

Research Article

Utilization of Sexual Reproductive Health Rights (SRHR) Information and Services in Selected Municipalities of Masbate and Sorsogon

Jose Carlo B. Lavapie

Bicol University. Legazpi City, Albay, Philippines

Article history:

Submission March 2026

Revised March 2026

Accepted April 2026

*Corresponding author:

E-mail:

jcblavapie@bicol-u.edu.ph

ABSTRACT

The SHE Project on Sexual and Reproductive Health and Rights (SRHR) implemented by MIDAS was assessed in its utilization in selected municipalities of Masbate and Sorsogon. The baseline data shows the following: household size – 5, number of children – 4, marital status – 47% are married, range of age – 34.5, regular income – Php 84,063 in 2019 and 106,544.12 in 2023, consent of partner to engage in SRHR – 87.1, support of partner to modern methods – 77.04% -2019 and 77.34 -2023, family planning methods availed – pills for 2019 and sterilization for 2023. Beneficiaries report high awareness and satisfaction in the survey and the focus group discussion; this supports the data that beneficiaries availed a mean of 6.28 training and advocacies and a mean of 2.1 years of engagement to the SHE project. Peer educators played an important role in the implementation of the project, with a mean of 19 reach per peer educator. Training (40.94), counseling (29.24), and coaching (19.30) are the activities that beneficiaries engaged in. The study recommends prioritizing interventions that promote family planning, expanding women’s participation in advocacy and policy formulation, tailoring program interventions to address the specific needs of different age groups, expanding men’s activities, increasing youth participation, addressing barriers to participation, combating gender-based violence, providing comprehensive and accessible healthcare services to prevent and manage HIV and STI issues, and continuous monitoring and evaluation of the program’s effectiveness. By addressing these recommendations, MIDAS will be much more successful in the SHE project on SRHR. It will help ensure that the participants are fully engaged in the activities and that MIDAS provides the services best suited to their needs and preferences.

Keywords:

How to cite:

Lavapie, J. C. B. (2026). Utilization of Sexual Reproductive Health Rights (SRHR) Information and Services in Selected Municipalities of Masbate and Sorsogon. *The Advanced Social Science In Research Journal*. 1(2), 213 – 229. doi: 10.11594/assrj.01.02.05

Introduction

Background of the study

Sexual health and empowerment (SHE) has been identified as necessary for promoting healthy lifestyles and improving individuals' overall quality of life. This empirical study seeks to explore and analyze the baseline data and assessment of sexual health and empowerment, particularly on the sexual reproductive health rights (SRHR), which is implemented in the towns of Mobo, Masbate, Bulusan, and Prieto Diaz in Sorsogon. Mayon Integrated Development Alternatives Services, Inc (MIDAS) commissioned research to the personnel of BUOU on the conduct of the SHE project.

This assessment research provided the necessary information on the extent of implementation and level of satisfaction of the SHE Project in response to SRHR policies. It is a five-year project focusing on the right to information about sexual and reproductive health to access services and live free from violence. The utilization of available data and services of the SHE project is an initial study that will look into the degree and indicators of change in its 5th year of implementation. It shall recommend the improvement of the SHE project on information and services delivery.

Objectives of the Study

This research was conducted to assess the 5-year implementation on the utilization of the Sexual Health and Empowerment Project on SRHR services implemented by MIDAS, Inc. in terms of the following study objectives:

Assess the extent of implementation of the SRHR information campaign to the project beneficiaries.

To assess the implementation of the SRHR information campaign to the project beneficiaries, It surveyed the socio-economic and demographic profile of the respondents, experience in gender-based violence, the number of respondents capacitated to deliver the SRHR services, the number of years engaged in SRHR advocacies and membership to Sexual Health Empowerment, number of training and advocacies attended by the respondents, number of reach by peer educators, access to health care

and services that were provided and assess the level of awareness of the respondents to the SRHR services given by MIDAS, Inc. through its SHE project.

It analyzed both qualitative and quantitative data from the responses of the beneficiaries following these major themes: a. Quality Family Planning, b. Teenage Pregnancy/support of partner, c. Gender Sensitivity, Gender Violence, LGBTQ and SOGIE, d. HIV/AIDS.

Assess the level of satisfaction of respondents along SRHR services provided.

To assess the level of satisfaction of the respondents with the SRHR services that were provided by MIDAS, Inc. through its SHE project, it conducted a survey to measure the level of satisfaction.

Recommend options for improvement of the information and services provision of SRHR.

Methodology

The study adopted a mixed-method approach. Both qualitative and quantitative approaches are employed in these components: Desk Review and Primary Data Collection. The Desk Review method employs documentary analysis of the documents available from the Project implementor. The documentary analysis will basically look into the activities, interventions, modules conducted by the Project implementor.

For the quantitative method, mean, median and were used. For qualitative analysis, documentary analysis, thematic and cluster-based approaches were used.

Primary Data Collection

The quantitative data collection employed a household survey on 1.) Socio-economic profile of the respondents, 2.) their knowledge of sexual and reproductive health and rights, 3.) practices of sexual and reproductive health, and 4.) implementation of SRHR. A questionnaire was used in a population sample size for the different barangays in Prieto Diaz and Bulusan, Sorsogon, and Mobo, Masbate. For qualitative data collection, informant interviews and focus group discussion were used.

Sampling

The selection of respondents who participated in the survey is the beneficiaries of the SHE project, who engaged with more than one

activity/advocacy that MIDAS, Inc. conducted. A breakdown of the target respondents and achieved sample composition is detailed in Table 1 below.

Table 1.

