

In Birth Control We Trust: Analyzing Modern Contraception Behavior and Parasocial Relationships With Health Personalities Online

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Abstract

Family planning in the Philippines is a complex topic because of difficulties in accessing modern contraceptives exacerbated by various external factors. Because of this, Filipinos go to social media to seek reproductive health information, especially among health professional content creators. To further bridge the gap between health communication and social media, this study aimed to analyze how parasocial relationships (PSRs) with health professionals in TikTok contributed to Filipinos' contraceptive habits using a quantitative research design through a self-administered survey. Anchored on the Integrative Model of Behavioral Prediction (IMBP) and the PSR, results revealed that stronger the PSR with the health professional, the higher the likelihood that the respondents generally have a positive attitude regarding modern contraceptives, have most of their friends think that they should use modern contraceptives, have high confidence in their ability to use modern contraceptives, and have positive intentions of using modern contraceptives. Nonetheless, results show that PSR, contraceptive access, and contraceptive intent do not influence contraceptive behavior but contraceptive knowledge does. So even though health professionals on TikTok are doing their job in disseminating accurate contraceptive information through their social media platforms, affecting an increase in one's contraceptive knowledge, this becomes obsolete when individuals are not given the proper physical resources to actually acquire these methods of contraceptives. This thus emphasizes the importance of interventions, perhaps in policy or with influencers, in improving contraceptive access, and not solely contraceptive knowledge, by acknowledging, lessening, and resolving external factors that prohibit the transition from contraceptive intent to behavior.

Keywords: Parasocial Relationship, Contraceptives, Birth Control, TikTok

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Introduction

Reproductive health care has always been a global topic due to its ties to cultural, societal, and economic issues. The trend of smaller family preferences and younger generations delaying or avoiding childbearing has also heightened discussions around contraceptive use.

In the Philippines, the 2022 Philippine National Demographic and Health Survey (NDHS) reports that only 24% of sexually active women use modern contraceptives (Philippine Statistics Authority & ICF, 2023). According to Sustainable Development Goal (SDG) 3.7.1 of the United Nations (UN), only 56% of women of reproductive age in the Philippines have met family planning needs through modern contraceptives in 2017, rising slightly to 58% in 2022—still short of the 100% target for universal reproductive healthcare access by 2030.

One factor that may have contributed to this is Filipinos' social media access, the primary source of family planning messages in the Philippines (Philippine Statistics Authority & ICF, 2023). With 84 million Filipino users (72% of the population) and 43 million on TikTok (Kemp, 2023), the platform's unique For You Page (FYP) algorithm has enabled social media influencers to shape public content and messages.

Health and fitness influencers, including certified health professionals, share valuable health information on social media, aiding information exchange. In these online interactions, parasocial relationships (PSR) form; a type of relationship between media beings and their audience, often one-sided in nature. Originating in the 1950s, PSRs serve as an extension of social networks (Giles & Maltby, 2004 as cited in Lotun, 2021) and help explain social media influencers' impact on their audiences (Sakib, 2020; Sakib et al., 2020). PSRs have been widely studied in fandom, marketing, and platform usage, often focusing on credibility, homophily, and attractiveness.

With recent advances in parasocial relationship research, I focus on the concept of one-and-a-half-sided PSR (Kowert & Daniel, 2021), emerging in the social media age, which enables potential reciprocity between influencers and their audiences.

Drawing from literature on health influencers who "personalize" health content for higher social media engagements, health issues become relatable topics that their followers subscribe to. This underscores the need to examine parasocial relationships formed in these interactions.

This study then poses the question: "How do one-and-a-half sided parasocial relationships with health professionals online play a role in Filipinos' contraception behavior?" Specifically, it aims to examine differences in attitudes, perceived norms, perceived behavioral control, intention, and behavior across varying levels of parasocial relationships with Filipino health professionals on TikTok.

Reproductive health, family planning, and contraceptive use have been widely studied since the 1970s to the early 2010s. With advances in technology and social media, new research on the interaction of contraceptive use and social media, particularly in the Philippine context, could enrich discussions on sex education, reproductive health policies, and PSR studies.

This study aims to look at PSR with a new perspective, employing the concept of a "one-and-a-half way" parasocial relationship, as well as using PSR with the Integrative Model of

Behavioral Prediction (IMBP) as a guide to understand how certain factors, including PSR, may explain a certain health behavior.

