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Knowledge, Attitude, and Practices of Contraceptives Used among Indigenous Women of Reproductive Age in Barangay Hawilian, Esperanza, Agusan Del Sur

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ABSTRACT

This study aimed to investigate the knowledge, attitudes, and practices of contraceptives used among indigenous women of reproductive age in Barangay Hawilian, Esperanza, Agusan del Sur. A cross-sectional research design was employed, utilizing a researcher-made survey questionnaire as the primary research instrument. The questionnaire consisted of four parts: respondent's profile, knowledge of contraceptive use, attitudes towards contraception, and contraceptive practices. Data were collected at a single point in time to obtain a "snapshot" of the participants' contraceptive-related experiences. A random sampling method was used to select 33 participants, ensuring representation from the target population. Findings revealed that indigenous women exhibited high levels of knowledge regarding contraceptive methods with mean of 4.12. Positive attitudes towards contraception were generally observed among the respondents with an overall mean of 4.51 and good practices of 4.01, highlighting their recognition of its role in family planning and women's health. The study also shed light on the prevailing contraceptive practices among indigenous women in the community, capturing information on the types of contraceptives used and their consistency in utilization. These findings contribute to a better understanding of the factors influencing contraceptive use in this specific population and provide insights for the development of tailored interventions and policies. The study highlights the importance of targeted reproductive health education, addressing knowledge gaps, and promoting positive attitudes towards contraception. Additionally, it emphasizes the need for accessible and comprehensive healthcare services, as well as the availability of a variety of contraceptive methods to support effective family planning.

INTRODUCTION

The understanding of birth control methods, along with the attitudes and behaviors associated with them, significantly impacts the promotion of reproductive health and effective family planning for women in their reproductive years. It is vital to comprehend the unique factors that shape contraceptive use among diverse populations to facilitate the development of tailored interventions and policies in this area.

Numerous studies conducted in different settings have highlighted the significance of reproductive health knowledge, attitudes, and practices among women of reproductive age. For instance, Pazol *et al.* (2015) found that having access to accurate and comprehensive information about various birth control methods is crucial for women to make well-informed decisions about their reproductive health. Similarly, Bardawel *et al.* (2015) emphasized the significance of positive attitudes towards contraception in ensuring its successful utilization. These studies underscore the necessity of gaining a comprehensive understanding of the knowledge, attitudes, and practices related to birth control methods, especially within specific populations like indigenous women.

In the Philippines, researchers have conducted several studies exploring contraceptive use and reproductive health within diverse populations. For example, Nagai *et al.* (2019) conducted a study focusing on urban women in Metro Manila, revealing that insufficient knowledge and

misconceptions posed barriers to effective contraceptive utilization. Similarly, Liddell (2023) examined indigenous communities in another region and shed light on the impact of cultural beliefs and limited access to reproductive health services on contraceptive use.

Considering the existing gaps in knowledge, attitude, and practices regarding birth control methods among indigenous women of reproductive age, it is crucial to explore this area of study. Delving into this subject is necessary for promoting reproductive health and addressing the distinctive challenges faced by indigenous women. Hence, conducting research that focuses on examining the knowledge, attitude, and practices of birth control methods specifically among indigenous women of reproductive age in Barangay Hawilian, Esperanza, Agusan del Sur becomes essential. This research gap emphasizes the importance of conducting a study in this specific context to acquire insights into the unique factors that influence contraceptive use among indigenous women.

The study aims to provide a comprehensive understanding of the knowledge, attitudes, prevalence, and factors influencing contraceptive use among indigenous women in Barangay Hawilian. Additionally, the study seeks to explore the specific practices of indigenous women in utilizing birth control methods. This holistic approach will contribute to the existing knowledge on reproductive health in indigenous communities and facilitate the

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development of targeted interventions and policies that promote effective family planning and reproductive well-being.

MATERIALS AND METHODS

Study Area

The study took place in Barangay Hawilian, Esperanza, Agusan del Sur, Philippines. With a population of 2,747 (4.63% of Esperanza), Hawilian is a diverse community known for its unique geography. The area is culturally rich, housing both indigenous and non-indigenous

residents. Nestled in picturesque surroundings of lush landscapes and rolling hills, the community is primarily involved in farming and agriculture. This rural setting, combined with a smaller population, makes Hawilian an intriguing context for investigating the knowledge, attitudes, practices, and prevalence of contraceptive use among indigenous women of reproductive age. Studying factors influencing contraceptive use here can provide insights into promoting reproductive health and effective family planning in similar settings.

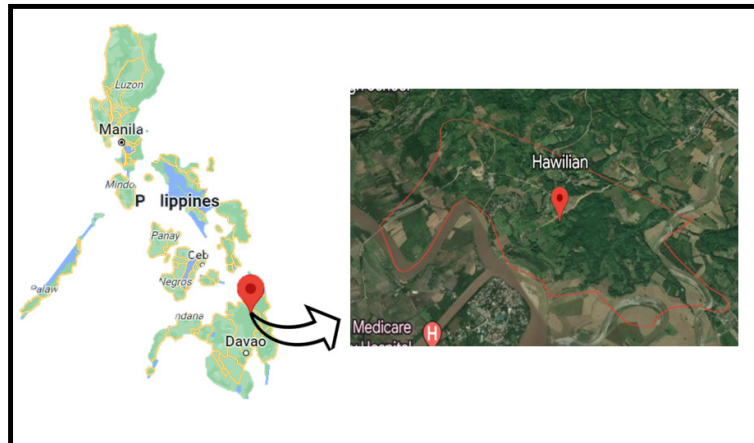


Figure 1: The Map of the Research Locale

Research Design

This study utilizes a cross-sectional research design, focusing on indigenous women of reproductive age in Barangay Hawilian, Esperanza, Agusan del Sur. Cross-sectional studies involve collecting data from a population at a single point in time, allowing simultaneous assessment of subjects’ exposures (knowledge, attitudes, and practices related to contraceptives) and outcomes (prevalence and influencing factors of contraceptive use). Information is gathered from randomly selected individuals, providing a snapshot of the population’s characteristics and variable relationships at that specific

moment. This design differs from cohort or case-control studies, as participants are chosen randomly from a relevant population. The collected data will identify factors influencing contraceptive use and offer insights into the reproductive health landscape of this specific population..

Population and Participants of the Study

The participants involved in the study were women in their reproductive age. The study’s distribution and participants are shown in Table 1, also shows the number of participants with thirty – five (33) reproductive women

Table 1: Distribution and Participants of the Study

Reproductive Age Women	Higaonon	Banwaon	Total
	22	11	33

The survey’s sample was calculated with Cochran Formula. The population proportion in known with the formula: $n = \frac{NZ^2pq}{(N-1)e^2 + Z^2pq}$ where N is the population as a whole, z denotes the value in the Z table with the equivalent alpha level, p denotes the estimated population proportion that possesses the attribute in question, q denotes one-p, and e denotes the margin of error (Uakran, 2021).

The total population of a women was 399, with $\alpha = 0.05$ with z of 1.96, p is 0.5, q is 0.5, and 33 the number of samples. The 33-sample size was including the two tribes living in Hawilian, Esperza Agusan del Sure, where 22 of the samples were Higaonon and 11 sample were

Banwaon. Random sampling was used in this study, the number of samples was presented in the table.

