



# SPECIAL RELEASE

## Highlights of the 2017 National Demographic and Health Survey: FAMILY PLANNING

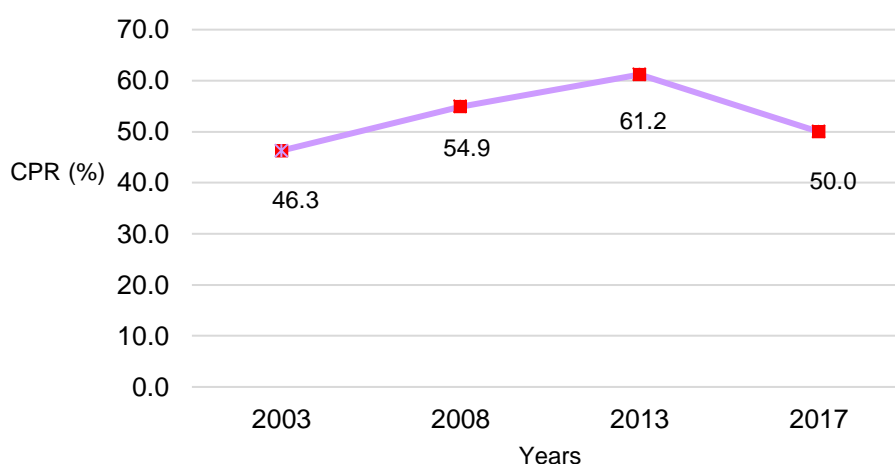
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The National Demographic and Health Survey (NDHS) is designed to provide data useful for monitoring the population and health situation in the country. Conducted every 5 years by the Philippine Statistics Authority (PSA), NDHS aims to provide up-to-date information on fertility, family planning, and maternal & child health. The survey also provides useful inputs to policy formulation and monitoring of activities, researches and programs on health.

### Contraceptive Prevalence Rate of the Philippines is 54.3%

- The Contraceptive Prevalence Rate (CPR) refers to the proportion of currently married women in the reproductive ages of 15-49 years reporting current use of any contraceptive method.
- In 2017, NDHS revealed that the contraceptive prevalence rate (CPR) among currently married women in the Philippines was 54.3 percent. This increased by 11 percentage points from the 48.9 percent CPR recorded in 2003.

**Figure 1. Contraceptive Prevalence Rate of the Philippines: 2003 – 2017  
(in Percent)**

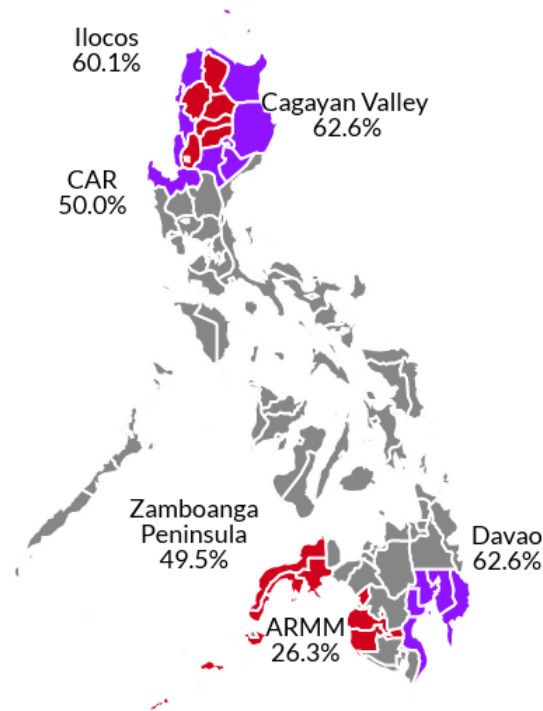


Source: Philippine Statistics Authority

## Contraceptive Use by Region

- Regions with high contraceptive prevalence rate were Region II, Cagayan Valley at 62 percent, Region XI, Davao at 62.6 percent, followed by Region 1, Ilocos at 60.1 percent.
- The regions recorded with the lowest contraceptive use were ARMM at 26.3 percent, Region IX Zamboanga Peninsula at 49.5 percent, and Cordillera Administrative Region (CAR) at 50.0 percent.