Respondents for the Survey

Municipality	Target Sample	Achieved Sample	Response Rate
Mobo, Masbate	129	87	67.44%
Bulusan, Sorsogon	94	108	114.89%
Prieto Diaz, Sorsogon	126	83	65.87%
Total	349	278	79.65%

The qualitative design through the focused group discussion (FGD) targeted the respondents who have engaged in the majority of the SHE project’s advocacies and activities and the PEER educators, which is detailed in Table 2 below.

Data Treatment, Analysis, and Presentation

Quantitative data gathered through face-to-face surveys used basic statistical methods of frequency, mode, percentage and mean/weighted mean. Manual calculation techniques was used and available at hand for the quantitative treatment of the data. The presentation of which is presented in the form of single-variable and multi-variable frequency tables. Qualitative presentation and analysis are presented through thematic analysis from the 11 FGDs conducted in three municipalities, recorded and transcribed were from pre-determined themes, which are: a) quality family planning, both the natural and modern methods, b) teenage pregnancy and the support of the partner, Gender Sensitivity, Gender Violence, Issues in LGBTQ and Violence against women and children.

Extent of implementation of SRHR information campaign to the project beneficiaries.

Socio-economic profile of the respondents

Of the total respondents-beneficiaries, 16.12% are male, and 83.88% are female. This suggests that the survey or study conducted that the majority of the beneficiaries are female compared to male beneficiaries. There are several factors that contribute to the low participation of male, One of which is they are at work. In the Philippine context in rural areas, males are usually the breadwinners of the family and females would just stay at home to look for their homes and the children. In the interview on males, activities in SRHR are being seen by them as not significant and not interesting.

The calculated mean indicates that the average household size is 5.0 members. It is important to note that the frequency of households decreases as the number of members increases, and the frequency of larger households (with 7 or more members) is quite low relative to the other categories.

The calculated mean indicates that the number of children in the average family is either 3.7 in a family or rounding it to 4. It is important to note that with 7 or more children is quite low relative to the other categories.

Marital Status

Table 2

Marital Status

Status	Frequency (f)	Percent (%)
Single	113	41.24
Married	130	47.45
Widow (er)	4	1.46
Live-in	27	9.85

N = 274	100.0
---------	-------

Modal class = Married

Among the respondents, (47.45%) are married, followed by single status (41.24%), and (9.85%) are in live-in status.

On the range of age, the given data entails the calculation of the mean age of the respondents. The total number of respondents (N) is 286. The class interval (I) of the class limit is 10. The assumed mean is $\bar{x} = 34.5$ years which is the midpoint of the range from 30 to 39 years. The value of calculating the mean age resulted to the difference between the assumed mean (34.5) and the coded deviation value (0.315). The mean age as computed is 34.2 years old. This means that the average age of individuals who are respondents and beneficiaries of the SHE project is relatively young.

On income, in 2019, the mean income was calculated to be ₱ 84,063, while in 2023, it is calculated to be ₱ 106,544.12. These calculations allow us to compare average income between the two years and analyze trends in

Table 3

Other Sources of Income

Items	Year 2019	N	Year 2023	N
Cash received from family members who are working abroad	₱ 94,231.27	13	₱ 89,286.21	14
Cash gifts, support, relief, etc.	₱ 55,000	10	₱ 54,167.17	12
Government institutions (4Ps, rice subsidy, UCT, Senior Citizen Pension)	₱ 38,793.60	87	₱ 12,195.62	82
Rentals received from non-agricultural lands, buildings, spaces and other properties	₱ 25,000.5	2	₱ 25,000.5	5
Other Receipts (Sale of real property, sale of personal property, loans from other families or business firms including sari-sari stores and government institutions, withdrawals from savings, net winnings from gambling, back pay and proceeds from insurance, inheritance, prizes)	₱ 48,214.79	28	₱ 36,765.21	34

In 2023, the largest source of income is still from government institutions, but the amount received has decreased significantly to Php 12, 195.62 and the number of people who received it has also decreased from 87 to 82. And the lowest is still the same as for 2019. Overall, the table provides a snapshot of the different sources of income for the two years

income distribution. It can be gleaned that there is a significant increase in the average regular income from 2019 to 2023. In 2019, the seasonal mean income is calculated to be ₱ 49,627.37, while in 2023 it is calculated to be ₱ 53,788.38. It can be observed that there is a slight increase in the average seasonal income from 2019 to 2023.

The table shows the sources of income for 2 different years, 2019 and 2023. In 2019, the largest source of income was from the government institutions such as the 4PS (*Pantawid Pamilyang Pilipino Program*), rice subsidy, UCT (Unconditional Cash Transfer, and Senior Citizen Pension, which amounted to a total of Php 38,793.60 and received by 87 of the respondents. There were just 2 respondents who received an average of Php 25, 000 for the rentals from non-agricultural lands, buildings, spaces, and other properties.

and shows how the amount and distribution of income have changed over time.

The frequency distribution data shows that there were 238 engagements observed, with a total of 507 years of engagement among them. By dividing the total years of engagement by the total number of engagements, it resulted to a quotient of 2.1 which represents the actual mean or average years of engagement of

the respondents to MIDAS, Inc. in its SHE project. And, there is a 6.28 average number of training and advocacies attended by the beneficiaries and 19.06 average number of co-beneficiaries reached. These “reached” beneficiaries were able to be beneficiaries due to the intervention of the peer educators.

Intervention Activities Conducted by the Peer Educators

Table 4 below shows the results of the survey on intervention activities conducted by Peer Educators, which were aimed at improving the awareness level of their co-beneficiaries as they implement the SHE project for the

Table 4
Intervention Activities

Activities	Frequency	Percent	Rank
Counseling	50	29.24	Second
Training	70	40.94	First
Coaching	33	19.30	Third
Others	18	10.53	Fourth
	N=171	100.0	

SRHR. According to the table, the most commonly implemented intervention activity was training, which was conducted 70 times and accounted for 40.94% of the total interventions. The second most common activity was peer helping, conducted 50 times and representing 29.24% of the total interventions. Coaching was the third most common intervention activity, conducted 33 times, accounting for 19.30% of the total interventions. Other intervention activities were conducted 18 times, representing 10.53% of the total interventions.

