

# Exploring the issues, practices, and prospects of family planning among married couples in Southern Philippines

Sittie Mairah H. O. Ali, Ashley A. Bangcola\* , and Athena Jalaliyah Derico Lawi

Mindanao State University – Marawi City, Philippines



## Abstract

**Background:** Nurses are involved in all aspects of health, including reproductive health. They play a fundamental role in family planning and are often designated as point persons in family planning-related concerns. In order to provide effective counseling on family planning, the nurse must understand issues, practices, and prospects of family planning among married couples in their community.

**Objective:** This exploratory multiple case study investigates family planning issues, practices, and prospects among couples in a municipality located in Southern Philippines.

**Methods:** Ten married couples of varying characteristics were interviewed to elicit their perspectives on family planning practices. The data were analyzed using coding transcriptions and thematic analysis.

**Results:** Five sub-themes emerged under the theme of Family Planning Issues: family planning as a burden; fear of side effects; peer-driven contraceptive choice; family planning as a social stigma; family planning as a sin. Two sub-themes emerged under the theme of Family Planning Practices: knowledge of family planning commodities; availability and acceptance of the contraceptive method. Finally, two sub-themes also emerged under the theme of Family Planning Prospects: family planning as a financially beneficial practice; prospects on family planning depend on husband's acceptance.

**Conclusion:** These sub-themes were also distinguished by their similarities and differences based on the four parameters identified, including age, sex, financial status, and educational attainment, which aided in the development of recommendations that could be implemented in the local community. The results of this study especially have a bearing on nurses and their role in the family planning process. Nurses play a fundamental role in guiding community members and families toward health and wellness. Thus, it is crucial for nurses to understand family planning issues underpinning their community so they can better exercise their role.

## Keywords

family planning; reproductive health; nursing; case study; Philippines

### \*Corresponding author:

**Dr. Ashley A. Bangcola, RN, MAN, DScN**  
 Mindanao State University – Marawi City  
 Block. 446 Zone 10 Purok 24 Brgy. Maria  
 Christina Iligan City, Philippines 9200  
 Phone: +639-177-101-258  
 Email: [ashley.bangcola@msumain.edu.ph](mailto:ashley.bangcola@msumain.edu.ph)

### Article info:

Received: 9 October 2021  
 Revised: 9 November 2021  
 Accepted: 14 December 2021



This is an Open Access article distributed under the terms of the [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/), which allows others to remix, tweak, and build upon the work non-commercially as long as the original work is properly cited. The new creations are not necessarily licensed under the identical terms.

E-ISSN: 2477-4073 | P-ISSN: 2528-181X

## Background

The family, as the basic unit of society, plays an important role in maternal and child health care services. Maternal and child health care services include family planning as a critical strategy. Family planning has become a contentious issue all over the world (Anyanwu et al., 2013). Despite this, it was regarded as one of the ten greatest public achievements of the twentieth century. Individuals were able to achieve desired birth spacing and family size thanks to the availability of family planning services, which also contributed to improved health outcomes for infants, children, women, and families. Despite the positive impact that family planning has had on society, a number of issues have arisen over the years.

The results of this study especially have a bearing on nurses and their role in the family planning process. According

to the [Philippine Department of Health \(2017\)](#), the designated family planning point persons in the country are usually Chief Nurses. Meanwhile, a study on public health nurses' role in family planning (Smith, 1968) provides some basic principles in public health nursing, which serve as a guide to the involvement of nurses in family health planning. Firstly, public health nursing is an established community activity. Secondly, health education and counseling for patients, families, and the community are integral in public health nursing. Lastly, the nurse should be professionally prepared to function as a health worker in the community. As community workers, as healthcare providers, nurses play a fundamental role in guiding members of the community and families toward health and wellness. They are involved in all aspects of health, including reproductive health. Thus, it is crucial for nurses to understand family planning issues underpinning their community so they can better exercise their role.

During the ICPD+25 Nairobi summit, held in Kenya in November 2019, the Philippine government reaffirmed its commitment to ensuring “universal access of all Filipinos to reproductive health care and services, including family planning information and services,” in accordance with the 2030 Sustainable Development Goals (Philippine Department of Health, 2017).

In the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), formerly known as the Autonomous Region in Muslim Mindanao (ARMM), it was discovered that 18% of married women aged 15-49 had an “unmet need for family planning.” (Philippine Department of Health, 2014). This means that they wanted to stop or delay childbearing but were unable to use any form of contraceptive. BARMM is a Muslim-majority autonomous region in a predominantly Christian-majority country, the Philippines. As such, religion has a heavy influence on social norms.

