RESEARCH ARTICLE: **Assessing the Factors Influencing Acceptance of Family Planning Methods Among Mothers of Reproductive Age in Jolo**

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*ABSTRACT***.** This study assessed the factors influencing the acceptance of family planning methods among mothers of reproductive age in Jolo using a descriptive-correlational research design. A purposive sample of 100 respondents participated in the study. Data were analyzed using frequency, percentage, weighted mean, standard deviation, Pearson's test of correlation, t-test, and ANOVA. The study examined socio-cultural, economic and accessibility, and knowledge and attitudinal factors while considering respondents' age, educational attainment, parity, and average monthly income. Findings revealed that most respondents were 31-40 years old, were at the high school level, had 4 to 6 children, and were below minimum wage earners. All factors influencing family planning acceptance were rated as 'Agree.' Respondents who preferred not to disclose their monthly income demonstrated more favorable perceptions of the factors influencing family planning acceptance. A moderately positive significant correlation was found among the factors, supporting the Health Belief Model and the Theory of Planned Behavior. The findings suggest that family planning acceptance results from the interaction of cultural acceptance, economic feasibility, and personal health knowledge, highlighting the importance of community-led healthcare initiatives in promoting long-term social and economic well-being.
KEYWORDS: Family Planning, Acceptance, Reproductive-Age Mothers, Socio-Cultural Factors, Economic Accessibility, Health Knowledge, Jolo

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Introduction

Family planning is a fundamental component of reproductive health and a basic human right that enables individuals and couples to determine the number and spacing of their children. It supports the attainment of Sustainable Development Goal (SDG) 3 (Good Health and Well-being) and SDG 5 (Gender Equality) by improving maternal and child health and promoting informed reproductive decision-making. Despite global progress, approximately 164 million women of reproductive age still have an unmet need for modern contraceptive methods due to barriers such as limited access, socio-cultural opposition, misinformation, and fear of side effects (World Health Organization, 2023). Although these challenges have been widely documented

(United Nations Population Fund, 2022; United Nations, 2021), there remains a geographical and contextual gap in understanding the acceptance of family planning methods among mothers in Jolo, Sulu, highlighting the need for culturally appropriate interventions.

In the Philippines, family planning remains a major public health concern. The National Demographic and Health Survey reported that approximately 2.6 million married women and 5.1 million unmarried women have an unmet need for family planning due to barriers in access, socio-cultural influences, and service delivery (Philippine Statistics Authority, 2023). Despite reproductive health initiatives under the Universal Health Care Act, misconceptions about contraceptive methods, cultural and religious beliefs, and limited access to reproductive health information continue to hinder informed decision-making and family planning acceptance, particularly among marginalized communities (Department of Health Philippines, 2021; United Nations Population Fund Philippines, 2023; Chavez, 2023). Women's decisions are also influenced by the support they receive and their willingness to seek reliable reproductive health information, highlighting the need for accessible and supportive family planning services (Chavez et al., 2024).

In Jolo, Sulu, the acceptance of family planning methods is further influenced by strong traditional and religious beliefs, limited healthcare facilities, geographic isolation, shortages of trained health personnel, poverty, low health literacy, and gender norms that affect women's participation in reproductive decision-making (World Health Organization, 2023; United Nations Population Fund, 2022). Therefore, this study assessed the factors influencing the acceptance of family planning methods among mothers of reproductive age in Jolo to provide evidence that may guide culturally responsive interventions and improve reproductive health outcomes in the community.

Research Questions

1. What is the demographic profile of the respondents in terms of:
    1.1. Age;
    1.2. Educational attainment;
    1.3. Parity; and
    1.4. Average monthly income?
2. What is the extent of the factors influencing the acceptance of family planning methods among mothers of reproductive age in Jolo in terms of:
    2.1. Socio-cultural factors;
    2.2. Economic and accessibility factors; and
    2.3. Knowledge and attitudinal factors?
3. Is there a significant difference in the extent of the factors influencing the acceptance of family planning methods among mothers of reproductive age in Jolo when the data are grouped according to the respondents' demographic profile, in terms of:
    3.1. Age;
    3.2. Educational attainment;
    3.3. Parity; and
    3.4. Average monthly income?
4. Is the significant correlation among the subcategories subsumed under the extent of the factors influencing acceptance of family planning methods among mothers of reproductive age in Jolo?

