

**KNOWLEDGE, ATTITUDE, PRACTICE OF CONTRACEPTIVE USE AMONG 4P's  
(PANTAWID PAMILYANG PILIPINO PROGRAM) FEMALE  
GRANTEES OF BARANGAY BASAG BUTUAN CITY, PHILIPPINES**

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### **ABSTRACT**

This study generally sought to determine the extent of knowledge, attitude, and practices (KPA) of contraceptives use of female Pantawid Pamilyang Pilipino Program (4P's) grantees of Brgy. Basag, Butuan City. Specifically, relevant socio-demographic profiles of respondents were assessed and determination of any significant association with KPA were also evaluated. This national government program, as human development measure provides conditional cash grants to the poorest of the poor, to improve the health, nutrition, and the education of children. Results showed that majority of the respondents belong to the age group 35-39, were married, Roman Catholics, attained education at the high school level, have 3-4 living children, high unemployment rate, conceived with 0-3 pregnancies and most of them have no abortion incidence, a 3-5 years gap between siblings, had 3-4 children and information were accessed through local health centers. Ninety-one percent of the respondents used contraception citing limiting the number of children and avoidance of pregnancy as main reasons. Majority were availing the modern method using pills and were not experiencing side effects. A high knowledge, high positive attitude and high practices towards the use of contraceptives were determined. No significant associations were established between sociodemographic profiles and their knowledge, attitude and practices. However, a strong to very strong relationship was determined between knowledge, attitude, and practices. The more respondents acquired more knowledge, the more they practiced using contraceptives and had a favorable attitude toward their activities and newly acquired knowledge. The data obtained from this study will serve as the baseline information on addressing maternal health challenges among the 4Ps women. Further studies on periodic assessment on the program implementation covering a larger number of beneficiaries from both rural and urban communities can be conducted to determine the general picture of the extent of success of the program leading to an improved design and implementation of public policies.

**Keywords:** contraceptives, knowledge, attitude, practices, and 4P's female grantees

### **INTRODUCTION**

The global population today stands at 7.9 billion as shown in US and World Population Clock (2022) and is expected to reach 9 billion by the year 2045 (Bavel, 2013). With some 108 million people in 2019, the Philippines is now the 13th most populous country in the world. Data from the

Philippine Statistics Authority (PSA) indicate that the population continues to increase, with three babies born per minute according to Population Dynamics (2022).

Among women of reproductive age, maternal health problems continue to be a major global concern since pregnancy and childbirth are the leading causes of morbidity and mortality (Wodaynew & Bekele, 2021). Contraceptive plays a key role in reducing maternal and newborn morbidity and mortality by preventing unintended pregnancy and close birth intervals (Conde & Belizan, 2000). In the recent 2022 Philippine National Demographic and Health Survey, fifty-eight percent of currently married women are using any contraception method, with 42% using any modern method and 17% using any traditional method.

In developing countries like the Philippines, governments make use of the conditional cash transfer scheme to alleviate poverty (ADB, 2013). The Pantawid Pamilyang Pilipino Program, popularly known as 4Ps, is a flagship anti-poverty programme that is both a social welfare and a social development intervention. As a human development measure of the national government, it provides conditional cash grants to the poorest of the poor, to improve the health, nutrition, and the education of children aged 0-18. It is patterned after the conditional cash transfer (CCT) schemes in Latin American and African countries, which have lifted millions of people around the world from poverty. To become eligible of the program, resident should come from the poorest municipalities based on 2003 Small Area Estimates (SAE) of the National Statistical Coordination Board, household whose economic condition is equal to or below the provincial poverty threshold; household that have children 0-18 years old and/or have a pregnant woman at the same time of assessment and those household that confirm agreement to meet the condition as specified. (Pantawid Pamilya Pilipino Program, 2023). More specifically, the program include among others, a conditional grant to pregnant women availing themselves of antenatal care and regular health checks for women and children aged 0-5, deworming of school aged children 6-14 years old, school enrolment of children and attendance in family development sessions.

Following this government program objective, Reyes (2021), however, reported that families of grantees had more members, compared to non-Pantawid families. The family size for 23% Pantawid families was at least 8 members. In the Pantawid Pamilya Second Wave Impact Evaluation (Orbeta, 2014) showed that women beneficiaries did try modern Family Planning methods at least once.

In a cross-sectional study of Agbayani & Amosco (2020) on the knowledge, attitudes and practices on the contraceptive and noncontraceptive use of hormonal contraceptives among Filipino women in a tertiary hospital it was concluded that majority possessed little knowledge regarding Oral Contraceptive (82%), injectables (56%), and Intrauterine Devices (39%)

However, based on Bautista and Yap (2017) investigation, the Contraceptive Prevalence Rate was reported at 74% for Pantawid families compared to 68% of non-Pantawid counterparts. But this result show a little difference and it would not greatly affect the entire population of 4Ps

beneficiaries. The challenge is therefore on increasing maternal care visits, as well as sustaining the program benefits with adoption of modern family planning methods.

Studies relating to the determination of the knowledge, attitude and practices on the use of contraceptives could be a good reference to assess and to determine current status. This will sought the knowledge possessed by a community which refers to their understanding of the use of contraception, the attitude which refers to their feelings towards this subject, as well as any preconceived ideas that they may have towards and their practices, demonstrating their knowledge and attitude through their actions. According to Saha (2017), understanding the levels of knowledge, attitude and practice will enable a more efficient process of awareness creation as it will allow the program to be tailored more appropriately to the needs of the community.

According to a study by Abad, Peralta, and Siva (2018), knowledge about contraceptives is an essential factor influencing contraceptive use. The authors found that many 4P's female grantees lack adequate knowledge about different contraceptive methods, their effectiveness, and possible side effects. In another study by Reyes, Dela Cruz, and Santos (2019), it was observed that misinformation and myths about contraception prevail among 4P's female grantees. These misconceptions can hinder the adoption and consistent use of contraceptives.

Research by Castro and Pulmano (2017) emphasized that attitudes toward contraceptive use greatly influence its adoption and continuation. Negative attitudes, such as fear of side effects or cultural and religious beliefs, can discourage 4P's female grantees from utilizing contraceptives. A qualitative study conducted by Tan, Yu, and Abad (2020) revealed that some 4P's female grantees held misconceptions linking contraceptive use to promiscuity or infidelity. These attitudes could contribute to a hesitancy in adopting contraceptives and hinder the promotion of family planning.

The study conducted by Abad, Peralta, and Siva (2018) mentioned earlier found that despite moderate knowledge levels, the practice of contraceptive use among 4P's female grantees was inconsistent. Factors such as difficulty accessing contraceptives, limited availability of preferred methods, and partner's disapproval were identified as barriers to consistent use. In a study by Reyes, Dela Cruz, and Santos (2019), it was found that although some 4P's female grantees were aware of contraceptive methods, they faced challenges in obtaining them due to financial constraints. These barriers affected their contraceptive practice and led to higher rates of unintended pregnancies.

This study generally sought to determine the extent of knowledge, attitude, and practices (KPA) of contraceptives use of female 4P's grantees of Brgy. Basag, Butuan City. The said barangay comprises 3,993 in population and there are estimated 200 families who are members of the implemented program of the government. It is divided into 16 purok of residential areas and belongs to rural communities. Specifically, relevant socio-demographic profiles of respondents were assessed and determination of any significant association with KPA were also evaluated.

The data obtained from this study will served as the baseline data on addressing maternal health challenges among the 4Ps women. This study also assessed the type of education and awareness planned out to improve the reproductive health of the said beneficiaries. Moreover, this study will deemed beneficial to the following group of individuals such as; the local government unit as partner of department of health for they could help in easing the circulation of family planning through contraceptives, rural health unit could conduct symposiums for wide distribution and dissemination of family planning, 4P's mothers would become educated that in using contraceptives would bring a lot of goodness in family planning, community play a big role in uplifting one another in using contraceptives as their way of planning a family, and for future researchers this may serve as their guide to conduct an off-shoot studies related on this field.

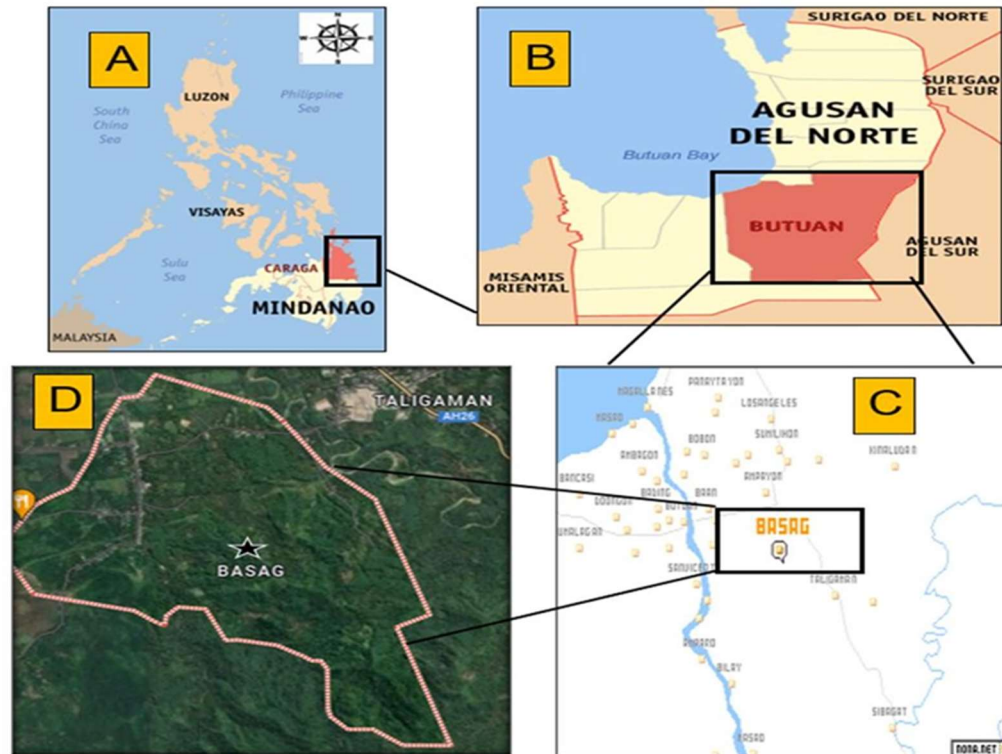
## **METHODS**

### **Study Design**

This study employed a purposive sampling technique in identifying the respondents. Descriptive and comparative research design were also used. Descriptive design was deemed appropriate because the study only described the demographic profile of the respondents in terms of age in years, marital status, religious affiliation, educational attainment, occupation, type of family, number of pregnancy, number of living children, number of abortion, source of information of family planning, and type of contraceptives used. However, comparative research is deemed appropriate in the sense that it compares the correlation of knowledge, attitude and practice of contraceptive use among respondent's profiles.

