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**ATTITUDES AND PRACTICE
SURVEY AMONG HEALTH
PROFESSIONALS IN THE
PRIVATE SECTOR**

PHILIPPINES

Conducted by:

The PULSE Research Group

**Submitted by
PROFIT and SOMARC**

**Submitted to:
A.I.D./Office of Population
Family Planning Services Division**

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**Deloitte Touche
Tohmatsu**



Deloitte Touche Tohmatsu International

in association with:

Boston University Center for International Health

Multinational Strategies, Inc.

Development Associates, Inc.

Family Health International

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I. EXECUTIVE OVERVIEW

Research was sponsored by the PROFIT and SOMARC projects to determine how private health professionals can expand their role in the provision of family planning services in the Philippines. The survey was conducted by PULSE, a local market research and survey institution.

Following are the key learnings and implications obtained from an Attitude and Practice Survey conducted among general practitioners, obstetrician-gynecologists, and midwives in urban centers in the Philippines to determine what would be required to harness private health professionals such as they to promote family planning services in their private practice.

A. Opportunities for Promoting Family Planning in the Private Sector

1. The following findings favor the promotion of family planning (FP) services in the private sector:
 - Available clinical facilities: All of the physicians and 84% of the midwives have a private place where they can provide FP services.
 - Suitable client mix: The bulk of the health professionals' patients are women of reproductive age and belong to the middle (Class C) and lower (D) income groups.
 - Opportunities to promote family planning: Most of the doctors and the midwives interviewed agree that they have many such opportunities in their private practices.
 - Image of FP service providers: In the opinion of most of the doctors and midwives, providers of FP services do not have a negative image in the Philippines.
 - Providers experienced in FP: 87% of respondents already provide FP services.
2. One serious barrier to the provision of FP services identified in this research ("serious" because its influence on the doctors and midwives cannot be immediately removed) is religion. In a face-to-face interview situation, about 50% of the medical and allied professionals claim that they are discouraged from offering FP services by their own personal religious views. Moreover, there are indications that in practice, the non-Catholics among the survey respondents assume a more liberal stand in their choice of FP methods to provide than the Catholics in the sample.

However, there is also sufficient evidence in this research to suggest that religion does not play a consistent role in their promotion/provision of FP in private practice. For example, the 50% figure cited above is obtained with prompting from the interviewer. When no aiding by the interviewer is done, only 19% mention religious convictions as a factor that discourages them from offering FP products and services. A substantial proportion of the respondents also strongly disagree that recommending a FP method other than natural family planning (NFP) is against their religion. Lastly and most importantly, this research presents evidence that although the non-Catholics in the sample may be more aggressive in doing so, substantial numbers of the Catholic respondents do provide artificial methods of family planning in their private practices.

In view of the above observations, it may be more precise to refer to religion as an INHIBITING factor rather than as an outright barrier to the promotion of FP services and methods.

B. Attitudes and Practices Regarding FP Methods

1. Counseling for natural family planning appears to be a basic service provided by most (89%) health professionals.
2. Even then, the doctors and the midwives appear to be open to artificial methods of contraception. In fact, 55% of the doctors perform female sterilization, 48% of all respondents keep a stock and/or dispense oral contraceptives, 41% administer injectables, and 31% insert IUDs.
3. The survey sample's openness to promoting artificial methods of family planning is further exhibited by the finding that their top choice for couples who want to stop having children is female sterilization (69%). Where delaying or spacing births is concerned, their top choices are oral contraceptives (32%) and NFP (34%).
4. About 40% do not reject any specific method such that they would never recommend that method to their patients. When rejection does occur, the methods are likely to be IUD and injectables but the votes cast against these methods are not substantially more than those cast against the other methods, suggesting somehow that the "rejection" could be managed.

C. Opportunities for Expanding the Private Sector's Involvement in Providing FP Services

1. The private sector as represented by the doctors and midwives interviewed for this survey can be encouraged to provide more FP services to their private patients by a combination of training and marketing support. This surfaces as the respondents point to their own lack of training, the limited supply of contraceptive products, and currently "limited" demand from patients as the main discouragements in their provision of FP services.
2. Where training is concerned, practically all have received some training in family planning, principally as part of their formal medical/midwifery training and supplemented by continuing education programs sponsored by the Department of Health and/or certain drug manufacturing firms.

Nonetheless, at least half of the respondents are still very interested in receiving further training in family planning, with the midwives expressing the most interest in additional education.

3. Based on a nominated list of topics, the following are where training is scantiest and thus, these are the training courses that can be initially offered to prepare the private sector to more actively promote FP:
 - How to market FP services
 - Male sterilization
 - Injectables (especially for midwives)
 - IUDs (especially for GPs and midwives)
 - Female sterilization
 - FP counseling
4. Marketing support is also needed by the private sector to push FP services. General practitioners and midwives will be most encouraged to promote FP services if the following support were extended to them:
 - free referrals from a professional health network
 - steady supply of quality FP products
 - reduced costs to promote/advertize FP services
 - support to increase consumer demand for FP

Where creating consumer demand for FP is concerned, it is important to note that notable numbers of male doctors tend to discuss family planning only when their patients bring it up. Training on counseling and marketing FP services should include tips on how the doctors can subtly initiate discussion of the topic in a bid to raise the level of acceptance of FP services by their existing patients. One of the directions that should be avoided, however, is encouraging the doctors or midwives to promote

FP to single women because of the medical professionals' own expressed reluctance to do so and their belief that women should remain virgins until marriage.

5. Pricing initiatives would also be beneficial to the health providers. Both GPs and midwives say that they would be motivated to provide FP services if the cost of expendable supplies could be reduced. Midwives also express interest in how the cost of promoting their services could be reduced and how they could achieve higher profit margins in their private practice.

II. INTRODUCTION

A. Background

Deloitte & Touche is funded by the United States Agency for International Development (USAID) to mobilize the private sector to meet the demand for family planning services and commodities through the PROFIT project. The Futures Group is also funded by USAID to manage an international contraceptive social marketing program called SOMARC. Both of these programs run activities in the Philippines aimed at encouraging health professionals in the private sector to promote family planning services to their patients.

Health professionals play a leadership role in the successful involvement of the commercial sector in family planning. Not only do their attitudes influence both acceptance and continuation of use of family planning methods among their clients, they also have the ability to affect government policy, and the general public's acceptance of family planning. Moreover, providers can stipulate conditions and guidelines regarding client eligibility to receive specific methods. This research addresses major gaps in currently available data in the Philippines and provides a description of private midwives' and physicians' attitudes and practices regarding family planning while exploring their views of incentives and barriers to offering contraceptive services in their private practices.

B. Objectives of the Survey

1. To determine attitudes towards and practices of the health professionals regarding family planning methods
2. To identify barriers to the promotion of family planning in general and specific methods in particular in the private sector
3. To explore the financial and promotional incentives that may be necessary to motivate the health practitioners in the private sector to offer family planning services
4. To better understand how physicians and midwives are trained in family planning and what additional training they require

C. Methodology

An Attitude and Practice Survey was conducted among health professionals: general practitioners (GPs), obstetricians/gynecologists and midwives in the private sector. The survey was conducted by PULSE, a market research and survey institution in the Philippines.

The survey was conducted through structured interviews with 600 respondents: 200 GPs, 200 Oby/Gyn physicians and 200 midwives. The survey was conducted in key urban centers in the Philippines.

To generate the sample, the interviewers used listings of hospitals in the urban centers included in the survey and selected the respondents from the roster of qualified medical doctors and midwives affiliated with the said hospitals. To ensure a reasonably good spread of interviews, the interviewers took care to limit the number of respondents from each hospital to just 3 medical doctors and 3 midwives. The general practitioners and other OB-Gyns and midwives who were needed to fill up the quota by respondent type were purposively selected from the same area as where the hospitals were located.

As a quality control measure, 10% of the interviews were witnessed by a field supervisor while 20% of the balance were back-checked. The fieldwork was conducted on June 22 to July 12, 1995. Data analysis was completed in October 1995.

III. DETAILED FINDINGS

A. Description of Respondents' Private Professional Practice

1. Affiliation with Medical Outfits in the Private and Public Sectors
(see Chart 1)

Because of the sampling design used in this research, all respondents work in the private sector, and 12% are affiliated with both the private and public sectors. The overwhelming majority of providers (93%) are affiliated with a private medical entity, usually a private hospital (64%) or a private clinic (58%).

It is worth noting, however, that among the respondent categories, midwives are somewhat less likely to be affiliated with a private health facility (83%) than are physicians (99%).

CHART 1. Affiliation of Respondent with Health Facility

	Total	Respondent Type			
		All Doctors	GPs	OB GYNs	Mid-wives
Base: Total Interviews	600	400	200	200	200
	%	%	%	%	%
Affiliated with Private Health Facility	93	99	98	99	83
Private Hospital	64	71	51	91	50
Private Clinic	58	67	66	69	39
Affiliated with Public Health Facility	10	10	9	12	11
Public Hospital	5	8	5	11	1
Public Clinic	6	4	4	4	10
% Affiliated with both Private and Public Sectors	12	10	NA	NA	15
% Affiliated with Private Sector Only	88	90	NA	NA	85

2. Type of Private Practice (see Chart 2)

Half (47%) of the survey respondents have been engaged in private practice for 6 years or less, with the median being 6.2 years of private practice. The doctors in the sample are more likely to have had a private practice for a longer period of time (7.8 years) than the midwives (4.9 years).

Those who are involved in group practice (53%) outnumber those who are in solo private practice (46%). In this connection, it is worth noting that midwives are more likely to be part of a group practice (72%) than be on their own (28%) and that between general practitioners and obstetricians-gynecologists, more OB-Gyns tend to have a solo practice (60%) than GPs (51%).

Not surprisingly given the sampling design of this survey and public knowledge about where to find medical professionals, the bulk or 73% of the respondents say that they have an urban rather than a rural practice. If there is a group that has a sizeable rural constituency, it would be the midwives as 40% of them report that their patients come from the countryside.

