

**Influence of Interpersonal Discussion
on Contraceptive Use:
A Study of the Philippine Case**
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Interpersonal influence through communication is a complex process that affects attitudes, preferences, and behaviors. This study examines the role of interpersonal communication about family planning (FP) and sexuality on decisions to use contraceptives. Secondary analysis of data from nationally-representative sample surveys shows that among women non-users, discussions of FP with partner and relatives significantly predict intention to use contraceptives. However, for both men and women users, only discussing with partner about FP significantly predicts preference for modern contraceptive methods over non-modern ones. Although very few young men and women discuss sex at home, bivariate analyses show that among the married sample, discussing sex with others has a significant relationship with contraceptive use. Implications and recommendations for family planning campaigns and intervention programs are discussed.

Interpersonal communication plays a vital role in human behavior. It can be conceived as interactions that are socially consequential and can affect people through changes in individual attitudes, beliefs, and behaviors (Southwell & Yzer, 2007). Similarly, it is sometimes conceptualized as communication that can change the trajectory of a person's behavior as a result of influence by another person through conversation (Cappella, 1987; Southwell & Yzer, 2007). This influence can occur through a variety of mechanisms that ranges from simple information exchange to a more complex process of interpersonal persuasion where those who are exposed

to others' opinions are influenced by perceived normative pressures.

In this study we examine the sources of social influence for couples on the subject of sexuality and the practice of family planning (FP) through interpersonal communication. Specifically this paper investigates the role of interpersonal communication about FP and sexuality in decisions to use contraceptives to regulate fertility.

Trends in Fertility and Contraceptive Use in the Philippines

The Philippines has been struggling with population management for decades, lagging behind in the global trends of declining population growth and family size. From 20 million in 1950, the Philippines' population ballooned to 75 million in 2000 and in the last census of 2007, 88.5 million. Lack of improvements in poverty alleviation and the current worldwide food crisis have pushed the population issue back near the top of the national agenda after having been neglected for several years. Reviews of evidence linking poverty with population show clear associations, with the persistently high fertility rate becoming a major cause for concern in our economic and social development (Orbeta, 2002a; 2002b). The total fertility rate (TFR) in the country during the late 1990s was 3.6 and it did not decrease significantly in the last decade as World Bank (2008) estimates show the country's TFR for 2006 was 3.3. In comparison, the TFRs of neighboring Thailand and Indonesia are 1.8 and 2.2, respectively.

A large part of the problem of high fertility rates in the country is the low rate of contraceptive use among the female population. Figures in 2003 of the National Demographic and Health Survey (NDHS) show that the overall prevalence of contraceptive use remains low; among women around 32% report using any method and 22% are adopting modern methods. Among currently married women, 15 to 49 years old, 49% use some

methods, and 33% apply modern methods. More recent results from the 2005 Family Planning Survey (FPS) show no improvement in two years – only 49% of married women are on any method and 36% on modern ones. In comparison, use of any method in Thailand and Indonesia are 79% and 60% respectively, and use of modern methods are 79% and 57 percent. Use among married women in the USA is 73% of any method and 72% of modern methods. Moreover, the 2006 FPS (NSO, 2007) reveals that among the poorest women of reproductive age in the Philippines, 44% of pregnancies are unplanned. Clear and continued attention toward FP policies of the public health care system remains elusive, in part because of lack of high-level political support for population management policies that strongly promote FP methods as a means of regulating fertility (Upadhyay, Hindlin & Gultiano, 2006).

Population research conducted in developing countries, including the Philippines, studies both demographic and economic parameters as predictors of fertility (Becker, 1996; NSO & Macro, 2004). Much of the local work on contraceptive use and FP adoption have examined a limited set of predictors of fertility in general (NSO & Macro, 2004; Orbeta, 2002b) but have not thoroughly examined predictors of contraceptive use in particular. Contraceptive use, as argued here, is a preventive health behavior. It is a choice that women or couples make to regulate fertility as part of achieving certain life goals, such as predetermining the number of children they will have over their lifetimes.

