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Family Planning for New Mothers in the Philippines

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When a mother becomes pregnant too soon after giving birth, she places her own health and that of her children at risk. The 1993 Philippines National Demographic Survey (PNDS) found that more than one-third of all second and subsequent births in the Philippines occur less than two years after a previous birth (National Statistics Office [Philippines] and Macro International 1994a). The PNDS found that such children are up to twice as likely to die during infancy or childhood as children born after a longer interval. To reduce these deaths, the months right after childbirth are a critical time for women to begin, or to resume, using family planning.

Women who have just given birth, and who are often breastfeeding, have special health needs, including needs for contraception. In spite of the importance of this group of women, national family planning programs have often neglected their needs. To help rectify the situation, the World Health Organization (WHO) recently convened a panel of experts to make specific recommendations on family planning, nutrition, health care, and HIV/AIDS prevention for new mothers and their infants (see Rivera and Solis 1997).

Earlier this year, the Social Development Research Center of De La Salle University conducted a survey to evaluate how family planning services in the Philippines are meeting the needs of women who have recently given birth. The East-West Center's Program on Population provided assistance for the survey, with financial support from the United States Agency for International Development (USAID). This issue of *Asia-Pacific Population & Policy* is based on the results.

ABOUT THE SURVEY

The general objective of the survey was to document the range and quality of postpartum family planning services offered in the Philippines. A key concern was to determine whether family planning providers are prescribing the correct contraceptive methods at the appropriate intervals after childbirth, with particular attention to women who are breastfeeding.

From November 1997 to February 1998, interviewers visited 86 clinics in 28 provinces across the country. They obtained information from clinic records and interviewed 338 family planning providers and 3,452 clients. The clients were women who gave birth between January 1994 and December 1997 and who had begun using family planning within six months of delivery.

Most of the facilities included in the survey (75 percent) were rural health units or municipal health offices managed by the Department of Health. Eleven percent were private clinics and hospitals. Most of the providers interviewed were midwives (65 percent), followed by nurses (21 percent) and physicians (11 percent).

FEW WOMEN ARE REACHED

The 1993 National Safe Motherhood Survey found that only about one-third of mothers in the Philippines visit a clinic or health center for a check-up after giving birth (National Statistics Office [Philippines] and Macro International 1994b). During their visit, nearly all these women are given advice on child care, but only just over half (58 percent) receive advice on family planning.

Results from the 1997–98 survey confirm these findings. Among all women who received postpartum care in 86 clinics across the Philippines, only 7 percent began using family planning within six months of delivery. As in 1993, the emphasis in 1998 remains overwhelmingly on child care. Nearly all the health-care providers interviewed offer child immunization and growth monitoring services, but only 65 percent offer treatment for side effects related to contraception, and only 34 percent offer treatment for sexually transmitted diseases (STDs).

Yet the 1997–98 results show clearly that women in the Philippines must rely on family planning if they are to avoid having another child very soon after a previous birth. On average, the women interviewed resumed sexual relations 2.4 months after giving birth. Although they breastfed for an average of 6.2 months, their menses returned, on average, 4.4 months after childbirth. At six months after giving birth, 83 percent of these women had resumed menstruation and were thus at risk of becoming pregnant.

SOME USE INAPPROPRIATE METHODS

Based on interviews with providers, Figures 1 and 2 show the main family planning methods recommended to women during two time periods—up to six weeks and from four to six months after childbirth. As expected, providers generally recommend short-term methods to women who wish to space their next birth (Figure 1) and long-term or permanent methods to women who wish to stop having children altogether (Figure 2). Nearly all providers report that they give advice on contraception to women wishing to space their next birth, but a surprisingly large proportion do not provide any advice on contraception to women who wish to stop having children—15 and 23 percent for the two time periods.

For spacing subsequent births, the method most commonly recommended within six weeks of delivery is the IUD (interuterine device), followed by DMPA (the injectable hormonal contraceptive depo-medroxyprogesterone acetate). Between four and six months after delivery, pills emerge as the method most frequently recommended, followed by the IUD. Ten percent or fewer providers recommend condoms for spacing births, and very few promote any other barrier method. For stopping subsequent births, female sterilization is recommended most often, with the IUD a distant second.

Reports from clients generally confirm this emphasis among contraceptive methods. Among women who started using family planning within six months of childbirth, 35 percent were fitted with IUDs, 31 percent had a DMPA injection, and 24 percent used contraceptive pills. Women who were sterilized after giving birth are not represented in these results because few of the health centers covered in this survey perform sterilizations.

The WHO expert panel recommended IUDs, barrier methods, and some—but not all—hormonal contraceptives for women who have recently given birth (Rivera and Solis 1997). IUDs do not interfere with breastfeeding, but they should be inserted within 48 hours of childbirth or delayed until six weeks after childbirth to reduce the risk of expulsion.

