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Who Uses Reproductive Health Services in the Philippines (And Who Doesn't)?

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Until recently, there has been a shortage of information on the accessibility and use of reproductive health services in the Philippines. With the release of information from the 1993 National Demographic Survey (NDS) and the 1993 Safe Motherhood Survey (SMS), Philippine researchers have been able to develop more extensive profiles of the frequency, duration, and quality of contact between clients and service providers, as well as the characteristics of eligible women who are not currently using reproductive health services. These findings should help program managers and policymakers develop service-delivery strategies that are responsive to the reproductive health needs of Philippine women.

The National Statistics Office of the Philippines conducted the NDS and the SMS in collaboration with other government agencies and with the U.S.-based firm, Macro International. The United States Agency for International Development (USAID) provided financial support for both surveys, and the SMS also received support from the Mother Care Project of John Snow, Inc. and from the Rockefeller Foundation.

In 1995, the East-West Center's Program on Population coordinated several projects in collaboration with research centers in the Philippines to provide an extended analysis of survey results. This issue of *Asia-Pacific Population & Policy* is based primarily on reports from these analyses.

HOW MANY WOMEN DO THE HEALTH SERVICES REACH?

The NDS revealed a substantial rise in the number of women using family planning and maternal health services. In 1993, 40 percent of currently married women were practicing family planning—up from 17 percent in 1973 (Table 1). The use of modern contraceptive methods rose from 11 percent to 25 percent over the same 20-year period, and the total fertility rate went down from 6.0 to 4.1 births per woman. Apart from these long-term achievements, there is evidence of modest gains over the past five years. This is noteworthy because disruptions in program efforts led to concern that reproductive health services might have stagnated or even deteriorated.

Maternal health services can be categorized as care provided before, during, and after a woman gives birth. Among these categories, SMS results indicated that prenatal care had by far the highest coverage rates. Ninety-four percent of all births that occurred between 1991 and 1993 were preceded by at least one visit to a health care professional. Medical care during delivery was substantially lower. Only 51 percent of births during the three-year period were attended by a doctor, nurse, or trained midwife, and only 30 percent were delivered at a hospital or other health facility. The majority of women gave birth at home. Finally, only 32 percent of births between 1991 and 1993

Table 1 Reproductive health program performance measures for the Philippines

	1973	1983	1988	1993[a]
Total fertility rate	6.0	5.1	4.4[b]	4.1
Infant mortality rate	—	47	52	34
Maternal mortality ratio[c]	—	213[d]	—	209[e]
Contraceptive prevalence rate	17	32	36	40
Modern methods	11	19	22	25
Traditional methods	7	13	15	15

Source: National Statistics Office [Philippines] and Macro International Inc. (1994), *National Demographic Survey 1993*, Manila, Philippines, and Calverton, Maryland.

[a]Three-year average centered on 1991. [b]1986. [c]Adjusted for "ever pregnant." [d]1980–86. [e]1987–93.

were followed by a postpartum visit to a doctor, nurse, or trained midwife.

Visits to health care professionals before and after childbirth offer an important opportunity to provide counseling on future family planning options. According to SMS results, prenatal care included family planning advice for 52 percent of the pregnancies between 1991 and 1993 that involved a prenatal visit to a doctor, nurse, or trained midwife. Postpartum care included family planning advice for 58 percent of the pregnancies over the same period that were followed by a postpartum visit to a doctor or nurse.

WHICH WOMEN DO THE HEALTH SERVICES MISS?

In spite of increasing contraceptive use in the Philippines, levels of unmet need for family planning remain high. In 1993, 26 percent of all currently married women reported that they were not using any method of contraception despite the fact that they wanted to space their next birth or stop having children altogether.

Results from the SMS suggest that the same types of women who have low rates of contraceptive use are also less likely than other women to use prenatal or postpartum services. These include adolescents, older women (aged 40 and above), women with little schooling, Muslim women, and women in rural areas (Table 2). Commenting on these results, Natividad and others (1995, 16) concluded that "services that are health facility-based tend to keep away similar types of women." Conversely, women who use family planning are likely to obtain prenatal and postpartum care as well.

Service accessibility in rural areas merits particular attention. The NDS reported that women in the countryside must travel slightly longer to the nearest family planning facility, on average, than women in towns. This finding very likely understates the accessibility problem for women in rural areas because many "rural health units" are, in fact, located in dense population centers. The travel time for a woman from an outlying area is likely to be much longer than the reported averages.

