

## SURVEY FINDINGS ON FAMILY PLANNING PROGRAM EFFECTS IN THE PHILIPPINES, 1968-73

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KAP (knowledge, attitude, practice) findings from the 1968 and 1973 rounds of the National Demographic Survey reveal substantial reductions in the desired and preferred numbers of children among married women of reproductive age (MWRA) and in proportions who said that they disapproved of family planning; substantial increases in knowledge about methods introduced principally through the family planning program (pills, IUDs, and condoms); and substantial increases in the proportions using effective methods of contraception, especially pills. These improvements were offset by the findings that the proportion of MWRA using contraception rose only slightly between the two dates, that only 58 percent knew of clinics where they could get family planning assistance, and that only 42 percent of these had been visited by field workers from the clinic. On the basis of contraceptive prevalence and estimated effectiveness of the methods used, it is estimated that changes in contraceptive practice resulted in five percent reduction in fertility during the five-year period.

Using data from 1968 and 1973 National Demographic Surveys, this paper analyzes trends in indicators of family size attitudes, attitudes about contraception, knowledge about contraceptive methods and related matters, and past and present practice of contraception. The findings indicate modest changes in the expected direction: more awareness, approval, and practice of contraception, especially better methods. Most of the change is attributed to the family planning program, which developed from infancy to maturity during the intervening period.

In the final section, preliminary findings from the 1974 National Acceptors Survey of the fertility of contraceptive users are incorporated in the analysis in an effort to estimate fertility change resulting from changes in contraceptive practice between 1968 and 1973. The analysis indicates a five percent decline in fertility attributable to contraception.

This paper presents some initial findings on family planning knowledge, attitudes, and practice (KAP) from the 1973 National Demographic Survey (NDS). Where applicable, data

from the 1968 NDS are presented for comparison. The earlier survey provides a picture of KAP at the time when the family planning program was getting underway; the later survey indicates the situation about the end of the first, rapid-growth phase of the program.

The family planning program in the Philippines began in the early 1960s with the establishment of a handful of clinics under private auspices. Following the establishment of several local and private programs in the second half of the decade, the number and distribution of clinics increased rapidly. By the end of 1969, 240 clinics were providing contraceptive services in every region of the country, mostly in urban areas. In 1970, the Government assumed direction of all family planning efforts, both public and private, through the Commission on Population. During the same year, the Department of Health began to provide family planning services through its rural health units. By 1973, over 2000 family planning clinics were functioning, and nearly every town had at least one clinic.

The growth of the number of clinics was

matched by the trend in new acceptances reported by these clinics. Prior to 1968 only 34,000 new acceptors had been recorded. In 1968 alone, 42,800 new acceptors were added. During the next five years the number of reported new acceptors continued to grow rapidly.

Year	Acceptors (in thousands)
1969	85.2
1970	185.0
1971	399.4
1972	594.3
1973	721.4

By the middle of 1973, when the second NDS was conducted, the reported number of new acceptors had plateaued at about 60,000 per month.<sup>1</sup>

During the five years separating the two surveys, the total number of reported new acceptors was about 1,589,000. However, it has been estimated that about 30 percent of these cases should be discounted (Popcom 1973); about 8 to 10 percent were women who simply transferred from one clinic to another, and the remainder, though listed as acceptors, did not in fact use any method. Hence it may be inferred that about 1,113,000 new acceptors were recruited during the interval.

In addition to providing services, the program mounted a campaign to educate prospective clients about contraception and to motivate them to adopt family planning for themselves. In all, from Fiscal Year 1968-69 through Fiscal Year 1972-73 program expenditures amounted to US\$29 million. It is reasonable to expect that inputs of this magnitude should have produced major changes in family planning KAP.

