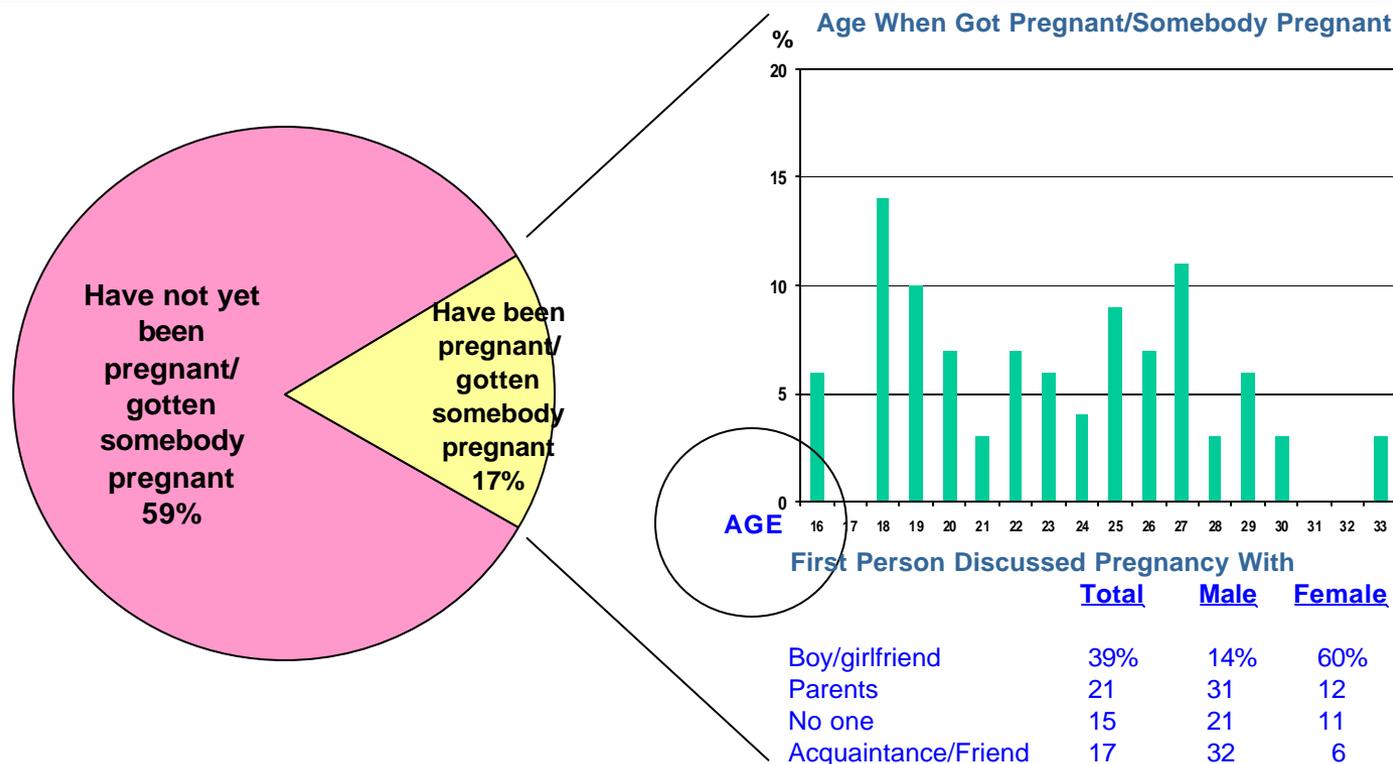


# ATTITUDES AND SEXUAL PRACTICES OF THOSE WHO ARE SINGLE

**Table 45. Whether or Not Respondent Will Be Happy if S/he Finds Out She is Pregnant/ He Has Gotten Somebody Pregnant Before Marriage**

	METRO AREAS			KEY CITIES IN LOW CPR REGIONS		
	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
BASE - TOTAL INTERVIEWS (WTD)	2801	1668	1133	138	86	52
Happy	31	37	22	36	45	22
Not happy	69	63	78	63	55	76

**Chart 12. Getting Pregnant/Somebody Pregnant Before Marriage (Metro Areas)**



# ATTITUDES AND SEXUAL PRACTICES OF THOSE WHO ARE SINGLE

60. Respondents were asked which in a set of behaviors done by couples are acceptable in a committed relationship. Those in Metro Areas are far more tolerant than in Key Cities in Low CPR Regions; males are more tolerant than females.

Holding hands between couples is generally accepted. About half say it is alright for couples to be left alone together or to kiss. Females are more likely to approve holding hands and being alone together. [Table 46]

A significant number are open to sexual intercourse (20% in Metro Areas, 10% in Key Cities in Low CPR Regions) in a committed relationship. More males than females in Metro Areas hold this view.