Research Instrument

The primary research tool used is a survey questionnaire with four parts: respondent’s profile, knowledge of contraceptive use, attitudes towards contraception, and contraceptive practices. Part I gathers demographic information for context and potential associations with knowledge, attitudes, and practices. Part II assesses knowledge of contraceptive methods, evaluating understanding, effectiveness, side effects, and related factors. Part III explores attitudes towards contraception,

examining beliefs and opinions. Part IV focuses on actual contraceptive practices, gathering information on utilization patterns and behaviors. The questionnaire is researcher-made, validated for content validity, and assessed for reliability to ensure consistency and stability.

Data Gathering Procedure

Fieldwork for this study was conducted between April and May 2023. Prior to the conduct of study, approval and in accordance with the guidelines provided by the Indigenous Peoples Mandatory Representative (IPMR) and the Chieftain of the indigenous people was obtained. Each informant were informed and a consent form was given and signed before the interviews began. They were given the assurance that the information would be used solely for academic reasons because the knowledge is a natural resource of the local population. After explaining the purpose of our study, the questionnaire

was presented to the respondents, and they were given ample time to complete it. The questionnaire was prepared in English and translated into Cebuano, the local language in these local government areas to facilitate efficient communication. The questionnaire was collected from the respondents after they have had enough time to respond, and the results were gathered, categorized, tabulated, analyzed, and interpreted.

Scoring and Quantification of Data

To facilitate the statistical analysis of data on level of knowledge, attitude, and practices of contraceptive used among indigenous women of reproductive age were assessed by giving rates from 1 (lowest score: Strongly disagree) to 5 (highest score: Strongly agree). The average mean for each indicator was described using the following scoring and quantification.

Statistical Treatment

Table 2: Scoring and Quantification of Data

Response	Verbal Description	Scale	Interpretation/ Remark
1	Strongly disagree	1.00 – 1.49	Very low
2	Disagree	1.50 – 2.49	Low
3	Neutral	2.50 – 3.49	Moderate
4	Agree	3.50 – 4.49	High
5	Strongly agree	4.50 – 5.00	Very high

The study data was organized using Descriptive Analyses (Frequency, Percentage, Mean, Standard Deviation). To assess factors influencing contraceptive use, Binomial Logistic Regression was conducted. This statistical technique models the relationship between a categorical dependent variable with two outcomes and independent variables. The factors considered include the respondents' profile, knowledge, attitude, and practices related to contraceptive use.

RESULTS AND DISCUSSION

This section discusses the results of the study conducted on the knowledge, attitudes and practices on the use of contraceptives among indigenous women. It also includes the results on the factors affecting the use of contraceptives among these IP women.

Respondents' Profile

The following figures show the respondents' profile in terms of their age, marital status, religion, educational attainment, occupation, household size, and their monthly income.

The profile distribution of the respondents is shown in Table 1. The respondents were divided into a variety of age categories. With a frequency of 17 and making up 51.52% of the sample, most of those who responded are in the 35–45 age bracket. With a frequency of seven (7) and 21.21% of the responses, the 25–34 age group comes in second. Women aged 46 and older are subsequently followed by them, with a frequency of 5, making up the remaining 15.15 percent of the sample. The youngest age

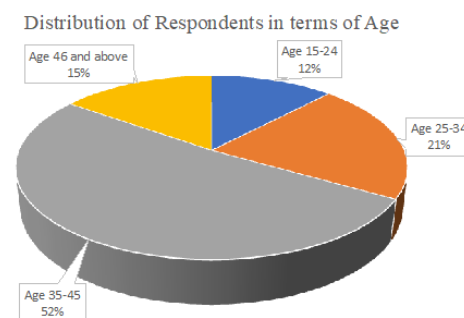


Figure 2: Distribution of Respondents in terms of Marital Status

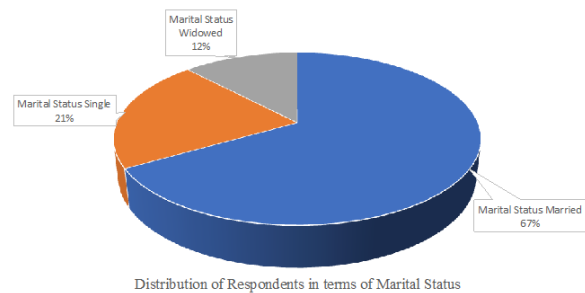


Figure 3: Distribution of Respondents in terms of Marital Status

range, 15 to 24, comprised only 12.12% of the sample and had a frequency of four (4). This distribution suggests that the sample contains more people in their middle years. Regarding marital status, the frequency of married respondents was 22, which means 66.67% were married.

Single individuals constitute 21.21% of the sample since the frequency of such individuals was 7, while the remaining 12.12% are widowed, having a frequency of 4. This distribution suggests that the survey sample has a significant number of married individuals.

In terms of religious affiliation, the Roman Catholic Church predominates, with 87.88% of respondents,

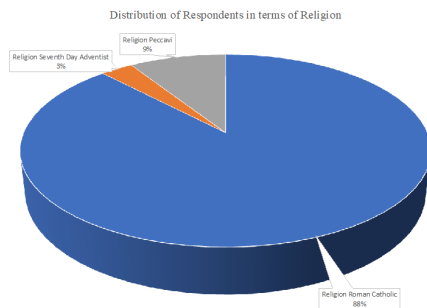


Figure 4: Distribution of Respondents in terms of Religion or 29 individuals, identifying as Roman Catholic. One individual, or 3.03% of the sample, belongs to the Seventh-day Adventist group, while three individuals, or 9.09%, identify with the “Peccavi” category. This distribution indicates a substantial presence of Roman Catholic respondents among the population surveyed. The educational attainment of the respondents reveals a range of educational backgrounds. The largest category,

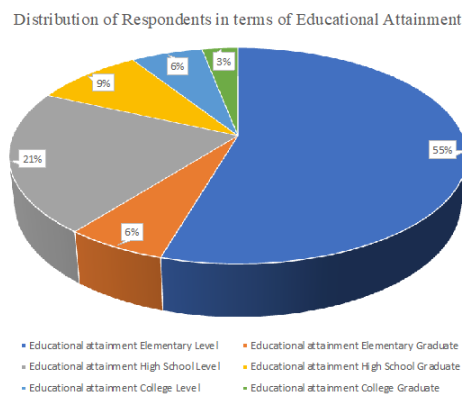


Figure 5: Distribution of Respondents in terms of Educational Background

18 people, or 54.55 percent, consists of those who completed elementary school but did not graduate. A modest percentage of 2 individuals, or 6.06%, have completed elementary school. Similarly, seven individuals, or 21.21%, have completed high school, while three individuals, or 9.09%, have not. Two individuals, or 6.06%, have a college-level education, and one individual, or 3.03%, has graduated. This distribution indicates a more significant proportion of individuals with a low level of education in the surveyed population.

The preponderance of respondents, 30 individuals or 90.91 percent, are housewives. Other occupations are underrepresented in the sample, with utility employees, clerks, and barangay officials each accounting for only one individual or 3.03% of the total. This distribution

suggests that the survey primarily captures housewives’ perspectives and experiences.

