Research Article

Communicating Policy in Rural and Urban-poor Areas: Reproductive Choices of Selected Communities

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Abstract

This paper explored the impact of gender equality on women's reproductive health. The Reproductive Justice Framework was employed in the context of reproductive health care. Martin Fishbein's and Icek Ajzen's (1980) Theory of Reasoned Action and Behavior provided the programmatic focus to bring attention to issues of inequality, inadequate financing, opposition to contraception and a lack of clear national standards. The Theory of Reasoned Action and Behavior in light of the Reproductive Law Framework proved that a person's behavior towards the use or non-use of contraception was determined by the intention to perform that behavior.

Results of data gathering further revealed that the number of children a couple would have had no correlation to the perceived value of happiness in a home. Respondents strongly argued that regardless of the number of children, their intense natural tendency to have a happy balanced life was not at all dependent on the quantity of children they must have. This is where the communicative power of campaigns for Reproductive Health play a vital role in disseminating accurate information that would lead to informed decision processes.

Keywords: *policy analysis, development communication, reproductive health*

Introduction

Historically, national and local Philippine reproductive health policies have demonstrated little concern for individuals. For instance, under former President Marcos, the Department of Health (DOH) carried out its goal of population management through forced sterilization and intrauterine device (IUD) implantation without Filipino women's

consent or knowledge (Warwick, 1982). In 2012, the 15th Philippine Congress attempted to correct low income Filipino women's lack of access to reproductive health through the passage of the "The Responsible Parenthood and Reproductive Health Act of 2012" or Republic Act No. 10354 (RH Act), which specifically cited various Constitutional provisions as its foundational bases (Defensor-Santiago, 2012).

Filipino women in the lowest income quintile (NSO, 2008), have expressed frustration (Agence France-Presse, 2013) that they do not have sufficient access to modern contraception (NSO & USAID, 2008), the tool that would allow them to achieve these rights. Further, their lack of access highlights structural barriers and power imbalances in granting contraceptive access mostly to higher-income women. This inequality becomes starkly evident when government officials treat low-income women's fertility as a development marker or evidence of the success or failure of economic policies (Bill & Melinda Gates Foundation, 2012).Although the Philippine law suggests that the government has the responsibility to ensure contraceptive access (Phil. Constitution, 1987), the lowest-income Filipino women have extremely limited access to contraceptives, which are integral to their ability to decide whether or not and when to have children, and how to be parents to their children (UN, n.d.).

Filipino women's access to contraception varies according to their socioeconomic status. Scholar Ruth Macklin posits that throughout the world, a woman's status determines whether she has access to contraception, and how governmental policies and providers' actions affect her use of contraceptives. While birth control is available in the Philippines, the cost is prohibitive for the lowest-income women (Weiss, 2012). By explicitly prohibiting government funding or inadequately funding contraception, the national and local governments have effectively restricted access to contraceptives (Letter from Center for Reproductive Rights to the United Nations Committee against Torture, 2012).

Lack of access to contraception had worsened Filipino women's health. The estimated Philippine birth rate in 2013 was 24.62 births per 1,000 (CIA, 2013), which WHO characterized as one of the highest in Asia.

The maternal mortality rate increased to 2.21% women's deaths per 1,000 live births in 2011 from 1.62% deaths in 2006 (USAID Philippines, n.d.). In 2012, 51% of married women between the ages of 15 and 49 used some form of birth control (NSO), while only 34% used a modern method. Across the Philippines, 22% of married women have an unmet need for family planning (NSO & USAID, 2008).

According to the World Health Organization (as cited in Fathalla 1998), reproductive health means, "that people have the ability to reproduce as well as to regulate their fertility with the fullest possible knowledge of the personal and social consequences of their decisions, and with access to the means of implementing them". People need information in order to be able to exercise the right to reproductive health and choice effectively.

The main objective of this study was to explore the impact of reproductive health law, as a policy agenda, on women in selected areas in the Philippines. The policy research concentrated on four barangays as settings of the study and the findings/results may not apply to all villages in the Philippines. Two barangays were used as milieus of Study 1, namely, Brgy. U.P. Campus and Brgy. Naparaan, with 61 respondents in each setting. Since a single survey was not enough to establish a convincing connection, Study 2 was added and it had two other milieus, Brgy. Payatas and Brgy. Batasan Hills, both in Quezon City, Philippines. In Study 2, the researcher used additional statistical methods in getting the results of the study.

