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Group Counseling as an Approach to Family Planning Promotion and Drop-out Reduction, with Focus on No-scalpel Vasectomy: An Experimental Trial and Process Documentation Study

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MANAGEMENT SCIENCES IN HEALTH (MSH)

by

Fely P. David, Ed. D.

With the assistance of

Luna M. Belaong

Social Science Research Institute

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INTRODUCTION

The Social Acceptance Project-Family Planning (TSAP-FP) stresses that women, men, youth, couples and families, the core of the entire approach are influenced by the people that surround them: community leaders and influentials; health care providers including community health workers; family, friends and neighbors; and local churches. With the assumption that the advocacy and social mobilization activities of the project are directed at key advocates believed to be influential in disseminating positive family planning (FP) message. These key advocates include local policy makers and decision makers, health and labor associations, NGOs, advocacy networks, community organizations, people's organizations, local media and faith-based groups (Project Paper).

Currently, the one-on-one counseling is still the most commonly used approach in promoting family planning in the country today. One problem of this approach that has been identified is the imbalance in position between the counselor and the counselee. The counselor, who is usually more informed and confident than the counselee, tend to be viewed more as a lecturer, rather than a counselor, and this is believed to hinder open exchange and prevents the counselee from opening up.

A recent TSAP-FP formative study revealed that men and women can be quite open about sensitive topics, like family planning, in a group setting. The data suggest that a group situation improves the balance of power between the counselor and the counselee(s).

In promoting No-scalpel Vasectomy in the Department of Health's (DOH's) Matching Grant Program (MGP) areas, the Management Sciences for Health (MSH) proposed to use group motivation techniques, tapping satisfied users and their wives as advocates and to give testimonials.

A. The Intervention Project as Designed

The pilot project was designed to convene couples in project sites identified in Negros Occidental, so that they can make decisions together. The couples, who are expected to be homogenous in composition would represent: 1) **new *acceptors*, those** who were not using any FP method or those who have been on temporary methods for less than six months); 2) ***potential acceptors*** who want to space their children but are not using any FP method, and 3) those who no longer desire any children, but are not using contraceptives or are still on temporary methods.

Research shows that many FP users drop out within one year of trial of a particular method because they are either not satisfied with it or they are experiencing side effects. It is assumed, however, that when they are encouraged to adopt a more effective method and one which has no or minimal side effects, they may still be motivated to adopt the more effective method. Those who want to space their children but are not using FP and those who do not want any more children but are not practicing family planning could be encouraged to opt for either a temporary modern method or a permanent one. For these two groups, no-scalpel vasectomy (NSV) for males could be made available in a timely manner through the Matching Grants Program of MSH.

Twelve couples were targeted to attend every group session and four sessions were scheduled to be conducted in each experimental area. Two experimental areas

were to be selected as sites for the group counseling interventions and two sites similar in size and urban/rural characteristics as the experimental areas were to be selected as control. In the control sites, the usual one on one counseling approach would be used.

Participants were to be recruited from the Community-Based Management Information systems (CB-MIS) in the MGP-MSH areas. Group counseling would be introduced in the experimental area to motivate potential FP acceptors and non-FP users who want to space or limit their children, to practice family planning, especially no-scalpel vasectomy. Trained nurses, midwives, with the assistance of Barangay Health Workers (BHWs) would be trained to facilitate the group counseling sessions. Trained doctors and nurses were to be tapped to provide technical information on FP methods as required.

The group setting was assumed to encourage participants to speak out and share their views and perceptions about family planning and this sharing may encourage other participants to also share their own concerns. As participants interact, argue, agree or even disagree about certain issues, they may encourage each other to practice particular FP method. It is expected that "group think" could influence decisions.

A.1. Monitoring and Evaluation

Documentation and systematic monitoring and evaluation of project implementation are critical in determining whether the group counseling session is delivering its expected benefits. Monitoring was to be done by trained researchers using evaluation forms/tools. Sessions would also be evaluated and results to be incorporated in the final report. The effects of the intervention would be compared to results of FP counseling using the usual one on one approach in the two areas in the province which

possess more or less the same characteristics as the experimental areas. These municipalities would serve as control areas.

This project is essentially a pilot that will determine the direction of future research and other interventions on the subject of group counseling in FP. The project was fully documented to help future researchers determine the value and nature of additional research.

B. Some Related Studies on Group Counseling

Research has shown that group counseling is an effective strategy in promoting change of behavior. Most of the studies conducted on the use of group counseling or intervention as a means of promoting family planning, such as condom use, and in improving knowledge about STD show that the approach is effective.

Studies comparing the effect of group counseling and other approaches in promoting family planning practice have consistently shown the favorable advantage of group counseling over other methods. A study that evaluated techniques of HIV counseling for pregnant women in West Africa showed that the knowledge about HIV/AIDs was generally better among women after group counseling than among those who were individually counseled (Cartoux, M. et al., (1999). The experimental group, which was comparable to the control group, with respect to age, educational level, occupation, religion, marital status, number of pregnancies and parity, exhibited generally better knowledge about HIV/AIDS than the control group.

The results of a study by Choi, K. H., et al. (1996) also demonstrated the efficacy of brief group counseling in reducing HIV risk among homosexuals. The group counseling intervention decreased the number of partners by 46 percent and unprotected

intercourse by more than half when compared to their counterparts who did not receive group counseling.

The use of short group discussions was also tried to promote the use of condoms in STD clinics in Los Angeles, California and results showed that male intervention participants subsequently exhibited lower rate of STD infection than those who did not participate (Cohen, DA, et al., 1992). The study concluded that group counseling among STD patients can be effective in reducing STD reinfection among men. The study, however, did not find a significant effect of the intervention on women.

The largest randomized study in the US which determined the effect of several small group counseling in modifying sex behavior showed that the greatest behavioral changes occurred in the intervention group. The findings revealed that condom use increased from 23 percent to 60 percent among those who participated in small group counseling, compared with an increase from 21 percent to 48 percent among the controls.

The theory of symbolic interactionism has been used to explain the effectiveness of group counseling in behavior change. Proponents of this theory believe that participants in a social interaction "attempt to take the role of other members of the group and see themselves as others see them." The proponents further assert that "group interaction allows individuals to guide their social behavior so that it has its desired effects on others" (Wrightsman, 1972).

In this study, couples who attend group counseling are expected to be encouraged to practice effective family planning method or a permanent method like no-scalpel vasectomy as a result of their sharing and interaction with other potential FP users. When they hear testimonies from satisfied users and learn that

members of their group have decided on a more effective method, they may also be convinced to shift or use that method. The group interaction is assumed to enhance group decision.

B. Objectives of the Study

This experimental study was conducted to test and document the effectiveness and applicability of group "counseling" as a motivational tool in promoting FP, especially the no-scalpel vasectomy and to minimize FP drop outs in Negros Occidental.

Specifically, the study aims to:

1. document the process of group counseling as a motivational tool in promoting FP, especially the no-scalpel vasectomy in terms of: a) how it encourages openness of participants to discuss their FP attitudes and behaviors, and b) how it develops and strengthens commitment of participants to accept or to continue FP practice.
2. Determine whether there are significant changes in the couples' knowledge about and attitudes towards family planning in general and no-scalpel vasectomy and whether there is a significant difference in the positive changes in knowledge and attitudes between the experimental group and the control group.
3. determine whether there is a significant difference in the increase in the proportions of non-FP users but who want to space or limit the number of their children, who accepted and practiced effective family planning

methods, especially no-scalpel vasectomy in the experimental areas and those in the control areas.

4. Determine whether there is a significant difference in the increase in the proportions of unsatisfied FP users who shifted to more effective family planning methods, especially no-scalpel vasectomy in the experimental areas and those in the control areas.
5. determine whether there is a significant difference in the proportion of FP drop outs in the experimental areas and the proportion of those in the control areas

C. Research Design

Considering the objectives of the study, two research approaches were used, the process documentation research (PDR) method and a quasi-experimental design, specifically, the non-equivalent control group design. The PDR approach was used to document the processes of implementing group counseling as a motivational tool for FP promotion, particularly the no-scalpel vasectomy, and in the reduction of FP dropouts in the experimental areas. The quasi-experiment was used to assess the effectiveness and applicability of group counseling in improving knowledge about, attitudes towards and the practice of effective family planning methods, especially no-scalpel vasectomy, and in minimizing drop-outs.

C.1. The Study Areas

One barangay in each of the two experimental areas with the most number of qualified target couple-clients was identified. Barangay Conception in Talisay City and Barangay Quintin Remo in Moises Padilla.

The study areas were selected at random and the experimental intervention was randomly assigned to the selected areas. The area selection involved the following process: 1) identification of areas where the no-scalpel vasectomy program is being implemented, 2) pairing areas (municipalities/cities) and selected barangays in each area according to geography, population size, and socioeconomic characteristics. 3) choosing at random two pairs of areas, and in each randomly chosen areas, the target barangays, 4) random assignment of one in every pair of municipality/city as the experimental area and the other as control area.

