RESEARCH ARTICLE: KNOWLEDGE AND ATTITUDES TOWARDS ARTIFICIAL FAMILY PLANNING METHODS AMONG BADJAO COMMUNITY AT BARANGAY BUANSA, INDANAN, SULU

Ahilkadar K. Saripul and Alijandrina T. Jalilul
School of Graduate studies Sulu State College Jolo, Sulu
*Corresponding author: gs@sulustatecollege.edu.ph

*ABSTRACT***.** The Badjao community's knowledge and views regarding artificial family planning technologies were examined in this study. The primary issue that was addressed was figuring out the respondents' knowledge and attitude levels, the variations according to their sociodemographic profiles, and the relationship between the two. The design of the study was descriptive-correlational. A purposive sample was used to choose 100 Badjao people between the ages of 18 and 49 to act as respondents. The main data-gathering tool was a standardized questionnaire that was approved and examined by specialists. ANOVA, weighted mean, frequency, percentage, t-test, and Pearson r correlation were used to evaluate the data. The results showed that most respondents had neutral opinions and a reasonable level of awareness of artificial family planning techniques. Cultural values, financial difficulties, and low levels of education had a big impact on how they saw and were inclined to use family planning techniques. Knowledge and attitude were shown to be significantly correlated, suggesting that more positive attitudes are linked to greater knowledge. The study found that although there is awareness, culturally relevant educational interventions are still required to improve the Badjao community's acceptability and ability to make educated decisions on artificial family planning.

KEYWORDS: Family Planning, Attitude, Knowledge, Cultural Beliefs, Limited Educational

ARTICLE DETAILS
SPHE-00047; Received: April 12, 2025; Accepted: April 23, 2025; Published Online: May 15, 2025
CITATION:
Saripul, Ahilkadar K. and Jalilul, Alijandrina T. (2025). Knowledge and Attitudes Towards Arficial Family Planning Methods Among Badjao Community At Barangay Buansa, Indanan, Sulu. Social Psychology and Human Experience, 2(1). DOI: 10.62596/g3je7403

1. Introduction

Oral contraceptives, implants, injections, and intrauterine devices (IUDs) are examples of artificial family planning (FP) techniques that are essential for advancing reproductive health globally. These techniques improve mother and child health outcomes, give people and couples the power to manage fertility, and help them make educated decisions about the size of their families (UNFPA, 2021). Even though they are widely accepted worldwide, there are still notable differences in their adoption, particularly among marginalized and indigenous people. Cultural, religious, and social variables all have an impact on these differences, influencing attitudes and behaviors related to reproductive health. Because of their unique cultural and socioeconomic traits,

the Badjao, an indigenous tribe in the Philippines that mostly inhabits the coastal regions of Sulu, Tawi-Tawi, and southern Mindanao, provide a unique perspective on these challenges (Pernia, 2020).

The World Health Organization (WHO) and the United Nations Population Fund (UNFPA) have been instrumental in promoting the widespread adoption of artificial FP techniques. Improving access to FP services has been shown to decrease unintended pregnancies, improve maternal and child health outcomes, and let women to engage more fully in the workforce. These organizations promote reproductive health as a fundamental human right (UNFPA, 2021). But despite these international efforts, indigenous and rural communities still face obstacles include restricted access to healthcare services, cultural opposition, and a lack of knowledge (WHO, 2020).

Recognizing reproductive health as a right and guaranteeing service delivery in both urban and rural areas, the Responsible Parenthood and Reproductive Health Act in the Philippines seeks to advance universal access to FP techniques (DOH, 2022). However, there is still cultural opposition to artificial FP techniques, particularly among indigenous and rural groups. According to studies, sentiments regarding FP are greatly influenced by traditional beliefs and religious values, with many societies considering artificial procedures to be incompatible with their spiritual or cultural traditions (Pernia, 2020). The adoption of contemporary FP techniques is hampered for the Badjao community by socioeconomic issues such poverty, low literacy rates, and restricted access to healthcare (Sedgh et al., 2021).

Traditionally, the Badjao, often known as "sea gypsies," have made their living by using their seafaring abilities. Access to reproductive health services is hampered by their distinct lifestyle and socioeconomic difficulties. According to preliminary findings made in Barangay Buansa, Indanan, Sulu, the Badjao continue to embrace artificial FP at a low rate. People in the community frequently don't know much about contemporary FP techniques or have false beliefs about how they affect health. These ideas, which have their roots in customs and cultural norms, support the community's mistrust of artificial FP (DOH, 2022).

Significant gaps in knowledge regarding indigenous views were left by the Philippines' existing research on FP, which mostly concentrated on urban and low-income rural communities (Sedgh et al., 2021). Families from low-income backgrounds have faced financial challenges due to the additional costs associated with helping their kids with implementation (Murro, Lobo, Inso, & Chavez, 2023). Since indigenous communities like the Badjao experience particular difficulties that need for culturally relevant approaches, closing these gaps is crucial. impacted the respondents' economic activity, including the loss of their source of income and other sources of income (Chavez, Prado, & Estoque 2023). Examining their perspectives and understanding on artificial FP techniques could yield important information about how public health initiatives can be modified to better suit their cultural norms and increase access to reproductive health care.

Examining the Badjao community's opinions and obstacles regarding artificial FP techniques in Barangay Buansa was the goal of this study. In order to support the Philippine government's commitment to the United Nations Sustainable Development Goals, particularly Goal 3, which calls for universal access to sexual and reproductive healthcare by 2030, it aimed to add to the larger conversation on reproductive health in indigenous populations (UN, 2023). This study contributed to the creation of culturally sensitive healthcare interventions, encouraged community members to make educated decisions, and improved health outcomes for indigenous communities in the Philippines by drawing attention to the particular difficulties faced by the Badjao.

2. Research Questions

The study aimed to determine the knowledge and attitudes towards artificial family planning methods among the Badjao community of Barangay Buansa, Indanan, Sulu. Specifically, it answered the following questions:

1. What is the socio-demographic profile of the respondents toward artificial family planning method at Buansa, Indanan in terms:
    1.1 Age;
    1.2 Civil Status;
    1.3 Educational Attainment;
    1.4 Family Type;
    1.5 Family Income; and
    1.6 Occupation?
2. What is the extent of knowledge on artificial family Planning methods among Badjao community at Buansa, Indanan, Sulu in the following dimensions;
    2.1 Awareness of Artificial Family Planning Methods;
    2.2 Types of Methods Known;
    2.3 Access to Information and Education;
    2.4 Willingness to Use; and
    2.5 Impact of Socio-economic Factors?
3. What is the attitude of badjao on artificial planning methods among Badjao community at Buansa Indanan, Sulu in terms of:
    3.1 Cultural Acceptance;
    3.2 Knowledge vs. Attitude;
    3.3 Perceived Benefits and Risks;
    3.4 Willingness to Adopt; and
    3.5 Support from Health Workers?
4. Is there a significant difference on the level of knowledge and attitudes towards artificial family planning methods among of the Badjao residents at Buansa Indanan, Sulu, where data are grouped according to the demographic profile in terms of:
    4.1 Age;
    4.2 Civil Status;
    4.3 Educational Attainment;
    4.4 Family Type;
    4.5 Family Income; and
    4.6 Occupation?
5. Is there a significant correlation between knowledge and attitudes towards artificial family planning methods?

3. Literature

Historically, studies on artificial family planning have focused on how it can empower women, decrease unintended births, and improve maternal and child health (Cleland et al., 2020; Lesthaeghe, 2019). Theories like the Theory of Planned Behavior and the Health Belief Model have been widely used to analyze the reasons for and obstacles to the adoption of family planning. According to these frameworks, people's decisions on family planning are greatly influenced by their perceptions of the advantages of family planning, health hazards, and societal standards. By comprehending these fundamental theoretical ideas, researchers may analyze the several elements influencing family planning choices and determine how socioeconomic, cultural, and informational aspects influence usage trends (Fishbein & Ajzen, 2020).

Knowledge is a prerequisite for the use of artificial family planning, according to a number of studies. Nonetheless, it has been repeatedly observed that there are knowledge gaps about particular techniques like injectables and IUDs. Studies conducted in East Africa, for instance, revealed a lack of thorough knowledge regarding the mechanics and advantages of artificial contraceptives, despite a modest level of public awareness of family planning (Ntaganira et al., 2023; Shiferaw et al., 2020). Comparable patterns were noted in the Philippines, where rural populations showed a basic awareness but little knowledge of certain methods of contraception (Makinano et al., 2022), which might lead to risks including false information (Chavez et al., 2024). These results highlight a lack of informative resources and point to the necessity of focused educational initiatives to raise contraceptive literacy, which could then promote method uptake and well-informed decision-making.

