

“High prevalence of traditional methods and unwanted pregnancies: barriers to obtaining family planning services in the Philippines”

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ABSTRACT

JUSTIFICATION

Evidence from national surveys indicate that Filipino women increasingly want fewer children than they have. Moreover, they rely heavily on traditional methods, in particular withdrawal and periodic abstinence - about half of married women use contraception and 40% of users rely on periodic abstinence or withdrawal (AGI, 2003). Furthermore, the trend (from the Demographic Health Surveys) indicates that the use of traditional methods by currently married women aged 15-49 increased from 15% in 1993 to 20% in 1998. It is well-known that traditional methods have a high probability of resulting in an unplanned pregnancy and increasing the likelihood of abortion to prevent an unplanned birth (AGI, 2003). The Philippines is characterized by having a high level of unintended pregnancies (55% of all pregnancies are unintended) and of induced abortions (the abortion rate in 2000 was 27 per 1,000 women aged 15–44 per year). It is likely that these high levels of unintended pregnancy and abortion are associated with lower levels of contraceptive use, and an increase in use of traditional methods, or less effective use of contraceptive methods (Juarez et al., 2005). The proportion of all pregnancies that are unintended changed little in the Philippines between 1994 and 2000 (53% and 55%, respectively). However, the largest change in the proportion of pregnancies that are unintended occurred in Manila, rising from 54% to 65%, whereas the proportions in the other regions changed more modestly or remained about the same. Contraceptive trends between 1993 and 1998 show variations that are consistent with these differential trends in unintended pregnancy by region.

Use of modern methods increased between 1993 and 1998 (from 25% to 28%), but a larger increase occurred in use of traditional methods (from 15% to 20%). Use of modern contraceptive methods increased in most regions, however, Metro Manila stands out because it did not experience any notable change in the uptake of modern contraceptive methods during this period; furthermore, the proportion of women using traditional methods increased in all of the regions but most significantly in Metro Manila, from 15% to 22% (Juarez et al., 2005). The general trend in contraceptive use in the Philippines is the opposite of what has been observed in the developing world, where women living in the more modernized and urban areas of a country experience an upward trend in use of modern contraceptive methods, and are less likely to be using traditional methods, compared to women in the rural, less developed areas of a country. An increase in the use of traditional contraceptive methods is observed all the regions, but it is more striking and unexpected that this increase has occurred in Metro Manila, the most urbanized area of the country. Furthermore, a significant proportion of women using periodic abstinence or

withdrawal do not know when is the fertile period, thus increasing even more the risk of an unwanted pregnancy and thus an induced abortion.

This resistance to uptake of modern contraceptive use and the unexpected finding for Manila, need to be considered in the context of Philippines, where the positions taken by the Catholic Church and the government are pro-life and endorse “natural” family planning (traditional methods). Moreover, both have had a strong influence on the provision of contraceptive services, given that they oppose the use of modern contraceptive methods. The church accepts only periodic abstinence as a method of family planning. It was critical of the Ramos administration, which promoted the use of artificial or modern birth control methods, and it has campaigned against politicians who support modern family planning. Under President Macapagal-Arroyo, the national population and reproductive health program has endorsed traditional family planning methods on the grounds that they promote family values (Leonardo and Legaspi, 2003; Esguerra and Burg, 2008). In this environment it is extremely important to understand women's choice to use contraception, the method they use, and barriers to use of modern contraception. Such information would be essential for advocates and providers in arguing for better services, and in designing efforts to meet women’s need for modern family planning services. Such information is of high priority particularly where there is entrenched political opposition and pervasive sensitivities around the use of modern methods of family planning. Research is needed to disentangle the barriers to modern contraceptive uptake and understand women's reasons for switching from modern to traditional methods.