Brgy. U.P. Campus is a highly urbanized community situated at the heart of Quezon City, and has greater significance because it is located at the premier University of the Philippines, while high-end villages or subdivisions surround the area.

Meanwhile, Brgy. Naparaan is a rural area in the town of Salcedo, province of Eastern Samar. The main source of income of its residents, is mainly agriculture. Most are coconut farmers and vegetable growers. When the study was conducted, Brgy. Naparaan was struggling from the ground due to damages caused by super typhoon Yolanda, which devastated the area a year before. So, the respondents' level of grasps

and realization of RH law's significance in the two barangays vary from different perspectives of women. Example, in Brgy. U.P. Campus, RH law would be seen as a priority because of the barangay's higher population rate; but not in Brgy. Naparaan where people are more needed to cultivate the vast farmlands.

The other sites, Brgy. Payatas and Brgy. Batasan Hills are highly populated areas in Quezon City with the highest number of urban-poor households. massive, scattered slums and informal settlers. Places like these, though situated at the heart of Metropolitan Manila, have high cases or incidents of reproductive oppression and neglect of women's rights.

This research paper sought to answer the following questions:

How does Republic Act 10354 influence women with respect to the following: (1) use of natural family planning methods and; (2) use of modern or artificial family planning methods?

What factors can enhance women's knowledge of RH law in terms of: (1) level of understanding, (2) level of acceptance and (3) level of conformity?

Study Framework

The Theory of Reasoned Action stands as one of the theoretical lenses of this study. The theory relates to factors unique to women's freedom or liberty to have contraceptive access and make informed choices on their reproductive health. This factor, in turn, leads to following or conforming rationally the fundamental and specific provisions enumerated in Republic Act 10354 in an individual setting.

Born largely out of frustration with traditional attitude-behavior research, much of which found weak correlations between attitude measures and performance of volitional behaviors, Fishbein and Ajzen (1975, 1980) developed the Theory of Reasoned Action (TRA).

Another theory called Reproductive Justice was used as an additional theoretical backdrop of this research. The inclusion of this theory

would prove the point that because of gender and reproductive health law, reproductive oppression and contraceptive access of women operate in tandem to produce unequal distribution of political will of women; thus, depriving them of their reproductive rights. This factor, subsequently leads to shaping and influencing women's understanding, acceptance and conformity with Republic Act 10354, known as "An act providing for a National Policy on Responsible Parenthood and Reproductive Health in the Philippines."

As emphasized by Forward Together (n.d.),

> Reproductive justice emerged as an intersectional theory highlighting the lived experience of reproductive oppression in communities of color. It represents a shift for women advocating for control of their bodies, from a narrower focus on legal access and individual choice (the focus of mainstream organizations) to a broader analysis of racial, economic, cultural, and structural constraints on our power". Furthermore, reproductive justice framework "aims to transform power inequities and create long-term systemic change, and therefore relies on the leadership of communities most impacted by reproductive oppression.

Lastly, the study's theoretical framework and key concerns were informed by the study's literature and objectives. These provide the reasons as to why this particular issue and its analysis are important in the field of communication.

Research Design

Methods. The researcher used mixed quantitative methodologies, following Greene et al. (1989), who examined whether or not various methods used respond to different questions. The study also explored whether the different method types were implemented within the same or different paradigms (as cited by Creswell, 1994).

Policy analysis, entailed that the first approach be typical cross-sectional and the second would be longitudinal. Both cross-sectional and longitudinal studies being observational studies, the researcher recorded information about the subjects without manipulating the study environment (Institute for Work and Health, 2015). The

researcher investigated the attitude of women-respondents toward reproductive oppression, contraceptive access, policy-influence factor of RH Law and its impact to women-respondents' knowledge in terms of level of understanding, acceptance and conformity.

The survey instrument was administered among 60 women-respondents in each barangay, who fit the study's sampling parameters. This was accomplished in August 2014 for Study 1 and in May 2015 for Study 2. The two settings of the study were integrated using only one survey instrument and separated on the grounds that each group of women-respondents reside in different areas with various socio-cultural and socio-economic backgrounds. Both one-tailed and two-tailed tests (Mann-Whitney-Wilcoxon test) for independent samples were used. Profiling variables was also administered, the variables were grouped according to a readable sample size of at least n=30, for the purpose of testing significant differences.

