Philippines National Safe Motherhood Survey 1993

SUMMARY REPORT

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POPCOM, Philippines

National Statistics Office
Solicarel Building I
Ramon Magsaysay Boulevard
Santa Mesa
Manila, Philippines

February 1995

This report summarizes the findings of the 1993 National Safe Motherhood Survey (SMS) undertaken by the National Statistics Office in collaboration with the Department of Health, the University of the Philippines, and other concerned agencies in the Philippine government. Funding for the 1993 SMS was provided by the Rockefeller Foundation and the U.S. Agency for International Development through the MotherCare Project of John Snow, Inc.

The 1993 SMS was a follow-on to the 1993 National Demographic Survey (NDS), which is a part of the worldwide Demographic and Health Surveys (DHS) program. The DHS program is designed to collect, analyze, and disseminate demographic data on fertility, family planning, and maternal and child health. Additional information about the 1993 SMS may be obtained from the National Statistics Office, Solicarel Building I, Ramon Magsaysay Boulevard, Santa Mesa, Manila, Philippines (Telephone: 632-716-02-98, 632-716-04-04 and 632-622-818; Fax: 632-610-794 and 632-716-02-47). Additional information about the DHS program may be obtained by writing to: DHS, Macro International Inc., 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, USA (Telephone: 301-572-0200; Fax: 301-572-0999).

Background

Although an estimated 500,000 maternal deaths occur in the world every year, many of these deaths are preventable. While new methods have been developed to obtain population-based estimates on maternal mortality, less research has been done on measuring maternal morbidity. The Philippines Safe Motherhood Survey (SMS) Project was initiated in December 1992 with the goal of gathering information on the health status of women, particularly in the area of reproduction.

The SMS was designed as a follow-on survey to the 1993 Philippines National Demographic Survey (NDS). The sample selected for the SMS was a nationally representative sample of ever-pregnant women of reproductive age. It included all women in the NDS who had reported at least one pregnancy outcome. The 8,481 women in the SMS sample were interviewed three to eight months after the NDS interview.

Extensive research and testing went into development of the SMS questionnaire. A draft questionnaire was designed and two preliminary studies, one quantitative and one qualitative, were conducted to further refine the questionnaire. The quantitative study, a hospital-based validation study, was used to validate interview data on obstetric complications by comparing women's responses with data abstracted from their medical records. The qualitative study followed a sequence of ethnographic interviewing and systematic data collection. Using the two studies, researchers were able to refine the SMS questionnaire to better capture obstetric complications and morbidities.

The 1993 SMS was carried out by the National Statistics Office in collaboration with the Department of Health, and the University of the Philippines Population Institute. Funding for the survey was provided by the Rockefeller Foundation and the U.S. Agency for International Development through the MotherCare Project of John Snow, Inc. Technical assistance was provided by the Demographic and Health Research Division of Macro International Inc.

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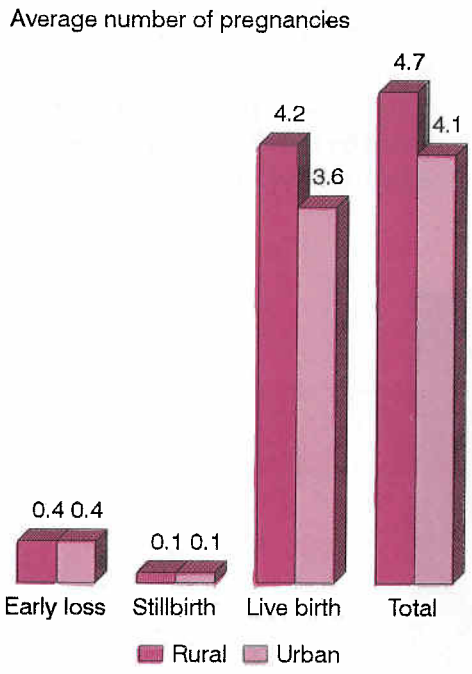
Reproductive History

Respondents in the SMS were asked about all of their pregnancies, whether they resulted in a live infant, a stillborn child, or were lost early, before the pregnancy was complete. The average number of pregnancies among SMS respondents was 4.4, while the average number of live births was 3.9. On average, rural women have more pregnancies than urban women, although the average number of early losses and stillbirths does not differ by residence. There is a correlation between the incidence of early loss and stillbirth and mother's level of education, with both outcomes decreasing with increasing education.

Number of Pregnancies by Residence



Residence has little effect on the prevalence of early loss and stillbirth, which occur about as often in urban areas as rural areas.