### **Locale of the Study**

The study was conducted in Barangay Basag, Butuan City, Agusan del Norte during April 2023 to June 2023. The site is situated between 8.9234° N, 125.6232° E. Figure 1 shows the map of the setting of the study.



A. Presentation of Philippine Map showing Caraga Region. B. Shows City of Butuan. C. Indicated Barangay Basag as part of Butuan City. D. Shows the exact location of the study.

**Figure 1.** Map of the study showing the location of the research study

### Distribution of Respondents Table 1

Distribution of Respondents

Barangay Basag	Number of Respondents
Purok <u>Lubi</u> - A, B	27
Purok <u>Gabi</u> - A, B	23
Purok <u>Papaya</u> - A, B, C	26
Purok <u>Saging</u> - A, B, C	29
Purok <u>Pinya</u> - A, B, C	25
Purok <u>Humay</u> - A, B, C	22
<b>TOTAL</b>	<b>n=152</b>

The respondents of this study are the female 4P's grantees of Barangay Basag who belongs to the reproductive health age. This study involves a sample of 152 respondents over- all. Table 1 shows the distribution of respondents of the study.

## Research Instrument

A researcher-made survey questionnaire was made in gathering the data of the study. To ensure the consistency of data collection tools, the questionnaire was prepared in English and translated in Bisaya language. Data were retrieved manually and analyzed through statistical tools.

The survey questionnaire contained two parts. Part I solicited information on the respondents' demographic profile such as age in years, marital status, religious affiliation, educational attainment, occupation, type of family, number of pregnancy, number of living children, number of abortion, source of information of family planning, and type of contraceptives used

Part II assesses the level of knowledge, attitude & practice of 4P's mothers in the study period towards contraceptive use. The statistical range which corresponds to the Likert Scale was used for the analysis. The results for both groups are based on the following parameters:

### Parameters for Knowledge and Attitudes on Contraceptives use:

Scale	Parameter	Verbal Interpretation	Qualitative Description
5	4.21- 5.00	Strongly Agree	Very High
4	3.41- 4.20	Agree	High
3	2.61- 3.40	Neither	Neutral
2	1.81- 2.60	Disagree	Low
1	1.00-1.80	Strongly Disagree	Very Low

### Parameters for Practices on Contraceptives use:

Scale	Parameter	Verbal Interpretation	Qualitative Description
5	4.21- 5.00	Always	Very High
4	3.41- 4.20	Often	High
3	2.61- 3.40	Sometimes	Neutral
2	1.81- 2.60	Rarely	Low
1	1.00-1.80	Never	Very Low

**Validity.** Content validation was done by experts. One of whom was the subject professor and one sociologist.

**Reliability.** The reliability of the research instrument was established using a dry-run method. The researchers selected the 4P's mothers each of the researchers' individual location/residency. The responses were analyzed and interpreted through the use of Cronbach Alpha which determined the reliability of the questionnaire.

## Ethics and Data Gathering Procedure

A formal letter request was sent to the Barangay Captain of Barangay Basag asking for permission to conduct the study and gather data on the identified 4P's Female grantees situated in different Puroks of Barangay Basag, Butuan City.

Upon approval, the researchers convened the respondents with the help of Municipal Link of DSWD and personally distributed the informed consent letter and discussed with them the purpose of data collection to increase their awareness about the study before the conduct of survey. Confidentiality of the information was assured and privacy of the study population was respected and kept as well.

### Data Analysis

To determine the profile of the respondents of the study, frequency count and percent computation was used. Mean and standard deviation was used to evaluate the extent of knowledge, practices and attitudes of respondents. Significant association between variables was determined by using Pearson R.

## RESULTS AND DISCUSSION

This part of the paper presents and discusses the results of the study based on the problems posed.

On the Demographic Profile of the Respondents

**Table 2**

**Percent distribution of 4Ps female grantees of Barangay Basag, Butuan City, according to sociodemographic profile**

<b>Sociodemographic Profile</b>	<b>Frequency</b>	<b>Percentage (%)</b>
<b>Age</b>		
15-19	2	1.32
20-24	1	0.66
25-29	11	7.24
30-34	31	20.39
35-39	45	29.61
40-44	39	25.66
45-49	23	15.13
<b>Marital Status</b>		
Married	94	61.84
Single	11	7.24
Widowed	8	5.26
Others: Cohabiting	39	25.66
<b>Religious Affiliation</b>		
Roman Catholic	121	79.61
Seventh Day Adventist	3	1.97
Iglesia ni Cristo	5	3.29



Others	23	15.13
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**Educational Attainment**

Elementary Level	39	25.66
Elementary Graduate	24	15.79
High School Level	41	26.97
High School Graduate	34	22.37
College Level	11	7.24
College Graduate	3	1.97

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**Wife's Working Status**

Not Working	104	68.42
Working	48	31.58

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**Husband's Working Status**

Not Working	10	6.58
Working	134	88.15
Others: Deceased	8	5.27

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**Household Members**

1-5	82	3.29
6-10	65	42.76
11 and up	3	1.97
*	2	1.32

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**Number of Pregnancies**

0-3	69	45.39
4-6	61	40.13
7-9	19	12.50
10 or more	3	1.97

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**Number of Abortion Incidences**

0	125	82.24
1	23	15.13
2	4	2.63

**Number of Living Children**

1-2	39	25.66
3-4	69	45.39
5 or more	44	28.95

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**Gaps per sibling**

0-2 years	54	35.53
3-5 years	71	46.71
6 or more years	18	11.84
*	9	5.92

**Ideal Number of Children**

0	3	1.974
1-2	31	20.395
3-4	63	41.447
5 or more	52	34.211
*	3	1.974



<b>Distance from Health Facilities</b>			
	=<5 km	125	82.26
5.1-10 km		13	8.54
	>10 km	14	9.20

### **\*Missing Values**

Table 2 shows the percent distribution of 4Ps female grantees of Barangay Basag, Butuan City, according to the sociodemographic profile. The majority of the respondents belong to the age group 35-39, are married, Roman Catholics, attained education at the high school level, and have 3-4 living children. These data also conform to the data by the Philippine Statistics Authority (PSA) in the National Demographic and Health Survey (NDHS) of 2022 where they gathered the profile of sexually active married and unmarried women aged 15-49 in the Philippines. Despite having a majority of adult mothers, there are also a few individuals who became mothers at the age of 15-19. In addition, a large percentage of couples (25.66%) practiced cohabiting which may be associated with low economic status (Beldad, 2022). One study also found a significant association between cohabiting and lower levels of education (Kuang, Perelli, & Padmadas, 2019). Another studies shows that parents with low socioeconomic status has a significant relationship with child's educational attainment (Li & Qui, 2018); (Thomson, 2018). Parents were less engaged in their children's education (Vadivel, et.al, 2023) and their children tend to prioritize job (low-paying or blue-collar occupations) over continuing higher education (Vadivel, et.al, 2023).

In addition, the data presented shows the employment rate among male partners. Though majority of the husband's working status are employed, most of them are paid labor. In contrast, there is a high unemployment rate among female grantees. Majority of the female grantees are housewives with no income. Thus, the female grantees chose to limit their number of children and consequently reduce the size of their household due to economic crisis. There are also participants who are widowed (5.6%) when they were still be able to conceive. However their responses in this survey still were assessed based on their experiences on contraceptive use with the living partner.

Regarding the fertility of the 4Ps female grantees, the majority of the respondents conceive with 0-3 pregnancies and most of them have no abortion incidence. It is also shown that they preferred a 3-5 years gap between siblings and having 3-4 children. This also supports the data provided by the National Demographic and Health Survey (NDHS) which states that women preferred another child later than 2 or more years. This survey also found that there is a positive relationship between the number of living children and the number of women not wanting more children. This means control to avoid pregnancy is needed when the living children demand support from parents.

Below is the figure which shows the respondents' sources of information about family planning. The majority of the respondents got information about contraception from their local health centers (71%) while few individuals got the information from social media (1%), radio, tv, and newspapers (1%), and other sources (1%). It can be shown here in the figure that the Department of Health through the local health centers has been the prominent source of information about family

planning. This means that proper information dissemination about contraception from the government had been relayed to the 4Ps community in the area.

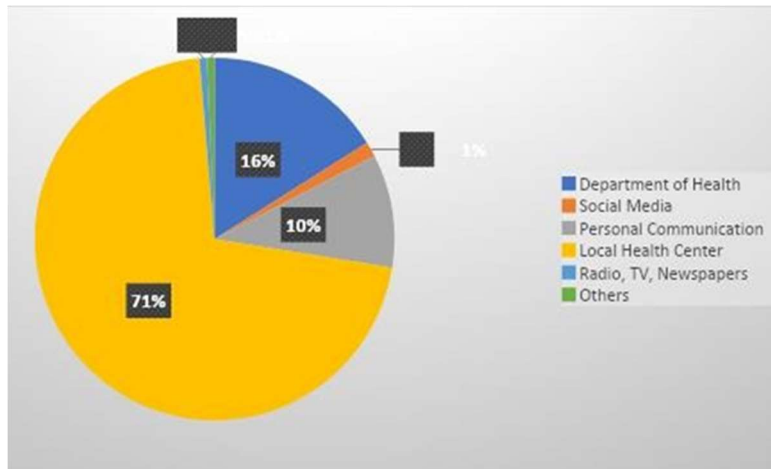


Figure 2. Female 4Ps Grantees Sources of Information about Family Planning

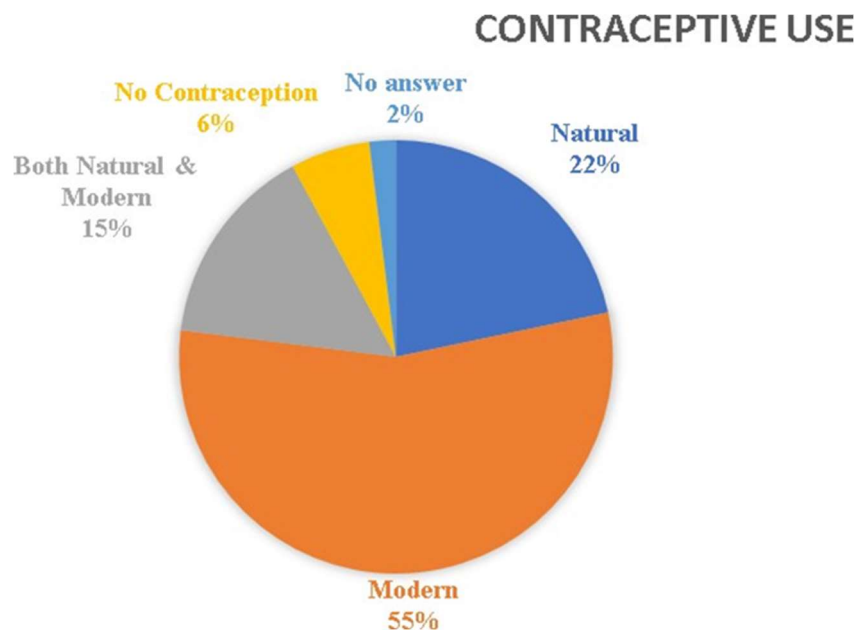


Figure 3. Types of Contraceptive Use Among 4Ps Female Grantees

Figure 2 shows the contraceptive use among 4Ps female grantees. Ninety-two (92%) of the respondents are using contraception, with 22% using any natural method, 55% using any modern method, and 15% using both natural and modern methods. On the contrary, only six percent (6%) do not use any contraception and two percent (2%) with no answer.

