

Family planning methods among couples of a selected barangay in Tacloban City: basis for healthcare program enhancement

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Abstract

The increase of population affects many aspects of society, including living conditions, basic needs, employment status and most importantly the health system. It is thus imperative to adequately plan family size in order to build a stable society. But despite of the availability of family planning programs where most methods of contraception are available both in the rural and urban health centers, literatures shows that population growth is still at rise. Thus, there was curious of the knowledge, attitude and practices of the couples.

The study tried to assess the level of awareness and practices of family planning methods among couples and sought to establish their relationship by conducting a quantitative research model with an explorative and descriptive design.

Results showed that in natural family planning methods, couples have higher awareness on abstinence compared to withdrawal, and standard day's method which subsequently ranked second and third. Lactation amenorrhea method and mucous method have the least awareness as these needs technical understanding. These awareness levels mirrored the practice of these methods. On the other hand, in the artificial family planning methods, awareness is greater on BTL, in comparison to use of birth control pills and injectables, condom use and vasectomy. But when it comes to practice, preference is on the use of condom, followed by pills, BTL, and injection which are commonly available and accessible for them.

It can then be concluded that awareness of the couples are affected only by religion, educational attainment, and economic status. And in natural family planning methods, the higher is the couple's awareness level, the more common and easy for them; and the more complicated the method becomes, the least likely it will be practiced. On the other hand, artificial family planning method is practiced more if it is easier to use and is readily available.

Introduction

Family planning (FP) in simplest term is the couple's way of preparing their intended family, by utilizing or using various methods of natural or scientific birth control measures and techniques.

In the Philippines, the population has nearly doubled in just three decades to 94 million, making the Philippines the world's 12th most populous nation "At the current rate of 2.04% growth the highest by far in South-east Asia, 50 million Filipinos in 30 years" (Population Commission 2011). The increase of population affects many aspects of society, including living conditions, basic needs, employment status and most importantly the health system. It is also a predicament of a growing number of poor women in the Philippines who lack access to one of the most essential forms of health care.

Planning has always been imperative in affecting the outcome of life-changing situations for everyone, which most certainly applies when it comes to pregnancy. The Philippine family planning program began in the 1970's that reflected a concern with the rapid population growth and in adequate maternal and child health. Over the past decades the program has had varying degrees of political support and consequently somewhat erratic implementation.

The implementation of the program in a Barangay would decrease maternal deaths and casualties of mother giving birth aside from the fact that child abortion due to unwanted pregnancies will decrease, thus, promote proper and safer sexual behavior. In addition, it may also help improve their children's lives because they can easily secure the educational security of their children while they are still young. Further, it would drastically slow down the population outgrowth, which is very crucial to many major environmental and geological phenomena.

However, Villegas¹ pointed out that even if population control can contribute to solving poverty today, there are other more direct solutions that will not harm future generations of Filipinos. Among them are agricultural and rural development, nurturing of small and medium-scale enterprises, authentic agrarian reform backed-up by efficient infrastructures in the countryside, microcredit and microenterprise development, improving the quality of basic education for the poor, providing technical skills to the out-of-school youth, partnering with the private sector in implementing corporate social responsibility, and many others.

Statement of the problem

The study tried to assess the level of awareness and practices of family planning methods among couples in a selected Barangay in Tacloban City. Specifically, this study sought answers to the following questions: What is the demographic profile of the participants in terms of: age, religion, educational attainment, occupation, monthly income, number of children, and number of years using family planning; what is the level of awareness of the participants in terms of: natural method and artificial method; what methods are commonly practiced by the couples; is there a significant relationship between the participant's level of awareness and demographic profile; and based from the results of the study, what strategies can be made to enhance the family planning program.