Women who are breastfeeding should wait six weeks after childbirth to start progesterone-only hormonal methods (DMPA, Norplant, and progestin-only pills) because the hormones are transferred from mothers to

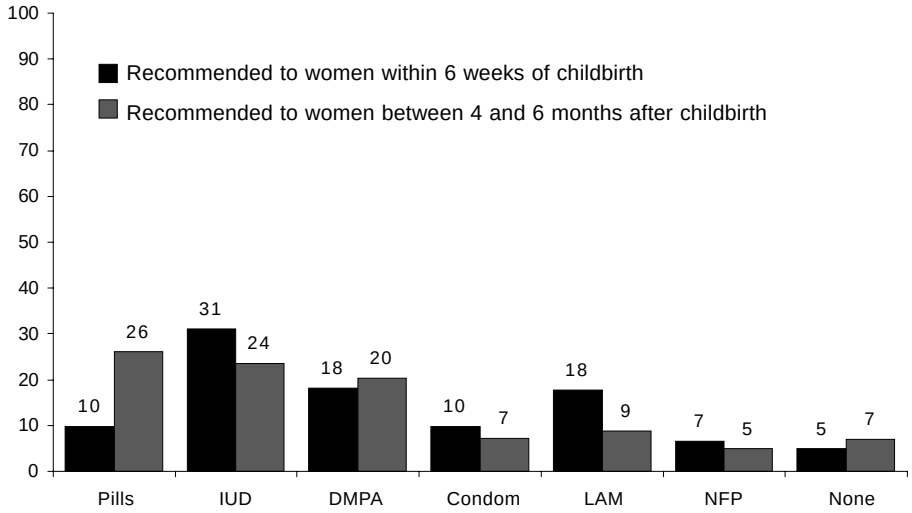

Figure 1 Family planning methods recommended by health providers to women who wished to space their next birth (percent)

Notes: Percentages do not necessarily add up to 100 because some infrequently used methods are not shown. LAM: lactational amenorrhea method. NFP: natural family planning.

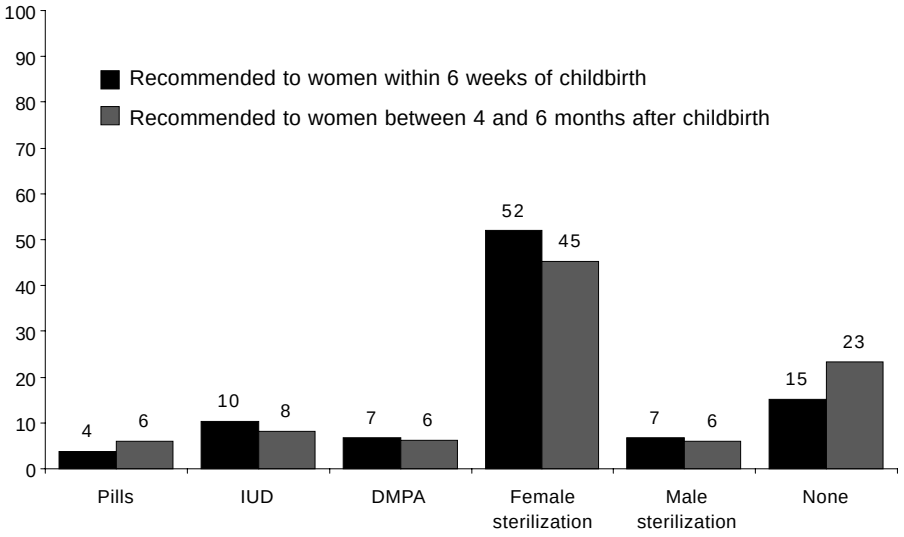

Figure 2 Family planning methods recommended by health providers to women who wished to stop having children (percent)

Note: Percentages do not necessarily add up to 100 because some infrequently used methods are not shown.

infants through breast milk. Hormonal methods that combine estrogen and progesterone, including the vast majority of contraceptive pills used in the Philippines, are generally not recommended for women who are breastfeeding, at least not during the first six months, since estrogen can diminish the production of breast milk.

Eighty-seven percent of the women covered in this survey were breastfeeding, and more than half reported that they breastfed their babies for at least six months. Based on interviews with family-planning acceptors, Table 1 shows the methods adopted by women who were breastfeeding and who started family planning at various intervals after childbirth. These results suggest that many women who are breastfeeding may be receiving DMPA injections and contraceptive pills too soon after giving birth. Of all the women who were breastfeeding and currently using pills at the time of the survey, 86 percent reported that they had started using pills less than six months after giving birth.

Table 1 Breastfeeding mothers who began using family planning at various periods after childbirth: Percentages using specific methods

	Period after childbirth			
Method	Within 1 month (N=1,280)	2–3 months (N=875)	4–5 months (N=641)	6 months (N=215)
Pills	8	26	34	40
IUD	50	28	30	20
DMPA	25	40	33	35
Condom	2	3	2	4
LAM	16	3	1	1
Natural family planning	0	1	1	1

Note: Percentages may not add up exactly to 100 because of rounding.

