

Findings and Implications of the Provider Survey for the Social Marketing Program in the Philippines

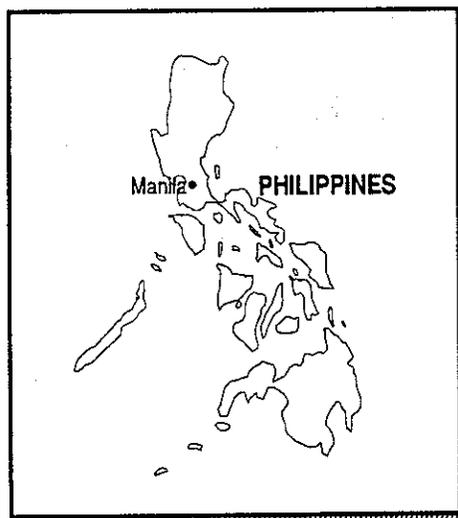
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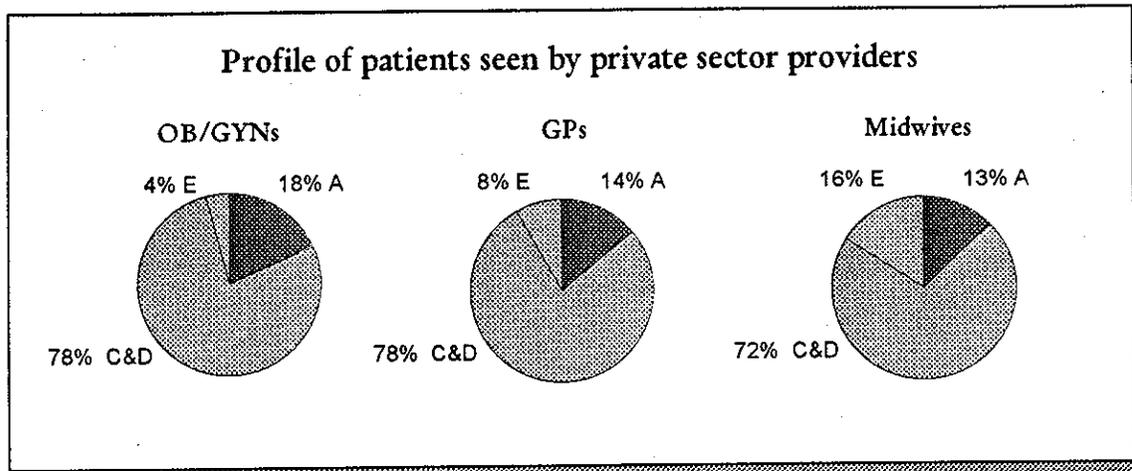
Background

- Study was conducted by Consumer Pulse, Inc., from Pasig City, Philippines.
- Study was jointly sponsored by the SOMARC and PROFIT Projects of The Futures Group International and Deloitte Touche Tohmatsu, respectively.
- Survey involved in-person interviews with 200 GPs, 200 OB/GYNs, and 200 midwives, who had some type of private sector practice. Providers were convenience sampled, primarily in urban locations, from all three regions of the country — including Metro Manila, Balance Luzon, Visayas, and Mindanao (Cebu City and Davao City).
- Fieldwork took place during the summer of 1995.
- Pulse's final research report is available as a separate report (*Attitudes and Practice Survey Among Health Professionals*).