Literature

Foreign Studies and Literature

Factors Influencing Family Planning Acceptance. Research consistently identified multiple factors that determine the acceptance of family planning methods among women of reproductive age. Feriani et al. (2024) reported that knowledge, age, educational attainment, cultural and religious beliefs, healthcare accessibility, and economic status were the primary determinants of contraceptive acceptance. Similarly, Wasekar and Shaikh (2023) found that education, awareness, previous contraceptive use, and age significantly influenced acceptance, while fear of side effects, cultural beliefs, and lack of partner support discouraged utilization. These findings emphasize that family planning acceptance is shaped by individual, social, and structural factors.

Knowledge, Attitudes, and Socio-Cultural Influences. Studies showed that adequate knowledge and positive attitudes promote acceptance of family planning methods. Ayaz and Efe (2014) found that women with greater awareness demonstrated more favorable attitudes toward contraceptive use. Kassim and Ndumbaro (2022) revealed that misinformation, cultural misconceptions, and inadequate health education reduced family planning literacy and acceptance. Likewise, Ali (2022) highlighted that fear of side effects, community influence, and gender norms discouraged women from adopting contraceptive methods despite recognizing their benefits.

Partner Support and Accessibility of Services. Social support and access to reproductive health services were also identified as significant determinants. Lwin et al. (2013) found that spousal support, health worker encouragement, and service availability increased contraceptive uptake among married women. Similarly, Sileo et al. (2015) reported that partner communication, prior family planning experience, and access to quality services positively influenced family planning use among postpartum women.

Local Studies and Literature

Family Planning Acceptance in the Philippine Context. Philippine studies likewise highlight the importance of knowledge, education, partner support, and socio-cultural factors in family planning acceptance. Flores et al. (2025) reported generally positive attitudes toward family planning among women in Southern Philippines but noted that marital and cultural influences affected acceptance. Similarly, Puno and Sarmiento (2022) found that higher educational attainment, partner support, and family planning counseling significantly increased contraceptive use among married Filipino women. Consistent with this, lower educational attainment has been associated with poorer understanding of important information and lower awareness of health-related rights, underscoring the role of education in informed decision-making (Chavez et al., 2023; Murro et al., 2023). Religious beliefs, partner influence, and fear of side effects have also been identified as key factors affecting family planning acceptance, particularly among Muslim women in Mindanao (Chavez & Ceneciro, 2023; Taguibao, 2023).

Accessibility and Utilization of Family Planning Services. Accessibility also influenced acceptance. Manalo (2021) observed that positive perceptions encouraged contraceptive use, while distance to health facilities and fear of side effects limited utilization. Villanueva and Rosales (2022) likewise reported that travel time, service availability, and healthcare costs affected women's decisions to use family planning methods.

Synthesis and Research Gap. Overall, both foreign and local studies consistently demonstrated that family planning acceptance is influenced by knowledge and attitudes, socio-cultural factors, partner support, and accessibility of health services. However, limited research has specifically examined these factors among mothers of reproductive age in Jolo, where cultural, religious, and community influences may differ from other settings. This gap highlights the need

for localized evidence to better understand the factors affecting family planning acceptance in the study area.

Methodology

1. Research Design

This study employed a quantitative descriptive-correlational research design. It aimed to describe the extent to which factors influence family planning acceptance among mothers of reproductive age in Jolo, and to determine the relationships among socio-cultural factors, economic and accessibility factors, and knowledge and attitudinal factors.

