

THE EFFECTIVENESS OF A SLIDE-TAPE PRESENTATION IN  
TEACHING BASIC FAMILY PLANNING TO PROSPECTIVE  
FAMILY PLANNING TRAINERS IN THE PHILIPPINES

Aida V. Sobrevinas

A Thesis-Equivalent

in

The Department

of

Educational Technology

Presented in Partial Fulfillment of the Requirements  
for the degree of Master of Arts at  
Concordia University  
Montreal, Quebec, Canada

April, 1977

© Aida V. Sobrevinas 1977

## ABSTRACT

### THE EFFECTIVENESS OF A SLIDE-TAPE PRESENTATION IN TEACHING BASIC FAMILY PLANNING TO PROSPECTIVE FAMILY PLANNING TRAINERS IN THE PHILIPPINES

Aida V. Sobrevinas

The purpose of this thesis equivalent was to produce and evaluate a slide-tape presentation for the use of prospective family planning trainers in the Philippines. The family planning program in the Philippines was and is plagued not only by inadequate instructional materials but also by improperly trained personnel. This study was intended to demonstrate the effectiveness of slide-tape presentations as an instructional strategy in teaching family planning.

Based on the criteria stipulated by Gagne and Briggs (1974), a slide-tape presentation was produced and a 19-item questionnaire was administered to test the production.

Twenty-two trainees took part in this study. The test was made to coincide with a seminar workshop organized by the Bureau of Youth Welfare, Department of Social Services Development, in the Philippines, during October 1976. The trainees were randomly divided into two groups. The experimental group viewed the slide-tape presentation while the control group did not. Evaluation took the form of a pre-post test design.

T tests were used to compare 1) mean score generated on the pre and post tests, and 2) mean gain score comparison between the two groups. Significant differences were found ( $p < .001$ ) between the pre and post test for the experimental group. No significant differences

were found between the two-test comparison for the control group.

The gain score comparison also demonstrated the significant superiority ( $p < .01$ ) of the experimental group.

This study, has demonstrated that the use of a slide-tape presentation could serve as useful instructional strategy in teaching prospective family planning trainers the rudiments of family planning.

### ACKNOWLEDGEMENT

I would like to thank the following for helping me undertake this study. My brother, Renato Sobrevinas, of the Population Center Foundation for arranging the experiment in the Philippines; the youth development workers from the Department of Social Services Development who participated in the experiment; the Audio-Visual Department of Concordia University, Sir George Williams Campus for the use of their facilities; to my thesis adviser Dr. Gary Coldevin for the help he extended throughout this study.

## Table of Contents

List of Figures	1
List of Tables	11
Chapter I: The Problem	1
Introduction	1
World Population Patterns	5
Demographic Transition	6
The Philippine Family Planning Program	10
Context of the Problem	12
Statement of the Problem	13
Significance of the Study	14
Chapter II: Review of Related Literature	18
Chapter III: Methodology	23
Instructional Material	23
Selection of the Subject Matter	23
Relevancy	23
Suitability	24
Hypothesis	27
Rationale for the Hypothesis	27
Educational Objectives of the Slide-Tape Presentation	28
Population and Sample	28
Preparation of Instructional Material	28
Instructional Design Model	30
Suitability of Production	33
Research Design	34
Testing Procedure	35
Validation of Criterion Tests	36

Test Scoring	35
Statistical Procedure	37
Chapter IV: Results	38
Chapter V: Discussion and Conclusion	39
Recommendation for further research	40
Chapter VI Bibliography	42
Chapter VII: Appendices	
Appendix A	
Appendix B	
Appendix C	
Appendix D	
Appendix E	

LIST OF FIGURES

1 An Instructional Design Model

LIST OF TABLES

- I Difficulty & Discriminability Index
- II Pre and Post Test Mean Score Comparison
- III Inter-Group Gain Score Comparison



## I The Problem

### Introduction

The use of the term "Family Planning" and its connotation is a relatively recent development. Just before World War I, Margaret Sanger, the American population control pioneer called it "Birth Control" to get away from the odium attached to contraception. Before World War II, the movement changed from birth control to family planning or planned parenthood in order to replace the rather negative public image suggestive of preventing births and avoiding ill-health, to the more positive and open concept of helping family builders plan to have as many children and at whatever interval they desired. For all intents and purposes, the term "family planning" shall be used in this study.

Demographers, in their studies of population growth and governments with their expert economic planners regarded family planning as the one potentially positive means of population control, offering an alternative to the great negatives of war, pestilence, famine and disease. Biologists, anthropologists and doctors included it in their study of genetics, eugenics and reproduction and passed beyond the concept of control of numbers to that of control of quality, pre-determination of sex and a new means of conception and gestation. Philosophers and theologians have called it by no special name but have seen it as an extension of man's control of his destiny (Draper, 1965).

What is family planning? The United Nations Office of Economic and Social Affairs in 1973 produced the following definition, "Family Planning is a basic human right which safeguards not only individual but family health, family structure and family stability. Family planning can help make couples decide on the number of chil-

dren they feel they can and should have as well as about the spacing of these children - decisions which will be in the best interest of the physical and emotional health of each member of the family" (U.N. Office of Social and Economic Affairs, 1973). Operationally, it can be defined in terms of what family planning programs actually do or seek to accomplish which may include the following activities:

1) prevention of unwanted births, 2) child-spacing, 3) reduction in the number of children desired and sometimes, 4) assistance to couples with infertility problems.

In trying to define family planning, Rogers (1973) considers it a euphemistic term in the sense that the words themselves do not imply directly what we mean and because there are a number of specific activities usually included in family planning programs. Family planning to Rogers is the idea, concept, program, or act of preventing births and avoiding their consequences. By this definition, abortion could be considered a part of family planning although it often is not. Assistance is also sometimes provided to achieve intended, wanted births.

Like many other controversial issues, population growth inspires contradictory attitudes, enthusiasm, apathy, hysteria, hope and fear. Like any debatable social issue, family planning has its staunch advocates and recalcitrant disclaimers. Some are in favor of it while others are not. People have varied ways of looking at family planning depending on a myriad of circumstances, i.e., social, economic, political, religious and cultural considerations which somehow conflict with each other leaving the issue unacted upon and unresolved.

The noted anthropologist, Margaret Mead, conscious of the "eroding ecology" due to the rapid increase in population has maintained

that the present world population is already putting a heavy strain on the natural environment - destroying beaches, estuaries, killing lakes and rivers, polluting the ocean and loading the atmosphere with unmanageable debris. " Our natural environment, the resources on which we depend on life itself and the specific protection of the climate and the habitability of the earth are endangered". (Mead, 1973, p9).

Sir Julian Huxley, notable British biologist and author has written a number of books on population control. According to Huxley, "...most tensions in the world would be reduced once the pressure of the population was lessened. If once we managed to conquer this gravest danger of all, this senseless overproduction of man, we shall be able to conquer other dangers. Having coped with the population monster, could we not pay attention to the most fundamental of all questions: What are people for?" (Huxley, 1973 p.19).

Another family planning crusader, Paul Ehrlich has predicted that too rapid population increase can ultimately result in the loss of man's inalienable rights which include:

1. The right to eat well
2. The right to drink pure water
3. The right to breath pure air
4. The right to decent uncrowded shelter
5. The right to enjoy natural beauty
6. The right to avoid regimentation
7. The right to avoid pesticide poisoning
8. The right to freedom from thermonuclear war
9. The right to limit families
10. The right to educate the children
11. The right to have grand children

Unlike other birth control advocates, Ehrlich supports the "Beyond Family Planning Stage" where more drastic measures are to be used to reduce the population rate. Another way to attack the population problem stresses social factors that promote fertility limitation. Among these are : 1) Development in the social, political,

informational, health and cultural aspects. General development would spur lower birth rate.

1) Industrialization and rising costs of living, popular education, improved nutrition and health, better means of mass communication and attitudinal modernization in general are the factors closely associated with reduced birth rate; 2) Tax and welfare benefits and penalties. Here again, a number of paper proposals have been made but few are put into practice. Examples of these include withdrawal of family allowances, tax on births after a given number of children, tax benefits for the smaller family, withholding of educational benefits and pensions for parents of small families as a social security measure; 3) Shifts in social institutions. Here, it is envisioned that basic changes can be seen as part of general development and hence, basic underpinning to fertility decline. At the base, they involve the emancipation of women. Delayed age for marriage among women and equality of the sexes are spin-offs from this idea. Similar measures have also been reported with the aim of reducing birth rates; 4) The fourth is coercion. This implies that it is up to the state to impose population control to a level acceptable for the members of the society. The proposed compulsory sterilization of males in India which is encountering considerable dissent from all sectors is a notable contemporary example (Bhalla, 1977).

Beyond family planning is not yet a reality but rather a positive goal to work towards.

Not everyone takes a grim view of the world's rise in population nor the accompanying environmental erosion that accompanies it and the depletion of the world's resources.

Ansley J. Coale, Director of the Office of Population Research at Princeton University offers us a certain perspective when he notes that fossil fuels are being used up but that metals mined and consumed are in fact still on the earth and could be reprocessed and recycled.

"When we think of our resources of useful materials as the metallic elements of iron, nickel, lead, copper, etc. we should realize that Earth has the same amount of each element as it had a million years ago and will have the same amount a million years from now" (Population Control, 1971, p.25).

Etzioni (1973) maintains that population control is in large part a false issue due to the unreliable means of measuring growth of population in the large scale. Simply stated, he does not believe in statistics employed by those who use projections and measure growth rate. He does not believe in projections and control made on issues which do not have clear-cut features such as controlling a thermostat where exactness and precision matter significantly.

World Population Patterns: Past, Present and Future

At the beginning of the Christian era, the population of the world was probably between 200 to 300 million. In 1650, the world population reached about 500 million. It took all of mankind's history to produce a world population of one billion by the end of the 1830's. It took about a century to add to the second billion and merely thirty years to add to the third. This means that the greatly accelerated increase in the population of the world is a very recent phenomenon (U.P. Population Institute, 1974).

Prior to the 1900's the population of the developed regions (North America, Europe, U.S.S.R., Oceania) was growing at a faster rate than the developing regions (Africa, Asia, Latin America). As a result, the relative contribution of the developing countries to the world population had been decreasing while that of the developed regions had been increasing. However, since 1920, the developing countries have been growing faster than the developed regions. The estimated population in the less developed regions rose to two billion in 1960 and 2.5 billion in 1970. On the other hand, the population in the developed regions increased from 1 to 1.1 billion during the same period of time.

By the year 2000, the developing areas will be contributing 5.2 billion of the world's estimated 6.5 billion. In other words, nearly 5 out of 6 persons in the world at the turn of the century will be coming from a developing country (U.P. Population Institute, 1974).

That the world is facing a population crisis is by now well known. The dimensions of world population growth have been amply documented by demographers, and dramatic illustrations of the consequences of continued high growth rates are abundant.

#### Demographic Transition

A pre-requisite for any country that seeks to uplift itself socially, politically, economically and culturally is a family planning program. It is said that the almost vertical rise in the rate of human population growth must level off or decline. The question of "how" this is to be accomplished is a present focus international concern.

In attempting to answer this crucial question we must first understand more fully the nature of the term "demographic transition". Rostow (1965) provides five stages of economic growth which portend the reason for today's population trend. The principle of economics has a major role in population growth which means that any attempt to explain population growth entails the inclusion of its economic dimension. Rostow lists the five stages of growth as 1) traditional society, 2) pre-condition for take-off, 3) the take-off, 4) the drive to maturity and 5) the age of high mass consumption.