Various Fatwah (legal opinion or ruling issued by an Islamic scholar) on family planning were developed as guides in dealing with family planning issues and dilemmas. The availability of family planning services is influenced by various Fatwah. It is sometimes regarded as a major impediment to practicing family planning, particularly in Muslim areas where health centers are located a long distance away from the community. The number of dropouts in family planning acceptors had become a dilemma in Lanao del Sur, particularly in the municipality of Calanogas, where the study was conducted. This study was thus undertaken to discover the common issues, practices, and prospects regarding family planning in the municipality of Calanogas to formulate culturally sensitive recommendations so that family planning services in rural areas may be promoted more effectively. This study aimed to investigate the different issues, practices, and prospects regarding family planning among the participants – to generate themes based on the common and differing experiences of the couples who were the respondents of the study.

## Methods

### Study Design

A multiple case study design approach guided this study, which was carried out using qualitative research methods and thematic analysis. The qualitative research method was especially useful because it allowed the researchers to delve deeper into the issues, practices, and prospects for family planning services (Scheyvens, 2014). The research was carried out in the municipality of Calanogas. It is a landlocked municipality in the southern part of the Philippines. The majority of Calanogas' residents have converted to Islam.

### Participants

The sampling method used in this study was purposive sampling. Purposive sampling is a non-probability sampling in which the researchers select a sample based on population characteristics and study objectives. These chosen respondents were screened using the criteria. As a result, five couples or ten respondents participated. No couples dropped out of the study.

### Data Collection

A pilot study was conducted with two married couples living in the community. The interview was audio-recorded. The results were used to refine the questionnaire further. The two married couples were not used as respondents for the main study, and errors in the pilot study were rectified during the main study.

Because this study was based on qualitative research and an exploratory case study, the researchers and interviewer conducted individual interviews with the participants. The interviews were semi-structured and guided by an interview guide. In addition, an interview guide covering specific topics related to the research questions was created. The wording and order of the questions were designed to appeal to both female and male respondents (Bryman, 2012). Only one interview was conducted per couple with no-repeat interviews.

### Data Analysis

Transcripts were coded in the order in which they were conducted, in batches of two couples at a time, allowing the researchers to reflect and edit the interview questions. The researchers read through the materials several times to become acquainted with the findings. Thematic analysis was used to analyze the data gathered from respondents.

Coding was used to assist the researchers in understanding the respondents' perspectives and analyzing their combined points of view. During the research process, codes were created based on the data for the purpose of analyzing the data (Urquhart, 2012). Coding was done both manually and on a computer. Themes were then generated from the data.

### Trustworthiness

To ensure trustworthiness, the researchers discussed among themselves and experts to ensure no bias in developing the themes. Both researchers were females, one a nursing student, while the other has a Master's and Doctoral degree in Nursing and had prior experience validating research instruments and conducting thematic analysis. The researchers acknowledged that they could identify with the participants, so they ensured they did not impose their values or opinions on the participants during the interviews. The researchers and the hired interviewer who was instructed did not prompt any answers from the participants and recorded their responses as is. The researchers were able to put aside their own understanding of the subject of investigation.

The researchers hired a male interviewer to eliminate as much bias during the interview as possible. One of the researchers and the male interviewer conducted the interviews, while both researchers also acted as the coders. Initial themes were also evaluated by researchers and further refined. Member checking was employed for respondents to validate the initial data gathered and see if they agreed with the themes generated. Themes were also conveyed to them using the local language.

### Ethical Consideration

Written informed consent was obtained from all the participants of the study. Ethical Clearance was provided by the Ethics Review Committee of the Mindanao State University-College of Health Sciences. No relationship between the researchers and the respondents existed prior to

the study. Before the interview, researchers and interviewers disclosed and explained the purpose of the study in a language understandable to the respondents.

The couples were interviewed separately so that they could express their own opinions and avoid relying on their partners. To ensure the participants' privacy and confidentiality, each participant was interviewed once for at least 20-30 minutes in a secluded area within their home where only the researchers, the hired interviewer, and one other participant interacted. All of the interviews were either audio-recorded or transcribed. All the research participants were asked to sign an informed consent form that included a cover letter and information sheet outlining everything about the study. The researchers or an interpreter explained the meaning and implications of the consent letter in a language that they could easily understand. They were informed that their participation in the research was voluntary, and refusal to participate would involve no penalty or loss of any benefits to which they were otherwise entitled. The informed consent clearly stated that they were free to withdraw from the research or terminate the interview at any time should they feel uncomfortable continuing to be part of the research.

## Results

### Characteristics of the Participants

The married couples interviewed and who voluntarily participated in this study were all multipara (couples with two or more children) aged 25 years and older. Three couple partners among the participants used family planning methods such as Pills and DMPA, while the remaining two couple partners did not use any method.

