

BIBLIOGRAPHY

SORIANO, JUNELYN T. MARCH 2012. Evaluation of the Decision- making Tool Flipchart in Promoting Family Planning in Barangay Poblacion, La Trinidad, Benguet. Benguet State University, La Trinidad, Benguet.

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ABSTRACT

The study on the evaluation of the decision- making tool flipchart (DMT) in promoting family planning in Barangay Poblacion, La Trinidad, Benguet was conducted from December 2011 to February 2012. Generally, it evaluated the effectiveness of the DMT Flipchart in promoting Family Planning. Specifically, it identified the socio-demographic profile of the respondents; determined the effectiveness of the Decision-making Tool Flipchart in terms of Comprehensibility, Attractiveness, Acceptability, Self involvement and Persuasion; determined the problems encountered by the midwife in explaining the tool; and determined the suggestions of the respondents for the improvement of the Decision-making Tool.

An interview schedule was used in obtaining data from the 40 respondents practicing family planning in Municipal Health Office. Also, These were chosen through purposive sampling. Guide questions were used in obtaining data from the three Barangay Health Workers.

Results show that, all of the respondents claimed to have comprehended and easily understood the words. Majority of them also find the decision- making flipchart attractive while rest thought otherwise. Likewise, majority of them accepted the words used in the



material and believed in its content. Most of the respondents also perceived that the material was written for them and were persuaded enough to give the recommended family planning method try.

The BHWs stated that the following problems they have encountered when it comes to communicating the tool: clients are not attentive during the counseling; were not financial capable; and were hard to be persuaded due to their different belief system.

The researcher recommends that the flipchart should be encouraged as a medium of instruction not only in the Health Centers but also at the community at large. The use of audio- visuals or recorders for more practice discussions between clients and providers may be considered by the DOH. It is also recommended that BHWs find ways on how they can motivate both couples or help each other attend family planning counseling.

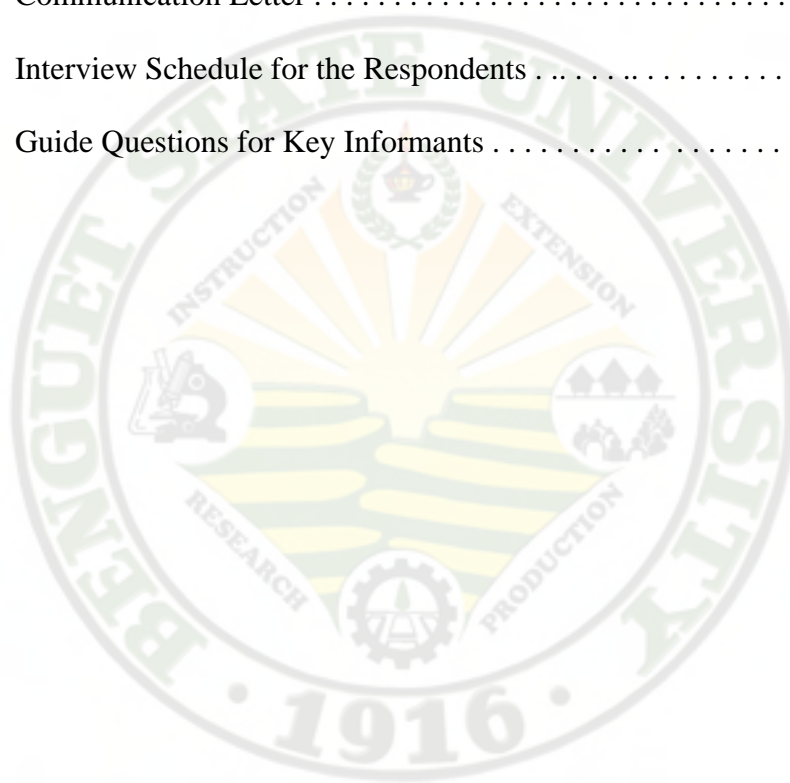


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INTRODUCTION

Rationale

Information, Education and Communication (IEC) materials are needed for effective information dissemination. According to PIPCCP (1994), IEC activities bring people and family planning programs together. Communication activities give people the information they need to make informed choices about using contraception and other aspects of reproductive health. In family planning as in many other development activities including health and agriculture, communication campaigns create awareness, increase knowledge, and build public approval of new ideas and practices.

The World Health Organization (WHO) is the directing and coordinating authority for health within the United Nations system. It is working with the Department of Reproductive Health and Research (DRHR) to achieve access to sexual and reproductive health in order to meet the needs of diverse populations, particularly the most vulnerable ones. Their principal function is to support the institutions in diffusing information to the public and creating awareness of their activities (WHO- DRHR, 2005).

In the Philippines, the Department of Health (DOH) is the principal health agency responsible for ensuring access to basic public health services to all Filipinos. Working under this agency are the Barangay Health Workers (BHWs). They are health care providers who have undergone basic training program under any accredited government or non- government organization and who render primary health care services in the community.

Among the recipients of the reproductive programs of DOH is Municipal Health Office (MHO) of La Trinidad. This is the center-most Health Center in the Municipality.



It has only one midwife in- charge and seven Barangay Health Workers (BHWs). They function to provide the needs of the people especially in family planning program in the said community.

In promoting this practice, the health care provider specifically the midwife is using the Decision-making tool Flipchart. This tool for family planning clients and providers is a new counseling resource developed by the World Health Organization and the INFO Project at John Hopkins Bloomberg School of Public Health Center for Communication Programs and was adopted by the Department of Health in our country as one of the aid material in their promotion of family planning.

The flipchart is a decision-making aid for clients and a reference manual for the providers. It is a training resource with one page for the client and a corresponding page for provider. It has helpful pictures, key points and detailed reference information covering 14 family planning methods. The tool promotes high quality family planning counseling.

Moreover, the flipchart seeks to improve the quality of family planning counseling by helping providers apply best practices in client-provider interactions. Also, it guides providers to respond to the client's expressed wishes and preferences at each step in the counseling process. Further, this tool encourages providers to give accurate, relevant and up-to-date technical information at appropriate points. Lastly, it promotes participation by the clients (Kim et al., 2005).

Thus, this Decision-making Tool Flipchart is an example of an IEC material that has been used by family planning providers for the past years. However, this flipchart is seldom used as informational material nowadays because of the emergence of other

media used in promoting family planning. Considering its advantages and benefits, there is a need to evaluate the effectiveness of this medium in promoting family planning to clients and knowing its importance as a guide to providers.

Statement of the Problem

The study generally evaluated the effectiveness of the Decision-making Tool Flipchart in promoting Family Planning in Barangay Poblacion, La Trinidad, Benguet.

