Philippines

National Demographic and Health Survey

2008

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2008

National Statistics Office
Manila, Philippines

ICF Macro
Calverton, Maryland, USA

December 2009

USAID
FROM THE AMERICAN PEOPLE

National Statistics Office
Manila, Philippines

This report summarizes the findings of the 2008 Philippines National Demographic and Health Survey (NDHS) carried out by the National Statistics Office (NSO). The NDHS is part of the worldwide MEASURE Demographic and Health Surveys program, which is designed to collect information on a variety of health-related topics including fertility, family planning, and maternal and child health. The United States Agency for International Development (USAID) provided financial assistance for some activities during the preparatory and processing phases of the project, as well as funding for technical assistance through ICF Macro, an ICF International Company. The opinions expressed in this report are those of the authors and do not necessarily reflect the views of USAID, the Government of the Philippines, or donor organizations.

Additional information about the survey may be obtained from the Demographic and Social Statistics Division (DSSD) of the Household Statistics Department, NSO, Solicarel Building 1, Ramon Magsaysay Boulevard, Sta. Mesa, Manila (Telephone: (632) 713-7245; Fax (632) 716-1612), or by writing to E-mail address: info@mail.census.gov.ph.

Information about the Demographic and Health Surveys program may be obtained from the MEASURE DHS project, ICF Macro, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, USA; Telephone: 301-572-0200; Fax: 301-572-0999, E-mail: reports@macrointernational.com, Internet: http://www.measuredhs.com.

Recommended citation:

National Statistics Office (NSO) [Philippines], and ICF Macro. 2009. *National Demographic and Health Survey 2008.* Calverton, Maryland: National Statistics Office and ICF Macro.

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PREFACE

The National Statistics Office (NSO) is pleased to present this final report on the 2008 National Demographic and Health Survey (NDHS). The survey is the ninth in a series of surveys conducted every five years since 1968 designed to assess the demographic and health situation in the country. The 2008 NDHS provides basic indicators on fertility, childhood mortality, contraceptive knowledge and use, maternal and child health, nutritional status of mothers and children, and knowledge, attitude and behavior regarding HIV/AIDS and tuberculosis. For the first time, data on violence against women were collected in this round of the DHS. Fieldwork for the 2008 NDHS was carried out from August 7 to September 27, 2008 covering a national sample of approximately 13,000 households and 14,000 women aged 15 to 49 years.

I would like to acknowledge with deepest gratitude the organizations and individuals who contributed to the successful completion of the 2008 NDHS. Dr. Mercedes Concepcion, and the other members of the 2008 NDHS Steering Committee from the Department of Health, University of the Philippines Population Institute, Commission on Population, National Economic and Development Authority, National Statistical Coordination Board, National Institutes of Health, University of the Philippines School of Economics, Food and Nutrition Research Institute, National Commission on the Role of Filipino Women (now Philippine Commission on Women), Department of Social Welfare and Development, Philippine Health Insurance Corporation, the Philippine Legislator's Committee on Population Development, the Professional Managers, Inc., the United States Agency for International Development (USAID), and ICF Macro put forth their valuable advice and suggestions in the design of the questionnaires and also in the planning of the survey. The Technical Working Group (TWG) for Health was formed to formulate country-specific health-related questions, and the TWG for Violence Against Women (VAW), on questions related to VAW. I also would like to extend my appreciation to the USAID for providing financial assistance for the preparatory and processing phases of the survey. My gratitude also goes to Dr. Elizabeth M. Go, ICF Macro consultant, for her technical assistance throughout the various stages of the survey.

My appreciation also goes to the staff of the Demographic and Social Statistics Division of the Household Statistics Department who worked untiringly and patiently during all stages of the survey, to the employees of NSO Regional and Provincial Offices who served as supervisors during data collection, and to the 57 interviewing teams composed of team supervisors, field editors and interviewers. Without their hard work and dedication, the survey would not have been successful. My gratitude also goes to the staff of the Information Resources Department and the hired data processors who worked during weekdays and weekends in order to meet the target date of completion of data entry and machine editing.

Finally, we are ever indebted to the survey respondents who generously shared their time and information to enable us to gather crucial data for our country's future population and health plans and programs.

CARMELITA N. ERICTA
Administrator

Manila, Philippines
December 2009

SUMMARY OF FINDINGS

The 2008 National Demographic and Health Survey (2008 NDHS) is a nationally representative survey of 13,594 women age 15-49 from 12,469 households successfully interviewed, covering 794 enumeration areas (clusters) throughout the Philippines. This survey is the ninth in a series of demographic and health surveys conducted to assess the demographic and health situation in the country.

The survey obtained detailed information on fertility levels, marriage, fertility preferences, awareness and use of family planning methods, breastfeeding practices, nutritional status of women and young children, childhood mortality, maternal and child health, and knowledge and attitudes regarding HIV/AIDS and tuberculosis. Also, for the first time, the Philippines NDHS gathered information on violence against women.

The 2008 NDHS was conducted by the Philippine National Statistics Office (NSO). Technical assistance was provided by ICF Macro through the MEASURE DHS program. Funding for the survey was mainly provided by the Government of the Philippines. Financial support for some preparatory and processing phases of the survey was provided by the U.S. Agency for International Development (USAID).

FERTILITY

Fertility Levels and Trends. There has been a steady decline in fertility in the Philippines in the past 36 years. From 6.0 children per woman in 1970, the total fertility rate (TFR) in the Philippines declined to 3.3 children per woman in 2006. The current fertility level in the country is relatively high compared with other countries in Southeast Asia, such as Thailand, Singapore and Indonesia, where the TFR is below 2 children per woman.

Fertility Differentials. Fertility varies substantially across subgroups of women. Urban women have, on average, 2.8 children compared with 3.8 children per woman in rural areas. The level of fertility has a negative relationship with education; the fertility rate of women who have attended college (2.3 children per woman) is about half that of women who have been to elementary school (4.5 children per woman). Fertility also decreases with household wealth: women in wealthier households have fewer children than those in poorer households.

Unplanned Fertility. Despite a steady rise in the level of contraceptive use over the past 30 years, the 2008 NDHS data indicate that unplanned pregnancies are common in the Philippines. Overall, one in three births in the Philippines is either unwanted (16 percent) or mistimed and wanted later (20 percent). These figures are lower than the findings from the 2003 NDHS (20 percent and 24 percent, respectively.

Fertility Preferences. There is a considerable desire among currently married Filipino women to stop having children. Over half (54 percent) of married women age 15-49 do not want another child and an additional 9 percent are already sterilized. Nineteen percent of married women want to have another child but would prefer to wait two or more years. Thus, 82 percent of married women want either to space their births or to limit childbearing altogether. Only 12 percent of women would like to have a child soon (within two years). The mean ideal number of children for all women and for those who are currently married is approximately the same (2.8 and 3.1 children, respectively). These numbers are slightly lower than the 2003 NDHS figures of 3.0 children for all women and 3.2 children for currently married women.

FAMILY PLANNING

Knowledge of Contraception. Knowledge of family planning is universal in the Philippines—almost all women know at least one method of fam-

ily planning. At least 90 percent of currently married women have heard of the pill, male condoms, injectables, and female sterilization, while 87 percent know about the IUD and 68 percent know about male sterilization. On average, currently married women know eight methods of family planning.

Use of Contraception. The contraceptive prevalence rate (CPR) among currently married women is 51 percent. The most commonly used modern method is the pill (16 percent), followed by female sterilization (9 percent). Another 17 percent are using a traditional method, including periodic abstinence (rhythm) and withdrawal.

Trends in Contraceptive Use. In the last 40 years, the use of family planning has increased. Remarkable increases occurred in the 1970s and 1980s. From 17 percent in 1973, the CPR increased to 40 percent in 1993. Since then, the CPR has increased gradually to 51 percent in 2008. In the last 15 years, the use of modern methods rose by only 9 percentage points, from 25 to 34 percent, despite women's expressed desire to space or limit childbearing. However, the majority of users use modern methods; currently, users of modern methods comprise two-thirds of all family planning users.

Differentials in Contraceptive Use. Use of family planning varies by residence and region. Contraceptive methods are used by 53 percent of married women in urban areas, compared with 48 percent of those in rural areas. Contraceptive use ranges from a low of 15 percent of married women in ARMM to a high of 60 percent in Davao. Use of family planning varies very little by wealth quintile, except at the lowest quintile with only 41 percent of married women using any method of family planning. Thus, the data indicate that while family planning programs are reaching women of all economic levels, the access of the poorest group to these programs is still somewhat limited.

Source of Modern Methods. Both the private and public sectors are important sources of modern contraceptive methods, with 51 percent of users of modern methods getting their supply from private sector sources, compared with 46 percent who access the public sector. The private sector is the major source of supply for pills and male condoms, while the public sector is the main source for injectables, IUDs, and female sterilization.

Knowledge of Fertile Period. Only about one in three women (35 percent) correctly identified the fertile period in a woman's menstrual cycle as falling halfway between two menstrual periods. The level is somewhat higher for women using ovulatory cycle-related methods (49 percent) than for women not using these methods (35 percent). Thirty-nine percent of women incorrectly identified the fertile period to be right after a woman's menstrual period.

Unmet Need for Family Planning. Unmet need for family planning is defined as the percentage of currently married women who either do not want any more children or want to wait before having their next birth, but are not using any method of family planning. The 2008 NDHS data show that the total unmet need for family planning in the Philippines is 22 percent, of which 13 percent is limiting and 9 percent is for spacing. The level of unmet need has increased from 17 percent in 2003.

Overall, the total demand for family planning in the Philippines is 73 percent, of which 69 percent has been satisfied. If all of need were satisfied, a contraceptive prevalence rate of about 73 percent could, theoretically, be expected. Comparison with the 2003 NDHS indicates that the percentage of demand satisfied has declined from 75 percent.

Maternal Health

Antenatal Care. Nine in ten Filipino mothers received some antenatal care (ANC) from a medical professional, either a nurse or midwife (52 percent) or a doctor (39 percent). Most women have at least four antenatal care visits. More than half (54 percent) of women had an antenatal care visit during the first trimester of pregnancy, as recommended. While more than 90 percent of women who received antenatal care had their blood pressure monitored and weight measured, only 54 percent had their urine sample taken and 47 percent had their blood sample taken. About seven in ten women were informed of pregnancy complications. Three in four births in the Philippines are protected against neonatal tetanus.

Delivery and Postnatal Care. Only 44 percent of births in the Philippines occur in health facilities—27 percent in a public facility and 18 percent in a private facility**.** More than half (56 percent) of births are still delivered at home. Sixty-two percent of births are assisted by a health professional—35 percent by a doctor and 27 percent by a midwife or nurse. Thirty-six percent are assisted by a traditional birth attendant or hilot. About 10 percent of births are delivered by C-section.

The Department of Health (DOH) recommends that mothers receive a postpartum check within 48 hours of delivery. A majority of women (77 percent) had a postnatal checkup within two days of delivery; 14 percent had a postnatal checkup 3 to 41 days after delivery.

CHILD HEALTH

Childhood Mortality. Childhood mortality continues to decline in the Philippines. Currently, about one in every 30 children in the Philippines dies before his or her fifth birthday. The infant mortality rate for the five years before the survey (roughly 2004-2008) is 25 deaths per 1,000 live births and the under-five mortality rate is 34 deaths per 1,000 live births. This is lower than the rates of 29 and 40 reported in 2003, respectively. The neonatal mortality rate, representing death in the first month of life, is 16 deaths per 1,000 live births. Under-five mortality decreases as household wealth increases; children from the poorest families are three times more likely to die before the age of five as those from the wealthiest families.

There is a strong association between under-five mortality and mother's education. It ranges from 47 deaths per 1,000 live births among children of women with elementary education to 18 deaths per 1,000 live births among children of women who attended college. As in the 2003 NDHS, the highest level of under-five mortality is observed in ARMM (94 deaths per 1,000 live births), while the lowest is observed in NCR (24 deaths per 1,000 live births).

Childhood Vaccination Coverage. Seven in ten children age 12-23 months had received all the recommended vaccines—BCG, measles, and three doses each of DPT and polio vaccines—before reaching age one. Six percent of children had not received any of the recommended vaccines. Vaccination coverage is slightly higher in urban areas than rural areas (82 percent compared with 77 percent of children with all basic vaccines). There is marked variation in vaccination coverage by region, ranging from 31 percent in ARMM to 92 percent in Western Visayas. Vaccination coverage increases with mother's education; only 66 percent of children whose mothers have some primary education have been fully vaccinated compared with 87 percent of children whose mothers have some college education or higher.

Child Illness and Treatment. Only five percent of children under five had symptoms of an acute respiratory infection (ARI) in the two weeks before the survey. Half of these children were taken to health facility for treatment, while 42 percent were given antibiotics. Twenty-two percent of children under five had a fever in the two weeks before the survey. Thirty-nine percent of these cases were taken to a health facility or health provider and 30 percent were given antibiotic drugs.

During the two weeks before the survey, 9 percent of children under five had diarrhea. The level was highest among children 12-23 months (16 percent) and children age 6-11 months (15 percent). Three in five children with diarrhea were treated with oral rehydration therapy (ORT), either with oral rehydration salts (ORS) packets or recommended home fluids (RHF), and about one in three received increased fluids, as recommended. Twenty-seven percent received home remedies and 17 percent received antibiotics. Sixteen percent received no treatment.

NUTRITION

Breastfeeding Practices. Eighty-eight percent of children born in the Philippines are breastfed. There has been no change in this practice since 1993. In addition, the median durations of any breastfeeding and of exclusive breastfeeding have remained at 14 months and less than one month, respectively. Although it is recommended that infants should *not* be given anything other than breast milk until six months of age, only one-third of Filipino

children under six months are exclusively breastfed. Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. More than half of children ages 6-9 months are eating complementary foods in addition to being breastfed.

The Infant and Young Child Feeding (IYCF) guidelines contain specific recommendations for the number of times that young children in various age groups should be fed each day as well as the number of food groups from which they should be fed. NDHS data indicate that just over half of children age 6-23 months (55 percent) were fed according to the IYCF guidelines.

Vitamin A and Iron Intake. Micronutrients help protect children from certain diseases. Vitamin A, which prevents blindness and infection, and iron are particularly important for children and their mothers. Survey data indicate a high level of dietary intake of both these items—in the 24 hours before the survey, 89 percent of children age 6-35 months ate fruits and vegetables rich in vitamin A and 78 percent ate foods rich in iron. Three out of four children (76 percent) age 6-59 months received a vitamin A supplement in the six months prior to the survey.

Iron supplementation during pregnancy is important to prevent iron deficiency anemia and other complications. Eighty-one percent of women took iron supplements during their last pregnancy. In addition, 46 percent of women received a vitamin A supplement postpartum.

HIV/AIDS

Awareness of HIV/AIDS. While over 94 percent of women have heard of AIDS, only 53 percent know the two major methods for preventing transmission of HIV (using condoms and limiting sex to one uninfected partner). Only 45 percent of young women age 15-49 know these two methods for preventing HIV transmission. Knowledge of prevention methods is higher in urban areas than in rural areas and increases dramatically with education and wealth. For example, only 16 percent of women with no education know that using condoms limits the risk of HIV infection compared with 69 percent of those who have attended college.

Misconceptions about HIV transmission are still common in the Philippines. Only 58 percent of women know that AIDS cannot be transmitted by sharing food with someone who has AIDS and 63 percent know that AIDS cannot be transmitted through mosquito bites.

Premarital Sex and Use of Condoms among Youth. Among never-married women age 15-24 years, four percent said they had sex in the 12 months preceding the survey and 14 percent of these women said they used a condom at their last sexual intercourse. Overall, four percent of young women said they used a condom the first time they ever had sex. Condom use at first sex is more likely among those with higher educational attainment, those in higher wealth quintiles, and those residing in urban areas.

Higher-Risk Sex and Condom Use. Among women who had sex in the 12 months before the survey, 3 percent reported having had higher-risk sexual intercourse (i.e., sexual intercourse with someone other than their spouse or cohabiting partner). Higher-risk sex is more prevalent among younger women, those living in urban areas, and those in the National Capital Region. Higher-risk sexual behavior increases with education and wealth. Of the women who engaged in higher-risk sex, 11 percent reported using a condom at their last sexual intercourse.

TUBERCULOSIS

Knowledge of TB. While awareness of tuberculosis (TB) is high, knowledge of its causes and symptoms is less common. Only 1 in 4 women know that TB is caused by microbes, germs or bacteria. Instead, respondents tend to say that TB is caused by smoking or drinking alcohol, or that it is inherited. Symptoms associated with TB are better recognized. Over half of the respondents cited coughing, while 39 percent mentioned weight loss, 35 percent mentioned blood in sputum, and 30 percent cited coughing with sputum.

Treatment of TB. About one in five women have ever had either a cough that lasted 2 weeks or

chest or back pain. Overall, 33 percent of women have had at least one symptom that is associated with TB. Of those, 43 percent sought treatment, while one in seven women said the symptoms were harmless and therefore decided not to seek treatment. Self medication is a major reason for not seeking treatment, cited by one in three women who ever had TB symptoms.

TB-related Discrimination. Six in ten women report they are willing to work with someone who has previously been treated for TB. The higher the respondent's level of education and wealth, the more tolerant they are of those with a history of TB.

Women's Status

Women's Status and Employment. Sixty percent of currently married women age 15-49 interviewed in the 2008 NDHS were employed in the year before the survey. Among those who are employed, most earn cash, while 6 percent are unpaid. Most women decide how their earnings are spent jointly with their husbands. Only four percent report that mainly their husband decides how their earnings are spent.

Women's Participation in Household Decisions. Filipino women contribute to many household decisions. Eighty-six to 94 percent of women report that they participate in decisions concerning their own health care, daily and major household purchases, and visits to family or relatives. About three in four women participate in all four of these decisions; only one percent participates in none of them.

Attitudes Toward Wife Beating. In the 2008 NDHS, women were asked whether they think a husband is justified in hitting or beating his wife under a series of circumstances: if she burns the food, if she argues with him, if she goes out without telling him, if she neglects the children, and if she refuses to have sexual intercourse with him. Only 14 percent of women agree that a husband is justified in beating his wife for any of the reasons. Neglecting the children is the most commonly justified reason for wife beating among women (12 percent), while the least common reason is refusal to have sexual intercourse with him or burning the food (2 percent each).

Women's Empowerment and Health Outcome. Women who participate in more household decisions are more likely to use a family planning method than women who do not participate in any decisions. Women who participate in more decisions are also more likely to receive postnatal care from a medically trained provider.

Domestic Violence

Spousal Violence. Emotional and other forms of non-personal violence—such as insults, humiliation, and threats of harm—are the most common types of spousal violence: 23 percent of ever-married women report having experienced such violence by their husbands, with 15 percent reporting these types of violence occurred in the year prior to the survey.

One in seven ever-married women report having experienced physical violence by their husbands. Eight percent report that violence has occurred in the year before the survey. Slapping and pushing/shaking/throwing something at her are the most commonly reported types of physical violence.

Eight percent of ever-married women report having ever experienced sexual violence by their husbands, while 5 percent report such violence occurred in the previous year.

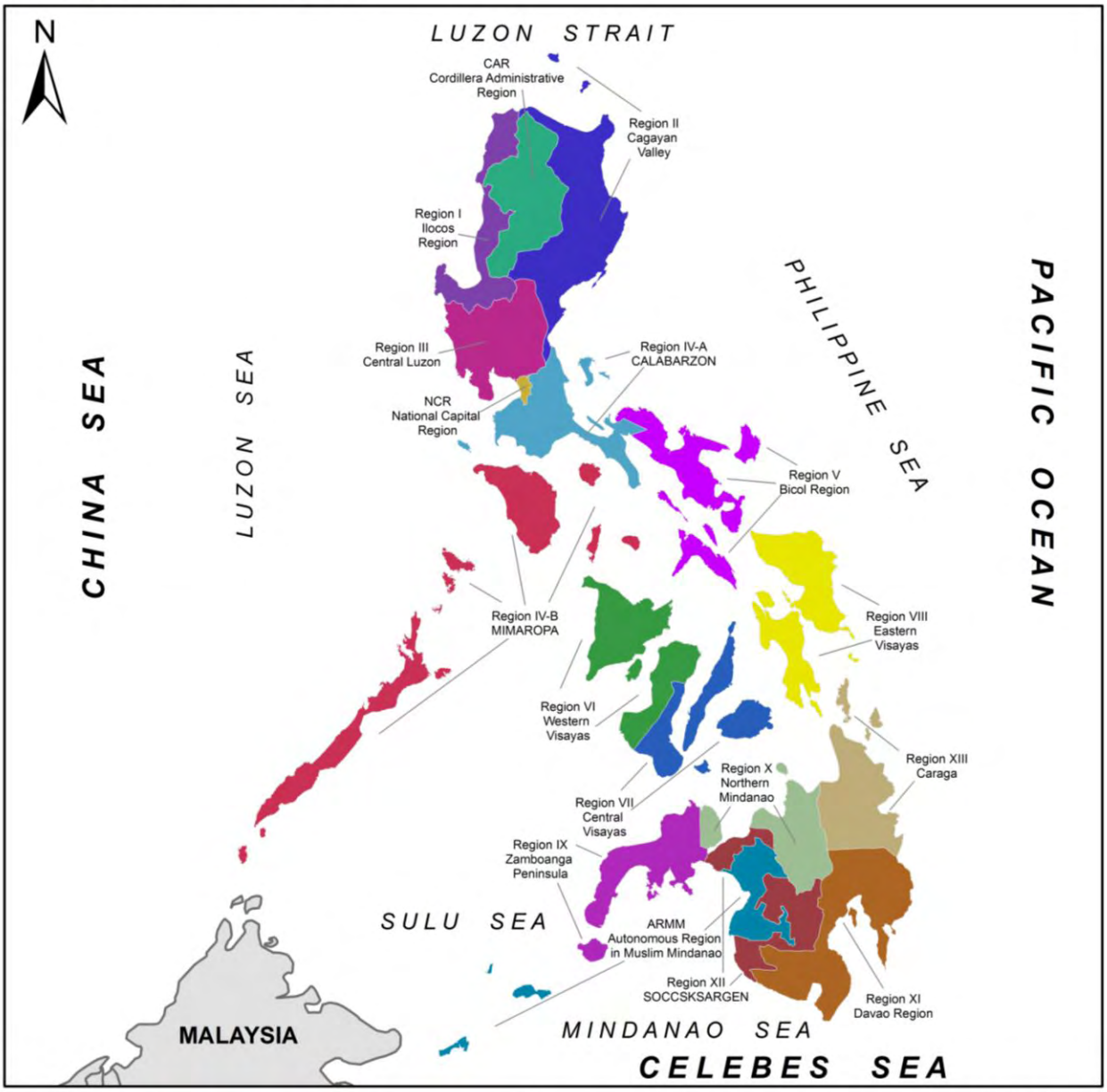
About three in ten women report having experienced spousal violence (physical, sexual, or other type of violence). Women who are divorced, separated, or widowed (52 percent) are more likely to report having ever experienced some form of spousal violence than women who are currently married. Experience of violence increases with the number of children (22 percent among women with no children compared with 33 percent among women with five or more children), but decreases with wealth (34 percent among women in the lowest wealth quintiles compared with 19 percent for those in the highest quintile). Women living in Caraga, SOCCSKSARGEN, Central Visayas, and MIMAROPA are most likely to report spousal violence (40 percent or higher), while women in ARMM and CALABARZON are least likely to report violence (lower than 20 percent).

Spousal Violence and Husband's Characteristics. Men's characteristics also affect the likelihood of spousal violence. Women whose husbands have no education are more likely than those with highly educated husbands to report violence (32 percent versus 23 percent). In addition, the more the husband's/partner's alcohol consumption and marital control behaviors, the greater the likelihood of the woman reporting experience of spousal violence.

Consequences of Spousal Violence. About three in five women who experienced either physical or sexual spousal violence reported having experienced psychological consequences like depression, anxiety and anger. Physical injuries such as cuts, bruises or aches are reported by one in three women who experience physical or sexual violence. More than 10 percent reported that they suffered eye injuries, sprains, dislocations or burns and about the same proportion reported that they attempted to commit suicide.

Help Seeking to Stop Violence. Eighteen percent of women sought help from someone about the physical or sexual violence committed against them. About one in four women fought back either physically or verbally (21 percent and 27 percent, respectively). Among those who sought help, about half went to their own family for help, while three in ten went to a friend or neighbor. Only 15 percent sought help from the husband's family.

PHILIPPINES



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INTRODUCTION 1

1.1 GEOGRAPHY, HISTORY, AND ECONOMY

The Philippine archipelago is located about 1,210 km east of the coast of Vietnam and separated from Taiwan in the north by the Bashi Channel. It is bounded by the Philippine Sea (and Pacific Ocean) on the east, by the Celebes Sea on the south, and by the South China Sea on the west.

The Philippines comprise 7,107 islands and has a total land area of 300,000 km^2. There are three main island groups: Luzon, Visayas, and Mindanao.

The Philippines is divided into local government units (LGUs). The provinces are the largest political unit in the governmental structure of the Philippines. These are subdivided into cities and municipalities, which are composed of *barangays*. The barangays are the smallest local government unit.

Provinces are grouped into regions which have more or less homogeneous characteristics, such as ethnic origin of inhabitants, dialect spoken, and agricultural produce, among others. The regions are subnational administrative divisions that serve primarily to organize the provinces for administrative convenience. The National Capital Region, however, is composed of four special districts. Most government agencies establish regional offices instead of individual provincial offices, usually (but not always) in the city designated as the regional center. The regions do not possess a separate local government except for the Autonomous Region in Muslim Mindanao (ARMM) with an elected regional assembly and governor.

The Philippines has a tropical wet climate dominated by a rainy season and a dry season. The wet or rainy season is from June to October and the dry season is from November to May. The weather is cool and dry from November to February while it is hot and dry from March to May.

Following the Japanese occupation during World War II, the Philippines obtained its full independence from the United States in 1946, and had a promising economy in the 1950s and 1960s. However, the country was faced with civil unrest against the dictatorship of President Ferdinand Marcos, who declared martial law in 1972. The 20-year Marcos rule brought about economic stagnation and macroeconomic instability. In 1986, the bloodless People Power Revolution overthrew Marcos and democracy was restored in the country. During the Aquino administration, perceptions of political instability further worsened the economy that had shrunk by 10 percent during severe recession in 1985 and 1986. In the 1990s, economic reforms led by President Ramos brought back business and foreign investment to the country, which resulted in higher growth; however, this was interrupted by the Asian financial crisis in 1997. The administration under President Arroyo brought substantial progress in restoring macroeconomic stability. Economic growth has averaged 5 percent since 2001. New revenue measures and tightened expenditures helped avert the fiscal crisis and resulted in declining fiscal deficits, narrowing debt and debt service ratios, and increased spending on infrastructure and social services. The Philippine economy grew at its fastest pace in three decades in 2007 with real GDP growth at 7.1 percent. However, the global financial crisis slowed growth to 3.8 percent in 2008. High government spending, a relatively small trade sector, a resilient service sector, and large remittances from overseas Filipino workers have helped cushion the economy from the current global financial crisis (CIA, 2009).

1.2 POPULATION AND FAMILY PLANNING PROGRAM

In 1970, the Philippine government launched the National Population Program following the creation in 1969 of the Commission on Population (POPCOM) by former President Marcos. The program's principal thrust was the reduction of fertility and its core strategy was the provision of family planning services using a clinic-based and contraceptive-oriented approach. To improve access to services, a community-based approach was later adopted to extend and integrate family planning services with other development activities in rural areas (POPCOM, 2002).

However, the weak economic situation of the country in the early 1980s and during the Aquino administration affected logistical aspects of the program. In addition, the program was faced with institutional instability because of changing POPCOM leadership, opposition from the Catholic Church, and local criticism of its demographic targets. In response, the program changed its emphasis to family welfare and development and broadened its scope to include family formation, status of women, maternal and child health, child survival, and mortality and morbidity. Other areas covered under the program were population distribution and urbanization, internal and international migration, and population structure. The program adopted a two-pronged strategy: 1) integration of population and development (POPDEV), and 2) responsible parenthood and family planning (FP/RP) (POPCOM, 2002). During this period, institutional and operational responsibility for the family planning program was transferred to the Department of Health (DOH) as part of promoting maternal and child health and other health initiatives (PCPD, 2008). Responsible parenthood and family planning was then transformed into a health program and was called the Philippine Family Planning Program.

The Ramos administration, which strongly supported the population program, paved the way for the redefinition of the country's population program from "population control" to "population management." Anchored by the population-resource-environment (PRE), or sustainable development, framework, the program was renamed the Philippine Population Management Program (PPMP). The Ramos administration's support to the PPMP led to the Philippines' participation in various international fora and the program's integration into the national policy agenda. The PPMP Directional Plan for 1998-2003, which was based on the PRE framework, served as the blueprint of the PPMP's direction for the six-year period (POPCOM, 2002). With the passage of the Local Government Code of the Philippines, health service delivery including family planning services, training and counseling became a mandate of the local government units, while POPCOM's functions were redefined to include planning, policy formulation, and advocacy (PCPD, 2008).

POPCOM further expanded this framework in three areas: 1) to explicitly consider the role of human resource development (the expansion of knowledge, skills, and improved health and nutrition to enhance productivity), 2) to explicitly incorporate PPMP's other major concerns of reproductive health, adolescent health and development, and gender equity, and 3) to explicitly expand POPCOM's role to include acting as a champion for reducing unmet need for family planning and helping couples to achieve their fertility preferences through the Responsible Parenthood and Family Planning Program. Aside from giving value to the balance between and among population levels, resources, and environment, the Population and Sustainable Development framework redefined development as the sustained capacity to achieve a better quality of life or well-being. Quality of life includes the capacity to be free from avoidable illness, be nourished, be educated, have employment and income opportunities, meet one's fertility preferences, and enjoy social justice and equity, among others (POPCOM, 2002).

In 2000, the PPMP Directional Plan for 2001-2004, which was based on the Population and Sustainable Development framework, was prepared and finalized under former President Estrada. The plan promoted responsible parenthood within the context of sustainable development, with emphasis on the health rationale of family planning and the exercise of reproductive health and sexual rights. The plan also responded strongly to the problem of unmet need for family planning to achieve an overall desired number of children of 2.7 and replacement-level fertility of 2.1 children per couple in 2004 (POPCOM, 2002).

To contribute to President Arroyo's poverty alleviation program, the POPCOM Board of Commissioners updated the PPMP Directional Plan of 2001-2004 through the development of a PPMP Strategic Operational Plan (SOP) for 2002-2004. As an expansion of the Population and Sustainable Development framework, the PPMP SOP focused on addressing unmet need for family planning among poor couples, and the sexuality and fertility information needs of adolescents and young people, especially those who are poor. The SOP aimed to concentrate on three strategic action areas, namely, service delivery, information, education, and communication or advocacy, and capacity building (POPCOM, 2002). As the Arroyo administration has declared natural family planning as the focus of reproductive health services, the DOH issued Administrative Order No. 125 or the National Natural Family Planning (NFP) Strategic Plan for 2002-2006 with the policies, standards, strategies, and activities for mainstreaming NFP methods (PCPD, 2008).

In 2006, President Arroyo gave full responsibility of implementing the Responsible Parenthood and Natural Family Planning Program to the DOH, POPCOM, and the local government units. The Responsible Parenthood and Natural Family Planning Program primarily promotes natural family planning, birth spacing (three years birth spacing) and breastfeeding (POPCOM, 2008).

Currently, the PPMP includes four major areas: 1) Population and Development Planning, 2) Reproductive Health/Family Planning, 3) Adolescent Health and Youth Development, and 4) Resource Generation and Mobilization (PCPD, 2008).

1.3 Objectives of the Survey

Like previous Demographic and Health Surveys (DHS) conducted in the Philippines, the 2008 National Demographic and Health Survey (NDHS) was primarily designed to provide information on population, family planning, and health to be used in evaluating and designing policies, programs, and strategies for improving health and family planning services in the country. The 2008 NDHS also included questions on domestic violence. Specifically, the 2008 NDHS had the following objectives:

- Collect data at the national level that will allow the estimation of demographic rates, particularly, fertility rates by urban-rural residence and region, and under-five mortality rates at the national level.
- Analyze the direct and indirect factors which determine the levels and patterns of fertility.
- Measure the level of contraceptive knowledge and practice by method, urban-rural residence, and region.
- Collect data on family health: immunizations, prenatal and postnatal checkups, assistance at delivery, breastfeeding, and prevalence and treatment of diarrhea, fever, and acute respiratory infections among children under five years.
- Collect data on environmental health, utilization of health facilities, prevalence of common non-communicable and infectious diseases, and membership in health insurance plans.

- Collect data on awareness of tuberculosis.
- Determine women's knowledge about HIV/AIDS and access to HIV testing.
- Determine the extent of violence against women.

1.4 ORGANIZATION OF THE SURVEY

The 2008 Philippines National Demographic and Health Survey (NDHS) was implemented by the National Statistics Office (NSO). Funding for the survey was received from the Government of the Philippines. The United States Agency for International Development (USAID) provided financial support in the preparatory phase of the project, as well as technical assistance from ICF Macro on questionnaire design, training, data processing, generation of tables, weights and sampling errors, and review of reports through the global MEASURE Demographic and Health Surveys (DHS) program.

A survey Steering Committee was established which provided overall direction for the 2008 NDHS activities. The committee was headed by Dr. Mercedes Concepcion and consisted of senior representatives from USAID, ICF Macro, the Department of Health (DOH), the National Institutes of Health (NIH), the National Statistical Coordination Board (NSCB), the University of the Philippines Population Institute (UPPI), the University of the Philippines School of Economics, the National Economic and Development Authority (NEDA), the Food and Nutrition Research Institute (FNRI), the Population Commission (POPCOM), the Philippine Legislators' Committee on Population Development (PLCPD), the Philippine Health Insurance Corporation (Philhealth), the National Commission on the Role of Filipino Women (NCRFW), and the Department of Social Welfare and Development (DSWD). Two technical working groups—one on health and another on violence against women—were also formed with representatives from the above-mentioned agencies. These working groups identified and recommended survey items for inclusion in or deletion from the survey; the items were reviewed and approved by the Steering Committee.

The Regional Directors of the regional statistical offices, assisted by the Provincial Statistics Officers, were mainly responsible for the administrative aspects of the survey, while the designated Regional Supervisors were responsible for the survey's technical concerns.

1.5 SAMPLE DESIGN AND IMPLEMENTATION

The 2008 NDHS used the 2003 master sample created by NSO for its household-based surveys. The 2008 NDHS used one of the four replicates of the master sample. The NDHS sample was designed to represent each of the country's 17 administrative regions. In each region, a stratified three-stage sample design was employed. At the first stage, primary sampling units (PSUs) were selected with probability proportional to the estimated number of households from the 2000 Census. PSUs consisted of one barangay or a group of contiguous barangays. At the second stage, enumeration areas (EAs) were selected within sampled PSUs with probability proportional to size. At the third stage, housing units were selected with equal probability within sampled EAs.

An EA is defined as an area with discernable boundaries within barangays and consisting of about 150 contiguous households. These EAs were identified during the 2000 Census.

The 2008 NDHS sample contains 794 enumeration areas (EAs). From each EA, an average of 17 housing units was selected using systematic sampling. All households in a sampled housing unit were interviewed, except when there were three or more households in the housing unit. For such a housing unit, three households were selected using simple random sampling. Over 13,500 households were selected for the 2008 NDHS. The sampled households per EA ranged from as low as 3 to as high as 32.

1.6 QUESTIONNAIRES

Three questionnaires were used for the 2008 NDHS: the Household Questionnaire, the Women's Questionnaire and the Women's Safety Module. These questionnaires were based on the standard questionnaires developed by the MEASURE DHS program and modified—as recommended by the technical working groups and approved by the Steering Committee—to address relevant family planning and health issues in the Philippines. The three questionnaires were translated from English into six major dialects—Tagalog, Cebuano, Ilocano, Bicol, Hiligaynon, and Waray.

The Household Questionnaire was used to list all the usual members and visitors in the selected households, as well as some background information on each person listed such as age, sex, relationship to head of the household, health insurance coverage, and education. The main purpose of the Household Questionnaire was to identify women who were eligible for the individual interview. Information on characteristics of the household's dwelling unit, such as the source of water, type of toilet facilities, materials used for the floor, roof, and walls of the house, and ownership of various durable goods was recorded in the Household Questionnaire. These items are indicators of the household's socioeconomic status. Finally, this questionnaire was used to gather information on prevalence of common noncommunicable and infectious diseases, health-seeking behavior, and utilization of health facilities by household members.

The Women's Questionnaire was used to collect information from all women age 15-49. These women were asked questions on the following topics:

- Background characteristics (e.g., education, media exposure)
- Reproductive history
- Knowledge and use of family planning methods
- Prenatal, delivery, and postnatal care and breastfeeding
- Child immunization and health and nutrition of mothers and children
- Marriage and sexual activity
- Fertility preferences
- Woman's work and husband's background characteristics
- Awareness and behavior regarding HIV/AIDS
- Other health issues

The Women's Safety Module was used to interview one respondent selected from all eligible women age 15 to 49 years who were identified from the Household Questionnaire. It collected information on the following topics:

- Women's experience of violence since age 15 and in the 12 months preceding the survey
- Violence during pregnancy
- Marital control
- Interspousal violence
- Experience of forced sex at sexual initiation
- Help-seeking behavior by women who have experienced violence

Three pretests were conducted in 2008 prior to finalizing the survey instruments. The first was conducted in March, the second in April, and the third in May. The pretests primarily aimed to test the questionnaires for clarity and correctness of the new questions; the suitability of the translations in the six dialects (Tagalog, Cebuano, Ilocano, Bicol, Hiligaynon, and Waray); the sustainability of respondents' participation in the survey; and the actual field operation procedures.

1.7 Training and Fieldwork

Training of the field staff was conducted at two levels. The first was Task Force training for the instructors and regional supervisors; this was followed by training for the interviewing teams. The Task Force training was conducted in Manila on July 7-18, 2008. There were 36 participants, including 17 regional supervisors and 19 central office staff. Selected staff from the Demographic and Social Statistics Division (DSSD) at the NSO and professors from the University of the Philippines served as trainers. A consultant from ICF Macro and staff from the Department of Health, the National Commission on the Role of Filipino Women, and the Department of Social Welfare and Development served as resource persons.

