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Empowerment Through Protection: A Gendered Exploration of Condom Accessibility and Reproductive Health

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ABSTRACT

This study examines the perceptions about condom accessibility and its impact on reproductive health among young adult cisgender individuals in rural areas of the Philippines, specifically in Burauen, Leyte. Through individual interviews and thematic analysis, the study identifies three key themes: Stigma and discomfort associated with condom access, societal and cultural influences on condom use, and inadequate dissemination of information and resources. The findings reveal that societal norms, cultural beliefs, and lack of open communication about sexual health contribute to a pervasive sense of shame and embarrassment surrounding condom use. This, coupled with limited access to condoms in rural areas and misconceptions about their effectiveness, significantly hampers individuals' ability to make informed and safe reproductive health decisions. The study underscores the urgent need for comprehensive interventions, including targeted educational campaigns, increased condom availability, and supportive healthcare practices, to address these barriers and empower individuals to prioritize their sexual well-being.

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KEYWORDS:

condom accessibility, reproductive health, gendered exploration, empowerment, protection

I. INTRODUCTION

The global HIV/AIDS epidemic continues to pose a significant public health challenge, with an estimated 39 million people worldwide living with the virus. While significant progress has been made in understanding HIV prevention, treatment, and care, many individuals, particularly in low- and middle-income countries, still lack access to essential services. The Philippines, a nation with a large population and limited resources, faces a unique set of challenges in addressing the issue of HIV/AIDS and other sexually transmitted infections (STIs) (World Health Organization, 2022).

One of the most pressing concerns in the Philippines is the low rate of condom utilization, a crucial factor in preventing unintended pregnancies and the spread of STIs. Despite the availability of information and resources on reproductive health, including the enactment of the "Responsible Parenthood and Reproductive Health Act of 2012" (Republic Act No. 10354) and government programs like Safe Spaces PH, the country continues to grapple with high rates of unintended pregnancies and HIV cases. This gap highlights the need for a deeper understanding of the factors influencing condom use and accessibility, particularly among young adults in rural areas (Van et al., 2021).

Recently, the Department of Health (DOH) in Eastern Visayas reported that cases of human immunodeficiency virus and acquired immune deficiency syndrome (HIV/AIDS) have reached 1,399 in the region over the past 38 years, with 92 recorded deaths. The province of Leyte had the most cases (736) and fatalities (40), then Samar, Northern Samar, Southern Leyte, Eastern Samar, and Biliran. The majority of infections (92.28%) occurred in males, with 56.64% of cases in the 25- to 34-year-old age group (Philippine News Agency, 2022).

This study investigates the perceptions of condom accessibility and its impact on reproductive health outcomes among young adult cisgender individuals in rural areas of the Philippines, specifically in Burauen, Leyte. The study's significance lies in its potential to inform the development of targeted interventions aimed at improving condom

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accessibility and promoting reproductive health awareness in the Philippines. By exploring the prevalent perceptions of this demographic, the study aims to contribute insights into the factors hindering condom use and identify strategies for overcoming these barriers.

The study's primary objective is to investigate the perceptions of cisgender individuals in rural areas regarding condom accessibility, exploring the "what," "why," and "how" of their experiences and beliefs. The research questions guiding this study are:

1. What are the perceptions of cisgender populations in rural areas about condom accessibility?
2. Why does the cisgender population in rural areas have these perceptions about condom accessibility?
3. How does the cisgender population in rural areas experience these perceptions about condom accessibility?

II. THEORETICAL FRAMEWORK

The Theory of Planned Behavior (TPB): stands as a well-established paradigm that aids in understanding the determinants influencing individuals' intentions and actions. According to this theory, people's inclination to engage in a particular behavior is influenced by their attitudes towards the behavior, subjective norms (beliefs about others' approval of the behavior), and perceived behavioral control (their perceived ability to carry out the behavior) (Ajzen, I. 1985). It provides a comprehensive framework for comprehending the factors influencing condom use and reproductive health practices among young individuals. The theory posits that behavioral intentions depend on attitudes towards the conduct, subjective norms, and perceived behavioral control. Positive attitudes towards condom safety and effectiveness foster favorable intentions to use them. Subjective norms, representing the endorsement of influential individuals, play a role in shaping behavioral intentions. Individuals who perceive support from spouses, parents, and friends are more likely to adopt positive norms regarding condom use. Additionally, the concept of perceived behavioral control underscores the significance of individuals' self-assurance in obtaining and utilizing condoms accurately, strengthening their intention to engage in the behavior.

