

The Impact of Human Resource for Health in Modern Family Planning Utilization in Allen Northern Samar

Erica Farra Doncillo, Heinz Drexel Cruz

Department of Graduate School University of Perpetual Help System-Dalta

DOI: <https://doi.org/10.51584/IJRIAS.2026.11090079>

Received: 27 September 2026; Accepted: 02 October 2026; Published: 14 October 2026

ABSTRACT

This study assessed the impact of Human Resources for Health (HRH) with special focus on nurses and midwives on the use of contemporary family planning (FP) among mothers in Allen, Northern Samar. A convergent mixed methods design guided by Donabedian's (2005) Quality of Care Framework was used. Quantitative data were acquired using structured survey questionnaires from 300 mothers and qualitative data were collected using semi-structured interviews and focus group discussions with chosen moms and healthcare providers.

Descriptive statistics showed that 80.33% of the respondents were aged 21–40 years old, 60.33% were high school graduates, and 85.67% had a family income of ₱10,000 or fewer per month. The most common methods used were oral contraceptive pills (45.33%) and injectables (29.33%). The main source of FP information was healthcare workers for 94.00% of the individuals. The nursing practices in FP service delivery such as health education, counseling, provision of contraceptives, follow-up and referrals were evaluated "Very High" (Grand Mean = 4.65). Likewise, mothers' impression of the quality and accessibility of nursing care was "Very High" (Grand Mean = 4.66). The inferential statistical analysis showed that there was a significant positive link between nursing care characteristics and the use of current FP services ($p < 0.05$). The null hypothesis was therefore rejected.

Qualitative themes underlined the role of nurses and midwives as trusted partners in the informed decision-making process. Utilization of these services was limited by the expense of transportation, distance and availability of providers. The study reveals that client-centered nursing care greatly improves modern FP adoption and retention. The recommendations include expanding community-based outreach and maintaining commodity availability.

Keywords: Human Resources for Health, Modern Family Planning, Nursing Care, Midwifery, Contraception Utilization, Quality of Care, Allen Northern Samar

PROBLEM AND ITS BACKGROUND

Introduction

One important aspect of primary health care (PHC) is family planning (FP), which also has a major role in lowering mother and infant mortality. The Sustainable Development Goals of the UN, which commit member states to ensuring that everyone has access to family planning and other sexual and reproductive healthcare, provide as more support for this. This involves keeping track of the percentage of women whose demands are satisfied (Naidoo & Jenkins, 2023).

All facets of health, including reproductive health, are addressed by nurses. They are frequently assigned as point persons in matters pertaining to family planning and play a crucial part in it. In addition to their technical proficiency, they frequently serve as moms' initial and most frequent point of contact in their communities (Ali et al., 2022). However, little is known about how much their behaviors, attitudes, and skills affect women's choices and use of family planning in this community.

To decrease maternal fatalities and unplanned births, developing nations need efficient and acceptable family planning services. Gaps in family planning service use still exist in the Philippines, especially in rural regions like Allen, Northern Samar, despite the government's attempts to provide access to reproductive health services under the Responsible Parenthood and Reproductive Health (RPRH) Law. Thus, this study aims to determine the role of nurses and midwives in influencing the utilization of family planning services among mothers particularly in the municipality of Allen, Northern Samar. In order to support initiatives to enhance reproductive health outcomes via nursing and midwifery practice, this study intends to investigate how mothers' use of family planning services in Allen, Northern Samar, is influenced by the availability, methodology, and caliber of services offered by nurses and midwives.

Statement of the Problem

1. What is the demographic profile of respondents such as
 - a. age,
 - b. education
 - c. family income
 - d. religion
 - e. number of children and;
 - f. marital status?
2. What nursing practices are implemented in the delivery of family planning services in Allen, Northern Samar in terms of:
 - a. health education and counseling;
 - b. information dissemination;
 - c. provision of contraceptives and supplies;
 - d. follow-up and monitoring, and
 - e. referral services?
3. What is the extent of utilization of family planning services among mothers in Allen, Northern Samar?
4. How do mothers perceive the quality and accessibility of care provided by nurses?
5. What are the enabling and challenging factors affecting the utilization of modern family planning services?
6. Is there a significant relationship between nursing care factors such and mothers' utilization of family planning services?
7. What are the lived experiences, perceptions, and insights of selected respondents regarding:
 - 7.1 Their experiences in accessing and utilizing modern family planning services;
 - 7.2 The role of nurses and midwives in influencing their family planning decisions; and
 - 7.3 The barriers and facilitators encountered in the utilization of family planning services?

Hypothesis

Ho1: There is a significant relationship between the respondents' demographic characteristics and their utilization of family planning services.

Ho2: Nursing care factors are significantly related to the utilization of family planning services.

Purpose of the Study

For healthcare workers, the results will provide an important light on how the responsibilities and behaviors of health care professionals directly impact the adoption of contemporary family planning techniques. In the end, this can help them improve maternal and child health outcomes by directing them to improve their counseling abilities, service delivery, and patient participation.

For nursing practice, the project will help produce evidence-based guidelines and training programs to improve nursing care in reproductive health by identifying difficulties and effective nursing practices in the delivery of family planning services. It will also draw attention to areas that require ongoing resource allocation and professional growth.

For the community, greater accessibility and quality of services in Allen, Northern Samar, will result from a better understanding of the human resource determinants influencing family planning utilization. This can decrease unwanted pregnancies, give families more reproductive options, and foster healthier communities.

For academe and future researchers, this study will contribute to the body of information in academia regarding how family planning use is impacted by human resources in health. In nursing education, it can be used as a guide for future research and curriculum development, especially in the area of maternal and reproductive health.

Definition of Terms

For clarity and understanding of the study, the following terms have been defined operationally:

Contraceptive methods - There are two types of contraceptive methods: modern and traditional. Male and female sterilization, intrauterine contraceptive devices (IUDs), implants, injectables, pills, male and female condoms, emergency contraception, and the lactational amenorrhea method (LAM) are examples of modern methods, while withdrawal, folk methods, and rhythm (calendar) are examples of traditional methods (Mulatu et al., 2020).

Family Planning - refers to the use of contraceptive methods to space out delivery, restrict the number of children, and prevent unwanted pregnancy.

Health care Resource - all of the staff members, structures, devices, supplies, and money needed to provide health care services, as well as any other health care support or administrative resource (DOD and Department of Veterans Affairs Health Care Resource Sharing Program, 2022).

Healthcare workers - everyone involved in activities whose main goal is to improve health (WHO, 2023).

Utilization - refers to the real adoption and regular use of modern family planning (MFP) techniques by eligible couples or individuals in Allen, Northern Samar, who are between the ages of 15 and 49.

Scope and Limitations of the Study

This study intends to investigate how mothers' use of family planning services in Allen, Northern Samar, is influenced by the availability, methodology, and caliber of services offered by nurses and midwives. Health professionals assigned to local reproductive health programs as well as mothers of reproductive age who are currently using or are eligible to use family planning methods will be involved. During the data collection period in 2025, the study will be carried out in a few barangays and health facilities in Allen, Northern Samar. The

purpose of this study is to determine potential areas for service delivery improvement and to comprehend how nursing care practices impact the uptake of family planning services. The study will employ a mixed-methods approach, integrating qualitative insights from key informant interviews and in-depth interviews with quantitative data from surveys.

The study will use both qualitative and quantitative methods to collect relevant data through surveys and interviews. The study will be limited to the area of Allen, Northern Samar, and may affect the generalizability of the results. The cross-sectional approach limits the capacity to evaluate changes over time by capturing attitudes and behaviors at a single moment in time. Problems with accessibility or participation may restrict the sample size or diversity, which could have an impact on how representative the results are.

REVIEW OF RELATED LITERATURES

This chapter section presents the pertinent literature and studies that the specialist considered reinforcing the significance of the ongoing review.

Family Planning

Of the 1.9 billion women of reproductive age (15-49 years), around 874 million utilize a contemporary contraceptive technique, whereas 92 million employ a traditional contraceptive method. The global population of contemporary contraception users has nearly doubled since 1990, increasing from 467 million. Nevertheless, 164 million women desire to postpone or prevent conception without utilizing any contraceptive methods, indicating an unmet demand for family planning. Globally and regionally, the largest number of women desiring to prevent pregnancy and utilizing any contraceptive method is observed among those aged 25 to 44 years, while the lowest is found among women under 25. Contraceptive techniques are often categorized as either contemporary or traditional for analytical purposes (UNDESA, 2022).

This report delineates contemporary contraceptive methods, encompassing female and male sterilization, intrauterine devices (IUDs), implants, injectables, oral contraceptive pills, male and female condoms, vaginal barrier methods (including the diaphragm, cervical cap, and spermicidal foam, jelly, cream, and sponge), the lactational amenorrhea method (LAM), emergency contraception, and additional modern techniques. Conventional contraceptive methods encompass rhythm techniques (such as fertility awareness-based methods and periodic abstinence), withdrawal, and several other conventional approaches (UNDESA, 2022).

In 2017, the National Demographic Health Survey indicated that 5.1 million unmarried women and 2.6 million married women in the Philippines wished to employ family planning but were unable to do so. Addressing this 'unmet need' for family planning is central to UNFPA's mission. The advantages of contemporary family planning (FP) include preventing unintended births, attaining ideal child spacing, and enhancing quality of life. The use of contraceptives to avoid unintended pregnancies, attain the ideal family size, and provide appropriate spacing between children is known as family planning, or FP. There are both modern and traditional approaches, with the latter becoming more and more common among women who are of reproductive age. The percentage of people using modern FP worldwide increased from 35% in 1990 to 45% in 2021 (UNDESA, 2022).

Family planning is highly crucial to reproductive health. The capability of women to have choices about their bodies and futures is crucial for it (Abejo et al., 2024). In general, however, most women are oblivious to the contemporary temporary family planning choices available. For many women's health and well-being, access to such procedures remains vital; yet most remain misinformed or hold inadequate information and negative attitudes towards such methods.

Modern Family Planning in the Philippines

Contemporary family planning techniques are employed to avert unintended pregnancies, lower fertility rates, and extend the duration between pregnancies. The Oxford Medical Dictionary describes current family planning methods as processes that inhibit pregnancy by obstructing fertilization or the implantation of the fertilized ovum. Contemporary family planning techniques encompass tubal ligation, vasectomy, oral contraceptives, the

intrauterine contraceptive device (IUCD), depot injections, subdermal implants, and male and female condoms. The reduced fertility rate has the capacity to alleviate poverty, malnutrition, and maternal and newborn mortality and morbidity. Family planning facilitates the equilibrium between resources and population (Mrinkaya et al., 2021).

In 2023, the Department of Health (DOH) introduced new family planning tools to assist families in their decision-making, particularly with adolescent pregnancies. Family planning, as delineated by the Department of Health, entails achieving the preferred number of offspring and determining the timing of their births through the utilization of safe and effective contemporary technologies. Contemporary contraceptive techniques encompass the pill, ligation, intrauterine device (IUD), injectables, implants, male and female condoms, vasectomy, and emergency contraceptives. Historically, contraceptive methods predominantly targeted women; however, contemporary family planning now encompasses creative alternatives for males as well (Espinosa, 2023).

The Philippine Department of Health (2017) states that chief nurses are often the country's official family planning point persons. In the meanwhile, research on the role of public health nurses in family planning (Smith, 1968) offers some fundamental guidelines for public health nursing that help nurses get involved in family health planning. First of all, nursing for public health is a well-established communal activity. Second, public health nursing relies heavily on health education and counseling for patients, families, and the community. Finally, the nurse should be professionally equipped to work in the community as a health worker. Finally, the nurse should be professionally equipped to work in the community as a health worker. As healthcare professionals and community workers, nurses are essential in helping families and community members achieve health and well-being. They have an impact on reproductive health as well as all other facets of health. In order for nurses to fulfill their function more effectively, it is imperative that they comprehend the family planning challenges that underlie their community.

The decentralized public health infrastructure in the Philippines has traditionally afforded local governments the autonomy to determine the services provided, leading to limits in local family planning (Byrne, 2012). The 2012 legislation ostensibly addressed this issue by mandating the availability of a complete spectrum of contraceptive methods; however, since the legislation was fully implemented only in 2017, decentralization remains a cited obstacle to women's consistent access to midwives with extensive family planning training (Nagai et al., 2019). A nationwide assessment of midwives' family planning training and competencies has not been undertaken (Keller, 2018). This study highlighted the necessity for more training, since several participants noted deficiencies in their own or their coworkers' FP training.

The use of contemporary contraception among Filipinas has progressed slowly (Marquez et al., 2018). Obstacles to availability are identified as stock-outs of contraceptive supplies and other inventory-related issues (de Guzman et al., 2014). Financial constraints, cultural influences, gender norms, and difficulties in obtaining services are all additional obstacles (USAID, 2020). A deficiency in sexual education, particularly in comprehension of the reproductive cycle, has been observed (Marquez et al., 2018). Religious views, disinterest in contraception, and ignorance of contraceptive technologies have not been recognized as obstacles (Natividad, 2019).

Banas have continuously been identified as a crucial factor in family planning decisions and usage. A research study evaluating women's autonomy revealed that partners' endorsement of contraception correlated with a reduced likelihood of unintended pregnancies, underscoring the significance of a collaborative decision (Pambid, 2016). The midwives in this study confirmed the significance of advising both spouses and ensuring that the Bana aligned with the partner's desired approach.

Relationship between Socio-demographic profile and Modern Family Planning

Married women were more likely to use modern FP, according to a Tanzanian study (Massenga et al., 2021). Married women were more likely to use modern FP, according to another Ethiopian study (Mulatu et al., 2020). It was found that the use of contemporary FP techniques was linked to women who had three to five children. Numerous studies have reported on it, including one in Senegal (Zegeye et al., 2021), Ethiopia (Endriyas et al.,

2017), and rural Zambia (Lasong et al., 2020). The reality of the rising cost of living in all spheres of life, including food, healthcare, and education, may be the reason why women are more likely to utilize contemporary FP techniques.

Researchers discovered that women with secondary and/or higher education levels were more likely to adopt contemporary FP techniques, indicating that education level influences health behavior. A number of earlier studies have also reported a positive correlation between modern FP use and secondary and/or higher education levels in Ethiopia (Adane et al., 2020), rural Zambia (Lasong et al., 2020), northwest Ethiopia (Oumer et al., 2020), Malawi (Forty et al., 2021), Rwanda (Kanakuze et al., 2020), and Liberia (Tsegaw et al., 2022). The fact that education affects changes in health-related behavior may be the cause of the similarities seen. Women with higher education levels generally perceive themselves as more capable when selecting a reproductive control strategy. Women with higher education have a superior capacity to comprehend health information related to the use of modern family planning approaches. Higher education may lead to improved socioeconomic status, perhaps granting women with advanced education enhanced access to healthcare, including modern family planning services. Women with higher education levels are more inclined to utilize modern family planning methods due to their frequent employment or self-employment, busy schedules, and reduced number of children.

A new research found that women who did not have their husbands' approval were less likely to employ contemporary FP techniques. This result was not statistically significant, though. This outcome is in line with earlier research carried out in Tanzania (Baritwa & Joho, 2024), the Mara area, Ethiopia (Chekole et al., 2019), Indonesia (Joesoef et al., 2016), Rural Eastern Ethiopia (Mulatu et al., 2020), and Turkey (Alan Dikmen et al., 2019). The patriarchal culture in which males made the final decisions regarding reproductive health may be the root cause of this. Husbands' disapproval may be due to a number of reasons, including their educational background, their lack of understanding of contemporary FP techniques, cultural perceptions that having a large family is a sign of prestige, and unfavorable opinions about women who use these techniques because some men may think they are promiscuous. Additionally, women are psychologically impacted by reproductive coercion, which is when a husband prevents his wife from making decisions on reproductive matters (Baritwa & Joho, 2024; Silverman et al., 2020; Wood et al., 2020).

Scaling up the usage of contemporary FP services is significantly hampered by religious views. Many members of the community are scared to employ current FP approaches because they fear condemnation from churchgoers and religious leaders (Muanda et al., 2017; Nakirijja, 2018). Moreover, some community members consider the use of contemporary FP techniques to be sinful and contrary to God's plan. Prior research in Nepal (Bhatt et al., 2021), North West Tanzania (Sundararajan et al., 2019), and rural Burundi (Ndayizigiye et al., 2017) showed similar results.

Perceptions on Modern Family Planning

Fertile women of reproductive age, married or in a partnership, who wish to delay pregnancy or do not want to have any (more) children but do not use any form of contraception are considered to have an unmet need for contraception. Access to family planning services, such as individualized and efficient contraceptive counseling, is essential to reducing maternal fatalities (Engström et al., 2022).

Many studies have shown that the following factors affect the use of modern FP: being religious, having a low family income, wanting to have more children, having used contraception before (Asif & Pervaiz, 2019; Kassim & Ndumbaro, 2022; Moon et al., 2021), and not getting enough support from a male partner on FP matters (Akamike et al., 2020; Apanga et al., 2020; Kassim & Ndumbaro, 2022). Mulatu et al. (2020) found that the study participants' general prevalence of using modern family planning was low in rural Eastern Ethiopia. Discussions between the couple, the desire for more children, the male's participation in family planning decisions, the husband's consent, the use of contraception at any point in time, and familiarity with contemporary family planning techniques were all identified as important characteristics that can boost the usage of these methods.

A multitude of individuals recognized that family planning strategies postpone conception. Nevertheless, several young individuals lacked comprehensive knowledge of the accessible family planning services. Certain

married couples who favored 'birth spacing' faced adverse evaluations from their relatives for delaying family formation. The identified obstacles to family planning use encompassed insufficient understanding regarding its application, apprehension concerning the negative effects of contemporary technologies, and limited availability or cost stemming from familial and religious beliefs, myths, and misconceptions. At an individual level, the hesitant disposition of certain couples adversely affected the adoption of family planning (Bhatt et al., 2021).

A research by Norton and Shilkofski (2022) in the Philippines revealed that cultural and societal variables significantly influence family planning decisions. Enhanced knowledge is required in schools concerning the reproduction cycle, the advantages of birth spacing, and the significance of personal family planning. The regular operation of the Filipino public health infrastructure is essential for women's reliable access to contraception.