CHART 2. Type of Private Practice

	Total	Respondent Type			
		All Doctors	GPs	OB GYNs	Mid-wives
Base: Total Interviews	600	400	200	200	200
	%	%	%	%	%
Number of Years in Private Practice					
0 - 3 Years	27	24	28	20	34
3+ - 6 Years	23	21	23	19	27
6+ Years	50	55	49	61	39
Median in Years	6.2	7.8	5.9	9.5	4.9
Group vs. Solo Practice					
Group	53	43	48	39	72
Solo	46	55	51	60	28
Both	1	2	2	2	1
Urban vs. Rural Practice					
Urban	73	80	73	87	60
Rural	27	20	27	13	40
Number of Clinics Where See Private Patients					
One	62	57	71	43	73
Two or more	32	43	29	57	11
None	6	NA	NA	NA	17

Except for the OB-Gyns who have a substantial proportion with two or more clinics (57%), most of the respondents have only one clinic where they see their private patients.

3. Staffing of Respondents' Clinics (see Chart 3)

About 71% of the respondents have at least one full-time staffer in their clinic, although one should note that these staffers are more likely to be found in the doctors' than in the midwives' clinics. As supporting data, this research reveals that 67% of the interviewed midwives do not have any full-time staff in their offices.

The full-time staff are usually a secretary (64%), midwife in the doctors' clinics or another midwife in the midwife-respondent's office (56%), nurse (52%), and/or receptionist (26%).

CHART 3. Staffing of Respondents' Clinic

	Total	Respondent Type			
		All Doctors	GPs	OB GYNs	Mid-wives
Base: Total Interviews	600	400	200	200	200
	%	%	%	%	%
Number of Full Time Staff in Clinic					
None	29	10	13	8	67
One	22	30	18	42	7
Two	10	12	10	14	7
3-5	13	14	13	15	12
6-10	11	16	21	10	2
11 and over	13	15	20	13	6
No answer	4	5	9	0	2
Average	4	6	6	5	2

4. Perceived Profile of Patients (see Chart 4)

According to respondents, three fourths of their patients fall in the C (45%) and D (30%) social classes. Not surprisingly, midwives perceive their clientele as more downscale and the clientele of Ob/Gyns are perceived as more upscale than average. The emerging patient profile is consistent with both the SOMARC and PROFIT objectives of

identifying patients who are capable of paying at least some of their family planning costs.

The respondents' patients also have an urban skew, although one sees that the midwives have about as many rural patients as urban clients.

The doctors' and the midwives' patients are predominantly female; this means that the immediate opportunities for offering FP services are in connection with female-oriented methods. The male clientele of the doctors (and midwives) and consequently the family planning methods which are directed towards males will thus still need much developing since they are currently a minority market.

Age-wise, majority of the patients are of reproductive age: both of the doctors and the midwives, are in the 15-29 and 30-44 years age bands.

**CHART 4. Perceived Profile of Patients
(Average % of Patients)**

	Total	Respondent Type			
		All Doctors	GPs	OB GYNs	Mid-wives
Base: Total Interviews	600	400	200	200	200
	%	%	%	%	%
Economic Class					
AB (upper)	15	16	14	18	13
C (middle)	45	50	46	54	37
D (lower)	30	28	32	24	35
E (very low)	9	6	8	4	16
Locale					
Rural	37	31	35	27	48
Urban	63	69	65	73	52
Sex					
Female	76	76	62	90	76
Age					
14 years and under	17	18	28	8	16
15-29	38	36	32	40	41
30-44	31	31	26	37	31
45 years and older	14	15	14	15	12

5. Facilities of the Clinic/Hospital (see Chart 5)

Because the large number of the respondents are affiliated with private hospitals, most of them either have or have access to basic facilities.

Where rooms are concerned, 92% have a waiting room. In addition to this, most have a consultation room (89%) and an examination room (77%), while only half (54%) have access to an operating room, suggesting that family planning methods which require surgical procedures may not be easy for the private sector to immediately adopt unless suitable facilities are made available to them.

Inventories of family planning supplies may be possible for the greater number of medical professionals to keep since 66% report having a storeroom or pharmacy in their clinics.

Practically all have the basic needs of a clinic such as electricity and running water. They also have an examination table and a blood pressure apparatus.

In general, the respondents calculate that a patient waits an average of 13 minutes in their clinics before they are seen. Doctors' patients wait for a longer time (average of 15 minutes) than the clients of midwives do (9 minutes).

Among respondent types, there is a greater proportion of midwives than doctors who do not have clinic facilities such as waiting rooms and consultation rooms, as well as basic amenities such as running water, electricity, and examination tables. In fact, 16% of the midwives say that they do not have clinics at all, suggesting that they operate from their own homes and/or do house calls.

Going into finer analysis by sub-samples, this survey reveals that those who are in solo practice, and particularly the older midwives, are less likely to have clinic facilities than the other sub-groupings of respondents. Among regions, the Visayas also tends to have more respondents than the other areas lacking the aforementioned facilities or amenities.

CHART 5. Facilities of the Clinic/Hospital

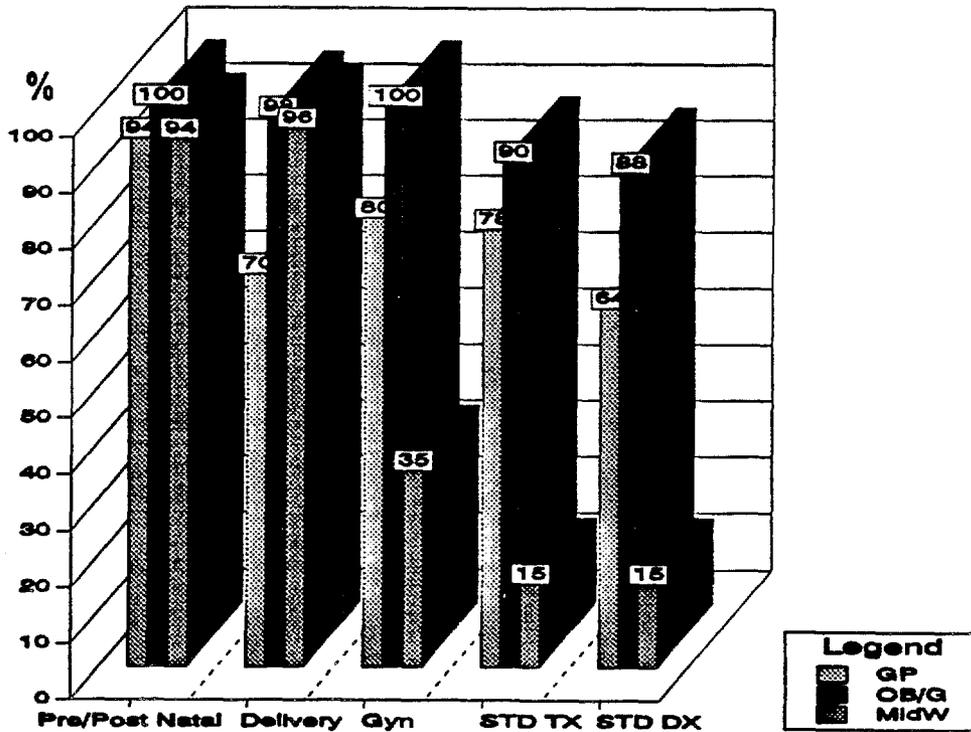
	Total	Respondent Type			
		All Doctors	GPs	OB GYNs	Mid-wives
Base: Total Interviews	600	400	200	200	200
	%	%	%	%	%
Waiting room	92	98	97	98	80
Consultation room	89	93	92	94	80
Bathroom	82	84	88	80	79
Examination room	77	77	85	69	78
Storeroom/pharmacy	66	69	74	63	60
Operating room	54	55	54	57	52
All purpose room	1	1	2	1	
Electricity	95	100	100	100	84
Blood pressure apparatus	95	100	100	100	84
Running water	94	100	100	100	83
Examination table	94	99	99	100	83

B. Family Planning Services Currently Provided

1. Medical Services Currently Provided (see Chart 6)

Given the respondents' fields of practice and specialization, it comes as no surprise that pre- and post-natal services and birth and delivery services are the top-ranking medical services provided by the respondents. In addition to these, the doctors (especially if they are in the OB-Gyn field of specialization) also provide gynecological services, treatment of sexually transmitted diseases (STD TX) as well as their detection (STD DX). Midwives tend to focus on obstetrical care and are less likely to provide a broader range of reproductive health services.

**Chart 6
Services Provided**



2. Family Planning Services Provided (see Charts 7 and 8)

Importantly, the large majority or 87% of the respondents already provide family planning services. FP services appear to be "standard" service among the OB-Gyns since practically all of them (98%) profess to extend such services to their patients. In contrast, only 84% of the

GPs and 79% of the midwives do so, the latter being more likely to provide family planning services if they have a rural than urban practice.

There are regional differences in the provision of FP services. To cite, 93% of the doctors and midwives based in Metro Manila report offering FP services to their patients, but the proportion providing FP services in the other regions declines, particularly as one gets farther away from the national capital region (87% in Balance Luzon, and 80% each in Visayas and Mindanao).

Importantly, while the large majority of the doctors and the midwives provide family planning services, the people who use such services account for the smaller, although substantial, proportion of their patients. Thus on the average, the respondents estimate that only 29% of their private patients go to them for family planning. Among the three respondent types, the midwives register the highest proportion of FP clients at 40% of their total count of patients, followed by the OB-Gyns at 30% and finally, the GPs at 18%. This survey also shows that among both the doctors and the midwives, use of FP services by the private patients is higher in urban than in rural areas (44% vs. 36% for midwives, and 26% vs. 19% among doctors).

CHART 7. Provision of Private FP Services

	Total	Respondent Type			
		All Doctors	GPs	OB GYNs	Mid-wives
Base: Total Interviews	600	400	200	200	200
	%	%	%	%	%
% who provide FP services	87	91	84	98	79
Average % of patients for FP	29	24	18	30	40
Median number of private patients	42	48	55	42	25

At present, the family planning service provided by the biggest proportion of the respondents is counseling on natural family planning or NFP; this is claimed by 89% of the respondents and there are indications that the OB-Gyns are more likely to do so (98%) than either the GPs (86%) or the midwives (84%).

Though NFP surfaces as the top-ranking method in the private practice of the respondents, it is by no means the only FP method that they promote. As evidence, this research shows that 55% of all providers perform female sterilization, 41% administer injectables, and 31% insert

IUDs. Oral contraceptives also appear to be a widely prescribed method; 48% disclose either keeping a stock or dispensing them.

Male sterilization, on the other hand, is performed by only 9% of the respondents and 12% of Ob/gyns. Midwives are not authorized to perform male and female sterilization procedures in the Philippines and there are restrictions concerning their provision of injectables and IUDs. It is also worth noting that where keeping FP supplies or dispensing them is concerned, as many as 48% of the respondents (more likely the GPs than the OB-Gyns or the midwives) do not stock/dispense family planning supplies.

