

**AN EVALUATION OF THE ALTERNATIVE ADVOCACY PROJECT
IN THE VISAYAS REGION
ON BEHALF OF PATH FOUNDATION PHILIPPINES INC.**



Submitted by the Environmental Science for Social Change



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Executive Summary

The project is a four-province, 13-municipality survey designed to measure the knowledge and perception of policy-makers and decision-makers on family planning and reproductive health. This project is expected to provide inputs to the Alternative Advocacy Project (AAP) of PATH Foundation Philippines.

The AAP aims to promote family planning and reproductive health as a good practice for coastal resource management (CRM). It targets policymakers and decision-makers and focuses on improving policymaking at the local-level. The project will look into the increased use of family planning and reproductive health concepts in the development plans of municipalities. One approach AAP will be using to achieve its objectives is to increase the awareness of policymakers and decision makers on population dynamics and demographic factors that have important implications for the coastal environment and food security, transforming their attitudes and beliefs towards solutions that address the adverse impacts of high population growth and momentum on critical marine environments.

How certain situations or realities are understood determine the prevailing perception (and how this can be changed) and knowledge depth (and what more needs to be known). Education, political and professional affiliations, and religion continue to have an influence on how perceptions are formed and eventually how these build up as knowledge, when information is added or enhanced.

The survey reaffirms this, showing differences in perception and knowledge among men and women, among municipal and barangay officers, and between members of certain groups and organizations. What this survey also affirmed is the importance of the barangay as representative of the community, in terms of providing actual and realistic accounts of community life. Responses from barangay captains were the most valuable as these mirror the actual conditions of the community that is often hidden by statistical averaging.

It was also helpful that the survey was conducted in the local language (Cebuano is the common language in the areas surveyed) and thus elicited more nuanced and meaningful responses to the questions asked.

Essentially, this ESSC work activity hopes to contribute to how the AAP will be designed and implemented more meaningfully and realistically in achieving the impact desired. In determining the assistance needed and that can be provided by the AAP, it is critical to take note of the responses by the policymakers in this survey. There was a common lack of interest for “technical assistance” and a seeming preference for “non-technical assistance.” This can be viewed at two levels. Elections are scheduled next year and those running for elective positions would want to be associated with more visible projects such as infrastructure, medical assistance and supplies, outreach programs that can provide banners and signages, etc. On the other hand, this attitude can also reflect the quality of trainings and seminars (that they view as comprising technical assistance) previously experienced and for which they do not see and feel the impact in their lives.

Setting aside the political capital (i.e. votes) that policymakers will want to ensure as they express support to the AAP, there are critical nodes for intervention emerging from the results of this brief and limited survey activity. Responses are genuine and emerged from actual experiences and these must be fully appreciated and listened to as assistance is designed. Two major observations on the social and environmental fronts are confirmed: quality of life is not getting better for the majority of our poor and quality of the environment is not getting reversed from its present degrading state. All the more this confirms the need for greater assistance that is realistic and that will improve people’s lives and livelihoods and will lead to a more sustainable environment and resource stability.

I. Introduction

The pressure on resources is more evident in densely populated areas^a. A rapidly expanding population is significantly linked with overexploitation of resources and environmental degradation. Areas in the Philippines that are highly populated are mostly located near or in coastal areas and show stark evidence of environmental degradation due to poor land use and conversion of land for settlement. As people seek areas where they can live and where they can access resources for food and other basic needs, the pressure on resources will not wane. The continuing effort in increasingly degrading environments is to find ways to address the causes thereby reducing the continued degradation and eventually reverse the situation.

Family planning is not seen as a resource management tool. Since its inception, family planning was used primarily as an approach for achieving regulatory, health or economic objectives. As the understanding on the population-environment link broadened, local initiatives that focus on poverty and population led to the adoption of programs and projects that integrate the elements of family planning and resource management.

The IPOPCORM project of PATH Foundation Philippines is one such project. IPOPCORM was designed to address population, environment, and poverty (PEP) dynamics and linkages in the Philippines' coastal zones. The baseline ecology and population surveys conducted by IPOPCORM revealed evidence of environmental degradation and “over-fishing” in coastal and island ecosystems surveyed. High levels of fertility, childhood, malnutrition, poverty, and chronic food insecurity commonly prevail in coastal households. The results of the survey provided the context to merge family planning with coastal resource management.

The Alternative Advocacy Project (AAP) is a follow-up to IPOPCORM. AAP aims to ‘mainstream family planning and reproductive health’ as a good practice for coastal resource management (CRM). Whereas IPOPCORM focused on community members, AAP is targeting policymakers and decision-makers and focuses on improving policymaking at the local level. The project will promote family planning and reproductive health concepts in the development plans of municipalities. One of the key objectives of this program is to increase policymakers’ awareness of population dynamics and demographic factors that have important implications for the coastal environment and food security to transform their attitudes and beliefs towards solutions that address the adverse impacts of high population growth and momentum on critical marine environments.

II. Project Rationale

There are three key elements that guide this activity. First, there is a need to establish the attitudes and beliefs of policy makers on reproductive health, family planning and population health interrelation. The second element is the translation of their knowledge and beliefs into workable solutions for the issues identified in

^a According to Hinrichsen and Robey (*Population and the Environment: The Global Challenge, Population Reports, Series M, No. 15*. Baltimore, Johns Hopkins University School of Public Health, Population Information Program, Fall 2000), population pressures led to the degradation of around two billion hectares of arable land.

coastal environment. The third element relates to the incorporation of the PHE concept in the local planning process and ensuring that future development plans are able to effectively respond to the issues. The second and third elements refer to the capacity of policymakers to understand and analyze the PHE dynamic.

Hence, it is critical that the program is appropriate to the needs of the target population. To design a program that suits the target population and that responds to the objectives of the program, it is important to do a profile of the policymaker and to establish the policymaking environment. At the conclusion of the pre-project survey, the following should be known:

- How much do they know of the issue? (*knowledge and beliefs*)
- What is the basis of their knowledge/awareness? (*academic, experience*)
- What is the context of their knowledge/belief? (*political, cultural, and social*)
- Do they have the necessary facts regarding the issue and what are these? What are the perceptions towards reproductive health and family planning?
- Do they know how to respond to the issue? If they are not responding to the issue, what is preventing/hindering them from developing a response?
- Do they have the necessary tools and skills to carry out appropriate and desired action?
- What are some of the misperceptions/misconceptions regarding the link between population and environmental stress? Are they aware of this link?

