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**Contraceptive Discontinuation,
Failure, and Switching
Behavior in the Philippines**



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Contraceptive Discontinuation, Failure, and
Switching Behavior in the Philippines

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Introduction

Within the new population policy framework of the Philippine Family Planning Program, heavy emphasis is placed on the health rationale for family planning. The program goals have shifted from achieving a targeted number of contraceptive users to improving the quality of contraceptive practice among users. Levels of use of specific contraceptive methods and the patterns of use across subgroups of women are known to vary. As such, it becomes particularly interesting to examine the duration of method use along with the policy implications of changes in the contraceptive prevalence structure with regards to fertility reduction goals, taking into consideration the risks of use-failure and discontinuation among various subgroups of women in the population. For this reason, it is important to look into contraceptive use dynamics.

The rôle of contraceptive use dynamics in shaping the contraceptive prevalence structure and in determining its impact on fertility becomes increasingly important for National Family Planning Program policy makers and program managers as prevalence has increased through the years. While this has been recognized in the past, lack of appropriate data has prevented any thorough study of population-based contraceptive discontinuation and use-failure rates. In the Philippines, past attempts at obtaining retrospective information on contraceptive use in national demographic surveys have historically fallen short of substantive coverage.

This analysis is intended to fill in the gaps of the relatively few studies on contraceptive discontinuation and use-failure rates by using life table methodologies with the five-year calendar data derived from the 1993 Philippine National Demographic Survey (1993 NDS). The report has five major sections: the introduction, background information, data and methodology, results and discussion, and the summary and conclusion. The results and discussion portion present findings on three major topics, namely contraceptive discontinuation, failure, and switching behavior.

Background Information

The Philippines National Family Planning Program

The Philippines has had three decades of a national population program first initiated by the private sector in the early sixties. The passage of the legislative bill known as the Population Act in 1971 signaled the integration of the Family Planning Program in the government's national development plan.

One of the goals of the National Family Planning Program is the reduction of the population growth rate. As early as the late seventies, the goal was to reduce the growth rate from 2.5 percent in 1978 to 2.1 percent in 1987. This goal was to be achieved by reducing fertility through increasing contraceptive prevalence from 40 percent in 1982 to 50 percent in 1987. Today, almost a decade beyond the target period prescribed in the 1978 Ten-year Development Plan, the Philippines population growth rate, estimated at 2.4 percent in 1990, and the contraceptive prevalence, estimated at 40 percent in 1993, reflect the many obstacles that have stalled the achievement of the program goals. The changes in political leadership, particularly the Aquino Administration during the period 1986-1992, are perceived as greatly responsible for the vacillating political and financial support for the program and the strengthened opposition to artificial contraceptives by the Catholic Church. In addition, deteriorating social and economic conditions prompted the government to reallocate resources to employment and livelihood generation rather than acceptance of contraception.

By mid-1992, the Program began moving away from the traditional focus on demographic strategies perceived as "coercive" and not directed at individual needs. The Program vigorously shifted towards advocacy for family planning through health and development program goals such as maternal and child

health. This shift is premised on a need for reasserting the Program's wider social and developmental context in the face of organized opposition from the Church and its affiliate non-government groups. Contraceptive use is now propagated as a means of preventing "mistimed" pregnancies and "unwanted" pregnancies among high health-risk groups of women, i.e., those who are too young, too old, and those whose pregnancies are too closely spaced. Efforts have been stepped up in promulgating individually chosen methods of family planning as a way to improve the health of mothers and children. These efforts involve reducing the incidence of "mistimed" and "unwanted" pregnancies which pose health hazards to both mothers and children, and promoting adequate birth intervals. The program principles of voluntary method choice by the individual user, excluding the constitutionally illegal act of abortion, continue to be strictly enforced. Unlike his predecessor, President Ramos has since 1992 consistently articulated strong support for the National Family Planning Program implemented by the Department of Health and coordinated by the Commission on Population. Organizational reforms in both agencies, aimed at achieving a more efficient and effective program organization and management structure, have been instituted recently. The new population policy framework puts more emphasis on provision of service to the individual, rather than achievement of aggregate fertility reduction targets.

Trends in Contraceptive Prevalence

The Philippines has experienced considerable increase in contraceptive use from 15.4 percent in the late sixties to 40 percent in the early nineties (Table 1). Data from previous demographic surveys reveal that contraceptive method mix in the Philippines has been characterized by a strong preference for female sterilization followed by the pill among the modern program methods, and for periodic abstinence among the traditional program methods. Withdrawal, a non-program method and considered less effective, has been widely practiced in the Philippines. The use of modern methods has increased steadily from 2.9 percent in 1968 to 21.6 percent in 1988.

Table 1 Percentage of currently married women 15-44 using modern contraceptive methods and traditional methods, Philippines, 1968-1993

Survey	Modern methods	Traditional methods	Total
1968 National Demographic Survey	2.9	11.5	15.4
1973 National Demographic Survey	10.7	6.7	17.4
1978 Republic of the Philippines Fertility Survey	17.2	21.3	38.5
1983 National Demographic Survey	18.9	13.1	32.0
1988 National Demographic Survey	21.6	14.5	36.1
1993 National Demographic Survey ¹	24.9	15.1	40.0

Source: Table 4.5: NSO and MI, 1994.

¹ Based on currently married women 15-49.

This prevalence structure still prevails today as gleaned from the 1993 NDS. The contraceptive prevalence rate of 40.0 percent indicates that 24.9 percent of married women age 15-49 use modern methods while 15.1 percent use traditional methods. Female sterilization and the pill rank first and second, respectively.

Historically, the range of methods made available by the Program has not changed much. Compared to some of its Asian neighbors like Indonesia, which offers injectables, the Philippines is indeed conservative in its "cafeteria" approach of providing contraceptive methods.

Differentials in Contraceptive Use

Since contraceptive use is an individual's response to particular needs and circumstances, patterns of use will vary across different subgroups of women in the population. Table 2 shows that contraceptive use is highest in Metropolitan Manila and lowest in the regions that make up the Rest of Luzon. However, differences across the broad regions are not substantial.

Table 2 Percentage of currently married women age 15-49 by contraceptive method currently used, according to selected background characteristics, and the number of segments of use in the five years prior to the survey, Philippines National Demographic Survey, 1993

Characteristic	Contraceptive method							Total
	Pill	IUD	Condom	Sterilization	Periodic Abstinence	Withdrawal	Other	
Region								
Metropolitan Manila	9.4	1.6	1.1	15.1	7.1	7.5	0.1	41.9
Rest of Luzon	7.7	2.0	1.1	13.7	4.7	9.3	0.3	38.8
Visayas	8.8	2.8	1.1	11.6	9.5	7.0	0.5	41.3
Mindanao	9.0	5.9	0.8	8.5	10.2	4.5	0.9	39.8
Ethnicity								
Tagalog	8.4	2.4	0.9	15.6	5.4	9.0	0.2	41.9
Cebuano	9.3	5.4	1.1	10.5	10.5	6.5	0.5	43.9
Other	8.1	2.0	1.0	11.5	6.5	7.1	0.5	36.7
Religion								
Catholic	8.9	3.1	1.0	12.3	7.3	7.9	0.4	40.8
Non-Catholic	6.7	2.7	1.2	12.1	7.3	5.3	0.8	36.1
Education								
Primary or less	6.7	2.5	0.3	11.1	5.0	6.9	0.4	33.0
Secondary	10.1	3.5	1.2	12.7	7.6	8.1	0.6	43.8
Higher	9.4	3.3	1.9	13.7	11.1	7.4	0.3	47.1
Contraceptive intent								
Spacer	8.2	2.0	0.9	0.0	5.0	6.1	0.4	22.6
Limiter	9.0	3.7	1.1	19.4	8.9	8.4	0.5	51.0
Parity								
0-1	7.1	1.7	0.7	0.3	4.3	4.9	0.2	19.2
2-3	11.8	4.2	1.4	12.0	8.9	8.1	0.6	46.9
4 or more	6.6	2.7	0.8	17.8	7.5	8.0	0.4	43.7
Age								
15-24	12.3	3.9	0.5	0.7	4.4	7.1	0.6	29.5
25-34	12.1	3.5	1.5	9.1	8.1	7.7	0.5	42.5
35-49	3.9	2.3	0.7	19.2	7.7	7.3	0.3	41.4
Total	8.5	3.0	1.0	12.2	7.3	7.4	0.4	40.0
Number of current users	762	273	90	1096	657	665	40	3582
Number of censored segments	642	192	67	361	489	522	26	2299
Total number of segments	1374	274	191	361	919	1164	81	4364