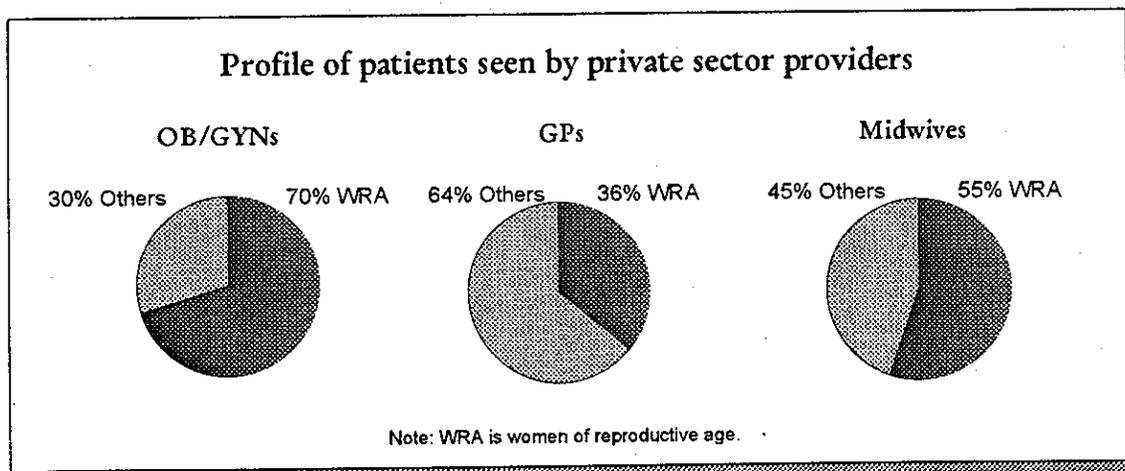


Profile of Patients Seen by Private Sector Health Professionals

- Approximately three-quarters of patients seen by private sector providers fall into the C and D socioeconomic categories.



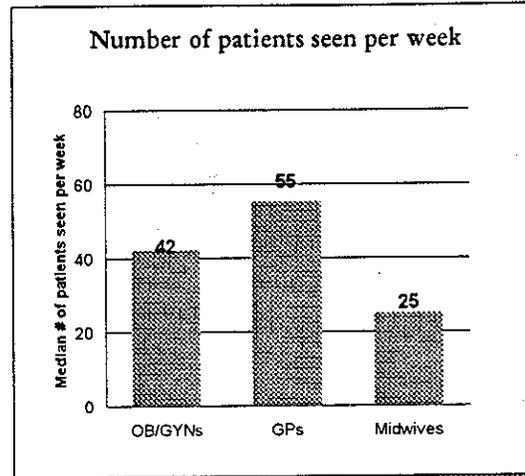
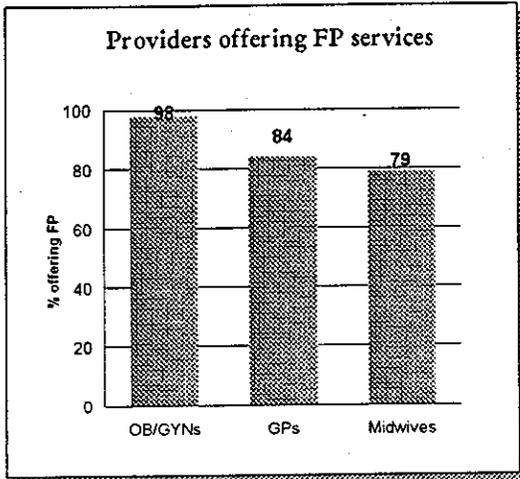
- OB/GYNs and midwives see primarily women of reproductive age, whereas general practitioners (GPs) see a greater diversity of patients.



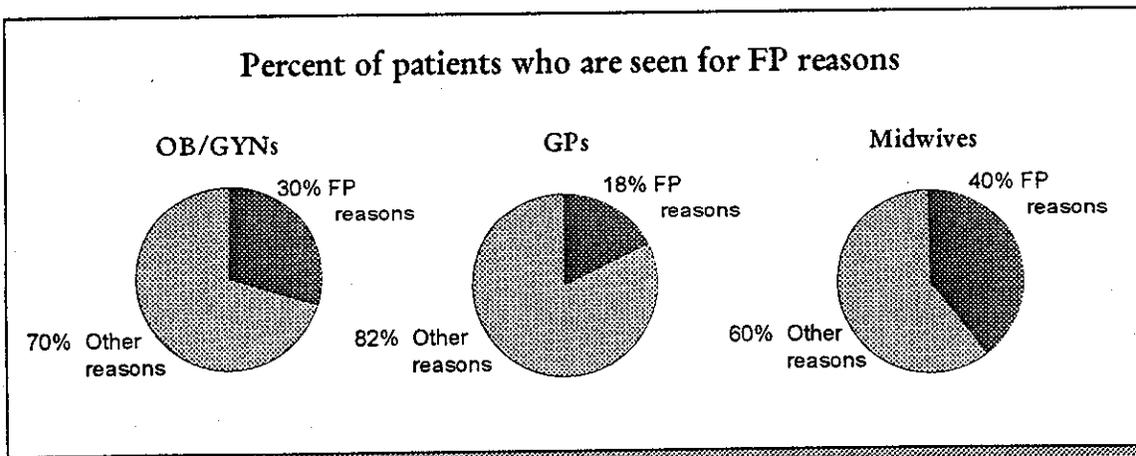
CONCLUSION: Patients seen by private sector health professionals correspond to the social marketing target group.