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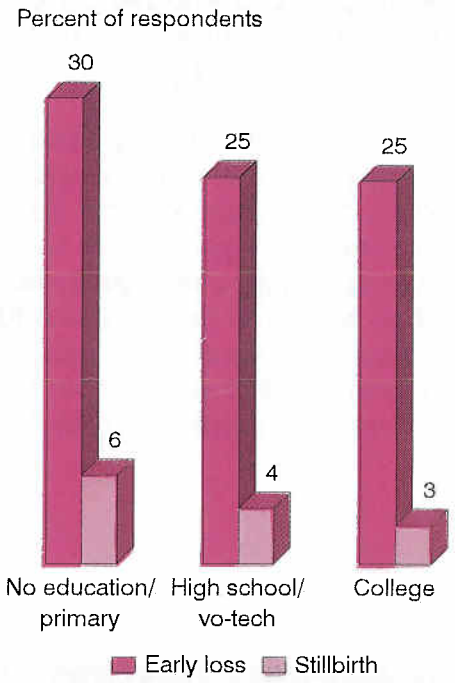
Pregnancy Loss and Stillbirths by Education



Women with at least a high school education are less likely to have an early loss or a stillbirth than women with primary education or less.

Perinatal Mortality

Perinatal mortality is an important indicator of the quality of care received by the mother during labor and delivery because many of the causes of perinatal death relate to the mother's well-being. For example, high blood pressure during pregnancy, infections in the womb, and difficult delivery can affect the baby as well as the mother.

The perinatal mortality rate is the sum of all stillbirths and early neonatal deaths (i.e., deaths to children within the first week of life) divided by the sum of all stillbirths and live births. The perinatal mortality rate reflects two different adverse outcomes for pregnancies of at least seven months gestation, although, as indicated above, stillbirths and early neonatal deaths may result from similar causes.

The perinatal mortality rate for the period ten years preceding the SMS survey was 27.1 perinatal deaths per 1,000 stillbirths and live births. First pregnancies and sixth and higher order pregnancies were at increased risk of perinatal loss. Pregnant women who had attended college had less risk of perinatal loss than less educated women.

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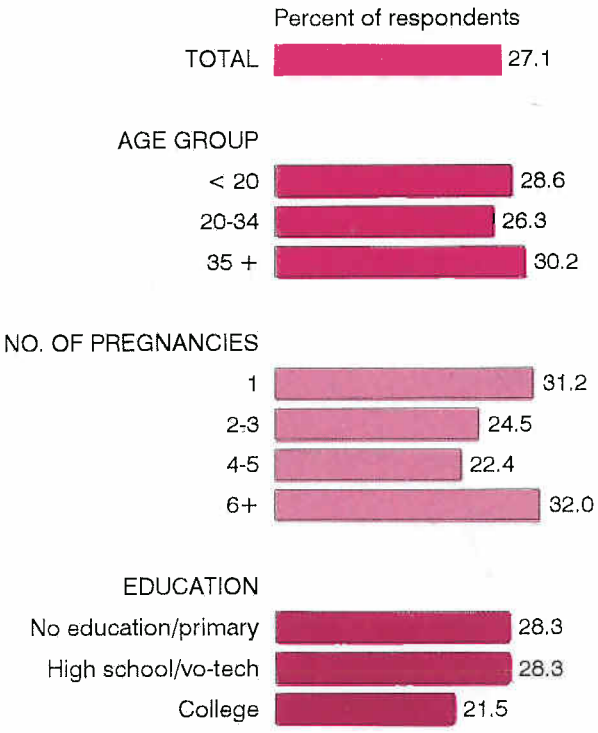
Perinatal Mortality



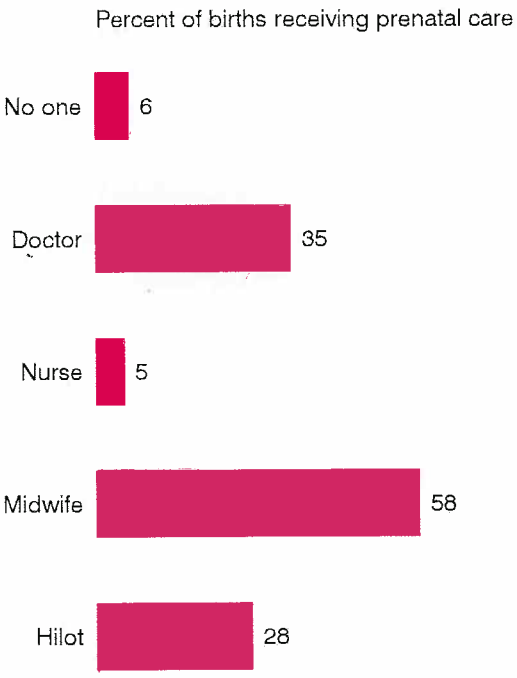
Perinatal deaths occur most often in the case of first pregnancies and sixth and higher pregnancies.