Perceived Barriers to Using Modern Family Planning

Despite advancements, many people still have difficulty receiving family planning services, according to WHO (2025). These include obstacles relating to age, income, or marital status, as well as the restricted availability of specific techniques, especially in rural or low-resource environments. Use may be discouraged by societal or religious resistance, false information, and fear of ill effects. Health services can occasionally be of low quality, or clinicians may oppose particular approaches out of bias. Another factor is gender inequity, since some people want their partner's approval or are afraid of being stigmatized.

Presently, over 200 million women in underdeveloped nations wish to prevent pregnancy, although they are not utilizing any form of contemporary contraception. A lack of access to contraception eventually leads to unwanted births. Approximately 40 percent of all births in poor nations are unplanned due to contraceptive methods (United Nations Department of Economic and Social Affairs, 2015). The UN stipulates that contraceptive prevalence should be 66%-75% in affluent nations and 67% in poor nations to attain the targeted fertility reduction by 2025 (United Nations, 2016). Conversely, this tendency is absent in developing nations, where the prevalence of modern contraception among women of reproductive age is around 43%.

According to Ngole and colleagues (2024), there are four obstacles to using contemporary family planning. First, the majority of participants stated that one of the barriers to using current FP is their concern of adverse effects. Community members' concern has grown as a result of rumors of negative effects like infertility and chronic bleeding. One obstacle that participants cited as impeding the usage of contemporary FP services is side effects. Most of the study participants are unemployed at the moment and depend on their husbands for financial support. Some women cannot afford basic medical equipment like gloves, syringes, or even pregnancy urine tests because of their poor income. A steady supply of hospital supplies and FP goods is necessary for effective FP services. Women's choice of preferred FP methods is negatively impacted by stock outs of FP commodities, which results in underutilization. The underutilization of contemporary FP techniques is frequently caused by this lack of funding.

Trisolini et al. (2023) investigated the prospects and challenges for raising the standard of family planning services in the Philippines using qualitative research with family planning customers, prospective clients, and service providers. The primary, secondary, and tertiary levels of the health system were among family planning service providers. Reducing provider bias, leveling out the understanding of QI concepts and roles among the various family planning service providers, actively involving men, creating new digital communication strategies to reach clients and potential clients, and investigating partnerships with private sector pharmacies are the five implications they identified for quality improvement.

Adverse consequences of contemporary family planning techniques, whether encountered or expected, have been recognized as a prevalent rationale for women's decisions to refrain from initiating or to cease contraceptive use. Adverse consequences encompass alterations in menstruation (increased bleeding, amenorrhea, or oligomenorrhea), fluctuations in weight, cephalalgia, vertigo, nausea, and cardiovascular repercussions. Furthermore, women may possess apprehensions regarding the long-term consequences of contraceptive usage, including infertility and problems after delivery (Rademacher et al., 2018). A 2014 systematic analysis revealed

that a considerable percentage of women ascribed their unmet need for family planning to concerns over side effects: 28% in Africa, 23% in Asia, and 35% in Latin America and the Caribbean (WHO, 2018). A fear of side effects may arise when a woman or her acquaintance has had adverse consequences from a procedure, or when rumors, exaggerations, or infrequent problems are seen as true (Perry et al., 2017).

Impact of Modern Family Planning

One of the most economical health interventions is family planning, which also helps to prevent HIV (Human Immunodeficiency Virus) from being passed from mother to child, promotes child spacing, lowers infant mortality, and reduces the number of unsafe abortions (Darroch, 2018).

The decision to take contraceptives and freely choose whether and when to have children is considered a fundamental reproductive health right and is closely associated with women's health and quality of life (Alyahya et al., 2019). Additionally, compared to women who used oral contraceptives (OCs), women who used intrauterine devices (IUDs) and women whose husbands used condoms had higher quality of life (QoL) in the four domains of physical health, psychological health, social relationships, and environment. In the areas of social relationships and physical health, women who used injectable and implant hormonal contraceptives reported higher quality of life. Women who had undergone permanent sterilization, on the other hand, scored lower on QoL across all four domains. Subsequent investigation showed that compared to women who used OCs, those who had undergone tubal sterilization were less satisfied overall and more likely to experience side effects.

According to a research by Mulatu et al. (2020), Ethiopian women between the ages of 15 and 49 who utilize contemporary family planning techniques are important for public health. They came to the conclusion that although there was a high level of awareness about current family planning techniques, there was a low overall utilization of these techniques in the research region. The government need to concentrate on expanding access to contemporary family planning methods. In order to enable women to make the right decision, it must also guarantee the security of family planning methods and raise knowledge of contemporary family planning techniques through community-based education and appropriate counseling.

Ngole et al. (2025) assert that family planning holds significance for public health, economics, and the environment, alleviating pressure on natural resources and political contexts at the national level. It is the most economical investment in health and development accessible to governments. It provides transformative advantages to women, families, communities, and nations, facilitating women's attainment of educational objectives, initiation of entrepreneurial ventures, and fulfillment of work requirements. It enhances the health of women and children by mitigating the risks of unsafe abortion, low birth weight, preterm delivery, and early rupture of membranes.

Synthesis of Literature

There are several advantages to family planning. It lowers the health risks associated with pregnancy, especially for teenage females, by assisting people in planning births and preventing unwanted pregnancies. In addition to improving health, family planning gives women the opportunity to pursue careers and education, which benefits communities and families. Family planning accessibility upholds people's right to make informed decisions on their sexual and reproductive health. By fostering economic opportunity, education, gender equality, and health, it plays a critical role in accomplishing broader development goals.

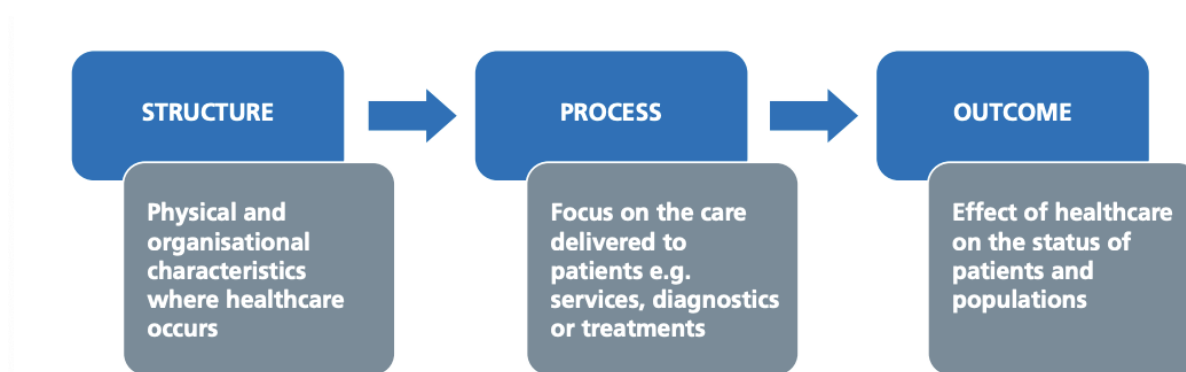
Most evidence clearly indicates that modern family planning technologies are a cost-effective approach to mitigating high-risk pregnancies, lowering unsafe abortions, and facilitating birth spacing and limitation. To effectively offer family planning services, it is essential to comprehend the elements and qualities influencing a woman's decision to utilize current family planning methods. Demographic factors affecting the utilization of family planning may encompass age, family size, proximity to healthcare facilities, and educational attainment. However, a number of social and health care-related problems continue to make it difficult for people to use modern family planning options. Despite the growing accessibility of contemporary contraceptives, women may consider the possible disadvantages of highly effective family planning techniques to outweigh the advantages.

Theoretical Framework

The foundation of this research is Donabedian's Quality of Care Framework (1988), which uses three interconnected elements—structure, process, and outcomes, to assess the caliber of healthcare services. Using this paradigm, the study looks at how nursing care's structure and procedure affects family planning service utilization outcomes from the viewpoint of mothers in Allen, Northern Samar.

Measurement for improvement is based on Donabedian's (2005) three-component method to assessing the quality of care. The three elements are outcomes, process, and structure. Balancing measures are an additional component of measurement for improvement. The healthcare environment's infrastructure, resources, and employee credentials are all considered to be part of its structure. Diagnosis, treatment, and patient education are all included in the process, which includes contacts between patients and healthcare professionals. With an emphasis on both immediate and long-term impacts, including health gains and patient satisfaction, outcomes quantify how healthcare affects patients.

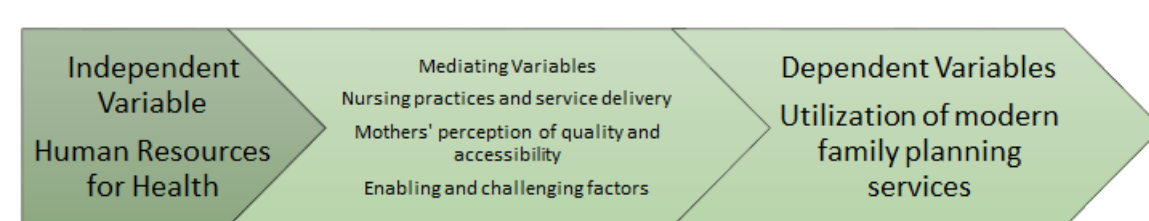
Figure 1. The Donabedian Model for Quality of Care



This study examines the relationship between mothers' use of family planning services and nursing factors (quality, methods, and availability). Applying the framework, it looks at how the outcome variable—mothers' actual use of family planning services—is influenced by the structural factors (midwives and nurses' availability), the care process (nursing techniques and family planning service delivery), and the perceived quality of the services. A thorough examination of the direct and indirect effects of nursing care on service uptake among reproductive-aged women in Allen, Northern Samar, is made possible by this model.

Conceptual Framework

Figure 2: Self-developed Conceptual Framework



The conceptual framework of this research is predicated on the relationship between mothers' use of contemporary family planning and Human Resources for Health (particularly nurses and midwives), as mediated by client perception and care quality.

Independent Variable

- Human Resources for Health (e.g., presence, training, behavior, communication style, nursing practices)

Mediating/Moderating Variables

- Nursing practices and service delivery
- Mothers' perception of quality and accessibility
- Enabling and challenging factors (infrastructure, culture, awareness)

Dependent Variable

- Utilization of modern family planning services

The nurses' dedication to their job, stress levels, and job satisfaction are all influenced by how they view each element of the practice environment. While unfavorable perceptions may be linked to burnout or plans to leave, positive perceptions are anticipated to be associated with greater satisfaction and improved retention.

RESEARCH METHODOLOGY

This chapter presents the methodology for the proposed study, including the research design, setting of the study, respondents of the study, research instrument, data gathering procedure, validation, and statistical statement of data.

Research Design

This study will utilize a convergent mixed methods design. Research using convergent or concurrent mixed methods (also referred to as "parallel") collects quantitative and qualitative data either independently or in parallel. The design, collection, and analysis of data do not affect a subsequent phase of data collection in convergent designs, in contrast to sequential mixed methods designs (Katz-Buonincontro, 2024). Quantitative measures will be used for determining utilization rates, maternal perceptions, and the relationship between nursing factors and family planning, while qualitative measures will explore the mothers' and nurses' perspectives and experiences at a deeper level.

During the same stage of the research process, both quantitative and qualitative data will be gathered. Surveys will be used to collect quantitative data in order to ascertain the connection between nursing care characteristics and mothers' use of family planning services. Selected mothers and medical professionals will be interviewed in order to gather qualitative data about their experiences, opinions, and insights regarding the availability and caliber of family planning services.

Population and Sampling Techniques

Mothers who were able to obtain family planning services from the Allen Rural Health Unit—whether through walk-ins or recommendations from medical professionals—are the possible participants. Mothers who have been using the FP method for a year or longer are considered family planning users. In 2022, there were 3,758 women of reproductive age. Of them, 1,312 were between the ages of 20 and 49, and 27 were family planning users between the ages of 15 and 19. There were 6,192 people in WRA (15–49) overall in 2023. Of them, 1420 were FP users aged 20–49, and 36 were FP users aged 15–19. Last but not least, 6,127 women of reproductive age lived in the country overall in 2024. Of them, 36 were between the ages of 15 and 19, and 1,359 were between the ages of 20 and 49. Thus, the study's population will be comprised of mothers who are currently residing in Allen, Northern Samar. The following are the **inclusion criteria**:

- Must be residing in Allen, Northern Samar for at least six months.
- Must be 15 to 49 years old.
- Have at least one child (for relevance to FP use)

- Have accessed or are aware of family planning services provided by health care personnel such as nurses and midwives.
- Willing to give informed consent to participate in the study

Exclusion Criteria

- Pregnant women who are not considering family planning at present.
- Those with known mental or cognitive impairments that can affect the ability to respond meaningfully.
- Transient residents or visitors.
- Refusal to give informed consent.

To guarantee demographic representation by barangay or health catchment area, stratified random sampling will be used as the sample technique for the quantitative portion. The precise quantity of the target population will still be asked even if Slovin's or Cochran's calculation with a 95% confidence level and 5% margin of error is applied.

Purposive sampling will be utilized to choose moms who represent a range of experiences for the qualitative portion (e.g., FP users, non-users, satisfied vs. unsatisfied). Ten to fifteen mothers are the goal, or until data saturation is achieved. This is a fit sampling method for this study since there is a defined target participants, this will ensure that all data that will be gathered will address the research questions. This sampling strategy is suitable since it focuses on those who can offer the most pertinent and significant information to meet the goals of the study. The study can maximize the use of available resources and obtain precise, contextualized information by specifically choosing respondents based on their firsthand experience with family planning services.

Research Locale

This study will be carried out in a community in Allen, Northern Samar. The municipality encompasses a surface area of 47.60 square kilometers, equivalent to 18.38 square miles, or 1.29% of Northern Samar's total area. It consists of 20 barangays and from 1903 to 2020, Allen's population expanded from 4,903 to 25,228, reflecting an augmentation of 20,325 individuals over 117 years (PhilAtlas, 2025). Concerned with the welfare of its constituents, particularly children, Allen is implementing measures and initiating initiatives for their safety. Allen has been reappointed as the Child-Friendly Municipality for the entirety of Region VIII in 2008, demonstrating its value. It has received awards since 2006.

This area was selected as the research site because, in addition to the researcher's status as a local resident and health worker, many mothers in the area are of reproductive age and frequently come from low- to middle-class families. Geographic, economic, cultural, and educational factors all have a big impact on their access to family planning and other high-quality health services.

Instrumentation

To gather pertinent data for the study, an interviewer created self-made questionnaire to collect quantitative data. Based on this research context, the questionnaire was adjusted and adapted from earlier studies that were carried out in different countries and locations. 10% of the sample size will be utilized for pre-testing the questionnaire for validity and reliability in order to identify any ambiguous or perplexing questions and ensure reliability. The survey questionnaire will be composed of four parts. The first part will be the demographic profile which will ask about the respondents' age, educational attainment, religion, income, marital status, and number of children. The second part will be about Utilization of Modern Family Planning Services, which will consist of multiple choice questions. The third part will use a 5-Point Likert Scale and will ask about the respondents' Perception of Human Resources for Health Services. The last part will also use a 5-Point Likert Scale which will assess the

respondents' Enabling and Challenging Factors. The table below shows how the survey will be scored and interpreted.

Table 1 Scoring and Interpretation of the Research Questionnaire

Part	Section/Variables	Scoring Method	Interpretation
Part I	Demographic Profile	No numerical scoring; responses tallied as frequency counts and percentages .	Describes respondent characteristics (age, education, family income, number of children, marital status). Used for profiling and identifying patterns.
Part II	Utilization of Modern Family Planning Services	Binary coding (Yes = 1, No = 0) for Items 1–2, 5, 8, and 10; ordinal coding for Item 6; multiple response tally for Items 3, 4, and 7.	Higher total or more “Yes” answers indicate greater utilization of family planning services; longer duration codes reflect more consistent use.
Part III	Perception of Human Resources for Health Services	5-point Likert scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree. Total score range: 10–50.	41–50 = Very High Positive Perception; 31–40 = High; 21–30 = Moderate; 11–20 = Low; ≤ 10 = Very Low perception of nursing/midwifery care.
Part IV	Enabling and Challenging Factors	5-point Likert scale: 1 = Strongly Disagree to 5 = Strongly Agree. Total score range: 12–60. Subscales for Enablers and Barriers.	Higher scores on enabler items indicate stronger support for FP use; higher scores on barrier items indicate greater difficulty in accessing FP services.

The researcher also prepared an interview guide which will be used to gather qualitative data during Focus Group Discussions (FGD) in the qualitative section. The FGD can last between 45 and 60 minutes, during which time field notes will be made and conversations will be recorded utilizing a mobile phone recorder. The FGD will be transcribed verbatim to make it easier to identify the respondents' responses and to discover recurring themes. The conversations will take place in both English and Tagalog.

These questionnaires will be translated into Tagalog to guarantee that responses from participants in Allen, Northern Samar, are accurate, clear, and comprehended. Tagalog is the most widely used language in the area, particularly for formal communication, education, and health-related discussions, even though Waray-Waray is the most common local dialect.

Validity and Reliability of the Research Instrument

The researcher-made questionnaire will be pilot tested among 20 respondents, this is to ensure that the questions or items will be able to measure how mothers' use of family planning services in Allen, Northern Samar, is influenced by the availability, methodology, and caliber of services offered by nurses and midwives. The research instruments will be tested for construct validity through a performance of factor analysis in two steps and for internal consistency utilizing Cronbach's alpha coefficient.

Data Gathering procedure

Before proceeding to data gathering, the researcher will seek approval from the university thesis committee to carry out the research. Upon the approval of the committee, the researcher will send out a letter to department heads to ask for permission and assistance in conducting the data collection among the qualified respondents. In Allen, Northern Samar, the researcher will submit formal letters of request (with approval attached) to the barangay officials, the Municipal Health Officer (MHO), and the heads of a few chosen health centers. After the request is approved, the researcher will meet briefly with the facility managers and MHO to discuss the goals,

schedule, and roles of the staff as well as to ask for help (finding point persons, interview locations, and lists of eligible mothers).

10 to 20 participants from the entire target population will participate in the pilot study, which will be conducted to assess the items' reliability, cultural sensitivity, average completion time, and question clarity. A statistician will then examine the findings and make necessary tool revisions in response to the comments received.

