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Level of Knowledge on the Reproductive Health [RH] Law Among Women in EarlyAdulthood in Barangay North Poblacion, San Fernando, Cebu

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Abstract

Reproductive health is a fundamental right and vital to the well-being of individuals and communities, especially among early adult women. In the Philippines, Republic Act No. 10354, or the Reproductive Health [RH] Law, was enacted in 2012 to provide universal access to RH services, education, and information. Despite this, 44% of young Filipino women reported having no source of reliable reproductive health information (Philippine Statistics Authority [PSA], 2024).

This study assessed the level of knowledge on the RH Law among early adult women in Barangay North Poblacion, San Fernando, Cebu, focusing on maternal and child health services and adolescent reproductive health programs. Using a quantitative descriptive-correlational design, 260 women aged 18 to 40 were selected through stratified and convenience sampling. A researcher-made questionnaire–validated through expert review and pilot testing– was utilized, and data were analyzed using frequency distributions, chi-square tests, and t-tests. Ethical principles such as informed consent, confidentiality, and voluntary participation were observed.

Findings revealed that 96.92% of respondents had poor knowledge of maternal and child health services, and 98.46% had poor knowledge of adolescent reproductive health programs. Among demographic variables, occupation was the only demographic factor significantly linked to knowledge levels ($p < 0.05$), suggesting potential influence of employment-related exposure to health information. No significant difference was found between the knowledge scores of the two RH components ($t = 1.23$, $p > 0.05$).

The findings reveal a critical knowledge gap regarding the RH Law within the community. To address this, the researchers propose localized and visually engaging infographics tailored to the community's context to improve knowledge. Further recommendations include sustained health education campaigns, collaboration with

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local health workers and NGOs, and continuous evaluation to enhance RH literacy. These findings underscore the need for culturally tailored, visually engaging health materials—such as infographics—and sustained education campaigns to empower women and advance reproductive rights. For the RH Law's value is diminished if the very population it aims to protect remains largely unknowledgeable of its provisions.

Keywords*: Maternal and Child Health Nursing, Reproductive Health [RH] Law, Barangay North Poblacion, San Fernando, Cebu*

INTRODUCTION

Enacted in 2012 to safeguard every Filipino's right to informed reproductive choices, particularly among women of reproductive age, the Reproductive Health [RH] Law continues to face resistance and misunderstanding at the grassroots level. Its overarching goal is to uphold reproductive choices, particularly among women of reproductive age through maternal care, family planning, and sexuality education. More than a decade after its passage, the law still struggles to achieve widespread community-level understanding of its provisions.

Globally, the United Nations Population Fund [UNFPA] (2024) reported that nearly half of women cannot fully exercise their sexual and reproductive health rights. In the Philippines, 44% of female youth lack access to reliable information on sexuality, despite many already being sexually active (Philippine Statistics Authority [PSA], 2024). Although the number of modern contraceptive users increased from 5.8 million in 2012 to 7.9 million in 2022, unmet needs for family planning remain high among economically disadvantaged women (Family Planning 2030, 2023). These figures highlight a persistent disconnect between the intent of national policies and the actual knowledge and utilization of reproductive health services at the community level.

At the local level, these national challenges are compounded by socio-cultural barriers. Cultural taboos and deeply rooted religious values often frame reproductive health as a controversial topic, limiting open discussion. Rama et al. (2016) found that Cebuano mothers hold varied and sometimes conflicting perceptions of the RH Law, shaped largely by these socio-cultural influences. In many urban-poor and rural barangays, educational interventions are either lacking entirely or fail to consider the community's linguistic, cultural, and accessibility needs.

In Barangay North Poblacion, San Fernando, Cebu, there is no baseline data on RH Law knowledge among early adult women—a life stage critical for reproductive decision-making and long-term health outcomes. Understanding their knowledge levels is essential to evaluating how effectively national policies are translated into local knowledge and practice. Without such evidence, interventions risk being generic, poorly targeted, and ultimately ineffective.

This study, therefore, aimed to assess the level of knowledge on the Reproductive Health [RH] Law among women in early adulthood in Barangay North Poblacion. Specifically, it sought to:

1. Describe the demographic profile of the respondents;
2. Determine their level of knowledge on the RH Law in terms of maternal and child health services and adolescent reproductive health programs;
3. Examine significant relationships between the respondents' demographic profile and level of knowledge on maternal and child health services;

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4. Examine significant relationships between the respondents' demographic profile and level of knowledge on adolescent reproductive health programs; and
5. Compare the respondents' level of knowledge between maternal and child health services and adolescent reproductive health programs.