A traditional society is one whose structure is developed within limited production functions based on pre-Newtonian science and technology and on pre-Newtonian attitudes towards the physical world. Newton here, symbolizes the time in history when man believed that the external world was subject to a few knowable laws. Because of limitation on productivity and lack of technical know-how, societies had to devote a very high proportion of their resources to agriculture. Family and clan connections played a large role in social organization. Population rose and fell not only with the sequences of harvests, but also with the incidence of war and plague.

The second stage of growth which is the pre-condition for take-off embraces societies in the process of transition. This transitory stage starts when the idea that economic progress is possible and that it can bring about national dignity, private profit, the general welfare, better life for the children. New types of enterprising men come forward in the private economy and govern-

ment willing to mobilize savings for profit and modernization. As a result commerce widens. Banks and other institutions grow.

The take-off is the stage when resistances to steady growth are finally overcome. During the take-off, new industries expand rapidly yielding profits, a high proportion of which are re-invested in new plant and these new industries, in turn, stimulate through their rapidly expanding requirement for factory workers, the services to support them, and for other manufactured goods, a further expansion in urban areas and in other modern industrial plants. The economy exploits hitherto unused natural resources and methods of production. Britain had its take-off two decades after 1793; France and the United States, to the several decades preceding 1860; Germany, the third quarter of the nineteenth century; Japan, the fourth quarter of the nineteenth century; Russia and Canada, the quarter century or so preceding 1914; during the 1950's India and China.

The fourth stage is drive to maturity. After take-off there follows a long interval of sustained if fluctuating progress, as the now regularly growing economy drives to extend modern technology over the whole front of its economic activity. The economy finds itself in the international economy; goods formerly imported are produced at home; new import requirements develop and export commodities to match them. This was the transition through which Germany, Britain, France and the United States had passed by the end of the nineteenth century.

The last stage is the age of high mass consumption. This stage is characterized by the diffusion of basic commodities, electric-powered household gadgets, sewing machines, bicycles etc. The



real income per head rises to a point where large number of people gain a command over consumption which transcends basic food, shelter and clothing. The structure of the working force changes in ways which increase not only the proportion of urban to total population but also the proportion of the population working in offices or in skilled factory jobs.

Rogers (1973) presents a more simplified approach. To illustrate, consider a typical country in Latin America, Africa or Asia at some point in the past. At Stage I, the society is relatively traditional in its norms, beliefs and social structure. Families work on farms, and more children means more help in the farm chores. Childhood diseases are common while infant mortality rates are high. Stage I is characterized by high birth rates, and high death rates, and hence a stable society.

Stage II is marked by a drop in the death rate caused by the various public information programs that are introduced such as malaria control, inoculation control for small pox, cholera and typhoid fever, But the fertility norms of these societies changed more slowly than the actualities of death control and parents had 6 to 8 children per family. Many less developed regions are somewhere in Stage II today.

Stage III is marked by a corresponding drop in birth rates so that relatively stable population again occurs. In several more developed nations, like those of Western Europe and North America, this demographic transition occurred over a 75-100 year span. The forces that brought the birth rates down were industrialization, urbanization and other types of modernization. Children ceased to

be an economic asset in urban life and the small family norm of 2 or 3 gradually developed.

The modernizing trends of urbanization and industrialization in less developed countries began much more recently in the 1950's. The chief aim of the less developed countries is to raise their national per capita income and the levels of living so that people can have better education, healthy nutrition and proper housing. However, a high level of population consumes the gains in development progress such as deployment of funds toward more schools to educate the children and more housing projects to accommodate the people. This has led development planners to realize that an unchecked population growth is a strong deterrent to national progress. This realization had led to the founding of the family planning programs in many less developed countries (Rogers, 1973).

#### The Philippine Family Planning Program

Today, there are 3.9 billion people inhabiting the earth. Of these, more than half are Asians. Of Asia's 2.2 billion people, 1.4 billion or 63 per cent are concentrated in two countries: the People's Republic of China and India. The Philippines accounts for 1.1 per cent of the world's population and 1.9 percent of Asia's population. The Philippine territorial size is the 57th in the world and 13th in Asia. Its population, however, ranks 16th in the world and ranks 7th in Asia.

If the Philippine population distribution was uniform throughout the islands, there would be 140 persons for every square kilometer of the land. This seems spacious enough when compared to Japan's crowded islands where 278 persons inhabit a square kilometer

but when compared to the 22 persons for every square kilometer reported in the United States to 11 in the U.S.S.R. and 2 in Canada, the Philippine average density seems very high indeed.

With a land area of 300,000 kilometers and a density of 140 per square kilometer and a population of 44,000,000 measures should be taken to reduce the rate of population. The representative rate of increase of 3.4 per cent per year is highest in Asia and one of the highest in the world (Population Program Assistance, 1971).

Philippine President Ferdinand Marcos established a Commission on population on February 19, 1969. Then on December 6, 1969, the President approved the Commission's conclusion that a reduction in population growth was in the vital interest of the nation. Consequently, he proposed legislation making Family Planning an official policy of his administration calling for a national program of information and education on family planning methods and provisions of facilities, especially to rural areas where assistance in family planning could be extended to the poor. On July 1, 1970, the Commission on Population became the overall coordinating and planning body of the national population program.

The Commission is composed of representatives from forty different population-related private agencies, government bodies and academic institutions. The Commission on Population is headed by an Executive Secretary and an Executive Council (composed of five government Secretaries) and employs a small staff representing expertise in such areas as training, communication and research.

Most family planning activities are carried out by 14 private

and public agencies that are provided with grants from the Population Foundation. Among the more important of these agencies are the Department of Health's Rural Health Units which employ about 600 field workers and the Family Planning Organization of the Philippines (FPOP) a private association (an IPPF, International Planned Parenthood Federation affiliate) that operates over 200 family planning clinics.

#### Context of the Problem

The Philippines can hardly be called a country of family planning aficionados since the practice has not yet permeated the various levels of society. Numerous problems have been encountered.

One problem is the recognized discrepancy between the attitude and behaviour towards the subject of family planning. It is a crucial but seemingly paradoxical problem of high approval of family planning but low practice of the concept (Mercado, 1973). The National Demographic Survey for 1973 (NDS) and the National Acceptors Survey (NAS) in 1974 alerted the government of the emerging problem in the gap between the attitude on one hand and practice on the other.

This trend is not particularly Philippine since it is happening elsewhere as well. For example, in Jakarta, Indonesia, 60 per cent of the male and 61 per cent of the female respondents approved of family planning but only 10 per cent practiced according to a 1968 KAP (knowledge, attitude, practice) Survey. This has produced a discrepancy of 51 per cent between attitude and behaviour.

In West Malaysia, a KAP survey in 1966-1967 revealed that more

than 70 per cent of the respondents approved family planning. However, only 15 per cent of the married women who were interviewed were putting it into practice. Thus, there was a gap of 55 per cent between attitude and behaviour norms.

In the rural South of Thailand, a 1971 survey found that more than 80 per cent of the respondents approved family planning. Surprisingly, only a little over seven per cent practiced it. In this case, the difference between attitude and practice widened to as high as 72 per cent.

This difference between the levels of knowledge and attitude on one hand and adoption and practice on the other is commonly referred to as the KAP-gap. Taking India as another example, a high percentage of India's population is 1) aware of the family planning program and its symbol, the Red Triangle, 2) of the ideally projected small family norm of 2 or 3 children and 3) of such specific innovations as condoms, IUD's and sterilization. In terms of knowledge (K), a sizeable portion of the fertile target population holds a favorable attitude (A) toward family planning. They also have a positive opinion towards a small family norm. However, the adoption or practice (P) has been relatively disappointing with about 8 per cent of the entire target population practicing family planning (Rogers, 1973).

#### Statement of the Problem

The chief cause for the attitude behaviour discrepancy is traceable to the inadequate training the family planning personnel receive, and in turn, the inadequate information they convey to the clients. Information such as knowing exactly where to obtain contra-

ceptives or how to properly use them and who can use them is necessary but one which is lacking in many family planning programs (Mercado, 1973; Rogers, 1973).

The situation, therefore dictates the proper training of not only the field workers but also the people themselves. Concepcion (1974) and Mercado (1974) have maintained that only through proper training can practice be improved. This study shall therefore deal with a suggested solution to remedy the situation, considering the proper training to be given to those who directly disseminate the information to the clients and the clients themselves who receive the information. Therefore, it is contended that a more effective family planning program is possible in the Philippines if one major factor, an adequate training of field workers and subsequently of the prospective supporters of the program is implemented.

More specifically, a slide-tape presentation has been developed as an instructional strategy after which the production is evaluated by way of a questionnaire to be administered on the trainees. In so doing, the effectiveness of the slide-tape presentation as an instructional material can be measured based on scores gained by the trainees after exposure to the presentation.

#### Significance of the Study

##### Training Needs of Family Planning Trainees

The necessity and importance of properly educating family planning trainers can not be ignored. If training of personnel is to make a significant impact on the performance of the workers in the field, it depends upon how knowledgeable the trainees are, how well they know the field, to what extent they can develop the potential-

ities of the learners by providing a series of learning situations rather than by imparting capsules of knowledge to them, and how well they can work as a team and demonstrate it to the students. There can be no half-way measures in training trainees. They have to be helped to become good teachers in addition to developing greater expertise in their own special field of activity (Amritmahal, 1972).

Schramm (1971) has noted that strategies of family planning programs tend to believe that the single most useful motivating device to being acceptors of the clinic is a well-trained, competent and dedicated staff of field workers and trainers. By contrast, in the Philippine setting, field workers lack a detailed knowledge on the use of various methods of family planning (Feliciano, 1972; Lozare, 1972). Consequently, the greatest challenge facing the national population program in the next few years is training thousands of field workers for their new roles; training researchers and trainers for the provincial and municipal offices; equipping these people with skills and knowledge to adequately meet the specific needs of the program at this stage and strengthening these people's sense of commitment and understanding of the philosophy of development (Galang, 1975).

Dr. Mercedes Concepcion, Dean of the University of the Philippines Population Institute sees training as a "basic need" for the population program's three areas of concern: service, delivery, information/education/communication (IEC) and research. As the program prepares for a massive outreach into the barrios "there has to be a continuous training activity". All family planning workers regardless of their backgrounds and prior education will need some special training to prepare them for field delivery of family planning services.

The IEC Division of the Commission on Population in 1975 produced a preliminary plan and strategy based on an extensive gathering, analysing and synthesizing of the primary and secondary research data. The major IEC problems and needs included among others: 1) Insufficient training of personnel stemming from lack of facilities, sites and trained personnel. Inadequate time allowances for the courses and a negative attitude or the lack of interest of the trainees are associated factors; 2) Inadequacy of personnel to oversee or carry out IEC activities such as the research work necessary to train and service personnel; 3) Resistance of sub-groups to family planning. The rumors and fears of the side-effects of family planning contraceptive methods more specifically the IUD and the pill, have not been dispelled. This has resulted in dissatisfied acceptors and drop-outs and the objection of husbands to family planning; 4) Faulty distribution of IEC materials and services. IEC materials are distributed irregularly or are delayed resulting in stock-piling or over supply of non-relevant materials. This unsystematic and imbalanced delivery has resulted in inadequate storage space. Moreover, the target groups or areas are only superficially reached while the remote areas are not reached at all.

The pressing need for improved curriculum guides, visual aids and better trained field workers was discussed in a conference sponsored by the Information Division of the Population Center Foundation in 1975. During the conference, it was acknowledged that there is a dearth in the instructional materials used for the purpose of propagating family planning and that relevant materials should be secured.



It is therefore evident that the root cause of the problems mentioned is improper and inadequate training. On the whole, this study shall attempt to provide a suitable instructional strategy using a slide-tape presentation to teach family planning and a means of evaluating its effectiveness. The low cost, great ease in handling and versatility of the medium are attributes of the slide-tape presentation which can make it an effective instructional material; cost-wise and utility-wise. This topic shall be discussed more fully in the next chapter.