Prenatal Care

Overall, the level of prenatal care in the Philippines is high. Eighty-four percent of births are to women who received prenatal care from a doctor, nurse, or midwife at least once during pregnancy. Midwives are the main providers of prenatal care (58 percent), followed by doctors (35 percent) and hilots, i.e., traditional birth attendants (28 percent).

While most Filipino women receive prenatal care, the content of that care is incomplete. Among women who received care from a doctor, nurse or midwife, the percentage of births for which respondents received each of the components of prenatal care recommended by the Department of Health was low. While 77 percent of respondents who sought prenatal care reported receiving between six and eleven components, none reported receiving all twelve of the recommended components of prenatal care.

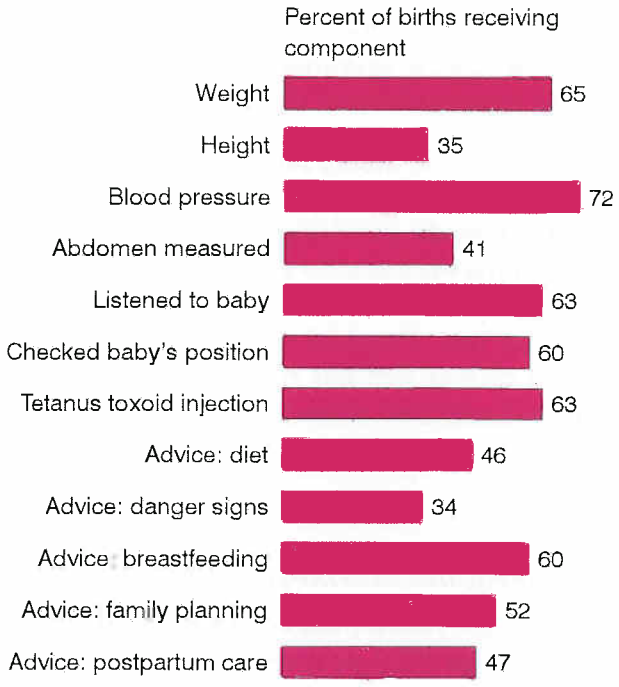
Prenatal Care



Note: Respondents could give more than one response.

Midwives are the main providers of prenatal care, followed by doctors and hilots (traditional birth attendants).

Components of Prenatal Care



While most women receive prenatal care during pregnancy, only a third receive information about the problems for which they should seek care (danger signs).

Delivery Care

Most women do not experience major problems during labor and delivery, however, complications that do occur can be unpredictable and sudden in onset, requiring immediate action. Maternal and perinatal outcomes in such instances are improved when the complications occur in the presence of a trained health professional. In the Philippines, more than two-thirds of births take place at home, and hilots (traditional birth attendants) provide assistance at delivery for 52 percent of births. Only 26 percent of births are attended by a doctor, 35 percent by a midwife, and 15 percent by a nurse.

The likelihood of receiving care from a doctor, nurse or midwife increases with education. Women with primary education are more likely to receive care from a hilot or relative than those with high school or college education. In urban areas, over a third of births are attended by a doctor, which is three times the level in rural areas.

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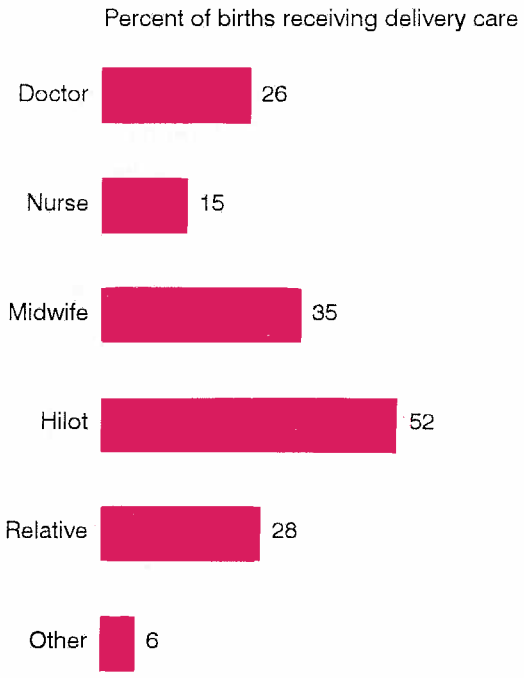
Delivery Care