Social Ecological Model: In "Using the Social Ecological Model to Examine the Influences on Adolescent Sexual and Reproductive Health in Sub-Saharan Africa," Jones, Heise, and Miller (2022) utilize the Social Ecological Model (SEM) to thoroughly examine the complex factors impacting adolescent sexual and reproductive health in Sub-Saharan Africa. The SEM, commonly employed in public health research, analyzes health-related behaviors and consequences by considering multiple levels of impact within a given environment. This study aims to investigate the impact of individual, interpersonal, community, and societal factors on condom availability and their effects on reproductive health and empowerment.

Social Cognitive Theory (SCT): Human behavior, as explained by Social Cognitive Theory (SCT) (Bandura, 1986), is shaped by a blend of personal, behavioral, and environmental influences. SCT asserts that human behavior is shaped by a confluence of psychological, behavioral, and environmental elements. Regarding condom availability and reproductive health, SCT proposes that individuals' choices regarding condom usage are shaped by their understanding and convictions about condoms, their proficiency, and confidence in using condoms, as well as societal norms and environmental circumstances.

III. METHOD

A. Research Design

The chosen research design for this study is qualitative, aligning with the aim of comprehensively exploring the perceptions of information regarding condom among cis gender individuals who experienced a complex and broad phenomenon that may not be easily quantified (Creswell, 1994, as cited in Lanka et al., 2020). This qualitative approach is well-suited for delving into the unquantifiable aspects of the experiences faced by this specific demographic. According to Creswell (2002) and Tinkler (2004), a case study explores a particular activity, procedure, circumstance, or one or more individuals, aiming to provide a comprehensive understanding of the case.

The study adopts a multiple-case study involves examining two or more instances or duplications across these instances to explore identical phenomena, as described by Lewis-Beck, Bryman, and Liao (2003), and Yin (2017). Additionally, the researchers chose six participants for their study, aligning with Creswell's (2013) assertion that a multiple case study should include two or more cases to investigate the same phenomena. By selecting six participants, the researchers ensured a substantial and diverse sample, allowing for the examination of varying perspectives and experiences. This approach enables a detailed exploration of the perceptions surrounding condom accessibility among cisgender individuals within the specific context under investigation. Recommended font sizes are shown in Table 1.

B. Research Locale

The research was conducted in Burauen, Leyte. According to PhilAtlas, Burauen, situated within the coastal province of Leyte, is a municipality devoid of direct access to the sea. Spanning 265.33 square kilometers (102.44 square miles), it occupies 4.19% of Leyte's total land area. The population breakdown of Burauen, Leyte, as of 2015 indicates that out of the total population of 52,732, 15,891 individuals, constituting 30.13%, are children, while 4,149 individuals, accounting for 7.86%, are aged 60 years and above. Recently, According to GovPh, Burauen ranks ninth

among the top 10 municipalities in Leyte in terms of population, with a population of 52,511 residents. The research will center on young adult cisgender individuals, with a particular focus on Poblacion District 4 in Burauen, Leyte, identified as the Barangay with the prevalent number of teenage mothers aged 13-17 years old. This targeted approach aims to address the specific needs and challenges faced by this demographic group within the community.

C. Participants of the Study

The study's criteria for selecting participants were designed to ensure that they possessed the relevant experiences and viewpoints necessary to contribute to the study's objectives. The study aimed to recruit 5-6 participants who fulfilled the following criteria: (1) they resided in Burauen, Leyte, specifically in Poblacion District 4; (2) they were young adults aged 18-26, as they were considered mature enough to share insights on condom accessibility in the area; (3) they identified as male, female, or cisgender individuals and were sexually active, as their experiences expounded upon condom accessibility and challenges faced by young adults in the community. The study focused on young adults who were residents of Burauen, encompassing both male and female individuals who were sexually active.

D. Research Instrument

To collect essential data for this study, the researchers used a researcher-made instrument crafted by the researchers themselves. This instrument was segmented into sections, containing inquiries focused on the experiences, perceptions, and implications of condom accessibility for sexually active young adults in their reproductive health. For this study, interviews were employed to gather comprehensive insights from selected participants regarding condom accessibility and its implications for reproductive health. The interview protocol included open-ended questions covering various dimensions of condom access, such as safety perceptions, availability, affordability, and user experiences. Before conducting the interviews, the research questions underwent pilot testing to ensure alignment with the targeted participants and locale, and to validate the instrument's credibility and content. These questions were presented through interviews.