2. Research Participants and Sampling

The respondents consisted of 100 mothers of reproductive age (18-49 years old) residing in Jolo who were either currently pregnant or had given birth within the last 12 months. Participants were selected through purposive sampling based on the following inclusion criteria: women aged 18 years and above, residents of Jolo, currently pregnant or postpartum within the past 12 months, and willing to provide informed consent. Minors, non-residents, and those unable to provide informed consent were excluded. Ethical considerations included voluntary participation, informed consent, confidentiality, anonymity, and ethics clearance.

Distribution Table of Respondents According to Ward Assignment

BHU in Jolo	No. of Respondents
San Raymundo	13
Bus-Bus	13
Walled City	12
Takut-Takut	12
Tulay	13
Chinese Pier	12
Alar	12
Asturias	13
Total:	**100**

3. Research Instruments

Data were collected using a structured survey questionnaire adapted from the Health Belief Model (HBM) by Rosenstock (1974) and the Theory of Planned Behavior (TPB) by Ajzen (1991). The instrument consisted of two parts: (1) demographic profile, including age, educational attainment, parity, and monthly income; and (2) factors influencing family planning acceptance, covering socio-cultural factors, economic and accessibility factors, and knowledge and attitudinal factors. Responses were measured using a 5-point Likert scale. The questionnaire was reviewed by two faculty experts from the School of Graduate Studies, Sulu State College, to ensure its suitability for the local context.

4. Data Gathering Procedure

Formal permission to conduct the study was obtained through the Office of the Dean of Graduate Studies and endorsed to the Municipal Health Officer of Jolo. After approval, the researcher personally administered the questionnaires to the respondents. Participants were given adequate time to complete the survey, after which the completed questionnaires were collected for data encoding, analysis, and interpretation.

5. Data Analysis

Data were analyzed using descriptive and inferential statistics. Frequency counts and percentages described the respondents' demographic profile. Mean and standard deviation determined the extent of factors influencing family planning acceptance. One-Way Analysis of Variance (ANOVA) tested differences in the factors when respondents were grouped according to

age, educational attainment, parity, and monthly income. Pearson Product-Moment Correlation Coefficient (Pearson r) determined the relationships among the socio-cultural factors, economic and accessibility factors, and knowledge and attitudinal factors influencing family planning acceptance.

Results and Discussion

Question 1. What is the demographic profile of the respondents in terms of: Age, Educational Attainment, Parity, and Average Monthly Income??

In terms of age

Table 1.1 Demographic profiles of the nurse-respondents in terms of age

Age	Number of Respondents	Percent
18 to 25 years old	19	19%
26 to 30 years old	33	33%
31 to 40 years old	41	41%
41 years old and above	7	7%
Total	**100**	**100%**

Table 1.1 shows the demographic profile of respondents in Jolo in terms of age. It can be gleaned from this table that out of 100 respondents, 19% aged 18 to 25 years old, 33% aged between 26 to 30 years old, 41% aged between 31 to 40 years old, and 7% aged between 41 years old and above. This implies that most of the respondents aged between 31 to 40 years old.

In terms of educational attainment

Table 1.2 Demographic profiles of the nurse-respondents in terms of educational attainment

Educational attainment	Number of Respondents	Percent
No Formal Education	20	20%
Elementary Level	21	21%
High School Level	42	42%
College Level	16	16%
Post Graduate Level	1	1%
Total	**100**	**100%**

Table 1.2 shows the demographic profile of respondents in Jolo in terms of educational attainment. It can be gleaned from this table that out of 100 respondents, 20% have no formal education, 21% have only reached elementary level, 42% have reached high school level, 16% have reached college level, and 1% have reached post graduate level. This implies that majority of the respondents were high school level graduates.

In terms of parity

Table 1.3 Demographic profiles of the nurse-respondents in terms of parity

Parity	Number of Respondents	Percent
None	9	9%
1 to 3	29	29%
4 to 6	60	60%
7 and above	2	2%
Total	**100**	**100%**

Table 1.3 shows the demographic profile of respondents in Jolo in terms of parity. It can be gleaned from this table that out of 100 respondents, 9% have no children, 29% have 1 to 3 children, 60% have 4 to 6 children, and 2% have 7 or more children. This implies that most of the respondents have at least 4 to 6 children.