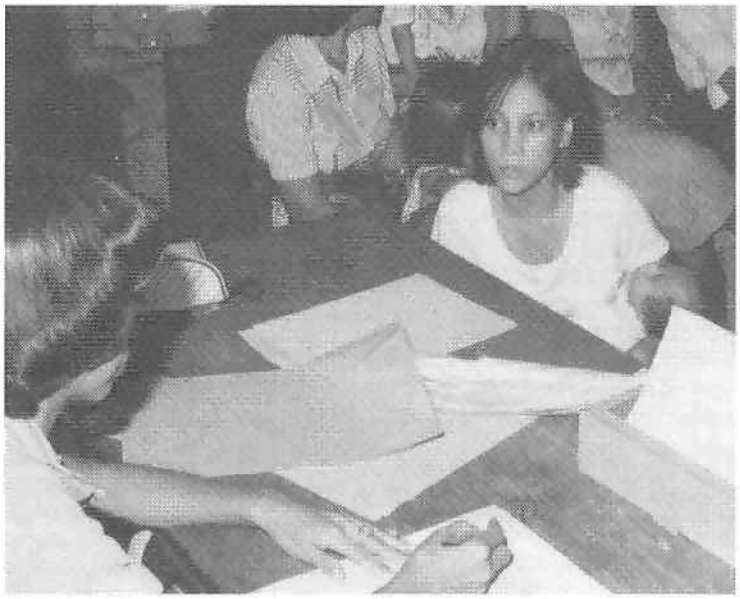
Note: Respondents could give more than one response.

Doctors are present at only one in four deliveries; most women receive assistance at delivery from a hilot (traditional birth attendant) or midwife.

Postpartum Care

Some problems associated with childbirth occur in the postpartum period, i.e., the six weeks following delivery. Postpartum care, including follow-up visits to check on the woman's health, can often detect and treat these problems.

Respondents reported seeing a doctor, nurse, or midwife for a checkup after delivery in only one-third of births. Among those who received postpartum care, 37 percent had a pelvic exam (internal), 66 percent received an abdominal exam (external), and 54 percent received a breast exam.



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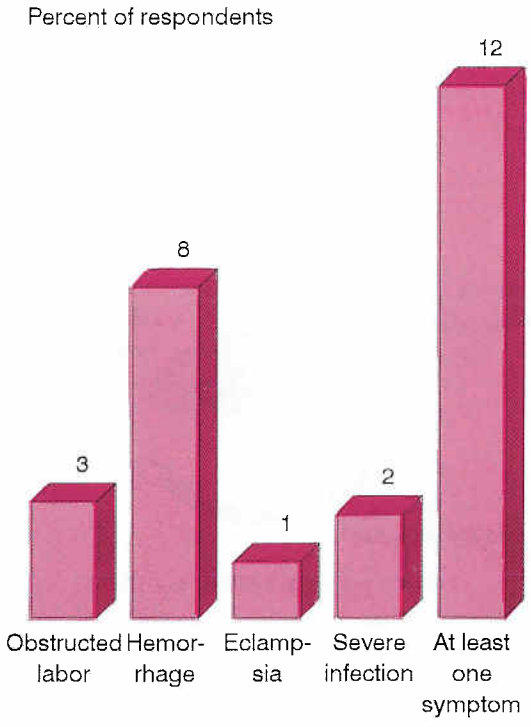
Respondents reported seeing a doctor, nurse, or midwife for a checkup after delivery in only one-third of births

Obstetric Complications

Obstructed labor, hemorrhage, eclampsia (convulsions associated with high blood pressure), and sepsis (severe infection) have been shown in numerous studies to account for up to two-thirds of maternal deaths in the developing world. Results from the SMS indicate that 12 percent of respondents who gave birth in the three years preceding the survey reported symptoms of at least one of these major obstetric complications. Hemorrhage was the most common complication (8 percent). Among perinatal deaths, 23 percent were among respondents having one of these major complications, while only 11 percent of live births surviving beyond seven days were associated with complications.

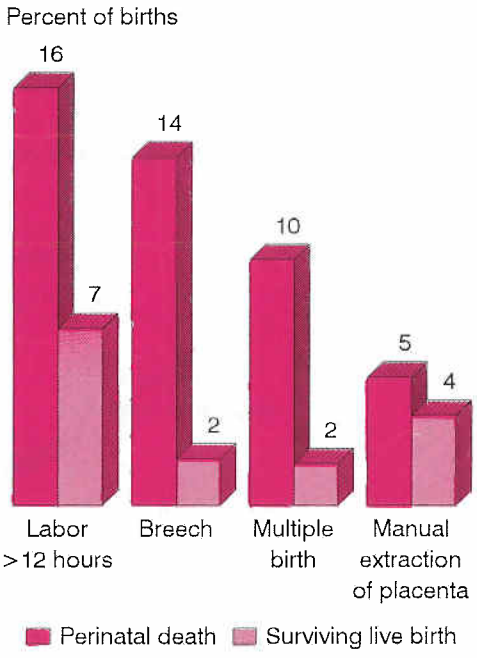
Symptoms of Major Obstetric Complications



Hemorrhage is the most frequently reported obstetric complication, followed by obstructed labor and infection.

Among births in the three years preceding the survey, complications were more common in births resulting in a perinatal death than in live births surviving the first week of life. For example, prolonged labor (more than 12 hours) occurred twice as often (16 percent), breech presentation was seven times as likely to occur (14 percent), and multiple birth occurred five times more frequently (10 percent).

