FACTORS AFFECTING COMPLIANCE TO FAMILY PLANNING PROGRAM: BASIS FOR HEALTH INTERVENTIONS

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Abstract—
Background: Overpopulation continues to be the main problem around the globe. The world population was 7.4 billion as of June 2016. The Philippines, with an estimated population of over 102 million, is the 12th most populous and is among the poorest countries in the world (2016 census). To avert the increasing population growth our government established Family planning method. However, they shared some concerns about families not adhering to it.
Objective: The main objective of this study was done to evaluate the factors affecting compliance towards family planning in Barangay Tubod, Iligan City.
Methodology: This is a descriptive-correlational study which involved female respondents having at least one live birth. The researchers utilized the cluster sampling. A total of 148 respondents, who were of reproductive age ranging from 16-45 years old, were interviewed. Data collected were analyzed using the following statistical tools, frequency, percentage, weighted mean, Pearsons correlation coefficient, Spearman correlation coefficient, point bi-serial correlation coefficient, chi-square test, Cramer's contingency coefficient
Result: This study showed that the higher the respondent's age, the higher is their compliance to the family planning method. General knowledge on family planning was associated with their compliance. Availability, accessibility and affordability of contraceptives did not significantly influence the women's adherence. However, their partner's acceptance or disapproval has significantly affected their compliance to family planning method.
Conclusion: Partners play a pivotal role in increasing compliance to family planning methods. Greater efforts are needed to invest more in increasing knowledge and reinvigorating teachings on family planning program not only to women but most importantly to their partners. Understanding user's reasons for non-adherence by healthcare workers and encouraging a collaborative approach can go a long way to improving compliance.

Keywords— Compliance, *Factors, Family Planning.*

I. INTRODUCTION

World's top problem is overpopulation. Governments are trying to control this by introducing various methods like family planning. According to the 2016 Census, the population of the Philippines was 102,263,644 (United Nations). As in nearly all less-developed countries, the majority of the people live in rural areas. In the Philippines, more than 60% of the people are in rural areas. Family Planning was introduced in the 1960s, when USA, international development agencies, and governments of other nations shared some fears about rapid population growth. Surveys showed that women in growing countries do not want more children but are not practicing contraception. Thus, family planning was established to achieve the following goals: reducing population growth and (unwanted) high fertility and consequently improving standards of living; improving women's health and quality of life by helping them avoid unintended pregnancies and abortion; and lastly, advancing the rights of couples to plan their families. Today, population continues to increase even if family planning had been established. Several factors might be considered in the people's noncompliance to family planning.as of 2015 Iligan City has an estimated population of 342,618 and Barangay Tubod is seen to have the highest population of 31,913 with a total land area of 320.6 hectares. Despite the fact that Barangay Tubod is not the largest barangay in terms of land area, it has the largest population among the 44 barangays. This has aroused the researchers' interest to study about the factors that affect compliance towards family planning of the people living in the city of Iligan, specifically in Barangay Tubod, considering the said barangay is in an urban area.

II. MATERIALS AND METHODS:

Design: The study used a descriptive-correlational research design which identified the factors affecting compliance with family planning among women of Brgy. Tubod, Iligan City.
Setting: Among the 44 barangays comprising Iligan City, barangay Tubod was the most populous. Its population size was posted at 9.3 percent of the total population of the city. Barangay Tubod having a land area of 320.6 hectares is located southbound of Iligan City and has a total population of 31,913 as of 2015.

The researchers noticed that despite being in an urban area, they still have an increasing population.

Population: The study involved 148 female respondents who had at least one live child taken in clusters and selected randomly, who resides at Barangay Tubod, Iligan City. The respondents composed of women who were of reproductive age ranging from 16-45 years old.

Methodology: A questionnaire adapted from the study, "Impact of Family Planning Health Education on the Knowledge and Attitude among Yasoujian Women" by Mahamed et.al, and "Barriers to Therapeutic Regimen Adherence of Type II Diabetes Mellitus Patients in Iligan City" by Chan et.al, which were partially edited to suit the researchers' study, was used during the interview of the respondents. The first part of the questionnaire determined the profile of the respondents in terms of age, daily income, highest educational attainment, and number of children. The second part will be the body, containing questions used to assess the respondent's knowledge level regarding family planning and contraceptives, cultural and religious beliefs, economic status, partner's acceptance or disapproval in family planning decisions, accessibility and availability to healthcare and there compliance towards family planning. This is to determine how much the respondents know of family planning, how their health and economic status affects their contraceptive use, and how spouses react to cooperate in decision makings.

Statistical Analysis: Data collected were analyzed using the following statistical tools: frequency, percentage, weighted mean, Pearsons correlation coefficient, Spearman correlation coefficient, point bi-serial correlation coefficient, chi-square test, Cramer's contingency coefficient

III. RESULTS

Table 1. General Knowledge of the Respondents in Family Planning

	Mean Rating	Interpretation
General Knowledge of the Respondents in Family Planning	3.9662	Good Level of Knowledge

The table above implies that our respondents are generally knowledgeable about family planning.

Table 2. Culture and Religion

Culture and Religion	Yes	No
Does your culture accept the use of contraception?	132 (89.2%)	16 (10.8%)
Does your religion accept the use of contraception?	122 (82.4%)	26 (17.6%)

The high rate of religion and cultural acceptance in the table above implies that family planning is mostly approved by our respondents.