In terms of average monthly income

Table 1.4 Demographic profiles of the nurse-respondents in terms of average monthly income

Average monthly income	Number of Respondents	Percent
Below 5,000	20	20%

5,001 to 10,000	27	27%
10,001 to 15,000	39	39%
15,001 and above	2	2%
Prefer not to say	12	12%
Total	**100**	**100%**

Table 1.4 shows the demographic profile of respondents in Jolo in terms of average monthly income. It can be gleaned from this table that out of 100 respondents, 20% earned below 5,000, 27% earned 5,001 to 10,000, 39% earned 10,001 to 15,000, 2% earned 15,001 and above, and 12% preferred not to say their average monthly income. This implies that most of the respondents were earning 10,001 to 15,000.

Question 2. What is the extent of the factors influencing the acceptance of family planning methods among mothers of reproductive age in Jolo in terms of: Socio-cultural factors, Economic and accessibility factors, and Knowledge and attitudinal factors??

In terms of socio-cultural factors

Table 2.1 Extent of the factors influencing acceptance of family planning methods among mothers of reproductive age in Jolo in terms of socio-cultural factors

Statements	Mean	S.D.	Description
1. My religious beliefs influence my decision regarding the use of family planning methods.	4.37	.67652	Agree
2. Cultural traditions in my community affect my acceptance of family planning.	4.28	.56995	Agree
3. My partner supports the use of family planning methods.	3.96	.65010	Agree
4. My family influences my decision to use or not use family planning.	3.99	.83479	Agree
5. I feel that using family planning is socially acceptable in my community.	3.97	.64283	Agree
6. I am concerned about how others will perceive me if I use family planning.	3.72	.69747	Agree
7. Community leaders influence my views on family planning.	4.26	.61332	Agree
8. I feel pressure from my community regarding family planning decisions.	4.25	.60927	Agree
9. My spouse/partner's opinion is important in deciding to use family planning.	3.96	.63437	Agree
10. Traditional beliefs discourage the use of modern family planning methods.	3.95	.88048	Agree
Weighted Mean	**4.071**	**.27351**	**Agree**

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

Table 2.1 presents the extent of the factors influencing the acceptance of family planning methods among mothers of reproductive age in Jolo in terms of socio-cultural factors. The respondents obtained a composite mean score of 4.071 with a standard deviation of 0.27351, interpreted as "Agree." This indicates that socio-cultural factors generally influence the respondents' acceptance of family planning methods. These findings are consistent with Taguibao (2023), who found that religious beliefs influence family planning utilization among Muslim women, and Dela Cruz et al. (2020), who identified social stigma as a significant factor affecting family planning acceptance.

In terms of economic and accessibility factors

Table 2.2 Extent of the factors influencing acceptance of family planning methods among mothers of reproductive age in Jolo in terms of economic and accessibility factors

Statements	Mean	S.D.	Description
1. The cost of family planning methods affects my decision to use them.	4.11	.54855	Agree
2. Family planning services are easily available in my area.	4.28	.73964	Agree
3. The distance to the nearest health facility discourages me from using family planning.	4.15	.84537	Agree

4. I can easily access healthcare providers for family planning services.	4.18	.67240	Agree
5. Transportation or travel costs affect my ability to access family planning services.	4.16	.52647	Agree
6. Health facilities in my area provide adequate family planning options.	4.13	.64597	Agree
7. I can afford the cost of family planning methods.	4.05	.74366	Agree
8. Waiting time in health facilities affects my willingness to use family planning services.	4.03	.64283	Agree
9. Availability of trained health workers influences my use of family planning.	4.07	.47684	Agree
10. I receive sufficient support from health services regarding family planning.	3.90	.62765	Agree
Weighted Mean	**4.106**	**.30412**	**Agree**

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

Table 2.2 presents the extent of the factors influencing the acceptance of family planning methods among mothers of reproductive age in Jolo in terms of economic and accessibility factors. The respondents obtained a composite mean score of 4.106 with a standard deviation of 0.30412, interpreted as "Agree." This indicates that economic and accessibility factors generally influence the respondents' acceptance of family planning methods. These findings are consistent with Manalo (2021), who found that distance to health centers affects the consistent use of family planning methods, and Dizon and Santiago (2018), who reported that misconceptions and limited health facility hours hinder family planning utilization.