The distribution of respondents according to household size reveals diverse compositions. Approximately 42.42 percent of respondents, or 14 individuals, belong to households with

Distribution of Respondents in terms of Occupation

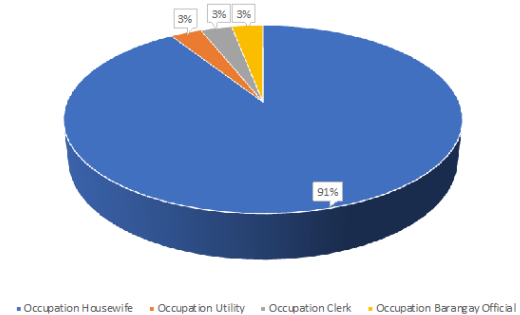


Figure 6: Distribution of Respondents in terms of Occupation seven to ten or more than 10 members. Similarly, households with one to three members account for three individuals or 9.09% of the sample, while households with four to six members account for two individuals or 6.06%. This distribution indicates a sizeable presence of respondents from households with multiple members. Regarding monthly income, 96.97% of respondents, or 32 individuals, reported earning less than 9,100 monthly.

Distribution of Respondents in terms of Household Size

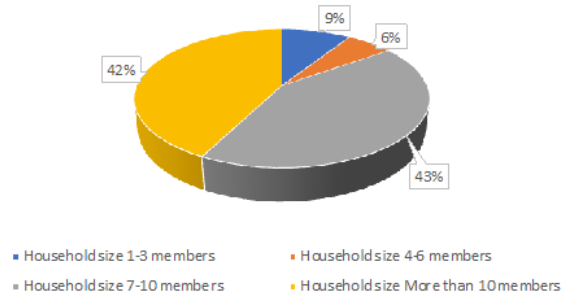


Figure 7: Distribution of Respondents in terms of Household Size

Distribution of Respondents in terms of Household Size

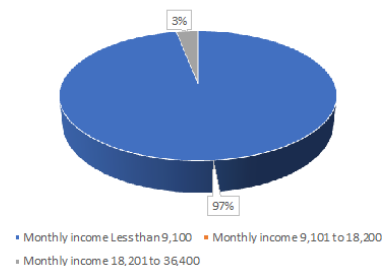


Figure 8: Distribution of Respondents in terms of Income Only one person, or 3.03%, has a yearly income between 18,201 and 36,400. The absence of respondents within the income range of 9,101 to 18,200 may be attributable

to the characteristics of the surveyed population or sample selection limitations.

In a study by Islam *et al.* (2022), their meta-analysis demonstrated that women's age, education, place of residence, breastfeeding status at the time of the study, media access, wealth index, educational level, and employment status were, in fact, the significant factors for contraceptive use among women. The meta-analysis also discovered that women's work status played a significant role. Women who were older and resided in cities were more likely to be educated and aware of the advantages of taking a contraceptive technique.

Meanwhile, Haq *et al.* (2017) discovered that women's current age, place of residence, division of religion, education, marital status, family planning (FP) media exposure, ideal number of children, and fertility desires are essential predictors of contraceptive use. Their research also discovered that a respondent's wealth index and current employment position were significant

influences. The study's findings substantially support attempts to improve education among disadvantaged people, particularly women in Bangladesh.

Indigenous women in the Philippines have lower income and education levels due to various reasons, including historical prejudice, a lack of access to education, and limited economic prospects. These variables may contribute to indigenous women's reduced use of contraceptives, as lower education and economic levels have been linked to lower use of contraceptives (Passah, 2020).

Pregnancy Profile Distribution

The figures below show the pregnancy profile distribution of respondents in terms of their number of pregnancies, number of times of abortion incidence, number of living children, number of children desire to have and number of planned year gaps between siblings.

Figure 9 displays the pregnancy profile distribution of the respondents. Most respondents have encountered

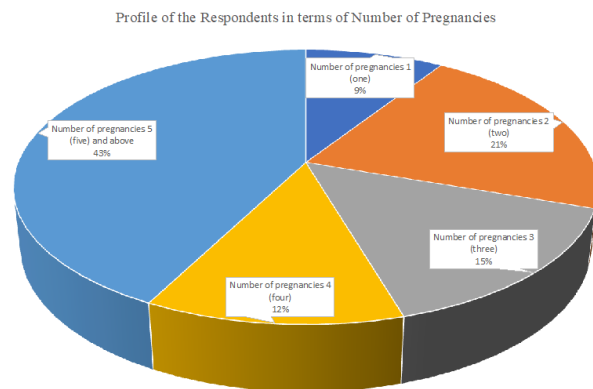


Figure 9: Profile of the Respondents in terms of Number of Pregnancies

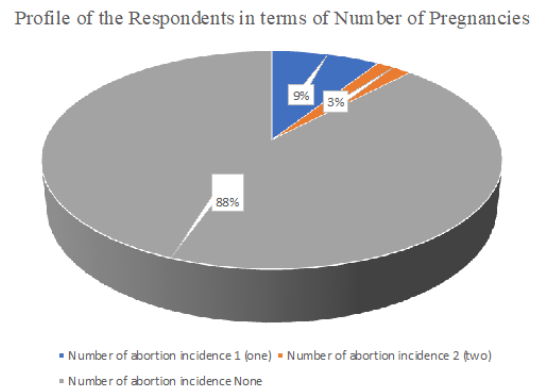


Figure 10: Profile of Respondents in terms of Number of Abortion Incidence

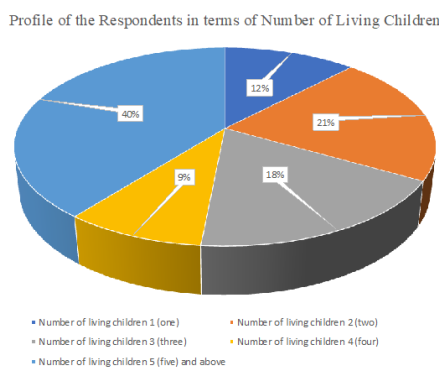


Figure 11: Profile of the Respondents in terms of Number of Living Children

five or more pregnancies, accounting for 14 individuals or 42.42% of the sample. The category with the next-highest frequency is the two-pregnancy group, with a frequency of 7 or 21,21%. Three pregnancies represent five people or 15.15 percent; four pregnancies represent four people or 12.12 percent; and one pregnancy represents three people or 9.09 percent. This distribution reveals a wide variety of pregnancy experiences among the surveyed population.

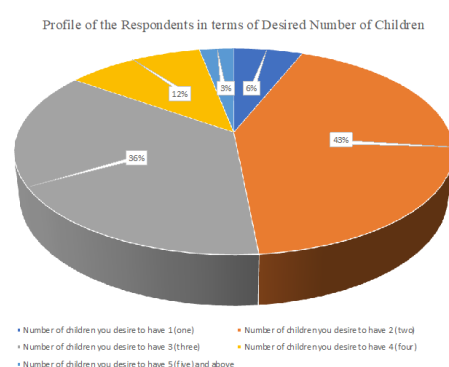


Figure 12: Profile of the Respondents in terms of Desired Number of Children

Regarding the frequency of abortions, most respondents, or 29 (87.88%), reported no occurrences. Three respondents (9.09%) reported a single abortion, while only one individual (3.03%) reported two abortions. This distribution suggests that the surveyed population has a low abortion rate, with the vast majority having never had an abortion.

Meanwhile, those with five or more surviving children have the highest frequency among the respondents,

comprising 13 individuals or 40% of the sample. The next highest category is two living offspring, which consists of 7 people (21.21%). This is followed by three living offspring, totaling six individuals or 18.18% of the population. Three individuals, or 9.09%, represent four living children, while four individuals, or 12.12%, represent one. This distribution suggests that the surveyed population consists of families with varying numbers of children, with a substantial portion having multiple children.