The second-level training for the interviewers took place in 12 training centers from July 21 through August 5, 2008: Antipolo, Rizal; San Fernando Pampanga; Agoo, La Union; Lipa City, Batangas; Calapan City, Oriental Mindoro; Legazpi City; Iloilo City; Cebu City; Zamboanga City; Cagayan de Oro City; Davao City; and Cotabato City. Instructors for the training were members of the Task Force who had been trained in the first-level training.

Data collection was carried out from August 7 to September 27, 2008 by 57 interviewing teams. Each team consisted of a team supervisor, a field editor, and 3-6 female interviewers.

1.8 Data Processing

Data processing was carried out at the NSO central office in Manila. It consisted of manual editing, data entry, verification, and editing of computer-identified errors. Forty-five hired data processors who underwent training October 6-17, 2008 processed the 2008 NDHS data.

An ad hoc group composed of eight employees from the Demographic and Social Statistics Division, the Information Resources Division, and the Information Technology Operations Division of the NSO was created. They worked full time at the NDHS Data Processing Center and were responsible for various aspects of the NDHS data processing.

Manual editing began October 7, 2008 and data entry began October 21, 2008. The computer software package called CSPro (Census and Survey Processing System) was used for data entry. The data entry program was developed in Manila at NSO with the assistance of data processing specialists from ICF Macro. Data processing was completed on December 22, 2008.

1.9 Response Rates

In the 2008 NDHS a total of 13,764 households were selected in the sample, of which 12,555 households were occupied. Of these households, 12,469 were successfully interviewed, yielding a household response rate of 99 percent (Table 1.1).

In the interviewed households 13,833 women were identified for the individual interview. A total of 13,594 women were successfully interviewed, yielding a response rate of 98 percent. A total of 9,458 women were identified as eligible for the Women's Safety Module, of whom 9,316 were interviewed with privacy, yielding a response rate of 99 percent. Response rates in urban and rural areas were similar.

Table 1.1 Results of the household, women's, and women's safety interviews

Number of households, number of interviews, and response rates according to residence, Philippines 2008

Result	Residence		Total
	Urban	Rural	
Household interviews			
Households selected	6,207	7,557	13,764
Households occupied	5,602	6,953	12,555
Households interviewed	5,544	6,925	12,469
Household response rate[1]	99.0	99.6	99.3
Interviews with women age 15-49			
Number of eligible women	6,880	6,953	13,833
Number of eligible women interviewed	6,762	6,832	13,594
Eligible women response rate[2]	98.3	98.3	98.3
Women's safety module interviews			
Number of eligible women	4,410	5,048	9,458
Number of eligible women interviewed with privacy	4,353	4,963	9,316
Woman's safety module response rate[2]	98.7	98.3	98.5

[1] Households interviewed/households occupied
[2] Respondents interviewed/eligible respondents

HOUSEHOLD POPULATION AND HOUSING CHARACTERISTICS 2

This chapter provides a summary of the demographic and socioeconomic characteristics of the household population in the 2008 National Demographic and Health Survey (NDHS). The 2008 NDHS provides valuable inputs for social and economic development planning and it is also useful for understanding and identifying the major factors that determine or influence the basic demographic indicators of the population.

The Household Questionnaire used in the 2008 NDHS collected data on the demographic and social characteristics of the members and visitors in each sample household. A household, as defined in the survey, refers to a person or group of persons who usually sleep in the same housing unit and have a common arrangement for the preparation and consumption of food. A visitor is someone who is not a usual resident of the household but slept in the household the night prior to the interview.

In the 2008 NDHS, information was collected on each household's ownership of a number of consumer items, such as radio, television, or car, as well as on dwelling characteristics and sanitation facilities. The information on household assets was used to create an index representing the wealth of the households interviewed in the survey.

2.1 AGE AND SEX COMPOSITION OF THE HOUSEHOLD POPULATION

Age and sex are important demographic variables and are the primary basis of demographic classification in vital statistics, censuses, and surveys. They are also important variables in the study of mortality, fertility, and nuptiality. In general, the presentation of indicators according to sex is useful for analysis.

The 2008 NDHS collected information on a total of 57,629 persons. This number is almost equally divided between males and females, and the overall sex ratio (the number of males per 100 females) is 101. The sex ratio differs by residence; it is lower in urban areas than in rural areas (97 and 107, respectively) (Table 2.1). The proportion of the population below age 15 years is larger in rural than in urban areas (39 and 33 percent, respectively), indicating a younger age structure for the rural population. Table 2.2 shows that the proportion under age 15 has declined somewhat over the past five years, leading to a narrowing of the base of the population pyramid (Figure 2.1).

Table 2.1 Household population by age, sex, and residence

Percent distribution of the de facto household population by five-year age groups, according to sex and residence, Philippines 2008

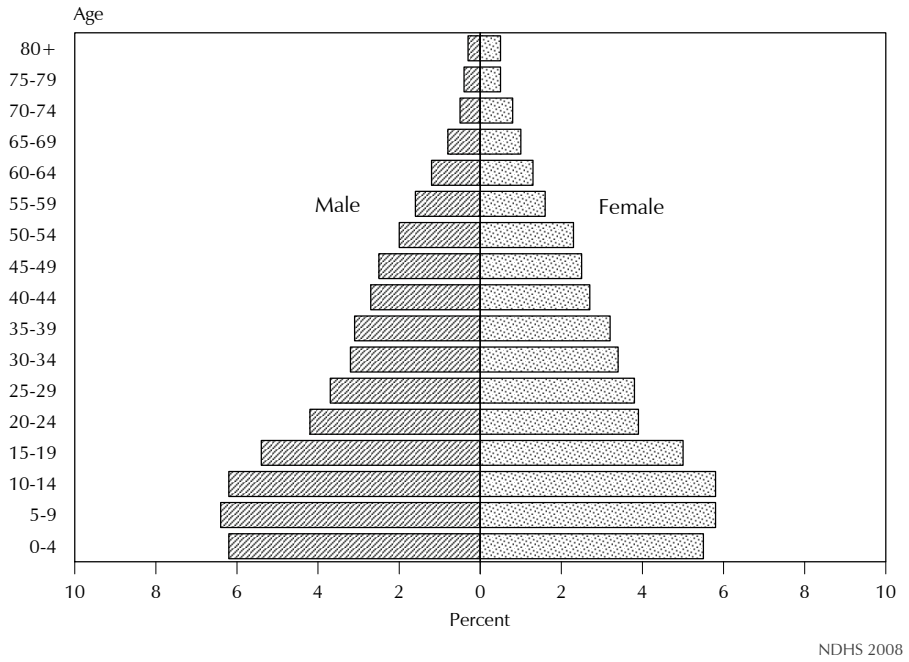
	Urban			Rural			Total		
Age	Male	Female	Total	Male	Female	Total	Male	Female	Total
<5	11.9	10.3	11.1	12.6	11.8	12.2	12.2	11.1	11.6
5-9	12.4	10.2	11.3	13.2	13.2	13.2	12.8	11.6	12.2
10-14	10.9	10.2	10.6	13.5	13.1	13.3	12.2	11.6	11.9
15-19	10.7	10.7	10.7	10.8	9.3	10.1	10.8	10.1	10.4
20-24	9.0	8.9	8.9	7.6	6.7	7.1	8.3	7.8	8.0
25-29	8.1	8.5	8.3	6.7	6.8	6.7	7.4	7.7	7.5
30-34	7.0	7.5	7.3	5.9	6.0	5.9	6.4	6.8	6.6
35-39	6.4	6.7	6.6	5.7	6.2	6.0	6.1	6.5	6.3
40-44	5.7	5.9	5.8	5.2	5.2	5.2	5.4	5.5	5.5
45-49	5.1	5.1	5.1	5.0	5.0	5.0	5.0	5.1	5.1
50-54	3.8	4.6	4.2	4.1	4.8	4.4	4.0	4.7	4.3
55-59	3.1	3.2	3.1	3.1	3.2	3.2	3.1	3.2	3.1
60-64	2.3	2.8	2.6	2.4	2.6	2.5	2.4	2.7	2.5
65-69	1.7	1.9	1.8	1.6	2.2	1.8	1.6	2.0	1.8
70-74	0.9	1.4	1.2	1.2	1.6	1.4	1.0	1.5	1.3
75-79	0.6	1.0	0.8	0.9	1.1	1.0	0.7	1.0	0.9
80 +	0.5	1.0	0.7	0.7	1.1	0.9	0.6	1.1	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	14,299	14,777	29,076	14,728	13,825	28,553	29,027	28,602	57,629

Table 2.2 Dependency ratios

Percent distribution of the household population by broad age groups from censuses and NDHS surveys, Philippines

Age group	1970 Census	1980 Census	1990 Census	1993 NDHS	1995 Census	1998 NDHS	2000 Census	2003 NDHS	2008 NDHS
<15	45.7	42.0	39.5	39.3	38.4	38.5	37.0	38.0	35.7
15-64	51.4	54.6	57.1	56.8	58.1	57.3	59.2	57.8	59.3
65+	2.9	3.4	3.4	3.9	3.5	4.2	3.8	4.2	4.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Dependency ratio	94.6	83.2	75.1	76.1	72.2	74.5	69.0	73.0	68.3

Figure 2.1 Population Pyramid



NDHS 2008

2.2 HOUSEHOLD COMPOSITION

Information on the distribution of households by selected background characteristics is useful for several reasons. For example, female-headed households are often found to be poorer than male-headed households. The size and composition of the household influence the allocation of limited resources and affect the living conditions of individuals in the household. Information on the size and composition of the sample households by urban-rural residence is presented in Table 2.3.

Around 17 percent of households are headed by women. This proportion is higher in urban areas than in rural areas (19 and 14 percent, respectively). On average, a household is composed of 4.8 persons, and the figure is the same in urban and rural areas (4.8 persons for both).

Table 2.3 Household composition

Percent distribution of households by sex of head of household and by household size, according to residence, Philippines 2008

Characteristic	Residence		Total
	Urban	Rural	
Household headship			
Male	81.3	85.6	83.4
Female	18.7	14.4	16.6
Total	100.0	100.0	100.0
Number of usual members			
1	5.2	5.3	5.3
2	10.0	10.1	10.0
3	15.3	14.9	15.1
4	18.6	19.4	19.0
5	18.0	17.3	17.6
6	13.0	12.6	12.8
7	8.9	8.5	8.7
8	4.7	5.8	5.2
9+	6.4	6.2	6.3
Total	100.0	100.0	100.0
Mean size of households	4.8	4.8	4.8
Number of households	6,277	6,192	12,469

Note: Table is based on de jure household members, i.e., usual residents.

2.3 EDUCATION OF HOUSEHOLD POPULATION

Studies show that education is one of the major socioeconomic factors that influence a person's behavior and attitudes. In general, better-educated women are more knowledgeable about the use of health facilities, family planning methods, and the health of their children. Education is highly valued by Filipino families. This is reflected in the country's constitution, which states that education up to high school level is a basic right of all Filipino children. Furthermore, in September 2000, the United Nations General Assembly encouraged all member countries to achieve the Millennium Development Goals, specifically Goal 2, which is aimed at achieving universal primary education and gender equity by 2015.

Information on the highest level of education attained or completed by the population, according to selected background characteristics, is presented in Tables 2.4.1 and 2.4.2 for females and males, respectively.

The results of the 2008 NDHS indicate that the vast majority of the population has some formal education. Among females age six and over, only about 7 percent have no formal education. Among females and males, two in five attended or completed elementary school; three in ten attended or completed high school, and one in five attended college or another form of higher education. No major gender differences were seen by level of education. However, there are substantial differences between urban and rural areas.

Urban residents are more likely than rural residents to have completed high school or higher education. This finding likely reflects better access to education facilities by urban residents than by rural residents because colleges and universities are more likely to be situated in cities and urbanized areas.

The distribution of population by highest level of education attended varies substantially among the regions of the country (Figure 2.2). Residents of the National Capital Region (NCR) and CALABARZON tend to have more education than residents in the rest of the country; the median duration of schooling in these regions is 8 to 9 years, compared with only 3 to 7 years in most of the other regions. Residents of the Autonomous Region in Muslim Mindanao (ARMM) have the lowest median duration of schooling (4 years for women and 3 years for men).

Table 2.4.1 Educational attainment of the female household population

Percent distribution of the de facto female household population age six and over by highest level of schooling attended or completed and median years completed, according to background characteristics, Philippines 2008

Background characteristic	No education	Some elementary	Completed elementary[1]	Some high school	Completed high school[2]	College or higher	Total	Number	Median years completed
Age									
6-9	40.2	59.2	0.5	0.0	0.0	0.0	100.0	2,674	0.4
10-14	2.1	55.8	18.5	23.0	0.5	0.1	100.0	3,318	4.6
15-19	1.2	6.4	7.5	39.6	26.9	18.4	100.0	2,880	8.8
20-24	1.1	4.9	5.7	13.3	33.5	41.4	100.0	2,232	9.7
25-29	1.0	6.5	8.8	12.2	32.4	39.0	100.0	2,190	9.7
30-34	1.2	8.7	10.4	12.7	28.3	38.7	100.0	1,940	9.6
35-39	1.8	10.4	16.4	13.0	27.7	30.6	100.0	1,851	9.3
40-44	2.2	11.0	16.8	13.8	23.5	32.6	100.0	1,581	9.3
45-49	3.4	14.2	19.6	11.1	20.0	31.7	100.0	1,453	9.1
50-54	3.4	15.8	22.8	13.7	17.4	26.9	100.0	1,347	7.9
55-59	3.2	20.6	27.7	10.3	15.3	22.8	100.0	915	5.9
60-64	4.4	27.5	26.4	7.2	12.6	21.9	100.0	773	5.7
65+	10.3	36.4	23.0	8.6	9.3	12.3	100.0	1,619	5.2
Residence									
Urban	4.5	18.0	10.9	14.8	21.6	30.2	100.0	12,953	9.1
Rural	9.0	29.5	16.3	16.1	15.3	13.8	100.0	11,825	5.7
Region									
National Capital Region	4.1	14.3	9.4	14.6	23.1	34.5	100.0	4,079	9.3
Cordillera Admin Region	9.4	20.7	13.9	15.5	15.8	24.6	100.0	413	7.2
I - Ilocos	4.7	20.5	15.5	14.7	20.9	23.6	100.0	1,244	8.0
II - Cagayan Valley	5.7	23.4	16.9	15.7	16.5	21.8	100.0	743	7.0
III - Central Luzon	4.2	21.5	16.4	13.3	24.1	20.5	100.0	2,649	7.7
IVA - CALABARZON	4.2	19.8	12.1	14.2	25.0	24.7	100.0	3,179	9.0
IVB - MIMAROPA	11.2	28.6	16.9	13.5	14.6	15.2	100.0	674	5.6
V - Bicol	6.7	25.6	19.4	16.7	13.2	18.4	100.0	1,500	5.9
VI - Western Visayas	6.9	25.1	13.4	14.5	17.7	22.4	100.0	1,916	7.1
VII - Central Visayas	6.3	26.5	14.1	17.4	16.6	19.1	100.0	1,743	6.6
VIII - Eastern Visayas	7.6	31.8	14.8	15.6	12.1	18.1	100.0	996	5.7
IX - Zamboanga Peninsula	8.2	30.2	13.7	15.2	12.1	20.6	100.0	954	5.8
X - Northern Mindanao	6.9	27.0	12.9	18.0	15.2	20.1	100.0	1,079	6.6
XI - Davao	7.3	27.6	14.0	19.0	15.0	16.9	100.0	1,112	6.2
XII - SOCCSKSARGEN	11.5	28.4	11.2	20.5	15.2	13.0	100.0	910	5.9
XIII - Caraga	6.8	28.4	14.4	19.6	14.9	15.9	100.0	607	6.1
ARMM	22.9	37.0	10.0	13.0	5.6	11.5	100.0	980	3.8
Wealth quintile									
Lowest	15.6	41.6	17.7	14.3	8.2	2.6	100.0	4,446	4.2
Second	7.8	29.5	17.1	18.7	18.0	8.9	100.0	4,703	5.7
Middle	5.3	21.7	15.5	18.5	23.0	16.0	100.0	4,814	7.3
Fourth	3.6	16.5	11.3	14.8	24.0	29.8	100.0	5,163	9.2
Highest	2.5	12.1	7.5	11.6	18.5	47.9	100.0	5,652	9.9
Total	6.6	23.5	13.5	15.4	18.6	22.4	100.0	24,778	7.4

Note: Total includes 3 women whose age is missing
[1] Completed grade 6 at the primary level
[2] Completed 4th year of the secondary level

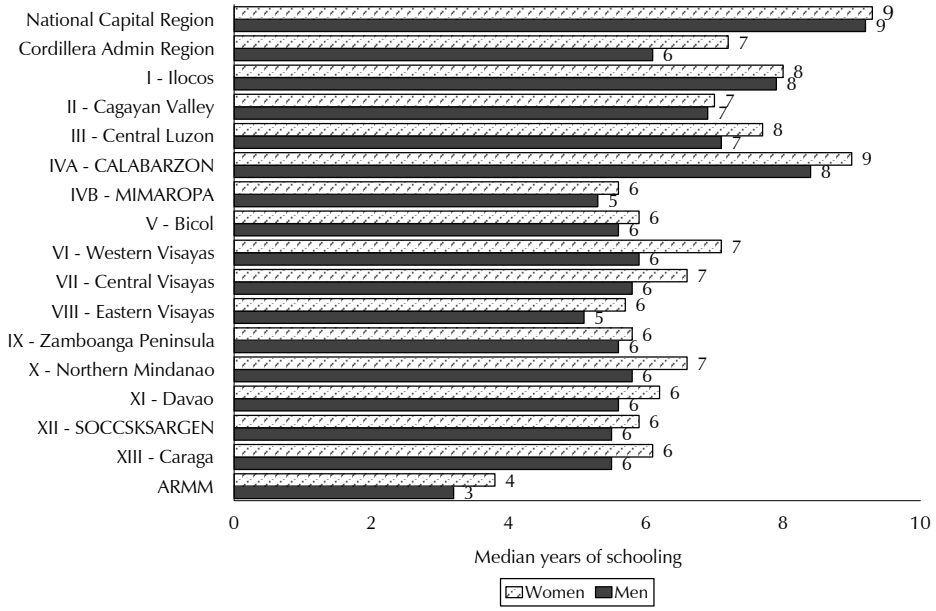
Table 2.4.2 Educational attainment of the male household population

Percent distribution of the de facto male household population age six and over by highest level of schooling attended or completed and median years completed, according to background characteristics, Philippines 2008

Background characteristic	No education	Some elementary	Completed elementary[1]	Some high school	Completed high school[2]	College or higher school	Total	Number	Median years completed
Age									
6-9	46.7	52.4	0.7	0.1	0.0	0.0	100.0	2,966	0.1
10-14	3.5	61.4	16.0	18.2	0.8	0.1	100.0	3,552	4.2
15-19	1.2	14.9	13.0	36.8	22.1	12.2	100.0	3,133	8.0
20-24	1.6	10.0	9.6	16.6	27.6	34.5	100.0	2,396	9.4
25-29	1.7	12.8	10.5	14.8	27.7	32.5	100.0	2,134	9.4
30-34	1.6	14.6	12.1	13.3	26.1	32.2	100.0	1,869	9.3
35-39	1.4	14.7	15.2	13.2	26.7	28.7	100.0	1,758	9.2
40-44	2.0	17.0	14.5	12.9	24.5	29.1	100.0	1,579	9.2
45-49	2.8	18.6	16.4	11.1	23.3	27.8	100.0	1,465	9.1
50-54	3.4	20.9	20.4	10.5	20.8	24.1	100.0	1,147	7.7
55-59	4.6	23.5	18.7	8.8	20.2	24.3	100.0	898	7.4
60-64	3.9	25.7	26.3	8.1	15.6	20.4	100.0	686	5.8
65+	8.7	34.5	20.4	7.6	11.8	17.1	100.0	1,143	5.4
Residence									
Urban	6.3	20.4	10.0	15.1	20.6	27.5	100.0	12,230	8.7
Rural	9.5	34.5	15.9	15.0	14.4	10.7	100.0	12,499	5.4
Region									
National Capital Region	5.7	17.9	7.2	14.7	23.9	30.5	100.0	3,712	9.2
Cordillera Admin Region	7.9	28.4	13.4	15.7	17.1	17.6	100.0	458	6.1
I - Ilocos	5.7	21.0	15.0	13.6	23.9	20.8	100.0	1,269	7.9
II - Cagayan Valley	6.0	25.5	14.5	16.6	16.9	20.5	100.0	769	6.9
III - Central Luzon	6.3	23.6	15.5	16.1	20.5	18.0	100.0	2,652	7.1
IVA - CALABARZON	6.1	20.4	12.7	14.1	23.7	22.8	100.0	3,076	8.4
IVB - MIMAROPA	12.0	33.7	15.2	15.5	11.5	12.1	100.0	697	5.3
V - Bicol	8.7	29.3	19.1	15.3	12.7	14.9	100.0	1,467	5.6
VI - Western Visayas	8.3	30.6	13.0	16.6	14.5	17.0	100.0	2,043	5.9
VII - Central Visayas	5.9	32.6	14.2	16.1	14.7	16.5	100.0	1,717	5.8
VIII - Eastern Visayas	8.6	40.0	13.5	13.8	11.4	12.7	100.0	1,043	5.1
IX - Zamboanga Peninsula	8.9	34.1	12.4	12.7	13.2	18.6	100.0	947	5.6
X - Northern Mindanao	8.4	33.0	11.6	18.0	12.2	16.7	100.0	1,070	5.8
XI - Davao	8.8	33.3	14.7	14.2	13.5	15.5	100.0	1,140	5.6
XII - SOCCSKSARGEN	10.6	33.1	14.1	15.1	14.4	12.6	100.0	1,028	5.5
XIII - Caraga	7.6	36.3	13.5	16.6	13.4	12.3	100.0	640	5.5
ARMM	23.0	40.2	9.5	11.4	6.7	9.2	100.0	1,002	3.2
Wealth quintile									
Lowest	15.7	47.1	15.9	11.6	7.4	2.3	100.0	4,992	3.7
Second	8.3	33.8	18.2	17.4	15.7	6.6	100.0	5,109	5.4
Middle	6.4	23.8	14.8	18.2	22.9	13.8	100.0	5,149	6.9
Fourth	4.8	17.3	9.9	16.9	24.1	26.9	100.0	4,879	9.1
Highest	4.0	14.3	5.1	10.7	17.2	48.7	100.0	4,600	9.9
Total	7.9	27.5	13.0	15.0	17.5	19.0	100.0	24,729	6.4

Note: Total includes 3 men whose age is missing
[1] Completed grade 6 at the primary level
[2] Completed 4th year of the secondary level

Figure 2.2 **Median Years of Schooling by Sex and Region**



Note: De facto household population age six and over

NDHS 2008

2.4 HOUSING CHARACTERISTICS

The physical characteristics of households are important indicators of health and of the general socioeconomic condition of the population. In the 2008 NDHS, respondents were asked about sources of drinking water and time taken to reach the nearest source, type of toilet facility, access to electricity, main housing materials, number of rooms used for sleeping in the dwelling, the place where cooking is done, and type of fuel used for cooking. The percent distribution of households by housing characteristics according to urban-rural residence is shown in Tables 2.5, 2.6, and 2.7.

Controlling water-borne diseases is a major concern of health program managers. Safe drinking water is important for health and sanitation. Three out of ten households (30 percent) in the Philippines have water piped into the dwelling, yard, or plot as their main source of drinking water. In rural areas, the main source of drinking water is tube wells or boreholes (29 percent), while in urban areas the main source is water piped into the premises (38 percent). Overall, the majority of households in the Philippines have drinking water available on the premises (72 percent). Ninety-five percent of households live within 30 minutes of their source of drinking water or have water available on the premises.

Seventy percent of households do not do anything to make the water they drink safer, while 20 percent boil their water and 6 percent use a cloth strainer (Table 2.5). Differences by urban-rural residence are small.

Table 2.5 Household drinking water

Percent distribution of households and de jure population by source and time to collect drinking water and percentage of households and de jure population by treatment of drinking water, according to residence, Philippines 2008

Characteristic	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
Source of drinking water						
Improved source	60.3	79.5	69.8	60.6	79.7	70.1
Piped water into dwelling/yard/plot	38.2	22.0	30.2	38.2	21.6	29.9
Public tap/standpipe	3.2	7.0	5.1	3.4	7.1	5.2
Tube well or borehole	14.3	29.2	21.7	14.4	29.6	21.9
Protected dug well	2.2	7.8	5.0	2.2	7.9	5.0
Semi-protected well	0.3	1.9	1.1	0.3	2.0	1.1
Protected spring	1.7	10.7	6.2	1.8	10.8	6.2
Rainwater	0.4	0.9	0.6	0.4	0.9	0.7
Non-improved source	3.0	12.0	7.4	3.2	12.3	7.7
Unprotected dug well	0.6	5.2	2.9	0.6	5.4	3.0
Unprotected spring	0.5	5.2	2.8	0.6	5.2	2.9
Tanker truck/cart with small tank	1.6	1.3	1.4	1.7	1.2	1.4
Surface water	0.2	0.4	0.3	0.3	0.4	0.4
Bottled water, improved source for cooking/washing[1]	33.6	6.6	20.2	33.0	6.4	19.8
Bottled water, non-improved source for cooking/washing	1.7	0.4	1.0	1.6	0.3	1.0
Other	1.5	1.5	1.5	1.5	1.3	1.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Percentage using any improved source of drinking water	93.6	84.2	88.9	93.4	84.2	88.8
Time to obtain drinking water (round trip)						
Water on premises	84.4	59.0	71.8	83.8	58.8	71.4
Less than 30 minutes	12.6	34.5	23.5	13.0	34.7	23.8
30 minutes or longer	1.0	5.9	3.5	1.2	6.0	3.6
Don't know/missing	2.0	0.6	1.3	2.0	0.6	1.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Water treatment[2]						
Boiled	18.8	21.2	20.0	20.3	22.2	21.2
Bleach/chlorine	0.2	1.0	0.6	0.2	1.2	0.7
Strained through cloth	4.3	7.6	5.9	4.2	7.6	5.9
Ceramic, sand or other filter	4.4	1.4	2.9	4.5	1.4	3.0
Solar disinfection	0.1	0.2	0.2	0.1	0.2	0.2
Other	1.3	2.4	1.8	1.2	2.5	1.8
No treatment	72.3	68.2	70.3	70.9	67.1	69.1
Percentage using an appropriate treatment method[3]	26.3	29.5	27.9	27.7	30.5	29.1
Number	6,277	6,192	12,469	30,002	29,615	59,617

[1] Because the quality of bottled water used by households as drinking water is not known, the "source of drinking water" (improved or non-improved) for households using bottled water is determined by the source of water used for cooking and washing.
[2] Respondents may report multiple treatment methods so the sum of treatment may exceed 100 percent.
[3] Appropriate water treatment methods include boiling, bleaching, straining, filtering, and solar disinfecting.

Hygienic treatment of human waste can have a positive impact on reducing disease and mortality. In the Philippines, three in five households have a private flush toilet (Table 2.6). Toilets that flush into a septic tank are much more common in urban areas than in rural areas, while pit latrines are more common in rural than urban areas. Fifteen percent of households in rural areas have no toilet facility, compared with only 4 percent in urban areas.

Table 2.6 Household sanitation facilities

Percent distribution of households and de jure population by type of toilet/latrine facilities, according to residence, Philippines 2008

Type of toilet/latrine facility	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
Improved, not shared facility						
Flush/pour flush to piped sewer system	3.0	2.7	2.8	3.0	2.6	2.8
Flush/pour flush to septic tank	66.9	40.0	53.6	68.0	40.5	54.3
Flush/pour flush to pit latrine	3.0	11.1	7.0	3.4	11.4	7.4
Ventilated improved pit (VIP) latrine	0.2	1.0	0.6	0.3	1.0	0.6
Pit latrine with slab	0.3	2.5	1.4	0.4	2.6	1.4
Composting toilet	0.1	0.6	0.4	0.1	0.7	0.4
Non-improved facility						
Any facility shared with other households	18.9	19.3	19.1	17.3	18.3	17.8
Flush/pour flush not to sewer/septic tank/pit latrine	0.8	0.8	0.8	0.8	0.7	0.8
Pit latrine without slab/open pit	0.9	3.4	2.1	1.1	3.5	2.3
Bucket	0.1	0.2	0.2	0.1	0.2	0.1
Hanging toilet/hanging latrine	0.3	1.5	0.9	0.4	1.7	1.1
No facility/bush/field	3.9	15.2	9.5	3.9	15.3	9.6
Missing	1.3	1.6	1.5	1.2	1.6	1.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	6,277	6,192	12,469	30,002	29,615	59,617

Table 2.7 and Figure 2.3 show that more than eight in ten households have electricity, although there is a substantial difference between urban and rural areas: 94 percent of households in urban areas have electricity, compared with 73 percent in rural areas.

More than half of all households (52 percent) have cement flooring. Urban households are more likely to have cement floors than rural households (58 and 46 percent, respectively). Palm and bamboo are used as flooring materials in 21 percent of households in the rural areas.

The vast majority of households in the Philippines have roofs made of galvanized iron or aluminum (84 percent), while only 11 percent have roofs made of thatch or palm (Nipa). More than half of households have walls made of cement or cement blocks, with both being more common in urban than rural households.

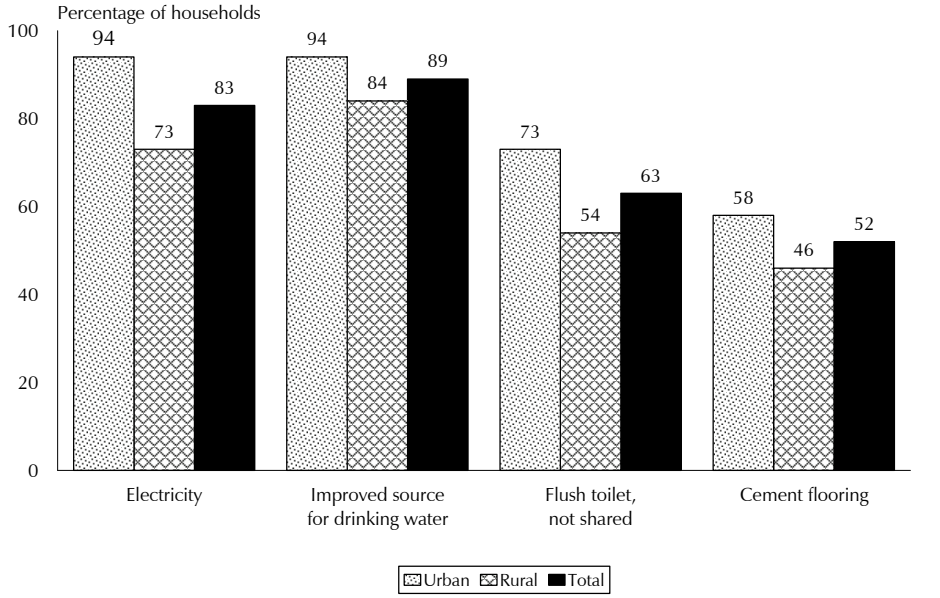
A basic measure of housing security is the tenure status of the lot. Over half of households (56 percent) own or are amortizing the lot they occupy, while 29 percent live rent-free with the consent of the lot owner, and 14 percent are renting their lots. Two percent of households appear to be squatters because they are living rent-free without the consent of the owner.

Table 2.7 Household characteristics: electricity, housing materials, and tenure status

Percent distribution of households and de jure population by presence of electricity, housing materials, and tenure status, according to residence, Philippines 2008

Housing characteristic	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
Electricity						
Yes	93.7	72.8	83.3	93.7	73.0	83.4
No	6.2	27.2	16.6	6.2	26.9	16.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Flooring material						
Earth, sand	4.6	12.8	8.7	4.7	12.6	8.6
Wood/planks	8.1	11.6	9.8	8.2	11.7	10.0
Palm/bamboo	4.8	20.9	12.8	4.8	21.1	12.9
Parquet or polished wood	0.6	0.4	0.5	0.6	0.3	0.4
Vinyl or asphalt strips	4.9	2.8	3.8	4.6	2.7	3.7
Ceramic tiles	16.5	5.0	10.8	16.9	4.7	10.9
Cement	57.7	45.7	51.7	68.0	40.5	54.3
Carpet	0.2	0.2	0.2	0.2	0.3	0.2
Marble	2.5	0.6	1.6	2.6	0.5	1.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Roof material						
None	0.1	0.0	0.0	0.1	0.0	0.1
Thatch/palm leaf (Nipa)	3.7	17.6	10.6	3.5	18.0	10.7
Sod/grass (Cogon)	0.7	3.4	2.1	0.9	3.2	2.0
Rustic mat	0.1	0.0	0.0	0.1	0.0	0.0
Palm bamboo	0.2	0.9	0.6	0.2	0.8	0.5
Wood planks	0.0	0.1	0.1	0.0	0.1	0.0
Makeshift/cardboard	0.3	0.1	0.2	0.2	0.1	0.2
Galvanized iron/aluminum	91.8	76.4	84.2	92.1	76.4	84.3
Wood	0.1	0.1	0.1	0.1	0.0	0.1
Calamine/cement fiber	0.2	0.0	0.1	0.2	0.0	0.1
Ceramic tiles	0.3	0.0	0.2	0.4	0.1	0.2
Cement	1.7	0.5	1.1	1.6	0.5	1.1
Roofing shingles	0.6	0.8	0.7	0.6	0.7	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Wall materials						
Cane/palm/trunks	0.7	3.3	2.0	0.7	3.2	1.9
Bamboo	6.8	24.9	15.8	7.0	24.5	15.7
Plywood	11.6	10.5	11.1	11.4	10.7	11.0
Cardboard/reused material	1.0	0.9	1.0	0.9	1.0	0.9
Cement	35.3	17.6	26.5	35.2	17.2	26.3
Stone with lime/cement	0.8	0.2	0.5	0.8	0.2	0.5
Bricks	0.2	0.1	0.2	0.2	0.1	0.2
Cement blocks	37.6	27.1	32.4	37.6	27.1	32.4
Wood planks/shingles	4.9	13.8	9.3	5.1	14.4	9.7
Galvanized iron/aluminum	0.8	1.1	1.0	0.8	1.1	1.0
Other/missing	0.3	0.4	0.3	0.4	0.5	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Tenure status of lot						
Owned/being amortized	54.9	56.3	55.6	57.1	55.5	56.3
Rented	21.4	5.5	13.5	19.1	5.5	12.4
Rent-free with consent of owner	21.0	36.1	28.5	21.1	36.7	28.8
Rent-free without consent of owner	2.2	1.6	1.9	2.3	1.7	2.0
Missing	0.4	0.6	0.5	0.5	0.6	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of households/ population	6,277	6,192	12,469	30,002	29,615	59,617

Figure 2.3 Housing Amenities by Urban-Rural Residence



NDHS 2008

The number of persons in the household and the number of rooms used for sleeping are important indicators of the extent of crowding, which can have adverse effects on health. Almost two in five households use only one room for sleeping, while about the same proportion use two rooms, and more than one in five households uses three or more rooms for sleeping. There are no substantial differences in the number of rooms used for sleeping in urban or rural households (Table 2.8).

Information on the type of fuel used for cooking is another measure of the socioeconomic status of the household. The use of some cooking fuels causes pollution and can have adverse consequences on health and the environment. Smoke from solid fuels is a serious health hazard, particularly for persons with respiratory ailments.

Sixty-four percent of households use solid fuel for cooking, mostly wood (48 percent) and charcoal (16 percent). One in three households uses liquid petroleum gas (LPG), natural gas or biogas. Use of wood for cooking is common in rural areas, while use of LPG, natural gas or biogas is more common in urban areas. The majority (75 percent) of households cook inside the house. This practice is common in both urban and rural households (78 and 72 percent, respectively). Among households using solid fuel, 9 in 10 use an open fire or stove without a hood or chimney.

Table 2.8 Household characteristics: rooms for sleeping, place for cooking, cooking fuel, and type of fire/stove

Percent distribution of households and de jure population by rooms used for sleeping, place used for cooking, and type of cooking fuel; and among those using solid fuels, percent distribution by type of fire/stove, according to residence, Philippines 2008

	Households			Population		
Housing characteristic	Urban	Rural	Total	Urban	Rural	Total
Rooms used for sleeping						
One	36.8	38.6	37.7	30.8	33.3	32.0
Two	37.2	41.1	39.1	37.4	42.6	40.0
Three or more	25.7	20.1	22.9	31.5	24.0	27.8
Missing	0.3	0.2	0.3	0.3	0.2	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Place for cooking						
In the house	77.8	72.3	75.1	77.5	72.2	74.9
In a separate building	9.1	14.9	12.0	9.6	15.2	12.4
Outdoors	12.4	12.6	12.5	12.7	12.6	12.6
Missing	0.7	0.3	0.5	0.2	0.1	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Cooking fuel						
Electricity	1.7	0.4	1.0	1.6	0.4	1.0
LPG/natural gas/biogas	51.5	13.4	32.6	50.5	12.3	31.5
Kerosene	3.0	0.4	1.7	3.0	0.4	1.7
Charcoal	16.7	14.5	15.6	17.1	14.1	15.6
Wood	25.3	70.5	47.7	26.2	72.0	49.0
Agricultural crop	0.9	0.5	0.7	1.1	0.6	0.9
No food cooked in household	0.7	0.2	0.5	0.2	0.1	0.1
Other/missing	0.1	0.0	0.1	0.2	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Percentage using solid fuel for cooking[1]	43.1	85.6	64.2	44.6	86.8	65.6
Number of households/population	6,277	6,192	12,469	30,002	29,615	59,617
Type of fire/stove among households using solid fuel[1]						
Closed stove with chimney	1.0	1.0	1.0	1.2	1.0	1.0
Open fire/stove with chimney	2.4	2.8	2.7	2.4	2.8	2.7
Open fire/stove with hood	1.7	1.2	1.4	1.9	1.2	1.5
Open fire/stove without chimney or hood	93.3	94.1	93.8	93.0	94.2	93.8
Other/missing	1.6	0.8	1.2	1.5	0.8	1.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of households/population using solid fuel	2,704	5,299	8,003	13,387	25,719	39,106

LPG = Liquid petroleum gas
[1] Includes charcoal, wood, and agricultural crops

2.5 HOUSEHOLD DURABLE GOODS

In the 2008 NDHS, information on the possession of selected durable consumer goods was collected at the household level. The percentage of households possessing various durable goods is shown in Table 2.9. There is a substantial difference between urban and rural households, with urban households more likely than rural households to own each of the items (except for tractors, boats, and animal carts). The urban-rural difference is especially pronounced for ownership of modern conveniences such as a television, telephone, washing machine, refrigerator, CD/VCD/DVD player, component/karaoke player, personal computer, and car.