Consent of Partner in Making Choices for Sexual and Reproductive Health Rights

Table 5 shows the frequency distribution table for the consent of partners in making choices for sexual and reproductive health and rights. To come up with the actual percentage distribution of responses, the binary question was utilized using the "Yes" or "No" responses.

It shows that the majority of respondents, 135 (87.1%), answered "Yes" to the question on whether their partners give the consent to the respondents. In contrast, only 20 (12.9%) respondents answered "No." It implies that there is a prevailing consent of the partner in making choices for sexual and reproductive health and rights.

Table 5
Consent of Partner

	Frequency	Percent
Yes	135	87.1
No	20	12.9
	155	100.0

Access to Sexual and Reproductive Health Rights (SRHR) services

Frequency of Visit to the Health care center

Table 6 indicates the frequency distribution table for the number of visits to the health

care center for two different years, 2019 and 2023. The data is divided into four categories of frequency - weekly, monthly, quarterly, and yearly.

Table 6
Frequency of visits to health care center

	2019			2023		
	Frequency	Percent	Rank	Frequency	Percent	Rank
Weekly	75	35.71	2nd	66	33.50	2nd
Monthly	80	38.10	1st	85	43.15	1st
Quarterly	26	12.38	4th	23	11.68	3.5th
Yearly	29	13.81	3rd	23	11.68	3.5th
	N=210	100.0		N= 197	100.0	

In 2019, the most common frequency of visits was on a monthly basis, with 80 (38.10%) respondents in the sample visiting the health care center. This was followed by weekly visits, with a frequency of 75 (35.71%) respondents. Quarterly and yearly visits were less common, with frequencies of 26 (12.38%) and 29 (13.81%) respondents, respectively.

In 2023, the most common frequency of visits was again monthly, with a frequency of 85 (43.15%) individuals in the sample visiting the center on a monthly basis. This was followed by weekly visits, with a frequency of 66 (33.50%) individuals. Quarterly and yearly visits were again less common, with frequencies of 23 (11.68%) individuals for both categories.

Comparing the data between the two years, It can be gleaned that the percentage of respondents visiting the center on a monthly basis increased from 38.10% in 2019 to 43.15% in 2023, while the percentage of respondents visiting on a weekly basis decreased slightly from 35.71% in 2019 to 33.50% in 2023. Hence, they prioritize more on monthly visits. It can be noted that BHW has been active conducting house to house visit instead of visiting the health care center.

Services Availed to Health Care Centers

Table 7 shows the frequency and percentage distribution of different types of services

Table 7.

Services Availed to Health Care Centers

	2019			2023		
	Frequency	Percent	Rank	Frequency	Percent	Rank
Medical	114	51.35	1st	136	56.43	1st
Family Planning	81	36.49	2nd	82	34.02	2nd
Others	27	12.16	3rd	23	9.54	3rd

availed by respondents at a healthcare center for two different years - 2019 and 2023. The data is divided into three categories of services medical, family planning, and other services. Medical services refer to the primary services given to beneficiaries like consultation, medical checkup and availing of medicines. Family planning services refer to the services given by RHUs either on Natural family planning or modern methods. Other services include immunization programs, health education and health promotion.

In 2019, the most common type of service availed by respondents was medical, with a frequency of 114 (51.35%) individuals in the sample availing medical services. This was followed by family planning services, with a frequency of 81 (36.49%) individuals. Other services were less common, with a frequency of 27 (12.16%) individuals.

In 2023, respondents' most common type of service was again medical, with a frequency of 136 (56.43%) individuals in the sample availing medical services. This was followed by family planning services, with a frequency of 82 (34.02%) individuals. Other services were even less common, with a frequency of only 23 (9.54%) individuals.

N=222	100.0	N= 241	100
-------	-------	--------	-----

Comparing the data between the two years, we can see that the percentage of individuals availing medical services increased from 51.35% in 2019 to 56.43% in 2023, while the percentage of individuals availing family

planning services decreased slightly from 36.49% in 2019 to 34.02% in 2023. The percentage of individuals availing other services also decreased from 12.16% in 2019 to 9.54% in 2023.

Methods of Family Planning Used

Table 8

Methods of Family Planning Used

	2019		2023	
	Frequency	Percent	Frequency	Percent
Natural Family Planning	37	32.17	31	29.52
Modern Methods	78	67.83	74	70.48
	N=115	100.0	N=105	100.0

Modal Class (for 2019) à Modern Methods

Modal Class (for 2023) à Modern Methods

Table 8 represents the frequency and percentage distribution of different types of family planning methods used by respondents as they avail services at a healthcare center for two different years - 2019 and 2023. The data is divided into two categories of family planning methods: natural and modern. Natural family planning method involves tracking and interpreting woman’s menstrual cycle. It has many forms like basal body temperature, calendar method and symptothermal method. Modern family planning includes barrier methods, implants, oral and sterilization methods.

In 2019, the most common type of family planning method used by patients was the modern method, with a frequency of 78 (67.83%) individuals in the sample using modern methods. This was followed by natural family planning methods, with a frequency of 37 (32.17%) individuals.

In 2023, the most common type of family planning method used by patients was again

modern methods, with a frequency of 74 (70.48%) individuals in the sample using modern methods. This was followed by natural family planning methods, with a frequency of 31 (29.52%) individuals.