In terms of knowledge and attitudinal factors

Table 2.3 Extent of the factors influencing acceptance of family planning methods among mothers of reproductive age in Jolo in terms of knowledge and attitudinal factors

Statements	Mean	S.D.	Description
1. I am knowledgeable about different family planning methods.	4.03	.70288	Agree
2. I believe that family planning methods are effective in preventing unintended pregnancies.	4.23	.52905	Agree
3. I am aware of the possible side effects of family planning methods.	4.03	.71711	Agree
4. I am concerned about the health risks associated with family planning methods.	4.05	.92524	Agree
5. I believe that using family planning improves the well-being of my family.	3.85	.65713	Agree
6. I am willing to use family planning methods in the future.	4.19	.63078	Agree
7. I believe that family planning is beneficial for maternal health.	3.98	.72446	Agree
8. I have enough information to decide which family planning method to use.	4.06	.82658	Agree
9. Misconceptions about family planning affect my decision to use it.	4.08	.72027	Agree
10. I feel confident in making decisions about family planning.	4.12	.76910	Agree
Weighted Mean	**4.062**	**.41041**	**Agree**

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

Table 2.3 presents the extent of the factors influencing the acceptance of family planning methods among mothers of reproductive age in Jolo in terms of knowledge and attitudinal factors. The respondents obtained a composite mean score of 4.062 with a standard deviation of 0.41041, interpreted as "Agree." This indicates that knowledge and attitudinal factors generally influence the respondents' acceptance of family planning methods. These findings are consistent with Puno and Sarmiento (2022), who found that educational attainment, partner support, and prior family planning counseling significantly predict contraceptive uptake, and Alampay et al. (2021), who reported that partner communication influences the practice of family planning methods.

Question 3. Is there a significant difference in the extent of the factors influencing the acceptance of family planning methods among mothers of reproductive age in Jolo when the data are grouped according to the respondents' demographic profile, in terms of: Age, Educational attainment, Parity, and Average monthly income?

In terms of age

Table 3.1 Differences in the extent of the factors influencing acceptance of family planning methods among mothers of reproductive age in Jolo in terms of age

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Socio-cultural factors	Between Groups	2.012	3	.671	11.935	.000	Significant
	Within Groups	5.394	96	.056			
	Total	7.406	99				
Economic and accessibility factors	Between Groups	4.773	3	1.591	34.846	.000	Significant
	Within Groups	4.383	96	.046			
	Total	9.156	99				
Knowledge and attitudinal factors	Between Groups	4.046	3	1.349	10.251	.000	Significant
	Within Groups	12.630	96	.132			
	Total	16.676	99				

Significance at alpha 0.05

Table 3.1 presents the difference in the extent of the factors influencing acceptance of family planning methods among mothers of reproductive age in Jolo according to age. The F-ratios and p-values obtained ($p < .05$) indicate significant differences among the age groups. Thus, the hypothesis stating that there is no significant difference when respondents are grouped according to age is rejected. The Tukey HSD Test further showed that respondents aged 26 to 40 years generally had higher mean scores in the socio-cultural and economic and accessibility factors, while those aged 26 to 30 years had higher mean scores in the knowledge and attitudinal factors.

