



# Appendices

Appendix A:

## Invitation focus group discussions

Bacolod, October 20, 2005

Dear Barangay Health Worker in Barangay Singcang,

You might be aware of my visits to the Barangay Health Centre of Singcang during the last few weeks.

My name is Anja Holwerda, I am a student at the University of Groningen, Holland working on my master thesis in Human Geography.

For the fieldwork as part of this master research project I am in Bacolod to conduct research on the topic of Reproductive Health, especially contraceptive behaviour.

The fieldwork takes place from September to mid December, 2005.

For this research I am working together with Balayan, a local non-governmental organisation (NGO) and part of the University of St.La Salle in Bacolod.

The main objectives of the study are to:

- identify the perceptions, beliefs and attitudes of women in the reproductive period regarding contraception and contraceptive methods.
- identify how women and couples are influenced in their decision-making by people in their immediate social environment
- identify possible constraints for contraceptive use for Filipino women

Herewith I would like to invite you for a focus group discussion that will take place on

.....

The purpose of the meeting is to collect and discuss an as broad as possible range of opinions, experiences and ideas of barangay health workers regarding influencing factors on contraceptive behaviour.

The results of these focus group discussions will be used for input in the survey that will take place in the Barangay among women of reproductive age in a later stage of the research.

The reason for inviting you as a barangay health worker, is that you are working with the women involved in the study and will have a lot of insight in the contraceptive behaviour of women and the reasons behind this behaviour.

Your contribution to the study is of great value to me and I hope you would be willing to invest your time and energie in our meeting. Snacks will be provided.

Would it not be possible for you to attend the meeting, please let me know as soon as possible. You can contact me at cell phone number 09 20 60 46 351 or via the Barangay Health Centre.

Thank you very much! I am looking forward to meet you!

With kind regards,

Anja Holwerda

Appendix B:

## Outline focus group discussions barangay health workers

### Introduction

- research master thesis Balayan / University of St. La Salle
- research regarding reproductive health / family planning and especially contraceptive behaviour

The main objectives of the study are to:

- identify the perceptions, beliefs and attitudes of women in the reproductive period regarding contraception and contraceptive methods.
- identify how women and couples are influenced in their decision-making by people in their immediate social environment or health service personnel
- identify possible constraints for contraceptive use for Filipino women
- purpose of meeting: to collect and discuss an as broad as possible range of opinions, experiences and ideas of barangay health workers regarding influencing factors and intervening factors on contraceptive behaviour.  
The results of the focus group discussions will be used for input survey questionnaire.

- focus of meeting: contraceptive use
- introductory presentation of participants / writing name tags
- guidelines / rules regarding Focus group discussion:
  - request to speak clearly and not to interrupt each other, but one at the time
  - encourage diversity of comments and opinions, no consensus of group members needed
  - emphasize need to hear all participants' experiences and opinions, no right or wrong answers, each person's input is important
  - emphasize anonymity and confidentiality by researcher as well as other participants
  - permission for taping the discussion

### QUESTIONS for Focus Group Discussion:

1. What do you estimate is the number of women in the barangay using contraceptive methods?
2. Which factors do you think are influencing contraceptive behaviour of the women in the Barangay?
3. Which contraceptive methods are most used by the women in Barangay Singcang and why?
4. According to your observation what would be the most important side-effects of the following contraceptive methods:
5. To whom is information and services regarding family planning provided?  
(only married women/couples / adolescents / on request /.....)
6. How do you think about spousal consent for a woman to be provided with her desired contraceptive method?
7. In what ways is the status of women in Filipino society related to the use of contraceptives?
8. Do you know about any traditional beliefs, practices and taboos regarding to human sexuality, fertility and reproduction?

### Summarizing discussion

### Conclusion

- thank you to the barangay health workers
- present a small present

## Guidelines Survey Questionnaire Reproductive Health

November 2005

**Study population:** women in the age group of 15 – 45 years old

### Sampling

Based on the (spot) map of the purok the number of interviews per street/footwalk in the purok is determined. Per street/footwalk the first house to be interviewed is the fifth house on the right side, if available, otherwise the counting continues on the other side on the way back. If there is only one side of the street/footwalk that has houses, the fifth house on this side is chosen. From the fifth house every fifth house is chosen for an interview, until the number of interviews required in this street/footwalk has been completed.

