

Accessibility to Family Planning Services Among Pantawid Pamilya Pilipino Program (4Ps) Beneficiaries

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ABSTRACT

This study aimed to determine the accessibility to family planning services among (4Ps) beneficiaries. Specifically, it determined the demographic profile of the respondents as to: age, number of children, educational attainment, source of income, and family monthly income; the extent of the accessibility to the family planning services among (4Ps) beneficiaries along: Information Dissemination, availability of Commodities, and Competence of FP Providers; the problems encountered by the beneficiaries in terms of their accessibility to FP services; and the significant relationship between the demographic profile and the extent of their accessibility to FP services; and the educational learning material developed to improve their accessibility to the FP services.

Data gathered were tabulated and analyzed using statistical tool such as: Frequency count and percentage weighted mean and Pearson's r.

Majority of the beneficiaries belonged to aged group of 36-50 with 4-6 number of children and have finished high school. They get their income from farming and almost all of them earn below P5, 000, beneficiaries are able to have accessibility to information dissemination on FP services. That they have partly accessibility on the aspects of FP services in terms of FP commodities and has accessibility to the competence of the FP providers, also beneficiaries have no opinion or uncertain on the problems encountered by them in their accessibility to FP services. There is significant relationship existing between the demographic profile of the respondents and their accessibility to FP services:

Based on the findings, the following entities are drawn. The welfare of all population be the concern and responsibility of all agencies such as the DOH, DILG, LGU and DSWD which has a mandate in the promotion of health and welfare among the vulnerable groups towards their accessibility to FP services. The concept of awareness regarding family planning be strengthened and enforced to make clear to the (4Ps) beneficiaries the different services including the safe and effective methods and the availability of commodities to decrease maternal and child mortality rate and the Municipal Health Office thru their Barangay Health Station should be the front liners to inform all couples especially the poor regarding responsible parenthood.

Keywords: Accessibility, Family Planning, Pantawid Pamilya Pilipino Program

INTRODUCTION

The ultimate goal of marriage is to raise a family. It is how parents assume their responsibility in caring and supporting their children to attain the best future. As stated by Population Commission (POPCOM), Responsible Parenthood is the will and ability of parents to respond to the needs and aspirations of the family and children. It is a shared responsibility of the husband and the wife to determine and achieve the desired number, spacing, and timing of their children according to their own family life aspirations, taking into account the psychological preparedness, health status, socio-cultural, and economic concerns. The size of a family

should be decided by both parents together, based on their available resources and the standard of living they wish to achieve. Spacing the birth of children helps to protect the health of the mother and allows both parents more time to give each child the attention and affection he or she needs (POPCOM,2017).

Responsible parenthood suggests the responsibilities of parents to guide protect and provide for the basic needs of their children. It can also be seen as the duties of parents towards their children. It also refers to the situation in which parents effectively carry out their duties towards their children. Parents are saddled with the responsibility of taking proper and good care of their children so that they could grow to become responsible adults.

Family planning is important for the health of the mother and her children. Frequent pregnancies often result in serious health consequences for both the mother and her child. And the financial consequence of having children involves the medical costs of pregnancy and birth and the high costs associated with actually bringing up children. Implicit in this are the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. (DOH 2019).

Voluntary family planning programs are critical to assisting women and men to plan families, space childbirths, and prevent death and illness related to pregnancy. Yet, in the world's developing countries, some 215 million women have an expressed need for safe and effective family planning methods, but cannot access them. The lack of access to voluntary family planning is a major cause of mortality for the more than 356,000 women a year who die from pregnancy and childbirth complications. All but 1 % (percent) of these deaths take place in developing countries.

The Philippines was in the “best opportunities in history” for vigorous action on responsible parenthood and family planning. Despite this, contraceptive prevalence remains low. Only 38 % (percent) of married women rely on modern contraceptives, while almost half are not using any contraceptive method. As a result, according to the WHO more than one in four births are unwanted. Among the most cited reasons by women for not using modern contraceptives are opposition from religious groups, fear of side effects and lack of knowledge. Abortion continues to be illegal on almost all grounds, except to save the mother's life. Because of high levels of unintended pregnancy, an estimated 600,000 clandestine and often unsafe abortions were carried out in 2012, contributing to the countries still high, although declining maternal mortality. Teenage pregnancy in the Philippines defies the global trend of falling rates. One in 10 Filipino women between the ages of 15 and 19 is already a mother (DOH 2018).

The Pantawid Pamilyang Pilipino Program (4Ps) is more than a welfare program; it addresses structural inequities in society and promotes human capital development of the poor, thus, breaking the intergenerational cycle of poverty. The conditions attached to the grants require parents to undergo trainings on responsible parenthood, have their children undergo health check-ups and ensure school attendance. The program ensures that there is sufficient resource for the health, nutrition and education of children aged 0-14 year old.

At present, the Philippines is the 39th most densely populated country, with a density over 335 per square kilometre and the population growth rate is 1.9%, 1.957%, or 1.85%. The 2013 total fertility rate (TFR) is 3.20 births per woman. In addition, the total fertility rate for the richest quintile of the population is 2.0, which is about one third the TFR of the poorest quintile (5.9 children per woman). The TFR for women with college education is 2.3, about half that of women with only an elementary education (4.5 children per woman). Free choice regarding family planning enables people, especially the poor, to have the number of children they want and can feasibly care and provide for. Thus it is necessary that the services be known by all 4 P's beneficiaries, receive with positive attitudes and accessed to the services and that these be assess through sound methodologies and rigors of research.

The researchers believes that accessibility to family planning services should be guaranteed by the state to all couples desiring to use them. However, it is also undeniable that this accessibility to these services be

promoted among the poorest sectors of our society being the most vulnerable group. Thus this study aims to determine the extent of accessibility to Family Planning Services of Pantawid Pamilya Pilipino Program (4Ps) beneficiaries in Pangasinan. The findings will serve as a basis in the development of an educational learning material that aims to improve accessibility to family planning services. Furthermore, it is believed that improve accessibility to Family Planning Services among the Pantawid Pamilya Pilipino Program (4Ps) beneficiaries will improve health of the mothers and children and will prevent untimely deaths.

Statement of the Problem:

- What is the demographic profile of the Pantawid Pamilya Pilipino Program (4Ps) beneficiaries in Pangasinan as to: age, number of children, educational attainment, source of income, and family monthly income?
- What is the extent of the accessibility to the family planning services among Pantawid Pamilya Pilipino Program (4Ps) beneficiaries along: information dissemination of Family Planning, availability of Family Planning Commodities, and competence of Family Planning Providers?
- Is there significant relationship between the demographic profile of the respondents and the extent of their accessibility to family planning services?
- What are the problems encountered by the Pantawid Pamilya Pilipino Program (4Ps) beneficiaries in terms of their accessibility to family planning services?
- What enhancement program can be developed to improve their accessibility to the family planning services?