A semi-structured interview, often described as a 'conversation with a purpose' (Burgess, 1984), involved both the interviewer and respondents engaging in a formal interview setting. During this process, the interviewer utilized an interview guide, comprising open-ended questions and topics that had to be addressed, typically in a specific sequence. The open-ended nature of the questions delineated the focus of the investigation while allowing for in-depth discussion between the interviewer and interviewee. This format frequently incorporated prompts to assist the interviewee in providing detailed responses.

A pilot or preliminary study is a reduced-scale version of a full survey or a preliminary trial for a specific research tool, like a questionnaire or interview guide. These studies can be applied across qualitative, quantitative, and mixed methods research. Conducting a pilot test enabled researcher to practice semi-structured interview techniques in advance and gain valuable insights for refining and enhancing interview questions (Janghorban et al., 2013).

E. Sampling Technique

The researchers used purposive sampling to ensure that participants had information and insights relevant to the research subject. Purposive sampling, also known as judging, specific, or subjective sampling, includes the researchers using their own judgment to pick people from the public to participate in the study (Black, 2010). The selection of participants involved communication that explained the study's objectives and methods, and the researchers supplied informed consent, assuring ethical behavior. This was significant because the study addressed a difficult topic and ensured that participants felt comfortable discussing their experiences (Creswell, 2018).

F. Data Gathering Procedure

The researchers employed various procedures to facilitate the acquisition and analysis of data throughout the study. Data collection primarily involved obtaining consent from participants through informed consent forms containing pertinent details safeguarding privacy, confidentiality, and autonomy. As part of this process, interviews were conducted to explore participants' experiences with condom accessibility, safety perceptions, availability, affordability, and usage. Prior to the interviews, researchers prepared the necessary equipment and tools, allowing participants to select their preferred interview location and dialect/language (such as Bisaya, Filipino, Waray, etc.). Open-ended questions were utilized to encourage detailed and personalized responses, fostering a wide range of answers. Audio and/or video recording devices supplemented the interview process to capture additional data beyond what may be documented in real-time.

G. Ethical Considerations

In conducting this study, we adhered rigorously to ethical standards to ensure the integrity and well-being of participants. Voluntary participation was paramount, with a focus on obtaining informed consent to empower individuals to make autonomous decisions regarding their involvement. Anonymity and confidentiality measures were implemented to safeguard the identity and personal information of participants, contributing to a secure research environment. Beneficence required a commitment to minimizing harm and maximizing benefits, meticulously evaluating risks and

protective measures. Justice underscored fair treatment and equitable distribution of research-related outcomes, especially concerning vulnerable populations. Social responsibility extended ethical commitments to the broader societal implications, demanding sensitivity to cultural norms, anticipation of social consequences, and responsible dissemination of findings. Additionally, transcriptions of participants' responses were returned to them for verification (Principles of Research Ethics | City, University of London, n.d.).

H. Research Reflexivity

To ensure the validity of the conclusions, the researchers critically analyzed their findings. Triangulation was employed by comparing the themes with participants' demographic information and other contextual data to ensure the robustness and validity of the findings. Additionally, participants were given the opportunity to assess the summarized findings, enabling them to confirm the accuracy of the interpretations and conclusions based on their responses. To mitigate individual biases, the research team engaged in peer debriefing and checking, providing feedback and validating each other's interpretations. Through these rigorous data analysis processes and reflexivity throughout the research journey, the researchers aimed to explore the perceptions of young adult cisgender individuals regarding condom accessibility.

H. Data Analysis

The interview data were transcribed verbatim and structured for analysis. Thematic analysis, a widely accepted method in qualitative research, was applied to identify, analyze, and report patterns (themes) in the data (Braun and Clarke, 2006). Researchers immersed themselves in the interview transcripts to comprehensively understand participants' experiences. In this study, researchers developed initial codes by identifying important statements, phrases, or concepts from the perspectives of cisgender young adults (both male and female) aged 18-26 regarding condom accessibility and its impact on their reproductive health. These codes were then organized into potential themes based on their relevance to the study's questions. Through iterative discussions among the research team, these themes were refined. Themes and sub-themes were categorized to create a comprehensive framework reflecting the participants' experiences, involving the arrangement of themes into coherent patterns. Furthermore, themes were interpreted within the context of the research questions, theoretical framework, and pertinent literature.

IV. RESULTS AND DISCUSSIONS

This chapter presents the findings on young adult cisgender individuals' perceptions of condom accessibility and reproductive health in rural areas. The researchers thoroughly examined qualitative data using Braun and Clark's (2006) six-step thematic analysis. They immersed themselves in the data, generated initial codes, and organized these into potential themes. The themes were then reviewed, refined, and defined, with specific examples identified to illustrate each. This rigorous process allowed the researchers to uncover critical patterns and insights.