**Table 3.**

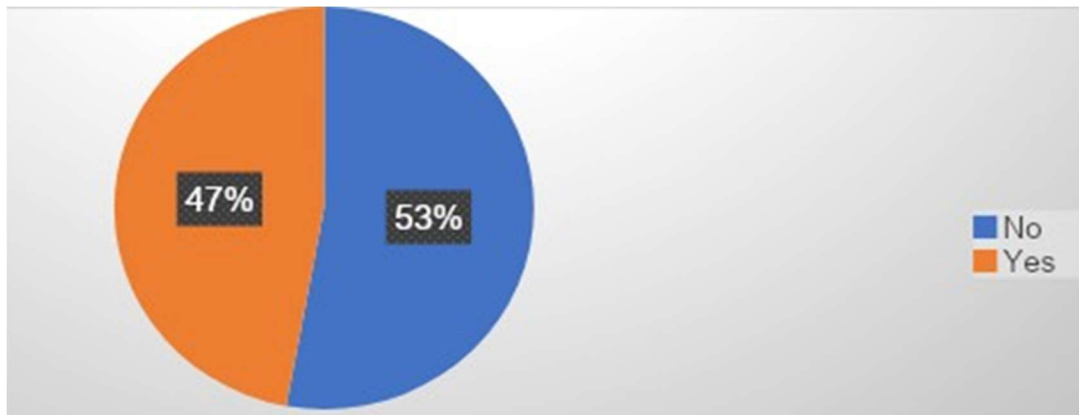
**Percent Distribution of Contraceptives Use among 4Ps Female Grantees**

Types of Contraceptives		Frequency	Percentage
Natural	Calendar rhythm method	22	14.47
	Basal Body Temperature	1	0.66
	Withdrawal	7	4.60
	Others	3	1.98
Modern	Pills	59	38.82
	Condom	2	1.31
	Intrauterine Device (IUD)	6	3.94
	Implant	6	3.94
	Injectable contraceptives	4	2.64
Both Natural and Modern	Tubal Ligation	7	4.60
	Withdrawal + Pills	13	8.55
	Withdrawal + IUD	1	0.66
	Calendar rhythm method + Pills	4	2.64
	Calendar Rhythm Method + Condom	2	1.31
	Basal Body Temperature + Pills	2	1.31
No Contraception	Withdrawal + Others	1	0.66
	No answer	9	5.93
TOTAL		152	100

In table 3, it shows the percent distribution of contraceptives use. The most commonly used contraceptive method among the respondents are pills (38.82%), calendar or rhythm method (14.47%), withdrawal (4.60%), and tubal ligation (4.60%). The trend of using hormonal contraceptive methods or pills is consistent with the national survey of NDHS (2022) as well as with the study of Bautista and Yap (2017) on 4Ps beneficiaries. In addition, the biggest number of respondents (8.55%) who employed both natural and contemporary approaches reported often using withdrawal and pills. This suggests that some female grantees may choose to go on withdrawal during sexual activity if they forget to take their pills on a daily basis. Others who responded state that they utilize both methods since they aren't completely confident in any one to prevent conception.

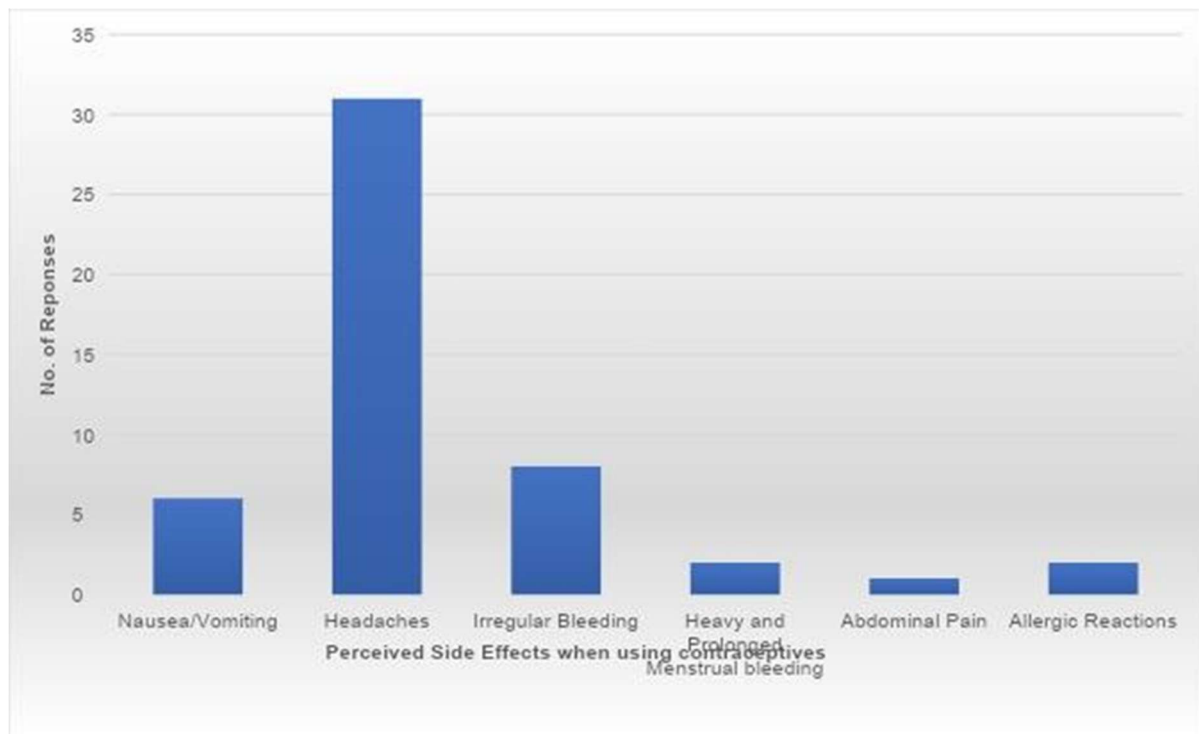
Utilizing both traditional and modern methods to prevent pregnancy demonstrates their desire to give birth space of their children and restrict the number of them as a result of a financial difficulty. This also implies that the program's monthly family development sessions (FDS), which provides information on reproductive health and risks of unintended pregnancies, had an effect on the participants' choices on family planning.

**Figure 4. Experienced Side Effects while using Contraceptives**



As part of the use of contraceptives, respondents were also asked if they experienced side effects while using contraceptives. Based on the data, the majority of them do not experience side effects (53%) while 47% experienced side effects despite the willingness to use the contraceptives. Some other female grantees switch to not using contraception due to their perceived illness while using them. The figure below shows the perceived side effects of the respondents when using contraceptives.

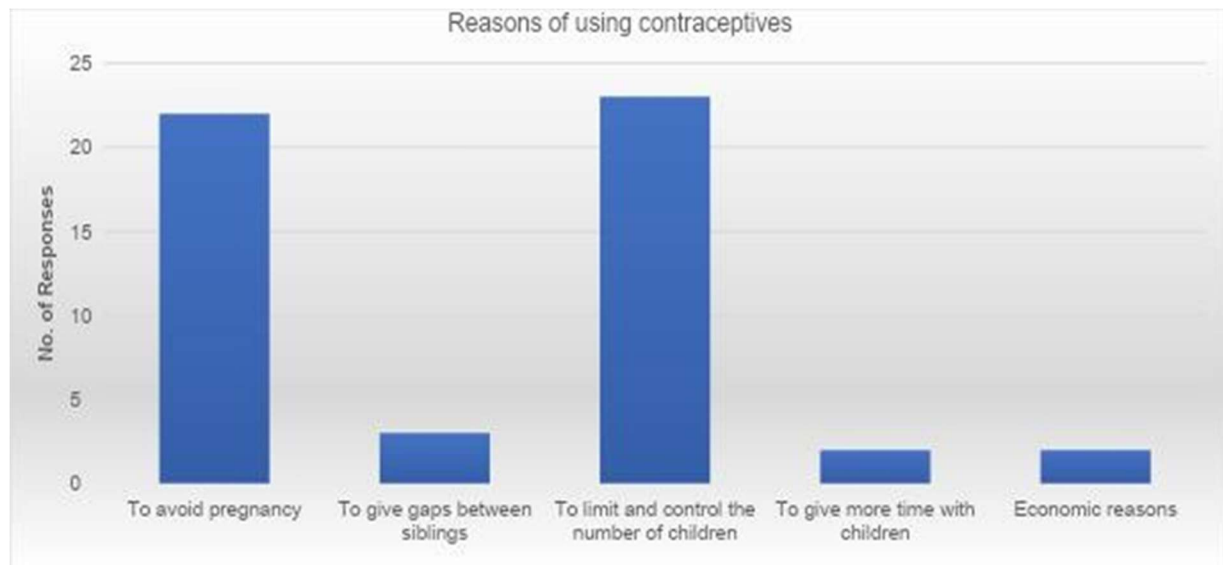
**Figure 5. Perceived Side Effects when using Contraceptive**



In figure 5, the survey shows the perceived side effects of using contraceptives. These side effects were experienced predominantly by the respondents who are using the modern method of contraception. Based on the result, the majority of the respondents perceived headache (69%) as a common side effect. This perceived side effect can be associated with the use of pills since these