METHODS

Quantitative descriptive research design utilizing a descriptive method was employed since the data to be gathered consist of empirical data and its purpose is to portray accurately the characteristics of persons, situations or groups and the frequency of its occurrence in a phenomenon. This study was conducted among Pantawid Pamilya Pilipino Program (4 Ps) beneficiaries residing in the five (5) cities/municipalities of Pangasinan who have the highest most numbered Pantawid Pamilya Pilipino Program (4Ps) beneficiaries namely: City of San Carlos and Municipalities of Malasiqui, Bayambang, Mangatarem and Lingayen.

The probability sampling method specifically Stratified Random was utilized in the selection of samples wherein it involves 1,072 respondents out of the total number of family households which is 30,797 have answered the survey questionnaire. Prior to the data gathering procedure, the researchers seek permission from the DSWD Center for the list of Pantawid Pamilya Pilipino Program (4Ps) beneficiaries and have secured permission from the barangay captain to gather data in their catchment areas. The study was reviewed by the ethical review committee and further, the data was treated through the use of frequency count and percentage weighted mean and Pearson's r.

RESULT

Demographic Profile

It can be gleaned on the table below that more than half of the total Pantawid Pamilya Pilipino Program (4Ps) beneficiaries in Pangasinan are aged 36-50 (64.8%); followed by those aged 20-35 (21.6%); and those aged 51 and above (13.5%). As to the number of children, most of them have 4-6 children (56%); followed by those with 1-3 children; and those with 7 and above children (12.8%). In terms of the highest education attained by the respondents, majority of them finished high school (404, 37.7%); elementary graduate (283, 26.4%); high school level (194, 18.15); elementary level (125, 11.7%); college level (47, 4.4%); and college graduate (19, 1.8%). As to source of income, majority of the respondents get their income from farming (522, 48.7%); construction (196, 18.3%); driving (185, 17.3%); selling (121, 11.3%); and painting (48, 4.5%). In terms of family monthly income, almost all of the respondents earn below P5,000 (1042, 97.2%), whereas only few earn P5,000 – 10,000 (30, 2.8%).

Demographic Profile of the Pantawid Pamilya Pilipino Program (4Ps) Beneficiaries in Pangasinan

	Frequency	Percentage
Age		
20-35	232	21.6
36-50	695	64.8
51 and above	145	13.5
Total	1072	100.0
Number of Children		
1-3	335	31.3
4-6	600	56.0
7 and above	137	12.8
Total	1072	100.0
Educational Attainment		
Elementary Level	125	11.7
Elementary Graduate	283	26.4
High School Level	194	18.1
High School Graduate	404	37.7
College Level	47	4.4
College Graduate	19	1.8
Total	1072	100.0
Source of Income		
Painting	48	4.5
Farming	522	48.7
Selling	121	11.3
Construction	196	18.3
Driving	185	17.3
Total	1072	100.0

Family Monthly Income		
Below P5,000	1042	97.2
P5,000 - P10,000	30	2.8
Total	1072	100.0

Information Dissemination on Family Planning

Most of the Pantawid Pamilya Pilipino Program (4Ps) beneficiaries in Pangasinan believed that the following information dissemination of family planning are accessible: The Family Planning Program discusses the advantages and disadvantages of family planning (WM=3.04); the Family Planning providers encourages the couples to participate in family planning program (WM=2.95); lack of administrative support, so Family Planning Provider will not be able to deliver the high quality service to which beneficiaries are entitled (WM=2.94);

the Family Planning Program explains the different types of permanent methods such as bilateral tubal ligation, vasectomy (WM=2.91); value for information and acceptance is seen when beneficiaries come to the center for family planning services after learning of the availability of these services through mass media (WM=2.88); the Family Planning Providers explains briefly the mechanical method of family planning such as condom, cervical cap, diaphragm and sponge (WM=2.87); the Family Planning Program explains the different types of family planning which include calendar method, basal body temperature, cervical mucus, symphothermal method withdrawal lactation amenorrhea method (LAM) (WM=2.80); family Planning Program informs about the benefits and risks of using Family Planning methods (WM=2.78); and Family Planning Program promote and provide information and access, without bias, to all methods of family planning (WM=2.70).

Extent of Access to the Family Planning Services in terms of Information Dissemination of Family Planning

N = 1072

Information Dissemination of Family Planning	HA	A	MA	NA	WM	DE
1. The Family Planning Program discusses the advantages and disadvantages of family planning.	338	492	193	49	3.04	A
2. The Family Planning providers encourages the couples to participate in family planning program.	309	461	239	63	2.95	A
3. The Family Planning Program explains the different types of family planning which include calendar method, basal body temperature, cervical mucus, symphothermal method withdrawal lactation amenorrhea method (LAM).	183	532	315	42	2.80	A
4. The Family Planning Program explains the different types of permanent methods such as bilateral tubal ligation, vasectomy.	262	492	276	42	2.91	A

5. The Family Planning Providers explains briefly the mechanical method of family planning such as condom, cervical cap, diaphragm and sponge.	207	545	292	28	2.87	A
6. The Family Planning Program explains hormonal methods such as contraceptive pills, injection and implants.	258	502	291	21	2.93	A
7. Value for information and acceptance is seen when beneficiaries come to the center for family planning services after learning of the availability of these services through mass media.	258	478	280	56	2.88	A
8. Family Planning Program promote and provide information and access, without bias, to all methods of family planning.	147	496	387	42	2.70	A
9. Family Planning Program informs about the benefits and risks of using Family Planning methods.	200	471	366	35	2.78	A
10. Lack of administrative support, so Family Planning Provider will not be able to deliver the high quality service to which beneficiaries are entitled.	262	532	235	42	2.94	A
AWM					2.88	A

Legend: Highly Accessible (HA) 3.26 – 4.00; Accessible (A) 2.51-3.25; Moderately Accessible (MA) 1.76-2.50; Not Accessible (NA) 1.00 -1.75; Weighted Mean (WM); Average Weighted Mean (AWM); Descriptive Equivalence (DE)

Availability of Family Planning Commodities

Pantawid Pamilya Pilipino Program (4Ps) beneficiaries in Pangasinan are accessible on the Family Planning commodities: the family planning provider encourages or motivates the beneficiaries to visit the nearest health center for them to avail of the different family planning services (WM=3.03); the different services of family planning such as the following are available at the health center:) "STD Screening", "Annual Exams (Pap Smear)", "Counseling for Natural Family Planning'and "Removal of IUD and Implant' (WM=2.90); Family Planning Program ensures that the beneficiaries receive re-supplies and have appropriate examination, if necessary (WM=2.87); beneficiaries are well informed about the risks and benefits of the methods available (WM=2.67); beneficiaries are aware that the family planning services are available at the health center (WM=2.66);

Family Planning Program tells the beneficiaries about available methods based on her/his knowledge and reproductive needs (WM=2.55). This means that they have party access on these aspects of Family Planning services in terms of Family Planning commodities.