Methodology

The study followed a quantitative research model with an explorative and descriptive design. It utilized inferential analysis to assess the level of awareness and practices of family planning practices among families in a selected barangay. Data were collected, classified, and described based on characteristics of which certain phenomena occurs and in-depth exploration of dimensions of the phenomena, including its manifestations and related factors.² A total of 109 couples within reproductive age from 15 - 49 in the selected barangay were selected as participants through purposive sampling.

Collection of data involved an interview, utilizing a developed survey questionnaire using the objectives of the study as the guide framework, which was composed of three parts: (1) Demographic Profile, (2) Awareness Level, and (3) Family Planning Adoption. The contents of the instrument were adopted from the key concepts based on "Family Planning: A Global Handbook for Providers".³

Content validity and pilot testing was done and treated with Cronbach's Alpha to measure internal consistency which resulted to 0.957 which is interpreted to have a very high internal consistency.

Results

The demographic profile distribution of the participants includes age, religion, education attainment, occupation, monthly income, number of children and number of years using family planning (FP) which is shown in Table 1. Results shows that the bulk of the participants were within the age ranges of 21-30 and 31-40. The least number came from 20 years old and below which gave the implication that most of the participants were in their right age for parenthood and were matured and capable to be part of the study. Majority were Roman Catholic with only a small percentage of Born-Again Christians and Protestants, concurring with the 2008 NSO findings that the Philippines is predominantly a Roman Catholic Nation with Majority of which is Roman Catholic.

Table 1 Profile Distribution of Participants.

Age Range	Frequency	Percent (%)
20 years old and below	2	2
21 – 30 years old	50	46
31 – 40 years old	30	27
41 – 50 years old	27	25
51 years old and above	0	0
Total	109	100.0
Religion		
Roman Catholic	105	96
Born Again Christian	3	3
Protestant	1	1
Total	109	100.0
Educational Attainment		
Elementary Level	6	5
Elementary Graduate	1	1
High School Level	26	24
High School Graduate	26	24
College Level	21	19
College Graduate	28	26
Post Graduate	1	1
Total	109	100.0
Occupation		
None	24	22
Self Employed	52	48
Government Employee	7	6
Private Employee	26	24
Total	109	100.0
Monthly Income		
5,000 & below	42	38
5,001 – 10,000	38	35
10,001 – 15,000	14	13
15,001 – 20,000	7	6
20,001 & above	8	7
Total	109	100.0

Number of Children		
1 – 3	74	68
4 – 6	32	29
7 – 9	2	2
10 & above	1	1
Total	109	100.0
Number of Years Using FP		
5 years & below	57	52
6 – 10 years	21	19
11 – 15 years	9	8
16 – 20 years	17	16
21 years & above	5	5
Total	109	100.0

Of the total participants, only 26% are college graduates. This is followed by 24% High School Level and a same number for High School Graduates. Elementary graduate and postgraduate have 1% each. Though the college graduates comprised the highest percentage among the categories, it is just a quarter of the entire population - still a small part when taking into consideration that these are individuals with families, thus could influences spousal fertility references.⁴

Most of the participants were self-employed. Employees in private companies' account 24%, unemployed were 22%, and only 6.4% were government employees. There were 38% of gained monthly income of P5,000 and below. This is followed by 35% who had a monthly income ranging from P5,001 to P10,000. The least number of participants (6%) gained a monthly income ranging from P15,001 to P20,000. This reflects that most of the couples earned below the poverty level income, which is supposed to be between Php15, 000 – Php20, 000 per month. It can be noted that the socio-economic status of couples can be a determinant in the application of family planning.⁵

Of the 109 participants, majority had 1-3 children (68%). This was followed by 29% who had 4 to 6 children. Only 1% had ≥ 10 number of children. As a result of these figures, an average of 3 children was

obtained from the participants.

In turn, 52% of the participants, had been using family planning for 5 years and below. This is followed by 21 or 19% who applied the same for 6-10 years. The least number was those who had observed it for 21 years and above, by only 5%. It can be noted that the result of the number of years of practice may be congruent with the age group of the participants of the study and perhaps their awareness on the different methods.