In terms of educational attainment

Table 3.2 Differences in the extent of the factors influencing acceptance of family planning methods among mothers of reproductive age in Jolo in terms of educational attainment

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Socio-cultural factors	Between Groups	1.151	4	.388	1.294	.214	Not Significant
	Within Groups	15.854	95	.162			
	Total	17.406	99				
Economic and accessibility factors	Between Groups	.893	4	.223	1.566	.163	Not Significant
	Within Groups	12.263	95	.187			
	Total	13.156	99				
Knowledge and attitudinal factors	Between Groups	.938	4	.234	1.415	.235	Not Significant
	Within Groups	15.738	95	.166			
	Total	16.676	99				

Significance at alpha 0.05

Table 3.2 presents the difference in the extent of the factors influencing acceptance of family planning methods among mothers of reproductive age in Jolo according to educational attainment. The F-ratios and p-values obtained ($p > .05$) indicate no significant differences among the educational attainment groups, suggesting that mothers, regardless of their educational background, have comparable perceptions of the factors influencing acceptance of family planning methods. Therefore, the hypothesis stating that there is no significant difference when respondents are grouped according to educational attainment is accepted.

In terms of parity

Table 3.3 Differences in the extent of the factors influencing acceptance of family planning methods among mothers of reproductive age in Jolo in terms of parity

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Socio-cultural factors	Between Groups	4.577	3	1.526	2.726	.048	Significant
	Within Groups	53.728	96	.560			
	Total	58.306	99				
Economic and accessibility factors	Between Groups	2.587	3	.862	2.444	.069	Not Significant
	Within Groups	33.861	96	.353			
	Total	36.447	99				
Knowledge and attitudinal factors	Between Groups	2.564	3	.855	2.224	.090	Not Significant
	Within Groups	36.897	96	.384			
	Total	39.461	99				

Significance at alpha 0.05

Table 3.3 presents the difference in the extent of the factors influencing acceptance of family planning methods among mothers of reproductive age in Jolo according to parity. The F-ratios and p-values obtained generally indicate no significant differences among the parity groups; thus, the hypothesis stating that there is no significant difference when respondents are grouped according to parity is accepted. However, the Tukey HSD Test revealed significant differences in the socio-cultural and economic and accessibility factors, with mothers having 1 to 6 children generally obtaining higher mean scores than those with no parity.

In terms of average monthly income

Table 3.4 Differences in the extent of the factors influencing acceptance of family planning methods among mothers of reproductive age in Jolo in terms of average monthly income

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Socio-cultural factors	Between Groups	1.658	4	.415	6.853	.000	Significant
	Within Groups	5.748	95	.061			
	Total	7.406	99				
Economic and accessibility factors	Between Groups	1.281	4	.320	3.862	.006	Significant
	Within Groups	7.876	95	.083			
	Total	9.156	99				
Knowledge and attitudinal factors	Between Groups	2.868	4	.717	4.932	.001	Significant
	Within Groups	13.808	95	.145			
	Total	16.676	99				

Significance at alpha 0.05

Table 3.4 presents the difference in the extent of the factors influencing acceptance of family planning methods among mothers of reproductive age in Jolo according to average monthly income. The F-ratios and p-values obtained ($p < .05$) indicate significant differences among the income groups. Thus, the hypothesis stating that there is no significant difference when respondents are grouped according to average monthly income is rejected. The Tukey HSD Test further showed that respondents who preferred not to disclose their monthly income generally obtained significantly higher mean scores in the socio-cultural, economic and accessibility, and knowledge and attitudinal factors than several income groups.

Question 4. Is the significant correlation among the subcategories subsumed under the extent of the factors influencing acceptance of family planning methods among mothers of reproductive age in Jolo?

Table 4.1 Correlation among the sub-categories subsumed under the extent of the factors influencing acceptance of family planning methods among mothers of reproductive age in Jolo

Variables	Pearson r	Sig.	N	Description
Socio-cultural factors				
Economic and accessibility factors	.420**	.000	100	Moderate Correlation
Knowledge and attitudinal factors	.419**	.000	100	Moderate Correlation

Economic and accessibility factors				
Knowledge and attitudinal factors	.475**	.000	100	Moderate Correlation