## CHAPTER II

### Review of Related Literature

Before going into the Philippine scene, here is a brief review of family planning information campaigns in eight Asian countries where implications for training and developing family planning communication materials can be compared. These countries are: Singapore, Korea, Taiwan, Hong Kong, People's Republic of China, Japan, Malaysia and India. It must be remembered that a number of them have now reached the second major stage in the adoption of the family planning message, that is, the stage of decision-making, practice and continuation of practice (Bautista, 1972).

**Government Policy:** All countries under review, except Hong Kong have adopted family planning as an official government policy. Though the government of Hong Kong does not have an official policy, it subsidizes about 40 per cent of the Hong Kong Family Planning Association's expenses.

**Extensive information program:** As these countries are in the later phase of program development in disseminating family planning information, their information programs are extensive. These programs depend on many factors such as funds, the availability of media, the level of literacy, the presence or absence of resistance and sensitivity to family planning.

**Mass Media:** Almost all the media, interactively and supportively have been used to promote the family planning program. Newspapers, magazines, radio and television, films and filmstrips and slides, printed materials, outdoor billboards, exhibitions, etc. have been used frequently.

Gimmicks: There is relatively little difference in the countries under review, in spite of cultural differences in the messages of family planning programs to their audiences.

Campaign programs explain the idea of family planning. For instance, the basic goals of India's nationwide campaign of outdoor publicity has been to make people aware of family planning by associating it with a picture of a happy family, a slogan (3 or 2 - that will do), and a symbol (the red inverted triangle).

Almost all countries describe the different methods of spacing or preventing pregnancies, and discuss the advantages and disadvantages of each.

Strategy: Almost all national programs use personal rather than national appeals in advocating family planning to the general public. They talk of family well-being rather than national good. Both Singapore and the People's Republic of China, however, use both.

Campaign Theme: Heavy emphasis is placed on creating the desire for family planning among the people in all the countries under review. Specific campaign themes follow:

Singapore : Small families have more to spend, more to eat!

Korea : Stop at two!

Taiwan : Space children for economic reasons!

People's Republic of China : Delayed Marriage

Malaysia : Raise the standard of living thru family planning

India : Three or two - that will do!

Symbols : India, Singapore and Korea use a symbol to identify their family planning centers and visual materials and to help the

public recall messages previously associated with it.

Exhibits : All countries under review have set up exhibits during a Family Planning Week or Month at local or national expositions or other public events where crowds gather. The chief themes of such exhibits are the population problem, the advantages of small families and the disadvantages of large ones, and methods available in family planning.

In the Philippines, campaign strategies similar to the ones mentioned in the eight Asian countries have also been practiced except for the use of an official family planning symbol, song and official slogan. There are instructional materials in family planning in the form of books, posters, flip charts and comic books. A few 16 mm films on family planning can also be found (Initiatives in Population, 1976). Although these are available in very small quantities, the investigator did not locate any literature assessing the effectiveness of instructional materials used to teach the prospective family planning field workers.

Lozare (1972) in an overview of evaluative studies in family planning training in Asia suggests that the success of family planning programs in any country to a large extent depends on the quality of its personnel. The training of personnel is indeed a most important component of any family planning program. It is too much to expect satisfying results from untrained or poorly trained workers and even if they are sometimes able to do so, the initial success may only be of short duration and nonmeaningful.

Though lacking in the area of audio-visual instructional materials, there are some family planning agencies which resort to

sound methods of disseminating family planning information. One notable example is the "Instant Sagot" or Hotline for advice on Family Planning. The telephone advising service is provided by the Institute of Maternal and Child Health, a private agency engaged primarily in training family planning personnel and extending clinic services throughout the country. The name of the service is "Instant Sagot in Family Planning" or "Instant Answer in Family Planning" set up to reach residents of the Greater Manila Area. Its particular targets are college and university students, office employees and factory workers who do not have the time or who are too shy to go to a family planning clinic for consultation. The service meets either problem squarely. Most people in the area have access to a telephone through which they could communicate quickly and directly with the service while keeping their identity secret. The service itself benefits from the questions fielded by callers. It also acquires insight into community needs in family planning that are not yet met by current programs (Soriano, 1976).

Another project worth mentioning in the area of family planning is the approach used by the International Institute of Rural Reconstruction (IRRI). Keeping in mind that the rural population of the country is 68 per cent agricultural as opposed to the 32 per cent urban population (Bureau of Census and Statistics, 1972) the agency has decided to teach family planning to the farmers based on what they know and building on what they have. For example, for every family planning message they teach, there is a corresponding analogy in terms of the agricultural processes the farmers are familiar with. The messages are depicted in small charts with attractive drawings, two on each chart. One drawing depicts the agricultural situation

while the other draws a parallelism in family life. The whole chart projects just one message. The materials have a unique feature in that their captions are in verse. The messages capitalize on the rural people's inherent love for and enjoyment of the balagtasan (debate in verse) and the duplo (couplets), two very popular village art forms (Vicente, 1976). The following is an example in verse:

"Iyang punong mangga na hitik sa bunga  
Madalas mabali't masapak and sanga  
Tulad din ng tao na maraming anak  
Kung maigapang man ay malaking hirap".

Translation:

"A mango tree laden with fruits  
Has branches that break so easily  
The same is true with the people having lots of children  
If at all they survive, it is with great difficulty".

Late last year, the investigator was informed of a program strategy that will be launched in the middle of this year in the area of family planning in the Philippines involving the use of a multi-media approach in the training of family planning. The use of 16 mm film, slides and tape, pamphlets and brochures will be employed. However, the investigator does not know whether any form of evaluation will be implemented as a means of assessing the program's effectiveness.

If proven effective, the slide-tape presentation on a small scale can serve as a prototype for the soon-to-be-launched project in terms of development and means of evaluation subject to modification.

## CHAPTER III

### Methodology

#### Instructional Materials

A thirty-minute slide-tape presentation entitled "A Slide-Tape Presentation on Family Planning" was developed and used in this study.

The visuals consisted of eighty slides, sixty-five colour and fifteen black and white slides. All slides were produced by the investigator in the Photography Section of the Audio-Visual Department of Concordia University Sir George Williams Campus. Half of the slides were shot on the copy stand while the others called for the actual setting up of the contraceptive specimens on the copy stand. Nine Kodalith slides were used for the credits and title and five were super-imposed against other slides.

A 2,000 word commentary was written to accompany the visuals. Information in the audio and visual channels were basically complementary to each other.

#### Selection of the Subject Matter

The use of the slide-tape presentation to teach prospective family planning trainees was based on the following criteria :

##### Relevancy :

Most of the experimental subjects were college graduates all of whom were attending a seminar in family planning. The experimental topic therefore had to be related to the seminar topic. After a series of communication between the investigator and the people concerned in the Family Planning Agency in the Philippines it was agreed that the experiment would be made to coincide with

the planned seminar which was then scheduled in October 1976. It was also decided that it would be a worthwhile experience not only for the seminar participants but also for the organizers of the seminar themselves to be given the opportunity to know how much learning gain was acquired by the prospective trainees as a reflection of teaching competencies and methods employed.

Suitability :

Slide-tape packages provide a very convenient and flexible instructional program. Slides are easily stored in trays or carousels and can be organized, arranged and re-arranged to suit the needs of the user. The presentation may also be easily updated by replacing existing slides with new versions. Audio tapes and cassettes also lend themselves to modification and updating by means of the erasure and re-record features of the audio-machine. The combined visual sound production can be packaged, easily indexed and stored locally, or commercially manufactured for easy accessibility. Because of the operational simplicity and portability of the equipment involved, slide-tape programs lend themselves to a variety of instructional settings (Mack, 1976).

The value of the slide-tape programs as an educational and creative tool should not be underestimated. It attracts student attention, arouses interest, tests student's understanding and allows the teacher greater facility of selection. Its versatility, ease of preparation and low cost make it a valuable teaching medium (de Keiffer & Cochran, 1962), (Crighton, 1976). Spitzer (1972) notes that through the utilization of 35 mm slides, presentations are given added dimension. Large projected images can cover the wall; visual



texture can be changed. Creative use of the slides can be used to complement "live" and recorded materials, thus expanding the sensory input to a class.

Looking into the progress of the population program in the Philippines, advantages in the use of slide-tape presentation can be seen through the following rationale: (Studies in Family Planning, 1969).

- 1) It is particularly applicable when those to be trained are widely dispersed. In the family planning programs, field workers and paramedical personnel are widely dispersed throughout the country. In many national programs, large numbers of field staff have been recruited and are on location. An instructional material of this form would reduce the financial and logistic problems of bringing this staff to a central or even regional centers for training.
- 2) It is most economical in programs where many personnel require training. The economies of this type of instruction will be especially apparent with a dispersed group since once tested, slide-tape presentations represent a permanent resource. The more the material used, the lower the unit cost of training becomes. The 1970-71 breakdown of Philippine family planning expenditures was \$2M. Of this, 31.25% was spent on the training of the field staff, information and education (Osteria, 1972). A substantial amount could have been saved if a standardized method of instruction was used.

- 3) It can facilitate the rapid introduction of new technical information. As new contraceptive methods receive program approval, it is necessary to equip field workers and supervisory personnel with new knowledge and skills. Usually, many months are required to complete the sequence of training through the various levels of personnel down to the field staff. With the slide-tape presentation, materials can be prepared and tested in advance of a decision to introduce a new method. Simultaneous rapid exposure of all field personnel to the new material can then be accomplished. Training officers are free to concentrate on organizing, supervising and evaluating training effort.
- 4) It permits a quality control of the materials presented to the students. In many family planning programs, the facts and attitudes transferred from the teacher to the student vary considerably among institutions and instructors. It is difficult to control the course content and subject emphasis in programs which rely on large numbers of instructors to train large numbers of widely dispersed students. With the slide-tape presentation, the subject emphasis is completely controlled and identical information is provided to all trainees. Greater central control of curriculum content is therefore possible.
- 5) It allows the work not to be subjected to direct constant supervision. Family planning field workers are expected to work independently with intermittent supervision by

personnel who are responsible for a number of workers. The testing revision and re-testing of the training materials, essential steps in instructional development, offers some assurance that on completion of the training course, a predictable level of knowledge and understanding will be obtained.

### Hypothesis

The main hypothesis of this study is :

Students exposed to a slide-tape presentation on family planning methods will achieve significantly higher information gain than students who received a traditional mode of instruction on family planning.

### Rationale for Hypothesis

Being a deviation from the norm in the sense that a slide-tape presentation sets a new pace in the learning activity and breaks the traditional teaching format, the use of the slide-tape presentation has been proven to be a highly effective teaching medium (de Kieffer & Cochran, 1962; Crighton, 1976). Under most conditions, more effective learning takes place when the greatest number of senses are stimulated. One of the salient features of audio-visual materials, of which slide-tape presentation is one, is that they make possible a broader range of sensory stimuli. They provide a more direct form of experience to facilitate hearing, seeing and doing (Erickson, 1969). Therefore, it is hypothesized that students exposed to a slide-tape presentation on family planning methods will achieve significantly higher information gain than students who received a traditional mode of instruction on the same topic.

Educational Objectives of the Slide-Tape Presentation

If the proposed slide-tape presentation was an effective teaching tool, trainees should have been able to do the following after viewing the presentation :

- 1) Review the male and female reproductive system ;
- 2) Identify the various phases of the menstrual cycle;
- 3) Identify the various forms of contraceptives;
- 4) Know how each one is used;
- 5) List the various side-effects of contraceptives, if any;
- 6) Differentiate the easy-to-use contraceptives vs. the doctor-prescribed contraceptives.