CHART 8. FP Services Currently Provided

	Total	Respondent Type			
		All Doctors	GPs	OB GYNs	Mid-wives
Base: Respondents who offer FP	521	363	167	196	158
% who offer counseling for NFP	89	92	86	98	84
% who perform female sterilization	55	55	28	78	NA
% who give injectables	41	48	35	59	25
% who insert IUDs	31	40	25	53	11
% who perform male sterilization	9	9	6	12	NA
% who stock/dispense:					
Oral contraceptives	48	46	41	51	51
Condoms	24	22	25	19	30
IUDs	17	17	12	22	17
Injectables	17	19	14	23	11
None	48	49	56	43	46

It is important to note that while 41 and 31 percent of respondents giving injectables or inserting IUDs, only 17 percent report stocking or dispensing these methods. One possible explanation for this difference is that a large portion of the methods are obtained at other sights, including pharmacies, and are brought to providers for insertion or injection.

There are religious and geographical nuances connected with the provision of artificial methods of contraception. Firstly, the survey data show that non-Catholics are more likely than the Catholics to insert IUDs, administer contraceptive injections, and perform female

sterilizations. These are methods that are also more likely to be available from OB-Gyns than from general practitioners, and from health professionals situated in urban rather than rural areas. Where keeping a stock of FP supplies is concerned, this research also reports that those who are in Mindanao tend to keep supplies in their clinics more than those in the other regions, and midwives are also more likely to keep such stocks than the doctors themselves.

C. Preferences among FP Methods

1. Respondents' Repertoire of FP Methods To Recommend

The doctors and the midwives were asked which FP methods they would recommend to delay/space births, and to stop having children altogether. They were also probed on what FP methods they would never recommend. For these three questions, the respondents were asked to name the method that they rank first for the given situation and the results are shown in charts 9, 10 and 11 on the following pages.

2. Top Family Planning Method To Stop Having Children Altogether
(see Chart 9)

Female sterilization emerges as the family planning method that doctors and midwives are most likely to recommend to clients who want to stop having children altogether. For two out of three (69%) respondents who offer family planning, female sterilization is first-to-mind as the method to terminate child bearing.

Other methods, such as; depends on client (9%), oral contraceptives (5%), natural family planning methods (5%), male sterilization (4%) and the IUD (3%) receive only minimal mentions. This pattern is fairly consistent across the three health provider groups, with female sterilization in top-ranked place.

CHART 9. Top FP Method To Stop Having Children Altogether

	Total	Respondent Type			
		All Doctors	GPs	OB GYNs	Mid-wives
Base: Respondents who offer FP	521	363	167	196	158
	%	%	%	%	%
Female sterilization	69	72	69	74	62
Depends on client	9	7	7	8	12
Oral contraceptives	5	6	8	4	3
NFP methods	5	6	7	5	4
Male sterilization	4	3	4	3	4
IUD	3	2	2	3	6
Condoms	1	1	2	*	2
Injectables	1	*	*	1	2

* Less than 1 %

3. Top Family Planning Method to Delay/Space Births
(see Chart 10)

For delaying or spacing births, two family planning methods are cited with high frequency. Natural family planning methods (34%) and oral contraceptives are named first-to-mind equally often by one-third of respondents. Midwives are more likely than physicians to think first of natural methods (39%) rather than pills (22%).

One in seven respondents (14%) claim that the spacing method they would recommend depends on the client. Receiving only nominal mentions as birth spacing techniques are IUDs (7%), condoms (4%) and injectables (2%).

CHART 10. Top FP Method To Delay/Space Births

	Total	Respondent Type			
		All Doctors	GPs	OB GYNs	Midwives
Base: Respondents who offer FP	521	363	167	196	158
	%	%	%	%	%
NFP Methods	34	32	32	32	39
Oral Contraceptives	32	37	33	40	22
Depends on client	14	15	11	18	11
IUD	7	5	7	3	13
Condoms	4	4	8	2	4
Injectable	2	2	2	2	3
Female sterilization	1	1	0	1	1
Male sterilization	1	1	2	0	0
Norplant	*	0	0	0	1
Barrier methods	*	*	1	0	0

* Less than 1 %

4. Top Family Planning Methods Providers Would Never Recommend
(see Chart 11)

There are few methods these practitioners would never recommend. For example, while the IUD received the highest percentage of respondents who would never recommend its use, this was reported by only 13 percent of respondents. The Injectables and withdrawal were the second and third methods that only 11 and 8 percent of respondents would never recommend, respectively. This pattern is fairly consistent across provider type.

CHART 11. Top FP Method Would Never Recommend

	Total	Respondent Type			
		All Doctors	GPs	OB GYNs	Mid-wives
Base: Respondents who offer FP	521	363	167	196	158
	%	%	%	%	%
IUD	13	15	13	17	8
Injectable	11	10	12	9	11
Withdrawal	8	8	6	9	10
Female sterilization	4	3	2	4	8
Abortion	4	5	4	6	2
Male sterilization	3	1	3	0	3
Oral contraceptives	2	2	4	2	3
NFP	2	2	2	2	3
Condoms	1	1	1	1	0

D. Motivations To Offer FP Services

1. Perceived Reasons Why FP Patients Go to the Public Sector (see Chart 12)

In the minds of both the doctors and the midwives engaged in private practice, the chief advantage of the public sector over the private FP service providers is economic. Specifically, they cite the lower fees that the public sector charges for FP consultation and services. The majority of the doctors as well as a substantial minority of the midwives also say that the contraceptives in the public sector are either free of charge or cheaper than those that patients can obtain from private FP service providers.

CHART 12. Reasons Why FP Patients Go to Public Instead of Private Sector

	Total	Respondent Type			
		All Doctors	GPs	OB GYNs	Mid-wives
Base: Respondents who offer FP	521	363	167	196	158
	%	%	%	%	%
Lower fees/charges/free consultation	68	67	63	69	70
Free/cheaper contraceptives	55	61	62	60	42
More experienced in FP	2	2	4	1	3
Give more importance to FP	2	2	2	3	1
FP products more available	2	3	2	3	1

2. Private Sector's Views on FP-Related Issues (see Chart 13)

This section of the findings includes 16 issues related to family planning methods and services to which the respondents were asked to react by expressing the intensity of their agreement or disagreement with the issues/statements.

There are at least 4 issues that one may describe as uncontroversial, since at least 50% of the respondents express strong agreement with the statements. These are:

- A doctor/midwife should tell patients/clients the disadvantages as well as the advantages of family planning methods (82%).

- A doctor/midwife has many opportunities to promote child spacing (72%).
- It is important to make modern contraceptive products available so we can reduce the number of unplanned pregnancies (52%)
- Taking oral contraceptive pills for birth spacing is less risky to a woman's health than having frequent pregnancies (52%)

The respondents concur less strongly with statements where certain "limitations" are set regarding FP method choices, as may be seen in these statements:

- A woman should have at least one child before she takes oral contraceptives (32%).
- If her husband does not approve of a family planning method, then a woman should not use that method (36%).

On the other hand, the respondents are polarized on the following issues, in the sense that there are strong sentiments for and against them:

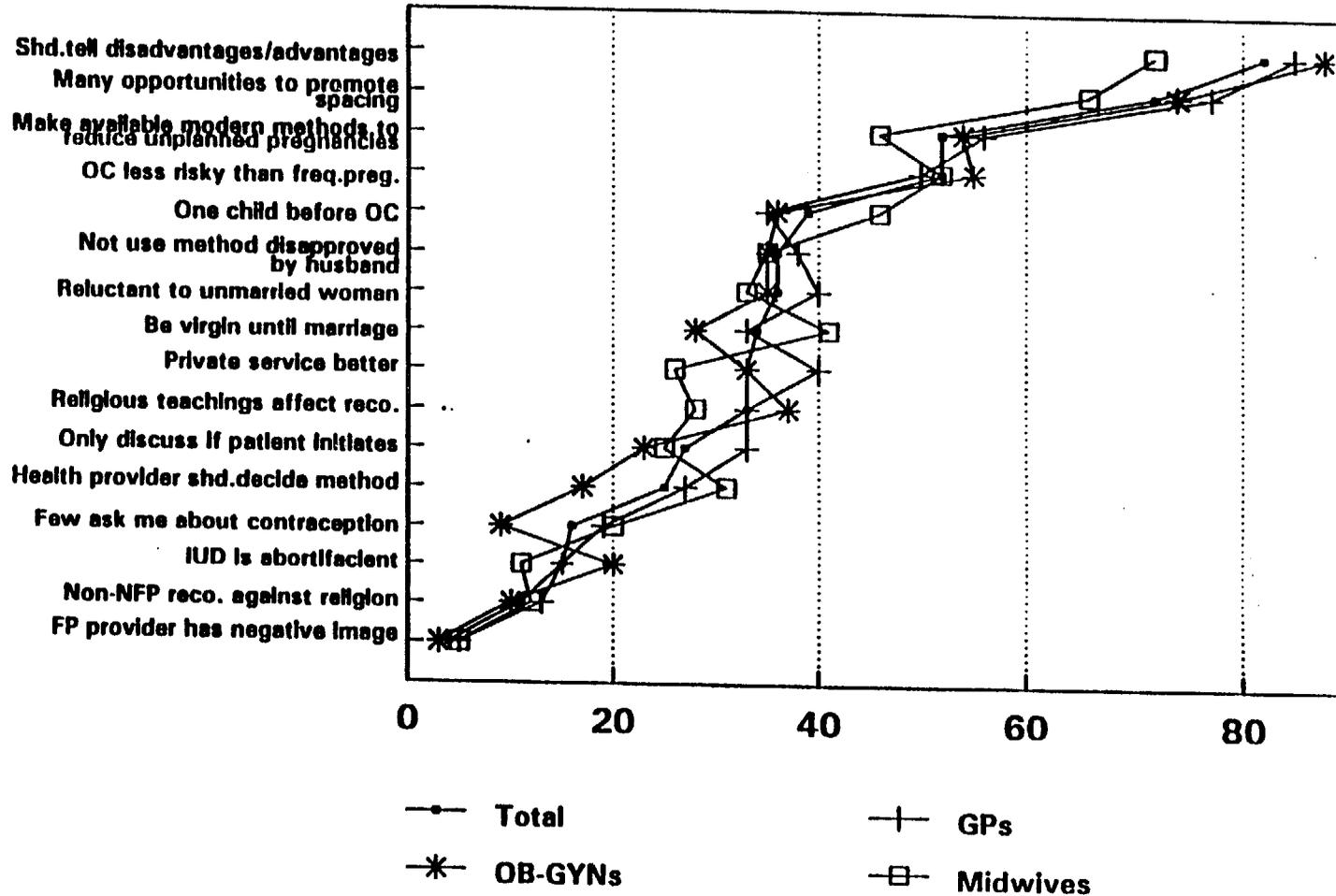
- I would be reluctant to recommend contraceptives to an unmarried woman (strongly agree 36%/strongly disagree 28%).
- I only discuss contraception when a patient brings up the subject (strongly agree 27%/strongly disagree 24%).
- Health providers should decide on the birth control method for their patient (strongly agree 25%/strongly disagree 28%).

