

Addressing Contraceptive Misconceptions in the Philippines: The Role of Primary Healthcare Provider

In the Philippines, misconceptions about contraception remain a challenge in providing effective reproductive healthcare even with national policies and programs aimed to improve access are in place. As healthcare providers, we are trained to provide care based on scientific evidence, yet in many communities, deep-rooted social, cultural, and religious beliefs often carry more weight than medical advice. The recent qualitative study, “They say it may cause cancer”: A qualitative exploration of Filipinos’ contraceptive misconceptions and primary healthcare interventions,¹ provides additional evidence of the persistence of this problem.

The prevalence and impact of contraceptive misconceptions among Filipinos

A 2019 study highlighted the severity of the problem.² Among 849 sexually active women aged 18–49 recruited for the study, 55.9% of them expressed health concerns about modern contraception and yet, only 2.9% received counseling that addressed these concerns. Among those who wanted to delay or avoid pregnancy, 72.6% of the cumulative clinic visits in the past year missed the opportunity for family planning counseling. On the day of the interview, 83.7% of the women did not receive any counseling, regardless of the facility level. This lack of support contributes to the low contraceptive use in the same group. Only 51.1% of women were current users of effective contraceptive methods, while 20.6% were former users, and 28.3% had never used an effective method. This is despite the availability of short acting methods in 93% of the facilities and long-acting reversible contraceptives in 68%.

The findings from our own cross-sectional study in a tertiary hospital parallel these results. We evaluated the knowledge, attitude, and practices (KAP) on hormonal contraceptives among patients consulting at the obstetrics and gynecology outpatient clinic.³ Only 37.8% of respondents demonstrated adequate knowledge about their mechanisms of action, side effects, and their non-contraceptive benefits. However, a significant number of women were unaware that hormonal contraceptives can help manage conditions such as polycystic ovarian syndrome (PCOS), dysmenorrhea, and acne, benefits that could otherwise improve their quality of life and potentially increase acceptance.

Studies have consistently shown that health concerns and fear of side effects are the most common reasons for non-use of contraceptives, especially among poor and young women.^{2–4} The prevalence of these reasons varied across countries evaluated, and the specific reasons given for non-use differed based on the marital status, location (if urban or rural), and socioeconomic status.⁴ These negative attitudes, often based on myths and misinformation, include fears of infertility, weight gain, and cancer. Such beliefs not only spread falsehoods but also stand in the way of delivering effective reproductive health care, in turn worsening the issues of unintended pregnancies and unsafe abortions.⁵ In the 2022 State of World Population Report by the United Nations Population Fund, it has been reported that 51% of all pregnancies in the country are unintended which is almost the same as the global average.⁶ Also concerning are the data on adolescents, wherein 36 in every 1,000 Filipino girls aged 15 to 19 has given birth between 2004 and 2020. Currently, the Philippines ranks 56th among 150 countries for the number of unintended pregnancies at 71 per 1,000 women aged 15–49 annually between 2015 to 2019.⁶ Abortion remains the only option for these women, but since it is not legally permitted, many abortions happen in secret and under unsafe conditions, putting women’s health in serious danger.



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The Responsible Parenthood and Reproductive Health Act of 2012, commonly known as the RH Law, was enacted to make reproductive health services available to all. Its goal is to promote informed choice and responsible parenthood by ensuring access to accurate information and a wide range of family planning methods. While it does not spell out specific strategies for correcting misconceptions, the law addresses them indirectly by advocating for better education and wider availability of contraceptive options. This approach helps reduce misinformation and supports the effective use of modern methods. However, more than a decade from its passage, many challenges remain in its implementation. Cultural and religious beliefs, limited service availability, and inconsistent, or at times restrictive, policy enforcement all contribute to gaps in reproductive healthcare, particularly for young people and adolescents. The study by Melgar et al. emphasizes the urgent need to strengthen the RH policies for adolescent.⁷ It recommends expanding existing laws to better align with international human rights standards and interpreted more openly to allow greater access to services. The study also encourages public dialogue and education on reproductive rights in order to reduce stigma and dispel misinformation. Taking these steps is important to ensure that young people have the accurate information and appropriate care they need to make informed choices about their reproductive health.

While we recognize the broad range of factors influencing this issue, it is equally important to consider the role we play as healthcare providers. Addressing misconceptions about contraception can begin with proper education, focusing on the essential role of primary healthcare workers in guiding and informing the patients and the communities we serve.