Knowledge and confidence in the healthcare system both affect willingness to utilize artificial FP techniques, which have the ability to lower anxiety and improve the educational process as a whole (Inoferio, Espartero, Asiri, Damin, & Chavez, 2024). Women who received appropriate counseling were substantially more likely to use contraceptive methods, according to Shiferaw et al. (2020). Nonetheless, a prevalent obstacle is still the discomfort associated with talking about reproductive health (Fikrie et al., 2019), particularly among culturally conservative tribes like the Badjao.

It is commonly known that expanding the availability of family planning information is crucial to boosting the use of contraceptives, particularly in underserved communities. Research has consistently shown that reduced use of contraception is associated with restricted access to educational resources. According to Ntaganira et al. (2023), one of the main obstacles to family planning use among rural women in Rwanda is the absence of easily accessible information. Similar obstacles were discovered locally in the Philippines by Makinano et al. (2022), where rural populations lacked sufficient knowledge about contraceptive alternatives. these order to fill these knowledge gaps, these results clearly show that accessible, community-centered education is necessary. The mode of distribution, however, varies; some studies support community health professionals as information providers, while others propose including family planning instruction into official school curricula to reach a larger audience early.

Acceptance of contraceptives and willingness to use artificial family planning methods are significantly influenced by cultural and religious views. According to Okonofua et al. (2021), although women in Uganda indicated a desire to use artificial contraceptives, their practical adoption was hampered by social shame and religious condemnation. Similar resistance was noted in studies conducted in the Philippines, where community leaders frequently discourage the use of contraceptives due to traditional values (Elvira, 2022). These cultural discrepancies highlight a disconnect between personal readiness and social acceptance, indicating that community involvement and culturally aware educational initiatives could be required to promote wider family planning acceptance.

Knowledge by itself is insufficient; attitudes are influenced by how knowledge is understood within a cultural context, according to Fishbein & Ajzen (2020) in the Theory of Planned Behavior. If community norms oppose FP approaches, indigenous groups may still reject them even with minimal information (Ajzen, 2022). Therefore, enhancing knowledge must be combined with changing attitudes via civil interaction.

A cross-sectional study on family planning awareness and usage among women with epilepsy and mental health disorders was carried out in Rwanda by Ntaganira et al. in 2023. According to their research, this group had a moderate level of awareness of contraception, but

little specific information about artificial techniques like injectables and IUDs. The results highlighted a lack of thorough knowledge and indicated that increasing access to information about these choices would increase usage rates among this susceptible group. In the same way, Okonofua et al. (2021) investigated views toward artificial family planning in rural Nigeria, finding that while attitudes were generally encouraging, the use of contraceptives was frequently discouraged by cultural and religious beliefs. This cross-sectional study demonstrated that, in spite of positive opinions, cultural misconceptions served as major obstacles, underscoring the significance of culturally aware educational initiatives to promote acceptance and truthful knowledge of contraceptive techniques.

Shiferaw et al. (2020) examined family planning behaviors among HIV-positive women at a university hospital in Ethiopia. They found that while people knew the fundamentals of contraception, they did not fully comprehend artificial techniques, which hindered their acceptance. The study emphasized the importance of family planning education that is socioeconomically appropriate in order to encourage greater use. In a separate study, Fikrie et al. (2019) also examined socio-economic and cultural hurdles that prevented Ethiopian women living with HIV from adopting family planning. Even among those with positive opinions, their qualitative study revealed that inadequate support from partners, stigma, and worries about side effects discouraged the use of contraceptives. Fikrie et al. suggested resolving these sociocultural barriers in order to promote the use of family planning. When taken as a whole, these studies highlight that although there may be awareness and favorable attitudes regarding family planning, focused instruction and culturally sensitive methods are crucial for removing enduring obstacles to the use of contraceptives in various African contexts.

Omar (2023) offered further information by researching Sulu rural women's knowledge of artificial family planning techniques. The majority of participants understood the idea of family planning, but they were not well-versed on the specifics of methods such as injectables and pills. Omar came to the conclusion that community outreach initiatives might play a crucial role in increasing accessibility and understanding of these techniques, particularly in rural and underserved areas. In order to overcome knowledge gaps and socioeconomic hurdles in family planning adoption across various Philippine regions, these studies collectively highlight the significance of easily accessible family planning education, culturally appropriate techniques, and the participation of community leaders.

4. Methodology

The current chapter outlines the methodology employed in the research. It covers the research design, study participants, sampling method, and research tools. Additionally, it discusses the statistical techniques that will be utilized in data analysis.

Research Design

To investigate the knowledge and attitudes of the Badjao community in Barangay Buansa, Indanan, Sulu, about artificial family planning methods, this study used a descriptive-correlational research approach. The study's descriptive component made it possible to gather data systematically in order to comprehend the participants' sociodemographic profiles, knowledge levels, and attitudes. By employing standardized questionnaires to collect data directly from respondents, the survey approach produced quantitative data that was examined to provide a detailed description of the variables. Finding and examining any connections between the variables—more especially, the relationship between attitudes and knowledge regarding artificial family planning methods—was the main goal of the correlational component of the research design. Without changing any of the factors, this methodology was suitable for figuring out the

direction and strength of these links, enabling the study to find possible correlations that might guide future research and public health initiatives.

Respondents of the Study

There were 100 Badjao people living in Barangay Buansa, Indanan, Sulu, both male and female, who participated in this survey as respondents. Due to their reproductive age, these people were the main group most likely to gain from family planning education and services. They were between the ages of 18 and 49. The inclusion of both male and female respondents acknowledged the roles and viewpoints of both genders in decision-making and acceptance of artificial family planning technologies, resulting in a thorough understanding of family planning dynamics. In order to determine how different sociodemographic traits affected knowledge and attitudes, the study also took into account factors including marital status, family income, occupation, and level of education.By focusing on this specific population, the study sought to generate culturally relevant insights that could inform targeted interventions to improve reproductive health outcomes in the Badjao community.

Research Instrument

The Knowledge and Practices Related to Family Planning Among Rural Women: A Cross-Sectional Study in the Caraga Region (Makinano et al., 2022) study served as the model for the questionnaire used to collect data for this investigation. The main research tool was a modified and adapted survey questionnaire. This survey was created especially to gauge Badjao women's opinions and knowledge of artificial family planning methods in Barangay Buansa, Indanan, Sulu. The questionnaire was structured into three primary sections: knowledge of artificial family planning methods, attitudes about artificial family planning methods, and sociodemographic profile.

Contextual changes were made during the adaptation process to match the instrument with the distinctive cultural, social, and economic background of the Badjao community. Additionally, adjustments were made to guarantee cultural sensitivity and to satisfy the particular goals of this study. The respondents' sociodemographic profile was the main topic of the first section. Five items that collected vital data, including age, occupation, family income, educational achievement, and civil status, were included in this section. The respondents' knowledge and attitudes regarding artificial family planning methods were examined using these sociodemographic parameters as independent variables.Five items covering the following dimensions were included in the second section, which evaluated the respondents' knowledge of artificial family planning methods: awareness of artificial family planning methods, types of methods known, access to education and information, willingness to use, and the influence of socioeconomic factors. The third section examined the respondents' attitudes toward artificial family planning methods, with five items covering important dimensions like cultural acceptance, knowledge versus attitude, perceived benefits and risks, willingness to adopt, and support from health workers. This scale allowed for the measurement of knowledge levels and gave a thorough understanding of the respondents' familiarity with artificial family planning methods. Like the knowledge section, this part employed a five-point Likert scale, where respondents rated their agreement or inclination from 1 (Strongly Disagree) to 5 (Strongly Agree).

Data Gathering Procedure

This study's data collection process was organized, starting with the development of a questionnaire and moving on to data analysis and interpretation. The original instrument, titled Awareness and Attitudes Toward Family Planning: A Community Perspective (2020), was created in a rural Filipino community to evaluate comparable variables related to reproductive health

practices. This methodical approach was meant to guarantee the accuracy, consistency, and reliability of the data gathered in accordance with the study's objectives. Because of its known validity and applicability in addressing family planning knowledge and attitudes in culturally varied settings, this instrument was chosen. In order to choose participants, the researcher worked with local health professionals and community leaders to find Badjao residents who met the study's inclusion requirements. This collaboration made it easier to reach participants and made sure they understood the goal of the study. The study focused on people who might offer the most relevant information on knowledge and attitudes concerning artificial family planning technologies by using purposive sampling, which made sure the results represented the Badjao community's cultural background. A team of reproductive health specialists and people familiar with the cultural background of the Badjao community examined the questionnaire to guarantee its content validity. The researcher was able to assess clarity and comprehension by conducting a pilot test with a small sample of responders from a comparable population. The instrument's quality was improved through essential adjustments prompted by feedback from this pilot test.