One pair of municipalities and one pair of cities were selected. The pair of municipalities is Moises Padilla and Valladolid, and the pair of component cities is Talisay City and La Carlota City. Moises Padilla and Talisay City were randomly assigned as the experimental areas, while Valladolid and La Carlota City were assigned as the control areas. The barangays selected in each area are Barangay Remo in the Municipality of Moises Padilla, and Barangay Concepcion in Talisay City. In La Carlota City the barangays selected was Tabao, and in Valladolid, it was Barangay San Agustin.

C.2. The Group Counseling Intervention

The group counseling intervention was implemented in the two experimental areas, but not in the control areas where the usual one-on one counseling was practiced. Both the control experimental and the control areas, however, were provided the same FP services, including no-scalpel vasectomy.

Two groups of potential couple-FP users were targeted as participants in the group counseling sessions: a) those who were users of temporary methods (pills, condom, etc) and were at risk of dropping out because of side effects, problems and dissatisfaction or misconceptions, and those who did not want to have children anymore and yet, they were not using any contraceptive or are using temporary FP methods. Before the conduct of the sessions, couple- participants were recruited the week before the scheduled sessions.

Four counseling sessions were conducted in each area within a span of two weeks. Each group was expected to have least 10 to 12 couple-participants. During the actual conduct of the group sessions, however, the number of couple participants did not reach the expected number as planned because of certain constraints, most often on the part of the recruits. In Moises Padilla, a total of 36 couples were able to attend the sessions, while in Talisay City, only 18 couples were able to attend. Fifteen participants, mostly wives, attended without their spouses. A detailed description of how the group counseling sessions were conducted is presented in a separate section.

The target couple clients were personally recruited and invited by the midwives and/or community volunteer workers to attend the group counseling sessions. The counseling sessions were facilitated by trained professional health service providers, a

cooperative effort of midwives and nurses. The guide used during the counseling session had been prepared in consultation with experts and pre-tested before use.

In the control areas, the usual one on one counseling was provided to family planning clients as they come to the clinics for consultation any time during the week. A description of how the one-on-one counseling was conducted is presented later

To measure the effectiveness of the group counseling intervention in improving FP knowledge, attitude and practice, two sets of interviews were conducted in the experimental and in the control areas, an entry interview and an exit interview. The results of the two surveys in each area were compared and the difference between the changes in FP knowledge, attitudes and practices in the experimental areas and those in the control areas were be determined.

Trained interviewers conducted the entry and exit interviews in both the experimental and control areas. In the experimental areas entry interviews were conducted immediately after the recruitment or before the conduct of the group's sessions, while the exit interviews were done after the sessions. In the control areas, entry interviews were conducted at the health clinics or stations before a client meets with the health provider, while the exit interview was conducted after the one on one session. The interviews determined the FP knowledge, attitudes and practices of couples before participation in group counseling among those in the experimental areas (O_1) and before the one-on-one FP counseling among those in the control areas (O_2, After the four sessions of group counseling in the experimental areas (O3) and after the one-on-one counseling in the control areas (O4), the exit interviews were conducted with the session and/or counseling participants.

The experimental layout is shown in Figure 1.

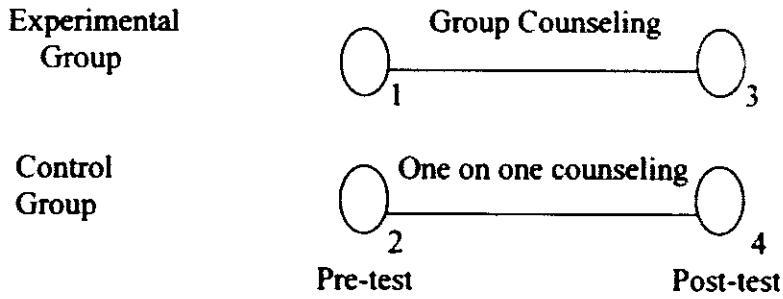

Figure 1: Experimental Lay-out

The group counseling sessions were scheduled in advance, and a one to two-week allowance for recruiting couple participants was provided. The final schedule of group sessions in the two areas and the number of participants are presented in Table 1.

Table 1. Number of Group Session Participants per Area, Per Session

Sessions	Talisay City		Moises Padilla	
	Date	No. of Participants	Date	No. of Participants
First Session	Oct. 8	8 couples	Oct. 8	9 couples
Second session	Oct.9	5 couples 3 wife/husband only	Oct.9	11 couples
Third session	Oct 16	3 couples 6 wives only	Oct 15	7 couples
Fourth Session	Oct 17	2 couples 6 wives only	Oct 17	9 couples
Total		18 couples 15 spouses (mostly wives only)		36 couples

In the control areas, a total of 98 respondents were interviewed both before and after their one-on-one session with a family planning or health service provider. 48 in La Carlota City and 50 in Valladolid. Ideally the respondents in the control areas should

also be couples, however, most of the time; only the wife went to the clinics for consultation. However, even if it was only the wife who visited the clinic for consultation, the husbands, although not all, were interviewed in their homes. After the counseling sessions. For husbands who could not be reached, the wives were requested to provide the data required about their husbands. Which they were familiar about.

C.3. Data Collection

Two approaches were used in collecting data, personal interview for the survey, and observation and in-depth interviews for the process documentation.

C.3.1. The Survey

For the survey, a structured interview schedule on FP knowledge, attitudes and practices was designed in consultation with DOH, MSH, and Provincial Population Office staff. The instrument was pre-tested and revised based on pre-test results. Interviewers were recruited, oriented about the group counseling intervention project and trained on the rudiments of interviewing.

Two sets of individual interviews with the target respondents in both the experimental areas and in the control areas were conducted, the entry interview (pre-test) which was conducted before the counseling session (group or individual) and the exit interview, which was conducted after the counseling session

In the experimental areas entry interviews were conducted after recruitment, during which, couples were invited to come to a designated place for the pre-

intervention interviews. Some were immediately interviewed on the day of recruitment since the interviewers also went with the BHWs during the recruitment.

In the control areas, entry interviews were conducted at the health clinics before the on-one-on counseling session of the FP clients with the health provider. The interviewers went to the clinic during clinic days and interviewed FP clients as they arrive at the clinic or as they waited for their turn for consultation. Husbands of those who came to the clinic were also interviewed when they were available, other wise interviews with the men were scheduled on a later date or time..

The exit interviews in the experimental areas were conducted either immediately after the group session or the following three to five days. Schedules for the interview were arranged by the interviewer with the session participants after each session. The interviewer returned for the exit interview on the scheduled date which was held either at the health clinic or at the homes of the clients.

In the control areas, exit interviews were also conducted at the clinic immediately after the FP counseling session or at the homes of the FP clients later in the day or the following day. Clients who could not stay after their session with the health provider for the exit interviews were interviewed later at an appointed date and time.

C.3.2. Process Documentation

Two trained documentors were trained documented the whole intervention process from recruitment of participants up to completion of all group sessions and post session interviews. They also went with the midwives/BHWs during the recruitment of session participants. During the group sessions, they observed and recorded the session proceedings, paying attention to topics discussed, activities undertaken,

involvement of participants in the activities, questions asked and how participants reacted and interactions. Problems, issues and other concerns about the intervention were identified and fed back to project implementers.

C.3.3. Data Processing and Analysis

The **PDR report** was mainly descriptive. Descriptions of the activities were culled from transcriptions of tape recorded sessions, logbooks, and other documents.

The survey data, on the other hand, were analyzed using descriptive and comparative statistics using the SPSS software. The Z-tests for difference in means and proportions and in the changes in FP knowledge, attitudes and practices between the control and the experimental groups were used.

D. Limitations of the Study

The study was conducted with four months, including preparation and report writing. The field intervention took only a month. When attitude and behavior changes are expected as a result of an intervention, the period of implementation must be longer, at least six months or more. Change, especially in behavior and attitude takes time to emerge. The change will not happen, unless the person has internalized what is expected of him. Moreover, changes may not occur immediately. In some cases, one session may not be enough to change attitudes and behavior. Follow-up sessions may even be necessary. Although the project implementers recognized this limitation, it was not possible to extend the duration of the field intervention because the MSH project is ending in December 2003.

The target participants of the group sessions were couples, not individual spouses, however, in Concepcion, Talisay City, many of those who attended were wives only. Although their husbands confirmed their attendance to the sessions, many did not arrive. When asked for explanations, their wives reported that work prevented their husbands from coming. October was sugar milling season and since many if the men in Concepcion were sugar cane workers who were the main breadwinners of their families, it is difficult for them to miss work, otherwise their families could not eat.

In general, the steps followed in project implementation were similar in the two experimental areas. Variations, were noted however, in the manner by which the activities were conducted. The topics taken up in the sessions were similar for both areas, but presentations slightly varied. The topics and tasks which were taken up in all sessions in both areas include: 1) Anatomy of Human Reproduction. 2) couples' perception about family planning and risk groups, 3) Family Planning Methods, 4) Testimony of a Successful Couple, and 5) Family Planning Action Card.

After the selection of the study areas, the recruitment of the session participants started and the schedule of sessions were arranged. How the activities were conducted in each area is described below.

A.1. Barangay Concepcion, Talisay City

Four (4) group counseling sessions were conducted in Barangay Concepcion, Talisay City, two (2) on the second week of October and another two (2) on the fourth week of October. The first two sessions were held at the Barangay Health Station (BHS) and the other two were conducted at the Barangay Hall.

A.1.1. Recruitment of Couples.