Table 2.9 Household durable goods

Percentage of households and de jure population possessing various household effects and means of transportation, by residence, Philippines 2008

Possession	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
Household effects						
Radio/radio cassette	69.8	60.5	65.2	70.5	61.0	65.8
Television	84.6	57.5	71.1	86.1	58.9	72.6
Landline telephone	20.0	3.0	11.6	21.5	3.0	12.3
Cellular telephone	81.3	58.7	70.1	83.1	62.0	72.6
Washing machine	45.1	17.9	31.6	48.3	18.6	33.5
Refrigerator	53.0	26.4	39.8	54.3	26.4	40.4
CD/VCD/DVD player	62.7	38.2	50.5	65.3	39.8	52.6
Component/karaoke	37.7	21.8	29.8	39.9	22.4	31.2
Personal computer or laptop	21.0	4.4	12.7	22.3	4.8	13.6
Means of transport						
Tractor	0.9	2.3	1.6	0.9	2.4	1.7
Boat/banca with motor	1.3	5.5	3.4	1.4	6.1	3.7
Car/jeep/van	15.3	5.1	10.2	16.4	5.3	10.8
Motorcycle/tricycle	22.5	20.6	21.5	24.5	22.0	23.2
Bicycle/trisikad	25.1	21.8	23.5	27.2	23.0	25.1
Animal-drawn cart	0.9	6.6	3.7	1.0	6.8	3.9
None of the above	4.6	14.3	9.4	4.0	12.8	8.4
Number of households/population	6,277	6,192	12,469	30,002	29,615	59,617

Nine percent of households do not possess any of the specified durable goods or means of transport. Rural households are more likely than urban households to have none of the specified household durable goods (14 and 5 percent, respectively).

2.6 WEALTH INDEX

The wealth index is a proxy measure of the long-term standard of living of the household. It is based on household ownership of durable goods; dwelling characteristics; source of drinking water; type of sanitation facilities; and other characteristics related to the household's socioeconomic status.

A wealth index for the 2008 NDHS was constructed by assigning a weight or factor score to each household asset through principal component analysis. These scores were summed by household, and individuals were ranked according to the total score of the household in which they reside. The sample was then divided into quintiles—five groups, each with the same number of individuals.

Table 2.10 shows the distribution of the population by wealth quintile, urban-rural residence, and region. As expected, urban residents are more likely to be in the higher wealth quintiles, while rural residents are found more commonly in the lower wealth quintiles. Among regions, NCR, CALABARZON and Central Luzon have the largest proportions in the two highest wealth quintiles. In contrast, ARMM, SOOCSKSARGEN and MIMAROPA have the largest proportions in the lowest wealth quintile.

Table 2.10 Wealth quintiles

Percent distribution of de jure population by wealth quintiles, according to residence and region, Philippines 2008

Residence/region	Wealth quintile					Total	Number of population
	Lowest	Second	Middle	Fourth	Highest		
Residence							
Urban	6.2	14.5	20.1	25.8	33.4	100.0	30,002
Rural	34.0	25.6	19.9	14.1	6.4	100.0	29,615
Region							
National Capital Region	0.9	7.2	18.6	28.5	44.7	100.0	9,064
Cordillera Admin Region	15.6	24.2	22.8	19.5	17.9	100.0	1,082
I - Ilocos	9.9	26.3	26.8	20.5	16.5	100.0	3,082
II - Cagayan Valley	17.5	25.3	23.3	20.3	13.6	100.0	1,870
III - Central Luzon	5.3	17.9	28.6	26.3	21.8	100.0	6,370
IVA - CALABARZON	5.0	12.4	20.8	29.8	32.0	100.0	7,495
IVB - MIMAROPA	40.2	22.6	19.4	14.2	3.6	100.0	1,686
V - Bicol	32.6	24.1	16.3	14.8	12.2	100.0	3,636
VI - Western Visayas	25.9	26.6	20.7	15.2	11.6	100.0	4,701
VII - Central Visayas	23.3	23.2	20.3	17.2	16.0	100.0	4,126
VIII - Eastern Visayas	37.2	22.9	16.4	15.1	8.5	100.0	2,470
IX - Zamboanga Peninsula	35.6	22.2	16.3	14.3	11.6	100.0	2,379
X - Northern Mindanao	30.7	23.2	19.5	15.0	11.6	100.0	2,568
XI - Davao	35.7	25.2	15.4	10.3	13.3	100.0	2,713
XII - SOCCSKSARGEN	38.3	31.5	15.6	9.4	5.2	100.0	2,390
XIII - Caraga	30.7	32.7	17.4	13.8	5.4	100.0	1,532
ARMM	56.2	22.7	10.7	7.9	2.4	100.0	2,453
Total	20.0	20.0	20.0	20.0	20.0	100.0	59,617

CHARACTERISTICS OF RESPONDENTS 3

This chapter provides a demographic and socioeconomic profile of the women respondents age 15-49 who were interviewed in the 2008 National Demographic and Health Survey (NDHS). Information on the background characteristics of the respondents helps in understanding the factors that affect reproductive behavior, contraceptive use, and other health practices because it provides a context for interpretation of the demographic and health indices presented later in this report. The survey collected information on a number of basic characteristics of the women including: age, marital status, urban-rural residence, region, level of education, economic status, and religion. The chapter also explores women's educational status, literacy, exposure to mass media, employment status, and occupation. Additional information was collected on women's use of tobacco and health insurance coverage.

3.1 CHARACTERISTICS OF SURVEY RESPONDENTS

The distribution of women age 15-49 interviewed in the 2008 NDHS is shown in Table 3.1 by selected background characteristics, including age, marital status, residence, educational level, wealth quintile, and religion.

Results show that more than half of women age 15-49 (52 percent) are under age 30. The proportion in each age group tends to decrease with increasing age, from 20 percent for the age group 15-19 years to 10 percent for the age group 45-49 years. Three in five women (62 percent) are married or are living together with a partner, while one in three has never been married. The rest of the women are either separated or divorced (3 percent) or widowed (2 percent).

The majority of respondents live in urban areas (56 percent). Sixty percent of women are from Luzon, the largest island in the country, with 19 percent from the National Capital Region (NCR). About one-fifth (18 percent) of respondents live in the Visayas region, while the remaining 22 percent are in Mindanao.

Education is highly valued by Filipino women. Only 1 percent of women age 15-49 have no formal education, while two-thirds (66 percent) have some elementary or secondary education, and one in three women has attended college (Figure 3.1).

The respondents are predominantly Roman Catholic (80 percent). Other religions with notable proportions are Born-Again Christian (6 percent) and Islam (5 percent).

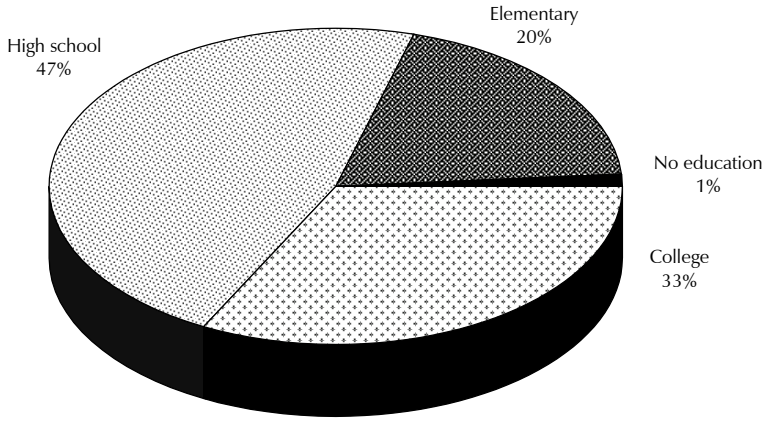
Table 3.1 Background characteristics of respondents

Percent distribution of women age 15-49 by selected background characteristics, Philippines 2008

Background characteristic	Weighted percent	Weighted number	Unweighted number
Age			
15-19	20.2	2,749	2,766
20-24	15.8	2,147	2,143
25-29	15.5	2,106	2,067
30-34	13.7	1,865	1,857
35-39	13.1	1,777	1,787
40-44	11.3	1,532	1,529
45-49	10.4	1,418	1,445
Marital status			
Never married	33.3	4,530	4,400
Married/living together	61.9	8,418	8,564
Divorced/not living together	3.1	420	400
Widowed	1.7	226	230
Residence			
Urban	55.7	7,574	6,762
Rural	44.3	6,020	6,832
Region			
National Capital Region	18.5	2,522	1,828
Cordillera Admin Region	1.7	225	536
I - Ilocos	4.5	613	657
II - Cagayan Valley	2.8	382	523
III - Central Luzon	10.9	1,486	1,157
IVA - CALABARZON	13.3	1,808	1,325
IVB - MIMAROPA	2.5	340	537
V - Bicol	5.6	755	768
VI - Western Visayas	7.2	976	885
VII - Central Visayas	7.2	983	909
VIII - Eastern Visayas	3.6	488	609
IX - Zamboanga Peninsula	3.7	505	637
X - Northern Mindanao	4.3	585	681
XI - Davao	4.5	618	715
XII - SOCCSKSARGEN	3.5	480	584
XIII - Caraga	2.3	312	573
ARMM	3.8	516	670
Education			
No education	1.2	167	218
Elementary	19.5	2,653	2,840
High school	46.7	6,352	6,267
College	32.5	4,422	4,269
Wealth quintile			
Lowest	15.9	2,160	2,562
Second	17.8	2,419	2,664
Middle	19.6	2,661	2,648
Fourth	21.6	2,937	2,771
Highest	25.1	3,417	2,949
Religion			
Roman Catholic	79.7	10,837	10,453
Protestant	3.9	528	616
Iglesia Ni Kristo	2.5	347	350
Aglipay	1.4	188	207
Islam	5.2	705	887
Born-Again Christian	5.9	808	880
Jehovah's Witness	0.6	84	86
Other	0.6	84	95
None	0.1	13	20
Total 15-49	100.0	13,594	13,594

Note: Education categories refer to the highest level of education attended, whether or not that level was completed.

Figure 3.1 **Educational Attainment of Women Age 15-49**



Note: Levels refer to the highest level attended.

NDHS 2008

3.2 MOBILITY

Women who were interviewed in the 2008 NDHS were asked several questions concerning residential mobility. They were first asked in what type of place they lived most of the time until they were 12 years old—a city, a town, the barrio or rural area, or abroad. They were also asked how long they had been living continuously in their current place of residence and the type of place they lived just before they moved to their current place of residence. The questions on childhood residence and mobility are meant to provide a basis for developing an index of rural-to-urban migration. This has been determined to be a better predictor of contraceptive use and fertility than either childhood or current residence alone (ORC Macro, 2001).

Table 3.2 shows the distribution of women by type of residence in childhood and by type of residence immediately preceding their current residence. More than three in five women spent their childhood in a barrio, while 21 percent lived in a city and 15 percent grew up in a town.

About two in five women have never moved from their place of birth. Twenty-seven percent of women reported that they relocated from a barrio, 22 percent relocated from a city, and 9 percent moved from a town. Less than 2 percent of respondents were visitors in the households in which they were interviewed.

Table 3.2 Childhood residence and mobility

Percent distribution of women by type of residence until age 12 and type of previous residence, Philippines 2003

Residence	Weighted percent	Weighted number	Unweighted number
Residence during first 12 years			
City	21.3	2,889	2,511
Town	15.2	2,071	2,155
Barrio	63.1	8,574	8,872
Abroad	0.1	16	16
Missing	0.3	44	40
Previous residence			
Lived in current residence since birth	38.3	5,201	5,433
Moved from:			
City	22.3	3,030	2,684
Town	8.7	1,177	1,222
Barrio	27.4	3,719	3,795
Abroad	0.5	68	72
Missing	1.3	172	172
Visitor	1.7	227	216
Total	100.0	13,594	13,594

3.3 EDUCATIONAL ATTAINMENT BY BACKGROUND CHARACTERISTICS

Educational attainment is a key indicator of a society's stock of human capital and level of socioeconomic development. Moreover, education enhances the ability of individuals to achieve their desired demographic and health goals. This section presents the distribution of respondents by highest level of schooling attained according to selected background characteristics.

Table 3.3 shows that younger women have reached higher levels of schooling than older women. For example, 87 percent of women age 15-24 have gone beyond primary school, compared with 63 percent of women age 45-49. Women in urban areas are more likely to have more education, especially at the college level; almost twice as many women in urban areas as in rural areas have some college or higher education (41 and 22 percent, respectively).

The distribution of women by educational attainment is similar across regions with the exception of ARMM. In almost all regions, a majority of women have completed high school; however, in ARMM, only 28 percent of women have completed high school and 40 percent have not completed primary school. The NCR has the highest proportion of women who have attended college (44 percent). Surprisingly, Central Luzon and CALABARZON regions, which are contiguous to the NCR, have lower proportions of women who attended college (31 and 34 percent, respectively).

Higher wealth status is associated with attaining a higher level of schooling. An analysis of education by household wealth status indicates that women in the highest wealth quintile are more likely to have some college education than women in other wealth quintiles. Three out of five women in the highest wealth quintile have attended college, compared with only 5 percent of women in the bottom quintile.

Table 3.3 also shows the comparison of the median number of years of education completed by selected background characteristics. The median number of years of school completed is around 9 in almost all categories and is similar across regions. The lowest median number of years of education completed is among women in ARMM and those in the lowest wealth quintile (both 6 years), while the highest is among women in the highest wealth quintile (14 years).

Table 3.3 Educational attainment

Percent distribution of women age 15-49 by highest level of schooling attended or completed, and median years completed, according to background characteristics, Philippines 2008

Background characteristic	Highest level of schooling						Total	Median years completed	Number of women
	No education	Some primary	Completed primary[1]	Some high school	Completed high school[2]	College			
Age									
15-24	0.6	5.5	6.6	28.6	30.2	28.4	100.0	9.3	4,896
15-19	0.7	6.1	7.3	40.4	27.2	18.3	100.0	8.8	2,749
20-24	0.6	4.8	5.8	13.5	34.1	41.2	100.0	9.7	2,147
25-29	0.7	6.5	8.8	12.6	32.5	38.9	100.0	9.7	2,106
30-34	0.7	8.6	10.6	12.7	28.3	39.0	100.0	9.6	1,865
35-39	1.5	10.3	16.3	13.3	28.5	30.1	100.0	9.3	1,777
40-44	2.1	10.9	17.0	14.0	23.3	32.7	100.0	9.3	1,532
45-49	3.3	13.9	19.6	11.2	20.2	31.8	100.0	9.1	1,418
Residence									
Urban	0.3	4.7	7.8	16.1	30.2	41.0	100.0	9.7	7,574
Rural	2.4	12.7	15.7	21.4	25.8	21.9	100.0	8.7	6,020
Region									
National Capital Region	0.0	3.1	6.4	15.2	31.1	44.2	100.0	9.8	2,522
Cordillera Admin Region	1.5	6.4	12.7	18.8	23.0	37.6	100.0	9.5	225
I - Ilocos	0.0	3.2	11.1	15.9	33.1	36.7	100.0	9.6	613
II - Cagayan Valley	0.4	6.1	15.0	21.3	24.5	32.7	100.0	9.3	382
III - Central Luzon	0.2	5.4	12.9	14.5	36.3	30.6	100.0	9.5	1,486
IVA - CALABARZON	0.1	4.5	8.9	15.4	36.9	34.2	100.0	9.6	1,808
IVB - MIMAROPA	5.8	12.1	15.5	17.0	24.4	25.4	100.0	9.0	340
V - Bicol	0.3	8.4	17.9	23.5	22.1	27.8	100.0	9.0	755
VI - Western Visayas	0.8	8.3	9.5	17.8	28.4	35.3	100.0	9.5	976
VII - Central Visayas	0.9	12.1	14.4	20.3	25.7	26.6	100.0	9.1	983
VIII - Eastern Visayas	0.8	15.3	14.9	19.9	20.2	28.8	100.0	8.9	488
IX - Zamboanga Peninsula	2.7	13.2	13.4	20.1	19.1	31.5	100.0	9.0	505
X - Northern Mindanao	1.8	12.7	11.9	21.6	23.7	28.2	100.0	9.1	585
XI - Davao	1.1	10.8	13.3	26.2	23.1	25.6	100.0	8.8	618
XII - SOCCSKSARGEN	3.1	13.2	10.0	28.0	25.0	20.8	100.0	8.6	480
XIII - Caraga	0.9	9.7	12.5	28.2	24.2	24.6	100.0	8.9	312
ARMM	12.6	27.3	13.2	18.6	9.8	18.6	100.0	5.8	516
Wealth quintile									
Lowest	6.2	27.2	22.9	23.5	15.4	4.8	100.0	5.7	2,160
Second	0.9	10.5	16.4	26.1	31.0	15.0	100.0	8.6	2,419
Middle	0.2	5.8	12.4	21.7	35.4	24.4	100.0	9.3	2,661
Fourth	0.1	2.3	5.6	14.2	35.2	42.7	100.0	9.8	2,937
Highest	0.0	1.5	4.4	11.1	22.9	60.1	100.0	13.5	3,417
Total	1.2	8.2	11.3	18.5	28.2	32.5	100.0	9.4	13,594

[1] Completed grade 6 at the primary level
[2] Completed grade 4 at the secondary level

3.4 LITERACY

Literacy is a fundamental aspect of an individual's ability to fully participate and take advantage of socioeconomic development and advancements in health and nutrition. The 2008 NDHS determined respondents' literacy based on their ability to read all or part of a sentence. Interviewers carried a set of flashcards containing simple sentences printed in English and six common local languages (Tagalog, Ilocano, Bicolano, Hiligaynon, Cebuano, and Waray). Only women who had never attended school or who had some or completed elementary education were asked to read a sentence card during the interview. Those who had at least some secondary education were assumed to be literate. Table 3.4 shows the distribution of women by level of literacy and percentage literate, according to selected background characteristics.

Table 3.4 Literacy

Percent distribution of women age 15-49 by level of schooling attended and level of literacy, and percentage literate, according to background characteristics, Philippines 2008

Background characteristic	Secondary school or higher	No schooling or primary school: Can read whole sentence	Can read part of sentence	Cannot read at all	Blind/ visually impaired	Missing	Total	Percentage literate[1]	Number
Age									
15-19	85.9	9.5	2.9	1.5	0.0	0.2	100.0	98.2	2,749
20-24	88.8	7.3	2.5	1.3	0.0	0.1	100.0	98.6	2,147
25-29	83.9	9.9	4.2	1.9	0.0	0.2	100.0	98.0	2,106
30-34	80.1	13.5	3.8	2.4	0.1	0.2	100.0	97.3	1,865
35-39	71.9	19.0	5.2	3.6	0.0	0.3	100.0	96.0	1,777
40-44	70.0	18.7	6.3	4.6	0.2	0.1	100.0	95.0	1,532
45-49	63.1	23.8	7.1	5.2	0.3	0.5	100.0	94.1	1,418
Residence									
Urban	87.3	9.0	2.4	1.0	0.1	0.2	100.0	98.7	7,574
Rural	69.1	19.1	6.6	4.8	0.1	0.2	100.0	94.9	6,020
Region									
National Capital Region	90.6	7.5	1.4	0.3	0.0	0.2	100.0	99.4	2,522
Cordillera Admin Region	79.4	13.4	4.3	2.4	0.0	0.6	100.0	97.0	225
I - Ilocos	85.7	10.5	3.1	0.2	0.0	0.6	100.0	99.2	613
II - Cagayan Valley	78.5	14.6	5.7	1.1	0.0	0.0	100.0	98.9	382
III - Central Luzon	81.4	14.3	2.5	1.4	0.2	0.2	100.0	98.3	1,486
IVA - CALABARZON	86.5	9.3	3.4	0.7	0.0	0.1	100.0	99.2	1,808
IVB - MIMAROPA	66.7	21.6	3.3	7.6	0.2	0.6	100.0	91.6	340
V - Bicol	73.4	19.8	4.4	1.8	0.5	0.0	100.0	97.7	755
VI - Western Visayas	81.5	12.0	4.0	2.5	0.0	0.0	100.0	97.5	976
VII - Central Visayas	72.6	19.2	4.8	2.9	0.0	0.4	100.0	96.6	983
VIII - Eastern Visayas	68.9	24.0	3.5	3.3	0.0	0.3	100.0	96.4	488
IX - Zamboanga Peninsula	70.6	17.5	7.4	4.3	0.0	0.2	100.0	95.5	505
X - Northern Mindanao	73.6	15.6	6.7	3.8	0.1	0.1	100.0	95.9	585
XI - Davao	74.8	16.1	5.4	3.5	0.0	0.1	100.0	96.3	618
XII - SOCCSKSARGEN	73.8	12.9	7.0	6.0	0.0	0.3	100.0	93.7	480
XIII - Caraga	77.0	11.4	7.8	3.3	0.0	0.5	100.0	96.2	312
ARMM	47.0	18.3	15.7	18.6	0.0	0.4	100.0	81.0	516
Wealth quintile									
Lowest	43.7	30.9	13.3	11.6	0.2	0.3	100.0	87.9	2,160
Second	72.1	18.9	6.1	2.3	0.1	0.4	100.0	97.2	2,419
Middle	81.5	14.3	2.7	1.2	0.0	0.3	100.0	98.5	2,661
Fourth	92.1	5.9	1.3	0.5	0.0	0.1	100.0	99.3	2,937
Highest	94.0	4.6	1.0	0.3	0.0	0.0	100.0	99.6	3,417
Total	79.3	13.5	4.3	2.7	0.1	0.2	100.0	97.0	13,594

[1] Refers to women who attended secondary school or higher and women who can read a whole sentence or part of a sentence

Literacy rates in the Philippines are high; 97 percent of women age 15-49 are literate. In general, literacy does not vary much across background characteristics. Younger respondents are slightly more likely to be literate than older respondents; 99 percent of women age 20-24 are literate, compared with 94 percent of women age 45-49.

As expected, women who live in urban areas (99 percent) are more likely to be literate than their counterparts in rural areas (95 percent). Literacy does not vary greatly by region; in all regions but ARMM (81 percent), more than 90 percent of women are literate. As with educational attainment, literacy shows a direct relationship with wealth status. Almost 100 percent of women in the highest wealth quintile are literate, compared with 88 percent of women in the lowest wealth quintile.

3.5 Access to Mass Media

Access to information through the media is essential to increasing people's knowledge and awareness of events and activities taking place around them, and directly affects their perceptions and behavior. Identifying the subgroups most likely to be reached by various media is important for planning programs that disseminate health and family planning information. The 2008 NDHS assessed exposure to mass media by asking women how often they read a newspaper or magazine, watch television, or listen to the radio. Table 3.5 shows the percentage of women who are exposed to specific types of mass media on a weekly basis by background characteristics.

Television is the medium most commonly accessed by women age 15-49. More than four in five women watch television at least once a week, while three in ten women read a newspaper or magazine at least once a week, and two in three women listen to the radio regularly. Twenty-four percent of women are exposed to all three media sources at least once a week, while only 7 percent have no regular exposure to mass media.

Younger women are slightly more likely to read a newspaper, watch television and listen to the radio than older women. Urban residents are much more likely to have access to mass media than rural residents. Substantial differences are seen in the proportion of women who read a newspaper or magazine once a week (42 percent among urban women and 18 percent among rural women) and in the proportion of women who watch television at least once a week (92 percent among urban women and 77 percent among rural women). Among regions, there is no distinct pattern of exposure to mass media. However, women in ARMM are least likely to have access to newspapers, magazines, television, and radio; 38 percent of women in ARMM do not have access to any of the three mass media on a weekly basis, which is more than five times the national level.

Media exposure is related to the respondent's educational level and socioeconomic status. The proportion of women who access various media at least once a week increases steadily with increasing level of educational attainment. A similar pattern is seen in the relationship between exposure to mass media and wealth quintile.

Table 3.5 Exposure to mass media

Percentage of women age 15-49 who are exposed to specific media on a weekly basis, by background characteristics, Philippines 2008

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	All three media at least once a week	No media at least once a week	Number of women
Age						
15-19	33.6	87.8	69.6	26.0	6.0	2,749
20-24	36.1	87.1	69.5	28.8	6.7	2,147
25-29	31.3	86.2	64.7	22.4	6.4	2,106
30-34	31.8	85.6	62.7	22.8	8.2	1,865
35-39	28.2	83.2	65.3	20.4	7.7	1,777
40-44	26.6	82.5	63.6	20.5	9.2	1,532
45-49	27.2	82.9	63.9	20.4	8.8	1,418
Residence						
Urban	41.8	92.4	66.7	31.6	3.5	7,574
Rural	18.0	76.6	65.2	13.4	12.2	6,020
Region						
National Capital Region	55.1	94.1	60.8	39.3	2.6	2,522
Cordillera Admin Region	21.9	66.3	61.7	16.6	17.9	225
I - Ilocos	36.2	94.6	76.9	30.7	2.6	613
II - Cagayan Valley	23.3	84.5	77.5	20.3	6.0	382
III - Central Luzon	28.3	94.0	62.7	21.4	3.6	1,486
IVA - CALABARZON	35.7	92.0	61.4	27.6	4.6	1,808
IVB - MIMAROPA	20.3	71.9	56.7	12.3	14.7	340
V - Bicol	13.7	83.6	82.5	11.5	5.3	755
VI - Western Visayas	27.0	82.9	72.9	21.5	6.6	976
VII - Central Visayas	35.3	86.1	78.5	29.1	5.2	983
VIII - Eastern Visayas	15.4	82.1	61.9	10.8	8.5	488
IX - Zamboanga Peninsula	22.6	71.0	65.6	17.5	15.8	505
X - Northern Mindanao	23.3	79.6	72.1	17.3	10.2	585
XI - Davao	21.3	76.7	72.9	15.6	8.6	618
XII - SOCCSKSARGEN	16.5	74.2	62.8	11.0	11.6	480
XIII - Caraga	18.0	85.9	59.0	10.8	7.8	312
ARMM	10.0	53.1	40.0	7.4	38.3	516
Education						
No education	0.8	25.8	31.8	0.5	55.3	167
Elementary	9.6	67.4	58.5	6.6	17.8	2,653
High school	27.2	87.9	67.1	20.4	5.5	6,352
College	51.1	94.9	70.4	39.1	1.9	4,422
Wealth quintile						
Lowest	7.9	45.7	52.4	3.8	30.3	2,160
Second	17.7	82.9	66.0	12.3	7.6	2,419
Middle	27.1	93.1	67.2	19.8	2.7	2,661
Fourth	38.3	96.1	69.6	30.0	2.0	2,937
Highest	52.7	97.1	70.8	41.3	0.9	3,417
Total	31.2	85.4	66.0	23.5	7.3	13,594

3.6 EMPLOYMENT

The ability of a country's economy to provide gainful employment is an important aspect of its level of development. In the 2008 NDHS, respondents were asked whether they were employed in the week preceding the survey and if not, whether they were employed in the 12 months preceding the survey. Measuring employment status is difficult, however, because some work, especially work on family farms, in family businesses, or in the informal sector, may not be perceived as employment, and hence not reported as such. To avoid underestimating respondent's employment, respondents were asked several questions to probe for their employment status and to ensure complete coverage of employment in both the formal or informal sectors. They were also asked about their occupation, the continuity of employment in the 12 months prior to the survey, and type of remuneration. Employed persons are those who say that they are currently working (i.e., worked in the past 7 days) and those who worked at any time during the 12 months prior to the survey. Table 3.6 shows the percent distribution of women by employment status according to selected background characteristics.

Table 3.6 Employment status

Percent distribution of women age 15-49 by employment status, according to background characteristics, Philippines 2008

Background characteristic	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	Missing/ don't know	Total	Number of women
	Currently employed[1]	Not currently employed				
Age						
15-19	20.8	8.1	71.0	0.0	100.0	2,749
20-24	41.5	11.9	46.6	0.0	100.0	2,147
25-29	47.3	11.0	41.6	0.1	100.0	2,106
30-34	55.0	8.1	36.8	0.0	100.0	1,865
35-39	57.9	8.1	33.8	0.1	100.0	1,777
40-44	64.0	6.8	29.0	0.2	100.0	1,532
45-49	69.3	5.8	24.8	0.1	100.0	1,418
Marital status						
Never married	38.6	8.0	53.3	0.0	100.0	4,530
Married/living together	51.0	9.3	39.6	0.1	100.0	8,418
Divorced/not living together	65.4	7.3	27.2	0.0	100.0	420
Widowed	71.2	5.8	22.4	0.6	100.0	226
Number of living children						
0	39.8	9.1	51.1	0.0	100.0	5,116
1-2	48.5	9.0	42.5	0.0	100.0	3,985
3-4	54.9	8.0	37.1	0.0	100.0	2,810
5+	57.5	8.6	33.5	0.4	100.0	1,683
Residence						
Urban	50.5	8.4	41.1	0.0	100.0	7,574
Rural	44.1	9.3	46.6	0.1	100.0	6,020
Region						
National Capital Region	51.3	9.1	39.5	0.1	100.0	2,522
Cordillera Admin Region	54.3	7.5	38.2	0.0	100.0	225
I - Ilocos	42.6	9.6	47.8	0.0	100.0	613
II - Cagayan Valley	47.3	10.3	42.4	0.0	100.0	382
III - Central Luzon	44.2	11.4	44.4	0.0	100.0	1,486
IVA - CALABARZON	45.8	6.3	47.7	0.1	100.0	1,808
IVB - MIMAROPA	52.1	13.3	34.6	0.0	100.0	340
V - Bicol	47.0	9.6	43.4	0.0	100.0	755
VI - Western Visayas	48.5	8.6	42.9	0.1	100.0	976
VII - Central Visayas	49.4	8.2	42.1	0.2	100.0	983
VIII - Eastern Visayas	51.9	9.9	38.1	0.2	100.0	488
IX - Zamboanga Peninsula	48.8	5.7	45.5	0.0	100.0	505
X - Northern Mindanao	53.0	11.6	35.4	0.0	100.0	585
XI - Davao	51.5	10.0	38.5	0.0	100.0	618
XII - SOCCSKSARGEN	48.0	7.2	44.8	0.0	100.0	480
XIII - Caraga	48.1	7.3	44.7	0.0	100.0	312
ARMM	26.4	3.5	70.1	0.0	100.0	516
Education						
No education	47.4	8.2	44.4	0.0	100.0	167
Elementary	49.7	9.0	41.1	0.1	100.0	2,653
High school	41.4	9.6	48.9	0.1	100.0	6,352
College	55.5	7.4	37.1	0.0	100.0	4,422
Wealth quintile						
Lowest	41.6	9.1	49.1	0.2	100.0	2,160
Second	43.7	11.6	44.6	0.1	100.0	2,419
Middle	44.0	11.2	44.8	0.0	100.0	2,661
Fourth	48.2	7.7	44.1	0.0	100.0	2,937
Highest	56.7	5.6	37.6	0.1	100.0	3,417
Total	47.7	8.8	43.5	0.1	100.0	13,594

[1] "Currently employed" is defined as having done work in the past seven days. Includes persons who did not work in the past seven days but who are regularly employed and were absent from work for leave, illness, vacation, or other such reason.

At the time of the survey, more than half of the women (57 percent) reported that they had been employed in the past 12 months. The proportion who were not employed in the past 12 months decreases with age, from 71 percent among women age 15-19 to 25 percent among women age 45-49. Women who have never been married are more likely to be unemployed; more than half of these women (53 percent) said they had not been employed in the 12 months before the survey. A much higher proportion of women who are divorced or separated (65 percent) or widowed (71 percent) are currently employed, compared with women who are currently married or living together with a partner (51 percent). Women who have children are also more likely to be working than women with no children.

The proportion of women who are working is higher in urban areas than rural areas. Employment levels do not vary much among regions, except in ARMM, where only 30 percent of women were employed in the past 12 months.

Differentials in employment patterns by education level are minimal. Women with some high school education are more likely to be unemployed (49 percent) than women with no education (44 percent) and those with only elementary education (41 percent). Women who have reached college level are most likely to be currently employed (56 percent). The proportion of women who are currently employed increases with household wealth. More than half of women in the highest wealth quintile are currently employed (57 percent), compared with 42 percent of women in the lowest wealth quintile.

3.7 OCCUPATION

Respondents who had worked in the 12 months prior to the survey were asked about their occupation. Table 3.7 presents the distribution of employed women by occupation, according to selected background characteristics. The results show that the sales and services sector employs the largest proportion of women age 15-49 (30 percent). One in four working women is employed in a professional, technical or managerial occupation, while 14 percent are engaged in domestic service and 14 percent are involved in agriculture.

Women's occupation varies by age. Younger women (under age 30) tend to be involved in sales and services, while older women are likely to be employed in the professional, technical and managerial occupations.

The analysis of occupation by marital status indicates that single women are most likely to be employed in sales and services, while married women are about equally divided between sales and services and the professional, technical and managerial occupations. Widows who are working are most likely to have a professional, technical or managerial job. Thirty-three percent of working women with five or more children are involved in agriculture. Women with fewer than three children are most likely to be employed in sales and services, while almost one-third of those with three to four children have professional, technical or managerial jobs.

Urban-rural residence is related to occupation. As expected, working women in rural areas are more likely to be engaged in agricultural occupations (28 percent) than women in urban areas (3 percent). In contrast, employed women in urban areas are more likely than those in rural areas to be engaged in sales and services or domestic service. Zamboanga Peninsula has the highest proportion of working women employed in professional, technical, and managerial positions. Agricultural occupations predominate in only three of the 17 regions—CAR, Cagayan Valley, and ARMM.

Table 3.7 Occupation

Percent distribution of women age 15-49 employed in the 12 months preceding the survey by occupation, according to background characteristics, Philippines 2008

Background characteristic	Professional/ technical/ managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Domestic service	Agriculture	Missing	Total	Number of women
Age										
15-19	3.0	3.8	40.4	5.1	4.1	34.0	9.3	0.3	100.0	795
20-24	15.5	11.8	36.2	9.4	5.3	15.1	6.4	0.2	100.0	1,147
25-29	24.5	11.1	30.2	8.6	4.6	10.4	10.5	0.2	100.0	1,228
30-34	30.5	6.9	28.1	6.5	3.8	11.4	12.7	0.0	100.0	1,178
35-39	30.0	5.8	26.0	6.2	4.3	11.4	16.0	0.2	100.0	1,174
40-44	31.1	4.2	27.6	5.1	2.6	11.2	17.7	0.5	100.0	1,086
45-49	30.4	3.6	24.3	6.3	1.7	10.4	23.1	0.2	100.0	1,064
Marital status										
Never married	16.6	12.2	33.4	6.9	3.9	22.3	4.5	0.2	100.0	2,113
Married/living together	27.5	5.1	28.9	6.7	3.6	10.0	17.9	0.2	100.0	5,079
Divorced/not living together	23.4	4.1	30.6	8.9	6.5	19.2	7.2	0.0	100.0	306
Widowed	31.3	3.9	19.9	5.9	3.6	20.1	15.2	0.0	100.0	174
Number of living children										
0	17.8	11.5	33.2	7.1	4.0	20.9	5.3	0.2	100.0	2,500
1-2	30.8	7.2	31.0	7.0	4.0	9.2	10.4	0.3	100.0	2,292
3-4	30.8	3.8	27.0	6.2	3.2	10.5	18.3	0.2	100.0	1,766
5+	16.1	1.4	25.6	6.9	3.9	13.6	32.5	0.0	100.0	1,113
Residence										
Urban	26.7	9.2	32.6	7.1	4.3	16.5	3.2	0.3	100.0	4,460
Rural	21.2	3.9	26.4	6.5	3.1	10.4	28.3	0.2	100.0	3,212
Region										
National Capital Region	25.2	12.5	32.7	5.6	4.7	18.3	0.6	0.4	100.0	1,523
Cordillera Admin Region	21.0	3.6	19.7	2.4	1.4	5.8	46.0	0.3	100.0	139
I - Ilocos	23.9	3.7	34.9	4.1	4.7	14.2	14.6	0.0	100.0	320
II - Cagayan Valley	18.5	4.0	30.3	1.0	1.0	12.5	32.7	0.0	100.0	220
III - Central Luzon	25.9	5.9	32.8	10.1	3.4	15.1	6.4	0.3	100.0	826
IVA - CALABARZON	26.1	8.7	25.9	17.7	5.7	12.9	2.9	0.0	100.0	943
IVB - MIMAROPA	18.7	5.4	34.2	3.7	2.0	10.7	24.8	0.5	100.0	223
V - Bicol	23.4	4.1	32.0	4.6	4.0	13.8	17.9	0.2	100.0	427
VI - Western Visayas	25.6	7.1	27.2	5.6	2.5	15.9	16.0	0.0	100.0	557
VII - Central Visayas	22.9	5.6	23.8	9.2	4.2	18.4	15.5	0.4	100.0	566
VIII - Eastern Visayas	24.0	6.1	29.0	9.3	0.8	11.1	19.7	0.0	100.0	301
IX - Zamboanga Peninsula	26.7	6.3	30.2	1.1	4.1	12.0	19.5	0.0	100.0	275
X - Northern Mindanao	22.6	4.4	29.2	2.9	2.0	10.4	28.6	0.0	100.0	378
XI - Davao	25.3	3.9	31.3	0.9	3.9	9.9	24.8	0.0	100.0	380
XII - SOCCSKSARGEN	25.5	2.7	29.5	0.9	5.2	6.5	29.3	0.4	100.0	265
XIII - Caraga	22.8	6.0	37.0	4.1	1.6	11.4	17.1	0.0	100.0	173
ARMM	23.8	2.2	27.4	2.8	3.9	5.7	32.8	1.5	100.0	154
Education										
No education	3.6	0.0	13.9	6.8	5.5	3.9	66.4	0.0	100.0	93
Elementary	11.3	0.4	20.9	5.2	3.8	23.1	35.2	0.1	100.0	1,559
High school	16.0	2.6	35.4	9.5	5.5	19.3	11.5	0.2	100.0	3,239
College	42.3	16.0	29.4	4.7	1.8	3.0	2.5	0.2	100.0	2,781
Wealth quintile										
Lowest	7.9	0.6	20.0	5.1	3.6	12.5	50.2	0.2	100.0	1,095
Second	14.8	2.6	33.7	6.9	4.8	15.8	21.1	0.1	100.0	1,338
Middle	21.9	5.3	36.0	10.2	5.5	10.2	10.7	0.1	100.0	1,468
Fourth	30.1	9.3	34.5	9.2	4.6	8.9	3.0	0.5	100.0	1,642
Highest	36.4	12.4	25.3	3.5	1.5	20.1	0.7	0.2	100.0	2,128
Total	24.4	7.0	30.0	6.9	3.8	14.0	13.7	0.2	100.0	7,671

Women's occupations are related to level of education and wealth status. Women with higher levels of education are more likely to be employed in professional, technical, and managerial positions than less educated women. Conversely, women with little or no education are more likely to work in agriculture than those with more education. Half of women in the lowest wealth quintile are employed in agriculture, while more than one-third of women in the highest wealth quintile have professional, technical, and managerial jobs.