Population and Sample

The population selected for this study consisted of college graduates between the ages of 18 to 35. All the respondents were youth development workers from the Department of Social Services Development. The experiment was made to coincide with a month-long seminar held in San Pablo City, 250 miles south of Manila from October 13 to December 7, 1976.

The sample was comprised of 22 participants from the training workshop.

The 22 participants were randomly divided into two groups, 11 in the experimental group and 11 in the control group. There were 16 males and 6 females.

Preparation of Instructional Material

At the initial stage of the preparation of the slide-tape presentation, there was a conscious attempt to sequence the material

according to Gagne's instructional events (Gagne, 1974). The events of instructions were designed to allow the learner to proceed from "where he is" at the beginning of the lesson to the achievement of the capability identified as the lesson objective.

The events of instructions as prescribed by Gagne are:

- 1) Gaining and controlling attention;
- 2) Presenting stimuli for learning;
- 3) Informing the learner of the required performance
- 4) Recalling previously learned capabilities;
- 5) Guidance of learning;
- 6) Providing feedback;
- 7) Promoting transfer of learning.

The first component gaining and controlling attention, was accomplished by selecting contrasting but complementary slides to the topic. The slides included a shot of a mother and child, a shot of a busy highway, a family of eight cramped in a small room and an infant war-refugee in the midst of chaos. A series of these slides accompanied by music heightened the desired effect - exposure to the consequences of over-population. The slides for this portion "spoke" for themselves; there was no need to present an accompanying voice-over.

The second factor, the presentation of the stimuli for learning, was satisfied through the use of actual, real forms of contraceptions. Thus, there were actual shots of the pill package, the IUD; the diaphragm, the condom; the foam, cream and jelly, all in color. The visual stimuli were supported by the verbal dialogue.

The third component, informing the learner of the required performance, was quite obvious. Therefore, no special communication was required.

In providing for recall of previously-learned knowledge, at the

outset, the trainees were told that the slide-tape presentation was a refresher course in the sense that the content of the presentation was not something new. It was information known to the trainees but was somehow vague and in need of detail. Some increment of recall may have transpired when this introduction was made.

The fifth component or the guidance of learning was precluded by degree of experience of the trainees. In other words, they had the necessary background to grasp the content being presented.

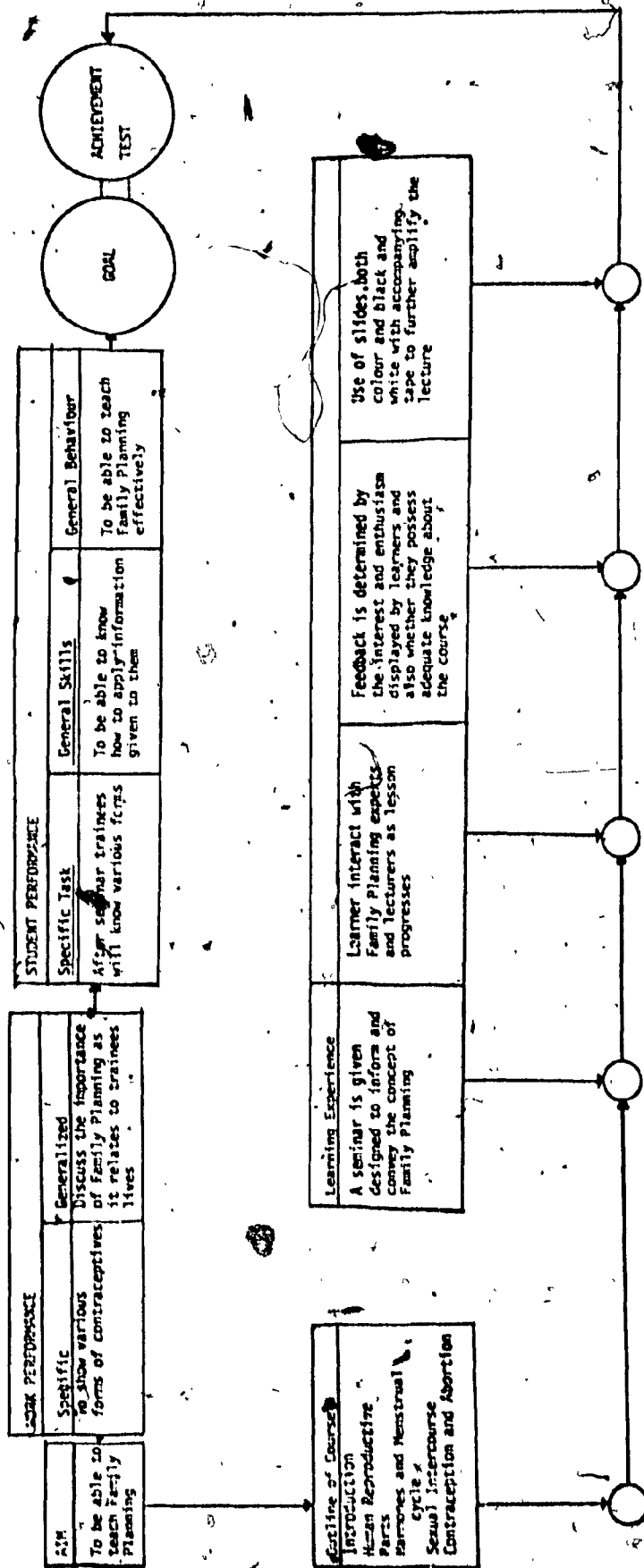
The sixth component which was providing feedback to the trainees was not carried out during the slide-tape presentation per se. Feedback was provided after the presentation from outside sources such as the teacher.

The last component and the most important was the transfer of learning from the immediate learning situation to the various family planning centers. The trainees' main task then was to transfer what they had learned to others who were not familiar with family planning. This was the whole raison d'etre of the presentation. How well it succeeded, however, is beyond the scope of this study.

#### An Instructional Design Model

Figure 1 is an instructional design model designed by the investigator in conjunction with Professor K. Lorimer in 1975. This model summarizes the entire training process as envisioned in this study, starting with the aim and ending with the goal, achievement, scores and feedback. The design allows for changes within the model to facilitate the desired goal and performance. If the original goal is not achieved, the design can be changed and modified until the desired result is met.

All the modules are all inter-connected to form an instructional



An Instructional Design Model for Family Planning Training in the Philippines

Figure 1

system. A system as used here, " is an assemblage of parts that are designed and built by man into organized wholes for the attainment of a specific purpose" (Banathy, 1968). It enables one to assess performance continuously, to exercise quality control and to adjust and plan improvement. As shown on the illustration, there are connecting lines between one module to the next thus allowing any one stage to be monitored.

The immediate indication that the desired learning has occurred is provided when the appropriate performance is elicited (Gagne & Briggs, 1974). In other words, the trainees' performance in the achievement test is the best indicator as to whether the intended performance has been achieved. If the desired performance has not been attained, then the system is re-evaluated, revised and if necessary, modified until the desired performance is achieved.

The following is an explanation of the steps as seen in the instructional design model for family planning in the Philippines.

Step I - Aim : The aim is to be able to teach the prospective family planning trainer the basic rudiments of family planning to enable him to function more effectively. This objective does not intend to introduce something novel, new or unique, but rather to reinforce existing but correct information about family planning and erase mistaken notions about the topic. It is also intended to help make the prospective trainer perform his task with a degree of confidence, certainty and reliability.

Step II - A - Specific Work Performance : The various forms of contraceptives are introduced to the learners which range from the simple-to-use condom to the doctor - prescribed pill. Infor-



mation such as when to use them, how and what to use as well as the expected side-effects, if any, are discussed. Basically, this step includes all the short-range activities of the program, activities which the learners are expected to perform in the course of the seminar. Also, it is this context of the program that the slide-tape presentation is shown. The content of the slide-tape presentation falls under the short-term activity category.

Step II - B - Generalised Work Performance : In contrast with the specific work performance, the general work performance refers to the long range activities of family planning as it affects the lives of those who take the course. The importance of teaching family planning and how it relates to the trainees' lives and lives of those around them fall into this category.

Step III - A - Student Performance (Specific Task) : With the emphasis now shifted from the lesson plan itself to the performance trainees are required to know the various forms of contraceptives and their uses.

Step III - B - Student Performance (General Skill) : With the acquisition of family planning information, trainees acquire a more generalised perspective of family planning, for instance, how to teach the subject matter to people of varying backgrounds.

Step III - C - Student Performance (Generalised Behaviour) : Given all the necessary information, the trainees should be able to teach family planning effectively and reliably.

The lower second row of modules consists of the outline of the lesson and the trainees' learning experience. The lesson outline has been sub-divided into four topics starting with the introduc-

tion and ending with a discussion on contraception. Under learning experience, there are four separate modules.

Learning Experience I refers to the organization of the seminar as attended and participated in by the trainees. It is through this channel of communication that all the varied activities mentioned earlier are implemented.

Learning Experience II refers to the interaction ensuing between trainees and teachers and other family planning experts as lesson progresses. Questions may be raised, further clarification made and exchange of ideas as well.

Learning Experience III is also part and parcel of the learning experience. It is the exposure of the trainees to the slide-tape presentation which enables them to realize the aim.

Learning Experience IV is the feedback displayed as gleaned from the trainees' participation in the lesson, their interest and enthusiasm.

Through the administration of the achievement test, the final outcome of the lesson can be determined by the scores of the trainees and also the question as to whether or not the goal has been fulfilled can be determined.

#### Suitability of Production

A trial test was carried out before the actual test was implemented to determine whether the material was suitable in terms of time and difficulty for the target population.

For the try-out, three family planning experts and three students previewed the presentation. Using a Kodak Carousel 750 - H projector and a Sony TC-270 stereo tape-recorder, the production

was previewed. A synchronized beep was recorded into the tape to indicate a change in slide. The narration was recorded at the Audio-Visual Department of Concordia University, Sir George Williams Campus. Opening and closing music was added before and after the narration. The sound recording was edited and had a time span of 30 minutes.

As a result of the try-out, a minor alteration of the slide-tape presentation was made: four slides were removed and changed into slides which appeared to be more meaningful within the Philippine context. An identical copy of the final re-edited tape was made. A copy of the final script is provided in Appendix A.

#### Research Design

A randomized pre-test post-test control group design (Tuckman, 1972) was used in this study and can be diagrammed as follows:

$$\begin{array}{c} O_1 \quad X \quad O_2 \\ O_3 \quad O_4 \end{array}$$

- where  $O_1$  is the pre-test given to the experimental group  
 $O_2$  is the post-test given to the experimental group  
 $O_3$  is the pre-test given to the control group  
 $O_4$  is the post-test given to the control group  
 $X$  is the treatment given to the experimental group

This particular group design controls for history, maturation, and regression. Testing is also controlled since both groups were exposed to the same questionnaire. Selection bias was contained in the random assignment of subjects to treatments. No experimental mortality occurred during the course of the study.

### Testing Procedure

This study was designed to determine the effectiveness of utilizing a slide-tape presentation to teach family planning. Prospective family planning trainers served as subjects of the experiment.

The building where the seminar was held and the experiment as well proved particularly suitable to the study because of the presence of available equipment and facilities.

A 19 item questionnaire in the form of fill-in-the blanks, and true or false items was administered to the two groups; the experimental group which was exposed to the slide-tape presentation and the control group which followed the traditional training pattern. (See Appendices D and E for group activities). Of the 19 questions, 10 dealt with the male and female reproductive system and the other 9 items dealt with the various forms of contraceptives, the forms and uses (See Appendix C).

A week after the presentation of the instructional material, the same mimeographed test questionnaires used in the pre-test were distributed to the experimental and control groups. Again, subjects were asked to fill out their names, age and educational background. Also, instructions were read aloud as to how the test was to be answered, its objectives and purpose.