In contrast, a substantial proportion of the respondents express strong disagreement to the following statements:

- The IUD is an abortifacient/can cause abortion (45%).
- It is against my religious belief to recommend any non-natural methods for family planning (38%).
- Doctors/midwives who offer family planning services have a negative image in the Philippines (55%).

The strong disagreement of sizeable numbers of the respondents to the above statements actually has a positive implication because it suggests that many of the doctors and the midwives do not consider the use of artificial methods of contraception a moral issue and do not see image problems in being FP service providers themselves.

Chart 13. Agree Strongly Votes on Issue



Base: Total Interviews

Meantime, the respondents' opinions are scattered when it comes to this matter:

- Very few patients ask me about contraception.

The intensity of the respondents' agreement to the following statements is not as much as for the other statements, but one-third of the doctors and midwives strongly subscribe to the following opinions:

- Women are expected to remain virgins until they are married (34%).
- Most patients think the medical service offered in the private sector is better than the medical service offered in the public sector (33%).
- Religious teachings in the Philippines affect the types of family planning methods that I recommend to my patients (33%).

Analysis of the "agree strongly" and/or "disagree strongly" responses by sub-samples suggests that there are family planning-related issues that are sensitive to gender, age group, urban-rural location, and religious affiliation. Gender-sensitive issues tend to be more numerous than issues affected by other factors such as age group, urban-rural location, and religion of respondent.

Males, more than females, agree strongly that modern contraceptive methods should be made available to reduce the number of unplanned pregnancies, but they also tend to prescribe FP methods according to religious pronouncements more than the females do. The males are also more likely than the females to have very few patients who ask them about contraception, which could explain why they also tend to discuss contraception only when their patients bring up the topic. Females, on the other hand, are more likely than the males to be emphatic about women remaining virgins until they are married, which is perhaps why they would be reluctant to recommend contraceptives to an unmarried woman (see Chart 13a)

CHART 13a. FP Issues Affected by Gender

	Male	Female
Base: Total interviews	120	480
	%	%
It is important to make modern contraceptive products available so we can reduce the number of unplanned pregnancies	65	49
I would be reluctant to recommend contraceptives to an unmarried woman	29	38
Women are expected to remain virgins until they are married	23	37
Religious teachings in the Philippines affect the types of FP methods that I recommend to my patients	44	30
I only discuss contraception when a patient brings up the subject:		
agree strongly	35	25
disagree strongly	19	25
Very few patients ask me about contraception:		
agree strongly	26	13
disagree strongly	13	29

Unless indicated otherwise, figures are "agree strongly" votes.

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On the other hand, the older respondents tend to subscribe more than the younger interviewees do to the notion that a woman should not use a FP method disapproved by her husband (see Chart 13b). Agreement also intensifies with age as far as the following are concerned:

- It is important to make modern contraceptives available to reduce the number of unplanned pregnancies.
- I would be reluctant to recommend contraception to an unmarried woman.
- Women are expected to remain virgins until they are married.
- Most patients think the medical service offered by the private sector is better than that offered by the public sector.

CHART 13b. FP Issues Affected by Age

	35 or Less	36-50 Years	51+ Years
Base: Total interviews	300	204	90
It is important to make modern contraceptive product available so we can reduce the number of unplanned pregnancies	48	54	60
If her husband does not approve of a FP method, then a woman should not use that method	31	33	53
I would be reluctant to recommend contraceptives to an unmarried woman	33	36	43
Women are expected to remain virgins until they are married	35	29	40
Most patients think the medical service offered in the private sector is better than the medical service offered in the public sector	30	32	44

Figures are "agree strongly" votes.

According to urban/rural locale, more rural than urban professionals strongly concur that pills are less risky to a woman's health than frequent pregnancies, but that a woman should have at least one child before starting to take them. It is interesting to note that rural practitioners are more likely to adhere to the concept of the health provider deciding on the FP method for his/her patient. Perhaps in rural areas, logistic, and other constraints result in a narrower contraceptive choice and rural clients are perceived as being less well-informed about FP methods than their urban counterparts thus prompting rural practitioners to be more directive in counseling their clients on FP methods (see Chart 13c).

CHART 13c. FP Issues Affected by Urban – Rural Location

	Urban	Rural
Base: Total interviews	439	160
	%	%
Taking oral contraceptive pills for birth spacing is less risky to a woman's health than having frequent pregnancies	49	63
A woman should have at least one child before she takes oral contraceptive	35	51
Health providers should decide on the birth control method for their patient:		
agree strongly	21	34
disagree strongly	30	23

Unless indicated otherwise, figures are "agree strongly" votes

The respondents' religious affiliation also appears to contribute to shaping their opinions about family planning issues. To illustrate, non-Catholics seem to hold more liberal views than the Catholics in the survey sample. For instance, the non-Catholics proportionately outnumber the Catholics who strongly disagree that they only discuss contraception with their patients when it is the latter who bring up the subject. The non-Catholics are also more likely to strongly contest that doctors and midwives who offer FP services have a negative image in this country or that it is against their religious belief to recommend artificial methods of contraception. However, non-Catholics also tend to say that women are expected to guard their virginity until marriage (see Chart 13d).

CHART 13d. FP Issues Affected by Religious Affiliation

	Catholic	Other
Base: Total interviews	526	72
	%	%
Women are expected to remain virgins until they are married	33	42
I only discuss contraception when a patient brings up the subject:		
agree strongly	28	19
disagree strongly	22	36
It is against my religious belief to recommend any non-natural methods for FP:		
agree strongly	11	10
disagree strongly	35	57
Doctors/midwives who offer FP services have a negative image in the Philippines:		
agree strongly	4	1
disagree strongly	54	65

3. Motivations To Work in the Private Sector (see Chart 14)

Doctors and midwives have somewhat differing perceptions of what motivates health professionals to work in the private sector. Doctors (particularly those based in the urban areas) point clearly to the higher income/profits which are possible in the private sector (48%), this applies especially to OB-Gyns (58% vs. 38% for GPs). After the financial benefits, the doctors mention the "freedom" enjoyed in private practice in terms of one's not having to have a superior (20%) and having flexible working hours (18%).

The midwives also recognize the increased income-earning opportunities in the private sector but to a much lower extent compared to the doctors (24% vs. 48%). Not only this, the midwives also see the higher income from private practice as only very slightly more motivating than the experience and training that one stands to gain from affiliating with the private sector (20%). Other motivations perceived by the midwives include less work (14%) and complete/more modern facilities (11%).

CHART 14. What Motivates Health Professionals To Work in the Private Sector

	Total	Respondent Type			
		All Doctors	GPs	OB GYNs	Mid-wives
Base: Total Interviews	600	400	200	200	200
	%	%	%	%	%
Higher income/profit/salary	40	48	38	58	24
Have patients who can afford to pay	7	8	9	8	3
More benefits/incentives	5	4	4	3	9
No superior/free in practice of profession	16	20	18	23	7
Flexible working time	14	18	17	20	4
More experience/training gained	13	10	15	5	20
Less work	9	6	7	5	14
Complete/more modern facilities	7	5	6	4	11

From the aforementioned perceived motivating factors of working in the private sector, one may observe that the doctors seem to see more advantages and are more enthusiastic about private practice than the midwives.

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This observation finds added support in the survey results on what the respondents see as factors which discourage health professionals from working in the private sector (see Chart 15). As proof, while 52% of the doctors do not identify any discouraging factor, only 37% of the midwives say the same. The rest of the midwives point to the lower salaries in the private sector (28%) as well as fewer benefits/incentives (19%) as disincentives for health professionals to engage in private practice.

CHART 15. What Discourages Health Professionals from Working in the Private Sector

	Total	Respondent Type			
		All Doctors	GPs	OB GYNs	Mid-wives
Base: Total Interviews	600	400	200	200	200
	%	%	%	%	%
Lower salary	14	7	9	5	28
Fewer benefits/incentives	8	3	3	3	19
Less experience gained/fewer seminars and training	9	9	10	9	8
Fewer patients	6	7	7	8	5
High expense involved in putting up own clinic	6	8	6	10	1
Can't say/none	47	52	49	55	37

