# FACTORS ASSOCIATED WITH FILIPINO WOMEN'S CLASSIFICATION OF THEIR PREGNANCY OR BIRTH

# LOURDES PALOMO-NACIONALES

### **ABSTRACT**

Although millions of pregnancy and birth occur in the Philippines each year, not all are reported by Filipino women as wanted. Based on the dataset of the 2003 National Demographic and Health Survey, while about half (53%) considered their pregnancy or birth as wanted, 47% indicated it as mistimed or unwanted, or what is classified in this report as unintended. Beyond these categorical descriptions, little is known about the explanatory dimensions of women's pregnancy or birth classifications. Using the same aforementioned dataset, this report discusses the association of women's socio-demographic and proximate characteristics with their pregnancy or birth classification. Results reveal a statistically significant association between the dependent and independent variables. Thus, women who had unintended pregnancies or births were older, not living together with a partner, had no previous birth or had a closely-spaced birth interval, had both sons and daughters, rural residents, not well educated and poor. Moreover, these women were ever-users of contraceptives, had three or more living children and whose ideal number of children was lesser than what they actually had. There is evidence to suggest that family planning services have failed to reach and serve some of these women.

**KEYWORDS:** Filipinos, unintended pregnancy, women, birth and pregnancy classification

# INTRODUCTION

FILIPINO women's fertility has continuously declined over the past three decades. The six births per woman in 1970 decreased to 4.1 in 1991, then to 3.7 in 1998 and to 3.5 in 2001 (NSO and ORC Macro, 2003). While on a downtrend, Filipino women's level of fertility still remains high relative to the average number of 2.5 children per woman in other Southeast Asian countries, such as Brunei, Indonesia, Singapore, Thailand, and Vietnam (UN-ESCAP, 2002). Filipino women are indeed more fertile. Annually, millions of pregnancy and birth occur to women aged 15-49 whose total number of 23.0 million now accounts for 25.6% of the country's 90.5 million population (Population Reference Bureau, 2008).

While millions of pregnancy and birth do occur to Filipino women, these are, by no means, considered by all women as wanted. The 2003 National Demographic and Health Survey (NDHS) reveals, for example, that although majority of women had classified their pregnancy or birth as wanted (53%), a comparable percentage did not regard it as such (47%) indicating it as either mistimed (23%) or unwanted (24%). (For the purpose of this report, these two classifications were recoded and labeled "unintended" based on an internationally accepted definition.) Other researchers (see Zablan, 2007; Singh *et al.*, 2006) have also underscored some Filipino women's unwanted or unintended pregnancy or birth. Zablan (2007), in particular, reported not only the prevalence but more importantly, the increasing trend of unwanted births among 15-49 currently married women—15.9% in 1993, 18.2% in 1998 and 20.3% in 2003.

Beyond its basic description, however, women's pregnancy or birth classification as being wanted or unintended is not well understood. Certainly, women's assessment of their pregnancy or birth as wanted or unintended does not take place in a vacuum; it is contingent upon and embedded within a host and variety of factors. For instance, one's classification of her birth as wanted may be dictated upon by her age or by the number of children she has (a woman who has yet to have a child is more likely to report her first pregnancy or birth as wanted than one with several children already). Knowledge of these contextual factors is sparse, though, but significantly important in that it would help broaden the empirical understanding of women's classification. Whether they regard

their pregnancy or birth as wanted or unintended, and in what contexts they do so, is valuable information, especially for improving government and private efforts seeking to minimize unintended pregnancies and births. Utilizing the 2003 NDHS dataset, this report discusses the association of women's classification of their pregnancy or birth with their sociodemographic and proximal characteristics.

### **METHODS**

Data were derived from a re-analysis of the 2003 NDHS whose primary objective is to provide up-to-date information on fertility levels, fertility preferences, infant and child mortality levels, and maternal and child health for policy and program development. The NDHS had a sample of 13,914 households, 12,586 of which were successfully interviewed. Among the households interviewed, 13,945 women were identified as eligible respondents; however, interviews were completed among 13,633 women only. These women were asked questions about their socio-economic and proximate backgrounds, and about their classification of pregnancy and birth, among others.