Table 3. Affordability; Accessibility to Healthcare Services; Availability of Healthcare Services

Affordability	**Yes**	**No**
Can you afford to buy contraceptive methods?	140 (94.6%)	8 (5.4%)
Accessibility to Healthcare Services	**Yes**	**No**
I find time to visit the clinic or health center to have a consultation/check-up even if I have work.	132 (89.2%)	16 (10.8%)
I don't have any difficulties in transportation/finding ways in going to the clinic/health center.	134 (90.5%)	14 (9.5%)
I have time attending seminars and programs conducted by our clinic or health center.	71 (48%)	77 (52%)
If there is any problem, I can easily call or go to health care facilities where I can ask for help.	133 (89.9%)	15 (10.1%)
Availability of Healthcare Services	**Yes**	**No**
There is a health care center/clinic near our house or barangay.	146 (98.6%)	2 (1.4%)
A midwife or community health nurse is available at the center/clinic every time I am having consultation or check-up	147 (99.3%)	1 (0.7%)
There are seminars or symposia in our community discussing about family planning.	106 (71.6%)	42 (28.4%)
The health care facility where I am having my consultation or check-up is giving leaflets, brochures or posters regarding family planning	88 (59.5%)	60 (40.5%)

As depicted in the table above, 94.6% of our respondents can afford to buy contraceptive methods. Majority of the respondents which comprises 89.2% find time to visit the clinic or health center to have a consultation/check-up even if they are employed. This implies that most of them can access easily to health care services and do not have difficulties in going to clinics/health centers. As for the availability if the health care services, majority (98.6%) of the respondents have health care center/clinic near their house or barangay. This implies that health care centers are available anytime when needed.

Table 4: Partner's Acceptance and Disapproval

Partner's Acceptance and Disapproval	**Yes**	**No**
Does your partner accept the use of contraceptives?	118 (79.7%)	30 (20.3%)
Does your partner support the use of contraception?	119 (80.4%)	29 (19.6%)

As shown in the table above, most of the respondents' partners are supportive in the use of contraceptives.

Table 5: Compliance

Compliance	**Yes**	**No**
Are you recently complying with family planning method?	81 (54.7%)	67 (45.3%)

45.3% of our respondents are not able to utilize family planning methods. This is due to various reasons like fear of side effects in the use of contraceptives, husband is working abroad, has recently given birth and also some do not believe on the effectiveness of family planning methods. A study (Lamban, et.al, 2013) found that the couples were undecided on their compliance to family planning due to their adaptation to side effects and conformity to their practices and beliefs. Quantitative data showed that women who did not use contraceptives were more likely to view it as more or equally harmful to health compared to pregnancy.

Table 6: Relationship between the respondent's Demographic Profile and their compliance to Family Planning Methods

Compliance Versus	Chi-square value	p value	Remark
Age	8.714	0.013	Significant
Income	3.847	0.278	Not Significant
Educational Attainment	1.578	0.454	Not Significant
Civil Status	0.637	0.543	Not Significant
Number of children	1.578	0.454	Not Significant

The Table above shows that there is a significant association between age of the respondents and compliance with family planning. This implies that the older the respondents the bigger the chance that they comply with family planning, than the younger respondents. According to a journal entitled Fertility Awareness–Based Methods of Family Planning: Predictors of Correct Use by Arévalo et. al., "Factors associated with fewer unplanned pregnancies include older age, more education, and previous use of family planning methods or oral contraceptives."

Table 7: Relationship between the factors affecting adherence to family planning program and the respondents compliance to Family Planning Methods

Compliance versus	Point Biserial Correlation Coefficient	p value	Remark
General Knowledge on Family Planning	0.240	0.003	Significant
	Fisher Exact test value		
Culture	0.162	0.792	Not Significant
Religion's Acceptance	1.964	0.195	Not Significant
Affordabilty	0.076	1.0	Not Significant
Accesibility	1.642	0.440	Not Significant
Availability	0.142	0.706	Not Significant
Partner's Acceptance	4.955	0.039	Significant
Partner's Disapproval	4.108	0.043	Significant

The table shows that there is a significant relationship between compliance and general knowledge on family planning. This implies that the higher the knowledge of the respondents about family planning methods then the higher they tend to comply with it. According to Akintade 2010 in his study entitled "Awareness, Use and Barriers to Family Planning Services among Female Students at the National University of Lesotho, Roma, Lesotho," lack of adequate knowledge and awareness has been found to be associated with lack of contraceptive use among young women. Its use has been found to be associated with having previously been pregnant, meaning it is only after a pregnancy that young women are educated about and subsequently offered contraceptives services.

The table also depicts a significant association between the partner's acceptance and disapproval in the use of contraceptives and its compliance to family planning. This implies that the partner's decision in the use of contraceptives can considerably influence women's compliance to family planning. According to Samandari et.al. (2010) in "The Role of Social Support and Parity in Contraceptive Use in Cambodia," women who believed that their husband had a positive attitude toward contraception had odds of being a current user of modern contraceptives more than three times among other women.

CONCLUSION

Couples should work hand in hand in complying with family planning method. The health workers must motivate the couples more to use whatever methods available in the health center by educating and making them understand the advantages of adhering with the chosen family planning method. The government as well as some non-government agencies should provide more ways for more advanced information dissemination about family planning method.

The paths to improvement include helping women and their partners choose methods they like, guiding contraceptive users' alternating between methods and supporting their use of more effective methods. They also include expanding the contraceptive options that are accessible and available to potential users. Health workers need to provide ongoing support and assessment of contraceptive needs throughout women's reproductive lives. This is a role for healthcare providers, as well as for others who share information, education and counseling about reproductive health and sexuality.

Researchers should do further studies so that they would have more means to encourage the couples to visit or consult their nearest health center to know the ways of availing of the family planning method which is more convenient and economical. The administration and faculty can also incorporate this study in the curriculum. The results of this study necessitate the need for the healthcare providers to take into account the concept of reproductive health education.

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