III. Objectives

The over-all objective of this research is to determine the knowledge and attitudes of policymakers and decision-makers towards reproductive health (RH) and family planning (FP) as a coastal resource management strategy.

The specific objectives in support of the over-all objective are the following:

- to gather qualitative and quantitative information on the knowledge and beliefs of policymakers on RH and FP;
- to establish the level of awareness of policymakers with regards to human and environment interrelation;
- to determine the context of their knowledge and beliefs;
- to determine the level of utilization of human-environment knowledge in policy making and local planning; and,
- to identify opportunities for increasing awareness among policymakers.

IV. Survey Presentation

A. Coverage

The survey covered four provinces, 13 municipalities and 54 barangays (four from each of the 13 municipalities). Annex 1 lists the municipalities and barangays covered by the survey.

The survey focused on policymakers and decision makers. By definition, a policymaker is a person, a group of people or an organization, usually connected with the government, tasked to develop laws, ruling and guidelines. Decision makers at the local government level include the provincial

government represented by the governor and the Sangguniang Panlalawigan (SP) or the provincial legislative body, the municipal government as represented by the mayor and the Sangguniang Bayan (SB) or the city/municipal legislative body, and the barangay captain and the barangay council.

For this activity, decision makers and policymakers that were included as respondents were limited to barangays and municipalities, specifically municipal mayors and barangay captains. As the survey will be on population, environment, and health, the following local government offices dealing with these sectors were also considered:

- a. Municipal Planning and Development Office (MPDO)
- b. Municipal Health Office (MHO)
- c. Municipal Environment and Natural Resources Office (MENRO), if existing

B. Survey Universe and Sample Size

The composition and number of the policymaking body of an area varies depending on the needs of the government and the community. The local government has the option to reinforce a specific sector (economy, social welfare, etc.) in response to a development priority.

For the actual survey, the policymakers interviewed were municipal and barangay officers. At the municipal level, the policymakers identified were the mayor, the SB as represented by the committees on environment and health, and the planning and development officers (PDOs). At the barangay level, only the barangay captains will be included. Table 1 shows the survey universe.

Table 1: Survey Universe and Distribution

	Governor	Mayor	SB	MPDO	Bgy Captain	TOTAL
Bohol	1	8	16	8	65	98
Cebu	1	2	4	2	35	44
Leyte	1	2	4	2	15	24
Southern Leyte	1	1	2	1	14	19
TOTAL	4	13	26	13	129	185

The following are the proposed sample sizes for both 95% and 99% confidence level, based on a survey population of 185 and using 5, 7, 9 and 10 as margins of error:

Table 2: Confidence Level

Error	+/-5	+/-7	+/-9	+/-10
Confidence Level (95%)	125	95	72	63
Confidence Level (99%)	145	120	98	88

To achieve a confidence level of 95% and a margin of error between 5 and 7, the survey sample was pegged at 108. This number was distributed among the four provinces and 13 municipalities. Distribution of respondents is presented in Table 3. For Mayors, SBs and MPDOs, full enumeration was done, while

selection was done for barangays. Of the 129 coastal barangays identified during the preparatory stages of the survey, 52 (40%) were selected or four each from the 13 municipalities.

Table 3: Survey Sample Distribution

	Governor	Mayor	SB	MPDO	Bgy Captain	TOTAL
Bohol	1	8	16	8	32	65
Cebu	1	2	4	2	8	17
Leyte	1	2	4	2	8	17
Southern Leyte	1	1	2	1	4	9
TOTAL	4	13	26	13	52	108

C. Survey Implementation

The survey is a 47-item questionnaire using a combination of multiple choice, numeric open-ended (answerable by a value, ex.: number of years as mayor) and text close and open-ended questions. The multiple-choice question focuses on reproductive health and family planning concepts designed to obtain a quantitative measure of their knowledge. The open-ended survey was used for questions concerning position and commitment.

The survey has six sections. The first part deals with the personal and work details of the respondent. The next three sections focuses on their knowledge of reproductive health and family planning concepts, population and environment linkages, and community health. The last two sections solicit information on existing programs in their area and recommendations for improving family planning and reproductive health programs. A copy of the survey is presented in Annex 2.

The survey/interview targeted the knowledge and beliefs of the policymakers, determining what they know and how they know it. It is similar to a KAB (knowledge-attitudes-behavior) survey as it focuses on determining the perceptions of a particular group of people (policymakers). The basis or context of their knowledge (whether social, cultural, political or religious) is important as a critical indicator for receptiveness, openness, and availability of support from provincial or national government.

Prior to the actual field visit and data gathering, an initial review of barangays was conducted. This is to ascertain which of the 600-plus barangays will be included in the survey. The effort is to come up with an assessment that best represents the area. Coastal barangays were segregated from non-coastal barangays and was a primary basis for barangay selection. The resulting figure is about 180-plus coastal barangays within the 13 municipalities. The schedule and the budget do not permit full enumeration of the entire coastal barangays. PATH Foundation agreed to randomly select four barangays from each of the 13 municipalities that will be the focus of the survey. In selecting the four barangays in each of the 13 municipalities, the following criteria were designed and followed:

- a. coastal barangay location
- b. part of the top 10 and bottom 10 in the municipality in terms of population size and population density

- c. geographic spread of the four barangays in a municipality or proximity from town center
- d. an island barangay will be a priority

From the original list of pre-selected barangays, some changes were effected during the actual survey. Some barangays originally selected for inclusion did not fit the criteria. The intention was to get a balance in the respondents and achieve the objectives of the survey. Replacements were made because of the following reasons:

- a. majority of the barangay population is not engaged in fishing or a related occupation/livelihood
- b. the selected barangay has a very narrow coast or only a very small portion of the barangay is coastal

V. Survey Results (Descriptive Presentation)

A. Respondents' Profile and Work Details (#1-7)

This section is a review of the personal and professional backgrounds of the respondents. Apart from political affiliation, a decision-maker's inclination towards certain development programs is partly determined by their age (generation from which their understanding is based on), gender, and civil status (to obtain variations in the preferences and orientation of the respondents).

1. Distribution of Respondents

There were 108 respondents in total. Majority of the respondents are barangay and municipal LGUs with three barangay captains having municipal-level functions (ex: President of the League of Barangays/Association of Barangay Captains). Municipal LGUs comprise 44% of the total respondents, 51% are barangay-level LGUs, and the rest (5%) are provincial-level officers. Some mayors delegated their administrators to complete the survey. It was expected from the onset that municipal administrators would be tasked to respond to the survey. In most cases, the administrators shared the same view, opinions, and perceptions as their mayors and considering how municipal governments operate, administrators are influential positions.