Another striking finding is the poor coverage rates for educated women. Although women with a high school or college education are more likely to have used reproductive health services than women with less education, 45 percent of all college-educated women who recently gave birth received no postpartum care; among women with a high school education, the proportion was 67 percent. Thirty-three percent of all college-educated women and 36 percent of women with a high school education have never used family planning.

In addition to maternal health care and family planning, treatment of sexually transmitted diseases (STDs) is of particular concern. According to SMS results, 2 percent of women reported having had an abnormal vaginal discharge, frequently a symptom of an STD. This figure is thought to substantially underestimate the true incidence of STDs in the Philippines. Of the women reporting a discharge, only 41 percent sought treatment from a doctor, nurse, or trained midwife. An equal proportion (41 percent) did not seek any treatment at all. The others sought treatment from a "hilot" (traditional birth attendant) or other traditional practitioner, consulted a relative or other nonpractitioner, or treated themselves.

PUBLIC VS PRIVATE SECTOR

Most family planning users in the Philippines rely on public-sector services. The NDS found that 71 percent of all women currently using modern family planning obtained contraceptives from government sources (Table 3). Women who rely on the private sector tend to have fewer children and to be more highly educated than women who use the government services.

Average travel times to government and private family planning facilities are similar, suggesting that government outlets are just as concentrated in densely populated areas as are private services. There appears to be a substantial difference in costs, however (Table 3). Private-sector providers tend to be much more expensive than government services.

Most women also rely on public services for prenatal care. For births occurring between 1991 and 1993, 77 percent of first prenatal visits were to government hospitals or other public facilities. As with family planning, women who use private services for prenatal care tend to have fewer children and to be more educated than women using government services.

Table 2 Selected background characteristics of currently married women who have not used reproductive health services (percentages), Philippines, 1991–93

Characteristic	Never used family planning	No prenatal visit for 1991–93 birth	No postpartum visit for 1991–93 birth
Age			
15–19	76	6	72
20–24	52	5	74
25–29	39	5	65
30–34	35	6	63
35–39	33	7	66
40–44	37	7	67
45–49	47	18	73
Education			
None	84	11	82
Elementary	45	8	77
High school	36	5	67
College	33	1	45
Religion			
Protestant	37	4	62
Catholic	39	6	66
Muslim	82	6	77
Residence			
Urban	36	5	61
Rural	45	6	72

Sources: National Statistics Office [Philippines] and Macro International Inc. (1994), *National Demographic Survey 1993,* Manila, Philippines, and Calverton, Maryland; National Statistics Office [Philippines] and Macro International Inc. (1994), *National Safe Motherhood Survey 1993,* Manila, Philippines, and Calverton, Maryland.

Government and private services offer different types of prenatal care. Private-sector providers tend to give their clients information about proper diet during pregnancy, danger signs, breastfeeding, and the importance of postpartum care. Government services are more likely to counsel expectant mothers on family planning.

SERVICE PROVIDERS

Trained midwives provided prenatal care for 58 percent of the births that occurred between 1991 and 1993, doctors provided prenatal care for 35 percent, hilots for 28 percent, and nurses for 5 percent. (Some women obtained prenatal care from more than one type of provider.) The pattern changes, however, at the time of delivery. The SMS indicated that 52 percent of all births between 1991 and 1993 were delivered by hilots. Only 26 percent were delivered by doctors. Hilots are also important care providers for certain gynecological problems such as uterine prolapse and infertility.

From 1987 to 1993, the maternal mortality rate stood at 209 deaths per 100,000 births, virtually unchanged from 213 deaths per 100,000 births in 1980–86. The persistence of this high level of maternal mortality indicates that existing health services have not been effective in reducing the number of deaths associated with high-risk pregnancies. Women who experience health complications during pregnancy, childbirth, or the postpartum period tend to be older women who live in rural areas, who have several children, who have little education, and who have given birth at home. These characteristics also describe the group most likely to rely on hilots for reproductive health care.

Acuin and others (1995) found that women who use hilots are concentrated in the under-20 and over-40 age groups. Such women are likely to live in rural areas and tend to have lower incomes, education, and exposure to the media than other women. Hilots are favored by many women because of their "cultural accessibility.... [They are] invariably a part of the community and could be seen as more understanding and less judgmental than the more formally trained practitioners" (Acuin et al. 1995, 21). For rural women who live far from a health facility, hilots may simply be more physically accessible than modern health care providers.