The BHWs recruited the potential couple participants to the sessions. Each BHW was assigned a number of couples to recruit. During the recruitment, the documenter went with the BHWs and arranged appointments/schedules for the entry interviews. It was noted that many of those invited, especially husbands, hesitated to commit attendance to the sessions because of their work. Since the BHW's found it difficult to reach the number of couples to invite, the midwives helped in the recruitment. During the recruitment, the BHWs/midwives explained to the couples or

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wives (when husband was not around) what the purposes of the sessions are and when it would be conducted. They were also asked to come to the health clinic for the pre-intervention interview.

A.1.2. Conduct of the Group Counseling Sessions

The Participants. A total of 18 couples were recruited and interviewed for the first session, however, only one husband and 14 wives attended the session. To have more participants, the BHWs invited some individuals who were registering with the Commission on Election (COMELEC) at the nearby Barangay Hall. Two couples were persuaded to join the session, however, before the session ended, the men left. During the session, some participants came in and out of the room. By the end of the session, some participants had already left. During the succeeding session, however, this problem was not anymore encountered. Although there were still few men than women, all the participants stayed on until the completion of the session..

The Facilitators. The main facilitator of the sessions was the Rural Health Nurse. She was assisted by the Rural Health Midwives. The Provincial Family Planning Coordinator of the Provincial Health Office, who was present during all the sessions, also assisted in facilitating the sessions.

The Group Counseling Sessions. The sessions usually began with a prayer followed by the self-introduction of participants and facilitators. The participants were asked to state or write their expectation. As these were expressed, the facilitators wrote the expectations on a manila paper.

This was followed by the presentation of session objectives, except in Session One where the objectives were presented prior to the setting of expectations. The session proper was divided into tasks discussed as follows:

Task I - Anatomy of Human Reproduction. The participants were divided into three groups. Each group was given a sheet of manila paper and asked to write down within two minutes as many terms as they can remember, which are used to refer to human reproductive parts, which are written on top of the sheets. After they had completed their task, the groups were instructed to exchange manila papers and to write additional terms in the paper of the other groups . They did this until all the three groups had contributed to each of the three sheets. After this activity, each group was asked to read their answers aloud. It was noted that as the words were being read, participants giggled or laughed. It was obvious that many did not feel comfortable saying or pronouncing words representing reproductive organs, especially those written in the dialect.

From the list, the participants were asked to choose one or two words which they felt most comfortable using. Some participants hesitated to take part in the "word game" activity because of shyness. Others simply listened because they did not know what to write or say. It was noted that the women participated in the word game more actively than the men did. Most of the men, in all sessions, preferred to listen and allowed the women to do the talking.

The next activity was called "Fun with Anatomy." In this activity, the participants were regrouped into five and were instructed to complete unfinished diagrams of the human reproductive organs using molding clay and to label the parts.

They were instructed to finish their work in five minutes. A group representative, who was asked to present the group output named the parts of the reproductive organ assigned to them and explained their respective functions. After all the groups had presented their outputs, the facilitator gave additional information and further explained the anatomy and physiology of the human reproductive systems and organs. During the first two sessions, no visual aids were used except the manila papers where each group wrote their activity outputs. It was learned that no visual aids were available yet. They became available only during the third and fourth sessions.

Task II - Couple's Perception of Family Planning and Risk Groups. During the sharing of the participants' perception about family planning and risk groups, the facilitators asked the participants about their understanding of family planning. The participants expressed their views. It was noted that during the four sessions the women were more active than the men in sharing ideas and opinions. Although the facilitators tried to encourage the men to express their views, most of them still remained silent. The facilitators helped explain the family planning concepts and information about the risk groups.

Task III - Family Planning Methods. The participants were then asked to write anything they know about each of the five family planning methods written on the manila papers posted on the wall. During sessions 3 and 4, the participants were asked to read the explanation of the methods in the FP Chart. Hand-outs on family planning were also distributed, but only during sessions 3 and 4. None were available during the first and second sessions. The facilitators tried to make do with what they have and maximized the use of the board and manila papers.

Task IV – Testimony of a Successful Couple. A wife whose husband underwent vasectomy gave a testimony during sessions 2 and 3. She explained why and when her husband had vasectomy and shared the benefits of their decision. She elaborated that she is not anymore afraid that she will get pregnant again. When asked about the side effects of the methods, she explained that she and her husband have not observed any side effects of the method. She also related that the vasectomy did not have any negative effect on her sex relationship with her husband. She tried to respond to the few questions asked by the participants.

Task V - Family Planning Action Card. After the testimony, action cards were distributed to the participants, and explained how it should be accomplished. The facilitators went around explaining and then the facilitator helping the participants in filling-out the card. By this time, however, some of the participants had already left. During sessions 1 and 2, especially, many were unable to complete the cards. Couples who were unable to finish the session were allowed to bring home their cards so that they could complete them, however, most of the cards were not returned even after the fourth session. As of the end of October, only 18 FP cards had been accomplished. Based on the summary of actions, 10 opted to use pills, one couple each decided to use IUD and condom, three preferred to use DMPA, while three were undecided.

Before the close of every session, participants were asked to state their impressions about the activity. Only one or two volunteered to say something and their impressions were all positive. They expressed appreciated for the opportunity of attending the session, but regretted that their spouses could not. Each session lasted for about two hours.

A.1.3. Additional observations.

Many of the mothers brought along their young children to the session. As the session went on the children played around in the room. Once in a while they would go to their mother to say or ask for something. One mother brought along her baby and cuddled and breastfed during the session. She could not leave the baby at home according to her because there was no one to take care of the baby while she was away.

A.2. Barangay Quintin Remo, Moises Padilla

The four group counseling sessions in the Municipality of Moises Padilla were conducted in Brgy. Quintin Remo. Considering the relatively far distance of the *sitios* where the participants come from, the sessions where held in different venues, one at the Day Care Center in the barangay proper, another in a chapel in one of the sitios and two were conducted in residential homes.

A.2.1. Recruitment of Couples

The BHWs were primarily in charge of the recruitment of couples. They did this with the supervision of their respective midwives. Recruitment was not much of a problem in Moises Padilla. Almost all the couples invited attended the sessions.

A.2.2. Conduct of Group Sessions

The Participants. A total of thirty six (36) couples joined the group counseling sessions. In most sessions, both spouses actively participated, except during session one, where some husbands somewhat hesitated to talk at first. In one session, in fact, one husband seemed to be very knowledgeable about family planning.

The Facilitators. The Public Health Nurse (PHN) and midwives helped each other in facilitating the sessions. They were able to establish very good rapport with their

participants from the very start of the session till the end. Moreover, they all exhibited mastery of their topics. This made every session very lively and very interactive. The participants obviously enjoyed the activities and interactions that sessions which started at about 10 AM usually extended to two o'clock in the afternoon.

The Group Counseling Sessions. The group counseling sessions in Moises Padilla started with a prayer and an introduction. Instead of asking the participants to introduce themselves, they were divided into two's (dyad) and each pair was given five minutes to share information about each other. Then, each one introduced his/her partner.

The introduction was followed by leveling of expectations. They wrote their expectations in manila papers and after reading their expectations aloud. the participants were asked to affix their signatures on the manila paper where their expectations were written, to manifest their commitment to "stay until the end of the session."

With everyone ready, the session proper started. The topics/tasks taken up were similar to those discussed in Barangay Concepcion, every session ended with processing and reflection on the activity just concluded.

Task I - Anatomy of Human Reproduction. The participants who were divided three groups were instructed to write on a manila paper within two minutes terms/words they can remember that refer to human reproductive parts. which are written on top of the sheets. Then, the groups exchanged manila paper and added other terms in the paper of the other groups . After this activity, each group was asked to read their answers to each aloud and then comment on how they felt while or after doing the

activity They were advised to respect each other's opinions and feelings. After the processing they chose the word which they felt most comfortable using for each term. They also used visual aide during the presentation.

Task II - Couple's Perception of Family Planning and Risk Groups. The participants were asked to explain what they know about family planning and those who are at risk. The participants freely shared their views and opinions. In all the sessions, the interactions were lively, and the men actively participated in the discussions. The facilitators offered some explanations when the responses of the participants were not sufficient. The facilitators continuously encouraged all the participants to talk and they did. The facilitators helped explain the family planning concepts and information about the risk groups.

Task III - Family Planning Methods. The participants were then asked to write anything they know about each of the five family planning methods written on the manila papers posted on the wall. In addition to what they had written, the participants were shown a chart where information about the different FP methods are shown. The participants were asked to read or describe what were in the charts. Handouts on family planning were distributed to the participants.

Task IV – Testimony of a Successful Couple. In every session, a satisfied user/couple shared the benefits of permanent FP methods. Questions on side effects were answered easily. Participants asked questions on side effects and was answered that she has not experienced.

Task V - Family Planning Action Card. After the testimony, action cards were distributed to the participants, and the facilitators explained how it should be

accomplished. The facilitators went around explaining and then the facilitator helping the participants in filling-out the card.

At the close of each session, the participants shared their impressions about the activity. They expressed appreciation that they had attended the session.

A.2.3. Additional observations.