Subjects were given 25 minutes within which to finish the examination.

### Test Scoring

All the test papers were hand scored by the investigator. On each question on the test, only one answer was accepted as correct. Each correct answers merited one point. The investigator was unable to secure the

individual intelligence quotients ( I.Q. ) for all trainees involved in the study. Therefore it had to be assumed that there was a random distribution of I.Q. scores within the sample in both groups.

Validation of Criterion Tests (Difficulty and Discriminability Indices and Reliability)

To determine the difficulty and discriminability indices, the formulas as described by Tuckman (1972) were used:

$$\text{Index of difficulty} : \frac{\text{No. who fail an item}}{\text{Total No. in both groups}}$$

$$\text{Discriminability} : \frac{\text{No. in high 1/3 who pass an item}}{\text{No. in both groups who pass}}$$

Discriminability refers to the extent to which a test item is responded to correctly by those students possessing more of the quality being measured and incorrectly by those students possessing less of this quality. Difficulty refers to the extent to which a test item can be responded to correctly by any student. It differs from discriminability in that it does not include any differentiation between students.

Table I shows the item analysis for the difficulty and discriminability indices. Ebel (1965) has pointed out that the ideal index of difficulty is .50 while the index of discriminability ideally should be .40 or greater. However, a discriminability range of .30 - .39 is considered acceptable while items within the range of .20 - .29 are considered marginal.

For the reliability test, the Kuder-Richardson Formula 21 was used (Ebel, 1965). The reliability test is carried out to determine the consistency of measurement (Gagne and Briggs, 1974). It is necessary to determine the students' performance in answering or

completing one particular item designed to assess their performance on an objective is consistent with his performance on other items aimed at the same objective.

According to Tuckman (1972) the reliability coefficient can vary from 0 (no relationship) to 1.00 (perfect relationship), but coefficients near zero are rare. Since the coefficient is an indication of the extent to which the test is measuring stable and enduring characteristics of the test-taker rather than variable and temporary ones reasonably high coefficients are desirable. Using the Kuder-Richardson Formula 21, a .675 coefficient was obtained which signified that the reliability criterion was met.

Using the difficulty and discriminability tests and reliability test as well, selection of questions for data analysis in the final questionnaire was made. Questions 3,4,5,7,15,16,17,20,23,24 and 27 were not included in the final data analysis since the required indices were not met. From an original total of 29 items, 10 items were, therefore, not included in the final questionnaire for data analysis.

#### Statistical Procedure

T tests were used to test significant differences between:

- 1) Pre and post test mean scores separately for the experimental and control groups;
- 2) Mean pretest - post test gain score comparison between the two groups.

This type of analysis is recommended by Stanley and Campbell (1963) and Tuckman (1972). In all analyses, significant differences were set at the .05 level of confidence.

TABLE I

Table showing the Difficulty and Discriminability Index

ITEM	UPPER	LOWER	DIFFICULTY INDEX	DISCRIMINABILITY INDEX
1	4	3	87.5%	.25
2	3	2	62.5%	.25
3	3	2	62.5%	.25
4	2	0	25.0%	.50
5	3	1	50.0%	.50
6	2	0	25.0%	.50
7	4	1	62.5%	.75
8	3	2	62.5%	.25
9	2	1	37.5%	.25
10	2	3	62.5%	.25
11	3	4	87.5%	.25
12	3	1	50.0%	.50
13	3	1	50.0%	.50
14	3	4	87.5%	.25
15	4	3	87.5%	.25
16	4	3	87.5%	.25
17	4	2	75.0%	.50
18	3	2	62.5%	.25
19	4	3	87.5%	.25

## CHAPTER IV

### Results

Table II shows the mean score comparison in the pre and post tests for the experimental and control groups. The experimental group had a t-value of 5.81 where the  $df = 10$ . The test yielded a t-ratio that was significant at  $p < .001$ . The control group, on the other hand, had a t-value of 0.59 where the  $df = 10$  which was not significant. This test has indicated that there was a marked distinction between the pre and post test mean scores for the experimental group. There was a marked improvement in the post-test mean score, after the slide-tape presentation was shown. The control group did not have any significant difference in its pre and post test mean score comparison.

Table III shows the gain score comparison between the two groups. This test yielded a t-ratio of 3.245 where the  $df = 20$  and was found to be significant at  $p < .01$ . Again, the experimental group demonstrated its significant superiority against the control group in terms of acquisition of knowledge after the viewing of the slide-tape presentation. The slide-tape presentation may, therefore, be termed effective in meeting its objectives.



TABLE II  
Pretest - Post test Mean Score Comparisons

Sample	Pre-Test	Post-Test	$f$
Experimental	12.27	17.45	5.81 <sup>a</sup>
Control	12.00	13.09	0.59 <sup>b</sup>
	<sup>a</sup> df = 10	$P < .001$	
	<sup>b</sup> df = 10	N.S.D.	

TABLE III  
Inter-Group Gain Score Comparison

Experimental Group	Control Group	$f$
4.58	1.09	3.245 <sup>a</sup>
<sup>a</sup> df = 20	$P < .01$	

## Chapter V

### Discussion and Conclusion

This experimental study was conducted to determine the effectiveness of a slide-tape presentation in teaching family planning as opposed to the teaching of the topic using traditional methods. Effectiveness here relates to one type of cognitive learning, namely information (Gagne & Briggs, 1974) or knowledge (Bloom, 1956).

Test results showed that the use of slide-tape presentation produced significantly higher gain scores compared to scores generated by trainees who were not exposed to the presentation. Therefore, it can be said that the presentation was effective.

Under the unique circumstances prevailing when the experimental study was implemented, i.e., the investigator was not physically present to witness and undertake the proceedings of the study, complete reliance had to be made on acquaintances and friends in the Philippines who carried out the experiment. However, careful instructions were communicated in an attempt to counteract the shortcoming. Communication was done by mail and through long distance phone calls.

With regard to the topic of the slide-tape presentation, it was an area which was not new nor novel to the trainees. As such, it was a topic known to all the respondents who participated in the experimental study. The slide-tape presentation aimed to reinforce existing information and correct whatever wrong information the trainees may have had about the topic. Test scores have shown that there was a significant increase from the pre-test scores to the post-test scores in the experimental group. In other words, there

was a marked learning gain after the slide-tape presentation was shown to the group.

Because of the over-all set-up where the initiator was not in the area where the study was taking place, what could have been done in a matter of days took months to do. As a result the instructional material could have been streamlined more. The sequential events for a good instructional material were not followed too closely because there was no available data forwarded which was extensive enough to make a good judgement of the respondents' learning competency. Assumptions had to be made as a consequence.

The review of literature might also have been more exhaustive but again, complete reliance had to be made on the magazines, periodicals and brochures sent by mail from the Philippines aside from the few books found in libraries here in Montreal.

The use of a much bigger sample size could have been used, thus making the study more representative and generalizable.

#### Recommendation for further research

A variation in the way the slide-tape presentation was used in this study can be done. It can be structured and sequenced in such a way that it can be stretched into a longer time span, like three weeks, for instance, so that the subject matter can be treated more exhaustively and in detail.

The use of a local dialect in a specific region would be another useful project. Although English is the medium of instruction in majority of the schools in the Philippines, the use of local dialects can not be ignored.

This method would give the feeling of "being at home" with the medium of instruction.

Thirdly, the teaching of family planning in the light of its cultural and sociological perspective can be analysed and examined so that measures can be taken to remove existing social and cultural barriers which impede the growth of family planning in the Philippines. This can be greatly boosted if, among others, there are ample, adequate and constant amount of instructional materials circulating which have been proven effective and worthwhile to the cause of the program.

Bibliography

- Abaya, Hernando, Ables, Higinio, J., Solis, Annie T., Lozare, B.V., & de Jesus, Emelinda, The Status of Training in Family Planning in the Philippines, Institute of Mass Communication (IMC)-UNESCO Project on Research, Development of Materials and Training in Family Planning Communication, January-February 1972, IMC-University of the Philippines, First Progress Report, March 1972.
- Abaya, Hernando, Training in Family Planning in the Philippines, Monographs: Communication Research, Information Campaigns and Training, UP/IMC-UNESCO-UNFPA Family Planning Communication Project, 1974.
- Agency for International Development, Population Program Assistance, Bureau for Technical Assistance, Office of Population, Washington, D.C., December 1971.
- Amritmahal, G.R., Training of Family Planning Workers, South-East Asia & Oceania Region IPPF-SEAOR Monograph No. 1, International Planned Parenthood Federation, 1972.
- Banathy, Bela H., Instructional Systems, Belmont, California: Fearon Publishers, 1968.
- Barley, Williams, Population Control in the Third World, NACLA Newsletter, 1970, 4 (18).
- Baustista, Paulina F., Case Studies in Family Planning Motivators, IMC Technical Report No. 3-5, May-June 1972.
- Baustista, Paulina F., A review of Trends in Family Planning Information Campaigns in the Philippines, Monographs: Communication Research, Information Campaigns and Training, UP/IM-UNESCO-UNFPA Family Planning Communication Project, 1974.
- Baustista, Paulina F., A Review of Trends in Family Planning Information Campaigns in Some Asian Countries, IMC-UNESCO-UNFPA Project on Family Planning, N.D.
- Bhalla, G.S., India's Population: Control and Economic Development, Public Lecture at Concordia University, February 1977.
- Bloom, Benjamin, Taxonomy of Educational Objectives, New York: Longmans, 1956.
- Bogue, D.J., Principles of Demography, New York: John Wiley & Sons, 1969.
- Callahan, Daniel, Ethics of Population Limitation, Science, 1972, 4(2).

Campbell, D.T. and Stanley, J.C., Experimental and Quasi Experimental Design for Research, Chicago: Rand McNally, 1966.

Cherniak, Donna and Feingold, A., Birth Control Handbook, Montreal: Handbook Collective, 1972.

Crighton, Andrew, Personal Interview with Author, Audio-Visual Department, Concordia University, Montreal: December 1976.

Cutler, Charles, Population Control, Ohio: American Education Publication, 1971.

Declaration on Population, The World's Statement, Studies in Family Planning, January 1966, 26.

Draper, E., Birth Control in the Modern World, London: George Allen & Unwin Ltd., 1965.

Eash, Maurice J., Evaluating Instructional Materials, Audiovisual Instruction, December 1972, 17 (10).

Ebel, Robert L., Measuring Educational Achievement, Englewood Cliffs, New Jersey: Prentice-Hall Inc., 1965.

Ehrlich, Paul., The Population Bomb, New York: Ballantine Books, 1968.

Etzioni, Amitai, Population Control: For and Against, New York: Hart Publishing Co., 1973.

Erickson, W.H. Carlton, Fundamentals of Teaching Audiovisual Technology, New York: The MacMillan Co., 1969.

Feliciano, Gloria D., Castro, Caridad H., Jazmines, Theresa M., Guioquio, Reynaldo N., Problems and Approaches in Communicating Family Planning to Factory Workers, Paper presented at a training course in Family Planning for Clinic Personnel of Selected Industrial Firms, Conference Room, Manila, March 5, 1974, (Mimeographed).

Feliciano, Gloria and Movido, Monina, KAP Survey Findings in Asia: Implications for Training and Development of Family Planning Communications, Third Progress Report, UP/IMC Project Report on Family Planning Communications, Diliman, Quezon City, May-June 1972.

Gagne, Robert M. and Briggs, Leslie J., Principles of Instructional Design, New York: Holt, Rinehart & Winston, Inc., 1974.

Galang, Rosalind M., To the Barrios: Course Charted by the National Population Program, Initiatives in Population, September 1975, 1 (1).