The modal class for both years is modern methods, meaning that this was the most frequently occurring category of family planning method used by patients in both years.

Modern Methods Availed

Table 9 shows the frequency and percentage distribution of different types of modern contraceptive methods used by respondents at a healthcare center for two different years - 2019 and 2023. The data is divided into seven categories of contraceptive methods - condoms, pills, intrauterine devices (IUDs), emergency contraception, injectables, implants, and male and female sterilization.

Table 9
Modern Method Availed

	2019			2023		
	Frequency	Percent	Rank	Frequency	Percent	Rank
Condom	25	20.7	2	17	11.6	4
Pills	53	43.8	1	41	27.9	2
Intra Uterine	1	0.8	6	2	1.4	6
Emergency Contra- ception	0	0.0	7	0	0.0	7
Injectables	17	14.0	4	15	10.2	5
Implants	23	19.0	3	24	16.3	3
M and F Steriliza- tion	2	1.7	5	48	32.7	1
	N= 121	100.0		N=147	100	

In 2019, the most common type of contraceptive method used by respondents was pills, with a frequency of 53 (43.8%) individuals in the sample using pills. This was followed by male and female condoms, with a frequency of 25 (20,7%) individuals, and implants, with a frequency of 23 (19.0 %) individuals. In 2023, the most common type of contraceptive method used by patients was male and female sterilization, with a frequency of 48 (32.7%) individuals in the sample using this method. This was followed by pills, with a frequency of 41 (27.9%) individuals, and implants, with a frequency of 24 (16.3%) individuals.

The table also includes the rank of each contraceptive method based on the frequency of use in 2019 and 2023. The rank of each method changed between the two years, with male and female sterilization moving from the least used method in 2019 to the most used method in 2023.

Support from Partners to Avail Modern Methods

The table 10 represents the frequency and percentage distribution of support and consent from partners among clients who availed modern methods of family planning at a health care center for two different years - 2019 and 2023.

Table 10
Support from Partners to Avail Modern Methods

	2019		2023	
	Frequency	Percent	Frequency	Percent
Yes	104	77.04	99	77.34
No	31	22.96	29	22.66
	N=135	100.0	N= 128	100.0

In 2019, 104 (77.04%) individuals in the sample reported having support and consent from their partners in availing of modern methods of family planning. Only 31 (22.96%) individuals reported not having support and consent from their partners. In 2023, 99 (77.34%) individuals in the sample reported having support and consent from their partners in availing of modern methods of family planning. Only 29 (22.66%) individuals reported not having support and consent from their partners. Shah et.al (2019) suggested that

male support for family planning is positively associated with their knowledge of modern method of family planning, their education level, and their involvement in decision-making about family planning.

There was a slight decrease in the percentage of individuals who reported not having support and consent from their partners in availing modern methods of family planning between 2019 and 2023, but the difference is not significant.

Level of Awareness to Sexual and Reproductive Health and Rights Activities and Advocacies Women's Activities

Table 11 below shows the level of awareness of women's sexual and reproductive

Table 11

Level of Awareness on Women' SRHR Activities

Women Activities	(1)	(2)	(3)	Sfw	WM	Rank	Verbal Description
GST MCW	10	49	96	396	2.55	1	Extremely Aware
TOT on GAD	11	56	83	372	2.48	3	Extremely Aware
GAD Planning	16	59	56	302	2.31	6	Extremely Aware
IPCC	12	41	66	292	2.45	4	Extremely Aware
Strategic Planning	16	39	53	253	2.34	5	Extremely Aware
Other Activities	13	26	70	275	2.52	2	Extremely Aware
Grand WM = 2.44							Extremely Aware

The data suggests that women are extremely aware of SRHR activities, as all six activities received a WM of over 2.3, which is considered "extremely aware" on the verbal description scale provided. In terms of individual activities, the GST MCW activity received the highest WM of 2.55 and ranked first, indicating that it is the most well-known and understood SRHR activity among the respondents. The Other activities category received the second-

Table 12

Level of Awareness of SRHR Activities for Youth

Youth Activities	(1)	(2)	(3)	Sfw	Weighted Mean	Rank	Verbal Description
Project Orientation	15	26	28	151	2.19	6	Moderately Aware
Stakeholders Analysis	16	28	13	111	1.95	8	Moderately Aware
SOGIE	8	24	51	209	2.52	4	Extremely Aware
SRHR / GBV	4	27	80	298	2.68	1	Extremely Aware
PE for Youth	5	19	63	232	2.67	2	Extremely Aware
IPCC	8	24	53	215	2.53	3	Extremely Aware
Strategic	21	17	30	145	2.13	7	Moderately Aware
Other Act.	11	11	21	96	2.23	5	Moderately Aware
Grand Weighted Mean = 2.36							Extremely Aware

The results indicate that SRHR/GBV (gender-based violence) had the highest level of awareness (ranked 1) among the activities assessed, followed closely by PE (Peer Education) (rank 2) and IPCC ranked 3. These activities were found to be extremely aware, with

health and rights (SRHR) activities. The data shows the frequency and weight of responses for six different SRHR activities and the overall weighted mean (WM) and ranking.

highest WM of 2.52 and ranked second, followed by TOT on GAD with a WM of 2.48 and a rank of third.

Youth Activities

Table 12 below shows the result on the level of awareness of SRHR activities for youth. The activities are ranked from 1 to 8 based on their level of awareness.

weighted means ranging from 2.53 to 2.68. Activities relating to SOGIE also showed a high level of awareness with a weighted mean score of 2.52. The remaining activities – Project orientation, stakeholders' analysis, Strategic Planning, and other activities – were all moderately

aware, with weighted mean scores ranging from 2.13 to 2.23 and ranked from 5 to 8.

