FROM YOUNG RURAL INTENDERS TO READY-TO-LIMIT PRAGMATISTS:

SEGMENTING THE FAMILY PLANNING MARKET TO IMPROVE BEHAVIOR CHANGE INTERVENTIONS IN THE PHILIPPINES

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ACRONYMS

BCC	Behavior Change Communication
CHAID	*Chi*-squared Automatic Interaction Detector
CHW	Community Health Worker
CI	Confidence Interval
CPR	Contraceptive Prevalence Rate
DHS	Demographic and Health Survey
DOH	Department of Health
FP	Family Planning
IPC	Interpersonal Communication
IUD	Intrauterine Device
KAP	Knowledge, Attitude, Practice
LGU	Local Government Unit
MCH	Maternal and Child Health
MTV	Music Television
NFPS	National Family Planning Survey
NGO	Nongovernmental Organization
OC	Oral Contraception
PBC	Process of Behavior Change
PPP	Public-Private Partnerships
PRISM	Private Sector Mobilization for Family Health
PSP-*One*	Private Sector Partnerships-*One*
STD	Sexually Transmitted Disease
USAID	United States Agency for International Development
WSS	Within-group Sum of Squares

EXECUTIVE SUMMARY

BACKGROUND

Although contraceptive use in the Philippines has increased steadily over the past 35 years, results from the 2003 Demographic and Health Survey (DHS) showed that family planning (FP) use had reached a plateau. One way to address this plateau and revitalize contraceptive use is to promote behavior change communication (BCC) efforts that are tailored to specific subgroups, as opposed to generalized campaigns. Client-Centered Market Segmentation is a data analysis tool developed by the Private Sector Partnerships-*One* (PSP-*One*) project to help FP program managers tailor their interventions and messages to the needs of specific segments of the population.

The tool draws on classic market segmentation approaches used by major commercial companies to increase product sales and grow market share. Client-Centered Market Segmentation allows a much broader, multidimensional segmentation of the FP market by highlighting not only demographic and economic variations, but also group differences in values, beliefs, and attitudes, all of which are likely key drivers of FP demand and use.

The present Client-Centered Market Segmentation study segments nonusers of FP in the Philippines into several subgroups, each with its own unique and multidimensional profile, and makes recommendations about how BCC strategies can best incorporate this information to effectively target and meet the needs of different nonuser groups.

STUDY OBJECTIVES

The following are the primary objectives of this research:

1. Clarify important ways that nonusers differ in their sociodemographic characteristics and their FP goals, attitudes, lifestyles, values, beliefs, and needs.
2. Determine the relative size of these different nonuser market segments.
3. Prioritize the different market segments according to a variety of considerations, including health impact priorities and the amount of effort and resources needed to effectively promote FP use.
4. Recommend ways that program managers, particularly those involved in BCC, can effectively meet the FP needs of the different nonuser segments through a targeted strategy.

METHODOLOGY

PSP-*One* fielded a quantitative survey between May and July of 2007, which consisted of structured interviews with women between the ages of 15–49. PSP-*One* contracted TNS Trends Inc., to conduct the data collection. The survey instrument used input from previous qualitative research efforts and was designed to quantify key attitudes and drivers related to FP. It also included a set of demographic- and lifestyle-related questions.

The study consisted of interviews with a probability sample of 2,000 female respondents, 15–49 years old, married or single, with or without children, from socioeconomic classes A, B, C, D, and E. Researchers conducted 2,000 additional interviews in 26 priority provinces. Several quality control measures were put in place throughout the data collection process to ensure the validity of the data.

MARKET SEGMENTATION MODEL

To create unique FP segments incorporating key demographic, behavioral, and attitudinal variables, PSP-*One* utilized a variation of the *Chi*-squared Automatic Interaction Detector algorithm, a process that repeatedly divides the sample, based on demographic and behavioral variables, into clusters that are as distinct as possible, based on a series of attitudinal, value, and belief variables.

The algorithm divides the sample (or a subsample) in two. Each time, it uses as the basis for division a break in the one variable (e.g., parity, area of residence, radio use) across which the attitude profile is as different as possible.

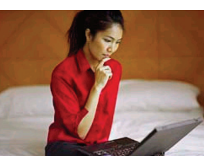
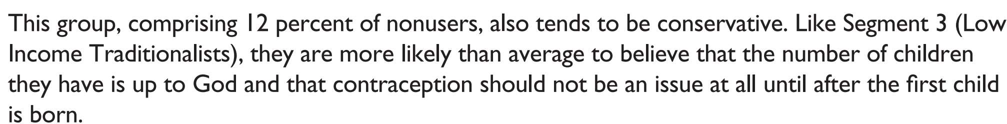
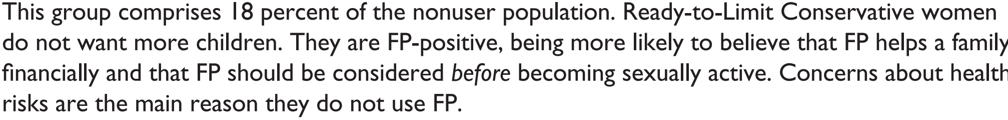
KEY FINDINGS

The market segmentation analysis produced six unique segments of nonusers:

- Segment 1: Young Rural Intenders
- Segment 2: Young Urban Intenders
- Segment 3: Low-Income Traditionalists
- Segment 4: Conventional Skeptics
- Segment 5: Ready-to-Limit Conservatives
- Segment 6: Ready-to-Limit Pragmatists

We developed profiles for each of the segments by comparing results on general health attitudes; fertility and FP behaviors, awareness, attitudes, values, and beliefs; and media and lifestyle characteristics. These profiles are described in table ES.1.

TABLE ES.1: FAMILY PLANNING SEGMENT DESCRIPTIONS

Segment	Description
Young Rural Intenders 	This segment, comprising 14 percent of nonusers, has not yet made their sexual debut. They have the intention to use family planning (FP) in the future and believe that both partners in any type of relationship need to be involved in contraceptive decision making. At the same time, however, they are more likely to believe that the number of children they have should be left up to God. They are also likely to trust doctors and family members for contraception information.
Young Urban Intenders 	This is the largest single group, comprising 35 percent of nonusers. Women in this group live in wealthier households and primarily turn to their parents for birth control information. They are typically not sexually active and think it is important to learn about FP before engaging in sexual activity. They are technologically savvy and more likely to use the Internet and have cell phones than any other segment.
Low-Income Traditionalists 	While this group, comprising 13 percent of nonusers, does not want any more children, they have very traditional attitudes about sex, pregnancy, and contraception. They are more likely than average to hold that the number of children they have ought to be up to God and that contraception should not be an issue at all until after the first child is born. On the other hand, they do not indicate higher than average concerns about contraceptive methods in any area. Rather, they are more likely to trust and rely on a wide range of opinion leaders both inside and outside the family.
Conventional Skeptics 	 This group, comprising 12 percent of nonusers, also tends to be conservative. Like Segment 3 (Low-Income Traditionalists), they are more likely than average to believe that the number of children they have is up to God and that contraception should not be an issue at all until after the first child is born. In addition, interference with pleasure (for both the man and the woman) is of greater concern for this group than for the average nonuser, along with concerns about contraceptive effectiveness, ease of use, and convenience. Unlike Segment 3, this group has a much more limited reference group from which to get FP advice, basically their immediate family, midwives, and health station workers. They are more likely than average to be suspicious of health care professionals and believe that going to a private doctor is too expensive. In short, this group seems to reject FP on grounds of morality and desire for pleasure.
Ready-to-Limit Conservatives 	 This group comprises 18 percent of the nonuser population. Ready-to-Limit Conservative women do not want more children. They are FP-positive, being more likely to believe that FP helps a family financially and that FP should be considered *before* becoming sexually active. Concerns about health risks are the main reason they do not use FP. In terms of contraceptive needs, they stress effectiveness, ease of use, convenience, and the effects on women's health. They trust primarily their husband, their mother-in-law, and their doctor to advise them about FP. However, there are many people they do not trust for FP information, including their fathers, brothers, employers, coworkers, pharmacy employees (other than a pharmacist), religious leaders, government agencies, the news, the Internet, and print media.
Ready-to-Limit Pragmatists 	In many ways, this group 8 percent of nonusers is similar to Segment 5 (Ready-to-Limit Conservatives); however, their attitudes have a distinctly feminist perspective. Women in this segment are more likely to believe that a woman should pursue a career before having children and that contraception in a marriage is the wife's decision. In addition to being more likely to want effectiveness, ease of use, and convenience from a contraceptive method, they are more likely to be concerned with interference with the woman's sexual pleasure. Like Segment 5, they are also more likely to trust their husbands or mothers-in-law for FP information, but unlike this group, they trust midwives and coworkers as well as doctors. They also pay more attention than other segments to endorsements of FP methods.

RECOMMENDATIONS: INTEGRATING MARKET SEGMENTS WITHIN THE STAGES OF BEHAVIOR CHANGE COMMUNICATION FRAMEWORK

FP program managers can use the unique segment profiles to inform a targeted BCC campaign. Each segment provides a wealth of information on a portion of the client base that can be translated into communication efforts and, subsequently, FP results.

We used the Process of Behavior Change (PBC) framework to frame, analyze, and prioritize the nonuser client-based segments (Glanz et al., 2002). The PBC model includes the following stages:

- Preknowledgeable – Is unaware of the problem or of their personal risk
- Knowledgeable – Is aware of the problem and knowledgeable about desired behaviors
- Approving – Is in favor of the desired behaviors
- Intending – Intends to personally take the desired actions
- Practicing – Practices the desired behaviors
- Advocating – Practices the desired behaviors and advocates them to others (O'Sullivan et al., 2003)

Table ES.2 presents the behavior change stage for each segment.

Table ES.2: Non-User Segments by Stage of Behavior Change

Segment Number	Segment Name	PBC Stage
1	Young Rural Intenders	Preknowledgeable
2	Young Urban Intenders	Preknowledgeable
3	Low-Income Traditionalists	Knowledgeable
4	Conventional Skeptics	Knowledgeable
5	Ready-to-Limit Conservatives	Approving/Intending
6	Ready-to-Limit Pragmatists	Approving/Intending

STRATEGIC GROUPING OF SEGMENTS FOR TARGETED BCC EFFORTS

After identifying placement of each segment on the PBC stage spectrum, we realized that we could group certain segments together according to similarities in their characteristics and their PBC stage. By strategically targeting BCC efforts at groups of segments, program implementers could make more effective use of limited resources. We recommend grouping Young Rural Intenders and Young Urban Intenders, Low-Income Traditionalists and Conventional Skeptics, and Ready-to-Limit Conservatives and Ready-to-Limit Pragmatists.

APPROACHES TO PRIORITIZATION OF SEGMENT GROUPS

In consultation with representatives from the USAID/Philippines Office of Health, Population and Nutrition, we recommend two options for targeting the three groups of segments, based on overall key communication and programmatic objectives. Table ES.3 illustrates these options.

Table ES.3: Two Options for Prioritization

	Option One: Maximizing Resource Effectiveness	Option Two: Targeting Mothers to Decrease Economic and Health Burdens
First Priority	Ready-to-Limit Conservatives and Ready-to-Limit Pragmatists	Ready-to-Limit Conservatives and Ready-to-Limit Pragmatists
Second Priority	Young Rural Intenders and Young Urban Intenders	Low-Income Traditionalists and Conventional Skeptics
Third Priority	Low-Income Traditionalists and Conventional Skeptics	Young Rural Intenders and Young Urban Intenders

TACTICS FOR ENGAGING THE PUBLIC AND PRIVATE SECTORS

Both the public and private sectors have an important role to play in reaching nonuser segments with FP messages. In order to convert nonusers to users, and thus grow a sustainable FP market, future programming needs to promote behavior change and increase utilization of FP products.

Based on our findings from the market segmentation study, previous BCC experience, and our knowledge of the Philippines, we have provided some examples of BCC tactics to engage the public and private sectors targeting each group of segments. However, we would like to note that in order to most effectively develop concrete communication plans targeting the various segments, we recommend conducting detailed formative research with each group of segments as well as with public sector stakeholders, public and private providers, and commercial FP manufacturers. Such research would be instrumental in the development of audience-appropriate programs, messages, and materials. Potential tactics to engage the public and private sectors by segment groupings based on their unique characteristics, needs, and the opportunities they present are summarized below.

- Develop a multimedia BCC campaign for Young Urban Intenders and Young Rural Intenders that builds off the Philippines Department of Health's (DOH) "If you love them, plan for them" campaign to appropriately address FP and maternal and child health (MCH) issues for this age group.
    - Because of the size of these segments and their openness to FP, commercial FP manufacturers would be interested in marketing their products to these segments. Therefore, we recommend a public-private partnership to leverage support for the campaign from the commercial sector.
    - The campaign would encourage these segments to delay having their first child and to start thinking about FP before their first child. Given cultural sensitivities around FP, especially when concerning youth, we recommend framing FP within an MCH context.
    - Media such as interactive websites and popular TV and radio programs with culturally sensitive FP and MCH messages, a national FP/MCH hotline, and events such as "Youth Days" at Friendly Care Clinics would be included in the campaign.

    - Champions of the campaign would be identified at the national level and within local government units to advocate for the campaign and ensure its sustainability.

- Develop an interpersonal communication campaign through public and private providers to reach Low-Income Traditionalists and Conventional Skeptics with culturally appropriate MCH and FP messages and materials.

    - Since Low-Income Traditionalists and Conventional Skeptics are older and more likely to have several children, we believe the ideal opportunity to reach them is through public and private providers during visits for post-partum, post-abortion (for those who have spontaneous abortions), and antenatal care using messages centered on MCH.

    - We recommend training public and private providers and community health workers in effective counseling and education skills using the FP and MCH messages and materials developed for the campaign.

    - Not much incentive exists for the commercial sector to target these segments due to their reluctance to use FP. However, we recommend a public-private partnership with commercial FP manufacturers to cosponsor the IPC campaign, particularly provider trainings. We believe this partnership would be attractive to commercial manufacturers since their products would gain visibility among providers.

- Develop a consortium of commercial FP manufacturers to promote a research-based communication initiative encouraging Ready-to-Limit Conservatives and Ready-to-Limit Pragmatists, in consultation with their provider, to take up the FP method most appropriate for them.

    - These segments are within reach of the "Practicing" and "Advocating" stages, and the campaign would serve as a "call to action" for them to start using a modern FP method.

    - Ready-to-Limit Conservatives and Ready-to-Limit Pragmatists are very open to FP and are interested in becoming users and thus would be attractive segments to commercial FP manufacturers.

    - This consortium would be branded with an umbrella campaign logo and messaging that would be used on all materials developed for the campaign. In addition, the campaign could promote specific contraceptive methods.

    - We also recommend integrating the campaign messages into the story lines of television and radio programs. Although audience research would be needed to develop the campaign messages, such messages should encourage women to adopt an FP method while dispelling misconceptions about FP health risks, addressing potential side effects, highlighting the health and economic benefits of using FP, and underscoring the convenience of using and accessing FP.

    - It is also important to involve both public and private sector providers in the campaign by educating them about the campaign and its messages and developing job aids that are branded with consortium messages and logo. This will prepare them to meet the increased demand for FP methods during and following the campaign.

    - Finally, we believe it will be important to involve the commercial sector's medical detailers in the campaign, as they sell products to providers in both sectors and would be an important means of disseminating campaign information and materials.

1. BACKGROUND

1.1 INTRODUCTION

Although contraceptive use in the Philippines has increased steadily over the past 35 years, it has recently begun to plateau. In contrast to the rapid growth in contraceptive use experienced throughout the 1970s, the most recent Demographic and Health Survey (DHS) (2003) shows that the contraceptive prevalence rate (CPR) rose only slightly between 1998 and 2003, from 46 percent to 49 percent. At the same time, nearly 40 percent of married women currently not using contraception state that they intend to use a method in the future, suggesting a significant untapped latent demand for family planning (FP).

To translate this demand into use, it is important to recognize that FP use in the Philippines varies significantly by education, wealth, region, and parity, indicating that different segments of the population have different FP goals, attitudes, and needs. Thus, one way FP programs can more effectively reach nonusers as a whole is to tailor their interventions, such as communication, pricing, and method mix, to the specific needs of different subgroups, or "market segments."

Client-Centered Market Segmentation Analysis is a data analysis tool Private Sector Partnerships-*One* (PSP-*One*) developed to help FP program managers accomplish this goal. The tool draws on classic market segmentation approaches used by major commercial companies, such as Proctor and Gamble, Levi Strauss, and Ford Motor Company, to increase product sales and grow market share. Although market segmentation analysis is not new to the FP sector in the Philippines, past analyses have focused primarily on a relatively narrow set of demographic and economic variables. In contrast, Client-Centered Market Segmentation Analysis allows a much broader, multidimensional segmentation of the FP market by highlighting not only demographic and economic variations, but also group differences in values, beliefs, and attitudes, all of which are key drivers of FP demand and use.

The present Client-Centered Market Segmentation study segments nonusers of FP in the Philippines into several subgroups, each with its own unique and multidimensional profile, and makes recommendations about how behavior change communication (BCC) strategies can best incorporate this information to effectively target and meet the needs of different nonuser groups.

1.2 STUDY OBJECTIVES

The study's primary objectives are the following:

1. Clarify important ways that nonusers differ in their sociodemographic characteristics and their FP goals, attitudes, lifestyles, values, beliefs, and needs.
2. Determine the relative size of these different nonuser market segments.
3. Prioritize the different market segments according to the amount of effort and resources that FP-focused programs will need to effectively promote FP use.
4. Recommend ways that program managers, particularly those involved in BCC, can effectively meet the FP needs of the different nonuser segments through a targeted strategy.

1.3 RESEARCH DESIGN

To define the market segments, PSP-*One* developed a research design (Figure 1) that included four phases: internal situation analysis, qualitative research, quantitative research, and synthesis of findings into recommendations to USAID/Philippines.

FIGURE 1: MARKET SEGMENTATION STUDY RESEARCH DESIGN

PHASE 1 Internal Situation Analysis	PHASE 2 Qualitative Research	PHASE 3 Quantitative Research	PHASE 4 Report of Findings and Recommendations
Includes: • Review of applicable past work • Review of existing secondary research • Competitive intelligence	• Contracting Research Partners • Developing Guides/ Translation • Training • Interviews/Focus Groups • Transcriptions/ Translation • Analysis • Reporting	• Results from Phase 1 and 2 will inform survey • Instrument Design • Translation • Training • Data Collection • Data Entry and Cleaning	• Analysis • Report • Snapshots of unique segments • Tailored BCC approaches
Indentify key knowledge gaps	*Refine bases for segmentation*	*Finalize quantitative data collection*	*Develop analysis, strategy and recommendations*

Although the current report focuses on the final two phases of the research (quantitative research and recommendations), the following section presents a brief summary of the qualitative research that informed the quantitative phase. For detailed information on the qualitative study, refer to *Contraceptive Market Demand in the Philippines: Qualitative Research Findings*, 2007.

1.4 REVIEW OF QUALITATIVE RESEARCH FINDINGS

The purpose of the qualitative research was to inform the quantitative instrument by providing insights into common attitudes and behaviors towards FP among Filipino men and women. The research also sought to understand how interactions with partners, family, friends, religious leaders, the media, and health care providers influence those attitudes and behaviors.

PSP-*One* conducted the qualitative study between August and October 2006 and employed in-depth interview and focus group discussion techniques. Researchers identified male and female participants from randomly selected households in four geographically dispersed regions (National Capital Region, Luzon, Visayas, and Mindanao) and from sociodemographically diverse profiles. In addition, PSP-*One* conducted interviews with key influencers of FP use, including religious leaders, doctors, nurses, midwives, and business owners. Researchers interviewed 196 respondents: 95 male participants and 101 female participants.

Key findings from the qualitative study included the following:

- Significant variation exists with regard to attitudes and use of contraception among Filipino men and

women. The research confirmed that this variation is not confined to demographic differences—key differences emerged in attitudes, demographics, religion, and relationship dynamics.

- Health care providers are an important source of FP information, yet because many respondents do not visit health care providers unless they are very ill, providers have a limited opportunity to reach and advise couples about contraception.
- In particular, physicians seemed to have greater influence among affluent women, whereas midwives emerged as a potentially effective communication channel across all socioeconomic groups.
- Several women cited their partner as the main influence in FP decisions; some also cited a reliance on their parents for FP information.
- Many respondents cited TV and radio as a source of FP information, and some, particularly younger participants, cited Internet use for this purpose.
- The majority of respondents reported a desire to limit their total number of children (most cited a preference for three children) and to wait two to three years between births. However, the underlying motivations behind this desire differed. Respondents voiced concerns about financially supporting a family and stated this as a reason for delaying or spacing children. Other respondents chose to delay or limit childbearing to pursue education or a career.
- The strongest differences revealed by the qualitative study concerned the dimensions of attitudes towards FP and awareness and perceptions of contraceptive methods. Respondents noted an increase in premarital sex, and many attributed this to media influences. Although some respondents accepted premarital sex as part of their changing society, others expressed concern and suggested this was a reason for getting married at an early age.
- Respondents had strong opinions about the efficacy and benefits, as well as disadvantages, of various FP methods.
- Respondents associated use of the birth control pill with appearance and health concerns. Some respondents thought pill use improved a woman's skin, while others suggested the pill could make a woman fat and irritable. Respondents also cited concerns about cancer and hypertension because of using the pill.
- Condoms were associated with risky sex, and female respondents thought that men would use condoms if they thought their partner was unclean.
- Respondents considered injectables to be effective, but they wondered if women might forget to return to a health facility for their next injection.
- Many women also considered intrauterine devices (IUDs) to be effective, but some respondents suggested the device could cause pain during intercourse.
- Respondents asserted that tubal ligation might cause a woman to be promiscuous, since they would no longer fear getting pregnant.
- Vasectomy was associated with a lack of virility among male respondents.
- Although religion is an important aspect of Filipino society, it is important to note that many individuals in the study were using modern methods of contraception despite being a practicing

Catholic. The degree of one's religious convictions seems to play an important factor in an individual's willingness to consider contraceptive use.

- With respect to the development of the quantitative instrument, the qualitative findings indicated that using a combination of attitudinal, demographic, and behavioral dimensions would be necessary to identify sizable and actionable FP segments. These dimensions (presented in Annex A) were incorporated into the quantitative survey instrument and facilitated the subsequent analysis so that a multidimensional segmentation was developed to effectively segment the target population and tailor communication messages and strategies accordingly.