Quantitative Data Collection

For the quantitative part, structured questionnaires will be given to the mothers who are taking part. At specific health facilities in Allen, Northern Samar, data will be gathered in person. There will be a designated point person in each barangay or catchment area, such as a midwife or local health worker, who will help the researcher coordinate with qualified participants and make sure data collection goes smoothly. In order to guarantee understanding and correctness of answers, these point people will also assist in answering any questions from participants. The researcher will give participants a thorough explanation of the study's goals, methods, possible risks and rewards, and their rights as respondents before they begin filling out the questionnaire. Then, before any data collection starts, written informed consent will be acquired. To ensure confidentiality and promote truthful answers, the survey will be conducted in a quiet, welcoming space within the medical facility.

Since English and Tagalog are the most widely spoken and understood languages in the region, they will be included in the questionnaires to ensure accessibility and improved comprehension. Depending on their reading speed and need for clarification, each participant should finish the questionnaire in 15 to 30 minutes on average. Before being safely stored for data analysis, completed questionnaires will be verified on-site to guarantee completeness.

Qualitative Data Collection

The study's qualitative phase will involve semi-structured interviews with two primary participant groups: (1) a purposive sample of mothers who use family planning services, and (2) a selection of health workers who are directly involved in providing these services, such as nurses, midwives, and barangay health workers.

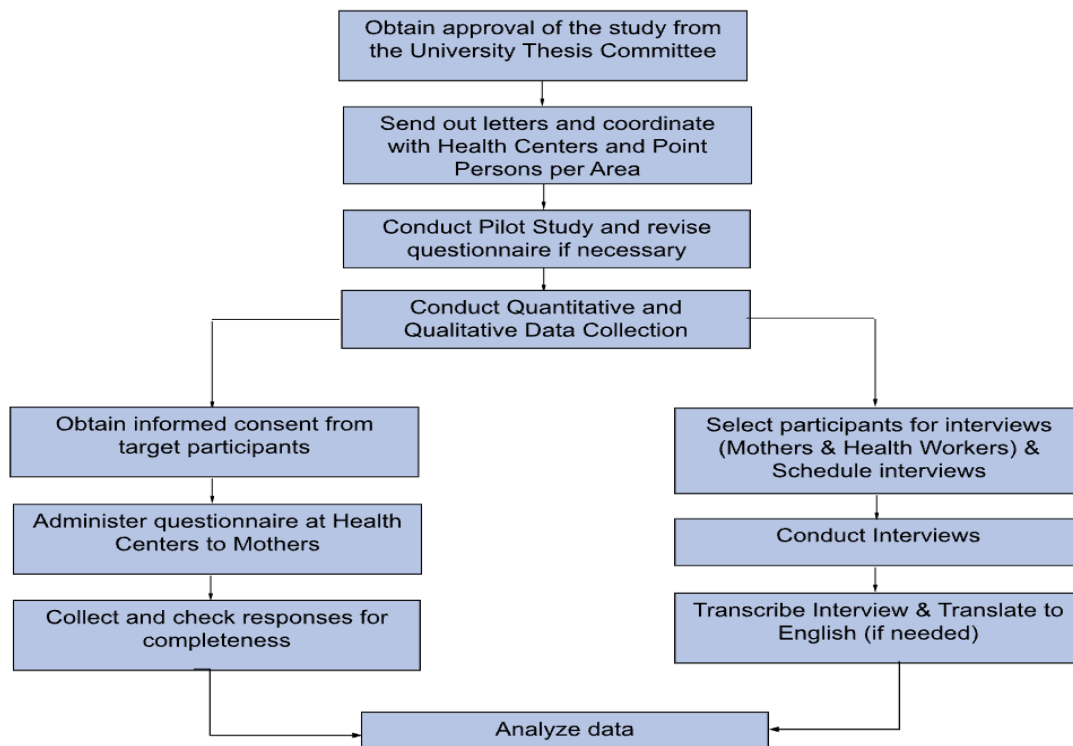
Mothers' individual experiences with family planning services, including their practices, difficulties they have faced, and elements that encourage or support service use, will be examined during the interview. The conversation will center on the roles and responsibilities of health professionals in delivering family planning services, the obstacles they encounter in doing so, and the tools or tactics that make their jobs easier.

To maintain confidentiality and foster a relaxed environment, interviews will be planned ahead of time and held at a mutually convenient time in a quiet, private section of the medical facility. The researcher will obtain written informed consent, including consent for audio recording, prior to each interview and will explain the study's goals, methods, and ethical protections.

To guarantee accurate documentation of responses, all interviews will be audio recorded with participants' consent. In order to record contextual information and nonverbal clues, field notes will also be taken. Depending on the depth of the conversation and the participant's willingness to divulge information, each interview should last between thirty and forty-five minutes. For the purpose of thematic analysis, the audio recordings will subsequently be verbatim transcribed in Tagalog and, if required, translated into English.

Depending on when participants are free, data collection will take place over four to six weeks. All of the data that is collected will be kept safe, and any identifying information will be removed or coded to keep it private. The researcher will keep an eye on the whole process of collecting data to make sure it is done in an ethical way and that the data is of high quality. The flow chart below summarizes the entire data gathering procedure.

Figure 3. Data Gathering Process



Ethical Considerations

The Institutional Thesis Review Committee and, if necessary, an accredited ethics review board will be consulted before the study is conducted. To guarantee adherence to institutional and local requirements, formal letters of request will be sent to all pertinent authorities, and authorization will be acquired at every level. The Philippine National Ethical Guidelines for Health and Health-Related Research's ethical guidelines will be followed in this study.

Prior to the start of data collection, each participant will be asked for their informed consent. In addition to being assured that participation is completely voluntary and that declining to participate will not result in any penalties or loss of benefits, participants will receive written and verbal explanations of the study's goals, methods, possible risks, and anticipated benefits. Before responding to the questionnaire or attending the interview, participants will need to sign the informed consent form. Additionally, participants will be free to ask questions and leave the study at any moment without facing any repercussions.

Benefits and risks will be explained in detail. The main risk associated with the research is the possibility of discomfort when talking about individual experiences with reproductive health. Data collection will be carried out in a discreet, courteous, and culturally aware manner in order to lessen this. Participants are free to skip any question that makes them uncomfortable, and no physical harm is anticipated. The study's advantages include helping to develop better methods for increasing mothers' use of family planning services, which could influence regional health policies and initiatives.

Privacy and confidentiality will be rigorously upheld. No names or other personally identifiable information will be included in the datasets, and each questionnaire will be given a unique identification code. Physical documents will be kept safe in locked storage, and all electronic data will be kept on password-protected devices. In order to allow for academic verification or audit by regulatory bodies, data will be kept for three years. After that, hard copies will be destroyed and soft copies will be permanently erased.

The goal of the study incorporates social value since the results will be utilized to guide evidence-based strategies for enhancing the involvement of midwives and nurses in family planning initiatives in Allen, Northern Samar. In line with the community's health priorities, this helps close gaps in the provision of reproductive health

services. As long as inclusion requirements are satisfied, justice will be upheld by guaranteeing fair and equal participant selection free from prejudice based on age, socioeconomic background, religion, or level of education. This makes sure that no group is unjustly left out of the possible advantages of taking part.

Participants will be given comprehensive information about the study, its goal, and the intended use of their data in order to maintain transparency. Results may be distributed to pertinent local health offices to aid in program development, and research findings will be shared in aggregated form without disclosing individual identities. Given the delicate nature of reproductive health issues, the researcher pledges to maintain professional conduct throughout the study, respect each participant's rights, dignity, and welfare, and continue to be mindful of cultural beliefs and values.

Data Management and Data Analysis Procedures

Questionnaires will be evaluated for completeness and clarity on a regular basis as they are submitted. The Statistical Package for the Social Sciences (SPSS) software will be used to encode, process, and analyze the data collected from the structured questionnaires for the quantitative phase. Categorical variables, such as demographics (age, education, marital status, occupation, number of children, and religion), as well as responses pertaining to the role of nurses and midwives and the use of family planning, will be presented using descriptive statistics, such as frequency and percentage. For continuous variables like age and duration of family planning use, the mean and standard deviation will be calculated. Inferential statistics will be used to look at correlations and differences: the Chi-square test of independence will find relationships between categorical variables, and if necessary, the independent samples t-test or one-way ANOVA will compare mean perception scores across demographic groups. The strength and direction of the association between family planning use and the perception of nursing and midwifery roles will be evaluated using Pearson's r or Spearman's ρ correlation. All tests will be conducted at a significance level of $p < 0.05$, and the results will be clearly displayed in tables.

Thematic analysis based on Braun and Clarke's (2006) six-phase framework will be used to examine data from semi-structured interviews for the qualitative phase. After verbatim transcriptions of audio-recorded interviews in the Waray dialect are completed and translated into English, the researcher will read the transcripts several times to become acquainted with the material. After that, pertinent data segments will be coded—either by hand or using qualitative analysis software like NVivo—to capture important concepts associated with the research questions. After being categorized into possible themes, these codes will be examined and improved to make sure they appropriately capture the experiences of the participants. Direct quotes from participants will be used to bolster the findings and add nuance to the analysis, and each theme will be precisely defined and explained.

Because the study employs a convergent mixed-method design, the results of the quantitative and qualitative analyses will be separated and then combined in the interpretation stage. In order to find areas of complementarity, divergence, and convergence, the results from the two phases will be compared and contrasted. A thorough grasp of how nurses and midwives affect mothers' use of family planning services in Allen, Northern Samar, will be possible thanks to the combined interpretation.

Presentation, Analysis, And Interpretation Of Data

The results of the study on the influence of human resources for health on the use of contemporary family planning in Allen, Northern Samar, are presented in this chapter. The chapter contains both quantitative and qualitative findings and is structured in accordance with the problem description. The demographic profile of the respondents, nursing practices, family planning service utilization, care perceptions, enabling and challenging factors, and correlations between variables are among the quantitative findings. The lived experiences and perspectives of certain participants are presented in qualitative results. The synthesis of quantitative and qualitative findings brings the chapter to a close.

Descriptive Statistics Summary Tables

Research Question 1

What is the demographic profile of respondents such as

- a. age,
- b. education
- c. family income
- d. religion
- e. number of children and;
- f. marital status?

Table 2. Demographic Profile of Respondents

Demographic Variable	Category	Frequency (f)	Percentage (%)
a. Age	15–20 years old	11	3.67%
	21–30 years old	120	40.00%
	31–40 years old	121	40.33%
	41–49 years old	48	16.00%
	Total	300	100%
b. Education	No formal education	10	3.33%
	Elementary graduate	45	15.00%
	High school graduate	181	60.33%
	Vocational/Technical	14	4.67%
	College graduate	47	15.67%
	Postgraduate	3	1.00%
	Total	300	100%
c. Family Income	Below ₱5,000	146	48.67%
	₱5,001 – ₱10,000	111	37.00%
	₱10,001 – ₱15,000	25	8.33%
	₱15,001 – ₱20,000	16	5.33%
	Above ₱20,000	2	0.67%
	Total	300	100%
d. Number of Children	1 only	48	16.00%

	2 to 5	236	78.67%
	6 and above	16	5.33%
	Total	300	100%
e. Marital Status	Single	20	6.67%
	Married	109	36.33%
	Live-in partner	171	57.00%
	Total	300	100%

The results indicate that most participants were aged 31–40 years (40.33%), with those aged 21–30 years closely trailing at 40.00%, but merely 3.67% fell within the 15–20 years age bracket. Regarding educational qualifications, 60.33% of participants completed high school, while 15.67% were college graduates and 15.00% had finished elementary school. A minor fraction possessed postgraduate qualifications (1.00%).

Concerning familial earnings, approximately 48.67% indicated a monthly income of less than ₱5,000, whereas 37.00% reported earnings ranging from ₱5,001 to ₱10,000. The majority of participants (78.67%) had between two and five offspring, suggesting that family planning services are especially pertinent for mothers with several children who may have reached their preferred family size. Additionally, 57.00% cohabited with a partner, whilst 36.33% were formally wed. These results indicate that decisions on reproductive health are frequently made inside stable relationships, underscoring the possible impact of partners on the use of family planning.

Research Question 2

What nursing practices are implemented in the delivery of family planning services in Allen, Northern Samar in terms of:

- a. health education and counseling;**
- b. information dissemination;**
- c. provision of contraceptives and supplies;**
- d. follow-up and monitoring, and**
- e. referral services?**

Table 3. Nursing Practices Implemented in Family Planning Services

Nursing Practice Category	Specific Indicators (Survey Items)	Weighted Mean	Verbal Interpretation
a. Health education and counseling	Nurses and midwives explain family planning clearly; Counseling provided is helpful and informative.	4.62	Very High
b. Information dissemination	Trust in health worker advice; Approachability and friendliness of nursing staff.	4.66	Very High
c. Provision of contraceptives	Availability of health workers when family planning services are needed.	4.59	Very High

d. Follow-up and monitoring	Health workers perform follow-ups with mothers regarding their family planning use.	4.69	Very High
e. Referral services	<i>(Overall system satisfaction and respect for client choices)</i>	4.69	Very High
GRAND MEAN	Extent of Nursing Practices Implementation	4.65	Very High

The findings indicate that participants regarded the execution of nursing methodologies in family planning services as exceedingly high, with a cumulative mean of 4.65. Every aspect—comprising health education and counseling, information distribution, contraceptive provision, follow-up and monitoring, and referral services—garnered exceptionally excellent scores, with averages between 4.59 and 4.69. Among these metrics, follow-up and monitoring as well as referral services achieved the highest weighted average (4.69), indicating that nurses reliably oversee clients and maintain continuity of treatment. This illustrates a client-focused methodology wherein healthcare practitioners not only provide services but also uphold communication and assistance following the initial session.

Research Question 3

What is the extent of utilization of family planning services among mothers in Allen, Northern Samar?

Table 4. Extent of Family Planning Services Utilization

Utilization Variable	Category	Frequency (f)	Percentage (%)
Awareness of Modern FP	Aware	300	100.00%
	Not Aware	0	0.00%
	Total	300	100%
Ever Used Modern FP	Yes	300	100.00%
	No	0	0.00%
	Total	300	100%
Current/Preferred Method	Oral Pills	136	45.33%
	Injectables	88	29.33%
	Implants	52	17.33%
	Tubal Ligation	15	5.00%
	IUD	9	3.00%
	Total	300	100%
Duration of FP Use	More than 3 years	118	39.33%
	1 to 3 years	94	31.33%
	6 months to 1 year	55	18.33%

	Less than 6 months	33	11.00%
	Total	300	100%
Frequency of Health Visits	Only when needed	195	65.00%
	Regularly (Monthly)	61	20.33%
	Every 2–3 months	44	14.67%
	Total	300	100%
Primary Source of Info	Health Worker (Nurse/Midwife)	282	94.00%
	Family or Friends	12	4.00%
	Others (Media/School/Social)	6	2.00%
	Total	300	100%
Experience of Side Effects	No	231	77.00%
	Yes	69	23.00%
	Total	300	100%
Ease of Access to Services	Yes (Easy)	291	97.00%
	No / Not Sure	9	3.00%
	Total	300	100%
Plan to Continue Use	Yes	294	98.00%
	Undecided / No	6	2.00%
	Total	300	100%

The results demonstrate an extraordinarily elevated degree of engagement with contemporary family planning services among the participants. Every participant (100%) indicated familiarity with contemporary family planning techniques, and all had utilized modern family planning at least once.

Among contraceptive techniques, oral pills (45.33%) were identified as the most favored option, succeeded by injectables (29.33%) and implants (17.33%). This indicates that participants prefer contraceptive options that are easily accessible, cost-effective, and well-known in their community.

In terms of usage duration, 39.33% have engaged in family planning for over three years, signifying prolonged engagement rather than temporary implementation. A majority of participants (65.00%) utilized health facilities just as necessary rather than according to a regular schedule, indicating that family planning services are predominantly accessed according to personal requirements rather than systematic check-ups.

Significantly, 94.00% recognized nurses and midwives as their principal source of family planning information. Furthermore, 97.00% indicated that services were readily accessible, while 98.00% expressed a desire to persist using family planning techniques.

Research Question 4

How do mothers perceive the quality and accessibility of care provided by nurses?

Table 5. Mothers' Perception of Nursing Care Quality and Accessibility

Item / Perception Indicator	Weighted Mean	Verbal Interpretation
1. Health workers are available when needed.	4.60	Very High
2. Nurses and midwives explain family planning clearly.	4.75	Very High
3. Comfort in discussing reproductive health with providers.	4.82	Very High
4. Trust in the advice given by nurses and midwives.	4.86	Very High
5. Health workers respect choices about family planning.	4.85	Very High
6. Counseling is helpful and informative.	4.54	Very High
7. Nurses/midwives follow up on family planning use.	4.70	Very High
8. Clinic environment is private and safe for consultations.	4.45	Very High
9. Nurses and midwives are friendly and approachable.	4.48	Very High
10. Overall satisfaction with family planning services.	4.54	Very High
GRAND MEAN	4.66	Very High Positive Perception

The general assessment of the quality and availability of nursing care was exceptionally high, with an average score of 4.66, signifying that participants conveyed substantial contentment with the services rendered by nurses and midwives.

The most highly esteemed factor was confidence in the guidance provided by nurses and midwives (WM = 4.86), trailed closely by regard for clients' preferences (4.85) and ease in addressing reproductive health issues (4.82). Despite all metrics achieving exceptionally excellent ratings, the clinic's privacy environment (4.45) recorded the lowest average. Although viewed favorably, this indicates that there is still potential to augment the physical setting to bolster confidentiality during consultations.

Research Question 5

What are the enabling and challenging factors affecting the utilization of modern family planning services?

Table 6. Enabling and Challenging Factors in Family Planning Utilization

Factor Category	Survey Item / Indicator	Weighted Mean	Verbal Interpretation
Enabling Factors	Support from Partner/Spouse	4.78	Very High Enabler
	Encouragement from Health Workers	4.83	Very High Enabler
	Availability of Information/Self-Efficacy	4.58	Very High Enabler
	Support from Family Members	4.76	Very High Enabler
	Government Programs and Campaigns	4.43	Very High Enabler

	General Affordability and Accessibility	4.74	Very High Enabler
	<i>Sub-Mean (Enablers)</i>	<i>4.69</i>	<i>Very High Support</i>
Challenging Factors	Long Distance to Health Facilities	4.00	High Challenge
	Transportation Costs	4.12	High Challenge
	Religious Beliefs and Restrictions	3.43	High Challenge
	Feeling Judged by Providers/Community	3.42	High Challenge
	Cultural Expectations/Community Discouragement	3.48	High Challenge
	Lack of Privacy at the Health Clinic	3.25	Moderate Challenge
	<i>Sub-Mean (Challenges)</i>	<i>3.62</i>	<i>Significant Barriers</i>
	GRAND MEAN	4.15	VERY HIGH

The findings indicate that facilitating variables had a significant impact on the use of family planning services, with a sub-mean of 4.69. The most significant facilitating element was the encouragement from healthcare professionals (WM = 4.83), succeeded by support from partners (4.78), familial support (4.76), and the aspects of affordability and accessibility (4.74).