Findings were used to develop targeted educational infographics aimed at addressing the identified gaps in reproductive health knowledge at the barangay level.

METHODS

Research Design

This study employed a quantitative descriptive–correlational design, which was selected for its ability to measure both the prevalence of knowledge levels and the relationships between variables within a single framework. The descriptive aspect provided a clear profile of respondents' demographic characteristics and their scores on maternal and child health services as well as adolescent reproductive health. Meanwhile, the correlational component allowed for statistical analysis of the associations between demographic factors and knowledge levels, without manipulating variables or inferring causation.

Research Environment

The study was conducted in Barangay North Poblacion, a community in San Fernando, Cebu, with a population of 4,847 as of early 2024. The setting was chosen because it is located far from Cebu City, providing an opportunity to examine the implementation and impact of the RH Law in geographically distant areas where access to health information and services may be more limited. Participant selection was informed by recent health center profiling to identify women with documented interaction with the local health system.

Research Respondents

Using Cochran's formula with a 5% margin of error, a sample size of 260 was determined from a total population of 794 women aged 18–40. Stratified sampling ensured proportional representation across the barangay's 13 Puroks, with strata proportional to the population of each Purok. Within each stratum, participants were selected through convenience sampling while maintaining proportional representation. This approach balanced methodological rigor with logistical feasibility as several Puroks are located in hard-to-reach areas.

Research Instrument

A researcher-developed, structured, test-type questionnaire was used to measure RH Law knowledge. It comprised two sections: (1) demographic profile and (2) knowledge assessment covering maternal and child health services and adolescent reproductive health. Scoring and interpretation followed the University of Cebu's standardized Transmutation Table and Manual, which converts raw scores into categorical ratings. Content validity was established through consultation with three subject matter experts in reproductive health and nursing education.

Dry Run Procedure

A pilot test was conducted in Barangay Maguikay, Mandaue City, selected for its proximity and accessibility. Feedback from participants led to revisions in question phrasing, simplification of technical terms, and reordering of items for better logical flow. Pilot test participants were excluded from the main

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study to prevent data contamination. The finalized instrument achieved a KR-20 reliability coefficient of 0.80, indicating acceptable internal consistency

Data Gathering

Data collection occurred from March 12-30, 2025, via house-to-house surveys**.** Prior to this, permission letters were submitted to the College of Nursing, San Fernando Municipal Health Center, and Barangay officials. Written informed consent was obtained before survey administration with researchers explaining the study's objectives, procedures, confidentiality measures, and voluntary nature of participation in the local language to ensure comprehension. Questionnaires were distributed in the morning and collected later the same day to ensure completeness. Upon collection, responses were reviewed on-site; any incomplete or unclear entries were promptly returned to the participant for clarification

Treatment of Data

Descriptive statistics (frequency, percentage) were used to summarize demographic characteristics and knowledge levels. Inferential statistics included the Chi-square test of independence to determine associations between demographic variables and knowledge level, and the independent samples t-test to compare mean scores between maternal and adolescent RH Law components. All analyses were performed using SPSS version 30, by a licensed statistician to ensure methodological rigor and accurate interpretation. The significance level was set at $p < .05$.

Ethical Considerations

The study obtained ethical clearance from the University of Cebu Academic Research Ethics Committee [UCAREC]. It adhered to the principles of beneficence, non-maleficence, justice, and respect for autonomy. Anonymity was maintained by replacing names with pseudonyms and excluding any identifying personal information from records. The informed consent process emphasized voluntary participation and the right to withdraw at any time without penalty. Completed questionnaires were stored in a locked box and electronic data were password-protected, with retention limited to one year before secure disposal.

RESULTS

This section presents respondents' demographic profiles and knowledge of the Reproductive Health [RH] Law in maternal and child health services and adolescent reproductive health. Descriptive statistics summarize characteristics and knowledge levels, while inferential analyses assess relationships between demographics and knowledge scores, and differences between the two domains.