2. METHODOLOGY

2.1 STUDY DESIGN

The quantitative survey consisted of structured interviews with women between the ages of 15–49. The questionnaire was approximately 60 minutes in length and interviewers conducted the questions in person. PSP-*One* contracted TNS Research in Quezon City to conduct the interviews.

2.2 SAMPLING FRAME

Researchers interviewed a probability sample of 2,000 female respondents, 15–49 years old, married or single, with or without children and coming from socioeconomic classes A, B, C, D, and E. In addition, researchers conducted 2,000 supplemental interviews in 26 priority provinces. The sample sizes per province were set based on population size. Sample size for priority provinces with more than 1 million household population size was n=80 while those with less than 1 million was n=60 or n=40.

For the selection of a sample of households, a two-stage sampling design was used. The barangays were the primary sampling units. Within each region, researchers selected a simple random sample of barangays.

Within each sampled barangay, researchers selected 20 households using equal probability systematic sampling with a sampling interval of 10. A probability selection key was used to select the qualified respondent within each household. A listing of completed interviews by province is included in Annex B.

2.3 QUESTIONNAIRE DEVELOPMENT AND TESTING

2.3.1 QUESTIONNAIRE DESIGN

The survey instrument, informed by the qualitative research, was designed to quantify key attitudes and drivers related to FP. The questionnaire was divided into the following sections:

- Screener and participant selection
- General health-related attitudes
- Sexual activity and reproductive health behavior
- Role of influencers in FP decisions
- Attitudes, values, and beliefs regarding family and life planning decisions
- General attitudes, media, and shopping practices
- Demographic characteristics

2.3.2 FIELD TESTING

Before finalizing the questionnaire, several in-person interviews were conducted using the instrument. Key project staff observed these interviews and adjusted the questionnaire to address issues identified

during this process. Key adjustments included shortening the instrument, as the initial interviews lasted significantly longer than expected. Additionally, several sections of the questionnaire were identified as including particularly sensitive topics and were adjusted to use a sealed envelope administration technique. This technique allowed the respondents to answer the questions through codes that the interviewers then recorded. Interviewers still administered the interviews face-to-face, but they did not know the corresponding response equivalent for each code. Thus, respondents tended to feel more confident that their answers were not known to the interviewer. This elicited more truthful responses rather than ones that were merely socially acceptable.

2.3.3 QUESTIONNAIRE TRANSLATION

Once the questionnaire was finalized, language experts translated the Filipino version of the questionnaire into Bicolano, Cebuano, English, Ilocano, and Ilonggo. Each language translation was translated back to Filipino by another set of experts to make sure that the messages were conveyed accurately.

2.4 DATA COLLECTION

PSP-*One* expected to begin data collection in April 2007, following the conclusion of the enumerator training and instrument pretesting in March 2007. However, a delay in obtaining Department of Health (DOH) approval for the study resulted in fieldwork not commencing until May 2007 and concluding in July 2007.

2.4.1 INTERVIEWER TRAINING

PSP-*One* conducted interviewer training in March 2007 in four central locations: Quezon City, Cebu City, Bacolod City, and Davao City. The interviewers who covered Luzon were trained in Quezon City. Those trained in Bacolod City covered Ilonggo-speaking regions while those trained in Cebu City and Davao City covered all of Cebuano-speaking areas (central and eastern Visayas and Mindanao).

Training activities included training to learn the basics of the project, familiarizing the interviewers with the questionnaire and sampling methodology, and practicing the administration of the questionnaire.

2.4.2 QUALITY CONTROL MEASURES

Numbers of Contacts and Substitution. If interviewers could not contact a respondent during the first attempt, they visited the person a second time. If the respondent remained unavailable, they interviewed a substitute who possessed the same qualities (in terms of gender, age bracket, and socioeconomic class) as the original respondent. The substitute respondent was selected from another household beyond the covered intervals in the sample precinct/barangay.

Field Editing. After each interview, the interviewer was required to go over his/her own work and check for consistency. All accomplished interview instruments were submitted to the assigned group supervisor who, in turn, edited every interview for completeness.

Data Processing. An office editor conducted a final consistency check on all interviews prior to coding. Office editors edited and checked interview sheets twice before data entry. A data entry computer program verified and checked the consistency of the entered data before the final dataset was delivered.

Supervisors. Supervisors reporting to the field manager monitored the study full time. They observed interviewers (at least 10 percent) and performed surprise checks on the field interviewers. They also ensured that field logistics were received promptly and administered properly.

Spot Checking. Spot checking was done at various stages of fieldwork. The first round took place after about 30 percent of interviews were completed. The second spot checking round was conducted after 60 percent completion, and, the last one, immediately after 90 percent completion of interviewing.

2.5 WEIGHTING THE DATA

To enable PSP-*One* to produce population-based estimates and statistical analyses, each respondent in the sample was assigned a sampling weight. The weight was calculated using the following steps:

1. The barangay weight was calculated by dividing the number of barangays in the region by the number of barangays selected in the sample.
2. The household weight was calculated by taking the number of households in the barangay and dividing it by the number of households in which there was a completed interview in that barangay.
3. The overall weight for the household was calculated by multiplying the barangay weight by the household weight.
4. A final post stratification adjustment factor was calculated by dividing the population of 15–49 year-old women in the region according to 2000 Census of Population and Housing by the weighted number of 15–49 year-old women using the overall household weight obtained in step 3.
5. The final person weight was determined by multiplying the adjustment factor obtained in step 4 and the overall household weight obtained in step 3.This weight was used for producing estimates and all statistical analyses.

2.6 MARKET SEGMENTATION MODEL

To create unique FP segments incorporating key demographic, behavioral, and attitudinal variables, PSP-*One* used a variation of the *Chi*-squared Automatic Interaction Detector (CHAID) algorithm, a process that repeatedly divides the sample, based on demographic and behavioral variables, into clusters that are as distinct as possible, based on a series of attitudinal, value, and belief variables. Table 1 presents the variables incorporated into the segmentation model.

TABLE 1: VARIABLES USED IN MULTIDIMENSIONAL SEGMENTATION MODEL

Demographic and socioeconomic characteristics
Age
Education
Wealth status*
Urban/rural residence
Religion
Occupation
Number of kids
Husband's education
Husband's occupation
Attitudes, values, and beliefs
Variables rating the importance of various attributes of FP methods
Variables of attitudes towards family planning
Variables of attitudes towards marriage and sexuality
Variables of influencers in FP decisions
Variables of opinion on who should be responsible for FP decisions
Variables of attitudes towards the services in various types of providers
Fertility desire
Behaviors
Contraceptive use
Modern contraceptive use
Where to obtain methods
Intention to use
Mass media habits

* A wealth index was developed based on the variables of household properties, types of floor, and types of outer walls.

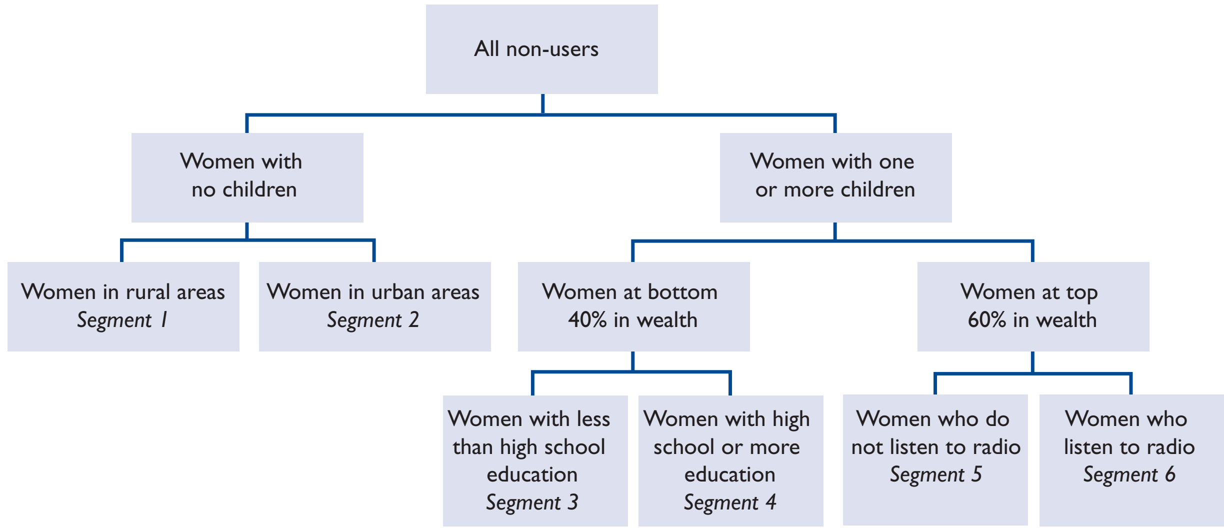
The algorithm proceeds by repeatedly dividing the sample (or a subsample) in two. Each time, it uses as the basis for division a break in the one variable (e.g., men vs. women, age 15–44 vs. 45+) across which the attitude profile is as different as possible. The differentiation in the attitudinal profile is measured by minimizing the pooled within-group sum of squares (WSS) across all the attitudes; this is the same criterion used to optimize a k-means cluster solution. When the WSS for the attitudes is at a minimum, as much of the total variance in the attitudes as possible is accounted for by differences between the clusters, as opposed to differences among individuals within each cluster.

Given the apparent differences between women currently using a modern FP method (users) and those not currently using a modern FP method (nonusers), we used this as a distinguishing factor in the analysis. We initially conducted the segmentation analysis based on the entire sample of women (4,000) and subsequently ran the model restricting to nonusers (*n*=2,777). The focus of this report is nonusers, as this population was ultimately of greatest interest to USAID/Philippines.

In each pass, the algorithm divided one segment in two optimally. This resulted in a "tree" structure, as shown in Figure 2, in which clusters in a given step could be considered the "children" of the "parent"

cluster in the previous step. For instance, as a first step, all nonusers were divided into two segments: women with no children and women with one or more children. Each cluster served as "parent" cluster to be further divided into two "children" clusters: women with no children were divided into a rural and urban cluster; women with one or more children were divided into a bottom 40 percent wealth group and a top 60 percent wealth group. This process was repeated until all existing clusters were too small to subdivide further. Eventually, six unique segments were produced that maximized attitudinal differences: (1) women with no children in rural areas; (2) women with no children in urban areas; (3) women with children, at bottom 40 percent in wealth, with less than high school education; (4) women with children, at bottom 40 percent in wealth, with high school or more education; (5) women with children, at top 60 percent in wealth, do not listen to radio; and (6) women with children, at top 60 percent in wealth, listen to radio.

FIGURE 2: SEGMENTATION TREE, WOMEN NOT CURRENTLY USING CONTRACEPTION



2.7 STUDY LIMITATIONS

The sampling design used in this study poses a potential sampling bias, as the survey sampled a fixed number of households in each primary sampling area (*barangay*) rather than probabilistic sampling proportionate to size. To reduce the potential bias associated with this survey design limitation, we used a post-adjustment factor to adjust the sampling weights so that the weighted distributions on certain key characteristics (e.g., age, education, urban/rural residence) in the sample would agree with the corresponding distributions of the population from the 2000 Census of Population and Housing. We used the weights after the post-adjustment in the population-based estimates and statistical analyses. Further validation of the data is provided in Annex C.

3. FINDINGS

3.1 MULTIDIMENSIONAL MARKET SEGMENTS

The six current nonuser segments derived from the Client-Centered Market Segmentation Analysis described in the previous section are as follows:

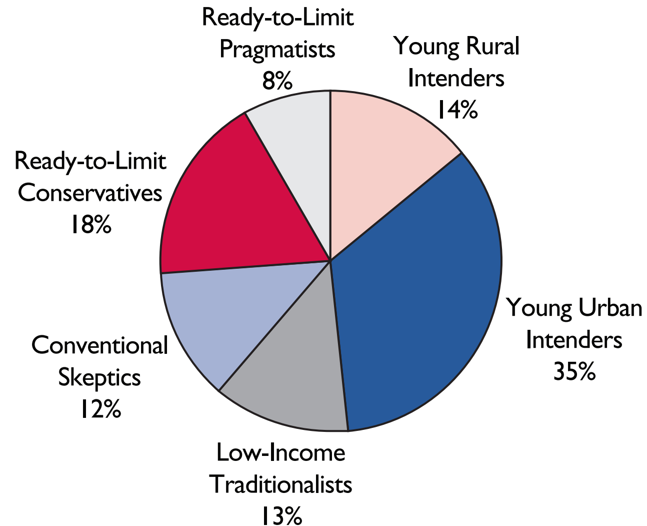
- Segment 1: Young Rural Intenders
- Segment 2: Young Urban Intenders
- Segment 3: Low-Income Traditionalists
- Segment 4: Conventional Skeptics
- Segment 5: Ready-to-Limit Conservatives
- Segment 6: Ready-to-Limit Pragmatists

PSP-*One* developed the segment names to reflect key characteristics of each group. For example, *Young Urban Intenders* is meant to convey the characteristics that set this segment apart: relatively young, dwell in urban areas, and plan to use FP in the future.

Figure 3 shows the distribution of these segments. The youngest segments—Young Rural Intenders and Young Urban Intenders—comprise nearly half (49 percent) of all nonusers, with Young Urban Intenders comprising the largest single group. Ready-to-Limit Conservatives is the next largest group (18 percent), followed by Low-Income Traditionalists (13 percent) and Conventional Skeptics (12 percent). The smallest segment is Ready-to-Limit Pragmatists, comprising 8 percent of nonusers.

PSP-*One* also examined the distribution of the six segments in each of 29 USAID priority provinces and Annex D indicates these results. The data validation at provincial level is included in Annex E.

FIGURE 3: MARKET SHARE OF FAMILY PLANNING SEGMENTS (CURRENT NONUSERS)



3.2 CRITERIA FOR MARKET SEGMENT PROFILING

To develop profiles for the market segments, we compared each segment on the basis of general health attitudes, fertility and FP behaviors, awareness, attitudes, values and beliefs, and media and lifestyle characteristics.

As a rule, we only reported an attribute as part of a particular segment's profile if it characterized the majority (more than 50 percent) of the women in the segment and if the attribute was at least 10 percentage points higher in this segment than the lowest value of this attribute among the other segments. For the most part, we reported an attribute within a profile for the top two segments that fit the more than 50-percent, 10-percentage point rule. For example, in the profiles for Young Urban and Rural Intenders (segments 1 and 2), we reported that both groups had "never been married." The survey data reveal that 87.3 percent of Segment 1 and 92.9 percent of Segment 2 have "never been married." The percentages for all other segments are below 12 percent. Thus, the attribute of "never been married" is a distinguishing characteristic of segments 1 and 2 and is reported in their profile. For some attributes, when the percentage point difference between the second highest and third highest segment was minimal, we included these attributes in the profiles of the top three segments rather than only in the top two.

Occasionally, we made exceptions to the 50-percent, 10-percentage point rule so as not to sacrifice the full picture of each profile. For example, we included basic demographic information for each group even if it did not completely match the rule. In addition, because the BCC aspect of segmentation is critical, we reported the overall media channels for each segment, provided the channel was more than 50 percent for that segment. We were not strict about the 10-percentage point rule in this case.

The profiles of each segment in terms of their demographic characteristics, fertility desires and FP, lifestyles and values, and communications are presented in annexes F, G, H, and I, respectively.

3.3 SEGMENT PROFILES

The following section presents a brief description of the distinguishing features of each of the six market segments and a bulleted profile.

3.3.1 SEGMENT 1: YOUNG RURAL INTENDERS

This segment, comprising 14 percent of nonusers, has not yet made their sexual debut. They have the intent to use FP in the future and believe that both partners in any type of relationship (committed or uncommitted) need to be involved in contraceptive decision making. At the same time however, they are more likely to believe that the number of children they have should be left up to God. They are also likely to trust doctors and family members about contraception.

Demographics

- Exclusively rural
- All wealth groups but the richest
- Age 15–24
- Mostly unmarried/never married

- High school educated
- Mostly Catholic/some Islamic
- Mostly Cebuano/some Tagalog, Ilocano, Bicolano, and other languages

General Health Attitudes: does not distinguish this segment

Fertility and FP Behaviors

- No children
- Mostly have never had sex/not sexually active
- Never-users of FP intend to use it in the future

Fertility and FP Awareness: does not distinguish this segment

Fertility and FP Attitudes

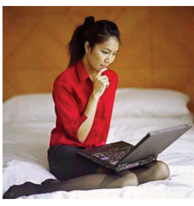
- Trust friends, mother, father, sister, and extended family, and doctors
- Believe FP is always a joint decision
- Believe number of children you have should be left up to God

Media and Lifestyle Characteristics

- Watch television
- Listen to the radio
- Unlikely to use the Internet

General Attitudes: does not distinguish this segment

3.3.2 SEGMENT 2: YOUNG URBAN INTENDERS



This group, comprising 35 percent of nonusers, is from wealthy households and primarily turns to their parents for birth control information; furthermore, they are more likely than average to think that it is the parents' role to do such counseling. They are typically not sexually active and think it is important to learn about FP before engaging in sexual activity. They are technologically savvy and more likely to use the Internet and have cell phones (per household) than any other segment.

Demographics

- Exclusively urban
- All wealth groups but the poorest
- Age 15–24
- Mostly unmarried/never married
- High school educated
- Mostly Catholic

- Mostly Tagalog/some Cebuano and Ilonggo

General Health Attitudes: does not distinguish this segment

Fertility and FP Behaviors

- No children
- Mostly have never had sex/not sexually active
- Never-users of FP intend to use it in the future

Fertility and FP Awareness: does not distinguish this segment

Fertility and FP Attitudes

- Believe an FP method should prevent sexually transmitted diseases (STDs)
- Thinking about FP before becoming sexually active is wise
- Believe a woman should pursue a career before having children
- Believe FP is good for the health of the family
- Believe FP is a joint decision in marriage and in a committed relationship
- Believe parents should counsel couples on use of FP
- Trust their mother, doctors, and current FP users
- Do not trust religious leaders, employers, the news, or government agencies

Media and Lifestyle Characteristics

- Have electricity
- High Internet usage
- High cell phone ownership (per household)
- Watch TV often
- Watch comedy, music videos, or Music Television (MTV)
- Listen to FM radio
- Buy trusted brands

General Attitudes

- Value being in control of one's life
- Value being successful
- Value open mindedness
- Value having a good reputation
- Value having a fun and interesting life
- Value reducing one's stress level
- Value being happy with oneself and staying physically fit

3.3.3 SEGMENT 3: LOW-INCOME TRADITIONALISTS

Although this group, comprising 13 percent of nonusers, does not want more children, they have very traditional attitudes about sex, pregnancy, and contraception. They are more likely than average to hold that the number of children one has should be up to God and that contraception should not be an issue at all until after the first child comes.

On the other hand, they do not indicate higher than average concerns about contraceptive methods in any area. Instead, they are more likely to trust and rely on a wide range of opinion leaders both inside and outside the family (almost as if "they know, so I don't have to").

Demographics

- Mostly rural
- Poorest
- All age groups except the youngest
- Married/previously married
- Elementary school educated
- Mostly Catholic/more Islamic than any other group
- Mostly Cebuano/some Tagalog and other languages

General Health Attitudes: does not distinguish this segment

Fertility and FP Behaviors

- Have been/are currently sexually active
- Have many children
- Most likely to have five or more children
- Do not want more children

Fertility and FP Attitudes

- Believe number of children you have should be left up to God
- Believe FP not an issue until after first child is born
- Trust their mother-in-law and extended family, religious leaders, nurses, midwives, pharmacists, elders, and educators.

Media and Lifestyle Characteristics

- Watch TV
- Watch business and livelihood programs
- Listen to the radio
- Do not use the Internet

3.3.4 SEGMENT 4: CONVENTIONAL SKEPTICS

This group, comprising 12 percent of nonusers, also tends to be conservative. Like Segment 3 (Low-Income Traditionalists), they are more likely than average to believe that the number of children one has is up to God and that contraception should not be an issue at all until after the first child is born.

In addition, interference with pleasure (for both the man and the woman) is of greater concern for this group than for the average nonuser, along with effectiveness, ease of use, and convenience.

Unlike Segment 3, this group has a much more limited reference group from which to get FP advice—the immediate family, midwives, and health station workers. They are more likely than average to be suspicious of health care professionals and believe that going to a private doctor is too expensive.

In short, this group seems to reject FP on grounds of morality and desire for pleasure.

Demographics

- Urban/rural mix
- Not wealthy
- Age 15–29
- High school educated
- Mostly Catholic
- Mostly Cebuano/some Tagalog and other languages

General Health Attitudes: does not distinguish this segment

Fertility and FP Behaviors

- Mostly married
- Have between 1–5 children
- Have been/are currently sexually active
- Previous users intend to use FP in the future

Fertility and FP Awareness

- High awareness of FP methods, including injectables, female sterilization, calendar/rhythm method, and withdrawal

Fertility and FP Attitudes

- Believe number of children should be left up to God
- Believe FP not an issue until after first child is born
- Believe today's media encourage premarital sex
- Believe a method should be effective in preventing pregnancy, convenient and easy to use, and not

interfere with a man or woman's sexual pleasure

- Endorsement by "people who matter" is important in choosing an FP method
- Trust their partner and mother-in-law, health station workers, and midwives
- Do not trust print articles

Media and Lifestyle Characteristics

- Watch TV
- Watch business and livelihood programs
- Listen to the radio
- Very unlikely to use the Internet

General Attitudes

- The cost of a private doctor is too high
- Maintaining a healthy body weight is important

3.3.5 SEGMENT 5: READY-TO-LIMIT CONSERVATIVES

This group comprises 18 percent of the nonuser population. Like Segment 6 (Ready-to-Limit Pragmatists), Ready-to-Limit Conservatives do not want more children. They are FP positive, being more likely to believe that FP helps a family financially and that FP should be considered *before* becoming sexually active. Concerns about health risks are the main reason they do not use FP.

In terms of contraceptive needs, Ready-to-Limit Conservatives stress effectiveness, ease of use, convenience, and the effects on women's health. They trust primarily their husband, their mother-in-law, and their doctor to advise them about FP. However, there are many people they do not trust for FP information, including their fathers, brothers, employers, coworkers, pharmacy employees (other than a pharmacist), religious leaders, government agencies, the news, the Internet, and print media.