Researches on health behaviors, including those on contraceptive use and FP, have studied reasons for particular patterns of behavior, as well as how and why such patterns do or do not change (e.g., Ajzen & Fishbein, 1980; Atkin, 2001; Hornik, 1997; Ratzan, 2005). In the Philippines, several studies have found household income, educational level of the mother, and women's participation in the workforce as determinants of contraceptive use and fertility choice (Balisacan, Tubianosa, Mapa & Lanzona, 2004; Guerrero, 2004; Orbeta, 2002a). Among individual attitudinal indicators, some studies have revealed that important

reasons for non-use include lack of knowledge, fear of side effects, and familial (particularly husband's) disapproval (NSO & Macro, 2004; Orbeta, 2002a). This present study contributes to knowledge about predictors of contraceptive use by examining whether or not interpersonal communications have demonstrable effects on people's practice of modern family planning.

The role of interpersonal discussions in contraceptive use behavior interpersonal communication, whether through casual conversation or through explicit persuasion, has been shown to have an important role in promoting health behaviors including contraceptive use (e.g., Birkel & Reppucci, 1983; Fisher & de Silva, 1986; Palmore, Hirsch, & Marzuki, 1971; Rakowski, et al., 1990, see Valente & Saba, 2001 for review). International studies have shown clear causal relationships between discussing contraception with one's partner and their subsequent FP use (e.g., Lasee & Becker, 1997; Orji, Adegbenro, Akinniranye, Ogunbayo & Oyebadejo, 2007; Salway, 1994; Sharan & Valente, 2002). A Nigerian study (Feyisetan, 2000) shows that spousal communication facilitates joint decision-making regarding reproductive issues; and contraceptive use was found to be higher among partners who discuss and make joint decisions regarding contraception. Similarly in several international works, discussing sexuality and contraception with parents and peers were found to have a significant association with sexual behaviors and contraceptive use (e.g., Valente & Saba, 2002), particularly among adolescents (e.g., Fisher, 1986; Miller, Kotchick, Dorsey, Forehand, & Ham, 1998). Fisher's study in the US (1986), for example, found that parental communication about sex had a positive influence on teenagers' reproductive and contraceptive knowledge. Communication about sexuality and contraception between parents and children predicted less sexual activity among adolescents and an increased likelihood of using effective contraception (Fisher, 1986).

A more recent analysis of factors that predict conversation about safe sex and condom use in the context of early sexual

relationships in the US showed empirical evidence that mothers' safe-sex education was a predictor of positive attitudes toward communication about sex among their children (Troth & Peterson, 2000). The study also found that positive attitudes regarding communication about safe sex with a dating partner predicted condom use among those who have already had intercourse (Troth & Peterson, 2000). Moreover, parents have been found to indirectly influence their children's sexual decision-making through shaping the broader aspects of their personality and behavior (Feldman & Brown, 1993). These findings are highly culture-specific, however, as interpersonal relationships have different dynamics depending on culturally-prescribed gender roles and acceptable topics of conversation and negotiation. It is thus imperative that studies be conducted locally in order to understand how such processes work in the Philippine setting.

Some available local literature provides clues about the role of "others" in the overall attitudinal and behavioral profile of people regarding sex and FP. The most significant "other" is the spouse or partner, with "having discussed FP" being found to be associated with a greater likelihood of currently using some form of FP method (NSO & Macro, 2004). Peers are also identified as a potentially important source of influence in sexuality and sexual risk-taking among adolescents. However, family supervision was found to moderate the potentially negative impacts of peers on sexual risk-taking (Marquez & Galban, 2004). Consistent with these findings, longitudinal panel analysis of data from the Cebu Longitudinal Health and Nutrition Survey (CLHNS) showed that young adolescents from 14 to 16 years old who perceive that their friends had ever had a boyfriend/girlfriend, dated, held hands, kissed, petted, or had sex were significantly more likely to have experienced the same behavior by 17 to 19 years old, illustrating the important role of peers in behavior determination (Upadhyay & Hindin, 2006).