Specifically, it answered the following questions:

1. What is the socio- demographic profile of the respondents?
2. What is the effectiveness of the Decision- Making Tool Flipchart in terms of?
 - a. Comprehensibility
 - b. Attractiveness
 - c. Acceptability
 - d. Self involvement
 - e. Persuasion
3. What are the problems encountered by the midwife in explaining the tool?
4. What are the suggestions of the respondents for the improvement of the Decision-making Tool?

Objective of the Study

The study generally evaluated the effectiveness of the Decision-making Tool Flipchart in promoting Family Planning.

Specifically it:

1. Identified the socio- demographic profile of the respondents;

2. Determined the effectiveness of the Decision-making Tool Flipchart in terms of:
 - a. Comprehensibility
 - b. Attractiveness
 - c. Acceptability
 - d. Self involvement
 - e. Persuasion
3. Determined the problems encountered by the BHW in explaining the tool;
4. Determined the suggestions of the respondents for the improvement of the Decision-making Tool

Importance of the Study

The result of this study may help the Municipal Health Office improve their family planning program through the use of effective IEC materials. In addition, this may also help the provider improve their interpersonal communication and counseling skills to their clients. Also, it may be used as a guide to visual designers for lay outing effective Instructional material. It may also be a help to determine whether flipchart is still effective and can still be recommended as instructional material for family planning or can be recommended as minor medium and needs to be supported with other instructional media.

Scope and Limitations

This study focused on the effectiveness of the Decision-making Tool as a Communication Information material for promoting family Planning. Also, the factors

affecting the clients' preference in choosing a family planning method after being exposed with the Decision-making Tool, the problems encountered by the providers in using the tool and the suggestions of the respondents for the improvement of the Decision-making Tool were determined.



REVIEW OF LITERATURE

Family Planning

Family Planning has been defined as rational, voluntary and moral management of all the processes of family life including human production. This means that it must be dictated by reasons and intelligence. It must be a free choice, a practice of man's God-given will or violation. And it must be moral so as not to allow doubt and anxiety in man's conscience (Lugue and De Leon, 1989).

Family planning use depends on people's private decisions and actions. These decisions involve individuals, couples, families, and even peer groups. It is not enough for service providers to know about family planning; rather, all of the people involved in making family planning decisions, and especially women, need accurate and full understanding (PIPCCP, 1994).

Family planning according to Quintong (1994) is the conscious efforts of individuals and couples of reproductive age to regulate/ limit their fertility through the use of the medically and legally accepted methods of contraception (natural or artificial means) according to their beliefs, cultural, religious, economic and health circumstances.

This encompasses a responsible attitude among men and women for the outcome or result of the sexual union such that children are born "not by chance, but by choice" and that the children are planned, wanted, loved and provided for with the basic human needs.

Communication Campaigns

According to the Population Information Program, Center for Communication Programs (PIPCCP, 1994), in family planning programs, communication campaigns play

many roles. They make people aware of modern contraception, its proper use, and where to find services. They counter myths, dispel rumors, and correct misinformation about modern contraceptives and family planning. They also help link family planning to other reproductive health care and to broader roles for women. They raise the quality of services by improving the interpersonal relations skills of providers and by providing informational materials for clients and providers.

Potentials and Limitations of Flipchart

Non- electronic presentation media or those that are directly shown to an audience without having to use electronic equipment are relatively cheap and easy to produce. Many of these media may not last long especially with repeated use (Cadiz, 1991).

Components of Effectiveness

The production of instructional materials according to RITC (n.d.) includes the following components of effectiveness.

Attraction. It is interesting enough to attract or hold attentions.

Comprehension. It is clear and easily understood.

Acceptability. It does not contain annoying elements, offensive and irritating.

Self- involvement. The message is directed to the target audience.

Persuasion. It is convicting enough to the audience.

Evaluation of Campaign Effectiveness

The effectiveness of the information campaign according to Lague and De Leon, (2001) should be evaluated in terms of the meeting the objectives. It can be measured in terms of four dimensions:

- a. Audience Coverage
- b. Audience Response
- c. Communication's impact
- d. Channels of influence and Persuasion

Flipchart Design

In designing flipchart, there are factors to be considered in order to achieve an organized presentation and enhance the effectiveness of the medium. According to MTRC (n. d.) these factors must be considered in flipchart design.

Size of page. It must follow “one idea, one visual” principle. It must be easily flip and handle and it is better if the flipchart is big than small.

Type of illustration. Illustrations must be big and bold with minimum of details. Illustration must depict the idea or message; and select the best types of line or stick figure, cartoons, stylized drawings and photographs.

Lettering style and size. Headings, headlines/captions and labels should be at least 1-2 inches high. It is best to use simple lettering style like gothic or block letters. It is also appropriate to use capital letters for headings/headlines and combine capital and small letters for caption and labels.

Language levels. Always consider the common language spoken and understood by audience. Headlines/headings should not be more than seven words. Prefer short, simple words and be concise.

Layout. Arrange headlines, illustrations, texts or captions in proper sequence or order. Always aim for simplicity and provide enough space in each flipchart page.

Consider dominant areas of the page where you can place the important parts of the visual.

Color. Use color for contrast and emphasis. Also, use color sparingly; two or three colors are enough for one single page.

Simplicity and clarity as basic principle.

Flipchart Utilization Techniques

To use the flipchart, there are some of the practical utilization techniques that providers can use to enhance the flipchart medium. According to MTRC (n. d.), these techniques must be considered in flipchart utilization.

Keeping the presentation simple and not including too much detail is one. Secondly, keeping the lettering and visuals simple but large enough for everyone in the audience to see should also be considered. Third, to place the flipchart where it can be seen by all its viewers will be good. Fourth, always be sure that the materials or pages are in their proper sequence and are securely fastened. Fifth, face and talk to the audience, not to the flipchart. Never block the audience's view of the flipchart. Sixth, reveal information only when you are ready to discuss them. And lastly, put summary points on the separate sheet rather than turning the pages back as you conclude your presentation (MTRC, n. d.).