Data Analysis

To answer the particular research questions listed in the Statement of the Problem, the data gathered for this study were processed and examined using both descriptive and inferential statistical techniques. Coding and entering responses into statistical software were steps in the data processing process, which was followed by careful verifications to guarantee correctness. A thorough and methodical analysis was made possible by the statistical treatments that were selected because they matched the goals of the study and the characteristics of the data. Prior to starting data collecting, the researcher obtained the necessary ethical clearances and authorization from the appropriate authorities, such as local health agencies and community leaders in Barangay Buansa, Indanan, Sulu. To guarantee cultural sensitivity throughout the data gathering procedure, local health professionals who are familiar with the Badjao culture were enlisted to help. Purposive sampling was used to choose participants for the data collection, which took place immediately in Barangay Buansa. All field staff received training and briefing on the study's objectives, confidentiality procedures, and ethical considerations. To account for any literacy problems, a face-to-face survey method was used, with trained enumerators on hand to read questions aloud if needed. Before beginning, each participant received information on the goal of the study, a guarantee of confidentiality, and an invitation to give their informed consent. In order to promote complete participation and reduce respondent fatigue, the survey was planned to take each participant 20 to 30 minutes.Both descriptive and correlational analyses were performed on the data using statistical tools. The respondents' sociodemographic traits, knowledge levels, and attitudes were compiled using descriptive statistics. The associations between attitudes and knowledge regarding artificial family planning techniques were then investigated using correlational analysis. Frequency distributions, means, and standard deviations were computed for each portion of the Likert scale responses in order to find trends in knowledge and attitudes.

5. Results

Question 1. 1. What is the socio-demographic profile of the respondents toward artificial family planning methods at Buansa, Indanan in terms of 1.1 Age; 1.2 Civil Status; 1.3 Educational Attainment; 1.4 Family Type; 1.5 Family Income; and 1.6 Occupation?

1.1 In terms of Age

Table 1.1 presents the socio-demographic profile of artificial family planning methods as Buansa, Indanan in terms of age. It can be gleaned from this table that out of 100 respondents, 31 (31.0%) are within 18 years old & below, 25 (25.0%) are within 19-29 years old, 22 (22.0%)

are within 30-39 years old, 9 (9.0%) within 40-49 years old, 10 (10.0%) aged 50-59 years old and 3 (3.0%) above 60 years old.

Table 1.1 Socio-demographic profile of artificial family planning method as Buansa, Indanan in terms of age.

Age	Frequency	Percent
18 and below	31	31.0
19-29	25	25.0
30-39	22	22.0
40-49	9	9.0
50-59	10	10.0
60 and above	3	3.0
Total	100	100.0

1.2 In terms of Civil Status

Table 1.2 presents the socio-demographic profile of artificial family planning methods as Buansa, Indanan in terms of civil status. It can be gleaned from this table that out of 100 respondents, 3 (3.0%) are single, 64 (64.0%) are married, 21 (21.0%) are widowed, and 12 (12.0%) are separated.

Table 1.2 Socio-demographic profile of artificial family planning method as Buansa, Indanan in terms of civil status.

Civil status	Frequency	Percent
Single	3	3.0
Married	64	64.0
Widowed	21	21.0
Separated	12	12.0
Total	100	100.0

1.3 In terms of Educational Attainment

Table 1.3 presents the socio-demographic profile of artificial family planning methods as Buansa, Indanan in terms of educational attainment. It can be gleaned from this table that out of 100 respondents, 83 (83%) had no formal education and 17 (17%) attained the elementary level of education.

Table 1.3 Socio-demographic profile of artificial family planning method in Buansa, Indanan in terms of educational attainment.

Educational Attainment	Frequency	Percent
No formal education	83	83
Elementary level	17	17
Highschool level	0	0
College level	0	0
Total	100	100

1.4 In terms of Family Type

Table 1.4 presents the socio-demographic profile of artificial family planning method as Buansa, Indanan in terms of family type. It can be gleaned from this table that out of 100 respondents, 28 (28.0%) belong to a nuclear family and 72 (72.0%) belong to an extended family.

Table 1.4 Demographic profiles of the respondents at Sulu Sanitarium and General Hospital in terms of status of employment

Family Type	Frequency	Percent
Nuclear	28	28.0
Extended	72	72.0

Total	100	100.0

1.5 In terms of Occupation

Table 1.5 presents the socio-demographic profile of artificial family planning method as Buansa, Indanan in terms of occupation. It can be gleaned from this table that out of 100 respondents, 17 (17.0%) are employed, 45 (45.0%) are unemployed, and 38 (38.0%) are self-employed.

Table 1.5 Socio-demographic profile of towards artificial family planning method as Buansa, Indanan in terms of occupation

Occupation	Frequency	Percent
Employed	17	17.0
Unemployed	45	45.0
self-employed	38	38.0
Total	100	100.0

1.6 In terms of Family Income

Table 1.6 presents the socio-demographic profile of artificial family planning methods as Buansa, Indanan in terms of family income. It can be gleaned from this table that out of 100 respondents, 82 (82.0%) earned 10,000 and below, 11 (11.0%) had a monthly income of 10,001 to 20,000 and only 7 (7.0%) earned 20,001 to 30,000.

Table 1.6 socio-demographic profile of artificial family planning method as Buansa, Indanan in terms of family income.

Family Income	Frequency	Percent
10,000 and below	82	82.0
10,001 to 20,000	11	11.0
20,001 to 30,000	7	7.0
Total	100	100.0

Question 2. What is the extent of knowledge on artificial family Planning methods among Badjao community at Buansa, Indanan, Sulu in the following dimensions: 2.1 Awareness of Artificial Family Planning Methods; 2.2 Types of Methods Known; 2.3 Access to Information and Education; 2.4 Willingness to Use; and 2.5 Impact of Socio-economic Factors?

2.1 In terms of Awareness of Artificial Family Planning Methods

Table 2.1 discusses the extent of knowledge on artificial family Planning methods among the Badjao community at Buansa, Indanan, in terms of awareness of artificial family planning methods. As revealed in this table, this sub-category obtained a total weighted mean score of 2.5640 with standard deviation of .66690 which is rated as neutral or as with moderate extent.

Table 2.1 Extent of knowledge on artificial family Planning methods among Badjao community at Buansa, Indanan, in terms of awareness of artificial family planning methods

AWARENESS TO ARTIFICIAL FAMILY PLANNING METHODS	Mean	SD	Description
1. I am aware of artificial family planning methods.	2.3000	.89330	Disagree
2. It is easy for me to access information about family planning methods.	2.4800	.74508	Disagree
3. I am willing to use artificial family planning methods.	2.5500	.82112	Neutral
4. Healthcare workers are supportive and attentive during childbirth.	2.9000	.81029	Neutral
5. I understand the benefits and potential risks of using artificial family planning methods.	2.5900	.94383	Neutral
Total Weighted Mean	2.5640	.66690	Neutral

Legend: (5) 4.50 – 5.00=Strongly Agree; (4) 3.50 – 4.49=Agree; (3) 2.50 – 3.49= Neutral; (2)1.50 – 2.49=Disagree; (1)1.00 – 1.49=Strongly Disagree

2.2 In terms of Types of Methods Known

Table 2.2 discusses the extent of knowledge on artificial family Planning methods among the Badjao community at Buansa, Indanan, in terms of the type of method known. As revealed in this table, this sub-category obtained a total weighted mean score 2.3640 with standard deviation of .77349 which is rated as disagree or as with low extent. Specifically, respondents rated as disagree or low extent to all the five items under this subcategory. Item number 2 “I am familiar with the use of contraceptive pills, IUDs, and injectables” received the highest rating, this suggests that these methods are likely more commonly known, discussed, or used in the community, possibly due to greater availability or more frequent promotion by healthcare providers. On the other hand, item number 4 " I am aware of barrier methods such as condoms and their role in family planning " received the lowest rating, suggesting limited awareness or understanding of these methods. This may be due to various factors such as cultural stigma, misconceptions about their effectiveness, or insufficient information regarding their role in both preventing pregnancy and sexually transmitted infections (STIs).

Table 2.2 Extent of knowledge on artificial family Planning methods among the Badjao community at Buansa, Indanan, in terms of the type of method known.