3.8 EARNINGS AND TYPE OF EMPLOYMENT

Table 3.8 shows the percent distribution of women who were employed in the 12 months preceding the survey by type of earnings, type of employment, and continuity of employment. The results are presented according to whether the women were involved in agricultural or nonagricultural occupations.

The vast majority of working women earn cash, either cash only (86 percent) or cash and in-kind (7 percent). Overall, only 5 percent of women who are employed receive no pay for their work.

Table 3.8 Earnings and type of employment

Percent distribution of women age 15-49 employed in the 12 months preceding the survey by type of earnings, type of employer, and continuity of employment, according to type of employment (agricultural or nonagricultural), Philippines 2008

Employment characteristic	Agricultural work	Nonagricultural work	Total
Type of earnings			
Cash only	50.2	91.6	85.9
Cash and in-kind	20.6	4.7	6.9
In-kind only	7.6	0.4	1.4
Not paid	21.4	2.8	5.3
Missing	0.3	0.4	0.4
Type of employer			
Employed by family member	33.7	6.7	10.4
Employed by non-family member	44.1	55.6	54.0
Self-employed	22.1	28.0	27.2
Employed by the government	0.0	9.8	8.4
Continuity of employment			
All year	50.5	70.0	67.3
Seasonal	43.5	21.8	24.8
Occasional	5.8	7.9	7.6
Missing	0.1	0.2	0.2
Total	100.0	100.0	100.0
Number of women employed during the past 12 months	1,054	6,601	7,671

Note: Total includes 16 women with information missing on type of employment who are not shown separately.

The type of earnings differs by whether women work in the agricultural or nonagricultural sector. Half of women engaged in agricultural work are paid in cash only, while 21 percent are paid in cash and in-kind, and another 21 percent are not paid. Women are more likely to be paid in cash only if they are employed in the nonagricultural sector (92 percent) than if they are employed in agriculture (50 percent).

More than half of working women (54 percent) are employed by a non-family member, while 27 percent are self-employed, 10 percent are employed by a family member, and 8 percent are employed by the government. A similar pattern is seen for women engaged in nonagricultural work, while agricultural employment tends to be more family-oriented.

Regardless of whether they are employed in agricultural or nonagricultural occupations, the majority of employed women work all year (67 percent). One in four working women has seasonal employment.

3.9 USE OF TOBACCO

Tobacco smoking has been shown to have adverse health effects, including increased risk of lung and heart disease. For women, tobacco smoking has additional risks such as osteoporosis, cervical cancer, and early menopause. Furthermore, smoking during pregnancy can lead to complications that increase the risk of growth retardation and may cause fetal death and neonatal death.

The 2008 NDHS collected information on women's tobacco use. Table 3.9 shows the percentage of women who smoke cigarettes or use other tobacco products, and the percent distribution of cigarette smokers by the number of cigarettes smoked in the preceding 24 hours, according to background characteristics and maternity status. Figures on use and nonuse of tobacco do not sum to 100 percent because respondents who smoke cigarettes may also use other tobacco products.

Tobacco use is uncommon among women. Ninety-five percent of women age 15-49 do not use any kind of tobacco products. Only 5 percent of the women smoke cigarettes and 2 percent use other forms of tobacco. Thirty percent of women who smoke cigarettes said they smoked fewer than three cigarettes in the 24 hours preceding the survey, and another one in three (32 percent) smoked 3-5 cigarettes. Twenty-five percent of women smoked 10 or more cigarettes in the past 24 hours.

Use of tobacco is more common among older women than younger women. Smoking differs by educational attainment, with women with lower levels of education more likely to smoke than those with higher levels of education. Women in households in the lower wealth quintiles are slightly more likely to smoke than women in households in the higher wealth quintiles.

Regional variations in tobacco use are not large. The National Capital Region and MIMAROPA have the highest proportions of women who smoke cigarettes or use other tobacco products (both 7 percent), while Bicol and Ilocos have the lowest proportions (both 3 percent). Differentials by other characteristics are minimal. Less than 3 percent of pregnant women smoke cigarettes or use any kind of tobacco product.

Table 3.9 Use of tobacco

Percentage of women age 15-49 who smoke cigarettes or use other tobacco products and the percent distribution of cigarette smokers by number of cigarettes smoked in preceding 24 hours, according to background characteristics and maternity status, Philippines 2008

Background characteristic	Cigarettes	Other tobacco	Does not use tobacco	Number of women	Number of cigarettes in the past 24 hours: 0	1-2	3-5	6-9	10+	Don't know/ missing	Total	Number of cigarette smokers
Age												
15-19	2.3	0.9	97.6	2,749	3.6	34.2	43.5	1.9	10.6	6.3	100.0	65
20-24	4.9	1.8	95.0	2,147	5.0	35.2	33.9	4.8	15.8	5.3	100.0	106
25-29	4.7	1.8	95.0	2,106	5.0	33.4	25.8	8.5	21.5	5.9	100.0	99
30-34	5.2	2.0	94.7	1,865	3.0	23.5	38.1	12.2	16.8	6.5	100.0	97
35-39	5.8	2.4	93.8	1,777	1.7	23.8	33.8	7.2	27.1	6.4	100.0	103
40-44	6.6	3.4	92.8	1,532	1.1	22.5	29.3	8.0	34.7	4.3	100.0	101
45-49	8.5	4.6	89.6	1,418	3.3	18.3	22.6	13.6	39.8	2.4	100.0	120
Residence												
Urban	5.5	2.3	94.3	7,574	3.5	26.4	30.1	9.8	24.2	6.1	100.0	420
Rural	4.5	2.1	94.8	6,020	2.8	27.1	33.9	6.4	26.0	3.8	100.0	270
Region												
National Capital Region	6.9	3.8	93.0	2,522	4.5	25.3	33.0	10.5	20.4	6.1	100.0	174
Cordillera Admin Region	3.6	2.8	94.9	225	*	*	*	*	*	*	100.0	8
I - Ilocos	3.5	2.0	96.5	613	*	*	*	*	*	*	100.0	21
II - Cagayan Valley	4.9	3.6	95.1	382	(7.8)	(35.1)	(22.9)	(0.0)	(34.2)	(0.0)	100.0	19
III - Central Luzon	6.5	0.7	93.5	1,486	1.3	28.2	31.4	1.2	35.4	2.5	100.0	96
IVA - CALABARZON	4.1	2.0	95.9	1,808	0.0	24.4	29.4	18.7	24.1	3.3	100.0	74
IVB - MIMAROPA	5.3	3.1	93.1	340	(3.3)	(17.1)	(31.9)	(10.4)	(30.5)	(6.8)	100.0	18
V - Bicol	3.1	0.7	96.5	755	*	*	*	*	*	*	100.0	24
VI - Western Visayas	4.9	1.8	93.6	976	(0.0)	(22.3)	(36.1)	(14.6)	(25.0)	(2.1)	100.0	49
VII - Central Visayas	4.2	4.9	94.2	983	(2.6)	(36.5)	(34.3)	(5.2)	(10.4)	(11.0)	100.0	41
VIII - Eastern Visayas	3.8	1.7	95.5	488	*	*	*	*	*	*	100.0	19
IX - Zamboanga Peninsula	3.9	1.9	95.5	505	(9.0)	(27.1)	(36.3)	(11.9)	(11.9)	(3.8)	100.0	20
X - Northern Mindanao	3.8	0.6	95.8	585	(11.3)	(30.6)	(19.0)	(3.8)	(22.4)	(12.8)	100.0	22
XI - Davao	5.1	1.0	94.7	618	(0.0)	(26.4)	(38.3)	(5.4)	(24.7)	(5.1)	100.0	32
XII - SOCCSKSARGEN	5.6	1.8	93.8	480	(2.9)	(31.4)	(24.0)	(3.0)	(32.2)	(6.5)	100.0	27
XIII - Caraga	5.8	0.9	94.2	312	(0.0)	(24.0)	(39.5)	(5.9)	(27.5)	(3.1)	100.0	18
ARMM	5.4	0.9	94.2	516	(2.4)	(16.6)	(22.0)	(12.9)	(37.9)	(8.2)	100.0	28
Education												
No education	11.8	10.3	81.8	167	(0.0)	(12.0)	(30.5)	(13.7)	(39.1)	(4.7)	100.0	20
Elementary	7.6	3.9	91.5	2,653	2.1	29.4	34.4	7.7	24.7	1.7	100.0	203
High school	4.6	1.9	95.1	6,352	4.3	28.1	29.7	6.6	24.2	7.0	100.0	296
College	3.9	1.4	96.0	4,422	3.1	22.8	31.6	11.9	24.5	6.1	100.0	172
Maternity status												
Pregnant	2.3	1.0	97.5	705	*	*	*	*	*	*	100.0	16
Breastfeeding (not pregnant)	3.9	2.1	95.6	1,584	5.5	27.3	43.4	8.6	11.0	4.3	100.0	61
Neither	5.4	2.3	94.2	11,304	3.0	26.7	30.3	8.3	26.4	5.3	100.0	612
Wealth quintile												
Lowest	6.2	3.4	92.5	2,160	2.5	27.4	36.7	8.2	21.5	3.8	100.0	133
Second	5.6	2.8	93.8	2,419	3.0	29.3	30.5	7.6	26.5	3.1	100.0	135
Middle	5.2	1.7	94.5	2,661	4.7	26.3	30.9	7.9	28.6	1.7	100.0	139
Fourth	4.2	1.8	95.6	2,937	1.6	24.2	25.9	9.8	29.2	9.4	100.0	124
Highest	4.6	1.7	95.3	3,417	4.0	26.3	33.3	8.9	19.8	7.8	100.0	159
Total	5.1	2.2	94.5	13,594	3.2	26.7	31.6	8.4	24.9	5.2	100.0	690

Note: Numbers in parentheses are based on 25-49 unweighted cases; an asterisk indicates that a figure based on fewer than 25 unweighted cases and has been suppressed.

3.10 HEALTH INSURANCE COVERAGE

Access to health care improves when individuals are covered by health insurance. The 2008 NDHS collected information on women's health insurance coverage in the Household Questionnaire. A maximum of three health insurance schemes were recorded per respondent. Table 3.10 shows the information on health insurance coverage by selected background characteristics.

More than half of women do not have any health insurance (57 percent). Seventeen percent of women have insurance through PhilHealth as dependent of a paying member of their household, while 14 percent are themselves paying members of PhilHealth; another 14 percent are covered by the Social Security System (SSS), and 6 percent are dependents of indigent members of PhilHealth.

Table 3.10 Health insurance coverage

Percentage of women age 15-49 with specific types of health insurance coverage, according to background characteristics, Philippines 2008

Background characteristic	Philhealth paying member	Philhealth dependent of paying member	Philhealth indigent member	Philhealth dependent of indigent member	GSIS	Social Security System	Private insurance company/ Health mainte-nance, etc.	Other	None	Number
Age										
15-19	1.4	22.7	0.1	7.5	0.1	2.1	1.2	0.1	67.1	2,749
20-24	13.5	11.3	0.8	3.2	0.8	15.0	1.4	0.2	66.2	2,147
25-29	19.2	14.8	1.0	4.0	2.0	20.1	2.7	0.4	56.1	2,106
30-34	18.2	18.1	1.6	5.4	3.6	18.6	2.2	0.4	50.8	1,865
35-39	17.1	18.3	2.9	6.8	3.5	16.1	2.6	0.4	50.4	1,777
40-44	16.0	18.8	3.2	7.4	3.5	15.7	3.2	0.5	48.9	1,532
45-49	17.0	16.3	3.8	6.6	6.3	13.4	4.7	0.8	52.1	1,418
Residence										
Urban	18.1	20.6	1.1	2.6	2.7	20.0	3.6	0.4	51.4	7,574
Rural	8.1	13.3	2.3	9.8	2.2	5.8	0.8	0.4	64.5	6,020
Region										
National Capital Region	20.4	20.3	0.5	0.3	2.4	24.9	5.9	0.4	50.5	2,522
Cordillera Admin Region	14.6	15.4	2.3	9.9	2.4	10.6	1.6	0.2	54.2	225
I - Ilocos	10.9	19.0	2.4	7.4	2.4	12.2	1.0	0.0	55.2	613
II - Cagayan Valley	8.2	17.0	1.1	9.0	4.6	4.0	1.5	1.0	62.6	382
III - Central Luzon	14.1	16.7	1.0	3.0	1.8	12.7	1.3	0.2	61.3	1,486
IVA - CALABARZON	20.3	20.2	0.3	2.5	1.6	20.9	2.2	0.3	52.1	1,808
IVB - MIMAROPA	5.3	9.3	0.9	6.4	3.4	9.2	1.3	0.4	71.8	340
V - Bicol	8.0	13.3	3.8	10.7	3.3	11.0	0.5	1.7	59.0	755
VI - Western Visayas	9.5	16.5	3.2	9.6	3.5	9.3	1.5	0.0	58.0	976
VII - Central Visayas	13.7	18.8	2.3	4.6	2.2	13.2	2.3	0.3	56.5	983
VIII - Eastern Visayas	10.6	12.4	1.3	4.8	3.9	4.4	0.6	0.5	69.5	488
IX - Zamboanga Peninsula	8.1	14.1	0.2	3.7	2.9	6.5	1.8	0.3	71.0	505
X - Northern Mindanao	9.9	15.5	6.4	32.6	2.1	6.6	1.3	0.1	34.0	585
XI - Davao	11.9	22.7	0.7	2.0	2.0	10.2	2.7	0.6	60.6	618
XII - SOCCSKSARGEN	13.2	21.8	2.2	5.0	1.2	9.6	2.0	0.3	55.5	480
XIII - Caraga	8.4	14.0	5.7	16.5	2.6	5.1	0.9	0.4	54.1	312
ARMM	3.7	6.0	0.9	4.6	2.8	0.5	0.8	0.1	84.3	516
Education										
No education	1.9	0.7	1.1	4.1	0.0	0.5	0.7	0.0	91.6	167
Elementary	2.4	8.4	2.2	9.1	0.1	2.7	0.7	0.4	75.9	2,653
High school	6.8	18.2	1.7	6.8	0.2	8.8	1.1	0.2	63.0	6,352
College	30.9	22.2	1.4	2.5	7.2	27.9	5.3	0.7	36.4	4,422
Wealth quintile										
Lowest	0.9	4.4	3.0	11.7	0.1	0.9	0.2	0.2	79.3	2,160
Second	4.8	11.3	2.7	11.2	0.6	4.1	0.2	0.4	68.0	2,419
Middle	10.1	18.2	1.9	5.3	1.9	10.0	1.2	0.2	60.5	2,661
Fourth	19.7	24.4	0.9	3.2	3.5	19.5	2.1	0.4	46.7	2,937
Highest	25.7	23.2	0.6	0.9	4.8	26.6	6.4	0.7	42.1	3,417
Total	13.7	17.4	1.7	5.8	2.4	13.7	2.4	0.4	57.2	13,594

GSIS = Government Service Insurance System

Older women are more likely than younger women to be covered by health insurance. As expected, women who reside in urban areas are more likely to have health insurance coverage. Among the regions, only Northern Mindanao reported more than half of the women having some form of health insurance system (66 percent). ARMM has the highest proportion of women with no health insurance (84 percent).

Women's education is strongly associated with the likelihood of having health insurance coverage. Women with no education are much more likely to not have health insurance (92 percent) than those with college or higher education (36 percent). The same pattern can be observed with household wealth. The higher the household wealth quintile, the more likely it is that women are covered by health insurance.

FERTILITY 4

This chapter looks at a number of fertility indicators including levels, patterns, and trends in both current and cumulative fertility; the length of birth intervals; and the age at which women initiate childbearing. Information on current and cumulative fertility is essential for monitoring population growth. The data on birth intervals are important because short intervals are strongly associated with childhood mortality. The age at which childbearing begins can have a major impact on the health and well-being of both the mother and the child.

The 2008 National Demographic and Health Survey (NDHS) collected information on the total number of sons and daughters women have given birth to in their lifetime. To improve their recall and hence obtain a complete reporting of all their children, the women were asked to provide the number of children living at home, the number living elsewhere, and the number who have died. A complete pregnancy history was subsequently obtained, including information on the sex, date of birth, and survival status of each live-born child, and age at death of children who have died, if any. For pregnancies not ending in a live birth, the month and year that pregnancy ended as well as the duration of the pregnancy was obtained. For pregnancies that were lost before full term, information on whether a doctor or someone else did something to end the pregnancy was obtained. These data were used in the calculation of the measures of fertility as well as child mortality (see Chapter 8).

4.1 CURRENT FERTILITY

The most commonly used measures of current fertility are the total fertility rate (TFR) and its components, age-specific fertility rates (ASFRs). The TFR is a summary measure of fertility and can be interpreted as the number of births a woman would have, on average, at the end of her reproductive years if she experienced the currently prevailing ASFRs for women age 15-49. ASFRs, which are a valuable measure of the age pattern of childbearing, are defined as the number of live births among women in a particular age group divided by the number of woman-years in that age group during the specified period. To reduce sampling errors and to avoid any possible problems of displacement of births, a three-year TFR was computed to provide the most recent estimates of the current level of fertility.[1]

Table 4.1 presents the age-specific and total fertility rates, the general fertility rate (GFR) and the crude birth rate (CBR), by urban-rural residence. The age pattern of fertility rates shows an inverted U-shape that peaks at age 25-29 as shown in Figure 4.1. Fertility in urban areas is lower than that in rural areas. Women in urban areas have, on average, 2.8 children compared with 3.8 children for women in rural areas. For all age groups, childbearing is lower among women in urban areas than those in rural areas. The general fertility rate for urban women is 96 live births per 1,000 women age 15-44, compared with 128 per 1,000 for rural women.

[1] Numerators of the ASFRs are calculated by summing the number of live births that occurred in the period 1 to 36 months preceding the survey (determined by the date of interview and the date of birth of the child) and classifying them by the age (in five-year groups) of the mother at the time of birth (determined by the mother's date of birth). The denominators of the rates are the number of woman-years lived in each of the specified five-year groups during the 1 to 36 months preceding the survey.

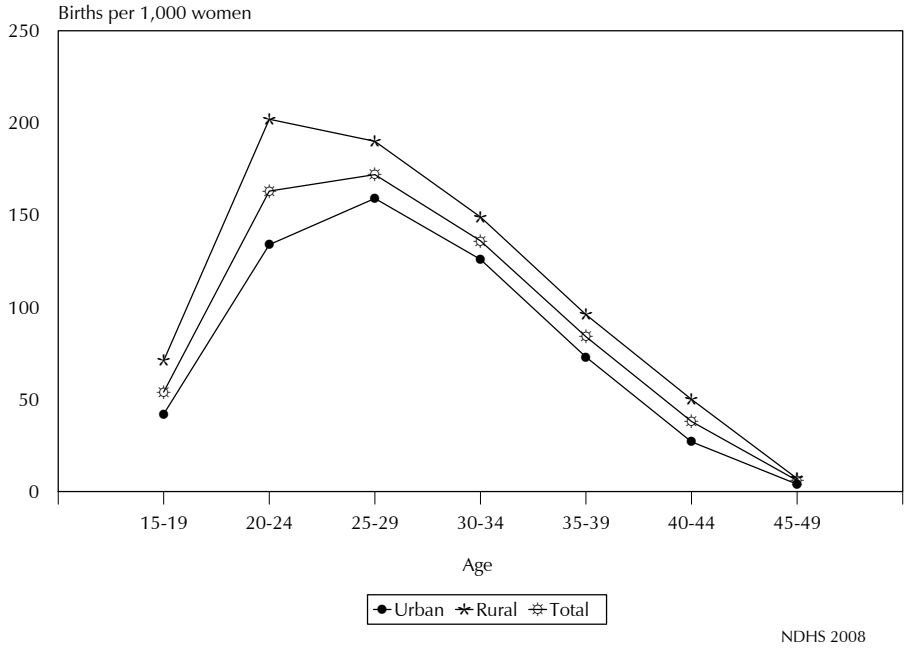
Table 4.1 Current fertility

Age-specific and total rate, the general fertility rate, and the crude birth rate for the three years preceding the survey, by residence, Philippines 2008

Age group	Residence: Urban	Rural	Total
15-19	42	71	54
20-24	134	202	163
25-29	159	190	172
30-34	126	149	136
35-39	73	96	84
40-44	27	50	38
45-49	4	7	6
TFR	2.8	3.8	3.3
GFR	96	128	110
CBR	23.4	24.6	21.6

Notes: Age-specific fertility rates are per 1,000 women. Rates for age group 45-49 may be slightly biased due to truncation. Rates are for the period 1-36 months prior to interview.
TFR: Total fertility rate for 15-49, expressed per woman
GFR: General fertility rate (births divided by the number of women age 15-44), expressed per 1,000 women
CBR: Crude birth rate, expressed per 1,000 population

Figure 4.1 Age-Specific Fertility Rates by Urban-Rural Residence



4.2 FERTILITY BY BACKGROUND CHARACTERISTICS

Table 4.2 highlights differences between the TFR and two other fertility measures—the percentage currently pregnant and the mean number of children ever born to women age 40-49 by background characteristics. Like the TFR, the percentage pregnant provides a measure of current fertility, although it is subject to some degree of error because women may not recognize or report all first trimester pregnancies. The mean number of children ever born (CEB) to women age 40-49 is an indicator of completed fertility. It reflects the fertility performance of women who are nearing the end of their reproductive years. If fertility has remained stable over time, the two measures, TFR and CEB, will be about equal. Although this approach may be biased because of understated parity among older women, it does provide an indication of fertility change. In the 2008 NDHS, the difference between the TFR (3.3) and the number of children ever born (4.0) is 0.7 children, indicating a decline in fertility. The decline is larger for women in rural areas (0.9 children) than for those in urban areas (0.5 children). Likewise, differentials between the two measures by level of education are larger for women with less education than for those with higher education.

Table 4.2 Fertility by background characteristics

Total fertility rate for the three years preceding the survey, percentage of women age 15-49 currently pregnant, and mean number of children ever born to women age 40-49 years, by background characteristics, Philippines 2008

Background characteristic	Total fertility rate	Percentage of women age 15-49 currently pregnant	Mean number of children ever born to women age 40-49
Residence			
Urban	2.8	4.3	3.3
Rural	3.8	6.3	4.7
Region			
National Capital Region	2.3	3.9	3.0
Cordillera Admin Region	(3.3)	4.8	4.7
I - Ilocos	(3.4)	4.9	3.8
II - Cagayan Valley	(4.1)	5.6	3.8
III - Central Luzon	3.0	4.4	3.6
IVA - CALABARZON	3.0	4.9	3.5
IVB - MIMAROPA	(4.3)	5.8	5.2
V - Bicol	4.1	6.9	4.8
VI - Western Visayas	3.3	5.1	4.0
VII - Central Visayas	3.2	4.8	4.0
VIII - Eastern Visayas	(4.3)	7.1	5.0
IX - Zamboanga Peninsula	(3.8)	5.7	4.3
X - Northern Mindanao	(3.3)	5.7	4.1
XI - Davao	(3.3)	5.7	4.5
XII - SOCCSKSARGEN	(3.6)	6.4	4.5
XIII - Caraga	(4.3)	6.3	4.7
ARMM	(4.3)	7.6	5.7
Education			
No education	*	5.9	6.4
Elementary	4.5	6.3	5.1
High school	3.5	5.5	4.0
College	2.3	4.0	2.7
Wealth quintile			
Lowest	5.2	8.6	5.8
Second	4.2	6.8	4.8
Middle	3.3	5.6	4.1
Fourth	2.7	3.7	3.4
Highest	1.9	2.8	2.5
Total	3.3	5.2	4.0

Note: Total fertility rates are for the period 1-36 months prior to interview. Total fertility rates in parentheses are based on 500-749 unweighted women; an asterisk indicates a figure is based on fewer than 500 unweighted women and has been suppressed.

Women in rural areas have an average of one more child than women in urban areas (TFR 3.8 and 2.8 children per woman, respectively). The differences are also substantial across regions. The National Capital Region (NCR), the center of government, business, commerce, and industry in the country, has the lowest TFR (2.3 children per woman) and the lowest mean number of CEB (3.0 children per woman). Four regions, MIMAROPA (one of the least developed regions in the country), Eastern Visayas, Caraga, and ARMM have the highest TFRs (each with 4.3 children per woman). These regions also tend to have the highest mean CEB. The mean CEB in ARMM is 5.7 children per woman, followed by MIMAROPA (5.2), Eastern Visayas (5.0), Bicol (4.8), and Caraga and CAR (4.7 each). The difference in fertility indicators between the two groups of regions is about two children, which may be interpreted as stemming from differences in levels of development. This is supported with the low TFR of regions adjacent to NCR, which host the spillover from the metropolitan area, namely, Central Luzon and CALABARZON (both with TFRs of 3.0 births per woman). Likewise, Central Visayas exhibits a low TFR (3.2 births per woman).

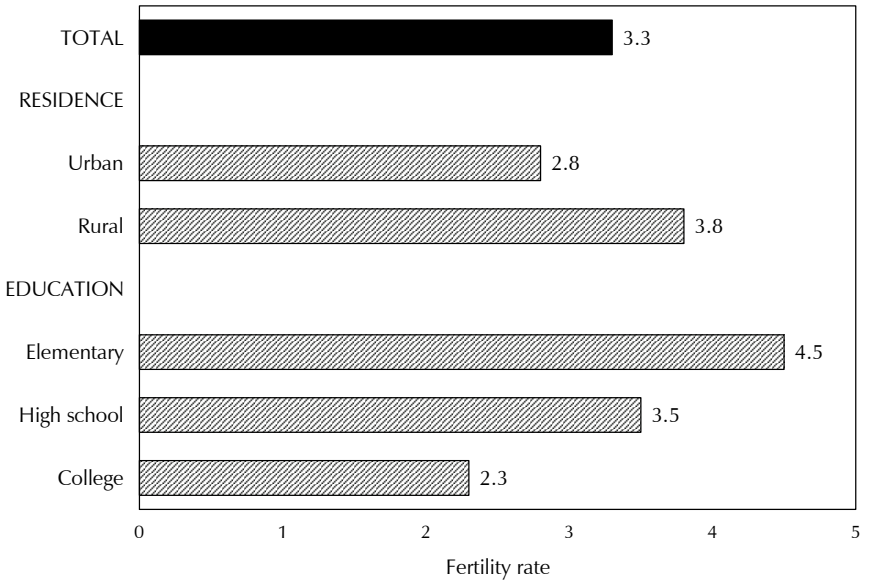
There is a negative relationship between fertility and education in the Philippines. The total fertility rate for women with college or higher education (2.3 children per woman) is about half that of women with elementary education (4.5 children) (Table 4.2 and Figure 4.2). Similar differentials are seen by wealth status, with women in households in the higher wealth quintiles having fewer children than women in households in the lower wealth quintiles.

Table 4.2 shows that 5 percent of respondents reported being pregnant at the time of the survey. This proportion varies from less than 4 percent in NCR to almost 8 percent in ARMM.

4.3 FERTILITY TRENDS

Fertility rates estimated from the 2008 NDHS can be compared with corresponding rates from national demographic surveys from 1973 to 2003. Differences reflect a combination of actual change, variations in geographic coverage, and changes in data collection procedures and estimation techniques in one or all surveys.

Figure 4.2 **Fertility Rates by Residence and Education**



Note: There were too few women with no education to calculate a fertility rate.

NDHS 2008

Table 4.3 and Figure 4.3 show fertility rates for the 30-year period preceding the survey. The rates reflect five-year averages centered on mid-period years for the 1973, 1978, and 1983 surveys and a three-year rate for the 1986, 1993, 1998, 2003 and 2008 surveys. Over the three decades, the TFR declined by 2.7 births, from 6.0 children per woman in 1970 to 3.3 children in 2006. The pace of fertility decline varied over time. In the early 1970s, the TFR declined by 2.7 percent annually. This was followed by a smaller decline during the succeeding five-year period. A larger decline occurred during the first half of the 1980s, but the latter half of the 1980s again showed reduced progress in fertility reduction. Between 1991 and 1996, the TFR decreased annually by 1.9 percent. From 2001 to 2006, the decline continued, but again at a slower pace.

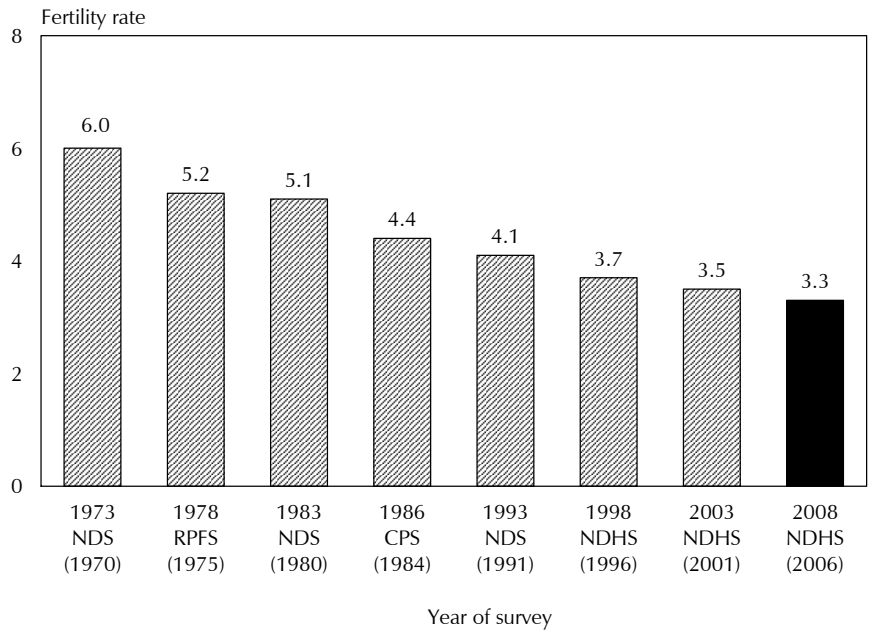
Table 4.3 Fertility trends from various surveys

Age-specific and total fertility rates from various surveys, Philippines

Age group	1973 NDS (1970)	1978 RPFS (1975)	1983 NDS (1980)	1986 CPS (1984)	1993 NDS (1991)	1998 NDHS (1996)	2003 NDHS (2001)	2008 NDHS (2006)
15-19	56	50	55	48	50	46	53	54
20-24	228	212	220	192	190	177	178	163
25-29	302	251	258	229	217	210	191	172
30-34	268	240	221	198	181	155	142	136
35-39	212	179	165	140	120	111	95	84
40-44	100	89	78	62	51	40	43	38
45-49	28	27	20	15	8	7	5	6
Total fertility rate	6.0	5.2	5.1	4.4	4.1	3.7	3.5	3.3

The results in Table 4.3 indicate that all age groups have contributed to the decline in fertility rates. However, the decline has been more rapid among older women than among younger women. Age-specific fertility rates among women age 30 and over fell 50 percent or more between the 1973 NDS and the 2008 NDHS. In contrast, fertility rates among women age 20-30 declined by about one-third during this same period.

Figure 4.3 **Trends in the Total Fertility Rate**



Fertility trends can also be established using retrospective data from a single survey. Table 4.4 uses information from the retrospective birth histories obtained in the 2008 NDHS to examine trends in age-specific fertility rates for successive five-year periods before the survey. To calculate these rates, births were classified according to the period of time in which the birth occurred and the mother's age at the time of birth. Because women 50 years and over were not interviewed in the 2008 NDHS, the rates for older age groups become progressively more truncated for periods more distant from the survey date. For example, rates cannot be calculated for women age 45-49 for the period 5-9 years and more prior to the

survey because women in that age group would have been 50 years or older at the time of the survey. Because of truncation, changes over the past 20 years are best observed for women up to age 29 years.

The results presented in Table 4.4 show a declining trend in fertility in the Philippines. For almost all age groups, the ASFRs consistently decline from past periods to the most recent period. The most notable decline is in age group 25-29 (peak of childbirth), from 225 births per 1,000 women in the period 15-19 years before the survey to 172 births per 1,000 women in the five-year period preceding the survey.

The observed decline in fertility can most likely be attributed to changes in family planning practices and programs. Over the past 30 years, the mean age at first marriage among women has remained high and relatively stable, at around 22 years (see Chapter 6).

Table 4.4 Trends in fertility rates from 2008 NDHS

Age-specific fertility rates for five-year periods preceding the survey from the NDHS birth history data, by mother's age at the time of the birth, Philippines 2008

Mother's age at birth	Number of years preceding survey			
	0-4	5-9	10-14	15-19
15-19	53	58	55	67
20-24	166	182	192	212
25-29	172	200	207	225
30-34	140	154	165	[192]
35-39	86	100	[124]	-
40-44	39	[59]	-	-
45-49	[6]	-	-	-

Note: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated. Rates exclude the month of interview.

4.4 CHILDREN EVER BORN AND LIVING

Information on lifetime fertility is useful for examining the momentum of childbearing and for estimating levels of primary infertility. The number of children ever born (CEB) or parity is a cross-sectional view at the time of the survey. It does not refer directly to the timing of fertility of the individual respondent but is a measure of her completed fertility. Table 4.5 shows the number of children ever born by women's age, for all women and for currently married women and the corresponding mean number of children ever born, and the mean number of living children.

The results show that among all women, more than one in three does not have any children. Among married women, only 8 percent do not have children. Table 4.5 and Figure 4.4 show that, on average, women have given birth to less than one child by their early twenties, 3.4 children by their late thirties, and 4.2 children by the end of their reproductive period. Table 4.5 also shows that, overall, the mean number of CEB is 2.0 children for all women and 3.0 for currently married women.

The proportion of women with no children is high in the younger age groups among both all women and currently married women. This pattern is partly due to the law specifying 18 as the minimum legal age for marriage, but also to the fact that most births occur within marriage. Childlessness is uncommon in Philippine society; among older married women only 4 percent are childless. Assuming that voluntary childlessness within marriage is rare, the 4 percent of married women age 45-49 who are childless may be interpreted as an estimate of primary sterility in the Philippines. The corresponding figure for all women age 45-49 is 8 percent, which reflects the combined impact of infertility, marital dissolution, and celibacy.

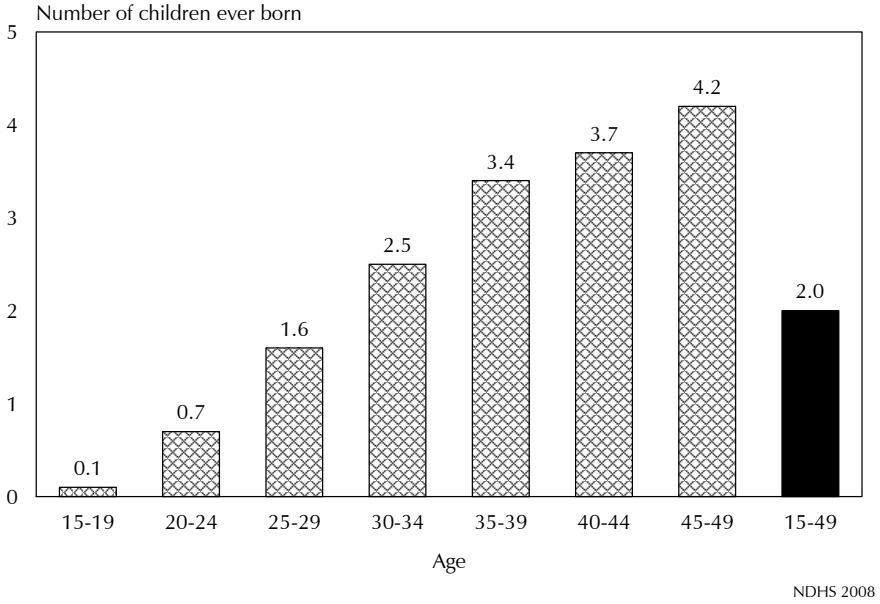
In addition to giving a description of average family size, information on children ever born and the number of children surviving gives an indication of the extent of childhood and young adult mortality. For younger women, the difference between the mean number of children ever born and the mean number of children surviving is very small. However, the difference increases with women's age. By the end of the reproductive period, women have lost almost one in ten children.