Presentation Tips for Effective Communication

According to Cadiz (1991) enhancing and inducing effective learning process, the educational communicator must be an effective presenter. This means that he must be adequately arrest learners' attention, arouse their interest and sustain so that they can process information presented to them. The following tips must be practiced.

a. The presentation must be well- organized, possessing clear transitions to understand than an unorganized one.

b. Learner participation may be enhanced if the presenter states problem and guidelines instead of plain solutions. This is to encourage learners to reflect, raise questions, and think of solutions creatively, not just remain as passive listeners.

c. Presenters must explain why the information they share is important by relating it to learners' needs, problems or future situations that they may encounter. This is part of applying the basic communication principle "know your audience" and the concept of empathy. To be an effective presenter must be learner- oriented.

d. Presenter must let their communication or learning objectives closely guide them. Being goal- oriented helps lessen fear among less experienced presenters because it helps them take their minds from making the right or wrong impressions. Before facing an audience, he must clarify his mind what his purposes are in meeting them.

e. The proper use of gestures and facial expressions enhances presentation.

f. Humor can spice a presentation and keep the mood right and relaxed. However, humor must be apt and must not offend learners' sensibilities. Simply responding to one's and learners' human nature is one way of injecting humor.

g. Surprises can keep learners on their toes. A presenter can maintain learner interest and stimulate thought by raising controversial issues, drawing unexpected conclusions, initiating uncontroversial learning activities, showing unusual visual examples.

h. One paradox in the effective presentation or performance is that of a need to concentrate and ignore as the same time. The presenter needs to concentrate on his

communication objectives and tasks. He must also ignore distractions, such as outside activities, visible or heard from inside training room. However, they should not be allowed to keep the presentation off track in reaching its objectives.

i. The conduct of the presentation cannot be standardized in a rigid manner. However, certain situation may demand or allow breaking certain pointers in effective presentation to meet specific learner and presenters' needs.

Flipchart as an Effective Trainer- Learner Aid

The educational values of the flipchart according to Brown (1985) as cited by Amadeo (2004) are as follows:

To help concepts. Visual aids can serve as bridges between the concrete and abstract. Though these qualities, relationships and processes represented symbolically by words, it helps students to form mental pictures of the realities that they represent.

To arouse and sustain learners' interest. To help learners experience things through sensory ways like novelty and variety. Thus, it minimizes monotony and boredom.

Selecting the materials. This is according to the group's age, level, intelligence and experience. Likewise, the legal and ethical aspects, they must be free from bias, prejudice, distortion, anti-social, attitudes and untruthfulness.

Preparing the group for the visual experience. Motivation should accompany the preparation. The trainer should discuss the purpose of the activity and suggest points that will direct attention to key ideas during the activity.

Guiding the group through it. This serves as a guide to more fruitful learning. The trainer can stop at certain points during the presentation to ask questions or to explain to them what they are experiencing.

Factors to Consider in Using Flipchart

Factors to consider in using flipchart as a visual aids compared with use of a poster as a teaching material according to Brown (1985) are as follows:

Logistic Problems. Maintain a smooth transition between the presentation and alternative means for communicating the material.

Setting arrangement. The limitations and the ability of all audience to see the material.

Time available to cover the material. Time is critical, so the materials should be developed prior to the actual session.

Amount of information intended to be communicated in the material. The displayed information should be brief and should highlight only the salient words or phrases necessary to make a point.

Complexities of the material. Note extensive information during training session itself.

Family Planning Methods for Women

According to Tiwari (2010), these were the popular family planning methods which are used by the people practicing family planning and accordingly, it is always advised to consult a specialist before adopting any of these because of so many side effects associated to them.

Birth control pills. Out of the different family planning methods, this is the most common and popular artificial method of family planning. This oral contraceptive restricts the development of the egg and increases the thickness of the uterus cervical muscles and stops the sperm from reaching the egg. If the regular course of birth control pills fails, then emergency contraceptive pills can be taken during unsafe sex to minimize the chances of pregnancy.

Intrauterine device (IUD). This device is commonly known as Copper T. This method does not demand to follow any regular routine like taking pills. It is a small device made of metal, plastic or copper that is inserted in the uterus of a woman who does not plan an increase in her family for some time. It prevents fertilization by restricting the sperm to enter the vagina, and thus prevents pregnancy for five to ten years. This device should be used under the guidance of a medical practitioner only.

Cervical cap. It is a cup-shaped rubber device that is flexible enough to fit over the cervix that prevents the sperms from entering the uterus. Spermicidal are used with it that make the sperms inactive before they enter the uterus in any case.

Family Planning Methods for Men

According to Tiwari (2010), these were the popular family planning methods which are used by the people practicing family planning and accordingly, it is always advised to consult a specialist before adopting any of these because of so many side effects associated to them.

Condoms. This birth control option is for men, but now female condoms are also available. When used by males, this contraceptive method acts as a wall between the sperms and the egg. It does not allow the sperms to establish a contact with the egg and

thus, prevents pregnancy. Apart from being one of the effective methods of birth control, it also prevents many sexually transmitted diseases (STD).

The pills. This contraceptive pill for men involves synthetic hormone gestate or desogestrel along with the other hormone, testosterone. It is one of the most effective and promising family planning method and the studies have proved that the sperm count is dropped to zero when pills are consumed daily. The reverse effect may take few weeks to be more effective. But, this too has its own side effects like weight gain and shrinking of testicles.

Chemical sterilization. In chemical sterilization, a chemical through injection is introduced in the body. In this mild invasive procedure the resultant scarring prevent the sperms to pass out from the body. This method might take a long time to be effective and has some side effects associated too because of the chemicals.

Natural Family Planning Methods

According to Tiwari (2010), these are the natural family planning that still exists nowadays. It is done by the couples to prevent pregnancy but it is not as effective as the contraceptive methods.

Withdrawal. This is a natural birth control method where the male partner withdraws the penis the moment before the ejaculation during the process of sexual intercourse. But, this method does not prevent pregnancy because the liquid secreted before the ejaculation also contains sperms in little quantity that are more than enough to fertilize the ovum.

Abstinence. As the name suggests, this method requires the couple to refrain from intercourse during the ovulation or the fertility period of the female partner. For this the

woman has to note down her dates of menstrual cycles and keep a track of the period when the chances of getting pregnant are the most.

Permanent Family Planning Method

According to Tiwari (2010), these are the examples of permanent family planning methods.

Vasectomy. This method is for the males who do not plan to have child any more. This is a simple surgical procedure that requires minor surgery of the tube that carries sperms to the ejaculatory duct. Vasectomy procedure prevents the sperm from entering the seminal fluid and thus, prevents pregnancy. But the testis will continue the production of sperms which will be absorbed by the body itself.

Tubectomy. This method is also known as tubal sterilization which is a permanent contraceptive method for females. This again is a surgical process like vasectomy in males. The fallopian tubes that carry eggs from the ovary to the uterus are blocked. This does not allow the eggs to enter the tubes and thus, inhibits pregnancy.

Operational Definition of Terms

Barangay Health Workers (BHWs). This refers to the midwife and her assistants working in the Municipal Health Office.

Clients. This refers to the women who have undergone family planning counseling.

Counseling. This refers to the process of providing family planning information.

Flipchart. This is a decision-making aid/tool for clients, a job-aid and reference manual for providers. This is the one used by the midwife for family planning counseling in the rural areas.