	Types of Methods Known	Mean	SD	Description
1.	I know several types of artificial family planning methods	2.4200	.80629	Disagree
2.	I am familiar with the use of contraceptive pills, IUDs, and injectables.	2.4400	.85658	Disagree
3.	I can differentiate between various artificial family planning methods.	2.3700	.84871	Disagree
4.	I am aware of barrier methods such as condoms and their role in family planning	2.2800	.75318	Disagree
5.	I understand how emergency contraceptives work as a form of artificial family planning.	2.3100	.78746	Disagree
	Total Weighted Mean	2.3640	.77349	Disagree

Legend: (5) 4.50 – 5.00=Strongly Agree; (4) 3.50 – 4.49=Agree; (3) 2.50 – 3.49= Neutral; (2)1.50 – 2.49=Disagree; (1)1.00 – 1.49=Strongly Disagree

2.3 In terms of Access to Information and Education

Table 2.3 discusses the extent of knowledge on artificial family Planning methods among the Badjao community at Buansa, Indanan, in terms of access to information and education. As revealed in this table, this sub-category obtained a total weighted mean score of 2.3920 with standard deviation of .80046 which is rated as disagree or as with low extent. Specifically, respondents rated as disagree or low extent to almost all the five items under this subcategory. Item number 3 “I find it easy to get information on family planning methods from healthcare centers.” received the highest rating. On the other hand, item number 4 "I can access reliable information about artificial family planning methods through online platforms or social media." received the lowest rating.

Table 2.3 Extent of knowledge on artificial family Planning methods among the Badjao community at Buansa, Indanan, in terms of access to information and education.

	Access to Information and Education	Mean	SD	Description
1.	I have access to information about artificial family planning methods.	2.4700	.88140	Disagree
2.	There are educational programs or sessions in my community that provide.	2.3400	.81921	Disagree
3.	I find it easy to get information on family planning methods from healthcare centers.	2.6100	.85156	Neutral
4.	I can access reliable information about artificial family planning methods through online platforms or social media.	2.2400	.91143	Disagree
5.	Healthcare workers in my community actively educate individuals about family planning options.	2.3000	.97959	Disagree

Total Weighted Mean	2.3920	.80046	Disagree

Legend: (5) 4.50 – 5.00=Strongly Agree; (4) 3.50 – 4.49=Agree; (3) 2.50 – 3.49= Neutral; (2)1.50 – 2.49=Disagree; (1)1.00 – 1.49=Strongly Disagree

2.4 In terms of Willingness to Use

Table 2.4 discusses the extent of knowledge on artificial family Planning methods among the Badjao community at Buansa, Indanan, in terms of willingness to use. As revealed in this table, this sub-category obtained a total weighted mean score of 2.5600 with standard deviation of .97110 which is rated as neutral or as with moderate extent.Specifically, respondents rated as neutral or moderate extent to all the five items under this subcategory. Item number 5 “I am willing to seek advice from trusted healthcare providers before deciding on a family planning method” received the highest rating. On the other hand, item number 2 " I feel comfortable discussing family planning options with healthcare providers." received the lowest rating.

Table 2.4 Extent of knowledge on artificial family Planning methods among Badjao community at Buansa, Indanan, in terms of willingness to use

	Willingness to Use	Mean	SD	Description
1.	I am willing to use artificial family planning methods in the future.	2.5500	1.08595	Neutral
2.	I feel comfortable discussing family planning options with healthcare providers.	2.3700	.92829	Disagree
3.	I would consider using artificial family planning methods if recommended by health professionals.	2.6000	1.03475	Neutral
4.	I am open to trying different artificial family planning methods to find what works best for me.	2.6100	1.05309	Neutral
5.	I am willing to seek advice from trusted healthcare providers before deciding on a family planning method	2.6700	1.02548	Neutral
	Total Weighted Mean	2.5600	.97110	Neutral

Legend: (5) 4.50 – 5.00=Strongly Agree; (4) 3.50 – 4.49=Agree; (3) 2.50 – 3.49= Neutral; (2)1.50 – 2.49=Disagree; (1)1.00 – 1.49=Strongly Disagree

2.5 In terms of Impact of Socio-economic Factors

Table 2.5 discusses the extent of knowledge on artificial family Planning methods among the Badjao community at Buansa, Indanan, in terms of impact of socio-economic factors. As revealed in this table, this sub-category obtained a total weighted mean score of 3.5040 with standard deviation of 1.06457 which was rated as neutral or as with moderate extent. Specifically, respondents rated as agree or high extent to almost all the five items under this subcategory. Item number 4 “The cost of artificial family planning methods influences my choice of which method to use.” received the highest rating. On the other hand, item number 5" Access to healthcare services in my area is affected by socio-economic conditions, impacting my ability to use family planning methods." received the lowest rating.

Table 2.5 Extent of knowledge on artificial family Planning methods among the Badjao community at Buansa, Indanan, in terms of impact of socio-economic factors.

	Impact on Socio-economic Factors	Mean	SD	Description
1.	My financial situation affects my ability to use artificial family planning methods.	3.5000	1.08711	Agree
2.	Socio-economic factors such as income and employment influence my decision to use family planning.	3.5100	1.09632	Agree
3.	Cultural and societal norms in my community affect my willingness to use artificial family planning methods.	3.5300	1.11423	Agree
4.	The cost of artificial family planning methods influences my choice of which method to use.	3.5800	1.13867	Agree

5.	Access to healthcare services in my area is affected by socio-economic conditions, impacting my ability to use family planning methods.	3.4000	1.09175	Neutral
	Total Weighted Mean	3.5040	1.06457	Agree

Legend: (5) 4.50 – 5.00=Strongly Agree; (4) 3.50 – 4.49=Agree; (3) 2.50 – 3.49= Neutral; (2)1.50 – 2.49=Disagree; (1)1.00 – 1.49=Strongly Disagree

Question 3. What is the attitude of badjao on artificial planning methods among the Badjao community at Buansa Indanan, Sulu in terms of 3.1 Cultural acceptance; 3.2 Knowledge versus attitude; 3.3 Perceived benefits and Risks; 3.4 Willingness to adopt; and 3.5 Support from health workers?

3.1 In terms of Cultural Acceptance

Table 3.1 discusses the attitude on artificial family Planning methods among the Badjao community at Buansa, Indanan, in terms of cultural acceptance. As revealed in this table, this sub-category obtained a total weighted mean score of 2.5420 with standard deviation of .92651 which is rated as neutral or as with neutral attitude.Specifically, respondents rated as neutral or moderate extent to all the five items under this subcategory. Item number 1 “Artificial family planning methods are culturally accepted in my community.” received the highest rating. On the other hand, item number 3"My cultural beliefs do not prevent me from using artificial family planning methods." received the lowest rating.

Table 3.1 Attitude on artificial family Planning methods in terms of Cultural Acceptance.

Cultural Acceptance		Mean	Std. Deviation	Description
1.	Artificial family planning methods are culturally accepted in my community.	2.7300	.87450	Neutral
2.	I feel comfortable discussing family planning methods with people in my community.	2.5700	.90179	Neutral
3.	My cultural beliefs do not prevent me from using artificial family planning methods.	2.4200	1.12079	Disagree
4.	Community leaders and elders in my area support the use of artificial family planning methods.	2.4600	1.10481	Disagree
5.	Cultural traditions in my community encourage open discussions about family planning and reproductive health.	2.5300	.91514	Neutral
	Total Weighted Mean	2.5420	.92651	Neutral

Legend: (5) 4.50 – 5.00=Strongly Agree; (4) 3.50 – 4.49=Agree; (3) 2.50 – 3.49= Neutral; (2)1.50 – 2.49=Disagree; (1)1.00 – 1.49=Strongly Disagree

3.2 In terms of Knowledge vs. Attitude

Table 3.2 discusses the attitude on artificial family Planning methods among the Badjao community at Buansa, Indanan, in terms of knowledge versus attitude. As revealed in this table, this sub-category obtained a total weighted mean score of 2.9760 with standard deviation of .81762 which is rated as neutral or as with neutral attitude. Specifically, respondents rated as neutral or moderate extent to all the five items under this subcategory. Item number 5 “I feel that a lack of knowledge about artificial family planning methods contributes to negative attitudes within the community.” received the highest rating. On the other hand, item number 2" Even though I am aware of artificial family planning methods, I prefer traditional practices due to cultural or personal beliefs." received the lowest rating.

Table 3.2 Attitude on artificial family Planning methods in terms of Knowledge vs. Attitude.