### Thematic Findings

Three main themes, including sub-themes, emerged from the analysis: 1) Issues on Family Planning (family planning as a burden; fear of side effects; peer-driven contraceptive choice; family planning as a social stigma; family planning is a sin), 2) Practices on Family Planning (knowledge of family planning commodities; availability and acceptance of contraceptive method), and 3) Prospects on Family Planning (family planning as a financially beneficial practice; prospects on family planning depends on husband's acceptance).

#### Theme I: Issues on Family Planning

##### **Sub-theme 1: Family planning as a burden**

With respect to age, based on the results, it would seem that the older the participant, the less they viewed family planning as a burden. This is supported by statements from the respondents in response to the question, "How can people here in X access family planning services and modern contraceptives? What choices are available? Is it easy/difficult to access?":

*"Family planning is not necessarily a burden; it is entirely up to you, but there are a variety of methods available." (P3)*

In contrast, a younger respondent had this to say:

*"Family planning is a burden because it prevents me from having sexual pleasure with my wife. An example is a condom." (P9)*

With respect to sex, the results showed that three out of five male participants viewed family planning as a burden, indicating that the male sex had a greater likelihood of considering family planning as a burden. This is supported by the following statement in response to the question, "What do you think about contraceptives (modern/natural)?":

*"That is why I stopped using family planning; it became too difficult for me to put on the condom while we were doing the activity." (P8)*

In contrast, three out of five female participants did not consider family planning to be a burden.

*"Family planning is not a burden for me; it may be for others, but it is not a burden for me." (P1)*

Meanwhile, financial status did not seem to impact differing views as to whether or not family planning was a burden. This result may be because family planning commodities could be obtained free at health centers, making them accessible regardless of financial status.

Finally, with respect to educational attainment, results would show that the higher the educational attainment of the participants, the lower the likelihood of considering family planning as a burden, as shown by these contrasting statements in response to the question "Do you and your partner have the same opinion on contraceptives? What are your opinions?":

*"I graduated from college, but I never consider family planning to be a burden; what burdens me is the fact that I am unable to provide for my children's needs. (P8)*

*"I never went to school, so I never participated in family planning because it was a burden to me; I would rather focus on my children than on birth control." (P5)*

##### **Sub-theme 2: Fear of side effects**

The fear of side effects in family planning differed according to the age of the participants. The younger the participants, the more they feared contraceptive side effects. In contrast, the older the participant was, the less likely they feared side-effects, as evidenced by the following statements in response to the question "Do you think that men and women have the same opinion on contraceptives? Why/How different/same? Who takes responsibility for contraceptives? How are men/women involved in contraceptives (obtaining, control)?":

*"I was afraid to use contraceptives because they were said to be insoluble in the abdomen." (P4)*

*"Nothing, I have never experienced any side effects, and I have no fear of them, as there are already a large number of people engaged in family planning." (P3)*

With respect to sex, it was found that four out of five female participants demonstrated an absence of fear of side effects, meaning only one female respondent indicated a fear of side effects.

*"I am not afraid of adverse consequences on family planning; my husband simply does not want me to embrace a method." (P5)*

In contrast, two out of five total male participants expressed fear of side effects. With respect to financial status, it was found that unemployed participants were more afraid of side effects than employed participants.

*"I was worried about the side effects of family planning because one of my Buldon neighbors had the procedure." (P4)*

Meanwhile, as to educational attainment, it was revealed that participants who had completed college or high school had no fear of family planning side effects. In contrast, participants who had never attended school had more fear of family planning side effects. The following are some supporting statements:

*"I am a high school graduate, I am aware of what they say about family planning, and I have never been afraid of side effects." (P7)*

*"Yes, I did not attend school and had limited knowledge about family planning; I am afraid there are a lot of hearsays about the adverse effects of family planning." (P4)*

### **Sub-theme 3: Peer-driven contraceptive choice**

This study showed no correlation between the participants' ages and the peer-driven contraceptive choice issue in family planning. Out of a total of ten couple participants, eight of them, regardless of their age, expressed their belief that they were not motivated by environmental pressures.

Similarly, the results would show that majority of the participants, seven out of ten total participants, regardless of sex, had never been pressured with their contraceptive choice. This is supported by the following statement in response to the question "Are contraceptives something which you would talk about with friends, family, neighbors, etc.? (Why/why not?):":

*"We made no disclosures about our decision to anyone, including our immediate families, and our neighbors' contraceptive choices have no bearing on us as a couple." (P7/M)*

However, with respect to financial status, it was revealed that participants who were unemployed or self-employed were more affected than those who were employed by peer-driven contraceptive choice, as evidenced by the following statements in response to the question "Who do you talk about contraceptives or family planning services with?":

*"My siblings advise me to practice family planning because they believe I am incapable of meeting my family's needs." (P7)*

With respect to educational attainment, the study discovered no significant differences or similarities between peer-driven contraceptive choice and family planning.