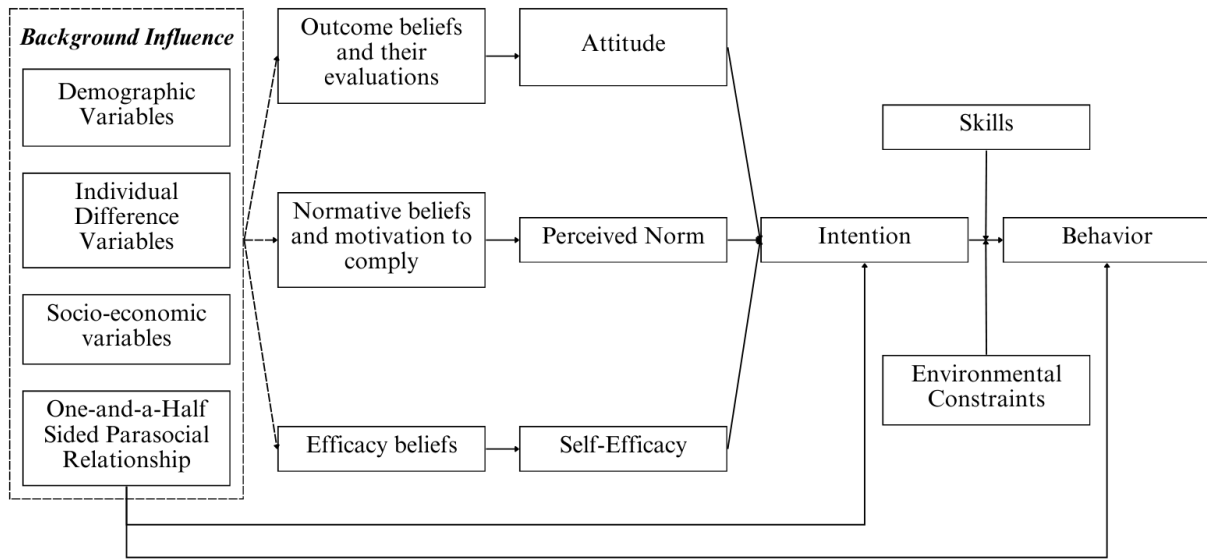


Figure 1: Integrated Theoretical Framework

Additionally, the IMBP highlights the importance of demographics in understanding the uniqueness of belief sources (Yzer, 2012). Prior studies focused on college students (Bader, 2015; Sutton & Walsh & Buhi, 2017) and married women (Gul, 2021), creating an opportunity for this TikTok user-focused study to add to the literature on contraceptive intentions and behavior.

This study explores social media personalities who aren't professional influencers, contributing to research on health professionals who use social media for health information. It also addresses a gap in studies linking PSRs with health content, particularly on TikTok, offering a Filipino perspective on contraceptive behavior and views of health professionals on the platform.

Regarding social media research, TikTok is a fairly new social media platform but albeit new, it has contributed a lot in the information dissemination realm. Most studies about TikTok and information dissemination revolve around misinformation and fake news studies, as well as platform use intention. This study aims to provide a different perspective on how social media users perceive social media information away from the misinformation/disinformation paradigm.

Using a quantitative approach, a survey was conducted among women of reproductive age (18-49) who use or have used modern contraceptives, have TikTok accounts, and have seen health professionals discuss contraceptives on the platform. Pre-testing was conducted to ensure the validity of the survey questionnaire.

Data were collected via Google Forms, coded in Google Sheets, and analyzed in JASP. Frequency tables provided an overview, and association tests explored relationships between variables based on the "one-and-a-half way" PSR and IMBP frameworks.

Results

The study surveyed 438 respondents with the greatest number of respondents being aged 25-34 (43.1%), married (46.3%), and with a junior high school education (35.8%). Almost all respondents lived in the city (95.5%), most were Roman Catholic (86.1%), a big majority were unemployed (60.5%), and most are currently using modern contraceptives (85.8%).

Regarding TikTok use, the greatest number had accounts for one to two years (34.7%) and spent less than one hour daily on the platform (40.6%). Among the respondents who follow a health professional on TikTok that discusses modern contraceptive use, half followed them for less than a year (50.6%) with 51.4% seeing them on their For You Page (FYP) and 57.8% on their Following Page. Table 1 presented the demographic details.