Additionally, the respondents' desired quantity of children reveals a variety of preferences. Fourteen individuals, or

Profile of the Respondents in terms of Planned Year Gaps between Siblings

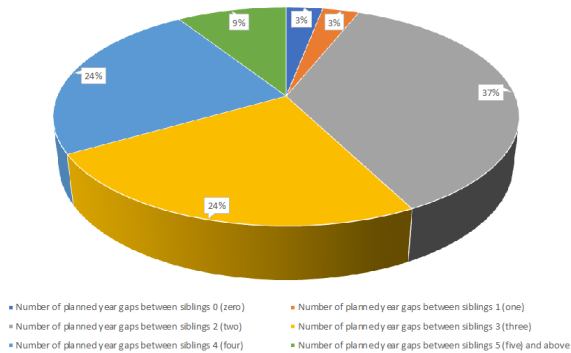


Figure 13: Profile of the Respondents in terms of Planned Year Gaps between Siblings

42.42 percent of the sample, fall into the category of those who desire two children. The next category with the highest frequency desires three offspring, with 12 individuals, or 36.36 percent, belonging to this group. Four individuals, or 12.12%, indicate they desire four children, while two individuals, or 6.06%, indicate they desire one child. Only one person (3.03%) expressed interest in having five or more children. This distribution suggests that most respondents wish for two or three children.

Meanwhile, regarding the planned year gaps between siblings, the highest frequency is for a planned two-year gap, reported by 12 individuals or 36.36% of the sample. This is followed by planned three-year and four-year gaps, which are preferred by eight individuals or 24.24%. Moreover, a frequency of 3 or 9.09 % preferred a 5-year gap between siblings. The remaining categories have more minor frequencies, with planned one-year and zero-year gaps, each accounting for one individual or 3.03%.

As effective techniques for avoiding unwanted pregnancy, ensuring access to and promoting effective contraception have been identified. Despite the development and popularity of modern contraceptives, indigenous methods of contraception continue to play an essential role in preventing unwanted pregnancies throughout Africa. Periodic abstinence, withdrawal, breastfeeding, use of herbs, postpartum abstinence, and waistbands were the six most common African indigenous contraception techniques, while practices related to child (birth) spacing, postponement of first birth (virginity), stopping reproduction, and indigenous emergency contraception.

Mother and newborn health were cited as one of the reasons for utilizing African indigenous contraception (Moroole *et al.*, 2020).

Contraceptive use has numerous health benefits, such as preventing unplanned pregnancies, ensuring optimum spacing between births, reducing maternal and child mortality, and improving women's and children's lives (Ayaji *et al.*, 2018). The European Action Plan for Sexual and Reproductive Health emphasizes improving access to contraceptive services for disadvantaged groups. A prior study showed that the prevalence of abortion is two times higher among refugees compared to non-immigrants in Norway. Similarly, a recent study reported that 50% of Somali women in Oslo had unintended childbirth on one occasion or more. These findings are supported by several studies in Europe that showed immigrant and refugee women have higher rates of unintended pregnancy and abortion than Non-immigrant women and more than half of immigrants who seek abortion are not using any form of contraception, raising concerns about their access to utilization of modern contraception (Gele *et al.*, 2020).

Level of Knowledge on Different Contraceptives among Indigenous Women

Level of knowledge towards different contraceptive methods of the respondents were assessed by giving rates from 1 (lowest score: Strongly disagree) to 5 (highest score: Strongly agree). The average mean for each indicator was described using the following scoring and quantification. Scoring and Quantification of the Data:

Table 3 displays the respondents' level of knowledge regarding various contraceptive methods. The aggregate

Table 3: Scoring and Quantification of Data

Response	Verbal Description	Scale	Interpretation/Remark
1	Strongly disagree	1.00 – 1.49	Very low
2	Disagree	1.50 – 2.49	Low
3	Neutral	2.50 – 3.49	Moderate
4	Agree	3.50 – 4.49	High
5	Strongly agree	4.50 – 5.00	Very high

mean score for respondents' knowledge of contraceptive methods was 4.12, indicating a high level of knowledge. The respondents displayed a high level of knowledge regarding natural and modern contraception methods (M = 4.03), as indicated by the table. Their comprehension of modern contraceptives such as condoms, birth control pills, intrauterine devices, and implants, however, was moderate (M = 3.45). In addition, they demonstrated knowledge of various natural contraceptive methods

(M = 3.55). On the other hand, their knowledge of contraceptive adverse effects was rated as moderate, with a mean score of 2.76. In terms of expertise regarding contraceptive utilization, the respondents demonstrated a high level of awareness.

They reported knowing what to do if they forget to use or take contraceptives (M = 3.79) and how to use their chosen contraceptive (M = 4.24) effectively. They knew contraceptives were free at their health center (M = 4.82) and could also be purchased from pharmacies and

Table 3: Level of Knowledge Towards Different Contraceptive Methods of the Respondents.

Indicator	Mean	Remark
1. I know that there are natural and modern contraception methods.	4.03	High
2. I am familiar with the different types of modern contraceptives, such as condoms, birth control pills, intrauterine devices, and implants.	3.45	Moderate
3. I am familiar with the different natural contraception methods.	3.55	High
4. I am familiar with the side effects of using contraceptives.	2.76	Moderate
5. I know what to do when I miss using or taking contraceptive.	3.79	High
6. I am aware that I can ask for contraceptives in our Health center for free.	4.82	Very high
7. I am aware that I can buy contraceptives in the pharmacy and stores.	4.76	Very high
8. I am well-informed that not using contraceptives will result to unplanned pregnancy.	4.58	Very high
9. I know how to use my contraceptive effectively.	4.24	High
10. I know the benefits and risks of the contraceptives I chose.	4.36	High
11. I know that it is much more wise and practical to use contraceptives.	4.36	High
12. I know that I need to consult regularly the doctor if i use a contraceptive.	4.79	Very high
Overall	4.12	High

Legend: 1.00-1.49 Very low; 1.50-2.49 Low; 2.50-3.49 Moderate; 3.50-4.49 High; 4.50-5.00 Very high

stores (M = 4.76). In addition, they demonstrated a high level of knowledge regarding the benefits and hazards of the contraceptives they chose (M = 4.36), and they acknowledged the significance of using contraceptives for family planning (M = 4.36). In addition, they recognized that not using contraceptives could result in unintended pregnancy (M = 4.58) and comprehended the need for routine doctor visits when using contraceptives (M = 4.79).

The overall mean score revealed that respondents had a high level of knowledge about various contraceptive techniques. Their knowledge covered the existence and varieties of contraception, side effects, awareness of the availability and purchasing alternatives for contraceptives, and the advantages, dangers, and importance of doctor's appointments. A high level of awareness regarding contraception ensures that women can lower the likelihood of unfavorable health outcomes, such as neonatal and child mortality in children under the age of five, as well as the health risks and mortality associated with pregnancy (Sully et.al, 2020). Compared to birth intervals of 2-3 years and four or more years, infant mortality is 45% and 60% higher in developing nations for birth intervals of 2 years or less. In addition, using contraception can help women avoid other adverse social and economic outcomes, like not achieving their full academic potential and failing to land a paying job (Angdembe et al., 2021).

The findings also imply that additional efforts are required to raise women's understanding of family planning alternatives to ensure greater service utilization.

Healthcare facilities must offer family planning counseling and health education initiatives to increase awareness and use of contraceptive techniques. To make greater use of the available family planning services, contraception awareness campaigns should also be made available to men (Mahfouz et al., 2023).

