Most recent data coming from the 2011 Philippine Family Health Survey reveal that only 48.9 percent of currently married 15-49 years old women in the Philippines use a family planning method (National Statistics Office, 2012). In the past ten years, contraceptive prevalence has remained stagnant at around 50 percent which is way off the Philippine government’s contraceptive prevalence rate (CPR) target of 80 percent by 2010 (Department of Health, 2010). The Philippine’s current CPR also places the country far behind its neighboring South East Asian countries such as Thailand and Vietnam both of which have breached the 80 percent mark (UNICEF, 2012).

In addition, data also show a widening gap between the level of ever use and current use of family planning methods over the years. In 1993, 61 percent of currently married women have ever used a contraceptive method but only 40 percent were currently using a method at the time of the survey (National Statistics Office and ICF Macro, 2009), a difference of 21 percentage points. By 2008, the difference between the levels of ever use and current use has climbed to 26 percentage points. Although the disparity between these two measures is a crude indicator of continuity of use, literature show that as the difference in ever use and current use of contraceptives widens, understanding the continuity of use assumes greater significance as it may indicate the presence of some problems regarding the ability of the country’s family planning program to meet Filipino women’s contraceptive needs. Furthermore, information on contraceptive discontinuation as well as method switching conveys the dynamic nature of the contraceptive behavioral process which can assist family planning program managers in identifying specific program interventions to improve the quality of contraceptive use in the country.

It is against this backdrop that the present study is conceptualized in order to get a clearer understanding of the contraceptive behavior of Filipino women. The present study aims to provide a more in-depth analysis of the dynamics of contraceptive practice in the Philippines. Three studies have examined the contraceptive discontinuation and switching behavior of Filipino women: Perez and Tabije (1996) using the 1993 Philippine National Demographic and Health Survey (NDHS) data, Laguna et al (2000) using the 1998 NDHS data and Abejo et al (2006) using the 2003 NDHS data. To the author’s knowledge, no study has systematically investigated the changes in the patterns of these behaviors among Filipino women over time. The study thus intends to go beyond these past analyses by examining the trends in contraceptive discontinuation and switching behavior from 1993 to 2003, and updating this with data from the most recent demographic health survey conducted in 2008. In addition, the study extends previous research by examining two aspects of contraceptive behavior left out in previous analyses. The study examines the specific reasons for method discontinuation as well as the specific method destinations of women who switch methods instead of just focusing on the general modern-traditional method dichotomy as was done in the previous studies. Finally, the paper also examines the patterns in the contraceptive switching behavior of different subgroups of women over the past 15 years. These subgroups are categorized according to demographic and socioeconomic characteristics including women’s age, type of place of residence, educational attainment, wealth status, work status, discussion of family planning with husband, empowerment status (based on the number of
household decisions in which the woman has final say) and contraceptive intentions (either spacer or limiter).

The study utilizes data from four nationally-representative demographic health surveys conducted in 1993, 1998, 2003 and 2008. The respondents in the four surveys consist of 15,029, 13,983, 13,633 and 13,594 women 15-49 years old, respectively. Specifically, the data for the analyses is based on detailed contraceptive histories of the women respondents collected through the contraceptive calendar. This calendar recorded a monthly retrospective history of pregnancies, terminations, births, and episodes of contraceptive use including reasons for discontinuation in the five years prior to the interview. The 1993, 1998 and 2003 surveys collected essentially identical calendar information on contraceptive use ensuring comparability of data across these data sets. However, the 2008 NDHS did not collect calendar data but instead included several questions on women’s contraceptive use in the year preceding the survey. Hence, a separate analysis is undertaken for the 2008 NDHS to shed light on the most recent patterns in method discontinuation and switching based on a one-year period.