Pregnancy Outcome by Obstetric Complications



Obstetric complications (particularly prolonged labor) occur more often in births resulting in perinatal death than in live births surviving the first week of life.

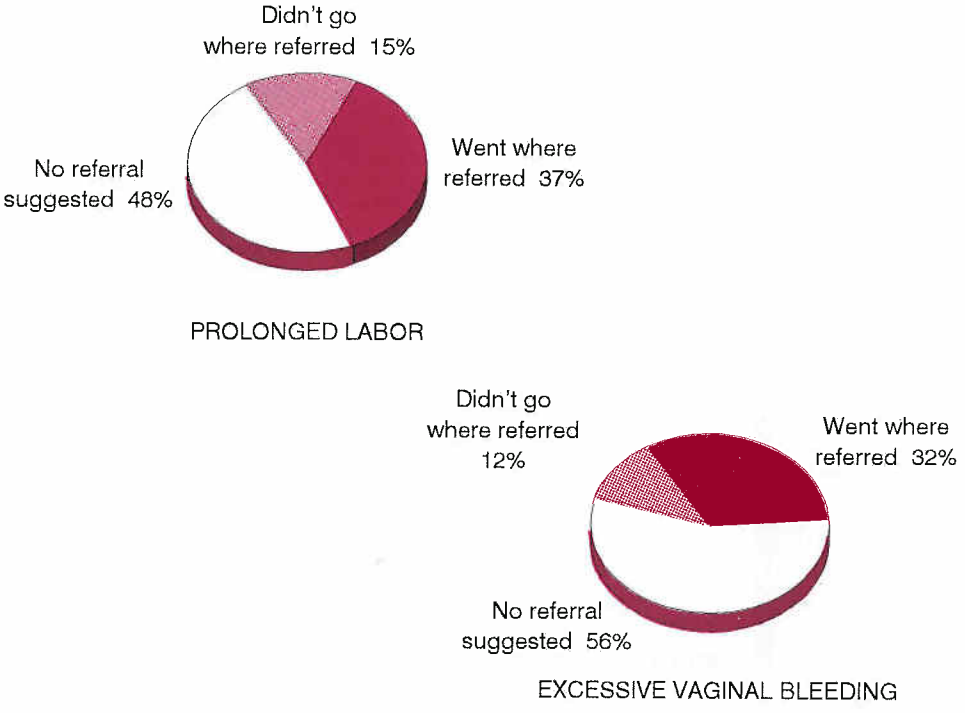
Problem Recognition and Referral During Labor

The key factor in reducing maternal deaths in settings where most women deliver at home is prompt recognition of complications as soon as they occur, followed by movement of the woman to a facility where the problem can be treated. In the SMS, those women who reported symptoms of problems were asked whether the problem was recognized and, if the woman was at home, whether she was referred to a health facility. This information is important for identifying the factors and events that precede maternal death.

Prolonged labor, convulsions, and excessive bleeding were reported for 7, 1, and 3 percent, respectively, of births in the three years preceding the survey. In over two-thirds of these births with serious complications either the respondent or others assisting her recognized that there was a problem.

Among those who were at home when the labor was recognized as prolonged, 48 percent were not referred elsewhere. Fifty-six percent of those with excessive bleeding were not referred. Over 70 percent of those who were referred for prolonged labor or excessive bleeding went where they were referred.

Prolonged Labor and Excessive Vaginal Bleeding



Forty-eight percent of women who reported complications of prolonged labor and 56 percent who reported excessive vaginal bleeding were not referred for care.

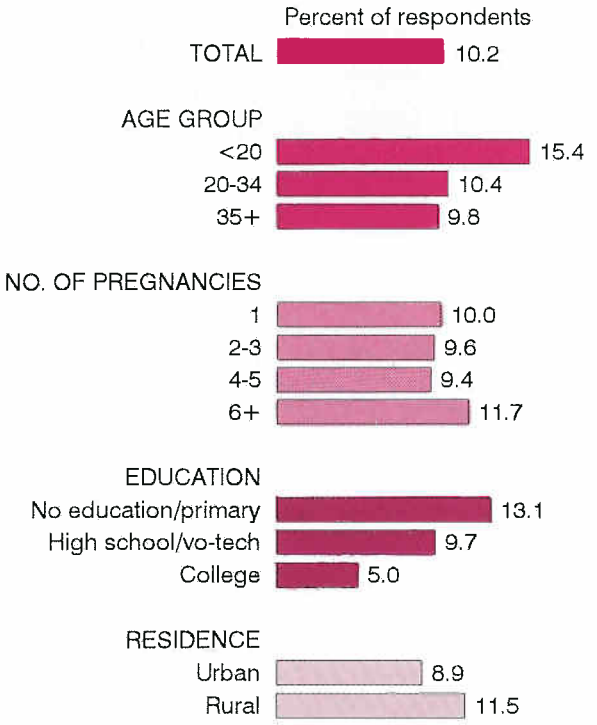
General Health and Anthropometry

To obtain information about the general health of Filipino women, the SMS asked respondents about their perceptions of their own health status. In addition, measurements were taken of height, weight, and mid-upper arm circumference to determine the women's nutritional status. Ninety-five percent of respondents said that their health was fair or good; 7 percent reported that they were limited in their ability to do vigorous physical activities; and 2 percent said that they could not even do moderately difficult activities.