4. Motivations To Offer FP Services (see Chart 16)

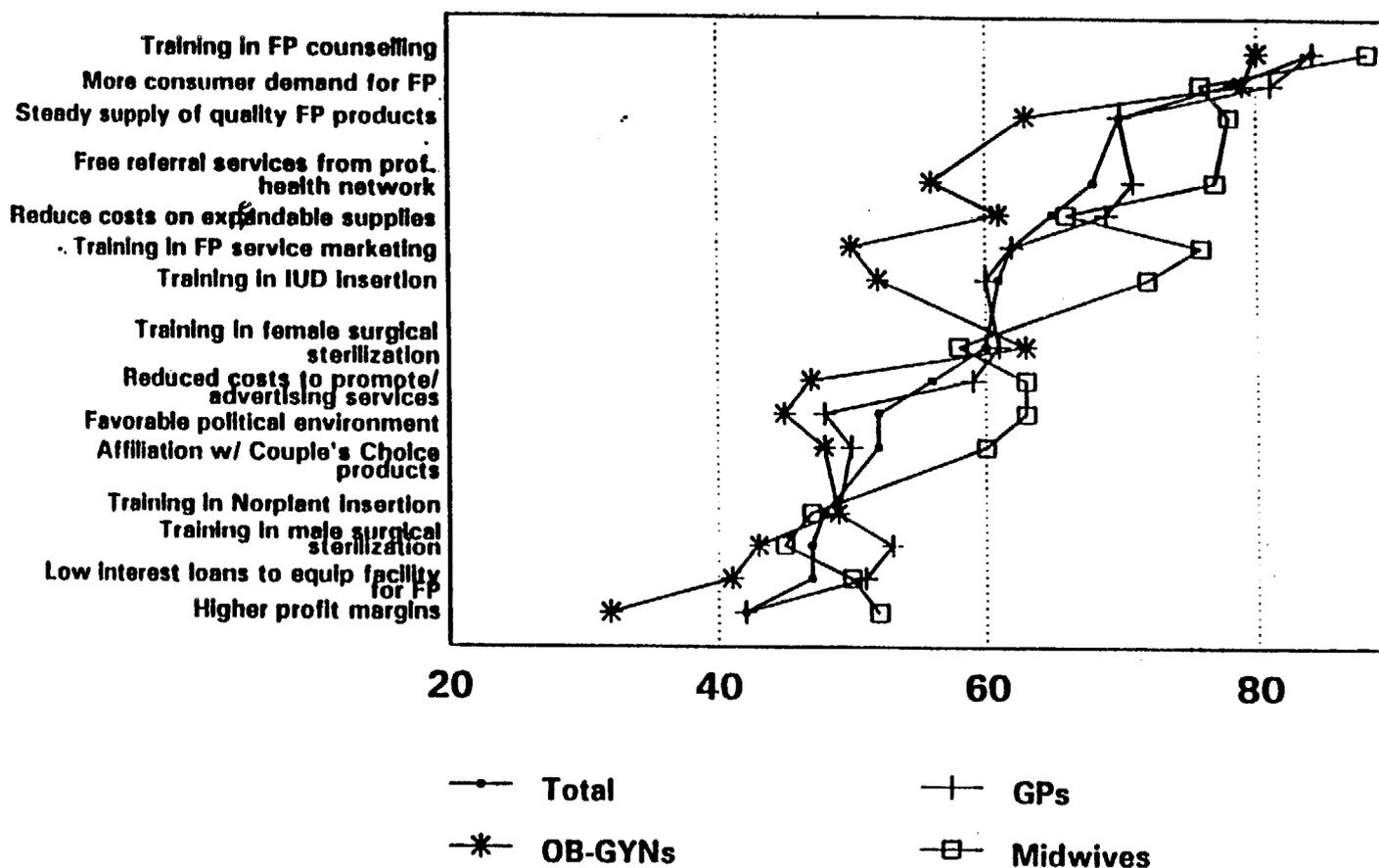
The respondents were given 15 factors and asked which among these would motivate them to offer family planning services.

Based on the top-ranking factors, the doctors and the midwives would best be motivated to offer FP services if they could have training and marketing support. Specifically, training in FP counseling will encourage the greatest number of doctors and midwives in the sample to offer FP services in their private practice. This is followed by factors which pertain to "marketing support" for the professionals, specifically in terms of creating more consumer demand for family planning, ensuring a steady supply of quality FP products, and having free referral services from a professional health network, although these last two factors are more enticing to the GPs and the midwives than to the OB-Gyns.

The midwives, according to this survey, have the most needs based on the number of respondents from their ranks who view each of the 15 factors as a motivating factor for them to provide FP services. Not only do they emerge as the respondent type who would be most attracted to offer FP services if they had access to training in FP counselling as well as having a steady supply of quality FP products and free referral services from a professional health network, they also profess to be motivated if they could be trained in family planning service marketing and IUD insertion; two aspects that are also appealing to GPs but less so to the OB-Gyns.

The midwives, more than the GPs and the OB-Gyns, also express interest in offering FP services if costs to promote/advertise their services could be reduced, if the political environment were more favorable, and if they could be affiliated with Couple's Choice.

Chart 16. Predetermined Motivating Factors for FP Services



Base: Total Interviews

Where discouraging factors are concerned, more than a third (36% of doctors and 41% of midwives) claim that there are none that discourage them from offering more FP products and services (see Chart 17). Among the two-thirds of the sample who identify a hindering factor, three things stand out as discouraging them from promoting FP in their private professional practice. These are religious beliefs (19%), both their own or the patient's, or the convictions of the people/superiors they may be working for in their private practice, difficulty in encouraging patients due to their disinterest/lack of knowledge or misconceptions about FP (16%), and the complications or side effects that could occur from one's use of contraceptives (13%).

CHART 17. What Discourages Respondents from Offering FP Products and Services

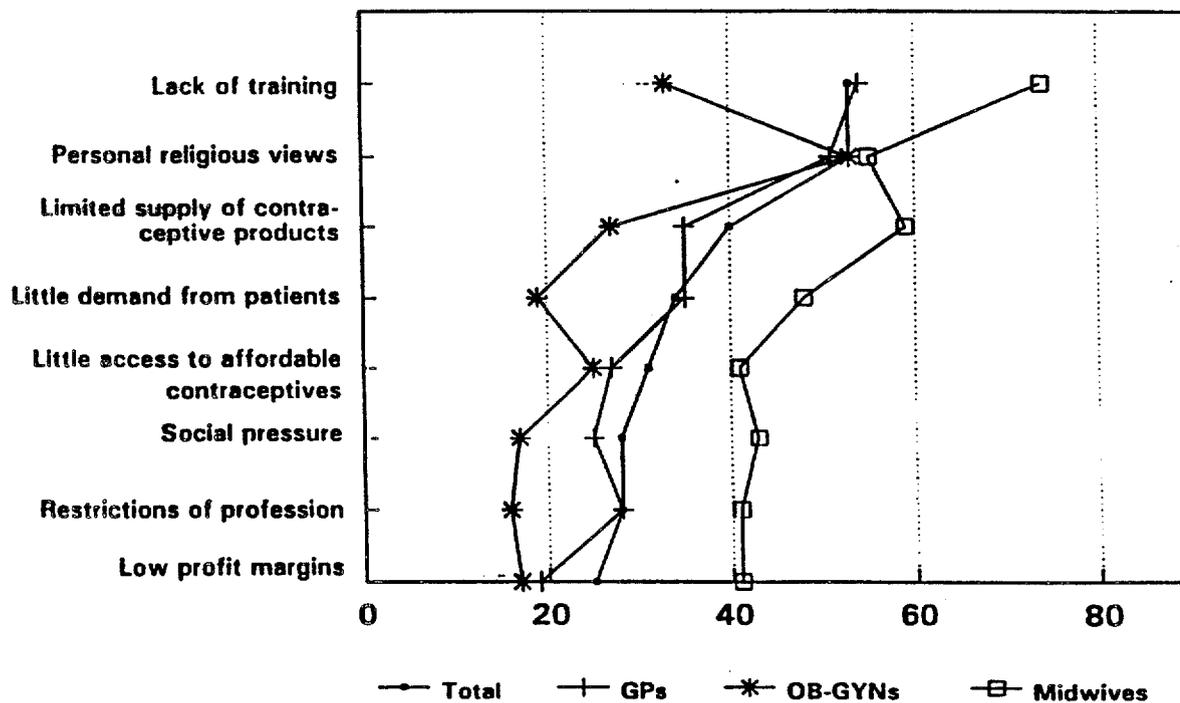
	Total	Respondent Type			
		All Doctors	GPs	OB GYNs	Mid-wives
Base: Total Interviews	600	400	200	200	200
	%	%	%	%	%
Religion/religious beliefs	19	22	20	25	13
Difficulty in encouraging patients due to client disinterest/lack of knowledge/misconceptions about FP/uncooperative partner	16	14	15	14	21
Complications/side effects of contraceptives	13	13	13	14	13
Physical condition of patients	6	6	4	8	5
Can't say/none	37	36	35	36	41

After obtaining the respondents' voluntary responses on what would discourage them from offering family planning products and services in their private practice, this study presented them with 8 factors and asked who among them would be hindered from providing FP services by each of those factors (see Chart 18).

If the midwives are the easiest to encourage to provide FP services through the introduction of training and marketing interventions, they are also the easiest to discourage. Thus, more midwives than either GPs or

OB-Gyns disclose that they would be discouraged from offering FP products and services by lack of training, limited supply of contraceptive products, little demand from patients, little access to affordable contraceptives, social pressure, restrictions of their profession, and low profit margins. On the other hand, the midwives, GPs and OB-Gyns share the same view about personal religious views as a deterring factor in their provision of FP services; in this connection, about 53% of the respondents admit that their religious views about family planning are a factor to consider.

Chart 18. Predetermined Discouraging Factors for FP Services



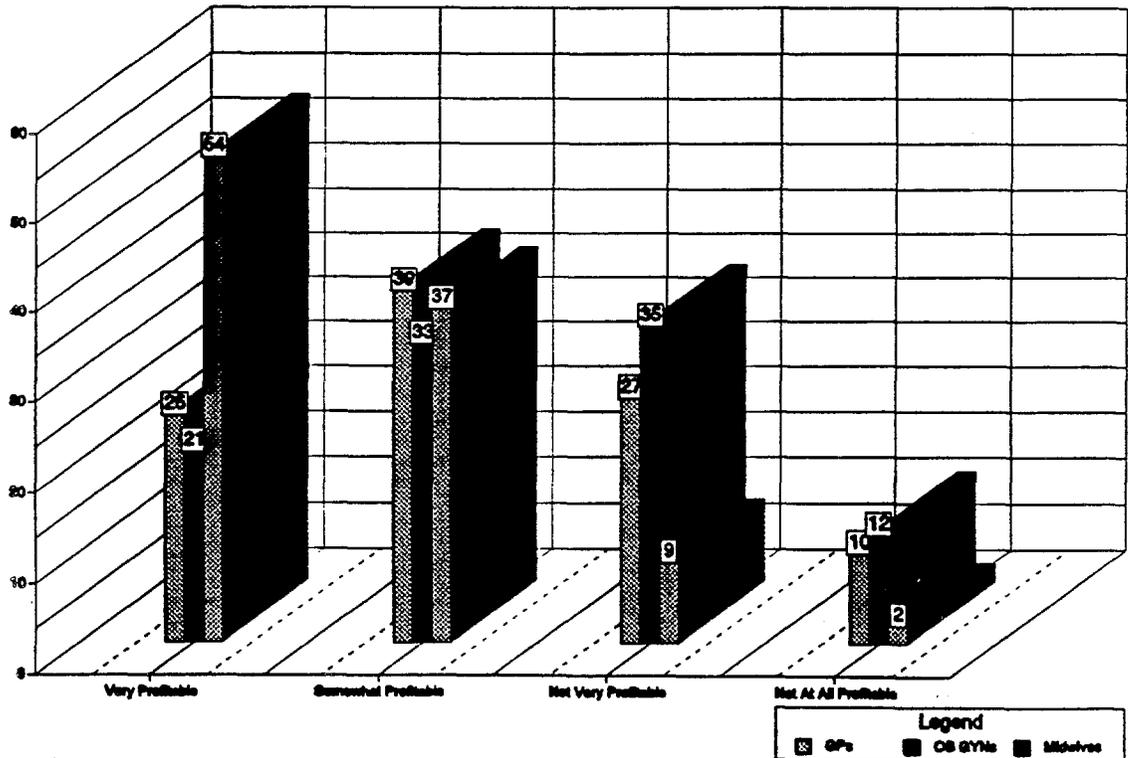
Base: Total Interviews

5. Profitability of Offering FP Services in Private Practice

About 69% of the respondents think that offering family planning services in their private practice is profitable, with 33% assessing the situation as "very profitable". Importantly, the perception that FP services in one's private practice is very profitable is observed more among the midwives (54%) than among the general practitioners (25%) or the obstetricians-gynecologists (21%).