The grand weighted mean score for all activities analyzed was 2.36, indicating an extremely aware level of SRHR activities for youth. This data suggests that there is a strong emphasis on promoting and advocating for sexual and reproductive health and rights among youth, with a particular focus on GBV and SRHR issues. The study of Deogan et al. (2020) finds that youth-friendly services are associated with increased use of SRHR services, improved knowledge, and better health outcomes for young people.

Table 13

Level of Awareness on Men's Activities

Men's Activities	(1)	(2)	(3)	Sfw	WM	Rank	Verbal Description
Positive Role	16	18	10	82	1.86	3	Moderately Aware
Gender Seminar	13	21	12	91	1.98	2	Moderately Aware
Public Speaking	9	16	28	125	2.36	1	Extremely Aware
Other Activities	14	11	7	57	1.78	4	Moderately Aware
Grand weighted Mean = 1.995							Moderately Aware

The data shown in the table reveals a moderate level of awareness among men on the other activities, which include the Positive Role, Gender Seminar, and other activities. The highest weighted mean score of 2.36 was recorded for the Public Speaking Activity, indicating that men are extremely aware of this particular Men's Activities.

Furthermore, it shows that men have a moderate level of awareness of the various SRHR activities, with a grand weighted mean of 1.995. This implies that more needs to be done to maximize the positive role of men and be more involve in gender seminar to address gaps and improve outcomes in the field.

Thematic Analysis of SRHR information and services

Quality Family Planning

Quality family planning is important to sexual and reproductive health and rights (SRHR) activities. In FGD, important issues that have been raised: first, the accessibility,

Men's Activities

Table 13 below shows the level of awareness among men on various sexual and reproductive health and rights (SRHR activities). The data reveals that men are extremely aware of SRHR and gender-based violence (GBV) issues, as indicated by the highest weighted mean of 2.68 and 2.67, respectively. This indicates that men are aware of the key issues and challenges surrounding SRHR and GBV and the need to address them.

affordability, and availability to everyone; second, comprehensive that can provide wider access to a range of contraceptives; third, family planning must be accompanied by quality counseling and education coupled with information on contraceptive options, sexual health, and pregnancy prevention; and lastly, the recognition of the impact of quality family planning to global sustainable development goals which includes poverty reduction, gender equality, and maternal and child health. It is equally important to note that most respondents have fuller knowledge of "my body" concept in relation to Sexual Health and Reproductive Health and Rights (SRHR).

Most of the respondents affirmed the acceptability of using modern pills as their family planning method. The respondents shared their personal experiences with family planning methods, including pills, implants, and other calendar methods. They emphasized the importance of quality family planning to control the number of children and provide them

with a better quality of life. They prefer modern methods such as implants and injectables as they are more effective and have fewer side effects, as in the case of Calao, Prieto Diaz, Sorsogon. It is important to note that most respondents have fuller knowledge of “my body” concept in relation to Sexual Health and Reproductive Health and Rights (SRHR). They also stressed the importance of communication between partners and mutual understanding of family planning to prevent conflicts and misunderstandings. San Fernando, Prieto Diaz emphasized the need for couples to decide on their preferred method and to have open communication about it. According to them, family planning advice should be freely provided to women, as this supports them in making informed choices about their fertility. Dacu, Mobo, Masbate, Peer Educators shared that they regularly interview and advise teenage mothers and their partners on the importance of contraception and responsible parenthood.

With lots of exposure in different sessions given by Project implementors, San Vicente, Bulusan Peer Educators capacitated the beneficiaries with knowledge about the importance of family planning. Also, in Bulusan and Prieto Diaz, the youth have different views on the traditional natural method versus the modern contraceptive route. Some believe that the modern route is more effective and allows for guaranteed assurance, while others feel that it is important to consider the natural methods, given that they consider religion cultural context. Nevertheless, it is promising that these youth know the different options available to them and are willing to explore these options to aid their choices. In Pocol, Bulusan, Sorsogon, one participant shared that she did not use any family planning method for ten years but plans to use one after several interventions given by the SHE project. She believed that family planning can help her children grow well. This was also stressed in San Fernando, Bulusan, that family planning ensures children's better education and the establish family's financial stability.

The FGD reveal the challenges faced by families in low-income settings, such as the struggle to make ends meet. But, they

acknowledged that the program helped them understand the importance of family planning as they highlighted the challenges of teenage pregnancy.

Teenage Pregnancy

Most of the respondents in three municipalities agreed on the importance of family planning to prevent the rising teenage pregnancy.

From the youth respondents, there is a general consensus amongst them that it is significant issue that requires more education and awareness. Considering teenage pregnancy, a taboo contributes to a lack of understanding of effective ways to handle such situation. Mobo, the Municipality of Masbate, believes on educating young people about the risks associated with unprotected sex and the importance of using contraceptives prevents unintended pregnancies and sexually transmitted infections. Furthermore, Dacu, Masbate, the respondents shared that there are 8 teenage pregnancy cases in the past, but through the project it has significantly reduced the number of cases, with only one or two cases reported presently. It is also true in Pinamarguhan, Calao and San Fernando in Prieto Diaz.

San Fernando, Bulusan, added that education and awareness-raising should not only focus on teenagers but also on parents as well. In San Vicente, Bulusan, respondents highlighted the crucial need for greater awareness and intervention on teenage pregnancy issues. An interviewee stated how Bulusan ranks in the top three regarding teenage pregnancy, accentuating the need for local organizations to roll out interventions and programs to combat the vice. They shared, however, that MIDAS programs, such as trainings and parent-teen talks addressed the issue. Most respondents in Bulusan Sorsogon, agreed that before the SHE project there is high prevalence of teenage pregnancy, but with various interventions, they believed that this significantly decreased.