Despite relatively higher prevalence in Metropolitan Manila, which is predominantly inhabited by Tagalogs, Cebuanos as an ethnic group exhibit higher prevalence (43.9 percent) than Tagalogs (41.9 percent). In general, the Visayas region, where the Cebuano language is predominant, has higher contraceptive prevalence than the Rest of Luzon, that is, areas outside Metropolitan Manila where Tagalog is the main language. The difference, however, is not substantial.

As expected, contraceptive prevalence increases with education. Women with college education have a prevalence of 47.1 percent. The corresponding figure for those with no schooling or less than primary education is much lower at 33.0 percent. It is interesting, however, that the proportion of users practicing periodic abstinence is highest among those with college education and lowest among those with primary or less education.

While the influence of the Catholic Church on government policy has been substantial, contraceptive use among Catholics exceeds use among non-Catholics. This pattern is consistent irrespective of method, except for the condom, sterilization, and periodic abstinence where both groups have the same level of use. This is unlike previous findings which identified religiousness with greater preference for the rhythm method (Bulatao, 1989).

The motivation to use contraception is distinctly oriented to limiting the number of children rather than the spacing of births. Contraceptive prevalence among women who are spacing births is 22.6 percent, while the proportion for women who are limiting births is more than two times higher at 51 percent. While contraceptive use for spacing births is relatively lower than that for limiting births, it is important to consider that increasing use for spacing can reduce the need for limiting births, because well-spaced births will reduce the number of births a woman can have during her reproductive life. Use of less effective methods, such as periodic abstinence and withdrawal, for limiting births remains higher than the use for spacing births. This underscores the importance of educating women on what methods are more appropriate for stated intentions of use. As expected, the use of female sterilization is substantially higher among limiters than among spacers.

The number of children ever born has a curvilinear influence on contraceptive use. Those without children or with only one child tend not to use contraception as much as those with two to three children. Contraceptive use peaks at parity two to three at 46.9 percent and then declines to 43.7 percent among women with at least four children.

The above nonlinear pattern of use is also observed when the women's age is considered. Prevalence is lowest at 29.5 percent among the youngest age group, peaks at 42.5 percent for women in the peak reproductive ages of 25-34, then slightly declines to 41.4 percent among women aged 35-49. This pattern is consistent with the earlier finding that there are more users who are limiters than who are spacers in the Philippines.

Contraceptive Use Dynamics

While much is known about trends and differentials in contraceptive prevalence, there remains inadequate knowledge on contraceptive discontinuation, switching, and failure. Relatively few studies of contraceptive use dynamics exist for developing countries like the Philippines.

Laing (1985) first estimated continuation and effectiveness of contraceptive practice through a cross-sectional approach using a three-year contraceptive calendar method from the 1980 Community Outreach Survey for a sample of 4,320 women in the Philippines. This allowed for direct estimates of average rates (non-duration-specific) for a cross-section of contraceptive users. More recently, an improved analysis of life table first-year probabilities of contraceptive discontinuation and use-failure was conducted by Choe and Zablan (1991).

This analysis uses data from a monthly pregnancy and family planning status retrospective calendar from January 1983 to the interview date in the 1986 Contraceptive Prevalence Survey. However, this study, limited to 12-month discontinuation rates by reason for discontinuation, leaves the unresolved question of whether discontinuers of a particular contraceptive method switched to another method or abandoned all contraceptive use in the month immediately following discontinuation.

The availability of calendar data on contraceptive use from the 1993 NDS presents an opportunity to provide answers to unresolved questions on contraceptive use dynamics in past studies. Hopefully, the results of this analysis can help program managers identify specific program interventions to improve the quality of contraceptive use in the Philippines.

Data and Methodology

The Data

The study uses the data from the 1993 NDS. The 1993 NDS is a nationwide sample survey designed to collect information on fertility, family planning, maternal and child health, and child survival. It was conducted by the National Statistics Office in collaboration with the Department of Health, the University of the Philippines Population Institute, and other concerned agencies of the Philippine government.

The main objectives of the 1993 NDS are to provide data for urban and rural areas separately, for the 14 regions in the country, and to provide estimates with an acceptable precision for sociodemographic characteristics, such as fertility, family planning, health and mortality variables. For each of the 14 regions and type of residence, the sample women were selected using a two-stage sampling design; the first stage is the selection of barangays (administrative units) and the second stage is the selection of the sample households. All women age 15 to 49 who were members of the households or visitors present at the time of interview and had slept in the sample households the night prior to the interview were selected and interviewed.

The Woman's Individual Questionnaire was used to collect information from a nationally representative sample of 15,029 women age 15 to 49. Women were asked questions on the following topics: background characteristics, reproduction, knowledge and use of contraception, breastfeeding and child health, nuptiality, reproductive preferences, and maternal mortality.

An important part of the 1993 NDS questionnaire is the calendar which is located in the flip-out section at the end of the Individual Questionnaire. It is called a calendar because it records information about the timing of recent events in the respondent's life. Events which occurred between January 1988 and the time of interview are included. On the vertical axis of the calendar, there are 72 boxes (each box representing 1 month of the year) divided into 6 sections (each representing 1 year of time or 12 months of the year). On the horizontal axis are 8 columns, each column covering different but related experiences in the woman's life. For the purposes of this study, only the first two columns were utilized. Column 1 covers events on live births, pregnancies and contraceptive use, while Column 2 contains reasons for discontinuing contraceptive use.

Unit of Analysis

The unit of analysis in this study is the segment of contraceptive use among women age 15 to 49 years. A segment of contraceptive use refers to uninterrupted use of a contraceptive method. A fixed period of 60 months was adopted for the analysis. The 3 months prior to the time of interview were excluded from the

analysis to eliminate the possibility of underestimating contraceptive failure. For example, a woman who may be using a contraceptive method at the time of interview may not know that she is already pregnant. Segments which had started before the beginning of the period (3-62 months prior to the survey) were excluded from the analysis because duration of use cannot be determined for such cases. However, segments of contraceptive use which were still in effect at the end of the period (censored segments) are included in the analysis to represent segments of long duration.

The first version of the standard recode file of the 1993 NDS was used in this study. Using the program CAL2SPSS, a utility program provided with the DYNPAK package of programs that accompany the DHS Further Analysis Plan on Contraceptive Use Dynamics, the calendar system file was created from the 1993 NDS data file. The calendar system file contains all segments of use which began within the 60-month period.¹ For each segment of contraceptive use, the following variables were created: method of contraception, reason for discontinuation, status in the month after the segment of use, duration of use, status in the month before the segment of use, number of births in the calendar after the segment of use, and starting date (as a century month code) of the segment of use. To create the final system file for the analysis, selected background variables were extracted from the NDS data file and merged with the calendar system file.