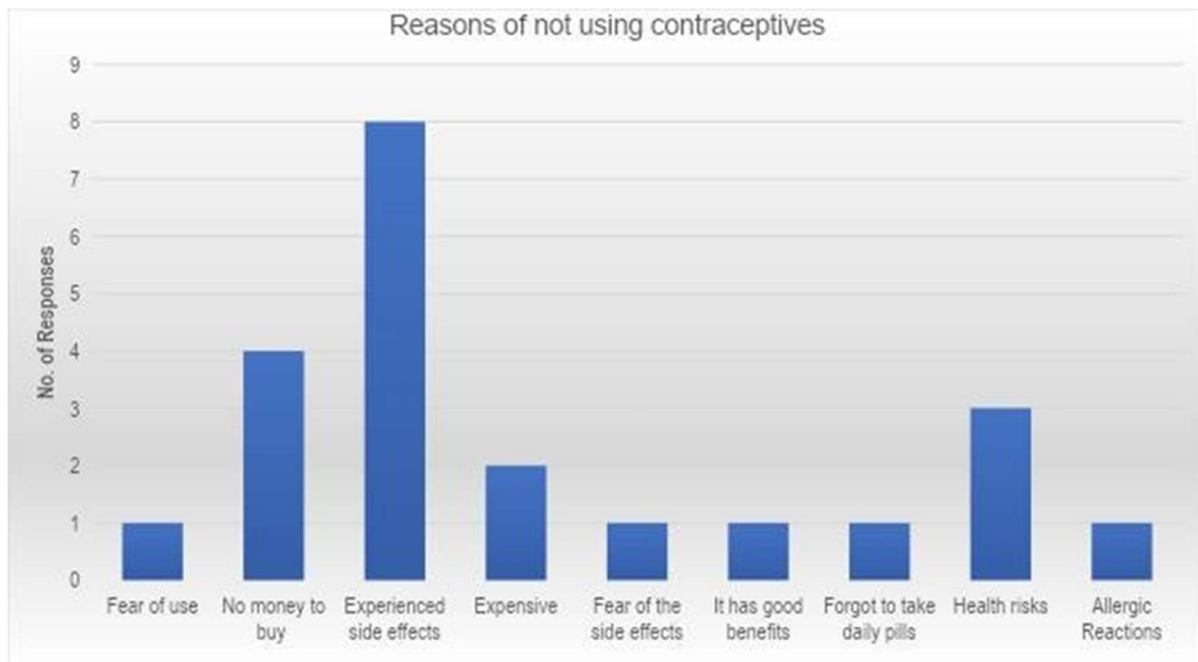
responses are coming from the pill users. Pill users also experienced nausea/vomiting, irregular bleeding, allergic reactions, and a combination of headache and irregular bleeding. Respondents who answered IUD as their contraception method had experienced nausea/vomiting and heavy and prolonged menstrual bleeding. Implant users perceive nausea/vomiting and headaches as their side effects. Lastly, respondents who use injectable contraceptives experienced irregular bleeding.

**Figure 6. a. Reasons for using contraceptive methods among 4Ps female grantees**



Respondents also expressed their reasons for using contraceptive methods (refer to figure 6. a). Among the main reasons are the following: (1) limiting the number of children (43%) and (2) avoidance of pregnancy (42%). Some other reasons also include giving gaps between siblings (7%), giving more time with living children (4%), and economic reasons (4%). This data indicates that 4Ps female grantees value the importance of using contraceptives in family planning.

**Figure 6. b. Reasons for not using contraceptive methods among 4Ps female grantees**



On the contrary (shown in Figure 6. b), female grantees do not use contraception due to the perceived side effects they experienced, no money to buy, health risks, and costly.

Among the least number of responses are fear of use, fear of side effects, allergic reactions, and forgetfulness in taking daily pills. In addition, one respondent answered about the good benefits of not using contraception.

On the Level of Knowledge, Attitude, Practice of Contraceptive Use as Perceived by the Respondents

The data in Table 4 to 7 show the overall average responses of the respondents on the statements about the level of contraceptive use in terms of knowledge, attitude, and practice among the 4P's recipients of Barangay Basag, Butuan City. The responses of the respondents were compared in this table.

**Table 4**

**Level of Contraceptive Use among 4P's Recipients as to Knowledge**

Mean	SD	V.I	Q.D.
<b>KNOWLEDGE</b>			
1. I know that there are natural and modern contraception methods.	3.99	.903	Agree High
2. I am familiar with the different types of modern contraceptives, such as condoms, birth control pills, intrauterine devices, and implants.	3.90	1.002	Agree High
3. I am familiar with the different natural contraception methods mentioned in page 1.	3.80	.972	Agree High
4. I am familiar with the side effects of using contraceptives.	3.79	.953	Agree High
5. I know what to do when I miss using or taking contraceptives.	3.84	.909	Agree High
6. I am aware that I can ask for contraceptives in our Health center for free.	4.04	.941	Agree High
7. I am aware that I can buy contraceptives in the pharmacy and stores.	4.04	.913	Agree High
8. I am well-informed that not using contraceptives will result in unplanned Pregnancy.	4.18	.909	Agree High
9. I know how to use my contraceptive effectively.	4.02	.865	Agree High
10. I know the benefits and risks of the contraceptives I chose.	4.02	.865	Agree High
11. I know that it is much <u>more wise and practical</u> to use contraceptives.	4.02	.910	Agree High
12. I know that I need to consult the doctor regularly if I use a contraceptive	4.18	.790	Agree High
<b>Average Mean</b>	<b>3.98</b>	<b>.911</b>	<b>Agree High</b>

Table 4 displayed the level of contraceptive use by 4Ps mothers in terms of knowledge which earned an average mean of 3.98 with a corresponding verbal interpretation “agree”. This signifies that they are knowledgeable on natural and modern conception methods, as to what kind, where to buy or get, how and when to take and apply effectively (item 1 mean of

3.99; item 2 mean of 3.90; item 3 mean of 3.80; item 5 mean of 3.48; item 6 mean of 4.04; item 7 with a mean of 4.04; and item 9 mean of 4.02, all of these items constitute “agree”). These findings was supported by Pazol (2015) which states that educational tools can effectively increase client knowledge in contraceptives and they themselves could decide on what family planning they would prefer to use.

Respondents agreed also that they knew the benefits, side effects and risks of using contraceptives (item 4 mean of 3.79; item 10 mean of 4.02; item 11 mean of 4.02; and item 12 mean of 4.18). The benefits it would guide them in planning their family, promotes birth spacing and it would improve their socio-economic status. Similarly, in the study of Starbird et.al (2016) women are empowered to choose the number, timing, and spacing of their pregnancies for maternal Health and it is vital also to sustainable development, including women’s education and status in society. Although the contraceptives that couples use to avoid pregnancy have their own health risks. The concerns about side effects outweighed the perceived benefits of using family planning. As mentioned by Schrupf et al. (2020) the most common concern about hormonal contraceptives was the resultant changes in menstrual patterns, it brings sickness, dizziness, and changes in weight. That even those who haven’t tried yet has already an anxiety about side effects deterred them from using family planning.



Majority agreed that failed to use contraceptives would result in unplanned pregnancy (item 8 mean of 4.18). Based on the study conducted by Jain and Muralidhar (2011), women in reproductive age want to regulate their pregnancy that's why they would rather use contraceptives for they don't want to get pregnant without planning. However, regular consultations when using contraceptives was believed to be important (item 12 mean of 4.18). As cited by Dehlendorf, Krajewski and Borrero (2014), health workers quality of contraceptive counselling is one strategy to develop a close and trusting relationship with patients and using a shared decision-making approach that focuses on eliciting and responding to patient preferences.

**Table 5**  
**Level of Contraceptive Use among 4P's Grantees as to Attitude**

<b>Mean</b>	<b>SD</b>	<b>V.I</b>	<b>Q.D.</b>
<b>ATTITUDE</b>			
1. I believe that discussing with the partner or husband 's contraception use is important.	4.28	.887	Agree Very High
2. I am interested to know about the different contraception.	4.18	.892	Agree High
3. I consider that the use of contraception is important to women.	4.11	.939	Agree High
4. I believe that the use of contraception is beneficial to our family.	4.25	.915	Agree Very High
5. I feel that a large family has negative socioeconomic effects in our family.	3.85	1.114	Agree High
6. I believe that using contraception gives me more benefits than risks. .	4.08	.895	Agree High
7. I consider sharing to other women the benefits of using contraception.	3.93	.866	Agree High
8. I believe that the use of contraceptives is helpful to better take care of our family.	4.18	.970	Agree High
9. I feel good using contraceptives since I will not get pregnant again.	4.13	.859	Agree High
10. I consider consulting a doctor or health care provider before using any contraceptive.	4.01	.924	Agree High
<b>Average Mean</b>	<b>4.10</b>	<b>.754</b>	<b>Agree High</b>

It can be gleaned in table 5 the positive attitude of contraceptive use among the 4P's grantees which showed an average mean of 4.10 having a verbal interpretation of agree. The results of the data illustrated that the respondents had a high level of attitude and were favorable or positive towards the utilization of contraceptives. Moreover, two of the then indicators gained a very high agreement specifically on the importance of partner or husband's discussion with the use of contraception and replied as on the use of contraception as essential for women and for their family (item 1 mean of 4.28; item 4 mean of 4.25). These findings are widely supported by organizations such as the World Health Organization (WHO) and the American College of Obstetricians and Gynecologists (ACOG) as to share responsibility perspective and informed decision-making. Involving partners or husbands in discussions about contraception acknowledges the shared responsibility of reproductive health and family planning (Caruso et. al, 2022). Engaging in open discussions allows partners to share their perspectives, preferences, and concerns regarding contraception methods. It promotes a comprehensive understanding of available options, their effectiveness, and potential side effects (Solomon, 2017).

Subsequently, most of them agreed that they are interested to know about the different contraception, the use of contraceptives is helpful to better take care of their family, feel good using contraceptives as to not to get pregnant again, the use of contraception is important to women, and believe that using contraception gives them more benefits than risks (item 2 mean of 4.18; item 8 mean of 4.18; item 9 mean of 4.13; item 3 mean of 4.11; item 6 mean of 4.08). This conforms the study conducted by Hall et al., (2014) where contraception allows women to plan and space their pregnancies, empowering them to make informed choices about their reproductive health. This control positively impacts their personal, social, and economic well-being. According to a study published in the American Journal of Obstetrics and Gynecology, contraception enables women to exercise reproductive autonomy, leading to better family planning and healthier birth outcomes. Contraception provides significant health benefits beyond pregnancy prevention. Hormonal contraceptives, such as oral contraceptive pills, have been linked to a reduced risk of certain cancers, such as ovarian and endometrial cancer. A study published in *The Lancet* estimated that oral contraceptives prevented 400,000 cases of endometrial cancer between 1965 and 2012 (Collaborative Group on Epidemiological Studies of Ovarian Cancer, 2015). Furthermore, the Guttmacher Institute reports that contraceptive use is associated with decreased rates of unintended pregnancies, which can lead to better maternal and child health outcomes (Guttmacher Institute, 2018).