OBJECTIVES OF THE PAPER

The objectives of this paper are to explore:

- (a) use of contraception at the time an unwanted pregnancy was conceived, including which specific method was used; analysis of these data will provide insights into the extent to which traditional method use contributes to unwanted pregnancy as compared to use of modern methods, how this varies across population groups, and what are the factors that affect use of traditional and modern methods.
- (b) the extent to which women traditional methods use and switched between from modern to traditional methods and vice-versa occur;
- (c) women's reasons for not using contraception and reasons for choosing a traditional method or a modern method;
- (d) the sources that influence or provide support for using specific contraceptive methods (partner influence, relatives, environment, church) and the services of family planning (data includes some questions on the role of the church, specific services received at FP clinics, and attitudes toward contraceptive use of husband, relatives, among others).

DATA AND METHODOLOGY

The main source of data for this paper is the 2004 National Survey of Women (NSW-2004), a survey specially collected and designed to investigate two key themes: unplanned pregnancies, the abortion-seeking process and its health consequences; and barriers to use of modern contraception and method switching. Some 4,094 women aged 15–49, both single and married, were interviewed. Using the 2000 Philippines census as the sampling

frame, a stratified, multistage sample was designed, with regions and urban/rural location as strata, and the sample will provide estimates at the national, regional and urban/rural levels. The survey obtained information on several topics including: respondent's demographic and socio-economic characteristics; pregnancy, fertility and fetal loss histories; contraceptive knowledge, attitude and practice; experience of unwanted pregnancies and abortion; and detailed information on the process of abortion seeking behavior and its consequences. Additionally, DHS data for 1993, 1998, and 2003 will be used. Additional data sources used are the 1993 Demographic and Health Survey (DHS) (N=15,029 women aged 15–49 years), the 1998 DHS (N=13,983 women this age) and the 2003 DHS (N= 13,633 women this age). While much useful information has already emerged from the 2004 NSW, further analysis is needed to fully leverage this rich body of data and answer questions of immediate policy relevance such as those pose in this study.

In the 2004 National Survey of Women, we incorporated detailed information on contraceptive use and method switching (last segment) and questions related to possible factors influencing the uptake of modern contraceptive and method switching such as reasons who suggested the switch (included FP clinic). Information was also obtained on:

- who mainly suggested to the respondent that she should stop using contraception;
- the difficulties/ease of obtaining methods or getting advice about methods (information was obtained for 4 methods: pill, female sterilization, calendar rhythm and withdrawal).
- the respondent's attitudes (positive or negative) toward modern methods and those close to her including her husband/partner, relatives, etc.
- factors that are important in whether a woman decides to use a method to avoid getting pregnant
 - a) Effectiveness
 - b) What my religion says about methods
 - c) Health effects
 - d) Cost of the method
 - e) Accessibility/easy to reach
 - f) Ease/comfort of use
 - g) Partner approval
 - h) Others' approval
- ways in which the Church has a direct influence on the respondent's in regard to the use of modern contraception. For example, it has been reported that priests will single out individuals in administering mass, to criticize them for using modern contraceptives (in his pulpit sermon during the mass). Questions were asked to capture the level to which this kind of direct action was occurring, and to determine how fearful the women is of being singled out by the priest in this way.

Q414. Have you ever heard about a priest announcing the names of users of modern contraceptives (pill, IUD, injectable, female sterilization, vasectomy, and condom) in his pulpit sermon during the mass?

Q 415. Have you ever heard this done when you were attending services?

Q 416. If you were to use modern contraceptive methods (now that you are currently using a modern method), do you fear being announced or singled out by the priest in his pulpit sermon during the mass?

This information from this module of questions will be analyzed to identify and assess the strength of barriers to contraceptive use.

Demographic and statistical techniques will be used in the analysis. analysis has just initiated, we anticipate that preliminary findings will be available by the end of November 2008, and a draft of the article will be ready by February 2009.

RESULTS

As we have just initiated the analysis, no preliminary findings are available at them directly related to the objectives of this paper. However, we present some preliminary background information in the next few paragraphs.