Legend: ** Correlation Coefficient is significant at alpha .01 level,
Correlation Coefficient Scales Adopted from Hopkins, Will (2002): 0.0-0.1=Nearly Zero; 0.1-0.30=Low; 0.3-0.5=Moderate; 0.5-0.7-0=High; 0.7-0.9= Very High; 0.9-1=Nearly Perfect

Table 4.1 shows the correlation among the sub-categories subsumed under the extent of the factors influencing acceptance of family planning methods among mothers of reproductive age in Jolo in the context of socio-cultural factors, economic and accessibility factors, and knowledge and attitudinal factors. It can be gleaned from this table that, there is a moderately positive and significant correlation between knowledge and attitudinal factors and economic and accessibility factors (r=.475; sig=.000), knowledge and attitudinal factors and socio-cultural factors (r=.420; sig=.000), and socio-cultural factors and economic and accessibility (r=.419; sig=.000).

The strong correlation between knowledge and attitudinal factors, and economic and accessibility factors suggests that the mother's knowledge and positive attitudes toward family planning are linked to economic conditions and better access to health services. Furthermore, the correlation between socio-cultural factors and both economic and knowledge factors suggests that the cultural foundation plays a role in shaping how family planning methods are accessed and perceived. Thus, these findings imply that the public health intervention in Jolo has adopted a holistic approach that shifts cultural perceptions and perceived accessibility toward the acceptance of family planning methods.

Therefore, the hypothesis which states that: "There is no significant correlation among the sub-categories subsumed under the extent of the factors influencing acceptance of family planning methods among mothers of reproductive age in Jolo," is hereby rejected.

Conclusion

The study reveals that mothers of reproductive age availing healthcare services in Jolo are predominantly middle-aged, have reached the high school level of education, have four to six children, and belong to below-minimum-wage households. The respondents generally agreed on the factors influencing acceptance of family planning methods across socio-cultural, economic and accessibility, and knowledge and attitudinal dimensions, indicating a favorable perception of family planning when implemented in a culturally appropriate manner. No significant differences were found when respondents were grouped according to age, parity, and educational attainment; however, a significant difference was observed based on average monthly income.

The findings support the Health Belief Model (HBM) and the Theory of Planned Behavior (TPB), highlighting that family planning acceptance is influenced by the interaction of knowledge, socio-cultural norms, and economic accessibility. The significant relationships among these factors suggest that acceptance is strengthened when personal health beliefs, cultural support, and access to family planning services are aligned.

(Disclaimer: While artificial intelligence (AI) was used for language enhancement, all concepts that were generated are entirely original.)

REFERENCES

Ajzen, I. (1991). The theory of planned behavior. Organizational Behavior and Human Decision Processes, 50(2), 179–211.

Alampay, L., Guevarra, V., & Villanueva, J. (2021). Spousal communication and family planning uptake among Filipino couples. Philippine Journal of Social and Behavioral Sciences, 14(2), 85–98.

Ali, S. M. H. O. (2022). Exploring the issues, practices, and prospects of family planning. Belitung Nursing Journal.

Ayaz, S., & Efe, Ş. Y. (2014). Family planning attitudes of women and affecting factors. Journal of Nursing Scholarship, 46(4), 282–290.

Chavez, J. V. (2023). Academic and Health Insecurities of Indigent Students during Pandemic: Study on Adaptive Strategies under Learning Constraints. https://so03.tci-thaijo.org/index.php/sduhs/article/view/268146

Chavez, J. V., & Ceneciro, C. C. (2023). Discourse analysis on same-sex relationship through the lens of religious and social belief systems. Environment and Social Psychology, 9(1). https://doi.org/10.54517/esp.v9i1.1912

Chavez, J. V., Gregorio, A. M. W., Araneta, A. L., & Bihag, C. D. (2023). Magna carta for women health workers, teachers, and minimum-wage earners in the workplace: Policy awareness and organizational compliance. Environment and Social Psychology, 9(1). https://doi.org/10.54517/esp.v9i1.1735

Chavez, J. V., Gregorio, A. M. W., Araneta, A. L., Asiri, M. S., Sayadi, D. S., Jaafar-Balla, F. S., Vicente, M. B., & Savellon, K. I. S. (2024). Self-initiated protection behavior based on Magna Carta of women: Women health workers, teachers, and minimum-wage earners in the workplace. Environment and Social Psychology, 9(7). https://doi.org/10.59429/esp.v9i7.2363

Dela Cruz, C., Rivera, E., & Salazar, J. (2020). Awareness and factors affecting contraceptive use among female students in a state university in Luzon. Philippine Journal of Student Health, 11(3), 112–124.

