

FAMILY PLANNING BULLETIN

Family Planning Practices and Attitudes in Selected Municipalities in Lanao del Sur, Autonomous Region of Muslim Mindanao

The "Enhanced and Rapid Improvement of Community Health" (EnRICH) Project aims to reduce morbidity and mortality among Under-Five Children (UFC) and mothers in the Autonomous Region of Muslim Mindanao (ARMM). A baseline survey on Family Planning (FP) and Integrated Management of Childhood Illnesses (IMCI) strategy was conducted by HKI Philippines in partnership with the Department of Health (DOH) in the ARMM and the Integrated Provincial Health Office (IPHO) of the Province of Lanao del Sur. This study was done in six municipalities of Lanao del Sur (Balabagan, Balindong, Calanogas, Saguiaran, Tamparan and Wao) on January 9-21, 2003, and was funded by USAID. This bulletin presents data from the FP component of the survey, which found a Contraceptive Prevalence Rate (CPR), for any method, among currently married women of 25.7%.

This FP survey has provided numerical estimates for the development of the project implementation plan by HKI and its partners, and identified training needs of health workers on FP in the six municipalities. Results are also presently being utilized to assess the progress of program implementation.

Objectives of the FP Survey

1. To determine Contraceptive Prevalence Rate.
2. To find out what contraceptive methods women and men use.
3. To determine the use of contraceptive methods among different socio-demographic-economic groups.
4. To identify sources of modern contraceptives used.

5. To assess the percentage of births that is exposed to maternity-related risks.

Methods

Using a two-stage cluster sampling design with barangays/villages serving as clusters, a total of 1500 households, equally sampled from the six municipalities were surveyed. The respondents were women of reproductive age (WRA - 15-49 years) regardless of their civil status. The two forms were used in the survey, the Household Roster that listed all the members of a selected household from which eligible respondents were identified, and the pre-coded FPS Form 1 that contained questions on contraception and related topics.



Profile of Respondents

A total of 1,544 women of reproductive age were interviewed for the study. The survey showed that 80.6% of the women were legally married. These married women, together with those women who were living together with their male partners but were not married to them, comprised 86.1% of all the respondents and are labeled as “currently married”.

The proportion of women in each five-year age group rises with increasing age up to the 25-29 age group, after which it gradually declines. Of the currently married respondents, 11% did not have any education at all. The proportion of currently married women who had attained the highest level of education (college) was 28% while those who attained elementary education constitute the largest proportion at 32%.

Key Findings

Objective 1: To determine Contraceptive Prevalence Rate

Awareness and Ever Use of Contraceptive Methods

In a decreasing order, the contraceptive methods that the respondents are most commonly aware of are the pill, condom, IUD, injectable (DMPA), rhythm/calendar method, breastfeeding, female sterilization/ligation, and withdrawal, with at least 50% of the respondents aware of each of these methods. Among those who are aware of the different FP methods, the top seven methods that have the greatest proportion of ever users are breastfeeding (26.0%), the pill (18.6%), withdrawal (11.4%), calendar/rhythm (10.6%), injectable (8.8%), IUD (7.0%) and the condom (6.4%). From seven to nine out of every ten women who are aware of certain FP methods also know where to obtain advice on how to use these FP methods.

Contraceptive Prevalence Rate (CPR)

As shown in Table 1, the CPR for any method for currently married women is 25.7%, and this is higher than the ARMM Regional CPR for any method of 17.9% (2002 FP Survey). Of the 25.7% CPR for any method, 17.8% is for any modern method and 7.8% is for any traditional method. Modern methods that were asked about in this study included the Pill, IUD, Injection, Diaphragm (including Foam, Jelly and Cream), Condom, Ligation/Female Sterilization, NFP (Mucus/Billing/Ovulation, Thermometer/BBT, and Symptothermal) and Lactational Amenorrhea Method (LAM). The traditional methods included are Calendar/Rhythm, Breastfeeding, Withdrawal and others.