Demographics

- Mostly urban/some rural
- Mid-wealth to wealthiest
- Age 30–44
- Mostly high school educated/some college educated
- Primarily Catholic
- Mostly Tagalog /some Cebuano and other languages

General Health Attitudes: does not distinguish this segment

Fertility and FP Behaviors

- Married/some previously married
- Most have 1–2 children/some have 3–5 children
- Have been/are currently sexually active
- Ever-users of FP intend to use it in the future

Fertility and FP Awareness

- Higher awareness of methods, including injectables, IUD, female and male sterilization, and withdrawal

Fertility and FP Attitudes

- Do not want more children
- Thinking about FP before becoming sexually active is wise
- Believe FP is good for the health of the family
- Believe FP decreases the financial burden on the family
- A man does not think his wife is unclean if he chooses to wear a condom
- Their husband/partner approves of couples using FP methods to limit or space pregnancies
- Convenience of obtaining or purchasing, effectiveness in preventing against pregnancy, and an endorsement by "people who matter" are important in choosing an FP method
- Trust their partner, mother in-law, and doctors
- Don't trust their father, brother, employers, coworkers, pharmacy employees (other than a pharmacist), religious leaders or government agencies, the news, the Internet, or print articles

Reasons for Current Nonuse of FP

- Previous users do not want to use FP currently because of concern over health risks

Media and Lifestyle Characteristics

- High TV usage
- Watch noontime or variety TV shows
- Watch dramas on TV
- Watch TV news
- Watch Teleserye/Fantaserye (daily TV series that may be comedy, drama, action, or fantasy in nature)
- High cell phone ownership (per household)
- Not likely to use the Internet

General Attitudes

- Financial stability and security are important
- Value being in control of one's life
- Value being open minded

- Value having a good reputation
- Value maintaining a healthy body weight
- Value eating a nutritious diet
- Rely on religious beliefs as a source of comfort and guidance

3.3.6 SEGMENT 6: READY-TO-LIMIT PRAGMATISTS

In many ways, this group (8 percent of nonusers) is similar to Segment 5 (Ready-to-Limit Conservatives); however, their attitudes have a distinctly feminist flare. Women in this segment are more likely to believe that a woman should pursue a career before having children and that contraception in a marriage is the wife's decision (and the husband should support it). In addition to being more likely to want effectiveness, ease of use, and convenience from a contraceptive method, this group is more likely to be concerned about interference with the woman's sexual pleasure.

Like Segment 5, they are more likely to trust their husbands or mothers-in-law for FP advice; but unlike that segment, they trust midwives and coworkers, as well as doctors. They also pay more attention than other segments to endorsements of FP methods.

Demographics

- Mostly urban/some rural
- Mid-wealth to wealthiest
- All ages except the youngest
- High school/college educated
- Mostly Catholic/some of other religion
- Mostly Tagalog/ some Cebuano, Ilonggo, and other languages

General Health Attitudes: the cost of a private doctor is too high

Fertility and FP Behaviors

- Mostly married
- Have been/are currently sexually active
- Mostly have 1–2 children/some have 3–5 children
- Most likely of any segment to have 1–2 children

Fertility and FP Awareness

- Comparatively high awareness of FP methods, including injectables, IUD, female and male sterilization, calendar/rhythm method, and withdrawal

Fertility and FP Attitudes

- Expect to use FP to limit or space pregnancy in the future

- Believe a woman should pursue a career before having children
- Would not be happy to get pregnant before marriage
- Believe men and women are not less likely to be faithful if couple uses FP
- Believe a man should support a woman's choice to use FP to protect her health
- A man does not think his wife is unclean if he chooses to wear a condom
- Believe if a woman has numerous children, one after the other, she will not be able to take care of them
- Believe a woman should not have children after age 45
- Believe parents should counsel couples on use of FP
- Ease of use, affordability and convenience, usage associated with health risks, personal religious beliefs, effectiveness in preventing STDs, and interference with a woman's sexual pleasure are important factors in choosing an FP method
- Trust their partner and friends, doctors, nurses, midwives, pharmacists, and print articles
- Do not trust their brothers for FP advice

Media and Lifestyle Characteristics

- Always listen to the radio
- Always listen to radio news
- Listen to radio AM
- High TV usage
- Watch noontime or variety TV shows
- Watch dramas on TV
- Watch TV game shows
- Watch TV news
- Watch Tagalog movies on TV
- Watch Teleserye/Fantaserye (daily TV series that may be comedy, drama, action, or fantasy in nature)
- High cell phone ownership (per household)
- Not likely to use the internet

General Attitudes

- Value financial stability and security
- Value being successful
- Value being open minded
- Value having a good reputation
- Value maintaining a healthy body weight
- Value reducing stress level
- Value eating a nutritious diet

4. TARGETING BEHAVIOR CHANGE COMMUNICATION TO SPECIFIC MARKET SEGMENTS

4.1 INTEGRATING MARKET SEGMENTS WITHIN THE STAGES OF BCC FRAMEWORK

4.1.1 THE PROCESS OF BEHAVIOR CHANGE FRAMEWORK

Following the presentation of the market segment profiles in the previous section, this section addresses recommendations for the development of targeted BCC campaigns. Each segment provides a wealth of information concerning a portion of the client base that can be translated into communication efforts and, subsequently, results. In this paper, we used the process of behavior change (PBC) framework based on James Prochaska's *Stages of Change* (2002) model to frame, analyze, and prioritize the nonuser client-based segments. According to the PBC model, an audience moves through six stages of behavior change, beginning with the preknowledgeable stage and ending with the advocating stage. Each stage is outlined below:

- Preknowledgeable – Is unaware of the problem or of their personal risk
- Knowledgeable – Is aware of the problem and knowledgeable about desired behaviors
- Approving – Is in favor of the desired behaviors
- Intending – Intends to personally take the desired actions
- Practicing – Practices the desired behaviors
- Advocating – Practices the desired behaviors and advocates them to others (O'Sullivan et al., 2003)

This framework illustrates the idea that different audiences are at various stages within the behavior change process and thus must be treated distinctly in terms of communication messages and channels. For example, if an audience is at the "preknowledgeable" stage, it is important to make them aware of the current or future problems they may face and to understand their personal risk so that they can move to the "knowledgeable" stage.

We analyzed the segments individually to consider how each one could be targeted as a unique audience within a particular stage of the PBC framework. Table 2 illustrates where each segment falls within the PBC stages of behavior change. By virtue of being nonusers, none of the segments has reached the top two stages, "practicing" and "advocating." However, Ready-to-Limit Conservatives and Ready-to-Limit Pragmatists are most within reach of these stages.

TABLE 2: NONUSER SEGMENTS BY STAGE OF BEHAVIOR CHANGE

Segment Number	Segment Name	PBC Stage
1	Young Rural Intenders	Preknowledgeable
2	Young Urban Intenders	Preknowledgeable
3	Low-Income Traditionalists	Knowledgeable
4	Conventional Skeptics	Knowledgeable
5	Ready-to-Limit Conservatives	Approving/Intending
6	Ready-to-Limit Pragmatists	Approving/Intending

4.1.2 KNOWLEDGE, ATTITUDES, PRACTICE (KAP) GAP

While understanding where a segment falls within the PBC framework is essential, from a marketing perspective, it is also necessary to consider attitudinal and behavioral practices. For example, a segment may have more knowledge of FP than another but is affected by the classic Knowledge, Attitude, Practice (KAP) gap. This "KAP gap" highlights the difficulty in moving individuals from the "knowledge" stage to actually "practicing" the behavior desired, even when they state their intention to adopt the behavior in the future. Therefore, although a segment may appear to be ready to move easily from one stage to another based on its current position within the PBC framework, prior negative experiences and/or cultural barriers may impede the segment's advancement and lead to difficulty in obtaining short-term results for behavior change.

Low-Income Traditionalists and Conventional Skeptics represent this classic "KAP gap." Because of their conservative attitudes and beliefs about family planning, religion, and families, they will be more difficult to move along the PBC continuum to the "practicing" stage even though these segments are "knowledgeable" and have expressed an intention to use FP in the future. Since Low-Income Traditionalists and Conventional Skeptics represent the "KAP gap," it may take more resources to achieve results with BCC efforts for these two segments than for other segments. Young Rural Intenders, Young Urban Intenders, Ready-to-Limit Conservatives, and Ready-to-Limit Pragmatists are quite open to FP and therefore do not represent the "KAP gap."

4.2 STRATEGIC GROUPING OF SEGMENTS FOR TARGETED BCC EFFORTS

After placing each segment within the PBC spectrum and considering the degree to which each segment may represent the "KAP gap," it became apparent that we could group certain segments together according to similarities in their characteristics and PBC stage. We recommend pairing the segments as follows: Young Rural Intenders and Young Urban Intenders, Low-Income Traditionalists and Conventional Skeptics, and Ready-to-Limit Conservatives and Ready-to-Limit Pragmatists. In the following sections, we will provide a detailed description of *who* these groups of segments are, including common characteristics that contributed to our decision to group them together, as well as an analysis of *what* messages they need to hear and *how* we can best reach them.

4.2.1 YOUNG RURAL INTENDERS AND YOUNG URBAN INTENDERS

Who Are They?

Young Rural Intenders and Young Urban Intenders are young, between the ages of 15 and 24, and, for the most part, have not yet made their sexual debut. They have never been married or are currently unmarried and do not have children. Both Young Rural Intenders and Young Urban Intenders are high school educated. These segments encompass almost half of all nonusers, with Segment 1, Young Rural Intenders, comprising 14 percent of nonusers and Segment 2, Young Urban Intenders, comprising 35 percent of nonusers. Therefore, an effective BCC campaign targeted at these groups would reach a large portion of the potential client base and yield substantial results. We hope that, as a result of BCC efforts, they will move from the "preknowledgeable" PBC stage to the "knowledgeable" stage in the short term. In the long term, we would like these groups to move through the other stages to practice and even advocate for FP.

Young Rural Intenders live exclusively in rural areas and mostly speak Cebuano, whereas Young Urban Intenders live in urban areas and mostly speak Tagalog. The following sections address recommendations on how to reach these two groups with effective messages given their geographic differences.

What Messages Do They Need to Hear?

Young Rural Intenders and Young Urban Intenders do not have as much awareness of modern FP methods as their counterparts in other segments. This contributes to their status as "preknowledgeable" on the PBC spectrum. Fortunately, Young Urban Intenders feel positively about FP, believing that it is important to learn about FP before becoming sexually active. Young Rural Intenders, on the other hand, are more likely to believe that the number of children one has should be left up to God. Given these two key characteristics (limited knowledge and cultural beliefs about the size of one's family), we recommend implementing a two-pronged approach to address them simultaneously.

First, we recommend a more generalized campaign with messages designed to increase general awareness of FP methods and their benefits. We believe that couching these messages within a maternal and child health (MCH) context will make the campaign less controversial for these younger segments and thus more appealing. It is important that these segments learn the benefits of using modern FP at a young age so they will adopt positive behaviors throughout their lifetime. We also recommend informing them of the potential MCH risks of not using FP, such as the possibility of increased maternal and child mortality, illness during pregnancy, low birth weight of the child, and complications from unsafe abortions.

Secondly, we believe a social norm campaign may be able to normalize FP use and replace possible negative attitudes with more positive ones over time. A social norm campaign is well suited to these segments because they are younger and will be more open to behavior change over time. We therefore recommend building on the Philippines DOH's "If you love them, plan for them" campaign and USAID's Strengthening Social Acceptance of FP in the Philippines behavior change and social mobilization efforts to develop a comprehensive social norm campaign. We envision that this social norm campaign will make the case that one should consider using FP even before the first pregnancy and thus begin thinking about when one wants to start a family.

A social norm campaign involves targeted communication towards a diversity of stakeholders. In this case, the stakeholders would include Young Rural Intenders and Young Urban Intenders, their

influencers (including their family and community), and FP and MCH policymakers. Although our immediate goal is to move these segments from "preknowledgable" to "knowledgeable," our ultimate goal is for them to reach the "advocating" stage and pass on newfound attitudes and behaviors to the next generation. However, when embarking on such a program, it is important to remember that although social norm campaigns may yield impressive results, it may take years of consistent BCC efforts to truly change societal norms. We believe that although this societal shift will not be easy, the investment may be well worth it.

How Can We Reach Them?

Although the messages for Young Rural Intenders and Young Urban Intenders are the same, a BCC campaign will need to address certain geographic and language differences. Young Rural Intenders live in rural areas and mostly speak Cebuano, although some speak Tagalog and other languages. Young Urban Intenders, on the other hand, live in urban areas and mostly speak Tagalog, although some speak Cebuano and Ilonggo. We recommend developing BCC campaign messages and materials in both Tagalog and Cebuano that could be made available to those in both rural and urban areas.

In addition to geographic diversity, other notable differences exist in terms of preferred communication channels. Although both segments watch television, Young Rural Intenders tend to listen to the radio more than Young Urban Intenders. Thus, we recommend using the radio to target Young Rural Intenders. Young Urban Intenders, on the other hand, use the Internet more frequently than any other segment. Therefore, we highly recommend using the Internet as one of the main communication channels to reach this group. Most members of this segment also have a cell phone in their household and tend to watch comedy shows and music videos or MTV.

With regard to sources of FP information, both segments typically trust their family members. Young Rural Intenders are also very likely to trust doctors; however, they typically do not trust religious leaders, employers, and news or government agencies. Since these segments trust their family for information on FP (their mothers in particular), we recommend including messages targeting parents through the communication campaign as well. Since these parents could potentially harbor inaccurate biases against FP, however, it will be important to educate them simultaneously about modern FP to ensure that correct information is conveyed to these segments. We believe that encouraging parents to speak to their children about modern FP may help to move these groups towards the "knowledgeable" stage on the PBC spectrum.

4.2.2 LOW-INCOME TRADITIONALISTS AND CONVENTIONAL SKEPTICS

Who Are They?

Unlike Young Rural Intenders and Young Urban Intenders, Segment 3, Low-Income Traditionalists, and Segment 4, Conventional Skeptics, are aware of FP methods (particularly Conventional Skeptics) and are largely sexually active. Therefore, we would categorize them as "knowledgeable" on the PBC spectrum.

These two segments are the least wealthy and span a wide range of ages. Low-Income Traditionalists are older, as their composition consists of all age groups except for the youngest, while Conventional Skeptics are between the ages of 15 and 29. Low-Income Traditionalists make up 13 percent of nonusers, while Conventional Skeptics comprise 12 percent of the nonuser population.

Although these segments make up almost one-quarter of all nonusers and are knowledgeable about FP, they harbor negative attitudes towards FP. For example, these segments believe that the number of children one has should be left up to God and that contraception should not be an issue at all until after the first child is born. Conventional Skeptics also have serious concerns about FP methods, including their potential to interfere with the sexual pleasure of both men and women, effectiveness, ease of use, and convenience. These attitudes and beliefs should be taken into consideration when developing a communication campaign.

What Messages Do They Need to Hear?

To target Low-Income Traditionalists and Conventional Skeptics, it will be important to emphasize the health benefits for children and mothers of spacing or limiting pregnancies (particularly for Low-Income Traditionalists who are more likely than any segment to have five or more children). Furthermore, since these segments believe that the number of children one has should be left up to God and are mostly Catholic, framing FP within the context of MCH may be more culturally acceptable than addressing FP alone. Additionally, since these segments are also "not wealthy" and "the poorest," having large families to care for increases their economic burden, and, therefore, highlighting the economic benefits of FP during BCC efforts will also be important. Since sexual pleasure, ease of use, effectiveness, and convenience are important to Conventional Skeptics, we recommend that messages emphasize methods with these qualities.

How Can We Reach Them?

Low-Income Traditionalists live mostly in rural areas, whereas Conventional Skeptics live in both rural and urban locales. Therefore, messages for both segments would be the same, but the communication approach would need to be adapted for the 51.2 percent of Conventional Skeptics living in urban areas, given the differences between rural and urban lifestyles. Both segments speak mostly Cebuano, with some speaking Tagalog. This relative homogeneity of language is advantageous for developing campaign messages and materials, and we recommend the use of Cebuano for BCC efforts.

Given that these two segments watch television, particularly business and livelihood programs, and listen to the radio (though not to the same extent as other segments), a mass media campaign targeting these segments should include both types of media. However, neither segment uses the Internet and, therefore, this is not one of the recommended communication channels.

Low-Income Traditionalists trust a diverse group of people for FP information: family, elders, religious leaders, educators, nurses, midwives, and pharmacists. Conventional Skeptics, on the other hand, only trust immediate family, health station workers, and midwives. We recommend targeting Conventional Skeptics and Low-Income Traditionalists through midwives (though other health workers should be included as well) since both groups view them as a trusted source of information.

4.2.3 READY-TO-LIMIT CONSERVATIVES AND READY-TO-LIMIT PRAGMATISTS

Who Are They?

Segment 5, Ready-to-Limit Conservatives, and Segment 6, Ready-to-Limit Pragmatists, have distinct characteristics that place these segments in the "approving" and "intending" behavior change stages. We believe that targeted messages would influence these segments more profoundly than their counterparts in other segments and, thus, are most likely to adopt a method, reaching the "practicing" or even the "advocating" stages.

Ready-to-Limit Conservatives represent 18 percent of all nonusers and are within the age group of 30–44. Ready-to-Limit Pragmatists consist of only 8 percent of nonusers and include all age groups aside from the youngest. A BCC campaign targeting these groups would effectively reach 26 percent of nonusers. Both groups live mostly in urban areas, are more educated, and are generally wealthier than the other segments. Of all six segments, these two have the most awareness of a wide range of FP methods, do not want more children, and are sexually active. They also feel positively towards FP and do not have objections to using FP in the future. Their awareness of FP methods and general openness contributes to their place on the PBC model spectrum.

What Messages Do They Need to Hear?

Ready-to-Limit Conservatives and Ready-to-Limit Pragmatists share common values that are likely to influence the development of targeted communication messages. Both groups are concerned with financial stability and security, as well as with having a good reputation. Additionally, of those that have used FP before ("ever users"), Ready-to-Limit Conservatives do not currently use FP methods because of concerns about health risks. Therefore, messages developed for these groups should emphasize the health and financial benefits and acceptability of using FP so that these groups will believe that using modern FP methods will augment their reputation. Additionally, since these segments also pride themselves on being open minded, we recommend messages that speak to this value and illustrate how an open-minded person is modern and uses modern FP methods.

How Can We Reach Them?

Both Ready-to-Limit Conservatives and Ready-to-Limit Pragmatists can be targeted using similar communication channels. These segments watch television often, typically have at least one cell phone within their household, and are not likely to use the Internet. In terms of television usage, both segments watch noontime or variety shows, dramas, news, and Teleserye/Fantaserye (daily TV series that may be comedy, drama, action, or fantasy in nature).

Ready-to-Limit Pragmatists possess unique characteristics with regard to media consumption that should be considered to effectively target this group. In addition to watching the TV programs previously described, they also watch game shows and Tagalog movies on television, for instance. Another important attribute is that Ready-to-Limit Pragmatists listen to the radio more than any other segment, particularly radio news and AM radio. Therefore, when developing a communications strategy for Ready-to-Limit Pragmatists, radio should be one of the primary mediums for reaching this segment.

We also examined who these segments are most likely to trust for FP information and found that Ready-to-Limit Pragmatists tend to trust a broader range of sources than Ready-to-Limit Conservatives. For example, in addition to trusting family members (except their brothers), their partner, and friends, they also trust nurses, midwives, and pharmacists. Print articles are another trusted source for their FP information.

Ready-to-Limit Conservatives, on the other hand, have a much smaller pool from which they draw information, trusting only their partner, mother-in-law, and doctors for FP information. They do not trust their father, brother, employers, coworkers, religious leaders, government agencies, the news, Internet, or print articles for this information. Thus, a concerted BCC effort targeted to these segments should be sure to include providers, since both segments trust this source for FP information, but might

also strive to broaden the array of trusted sources for FP information, particularly for Ready-to-Limit Conservatives who are clearly distrustful of many sources.

4.3 PRIORITIZING BCC EFFORTS

4.3.1 APPROACHES TO PRIORITIZATION

We recognize that FP program resources, both financial and human, are limited, and, as a result, each segment cannot be given the same level of attention of BCC efforts. It therefore becomes necessary to prioritize investment of resources depending on the desired outcomes. In consultation with representatives from the USAID/Philippines Office of Health, Population and Nutrition, we have recommended two options to prioritize the three groups of segments based on overall key communication and programmatic objectives. In Option One, we suggest prioritizing the segments with respect to their likely responsiveness to FP interventions. However, we also understand the importance of targeting segments of the population with the greatest health and economic burdens and/or unrecognized, unmet need for FP, even though they may be harder to influence with BCC messages (Option Two). These two options are presented in Table 3.

TABLE 3: TWO OPTIONS FOR PRIORITIZATION

	Option One: Maximizing Resource Effectiveness	Option Two: Targeting Mothers to Decrease Economic and Health Burdens
First Priority	Ready-to-Limit Conservatives and Ready-to-Limit Pragmatists	Ready-to-Limit Conservatives and Ready-to-Limit Pragmatists
Second Priority	Young Rural Intenders and Young Urban Intenders	Low-Income Traditionalists and Conventional Skeptics
Third Priority	Low-Income Traditionalists and Conventional Skeptics	Young Rural Intenders and Young Urban Intenders

For both options, we determined Ready-to-Limit Conservatives and Ready-to-Limit Pragmatists to be the first priority groups for three reasons: (1) they are the farthest along the PBC framework, (2) they are open to using FP, and (3) they do not demonstrate as many cultural barriers to FP use as compared to the other groups of segments. It therefore makes sense to target this group of segments first from a cost-effectiveness and impact standpoint, as they could move to the “practicing,” or perhaps even the “advocating” stage, with a limited level of effort.

The following sections provide a detailed description of the two prioritization options presented above. In Option One, we recommend Young Rural Intenders and Young Urban Intenders as the second priority segments, whereas in Option Two, we recommend Low-Income Traditionalists and Conventional Skeptics as the second priority. Since the two options are designed to achieve different goals, the preference of Option One or Option Two will depend on programmatic needs or objectives.