Variables and Measures. Table 1 below provides a summary of the variables, measures, and indicators that were relevant to the study.

TABLE 1. Variables, Measures, and Indicators Used in the Study

Variables	Measures	Indicators
Putative Independent Variables: Reproductive Health-Influenced Factors		
Reproductive Oppression of Women	Physical risks	High risk pregnancies and maternal deaths, presence/absence of reproductive abnormalities,
	Psychological risks	High anxiety level caused by unwanted pregnancy, marital rape, forced sterilization, and unsafe abortion Depression and/or mental health of pregnant women, absence of father/ husband in the home, family support, cohesion

Variables	Measures	Indicators
Reproductive Oppression of Women	Financial burden	Unmet family needs, low financial resources, lack of money for continuous OB-GYN check-up
Contraceptive Access	Natural family planning method	Low perception of risk, lack of thought or preparation, had infertility problems in the past, health care provider gave prior orientation notion that partner is/was sterile, notion that they were too old or too young for pregnancy, women's level of satisfaction with chosen method attributed to historical/cultural or religious beliefs
	Artificial/Modern family planning method	
Putative Dependent Variable: Policy-Influenced Factor		
Policy Agenda	Republic Act 10354 or The Responsible Parenthood and Reproductive Act of 2012	Level of understanding, acceptance and conformity

Ethical Considerations. The discussion on research activities involving women subjects in which ethical issues were inherent and required higher intervention was done only during the thesis defense of the researcher. Protection of women-respondents was highly observed by adhering to or complying with local mandates in data collection in accordance with Barangay Council where the research tool was distributed and keeping the respondents' answers and identity highly confidential.

Results and Discussions

Study 1: Brgy. U.P. Campus and Brgy. Naparaan

Reproductive Oppression

Physical Risk. Human actions were guided by the prepositional statements with respect to physical risk as an oppression dimension.

The Theory of Planned Behavior predicted the occurrence of a particular behavior that was intentional. The mean suggested that oppression about physical risk were drawn from the intentions of marital couples regarding risks inherent to frequent pregnancies.

The data revealed that women in urbanized areas were verbally open with their husband than women in the rural area in discussing the dangers of pregnancy and child birth. On the other hand, the respondents from both urban and rural barangays agreed that unsafe abortions inflict harm on women. The respondents said, time was both important for family and work. Also, about 60 per cent of the respondents affirmed that their husband knew the dangers and risks of frequent pregnancies.

Psychological Risk. Data on psychological risk of oppression indicated that 93 per cent of the study's respondents unequivocally expressed the need for husbands to psychologically support their wives during pregnancy and child rearing. This was perhaps indicative of the fragile state of women against fear of abandonment and helplessness.
In order to mitigate the psychological barriers brought about by pregnancy, the Theory of Reasoned Action applies as the person's behavior is determined by his/ her intention which in turn, is a function of the attitude towards the behavior and his/her respective subjective norms regarding the psychological dependency on the partner during the state of pregnancy. The frequency distribution and means supported these allegations and claims.

Seventy per cent of the study's respondents affirmed that having additional child/children was not a means to escape financial problems. A subjective norm was reflected in the data, where the family's happiness was not equated to the number of children. About 93 per cent of the respondents from each of the two barangays answered that they need their husband to support them during pregnancy and child rearing. There was an 85 per cent indication that women need moral support from their partner to lessen psychological burdens. Most of the women did not like the idea of having just one child, though they argued that they would face more psychological risks in having more children.

Financial Burden. Attitude towards employing natural family planning methods was predicted. In particular, abstention from sex was a high probability, arguing that the use of natural family planning methods is not costly and assured respondents of the lesser risks of side effects. In this scenario, the intention was determined by three things: their attitude towards natural family planning methods vs. use of contraception; their subjective norms about happiness not directly equating to the number of children, and their perceived behavioral control or abstentions from sex.