### **Sub-theme 4: Family planning as a social stigma**

With respect to age, it was found that the younger the participant, the higher the likelihood of them considering family planning as a social stigma.

*"I am unable to accept family planning; our neighborhood has a history of discriminating against those who use it, and I do not wish to be ruined by them." (P9)*

This study also established a link between the participants' sex and the issue of social stigma associated with family

planning. Among the female participants, all five female respondents experienced social stigma, possibly due to the Meranao and Muslim communities' conservative culture. They did not want to be known as having accepted family planning methods. The following is a common statement made by these female participants:

*"I'm afraid to tell my family or neighbors about my contraceptive use for fear of becoming the talk of our town. The majority of my neighbors are opposed to family planning." (P2)*

In contrast, two of the five male participants indicated that social stigma was not a barrier to family planning practice, while the remaining three male participants said that social stigma was a factor in their inability to use a method.

In terms of the participants' financial situation, the study established no differences or similarities between their financial situation and the issue of social stigma in family planning. Additionally, this study revealed a correlation between participants' educational attainment and family planning as a source of social stigma. As a result, it would seem that the higher the educational attainment of a participant, the less the likelihood they had of being impacted by social stigma in their decision of whether or not to use family planning. The contrasting statements in response to the question, "How would you respond if someone were asking for your advice on family planning?" below would support such inference.

*"I am not afraid to use family planning; this is my life, and regardless of what they say, I will not let it affect me." (P3)*

*"Family planning is difficult; once someone learns about it, they will gossip behind your back. As a result, I will refrain from using family planning." (P10)*

### **Sub-theme 5: Family planning as a sin**

Religion played an essential role in dealing with contraceptive issues. Because this study was conducted in Calanogas, one of the municipalities of Lanao del Sur in Southern Mindanao, the majority of the residents practiced Islam. Some adherents of Islam oppose the use of contraception, but as different studies and *Fatwah* on family planning proliferated, they gradually learned the importance of family planning.

Despite this, participants in this study expressed a variety of opinions on the subject. According to the findings of this study, the younger the participant, the more they saw family planning as a sin. This result was supported by the following statements in response to the question, "Does your religion hinder you from accepting family planning methods? (Why or why not?):":

*"I am still young, but I already know that family planning is a sin against God." (P7)*

In contrast, the older the participant, the less they believed family planning was a sin. It was exemplified by the following statement:

*"Family planning is not a sin in God's eyes; the worst sin is having a large number of children but being unable to meet their basic needs; this is the major sin." (P3)*

Only one out of five male participants held the opinion that accepting family planning might be a sin to God and forbidden in Islam, but for this participant, it would be between him and God only, and he would praise God and ask for forgiveness by doing such act. On the other hand, the majority of female participants expressed a positive attitude toward family planning issues. According to them, their religion would not prevent them from using any method of contraception as long as they had a mutual understanding with their husband.

One female participant had this to say:

*"I do not believe Islam will prevent me from using contraception because all I can think about is how I will care for my children. I would not be able to care for them if I do not use contraception." (P1)*

In terms of financial status, no differences among the participants' views on the issue of family planning as sin were discovered. In terms of educational status, no disparity was also found, as regardless of whether the participant had high educational attainment or not, either way, the respondent was likely to view family planning as a sin in either case.

## Theme 2: Practices on Family Planning

### Sub-theme 1: Knowledge of family planning commodities

Modern family planning methods include a variety of forms, the majority of which can be practiced by women rather than men. According to the Department of Health (DOH) (2001:19), in order to have complete information on a contraceptive method, one must know how to use the method and where to obtain supplies. There were only two methods that men could use: the condom and the withdrawal method. As a result, it could be one of the reasons why men were uninterested in family planning. It was also why some men were unaware of the commodities that could be used in family planning because females were usually in charge of using them.

As to age, it was found that the older the participant, the higher the knowledge they had about family planning. This phenomenon is supported by the following statements in response to the question, "What kinds of contraceptives are you using/have used before (modern/natural)? Why did you decide to use that method?":

*"I am familiar with a variety of contraceptive methods, including pills, injections, and implants. They claim that implants are effective because they extend the time between pregnancies by up to five years." (P3)*

Another finding from this study was that the younger the participants, the less knowledge they had about family planning commodities. This is supported by the following statement:

*"I am not sure about that; I have never heard of such family planning products." (P4)*

Four out of five female respondents were aware of the different planning methods. In contrast, two out of the five male participants had limited knowledge of family planning or family planning commodities. Rather than using any method, they usually answer about controlling themselves or abstaining from sexual activity.