All the sessions were lively and very interactive. The participants actively exchanged ideas and participated enthusiastically in all the activities. The facilitators effectively presented the topics through the use of visual aids in all the tasks and sustained the couples interest by making everybody take part in all the activities. Before the close of every session, the participants were made to evaluate the session by reviewing the objectives and the expectations drawn earlier and determining whether the objectives and expectations were met.

B. The One-on-one Personal Counseling

The one-on-one counseling is the usual approach used in the local health clinics in the Philippines. The use of this approach in the control areas was also documented. In addition to observations made during FP counseling in the barangay health stations/clinics, in-depth interview with FP clients on how they were attended to in the clinics was also done.

In the control areas, family planning is being promoted through FP information campaign and house visits by midwives and BHWs. Information dissemination is done in many ways, among which are through distribution of IEC materials about family planning, bench conferences or mothers' classes, or during pre- or post-natal visits of mothers. Married women of reproductive age and their partners/husbands are

encouraged to visit the clinic for their FP consultation or service. The one-on-one counseling process is described below.

B.1. Service Provider

Most of the FP clients were attended to by the midwives at the clinics. The BHWs assist the midwives in attending to the needs of the clients. In some Barangay Health Stations, the Barangay Health Scholars also assist. When an FP client arrives at the clinic, they are interviewed by either the midwife or the BHW to assess her/his needs.

B.2. The Interview or Assessment

During the clients' visit to the clinic, after the usual greetings, she is first asked as to her needs or problem ("Ano iya kinahanglan o problema." Personal data and medical and pregnancy history are also taken. Other questions center on symptoms of problem, menstrual cycle and other related concerns. The client's vital signs are also taken. Most of them underwent physical examination before they were introduced to the FP methods they can choose from.

B.3. FP Counseling

Almost all, except one, of the clients visited the clinics for family planning consultation or services. After the assessment, the health provider presents and explains the different family planning methods available in the clinic from which the client/s can choose from. In doing so, the health care provider describes the functions of the methods, their advantages and disadvantages, their effectiveness and the possible side effects, if any. In doing so, the midwife or the nurse also explained how the different FP methods work in relation to the reproductive system and how

the methods are used. In describing and explaining the FP methods, IEC materials, such as FP charts and brochures are used.

B.4. Clients' Response to Counseling

Most of those who went to the clinics for FP consultation had positive perceptions or attitudes towards their experience. A few said that at first they were hesitant to go to the clinic because they did not know what to expect. A few said they were "nervous" or afraid because of fear of possible side effects.

When asked whether their session with the midwife/BHW/nurse had helped them with their problem, almost all of them answered in the affirmative. They said that they were made to understand why they should practice family planning and how this can benefit them. They also expressed that they understood that some methods have side effects. They also confirmed that they were made to choose the method they prefer to use.

After the session, the majority of the clients in the control areas expressed their intention to practice family planning. Most of them expressed preference for pills (66.3 percent), others wanted to use DMPA (30.6 percent). A few chose condom (7.1 percent).

B.5. Additional Information

Most of the FP clients in the control areas were women who went to the clinic by themselves. Although most of them preferred going to the clinics by themselves, there were many who expressed that "it would be good if their husbands could go with them so that they have somebody to share her ideas with." Those who want to go to the clinic by themselves explained that they could talk more freely with the midwife about

family planning and reproductive problems because "they can understand each other better." Some said that family planning "is a private matter and should be discussed in private by the person concerned." They perceived that with their husbands around "they might not feel free" to talk about their problems. This reflects the prevailing belief that family planning is a woman's responsibility which husbands need not share. Even the women themselves acknowledge that they do not need their husbands during their FP consultation. And yet, the husbands' decision on whether their wives or they as couple will practice family planning or not is still given much credit.

SECTION 2

CONDUCT OF COUNSELING SESSIONS

The conduct of the group counseling sessions and the one-on-one approach to promote family planning practice in the study areas are described in this section as observed by the process documentors. The descriptions focus on the strategies and procedures used in the preparation for the sessions, recruitment of participants, conduct of sessions, and helping participants make a decision on whether to use or not use family planning, and if one decides to practice family planning, what method they will choose. Considering the variations in the conduct of the sessions in the different study areas, the activities are discussed by area in order to identify the similarities and differences in the implementation of the FP counseling approaches.

A. The Group Counseling Intervention

As mentioned earlier, the group counseling sessions which were intended to promote family planning practice, specially no-scalpel vasectomy, were conducted in the two experimental areas, Barangay Concepcion in Talisay City and Barangay Quintin Remo in Moises Padilla, Negros Occidental. The sessions were facilitated by a team headed by the Rural Health Nurse (RHN) of the area, assisted by the Rural Health Midwives (RHM) and Barangay Health Workers (BHWs). The sessions focused on counseling of prospective FP users (couples) in the area and eventually convincing them to practice effective family planning methods, and specially to convince them to use no scalpel vasectomy.

SECTION 3

FINDINGS OF THE STUDY

A. Personal Characteristics of Study Participants

The study participants consisted of 166 couples, 68 couples in the experimental areas, who were exposed to group counseling and 98 couples from the control areas who were counseled on family planning on a one-on-one basis. Although not all the husbands of those who attended the group sessions and the one-on-one sessions were interviewed, their wives provided information about them which the wives were familiar about. The data are presented in Table 2.

The data show that on the average, the wives in the experimental areas were 29.74 years old, and were slightly younger than their counterparts in the control areas by about a year (30.81 years old). A statistical comparison of the two men age did not yield significant results. This means that the wives in the experimental areas and those in the control areas were about of the same age at the onset of the study.

The husbands in both the experimental and in the control areas were around four years older than their wives. On the average, they were 33.15 and 33.52 year. Old, respectively. The two groups did not significantly vary according to age.

Most of the women got married after turning twenty, their average age at the time of their marriage were 21.9 for the experimental group and 21.78 for the control group. The men were around three years older than the women (24.63 and 24.48 years old, on the average, respectively). There is no significant difference between the two groups.

Most of the couples in the both the experimental areas had been married for seven years of more, their duration of marriage averaging 9.21 for those in the

experimental areas and 8.89 years for those in the control areas. Their mean duration of marriage of the two groups do not differ significantly.

On the whole, the control group and the experimental groups did not differ significantly in terms of most of most of their personal characteristics. This means that the two groups possess collective similarities at the baseline period. Pertinent personal information about the two groups is shown in Figure 1.

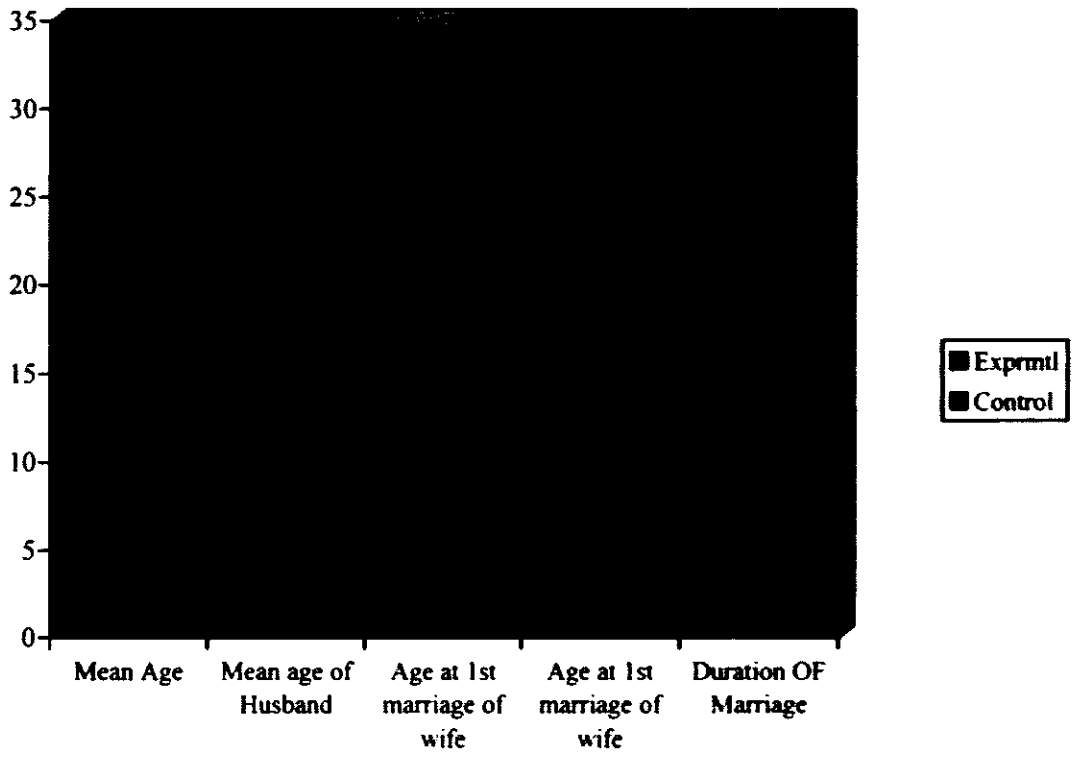

Figure 1. Mean age, age at first marriage and duration of marriage of husbands and wives in the experimental and in the control groups

Table 2. Distribution of study participants/couples according to age, age at First marriage, duration of marriage.