One-and-a-Half-Sided PSR and Contraceptive Attitude

An association test between contraceptive attitude and one-and-a-half-sided PSR showed a strong significant positive relationship ($\chi^2(4) = 207.902$, $p < .001$, $G = .869$). This indicated that contraceptive attitude predicts PSR levels by 86.9%. Among those with mid and high PSR scores, 67.8% and 98.3%, respectively, had high contraceptive attitudes, compared to just 30.5% of those with low PSR scores (see Table 2).

A one-way ANOVA showed significant differences in contraceptive attitudes across low, mid, and high one-and-a-half-sided PSR scores ($F(2, 435) = 101.544$, $p < .001$), with PSR score explaining 31.8% of the variance (see Table 3). Tukey's HSD post-hoc test revealed that individuals with high ($M = 13.4$, $s = 1.6$) and mid ($M = 11.6$, $s = 2.5$) PSR scores had higher contraceptive attitudes than those with low scores ($M = 7.9$, $s = 4.4$), $p < .001$. These results indicate that PSR score significantly influences contraceptive attitude.

These findings align with research suggesting that mass media exposure enhances contraceptive knowledge and women's empowerment (Ansary & Anisujjaman, 2012; Ayanore et al., 2015; Bakht et al., 2013; Das et al., 2021), improving their decision-making regarding contraceptive use (Das et al., 2021; Leong et al., 2018; Mađra-Sawicka et al., 2020; Nair et al., 2019; Seidu et al., 2020). Specifically, social media influencers (SMIs) can significantly impact attitudes toward health due to the sense of connection felt by followers (Breves et al., 2021; Johnson et al., 2021; Lim et al., 2022; Pfender & Devlin, 2023). PSRs also influence media consumers' tendency to adopt the attitudes of role models, with credibility increasing attitude change (Bond & Drogos, 2014; Cohen et al., 2023; Kresovich & Noar, 2020).

However, some studies show that PSRs or factors like perceived identification, attractiveness, and trustworthiness may not significantly influence safe sex attitudes (Droppers, 2021; Gelauff, 2021; Hoeben, 2020). These inconsistencies may stem from differences in study populations, cultural norms, media access, and PSR measurement methods.

One-and-a-Half-Sided PSR and Contraceptive Perceived Norms

An association test between contraceptive descriptive perceived norm and one-and-a-half-sided PSR showed a strong significant negative relationship ($\chi^2(4) = 195.915$, $p < .001$, $G = -0.629$), meaning that as perceived peer contraceptive use increases, one-and-a-half-sided PSR

decreases (see Table 4). This inverse relationship allows for 62.9% predictability of PSR based on the perceived norm.

Table 1: Sociodemographic Profile of Respondents (N=438)

Sociodemographic Variables	n	%
Age		
18-24	132	30.1
25-34	189	43.1
35-49	117	26.7
Relationship Status		
Single	88	20.1
In a relationship	147	33.6
Married	203	46.3
Residence		
City	414	95.5
Town Proper	8	1.8
Rural	16	3.7
Highest Completed Education Level		
Elementary and below (Kindergarten, Nursery, None)	17	3.9
Junior high school	157	35.8
Senior high school	136	31.1
Tertiary education and beyond (Associate Degree, Bachelor's Degree, Post-Graduate)	128	29.2
Occupation		
Student	86	19.6
Employed	87	19.9
Not Yet Employed	265	60.5
Religion		
Roman Catholic	377	86.1
Protestant (i.e. Christians, Methodists, Baptists, Adventists, etc.)	33	7.5
Iglesia ni Cristo	17	3.9
Islam	2	0.5
No Religion	9	2.1
Contraceptive Use		
Current modern contraceptive users	376	85.8
Former modern contraceptive users	62	14.2
TikTok History		
Less than 1 year	125	28.5
1-2 years	152	34.7
3-4 years	112	25.6
More than 4 years	49	11.2
Daily average TikTok consumption		
Less than 1 Hour	178	40.6
1-2 Hours	151	34.5
2-3 Hours	56	12.8
3 Hours and beyond	53	12.1

Note. Percentage rounded off to the nearest tenths.