Extent of Access to the Family Planning Services in terms of Availability of Family Planning Commodities N = 1072

Availability of Family Planning Commodities	HA	A	MA	NA	WM	DE
1. The family planning provider encourages or motivates the beneficiaries to visit the nearest health center for them to avail of the different family planning services.	547	211	112	202	3.03	A
2. Family Planning providers respect the beliefs and practices of beneficiaries towards the use of the different Family Planning methods.	292	182	230	368	2.37	MA
3. The following services such as the family planning methods are available at the health center such as Artificial methods: a."condom" ,b."pills", c."IUD", d."injectable", e."implants", f."diaphragm"and g."spermicides". Natural Methods: a."cycle beads", b."basal body temperature", c."lactational amenorrhea", d."symptothermal" and e."calendar/rhythm". Sterilization Methods: a."Vasectomy" and b."tubal ligation"	17	564	390	101	2.46	MA
4. The different services of family planning such as the following are available at the health center:) "STD Screening", "Annual Exams (Pap Smear)", "Counseling for Natural Family Planning'and "Removal of IUD and Implant'.	417	218	346	91	2.90	A
5. Beneficiaries are aware that the family planning services are available at the health center.	63	709	176	124	2.66	A
6. Beneficiaries are well informed about the risks and benefits of the methods available.	131	593	211	137	2.67	A
7. Family Planning Program ensures that the beneficiaries receive re-supplies and have appropriate examination, if necessary.	473	171	243	185	2.87	A
8. Family Planning Program tells the beneficiaries about available methods based on her/his knowledge and reproductive needs.	111	504	319	138	2.55	A
9. Family Planning Program Signage are available to inform the beneficiaries of services, including Family Planning provided at the clinic and clinic hours.	43	553	277	199	2.41	MA
AWM					2.66	A

Legend: Highly Accessible (HA) 3.26 – 4.00; Accessible (A) 2.51-3.25; Moderately Accessible (MA) 1.76-2.50; Not Accessible (NA) 1.00 -1.75; Weighted Mean (WM); Average Weighted Mean (AWM); Descriptive Equivalence (DE)

Competence of Family Planning Providers

extent of access of Pantawid Pamilya Pilipino Program (4Ps) beneficiaries in Pangasinan on the Family Planning Services in terms Competence of Family Planning Provider. It can be observed that they are accessible that Family Planning Provider ensures that clients understand information given by asking follow-up questions and Responds to all client's questions and concerns (WM=2.78); Family Planning Program determines if a Family Planning method is being used correctly. Asks the beneficiaries how s/he is using the method (WM=2.77); Family Planning Program correctly explains to the beneficiaries how to use the chosen method (WM=2.75); Family Planning Program understands the beliefs of the beneficiaries with regards to their values that suit to their priorities (WM=2.70); providers of Family Planning services have undergone appropriate training (WM=2.68); Family Planning provider re-enforces instructions on the correct use of the method, if necessary (WM=2.65); Family Planning Provider respects clients right by ensuring confidentiality and Providing privacy (WM=2.61); Family Planning Program provides reliable, sufficient inventories of supplies, instruments, and working equipment, as well as the infrastructure necessary to ensure the uninterrupted delivery of high quality services (WM=2.60); and the Family Planning Provider further explains the health benefits, risks, and side effects of the method that the beneficiaries will use (WM=2.56).

However, they have moderate access that Family Planning Provider has knowledge, skills, and on-going training, and exposure to professional development opportunities to remain up-to-date in their field and to continuously improve the quality of services they deliver (WM=2.49).

Extent of Access to the Family Planning Services in terms of Competence of Family Planning Providers

N = 1072

Competence of Family Planning Providers	HA	A	MA	NA	WM	DE
1. The Family Planning Provider further explains the health benefits, risks, and side effects of the method that the beneficiaries will use.	105	567	221	179	2.56	A
2. Family Planning Program understands the beliefs of the beneficiaries with regards to their values that suit to their priorities.	309	338	217	208	2.70	A
3. Family Planning Provider has knowledge, skills, and on-going training, and exposure to professional development opportunities to remain up-to-date in their field and to continuously improve the quality of services they deliver.	179	381	293	219	2.49	MA
4. Family Planning Program provides reliable, sufficient inventories of supplies, instruments, and working equipment, as well as the infrastructure necessary to ensure the uninterrupted delivery of high quality services.	158	445	346	123	2.60	A
5. Family Planning Program determines if a Family Planning method is being used correctly. Asks the beneficiaries how s/he is using the method.	248	439	272	113	2.77	A
6. Providers of Family Planning services have undergone appropriate training.	154	540	254	124	2.68	A

7. Family Planning Program correctly explains to the beneficiaries how to use the chosen method.	230	447	294	101	2.75	A
8. Family Planning Provider ensures that clients understand information given by asking follow-up questions and Responds to all client's questions and concerns.	295	365	297	115	2.78	A
9. Family Planning provider re-enforces instructions on the correct use of the method, if necessary.	194	459	273	146	2.65	A
10. Family Planning Provider respects client's right by ensuring confidentiality and providing privacy.	167	490	249	166	2.61	A
AWM					2.66	A

Legend: Highly Accessible (HA) 3.26 – 4.00; Accessible (A) 2.51-3.25; Moderately Accessible (MA) 1.76-2.50; Not Accessible (NA) 1.00 -1.75; Weighted Mean (WM); Average Weighted Mean (AWM); Descriptive Equivalence (DE)

Extent of their Access to the Family Planning Services in terms of Information Dissemination of Family Planning Services

A significant relationship exists between the demographic profile of the Pantawid Pamilya Pilipino Program (4Ps) beneficiaries and their extent of accessibility to the family planning services, as to age, it is positively correlated with the aspects of information dissemination of family planning that the Family Planning Program explains the different types of family planning which include calendar method, basal body temperature, cervical mucus, symphothermal method withdrawal lactation amenorrhea method (LAM) ($p=0.001$); and the Family Planning Program explains the different types of permanent methods such as bilateral tubal ligation, vasectomy ($p=0.000$). This implies that younger Pantawid Pamilya Pilipino Program (4Ps) beneficiaries in Pangasinan believe that these aspects of family planning are accessible to them.