Consequently, consider consulting a doctor or health care provider before using any contraceptive; sharing to other women the benefits of using contraception and the feeling that large family has negative socioeconomic effects (item 10 mean of 4.01; item 7 means of 3.93; item 5 means of 3.85;) revealed a high level of attitude towards contraception. This study finding was consistent with a study conducted in Adama that showed that accordingly more than half of their respondents have a positive attitude and support use of contraceptives (Abraham, 2016). And it is high when compared with a study conducted in Somali Region shows that almost all the respondents had a favorable attitude toward contraceptives. Those differences may be due to socio-cultural differences, variation in the characteristics of the study population (Nigussie et. al, 2016).

### **Table 6**

#### **Level of Contraceptive Use among 4P's Recipients as to Practice**

	Mean	SD	V.I	Q.D.
<b>PRACTICE</b>				
1. I attended seminars to learn more about family planning.	3.11	1.177	Sometime	Neutral
2. I did not use contraception method.	3.34	1.357	Often	High
3. I discuss with my partner or husband about the contraception we use.	3.88	1.271	Often	High
4. I am using a natural contraception method.	3.72	1.470	Often	High
5. I am using a modern contraception method.	3.82	1.415	Often	High
6. I used both natural and modern contraception method	3.80	1.282	Often	High
7. I have been using contraceptives for my health and child's health.	4.01	1.274	Often	High
8. I have been using contraceptives to prevent unwanted pregnancy	4.11	1.262	Often	High
9. I have been using contraceptives for socio-economic concerns.	3.76	1.356	Often	High
10. I have been using contraceptives as advised by health professionals.	3.91	1.292	Often	High
11. I have been using contraceptives for birth spacing.	4.07	1.256	Often	High
12. If I have health concerns about my reproductive system, I consult with my doctor.	3.73	1.276	Often	High
13. I chose contraceptives that worked best for me	4.05	1.238	Often	High
14. I religiously use or take the contraceptive.	3.76	1.321	Often	High
15. I visited regularly the health care provider (doctor, nurse, midwife, barangay health worker or <u>hilot/mananabang</u> for consultation about the contraception I am using.	3.70	1.270	Often	High
<b>Average Mean</b>	<b>3.79</b>	<b>1.005</b>	<b>Often</b>	<b>High</b>

It can be inferred in Table 6 an over-all mean of 3.79 denoting that respondents practiced often the parameters as indicated. Respondents showed varied use of contraception either natural (3.72) or modern (3.80) or both (3.82). Their reasons for use include among others for own health and their child's health (4.01) to prevent unwanted pregnancy (4.11), to effect birth spacing (4.07) and generally for socio-economic concerns (3.76).

It is to note however that one of the important activities under the 4Ps objective is the conduct of family development sessions. Regular attendance to the Family Development Sessions (FDS) is an important conditionality that the Pantawid beneficiaries must comply with in order to maintain their good membership standing in the program. The FDS are envisioned to "build and strengthen family ties" and together with the education and health conditionalities are the vehicles by which the Program is able to help the beneficiaries be empowered for an improved quality of life (Bautista and Yap, 2017). Result as indicated that respondents attended only sometimes (3.11) of these sessions. However, in the study of Bautista & Yap (2017), DSWD, during the 2016 Research Colloquium, showed high compliance rates for Pantawid families. 94.94% attendance was reported for family development sessions and 95.95% coverage for health visits of pregnant women.

Nonetheless however, knowledge involving use of contraceptives that can be learned from these sessions can be accessible from other sources, hence, these do not pose any limitation to their practices. For this instance, respondents took advised often from health professionals (3.91), sought consultation with doctors often for reproductive system concerns (3.73) and generally at most often were visiting health care providers (3.70).

Resultantly, with these positive high practices towards the use of contraceptives, these coincide with the respondents open discussions with partners (3.88), ability to identify best contraceptive (4.05) to religiously use (3.76). However, as reported in Family Planning Survey of 2000 by National Statistics Office accordingly concluded that women in poor households (40.1%) are less likely to practice family planning than those in non-poor households (50.2%). This difference is due mainly to a higher prevalence of female sterilization among non-poor women than among poor women (13.2% versus 5.1%).

**Table 7**

**Summary Data on the Level of Contraceptive Use among 4P's Recipients in terms of Knowledge, Attitude, and Practice**

<b>INDICATORS</b>	<b>Mean</b>	<b>SD</b>	<b>V.I</b>	<b>Q.D</b>
1. KNOWLEDGE	3.98	.911	Agree	High
2. ATTITUDE	4.10	.754	Agree	High
3. PRACTICE	3.79	1.005	Often	High
<b>OVER ALL MEAN</b>	<b>3.79</b>	<b>1.005</b>	<b>Agree/Often</b>	<b>High</b>

In summary, the level of knowledge on contraceptive use by 4Ps mothers earned an average mean of 3.98 with a corresponding verbal interpretation “agree”. This signifies that they are knowledgeable on natural and modern conception methods, as to what kind, where to buy or get, how and when to take and apply effectively. They were well-informed as well that failing to use contraceptives would result in unplanned pregnancy. Moreover, respondents agreed also that they knew the benefits, side effects and risks of using contraceptives.

The positive attitude of contraceptive use among the 4P's grantees which showed an average mean of 4.10 having a verbal interpretation of agree. The results of the data illustrated that the respondents had a high level of attitude and were favorable or positive towards the utilization of contraceptives. Moreover, two of the indicators gained a very high agreement specifically on the importance of partner or husband's discussion with the use of contraception and replied as on the use of contraception as essential for women and for the family.

On practice of using contraceptives it has a mean of 3.79 denoting that respondents practiced often the parameters as indicated. It is to note however that one of the important activities under the 4Ps objective is the conduct of family development sessions. Regular attendance to the Family Development Sessions (FDS) is an important conditionality that the Pantawid beneficiaries must comply with in order to maintain their good membership standing in the program.

## On the Significant Relationship between the Demographic Profile and the Extent of Knowledge, Attitude, and Practice of Contraceptive Use of the Respondents

The bases in determining the presence of the significant relationship on the extent of knowledge, attitude, and practice among 4P's recipients when grouped according to their profile are presented and discussed in this section to answer Problem 5. The data can be gleaned in Tables 8 to 11.

**Table 8.**

### Significant Relationship between the Demographic Profile of Respondents when Grouped according to Knowledge on Contraceptive Use

	Pearson Correlation	Sig. (2 tailed)	KNOWLEDGE Interpretation
<b>Demographic Profile</b>			
1. Are you using contraceptives?	.160*	.048	Significant
2. Age	.048	.559	Not Significant
3. Marital status	-.039	.636	Not Significant
4. Educational Attainment	.022	.784	Not Significant
5. Occupation (Wife)	.048	.558	Not Significant
6. Occupation (Husband)	-.063	.441	Not Significant
7. Number of Children Desired	-.008	.918	Not Significant
8. Number of Abortion Incidence	.006	.944	Not Significant
9. Number of pregnancies	-.083	.308	Not Significant
10. Number of Household members	-.079	.338	Not Significant
11. Number of Living Children	-.005	.948	Not Significant
12. Gaps between siblings	-.066	.435	Not Significant
13. Religious Affiliation	.027	.741	Not Significant
14. Sources of information	-.074	.369	Not Significant
15. Type of contraceptive	-.093	.255	Not Significant
16. Source of contraceptive	-.027	.785	Not Significant
17. Contraception side effects	-.167	.090	Not Significant
18. If use what side effects	-.120	.408	Not Significant
19. Distance from health facilities	-.066	.419	Not Significant

\*Significant at 0.05 level of significance

Table 8 shows that contraceptive use is significantly correlated with the knowledge of the respondents with a correlation value of .160 at .048 level of significance. This signifies that the higher the level of knowledge of an individual to contraception the greater its tendency to use contraceptives or they will tend to be more positive in the use of contraceptives. As a result women were able to control their bodies, reproduction and fertility which resulted in a higher degree of empowerment (Alano & Hanson, 2018). Additionally, World Health Organization (2014) the ability to manage fertility and reproduction has freed women from the anxiety and captivity of unintended and undesired pregnancies.



However, most of the demographic variables are not significantly associated with their knowledge of contraceptive use. This means that the knowledge they gained about contraception do not depend on sociodemographic characteristics of female grantees.

In addition, the use of contraception among female grantees depends only on the information they gained from local health centers or other sources of information which provided them knowledge on family planning. Hence, the role of Healthcare professionals is vital in instilling the right concept of contraception to the patients. Therefore, it is crucial for pharmacy staffs and Health care unit workers in Barangays to emphasize the importance of contraception and changing the misconception of contraceptive usage (Nazmi, et.al 2020).

**Table 9.**

**Significant Relationship between the Profiles of the Respondents When Grouped according to Attitude on Contraceptive Use**

Pearson Correlation		Sig. (2 tailed)	ATTITUDE Interpretation
<b>Demographic Profile</b>			
1. Are you using contraceptives?	.146	0.073	Not Significant
2. Age	.088	.283	Not Significant
3. Marital status	-.019	.818	Not Significant
4. Educational Attainment	.010	.905	Not Significant
5. Occupation (Wife)	.015	.854	Not Significant
6. Occupation (Husband)	-.092	.258	Not Significant
7. Number of Children Desired	.016	.850	Not Significant
8. Number of Abortion Incidence	-.059	.474	Not Significant
9. Number of pregnancies	-.062	.445	Not Significant
10. Number of Household members	-.041	.616	Not Significant
11. Number of Living Children	-.007	.936	Not Significant
12. Gaps between siblings	-.047	.580	Not Significant
13. Religious Affiliation	.009	.912	Not Significant
14. Sources of information	-.022	.790	Not Significant
15. Type of contraceptive	-.126	.123	Not Significant
16. Source of contraceptive	.026	.794	Not Significant
17. Contraception side effects	-.072	.471	Not Significant
18. If use what side effects	.008	.954	Not Significant
19. Distance from health facilities	-.031	.703	Not Significant

\*. Correlation is significant at the 0.05 level (2-tailed).