The data indicated that half of the respondents found it difficult to use pills due to its prohibitive cost. More significantly, government health centers ran out of supply on pills. Data also revealed that the use of IUD among 52 per cent of the respondents was perceived effective with minimal risks involved as compared to using other artificial methods of contraception. This reflected that the respondents' subjective norms about certain methods of modern family planning, and their beliefs about how people they cared about (husbands and other children) would view their behavior (use or not using of contraception) in question. Most women affirmed that having a family was challenging whether a couple had one or more than three children. Seventy per cent even disagreed that the only means to escape financial difficulty was by having one child or having no child at all. Additionally, half of the respondents from both settings of the study confirmed that having many children would not make them happier.

Contraceptive Access

Natural Family Planning Method. Half of the respondents from the two barangays affirmed that abstention from sex was possible. Seventy-eight per cent of them argued that they were satisfied with the natural family planning methods and there was little risk of facing side effects. Most of the respondents pointed out that the local health center provides orientation on natural family planning.

Modern Family Planning Method. Half of the combined respondents found it difficult to use pills because these were expensive and the government lacked supply. Respondents preferred using IUD. Fifty two

per cent of the respondents in Brgy. U.P. Campus confirmed that there was little risk of getting pregnant using artificial or modern family planning methods. Brgy. Naparaan registered a 68 per cent agreement that modern family planning methods lessen the risk of pregnancy.

Policy Agenda

Responsible Parenthood and Reproductive Health Act of 2012 or RH Law. The Theory of Reasoned Action and Behavior in light of the Reproductive Law Framework confirmed that a person's behavior towards the use or non-use of contraception was determined by their intention. While most respondents agreed that the Reproductive Health law played a major role in their family's well-being, results showed that there should be more information campaign in both rural and urban areas about reproductive health . The respondents knew there was a RH law but they did not know the provisions enshrined within the national policy. The barangay health center did the best they could in conducting information campaign. Seventy per cent of the respondents affirmed this. However, ever since the law was implemented, so far, it had not affected their lives as a woman or a mother. Furthermore, this underscores the fact that some women were more vulnerable than others to abuses and were more exposed to psychological risks, physical risks and financial burden. A high level of conformity with the law indicated a high level of acceptance and encouraged pervasive quality understanding of their rights leading to an assurance to reproductive freedom and contraceptive access.

Study 2 Brgy. Payatas and Brgy. Batasan Hills

Reproductive Oppression

Physical Risk. Results showed that there was a significant difference between Brgy. Payatas and Brgy. Batasan in terms of not having enough time for family and work, opting to have only one or two children (U=1387.5, p=0.021).

Table 2 below shows the Physical Risk of Reproductive Oppression. It reveals that there were no differences in the responses of the Step 2 barangays with those of Step 1 barangays.

Data suggest that more women in urbanized area discuss openly with their husband. The dangers of pregnancy and child birth. On the other hand, the respondents on both barangays agreed that unsafe abortions may inflict harm on them. Also, the respondents said, time is both important for family and work. Moreover, most respondents answered that their husband knows the dangers of pregnancy the risks of frequent pregnancies.

Table 2 Reproductive Oppression: Physical Risks

Ranks				
	Barangay	N	Mean Rank	Sum of Ranks
My husband talks with me about having only one child to avoid mortality and/or prenatal dangers.	Brgy. Batasan	60	61.67	3700.00
	Brgy. Payatas	60	59.33	3560.00
	Total	120		
My body is not capable of bearing many children.	Brgy. Batasan	60	59.43	3565.50
	Brgy. Payatas	60	61.58	3694.50
	Total	120		
My time is not enough for family and work so it is better to have only one or two children.	Brgy. Batasan	60	53.63	3217.50
	Brgy. Payatas	60	67.38	4042.50
	Total	120		
My husband does not allow birth spacing.	Brgy. Batasan	60	54.04	3242.50
	Brgy. Payatas	60	66.96	4017.50
	Total	120		
My husband does not have any idea of the risks I face if I will have frequent pregnancy.	Brgy. Batasan	60	53.64	3218.50
	Brgy. Payatas	60	67.36	4041.50
	Total	120		
My body is weak against sexually transmitted diseases especially HIV/AIDS.	Brgy. Batasan	60	59.41	3564.50
	Brgy. Payatas	60	61.59	3695.50
	Total	120		
I know the danger that I would lose my life conceiving a baby.	Brgy. Batasan	60	59.97	3598.00
	Brgy. Payatas	60	61.03	3662.00
	Total	120		
Forced sterilization is against my reproductive rights.	Brgy. Batasan	60	63.34	3800.50
	Brgy. Payatas	60	57.66	3459.50
	Total	120		