TABLE I. Dependent and independent variables

| Dependent variable     | Independent variables  |
|------------------------|--|
| Women's classification | A. Socio-demographic (n=7)   |
| (Wanted, unintended)   | Age (15-24, 25-34, 35 and older>), Marital status (married, living together, not living together), Birth interval (Iyear or less, 2-3, 3> and no previous birth), Gender composition of living children (with both son/s and daughter/s, with son/s or daughter/s only and no child yet), Level of education (no education and elementary, secondary, and college and higher), Place of residence (rural, urban), Wealth index (poor, non-poor/rich) |
|                        | B. Proximate (n=3)   |
|                        | Ever used a contraceptive (yes, no), Number of living children (no child yet, 1-2, 2-3, 4>), Fertility status—ideal versus actual (ideal=actual, ideal>greater, ideal <actual)< td=""></actual)<>  |

For this re-analysis, data from 5,087 of 13,633 women were used. These 5,087 respondents consisted of 768 who were currently pregnant at interview time and 4,319 women who had recent births. As mentioned, 53% (2,696) of the 5,087 women classified their pregnancy or birth as wanted, while 23% (1,170) classified it as mistimed and 24% (1,221) as unwanted. Also as indicated earlier, the mistimed and unwanted subcategories were recoded and labeled 'unintended' (47% or 2,391). The dependent variable and the 10 selected independent variables (Table 1) were analyzed for their bivariate associations using the Statistical Package for Social Sciences.

### **RESULTS**

About half (48.8%) of the 5,087 women were 25-34 years old, while roughly a fourth were aged 15-24 and an almost similar number were 35-49. Most were married, with some living (21.6%) or not living together (4.5%). Majority had both sons and daughters, while the rest had either son/s or daughter/s and without a child yet. As regards the birth intervals, four out of ten births (40.6%) were spaced quite closely from the previous birth (one year or less); some of the births (37.6%) were spaced between two and three years; and others (21.8%) were spaced by more than three years from the previous birth.

In terms of residence, women lived either in urban or rural areas (51.5% versus 48.5%). More than four out of 10 of them completed secondary education (42.7%), while lesser numbers had no or only had elementary education (29.1%), or had completed college or with higher education (28.2%). More than half (54%) were rich, while the rest were poor.

With reference to their proximal characteristics, data show that seven out of 10 mothers had ever used a contraceptive (Table 3). About half (47.5%) had one or two living children at the time of conception, while a fourth (27.4%) had three to four, with some (20.6%) having five and more children; a handful had no child at survey time (Table 3). About half of the women (48.5%) had already achieved their desired number of children at survey period; nearly a third (31.1%) reported their ideal number of children being greater than what they already had, and a fifth (20.4%) had an actual number of children more than they desired (Table 3).

**TABLE 2.** Women's socio-demographic characteristics of women (n=5,087)

| Characteristics                         | Number   | %            |
|---|--|--------------|
| Age                                     |  |              |
| 15 - 24                                 | 1,253  | 24.6         |
| 25 - 34                                 | 2,484  | 48.8         |
| 35 and older                            | 1,350  | 26.5         |
| Marital status                          |  |              |
| Married                                 | 4,136  | 81.3         |
| Living together                         | 720  | 14.2         |
| Not living together                     | 231  | 4.5          |
| Birth interval (years)                  |  |              |
| l or less                               | 2,067  | 40.6         |
| 2-3                                     | 1,911  | 37.6         |
| 3> and no previous birth                | 1,109  | 21.8         |
| Gender composition of living children   |  |              |
| Both sons and daughters                 | 2,716  | 53.4         |
| Only had sons or daughters/no child yet | 2,371  | 46.6         |
| Place of residence                      |  |              |
| Rural                                   | 2,469  | 48.5         |
| Urban                                   | 2,618  | 51.5         |
| Educational attainment                  | — · .l., — · · · · · · · · · · · · · · · · · · | <del>-</del> |
| Elementary and below                    | 1,480  | 29.1         |
| Secondary                               | 2,173  | 42.7         |
| College and higher                      | 1,434  | 28.2         |
| Wealth Index                            |  |              |
| Poor                                    | 2,339  | 46.0         |
| Non-Poor                                | 2,748  | 54.0         |

| Characteristics  | Number        | %        |
|--|---------------|----------|
| Ever used a contraceptive                                  | 1             |          |
| Yes  | 3,597         | 70.7     |
| No   | 1,490         | 29.3     |
| Number of living children                                  |               | <u> </u> |
| No child yet   | 228           | 4.5      |
| 1 – 2  | 2,417         | 47.5     |
| 3 – 4  | 1,392         | 27.4     |
| 5 and more   | 1,050         | 20.6     |
| Ideal versus desired numbe                                 | r of children |          |
| Ideal = actual   | 2,469         | 48.5     |
| ldeal>actual   | 1,581         | 31.1     |
| Ideal <actual< td=""><td>1,037</td><td>20.4</td></actual<> | 1,037         | 20.4     |

