



## **Utilization of Family Planning Methods: The Case of Tingguians and Ilocanos**

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### **ABSTRACT**

*The study determined the utilization of the family planning methods among Tingguians and Ilocanos. The study is a descriptive-correlational type of research. A questionnaire-checklist formulated by the researchers and content validated by experts was the main tool used to gather data needed for the study. They were chosen through purposive sampling. Frequency, percentage, and bivariate correlation analysis were used to treat the data gathered.*

*The findings show that the mother-respondents are mostly 26-30 years old, college graduates. Majority are Catholics and have a monthly income range of P5,001-10,000. The mother-respondents got married when they were 21-25 years old, have 4-6 living children, have been pregnant 4-6 times, have not experienced abortion, have not delivered prematurely but delivered term births, and are using family planning methods. The health worker is the main source of information about the family planning methods.*

*The top five family planning methods used by Tingguians and Ilocanos are oral pills, condoms, depo provera, calendar-method, and bilateral tubal ligation (BTL). Personal knowledge of the method, accessibility of supplies, convenience of the method, duration of action, and affordability are the most common reasons for using a particular family planning method.*

*Moreover, age, educational attainment, age at marriage, gravidity, abortion, and premature birth are significantly related to the utilization of family planning methods.*

**Keywords:** family planning, pills, condoms, depo provera, utilization, Tingguians

## INTRODUCTION

The Philippines is currently faced with an ever-expanding population, with the number expected to increase even more in the next few years. As a solution to this problem, various Family Planning methods, both natural and artificial, have been promoted by the Department of Health (DOH).

The Philippines statistical records reveal that Philippines is becoming one of the countries with the fastest population growth in the world. Data extracted from the files of the National Statistical Office (NSO, 2000) indicate that population grew from 48.1 million in 1980, then, expanded to 60.7 million in 1990 to 68.6 million in 1995 to 76.5 million in 2000. Growth rate in the 90s was as high as 2.32 percent in 1995 and 3.26 percent in 2000. If the average annual rate of the population continues at 3.26 percent, the Philippine population is expected to double by the year 2030. At this growth rate, population increases by 2.5 million persons every year or about 5 persons added per minute (NSO, 2000).

An estimated 1.8 million Filipino children are born every year. The country has the highest population growth rate in the Southeast Asian region. The Philippines is the 12<sup>th</sup> most populous nation in the world with a rate of four babies delivered every minute. Half of these births are considered risky because they were conceived by women who are either too young or too old to get pregnant, those who had many, and those who had frequent pregnancies. Filipino mothers bear an average of 3.5 children to as high as nine, mostly those belonging to marginalized families (Family Planning Service, 2004).

Family planning is defined as a voluntary and positive action of couples to plan and decide the number of children they want and when to have them. This is achieved by using the different medically approved and legally accepted methods of contraception that will space or limit child bearing when the desired family size is already attained. It gives couples the choice when to start having children, how many to have, how far apart and when to stop at the least risk to the health of the mother and the child (Sanchez, et al., 1994).

According to DOH primer, there are factors that usually influence couples to decide to practice family planning. They are as follows: the health and well-being of all members of the family, especially of the mother and the children; the couple's values, religious beliefs, and other socio-cultural considerations; the family's resources; and the couple's dreams and aspirations for themselves and their family.

The preferences and attitudes of a woman's sexual partner may have a profound effect on her choice of contraceptive. In some cases, the partner may strongly oppose to the use of any form of birth control.

It is in these views that the researchers wanted to venture into the utilization of family planning methods among Tingguians and Ilocanos. The results of the study would serve as baseline data in conducting further research along this field. The results would also help the health workers determine the differences in the family planning methods of different ethnic groups and plan strategies and health teachings that would suit to their culture and traditions as indigenous peoples.

The study primarily aimed to determine the utilization of the family planning methods among Tingguians and Ilocanos. Specifically, it looked into the profile of the respondents in terms of socio-demographic factors, obstetrical-related factors, and sources of information, family planning methods utilized by Ilocanos and Tingguians, reasons for using family planning methods, and relationship between the utilization of family planning methods and the socio-demographic factors and obstetrical-related factors.