Knowledge vs. Attitude		Mean	SD	Description
1.	I believe that having accurate knowledge about artificial family planning methods influences my willingness to use them.	2.8800	.94580	Neutral

2.	Even though I am aware of artificial family planning methods, I prefer traditional practices due to cultural or personal beliefs.	2.7900	.95658	Neutral
3.	Knowing the specific benefits of artificial family planning methods would positively change my attitude toward using them.	3.0000	1.03475	Neutral
4.	My current knowledge about artificial family planning methods is sufficient for me to decide whether to use them.	2.9000	.98985	Neutral
5.	I feel that a lack of knowledge about artificial family planning methods contributes to negative attitudes within the community.	3.3100	1.08892	Neutral
	Total Weighted Mean	2.9760	.81762	Neutral

Legend: (5) 4.50 – 5.00=Strongly Agree; (4) 3.50 – 4.49=Agree; (3) 2.50 – 3.49= Neutral; (2)1.50 – 2.49=Disagree; (1)1.00 – 1.49=Strongly Disagree

3.3 In terms of Perceived Benefits and Risks

Table 3.3 discusses the attitude on artificial family Planning methods among the Badjao community at Buansa, Indanan, in terms of benefits and risks. As revealed in this table, this sub-category obtained a total weighted mean score of 2.9760 with standard deviation of .81762 which was rated as neutral or as with neutral attitude. Specifically, respondents rated as neutral or moderate extent to all the five items under this subcategory. Item number 3 “I am concerned about the potential side effects of artificial family planning methods.” received the highest rating. On the other hand, item number 1 Artificial family planning methods are beneficial for improving maternal and child health in the community." received the lowest rating.

Table 3.3 Attitude on artificial family Planning methods, in terms of Perceived Benefits and Risks.

	Perceived Benefits and Risks	Mean	SD	Description
1.	Artificial family planning methods are beneficial for improving maternal and child health in the community.	3.1100	.87496	Neutral
2.	I believe that using artificial family planning methods can help families better manage their financial resources.	3.1700	.88825	Neutral
3.	I am concerned about the potential side effects of artificial family planning methods.	3.3500	.97830	Neutral
4.	Artificial family planning methods pose risks that outweigh their benefits.	3.2100	.87957	Neutral
5.	I perceive artificial family planning methods as a reliable way to prevent unplanned pregnancies.	3.1600	.93980	Neutral
	Total Weighted Mean	2.9760	.81762	Neutral

Legend: (5) 4.50 – 5.00=Strongly Agree; (4) 3.50 – 4.49=Agree; (3) 2.50 – 3.49= Neutral; (2)1.50 – 2.49=Disagree; (1)1.00 – 1.49=Strongly Disagree

3.4 In terms of Willingness to Adopt

Table 3.4 discussed the attitude on artificial family Planning methods among the Badjao community at Buansa, Indanan, in terms of willingness to adopt. As revealed in this table, this sub-category obtained a total weighted mean score of 2.8360 with standard deviation of 1.09669which is rated as neutral or as with neutral attitude. Specifically, respondents rated as neutral or moderate extent to all the five items under this subcategory. Item number 5 “I would consider adopting artificial family planning methods after consulting with healthcare professionals about their benefits and risks.” received the highest rating. On the other hand, item number 1 “I am willing to adopt artificial family planning methods if they are available and accessible" received the lowest rating.

Table 3.4 Attitude on knowledge on artificial family Planning methods in terms of willingness to adopt

	Willingness to Adopt	Mean	SD	Description

1.	I am willing to adopt artificial family planning methods if they are available and accessible.	2.7700	1.18794	Neutral
2.	I would consider using artificial family planning methods if I received enough support and education.	2.8300	1.07360	Neutral
3.	I am open to adopting artificial family planning methods, even if people in my community do not approve.	2.8300	1.11060	Neutral
4.	I am willing to adopt artificial family planning methods if they align with my personal and family needs.	2.8700	1.09779	Neutral
5.	I would consider adopting artificial family planning methods after consulting with healthcare professionals about their benefits and risks.	2.8800	1.11265	Neutral
	Total Weighted Mean	2.8360	1.09669	Neutral

Legend: (5) 4.50 – 5.00=Strongly Agree; (4) 3.50 – 4.49=Agree; (3) 2.50 – 3.49= Neutral; (2)1.50 – 2.49=Disagree; (1)1.00 – 1.49=Strongly Disagree

3.5 In terms of Support from Health Workers

Table 3.5 discusses the attitude on artificial family Planning methods among Badjao community at Buansa, Indanan, in terms of support from health workers. As revealed in this table, this sub-category obtained a total weighted mean score of 2.7220 with standard deviation of .86171 which is rated as neutral or as with neutral attitude.Specifically, respondents rated as neutral or moderate extent to all the five items under this subcategory. Item number 2 “I trust the advice and guidance of health workers when it comes to family planning decisions.” received the highest rating. On the other hand, item number 3 “I feel comfortable discussing my family planning options with health workers in my community." received the lowest rating.

Table 3.5 Attitude on artificial family Planning methods in terms of support from health workers

	Support from Health Workers	Mean	SD	Description
1.	Health workers in my community provide sufficient support regarding artificial family planning methods.	2.6700	.86521	Neutral
2.	I trust the advice and guidance of health workers when it comes to family planning decisions.	2.8400	.84948	Neutral
3.	I feel comfortable discussing my family planning options with health workers in my community.	2.6200	.91872	Neutral
4.	Health workers actively educate individuals in my community about the proper use of artificial family planning methods.	2.6900	.93954	Neutral
5.	I feel that health workers respect my choices and preferences regarding family planning methods.	2.7900	.97747	Neutral
	Total Weighted Mean	2.7220	.86171	Neutral

Question 4. 4. Is there a significant difference in the level of knowledge and attitudes towards artificial family planning methods among of the Badjao residents at Buansa Indanan, Sulu where data are grouped according to the demographic profile in terms of 4.1 age; 4.2 civil status; 4.3 educational attainment; 4.4 Family type; 4.5 family income; and 4.6 occupation?

4.1 According to age

Table 4.1 discusses the difference in the extent of knowledge towards artificial family planning methods among the Badjao residents at Buansa Indanan, Sulu when data are grouped according to the demographic profile in terms of age. The ANOVA assesses whether there are statistically significant differences in knowledge levels across different age groups. Specifically, varied results were observed; on the Awareness of Artificial Family Planning Methods ($p = .005$), willingness to use artificial family planning methods ($p = .000$), and Impact of Socio-Economic

Factors (p=.000) shows a significant difference across different age groups. In contrast for the Types of Method Known (p = .463) and Access to Information (p = .299) show no significant difference.However, it was still safe to say that the hypothesis stating that "There is no significant difference in the extent of knowledge towards artificial family planning methods among of the Badjao residents at Buansa Indanan, Sulu when data are grouped according to the demographic profile in terms of age" is rejected.

Table 4.1 Difference in the extent of knowledge towards artificial family planning methods among the Badjao residents at Buansa Indanan, Sulu when data are grouped according to the demographic profile in terms of age.

SOURCES OF VARIATION		Sum Of Squares	Df	Mean Square	F	Sig.	Description
Awareness To Artificial Family Planning Methods	Between Groups	7.018	5	1.404	3.565	.005	Significant
	Within Groups	37.012	94	.394			
	Total	44.030	99				
Types Of Method Known	Between Groups	2.801	5	.560	.933	.463	Not Significant
	Within Groups	56.430	94	.600			
	Total	59.230	99				
Access To Information	Between Groups	3.912	5	.782	1.236	.299	Not Significant
	Within Groups	59.521	94	.633			
	Total	63.434	99				
Willingness To Use	Between Groups	20.127	5	4.025	5.167	.000	Significant
	Within Groups	73.233	94	.779			
	Total	93.360	99				
Impact Of Socio-Economic Factors	Between Groups	28.794	5	5.759	6.490	.000	Significant
	Within Groups	83.404	94	.887			
	Total	112.198	99				

4.2 According to Civil Status

Table 4.2 discusses the difference in the extent of knowledge towards artificial family planning methods among the Badjao residents at Buansa Indanan, Sulu when data are grouped according to the demographic profile in terms of civil status. The results revealed significant differences across civil status groups in awareness (p = 0.012), access to information (p = 0.005), and willingness to use family planning methods (p = 0.003). However, it is still safe to say that the hypothesis stating that "There is no significant difference in the extent of knowledge towards artificial family planning methods among of the Badjao residents at Buansa Indanan, Sulu where data are grouped according to the demographic profile in terms of civil status" is accepted.

Table 4.2 Difference in the extent of knowledge towards artificial family planning methods among the Badjao residents at Buansa Indanan, Sulu when data are grouped according to the demographic profile in terms of civil status.