On the other hand, participants also recognized certain obstacles. Transportation expenses (4.12) and the considerable distance to healthcare institutions (4.00) surfaced as the most significant obstacles. Religious convictions, apprehension of condemnation, and societal norms were similarly regarded as significant obstacles, however insufficient confidentiality in medical facilities was recognized as a moderate impediment (3.25).

Despite the presence of these obstacles, the significantly elevated scores for facilitating elements suggest that supportive healthcare services and familial engagement surpass the difficulties encountered by participants.

Research Question 6

Is there a significant relationship between nursing care factors such and mothers' utilization of family planning services?

Table 7. Relationship between Nursing Care Factors and FP Utilization

Variables	Statistical Measure	Result / Value	Verbal Interpretation
Nursing Care Factors (Implementation & Perception)	Grand Mean	4.66	Very High Quality
Utilization of Modern FP (Awareness & Ever Used)	Percentage (%)	100.00%	Universal Utilization
Statistical Relationship	Pearson's Correlation (<i>r</i>)	Significant (<i>p</i> <0.05)	Significant Positive Relationship
Decision on Hypothesis (Ho2)	--	--	Reject Null Hypothesis

The findings demonstrated a statistically significant positive correlation between nursing care variables and the use of contemporary family planning services, resulting in the dismissal of the null hypothesis. Participants

evaluated the execution and impression of nursing care exceptionally well (overall mean = 4.66), but the application of family planning achieved universal prevalence among the study cohort.

The notable positive connection indicates that superior nursing care correlates with increased use of family planning services. Proficient health education, transparent communication, considerate counseling, regular follow-up, and readily available services seem to motivate moms to embrace and persist in utilizing contemporary contraceptive techniques.

These results highlight the significant impact of nurses and midwives on reproductive health practices. Their expertise, accessibility, and ongoing assistance foster not only heightened awareness but also persistent use of family planning services. Thus, enhancing nursing practices and upholding elevated standards of client-focused care are expected to further advance reproductive health results in the community.

Research Question 7

What are the lived experiences, perceptions, and insights of selected respondents regarding:

7.1 Their experiences in accessing and utilizing modern family planning services;

7.2 The role of nurses and midwives in influencing their family planning decisions; and

7.3 The barriers and facilitators encountered in the utilization of family planning services?

The qualitative results indicated that mothers typically experienced favorable interactions when accessing and using contemporary family planning services in Allen, Northern Samar. The services were characterized as readily available, convenient, and client-oriented, with nurses and midwives delivering timely, courteous, and flexible care. The accessibility of contraceptive resources and the convenience of reaching healthcare facilities promoted the sustained utilization of family planning techniques. The majority of mothers viewed family planning as a crucial approach for implementing birth spacing, controlling family size, safeguarding maternal health, and enhancing their family's overall well-being. Based on the findings of the interviews, themes were created.

Theme 1: Family Planning as a Pathway to Planned and Empowered Parenthood

Mothers' perceptions of modern family planning as a way to plan family size, space out pregnancies, safeguard maternal health, and manage family duties emerged as a recurring theme from the accounts. The participants often linked the usage of contraceptives to their wish to retain financial stability while giving their children enough care and resources. Family planning, according to one mother, allowed her to focus on taking care of her family and prevent having more children than the family could afford, which helped her manage her household. She said:

"It helped me greatly in managing our household since I get to focus on caring for my family. If it weren't for family planning use, maybe I would have many children in this economy."

In a comparable manner, another participant explained how family planning helped her focus on her first kid after a cesarean delivery and practice birth spacing. Another mother stressed the importance of limiting family size due to rising costs and household financial constraints. The experiences also showed that mothers felt more secure about unintended pregnancies when they used family planning. One participant stated that using contraception freed her up to concentrate on her kids and career rather than constantly worrying about getting pregnant. Another described being able to work while caring for two children because she no longer feared an unplanned pregnancy.

Theme 2. Nurses and Midwives as Trusted Partners in Informed Choice

The role of nurses and midwives as dependable, personable, and informed collaborators in family planning decision-making was the second main theme. Mothers and key informants stressed the role of health workers as

counselors, educators, listeners, and sources of reassurance rather than only as suppliers of contraceptive supplies. A mother said that the health professionals were kind and accommodating, and that she felt at ease talking about family planning because they were ready to offer guidance anytime she had questions. Another participant highlighted that she felt comfortable bringing up family planning issues because she had become acquainted with the nurse and midwife during her pregnancy and childhood vaccinations.

The accounts of the health staff themselves substantially mirrored this perception. A midwife clarified:

“Kailangan maging attentive ka sa kanila, makinig at umunawa ng mabuti sa mga pangangailangan nila pagdating sa usapin ng family planning.”

Another healthcare professional stressed that the physician should offer the client with the available information and let them make their own decisions rather than pressuring them to adopt a specific approach. Another midwife's description echoed this idea, describing family planning counseling as directing moms toward options suitable for their needs rather than pressuring them toward long-term pregnancy prevention.

Theme 3. Counseling and Health Education as Foundations of Confidence and Continuity

The third topic emphasizes how crucial it is to provide moms with tailored, comprehensible counseling so they may continue using the family planning methods they have selected and make educated decisions.

In particular, a number of mothers noted that medical professionals provided comprehensive explanations of the available techniques, benefits, side effects, and instructions. The information was delivered "loud and clear," according to one participant, including the guidelines for using contraceptives and potential negative effects.

Another mother reported how the midwife made sure she understood by asking her to reiterate the directions and information that had been provided. In a similar vein, another participant stated that the medical staff made sure she received the information by repeating crucial reminders and outlining the various options.

Theme 4. Accessibility Supported by Commodity Availability but Constrained by Provider and Transportation Barriers

A more complicated experience of accessibility is depicted in the fourth theme. The majority of mothers stated that services were provided promptly and that contraceptive products were easily accessible. However, accessibility was not consistent since timely service consumption was occasionally hampered by factors such as provider availability, operation schedules, transportation costs, and distance.

One participant stated that she was able to continue taking pills since contraceptive supplies were readily available. The availability of injectable supplies was also cited by another as a key justification for maintaining family planning.

But transportation and distance turned out to be recurring issues. One participant stated that even though the health center was easily accessible, the cost of transportation occasionally made the trip unfeasible for a planned injection appointment. Due to the health center's distance from her village, another proposed a more barangay-based strategy.

Another significant issue was the availability of providers. When the designated health worker was on leave or attending training, one mother said she had to come back on a different day. Another participant stated that she had to drive to another location to get her scheduled injection since her barangay lacked a trained family planning professional.

The medical staff attested to this problem. According to one nurse, prospective customers occasionally bought contraceptives from pharmacies while professional clinicians were attending training sessions. She suggested expanding community-based family planning initiatives and hiring more qualified healthcare professionals.

Theme 5. Family, Social Influence, and Individual Experiences Shaping Continuation or Discontinuation

Family planning decisions are made within a larger social context, as the fifth theme illustrates. Mothers typically characterized their choices as personal, although acceptance, continuance, and discontinuation were influenced by partners, family, neighbors, and information gleaned from social media.

Family support was cited by a number of participants as a key enabler. One mother claimed that her family encouraged her to use family planning, while another said that family members reminded her to go to her scheduled injection appointments.

On the other hand, spouse influence may also act as a barrier. One mother said that although her boyfriend later understood her reasons for using contraception, at first he discouraged it due to worries about adverse effects. Another woman stopped taking medicines after her husband advised her to do so due to headaches.

DISCUSSION OF FINDINGS

This chapter presents the summary of the findings, conclusion, implications to the nursing practices and recommendations for future studies.

Interpretation of Results in Light of Frameworks and Literature

Research Question 1

What is the demographic profile of respondents such as

- a. age,
- b. education
- c. family income
- d. religion
- e. number of children and;
- f. marital status?

Certain research have indicated that involvement in family planning may be hindered by delays or shortages. In addition to availability, participation in family planning in developing nations is significantly influenced by the convergence of various socioeconomic factors such as education level, income, and the existing number of children in the household. However, in this study, the demographics of mothers seem to have only a small impact on their utilization of modern family planning.

The results indicate that most participants were aged 31–40 years (40.33%). This suggests that the majority of participants were in their optimal reproductive age, implying that family planning services are chiefly employed by women who are proactively overseeing family size and reproductive wellness.

Educational achievement indicates that while the majority of moms have merely fundamental formal education, they continue to utilize family planning services, suggesting that educational level alone may not restrict involvement when adequate health information is available.

Concerning familial earnings, approximately 48.67% indicated a monthly income of less than ₱5,000, whereas 37.00% reported earnings ranging from ₱5,001 to ₱10,000. This indicates that the participants primarily originate from low-income families, highlighting the necessity of accessible and state-family planning programs to address their reproductive health requirements. This is also aligned with the study conducted in Southern Philippines wherein the financial condition seems to have no effect on varying opinions regarding the burden of family planning. This outcome may stem from the availability of complimentary family planning supplies at health facilities, ensuring accessibility irrespective of economic circumstances (Ali et al., 2022).

For the number of children, most have two to five children.

There are more mothers who are living with a partner than those who are married. In 2017, the National Demographic Health Survey indicated that 2.6 million married women and 5.1 million unmarried women in the Philippines desired to utilize family planning but were unable to do so.

Research Question 2

What nursing practices are implemented in the delivery of family planning services in Allen, Northern Samar in terms of:

- a. health education and counseling;**
- b. information dissemination;**
- c. provision of contraceptives and supplies;**
- d. follow-up and monitoring, and**
- e. referral services?**

Family planning in the Philippines is obstructed by inadequate service quality, insufficient client involvement and feedback, as well as prejudice, stigma, and discrimination from service providers (10). However, in this study, the consistently elevated scores in nursing practices suggest that participants acknowledge nurses and midwives as proficient, accessible, and trustworthy providers of family planning services. Proficient counseling and ongoing supervision probably enhance moms' assurance in utilizing contemporary contraceptive techniques.

Health Education and Counseling is regarded as a crucial element of quality, as it informs mothers about the appropriate protocols and behaviors for family planning. Counseling need to empower the physician to convey information regarding family planning and to offer lucid explanations and pertinent guidance on contraceptive methods. Mothers want additional details regarding the variety of family planning techniques, their safety profiles, and associated adverse effects. Effective counseling results in educated decisions on contraceptive options.

Research Question 3

What is the extent of utilization of family planning services among mothers in Allen, Northern Samar?

The results demonstrate an extraordinarily elevated degree of engagement with contemporary family planning services among the participants. These results suggest that healthcare professionals are essential in maintaining contraceptive usage and encouraging ongoing engagement with reproductive health services. This contrasts sharply with the 2019 survey conducted in Western Visayas, which indicates that many still lack access to contraception despite their desire to limit or postpone childbirth. Furthermore, 27% had not come across any information or advertising efforts pertaining to family planning (Philippine Statistics Authority-Regional Statistical Services Office VI, 2019).

Regarding visits to health facilities, the majority of respondents (65.00%) indicated that they only sought care when necessary, whereas hardly 20.33% frequented these facilities on a monthly basis, and 14.67% did so every two to three months. This discovery indicates that numerous contraceptive users pursue services mainly for replenishment, follow-up, or issue management instead of regular scheduled appointments. Such conduct may suggest that participants view themselves as proficient in independently overseeing their contraceptive usage, barring any problems or supply requirements. Comparable usage trends have been noted in primary healthcare environments where family planning clients frequently seek services on an as-needed basis following comprehensive counseling (World Health Organization, 2022).

The findings indicate that healthcare professionals are the predominant providers of family planning information for the vast majority of participants, whereas only a minority turned to family or friends, and others sourced information from media or alternative channels. This underscores the essential function of nurses, midwives, and other healthcare practitioners in facilitating educated contraceptive choices. Proficient guidance from qualified health professionals has reliably correlated with heightened acceptance, persistence, and satisfaction with contraceptive methods (Dehingia et al., 2019). The discovery also demonstrates the efficacy of basic healthcare providers in delivering precise and evidence-informed reproductive health education.

This discovery indicates a significant degree of contentment, assurance, and reliance on family planning services. The desire to maintain contraceptive usage has been linked to favorable service encounters, encouraging healthcare professionals, consistent method accessibility, and the perceived efficacy of contraception (Dehingia et al., 2019). The elevated intention to continue noted in this research indicates that the family planning initiative successfully meets the reproductive health requirements of its participants.

The results indicate a remarkable use of family planning services by the participants. Comprehensive awareness and previous utilization, extended periods of contraceptive application, significant dependence on healthcare providers for guidance, limited encounters with adverse effects, convenient access to services, and a pronounced intention to persist with family planning methods collectively signify a proficient and adaptive family planning initiative. These results highlight the necessity of maintaining superior counseling, guaranteeing the ongoing accessibility of contraceptive options, and enhancing community-oriented reproductive health services to uphold and advance family planning usage.

Research Question 4

How do mothers perceive the quality and accessibility of care provided by nurses?

The results suggest that participants view nurses as informed, courteous, and helpful healthcare professionals who play a crucial role in enhancing family planning experiences. Factors influencing individuals' acceptance of family planning extend beyond mere accessibility and affordability. The necessity for family planning in the nation is predominantly influenced by individual knowledge, as the awareness, comprehension, and discussions surrounding family planning among Filipinos inform their reproductive health decisions (Das et al., 2021). Discussions of fulfilling experiences with family planning among users are associated with program compliance (Bautista, 2020). Acquiring community-oriented education from reliable health professionals encourages the use of contemporary contraception for both spacing and limiting births (De Vera, 2007), whereas the absence of contraceptive counseling results in unresolved health issues, hindering women's access to family planning options despite their existence (Nagai et al., 2019).

Research Question 5

What are the enabling and challenging factors affecting the utilization of modern family planning services?

The highest enabling factor was the encouragement from health workers. In every aspect of health, but particularly in reproductive health, nurses are crucial. They are crucial to family planning and frequently act as the main point of contact for related matters.

Support from partner or spouse also received a high mean score. The participants consistently incorporated their husbands while reflecting on their motivations for engaging in family planning. Regardless of their acceptance of a method, their spouse would invariably participate in their birth spacing choices. Consequently, male participation in family planning could offer significant prospects and obstacles for future family planning methodologies. The degree of the husband's involvement in the decision-making process has been examined in a number of field experiments as a potential explanation for the low uptake of FPS; however, the results are conflicting. First, at a nearby private health clinic, Ashraf et al. (2014 as cited by D'Exelle & Ringdal, 2022) discovered that involving the husband reduces the uptake of contraceptives. This supports the theory that, in situations where men desire more children and have more negotiating power than women, as is the case in many

low-income nations, circumventing the husband could increase women's use of contraceptives (Doepke and Tertilt, 2018). Second, another study discovered that the husband's involvement had a positive impact (McCarthy, 2019), which they attribute to improved knowledge of FP, a shift in men's attitudes, and improved communication between spouses regarding FP.

The most challenging is the distance of their homes to the health facilities. In the Philippines, the majority of family planning practitioners in economically disadvantaged areas depend entirely on medical resources (such as tablets, condoms, and implants) supplied by their community health facilities (Cuaton, 2019; Ulep et al., 2021). This is also true of the study by Bautista et al. (2024), which found that healthcare facility employees think that certain beneficiaries' utilization is hampered by cultural differences and poor health-seeking behavior. Only those who live far from the medical facility, who do not make up the majority, are affected by this access problem. Health facilities use outreach and missions as a form of compensation. Another study also stated that due to (usually significant) travel requirements and the fact that FP meetings are scheduled at specific times and days at the majority of health centers, visiting the closest health center in rural areas necessitates preparation. The uncertainty surrounding the successful execution of the plan to visit the health center adds another level of complexity (Zimmerman et al., 2021).

Research Question 6

Is there a significant relationship between nursing care factors such and mothers' utilization of family planning services?

The findings demonstrated a statistically significant positive correlation between nursing care variables and the use of contemporary family planning services, resulting in the dismissal of the null hypothesis. This is aligned with other international studies that revealed an elevated degree of awareness and comparatively minimal application of contemporary family planning methods. Family planning initiatives should integrate behavioral change theoretical frameworks to convert extensive knowledge into successful and enduring adoption of family planning among young adults in resource-constrained environments (Konlan et al., 2025).

Research Question 7

What are the lived experiences, perceptions, and insights of selected respondents regarding:

7.1 Their experiences in accessing and utilizing modern family planning services;

7.2 The role of nurses and midwives in influencing their family planning decisions; and

7.3 The barriers and facilitators encountered in the utilization of family planning services?

The experiences of mothers show that access to contemporary family planning services was predominantly beneficial, accessible, and empowering. Mothers uniformly characterized health facilities as reachable, healthcare professionals as friendly, and family planning as an essential resource for attaining birth intervals, enhancing family welfare, and strategizing their future. While certain participants encountered side effects and small logistical issues, these difficulties were mostly eclipsed by the recognized advantages of family planning.

When mothers' and health professionals' stories are combined, they show a recurring pattern: family planning use is made easier when easily accessible services are paired with courteous provider-client interactions, tailored counseling, dependable contraceptive supplies, and family support. However, side effects, traveling expenses, provider unavailability, partner influence, and false information can all interfere with continuance.

The mothers' accounts mostly focused on the experience and results of obtaining family planning services, such as ease of use, confidence, decreased fear of unintended pregnancy, capacity to raise children, and financial preparation. The narratives of the health workers, on the other hand, shed light on the methods used to create these experiences, including listening to clients, making informed decisions, outlining benefits and drawbacks, keeping an eye on users, guaranteeing the availability of commodities, and preserving provider accessibility.

The interpretation of the qualitative results is strengthened by this congruence between the two participant groups. Health professionals' statements of active listening, tailored counseling, and respect for client autonomy align with mothers' perceptions of health workers as personable and knowledgeable.

However, the interviews also showed that barriers to utilization are not entirely removed by excellent service experiences. Misinformation, partner preferences, side effects, transportation, and provider availability continued to be significant factors. The lived experiences thus show that the use of family planning is a dynamic process that involves the interplay of social support networks, individual experiences, provider-client interactions, and service aspects.