Providers. This refers to the BHWs who offer counseling to the women practicing family planning.

Multi- lingual. This refers to the dominant languages used by the clients at home. These were Kankanaey and Ilokano. Other languages used were Ibaloi and Filipino.



METHODOLOGY

Locale and Time of the Study

The study was conducted in Barangay Poblacion, La Trinidad, Benguet (Figs. 1&2). It is situated on the central part of the municipality of La Trinidad. The municipality has a total population of 103,367 as of 2011. In barangay Poblacion there were 17,228 total number of households. It is the second to the most densely populated in the municipality and is considered an urban area in La Trinidad.

This barangay was chosen because it is where the Municipal Health Office (MHO) is located. Ideally, the municipality has 16 Barangay Health Stations (BHSs) and it handles all other Barangay Health Centers in the Municipality. According to the MHO, this barangay has the major number of people practicing family planning. This Community Health Center is a recipient of the reproductive programs of the DOH and is using the Decision-Making tool Flipchart.

The study was conducted from December 2011 to February 2012.

Respondents of the Study

There were three Barangay Health Workers (BHWs) who served as the Key Informants of the study. They were the midwife, Eufemia Guzman and two health care volunteers, Thelma Pasi and Garell Olagat. Since they have been using the flipchart in counseling, they were described as the Providers.

Also, 40 female respondents who were practicing family planning were chosen through purposive sampling. The criterion in choosing the respondents was that they should have undergone counseling in the Municipal Health Office with the use of the flipchart by the Providers.

Subject of the Study

The flipchart is titled, “Decision- making Tool for Family Planning Clients and Providers”. It is an aid for clients for it is a reference manual and a training resource for providers. With one page for the client and a corresponding page for provider, it has helpful pictures like the appearance of the different methods, and the side effects. It also include key points for the provider that serves as guide to address the need of the clients, and detailed reference information that covers 14 family planning methods. The methods include Intraurine Device (IUD), Cervical cap, Chemical sterilization, Pills, Mini- pill, Injectables, Implants, Vasectomy, Condoms, Vaginal Methods, Lactating Mothers (LAM), Tubectomy, Withdrawal, and Abstinence .

Topics include were medical eligibility criteria, side-effects, when to start, and how to use each family planning method.

The flipchart has 232 pages, landscape in its layout and with a size of 10.84” x 7.50”.

For the pages, they consistently used Arial font style with a size of 22 for its descriptions. While the headline is double the size of the descriptions. Generally, there were six colors in the flipchart. These are red, yellow, blue, green, violet, and pink. Graphics were used to support the information in the flipchart.

Front cover included: WHO family planning cornerstone logo, DRHR- WHO logo, and John Hopkins Bloomberg school of Public Health logo.