As presented in Table 2, the participants were aware to a great extent on the presence of a family planning program promoted by the government. This is a result of the government's decade long effort on information dissemination campaign on the program and the current Reproductive Health Bill. The participants also recognized that there was a need of the program as reflected by awareness to great extent. They may have been direct or indirect witnesses of the current population status thus recognize that the program may indeed be necessary. They were also aware to a great extent that the family planning program may help to maintain a healthy mother and child thus save lives.

Table 2 Level of Awareness among Participants on Family Planning Concepts.

Family Planning Concepts	MEAN	Description
1. There is a family planning program promoted by the government?	9.01	Aware to a great extent
2. There is a need for a family planning program?	9.69	Aware to a great extent
3. Family planning may help to maintain a healthy mother and child?	9.42	Aware to a great extent
4. Family planning may save lives?	9.22	Aware to a great extent
5. With small number of children, you will have more time and money for everyone	9.77	Aware to a great extent
Overall Mean	9.42	Aware to a great extent

Having a mean of 9.77, the participants were aware to a great extent that there will be more time and money for everyone with a small number of children. They're being a personal witness and personal experiences on a larger family size could have helped them realize the economic effect of proper family planning. Overall, it shows that couples were aware to the great extent on the different concepts being promoted by the government.

Level of awareness of participants on family planning was categorized as Natural Method in Table 3 and Artificial Method on Table 4. It

can be noted that couples of the selected community were aware to a great extent on the practice of abstinence as the best way to prevent pregnancy and this method promotes discipline and self-concept. It shows that couples were more aware that there was a need for a sexual contact for them to produce offspring, a fundamental knowledge regarding contraception. Couples were aware that there would be no pregnancy when the penis is withdrawn, and ejaculation is done outside the vagina (coitus interruptus/withdrawal). It also shows that this method required time to learn and this might not be effective for males who cannot control their ejaculation.

Table 3 Level of awareness of participants on family planning in terms of natural method.

Indicators	Weighted Mean	Description
Abstinence		
1. The best way to prevent pregnancy is abstinence	9.47	Aware to a great extent
2. This method promotes discipline and self-concept	9.36	Aware to a great extent
Sub-Mean	9.41	Aware to a great extent
Coitus Interruptus/Withdrawal		
1. There will be no pregnancy when the penis is withdrawn, and ejaculation is done outside the vagina	7.89	Aware
2. This method requires time to learn	8.31	Aware
3. This might not be effective to male who cannot control their ejaculation	8.20	Aware
Sub-Mean	8.13	Aware
Calendar/Rhythm/Standard Days Method		
1. Pregnancy may be prevented by not having coitus during identified fertile days	6.44	Moderately Aware
2. The 8 th – 19 th day of every cycle are the days that females are fertile	5.66	Moderately Aware
3. This method does not have side effects	5.99	Moderately Aware
Sub-Mean	6.03	Moderately Aware
Mucous/Billings/Ovulation Method		
1. There will be no pregnancy when coitus is done during observed infertile days	2.42	Not Aware
2. This can be used by any women as long as there is no unusual condition that result in extraordinary vaginal discharges	2.38	Not Aware
3. There should be regular observation for presence of mucous and observation of fertile days characteristics	2.42	Not Aware
Sub-Mean	2.41	Not Aware
Lactating Amenorrhea Method		
1. That breastfeeding will help prevent pregnancy	3.67	Slightly Aware
2. There is a proper practice for this method to be effective	3.72	Slightly Aware
3. This method is effective up to six months after delivery	2.91	Not Aware
Sub-Mean	3.43	Slightly Aware

Table 4 Level of awareness among Participants on family planning in terms of artificial method.