4.3.2 PRIORITIZATION OPTION ONE: MAXIMIZING RESOURCE EFFECTIVENESS

Option One uses classic marketing principles that employ differential investment goals to prioritize the order of the remaining segment groups. In other words, this approach asks the question “How can I

use market segmentation to get the greatest return (the highest level of behavior change) with limited resources (the lowest cost investment or effort)?"

Within this framework, we recommend prioritizing Young Rural Intenders and Young Urban Intenders as the second focus group. Because these two segments are young and open to FP, and their size is compelling—together they represent 49 percent of all nonusers—communication efforts to reach this group would be cost-effective on a per capita basis.

Additionally, from a marketing perspective, we would consider this group of segments to be "low hanging fruit," as they are new to FP and open to using a method. Although these segments are at the lowest rung on the PBC ladder, their openness to FP does not place them within the "KAP gap." Ideally, we would like them to be active users of FP throughout their reproductive years. Moving them along the PBC continuum, from the "preknowledgeable" stage to the "practicing" stage should not pose a significant challenge, given their predisposition to use a method as they become sexually active.

Low-Income Traditionalists and Conventional Skeptics, on the other hand, do represent the classic "KAP gap," which is why we present them as the third priority under this option. Unlike BCC efforts targeted at younger segments, who are more likely to be coming into FP with an open mind and no prior negative experiences, BCC efforts targeting Low-Income Traditionalists and Conventional Skeptics will need to overcome existing barriers, such as strong traditional attitudes about sex and contraception. Therefore, although these segments are technically further along the PBC continuum (at the "knowledgeable" stage), moving them into the "approving/intending" or "practicing/advocating" stages may be more challenging and require a significant amount of resources.

4.3.3 PRIORITIZATION OPTION TWO: TARGETING MOTHERS TO DECREASE ECONOMIC AND HEALTH BURDENS

Rather than focus on the most efficient use of resources, Option Two aims to address hardships women often face as a result of motherhood. This option asks the questions, "Who has the greatest unrecognized, unmet need for FP?" and "Who bears the greatest economic and health burdens?"

Although targeting Low-Income Traditionalists and Conventional Skeptics may be less cost-effective because of their potentially limited responsiveness to BCC efforts, we recommend targeting them as a second priority within the Option Two framework. Both of these segments already have several children and may have a greater unrecognized need for FP than other segments. This may in turn present an opportunity for BCC, as limiting family size may be an appealing benefit of FP. Additionally, since Low-Income Traditionalists and Conventional Skeptics are composed of low-income women with several children, it is programmatically important to target these segments because they are subject to greater economic and health burdens. As their family size increases, their available resources per child declines and may affect the overall health of the family.

Furthermore, in the Philippines, low-income women with several children experience a high proportion of abortions. According to the *2006 Guttmacher Institute Study on Unintended Pregnancy and Induced Abortion in the Philippines: Causes and Consequences*, 68 percent of all abortions (estimated at 473,000 annually) are experienced by low-income women and 57 percent of all abortions are experienced by women with three or more children. Therefore, targeting these segments may impact the improvement of maternal health outcomes and could even contribute to reducing the abortion rate.

Although it is important to target Young Urban Intenders and Young Rural Intenders (who do not yet have children and are not yet sexually active) for future FP use, their immediate health and economic needs are not as great when compared with other segments. As a result, they are prioritized third under Option Two.

4.4 TACTICS FOR ENGAGING THE PUBLIC AND PRIVATE SECTORS

Both the public and private sectors have an important role to play in reaching nonuser segments with FP messages. In order to convert nonusers to users, and thus grow a sustainable FP market, future programming needs to promote behavior change and increase utilization of FP products.

Based on our findings from the market segmentation study, previous BCC experience, and knowledge of the Philippines, we have provided some examples of BCC programs to engage the public and private sectors that target each group of segments. However, to develop concrete communication plans that most effectively target the various segments, we recommend conducting detailed formative research with each group of segments as well as with public sector stakeholders, public and private providers, and commercial FP manufacturers. Such research would be instrumental in the development of audience-appropriate programs, messages, and materials. Table 4 summarizes potential roles for each sector by segment groupings, based on their unique characteristics, needs, and the opportunities they present.

4.4.1 PRIVATE AND PUBLIC SECTOR APPROACHES TO REACH YOUNG URBAN INTENDERS AND YOUNG RURAL INTENDERS

Young mothers, especially those between the ages of 15 and 19, are considered high-risk pregnancies as they are in greater danger of experiencing maternal and child mortality and of delivering low birth weight babies, among other risks. According to the 2003 DHS, 26 percent of women ages 15–24 have begun childbearing, and although Young Urban Intenders and Young Rural Intenders are not yet sexually active, we believe it is important to develop a BCC campaign that appropriately addresses youth pregnancy and related issues. Therefore, we recommend adapting the DOH's national "If you love them, plan for them" campaign to meet the specific needs of these segments.

Based on the facts presented here and our findings on these segments, we believe that two effective and interrelated messages to incorporate into the campaign may be "delay your first pregnancy" and "start planning your family before your first child." Because FP is a culturally sensitive topic, particularly with regard to youth, it is important that final campaign messages be positioned to address this sensitivity and are based on the results of audience research. One way to accomplish this is to frame the FP messages within the context of MCH, which may be less controversial. This will also enable the campaign to inform youth about the health risks of early pregnancy and the benefits of birth spacing for the health of the mother and child. Messages presented this way should appeal more to the audience than FP-specific messages and would be more culturally acceptable.

Although the DOH would lead the campaign, we recommend developing a public-private partnership (PPP) with commercial FP manufacturers to help support it. Young Urban Intenders and Young Rural Intenders present an interesting marketing and sales opportunity for commercial manufacturers, as they make-up nearly half of the non-FP user population, but are open to using it. Under the PPP, the commercial FP manufacturers would cosponsor the campaign by funding multimedia, informational

resources, including an interactive website (which would especially appeal to Young Urban Intenders), popular TV and radio programs with integrated FP and MCH messages, or a national FP/MCH hotline. PSP-*One* has implemented two such hotlines in India (one targeted at youth) with great success. These hotlines provide information and address misconceptions regarding FP and MCH, and they could be very effective among these younger segments in the Philippines.

We also recommend organizing "Youth Day" events at Friendly Care Clinics, which may be more open to reaching out to youth on FP and MCH issues. These events could make use of mobile education units and include "edutainment" activities such as contests or plays. Additionally, representatives from commercial sector sponsors (FP manufacturers) would participate in these events by sponsoring them, handing out promotional materials, and answering questions about their products. This strategy would not only help to bring FP awareness to these segments, but would also benefit private-sector sponsors by bringing attention to their products or services.

In order to ensure the campaign's success and sustainability, program managers must identify champions at the national level and within local government units (LGUs) to support the program and advocate with other decision makers for youth FP and MCH. Unless national-level and LGU stakeholders understand the benefits of the FP and MCH campaign for these younger segments, it will be difficult to obtain buy-in from providers and others in supporting the BCC campaign. Given that USAID/Philippines is currently working closely with local-level decision makers to obtain support for FP, the BCC campaign adapted for Young Urban Intenders and Young Rural Intenders should build on these efforts.

4.4.2 PRIVATE AND PUBLIC SECTOR APPROACHES TO REACH LOW-INCOME TRADITIONALISTS AND CONVENTIONAL SKEPTICS

Since Low-Income Traditionalists and Conventional Skeptics are older and more likely to have several children, we believe the ideal opportunity to reach them is through public and private providers during visits for post-partum, post-abortion (for those who have spontaneous abortions), and antenatal care using messages centered on MCH. During these visits, women are often more open to the idea of FP and may be more inclined to accept an FP method.

We recommend conducting audience research with women currently receiving these types of care, as well as with providers, to develop effective FP and MCH messages and materials for an interpersonal communication (IPC) campaign that would implement at the provincial level involving various levels and types of stakeholders. Since these segments trusts providers (particularly midwives), we recommend training public and private sector providers and community health workers (CHWs) in effective counseling and education skills using the FP and MCH messages and materials developed for the campaign.

As with Young Urban Intenders and Young Rural Intenders, we recommend a public-private partnership where commercial FP and MCH product manufacturers sponsor the IPC provider and CHW trainings, thereby leveraging cash or in-kind contributions while enabling manufacturers to introduce providers to their products. Additionally, we believe that nongovernmental organizations (NGOs) that conduct IPC through CHWs and workplace programs should also be involved in this effort to reach the maximum number of women in these segments.

As mentioned in Table 4, not much incentive exists for the commercial sector to target these segments for sales. Commercial FP manufacturers must invest their resources where they are most likely to see financial gains, and since this target group will likely be more difficult to reach and convert to FP users, commercial manufacturers are unlikely to see a benefit in targeting these groups. However, the partnership described above would still be attractive, as the manufacturers' products would gain visibility among providers.

4.4.3 PRIVATE AND PUBLIC SECTOR APPROACHES TO REACH READY-TO-LIMIT CONSERVATIVES AND READY-TO-LIMIT PRAGMATISTS

To reach Ready-to-Limit-Conservatives and Ready-to-Limit Pragmatists, we recommend developing a consortium of commercial manufacturers of various FP products who agree to coordinate efforts and sponsor a research-based communication initiative promoting the benefits of FP use and encouraging women to talk to their providers about available options. Since providers are vital sources of FP information and products, they would also be involved in this campaign. We believe that the commercial sector would be attracted to such a campaign because Ready-to-Limit Conservatives and Ready-to-Limit Pragmatists are very open to FP and are interested in becoming users. They present a strong opportunity for commercial manufacturers to increase product sales by reaching 26 percent of the current nonuser population. Since these segments are close to achieving the "practicing" and "advocating" stages, the campaign would serve as a "call to action" for these women to take up FP.

The consortium campaign would encourage women to adopt an FP method while dispelling misconceptions about FP health risks, addressing potential side effects, highlighting the health and economic benefits of using FP, and underscoring the convenience of using and accessing FP. The consortium would be unified by an umbrella campaign message and logo, which would be used on all materials, media, and products developed under the consortium, such as television or radio commercials and provider counseling materials. The commercial partners' logos would also be included to show their support for the campaign. To supplement the umbrella campaign, specific messages and advertisements would be developed to promote individual types of contraceptive methods. Although the campaign messaging should be developed based on audience research, two potential messages that might resonate with Ready-to-Limit-Conservatives and Ready-to-Limit Pragmatists are "A modern woman uses modern family planning methods" and "Modern family planning methods are safe and pose few health risks."

Given Ready-to-Limit-Conservatives and Ready-to-Limit Pragmatists' media consumption patterns, we recommend heavy use of television and some radio for the campaign. In addition, since these two segments watch TV dramas, variety shows, and Teleserye/Fantaserye programs, among others, we think integrating campaign messages into the storylines of these programs would be an effective way of reaching these segments. Programs dealing with FP would be followed by commercials promoting the consortium and its messages.

We also recommend developing job aids for public and private sector providers branded with the consortium messages and logo. Involving these key FP stakeholders will ensure that, as demand increases as a result of campaign activities, they will be prepared to meet the increased demand and no opportunities to counsel and educate clients on FP will be missed. Additionally, we believe it will be important to involve the commercial sector's medical detailers in the campaign, since they sell products to providers in both sectors and would be an important means of disseminating campaign information and materials.

TABLE 4: SUMMARY OF TACTICS FOR PUBLIC AND PRIVATE SECTOR INVOLVEMENT

	Young Urban Intenders & Young Rural Intenders	Low-Income Traditionalists & Conventional Skeptics	Ready-to-Limit Conservatives & Ready-to-Limit Pragmatists
Public Sector	• Build off the "If you love them, plan for them" campaign. ○ Using audience research, adapt campaign messages to reach these younger segments effectively. ○ Key message for this campaign may include: "start planning your family even before your first child" or "delay your first child." ○ Identify champions at national level and from LGUs for MCH and youth FP advocacy with policymakers.	• The public sector is best suited to reach these two segments; specific suggestions include: ○ Develop target group-specific BCC messages and materials around MCH and FP, based on audience research. ○ Implement IPC campaign by training public sector providers, particularly midwives and CHWs, to counsel clients and provide MCH- and FP-related information. ○ Engage CHWs to do outreach to community leaders around MCH and incorporate FP messages.	• Educate providers about consortium campaign (see below). ○ Develop campaign job aids, including dialogue tools, to reduce missed opportunities as demand from the campaign increases. ○ Teach providers campaign messages. ○ Have consortium detailers promote the campaign to providers during regular visits.
Private Sector	• These segments present an appealing opportunity for commercial FP manufacturers to market their products. ○ Develop a PPP with FP manufacturers to sponsor multimedia, informational resources linked to the public sector campaign (see above). ○ Use multimedia resources that could include an interactive website, incorporation of messages into popular TV and radio shows, a national hotline to answer questions about MCH/FP and address misconceptions, "edutainment" events using mobile education units.	• There is not much incentive for strong commercial sector involvement for these two segments. ○ Consider a PPP may be possible, whereby the commercial sector sponsors IPC-focused trainings with providers and CHWs. ○ Engage NGOs and workplace FP/MCH programs in the IPC campaign.	• Develop a consortium of commercial FP manufacturers to cosponsor FP-related research-based programming with an umbrella campaign logo. ○ Develop campaign messages to reinforce and promote the consortium. ○ Identify relevant TV and radio programs for integration of FP story lines. ○ Educate private providers about the campaign in the same way as the public sector. ○ Have consortium detailers promote the campaign to providers during regular visits.

5. CONCLUSION

Previous family planning segmentation efforts in the Philippines have centered on demographic and economic characteristics, but have not resulted in a higher contraceptive prevalence rate. PSP-*One* implemented a Client-Centered Market Segmentation approach to help FP program managers better target their interventions to the unique FP needs of different population groups. Just as commercial companies use this tailored approach to meet consumer needs and boost product sales, the aim of this analysis is to help promote more tailored approaches to meet client FP needs and subsequently move beyond the contraceptive plateau in the Philippines.

The multidimensional segmentation incorporating demographic, behavioral, and attitudinal characteristics resulted in the identification of six unique segments of nonusers. Incorporating a combination of characteristics well beyond the typical demographic and health survey allowed the authors to develop a comprehensive profile of each segment, in effect bringing the segment to life. The resulting profiles provide key inputs for designing effective BCC strategies that take into account the life cycle, FP attitudes and needs, values, and lifestyles of the women represented by each segment. Public and private sector stakeholders can be engaged to implement such tailored interventions and messages that are poised to resonate with the target group and ultimately translate latent demand for FP into adoption of contraceptive methods. These stakeholders may decide to prioritize targeting particular segments of the population over others, depending on programmatic objectives and the resources available.

The authors hope that the results of this segmentation analysis, and in particular the unique FP segments and their multidimensional profiles, will provide stakeholders in the public and private sectors with the information necessary to more effectively target FP interventions to meet the needs of different nonuser groups in the Philippines.

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ANNEX A: DIMENSIONS IDENTIFIED IN QUALITATIVE STUDY FOR INCLUSION IN QUANTITATIVE SURVEY

Demographic

Age

Income

Marital status

Education

Area of residence

Household characteristics

Religion

Profession/occupation

Behavioral

Sexual activity

Awareness of methods

Past and current usage including source of product

Parity

Attitudinal

Attitudes towards fertility, health, and reproductive health

Attitudes towards each method among current, lapsed, and nonusers

Psychographic

Values (e.g., social, cultural, religious, health, material possessions)

Lifestyle (e.g., media habits, attendance at religious services, travel preferences, social interactions)

Key influencers (e.g., husbands/partners, religious leaders, family, friends, health care providers)

ANNEX B: COMPLETED INTERVIEWS BY PROVINCE

AREA	REPRESENTATIVE	PRIORITY	TOTAL
LUZON			
Albay	20	80	100
Bataan	20	0	20
Batangas	40	0	40
Benguet	20	0	20
Bulacan	60	80	140
Cagayan	20	60	80
Cavite	60	0	60
Ifugao	20	0	20
Ilocos Norte	20	0	20
Ilocos Sur	20	0	20
Isabela	40	60	100
Laguna	60	0	60
NCR	300	0	300
Nueva Ecija	20	80	100
Nueva Vizcaya	20	0	20
Palawan	20	0	20
Pampanga	80	0	80
Pangasinan	60	80	140
Quezon	40	0	40
Rizal	60	0	60
Tarlac	40	60	100
VISAYAS			
Aklan	0	80	80
Antique	20	0	20
Bohol	20	80	100
Camarines Norte	20	0	20
Camarines Sur	40	0	40
Capiz	20	60	80
Cebu	80	0	80
Iloilo	40	0	40
Leyte	40	0	40
Marinduque	20	0	20
Negros Occidental	80	60	140

AREA	REPRESENTATIVE	PRIORITY	TOTAL
Negros Oriental	20	80	100
Northern Samar	20	0	20
Oriental Mindoro	20	0	20
Samar (Western Samar)	20	0	20
Siquijor	20	0	20
Sorsogon	20	0	20
Surigao Del Norte	20	0	20
Surigao Del Sur	20	0	20
MINDANAO			
Agusan Del Norte	0	80	80
Agusan Del Sur	20	0	20
Bukidnon	20	80	100
Compostela Valley	20	60	80
Cotabato (North)	20	0	20
Davao Del Norte	20	0	20
Davao Del Sur	80	40	120
Davao Oriental	20	0	20
Misamis Occidental	20	60	80
Misamis Oriental	20	80	100
Sarangani	20	60	80
South Cotabato	20	80	100
Zamboanga Del Norte	40	40	80
Zamboanga Del Sur	40	60	100
Zamboanga Sibugay	0	80	80
ARMM			
Basilan	0	80	80
Lanao Del Sur	20	60	80
Maguindanao	20	60	80
Shariff Kabunsuan	0	80	80
Sulu	0	80	80
Tawi-Tawi	20	60	80
TOTAL	**2000**	**2000**	**4000**

ANNEX C: VALIDATING THE RESULTS

The survey found that the modern contraceptive prevalence rate (CPR) among married women aged 15–49 is 39.7 percent (95 percent Confidence Interval [CI]: 36.3-43.1), about 6.3 percent higher than that found in the 2003 Philippines Demographic and Health Survey (DHS) (33.4 percent). This difference is largely due to the difference in oral contraception (OC) prevalence (20.8 percent vs. 13.2 percent). The prevalence of other modern methods and traditional methods is quite comparable to the DHS results, as shown in Table 5.

TABLE 5: PERCENTAGE DISTRIBUTION OF MARRIED WOMEN BY CURRENT CONTRACEPTIVE METHOD

Current use of contraception	Philippines DHS 2003	Philippines PSP-*One* 2007
Any method	48.9	55.4
Any modern method	33.4	39.7 (36.3-43.1)
Female sterilization	10.5	7.4
Male sterilization	0.1	0
Pill	13.2	20.8 (17.9-23.6)
IUD	4.1	5.2
Injectables	3.1	4.3
Male condom	1.9	2.1
Mucus/billings/ovulation	0.1	0.4
LAM	0.3	0.5
Female condom	—	0.3
Any traditional method	15.5	15.7
Calendar/rhythm/periodic abstinence	6.7	5.6
Withdrawal	8.2	10.0
Others	0.6	0.1
No methods	51.1	44.6
Total	100.0	100.0

Notes:
1. Percentage calculation accounts for weights.
2. Data on female condom use not available in DHS.
3. LAM=Lactational amenorrhea method.

There are a few possible reasons for the increased OC prevalence found in our survey. One possible cause is that the survey sample was imbalanced when compared with the 2003 DHS in terms of basic demographic characteristics (age, education, urban/rural residence, number of children). That means the survey may have oversampled particular groups of women with higher OC use, thus resulting in the higher OC prevalence in our survey. To adjust for this, we weighted the data by applying census distribution[1] for these key demographic variables. After adjusting for the weight, our sample distribution is similar to that of the 2003 DHS.

[1] From the 2000 Census of Population and Housing; data from 2007 Census were not available.

We also carefully checked a number of key variables such as contraceptive use and sexual behaviors, as well as demographic variables. The responses to these variables are quite consistent and thus demonstrate intervariable validity.

In light of these validity checks, the next logical conclusion is that the survey findings reflect real changes in CPR in the Philippines, specifically, an actual increase in OC utilization. The modern CPR in the Philippines has been gradually increasing over the past two decades, and a major factor behind this increase has been the growth in OC use. We examined modern CPR from 1983 to 2007 based on data from several reliable sources, such as DHS and the National Family Planning Survey (NFPS) (Figure 4). It is evident that the modern CPR is steadily increasing. The modern CPR that our survey found (39.7 percent) is at the top of the trend. OC use was 13 percent in 2003, according to DHS, and 17 percent in 2005, according to the NFPS. Based on these trends, it is conceivable that OC use could be 21 percent in 2007, as determined by our survey.