Background Variables

The background variables were selected on the basis of their known association with the use of contraception based on previous studies. The background variables selected for this study and corresponding categories are as follows:

1. Region: Metropolitan Manila, Rest of Luzon, Visayas, Mindanao
2. Ethnicity: Tagalog, Cebuano, Other
3. Religion: Catholic, Non-Catholic
4. Education: Primary or less, Secondary, Higher
5. Contraceptive Intent: Spacer, Limiter
6. Parity: 0-1 children, 2-3 children, 4 or more children
7. Age: 15-24, 25-34, 35-49

One problem in the choice of background variables is that the segments of use cover a five-year period prior to the survey, but many background variables are measured at the time of the survey. Therefore, the current value of the variable may not be relevant to an earlier segment of contraceptive use. The first four variables above were measured at the time of the survey in 1993. These variables were not expected to have changed in the five-year period prior to the survey, although interregional migration may have occurred for some women. The last three variables are adjusted so that they reflect the situation at the start of the segment of use. Contraceptive intent at that time is inferred from whether the next live birth after the segment was reported as wanted or not wanted.

A total of 14,118 segments of contraceptive use and nonuse among women were generated from the calendar data of which 4,990 or 35.3 percent are censored segments. Segments of contraceptive use totalled 4,364 while segments of contraceptive nonuse numbered 9,756. The number of segments of use in the five years prior to the time of survey are presented by method in Table 2 discussed earlier.

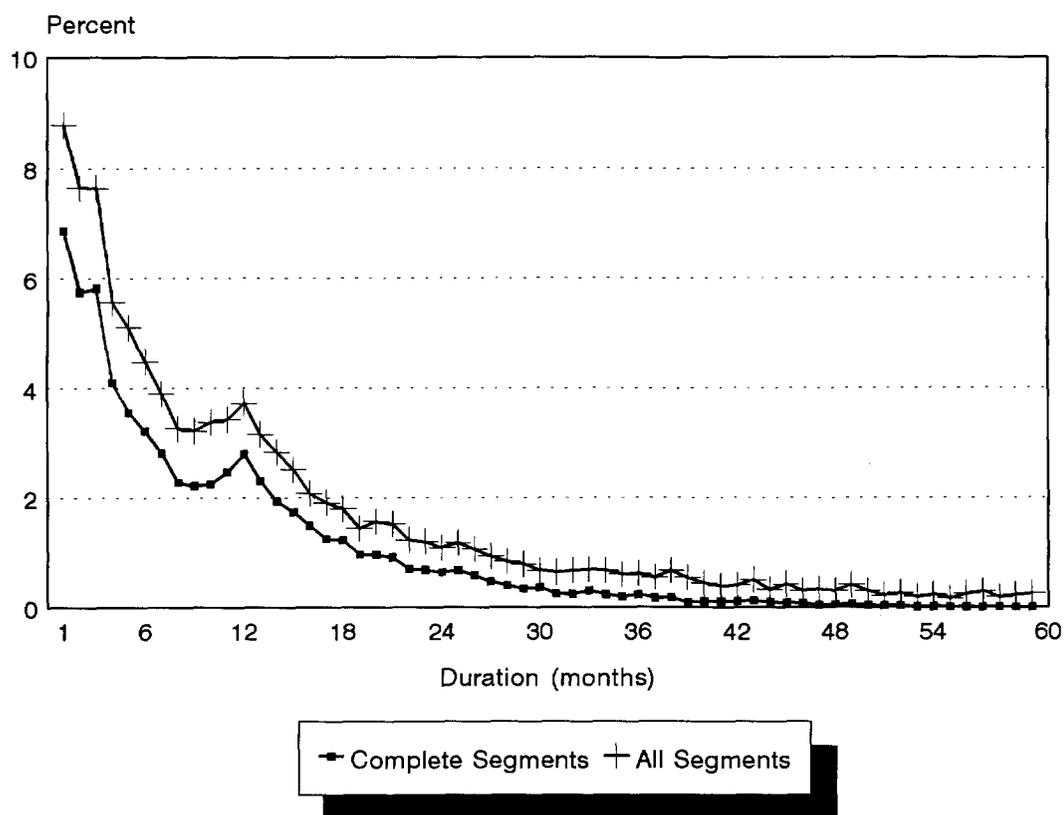
¹ Segments of nonuse in which the woman is not pregnant and not using contraception are also included in the system file, but they are dropped from the analysis in this report.

Data Quality

The overall quality of retrospective information reported in the calendar section of the demographic and health surveys remains a concern. Although the calendar data collection approach is superior to alternative retrospective data collection techniques for longitudinal information (Goldman et al, 1989; Westoff et al, 1990), the data are not free from problems such as recall errors, heaping at particular durations of contraceptive use and nonuse, and deliberate omission or misreporting of events. In the process of recalling detailed information for the five years prior to survey, respondents may forget short periods of contraceptive use and nonuse. This is expected to occur more frequently the farther back in time the respondent recalls. In addition, contraceptive failure that results in an unintended pregnancy can be embarrassing for some women who may rationalize the failure and misreport such unintended pregnancies as wanted pregnancies.

The problem of heaping at specific durations of use is assessed by plotting the distribution of reported segments of use and nonuse in the calendar. Figure 1 shows moderate heaping at 12 months. However, this amount of heaping is not likely to have significant effects on the quality of the 12-month discontinuation rates.

Figure 1. Percent distribution of duration of reported segments of contraceptive use and nonuse, Philippines National Demographic Survey, 1993



Data in Table 3 are used to detect evidence of the misreporting of contraceptive failure as intended pregnancies. The proportion reporting discontinuation in order to get pregnant and who actually become pregnant in the month after discontinuation is 42 percent. This percentage is quite high since the monthly probability of conception is usually estimated around 0.2 to 0.3, meaning 20 to 30 percent of women who want to become pregnant are expected to conceive the following month. In addition, only 12 percent of women who abandon contraceptive use for other reasons get pregnant in the month following discontinuation. It is possible that some contraceptive failures are being reported as intended pregnancies or that there is some mistiming of contraceptive discontinuation relative to the onset of pregnancy. Also, there were four segments of use reported to end in failure, but were not followed immediately by a pregnancy or termination.

Table 3 Distribution of discontinued segments of use by reason for discontinuation and status in the month immediately following discontinuation, Philippines National Demographic Survey, 1993

Reason for discontinuation	Status in the month after discontinuation				Total	Percent of the exposed ¹ pregnant
	Pregnant	Termination	Not using a method	Using another method		
Contraceptive failure	813	8	4	0	825	99.5
To get pregnant	161	1	225	1	388	41.9
Other reason	64	1	458	2626	3149	12.4
Total	1038	10	687	2627	4362	60.4

¹ The exposed are defined as users who are not using another method of contraception in the month following discontinuation of their original method, i.e., the denominator for the percentage includes those women who are pregnant, who experienced a termination, or who are not using any method of contraception.

Methodology

Understanding the dynamics of contraceptive use is greatly enhanced by indicators such as contraceptive discontinuation rates, discontinuation rates by reason for discontinuation, contraceptive method switching rates, and contraceptive failure rates. Estimates of these indicators are best obtained by the application of life table techniques which allow for the inclusion of censored segments of contraceptive use in the estimation procedures. Life table rates are duration-specific so they show how the rate of discontinuation and failure changes with duration of use.

The basic idea of the life table as applied to contraceptive discontinuation is that the duration of use is broken down into monthly intervals. The number of discontinuations and the number of women-months of exposure are tabulated for each interval, and then the probabilities of discontinuing use at each duration are calculated. A single decrement life table is used to calculate method-specific discontinuation rates.

An extension of this life table is used when rates are required for different types of discontinuation, for example, by reason for discontinuation or by status after discontinuation. This type of life table is known as the multiple-decrement life table (MDLT). The MDLT generates net discontinuation rates which represent the rate of discontinuing for each reason in the presence of other competing reasons for discontinuation.

