



Contraceptive Use in the Philippines At A Glance



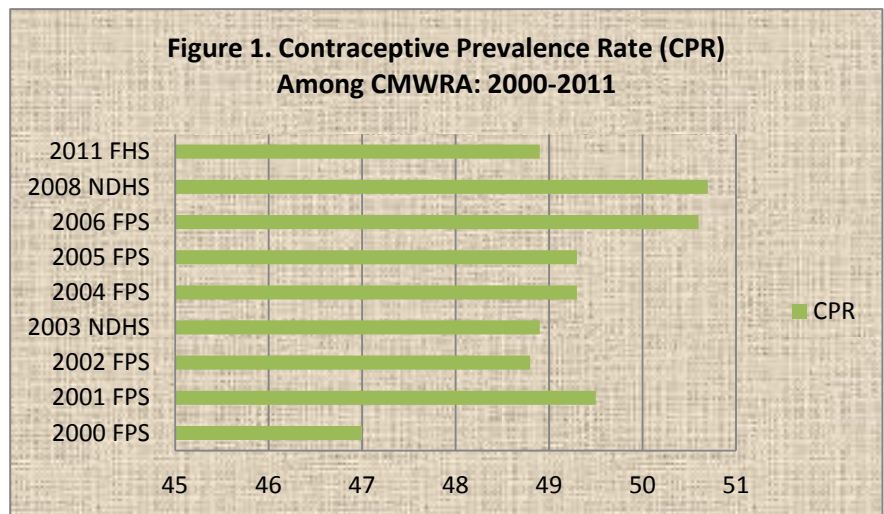
September 2013

AG-13-04

The use of modern methods of family planning (FP) is critical in managing the country's population growth which has been established to have a strong link to economic development. Based on the 2010 Census of Population and Housing, there are about 92.34 million Filipinos—about 3.79 million more than the total population recorded in 2007. This is despite the fact that the country's annual average growth rate of population decreased from 2.36 percent during the period 1995-2000 to 2.04 percent from 2000-2007 to 1.90 percent from 2007-2010, and that the total fertility rate¹ declined from 3.7 to 3.1 from 1998 to 2011.

Prevalence of Contraceptive Use. Results of the 2011 Family Health Survey (FHS) which updated the findings from the 2006 Family Planning Survey (FPS) and 2008 National Demographic and Health Survey (NDHS) show an almost stagnant trend in the use of contraception among currently married women of reproductive age (CMWRA), which is 15 to 49 years of age in the Philippines (Figure 1).

The practice of family planning among CMWRA has declined from 50.6 percent in 2006 to 48.9 percent in 2011 (Table 1). Disaggregated by method, the use of traditional or natural family planning decreased, from 14.8 to 12.0 percent, with the exception of the withdrawal method which increased by 0.9 percentage points. Meanwhile, the overall prevalence of modern contraceptives marginally increased, from 35.9 to 36.9 percent, which can be attributed to the increase in the use of pills and injectables. In terms of location, there are slightly less women who use FP methods in rural (48.3 percent) than urban (49.6 percent) areas. Asked why they are not using FP services, the respondents of the 2011 Family Health Survey point to wanting children, fear of side effects, inaccessibility of FP services, infrequent or no sex, and infecundity² as the top five reasons (Figure 2).