The respondents from the three municipalities expressed concern about the prevalence of teenage pregnancy in the community and the impact it has on young mothers' education, health, and future prospects. Active

education and involvement of parents and the community can promote responsible behavior and reduce the stigma around teenage pregnancy.

The Youth respondents exhibited willingness to learn and engage in topics related to SRHR that they previously thought as taboo. This indicates a positive step forward, specifically on receptivity and conviction formation. Furthermore, it also opens the door for more opportunities to educate on these topics, whether at home or in the classroom.

Table 14

Gender Violence

Kind of Violence	2019			2023		
	SfW	WM	Verbal Description	Sfw	WM	Verbal Description
Psychological Violence	2,266	1.25	Low Risk	2,151	1.19	Low Risk
Economic Violence	1,254	1.1	Low Risk	1,250	1.06	Low Risk
Sexual Violence	1,632	1.03	Low Risk	1,673	1.03	Low Risk
Physical Violence	2,393	1.07	Low Risk	2,413	1.04	Low Risk
Sexual Harassment	1,407	1.05	Low Risk	1,412	1.04	Low Risk
	Grand WM = 1.1		Low	Grand WM = 1.07		Low Risk

The data further shows that economic violence was prevalent form of violence along with sexual violence and sexual harassment. It should be noted that sexual violence are those experiences among couples or those which have intimate relationships. But sexual harassment are those which do not have intimate relationship.

Further, the table presents the gender-based violence the respondents experienced in 2023. The result indicates that psychological violence is still the most prevalent type of GBV, followed by economic violence. Physical violence and sexual harassment have lower scores. Sexual violence still has the lowest frequency. The grand weighted mean is 1.07, indicating that the overall severity of gender-based violence experienced by respondents is low.

Gender-Based Violence

It can be gleaned on Table 14 below, the experiences of gender-based violence experienced by the respondents as relatively low in the year 2019. The data shows that psychological violence was the most common form of violence, followed by economic violence. Sexual violence has the lowest rate.

Though relatively low, a need for greater awareness, education, and livelihood or employment to support people who are experiencing GBV. Heise et al. (2018) examined the intersection of economic and gender-based violence and the implications for policy and practice. They argued that addressing economic violence is crucial to preventing and responding to gender-based violence and that interventions should focus on promoting women’s economic development. O’Campo et al (2019) finds that economic and social empowerment of women who experienced intimate partner violence can effectively reduce violence, improve economic outcomes, and promote women’s empowerment.

The focus group discussions on the three municipalities highlighted the importance of how women should be empowered coupled

with knowledge about their rights and sexual health services. The participants reflected on the need to address gender-based violence within their community and ensure that support services are available for survivors. They share their knowledge of the Magna Carta of Women, a law that protects the rights of women and children, and express their support for initiatives aimed at promoting gender sensitivity and preventing discrimination against those who identify themselves as LGBT. The respondents emphasized the importance of sharing knowledge and information with their families and communities.

The barangays of Prieto Diaz and Bulusan highlighted the physical and verbal abuse from their partners, as affirmed in the survey. They shared personal stories of facing such violence and how it affected their mental and physical health. However, through empowering women by informing them of their rights and informing authorities of incidents of violence can eliminate GBV. They also urged the implementation of more stringent laws against gender-based violence.

Barangay Marintoc, Mobo, Masbate, women can classify various types of physical and verbal harassment, and encourage others who have experienced bullying or gender-based violence to stand. GBV WEC (2016) explored the links between gender-based violence and women's economic empowerment. The report highlighted the importance of addressing gender-based violence in order to promote women's economic empowerment and gender equality. The project has also helped women develop appropriate actions and behavior in different situations. It helped improve their self-esteem. Dacu, Mobo, it was noted that there is still some prejudice towards the LGBTQ+ community. While there are no reported cases of bullying, the respondents acknowledge that more awareness and education are necessary to promote acceptance of the LGBTQ+ community.

The prevailing discussions in three municipalities was the role of peer educators in reducing GBV. Through them, it helped lessen the cases of discrimination towards the LGBT community, as it provided a wider understanding

of gender identity and expression. The youth acknowledged that cases of VAWC exist, but many individuals are afraid to report them. But, the SHE empowered women can come forward and report cases of violence. These interventions led to fewer cases of violence.

Mobo, Masbate, talked about various interventions and referrals they had made to address GBV, including working with social workers and referring individuals to local organizations and services. In Bulusan, peer educators initiated caravans and created support groups and NGOs to address issues on GBV. Calao, Prieto Diaz discussed the resources available in the community, such as the women's desk and the ICANHUB. Pocol, Bulusan, argued that VAWC projects and funding are available, but due to the lack of awareness, people do not use the services. They believe that each person has rights to live with dignity and respect, regardless of their sexual preferences. However, have hesitations due to their religious and community orientations, while others prefer to be silent due to rejection and stigmatization. San Fernando, Bulusan, indicated that more initiatives and programs need to be implemented to address SRHR issues, specifically the marginalized populations.

The respondents agreed that training and interventions on personal and community levels is important. They noted that applying the knowledge gained from the program, including SOGIE, and parent-teen talks to their children and other youth, resulted in behavioral changes against GBV. The individuals believed that the training elevated their confidence level, allowing them to communicate effectively and freely on SRHR issues and the GBV while being non-judgmental.