Those who think that offering family planning services is not a money-making venture in their private practice are more likely to be the OB-Gyns (47%), than the GPs (37%) or the midwives (11%).

Chart 19. Degree of Profitability of Offering FP Services in Private Practice



E. Training and Support for the Private Sector

1. Training Interests of the Private Sector (see Chart 20)

Asked how interested they are in receiving training in family planning, 51% of the respondents answer that they are very interested, with the midwives exhibiting much more intensity in their interest (70% stating "very interested") than the GPs (48%) or the OB-Gyns (36%). The substantial interest in additional training suggests that many providers, and especially midwives, see a need for up-to-date knowledge and skills to enable them to offer a broader range, and/or improved quality of contraceptive services.

The existence of much interest in family planning training, however, does not necessarily mean that the respondents have had no training at all in FP. Rather, this study reports that 94% of the respondents have received training on family planning in the past, with 89% of them claiming that family planning was part of their formal academic preparation for their profession.

CHART 20. Training Interests of Private Sector

	Total	Respondent Type			
		All Doctors	GPs	OB GYNs	Mid-wives
Base: Total Interviews	600	400	200	200	200%
	%	%	%	%	%
% very interested in FP training	51	42	48	36	70
% ever received FP training	94	94	91	98	95
In formal medical training	55	53	60	46	59
In continuing education	11	11	11	11	11
Both	34	36	29	42	30

Institutions which have provided the respondents with their training on family planning include the schools/universities that they attended (62%), the Department of Health (39%), and pharmaceutical companies (14%).

2. Family Planning Training Received (see Chart 21)

Among the three respondent groups, the obstetrician-gynecologists surface as having undergone the most comprehensive training in family planning, judging from the proportion who answer affirmatively when asked if they have been trained in specific topics related to FP. In many instances, the general practitioners appear to have undergone as much training as the OB-Gyns, while substantial proportions of midwives have not been trained as yet on certain aspects about family planning.

Determining family planning training needs ideally entails having an indication of providers competencies and interests with emphasis on the knowledge and skills they intend to use in their practices. However, on the basis of training not yet received by the respondents, overall findings suggest that training in the following topics would be useful.

- How to market FP services
- Male sterilization procedures (especially for physicians)
- Injectables
- IUD insertion
- Female sterilization procedures (especially for physicians)
- Condoms

On the other hand, training in the following skills and topics would be most relevant to the midwives' role:

- Oral contraceptives
- An overview of family planning methods
- FP counselling
- IUD insertion
- Injectables

CHART 21. Family Planning Training Received

	Total	Respondent Type			
		All Doctors	GPs	OB GYNs	Mid-wives
Base: Total who ever received family planning training	566	377	181	196	189
	%	%	%	%	%
NFP method	97	98	97	99	96
Oral contraceptives	91	95	92	97	84
An overview of FP methods	90	94	93	96	81
FP counselling	89	93	93	92	83
Condoms	85	90	88	91	75
Female sterilization procedures	81	88	81	95	66
IUD insertion	78	84	77	90	67
Injectable	69	79	67	90	49
Male sterilization procedures	60	67	64	70	44
How to market FP services	45	50	42	58	35

3. Visitation by FP Detailers/Medical Representatives (see Chart 22)

The majority of the doctors in the survey sample are routinely visited by a medical detailer or representative (65%), but only 32% of the midwives have a similar experience. Even among the doctors themselves, visitation by a representative of a drug manufacturing company seems standard practice among the obstetrician-gynecologists (79%) but not as much among the general practitioners (50%).

CHART 22. Frequency of Visit by FP Detailers/Medical Representatives

	Total	Respondent Type			
		All Doctors	GPs	OB GYNs	Mid-wives
Base: Total interviews	600	400	200	200	200
	%	%	%	%	%
Once a week	22	27	18	37	11
Once every 2 weeks	17	22	15	28	7
At least once a month	16	16	17	14	14
Never	32	21	33	9	55

4. Pharmaceutical Companies that Visit Respondents on FP Products
(see Chart 23)

Leading among the companies which visit the respondents is Wyeth (59%), followed distantly by Schering (37%) and Organon (22%). Representatives from these three companies are more likely to visit Ob-Gyns than GPs and midwives. Wyeth's visitation of health professionals includes midwives at levels comparable to doctors.

CHART 23. Pharmaceutical Companies that Visit Respondent on FP Product

	Total	Respondent Type			
		All Doctors	GPs	OB GYNs	Mid-wives
Base: Total who are currently visited by medical representatives for FP products	407	316	134	182	91
	%	%	%	%	%
Wyeth	59	59	41	72	58
Schering	37	45	25	59	9
Organon	22	24	14	32	15
Upjohn	16	18	16	19	11
Logynon	12	14	14	14	4
Philusa	5	5	4	5	5
Others	25	24	25	24	29

IV. CONCLUSIONS

Results suggest that religious, cultural and other factors influence respondents choice of contraceptive methods to prescribe but these factors do not invariably shape their decisions regarding the most appropriate methods for a given situation. For example, although Catholic doctrine limits the choice of contraceptive methods to natural family planning, providers overwhelmingly cite female sterilization as the method of choice to end childbearing and opt for oral contraceptives, along with NFP, as the preferred temporary methods. These findings are consistent with those found in other countries where religious beliefs do not greatly affect requests for sterilization or other modern contraceptive methods.

Providers advocate few choices for couples seeking long lasting contraceptive methods. There is a heavy reliance on female sterilization. The reluctance to prescribe methods such as IUDs and injectables may be due to provider bias, misinformation, or lack of demand for these methods. Regulations, currently under review, prohibit midwives from offering injectables and IUDs in their private practices. Sterilization, because of its permanent nature, is especially subject to restriction. Philippine family planning policy requires that a woman seeking sterilization be married, be twenty or more years of age, have at least three living children, and obtain spousal consent for the procedure. Male contraceptive methods (i.e., condoms, vasectomy, withdrawal) are seldom recommended for either limiting or spacing births.

Provider-dependent methods such as sterilization, natural family planning counseling, IUD and Norplant insertion require extensive training and may carry high initial costs. In the long run however they are more cost effective than methods that need frequent resupply and may offer higher profit margins to providers.

The demographic and economic composition of the doctors' and midwives' private practices offers many opportunities to expand their family planning clientele since a significant proportion of their practices include women of reproductive age from income groups who can afford to pay some or all of the costs of family planning. Private providers must compete with the public sector, however, which offers contraceptive services free or at reduced cost.

Midwives emerge as the cadre with the greatest potential for expanding their family planning clientele. Fewer midwives than physicians offer family planning services, but those who do serve relatively more family planning clients. Midwives are less restrained by religious beliefs in delivering family planning. They express the most interest in training for family planning and marketing FP services. Such training can serve as a stimulus for introducing new methods and encouraging client demand. They see the most financial gain from offering contraceptive services perhaps because they provide fewer services at lower

cost than physicians and family planning can be relatively more profitable for them.

On the other hand, physicians are not restricted from offering a broad method mix, as are midwives. Client demand for private family planning services can be increased by providing a full range of contraceptive services including counseling and follow-up. Clients who are given a choice of methods are more likely to accept and continue to use contraceptives.

In terms of developing a network of health service providers, some features would be considered particularly useful. Training is probably the most critical element. Health professionals express an interest in training in FP counseling, marketing, insertion and sterilization procedures. In addition to training, a steady supply of quality products, referral services and reduced costs for promotion would be welcome, especially by the midwives.

In summary, there is the potential to more fully involve the private sector in the provision of culturally appropriate family planning services if providers are given promotional and training support and if regulations are eased to allow non-physicians to provide a broader array of contraceptives.

APPENDIX

Sample Questionnaire

Handwritten mark

CONSUMER PULSE, INC.
 Pulse Research Group Building
 San Miguel Avenue, Ortigas Centre,
 Pasig City, Philippines

(101-105) 0600

Study ID :

(106-109)

Name : _____

Resp. No. :

(110-111)

Address of clinic: _____

Card No. :

(112-115)

Tel. No. : _____

Call Record Date/Time Result of Call Intvd. by Appt. Date
 Time

1st call _____
 2nd call _____

Intvr. No. :

Intvwd by _____ Date _____ Time Started _____ Time Ended _____
 Observed/Spotchecked by _____ Date _____ Edited by _____

(116-117)

Interview Length :

(118-119)

RESPONDENT TYPE	AREA
GP (124) 1	MMA (125) 1
OB-GYNE 2	BALANCE LUZON 2
MIDWIFE 3	VISAYAS 3
	MINDANAO 4

No. Of Queries :

(120-123)

Reference No. :

95114 PROFESSIONAL

Good morning/afternoon/evening. I am _____ from Consumer Pulse, Inc., an independent market research company. We are currently conducting a survey among medical professionals like you. May I talk to you?

Maayong buntag/hapon/gabii. Ako po _____ taga-Consumer Pulse, Inc. usa ka independiente nga market research organization ug aduna mi'y gihimong survey sa mga medical professional nga pareho nimo. Mahimo ka ba makaistorya?