POLICY RECOMMENDATIONS

Analysis of SMS and NDS results points to several recommendations for improving the utilization of modern reproductive health services in the Philippines.

Improving health care in pregnancy and childbirth. Since many maternal deaths can be prevented by good obstetric care, there is clearly a need to upgrade the quality and availability of care provided to Philippine mothers before and during childbirth. Two priorities would be to improve local gynecological and obstetric services and to streamline referral mechanisms to ensure rapid access to effective care for mothers experiencing pregnancy-related complications.

Strengthening postpartum family planning services. The poor coverage rates for

postpartum services indicate an important target area for program expansion. Apart from health care, the postpartum visit provides a valuable opportunity to offer women advice on family planning.

Reaching more women. Reproductive health services in the Philippines need more efficient intervention strategies to reach subgroups within the population that are now relatively underserved. Such groups include women who are under 24 or over 40, women who live in rural areas, and women with less education, income, or media exposure than the national average. Regions with the highest proportion of underserved women are Bicol, Cayagan, Eastern Visayas, and Western Mindanao**.**

Extending the range of reproductive health services. The finding that women who use family planning are also more likely to obtain prenatal and postpartum care lends support to the government's strategy to provide comprehensive reproductive health services through a single facility rather than through separate family planning, maternal care, and child survival programs. However, the SMS indicated serious deficiencies in the provision of services for the diagnosis and treatment of STDs. These deficiencies could be corrected by expanding family planning and maternal health services to cover a wider range of reproductive health needs.

Integrating traditional practitioners into the reproductive health system. NDS and SMS results present new evidence for the important role of hilots in the provision of reproductive health care, particularly during childbirth. The persistence of high maternal mortality, among other findings, highlights the need to continue efforts to improve the knowledge and skills of these traditional birth attendants. Measures to improve the referral mechanisms linking hilots with modern gynecological and obstetric services also deserve high priority.

Table 3 Selected characteristics of public- and private-sector family planning services, Philippines, 1991–1993

	Public sector	Private sector
Percent of all family planning clients	71	28
Percent of clients obtaining pills	73	26
Percent of clients obtaining IUDs	79	20
Percent of clients obtaining condoms	56	43
Percent of women undergoing sterilization	70	29
Characteristics of family planning clients		
Mean age	34	35
Mean parity	4.2	3.8
Mean years of schooling completed	9	11
Characteristics of service		
Mean time to service (minutes)	53	54
Duration of most recent visit (minutes)	39	44
Cost of method (pesos)		
Pills (per packet)	16	48
IUD (per insertion)	18	86
Condom (per packet)	1	27
Sterilization	742	2,418

Source: Calculated by the authors from NDS data.

Balancing the public and private sectors. The surveys indicated large cost differences between government and private-sector reproductive health and family planning services, as well as considerable variation in the types of services offered. These differences merit further attention, particularly if the goal is to increase the use of private services.

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Acuin, Cecilia S., Angelita C. Balis, Joan Javellana, and Danaida L. Barzaga. 1995. *The role of traditional practitioners in the delivery of health care*. Cavité, Philippines: Center for Indigenous Medicine, De La Salle University.

Natividad, Josefina N. 1995. *An analysis of non-availers of family planning and maternal and child health services.* Quezon City: University of the Philippines.

Osteria, Trinidad S., Cristina A. Rodriguez, and Joseph Albert Valentin. 1995. *Selective utilization of health services: Determinants of regional variations in fertility and childhood mortality in the Philippines.* Manila: Demographic Research Unit, Social Development Research Center, De La Salle University.

Pagtolun-an, Imelda G. 1995. *The multiple risk of motherhood: A study of high-risk pregnancies and maternal morbidity.* Cagayan de Oro City, Philippines: Xavier University.

Sunico, Ma. Elinor S., May Ann D. Lansang, Mari Rose A. Aplasca, Angelita C. Balis, and Ma. Nonita A. Cerillo. 1995. *Predictors for the transmission of human immunodeficiency virus (HIV) and other sexually transmitted diseases (STDs) among Filipino women.* Manila: Research Institute for Tropical Medicine, Department of Health.

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