



Contraceptive access in the Philippines: the effect of decreased public sector supply

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High population growth in the Philippines

- **Current total fertility rate (TFR) is 3.3 children per woman¹**
 - Differences by wealth: Lowest income TFR 5.2 vs highest income TFR 1.9
- **Current population growth rate of 2.4 %²**
 - Decreasing per capita GDP
 - Increasing poverty rate
- **Signed United Nations Millennium Declaration to achieve universal access to reproductive health services²**



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¹Philippines National Statistics Office and ICF Macro, 2009.
²Philippine Senate Economic Planning Office, 2009.

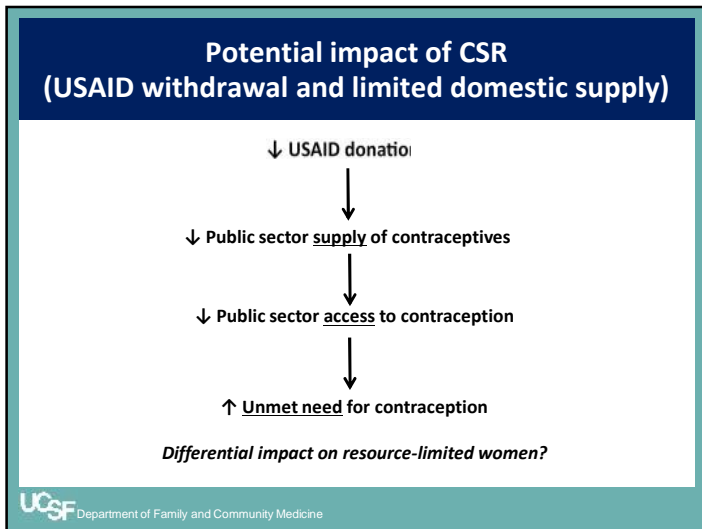
USAID withdrawal of contraception donation program



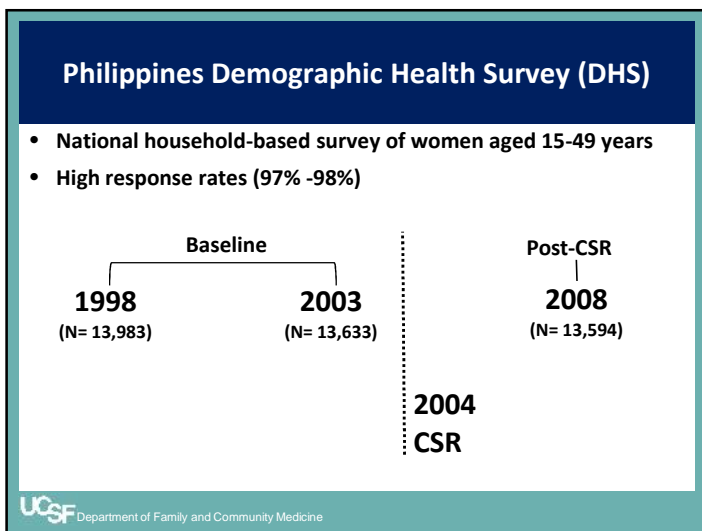
- **1970-2003: USAID donated 80% of contraceptive commodities^{3,4}**
 - Supplied condoms, pills, injectables, and IUDs within **public sector**
- **2004: Contraceptive Self-Reliance Strategy (CSR)³**
 - Replace USAID-donated contraceptive commodities with domestic sources
 - Limited contraceptive funding and disbursement by Philippine government
 - Focus government family planning services to **resource-limited women**
 - Increase private sector market involvement

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³USAID /Philippines Population, Health, and Nutrition Initiative, 2003.
⁴Lee et al. *Reproductive Health Matters*, 2009.



- ### Study Objectives
1. To evaluate temporal trends in source of contraception and unmet need for contraception after CSR.
 2. To examine potential differential effects of CSR implementation based on wealth
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- ### Outcomes
1. **Public sector source of contraception among current contraceptive users**
 - Government hospitals, rural health units, barangay health stations, and other public facilities
 2. **Unmet need for contraception among all women**
 - Fertile women, who either do not want more children or want to wait before next birth, but are not using contraception
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Predictors

- **Individual-level factors**
 - Age
 - Educational level
 - Household wealth index
 - Urban/rural residence
 - Marital status
 - Employment status
 - Number of births in the past 5 years
- **Secular trends**
 - Religious affiliation
 - Contraceptive knowledge
- **Regional variation**
 - Regional policy bans on contraception
 - Autonomous Region of Muslim Mindanao (ARMM)

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Analytical Methods

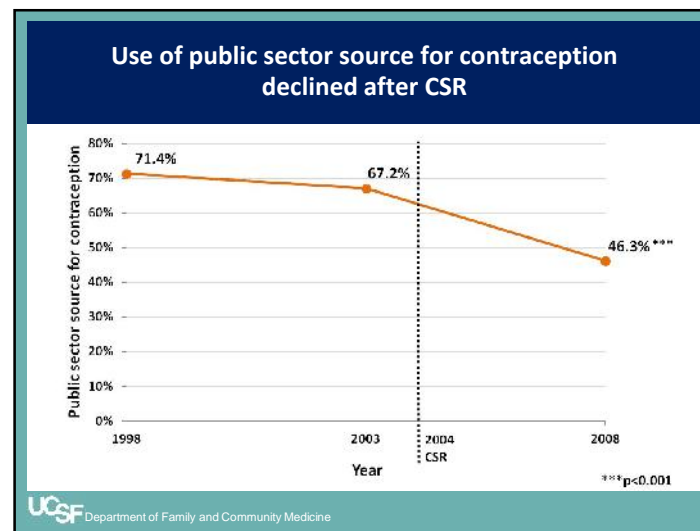
- **Weighted for multi-stage, stratified survey design**
- **Logistic regression modeling**
- **Non-linear estimation commands**
 - Extrapolate the adjusted and projected probabilities of primary outcomes following CSR (DHS 2008)