Table 1. Respondents' Profile (n = 260)

Indicators	Frequency (f)	Percentage (%)
Age		
18-24 years old	128	49.23

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25-30 years old	40	15.38
31-35 years old	43	16.54
36-40 years old	49	18.85
Civil Status		
Single	161	61.92
Married	95	36.54
Widow/ed	4	1.54
Separate	0	0
Highest Educational Attainment		
Kindergarten	1	0.38
Elementary Level	10	3.85
Elementary Graduate	18	6.92
Highschool Level	51	19.62
Highschool Graduate	101	38.85
College Level	48	18.46
College Graduate	29	11.15
Masteral Degree	2	0.77
Doctorate Degree	0	0
Occupation		
Health related	32	12.31
Non-health related	228	87.69
Average gross monthly income		
10,000 and below	208	80.00
10,001-25,000	45	17.31
25,001-40,000	4	1.54
40,001-above	3	1.15

As shown in Table 1, nearly half of respondents were aged 18–24 (49.23%), while the smallest group was 25–30 years old (15.38%). Most were single (61.92%), with only 1.54% widowed. High school graduates formed the largest educational group (38.85%), while kindergarten completers (0.38%) were least represented. The majority worked in non-health-related fields (87.69%), and most earned ₱10,000 or less monthly (80.00%), compared to only 1.15% in the highest income bracket. These figures indicate a predominantly young, single, and economically disadvantaged population, which may contribute to limited access to reproductive health information. The low representation of health-related workers suggests minimal direct exposure to professional reproductive health knowledge sources.

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Table 2. Interpretation of Respondents' Score: Maternal and Child Health Services and Adolescent Reproductive Health Program (n = 260)

Maternal and Child Health Services			
Score	**Frequency (f)**	**Percentage (%)**	**Interpretation**
10	1	0.38	Excellent
9	3	1.15	Very Good
8	4	1.54	Passing
7 and below	252	96.92	Poor
Adolescent Reproductive Health Program			
Score	**Frequency (f)**	**Percentage (%)**	**Interpretation**
10	1	0.38	Excellent
8	3	1.15	Passing
7 and below	256	98.46	Poor

Table 2 shows that almost all respondents had poor knowledge in both maternal and child health services (96.92%) and adolescent reproductive health (98.46%). Only one respondent in each category scored "Excellent" (0.38%), while very few achieved "Passing" or higher, underscoring a pervasive information gap across both components. This consistently low performance across domains reflects a widespread lack of knowledge of RH Law provisions.

Table 3. Results of the Test on the Significant Relationship between the Respondents' Profile and the Maternal & Child Health Services

Variables	Computed Value of X^2	df	P-Value	Cramer's V	Decision	Interpretation
Age	7.709	9	0.564	0.099	Do Not Reject Ho	Not Significant
Civil Status	1.036	6	0.984	0.045	Do Not Reject Ho	Not Significant
Highest Educational Attainment	9.153	21	0.988	0.108	Do Not Reject Ho	Not Significant
Occupation	8.107	3	0.044	0.177	Reject Ho	Significant
Average gross monthly income	6.540	9	0.685	0.092	Do Not Reject Ho	Not Significant

P value is significant if it is ≤ 0.05

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Table 3 shows that occupation was the only demographic variable significantly associated with knowledge of maternal and child health services ($\chi^2(3) = 8.107$, $p = .044$, $V = .177$). This suggests that those employed in health-related fields may have greater exposure to and understanding of maternal and child health provisions under the RH Law. Other demographic variables, including age, civil status, education, and income, did not show significant associations.

Table 4. Results of the Test on the Relationship between the Respondents' Profile and the Adolescent Reproductive Health Programs

Variables	Computed Value of X^2	df	P-Value	Cramer'sV	Decision	Interpretation
Age	6.568	6	0.363	0.112	Do Not Reject Ho	Not Significant
Civil Status	1.808	4	0.771	0.059	Do Not Reject Ho	Not Significant
Highest Educational Attainment	8.422	14	0.866	0.127	Do Not Reject Ho	Not Significant
Occupation	8.436	2	0.015	0.180	Reject Ho	Significant
Average gross monthly income	5.532	6	0.478	0.103	Do Not Reject Ho	Not Significant

P value is significant if it is ≤ 0.05

Table 4 presents the analysis for adolescent reproductive health programs, where occupation again emerged as the only significant factor ($\chi^2(2) = 8.436$, $p = .015$, $V = .180$). This reinforces the finding that professional engagement in health-related work may increase access to accurate reproductive health information. Similar to Table 3, age, civil status, education, and income were not significantly related to knowledge levels in this domain.