Number of children is negatively correlated with the aspects of information dissemination of family planning that Family Planning providers encourages the couples to participate in family planning program ($p=-0.012$); the Family Planning Program explains the different types of family planning which include calendar method, basal body temperature, cervical mucus, symphothermal method withdrawal lactation amenorrhea method (LAM) ($p=-0.000$); the Family Planning Providers explains briefly the mechanical method of family planning such as condom, cervical cap, diaphragm and sponge ($p=-0.010$);

value for information and acceptance is seen when beneficiaries come to the center for family planning services after learning of the availability of these services through mass media ($p=-0.012$); Family Planning Program promote and provide information and access, without bias, to all methods of family planning ($p=-0.000$); and lack of administrative support, so Family Planning Provider will not be able to deliver the high quality service to which beneficiaries are entitled ($p=-0.000$). This implies that Pantawid Pamilya Pilipino Program (4Ps) beneficiaries in Pangasinan with 7 or more children believe that these aspects of information dissemination of family planning services are accessible to them.

Highest educational attainment is negatively correlated with the aspect of information dissemination of family planning that beneficiaries are well informed about the risks and benefits of the methods available ($p=-0.048$). This means that those with higher education attained are those who are able to access this aspect of information dissemination of family planning.

Source of income is negatively correlated with the aspects of information dissemination of family planning services that the family planning provider encourages or motivates the beneficiaries to visit the nearest health center for them to avail of the different family planning services ($p=-0.011$); beneficiaries are aware that the family planning services are available at the health center ($p=-0.002$); value for information and acceptance is seen when beneficiaries come to the center for family planning services after learning of the availability of these services through mass media. ($p=-0.001$); and lack of administrative support so Family Planning Provider will not be able to deliver the high quality service to which beneficiaries are entitled ($p=-.001$). This implies that those 4Ps beneficiaries that get their income from painting are those who access these aspects of information dissemination of family planning services.

Relationship between the Demographic Profile of the Respondents and the Extent of their Access to the Family Planning Services in terms of Information Dissemination of Family Planning Services

		AGE	NUMBER OF CHILDREN	HIGHEST EDUCATIONAL ATTAINMENT	SOURCE OF INCOME	MONTHLY FAMILY INCOME
1	Pearson Correlation	-.056	-.004	-.038	-.078*	.012
	Sig. (2-Tailed)	.065	.893	.217	.011	.705
2	Pearson Correlation	.025	-.077*	-.054	-.042	.043
	Sig. (2-Tailed)	.418	.012	.078	.173	.159
3	Pearson Correlation	.105**	-.128**	-.011	-.023	.023
	Sig. (2-Tailed)	.001	.000	.725	.448	.460
4	Pearson Correlation	.124**	-.049	.006	-.045	-.030
	Sig. (2-Tailed)	.000	.107	.850	.145	.329
5	Pearson Correlation	-.024	-.079**	-.046	-.096**	.000
	Sig. (2-Tailed)	.424	.010	.132	.002	.989
6	Pearson Correlation	-.021	-.038	-.060*	-.007	-.007
	Sig. (2-Tailed)	.494	.214	.048	.831	.828
7	Pearson Correlation	-.042	-.077*	-.007	-.099**	.005
	Sig. (2-Tailed)	.173	.012	.825	.001	.868
8	Pearson Correlation	.033	-.109**	.018	-.018	.001
	Sig. (2-Tailed)	.277	.000	.550	.561	.987
9	Pearson Correlation	-.041	-.078*	.037	-.005	.012

	Sig. (2-Tailed)	.180	.011	.231	.864	.704
10	Pearson Correlation	-.036	-.115**	.046	-.105**	-.017
	Sig. (2-Tailed)	.244	.000	.136	.001	.572

Extent of their Access to the Family Planning Services in terms of Availability of Family Planning Commodities

It can be observed that age is positively correlated with the aspects of the availability of family planning commodities that the different services of family planning such as the following are available at the health center:) "STD Screening", "Annual Exams (Pap Smear)", "Counseling for Natural Family Planning'and "Removal of IUD and Implant' ($p=0.47$); and Family Planning Program tells the beneficiaries about available methods based on her/his knowledge and reproductive needs ($p=0.000$). This implies that the younger Pantawid Pamilya Pilipino Program (4Ps) beneficiaries have more access to these aspects of the availability of family planning commodities than those older ones.

On the other hand age is negatively correlated with the aspects of the availability of family planning commodities that the family planning provider encourages or motivates the beneficiaries to visit the nearest health center for them to avail of the different family planning services ($p=-0.002$); family Planning providers respect the beliefs and practices of beneficiaries towards the use of the different Family Planning methods ($p=-0.009$); the following services such as the family planning methods are available at the health center such as: artificial methods: a."condom" ,b."pills", c."IUD", d."injectable", e."implants", f."diaphragm"and g."spermicides"; natural methods: a."cycle beads", b."basal body temperature", c."lactational amenorrhea", d."symptothermal" and e."calendar/rhythm"; and sterilization methods: a."Vasectomy" and b."tubal ligation" ($p=-0.036$); beneficiaries are aware that the family planning services are available at the health center ($p=-0.000$); beneficiaries are well informed about the risks and benefits of the methods available ($p=-0.000$); and Family Planning Program ensures that the beneficiaries receive re-supplies and have appropriate examination, if necessary ($p=-0.000$). This means that older 4Ps beneficiaries are able to access more of these aspects of the availability of family planning commodities than those younger ones.

Number of children is negatively correlated with the aspects of the availability of family planning commodities that Pantawid Pamilya Pilipino Program (4Ps) beneficiaries are well informed about the risks and benefits of the methods available ($p=-0.000$); and Family Planning Program Signage are available to inform the beneficiaries of services, including Family Planning provided at the clinic and clinic hours ($p=-0.016$). This means that 4Ps beneficiaries with more children are able to access these aspects of the availability of family planning commodities than those with few children.Highest educational attainment id negatively correlated with the aspects of the availability of family planning commodities that beneficiaries are well informed about the risks and benefits of the methods available ($p=-0.008$); and Family Planning Program ensures that the beneficiaries receive re-supplies and have appropriate examination, if necessary ($p=-0.015$). This implies that 4Ps beneficiaries with higher educational attainment are those who access these aspects of the availability of family planning commodities.

Source of income is negatively correlated with the aspects of the availability of family planning commodities that Family Planning providers respect the beliefs and practices of beneficiaries towards the use of the different Family Planning methods ($p=-0.049$); and Family Planning Program Signage are available to inform the beneficiaries of services, including Family Planning provided at the clinic and clinic hours ($p=-0.000$). This implies that those 4Ps beneficiaries who get their income from painting are those who access these aspects of the availability of family planning commodities than those with other sources of income.