In every selected house, only one woman is interviewed. This might be the mother or the daughter, whoever is available and willing to be interviewed. Respondents can be single as well as in a relationship, with or without children as long as they fall within the age range of 15-45 years of age.

If the woman is not there, the researcher/interviewer will go back up to three times to the house, before a respondent is recorded as a non-contact.

If there is no woman in the age range of 15-45 years of age in the house, the next house is chosen. The interviewer will continue to search for respondents until the minimum required number of questionnaires in a purok has been completed.

The interviewer will also record the number of refusals and the number of non-contacts, so the non-response can be calculated later on.

The following number of questionnaires will be completed in the puroks mentioned below:

Purok	Number of families	Minimal number of Questionnaires (minimal 12%)	
Lamperong	188	23	
Litob	259	31	
Sigay	167	20	
Sisi	332	40	

In general for most questions, the questions are presented open ended and the answer is recorded according to the provided codes. However, additional comments of the woman involved will be recorded as to create a complete picture.

Regarding question 19:

Q: Do you have any other sources of income?

This question refers to the household, but does not only refer to work, the household may receive e.g. allowances from family members in Manila or abroad.

Regarding question 62:

Q: How important is it for you that the following people agree with you using a contraceptive method?

When the respondent answers five or four to all the mentioned people (from A-G) the respondent is asked whether she can differentiate between the importance given to the opinion of one to the other, or whether she really means that the opinions of all the mentioned people are as important to her.

Regarding question 67:

Besides this question, please observe of which main materials the house is build and encircle the relevant code or specify the materials. As this can easily be observed, we do not ask this question explicitly of the respondent as it might be embarrassing for them.

# Questionnaire Reproductive Health Barangay Singcang, Bacolod

Good day! My name is Anja Holwerda, I am a student from Holland working on my master thesis in Human Geography and conducting a scientific study about your life here in your community regarding reproductive health. As a part of this Master's Thesis Research Project that is conducted in cooperation with the Balayan Center of the University of St.La Salle in Bacolod, results of the study may serve as basis for future program planning and implementation.

Whatever information you will provide, will be treated with utmost confidentiality and the results will be used for research purposes only. Thank you very much for your help and cooperation.

## Call Record

Name: .....

Purok: .....

Interview calls	First visit	Second visit	Third visit
Date			
Time started			
Time ended			
<b>Result:</b> 1. completed 2. partly completed 3. appointment for later interview 4. respondent out 5. refusal			

Name of interviewer: .....

Signature: .....

Date completed: .....

Reviewed / checked by: .....

Date completed: .....

<b>I</b>	<b>RESPONDENT'S BACKGROUND INFORMATION</b> We would like to start with some general questions:	
1.	What is your place of birth?	1. Rural 2. Semi-urban 3. Urban
2.	How long have you been living in Bacolod?  <i>(no need to read the options)</i>	1. My whole life 2. Less than a year 3. One to five years 4. Six to ten years 5. More than ten years

<b>II</b>	<b>RESPONDENT'S HOUSEHOLD INFORMATION</b> Now we would like to ask you some questions about your household: <i>Please enter responses to Q3 – Q9 in table 1</i>	
3.	Who are the members of your household? <i>(Please indicate respondent (=R) )</i>	
4.	What is the gender of the household member?	
5.	What is the age of the household member?	
6.	What is the civil status of the household member? <i>(no need to read the options)</i>	
7.	What is the status of the household member in the household in relation to the respondent? <i>(no need to read the options)</i>	
8.	What is the highest educational attainment of the household member? <i>(no need to read the options)</i>	
9.	Is the household member presently studying?	