Table 4.5 Children ever born and living

Percent distribution of all women and currently married women by number of children ever born, mean number of children ever born and mean number of living children, according to age group, Philippines 2008

	Number of children ever born														
Age	0	1	2	3	4	5	6	7	8	9	10+	Total	Number of women	Mean number of children ever born	Mean number of living children
ALL WOMEN															
15-19	92.7	6.3	0.9	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	2,749	0.08	0.08
20-24	57.5	25.3	13.0	3.2	0.7	0.2	0.1	0.0	0.0	0.0	0.0	100.0	2,147	0.65	0.63
25-29	27.2	25.3	22.8	14.1	6.6	3.1	0.7	0.3	0.0	0.0	0.0	100.0	2,106	1.62	1.55
30-34	15.5	16.0	21.2	20.2	12.9	7.7	3.8	1.7	0.6	0.3	0.1	100.0	1,865	2.52	2.43
35-39	10.3	10.1	17.3	20.7	15.8	10.2	5.6	3.8	2.7	1.8	1.7	100.0	1,777	3.37	3.21
40-44	9.2	8.4	14.4	19.4	15.1	13.0	7.2	4.9	3.4	2.6	2.4	100.0	1,532	3.74	3.55
45-49	7.8	6.8	13.4	20.0	13.3	11.3	8.2	6.3	4.3	3.2	5.5	100.0	1,418	4.20	3.90
Total	37.4	14.3	14.0	12.5	8.1	5.5	3.0	2.0	1.3	0.9	1.1	100.0	13,594	2.02	1.92
CURRENTLY MARRIED WOMEN															
15-19	42.1	49.4	7.6	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	283	0.67	0.66
20-24	18.7	46.8	25.7	6.9	1.4	0.4	0.2	0.0	0.0	0.0	0.0	100.0	1,000	1.28	1.24
25-29	8.9	30.2	29.1	17.9	8.5	4.0	1.0	0.4	0.1	0.0	0.0	100.0	1,560	2.05	1.97
30-34	5.6	16.0	24.2	22.8	14.8	9.1	4.4	1.9	0.7	0.4	0.1	100.0	1,573	2.87	2.77
35-39	4.1	8.7	18.7	22.9	17.3	11.3	6.0	4.3	3.0	1.9	1.7	100.0	1,522	3.66	3.49
40-44	3.5	7.7	15.1	21.0	16.3	13.7	7.7	5.5	3.8	2.9	2.8	100.0	1,299	4.06	3.85
45-49	3.7	5.7	13.8	20.6	14.5	11.4	8.4	7.2	4.8	3.5	6.3	100.0	1,181	4.52	4.19
Total	8.1	19.4	20.9	18.7	12.2	8.3	4.5	3.1	2.0	1.3	1.6	100.0	8,418	3.01	2.86

Figure 4.4 **Mean Number of Children Ever Born among Women Age 15-49**



4.5 BIRTH INTERVALS

Children's health status is closely related to the length of the preceding birth interval. Research has shown that children born too soon after a previous birth (i.e., within 24 months) are at greater risk of illness and death than those born after a longer interval. In addition, short birth intervals may have consequences for other children in the family. The occurrence of closely spaced births gives the mother insufficient time to restore her health, which may limit her ability to take care of her children. The duration of breastfeeding for the older child may also be shortened if the mother becomes pregnant within a shorter interval. The influence of the timing of births on both fertility and mortality is well documented. Evidence that women with closely spaced births have higher fertility than women with longer birth intervals has been observed in many countries. It has also been shown that short birth intervals, particularly those less than two years, elevate risks of death for mother and child.

In the Philippines, the median interval between births is 33 months (Table 4.6). While 30 percent of births occur four or more years after a previous birth, the same proportion occur within two years of a previous birth. The large proportion of births that take place after a short birth interval is a cause for concern because it has negative implications for maternal and child health and survival.

Younger women have shorter birth intervals than older women: 27 months for women age 20-29 and 45 months for women age 40 and older. There is a curvilinear relationship between birth order and median birth interval, from 33 months for second and third births to 35 months for fourth through sixth births, and to 30 months for higher-order births (Figure 4.5).

The length of the birth interval does not vary by sex of previous child, but it does vary by survival status of the previous birth. For births whose prior sibling survived, the interval is 34 months; for those with a nonsurviving previous birth, the birth interval is 24 months. The difference is due to a variety of mechanisms through which infant and child mortality influence birth intervals and fertility, particularly whether the mother seeks to replace a dead child as soon as possible.

Table 4.6 Birth intervals

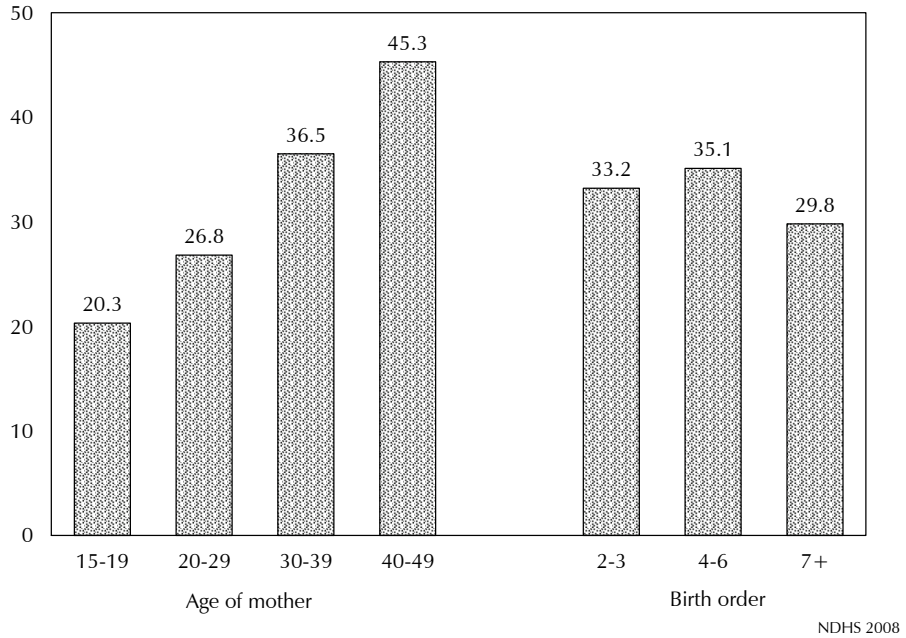
Percent distribution of non-first births in the five years preceding the survey by number of months since preceding birth, and median number of months since preceding birth, according to background characteristics, Philippines 2008

Background characteristic	Months since preceding birth						Total	Number of non-first births	Median number of months since preceding birth
	7-17	18-23	24-35	36-47	48-59	60+			
Age									
15-19	(34.9)	(37.5)	(24.3)	(3.3)	(0.0)	(0.0)	100.0	29	(20.3)
20-29	19.9	20.6	27.9	14.7	7.9	9.0	100.0	1,718	26.8
30-39	10.9	13.2	25.2	14.5	10.7	25.6	100.0	2,181	36.5
40-49	5.4	8.9	22.6	16.7	10.3	36.1	100.0	552	45.3
Birth order									
2-3	16.1	15.6	23.6	14.5	9.4	20.9	100.0	2,490	33.2
4-6	9.8	14.8	27.2	15.6	10.1	22.6	100.0	1,446	35.1
7+	14.0	18.6	33.2	13.7	8.6	11.9	100.0	545	29.8
Sex of preceding birth									
Male	14.6	14.9	26.0	15.4	10.3	18.8	100.0	2,328	33.3
Female	12.9	16.5	25.8	14.0	8.7	22.1	100.0	2,152	33.0
Survival of preceding birth									
Living	12.9	15.7	26.3	15.0	9.6	20.5	100.0	4,296	33.5
Dead	34.8	15.1	17.2	7.9	7.6	17.4	100.0	184	24.0
Residence									
Urban	14.2	15.6	24.2	14.4	9.3	22.2	100.0	2,098	34.0
Rural	13.4	15.7	27.4	15.1	9.7	18.7	100.0	2,382	32.5
Region									
National Capital Region	14.7	14.0	21.3	15.3	9.1	25.7	100.0	607	36.1
Cordillera Admin Region	15.7	15.2	26.2	16.2	11.0	15.7	100.0	77	33.0
I - Ilocos	15.4	15.0	25.9	11.8	9.9	22.0	100.0	207	31.7
II - Cagayan Valley	12.9	14.8	26.6	12.8	8.7	24.3	100.0	160	34.3
III - Central Luzon	11.9	15.0	27.7	16.7	10.8	17.8	100.0	413	32.8
IVA - CALABARZON	13.6	16.6	23.5	13.3	11.3	21.7	100.0	539	34.1
IVB - MIMAROPA	10.0	16.6	33.0	15.8	8.1	16.4	100.0	148	30.5
V - Bicol	15.0	16.2	31.7	15.5	8.1	13.5	100.0	323	30.2
VI - Western Visayas	14.5	13.6	24.7	18.6	8.9	19.6	100.0	319	34.1
VII - Central Visayas	11.5	18.5	29.1	10.9	9.3	20.7	100.0	320	32.3
VIII - Eastern Visayas	14.8	18.6	26.1	15.9	7.6	17.1	100.0	211	30.5
IX - Zamboanga Peninsula	12.0	18.8	27.2	11.4	9.3	21.3	100.0	181	31.3
X - Northern Mindanao	12.1	18.0	25.7	16.0	8.8	19.4	100.0	203	33.5
XI - Davao	12.4	13.4	18.7	15.9	11.9	27.7	100.0	201	39.7
XII - SOCCSKSARGEN	12.4	10.3	26.3	16.7	10.8	23.4	100.0	178	36.2
XIII - Caraga	15.1	20.2	22.6	10.6	8.8	22.8	100.0	136	31.0
ARMM	19.7	14.4	30.5	15.3	8.3	11.8	100.0	258	29.0
Education									
No education	19.5	15.7	31.8	11.1	6.5	15.4	100.0	94	28.9
Elementary	11.9	14.7	29.8	14.9	8.9	19.8	100.0	1,293	32.8
High school	13.6	16.9	26.0	14.4	9.7	19.4	100.0	2,101	32.4
College	16.2	14.3	20.0	15.6	10.2	23.7	100.0	992	35.8
Wealth quintile									
Lowest	13.3	17.5	31.9	14.9	8.0	14.4	100.0	1,357	30.0
Second	14.0	17.2	28.0	13.8	10.1	16.9	100.0	1,075	31.0
Middle	13.9	14.0	22.7	14.7	10.6	24.1	100.0	846	35.7
Fourth	15.5	14.5	20.7	13.5	9.8	26.1	100.0	682	35.6
Highest	12.4	11.9	17.9	18.0	10.3	29.5	100.0	520	40.5
Total	13.8	15.7	25.9	14.7	9.5	20.4	100.0	4,480	33.2

Note: First-order births are excluded. The interval for multiple births is the number of months since the preceding pregnancy that ended in a live birth. Numbers in parentheses are based on 25-49 unweighted cases.

Whereas mother's education does not have a strong relationship with the length of birth intervals, mother's economic status has a positive association. Women in the poorest wealth quintile have the shortest birth interval (30 to 31 months), while those in higher wealth quintiles have the longest birth intervals (36 to 41 months).

Figure 4.5 **Median Number of Months since Previous Birth**



4.6 AGE AT FIRST BIRTH

Postponing the first birth contributes to overall fertility reduction. As such, the onset of childbearing is an important fertility indicator. Early childbearing in the Philippines is unusual: only 10 percent of women age 45-49 gave birth by age 18 (Table 4.7). This proportion decreases slightly among younger women (7 percent for women age 20-24). The low proportion of women giving birth in their teens can be attributed to the high median age at first marriage, which has been about 22 years for the past 25 years. The median age at first birth among women age 25-49 is 23 years (Table 4.7).

Table 4.7 Age at first birth

Percentage of women age 15-49 who gave birth by exact ages, percentage who have never given birth, and median age at first birth, according to current age, Philippines 2008

	Percentage who gave birth by exact age					Percentage who have never given birth	Number of women	Median age at first birth
Current age	15	18	20	22	25			
15-19	0.2	na	na	na	na	92.7	2,749	a
20-24	0.5	7.1	21.3	na	na	57.5	2,147	a
25-29	0.5	8.5	22.5	40.5	61.4	27.2	2,106	23.1
30-34	0.4	8.7	22.3	40.3	63.1	15.5	1,865	23.3
35-39	1.0	10.0	24.7	41.1	61.8	10.3	1,777	23.2
40-44	0.8	8.3	21.1	38.8	60.5	9.2	1,532	23.4
45-49	0.8	9.8	23.8	40.8	60.2	7.8	1,418	23.3
20-49	0.6	8.7	22.6	na	na	23.3	10,845	a
25-49	0.7	9.0	22.9	40.3	61.5	14.9	8,698	23.2

na = Not applicable
a = Omitted because less than 50 percent of women had a birth before reaching the beginning of the age group

As shown in Table 4.8, women in the urban areas have their first birth two years later than their rural counterparts. Women with higher education and those in higher socioeconomic strata have a higher median age at first birth than other women. Regional variation in age at first birth ranges from 21.5 years in ARMM and SOCCSKSARGEN to 24.8 years in NCR.

Table 4.8 Median age at first birth

Median age at first birth among women age 25-49 years, according to background characteristics, Philippines 2008

Background characteristic	Age					Women age 25-49
	25-29	30-34	35-39	40-44	45-49	
Residence						
Urban	24.0	23.8	24.3	24.3	24.8	24.2
Rural	22.0	22.4	22.0	22.5	21.9	22.2
Region						
National Capital Region	a	24.2	24.3	24.8	25.5	24.8
Cordillera Admin Region	22.1	23.1	22.1	21.9	21.4	22.1
I - Ilocos	23.3	22.8	24.2	24.6	24.4	23.8
II - Cagayan Valley	21.7	22.4	22.6	23.1	22.0	22.3
III - Central Luzon	23.6	23.4	22.7	25.0	23.2	23.5
IVA - CALABARZON	23.0	24.4	24.6	24.1	23.5	24.0
IVB - MIMAROPA	21.6	21.5	22.4	21.4	21.6	21.6
V - Bicol	22.5	23.1	21.8	22.1	24.2	22.6
VI - Western Visayas	23.8	23.9	23.9	23.3	24.1	23.7
VII - Central Visayas	23.2	23.4	22.5	22.7	22.6	22.9
VIII - Eastern Visayas	23.4	22.0	23.4	21.7	22.5	22.6
IX - Zamboanga Peninsula	22.9	23.2	22.3	23.2	22.0	22.8
X - Northern Mindanao	22.8	22.9	22.6	22.9	22.6	22.7
XI - Davao	22.0	22.5	22.4	21.8	21.7	22.1
XII - SOCCSKSARGEN	21.0	21.3	21.2	22.3	21.8	21.5
XIII - Caraga	22.5	21.6	22.1	23.2	22.7	22.3
ARMM	21.0	20.7	21.6	22.7	22.7	21.5
Education						
No education	*	*	(18.7)	(20.8)	21.6	20.0
Elementary	20.8	20.7	20.8	21.4	21.1	21.0
High school	22.0	22.0	22.6	22.5	22.5	22.3
College	a	25.8	26.7	27.0	26.3	a
Wealth quintile						
Lowest	20.6	20.8	21.3	21.5	21.6	21.1
Second	21.7	21.7	21.7	22.5	21.7	21.9
Middle	22.6	23.1	22.6	22.9	22.1	22.7
Fourth	24.9	24.3	24.4	23.8	24.1	24.4
Highest	a	26.0	25.9	25.9	26.2	a
Total	23.1	23.3	23.2	23.4	23.3	23.2

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
a = Omitted because less than 50 percent of the women had a birth before reaching the beginning of the age group

4.7 ADOLESCENT FERTILITY

Young women have been the focus of a number of government programs aimed at delaying the beginning of childbearing and thereby hastening fertility decline. In the Philippines, 26 percent of women age 15-24 years have begun childbearing (Table 4.9). Young women in rural areas are more likely than those in urban areas to have begun childbearing. Similarly, young women with no school or only elementary schooling and those in the poorer wealth quintiles are more likely to have started childbearing than better educated and young women in wealthier households. Across regions, early childbearing is highest in MIMAROPA (37 percent) and SOCCSKSARGEN (35 percent), and lowest in NCR (18 percent). Given the late age at first marriage, only 10 percent of teenagers age 15-19 in the Philippines have begun childbearing.

Table 4.9 Teenage pregnancy and motherhood

Percentage of women age 15-24 who have had a live birth or who are pregnant with their first child and percentage who have begun childbearing, by background characteristics, Philippines 2008

Background characteristic	Percentage who: Have had a live birth	Percentage who: Are pregnant with first child	Percentage who have begun childbearing	Number of women
Age				
15	0.3	0.6	0.9	626
16	3.5	1.1	4.6	552
17	4.6	2.5	7.1	502
18	9.7	4.7	14.4	537
19	19.5	4.7	24.1	532
15 - 19	7.3	2.6	9.9	2,749
20 - 24	42.5	4.4	46.8	2,147
Residence				
Urban	18.5	2.7	21.2	2,784
Rural	28.2	4.3	32.6	2,112
Region				
National Capital Region	15.1	2.6	17.7	916
Cordillera Admin Region	19.4	6.5	25.9	85
I - Ilocos	25.1	4.4	29.4	213
II - Cagayan Valley	27.8	4.4	32.2	118
III - Central Luzon	22.8	2.7	25.5	527
IVA - CALABARZON	22.9	3.6	26.6	650
IVB - MIMAROPA	35.6	1.5	37.0	126
V - Bicol	22.3	4.3	26.6	292
VI - Western Visayas	20.6	4.5	25.1	324
VII - Central Visayas	22.8	3.2	26.0	370
VIII - Eastern Visayas	28.2	2.7	30.9	150
IX - Zamboanga Peninsula	28.8	2.4	31.3	197
X - Northern Mindanao	23.2	3.9	27.1	220
XI - Davao	25.3	3.4	28.6	233
XII - SOCCSKSARGEN	29.2	6.0	35.1	170
XIII - Caraga	27.8	6.1	33.9	107
ARMM	26.5	0.7	27.2	198
Education				
No education	(48.9)	(1.2)	(50.2)	32
Elementary	34.0	3.3	37.4	597
High school	23.1	3.6	26.7	2,880
College	16.4	3.0	19.4	1,388
Wealth quintile				
Lowest	40.3	3.8	44.1	698
Second	30.0	4.6	34.6	861
Middle	22.9	4.3	27.3	917
Fourth	19.7	3.1	22.9	1,078
Highest	11.1	2.0	13.1	1,343
Total	22.7	3.4	26.1	4,896

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

FAMILY PLANNING 5

5.1 KNOWLEDGE OF FAMILY PLANNING METHODS

Acquiring knowledge about fertility control is an important step toward gaining access to contraceptive methods and using a suitable method in a timely and effective manner. In the 2008 National Demographic and Health Survey (NDHS), information on knowledge of family planning methods was obtained by first asking the respondent to name ways that a couple can delay or avoid a pregnancy or birth. If the respondent did not spontaneously mention a particular method, the interviewer described the method and asked the respondent if she recognized it. Descriptions were included in the questionnaire for 14 modern family planning methods: female sterilization, male sterilization, the pill, intrauterine device (IUD), injectables, implants, patch, condom, female condom, mucus/Billings/ovulation, basal body temperature, symptothermal, standard days method, and lactational amenorrhea method (LAM). Information was also collected on two traditional methods: calendar/rhythm/periodic abstinence and withdrawal. All other traditional or folk methods mentioned by respondents, such as herbs and abdominal massage, were recorded as well.

Table 5.1 shows knowledge of contraceptive methods for all women and currently married women as well as for sexually active unmarried women. The results indicate that knowledge of contraceptive methods is widespread among women. Almost all women and currently married women know at least one method of family planning (98 and 99 percent, respectively). Knowledge of modern methods among all women and currently married women is as high as knowledge of any method. Eight of ten women know at least one traditional method.

Table 5.1 Knowledge of contraceptive methods

Percentage of all women, currently married women and sexually active unmarried women age 15-49 who know any contraceptive method, by specific method, Philippines 2008

Method	All women	Currently married women	Sexually active unmarried women[1]
Any method	97.8	98.9	99.4
Any modern method	97.5	98.6	99.4
Female sterilization	84.0	89.6	87.3
Male sterilization	62.3	68.4	66.6
Pill	96.4	97.8	99.4
IUD	78.9	86.6	75.6
Injectables	83.6	91.1	87.7
Implants	11.6	11.1	15.7
Patch	7.6	7.2	15.4
Male condom	92.2	93.9	95.9
Female condom	15.3	14.0	22.5
Mucus/Billings/ovulation	16.8	17.5	26.2
Basal body temperature	15.9	16.0	25.8
Symptothermal	8.1	7.7	14.7
Standard days method	14.6	15.1	28.1
Lactational amenorrhea (LAM)	15.7	17.7	21.9
Emergency contraception	9.7	8.8	18.4
Any traditional method	84.1	91.0	93.5
Rhythm	70.7	78.0	71.9
Withdrawal	78.5	87.1	91.0
Folk method	4.7	6.0	5.0
Mean number of methods known by women 15-49	7.7	8.1	8.7
Number of women	13,594	8,418	115

[1] Had last sexual intercourse within 30 days preceding the survey

Knowledge of at least one modern contraceptive method among women has remained unchanged since 2003, while knowledge of traditional methods has increased slightly from 83 to 84 percent for all women and 90 to 91 percent for currently married women. The most widely known methods for both all women and currently married women are the pill and male condom. Female sterilization and injectables are known by 84 percent of all women and from 90 to 91 percent of currently married women. Knowledge of the lactational amenorrhea method (LAM) and standard days method among women is relatively low (16 and 15 percent, respectively). The patch is the least-known method among both all women and currently married women. There is limited knowledge of the patch because this method is relatively new and has not been included in the national family planning program.

In general, sexually active unmarried women are more knowledgeable about contraceptive methods than currently married women and all women. The average number of methods known is 7.7 for all women, 8.1 for currently married women, and 8.7 for sexually active unmarried women.

Table 5.2 shows the percentage of currently married women who know at least one contraceptive method by background characteristics. The differentials are small because almost all currently married women know at least one method of contraception. Knowledge of any method of contraception is notably lower in ARMM, where only four in five women have ever heard of any method or any modern method of contraception.

Almost all currently married women with education know at least one modern method, compared with 69 percent of women with no education. A similar pattern is seen by household wealth status with almost all women in the highest wealth quintile knowing a modern method of contraception, compared with 95 percent of women in the lowest wealth quintile.

Table 5.2 Knowledge of contraceptive methods by background characteristics

Percentage of currently married women age 15-49 who have heard of at least one contraceptive method and who have heard of at least one modern method by background characteristics, Philippines 2008

Background characteristic	Heard of any method	Heard of any modern method[1]	Number
Age			
15-19	96.3	96.3	283
20-24	99.4	99.2	1,000
25-29	99.2	99.0	1,560
30-34	99.4	99.2	1,573
35-39	98.8	98.5	1,522
40-44	98.9	98.6	1,299
45-49	98.2	97.7	1,181
Residence			
Urban	99.5	99.3	4,297
Rural	98.3	97.9	4,121
Region			
National Capital Region	99.9	99.9	1,343
Cordillera Admin Region	99.7	99.5	143
I - Ilocos	100.0	100.0	415
II - Cagayan Valley	99.7	99.7	273
III - Central Luzon	100.0	100.0	897
IVA - CALABARZON	99.3	98.8	1,089
IVB - MIMAROPA	95.9	94.9	241
V - Bicol	100.0	99.8	470
VI - Western Visayas	99.8	99.8	627
VII - Central Visayas	100.0	100.0	599
VIII - Eastern Visayas	99.5	99.5	337
IX - Zamboanga Peninsula	98.7	97.5	316
X - Northern Mindanao	100.0	100.0	373
XI - Davao	99.4	98.7	406
XII - SOCCSKSARGEN	99.2	99.2	338
XIII - Caraga	99.5	99.5	212
ARMM	82.6	80.5	337
Education			
No education	73.3	68.5	133
Elementary	98.2	97.7	2,034
High school	99.5	99.3	3,727
College	100.0	99.9	2,524
Wealth quintile			
Lowest	95.6	94.5	1,661
Second	99.2	99.1	1,683
Middle	99.9	99.9	1,737
Fourth	100.0	99.9	1,710
Highest	99.8	99.6	1,627
Total 15-49	98.9	98.6	8,418

[1] Female sterilization, male sterilization, pill, IUD, injectables, implants, patch, male condom, female condom, mucus/Billings/ovulation, basal body temperature, symptothermal, standard days method, diaphragm, foam or jelly, lactational amenorrhea method (LAM), and emergency contraception

5.2 Ever Use of Family Planning Methods

All women interviewed in the 2008 NDHS who said they had heard of a method of family planning were asked if they had ever used that method. Table 5.3 indicates that about 3 out of 4 currently married women have used a method (77 percent). As in previous surveys, the pill is by far the most widely used method among currently married women (43 percent), having increased by more than 4 percentage points in the past five years. The proportions of women who have ever used other modern methods have also increased. For example, the proportion of currently married women who have ever used male condoms has increased from 15 percent in 2003 to 17 percent in 2008, while the proportion that have ever used injectables has increased from 12 to 14 percent. Nine percent of currently married women reported having been sterilized. Few women have used other modern methods. The level of ever use of traditional methods is high in the Philippines. More than one in three currently married women (38 percent) has used withdrawal, while one-fifth have used rhythm/periodic abstinence (20 percent). In 2003, 32 and 21 percent, respectively, had used these methods at some time.

Table 5.3 Ever use of contraception

Percentage of all women and currently married women age 15-49 who have ever used any contraceptive method by method, according to age, Philippines 2008

			Modern method														Traditional method			
Age	Any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Injectables	Male condom	Female condom	Mucus/billings/ovulation	Basal body temperature	Symptothermal	Standard days method	LAM	Emergency contraception	Any traditional method	Rhythm	Withdrawal	Folk method	Number of women
ALL WOMEN																				
15-19	6.1	3.5	0.0	0.0	1.7	0.2	0.4	1.4	0.0	0.1	0.1	0.0	0.0	0.2	0.2	4.1	1.0	3.5	0.2	2,749
20-24	36.1	27.0	0.2	0.1	18.8	2.5	6.1	6.7	0.0	0.2	0.2	0.1	0.1	0.8	0.1	21.6	6.0	19.5	0.5	2,147
25-29	64.1	52.9	2.3	0.0	39.6	5.5	12.4	14.0	0.1	0.7	0.5	0.3	0.5	2.7	0.3	38.0	13.2	33.8	1.5	2,106
30-34	72.5	60.5	7.2	0.0	44.2	8.1	15.0	16.2	0.1	1.2	0.7	0.2	0.5	2.0	0.5	43.3	16.8	35.7	2.3	1,865
35-39	72.8	61.0	11.4	0.1	42.2	10.6	14.2	17.8	0.2	0.7	0.2	0.1	0.3	2.2	0.2	44.1	20.8	35.4	1.9	1,777
40-44	73.0	59.2	15.2	0.1	37.3	12.0	12.1	16.3	0.2	1.6	0.6	0.1	0.1	1.9	0.3	44.2	22.5	34.4	2.7	1,532
45-49	67.9	51.4	13.4	0.0	31.5	9.4	8.8	12.7	0.0	1.0	0.7	0.1	0.4	1.1	0.3	42.9	24.8	32.6	3.3	1,418
Total	51.6	41.5	6.0	0.1	28.5	6.1	9.1	11.2	0.1	0.7	0.4	0.1	0.3	1.5	0.3	31.3	13.3	25.8	1.6	13,594
CURRENTLY MARRIED WOMEN																				
15-19	46.0	26.3	0.0	0.0	14.5	2.1	3.6	7.8	0.0	0.8	0.8	0.0	0.0	1.7	0.8	29.9	8.5	25.7	1.4	283
20-24	67.8	51.7	0.5	0.2	37.1	5.2	12.8	10.2	0.0	0.5	0.5	0.2	0.3	1.5	0.2	39.4	10.2	35.7	0.9	1,000
25-29	80.8	67.3	3.0	0.1	51.1	7.4	16.2	17.3	0.1	0.7	0.6	0.4	0.6	3.5	0.4	47.1	16.3	41.8	1.9	1,560
30-34	82.3	69.0	8.5	0.0	50.2	9.2	17.5	18.4	0.1	1.4	0.7	0.3	0.6	2.4	0.6	48.6	19.2	40.1	2.6	1,573
35-39	79.4	66.5	12.5	0.1	46.1	11.5	15.4	19.9	0.2	0.9	0.3	0.1	0.4	2.5	0.2	48.6	23.0	39.0	1.9	1,522
40-44	79.5	65.2	16.6	0.1	40.9	13.5	13.3	18.4	0.2	1.7	0.5	0.1	0.1	2.0	0.2	48.2	24.4	37.4	3.0	1,299
45-49	72.3	55.1	15.4	0.0	33.6	9.7	8.9	13.7	0.0	1.0	0.7	0.2	0.5	1.0	0.3	45.8	26.2	35.3	3.3	1,181
Total	76.7	62.2	9.2	0.1	43.1	9.3	14.0	16.5	0.1	1.0	0.6	0.2	0.4	2.2	0.4	46.2	19.7	38.1	2.3	8,418

LAM = Lactational amenorrhea method

Ever-use rates vary by age group and are lowest among the youngest women. However, the fact that 46 percent of currently married women age 15-19 and 68 percent of those age 20-24 have used contraception at some time indicates that women in the Philippines understand the advantages of practicing family planning early in their reproductive years. The level of ever use rises to a high of 82 percent among currently married women age 30-34, then declines to 72 percent among those age 45-49.

5.3 Current Use of Family Planning Methods

The level of current use of contraceptive methods is one of the indicators most frequently used to assess the success of family planning program activities. It is also widely used as a measure in analyzing the determinants of fertility. This section focuses on the levels and differentials in current use of family planning in the Philippines.

5.3.1 Current Contraceptive Use

Current use of contraception among all women and currently married women is shown in Table 5.4 by age group. Fifty-one percent of married women are currently using a method of family planning. This includes 34 percent who are using a modern method and 17 percent who are using a traditional method. The most widely used method is the pill (16 percent) followed by withdrawal (10 percent), female sterilization (9 percent), and rhythm (6 percent). The remaining methods have few users, each being used by less than 4 percent of married women (Figure 5.1).

Table 5.4 Current use of contraception by age

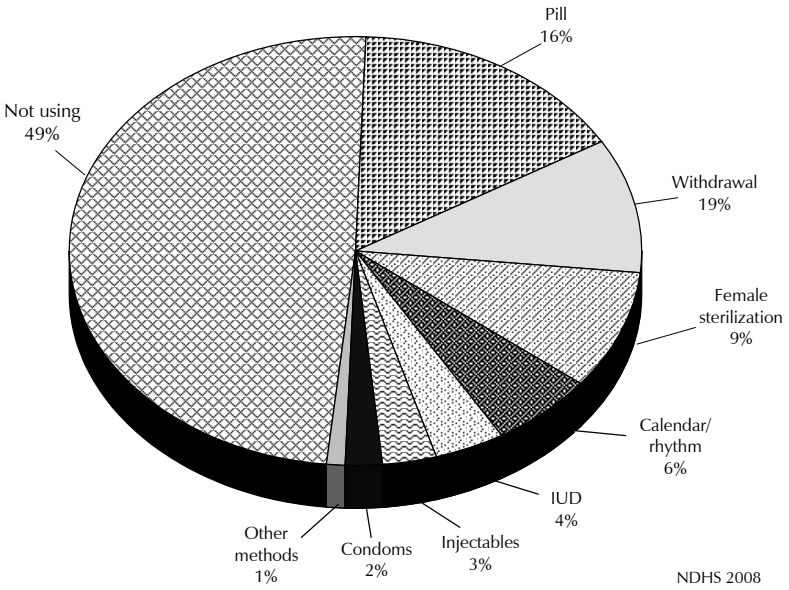
Percent distribution of all women and currently married women age 15-49 by contraceptive method currently used, according to age, Philippines 2008

			Modern method							Traditional method					
Age	Any method	Any modern method	Female sterili-zation	Pill	IUD	Inject-ables	Male condom	LAM	Any tradi-tional method	Rhythm	With-drawal	Folk method	Not currently using	Total	Number of women
ALL WOMEN															
15-19	3.1	1.6	0.0	0.9	0.2	0.2	0.3	0.0	1.5	0.2	1.3	0.0	96.9	100.0	2,749
20-24	23.3	16.3	0.2	10.6	1.5	2.4	1.4	0.2	7.1	1.7	5.3	0.1	76.7	100.0	2,147
25-29	39.3	27.0	2.3	16.6	2.9	2.6	2.2	0.3	12.3	3.4	8.7	0.3	60.7	100.0	2,106
30-34	49.3	33.4	7.2	16.8	3.4	2.6	2.7	0.5	15.9	5.4	9.8	0.6	50.7	100.0	1,865
35-39	50.0	34.9	11.4	14.7	3.7	1.7	2.7	0.6	15.0	6.6	8.1	0.3	50.0	100.0	1,777
40-44	49.2	31.7	15.2	8.9	4.1	1.4	1.7	0.1	17.5	9.0	8.1	0.5	50.8	100.0	1,532
45-49	31.1	19.4	13.4	2.4	1.8	0.6	0.9	0.0	11.7	6.1	5.4	0.2	68.9	100.0	1,418
Total	32.5	21.8	6.0	9.9	2.3	1.6	1.6	0.2	10.7	4.1	6.3	0.3	67.5	100.0	13,594
CURRENTLY MARRIED WOMEN															
15-19	25.9	14.3	0.0	8.6	1.7	2.4	1.6	0.0	11.6	1.8	9.8	0.0	74.1	100.0	283
20-24	46.3	32.5	0.5	21.9	3.1	5.0	1.6	0.4	13.8	3.1	10.5	0.2	53.7	100.0	1,000
25-29	51.3	35.6	3.0	21.9	3.9	3.5	2.7	0.4	15.7	4.3	11.0	0.4	48.7	100.0	1,560
30-34	57.6	38.9	8.5	19.7	3.9	3.1	3.0	0.6	18.6	6.4	11.5	0.8	42.4	100.0	1,573
35-39	57.0	39.5	12.5	16.8	4.3	2.0	3.2	0.6	17.5	7.7	9.5	0.3	43.0	100.0	1,522
40-44	56.1	35.7	16.6	10.5	4.7	1.7	1.9	0.1	20.3	10.3	9.4	0.6	43.9	100.0	1,299
45-49	36.5	22.5	15.4	2.9	2.1	0.7	1.0	0.0	14.0	7.3	6.4	0.3	63.5	100.0	1,181
Total	50.7	34.0	9.2	15.7	3.7	2.6	2.3	0.4	16.7	6.4	9.8	0.4	49.3	100.0	8,418

Note: If more than one method is used, only the most effective method is considered in this tabulation. Methods used by less than 0.05 percent of women have been omitted but are included in totals.
LAM = Lactational amenorrhea method

The age pattern of contraceptive use takes the shape of an inverted U. For currently married women using modern methods, the peak is in age group 35-39; for traditional methods the peak is in age group 40-44. However, as with rates of ever use (Table 5.3), the peak for specific methods occurs in different age groups. The pill and injectables are more popular among younger women, whereas older women tend to use long-term methods such as female sterilization and IUD. Current use of calendar/rhythm/periodic abstinence is popular among older women (age 40-44), while withdrawal is popular among women age 20-34 years old.

Figure 5.1 **Use of Contraception among Currently Married Women Age 15-49**



5.3.2 Differentials in Contraceptive Use

The study of differentials in current use of contraception is important because it helps identify subgroups of the population in need of family planning services. Table 5.5 shows the percent distribution of currently married women by current use of family planning methods, according to background characteristics. The table allows comparison of contraceptive use among major population subgroups. It also permits an examination of differences in the method mix among current users within the various subgroups.

Table 5.5 Current use of contraception by background characteristics

Percent distribution of currently married women age 15-49 by contraceptive method currently used, according to background characteristics, Philippines 2008

			Modern method								Traditional method					
Background characteristic	Any method	Any modern method	Female sterilization	Pill	IUD	Injectables	Male condom	Mucus/ Billings/ ovulation	LAM	Any traditional method	Rhythm	Withdrawal	Folk method	Not currently using	Total	Number of women
Residence																
Urban	53.4	35.3	10.5	15.3	3.1	2.6	3.0	0.1	0.6	18.0	6.5	11.2	0.3	46.6	100.0	4,297
Rural	48.0	32.7	7.8	16.2	4.3	2.6	1.6	0.1	0.1	15.3	6.3	8.4	0.5	52.0	100.0	4,121
Region																
National Capital Region	54.1	32.3	9.3	13.8	2.0	2.4	3.5	0.0	1.2	21.9	7.6	14.2	0.1	45.9	100.0	1,343
Cordillera Admin Region	54.9	38.9	15.2	12.5	4.7	4.1	2.3	0.0	0.0	16.1	3.5	12.3	0.3	45.1	100.0	143
I - Ilocos	54.2	36.4	10.8	17.7	1.3	3.6	2.7	0.0	0.2	17.8	3.8	14.0	0.0	45.8	100.0	415
II - Cagayan Valley	54.3	46.2	7.5	27.0	7.0	3.7	1.1	0.0	0.0	8.0	1.6	6.4	0.0	45.7	100.0	273
III - Central Luzon	57.8	40.3	17.2	15.9	1.7	3.3	1.9	0.1	0.0	17.5	4.0	13.4	0.1	42.2	100.0	897
IVA - CALABARZON	46.8	32.4	10.0	14.0	2.0	3.3	2.5	0.0	0.6	14.4	4.3	10.1	0.0	53.2	100.0	1,089
IVB - MIMAROPA	53.6	36.1	6.4	22.4	3.2	1.4	2.3	0.3	0.0	17.5	4.3	11.6	1.5	46.4	100.0	241
V - Bicol	39.4	24.2	6.5	10.9	1.0	3.4	1.9	0.3	0.0	15.3	6.3	7.5	1.4	60.6	100.0	470
VI - Western Visayas	51.9	33.4	7.0	18.5	3.5	2.3	1.7	0.0	0.4	18.5	9.4	8.5	0.5	48.1	100.0	627
VII - Central Visayas	55.7	35.5	6.8	14.4	8.1	1.9	3.6	0.0	0.4	20.2	10.9	9.3	0.0	44.3	100.0	599
VIII - Eastern Visayas	47.5	28.0	7.6	14.5	2.8	1.2	1.4	0.2	0.0	19.5	7.1	11.5	1.0	52.5	100.0	337
IX - Zamboanga Peninsula	43.8	28.6	4.2	18.6	3.1	1.4	1.3	0.0	0.0	15.2	8.6	5.4	1.2	56.2	100.0	316
X - Northern Mindanao	53.2	38.5	5.9	18.4	10.5	0.7	1.4	0.2	0.9	14.8	8.5	6.1	0.2	46.8	100.0	373
XI - Davao	60.2	44.7	9.6	21.2	8.4	2.5	2.8	0.2	0.0	15.5	10.0	4.8	0.6	39.8	100.0	406
XII - SOCCSKSARGEN	55.1	41.4	11.6	19.2	5.8	2.9	1.9	0.0	0.0	13.7	7.1	6.1	0.5	44.9	100.0	338
XIII - Caraga	51.7	37.2	9.3	14.9	8.3	1.3	2.6	0.3	0.0	14.6	7.2	6.4	1.0	48.3	100.0	212
ARMM	15.1	9.9	3.1	2.5	0.7	3.2	0.5	0.0	0.0	5.2	0.9	2.8	1.4	84.9	100.0	337
Education																
No education	18.5	8.7	4.4	2.5	1.8	0.0	0.0	0.0	0.0	9.8	1.1	5.0	3.7	81.5	100.0	133
Elementary	45.3	30.3	9.8	13.0	4.4	1.9	0.7	0.0	0.4	15.0	5.1	9.2	0.7	54.7	100.0	2,034
High school	53.2	35.6	8.5	17.7	3.7	2.7	2.4	0.1	0.5	17.6	5.7	11.7	0.3	46.8	100.0	3,727
College	53.1	36.1	10.1	15.6	3.1	3.1	3.6	0.1	0.2	17.0	8.9	8.0	0.2	46.9	100.0	2,524
Number of living children																
0	6.6	1.4	0.0	1.1	0.0	0.0	0.3	0.0	0.0	5.3	1.4	3.8	0.0	93.4	100.0	706
1-2	51.5	34.2	3.1	20.4	4.1	3.2	3.0	0.0	0.2	17.3	6.2	10.7	0.4	48.5	100.0	3,517
3-4	61.7	43.5	17.6	16.3	4.0	2.6	2.3	0.1	0.5	18.2	7.8	10.0	0.4	38.3	100.0	2,618
5+	50.4	32.6	13.1	10.8	3.8	2.4	1.6	0.2	0.7	17.8	6.8	10.4	0.7	49.6	100.0	1,576
Wealth quintile																
Lowest	40.8	26.0	4.2	14.6	4.2	2.0	0.6	0.0	0.2	14.8	5.5	8.3	1.1	59.2	100.0	1,661
Second	52.7	35.7	8.9	17.9	4.3	2.3	1.6	0.1	0.6	16.9	6.4	10.1	0.4	47.3	100.0	1,683
Middle	54.0	36.6	9.5	16.6	4.3	2.7	2.6	0.1	0.7	17.4	5.2	11.9	0.3	46.0	100.0	1,737
Fourth	55.8	38.5	11.7	15.9	3.8	3.3	3.4	0.0	0.2	17.3	6.4	10.6	0.2	44.2	100.0	1,710
Highest	50.0	33.1	11.6	13.3	1.6	2.6	3.3	0.1	0.1	16.9	8.7	8.1	0.0	50.0	100.0	1,627
Total	50.7	34.0	9.2	15.7	3.7	2.6	2.3	0.1	0.4	16.7	6.4	9.8	0.4	49.3	100.0	8,418

Note: If more than one method is used, only the most effective method is considered in this tabulation. Methods used by less than 0.05 percent of women have been omitted but are included in totals.
LAM = Lactational amenorrhea method

Substantial differences in the use of contraceptive methods among subgroups of currently married women can be seen in Table 5.5. Women in urban areas are more likely to use a family planning method than women in rural areas, reflecting wider availability and easier access to contraceptive methods in urban areas than in rural areas. The contraceptive prevalence rate is 53 percent in urban areas, compared with 48 percent in rural areas.