Table 9 showed that all the demographic variables of the respondents are not significantly associated to their level of attitude on contraception. This signifies that their attitude on contraceptive use does not depend on their sociodemographic characteristics. Additionally, a study published in the Journal of Adolescent Health found that while younger individuals may have lower levels of knowledge about contraception, their attitudes towards it were not significantly different from older age groups (Lanen et al., 2016). Similarly, a systematic review published in PLOS ONE examined the relationship between education and contraceptive use in developing

countries and found that although higher educational attainment was generally associated with increased contraceptive use, it was not a universal pattern across all contexts (Ojakaa et al., 2016).

Contrary to the study published in the Philippine Journal of Contraception and Reproductive Health Care explored factors influencing contraceptive decision-making among women and found that attitudes were shaped by a complex interplay of multiple factors, including ethnicity, religion, relationship status, and desired family size (McLaren et al., 2018). The findings indicate that attitudes towards contraception are multifaceted and cannot be solely attributed to a single characteristic.

Research by Castro and Pulmano (2017) emphasized that attitudes toward contraceptive use greatly influence its adoption and continuation. Negative attitudes, such as fear of side effects or cultural and religious beliefs, can discourage 4P's female grantees from utilizing contraceptives. A qualitative study conducted by Tan, Yu, and Abad (2020) revealed that some 4P's female grantees held misconceptions linking contraceptive use to promiscuity or infidelity. These attitudes could contribute to a hesitancy in adopting contraceptives and hinder the promotion of family planning.

**Table 10.**

**Significant Relationship between the Profiles of the Respondents when Grouped according to Practices on Contraceptive Use**

Pearson Correlation	Sig. (2 tailed)	Interpretation
<b>Demographic Profile</b>		
1. Are you using contraceptives?	-.059	0.467 Not Significant
2. Age	-.070	0.388 Not Significant
3. Marital status	-.045	.581 Not Significant
4. Educational Attainment	.007	.936 Not Significant
5. Occupation (Wife)	.056	.494 Not Significant
6. Occupation (Husband)	-.101	.216 Not Significant
7. Number of Children Desired	-.112	.172 Not Significant
8. Number of Abortion Incidence	-.069	.395 Not Significant
9. Number of pregnancies	-.148	.069 Not Significant
10. Number of Household members	-.046	.576 Not Significant
11. Number of Living Children	-.101	.215 Not Significant
12. Gaps between siblings	-.004	.965 Not Significant
13. Religious Affiliation	.006	.942 Not Significant
14. Sources of information	-.117	.154 Not Significant
15. Type of contraceptive	-.125	.125 Not Significant
16. Source of contraceptive	-.062	.535 Not Significant
17. Contraception side effects	-.154	.120 Not Significant
18. If use what side effects	.020	.889 Not Significant
19. Distance from health facilities	.027	.743 Not Significant

\*. Correlation is significant at the 0.05 level (2-tailed)



It can be inferred from Table 10 that all demographic variables being considered in this present study were not significantly associated with the high practices of respondents to the contraceptive use. On the same premise that both respondents' high knowledge and positive attitude (Table 7 and Table 8) do not also establish a significant relationship with the sociodemographic profiles of respondents. As practice refers to the ways in which they demonstrate their knowledge and attitude through their actions (Saha, 2017), these results were quite expected.

**Table 11.**

**Correlational Analysis of Knowledge vs. Attitude, Knowledge vs. Practices, and Attitude vs. Practices on the Contraceptive Use among 4Ps Female Grantees**

**Table 11.**

Correlational Analysis of Knowledge vs. Attitude, Knowledge vs. Practices, and Attitude vs. Practices on the Contraceptive Use among 4Ps Female Grantees

Variables	Correlation coefficient <sup>a</sup> (r)	p-value <sup>b</sup>	Interpretation <sup>c</sup>
Knowledge vs. Attitude	0.86	0.00	Very Strong Relationship, Significant
Knowledge vs. Practices	0.67	0.00	Strong Relationship, Significant
Attitude vs. Practices	0.72	0.00	Strong Relationship, Significant

<sup>a</sup>Pearson correlation <sup>b</sup>tested at 0.01 level of significance <sup>c</sup>Qualitative interpretation of the absolute value of the correlation coefficient: 0.00-0.20 (Very Weak), 0.21-0.40 (Weak), 0.41-0.60 (Moderate), 0.61-0.80 (Strong), and 0.81-1.00 (Very Strong)

The Pearson R correlation was used to establish the association between the three variables (knowledge, attitude, and practices). With a correlation coefficient of 0.86, the data demonstrate a very strong positive association between respondents' knowledge and attitudes toward using contraception. The correlation between knowledge and practices is 0.67, and the correlation between attitude and practices is 0.72. This indicates a strong positive relationship between variables. P-value of each comparison is 0.00 which means their association or relationship is significant.

The data means that knowledge, attitude, and practices influence each other in terms of contraceptive use. The more respondents acquired more knowledge, the more they practiced using contraceptives and had a favorable attitude toward their activities and newly acquired knowledge.

## CONCLUSION AND RECOMMENDATIONS

This study adds to the growing body of research aimed at assessing the level of knowledge, attitude, and practices and the relationship between each variables on the contraceptive use of female 4Ps members of Brgy. Basag Butuan City. It is clear that majority of the respondents are on their reproductive age, are married, Roman Catholics, attained education at the high school level, and have 3-4 living children with no abortion incidence. Cohabiting is existent. Most of their husbands are employed in labor paid. The source of information generally from their local health centers. Ninety-one percent are using contraception, some of them are using both modern and natural methods and largely do not experience side effects. Those that experienced side effects, commonly were headaches. Reasons for using contraceptive methods are to limit the number of children and avoidance of pregnancy. Individuals that do not use contraception their reasons are fear of use, fear of side effects, allergic reactions, and forgetfulness in taking daily pills. These findings insinuates that, they value the importance of using contraceptives in family planning.

In general, respondents possess positive high knowledge, attitude and practice on natural and modern conception methods, as to what kind, where to buy or get, how and when to take and apply effectively. They believe that using contraception gives them more benefits than risks. Seeking health care professionals' advice as to the kind of contraceptives is applicable to an individual and regular consultation once already using contraceptives is highly significant. Conversely, they should not take for granted the value of attending Family Development Sessions for it is made to improve their quality of life.

Conclusively, the knowledge, attitude, and practices influence each other in terms of contraceptive use. The more respondents acquired more knowledge, the more they practiced using contraceptives and had a favorable attitude toward their activities and newly acquired knowledge.

Based on the results of the study, it is recommended in future studies to include the desired gaps of children for this could affect the consistency of using contraceptive methods. It is suggested also to strengthen the number of health care providers when they counsel women, and couples about contraceptive method choice. In addition, further research can be conducted on a periodic basis to give a full assessment on the program implementation covering a larger number of beneficiaries from both rural and urban communities. This may help determine the general picture of the extent of success of the program leading to an improved design and implementation of public policies.

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## APPENDICES APPENDIX A

**SURVEY QUESTIONNAIRE**

**Research Title:** *Knowledge, Attitude, and Practices of Birth Control Method Used among 4P's Female Grantees of Brgy. Basag, Butuan City*

Mahal namong Partisipante,

Maayong adlaw!

Kami nga mga studyante gikan sa Caraga State University-Graduate School, nagpahigayon og pagtuon bahin sa **"Kahibalo, Kinaiya, ug mga Praktis sa mga pamaagi sa pagpugong sa pagpanganak sa mga Kababayan-ang 4PS Grantees sa Brgy. Basag, Butuan City"**. Kini nga pagtuon mao ang usa sa mga kinahanglanon nga among esumite sa kursong Doctor of Philosophy in Science Education nga may espesyalisasyon sa Biological Sciences.

Tungod niini, kami nagahangyo sa inyong tabang sa among pagpahigayon niini nga surbey. Mamalihog lang kami sa DILI PAGBIYA sa bisan unsang mga pangutanana nga walay tubag. Sumala sa etika sa pagtuon, ang inyong mga tubag pagatagaan ug dakong KONPIDISYALIDAD.

Salamat sa inyong suporta niining paningkamot sa pagtuon.

Nagatahod,

**ALMA LIGAYA BERMUDEZ  
APPLE JANE LIMA  
EVAMAE ALVARADO  
CRYSTELLE ANNE MONTERA**

---

**Part I. Demographic Profile of the Respondents (*Propayl sa mga Partisipante*)**

Instructions: Please fill in the necessary information. Check the box that corresponds to your answer. (*Palihog isulat ang mga importanteng impormasyon. (Sulati ug chek ang box sa inyohang tubag.)*)

A. Name (*Pangalan*): (Optional) \_\_\_\_\_ B. Age (*Edad*): \_\_\_\_

C. Marital Status (*Marital Istatus*):

- 1 Married (*Minyo*)       2 Single (*Dili pa minyo*)       3 Widowed (*Byuda*)  
 4 Others (*please specify*): \_\_\_\_\_

D. Religious Affiliation (*Sakop sa Relihiyon*):

- 1 Roman Catholic       2 Seventh Day Adventist       3 Iglesia ni Cristo  
 4 Islam       5 Others (*please specify*): \_\_\_\_\_

E. Educational Attainment (*Edukasyon*):

- 1 Elementary level       2 Elementary Graduate  
 3 High School level       4 High School Graduate  
 5 College level       6 College Graduate  
 7 Master's Degree       8. Others (*please specify*): \_\_\_\_\_

F. Occupation (*Unsay trabaho?*): \_\_\_\_\_

G. Occupation of your husband? if there is any? (*Unsay trabaho sa imong bana kung naa man?*) \_\_\_\_\_

H. How many members of the household? (*Pila kabuok myembro sa panimalay?*) \_\_\_\_\_

I. Monthly Income (in Peso)? (*Binulan na Kita?*) \_\_\_\_\_



- |   |  |
|---|--|
| <input type="checkbox"/> a. Less than 9,100 | <input type="checkbox"/> b. 36,401 to 63,700   |
| <input type="checkbox"/> c. 9,101 to 18,200 | <input type="checkbox"/> d. 63,701 to 109,200  |
| <input type="checkbox"/> e. 8,201 to 36,400 | <input type="checkbox"/> f. 109,201 to 182,200 |
|   | <input type="checkbox"/> g. 182,201 and above  |