Monthly family income is negatively correlated with the aspect of the availability of family planning commodities that the following services such as the family planning methods are available at the health center such as: artificial methods: a."condom" ,b."pills", c."IUD", d."injectable", e."implants", f."diaphragm"and

g."spermicides"; natural methods: a."cycle beads", b."basal body temperature", c."lactational amenorrhea", d."symptothermal" and e."calendar/rhythm"; and sterilization methods: a."Vasectomy" and b."tubal ligation" ($p=-0.032$). This means that those 4Ps beneficiaries in Pangasinan who earn more than P5,000 are those are able to access this aspect of the availability of family planning commodities more than those who earn less.

Relationship between the Demographic Profile of the Respondents and the Extent of their Access to the Family Planning Services in terms of Availability of Family Planning Commodities

		AGE	NUMBER OF CHILDREN	HIGHEST EDUCATIONAL ATTAINMENT	SOURCE OF INCOME	MONTHLY FAMILY INCOME
1	Pearson Correlation	-.096**	.015	-.057	-.058	-.043
	Sig. (2-tailed)	.002	.631	.063	.059	.161
2	Pearson Correlation	-.080**	-.034	.014	-.060*	-.005
	Sig. (2-tailed)	.009	.260	.647	.049	.862
3	Pearson Correlation	-.064*	.015	-.023	.055	-.065*
	Sig. (2-tailed)	.036	.635	.453	.072	.032
4	Pearson Correlation	.061*	.038	-.026	-.024	.012
	Sig. (2-tailed)	.047	.214	.387	.435	.703
5	Pearson Correlation	-.160**	-.050	-.065*	-.051	.046
	Sig. (2-tailed)	.000	.104	.033	.094	.135
6	Pearson Correlation	-.121**	-.142**	-.081**	-.038	-.014
	Sig. (2-tailed)	.000	.000	.008	.211	.648
7	Pearson Correlation	-.065*	.009	-.075*	-.046	-.020
	Sig. (2-tailed)	.033	.768	.015	.132	.514
8	Pearson Correlation	.129**	.025	-.002	.004	.017
	Sig. (2-tailed)	.000	.407	.950	.895	.577
9	Pearson Correlation	-.043	-.073*	-.036	-.139**	.025
	Sig. (2-tailed)	.164	.016	.234	.000	.413

Extent of their Access to the Family Planning Services in terms of the Competence of Family Planning Providers

It can be gleaned on Table 8 that age is positively correlated with aspects of the competence of Family Planning providers that providers of Family Planning services have undergone appropriate training ($p=-0.000$); and Family Planning provider re-enforces instructions on the correct use of the method, if necessary ($p=0.000$). This implies that younger 4Ps beneficiaries in Pangasinan are more accessible on this aspects competence of Family Planning providers than those older ones. On the other hand, age is negatively correlated that the Family Planning Provider further explains the health benefits, risks, and side effects of the method that the beneficiaries will use ($p=-0.000$); and Family Planning provider ensures that clients understand information given by asking follow-up questions and responds to all client's questions and concerns ($p=-0.012$). This implies that older beneficiaries have more access on these aspects of the competence of Family Planning providers than those younger ones.

Number of children in negatively correlated with the aspect of the competence of Family Planning providers that Family Planning Provider ensures that clients understand information given by asking follow-up questions and responds to all client's questions and concerns ($p=-0.002$); and Family Planning Provider respects clients right by ensuring confidentiality and providing privacy ($p=-0.000$). This means that those beneficiaries with more children are those who have better access on these aspects of the competence of Family Planning providers than those with few children.

Highest educational attainment is positively correlated with the aspect of the competence of Family Planning providers that providers of Family Planning services have undergone appropriate training ($p=0.008$). This implies that those Pantawid Pamilya Pilipino Program (4Ps) beneficiaries with higher educational attainment are those who have better access on this aspect of the competence of Family Planning providers than those who have lower education attained.

Source of income is positive correlated with the aspect of the competence of Family Planning providers that Family Planning Provider respects clients right by ensuring confidentiality and providing privacy ($p=0.006$) and negatively correlated that high cost of commodities as their primary reason for not using modern methods ($p=-0.000$); adverse rumors and misinformation are feared by most couples ($p=-0.001$); and there is a limited STD Screening and annual exam available even the sterilization method ($p=-0.002$). This means that beneficiaries whose income comes from farming have more access that Family Planning provider respects clients right by ensuring confidentiality and providing privacy; and those whose income comes from painting are those who have better access that high cost of commodities as their primary reason for not using modern methods; adverse rumors and misinformation are feared by most couples; and there is a limited STD Screening and annual exam available even the sterilization method.

Relationship between the Demographic Profile of the Respondents and the Extent of their Access to the Family Planning Services in terms of the Competence of Family Planning Providers

		AGE	NUMBER OF CHILDREN	HIGHEST EDUCATIONAL ATTAINMENT	SOURCE OF INCOME	MONTHLY FAMILY INCOME
1	Pearson Correlation	-.158**	-.011	.024	-.153**	.021
	Sig. (2-tailed)	.000	.722	.441	.000	.493
2	Pearson Correlation	-.005	.027	.010	.015	.026

	Sig. (2-tailed)	.875	.373	.749	.613	.387
3	Pearson Correlation	.058	.031	-.042	.056	.042
	Sig. (2-tailed)	.059	.312	.171	.067	.166
4	Pearson Correlation	-.031	.028	-.054	-.019	.020
	Sig. (2-tailed)	.306	.357	.076	.535	.506
5	Pearson Correlation	.010	-.053	-.008	-.098**	.043
	Sig. (2-tailed)	.748	.085	.786	.001	.161
6	Pearson Correlation	.136**	.052	.082**	-.094**	.038
	Sig. (2-tailed)	.000	.087	.008	.002	.216
7	Pearson Correlation	.010	.008	.024	.014	.041
	Sig. (2-tailed)	.754	.795	.437	.639	.184
8	Pearson Correlation	-.077*	-.094**	-.054	-.052	.020
	Sig. (2-tailed)	.012	.002	.077	.087	.504
9	Pearson Correlation	.111**	.051	.036	-.031	.057
	Sig. (2-tailed)	.000	.094	.243	.313	.061
10	Pearson Correlation	.005	-.144**	-.008	.084**	.039
	Sig. (2-tailed)	.883	.000	.794	.006	.197

Problems Encountered in terms of Access to Family Planning Services

Most of the Pantawid Pamilya Pilipino Program (4Ps) beneficiaries agree that lack of competence in counselling for the natural family planning methods (WM=3.58); and adverse rumors and misinformation are feared by most couples (WM=3.44). This implies that the Pantawid Pamilya Pilipino Program (4Ps) beneficiaries have the same opinion, expressing their consent and accept the problems encountered in their access to Family Planning Services.