The unit of analysis for the trend analysis is the episodes of contraceptive use rather than individual women. A total of 4,364, 5,284 and 5,586 episodes of contraceptive use were derived from the 1993, 1998 and 2003 DHS, respectively. For the analysis of the 2008 NDHS, the unit of analysis is the women respondents based on the sample of 8,418 currently married women. In order to examine the transition from initiating use of a particular contraceptive method to discontinuing its use, the life table technique which permits inclusion of censored observations in estimation procedures is applied to estimate contraceptive discontinuation and switching rates. Multiple-decrement life tables are constructed to calculate reason-specific discontinuation rates.

Results show a declining pattern in the 12-month discontinuation rates for all methods except for withdrawal which recorded a one percentage point-increase from 1993 to 2003. The use of IUD exhibited the most substantial shift in discontinuation rates with a decline of 6 percentage points during the 10 year period. Condom use consistently posted the highest discontinuation rates in all survey years with around 3 in 5 condom users discontinuing during the first year of use. This is followed by injectables with one-half of users stopping within 12 months after the start of use.

The trends in the median duration of use (the duration by which half of the users of a particular method have discontinued use) complement the earlier findings. The median duration of use for injectables, condom, rhythm and withdrawal did not vary considerably from 1993 to 2003 while an upward trend was observed for pills and IUD during the same period. On average, pill users in 2003 use the method longer by 3 months than their counterparts in 1993. Most noteworthy is the 13-month increase in the median duration of IUD use from 46 months in 1993 to 59 months in 2003. Comparison of the median duration of use across methods shows a substantial variation, ranging from a low of 6.9 months for condoms to a high of nearly five years (59 months) for IUD in 2003.

Unintended pregnancy, side effects and the desire to get pregnant are the most common reasons for discontinuing contraceptive use in all survey years. The study substantiates the recognized low level of effectiveness of traditional contraceptive methods as unintended pregnancy accounted for around half of discontinuations of calendar/rhythm and withdrawal from 1993 to 2003. Most discontinuations of pills, IUD and injectables in the 3 survey years are attributed to the experience of side effects. There is a shift in the leading reason cited for discontinuing condom use – from accidental pregnancy in 1993 to inconvenience of use in 1998 and 2003. It should also be noted that abandonment of contraceptive use represents a large proportion of discontinuation for pills, IUD, injectables and, to a
lesser extent, condoms suggesting that viable alternative methods of contraception may be unavailable to a substantial number of discontinuers of these modern methods.

The study also identified the subgroups of women who consistently showed higher contraceptive discontinuation rates than their counterparts over the years, and hence may have a higher risk of having unintended pregnancies. These are younger women (less than thirty years of age), women with lower socioeconomic status, and less empowered women (operationalized in this study as those with lesser participation in household decision-making).

With regards to method switching, the data show an upward pattern in the switching rates to modern methods regardless of the method of origin. A particularly welcome finding for the family planning program is the increase in the switching rates to modern method among users of traditional methods (calendar/rhythm and withdrawal). For instance, the switching rate of withdrawal users to any modern method rose from 4.9 percent in 1993 to 7.5 percent in 2003. However, the high switching rates between modern methods may be indicative of problems in the family planning program specifically of poor counseling regarding the initial method choice or intermittent supplies of the original method. In all survey years, users of injectables and condom recorded the highest switching rates to other modern methods and, surprisingly, to traditional methods. In general, the switching rates to modern methods are higher than the switching rates to traditional methods in all subgroups of women regardless of the original method.

The findings provide insights into the adequacy of the provision of family planning commodities and services in the country as well as the satisfaction of the users with the methods. For instance, the substantial number of women who discontinued contraceptive use but failed to make the transition to another method should be of particular interest for program managers because of their high risk of exposure to unwanted pregnancies. The study also reinforces the need to promote contraceptive practice by providing women a range of contraceptive options to suit their needs so that women who are not satisfied with one method can easily switch to another method. The findings also highlight the need for the Philippine family planning program to focus its efforts in encouraging women to maintain their contraceptive use particularly of the more effective modern methods and strengthening counseling in order to address the safety and health concerns that emerged as the primary reasons for discontinuation of modern methods.