Reports from family planning providers heighten the concern. Twenty-one percent of providers said that they give women DMPA injections less than six weeks after childbirth, and 44 percent said that they prescribe contraceptive pills to women less than six months after childbirth. Many providers are inserting IUDs within one month of childbirth, but it is unclear how many of these insertions are within the first 48 hours.

OTHERS MISUNDERSTAND THE PROTECTIVE ROLE OF BREASTFEEDING

Table 1 shows that 16 percent of women who begin family planning shortly after childbirth are using the lactational amenorrhea method (LAM), which relies on breastfeeding for temporary contraception. LAM can protect a women against pregnancy if, and only if: (1) she breastfeeds her baby often, both day and night, with breast milk accounting for at least 85 percent of the baby's feedings, (2) her menstrual periods have not returned, and (3) her baby is less than six months old. When any of these three conditions no longer applies, a woman must switch to a different contraceptive method.

Interviews with providers revealed that a significant percentage recommend LAM to women who wish to space their next birth. The fact that 9 percent recommend that women start LAM four to six months after childbirth suggests, however, that these health-care workers do not have a good understanding of how this method works. At four to six months after delivery, many women are ending full breastfeeding and are experiencing a return of menstruation. At this point, they can no longer count on LAM to protect them against pregnancy and should be advised to switch to another method.

Indeed, further responses by health providers indicate that many have a poor understanding of how LAM works. Not surprisingly, their clients also have a poor understanding of LAM.

Twenty-nine percent of LAM users believe that the method will protect them from pregnancy even if they are not fully breastfeeding, 48 percent believe that LAM will be effective after their menses resume, and 59 percent believe that this method will be effective more than six months after childbirth. Slightly more than one-quarter of LAM users (26 percent) have experienced return of menses less than six months after giving birth, but these women still maintain that LAM offers effective contraceptive protection for six months or longer. Clearly there is considerable potential for unwanted pregnancies.

Another troubling finding for LAM users concerns the link between breastfeeding and transmission of the HIV virus from mothers to infants. Evidence of this mode of transmission has become increasingly convincing in recent years, and 83 percent of the LAM users interviewed were aware that AIDS can be transmitted through breast milk. Thirty-one percent of providers, however, claimed that a woman can use LAM for family planning even if she has AIDS.

SOME DROP OUT OR SWITCH TO LESS-EFFECTIVE METHODS

Among the 3,452 mothers who accepted family planning within six months of giving birth, 18 percent had switched methods by the time of the survey, and 11 percent had stopped using family planning altogether. Among women who switched methods, many who started with IUDs or DMPA switched to pills, condoms, natural family planning, or withdrawal—in other words, from generally more effective to less effective methods.

Most of the women who stopped using a family planning method mentioned side effects as their reason for discontinuing. Among women who discontinued, the proportions mentioning side effects were particularly high for DMPA (82 percent), IUDs (68 percent), and pills (66 percent). Another 15 percent, drawn largely from LAM users, felt that the method they had been using was not effective or convenient.

Thirty-five percent of women who started out using LAM had switched to another method by the time of the survey. This is to be expected, since mothers using LAM are advised to change to another method after six months. Of concern, however, are the 25 percent of women who started out using LAM and then stopped using any form of contraception.

Twenty-three percent of condom users and 13 percent of pill and DMPA users had also stopped using any contraception by the time of the survey. Discontinuation was much lower for IUDs (5 percent) and natural family planning (8 percent).

POLICY RECOMMENDATIONS

1. *Postpartum family planning services should be actively promoted as an essential element of maternal and child health care.*
   Only one-third of mothers in the Philippines obtain any postpartum care at all. The services they do receive tend to emphasize child health concerns rather than maternal care. Estimates from this study show that only 7 percent of mothers who obtain postpartum care accept a family planning method within six months of giving birth.
2. *Family planning providers need better training and guidelines on the use of modern contraceptives.*
   Many providers do not have a good understanding of when new mothers should begin using contraception and what methods are appropriate for women who have recently given birth.
3. *Providers need more accurate information on the lactational amenorrhea method (LAM).*
   Many providers have poor knowledge of the preconditions that are necessary if LAM is to be used effectively to avoid pregnancy. Many of their clients also lack the necessary knowledge to use this method successfully, suggesting that there is considerable potential for unwanted pregnancies.

FURTHER READING

This issue of *Asia-Pacific Population & Policy* is based on:

Osteria, Trinidad, and Andrew Kantner. 1998. *Postpartum family planning services in the Philippines: An assessment of current service provision and future program requirements.* Manila: Social Development Research Center, De La Salle University.

Additional information is available in:

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

National Statistics Office [Philippines] and Macro International Inc. 1994b. *National Safe Motherhood Survey 1993.* Calverton, Maryland: National Statistics Office and Macro International Inc.

Rivera, Robert, and Jose Antonio Solis. 1997. Improve family planning after pregnancy. *Family Health International (FHI) Network* 17(4): 4–6.

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