- Gronlund, Norman E., Measurement and Evaluation in Teaching, New York: The MacMillan Co., 1965.
- Haas, Kenneth B. and Packer, Harry Q., Preparation and Use of Audio-visual Aids, New York: Prentice-Hall, 1950.
- Huxley, Julian, Population Control: For and Against, New York: Hart Publishing Co. Inc., 1973.
- Indonesia Planned Parenthood Association, Draft Report on the Preliminary Findings for the KAP Survey, Jakarta, Indonesia, 1969.
- Information Education, Communication (IEC) Baseline Study: Guidelines for Developing a Strategy, Population Forum, September 1975, 1 (3).
- de Kieffer, R.E. and Cochran, L., A Manual of Audiovisual Techniques Englewoods Cliffs, New Jersey: Prentice-Hall Inc., 1962.
- Kim, Sun-Young and Gutierrez-Hurdus, Luzviminda, The Training of Hilots for Family Planning Communication, A pilot project of the UP/IMC-UNESCO-UNFPA Project on: Family Planning Communication, August 1974.
- Laing, John, The Relationship Between Attitude and Behaviour: The Case of Family Planning, Department of Economics Division of Social Science Services, August 1969.
- Lerner, Max, Population Control: For and Against, New York: Hart Publishing Co. Inc., 1973.
- Lopez, Ophelia, Decision Factors in Family Planning Communication, United States Agency for International Development, Manila, N.D.
- Lozare, Benjamin V., An Overview of Evaluative Studies in Family Planning in Asia, INC Technical Report, No. 3-18, May-June 1972
- Mack, Ryan, Preparing a Slide-Tape Program: A Step by Step Approach, Audiovisual Instruction, October 1, 1976, v. 20.
- Mercado, Cesar M., Application of Social Science Methodologies to the Family Planning Informational and Educational Work in the Region, Paper delivered at the 8th Meeting of the Regional Information and Education Committee, Singapore, May 1973.
- Mercado, Cesar M., Developmental communication studies in the Philippines: Implications for Family Planning, Monographs: Communication Research, Information Campaigns and Training, UP/IMC-UNESCO-UNFPA Family Planning Communication Project, 1974.
- Mead, Margaret, Population Control: For and Against, New York: Hart Publishing Co., Inc., 1973.

Options for Policy and Practice, Population Education: Recommendations for Policy, Practice and Research, September-October 1976, 1 (1).

Osteria, Trinidad S., A Cost-Effectiveness Analysis of Family Planning Programs in the Philippines, Studies in Family Planning, 1972.

Philippines : Profile, Problems, Prospect, Population Institute, University of the Philippines, 1974.

Rogers, Everett, Communication Strategies for Family Planning, New York: The Free Press, 1973.

Rostow, W.W., The Stages of Economic Growth, Cambridge: Cambridge University Press, 1965.

Runyon, R.P. and Haber, A., Fundamentals of Behavioural Statistics California: Addison-Welsey Publishing Co., 1972.

Sanger, Margaret, My Fight for Birth Control, London: Faber & Faber, 1932.

Schramm, Wilbur and Roberts, Donald, The Process and Effects of Mass Communication, Urbana: University of Illinois, 1971.

Soriano, Marcelo B., Instant Sagot: Hotline for Advice on Family Planning, Initiatives in Population, September 1975, 1 (1).

Symonds, Richard and Gardner, R., The United Nations and the Population Question, New York: McGraw-Hill Book Co., 1973.

The Modular Approach: A Breakthrough in Professional Training for Family Planning Communicators, Population Forum, January 1976, 1 (2).

The Studies in Family Planning, The Use of Programmed Instruction in Family Planning Training Programs, January 1969, 37.

Tuckman, Bruce, Conducting Educational Research, New York: Harcourt Brace Jovanovich, 1972.

University of the Philippines/Institute of Mass Communication, Some Preliminary Findings on Communication Approaches and Patterns Used in Motivating for Family Planning in Zambales Province, Northern Philippines, N.D.

Varon, Edwin, N., Use of Audio-Visual Aids in Family Planning, Quezon City, N.D.

Vicente, Alejandrino, Selling Family Planning to the Farmers, Initiatives in Population, December 1975, 1 (2).



APPENDIX A

A. Slide-Tape Presentation Family Planning Methods

Time: Approximately, 30 minutes

Music : Fade in and under

Music : Fade out

The importance of family planning cannot be ignored by any one country which seeks to uplift itself politically, economically,

Slide # A is Mother and child (LS)

and culturally. Family Planning has to do with the growing polarization between the

Slide # B is Mother and Child (MS)

rich and the poor countries, the haves and the have nots, the weak and the mighty nations in the political and economic arena.

Slide # C is Mother and Child (MS)

What is family planning? The United Nations Office of Economic and Social Affairs in 1973 produced the following definition:

Family planning is a basic human right which safeguards not only individual but family health, family structure and family

Slide # D is Infant Refugee (LS)

stability. Family planning can help make couples decide on the number of children they feel they can and should have as well as about the spacing of these children - decisions which will be in the best interest of the physical and emotional health of each member of the family.

Slide # E is Busy Highway (LS)

A reduction in population is one important step for the realization of a

more productive and economically stable country. This requires the total co-operation of all starting from the combined efforts of individuals in any country.

Slide #F  
and Sons

Father  
, (LS)

This slide-tape presentation shall attempt to discuss the various forms of family planning, discuss how the different modes of family planning should be used and when these forms are employed.

01:04

But first, here is a review of the human reproductive system, both the male and the female and a brief discussion of its operation.

Slide # 1  
Anatomy

Male  
(MS)

The role of the male in reproduction may seem less important than that of the female. He need only generate the spermatozoa and deliver them to the cervix, deep within the vagina, a process which requires only a few minutes. Yet, without the sperm, there can be no fertilization and without fertilization, there can be no new life.

01:22

Slide # 2  
Development

Sperm  
(CU)

Illus. 2 shows the process by which a spermatocyte develops into a mature sperm with a head and tail, here magnified several thousand times.

01:49

Slide # 3

As in all of nature, the structure of a body system and its function are always

02:02

in perfect harmony. The male reproductive system, which is responsible for producing the sperm is no exception.

Slide # 4  
Route

Sperm  
(CU)

The route the sperm must take is shown in 02:10  
Illus. 4. Sperm travels from the testis to the epididymis and from there thru the vas deferens of the spermatic cord.

Slide # 5  
Pelvic Organ

Male  
(CU)

Illus. 6 presents a cross-section of the 02:22  
male pelvic organs.

In its erect condition, the penis can penetrate the vagina and expel the sperm deep within the female reproductive system.

Erection of the penis is controlled by nerve impulses from the spinal cord.

Slide # 6  
Pathway

Sperm  
(CU)

Illus. 7 shows the path of the sperm from 02:43  
the testis thru the male reproductive tract. The penis is illustrated in the erect position showing the increased distance the sperm must travel thru the penile urethra at the time of ejaculation. After ejaculation, the male has completed his role in the phenomenon of reproduction. He has generated the sperm and delivered them to the cervix of the female. Somewhere between one hundred million and five hundred million sperm are now ready to move through the female reproductive tract to fertilize the egg.

The attrition rate of the sperm is extremely high, but if the environment within the female reproductive system is right, at least one will reach the egg, fertilize it and conception will take place. A new life will begin.

Slide # 7 Female  
Anatomy (MS)

As with the male, the female body is constructed to serve its role and function in reproduction.

03:35

Her body houses the fetus, maintaining the ideal environment for its growth, protecting it from injury and providing it with nutrients.

The anatomy of the female reproductive system will be shown in several subsequent illustrations.

Slide # 8 Female  
Perineum (CU)

In Illus. 9, the wall of the vagina appears wrinkled because it is in a relaxed state. When it is expanded, the convulsions disappear and the vaginal wall appears smooth.

03:55

Slide # 9 Intact  
Hymen (CU)

In the young female, the vaginal wall is partially covered by a thin ring of tissue called the hymen. The hymen is stretched during teen years if tampons are inserted into the vagina to collect menstrual discharge. Sexual intercourse also stretches

the hymen and in the mature female, there usually remains a small amount of hymenal tissue.

Within the pelvic region are located the vagina or vaginal canal; the uterus, the two fallopian tubes or oviducts and the two ovaries.

Slide # 10 Female  
Bony Pelvis (MS)

Illus. 10 shows the position of these organs. The ovaries, in addition to producing eggs, secrete and release female hormones which act to control the reproductive cycle and also produce some of the female's secondary sexual characteristics. 04:46

Slide # 11 Fallopian  
Tubes & Ovary (CU)

The female's ovaries are each about 1 1/2 inches in length. They are flattened whitish tissue, with a fitted surface and are located adjacent to the fallopian tubes and uterus as shown in Illus. 12 and 13. 05:15

Slide # 12 Ovary  
with developing  
Follicles (CU)

The egg slowly passes down the tube while the mobile spermatozoa move up the tube to meet it.

Slide # 13 Cross-  
Section Fallopian tube  
(CU)

Fertilization usually takes place in the midportion of the tube. Usually only one of many spermatozoa present fertilizes the egg. 05:24

Slide #14 Cross-  
Section uterus, tube &  
Ovary (CU)

Illus. 14 shows the magnified cross-section of the fallopian tube, the many convolutions of the inner lining, and the egg in the central channel of the tube.

05:34

Slide #15 Female  
Pelvic Organ (MS)

During the course of each menstrual cycle, this lining undergoes rapid growth. At the cycle's end, if fertilization does not take place, menstruation occurs during which the accumulated cells are removed and the lining reverts to its pre-growth state.

05:45

The first requirement for fertilization is that during the act of sexual intercourse, semen from the male is deposited within the vaginal canal of the female.

Slide # 16

Illus. 16 shows that the vaginal canal angles up and down from the vulva. In its normal state, the vagina is a soft, distensible tissue pliable enough to respond to the action of other muscles within the bony pelvis.

06:16

Slide # 17 Hormones  
Initiating menstrual  
cycle (MS)

Illus. 17 shows the location of the glands that produce the major hormones involved in reproduction and the organs on which the hormones act. The arrows point from the glands to the affected organs.

06:35

Slide # 18 Process  
of ovulation (CU)

Illus. 18 shows the location of the glands

06:50

that produce the major hormones involved in reproduction and the organs on which the hormones act. The arrows point from the glands to the affected organs.

Slide # 19 Changes following ovulation (CU)

Illus. 20 shows the action of the estrogen on the uterus has now caused the endometrium to thicken, and become laced with tiny blood vessels. Also shown is the clear mucus in the cervical opening. This mucus is most pronounced at the time of ovulation and helps in sperm transport and survival. After the ovarian follicle ruptures and releases the egg at the time of ovulation; the follicle becomes modified and then called a corpus luteum. 07:05

Slide #20 Menstruation (CU)

Illus. 21 shows this change. The corpus luteum produces the second ovarian sex hormone progesterone. 07:40

Menstruation marks the end of one reproductive cycle and the beginning of the next. It occurs when the ovaries decrease their production of hormones near the end of a 28 - day cycle.

Slide # 21

Illus. 22 shows the uterine lining falling away and passing out of the uterus through the cervical canal. 08:05

Coitus is another name for sexual intercourse. It is the sex act which places the sperm of the male within the vagina and against the cervical canal of the uterus.

08:20

Slide # 22 Coitus (CU)

Illus. 23 shows how the erect penis distends the vagina. The path that the spermatozoa follow from the testis through the vas deferens, and thru the urethra of the male genital urinary system is also shown.

Slide # 23 Female reproductive organ during coitus (MS)

Illus. 24 shows the position of the internal female reproductive organs during coitus. At the completion of the sex act, the penis is withdrawn from the vagina, but most of the semen containing several hundred million sperm remain in the seminal pool in the vagina.