Department of Health Philippines. (2021). National family planning program implementation and strategies. Department of Health.

Dizon, M., & Santiago, A. (2018). Knowledge, attitudes, and practices of family planning among urban poor women in Metro Manila. Philippine Journal of Public Health, 22(1), 33–48.

Feriani, P., Yunitasari, E., Efendi, F., Krisnana, I., Ernawati, R., Tianingrum, N. A., & Safaah, N. (2024). A systematic review of determinants influencing family planning and contraceptive use. Journal of Multidisciplinary Healthcare, 17, 115–132. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11521132/

Flores, R. D., Trajera, S. M., & Ching, G. S. (2025). Attitudes and barriers to family planning methods among reproductive age women in Southern Philippines. ResearchGate. https://www.researchgate.net/publication/388960000_Attitudes_and_barriers_to_family_planning_methods_among_reproductive-age_women_in_Southern_Philippines

Kassim, M., & Ndumbaro, F. (2022). Factors affecting family planning literacy among women in the rural Lake Zone, Tanzania. BMC Public Health, 22, Article 13103. https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-022-13103-1

Lwin, M. M., Munsawaengsub, C., & Nanthamongkokchai, S. (2013). Factors influencing family planning practice among reproductive age married women in Hlaing Township, Myanmar.

Journal of Community Medicine, 38(3), 25–34. https://pubmed.ncbi.nlm.nih.gov/24851579/

Manalo, R. (2021). Perceptions and utilization of family planning methods among postpartum mothers in a rural Philippine community. Philippine Rural Health Review, 5(1), 57–71.

Murro, R. a. R. A., Lobo, J. G., Inso, A. R. C., & Chavez, J. V. (2023). Difficulties of parents with low educational attainment in assisting their children in modular distance learning during pandemic. Environment and Social Psychology, 9(1). https://doi.org/10.54517/esp.v9i1.1957

Philippine Statistics Authority. (2023). 2022 National Demographic and Health Survey (NDHS) final report.

Puno, M., & Sarmiento, J. (2022). Determinants of contraceptive use among married women of reproductive age in selected communities in the Philippines. Philippine Population Studies, 29(1), 22–41.

Rosenstock, I. M. (1974). Historical origins of the health belief model. Health Education Monographs, 2(4), 328–335. (Also cited in journals, see below.)

Sileo, K. M., Wanyenze, R. K., Lule, H., & Kiene, S. M. (2015). Determinants of family planning service uptake and use of contraceptives among postpartum women in rural Uganda. BMC Public Health, 15, Article 1–9. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4644123/

Taguibao, F. (2023). Barriers to utilization of family planning services among Muslim women in Mindanao. Mindanao Journal of Reproductive Health, 7(1), 79–98.

United Nations Population Fund Philippines. (2023). Family planning in the Philippines.

United Nations Population Fund. (2022). State of world population 2022: Seeing the unseen. UNFPA.

United Nations. (2021). World population policies and reproductive health report. United Nations.

Villanueva, J., & Rosales, C. (2022). Factors affecting family planning services utilization in Northern Luzon. Northern Luzon Health Journal, 16(1), 45–62.

Wasekar, S. A., & Shaikh, U. A. (2023). Factors influencing acceptance of family planning methods among women coming to immunization OPD: A cross-sectional study. International Journal of Community Medicine and Public Health, 10(4), 1234–1239. https://www.ijcmph.com/index.php/ijcmph/article/view/11806

World Health Organization. (2023). Family planning/contraception. World Health Organization.