**Table 1: Household matrix**

	Name Q 3	Gender Q 4	Age Q 5	Civil status Q 6	Status in HH Q 7	Highest Educa- tional Attain- ment Q 8	Schoo- ling Q 9
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

**Codes Q 4**

- 1. Male
- 2. Female

**Codes Q 6**

- 1. Single
- 2. Married
- 3. Widowed
- 4. Separated
- 5. Live-in
- 6. Other, please specify

**Codes Q 7**

- 1. Husband
- 2. Wife
- 3. Child
- 4. Mother
- 5. Father
- 6. Mother in law
- 7. Father in law
- 8. Grandparent
- 9. Aunt / uncle
- 10. Cousin

**Codes Q 8**

- 1. No formal schooling
- 2. Pre-school
- 3. Elementary
- 4. Highschool
- 5. University / College
- 6. Vocational Graduate
- 7. Other, please specify

**Codes Q 9**

- 1. Yes
- 2. No

10.	Who in your household makes the following decisions?	<ul style="list-style-type: none"> <li>1. Myself</li> <li>2. My husband</li> <li>3. Both my husband and me</li> <li>4. My parents</li> <li>5. My family in law</li> <li>6. Other, please specify</li> </ul>
	A. regarding household expenditures?	
	B. regarding education of you and your children?	
	C. regarding the seeking of health care?	
	D. regarding family planning?	

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11.	Do you participate in a community organisation or organised group, like a women's group?	1. Yes 2. No ( <i>please proceed to Q 13</i> )
12.	Organisation ..... .....	Year of Participation ..... .....
13.	What is your religion?  ( <i>no need to read the options</i> )	1. Roman Catholic 2. Iglesia ni Cristo 3. Born again 4. Protestant 5. Other: .....
14.	On a scale of one – five with one as not important and five as very important, how important is religious belief and practice in your daily life?	Please encircle the answer  1      2      3      4      5

<b>III</b>	<b>HOUSEHOLD INCOME GENERATION</b> The next questions will be about the income generation of your household. Answers Q 15 - 18 in table 2
15.	Which members of your household work for income?
16.	What type of work/livelihood does he/she engage in?
17.	What is his/her work status?
18.	On the average, how much per month does he/she earn with such work?

**Table 2: Household Income Generating Activities**

	Name hh member Q 15	Source of Livelihood Q 16	Employment Status Q 17	Income Q 18

**Codes Q 16**

- 1. Wage labour
- 2. Vendor
- 3. Professional
- 4. House keeping
- 5. Agriculture/Fishing
- 6. Unemployed
- 7. Other, please specify

**Codes Q 17**

- 1. Regular
- 2. Casual
- 3. Self-employed
- 4. Unemployed
- 5. Other, please specify

**Codes Q 18**

- 1. Up to 2000 pesos
- 2. 2001 to 4000 pesos
- 3. 4001 pesos to 6000 pesos
- 4. 6001 pesos or more



**Questionnaire Reproductive Health Barangay Singcang, Bacolod**

19.	Does your household have any other sources of income?	1. Yes, ..... 2. No
20.	Do you have your own income? (refers to the respondent)	1. Yes 2. No ( <i>please proceed to Q 23</i> )
21.	If yes, are you able to keep your own income to decide what to do with it?	1. Yes ( <i>please proceed to Q 23</i> ) 2. No
22.	If not, to whom do you give your income or who decides how to spend your income?	1. Husband 2. Parents 3. Family in law 4. Others: .....
23.	In your opinion who do you think should be responsible for taking care of the family expenses?	1. Husband 2. Wife 3. Both husband and wife 4. Other .....
24.	Do you participate in income generating activities / livelihood activities?	1. Yes, ..... 2. Sometimes, ..... 3. No
25.	Did you ever take a loan to be able to conduct an activity for yourself?	1. Yes, ..... pesos 2. No
<b>IV</b>	<b>HEALTH</b> Next we would like to ask you some questions regarding your health:	
26.	On a scale of one – five with one as very poor and five as very good, how do you assess your own health status?	Please encircle the answer 1      2      3      4      5
27.	In the past year how often have you visited the barangay health centre?	1. More than six times a year 2. 3-5 times a year 3. Once or twice a year 4. Never ( <i>please proceed to Q 29</i> )
28.	Which of the following BHC-services have you availed?	1. Primary health care 2. Child health care 3. Prenatal care 4. Family planning services 5. Other: ..... 6. None
29.	On a scale of one – five with one as very difficult and five as very easy, how easy is it for you to make time to visit the Barangay Health Centre?	Please encircle the answer 1      2      3      4      5
30.	On a scale of one – five with one as very difficult and five as very easy, how easy is it for you to go to the Barangay Health Centre? (transport)	Please encircle the answer 1      2      3      4      5
31.	In the past year how often have you been visited by the barangay health worker at your home?	1. More than six times a year 2. 3-5 times a year 3. Once or twice a year 4. Never 5. Other, .....
32.	Do you make use of traditional or alternative medicine/healers and if so what kind?	1. Yes, namely ..... 2. No