*"I am unaware of family planning commodities; however, if I do not wish for my wife to become pregnant, I am exercising self-control." (P10)*

There was no correlation found between the respondents' financial status and knowledge. Meanwhile, it was found that the higher the participants' educational background, the more knowledge they possessed about family planning.

### Sub-theme 2: Availability and acceptance of the contraceptive method

The [Philippine Department of Health \(2014\)](#) stated in its objectives for promoting high-quality contraceptive services that counseling must take place in a private and comfortable setting while maintaining confidentiality. Following counseling, clients should be satisfied with the method of contraception they selected. They must understand how to use the method, the expected side effects, what to do if they encounter difficulties, and when follow-up is necessary. Couples must be aware of where and when to obtain commodities in order to practice family planning. Generally, couples in Calanogas can receive family planning commodities from Barangay health stations or rural health units. Couples could obtain any commodities for free and be counseled following their visit to the mentioned health facilities.

It was found that the older the participants, the greater their likelihood of accepting contraceptive methods. On the other hand, the younger the participants, the lower the likelihood of accepting contraceptive methods. The following statements in response to the question "Do you and your partner have the same opinion on contraceptives?" substantiates these findings:

*"I accepted contraceptive method because it helped me in spacing my pregnancy, and I can take care of my children well" (P1/F/30)*

The following is a younger participant's statement regarding the acceptance of contraceptive methods:

*"I cannot accept contraceptive method because I want to have more children." (P9/M/25)*

Another significant finding in this study was the correlation between participants' sex and their acceptance of contraceptive methods. In terms of the number of participants, males and females had similar views on the acceptance of family planning, but when considering their sex, females were more accepting of contraceptive methods than men. The following statement may be relevant to this data:

*"I want to accept contraceptive method, but my husband does not want me to." (P4/F)*

Another statement about this occurrence came from the male's perspective:

*"I do not want my wife to accept any method; if she does, I will divorce her and remarry someone else." (P10/M)*

It was demonstrated in the above statements the dilemma that couples may face in relation to their family planning practices. Therefore, these findings must be taken into consideration and addressed in all family planning programs and activities.

In terms of financial status, no similarities or differences were discovered, as this study was based on the participants' perspectives, not their numbers.

In terms of educational attainment and its relationship to contraceptive method acceptance, participants with a higher level of education were more likely to accept contraceptive methods. It was backed up by the following assertions:

*"Here, as a college graduate, we understand family planning well; it benefits me greatly, especially when I am unable to meet the needs of my children due to unplanned pregnancy or insufficient time to conceive." (P8/M/College)*

On the other hand, the lower the participants' level of education, the less likely they are to accept contraceptive methods. The following statements support this inference:

*"To be honest, I am not interested in accepting methods. I will do whatever I can for my children." (P5/F/No Schooling)*

*"I am not sure where we can obtain these methods, and I am not interested in them because we're not using them." (P10/M)*

### Theme 3: Prospects on Family Planning

This theme examined the current state and prospects of family planning use among couples in Calanogas, Lanao del Sur. Among the aspects discussed were issues surrounding family planning practices and family planning practices themselves.

#### **Sub-theme 1: Family planning as a financially beneficial practice**

There was no disparity found with respect to age. Meanwhile, for sex, one of the female participants expressed the following views on the future of family planning practices in response to the question "What do you think the general opinion is towards contraceptives? Why? Is it different between different people? How? Women/women, men/men, older/younger? (Why? What could be the reasons?):":

*"Family planning can be beneficial to us, particularly those of us who are struggling to make ends meet. I am a simple housewife, and my husband is a simple farmer. Thus, if we practice family planning, there is a chance that we will be able to plan our children properly. However, I am unable to do so because my husband does not wish for me to accept the method." (P4/F)*

It would seem that the idea that men also have an impact on women's reproductive health through their partners holds true within the local context, as shown by the results of this study. No notable findings were found with respect to financial status or educational attainment.

#### **Sub-theme 2: Prospects on family planning depend on husband's acceptance**

Men's involvement in family planning practices was the study's central theme. When the participants considered their reasons for practicing family planning, they always included their husbands. Whether they accepted a method or not, their husband would always be involved in their birth spacing decisions. Thus, men's involvement in family planning may present more valuable opportunities and challenges for family planning practices in the future. A prevalent view among male participants was summarized as follows in a statement in response to the question, "Do you think that men and women

have the same opinion on contraceptives? Why/How different/same? Who takes responsibility for contraceptives?":

*"My wife has always assumed responsibility for family planning through the use of a method. I am not participating in any family planning activities because they are intended for women and not for men. Additionally, I don't have time to listen because I'm constantly out earning money for my family." (P10/M)*

According to the scenario outlined above, there would be additional points to discuss in this study. Couples may not be constrained in their approach to birth spacing, but they may face difficulties in making decisions that affect their emotional state and relationship with their partners. No notable findings were found with respect to age, financial status, or educational attainment under this theme.