Using measuring boards, digital scales, and tapes, interviewers collected data on women's height, weight, and mid-upper arm circumference. The findings on height indicate that 10 percent of respondents are below the 145-centimeter cut-off, which defines an increased risk for difficult delivery and low birth weight. Although the differences are small, respondents who are under 20 years, women with six or more pregnancies, women with primary education or less, and rural women are more likely to be below 145 cm in height.

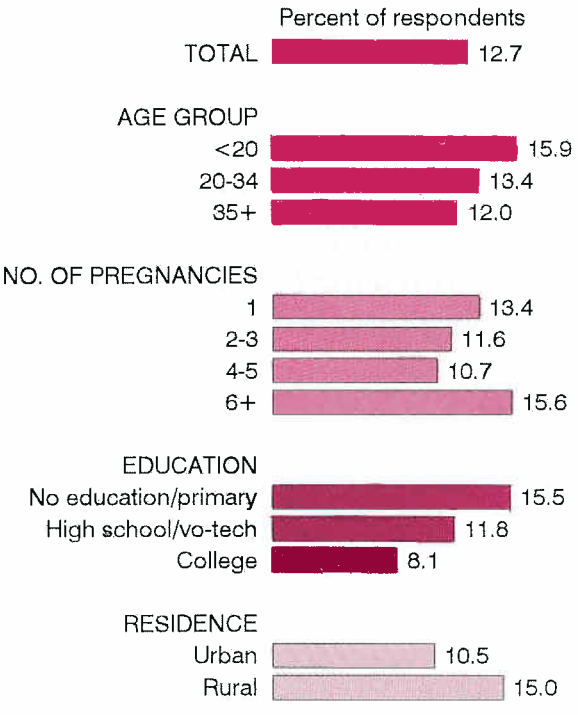
The body mass index (BMI)—weight in kilograms divided by height squared in meters—provides an assessment of thinness or obesity. A BMI of below 18.5 was found in 13 percent of respondents, indicating that a relatively high proportion of women are very thin. As in the case of height, low BMIs are more common among young women, women with six or more pregnancies, women who have primary education or less, and rural women.

Women with Height less than 145 cm



Many pregnancy-related problems are associated with short stature, which is found most frequently among women under age 20.

Women with BMI less than 18.5



About than one in eight women is at increased risk for pregnancy-related problems due to thinness (i.e., Body Mass Index less than 18.5).

Reproductive Morbidities

Many women suffer symptoms of reproductive health problems that may or may not be associated with pregnancy. Some of these problems cause extreme physical and/or mental discomfort and can affect the quality of women's lives and relationships. In the SMS, women were asked about symptoms of some of these reproductive problems including: 1) uterine prolapse, where the pelvic muscles lose their strength and the womb decends into the vagina; 2) urinary incontinence, where there is leakage of urine; 3) reproductive tract infections, where there may be pain, fever, and/or vaginal discharge; 4) urinary tract infection, where there may be pain and burning with urination; and 5) dyspareunia, where there is pain during sexual intercourse. The most often cited reproductive problem, as suggested by the symptoms reported by respondents, is uterine prolapse (14 percent), followed by urinary incontinence (6 percent), urinary tract infection (5 percent), dyspareunia (5 percent), and vaginal discharge (2 percent).