The purpose of this multiple case study was to provide a detailed exploration of the perceptions surrounding condom accessibility among cisgender individuals within the specific context under investigation. This exploration of perceptions was conducted with three research questions in mind.

1. What are the perceptions of cisgender populations in rural areas about condom accessibility and its effect on reproductive health?
2. Why do the cisgender populations in rural areas have these perceptions about condom accessibility?
3. How do cisgender populations in rural areas have these perceptions about condom accessibility?

The participants' experiences and perceptions are categorized into themes, which encapsulate their shared experiences. Coding the data is an essential step before establishing these themes. This process organizes the transcripts, making it easier to locate similar sections without repeatedly reviewing all the interview questions (Yi, 2018). These thematic structures offer a simplified and abstract perspective on the extensive data. Themes aid in organizing and clarifying information that might be too complex for readers to analyze.

What follows are the three themes and subthemes that emerged from and were observed in all participants' perceptions of condom accessibility and reproductive health. They are:

1. Condom Access and Rural Realities of Cisgender Populations

Subtheme 1.1 Stigma and Discomfort:

2. Decision-Making and Influences on Condom Access of Cisgender Populations

Subtheme 2.1 Societal and Cultural Influences

Subtheme 2.2 Personal and Relationship Dynamics

3. Societal and Institutional Accessibility to Condom

Subtheme 3.1 Healthcare Provider Attitudes and Practices

Subtheme 3.2 Inadequate Dissemination of Information and Resources

This chapter explores the identified themes and provides examples from the results. Identifying themes is just the start, as various qualitative research methods like phenomenology, narrative analysis, and thematic analysis can be used depending on the research objectives (Braun & Clarke, 2006).

Theme 1: Condom Access and Rural Realities of Cisgender Populations

Participants shared numerous experiences reflecting a range of situations and primary perceptions regarding condom accessibility within their community and its impact on reproductive health. These experiences revealed significant commonalities, particularly in their interactions.

Subtheme 1.1 Stigma and Discomfort

A typical response among the participants was the pervasive sense of Stigma and discomfort associated with obtaining condoms. Emerged prominently in the narratives, particularly among women. Many female participants reported feeling judged or scrutinized when attempting to purchase condoms, which reflects deep-seated societal expectations and gender norms.

P1: "Makaarawud pagyakan nga mapalit hin condom kay napakiana "Kay anu ikaw an napalit dire an lalaki?" Agi hit nagtitinda nahi-awud kami pagpalit. It kuan la kae bisan igsecreto hiya, it iba kasi ha pharmacy napakiana "Kay anu ikaw it napalit?" Nahikaawud nla kay sering paman dapat lalaki kun it napalit." (P1: "I feel embarrassed buying condoms because they asked, 'Why are you the one buying and not the man?' The seller made us feel ashamed when we bought them. It is just that even if you try to be discreet, others at the pharmacy still ask, 'Why are you the one buying?' It is not very comfortable because they say it should be the man who buys them.")

In the Philippines, accessing condoms remains challenging due to social Stigma, especially regarding gender identity, with cisgender individuals facing significant barriers (Restar et al., 2020). P1 noted that the expectation for men to buy condoms pressures women and reinforces traditional gender roles, limiting their involvement in reproductive health decisions.

P1: "Makaarawod kay kon babaye ka dri normal na ikaw an mapalit."

(P1: I feel ashamed because it is not normal for a girl to buy condoms.)

P2: "Yes, dre ako an napalit an akon partner. Nahadlok kasi kami masundan so nag-use anay kami kay waray paman ako gintatake nga contraceptives. Naawud kuno hiya pagpalit, nasiring hiya."

(P2: "Yes, it was not me who bought them but my partner. We were afraid of having another child, so we used them for now since I am not taking any contraceptives yet. He said he felt embarrassed buying them.")

P 2: "Nadire it iba kay para ha ira dire maupay, dire comfortably."

(P2: Others do not want to use it because they feel uncomfortable and believe it is not good)

P3: "Diri ako sugad ka komportable kay malain an panhunahuna han iba."

(P3: "I'm not very comfortable because others might think differently.")

P5: "Naawod ako umaro or bisan pumalit kay kun makakita ngani an mga tao tatagan ka hn malisya (nilalqgyan ng issue)."

(P5: "I feel ashamed to ask for or even buy them because when people see you, they might judge you and think negatively (they will create issues about it).

The Stigma surrounding condom use and sexual health can significantly discourage individuals from seeking and using condoms due to societal judgment and fear of negative labeling. This Stigma often associates condom use with promiscuity or infidelity, creating an environment where individuals feel embarrassed or ashamed to purchase or carry condoms, which was testified by the P2. The fear of being judged by peers, family members, or healthcare providers can be extreme in tightly-knit communities, where personal actions are scrutinized (Gamarel et al., 2020).