I. SCREENING

Q1	Do you practice in the public sector, the private sector, or both? The public sector includes non-government organizations, NGOs. (Non-government organizations, NGOs will be treated as public sector for the purposes of this study.) Ikaw ba nagtrabaho sa public sector, private sector or pareho? Ang public sector sakop kini ang non-government organizations, NGOs. (Ang non-government organization, NGOs himoon nato nga public sector para niining survey.)	Code	Route
	Public Sector only... (126) Private Sector only... Both...	1 2 3	CLOSE

Q2	ACCEPT MULTIPLE ANSWERS! Do you work in a hospital or clinic? <u>If yes:</u> Is that public or private? Ikaw ba nagtrabaho sa hospital o clinic? <u>If yes:</u> Kini ba public o private?	Code	Route
	Yes, public hospital... (127) Yes, private hospital... (128) Yes, public clinic... (129) Yes, private clinic... (130) No... (131)	1 1 1 1 1	

Q3	In how many offices or clinics do you see your private patients? Sa pila ka opisina o klinika nimo gitat-an ang imong private patients?	Code	Route
	(R1) Record: <input type="text"/>	(132-133)	

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Q4	On average, what is the total number of private patients you see in a week in all (hospital/clinics) you are affiliated with?	Code	Route
	Sa kasagaran, unsa ang kinatibuk'ang gidaghanon sa imong private patients nga ginatan'aw nimo sa sulod sa usa ka semana sa tanang (hospitals/clinics) nga affiliated/gisakupon nimo?	(R1) Record... <input type="text"/>	(134-136)

II. TYPES OF CONTRACEPTIVE METHODS			
---	--	--	--

Q5	Do you provide family planning services in your private practice or not?	Code	Route
	Ikaw ba naghatag ug family planning services sa imong private practice?		(137)
	Yes, provide FP services...	1	
	No, do not provide FP services...	2	Q16

Q6	<u>IF ANSWER IN Q5 IS YES (CODE 1), ASK Q5.6-151</u> Approximately, what percent of your private patients do you see for family planning purposes?	Code	Route
	Sa imong bana-bana, pila ka porsiento sa imong private patients ang imong gitan'aw para sa family planning purposes? (R1) Record Percent (%):...	<input type="text"/>	(138-140)

Q7	<u>DO NOT PROMPT. RECORD ALL METHODS IN THE ORDER THE RESPONDENT MENTIONS THEM!</u> If a couple were to come here and ask for a method to delay or space the birth of their next child, which family planning method would you recommend? PROBE : Any other method?	Code	Route
	Kon ang magtison moanhi ug mangayo ug usa ka paagi para mali-kayan o butangan ug gilay'on/space ang sunod nga pag-anak, unsang family planning method ang imong irekomenda? PROBE : Unsa pang ubang paagi?		
	RANK		
	<u>Family Planning Methods</u>		
	(R1) Barrier methods (diaphragms, cervical caps, and vaginal foaming tablets)	(141)	
	(R2) Breastfeeding	(143)	
	(R3) Condoms	(145)	
	(R4) Female Sterilization	(147)	
	(R5) Injectable	(149)	
	(R6) IUD	(151)	
	(R7) Male Sterilization	(153)	
	(R8) Natural planning methods, such as abstinence and rhythm	(155)	
	(R9) Moplant	(157)	
	(R10) Oral contraceptives	(159)	
	(R11) Spermicides	(161)	
	(R12) Withdrawal	(163)	
	(R13) Would recommend NOT using family planning	(165)	
	(R14) No particular method/Any method	(167)	
	(R15) Depends on client/patient	(169)	
	(R16) Do not know	(171)	
	(R17) Others (specify) _____	(173)	

44

Q8	DO NOT PROMPT. RECORD ALL METHODS IN THE ORDER THE RESPONDENT MENTIONS THEM	Code	Route
	If a couple were to come here seeking for a method to stop having children altogether, which family planning method would you recommend? PROBE: Any other method?		
	Kon ang magtiayon moanhi ug mangayo ug usa ka paagi para maundangan na gyod ang pag-anak, unsang family planning method ang imong irekomenda? PROBE: Unsa pang ubang paagi?		
	Family Planning Method RANK		
	(R1) Barrier methods (diaphragms, cervical caps, and vaginal foaming tablets)	(212)	--- START CARD ?
	(R2) Breastfeeding	(214)	
	(R3) Condoms	(216)	
	(R4) Female Sterilization	(218)	
	(R5) Injectable	(220)	
	(R6) IUD	(222)	
	(R7) Male Sterilization	(224)	
	(R8) Natural planning methods, such as abstinence and rhythm	(226)	
	(R9) Norplant	(228)	
	(R10) Oral contraceptives	(230)	
	(R11) Spermicides	(232)	
	(R12) Withdrawal	(234)	
	(R13) Would recommend NOT using family planning	(236)	
	(R14) No particular method/Any method	(238)	
	(R15) Depends on client/patient	(240)	
	(R16) Do not know	(242)	
	(R17) Others (specify)	(244-253)	

Q9	DO NOT PROMPT. RECORD ALL METHODS IN THE ORDER THE RESPONDENT MENTIONS THEM	Code	Route
	Is there any family planning method that you would never recommend? PROBE: Any other method?		
	Aduna ba'y ubang paagi nga dili gyod nimo irekomenda bisa'g kanus'a pa? PROBE: Unsa pang ubang paagi?		
	Family Planning Method RANK		
	(R1) Barrier methods (diaphragms, cervical caps, and vaginal foaming tablets)	(254)	
	(R2) Breastfeeding	(256)	
	(R3) Condoms	(258)	
	(R4) Female Sterilization	(260)	
	(R5) Injectable	(262)	
	(R6) IUD	(264)	
	(R7) Male Sterilization	(266)	
	(R8) Natural planning methods, such as abstinence and rhythm	(268)	
	(R9) Norplant	(270)	
	(R10) Oral contraceptives	(272)	
	(R11) Spermicides	(274)	
	(R12) Withdrawal	(276)	
	(R13) Would recommend NOT using family planning	(278)	
	(R14) No particular method/Any method	(312)	--- START CARD ?
	(R15) Depends on client/patient	(314)	
	(R16) Do not know	(316)	
	(R17) Others (specify)	(318 - 327)	

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III. TYPES OF PATIENTS		
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Q16	Do you offer counselling in natural family planning methods such as rhythm and abstinence in your private practice or not? Ikaw ba gahatag ug counselling mahitungod sa family planning method sama sa rhythm ug abstinence sa imong private practice o dili? Yes, offer counselling in NFP methods... 1 No, not offer counselling in NFP methods... 2	Code	Route
-----	---	------	-------

Q17	[SHOWCARD] In your private practice, do you currently provide... Sa imong private practice, gahatag ka ba ug.. <p style="text-align: center;">Services</p> (R1) Gynecological services (R2) Pre and post natal services (R3) Birth and delivery services (R4) STD detection (R5) STD treatment		
		Yes	No
		(358) 1	2
		(359) 1	2
		(360) 1	2
		(361) 1	2
		(362) 1	2

Q18	[SHOWCARD] [MAKE SURE TOTAL ADDS TO 100%] We are interested in the composition of your patients in terms of their socio-economic classes. Please think of your patients as falling into 4 classes: the ABs which include the upper classes, the Cs which are the middle classes, the Ds which are the lower classes, and finally the Es, the lowest and poorest socio-economic classes. What percent of your patients fall into each of these 4 classes? Interesado mi sa komposisyon sa imong mga pasyente base sa ilang socio-economic classes: Ang AB nga sakup ang mga upper class, ang C nga middle class, D ang lower class ug ang E, nga kinaubsan o lowest and poorest socio-economic class. Pila ka porsiento sa imong pasyente ang sakup sa kada usa sa apat nga kategorya?	Code	Route																														
	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th colspan="3">POINTS</th> <th></th> </tr> </thead> <tbody> <tr> <td>(R1) AB (upper)...</td> <td></td> <td></td> <td></td> <td>(363-365)</td> </tr> <tr> <td>(R2) C (middle)...</td> <td></td> <td></td> <td></td> <td>(366-368)</td> </tr> <tr> <td>(R3) D (lower)...</td> <td></td> <td></td> <td></td> <td>(369-371)</td> </tr> <tr> <td>(R4) E (extremely low)...</td> <td></td> <td></td> <td></td> <td>(372-374)</td> </tr> <tr> <td>TOTAL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td></td> </tr> </tbody> </table>		POINTS				(R1) AB (upper)...				(363-365)	(R2) C (middle)...				(366-368)	(R3) D (lower)...				(369-371)	(R4) E (extremely low)...				(372-374)	TOTAL	1	0	0			
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TOTAL	1	0	0																														

Q19	[MAKE SURE TOTAL ADDS TO 100%] In general, what percent of your patients come from rural areas and what percent come from urban areas? Sa kinatibuk'an, pila ka porsiento sa imong pasyente ang gikan sa rural areas ug pila ka porsiento ang gikan sa urban areas?	Code	Route																				
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(R2) Urban (%)...				(378-380)																			
TOTAL	1	0	0																				

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Q20	[CONVERT TO MINUTES] On the average, how long do patients wait in your office until they can see you for normal consultation?	Code	Route
	Sa kasagaran, unsa kadugay gahulat ang imong mga pasyente sa imong opisina hangtud sa makita ka nila para sa usa ka ordinaryong pagpakonsulta? (R1) Record (Minutes)... <input type="text"/> <input type="text"/> <input type="text"/>	(412-414)	---

START CARD 4

Q21	What percent of your patients are female? Pila ka porsiento sa imong pasyente ang babaye?	Code	Route
	(R1) Record percent... <input type="text"/> <input type="text"/> <input type="text"/>	(415-417)	

Q22	[MAKE SURE TOTAL ADDS TO 100%] [SHOWCARD] We are interested in the composition of your female patients in terms of their ages. Please think of your patients as falling into 4 age groups: children 14 and under; young adults 15 to 29; middle-aged women 30 to 44; and older women 45 and older. What percent of your female patients fall into each of those four age groups? Interesado mi sa komposisyon sa imong pasyenteng babaye base sa ilang mga edad. Palihog paghuna-huna sa imong mga pasyenteng babae nga nahiangay niining 4 ka grupo sa edad: mga bata nga nag-edad ug 14 pababa; young adults nga nag-edad ug 15 hangtud 29; middle-aged women nga nag-edad ug 30 hangtud 44; ug ang older women nga nag-edad ug 45 pataas. Pila ka porsiento sa pasyenteng babae nimo ang sakup sa kada usa sa upat ka grupo sa edad?	Code	Route																													
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IV. ATTITUDES TOWARDS FAMILY PLANNING