Table 5. Results of the Test on the Significant Difference in the Respondents' Level of Knowledge between Maternal and Child Health Services and Adolescent Reproductive Health Programs

Variables	df	t-Value	P-value	Decision	Interpretation
Maternal and Child Health Services and Adolescent Reproductive Health Programs	259	0.225	0.822	Do Not Reject Ho	Not Significant

P value is significant if it is ≤ 0.05

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Table 5 shows that there was no statistically significant difference in respondents' knowledge between maternal and child health services and adolescent reproductive health, $t(259) = 0.225$, $p = .822$. This indicates that low knowledge levels are consistently observed across both domains, with mean scores in each remaining within the "poor" range. The minimal variation suggests that informational gaps are uniformly widespread, regardless of the reproductive health topic.

DISCUSSION

This study reveals a critical knowledge gap among early adult women in Barangay North Poblacion in both maternal and child health services and adolescent reproductive health programs under the RH Law. Nearly all respondents scored below the established knowledge threshold—96.92% for maternal and child health services and 98.46% for adolescent RH—pointing to systemic deficiencies in grassroots reproductive health education, consistent with trends observed in rural Philippine communities.

Of all sociodemographic factors examined, only occupation showed a statistically significant association with knowledge in both domains ($p = 0.044$; $p = 0.015$), indicating that workplace exposure may influence reproductive health knowledge. This positions the workplace—particularly in non-health sectors—as an underutilized yet potentially powerful channel for RH education. Women employed in health-related jobs likely benefit from formal training, peer-to-peer learning, and greater exposure to RH resources, reflecting findings by Khanal et al. (2014) and Lantiere et al. (2022) that occupational exposure strengthens health literacy.

Contrary to conventional assumptions, no significant link emerged between knowledge and age, education, civil status, or income, suggesting that formal education and socioeconomic status alone do not guarantee knowledge of RH provisions. This supports Mensch et al.'s (2019) argument that the quality and accessibility of information—rather than sociodemographic status—are decisive factors in health knowledge acquisition, particularly in underserved rural communities.

The absence of a significant difference between maternal and child health services and adolescent RH ($p = 0.822$) suggests that the knowledge gap is broad-based and not limited to specific RH topics, reflecting a general lack of exposure to structured RH education. Similar patterns were reported by Govender et al. (2019) and Ajuwon and Brieger (2007) in rural contexts lacking structured RH outreach.

These results underscore the urgency for targeted, culturally sensitive, and youth-oriented RH interventions at the barangay level, delivered through accessible, community-based platforms. Strategies should leverage both community networks and workplaces—particularly in non-health industries—through accessible seminars, peer educator programs, integration into LGU-led health campaigns, and continuous monitoring to ensure sustained impact. Addressing this dual-domain deficit is not only a matter of policy compliance but a critical step toward safeguarding women's health, autonomy, and rights in underserved rural areas, thereby advancing the RH Law's mandate of universal and equitable access to reproductive health information.

Conclusions

The study revealed a persistently low level of knowledge on the Reproductive Health [RH] Law among early adult women in Barangay North Poblacion, San Fernando, Cebu, with both maternal and adolescent components scoring within the 'poor' range. Of all demographic variables, only occupation showed a statistically significant association with RH knowledge ($p = 0.044$ for maternal, $p = 0.015$ for adolescent), with those in health-related fields demonstrating notably higher knowledge. This persistent

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knowledge gap calls for urgent, community-based and occupation-tailored strategies to improve maternal and adolescent RH literacy, empowering women to make informed, rights-based decisions in alignment with the RH Law's mandate.

Recommendations

To address these gaps, the following are recommended:

1. Local-Specific Information, Education, and Communication (IEC) Materials.
   1.1. Develop culturally relevant, bilingual (Bisaya–English) materials—such as infographics in tarpaulin format—displayed in public spaces (e.g., sari-sari stores, health centers) to enhance accessibility and comprehension. The proposed designs, "Kahibalo ba ka, Momshie?" and "#WalangShame," adopt a conversational, community-friendly style to make RH information trendy, engaging, and non-intimidating, avoiding dense academic language to ensure accessibility.
2. Sustainable Community-Based RH Education.
   2.1. Strengthen partnerships between local health centers, schools, and civil society organizations to conduct regular, structured RH seminars, youth forums, and peer-led discussions tailored to cultural norms.
3. Occupation-Sensitive RH Learning Modules.
   3.1. Embed RH education modules within livelihood and skills-training programs, in collaboration with LGUs and private employers, especially targeting informal sector workers and entry-level employees.
4. Feedback and Engagement Mechanisms.
   4.1. Implement participatory feedback tools, such as community voting boards or quick-response surveys, to gather input, promote dialogue, and continuously improve RH education materials.
5. Further Research for Policy and Program Development.
   5.1. Investigate the role of digital literacy in RH knowledge acquisition, using mixed-methods approaches, and replicate the study in geographically isolated and disadvantaged areas to inform evidence-based policy-making.