08:40

Slide # 24 (CU) Process of Fertilization

Illus. 27 shows the process of the fertilization magnified several hundred times. Of the millions of sperms deposited, a few hundred have reached the egg, but only one is necessary for fertilization.

09:00

Slide # 25 Pathway of fertilized egg (CU)

The fertilized egg slowly floats down the fallopian tube, taking about three days to reach the uterus. During that time, the fertilized egg divides many times until it becomes a cluster of cells called the blastocyst.

09:18



Slide # 26  
Development and  
attachment of  
fertilized egg (CU)

Upon reaching the uterus, the blastocyst 09:36  
floats freely for a few days. About six  
days after fertilization, the blastocysts  
attaches itself in the endometrium, which  
is the inner lining of the uterus and  
buried itself chemically, dissolving a bit  
of endometrial tissue. Blood surrounds the  
blastocyst and nourishes it.

Slide # 27  
Implanted Blastocyst  
12 days after  
Fertilization (CU)

This process of implantation into the 10:01  
inner wall of the uterus is complete by  
the 12th day after fertilization.

The blastocyst continues to divide rapidly.  
Part of the blastocyst soon develops into  
the embryo which eventually becomes the

fetus; another part of the blastocyst 10:23  
develops into the placenta. The placenta  
is a mass of tissue which grows into the  
wall of the uterus and picks up nutrients  
from the mother's blood. These nutrients  
are transferred to the growing fetus  
through the umbilical cord which enters the  
fetus body through the navel. After child-  
birth, the placenta separates from the  
uterus and comes out of the vagina as an  
"Afterbirth".

The Pill

10:55

Slide #29 Pill Label (B & W) The pill as the oral contraceptive has come

to be called, is the first birth control method that is 100% effective, safe, easy to use and completely controlled by the woman.

Slide # 30  
Pill Sample

(CU)

The availability of this kind of birth control has made it easier for women to achieve control over their own lives, by preventing unwanted pregnancies. To date, the pill has been used by more than 50 million women throughout the world and at the moment, it is used by more than 8 million women in North America alone. 11:15

Slide # 31  
Collection of Different  
Pill Packages

(MS)

The birth control pill is made of artificial estrogen and progesterone. Estrogen and progesterone are human female hormones. The pill is taken as a series of 21 daily pills (20 in some brands). 11:35

Slide # 32 Pill  
Brochures accompanying  
package

(MS)

There are now more than 20 brands of birth control pills available in North America. Most of these brands are combination pills. 11:52

Slide # 33

The different brands vary as to the kind and amount of synthetic hormones which make up each pill. There are 2 kinds of synthetic estrogen and 9 kinds of synthetic progesterone used for birth control pills. Only one kind of estrogen and one kind of proges- 12:02

Slide # 34  
 "Communication" between  
 hypothalamus &  
 pituitary gland (LS)

terone is used for each kind of pill. A healthy woman who is not pregnant or breast-feeding has a menstrual period about once every 28 days. Soon after the menstrual period begins, part of the brain called the hypothalamus stimulates the pituitary gland to release a hormone called the follicle stimulating hormone (FSH) into the blood stream. As they develop, the ovarian follicles release the female hormone, estrogen. A few days after, the pituitary gland begins to secrete another hormone called the luteinizing hormone. After ovulation, that is, the release of the egg, the LH stimulates the secretion of the female hormone progesterone. Estrogen and progesterone from the ovaries stop the release of the FSH and LH from the pituitary gland.

Slide # 35  
 Pill Packages (LS)

If the egg released at ovulation is not fertilized at the end of each menstrual cycle the amount of estrogen and progesterone in the woman's body falls to low levels. Thus, the whole cycle is renewed by the stimulation of a new group of egg-containing follicles on the surface of the ovaries. If the egg released during ovulation is fertilized, production of estrogen and

progesterone is continued during the entire pregnancy.

Slide # 36  
Pill Packages &  
Brochures

(CU)

The birth control pill mimics the body's natural defences against pregnancy. Each pill contains enough estrogen and progesterone to prevent the pituitary gland from releasing the FSH and LH, thus ovulation does not occur and pregnancy is prevented. In addition, the synthetic progesterone causes local changes in the uterus which makes pregnancy unlikely even if an egg is released. 13:48

Progesterone causes the mucus within the cervical canal (the opening of the uterus) to become thick. Sperm cannot penetrate the thick cervical mucus and therefore cannot enter the uterus.

Slide # 37  
Pill Package

(MS)

The birth control pill, as all potent drugs, must not be used by certain women. Proper medical screening can spot those women for whom oral contraception would pose unacceptable risks. 14:35

Slide # 38

A complete medical history must be taken before a woman starts taking the pill. 15:56

Slide # 39 List of  
questions before taking  
pill

(LS)

Questions which must be asked included: 16:05

- 1) Does the woman have or has she ever had:  
a blood clotting disease, retinal thrombosis,  
migraine, heart disease or defect, endocrine

Slide # 40

at about the same time every day for 21 days. In most brands of the pill, there are 21 pills in each package. After taking all 21 pills in a package, the woman stops taking the pill for seven days. Menstrual bleeding usually starts 2-4 days after the last pill of the package is taken. Most women notice that while they are taking the pill, their menstrual periods are lighter and do not last as long. On the 8th day after the taking of the last pill of the first package, the woman takes the first pill of her next package whether or not her menstrual bleeding is continuing. For example, if a woman takes the first pill of her first package on a Tuesday, she takes the last pill of that package on a Monday, three weeks later and takes the first pill of the next package on the Tuesday of the following week. The risk of the birth control pill should be compared to the risks of pregnancy and to the risks of other available methods for preventing pregnancy. Among young women, complications of pregnancy and childbirth cause the death of about 23 out of 100M pregnant women. In the same age group, in one year, the pill causes the death of about 1.5 women out of 100,000 pill-users. Thus, the use of the pill

in one year involves about 1/15th risk of one pregnancy.

IUD

Slide # 41  
IUD Name

(CU)

The IUD does not interfere with ovulation (release of the egg) or with fertilization. When an IUD is present, fertilized eggs die when they reach the uterus and pass out of the body unnoticed. 19:02

Slide # 42  
IUD

(CU)

It is believed that the IUD affects the fertilized eggs indirectly by stimulating the entry of many white blood cells into the uterus. White blood cells attack and destroy invading cells such as bacteria, by swallowing and digesting the invader. 19:14

Slide # 43

The IUD is considerably less effective than the birth control pill. At best out of 100 women who use the IUD for 1 year, 2 or 3 become pregnant. 19:29

Slide # 44  
Various forms of IUD  
(MS)

IUD's are most effective for women who have given birth and who are older than 30 years. 19:49

Before having an IUD inserted, a woman should have a complete gynecological examination to ensure that her cervix and ovaries are healthy and normal.

An IUD is inserted into the uterus through the cervical canal. The opening of the

cervix is normally smaller than the width of a pencil. It is impossible to use the IUD in its normal shape through the small canal. A speculum is placed into the woman's vagina to hold the vaginal walls apart. The doctor then pushes the loader inserter tube carrying the IUD into the cervical canal. When the end of the tube reaches the cavity of the uterus, the IUD is pushed out of the inserter tube by a special plunger. As the IUD is released into the cavity of the uterus, it springs back into its normal shape.

Slide # 45

The insertion of an IUD is usually simple and rapid. But it can be painful, as well. Once the IUD is released into the uterus, the woman feels a menstrual-like cramp.

The discomfort of an IUD is worst for a woman who has never delivered a baby.

After having a baby, a woman's uterus is permanently enlarged and the cervix remains slightly open.

When desired, the IUD can be removed easily. The doctor pulls gently on the IUD tail and the device usually slips out of the uterus. Women should not attempt to do this by themselves. On occasions, the cervical canal is blocked or the IUD is

lodged in the wall of the uterus and an unskilled tug can cause injury.

If left in the uterus for too long, plastic IUDs become hard and brittle. A plastic IUD can be left in the uterus for 5 years. It should then be removed and replaced with a new one.

Minor side-effects of the IUD are common. Most women have heavier than normal menstrual bleeding. Some women have irregular bleeding and spotting in between periods. Heavy or irregular bleeding is not dangerous but it must be reported to the doctor.

Condom

Slide # 46  
Condom Name (MS)

The condom, a sheath worn on the penis 21:46 during sexual intercourse is a widely used, effective mechanical contraceptive. The condom is also known as the rubber, prophylactic or French letter. The condom is one of the oldest and still one of the best birth control methods.

Slide # 47  
Rubber Condom in Package (CU)

Many women and men do not like the condom 22:07 because of its historical association with prostitution and venereal disease. Also, many people believe that it is an unreliable method. In fact, when properly used, the condom is as effective



disease such as diabetes or thyroid problems, liver disease such as jaundice, kidney disease, asthma, epilepsy or any significant psychiatric problem such as severe depression?

2) Is there inheritable disease in the woman's family?

3) Has the woman's mother ever had any form of cancer, migraine headaches, high blood pressure or varicose veins?

4) Has the woman ever been pregnant? If so, how many times? What is the average length of her menstrual cycle? Is it regular?

A positive response to any of these questions is enough to prevent the examiner from granting the prescription. Women who have or have had migraine headaches, asthma, varicose veins, epilepsy, and significant psychiatric problem can take the birth control pill provided that they receive periodic medical examination to ensure that the pill is not worsening their condition.

To begin taking the pill, a woman must wait for her menstrual period. Counting the first day of her menstrual flow as Day 1. A woman takes the first pill of her birth control pill series on day 5 whether or not her menstrual bleeding is continuing. She takes one pill.

or more effective than the diaphragm.

The condom must be worn throughout sexual intercourse, since pregnancy can result from an early, unexpected or unfelt release of semen from the penis.

Slide # 48  
Pre-rolled Condom (CU)

If the condom is not pre-rolled, it should be rolled just before use. The condom should not be completely rolled up. Half an inch should be left at the closed end to receive ejaculated semen. Care must be taken not to tear the condom with fingernails, rings, or any rough objects.

Diaphragm

Slide # 49  
Diaphragm Name (CU)

The diaphragm is a birth control device 23:03 that is worn inside the vagina during sexual intercourse.

Slide # 50  
Rubber Diaphragm (CU)

It is a round dome of soft rubber sealed 23:13 over a circular steel spring about 3 inches in diameter.

Slide # 51  
Diaphragm with steel set (CU)

Although the device appears bulky, it cannot be felt during intercourse by either man or woman. It prevents pregnancy by blocking the cervix and by providing a platform within the vagina for spermicidal or sperm-killing cream. Thus, with the diaphragm in place sperms are prevented from entering

the uterus and are killed within the vagina.

Slide # 51  
Diaphragm folded for insertion (CU)      The diaphragm should always be used with spermicidal cream on its surface.      23:38

The device is not effective if used without the cream.

Slide # 52  
Diaphragm being inserted (CU)      The diaphragm can be inserted up to 2 hours before sexual intercourse. If more than two hours go by before intercourse, the device should be removed and more spermicide should be put on its surface.      23:47

Slide #53  
Diaphragm in position (CU)      The amount of spermicidal cream on the diaphragm is enough to provide contraceptive protection for only one act of sexual intercourse.      24:01

Even with spermicide on the surface of the diaphragm, sperm can survive for several hours within the vagina therefore, to ensure that all sperm are killed by the spermicide, the diaphragm must remain in place for at least 6 hours after intercourse.