#### *Changes in Attitudes*

*Attitude toward family size.* Two aspects of attitude will be discussed in this paper. The first is attitude toward family size. In both surveys, married women of reproductive age (MWRA) were asked how many children they would like to have by the age of 45 if they could start their married life over again ("desired" family size). They were also asked whether they were satisfied with their present family size, preferred more children, or preferred fewer; those who preferred more or fewer were asked how many they would prefer ("preferred" family size). The results for both questions (Table 1) reveal a decline in the median number of children desired or preferred, from five to four. Clearly an important shift in family size attitudes occurred during the interval between the

*Table 1*  
*Desired and preferred number of children among MWRA, 1968-73*

Number of children	Desired		Preferred	
	1968	1973	1968	1973
0	0.5%	0.3%	0.1%	0.6%
1-2	5.1	14.4	6.3	15.9
3-4	33.5	49.3	32.4	41.7
5-6	38.9	23.9	33.0	25.2
7	22.0	12.1	28.2	16.7
Total	100.0	100.0	100.0	100.0
Median	5.06	3.93	5.18	4.11
Difference		1.13		1.07

*Table 2*  
*Knowledge about selected contraceptive methods, 1968 and 1973*

Indicator of Knowledge	Method				Any Method
	Pill	IUD	Rhythm	Condom	
<b>Percent who at least heard of the method</b>					
1968	43.5	15.5	38.6	23.3	63.1
1973	82.9	67.8	51.8	43.5	87.3
<b>Percent who at least knew how to use</b>					
1968	16.7	4.7	19.1	8.1	36.4
1973	38.7	24.7	22.3	17.8	50.7

two surveys. Although we cannot be sure that the change was induced entirely by program efforts, it seems likely that the program at least played an important part.

*Attitude toward contraception.* The second aspect of attitudes is the question of approval or disapproval of the use of contraceptive methods. In 1968, 59 percent of MWRA said that they approved, 4 percent gave conditional approval (saying it depended on circumstances), and 37 percent said that they disapproved. In 1973, the corresponding percentages were 63, 10, and 14, with 13 percent saying that they had no opinion. The percentage approving unconditionally thus rose by four points and the percentage approving conditionally rose by six points. The proportion expressing overt disapproval declined by 23 points. The shift was thus more one of reduced opposition than increased support. Nevertheless, there was a pronounced shift, and the program was probably instrumental in bringing it about.

#### *Knowledge About Family Planning*

*Knowledge about methods.* During both surveys a list of methods was read to MWRA and they were asked if they had heard of each method and if they knew how the methods

they had heard of were used. Table 2 shows the responses with regard to the four main program methods, namely, pills, intrauterine device (IUD), rhythm, and condoms. The proportion who had heard of the IUD increased more than fourfold. Awareness of oral contraceptives and condoms nearly doubled. Awareness of rhythm increased by only about one-third. In 1968 the least-known method was the IUD; in 1973 it was second only to the pills. By 1973 more than four-fifths of the MWRA had heard about pills and two-thirds had heard of the IUD. Since these two methods are the most effective and, as such, were most heavily promoted by the program, and since most pills and virtually all IUDs were provided through the program, there is little doubt that the program played the key role in the dramatic increase in awareness of these methods.

The pattern was similar, but somewhat more pronounced, with regard to knowledge about how methods are used (as judged and reported by the respondent herself). Knowledge of how to use the IUD increased fivefold; knowledge about how to use pills and condoms more than doubled; knowledge about how to practice rhythm increased only slightly. By 1973, nearly two respondents in five believed that they knew

Table 3

*Ever use of contraception by method, 1968 and 1973*

Method	Ever Use	
	1968	1973
Pill	3.5	14.2
IUD	1.2	4.3
Rhythm	8.9	7.5
Withdrawal	9.6	7.0
Condom	1.2	2.4
Any Method	18.7	28.0

how to use pills, and one-fourth believed they know how to use the IUD. The low degree of knowledge about rhythm – and especially the relatively small increase in such knowledge – probably reflects the low esteem in which this method is held by many medical and para-medical personnel in the clinics.

When the responses about all methods (including such others as withdrawal, male and female sterilization, diaphragm, and foam tablets) are taken into account jointly, it is seen (last column of Table 2) that awareness of at least one method increased from less than two-thirds (63 percent) to seven-eighths (87 percent). The proportion who knew how to use at least one method increased from 36 percent to 51 percent. The magnitude of change was actually greater than these figures may seem to indicate, since the improvement of knowledge lay not only in increased numbers of knowledgeable MWRA but in the amount of knowledge and the quality of methods know as well.