Family planning helps parents to have children when they want them so that they can give the best care for them. It does not leave conception to chance (Population Factsheet, 1986).

For women around the world, family planning is about more than just health, although their health and that of their children is the primary concern. Family planning is also about improving the quality of a woman's life in all its many facets.

The Philippines Population Program actively promotes the concepts of small family size and family welfare, delayed marriage, increased acceptance and more effective use of family planning methods, and the relationship between populations and other population program. A family with a maximum of three children is considered a small one. Big families put together mean a bigger population.

A big population means greater demands for food, clothing, shelter, jobs, and social services like education, health facilities, and transportation.

The National Demographic and Health Survey of 2003 revealed that about 44 percent of women got pregnant with their first child at ages 20-24 and 6.1 percent at ages 15-19. Because pregnancy is a physiologic process, the health sector aims to make pregnancy for woman and gestation for the fetus safe and medically

uneventful as far as possible. The high fertility rate coincides with the low contraceptive prevalence rate of 47.3 percent among all Filipino women of reproductive age (15-49 years old) and 70.6 percent among married women. The highest percentage of using contraceptives belongs to the 35-39 age group and the 15-19 years old have the lowest percentage of ever using any contraceptive method (Cuevas, et al., 2007).

Cuevas, et al. (2007) further stated that among currently married women in 2003 it was found that 48.8 percent used any form of contraceptive method and 51.1 percent did not use any form of contraceptive method at all. Of all the currently married women who used any form of contraception 33.4 percent used any modern method of contraception and 15.5 percent used any traditional method of contraception.

According to Pilliteri (1999), an individual's or a couple's choice of contraceptive method should be made carefully with complete knowledge about the advantages, disadvantages, and side effects of the various options. This is a choice based on personal value, knowledge of each method, financial factors, prior experience, and future plans.

Hatcher, as cited by Pilliteri (1999), stated that fertility awareness or natural family planning methods rely on periods of temporary abstinence or temporary contraceptive use and require an understanding of the changes that occur in a woman's ovulatory cycle. With fertility and awareness, couples determine fertile days and abstain from sex or use a birth control method during these days.

There are different types of family planning methods used to prevent pregnancy as mentioned by Cuevas, et al. (2007). These include female sterilization, safe and simple surgical procedure which provides permanent contraception for women who do not want more children. It is also known as bilateral tubal ligation that involves cutting or blocking the two fallopian tubes. It is a permanent method of contraception. A single procedure leads to lifelong, safe, and very effective contraception. Male sterilization is a permanent method wherein the vas deferens (passage of sperm) is tied and cut off block through a small opening on the scrotal skin. It is also known as vasectomy. This is an option for couples whose female partner could not undergo permanent contraception. This does not affect male hormonal function, erection, and ejaculation. A man who had undergone vasectomy will not lose his sexual ability and ejaculation, he may have better sex since he does not worry that his partner will get pregnant.

Other types of family planning mentioned by Cuevas, et al. (2007) are pills which contain hormones – estrogen and progesteron taken daily to prevent contraceptions. This is easy to use. It makes menstrual cycle predictable and occur regularly. However, it can suppress lactation. Another is the male condom, a thin sheath of latex rubber made to fit on a man's erect penis to prevent the passage of sperm cells and sexually transmitted disease organisms into the vagina. It provides dual protection from sexually transmitted infections (STIs) including HIV transmission of disease microorganisms during intercourse. This may encourage male participation to family planning. It is also used in managing premature ejaculation. But this may cause allergy for people who are sensitive to latex and lubricants. It may decrease sensation making sex less enjoyable for the partner.