Slide # 54  
Foam, Cream, Jelly Name (CU)      There are three kinds of simple-to-use vaginal contraceptives : foams, creams, jellies.      24:28

Slide # 55      When inserted into the vagina before intercourse, these substances prevent      24:36

pregnancy by blocking the cervix so that the sperm cannot enter the uterus, and also, by killing the delicate sperm within the vagina.

Slide # 56  
Foam with applicator  
(CU)

To use the contraceptive foam, a woman 24:49 first shakes the can or vial and then fills the applicator by pushing the open end of the applicator tube down into the nozzle of the container.

Slide # 57 (CU)  
Foam applicator being  
pushed into vagina

To insert the foam, the woman lies down 25:02 and gently pushes the applicator into her vagina as far as it will go. The woman should insert one applicator-full of foam before each intercourse. Afterwards, she can get up or go to the toilet without affecting the contraceptive action of the foam.

There are other forms of family planning which shall not be discussed here in length. Briefly, they are the rhythm method, tubal ligation, or sterilization of the female, vasectomy of the male and coitus interruptus.

Slide # 58 (CU)  
Rhythm Method Name

With the rhythm method, the couple does not have sexual intercourse for several days before and after ovulation (the release of the egg by the ovary). Because ovulation does not always occur at the same time in the menstrual cycle, the rhythm method is not very effective for most women.

Slide # 59 (CU) Tubal ligation or sterilization of the 26:59  
Tubal Ligation Name female prevents the egg from reaching the  
uterus. This is done through surgery.

Slide # 60 (CU) Vasectomy of the male prevents the sperm 27:34  
Vasectomy Name from reaching the penis. Again, this is  
done through surgery.

Slide # 61 Coitus interruptus is the simplest and 27:42  
Coitus Interruption Name oldest natural method of preventing  
pregnancy. With this method, the male  
withdraws the penis from the vagina just  
before ejaculation, thus preventing the  
semen from being deposited into the  
vaginal canal.

Slide #62 Here is a comparative analysis of the 28:05  
Comparative Analysis of Various Methods (CU) effectivity of the various methods.

Music fade in : The purpose of this presentation therefore, 28:09  
is to provide you with information you need  
to control your own bodies, to find pleasure  
in sex as often as you desire and to have  
children as a result of planning, not accident.  
For the well-being of the individual, the  
community and the country, proper and effec-  
tive family planning can help realize this  
goal.

Music fade up and out

E N D

APPENDIX B

Profile of the Philippines

Area : 115,830 sq. miles

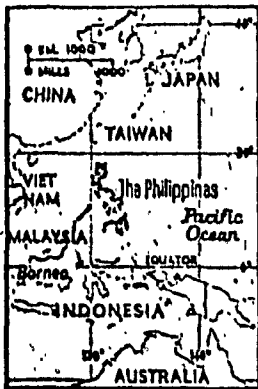
National Language : Filipino, English, Spanish  
About 80 native dialects

Population : 44,400,000

Religion : Predominantly Catholic; Protestant and  
Muslim minorities

Economy : Sugar, coconut oil, copper, copra and  
Lumber exports

Major Cities : Manila (pop. 1,435,500);  
Capital, Quezon City (pop. 900,000);  
Cebu (pop. 385,000)

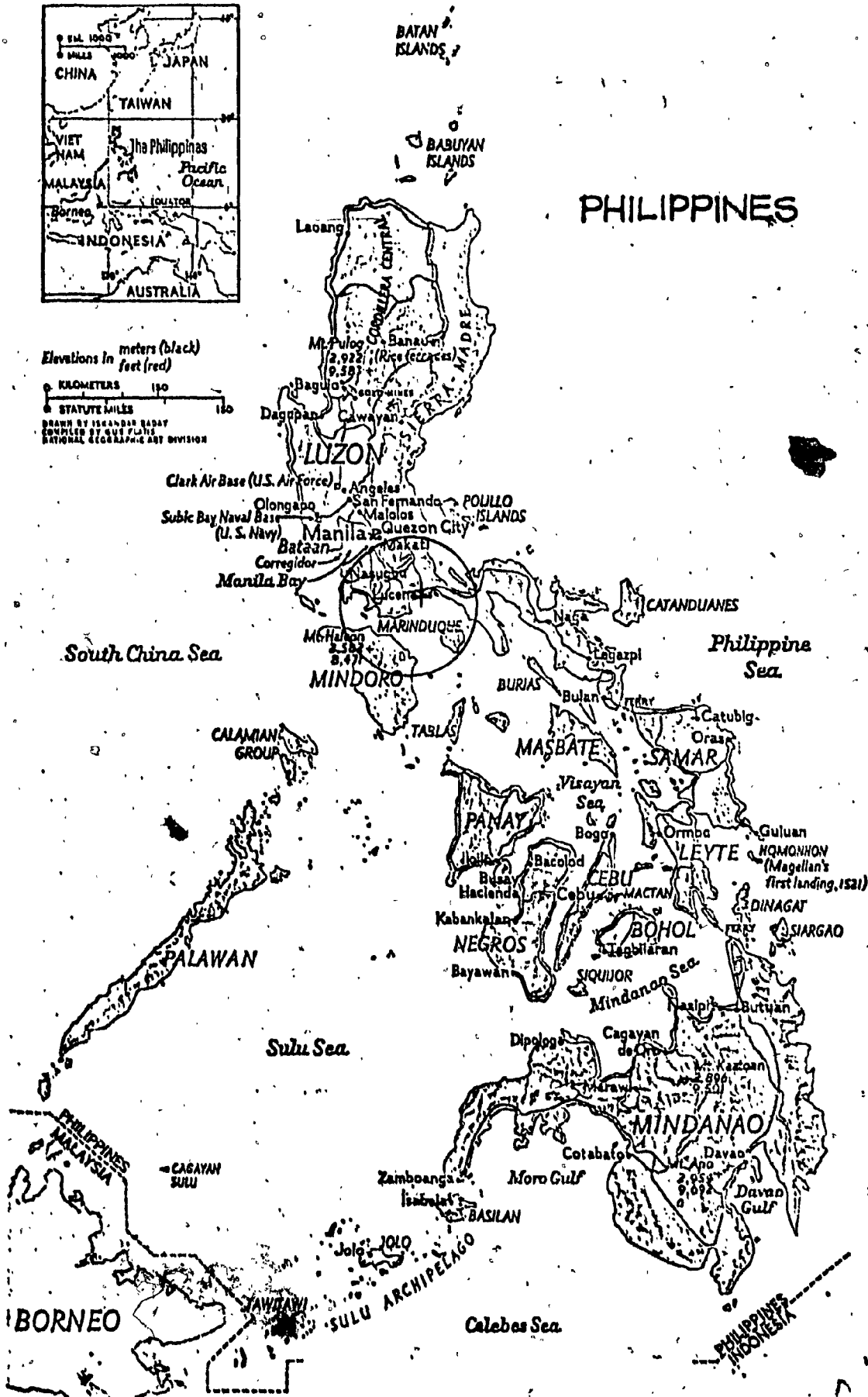


Elevations in meters (black)  
feet (red)

0 KILOMETERS 100  
0 STATUTE MILES 100

DRAWN BY ISSA GUN RADA  
EMPLED BY SUE P. LEE  
NATIONAL GEOGRAPHIC ART DIVISION

# PHILIPPINES



Instructions: This study is for a student who is doing her M. A. thesis on family planning. Please fill out your respective question sheets with answers which you think are correct. Hand the test papers to the proctors as you finish. Thank you for your co-operation.



APPENDIX C

Name : \_\_\_\_\_

AGE : \_\_\_\_\_

Educational Background : \_\_\_\_\_

SEX : \_\_\_\_\_

Grade School \_\_\_\_\_

High School \_\_\_\_\_

College \_\_\_\_\_

Occupation : \_\_\_\_\_

Languages Spoken : \_\_\_\_\_

Others \_\_\_\_\_

1. Without the (sperm, semen) there can be no fertilization and without fertilization, there can be no new life.
2. Sperm travels from the (testis, urethra) into the epididymis and from there through the vas deferens of the spermatic cord.
3. The (ovaries, fallopian tubes) produce the eggs, secrete and release female hormones and also produce some of the female's secondary characteristics.
4. If fertilization does not take place, (menstruation, Ejaculation) occurs during which the accumulated cells are shed off and the lining reverts to the pre-growth state.
5. The first requirement for fertilization is that during the act of sexual intercourse, (semen, sperm) from the male is deposited within the vaginal canal of the female.
6. In its normal state, the (vagina, uterus) is a soft distensible organ pliable enough to respond to the action of other muscles within the bony pelvis.
7. After the ovarian follicle ruptures and releases the egg at the time of ovulation, the follicle becomes modified and then called (endometrium, corpus luteum).
8. (Menstruation, ovulation) occurs when the ovaries decrease their production of hormones near the end of the 28 day cycle.
9. As the fertilized egg floats down the fallopian tube, it divides many times becoming a cluster of cells called (blastocyst, follicles).
10. The implantation of the blastocyst into the inner wall of the uterus is complete by the (12th, 6th day) after fertilization.

11. The blastocyst continues to divide rapidly - part of it soon develops into the (embryo, fetus) and another part of the placenta.
12. (IUD, Pill) is most effective for women who have given birth and who are older than 30 years.
13. The birth control pill is made up of artificial human female hormones called estrogen and (progesterone, follicle stimulating hormone).
14. Once the IUD is inserted then released into the uterus, the woman feels a (menstrual-like cramp, backache).
15. (Condom, coitus interruptus) is one of the best birth control methods.
16. The three kinds of simple-to-use vaginal contraceptives are :
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
17. If properly used, (cream, condom) is as effective or more effective than the diaphragm.
18. The diaphragm should always be used with (spermicidal cream, water) on its surface.
19. The diaphragm is a birth control device that is worn inside the vagina during sexual intercourse. (True or False)

Appendix D

Experimental Group Action  
 PASE-SEVINGAR WORKSHOP  
 BUNDT LAKE RESORT, SAN PABLO CITY  
 October 31 - December 7, 1976

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Oct. 31 Arrival	Nov. 1 SELF - AWARENESS 4:30 am - 7:30 am Pre-Test Slide-Team Presentation	Nov. 2 Self Agency New Society	Nov. 3 HELPING PROCESS TASK/PROCESS ANALYSIS	Nov. 4 TASK/PROCESS ANALYSIS Population Program in Relation to National Development	Nov. 5 Review of IHRDP PASE/SEAP SLIDE PRESENTATION	Nov. 6 Sex Education Youth and Community
Nov. 7 FREE DAY	Nov. 8 Anatomy & Physiology: Human Reproduction Post-Test	Nov. 9 Human Behaviour Social Environment	Nov. 10 Socio-Cultural Values & Norms	Nov. 11 Family Relations	Nov. 12 Population Dynamics	Nov. 13 Planning & Decision-making Management Overview Objective Setting
Nov. 14 FREE DAY	Nov. 15 Workload Scheduling READINGS	Nov. 16 Interviewing Recording Reporting STUDY PD MANUAL	Nov. 17 DEVELOPMENT OF PROGRAM MEDIA PASE/IMBY INSTRUCTIONAL AID TEAM BUILDING	Nov. 18	Nov. 19 Orientation	Nov. 20 Travel to area/branch/unit area
Nov. 21 FIELD OF EXPERIENCE Study of Community Assessment of Youth Needs	Nov. 22	Nov. 23	Nov. 24 PLANNING PASE IMPLEMENTATION/ SYLLABUS MAKING	Nov. 25	Nov. 26 Presentation of Plans	Nov. 27 PASE Practicum
Nov. 28 PASE PRACTICUM	Nov. 29	Nov. 30	Finalize all reports	Dec. 1	Dec. 2 Feedback and evaluation of Practicum with field staff & trainers	Dec. 3 General Synthesis Post Evaluation Closing Exercises