Primary healthcare providers as frontline educators

Knowledge alone does not translate into practice without proper counseling and support. The KAP study illustrates this gap: although some awareness existed, only 28.57% of respondents had used hormonal contraceptives in the past year. In contrast, women who received accurate information from healthcare professionals were significantly more likely to use hormonal contraceptives correctly and consistently.³ These findings emphasize how important it is for healthcare professions to offer clear, complete, and accurate information in order to help dispel misconceptions and support informed choices.

Primary care providers, including obstetricians and gynecologists, are often the first, and sometimes, the only point of contact for women seeking reproductive health services. To fulfil this role, it requires more than medical expertise; it warrants cultural sensitivity, active listening, and strong communication skills. Patients' concerns should be met without judgment, their fears acknowledged, and misinformation addressed with empathy. When discussing risks and benefits, using language that is both clear and relatable can make all the difference. As emphasized in the Philippine Clinical Standards Manual on Family Planning, accurate, unbiased information delivered with respect is central to effective contraceptive counseling.⁸

Several international guidelines can also serve as basis for standardized, evidence-based counseling, while still allowing for a tailored approach that meets each patient's unique needs.^{9,10} Effective contraceptive counselling depends not only on clear communication but also on a respectful, patient-centered manner. As Dehlendorf and colleagues noted, trust is established through meaningful conversations, involving patients in decisions, and offering information that is both relevant and easy to understand, especially regarding potential side effects and the proper use of each method.¹⁰ At times, providers may even share their own experiences with contraception, such as using oral contraceptive pills or an IUD. When done appropriately and with respect, this can help patients feel more comfortable and confident in their choices. Cultural sensitivity remains essential, avoiding any sense of pressure to choose a particular method. When individuals feel genuinely heard, understood, and respected, they are far more likely to make informed decisions and to continue using the contraceptive method that works best for them.

Additionally, several strategies can be adopted by the healthcare professionals in order to address misconception and improve knowledge and access. One is to integrate family planning into routine care. Every visit in the clinic should be an opportunity to discuss the patients' reproductive goals, concerns, and contraceptive options. Another is extending education beyond clinics. Obstetricians, gynecologists, and general practitioners must collaborate with community healthcare workers and local leaders at the barangay level to bring reproductive health information directly to the community. Incorporating family planning education into regular outreach programs helps ensure that misconceptions do not persist, even in areas without immediate access to medical services. Special attention should also be given to adolescent counseling, ensuring there is respect for their privacy and recognition of their unique developmental and reproductive needs.

Finally, healthcare providers themselves will benefit from continued professional development through regular training sessions and updates on current guidelines, ensuring they remain equipped with accurate, up-to-date information to share with their patients. This strategy assumes that providers already have the necessary knowledge and skills for effective counseling, yet, unfortunately, this is not always the case. It is concerning that such fundamental topics, while included in the current obstetrics and gynecology post-graduate (residency training) curriculum¹¹, family planning and evidence-based guidelines for counselling are not utilized or receive little emphasis in some residency training programs. Both topics should be fully integrated into, and properly implemented within, both medical school and residency training curricula. Equipping future healthcare providers, including OB-GYN specialists and general practitioners, with strong counseling skills is essential to ensuring that patients receive the guidance they need to make informed choices about their reproductive health.

Conclusion

Contraceptive misconceptions remain a significant barrier to effective reproductive healthcare in the Philippines, despite the passage of the RH Law, which aimed to improve access and education. Evidence from both national and local studies shows that these misconceptions, often rooted in cultural, social, and religious beliefs, continue to shape women's choices, sometimes carrying more weight than medical advice. The results are high rates of unintended pregnancy, unsafe abortions, and missed opportunities to enhance women's reproductive health and overall well-being.

While addressing this problem requires action on multiple levels, healthcare providers are uniquely positioned to drive change. By offering accurate, unbiased, and culturally sensitive counseling in both clinical and community settings, extending education beyond healthcare facilities, strengthening outreach, and making reproductive health discussions a routine part of care, providers can help dispel misconceptions and empower women to make informed choices about their reproductive health. This also means ensuring that counseling and family planning are given adequate emphasis in both medical school and residency training, so future providers are well prepared to guide patients toward informed, evidence-based decisions about their reproductive health.

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