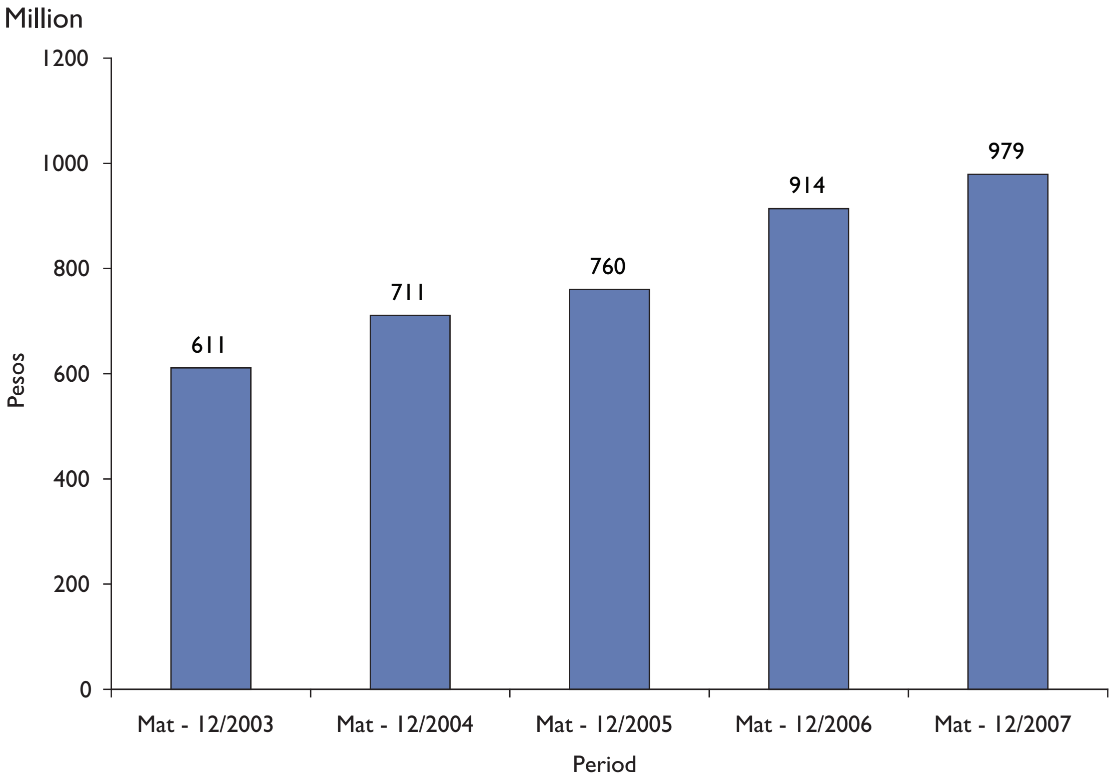
FIGURE 4: CONTRACEPTIVE PREVALENCE RATES IN THE PHILIPPINES, 1983–2007

Sources: National Statistics Office (NSO), Family Planning Surveys (FPS); Macro International Inc., Demographic and Health Survey (DHS); PSP-*One* Contraceptive Market Demand Survey, 2007

Indeed, OC is the most popular method in the Philippines. Our survey showed that about 50 percent of married women reported ever using the pill. In addition, 45 percent rated the pill as the best contraceptive method.

Given these trends, we sought further evidence to validate our findings, particularly the increase in OC prevalence. Recognizing that the Private Sector Mobilization for Family Health (PRISM) project has been active in promoting OC use through the private/commercial sector, we examined OC sales data for recent years to assess whether these data validate an increase in OC utilization. Market data provided by PRISM showed a 60-percent increase in commercial sales of oral contraceptives from 2003 to 2007, with an average annual increase of 12.5 percent (Figure 5).

FIGURE 5: TOTAL MARKET SALES OF ORAL CONTRACEPTIVES IN THE PHILIPPINES, 2003–2007



Source: Philippine Contraceptive Market Survey, PRISM, 2007
Note: MAT stands for "Moving annual total"

Finally, we examined population growth during the period 2000–2007, made possible by the recent release of the 2007 Census of Population and Housing. Although the population increased from 77.5 million to 88.5 million during this period, this reflects an annual growth rate of 2.04 percent—the lowest on record in the Philippines. The annual growth rate was steady at 2.34 percent from 1980 to 2000, but the significant drop in population growth between 2000 and 2007 provides further evidence of increased utilization of family planning in this period.

These factors combined led to the conclusion that our survey results are valid and, as such, underscore a significant growth in OC use in the Philippines in recent years.

ANNEX D: SEGMENT DISTRIBUTION IN 29 PRIORITY PROVINCES

At the provincial level, we adjusted the segment distribution for all nonusers in the sample using sampling weights. For each province, the weighted percentages of the six segments total 100 percent. Based on the percentage estimate and sample size in each province, we calculated 95-percent confidence intervals (shown in parentheses). This means that the calculated interval (e.g., 12.1, 34.3) would encompass the true percentage 95 percent of the time.

TABLE 6: SEGMENT DISTRIBUTION IN 29 PRIORITY DEPARTMENTS

Priority Province	Young Rural Intenders (%)	Young Urban Intenders (%)	Low-Income Traditionalists (%)	Conventional Skeptics (%)	Ready-to-Limit Conservatives (%)	Ready-to-Limit Pragmatists (%)	Total (%)	Sample Size
Pangasinan	23.2 (12.1, 34.3)	13.4 (1.6, 25.3)	8.6 (1.4, 15.8)	16.7 (8.8, 24.6)	32.1 (21.0, 43.1)	5.9 (0.3, 11.6)	100.0	87
Cagayan	13.3 (0.9, 25.7)	32.4 (9.6, 55.1)	9.4 (0, 20.8)	13.4 (2.0, 24.8)	27.1 (10.8, 43.4)	4.5 (0, 9.9)	100.0	44
Isabela	17.2 (3.9, 30.4)	7.9 (0, 19.6)	34.9 (16.4, 53.3)	5.6 (0.1, 11.1)	18.1 (4.5, 31.7)	16.4 (3.1, 29.6)	100.0	49
Bulacan	7.2 (2.0, 12.5)	52.4 (38.5, 66.4)	3.3 (0.4, 6.1)	9.3 (2.8, 15.8)	26.0 (14.8, 37.1)	1.8 (0, 3.8)	100.0	108
Albay	47.5 (32.7, 62.2)	0	13.5 (3.0, 23.9)	12.2 (4.8, 19.7)	16.4 (7.2, 25.5)	10.5 (2.9, 18.1)	100.0	80
Capiz	21.5 (5.8, 37.1)	0	25.4 (9.0, 41.7)	37.1 (21.1, 53.2)	8.1 (0.6, 15.5)	7.9 (0, 15.8)	100.0	51
Negros Occidental	1.7 (0, 3.3)	56.7 (40.0, 73.3)	13.0 (3.2, 22.7)	8.0 (2.4, 13.5)	12.6 (3.5, 21.7)	8.1 (0, 16.6)	100.0	100
Negros Oriental	25.5 (10.0, 40.9)	8.7 (0, 20.6)	34.5 (17.6, 51.5)	20.2 (9.3, 31.1)	4.9 (0, 11.6)	6.2 (0, 13.9)	100.0	65
Tarlac	32.6 (15.9, 49.3)	0	14.9 (0.2, 29.6)	9.6 (2.4, 16.9)	20.8 (8.9, 32.9)	22.1 (7.0, 37.3)	100.0	68
Nueva Ecija	16.9 (4.5, 29.2)	17.4 (3.2, 31.6)	19.3 (5.8, 32.9)	18.9 (6.8, 31.0)	22.3 (8.2, 36.5)	5.1 (0, 11.6)	100.0	50
Tawi-Tawi	18.5 (7.6, 29.3)	21.8 (8.9, 34.6)	26.2 (14.0, 38.3)	28.8 (17.5, 40.1)	4.3 (0, 12.5)	0.5 (0, 1.6)	100.0	73
Aklan	38.5 (23.1, 53.8)	0	10.1 (0, 20.3)	25.8 (14.3, 37.3)	4.3 (0, 9.4)	21.4 (10.9, 31.9)	100.0	62
Bohol	28.8 (16.7, 40.9)	0	38.7 (24.3, 53.2)	16.0 (8.2, 23.9)	15.5 (6.7, 24.3)	0.9 (0, 2.7)	100.0	70
Zamboanga del Norte	23.7 (8.7, 38.6)	0	20.9 (7.2, 34.6)	44.9 (29.1, 60.8)	4.6 (0, 9.9)	5.9 (0, 12.4)	100.0	59
Zamboanga del Sur	12.6 (5.4, 19.8)	65.5 (49.0, 81.9)	5.6 (0.4, 10.8)	3.9 (0, 8.9)	7.7 (0, 15.9)	4.8 (0, 10.1)	100.0	74

Priority Province	Young Rural Intenders (%)	Young Urban Intenders (%)	Low-Income Traditionalists (%)	Conventional Skeptics (%)	Ready-to-Limit Conservatives (%)	Ready-to-Limit Pragmatists (%)	Total (%)	Sample Size
Basilan	12.7 (0.8, 24.7)	28.1 (14.3, 42)	36.8 (22.3, 51.3)	15.2 (7.2, 23.1)	0	7.2 (0.7, 13.6)	100.0	64
Bukidnon	39.4 (22.2, 56.6)	0	23.1 (8.7, 37.4)	22.7 (11.2, 34.3)	11.5 (0.8, 22.3)	3.3 (0, 7.6)	100.0	50
Misamis Occidental	34.8 (11.3, 58.4)	4.7 (0, 11.8)	45.8 (24.5, 67.2)	12.4 (2.8, 21.9)	0	2.4 (0, 5.5)	100.0	45
Misamis Oriental	30.8 (13.6, 47.9)	0	20.3 (6.2, 34.4)	29.8 (16.1, 43.6)	11.2 (1.9, 20.5)	7.9 (0.6, 15.2)	100.0	45
South Cotabato	44.6 (27.9, 61.4)	5.7 (0.4, 10.9)	8.5 (0, 18.1)	15.6 (6.5, 24.7)	8.2 (1.5, 14.9)	17.4 (5.1, 29.7)	100.0	55
Agusan Del Norte	41.3 (25.3, 57.3)	12.4 (2.7, 22.1)	17.0 (5.0, 29.1)	19.3 (9.6, 29.0)	8.2 (2.0, 14.3)	1.7 (0, 4.3)	100.0	59
Lanao Del Sur	48.0 (32.9, 63.0)	0	4.5 (0, 10.1)	22.2 (10.7, 33.6)	16.0 (5.5, 26.5)	9.3 (1.6, 17.0)	100.0	57
Maguindanao	45.7 (29.1, 62.3)	0	45.9 (30.3, 61.5)	5.6 (1.3, 9.8)	2.6 (0, 6.6)	0.2 (0, 0.6)	100.0	73
Sulu	52.0 (38.9, 65.1)	0	38.2 (25.8, 50.5)	8.1 (3.4, 12.8)	1.2 (0, 3.1)	0.5 (0, 1.5)	100.0	80
Shariff Kabunsuan	39.1 (25.0, 53.2)	0	51.7 (37.8, 65.6)	2.2 (0, 4.7)	1.4 (0, 4.1)	5.6 (0.4, 10.8)	100.0	73
Sarangani	36.0 (21.6, 50.3)	0	35.2 (21.4, 49.1)	17.1 (8.7, 25.5)	3.7 (0, 8.1)	8.0 (0, 16.9)	100.0	61
Zamboanga Sibugay	21.5 (9.3, 33.7)	50.7 (32.1, 69.3)	9.2 (0.3, 18.1)	11.5 (3.4, 19.7)	4.3 (0, 10.1)	2.8 (0, 6.6)	100.0	66
Compostela Valley	46.5 (26.0, 66.9)	0	28.3 (11.3, 45.3)	16.1 (5.5, 26.8)	6.8 (0, 14.2)	2.4 (0, 7.2)	100.0	43
Davao del Sur	15.3 (5.6, 24.9)	46.5 (25.7, 67.3)	4.9 (1.5, 8.3)	15.3 (3.5, 27.1)	9.4 (1.5, 17.3)	8.7 (0, 20.8)	100.0	86

* Percentage and 95-percent confidence intervals are presented in the table.

ANNEX E: DATA VALIDATION AT PROVINCIAL LEVEL

The sample selection procedure in the PSP-*One* 2007 survey was designed to yield a probability representative sample at the provincial level and provide unbiased estimates. The sampling weights were used in each province to account for any disproportional allocation of the sample. Therefore, we expect that the sample is representative of the population in each province. One way to verify this is to compare the weighted demographic characteristics based on the sample with the known census values for the provinces. Unfortunately, census data are not available at the provincial level.

As an alternative, we decided to compare the contraceptive prevalence rates found in the PSP-*One* 2007 survey with the estimates from the 2005 Philippine National Family Planning Survey. It should be noted that all surveys have a certain degree of error associated with the estimates they provide. As a result, the standard errors and confidence intervals (CIs) for a comparison of any estimates must be taken into account for both surveys.

Table 5 shows the comparisons of the estimated rates and 95-percent CIs for any contraceptive use, and these percentages are illustrated in Figure 6. In 16 provinces, the estimated rates from the 2007 survey are higher than those from the 2005 survey. However, statistical tests showed the differences between the estimates are not statistically significant in most of the provinces. In the other 12 provinces, the rates are lower in the 2007 survey when compared with those in the 2005 survey, but again, these differences are not statistically significant.

Table 6 and Figure 7 show the comparisons of the estimates and 95-percent CI for modern method use. Similarly, although the estimated rates from the 2007 survey are higher compared with rates in the 2005 survey in many provinces, the differences are largely insignificant.

We expect the sample at the provincial level to be representative of the population for reasons previously stated. The differences in contraceptive prevalence rates between the 2007 survey and the 2005 family planning survey are not statistically significant in most of the provinces. It is important to note that the sample sizes in the 2007 survey are smaller than the sample in the 2005 survey. The smaller sample size limits the precision of the estimates at the provincial level. The estimates though unbiased have higher standard errors and therefore wider CIs.

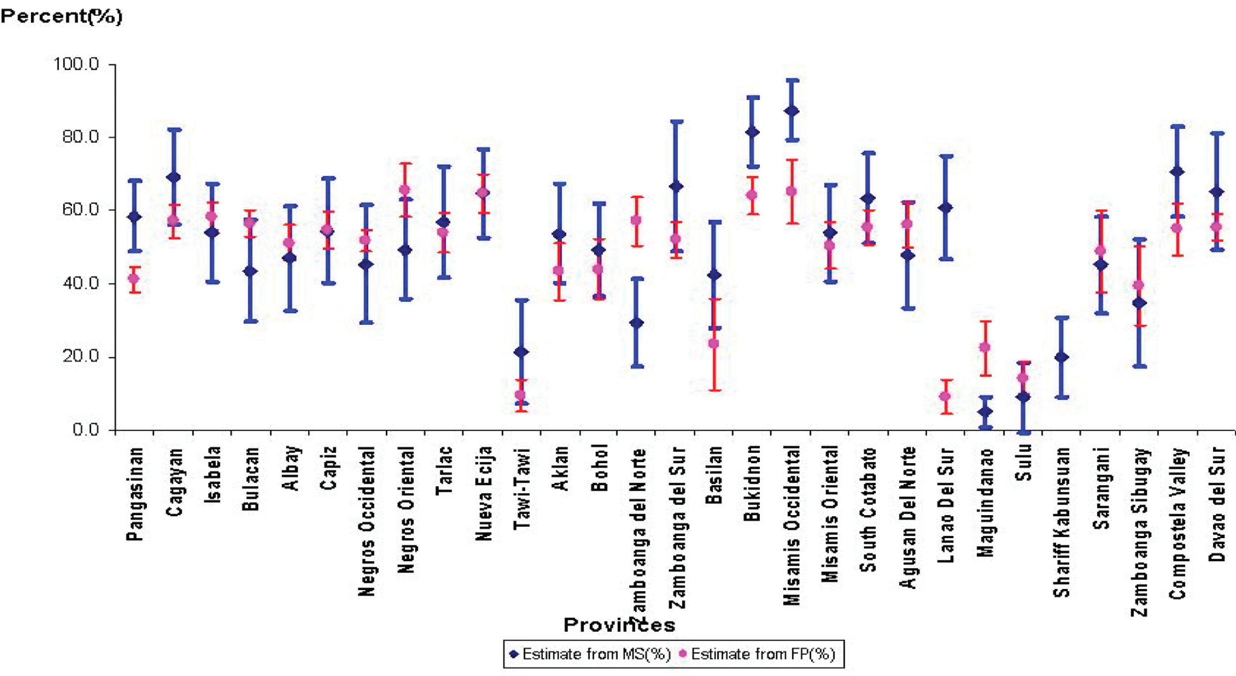
TABLE 7: ESTIMATES OF PERCENTAGE OF MARRIED WOMEN CURRENTLY USING ANY METHOD OF CONTRACEPTION IN PRIORITY PROVINCES – 2007 MARKET SEGMENTATION SURVEY VERSUS 2005 FAMILY PLANNING SURVEY

Priority Province	Surveys	Estimate (%)	Std. Err. (%)	95% CI Lower (%)	95% CI Upper (%)	No. of Oberv.
Pangasinan	2007 survey	58.5	4.9	48.8	68.3	125
	2005 survey	41.2	1.8	37.6	47.8	493
Cagayan	2007 survey	69.3	6.6	56.1	82.6	67
	2005 survey	57.1	2.3	52.6	61.6	467
Isabela	2007 survey	54.0	6.9	40.3	67.8	90
	2005 survey	58.5	1.9	54.8	62.2	654
Bulacan	2007 survey	43.5	7.1	29.4	57.5	96
	2005 survey	56.6	1.9	53.0	60.3	692
Albay	2007 survey	47.0	7.3	32.5	61.5	71
	2005 survey	51.2	2.5	46.3	56.1	377
Capiz	2007 survey	54.5	7.3	39.9	69.1	66
	2005 survey	54.7	2.6	49.5	59.8	224
Negros Occidental	2007 survey	45.4	8.2	29.2	61.6	104
	2005 survey	51.9	1.5	48.9	54.9	719
Negros Oriental	2007 survey	49.4	6.9	35.7	63.2	80
	2005 survey	65.5	3.7	58.4	72.7	326
Tarlac	2007 survey	56.8	7.7	41.4	72.1	83
	2005 survey	54.0	2.8	48.4	59.6	282
Nueva Ecija	2007 survey	64.8	6.1	52.6	76.8	88
	2005 survey	64.7	2.7	59.5	69.9	463
Tawi-Tawi	2007 survey	21.3	7.2	7.0	35.7	63
	2005 survey	9.4	2.3	5.0	13.9	142
Aklan	2007 survey	53.8	7.0	39.9	67.7	66
	2005 survey	43.3	4.0	35.4	51.2	112
Bohol	2007 survey	49.2	6.4	36.3	62	83
	2005 survey	44.0	4.2	35.7	52.3	306
Zamboanga del Norte	2007 survey	29.3	6.1	17.0	41.5	69
	2005 survey	57.1	3.4	50.5	63.7	385
Zamboanga del Sur	2007 survey	66.7	9.1	48.6	84.9	61
	2005 survey	52.1	2.5	47.2	57.1	610
Basilan	2007 survey	42.5	7.4	27.7	57.3	61
	2005 survey	23.4	6.4	10.9	35.9	86
Bukidnon	2007 survey	81.6	4.8	72.1	91.1	81
	2005 survey	64.1	2.6	59.0	69.3	413

Priority Province	Surveys	Estimate (%)	Std. Err. (%)	95% CI Lower (%)	95% CI Upper (%)	No. of Oberv.
Misamis Occidental	2007 survey	87.5	4.1	79.4	95.7	68
	2005 survey	65.2	4.4	56.6	73.8	206
Misamis Oriental	2007 survey	53.9	6.7	40.6	67.3	89
	2005 survey	50.5	3.2	44.2	56.8	455
South Cotabato	2007 survey	63.4	6.2	51.0	75.8	81
	2005 survey	55.6	2.4	51.0	60.3	627
Agusan Del Norte	2007 survey	47.7	7.4	32.9	62.4	53
	2005 survey	56.1	3.1	50.1	62	366
Lanao Del Sur	2007 survey	60.9	7.2	46.4	75.4	59
	2005 survey	9.0	2.4	4.3	13.7	303
Maguindanao	2007 survey	4.9	2.2	0.5	9.3	58
	2005 survey	22.4	3.8	15.0	29.8	465
Sulu	2007 survey	9.0	4.9	0.0	18.8	49
	2005 survey	14.2	2.3	9.7	18.7	404
Shariff Kabunsuan*	2007 survey	20.0	5.5	9.0	91	59
	2005 survey	-	-	-	-	-
Sarangani	2007 survey	45.2	6.7	31.9	58.4	65
	2005 survey	49.0	5.7	37.8	60.3	208
Zamboanga Sibugay	2007 survey	34.8	8.9	16.8	52.9	48
	2005 survey	39.5	5.5	28.6	50.3	177
Compostela Valley	2007 survey	70.6	6.3	58.0	83.3	71
	2005 survey	54.9	3.6	47.8	62	226
Davao del Sur	2007 survey	65.1	8.1	48.9	81.2	84
	2005 survey	55.5	1.9	51.9	59.2	328

* Note: The estimates for Shariff Kabunsuan province were not included in the 2005 survey.

