

Original Article

Challenges and Issues on Reproductive Health and Family Planning Products and Services: Evidences in the Philippines

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Abstract

For decades, the Catholic Church in the Philippines has used every legal remedy to prevent reproductive health legislation in the fiercely religious country. This ended in 2012 when Republic Act No. 10354 or The Responsible Parenthood and Reproductive Health (RPRH) Law of 2012 was created. More than half a decade after the creation of such legislation, this qualitative study examined the implementation of the RPRH Law in a rural-poor province in the Philippines. This paper specifically documented individual and/or systemic accounts of acts or omissions, structures, policies or practices which result to denial of, and serve as barriers in accessing reproductive health services. Budgetary constraints, limited personnel, political will, local politicking, culture and traditional gender roles and perceptions, among others, affect the effective and efficient implementation of the RH law. There is an urgent need for RH and FP policy and program implementers to look into these issues in order to consider recalibrating their strategies in implementing the RH law.

Keywords: assessment study, reproductive health, RH Law, Philippines, health, family planning

Introduction

For decades, the Catholic Church in the Philippines has used every legal remedy to prevent reproductive health legislations in the fiercely religious country (Lasco, 2017). Despite President Rodrigo Duterte's support, a new web of challenges has presented itself to government officials and millions of Filipina men and women whose reproductive needs are still unmet (Tomicruz, 2018).

Studies on reproductive health rights reveal a wide range of socio-economic and demographic factors which affect women's empowerment, education, and reproductive health rights (Hossain et al. 2010). Many other social, racial, political, and institutional dimensions feed on each other, and together block hope for progress among people on the margins. Two critical dimensions are gender inequality, and inequalities in realizing sexual and reproductive health and rights; the latter, in particular, still receives inadequate attention. Neither explains the totality of inequality in the world today, but

both are essential pieces that demand much more action. Without such action, many men, women, boys and girls will remain caught in a vicious cycle of poverty, diminished capabilities, unfulfilled human rights and unrealized potential (UNFPA, 2017).

The country's decentralized form of government also means that the responsibility of imposing any legislation put in place by Duterte's administration lies with local government actors (Lasco, 2017). The most vulnerable members of society who are most in need of access to services, a goal which would require \$10 per women per year to reach the poorest 60% of women in the country, is not achievable with the current budget despite increases in funds since Duterte's assumption in office (Cabral, 2018). This qualitative study examined the implementation of the Responsible Parenthood and Reproductive Health Act of 2012 (Republic Act No. 10354), informally known as Reproductive Health Law or RH Law in the rural-poor province of Eastern Samar,

Philippines. The author specifically answered the following questions:

1. What are the individual and/or systemic acts or omissions that obstruct women and men in accessing RH products and services?
2. What are the structures, policies or practices which result to denial of, and serve as barriers in accessing RH (reproductive health) and FP (family planning) products and services in the aforementioned province?
3. What are the possible recommendations to help solve these issues?

Methodology

Anchored on a qualitative research design, this assessment study gathered primary data using focus group discussions (FGDs), key informants interview (KII) and community observations in late 2017 to late 2018 from 75 informants in three rural municipalities in the province of Eastern Samar, the Philippines. The fieldworks included ocular inspections of selected municipal/ barangay health centers, interviews with reproductive health services providers, and visits to specific communities.

The study applied the following steps in selecting the interviewees from the study sites: (1) coordinating with the city/municipal and barangay local chief executive officers and barangay health workers/BHWs for permission to conduct data gathering; (2) asking the barangay local chief executives/ representatives to instruct their respective BHWs to scout female and male participants who belong to the general criteria or fit the characteristics of the desired interviewees; and (3) purposively identifying community health professionals, barangay health workers, traditional birth attendants (TBAs) and documenting their roles, responsibilities and knowledge regarding RH-related issues and challenges law in their communities.

A three-part, semi-structured guide questionnaire was utilized as an instrument in data-gathering. The said questionnaire was patterned after several available questionnaires that were developed by reputable agencies like the Philippine Commission on Women (PCW), Commission on Human Rights (CHR), and researchers from the University of the Philippines Visayas Tacloban College (UPVTC). The said questionnaire was validated and subsequently improved by conducting a dry-run

with five male and five female interviewees in one barangay in Tacloban City.

The interviewees were purposively selected with a general aim of looking and documenting the current policies, practices and programs hindering them from accessing RH and FP products and services. The focus group discussions (FGDs) and interviews were done in *Waray-Waray*, the local language used in the region (translated into English here by the author) and were held in the barangay health centers, communal spaces such as the church and basketball courts, and birthing clinics of these communities.