Injectables contain synthesis hormone, progestin which suppresses ovulation, thickens cervical mucus, making it difficult for sperm to pass through and changes uterine lining. Lactating amenorrhea method or LAM is a temporary introductory postpartum method of postponing pregnancy based on physiological infertility experienced by breast feeding women. Mucus/Billings/Ovulation requires the couple to abstain from sexual intercourse during fertile (wet) days to prevent pregnancy. Basal Body Temperature (BBT) is used to identify the fertile and infertile period of a woman's cycle by daily taking and recording of the body temperature during and after ovulation. Couples may practice abstinence during fertile periods.

Pilliteri (1999) mentioned about the barrier methods of birth control. According to her, barrier methods of birth control work by the placement of a chemical or other barriers between the cervix and sperm so that sperm cannot enter the uterus and the fallopian tubes. Examples of which are vaginally inserted spermicidal products. Spermicidal agents cause the death of spermatozoa before they can enter the cervix. These agents are not only actively spermicidal but change the vaginal ph to a strong acid level, a condition not conducive to sperm survival. Another is the diaphragm. It is a circular rubber disk that fits over the cervix and forms a barricade against the entrance of spermatozoa.

Condom catches the semen during coitus, thus preventing the sperm from getting into the vagina. Diaphragm acts as a barrier placed in the vagina from the posterior fornix to the pubic bone and covers the cervix. IUD prevents fertilization of the egg by the sperm by directly preventing the fertilization and by interfering with the transport of the sperm in the genital tract through an increased production of prostaglandin and enzymes by decreasing the number of viable sperms. Spermicides destroy or immobilize the sperm (Lugue, et al., 1995).

## METHODOLOGY

This portion of the study discusses the methodology applied in the conduct of the study. It presents the research design, sampling technique, data gathering instrument and procedures, and statistical treatment of data.

The study made use of the descriptive-correlational method of research. The respondents of the study are all Ilocanos and Tingguians of reproductive age. A questionnaire-checklist formulated by the researchers and content validated by a pool of experts was the main tool in gathering data needed for the study.

The researchers asked permission from the barangay captains to float the questionnaire in their respective barangays. The researchers personally floated the questionnaire and coupled it with an interview. Data gathered were treated statistically using frequency and percentages and bivariate correlation analysis.

## RESULTS AND DISCUSSION

### Profile of the Respondents

**Socio-demographic Profile of the Respondents.** The study revealed that a substantial number of the respondents (35 or 29.17%) are 26-30 years old; 35 (29.17%) are college graduates; 41 (34.17%) have monthly family income which ranges from 5,001-10,000; while majority of them (114 or 95%) are Catholics.

**Obstetrical-Related Profile of the Respondents.** A great number of the respondents (47 or 39.17%) got married between 21-25 years old; majority (67 or 55.83%) have 4-6 living children; 67 (55.83%) have been pregnant 4-6 times; 116 (96.7%) have not delivered prematurely. Almost all of the respondents, 116 (96.7%) have term birth and a great number of the respondents (45 or 37.5%) are still using family planning methods.

### Sources of Information on Family Planning

It is reflected in Table 1 that the overall sources of information of the respondents on family planning are the following: health workers (85 or 70.8%), media (72 or 60.0%), neighbors (12 or 10%), friends/relatives (4 or 3.3%), and others (2 or 1.7%).

**Table 1. Profile of the respondents in terms of their sources of information on family planning.**

Variables (MR)	Tinguigians		Ilocanos		Overall	
	f	%	f	%	f	%
Health workers	25	41.7	60	100	85	70.8
Media	12	20.0	60	100	72	60.0
Friends/ Relatives	4	6.7	-	-	4	3.3
Neighbors	12	20.00	-	-	12	10.0
Others	2	3.3	-	-	2	1.7

Among Tinguigians, the health workers are their main source of information, followed by the media, neighbors, friends/ relatives, and others.

Among Ilocanos, both health workers and media are the sources of information on family planning.

#### **Family Planning Methods Utilized by Ilocanos and Tinguigians**

Table 2 shows that the top five family planning methods used by the Tinguigians and Ilocanos are oral pills (62 or 51.66%), condom (53 or 44.16%), depo provera (51 or 42.50%), calendar or rhythm method (29 or 24.16%), and bilateral tubal ligation (14 or 11.67%).