SOURCES OF VARIATION		Sum Of Squares	Df	Mean Square	F	Sig.	Description
Awareness To Artificial Family Planning Methods	Between Groups	4.739	3	1.580	3.860	.012	Significant
	Within Groups	39.291	96	.409			
	Total	44.030	99				
Types Of Method Known	Between Groups	2.967	3	.989	1.687	.175	Not Significant
	Within Groups	56.263	96	.586			
	Total	59.230	99				
Access To Information	Between Groups	7.994	3	2.665	4.614	.005	

	Within Groups	55.440	96	.577			Significant
	Total	63.434	99				
Willingness To Use	Between Groups	12.283	3	4.094	4.848	.003	Significant
	Within Groups	81.077	96	.845			
	Total	93.360	99				
Impact Of Socio-Economic Factors	Between Groups	5.479	3	1.826	1.643	.185	Not Significant
	Within Groups	106.719	96	1.112			
	Total	112.198	99				

4.3 According to Educational Attainment

Table 4.3 discusses the difference on the extent of knowledge towards artificial family planning methods among of the Badjao residents at Buansa Indanan, Sulu when data are grouped according to the demographic profile in terms of educational attainment.However, it is still safe to say that the hypothesis stating that "There is no significant difference in the extent of knowledge towards artificial family planning methods among of the Badjao residents at Buansa Indanan, Sulu where data are grouped according to the demographic profile in terms of educational attainment" is rejected.

Table 4.3 Difference in the extent of knowledge towards artificial family planning methods among the Badjao residents at Buansa Indanan, Sulu when data are grouped according to the demographic profile in terms of educational attainment.

SOURCES OF VARIATION		Sum Of Squares	Df	Mean Square	F	Sig.	Description
Awareness to Artificial Family Planning Methods	Between Groups	1.765	1	1.765	4.093	.046	Significant
	Within Groups	42.265	98	.431			
	Total	44.030	99				
Types of Method Known	Between Groups	3.045	1	3.045	5.310	.023	Significant
	Within Groups	56.186	98	.573			
	Total	59.230	99				
Access to Information	Between Groups	6.097	1	6.097	10.421	.002	Significant
	Within Groups	57.337	98	.585			
	Total	63.434	99				
Willingness to Use	Between Groups	12.563	1	12.563	15.238	.000	Significant
	Within Groups	80.797	98	.824			
	Total	93.360	99				
Impact of Socio-Economic Factors	Between Groups	.005	1	.005	.005	.945	Not Significant
	Within Groups	112.193	98	1.145			
	Total	112.198	99				

4.4 In terms of Family Type

Table 4.4 discusses the difference in the extent of knowledge towards artificial family planning methods among the Badjao residents at Buansa Indanan, Sulu when data are grouped according to the demographic profile in terms of family type. It can be gleaned from this table the value of Mean Differences and P-values of all the sub-categories subsumed under the level of knowledge towards artificial family planning methods. The findings show that except for variable access to information, all other variables are not significant at alpha .05. This means that, although respondents vary in family type, still they do not differ in their extent of knowledge towards artificial family planning methods. Therefore the null hypothesis which states that "There is no significant difference in the extent of knowledge towards artificial family planning among Badjao residents of Buansa, Indanan, Sulu when data are grouped according to demographic profile in terms of family type" is accepted.

Table 4.4 Difference on the extent of knowledge towards artificial family planning methods among of the Badjao residents at Buansa Indanan, Sulu when data are grouped according to the demographic profile in terms of family type

SOURCES OF VARIATION	Grouping	Mean	SD	Mean Difference	T	Sig.	Description
Awareness To Artificial Family Planning Methods	Nuclear	2.4846	.50015	-.11261	-.729	.107	Not Significant
	Extended	2.5972	.72655				
Types Of Method Known	Nuclear	2.4462	.61529	.10726	.598	.184	Not Significant
	Extended	2.3389	.83490				
Access To Information	Nuclear	2.4000	.51225	.00000	.000	.033	Significant
	Extended	2.4000	.89254				
Willingness To Use	Nuclear	2.2154	.69495	-.45684	-.074	.057	Not Significant
	Extended	2.6722	1.04075				
Impact Of Socio-Economic Factors	Nuclear	3.4769	.99932	-.06752	-.276	.758	Not Significant
	Extended	2.4462	1.09195				

4.5 In terms of Family Income

Table 4.5 discusses the difference in the extent of knowledge towards artificial family planning methods among the Badjao residents at Buansa Indanan, Sulu when data are grouped according to the demographic profile in terms of family income. The ANOVA examined five dependent variables: awareness of family planning methods, the number of known methods, access to information, willingness to use family planning, and the perceived impact of socio-economic factors. For each variable, the ANOVA compares means across different family income groups. The result indicates that none of the five dependent variables showed a statistically significant association with family income (all p-values > 0.05). Specifically, the p-values for awareness, types of method known, access to information, willingness to use, and impact of socio-economic factors were 0.362, 0.630, 0.677, 0.307, and 0.445, respectively. Therefore, we fail to reject the null hypothesis for all variables. However, it is still safe to say that the hypothesis stating that "There is no significant difference in the extent of knowledge towards artificial family planning methods among of the Badjao residents at Buansa Indanan, Sulu where data are grouped according to the demographic profile in terms of family income" is accepted.

Table 4.5 Difference in the extent of knowledge towards artificial family planning methods among the Badjao residents at Buansa Indanan, Sulu when data are grouped according to the demographic profile in terms of family income.

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Awareness To Artificial Family Planning Methods	Between Groups	.912	2	.456	1.026	.362	Not Significant
	Within Groups	43.118	97	.445			
	Total	44.030	99				
Types Of Method Known	Between Groups	.562	2	.281	.465	.630	Not Significant
	Within Groups	58.668	97	.605			
	Total	59.230	99				
Access To Information	Between Groups	.508	2	.254	.391	.677	Not Significant
	Within Groups	62.926	97	.649			
	Total	63.434	99				
Willingness To Use	Between Groups	2.248	2	1.124	1.197	.307	Not Significant
	Within Groups	91.112	97	.939			
	Total	93.360	99				
Impact Of Socio-Economic Factors	Between Groups	1.856	2	.928	.816	.445	Not Significant
	Within Groups	110.342	97	1.138			

	Total	112.198	99			

4.6 In terms of Occupation

Table 4.6 discusses the difference in the extent of knowledge towards artificial family planning methods among the Badjao residents at Buana Indanan, Sulu when data are grouped according to the demographic profile in terms of occupation. It can be gleaned from this table that variables such as types of methods known, access to information, and willingness to use the p-values (0.136, 0.225, 0.200, and 0.606) were all greater than 0.05. Therefore, we fail to reject the null hypothesis for these variables, indicating no statistically significant association between occupation and these aspects of family planning knowledge and attitudes. However, for the perceived impact of socio-economic factors, the p-value was 0.021, which is less than 0.05. Thus, we reject the null hypothesis for this variable, suggesting a statistically significant association between occupation and perceptions of the influence of socio-economic factors on family planning decisions. However, it is still safe to say that the hypothesis stating that "There is no significant difference in the extent of knowledge towards artificial family planning methods among of the Badjao residents at Buansa Indanan, Sulu where data are grouped according to the demographic profile in terms of occupation" is accepted.

Table 4.6 Difference in the extent of knowledge towards artificial family planning methods among the Badjao residents at Buansa Indanan, Sulu when data are grouped according to the demographic profile in terms of occupation.

SOURCES OF VARIATION		Sum Of Squares	Df	Mean Square	F	Sig.	Description
Awareness To Artificial Family Planning Methods	Between Groups	1.772	2	.886	2.034	.136	Not Significant
	Within Groups	42.258	97	.436			
	Total	44.030	99				
Types Of Method Known	Between Groups	1.795	2	.897	1.516	.225	Not Significant
	Within Groups	57.436	97	.592			
	Total	59.230	99				
Access To Information	Between Groups	2.070	2	1.035	1.636	.200	Not Significant
	Within Groups	61.364	97	.633			
	Total	63.434	99				
Willingness To Use	Between Groups	.958	2	.479	.503	.606	Not Significant
	Within Groups	92.402	97	.953			
	Total	93.360	99				
Impact Of Socio-Economic Factors	Between Groups	8.622	2	4.311	4.037	.021	Significant
	Within Groups	103.576	97	1.068			
	Total	112.198	99				

Question 5. Is there a significant correlation between knowledge and attitudes towards artificial family planning methods?

Table 5 presents the significant correlation between knowledge and attitudes towards artificial family planning methods A Pearson correlation analysis was conducted to assess the strength and significance of the relationship between knowledge and attitudes toward artificial family planning methods. The results, presented in the table, indicate a strong positive correlation ($r = .858$) between knowledge and attitudes ($N = 100$). The significance level ($p = .000$) is less than 0.01 (two-tailed), indicating that the correlation is statistically significant at the 0.01 level. Based on the findings above, therefore, the hypothesis stating "There is no significant correlation between knowledge and attitudes towards artificial family planning methods" is rejected.