Mechanisms of Influence

Interpersonal influence on individual behavior may happen through different mechanisms. Perceived normative expectations about behaviors such as FP and contraceptive use may emanate from a lifetime of interactions with family, partners, peers, and even through exposure to mass media messages. The simplest model that explains the influence of interpersonal communication is through knowledge gain, a direct-effect route alluded to in the work of Rogers (1995). That is, talking to others introduces new information about the behavior, thereby increasing the knowledge, changing the beliefs and the importance of those beliefs in driving or predicting behaviors (e.g., Valente, Poppe, & Merritt, 1996) which then prompt behavior change.

Being exposed to others' conversations about family planning and contraceptive use, or any behavior for that matter, might also allow for a discovery of social norms and consequently, produce a sensitization to those norms (see Southwell & Yzer, 2007 for review). Perceived social norms are important determinants of intention and consequent behavior. These may come from observations of others' expressions of attitudes, opinions, and behaviors. For instance, when adolescents hear their parents express shock, disappointment, and disapproval of early-age sexual behavior, it would allow them to clearly understand which behaviors their parents will approve or disapprove of.

This paper provides empirical tests for the effect of interpersonal discussions with significant others on the use of FP and the preference for modern methods over traditional ones. In addition, it describes current practices of discussing sex and FP with others among the general population and among the young. Its limitation is in identifying the different specific mechanisms at play if and when discussions about FP are found to be associated with adopting FP.

Questions and Hypotheses

There are several factors to consider in understanding the role and process of interpersonal influence on decisions to use FP. Who is likely to talk about FP with others? For instance, are women more likely to discuss matters of FP than men? Who do people talk to about family planning and sexuality? And finally, can discussing FP use with others lead to FP use? The following hypotheses are posed:

- H1 : Those who discuss family planning with others are more likely to intend to use FP than those who do not.
- H2 : Those who discuss family planning with others are more likely to prefer modern methods of FP than those who do not.

Also of interest is the influence of media exposure to messages of FP on decisions to use and what method to choose, but these are tested in relative importance to the influence of discussing FP with others.

Method

Hypotheses are tested using available national-level large sample representative surveys of the Philippine population: the 2003 NDHS fielded by the National Statistics Office (NSO); the 2002 Young Adult Fertility and Sexuality Survey (YAFS3) fielded by the Population Institute of the University of the Philippines (UP); and the Demographic Research and Development Foundation, Inc. (DRDFI). Each dataset is described below along with the characteristics of the sub-samples included in analyses for this paper. Hypotheses are tested through bivariate tests with Goodman-Kruskall gamma coefficients for ordinal-level variables,

and controls are applied through multivariate analysis using binary logistic regressions.

2003 National Demographic and Health Survey (NDHS)

The NDHS program was established by the United States Agency for International Development (USAID) in 1984. Its objectives include providing decision-makers in participating countries with information for policy choices, and improving coordination and partnerships in data collection at the international and country levels.

In the Philippines the NDHS is conducted by the NSO, which utilizes its “master sample,” a probability national sample of a large number of households used for various national surveys. Respondents for this survey are married and unmarried females between the ages of 15 and 49, and married and unmarried males between the ages of 15 and 54. For the purposes of this study only responses from sexually active females aged 15-34 and sexually active males aged 15-54 were analyzed. Moreover, out of the total sample, only 37% (n = 4,997) of the 13,633 women and 73% (n = 3,496) of the 4,766 men were included.

The female sample has an average age of 27. Forty-six percent reached high school and 29% entered college. Less than a fourth (23%) are among the poorest; and 49% live in rural areas while 51% live in urban areas. The male sample, on the other hand, has a mean age of 35. Thirty-seven percent (37%) of whom reached high school and 27% reached college. Twenty-one percent (21%) are among the poorest and 17% are among the richest. Just like the women sample, 50% of the sampled men live in the rural areas.