Among Tinguigians, the top three family planning methods used are oral pills (27 or 45.00%), depo provera (13 or 21.67%), and condom, bilateral tubal ligation, and calendar/rhythm method (8 or 13.33% each).

Among Ilocanos, the top three family planning methods used are condom (45 or 75.00%), depo provera (38 or 63.33%), and oral pills (35 or 58.33%).



Table 2. Distribution of the respondents on their utilization of the different family planning methods.

Family Planning Methods	Tingguians		Ilocanos		Overall		Rank
	f	%	f	%	f	%	
A. Natural Family Planning Methods							
1. Calendar/ Rhythm Method	8	13.33	21	35.0	29	24.16	4
2. Basal Body Method	2	3.33			2	1.66	9.5
3. Cervical Mucus Method	1	1.66	2	3.33	3	2.5	8
4. Lactational Amenorrhea	2	3.33	2	3.33	4	3.33	6.5
B. Artificial Method							
1. Hormonal Method							
a. oral pills	27	45.00	35	58.33	62	51.66	1
b. depo provera	13	21.67	38	63.33	51	42.5	3
2. Barrier Contraception							
a. condom	8	13.33	45	75.00	53	44.16	2
b. IUD	2	3.33	2	3.33	4	3.33	6.5
c. Diaphragm	-	-	-	-	-	-	
3. Sterilization							
a. Bilateral Tubal Ligation	8	13.33	6	10.0	14	11.67	5
b. Vasectomy	2	3.33	-		2	1.66	9.5

### Reasons for Using Family Planning Methods

Table 3 reveals that generally, the main reason why the Tingguians and Ilocanos use family planning is affordability of cost. This is followed by personal knowledge on the method, accessibility of supplies, convenience, duration of action, side effects on health, effectiveness of method, BHW influence, influence of spouse, moral and religious beliefs, and approval of relatives.

**Table 3. Distribution of respondents in terms of their reasons for using family planning method.**

Variables (MR)	Tinguigans		Ilocanos		Overall		Rank
	f	%	f	%	f	%	
1. effectiveness of method	12	20.00	-	-	12	10.00	8
2. convenience	4	6.70	48	80.00	52	43.30	3
3. accessibility of supplies	8	13.30	56	93.30	64	53.30	2
4. duration of action	-	-	44	73.30	44	36.70	4
5. side effects on health	21	35.00	-	-	21	17.50	6
6. affordability of cost	32	53.30	59	98.30	32	26.70	5
7. moral and religious beliefs	1	1.70	-	-	1	0.80	10.5
8. personal knowledge on the method	8	13.30	58	96.70	66	55.00	1
9. influence of spouse	2	3.30	-	-	2	1.70	9
10. approval of relatives	1	1.70	-	-	1	0.80	10.5
11. BHW influence	5	8.30	-	-	5	4.20	7

Among Tinguigans, the top three reasons for using family planning methods are affordability of cost, side effects on health, and effectiveness of method.

Among Ilocanos, their main reasons for using family planning methods are affordability of cost, personal knowledge on the method, and accessibility of supplies.

### **Relationship Between the Utilization of Family Planning Methods and Respondents' Profile**

It can be seen in Table 4 that among the socio-demographic factors, age ( $r=.284$ ) and educational attainment ( $r=.238$ ) were found to have highly significant relationship with utilization of family planning methods between Tinguigans and Ilocanos. This means that older people tend to utilize the family planning methods more than the younger people maybe because they tend to be more mature and think more of the benefits of having less children. Moreover, older people also tend to utilize family planning more often because older women are more prone to experiencing high risk pregnancy. Respondents with high educational attainment tend to utilize family planning more because they have more knowledge on the

advantages of having less children than those who have lower educational attainment.

Table 4. Correlation coefficient between the utilization of family planning methods and their socio-demographic factors.