FIGURE 6: ESTIMATES OF PERCENTAGE AND 95-PERCENT CI OF MARRIED WOMEN CURRENTLY USING ANY METHOD OF CONTRACEPTION BY PROVINCES – 2007 MARKET SEGMENTATION SURVEY VS. 2005 FAMILY PLANNING SURVEY



Data sources: Market Segmentation Survey, PSP-*One* project, Abt Associates Inc., 2007
Family Planning Survey, Philippine National Statistic Office, 2005

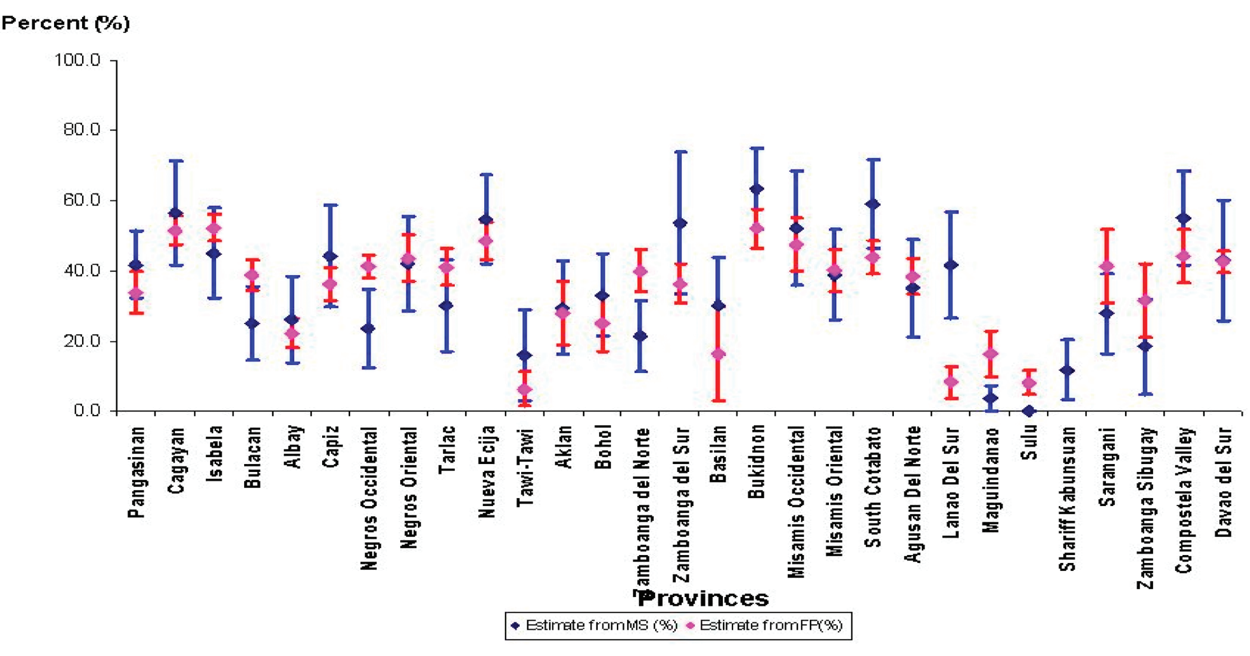
TABLE 8: ESTIMATES OF PERCENTAGE OF MARRIED WOMEN CURRENTLY USING MODERN METHOD OF CONTRACEPTION IN PRIORITY PROVINCES – 2007 MARKET SEGMENTATION SURVEY VERSUS 2005 FAMILY PLANNING SURVEY

Priority Province	Surveys	Estimate (%)	Std. Err. (%)	95% CI Lower (%)	95% CI Upper (%)	No. of Oberv.
Pangasinan	2007 survey	41.8	4.9	32.1	51.4	125
	2005 survey	33.8	3.0	30.7	36.8	493
Cagayan	2007 survey	56.5	7.5	41.6	71.5	67
	2005 survey	51.6	2.2	47.3	55.9	467
Isabela	2007 survey	45.1	6.5	32.1	58.0	90
	2005 survey	52.3	2.0	48.3	56.2	654
Bulacan	2007 survey	24.9	5.4	14.1	35.6	96
	2005 survey	38.9	2.2	34.6	43.3	692
Albay	2007 survey	26.1	6.2	13.8	38.4	71
	2005 survey	22.2	2.1	18.0	26.3	377
Capiz	2007 survey	44.1	7.4	29.4	58.8	66
	2005 survey	36.4	2.4	31.7	41.1	224
Negros Occidental	2007 survey	23.6	5.7	12.3	35.0	104
	2005 survey	41.2	1.7	37.8	44.6	719
Negros Oriental	2007 survey	42.0	6.8	28.5	55.5	80
	2005 survey	43.6	3.4	36.9	50.2	326
Tarlac	2007 survey	30.0	6.6	16.9	43.0	83
	2005 survey	41.1	2.6	36.1	46.2	282
Nueva Ecija	2007 survey	54.7	6.5	41.8	67.6	88
	2005 survey	48.5	2.8	43.0	54.0	463
Tawi-Tawi	2007 survey	15.9	6.6	2.8	29.1	63
	2005 survey	6.3	2.5	1.4	11.2	142
Aklan	2007 survey	29.5	6.7	16.2	42.8	66
	2005 survey	27.8	4.6	18.9	36.7	112
Bohol	2007 survey	33.0	6.0	20.9	45.0	83
	2005 survey	25.1	4.1	17.1	33.1	306
Zamboanga del Norte	2007 survey	21.4	5.2	11.1	31.7	69
	2005 survey	40.0	3.1	34.0	46.1	385
Zamboanga del Sur	2007 survey	53.7	10.4	33.0	74.4	61
	2005 survey	36.3	2.9	30.6	42.0	177
Basilan	2007 survey	30.0	7.0	16.0	43.9	61
	2005 survey	16.3	6.9	2.8	29.8	86
Bukidnon	2007 survey	63.3	5.9	51.5	75.2	81
	2005 survey	52.1	2.9	46.4	57.8	413

Priority Province	Surveys	Estimate (%)	Std. Err. (%)	95% CI Lower (%)	95% CI Upper (%)	No. of Oberv.
Misamis Occidental	2007 survey	52.3	8.3	35.8	68.9	68
	2005 survey	47.6	3.9	39.9	55.4	206
Misamis Oriental	2007 survey	38.9	6.5	26.1	51.7	89
	2005 survey	40.1	3.1	34.1	46.1	455
South Cotabato	2007 survey	59.1	6.4	46.4	71.7	81
	2005 survey	44.0	2.4	39.3	48.8	627
Agusan Del Norte	2007 survey	35.0	7.1	20.8	49.2	53
	2005 survey	38.3	2.6	33.2	43.4	366
Lanao Del Sur	2007 survey	41.7	7.8	26.2	57.3	59
	2005 survey	8.3	2.3	3.7	12.8	303
Maguindanao	2007 survey	3.6	1.9	0.0	7.5	58
	2005 survey	16.2	3.3	9.6	22.7	465
Sulu	2007 survey	0.0				49
	2005 survey	8.1	1.8	4.6	11.6	404
Shariff Kabunsuan*	2007 survey	11.7	4.3	3.0	20.3	59
	2005 survey	-	-	-	-	-
Sarangani	2007 survey	27.8	5.8	16.2	39.4	65
	2005 survey	41.2	5.4	30.6	51.8	208
Zamboanga Sibugay	2007 survey	18.3	7.0	4.3	32.3	48
	2005 survey	31.5	5.4	20.9	42.1	177
Compostela Valley	2007 survey	55.1	6.9	41.3	68.9	71
	2005 survey	44.3	3.9	36.7	51.8	226
Davao del Sur	2007 survey	43.0	8.8	25.4	60.6	84
	2005 survey	42.6	1.6	39.3	45.8	328

* Note: The estimates for Shariff Kabunsuan province were not included in the 2005 survey.

FIGURE 7: ESTIMATES OF PERCENTAGE AND 95-PERCENT CI OF MARRIED WOMEN CURRENTLY USING MODERN METHOD OF CONTRACEPTION BY PROVINCES – 2007 MARKET SEGMENTATION SURVEY VS. 2005 FAMILY PLANNING SURVEY



Data sources: Market Segmentation Survey, PSP-*One* project, Abt Associates Inc., 2007
Family Planning Survey, Philippine National Statistic Office, 2005

ANNEX F: SEGMENT CHARACTERISTICS – DEMOGRAPHICS

TABLE 9: DEMOGRAPHIC CHARACTERISTICS BY SEGMENT

	Young Rural Intenders	Young Urban Intenders	Low-Income Traditionalists	Conventional Skeptics	Ready-to-Limit Conservatives	Ready-to-Limit Pragmatists
Age group						
15-19	46.0%	56.3%	3.9%	2.1%	2.0%	1.2%
20-24	28.3%	21.9%	14.0%	23.8%	10.5%	19.3%
25-29	10.5%	11.3%	14.5%	18.6%	14.0%	19.5%
30-34	5.3%	5.3%	12.9%	19.0%	17.9%	11.8%
35-39	4.7%	1.9%	16.7%	16.4%	25.3%	10.0%
40-44	2.9%	2.8%	13.7%	12.3%	17.1%	23.8%
45-49	2.3%	0.5%	24.4%	7.8%	13.2%	14.3%
Education level						
No formal education	0.8%	1.7%	3.9%	0.0%	0.2%	0.4%
Elementary school	18.6%	4.9%	96.0%	0.0%	14.9%	18.9%
High school	53.0%	57.9%	0.0%	87.5%	55.4%	45.9%
College	27.2%	35.5%	0.0%	12.5%	29.5%	34.8%
Refused to answer	0.3%	0.0%	0.1%	0.0%	0.0%	0.0%
Marital status						
Never married	87.3%	92.9%	3.9%	11.6%	6.7%	9.3%
Married/In union	12.4%	6.8%	85.7%	83.4%	86.9%	86.0%
Divorced	0.3%	0.3%	5.4%	1.6%	3.6%	0.7%
Widowed	0.0%	0.0%	5.0%	3.4%	2.8%	4.0%
Religion						
Roman Catholic	69.1%	81.9%	69.4%	80.8%	83.8%	77.0%
Protestant	2.2%	1.8%	1.3%	1.7%	1.0%	0.9%
Iglesia ni Kristo	2.3%	0.8%	0.9%	3.4%	2.2%	2.2%
Aglipay	2.8%	0.5%	1.6%	1.0%	0.5%	1.0%
Islam	10.6%	1.0%	16.2%	4.3%	1.5%	0.9%
None	0.0%	0.0%	2.4%	0.1%	0.0%	0.0%
Other	12.5%	12.5%	8.2%	8.7%	11.0%	18.0%
Refused to answer	0.5%	1.7%	0.1%	0.0%	0.0%	0.0%
Wealth status						
Poorest	24.1%	5.7%	67.5%	46.4%	0.0%	0.0%
Second	26.7%	13.3%	32.5%	53.6%	0.0%	0.0%

	Young Rural Intenders	Young Urban Intenders	Low-Income Traditionalists	Conventional Skeptics	Ready-to-Limit Conservatives	Ready-to-Limit Pragmatists
Middle	23.1%	15.9%	0.0%	0.0%	40.3%	42.3%
Fourth	20.8%	28.8%	0.0%	0.0%	33.4%	28.7%
Richest	5.3%	36.4%	0.0%	0.0%	26.3%	29.1%
Location						
Rural	100.0%	0.0%	73.4%	48.8%	24.4%	30.9%
Urban	0.0%	100.0%	26.6%	51.2%	75.7%	69.1%
Husband's education level						
No formal education	0.0%	0.0%	1.0%	0.0%	0.0%	0.3%
Elementary school	6.1%	1.6%	60.7%	26.0%	18.7%	14.3%
High school	21.8%	27.3%	27.0%	47.8%	50.4%	46.3%
College	5.1%	8.6%	1.4%	10.9%	22.4%	29.4%
No husband or partner	67.0%	62.5%	9.8%	15.2%	8.5%	8.8%
Refused to answer	0.0%	0.0%	0.2%	0.1%	0.0%	1.0%
Language						
Tagalog	14.0%	48.4%	12.0%	27.6%	57.7%	47.0%
Cebuano	34.9%	23.3%	35.5%	34.8%	11.8%	15.2%
Ilocano	12.4%	1.0%	5.3%	6.4%	9.7%	7.0%
Bicolano	11.6%	4.1%	5.1%	5.4%	3.5%	7.7%
Waray	1.3%	0.0%	7.5%	2.0%	0.4%	0.6%
Kapampangan	0.9%	3.7%	1.1%	2.1%	7.3%	1.8%
Ilonggo	0.0%	1.1%	0.6%	0.0%	0.1%	0.7%
Zbanag	5.7%	12.8%	7.9%	9.1%	5.2%	14.7%
English	0.0%	0.9%	0.2%	0.2%	0.9%	0.0%
Other	19.4%	4.8%	24.8%	12.4%	3.4%	5.4%
Occupation						
Hired workers	9.2%	9.5%	12.9%	5.3%	10.6%	13.0%
Employers and self-employed	8.8%	9.8%	14.0%	14.7%	17.7%	25.0%
Homemaker	67.0%	65.2%	72.5%	70.8%	60.8%	60.8%
Others	15.0%	15.6%	0.6%	9.2%	10.9%	1.2%

ANNEX G: SEGMENT CHARACTERISTICS – FERTILITY DESIRES AND FAMILY PLANNING

TABLE 10: FERTILITY DESIRE AND FAMILY PLANNING USE BY SEGMENT

	Young Rural Intenders	Young Urban Intenders	Low-Income Traditionalists	Conventional Skeptics	Ready-to-Limit Conservatives	Ready-to-Limit Pragmatists
Number of live births						
None	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%
1-2	0.0%	0.0%	31.6%	53.5%	61.7%	68.8%
3-4	0.0%	0.0%	31.3%	28.4%	27.6%	21.0%
5 or more	0.0%	0.0%	37.1%	18.1%	10.6%	10.2%
Future fertility desire						
No more children desired	19.4%	14.4%	73.9%	49.9%	60.5%	50.6%
Wants child later (2+ years)	18.4%	15.2%	5.8%	12.5%	13.0%	9.0%
Wants child sooner (<2 years)	7.7%	2.2%	2.9%	6.9%	6.8%	13.3%
Unsure if wants children	35.1%	24.1%	10.6%	20.6%	8.8%	7.7%
Wants children, unsure when	14.2%	14.6%	1.0%	4.4%	5.8%	11.8%
Cannot get pregnant	4.1%	1.5%	5.6%	5.8%	4.9%	7.6%
Refused to answer	1.1%	27.9%	0.2%	0.0%	0.3%	0.1%
Sex experience						
Ever had sex	18.0%	21.3%	100.0%	100.0%	100.0%	100.0%
Currently sexually active	13.8%	14.0%	87.9%	94.1%	91.6%	90.2%
Ever used FP method, by method[1]						
Pill	4.0%	19.0%	30.5%	31.4%	38.0%	35.7%
Calendar	5.8%	20.0%	15.6%	21.3%	25.2%	22.3%
Injectable	0.0%	0.6%	5.2%	18.8%	21.6%	7.5%
Condom	1.7%	16.6%	5.1%	7.6%	15.9%	12.8%
IUD	0.0%	0.0%	9.4%	10.2%	5.0%	4.9%
Withdrawal	10.7%	24.5%	25.7%	37.0%	44.0%	35.3%
Intention of use FP method						
Have used and will use in future	1.9%	7.3%	37.1%	50.8%	61.9%	44.5%
Have used and will not use in future	0.4%	0.6%	18.3%	9.4%	10.7%	14.3%

	Young Rural Intenders	Young Urban Intenders	Low-Income Traditionalists	Conventional Skeptics	Ready-to-Limit Conservatives	Ready-to-Limit Pragmatists
Have used and unsure if will use in future	0.6%	1.4%	6.3%	14.5%	7.6%	5.4%
Never used and will use in future	72.9%	74.7%	17.0%	14.0%	7.8%	21.3%
Never used and will not use in future	14.8%	12.9%	16.4%	9.7%	9.7%	7.9%
Never used and unsure if will use in future	9.4%	3.1%	5.0%	1.6%	2.2%	6.7%
Median age at first intercourse	19	19	18	20	21	21
Currently pregnant	3.7%	3.3%	11.8%	10.9%	15.3%	13.1%
Unmet need[2]						
Unmet need for birth spacing	N/A	N/A	15.6%	17.5%	20.7%	24.0%
Unmet need for birth limiting	N/A	N/A	47.5%	31.5%	29.2%	25.7%
Awareness of FP methods, by method						
Diaphragm	8.3%	22.1%	0.9%	3.1%	12.7%	10.8%
Female condom	20.1%	36.3%	17.9%	24.0%	22.9%	29.4%
Implants	11.7%	24.3%	1.5%	10.9%	12.0%	13.8%
Injectable	74.2%	77.2%	89.4%	95.4%	95.8%	97.8%
IUD	75.1%	73.4%	80.3%	86.4%	92.4%	96.2%
Sterilization	79.9%	87.1%	85.5%	95.0%	93.2%	90.2%
Condom	89.9%	97.8%	92.2%	98.0%	98.4%	98.7%
Patch	4.8%	15.2%	2.7%	3.3%	8.6%	6.4%
Pill	98.1%	99.9%	98.7%	99.7%	99.3%	98.4%
Spermicide	8.4%	19.4%	2.3%	8.2%	11.4%	20.9%
Male sterilization	54.8%	69.4%	51.2%	65.9%	76.1%	73.6%
BBT	15.4%	18.0%	9.2%	15.0%	21.7%	35.1%
Calendar	74.1%	76.1%	75.3%	92.3%	87.3%	96.7%
Lactational Amenorrhea	15.7%	18.5%	28.5%	29.1%	31.0%	33.4%
Mucus, billings, ovulation	10.6%	20.1%	8.5%	14.3%	20.4%	28.0%
Standard days method	15.2%	28.3%	9.2%	15.5%	26.5%	20.1%
Withdrawal	75.7%	87.1%	82.8%	95.2%	96.1%	97.9%

	Young Rural Intenders	Young Urban Intenders	Low-Income Traditionalists	Conventional Skeptics	Ready-to-Limit Conservatives	Ready-to-Limit Pragmatists
Overall, which method do you think will be the best for you?						
Diaphragm, cap, shield	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%
Female condom	0.2%	0.7%	0.0%	0.1%	0.0%	0.5%
Implants	0.4%	0.6%	0.0%	0.0%	0.4%	0.0%
Injectables	6.4%	6.1%	7.7%	7.7%	12.2%	4.6%
IUD	8.7%	5.2%	10.7%	9.4%	3.2%	7.1%
Ligation	7.8%	11.3%	2.8%	4.2%	8.6%	4.4%
Male condom	6.2%	9.4%	1.9%	1.4%	2.1%	1.6%
Patch	0.0%	1.1%	0.1%	0.2%	0.6%	0.1%
Pill	50.8%	40.0%	48.5%	41.9%	35.3%	31.3%
Spermicide	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Vasectomy	0.7%	0.3%	0.0%	1.9%	1.1%	0.0%
BBT	0.0%	0.4%	0.0%	0.0%	0.0%	4.4%
Calendar/rhythm	10.4%	16.9%	13.1%	15.4%	19.1%	22.2%
LAM	0.7%	0.0%	0.2%	0.0%	0.1%	0.0%
Mucus, billings, ovulation	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%
Standard Days	1.1%	0.2%	0.0%	0.0%	1.3%	0.0%
Symptothermal	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Withdrawal	4.8%	7.6%	12.1%	17.0%	16.0%	22.6%
Other	0.7%	0.0%	1.8%	0.5%	0.2%	1.0%
Refused to answer	1.2%	0.0%	1.1%	0.1%	0.1%	0.4%
Last FP method used[3]						
Female condom	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%
Injectables	0.0%	0.0%	4.6%	11.7%	14.0%	5.7%
IUD	0.0%	0.0%	14.3%	13.8%	4.0%	5.0%
Male condom	19.8%	0.8%	4.3%	1.3%	6.4%	2.2%
Pills	37.3%	15.3%	46.5%	49.1%	51.5%	52.1%
BBT	4.2%	0.0%	0.0%	0.0%	0.0%	0.0%
Calendar/rhythm	10.7%	43.2%	10.8%	8.8%	7.6%	12.7%
LAM	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%
Mucus, billings, ovulation	0.0%	0.0%	0.6%	0.0%	0.0%	0.0%
Standard days	0.0%	0.0%	0.0%	0.0%	2.5%	0.0%
Withdrawal	28.0%	40.7%	18.1%	14.3%	14.1%	22.3%
Other	0.0%	0.0%	0.4%	1.0%	0.0%	0.0%

[1] "Ever used FP method" was limited to current nonusers who report a history of sexual intercourse.
[2] Unmet need was applied only to married women; we did not report unmet need of women in first two segments because few were married
[3] "Last FP method used" was limited to women who have ever used any FP methods

ANNEX H: SEGMENT CHARACTERISTICS – LIFESTYLES AND VALUES

TABLE 11: LIFESTYLE AND VALUES BY SEGMENT

	Young Rural Intenders	Young Urban Intenders	Low-Income Traditionalists	Conventional Skeptics	Ready-to-Limit Conservatives	Ready-to-Limit Pragmatists
Attitudes towards health sectors						
The quality of care in public health clinics is poor						
Strongly disagree	23.2%	20.0%	22.4%	25.6%	19.9%	10.9%
Disagree	11.5%	18.7%	13.4%	25.5%	10.4%	16.2%
Neither agree nor disagree	24.8%	32.0%	20.5%	16.2%	33.4%	35.9%
Agree	21.8%	19.0%	22.5%	15.5%	16.0%	21.1%
Strongly agree	18.2%	10.1%	20.7%	17.2%	20.3%	15.9%
Refused to answer	0.6%	0.0%	0.5%	0.0%	0.0%	0.0%
The cost of seeing a private doctor is too high						
Strongly disagree	11.5%	9.7%	15.6%	10.7%	13.1%	15.8%
Disagree	6.4%	11.0%	6.8%	7.8%	7.4%	8.2%
Neither agree nor disagree	20.5%	28.0%	16.9%	10.3%	20.7%	6.2%
Agree	22.6%	22.7%	22.4%	16.3%	13.1%	19.0%
Strongly agree	38.4%	28.6%	38.3%	54.8%	45.7%	50.9%
Refused to answer	0.7%	0.0%	0.1%	0.1%	0.0%	0.0%
Midwives provide good quality health care						
Strongly disagree	4.2%	8.4%	1.7%	5.6%	8.8%	2.8%
Disagree	8.8%	9.9%	10.7%	4.2%	11.8%	4.5%
Neither agree nor disagree	18.9%	33.6%	16.0%	16.6%	22.5%	21.1%
Agree	26.4%	19.9%	27.8%	26.3%	19.1%	22.6%
Strongly agree	41.5%	27.1%	43.9%	47.2%	37.6%	45.6%
Refused to answer	0.2%	1.1%	0.0%	0.0%	0.2%	3.3%
Private health care clinics are too expensive						
Strongly disagree	7.0%	11.3%	9.2%	11.3%	9.6%	12.5%
Disagree	7.7%	10.7%	7.9%	7.3%	7.4%	7.5%
Neither agree nor disagree	21.4%	20.0%	15.5%	13.5%	20.7%	11.9%
Agree	27.4%	21.0%	30.1%	27.1%	18.0%	20.4%
Strongly agree	36.3%	36.9%	37.2%	40.5%	44.0%	47.7%
Refused to answer	0.2%	0.0%	0.1%	0.2%	0.2%	0.0%