2. Gender

Of the total respondents, 74% are men while 26% are women. In the areas surveyed, more men hold local government positions. Women occupy 20% of both provincial-level and barangay-level positions. Women are better represented at the municipal level, occupying approximately one-third (33%) of the positions. Table 4 shows the gender distribution across LGUs.

Table 4: LGU Level, Gender and Percentage Distribution

	Men	Women
Provincial	80.00%	20.00%
Municipal	67.00%	33.00%
Barangay	80.00%	20.00%

In terms of key positions held, one out of three mayors and planning officers are women. Less than 30% of the city/municipal council members are women and all of the administrators surveyed are males. Table 5 shows the gender distribution among LGU positions.

Table 5: LGU Positions, Gender and Percentage Distribution

	Men	Women
Mayors	63.64%	36.36%
Planning Officers	60.00%	40.00%
City/Municipal Council	72.73%	27.27%
Administrators	100.00%	0.00%

3. Age and Civil Status

The age distribution of the respondents is as follows:

Table 6: Age Groups and Percentage Distribution of Respondents

Age Group	%
30 and below	4.21
31 to 40	11.58
41 to 50	30.53
51 to 60	32.63
61 to 70	12.63
71 and above	8.42

More than half (54%) of the total respondents are 50 years old and above. One-third is between the ages 51-60 years old. Less than 5% of the respondents are below 30. The youngest respondent is a municipal councilor (23 years old) and the oldest is a barangay captain (77 years old).

Majority of the respondents are married (91%), while the other rest are either single (5%) or widow(er) (5%).

4. Current Position

Table 7 presents the current positions held by the respondents.

Table 7: Current Position/Office

Position/Office	%
Barangay Captain	50.93
Planning Officer	13.89
Mayor	10.19
Health Officer	10.19
City/Municipal Councilor	1.85
Administrator	2.78
Governor	0.00

Half of the respondents are barangay captains, and around 10% are mayors. The remaining 40% are members of the legislative council (SB) and health and planning officers.

A third (33%) of the total respondents have been in office less than five years and about a quarter (23%), between 11 to 20 years. Majority of the respondents (48%) have only been in office for 10 years or less. The longest serving officer interviewed is a barangay captain who has been in office for more than 40 years. The data on this section is not indicative as majority of the respondents did not provide any answer (29%). Table 8 presents the length of tenure of the respondents.

Table 8: Length of Tenure and Percentage Distribution

Years in Service	%
Less than 1 year	3
1 to 5 years	30
6 to 10 years	15
11 to 15 years	17
15 to 20	6
21 and above	1
No reply	29

This would also mean that around 33% of the respondents is still eligible or are expected to run again for office in the next election and most likely still hold office until 2010.

5. Other Positions Held

Of the total respondents, 67% of the respondents hold other positions or perform functions apart from their elected or appointed posts. Of the total respondents, 19% work in groups that focus on health, 13% are involved in church or religious organizations, 11% are involved in educational/education-related institutions, 5% are engaged in organizations that promote livelihood development, 5% are in environment work, and 4% belong to organizations dealing with water and sanitation.

There are two respondents simultaneously holding both municipal-level and barangay-level positions. The barangay captains of a town in Buenavista, Bohol and Cordova, Cebu are concurrently serving as president of the Association of Barangay Captains (ABC) and by law, they are automatically appointed as member of the city or municipal council.

Half of the women respondents hold two or more posts, with a majority engaged in health- and church-related activities.

B. Knowledge on Population Health, Reproductive Health and Family Planning (#8-17)

This section reviews the respondents' general and specific knowledge on family planning and reproductive health concepts. This section also tackles differing views on related issues, specifically on contraception and natural methods of family planning and economic aspects of population management.

1. Familiarity on Basic Concepts of PH/RH/FP

Respondents were asked on their familiarity with PH/RH/FP concepts and through what medium they acquired knowledge of these concepts.

Of the total respondents, 30% acquired primary knowledge through the school and another 30% through discussions set in a religious context. Another group of 28% responded that their knowledge was the result of their work or professional background while 8% responded that their familiarity with PH/RH/FP concepts was acquired mostly through seminars and training. The most cited information sources were books, newspapers, and other reading materials (49%).

Naturally, majority of those who chose religion-related discussions as their sources of information also hold positions in religious groups.

2. Definition of Family Planning

Respondents were given choices in terms of how they understand or how they would define family planning. Each of the choices corresponds to differing views on the concept and should reflect biases as to whether they see the program as a policy that regulates or a program that provides option and promotes responsibility.

- a) 67% view the program on family planning as a tool that regulates the number and spacing of children in a family
- b) 36% believe family planning is a program designed to help slow down rapid population increase
- c) 36% say that family planning is a program that provides people better options and choices for raising a family
- d) 14% responded to the choice of making family planning as a program purely for promoting the use of both natural and artificial forms of contraception

Two-thirds of the respondents fail to see beyond the practicality of family planning and continue to consider the program as a policy that aims to regulate the family size. A further breakdown of this total revealed that: 62% are barangay-level and 38% are municipal/provincial level LGUs; 76% are males while 24% are females; and in terms of age-group, 60% are above 51 years old and 40% are below 50.

3. Review of PH/RH/FP Related Concepts

Majority of the respondents said they are familiar with concepts like proper spacing, contraception, sterilization, natural family planning methods, infant and maternal health, and economic aspects of family planning.

Most of the respondents replied that among the components of the family planning program, they are most familiar with the concept of 'proper spacing' (44%) followed by the economic aspect of family planning, which was given as a response by 33% of the respondents. About 24% are familiar with contraceptives and other artificial and natural methods of family planning and less than 20% see family planning as contributing to maternal and child health.

Almost all respondents (95%) say these concepts are valuable and that knowing these concepts is important in fully understanding the scope of PH/RH/FP.

Again, almost all respondents (95%) agree that families should opt for a smaller size and, from an economic standpoint, see smaller families as better-off than larger ones.

4. Population as an LGU and Community Concern

About 83% of the respondents see population as an ongoing or emerging concern in their area (Question no. 16). Majority of the municipal mayors see population as a concern. However, at the barangay level, a different set of responses was obtained. Some barangay captains, specifically from Bien Unido and Buenavista in Bohol, Hilongos in Leyte and Cordova in Cebu, gave both positive and negative responses. Developmental and environmental issues are site-specific and this becomes apparent at the barangay level. In Hilongos, Leyte for example, two barangays affirmed that population is a concern and another two do not see population as an emerging problem.