I know, unsafe abortions may inflict bad side effects/death.	Brgy. Batasan	60	59.33	3559.50
	Brgy. Payatas	60	61.68	3700.50
	Total	120		
There is a proper time for my sensitive body to conceive.	Brgy. Batasan	60	64.60	3876.00
	Brgy. Payatas	60	56.40	3384.00
		120		

On Policy Agenda

Responsible Parenthood and Reproductive Health Act of 2012 (RA 10354) RH Law. Among the variables for this group, only variable one had a significant difference between Barangay Batasan and Payatas. The rest do not have enough evidence in proving the difference in the responses from the two populations ($p>0.5$). It was found out, that there was a significant difference between the women from Brgy. Payatas and Brgy. Batasan in terms of being well aware of RA 10354 but lacking the knowledge on how the law can protect their rights as women ($U=1348$, $p=0.009$).

Below is Table 3 shows which the Emerging Policy Agenda on Responsible Parenthood and Reproductive Health Act of 2012 or RH Law.

Table 3 Emerging Policy Agenda: Responsible Parenthood and Reproductive Health Act of 2012 or RH Law

Ranks				
	Barangay	N	Mean Rank	Sum of Ranks
I am well aware of RA 10354 but I do not know how the law can protect my rights as a woman.	Brgy. Batasan	60	52.98	3178.50
	Brgy. Payatas	60	68.03	4081.50
	Total	120		
The government is providing enough information about the law to the public.	Brgy. Batasan	60	62.13	3728.00
	Brgy. Payatas	60	58.87	3532.00
	Total	120		
I believe the law can improve our family's social status.	Brgy. Batasan	60	60.55	3633.00
	Brgy. Payatas	60	60.45	3627.00
	Total	120		

The barangay's or town's health center is active in its information campaign on RH law.	Brgy. Batasan	60	57.44	3446.50
	Brgy. Payatas	60	63.56	3813.50
	Total	120		
I have heard about RH law but I have no idea what is inside the law.	Brgy. Batasan	60	59.98	3599.00
	Brgy. Payatas	60	61.02	3661.00
	Total	120		
RH law plays a big role in my family's well being.	Brgy. Batasan	60	62.30	3738.00
	Brgy. Payatas	60	58.70	3522.00
	Total	120		
I believe, the law could not change my family's social status.	Brgy. Batasan	60	58.00	3480.00
	Brgy. Payatas	60	63.00	3780.00
	Total	120		
I know the law well but I do not agree with its provisions because I am pro-life.	Brgy. Batasan	60	57.13	3428.00
	Brgy. Payatas	60	63.87	3832.00
	Total	120		
The law was implemented two years ago, but so far it has not impacted my life as a woman and mother.	Brgy. Batasan	60	58.82	3529.00
	Brgy. Payatas	60	62.18	3731.00
		120		
There should be more than enough information dissemination of the law to women especially to low income women in rural and urban areas.	Brgy. Batasan	60	58.47	3508.00
	Brgy. Payatas	60	62.53	3752.00
	Total	120		

Using Profiling Variables (Brgy. Payatas and Batasan Hills). Profiling variables were also administered, the variables were grouped in such a way that each group would have a readable sample size of at least n=30, for the purpose of testing significant differences.

A. Reproductive Oppression

Physical Risk. Generally, respondents agreed with their husband to have only 1 or 2 children because they would not have enough time to take care of many children. They agreed with the statements that unsafe abortions may inflict bad side effects on health, and that there was proper time for their sensitive bodies to conceive. Their husbands allowed birth spacing, but there was

no talk yet about having only one child to avoid mortality and/ or prenatal dangers. Husbands did not have an idea of the risks that were associated with frequent pregnancy. Wife and husband respondents differ in their view on frequent pregnancies due to the low educational attainment of husbands.

Figure 1 below shows Reproductive Oppression in terms of Physical Risk per age group. It reveals that among the younger age group, there was a higher involvement from husbands in having talks about having one child. Meanwhile, allowing birth spacing was seen more among the older age group. The respondents on both barangays agreed that unsafe abortions could inflict harm on the women and most respondents answered that their husband knew the dangers of pregnancy, particularly having frequent pregnancies.