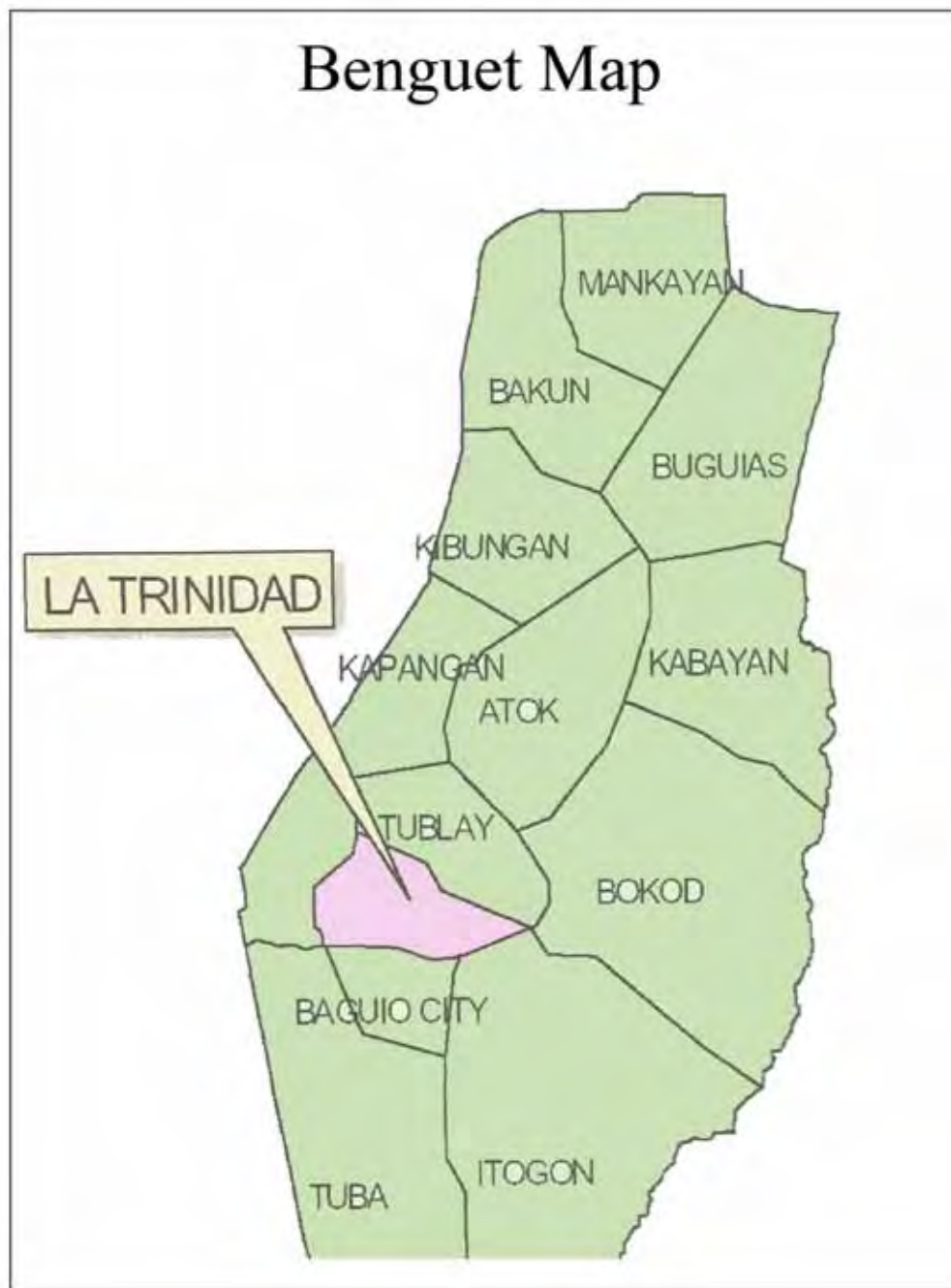


Figure 1. Map of Benguet showing the location of La Trinidad

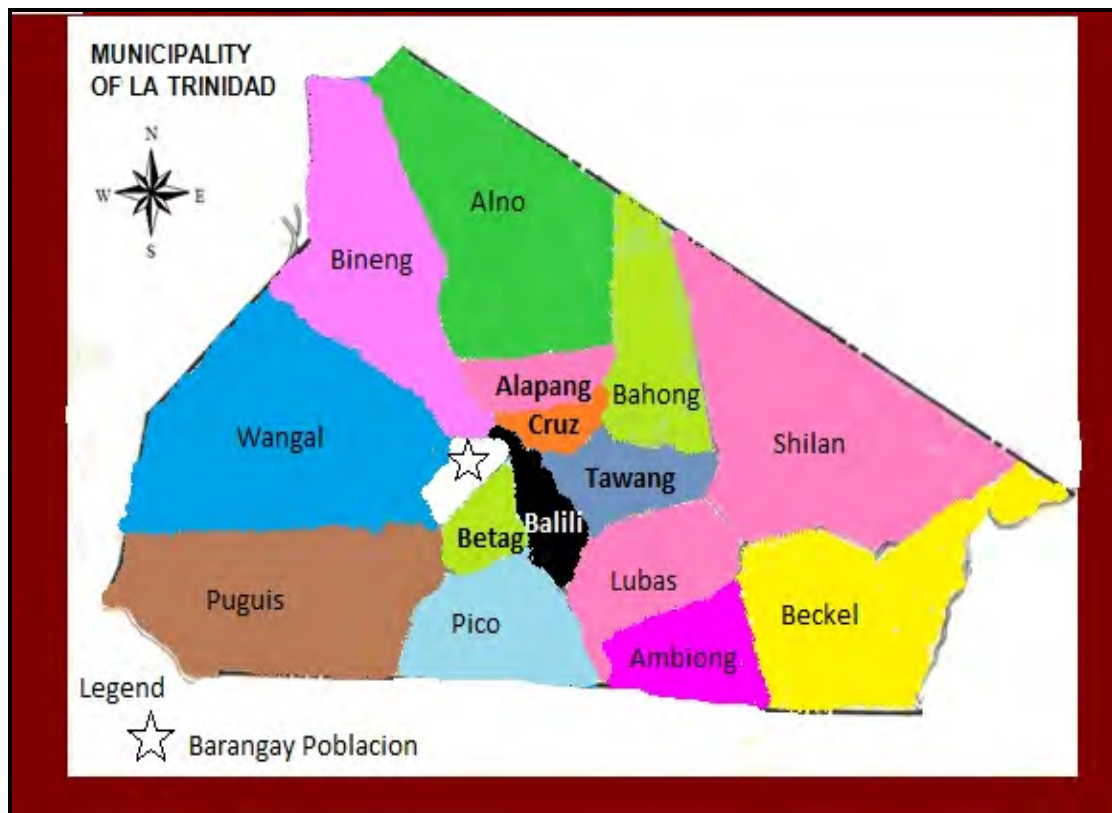


Figure 2. Map of La Trinidad showing the location of the study

Data Collection

The study was conducted in Barangay Poblacion, La Trinidad, Benguet where the Municipal Health Office (MHO) is located. Data were collected during the schedule of family planning in the MHO scheduled every Tuesdays and Thursdays. Respondents were asked by the researcher using Interview schedule. A print out copy of the flipchart was shown to them as a reference in replace of the original flipchart. Also, Key informants were interviewed using guide questions.

The researcher observed that there was great number of clients coming to the center in the morning schedules of check- up than in the afternoon.

Data to be Gathered

The data gathered were the socio-demographic profile of the respondents which were in terms of age, address, language spoken, occupation, sex, civil status, religion, number of children and educational attainment; the effectiveness of Decision- Making tool in terms of Comprehensibility, Attractiveness, Acceptability, Self involvement, Persuasion; the common problems encountered by the provider in using the tool and, the suggestions of the respondents for the improvement of the Decision- Making Tool.

Data Analysis

The data and information gathered were organized, tabulated using frequency counts and percentages. Data were also summarized and were presented in a narrative form. Key Informants voices towards the flipchart were also use in the results of the study to validate the evaluation of the clients towards the material. Also, other researches were also used to support and compare the result of the study.

RESULTS AND DISCUSSION

Socio- demographic Profile of the Respondents.

Table 1 shows the socio- demographic profile of the respondents. These were in terms of age, address, language spoken, occupation, sex, civil status, religion, number of children and educational attainment.

Age. The data shows that majority (22) of the respondents was aged 26-35, 10 were aged 15-25 and 8 were aged 36-45.

This implies that among the respondents, those who were 30-35 years old were more involved in practicing family planning in MHO.

Civil status and Sex. Results show that almost all of the respondents were married (39) and were female (38). Only 2 of them were male. This implies that married couples, especially the females were the most active participants in family planning counseling.

This supports Luge and De Leon (2001) stating that at the most basic level, family planning programs involved women more often than men as acceptors of contraception. It is essential that women be involved not merely as acceptors of this or that contraceptive device, but as makers of decisions and active participants on an equal basis with men in the formulation of policies which will profoundly affect their lives.

As to the role of being wives and mothers, it is still very important that men should be involved in the family planning programs because as married couples they do not just desire for parenthood but also the responsibilities involved.

Languages spoken. Results show that the respondents were multi-lingual. Majority (22) of the respondents knew how to speak Ilocano and Kankana-ey.

Table 1. Shows the Socio- demographic Profile of the Respondents

CHARACTERISTICS	FREQUENCY (n=40)	PERCENTAGE (%)
Age		
15-25	10	25
26-35	22	55
36-45	8	20
Total	40	100
Sex		
Female	38	95
Male	2	5
Total	40	100
Civil Status		
Married	39	97.5
Single	1	2.5
Total	40	100
Educational Attainment		
College Graduate	14	35
College Level	11	27.5
High School Graduate	7	17.5
High School Level	4	10
Elementary Graduate	4	10
Total	40	100
Occupation		
House wife	25	62.5
Self- employed	13	32.5
Government employed	2	5
Total	40	100
Language Spoken		
Ilocano	22	55
Kankanaey	22	55
Ibaloi	12	30
Tagalog	4	10
Address		
Buyagan	16	40
Poblacion	5	10
Puguis	4	5
Betag	4	10
Pico	3	2.5

Table 1. continued...

Bineng	2	2.5
Balili	2	2.5
Alno	1	7.5
Ambiong	1	2.5
Wangal	1	5
Shilan	1	12.5
Religion		
Roman Catholic	21	52.5
Born Again	9	22.5
Anglican	5	12.5
UCCP	2	5
Lutheran	2	5
INC	1	2.5

Address. Most of the clients (17) were residents of Buyagan. The rest of the clients were distributed to the other barangays.

