Barriers to Contraceptive Use in the Philippines
from a new fact sheet by the Guttmacher Institute and Likhaan Center for Women's Health Inc.
## Contraceptives & the MDGs

### Goal 5. Improve maternal health

#### Target 5.A:
Reduce by 3/4, between 1990 & 2015, the maternal mortality ratio

#### Target 5.B:
Achieve, by 2015, universal access to reproductive health

### Indicators:

- MMR
- Births attended by skilled health personnel
- Contraceptive prevalence
- Adolescent birth rate
- Antenatal care
- Unmet need for FP
Sources of unintended pregnancy risks

BIGGEST RISKS

- not using any method - "unmet need"
- using traditional methods
- unintended pregnancies

BIGGEST RISKS

- modern method failure & other risks

- maternal complications & deaths, abortion, unplanned births, other consequences

can get pregnant, want to space or limit children, but…
Rise in unintended pregnancy risk

% of married women of reproductive age, NDHS
Rich & poor face high unintended pregnancy risks…

…but poor women’s unmet need gives them the highest risk

% of married women of reproductive age, NDHS 2008
Why?

1. government failures
2. quality of care problems
Failure to replace USAID supplies

Govt (nat'l & local) as most recent source, %

- pills
- all modern methods
- condoms

2006 poverty line (33%)

Eventually hitting the poor


% , most recent source of supply, NDHS
Broken promise:
"Contraceptive Self-Reliance Strategy"

"Government, to include national and local levels, shall act as 'guarantor of last resort' assuring that contraceptives remain available for current users who depend on donated supplies...."

- DOH AO 158 s. 2004
Discriminatory policy

DOH buys vaccines & anti-TB drugs for localities, while spending zero on contraceptives despite budget availability.

<table>
<thead>
<tr>
<th>2010 DOH MOOE Budget for</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td>TB Control</td>
<td>1.11 B</td>
</tr>
<tr>
<td>Vaccine-Preventable Disease Control</td>
<td>1.02 B</td>
</tr>
<tr>
<td>Family Health including Family Planning</td>
<td>0.93 B</td>
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</table>
"...as many as 67.6% of currently married women stand to benefit from using modern NFP methods." ...

"[by 2006]... raise NFP use rate to 20% among currently married women/couples who are not yet using any method of contraception"

- DOH AO 125 s. 2002

% current use, married women of reproductive age, NDHS
LGU contraceptive ban

NGO FP outreach using makeshift clinic, MANILA 2009
Manila community hit by contraceptive ban
Reasons for non-use by women with unmet need

- **Health concerns**: Same percentage in 2003 and 2008.
- **Unlikely to be pregnant**: Increase in percentage from 2003 to 2008.
- **Cost**: Increase in percentage from 2003 to 2008.
- **Personal or religious opposition**: Decrease in percentage from 2003 to 2008.

% of women with unmet need, NDHS 2003 & 2008
Consequences

Preventable if all women who wanted to avoid a pregnancy used modern methods:

- 800,000 unintended births
- 500,000 abortions
  - 200,000 miscarriages
  - 2,100 maternal deaths
  - other health, economic and social costs
Stagnation in maternal death reduction

- NSO surveys, direct sisterhood .......... slight decline
- NSO vital registration data ............... no decline
- WHO, adjusted sisterhood data .......... almost same as NSO
- Hogan et al estimates (Lancet 2010) ... rapid decline (being questioned)

Target 52
Poor women & families suffer most

Unintended births per woman

among richest: 0.3

among poorest: 2
New path for the new administration

Five Immediate Doables

1. Restore "cafeteria policy"
   - support for the widest range of FP choices
2. Buy contraceptives
   - use DOH 2010 FP budget
3. Reverse LGU bans
   - use standard-setting & regulatory authority
New path for the new administration

Five Immediate Doables

4. More PhilHealth funding
   - e.g., 3-year birth spacing FP supplies in maternity care package

5. Focus on quality of care standards and training
New path for the new administration

More Doables

- Pass the RH bill
- Promote FP as one of the key pillars of reducing maternal mortality
- Stop using health for political-religious patronage
In sum

- Contraceptives and reproductive health are part of the MDG
- Hardly any progress in contraception in the past decade
- Government failures & quality of care problems are the key barriers
- Lives and health, especially of the poor, are threatened
- The new administration can still change course to achieve the MDG