Table 2: One-and-a-Half-Sided PSR and Contraceptive Attitude

		One-and-a-Half-Sided PSR							
		Low		Mid		High		Total	
		n	%	n	%	n	%	n	%
Contraceptive Attitude	Low	29	49.2	7	3.4	1	0.6	37	8.4
	Mid	12	20.3	59	28.8	2	1.1	73	16.7
	High	18	30.5	139	67.8	171	98.3	328	74.9
Total		59	100	205	100	174	100	438	100

Note. Percentages are presented within the column. $\chi^2(4) = 207.902$, $p < .001$, $G = .869$

Table 3: One-way ANOVA Table: One-and-a-Half-Sided PSR and Contraceptive Attitude, Perceived Norm, and Perceived Behavioral Control

		One-and-a-Half-Sided PSR						$F(2, 435)$	η^2
		Low		Mid		High			
		M	SD	M	SD	M	SD		
Contraceptive Attitude		7.9	4.4	11.6	2.5	13.4	1.6	101.544	.318
Contraceptive Descriptive Perceived Norm		2.0	1.5	2.4	1.4	0.6	1.3	80.249	.270
Contraceptive Injunctive Perceived Norm		3.6	1.4	3.9	1.2	3.9	0.8	2.324	.011
Contraceptive Perceived Behavioral Control		3.9	1.4	4.4	1.1	4.8	0.7	17.411	.074

Note. $p < .001$

Table 4: One-and-a-Half-Sided PSR and Descriptive Perceived Norm

		One-and-a-Half-Sided PSR							
		Low		Mid		High		Total	
		n	%	n	%	n	%	n	%
Contraceptive Descriptive Perceived Norm	Low	12	20.3	17	8.3	133	76.4	241	55.0
	Mid	24	40.7	89	43.4	19	10.9	53	12.1
	High	23	39.0	99	48.3	22	12.6	144	32.9
	Total	59	100	205	100	174	100	438	100

Note. Percentages are presented within the column. $\chi^2(4) = 195.915$, $p < .001$, $G = -0.629$

For the injunctive perceived norm, the association test was significant ($\chi^2(4) = 26.398$, $p < .001$), showing a weak positive relationship ($G = .388$). The contraceptive injunctive perceived norm predicts one-and-a-half-sided PSR by 38.8% (see Table 5).

Table 5: One-and-a-Half-Sided PSR and Injunctive Perceived Norm

		One-and-a-Half-Sided PSR							
		Low		Mid		High		Total	
		n	%	n	%	n	%	n	%
Contraceptive Injunctive Perceived Norm	Low	13	22.0	24	11.7	17	9.8	54	12.3
	Mid	10	16.9	31	15.1	5	2.9	46	10.5
	High	36	61.0	150	73.2	152	87.4	338	77.2
	Total	59	100	205	100	174	100	438	100

Note. Percentages are presented within the column. $\chi^2(4) = 26.398$, $p < .001$, $G = .388$

A one-way ANOVA showed significant differences in contraceptive descriptive and injunctive perceived norms across one-and-a-half-sided PSR scores ($F(2, 435) = 80.249$, $p < .001$ and $F(2, 435) = 2.324$, $p < .001$, respectively) (see Table 3). One-and-a-half-sided PSR scores accounted for 27% of the variance in descriptive and 1.1% in injunctive norms. Tukey's HSD post-hoc test revealed that those with low and mid PSR scores had higher descriptive norms than those with high PSR scores. Conversely, those with high and mid PSR

scores had higher injunctive norms than those with low PSR scores. These results suggest that PSR more strongly influences descriptive norms than injunctive norms, with higher PSR linked to lower perceived peer contraceptive use.

The findings suggest that respondents with low and mid one-and-a-half-sided PSR scores perceive most of their friends as using modern contraceptives, while those with high PSR scores perceive fewer friends using them. However, injunctive perceived norms were high across all PSR levels.

Past research supports these results, with theories suggesting that parasocial relationships influence social norms. Studies show that online exposure and parasocial interaction enhance perceived subjective norms, particularly among peers (Moyer-Gusé, 2008; Pfender & Bleakley, 2023). Research on celebrity influence, such as in vaping, also supports the idea that PSRs impact social norms (Cohen et al., 2023).

However, differences in PSR and social norm measurements, as well as varying perceptions of celebrity credibility and content accuracy, may explain discrepancies. Additionally, since this study focused on respondents' "friends," the online content they engage with may not accurately reflect real-world behaviors and opinions.