Variables	r-value	r-tabular	Decision
Age	.284 <sup>+</sup>	.000	Reject H <sub>0</sub> ,
Educational Attainment	.238 <sup>o</sup>	.000	Reject H <sub>0</sub> ,
Religion	-.003	.967	Do not reject H <sub>0</sub> ,
Monthly Income	-.080	.219	Do not reject H <sub>0</sub> ,

– Significant at 0.01 level

Religion and monthly income were not found significantly related to the utilization of family planning methods. This means that whether the respondents are Catholics/non-Catholics have high/low monthly income, their utilization of family planning methods tends to be more or less the same.

Table 5. Correlation coefficients between the utilization of family planning methods and their obstetrical-related factors.

Variables	r-value	r-tabular	Decision
Age at marriage	.221 <sup>o</sup>	.001	Reject H <sub>0</sub> ,
No. of living children	.118	.037	Do not reject H <sub>0</sub> ,
Gravidity	.135	.067	Reject H <sub>0</sub> ,
Abortion	.162	.012	Reject H <sub>0</sub> ,
Premature Birth	.220 <sup>o</sup>	.001	Reject H <sub>0</sub> ,
Term Birth	.007	.920	Do not reject H <sub>0</sub> ,
Status on the Use of Family Planning	.007	.285	Do not reject H <sub>0</sub> ,

- Significant at 0.05 level<sup>o</sup>
- Significant at 0.01 level<sup>+</sup>

Table 5 reveals that among the obstetrical-related factors, age at marriage ( $r = .221$ ) had highly significant relationship to the utilization of family planning. This means that the younger the age at marriage of a woman, the more she utilizes family planning methods because she has a greater chance of becoming pregnant many times than those women who enter marriage at an older age and younger women are more at risk during pregnancy.

Similarly, gravidity ( $r=.135$ ) is also significantly related to the utilization of family planning. This implies that women with more pregnancies tend to utilize family planning methods lesser than those women with less number of pregnancies.

This means that women with more pregnancies are knowledgeable about the risk brought about by too close gaps between pregnancies.

Premature birth ( $r=.220$ ) also had highly significant relationship to the utilization of family planning methods. This means that women who have given birth to premature babies tend to utilize family planning methods more often because delivering a premature baby can also put the life of both the mother and the baby at risk.

Abortion ( $r=.162$ ) is also significantly related to the utilization of family planning methods. This means that women who have experienced cases of abortion tend to utilize family planning methods more often than those who have less frequent or no cases of abortion. This is so because abortion poses a threat to the life of both mother and child so the mother should utilize family planning method more to prevent risking her life and that of the fetus.

The obstetrical-related factors like number of living children, term birth, and status of family planning had no significant relationship to the utilization of family planning methods. This means that whether the respondents have a small/big number of children, have delivered termed babies, and whether they are using/not using any family planning methods, or dropouts, their utilization of family planning tends to be more or less the same.

## CONCLUSIONS

The mother-respondents are mostly 26-30 years old, college graduates, are Catholics, and have a monthly income range of P5,001-10,000. The mother-respondents married when they were 21-25 years old, have 4-6 living children, have been pregnant 4-6 times, have not undergone abortion, have not delivered prematurely but delivered term births, and are using family planning methods. The health worker is the main source of information about the family planning methods. The top five family planning methods used by Tingguians and Ilocanos are oral pills, condoms, depo provera, calendar-method, and bilateral tubal ligation (BTL). Affordability of cost, personal knowledge of the method, accessibility of supplies, convenience of the method, and duration of action and affordability of cost are the top reasons for using a particular family planning method. Age, educational attainment, age at marriage, gravidity, abortion, and premature birth are significantly related to the utilization of family planning methods.

## RECOMMENDATIONS

Health workers should intensify their campaigns on the different family planning methods so that the personal knowledge of the respondents on the different family planning methods will be increased. Rural Health Units should have available supplies like pills, condoms, depo provera, and other supplies related to family planning methods for the clients in their own locality. A similar study to include more variables and respondents should be conducted.

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