Responses indicate that traditional gender norms significantly affect women's perceptions and ability to negotiate condom use in sexual relationships. These norms typically position men as decision-makers and women as passive recipients, making it difficult for women to express their preferences about condom usage without confronting societal expectations or facing social repercussions (MacPhail & Campbell, 2001; PEPFAR, 2009).

Participants consistently highlighted the Stigma and discomfort surrounding condom access in rural areas, particularly among women, due to societal pressure and gender norms. Responses from P1, P2, P3, and P5 reflect the cultural barriers and embarrassment linked to purchasing condoms, with women often feeling uncomfortable due to expectations that men should handle these purchases. This pattern reveals the challenges of accessing condoms in conservative Filipino culture.

The Theory of Planned Behavior (TPB) helps explain these dynamics. According to TPB, individuals' intentions to purchase condoms are influenced by attitudes, societal norms, and perceived control. The Stigma and discomfort described by participants reflect negative attitudes towards condom use, shaped by societal expectations of gender roles. For instance, P1's account illustrates how these norms hinder women from making reproductive health decisions, reinforcing traditional stereotypes. TPB underscores how societal pressures impact attitudes and control, shaping behaviors related to condom access and use.

Theme 2: Decision-Making and Influences on Condom Access of Cisgender Populations

Participants identified multiple factors affecting their choices about condom accessibility, emphasizing the role of societal expectations and cultural norms in shaping attitudes toward condoms, sex, and gender roles. They also considered personal and relational aspects, such as preferences, trust, communication, and power dynamics within relationships.

These insights highlight the complex influences on condom use and accessibility among cisgender individuals (Harvey et al. D et al., 2021).

Subtheme 2.1 Societal and Cultural Influences

Despite the benefits of condom use for sexual health, Filipinos face significant barriers to accessing condoms due to social, political, and structural factors. Restrictive local government policies limit condom availability, and inadequate sex education in schools further reduces knowledge and awareness among youth (De Torres, 2020).

P1: "Paggamit la anay hin condom mintras naeskwela pa para dire magburod dayon. (Yayaknon daw niya an mga kabataan) Pero para ha akon blessing gud iton babay."

(P1: "Just use condoms for now while still studying to avoid getting pregnant right away. (That is what she will tell the young ones.) But for me, a baby is truly a blessing.")

P5: "Nahihiyang bumili kasi kapag nakakakita ang mga tao sinasabing may jowa daw (nilalagyan ng issue) niya an mga kabataan) Pero para ha akon blessing gud iton baby."

(P5: Feel embarrassed to buy because when people see you, they say you have a partner (automatically put an issue) and are too young. Nevertheless, for me, babies are a blessing.)

P6: "So knowing Philippines as conservative and little by little naman nagiging adaptive naman… aaahmmm, sa panibagong culture pero hindi pa dumadating sa point na they truly accepted doon sa mga measure sa sa….yung sa contraceptives . Parang, they know na ito pero but do not acknowledge the safety measures."

(P6: "So knowing the Philippines as conservative, and little by little becoming adaptive to the new culture, but it has not reached the point where they genuinely accept contraceptive measures. It is like they know about them but do not acknowledge the importance of safety measures.")

Access to Adolescent and Youth Sexual and Reproductive Health (AYSRH) services is influenced by various individual, social, cultural, and economic factors, highlighting the need for stakeholder engagement and targeted interventions. Differences in barriers were noted across coastal counties (Langat et al., 2024). The Theory of Planned Behavior (TPB) helps explain condom use by focusing on attitudes, subjective norms, and perceived behavioral control, where positive attitudes and social approval drive intentions to use condoms.

Subtheme 2.2 Personal and Relationship Dynamics

The personal and relationship dynamics influencing participants' decisions not to use or have access to condoms are deeply rooted in individual beliefs, preferences, and interpersonal relationships. Participants may have personal attitudes towards condoms shaped by cultural, religious, or societal influences, leading to a reluctance to use them.

P1: "Para dire magburod dayon, ginpili an implant kay bagan mas safe hiya or sure na dire magbuburod.

(P1: "To avoid getting pregnant right away, the implant was chosen because it seems safer or more certain to prevent pregnancy.")

P3: "Waray kay imo naman kasi disisyon mag gamit ka man o dri decide nala an imo kalugaringon."

(P3: Nothing, since it is up to you. It is your decision if you will use it or not.)