Q23	[SHUFFLE STATEMENT CARDS BEFORE GIVING THEM TO RESPONDENTS] [*READ EITHER DOCTOR OR MIDWIFE, DEPENDING ON THE TYPE OF RESPONDENT] Next, I am going to show you some statements and I would like to know how much you agree or disagree with each one. We will use a scale of numbers from 1 to 7 where 1 means disagree strongly and 7 means agree strongly. Please feel free to use any numbers from 1 to 7. The nearer to 1 the number you select means that you strongly disagree while the nearer to 7 the number you select means that you strongly agree to the statement. Karon, aduna ako'y ipakita nimo pila ka mga pulong ug gusto nako mahibaloan kon unsa ka kauyon o dili uyon sa kada usa. Gamiton nato ang usa ka scale nga 1 hangtud 7 kon diin ang 1 nagpasabot nga dili gyud ka mouyon ug ang 7 mouyon gyud ka kaayo. Mahimo ikaw moqamit ug numero gikan 1 hangtud 7. Kon mas duol sa 1 ang numero nga gipili nimo nagpasabot kini nga dili gyud ka mouyon ug kon mas duol naman sa 7 ang gipili nimong numero buot ipasabot niini nga mouyon gyud ikaw sa pulong.		
	<p>(R1) I would be reluctant to recommend contraceptives to an unmarried woman. (430)</p> <p>(R2) Religious teachings in the Philippines affect the types of family planning methods that I recommend to my patients. (431)</p> <p>(R3) The IUD is an abortifacient/can cause abortion. (432)</p>		

Handwritten initials

..Cont		
(R4) It is important to make modern contraceptive products available so we can reduce the number of unplanned pregnancies.	(433)	
(R5) Women are expected to remain virgins until they are married.	(434)	
(R6) Most patients think the medical service offered in the private sector is better than the medical service offered in the public sector.	(435)	
(R7) Health providers should decide on the birth control method for their patient.	(436)	
(R8) Taking oral contraceptive pills for birth spacing is less risky to a woman's health than having frequent pregnancies.	(437)	
(R9) It is against my religious belief to recommend any non-natural methods for family planning.	(438)	
(R10) A (doctor/midwife*) should tell their clients/patients the disadvantages as well as the advantages of family planning methods.	(439)	
(R11) A (doctor/midwife*) has many opportunities to promote child spacing.	(440)	
(R12) A woman should have at least one child before she takes oral contraceptive.	(441)	
(R13) (Doctors/midwives*) who offer family planning services have a negative image in the Philippines.	(442)	
(R14) Very few patients ask me about contraception.	(443)	
(R15) If her husband does not approve of a family planning method, then a woman should not use that method.	(444)	
(R16) I only discuss contraception when a patient brings up the subject.	(445)	

V. VISIT FROM MEDICAL REPRESENTATIVES

Q24	[SHOWCARD] How often do pharmaceutical detailers/medical representatives visit your private practice to tell you about family planning products? Would you say... Unsa kapermi ang mga pharmaceutical detailer/medical representatives moanhi sa inyong private practice para mohisgot sa inyo mahitungod sa mga produkto sa family planning products? Masulti ba nimo nga... Once a week... Once every 2 weeks... At least once a month... Every 2 to 3 months... Once every six months... Once a year... Less often than once a year, or... Never...	Code	Route
		(446)	
		1	
		2	
		3	
		4	
		5	
		6	
		7	
		8	

Q25	[ACCEPT MULTIPLE ANSWERS] What are the names of the pharmaceutical companies whose medical representatives have currently visited you about family planning products? PROBE : Any others? Unsang mga pharmaceutical companies nga adunay mga medical representatives ang gabisita sa inyo sa pagkakaran mahitungod sa family planning products? PROBE : Aduna pa ba'y uban?	Code	Route
		(447)	
		1	
		(448)	
		1	
		(449)	
		1	
		(450)	
		1	
		(451)	
		1	
		(452)	
		1	
		(453)	
		1	
	Others (Specify): _____	(454-)	463)
	_____	1	

	None...	(464)	
		1	

49

..Cont		YES	NO
	(R8) Male Sterilization Procedures	(529) 1	2
	(R9) Female Sterilization Procedures	(530) 1	2
	(R10) How to Market Family Planning Services	(531) 1	2

VII. MOTIVATORS AND BARRIERS			
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Q31	What types of things discourage you from offering (more) family planning products and services to the patients in your private practice? PROBE : What else?	Code	Route
	Unsaang mga butang ang makapadili o makapa-discourage nimo sa paghatag ug (dugang pang) family planning products ug serbisyo sa imong mga pasyente sa private practice nimo? PROBE : Unsa pa?		
	<input type="checkbox"/>	(532-551)	

Q32	<p>[*READ EITHER DOCTOR OR MIDWIFE DEPENDING ON THE TYPE OF RESPONDENT] [SHUFFLE STATEMENT CARDS]</p> <p>Other (doctors/midwives*) have named factors that discourage them from offering family planning services. Using this card, please tell me which among these factors would discourage you from offering family planning services in your private practice.</p> <p>Ang ubang (doctors/midwives*) naghatag ug pila ka mga butang nga makadiscourage sa ila sa paghatag ug serbisyo sa family planning. Sa paggamit niining kard, palihog isulti sa ako kon unsa niining mga pulong ang maka-discourage sa imo sa paghatag ug serbisyo sa family planning sa imong private practice.</p>		
		YES	NO
	(R1) Low profit margins	(552) 1	2
	(R2) Personal religious views	(553) 1	2
	(R3) Little demand from patients	(554) 1	2
	(R4) Lack of training	(555) 1	2
	(R5) Limited supply of contraceptive products	(556) 1	2
	(R6) Little access to affordable contraceptives	(557) 1	2
	(R7) Social pressure	(558) 1	2
	(R8) Restrictions on the types of family planning services my profession can offer	(559) 1	2

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Q33	<p>[SHOWCARD] [SHUFFLE STATEMENT CARDS] [READ EITHER DOCTOR OR MIDWIFE DEPENDING ON THE TYPE OF RESPONDENT]</p> <p>Other (doctors/midwives*) have also named factors that would motivate them to offer family planning services. Using this card, please tell me which among these factors would motivate you to offer family planning services in your private practice.</p> <p>Ang ubang (doctors/midwives*) naghatag pod ug pila ka mga butang nga mahimong maka-motivate/makasugyot sa ilaha para maghatag ug family planning services. Sa paggamit niining kard, palihog isulti sa ako kon asa niining mga butang/pulong ang makasugyot sa imo para maghatag ug family planning services sa imong private practice?</p>			
		Factors	YES	NO
		(R1) Training in IUD insertion procedures	(560) 1	2
		(R2) Training in Norplant insertion procedures	(561) 1	2
		(R3) Training in female surgical sterilization procedures	(562) 1	2
		(R4) Training in male surgical sterilization procedures	(563) 1	2
		(R5) Training in counselling for family planning	(564) 1	2
		(R6) Training in how to market family planning services	(565) 1	2
		(R7) Low interest loans to equip my facility for family planning	(566) 1	2
		(R8) Higher profit margins	(567) 1	2
		(R9) Steady supply of quality contraceptive products	(568) 1	2
		(R10) Favorable political environment	(569) 1	2
		(R11) Reduced costs to promote and advertise my services	(570) 1	2
		(R12) Free referral services from a professional health network	(571) 1	2
		(R13) Affiliation with Couple's Choice products	(572) 1	2
(R14) More consumer demand for family planning	(573) 1	2		
(R15) Reduced costs on expendable medical supplies	(574) 1	2		

Q34	What types of things <u>discourage</u> health professionals from working in the private sector? PROBE : What else?	Code	Route
	Unsang mga butang ang <u>makadiscourage</u> sa mga health professional nga magtrabaho sa private sector? PROBE: Unsa pang ubang butang?		

	<input type="checkbox"/>	(612-631)	----> START CARD 6

Q35	On the other hand, what types of things <u>motivate</u> health professionals to work in the private sector? PROBE : What else?	Code	Route
	Sa laing bahin, unsang mga butang ang <u>makamotivate/makasugoyot</u> sa health professionals para magtrabaho sa private sector? PROBE : Unsa pang ubang butang?		
<input type="checkbox"/>		(632-641)	

VIII. GENERAL SERVICE DELIVERY		
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Q36	<u>[READ TYPE OF ROOM]</u> Let us talk about the clinic/hospital where you see most of your private patients. Does it have a... Atong hisgotan ang mahitungod sa clinic/hospital kon asa ikaw kasagaran adunay mas daghang pasyente. Aduna ba kini...		
		YES	NO
	Type of Room		
	(R1) Waiting room	(642) 1	2
	(R2) Consultation room	(643) 1	2
	(R3) Examination room	(644) 1	2
	(R4) Operating room	(645) 1	2
	(R5) Bathroom	(646) 1	2
	(R6) Storeroom/Pharmacy	(647) 1	2
	(R7) All-purpose room	(648) 1	2
(R8) Combination (Specify): _____	(649 - 658) 1	2	

Q37	<u>[IF NO EXAMINATION ROOM IN Q.36, ASK:]</u> Is there a screened off or curtained area to give some privacy to patients during examinations? Aduna ba kini screen o kurtina para adunay privacy ang mga pasyente kon gi-eksamen?	Code	Route	
	Yes...			(659) 1
	No...			2

Q38	<u>[READ LIST]</u> Does this location have... Ang lugar ba adunay...		
		YES	NO
	(R1) Running water	(660) 1	2
	(R2) Electricity	(661) 1	2
	(R3) An examination table	(662) 1	2
	(R4) Blood pressure apparatus	(663) 1	2
(R5) Ultra sound equipment	(664) 1	2	

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Q46	What is your age? Pila na'y edad nimo? (R1) Record (years)... <input type="text"/> <input type="text"/>	Code (726-727)	Route
Q47	Are you single or married? Ikaw ba single o minyo na? Single... Married...	Code (728) 1 2	Route
Q48	What is your religious affiliation? Unsa ang imong relihiyon? Catholic... Buddhist... Hindu... Protestant... Moslem... Other...	Code (729) 1 2 3 4 5 6	Route
Q49	Record Gender: Male... Female...	Code (730) 1 2	Route
Q50	Record location of interview: Office... Home...	Code (731) 1 2	Route