Those who gave an affirmative response to Question No. 16 gave *'health of the community'* (47%) as the most likely to be affected by an increasing population. This is followed by the environment (33%), food availability (23%) and access to and delivery of basic services (22%).

It is surprising to note that food availability came in third, following health and environment, as likely affected by population considering majority of the areas visited obtain their food directly from coastal and marine resources and some complained that fish catch decreased in the last 5-10 years. In terms of how barangays and municipal officers responded, those who chose *'food availability'* as the most likely to be affected, 50% are from municipal/provincial level and 50% from the barangays.

C. Environmental Degradation and Population (#18-25)

This section discusses the interrelation of population and environmental degradation. It reviews the respondent's knowledge and views on the environment and how it relates to population.

1. Environmental Degradation and Population Link

Majority (97%) of the respondents agree that population is or can be linked with poverty and environmental degradation. This link is manifested in food availability, land conversion, and resource use and management. Around 44% agree that because of increasing population, less food is available; 38% answered that with a growing population, land is continuously converted for settlement or livelihood; and 22% think people are resorting or would eventually resort to more invasive methods for acquiring resources as demand for food increases.



Photo 1: Aside from fishing, communities collect seashells and other marine products that they sell as ornaments.

2. Area Specific Evidence of Population-Environment Link

Majority of the municipalities (11 of 13) are experiencing a decrease in the volume of fish caught in or near their waters. Declining fish catch and community expansion are the most mentioned evidences that confirm the effects of population increase on the environment. Table 9 shows the responses of the municipalities.

Table 9: Evidence of Population-Environment Link

% of Respondents Citing:	
Decreasing fish catch	56.98
Community expansion	41.86
Mangrove destruction	26.74
Poor water quality	10.47

3. Observed Changes in the Community

Question numbers 22 and 23 are related in that the former (no. 22) is an inquiry on what type or level of change has occurred in their area in the last 10 years and that the latter (no. 23) serves to confirm whether the respondent sees the link between the changes listed in the previous question to population change.

Among the choices provided, environmental change was chosen by 43% of the respondents. Infrastructure development came in second with 34%, and migration, whether incoming or outgoing, was third with about 7%. Around 30% of the respondents mentioned that all three choice answers (environmental change, infrastructure development, and migration) were observed in their area.



Photo 2: The front lawn of this school has become the dumping ground of the barangay, posing a health risk to the students and the community living around the area.

When asked if these changes can be linked or traced back to population, 88% gave an affirmative response. Only 8% responded that they are not related.

4. Population and Environmental Degradation

Question number 24 seeks to know which of the following: increasing population, poverty, improper use of resources and poor management and governance, greatly contribute to environmental degradation in their areas. This section should also provide a level of understanding of how policymakers and decision-makers view environmental degradation and what they perceive as contributing elements.

Among the choices provided, 45% responded that increasing population is causing environmental degradation. This is followed by improper use of resources (37%) and poverty (35%). Only 11% chose poor management and governance as the leading cause of environmental degradation.

The question that follows then looks at the issue of population as a priority program in the area. About 81% of the respondents consider issues relating to population as a factor in their program. This means, population is seen as having an impact on how they develop policies and programs. About 8% do not consider population as a priority in their programs and thus is not having any impact on how they develop policies and programs.



Photo 3: *Barangay Atabay in Hilongos. Leyte is inundated by seawater for months in a year, but communities are unmindful as they prefer their flooded situation than live far from their source of livelihood.*

Only 83% of those who answered positively in a previous section of the survey (question no. 16) that population are a concern in their area actually considers population as an important factor in policymaking and decision-making. Out of the 83 who responded YES to Question No. 16, only 69 responded positively as to whether population issues are a factor in their programs. The remaining 14 (17%) probably rely on existing programs or policies.

This section of the report actually compares respondents' answers to Question nos. 16 and 25. Specifically which among those who responded YES in question no. 16, also answered YES or NO in question no. 25. From among those who answered NO, 58% belong to municipal/provincial LGUs and about 42% are barangay officers. Of the 58% municipal/provincial officers, majority are with the planning office.

D. Community Health (#26-31)

With increasing population comes the pressure of decreasing food supply and increasing inaccessibility of basic services. This section reviews the over-all health situation of the community and the observed changes that occurred in the last five years. Questions on community health were focused on maternal and child health as these two are the most vulnerable to external changes.

1. Over-all Health of the Community

About 60% of the respondents saw an improvement in the over-all health condition of their community in the last five years. The rest views no apparent change (23%) while 9% said that the health of the community worsened.

Question number 27 focuses on specific reasons the respondents perceive to be the cause or is causing the improvement, worsening, or no apparent change in the health condition of the community. Choices were provided to limit the responses according to availability of health services/basic services, supply of resources (food, etc.) and awareness of health issues. Among the choices provided, the most cited reason is the increased awareness of the community on health issues (55%), followed by improvement in the level of health services (37%). Food supply is also seen by 26% of the respondents as having an effect on the health of the community.



Photo 4: *Most of the children in Barangay Achilla in Ubay, Bohol do not go to school. The reason is not due to lack of school facilities. Rather, insufficient food is the main reason as some families only have one meal a day.*

Responses differ between municipal and barangay LGUs in this section. This shows how different municipal officers view local development from barangay officers. This may also impact on how realistic municipal governments are in terms of assessing community health conditions. From those who responded that they observed some levels of improvement, 56% are from provincial/municipal level LGUs and only 44% are barangay-level LGUs. Conversely, those who responded that they observed that the health condition of their community worsened, 62% are barangay officials while 38% are provincial and municipal officials.

Using the answers of the city/municipal health officer as benchmark (with the assumption that the health officers hold the correct information), majority of the answers of municipal and barangay officers do not jibe with that of the health officers. It must be noted that barangay officers and some municipal officers rely on observations to answer this section as opposed to the responses of health officers, which are based on data derived from their regular monitoring of health centers. In Buenavista, for example, the health officer

responded that the over-all health of the community improved, five others agreed there is improvement, while another five provided a different response.

2. Maternal and Child Health

Question numbers 28 to 31 focus on women and children's health. Respondents were requested to compare the conditions of women and children now and five years ago.

The responses of the Municipal Health Office to these questions can validate the responses of the other policymakers as it is assumed that health officers know the situation in their areas.

On the health of women and children in the community, 60% of the respondents saw an improvement in the last five years. There are 7% who observed that women/children's health got worse while 26% see no change.