J. Number of pregnancies? (*Ikapila naburos?*) \_\_\_\_\_

K. Number of abortion incidence? (*Ikapila napunitan?*) \_\_\_\_\_

L. Number of living children? (*Pila kabuok buhi nga anak?*) \_\_\_\_\_

M. Number of children you desire to have? (*Pila ka buok anak imo gusto?*) \_\_\_\_\_

N. Number of planned year gaps between siblings? (*Pila ka tuig plano nimo nga agwat sa mga anak?*)  
\_\_\_\_\_

O. Source of Information about Family Planning? (*Asa nakakuha ug impormasyon mahitungod sa Family Planning?*):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1 Department of Health | <input type="checkbox"/> 2 Social Media          | <input type="checkbox"/> 3 Personal Communication              |
| <input type="checkbox"/> 4 Local Health Center  | <input type="checkbox"/> 5 Radio, TV, Newspapers | <input type="checkbox"/> 6 Others ( <i>please specify</i> ): _ |

P. Types of Contraception Used (*Unsa nga klase nga kontraseptibo ang gigamit?*)

- |  |  |
|--|--|
| <input type="checkbox"/> 1. <i>Natural</i>                                     |  |
| <input type="checkbox"/> a. Calendar Rhythm Method                             | <input type="checkbox"/> b. Cervical mucus                     |
| <input type="checkbox"/> c. Basal body temperature                             | <input type="checkbox"/> d. Vasectomy                          |
| <input type="checkbox"/> e. Lactation Amenorrhea Method (LAM)                  | <input type="checkbox"/> f. Tubal Ligation                     |
| <input type="checkbox"/> g. Withdrawal   | <input type="checkbox"/> h. Linumad/Bisaya (Pls specify) _____ |
|  | <input type="checkbox"/> i. <i>Others</i> ( Please specify)    |
| <input type="checkbox"/> 2. <i>Modern</i>                                      |  |
| <input type="checkbox"/> a. Pills ( <i>Pildoras</i> )                          | <input type="checkbox"/> b. Condom ( <i>kondom</i> )           |
| <input type="checkbox"/> c. Intrauterine device (IUD)                          | <input type="checkbox"/> d. Spermicide                         |
| <input type="checkbox"/> e. Implant (rod)                                      | <input type="checkbox"/> f. Patch                              |
| <input type="checkbox"/> g. Injectable contraceptives                          | <input type="checkbox"/> h. Cervical cap                       |
|  | <input type="checkbox"/> i. <i>Others</i> ( Please specify)    |
| <input type="checkbox"/> 3. No contraception ( <b>Proceed to question T.</b> ) |  |

Q. Source of contraceptives you are using? (*Asa ka nagakuha/palit sa kontraseptibo?*)

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Barangay Health Center      | <input type="checkbox"/> 2. Public Hospital       |
| <input type="checkbox"/> 3. Private Clinic and Hospital | <input type="checkbox"/> 4. Pharmacy              |
| <input type="checkbox"/> 5. Traditional Healer          | <input type="checkbox"/> 6. Others (Pls. Specify) |

R. Do contraceptives you are using have side effects?  Yes  No

S. If "Yes", which of the following side effects have you experienced while using contraceptives? (*Unsa ang mga epekto imong nasinatian sa paggamit ug kontraseptibo?*)

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Nausea/Vomiting    | <input type="checkbox"/> 2. Headaches                              |
| <input type="checkbox"/> 3. Irregular bleeding | <input type="checkbox"/> 4. Heavy and prolonged menstrual bleeding |
| <input type="checkbox"/> 5. Abdominal pain     | <input type="checkbox"/> 6. Breast tenderness                      |
|  | <input type="checkbox"/> 7. Others (Pls. Specify) _____            |

T. Reasons for using or not using the contraceptives (*Rason sa paggamit og dili paggamit sa kontraseptibo?*): \_\_\_\_\_

U. Distance from health facilities (*Distansya sa health pacilidad*)

- |                                  |                                      |                                  |
|----------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> =< 5 km | <input type="checkbox"/> 5.1 – 10 km | <input type="checkbox"/> > 10 km |
|----------------------------------|--------------------------------------|----------------------------------|



## PART II. KNOWLEDGE

**Directions:** Please rate your level of agreement with the following statements using the 5-point Likert scale below. Choose the response that best represents your knowledge, where 1- strongly disagree and 5- strongly agree. *(Palihog i-rate ang imong antas sa pagsugot sa mga pahayag pinaage sa paggamit sa 5-point Likert scale sa ubos. Pili-a ang tubag nga labing maayo nga nagrepresentar sa imong kahibalo, diin 1-Dili muoyon kaayo ug 5- Uyon kaayo.) Sulati ug tsek ang kahon sa inyohang tubag)*

Indicators	1 Strongly Disagree (Dili Muoyon kaayo)	2 Disagree (Dili Muoyon)	3 Neutral (Walay Opinion)	3 Agree Uyon)	4 Strongly Agree (Uyon kaayo)
1. I know that there are natural and modern contraception methods. <i>(Kabalo ko nga naay mga natural ug bag-ong pamaagi sa kontraseptibo)</i>					
2. I am familiar with the different types of modern contraceptives, such as condoms, birth control pills, intrauterine devices, and implants. <i>(Pamilyar ko sa nagkalain-laing mga kontraseptibo sama sa kondom, pildoras, IUD, ug implants.)</i>					
3. I am familiar with the different natural contraception methods mentioned in page 1. <i>(Pamilyar ko sa nagkalain-laing mga natural na kontraseptibo nga nakalatid unang pahena.)</i>					
4. I am familiar with the side effects of using contraceptives. <i>(Pamilyar ko sa mga epekto sa paggamit ug kontraseptibo.)</i>					
5. I know what to do when I miss using or taking contraceptive. <i>(Nakabalo ko unsay buhaton kung makalimot ko paggamit og kontraseptibo.)</i>					
6. I am aware that I can ask for contraceptives in our Health center for free. <i>(Nahibalo ko nga sa Health Center ko makapangayo ug Kontraseptibo.)</i>					
7. I am aware that I can buy contraceptives in the pharmacy and stores. <i>(Nahibalo ko nga makapalit kog kontraseptibo sa parmasya ug mga tindahan.)</i>					
8. I am well-informed that not using contraceptives will result to unplanned pregnancy. <i>(Nasayod ko nga kung dili ko mogamit ug kontraseptibo, mabuntis ko nga wala sa plano.)</i>					

Indicators	1 Strongly Disagree (Dili Muoyon kaayo)	2 Disagree (Dili Muoyon)	3 Neutral (Walay Opinion)	3 Agree (Uyon)	4 Strongly Agree (Uyon kaayo)
9. I know how to use my contraceptive effectively. (Kabalo ko unsaon pag gamit sa kontraseptibo nga mahimong epektibo.)					
10. I know the benefits and risks of the contraceptives I chose. (Kabalo ko sa benepisyo ug risgo sa kontraseptibo nga akong gipili.)					
11. I know that it is much more wise and practical to use contraceptives. (Mas maalamon ug praktikal ang paggamit ug kontraseptibo)					
12. I know that I need to consult regularly the doctor if i use a contraceptive. (Kabalo ako nga kinahanglanong regular akong magpakonsulta sa doktor kung maggamit ko ug kontraseptibo.)					

### PART III. ATTITUDES

**Directions:** Please rate your level of agreement with the following statements using the 5-point Likert scale below. Choose the response that best represents your attitude, where 1- strongly disagree and 5-strongly agree. (Palihog i-rate ang imong antas sa pagsugot sa mga pahayag pinaage sa paggamit sa 5-point Likert scale sa ubos. Pili-a ang tubag nga labing maayo nga nagrepresentar sa imong kahibalo, diin 1-Dili muoyon kaayo ug 5- Uyon kaayo.) Sulati ug tsek ang kahon sa inyohang tubag)

Indicators	1 Strongly Disagree (Dili Muoyon kaayo)	2 Disagree (Dili Muoyon)	3 Neutral (Walay Opinyon)	4 Agree (Uyon)	5 Strongly Agree (Uyon kaayo )
1. I believe that discussing with the partner or husband about contraception use is important. (Nagatuo ako nga Importante sa amoa magpartner o magtiayon ang paghisgot mahitungod sa paggamit sa kontraseptibo.)					
2. I am interested to know about the different contraception. (Interesado ko makabalo mahitungod sa nagkalain-lain nga mga kontraseptibo.)					

Indicators	1 Strongly Disagree (Dili Muoyon kaayo)	2 Disagree (Dili Muoyon)	3 Neutral (Walay Opinyon)	4 Agree (Uyon)	5 Strongly Agree (Uyon kaayo)
3. I consider that the use of contraception is important to women. (Akong gikonsiderar nga ang paggamit ug contraception importante sa mga inahan.)					
4. I believe that the use of contraception is beneficial to our family. (Nagatuo ako nga ang paggamit ug kontraseptibo makaayo sa among pamilya.)					
5. I feel that a large family has negative socio-economic effects on our family. (Akong gibati nga ang dako nga pamilya adunay negatibong epekto sa sosyal ug ekonomikahong bahin sa pamilya.)					
6. I believe that using contraception gives me more benefits than risks. (Nagatuo ako nga ang paggamit sa kontraseptibo nakahatag nako ug benepisyo kaysa risgo.)					
7. I consider sharing to other women the benefits of using contraception (Gikonsiderar nako sa pag-ambit sa ubang babaye ang mga benepisyo sa paggamit ug kontraseptibo.)					
8. I believe that the use of contraceptive is helpful to better take care our family. (Nagatuo ako nga ang paggamit og Kontraseptibo nakatabang namong magti-ayon nga mas maatiman namo among pamilya)					
9. I feel good in using contraceptives since I will not get pregnant again. (Maayo ang paggamit sa kontraseptibo kay dili ko maburos.)					
10. I consider consulting a doctor or health care provider before using any contraceptive. (Akong gikonsiderar ang pagpakonsulta sa doktor o mananambal sa dili pa mogamit og kontraseptibo).					
11. I believe that using a contraception is not a sin. (Nagatuo ako nga ang paggamit og kontraseptibo dili sala.)					