*Knowledge about program clinics.* Although 87 percent of the MWRA knew of at least one method, 83 percent knew of the pill, and 68 percent knew of the IUD, only 58 percent said they knew of a clinic where they could receive such supplies; this, in spite of the fact that 93 percent lived in towns with family planning clinics. While the program may be successful in conveying relatively abstract information about methods to a large proportion of its target audience, it does not appear to be providing

them to a corresponding extent with practical information about how to obtain supplies and further information about these methods.

Presumably information about clinics and their services is supposed to be provided by fieldworkers who make educational and motivational home visits. However, even among those who knew about a clinic, only 42 percent said that they were aware of having been visited by a fieldworker (“who encouraged you to attend a family planning clinic”). Unfortunately, those who said they did not know of a clinic were not asked about being visited by a fieldworker, but the proportion of this group answering positively would probably have been much smaller.

*Knowledge about the government's stand on family planning.* It is often felt that government endorsement of family planning can have an important influence on attitudes and motivation in the target population. The influence of this factor might be even greater if it were known that the program is actually directed by the government. In order to determine the extent to which MWRA were aware of the government's position on family planning, the following question was asked:

Do you know how the Philippine government views family planning? (IF YES) Which of the following do you think best describes the government's stand: it has an official program to promote family planning; it favors family planning; it is neutral; it opposes family planning; it has declared family planning illegal.

Only 18 percent answered correctly that the government has a program, even though it was the first alternative listed. However, 61 percent were aware that the government favored family planning (including those who knew it had a program). Only 2 percent thought that the government opposed family planning or had outlawed it, and only 4 percent thought the government was neutral. The remainder (33%) said they did not know the government's stand. Apparently there was considerable room for clarification of the government's position regarding family planning.

#### *Practice of Family Planning*

*Previous use of contraceptive methods.* In 1973, 28 percent of the MWRA said that they had tried at least one method of contraception, although not all were still using a method. This percentage must be assessed in comparison with the corresponding percentage five years earlier. According to the 1968 survey 18.7 percent of the MWRA said that they had tried at least one family planning method. Thus the intervening period of program development had resulted in about a nine-point increase in the ever-use rate — a proportional increase of 50 percent over the previous level of use.

In actuality, the program effect was more pronounced than this comparison might seem to indicate, since the increase in proportions who tried highly effective methods was proportionally more pronounced (Table 3). The proportion who had used pills rose fourfold, the proportion of IUD almost as much, and the proportion for condoms twofold. Experience with rhythm and withdrawal appears not to have increased.<sup>2</sup>

If the NDS sample is complete and accurate, and if the data from the contraceptive histories are correct, it may be inferred that about 1,289,000 MWRA had tried family planning by mid-1973. This is fully consistent with the program statistics, adjusted for over-reporting, which indicate that about 86 percent of this number accepted family planning methods at program clinics during the period. However, only 17.1 percent of the MWRA interviewed in

1973 said that they had accepted family planning at a clinic. This finding indicates a total of only 794,571 clinic acceptors — only 71 percent of the adjusted estimate from service statistics and 50 percent of the unadjusted number. This discrepancy is probably caused in part by the fact that some clients received supplies without ever going to a clinic, in part by under-reporting on the survey, and in part by an even higher rate of over-reporting by clinics than has been detected in the past. Past estimates of over-reporting have been obtained by sampling women registered as acceptors and calculating the proportion of those interviewed who said that they really did not accept. This method misses at least two kinds of over-reporting: (1) the listing of non-existent clients who cannot be classified as non-acceptors since they cannot be asked whether they accepted (the loss to follow-up in such surveys ranges from 25 to 50 percent); and (2) duplication of records (recording the same client as a new acceptor more than once). At present it is not possible to determine to what extent the discrepancy between survey data and service statistics is due to under-reporting on the survey and to what extent to previously undetected over-reporting by clinics.