## Discussion

The findings would show that the ten couples exhibited distinct tendencies in relation to their family planning practices and choices, influenced by their educational attainment, age, and gender. The social stigma and family planning as sin were identified as sub-themes. It can be inferred that the respondents were subjected to a great deal of stigma because of misinformation. From the respondents' perspective, they were aware of the methods but lacked the courage to use them due to the stigma associated with family planning. Several of them expressed interest in the final judgment on the use of family planning and its Fatwah in Muslim Mindanao.

Religion has regularly been found to play a role in influencing contraception use and fertility control. Empirical research from Asian countries suggests that putting sanctions on the use of birth control, particularly fundamentalist Islamic religious views, has a significant impact on the fertility behavior of women (David & Atun, 2014). Research would show that higher fertility and unintended pregnancies were attributed to the lower levels of power and autonomy afforded to Muslim women (Morgan et al., 2002). Bhagat and Praharaj (2005) expound on how socioeconomic variables influence fertility levels between Hindus and Muslims and examine the explanations from political and economic perspectives. They stated that there was a higher unmet need for family planning among Muslims, and they availed fewer services from government sources even in rural areas. Muslims were poorer and more illiterate, and the practice of family planning was low among Muslims. It was also found that Muslims used more spacing and traditional methods compared to non-Muslims.

In contrast to the above results, in this study, it was found that according to the respondents' perspectives, religion did not pose a barrier to family planning practices. However, some respondents emphasized how, in the past, Muslims were fearful of accepting family planning because the majority of them were unaware of the Fatwah or Islamic teachings on family planning.

Regarding the respondents' ages, studies indicate that contraceptive use among married women peaks between the ages of 35 and 39 and is lowest between the ages of 15 and 19 (Westoff, 2006). Studies showed a relationship between women's age and contraception use for spacing and limiting

birth (Keenan et al., 2005; Connell, 2013). The younger women were less likely to use contraceptive methods for spacing births because they still wanted to have more children. As women get older, they tend to use contraceptive methods for limiting birth. The women reached their desired number of children as their age increased, which might lead them to think about limiting childbirth. The use of contraception for determining birth usually peaks in the late thirties to the early forties (Lethbridge, 1990).

Similarly, findings in this study would show that the older the respondent, the more receptive they were to family planning issues. Educational attainment also had an effect on family planning issues in that the higher the educational attainment of the respondent, the more they understood the importance of family planning in their daily lives. A study done by Kaur and Pattanaik (2005) discussed the impact of education on family welfare programs in rural areas. The results concluded that education, communication, and motivation positively affect the acceptance of modern family planning methods and immunization of pregnant women and children. It was found that educating women has a greater impact on immunization while communication has a greater impact on the adoption of family planning methods. Four out of ten participants did not complete their education, and several did not have any education at all. It can be inferred that these participants were not fully aware of the use and value of any contraceptive method.

The method of choice was determined by the number of methods available on a regular basis and their availability. Individuals and couples must choose a method because they go through many stages. As their needs and values shift, they may transition from wanting to postpone childbearing (to space pregnancies) to finally terminating childbearing (Bongaarts & Brune, 1995).

The findings revealed that some of the participants were aware of the methods used in family planning, while others were not. According to the points raised during the face-to-face interview, the majority of the participants were more aware of modern methods of family planning than traditional methods. Contraceptive methods were traditionally divided into two types: modern and traditional methods. Parts of Hubacher and Trussell (2015)'s definition of modern contraceptives were used in this study. Thus, modern methods are contraceptives in which a person uses a hormonal or non-hormonal product or undergoes a medical procedure to hinder or prevent reproduction from sexual intercourse (Hubacher & Trussell, 2015).

In the Philippines, the prevalence of modern contraceptives had increased from 39 percent in 2013 to 45 percent in 2016 (Philippine Department of Health, 2017). This means that almost 5.7 million women were current users of modern contraceptives. The most common methods were contraceptives developed for women, such as Pills, sterilization, and IUD. Even though 89 percent of the population approved of modern contraceptives, the different aspects of sexual reproductive health had been widely debated (Lim et al., 2015). Authors have emphasized the importance of a rights-based approach when providing individuals with contraceptive options. It can help individuals find a method that aligns with their needs, crucial for an informed choice (Cates et al., 2014).