**PART IV: PRACTICES**

**Directions:** Please rate your level of practices with the following statements using the 5-point Likert scale below. Choose the response that best represents your practice, where 1- never and 5-very often. (*Palihog i-rate ang imong antas sa pagsugot sa mga pahayag pinaage sa paggamit sa 5-point Likert scale sa ubos. Pili-a ang tubag nga labing maayo nga nagrepresentar sa imong praktises, diin 1-dili ug 5- Permanente. Sulati og tsek ang kahon sa inyohang tubag.*)

Indicators	1 Never (Dili)	2 Rarely (Panagsa)	3 Sometimes (Usahay)	4 Often (Kasagaran)	5 Always (Permente)
1. I attended seminars to learn more about family planning. ( <i>Naga-attend ko ug mga seminars mahitungod sa family planning.</i> )					
2. I did not use contraception method. ( <i>Wala ko gagamit og papugong sa pagpanganak.</i> )					
3. I discuss with my partner or husband about the contraception we use. ( <i>Naghisgot mi sa akoa partner o apikas bahin sa paggamit sa kontraseptibo.</i> )					
4. I am using a natural contraception method. ( <i>Gigamit nako ang natural nga pamaagi pagpugong sa pagpanganak.</i> )					
5. I am using a modern contraception method. ( <i>Gigamit nako ang moderno nga pamaagi pagpugong sa pagpanganak.</i> )					
6. I used both natural and modern contraception method ( <i>Gigamit nako and natural ug moderno nga pamaagi pagpugong sa pagpanganak.</i> )					
7. I have been using contraceptives for my health and child's health. ( <i>Nigamit ko ug contraceptive para sa akoang panglawas na kaayuhan ug sa akong anak.</i> )					
8. I have been using contraceptives to prevent unwanted pregnancy. ( <i>Nigamit ko ug contraceptive para malikayan ang dili planadong pagburos.</i> )					
9. I have been using contraceptives for socio-economic concerns. ( <i>Nigamit ko ug contraceptive para sa rason na sosyal ug ekonomika.</i> )					
10. I have been using contraceptives as advised by health professionals. ( <i>Nigamit ko ug contraceptive subay sa advise sa mga eksperto sa panglawas.</i> )					
11. I have been using contraceptives for birth spacing. ( <i>Nigamit kog kontraseptibo aron adunay gintang ang pagkapanganak.</i> )					

Indicators	1 Never (Dili)	2 Rarely (Panagsa)	3 Sometimes (Usahay)	4 Often (Kasagaran)	5 Always (Permente)
12. If I have health concerns about my reproductive system, I consult with my doctor. <i>(Kon adunay mga kabalaka o problema sa akong reproductive system, mosang-at gyud ko sa akong doktor.)</i>					
13. I chose contraceptives that worked best for me. <i>(Gipili nako ang mga contraceptives nga naq-uban sa pinakanindot nga resulta</i>					
14. I religiously use or take the contraceptive. <i>(Rehilyosong nakong gigamit o gitumar ang akong kontraseptibo.)</i>					
15. I visited regularly the health care provider (doctor, nurse, midwife, barangay health worker or hilot/mananabang for consultation about the contraception I am using. <i>(Kanunay ako nagpakonsulta sa doctor, nars, midwife, barangay health worker o hilot/mananabang bahin sa kontraseptibo akong gigamit)</i>					



## APPENDIX B

### INFORMED CONSENT TO THE RESPONDENTS

#### "PAGSUGOT SA PAGPAKIGBAHIN SA PAGPANUKIDUKI"

Pamagat ng Pag-aaral: **"Knowledge, Attitude, and Practices of Birth Control Method Used among 4P's Female Grantees of Brgy. Basag, Butuan City"**

**"KAHIBALO, KINAIYA, UG MGA PRAKTIS SA MGA PAMAAGI SA PAGPUGONG SA PAGPANGANAK SA MGA KABABAYEN-ANG 4PS GRANTEES SA BRGY. BASAG BUTUAN CITY"**

Researchers: **ALMA LIGAYA BERMUDEZ, APPLE JANE LIMA, EVAMAE ALVARADO, CRYSTELLE ANN MONTERA**  
(*Doctor of Philosophy in Science Education Students*)

Eskwelahan: **Caraga State University-Main Campus**

#### MAHITUNGOD SA PAGTUON

Among tinamod nga inahan, nagpahigayon kami sa pagtuon nga nag-ulohan ang **"KAHIBALO, KINAIYA, UG MGA PRAKTIS SA MGA PAMAAGI SA PAGPUGONG SA PAGPANGANAK SA MGA KABABAYEN-ANG 4PS GRANTEES SA BRGY. BASAG BUTUAN CITY"** Kini nga pagtuon kabahin sa mga gikinahanglan aron mopasar kami sa among kurso nga gikuha karon nga semester. Sa dili pa ninyo tubagan ang surbey, kinahanglan nga basahon usa ninyo ang "Pagsugot sa Pagpakigbahin sa Pagpanukiduki". Nahimutang dinhi ang mga tumong, paagi, ug kadugayon sa pagpanukiduki, bisan unsang mga katalagman ug kakulangan sa komportableng pagtuon, unsang mga posibleng kapuslanan, boluntaryong pakigbahin, ug unsaon ang pagpanalipod sa kahimtang sa mga partisipante

#### I. Tumong, Paagi, ug Kadugayon sa Papanukiduki

Ang tumong sa pagkolekta sa impormasyon mao ang pagtuon sa **"KAHIBALO, KINAIYA, UG MGA PRAKTIS SA MGA PAMAAGI SA PAGPUGONG SA PAGPANGANAK SA MGA KABABAYEN-ANG 4PS GRANTEES SA BRGY. BASAG BUTUAN CITY"**. Ang resulta sa surbey mahimong magsilbing pundasyon sa mga plataporma sa gobyerno alang sa mga benepisyaryo sa 4Ps ug sa epektibong paggamit sa kontraseptibo sa mga kababayan-an. Gidapit ang mga moapil ani nga pagtuon nga sabton pag-ayo ang matag pangutana sa surbey. Ang pagtuon magasugod sa Mayo hangtud Hunyo 2023 sa natalid barangay.

#### II. Direktang Katalagman O Negatibong Epekto

Ang pagtubag o pagsalmot niini nga pagtuon walay direktang katalagman o negatibong epekto sa mga mosalmot o sa palibot. Ang mosalmot, mahimong mobalibad sa pagtubag sa mga pangutana ug mahimo usab nga moundang pagsalmot sa bisan unsang orasa.

#### III. Posibleng Kapuslanan

Ang impormasyon gikan sa pagtuon niini makatabang sa paghatag sa mga solusyon sa mga problema ug sa pagpangandam alang sa mas maayong kalidad nga pangserbisyo o implementasyon sa programa sa gobyerno.



#### IV. Boluntaryong Pagpakigbahin

Ang pagpakigbahin nimo niini nga pagtuon kay boluntaryo. Kon mouyon kang mosalmot, pangayoong namo ang imong pagtugot pinaagi sa pagdayon sa pagtubag niini nga porma.

#### V. Pagpabilin Sa Kompidensyal

Ang imong mga tubag niini nga porma dili mailhan o mahibaloan. Ang tigdukiduki magapanalipod sa pagpabiling kompidensyal ang imong impormasyon, lakip na sa mga mo sunod:

1. Ang imong mga "file" pagataguan, ang kagamhanan ug mga tigdukiduki lamang ang makahimong makaakses / makakita niini.
2. Dili ibutyag ang imong ngalan kon dili ka mag-aprubar niini.
3. Ang imong mga tubag sa "survey questionnaire" magapabilin nga kompidensyal.

#### DATA PRIVACY ACT

Ang impormasyong imong gihatag niini nga porma, kinahanglanon aron maproseso ang imong tubag. Sa pagsunod sa Data Privacy Act of 2012, ang personal nga impormasyon dili ibahin o iproseso alang sa lain nga katuyuan nga wala ang imong pagtugot. Ang imong boluntaryong pagpakigbahin sa pagtuman niini nga porma, nagpahibalo sa imong pagsugot aron maproseso ang imong impormasyon alang sa katuyuan niini nga patuon.

#### IMPORMASYON SA PAGPAKIGBAHIN O INTERAKSYON

Ang pagtuon niini giaprubahan sa Caraga State University-Main Campus alang sa usa ka espeyal nga proyekto sa mga tigdukiduki sa Doctor of Philosophy in Science Education. Kung adunay mga pangutana o pangutana nga gusto nga klarohon, mahimong maduol sa mga tigdukiduk ug ang impormasyon sa interaksyon anaa sa unang panid. Kung aduna kay mga pangutana mahitungod sa imong mga katungod o mga problema sa pagsalmot nga wala nahisguti uban sa mga tigdukiduki, ayaw pagduhaduha pakig-hisgot niini o paghatag og "feedback" gamit niini nga "contact number" 09530647960

***Nakabasa ko ang mga gihatag nga impormasyon ug gipasabot ako niini. Ako nakapangutana ug gihatagan nila akog mga tubag. Nakasabot ko nga ako tagaan og kopya sa porma sa surbey kung ako kining pangayoong. Ako boluntaryong nagtugot nga moapil niini nga pagtuon.***

---

Partisipante  
Perma ibabaw sa pangalan

---

Tigpanukiduki  
Perma ibabaw sa pangalan

## APPENDIX C

### LETTER OF REQUEST ADDRESS TO THE BARANGAY CAPTAIN



CARAGA STATE UNIVERSITY  
School of Graduate Studies  
Old Admin. Building CSU-Main Campus Arbayon Butuan City, Philippines  
Competence. Service. Uprightness.

Phone: (+63 851) 341-2280  
(+63 851) 342-3047  
(+63 851) 341-2296



April 10, 2023

**HON. DELIA A. TINGAS**  
Barangay Basag Captain  
Basag, Butuan City  
Basag, Agusan del Norte

Dear Hon., Tingas:

Greetings of peace!

The undersigned are graduate school education students Major in Biological Science from Caraga State University and is currently conducting a special study entitled **"KNOWLEDGE, ATTITUDE, AND PRACTICE OF CONTRACEPTIVE USE AMONG 4P's FEMALE BENEFICIARIES OF BARANGAY BASAG, BUTUAN CITY"** as a requirement for the course Physiology on Animal Reproduction (Bio 320).

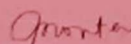
In line with this, we would like to request from your good office a permission to conduct this study. We would like to survey and administer the questionnaire to the 4P's female beneficiaries of Barangay Basag, Butuan City.

Thank you and more power.

Very truly yours,

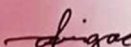
  
**APPLE JANE S. LIMA**  
Researcher

  
**ALMA LIGAYA A. BERMUDEZ**  
Researcher

  
**CRYSTELLE ANNE MONTERO**  
Researcher

  
**EVAMAE ALVARADO**  
Researcher

Approved by:

  
**HON. DELIA A. TINGAS**  
Barangay Captain