Measures

Discussion of family planning with others. All respondents were asked if in the last 12 months, they have discussed the practice of family planning with friends, neighbors, or relatives. Those who

responded “yes” were specifically asked with whom they have discussed FP. Those who mentioned their husband/partner and with their friends or neighbors were coded 1 and all others coded 0 in separate dummy variables for “discussed with partner” and “discussed with friends”. Those who mentioned their mother, father, sister, brother, or mother-in-law were coded 1 in another dichotomous variable for “discussed with relatives” and others coded 0.

Current use of contraception. Female respondents were asked if they are currently using any method to delay or avoid getting pregnant, while those who are currently using a method were asked to specify the method they are using. Unlike the females, males were asked about the FP method that they or their female partner used the last time they had sex. Dummy variables for “current use” (for females) and “most recently used” (for males) were created in which users were coded 1 while non-users were coded 0. Dummy variables for each type of FP method currently or most recently used were also created. Those who reported using the pill, IUD, injectables, condom, diaphragm, foam/jelly, implants, female condom, ligation, or vasectomy were coded 1, while the rest (non-users and users of other methods) were coded 0 in variables for “currently using a modern method” and “used a method during last sex”.

Intention to use contraception. Only female non-users of FP were asked whether they think they “will use a contraceptive method to delay or avoid pregnancy at any time in the future”. A dichotomous variable for “intention to use” was created in which those who expressed desire to use contraception in the future were coded 1, while those who have no intention of using or are unsure were coded 0.

2002 Young Adult Fertility and Sexuality Study (YAFS3)

The YAFS is a series of nationwide surveys on Filipino adolescents' sexuality, fertility, and reproductive health. It was first undertaken in 1982 and was followed in 1994. The third study of YAFS3, conducted in 2002. A collaborative effort of the DRDFI and the UP Population Institute with funding from the David and Lucile Packard Foundation, the YAFS3 was composed of male and female youth aged 15 to 27 years old, married or unmarried, coming from the 16 regions of the country. A total of 19,728 respondents from 15,463 households participated. Out of this sample, 9,200 are males and 10,528 are females. Only sexually active males and females regardless of marital status were included in the analyses. Of the total females, 34% are included ($n = 3,540$) and of the total males, 38% are included ($n = 3,467$). The sample had an average age of 22 and most of them are married (63%). Twenty-six percent are high school graduates, 28% have some years in college, and only 9% have college degrees. More than half (53%) live in the rural areas while 47% live in the urban areas.

Measures

Discussion of sex with others. Variables on discussion of FP with others were not present in the YAFS data. To replicate the analysis done in the NDHS data, variables for discussion were created in the YAFS data using two questions on discussion of sex: "Have you ever discussed sex at home as you were growing up?" and "With whom do/did you discuss sex at home?" Those who mentioned their partner were assigned 1 in the dummy variable for "discussed sex with partner" and those who did not mention their partner were assigned 0. Those who mentioned other non-relatives were coded 1 in the variable for "discussed sex with non-relatives" and those who did not were coded 0. Respondents who mentioned their father, mother, brother, sister and other relatives

were assigned 1 in the variable “discussed sex with family/relatives” while the rest were assigned 0.

Contraceptive use. A dichotomous variable for current use of contraception was constructed using responses from two questions. Married respondents were asked if they or their spouses are currently using a contraceptive method while single respondents were asked if during the last time they had sex with their partner, they used a contraceptive method. A “yes” response was coded 1 and a “no” response was coded 0.

Results and Discussion

Results of analyses are presented and discussed in this section, beginning with results from the NDHS data. Among sexually active women (married or unmarried) from 15 to 34 years old, the NDHS data show that only 27.9% of women talk to their partners about FP. A larger proportion of 47% discuss it with their friends and neighbors, and 51% with family and other relatives. Similarly, close to 30% of men report having spoken with their partners about FP in the last 12 months. There are substantial differences across genders in discussing FP with non-partner others, with only 31% of men saying they discuss it with friends and neighbors, and a very low 4.5% saying they discuss it with other family members and relatives (see Table 1).