Indicators	Weighted Mean	Description
Birth Control Pills		
1. Pills can be utilized to prevent pregnancy?	9.28	Aware to a great extent
2. Pills are more effective method but needs to be utilized properly	9.01	Aware to a great extent
3. Pills are taken every day	7.12	Aware
4. There are possible effects of pills on your body	7.73	Aware
Sub-Mean	8.29	Aware
Injectables		
1. There are Injections that can be utilized to prevent pregnancy?	8.77	Aware
2. This is a more effective method but should be done in the appropriate time and frequency	8.25	Aware
3. Injection is administered every 3 months	5.67	Moderately Aware
4. There are possible effects of injectables on your body	6.83	Moderately Aware
Sub-Mean	7.38	Aware
Condom		

1. Condoms can be utilized to prevent pregnancy?	7.54	Aware
2. Male condom and female condoms are different	5.47	Moderately Aware
3. This is effective but needs to be utilized properly	6.59	Moderately Aware
4. There is a proper way of wearing condoms before every intercourse	6.27	Moderately Aware
Sub-Mean	6.47	Moderately Aware
IUD		
1. IUDs can be utilized to prevent pregnancy?	4.19	Slightly Aware
2. This is very effective and is easier to use	3.70	Slightly Aware
3. Do you know how IUDs are used and inserted?	2.39	Not Aware
Sub-Mean	3.43	Slightly Aware
Bilateral Tubal Ligation		
1. Ligation may be a means of preventing pregnancy	9.83	Aware to a great extent
2. This is very effective but is permanent	9.53	Aware to a great extent
3. This method is a surgical procedure done in hospitals	9.50	Aware to a great extent
4. There are possible complications this procedure may have	9.06	Aware to a great extent
Sub-Mean	9.48	Aware to a great extent
Vasectomy		
1. Male ligation may be a means of preventing pregnancy	6.35	Moderately Aware
2. This is very effective but is permanent	5.91	Moderately Aware
3. This method is a surgical procedure done in hospitals	6.16	Moderately Aware
4. There are possible complications this procedure may have	5.78	Moderately Aware
5. This is very effective and is easier to utilize	5.87	Moderately Aware
Sub-Mean	6.01	Moderately Aware

Further, participants were moderately aware that pregnancy may be prevented by not having coitus during identified fertile days by Calendar/Rhythm/Standard Days Method. The technicalities of this method could have affected the participant's awareness as this method needs a lot of base information for them to be able to understand. Likewise, although breastfeeding was a practice of newly delivered mothers, the couples did not recognize its importance and relationship to natural family planning method as participants were just slightly aware that breastfeeding would help prevent pregnancy and there was a proper practice for this method to be effective, and they were not aware that this method is effective up to six months after delivery.

Mucous/Billings/Ovulation Method is not considered as a familiar natural family planning method practice as participants were not aware that there would be no pregnancy when coitus is done during observed infertile days. They were also not aware that it could be used by any woman if there is no unusual condition that results in extraordinary vaginal discharges, and that it needs regular observation for presence of mucous and observation of fertile day's characteristics.

With regards to the Artificial Family Planning, participants were aware to a great extent that bilateral tubal ligation may be a means of preventing pregnancy. They were also aware to a great extent that it is very effective but was permanent, and that this was done in the hospitals and possible complications might arise from this procedure. They were also aware to a great extent that pills could be utilized to prevent pregnancy, and that pills were a more effective method but needed to be utilized properly. It reflects the government's campaign on the concepts of pills as a contraceptive is effective, but awareness on its utilization and on its possible effects. Results likewise show that participants were aware that there are Injections that can be utilized to prevent pregnancy and it was a more effective method but should be done in the appropriate time and frequency.

Couples were aware that condoms could be utilized to prevent pregnancy but only showed moderate awareness when asked if male condom and female condoms were different, if it was effective but needed to be utilized properly, and if there was a proper way of wearing condoms before intercourse. The same level of awareness is noted on male ligation as means of preventing pregnancy with it being a surgical procedure done in hospitals and with risk of possible complications.