**TABLE 3.** Women's proximal characteristics (n=5,087)

All the 10 independent variables, both socio-demographic and proximate characteristics, were significantly associated with women's classification of their pregnancy or birth. Thus, those who classified their pregnancy or birth as wanted tended to belong to younger age groups (15-24 and 25-34), while those who classified it as unintended were of the older age group (35 and older) ( $\chi^2$ : 37.9, p<0.00). Moreover, women who were inclined to report having a wanted pregnancy or birth were those who lived together with their partners and those married; in contrast, women who had classified pregnancy or birth as unintended were those not living together with anyone else ( $\chi^2$ : 16.7, p<0.00) (Table 4).

Furthermore, classifying a pregnancy or birth as wanted or unintended was also dependent upon birth intervals. Women who categorized it as wanted were those whose interval between births was rather wide (two or more years, or without any previous birth), while those who said it was unintended had only a year or even shorter intervals between births ( $\chi^2$ : 33.0, p<0.00). In the same token, respondents who classified their pregnancy or birth as wanted involved those women

who only had sons or daughters or without a child yet; those who said it was unintended were found to be those who already had both sons and daughters ( $\chi^2$ : 240.4, p<0.0). With respect to residence, women whose pregnancy or birth classification was wanted were more likely to be living in urban centers, while those with unintended classification from rural areas ( $\chi^2$ : 5.7, p<0.05). Respondents who classified their pregnancy or birth as wanted had a higher educational attainment (secondary or higher); in contrast, those respondents who reported having an unintended one had a lower educational attainment (elementary or below) ( $\chi^2$ : 19.9, p<0.00). Women of the wanted category tended to be non-poor, while those with the opposite classification were poor ( $\chi^2$ : 24.9, p<0.00) (Table 4).

**TABLE 4.** Women's classification and their socio-demographic characteristics (%)

| <b>Variables</b>       | Classification |            | Number   |  |
|------------------------|----------------|------------|----------|--|
|                        | Wanted         | Unintended | of women |  |
| Age                    |                |            |          |  |
| 15 - 24                | 57.1           | 42.9       | 1,253    |  |
| 25 – 34                | 54.8           | 45.2       | 2,484    |  |
| 35 and older           | 46.1           | 53.9       | 1,350    |  |
| χ²: 37.9, p<0.00       |                |            |          |  |
| Current marital status |                |            | _        |  |
| Living together        | 55.1           | 44.9       | 720      |  |
| Not living together    | 40.3           | 59.7       | 231      |  |
| Married                | 53.4           | 46.6       | 4,136    |  |

| Birth | intervals | (years) |
|-------|-----------|---------|
|       |           | (,      |

 $\chi^2$ : 16.7, p<0.00

|      | 50.4 | 2,067 |
|------|------|-------|
| 52.7 | 47.3 | 1,911 |
| 60.2 | 39.8 | 1,109 |
|      | J    |       |

Table 4 (cont'd.). Women's classification and their socio-demographic characteristics (%)

| Variables                   | Classification |              | Number         |  |
|-----------------------------|----------------|--------------|----------------|--|
|                             | Wanted         | Unintended   | of womer       |  |
| Gender composition of livi  | ng children    |              |                |  |
| Both sons and daughters     | 42.9           | 57.1         | 2,716          |  |
| Only had sons or daughters/ |                |              |                |  |
| no child yet                | 64.7           | 35.3         | 2,371          |  |
| χ²: 240.4, p<0.0            |                |              |                |  |
|                             |                |              |                |  |
| Place of residence          |                |              |                |  |
| Rural                       | 51.4           | 48.6         | 2,469          |  |
| Urban                       | 54.7           | 45.3         | 2,618_         |  |
| χ²: 5.7, p<0.05             |                |              |                |  |
|                             |                |              |                |  |
| Educational attainment      |                |              |                |  |
| Elementary and below        | 49.0           | 51.0         | 1,480          |  |
| Secondary                   | 53.I           | 46.9         | 2,173          |  |
| College and higher          | 57.3           | 42.7         | 1,434          |  |
| $\chi^2$ : 19.9, p<0.00     |                |              |                |  |
| 70. 17.7, p 10.00           |                | <del></del>  |                |  |
| <u> </u>                    |                |              |                |  |
| Wealth index Poor           | 49.3           | 50.7         | 2,339          |  |
| Wealth index                | 49.3<br>56.3   | 50.7<br>43.9 | 2,339<br>2,748 |  |