The other kind of life table employed in this analysis is the associated single-decrement life table which is used to calculate contraceptive failure rates. This procedure assumes women will only discontinue use of a method if they fail while using it, thereby eliminating the influence of other reasons for contraceptive

discontinuation. The failure rates generated are known as gross failure rates and overcome the problem of distorted comparisons of net failure rates in situations where levels of discontinuation for reasons other than method failure vary. For further discussion of life tables, see Namboodiri and Suchindran (1987).

Results and Discussion

Contraceptive Discontinuation

Presented in Table 4 are the 12-month and 24-month discontinuation rates and median duration of method use by contraceptive method. The data shows that over one-third (37.2 percent) of Filipino women discontinue use of their contraceptive method during the first year of use, while over half (56.3 percent) of them stop using by the end of the second year of use. Great variability in discontinuation rates for the different contraceptive methods is observed. Condom use has the highest 12-month discontinuation rate of 60.4 percent while IUD has the lowest with 20.0 percent. Pill users and those practicing withdrawal have almost the same discontinuation rates (just under 40 percent) within the first year of use. However, the discontinuation rate for withdrawal at the end of the second year is 61.9 percent, exceeding the corresponding pill discontinuation rate of 55.7 percent.

Table 4 Life table discontinuation rates and median duration of use by method, Philippines National Demographic Survey, 1993

Contraceptive method	12-month discontinuation rate (percent)	24-month discontinuation rate (percent)	Median duration of use (months)	Number of segments of use
Pill	39.2	55.7	17.8	1374
IUD	20.0	30.4	45.6	274
Condom	60.4	78.8	7.3	191
Periodic abstinence	30.2	51.2	23.3	919
Withdrawal	39.9	61.9	16.3	1164
Other	49.9	76.1	12.0	81
Total ¹	34.0	51.2	23.0	4364
Total ²	37.2	56.3	19.2	4003

¹ All methods.

² All reversible methods (excluding sterilization).

The median duration of use, which is the duration by which 50 percent of the women discontinue the use of their method, is 23.0 months for all methods combined and 19.2 months for all reversible methods. As with discontinuation rates, median duration varies widely for each method. IUD has the longest median duration (45.6 months), followed far behind by periodic abstinence (23.3 months). Women using the pill and withdrawal on average stop use after about one and a half years while condom users on average discontinue use after a shorter period of 7.3 months.

The 12-month and 24-month discontinuation rates by background characteristics for the pill, periodic abstinence, and withdrawal are given in Tables 5, 6, and 7, respectively. The data show that Catholics and non-Catholics, and less educated and more educated women have about the same likelihood of discontinuing the use of the pill and periodic abstinence in the first year of use. However, the non-Catholics and the more educated women are more likely to discontinue using withdrawal than the Catholics and women of less education.

Table 5 Life table discontinuation rates and median duration of use for the pill by background characteristics, Philippines National Demographic Survey, 1993

Characteristic	12-month discontinuation rate (percent)	24-month discontinuation rate (percent)	Median duration of use (months)	Number of segments of use
Region				
Metropolitan Manila	46.6	62.3	13.5	263
Rest of Luzon	39.8	57.4	16.5	516
Visayas	30.9	49.6	24.1	275
Mindanao	39.0	52.4	20.7	320
Ethnicity				
Tagalog	40.7	55.9	17.6	354
Cebuano	35.9	50.6	21.9	400
Other	40.5	59.0	15.9	621
Religion				
Catholic	38.9	55.8	18.2	1185
Non-Catholic	41.3	55.4	15.3	188
Education				
Primary or less	38.2	53.9	20.3	419
Secondary	39.6	58.2	16.2	564
Higher	39.6	53.9	17.8	391
Contraceptive intent¹				
Spacer	47.3	66.2	13.0	708
Limiter	28.9	42.1	35.3	655
Parity				
0-1	51.9	69.2	11.2	337
2-3	35.7	49.7	24.1	617
4 or more	33.7	52.8	21.6	420
Age				
15-24	41.9	58.1	14.8	285
25-34	39.2	56.3	17.4	849
35-49	36.4	51.0	23.3	240
Total	39.2	55.7	17.8	1374

¹ Eleven missing cases are excluded.

Table 6 Life table discontinuation rates and median duration of use for periodic abstinence by background characteristics, Philippines National Demographic Survey, 1993

Characteristic	12-month discontinuation rate (percent)	24-month discontinuation rate (percent)	Median duration of use (months)	Number of segments of use
Region				
Metropolitan Manila	33.3	51.3	23.4	126
Rest of Luzon	38.9	59.7	17.4	264
Visayas	21.2	49.1	26.0	242
Mindanao	28.3	44.9	27.6	286
Ethnicity				
Tagalog	34.7	52.6	19.7	168
Cebuano	27.3	47.2	26.1	372
Other	31.0	54.7	21.5	379
Religion				
Catholic	30.5	51.3	23.2	768
Non-Catholic	28.2	50.3	23.9	150
Education				
Primary or less	31.1	54.7	20.7	295
Secondary	28.9	53.5	22.3	330
Higher	30.5	45.3	26.9	294
Contraceptive intent¹				
Spacer	46.3	72.8	12.9	427
Limiters	14.8	28.5	51.0	487
Parity				
0-1	53.0	72.5	11.0	196
2-3	27.8	50.6	23.6	360
4 or more	19.9	39.5	34.8	363
Age				
15-24	54.6	71.2	9.5	131
25-34	31.0	54.9	21.0	496
35-49	19.1	37.1	37.4	292
Total	30.2	51.2	23.3	919

¹ Five missing cases are excluded.

Table 7 Life table discontinuation rates and median duration of use for withdrawal by background characteristics, Philippines National Demographic Survey, 1993

Characteristic	12-month discontinuation rate (percent)	24-month discontinuation rate (percent)	Median duration of use (months)	Number of segments of use
Region				
Metropolitan Manila	51.6	70.0	11.4	205
Rest of Luzon	32.3	56.3	21.3	558
Visayas	43.5	65.1	14.1	230
Mindanao	45.8	66.4	14.3	171
Ethnicity¹				
Tagalog	35.2	58.8	19.3	334
Cebuano	48.6	67.4	12.3	275
Other	38.0	60.7	18.0	534
Religion				
Catholic	39.2	61.2	17.2	1016
Non-Catholic	45.2	67.9	13.2	148
Education				
Primary or less	36.4	58.7	19.4	427
Secondary	42.5	63.5	15.1	451
Higher	41.1	64.4	14.9	286
Contraceptive intent²				
Spacer	52.4	77.2	11.5	624
Limiter	24.2	41.9	31.7	531
Parity				
0-1	58.0	79.7	9.9	274
2-3	36.5	58.4	19.3	431
4 or more	32.1	54.6	21.3	459
Age				
15-24	59.2	79.5	9.5	230
25-34	41.3	65.9	15.4	601
35-49	26.1	45.6	28.2	333
Total	39.9	61.9	16.3	1164

¹ Twenty-one missing cases are excluded.

² Nine missing cases are excluded.

Younger women who are at low parity and presumably would want to have another child, are more likely than older women to discontinue using contraception, whether it be the pill, periodic abstinence, or withdrawal. Discontinuation rates for all three methods also tend to be higher for low parity women than for higher parity women and for spacers than for limiters. Women in Metropolitan Manila are more likely than women in other regions to discontinue using the pill and withdrawal, while those from the Rest of Luzon are most likely to discontinue periodic abstinence. The Cebuanos are less likely than other women to discontinue using the pill and periodic abstinence in the first two years of use but they are more likely to discontinue using withdrawal.

The median duration of use for the pill is around one and a half years. The length varies widely for women of different subgroups reflecting the differences observed in the 12-month and 24-month discontinuation rates. For example, spacers, that is, women who want to have another child in the future, reported a median duration of one year. On the other hand, half of the limiters, that is, women who do not want any more children, continue using the pill for at least three years. Similar patterns in median duration of use are noted for periodic abstinence and withdrawal. Note that the differentials in discontinuation rates and median duration of use are stronger by demographic characteristics (intent, parity, age) than by socioeconomic characteristics.

