

Unintended Pregnancy and Unsafe Abortion In the Philippines

CONTRACEPTIVE USE IS LOW

- In 2011, 49% of married Filipino women were using any method of contraception, slightly higher than the proportion in 1998 (47%), but lower than the proportion in 2008 (51%).
- Many women are unable to achieve their desired family size, in part because modern method use is low. On average, Filipino women give birth to more children than they want (3.3 vs. 2.4 children), highlighting how difficult it is for a woman to meet her fertility desires.
- The gap between achieved fertility and desired fertility is particularly striking among the poorest Filipino women who have nearly two more children than they want (5.2 vs. 3.3).
- Though married Filipino women showed a modest increase in modern method use between 1998 and 2011 (28% vs. 37%), the latter rate was substantially lower than the average for Southeastern Asia (55%) and the rates in other populous countries such as Indonesia (57%), Vietnam (68%) and Thailand (79%).
- Among married women using any form of contraception, one in four use a traditional, less-effective method, such as periodic abstinence.

UNMET NEED FOR CONTRACEPTION IS HIGH AND UNINTENDED PREGNANCY IS COMMON

- In 2011, nearly 20% of married Filipino women had an unmet need for contraception; these women did not want a child soon or wanted to stop having children all together, but were not using any contraceptive method.

- Little progress has been made toward reducing the proportion of married women who want to avoid pregnancy but are not using a method of contraception. The proportion of married women with an unmet need for contraception was the same in 2011 as it was in 1998.
- Unmarried women who are sexually active have a significantly higher level of unmet need than married women. Nearly half of unmarried sexually active women at risk of an unintended pregnancy were not using contraception.
- In 2008, 54% of all pregnancies in the Philippines—nearly 2 million—were unintended and 90% of those unintended pregnancies occurred among women who were using traditional, ineffective methods or no method at all.
- A 2009 study of the benefits of meeting contraceptive needs concluded that if all Filipino women at risk for unintended pregnancy used a modern method, unplanned births would decline by 800,000 per year and there would be 500,000 fewer abortions per year.

CLANDESTINE ABORTION IS WIDESPREAD IN THE PHILIPPINES

- The Philippines abortion law is among the strictest in the world. Abortion is illegal under all circumstances and there are no explicit exceptions. Nonetheless, because of high levels of unintended pregnancy, abortion is common in the country. Projections that were based on the national abortion rate in 2000 (the most recent available) and that took into account population increase estimated

that 560,000 abortions occurred in 2008 and 610,000 abortions took place in 2012.

- Women who have abortions are similar to Filipino women overall: They are typically Catholic, married, are mothers and have at least a high school education. The most common reason women give for having an abortion is their inability to afford raising a child. Other commonly cited reasons are that they felt they already had enough children or that their pregnancy came too soon after their last birth.
- Nearly all abortions are clandestine and carry associated risks, though the skill and training of providers vary. Although some women are able to obtain medically recommended procedures, many resort to untrained providers who use dangerous methods, putting the health of the woman at serious risk.
- Poor Filipino women are significantly more likely than nonpoor women to use riskier methods of abortion and they therefore disproportionately experience severe complications.
- According to the 2004 national abortion study, an estimated 22% of poor Filipino women used a catheter or heavy abdominal pressure in an abortion attempt, while no nonpoor women resorted to such methods. Moreover, poor women were far less likely to use safer methods, such as dilation and curettage (D&C) or manual vacuum aspiration (MVA), than the nonpoor (13% vs. 55%).
- About 1,000 Filipino women die each year from abortion complications, which contributes to the nation's high maternal

mortality rate. Projections that were based on data from 2000 indicate that over 100,000 women were hospitalized for abortion complications in 2012; countless others suffered complications that went untreated.

- The stigma surrounding abortion makes it difficult for women to seek postabortion care. Some women report feeling shamed and intimidated by health care workers and in some cases, women are not given pain relievers or anesthetics or are denied treatment all together. Others report being threatened that they would be turned over to the police.

- Doctors themselves report having a bias against postabortion care patients; some believe that these women have committed punishable crimes.

REPRODUCTIVE HEALTH LAW AND POLICY

- The Reproductive Health Law (RH Law), passed in 2012, has several provisions that have the potential to dramatically improve women's health and reduce maternal mortality, and to confer social and economic benefits that would help families, communities and the nation.

- The RH Law mandates the supply of full range of contraceptive methods, particularly to marginalized populations and the poor.

- The law requires the provision of "humane and nonjudgmental postabortion care." The law also prohibits private providers, local government officials and employers from banning, restricting or coercing the use of reproductive health services.

- As of early 2013, implementation of the RH Law was delayed by the Philippines Supreme Court. Still, the passage of the bill represents a historic milestone.

- In contrast to the liberalizing trend in contraceptive policy, abortion in the Philippines remains illegal under all circumstances and is highly stigmatized. Although a liberal interpretation of the law could exempt abortion provision from criminal liability when done to save the woman's life, there is no such explicit provision. There are also no explicit exceptions to allow abortion in cases of rape, incest or fetal impairment.

- The Penal Code renders abortion a criminal offense, punishable by up to six years in prison for doctors and midwives who perform the procedure and by 2–6 years in prison for women who undergo the procedure. A separate set of laws under the Midwifery Act, Medical Act and Pharmaceutical Act permit the revocation or suspension of the licenses of any practitioner who performs abortions or provides abortifacients.

RECOMMENDATIONS

- Educate the public about modern contraceptives and the risks of unintended pregnancy and unsafe abortion.

- Ensure adequate funding for the full range of contraceptive methods, as well as counseling, so that women can find and use the methods that are most suitable to their needs.

- Eliminate barriers to contraception among vulnerable populations—such as poor women, rural women and adolescents—by making clinics more accessible and youth-friendly and by providing free or low-cost family planning.

- Integrate contraceptive services with other reproductive health services, and provide contraceptive counseling and services for women in postpartum and postabortion care settings.

- Destigmatize postabortion care among providers, to ensure fair and humane treatment and among the population as a whole, to encourage women to seek timely postabortion care.

- Train more medical providers, including midlevel personnel, in the use of safer and less invasive methods of postabortion care (such as MVA), and ensure availability of these methods in relevant health facilities.

- Ensure that all women have access to emergency obstetric and neonatal care.

- Study the impact of the current abortion ban, and explore allowing abortion at least in exceptional cases, such as to save a woman's life or preserve her health, in cases of rape or incest, and when there is gross fetal deformity incompatible with life.

For more information on unintended pregnancy and abortion in the Philippines see Unintended pregnancy and unsafe abortion in the Philippines: context and consequences, In Brief, New York: Guttmacher Institute, 2013, No. 3. <<http://www.guttmacher.org/pubs/IB-unintendedpregnancy-philippines.pdf>>



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