Contraceptive use among currently married women is highest in Davao (60 percent), followed by Central Luzon (58 percent) and Central Visayas (56 percent) and is lowest in ARMM (15 percent). The use of female sterilization is most common in Cordillera Administrative Region (15 percent) and Central Luzon (17 percent). Use of withdrawal is highest in National Capital Region and Ilocos (both 14 percent). In ARMM, injectables, female sterilization, withdrawal, and pill are used almost equally; contraceptive use in the rest of the regions is predominantly the pill.

Contraceptive use is associated with the number of living children a woman has; it is highest among women with three to four children (62 percent) and lowest among women with no children (7 percent). Use of contraception increases with educational attainment and wealth quintile. Nineteen percent of married women with no education are currently using contraception, compared with 53 percent of married women with high school and college education. Use of contraception rises steadily with wealth quintile, from 41 percent among women in the lowest wealth quintile to 50 percent among women in the highest wealth quintile.

5.3.3 Trends in Contraceptive Use

The contraceptive prevalence rate for married women in the Philippines has increased from 15 percent in 1968 to 51 percent in 2008, an almost fourfold increase over four decades (Table 5.6 and Figure 5.2). However, while use of any method increased by two percentage points between 2003 and 2008 (from 49 percent to 51 percent), use of any modern method increased by less than one percentage point.

Table 5.6 Trends in contraceptive use

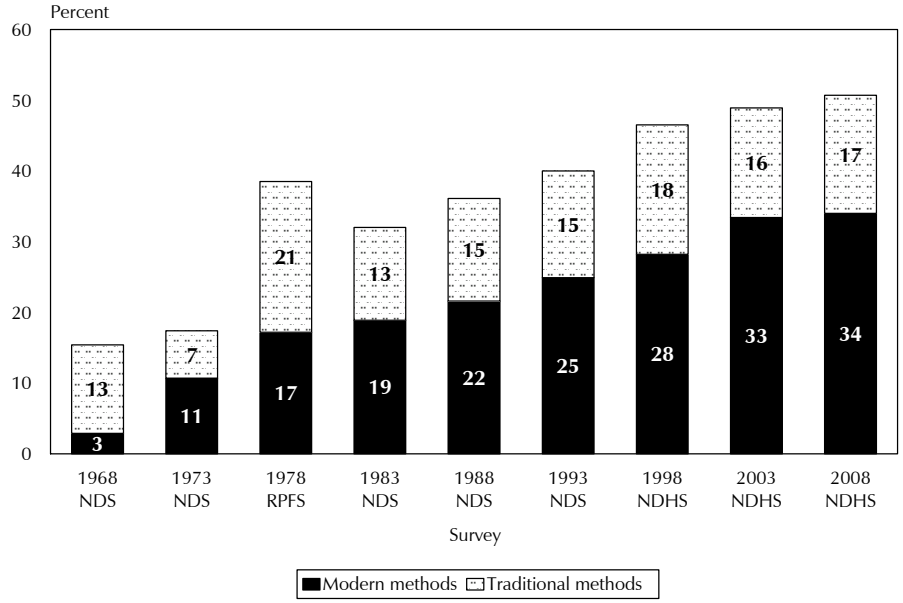
Percentage of currently married women age 15-19 using modern, traditional, or any methods, various surveys 1968-2008, Philippines

Survey	Modern methods	Traditional methods	Any method
1968 National Demographic Survey[1]	2.9	12.5	15.4
1973 National Demographic Survey[1]	10.7	6.7	17.4
1978 Republic of the Philippines Fertility Survey[1]	17.2	21.3	38.5
1983 National Demographic Survey[1]	18.9	13.1	32.0
1988 National Demographic Survey	21.6	14.5	36.1
1993 National Demographic Survey	24.9	15.1	40.0
1998 National Demographic and Health Survey	28.2	18.3	46.5
2003 National Demographic and Health Survey	33.4	15.5	48.9
2008 National Demographic and Health Survey	34.0	16.7	50.7

[1] Calculated for currently married women 15-44 years

Source: World Bank, 1991; NSO and Macro International 1994; NSO, DOH and Macro International 1999; NSO and ORC Macro, 2004

Figure 5.2 **Trends in Contraceptive Use, Philippines 1968-2008**



5.4 NUMBER OF CHILDREN AT FIRST USE OF FAMILY PLANNING

Family planning may be used to limit family size or to delay a birth. Typically, couples using family planning to limit family size adopt contraception when they have had the number of children they want. When contraception is used to delay or space births, couples may start using family planning earlier, with the intention of delaying a possible pregnancy. This may be done even before a couple has had their desired number of children.

Women interviewed in the 2008 NDHS were asked how many children they had at the time they first used a contraceptive method. Table 5.7 shows the percent distribution of women by the number of living children at the time of first use of contraception, according to current age.

Table 5.7 Number of children at first use of contraception

Percent distribution of women age 15-49 by number of living children at the time of first use of contraception, according to current age, Philippines 2008

Current age	Never used contraception	Number of children at first use of contraception					Total	Number of women
		0	1	2	3	4+		
15-19	93.9	3.2	2.5	0.3	0.0	0.0	100.0	2,749
20-24	63.9	9.6	20.4	5.3	0.8	0.0	100.0	2,147
25-29	35.9	8.3	36.1	13.0	4.2	2.5	100.0	2,106
30-34	27.5	3.8	35.0	17.0	9.0	7.6	100.0	1,865
35-39	27.2	2.7	26.8	18.6	12.6	12.0	100.0	1,777
40-44	27.0	1.8	23.8	18.2	13.4	15.6	100.0	1,532
45-49	32.1	1.9	19.9	17.1	12.6	16.3	100.0	1,418
Total	48.4	4.7	22.4	11.5	6.5	6.5	100.0	13,594

The results show that 7 percent of women first used contraception when they had three or more children. Only 5 percent of women first used contraception before having any children. Twenty-two percent of women began using contraception after the birth of their first child.

Table 5.7 shows that women are using contraception at lower parities (i.e., when they have fewer children). Among women age 25-29, 8 percent first used contraception before having any children and 36 percent used contraception after having their first child. Among older women (age 45-49), only 2 percent used contraception before having any children and 20 percent used contraception after having their first child.

5.5 KNOWLEDGE OF FERTILE PERIOD

An elementary knowledge of reproductive physiology provides a useful background for the successful practice of the rhythm method. As shown in Tables 5.1, 5.3 and 5.4, respectively, 71 percent of all women have heard of the rhythm method, 13 percent have used it at some time in the past, and 4 percent are currently using the method. Table 5.8 shows respondents' knowledge of the time during the menstrual cycle when a woman is most likely to get pregnant.

Overall, only 35 percent of women correctly identified the most fertile time in the ovulatory cycle as halfway between two menstrual periods. Among users of the rhythm method, 49 percent were able to correctly identify when during a woman's cycle she is most likely to get pregnant, although 41 percent incorrectly reported that a woman's fertile period is right after menstruation has ended. Thirteen percent of non-users did not know about the fertile period, and 39 percent of nonusers said that a woman is most susceptible to pregnancy just after her period has ended.

Table 5.8 Knowledge of fertile period

Percent distribution of women age 15-49 by knowledge of the fertile period during the ovulatory cycle, according to current use of cycle-related methods, Philippines 2008

Perceived fertile period	Users of ovulatory cycle-related methods[1]	Nonusers of ovulatory cycle-related methods	All women
Just before menstrual period begins	4.5	5.6	5.6
During menstrual period	0.5	0.8	0.8
Right after menstrual period has ended	41.2	39.3	39.4
Halfway between two menstrual periods	48.5	34.6	35.1
Other	0.0	0.0	0.0
No specific time	3.7	6.5	6.4
Don't know	1.5	13.1	12.6
Missing	0.0	0.1	0.1
Total	100.0	100.0	100.0
Number of women	565	13,029	13,594

[1] Includes users of mucus/Billlings/ovulation method, basal body temperature, sympto-thermal, standard days, and rhythm method

5.6 TIMING OF STERILIZATION

Nine percent of married women of reproductive age rely on sterilization as their method of contraception. Table 5.9 shows the distribution of sterilized women by age at the time of sterilization. Almost eight in ten women were sterilized before the age of 35. The operation takes place most commonly among women age 30 to 34 (36 percent); another 32 percent were sterilized between the ages of 25 and 29. The median age at sterilization does not vary by current age, indicating there is no strong trend over time.

Table 5.9 Timing of sterilization

Percent distribution of sterilized women age 15-49 by age at the time of sterilization and median age at sterilization, according to the number of years since the operation, Philippines 2008

Years since operation	Age at time of sterilization						Total	Number of women	Median age[1]
	<25	25-29	30-34	35-39	40-44	45-49			
<2	3.9	27.3	35.6	24.2	6.9	2.0	100.0	122	31.6
2-3	2.7	24.7	39.4	24.7	8.5	0.0	100.0	127	31.9
4-5	2.6	26.8	37.3	19.7	13.7	0.0	100.0	87	32.2
6-7	7.4	27.3	37.7	22.8	4.9	0.0	100.0	97	31.5
8-9	3.6	25.3	45.6	23.3	2.2	0.0	100.0	79	32.1
10+	21.8	40.4	32.1	5.7	0.0	0.0	100.0	301	a
Total	10.6	31.5	36.3	16.7	4.6	0.3	100.0	813	30.8

a = Not calculated due to censoring

[1] Median age at sterilization is calculated for women sterilized before age 40 to avoid problems of censoring

5.7 SOURCE OF SUPPLY OF MODERN CONTRACEPTIVE METHODS

Information on where women obtain their contraceptive methods is useful for family planning program managers and implementers of logistic planning. In the 2008 NDHS, women who reported using a modern contraceptive method at the time of the survey were asked where they obtained the method the last time. Because some women may not know in which source category their method falls (e.g., government or private, health center or clinic), interviewers were instructed to note the full name of the source or facility. Supervisors and field editors were told to verify that the name and source type were consistent, asking informants in the clusters for the names of local family planning outlets, if necessary. This practice was designed to improve the accuracy of source reporting.

Table 5.10 shows that public (government) facilities provide contraceptive methods to 46 percent of users, while 51 percent obtain their method from private medical sources, and 2 percent obtain their method from other sources (e.g., shops, friends). The most common single source of contraceptive methods in the Philippines is the pharmacy, which supply 40 percent of users of modern methods. Government hospitals supply about one-fifth of users. As expected, government sources supply a large proportion of users of permanent methods, such as female sterilization (73 percent). On the other hand, more than seven in ten women who use the pill obtain it at a private medical source: 72 percent from a pharmacy, and 1 percent from a private hospital or doctor. Most condom users (85 percent) get their supplies from the private medical sector, primarily pharmacies (84 percent); 7 percent get their supplies from the public sector, primarily from barangay health stations (3 percent) and rural/urban health centers (3 percent); and 8 percent obtain their condoms from other private (nonmedical) sources such as stores (6 percent) and friends and relatives (2 percent).

Table 5.10 Source of modern contraception methods

Percent distribution of users of modern contraceptive methods age 15-49 by most recent source of method, according to method, Philippines 2008

Source	Female sterili-zation	Pill	IUD	Injectables	Male condom	Total
Public sector	73.0	22.2	80.8	83.9	6.7	46.2
Government hospital	64.7	0.2	12.1	3.9	0.0	19.8
Rural Health Unit/Urban Health Center	8.2	6.9	37.1	34.2	2.9	12.3
Barangay health station	0.0	13.6	30.1	44.9	3.2	13.2
Barangay supply/Service Point Officer/BHW	0.0	1.2	1.2	0.9	0.6	0.8
Other public	0.0	0.3	0.3	0.0	0.0	0.2
Private medical sector	26.6	74.3	17.3	15.3	84.9	51.1
Private hospital or clinic	25.9	0.9	12.0	8.6	0.4	9.6
Pharmacy	0.0	71.7	0.0	2.5	84.0	39.5
Private doctor	0.6	1.1	4.0	1.7	0.0	1.2
Private nurse/ midwife	0.0	0.4	1.4	2.0	0.0	0.5
Non-governmental organization	0.0	0.1	0.0	0.6	0.0	0.1
Industry-based clinic	0.0	0.1	0.0	0.0	0.5	0.1
Other private	0.2	0.1	0.0	0.0	0.0	0.1
Other private	0.0	3.3	1.6	0.7	8.0	2.4
Puericulture center	0.0	0.0	1.0	0.0	0.0	0.1
Store	0.0	2.7	0.0	0.3	6.2	1.7
Friends/ relatives	0.0	0.7	0.6	0.4	1.8	0.5
Other	0.3	0.0	0.0	0.0	0.4	0.1
Missing	0.1	0.1	0.3	0.0	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	813	1,349	316	222	218	2,927

Note: Total includes other modern methods but excludes lactational amenorrhea method (LAM).

Since the 2003 NDHS, there has been a decrease in the use of the public sector for family planning services (from 67 percent in 2003 to 46 percent in 2008) and an increase in the use of the private medical sector (from 29 percent in 2003 and 51 percent in 2008).

5.8 Cost of Family Planning Methods

Information on the cost of obtaining contraceptive methods is useful to family planning programs. In the Philippines, to improve accessibility, family planning services provide contraceptive methods free of charge in government health facilities.

In the 2008 NDHS, for the first time, women who were using modern methods of contraception were asked how much they paid (in total) the last time they obtained their method, including the cost of the method and any consultation costs they may have paid. Table 5.11 shows the percentage of women who obtained their method free and, for those who paid, the median cost by method and source. These results should be used with caution, however, because of the large proportion of respondents that were unable to report the cost of the contraceptive method they were using.

Table 5.11 Cost of modern contraceptive methods

Percentage of current users of modern contraceptive methods age 15-49 who did not pay for their method, percentage who did not know the cost of their method, and the median cost of the method, by source of method, Philippines 2008

Source of method/cost	Female sterilization	Pill	IUD	Injectables	Male condom	Total
Public sector						
Method free	23.2	28.0	39.6	17.6	*	26.5
Did not know cost	2.2	0.3	0.0	0.0	*	1.3
Median cost (pesos)[1]	1,476	25	50	100	*	36
Number of women	594	300	256	186	15	1,352
Private medical sector/other						
Method free	6.9	1.0	8.4	3.7	1.4	2.2
Did not know cost	3.5	0.5	10.4	0.0	22.2	4.2
Median cost (pesos)[1]	9,929	35	300	(239)	24	35
Number of women	220	1,049	61	36	203	1,575
Total						
Method free	18.8	7.0	33.6	15.4	2.3	13.4
Did not know cost	2.5	0.5	2.0	0.0	21.9	2.8
Median cost (pesos)[1]	2,451	34	100	119	24	35
Number of women	813	1,349	316	222	218	2,927

Note: Table excludes lactational amenorrhea method (LAM). Costs are based on the last time current user obtained method. Costs include consultation costs, if any. For condom, costs are per package; for pills, per cycle. For sterilization, figures are based on women sterilized in the five years before the survey. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Median cost among women who reported a cost

The median cost is calculated based on users who paid for their method. For example, 23 percent of sterilization users who had their operation in a public facility did not pay for the service and 2 percent did not know how much the operation cost. Therefore, the median cost was based on the remaining 75 percent of women (443 women) who paid for the sterilization operation. Similarly, 7 percent of users who had the operation in a private facility did not pay for the service and 4 percent did not know how much they paid for the operation. Therefore, the median cost was based on the remaining 89 percent of women (196 women) who paid for the sterilization operation. The reason respondents were unable to report the cost of the sterilization services they received is partly due to payment procedures, especially in the private sector where the claims are handled by the service providers.

Overall, male condoms are the least expensive contraceptive method (Php 24) and female sterilization is the most expensive (Php 2,451). The cost for contraception varies markedly between public and private sectors. For example, the cost of female sterilization in the public sector is Php 1,476, compared with Php 9,929 in the private sector. While a cycle of pills costs Php 25 in the public sector, it is Php 35 in the private sector.

5.9 Informed Choice

Informed choice is an important tool for monitoring the quality of family planning services. All providers of sterilization must inform potential users that the operation is a permanent, irreversible procedure; potential users also must be informed of alternate contraceptive methods that could be used. Users of temporary methods also should be informed about choices they have and other methods available. Family planning providers should inform all users of the potential side effects of their method

and what to do if they experience a problem. This information helps users deal with side effects and decreases unnecessary discontinuation of temporary methods.

Table 5.12 presents information on informed choice by type of method and source of method. The results show that 68 percent of current users were informed about the possible side effects or problems associated with their method, 67 percent were informed about what to do if they experienced side effects, and 63 percent were informed of other methods that could be used. It is encouraging to note that 93 percent of users of female sterilization were informed that the method is permanent.

Table 5.12 Informed choice

Among current users of modern methods age 15-49 who started the last episode of use within the five years preceding the survey, percentage who were informed about possible side effects or problems of that method, the percentage who were informed about what to do if they experienced side effects, and the percentage who were informed about other methods they could use, by method and source; and among sterilized women, the percentage who were informed that the method is permanent, by initial source of method, Philippines 2008

	Among women who started last episode of modern contraceptive method within the past five years:				Among women who were sterilized:	
Method/source	Percentage who were informed about side effects or problems of method used	Percentage who were informed about what to do if experienced side effects	Percentage who were informed by a health or family planning worker of other methods that could be used	Number of women	Percentage who were informed that sterilization is permanent[1]	Number of women
Method						
Female sterilization	66.2	58.2	47.4	296	92.5	296
Pill	63.1	64.7	63.3	998	na	0
IUD	80.2	77.0	74.6	164	na	0
Injectables	82.3	79.9	78.0	196	na	0
Initial source of method[2]						
Public sector	76.7	72.5	69.2	899	91.1	222
Government hospital	65.4	57.1	50.8	216	92.3	190
Rural health unit/urban health center	80.1	77.7	71.9	283	(84.4)	32
Barangay health station	80.8	77.7	77.4	373	na	0
Private medical	57.8	60.0	56.3	746	98.1	72
Private hospital or clinic	74.0	68.4	62.5	133	98.9	71
Pharmacy	51.2	56.0	53.5	550	na	0
Private doctor	89.5	83.8	67.7	41	*	1
Other private	(46.9)	(56.6)	(53.0)	28	na	0
Store	(46.1)	(60.5)	(51.1)	26	na	0
Total	67.6	66.6	63.2	1,678	92.5	296

Note: Table excludes users who obtained their method from friends/relatives. Total includes users of other methods, the number of which are too small to show separately. Numbers in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable
[1] Women who were sterilized in the five years preceding the survey
[2] Source at start of current episode of use

Among the three main sectors providing methods (public, private medical, and other private), the public sector is the most likely to fully inform clients about contraceptive methods. Seventy-seven percent of women who obtained their method from the public sector were informed about the side effects or problems of the method, 73 percent were informed about what to do if they experienced side effects, and seven in ten current users of modern methods were informed of other methods that could be used.

Table 5.13 shows data on informed choice by background characteristics. Differences by residence, education, and wealth are minimal in the proportion of women who are informed of side effects or problems with their method, who are informed of what to do if they experience side effects, and who are told of other methods they could use. Modern method users in Bicol are most likely to report having informed choice on all three indicators, while women in SOCCSKSARGEN and CAR are generally the least likely to be informed. The number of women who were sterilized is too small in most cases to draw accurate conclusions about informed knowledge that the operation is permanent.

Table 5.13 Informed choice by background characteristics

Among current users of modern methods age 15-49 who started the last episode of use within the five years preceding the survey, percentage who were informed about possible side effects or problems of that method, the percentage who were informed about what to do if they experienced side effects, and the percentage who were informed about other methods that could use, by method and source; and among sterilized women, the percentage who were informed that the method is permanent, by background characteristics, Philippines 2008

	Among women who started last episode of modern contraceptive method within five years preceding the survey:				Among women who were sterilized	
Background characteristic	Percentage who were informed about side effects or problems of method used	Percentage who were informed about what to do if experienced side effects	Percentage who were informed by a health or family planning worker of other methods that could be used	Number of women	Percentage who were informed that sterilization is permanent[1]	Number of women
Residence						
Urban	67.9	67.4	63.0	856	91.5	164
Rural	67.4	65.7	63.4	822	93.8	132
Region						
National Capital Region	66.3	64.3	60.5	228	(96.7)	39
Cordillera Admin Region	51.8	53.6	54.8	34	*	8
I - Ilocos	75.1	73.1	56.7	94	*	19
II - Cagayan Valley	68.0	66.1	61.6	77	*	8
III - Central Luzon	61.7	58.9	53.2	175	(89.9)	48
IVA - CALABARZON	71.6	74.0	60.9	208	(89.1)	48
IVB - MIMAROPA	57.6	66.9	70.0	60	*	8
V - Bicol	76.2	85.2	75.8	69	*	7
VI - Western Visayas	64.7	60.9	73.3	130	*	13
VII - Central Visayas	69.1	61.7	69.1	118	*	16
VIII - Eastern Visayas	76.2	68.6	78.1	54	*	10
IX - Zamboanga Peninsula	69.3	62.5	66.5	61	*	5
X - Northern Mindanao	73.4	72.7	68.7	83	*	8
XI - Davao	72.6	68.4	64.8	120	(88.2)	21
XII - SOCCSKSARGEN	51.8	56.4	51.7	92	(95.9)	20
XIII - Caraga	75.2	74.1	69.7	48	*	9
ARMM	(69.7)	(72.5)	(49.5)	27	*	7
Education						
No education	*	*	*	6	*	2
Elementary	67.0	66.5	62.5	306	92.1	58
High school	64.9	64.7	61.2	817	93.3	130
College	72.2	69.2	66.8	548	91.7	107
Wealth quintile						
Lowest	64.1	67.3	65.0	315	(90.0)	38
Second	65.2	65.5	60.9	390	94.8	69
Middle	70.8	69.0	62.7	345	93.7	61
Fourth	69.7	66.3	67.1	340	91.7	62
Highest	68.6	64.5	60.2	288	91.4	65
Total	67.6	66.6	63.2	1,678	92.5	296

Note: Table excludes users who obtained their method from friends/relatives. Numbers in parentheses are based on 25-49 unweighted cases; an asterisk indicates that a figure based on fewer than 25 unweighted cases and has been suppressed.
[1] Among women who were sterilized in the five years preceding the survey

5.10 INTENTIONS FOR FAMILY PLANNING USE AMONG NONUSERS

An important indicator of changing demand for family planning is the extent to which nonusers of contraception plan to use family planning in the future. Currently married women who were not using contraception at the time of the survey were asked about their intention to use family planning in the future. The results are presented in Table 5.14.

Table 5.14 Future use of contraception

Percent distribution of currently married women age 15-49 who are not using a contraceptive method by intention to use in the future, according to number of living children, Philippines 2008

	Number of living children[1]					
Intention	0	1	2	3	4+	Total
Intends to use	33.6	50.5	48.9	41.0	34.0	41.9
Unsure	9.6	5.5	4.5	3.7	3.0	4.7
Does not intend to use	56.9	44.0	46.1	55.2	62.6	53.1
Missing	0.0	0.0	0.5	0.1	0.5	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	447	981	831	652	1,236	4,147

[1] Includes current pregnancy

Among currently married women who are not using contraception, 42 percent reported that they intend to use a family planning method in the future, 53 percent said that they do not intend to use a method in the future, and 5 percent are unsure of their future intention. There are differences in the percentage of women who intend to use family planning according to number of living children. The proportion of women who intend to use family planning is highest (51 percent) among nonusers with one child, declines to 41 percent among women with three children, and declines to 34 percent among women who have four or more children.

An understanding of the reasons women give for not using family planning methods is critical to designing programs that will improve the quality of services. Table 5.15 shows the percent distribution of currently married women who are not using a contraceptive method and who do not intend to use in the future by the main reason for not intending to use.

Half of women do not intend to use contraception in the future because of fertility-related reasons. Most of these women (16 percent) want as many children as possible. Nine percent of women do not intend to use because of opposition to use, either because their husband or partner is opposed or because they themselves are opposed. Thirty-nine percent of women cited method-related reasons for nonuse, the most important of these being health concerns (21 percent).

Table 5.15 Reason for not intending to use contraception in the future

Percent distribution of currently married women age 15-49 who are not using contraception and who do not intend to use in the future by main reason for not intending to use, Philippines 2008

Reason	Age 15-29	Age 30-49	Total
Fertility-related reason			
Infrequent sex/no sex	4.5	11.0	9.8
Menopausal/had hysterectomy	0.0	18.1	14.8
Subfecund/infecund	3.2	11.2	9.8
Wants as many children as possible	18.6	14.8	15.5
Opposition to use			
Respondent opposed	1.9	3.0	2.8
Husband/partner opposed	7.5	2.3	3.2
Others opposed	0.2	0.0	0.1
Religious prohibition	3.6	2.7	2.9
Lack of knowledge			
Knows no method	0.9	0.3	0.4
Knows no source	0.6	0.1	0.2
Method-related reason			
Health concerns	26.5	19.6	20.9
Fear of side effects	23.3	11.8	13.9
Lack of access/too far	1.5	0.2	0.4
Costs too much	3.5	1.9	2.2
Inconvenient to use	1.9	1.1	1.2
Interfere with body's normal process	0.1	0.7	0.6
Other	0.5	0.6	0.6
Don't know	1.4	0.4	0.6
Missing	0.3	0.1	0.2
Total	100.0	100.0	100.0
Number of women	397	1,805	2,202

Women age 15-29 are most likely to cite method-related reasons (57 percent), with health concerns being the primary reason (27 percent). Twenty-six percent of young women mentioned fertility-related reasons—primarily that they want as many children as possible (19 percent)—as the main reason for nonuse in the future. On the other hand, 55 percent of women age 30-49 cited fertility-related reasons for nonuse in the future, with 18 percent reporting themselves as menopausal or having had a hysterectomy. Thirty-five percent of women in this age group cited method-related reasons, primarily health concerns (20 percent), as the main reason for nonuse in the future.

Overall, these results suggest that there is substantial scope for family planning programs to increase contraceptive use by providing advocacy and high-quality services. Improved information and education activities will play an important role in dispelling fears and misconceptions about specific contraceptive methods and contraceptive use in general.

Future demand for specific methods of family planning can be assessed by asking nonusers who intend to use in the future which methods they prefer to use. Table 5.16 provides information on currently married women's preferences of contraceptive methods for

Table 5.16 Preferred method of contraception for future use

Percent distribution of currently married women age 15-49 who are not using a contraceptive method but who intend to use in the future by preferred method, Philippines 2008

Method	Percent distribution
Female sterilization	9.4
Pill	51.5
IUD	7.5
Injectables	11.3
Implants	0.1
Condom	3.9
Patch	0.2
Mucus/ Billings/ ovulation	0.3
Standard days	0.1
Herbal medicine	1.0
Lactation amenorrhea	0.1
Calendar rhythm method	6.2
Withdrawal	4.6
Other	0.5
Unsure	3.4
Total	100.0
Number of women	1,738

use in the future. However, the information should be interpreted with caution because two conditions are implied: intention to use and method preferred if intention is followed. Most currently married women would prefer to use pills (52 percent) and injectables (11 percent) in the future. About 9 percent of women mentioned female sterilization as a potential future method, and 8 percent mentioned the IUD. There has been little change in method preference over the past five years. Results from the 2003 NDHS indicate that 48 percent of currently married women who were not using contraception reported that they intended to use the pill in the future and 10 percent said they intended to use injectables.

5.11 Family Planning Messages in the Mass Media

The media can be a major source of family planning messages. Information about exposure to family planning messages through specific types of media allows policymakers to ensure the use of the most effective means of communication for targeting subgroups of the population. To assess the effectiveness of electronic and print sources on the dissemination of family planning information, respondents in the 2008 NDHS were asked if they had heard or seen family planning messages on the radio or television, or read a family planning message in a newspaper, magazine, poster, leaflet, or brochure in the months leading up to the survey. The results are shown in Table 5.17.

Media messages about family planning are largely accessed through television and radio with less access through the print media. For example, 76 percent of women had recently heard about family planning on television and 48 percent had recently heard about family planning on the radio. By contrast, only 30 percent of women got such information from newspapers or magazines. About one in five women were not exposed to family planning messages through any of the three media in the months preceding the survey.

There are substantial differences in exposure to family planning messages by background characteristics. Women in rural areas are less exposed to family planning messages through television and print media than women in urban areas, although the two groups are equally exposed to family planning messages on the radio (48 percent each). Educational attainment and wealth quintile are both associated with improved access to family planning messages in the media. For example, only 13 percent of women with primary education were exposed to a family planning message in a newspaper or magazine, compared with 26 percent of women who attended high school, and 48 percent of those who attended college. In addition, the proportion of women exposed to family planning messages on television increases steadily from 36 percent among women in the lowest wealth quintile to 88 percent among those in the highest wealth quintile.

Exposure to family planning messages through the media is highest in Ilocos Region, National Capital Region, and Cagayan Valley. Less than half of women in ARMM were exposed to a message on family planning through any of the three types of media.

Table 5.17 Exposure to family planning messages

Percentage of women age 15-49 who heard or saw a family planning message on the radio or television or in a newspaper, magazine, or poster in the past few months, according to background characteristics, Philippines 2008

Background characteristic	Radio	Television	Newspaper/ magazine/ poster	None of these three media sources	Number
Age					
15-19	40.2	71.8	26.1	23.6	2,749
20-24	46.6	79.3	31.0	16.8	2,147
25-29	50.3	78.8	33.6	15.5	2,106
30-34	50.7	77.6	31.5	16.9	1,865
35-39	50.4	74.8	29.9	17.9	1,777
40-44	51.0	74.3	29.9	19.1	1,532
45-49	55.4	75.1	31.9	19.0	1,418
Residence					
Urban	48.4	83.1	36.0	13.7	7,574
Rural	48.3	66.8	23.1	24.9	6,020
Region					
National Capital Region	46.4	87.8	39.8	10.0	2,522
Cordillera Admin Region	46.6	54.3	23.1	34.4	225
I - Ilocos	56.4	87.1	39.6	9.8	613
II - Cagayan Valley	63.4	79.3	28.1	13.5	382
III - Central Luzon	47.7	83.3	34.6	14.1	1,486
IVA - CALABARZON	46.4	81.8	29.9	16.0	1,808
IVB - MIMAROPA	55.4	65.9	36.6	22.5	340
V - Bicol	55.6	75.2	27.2	17.2	755
VI - Western Visayas	51.7	76.8	29.0	15.8	976
VII - Central Visayas	55.2	78.1	30.5	15.5	983
VIII - Eastern Visayas	50.9	70.1	29.0	20.0	488
IX - Zamboanga Peninsula	48.2	60.6	21.4	30.1	505
X - Northern Mindanao	38.7	60.3	21.9	29.8	585
XI - Davao	44.3	66.6	24.0	25.8	618
XII - SOCCSKSARGEN	57.2	68.8	21.1	20.2	480
XIII - Caraga	42.1	65.6	23.8	25.6	312
ARMM	20.4	33.0	8.2	62.4	516
Education					
No education	21.1	14.4	0.0	71.3	167
Elementary	39.8	53.8	12.7	36.5	2,653
High school	47.9	77.4	26.1	17.4	6,352
College	55.1	89.3	48.1	7.7	4,422
Wealth quintile					
Lowest	38.6	35.9	11.8	48.3	2,160
Second	48.5	73.2	22.7	19.7	2,419
Middle	49.9	82.0	27.9	14.4	2,661
Fourth	53.6	88.3	37.7	9.8	2,937
Highest	48.6	87.6	42.9	10.2	3,417
Total 15-49	48.3	75.9	30.3	18.6	13,594

5.12 CONTACT BETWEEN NONUSERS AND FAMILY PLANNING/HEALTH SERVICE PROVIDERS

In the 2008 NDHS, women who were not using any family planning method were asked whether they had been visited by a health worker who talked to them about family planning in the 12 months preceding the survey. This information is useful for determining whether nonusers of family planning are being reached by family planning outreach programs. Nonusers were also asked if they had visited a health facility in the preceding 12 months for any reason and, if so, whether any health worker at the facility spoke to them about family planning. These questions can assess the level of so-called “missed opportunities” to inform women about contraception. The findings are presented in Table 5.18.

Table 5.18 Contact of nonusers with family planning providers

Among women age 15-49 who are not using contraception, the percentage who during the past 12 months were visited by a fieldworker who discussed family planning, the percentage who visited a health facility and discussed family planning, the percentage who visited a health facility but did not discuss family planning, and the percentage who neither discussed family planning with a fieldworker nor at a health facility, by background characteristics, Philippines 2008

Background characteristic	Percentage of women who were visited by fieldworker who discussed family planning	Percentage of women who visited a health facility in the past 12 months and who: Discussed family planning	Did not discuss family planning	Percentage of women who neither discussed family planning with fieldworker nor at a health facility	Number of women
Age					
15-19	4.6	3.5	12.7	92.6	2,663
20-24	8.4	13.1	18.9	82.4	1,647
25-29	12.9	20.8	23.2	73.2	1,279
30-34	12.7	19.1	22.6	75.6	945
35-39	13.7	18.2	20.4	75.2	889
40-44	13.4	14.0	23.3	79.1	778
45-49	11.4	10.4	22.4	83.4	977
Residence					
Urban	8.5	9.5	17.6	85.2	5,182
Rural	11.1	15.9	20.8	79.0	3,996
Region					
National Capital Region	7.9	8.6	12.1	86.1	1,741
Cordillera Admin Region	10.8	12.8	19.0	83.1	146
I - Ilocos	8.0	10.6	20.7	86.2	385
II - Cagayan Valley	9.4	18.9	13.9	78.6	231
III - Central Luzon	9.7	11.2	24.1	84.5	935
IVA - CALABARZON	7.6	8.4	14.5	87.2	1,287
IVB - MIMAROPA	13.2	14.6	28.2	79.2	210
V - Bicol	7.8	13.7	28.7	82.7	563
VI - Western Visayas	15.9	18.2	18.0	72.9	647
VII - Central Visayas	8.6	16.9	26.8	78.7	636
VIII - Eastern Visayas	8.9	12.0	28.3	83.3	325
IX - Zamboanga Peninsula	14.8	16.4	17.2	75.5	362
X - Northern Mindanao	12.4	15.4	26.9	77.7	385
XI - Davao	8.6	19.3	17.9	77.5	368
XII - SOCCSKSARGEN	12.3	12.5	21.8	79.7	291
XIII - Caraga	18.0	22.9	23.5	67.0	200
ARMM	5.8	3.9	8.2	91.8	465
Education					
No education	12.7	8.3	13.2	83.1	142
Elementary	12.6	14.2	19.1	78.7	1,714
High school	10.1	12.8	17.5	82.0	4,310
College	7.2	10.7	21.3	85.3	3,011
Wealth quintile					
Lowest	14.0	18.2	18.7	74.5	1,475
Second	14.1	15.9	21.8	76.9	1,518
Middle	10.3	13.9	18.8	81.1	1,707
Fourth	7.1	9.6	19.0	86.3	1,933
Highest	5.9	7.6	17.6	88.6	2,544
Total	9.6	12.3	19.0	82.5	9,177

Among women who were not using family planning, 10 percent were visited by a community health worker and discussed family planning and 12 percent went to a health facility and discussed family planning. However, the majority of women (83 percent) neither discussed family planning at home with a fieldworker nor at a health facility with staff. The extent of missed opportunities does not vary much by background characteristics, except for region. The percentage of women who neither discussed family planning with a fieldworker nor with staff at a health facility ranges from 67 percent in Caraga to 92 percent in ARMM.

5.13 HUSBAND'S KNOWLEDGE OF WIFE'S USE OF CONTRACEPTION

Concealing the use of contraception from a spouse/partner is an indication of absence of communication or disagreement on use of family planning. To shed light on the extent of communication among married couples on the use of contraception, married women who were using contraception at the time of the survey were asked whether their husband knew of their use. Almost all users (99 percent) reported that their husband knows about their use of contraception (Table 5.19), and there was no substantial variation by background characteristics.