<b>V</b>	<b>REPRODUCTIVE CAREER</b>	
	The next questions will be about your reproductive career:	
33.	If married or living-in, what was your age when you first married or when you started living-in?	1. Not married 2. 15-19 years 3. 20-24 years 4. 25-30 years 5. 30 – 34 years 6. 35 years or older
34.	Have you ever been pregnant?	1. Yes, ... time(s) 2. No ( <i>please proceed to Q 38</i> )
35.	Did this pregnancy/these pregnancies end in	1. a live birth: ... time (s) 2. a miscarriage: .... time(s)
36.	How did you feel about your pregnancy/pregnancies?	
37.	Were you ever worried whether you would have enough resources to take care of the baby?	1. Yes, often 2. Yes, sometimes 3. No
<b>VI</b>	<b>CHILDREN</b>	
38.	Do you have any children?	1. Yes, ..... child(ren) of my own 2. Yes, ..... children adopted 3. No ( <i>please proceed to Q 40</i> )
39.	What was your age when you had your first child?	1. No children 2. 15-19 years 3. 20-24 years 4. 25-30 years 5. 30 – 34 years 6. 35 years or older
40.	Would you like to have (any more) children?	1. Yes, ..... child(ren) 2. No
41.	Do you think it is up to yourself to decide whether to have children and how many children to have?	1. Yes 2. No 3. It is up to God 4. Other: specify .....
42.	What is, according to you, the ideal number of children? What made you say so?	
43.	What, in your opinion, do the following people think would be the ideal family size for you?	
	A. Husband	
	B. Parents	
	C. Family in law	
44.	What is your ideal / preferred sex composition of your children? What made you say so?	1. No preference 2. Yes, number of sons: ..... Number of daughters: .....

**Questionnaire Reproductive Health Barangay Singang, Bacolod**

<b>VII</b>	<b>RESPONDENT'S AWARENESS AND USAGE OF CONTRACEPTION</b> Next we would like to ask some questions about your ideas regarding contraception. There are no right or wrong answers, we are interested in your opinions.
45.	Do you know of any contraceptive methods? <i>Please record the answers to Q 46 –51 in table 3</i>
46.	Which of the following contraceptive methods have you heard about?
47.	How did you hear about contraceptive methods? <i>(there is no need to read the options and more than one answer is possible)</i>  <i>(Questions 52 – 55 are asked only if the respondent has heard about the method and the answers are recorded in table 3)</i>
48.	Which of the following contraceptive methods do you think are effective in preventing a pregnancy?
49.	Which of the following contraceptive methods do you think are convenient to use?
50.	Which of the following contraceptive methods do you think are safe (health wise) to use?
51.	Which of the following contraceptive methods do you think is effective in preventing infection with sexually transmitted diseases and HIV/AIDS?

**Table 3: Awareness regarding contraception**

	<b>Contraceptive methods</b>	<b>Contra-ceptive methods heard of Q 46</b>	<b>Heard from whom Q 47</b>	<b>Method effective-ness in preventing pregnancy Q 48</b>	<b>Method conve-nience Q 49</b>	<b>Method safety (health wise)Q 50</b>	<b>Method effective-ness in preventing infection STD/HIV Q 51</b>	<b>Main side-effects of contraceptive method (no question, only if spontaneously mentioned)</b>
A.	Oral pill							
B.	Injectable							
C.	IUD							
D.	Condom							
E.	Tubal ligation							
F.	Vasectomy							
G.	Vaginal barrier methods (diaphragm, cervical cap and spermicides)							
H.	Rhythm (calendar method)							
I.	Withdrawal							
J.	Periodic abstinence							
K.	Ovulation method							
L.	Basal Body Temperature							
M.	Sympto-Thermal Method							