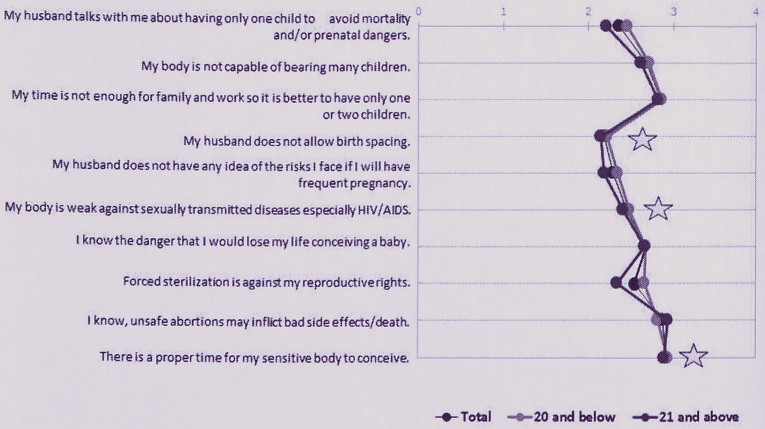

Figure 1. Reproductive Oppression: Physical Risk as grouped according to age

Psychological Risks. Generally, women-respondents agreed that marital rape may affect and bother them psychologically. The younger group in particular were aware of their mental health during and after pregnancy. Respondents agreed that their husbands should be responsible for giving family support and that the husbands should

always be present and should give them moral support each time they give birth. Respondents were not open to accepting many children, and that they could not handle the mental distress of having many children. They say they could handle work and family obligations well with only one child.

Below is Figure 2 showing the Reproductive Oppression Psychological Risks per age group. It shows that respondents with five or more children wanted to have many children and did not like the idea of having just one or two children. They said they could handle mental distress of having many children. However, they admitted that they were not aware of their mental health during and after pregnancy.

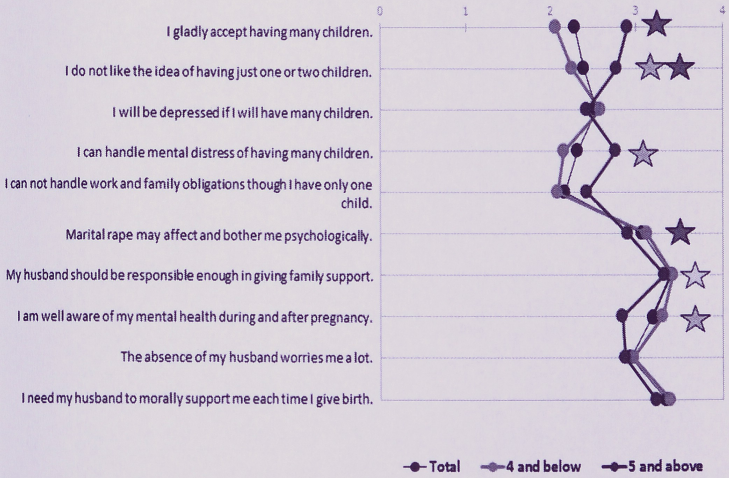

Figure 2. Reproductive Oppression: Psychological Risks as grouped according to age

Financial burden. Respondents agreed that there was financial burden among women-respondents, regardless of whether they have one or more children. Most women affirmed that having a family is normally challenging whether a couple has one or more than three children. Most respondents disagreed that the only means to escape financial difficulties was by having one child or no child

at all. Additionally, the respondents from both settings of the study confirmed that having many children would not make them happier either.

Below is Figure 3 showing Reproductive Oppression, wherein the older age group was happier to have more children. This clearly reflects a subjective norm where the family's happiness is not equated to the number of children. But the younger age group preferred less children to cushion the effect of financial problems.