*Current use.* In 1973, 17.8 percent of the interviewed MWRA said that they were currently using a method of contraception. In 1968 the corresponding proportion had been 15.5 percent. Thus the increase in use was only 2.3 percentage points. If the percentages obtained from the two surveys were accurate, the number of current users increased from about 620,000 in 1968 to about 828,000 in 1973, a net increase of 208,000 or 34 percent. Of the ever-users in 1968, fully 83 percent were still using a method; of the 1973 ever-users, only 62 percent were still using a method. Apparently the acceptors recruited during the interval were less highly motivated than those who had tried family planning on their own volition during the 1960s.

However, the 1973 users had an important advantage over the 1968 users; they were using more effective methods on the average (Table

Table 4

*Distribution of MWRA by method currently used, 1968 and 1973*

Method	Percentage of MWRA		Percentage of users	
	1968	1973	1968	1973
Pill	1.3%	7.1%	8.4%	39.8%
IUD	0.9	2.7	5.8	14.9
Rhythm	5.5	3.9	35.7	22.1
Withdrawal	6.2	2.7	39.7	15.0
Condom		0.8		4.5
	1.6		10.4	
Other		0.6		3.6
Total	15.5%	17.8%	100.0%	99.9%

4). Forty percent were using oral contraceptives in 1973 whereas only 8 percent had used them in 1968. Similarly, use of the IUD had risen, though not as much as use of pills. In contrast, use of other methods declined.

#### *Fertility Effects*

Table 5 shows the result of an effort to estimate the fertility effects of the change of method mix. Rough estimates of monthly fertility rates while using particular types of method are multiplied by the proportions (of all users) using those methods each year to produce a method-weighted fertility rate for users. The method-specific fertility rates, which refer to fertility nine months following the surveys (i.e., about March of 1969 and 1974), are based on preliminary calculations from the 1974 National Acceptor Survey. It is assumed that pregnancy rates and pregnancy termination probabilities found for program acceptors apply equally to couples practicing contraception on their own. Since it was found that the figures for condom users were almost the same as for rhythm users, it is assumed that the rhythm rates apply to users of all methods other than pills and IUDs. Even if the rates are not highly accurate, the calculations give a useful indica-

tion of the gains made as a result of changes in method mix. It can be seen in the last two columns of Table 5 that the estimated fertility among users declined by about 38 percent between 1968 and 1973, the annual rates declining from about 214 to about 131 per thousand users.

Table 6 carries the analysis one step further to indicate the joint effect of prevalence of use and method mix by including non-users in the calculation, thereby producing rates for MWRA taken as a whole. Since the fertility rate of non-users is not known *a priori*, it is estimated as the figure needed to produce a weighted 1968 monthly fertility rate for all MWRA of 28.8 per thousand (equivalent to the crude birth rate of 43.2 per thousand assumed by Popcom to prevail at that time). The monthly non-user rate thus obtained was 30.8 per thousand. Using this value as the fertility rate for non-users in both 1968 and 1973, together with the other method-specific fertility rates, produces weighted averages of 28.8 (tautologically) for 1968 and 27.3 for 1973 (implying annual rates of 346 and 327, respectively). In other words, if the assumed fertility rates for users and non-users are correct, the change of method mix, combined with the increase in

*Table 5*  
*Estimated fertility<sup>a</sup> among contraceptive users,*  
*1968 and 1973*

Method	Estimated monthly fertility rate per thousand	Proportion using of all users		Weighted average fertility rates <sup>b</sup>	
		1968	1973	1968	1973
Pills	3.6	.084	.398	—	—
IUD	2.5	.058	.149	—	—
Others	20.5	.858	.453	—	—
Weighted monthly fertility rate				18.0	11.1
Implied annual fertility rate				216	133
1973 user fertility as percentage of 1968 user fertility					61.6%
Percentage reduction in fertility among users					38.4%

<sup>a</sup>Nine months after the survey date.

<sup>b</sup>Obtained by multiplying the method-specific fertility rates by the proportions using the methods and summing.