Extent of Family Planning Services Provided by Private Sector Health Professionals

- The vast majority of private sector providers claim to offer some type of FP service.
- On average, doctors see almost twice as many patients as midwives.



- However, a larger proportion of the midwives' patients are seen for family planning reasons.



CONCLUSION: Presently, most private sector health professionals already claim to offer some type of family planning service. These providers see, on average, between 10 and 15 patients per week for family planning reasons.

Nature of Family Planning Services Provided by Private Sector Health Professionals

- Although the vast majority claim to provide family planning services, many providers only offer counseling in natural family planning (NFP), that is, in rhythm or abstinence. Methods highlighted inside the boxes are particularly low.

FP services provided by private sector health professionals

Percentage of providers providing a FP service

Service provided	Total	OB/GYNs	GPs	Midwives
NFP counseling	89	98	86	84
Dispense OCs	48	51	41	51
Give injectables	41	59	35	25
Insert IUDs	31	53	25	11
Dispense condoms	24	19	25	30
Perform female sterilization	55	78	28	NA
Perform male sterilization	9	12	6	NA

CONCLUSION: A superficial look at provision of family planning services by private practitioners would lead one to believe that most are offering family planning. A closer examination, however, reveals that many are only offering counseling on natural methods, and that most are not providing the more effective, modern methods.

Top Methods Recommended for Postponers, Spacers, and Limiters

- Most practitioners only recommend NFP or OCs for women who want to postpone or space out their births.

Top FP method to delay/space births

Percentage of service providers who would recommend a particular method

Methods	Total	OB/GYNs	GPs	Midwives
NFP methods	34	32	32	39
OCs	32	40	33	22
IUDs	7	3	7	13
Condoms	4	2	8	4
Injectables	2	2	2	3
Female sterilization	1	1	0	1
Male sterilization	1	0	2	0
Norplant	*	0	0	1
Depends on client	14	18	11	11

- Practitioners typically recommend female sterilization for women who do not want to have any more children.

Top FP method to stop having children

Percentage of service providers who would recommend a particular method

Methods	Total	OB/GYNs	GPs	Midwives
Female sterilization	69	74	69	62
NFP methods	5	5	7	4
OCs	5	4	8	3
Male sterilization	4	3	4	4
IUDs	3	3	2	6
Condoms	1	*	2	2
Injectables	1	1	*	2
Depends on client	9	8	7	12

CONCLUSION: This, again, points out that providers are most vigorously supporting natural family planning, followed by OCs. Providers are only minimally supporting the other modern methods of delaying or spacing pregnancies. Female sterilization is being recommended for limiters. Other, reversible, long-acting methods are not being recommended for those women who might be called "uncertain limiters" or for those who want to long-term space.

Top Methods Never Recommended

- Approximately 10 percent of providers never recommend either the IUD or the injectable (see highlighted boxes).

Top FP method would never recommend

Percentage of service providers who would never recommend a particular method

Methods	Total	OB/GYNs	GPs	Midwives
IUDs	13	17	13	8
Injectables	11	9	12	11
Female sterilization	4	4	2	8
Male sterilization	3	0	3	3
OCs	2	2	4	3
NFP methods	2	2	2	3
Condoms	1	1	1	0

CONCLUSION: Problems persist in the minds of some providers regarding the use of IUDs and injectables.