Source: National Statistics Office

Table 1. Family Planning Methods Used by CMWRA: 2006 FPS and 2011 FHS

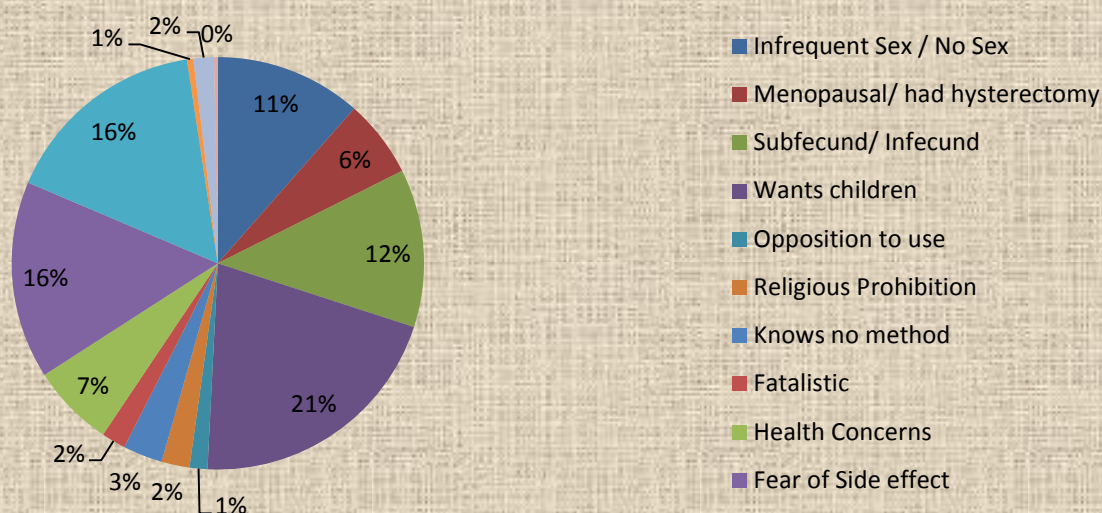
METHOD USED	2006 FPS	2011 FHS
Any method	50.6	48.9
Any modern	35.9	36.9
Pill	16.6	19.8
Female Sterilization	10.4	8.6
IUD	4.1	3.1
Injectables	2.8	3.4
Male Condom	1.6	1.2
Other Modern	0.3	0.8
Any Traditional	14.8	12
Calendar / Rhythm	7	3.7
Withdrawal	7.3	8.2
Other Traditional	0.5	0.1

Source: National Statistics Office

¹ Total fertility rate (TFR) refers to the number of births a woman could have, on the average, at the end of her reproductive year (NSO).

² Lack of fruitfulness; barrenness; sterility; unproductiveness.

Figure 2. Reasons for not Using Family Planning Methods Among CMWRA: FHS 2011



Source: National Statistics Office

Furthermore, the decision of the CMWRA to use FP methods depends on their socio-economic status, age and level of education. Results of the survey suggest that overall, CMWRA belonging to poor households, who are younger (15-19 years of age), and less educated tend to use less methods of family planning (Table 2). Moreover, there is a bigger gap between the poor and non-poor CMWRA in using modern methods (7.1%) than traditional methods (1.1%).

The pill remains the most preferred method of contraception for both poor and non-poor women. In addition, CMWRA from poor households rely more on public sources (53.5%) than private sources (43.9%) to acquire FP methods, whereas those from non-poor households acquire FP services and supplies more from private sources (57.1%) than public sources (42.1%).

According to the National Statistics Office (NSO), the unmet need³ for FP among married women in the Philippines increased, from 15.7 percent (2006 FPS) to 19.3 percent (2011 FHS). Unsurprisingly, unmet need for FP decreases with woman's age, from 37.0 percent among women aged 15-19 to 7.8 percent among women aged 45-49. Currently, unmet need is higher among poor women (25.8%) than non-poor women (16.6%). The 2011 FHS also reveals that CMWRA in the Autonomous Region in Muslim Mindanao (ARMM) have the highest unmet need for family planning (35.8%) (Table 3).

Table 2. PERCENTAGE OF CMWRA, aged 15-49, USING ANY FP METHOD AND BACKGROUND CHARACTERISTICS PHILIPPINES: 2011	
Background Characteristics	Any Method (Est.%)
Age Group	
15 - 19	28.7
20 - 24	43.9
25 - 29	51.6
30 - 34	54.4
35 - 39	55.1
40 - 44	50.6
45 - 49	37.5
Education	
No Education	21.2
Elementary	44.3
High School	51.6
College	49.3
Socio-Economic Status	
Poor	43.1
Non-Poor	51.3

Note: Percentage of CMWRA using contraceptives as a proportion of total female population

Source: National Statistics Office, 2011 Family Health Survey

³ Unmet need refers to the proportion of CMWRA who are not using any method of FP but do not want any more children or prefer to space birth (NSO).