This implies that clients near MHO were the ones regularly coming in the center for check- ups.

Occupation. Majority of the respondents (25) were housewives. This implies that women were the ones actively attending counseling in the MHO because men were the ones working for the family.

Educational attainment. Among the 40 respondents, (14) finished college and (11) of them reached college level. This implies that most of the clients were able to read and write.

Religion. As to the religion of the 40 respondents, majority (52.5%) belonged to the denomination of Roman Catholic (RC).

Significantly, most of the respondents were RC and using family planning contraceptives or methods.

Number of children. As to the number of children of the 40 respondents, (13) of them have one child.

Based on the results of the study, it shows that most Catholic members were the active participants of family planning using contraceptive methods. The same respondents noted that using contraceptives has a good effect because they only have one child. Therefore, religion for them is not a reason not to use contraceptive.

This is in contrast with the study of Luge and De Leon (2001), that in the teachings of the RC church, it is sinful to attempt to control or regulate the generative process of child-bearing and aided by the influences of family mores and traditions in the rural areas. Children are considered signs of God's blessing.

Evaluation of the Respondents on the Flipchart

Comprehensibility. Based from the results of the study, there were no words or sentences that were not understood. All of them understood all the words used in the content of the flipchart. The respondents even commented that some terms used like "vomiting and nausea" were easily understood because there were pictures that supported the texts. The respondents said that graphics and illustrations used helped portray the message of the flipchart. This implies that there were no problems with regards to the comprehensibility aspect of the respondents in the material.

The researcher believes that pictures are very important in a certain medium to achieve effective and a more comprehensive communication. However, words that are being used in the material should always be visible through the use of pictures and illustrations to show the appearance of one thing.

This was supported by the website saying that every graphic should have a purpose. Graphics and photographs are very important components of a material because they add interesting visuals to the material, helping the audience to get the message across (Hess *et al.*, n.d).

Attractiveness. Table 2 shows that great majority (92.5%) of the respondents find the decision- making flipchart attractive. Table 3 supports this result in terms of the reasons for attraction of the flipchart. Among the 40 respondents, 19 (47.5%) of them said that with the presence of illustrations or the pictures, it made them perceived the flipchart to be attractive because the material has simple and visible illustrations. Eleven (27.5%) of them were attracted with the font style and font size used because according to the respondents letters used are clear and easily read. Nine (22.5%) said that the colors of the material are pleasing to the eyes and 5 (12.5%) of them said that they perceived the layout to be attractive because according to the respondents, the arrangement or alignment of the pictures were well organized and well presented.

The respondents perceived the material to be attractive because of the pictures, colors, font styles and layout. This means that the respondents were dependent enough to the given designs of the material. What they see in the material is not always what they perceived to be attracted with because all the elements enumerated by the respondents were presented in the flipchart regardless to their knowledge in flipchart design.

On the other hand, there were some of the respondents who perceived the material to be not attractive. According to one respondent, the picture in the flipchart like “implants” was not familiar to her. This can be reflected in the flipchart that “implants” did not have a page in the flipchart and so it was not well explained to the clients.

Another respondent commented that she did not appreciate the pictures in the material because according to her, they were not eye catching.

Table 2. Evaluation of the respondents on the effectiveness to the flipchart

EFFECTIVENESS	FREQUENCY (n=40)	PERCENTAGE (%)
Attractiveness		
Material was attractive	37	92.5
Material was not attractive	3	7.5
Acceptability		
Elements are annoying/offensive	2	5
Elements are not offensive	38	95
Content		
Believed in the flipchart	38	95
Did not believe in the flipchart	2	5
Self-Involvement		
Flipchart was written for them	40	100
Persuasion		
Try the recommended FP method	35	87.5
Will not try the recommended method	5	12.5
TOTAL	40	100

Table 3. Respondents' perceived reasons for attraction to the flipchart

REASONS	FREQUENCY (n=40)	PERCENTAGE (%)
Illustrations/pictures are simple and visible	19	47.5
Font styles and size used are easily read	11	27.5
Colors used are pleasing to the eyes	9	22.5
Well organized presentation of elements	5	12.5

* Multiple answers

In general, the flipchart for the respondents was attractive because it has all the necessary elements needed as Cadiz mentioned.

According to Cadiz (1991), an important tip in using words in the visual media pertains to their appearance: words must be legible or readable and legibility is determined by several factors like size which based on letter height, width and thickness. As general rule, the shorter, narrower and lighter letterings are less legible. However, letter size should also be determined by the importance that a word plays in the visual medium.

center of interest; follows normal left to right and top to bottom reading/ viewing directions or patterns; balance and blend the different elements; simple and with empty breathing spaces.

Type of illustrations according to Mindanao training Resource Center (n.d) must be big and bold with minimum of details. Illustration must depict the idea or message; and select the best types of line or stick figure, cartoons, stylized drawings and photographs.

Acceptability. The result of the study on the respondents' evaluation on the acceptability aspects shows that great majority (95%) perceived the material inoffensive as shown earlier in Table 2. This includes the evaluation of the respondents in the content of the flipchart.

Table 4 shows that majority (85%) of the respondents said that words/pictures used in the flipchart were normally and plainly used for educational purposes. According to the respondents, the family planning methods were all common to them regardless of their exposure to the material because they were using some of the methods. In addition,

Table 4. Respondents' perceived reason for the acceptability to the flipchart

REASONS	FREQUENCY (n=40)	PERCENTAGE (%)
Words/pictures were used for educational purposes	34	85
Illustrations were relevant to the topic	10	25
Attitudinal basis of acceptance	3	7.5

*Multiple response

respondents said that it is better for them to see the appearance of all these methods rather than being ignorant about it. Ten (25%) of the respondents said that illustrations specifically the expressions of the people in the pictures support the information in the flipchart. Based also on the data, there were 3 (7.5%) respondents who perceived the material to be inoffensive because of their attitudinal basis of acceptance. The basis of the researcher was according to the respondents statements also. They said that it depends on how the person consider all these things like being open- minded with regards to this issue and also in the practicality of life nowadays. The respondent further noted, "*Wala na aarte- arte ngayon*".

This may imply that all pictures used in the flipchart provided impact to the respondents. The two respondents, who said that they were annoyed in some of the pictures in the flipchart, identified the pictures of the pregnant and breastfeeding mothers to be offensive because they were not use to see them in the picture.

Content. As to the content of the material, nearly all (95%) of the respondents believed the flipchart.

This implies that the flipchart was a credible source of information about family planning. The two who did not believe the content of the material argued that it rested

upon the married couple's decision whether or not to practice family planning and acknowledged that the method did not work all the time.