Positive Attitudes Regarding Family Planning

- Providers have positive attitudes toward some aspects of family planning. The following table shows those providers who “strongly agree” with various positive statements.

Positive attitudes toward FP

Percentage of providers who strongly agree with the following positive statements

Statements	Total	OB/GYNs	GPs	Midwives
Should inform clients about disadvantages and advantages of FP methods	91	93	93	86
Doctor/midwife has many opportunities to promote child spacing	86	87	87	87
Taking OCs is less risky than frequent pregnancies	70	72	67	73
Important to make modern contraceptives available to reduce unwanted pregnancies	67	66	69	65

CONCLUSION: Health professionals recognize the opportunity they have to inform and promote family planning to their patients.

Negative Attitudes and Misconceptions Regarding Family Planning

- Unfortunately, many providers also say they “strongly agree” with many unfavorable statements regarding how family planning should be practiced.

Unfavorable attitudes toward FP

Percentage of providers who strongly agree with the following unfavorable statements.

Issues	Total	OB/GYNs	GPs	Midwives
A woman should have at least one child before taking OCs	54	51	46	66
If husband doesn't approve of FP, the woman should not use it	51	53	52	48
Religious teachings affect recommendation	47	48	53	40
Reluctant to recommend contraceptives to an unmarried woman	44	43	44	44
I only discuss contraception when the client brings up the subject	40	31	46	44
Health providers should decide on the method for client	34	25	34	43
Very few patients ask about FP	27	17	32	33
IUD is an abortifacient	22	28	23	16
Against religious beliefs to recommend any non-natural FP method	18	16	19	22

CONCLUSION: These limiting attitudes should be addressed through various training and promotional activities.

Factors that Inhibit Family Planning in the Private Sector

- When asked, on an unprompted basis, for factors that discouraged them from offering more family planning services, many respondents could not come up with anything specific.

Factors that discourage providers from offering more FP services — unprompted

Percentage of providers who respond

Factors	Total	OB/GYNs	GPs	Midwives
Can't say/nothing	37	36	35	41
Religious beliefs (of both provider and patients)	19	25	20	13
Difficulty in motivating patients	16	14	15	21
Potential side effects	13	14	13	13
Other	15	11	17	12

- When asked on a prompted basis, religious beliefs, lack of training, and limited supplies of contraceptives were mentioned most often. Interestingly, when the categories of “limited supplies of contraceptives” (supplies held by the provider) are combined with “poor access to affordable contraceptives” (unaffordable for the consumer), this combined category of “poor access to affordable contraceptives” emerges as the dominant barrier.

Factors that discourage providers from offering more FP services — prompted

Percentage of providers who respond

Factors	Total	OB/GYNs	GPs	Midwives
Personal religious views	53	53	51	55
Lack of training	53	33	54	74
Limited supply of contraceptives	40	27	35	59
Limited demand	34	19	35	48
Poor access to affordable contraceptives	31	25	27	41
Restrictions on services profession can offer	28	16	28	41
Low profit margins	25	17	19	41

CONCLUSION: Limited supplies, limited demand, and lack of adequate training are the greatest barriers to expanded promotion of family planning services by private sector doctors and midwives. Social marketing programs are well suited to and have a successful track record in addressing such needs.

Factors that Could Encourage the Development of the Private Sector

- Private providers were asked if the following factors would motivate them to become more involved in family planning.

Factors that would motivate providers to offer FP services — prompted

Percentage of providers who respond

Factors	Total	OB/GYNs	GPs	Midwives
Training in FP counseling	84	80	84	88
Increased demand	78	79	81	76
Reliable supply of quality contraceptives	70	63	70	78
Referral from health network	68	56	71	77
Lower costs to advertise/promote provider's services	68	56	71	77
Lower costs for medical supplies	65	61	69	66
Training in how to market FP services	62	50	62	76
Training in IUD insertion	61	52	60	72
Training in female sterilization	60	63	61	58
Affiliation with Couple's Choice	52	48	50	60
Favorable political environment	52	45	48	63
Training in Norplant insertion	48	49	49	47
Training in male sterilization	47	43	53	45
Low interest loans for FP equipment	47	41	51	50
Higher profit margins	42	32	42	52

CONCLUSION: Again, activities that social marketing programs are well suited to undertake, such as training, demand generation, and distribution of affordable supplies, are the areas where the greatest opportunity lies for expanding family planning services in the private sector.