Table 1. Percent of Currently Married Women Currently Using a Contraceptive Method, EnRICH Project Municipalities, Lanao del Sur, 2003

Current Contraceptive Method	All Women		Currently Married	
	No.	%	No.	%
	N=1544		N=1329	
Any Method	343	22.2	341	25.7
Any Modern Method	238	15.4	237	17.8
Pill	103	6.7	102	7.7
IUD	46	3.0	46	3.5
Injection	42	2.7	42	3.2
Condom	19	1.2	19	1.4
Ligation/Female Sterilization	27	1.7	27	2.0
Lactational Amenorrhea Method (LAM)	1	0.1	1	0.1
Any Traditional Method	105	6.8	104	7.8
Calendar/Rhythm/Periodic Abstinence	38	2.5	37	2.8
Breastfeeding	23	1.5	23	1.7
Withdrawal	39	2.5	39	2.9
Others	5	0.3	5	0.4
No Method	1200	77.7	988	74.3

Unmet Need for Family Planning

Total unmet need for FP for the six project municipalities is 58.2% which is much higher than the figure for the whole ARMM Region (35.0%) as determined in the 2002 FP Survey. The unmet need for spacing is 25.6%, while the unmet need for limiting births is 32.6% (for definition see box on page 3).

Contraceptive Prevalence Rate (CPR) is defined as the proportion of women/men within a specified population group that reports current use of any method of contraception.

Total unmet need for FP refer to the proportion of currently married women who are not using any method of family planning and did not want any more children or preferred to space births.

Method Mix is the percentage distribution of women who currently use contraceptives by method.

Objective 2: To find out what contraceptive methods women and men use

Method Mix

Among those respondents who currently practice FP, 69.3% make use of modern methods. The most commonly used modern method is the pill, followed in decreasing frequency by the IUD, the injection (DMPA), female sterilization, the condom and LAM (see Table 1). For those who reported using traditional methods, the most commonly used traditional method were withdrawal, the calendar/rhythm method, followed by breastfeeding and others. Others include the use of herbal preparations that include calamansi juice and labanos leaves, and hilots (traditional health workers).

Of the 343 respondents who used a family planning method, 74.6% said they did not have any problem with the method they were using 17.8% of the users did not say whether they had a problem with their method or not, while 7.6% of the users of any FP method said they had a problem with their method. These main problems included most commonly the experience of side effects (53.8%), followed by health concerns (11.5%), disapproval of husband (7.7%) and inconvenient usage (7.7%).

Reasons for not using Contraception

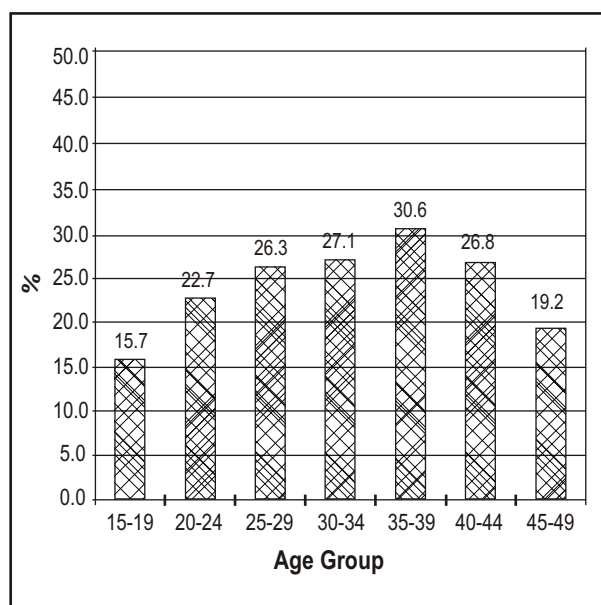
Among currently married women not using any method of contraception, the most common reason for not using any method of contraception was prohibition by religion (24.7%). This was followed by health concerns (20.4%)

and wanting another child (18.6%), while 5.5% of the women cited either lack of knowledge (do not know any or where to get a method) or not having menses since childbirth as reasons for not using any method. Only a small proportion (2.3%) of the women stated that their reason for not contracepting is opposition to family planning.