The data show that the preferred reversible methods of contraception (the pill, periodic abstinence, and withdrawal) among Filipino women have relatively high 12-month and 24-month discontinuation rates and relatively short median durations of use. It is important that program managers seriously consider the implications of the finding that periodic abstinence, with a prevalence not too different from that of the pill, has a longer median duration of use than the pill. Furthermore, this finding raises the question of what reasons contribute to the higher discontinuation rate of the pill compared with periodic abstinence.

Contraceptive Discontinuation by Reason

Table 8 shows the 12-month discontinuation rates by reason by contraceptive method. For all reversible methods, contraceptive failure is the most reported reason for discontinuation. While 14.0 percent of users discontinue use of their method in the first year due to failure, 11.5 percent discontinue for a mix of method-related reasons, behavioral infecundity and partner's disapproval. Furthermore, 6.2 percent of women discontinue due to side effects while 5.6 percent intentionally drop their method within a year to get pregnant. Reason for discontinuation is found to be method-specific. In the first year of use, failure is the main reason for discontinuing periodic abstinence, withdrawal, and other traditional methods while side effects are the main reason reported by women who are using the pill and IUD. Although condom users mainly cite other reasons for discontinuation, the net failure rate for the condom is as high as the net failure rate for periodic abstinence. The most frequently cited other reasons for condom discontinuation are husband disapproved and inconvenient to use (Table 4.14: NSO and MI, 1994).

Table 8 Life table 12-month discontinuation rates by reason for discontinuation and contraceptive method, Philippines National Demographic Survey, 1993

Contraceptive method	Reason for discontinuation				Total
	Contra- ceptive failure	To get pregnant	Side effects	Other reasons ¹	
Pill	5.8	7.6	12.7	13.0	39.2
IUD	2.9	2.5	7.5	7.1	20.0
Condom	16.9	6.3	2.2	35.0	60.4
Periodic abstinence	16.9	5.2	0.6	7.4	30.2
Withdrawal	23.2	3.9	3.2	9.7	39.9
Other	17.8	8.7	6.8	16.7	49.9
Total ²	12.8	5.1	5.7	10.5	34.0
Total ³	14.0	5.6	6.2	11.5	37.2

¹ Discontinuation for the following reasons: partner disapproved, health concerns, availability, want more effective method, inconvenient to use, cost, separated/widowed, infrequent sex, subfecund, other.

² All methods.

³ All reversible methods (excluding sterilization).

Table 9 gives the 12-month discontinuation rates for the pill by reason for discontinuation and selected background characteristics. The data show modest differences among women of different ethnicity, religion, education, and age. Tagalog users experience a lower 12-month discontinuation rate due to side effects than other ethnic groups, but this is compensated for by a higher discontinuation rate for other reasons. The higher 12-month discontinuation rate among younger women is due primarily to higher discontinuation to get pregnant. Older women are more likely than younger women to discontinue for other reasons. Catholics and non-Catholics have about the same 12-month pill discontinuation rate, but non-Catholics are more likely to discontinue in order to get pregnant while Catholics have a higher discontinuation rate due to side effects. Larger differences were observed in the reason-specific discontinuation rates by region, contraceptive intent, and parity. Pill users in Metropolitan Manila are more likely to discontinue the pill to get pregnant, while most pill users from other regions discontinue the pill because of side effects. Women without children or with one child are more likely than women of high parity to discontinue pill use because of the desire to get pregnant. Discontinuation rates due to reasons other than getting pregnant do not vary much by parity. As expected, women who are using the pill to space births are much more likely than limiters to discontinue in order to get pregnant.

Table 9 Life table discontinuation rates for the pill by reason for discontinuation and background characteristics, Philippines National Demographic Survey, 1993

Characteristic	Reason for discontinuation				Total
	Contra- ceptive failure	To get pregnant	Side effects	Other reasons	
Region					
Metropolitan Manila	5.6	14.9	9.7	16.5	46.6
Rest of Luzon	6.5	4.8	14.0	14.5	39.8
Visayas	3.9	6.1	13.0	8.0	30.9
Mindanao	6.7	7.3	12.9	12.1	39.0
Ethnicity					
Tagalog	5.9	8.6	8.2	18.1	40.7
Cebuano	4.7	7.7	12.5	10.9	35.9
Other	6.5	6.9	15.5	11.5	40.5
Religion					
Catholic	5.6	6.8	13.2	13.3	38.9
Non-Catholic	7.4	12.8	9.9	11.1	41.3
Education					
Primary or less	6.9	6.6	13.6	11.1	38.2
Secondary	6.5	7.6	12.8	12.7	39.6
Higher	3.7	8.6	11.6	15.6	39.6
Contraceptive intent					
Spacer	8.2	12.1	14.2	12.7	47.3
Limiter	3.1	1.6	11.1	13.1	28.9
Parity					
0-1	7.8	17.5	13.3	13.3	51.9
2-3	5.8	4.4	12.2	13.4	35.7
4 or more	4.3	4.0	13.1	12.3	33.7
Age					
15-24	7.4	10.4	13.0	11.1	41.9
25-34	5.8	7.9	13.4	12.1	39.2
35-49	4.2	3.6	10.0	18.7	36.4
Total	5.8	7.6	12.7	13.0	39.2

Net failure rates are lowest among women from the Visayas, women who have college education, limiters, women with four or more children, and older women. The low incidence of failure for subgroups such as limiters and older women indicates that use failure, that is, failure due to method failure and improper use of the contraceptive method, may be lowered when the motivation for contraceptive use is to prevent further births. The lower pill failure rate of older women, high-parity women, and limiters may also reflect lower fecundity among these women.

Tables 10 and 11 present the 12-month discontinuation rates by reason for discontinuation and background characteristics for periodic abstinence and withdrawal, respectively. As with the pill, reason-specific discontinuation rates are found to vary by the region of residence, contraceptive intent, and parity. However, in addition to these three factors, age was also found to affect discontinuation rates.

Table 10 Life table discontinuation rates for periodic abstinence by reason for discontinuation and background characteristics, Philippines National Demographic Survey, 1993

Characteristic	Reason for discontinuation				Total
	Contra- ceptive failure	To get pregnant	Side effects	Other reasons	
Region					
Metropolitan Manila	16.2	3.6	0.0	13.6	33.3
Rest of Luzon	24.4	5.2	0.6	8.7	38.9
Visayas	13.7	3.7	1.1	2.7	21.2
Mindanao	13.0	7.3	0.6	7.4	28.3
Ethnicity					
Tagalog	22.1	2.4	0.0	10.3	34.7
Cebuano	15.0	6.7	0.3	5.3	27.3
Other	16.4	5.0	1.3	8.3	31.0
Religion					
Catholic	17.2	5.2	0.8	7.4	30.5
Non-Catholic	15.4	5.2	0.0	7.6	28.2
Education					
Primary or less	17.1	5.6	1.4	7.0	31.1
Secondary	17.1	3.5	0.0	8.3	28.9
Higher	16.5	6.6	0.6	6.9	30.5
Contraceptive intent					
Spacer	26.8	10.0	1.3	8.2	46.3
Limiter	7.4	0.5	0.0	6.9	14.8
Parity					
0-1	28.9	11.3	0.9	11.8	53.0
2-3	13.7	5.6	0.0	8.5	27.8
4 or more	13.3	1.5	1.2	4.0	19.9
Age					
15-24	29.0	10.4	0.7	14.5	54.6
25-34	17.6	5.5	0.1	7.8	31.0
35-49	11.0	2.8	1.4	3.9	19.1
Total	16.9	5.2	0.6	7.4	30.2