Table 5.19 Husband's knowledge of wife's use of contraception

Percent distribution of currently married women age 15-49 who are using a contraceptive method by whether their husband knows about their use of contraception, according to background characteristics, Philippines 2008

Background characteristic	Husband's knowledge of wife's use of contraception			Total	Number of women
	Knows[1]	Does not know	Unsure/ missing		
Age					
15-19	100.0	0.0	0.0	100.0	73
20-24	98.3	1.3	0.4	100.0	463
25-29	98.6	0.4	1.0	100.0	801
30-34	98.7	0.9	0.4	100.0	906
35-39	98.8	0.7	0.5	100.0	868
40-44	99.0	0.6	0.4	100.0	728
45-49	98.5	1.1	0.4	100.0	431
Residence					
Urban	99.1	0.8	0.1	100.0	2,292
Rural	98.3	0.7	1.0	100.0	1,978
Region					
National Capital Region	98.6	1.2	0.2	100.0	727
Cordillera Admin Region	100.0	0.0	0.0	100.0	79
I - Ilocos	99.2	0.8	0.0	100.0	225
II - Cagayan Valley	98.5	0.0	1.5	100.0	148
III - Central Luzon	98.8	0.9	0.2	100.0	518
IVA - CALABARZON	96.8	0.5	2.7	100.0	510
IVB - MIMAROPA	98.6	0.9	0.5	100.0	129
V - Bicol	99.0	1.0	0.0	100.0	185
VI - Western Visayas	100.0	0.0	0.0	100.0	326
VII - Central Visayas	98.8	0.9	0.3	100.0	334
VIII - Eastern Visayas	100.0	0.0	0.0	100.0	160
IX - Zamboanga Peninsula	100.0	0.0	0.0	100.0	139
X - Northern Mindanao	98.2	0.9	0.9	100.0	198
XI - Davao	99.2	0.4	0.4	100.0	244
XII - SOCCSKSARGEN	99.2	0.8	0.0	100.0	187
XIII - Caraga	100.0	0.0	0.0	100.0	110
ARMM	93.1	6.9	0.0	100.0	51
Education					
No education	(96.2)	(3.8)	(0.0)	100.0	25
Elementary	98.3	1.1	0.7	100.0	922
High school	98.7	0.9	0.4	100.0	1,983
College	99.1	0.2	0.6	100.0	1,341
Wealth quintile					
Lowest	98.7	0.9	0.4	100.0	677
Second	98.4	1.0	0.6	100.0	887
Middle	98.6	0.7	0.7	100.0	938
Fourth	98.8	0.8	0.4	100.0	954
Highest	99.2	0.4	0.5	100.0	814
Total	98.7	0.8	0.5	100.0	4,270

Note: Numbers in parentheses are based on 25-49 unweighted cases.
[1] Includes women who reported use of male sterilization, male condoms, or withdrawal.

OTHER PROXIMATE DETERMINANTS OF FERTILITY 6

The 2008 National Demographic and Health Survey (NDHS) included information on the proximate determinants of fertility or the intermediate factors. Factors that affect a woman's risk of becoming pregnant, other than contraception, that are discussed in this chapter are the onset of menstruation (age at menarche); nuptiality and sexual intercourse; postpartum amenorrhea and postpartum abstinence from sexual relations; breastfeeding; and menopause.

6.1 CURRENT MARITAL STATUS

Marriage is a primary indication of the regular exposure of women to the risk of pregnancy and therefore is important for the understanding of fertility. Populations in which age at first marriage is low tend to have early childbearing and high fertility.

Table 6.1 shows the percent distribution of women by marital status, according to age. The term "married" refers to legal or formal marriage, while "living together" designates an informal union in which a man and a woman live together, even if a formal civil or religious ceremony has not occurred. In later tables that do not list "living together" as a separate category, these women are included in the "currently married" group. Respondents who are currently married, widowed, divorced, or separated are referred to as "ever married."

Table 6.1 Current marital status

Percent distribution of women age 15-49 by current marital status, according to age, Philippines 2008

	Marital status								
Age	Never married	Married	Living together	Separated	Divorced	Widowed	Total	Percentage of women currently in union	Number of women
15-19	88.8	2.9	7.4	0.9	0.0	0.0	100.0	10.3	2,749
20-24	50.9	26.8	19.8	2.3	0.1	0.2	100.0	46.6	2,147
25-29	22.5	58.3	15.7	3.1	0.0	0.3	100.0	74.1	2,106
30-34	12.2	73.4	11.0	2.5	0.0	0.9	100.0	84.4	1,865
35-39	7.4	76.9	8.7	4.3	0.2	2.5	100.0	85.6	1,777
40-44	6.2	77.3	7.5	4.8	0.1	4.1	100.0	84.7	1,532
45-49	5.0	76.6	6.7	5.3	0.1	6.4	100.0	83.3	1,418
Total 15-49	33.3	50.7	11.2	3.0	0.1	1.7	100.0	61.9	13,594

Overall, one in three women age 15-49 has never been married, about half are currently married, 11 percent are living together with a partner, 3 percent are separated, and 2 percent are widowed or divorced. Table 6.1 shows that the proportion of women who never married decreases sharply as age increases, from 89 percent among teenagers, to 51 percent among women in their early twenties and to 23 percent among women in their late twenties. The proportion of women who remain single through their forties is about 5 percent.

Sixty-two percent of women age 15-49 are married or living with a partner. Only 10 percent of women under 20 are currently in a union, compared with nearly half of women age 20-24 and 74 percent of women age 25-29. The highest proportion of women currently married or living with a partner is in age group 35-39 (86 percent). The small decline in the proportion currently married among women in their forties is due to increases in the proportions who are separated or widowed.

6.2 AGE AT FIRST MENSTRUATION

The onset of menstruation is a biological factor influenced by the woman's general health and nutritional state. On average, the age at menarche among Filipino women is 13.2 years (Table 6.2). The data reveal that younger women tend to begin menstruation at an earlier age than older women. For instance, the mean age at menarche for women age 15-19 is 12.8 years, while for women age 45-49, it is 13.7 years.

Table 6.2 Age at menarche

Percent distribution of women by age at first menstruation (menarche), according to current age, Philippines 2008

	Age at menarche							
Current age	≤10	11	12	13	14	15 +	Total	Mean
15-19	2.5	9.0	31.3	29.0	19.1	9.2	100.0	12.8
20-24	2.9	8.9	28.2	27.3	17.9	14.9	100.0	13.0
25-29	2.4	8.6	26.0	26.5	19.1	17.5	100.0	13.2
30-34	3.0	7.5	23.0	24.5	22.4	19.6	100.0	13.3
35-39	2.0	7.6	22.1	22.5	22.4	23.3	100.0	13.4
40-44	2.5	6.2	24.8	21.1	19.1	26.3	100.0	13.5
45-49	1.4	6.0	20.9	20.6	20.4	30.7	100.0	13.7
Total	2.4	7.9	25.8	25.1	19.9	18.8	100.0	13.2

One in ten women experienced her first menstruation (menarche) before age 12, while more than half of women had menarche at age 12 or 13, and less than one in five began menstruating at age 15 or older. The earlier age at menarche among younger women can be seen in the generally larger proportions of younger women experiencing menarche at each age up to age 13. For instance, 31 percent of women age 15-19 had their first menstruation at age 12, compared with only 21 percent of women age 45-49. In contrast, only 9 percent of teenagers had their first menstruation at age 15 or older, compared with three in ten women age 45-49.

6.3 AGE AT FIRST MARRIAGE

Most births in the Philippines occur within marriage. Hence, the age at legal or consensual marriage marks the start of women's exposure to childbearing. Table 6.3 shows the percentage of women who are married by exact age and the median age at first marriage, according to their age at the time of the survey.

Table 6.3 Age at first marriage

Percentage of women age 15-49 who were first married by specific exact ages and median age at first marriage, according to current age, Philippines 2008

	Percentage first married by exact age:					Percentage never		Median age at first
Current age	15	18	20	22	25	married	Number	marriage
15-19	1.5	na	na	na	na	88.8	2,749	a
20-24	2.1	14.2	30.7	na	na	50.9	2,147	a
25-29	2.2	15.0	32.0	49.5	67.5	22.5	2,106	22.1
30-34	2.1	15.5	31.0	47.6	67.5	12.2	1,865	22.3
35-39	2.7	18.1	34.0	48.9	66.6	7.4	1,777	22.2
40-44	2.5	15.5	31.7	49.3	67.8	6.2	1,532	22.1
45-49	3.0	18.2	33.8	49.7	67.3	5.0	1,418	22.1
20-49	2.4	15.9	32.1	na	na	19.3	10,845	a
25-49	2.5	16.4	32.4	49.0	67.3	11.5	8,698	22.2

Note: The age at first marriage is defined as the age at which the respondent began living with her first husband/partner.
na = Not applicable due to censoring
a = Omitted because less than 50 percent of the women married for the first time before reaching the beginning of the age group

Overall, one in six women age 25-49 was married by age 18, while about half of women married by age 22, and nearly seven in ten were married by age 25. The results in Table 6.3 suggest that younger women are delaying entry into marital union, For example, only 14 percent of women age 20-24 were married by age 18, compared with 18 percent of women age 45-49.

Table 6.4 shows the median age at first marriage for women age 25-49 by background characteristics. Because of the late age at marriage in the Philippines, data for women age 15-24 have been omitted.

Table 6.4 Median age at first marriage

Median age at first marriage among women age 25-49 by five-year age groups, according to background characteristics, Philippines 2008

Background characteristic	Age					Women age 25-49
	25-29	30-34	35-39	40-44	45-49	
Residence						
Urban	23.0	23.0	23.4	23.1	23.7	23.2
Rural	20.9	21.4	20.9	21.2	20.6	21.0
Region						
National Capital Region	23.9	23.6	23.5	23.8	24.1	23.7
Cordillera Admin Region	21.2	21.7	21.3	20.9	20.1	21.0
I - Ilocos	22.1	22.2	23.3	23.3	22.9	22.7
II - Cagayan Valley	20.7	21.7	21.5	21.8	20.3	21.1
III - Central Luzon	22.9	22.1	21.7	24.1	21.7	22.4
IVA - CALABARZON	22.2	23.1	23.9	22.6	22.5	22.9
IVB - MIMAROPA	20.3	19.7	20.7	20.4	20.4	20.3
V - Bicol	21.2	21.8	20.7	21.1	22.4	21.4
VI - Western Visayas	23.0	22.9	22.9	21.6	22.9	22.7
VII - Central Visayas	21.9	22.3	21.7	21.9	21.7	21.9
VIII - Eastern Visayas	22.2	21.1	22.2	20.7	22.4	21.7
IX - Zamboanga Peninsula	21.6	22.7	20.9	21.7	20.9	21.7
X - Northern Mindanao	21.6	21.9	21.4	22.1	21.4	21.6
XI - Davao	21.0	21.5	22.2	20.9	20.7	21.2
XII - SOCCSKSARGEN	20.3	20.7	19.8	21.1	20.6	20.6
XIII - Caraga	21.0	20.7	21.1	21.1	21.4	21.0
ARMM	19.4	19.6	19.9	19.9	20.4	19.8
Education						
No education	*	*	(17.5)	(18.3)	19.9	18.4
Elementary	19.6	19.6	19.6	20.0	19.9	19.7
High school	20.9	21.2	21.6	21.1	21.4	21.2
College	a	24.9	25.5	25.6	25.0	a
Wealth quintile						
Lowest	19.4	19.7	19.9	20.1	20.3	19.8
Second	20.7	21.0	20.6	21.1	20.6	20.8
Middle	21.6	21.9	21.5	21.6	20.9	21.5
Fourth	23.9	23.5	23.4	22.7	22.9	23.3
Highest	a	25.2	24.8	24.9	24.8	a
Total	22.1	22.3	22.2	22.1	22.1	22.2

Note: The age at first marriage is defined as the age at which the respondent began living with her first husband/partner. Numbers in parentheses are based on 25-49 unweighted cases; an asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
a = Omitted because less than 50 percent of the women married for the first time before reaching the beginning of the age group

In general, urban, better-educated, and wealthier women marry later than other women. Women in urban areas marry two years later than their rural counterparts (23.2 and 21.0 years, respectively). There is positive association between education and age at first marriage. Women who completed high school marry three years later than women with no education (21.2 and 18.4 years, respectively). The differentials are even greater by wealth status. For example, among women age 30-34, the median age at first marriage ranges from just under 20 among those in the lowest quintile to over 25 among those in the highest quintile.

The median age at first marriage also varies by geographic areas. The lowest median age at marriage is 19.8 years in the Autonomous Region in Muslim Mindanao (ARMM) and the highest is 23.7 years in the National Capital Region (NCR). The median age at first marriage is below the national level in all regions except NCR, Ilocos, Central Luzon, CALABARZON, and Western Visayas regions.

6.4 AGE AT FIRST SEXUAL INTERCOURSE

Age at first sexual intercourse is another indicator of the beginning of a woman's exposure to the risk of childbearing. Women interviewed in the NDHS were asked how old they were when they had sexual intercourse for the first time (if ever). Table 6.5 shows results that are similar to those in Table 6.3 on age at first marriage, implying that most women wait until marriage to have sexual intercourse. For example, among women age 25-49, the median age at first sexual intercourse is 21.5 years, only slightly lower than the median age at first marriage of 22.2 years.

Table 6.5 shows that among women age 25-49, 3 percent had their first sexual intercourse by age 15, 37 percent by age 20, 54 percent by age 22 and 71 percent by age 25. Differences in these proportions by current age of women are small.

Table 6.5 Age at first sexual intercourse

Percentage of women age 15-49 who had first sexual intercourse by specific exact ages, percentage who never had intercourse, and median age at first intercourse, according to current age, Philippines 2008

	Percentage who had first sexual intercourse by exact age:					Percentage who never had intercourse		Median age at first intercourse
Current age	15	18	20	22	25		Number	
15-19	2.1	na	na	na	na	86.4	2,749	a
20-24	2.1	17.1	37.8	na	na	43.7	2,147	a
25-29	2.1	17.3	37.3	55.6	73.5	16.9	2,106	21.3
30-34	2.2	17.6	35.3	51.8	70.7	8.9	1,865	21.8
35-39	3.1	20.5	38.2	53.3	69.8	5.8	1,777	21.5
40-44	2.7	18.0	36.7	53.9	71.0	5.3	1,532	21.5
45-49	2.9	20.3	38.5	52.6	70.3	4.0	1,418	21.6
20-49	2.5	18.3	37.3	na	na	15.7	10,845	a
25-49	2.6	18.6	37.2	53.5	71.2	8.8	8,698	21.5

na = Not applicable due to censoring
a = Omitted because less than 50 percent of the respondents had intercourse for the first time before reaching the beginning of the age group

Table 6.6 presents differentials in median age at first sexual intercourse by women's background characteristics. The results show patterns similar to those for median age at first marriage, with higher age at first sexual intercourse among women in urban areas, women with college education, and women in households in the highest wealth quintile. Regions that reported a median age at first sexual intercourse higher than the national median are NCR, CALABARZON, Ilocos, Central Luzon, and Western Visayas.

Table 6.6 Median age at first sexual intercourse

Median age at first sexual intercourse among women age 25-49 by five-year age groups, according to background characteristics, Philippines 2008

Background characteristic	Age 25-29	30-34	35-39	40-44	45-49	Women age 25-49
Residence						
Urban	21.9	22.4	22.6	22.1	23.1	22.3
Rural	20.6	20.9	20.4	20.8	20.4	20.6
Region						
National Capital Region	22.7	22.3	22.5	22.5	23.7	22.6
Cordillera Admin Region	21.0	21.5	20.6	20.4	19.9	20.7
I - Ilocos	21.1	21.6	22.8	22.9	22.7	22.3
II - Cagayan Valley	20.8	20.9	21.4	21.1	20.3	20.9
III - Central Luzon	21.5	22.3	21.2	23.2	21.7	21.9
IVA - CALABARZON	21.6	23.0	23.3	22.3	22.4	22.5
IVB - MIMAROPA	20.0	19.7	21.3	20.1	19.9	20.0
V - Bicol	21.4	21.6	20.4	21.2	21.9	21.3
VI - Western Visayas	22.3	22.5	22.2	21.2	22.7	22.1
VII - Central Visayas	20.7	21.6	20.2	20.7	21.2	20.8
VIII - Eastern Visayas	22.0	20.9	21.4	20.8	21.2	21.2
IX - Zamboanga Peninsula	20.7	21.8	20.5	20.9	19.9	20.9
X - Northern Mindanao	20.5	20.8	20.9	21.4	20.8	20.8
XI - Davao	20.2	20.8	20.1	20.5	20.5	20.5
XII - SOCCSKSARGEN	19.9	19.6	19.8	20.3	20.3	20.0
XIII - Caraga	20.5	20.5	20.6	20.2	20.5	20.5
ARMM	19.4	19.8	20.0	20.2	20.0	19.9
Education						
No education	*	*	(17.4)	(18.2)	19.6	18.2
Elementary	19.0	19.2	19.0	19.5	19.4	19.2
High school	20.4	20.6	21.0	20.8	21.1	20.7
College	23.9	24.3	25.2	24.8	24.6	24.5
Wealth quintile						
Lowest	19.0	19.4	19.4	19.8	19.7	19.4
Second	20.1	20.4	20.0	20.5	20.2	20.2
Middle	21.1	21.4	21.2	21.3	20.5	21.1
Fourth	22.8	22.8	23.1	21.6	22.5	22.6
Highest	24.0	23.8	24.0	24.4	24.3	24.1
Total	21.3	21.8	21.5	21.5	21.6	21.5

Note: Numbers in parentheses are based on 25-49 unweighted cases; an asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
a = Omitted because less than 50 percent of the women had intercourse for the first time before reaching the beginning of the age group.

6.5 RECENT SEXUAL ACTIVITY

Information on the frequency of intercourse is important for refining the measures of exposure to pregnancy. The 2008 NDHS collected information on respondents' recent sexual activity to derive an indicator of the extent to which women abstain from sexual intercourse as a result of factors such as a recent birth or temporary separation from their husband. Each woman interviewed was asked when she last had sexual intercourse, her relationship to the person with whom she last had sexual intercourse, and how long she had sexual relations with this person.

Table 6.7 presents information on the timing of last sexual intercourse, according to selected background characteristics. Overall, 47 percent of women age 15-49 reported having sexual intercourse in the four weeks preceding the survey, while 15 percent had sexual intercourse in the period 1 to 11 months preceding the survey, 8 percent did not have sexual intercourse in the past year, and 30 percent have never had sexual intercourse.

Table 6.7 Recent sexual activity

Percent distribution of women age 15-49 by timing of last sexual intercourse, according to background characteristics, Philippines 2008

Background characteristic	Timing of last sexual intercourse: Within the past 4 weeks	Within 1 year[1]	One or more years	Missing	Never had sexual intercourse	Total	Number of women
Age							
15-19	8.1	4.5	1.0	0.0	86.4	100.0	2,749
20-24	39.6	11.7	5.1	0.0	43.7	100.0	2,147
25-29	57.5	17.6	7.7	0.3	16.9	100.0	2,106
30-34	65.7	17.0	8.1	0.3	8.9	100.0	1,865
35-39	65.7	17.3	10.8	0.3	5.8	100.0	1,777
40-44	64.0	19.0	11.5	0.2	5.3	100.0	1,532
45-49	55.6	21.7	18.5	0.2	4.0	100.0	1,418
Marital status							
Never married	2.1	3.0	4.9	0.0	90.0	100.0	4,530
Married or living together	75.2	20.3	4.2	0.3	0.0	100.0	8,418
Divorced/separated/widowed	3.1	18.5	78.2	0.1	0.0	100.0	646
Marital duration[2]							
0-4 years	73.5	23.5	2.7	0.3	0.0	100.0	1,773
5-9 years	78.3	17.4	4.1	0.2	0.0	100.0	1,722
10-14 years	79.0	16.4	4.3	0.3	0.0	100.0	1,410
15-19 years	76.0	20.3	3.3	0.4	0.0	100.0	1,160
20-24 years	73.8	20.9	5.1	0.3	0.0	100.0	988
25+ years	66.0	25.5	8.4	0.1	0.0	100.0	711
Married more than once	74.6	21.3	4.1	0.0	0.0	100.0	655
Residence							
Urban	42.7	14.4	9.3	0.2	33.4	100.0	7,574
Rural	53.4	14.6	6.2	0.2	25.7	100.0	6,020
Region							
National Capital Region	39.2	15.5	9.5	0.2	35.7	100.0	2,522
Cordillera Admin Region	51.1	12.8	6.9	0.2	29.0	100.0	225
I - Ilocos	49.8	16.3	6.3	0.0	27.5	100.0	613
II - Cagayan Valley	59.2	10.8	6.5	0.4	23.2	100.0	382
III - Central Luzon	45.3	15.7	9.5	0.1	29.4	100.0	1,486
IVA - CALABARZON	44.6	14.5	9.2	0.1	31.6	100.0	1,808
IVB - MIMAROPA	56.6	14.4	6.0	0.2	22.9	100.0	340
V - Bicol	43.9	16.6	8.3	0.3	31.0	100.0	755
VI - Western Visayas	45.6	17.6	6.7	0.2	29.8	100.0	976
VII - Central Visayas	49.4	12.1	7.4	0.0	31.1	100.0	983
VIII - Eastern Visayas	53.8	15.0	6.2	0.8	24.2	100.0	488
IX - Zamboanga Peninsula	46.3	17.3	7.4	0.4	28.6	100.0	505
X - Northern Mindanao	51.8	12.0	7.8	0.2	28.3	100.0	585
XI - Davao	53.8	12.6	7.3	0.4	26.0	100.0	618
XII - SOCCSKSARGEN	60.2	9.6	5.3	0.0	24.8	100.0	480
XIII - Caraga	55.4	14.8	6.7	0.2	22.9	100.0	312
ARMM	55.1	9.1	5.2	0.0	30.6	100.0	516
Education							
No education	58.8	15.8	14.1	0.5	10.7	100.0	167
Elementary	59.6	16.4	8.0	0.2	15.9	100.0	2,653
High school	44.9	14.0	7.0	0.1	34.0	100.0	6,352
College	43.3	14.0	9.0	0.2	33.5	100.0	4,422
Wealth quintile							
Lowest	60.7	15.7	5.4	0.2	18.1	100.0	2,160
Second	53.9	15.3	6.4	0.2	24.2	100.0	2,419
Middle	50.5	14.2	7.4	0.2	27.6	100.0	2,661
Fourth	44.9	14.2	7.8	0.2	32.9	100.0	2,937
Highest	34.2	13.6	11.1	0.2	40.9	100.0	3,417
Total	47.4	14.5	7.9	0.2	30.0	100.0	13,594

[1] Excludes women who had sexual intercourse within the past 4 weeks
[2] Excludes women who are not currently married

There are large differences in recent sexual activity by age of women. For example, almost nine in ten women age 15-19 have never had sex. This proportion declines to 9 percent among women age 30-34 and 4 percent among women age 45-49. Women in their thirties are the most likely to have had sexual intercourse in the past four weeks (66 percent).

As expected, women who are married or living in a marital union are more likely to have had sexual intercourse in the past four weeks (75 percent) than women who have never married (2 percent) or who are divorced, separated, or widowed (3 percent). Among women who never married, 10 percent reported having had sexual intercourse, although half (5 percent) said their last sexual intercourse was one or more years ago. Among women in their first marriage, those who have been in union for 5 to 14 years are more likely to have had sexual relations in the past four weeks than those who have been married for longer or shorter durations.

Women in urban areas are less likely to have had sexual intercourse in the past four weeks than women in rural areas (43 and 53 percent, respectively). Similarly, women in more urbanized regions are less likely to have been sexually active within the past four weeks than those in other regions. NCR has the lowest proportion of women who were sexually active in the four weeks before the survey while SOCCSKSARGEN has the highest proportion (39 and 60 percent, respectively).

The likelihood that a woman was sexually active in the recent past is negatively associated with her education. While 59 percent of women with no education were sexually active in the past four weeks, the corresponding proportions for women with high school and college education are 45 and 43 percent, respectively. Women with high school or higher education are more likely than other women to have never had sexual intercourse, partly because they marry later than women with less education.

Similarly, women in households in the poorest wealth quintile are more likely to have engaged in sexual intercourse in the four weeks preceding the survey than women in households in the highest wealth quintile (61 and 34 percent, respectively). About two in five women age 15-49 in the highest quintile have never had sexual intercourse, compared with less than one in five women in the lowest quintile.

6.6 Postpartum Amenorrhea, Abstinence, and Insusceptibility

A woman who has just given birth can reduce the risk of becoming pregnant if she breastfeeds her newborn or delays the resumption of sexual intercourse. Postpartum amenorrhea refers to the interval between childbirth and the return of menstruation. The length and intensity of breastfeeding influence the duration of amenorrhea, which offers protection from conception. Postpartum abstinence refers to the period between childbirth and the time when a woman resumes sexual activity. Women are considered to be insusceptible to pregnancy if they are not exposed to the risk of conception either because their menstrual period has not resumed since a birth or because they are abstaining from intercourse after childbirth.

Table 6.8 shows the percentage of births in the three years preceding the survey for which mothers are postpartum amenorrheic, abstaining, and insusceptible by the number of months since birth. The results are grouped in two-month intervals to minimize fluctuations in the estimates.

Table 6.8 Postpartum amenorrhea, abstinence and insusceptibility

Percentage of births in the three years preceding the survey for which mothers are postpartum amenorrheic, abstaining, and insusceptible, by number of months since birth, and median and mean durations, Philippines 2008

Months since birth	Percentage of births for which the mother is:			Number of births
	Amenorrheic	Abstaining	Insusceptible[1]	
< 2	92.6	92.4	97.9	144
2-3	63.0	44.6	73.0	233
4-5	49.9	21.6	57.0	203
6-7	37.2	11.2	43.3	206
8-9	24.1	6.5	26.4	228
10-11	17.9	10.5	26.5	217
12-13	16.8	6.7	21.2	229
14-15	7.8	7.1	13.2	230
16-17	7.0	6.0	11.3	203
18-19	1.9	5.9	7.8	184
20-21	1.7	6.7	8.4	231
22-23	1.7	3.6	5.3	239
24-25	2.3	6.0	8.3	209
26-27	0.9	2.1	2.7	225
28-29	0.5	5.3	5.7	174
30-31	0.0	2.8	2.8	183
32-33	0.0	3.5	3.5	217
34-35	0.9	4.7	5.6	248
Total	16.9	12.4	22.1	3,802
Median	4.6	2.4	5.5	na
Mean	6.8	5.2	8.7	na

Note: Estimates are based on status at the time of the survey.
na = Not applicable
[1] Includes births for which mothers are either still amenorrheic or still abstaining (or both) following birth

Overall, 17 percent of women who gave birth in the three years preceding the survey are amenorrheic, 12 percent are abstaining, and 22 percent are insusceptible to pregnancy. Women are amenorrheic for a median of 4.6 months and abstaining for a median of 2.4 months, resulting in a median period of insusceptibility of 5.5 months. These figures are slightly lower than those found in the 2003 NDHS.

The results in Table 6.8 show that for births less than two months of age, 93 percent of women are amenorrheic, 92 percent are abstaining, and 98 percent are insusceptible. These proportions decrease sharply for the period 2-3 months after birth and decline steadily thereafter. The percentage of women abstaining is less than the percentage who are amenorrheic up to the period 16-17 months after birth; thereafter, the pattern reverses.

Table 6.9 shows differences in the median duration of postpartum amenorrhea, abstinence and insusceptibility according to background characteristics. While the period of postpartum abstinence does not vary by the woman's age, the median duration of postpartum amenorrhea for women age 30-49 is almost two months longer than that for women age 15-29 (5.7 and 3.9 months, respectively). Consequently, the period of insusceptibility is longer for women age 30-49 than women age 15-29.

Table 6.9 Median duration of amenorrhea, postpartum abstinence and postpartum insusceptibility

Median number of months of postpartum amenorrhea, postpartum abstinence, and postpartum insusceptibility following births in the three years preceding the survey, by background characteristics, Philippines 2008

Background characteristic	Postpartum amenorrhea	Postpartum abstinence	Postpartum insusceptibility	Number of births
Mother's age				
15-29	3.9	2.4	4.9	2,206
30-49	5.7	2.4	6.3	1,595
Residence				
Urban	3.8	2.4	5.0	1,862
Rural	5.4	2.5	6.1	1,940
Region				
National Capital Region	3.4	2.4	4.7	528
Cordillera Admin Region	6.8	3.0	8.0	59
I - Ilocos	6.5	3.2	6.5	180
II - Cagayan Valley	8.6	2.0	8.6	130
III - Central Luzon	3.6	3.2	4.7	388
IVA - CALABARZON	3.4	2.7	4.9	495
IVB - MIMAROPA	6.1	2.4	6.9	127
V - Bicol	7.2	4.1	7.8	255
VI - Western Visayas	6.0	2.1	6.6	267
VII - Central Visayas	7.0	2.3	7.6	266
VIII - Eastern Visayas	5.2	2.5	6.4	177
IX - Zamboanga Peninsula	4.2	2.3	5.5	158
X - Northern Mindanao	4.8	2.9	5.2	158
XI - Davao	4.4	2.2	4.7	176
XII - SOCCSKSARGEN	5.1	2.2	6.8	144
XIII - Caraga	5.3	0.8	5.8	112
ARMM	3.2	2.1	3.9	184
Education				
No education	7.5	2.1	8.2	56
Elementary	6.7	2.2	7.3	897
High school	4.6	2.6	5.6	1,863
College	3.5	2.5	4.1	986
Wealth quintile				
Lowest	7.2	2.2	7.7	973
Second	4.9	2.5	5.6	876
Middle	4.7	3.1	5.3	728
Fourth	2.5	2.4	3.8	698
Highest	2.9	2.4	4.4	526
Total	4.6	2.4	5.5	3,802

Note: Medians are based on the status at the time of the survey (current status).
[1] Includes births for which mothers are either still amenorrheic or still abstaining (or both) following birth

Women in urban areas are insusceptible to pregnancy for about one month less than women in rural areas because of a slightly shorter duration of amenorrhea. There are large differentials in the duration of postpartum insusceptibility across regions, from less than five months in NCR, Central Luzon, CALABARZON, Davao, and ARMM, to eight or more months in CAR and Cagayan Valley. These differences are largely due to variations in postpartum amenorrhea. Women in ARMM have the shortest duration of postpartum amenorrhea (3.2 months), while women in Cagayan Valley have the longest (8.6 months).

During the postpartum period, better-educated women are more susceptible to the risk of pregnancy than women with less education because they have a shorter duration of amenorrhea (3.5 and

7.5 months, respectively). With respect to economic status, the duration of postpartum insusceptibility is longest among women in households in the poorest wealth quintile (7.7 months) and shortest for women in households in the highest wealth quintile (4.4 months). This is attributable to longer durations of postpartum amenorrhea among women in the poorest households (7.2 months) compared with women in the wealthiest households (2.9 months).

The longer women breastfeed their babies, the longer the duration of amenorrhea. This relationship is substantiated by the findings presented in Table 6.10. Women who breastfed their babies for less than two months have a median duration of postpartum amenorrhea of 2.6 months, whereas the median duration for women who breastfed for two months or longer is 5.4 months.

In general, older women have longer durations of postpartum amenorrhea than younger women. For example, women age 45-49 who breastfed two months or more, the median duration of amenorrhea is 7.5 months, compared with 5.0 to 5.7 months for women age 15-29.

Table 6.10 Median duration of postpartum amenorrhea by breastfeeding duration

Median duration of postpartum amenorrhea among women whose most recent birth took place 12 to 60 months preceding the survey and whose child is living, according to selected breastfeeding durations and age, Philippines 2008

	Median duration of postpartum amenorrhea among women who:			
Age	Breastfed less than 2 months	Number of children	Breastfed 2 months or more	Number of children
15-19	*	13	5.7	65
20-24	2.5	107	5.0	413
25-29	2.5	197	5.3	679
30-34	2.5	177	5.7	562
35-39	2.8	112	5.5	450
40-44	2.8	66	5.6	213
45-49	*	20	7.5	80
Total	2.6	693	5.4	2,461

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

6.7 MENOPAUSE

The termination of a woman's fecundity is signified by menopause, that is, the cessation of the menstrual period. Women are considered menopausal if they are neither pregnant nor postpartum amenorrheic and have not had a menstrual period in the six months preceding the survey. Table 6.11 shows the percentage of women age 30-49 who are menopausal.

Table 6.11 Menopause

Percentage of women age 30-49 who are menopausal, by age, Philippines 2008

Age	Percentage menopausal	Number of women
30-34	1.3	1,865
35-39	1.6	1,777
40-41	1.5	621
42-43	4.5	637
44-45	8.4	580
46-47	16.3	562
48-49	35.1	551
Total	6.4	6,592

[1] Percentage of all women who are not pregnant and not postpartum amenorrheic whose last menstrual period occurred six or more months preceding the survey

The proportion of women who are considered menopausal increases with age, from 1 percent among women age 30-34 to about 5 percent among women age 42-43; the proportion menopausal increases to 35 percent among women age 48-49.

FERTILITY PREFERENCES 7

Updating differentials in fertility preferences is fundamentally important for population policy and for refining and modifying existing family planning programs. In recognition of the right of couples to decide their own family size, the Philippine Family Planning Program (PFPP) regularly monitors the following six key fertility preferences indicators: 1) desire for additional children; 2) desire to limit childbearing; 3) need and demand for family planning; 4) ideal number of children; 5) fertility planning status (wanted and unwanted fertility); and 6) couples' consensus on family size. This chapter updates these indicators with data collected from the 2008 National Demographic and Health Survey (NDHS) using the same series of questions asked in previous NDHS surveys to ascertain women's fertility preferences.

7.1 DESIRE FOR MORE CHILDREN

Desire for additional children among currently married women age 15-49 is determined by asking whether or not they want to have another child and, if so, how soon. For women who are currently pregnant, the question on desire for more children is rephrased to refer to their desire for another child after the one they are carrying. Table 7.1 shows the percent distribution of currently married women by desire for another child, according to the number of living children.

Table 7.1 Fertility preferences by number of living children

Percent distribution of currently married women age 15-49 by desire for children, according to number of living children, Philippines 2008

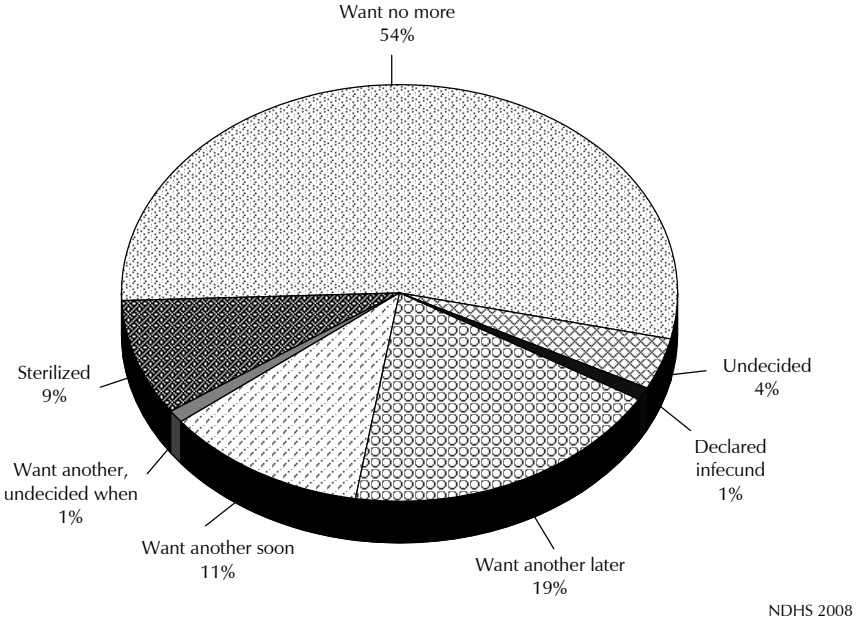
	Number of living children[1]							
Desire for children	0	1	2	3	4	5	6+	Total
Have another soon[2]	74.8	19.0	8.0	4.5	2.1	2.1	1.1	11.6
Have another later[3]	13.0	50.5	22.3	8.6	5.7	3.1	1.9	19.1
Have another, undecided when	2.8	2.3	0.7	0.7	0.4	0.2	0.3	1.0
Undecided	1.4	5.8	5.9	4.2	3.2	3.5	2.3	4.4
Want no more	3.3	20.8	57.0	63.0	71.4	74.3	82.2	53.5
Sterilized[4]	0.0	0.6	5.3	18.0	16.3	15.6	10.5	9.2
Declared infecund	4.7	1.0	0.8	1.0	1.0	1.2	1.6	1.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	494	1,750	1,874	1,644	1,027	690	938	8,418

[1] The number of living children includes current pregnancy
[2] Wants next birth within 2 years
[3] Wants to delay next birth for 2 or more years
[4] Includes both female and male sterilization

More than three in five currently married women in the Philippines want to limit childbearing: 54 percent say they want no more children, and an additional 9 percent have been sterilized (Figure 7.1). These figures indicate that since the 2003 NDHS there has been a small increase in the proportion of women who want no more children (from 51 to 54 percent) and a small decrease in the proportion who have been sterilized (from 11 to 9 percent).

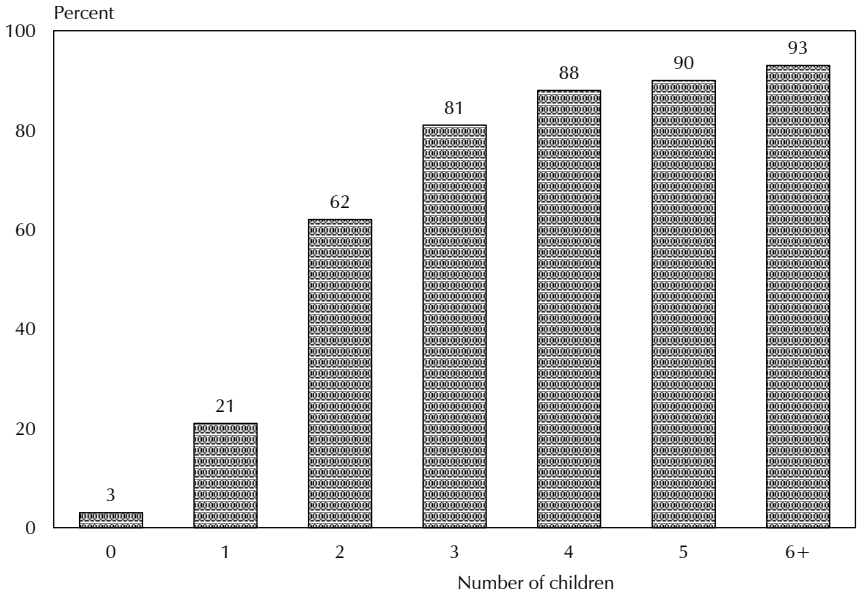
Thirty-two percent of married women want to have a child at some time in the future, but most do not want a child soon. Only 12 percent of women want a child within two years, 19 percent would prefer to wait two or more years, and 1 percent are undecided on the timing. Thus, the vast majority of married women want either to space their next birth or to limit childbearing altogether.