A total of 75 informants participated who came from five (5) barangays of the municipalities of Balangiga, Giporlos, and Quinapondan in the rural poor province of Eastern Samar, Philippines. Five females and five males participated in the focus group discussion from each barangay- a total of 25 females and 25 males. Two female barangay health workers (BHWs) and two traditional birth attendants (TBAs) from each barangay served as key informants- a total of 10 female TBAs and 10 female BHWs. The chief executive officer or their representatives of each of the five barangay local government units were also interviewed- 3 were males and 2 were females.

To analyze and present the data, the principle of thematic analysis was utilized. Qualitative health researches require understanding and collecting of diverse aspects of data, and thematic analysis uses a wide range of analytical techniques to generate findings and put them into context as well as to identify common themes in the texts provided for analysis (Alhojailan, 2012). Such an analytical approach perfectly worked in analyzing the data of this study. Not only is it a systematic and rigorous approach in analyzing documents obtained or generated from the course of research, it is also a thorough descriptive presentation of qualitative data (King and Brooks, 2018).

Results

A total of ten issues or challenges emerged after thematically analyzing the data.

Barangay Health Workers (BHWs) lack stipend and are under threat of politicking. BHWs revealed that their allowance/ stipend goes as low as PHP90.00 (USD 1.5)/month with

the highest at PHP600.00 (USD 11.00)/month. This claim was validated by interviewed barangay officials who said that they have very limited budget thereby making it impossible to increase the BHWs' allowances. They also lack activities to generate additional funds to support the stipend of the BHWs.

BHWs also shared that when elected barangay officials do not like a BHW or was not on his/her party during election, the trained BHW is expelled, and a new, untrained one is assigned, affecting good service delivery. To verify this, 4 barangay local chief executives/ representatives responded by saying that

“we cannot really change it because it's already a culture. It's difficult to change in politics.” Another said that *“It's politics. It is what it is.”*

Hospitals lack medical personnel and refuse patients. Findings revealed that only one doctor is assigned in over 30 barangays while only three-five nurses are assigned in over 800 residents, thereby, resulting to unsatisfactory customer-service delivery of medical personnel. Five former pregnant mothers from Eastern Samar also shared that they were refused of admission/check-up by a public hospital because they come from another municipality.

Budgetary Allocation to Barangay Health Services is Low. BHWs asserted that there is an urgent need to engage the local government officers, especially at the barangay level, to allocate budget in mainstreaming RH and FP products and services and highlighting the importance of the proper implementation of the RH Law. **Supplies, Facilities and Equipment are lacking.**

BHWs, doctors, and nurses said that health stations have scarcity of RH and FP equipment and medicines. It was alleged that the Department of Health, through the Municipal Health Office, does not regularly and timely give them new supplies.

According to TBAs living in the outskirts of town, it is difficult to refer pregnant mothers who are at risk of critical childbirth delivery because they do not have a community-owned health transportation vehicle. If there is, there is no permanent supply of gasoline as well as personnel to drive the vehicle round the clock.

Barangay Health Stations are at risk from natural hazards. All respondents acknowledged that disasters which resulted from natural hazards, not only affect peoples and properties but also affect the provision of health services in communities. Majority of the health care buildings were destroyed during the onslaught of typhoons *Yolanda*, *Ruby* and *Seniang* and supplies of medical facilities including contraceptives were damaged.

Proper and adequate information dissemination is lacking. According to some female respondents, they do not entirely know the possible side-effects of contraceptives, i.e. pills and *implanon*. They were only introduced to the product but did not undergo a seminar of its side-effects thereby perpetuating a feeling of uncertainty and unease to their lives. Two (2) female interviewees said that

“we were only given pills and sometimes condoms and were only told that it will help us if we use those especially that we are poor.”

This was seconded by BHWs who admitted that sometimes, the service is only limited to the provision of products but have very little information dissemination. Some BHWs in alleged that some BHWs lack motivation in their work and render minimal efforts because of the little allowance they get in exchange of the efforts of talking and explaining the possible side-effects of the various artificial contraceptives. She said that

“I will admit that it's sometimes tiring and non-motivating to travel to various barangays with the little amount that we get from it. We have to pay for our transportation fees and the exhaustion is sometimes not worth it.”

Accessing services is difficult and expensive. BHWs and other female respondents said that implanting *implanon* was free but when women decide to remove it, the fee was expensive with costs ranging from PHP2, 500.00 (USD45.00) – PHP3,000.00 (USD55.00). Also, mainstreamed as 'donations' to the rural health unit (RHU) or barangay health station (BHS), women are forced to pay PHP10.00 (USD 0.20) -PHP20.00 (USD 0.50) in exchange of FP and RH products and services. A respondent also shared that because of being under-aged, young pregnant women find

it difficult to access PhilHealth Insurance services (government subsidy service) for their delivery.