**Figure 2. Top 3 Regions with Highest and Lowest CPR:2017**



**Table 1. Contraceptive Prevalence Rate Region:2017**

Region	CPR	Region	CPR
<b>Philippines</b>	<b>54.3</b>		
1. NCR	54.7	10. Central Visayas	52.1
2. CAR	50.0	11. Eastern Visayas	58.8
3. Ilocos	60.1	12. Zamboanga Peninsula	49.5
4. Cagayan Valley	62.6	13. Northern Mindanao	53.5
5. Central Luzon	53.1	14. Davao	62.6
6. CALABARZON	54.0	15. SOCCSKSARGEN	58.9
7. MIMAROPA	50.8	16. Caraga	54.8
8. Bicol	51.3	17. ARMM	26.3
9. Western Visayas	56.9		

Source: Philippine Statistics Authority

## Trends in Contraceptive Use in Cordillera

- The contraceptive use in CAR slightly increased by 7.9 percentage points from 46.3 percent in 2003 to 50.0 percent in 2017. However, contraceptive use decreased from 61.2 percent in 2013 to 2017.
- The use of modern methods of contraceptives which include female sterilization, IUD, injectables, implants, pill, male condom, standard days method (SDM), and LAM was at 43.5 percent in 2017. This increased by 37.8 percentage points from 31.8 percentage recorded in 2003. But, there was a slight decrease from the 44.0 percent recorded in 2013.
- Meanwhile, the use of traditional methods of contraceptives which include calendar, withdrawal, and folk method was at 6.5 percent in 2017. This decreased by 55.1 percentage points from 14.5 percent in 2003 and decreased by 62 percentage points from 17.2 percent in 2013.

**Table 2. Trends in Contraceptive Use, CAR: 2003-2017**

Year	Any Method (Contraceptive Use)	Modern Method	Traditional Method
2003	46.3	31.8	14.5
2008	54.9	38.9	16.1
2013	61.2	44.0	17.2
2017	50.0	43.5	6.5

Source: Philippine Statistics Authority

## Types of Contraceptive Used

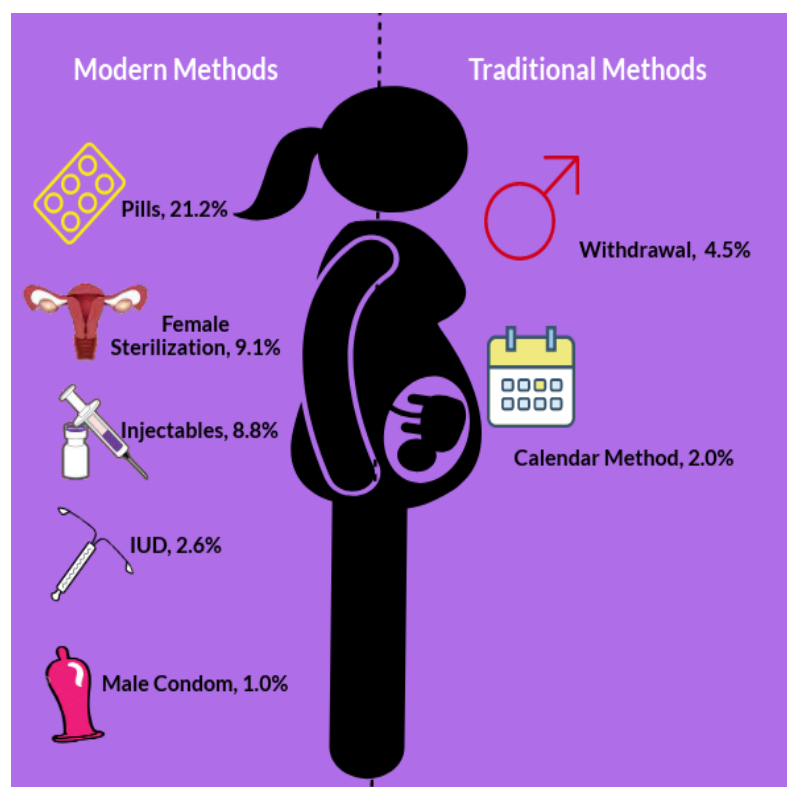
- From 2003 to 2013, female sterilization was the widely used modern method, followed by pill.
- In 2017, pill was the most commonly used modern method of contraceptive with 21.2 percent, followed by female sterilization with 9.1 percent, injectables with 8.8 percent, IUD with 2.6 percent, male condom with 1.0 percent, implants with 0.3 percent, and lastly male sterilization with 0.2 percent.
- On the other hand, withdrawal was the commonly used traditional contraceptive method, followed by calendar method as recorded in 2003, 2008, 2013 and 2017 surveys.
- In 2017, 4.5 percent married women used withdrawal method, while 2.0 percent used calendar method.