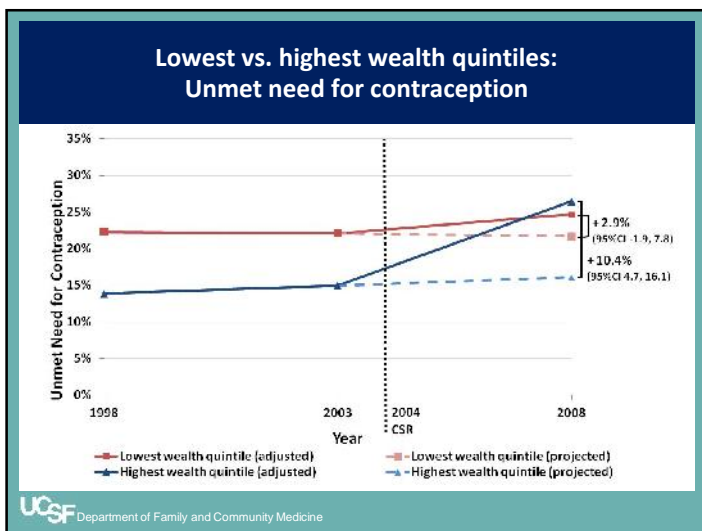
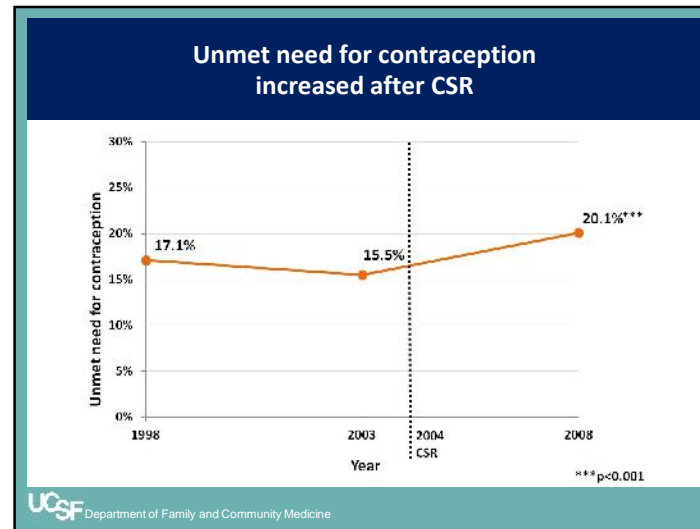
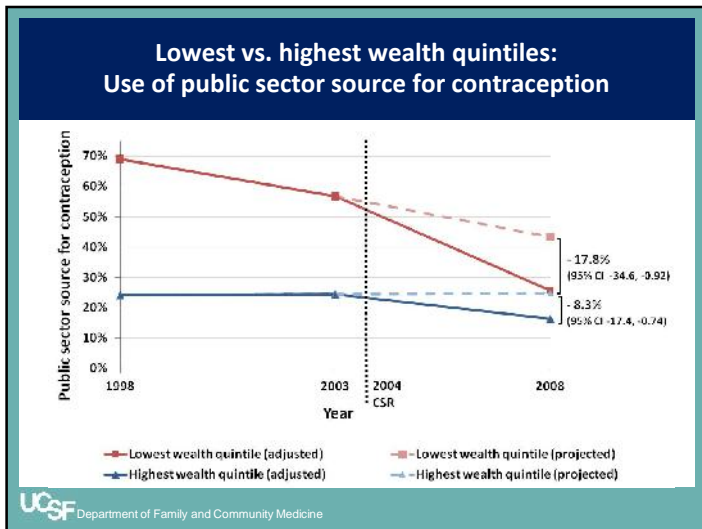
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Sociodemographic characteristics: similar across DHS years (1998, 2003, and 2008)

	DHS 2003 (N=13,633)
Age, years (%)	
15-24	35.6
25-34	29.2
35-49	35.1
Married (%)	63.6
Total number of births (%)	
0	36.5
1	12.9
2	13.5
3	12.1
≥ 4	25.1
Urban residence (%)	57.8
Education (%)	
Primary	24.4
Secondary	44.8
Post-secondary	30.7
Currently employed (%)	51.6

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Conclusions

- **Low-income women experienced a greater decline in use of public sector sources for contraception** compared with high-income women.
- Although **unmet need for contraception increased among all women**, high-income women experienced a greater increase in unmet contraceptive need than low-income women.

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Limitations

- **Self-reported measures**
- **Underestimation of unmet contraceptive need**



Policy Implications

- **Withdrawal method not effective.**
 - Low-income women experienced a disproportionate decrease in use of public sector sources of contraception
 - Greater unmet need for contraception among all women
- **Need more effective methods.**
 - Further evaluate impact of CSR to **improve domestic procurement and provision** of contraception to all women and **prioritization of low-income women.**



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