The bivariate analyses likewise revealed that one's classification of pregnancy as either wanted or unintended was associated with the three proximate characteristics examined. Thus, respondents who classified having a wanted pregnancy or birth involved women who were non-ever method users; in comparison, women with an unintended classification were ever-contraceptive users ( $\chi^2$ : 56.1, p<0.00). In addition, women's classification varies according to how many living children they have had. Women who classified having a wanted pregnancy or birth were those whose number of children was two or less or zero, while the ones with an unintended classification tended to be those with three or more living children ( $\chi^2$ : 319.5, p<0.00). Finally, women who had a wanted classification

were those whose ideal number of children was greater than or equal to as their actual; those with unintended classification were those whose ideal number was lesser than what they actually had ( $\chi^2$ : 357.4, p<0.00).

**TABLE 5.** Women's classification and their proximate characteristics (%)

| Variables                | Clas   | Classification |             |
|--------------------------|--------|----------------|-------------|
|                          | Wanted | Unintended     | of women    |
| Ever contraceptive use   |        |                |             |
| Yes                      | 49.7   | 50.3           | 1,490       |
| No                       | 61.2   | 38.8           | 3,597       |
| χ²: 56.1, p<0.00         |        |                | <del></del> |
| Number of living childre | en     |                |             |
| No child yet             | 79.9   | 20.1           | 228         |
| I- 2                     | 62.5   | 37.5           | 2,417       |
| 3– 4                     | 46.0   | 54.0           | 1,392       |
| 5 and more               | 34.9   | 65.1           | 1,050       |

Fertility status: ideal versus actual

 $\chi^2$ : 319.5, p<0.00

| deal=actual   | 53.4 | 46.6 | 2,469 |
|---|------|------|-------|
| Ideal>actual  | 67.7 | 32.3 | 1,581 |
| ldeal <actual< td=""><td>30.0</td><td>70.0</td><td>1,037</td></actual<> | 30.0 | 70.0 | 1,037 |

## **DISCUSSION**

Although pregnancies and births are generally regarded as significant personal and social events in the Philippines (Medina, 1991), which can thus be construed that these are 'wanted', there are instances and circumstances in which some of these are considered unwanted and mistimed, or as pursued in this report, unintended. This report presented large scale survey-based evidence revealing the classifications of pregnancy or birth as wanted and unintended. Drawn from the responses of Filipino women of reproductive age themselves, the data highlight that there were as many women classifying their pregnancy or birth as wanted as there were those saying it was unintended

(53% versus 47%). Certainly, there is no question about a pregnancy or birth being reported as wanted: this indicates that it is desired and therefore a 'welcome' event to women (and very likely, to their families). The concern lies with a pregnancy or birth being indicated as unintended—by classifying it as such, women, a sizeable number of them, have expressed bearing no intention of becoming pregnant or giving birth (elsewhere, millions of women have been reported to have also voiced out the same, such as those in the US (Henshaw, 1998), Vietnam (Le *et al.*, 2004) and Ecuador (Eggleston, 1999)). This means that there exists a need indeed among many Filipino women for ways to control their pregnancies. The one-birth difference between the desired and the actual number of children and the 17% unmet family planning need (8% for limiting and 9% for spacing) among these women (NDHS & ORC Macro, 2004) further reinforce how critical their need is for pregnancy control.

Women with unintended pregnancies (or those with unmet family planning needs) are at the core of the government's and private sector's family planning service delivery clientele. Additional evidence from the 2003 NDHS dataset reveals that many Filipino women have indeed accepted family planning and are currently using a method. For instance, 49% of the currently married women were reported to have used a contraceptive, 33% using modern methods and 16% traditional. Among all women—married and unmarried—the overall prevalence was 32% (22% modern and 10% traditional). However, the 49% contraceptive prevalence rate pales in comparison against those reported in Vietnam (75.7%), Indonesia (60.3%) and Thailand (71.5%) (Population Reference Bureau, 2008), pointing to a crucial need to broaden the base of family planning method users among Filipino women, which in the midst of worsening economic climate, constitutes a serious agenda for action (Clark *et al.*, 2007).

One strategic action for expanding the user base would be to reach out to women with either an expressed or implicit need for family planning. This requires, first and foremost, knowledge of the characteristics of these women. Insofar as the socio-demographic profile of Filipino women with unintended pregnancies or births is concerned, this report has shown that they: a) were older (35 and above), b) were not living together with a partner, c) had no previous birth or had a closely-spaced birth interval, d) had both sons and daughters, e) were rural residents, f) had a lower educational attainment, and g) were poor. In proximate terms, these women with unintended pregnancies or births were evercontraceptive users, with three or more living children, and whose ideal number

was lesser than what they actually had. Family planning services should be able to focus therefore on women bearing these characteristics.