This shows that the respondents had a parameter in believing the content of the flipchart and this was shown in the result that they must prove it their selves first.

Flipchart as visual aids according to Brown (1985), the amount of information or the content intended to be communicated in the material should be brief and should highlight only the salient words or phrases necessary to make a point.

Self- involvement. As seen in Table 2, all of the respondents perceived that the content of the material was written for them.

Hence, the self- involvement aspect of this flipchart succeeded. As reflected in the results, the flipchart was effective in making the respondents more involved in the family planning counseling. The BHWs validated these findings when all of them said that during the presentation their clients often ask questions regarding the content of the flipchart which they also tried to explain. Moreover the BHWs also added that when their clients ask questions regarding family planning methods they observed that the interest of the clients regarding the topic increases and that the clients were able to voice out their insights regarding the problems that family planning is trying to address. This finding supports the idea of Cadiz (1991) where she stated that in order to encourage more participation of learners the presentor should allow learners to reflect on the given problems in order to let the learners realize by themselves the solutions to such problems instead of directly telling the learners the solution. This further encourages learners to reflect, raise questions, and think of solutions creatively, not just remain as passive learners.

Persuasion. As seen in Table 2, results show that that majority of the respondents (87.5%) stated that they will try the recommended family planning method. However, there were five who said that they will not try the recommended family planning method because the contraceptive methods have side effects.

Based on the result of the study, this implies that almost all respondents felt right to be part of the family planning practice and they were willing to alter from the traditional family planning because they were now open for contraceptive methods and even natural methods knowing their advantages and benefits from it.

This supports the study of Cadiz (1991) stating to adequately arrest learners' attention, arouse and sustain the interest of the audience; presenters must explain why the information they share is important by relating it to learners' needs, problems or future situations that they may encounter. This is part of applying the basic communication principle "know your audience" and the concept of empathy. To be an effective presenter must be learner- oriented. In the case of the La Trinidad MHO the respondents said that they were persuaded by the explanation of the BHWs because as the respondents read the content of the flipchart the BHWs coupled the content of the flipchart with oral explanations wherein they related the content of the flipchart to the situation of the respondents.

General Evaluation. Multiple answers were gathered in the general evaluation to the flipchart. Table 5 shows that among the 40 respondents, there were twenty- one of them who said that it was good because it helps married couples in choosing what family planning method to use, eleven (27.5%) of the respondents said that it was good for educational purposes. Nine (22.5%) of them said that the flipchart was simple and the

content was easily understood, four (10%) of them said that it was satisfactory and informative. Respondents were satisfied because the flipchart helped and taught them how to do family planning and lastly, only one said that the flipchart has well laid- out.

Table 5. General evaluation of the respondents to the flipchart

GENERAL EVALUATION	FREQUENCY	PERCENTAGE (%)
It helps married in FP decision-making	21	52.5
It is purposeful educationally	11	27.5
Flipchart was simple and easily understood	9	22.5
Flipchart was satisfactory and informative	4	10

*Multiple answers

All the general evaluations of the respondents were positive. Thus, the flipchart used in the MHO were very useful and effective in counseling about family planning.

The researcher generally rated the flipchart good as it satisfied almost all the basic elements in designing a material. Although the material violated the criteria mentioned by Cadiz (1991) regarding the maximum of colors for every page, still, it was effective as supported by the evaluation of the respondents. The respondents said that it would have been better if they used photographs of the artificial method and not just graphics.

Problems Encountered by the BHWs

Some clients are not attentive during the counseling. According to the key informants, they made sure that they explained well the content of the flipchart but their

clients tend to forget the following instructions and the process being instructed them so they ended up not continuing what is advised to them.

Financial capability of the clients. The BHWs may explain well the family planning method and clients may easily accept what method they wanted to use but they can only use what is available to them or what they can afford. In situations like these, there must be a continuous in taking of pill tablet and it should be completed to be effective, but the problem arises to the clients. Clients would say to the midwife what other method they can suggest due to financial constraint.

This implies that the decision- making tool flipchart remained to be a tool as stated in the study's rationale where it seeks to guide the providers' response to the client's acclaim and preferences at each step in the counseling process.

The study found out that financial reason was also a factor why such family planning contraceptives were disregarded by some respondents to go on family planning. Moreover, the midwife found it difficult to explain the tool to the respondent because of this factor. She gave recommendation of a good method for a client's situation but she cannot do anything about it but to really help the clients give appropriate points regarding family planning.

Client's attitude toward the method. According to the midwife, the agreement between married couples depends on the acquisition of a certain method. For the midwife, it is hard for her to insist what is good for the clients because often times it is unacceptable to the couples or offensive to the other and accordingly, this is only a guide for decision- making. On the other hand, clients also consider the health risks that will

cause them if they chose to use the method. Otherwise, clients insist what they like and the midwife cannot do anything.

The result of the study showed that majority of the female participants was the ones active in family planning; this did not mean that the absence of males in family planning is the reason. This means that male partners were the ones working because most female were housewives and it did not mean that they were not active participants in family planning. It can be implied that the conversation of the couple during bedtime were also considered as part of the planning decision- making.

In line with this, the researcher suggests that there should be more motivation done on the part of BHWs to motivate both couples attends family planning counseling.

Clients' belief system. According to the key informant, older clients were hardly convinced in terms of explaining a certain method because for some they still believe in their own beliefs and that the midwife found it hard to convince them. It shows that clients' belief system was also a factor which made the midwife difficult to explain the flipchart. Such belief system included: Social environment, Culture, and Religion.

Social environment. A person's social environment usually has more influence on family planning decisions than the attributes of specific contraceptives. When clients were asked to give reason for their choice of a specific family planning method, most of them cited the attitudes of their spouse and their neighbors. People chose contraceptive methods that are commonly used in their community because of its social acceptability and they claimed to know more about these methods.

Culture. Household and community influences can be so powerful that they can obscure the line between individual desires and community norms. For instance, in some

culture, according to David (2008), many women reject contraception because bearing and raising children is the path to respect and dignity in the society. This can be reflected from the result of the study that most women use contraception because having small families is the norm.

Religion. According to the BHWs they observed that the religious beliefs of their clients often limit the full participation of the clients in family planning. This supports the findings of Dixon-Meuller (1999) as cited by David (2008) that religious beliefs accord their preferences about family size, family pressures to have children and whether to have family planning in their customs.

The researcher observed that the BHWs who were the providers were subjecting to the choice of the clients. In a way, it was good because the flipchart encourages only the providers to give accurate, relevant and up-to-date technical information at appropriate points and not to force the clients to follow their recommendations.