One-and-a-Half-Sided PSR and Contraceptive Perceived Behavioral Control

An association test showed a significant, moderate positive relationship between one-and-a-half-sided PSR and contraceptive perceived behavioral control ($\chi^2(4) = 35.193, p < .001, G = .520$), with contraceptive perceived behavioral control predicting 52% of the variance in PSR (see Table 6). A one-way ANOVA further revealed significant differences in perceived behavioral control across low, mid, and high PSR scores ($F(2, 435) = 17.411, p < .001$) (see Table 3). PSR scores explain 7.4% of the variance in contraceptive attitude. Tukey's HSD post-hoc test showed that respondents with high ($M = 4.8, s = 0.7$) and mid ($M = 4.4, s = 1.1$) PSR scores had higher perceived behavioral control than those with low scores ($M = 3.9, s = 1.4, p < .001$). These findings suggest that higher PSR with health professionals on TikTok increases confidence in using modern contraceptives during sexual activity.

Moyer-Gusé's (2008) theory suggests parasocial interactions with personalities can affect self-efficacy. High exposure to safe sex vlogs increases perceived behavioral control (Droppers, 2021), and YouTube campaigns have influenced social norms, such as women carrying condoms (Moors, 2020). Similar effects have been observed with fitness influencers (Kim, 2021) and COVID-19 communicators (Liebers et al., 2023).

However, some studies contradict these findings, such as PSR with podcast hosts or The Biggest Loser personalities not influencing self-efficacy (Wolterink, 2022; Siegenthaler et al., 2021). Despite this, the current study supports that PSRs with health professionals increase confidence in contraceptive knowledge, empower women, and reduce stigma.

Table 6: One-and-a-Half-Sided PSR and Perceived Behavioral Control

		One-and-a-Half-Sided PSR							
		Low		Mid		High		Total	
		n	%	n	%	n	%	n	%
Contraceptive Perceived Behavioral Control	Low	11	18.6	14	6.8	7	4.0	32	7.3
	Mid	5	8.5	28	13.7	2	1.1	35	8.0
	High	43	72.9	163	79.5	165	94.8	371	84.7
	Total	59	100	205	100	174	100	438	100

Note. Percentages are presented within the column. $\chi^2(4) = 35.193$, $p < .001$, $G = .520$

One-and-a-Half-Sided PSR and Intention to Use Contraceptives

An association test between overall one-and-a-half-sided PSR score and contraceptive intention was statistically significant ($\chi^2(4) = 52.228$, $p < .001$). The relationship is positive and strong ($G = .702$), with contraceptive intent predicting PSR by 70.2%. Results show high contraceptive intent across all PSR levels: 97.7% for high PSR, 79.5% for mid PSR, and 62.7% for low PSR (see Table 7).

Table 7: One-and-a-Half-Sided PSR and Intention to Use Contraceptives

		One-and-a-Half-Sided PSR							
		Low		Mid		High		Total	
		n	%	n	%	n	%	n	%
Contraceptive Intention	Low	14	23.7	19	9.3	3	1.7	36	8.2
	Mid	8	13.6	23	11.2	1	0.6	32	7.3
	High	37	62.7	163	79.5	170	97.7	370	84.5
	Total	59	100	205	100	174	100	438	100

Note. Percentages are presented within the column. $\chi^2(4) = 52.228$, $p < .001$, $G = .702$

Past research supports the current study's findings on parasocial interactions predicting various behavioral intentions, including safe sex (Droppers, 2021; Gelauff, 2021), purchasing

(Leite & De Paula Baptista, 2021; Lin et al., 2021), and travel (Bi et al., 2021). Increased YouTube viewership has also been linked to improved digital health literacy and exercise behavior intentions (Kim et al., 2024). In healthcare, social media positively influences health communication, affecting patient decisions (Gentry & Prince-Paul, 2021; Bussey & Sillence, 2019), though ethical concerns like sponsorships and blurred content boundaries exist (Stein et al., 2022).

One-and-a-Half-Sided PSR and Contraceptive Behavior

The association test between contraceptive use and overall one-and-a-half-sided PSR revealed a statistically significant inverse relationship ($\chi^2(2) = 96.851, p < .001, G = -0.720$). This indicates that as contraceptive behavior increases, the one-and-a-half-sided PSR decreases, with the ability to predict PSR levels increasing by 72% based on contraceptive behavior (see Table 8).