Level of Attitudes on the Use of Contraceptives among Indigenous Women

Extent of attitude towards use of contraceptives of the respondents were assessed by giving rates from 1 (lowest score: Strongly disagree) to 5 (highest score: Strongly agree). The average mean for each indicator was described using the following scoring and quantification.

To some extent, the respondents' attitudes regarding contraceptives are shown in Table 4. Higher mean scores indicate a more favorable attitude toward contraception, with the signs rated on a scale of 1 to 5.

The findings show that the respondents have a reasonably positive attitude toward using contraceptives. They are adamant that it is crucial to bring up contraception use with their spouse or partner (M = 4.82). Additionally, they are curious about various contraception forms (M = 4.82) and think that women should use contraception (M = 4.82).

The respondents also think that using contraception is advantageous for their family (M = 4.73) and that having a large family has detrimental socioeconomic implications (M = 4.18). They also believe that contraception has more advantages than disadvantages (M = 4.45) and are motivated to tell other women about these advantages (M = 4.55).

Table 4: Extent of Attitude Towards Use of Contraceptives of the Respondents.

Indicator	Mean	Remark
1. I believe that discussing with the partner or husband about contraception use is important.	4.82	Very high
2. I am interested to know about the different contraception.	4.82	Very high
3. I consider that the use of contraception is important to women.	4.82	Very high
4. I believe that the use of contraception is beneficial to our family.	4.73	Very high
5. I feel that a large family has negative socio-economic effects on our family.	4.18	High
6. I believe that using contraception gives me more benefits than risks.	4.45	High
7. I consider sharing to other women the benefits of using contraception	4.55	Very high
8. I believe that the use of contraceptive is helpful to better take care our family.	3.91	High
9. I feel good in using contraceptives since I will not get pregnant again.	4.09	High
10. I consider consulting a doctor or health care provider before using any contraceptive.	4.39	High
11. I believe that using a contraception is not a sin.	4.82	Very high
Overall	4.51	Very high

Legend: 1.00-1.49 Very low; 1.50-2.49 Low; 2.50-3.49 Moderate; 3.50-4.49 High; 4.50-5.00 Very high

Even though the respondents' attitudes about contraception are mainly favorable, several indications earned slightly lower values. They feel comfortable using contraceptives to prevent additional pregnancies (M = 4.09) and think using contraception helps them take better care of their family (M = 3.91). They yet demonstrate a high belief in seeking medical advice or healthcare before taking any contraception (M = 4.39). The respondents also firmly agree that contraception is not sinful, as seen by the mean score of 4.82 for this claim.

The respondents' mean overall score of 4.51 reveals that they have a reasonably positive attitude toward using contraceptives. The fact that they have favorable opinions shows that they value women's health, the role of contraception in family planning, and the advantages of using it. These findings highlight the respondents' pro-contraception sentiments, which can support the advancement of sensible family planning and reproductive health (Semachew *et al.*, 2018).

Women must have the intention to utilize contraceptive techniques since doing so makes it easier for them to anticipate their future needs and is, therefore, more likely to become a reality. Women's intentions to use contraception have been influenced by their partners' preferences for reproduction, parity, the number of children still alive, misconceptions about contraceptives, and sociodemographic characteristics like marital status, place of residence, the number of children, age, and religion. More likely than their peers, women who have more children intend to utilize contraception. The findings were in line with research from Ethiopia and Jordan. One explanation could be that as the number of children rises, more women plan to take contraception since their goal of having a certain number of children will be achieved. Women who had never had a pregnancy aborted were shown to be more likely to plan to utilize contraception. This may be the case because women who had never had a history of miscarriage were more

likely to have the appropriate number of children. The likelihood that they will utilize contraception increases with the number of living children they have (Negash *et al.*, 2023).

In addition, many developing nations already experience the adverse effects of a significant population. In low-resource environments, unchecked population increases various problems for everyone. In order to reduce the high fertility rate, various nations implemented a range of population programs. Effective contraception is a tried-and-true method of controlling fertility—individuals, families, and society as a whole benefit from using contraception. In addition to enhancing women's reproductive health, it supports regional and global socioeconomic development. Maternal mortality is decreased, unsafe abortions are fewer, and unwanted pregnancies are reduced. The use of contraception is actively encouraged among women who are of reproductive age. Therefore, adopting a positive attitude toward using contraceptives is advantageous, especially for women in the community's marginalized sector (Ukoji *et al.*, 2022).

Level of Practices on the Use of Contraceptives among Indigenous Women

Level of practices towards use of contraceptives of the respondents were assessed by giving rates from 1 (lowest score: Strongly disagree) to 5 (highest score: Strongly agree). The average mean for each indicator was described using the following scoring and quantification.

The respondents' level of practice in the usage of contraceptives is shown in Table 5. The overall mean score for respondents' use of contraception practices was 4.01, which indicates a high degree of practice in this area.

The first factor obtained a mean score of 4.42 for attending seminars to learn more about family planning, showing a high degree of participation and a proactive

Table 5: Level of Practices Towards Use of Contraceptives of the Respondents.

Indicator	Mean	Remark
1. I attended seminars to learn more about family planning.	4.42	High
2. I did not use contraception method.	1.52	Low
3. I discuss with my partner or husband about the contraception we use.	4.82	Very high
4. I am using a natural contraception method.	2.18	Low
5. I am using a modern contraception method.	4.09	High
6. I used both natural and modern contraception method.	1.61	Low
7. I have been using contraceptives for my health and child's health.	4.70	Very high
8. I have been using contraceptives to prevent unwanted pregnancy.	4.88	Very high
9. I have been using contraceptives for socio-economic concerns.	4.70	Very high
10. I have been using contraceptives as advised by health professionals.	3.82	High
11. I have been using contraceptives for birth spacing.	4.79	Very high
12. If I have health concerns about my reproductive system, I consult with my doctor.	4.79	Very high
13. I chose contraceptives that worked best for me.	4.70	Very high
14. I religiously use or take the contraceptive.	4.33	High
15. I visited regularly the health care provider (doctor, nurse, midwife, barangay health worker or hilot/mananabang for consultation about the contraception I am using.	4.79	Very high
Overall	4.01	High

Legend: 1.00-1.49 Very low; 1.50-2.49 Low; 2.50-3.49 Moderate; 3.50-4.49 High; 4.50-5.00 Very high

approach to contraception. A poor degree of adherence to contraceptive procedures can be seen in the mean score of 1.52 for not using any form of contraception. A mean score of 4.82 was given for discussing contraception with partners or husbands, indicating a very high level of communication and shared decision-making on contraceptives.

The acceptance of contemporary and efficient contraceptive choices was strongly indicated by modern contraception, which obtained a high mean score of 4.09 in this category. However, with a mean score of 1.61, the use of natural and contemporary contraception methods was low. In contrast, the respondents showed a very high level of practice when it came to using contraceptives for their own and their children's health (M = 4.70), preventing unintended pregnancies (M = 4.88), and socioeconomic concerns (M = 4.70), demonstrating a very high level of personalization and informed decision-making in selecting the most appropriate method.

Additionally, the respondents used contraceptives at a high rate—a mean score of 3.82—as prescribed by medical specialists. Additionally, choosing the best contraceptive that works best for them (M=4.70), regular visits with a health care provider about the contraception they have been using (M=4.79), and addressing health concerns through doctor consultations (M=4.79) received a remark of very high, while the religiously practicing using contraceptives received a mean score of 4.33. This suggests a deep understanding of the importance of contraceptives for various factors, including socioeconomic factors, family planning, and general health.