**Table 3. Distribution of currently married women by type of contraceptive used, CAR 2003-2013**

Contraceptive Method	Types of Contraceptive Used	2003	2008	2013	2017
Modern Method	Female Sterilization	10.8	15.2	17.6	9.1
	Male sterilization	0.0	-	0.0	0.2
	Pill	10.9	12.5	14.0	21.2
	IUD	0.7	4.7	2.3	2.6
	Injectables	7.3	4.1	6.7	8.8
	Implants	-	-	-	0.3
	Male Condom	1.8	2.3	3.5	1.0
	Mucus/ Billings/ Ovulation	0.0	0.0	0.0	-
	Standard days	-	-	0.0	0.1
	LAM	0.0	0.0	0.0	0.1
Traditional Method	Calendar/ rhythm/ periodic abstinence	2.8	3.5	3.7	2.0
	Withdrawal	11.7	12.3	13.4	4.5
	Folk method	0.0	0.3	0.0	0.0

Source: Philippine Statistics Authority

**Figure 3. Distribution of currently married women by type of contraceptive used, CAR 2017**



Source: Philippine Statistics Authority

**VILLAFE P. ALIBUYOG**  
Regional Director

## Technical Notes

**Family planning** refers to a conscious effort by a couple to limit or space the number of children they have through the use of contraceptive methods.

**FEMALE STERILIZATION.** An operation performed to enable the woman to stop having children. This is also referred to as typing the Fallopian tubes, a tube tie, or tubal ligation.

**MALE STERILIZATION.** This is a comparatively minor operation done on men for contraceptive purposes. It is also called vasectomy.

**INTRA UTERINE DEVICE (IUD).** Women can have a plastic, T-shaped device placed inside them by a doctor or a nurse. There are two types of IUDs: hormone IUDs and copper IUDs. Both types are effective in preventing pregnancy. The IUD is a reversible form of contraception and can be used for up to 5-10 years (depending on type) before needing to be replaced.

**INJECTABLES.** An injection of hormone that is released slowly into the bloodstream can be given regularly to women to prevent pregnancy. The most common type of injectable contraceptive is given every three months. This is known as *depomedroxyprogesterone acetate* (DMPA), Depo Provera, Depo, or *Megestron*®. Another injectable contraceptive, NET EN (also called *Noristerat*®) is given every two months.

**IMPLANTS.** Also called Norplant, these are small rods surgically implanted in a woman's upper arm. They usually protect a woman against pregnancy for five or more years.

**PATCH.** A contraceptive patch, often informally referred to as "the Patch" is a small, light brown skin patch for women that release synthetic estrogen and progestin hormones to prevent pregnancy. The only contraceptive patches currently available are Ortho Evra, and Evra.

**PILL.** Women can take a pill every day to avoid becoming pregnant.

**CONDOM.** Men can put a thin, rubber sheath on their penis before sexual intercourse.

**FEMALE CONDOM.** A thin, transparent rubber can be placed in the vagina before sex to avoid pregnancy.

**STANDARD DAYS METHOD.** Women use color-coded beads to track the days of their menstrual cycle when they are most likely to get pregnant, and the couple avoids unprotected sex on those days.

**MUCUS, BILLINGS OR OVULATION.** Known as the BILLINGS OVULATION TECHNIQUE (BOT), this method involves daily observation of the naturally occurring changes of the cervical mucus during the various stages of a woman's menstrual cycle based on sensation of dryness and wetness, and the appearance and character of the cervical mucus discharged into the vagina.

**CALENDAR, RHYTHM METHOD, OR PERIODIC ABSTINENCE.** This is also called the safe period, method. This method is based on the principle that by not having sexual relations on certain days of her monthly cycle, a woman can avoid becoming pregnant. This is the same as Standard Days Method, which requires the use of colored beads or a similar tool.

**WITHDRAWAL** - The man withdraws his penis from the vagina before or when he feels he has reached the point when ejaculation can no longer be stopped or postponed. He ejaculates outside the vagina, being careful that semen does not spill into his partner's vulva.

**ANY OTHER METHOD/S.** Women may mention methods that are not described in the table. These may include modern methods such as spermicides including foam, cream, jelly, foaming tablets, or suppositories that are used to kill sperm or make sperm unable to move toward the egg.