Close to half of all Filipino women of reproductive age have an unmet need for effective family planning.- Many Filipino women who do not want to become pregnant do not use a modern contraceptive method and have an unmet need for effective contraception. More than four in 10 married women (45%) had an unmet need for effective contraception in 2003 (own calculations, NSW-2004). That is, they did not want a child in the next two years or did not want any more children and were able to become pregnant, but either were either using no contraceptive method at all or were using traditional methods.* Such women are at high risk for unintended pregnancy and abortion. In addition, women who are using modern reversible methods are at some, though much lower, risk of experiencing contraceptive failure and unintended pregnancy. Some progress has occurred since the 1990s: The proportion of married women who have an unmet need for effective contraception has decreased slowly but steadily from 54% in 1993 to 45% in 2003, as use of modern methods has increased from 25% in 1993 to 33% in 2003 (Bautista, 2005). Nevertheless, the level of need for improved contraception remains very high among married women in the Philippines, despite nearly universal awareness of contraceptive methods among both sexes (Cabigon, 2000).

Among married women who do not want a child in the next two years but are not practicing family planning, about three-fourths have health concerns or fear that contraceptives will have side effects. Almost half of women mention a number of reasons that reflect ambivalence about pregnancy or poor planning about when to use contraceptives. (own calculations, NSW-2004). About one in four mention difficulties in accessing contraceptive services. Such responses highlight the need for better education and counseling on contraceptives, including their effects on a woman's body and where to obtain them, as well as basic education on pregnancy and reproductive health for both men and women. Nearly half (46%) of women seeking abortions were practicing some form of family planning when they became pregnant (Sanchez and Ingenta, 2003). Of these women, one-quarter were using a modern method; the rest were using a traditional method. Although neither contraceptives nor the people using them are perfect, failure rates for modern methods are very low.

Compared with women using modern methods of contraception, women using traditional methods account for a disproportionately large share of women seeking an abortion (Shire, 2003). In 2003–2004, 35% of all women who reported seeking an abortion had been using

traditional methods at the time they conceived, compared with 21% of all married women who did not want another child soon or ever. In contrast, only 11% of women seeking an abortion had been using modern methods when they became pregnant, compared with 38% of married women who did not want another child soon or ever (Singh et al., 2006).

Young adults are at particularly high risk of unintended pregnancies.- The 2004 National Survey of Women indicates that 46% of abortion attempts occur among young women: some 30% among women aged 20–24, and 16% among teenagers (Singh et al., 1997; Juarez et al., 2005). According to a study of sexual behaviors among youth, 16% of unmarried Filipino women aged 15–24 reported ever having had sex in 2002, up from 10% in 1994. While the reported increase is only moderate, the study notes that many young people may be reluctant to admit they are having intercourse, so the actual level of sexual activity in both years is likely to be higher. Sexually active young people may fail to seek out needed sexual and reproductive health counseling and services. Women younger than 24 are underrepresented at family planning clinics, relative to their proportion of the population of sexually active women (Juarez et al., 2005b) Of the young unmarried women who reported having been sexually active in 2002, only 15% used a contraceptive the first time they had sex (own calculations, NSW-2004). Because sex education in Philippine secondary schools typically covers little more than anatomy (Singh et al, 2006) many Filipino teenagers rely on their family members, peers and the media for information on contraceptives. Adults, both single and married, also tend to get family planning information from informal sources—neighbors, friends, relatives and the media—as well as from medically trained health care workers (Melgar et al, 2004).

IMPLICATIONS FOR POLICY

The aim of this study is also to

- Increase awareness and knowledge among key stakeholders of the health and economic consequences of unintended pregnancy
- Increase public and policymaker support for prevention of unintended pregnancy and unsafe abortion through increased and improved access to comprehensive contraceptive services

However, we hope that the ultimate beneficiaries will be the millions of women in the country who are currently in need of improved access to high quality family planning and are, as a result, at risk of the health and social consequences of unintended pregnancies. Better responding to the needs of these women and their families holds the potential to reduce the nation's currently unacceptable levels of unintended pregnancy.

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