In terms of maternal health, 52% of the respondents observed a decrease in the incidence of maternal mortality in the last five years. There were 2% who observed an apparent worsening and 27% think the situation remained the same. Infant health did better as 59% observed a decrease in infant mortality while only 5% responded that the rate increased (worsened) and 20% found nothing has changed nor improved in the last five years.

Child nutrition did not fare better than the previous two. Only 49% saw improvements while 20% responded that child malnutrition worsened and around the same number (19%) responded no change.

E. RH/PH/FP Programs: Knowledge, Familiarity and Involvement (#32-40)

This section deals specifically with government programs focusing on reproductive health, population health, and family planning. It also discusses how the respondents perceive government approaches in family planning as a development program.

1. Tackling Population Issues

The first five questions in this section deal with prioritization of population and family planning related issues.

On the question if the government is effectively addressing the issue of population, 86% answered YES. One of those who answered NO feels population issues are not effectively managed only because population is still increasing and that projections continue to provide a bleak outlook.

When asked if population management is being prioritized in their area/jurisdiction, 55% gave an affirmative response. Of those who responded NO, majority (81%) think population management should be prioritized by their government. On "why population is not a top priority," 47% responded that because there are more pressing issues that need to be addressed first and 24% believe population as a concern is not established well.

From among those who think the reason population management is not an issue due to its limited establishment, 67% are municipal-provincial level officers and 33% are from barangays. The respondents are dominantly men (86%), with 48% over the age of 51 years.

On “what then is the top priority,” 52% said their government is keen on improving or providing livelihood, 24% see environmental protection as the primary goal, and 20% mentioned infrastructure development.

2. Current Government Programs

About 80% of the respondents are aware or are familiar with programs focusing on family planning and reproductive health in their area and about 67% of the respondents are directly involved in these programs. Among the programs on reproductive health and family planning already implemented or are currently being implemented are:

Cebu

- Popcom

Leyte/Southern Leyte

- DOH-RHU Reproductive Health Program
- Marie Stopes Clinic

Bohol

- Responsible Parenthood II
- DOH-RHU Reproductive Health Program
- FISH
- MES
- CRM
- Marie Stopes Clinic
- Path Foundation
- GAD
- Visayas Reproductive Health Initiative
- MHO-BHW
- Barangay Nutrition Action Plan
- USAID-PRISM
- UNFPA

3. Overall Assessment of the Government’s FP/RH/PH Program

About 63% of the respondents said that the government is fully supporting the program and about 29% said that the issue on population is not directly tackled and is only a subcomponent of a much larger development program.

Overall, 57% of the respondents think the (national and local) government’s program on family planning is effective. Approximately a third (30%) of the total respondents think the government is not effective, and majority confirmed that the lack of a unifying program on reproductive health/family planning is the reason the program is not performing as expected. From this total, 58% are coming from municipal/provincial LGUs and 42% from barangays.

F. Recommendations (#41-47)

1. Suggestions for Improving Program Effectiveness

Question no. 41 focuses on ways to improve the effectiveness of the family planning program. It is an open-ended question and the respondents are encouraged to provide their own comments and suggestions. The responses, after it was categorized, are as follows (the number refers to the percentage of respondents that provided the recommendation):

17.48%	Information and awareness campaign, education and training programs
9.71%	Greater funding/financial support / Increase funding for medicines (pills, condoms, etc.)
7.77%	Better implementation strategy and stricter monitoring program
2.91%	Full support and greater involvement of national and local government
2.91%	Greater involvement of community
2.91%	Church partnership
1.94%	Provision of incentives to encourage support or compliance

An IEC coupled with a better implementation strategy and sufficient financial support is the overwhelming recommendation. Majority of the respondents think that by increasing information campaigns and trainings, especially for communities, support for the program will also be increased.

On the other hand, some respondents provided the following responses as to what would hinder or prevent the effective implementation of family planning and reproductive health programs in the community:

- Lack of government support (8.74%)
- Directly counters or disagrees with their religious belief (5.83%)
- Promotes artificial birth control methods (4.85%)

2. Role of Policymaking in Improving Quality of Life

Information and strategic implementation is fundamental in improving the effectiveness of the family planning/reproductive health program and policymaking will continue to play an important role.

Majority of the respondents agree that policymaking play a role in improving the quality of life (95%). They also believe that LGU/communities would support and practice family planning if they are given the resources and provided the appropriate support. Majority of the respondents also believe family planning will remain an important tool for reducing pressures

associated with increasing population like depleting food supply, migration, environmental degradation and poor health; and strengthening the program, either through any of the recommendations provided, is needed now.

Almost all the respondents agree that family planning can help reduce population pressures on coastal resources and that would eventually lead to an improvement in the quality of life in their area.

VI. Conclusions

A. Knowledge on Family Planning and Reproductive Health

Most of the respondents of the survey are well aware and familiar with family planning and reproductive health concepts. Almost 90% are married and about 83% of the respondents are above 40 years old and most have probably attended training on family planning and reproductive health. Approximately 50% have held elected or appointed office for more than six years. The level of knowledge, experience, and exposure on family planning and reproductive health concepts of the policymakers that was covered by the survey is sufficient.

Majority of the respondents understand the strong linkage between population and environmental degradation. Majority have the capacity to recognize actual evidence of these linkages in their community. What they lack is information, specifically those that relate to the environment and knowledge on specific elements that tie population with environmental degradation and resource depletion. Knowing and understanding these elements is necessary for effective planning, policy formulation and development planning.

B. Religion and Family Planning

The influence of the Church remains very strong. While only 17% of the respondents are active members or hold key positions in religious organizations, there is a probability that other policymakers or decision makers who were not included in this survey are also members of religious organization and, similar to the 17% that were included in the survey, they would only support programs that do not run counter with any church or religious policy. As shown by the survey, membership with religious organizations is not an indicator of strong adherence to church policies. Of the respondents who provided religion-related recommendations in Numbers 41 and 46, less than 20% are members of religious organizations. The rest have no professional affiliations with any religious organization and still provided religion-related responses.

C. Municipal-Barangay Relationship

The decision rests with the municipal LGU. Barangays can only decide on minor issues. Most of the time, it is the municipal government who decides what the barangay can or will do. In the areas visited, any program or policy needs only to secure municipal approval to implement in the barangays.

D. Gender-based Biases and Perceptions

Males and females differ significantly on how they define family planning and how they understand population issues as shown by their responses in Questions 11 and 35.

Question 11 is critical as this highlights respondents' biases and perceptions on family planning. From among those who see only the regulation aspect of family planning, 75% are males. It clearly shows males tend to view family planning as regulatory rather than a choice or option. Females have long been supportive of family planning initiatives.