On the other hand, Pantawid Pamilya Pilipino Program (4Ps) beneficiaries in Pangasinan have no opinion that there is a limited STD Screening and annual exam available even the sterilization method (WM=3.40); Family Planning Provider force couples to use family planning methods (WM=3.38); couples are concerned about health risks or side effects of the FP methods (WM= 3.36); husband didn't want his wife to use birth control (WM=-3.36); couples are not

aware of the importance of family planning services or unaware of existing family planning services (WM=3.33); poor promotion of public awareness about the family planning program (WM=3.33); clients are likely to make voluntary decisions (WM=3.28); high cost of commodities as their primary reason for not using modern methods (WM=3.24); the attitudes and ideas of family planning providers influence couple's choice of contraceptives (WM=3.24).

Problems Encountered in terms of Access to Family Planning Services

Problems Encountered in their Access to Family Planning Services	SA	A	NO	D	SD	WM	DR
1. High cost of commodities as their primary reason for not using modern methods.	123	409	247	191	102	3.24	NO
2. Family Planning Provider force couples to use family planning methods.	129	465	225	195	58	3.38	NO
3. Couples are not aware of the importance of family planning services or unaware of existing family planning services.	174	414	185	190	109	3.33	NO
4. Clients are likely to make voluntary decisions.	170	308	310	222	62	3.28	NO
5. Adverse rumors and misinformation are feared by most couples.	186	413	240	156	77	3.44	A
6. There is a limited STD Screening and annual exam available even the sterilization method.	198	388	258	97	131	3.40	NO
7. The attitudes and ideas of family planning providers influence couple's choice of contraceptives.	189	355	205	170	153	3.24	NO
8. Couples are concerned about health risks or side effects of the FP methods.	198	300	303	229	42	3.36	NO
9. Lack of competence in counseling for the natural family planning methods.	193	509	156	150	64	3.58	A
10. Poor promotion of public awareness about the family planning program.	160	323	377	131	81	3.33	NO
11. Husband didn't want his wife to use birth control.	164	379	276	185	68	3.36	NO
						3.36	NO

Legend: 4.21-5.00 Strongly Agree (SA); 3.41-4.20 Agree (A), 2.61-3.40 No Opinion (NO); 1.81-2.6 Disagree (D); 1.00-1.80 Strongly Disagree (SD), WM-Weighted Mean; AWM-Average Weighted Mean; DR-Descriptive Rating

DISCUSSION

The findings revealed that most 4Ps beneficiaries were middle-aged, had completed high school, had a monthly family income below ₱5,000, and were engaged in farming. This profile suggests that family planning (FP) programs should be responsive to the socioeconomic and geographic circumstances of low-income and predominantly rural households. Limited financial resources, livelihood demands, and possible geographic barriers may affect beneficiaries' ability to access, prioritize, and continuously utilize reproductive health services. Thus, policymakers and program implementers should strengthen community-based FP education and services that are affordable, geographically accessible, culturally appropriate, and responsive to the specific needs of disadvantaged families.

The findings further indicate that FP information, commodities, and provider competence were generally perceived as accessible among the beneficiaries. This suggests that existing FP initiatives under the 4Ps program are reaching the target population to some extent. However, the results also identified areas requiring continued improvement. Although information dissemination was generally rated as accessible, access to unbiased information regarding all available FP methods received a relatively lower rating. This emphasizes the importance of ensuring that beneficiaries receive complete, accurate, and non-judgmental information about the different contraceptive options. Community health workers, Barangay Health Stations, and other primary healthcare providers should provide counseling that discusses the benefits, effectiveness, possible risks, side effects, and appropriate use of available methods. Such an approach can strengthen informed decision-making and promote voluntary and appropriate FP choices.

The availability of FP commodities also requires sustained attention. Although the overall weighted mean for commodity accessibility was 2.66, interpreted as accessible, some components were only moderately accessible, particularly the availability of a broad range of FP methods and the presence of adequate clinic signage. These findings indicate that accessibility involves not only the physical presence of contraceptive commodities but also the availability of sufficient choices and clear information within healthcare facilities. Health authorities should therefore strengthen commodity forecasting, procurement, inventory monitoring, and resupply mechanisms to prevent stock-outs and ensure the continuous availability of a wide range of appropriate FP methods.

Provider competence is another important component of accessible FP services. While provider competence was generally perceived as accessible, continuous training and professional development received a moderate-access rating of 2.49. This finding highlights the need for regular capacity-building activities among healthcare workers. Refresher training should include contraceptive counseling, informed choice, confidentiality, respectful and client-centered care, effective communication, and appropriate management of side effects. Strengthening these competencies may improve clients' confidence in FP providers and encourage greater utilization and continuation of appropriate methods.

The socioeconomic characteristics of the beneficiaries should likewise be considered in the design and delivery of FP interventions. The finding that 97.2% of respondents reported a monthly family income below ₱5,000 and that almost half were engaged in farming demonstrates the economic vulnerability of the population. Financial limitations and livelihood responsibilities may make it difficult for beneficiaries to regularly visit health facilities. Community outreach services, flexible clinic schedules, mobile or satellite services, and community-based distribution of appropriate FP commodities may therefore help reduce practical and geographic barriers to access. These strategies can make FP services more responsive to beneficiaries whose daily responsibilities or financial circumstances limit their ability to seek facility-based care.

The significant relationships between selected demographic characteristics and FP accessibility further demonstrate the importance of targeted interventions. The positive correlation between age and FP accessibility suggests that younger beneficiaries may require more focused outreach, education, and counseling to ensure that they are equally informed about available FP services. On the other hand, the negative relationships observed with the number of children, educational attainment, and income suggest that

beneficiaries with larger families, lower educational attainment, or fewer financial resources may experience greater difficulty in accessing or benefiting from FP services. These findings highlight the need for inclusive and customized communication strategies, particularly for economically disadvantaged and less-educated beneficiaries. Healthcare providers should use simple, understandable, culturally sensitive, and client-centered approaches when discussing reproductive health and FP options.

The findings concerning uncertainty toward challenges in accessing FP services also deserve attention. The beneficiaries' uncertainty or lack of opinion regarding the problems they encounter may indicate limited awareness of their reproductive health rights, inadequate health literacy, or possible reluctance to express concerns about FP services. This uncertainty should not automatically be interpreted as the absence of barriers. Rather, it may indicate that beneficiaries need greater opportunities to understand their rights, express their experiences, and participate in discussions concerning the services they receive. FP programs should therefore establish mechanisms for client feedback, community dialogue, counseling, and participatory health education. Creating a safe and respectful environment may encourage beneficiaries to communicate their concerns and identify barriers that may not be captured through conventional assessments.