Table 11 Life table discontinuation rates for withdrawal by reason for discontinuation and background characteristics, Philippines National Demographic Survey, 1993

Characteristic	Reason for discontinuation				Total
	Contra- ceptive failure	To get pregnant	Side effects	Other reasons	
Region					
Metropolitan Manila	30.5	1.6	3.1	16.4	51.6
Rest of Luzon	21.1	3.6	1.3	6.3	32.3
Visayas	23.9	4.4	4.3	10.9	43.5
Mindanao	20.3	6.8	7.7	10.9	45.8
Ethnicity					
Tagalog	20.5	2.9	2.2	9.6	35.2
Cebuano	26.0	4.9	5.1	12.6	48.6
Other	23.4	3.9	2.7	8.0	38.0
Religion					
Catholic	23.5	3.0	3.3	9.3	39.2
Non-Catholic	21.1	10.0	2.0	12.1	45.2
Education					
Primary or less	22.0	3.3	2.6	8.4	36.4
Secondary	23.6	3.1	4.4	11.3	42.5
Higher	24.3	5.8	2.1	8.9	41.1
Contraceptive intent					
Spacer	33.4	6.0	3.2	9.9	52.4
Limiter	10.3	1.2	3.2	9.6	24.2
Parity					
0-1	35.2	9.1	3.0	10.7	58.0
2-3	20.0	2.4	2.5	11.6	36.5
4 or more	18.9	2.0	3.9	7.3	32.1
Age					
15-24	32.1	9.5	4.2	13.3	59.2
25-34	24.2	3.4	3.8	9.9	41.3
35-49	16.2	1.3	1.6	7.0	26.1
Total	23.2	3.9	3.2	9.7	39.9

In the case of periodic abstinence and withdrawal, where a large proportion of women discontinue due to failure, small differences in the failure rates are generally observed among women of different regions, ethnicity, religion, and education. It is only among women differentiated by contraceptive intent, parity and age where substantial differences in failure rates are observed. Those practicing periodic abstinence who have one or no children have a failure rate of 29 percent. At parity four or more, the net failure rate is reduced to just 13 percent. Similarly, women in the youngest age group 15-24 exhibit a net failure rate of 29 percent while women at the oldest age group 35-49 show a net failure rate less than half that of younger women (11.0 percent). The largest differential is observed for contraceptive intent: the failure rate is more than three times higher among spacers than among limiters. The same pattern is observed for those practicing withdrawal.

Examining discontinuation rates due to reasons other than contraceptive failure, both the periodic abstinence and withdrawal discontinuation rates in order to get pregnant are higher for younger women, spacers, and

women of low parity as expected. Women from Metropolitan Manila are more likely than women from other regions to discontinue the use of withdrawal and periodic abstinence due to other reasons. In the same way, younger women are more likely than older women to discontinue both methods for other reasons.

The analysis of the reasons for discontinuation by method and the associated discontinuation rates clearly distinguish traditional from modern methods. The methods of periodic abstinence and withdrawal show higher discontinuation due to contraceptive failure while modern methods like the pill show higher discontinuation due to side-effects. As traditional methods involve cooperation and participation of both sexual partners, information and education materials for males might be helpful. Historically, the Philippine National Family Planning Program has always offered its services to women exclusively. Given the preference for traditional methods by contraceptive users in the country, information on proper use of these methods may result in improved quality of contraceptive practice while simultaneously taming furious opposition by the Catholic Church on use of artificial contraceptive methods.

Switching Behavior

While knowledge of the reason for discontinuation for each method is useful by and of itself, information on contraceptive switching behavior is of particular interest. This information identifies those women who abandon use of contraception despite a need for contraception and thereby place themselves at risk of an unwanted pregnancy.

Data in Table 12 presents the 12-month cumulative switching rates for each method in the Philippines. Discussion will be limited to those who still have need for contraception.² For all methods combined, the rate of switching to another method is slightly lower (6.3 percent) than the rate of abandoning use (7.7 percent). Of all the methods, the condom and pill rank first and second, respectively, in the rate of switching to no method of contraception, that is, abandoning the use of contraception. Rates of abandoning use for the

Table 12 Life table 12-month discontinuation rates by status after discontinuation and contraceptive method, Philippines National Demographic Survey, 1993

Contraceptive method	Status after discontinuation				Total
	No need for contra-ception ¹	Switch to modern method	Switch to traditional method	Abandon use	
Pill	17.9	1.4	5.4	14.5	39.2
IUD	5.8	3.6	2.5	8.1	20.0
Condom	25.3	5.9	14.6	14.7	60.4
Periodic Abstinence	23.7	2.0	1.5	3.0	30.2
Withdrawal	28.1	4.9	2.8	4.1	39.9
Other	26.5	6.5	4.2	12.8	49.9
Total ²	20.0	2.7	3.6	7.7	34.0
Total ³	21.9	3.0	3.9	8.4	37.2

¹ Discontinuation for the following reason: failure, desire pregnancy, sub-fecund, infrequent sex, separated/widowed.

² All methods.

³ All reversible methods (excluding sterilization).

² Need for contraception after discontinuation is determined by the stated reason for discontinuation. Users who discontinued because of contraceptive failure, desire for pregnancy, menopause or sub-fecundity, infrequent sex, separation, or widowhood are determined not to be in need of contraception.

pill and condom estimated at 14.5 percent and 14.7 percent, respectively, are not substantially different. However, a substantial difference in switching rates between the two methods is the higher switching rate to modern methods (5.9 percent) among those who discontinued use of the condom. The corresponding rate for those who discontinued use of the pill is relatively lower at 1.4 percent. Yet, those who discontinue use of both methods have higher switching rates to traditional than to modern methods. The switching rate from the condom to traditional methods is remarkably high estimated at 14.6 percent. In contrast, those who stopped practicing either periodic abstinence or withdrawal within a year exhibit higher switching rates to modern than to traditional methods. Traditional method users have higher rates of switching to modern methods than pill users (but lower than condom users). This partially accounts for the lower rates of abandonment for the two traditional methods. In addition, the 12-month discontinuation rate for the traditional methods is much lower than it is for the condom. The high failure rate of the traditional methods relative to the pill means that fewer traditional method users who discontinue use are still in need of contraception. IUD users are more likely to abandon use within a year than traditional method users, but less likely to do so than pill and condom users.

Variations in switching behavior across subgroups of women who discontinued use of the pill, periodic abstinence, and withdrawal are presented in Table 13, 14, and 15. In all subgroups, pill users are more likely to abandon use than to switch to another method, and they are more likely to switch to a traditional method than to another modern method.

Table 13 Life table discontinuation rates for the pill by status after discontinuation and background characteristics, Philippines National Demographic Survey, 1993

Characteristic	Status after discontinuation				Total
	No need for contraception	Switch to modern method	Switch to traditional method	Abandon use	
Region					
Metropolitan Manila	25.9	1.8	7.3	11.7	46.6
Rest of Luzon	18.9	1.3	4.0	15.7	39.8
Visayas	11.6	1.2	4.2	13.9	30.9
Mindanao	15.3	1.2	7.1	15.3	39.0
Ethnicity					
Tagalog	24.7	1.2	5.0	9.8	40.7
Cebuano	14.1	1.9	6.1	13.9	35.9
Other	16.6	1.1	5.2	17.6	40.5
Religion					
Catholic	17.0	1.4	5.6	14.8	38.9
Non-Catholic	24.0	0.8	4.1	12.4	41.3
Education					
Primary or less	14.4	1.0	4.9	18.0	38.2
Secondary	19.2	1.4	6.4	12.6	39.6
Higher	20.0	1.6	4.5	13.5	39.6
Contraceptive intent					
Spacer	23.0	1.2	4.0	19.0	47.3
Limitier	11.1	1.5	7.0	9.3	28.9
Parity					
0-1	29.2	1.5	4.6	16.5	51.9
2-3	15.4	2.0	5.1	13.3	35.7
4 or more	12.3	0.3	6.5	14.6	33.7
Age					
15-24	19.1	0.9	4.5	17.4	41.9
25-34	17.6	1.7	5.6	14.2	39.2
35-49	18.4	0.4	5.4	12.2	36.4
Total	17.9	1.4	5.4	14.5	39.2