Table 8: One-and-a-Half-Sided PSR and Contraceptive Behavior

Contraceptive Behavior	One-and-a-Half-Sided PSR							
	Low		Mid		High		Total	
	n	%	n	%	n	%	n	%
Never	5	10.9	11	6.6	3	1.8	19	5.1
Seldom	4	8.7	16	9.6	22	13.4	42	11.2
Often	7	15.2	32	19.3	116	70.7	155	41.2
Almost Always	8	17.4	19	11.4	10	6.1	37	9.8
Always	22	47.8	88	53.1	13	7.9	123	32.7
Total	46	100	166	100	164	100	376	100

Note. Percentages are presented within the column. $\chi^2(8) = 130.544, p < .001, G = -0.435$

The negative behavioral association, despite a positive relationship with behavioral intention, suggests a gap between intention and behavior. This discrepancy may indicate that while respondents believe the information from health influencers on TikTok, certain barriers prevent them from translating their positive contraceptive intent to behavior.

Filipinos' cultural pride and resistance to change, coupled with low TikTok consumption (40.64% spending less than an hour daily), likely contribute to the weak effect of PSRs on contraceptive behavior. Additionally, low engagement with contraceptive content on TikTok (40.41% encountering it occasionally) and short follow-up periods complicate measuring behavior consistency.

Another reason for the inconsistency between PSR and contraceptive behavior could be the short time frame. If respondents have followed a health professional on TikTok for less than a year, and their contraceptive behavior is fairly new, it would be challenging to measure consistency without a longitudinal study.

These findings contrast with previous research showing media use influences contraceptive behavior (Gafar et al., 2020), even in the Philippine context (Chang, 2022; Das et al., 2021), with stronger PSRs promoting healthy behaviors (Hoffner & Bond, 2022). However, few studies explore the intersection of PSRs and contraceptive use.

Contraceptive Knowledge and Contraceptive Behavior

Association tests revealed that the relationship between contraceptive knowledge and contraceptive behavior is moderately statistically significant ($\chi^2(4) = 46.593$, $p < .001$, $G = .541$). Knowing the level of contraceptive behavior increases our ability to predict the level of contraceptive knowledge by 54.1%.

Association tests showed that 83 respondents had high contraceptive knowledge scores, while 293 had low scores. Among those with high knowledge, 61.4% reported "always" using modern contraceptives in the past 12 months, whereas 48.1% of those with low knowledge reported "often" (see Table 9).

These are expected results since the more an individual uses a certain contraceptive method, the more they are exposed to its usage and side effects, informing them of its use. Studies have found a direct link between reproductive health knowledge and behavior (Fisher & Fisher, 1998; Liddelow et al., 2020), and that poor knowledge is associated with poor contraceptive use (Buga, 1996 as cited in Hlongwa et al., 2020).

Across all levels of contraceptive use, respondents showed low contraceptive knowledge, with most answering only three out of nine questions correctly (42.8%). Of these, 64.0% reported using contraceptives "often" in the past year, while only two respondents, both answering "always," scored a perfect nine (see Table 9).

Interestingly, respondents were most frequently misinformed about sterilization (tubal ligation), oral contraceptive pills (OCP), and intrauterine devices (IUD) (see Table 10). Among respondents familiar with sterilization ($n=294$), 256 (66.8%) answered incorrectly. For oral contraceptive pills (OCPs), 251 of 345 familiar respondents (78.0%) were incorrect. For intrauterine devices (IUDs), 234 of 357 familiar respondents (82.1%) answered incorrectly.

Condoms or vaginal barrier methods show the largest knowledge-familiarity gap (86.6%): of respondents who claimed familiarity ($n=369$), 161 answered incorrectly (see Table 10). Interestingly, oral contraceptive pills (OCPs) were the most used method ($n=324$), with condoms/vaginal barriers third ($n=181$). Among OCP users, 112 past users and 96 current users answered the OCP question incorrectly (see Table 11). This indicates that despite frequent or consistent use, many respondents lack knowledge about common misconceptions on these contraceptives, even on topics commonly discussed on TikTok.

Table 9: Contraceptive Knowledge and Contraceptive Behavior of Current Modern Contraceptive Users

Contraceptive Behavior	Contraceptive Knowledge Result					
	Low		High		Total	
	n	%	n	%	n	%
Never	15	5.1	4	4.8	19	5.1
Seldom	38	13.0	4	4.8	42	11.2
Often	141	48.1	14	16.9	155	41.2
Almost Always	27	9.2	10	12.0	37	9.8
Always	72	24.6	51	61.4	123	32.7
Total	293	100	83	100	376	100

Note. Percentages are presented within the column. $\chi^2(4) = 46.593$, $p < .001$, $G = .541$

These findings underscore the need for caution when relying on social media for health information, as it may not be the most reliable source. Prior research also highlights low reproductive health knowledge in the Philippines, which may contribute to risky reproductive behaviors (Choi & Lee, 2021).