**Codes Q 46**

1. Yes
2. No

**Codes Q 47**

1. Partner
2. Mother
3. Friends / colleagues
4. School / university
5. Premarital counseling

6. (Barangay) Health Centre
7. Newspaper / magazine
8. TV / radio
9. Ligtas Buntis campaign
10. Other, please specify

**Codes Q 48 – 51**

1. Yes
2. No
3. I don't know

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52.	In your opinion in what circumstances would the use of contraception be appropriate?	1. Yes 2. No
	A. Any circumstance	
	B. For health reasons	
	C. After birth first child	
	D. After having achieved the desired family size	
	E. As spacing method between births of children	
	F. Other, please specify	
53.	Have you ever considered using a contraceptive method?	1. Yes ( <i>please proceed to Q 59</i> ) 2. No
54.	If no, why not? <i>More than one answer is possible</i>  <i>Proceed to Q 59</i>	1. Concern about safety 2. Concern about health risks 3. My partner does not allow 4. My faith does not allow 5. Other, .....
55.	Did you ever use contraception	1. Yes, namely ..... 2 No ( <i>please proceed to Q 59</i> )
56.	What were the reasons for you using contraceptive?  <i>(no need to read the options)</i>	1. For health reasons 2. To postpone childbearing 3. As spacing method between births of children 4. To limit childbearing 5. Other: .....
57.	Do you currently use contraception?	1. Yes, ..... 2. No
58.	If you ever stopped using a contraceptive method, what made you decide to stop using it? <i>More than one answer is possible.</i>  <i>(no need to read the options)</i>	1. Because of side-effects 2. Because of concern regarding method safety 3. Because of the costs 4. Desire to become pregnant 5. Lack of follow-up 6. I did not stop using 7. Other: .....
59.	Under what circumstances / in what situation would you want to use contraception? <i>More than one answer is possible.</i>  <i>(this question is first asked as an open question, after recording the initial response, the interviewer probes for other possibilities)</i>	1. Any circumstance 2. For health reasons 3. After birth first child 4. After having achieved the desired family size 5. As spacing method between births of children 6. Never 7. Other: .....

**Questionnaire Reproductive Health Barangay Singcang, Bacolod**

60.	If you decided you want to influence your childbearing, what would you use ....	1. Any method 2. Only artificial method 3. Only natural method 4. No method
61.	How do you think the following persons will respond to you using a contraceptive method?	1. Will not agree 2. Will agree, but only natural methods 3. Will agree with any method 4. Leaves to my own choice 5. Not applicable 6. Other, please specify
	A. your partner/husband?	
	B. your mother?	
	C. your family in law?	
	D. your friends/colleagues?	
	E. your neighbours?	
	F. your pastor / priest?	
	G. your health care provider?	
62.	On a scale of one – five with one as not important and five as very important, how important is it for you that the following people would agree if you decided to use a contraceptive method?	Please encircle the answer 1    2    3    4    5
	A. your partner/husband?	1    2    3    4    5
	B. your mother?	1    2    3    4    5
	C. your family in law?	1    2    3    4    5
	D. your friends/colleagues?	1    2    3    4    5
	E. your neighbours?	1    2    3    4    5
	F. your pastor / priest?	1    2    3    4    5
	G. your health care provider?	1    2    3    4    5
63.	If you decided you wanted to use a contraceptive method, would you know where to get it?	1. Yes, namely ..... 2. No ( <i>please proceed to Q 65</i> )
64.	On a scale of one – five with one as very difficult and five as very easy, how easy would it be for you to go there and get it if you decided you wanted to use a contraceptive method?	Please encircle the answer 1    2    3    4    5
65.	On a scale of one – five with one as very difficult and five as very easy, how easy would it be for you to pay the cost if you decided you wanted to use a contraceptive method?	Please encircle the answer 1    2    3    4    5