Overall, the findings suggest that although FP services are generally accessible to 4Ps beneficiaries, important disparities remain, particularly in relation to socioeconomic conditions, education, family size, age, and the availability of comprehensive information and commodities. Accessibility should therefore be understood not merely as the physical presence of FP services but also as the ability of beneficiaries to obtain accurate information, choose from appropriate methods, receive competent and respectful care, and access services without financial, geographic, or social barriers. Strengthening community-based education, ensuring reliable commodity availability, enhancing provider competence, and developing targeted interventions for vulnerable groups are essential to promote equitable access to FP services. Sustained support and expansion of these initiatives, particularly in remote and underserved communities, can contribute to more responsive reproductive health services and improved family planning outcomes among 4Ps beneficiaries.

CONCLUSION

- The majority of Pantawid Pamilyang Pilipino Program (4Ps) beneficiaries were middle-aged adults and had completed high school education. Most of them were engaged in farming as their primary source of livelihood, and almost all reported a monthly family income of less than ₱5,000.
- The Pantawid Pamilyang Pilipino Program beneficiaries generally had access to family planning information, commodities, and competent family planning providers. This indicates that family planning services are generally available and accessible to the beneficiaries in the study area.
- A significant relationship was found between the demographic profile of the respondents and their accessibility to family planning services. This finding indicates that certain demographic characteristics may influence the beneficiaries' level of access to family planning information, commodities, and healthcare providers.
- Overall, the Pantawid Pamilyang Pilipino Program beneficiaries were uncertain about the problems they encountered in accessing family planning services. This suggests that the respondents may have had limited awareness or were unable to clearly identify the specific barriers they experienced in obtaining family planning services.

RECOMMENDATION

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

- Strengthen inter-agency collaboration in promoting access to family planning services. The Department of Health (DOH), Department of the Interior and Local Government (DILG), Department of Social Welfare and Development (DSWD), and Local Government Units (LGUs) should work collaboratively to promote the health and welfare of vulnerable populations, particularly Pantawid Pamilyang Pilipino Program (4Ps) beneficiaries. These agencies should coordinate their resources, programs, and community-based initiatives to improve equitable access to family planning services.

- Enhance awareness and education on family planning and responsible parenthood. Family planning education should be continuously strengthened among 4Ps beneficiaries to provide clear, accurate, and comprehensive information regarding available family planning services, safe and effective contraceptive methods, their benefits and possible side effects, and the availability of commodities. Health education should emphasize informed choice and responsible parenthood as important measures in promoting maternal and child health and reducing preventable maternal and child morbidity and mortality.
- Strengthen the capacity and continuing professional development of family planning providers. Enhancement programs, refresher training, and capacity-building activities should be provided regularly to family planning healthcare providers. These programs should focus on effective counseling, informed choice, confidentiality, respectful and client-centered care, communication skills, and appropriate management of contraceptive side effects. Strengthening provider competence may further improve the quality and accessibility of family planning services among 4Ps beneficiaries.
- Maximize the role of Municipal Health Offices and Barangay Health Stations as primary sources of family planning information and services. Municipal Health Offices, through their Barangay Health Stations and community health workers, should serve as frontline providers of family planning education and services, particularly for low-income and underserved couples. Community-based activities such as health education sessions, counseling, outreach services, and regular monitoring should be strengthened to reach beneficiaries who may experience financial, geographic, or other barriers to accessing facility-based services.
- Encourage further research to strengthen the evidence on family planning accessibility and utilization. Future studies should use validated research instruments and clearly report statistical measures, including Pearson's r and corresponding p -values, separately and appropriately. Multivariable regression analysis may also be considered to identify independent predictors of family planning accessibility. Longitudinal and mixed-methods studies are further recommended to provide a deeper understanding of how socioeconomic, geographic, informational, and health-system factors influence actual family planning utilization among 4Ps beneficiaries.

REFERENCES

1. Center for Reproductive Rights; Progress on Reproductive Health in the Philippines. 2015. UNCRR-Committee on the Elimination of Discrimination against Women (CEDAW).
2. Department of Health (DOH) and US Agency International Development (USAID The Philippine Clinical Standards Manual on Family Planning, 2014 Edition), ISBN 978-971-92174-73, San Lazaro, Manila Phil. 437 pages
3. Esperanza Cabral Esperanza. 2014. Former Secretary of Health, Department of Health Philippines, 2014 Reproductive Health Law in the Philippines.
4. Fraenkel, Jack Norman Wallen and Helen Hyun. 2008. How to Design and Evaluate Research in Education, 9th Edition, Mc Graw-Hill International Edition.
5. Manalaysay Patricia. 2011. Getting Started in Nursing Research, First Edition, Educational Publishing House.
6. Manual of Operations, The MNCHN Manual of Operations. 2011. 2nd Edition, March 27, 2011 Published by the Department of Health, National Center for Disease Prevention and Control San Lazaro Compound, Rizal Avenue, Sta. Cruz, Manila, 1003 Philippines.
7. Sammarco, Angela. 2017. Women's Health Issues Across the Life Cycle: A Quality of Life Prospective, 1st edition
8. Tan Crestita Barrientos. 2011. A Research Guide in Nursing Education: Evidence Based Practice, Text and Workbook by Fourth Edition, Printed in Guiani Prints Houses.
9. Amanda, Glassman, Denizhan Duran, Lisa Fleisher, Daniel Singer, Rachel Sturke, Gustavo Angeles, Jodi Charles, Bob Emrey, Joanne Gleason, Winnie Mwebsa, Kelly Saldana, Kristina Yarrow, and Marge Koblinsky. 2013. "Impact of Conditional Cash Transfers on Maternal and Newborn Health" December 2013 (4 Suppl 2): S48–S66. PMCID: PMC4021703, Journal of health, Population and Nutrition. 2013.
10. Arnoco, Lean (The Freeman) | August 1. 2016. PHILSTAR