External Factors Regarding Contraceptives and Contraceptive Behavior

Among current contraceptive users ($n=376$), only 15 reported difficulty obtaining resupplies. Key barriers included financial concerns (53.3%), side effects (40.0%), and lack of availability (33.3%), with some citing restrictions and personal issues (6.7% each). Association tests revealed a significant moderate inverse relationship between contraceptive behavior and ease of access, $\chi^2(8) = 52.455$, $p < .001$, $G = -0.142$ (see Table 12). This suggests that as contraceptive behavior increases, ease of access decreases, and vice versa.

Results indicate that contraceptive behavior frequency varies with ease of access: those finding it easier to obtain contraceptives most often reported “always” using them (42.5%), while those experiencing no change reported “often” (49.8%). Among those who found access harder, responses were split between “often” and “always” (33.3% each) (see Table 12). This suggests that access ease doesn’t directly predict contraceptive behavior.

For previous users, the primary reasons for stopping were unbearable side effects (29.0%) and infrequent intercourse (25.8%) (see Table 13).

Table 10: Contraceptive Knowledge and Contraceptive Method Familiarity

Modern Contraceptive Method	Contraceptive Knowledge Result per item	Method Familiarity						
		Unfamiliar		Neither familiar nor unfamiliar		Familiar		Total n
		n	%	n	%	n	%	
Sterilization (Tubal Ligation)	Wrong	99	25.8	28	7.1	256	66.8	383
	Right	10	18.2	7	12.7	38	69.1	55
Intrauterine devices (IUD)	Wrong	38	13.3	13	4.6	234	82.1	285
	Right	21	13.7	9	5.9	123	80.4	153
Implants	Wrong	37	27.2	10	7.4	89	65.4	136
	Right	29	9.6	12	4.0	261	86.4	302
Injectables	Wrong	26	28.3	10	10.9	56	60.9	92
	Right	29	8.4	17	4.9	300	86.7	346
Condoms or Vaginal barrier methods	Wrong	14	7.5	11	5.9	161	86.6	186
	Right	32	12.7	12	4.8	208	82.5	252
Lactational amenorrhea method (LAM)	Wrong	138	62.4	36	16.3	47	21.3	221
	Right	26	12.0	11	5.1	180	82.9	217
Emergency contraception	Wrong	73	24.1	32	10.6	198	65.3	303
	Right	30	22.2	12	8.9	93	68.9	135
Oral contraceptive pill	Wrong	44	13.7	27	8.4	251	78.0	322
	Right	18	15.5	4	3.4	94	81.0	116
Patches	Wrong	114	29.3	45	11.6	230	59.1	389
	Right	17	34.7	7	14.3	25	51.0	49

Note. Symptothermal Contraception was not included in the Q&A questionnaire.

Previous research shows that external factors, such as side effects (Britton et al., 2021; Groene et al., 2024), financial concerns (Agha et al., 2021; Budu et al., 2022), partner influence (Abejo et al., 2024; Bhushan et al., 2021), and desire for pregnancy (Ballon & Tamoria, 2023; Edrial et al., 2022), impact contraceptive behavior. In the Philippines, as a low- to middle-income and religious country, women may face challenges translating contraceptive intent into use due to affordability issues and lack of partner or family support.

Table 11: Contraceptive Knowledge and Modern Contraceptive History

Modern Contraceptive Method	Contraceptive Knowledge Result per item	Modern Contraceptive History				
		Method was used before		Method is currently being used		Total
		n	%	n	%	
Sterilization (Tubal Ligation)	Wrong	10	2.6	12	3.1	22
	Right	2	3.6	2	3.6	4
Intrauterine devices (IUD)	Wrong	40	14.0	38	13.3	78
	Right	11	7.2	8	5.2	19
Implants	Wrong	9	6.6	10	7.4	19
	Right	42	13.9	44	14.6	86
Injectables	Wrong	8	8.7	9	9.8	17
	Right	122	35.3	113	32.7	235
Condoms or Vaginal barrier methods	Wrong	6	3.2	8	4.3	14
	Right	91	36.1	76	30.2	167
Lactational amenorrhea method (LAM)	Wrong	0	0	1	0.5	1
	Right	2	0.9	2	0.9	4
Emergency contraception	Wrong	5	1.7	6	2.0	11
	Right	13	9.6	7	5.2	20
Oral contraceptive pill	Wrong	112	34.8	96	29.8	208
	Right	70	60.3	46	39.7	116
Patches	Wrong	1	0.3	1	0.3	2
	Right	1	2.0	1	2.0	2

Note. Symptothermal Contraception was not included in the Q&A questionnaire. Percentage shown is out of those who answered the question right or wrong.