P5: "Mas prefer an waray condom."

(P5: "I prefer not using condoms.")

Additionally, within intimate relationships, power dynamics, trust issues, and communication barriers can impact condom use decisions. Some individuals may face resistance from their partners or feel uncomfortable discussing condom use, leading to a lack of access or utilization. Furthermore, misconceptions or myths surrounding condoms, such as concerns about reduced pleasure or effectiveness, may also contribute to hesitancy or refusal to use condoms.

P3: "Yana, gin-uuristoryahan na ngan ginhuhunahuna na kon magamit ba o diri kay damo na liwat an amon mga anak."

(P3: " "Now, we can discuss and plan whether to use contraceptives or not because we already have several children.")

P4: "Mas prefer naming magasawa kasi diba ganon naman dapat since may asawa naman ako. Tapos an yakan ghap han iba mas may thrill kasi compare kun mayada condom na makapal."

(P4: As a married couple, we prefer not to use condoms since we are already married. Moreover, just like what the others said, there is more thrill in doing it without using a condom.)

P6: "Siguro ano… uh,,, some shared to me about their sexual life that using condom will lessen the thrill or the the… excitement they have in engage sexual activities. So, sabi nila when you use condom parang less yung excitement, so siguro isa yon. Sigurong eh yung pangalawa pa, yun nga lack of accessibility sa contraceptives and then peer pressure like ay wag kana gumamit ng condom ng ganyan kasi parang hindi naman yan nauusao so parang they have this trend sa young individual na kapag hindi ginawa ng majority eh bat mo gagawin? So parang ganon"

(P6: "Some shared with me about their sexual life, saying that using condoms lessens the thrill or excitement of sexual activities. So they say when you use a condom, it is like the excitement is lessened. Another reason might be the lack of accessibility to contraceptives and peer pressure, like 'Do not use a condom because it is not common.' Young individuals

tend to follow trends, so if the majority do not do it, why should they? It is something like that.")

Women who perceived equal or greater power in their relationships were more likely to participate in decisions about birth control and condom use. Those who made decisions about condom use, either independently or collaboratively, reported significantly higher usage (Harvey et al., 2002). Kabir et al. (2022) emphasize the importance of decision-making in sexual and reproductive health, noting its impact on women's health and autonomy in accessing care and managing STIs, including HIV.

Participants identified personal beliefs, relationship dynamics, and cultural influences as crucial factors shaping their perceptions of condom accessibility. Misconceptions about condoms, such as concerns about reduced pleasure, also contributed to hesitancy (Obayi et al., 2021). The Theory of Planned Behavior (TPB) integrates these personal and relational factors, examining how beliefs and perceived control within relationships affect condom use decisions, thereby enhancing understanding of reproductive health practices among young adults.

Theme 3: Community and Institutional Accessibility to Condom

The participants provided insightful responses that helped us understand how cisgender populations in rural areas perceive condom accessibility. Participants discussed how healthcare policies and infrastructure in rural areas significantly affect their access to condoms, highlighting barriers such as limited availability and inadequate distribution systems. Participants reflected on the general lack of awareness and prevalent misconceptions about the consequences of infrequent condom use among young individuals.

Subtheme 3.1 Healthcare Provider Attitudes and Practices

Healthcare provider attitudes and practices significantly impact condom accessibility. Participants noted that the attitudes of healthcare providers towards condom use can either facilitate or hinder access. This demonstrates the critical role of healthcare providers in shaping perceptions and practices related to condom use in rural areas, further emphasizing the need for training and policies that promote supportive and unbiased healthcare practices (Muswede, Namadzavho J et al., 2021).

P1: "Maupay kun magamit kamo hin mga kuan. Kay actually ha amon barangay urog man it kabataan kae dire pa ngan 14 or 13 ba nagkakabana na. Ha maon healthcenter kun naaro bubusaan anay kay syempre bata pa. Sugad han akon midwife, "pira pala tim edad nagkuan ka dayon?", pero ginbubuligan la gihap pero may halo nga isog. Kun igrarate 1-100, 90 kay para man gihap ito ha amon."

(P1: "It is good if you use contraceptives. Actually, in our barangay, many young people, even at 13 or 14, are already getting pregnant. At our health center, if they ask for contraceptives, they get scolded first because they are still young. Like my midwife said, 'How old are you, and you are already having sex?' However, they still get help, although there is some harshness. If I were to rate it from 1-100, it would be 90 because it also happens a lot here.")

P4: Baga makarawod man kumadto Barangay tas umaro la hin condom bangin damo pa an iyakan haam.