The study results suggest that one of the most promising prospects for the future of family planning was the involvement of males in family planning activities. Despite their active participation, females or wives could not act without the mutual support of males or husbands. Women are often targeted for information in family planning initiatives. However, they may not be the major decision-makers when it comes to contraception use. Studies have shown that negative beliefs on contraception, such as how it makes men less "manly" or that using contraception causes infertility, have been proven to create barriers to contraceptive access and use. As a result, these beliefs could reduce men's use of contraception and support for other family planning methods (Croce-Galis et al., 2014).

In many countries, family planning had the goal of eradicating poverty. However, over the years, the relationship between population and poverty has been debated, and a consensus was emerging that rapid population growth could increase the sheer number of poor people in rural health areas.

### Implications of the Study

The study sheds light on the local contexts in which family planning issues, practices, and prospects exist while also emphasizing the critical and complex role of men in family planning. The underlying issues that have been identified as contributing to negative perceptions of family planning include a lack of accurate information leading to fear of side effects, insufficient skills in partner discussion and communication, a negative attitude toward modern methods, and opposition from peers and communities. Additionally, economic and social factors contribute to the lack of acceptance of family planning programs. According to the study, negative attitudes toward family planning could be attributed to low educational attainment, social-cultural values associated with large family sizes, economic concerns, and the social stigma associated with women who use family planning. The researchers observe from the study's findings that many participants believe family planning is a sin and that only natural family planning methods are acceptable in Islam. Religious leaders are influential figures in society who shape public opinion. They are consulted on all daily life issues, including contraception. Therefore, it is critical for this influential group to have accurate Islamic views on family planning.

The study has also revealed other misconceptions held by men on family planning. The desire for a larger family size may be the primary reason for Calanogas' low uptake of family planning services. The perception that family planning is a female concern, despite the fact that men take the lead in decision-making, is a critical finding that necessitates programmatic shifts to increase men's positive engagement in family planning programs. It is critical to understand men's perceptions and attitudes in order to design effective family planning programs.

The importance of education cannot be overstated. Governments at the national, regional, and local levels must invest in family planning education to empower women to make informed decisions. The findings of this study can be used to develop culturally appropriate approaches to engaging men, challenging negative social norms, and fostering positive social change in order to improve family planning uptake.

Nurses have always traditionally had a central role in the family planning process and the promotion of reproductive health. Furthermore, the role of the nurse in family planning has also taken on new depth. They have become involved in all levels of family planning, such as in the development and promotion of programs, as well as in its implementation and health counseling with members of the family. The results of this study can thus be helpful for nurses as they fulfill their multi-faceted roles. Nurses can consider the importance of properly educating and involving husbands in the family planning process. They can assuage concerns with respect to perceived side-effects and be an easily accessible source for information and resources, capable of guiding couples on where they can find family planning essentials. Furthermore, they can counsel couples on finding the family planning method best suited to them in consideration of their circumstances and level of acceptance. Spiritual nursing care also has a role to play considering implications in this study which link the level of family planning acceptance to religion.

### Limitation

The primary objective of the present study was to examine various family planning cases. It emphasized men's and women's voices in describing their views and opinions about family planning by distinguishing the family planning issues, practices, and prospects from the four study parameters of age, sex, educational attainment, and financial status. This study did not cover other problems and parameters. Another limitation is the sample size. The empirical evidence in this research is restricted to one municipality in southern Mindanao, wherein the opinions of ten select married couples were studied in interview sessions.

### Conclusion

As attitudes toward family planning and desired family size change, an increasing number of women and couples will seek family planning services. Addressing family planning concerns will assist in meeting these needs and ensuring that women and couples can achieve their childbearing and reproductive health goals.

### Declaration of Conflicting Interest

The authors declare no conflict of interest in this study.

### Funding

This research received no specific grant from any funding agency in the public, commercial, or non-profit sectors.

### Acknowledgment

None.

### Authors' Contributions

SMHOA is the primary author of the study. She formulated the research problem and data analysis. She also carried out the data collection and drafting of the final manuscript. AB and AJDL are the co-authors of the study. They served as advisers and contributed to the conceptualization of the research problem. AB conducted the statistical treatment of the data while AJDL participated in the data analysis.

### Authors' Biographies

**Sittie Mairah H. O. Ali** is currently connected to Integrated Provincial Health Office in Lanao del Sur, graduated Master of Arts in Nursing major in Nursing Administration from the Mindanao State University - Main Campus Marawi City, a frontline health worker in the community serving the public with utmost integrity and perseverance. Her research interests include maternal and child health, family planning, nursing administration, climate change, public administration, and public health.