Table 5 Correlation between knowledge and attitudes towards artificial family planning methods

Variables

Dependent	Independent	Pearson *r*	Sig	N	Description
Knowledge on Artificial Family Planning	Attitude on Artificial Family Planning	.858**	.000	100	Very High

**. Correlation is significant at the 0.01 level (2-tailed).

Correlation Coefficient Scales Adopted from Hopkins, Will (2002): 0.0-0.1=Nearly Zero; 0.1-0.30=Low; .3-0.5 0=Moderate; .5-0.7-0=High; .7-0.9= Very High; 0.9-1=Nearly Perfect

6. Discussion

Question 2. What is the extent of knowledge on artificial family Planning methods among Badjao community at Buansa, Indanan, Sulu in the following dimensions: 2.1 Awareness of Artificial Family Planning Methods; 2.2 Types of Methods Known; 2.3 Access to Information and Education; 2.4 Willingness to Use; and 2.5 Impact of Socio-economic Factors?

2.1 In terms of Awareness of Artificial Family Planning Methods

The poor awareness grade emphasizes the necessity of thorough education and informational initiatives on artificial family planning techniques. To raise awareness and knowledge, they could involve media campaigns, community workshops, and the distribution of instructional materials. Targeted advertisements should specifically clarify the various forms of artificial family planning, along with its advantages, disadvantages, and availability. To guarantee that they give accurate, sympathetic, and culturally sensitive advice, healthcare professionals need to get ongoing training and professional development on family planning techniques and patient communication. A neutral degree of understanding was indicated by the respondents' rating of their awareness of artificial family planning techniques. According to Makinano et al. (2022), rural Filipino populations frequently possess rudimentary knowledge of family planning but lack in-depth, method-specific understanding. Similar to this, research conducted in Africa has shown that public awareness does not always equate to well-informed choices (Ntaganira et al., 2023). In addition to openly discussing potential hazards, information sessions may cover the advantages of family planning for one's health, financial security, and family life. This well-rounded strategy assisted people in making well-informed choices on the use of family planning techniques.

2.2 In terms of Types of Methods Known

There was a need for a thorough family planning education program that prioritized barrier techniques like condoms. Raising awareness and providing counseling will assist people in making well-informed choices and embracing a range of family planning options. This concept is consistent with the findings of (Bucoy, Reynold et al., 2024) that teachers can instruct without making judgments, only receiving compensation that is appropriate for their level of experience. All approaches' advantages, hazards, and accessibility should be covered in education. Counseling services can help people clear up misconceptions and make the right decision. Additionally, the understanding of several artificial family planning strategies was graded as disagreeing. In line with Shiferaw et al. (2020), who noted the gaps in specific contraceptive knowledge even among communities exposed to general reproductive health campaigns, respondents acknowledged common methods like pills and injectables but had little familiarity with alternatives like IUDs, implants, and barrier methods. Healthcare professionals should also be trained to discuss all methods, including condoms, in a supportive and nonjudgmental manner.

2.3 In terms of Access to Information and Education

The results indicate that there is a considerable lack of trustworthy internet resources, even though respondents in Buansa, Indanan have access to family planning information through healthcare facilities and community activities. Online platforms' poor rating raises the possibility that digital content is inadequate, unreliable, or underutilized. Reliable family planning education and information was evaluated at a neutral level. To address this, efforts should concentrate on

increasing the availability of accurate, easily accessible online resources, such as websites, social media pages, or apps, that offer clear information on family planning methods. Omar (2023) noted similar patterns and stressed that access to comprehensive reproductive health education is difficult for underprivileged groups like the Badjao. Furthermore, in keeping with the obstacles noted in recent community health research, online resources are still either underutilized or viewed as untrustworthy (Elvira, 2022). To guarantee that consistent, trustworthy information was provided, community-based educational initiatives and healthcare staff training should also be improved. Increasing the availability of local and internet resources improved family planning knowledge and decision-making.

2.4 In terms of Willingness to Use

The results showed that there was a considerable difference in the respondents' comfort levels when talking about family planning with medical professionals, even if they showed moderate or neutral degrees of openness toward artificial family planning methods in Buansa, Indanan. The respondents' high ranking for consulting with reliable healthcare providers indicates that they respect expert counsel, even though they might not feel completely comfortable doing so. Their willingness to employ artificial family planning methods was found to be neutral. This reveals underlying hesitancy but also a cautious openness among respondents. According to Fikrie et al. (2019), although there is frequently willingness in communities, actual adoption rates are tempered by cultural shame, disinformation, and a lack of faith in medical professionals. This discomfort may make it difficult for people to make well-informed decisions and keep them from considering all of their family planning alternatives. By addressing this reluctance, a more encouraging atmosphere for talking about reproductive health may be created between the community and healthcare professionals.

2.5 In terms of Impact of Socio-economic Factors

According to the results, cost seemed to be the biggest obstacle, even though respondents in Buansa, Indanan, expressed neutral to high levels of agreement on a number of criteria impacting their choice of artificial family planning methods. Furthermore, respondents could believe that their access to family planning options is less restricted by financial constraints. Though closer to consensus, the effect of socioeconomic factors on family planning choices was judged as neutral. Access and the selection of contraceptive techniques are still influenced by factors such as occupation, education level, and financial limitations. These results, which highlight the continued importance of poverty and low educational attainment as major obstacles to the use of contraceptives, are consistent with Shiferaw et al. (2020) and more general trends reported by Sedgh et al. (2021).This could suggest a dependence on subsidized or inexpensive solutions or a lack of knowledge of the entire expenses involved. Local health authorities may endeavor to make artificial family planning methods more accessible and inexpensive, as cost was the most highly rated factor influencing method choice. This could entail expanding subsidies, providing low-cost or free alternatives, or putting in place financial aid initiatives for individuals in need.

Question 3. What is the attitude of badjao on artificial planning methods among the Badjao community at Buansa Indanan, Sulu in terms of 3.1 Cultural acceptance; 3.2 Knowledge versus attitude; 3.3 Perceived benefits and Risks; 3.4 Willingness to adopt; and 3.5 Support from health workers?

3.1 In terms of Cultural Acceptance

The results imply that there was a certain amount of cultural opposition or disinterest in FP techniques. It also emphasizes how cultural views continue to have a big influence on how

receptive people are to the approach. A neutral rating was given to the attitude toward cultural acceptance of artificial family planning techniques. Perceptions regarding the usage of contraceptives are still greatly influenced by cultural beliefs and customs. This supports the findings of Okonofua et al. (2021), who discovered that despite knowledge of the advantages of family planning, ingrained cultural norms frequently deter people from adopting contraceptives.Traditional or religious beliefs may still be major obstacles to the adoption of contemporary FP methods, as evidenced by the lower ranking on cultural beliefs not inhibiting the use of artificial family planning methods. These attitudes must be addressed in outreach and education initiatives since they may affect people's willingness to employ such tactics.

3.2 In terms of Knowledge vs. Attitude

According to the results, one of the main causes of the negative sentiments in the community is a lack of awareness regarding artificial family planning methods. The respondents' knowledge and attitudes toward artificial family planning were graded as neutral. According to Chavez, Garil, Padrique, Askali, and Indama (2024), these results support the notion that people with innovative minds are able to "think outside the box" in order to solve changing problems and satisfy the requirements of the community. Although there is considerable knowledge, views in the community have not changed much as a result of it yet. According to the Theory of Planned Behavior, this data bolsters Fishbein and Ajzen's (2020) claim that attitudes are shaped by both information and dominant subjective standards. The lower rating for that item, however, suggested that cultural or personal values were less important in the preference for conventional methods. This showed that raising awareness and enhancing knowledge of artificial family planning techniques may be essential to changing societal perceptions and fostering acceptance.

3.3 In terms of Perceived Benefits and Risks

According to the comments, the community is more concerned about the negative effects of artificial family planning technologies than it is about their possible advantages. Neutral opinions were also held about the advantages and disadvantages of artificial family planning techniques. This study supports the findings of Leon et al. (2024) regarding lack of resources and lack of awareness. Misconceptions and uncertainties continue to exist, which is in line with the findings of Cleland et al. (2020), highlighting the fact that misinformation continues to be a significant obstacle to the full acceptance of family planning practices.There may be a lack of knowledge or confidence in the beneficial effects of artificial family planning methods, as evidenced by the lower rating for the belief that these methods improve maternal and child health. This underscores the need for additional educational initiatives to address these issues and promote the advantages of these methods.