VIII	<b>ADDITIONAL INFORMATION</b> Finally we would like to ask you some more general questions:	
66.	What is the status of the lot that you are living on?	1. Owned 2. Rented 3. Shared 4. Squat
67.	What is the status of the house you are living in?  <i>67 B: Observation (= no Q)</i> Main materials the house is build of: 1. Concrete / cement 2. Wood 3. Bamboo 4. Makeshift materials 5. Other:	1. Owned 2. Rented 3. Shared 4. Squat
68.	Which of the following facilities are available to your household? In what way do you use it?	1. Own 2. Shared 3. None 4. Other, .....
	A. Electricity	
	B. Sanitation (toilet)	
69.	What is your main source of water supply?	1. BACIWA 2. Own well 3. Shared well / pump 4. River 5. Other, .....
70.	Which of the following assets do you have in your household?  More than one answer is possible.	1. Motorized vehicle: ..... 2. Motorbike 3. Bike 4. Livestock 5. Other, .....
71.	Which of the following appliances do you have in your household?  More than one answer is possible.	1. Transistor radio / karaoke 2. Television set: B&W/Color 3. Refrigerator 4. Sewing machine 5. Electric fan 6. Gas / electric stove
72.	How often do you spend time .....	1. Every day 2. 3 –5 times a week 3. Once or twice a week 4. Once or twice a month 5. Seldom 6. No time at all
	A. listening to the radio?	
	B. watching television?	
	C. reading a newspaper or a magazine?	

Thank you very much for your willingness to participate in this questionnaire and for your time!

Appendix E:

## Information contraceptive methods

In the following table information regarding the different contraceptive methods is presented. The information is coming from an information poster from the Philippines, called "A guide to Philippines Family Planning Program Methods". This poster is used in Barangay Health Centres to inform clients about the different family planning methods. The poster contains also disadvantages, warning signs and precautions per method. The traditional natural family planning methods, rhythm/calendar method, withdrawal, and periodic abstinence are not mentioned in this poster. Also vaginal barrier methods (diaphragm, cervical cap and spermicides) are not mentioned on the poster.

	<b>Contraceptive method</b>	<b>Description</b>	<b>Mechanism of action</b>	<b>Advantages</b>
1	<p>Ovulation method (natural family planning method)</p> <p>Basal Body Temperature (BBT) (natural family planning method)</p> <p>Sympto-thermal Method (STM) (natural family planning method)</p>	<p>With the ovulation method fertile and infertile days are determined by changes in the character of the cervical mucus based on sensation and appearance</p> <p>BBT is the temperature of the body at rest after at least 3 hours of continuous sleep before temperature taking. A woman's BBT rises during ovulation and stays on a higher level until the next menstruation, due to a rise in progesterone, a heat producing hormone that triggers the temperature's increase</p> <p>STM combines the observations made of the cervical mucus and temperature recording, and other signs of ovulation to determine the fertile and infertile phases</p>	Prevents pregnancy through abstinence from sexual intercourse during a woman's fertile period.	Can be used either to avoid or to achieve pregnancy, no known health related side effects, the correct use increases self awareness and knowledge of human reproductive functions. Users develop self-reliance. Use promotes involvement of male partners. The method is acceptable to couples regardless of culture, religion, socio-economic status and education. No drugs or devices required.
24	Lactational Amenorrhic Method (LAM)	LAM is a temporary introductory postpartum method bases on the physiological infertility experienced by breastfeeding women. LAM has been proven to be safe and highly effective if a woman meets the three criteria: she is amenorrhic, she is fully or nearly fully breastfeeding her infant and the infant is less than six months.	Full or nearly full breastfeeding immediately after delivery delays the resumption of the ovulation and the return of the menstrual cycle. The suckling stimulus on the nipples during intensive breastfeeding sends signals to the brain to decrease the secretion of hormones responsible for ovulation.	Safe and highly effective (98%), can be initiated right after delivery, universally available to all breastfeeding women, does not require physical exam, no commodities and devices needed, does not interfere with sexual intercourse;no hormonal side effects.
3	Oral pill	The oral pill contains two hormones (estrogen and progesterone) in different proportions and brands, comes in 21 and 28 pill packs and is swallowed daily at bedtime	Prevents ovulation and causes changes in the uterus and fallopian tubes which prevent fertilization. It also thickens the cervical mucus, which prevents sperm from entering the uterus.	Safe and highly effective (99.6%), reduces dysmenorrhea and menstrual blood loss; reduces iron deficiency anaemia; regularizes periods
4	Injectable (Depot Medroxy-Progesterone Acetate (DMPA))	DMPA contains progesterone and is administered at intervals of two or three months depending on the type of injection used.	Prevents ovulation and causes changes in the uterus and fallopian tubes, thus, preventing fertilization. It also thickens the cervical mucus, which prevents sperm from entering the uterus.	Safe and highly effective (99.6%) and long lasting, prevents anaemia, does not interrupt the sexual activity and offers privacy to the user, since there is no need for supplies at home