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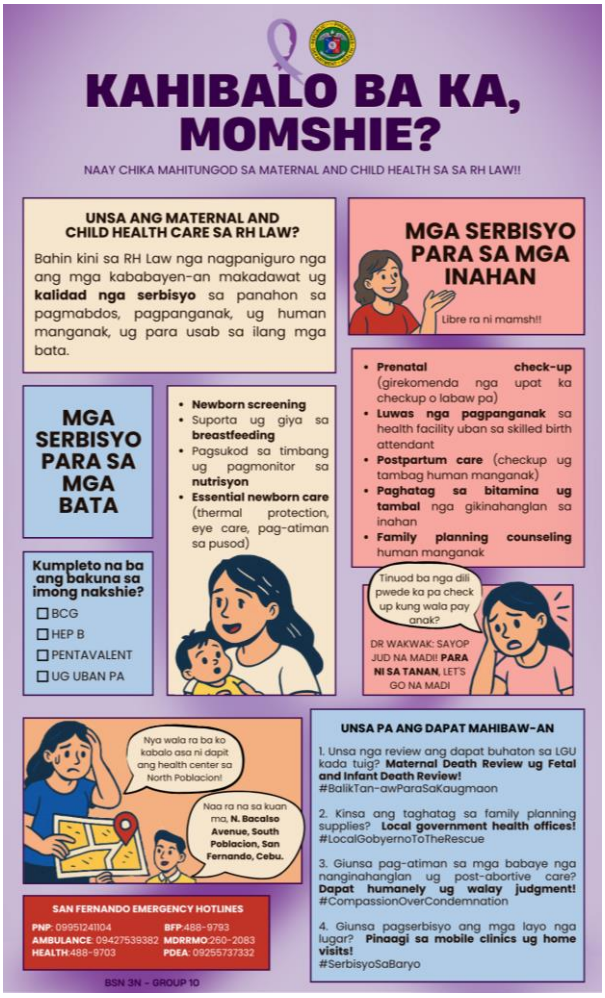

Figure 1

"Kahibalo ba ka, Momshie" Infographic

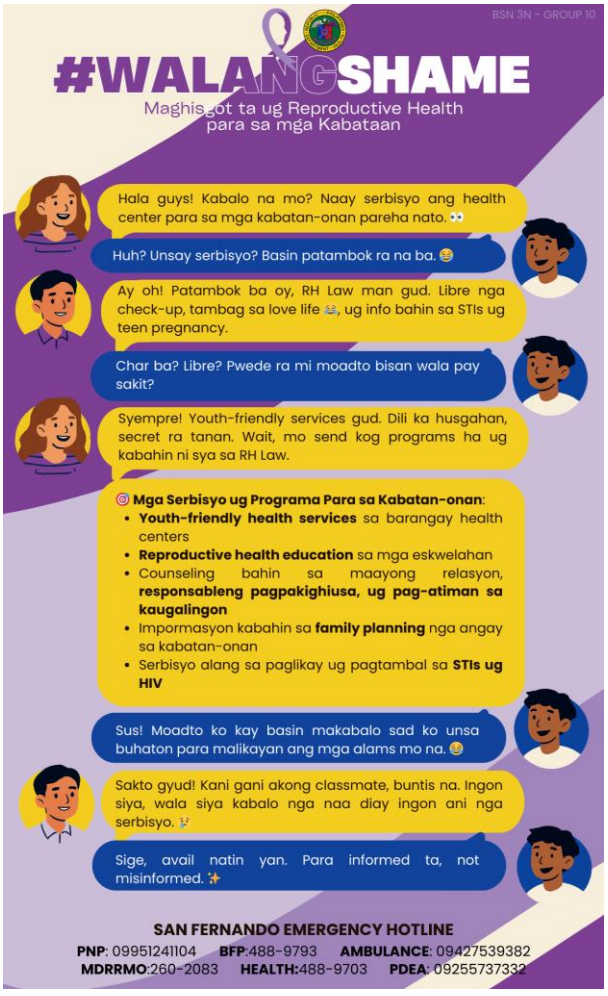

Figure 2

"#WalangShame" Infographic

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