**Dr. Ashley Ali Bangcola** is a holder of a Doctor of Science in Nursing degree major in Gerontology Nursing from the Cebu Normal University in the Philippines. She graduated with a Master of Arts in Nursing major in Nursing Administration from the Mindanao State University in 2011. She is an Associate Professor at the Mindanao State University – College of Health Sciences and the current Research Coordinator of the same. Her research interests include gerontology nursing, nursing education, maternal and childcare, nursing administration, spiritual health care, and mental health.

**Dr. Athena Jalaliyah Derico Lawi** is a Nurse Educator who has finished a Bachelor of Science in Nursing at the Mindanao State University College of Health Sciences. She completed Masters in Nursing and Master of Arts in Nursing Major in Medical-Surgical Nursing at the Liceo de Cagayan University, Cagayan De Oro City, and Doctor of Philosophy Major in Educational Planning and Management at the Mindanao University of Science and Technology-now University of Science and Technology of Southern Philippines In Cagayan De Oro City. She is now the Chairman of the Nursing Department of the MSU College of Health Sciences.

### Data Availability

The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

### References

- Anyanwu, J. I., Eskay, M., & Ezegbe, B. N. (2013). Family planning in Nigeria: A myth or reality? Implications for education. *Journal of Education and Practice*, 4(15), 108-113.
- Bhagat, R. B., & Praharaj, P. (2005). Hindu-Muslim fertility differentials. *Economic and Political Weekly*, 40(5), 411-418.
- Bongaarts, J., & Bruce, J. (1995). The causes of unmet need for contraception and the social content of services. *Studies in Family Planning*, 6, 57-75. <https://doi.org/10.2307/2137932>
- Bryman, A. (2012). *Social research methods* (4th ed.). Oxford: Oxford University Press.
- Cates, W., Stanback, J., & Maggwa, B. (2014). Global family planning metrics—time for new definitions? *Contraception*, 90(5), 472-475. <https://doi.org/10.1016/j.contraception.2014.06.037>
- Connell, R. (2013). *Gender and power: Society, the person and sexual politics*. New Jersey: John Wiley & Sons.
- Croce-Galis, M., Salazar, E., & Lundgren, R. (2014). *Male engagement in family planning: Reducing unmet need for family planning by addressing gender norms*. Washington, DC: Institute for Reproductive Health, Georgetown University.
- David, C. C., & Atun, J. M. L. (2014). Factors affecting fertility desires in the Philippines. *Social Science Diliman*, 10(2), 100-119.
- Hubacher, D., & Trussell, J. (2015). A definition of modern contraceptive methods. *Contraception*, 92(5), 420-421. <http://dx.doi.org/10.1016/j.contraception.2015.08.008>
- Kaur, K., & Pattanaik, B. K. (2005). *Rural reproductive and community health care: An inter-religion and inter-caste analysis*. India: Centre for Research in Rural and Industrial Development.
- Keenan, K. F., Van Teijlingen, E., & Pitchforth, E. (2005). The analysis of qualitative research data in family planning and reproductive health care. *BMJ Sexual & Reproductive Health*, 31(1), 40-43. <https://doi.org/10.1783/0000000052972825>
- Lethbridge, D. J. (1990). Use of contraceptives by women of upper socioeconomic status. *Health Care for Women International*, 11(3), 305-318. <https://doi.org/10.1080/07399339009515900>
- Lim, M. S. C., Zhang, X.-D., Kennedy, E., Li, Y., Yang, Y., Li, L., . . . Luchters, S. (2015). Sexual and reproductive health knowledge, contraception uptake, and factors associated with unmet need for modern contraception among adolescent female sex workers in China.



- PloS One*, 10(1), e0115435. <https://doi.org/10.1371/journal.pone.0115435>
- Morgan, S. P., Stash, S., Smith, H. L., & Mason, K. O. (2002). Muslim and non-Muslim differences in female autonomy and fertility: Evidence from four Asian countries. *Population and Development Review*, 28(3), 515-537. <https://doi.org/10.1111/j.1728-4457.2002.00515.x>
- Philippine Department of Health. (2014). *Republic Act No. 10354: Responsible Parenthood and Reproductive Health National Implementation Team and Regional Implementation Teams*. Retrieved from <https://doh.gov.ph/node/15602>
- 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>
- Scheyvens, R. (2014). *Development fieldwork: A practical guide*. London: Sage.
- Smith, V. (1968). The public health nurse's role in family planning. *The Family Coordinator*, 17(1), 15-17.
- Urquhart, C. (2012). *Grounded theory for qualitative research: A practical guide*. London: Sage.
- Westoff, C. F. (2006). *New estimates of unmet need and the demand for family planning*. Retrieved from Calverton, Maryland, USA: <https://dhsprogram.com/pubs/pdf/CR14/CR14.pdf>

**Cite this article as:** 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 Nursing Journal*, 8(1), 35-43. <https://doi.org/10.33546/bnj.1939>