Some indicators, meanwhile, revealed a lesser standard

of operations. The average score for not using any form of contraception was 1.52, indicating a poor degree of adherence to contraceptive methods. Also reported at somewhat lower levels were using a natural method of contraception (mean = 2.18) and both natural and modern methods (mean = 1.61). These results imply room for improvement in encouraging the responders to consistently and appropriately utilize contraceptives.

With a mean score of 4,01, the respondents generally showed a high degree of practice in the use of contraceptives. The findings point to good attitudes and behaviors about contraception, with a focus on communication, making well-informed choices, and using contraception for various health and socioeconomic reasons. To address the lower levels of practices seen in some regions, such as the non-use of contraceptives and dependence on natural means, however, may be necessary (Wodon *et al.*, 2017). For nations experiencing a high pace of population expansion, a high prevalence of contraception is always predicted to reduce birth rates. Numerous international and local organizations, the private sector, and governments continue to work to increase the use of contraceptive methods because they are linked to better economic and educational outcomes, particularly for girls and women, as well as improved health outcomes like decreased maternal and infant mortality. Women will require less medical care, fewer unwanted pregnancies, and less workload for medical clinics if they are appropriately counseled and supported to maintain their use of more effective contraceptive methods (Hossain *et al.*, 2018).

If obstacles prohibit women from obtaining modern contraceptive services, providing information, enhancing

self-efficacy, and making services available will be ineffective. Barriers at the individual, family/society, service provider, and health facility levels should be addressed to increase the use of modern contraceptives. Prior research has identified culturally ingrained stigma, shame when disclosing SRH difficulties, and fear of being acknowledged as significant personal barriers to service utilization. Additionally, due to constrictive cultural norms surrounding sexuality and apprehension about promoting premarital sex, family members avoid discussing sexual health issues and contraception, especially with unmarried adolescents. An essential barrier at the provider level is the judgmental attitude and reluctance of service providers to offer services and the perception of discomfort among

teenagers, especially those not married, when they request services from providers of the opposite gender. Similarly, distance, service hours, and the location of the health facility are additional hurdles at the health facility level (Doerken *et al.*, 2019).

The Prevalence of Contraceptive Use among Indigenous Women

The table below shows the prevalence use of contraceptives among women in Esperanza Agusan del Sur.

Table 6 details the frequency of contraceptive use among respondents by listing the frequencies and percentages for several contraceptive usage-related factors.

Table 6: Prevalence of contraceptive use among respondents

Variable	Category	Frequency	Percentage
Source of information about contraceptives	DOH	12	36.36
	Social Media	16	48.48
	Personal Communication	0	-
	Local Health Center	31	93.94
	Radio, TV, Newspapers	22	66.67
Contraceptives used Natural Method	Calendar Rhythm Method	0	-
	Cervical Mucus	0	-
	Basal body Temperature	0	-
	Vasectomy	0	-
	LAM	0	-
	Tubal Ligation	0	-
	Withdrawal	0	-
	Linumad/Bisaya	0	-
Contraceptives used Modern Method	Pills	21	63.64
	Condom	15	45.45
	IUD	18	54.55
	Spermicide	0	-
	Implant (rod)	19	57.58
	Patch	0	-
	Injectable contraceptives	0	-
	Cervical cap	0	-
Source of Contraceptives	Barangay Health Center	29	87.88
	Private Clinic and Hospitals	1	3.03
	Personally acquired	4	12.12

The majority of respondents said they gathered knowledge of contraceptives from various sources. 36.36% of respondents named the Department of Health (DOH) as a source, while 48.48% cited social media, with frequencies of 12 and 16, respectively. Most respondents (93.94%) reported using local health clinics 31 times or more frequently as a source of information. With a frequency of 22, radio, television, and newspapers were cited as sources by 66.67% of the respondents. Pills were the most often reported method of

contraception, being used by 63.64% of respondents with a frequency of 21. 45.45% of respondents reported using condoms, while 54.5% reported using intrauterine devices (IUDs) 15 or 18 times per year respectively. With a frequency of 19, 57.58% of responders selected the implant (rod). Cervical caps, patches, injectable contraceptives, and spermicides were not included as preferred options.

Regarding the source of contraceptives, the majority of respondents (87.88%) with a frequency of 29 did so

from the barangay health center. A tiny percentage of respondents (3.03%) named private clinics and hospitals as a source, while a smaller group (12.12%) said they purchased contraceptives with a frequency of 1 and 4, respectively.

Overall, the findings show that respondents employed various contraceptive techniques, with tablets, condoms, IUDs, and implants being the most popular choices. The results further emphasize the significance of neighborhood health clinics as a crucial informational resource and supply of contraception for the respondents. In addition, traditional and social media outlets significantly contribute to the spread of knowledge about contraceptives (Alsaleem *et al.*, 2018). The results of this study are comparable to those of a study carried out in Jazan City, Saudi Arabia, in 2023, where the researchers discovered that most respondents' primary sources of information regarding contraceptive techniques were their healthcare providers. The study emphasizes the value of DOH local health clinics to women of reproductive age as a resource for knowledge and access to contraceptive options. The World Health Organization (WHO) asserts that ensuring women's access to chosen contraceptive methods is crucial for promoting both the community's economic well-being and the health of mothers and

children (Mahfouz *et al.*, 2023).

Professional counseling can only be obtained if primary healthcare facilities offer family planning services. It is imperative to consider using family planning clinics to deliver high-quality services. Professional counseling cannot be obtained if primary healthcare facilities do not offer family planning services. Family planning clinics should be seriously considered if one wants to receive high-quality care (Alenezi & Haridi, 2021).

Factors Influencing the Use of Contraceptives among Indigenous Women

The succeeding table reveals the factors influencing the use of contraceptives among indigenous women of reproductive age in Brgy. Hawilian, Esperanza, Agusan del Sur.

Several factors have been considered and determined to check whether they have significantly influenced the contraceptive used of the respondents. To do this, a Binomial Logistic regression was performed. These factors are the profile, knowledge, attitude, and practices of the respondents towards contraceptives used.

The analysis result for factors affecting Pills as contraceptive of the respondents is shown in table 7. Of more than five (5) factors considered which could possibly

Table 7: Factors affecting the use of Pills as contraceptive of the respondents

Variables	B	Std. Error	Wald Statistics	Sig.
Constant	-1.392	0.81	2.953	0.086
Educational Attainment	1.101	0.483	5.204	0.023**

*Model Assessment: Nagelkerke R²=0.336; Chi-square, $\chi^2=9.301$, p-value=0.002; parameter coefficients: * significant at $\alpha=0.10$; ** significant at $\alpha=0.05$; *** significant at $\alpha=0.01$ (highly significant)*

influence the likelihood of using Pills as contraceptive, one (1) has been found to be associated and influenced the latter, and that was the educational attainment factor. To assess how good the obtained model, the coefficient of determination (Nagelkerke R²) and the significance of the model to predict the likelihood of using Pills as contraceptive were obtained. As observed, the obtained regression model has R²=0.336, that is, 33.6% of the variability of the Pill as contraceptive can be explained by the model with predictor educational attainment factor. Moreover, the regression model significantly predicts the likelihood of using Pills as contraceptive as the Chi-squared results yield with $\chi^2=9.301$, p-value=0.002, which is significant at $\alpha=0.05$.

As shown also in the table, educational attainment has a positive relationship with Pills as contraceptive with $\beta=1.101$. Hence, the use of Pills as contraceptive of the respondents increases as the level of educational attainment increases.