Men hesitate to participate in FP and RH-related activities. According to both male and female respondents, most men in their localities do not know, or neglect the importance of proper FP and RH services, and the benefits they and their families can gain from it. Male respondents said that the usual focus of the husbands, as the patriarch, is to earn a living and provide food to their families, and have zero to minimal interest in RH-related stuffs. These traditional gender roles and mindset cause an ineffective, one-sided effort in maintaining good RH services and products' usage in the community.

Male respondents in one FGD consensually said that

“most of the times, we don't think about pills and condoms. It is less pleasurable when we use condoms. In addition, our main daily objective is to generate enough income so we could buy rice and other food for our families. Instead of buying condoms, we will just buy rice.”

When asked if they attend seminars or lectures about RH and FP, they said that

“we just usually send our wives. It's embarrassing to attend because majority of the attendees are females so we just send our wives. In doing so, we could still work and earn income.”

However, one negative effect of this practice is when women try to apply what they learned in the seminars, i.e. using condoms when having sex, sexual, psychological, and verbal violence tend to happen between the couple.

Birth referral system has no incentives. Traditional birth attendants (TBAs) strongly recommend to monetarily incentivize the birthing referral system. Respondents who were former TBAs-turned-BHWs shared that they do not have or do not know any policy giving incentives to anyone who refer a pregnant woman to deliver in a birthing facility. They said that in incentivizing this practice, more TBAs and other community members would encourage other pregnant women to avoid home-delivery and instead deliver in a hospital or birthing clinic.

Women continue to refuse in availing products and services. Unfortunately, there are still some women who consciously and knowingly refuse to avail FP and RH products and services. BHWs seconded this by saying that according to their individual experiences, some women, especially first-time young pregnant mothers, only opt to go to the hospital in the last instance thereby putting their and their babies' lives at risk.

Discussions

Barangay health workers need to be properly paid because they bridge gaps in healthcare delivery in rural communities and their remunerations can highly affect their motivation and focus (WHO, 2007; Singh et al. 2015). BHWs who are motivated and focused play an integral part in providing high-quality FP and RH services. Moreover, hiring highly qualified personnel is needed because births assisted by skilled attendants, such as midwives, are a mark of access to reproductive health care and a recommendation of the World Health Organization for all births (UNFPA, 2017).

Disasters affect indiscriminately and rural communities disproportionately suffer. This situation is especially distressing for medically under-served areas struggling with persistent health and/or health care disparities (Davis et al. 2011). Hence, as indicated by the IRR of the RH Law (DOH, 2018), barangay officers should play a proactive role and allocate sufficient budget to the health care needs- including FP and RH services- of their constituents. Infrastructural prerequisites should also be addressed for the barangay health stations to function even at its basic level (Essendi et al. 2015).

Access to family planning services is a foundational element, not just of reproductive health, but of social and economic equality, since unintended pregnancy constrains opportunities that women would otherwise have for education, civic participation and economic advancement (UNFPA, 2017) and making information and services more widely available and accessible will lead to better and improved reproductive health outcomes (UNFPA, 2017). Meanwhile, the referral system is an essential component of district health systems. It is particularly important in pregnancy care and childbirth for providing access to emergency obstetric care and for backing up antenatal and delivery care in first

line facilities (Jahn and Debrouwere, 2000). There is a need to incentivize the birthing referral system because TBAs play significant roles in community-level health education and community mobilization strategies to improve FP and RH services. Increasing their stipend will not only motivate them to do better but will also help in augmenting their household income and contribute to the better welfare of their own families.

Men are husbands, partners, father, brothers and sons, and their lives are intertwined with women, children and other men (IPPF, 2015). Across the world, the Philippines included, rigid gender norms and harmful perceptions of what it means to be a man have far-reaching consequences on health and well-being (IPPF and UNFPA, 2017). These norms lead to gender inequalities that dramatically impact lives and choices and act as barriers to optimal health for women and men, adolescents, girls and boys. It is also apparent that there are intergenerational and cultural gaps in the acceptability of family planning, and in some communities, family planning use was greatly limited by gender roles and religious objections to contraception (Dansereau et al. 2017; Mustafa et al., 2015). Involvement of men in reproductive health (RH) policy and service delivery offers both men and women important benefits (Walston, 2005; IGWG, 2005 & 2006; Barker et al. 2007; Population Reference Bureau, 2009; Rottach et al. 2010; Davis et al 2016). Philippines should acknowledge these benefits and should promote male involvement at the policy and service implementation levels

Conclusions

This paper presented and documented individual and/or systemic accounts of acts or omissions, structures, policies or practices which result to denial of, and serve as barriers in accessing reproductive health services. There is an urgent need for RH and FP policy and program implementers to look into these issues in order to consider recalibrating their strategies in implementing the RH law.