Indicators	Experimental (n=68)		Control (n=98)		Z-test For diff in means
	F	%	F	%	
Age (wife)					
20 & below	5	7.4	4	4.1	
21-30	36	52.9	48	49.0	
31-40	21	30.9	35	35.7	
41 or more	6	8.8	11	11.2	
Mean Age		29.74		30.81	0.832ns
Age (husband)					
20 & below	0	0.0	2	2.0	
21-30	28	41.2	33	33.7	
31-40	29	42.6	43	43.9	
41 or more	11	16.2	20	20.4	
Mean Age		33.15		33.52	0.106ns
Age at first marriage (wife)					
20 & below	29	42.6	45	45.9	
21-30	37	54.4	51	52.0	
31-40	1	1.5	2	2.0	
41 or more	1	1.5	0	0.0	
Mean Age		21.90		21.78	0.013ns
Age at first marriage (husband)					
20 & below	15	22.1	23	23.5	
21-30	47	69.1	63	64.3	
31-40	5	7.4	11	11.2	
41 or more	1	1.5	1	1.0	
Mean Age		24.63		24.48	0.018ns
Duration of Marriage (In Years)					
Never married	10	14.7	0	0.0	
1-3	19	13.2	30	30.6	
4-6	11	16.2	10	10.2	
7-9	13	19.1	19	19.4	
10-12	11	16.2	8	8.2	
13 or more	11	16.2	31	31.6	
Mean Duration		9.21		8.89	0.051ns

B. Pregnancy and Child Bearing Experiences

The data on the couples' pregnancy and child bearing experiences show that the experimental and the control group significantly differ as shown in Table 3. An average, 2.85 children were ever born to the couples in the experimental areas, while an average of 2.65 children were ever born by their counterparts in the control areas... The difference between the two means, however, is not significant at 5 percent level.

The data further show that the experimental group had an average of 2.58 living children, while those in the control areas had only 2.55. Fourteen of the 98 wives in the control areas, while only four of the 68 in the experimental areas had experienced miscarriage at least once. The data further affirm that the two groups were not significantly different from each at the on-set for the project/business (See Figure 2)..

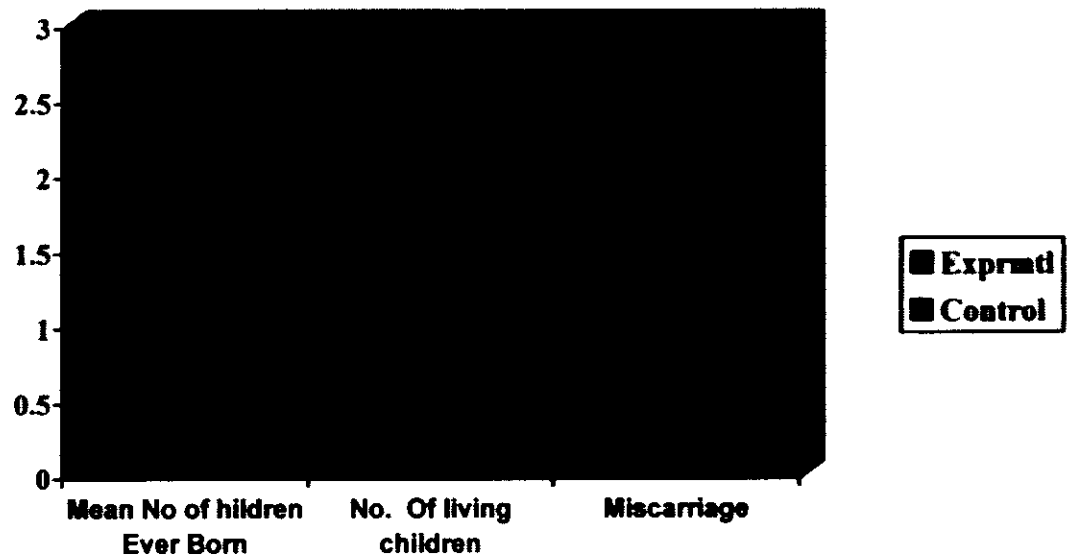

Figure 2. Mean Number of Children Ever Born, Mean Number of Living Children and Mean Miscarriage

Table 3. Distribution of study participants/couples according to number of children ever born and number of living children.

Indicators	Experimental (n=68)		Control (n=98)		Z-test For diff in means
	f	%	f	%	
No. of children ever born					
None	4	5.9	0	0.0	
1-2	21	30.9	57	58.2	
3-4	26	38.2	30	30.6	
5- or more	17	25.0	11	11.2	
Mean Number of children		2.89		2.65	1.23ns
No. of miscarriage					
Once	4		14		
Twice	1		1		
No. of living children					
None	4	5.9	0	0	
1-2	21	30.9	62	63.3	
3-4	29	42.6	26	26.5	
5-or more	14	20.6	10	10.2	
Mean No. of living children		2.56		2.55	0.987ns

C. Knowledge about Family Planning

Husbands' Knowledge about Family Planning . The majority of the husbands and the wives in the experimental and in the control areas were knowledgeable of a family planning method to prevent or delay pregnancy even before the onset of the experiment. There were, however, significantly more husbands in the experimental areas (88.2 percent) than there were in the control areas (77.6 percent) who possesses such knowledge.

The three most familiar artificial family planning methods to the two groups of husbands were pills, condom, and DMPA. There were more men in the experimental areas than there were in the control areas who knew about pills (86.7 percent and 59.2 percent, respectively) and DMPA (25 percent and 18.4 percent, respectively) and .

but there were more men in the control than there were in the experimental areas who were familiar with condom (75 percent and 58.3 percent, respectively).

Among the traditional family planning methods, calendar and withdrawal were the most familiar to both groups of men before the intervention. After the intervention, the percentage of men who knew about family planning surprisingly decreased. This may be due to the fact that there were fewer men respondents in the exit interviews than there were in the entry interviews. Many of the wives who were interviewed could not respond for their husbands.

Table 4. Husbands' knowledge about family planning before intervention.

Indicators	Experimental Group (n=60)		Control Group (n=76)		Z-Value
	f	%	f	%	
Husbands knowledgeable about FP Methods prevent Pregnancy	60	88.2	76	77.6	
Type of FP Methods Known to Respondent (Multiple)					
Effective Methods					
Pills	52	86.7	45	59.2	2.848*
Condom	35	58.3	57	75.0	-1.654ns
DMPA	15	25.0	14	18.4	0.737*
IUD	5	8.3	1	1.3	1.631ns
Bilateral Tubal Ligation	6	10.0	9	11.8	-0.260ns
Traditional vasectomy	6	10.0	5	6.6	0.571ns
No-scalpel vasectomy	5	8.3	0	0.0	2.169*
Traditional Methods					
Calendar	18	30.0	37	48.7	-1.752ns
Withdrawal	25	41.7	41	53.9	-1.114ns
Rhythm	5	8.3	7	9.2	-0.143ns
Others	8	13.3	2	2.6	1.966ns

Table 5 shows that the husbands' knowledge about the different family planning methods significantly increased in the experimental areas after the intervention. This is evidenced by the following: There was a significant increase in the proportion of men who knew about pills (86.7 percent to 98.1 percent), DMPA (25.1 percent to 48.1 percent), tubal ligation (10 percent to 28.8 percent), and no-scalpel vasectomy (from 8.3 percent to 51.9 percent) after they have attended the group counseling sessions. The control group also exhibited some improvement in knowledge, but only about pills (from 59.2 percent to 91.2 percent) and about tubal ligation (from 11.8 percent to 32.3 percent). There were other increases in the proportions of husbands in both experimental and control areas who knew about the other FP methods, but the value of increases were not significant. This was true for their knowledge about condom, IUD and vasectomy.

Table 5. Comparison of proportions of husbands in experimental and control groups who were knowledgeable about FP methods before and after intervention

[illegible]	Experimental Group			Control Group		
[illegible]	Before (n=90)	After (n=90)	Z-value	Before (n=90)	After (n=90)	Z-value
Pills	86.7	98.1	2.387*	59.2	91.2	4.300*
Condom	58.3	75.0	1.908ns	75.0	76.5	0.170ns
DMPA	25.0	48.1	2.595*	18.4	29.4	1.224ns
IUD	8.3	13.5	0.877ns	1.3	11.8	1.848ns
Bilateral Tubal Ligation	10.0	28.8	2.548*	11.8	32.3	2.321*
Traditional vasectomy	10.0	11.5	0.255ns	6.6	17.6	1.544ns
No-scalpel vasectomy	8.3	51.9	5.597*	0.0	2.9	1.008ns
Calendar	30.0	51.9	2.404*	48.7	47.0	-0.165ns
Rhythm	8.3	9.6	0.240ns	9.2	11.8	0.403ns
Withdrawal	41.7	53.8	1.287ns	53.9	70.6	1.725ns
Others	13.3	17.3	0.585ns	2.6	2.9	0.085ns

***Significant at 5 percent level ns- not significant at 5 percent level**

Table 6. Difference in the increase in proportion of husbands who practice family planning between the experimental and the control groups

FP Methods Respondents Knew about	Change in proportion Experimental group (n=66)	Change in proportion Control Group (n=98)	Z-value
Pills	11.4	32.0	3.364*
Condom	16.7	1.5	3.198*
DMPA	23.1	11.0	1.992*
IUD	5.2	10.5	1.283ns
Bilateral Tubal Ligation	18.8	20.5	0.269ns
Traditional vasectomy	1.5	11.0	2.717*
No-scalpel vasectomy	43.6	2.9	6.425*
Calendar	21.9	1.7	4.802*
Rhythm	1.3	2.6	0.611ns
Withdrawal	12.1	16.7	0.836ns
Others	4.0	-.3	1.495ns

Wives' Knowledge about Family Planning . The data in Table 7 show that all the wives in both the experimental and in the control areas were knowledgeable of at least one or more family planning methods. The proportions of women who knew about most of the artificial and traditional FP methods were not very different between the two groups, except for those who knew about DMPA (48.1 percent and 29.4 percent, respectively) and no-scalpel vasectomy (51.9 percent and 2.9 percent, respectively). The methods were familiar to significantly more women in the experimental and among those in the control areas even at baseline stage. A big majority of the women in both the experimental and in the control areas were familiar with pills (98.1 percent and 91.2 percent, respectively) and condom (75 percent and 76.5 percent, respectively).