Table 14 Life table discontinuation rates for periodic abstinence by status after discontinuation and background characteristics, Philippines National Demographic Survey, 1993

Characteristic	Status after discontinuation				Total
	No need for contra-ception	Switch to modern method	Switch to traditional method	Abandon use	
Region					
Metropolitan Manila	24.5	0.0	7.5	1.4	33.3
Rest of Luzon	31.1	2.1	0.4	5.3	38.9
Visayas	18.4	1.4	0.0	1.3	21.2
Mindanao	21.0	3.2	1.0	3.1	28.3
Ethnicity					
Tagalog	29.8	1.0	0.9	3.0	34.7
Cebuano	22.5	2.0	0.5	2.2	27.3
Other	22.0	2.4	2.8	3.8	31.0
Religion					
Catholic	24.0	1.6	1.8	3.1	30.5
Non-Catholic	21.9	3.8	0.0	2.5	28.2
Education					
Primary or less	23.6	3.3	0.7	3.6	31.1
Secondary	21.9	1.2	2.7	3.1	28.9
Higher	25.6	1.5	1.1	2.3	30.5
Contraceptive intent					
Spacer	38.1	2.2	1.2	4.9	46.3
Limiters	9.9	1.8	1.8	1.3	14.8
Parity					
0-1	44.6	2.2	0.5	5.6	53.0
2-3	20.6	2.4	3.1	1.7	27.8
4 or more	15.1	1.4	0.5	2.9	19.9
Age					
15-24	44.3	3.2	1.3	5.8	54.6
25-34	24.0	2.4	1.4	3.2	31.0
35-49	15.1	0.8	1.8	1.5	19.1
Total	23.7	2.0	1.5	3.0	30.2

Table 15 Life table discontinuation rates for withdrawal by status after discontinuation and background characteristics, Philippines National Demographic Survey, 1993

Characteristic	Status after discontinuation				Total
	No need for contraception	Switch to modern method	Switch to traditional method	Abandon use	
Region					
Metropolitan Manila	35.3	6.9	5.5	3.9	51.6
Rest of Luzon	25.3	2.7	1.1	3.2	32.3
Visayas	29.4	4.3	5.2	4.7	43.5
Mindanao	27.1	10.6	1.4	6.6	45.8
Ethnicity					
Tagalog	25.5	5.0	1.4	3.3	35.2
Cebuano	31.3	7.8	3.7	5.8	48.6
Other	28.0	3.1	3.1	3.6	38.0
Religion					
Catholic	27.3	5.1	2.9	3.9	39.2
Non-Catholic	34.4	3.3	2.1	5.4	45.2
Education					
Primary or less	25.4	3.4	2.8	4.8	36.4
Secondary	27.9	5.9	3.7	4.9	42.5
Higher	32.6	5.4	1.2	1.9	41.1
Contraceptive intent					
Spacer	40.8	3.8	2.6	5.2	52.4
Limiters	12.0	6.3	3.0	2.9	24.2
Parity					
0-1	46.0	4.5	2.3	5.2	58.0
2-3	23.8	5.0	4.2	3.5	36.5
4 or more	21.3	5.0	1.7	4.1	32.1
Age					
15-24	43.3	6.9	4.7	4.3	59.2
25-34	29.0	5.8	2.2	4.3	41.3
35-49	17.9	1.9	2.6	3.6	26.1
Total	28.1	4.9	2.8	4.1	39.9

Socioeconomic differentials in the 12-month rate of abandoning pill use are generally weak. Tagalog users display a slightly lower rate of abandonment than user of other ethnic groups, and Catholics are slightly more likely than non-Catholics to abandon use. As expected, the rate of abandoning use is higher among women with primary education or less than among women with more education. Demographic differentials are more pronounced but are in the expected direction: young users, low parity users and spacers are more likely than their counterparts to abandon pill use within a year.

A striking differential in switching behavior is shown for spacers and limiters. As anticipated, users of the pill in order to space births are more likely to have no need for contraception after discontinuation than users of the pill to prevent any future births because they are more likely to discontinue use in order to get pregnant. However, spacers are also much more likely than limiters to abandon use after discontinuation even when they apparently still need contraception.

Also, even highly educated users of the pill are more likely to switch to a traditional method than a modern method after discontinuing pill use, while 13.5 percent of them abandon use, at least temporarily.

In general, the differentials in the 12-month rate of abandoning periodic abstinence are similar to those discussed for the pill, but are much smaller because the total rate of abandoning use is much lower for periodic abstinence than for the pill. Less than five percent of periodic abstinence users abandon use within 12 months while still in need of contraception, with the exception of users in Luzon (except Metropolitan Manila), users of parity 0 or 1, and users age 15-24. However, the low rates of abandoning use are associated with the very high rates of moving to no need for contraception, which in turn reflects the very high failure rate of this method. Differentials in the rate of moving to no need for contraception are particularly pronounced by contraceptive intent, parity, and age, reflecting the differentials in failure and discontinuation in order to get pregnant discussed earlier.

In terms of switching behavior, it is surprising that in Metropolitan Manila, contraceptive users switch entirely to another traditional method after discontinuing practice of periodic abstinence. The other broad regions exhibit higher switching rates to another modern than to another traditional method. The preference of switching to another traditional rather than to another modern method is observed among older women age 35-49. This may occur because older women think they are less exposed to the risk of unwanted pregnancies than younger women who may just be starting family formation. Women with secondary education, women with two to three children, and to a lesser extent, women who are not Tagalog or Cebuano, and Catholics are also more likely to switch to a traditional method than to a modern one.

Unlike those who discontinued practicing periodic abstinence within 12 months of use, those who discontinued use of withdrawal are shown to have higher switching rates than abandoning rates. Abandoning rates are highest for Mindanao, among Cebuanos, and among non-Catholics. In contrast, for those who discontinued use of periodic abstinence, the abandoning rates are highest in the regions of Luzon outside Metropolitan Manila, among ethnic groups other than Cebuano and Tagalogs, and among Catholics. The switching behavior of those practicing withdrawal is more directed to modern than to traditional methods, irrespective of the background characteristics. It is also worth noting that the differences in the switching rates to modern and traditional methods are relatively larger than the differences obtained for those discontinuing periodic abstinence. This is particularly true in Mindanao where the switching rate to modern methods is estimated at 10.6 percent. In contrast, the switching rate to traditional methods is merely 1.4 percent. Another significant difference is found among limiters whose switching rate to modern methods is twice as high (6.3 percent) than the switching rate to traditional methods (3.0 percent).

This analysis underscores the policy implications of method discontinuation, particularly higher abandoning rates of modern methods like the pill, in relation to rates of abandoning either periodic abstinence or withdrawal. Pill users are more likely to abandon use altogether after discontinuing. Program managers may want to pay special attention to these users as they are likely to be exposed to the risk of unwanted pregnancies immediately after discontinuation of pill use. This finding suggests that these pill users may lack information about alternative modern methods of contraception.

Contraceptive Failure Rates

The 12-month gross failure rates and 95-percent confidence intervals by method are presented in Table 16. Gross failure rates represent the failure rates that would be expected if failure was the only reason for discontinuing contraceptive use. As such they are theoretical failure rates, and represent the underlying risk of failure in the population. Gross rates are more appropriate than net rates for the comparison of failure across methods and across subgroups of the population.