Women who are more educated are better able to take charge of their life, work, earn an income, and decide whether or not to utilize contraception. Earlier studies from Nigeria and Senegal support the results of this investigation. According to earlier studies, women from

households that can access education were likelier than those from the poorest to utilize contraception. Wealthier women take contraception more frequently than their poorer counterparts, explained by the fact that it is affordable and they have greater freedom to make their own decisions. Conversely, working women are more likely to utilize contraception than jobless women. A probable reason is that women who place a high value on professional development and career progress may seek to prevent any pregnancy-related disruptions to their professional development (Ukoji *et al.*, 2022).

On the other hand, the pill is one of the most popular contraceptives among women, particularly in underserved communities, because it is readily available in healthcare facilities. Specifically, they would have access to birth control if they have the educational attainment to become knowledgeable about the healthcare policy decision. Similarly, a study in the United States showed that policy decisions could expand or restrict access to contraceptives. This study examined recent policy changes affecting contraceptive access and organized them by the five dimensions of healthcare access. It identifies specific policy barriers to contraceptive access and suggests policy and practice actions to enhance contraceptive access

and reproductive autonomy. Opportunities to ensure contraceptive access for all Americans include promoting comprehensive sex education, extending the Community Health Center Fund, increasing contraceptive care options for people with employers who are exempt from the Affordable Care Act contraceptive mandate, addressing discrimination and building trust in contraceptive care, and intensifying outreach efforts to combat misinformation and confusion created by continuous changes to key family planning policies (Swan, 2021).

According to Majumder and Ram (2015), socioeconomic status significantly impacts demographic habits; the affluent respond differently than the impoverished. Although income and education have already been shown to be significant factors in family planning, they are less significant for this group of women. These unexpected results could have been caused by underreporting by ashamed or shy users, restricted contraceptive usage

for timing deliveries, or inefficient methods, even if contraceptives theoretically reduce the number of unwanted infants (Khraif *et al.*, 2017).

In 2017, the Philippine Food and Drug Administration lifted a Supreme Court order temporarily prohibiting 51 female hormonal contraceptive products, which led to a significant shortage of birth control options for low-income Filipino women. The distribution prohibition prohibited drugstores and clinics from selling hormonal contraceptives, such as medications and devices-the lifting of the moratorium aided in meeting the unmet demand for modern family planning in the country. Women could access such pills to control unplanned pregnancies as they were educated by their healthcare providers and understood the information that was relayed to them (Alano, 2017).

For the factors affecting the use of Condom as contraceptive of the respondents, table 8 presented the result. As observed, educational attainment is the only

Table 8: Factors affecting the use of Pills as contraceptive of the respondents

Variables	B	Std. Error	Wald Statistics	Sig.
Constant	-1.537	0.714	4.626	0.031
Educational Attainment	0.637	0.295	4.662	0.031**

*Model Assessment: Nagelkerke $R^2=0.214$; Chi-square, $\chi^2=5.757$, p -value=0.016; parameter coefficients: * significant at $\alpha=0.10$; ** significant at $\alpha=0.05$; *** significant at $\alpha=0.01$ (highly significant)*

factor affecting the likelihood of using Condom as contraceptive.

The obtained regression model has $R^2=0.214$, that is, 21.4% of the variability of the Condom as contraceptive can be explained by the model with predictor educational attainment factor. Moreover, the regression model significantly predicts the likelihood of using Condom as contraceptive as the Chi-squared results yield with $\chi^2=5.757$, p -value=0.016, which is significant at $\alpha=0.05$.

The relationship between the use of Condom and educational attainment is positive with $\beta=0.637$. This reveals that the use of Condom as contraceptive of the respondents increases as the level of educational attainment increases.

Delaying parenthood boosts a woman's likelihood of better educational success, better work possibilities, and higher financial independence and empowerment, lowering the dangers and difficulties connected with early pregnancies. According to specific research, women with secondary education or above had higher probabilities of using contraception than those with no education at baseline. This is true for all groups of women according to educational attainment. After considering the overall non-linear growth in contraceptive use over time, it was projected that by 2016, women with secondary or higher educational attainment had higher odds of using any form of contraception than women with no formal education. This suggests that over the past 21 years, less educated women have used contraception more frequently than more educated women (Namasivayam *et al.*, 2019).

According to a study conducted in Iran, women who

work in the sex industry and even couples who are married rarely use condoms. As a result, the absence of condom use in sex has become the ideal. The findings demonstrated that various individual, structural, and cultural variables contribute to the absence of condom use. Therefore, it can be beneficial to take some initiatives at the individual level by educating female employees about HIV, at the structural level by significantly reducing the cost of condoms, and at the societal level by challenging taboos and beliefs surrounding condom use (Gharehghani *et al.*, 2020).

Most uneducated women in the Philippines do not use condoms for pregnancy control. The usage of condoms among various Filipino groups is influenced by several connected factors at the individual and social environment levels, according to a comprehensive assessment of the literature using computerized databases in the Philippines. The majority of these issues have intrapersonal roots. Knowledge of HIV, a higher perception of HIV risk, peer support, a good manager attitude, involvement of health providers, and local laws are some of the factors that encourage the usage of condoms. In contrast, discomfort and disapproval regarding condom use, poor parental communication, a lack of sex education, social stigma, and the expensive cost of condoms are some barriers to their use (De Torres, 2020). The same 2022 study discovered that reducing the burden of unintended pregnancies and HIV in the Philippines means implementing multifaceted and context-specific interventions to promote sexual agency and consistent condom use. This was revealed by the low percentage of people who consistently use

condoms and the limited reach of information and education campaigns (Pepito *et al.*, 2022). Furthermore, given the country's rapid economic expansion, Saudi Arabian researchers have discovered that the usage of contraceptives for birth spacing rises with parity and educational attainment. Relationships over fertility and contraception in light of employment and education lead to postponed weddings and the use of modern contraception as a result. Those who grew up in metropolitan areas continue to utilize contraception more frequently. The link between modernization-urbanization

and contraception is further demonstrated by the finding that those with nuclear families, academic careers, and better salaries use contraception more frequently. Contraception is therefore unaffected by other factors, such as the length of a marriage, thanks to this exposure and their high level of education, income, and job profile. Contraception, specifically condoms, was usually used to delay or reduce childbirth. Table 9 shows the analysis for the significant factors affecting the use of IUD as contraceptive of the respondents. There were fourteen (14) variables

Table 9: Factors Affecting the Use of IUD as Contraceptive of the Respondents

Variables	B	Std. Error	Wald Statistics	Sig.
Constant	-28.675	5137.21	3.1E-05	0.996
Age	0.605	0.815	0.55	0.458
Educational Attainment	-0.48	0.599	0.643	0.423
Number of pregnancies	36.576	7265.1	2.5E-05	0.996
Number of abortion incidence	-0.683	1.546	0.195	0.659
Number of living children	-35.416	7265.1	2.4E-05	0.996
Number of children you desire to have	-1.71	1.221	1.96	0.161
Number of planned year gaps between siblings	0.598	0.488	1.503	0.22
Information (LHC)	17.744	5137.2	1.2E-05	0.997
Information (DOH)	-2.402	1.338	3.225	0.073
Information (SM)	3.645	1.902	3.673	0.055
Information (Radio)	-2.034	1.717	1.403	0.236
Knowledge	4.591	2.48	3.427	0.064
Attitude	-1.339	1.77	0.572	0.449
Practices	-0.79	1.876	0.177	0.674

Model Assessment: Nagelkerke $R^2=0.616$; Chi-square, $\chi^2=20.374$, $p\text{-value}=0.119$; parameter coefficients: * significant at $\alpha=0.10$; ** significant at $\alpha=0.05$; *** significant at $\alpha=0.01$ (highly significant)

considered in the analysis that may influence the use of IUD as contraceptive. Among the independent variables tested, it was found that none has significantly affected the use of IUD as contraceptive. This result also supported with the model assessment result of Chi-squared test, resulting with $\chi^2=20.374$, $p\text{-value}=0.119$, which is not significant at $\alpha=0.05$. Therefore, there are no significant factors affecting the use of IUD as contraceptive of the respondents.