Of all the artificial family planning methods, the use of IUD got the least sub-mean. Participants were slightly aware that IUDs could be utilized to prevent pregnancy, and that it was very effective and easier. With little information regarding this, it is considered by the participants as one of the uncommon family planning method.

In the practice of family planning, the most commonly used natural method were abstinence, withdrawal, standard days, lactation amenorrhea, and mucous methods in the exact order. It could be noted that participants did not only adhere to one type of method but rather a variety or sometimes maybe a combination of all methods. In general, the method most commonly practiced by the participants are those that are "Easy to adopt",⁶ methods and those that do not require remembering or a lot of poking/looking into private parts. In the mucous method, it requires an understanding of bodily functions,⁷ which makes it difficult to practice.

On the other hand, condom use was the method used the most in the artificial family planning. Pills usage ranked next which was followed by Bilateral Tubal Ligation and injections. IUD and Vasectomy were the least common methods practiced by the participants. The results support the NSO (2009)⁸ results that the most commonly known methods are the pills, male condom, female sterilization, and injectables. This also reflects that the commonly used contraceptives

are those that are easy to use, readily available and accessible in the market. It can also be noted as well that the more invasive the procedure is, the least it is being practiced by couples (Table 5).

Of all the demographic profile, only religion, educational attainment, occupation, and monthly income are shown to be significant as reflected in Table 6. Hence, the null hypothesis of no significant relationship was rejected at the 5% level of significance. Religion was noted to be significant only in Mucous/Billings/Ovulation Method in the Natural Method, while on the Artificial Method, the awareness of

IUD showed to be significant. The educational attainment is shown to be significant for Coitus Interruptus/Withdrawal, Calendar/Rhythm/Standard Days Method, Mucous/ Billings/Ovulation Method, and Lactating Amenorrhea Method (Natural Method) and Birth Control Pills, IUD and Vasectomy (artificial method). Occupation only showed to be significant in Mucous/Billings/Ovulation Method in the natural method, and on birth control pills for the artificial method. Monthly Income was significant with the Ovulation Method and Lactating Amenorrhea Method for the Natural Method on Birth Control Pills, Condoms, and IUD for the Artificial Method.

Table 5 Family planning practices*

Rank	Natural Family Planning Practices	Percent
1	Abstinence	98
2	Withdrawal	83
3	Standard Days Method	43
4	Lactation Amenorrhea Method	29
5	Mucous method	4
Rank	Artificial Family Planning Practices	Percent
1	Condom	25
2	Pills	19
3	Bilateral Tubal Ligation	17
4	Injections	5
5	IUD (and Frequency of consultation)	1
6	Vasectomy	1

(*) Multiple responses

Table 6 Significant Relationship between Participant's Level of Awareness on Family Planning and Demographic Profile.

Variables	Correlation Coefficient	Degree of Correlation	p-value	Decision	Interpretation
Age and					
Abstinence	-0.072	Negligible	0.458	Accept Ho	Not Significant
Coitus Interruptus/ Withdrawal	-0.053	Negligible	0.584	Accept Ho	Not Significant
Calendar/ Rhythm/ Standard Days Method	-0.062	Negligible	0.520	Accept Ho	Not Significant
Mucous/ Billings/ Ovulation Method	0.105	Negligible	0.276	Accept Ho	Not Significant
Lactating Amenorrhea Method	0.043	Negligible	0.655	Accept Ho	Not Significant
Birth Control Pills	0.022	Negligible	0.817	Accept Ho	Not Significant
Injectables	0.075	Negligible	0.435	Accept Ho	Not Significant
Condom	-0.074	Negligible	0.444	Accept Ho	Not Significant
IUD	0.142	Negligible	0.141	Accept Ho	Not Significant
Bilateral Tubal Ligation	-0.005	Negligible	0.959	Accept Ho	Not Significant
Vasectomy	0.107	Negligible	0.269	Accept Ho	Not Significant
Educational Attainment and					
Abstinence	0.213	Low	0.564	Accept Ho	Not Significant
Coitus Interruptus/ Withdrawal	0.384	Low	0.011	Reject Ho	Significant
Calendar/ Rhythm/ Standard Days Method	0.450	Low	0.001	Reject Ho	Significant
Mucous/ Billings/ Ovulation Method	0.413	Moderate	0.000	Reject Ho	Significant
Lactating Amenorrhea Method	0.373	Low	0.000	Reject Ho	Significant
Birth Control Pills	0.158	Negligible	0.102	Accept Ho	Not Significant
Injectables	0.201	Low	0.036	Reject Ho	Significant
Condom	0.113	Negligible	0.241	Accept Ho	Not Significant
IUD	0.448	Moderate	0.000	Reject Ho	Significant
Bilateral Tubal Ligation	0.048	Negligible	0.681	Accept Ho	Not Significant
Vasectomy	0.266	Low	0.005	Reject Ho	Significant