	<b>Contraceptive method</b>	<b>Description</b>	<b>Mechanism of action</b>	<b>Advantages</b>
5	Intrauterine device (IUD)	An IUD is a small soft plastic device inserted into the uterus through the cervix to prevent pregnancy. It has copper or progesterone content on both arms and stem (like a letter T) which is slowly released inside the uterus. It is effective up to ten years.	It causes changes in the uterus and fallopian tubes which prevent fertilization. It inactivates the sperm and prevents sperm migration into the female genital tract.	Safe and highly effective (98-99%), easily reversible, appropriate for breastfeeding women, provides immediate return to fertility upon removal
6	Condom	A condom is a thin cylindrical latex sheath which is worn over an erect penis before intercourse and acts as a barrier to the transmission of sperm and / or sexually transmitted organisms into the vagina. Most condoms have spermicidal lubrication.	It blocks the release of sperm into the vagina. It serves as a barrier method, preventing contact between sperm and ovum. The spermicidal lubricant also inactivates or kills sperms.	No side-effects, provides protection against sexually transmitted diseases, can be used as back-up method, no medical contraindications, does not require medical screening, encourages male participation, may help to prevent cervical cancer
7	Tubal ligation (female surgical sterilization)	Tubal ligation is a surgical technique of contraception, under local anaesthesia whereby both fallopian tubes are identified, cut and tied, either through minilaparotomy or laparoscopy.	Fallopian tubes are blocked to prevent the eggs produced by the ovaries from uniting with the sperm, thus no pregnancy will occur.	Safe and highly effective (almost 100%), convenient, requires only minor procedure, provides limited discomfort to the client, does not interfere with sexual desire and enjoyment, reliable
8	Vasectomy (sterilization)	Vasectomy is a minor surgical procedure wherein a skin incision or a puncture is made on the scrotal sacs to expose the vas deferens which is tied and cut. Vasectomized men still release seminal fluids during intercourse but do not contain sperms. Sexual feelings, desires and excitements are maintained.	This method disrupts the continuity of the vas deferens, thus, preventing the passage of sperm into the female reproductive organ during sexual intercourse	Safe and highly effective (99.9%), simple and easy to perform, no effect on male hormonal balance, does not lessen sexual desire and enjoyment, inexpensive