(P4: "It feels embarrassing to go to the Barangay and ask for condoms because people might talk about us.")

Participants noted that healthcare providers' personal beliefs and biases can affect their willingness to distribute condoms and provide sexual health information. Supportive providers who offer non-judgmental education can improve condom accessibility, while those with stigmatizing views may create barriers that make individuals uncomfortable seeking condoms (Ahanonu, 2014).

Using the Social Ecological Model (SEM) and the Theory of Planned Behavior (TPB) in studying condom accessibility reveals the determinants influencing reproductive health behaviors. While TPB focuses on individual beliefs and cultural norms, SEM includes broader environmental factors. Participants identified healthcare provider attitudes as a critical predictor of condom accessibility, highlighting the need to address individual and environmental factors to improve rural access.

Subtheme 3.2 Inadequate Dissemination of Information and Resources

The inadequate dissemination of information and resources concerning reproductive health, particularly regarding condom accessibility and usage, poses significant challenges for cisgender populations in rural areas. Despite the importance of access to condoms in preventing unwanted pregnancies and sexually transmitted infections (STIs), individuals in these communities often face Stigma, discomfort, and limited awareness when attempting to obtain condoms (Morland et al., 2017).

P2: "50/50 kulang hira hin pag-edukar kay baga delikado or medyo baga may mabug-os na dire hira maaram kun dire hiya magagamit. Dapat gud it education para hira mahibaro. Ito ngani nga sge la hin sge waray nira aram."

(P2: "It is 50/50 because they lack education, and it can be dangerous if they do not know how to use it properly. Education is essential so they can learn. Some keep doing it without knowing.")

P4: Ay oo..ha mga kabataan pa. An akon gud la since dire tanan maaram na mayda man condom ha barangay siguro mas maupay kun tanan maaram.

(P4: "Oh yes, especially for the youth. For me, since not everyone knows that condoms are available in the barangay, it would be better if everyone knew.")

P5: Siguro mas ig inform pa kami about it on na condom.

(P5: "Maybe we need to be more informed about condoms.")

P6: Siguro ano.., if magkakaroon ng mga programs and campaigns ofcouse there will be an effect sa community na yon sadyang kailangan siguro ng joint action and collaboration hindi lang yung host o mga nag organize ng

parang strategy o campaign na yon dapat lahat nang nagparticipate ng program na iyon. Dapat pag sinabi nilang for example "gumamit kayo ng condom" ganon ganyan, ang tanong ano yung response ng mga tao? Umoo ba sila? Diba kailangan mong itest yung awareness program kung may response ba, effective ba, ina apply ba, o consistent ba? Isa pa is dapat hindi lang mga educational institution yung mag apply ng ganito pati rin yung mga government like LGU, and NGO. Mas maganda kasi dapat lahat.

(P6: "Maybe if there are programs and campaigns, there will be an effect on the community. It requires joint action and collaboration, not just from the hosts or organizers of the strategy or campaign but from all participants. For example, if they say, 'use condoms,' the question is, what is the response from the people? Did they agree? You need to test the awareness program to see if there is a response if it is effective if it is being applied, and if it is consistent. Not just educational institutions should implement this; it is also the government, like the LGU and NGOs. It is better if everyone is involved.")

The responses indicate a perceived lack of community awareness about condom usage, highlighting the need for education on proper use to prevent breakage and recognize availability. Participants desired more information, emphasizing the necessity for comprehensive programs and stakeholder collaboration to improve dissemination efforts (Singh et al., 2014). The insufficient information and resources on condoms in rural areas pose significant public health risks, leading to unwanted pregnancies and STIs.

Educational programs are crucial for disseminating accurate information about condom usage and prevention (Wang et al., 2018). Improving access through healthcare facilities and community programs, combating Stigma, and training providers in comprehensive reproductive health services are vital steps. Leveraging digital tools and involving communities can empower individuals and foster a culture of openness about sexual health.

The Theory of Planned Behavior (TPB) effectively emphasizes how attitudes, subjective norms, and perceived control influence condom availability and reproductive health practices among youth. TPB can guide interventions aimed at promoting safer sexual practices and improving health outcomes.

V. CONCLUSIONS

This multiple-case study highlights how societal, cultural, and individual factors influence young adult cisgender perceptions of condom accessibility in rural areas. Access to condoms is crucial for promoting sexual health and preventing STIs, including HIV/AIDS and unplanned pregnancies. In areas with limited healthcare resources and cultural taboos around reproductive health, providing easy access to condoms helps individuals make informed sexual health choices.