Table 16 Life table 12-month gross failure rates and 95-percent confidence intervals by method, Philippines National Demographic Survey, 1993

Contraceptive method	Failure rate (percent)	95-percent confidence interval	
		Lower bound	Upper bound
Pill	7.5	5.7	9.2
IUD	3.2	0.8	5.5
Condom	26.1	17.1	35.1
Periodic abstinence	18.3	15.5	21.0
Withdrawal	26.1	23.1	29.0
Other	22.1	11.3	32.9
Total ¹	14.9	13.7	16.1
Total ²	16.6	15.2	17.9

¹ All methods.

² All reversible methods (excluding sterilization).

The gross failure rate for all methods combined including sterilization is 14.9 percent and 16.6 percent when sterilization is excluded. Gross failure rates vary widely ranging from as low as 3.2 percent for IUD to as high as 26.1 percent for both the condom and withdrawal. IUD is found to be the most effective method of contraception followed by the pill (7.5 percent). The gross failure rate for periodic abstinence is significantly lower than the gross failure rate for withdrawal; however, it is not significantly lower than the gross failure rate for the condom or for other methods. This is because the failure rates of these two methods have wide confidence intervals due to a small number of segments of use.

Gross failure rates by background characteristics are shown in Table 17. Significant differences in gross failure rates are observed between spacers and limiters for the pill, periodic abstinence, and withdrawal. Parity and age are significant for women using traditional methods but not for women using the pill. Younger women and those with less than two children are more likely than older women and those at higher parity to experience contraceptive failure while using either periodic abstinence or withdrawal. Withdrawal users in Metropolitan Manila do experience higher failure rates than withdrawal users in other regions, but the rate is significantly higher only compared to the Rest of Luzon. Also, users of periodic abstinence in the Visayas and Mindanao have significantly lower failure rates than women in the Rest of Luzon.

Ethnicity, religion, and education are not found to be important factors affecting contraceptive failure rates. Although pill users with college education have a lower failure rate compared to women with secondary education or less, the difference is not significant.

Overall, the data supports the universal finding of higher failure rates of traditional methods of contraception which are more prone to use errors compared to modern methods like the IUD and the pill. Also, the finding that the IUD has a significantly lower failure rate than the pill is particularly interesting in light of allegations that under perfect conditions, the pill provides virtually 100 percent protection, whereas IUD users experience some failure. This has been an ongoing debate among medical doctors who promote the pill more than the IUD. The incidence of accidental pregnancies due to incorrect use of the pill is often overlooked.

Table 17 Life table 12-month gross failure rates and 95-percent confidence intervals by method and selected background characteristics, Philippines National Demographic Survey, 1993

Characteristic	Pill			Periodic abstinence			Withdrawal		
	Rate	95-percent confidence interval		Rate	95-percent confidence interval		Rate	95-percent confidence interval	
		Lower bound	Upper bound		Lower bound	Upper bound		Lower bound	Upper bound
Region									
Metropolitan Manila	7.3	3.2	11.5	18.2	10.8	25.7	35.6	27.8	43.5
Rest of Luzon	8.5	5.4	11.7	26.7	20.4	32.9	22.9	18.8	27.0
Visayas	4.6	1.7	7.6	14.3	9.4	19.2	27.4	20.6	34.3
Mindanao	8.5	4.7	12.2	14.3	9.6	19.0	24.3	16.3	32.3
Ethnicity									
Tagalog	7.9	4.3	11.4	23.6	16.4	30.9	22.7	17.6	27.8
Cebuano	5.7	3.1	8.2	16.1	12.0	20.2	30.4	24.2	36.7
Other	8.5	5.7	11.2	18.1	13.5	22.6	26.0	21.7	30.3
Religion									
Catholic	7.2	5.4	8.9	18.6	15.4	21.7	26.3	23.1	29.4
Non-Catholic	9.4	4.3	14.5	16.7	9.9	23.6	24.4	16.0	32.8
Education									
Primary or less	8.6	5.3	11.9	18.6	13.5	23.7	24.2	19.4	28.9
Secondary	8.4	5.4	11.3	18.3	13.4	23.2	27.5	22.6	32.4
Higher	4.9	2.2	7.7	17.9	13.0	22.8	26.9	21.0	32.8
Contraceptive intent									
Spacer	10.8	8.0	13.5	30.6	25.5	35.7	38.5	34.0	43.0
Limiter	4.0	2.0	5.9	7.7	5.0	10.5	11.2	8.1	14.4
Parity									
0-1	10.8	6.4	15.1	34.8	26.7	42.8	41.6	34.5	48.6
2-3	7.2	4.6	9.7	14.9	10.5	19.2	22.6	17.9	27.3
4 or more	5.5	2.8	8.3	13.7	9.7	17.6	20.6	16.3	24.9
Age									
15-24	9.2	4.9	13.5	35.0	24.4	45.6	39.2	30.8	47.6
25-34	7.4	5.3	9.6	19.2	15.2	23.1	27.2	23.1	31.3
35-49	5.6	1.9	9.4	11.4	7.5	15.3	17.5	13.0	22.0
Total	7.5	5.7	9.2	18.3	15.5	21.0	26.1	23.1	29.0

This analysis could go one step further by looking into use failure rates beyond the first year, since methods like the pill, periodic abstinence, and withdrawal may be perfected over time and eventually may have some reduction in use failure rates. If the Filipinos strongly prefer to use error prone contraceptive methods, the program should invest in further training of community-based family planning workers on the correct use of such methods. Persistent follow-ups of clients during house visits could improve the correct and consistent use of such methods.

Summary and Conclusion

The five-year calendar data on contraceptive use, pregnancy, termination and reason for discontinuation of contraceptive use analyzed through life table methodologies provide meaningful insights on the quality of contraceptive use in the Philippines. This analysis shows that the median duration of use is longest for the IUD and shortest for the condom. Unfortunately, the IUD has a lower prevalence than the pill, which has a significantly lower median duration of use. The higher prevalence of the pill is partly due to the popular allegations that the pill is equally if not more effective than the IUD. The finding that the use-failure rate of the IUD is significantly lower than that of the pill offers evidence for resolving the debate on the effectiveness of these two modern contraceptive methods accepted in the Philippines.

Like most studies on discontinuation, a salient finding of the analysis is that reasons for discontinuation vary across subgroups of women. Side effects are associated more with discontinuation of modern methods while failure is more likely to be associated with discontinued use of traditional methods. The more important factors that differentiate women on discontinuation of contraception are contraceptive intent, parity, and age. These findings on discontinuation will enable the family planning program to provide more realistic and focused services to their clients.

Unlike previous studies on contraceptive discontinuation, this analysis provides answers on whether women who discontinue use of a method switch to another method or completely abandon use, at least temporarily, despite a need for contraception. Pill users who discontinue are more likely than users of other methods to switch to traditional methods and exhibit greater probabilities of abandoning contraceptive use. On the other hand, users of periodic abstinence or withdrawal are more likely to switch to modern methods after discontinuation, and have lower probabilities of abandoning use of contraception. This implies that many of those who have tried modern methods like the pill, but discontinue (mainly due to side effects), do not want to take the risk of using another modern method like the IUD or a method perceived as less effective such as periodic abstinence or withdrawal. Because some failures of the IUD have been locally documented, the program managers might want to expand the range of modern method options for their clients. Should this not be acceptable, an alternative program action is greater resource allocation for training on correct practice of natural family planning methods, and escalated information and educational campaigns directed at countering rumored side effects of modern methods like the pill and IUD.

In conclusion, this analysis emphasizes the importance of examining the quality of contraceptive use in the Philippines to achieve greater appreciation of the factors that affect contraceptive discontinuation, switching behavior, and use failure. Without such information, program interventions to reduce discontinuation, to modify the prevailing contraceptive prevalence structure, and ultimately to improve the quality of contraceptive use, may not be effective.

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