	<b>Contraceptive method</b>	<b>Disadvantages</b>
1	Natural family planning methods:  Ovulation method  Basal Body Temperature (BBT)  Sympto-thermal Method (STM)	Requires several days of abstinence from sexual intercourse  Learning to interpret symptoms of fertility / how to correlate temperature changes with fertility, etc may take several months of practice; careful record keeping/daily charting necessary to determine fertile period  Physical conditions such as presence of a vaginal infection or a rise in temperature will interfere with observation or interpretation of fertility
2	Lactational Amenorrheic Method (LAM)	LAM is only effective within 6 months after delivery Efficacy may decrease if mother and child are separated for extended periods of time Requires full or nearly full breastfeeding, which may be inconvenient
3	Oral pill	Not appropriate for women over 35 years of age who smoke, or those with hypertension or diabetes May reduce the quantity of breast milk Return to fertility may be delayed several months after discontinuation Requires strict daily pill taking Some clients may experience side effects like nausea, breast tenderness, weight change, headaches, vaginal discharge, fatigue or depression, etc.
4	Injectable (Depot Medroxy-Progesterone Acetate (DMPA))	Requires injections which should be administered by a trained person Return to fertility often delayed several months, occasionally up to a year, after discontinuation Often causes missed periods, irregular bleeding, weight gain, headache, abdominal discomfort, etc. Long acting, cannot be immediately removed from the body if side effects develop
5	Intrauterine device (IUD)	The device may be expelled Has temporary side effects, such as mild abdominal pain Requires minor clinical procedure and must be inserted by a trained health worker May increase the incidence of PID and subsequent infertility in women who are at high risk of STD
6	Condom	May cause allergic reaction to latex May disrupt sexual activity and reduce enjoyment Requires regular supply and adequate home storage away from heat and light
7	Tubal ligation (female surgical sterilization)	As permanent method not suitable for couples who may want more children Occurrence of possible post-operation problems like skin discoloration, bruising, swelling, discomfort, etc
8	Vasectomy (sterilization)	As permanent method not suitable for couples who may want more children Occurrence of possible post-operation problems like skin discoloration, bruising, swelling, discomfort, etc

Appendix F:

## Side effects of contraception mentioned by barangay health workers

In the following table the side-effects mentioned during the focus group discussions with the barangay health workers (see chapter 6) are described. Also is indicated in how many focus group discussions this side-effect was mentioned:

	<b>Contraceptive methods</b>	<b>Side effects mentioned</b>
A.	Oral pill	4x: irritability, dizziness, headaches, nervousness 3x: weight gain/loss, nausea 2x: high blood pressure 1x: may cause breast cancer, forgetfulness, breathing difficulty white spots on skin, irritation of skin, cervix infection (itchy)
B.	Injectable	4x: spotting 3x: no menstruation 1x: irritability, weak bones / joints, cancer, black spots on skin, weight gain, dizziness, effects on the next baby (having no closed skull), nausea, dry skin
C.	IUD	4x: (heavy) bleeding 3x: uncomfortable 2x: ovary cancer 1x: prolonged menstruation, cervical infection, nervousness, pain
D.	Condom	4x: inconvenience 3x: uncomfortable 2x: unsafe 1x: nervousness
E.	Withdrawal	4x: nervousness

Appendix G:

## Fertility desires related to contraceptive use

These tables refer to chapter 7, paragraph 7.2 regarding unmet need.

*Table G.1: Desire for any (more) children related to current use of contraception*

			Current use of any contraception		Total
			No	Yes	
Want any (more) children	Yes	Count	30	10	40
		% within Want any (more) children	75,0%	25,0%	100,0%
	No	Count	49	26	75
		% within Want any (more) children	65,3%	34,7%	100,0%
	I don't know	Count	1	0	1
		% within Want any (more) children	100,0%	,0%	100,0%
Total	Count	80	36	116	
	% within Want any (more) children	69,0%	31,0%	100,0%	

*Table G.2: Desire for any (more) children related to current use of modern contraception*

			Currently using modern contraception		Total
			No	Yes	
Want any (more) children	Yes	Count	34	6	40
		% within Want any (more) children	85,0%	15,0%	100,0%
	No	Count	58	17	75
		% within Want any (more) children	77,3%	22,7%	100,0%
	I don't know	Count	1	0	1
		% within Want any (more) children	100,0%	,0%	100,0%
Total	Count	93	23	116	
	% within Want any (more) children	80,2%	19,8%	100,0%	

Table G.3: Desire for any (more) children related to current use of traditional contraception

			Currently using traditional contraception		Total
			No	Yes	
Want any (more) children	Yes	Count	36	4	40
		% within Want any (more) children	90,0%	10,0%	100,0%
	No	Count	65	10	75
		% within Want any (more) children	86,7%	13,3%	100,0%
	I don't know	Count	1	0	1
		% within Want any (more) children	100,0%	,0%	100,0%
Total		Count	102	14	116
		% within Want any (more) children	87,9%	12,1%	100,0%