Medical Detailing

- Most health professionals are visited by medical detailers. Not surprisingly, the specialists are visited most often and the midwives least often.

Frequency of visits by FP detailers/medical representatives

Percentage of providers who respond

Frequency of visit	Total	OB/GYNs	GPs	Midwives
Once a week or more	23	39	20	12
Once every two weeks	17	28	15	7
At least once a month	16	14	19	14
Less than once a month	14	11	16	15
Never	32	9	33	55

Note: Percentages may not sum to 100 due to rounding.

- Wyeth is doing the best job of detailing — including all types of providers and all geographic areas. Not surprisingly, Wyeth's sales are more than double that of the nearest competitor. Many manufacturers are putting forth minimal effort in their medical detailing.

Pharmaceutical companies that visit service providers

Percentage of providers who are currently visited by medical representatives for FP products

Pharmaceutical company	Total	OB/GYNs	GPs	Midwives
<i>Wyeth</i>	59	72	41	58
<i>Schering</i>	37	59	25	9
<i>Organon</i>	22	32	14	15
<i>Upjohn</i>	16	19	16	11
Logynon	12	14	14	4
Philusa	5	5	4	5
Others	25	24	25	29

Note: Italicized companies are affiliated with CSM.

CONCLUSION: The social marketing program should apply greater pressures to manufacturers to increase their detailing efforts, which in turn should increase their sales.

Nature of Family Planning Training Received

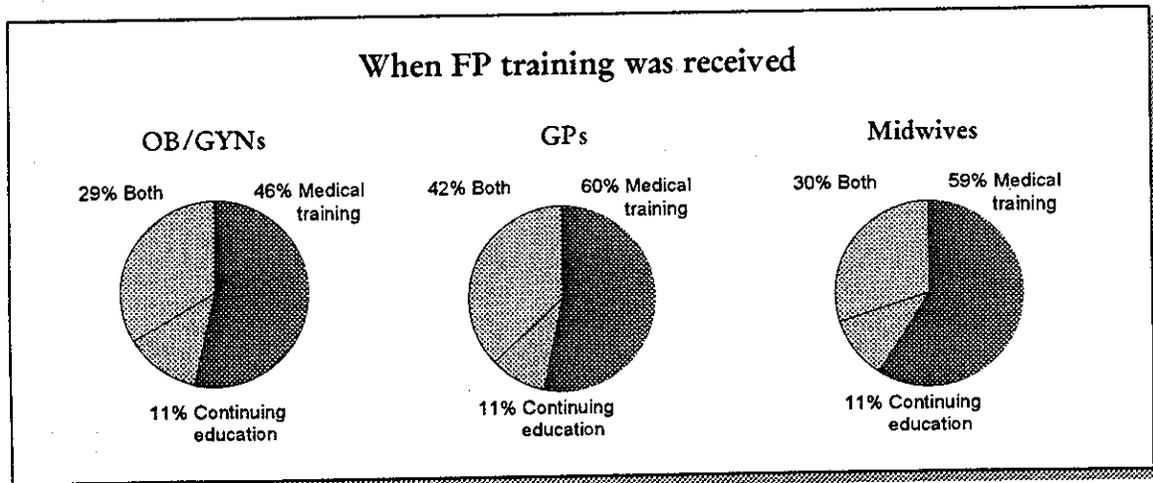
- Most providers have received training in a variety of family planning areas. The most notable exception is the relatively low percentage of GPs and midwives who have received training in injectables.