Human Immunodeficiency Virus (HIV) and Sexually Transmitted Infections (STI)

The MIDAS program, specifically on the SHE project, conducted trainings for the youth on HIV/AIDS prevention. Considering the confidentiality on HIV and STI issues, monthly screening of patients is done on those who wish to avail. The respondents highlighted the need for individuals to take responsibility for their own sexual health and practice safe sex to

prevent the transmission of HIV and other sexually transmitted infections (STIs). They also emphasized the importance of sharing knowledge and information with their families and communities. The barangay of Calao, Prieto Diaz highlighted the SHE project’s implementation, which included distributing pamphlets to make individuals aware of the risks and ways of prevention on HIV and STI infections. This activity helped in empowering individuals and raising the awareness that created healthier and more inclusive communities for all.

Prieto Diaz and Bulusan respondents emphasized the need for more comprehensive and accessible education and healthcare services to prevent and manage these issues. They suggested to involve the youth in advocacy and decision-making roles to ensure their needs and concerns are heard and addressed. Through these, as the three municipalities have similar responses, they all agreed that the youth had limited knowledge before the introduction of SHE but now have a better understanding of these issues.

In Bulusan, Sorsogon, women noted that HIV/AIDS and other STIs were mostly handled by the Rural Health Units (RHU) as it is confidential information. Furthermore, they said

that the SHE project ensures the protection of confidentiality while also involving the community through the monthly STI screening program. However, they have held roll-out sessions to educate the youth on the importance of SRHR, specifically on this disease. The FGD highlighted some of the misconceptions about HIV transmission and how they have been debunked through education that the SHE Project contributed. Anand et al. (2018) found that education can be effective in changing knowledge, attitudes, and behaviors related to HIV and AIDS. In Poctol, however, they argued that they gained more knowledge from the SHE project than in school and other resources.

Level of Satisfaction of Respondents Along SRHR Services Provided

Satisfaction Rate on Women’s Activities/Advocacies

Table 15 below represents the result of a survey on Women’s Activities and Advocacies in which the respondents rated their satisfaction with various activities conducted by MIDAS, Inc. The activities are listed along with the total number of responses (N), the weighted mean (WM), and the ranking based on satisfaction level.

Table 15
Satisfaction Rate on Women’s Activities/Advocacies

Women Activities	(1)	(2)	(3)	(4)	WM	Rank	Verbal Description
GST MCW	6	6	57	83	3.43	2	Extremely Satisfied
TOT on GAD	7	6	57	77	3.39	3	Extremely Satisfied
GAD Planning	10	9	58	53	3.18	6	Moderately Satisfied
IPCC	7	6	44	65	3.37	4	Extremely Satisfied
Strategic Planning	7	12	35	50	3.23	5	Moderately Satisfied
Other Activities	5	8	25	70	3.48	1	Extremely Satisfied
Grand weighted Mean = 3.35							Extremely Satisfied

The grand weighted mean is calculated as the average of all the weighted means, which is 3.35. This indicates an overall high level of satisfaction with the activities surveyed. The two activities with the highest satisfaction levels are GST MCW and TOT on GAD, with WM scores of 3.43 and 3.39, respectively. These activities are ranked 2nd and 3rd in satisfaction

level. The activity with the lowest satisfaction level is GAD Planning, with a WM score of 3.18 and ranking 6th. This suggests that there may be room for improvement in this area.

The rankings of the activities suggest that participants were generally more satisfied with activities that were more directly related to their experiences, such as GST MCW and

TOT on GAD, compared to activities such as Strategic Planning and GAD Planning, which may be more administrative or strategic in nature.

Table 16 below shows the result of a survey on various youth activities in which the respondents rated their satisfaction with various activities conducted by MIDAS, Inc. The activities are listed along with the total number of responses (N), the weighted mean (WM), and the ranking based on satisfaction level.

Satisfaction Rate on Youth Activities

Table 16

Satisfaction Rate on Youth's Activities

	(1)	(2)	(3)	(4)	Sfw	WM	Rank	Verbal Description
Project Orientation	10	4	18	35	212	3.16	6	Moderately Satisfied
Stake Holders Analysis	9	7	22	17	157	2.85	8	Moderately Satisfied
SOGIE	6	7	27	47	289	3.32	3	Extremely Satisfied
SRHR / GBV	4	4	29	73	391	3.31	4	Extremely Satisfied
PE for Youth	3	6	18	62	317	3.56	1	Extremely Satisfied
IPCC	7	8	18	50	277	3.34	2	Extremely Satisfied
Strategic	11	7	12	38	213	3.13	7	Moderately Satisfied
Other Activities	7	3	11	25	146	3.17	5	Moderately Satisfied
Grand weighted Mean = 3.23								Moderately Satisfied

Table 16 shows the satisfaction level of youth activities across various categories. It can be gleaned from the findings that the highest satisfaction level has been recorded in the category of "PE for Youth," with a weighted mean of 3.56, followed by "IPCC," with a weighted mean of 3.34. Both these categories have been rated as "Extremely Satisfied." The category of "SOGIE" has a high satisfaction level with a weighted mean of 3.32. This category has been rated as "Extremely Satisfied," which indicates that the youth are satisfied with the activities related to sexual orientation and gender identity. Similarly, the "SRHR/GBV" category has been rated as "Extremely Satisfied"

with a weighted mean of 3.31. This suggests that the youth are satisfied with the activities conducted related to sexual and reproductive health and gender-based violence.

The data shows that the youth are moderately satisfied with the activities conducted across all categories, with a grand weighted mean of 3.23.

Satisfaction Rate Men's Activities

The table below shows data on the level of men's involvement in SRHR activities, specifically in positive role modeling, gender seminars, public speaking, and other activities.