The study, through individual interviews and thematic analysis, identifies significant barriers to condom access, including Stigma, discomfort, relationship dynamics, and lack of information. These challenges hinder both physical access to condoms and foster negative attitudes toward their use, especially among young people. The findings emphasize the need for comprehensive education, awareness campaigns, and supportive healthcare practices to promote safer sexual practices and improve reproductive health outcomes. Destigmatizing condom use, encouraging open discussions about sexual health, and raising awareness about condom availability in rural communities is essential. Healthcare providers can play a vital role by offering accurate information and resources.

However, the study has limitations, including a small and predominantly female sample, which may not represent the broader young adult cisgender population. Therefore, the findings should be interpreted cautiously, and further research with a more diverse sample is needed. Targeted interventions can enhance reproductive health education, improve contraceptive availability, and empower individuals to make informed choices, ultimately leading to better health outcomes and lower rates of unintended pregnancies and STIs.

VI. RECOMMENDATIONS

To effectively address the barriers to condom accessibility identified in this study, the researchers have several comprehensive recommendations. To diversify sample representation to ensure a more all-inclusive understanding of the perceptions and experiences regarding condom accessibility and reproductive health outcomes among young adult cisgender populations in rural areas. This can be achieved by increasing sample size and including participants from various socio-economic backgrounds, geographical locations, and cultural contexts. Efforts should also be made to ensure balanced representation of both genders to capture a more holistic perspective on the issue. Future research should also explore the long-term impacts of educational campaigns and community interventions on condom accessibility and use. Investigating the role of digital platforms and social media in changing perceptions about condom use among rural populations could provide valuable insights into modern outreach strategies.

Moreover, conducting longitudinal studies can provide deeper insights into the dynamic nature of condom accessibility and its impact on reproductive health outcomes over time. By following participants longitudinally, researchers can track changes in attitudes, behaviors, and

access to condoms, thus gaining a more nuanced understanding of the factors influencing condom use and its implications for reproductive health. Longitudinal studies can also help identify trends and patterns that may not be apparent in cross-sectional studies, allowing for more targeted interventions and policy recommendations.

Additionally, future research should focus on developing and implementing community-based interventions aimed at addressing the barriers to condom accessibility identified in this study. These interventions should involve collaboration with local health NGOs, community leaders, and healthcare providers to design and implement culturally sensitive educational campaigns and outreach programs. By engaging directly with the community, researchers can ensure that interventions are tailored to the specific needs and preferences of the target population, thus increasing their effectiveness and sustainability in promoting reproductive health and preventing sexually transmitted infections and teenage pregnancies among young adult cisgender populations in rural areas.

On the other hand, stakeholders in Eastern Visayas. Local Health NGOs should spearhead educational campaigns designed to reduce stigma and increase awareness about the importance of condom use for reproductive health. These campaigns should include interactive workshops, community forums, and school-based education programs focusing on both the practical aspects of condom use and the cultural stigma surrounding it. Training community health workers to engage with residents, especially in remote areas, ensures accurate information and resources are disseminated effectively.

The Department of Health (DOH)-Philippines should enhance its distribution networks to ensure that condoms and reproductive health educational materials are readily available in rural areas. Collaborations with local health units to establish regular supply chains and ensure these units are well-stocked are essential. These efforts should be supported by clear, consistent messaging to dispel myths and misconceptions about condoms, reinforcing their role in preventing sexually transmitted infections (STIs) and unintended pregnancies.

Youth Community Leaders in Leyte should be empowered to serve as advocates for sexual health education among their peers. They should receive specialized training and resources to lead discussions and workshops within their communities. By sharing personal experiences and knowledge, they can help demystify condom use and challenge negative perceptions. Utilizing social media and other popular platforms among young people, youth leaders can spread accurate information and create a supportive environment where sexual health can be openly discussed and addressed.

The LGU/RHU of Burauen should collaborate closely with barangay officials to identify strategic locations within the community for discreet condom distribution. This could include health centers, pharmacies, and local shops, ensuring condoms are accessible without causing embarrassment. Additionally, organizing community meetings and health fairs can provide residents with a supportive setting to learn about reproductive health. Regular training for healthcare providers on how to approach sexual health topics with sensitivity and without judgment is essential, ensuring healthcare providers are equipped to handle inquiries and provide support effectively.

Families and Community programs providing parents with the tools and knowledge needed for these discussions can help create a more informed and supportive environment. By fostering a culture of openness and acceptance, communities can normalize discussions about sexual health, reducing shame and promoting healthier attitudes and behaviors. Working together, families and community members can build a supportive network that prioritizes reproductive health and safety, contributing to better health outcomes and reduced rates of unintended pregnancies and sexually transmitted infections.

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