Table 7. Wives' knowledge about FP methods before intervention.

Indicators	Experimental Group (n=68)		Control Group (n=98)		Z-Value
	F	%	F	%	
Wives knowledgeable about FP Methods	68	100.0	98	100.0	
Type of FP Methods Known to Respondent (Multiple)					
Pills	63	92.6	91	92.9	0.073ns
Condom	35	51.5	63	64.3	-1.650ns
DMPA	38	55.9	74	75.5	-2.640*
IUD	9	13.2	11	11.2	0.385ns
Bilateral Tubal Ligation	19	27.9	31	31.6	-0.515ns
Traditional vasectomy	12	17.6	16	16.3	0.219ns
No-scalpel vasectomy	0	0.0	4	4.1	-2.047*
Calendar	30	44.1	43	43.9	0.026ns
Withdrawal	29	42.6	41	41.8	0.103ns
Rhythm	5	7.3	15	15.3	-1.662s
Others	5	7.3	7	7.1	0.049ns

The proportions of women who were knowledgeable about the different FP methods increased both in the experimental areas and in the control areas. There were, however, more significant increases in the proportions of those familiar with most of the artificial methods in the experimental areas than in the control areas (See Table 8). Specifically, the proportions of women in the experimental areas who knew about pills, condom, DMPA, IUD ligation, and no-scalpel vasectomy significantly increased. The proportion of women exposed to one on one counseling also increased, but only those who knew about IUD and vasectomy.

Table 8 Comparison of proportions of wives in the experimental and control Groups who were knowledgeable about FP methods before and after Intervention

Indicators	Experimental Group			Control Group		
FP Methods Respondents were familiar with	Before (n=68)	After (n=66)	Z-value	Before (n=98)	After (n=98)	Z-value
Pills	92.6	100.0	73.434*	92.9	94.9	0.756ns
Condom	51.5	72.7	3.623*	64.3	72.4	1.606ns
DMPA	55.9	78.8	4.2458*	75.5	83.7	1.829ns
IUD	13.2	34.8	3.581*	11.2	27.6	4.838*
Bilateral Tubal Ligation	27.9	80.0	9.982*	31.6	40.8	1.861ns
Traditional vasectomy	17.6	18.2	0.121ns	16.3	24.5	2.092*
No-scalpel vasectomy	0	54.5	8.891*	4.1	23.5	8.872*
Calendar	44.1	59.1	2.338*	43.9	49.0	0.968ns
Rhythm	7.3	9.1	0.494ns	15.3	18.4	0.818ns
Withdrawal	42.6	53.0	1.599ns	41.8	50.0	1.566ns
Others	7.3	16.7	2.004 *	7.1	12.2	1.886ns

***Significant at 5 percent level**

The data further show that the increases in the proportions of women who knew about the different FP methods were mostly significantly higher among those who were exposed to group counseling than among those who were not. Specifically, the improvement in the wives' knowledge about condom (21.2 percent vs. 8.1 percent), DMPA (22.9 vs. 8.2 percent), IUD (21.6 percent vs 16.4 percent), ligation (52.1 percent vs. 9.2 percent), and no scalpel vasectomy (54.5 percent vs. 19.4 percent) was significantly higher among those in the experimental areas and in the control areas.

Table 9. Difference in the increase in proportion of wives who are knowledgeable about family planning between the experimental and the control groups.

FP Methods Respondents Knew about	Change in proportion Experimental group (n=60)	Change in proportion Control Group (n=98)	Z-value
Pills	7.4	2	1.535ns
Condom	21.2	8.1	2.284*
DMPA	22.9	8.2	2.505*
IUD	21.6	16.4	0.826ns
Bilateral Tubal Ligation	52.1	9.2	6.302*
Traditional vasectomy	0.6	8.2	-2.594*
No-scalpel vasectomy	54.5	19.4	4.798*
Calendar	15	5.1	2.010*
Rhythm	1.8	3.1	-542ns
Withdrawal	10.4	8.2	0.471ns
Others	9.4	5.1	1.01ns

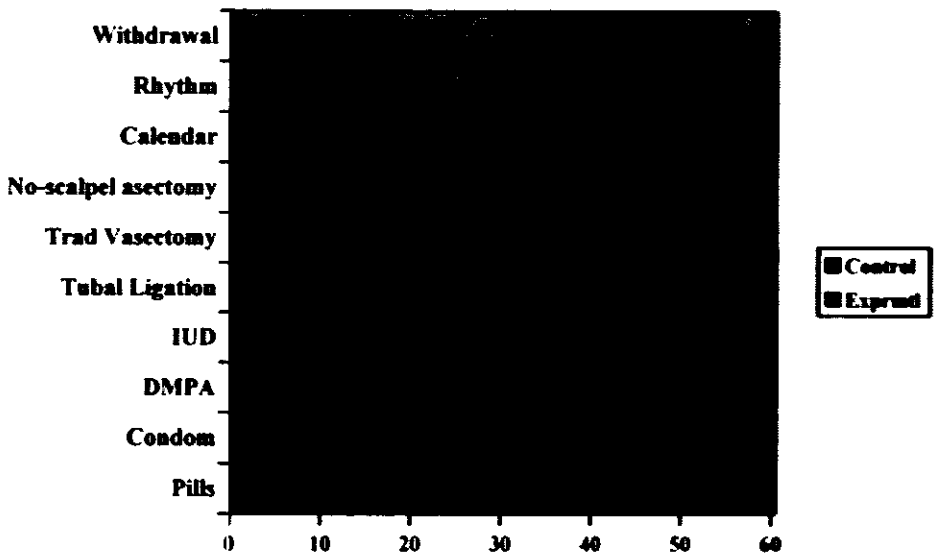

Figure 4. Difference in the increase in proportion of wives who were knowledgeable about family planning between the experimental and control groups

D. Attitudes towards Family Planning

The data on attitudes towards family planning of the husbands and wives in the experimental and in the control areas are presented in Tables C1, C2 and C3.

Husbands' Attitudes towards Family Planning. Most husbands in both the experimental and control areas have favorable attitudes towards family planning both before and after the introduction of the group counseling intervention. Their attitudes varied, however, in terms of specific issues about reproductive health.

Before and after the implementation of the intervention, all the husbands in both the experimental and in the control areas agreed that couples must consciously limit the number of their children. Likewise, almost all of them favored conscious spacing of pregnancy. Most of them, however, favored having children as soon as possible after marriage. This perception did not change even after attending FP counseling in both the experimental and in the control areas. Before the intervention, the majority of the men in both areas, however, believed that natural family planning is the best method to use in delaying pregnancy. Slightly more than half of the men in both the experimental (61.3 percent and 55.3 percent, respectively) and control areas believed that artificial contraceptives are dangerous to the health of the user. More than one-third of those in the experimental areas (38.7 percent) and nearly half of those in the control areas, however believed otherwise (44.7 percent). After exposure to FP counseling the men's perceptions changed in both areas, but the improvement was not statistically significant in both areas.

The majority of the men in both areas also did not favor that it should only be the women who should use or practice family planning (72.6 percent in the experimental area

and 55.3 percent, respectively). This implies that they already recognize the necessity for men to be involved in family planning. In both the experimental and in the control areas, the proportion of men who thought so significantly increased after the intervention.

The majority of the men still had misconceptions about permanent family planning methods, particularly, vasectomy and ligation. Most of them still believed that "ligation reduces the sexual desire of women," and that "vasectomy can diminish or lose the sexual desire of men." Their counterparts in the control areas, however, believed otherwise. The perception regarding the negative effect of permanent FP methods was corrected after exposure to FP counseling among the men in the experimental areas, but not in the control areas.

The majority of the men in both the experimental and the control areas are also convinced that couples who desire not to have any children anymore should use permanent family planning methods both before and after the FP counseling exposure. The men's attitude towards the use of permanent FP methods significantly improved in the experimental areas, but not in the control areas.

Before project implementation, the majority of the men in the experimental areas thought that the use of artificial family planning is a sin against God, but their counterparts in the control areas believed otherwise. After attending group counseling sessions, however, the men's perceptions in the experimental areas significantly improved.