Table 3. PERCENTAGE OF CMWRA, 15-49, WITH UNMET NEED FOR FAMILY PLANNING BY SELECTED BACKGROUND CHARACTERISTICS, PHILIPPINES: 2011		
Background Characteristics	Total Unmet Need (Est.%)	Number of currently married women
Age Group		
15 - 19	37	439
20 - 24	29.3	1,640
25 - 29	24.4	2,333
30 - 34	20.2	2,504
35 - 39	16.3	2,405
40 - 44	14.3	2,113
45 - 49	7.8	1,835
Region		
NCR	18.5	1,840
CAR	17.9	211
I. Ilocos	14.9	679
II. Cagayan Valley	14.3	475
III. Central Luzon	14.8	1,484
IV-A. CALABARZON	15.2	1,803
IV-B. MIMAROPA	20.4	382
V. Bicol	25.1	690
VI. Western Visayas	20	840
VII. Central Visayas	20.9	935
VIII. Eastern Visayas	18.6	534
IX. Zamboanga Peninsula	27.3	514
X. Northern Mindanao	17.8	613
XI. Davao	17.7	691
XII. SOCCSKARGEN	23.4	646
XIII. Caraga	20.4	357
ARMM	35.8	576
Education		
No grade completed	29.2	208
Elementary	21.2	2,934
High School	19	6,808
College or Higher	17.6	3,321
Socio-Economic Indicator		
Poor	25.8	3,856
Non-Poor	16.6	9,414
TOTAL	19.3	13,271

Source: National Statistics Office

Table 4. Total Fertility Rates, by Region: FPS 2006 vs. FHS 2011		
REGION	2006 FPS	2011 FHS
Philippines	3.2	3.1
National Capital Region	2.5	2.6
Cordillera Admin. Region	3.2	3
I. Ilocos	3	3.2
II. Cagayan Valley	2.8	3.1
III. Central Luzon	2.7	2.8
IV-A. CALABARZON	2.9	2.9
IV-B. MIMAROPA	4.1	4.1
V. Bicol	4.1	4
VI. Western Visayas	3.2	3.2
VII. Central Visayas	3.3	3.2
VIII. Eastern Visayas	3.3	3.9
IX. Zamboanga Peninsula	3.9	3.4
X. Northern Mindanao	3.7	3.7
XI. Davao	3.4	3.4
XII. SOCCSKARGEN	3.4	3.3
XIII. Caraga	3.7	3.8
ARMM	3.1	2.9

Source: National Statistics Office

Legislative Intervention. On December 21, 2012, Republic Act No. 10354 entitled, “An Act Providing for a National Policy on Responsible Parenthood and Reproductive Health” (popularly known as the RH Law) was enacted into law. It mandated the provision of a full range of natural and modern methods of family planning that are affordable, medically safe and legal, thereby addressing the unmet need of CMWRA for FP methods, and the need to improve the contraceptive prevalence rate (CPR) in the country. The law likewise calls for age-appropriate RH and sexuality education among the youth and the integration of Responsible Parenthood and Family Planning component in the government’s anti-poverty programs.

The RH Law could also have propitious impact on the efforts of the government to halt the alarming increase in human immunodeficiency virus (HIV) incidence in the country. The rise in HIV incidence is mainly attributed to the low rate of condom use in the Philippines, increasing trends in extramarital and premarital sex, unsafe practices among intravenous drug users, lack of education and common misconceptions about HIV/AIDS (Acquired Immune Deficiency Syndrome). According to the Department of Health, HIV transmission is primarily through unprotected sex, with men having sex with other men as the current predominant type. The Philippine National AIDS Council (PNAC) estimates the total number of HIV-AIDS cases to rise to 35,900 to 46,500 by 2015 from the current estimate of 22,800.

However, the implementation of the RH Law was stalled following a temporary restraining order (TRO) by the Supreme Court on March 18, 2013 upon consideration of a consolidated appeal from petitioners who claim that certain provisions of the law violate constitutional rights. The oral arguments for and against the law have already been concluded, and after the submission of the petitioners’ memoranda, a final verdict will be issued by the High Tribunal.

SEPO duly acknowledges the assistance of Mr. Christopher Joseph M. Takeda, student-trainee from the College of Arts and Sciences of the Manuel S. Enverga University Foundation in Lucena City, in the preparation of this publication.