**Table 46. Acceptable Behaviors of Unmarried Couples in a Committed Relationship**

	METRO AREAS			KEY CITIES IN LOW CPR REGIONS		
	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
BASE - TOTAL INTERVIEWS (WTD)	2801	1668	1133	138	86	52
Holding hands	72	62	87	63	52	82
Being alone together	52	41	68	46	44	51
Kissing	48	43	54	32	33	32
Necking	12	11	15	9	9	8
Petting	8	9	8	5	6	5
Caressing/fondling private parts of the body	12	13	11	10	11	8
Oral sex	10	12	7	12	17	5
Sexual intercourse	20	27	9	10	11	8

# IV. ANNEXES

# Criteria for Socio-Economic Classification of Homes

Homes are classified into four (4) groups as follows:

- Class AB (Upper class) - the most affluent group whose homes and lifestyles exude an obvious disregard for or lack of economizing
- C (Middle class) - middle-class households, whose homes and lifestyles reflect comfortable living and the capacity to indulge in a few luxuries
- D (Lower class) - households who have some comfort and means, but basically thrive on a hand-to-mouth existence
- E (Extremely low class) - those who evidently face great difficulties in meeting their basic survival needs

The following criteria are used in their totality i.e. consideration is used to corroborate the others to classify more objectively. Also, bear in mind that individual judgment continues to play a part in properly classifying a home.

FACTORS	AB	C	D	E
Occupation of Household Head	<ul style="list-style-type: none"> <li>• Big/medium scale businessman</li> <li>• Big/medium size farm owner</li> <li>• Top/senior executive</li> <li>• Established professional: - usually a doctor, lawyer, engineer, architect, etc.</li> <li>• National or provincial gov't official</li> </ul>	<ul style="list-style-type: none"> <li>• Small businessman</li> <li>• Small farm-owner</li> <li>• Middle level/Junior executive/manager</li> <li>• Professionals: - practicing doctor, lawyer, architect, accountant, etc.</li> <li>• Town official</li> <li>• Senior White-collar worker</li> <li>• Skilled worker</li> <li>• Foreman/Supervisor</li> </ul>	<ul style="list-style-type: none"> <li>• Farm tenant</li> <li>• Lowly paid white-collar worker</li> <li>• Skilled worker</li> <li>• Unskilled worker</li> <li>• Foreman</li> <li>• Blue-collar worker</li> <li>• White-collar worker</li> </ul>	<ul style="list-style-type: none"> <li>• Vendor</li> <li>• Farm hand/fisherman</li> <li>• Manual laborer</li> <li>• Unskilled worker</li> <li>• Unemployed or holds a part-time/irregular job</li> </ul>

## Criteria for Socio-Economic Classification of Homes (cont'd)

FACTORS	AB	C	D	E
Total household monthly Income	A: > 50,000 B: 30,001 - 50,000	C1: 25001 – 30000 C2: 15001 - 25,000	7,001 - 15,000	7,000 or less
General Appearance of House	<ul style="list-style-type: none"> <li>• Located in exclusive subdivisions or expensive neighborhoods; stand out in mixed neighborhood;</li> <li>• Permanent structure; very well constructed; impressively spacious; made of heavy, high quality materials (concrete or wood-concrete combination); well-painted; generally with sprawling lawn/garden</li> <li>• (Includes condominium units/townhouses/apartments in expensive neighborhood)</li> </ul>	<ul style="list-style-type: none"> <li>• Maybe found in mixed neighborhoods (with B or with D type households)</li> <li>• Permanent structure; well-constructed; made of good quality/mixed heavy &amp; light materials (wood &amp; concrete); painted; may or may not have a lawn or garden; may have a front yard</li> <li>• (Medium-rate apartments belong to this category)</li> </ul>	<ul style="list-style-type: none"> <li>• Found in neighborhoods of generally the same household type with occasional large houses;</li> <li>• Located in shabby surroundings</li> <li>• Not too large structure of light &amp; cheap materials; poorly constructed; generally unpainted; may have a front yard but no lawn/garden</li> <li>• (Low-rate apartment dwellers belong to this class)</li> </ul>	<ul style="list-style-type: none"> <li>• Located in slum districts, interiors, or densely-populated/shabby areas</li> <li>• Temporary structure; barong-barong type or poorly constructed one room affair; no or garden; unpainted or dilapidated</li> </ul>
Housing	May rent/Own house & lot	May rent/Own house & lot	May rent/Own house & lot	May rent/own house on squattered land
Monthly house rental	P15,001 & up	C1: 10001 – 15000 C2: 5001 -- 10,000	P1,001 - 5,000	P1000 & below

## Criteria for Socio-Economic Classification of Homes (cont'd)

FACTORS	AB	C	D	E
Household Facilities	With expensive furnishings	Adequate furnishings with reasonably priced furniture	Inadequately furnished with cheap furniture	No set furnishings
Must have:	radio/stereo/CD, color TV, air conditioner, refrigerator, car, range with oven, plumbing, electricity, VHS/Laser, telephone/cellular phone	radio/stereo, color TV, refrigerator, video tape recorder, plumbing, electricity	radio, TV, refrigerator, Plumbing, electricity	
May have:	installed water heater, microwave oven, personal computer	telephone/cellular phone, air conditioner, car, rangewith oven, installed waterheater, microwave oven, personal computer, CD, VHS/Laser	telephone, video tape recorder, old car/owner jeep	radio/TV/refrigerator plumbing, electricity
OUTSIDE GMA:				
Must have:	radio /stereo color TV, refrigerator, car, range with oven, plumbing, electricity, VHS/Laser	radio/stereo, color TV, refrigerator, plumbing, electricity	radio, electricity	
May have:	air conditioner, telephone	car, range with oven, air conditioner, telephone	plumbing, TV	electricity, radio
Housewife's Educational Background	Must be well-educated; College or post graduate level	Fairly well-educated; College level	High school graduate or may have some college May have diploma from a vocational school	Elementary graduate or lower
Household help	Must have at least 3 household helps	Generally has 1 or more household help	May have a household help but not more than one	No household help