*Table 6*  
*Estimated effect of change of contraception usage*  
*on fertility rate*

Method	Estimated monthly fertility rate per thousand	Proportion Using of all MWRA		Expected FR <sup>b</sup>	
		1968	1973	1968	1973
Pills	3.6	.013	.071	—	—
IUD	2.5	.009	.027	—	—
Others	20.5	.133	.080	—	—
None	30.8 <sup>a</sup>	.845	.822	—	—
Monthly fertility rate among MWRA				28.8	27.3
Implied annual fertility rate				346	327
Percentage difference					5.4%

<sup>a</sup>Obtained by calculating the fertility rate necessary to achieve a monthly fertility rate of 28.8 (a CBR of 43.2) in 1968, given the proportion using contraception and their estimated fertility.

<sup>b</sup>Obtained by multiplying the method specific fertility rates by the proportion using the methods and summing.

number of users, should have had the effect of reducing marital fertility by about 5 percent.

Overall fertility, as measured by the crude birth rate (CBR) or the total fertility rate should have decreased by somewhat more than the 5 percent estimated above, since the latter refers only to the effects of contraceptive practice and does not take changing marriage patterns into account. Since it has been documented that the age at marriage has been rising and therefore that proportions married are decreasing, especially at younger ages (Smith 1974), it can be inferred that the CBR declined by somewhat more than 5 percent between 1968 and 1973. However, only the 5 percent due to contraceptive practice can be attributed to the program.

The official demographic target of the Commission on Population is to reduce the CBR by 17 percent, from an assumed pre-program level of 43.2 to 35.9, by 1977 (Popcom 1973). The survey data indicate that the program had accomplished less than one-third of this target by early 1974 (allowing for the nine month gestation period), approximately midway between the data on which the Commission was established and the target date. It thus appears unlikely that the program alone can produce the targeted effect unless performance between 1973 and 1976 improves dramatically over performance during the earlier years. Program statistics indicate not only that performance, as measured by a number of new acceptors and method mix, has not only failed to improve but has declined. By mid-1974 the monthly number of reported new acceptors had declined to 87 percent of the 1973 level, and the proportion accepting the IUD had declined while the proportion accepting condoms had increased. Reductions in the proportion of women married may partially offset the deficiencies of the program, but probably not sufficiently to allow achievement of the target.

#### *Conclusion*

The findings from the 1973 NDS, taken in conjunction with 1968 NDS data and program statistics, indicate that the early years of the

program affected family size attitudes, attitudes toward contraception, knowledge about high-quality methods, and practice of contraception, especially pills. However, none of the effects was great. The median desired number of children in 1973 was still about four, nearly twice what it should be to reduce population growth to the replacement level through purely voluntary means. Unconditional approval for contraception was expressed by only 60 percent of the MWRA, although unconditional disapproval had declined markedly. Nearly three-fourths (72 percent) of the MWRA said that they had not yet tried any method of contraception, and less than one-fifth (17.8 percent) said they were using a method at the time of the survey. Only 10 percent were using the most highly effective program methods (pills and IUD). The changes in prevalence and method mix are estimated to have reduced marital fertility by about 5 percent, although the decline in overall fertility was probably somewhat greater.

The Popcom target of 17 percent reduction in CBR by 1977 might be reached if performance is markedly improved, or if the effects of the program on marital fertility are augmented by a sufficient decline in the proportion married. The long-range prospects appear to be less favorable, since the proportion married is not likely to decline at recent rates for many more years to come. Unless ways can be found to greatly expand existing operations, the only way for the program to achieve a pronounced and sustained reduction in fertility appears to be through restructuring it to perform more effectively. The program as it is presently conducted appears to be encountering increasing resistance to the recruitment of new acceptors. New approaches are needed to reach the majority of couples who have not yet been motivated enough to accept. Moreover, continuation rates are probably declining owing to the trends in method mix. Steps should be taken to reverse these trends.

#### *Notes*

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1. Data on acceptors in 1974 reveal a decline from this figure, indicating that 1973 marked the end of the phase of early program development. If so, 1974 marks the first year of a phase in which program success will depend more on intensification and improvement of the use of existing facilities than on rapid expansion of facilities.

2. According to the figures the proportion of rhythm ever-users became smaller. This is not impossible (since the composition of MWRA changed during the interval) but seems unlikely, unless the program failed to recruit significant numbers of new rhythm users. It seems more likely that rhythm and

withdrawal tended not to be mentioned by those who had shifted to better methods.

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