FP training received

Percentage of service providers who have ever received training

Type/content of training	Total	OB/GYNs	GPs	Midwives
NFP method	97	99	97	96
OCs	91	97	92	84
Overview of FP methods	90	96	93	81
FP counseling	89	92	93	83
Condoms	85	91	88	75
Female sterilization procedure	81	95	81	66
IUD insertion	78	90	77	67
Injectables	69	90	67	49
Male sterilization procedure	60	70	64	44
How to market FP services	45	58	42	35

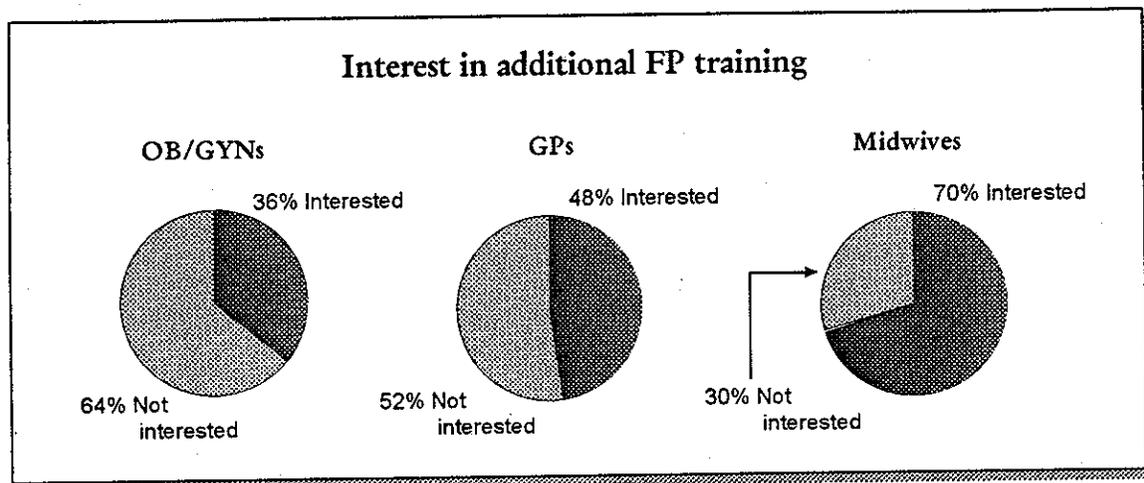
- Even though most have received training, much of this training took place many years ago as part of their initial medical training. Very few providers have received updated training.



CONCLUSION: A need exists for updated training in all areas of family planning. Injectable training should receive priority attention.

Interest in Additional Family Planning Training

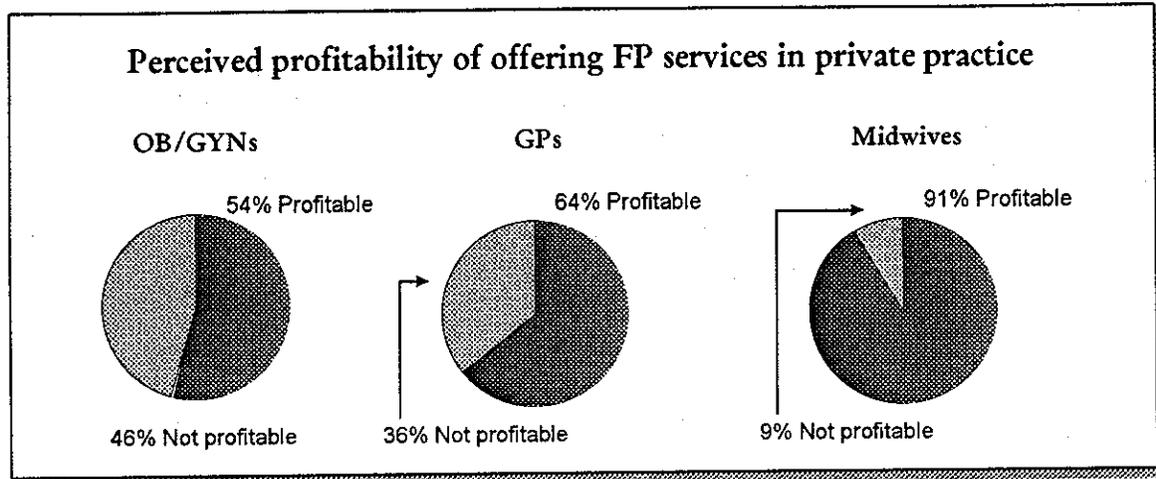
- Midwives are very interested in receiving additional training in family planning methods and procedures. Presumably GPs do not want to bother with additional training because their family planning patients make up less than a fifth of their clientele. OB/GYNs on the other hand most likely assume that they are adequately trained.



