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

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No relationships to disclose.

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

USAID withdrawal of contraception donation program

• 1970-2003: USAID donated 80% of contraceptive commodities3,4
  – 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
Potential impact of CSR
(USAID withdrawal and limited domestic supply)

↓ USAID donation
↓ Public sector supply of contraceptives
↓ Public sector access to contraception
↑ Unmet need for contraception

Differential impact on resource-limited women?

Philippines Demographic Health Survey (DHS)
• National household-based survey of women aged 15-49 years
• High response rates (97%-98%)

<table>
<thead>
<tr>
<th>Year</th>
<th>Baseline</th>
<th>Post-CSR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1998 (N= 13,983)</td>
<td>2003 (N= 13,633)</td>
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<td>2004 (N= 13,594)</td>
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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

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
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)

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

Use of public sector source for contraception declined after CSR

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***p<0.001
Lowest vs. highest wealth quintiles:
Use of public sector source for contraception

Unmet need for contraception
increased after CSR

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.
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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