Conclusion

This study explored the relationship between parasocial relationships (PSRs) with health professionals on TikTok and contraceptive intent and behavior. As social media has become a key health information source in the Philippines, health professionals who also create content serve as an accessible resource. While PSRs with these professionals influence contraceptive intent, they do not necessarily lead to consistent contraceptive use, indicating challenges in converting intent to behavior.

Table 12: Access to Modern Contraceptive Use Among Current Modern Contraceptive Users and Contraceptive Behavior

Contraceptive Behavior	Access to Modern Contraceptive Use							
	Easier		Harder		No Change		Total	
	n	%	n	%	n	%	n	%
Never	18	13.4	0	0	1	0.4	19	5.1
Seldom	8	6.0	2	13.3	32	14.1	42	11.2
Often	37	27.6	5	33.3	113	49.8	155	41.2
Almost Always	14	10.4	3	20.0	20	8.8	37	9.8
Always	57	42.5	5	33.3	61	28.9	123	32.7
Total	134	100	15	100	227	100	376	100

Note. Total percentage shown is out of those who are current contraceptive users (n = 376). Other percentages are presented within the column. $\chi^2(8) = 52.455$, $p < 001$, $G = -0.142$

Table 13: External Factors Regarding Modern Contraceptive Use Among Previous Modern Contraceptive User

External Factor	n	%
Side effects of modern contraceptives were unbearable	18	29.0
Absence of intercourse / long intervals between intercourse	16	25.8
Personal concerns (scheduling and prescription conflicts, trying to get pregnant or already pregnant, etc.)	9	14.5
Change of contraceptive method	5	8.1
I am not allowed to get modern contraceptives (i.e. parents, significant other, religion doesn't allow, etc.)	4	6.5
Modern contraceptives are not available (i.e. facilities closed, provider is not around, crowded health facility, facility ran out of stock, don't know where to get, etc.)	3	4.8
Financial Concerns (i.e. no transportation or stable income to obtain contraceptives, etc.)	7	1.6

Note. Percentage shown is out of those who are not currently using modern contraceptives (n = 62). This item also allowed for multiple responses. Other percentages are presented within the row.

Results showed that attitudes, injunctive perceived norms, and perceived behavioral control positively impact the intention to use contraceptives, while descriptive perceived norm does not. This may be because the opinion of one's peers does not really have a large impact on an individual's intent as other external factors may hold more importance. Barriers like financial constraints, personal beliefs, and cultural influences may prevent Filipinos from acting on their intentions.

Future policies and influencer strategies should address these real-world barriers, aiming not just to shape positive attitudes but also to bridge the gap between intent and behavior. Boosting contraceptive knowledge could support this effort, helping individuals make informed reproductive choices.

Implications

Studies have explored social media's role in health-related behavior change, yet Filipino academics might benefit from a localized theory to better reflect Filipino responses to social media messages, as Western frameworks may not fully apply. With growing social media use, integrating Filipino-specific variables and beliefs could enhance relevance. Research on TikTok as an information source and factors influencing contraceptive intent and behavior beyond established variables could also be valuable.

This quantitative survey study, limited by its sample size (N=438) and urban-centric focus, is not fully generalizable to all Filipinos. Future studies should consider larger and more diverse samples, including rural areas or other countries. A longitudinal or experimental design could provide insight into PSR effects on contraceptive behavior over time. Additionally, questionnaires in multiple languages and improved variable definitions, especially for "friends" in social norms, are recommended.

The study highlights the need to bridge the gap between contraceptive intent and use, suggesting that social media partnerships with health influencers could enhance health campaigns. Policymakers could promote open discussions on contraceptives and institutionalize sexual health education, while health professionals can leverage social media to provide practical contraceptive advice. Supporting influencers to maximize their impact could also contribute to improved reproductive health behaviors.

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