Variables	Correlation Coefficient	Degree of Correlation	p-value	Decision	Interpretation
Occupation and					
Abstinence	0.098	Negligible	0.309	Accept Ho	Not Significant
Coitus Interruptus/ Withdrawal	0.135	Negligible	0.162	Accept Ho	Not Significant
Calendar/ Rhythm/ Standard Days Method	0.028	Negligible	0.772	Accept Ho	Not Significant
Mucous/ Billings/ Ovulation Method	0.263	Low	0.006	Reject Ho	Significant
Lactating Amenorrhea Method	0.172	Negligible	0.074	Accept Ho	Not Significant
Birth Control Pills	0.209	Low	0.029	Reject Ho	Significant
Injectables	0.059	Negligible	0.561	Accept Ho	Not Significant
Condom	0.089	Negligible	0.355	Accept Ho	Not Significant
IUD	0.135	Negligible	0.162	Accept Ho	Not Significant
Bilateral Tubal Ligation	-0.050	Negligible	0.604	Accept Ho	Not Significant
Vasectomy	0.143	Negligible	0.138	Accept Ho	Not Significant
Religion and					
Abstinence	-0.016	Negligible	0.872	Accept Ho	Not Significant
Coitus Interruptus/ Withdrawal	0.040	Negligible	0.683	Accept Ho	Not Significant
Calendar/ Rhythm/ Standard Days Method	0.117	Negligible	0.226	Accept Ho	Not Significant
Mucous/ Billings/ Ovulation Method	0.216	Low	0.024	Reject Ho	Significant
Lactating Amenorrhea Method	0.166	Negligible	0.085	Accept Ho	Not Significant
Birth Control Pills	0.031	Negligible	0.751	Accept Ho	Not Significant
Injectables	0.038	Negligible	0.696	Accept Ho	Not Significant
Condom	0.181	Negligible	0.060	Accept Ho	Not Significant
IUD	0.203	Low	0.034	Reject Ho	Significant
Bilateral Tubal Ligation	-0.060	Negligible	0.535	Accept Ho	Not Significant
Vasectomy	0.067	Negligible	0.491	Accept Ho	Not Significant
Monthly Income and					
Abstinence	0.050	Negligible	0.604	Accept Ho	Not Significant
Coitus Interruptus/ Withdrawal	-0.006	Negligible	0.949	Accept Ho	Not Significant
Calendar/ Rhythm/ Standard Days Method	0.122	Negligible	0.207	Accept Ho	Not Significant
Mucous/ Billings/ Ovulation Method	0.285	Low	0.003	Reject Ho	Significant
Lactating Amenorrhea Method	0.311	Low	0.001	Reject Ho	Significant
Birth Control Pills	-0.190	Negligible	0.048	Reject Ho	Significant
Injectables	-0.102	Negligible	0.290	Accept Ho	Not Significant
Condom	0.199	Negligible	0.038	Reject Ho	Significant
IUD	0.225	Low	0.019	Reject Ho	Significant
Bilateral Tubal Ligation	-0.045	Negligible	0.639	Accept Ho	Not Significant
Vasectomy	0.141	Negligible	0.145	Accept Ho	Not Significant
Number of Children and					
Abstinence	-0.020	Negligible	0.839	Accept Ho	Not Significant
Coitus Interruptus/ Withdrawal	-0.102	Negligible	0.290	Accept Ho	Not Significant
Calendar/ Rhythm/ Standard Days Method	0.068	Negligible	0.482	Accept Ho	Not Significant
Mucous/ Billings/ Ovulation Method	0.006	Negligible	0.951	Accept Ho	Not Significant
Lactating Amenorrhea Method	0.002	Negligible	0.985	Accept Ho	Not Significant
Birth Control Pills	-0.163	Negligible	0.090	Accept Ho	Not Significant
Injectables	0.090	Negligible	0.354	Accept Ho	Not Significant
Condom	-0.046	Negligible	0.634	Accept Ho	Not Significant
IUD	0.088	Negligible	0.364	Accept Ho	Not Significant
Bilateral Tubal Ligation	0.134	Negligible	0.165	Accept Ho	Not Significant
Vasectomy	0.110	Negligible	0.255	Accept Ho	Not Significant