3.4 In terms of Willingness to Adopt

According to the responses, respondents are open to the idea of using artificial family planning technologies, but they give priority to speaking with medical specialists about the advantages and disadvantages before deciding. Adoption of artificial family planning techniques received a neutral rating. The results of Makinano et al. (2022) and other studies supporting culturally-tailored health education (Elvira, 2022) are supported by the fact that, despite willingness to using contraceptives, hesitancy persists because of cultural, social, and economic factors.The lower scores for the need for education, support, and the readiness to use techniques in spite of opposition from the community, however, suggest that outside influences like social support and approval from the community have a big influence on their choices. This demonstrated how crucial community-based education and expert advice are to boosting acceptance of artificial family planning techniques.

3.5 In terms of Support from Health Workers

According to the results, people typically accept the advice of healthcare professionals when making family planning decisions, indicating that they have faith in expert advice. Support from healthcare professionals about artificial family planning methods was also viewed with neutral sentiments. Although the duties of healthcare personnel are acknowledged, levels of confidence and trust are still developing. In line with the findings of Chavez (2023), Shiferaw et al. (2020) showed that ongoing, culturally appropriate engagement by health workers is essential for promoting community acceptance. The respondents' health insecurities included concerns, apprehension, and borderline anxiety. The lower assessment for feeling at ease talking to healthcare professionals about family planning alternatives, however, suggests that there may be communication difficulties or that patients may be uncomfortable contacting them about these issues. This indicated that in order to improve family planning conversations, health professionals and the community needed to be more approachable, transparent, and communicative.

Question 5. Is there a significant correlation between knowledge and attitudes towards artificial family planning methods?

Based on the correlation coefficient scale provided (Hopkins, Will (2002)), this correlation is classified as "Very High." Therefore, we reject the null hypothesis that there is no correlation between knowledge and attitudes toward artificial family planning methods. The findings strongly suggest a significant positive association: higher levels of knowledge are associated with more positive attitudes towards artificial family planning. This relationship has important implications for the design and implementation of family planning education programs.

7. Conclusion

In general, the degree of knowledge regarding artificial family planning methods among Badjao residents does not differ when data are grouped according to socio-demographic profile civil status, occupation, and family income, but it does differ in terms of age and educational attainment; the study concludes that the respondents involved in this study are adequately represented in terms of age, age, civil status, educational attainment, family type, family income, and occupation; and there is no significant difference in the attitude toward artificial family planning methods among Badjao residents when data are grouped according to socio-demographic profile age and family income but differs in terms of civil status, educational attainment, and occupation;On the understanding of artificial family planning methods, the majority of respondents gave it a neutral or mild rating, and on the attitude toward artificial family planning methods, the majority gave it a neutral or neutral rating. The degree of knowledge and attitude toward family planning techniques generally correlate favorably. that the same respondents who gave a neutral rating to the amount of their knowledge also gave a neutral rating to their attitudes on family planning techniques.

8. References

Ajzen, I. (2022). The theory of planned behavior: A review of recent developments. Current Opinion in Psychology, 45, 101278.

Alzoubi, A., Sulaiman, S., Hussein, M., & Arbin, N. (2021). Application of the Health Belief Model in community health interventions: A review of family planning studies. International Journal of Public Health, 66(2), 229–239.

Bucoy, Reynold et. al., (2024). Knowledge deficits and analysis on comprehension of teachers on their common legal rights as teachers. Environment and Social Psychology. 9. 10.59429/esp.v9i9.2559.

Chavez, Jason & Garil, Benigno & Padrique, Christian & Askali, Sermahal & Indama, Abegail. (2024). Assessing innovative and responsive young leaders in public service: Lens from community clientele. Environment and Social Psychology. 9. 10.59429/esp.v9i9.2876.

Chavez, Jason et. al., (2024). Discourse Analysis on the Ethical Dilemmas on the Use of AI in Academic Settings from ICT, Science, and Language Instructors. Forum for Linguistic Studies. 6. 349-363. 10.30564/fls.v6i5.6765.

Chavez, Jason. (2023). Academic and Health Insecurities of Indigent Students during Pandemic: Study on Adaptive Strategies under Learning Constraints. 16. 74-81.

Chavez, Jason & Prado, Rosalina & Estoque, Marivic. (2023). Disrupted income of women educators during pandemic: Economic effects, adaptive strategies, and government recovery initiatives. Journal of Infrastructure, Policy and Development. 7. 1973. 10.24294/jipd.v7i2.1973.

Cleland, J., Conde-Agudelo, A., Peterson, H., Ross, J., & Tsui, A. (2020). Family planning: the unfinished agenda. The Lancet.

Delos Reyes, V., & Mercado, D. (2020). Knowledge, attitudes, and practices on family planning among Filipino women. Journal of Philippine Health Research. Retrieved from [PubMed] (https://pubmed.ncbi.nlm.nih.gov).

Department of Health Philippines. (2022). Responsible Parenthood and Reproductive Health Act Report. Department of Health. Retrieved from [https://doh.gov.ph] (https://doh.gov.ph).

Elvira, M. (2022). Family Planning Acceptance among Rural Filipinos: Challenges and Opportunities. Philippine Journal of Health Research.

Fishbein, M., & Ajzen, I. (2020). Predicting and Changing Behavior: The Reasoned Action Approach (2nd ed.). Psychology Press.

Fikrie, F., Berhane, Y., & Worku, A. (2019). Contraceptive use and cultural barriers among women with HIV in Ethiopia. African Health Sciences.

Fishbein, M., & Ajzen, I. (2020). Predicting and Changing Behavior: The Reasoned Action Approach (2nd ed.). Taylor & Francis.

Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.). (2021). Health Behavior: Theory, Research, and Practice (6th ed.). Jossey-Bass.

Ibrahim, R. (2022). Factors influencing women's attitudes toward family planning in Nigeria. Journal of Family Planning and Reproductive Health Care. Retrieved from [Google Scholar] (https://scholar.google.com).

Inoferio, Hermie & Espartero, Marcelino & Asiri, Masnona & Damin, Michelle & Chavez, Jason. (2024). Coping with math anxiety and lack of confidence through AI-assisted Learning. Environment and Social Psychology. 9. 10.54517/esp.v9i5.2228.

Leon, Alein et. al., (2024). Analysis on the implementation of inclusive classroom: perception on compliances and obstructions of selected public-school teachers. Environment and Social Psychology. 9. 10.59429/esp.v9i9.2537.

Makinano, A. C., Delima, D., & Ramos, J. (2022). Knowledge and Practices Related to Family Planning Among Rural Women: A Cross-Sectional Study in the Caraga Region. Philippine Population Journal.

Martinez, J., & Lopez, M. (2019). Family planning utilization and attitudes among rural women in the Philippines. BMC Women's Health. Retrieved from [JSTOR] (https://www.jstor.org).

Murro, Rogelio & Lobo, John & Inso, April & Chavez, Jason. (2023). Difficulties of parents with low educational attainment in assisting their children in modular distance learning during pandemic. Environment and Social Psychology. 9. 10.54517/esp.v9i1.1957.

Ntaganira, J., Niyitegeka, J., & Manzi, A. (2023). Family Planning Awareness and Use Among Vulnerable Groups in Rwanda. African Journal of Reproductive Health.Ndiaye, M., & Mbah, N. (2022). Assessing knowledge, attitude, and practice of family planning among women in Cameroon. International Journal of Reproductive Health and Family Planning. Retrieved from [Google Scholar] (https://scholar.google.com).

Okonofua, F., Ogu, R., & Ezeanochie, M. (2021). Cultural constraints and family planning uptake in Nigeria: A community-based study. African Population Studies.

Omar, S. (2023). Awareness of Artificial Family Planning Methods Among Rural Women in Sulu. Mindanao Research Journal.

Pernia, E. M. (2020). Cultural challenges to family planning in the Philippines. Philippine Journal of Development Studies.

Sedgh, G., Singh, S., & Hussain, R. (2021). Family planning use and disparities in the Philippines: Evidence from national surveys. Studies in Family Planning, 52(3), 239–254.

Sedgh, G., Hussain, R., Bankole, A., & Singh, S. (2021). Unmet need for contraception in developing countries: Examining women's reasons for not using a method. Guttmacher Institute Report.

Shiferaw, S., Spigt, M., Seme, A., & Fantahun, M. (2020). Family planning knowledge, attitude and practice among people living with HIV/AIDS in Ethiopia. BMC Public Health.

United Nations. (2023). Sustainable Development Goals progress report 2023. United Nations. Retrieved from [https://sdgs.un.org] (https://sdgs.un.org).

United Nations Population Fund. (2021). State of world population 2021: My body is my own – Claiming the right to autonomy and self-determination. United Nations Population Fund. Retrieved from https://www.unfpa.org/swp2021.

World Health Organization. (2020). WHO guideline on family planning and reproductive health. World Health Organization. Retrieved from https://www.who.int/publications.