Objective 3: To determine the use of contraceptive methods among different socio-demographic-economic groups

Contraceptive Use by Age

Contraceptive prevalence gradually increases with increasing age group, reaching a peak at 30.6% in the 35-39 age group, after which it declines (Figure 1). It is lowest in the 15-19 age group.



Across all five-year age groups, contraceptive prevalence for any modern method is higher than that for any traditional method. The highest proportion of pill users is found in the 30-34 year age group (10.2%) followed by the 20-24 and 35-39 age groups (both at 8.1%). The IUD has its highest proportion of users in the 25-29 age group (5.4%) and the 40-44 age group (3.5%). The permanent method of female sterilization has an increasing proportion of users with increasing age.

Contraceptive Use by Religion

The practice of FP is almost three times less common among respondents that belong to the Islam faith (n=1,305) than among those who do not (n=239). The CPR is 19.0% among Muslims while among the non-Muslims (Catholics, Protestant, Aglipayans, Iglesia ni Cristo, Spiritists, etc.), this measure is 60.5%.

Contraceptive Use by Economic Status

A household was assigned a score that would indicate its socio-economic standing, either as “poor” or “non-poor”, based on the responses on the presence of housing conveniences/durable goods (64.3% of the households were classified as poor). There is not much difference between the contraceptive prevalence for any method between the poor and the non-poor at 25.0% and 26.9%, respectively. However among the non-poor, contraceptive prevalence for any modern method is 20.2% while among the poor, it is 16.5%.

Contraceptive Use by Education

Contraceptive use is generally higher among currently married women with higher education (Fig. 2). By educational attainment, contraceptive prevalence for any method is highest in those who have at least a high school education at 31.2%, followed closely in those who have at least a college education at 30.5%.

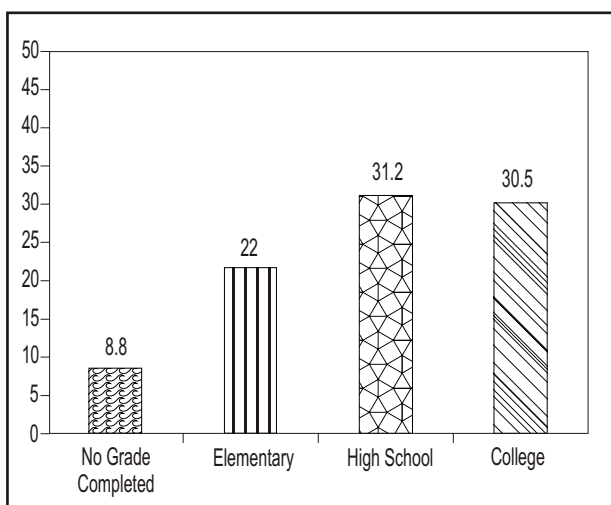


Fig. 2 Contraceptive Prevalence by Education Level of the Women

Objective 4: To identify sources of modern contraceptives used

Sources of Supply of Contraceptive Method

Of the currently married women respondents, 76.7% who said they were using the pill, IUD, injectable (DMPA), condom or had been ligated, obtained their supplies/services from public sector facilities, which are the Rural Health Unit/Main Health Centers, the Barangay Health Stations and government hospitals. A smaller proportion, 18.2% got their supplies from private health-sector facilities, which include most commonly the private hospital/clinics, followed by the pharmacies, private doctors, private midwives and stores.

Objective 5: To measure the percentage of births that is exposed to maternity-related risks.

High Risk Fertility Behavior

The study revealed that the proportion of births in the one-year period prior to the survey (n=393) that were in any one or more elevated mortality risk categories as a result of maternity fertility behavior was high at 70.0% (Refer to Table 2 column 2 page 5). This is higher than the national figure of 56.3% that was measured in the 2002 FP Survey.