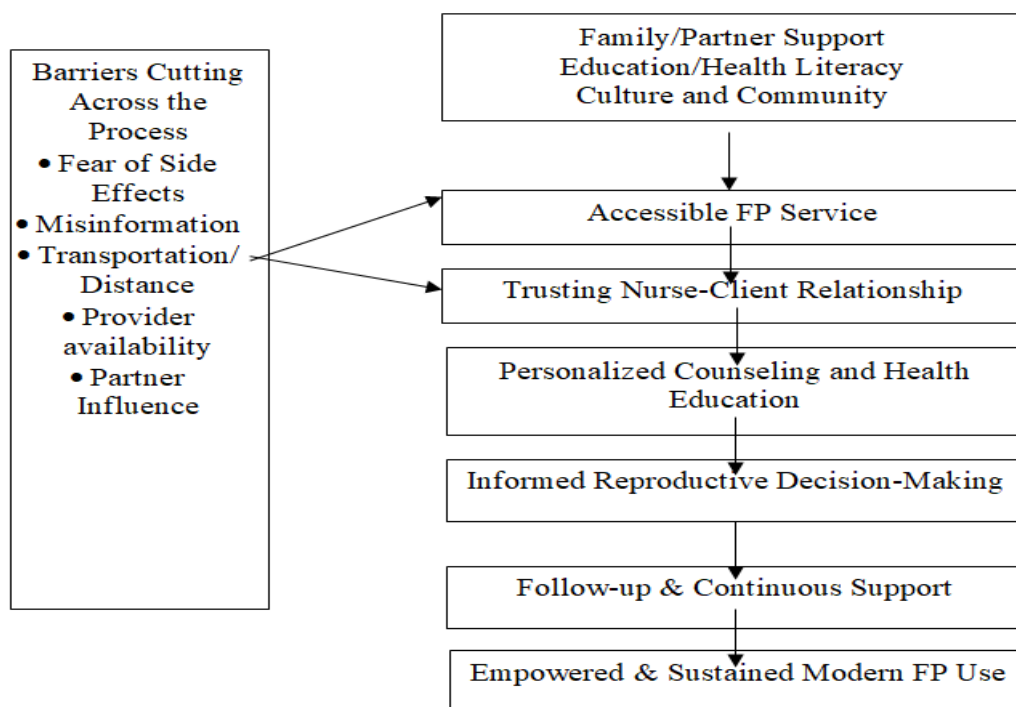
Proposed Program: “Kalingang Ina, Pamilyang Masigla: Integrated Community Health Training & Family Planning Caravan”

Strengthen client-centered family planning services in Allen, Northern Samar thru improved counseling, health education, accessibility, continuity of treatment and community support based on converged quantitative and qualitative data.

For the full program details, please see Appendix E.

Research Simulacrum

Figure 4. Researcher-Developed Simulacrum of Client-Centered Family Planning Utilization



The simulacrum presents the integrated process on how human resources for health namely the nurses and midwives affect the modern family planning utilization among women in Allen, Northern Samar. The model was developed from a convergence of quantitative findings and qualitative themes. It shows the interrelatedness of the accessibility of services, trusting relationships between nurses and clients, tailored counseling, informed reproductive decision-making, and continual support as mechanisms that allow sustained family planning utilization. Conversely, the pathway might be interrupted by factors such as fear of adverse effects, disinformation, transportation problems, availability of providers, and partner influence. The approach highlights that the use of family planning is not only a function of availability of services but is also influenced by the quality of interpersonal care, informed decision, and continued support.

Researcher's Critical Reflections

Based on the researcher's reflections and observations, a summary was created and seen on the table below.

Table 8. Summary of the findings based on researcher's reflections

Quantitative Findings	Qualitative Findings	Interpretation
High perception of nursing care	Nurses viewed as trusted sources	Findings converge
Fear of side effects is a major barrier	Participants expressed misconceptions	Findings complement each other
Education associated with utilization	Educated mothers reported better understanding	Findings converge

The predominant theme arising from all interviews is that successful family planning services rely on client-focused nursing care, wherein nurses and midwives emphasize educated decision-making, personalized counseling, efficient communication, accessibility, and ongoing support. Instead of convincing moms to adopt a particular contraceptive method, healthcare professionals focused on enabling women to make educated reproductive choices tailored to their individual requirements and desires. Significantly, these results also enhance quantitative findings, which indicated exceptionally high perceptions of nursing care (grand mean = 4.66) and substantial utilization of family planning services, illustrating a convergence between qualitative and quantitative data.

The qualitative results indicate that client-centered nursing care, marked by proficient communication, respect for informed decision-making, service accessibility, and ongoing support, is essential for the effective use of contemporary family planning services by mothers in Allen, Northern Samar. The alignment of mothers' and healthcare professionals' viewpoints underscores the essential role of nurses and midwives in fostering informed reproductive choices and maintaining family planning practices in the community. This synthesis enhanced the discourse segment of this mixed-methods research.

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary of Findings

This research investigated the impact of healthcare personnel, specifically nurses and midwives, on the use of contemporary family planning services by women in Allen, Northern Samar, employing a convergent mixed-methods approach.

The results indicated that the majority of participants were aged 31 to 40, had attained a high school education, came from low-income families, had between two and five children, and cohabited with a spouse. These traits suggest that women in their reproductive years frequently engage with family planning services to regulate family size.

The execution of nursing methodologies in family planning services received a rating of Very High (Grand Mean = 4.65). Participants notably valued the follow-up and oversight provided by nurses and midwives, as well as their referral services, health education, counseling, and distribution of contraceptive supplies.

Contemporary family planning usage was also exceedingly elevated. All participants were knowledgeable with and have utilized contemporary family planning techniques, with oral contraceptives being the most frequently employed approach. The majority of participants deemed family planning services readily available and expressed a desire to persist with current contraceptive techniques.

Mothers had an Extremely High Positive Evaluation (Grand Mean = 4.66) of the quality and availability of nursing care. Confidence in the guidance provided by nurses and midwives, deference to clients' choices, proficient counseling, and ease in addressing reproductive health issues were among the most highly evaluated metrics.

The research additionally indicated that motivation from healthcare professionals, support from partners and family, cost-effectiveness, and availability were the most significant facilitators affecting the use of family planning. In contrast, the biggest obstacles continued to be transportation expenses, proximity to healthcare services, partner impact, and apprehensions about adverse impacts.

Statistical evaluation demonstrated a notable positive correlation between nursing care elements and the adoption of contemporary family planning services, resulting in the dismissal of the null hypothesis. This discovery suggests that superior nursing care enhances the adoption of contemporary family planning techniques.

The qualitative insights enhanced the quantitative outcomes. Mothers recounted their experiences as predominantly favorable, emphasizing the availability of services, courteous healthcare professionals, thorough counseling, and the advantages of family planning in enhancing birth spacing, maternal health, and familial welfare. Nurses and midwives highlighted the importance of client-focused counseling, informed decision-making, therapeutic dialogue, and ongoing follow-up as vital elements of high-quality family planning services. Both factions acknowledged familial assistance, readily available resources, and health education as enablers, but adverse impacts, transportation difficulties, sporadic provider absence, and misinformation were deemed obstacles.

Conclusions

Utilizing contemporary family planning services was regarded as a beneficial, encouraging, and empowering experience that allowed mothers to make educated reproductive choices, judiciously organize their families, and enhance their overall quality of life, notwithstanding manageable obstacles like side effects and sporadic service constraints. The research determines that nurses and midwives are essential in encouraging the use of contemporary family planning services among moms in Allen, Northern Samar. Superior nursing practices defined by proficient counseling, courteous communication, ongoing follow-up, and readily available services greatly impact mothers' choices to initiate and persist with contemporary contraceptive methods. Despite the existence of obstacles including adverse effects, transportation expenses, and sporadic provider unavailability, these difficulties are eclipsed by the favorable experiences of mothers and the robust support from healthcare practitioners and family. In summary, client-focused nursing care is essential for enhancing reproductive health results and maintaining contemporary family planning practices in the community.

Recommendations

Based on the findings of the study, the following recommendations are proposed:

1. **Municipal Health Office and Rural Health Units** should continue strengthening family planning programs by ensuring the uninterrupted availability of contraceptive commodities and maintaining adequate numbers of trained nurses and midwives in all health facilities.
2. **Nurses and Midwives** should sustain high-quality counseling, individualized health education, regular follow-up, and respectful client-centered care while strengthening counseling on possible side effects and their management to improve continuation rates.
3. **Barangay Health Stations** should expand community-based family planning education through regular outreach activities, prenatal and postpartum counseling, and greater involvement of husbands and family members in reproductive health education.
4. **Local Government Units** should improve access to family planning services by assigning trained family planning providers in all barangays whenever feasible and implementing strategies to reduce transportation-related barriers for mothers living farther from health facilities.

5. **Future researchers** are encouraged to conduct similar studies in other municipalities or provinces using larger and more diverse populations. Future studies may also examine additional determinants of family planning utilization, including cultural beliefs, male partner involvement, health literacy, and long-term continuation of contraceptive use.

ACKNOWLEDGEMENT

I give thanks to God for giving me the patience, endurance, and resources I needed to finish this study.

I owe a huge debt of gratitude to my thesis adviser, Dr. Drexel Heinz M. Cruz, RN, for his academic guidance, constant supervision, enthusiastic encouragement, and prayers throughout the research. I am thankful for him for being the source of knowledge and wisdom and for believing in me when I doubted myself.

I am extremely thankful to all the panel members of the University of Perpetual Help System DALTA – Graduate School, for sharing their immense knowledge, kind assistance, and virtual support to make this research a reality.

Many thanks and appreciations to the Rural Health Unit and Barangay Health Workers of Allen, Northern Samar who have willingly helped me to the utmost of their abilities.

Lastly, my deepest gratitude goes to my family, my partner, and friends, for their love, encouragement, prayers, and continuing assistance and support to complete this research work.

REFERENCES

1. Abejo, J.R., Gulle, J.S., Jr, Montajes, R.S., Jr. (2024). Knowledge, attitude, and practices of contraceptives used among indigenous women of reproductive age in Barangay. *Am J Agric Sci Eng Technol.*, 1–17.
2. Akamike, I.C., Okedo-Alex, I.N., Eze, I.I., Ezeanosike, O.B., & Uneke, C.J. (2020). Why does uptake of family planning services remain sub-optimal among Nigerian women? A systematic review of challenges and implications for policy. *Contraception and Reproductive Medicine*, 5(1), 1–11. <https://doi.org/10.1186/s40834-020-00133-6>
3. Ali, S.M.H.O., Bangcola, A.A., & Lawi, A.J.D. (2022). Exploring the issues, practices, and prospects of family planning among married couples in Southern Philippines. *Belitung Nurs J.*, 8(1), 35-43. <https://doi.org/10.33546/bnj.1939>.
4. Alrawi, Y. (2021). Exploring barriers to family planning service utilization and uptake among women in Iraq. *Eastern Mediterranean Health Journal*, 27(8), 818–825. <https://doi.org/10.26719/emhj.21.015>
5. Alyahya, M.S., Hijazi, H.H., Alshraideh, H.A., Al-Sheyab, N.A., Alomari, D., Malkawi, S., Qassas, S., Darabseh, S., & Khader, Y.S. (2019). Do modern family planning methods impact women's quality of life? Jordanian women's perspective. *Health Qual Life Outcomes*, 17(1), 154. <https://doi.org/10.1186/s12955-019-1226-6>.
6. Ashraf, N., Field, E., Lee, J. (2014). Household bargaining and excess fertility: An experimental study in Zambia. *Amer. Econ. Rev.*, 104 (7), 2210-2237.
7. Asif, M.F., & Pervaiz, Z. (2019). Socio-demographic determinants of unmet need for family planning among married women in Pakistan. *BMC Public Health*, 19(1), 1226. <https://doi.org/10.1186/s12889-019-7487-5>
8. Baritwa, M.S., & Joho, A.A. (2024). Intimate partner violence influences modern family planning use among married women in Tanzania: Cross-sectional study. *BMC Public Health*, 24(1), 421. <https://doi.org/10.1186/s12889-024-17666-z>
9. C.G. Bautista, M., Deo F. Estanislao, R., O.C. Rosales, V., E.C. Yap, M., & V. Reyes, K. (2024). Demand Side Predictors of the Demand and Utilization of Maternal and Family Planning Services of the Philippines' Conditional Cash Transfer Program: A Quantitative Approach. In *Economics of Healthcare - Studies and Cases*. IntechOpen. <https://doi.org/10.5772/intechopen.1004749>.
10. Bhatt, N., Bhatt, B., Neupane, B., Karki, A., Bhatta, T., Thapa, J., Basnet, L.B., & Budhathoki S.S. (2021). Perceptions of family planning services and its key barriers among adolescents and young people

- in Eastern Nepal: A qualitative study. PLoS ONE, 16(5), 1–16. <https://doi.org/10.1371/journal.pone.0252184>
11. Byrne, A., Morgan, A., Soto, E.J., & Dettrick, Z. (2012). Context-specific, evidence-based planning for scale-up of family planning services to increase progress to MDG 5: health systems research. *Reprod Health*, 9(27). <https://doi.org/10.1186/1742-4755-9-27>
12. Chekole, M.K., Kahsay, Z.H., Medhanyie, A.A., Gebreslassie, M.A., & Bezabh, A.M. (2019). Husbands' involvement in family planning use and its associated factors in pastoralist communities of Afar, Ethiopia. *Reproductive Health*, 16(1), 1–7. <https://doi.org/10.1186/s12978-019-0697-6>
13. Cohen N., Mendy F. T., Wesson J., Protti A., Cissé C., Gueye E. B., Trupe L., Floreak R., Guichon D., Lorenzana K., Buttenheim A. (2020). Behavioral barriers to the use of modern methods of contraception among unmarried youth and adolescents in eastern Senegal: A qualitative study. *BMC Public Health*, 20(1), 1–9. <https://doi.org/10.1186/s12889-020-09131-4>
14. de Guzman, A.M., Herrin, A.N., Bautista, N.C., & Escalada, L.D. (2014). Improving local data to deliver high quality maternal and child health and family planning services to the poor in the Philippines. *GSTF J Nurs Health*, 1, 12–20. https://doi.org/10.5176/2345-718X_1.1.2
15. D'Excelle, B. & Ringdal, C. (2022). Women's use of family planning services: An experiment on the husband's involvement. *Journal of Development Economics*, 158, 102915. <https://doi.org/10.1016/j.jdeveco.2022.102915>
16. Dehingia, N., Dixit, A., Atmavilas, Y., Chandurkar, D., Singh, K., & Silverman, J. G. (2019). Family planning counseling and its associations with modern contraceptive use, initiation, and continuation. *PLOS ONE*, 14(8), e0221813. <https://doi.org/10.1371/journal.pone.0221813>
17. Doepke, M., & Tertilt, M. (2018). Women's empowerment, the gender gap in desired fertility, and fertility outcomes in developing countries. *AEA Papers & Proceedings*, 108, 358–362.
18. Engström, E., Målqvist, M., & Niemeyer Hultstrand, J. (2022). Family planning practices and women's impression of the reproductive life plan in Eswatini. *Sexual & Reproductive Healthcare*, 32, 100723. <https://doi.org/10.1016/j.srhc.2022.100723>
19. Espinosa, M.C. (2023). Redefine decision-making through modern family planning methods. Philippine Information Agency. <https://pia.gov.ph/redefine-decision-making-through-modern-family-planning-methods/>
20. Fallon, J.B., & Ijdi, R. (2022). Need for Standardized Measure of Modern Method Availability: Assessment of Indicators Using Health Facility Data from Three Country Contexts. <https://doi.org/10.1111/sifp.12220>
21. Flores, R., Trajera, S.M., & Ching, G.S. (2024). Attitudes and barriers to family planning methods among reproductive-age women in Southern Philippines. *Edelweiss Applied Science and Technology*, 9(2), 1337–1352. <https://doi.org/10.55214/25768484.v9i2.4767>
22. Hassan, R., Bhatia, A., Zinke-Allmang, A., Shipow, A., Ogolla, C., Gorur, K., & Cislighi B. (2022). SSM – qualitative research in health navigating family planning access during Covid-19: A qualitative study of young women 's access to information, support and health services in periurban Nairobi. *SSM – Qualitative Research in Health*, 2, 100031. <https://doi.org/10.1016/j.ssmqr.2021.100031>
23. Joesoef, M.R., Baughman, A.L., & Utomo, B. (2016). REPRTS husband's approval of contraceptive use in metropolitan Indonesia: Program implications. 19(3), 162–168.
24. Kanakuze, C.A., Kaye, D.K., Musabirema, P., Nkubito, P., & Mbalinda, S N. (2020). Factors associated with the uptake of immediate postpartum intrauterine contraceptive devices (PPIUCD) in Rwanda: A mixed methods study. *BMC Pregnancy and Childbirth*, 20(1), 1–11. <https://doi.org/10.1186/s12884-020-03337-5>
25. Kassim, M., & Ndumbaro, F. (2022). Factors affecting family planning literacy among women of childbearing age in the rural Lake zone, Tanzania. *BMC Public Health*, 22(1), 1–11. <https://doi.org/10.1186/s12889-022-13103-1>
26. Katz-Buonincontro, J. (2024). Convergent mixed methods designs. In J. Katz-Buonincontro, *How to mix methods: A guide to sequential, convergent, and experimental research designs* (pp. 73–82). American Psychological Association. <https://doi.org/10.1037/0000404-005>
27. Keller, S. (2018). Maternal health care: Policies, technical standards and services accessibility in eight countries in the western Pacific region. World Health Organization, Regional Office for the Western Pacific.

