

Sources of Family Planning Philippines



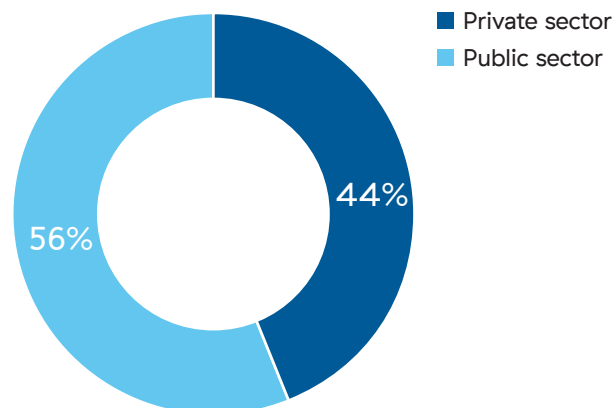
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Understanding where women obtain their family planning methods can help programs to better target their resources and increase overall access to modern contraception. This brief is one in a series of country briefs that examines where women obtain modern contraception by method, geography, age, and socioeconomic status. Through a secondary analysis of the 2017 Philippines Demographic and Health Survey, the brief explains where modern contraceptive users obtain their method and examines the contribution of the private sector to family planning in the Philippines.

Key Findings

- More than 2 in 5 (44%) modern contraceptive users rely on the private sector for their method.
- Short-acting method users rely almost equally on the public and private sectors.
- Among users of pills, the Philippines' most popular method, two-thirds rely on private sector sources.
- More than 30% of the poorest users rely on the private sector for family planning.
- More than 40% of the wealthiest contraceptive users rely on public sector sources.

Source of modern contraceptives



This is one in a series of briefs that examines sources of family planning methods in USAID priority countries. View the data at PrivateSectorCounts.org.

Modern contraceptive prevalence rate and method mix

One in four women of reproductive age in the Philippines use modern contraception. Among married women, the modern contraceptive prevalence rate (mCPR) is 40 percent. This brief focuses on all women, married and unmarried, to accurately portray contraceptive sources among all users. The mCPR increased slightly from 23 percent in 2013 to 25 percent in 2017. The overall method mix has remained largely unchanged. Short-acting methods (SAMs) remain dominant, with 13 percent of women using pills and 3 percent using injectables. Use of long-acting reversible contraceptives and permanent methods (LARCs and PMs) is lower than SAMs but still considerable, at 8 percent.¹ The national insurance scheme, PhilHealth, is widely used, covering over 90 percent of eligible Filipinos. PhilHealth covers LARCs and PMs but not SAMs, indicating that factors other than PhilHealth coverage may be driving many women towards use of SAMs (Ross et al. 2018).

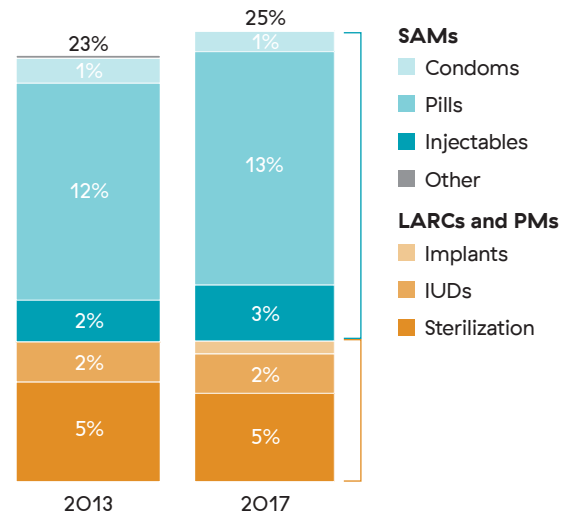
Sources for family planning methods

The public (56 percent) and private (44 percent) sectors are both important sources of modern contraceptives. Use of the private sector declined from 52 percent in 2013 to 44 percent in 2017, while public sector use increased from 47 to 56 percent. Less than 1 percent use other sources.²

Women in the Philippines rely on the public and private sectors for SAMs at similar levels (8 versus 9 percent, respectively). Use of SAMs supplied by the public sector increased from 5 to 8 percent between 2013 and 2017, while use of private sector SAMs declined slightly (from 10 to 9 percent).