Question 35 is equally important as this provides some basis or indication on how population as an issue is viewed and prioritized in the surveyed areas. Question 35 again revealed that there were more males who think the issue of population is still not clearly established thereby making it a non-issue in their area. Failure to prioritize population-related concerns in part accounts for the inability to link population (issues and concerns) with major development issues. A good example would be linking malnutrition with increasing population or destruction of mangroves and overcrowding in coastal areas. It is important that these are highlighted and that population is given focus whenever environmental or health issues are discussed.

Biases, perceptions and knowledge can greatly affect how policies and programs are crafted, developed and implemented. In the case of family planning, certain biases that are gender-based in nature still remain. Addressing these biases and perceptions is critical for any development program to proceed.

Annex 1: List of Municipalities and Barangays Covered by the Survey

1. Bien Unido (BOHOL)

Nueva Esperanza
 Nueva Estrella
Poblacion (Bien Unido)
 Mandawa
^aBilangbilangan Daku
^aTuboran

2. Buenavista (BOHOL)

Cambuhat
Dait
Asinan
^bCruz
^cBuga-ong
^aEastern Cabul-an
^aHunan

3. Clarin (BOHOL)

Bonbon
^bBacani
^bBuangan
^bNahawan
^cLajog
^cTangaran
^cPoblacion Norte

4. Inabanga (BOHOL)

^bBadiang
Tungod
Lawis
^bNabuad
^cOndol
^cCagawasan

5. Getafe (BOHOL)

Campao Occidental
Saguise
^bBuyog
^bTulang
^cCorte Baud
^cTugas

6. Trinidad (BOHOL)

^bKinan-oan
^bMabuhay Cabigohan
^bHinlayagan Ilaud
^bHinlayagan Ilaya
^cSoom
^cTagum Sur
^cTagum Norte
^cPoblacion

7. Talibon (BOHOL)

Guindacpan
Nocnocan
^bSan Francisco
^bBagacay
^cCalituban
^cSan Pedro

8. Ubay (BOHOL)

^bCagting
^bHumayhumay
^bJuagdan
Tapal
^cGuintoboan
^cAchilla
^cFatima

9. Cordova (CEBU)

Gilutongan
Ibabao
Gabi
^bDay-as
^cCatarman

10. Lapu-Lapu City (CEBU)

Sabang
Santa Rosa
Talima
San Vicente

11. Bato (LEYTE)

^bDaan Lungsod
Dolho
Poblacion (Iniguihan)
Ponong
^cPoblacion (Kalanggaman)

12. Hilongos (LEYTE)

San Juan
Matapay
Atabay
Himo-aw

13. Maasin (SOUTHERN LEYTE)

Guadalupe
^bManhilo
^bAsuncion
Ibarra
^cCumbado
^cSto. Rosario

Notes:

a – additional barangay

b – previously included in the list but was not included in the actual survey

c – replacement for barangays that were dropped

'IN BOLD' – actual barangays that were surveyed

Annex 2: Population Health/Family Planning Survey

PERSONAL DETAILS

1. Name: _____
2. Age: _____
3. Sex:
 - £ Male
 - £ Female
4. Civil Status:
 - £ Single
 - £ Married
 - £ Separated
 - £ Widow(er)

Work Details

5. Current Position:

Position	Length of service	Elected / Appointed
Governor		
City/Municipal Mayor		
Barangay Captain		
Planning Officer		
Health Officer		
Environmental Officer		
Administrator		
Councilor (Prov/City/Mun)		
Others _____		

6. Other Posts Held: (include membership in committees, orgs, etc.; indicate position; years in that position, and if the post is through election or appointment)

Theme / Focus	Position	Length of service	Elected / Appointed
Education / school			
Church / religious orgs.			
Livelihood / industries			
Water and sanitation			
Environment			
Health			
Others _____			

7. Please describe your role in policymaking in the province/municipality/barangay? Are you directly involved in policy-making/decision-making? What were the policies/program you authored and sponsored (indicate sector)?

£ Directly involved (specify policies authored) _____

£ Not directly involved (information source, coordination, etc.)

Personal Knowledge

This section reviews the interviewees' general and specific knowledge on family planning and reproductive health. It also tackles views on family planning/reproductive health-related issues like contraception and health.

8. Have you heard about/are familiar with family planning and reproductive health?

£ Yes

£ No

9. How did you come to know of family planning and reproductive health?

£ It was taught in school

£ It was discussed in a religious context

£ I work/use to work in the medical field

£ I read it in newspapers, books, etc.

£ Others _____

10. Have you received any training (formal and informal) regarding family planning and reproductive health?

- Yes No

11. Which of the following best explains/defines/is closest to your own understanding of the concept of family planning?

Family planning is a program...

- Aimed at regulating the number and spacing of children in a family
 That provides people better options and choices for raising a family
 That promotes the use of contraceptives and sterilization
 Designed to slowdown rapid population increase

12. What are some of the concepts on reproductive health and family planning have you encountered, gotten to know or are familiar with?

- Proper spacing
 Contraception and sterilization
 Use of contraceptives (pills, IUD)
 Natural methods of family planning (body temperature)
 Infant and maternal health
 Economic well-being and the ability to support development of children

13. What are the methods being used to promote family planning are you familiar with?

- Contraception
 Sterilization
 Natural methods
 Others (please specify) _____

14. Do you consider these concepts and these methods as something valuable?

- Yes. Why and how? _____
 No. Why and how? _____

15. Do you think communities would be better-off (achieve a level of improvement in their quality of life) if their family is smaller?

- Yes No

16. Is population a concern in your area?

- Yes No

17. How is population a concern?

Population is affecting/impacting on the following:

- Access and delivery of basic services
 Availability/supply of food
 Condition of the environment
 Health of the population
 Others _____

Environmental Degradation in Relation to Population

This section discusses the interrelation of population and environmental degradation. It reviews the interviewees' knowledge on the concept. It also discusses concerns/issues and concepts related to population.

18. There have been several studies that link increasing population with poverty and environmental degradation. Do you believe this to be true?

- Yes No

19. How is this true?

- More people less available food to eat
 More people, more invasive methods for acquiring resources
 More people, more area is converted as living area or for livelihood
 Others _____

20. How is this not true?

21. Do you find evidence of this in your area? Please cite specific situations in the area that support this.

- Decreasing fish catch
- Community expansion
- Mangrove destruction
- Poor water quality

22. Describe your area 10 years ago? How much change has your area undergone in the last 10 years (infrastructure, migration, environmental condition, etc.)?