Recent studies have looked into the variables influencing women's IUD use. The perception of women was one of them. According to a study done in China, variations in the usage of IUDs were related to perceptions and other relevant factors, such as fear of discomfort, irregular bleeding, or expulsion (Feng *et al.*, 2022). Perception, nevertheless, was not one of the issues this study addressed.

According to a study by Ukoji *et al.* (2022), childbearing women in South-South Nigeria had a high level of knowledge about contraception but did not use it. Although factors such as contraceptive awareness, education, age, marital status, place of residence, and

family wealth index could influence the use of any contraception, actual contraceptive use in Nigeria remained still low. Various policy issues pertaining to contraceptive information and actual adoption must be addressed to increase Nigeria's low rate of contraceptive usage.

Intrauterine devices (IUDs) have sharply increased in popularity in the United States during the past ten years. Women can enjoy freedom when utilizing a long-term, internal contraceptive method that is highly successful. However, respondents expressed concern that IUDs would limit their bodily autonomy because they could not stop using them without a doctor, that the idea of having a contraceptive method inside their body for years was unsettling, and that they wanted flexibility in their pregnancy plans. These findings show discrepancies between IUD promotion discourses and specific women's opinions of the procedure and conception strategies (Gomez *et al.*, 2017).

Many midwives in the Philippines have discussed fear as originating from superstitious beliefs and being apart. According to them, most of their patients fear

using IUDs and the operation that comes with them. Contraceptive tablets were an appealing alternative due to these worries since they were safer and accessible. Perhaps some of them are also terrified of the process and the pills, which are just drinks (Norton & Shilkofski, 2022). Furthermore, according to a poll by the Philippine

Statistics Authority, only one in three Filipino women use modern methods of contraception, with the pill being the most popular choice (Marquez *et al.*, 2017).

The last contraceptive being used by the respondents is the implant rod. Table 10 presented the result for the factors affecting the use of implant rod as contraceptive of the

Table 10: Factors Affecting the use of Implant Rod as Contraceptive of the Respondents

Variables	B	Std. Error	Wald Statistics	Sig.
Constant	3.146	1.531	4.225	0.040
Age	-1.026	0.521	3.875	0.049

*Model Assessment: Nagelkerke R²=0.186; Chi-square, $\chi^2=4.927$, p-value=0.026; parameter coefficients: * significant at $\alpha=0.10$; ** significant at $\alpha=0.05$; *** significant at $\alpha=0.01$ (highly significant)*

respondents. As observed, age is the only factor affecting the likelihood of using implant rod as contraceptive.

The obtained regression model has $R^2=0.186$, that is, 18.6% of the variability of the implant rod as contraceptive can be explained by the model with predictor age factor. Moreover, the regression model significantly predicts the likelihood of using implant rod as contraceptive as the Chi-squared results yield with $\chi^2=4.927$, p-value=0.026, which is significant at $\alpha=0.05$.

The relationship between the use of implant rod and age is negative with $\beta=-1.026$. Hence, the use of implant rod as contraceptive of the respondents decreases as the age increases.

Adolescent pregnancy is a complicated and widespread occurrence that affects teenagers, their offspring, and the community. Adolescent pregnancy is common, harms public health, and results from complicated systemic societal issues and an unmet demand for acceptable contraceptive options in this demographic. Younger adolescents (14–17 years) are more likely to choose implants than older women (18–20 years), while older women (18–20 years) are more likely to choose IUDs than implants (ACOG, 2018).

The advantages implant rods provide for individuals between the ages of 27 and 34 influence their utilization. Because of its affordability, ease, extended duration, and safety for use while nursing, the etonogestrel implant is a particularly effective and healthier method of contraception for women in underdeveloped nations. It has a good chance of becoming fertile again after being removed. Women between the ages of 27 and 34 using implant rods said it had outstanding contraceptive effectiveness and was well tolerated. Most individuals found the varied vaginal bleeding pattern, which was characterized by relatively few bleeding events, acceptable. Furthermore, Rocca *et al.*'s study from 2021 demonstrated that implants are safe and effective contraceptive devices recommended for use by all reproductive-aged women, including when placed right after childbirth or after an abortion. Implants should only be placed by qualified, trained healthcare professionals who have provided proper counseling on their contraceptive effect, benefits, and any potential side effects. Counseling before implant placement and throughout technique use is an excellent

tactic to help users understand and accept these mild side effects. The ease of use, high efficacy, and high acceptability of implant rods among young people make them a crucial option for this age range. When describing contraceptive alternatives and pertinent adverse effects, age-appropriate language, pictures, and models are helpful. When teens select a contraceptive method, it is crucial to consider effectiveness, reversibility, safety, non-contraceptive benefits, and side effects (Berlan *et al.*, 2020).

CONCLUSION

The study reveals a few key points. First, indigenous women in the Philippines generally know a lot about contraceptive methods, but they could use more information about the potential side effects. Second, the participants in the study generally have a positive attitude towards using contraceptives. They understand the importance of family planning, appreciate the benefits, and are willing to share this knowledge. Third, the women in the study are mostly good at using contraceptives, focusing on communication, informed decision-making, and using them for health and socioeconomic reasons. Fourth, overall, indigenous women have a positive view of contraceptives, recognizing their role in family planning and valuing women's health. This positive attitude can contribute to responsible family planning. The study also shows that the women use a variety of contraceptive methods, with pills, condoms, IUDs, and implants being the most popular. Additionally, the level of education and age influence contraceptive use, with higher education levels linked to a higher likelihood of using pills and condoms, while younger women tend to prefer implant rods. In summary, the findings highlight the importance of comprehensive education programs, better access to various contraceptive methods, and addressing cultural beliefs and misconceptions to improve reproductive health outcomes among indigenous women in Barangay Hawilian.

RECOMMENDATION

Considering the conclusions, it is suggested to enhance the promotion of well-informed and effective use of contraceptives for better health and socioeconomic

outcomes. Implementing comprehensive family planning programs is crucial, involving providing detailed information about contraception methods, advocating for strategies to space births, and supporting the desired number of children as identified by the respondents. Additionally, there's a need to reinforce reproductive health education. Even though indigenous women possess good knowledge of contraceptive methods, continuous education remains vital. The focus should be on communicating the availability, benefits, risks, and the importance of regular doctor visits related to contraceptives. This education can help mitigate health issues associated with inadequate birth spacing. Furthermore, it is recommended that future researchers explore the specific adverse effects of different contraceptive methods among indigenous women. This exploration can inform targeted educational interventions and counseling strategies to address concerns and misconceptions related to these effects. Additionally, fostering collaboration with local community organizations, healthcare providers, and policymakers is essential to ensure that research findings translate into actionable policies and programs. Involving indigenous women and community members as active participants in research design, implementation, and dissemination is crucial to incorporate their perspectives effectively.

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