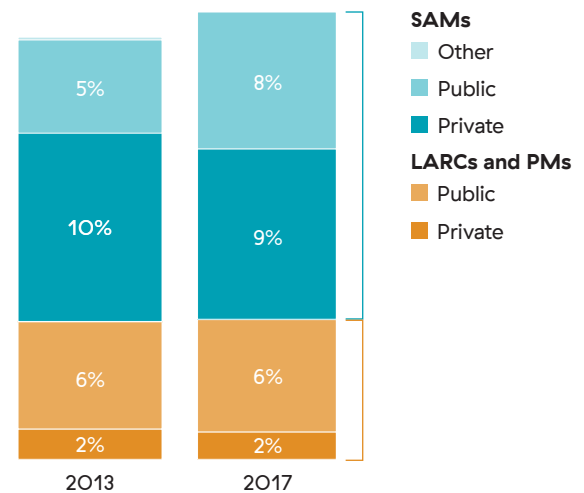
Among users of pills, the most popular method, 66 percent use private sources and 34 percent use public sources. While fewer women in the Philippines use injectables, nearly all of these women (93 percent) rely on public sector sources for their method.

The mCPR in the Philippines increased slightly between 2013 and 2017; SAMs remained dominant



Note: Numbers may not add due to rounding.

Public sector use for SAMs increased between 2013 and 2017, while private sector use slightly declined



¹ SAMs include injectables, contraceptive pills, male condoms, female condoms, and fertility-awareness methods. LARCs and PMs include IUDs, implants, and male and female sterilization. The lactational amenorrhea method and “other modern” methods are excluded from this analysis, as the Demographic and Health Survey does not systematically ask women about sources for these methods. This analysis shows which methods women use. It does not reflect which methods women might choose if they had access to all methods.

² Public sector sources include hospitals, rural health centers, urban health centers, Barangay health stations, and Barangay supply and service point officers. Private sector sources include hospitals, clinics, industry based clinics, doctors, nurses, and midwives; faith-based organizations and NGOs including churches; and pharmacies, shops, and puericulture centers. Other sources include friends, relatives, and women who did not know or report the source. This analysis shows where women obtained their most recent method. It does not reflect where women might choose to go if they had access to all sources of care.

Private sector sources

Among private sector users, 69 percent obtain their method from a pharmacy, 16 percent from a hospital or clinic, and 15 percent from a shop. Less than 1 percent of private sector users rely on NGOs or faith-based organizations. Among pill users who rely on the private sector, the majority (81 percent) obtain their method from a pharmacy, while 18 percent go to shops.

Rural and urban areas

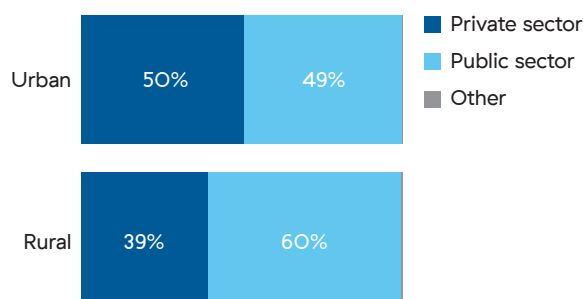
The mCPR is lower in urban (22 percent) than in rural (27 percent) areas. Urban contraceptive users are more likely to obtain their method from the private sector (50 percent) compared with rural users (39 percent). Despite these differences in source, the method mix is similar in urban and rural areas. Contraceptive source varies by region, as well. For example, approximately one-half of users in Western Visayas (51 percent) and Central Luzon (46 percent) rely on private sources. In contrast, one in three users in Northern Mindanao (35 percent) and Eastern Visayas (32 percent) obtain their method from a private source.

Contraceptive source by marital status and age

Unmarried contraceptive users are somewhat more likely than married users to rely on the private sector (52 versus 44 percent, respectively). The method mix also varies by marital status. Unmarried users are more likely to use condoms (17 versus 4 percent, respectively), while married users are more likely to rely on pills (53 versus 26 percent) and injectables (13 versus 4 percent). More than two-thirds (68 percent) of Filipino condom users rely on private sector sources, which could help explain the higher private sector level among unmarried users.