- Infrastructure development
- Migration (in / out of town or community)
- Environmental changes
- Others _____

23. Can some of these changes be traced back or is due to population increase?

- Yes
- No

24. Which of the following has the greatest contribution to environmental degradation?

- Increasing population
- Poverty
- Improper use of resources
- Poor management and governance

25. Is population (increasing/decreasing) a factor in your programs as a policymaker or decision maker?

- Yes
- No

Community Health

With increasing population comes the pressure of decreasing food supply and increasing inaccessibility of basic services. This section reviews the over-all health of the community and changes that occurred in the last 5 years. Specific questions are directed towards maternal and child health.

26. Describe the over-all health condition of the people in your community?

- It improved in the last 5 years
- It got worse in the last 5 years
- No change in the last 5 years

27. What is the reason for the improvement/worsening/no apparent change in the health of the community?

- Better/lack of health services
- Sufficient/insufficient food supply
- Awareness of health issues
- Others _____

28. Describe the health of women and children in your community?

- It improved in the last 5 years
- It got worse in the last 5 years
- No change in the last 5 years

29. Describe maternal mortality rate in the last 5 years?

- Increased in the last 5 years
- Decreased in the last 5 years
- No change in the last 5 years

30. Describe infant/child mortality rate in the last 5 years?

- Increased in the last 5 years
- Decreased in the last 5 years
- No change in the last 5 years

31. Describe child malnutrition in the last 5 years?

- £ Increased in the last 5 years
- £ Decreased in the last 5 years
- £ No change in the last 5 years

Government Programs

32. Do you think the issue on population is being addressed by the government?

- £ Yes
- £ No

33. Is population (management) a priority in your area?

- £ Yes
- £ No

34. If no, do you think this should be one of the priorities of your government?

- £ Yes. Why? _____
- £ No. Why? _____

35. What are the reasons why population and health is not a priority in your area?

- £ There are more pressing issues at the moment
- £ Population as a concern has not been established well

36. What are the priority development programs in your area (livelihood promotion, infrastructure, etc.)?

- £ Livelihood improvement
- £ Infrastructure development
- £ Basic services enhancement
- £ Environmental protection

37. Are you aware of any program (government and non-government) in your area that is focusing on family planning and reproductive health? (Please specify)

- £ Yes
- £ No

Specify programs:

38. Are you involved in any of these programs?

- £ Yes
- £ No

39. How would you describe the government's program/promotion on family planning?

- £ The government (national/provincial) is fully supporting the program.
- £ The issue on population is not directly tackled

40. In general, is the government's program on family planning effective?

- £ Yes – how is it effective? _____
- £ No – how is it not effective? _____

Recommendations

41. Do you have any suggestions for improving the effectiveness of the government's family planning program?

42. Does policymaking play an important role in improving the quality of life of the people and improving the environment?

- £ Yes
- £ No



43. Would people support or practice family planning if they have the resources and they are given the right information?

£ Yes

£ No

44. Can family planning help reduce the pressures associated with increasing population?

£ Yes

£ No

45. Do you agree that programs relating to family planning should be strengthened?

£ Yes

£ No

46. What would make you not support family planning programs in your community?

47. Do you agree that family planning can help reduce population pressures on coastal resources and eventually lead to an improvement in the quality of life?

£ Yes

£ No

Annex 3: Results

PERSONAL DETAILS

3. Sex:

- 73% Male
- 27% Female

4. Civil Status:

- 5% Single
- 90% Married
- 0% Separated
- 5% Widow(er)

Work Details

5. Current Position:

- 10% City/Municipal Mayor
 - 51% Barangay Captain
 - 14% Planning Officer
 - 10% Health Officer
 - 3% Administrator
 - 2% Councilor (Prov/City/Mun)
-
- 67% Elected
 - 33% Appointed

6. Other Posts Held: (include membership in committees, orgs, etc.; indicate position; years in that position, and if the post is through election or appointment)

- 11% Education / school
- 13% Church / religious orgs.
- 5% Livelihood / industries
- 4% Water and sanitation
- 5% Environment
- 19% Health
- 8% Concurrent municipal or barangay post (ex.:president of barangay associations)

7. Please describe your role in policymaking in the province/municipality/barangay? Are you directly involved in policy-making/decision-making? What were the policies/program you authored and sponsored (indicate sector)?

- 70% Directly involved (specify policies authored)
- 30% Not directly involved (information source, coordination, etc.)

PERSONAL KNOWLEDGE

8. Have you heard about/are familiar with family planning and reproductive health?

- 99% Yes
- 1% No

9. How did you come to know of family planning and reproductive health?

- 31% It was taught in school
- 29% It was discussed in a religious context
- 28% I work/use to work in the medical field
- 49% I read it in newspapers, books, etc.
- 8% I attended a seminar

10. Have you received any training (formal and informal) regarding family planning and reproductive health?

- 78% Yes
- 22% No

11. Which of the following best explains/defines/is closest to your own understanding of the concept of family planning?

Family planning is a program...

- 67% Aimed at regulating the number and spacing of children in a family
- 36% That provides people better options and choices for raising a family
- 14% That promotes the use of contraceptives and sterilization
- 36% Designed to slowdown rapid population increase

12. What are some of the concepts on reproductive health and family planning have you encountered, gotten to know or are familiar with?

- 44% Proper spacing

Contraception and sterilization

- 24% Use of contraceptives (pills, IUD)
- 24% Natural methods of family planning (body temperature)

- 12% Infant and maternal health
- 32% Economic well-being and the ability to support development of children

13. What are the methods being used to promote family planning are you familiar with?

- 33% Contraception
- 4% Sterilization
- 51% Natural methods

14. Do you consider these concepts and these methods as something valuable?

- 95% Yes
- 4% No

15. Do you think communities would be better-off (achieve a level of improvement in their quality of life) if their family is smaller?

- 95% Yes
- 3% No

16. Is population a concern in your area?

- 83% Yes
- 17% No

17. How is population a concern?

Population is affecting/impacting on the following:

- 22% Access and delivery of basic services
- 24% Availability/supply of food
- 32% Condition of the environment
- 46% Health of the population

ENVIRONMENTAL DEGRADATION IN RELATION TO POPULATION

18. There have been several studies that link increasing population with poverty and environmental degradation. Do you believe this to be true?