Table 9a. Comparison of Attitudes of Husbands towards FP in the Experimental and in the control areas before and after intervention

Attitude Indicators	Experimental Group			Control Group		
	Before (n=62)	After (n=52)	Z-value	Before (n=76)	After (n=50)	Z-value
1. It is important for couples to have children as soon as possible after marriage. (Disagree)	25.8	25.0	-0.116ns	19.7	8.8	-2.049
2. Couples must consciously limit the number of their children. (Agree)	100.0	100.0	-	100.0	100.0	-
3. Couples must consciously space pregnancy/childbirth. (Agree)	98.4	100.0	1.262ns	100.0	100.0	-
4. Couple must use some means to control or space pregnancy or limit the number of their children. (Agree)	98.4	98.1	-0.142ns	98.7	100.0	1.136ns
5. Using artificial family planning method is dangerous to the health of the user. (Disagree)	38.7	51.9	1.676ns	44.7	52.9	1.033ns
6. Natural family planning is the best method to use to delay or prevent pregnancy. (Disagree)	16.1	23.1	1.097ns	28.9	23.5	-0.778ns
7. It should be the woman who should use or practice family planning. (Disagree)	72.6	86.5	-16.114*	55.3	55.9	-11.011*
8. The use of any family planning method negatively affects the sexual relationship of a couple. (Disagree)	46.8	73.1	20.564*	82.9	82.3	9.147*
9. Ligation reduces sexual desire of women. (Disagree)	46.8	69.2	3.540*	63.2	64.7	-0.099ns
10. Vasectomy can diminish or lose the sexual desire of men. (Disagree)	33.9	71.2	2.949*	57.9	50.0	0.196ns
11. Couple should use a permanent family planning method if both desire not to have anymore children. (Agree)	72.6	84.6	5.079*	77.6	76.5	-0.997ns
12. A couple or a person using artificial family planning is sinning against God. (Disagree)	30.6	61.5	1.896ns	96.0	94.1	-0.164ns

***Significant at 5 percent level**

Wives' Attitudes towards Family Planning. Like their husbands, most of the wives favored having children as soon as possible after marriage. Only slightly more than one-third of the women in the experimental areas (35.3 percent and nearly one-third of those in the control areas (31.6 percent) did not favor having children immediately before they were exposed to FP counseling. This perception did not change even after exposure to counseling.

Nearly all the wives in the experimental areas and all those in the control areas believed that couples should consciously limit the number of their children or space their pregnancies. They were quite consistent with this belief and maintained it after the intervention.

While most of the wives held the view that the use of artificial family planning is dangerous to the health of the user, the percentage of those who disagreed among those attended group counseling significantly increased from 48.5 percent to 66.7 percent. No improvement in the perception on this issue was noted among the women in the control areas.

The proportions of wives in both the experimental and the control areas who disagreed that natural family planning is the best method to use to delay pregnancy also increased in both the experimental and in the control areas, however, the changes were both not statistically significant.

The wives in both areas also did not favor that only women should practice family planning. Their number even increased after exposure to the intervention, but the change in proportions in both areas was not statistically significant.

Most of the women did not believe that the use of permanent family planning methods negatively affects sexual relationship. They also did not believe that ligation can reduce or diminish sexual desire of women. The proportion of those who believed so significantly increased in the experimental area after intervention exposure. Those who believed that vasectomy also have the same effect also increased after group counseling exposure, but the increase in proportion did not reach a significant level.

Like their husbands, most of the wives believed that if a couple desires not to have children anymore; they should use permanent family planning method. The proportion of those who believed so increased significantly from 73.5 percent to 89.4 percent in the experimental area. The increase in proportion in the control area, however, was not significant.

Most of the wives also did not believe that using permanent FP method is a sin against God. Those who maintain this idea in the experimental area increased, but not significantly, but the change in the control area was significant.

On the whole, attendance to FP group counseling sessions improved both the husbands' attitudes and those of their wives' towards family planning.

Table 10. Comparison of proportion of wives who have favorable attitudes Towards FP in the experimental and in the control areas before and After intervention.

Attitude Indicators	Experimental Group (n=68)			Control Group (n=98)		
	Before (n=68)	After (n=67)	Z-value	Before (n=98)	After (n=98)	Z-value
1. It is important for couples to have children as soon as possible after marriage. (Disagree)	35.3	34.8	0.077ns	31.6	35.7	0.608
2. Couples must consciously limit the number of their children. (Agree)	97.0	98.5	0.709ns	100.0	100.0	-
3. Couples must consciously space pregnancy/childbirth. (Agree)	95.5	97.0	0.553ns	100.0	100.0	-
4. Couple must use some means to control or space pregnancy or limit the number of their children. (Agree)	97.1	98.50	0.669ns	96.9	99.0	1.040ns
5. Using artificial family planning method is dangerous to the health of the user. (Disagree)	48.5	66.7	2.623*	63.3	44.9	2.630*
6. Natural family planning is the best method to use to delay or prevent pregnancy. (Disagree)	23.5	31.8	1.305ns	23.5	27.5	0.643ns
7. It should be the woman who should use or practice family planning. (Disagree)	67.6	75.8	1.279ns	45.9	48.0	0.295ns
8. The use of any family planning method negatively affects the sexual relationship of a couple. (Disagree)	61.8	68.2	0.941ns	77.6	82.6	0.878ns
9. Ligation reduces sexual desire of women. (Disagree)	52.9	71.2	2.688*	82.6	76.5	1.062ns
10. Vasectomy can diminish or lose the sexual desire of men. (Disagree)	61.8	53.0	1.251ns	70.4	65.3	0.766ns
11. Couple should use a permanent family planning method if both desire not to have anymore children. (Agree)	73.5	89.4	2.925*	83.7	75.5	1.432ns
12. A couple or a person using artificial family planning is sinning against God. (Disagree)	67.6	68.2	0.090ns	89.9	96.9	-1.993ns

*Significant at 5 percent level ns – Not significant

D. Family Planning Practice

Current FP Practice. The majority of the couples were practicing a method to prevent or limit pregnancy. At baseline stage, there were significantly more couples in the control than in the experimental areas who were currently using FP.

The most common used FP methods in the experimental areas before the introduction of the intervention were pills and DMPA in the experimental areas (47.1 percent and 23.5 percent, respectively. In the control areas, however, the most commonly used method were pills (58.2 percent) and condom (58.2 percent). There is no significant difference between the experimental and the control areas in terms of type of use of effective FP methods

There were, however, more users of the calendar method and withdrawal in the experimental areas than there were in the control areas before the intervention.

Table 11. FP Practice among couples in the experimental and in the Control areas before intervention

Indicators	Experi Group (n=60)		Control Group (n=60)		Z-value
	f	%	f	%	
Currently Using FP	55	80.89	96	98.0	-3.440*
FP Methods Currently Used					
Pills	32	47.1	57	58.2	-1.41ns
Condom	3	4.4	57	58.2	-9.661ns
DMPA	16	23.5	29	29.6	-0.883ns
IUD	0	0	0	0	-
Bilateral Tubal Ligation	0	0	0	0	-
Traditional vasectomy	0	0	0	0	-
No-scalpel vasectomy	0	0	0	0	-
Calendar	7	10.3	1	1.0	2.434*
Withdrawal	8	11.8	2	2.0	2.355*
Others	3	4.4	2	2.0	0.839

After the intervention, a significant increase in the proportion of DMPA users was observed in the experimental areas, but no change was noted in the practice of the other FP methods. The absence of significant change was also observed in the control areas. It is apparent that the effect of the intervention on FP practice can not be discerned yet. It seems clear that the decision to adopt an FP methods takes more than just a day or a session to make.

Table 12. Comparison of proportions of FP Users in the experimental and in the Control areas before and after the intervention

Indicators	Experimental Group (n=60)			Control Group (n=60)		
	Before	After	Z-value	Before	After	Z-value
Currently Using FP	80.89	80.89	0	98.0	98.0	0
FP Methods Currently Used						
Pills	47.1	45.6	-1.5	58.2	58.2	0
Condom	4.4	4.4	0	58.2	58.2	0
DMPA	23.5	30.9	7.6*	29.6	30.6	1.0
IUD	0	0	0	0	0	0
Bilatéral Tubal Ligation	0	0	0	0	0	0
Traditional vasectomy	0	0	0	0	0	0
No-scalpel vasectomy	0	0	0	0	0	0
Calendar	10.3	13.2	1.9	1.0	1.0	0
Rhythm/Abstinence	0	0	9	0	0	0
Withdrawal	11.8	19.1	7.9*	2.0	2.0	0
Others	4.4	4.4	0	2.0	2.0	0

*Significant at 5 percent level

Previous FP Practice. Many of the couples in both the experimental and in the control areas have also tried using and FP method or other methods before (44.1 percent and 54.1 percent, respectively). Table 13 shows that the most common FP methods used before in both the experimental and in the control areas were pills (33.3 percent and 35.8 percent, respectively) and/or condom (16.7 percent and 26.4 percent, respectively). Those who stopped attributed their decision to drop out or change side effects (56.7 and 41.5 percent, respectively). Two other reasons given inconvenience and ineffectiveness of the methods they were using. These complains were heard both in the experimental and in the control areas.