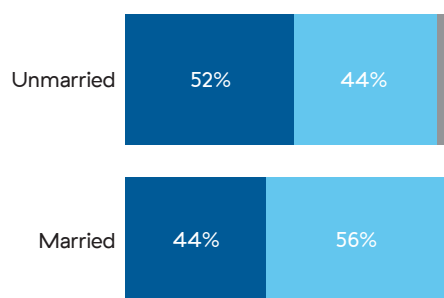
Contraceptive users younger and older than 25 use the private sector in similar proportions (47 and 44 percent, respectively). Users younger than 25 are more likely than those 25 and older to rely on SAMs such as pills (63 versus 50 percent) and injectables (18 versus 12 percent). As expected, users older than 25 are far more likely to be sterilized than their younger counterparts (23 versus 1 percent, respectively).

Half of urban users rely on private sector sources



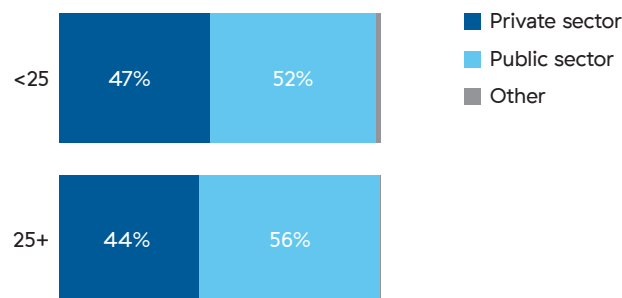
Percent of users in each group who obtain modern contraception from each source

More than half of unmarried users obtain their method from the private sector



Percent of users in each group who obtain modern contraception from each source

Use of the public and private sectors are similar across age groups



Percent of users in each group who obtain modern contraception from each source

Contraceptive source by socioeconomic status

In stark contrast to global patterns, the mCPR is much higher among the poorest than wealthiest women (31 versus 19 percent). Among the poorest, 32 percent use private sources. Among the wealthiest, 59 percent use private sources and 41 percent use public sources. The wealthiest users rely on private sources more for SAMs (73 percent) than for LARCs and PMs (32 percent).

More than 3 in 10 of the poorest contraceptive users in the Philippines rely on the private sector



4 in 10 of the wealthiest contraceptive users in the Philippines use the public sector



Implications

The Filipino government is committed to supporting private sector service delivery and quality (GOP 2017). Better understanding the decrease in private sector use between 2013 and 2017 would help overcome barriers to private sector participation. One key contextual factor is the Supreme Court's 2015 Temporary Restraining Order (TRO), restricting implant provision and preventing renewal or registration of all other contraceptives. While the TRO only applied to public facilities, it created confusion across sectors regarding which contraceptives could be procured and distributed (Callahan et al. 2017). The TRO ended in November 2017, and the method and source mix may shift as additional commodities become available. PhilHealth is another key factor given its high coverage level. In 2015, PhilHealth expanded accreditation to private providers. However, receiving training from accredited institutions to obtain PhilHealth reimbursement remains a challenge, particularly for private nurses and midwives (Callahan et al. 2017). Enhancing for-profit providers' accreditation opportunities would increase access to LARCs and PMs—methods covered by PhilHealth. Confronting private sector barriers to LARC and PM provision would allow wealthier users with the ability to pay for these methods to access them through private sources, which would create opportunities for the government to target its limited resources towards the poorest women.

References

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³ The poorest women are those in the lowest two wealth quintiles as defined by the Demographic and Health Survey's asset-based wealth index. The wealthiest women are those in the top two wealth quintiles.



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Sustaining Health Outcomes through the Private Sector (SHOPS) Plus is a five-year cooperative agreement (AID-OAA-A-15-00067) funded by the United States Agency for International Development (USAID). The project strategically engages the private sector to improve health outcomes in family planning, HIV, maternal and child health, and other health areas. Abt Associates implements SHOPS Plus in collaboration with the American College of Nurse-Midwives, Avenir Health, Broad Branch Associates, Banyan Global, Insight Health Advisors, Iris Group, Population Services International, and the William Davidson Institute at the University of Michigan. This brief is made possible by the generous support of the American people through USAID. The contents are the responsibility of Abt Associates and do not necessarily reflect the views of USAID or the United States government.