- 96% Yes
- 3% No

19. How is this true?

- 44% More people less available food to eat
- 23% More people, more invasive methods for acquiring resources
- 38% More people, more area is converted as living area or for livelihood

20. How is this not true?

- 21. Do you find evidence of this in your area? Please cite specific situations in the area that support this.**
- 57% Decreasing fish catch
 - 42% Community expansion
 - 27% Mangrove destruction
 - 10% Poor water quality
- 22. Describe your area 10 years ago? How much change has your area undergone in the last 10 years (infrastructure, migration, environmental condition, etc.)?**
- 33% Infrastructure development
 - 7% Migration (in / out of town or community)
 - 43% Environmental changes
- 23. Can some of these changes be traced back or is due to population increase?**
- 88% Yes
 - 8% No
- 24. Which of the following has the greatest contribution to environmental degradation?**
- 45% Increasing population
 - 35% Poverty
 - 37% Improper use of resources
 - 12% Poor management and governance
- 25. Is population (increasing/decreasing) a factor in your programs as a policymaker or decision maker?**
- 81% Yes
 - 8% No

COMMUNITY HEALTH

- 26. Describe the over-all health condition of the people in your community?**
- 60% It improved in the last 5 years
 - 9% It got worse in the last 5 years
 - 23% No change in the last 5 years
- 27. What is the reason for the improvement/worsening/no apparent change in the health of the community?**
- 37% Better/lack of health services
 - 26% Sufficient/insufficient food supply
 - 55% Awareness of health issues
- 28. Describe the health of women and children in your community?**
- 60% It improved in the last 5 years
 - 7% It got worse in the last 5 years
 - 25% No change in the last 5 years
- 29. Describe maternal mortality rate in the last 5 years?**
- 3% Increased in the last 5 years
 - 53% Decreased in the last 5 years
 - 27% No change in the last 5 years
- 30. Describe infant/child mortality rate in the last 5 years?**
- 5% Increased in the last 5 years
 - 59% Decreased in the last 5 years
 - 19% No change in the last 5 years
- 31. Describe child malnutrition in the last 5 years?**
- 19% Increased in the last 5 years
 - 49% Decreased in the last 5 years
 - 19% No change in the last 5 years

GOVERNMENT PROGRAMS

32. Do you think the issue on population is being addressed by the government?

86% Yes
7% No

33. Is population (management) a priority in your area?

55% Yes
42% No

34. If no, do you think this should be one of the priorities of your government?

59% Yes
6% No

35. What are the reasons why population and health is not a priority in your area?

47% There are more pressing issues at the moment
24% Population as a concern has not been established well

36. What are the priority development programs in your area (livelihood promotion, infrastructure, etc.)?

53% Livelihood improvement
19% Infrastructure development
15% Basic services enhancement
24% Environmental protection

37. Are you aware of any program (government and non-government) in your area that is focusing on family planning and reproductive health? (Please specify)

81% Yes
19% No

38. Are you involved in any of these programs?

68% Yes
31% No

39. How would you describe the government's program/promotion on family planning?

63% The government (national/provincial) is fully supporting the program.
29% The issue on population is not directly tackled

40. In general, is the government's program on family planning effective?

57% Yes
31% No

RECOMMENDATIONS

41. Do you have any suggestions for improving the effectiveness of the government's family planning program?

11% Greater funding/financial support / Increase funding for medicines
19% Information and awareness campaign, education and training programs
8% Better implementation strategy and stricter monitoring program
1% Promotion of natural family planning techniques
1% RH/FP program to include components that also improves/promotes job/livelihood
3% Full support across LGUs / Greater involvement of local officials
3% Greater involvement of barangay/community
3% Church partnership
2% Incentives
46% No suggestions

42. Does policymaking play an important role in improving the quality of life of the people and improving the environment?

95% Yes
2% No

43. Would people support or practice family planning if they have the resources and they are given the right information?

94% Yes
3% No

44. Can family planning help reduce the pressures associated with increasing population?

99% Yes
0% No

45. Do you agree that programs relating to family planning should be strengthened?

96% Yes
3% No

46. What would make you not support family planning programs in your community?

8% Lack of government support
4% Abortion
4% Artificial birth control/family planning methods / Population control
1% Sterilization
1% Lack of community involvement
6% Program counters religious stand
64% No reply/Would support most family planning programs

47. Do you agree that family planning can help reduce population pressures on coastal resources and eventually lead to an improvement in the quality of life?

99% Yes
0% No

Annex 4: Tally of Responses

	1 ^b	2	3	4	5	6	7	8	9	10	ALL ^c	NONE ^d	MULT ^e	TOTAL
Sex	80	28												108
CS ^f	5	98	5											108
Q5	0	11	55	15	11	0	3	2	11					108
Q5.2	72	36												108
Q6	12	14	5	4	5	20	9					51	11	108
Q7	76	32												108
Q8	107	1												108
Q9	33	31	30	53	9							1	35	108
Q10	84	24												108
Q11	72	39	15	39								4	34	108
Q12	48	26	26	13	35						30	4	48	108
Q13	36	4	55								33	1	21	108
Q14	103	4										1		108
Q15	103	3										2		108
Q16	83	17										8		108
Q17	24	26	35	50							25	6	49	108
Q18	104	3										1		108
Q19	48	25	41								32	2	40	108
Q20	0	0												0
Q21	62	45	29	11							20	3	47	108
Q22	36	8	46								34	8	24	108
Q23	95	9										4		108
Q24	49	38	40	13							7	1	34	108
Q25	88	9										11		108
Q26	65	10	25									8		108
Q27	40	28	59								3	6	28	108
Q28	65	8	27									8		108
Q29	3	57	29									19		108
Q30	5	64	21									18		108
Q31	21	53	20									14		108
Q32	93	8										7		108
Q33	59	45										4		108
Q34	64	6										38		108
Q35	51	26										33	2	108
Q36	57	21	16	26							19	8	29	108
Q37	87	20										1		108
Q38	73	34										1		108
Q39	68	31										9		108
Q40	62	33										13		108
Q41	12	21	9	1	1	3	3	3	2	50		5	2	108
Q42	103	2										3		108
Q43	101	3										4		108
Q44	107	0										1		108
Q45	104	3										1		108
Q46	9	5	5	1	1	6	69					12		108
Q47	107	0										1		108

^b Numbers 1-10 refer to the choices in the questionnaire (for example in CS, 1 = single, 2 = married)

^c Refers to number of respondents who ticked all the choices in the questionnaire

^d Respondents who chose not to answer the question

^e Refers to the number of respondents who ticked more than 2 choices (but not all) in the questionnaire

^f CS – civil status