28. Komasaawa, M., Yuasa, M., Shirayama, Y., Sato, M., Komasaawa, Y., & Alouri M. (2020). Demand for family planning satisfied with modern methods and its associated factors among married women of reproductive age in rural Jordan: A cross-sectional study. *PLoS ONE*, 15(3), 1–14. <https://doi.org/10.1371/journal.pone.0230421>
29. Konlan, K.D., Adedia, D., Nyande, F.K. (2025). Factors Associated With the Utilization of Family Planning Among Young Adults. A Comparative Cross-Sectional Study in the Kassena Nankana Municipality, Ghana. *J Child Adolesc Psychiatr Nurs.*, 38(4):e70038. doi: 10.1111/jcap.70038.
30. Lasong, J., Zhang, Y., Gebremedhin, S.A., Opoku, S., Abaidoo, C.S., Mkandawire, T., Zhao, K., & Zhang, H. (2020). Determinants of modern contraceptive use among married women of reproductive age: A cross-sectional study in rural Zambia. *BMJ Open*, 10(3), 1–10. <https://doi.org/10.1136/bmjopen-2019-030980>
31. Marquez, M.P., Kabamalan, M.M., & Laguna, E. (2018). Traditional and modern contraceptive method use in the Philippines: trends and determinants 2003-2013. *Stud Fam Plann.*, 49, 95-113. <https://doi.org/10.1111/sifp.12051>
32. Massenga, J., Noronha, R., Awadhi, B., Bishanga, D., Safari, O., Njonge, L., Kim, Y.M., van Roosmalen, J., & van den Akker, T. (2021). Family planning uptake in kagera and mara regions in Tanzania: A cross-sectional community survey. *International Journal of Environmental Research and Public Health*, 18(4), 1–16. <https://doi.org/10.3390/ijerph18041651>
33. McCarthy, A.S. (2019). Intimate partner violence and family planning decisions: Experimental evidence from rural Tanzania. *World Dev.*, 114, 156-174.
34. Mrinkaya, P.M., Mutunga-Mwenda, C., & Karonjo, J. (2021). Determination of Level of Knowledge on Modern Methods of Family Planning among Women of Reproductive Age (18 - 49 Years) at Mathare North Health Center in Nairobi County, Kenya. *Open Journal of Nursing*, 11, 407-421. <https://doi.org/10.4236/ojn.2021.115035>.
35. Muanda, M.F., Ndong, G.P., Messina L.J., & Jane T. (2017). Barriers to modern contraceptive use in rural areas in DRC. *Culture, Health & Sexuality*, 1058, 1–13. <https://doi.org/10.1080/13691058.2017.1286690>
36. Mulatu, T., Sintayehu, Y., Dessie, Y., & Deressa, M. (2020). Modern Family Planning Utilization and Its Associated Factors among Currently Married Women in Rural Eastern Ethiopia: A Community-Based Study. *Biomed Res Int.*, 6096280. <https://doi.org/10.1155/2020/6096280>.
37. Nagai, M., Bellizzi, S., Murray, J., Kitong, J., Cabral, E.I., & Sobel, H.L. (2019). Opportunities lost: barriers to increasing the use of effective contraception in the Philippines. *PLoS One.*, 14:e0218187. <https://doi.org/10.1371/journal.pone.0218187>
38. Naidoo, K., & Jenkins, L.S. (2023). Nurses' and patients' experiences of family planning services in a rural district. South Africa. *Afr J Prim Health Care Fam Med.*, 15(1), e1-e11. <https://doi.org/10.4102/phcfm.v15i1.3732>.
39. Nakirijja, D.S. (2018). Socio-economic determinants of access to and utilization of contraception among rural women in Uganda. 1–20. <https://doi.org/10.21767/1791-809X.1000608>
40. Ndayizigiye M., Fawzi M. C. S., Lively C. T., Ware N. C. (2017). Understanding low uptake of contraceptives in resource-limited settings: A mixed-methods study in rural Burundi. *BMC Health Services Research*, 17(1), 1–12. <https://doi.org/10.1186/s12913-017-2144-0>
41. Ngole, B.E., & Joho, A.A. (2025). Factors Influencing Modern Family Planning Utilization and Barriers in Women of Reproductive Age in the Iringa Region, Tanzania: A Mixed-Methods Study. *SAGE Open Nursing*, 11. <https://doi.org/10.1177/23779608251313897>
42. Nkuzimana, E., Ndorero, A., & Nyandwi, J. (2021). Uptake of modern contraceptive methods among Burundian women and associated factors: Analysis of demographic and health survey data, Burundi 2016–2017. *The East African Health Research Journal*, 5(1), 75.
43. Norton, A., & Shilkofski, N.A. (2022). Midwives' Perspective on Family Planning with Pregnant and Postpartum Women in the Philippines' Mindanao Region: A Qualitative Study. *Cureus Journal of Medical Science*, 14(6): e26473. <https://doi.org/10.7759/cureus.26473>
44. Pambid, R.C. (2016). Factors influencing mothers' utilization of maternal and child care (MCC) services. *Asia Pac J Multidiscip Res.*, 3(13).

45. Perry, R., Sharon Oteng, M., Haider, S., & Geller, S. (2107). A brief educational intervention changes knowledge and attitudes about long acting reversible contraception for adolescents in rural Ghana. *J Pregnancy Reprod.*, 1(1). <https://doi.org/10.15761/JPR.1000106>.
46. PhilAtlas (2025). Allen: Province of Northern Samar. <https://www.philatlas.com/visayas/r08/northern-samar/allen.html>
47. Philippine Department of Health (2017). 3rd Annual Report on the Implementation of the Responsible Parenthood and Reproductive Health Act of 2012. Retrieved from <https://doh.gov.ph/node/10872>
48. Rademacher, K.H., Sergison, J., Glish, L., Maldonado, L.Y., Mackenzie, A., Nanda, G., & Yacobson, I. (2018). Menstrual Bleeding Changes Are NORMAL: Proposed Counseling Tool to Address Common Reasons for Non-Use and Discontinuation of Contraception. *Glob Health.*, 6(3), 8.
49. Silverman, J.G., Challa, S., Boyce, S.C., Averbach, S., & Raj, A. (2020). Associations of reproductive coercion and intimate partner violence with overt and covert family planning use among married adolescent girls in Niger. *EClinicalMedicine*, 22, 100359.
50. Sundararajan, R., Yoder, L.M., Kihunrwa, A., Aristide, C., Kalluvya, S.E., Downs, D.J., Mwakisole, A.H., & Downs, J.A. (2019). How gender and religion impact uptake of family planning: Results from a qualitative study in Northwestern Tanzania. *BMC Women's Health*, 19(1), 1–10. <https://doi.org/10.1186/s12905-019-0802-6>
51. Trisolini, M., Javier, M.E., Jabar, M., Rodriguez, C., Varquez, J., Danganan, O.D., Benabaye, R.M., Reynaldo, C.A., Conti-Lopez, M.A., Dela Rosa, J.J., Mendoza, O., Dasmarinas, E., Stan, L., Bisson, C., & Oliveros, Y. (2023). Improving the quality of family planning services in the Philippines: Barriers and opportunities. *The International Journal of Health Planning and Management*, 38(6), 1629-1643.
52. Tsegaw, M., Mulat, B., & Shitu, K. (2022). Modern contraceptive utilization and associated factors among married women in Liberia: Evidence from the 2019 Liberia demographic and health survey. *Open Access Journal of Contraception*, 13, 17–28. <https://doi.org/10.2147/OAJC.S350117>
53. United Nation (2016). The Sustainable Development Goals Report 2016. New York: 2016.
54. United Nations Department of Economic and Social Affairs (2015). Trends in Contraceptive Use Worldwide 2015 (ST/ESA/SER.A/349) United Nations, Department of Economic and Social Affairs, Population Division; 2015. Population Division (2015) Trends in Contraceptive Use Worldwide 2015.
55. USAID (2014). The usapan as a behavior change tool for family planning. <https://www.behaviourchange.net/docs/visioning-example-from-prism2-philippines.pdf>.
56. Vishwakarma, M., & Shekhar, C. (2022). Covert use of reversible contraceptive methods and its association with husband's egalitarian gender attitude in India. *BMC Public Health*, 22(1), 1–13. <https://doi.org/10.1186/s12889-022-12882-x>
57. Wood, S.N., Kennedy, S.R., Akumu, I., Tallam, C., Asira, B., Hameeduddin, Z., McGready, J., Zimmerman, L.A., Kennedy, C.E., Glass, N., & Decker M. R. (2020). Reproductive coercion among intimate partner violence survivors in Nairobi. *Studies in Family Planning*, 51(4), 343–360. <https://doi.org/10.1111/sifp.12141>.
58. World Health Organization [WHO] (2018). Family planning/Contraception. <https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>
59. World Health Organization. (2023). Family planning/contraception methods. <https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>
60. World Health Organization [WHO] (2025). Family planning/contraception methods. <https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>
61. Zimmerman, L.A., Sarnak, D.O., Karp, C., Wood, S.N., Moreau, C., Kibira, S.P.S., & Makumbi, F. (2021). Family planning beliefs and their association with contraceptive use dynamics: Results from a longitudinal study in Uganda. *Stud. Family Plan.*, 52(3), 241-258.

APPROVAL SHEET

This dissertation entitled:

“The Impact of Human Resource for Health in Modern Family Planning Utilization in

Allen, Northern Samar”

prepared and submitted by

Erica Farra Amor Doncillo

in partial fulfillment of the requirements for the degree of

Master of Arts in Nursing

has been **examined and recommended for acceptance and approval** by the Oral Examination Committee of the **University of Perpetual Help System DALTA – Graduate School**.

Drexel Heinz M. Cruz, PhD, RN

Adviser

Oral Examination Committee

JON-JON T. MARTINEZ, PhD, RN

Chairperson

AIZA VIOLET B. ALFARO, PhD, RN

Member

ARNOLD M. MANIEBO, DNS, RN

Member

Approved with a final rating of **97**

Approved for the Graduate School

Dr. Eduardo C. Zialcita

Dean, Graduate School

Scan to access the **Official UPHSD Graduate School Digital Certification Record**

APPENDIX A

Consent Form For Participation In Research

Title of Study: The Impact of Human Resource for Health in Modern Family Planning Utilization in Allen, Northern Samar

Researcher: Erica Farra Amor Doncillo, RN

Contact Information:

Email:

You are being invited to participate in a research study about the impact of human resource for health in modern family planning utilization. This consent form provides you with information about the research study. Please read the form carefully and ask any questions or raise any concerns, if you have any.

Purpose of the Study:

This study aims to determine the role of nurses and midwives in influencing the utilization of family planning services among mothers particularly in the municipality of Allen, Northern Samar. In order to support initiatives to enhance reproductive health outcomes via nursing and midwifery practice, this study intends to investigate

how mothers' use of family planning services in Allen, Northern Samar, is influenced by the availability, methodology, and caliber of services offered by nurses and midwives..

What You Will Be Asked to Do in the Study:

If you agree to participate in this study, you will be asked to:

- Complete a questionnaire about your demographic background, utilization of modern family planning services, perception of human resources for health services, and the challenges in modern family planning services.
- Participate in an interview or focus group discussion (FGD) to discuss your experiences in more depth (optional).
- Your participation will require approximately 15-20 minutes of your time for answering the survey and 30-45 minutes for the interview or FGD.

Risks and Benefits:

Risks: The risks associated with participation are minimal and are similar to those encountered in everyday life. However, discussing experiences related to family planning may cause discomfort or stress especially when talking about individual differences.

Benefits: While there may be no direct benefits to you, your participation will contribute valuable information that could lead to develop better methods for increasing mothers' use of family planning services, which could influence regional health policies and initiatives.

Confidentiality:

Your responses will be confidential. The study records will be kept in a secure place and soft copies will be kept in a password-protected device. All records of survey answers and interviews will be stored anonymously, identified only by a participant number. Results of the study will be used for scholarly purposes only and may be published in journals or conferences, but no information will be shown that could personally identify each participant, all results will be generalized.

Participation and Withdrawal:

Your participation in this study is completely voluntary, and you are free to withdraw at any time without any consequences.

Consent:

I have read the above information, and I have received answers to any questions I asked. I consent to participate in the study.

Please indicate your agreement by signing below.

Participant's Name (printed): _____

Participant's Signature: _____

Date: _____

Researcher's Signature:

Researcher's Name (printed): _____

Researcher's Signature: _____

Date: _____

A copy of this consent form has been provided to you to keep.

Appendix B

Quantitative Research Tool

A researcher-made structured questionnaire will be developed and administered to mothers of reproductive age. It will consist of four parts:

Part I: Demographic Profile

This section gathers information on: Age, Educational attainment, Monthly family income, Number of children, and Marital status. Please check the box of your answer.

1. Age

☐ 15 to 20

☐ 21 to 30

☐ 31 to 40

☐ 41 to 50

2. Educational Attainment:

☐ No formal education

☐ Elementary graduate

☐ High school graduate

☐ Vocational/Technical

☐ College graduate

☐ Postgraduate

3. Monthly Family Income:

☐ Below ₱5,000

☐ ₱5,001 – ₱10,000

☐ ₱10,001 – ₱15,000

☐ ₱15,001 – ₱20,000

☐ Above ₱20,000

4. Number of Children:

- ☐ 1 only
- ☐ 2-5
- ☐ 6 and more

5. Marital Status:

- ☐ Single
- ☐ Married
- ☐ Widowed
- ☐ Separated
- ☐ Live-in partner

Part II: Utilization of Modern Family Planning Services

Please answer by checking the appropriate box or writing your response.

1. Are you aware of modern family planning methods?

- ☐ Yes
- ☐ No

2. Have you ever used any modern family planning method?

- ☐ Yes
- ☐ No

3. What type(s) of modern FP method are you currently using or have used? (You may check more than one)

- ☐ Pills
- ☐ Injectables
- ☐ IUD (Intrauterine Device)
- ☐ Condom
- ☐ Implant
- ☐ Tubal ligation
- ☐ Others: _____

4. Where did you first hear about family planning?

☐ Health worker (nurse/midwife)

☐ Family or friends

☐ Television/radio

☐ Social media

☐ School

☐ Church or religious group

☐ Others: _____

5. How often do you visit a health facility for family planning services?

☐ Regularly (every month or per schedule)

☐ Occasionally (once or twice a year)

☐ Only when needed

☐ Never

6. How long have you been using family planning?

☐ Less than 6 months

☐ 6 months to 1 year

☐ 1–3 years

☐ More than 3 years

7. Who influenced your decision to use family planning?

☐ Self

☐ Partner/spouse

☐ Nurse/midwife

☐ Parent or relative

☐ Religious leader

☐ Others: _____

8. Do you plan to continue using family planning in the future?

☐ Yes

☐ No

☐ Undecided

9. Have you experienced any side effects from using FP methods?

☐ Yes (please specify): _____

☐ No

10. Do you find it easy to access family planning services in your area?

☐ Yes

☐ No

Part III: Perception of Human Resources for Health Services

Utilizes a 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree) to assess:

1. Health workers are available when I need family planning services.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

2. Nurses and midwives explain family planning clearly.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

3. I feel comfortable discussing reproductive health with health providers.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

4. I trust the advice given by nurses/midwives.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

5. Health workers respect my choices about family planning.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

6. Counseling provided during FP visits is helpful and informative.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

7. Nurses/midwives follow up with me about my family planning use.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

8. The clinic environment is private and safe for FP consultations.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

9. Nurses/midwives are friendly and approachable.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

10. I feel satisfied with the overall service from health workers regarding family planning.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Part IV: Enabling and Challenging Factors

Please indicate how much you agree with the following statements.

Scale: 1 = Strongly Disagree | 2 = Disagree | 3 = Neutral | 4 = Agree | 5 = Strongly Agree

1. Long distance to health facilities makes it hard to access FP services.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

2. Transportation cost is a barrier to accessing family planning services.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

3. Religious beliefs affect my decision to use family planning.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

4. My partner supports my use of family planning.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

5. I receive encouragement from health workers to use family planning.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

6. I feel judged when I seek family planning services.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

7. I have enough information to choose the right family planning method for me.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

8. My family members support my decision to use family planning.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

9. Lack of privacy at the clinic makes me hesitant to access FP services

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

10. Cultural expectations in my community discourage the use of family planning.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

11. Government programs and campaigns encourage the use of family planning in my area.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

12. I find family planning services affordable and accessible.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Appendix C

Qualitative Instrument: Interview Guide

For the qualitative component, a semi-structured interview guide will be used during in-depth interviews or focus group discussions (FGDs) with selected mothers and key informants (nurses/midwives).

Questions for Mothers:

1. Can you describe your experience receiving family planning services from nurses or midwives?
 - What was positive or negative about the experience?
2. What factors influence your decision to use (or not use) family planning methods?
 - Did anyone support or discourage your decision? Why?
3. How would you describe the way nurses or midwives counsel and explain family planning options to you?
 - Did you feel well-informed and understood? How?
4. How comfortable do you feel discussing family planning with health providers? Why or why not?
5. What factors help or encourage you to continue using family planning?
Examples: Support from family, helpful health workers, ease of access?
6. In your opinion, what could be improved in the delivery of family planning services in your area?
7. How has your use (or non-use) of family planning affected your life, family, or health?

B. For Key Informants (Nurses/Midwives)

1. Can you describe your role in providing family planning services to mothers in this community?
2. What family planning methods are most commonly requested or used in your facility? - Why do you think that is?
3. How do you usually counsel mothers about their family planning choices?
 - What strategies do you use to ensure they understand their options?
4. What challenges do you face in delivering family planning services? *Examples:* Supply issues, client refusal, time constraints?
5. What are cultural or religious beliefs that you think affect how mothers receive or accept family planning services?
6. What factors enable you to effectively deliver these services? *Examples:* Training, teamwork, support from local government?
7. How do you build trust and rapport with mothers when discussing sensitive topics like family planning?
8. In your opinion, what improvements can be made to increase family planning uptake and satisfaction in this area?

Appendix D

Transcript of Interviews

Key Informants (Nurses/Midwives)

KII: Midwife

1. Can you describe your role in providing family planning services to mothers in this community?

Madali ko mahikayat an mga client dahil sa paliwanag palang dapat malinaw na, yung pagbibigay mo pa lang ng payo tungkol sa family planning ay dapat meron sapat na kaalaman ang isang health care provider na katulad ko.

2. What family planning methods are most commonly requested or used in your facility? - Why do you think that is?

Yung top 3 talaga ay pills, injectables at implant. Kasi itong top 3 ang common at madaling ma-access sa area. For example, implant madali an insertion basta scheduled sya, ang pills ang pinakamadali ma avail since handy sya at iinumang lang sa specific time, ang injectables naman same sa implant isang injection lang din sa isang visit kada tatlong buwan.

3. How do you usually counsel mothers about their family planning choices?

- What strategies do you use to ensure they understand their options?

First, pinapakinggan ko muna ang mga needs nila and mga choices nila ng family planning method, yung history ng pag take or use nila ng family planning before or kung wala pa talaga. Saka ko na i-explain sa kanila kung ano ang different modern family planning methods, kailangan papakinggan mo muna mga needs nila, hindi pwedeng ipilit mo sa kanila yung fp method para maiwasan na din ang future drop outs kasi di nila nagustuhan yung choice nila, dapat choice talaga nila ang fp method hindi pinilit. Kung meron silang mga duda sa fp method, kailangan i-explain mo sa kanila yung mga advantages and disadvantages ng pag gamit ng family planning.