Number of years using Family Planning and

Abstinence	-0.084	Negligible	0.387	Accept Ho	Not Significant
Coitus Interruptus/ Withdrawal	-0.093	Negligible	0.337	Accept Ho	Not Significant
Calendar/ Rhythm/ Standard Days Method	-0.102	Negligible	0.292	Accept Ho	Not Significant
Mucous/ Billings/ Ovulation Method	0.105	Negligible	0.276	Accept Ho	Not Significant
Lactating Amenorrhea Method	0.008	Negligible	0.933	Accept Ho	Not Significant
Birth Control Pills	-0.043	Negligible	0.657	Accept Ho	Not Significant
Injectables	0.033	Negligible	0.736	Accept Ho	Not Significant
Condom	-0.122	Negligible	0.205	Accept Ho	Not Significant
IUD	0.103	Negligible	0.285	Accept Ho	Not Significant
Bilateral Tubal Ligation	-0.069	Negligible	0.474	Accept Ho	Not Significant
Vasectomy	0.066	Negligible	0.498	Accept Ho	Not Significant

Conclusions

Based from the result of the study, it can be concluded that age, number of children, and no. of years using family planning does not affect the couple's level of awareness. It can rather be affected by religion being a cultural aspect, educational attainment due to some highly technical methods that needs deeper understanding, and occupation and monthly income as socio-economic status of couples gave more access to the information and somehow interest on these methods.

Further, for the natural family planning methods, the higher is the couple's awareness level, the more common and easy for them; while the more complicated the method becomes; the least likely it will be practiced by couples. On the other hand, Artificial family planning method is practiced more if it the easier to use and is readily available.

Recommendations

Based on the findings, though natural family planning is highly utilized, there is a need to reiterate and reinforce the importance of family and the practice of these methods which are safer and less expensive to utilize. Once couples have decided to practice family planning, it is recommended that there should be healthcare professionals assigned, delegated, and specialized that is available tasked to take charge and focus on program for health education and counseling for proper health education and counseling on the appropriate methods to be utilized.

There should also be support on the development of educational material/visual aid translated in local vernaculars to promote greater understanding and awareness in the different methods. Information dissemination using IEC material such as brochure and pamphlets should be utilized to promote the standard day, lactating amenorrhea, and ovulation methods to increase awareness and practice of this type

of natural family planning method.

Family planning education program should likewise be conducted most especially to couples of different religions who are less educated, unemployed, and to those with low monthly income. This program should be designed to enhance and increase the level of awareness and reinforce the methods and practices of the target population.

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