Table 17

Satisfaction Rate on Men's Activities

	(1)	(2)	(3)	(4)	Sfw	WM	Rank	Verbal Description
Positive Role	10	8	14	12	116	2.64	4	Moderately Satisfied
Gender Seminar	10	6	17	14	129	2.74	2	Moderately Satisfied
Public Speaking	6	6	13	27	165	3.17	1	Moderately Satisfied
Other Activities	9	4	13	10	96	2.67	3	Moderately Satisfied
Grand Weighted Mean = 2.80								Moderately Satisfied

Table 17 shows that for all the activities, the grand weighted mean was 2.80, this indicates that the overall level of men's involvement was moderately satisfied. Specifically, the highest level of involvement was in public speaking, followed by gender seminars, positive role modeling, and other activities. This information suggests that men are more likely to participate in activities that involve public speaking and formal presentations. There are several factors to consider on the reasons why men's satisfaction rating is relatively low. The FGD discussion noted that men have different priorities and SRHR issues and concerns are the least of their concerns.

Conclusion

The SHE project on SRHR by MIDAS was assessed. The study established the baseline data of the respondents and assessed the utilization of SRHR services. There is a significant positive increase on the socio-economic indicators of the respondents the moment they participated in the SHE Project. Adler and Stewart (2010) examined the relationship between socioeconomic status and health outcomes, including the impact of income, education, and occupation. The study finds that socioeconomic status is strongly associated with health outcomes and that interventions aimed at improving socioeconomic status can lead to better health outcomes. The cited study supports the study that the socio-economic profile of the respondents/beneficiaries is relatively good. Though this research did not look into the correlation of the variables, the respondents agree that due to the several interventions that includes the SRHR services helped improved their well-being. The families' well-being and Other demographic and economic indicators.

The data also showed positive impact on the utilization of SRHR services as it considered the level of satisfaction and level of awareness of the respondents. The SHE Project of MIDAS's SRHR activities has been relatively successful as there is a result in high level of satisfaction. The beneficiaries were empowered and the communities gained knowledge that created advocacies and conviction in promoting the SRHR services. However, it Project

implementor can consider the following recommendations.

Recommendation

Based on the finding, it is commendable that the SHE project has raised awareness of SRHR issues among the beneficiaries. However, the following are recommended for the betterment of the program:

- a. Prioritize and focus on interventions that promote modern family planning. Given that pills and implants are commonly preferred, these must be highly accessible to providers. It is important to note that male and female sterilization became the most used method in 2023, indicating a shift in preferences. Thus, it may be beneficial to project implementors to investigate and understand the factors that contribute to this change. Expand the promotion of quality family planning, particularly in low-income settings.
- b. Continuous education for women, specifically on advocacies and policy formulation. To reach the full utilization, a strong advocacy group and lobby groups to policy makers can be formed. A shift from trainings and information dissemination to workshops and writeshop can be meaningful as the beneficiaries becomes actors with informed consent to advance the agenda.
- c. Program interventions, advocacy, and campaigns can be tailored to address the specific needs and concerns of the different age groups more effectively.
- d. Expand men's activities. Project implementors can consider expanding its range of activities that would interest the preferences of men. Avoid canned or ready-made trainings. A modified training needs assessment can be utilize to know the interests of men with regards to SRHR.
- e. Increase activities catered for the youth. The project implementors can consider on activities that are more interactive, engaging and relevant to their lives and experiences.
- f. Address the barriers to participation on activities on the utilization of SRHR services.
- g. Stakeholders, specifically the project implementers, should focus on interventions to

combat gender-based violence, specifically addressing the psychological violence.

h. A need for comprehensive and accessible education and health services, community awareness to prevent HIV and STI issues. Measures should be observed like data privacy and confidential testing and information should be observed to promote confidence and trust among those who wants to avail the services.

i. Conduct of monitoring and evaluation on each activity can be observed to help the project implementors in improving the activities like roll-out sessions, trainings and seminars.

j. A further study can be considered that will look into the correlation between socio-economic indicators and the level of participation of the beneficiaries. Moreso, a comparative analysis of the impact of SHE Project on the three municipalities.

These recommendations will improve the satisfaction and awareness level and the participation of the beneficiaries in the SHE project into the utilization of SRHR. The goals of SRHR will certainly achieve by looking into different interventions to improve the services As MIDAS can consider the recommendations.

References

- Adler, N. E., & Stewart, J. (2010). Socioeconomic Status and Health: A Review of the Literature. *The Milbank Quarterly*, 82(4), 1-30.
- Anand, T., et al. (2018). Debunking Myths Around HIV and AIDS: A Literature Review. *AIDS Research and Treatment*, 2018, 1-10.
- Bonomi, A. E., et al. (2018). Tailored Interventions to address intimate partner violence among African American Women. *Journal of Women's Health*, 27 (5), 642-651.
- Deogan, C., et al (2020). Youth-Friendly Sexual and Reproductive Health Services in Low and Middle Income Countries: A systematic Review. *Frontiers in Public Health*, 8, 1-15
- Heise, L., et al. (2018). The Intersection of Economic and Gender-Based Violence: Implications for Policy and Practice. *Health Policy and Planning*, 33(1), 1-12.
- International Center for Research on Women. (2016). Gender-Based Violence and Women's Economic Empowerment: Exploring the Links; Retrieved from <https://www.icrw.org/wp-content/uploads/2016/10/Gender-Based-Violence-and-Womens-Economic-Empowerment-Exploring-the-Links.pdf>
- O'Campo, P., et al. (2019). The Effectiveness of Interventions targeting the Economic and Social Empowerment of Women who Experience intimate partner Violence: A systematic Review. *Global Health Action*, 12(1), 1-19.
- Philippine Statistics Authority. Retrieved from <https://psa.gov.ph/poverty-press-releases/nid/167972>
- Shah, N., et al. (2019). Factors associated with male support for family planning in Nepal. *BMC International Health and Human Rights*, 19(1), 1-10