Hypothesis 1 is supported in the NDHS analysis with results indicating that discussing FP with others predicts intention to use FP among women. Women non-users were asked if they intend to use FP in the future. The cross-tabulation of intention to use and discussing FP with friends shows a significant relationship (see Table 2). Among married women who discussed FP with their friends, 70% intend to use contraception. On the other hand, among those who do not discuss it, a smaller proportion (50%) intend to use FP. The disparity is even greater among unmarried women wherein among those who discussed FP with

Discussion of FP with others	Women^a	Men^b
With partner/spouse	27.9%	29%
With friends/neighbors	46.7	31
With family/other relatives	50.8	4.5

Notes: a) n=4994; b) n=3468

Table 1. Percent distribution of sexually active women, 15 -34 years old and men, 15-54 years old who discussed family planning with others, 2003 NDHS.

Discussion of FP with friends	Has intention to use	
	<i>Married^a</i>	<i>Unmarried^b</i>
Discussed with friends	69.6%	67.4%
Not discussed with friends	50.3	37.6
<i>ALL</i>	58.2	49.2

Notes: a) n=2395; Chi-square=95.89; p<.001

b) n=356; Chi-square=30.91; p<.001

Table 2. Percentage distribution of sexually active women, 15 to 34 years old with intention to use contraception, according to their discussion of family planning (FP) with friends, by marital status, 2003 NDHS.

Discussion of FP with friends	Currently using contraception	
	<i>Married^a</i>	<i>Unmarried^b</i>
Discussed with friends	55.3%	32.2%
Not discussed with friends	44.4	20.9
<i>ALL</i>	47.7	24.7

Notes: a) n=2734; Chi-square=27.38; p<.001

b) n=3468; Chi-square=10.76; p<.005

Table 3. Percentage distribution of sexually active men 15 to 54 years old who are currently using contraception, according to their discussion of family planning (FP) with friends, by marital status, 2003 NDHS.

friends, only 67% express intention to use contraception, and among those who did not discuss it, only 38% wish to do so.

Among married men who discussed FP with their friends, 55% currently use contraception while among those who did not discuss with friends, only 44% use contraception (see Table 3). A similar pattern is apparent among married men, suggesting that those who discuss FP with friends are slightly more likely to use some form of contraception than those who will not. Roughly the same relationship appears among married women, with 55% of current users saying they discuss FP with friends, and 42% among those who have not discussed with friends. No information involving unmarried respondents was recorded because of low number of cases (base < 100).

Table 4 shows the results of a logistic regression predicting “intention to use contraception” of sexually active women who do not use it. The model controls for age, education, wealth index, urbanity, and approval of FP. It also includes predictors that indicate whether or not the respondent discussed FP with their partner, friends, or relatives, as well as his/her exposure to specific messages about FP in media (e.g., television and radio). Results show that for women, discussing with relatives is a strong predictor of intention to use FP. As has been found in previous studies, discussing with a partner is an important predictor of intention to use, but in addition the results evidence that conversations with relatives can be as important as or even more important than those with partners. General media exposure and exposure to FP messages on media do not appear to have significant influence on intention.

Further logistic regression analysis of current users of FP was conducted. to determine if discussion of FP with others predict the type of method they will use as hypothesized (H2). The NDHS questionnaire does not ask non-users of contraceptives among men about their future intentions to use, thus the analyses here are restricted to users and their preferred method.

Like women, men who have discussed FP with their partners are more likely to prefer modern methods over non-

Predictors ^a	Model 3		Model 4	
	B	Exp (B) ^b	B	Exp (B) ^b
<i>Discussion of family planning</i>				
With partner	0.62	1.85***	0.47	1.59***
With friends	-0.08	0.92	-0.14	0.87
With relatives	0.88	2.41***	0.81	2.24***
<i>Media exposure</i>				
Exposure to TV	0.13	1.14	0.08	1.09
Exposure to radio	0.00	1	-0.03	0.98
Exposure to FP on TV	0.14	1.15	0.1	1.11
Exposure to FP on radio	0.11	1.11	0.10	1.01
<i>Approval of family planning</i>			2.69	14.71***
Percent correctly classified	65.3%		71.7%	
N (cases)	2614		2614	