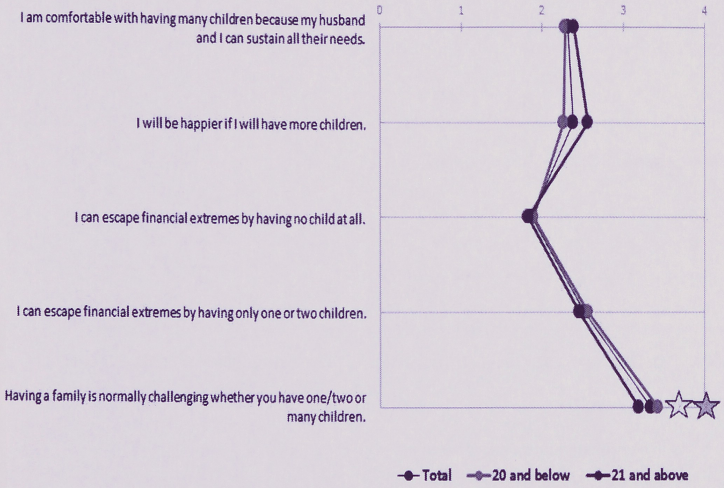

Figure 3. Reproductive Oppression: Financial Burden according to age

Figure 4 below shows Reproductive Oppression: Financial Burden per age group wherein those who have more children were indeed comfortable having many children because their husbands could support a big family. The study's respondents affirmed that having additional child or children was not meant to avoid financial problems.

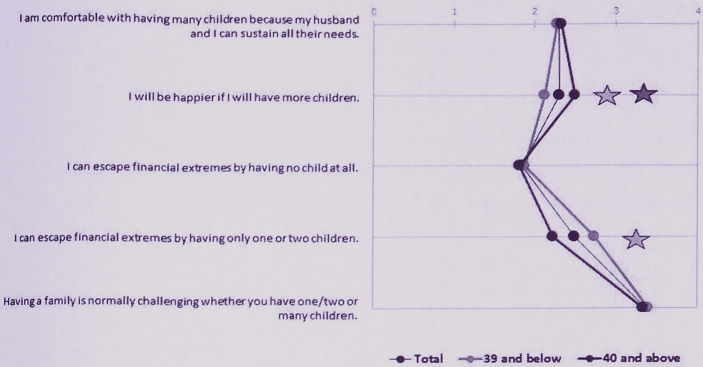

Figure 4. Reproductive Oppression Dimension Three: Financial Burden as grouped according to age

B. Contraceptive Access

Natural Family Planning Method and Artificial or Modern Family Planning Method. The respondent specific attitude towards natural family planning methods was predictable. Abstention from sex was high because the use of natural family planning methods assured the respondents of lesser risks of side effects found in contraceptives.

Generally, respondents were already given orientation on artificial or modern family planning method, but they were still not really comfortable in using this. Although, they saw natural family planning having lesser risk and no side effects. Married women respondents claimed that while they did have enough preparation for artificial methods, thought of natural family planning as a better method.

Figure 5 shows contraceptive access to natural family planning method according to age. The younger aged respondents were found to have been influenced by the parish priest or Catholic Church to use natural family planning. Abstention from sex was high arguing that the use of natural family planning method assured respondents of the lesser risks of side effects.

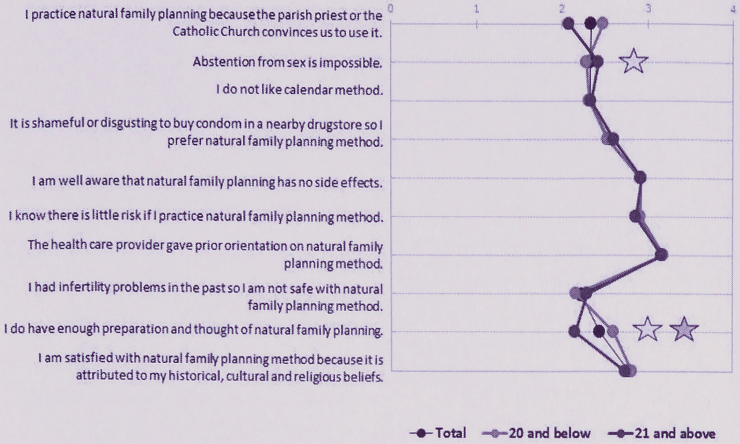

Figure 5. Contraceptive Access: Natural Family Planning Method according to respondents' age.

Figure 6 below shows contraceptive access: Natural Family Planning Method grouped according to respondents' age, wherein respondents with more children said that they had infertility problems in the past, so they were not safe with using artificial or modern family planning method.