	Young Rural Intenders	Young Urban Intenders	Low-Income Traditionalists	Conventional Skeptics	Ready-to-Limit Conservatives	Ready-to-Limit Pragmatists
People should not rely so much on health care professionals to take care of their own health						
Strongly disagree	13.7%	26.1%	12.8%	12.4%	18.4%	20.2%
Disagree	11.0%	19.3%	15.8%	10.6%	10.1%	14.8%
Neither agree nor disagree	26.0%	16.7%	25.1%	23.0%	25.0%	15.6%
Agree	23.0%	19.2%	19.5%	26.5%	18.0%	22.1%
Strongly agree	26.1%	18.6%	26.8%	27.5%	28.4%	27.3%
Refused to answer	0.2%	0.0%	0.0%	0.0%	0.1%	0.0%
Protecting and improving health						
Maintaining a healthy body weight is…						
Not at all important	0.5%	0.3%	0.5%	0.1%	0.7%	0.0%
Somewhat unimportant	0.1%	4.4%	3.3%	0.7%	0.2%	0.0%
Neither important nor unimportant	8.4%	6.5%	6.5%	4.1%	4.2%	2.7%
Somewhat important	15.1%	13.8%	17.4%	11.1%	12.0%	14.2%
Very important	75.9%	74.9%	72.3%	84.1%	83.0%	83.1%
Refused to answer	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%
Reducing stress level is…						
Not at all important	3.5%	3.7%	3.0%	2.1%	2.0%	6.0%
Somewhat unimportant	2.9%	2.5%	3.3%	4.1%	2.7%	1.3%
Neither important nor unimportant	14.5%	10.3%	15.4%	13.5%	12.9%	5.6%
Somewhat important	19.0%	12.9%	22.1%	17.9%	20.7%	13.7%
Very important	60.1%	70.6%	56.3%	62.5%	61.7%	73.4%
Being happy with myself is…						
Not at all important	0.2%	0.1%	0.7%	1.9%	0.7%	0.8%
Somewhat unimportant	1.2%	0.6%	4.4%	2.1%	0.4%	0.4%
Neither important nor unimportant	10.2%	4.2%	6.0%	6.0%	9.3%	8.5%
Somewhat important	20.3%	13.6%	22.5%	13.8%	12.8%	14.1%
Very important	68.1%	81.5%	66.5%	76.2%	76.9%	76.2%
Staying physically fit is…						
Not at all important	3.3%	0.8%	2.3%	5.5%	4.5%	0.2%
Somewhat unimportant	2.0%	4.5%	4.9%	2.3%	3.0%	0.9%
Neither important nor unimportant	12.8%	9.8%	9.8%	11.1%	10.2%	11.0%
Somewhat important	19.8%	18.7%	21.5%	24.3%	17.5%	23.5%
Very important	62.1%	66.2%	61.4%	56.9%	64.7%	64.5%

	Young Rural Intenders	Young Urban Intenders	Low-Income Traditionalists	Conventional Skeptics	Ready-to-Limit Conservatives	Ready-to-Limit Pragmatists
Refused to answer	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
Eating a nutritious diet is…						
Not at all important	0.2%	0.0%	0.2%	0.0%	0.1%	0.0%
Somewhat unimportant	0.9%	5.0%	0.2%	0.1%	0.1%	0.0%
Neither important nor unimportant	4.6%	4.4%	6.2%	2.3%	2.5%	2.0%
Somewhat important	10.0%	10.8%	19.5%	8.9%	4.9%	4.5%
Very important	84.3%	79.0%	74.0%	88.7%	92.3%	93.5%
Refused to answer	0.0%	0.9%	0.0%	0.0%	0.0%	0.0%
Importance of family planning method attributes						
Effectiveness at preventing pregnancy						
Not at all important	5.6%	11.4%	2.4%	2.1%	2.8%	0.9%
Somewhat unimportant	2.0%	1.2%	4.3%	1.6%	2.1%	0.2%
Neither important nor unimportant	14.0%	13.2%	14.3%	4.5%	7.0%	5.7%
Somewhat important	26.0%	25.8%	22.9%	18.8%	17.7%	28.5%
Very important	48.6%	47.8%	55.5%	72.7%	70.4%	64.6%
Refused to answer	4.0%	0.5%	0.6%	0.4%	0.0%	0.1%
Ease of use						
Not at all important	5.0%	5.5%	2.2%	3.4%	3.2%	0.5%
Somewhat unimportant	4.6%	6.3%	3.3%	3.0%	4.9%	2.4%
Neither important nor unimportant	19.5%	21.8%	15.2%	12.6%	13.7%	10.3%
Somewhat important	24.8%	28.6%	30.8%	29.3%	22.6%	19.3%
Very important	41.2%	36.4%	47.9%	51.6%	55.6%	67.2%
Refused to answer	4.9%	1.4%	0.6%	0.1%	0.0%	0.3%
Convenience to get/purchase						
Not at all important	3.8%	7.4%	2.0%	3.4%	5.9%	0.9%
Somewhat unimportant	7.5%	7.6%	5.6%	5.2%	1.8%	1.3%
Neither important nor unimportant	22.0%	29.4%	20.1%	20.9%	12.4%	13.4%
Somewhat important	23.8%	17.9%	29.3%	20.1%	21.9%	27.4%
Very important	38.9%	37.3%	42.3%	50.3%	57.4%	56.9%
Refused to answer	4.1%	0.5%	0.7%	0.1%	0.6%	0.1%
Interference with women's sexual pleasure						
Not at all important	8.9%	12.0%	8.8%	10.8%	14.1%	11.3%
Somewhat unimportant	10.5%	17.8%	18.3%	10.7%	9.8%	7.1%

	Young Rural Intenders	Young Urban Intenders	Low-Income Traditionalists	Conventional Skeptics	Ready-to-Limit Conservatives	Ready-to-Limit Pragmatists
Neither important nor unimportant	32.6%	32.1%	33.0%	25.8%	30.1%	28.6%
Somewhat important	25.5%	18.2%	20.7%	27.2%	20.0%	16.6%
Very important	16.2%	16.1%	17.6%	25.2%	24.4%	35.8%
Refused to answer	6.3%	3.8%	1.6%	0.3%	1.6%	0.5%
Interference with men's sexual pleasure						
Not at all important	9.3%	17.4%	10.6%	8.5%	12.3%	9.8%
Somewhat unimportant	10.4%	14.9%	17.2%	11.8%	10.3%	7.4%
Neither important nor unimportant	35.0%	30.7%	30.1%	26.2%	32.0%	31.9%
Somewhat important	23.1%	17.9%	19.5%	24.5%	18.7%	15.1%
Very important	15.7%	18.3%	21.3%	28.8%	25.7%	34.4%
Refused to answer	6.5%	0.8%	1.5%	0.2%	1.1%	1.3%
Affordable						
Not at all important	2.8%	6.7%	2.4%	1.4%	2.1%	0.4%
Somewhat unimportant	4.3%	1.9%	3.2%	4.9%	4.8%	2.5%
Neither important nor unimportant	22.3%	19.9%	18.1%	15.5%	19.4%	14.9%
Somewhat important	25.1%	20.8%	28.0%	27.8%	19.7%	24.3%
Very important	41.3%	50.2%	47.6%	50.4%	53.8%	57.9%
Refused to answer	4.3%	0.5%	0.7%	0.0%	0.3%	0.1%
Associated health risks to the woman						
Not at all important	2.6%	5.7%	4.1%	3.9%	3.4%	6.5%
Somewhat unimportant	7.1%	3.7%	5.7%	5.6%	3.5%	3.6%
Neither important nor unimportant	22.9%	24.9%	30.5%	25.6%	19.1%	14.5%
Somewhat important	25.9%	21.7%	24.8%	19.8%	17.8%	16.6%
Very important	36.5%	44.0%	34.2%	45.0%	56.3%	58.7%
Refused to answer	5.0%	0.1%	0.8%	0.1%	0.0%	0.1%
Accordance with personal/religious beliefs						
Not at all important	5.6%	8.2%	7.1%	6.0%	6.4%	5.9%
Somewhat unimportant	3.9%	2.5%	5.9%	7.5%	6.7%	7.5%
Neither important nor unimportant	21.5%	23.1%	23.8%	24.3%	26.4%	19.1%
Somewhat important	26.2%	26.3%	24.3%	18.2%	18.4%	15.6%
Very important	38.9%	39.8%	38.0%	43.8%	42.1%	51.8%
Refused to answer	3.9%	0.2%	0.9%	0.2%	0.0%	0.1%

	Young Rural Intenders	Young Urban Intenders	Low-Income Traditionalists	Conventional Skeptics	Ready-to-Limit Conservatives	Ready-to-Limit Pragmatists
Effectiveness at preventing STDs						
Not at all important	6.9%	9.6%	6.5%	6.1%	7.5%	5.5%
Somewhat unimportant	6.0%	1.7%	4.4%	5.8%	2.5%	2.9%
Neither important nor unimportant	18.8%	18.3%	23.7%	21.9%	17.3%	11.6%
Somewhat important	25.2%	11.1%	23.3%	16.7%	14.2%	12.6%
Very important	38.2%	58.4%	40.8%	49.5%	57.7%	67.2%
Refused to answer	4.9%	0.9%	1.4%	0.1%	0.9%	0.1%
Endorsement/approval from people who matter						
Not at all important	3.2%	8.0%	4.2%	4.5%	8.0%	3.1%
Somewhat unimportant	4.5%	3.4%	3.5%	4.2%	4.5%	1.9%
Neither important nor unimportant	27.1%	21.3%	23.6%	18.1%	20.9%	15.0%
Somewhat important	26.7%	18.6%	27.2%	20.8%	16.6%	34.9%
Very important	34.5%	48.5%	40.2%	52.3%	50.0%	45.0%
Refused to answer	4.1%	0.2%	1.3%	0.0%	0.1%	0.1%
Personal life priorities						
Being financially stable and secure is…						
Not at all important	1.0%	1.8%	1.2%	1.8%	1.3%	0.0%
Somewhat unimportant	4.4%	0.2%	0.5%	1.1%	0.5%	5.6%
Neither important nor unimportant	12.8%	5.0%	9.8%	6.6%	5.6%	2.4%
Somewhat important	23.1%	17.2%	21.2%	17.8%	12.1%	9.3%
Very important	58.7%	75.9%	67.1%	72.7%	79.7%	82.7%
Refused to answer	0.0%	0.0%	0.1%	0.0%	0.8%	0.0%
Being hip, cool, and on the cutting edge is…						
Not at all important	19.6%	23.8%	33.1%	25.6%	31.2%	24.9%
Somewhat unimportant	14.8%	12.9%	14.7%	17.4%	30.1%	34.5%
Neither important nor unimportant	23.4%	33.4%	19.8%	33.1%	16.9%	19.2%
Somewhat important	20.6%	14.5%	18.8%	13.5%	11.3%	10.5%
Very important	21.6%	15.4%	13.5%	10.4%	10.5%	11.0%
Refused to answer	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%
Being in control of life is…						
Not at all important	1.8%	3.1%	2.7%	1.7%	1.6%	1.3%
Somewhat unimportant	2.5%	0.7%	4.8%	3.0%	2.0%	5.6%

	Young Rural Intenders	Young Urban Intenders	Low-Income Traditionalists	Conventional Skeptics	Ready-to-Limit Conservatives	Ready-to-Limit Pragmatists
Neither important nor unimportant	18.6%	14.2%	13.8%	12.3%	9.0%	6.0%
Somewhat important	22.4%	17.9%	27.7%	22.3%	25.3%	27.7%
Very important	54.7%	64.2%	51.0%	60.8%	62.1%	59.4%
Refused to answer	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
Being successful is…						
Not at all important	1.2%	1.2%	1.7%	0.3%	1.3%	0.0%
Somewhat unimportant	0.7%	1.1%	3.0%	2.0%	0.5%	0.0%
Neither important nor unimportant	10.1%	2.5%	9.2%	8.3%	6.6%	7.3%
Somewhat important	22.9%	17.5%	24.0%	22.8%	17.6%	14.6%
Very important	65.1%	77.7%	62.0%	66.5%	74.0%	78.1%
Refused to answer	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
Being open minded is…						
Not at all important	0.6%	0.0%	2.1%	1.3%	0.4%	0.0%
Somewhat unimportant	1.3%	1.3%	1.2%	0.3%	0.8%	0.2%
Neither important nor unimportant	12.3%	5.2%	16.5%	9.2%	4.4%	2.2%
Somewhat important	20.8%	18.1%	18.7%	17.4%	19.2%	22.1%
Very important	65.0%	75.4%	61.5%	71.7%	75.2%	75.6%
Refused to answer	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%
Relying on religious beliefs as a source of comfort is…						
Not at all important	3.8%	7.8%	4.5%	1.3%	2.6%	1.4%
Somewhat unimportant	4.4%	4.4%	6.0%	4.3%	6.4%	5.5%
Neither important nor unimportant	21.4%	19.9%	18.7%	23.8%	14.0%	15.9%
Somewhat important	26.1%	17.6%	28.9%	21.6%	18.5%	33.0%
Very important	44.1%	50.4%	41.8%	49.0%	58.6%	44.2%
Refused to answer	0.2%	0.0%	0.1%	0.0%	0.0%	0.0%
Having a good reputation is…						
Not at all important	0.9%	1.9%	3.4%	0.3%	1.6%	0.3%
Somewhat unimportant	2.2%	0.0%	0.7%	1.9%	0.7%	0.0%
Neither important nor unimportant	11.1%	2.8%	11.1%	6.4%	3.8%	3.7%
Somewhat important	18.3%	16.2%	20.1%	17.8%	14.9%	16.2%
Very important	67.5%	79.1%	64.7%	73.7%	79.1%	79.8%
Refused to answer	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%

	Young Rural Intenders	Young Urban Intenders	Low-Income Traditionalists	Conventional Skeptics	Ready-to-Limit Conservatives	Ready-to-Limit Pragmatists
Having a fun and interesting life is…						
Not at all important	1.1%	0.9%	0.8%	1.3%	1.1%	0.4%
Somewhat unimportant	1.3%	0.1%	2.2%	0.8%	0.7%	0.6%
Neither important nor unimportant	11.5%	2.4%	8.9%	11.7%	6.5%	1.9%
Somewhat important	19.0%	10.5%	22.0%	16.2%	11.5%	18.4%
Very important	67.1%	86.2%	66.0%	70.0%	80.3%	78.8%
Refused to answer	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
General shopping attitudes						
I only buy products and services from a trusted brand						
Strongly disagree	14.5%	8.2%	15.8%	11.4%	10.3%	11.8%
Disagree	10.5%	7.9%	14.3%	15.1%	7.1%	6.5%
Neither agree nor disagree	22.8%	11.5%	17.5%	18.9%	17.7%	17.9%
Agree	23.0%	21.1%	18.8%	16.7%	18.5%	16.3%
Strongly agree	29.3%	51.5%	33.7%	37.9%	46.4%	47.5%
I always try to buy things on sale						
Strongly disagree	12.5%	5.0%	17.7%	10.8%	11.3%	5.1%
Disagree	15.2%	13.0%	11.9%	13.3%	17.9%	21.4%
Neither agree nor disagree	26.3%	22.0%	20.4%	20.6%	26.8%	34.3%
Agree	24.5%	26.5%	25.1%	19.7%	22.3%	16.2%
Strongly agree	21.6%	33.5%	25.0%	35.6%	21.8%	23.0%
I am willing to pay extra to get high quality						
Strongly disagree	13.3%	19.7%	20.4%	9.7%	11.4%	8.3%
Disagree	10.6%	4.2%	9.4%	12.2%	6.4%	7.8%
Neither agree nor disagree	26.5%	19.2%	28.1%	31.4%	19.7%	30.3%
Agree	29.8%	22.0%	24.2%	25.4%	30.6%	17.9%
Strongly agree	19.8%	34.9%	17.9%	21.4%	31.8%	35.8%
I am motivated more by ease of use than by price						
Strongly disagree	10.8%	13.5%	9.4%	6.7%	9.7%	7.6%
Disagree	9.7%	9.3%	10.4%	16.3%	5.2%	6.0%
Neither agree nor disagree	28.6%	32.2%	28.0%	30.6%	30.3%	31.6%
Agree	24.2%	19.6%	26.2%	19.4%	31.2%	36.9%
Strongly agree	26.8%	25.5%	26.1%	27.0%	23.6%	18.0%

	Young Rural Intenders	Young Urban Intenders	Low-Income Traditionalists	Conventional Skeptics	Ready-to-Limit Conservatives	Ready-to-Limit Pragmatists
I am always one of the first among my friends to try new products or services						
Strongly disagree	23.4%	26.4%	24.1%	28.7%	24.2%	23.9%
Disagree	17.9%	15.5%	20.4%	15.0%	21.0%	19.4%
Neither agree nor disagree	25.0%	34.1%	24.7%	21.4%	31.8%	26.1%
Agree	19.1%	11.3%	18.8%	20.9%	12.7%	23.9%
Strongly agree	14.5%	12.8%	12.0%	14.0%	10.3%	6.8%
Refused to answer	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%

ANNEX I: SEGMENT CHARACTERISTICS – COMMUNICATION

TABLE 12: COMMUNICATION, INFORMATION, AND FAMILY PLANNING BELIEFS BY SEGMENT

	Young Rural Intenders	Young Urban Intenders	Low-Income Traditionalists	Conventional Skeptics	Ready-to-Limit Conservatives	Ready-to-Limit Pragmatists
Mass media habits						
Watch television	88.6%	97.6%	72.9%	82.2%	98.3%	98.8%
Type of television programming watched[1]						
Cartoons/anime	24.5%	37.0%	6.5%	18.9%	23.2%	19.4%
Business/livelihood	89.0%	85.3%	97.5%	91.2%	78.4%	82.0%
Children's shows	17.5%	22.2%	4.0%	13.0%	25.0%	19.0%
Comedy	49.6%	59.2%	29.3%	44.3%	50.1%	49.2%
Cooking show	22.8%	31.4%	8.4%	13.2%	33.5%	32.8%
Daily noontime or variety show	58.5%	47.6%	48.4%	58.4%	65.3%	70.8%
Documentaries	14.4%	29.6%	4.5%	8.0%	21.7%	33.9%
Drama	62.7%	60.4%	59.5%	58.2%	62.4%	60.7%
English movies	30.1%	45.4%	11.3%	30.3%	34.0%	44.4%
Fashion and lifestyle	17.1%	44.7%	2.9%	7.8%	17.4%	34.5%
Foreign shows/series	16.6%	25.9%	3.6%	7.5%	21.1%	28.7%
Game shows	45.5%	48.3%	29.6%	31.2%	43.9%	56.5%
Horror shows	28.3%	38.1%	9.2%	22.4%	17.4%	31.5%
Music videos/MTV	35.0%	55.7%	11.6%	15.3%	36.9%	27.1%
News	66.8%	66.9%	61.7%	75.0%	81.9%	82.5%
Political/current affairs	20.4%	27.2%	7.9%	19.4%	29.7%	34.1%
Reality challenge show	15.9%	36.2%	5.1%	6.7%	18.0%	21.9%
Religious program	15.9%	11.0%	9.4%	12.1%	20.7%	24.3%
Romance show	20.6%	30.6%	10.1%	24.6%	20.3%	10.1%
Showbiz talk show	40.8%	46.8%	16.6%	21.7%	43.5%	38.6%
Sports	29.3%	24.8%	9.6%	14.4%	25.2%	28.1%
Tagalog movies	47.5%	47.7%	37.3%	49.1%	49.1%	55.2%
Talent show/search	31.9%	41.1%	11.0%	20.0%	29.9%	35.2%
Talk show	38.1%	44.4%	16.0%	33.8%	45.1%	49.9%
Teleserye/Fanataserye (daily series)	86.6%	72.5%	81.8%	81.4%	83.3%	88.1%

	Young Rural Intenders	Young Urban Intenders	Low-Income Traditionalists	Conventional Skeptics	Ready-to-Limit Conservatives	Ready-to-Limit Pragmatists
Weekend variety show	29.3%	35.4%	19.3%	22.8%	40.3%	21.4%
Listen to the radio	78.1%	80.8%	65.0%	56.6%	62.2%	100.0%
Type of radio programming listened to[2]						
News	35.6%	24.2%	56.8%	60.8%	0.0%	100.0%
AM music	23.7%	17.8%	30.3%	33.1%	19.4%	24.3%
FM music	81.1%	93.7%	57.9%	74.5%	87.5%	74.8%
Talk show	5.2%	5.4%	3.3%	4.2%	0.2%	14.5%
Drama/radio novella	34.9%	11.8%	57.6%	43.8%	10.9%	32.2%
Religious program	5.8%	6.7%	7.5%	11.2%	1.7%	13.3%
Educational	5.4%	4.0%	2.2%	6.2%	0.0%	15.6%
Sports	3.0%	3.8%	1.6%	2.8%	0.0%	7.1%
Read print material	76.4%	90.4%	49.3%	76.4%	74.9%	78.7%
Type of print material[3]						
Newspapers	24.9%	26.6%	27.1%	27.9%	22.9%	26.9%
Tabloids	9.0%	10.9%	21.6%	23.3%	37.8%	36.6%
Magazine	21.4%	28.9%	11.8%	6.3%	13.4%	6.9%
Comic books	7.1%	2.4%	11.9%	3.3%	1.1%	1.7%
Pocket book	20.7%	13.0%	10.9%	21.6%	12.2%	14.5%
Educational book	7.5%	6.5%	1.4%	3.2%	3.0%	2.0%
Bible/Koran	4.6%	0.4%	15.0%	13.3%	6.2%	8.0%
Other	4.9%	11.4%	0.1%	1.1%	3.5%	3.5%
Internet use	18.1%	54.0%	0.0%	3.5%	16.0%	19.3%
Location of Internet access[4]						
Home	8.5%	17.0%		0.0%	48.1%	22.2%
Work	1.8%	1.4%		0.0%	0.6%	1.4%
Internet café	64.0%	70.3%		96.3%	47.2%	55.0%
School	23.0%	5.9%		3.2%	0.0%	0.4%
Relative's home	2.3%	0.0%		0.4%	0.0%	3.8%
Cell phone	0.0%	0.0%		0.0%	0.7%	0.0%
Neighbor's home	0.0%	0.0%		0.0%	3.5%	0.0%
Municipal hall	0.0%	0.5%		0.0%	0.0%	0.0%
Other	0.4%	4.9%		0.0%	0.0%	17.2%
Household has cell phone	57.1%	86.0%	13.7%	26.3%	80.1%	75.2%