11. Ante Camille Manila Bulletin published January 14, 2017, 12:06 am by Santos, Tina - Reporter Philippine Daily Inquirer September 30, 2016.
12. Alejo, Albert S., Liezl L. De Sosa – Camacho, Rosalyn Romo Eche, Liezl L. De Sosa – Camacho, August 2014, A study of the Views, Attitudes and Practices of Teachers and Parents in Catholic High Schools Regarding Reproductive Health, Responsible Parenthood and Sexuality Education, Social Development Office, Ateneo de Zamboanga University.
13. DSWD pushes for policy on 4Ps family development program By Apple Grace C. Danuco (The Freeman) | Updated August 11, 2017 - 12:00am
14. David Rina-Jimenez Philippine Daily Inquirer; 12:30 pm, April 29, 2016
15. Family Planning Competency-Based Training: Basic Course Handbook, 2011
16. A Policy Guide for Implementing Essential Interventions for Reproductive,
17. WHO, 2012 Maternal, Newborn and Child Health (RMNCH): A multisectoral policy compendium for RMNCH printed in Spain.
18. Family Planning in India: A Study of Law and Policy, India Mau victa published 8:30 am, August 26, 2017.
19. Jaymalin, Mayen- Access to family planning services still low; (The Philippine Star) | March 8, 2016.
20. Jimma Zone, Ethiopia By Tizta Tilahun, Gily Coene, Stanley Luchters, Wondwosen Kassahun, Els Leye, Marleen Temmerman, and Olivier Degomme Hamid Reza Baradaran, 2013; Family Planning Knowledge, Attitude and Practice among Married Couples. Published 2013
21. Lee, Kira, Alexandra Devine, Adrienne Germain, Gita Sen, Claudia Garcia-Moreno & Mridula Shankar. 2015. published: Advancing sexual and reproductive health and rights in low- and middle-income countries: Implications for the post- global development agenda Pages 137-148 | Received 19 Oct 2014, Accepted 06 Nov 2014, Published: 28 Jan 2015
22. Luczon, Claire & Josefa S. Francisco, 2015. Commentary: Sustained Advocacy produces success in the Philippines Pages 271-272 | Published: 07 January 2015.
23. Marco, Ma. Jesusa, Jerome Zayas, Liz Gill-Atkinson and Cathy Vaughan. 2015. Sexual and Reproductive Health Services for Women with Disability: A Qualitative Study with Service Providers in the Philippines. October 2015.
24. Tandon Dr Usha, 2010 Assoc. Professor Faculty of Law University of Delhi 010.
25. WHO Library Cataloguing-in-Publication Data Department of Health MNCHN Strategy.
26. #World News January 12, 2017 / 9:51 PM Trust Conference, Reuters.
27. Gonzales, Jesus, 2010 "Implementation of Selected Department of Health Programs by the Implementers: Basis for an Enhancement Program" VMUF, October 2010.
28. Conditional Cash Transfer (CCT) Philippines - Improving the Human Capital of the Poor (Pantawid Familyang Pilipino Program or 4Ps)" (PDF). Retrieved 2012-10-28. / consciencemag.org/2017/04/19/family-planning-in-the-Philippines.
29. Commentary: Sustained Advocacy Produces Success in the Philippines a Reproductive Health, WHO/Pallava Bagla Jun 2015 10.1080/17441692.2014.986174 PMID: PMC4318088.
30. Ensuring Access to Family Planning Services for All, By Donna Barry and Amelia Esenstad Posted on October 23, 2014, 11:49 am.
31. International Reproductive Health and Family Planning: U.S. Funding Priorities and Policy Implications Center for Health and Gender Equity (CHANGE), May 2012.
32. International Reproductive Health and Family Planning: U.S. Funding Priorities and Funding Implications Philippines Health Law Tests Power of Catholic Church June 17, 2013 | The Washington Post pulitzercenter.org/reporting/philippines-health-law-tests-power-catholic-church.
33. Luczon, Claire A. and Josefa S. Francisco, 2015 Global Public Health. 2015 Feb 7; 10(2): 271–272. Published online 2015 Jan 7.
34. Natural Family Planning Program ♦ United States Conference of Catholic Bishops ♦ 3211 Fourth St., NE ♦ Washington, DC 20017 ♦ 202/541-3240 ♦ nfp@uscbb.org. pcw.gov.ph › Resources › Statistics May 13, 2014.
35. Philippine news agency-republic of the Philippines Albay unites for RPRH law Implementation on World Population Day. July 26, 2017, 9:47 am.
36. Philippines reproductive-health law tests power of Catholic Church as it lobbies Supreme Court. Tom Hundley. The Washington Post. 17/06/2013.

37. Philippines bishops say RH bill is 'wake-up call' to preach against contraception Fri Jan 4, 2013 - 11:41 am EST, <https://www.lifesitenews.com/.../philippines-bishops-say-rh-bill-is-wake-up-call-to-pre>.
38. Reproductive health clinic in Viet Nam. ©UNFPA/Doan Bau Chau, 2012 rpo3.popcom.gov.ph/index.php/.../74-statement-on-the-2015-family-planning-month, June 2015.
39. The Partnership for maternal, newborn and child health, January 7, 2013 http://www.who.int/pmnch/media/news/2013/20130107_philippines_reproductive_health_law/en/.
40. Using the hashtag #Yes2RH, upload selfies on your Facebook and Twitter accounts from March 28 until April 8 in support of the reproductive health law Rappler.com Published 5:26 PM, March 27, 2014, Updated 5:26 PM, March 27, 2014.
41. Use of modern family planning methods in PH rose in 2015 – report <https://www.rappler.com/.../137256-2nd-report-implementation-reproductive-health/>.
42. UNFPA United Nation Population Fund “Sexual and Reproductive Health” November 2016.
43. Viray, Patricia Lourdes - Duterte signs EO to implement RH Law (philstar.com) | Updated January 11, 2017 - 2:33pm. www.ipsnews.net/2016/12/family-planning-in-the-philippines-stalled-again/ Dec 28, 2016.
44. #Yes2RH: Selfies in support of the reproductive health law <https://www.americanprogress.org/.../ensuring-access-to-family-planning-services->.
45. <http://www.popcom.gov.ph/62-press-releases/rp-rh-law/rp-rh-law-introduction/329-responsible-parenthood-and-reproductive-health-rp-rh-law>.
46. https://en.wikipedia.org/wiki/Responsible_Parenthood_and_Reproductive_Health_Act_of_2012
47. <https://rhbillresourcepage.wordpress.com/the-rh-law-republic-act-no-10354/>.
48. <http://www.asean-endocrinejournal.org/index.php/JAFES/article/view/48/471>.
49. <http://newsinfo.inquirer.net/331639/the-reproductive-health-law>.
50. <http://www.gmanetwork.com/news/story/575011/news/nation/duterte-vows-full-Implementation-of-rh-law>. <http://pcw.gov.ph/law/republic-act-10354>.
51. <http://www.philstar.com/headlines/2017/01/11/1661715/duterte-signs-eo-Implement-rh-law>.
52. <http://www.sunstar.com.ph/responsible-parenthood-and-reproductive-health-law>.
53. <https://www.rappler.com/nation/140884-duterte-sona-2016-philippines-Reproductive-health-law>.
54. http://www.washingtonpost.com/world/asia_pacific/philippines-health-law-tests-power-of-catholic-church/2013/06/16/36bc3bdc-d36a-11e2-8cbe-1bcbee06f8f8_story.html.