Table 13. Couples who have used other methods before

Indicators	Experimental Group (n=60)		Control Group (n=[illegible])	
	f	%	f	%
Couples who have used other Methods before	30	44.1	53	54.1
FP Methods Used Before (Multiple response)	(n=30)		(n=53)	
Pills	10	33.3	19	35.8
Condom	5	16.7	14	26.4
DMPA	4	13.3	8	15.1
IUD	1	3.33	0	0
Rhythm/abstinence	2	6.7	2	3.8
Withdrawal	9	30.0	13	24.5
Reasons for stopping use of method (Multiple response)	(n=30)		(n=53)	
Side effects	17	56.7	22	41.5
Inconvenience	16	53.3	22	41.5
Not effective	9	30.0	13	24.5
Expensive	4	13.3	2	3.8

Intention to change or shift FP methods. Most of the current FP users expressed contentment with the method they were using (67 percent for the experimental group and 74 percent for the control group. The number who expressed intention to shift to another method increased from 41.2 per cent to 57.3 percent in the experimental areas and from 7.2 percent to 18,8 percent in the control areas. In the experimental area, most of the potential shifters preferred to use pills and DPMA. The number of couples who wished to shift to no-scalpel vasectomy doubled from two to four, and one more couple expressed desire to be ligated.

There were some couples who expressed willingness to use permanent methods. There were more of them in the control than there were in the experimental areas, but more preferred vasectomy in the experimental areas than there were in the control areas. There were two who preferred tubal ligation, two wanted traditional vasectomy, while six expressed preference for no-scalpel vasectomy. Almost all of those who want permanent FP method in the control areas expressed preference for ligation.

Table 14. Couples' intentions to change or shift to other methods

Indicators	Experimental Group (n=59)		Control Group (n=38)	
	F	%	F	%
Current FP Users who are contented with current FP method	37	67.3	73	74.5
Couple who intend to change or shift to another FP Method	Before	After	Before	After
	41.2	57.3	7.1	18.8
Method/s couples intend to use in the future	(n=28)	(n=39)	(n=7)	(n=18)
Pills	6	11	1	5
Condom	0	2	0	2
DMPA	9	12	3	4
IUD	1	4	2	3
Rhythm/abstinence/calendar	2	3	1	3
Ligation	1	2	0	1
No-scalpel vasectomy	2	4	0	0
Undecided	7	1	0	0

SECTION 4

DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

The results of this study have demonstrated the advantages and benefits of using group counseling approach in the promotion of family planning practice, especially the no-scalpel vasectomy. Despite the time constraints and other limitations and problems met during the one month implementation of the pilot study, positive results were already evident, particularly in the improvement in knowledge and attitudes on family planning among those who have attended groups counseling sessions.

Although improvement in knowledge about family planning and some changes in attitude were also observed in the control group, the improvement was greater among those exposed to group counseling.

The major findings of the study will be discussed in this section per specific objective. Based on the findings, discussions, and conclusions, recommendations will be drawn.

Objective No. 1: To document the process of group counseling as a motivational tool in promoting FP, especially the no-scalpel vasectomy in terms of: a) how it encourages openness of participants to discuss their FP attitudes and behaviors, and b) how it develops and strengthens commitment of participants to accept or to continue FP practice.

Observations show adequate evidence that an interactive and participative approach like group counseling can be very effective tool in promoting family planning,

especially no-scalpel vasectomy. The interactive nature of group counseling reduced or minimized the tension, the shyness, and the inhibition among the participants to talk about reproductive health, sex, their needs, and husband-wife relationship. They were able to ask questions, which might have been considered embarrassing if they were talking to someone alone.

The documents showed, however, that group counseling approaches must be well planned and conducted according to the guidelines, but allowing flexibility to adopt to the needs and situation of the participants. Even though problems were met during the recruitment of participants in one area, the fact that the it was successfully done in the other area indicates that the process can be improved. The schedule of the sessions can be scheduled at a time when men are free from work.

The strategy of allowing the participants to determine their own session objectives and expectation and to indicate their commitment to accomplish their objectives was an effective way of ensuring their active involvement in the session. Moreover, it has also enhanced the likelihood of their acceptance of family planning because they were the once who set the objectives and expectations.

The openness in the group also enabled the participants to identify with the other couples and recognize that they share the same problems and that they can also talk about solutions to these problems. The finding of the study support the symbolic interactionism theory that participants in a social interaction like a group counseling session can be motivated to take the role of other members in a group and "see themselves as others see them." Moreover, the findings further confirm that "group

interaction allows individuals to behave the way others expect them to behave so that it will have positive effects on others (Wrightsman, 1972).

Objective No. 2. To determine whether there are significant changes in the couples' knowledge about and attitudes towards family planning in general and no-scalpel vasectomy and whether there is a significant difference in the positive changes in knowledge and attitudes between the experimental group and the control group.

The results of the study show that group counseling has significantly improved the participants' knowledge about and attitudes towards family planning. Although improvement in knowledge and attitudes was also exhibited by the men and women in the control group, the improvement in the experimental group was greater than that in the control group.

It should be pointed out that despite the limitations and constraints experienced during the recruitment and conduct of the session, favorable changes still occurred. This implies that if better preparations were made and more time was allotted to recruitment, more couples could have been reached and encouraged to attend. It was mentioned earlier that some of the materials for the training were not available during the first two sessions in one area, and yet, the facilitators were able to make do with what ever materials they have and effectively used them during the training. Maybe if all the aides were ready the effect would have been better still.

Objective No. 3. To determine whether there is a significant difference in the increase in the proportions of non-FP users but who want to space or limit the number of their children, who accepted and practiced effective family planning methods, especially no-scalpel vasectomy in the experimental areas and those in the control areas.

The effect of the intervention on FP practice is not yet very conclusive. Although there were changes observed in their intentions to practice more effective FP methods, this cannot be conclusively attributed yet to the intervention because positive changes were also observed in the control group. One positive result is the fact that there were more couples in the experimental area than in the control areas, although not very many, who decided to submit for no-scalpel vasectomy. Obviously, some men still hesitate to commit to adopt the method because of some misconceptions that still need to be addressed. It should be reiterated that some of the men were quiet during the session and did not voice out their concern. If the sessions were longer and if there were follow-up sessions, probably those who were not able to express their ideas and opinions about vasectomy could still encouraged to share their views and eventually be convince to adopt permanent FP methods.

Objective No. 4. To determine whether there is a significant difference in the increase in the proportions of unsatisfied FP users who shifted to more effective family planning methods, especially no-scalpel vasectomy in the experimental areas and those in the control areas.

The results showed that most of the FP users expressed satisfaction with the methods they were using. Since most of those who were not satisfied complied about side effects and inconvenience of the method they were using, there is hope that they will shift to more effective methods, given a better choice, like no-scalpel vasectomy.

An analysis of the expressed intentions to practice FP and the choices of those who finally decided to practice family planning reveal that although many did not make a decision yet as to what approach they would use, there were already a number to expressed intentions to do so. Whether they will practice what they have committed to do is a question which the potential FP users can answer. This suggests the need for follow-up of those who have attended the sessions, but were not able to finalize their decisions.

There were some differences in the conduct of the group counseling in the two target areas. The project implementation in Moises Padilla proceeded without hitch. Couples who were invited came on the day the scheduled date and actively participated during the sessions. The participants' involvement in activities apparently opened communication channels between the participants and the facilitators and between husbands and wives who were together at the sessions.

The related studies reviewed also find support from the results of this study (Cohen, 1992). Cohen, et al, found that men who participated in group counseling activities, exhibited lesser risk of infection of communicable diseases. In the United states, studies also showed that small group counseling is very effective in correcting risky behaviors..

The variations in the implementation, such in the preparation of supplies and materials and the handling of the sessions would also affect the many people's welfare.

The advantage of having couples together in the session is that after learning the FP methods they can discuss their own plans and make a decision together. If both husband and wife are around they can immediately deliberate their choice/s of family planning method.

Conclusions and Recommendations

Based on the major findings of this study it can be deduced that group counseling is an effective method of promoting family planning, particularly no-scalpel vasectomy. It had contributed in the improvement of knowledge and attitudes about family planning among the men and women, specifically husbands and wives.

Since many of those recruited failed to attend the sessions, even if they committed to do so, it is important that family planning clients must be constantly in touch with service providers so they can be helped. It is important to follow-up invitation to make sure attendance will not be a problem.

The fact that some sessions started late in the morning, it was very difficult to hold participants beyond lunch. So the facilitators rush and try to finish what ever is supposed to be finished. It is recommended that more time be given to the sessions and adequate support is needed to follow-up invitations.

There should be a longer time to recruit couples to attend the group sessions and recruitment must give priority to those who have many three or more children. During recruitment, the purpose of the activity should be explained to the potential participants already so that they would not be surprised about the topics discussed in the sessions. It

is also important couples should be made to understand why husbands and wives should attend the sessions together. If there are those who are not comfortable with attending sessions together, a separate session for husbands and wives can be conducted as preliminary session, but this must be followed with another session where the spouses are together.

In order to tackle all the important topics during a session, each session must be conducted for at least one day. This is to give more time for interactive activities and to establish a stronger rapport among the members of the group. Their network should not end at the end of the session, but it must continue so that the members can contact and consult each other and help each other address concerns which are common to them.