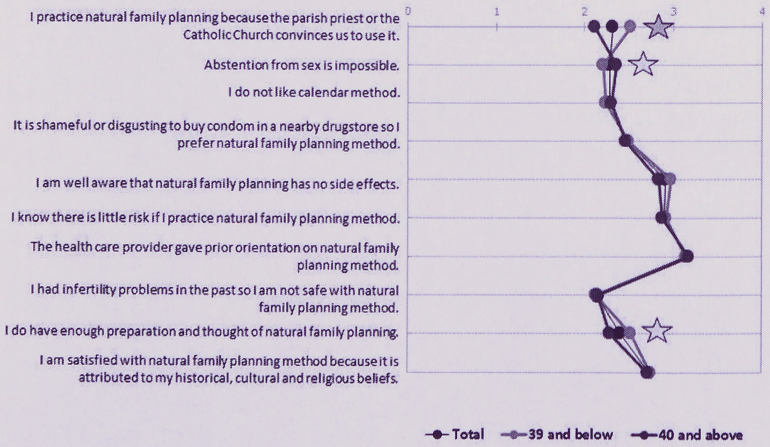

Figure 6. Contraceptive Access: Natural Family Planning Method according to respondents' age group

Meanwhile, Figure 7 below shows contraceptive access to modern family planning method as grouped according to respondents' number of children:

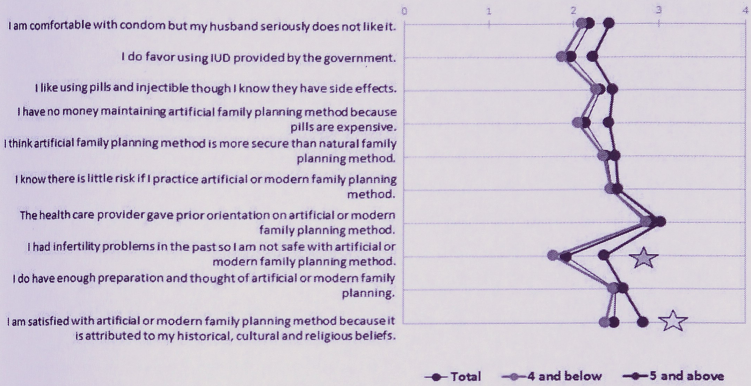

Figure 7. Contraceptive Access: Modern Family Planning Method as grouped according to respondents' number of children

Conclusions

Given that no significant differences were found in the overall risk profiles of the barangays, focus may be directed to specific dimensions of risk factors in reproductive health. Specifically, the mismatch between the preferences of women and their spouses with regard to the number of children and birth spacing suggests that reproductive health programs can also be targeted towards husbands.

While most respondents answered that Reproductive Health Law plays a major role in their family's well-being, results show that they know that there is a RH law but they do not know the provisions enshrined within the national policy. Ever since the law was implemented in 2012, so far, it has not affected their life as a woman or mother. There was a significant difference between the women from Brgy. Payatas and Brgy. Batasan in terms of being well aware of RA 10354, but lack knowledge on how the law can protect their rights as women.

The Theory of Reasoned Action and Planned Behavior in light of the Reproductive Law Framework was able to prove that a person's behavior towards the use or non-use of contraception is determined by their intention to perform that behavior.

The understanding by women and their husbands of the Responsible Parenthood and Reproductive Health Act of 2012 and other healthcare programs of the Department of Health alongside with Barangay Health Clinics and the Local Government Units can widen through communication campaigns and RH literacy campaigns like regular information sessions and seminars. Such campaigns will support thriving, culturally distinctive rural communities in the Philippines to speed up the delivery of services and to further leverage innovative reproductive health practices across rural and urban contexts. The RH law providing a uniform approach for sexuality education and the RH literacy campaign must be applied in regional settings to enhance and break down geographic barriers, and address rural isolation and end rural reproductive health care issues.

It appears that the addition of intercultural communication and/or socio-anthropological theories can help in explaining more clearly the beliefs and behaviors of respondents. The Reproductive Health Law Framework, the Theory of Reasoned Action and Behavior, with the Reproductive Justice Framework as theoretical backdrop of the study can be used in designing information campaigns and a communications management plan. Such campaigns can address the target audience's understanding of the RH Law. These can also increase the level of acceptance of the RH Law. Specifically, a central challenge for the Philippine government is to mitigate the influence of pro-life organizations on less privileged women. Such influence creates an enabling atmosphere for other reproductive health and rights abuse. Organizations can design campaigns adapting the culture, language, mores, norms and ethnicity of fragmented groups of women.

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