Yung best strategy is ensure na naexplain mo sa kanila ng maayos and ipapa-express mo sa kanila kung naintindihan ba nila yung counselling. Dapat active listener ka sa kanila and magbigay ng example ng successful stories ng fp use. During counselling din dapat malakas and clear ang voices while giving health information para mas maintindihan ng client while you are giving out different options.

4. What challenges do you face in delivering family planning services? Examples: Supply issues, client refusal, time constraints?

Yung experience ko is that yung mga nanay is pupunta ng bahay instead of hihingi ng fp commodities sa mismong health center gawa siguro ng available time nila. Since same location ang barangay health station and residential house namin. Kaysa mabuntis, binibigyan ko na lang and bago bigyan sinasabihan ko ng ultimatum na dapat sa health center talaga sila kumuha ng fp commodities. Challenge din yung mga clients na pa iba iba ng fp method, pinapaliwanagan mo ng maayos each method pero meron din mga clients talaga na pagkatapos gumamit ng pills halimbawa babalik ng dmpa tapos after 3 months pills uli, hirap din sap ag record kapag ganon.

5. What are cultural or religious beliefs that you think affect how mothers receive or accept family planning services?

Sa ngayon parang open minded na mga mothers ngayon, hindi na katulad ng dati nung bago pa lang ako sa profession na mahirap sila mag avail ng fp method.

6. What factors enable you to effectively deliver these services? Examples: Training, teamwork, support from local government?

Number one is meron supply para effectively maka deliver ng services. Yung pagpunta nila ng health center ay available na ang commodity, mahalaga na consistent ka sa kanila para hindi tamarin ang mga nanay sa pagpapatuloy ng pag gamit nila ng family planning.

7. How do you build trust and rapport with mothers when discussing sensitive topics like family planning?

Kailangan maging attentive ka sa kanila, makinig at umunawa ng mabuti sa mga pangangailangan nila pagdating sa usapin ng family planning. Importante na approachable ka at madaling kausap. Let them speak of their own choices.

8. In your opinion, what improvements can be made to increase family planning uptake and satisfaction in this area?

Siguro gumawa ng small group na para sa family planning, identify natin kung anong purok yung mababa yung contraceptive prevalence rate. Hikayatin din yung mga buntis at bagong panganak through session during prenatal and postpartum visit. Sa ngayon kasi Malaki na pinagbago unlike before na lagi ako nagreremind sa kanila na mga nanay na mag avail ng family planning, ngayon kasi informed na ang mga nanay na mabuti ang family planning gamitin pagkatapos manganak at gusto ng spacing.

KI2: Midwife

Q1.

Yung role ko bilang isang health worker assigned sa BHS Lipata, ako yung nag guide or counselling sa mga nanay lalo na fp. Yung importansya ng fp, pati ang pagplano san fp yung benefits ng fp. Hindi yung ipupush yung hindi na magkaanak talaga kasi sa kanila iyon, sa akin yung counselling na ma guide sila paano ang pagplano ng pamilya na hindi sila mahirapan dahil sa pagdami ng mga anak o magiging dagdag obligasyon nila. Sabi pa nga informed choice kung ano ba talaga yung gusto nila i-avail at mga bagay na pwede sa kanila

Q2.

Pills. Kahit saan talaga madali kasing i-avail or accessible sa kanila ang fp method na ito dahil pwedeng kunin sa health center o pwedeng bilhin. Pero sa isang barangay ko na maliit lang ang population, malakas siguro ang influence ng mga nanay na nauna nang gumamit ng fp method kasi more on implant and dmpa sila.

Q3.

In my experience is para mainfluence ko sila na gumamit. More on interview mo muna sya kung napag usapan ba nilang mag asawa nagagamit sila ng fp method, bakit ito yung napili nya or nila. Kasi madalas bago pa sila magseek ng counselling is meron na sila idea or gusto na fp method. So ako, I educate them before magbigay ng commodity. Dapat clear sa kanila yung mga advantages at disadvantages. From then, nag iiba din yung choice nila after mabigyan sila ng explanation kung bakit ito hindi pwede sa kanya, or pwede sa kanya. Dapat maensure mo talaga na naintindihan ng nanay para maiwasan yung drop outs.

Q4.

Yung mga changing method, yung mga current user na pa iba iba ng gusto ng method within a certain period of time. Kahit kasi nailatag mo na sa kanila, depende sa experience ng nanay like side effects dun sila madalas nagiging drop out kung hindi nameet ang expectation nila sa fp method.

Q5.

So far wala akong naencounter na problem related sa cultural or religious beliefs kasi ngayong informed choice na sila bago pa sila pumunta ng health center.

Q6.

Siguro yung availability mismo ng health care provider, like me. Kasi kung nandyan ka sa community mabibigyan mo sila ng fp service, para maiwasan na bumili sila ng fp commodities since available at libre naman sa health center natin. Regular meeting din sa mga BHWs natin para ma monitor yung mga fp users natin

Q7.

Usually sa encounter cleints ,mag tatanong din kasi sila kungpapano mag avail. Dapat makipagkwntuhan ka muna sa kanila, alamin mo mga gusto nila, makinig ng mabuti, dun mo makukuha trust nya. Nakakataba ng puso na after mag avail is magpapasalamat sila sayo.

Q8.

For me, kailangan siguro I gather sila na mga nanay especially yung mga nanay na mga nag drop outs. As a group yung madaming magcounsel yung mga future and present fp user. Ibalik siguro yung usapan session yung during prenatal at immunization na meron fp counselling during these activities, kaso NGO nag fund nun.

KI3. Nurse

Q1.

As trained fp provider. Magbigay ng tamang info about sa fp syempre yung decision sa kanila naman. As a provider need mo ilatag lahat ng information regarding sa family planning, as per sa training huwag mong ibigay or pilitin na ito dapat yung fp method na gamitin, dapat siya mag decide ng para sa kanya talaga. Explain mo yung advantages and disadvantages ng fp method

Q2.

DMPA. Kung pills kasi madali silang makalimot, yung implant naman masyadong matagal ang pag gamit 3 years, what if hindi nila magustuhan ang mga side effects and mahirap tanggalin ang implant, so yung DMPA parang in between siya, 3 months wala kang iisipin na iinumina araw-araw.

Q3.

First, isa isahin mo yung different kinds of fp method, yung pag gamit, side effects, tapos kung saan sila magiging comfortable gamitin in the long run. Actually, meron na silang choice of fp method before mag seek ng counselling regarding sa fp, tinatanong ko sila bakit meron na silang idea sa ganitong method (ex. Pill or injectables), nalaman daw nila sa mga kakilala, family members or even kapitbahay. Kumbaga, kakausapin mo sila pero meron silang informed choice.

Q4.

Wala naman problema sa supplies. Pero nakikita kong challenge yung sa mismong mothers who are using fp method gawa ng nakakalimutan nila bumalik or walang pamasahang papunta dito sa center.

Q5.

Wala naman ako naecounter na religious beliefs pero nagkakaproblema minsan sa tsimis din talaga, like exposed na tayo sa readily information sa social media. Meron akong isang client na nakapanood ng tiktok video na hindi naging successful ang kanyang implant, so yung client ko na nakapanood nun nadiscourage sya na mag continue ng implant method nya, although nag avail naman ng ibang method pero hindi na nya pinursue yung implant method

Q6.

Number 1 is meron kang knowledge para makapagbigay kaalaman ka sa client about sa family planning. Yung mga co health workers ko din na trained sa family planning malaking tulong din since bago pa lang ako sa program, napatatanungan ko sila anong effective fp method sa ganitong client (breastfeeding mom, client with high blood pressure). Yung supply naman natin is from PHO so enough sya to deliver fp services.

Q7.

Kailangan mo naman na maging friendly ka sa kanila, importanteng active listener ka and hind magtataray agad sa client. Malakign tulong din nakikilala tayo ng client natin bago pa sya mag avail ng fp method

Q8.

Advocacy din yung need ng improvement sa fp planning program sa barangay level talaga during prenatal and immunization and kung meron man advocacy activity dapat kasama ang mga asawa para hindi lang nanay ang mag dedecide ng family planning method na gusto nila. Since sa client satisfaction nila is for sure okay naman since nabibigay natin yung choice nilang method.

KI4: Nurse

1. Can you describe your role in providing family planning services to mothers in this community?

Bilang isang trained family planning provider, yung role ko is magbigay ng tamang information about sa family planning at nag popromote din ng pag gamit ng family planning para matulungan ang mga nanay or pamilya tungkol sa spacing at birth control. As per training kasi, mga trained lang sa family planning method ang pwedeng magbigay ng fp method

2. What family planning methods are most commonly requested or used in your facility? - Why do you think that is?

Madalas po ngayon ang injectables dahil mas matagal ng konti ang pag gamit kaysa sa pills at mas maikli kaysa sa implant. Sumunod ang pill at implant. Sa tingin ko mas convenient din ang injectables sa mga fp user na malalayo ang lugar, every 3 months lang ang visit at isahang injection lang di, hindi katulad ng pills na araw-araw iinumina at yung implant naman na mas matagal gamitin at mahirap alisin kapag hindi nagustuhan ang side effects

3. How do you usually counsel mothers about their family planning choices?

- What strategies do you use to ensure they understand their options?

Sa experience ko po sa pag-counsel ng mga nanay ay importanteng tanungin muna ang kailangan ng potential client, kung gusto ba niya ng maikling duration ng paggamit o pangmatagalan. Diyan po kasi papasok ang needs ng client. Unang-unang gagawin ay pakinggan ang needs nila, kung ano yung preferred choice nila. Kapag napakinggan mo na sila, saka mo na ilalatag yung iba't ibang uri ng family planning method. Sa training kasi namin, mahalaga na dapat alam ng client yung mga pagpipilian nila na fp method kahit na meron na siyang preferred choice. Ito ay para merong transparency at health education na din. Para malaman ko naman kung naiintindihan nila ang fp session ay tinatanong ko sila kung ano yung mga nabanggit ko, pinapaulit ko sa kanila yung mga nalaman nila.

4. What challenges do you face in delivering family planning services? Examples: Supply issues, client refusal, time constraints?

Sa ngayon yung challenge talaga is makadagdag pa ng mga new acceptors and current users ng family planning. Malaking percentage pa din talaga ng women of reproductive age and meron na mga pamilya ang hindi gumagamit ng family planning method. Challenge din po yung mga current users na hindi na bumabalik sa due date or visit nila dahil sa iba't-ibang rason katulad ng side effects at ayaw ng asawa na magpatuloy. Pangatlo ay mahirap din hikayatin yung mga nanay na bumibili ng pills na dito na kumuha sa center sa kadahilanan na hindi tugma yung mga available time nila sa operating hours ng health facility.

5. What are cultural or religious beliefs that you think affect how mothers receive or accept family planning services?

Sa experience ko po wala naman ako na-encounter na mga paniniwala na nagpapahinto sa kanila, siguro yung mga nababasa nila or napapanood sa mga social media pati na din ang mga feedback ng mga fp users na din kung hindi maganda ang side effects sa kanila

6. What factors enable you to effectively deliver these services? Examples: Training, teamwork, support from local government?

Unang una proper knowledge sa family planning, effective communication sa client at availability ko sa panahon na kailangan ng mga nanay ng fp service. Malaking tulong din ang sapat na supply ng family planning contraceptives katulad ng pills, injectables at implant.

7. How do you build trust and rapport with mothers when discussing sensitive topics like family planning?

Sa akin kasi simula prenatal hanggang immunization, kinakausap ko ang mga nanay tungkol sa family planning, sinasama ko sya sa session pero hindi ganon ka comprehensive ang explanation. Madalas talaga nagtatanong na ang mga nanay about sa family planning kaya hindi na mahirap kumbinsihin.

8. In your opinion, what improvements can be made to increase family planning uptake and satisfaction in this area?

Para sa akin, mas madagdagan pa ang mga trained na health workers (nars o midwife) dahil policy talaga na hindi pwedeng magbigay ng fp method ang mga hindi trained sa family planning. Kung minsan kasi nagsasabay ang mga training ng mga trained sa family planning, hindi available kaya bumibili na lang sa pharmacy yung mga potential fp client. Isa din na mas marami pa ang advocacy tungkol sa family planning, mas marami pang family planning day na sponsored ng LGU para mas maraming mahikayat na gumamit ng fp method.

M1

Q 1. I go to the center to get my supply of pills. So far, I have not had any negative experience with the health workers because they are approachable and the service they give is hassle-free, and you do not have to wait longer as they give you your supplies immediately.

Q2.

What influenced me was that I easily get pregnant every after 2 years, I am worried about getting pregnant again because we want to plan for our family. It is also my decision to avail family planning services, and my family is supportive of it.

Q3.

From what I remember, the nurse explained all the options and stated the side effects that I would experience. It was loud and clear, especially with the instructions given.

Q4.

I am 100% comfortable talking with the nurses and midwives regarding family planning since they are knowledgeable about that topic

Q5.

It is because the supply is available that is why I get to continue taking the contraceptive pill, and that

Q6.

For me, I do not see that there is need to have improvement since I get my supply easily.

Q7.

It helped me greatly in managing our household since I get to focus on caring for my family. If it weren't for family planning use, maybe I would have many children in this economy.

M2

Q1.

For me, I didn't encounter any problems getting my injection from the health center; nurses/midwives are approachable and accommodating

Q2.

I was encouraged to use a family planning method, we want to practice birth spacing, and to focus first on my firstborn, since I delivered my daughter by cesarean section. I never received any negative opinion to stop me from using any form of family planning method. I was told by my neighbor that I should use the first injectable before getting an implant to see if I can adjust to the side effects.

Q3.

The counselling was clear. It was explained to me the advantages of using a contraceptive method

Q4.

I'm very comfortable talking to the nurse or midwives about family planning methods because they are approachable and give me advice whenever I have a concern about using a contraceptive method

Q5.

It was the support of my family that I continued to use modern family planning methods, and the distance from our house does not hinder me from continuing my family planning journey.

Q6.

So far I am contented of what the health center and health workers offer me.

Q7.

Since I started using injectables, I felt like I had weight loss, but it was not a big deal for me. Using contraceptives has greatly improved our lives, especially since I don't have to worry about getting pregnant without planning first, and it has given me time to focus on my child.

M3

Q1. So far, I do not have any negative experience with regard to getting my contraception in the health center. All nurses and midwives who are providers of family planning methods accommodate me well. I don't have to sit longer since the service was given to me immediately.

Q2. For me to limit the number of our children, since in today's economy, where everything and prices are going up, it is important for us to use family planning methods. It was my own decision to use contraception, since I was advised by one of the midwives to use contraception since I already have 4 children.

Q3. I have a great experience in receiving information regarding family planning since the midwife has clearly elaborated the options to me. I understood it clearly and immediately, and they see to it that I understand it by making me repeat the information and instructions that they have given.

Q4.

I am comfortable enough since I've known the nurse and midwife when I was pregnant until the immunization of my child. It's comforting that they are friendly and accommodating every time I raise concerns in my family planning journey.

Q5.

It is the easy access, although the center is a distance from our house and requires transportation, sometimes I do not think the tricycle fare is worth it just to comply with my injectables.

Q6.

I do not know about improvements since I am satisfied with the way the services are delivered.

Q7.

How has your use (or non-use) of family planning affected your life, family, or health?

By using contraception, it has a good contribution in our family and everyday life since we have decided that we need to focus on our family, and by focusing is to limit the number of children since nowadays prices are getting higher.

M4

Q1.

I have been using family planning for 14 years, and I get services at the health center. Since I started, I have not encountered any difficulty in communicating with the nurses or midwives, since they are polite and accommodating

Q2.

What pushed me to use a family planning method is to limit the number of children since my husband is the only one who works for us. And I did not get any encouragement from my family, but rather it's my choice to use contraception, my husband is also aware of it, and did not mind at all.

Q3.

It was years ago since I started. From what I've remembered, it was clearly discussed to me by the midwife, who then gave some advice between my visit to the health center. I understood it right away, but sometimes I forgot to ask some questions, but the midwife was accommodating and answered all my inquiries.

Q4.

I am okay with sharing my thoughts with them since they advocate for family planning during my prenatal, and now that I use a family planning method, they still follow up every time I visit the center

Q5.

My husband is aware and supports the decisions I make, especially in family planning. It is also helpful that modern family planning is accessible in our area.

Q6.

In any case, maybe a more barangay approach to delivery of service since the health center is at a distance from our barangay, although I do not have any problem accessing it easily since the injectables are readily available at the health center.

Q7.

Though I am experiencing some side effects, such as headache, the overall experience is good since I do not have to worry about pregnancy. We can focus on our livelihood and the needs of our children as well.

M5

Q1.

When I visit the health center for my injection, the nurse or midwife accommodates me right away. If they don't have any patients, I get my shot as quickly as possible, and the health workers are nice to chat with.

Q2.

The reason why I used a family planning method is that I need to find a job as early as possible to help my husband with the expenses; we have 6 children, and that influenced me to limit and use contraception. My partner discouraged me from using contraception because he was afraid of the side effects, but eventually understood the reason why we need to use a family planning method.

Q3.

They actually explained it well since the nurse actively discussed modern family planning methods from prenatal up to immunization. I understood the discussion as well since they use simple words and not medical terms for us to understand the options well.

Q4.

I am comfortable enough to discuss my queries with the health providers; I just limit what I share with them. I do ask them about the experience I felt like cramps in the pelvic area, if it's still a side effect of my contraception

Q5.

To continue my family planning journey, the injectable is available here at the center and can be accessed right away if the provider is present.

Q6.

I am content so far with the services given since the transportation fare is not a big deal to me.

Q7.

Using modern family planning method helped me generally in my overall health since I can focus on myself and then care for my children. I also have time in my small business since I am not worried about getting pregnant.

M6

Q1.

The nurse or midwife who handles me whenever I visit the health center to get my depo (injectables), they accommodate me right away. They also ask me if I experience side effects and are friendly to me.

Q2.

I was told by the doctor that it's hard for me to get pregnant again because of the type of pelvis I have. I also delivered our child through caesarean section, that's why I need to use contraception. My family supported my decision since they want me to focus on my baby.

Q3.