Notes: a) Model controls are age, education, wealth index quintile, and urbanity (locale)
b) * $p < .05$; ** $p < .005$; *** $p < .001$; ^c $p < .01$

Table 4. Summary table of logistic regression predicting intention to use contraception of sexually active women, 15-34 years old, 2003 NDHS

modern ones. As shown by the model predicting use of modern methods by sexually active women and men in Table 5, only discussing with the partner significantly predicts preference for modern methods, unlike what was seen in the prediction equation for intention. Conversations with non-partners do not affect the likelihood that both men and women would prefer modern contraceptive methods. In this case, we find that television exposure has significant influence on the use of modern methods among users, with stronger influence among women than among men. These relationships are discussed briefly in a follow-up analysis of the NDHS Report (Abejo, Cruz & Marquez, 2006), showing similar results.

The other source of data used in this paper focuses specifically on the youth and adolescent population of the Philippines. Data from the YAFS survey are drawn from male and female youths with ages ranging from 15 to 27. The question included in this study asks respondents if they have ever “discussed sex at home,” rather than “family planning” as was asked in the NDHS study.

Predictors ^c	Women				Men			
	Model 3		Model 4		Model 3		Model 4	
	B	Exp (B) ^b						
<i>Discussion of family planning</i>								
With partner	0.45	1.57***	0.39	1.48***	0.83	2.29***	0.75	2.11***
With friends	0.09	1.09	0.09	1.1	-0.01	0.99	-0.05	0.95
With relatives	0.25	1.28	0.17	1.19	0.08	1.08	0.1	1.1
<i>Media exposure</i>								
Exposure to TV	0.15	1.16***	0.13	1.14***	0.15	1.16 [^]	0.12	1.12*
Exposure to radio	0.03	1.03	0.02	1.02	0.11	1.11*	0.08	1.08
Exposure to FP on TV	0.01	1.01	-	1	0.07	1.07	0.04	1.04
Exposure to FP on radio	0.15	1.17*	0.12	1.12	-0.18	0.84	-0.2	0.82
<i>Approval of family planning</i>								
Percent Included		67.9%		67.6%		72.6%		72.5%
N		4835		4835		3357		3357

Notes: a) Model controls are age, education, wealth index quintile, and urbanity (locale)

b) *p<.05; **p<.005; ***p<.001; [^]p<.01

Table 5. Summary table of logistic regression predicting the use of modern contraceptive method of sexually active women (15-34 years old) and men (15-54 years old), 2003 NDHS

Sex is not discussed at home much, with only 16% of women and 17% of men recalling having talked about it when they were growing up. Young adults get virtually no information about sex at home, which would strongly suggest that they would not discuss FP and pregnancies either when they are growing up. Even fewer report having discussed sex with their parents, with only 6% of young women and 3% of young men claiming so. Ten percent of women and 14% of men have discussed sex with other members of their family.

Bivariate analyses of YAFS data for married women show that among those who report having discussed sex with their husbands, 39% are currently using contraception; whereas among those who have not discussed with their partners, it is a slightly lower 29% (see Table 6). Unmarried women were not asked if they discussed sex with their sexual partners. Among married men there is no significant relationship between discussing sex with family and current use. Among unmarried men, on the other hand, only 35% of those who have discussed with family are currently using contraceptives compared to a slightly lower 27% of use among those who have not discussed it with family.

Table 7 shows a crosstabulation of discussing sex with family or relatives with current use of contraception by marital status among sexually active young men. Of those who are unmarried and discuss sex with family, 35% use contraception while among those who do not, only 27% use contraception. For married individuals there is no significant bivariate relationship.

The distribution of the “discuss” variables in YAFS data is very skewed and yields non-significant results in multivariate analyses. Attempts to investigate distributions within other indicators lead to a fatal loss of statistical power. YAFS data are further limited by the lack of a measure for intention to use contraception, however the limited set of analyses reveal findings that are generally consistent with the NDHS.