	Young Rural Intenders	Young Urban Intenders	Low-Income Traditionalists	Conventional Skeptics	Ready-to-Limit Conservatives	Ready-to-Limit Pragmatists
Reason for no current use of modern FP method						
Concern about health risks	12.9%	17.1%	12.1%	18.0%	7.9%	14.0%
Conflicts with religious beliefs	1.3%	1.1%	5.3%	0.7%	4.7%	11.5%
Partner disapproves	12.2%	1.4%	12.5%	18.3%	12.9%	16.3%
Unacceptable side effects	3.6%	36.0%	26.8%	27.8%	22.8%	8.2%
Difficult to use	0.0%	6.6%	1.4%	6.9%	4.8%	3.5%
Trusted sources of FP advice- family and friends						
Partner	21.3%	15.0%	81.9%	84.2%	82.6%	90.4%
Friends	67.0%	63.5%	58.3%	56.3%	56.9%	67.0%
Mother	90.9%	92.3%	72.2%	80.6%	77.3%	77.4%
Father	62.4%	54.1%	51.2%	43.8%	24.3%	38.2%
Sister	69.1%	61.0%	67.5%	56.6%	62.2%	68.7%
Brother	42.1%	32.7%	44.8%	28.7%	20.7%	38.6%
Daughter	1.3%	0.2%	32.2%	16.7%	11.4%	15.0%
Son	1.1%	0.1%	21.3%	12.5%	11.0%	8.8%
Mother-in-law	15.2%	5.8%	55.9%	58.9%	38.1%	54.7%
Extended family	67.0%	53.5%	65.5%	51.8%	55.8%	53.4%
NOT trusted sources of FP information- family and friends						
Partner	9.9%	9.4%	5.4%	10.0%	9.3%	3.9%
Friends	31.9%	35.2%	36.5%	41.3%	41.7%	31.7%
Mother	3.4%	4.0%	8.7%	9.9%	12.6%	14.1%
Father	24.6%	38.3%	20.5%	36.5%	51.0%	47.2%
Sister	18.8%	19.5%	20.4%	35.1%	31.7%	24.9%
Brother	4260.0%	47.6%	40.4%	61.9%	69.7%	52.3%
Daughter	7.8%	4.3%	35.8%	41.6%	35.2%	36.0%
Son	6.9%	2.3%	41.9%	38.7%	36.8%	35.8%
Mother-in-law	7.2%	5.6%	20.3%	29.6%	44.1%	25.7%
Extended family	29.4%	37.9%	31.4%	44.8%	40.6%	45.6%
Trusted sources of FP advice- general sources						
Religious leaders	48.4%	30.2%	57.3%	36.6%	29.6%	40.4%
Employers	16.1%	4.6%	17.9%	8.2%	11.3%	24.5%
Coworkers	13.3%	9.9%	14.7%	16.8%	15.2%	36.4%
Doctors	92.9%	89.5%	90.8%	82.9%	97.0%	93.3%
Nurses	82.4%	73.0%	84.3%	79.5%	67.1%	84.2%
Midwives	77.7%	43.2%	88.5%	79.7%	65.6%	82.2%

	Young Rural Intenders	Young Urban Intenders	Low-Income Traditionalists	Conventional Skeptics	Ready-to-Limit Conservatives	Ready-to-Limit Pragmatists
Brgy. health station workers	82.3%	60.5%	83.9%	84.6%	76.2%	79.6%
Pharmacist	50.6%	47.0%	53.9%	49.0%	49.5%	57.0%
Pharmacy employees, other than pharmacist	34.9%	24.0%	41.0%	33.2%	18.6%	34.4%
An older person	52.4%	56.4%	65.8%	43.5%	39.3%	55.6%
School system/educators	51.5%	48.6%	56.8%	39.9%	31.9%	43.2%
News reports on television	35.8%	33.2%	30.3%	35.0%	30.5%	38.7%
Government agency/ workers	34.4%	21.0%	33.0%	21.8%	14.6%	34.2%
Product advertisements	26.6%	24.8%	25.1%	16.1%	22.0%	29.0%
Internet websites	16.6%	25.6%	4.9%	5.0%	6.6%	16.2%
Articles in magazines or newspapers	23.9%	28.6%	15.3%	15.5%	19.0%	26.3%
A current FP user	67.5%	72.9%	68.9%	67.9%	63.7%	72.6%
NOT trusted sources FP information- general sources						
Religious leaders	46.3%	68.6%	36.3%	61.4%	69.9%	58.8%
Employers	66.9%	84.0%	59.8%	78.7%	83.4%	69.4%
Coworkers	62.3%	64.4%	54.6%	61.6%	74.7%	45.9%
Doctors	5.9%	10.5%	8.0%	8.6%	3.0%	6.6%
Nurses	15.7%	26.9%	14.2%	20.1%	32.9%	15.7%
Midwives	20.2%	54.7%	11.0%	20.0%	34.1%	17.6%
Brgy. health station workers	15.8%	39.1%	15.4%	15.0%	23.6%	20.3%
Pharmacist	44.4%	52.6%	40.9%	50.0%	49.9%	41.3%
Pharmacy employees, other than pharmacist	60.3%	74.6%	53.0%	65.7%	80.8%	63.4%
An older person	45.2%	42.4%	29.0%	54.6%	57.8%	43.2%
School system/educators	45.4%	51.3%	40.1%	58.5%	67.3%	55.5%
News reports on television	61.1%	66.7%	61.8%	64.0%	68.0%	59.1%
Government agency/ workers	60.5%	77.7%	63.5%	76.5%	82.2%	64.2%
Product advertisements	69.6%	75.1%	69.7%	81.3%	76.6%	68.7%
Internet websites	74.4%	71.2%	78.6%	89.0%	90.9%	81.1%
Articles in magazines or newspapers	70.0%	70.5%	74.0%	81.5%	78.8%	71.8%
A current family planning user	28.8%	26.4%	28.9%	29.4%	36.2%	27.4%
Who should be responsible for FP decisions in a married couple						
Mainly the wife's decision	9.2%	10.6%	11.9%	12.5%	18.6%	23.3%

	Young Rural Intenders	Young Urban Intenders	Low-Income Traditionalists	Conventional Skeptics	Ready-to-Limit Conservatives	Ready-to-Limit Pragmatists
Mainly the man's decision	7.5%	3.5%	9.6%	8.7%	4.4%	5.9%
Joint decision	82.6%	86.0%	78.2%	78.9%	77.0%	70.8%
Don't know	0.7%	0.0%	0.3%	0.0%	0.0%	0.0%
Who should be responsible for FP decisions in a sexually active, unmarried couple in a committed relationship						
Mainly the woman's decision	14.5%	12.9%	21.8%	20.1%	22.6%	25.0%
Mainly the man's decision	11.1%	9.3%	14.5%	8.0%	8.6%	9.5%
Joint decision	73.4%	77.8%	63.1%	71.8%	67.8%	65.4%
Don't know	1.0%	0.0%	0.5%	0.1%	1.0%	0.1%
Who should be responsible for FP decisions in a sexually active, unmarried couple not in a committed relationship						
Mainly the woman's decision	28.4%	42.9%	36.2%	39.3%	34.3%	36.3%
Mainly the man's decision	8.2%	11.8%	5.6%	6.2%	9.2%	9.8%
Joint decision	62.1%	45.3%	57.7%	54.4%	55.6%	53.8%
Don't know	1.3%	0.0%	0.5%	0.2%	0.9%	0.1%
Does your partner approve or disapprove of couples using FP methods to limit or space pregnancies?						
Approve	45.9%	51.2%	59.4%	71.8%	84.8%	66.9%
Disapprove	15.8%	10.1%	33.5%	25.6%	12.3%	30.5%
Don't know	36.7%	35.2%	7.1%	2.6%	2.1%	2.6%
Refused	1.5%	3.6%	0.0%	0.0%	0.8%	0.0%
FP attitudes						
A woman does not need to consult her partner when deciding to use family planning						
Strongly disagree	41.3%	46.0%	44.8%	51.1%	47.8%	50.6%
Disagree	11.9%	18.2%	17.3%	15.3%	14.1%	18.0%
Neither agree nor disagree	17.5%	19.4%	9.7%	9.2%	10.2%	12.5%
Agree	14.2%	6.6%	9.3%	8.0%	5.4%	3.6%
Strongly agree	12.8%	9.7%	18.5%	16.3%	22.4%	15.4%
Refused to answer	2.3%	0.3%	0.3%	0.0%	0.1%	0.0%
If a couple uses family planning, the man is less likely to be faithful						
Strongly disagree	40.2%	50.5%	40.1%	39.2%	57.4%	68.0%
Disagree	15.4%	12.0%	16.3%	19.1%	14.1%	18.3%
Neither agree nor disagree	19.3%	22.6%	23.0%	24.2%	13.8%	5.9%
Agree	16.6%	6.9%	12.9%	7.4%	5.1%	4.2%
Strongly agree	6.3%	6.1%	7.2%	10.1%	9.3%	3.5%
Refused to answer	2.1%	1.8%	0.6%	0.0%	0.3%	0.1%

	Young Rural Intenders	Young Urban Intenders	Low-Income Traditionalists	Conventional Skeptics	Ready-to-Limit Conservatives	Ready-to-Limit Pragmatists
If a couple uses family planning, the woman is less likely to be faithful						
Strongly disagree	42.3%	52.5%	43.9%	43.0%	60.0%	71.1%
Disagree	14.8%	19.7%	16.6%	19.6%	15.0%	15.5%
Neither agree nor disagree	20.5%	19.9%	23.9%	23.0%	12.7%	6.0%
Agree	11.4%	3.8%	9.2%	6.8%	5.2%	4.0%
Strongly agree	8.0%	3.6%	5.9%	7.7%	7.1%	3.3%
Refused to answer	3.0%	0.6%	0.5%	0.0%	0.1%	0.1%
If a man chooses to wear a condom during intercourse with his wife/partner, it means he thinks that his wife/partner is unclean						
Strongly disagree	40.0%	47.6%	52.0%	44.0%	64.8%	65.8%
Disagree	17.8%	19.3%	14.2%	18.5%	13.5%	13.3%
Neither agree nor disagree	15.3%	13.1%	15.1%	24.3%	11.2%	10.9%
Agree	15.9%	4.0%	11.5%	3.9%	5.2%	3.7%
Strongly agree	6.0%	14.2%	6.5%	9.2%	5.2%	6.3%
Refused to answer	5.0%	1.8%	0.7%	0.1%	0.2%	0.0%
A man should support a woman's decision to use family planning to protect her health						
Strongly disagree	5.3%	4.2%	6.9%	2.6%	2.9%	0.6%
Disagree	2.1%	3.3%	1.9%	2.9%	4.7%	3.1%
Neither agree nor disagree	14.4%	11.9%	18.1%	10.1%	8.9%	4.0%
Agree	28.1%	18.1%	24.2%	23.9%	15.0%	15.6%
Strongly agree	48.7%	62.5%	48.5%	60.5%	68.3%	76.8%
Refused to answer	1.5%	0.0%	0.5%	0.1%	0.3%	0.0%
Men do not want to use FP methods because they interfere with sexual pleasure						
Strongly disagree	18.7%	25.7%	20.6%	19.2%	28.3%	26.3%
Disagree	14.6%	12.0%	14.2%	12.1%	16.9%	13.5%
Neither agree nor disagree	31.6%	39.0%	33.8%	24.9%	25.2%	24.5%
Agree	17.3%	8.8%	15.5%	25.0%	16.3%	23.7%
Strongly agree	11.8%	11.9%	15.4%	18.4%	12.9%	7.1%
Refused to answer	6.1%	2.8%	0.6%	0.4%	0.5%	4.9%
Parents should counsel couples on the use of family planning						
Strongly disagree	2.3%	1.2%	7.1%	3.6%	5.3%	1.0%
Disagree	4.8%	2.2%	3.4%	2.8%	3.0%	2.6%
Neither agree nor disagree	20.8%	12.8%	18.5%	16.3%	13.8%	14.2%

	Young Rural Intenders	Young Urban Intenders	Low-Income Traditionalists	Conventional Skeptics	Ready-to-Limit Conservatives	Ready-to-Limit Pragmatists
Agree	24.6%	23.9%	28.4%	34.7%	21.1%	23.8%
Strongly agree	46.8%	59.8%	42.1%	42.6%	56.7%	58.5%
Refused to answer	0.8%	0.1%	0.5%	0.0%	0.1%	0.0%
Couples should listen to religious leaders regarding family planning						
Strongly disagree	3.3%	7.7%	4.9%	3.7%	8.8%	2.7%
Disagree	5.4%	10.0%	7.5%	11.2%	5.4%	6.8%
Neither agree nor disagree	29.1%	27.5%	21.7%	23.2%	28.1%	31.0%
Agree	26.0%	18.5%	25.3%	32.5%	21.2%	33.6%
Strongly agree	34.9%	36.3%	40.2%	29.5%	36.4%	25.9%
Refused to answer	1.2%	0.1%	0.5%	0.0%	0.1%	0.0%
Religious beliefs should not influence a couple's decisions regarding family planning						
Strongly disagree	6.9%	11.9%	8.0%	8.6%	13.3%	8.2%
Disagree	8.4%	5.3%	10.8%	5.7%	10.6%	20.7%
Neither agree nor disagree	32.3%	37.5%	29.7%	42.3%	30.1%	37.2%
Agree	22.9%	18.0%	26.7%	20.3%	17.4%	16.3%
Strongly agree	27.0%	27.3%	24.3%	23.0%	28.3%	17.6%
Refused to answer	2.6%	0.1%	0.5%	0.0%	0.3%	0.0%
Health providers are biased by religious beliefs when giving advice on family planning						
Strongly disagree	7.7%	12.0%	6.6%	6.2%	17.0%	12.5%
Disagree	12.1%	4.9%	9.8%	21.3%	13.2%	26.8%
Neither agree nor disagree	26.3%	35.4%	27.7%	27.5%	31.4%	16.1%
Agree	22.8%	23.2%	22.6%	17.9%	14.4%	13.9%
Strongly agree	29.9%	24.5%	32.9%	26.7%	23.9%	30.6%
Refused to answer	1.2%	0.0%	0.5%	0.3%	0.1%	0.0%
Employers should provide access to FP information and products in the workplace						
Strongly disagree	3.4%	5.8%	4.2%	3.2%	7.9%	3.5%
Disagree	8.5%	9.0%	8.7%	5.8%	9.1%	7.3%
Neither agree nor disagree	26.3%	26.1%	28.4%	28.4%	18.4%	28.6%
Agree	28.9%	23.4%	33.7%	38.9%	33.8%	33.2%
Strongly agree	31.6%	34.1%	24.3%	23.5%	30.7%	27.5%
Refused to answer	1.4%	1.7%	0.8%	0.2%	0.2%	0.0%

	Young Rural Intenders	Young Urban Intenders	Low-Income Traditionalists	Conventional Skeptics	Ready-to-Limit Conservatives	Ready-to-Limit Pragmatists
Family planning is beneficial to the health of the family						
Strongly disagree	1.3%	7.7%	5.2%	2.5%	3.8%	2.6%
Disagree	3.4%	1.1%	4.6%	3.4%	1.3%	5.9%
Neither agree nor disagree	16.3%	9.0%	16.2%	11.4%	7.7%	12.9%
Agree	29.7%	13.8%	26.7%	21.1%	16.7%	16.3%
Strongly agree	47.4%	68.4%	47.1%	61.6%	70.2%	62.3%
Refused to answer	2.0%	0.0%	0.3%	0.1%	0.3%	0.0%
Family planning decreases the financial burden on a family						
Strongly disagree	3.4%	5.1%	6.6%	4.6%	2.6%	3.2%
Disagree	3.5%	1.3%	4.8%	2.1%	1.5%	5.8%
Neither agree nor disagree	19.8%	14.6%	13.4%	8.9%	8.4%	11.9%
Agree	22.3%	13.7%	23.0%	18.6%	13.6%	10.3%
Strongly agree	50.1%	65.3%	52.1%	65.7%	73.7%	68.8%
Refused to answer	0.9%	0.0%	0.2%	0.1%	0.3%	0.0%
It is wise to think about family planning before you become sexually active						
Strongly disagree	3.6%	5.6%	5.9%	3.5%	2.7%	2.6%
Disagree	4.4%	1.4%	5.7%	6.2%	4.7%	2.0%
Neither agree nor disagree	21.9%	17.7%	26.8%	16.3%	9.3%	12.8%
Agree	26.6%	13.9%	24.1%	32.5%	22.3%	23.9%
Strongly agree	41.6%	61.3%	37.3%	41.4%	60.8%	58.7%
Refused to answer	1.9%	0.0%	0.2%	0.1%	0.3%	0.0%
There is no need to think about family planning until you have had your first child						
Strongly disagree	15.5%	31.3%	12.2%	11.8%	13.3%	15.9%
Disagree	9.1%	9.2%	7.9%	5.2%	9.4%	13.1%
Neither agree nor disagree	21.5%	20.9%	23.5%	25.9%	28.0%	20.7%
Agree	28.0%	18.3%	26.5%	24.3%	18.2%	22.8%
Strongly agree	23.9%	20.2%	30.0%	32.7%	30.9%	27.5%
Refused to answer	2.0%	0.0%	0.0%	0.1%	0.3%	0.0%
It is wrong to use family planning because the number of children you have should be left up to God						
Strongly disagree	18.0%	37.8%	22.1%	15.0%	25.8%	26.6%
Disagree	9.6%	11.1%	7.6%	21.4%	13.6%	5.9%
Neither agree nor disagree	29.3%	30.3%	24.6%	22.9%	28.9%	37.1%

	Young Rural Intenders	Young Urban Intenders	Low-Income Traditionalists	Conventional Skeptics	Ready-to-Limit Conservatives	Ready-to-Limit Pragmatists
Agree	19.4%	9.9%	22.4%	20.9%	17.5%	10.3%
Strongly agree	21.8%	10.8%	23.0%	19.7%	14.0%	20.1%
Refused to answer	1.9%	0.0%	0.2%	0.1%	0.3%	0.0%
Attitudes about marriage and sexuality						
Today's media encourages premarital sex						
Strongly disagree	14.5%	26.0%	18.6%	19.8%	15.9%	21.8%
Disagree	11.1%	17.2%	13.9%	10.2%	10.0%	14.4%
Neither agree nor disagree	25.1%	18.3%	21.2%	18.6%	28.3%	18.6%
Agree	22.8%	18.8%	18.9%	19.9%	21.6%	13.5%
Strongly agree	25.7%	19.7%	25.4%	31.1%	23.0%	31.7%
Refused to answer	0.8%	0.0%	2.1%	0.5%	1.3%	0.1%
Sex education in schools encourages premarital sex						
Strongly disagree	13.4%	17.4%	13.4%	18.4%	12.5%	16.6%
Disagree	13.3%	12.5%	12.8%	14.3%	11.5%	15.6%
Neither agree nor disagree	23.4%	19.4%	24.1%	23.5%	24.6%	21.2%
Agree	25.3%	20.5%	29.7%	16.5%	20.6%	11.8%
Strongly agree	23.9%	30.1%	18.2%	27.0%	30.4%	34.6%
Refused to answer	0.7%	0.0%	1.8%	0.5%	0.5%	0.1%
I would be happy if I got pregnant before marriage						
Strongly disagree	42.9%	51.9%	41.7%	47.3%	46.4%	52.2%
Disagree	12.4%	14.1%	18.0%	15.2%	13.1%	17.8%
Neither agree nor disagree	16.3%	12.7%	15.0%	14.1%	12.7%	14.3%
Agree	13.1%	5.0%	8.9%	7.5%	7.8%	4.2%
Strongly agree	15.2%	16.3%	15.9%	15.9%	19.8%	11.6%
Refused to answer	0.2%	0.0%	0.6%	0.0%	0.1%	0.0%
Pregnancy before marriage is not socially acceptable						
Strongly disagree	25.5%	34.4%	20.5%	23.5%	37.4%	39.3%
Disagree	13.9%	10.1%	19.1%	24.9%	16.8%	17.1%
Neither agree nor disagree	26.5%	28.7%	25.9%	23.1%	22.1%	21.2%
Agree	15.7%	10.6%	14.5%	13.8%	12.3%	10.3%
Strongly agree	18.0%	16.3%	20.0%	14.6%	10.4%	12.1%
Refused to answer	0.4%	0.0%	0.0%	0.0%	0.9%	0.0%

	Young Rural Intenders	Young Urban Intenders	Low-Income Traditionalists	Conventional Skeptics	Ready-to-Limit Conservatives	Ready-to-Limit Pragmatists
A woman who gets pregnant before marriage cannot properly support her baby						
Strongly disagree	23.8%	34.2%	18.3%	21.7%	39.0%	40.1%
Disagree	14.1%	18.3%	16.6%	25.9%	13.7%	12.5%
Neither agree nor disagree	26.1%	23.6%	29.6%	24.1%	22.8%	23.6%
Agree	19.4%	12.8%	17.3%	15.5%	15.2%	13.7%
Strongly agree	16.5%	11.0%	18.3%	12.8%	9.2%	10.0%
Refused to answer	0.2%	0.0%	0.0%	0.1%	0.1%	0.0%
If a woman has numerous children, one right after another, she will not be able to properly take care of them						
Strongly disagree	14.8%	18.0%	14.1%	14.0%	19.7%	16.6%
Disagree	9.6%	7.3%	7.2%	11.2%	8.3%	6.1%
Neither agree nor disagree	26.1%	20.5%	25.5%	25.8%	19.8%	15.2%
Agree	20.7%	13.8%	24.7%	18.9%	12.7%	14.2%
Strongly agree	28.7%	40.5%	28.3%	30.2%	39.5%	47.9%
Refused to answer	0.2%	0.0%	0.3%	0.0%	0.1%	0.0%
A woman should pursue her career before having children						
Strongly disagree	7.1%	7.8%	9.4%	7.9%	7.8%	3.9%
Disagree	6.4%	6.4%	6.4%	11.0%	5.0%	3.4%
Neither agree nor disagree	21.5%	15.4%	18.7%	17.9%	15.6%	15.9%
Agree	27.7%	10.2%	28.5%	16.9%	18.6%	23.3%
Strongly agree	37.1%	60.2%	37.1%	46.3%	52.9%	53.5%
Refused to answer	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%
A woman should not have children after age 45						
Strongly disagree	14.5%	19.9%	16.9%	14.3%	17.2%	15.5%
Disagree	6.1%	11.3%	5.3%	7.0%	6.4%	4.2%
Neither agree nor disagree	24.3%	20.3%	23.3%	18.9%	13.0%	16.7%
Agree	22.8%	11.9%	16.9%	21.8%	14.4%	13.4%
Strongly agree	30.9%	36.6%	37.6%	38.1%	48.9%	50.1%
Refused to answer	1.4%	0.0%	0.1%	0.0%	0.2%	0.2%

[1] Type of television programming watched was only reported for those who responded that they did watch television.
[2] Type of radio programming was only reported for those who responded that they did listen to the radio.
[3] Type of print material was only reported for those who responded that they did read print material.
[4] Internet access locations were only reported for those who responded that they did use the Internet.