The nurses and midwives are good and explain well. I do understand the many options of modern family planning. They also ask me if I have understood the topic and repeat important reminders for me not to forget.

Q4.

I am comfortable enough because the health workers are nice to chat with and respond to my questions or observations in a low voice, which keeps me safe enough to share my thoughts about family planning.

Q5.

It is my family that encourages me to use family planning methods; they always remind me to get my scheduled shot at the health center and advise me to be compliant since I am a CS mom and I need to take care of myself.

Q6.

To have another health worker available to provide family planning services, because sometimes if the nurse or midwife assigned to the health center is in training or on leave, I need to return by tomorrow instead of having my shot on the scheduled date.

Q7.

About my health, I do experience side effects, but all of them are tolerable. I feel safe knowing that we have protection, and I am focused on raising our child.

M7

Q1.

I would go to the health center on my scheduled date, and when I go there, the nurse or midwife will ask for my card to check if it's my scheduled (injectable) shot. Then I'll wait for a while, almost every visit they attend to me immediately. I am happy with the service they give to me, and I do not see any problem during the visit.

Q2.

My mother told me to avail a family planning method in the center, it is cost-effective as she told me that contraceptives at the center are not for sale, and we have a scooter as a means of transportation. I decided to use injectables since I have a 2-year-old boy and a 1-year-old boy; this is for us to have spacing rather than having children every year. Only my husband has work, and I tend to our children at home.

Q3.

I clearly understand the options they give to me, since before I seek their advice, I tend to search on the internet about the different types of family planning methods. They explained it to me what is injectables, when do I return and what are the side effects of using injectables

Q4.

I am comfortable enough to discuss or ask questions to the nurse or midwife since I have known them when I was still pregnant before. They are approachable and listen to questions, sometimes they address the question if they know, and say they will get back to me if they don't.

Q5.

Aside from planning to have spacing, the availability of the supply is what makes me continue to use injectables. The access to the health center does not give us much of a problem for us since we have a scooter.

Q6.

In my opinion, I don't think there need for improvement in the quality of the services that the health workers give. Maybe the family planning area, because sometimes there's no available electric fan to use, it's hot for us to wait, though the area is clean and tidy, but I understand, since it's a government facility.

Q7.

The use of family planning aids us in our everyday life, maybe a small portion, but it does help us because in this economy, we have to carefully plan for our family, since I am a stay-at-home mom. The fear of an unplanned pregnancy has lessened, though I felt some side effects, which were tolerable enough and were explained by the nurse beforehand.

M8

Q1.

The nurses and midwives are patient whenever I ask for clarification about family planning use. When I was pregnant, the nurse had a session about family planning use. She said they will not force us to use contraceptives, but rather help us to plan for our family and to help our bodies heal from pregnancy through spacing. My baby was 6 weeks old at the time that I availed injectable from the center, it was free of charge, and the nurse explained well how to use contraception. I never encountered difficulty in chatting with them.

Q2.

We decided to use a family planning method for us to practice spacing since I had 2 boys within 4 years. I really need to use contraception since I want to help with the expenses, and of course, take care of our children.

Q3.

When the nurse described and explain the options of family planning method, at first I didn't follow everything since in my mind I want to use injectables, but the nurse told me ahead of time that she will discuss the options since it's their duty to give all the possible options for me to select, by then it strengthened my desire to use injectables since it's suits my needs (return every 3 months)

Q4.

I am comfortable enough since I trust them that they will guide me to what is best or suits me to use a family planning method.

Q5.

I am comfortable enough to converse with the health providers about the advantages of using family planning methods and their side effects. I would ask them about the side effects since I want to understand what's happening in my body upon use of contraception.

Q6.

It was a nice practice of having a session during prenatal since then I had the knowledge about family planning and what contraception I'll be using. I am content with the delivery of family planning services in the health center.

Q7.

Right now, I can find work at the same time, juggling my time as a mother of 2. By using family planning, I am not in fear anymore if I get pregnant unplanned. My relationship with my husband is still the same with or without family planning but now we both are working since we have contraception.

M9

Q1.

Every 3 months, I go to the health center to get my shots (injectables). The nurse is nice and accommodates me immediately if there are few or no clients. Our barangay does not have trained family planning provider, so I go to Poblacion to comply. From the beginning until now, I have not experienced any negative action from healthcare providers.

Q2.

For spacing, I guess. Since I delivered our baby via caesarean section, the doctor told me to use contraception since it's risky to get pregnant again within a year. My family, especially my husband are supportive of my decision to use contraception. Although some acquaintances told me that using hormonal contraceptives has side effects.

Q3.

The nurse who gave me an injection on my first visit explained the options of family planning well. She also emphasized the importance of using family planning and its side effects. I was relieved that she told me the side effects that I would experience, thankfully I didn't feel any major side effects.

Q4.

I am comfortable enough to share my experience of using a family planning method with the healthcare provider, since they followed up in an unjudgmental tone of voice if I experienced any side effects.

Q5.

I continue to use contraception because of the family I have right now. I don't have any problem with the healthcare providers since they are nice, and the health center is easily accessible, though transportation fares nowadays are expensive compared to before.

Q6.

I don't see anything that requires improvement since the facility is approved for me. I would rather suggest a trained healthcare provider in our barangay since I go to BHS Poblacion for my scheduled visit.

Q7.

Our minds are at ease since we used injectables. As for my health, I do experience side effects of headache but its tolerable.

M10

Q1.

When I visit the health center to get my pill, the nurse or midwife assigned is friendly and gives me instructions on when to get my pill for the next month.

Q2.

I didn't continue to use the pill, as my husband told me to stop, since I was experiencing headaches.

Q3.

The midwife was friendly, polite, and warm to talk to. She explained the advantages of my chosen family planning method (pill), and its side effects. It was my first time using contraception, so I was anxious, and the midwife reassured me that it is okay for us mothers to use contraception if we want to practice spacing.

Q4.

The healthcare providers are accommodating, and I feel safe to share my thoughts about family planning use.

Q5.

I didn't get to continue my family planning journey since I experienced side effects that I can't tolerate, though I look forward to using another option aside from a condom.

Q6.

Since we are accustomed to getting our service in the health center, it is fine for me, and I don't see any improvements that should be taken since the current flow of service is okay for me.

Q7.

Although I didn't experience any headache since discontinuing, I always feel anxious if I get pregnant by next month. My husband is the one who works for us, and I want to help him in the future. We have 3 children, and having a contraception maybe a great help in the future.

M11

Q1.

They are very friendly and accommodate me well every scheduled visit. No negative experience has happened so far because within 10 minutes, they give their service, especially if there's no family planning client.

Q2.

I decided to stop using contraception since my husband went overseas for work. I only used the family planning method before his return since we were practicing spacing.

Q3.

They gave me discussions about the different options of family planning, the short and long-term ones. Though I am not interested in listening to long-term family planning methods since I don't plan to use family planning methods longer than 3 months, they explained to me what injectables are, their side effects, and emphasized the importance of expressing our thoughts and opinions about injectables to them to clarify misconceptions.

Q4.

I'm comfortable having a conversation with the nurse or midwife since I need to gather information about family planning, when to use it, and when not to use. They actually address my concerns with knowledge and confidence most of the time, which I trust them.

Q5.

It's the support from my husband, though we tend to use family planning methods during his vacation.

Q6

The availability of a healthcare provider. It was only one time that I went to the center for my scheduled injection, but the nurse/midwife was away for a meeting, and I was told to return by afternoon. I came back and got my

shot. Though it happened once, maybe an available health provider when another one is away is a great help for us mothers.

Q7.

It's on a case-by-case basis, I think, since we only practice family planning use when my husband is on vacation. What significance it gave is that we do not have any fear of unplanned pregnancy and focus on our goals for the time being.

Appendix E

Proposed Program

Community Health Program

“Kalingang Ina, Pamilyang Masigla: Integrated Community Health Training & Family Planning Caravan”

I. RATIONALE

One important aspect of primary health care (PHC) is family planning (FP), which also has a major role in lowering mother and infant mortality. The Sustainable Development Goals of the UN, which commit member states to ensuring that everyone has access to family planning and other sexual and reproductive healthcare, provide as more support for this. This involves keeping track of the percentage of women whose demands are satisfied (Naidoo & Jenkins, 2023).

It is estimated that over 8 million women in the Philippines are utilizing modern methods of contraception. Contraceptive use will avoid around 3 million unwanted births, 700,000 unsafe abortions and, subsequently, 1,000 maternal deaths (Department of Health, 2025). Many barangays have gaps in the implementation of maternal and child health interventions, which can be attributed to fragmented service delivery. Mothers are provided with health information but experience systemic challenges, social stigma, and lack of immediate access when transitioning to family planning (FP) programs. Local health systems develop an integrated support network that combines community mothers, Barangay Health Workers (BHWs) and local Barangay Officials in one collaborative training and service framework. BHWs and local leaders learn hands-on expertise to champion reproductive rights and push for policies.

In line with the Department of Health Sector Strategy, Universal Health Care framework and FP2030 Commitment, this integrated All-in-One Health & Family Planning Caravan connects the dots between health education and access to commodities directly. This allows mothers to voluntarily obtain health exams and modern family planning commodities (e.g. tablets, DMPA injectables, subdermal implants, IUD counseling/referrals) in a safe, supported and non-judgmental atmosphere.

II. OBJECTIVES

A. PERFORMANCE OBJECTIVE

To promote family health uptake and increase voluntary modern family planning (FP) uptake in the barangay through integrated community engagement and service delivery.

B. ENABLING OBJECTIVE/S

- To equip mothers with practical knowledge on maternal-child health, nutrition, and reproductive rights.*
- To capacity-build BHWs and Barangay Officials to advocate for local family health programs, streamline referral pathways, and provide policy support.*

- *To provide direct, free access to modern family planning commodities and primary health screenings through a 1-day integrated service caravan.*

III. EXPECTED OUTPUT

- *100% attendance and completion of all 3 days by enrolled mothers, BHWs and barangay officials.*
- *Strengthened ability of local officials and BHWs on health governance, advocacy for reproductive rights and referral management.*
- *Voluntary health screenings and family planning goods delivered directly to targeted women via health caravans.*

IV. STAKEHOLDERS PARTICIPATION

- *Rural Health Unit (RHU) & DOH/POPCOM Representatives: Lead technical facilitators, clinical counselors, and service providers for commodity administration.*
- *Barangay Officials & Nutrition Scholars: Local policy support, community mobilization, and health governance champions.*
- *Barangay Health Workers (BHWs): Community navigators, patient advocates, and clinic station facilitators.*
- *Community Mothers: Primary beneficiaries and active health champions within their households.*

V. METHODOLOGY

- *Participatory Workshops and Health Education*
- *Interactive Group Mapping & Myth Busting Forums*
- *Integrated Clinical Screening*
- *Service Delivery Caravan*

VI. OPERATIONAL DETAILS

Date:	[Insert Date]
Venue :	Local Barangay Multipurpose Hall or Covered Court
Category of participants: <i>(Classification or group from which the participants belong. Indicate name, designation and area of assignment)</i>	Community Mothers: 40 Barangay Health Workers (BHWs): 10 Barangay Officials / Barangay Nutrition Scholars (BNS): 5
Total number of participants:	Target Participants: 55 pax Facilitators, Speakers, and RHU Support Staff: 10 pax Grand Total: 65 pax
Facilitator/s	Municipal Health Officer (MHO) / RHU Doctor

Resource Person/s:	Public Health Nurse & Rural Health Midwife Population Commission (POPCOM) / DOH Representative Municipal Health Education and Promotion Officer (HEPO)
Support Staff:	Project Lead Interns Human Resources for Health (HRH) / RHU Staff

VII. PROPOSED BUDGET

Expense Category	Particulars / Computation	Cost (PHP)
Catering Services	65 pax × ₱250/day (AM/PM snacks + Lunch) × 3 Days	₱48,750
Training Materials & Supplies	Folders, pens, printed workbooks, certificates (65 sets @ ₱100)	₱6,500
Caravan Medical Supplies	Alcohol, cotton, gloves, BP cuffs, disposable syringes, waste bins	₱5,000
Honoraria for Resource Persons	2 External Speakers @ ₱1,500/day × 2 days	₱6,000
BHW Transportation Allowance	10 BHWs × ₱200/day × 3 Days	₱6,000
Mother's Wellness Kits	40 Mother Beneficiaries @ ₱300 (Hygiene items, soaps, vitamins)	₱12,000
Venue & Logistics Setup	Sound system rental, tarpaulins, tables/chairs setup	₱5,000
Contingency Fund	Miscellaneous operational expenses	₱5,000
TOTAL PROPOSED BUDGET		₱94,250

- **Fund Source:** *Local Health Promotion Fund / LGU Health Budget / SAA Allocation*
- **Other Requirement/s:** *Free modern FP commodities (pills, DMPA injectables, implants, condoms) requested via RHU / DOH Regional Office allotment.*

VIII. EVALUATION OF THE ACTIVITY

Pre-test and Post-test Knowledge Assessments

Client Satisfaction Survey (CSS) Forms

Caravan Service Uptake Metrics

IX. PROGRAM OF ACTIVITIES

PROGRAM OF ACTIVITY

Title of Activity: **"Kalingang Ina, Pamilyang Masigla: Integrated Community Health Training & Family Planning Caravan"**

DAY 1: Foundations of Family Health & Leadership Alignment

DATE/TIME	ACTIVITIES/ TOPIC	RESOURCE PERSON/ IN-CHARGE
7:30-8:30 am	Part 1 Registration, Pre-Test, and Kit Distribution	RHU Staff & Support Staff
8:30- 9:30 am	Preliminaries, Welcome Remarks, and Program Overview	Facilitator, Barangay Official(s), MHO
9:30-10:00 am	AM Snacks Socialization	RHU Staff & Support Staff
10:00 am-12:00 nn	Module 1: First 1,000 Days & Maternal-Child Nutrition	Municipal Health Officer (MHO)
12:00 nn – 1:00 pm	LUNCH	
1:00-3:00 pm	Module 2: The Role of BHWs & Local Officials in Family Health	Public Health Nurse
3:00 – 4:30 pm	Group Workshop: Mapping Barangay Health Needs & Referral Pathways	Municipal HEPO & Facilitators
4:30-5:00 pm	Day 1 Synthesis & Wrap-Up, Distribution of PM Snacks	Facilitators

DAY 2: Informed Choice & Responsible Parenthood Seminar

DATE/TIME	ACTIVITIES/ TOPIC	RESOURCE PERSON/ IN-CHARGE
8:30 – 9:30 am	Registration, Preliminaries and Recap	RHU Staff & Support Staff Facilitator
09:00 – 11:00 AM	Module 3: Modern Family Planning Demystified (Methods & Health Benefits)	Rural Health Midwife / POPCOM Rep
11:00 – 12:00 nn	Open Forum: Addressing Misconceptions and Myths	MHO/RHU Staff Facilitator
12:00 nn – 1:00 pm	LUNCH	
1:00-3:00 pm	Module 4: Shared Responsibility & Male Involvement in Household Health	Social Worker / HEPO

3:00 – 4:30 pm	Health Caravan Orientation & Post-Test Administration	Public Health Nurse / Project Team
4:30-5:00 pm	Day 1 Synthesis & Wrap-Up, Distribution of PM Snacks	Facilitators

DAY 3: "Kalingang Ina" All-in-One Health & FP Service Caravan

DATE/TIME	ACTIVITIES/ TOPIC	RESOURCE PERSON/ IN-CHARGE
7:00-8:30 am	Caravan Booth & Clinical Station Setup	RHU Staff & Support Staff BHWs
8:30- 12:00 nn	Integrated Health Caravan: Station 1: Vital Signs & Health Triage Station 2: One-on-One FP Counseling Station 3: Commodity Dispensing & Clinical Procedures (Implants/DMPA)	RHU Doctor, Nurses, Midwives, and BHWs
12:00 nn – 1:00 pm	LUNCH	
1:00-3:00 pm	Continuation of Health Caravan Services & Mother's Wellness Kit Distribution	RHU Team & Barangay Officials
3:00 – 4:30 pm	Awarding of Certificates & Graduation Ceremony	Barangay Captain & Organizers
4:30-5:00 pm	Program Evaluation (CSS Forms), Closing Remarks, and Photo Op	Facilitators

Appendix F

Certificate of Originality

Appendix G

Certificate of Language Editing

Appendix H

Certificate of Data Processing

Appendix I

Grammarly Report Results

GraduateSchool25

Erica Farra Amor Doncillo
Belle Acaso

Document Details

Submission ID trn:oid:::3618:152555159

Submission Date Sep 22, 2026, 1:22 PM GMT+8

Download Date Sep 22, 2026, 1:25 PM GMT+8

File Name Erica Farra_Chapter1-6 (Final).docx

File Size 66.7 KB

30 Pages

12,842 Words

77,912 Characters

Page 1 of 37 Cover Page Submission ID trn:oid:::3618:152555159

Page 1 of 37 Cover Page Submission ID trn:oid:::3618:152555159

8% Overall Similarity

The combined total of all matches, including overlapping sources, for each database.

Filtered from the Report

Bibliography Quoted Text Cited Text Small Matches (less than 10 words)

Match Groups

68 Not Cited or Quoted 8% Matches with neither in-text citation nor quotation marks 0 Missing Quotations 0% Matches that are still very similar to source material 0 Missing Citation 0% Matches that have quotation marks, but no in-text citation 0 Cited and Quoted 0% Matches that have in-text citation present, but no quotation marks

Top Sources 5% Internet sources 2% Publications 6% Submitted works (Student Papers)

Integrity Flags

0 Integrity Flags for Review (*) Our system's algorithms look deeply at a document for any inconsistencies that would set it apart from a normal submission. If we notice anything unusual, we flag it for your review. A Flag is not necessarily an indicator of a problem. However, we'd recommend you focus your attention there for further review. Page 2 of 37 Integrity Overview Submission ID trn:oid:::3618:152555159 Page 2 of 37 Integrity Overview Submission ID trn:oid:::3618:152555159

Match Groups

68 Not Cited or Quoted 8% Matches with neither in-text citation nor quotation marks 0 Missing Quotations 0% Matches that are still very similar to source material 0 Missing Citation 0% Matches that have quotation marks, but no in-text citation 0 Cited and Quoted 0% Matches that have in-text citation present, but no quotation marks

Top Sources 5% Internet sources 2% Publications 6% Submitted works (Student Papers)

Top Sources: The sources with the highest number of matches within the submission. Overlapping sources will not be displayed.