Suggestions of the Respondents for the Improvement of the Flipchart

The clients were asked to suggest for the improvement of the flipchart. According to them, the BHWs should think of other ways on how to promote educational family planning. Also, they suggested that texts in the flipchart should be lessened into a shorter one. Information should go straight to the point as they were also requesting a handy one so that they could always read it at home.

In addition, clients suggested that the flipchart must be written in multiple language translations especially in vernacular so that they may understand it more easily. The clients also suggested lectures to be done in groups rather than one on one so that

they could help each other in following the instructions in using a method. Finally, the clients said that it is best if the providers show actual samples during counseling.



SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

The study on the evaluation of the decision- making tool flipchart (DMT) in promoting family planning in Poblacion, La Trinidad, Benguet was conducted from December 2011 to February 2012. Generally it evaluated the effectiveness of the DMT Flipchart in promoting Family Planning. Specifically it identified the socio- demographic profile of the respondents; determined the effectiveness of the Decision-making Tool Flipchart in terms of Comprehensibility, Attractiveness, Acceptability, Self involvement and Persuasion; determined the problems encountered by the BHWs in explaining the tool; and determined the suggestions of the respondents for the improvement of the Decision-making Tool.

An interview schedule was used in obtaining data from the respondents in Municipal Health Office. Also, guide questions were used in obtaining data from the Barangay Health Workers.

The respondents of the study were three Barangay Health Workers which include one midwife and two health care volunteers. These three BHWs have seen and used the flipchart in counseling.

Also, 40 respondents who were practicing family planning were chosen through purposive sampling. These respondents have undergone counseling in the Municipal Health Office.

Majority of the respondents interviewed were female and there were only two male. On the comprehension, all of them claimed that words were easily understood. It appeared to be comprehensible enough to the respondents while majority found the

decision- making flipchart attractive. In terms of acceptability, majority perceived that there were no annoying words about the flipchart.

Further, majority of the respondents believed in the content of the material and was written for them. Lastly, majority responded that they will try the recommended family planning method.

As to their general evaluation, they said that it was good because it helps the married couples in choosing what they wanted to use for family planning, it was also good for educational purposes, simple and easily understood, and was satisfactory and informative. The respondents were satisfied of knowing some information on DMT for them to be aware on how to do family planning and lastly, it was lay- outed well.

The following were the problems encountered by the BHWs in explaining the tool: respondents were not attentive during the counseling, financial capability of the clients, client's attitude towards the method and clients are hard to persuade due to belief system.

Finally, the respondents suggested that there must be other ways in promoting educational family planning. Clients suggested lessening the information into a shorter one and getting straight to the point. It must be written in multiple language translations especially in vernacular ones, lectures must be done in groups aside from one on one, and show actual samples of the artificial family planning method during the counseling.

Conclusions

Based on the results of the study, the following conclusions were derived:

1. The effectiveness of the Decision- making Tool Flipchart does not only depend on the colors, graphics and texts but also on the effective delivery of the one explaining

the flipchart.

2. The flipchart is an effective medium in helping people make choices and decisions.

3. Clients' decision in choosing a family planning method does not rely only on the flipchart but could be affected by their personal circumstances like their attitudes, financial status and belief system.

Recommendations

Based from the conclusions, the following recommendations were derived:

1. The flipchart should be retained as a medium of instruction and it needs to be promoted more not only in the Health Center but also in the community at large.

2. The use of alternative medium like audio- visuals or recorders for more interactive discussions between clients and providers may be considered by the DOH.

3. It is recommended that BHWs should strategize other ways on how they can motivate both couples attend family planning counseling.

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APPENDIX A

Study on the Effectiveness of the Decision Making Flipchart
(Interview Schedule for Respondents)

Respondent No. ____

I. Socio- Demographic Profile

Name (Optional): _____

Sex: _____ Male

Age: _____

_____ Female

Address: _____

Civil Status: _____

Language Spoken: _____

Religion: _____

Occupation: _____

No. of Children: _____

Educational Attainment: Please Put a check (\checkmark) on the space provided for.

_____ Elementary Level

_____ Elementary Graduate

_____ High School Level

_____ High School Graduate

_____ College Level

_____ College Graduate

II. Effectiveness of the Decision- Making Flipchart

The following questions measure the effectiveness of the flipchart. Please fill up the needed information.

a. Comprehension

a. Please go through the material page by page. Are there any words or sentences that you don't understand? Kindly check the page number and list down the words or sentences that you don't understand.

Page Number	Vague words/Sentences

b. Attraction

1. Do you find the Decision- Making Flipchart attractive?

a. Yes

b. No, Why Not? _____

2. If yes, what makes you perceive the flipchart to be attractive?

a. layout

b. type of letter

c. others (Please Specify)

3. Why do you perceive the material to be attractive?

4. If no, what makes you perceive the flipchart to be not attractive?

a. layout

b. type of letter

c. others (Please Specify)

5. Why do you perceive that the flipchart is not attractive?

c. Acceptability

1. Do you perceive that there is anything annoying or offensive about the flipchart?

a. Yes

b. No, Why Not? _____

2. If yes, please identify them _____

3. Do you believe in the content of the flipchart?

a. Yes

b. No

4. If no, why not? _____

d. Self Involvement

1. Do you perceive that this flipchart is written for you?

a. Yes

b. No

2. If no, why not? _____

e. Persuasion

1. Will you try the recommended Family planning method?

a. Yes

b. No

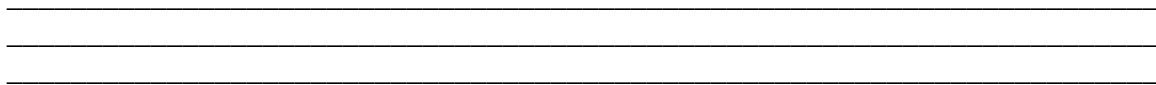
2. If no, why not? _____

f. General Evaluation of the Flipchart

1. What can you say about the flipchart? _____

III. SUGGESTIONS FOR THE IMPROVEMENT

Please write your suggestions for the improvement of the Decision- Making Tool.



APPENDIX B

Study on the Effectiveness of the Decision Making Flipchart
(Guide Questions for Key Informants)

I. Socio- Demographic Profile

Name (Optional): _____

Sex: _____ Male

Age: _____

_____ Female

Address: _____

Civil

Status: _____

Language Spoken: _____

1. In promoting family planning, what are the communication strategies you employ?

2. What materials are you using in promoting family planning?

3. Is the Decision-Making Tool for family planning effective?

_____ Yes _____ No

If Yes, Why? _____

If No, Why Not? _____

4. What do you think are the factors affecting the clients' preference in choosing certain family planning method

5. What are the common problems that you encounter in explaining the tool?

6. What are your suggestions for the improvement of the Decision- Making Tool Flipchart?