Discussion of sex with partner	Currently using contraception	
	Married ^a	Unmarried
Discussed with partner	38.6%	Not asked
Not discussed with partner	28.8	21.6
<i>ALL</i>	29.4	21.6

Note: a) $n=3168$; $Chi-square=9.08$, $p<.005$

Table 6. Percentage distribution of sexually active women, 15 to 27 years old, who are currently using contraception, according to their discussion of sex with partner, by marital status, 2002 YAFS.

Discussion of sex with family/relatives	Currently using contraception	
	Married ^a	Unmarried ^b
Discussed with family/relatives	24.8%	34.7%
Not discussed with family/relatives	23.1	27.1
<i>ALL</i>	23.3	28.2

Notes: a) $n=902$; $Chi-square=7.84$; $p<.01$

b) $n=2150$; $Chi-square=0.15$

Table 7. Percentage distribution of sexually active men, 15 to 27 years old, who are currently using contraception according to their discussion of sex with family or relatives, by marital status, 2002 YAFS

Conclusions and Implications

This paper sought to provide an initial test of the relationship between interpersonal communication with significant others and FP use with available national level data. The given analyses show significant relationships between discussing FP or sex and intention to use FP or current use of FP. The results demonstrate that talking to others about FP is relevant to using and intending to use it. They also show that among those who discuss FP with others, there is a slightly higher preference for modern methods. The following section discusses the theoretical and practical implications of these results and poses recommendations for intervention programs and for further research.

Who is likely to talk about sex and FP with others and with whom? Results from the NDHS show that women discuss matters of FP more than men. In fact, women are more likely to talk to their family or their friends than with their partners about FP. Men, on the other hand, almost never discuss FP with their family and very few discuss it with friends. Further, YASF results indicate that young unmarried Filipinos – male or female – generally do not discuss sex with their parents. Since FP has been widely promoted as a women's issue (given that women carry most of the burden of unplanned pregnancies and of raising children) and since most modern methods of FP are adopted by women, it is not surprising that they discuss this subject more than men do.

It is an interesting pattern that women discuss matters on FP more frequently with family and friends, presumably also women, than with their partners. They appear to have stronger social support systems for FP than men; and given that indicators of discussing FP are positively associated with use of modern FP, it is likely that the content of these conversations with friends and family are favorable toward the use of modern methods. This provides an opportunity for communication campaign planners who would like to use interpersonal social network communications as an intervention approach. Women who are outspoken and have good relationships with others in the community can be identified as agents of change. Grassroots-based interpersonal communication (IPC) campaigns may find the best advocates in mothers who are able to offer advice to young men and women regarding their reproductive health without suffering disapproval from the community (since they are already sexually active).

The analysis here also shows that as hypothesized, there is a positive relationship between discussing FP with others and using FP. This is true particularly for women when they discuss FP with family or relatives and friends. This relationship is not as strong for men, potentially because of a lack of variance in the variables where very few men report discussing FP with people other than

their partner. The sustained support for interpersonal communication strategies to effect behavioral changes through intervention programs highlights the importance of characterizing the nature of these discussions leading to FP use. For instance, the combined knowledge that talking relates to use and that men do not discuss FP with non-partners suggests that interventions might be served well by interpersonal communication strategies designed specifically for men.

More importantly, there is a striking lack of talk about matters of sexuality and sexual relationships between parents and adolescents, as shown in the analysis of YAFS data. The numbers further suggest that parent-child conversations about sex or FP happen only after the child is married. Programs that encourage mothers to discuss sexuality and contraception in a detailed manner with their daughters even prior to the onset of childbearing may be successful in delaying teenagers' decisions to have sex (e.g., training programs and workshops, even entertainment programming that models this behavior can be effective). Imparting parents with skills to discuss sex with their children is a highly recommended strategy to reach teenagers before they become sexually active.

The next steps for this line of research should be work toward a better understanding of what is being said in these conversations and the direction of influence between conversants. A particularly interesting theoretical area that requires more empirical attention is sorting out the mechanisms for how this influence occurs with specific application to the problem of FP and contraceptive use. The interplay between perceived social or community norms and social network structures must be part of such an inquiry.

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