Among the currently married women who are currently using a method, there is evidence to suggest that family planning services have failed to reach and serve some of these women. Based on the 2003 NDHS own crosstabulation results between the current contraceptive use and background characteristics of currently married women (no analyses were reported on non-married women based on the published report; see NSO & ORC Macro, 2004), fewer rural women (versus urban); fewer women with five or more children (versus those with less); fewer women having elementary or less education (versus those with higher); fewer women in the lower wealth index quintile (versus those in higher); and fewer women aged 40-49 (versus younger) were found using any contraceptive. The lack of appropriate pregnancy prevention practices among these women is well mirrored in their fertility performance in which the total fertility rate was found to be higher among poor, rural and less educated individuals. For instance, in terms of wealth, women in the highest quintile only had two children while those in the lowest rank had 5.9 (NSO & ORC Macro, 2004).

The use of knowledge about the characteristics of women with unintended pregnancies or births to expand the base of family planning method users would be made effective if the service delivery is likewise strengthened. The government's support for family planning services has been inadequate, and with the gradual phase-out of foreign governments' donated contraceptive supplies nearing its final stage, it would be further eroded. The imminent passage of the country's Reproductive Health and Population Development Act of 2008 may help strengthen government support for family planning. One area that requires upgrading is the quality of family planning services, especially concerning providers' assessment of the family planning method needs of women. The issue regarding quality of service is important here: as this report has revealed, women with unintended pregnancies involved those who ever used a contraceptive and with a closelyspaced birth interval (one year or less). The association of unintended pregnancy or birth with contraceptive use and birth interval implies the need for providers to conduct an accurate assessment and follow up of women's fertility goals and their use of the most appropriate family planning method. In addition to the issue regarding quality of care, family planning services may have to be intensified not only among married women or those living together, but also among those who do not live with their partner. This report has discussed that the percentage of those who classified their pregnancies or births as unintended was highest among individuals falling under the latter category. Throughout the world, pregnancies or births in non-marital and non-cohabiting contexts have been underscored as relatively common occurrences at present; this must be well recognized and appropriately considered in the delivery of family planning services.

### REFERENCES

- Clark, S., Flavier, J., Jimenez, P., Lee, R. & Solomon, H. (2007). The role of men in family planning in the Philippines: An assessment. *Asia-Pacific Social Science Review*, 7(1), 75-95.
- Eggleston, E. (1999). Determinants of unintended pregnancy among women in Ecuador. *International Family Planning Perspectives*, 25(1), 27-33.
- Henshaw, S. (1998). Unintended pregnancy in the United States. *Family Planning Perspectives*, 30(1), 24-46.
- Le, L., Magnani, R., Rice, J., Speizer, I. & Bertrand, W. (2004). Reassessing the level of unintended pregnancy and its correlates in Vietnam. *Studies in Family Planning*, 35(1), 15-26.
- Medina, B. (1991). *The Filipino family: A text with selected readings.* Quezon City: University of the Philippines.
- NSO & ORC Macro. (2004). *National demographic and health survey 2003*. Calverton, Maryland: NSO and ORC Macro.
- Population Reference Bureau. (2008). Family planning worldwide 2008 data sheet. Washington, D.C.: PRB.
- Population Reference Bureau. (2008). World population data sheet. Washington, D.C.: PRB Singh, S., Juarez, F., Cabigon, J., Ball, H., Hussain, R. & Nadeau, J. (2006). Unintended pregnancy and induced abortion in the Philippines: Causes and consequences. New York: Alan Guttmacher Institute.
- UN-ESCAP. (2002). Fertility levels and trends in the Asia and Pacific Region. Paper presented at the Fifth Asian and Pacific Population Conference (5 HPPC): Senior Officials Segment in Bangkok, Thailand.
- Zablan, Z. (2005). *Unmet need for family planning in the Philippines*. Unpublished manuscript, Demographic Research and Development Foundation, University of the Philippines.

### ABOUT THE AUTHOR

LOURDES PALOMO-NACIONALES is a graduate of De La Salle University with the degree, Master of Health in Social Science (MAHESOS). She is a Planning Officer of the Commission on Population, Manila. Email: odettepnacionales@yahoo.com.ph