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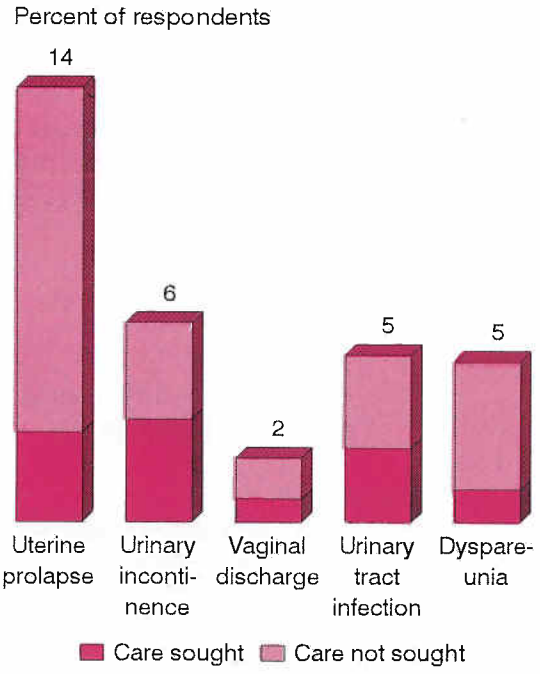
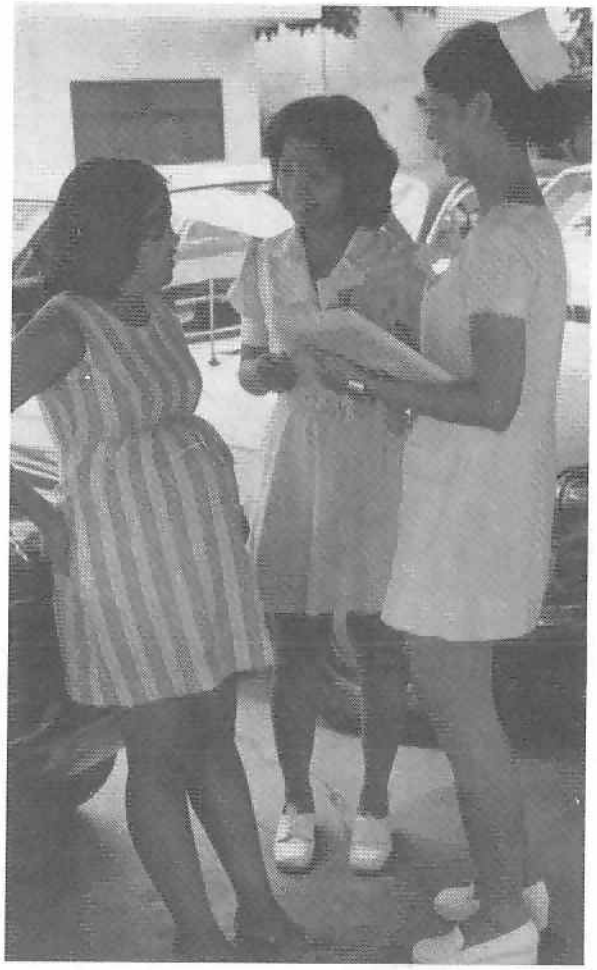
Those respondents who experienced symptoms suggestive of reproductive morbidities were asked if they sought medical care. Half of those afflicted with symptoms of urinary incontinence sought treatment. About one in five with symptoms of uterine prolapse, and the same proportion with symptoms of dyspareunia, saw a doctor or nurse.

Morbidity Symptoms by Response



Most women with symptoms of reproductive problems do not seek care from a health professional.



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Condom use...is very low in the Philippines. Less than 3 percent of respondents used a condom during their most recent sexual intercourse.

High-Risk Sexual Behavior

High-risk sexual behavior increases the risk of contracting sexually transmitted diseases. In order to estimate the level of high-risk sexual behavior in the Philippines, SMS respondents were asked about their lifetime number of sexual partners, recent use of a condom, and, for those in union, their perceptions of their partner's sexual behavior. The vast majority of respondents (93 percent) reported having a single lifetime sex partner.

Condom use, which is important for preventing transmission of sexually transmitted diseases, is very low in the Philippines. Less than 3 percent of respondents used a condom during their most recent sexual intercourse.

Among women currently married or in union, one-quarter said they thought their partner had had other partners before them, 9 percent reported that they believed their partner had had sex with other women during the marriage/union, and 6 percent believed that their partner had paid to have sex with women.

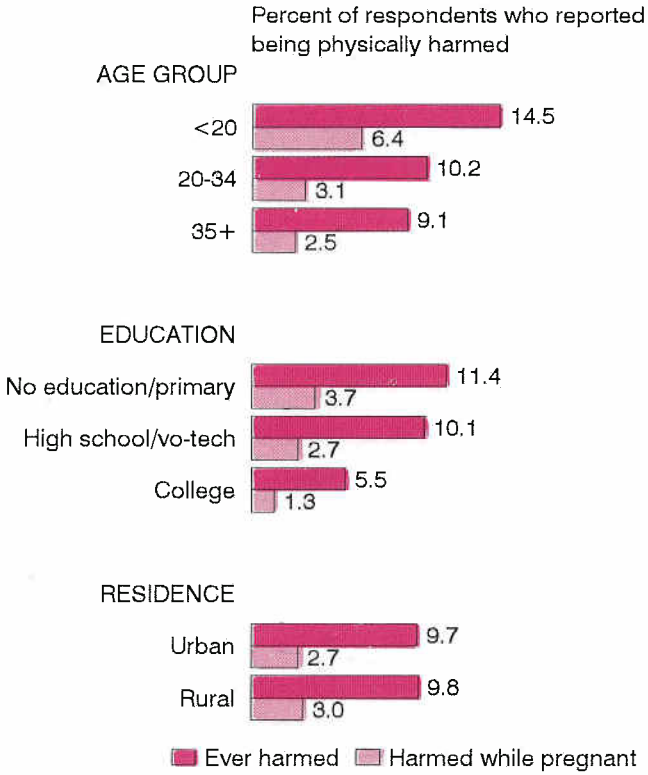
Domestic Violence and Rape

Domestic violence against women can affect both physical and mental health. Ten percent of respondents reported experiencing domestic violence—i.e., that at some time, a friend or family member had hit, slapped, kicked, or tried to hurt them physically. About one-third of these respondents reported being harmed during pregnancy.