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References

- Cabral, E. (2013) Reproductive Health Law in the Philippines. *Journal of the ASEAN Federation of Endocrine Societies*, Vol 28, No 1. e-ISSN 2308-118x
- Dansereau, E., Schaefer, A., Hernández, B.,... and El Bcheraoui, C. (2017) Perceptions of and barriers to family planning services in the poorest regions of Chiapas, Mexico: a qualitative study of men, women, and adolescents. *Reprod Health*. 2017; 14: 129.
- Davis, J., Wilson, S., Brock-Martin, A., Glover, S., and Erik R. Svendsen, E. (2011) "The Impact of Disasters on Populations With Health and Health Care Disparities". *Disaster Med Public Health Prep*. 2010 Mar; 4(1): 30–38. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2875675/>
- Davis, J., Vyankandondera, J., Luchters, S., Simon, D and Holmes, W. (2016) Male involvement in reproductive, maternal and child health: a qualitative study of policymaker and practitioner perspectives in the Pacific. *Reproductive Health* 2016;13:81.
- DOH/ Department of Health. (2018) RH law on hold. Retrieved on October 30, 2018 from <https://www.doh.gov.ph/Top-Health-Stories/RH-Law-on-Hold>
- Downe-Wamboldt, B. (2009). Content Analysis: Methods, applications and issues. *Health Care for Women International*. Vol 13, Issue 3, pp 313-321.
- Essendi, H., Johnson F. A., Madise, N.,... Bahaj, A., and Blunden, L. (2015) Infrastructural challenges to better health in maternity facilities in rural Kenya: community and healthworker perceptions. *Reproductive Health*. 2015 12:103
- Hossain, K., Mondal, N.I., Akter, N. (2010) Reproductive Health Rights of Women in the Rural Areas of Meherpur District in Bangladesh. *J Reprod Infertil*. 2011;12(1):23-32.
- Hsieh, H. and Shannon, S. (2005) Three Approaches to Qualitative Content Analysis. *SAGE Journals*. <https://doi.org/10.1177/1049732305276687>
- IPPF. (2015) The Men & Boys Collection: Stories of gender justice and sexual and reproductive health and rights. Available at: http://www.ippf.org/sites/default/files/web_ippf_menboyscollection.pdf
- IPPF and UNFPA. (2017) Global Sexual and Reproductive Health Service Package for Men and Adolescent Boys. London: IPPF and New York City: UNFPA.
- Jahn, A. and Debrouwere, V. (2000) Referral in Pregnancy and Childbirth: Concepts and Strategies. Retrieved on October 30, 2018 from <http://www.jsieurope.org/safem/collect/safem/pdf/s2940e/s2940e.pdf>
- Lasco, G. (2017). Inside the Philippines' long journey towards reproductive health. The Conversation.

- Retrieved on October 21, 2018 from <https://theconversation.com/inside-the-philippines-long-journey-towards-reproductive-health-72737>
- Mustafa, G., Azmat, S. K., Hameed, W., Ali, S., Ishaque, M., Hussain, W., Ahmed, A., and Munroe, E. (2015) Family Planning Knowledge, Attitudes, and Practices among Married Men and Women in Rural Areas of Pakistan: Findings from a Qualitative Need Assessment Study. *International Journal of Reproductive Medicine*. Volume 2015, Article ID 190520, 8 pages. <http://dx.doi.org/10.1155/2015/190520>
- Population Reference Bureau. (2009) Engaging Men for Gender Equality and Improved Reproductive Health. USAID, IGWG, PRB. USA.
- Rottach, E., Schuler, S. R., and Hardee, K. (2010) Gender Perspectives Improve Reproductive Health Outcomes: New Evidence. Washington, DC: Population Reference Bureau for the IGWG.
- Singh, D., Negin, J., Otim, M., Orach, C. G., and Cumming, R. (2015) The effect of payment and incentives on motivation and focus of community health workers: five case studies from low- and middle-income countries. *Hum Resour Health*. 2015; 13: 58.
- Tomacruz, S. (2018) 'RH Bill Story' launch: Fight for reproductive rights continues. Rappler. Manila, Philippines. Retrieved on October 21, 2018 from https://www.rappler.com/nation/214843-rh-bill-story-contentions-compromises-book-launch#cxrecs_s
- UNFPA. (2017) The State of World Population 2017. Retrieved on October 21, 2018 from <https://www.unfpa.org/press/state-world-population-2017>
- White, M. D. and Marsh, E. E. (2006). Content Analysis: A flexible methodology. *Library Trends* 55(1), 22-45. Johns Hopkins University Press. Retrieved on October 11, 2018, from Project MUSE Database.
- WHO. (2007) Impact of Natural Disasters on the Health System in Africa. Retrieved on November 1, 2018 from https://www.preventionweb.net/files/11214_WHO_presentationontheimpactofnatural.pdf