CONCLUSION: Since midwives are the least well trained and are the most interested in receiving additional training, they should receive priority attention for additional training.

Perceived Profitability of Family Planning Services

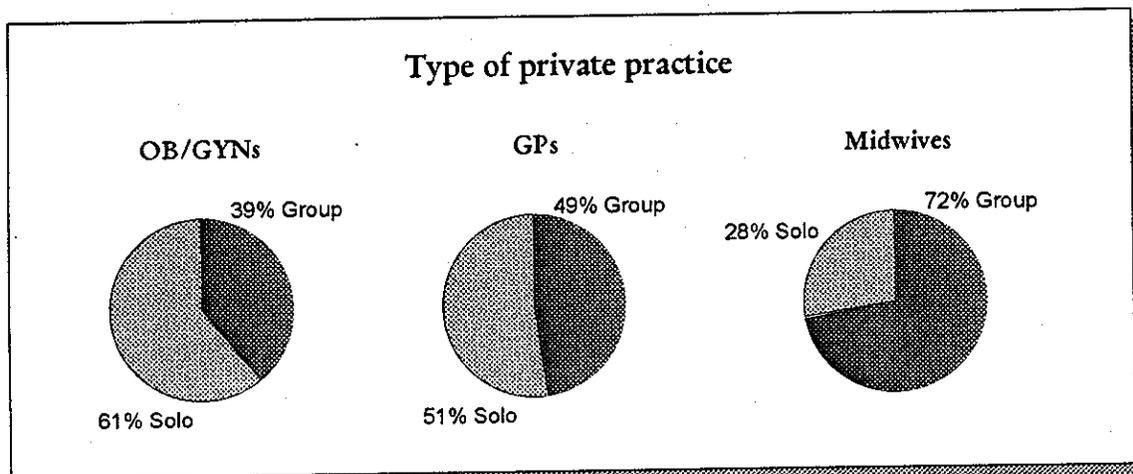
- Midwives are the most optimistic about the profitability of family planning services. Over 90 percent believe that family planning services are profitable. Specialists are the least likely to see family planning services as a profitable undertaking.



CONCLUSION: Midwives have the greatest incentive for offering family planning services as part of their private practice.

Structure of Private Practice

- The majority of midwives operate as part of a group practice, whereas most specialists operate independently.



CONCLUSION: Because of their relative concentration, midwives can be more readily reached with marketing interventions such as training programs, distribution of supplies, and monitoring of activities.

Summary

An opportunity exists to more fully engage private sector health professionals in the promotion of modern methods of family planning, and SOMARC is well suited to developing this market segment.

- Private health care providers have a clientele that closely matches the target profile of social marketing clients.
- Although, it appears that most providers are already actively promoting family planning services. Closer examination reveals that, in reality, most of them are only promoting the less effective, natural methods (such as rhythm and abstinence.) The only modern, reversible method receiving active support is OCs.
- There is good news in that most providers recognize the opportunity they have to promote family planning. Furthermore, they have accepted, in principle at least, the idea of family planning.
- Many misconceptions, however, remain, which limit the more active promotion of family planning services by providers. This points to a need for updated training and active support from local opinion leaders.
- The biggest motivating factors for greater involvement by private providers were identified as updated training; access to reliable, affordable supplies; greater consumer demand; and active promotion of providers' services. The SOMARC program is well suited to address each of these needs.
- Medical detailing needs more attention, which in turn should produce higher sales for the social marketing program.
- Finally, based on an analysis of interest, motivation, and feasibility, midwives offer the best opportunity for expanding private health professionals' involvement in family planning in the Philippines.