The frequency of reported domestic violence decreases with increasing age and education. College-educated women are the least likely to report domestic physical abuse, while respondents under 20 years are most likely to report abuse. Rural women are just as likely to report domestic violence as urban women, although there is some variation by region. Respondents from Cagayan Valley, Central Visayas, Eastern Visayas and Southern Mindanao reported the highest levels of domestic violence.

Rural women are just as likely to report domestic violence as urban women, although there is some variation by region.

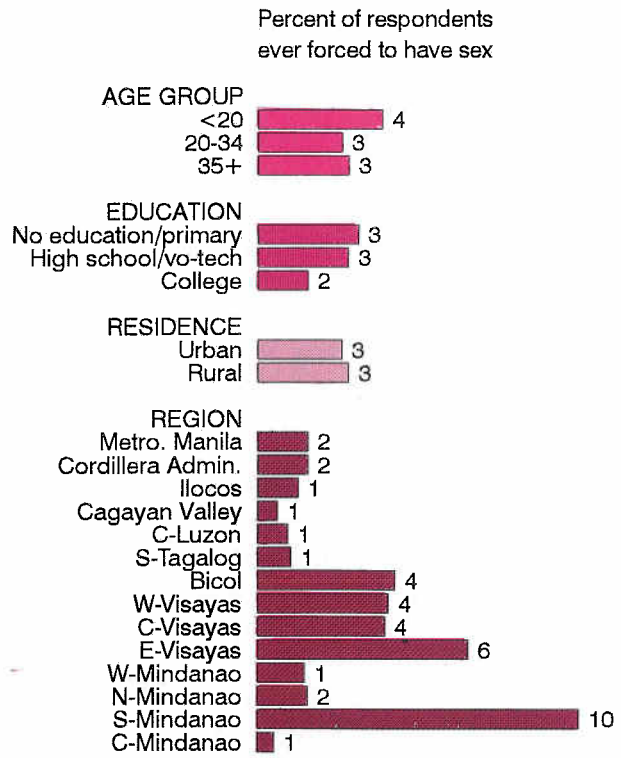
Prevalence of Domestic Violence/Physical Abuse



About one in ten women reported experiencing domestic violence or physical abuse, many while they were pregnant.

Three percent of SMS respondents reported being raped at some time in their life—i.e., physically forced to have sexual intercourse with a man. Although differences by age, education, and urban-rural residence are small, there is considerable variation by region. Respondents from Eastern Visayas and Southern Mindanao, where the incidence of domestic violence is high, reported the highest levels of rape: 6 and 10 percent, respectively.

Prevalence of Rape



Three percent of SMS respondents reported being raped at some time in their life; women in Southern Mindanao reported the highest level (10 percent).

Conclusions and Recommendations

The results of the 1993 Philippines National Safe Motherhood Survey (SMS) highlight a need for improved maternal health services. While the majority of women seek prenatal care, the content of that care does not meet the recommendations established by the Department of Health. Since more than half of Filipino women who are pregnant go to midwives for prenatal care, improved training and support for midwives in the field could have an important impact on the quality of care.

Seventy percent of deliveries in the Philippines occur in the home. Although most are normal and have healthy outcomes, when obstetric complications do arise, they need to be identified quickly and the woman referred for care to a health facility. The SMS revealed that about half of women in labor at home with symptoms of a problem were not referred to a health facility. These findings suggest that further efforts should be made to educate persons attending home deliveries about how to recognize complications and when to refer women for higher level care.

A number of respondents reported symptoms suggesting specific reproductive problems; yet, many of these women received no care. Interventions in this area should focus on increasing women's access to high quality services for prevention and management of reproductive morbidities.

The SMS findings indicate that some women are exposed to the risk of STDs because of their partners' behavior and the low level of condom use. Efforts should be made to increase community awareness of behaviors that put women at increased risk of HIV and other STDs. Treatment of STDs should be made available in facilities that provide routine health care.

Finally, the results of the SMS indicate that domestic violence and rape are significant problems for women in the Philippines. Since few respondents seek help in such situations, there is a need to improve the quality of and access to social services that are able to deal with these problems in a sensitive manner.

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