The study also showed that among the currently married women, 45.0% are at risk of conceiving a child with an elevated risk of mortality (refer to Table 2 column 3) because they are not using contraceptives and would be in one or more risk categories within nine months after the interview date. This is the proportion of currently married women who, if they became pregnant during the survey, would give birth to a baby who is at higher risk of mortality at birth because the mother has (at the time of delivery later) one or a combination of the risk factors mentioned in the box below.

Maternity-related to the proportion (percentage) of births to women who are any of the following:

- Younger than 18 years
- Age 35 years and over
- Had a child in the last two years (birth interval less than 24 months)
- Have had more than three children

Babies born to women with one or more of the above characteristics (risk factors) are at a higher risk of mortality.

Table 2. Percent of Children Born in the 12 Months Preceding the Survey Who are at Elevated Risk of Mortality, and the Percent of Currently Married Women at Risk of Conceiving a Child with an Elevated Risk of Mortality, by Category of Increased Risk, EnRICH Project Municipalities, Lanao del Sur, 2003

RISK CATEGORY	Birth in the last 12 months preceding the survey % (n=393)	Proportion of currently married women % (n=1329)
Not in any risk	30.0	55.0
Single risk category	41.7	20.5
Mother's age < 18*	3.3	0.7
Mother's age > 34*	2.5	3.4
Birth interval < 24	15.8	2.3
Birth order > 3	20.1	14.1
Multiple risk category	28.2	24.5
Age < 18 & birth interval < 24	0.5	0.0
Age > 34 & birth interval < 24	1.0	0.2
Age > 34 & birth order > 3	10.2	18.7
Age > 34 & birth interval < 24 & birth order > 3	2.8	1.1
Birth interval < 24 & birth order > 3	13.7	4.5
In any risk category	70.0	45.0

* Mother's age at time of delivery

Summary of Findings

The contraceptive prevalence (CPR) for any method among currently married women in the six municipalities is 25.7%. Of this proportion, 17.8% is for modern FP methods, and 7.9% is for traditional FP methods. The total unmet

need for FP in this baseline survey is 58.2%, with 25.6% for spacing births and 32.6% for limiting births. Among those women who currently use a FP method, the most commonly used method is the pill with a prevalence of 7.7%, followed by the IUD at 3.5% and the injection (DMPA) at 3.2%. The prevalent traditional methods are withdrawal at 2.9% and calendar/rhythm method at 2.8%. The only permanent method used is ligation/female sterilization with a prevalence of 2.0%. Generally, contraceptive prevalence increases with increasing age groups, with a peak of 30.6% in the 35-39 years age group.

Family Planning practice is more common among Non-Muslims than among Muslims, with CPRs of 60.5% and 19.0%, respectively. Contraceptive use is more prevalent in currently married women with higher education. Among the users of modern methods requiring supplies/services 76.5% said they obtained supplies or services from public sector facilities.

Of all births in the 12 months preceding the survey, 70.0% of the children born were at elevated risk of mortality as a result of maternal fertility behavior. At the time of the survey, 45.0% of the currently married women were at risk of conceiving a child with high risk of mortality due to maternal fertility behavior.

RECOMMENDATIONS

1. Family Planning service providers in the 6 municipalities need to be proficient in providing services not only on the modern methods but also on traditional FP methods since a significant proportion of FP acceptors use traditional methods (30.7%).
2. During FP counseling training, trainers need to emphasize to the health workers the need to help clients make well-informed decisions about what method to use.
3. Local project management at the provincial/municipal levels should use the baseline results in preparing an effective project communication campaign focused at the community level to address the high number of unmet FP need (58.2%) in the six municipalities.
4. The project communication campaign should likewise include messages on maternal and child health and responsible parenthood to address the high proportion of births in any one or more elevated mortality risk categories as a result of maternity fertility behavior.
5. Local project management at the provincial/municipal levels should likewise conduct monitoring and evaluation activities regularly to ensure a good implementation of the FP Program in their respective areas.

PHILIPPINES

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