Figure 7.1 Fertility Preferences among Currently Married Women Age 15-49



The proportion of women who want to stop childbearing increases rapidly with the number of living children, from 21 percent among women with one child to 62 percent among women with two children, to 81 percent among women with three children, and to around 90 percent among those with four or more children (Figure 7.2). In contrast, the proportion of women who want to have another child decreases with the number of living children. These patterns are similar to those observed in the 2003 NDHS.

Figure 7.2 Percentage of Currently Married Women Who Want No More Children, by Number of Children



Note: Includes women who are sterilized

NDHS 2008

Table 7.2 shows the percent distribution of currently married women by their desire for more children, according to age. As expected, the proportion of women who want no more children, or are sterilized, increases with age; 19 percent of women age 15-19 want no more children, compared with 87 percent of women age 45-49. The proportion of women who want to delay the next birth for two or more years is highest among women age 15-19 (50 percent) then decreases to less than 1 percent among women age 45-49. The proportion of women who want the next birth within two years is also highest among women age 15-19 (17 percent) and lowest among women age 45-49 (5 percent). The proportion of women who said they were unable to have any more children (infecund) is less than 1 percent among women under age 40, but rises to 7 percent among women age 45-49.

Table 7.2 Fertility preferences by age

Percent distribution of currently married women age 15-49 by desire for children, according to age, Philippines 2008

	Age							
Desire for children	15-19	20-24	25-29	30-34	35-39	40-44	45-49	Total
Have another soon[1]	17.0	12.4	12.9	14.8	12.3	9.2	5.0	11.6
Have another later[2]	50.3	49.9	34.8	18.3	7.1	1.6	0.1	19.1
Have another, undecided when	3.3	1.7	0.9	1.4	0.7	0.6	0.5	1.0
Undecided	10.0	7.6	5.2	5.2	3.9	2.3	1.1	4.4
Want no more	19.4	27.7	43.0	51.6	63.0	68.3	71.3	53.5
Sterilized[3]	0.0	0.5	3.1	8.5	12.6	16.7	15.4	9.2
Declared infecund	0.0	0.1	0.2	0.2	0.4	1.3	6.5	1.2
Missing	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	283	1,000	1,560	1,573	1,522	1,299	1,181	8,418

[1] Wants next birth within 2 years
[2] Wants to delay next birth for 2 or more years
[3] Includes both female and male sterilization

7.2 DESIRE TO LIMIT CHILDBEARING BY BACKGROUND CHARACTERISTICS

The proportion of women who want no more children (63 percent) is an important and easily understood measure of fertility preference. Table 7.3 shows the percentage of currently married women who want to stop childbearing by number of living children and background characteristics.

Overall, about the same proportion of women in urban areas as in rural areas want to limit childbearing (62 and 63 percent, respectively) (Figure 7.3). However, as seen in the 2003 NDHS, when the number of living children is considered, the proportion of women who want to limit childbearing is consistently higher in urban areas than in rural areas. For example, among women who have two living children, 65 percent in urban areas, compared with 59 percent in rural areas, want to limit childbearing. However, because women in rural areas already have more children than women in urban areas (see Chapter 4) the overall proportions are similar for urban and rural areas.

The desire to limit childbearing varies substantially among the administrative regions. For example, respondents in Western Visayas Region (71 percent) and Bicol Region (70 percent) are about twice as likely to want to stop childbearing as their counterparts in ARMM (37 percent). ARMM is the only region in which less than half of currently married women want to limit childbearing. This pattern is seen particularly among women with two living children; only 13 percent of married women with two children in ARMM want no more children, compared with over 50 percent in the other regions—except Cordillera Administrative Region (44 percent) and Eastern Visayas (49 percent).

Table 7.3 Desire to limit childbearing

Percentage of currently married women age 15-49 who want no more children, by number of living children, according to background characteristics, Philippines 2008

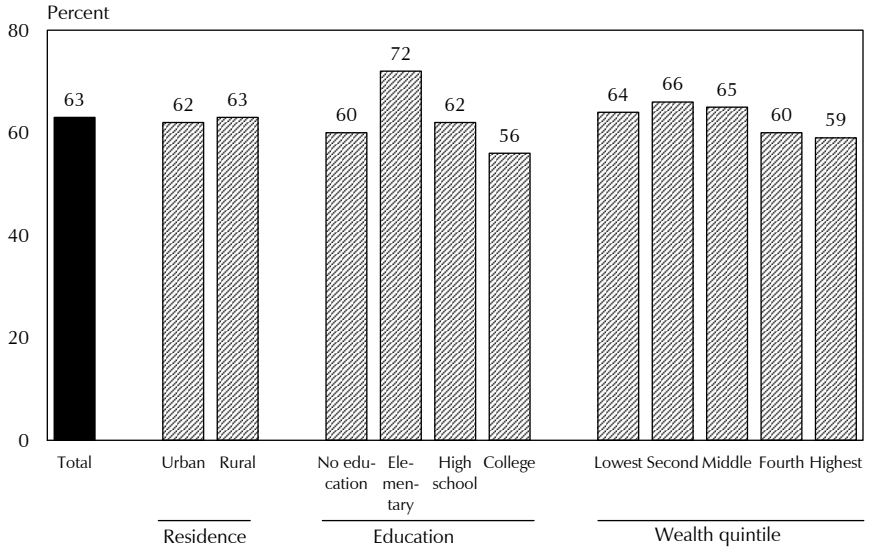
Background characteristic	Number of living children[1]							Total
	0	1	2	3	4	5	6+	
Residence								
Urban	3.5	23.9	65.4	84.0	91.0	91.5	95.6	62.4
Rural	2.9	18.1	58.5	77.5	84.6	88.4	91.3	63.0
Region								
National Capital Region	2.3	23.3	67.9	83.7	94.1	94.9	(98.0)	62.0
Cordillera Admin Region	*	8.3	44.3	78.6	(95.7)	(89.0)	(96.1)	60.6
I - Ilocos	(6.6)	19.0	57.0	89.1	88.3	(78.3)	(90.3)	61.0
II - Cagayan Valley	*	10.1	70.4	80.4	(95.6)	(93.3)	(96.9)	66.7
III - Central Luzon	(4.4)	12.6	59.1	84.7	94.3	98.3	97.1	62.2
IVA - CALABARZON	1.6	21.9	64.6	85.6	86.5	94.8	95.2	60.8
IVB - MIMAROPA	*	16.9	61.6	71.0	(79.2)	(89.2)	94.2	63.2
V - Bicol	*	19.1	63.1	77.7	96.6	89.0	95.8	69.7
VI - Western Visayas	*	27.0	75.5	88.6	90.3	(95.1)	98.3	71.2
VII - Central Visayas	(0.0)	29.7	71.0	88.3	89.1	(97.9)	91.1	67.0
VIII - Eastern Visayas	*	20.3	49.4	74.1	86.0	(85.5)	86.8	61.1
IX - Zamboanga Peninsula	*	19.3	56.7	75.0	77.3	(82.9)	89.4	58.4
X - Northern Mindanao	(4.3)	26.5	55.8	80.8	91.7	(86.5)	91.1	63.6
XI - Davao	*	28.8	64.5	74.8	85.6	(90.3)	96.2	63.8
XII - SOCCSKSARGEN	*	21.8	62.4	78.2	93.2	(92.2)	85.6	65.4
XIII - Caraga	*	25.3	62.0	76.5	87.6	(90.3)	98.3	67.2
ARMM	(6.5)	9.9	13.2	23.8	41.0	53.0	78.6	37.2
Education								
No education	*	*	*	*	(48.5)	(75.4)	82.2	60.1
Elementary	1.6	27.3	57.3	78.4	84.2	87.7	92.1	72.2
High school	2.9	20.2	62.2	80.8	90.4	92.2	94.9	62.0
College	4.3	20.9	65.1	84.0	90.6	90.2	94.3	56.2
Wealth quintile								
Lowest	2.0	16.8	49.8	67.9	78.9	84.1	89.9	63.5
Second	1.0	22.8	59.3	80.3	89.0	88.9	93.0	66.0
Middle	0.0	20.2	65.0	84.3	88.6	92.7	96.6	64.5
Fourth	4.4	21.2	63.7	84.8	93.1	93.8	93.2	60.1
Highest	5.8	24.1	69.3	84.5	91.5	(93.4)	(100.0)	59.2
Total	3.3	21.4	62.3	81.0	87.6	89.8	92.7	62.7

Note: Women who have been sterilized are considered to want no more children. Numbers in parentheses are based on 25-49 unweighted cases; an asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] The number of living children includes the current pregnancy.

There are differences in women's fertility preferences by level of education. The desire to limit childbearing generally decreases with increasing education, starting with elementary. However, among women with no education, the proportion wanting no more children is lower than the proportions for women with elementary or high school education. Examining the relationship between fertility desire and educational attainment by number of living children shows a positive relationship between education and desire for no more children among women who have two or three children.

There are small differences in the desire to limit childbearing by household wealth status, with the proportion wanting to limit childbearing generally decreasing with increasing wealth quintile (except for the lowest wealth quintile). However, among women with two children, the desire to stop childbearing increases with increasing wealth quintile (except for the fourth quintile).

Figure 7.3 **Percentage of Currently Married Women Who Want No More Children by Background Characteristics**



NDHS 2008

7.3 NEED FOR FAMILY PLANNING SERVICES

The proportion of women who want to stop childbearing or who want to space their next birth is a crude measure of the extent of the need for family planning, given that not all of these women are exposed to the risk of pregnancy and some of them may already be using contraception. Measures of *unmet need* for family planning are used to evaluate the extent to which programs are meeting the demand for services. Unmet need is defined as the percentage of currently married, fecund women who either do not want any more children or want to wait before having their next birth, but are not using any method of family planning. Women with an unmet need for spacing include pregnant women whose pregnancy was mistimed; amenorrheic women whose last birth was mistimed; and fecund women who are neither pregnant nor amenorrheic, who are not using any method of family planning, and who want to wait two or more years for their next birth. Also included in unmet need for spacing are fecund women who are not using any method of family planning and are unsure whether they want another child or who want another child but are unsure when to have the birth. Unmet need for limiting refers to pregnant women whose pregnancy was unwanted; amenorrheic women whose last child was unwanted; and women who are neither pregnant nor amenorrheic, who are not using any method of family planning, and who want no more children. Women who have been sterilized are considered to want no more children.

Women who are currently using family planning are said to have a met need for family planning. The total demand for family planning services comprises those who fall in the met need and unmet need categories.

Overall, 22 percent of currently married women in the Philippines have an unmet need for family planning services, 9 percent for spacing and 13 percent for limiting births (Table 7.4). The level of unmet need has increased by more than one-third since the 2003 NDHS (17 percent) (Figure 7.4). The increase in unmet need appears to reflect the impact of the withdrawal of the USAID commodities supply and/or an increase in demand for family planning.

Table 7.4 Need and demand for family planning among currently married women

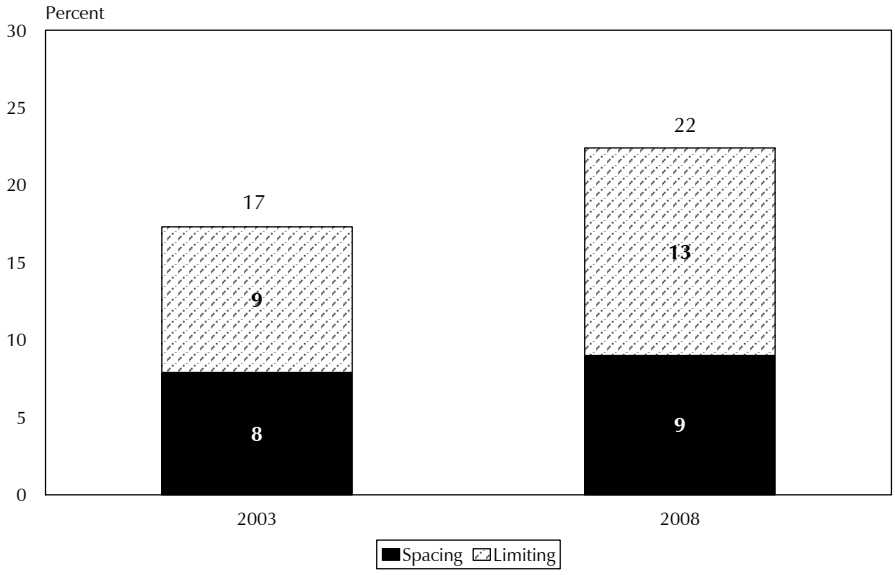
Percentage of currently married women age 15-49 with unmet need for family planning, percentage with met need for family planning, the total demand for family planning, and the percentage of the demand for family planning that is satisfied, by background characteristics, Philippines 2008

Background characteristic	Unmet need for family planning[1]			Met need for family planning (currently using)[2]			Total demand for family planning			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Age											
15-19	30.5	5.3	35.8	19.5	6.4	25.9	50.0	11.8	61.7	42.0	283
20-24	19.3	5.3	24.6	32.7	13.6	46.3	52.0	18.9	70.9	65.3	1,000
25-29	14.4	11.4	25.8	26.1	25.2	51.3	40.6	36.6	77.2	66.5	1,560
30-34	8.4	12.0	20.4	17.4	40.1	57.6	25.9	52.1	78.0	73.8	1,573
35-39	5.6	17.2	22.8	8.0	49.0	57.0	13.6	66.2	79.8	71.4	1,522
40-44	1.7	17.8	19.5	3.4	52.7	56.1	5.0	70.5	75.6	74.2	1,299
45-49	0.8	16.8	17.6	0.5	36.0	36.5	1.3	52.9	54.2	67.4	1,181
Residence											
Urban	7.9	13.2	21.1	15.7	37.7	53.4	23.6	50.9	74.4	71.7	4,297
Rural	10.1	13.6	23.7	13.7	34.3	48.0	23.7	47.9	71.7	67.0	4,121
Region											
National Capital Region	7.1	13.6	20.7	16.3	37.8	54.1	23.4	51.4	74.8	72.3	1,343
Cordillera Admin Region	6.8	9.7	16.5	15.0	39.9	54.9	21.8	49.6	71.4	76.9	143
I - Ilocos	7.6	11.0	18.7	16.0	38.2	54.2	23.7	49.2	72.9	74.4	415
II - Cagayan Valley	6.7	13.1	19.8	14.1	40.1	54.3	20.9	53.2	74.1	73.3	273
III - Central Luzon	7.1	10.5	17.6	18.3	39.5	57.8	25.4	50.0	75.4	76.6	897
IVA - CALABARZON	9.2	14.4	23.6	15.9	31.0	46.8	25.1	45.4	70.5	66.5	1,089
IVB - MIMAROPA	9.6	12.3	21.9	17.8	35.7	53.6	27.4	48.0	75.4	71.0	241
V - Bicol	10.2	22.0	32.2	9.4	30.0	39.4	19.6	52.0	71.6	55.0	470
VI - Western Visayas	6.3	17.6	23.9	11.7	40.2	51.9	18.0	57.8	75.8	68.4	627
VII - Central Visayas	10.1	11.4	21.5	12.2	43.5	55.7	22.3	54.9	77.2	72.2	599
VIII - Eastern Visayas	13.6	14.0	27.6	13.5	34.0	47.5	27.1	48.0	75.1	63.2	337
IX - Zamboanga Peninsula	12.1	15.3	27.4	15.0	28.8	43.8	27.1	44.1	71.2	61.5	316
X - Northern Mindanao	7.7	11.0	18.7	16.5	36.8	53.2	24.2	47.7	71.9	74.0	373
XI - Davao	5.1	9.7	14.8	17.5	42.7	60.2	22.5	52.4	75.0	80.3	406
XII - SOCCSKSARGEN	9.8	12.0	21.8	14.5	40.6	55.1	24.3	52.7	77.0	71.7	338
XIII - Caraga	10.5	15.5	26.1	11.3	40.4	51.7	21.9	55.9	77.8	66.5	212
ARMM	22.2	10.6	32.7	6.4	8.8	15.1	28.6	19.3	47.9	31.6	337
Education											
No education	11.4	17.2	28.6	5.3	13.2	18.5	16.6	30.5	47.1	39.3	133
Elementary	8.2	16.4	24.5	7.9	37.4	45.3	16.1	53.8	69.9	64.9	2,034
High school	9.3	13.1	22.4	16.2	37.0	53.2	25.5	50.1	75.6	70.4	3,727
College	9.0	11.2	20.2	18.4	34.7	53.1	27.4	45.9	73.3	72.5	2,524
Wealth quintile											
Lowest	11.9	16.3	28.2	11.8	29.0	40.8	23.7	45.3	69.0	59.1	1,661
Second	8.9	13.7	22.7	14.0	38.7	52.7	22.9	52.4	75.4	69.9	1,683
Middle	7.8	13.2	21.0	14.9	39.1	54.0	22.7	52.3	75.0	72.0	1,737
Fourth	8.9	10.6	19.5	17.7	38.0	55.8	26.6	48.6	75.3	74.1	1,710
Highest	7.3	13.2	20.5	14.9	35.2	50.0	22.2	48.4	70.5	70.9	1,627
Total	9.0	13.4	22.3	14.7	36.0	50.7	23.6	49.4	73.1	69.4	8,418

[1] Unmet need for spacing: includes women who are fecund and not using family planning and who say they want to wait two or more years for their next birth, or who say they are unsure whether they want another child, or who want another child but are unsure when to have the child. In addition, unmet need for spacing includes pregnant women whose current pregnancy was mistimed, or whose last pregnancy was unwanted but who now say they want more children. Unmet need for spacing also includes amenorrheic women whose last birth was mistimed, or whose last birth was unwanted but who now say they want more children. Unmet need for limiting: includes women who are fecund and not using family planning and who say they do not want another child. In addition, unmet need for limiting includes pregnant women whose current pregnancy was unwanted but who now say they do not want more children or who are undecided whether they want another child. Unmet need for limiting also includes amenorrheic women whose last birth was unwanted but who now say they do not want more children or who are undecided whether they want another child.

[2] Using for spacing refers to women who are using a method of family planning and say they want to have another child or are undecided whether to have another. Using for limiting refers to women who are using a method of family planning and who want no more children.

Figure 7.4 Trends in Unmet Need for Family Planning



NDHS 2008

The total demand for family planning in the Philippines is 73 percent, an increase from 69 percent in 2003. Sixty-nine percent of family planning demand is satisfied, a reduction from 75 percent in the preceding survey. If all unmet need were satisfied, a contraceptive prevalence rate of about 69 percent could theoretically be expected.

Unmet need for family planning decreases with age, from 36 percent among women age 15-19 to 18 percent among women age 45-49. It is slightly higher in the rural areas (24 percent) than in the urban areas (21 percent). Among the regions, unmet need is highest in ARMM (33 percent), followed by Bicol (32 percent), Eastern Visayas (28 percent) and Zamboanga Peninsula (27 percent). It is lowest in Davao Peninsula (15 percent) and Cordillera Administrative Region (17 percent). Unmet need decreases steadily with increasing education and increasing wealth status, except for the highest wealth quintile. Compared with the 2003 NDHS, unmet need has increased across almost all categories of age, residence, region, educational group, and wealth quintile.

As expected, met need (i.e., the level of current contraceptive use) for limiting is almost twice that for spacing. Met need is higher for spacing among young women and for limiting among older women. The higher level of met need for limiting than for spacing persists for residence, region, education, and wealth index.

Total demand for family planning is also associated with age and peaks at 78 to 80 percent among women age 30-39. Differentials in total demand by residence, region, and wealth quintile are minimal, except for the low levels among women in ARMM region (48 percent) and women with no education (47 percent).

Similar patterns are observed in the percentage of demand satisfied. It is notable that the percentage of demand satisfied is much lower for currently married women age 15-19 than for older women. This suggests that young women are less well served by family planning programs than older women. It is slightly lower in rural areas than in urban areas. The percentage of demand satisfied is lowest in ARMM and highest in Davao. It increases with educational level and wealth quintile, except for the highest quintile.

7.4 IDEAL NUMBER OF CHILDREN

In order to assess ideal family size, the 2008 NDHS asked women who did not have any living children, "*If you could choose exactly the number of children to have in your whole life, how many would that be?*" For respondents who had living children, the question was rephrased as follows, "*If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?*" Although these questions are based on hypothetical situations, they provide two measures. First, for women who have not yet started childbearing, the data provide an idea of future fertility. Second, for older and high parity women, the excess of past fertility over the ideal family size provides a measure of unwanted fertility.

Table 7.5 shows that 42 percent of women consider a two-child family to be ideal, while 28 percent prefer three children, 14 percent prefer four children, and 8 percent prefer five or more children. Among women who have two or fewer children, around half think two children are ideal.

Table 7.5 Ideal number of children

Percent distribution of women age 15-49 by ideal number of children, and mean ideal number of children for all women and for currently married women, according to number of living children, Philippines 2008

	Number of living children[1]							
Ideal number of children	0	1	2	3	4	5	6+	Total
0	2.2	0.2	0.4	0.2	0.4	0.7	0.6	1.0
1	7.0	11.5	3.3	3.2	2.0	1.2	1.4	5.5
2	55.6	51.1	48.1	21.5	25.1	15.5	11.3	41.5
3	23.5	26.9	29.7	47.1	16.5	34.5	28.8	28.4
4	7.9	7.5	12.6	17.8	42.3	17.3	22.9	14.2
5	1.6	1.3	3.8	5.8	5.8	20.5	9.9	4.4
6+	1.0	1.0	1.8	3.9	7.0	9.8	21.8	4.0
Non-numeric response	1.3	0.4	0.3	0.4	0.9	0.6	3.3	1.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	4,878	2,092	2,024	1,758	1,107	740	995	13,594
Mean ideal number children for:[2]								
All women	2.4	2.4	2.7	3.2	3.5	3.8	4.3	2.8
Number	4,815	2,082	2,019	1,750	1,097	736	963	13,462
Currently married women	2.5	2.4	2.7	3.2	3.5	3.8	4.3	3.1
Number	491	1,744	1,869	1,639	1,018	686	906	8,353

[1] The number of living children includes current pregnancy.
[2] Means are calculated for women who gave numeric responses.

The mean ideal family size in the Philippines is 2.8 children for all women and 3.1 children for currently married women. The ideal family size has declined slowly but steadily, from a mean of 3.2 children for all women in 1998 to 3.0 in 2003 and to 2.8 in 2008.

The ideal number of children increases with the actual number of living children that a woman has, from an average ideal family size of 2.4 for women with no children to 4.3 for women with six or more children. This increase may be due to the fact that women who want more children actually end up having more. It may also be due to women adjusting their ideal number of children as additional children are born (rationalization). Nevertheless, at higher parities, there is evidence of surplus or unwanted fertility. For example, among women with six or more children, 75 percent reported that their ideal number of children is less than six.

Table 7.6 presents information on the mean ideal number of children for all women age 15-49 by age group, according to background characteristics. The mean ideal number of children for all women increases with age, from 2.4 children among women age 15-19 to 3.3 children among women age 40-49. Ideal family size is slightly higher in rural areas than urban areas, and it is inversely related to education and household wealth. There are notable variations by region. The mean ideal number of children is highest in ARMM (5.1 children) and lowest in the National Capital Region and CALABARZON (2.6 children).

Table 7.6 Mean ideal number of children

Mean ideal number of children for all women age 15-49 by background characteristics, Philippines 2008

Background characteristic	Age							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Residence								
Urban	2.3	2.5	2.5	2.8	3.0	3.1	3.1	2.7
Rural	2.5	2.6	2.9	3.3	3.4	3.6	3.6	3.1
Region								
National Capital Region	2.3	2.3	2.4	2.7	2.9	2.9	3.0	2.6
Cordillera Admin Region	2.6	2.6	3.0	3.2	3.4	4.1	3.7	3.1
I - Ilocos	2.2	2.4	2.5	3.0	3.1	3.0	3.3	2.7
II - Cagayan Valley	2.2	2.3	2.7	2.8	3.2	3.2	3.3	2.8
III - Central Luzon	2.3	2.6	2.7	2.9	3.2	3.1	3.3	2.8
IVA - CALABARZON	2.3	2.4	2.5	2.8	2.8	3.1	3.0	2.6
IVB - MIMAROPA	2.5	2.5	2.9	3.1	3.5	3.8	3.7	3.0
V - Bicol	2.5	2.5	2.7	3.0	3.0	3.2	3.1	2.8
VI - Western Visayas	2.3	2.5	2.5	2.8	2.9	3.4	3.1	2.8
VII - Central Visayas	2.2	2.5	2.7	3.0	2.9	3.5	3.1	2.7
VIII - Eastern Visayas	2.5	2.7	2.9	3.3	3.4	3.5	3.5	3.1
IX - Zamboanga Peninsula	2.3	2.7	2.6	3.1	3.3	3.4	3.5	2.9
X - Northern Mindanao	2.4	2.4	2.7	3.3	3.6	3.2	3.0	2.9
XI - Davao	2.2	2.5	2.5	2.9	2.8	3.2	3.6	2.7
XII - SOCCSKSARGEN	2.3	2.6	2.9	3.2	3.4	3.4	4.0	3.0
XIII - Caraga	2.5	2.5	2.7	3.0	3.6	3.2	3.5	3.0
ARMM	3.8	4.3	4.8	5.3	6.2	6.1	6.7	5.1
Education								
No education	*	*	*	*	(5.4)	(5.5)	5.8	5.0
Elementary	2.5	2.9	3.1	3.5	3.6	3.6	3.6	3.3
High school	2.4	2.5	2.6	2.9	3.1	3.3	3.2	2.7
College	2.3	2.5	2.5	2.8	2.9	3.0	2.9	2.7
Wealth quintile								
Lowest	2.7	2.9	3.2	3.8	3.8	4.1	4.2	3.5
Second	2.5	2.6	2.8	3.1	3.4	3.4	3.6	3.0
Middle	2.3	2.5	2.5	2.8	3.1	3.3	3.1	2.8
Fourth	2.3	2.4	2.6	2.9	3.0	3.1	3.2	2.7
Highest	2.3	2.4	2.4	2.7	2.7	2.9	2.9	2.6
Total	2.4	2.5	2.7	3.0	3.2	3.3	3.3	2.8

Note: Numbers in parentheses are based on 25-49 unweighted cases; an asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Means are calculated for women who gave numeric responses.

7.5 WANTED AND UNWANTED FERTILITY

There are two ways of estimating levels of unwanted fertility from the NDHS data. One is based on women's responses to a question as to whether each birth in the five years preceding the survey was planned (wanted then), mistimed (wanted but at a later time), or unwanted (wanted no more children). These data are likely to result in underestimates of unplanned childbearing because women may rationalize unplanned births and declare them to be planned once the children are born. Another way of measuring unwanted fertility uses information on ideal family size to calculate what the total fertility rate would be if all unwanted births were avoided. This measure may also suffer from underestimation, to the

extent that women are unwilling to report an ideal family size lower than their actual family size. Estimates of unwanted fertility using both of these approaches are presented below.

Interviewers asked women a series of questions regarding each child born in the five years preceding the survey and any current pregnancy to determine whether each birth or current pregnancy was wanted then, wanted later, or unwanted. These results provide a powerful indicator of the degree to which couples successfully control fertility. The data can be used to gauge the effect of preventing unwanted births on fertility rates. Table 7.7 shows the percent distribution of births in the five years preceding the survey by whether the birth was wanted by the mother then, wanted later, or not wanted at all, according to birth order and age of mother at birth.

Table 7.7 Fertility planning status

Percent distribution of births to women age 15-49 in the five years preceding the survey (including current pregnancies), by planning status of the birth, according to birth order and mother's age at birth, Philippines 2008

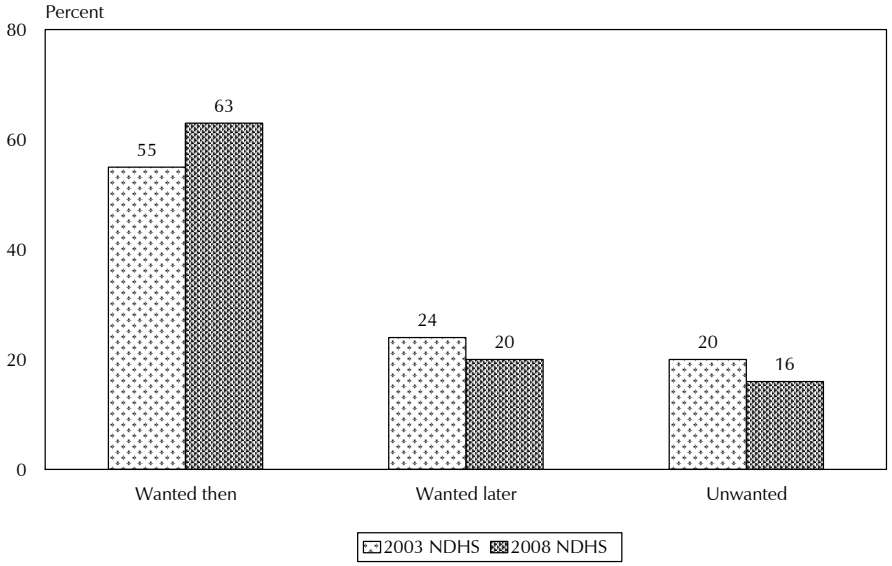
Birth order and mother's age at birth	Planning status of birth				Total	Number of births
	Wanted then	Wanted later	Wanted no more	Missing		
Birth order						
1	78.2	16.9	4.5	0.4	100.0	2,103
2	64.6	28.5	6.5	0.4	100.0	1,595
3	59.5	22.1	18.1	0.3	100.0	1,165
4+	49.2	16.2	33.7	0.9	100.0	2,202
Mother's age at birth						
<20	69.2	24.1	6.5	0.2	100.0	723
20-24	65.0	26.7	7.9	0.4	100.0	1,921
25-29	65.0	20.2	14.3	0.5	100.0	1,939
30-34	62.1	15.9	21.3	0.6	100.0	1,345
35-39	56.2	12.8	30.2	0.8	100.0	801
40-44	46.8	8.6	44.0	0.6	100.0	310
45-49	(49.9)	(2.9)	(36.9)	(10.3)	100.0	25
Total	63.0	20.2	16.3	0.5	100.0	7,065

Note: Figures in parentheses are based on 25-49 unweighted cases.

Results show that only 63 percent of births in the Philippines are planned, while 20 percent are mistimed, and 16 percent are unwanted. The proportion of births that are unwanted increases with birth order. For example, over one-third of fourth and higher births are unwanted, compared with only 5 percent of first births. In contrast, the percentage of mistimed births decreases with birth order 2 or higher. A similar pattern is observed for the mother's age at birth: the proportion of births reported to be unwanted increases with age because older women have larger families and younger women have not yet achieved their desired family size. Only 8 percent of births to mothers age 20-24 are unwanted, compared with more than 30 percent of births to mothers age 35 or older. The percentage of mistimed births declines with age, excluding the youngest age group.

Figure 7.5 shows that there has been improvement in fertility planning over the past five years. The proportion of births that were wanted at the time they occurred increased from 55 to 63 percent, while the proportion wanted at a later time declined from 24 to 20 percent, and the proportion of births that were unwanted declined from 20 to 16 percent.

Figure 7.5 **Trends in Wanted and Unwanted Fertility for Births in the Five Years Preceding the Survey, NDHS 2003 and NDHS 2008**



The impact of unwanted fertility can be measured by comparing the total wanted fertility rate (TWFR) with the total fertility rate (TFR). The total wanted fertility rate represents the level of fertility that theoretically would result if all unwanted births were prevented. A comparison of the TFR with the total wanted fertility indicates the potential demographic impact of the elimination of all unwanted births. The total wanted fertility rates presented in Table 7.8 are calculated in the same manner as the total fertility rate (TFR), but unwanted births are excluded from the numerator. For this purpose, unwanted births are defined as those that exceed the number considered ideal by the respondent. Women who did not report a numeric ideal family size were assumed to want all of their births.

Overall, the total wanted fertility rate for the Philippines is 2.4 children, 27 percent lower than the actual total fertility rate of 3.3 children. This implies that if all unwanted births could be eliminated, the TFR would drop to 2.4 children per woman, close to the "replacement" level of 2.1. The total wanted fertility rate declined slightly from 2.7 and 2.5 children per woman in 1998 and 2003, respectively. Wanted fertility is lower than replacement level only in National Capital Region (1.7), among those who have attended college (1.9) and those in the highest wealth quintile (1.6).

The gap between wanted and observed total fertility rates, as measured by the ratio of observed fertility rate to wanted fertility rate is larger for women in Bicol, SOCCSKSARGEN, and CARAGA, as well as for women with elementary education, and women in the lowest wealth quintile. For all of these women, the actual fertility rate is at least 50 percent higher than the wanted fertility rate. The gap between wanted and actual fertility is smallest for women in the highest wealth quintile and women who have college education, and among women in CALABARZON, Cordillera Administrative Region, and ARMM.

Table 7.8 Wanted fertility rates

Total wanted fertility rates and total fertility rates for the three years preceding the survey, by background characteristics, Philippines 2008

Background characteristic	Total wanted fertility rates	Total fertility rate
Residence		
Urban	2.1	2.8
Rural	2.7	3.8
Region		
National Capital Region	1.7	2.3
Cordillera Admin Region	(2.7)	(3.3)
I - Ilocos	(2.5)	(3.4)
II - Cagayan Valley	(3.0)	(4.1)
III - Central Luzon	2.3	3.0
IVA - CALABARZON	2.4	3.0
IVB - MIMAROPA	(3.0)	(4.3)
V - Bicol	2.5	4.1
VI - Western Visayas	2.3	3.3
VII - Central Visayas	2.4	3.2
VIII - Eastern Visayas	(2.9)	(4.3)
IX - Zamboanga Peninsula	(2.7)	(3.8)
X - Northern Mindanao	(2.3)	(3.3)
XI - Davao	(2.3)	(3.3)
XII - SOCCSKSARGEN	(2.4)	(3.6)
XIII - Caraga	(2.8)	(4.3)
ARMM	(3.5)	(4.3)
Education		
No education	*	*
Elementary	2.9	4.5
High school	2.6	3.5
College	1.9	2.3
Wealth quintile		
Lowest	3.3	5.2
Second	2.9	4.2
Middle	2.4	3.3
Fourth	2.2	2.7
Highest	1.6	1.9
Total	2.4	3.3

Note: Rates are calculated for births to women age 15-49 in the period 1-36 months preceding the survey. The total fertility rates are the same as those presented in Table 4.2. Rates in parentheses are based on 500-749 unweighted women; an asterisk indicates that a figure is based on fewer than 500 unweighted women and has been suppressed.

7.6 COUPLES' CONSENSUS ON FAMILY SIZE

As mentioned above, an important indicator related to fertility desires is the extent to which wives and husbands agree on the number of children to have. In the 2008 NDHS, married women were asked if their husbands wanted the same number of children as they did, or more or fewer children. As shown in Table 7.9, about 7 in 10 women reported that their husband wants the same number of children as they do. One-fifth of married women said that their husband wants more children than they do, and 6 percent said that their husband wants fewer children than they do.

The percentage of women reporting that their husband wants more children than they do increases slightly with age. There is little variation in couples' fertility desires by age differences between the woman and her husband.

Less than half of married women in ARMM region said that they and their husband have the same preferences regarding the number of children to have; 45 percent reported that their husband wants more children than they do. SOCCSKSARGEN and Bicol have low proportions of married women reporting consensus on family size desires and high proportions reporting that the husband wants more children than they do.

The proportion of women with the same desired family size as their husband increases with education and wealth quintile except for the fourth quintile. Similarly, the proportion who reported that their husband wants more children than they do generally decreases as education and wealth increase.

Table 7.9 Couples' consensus on family size

Percent distribution of currently married nonsterilized women by perceived consensus with husband regarding the number of children desired, by background characteristics, Philippines 2008

Background characteristic	Couple's consensus on desired number of children[1]				Total	Number of women
	Husband and wife want same number	Husband wants more than wife	Husband wants fewer than wife	Don't know/ missing		
Age						
15-19	75.8	16.0	5.1	3.1	100.0	283
20-24	72.1	19.2	5.0	3.7	100.0	995
25-29	71.7	19.4	6.8	2.0	100.0	1,513
30-34	72.5	18.4	7.1	2.0	100.0	1,440
35-39	71.2	19.0	6.1	3.7	100.0	1,331
40-44	69.3	21.1	6.5	3.1	100.0	1,083
45-49	68.4	22.0	4.4	5.2	100.0	999
Difference in age between woman and husband						
0-1 year	72.3	20.1	4.2	3.4	100.0	2,068
2-3 years	71.6	19.5	6.3	2.6	100.0	1,966
4-5 years	70.3	20.1	6.8	2.7	100.0	1,410
6+ years	70.4	18.8	7.1	3.6	100.0	2,185
Residence						
Urban	73.5	17.4	6.0	3.1	100.0	3,844
Rural	68.9	21.7	6.2	3.2	100.0	3,800
Region						
National Capital Region	75.8	16.0	5.3	2.9	100.0	1,218
Cordillera Admin Region	66.2	21.4	5.3	7.1	100.0	121
I – Ilocos	73.6	21.3	3.3	1.8	100.0	370
II – Cagayan Valley	77.4	15.7	4.7	2.3	100.0	253
III – Central Luzon	76.5	15.5	5.1	2.8	100.0	743
IVA – CALABARZON	77.8	14.6	5.3	2.3	100.0	980
IVB – MIMAROPA	76.3	14.7	8.0	1.1	100.0	226
V – Bicol	58.0	29.2	6.1	6.6	100.0	439
VI – Western Visayas	70.7	16.2	10.6	2.4	100.0	583
VII – Central Visayas	71.0	19.0	7.5	2.5	100.0	559
VIII – Eastern Visayas	65.2	25.5	5.9	3.3	100.0	311
IX – Zamboanga Peninsula	65.1	25.7	6.8	2.4	100.0	303
X – Northern Mindanao	71.5	15.1	6.9	6.5	100.0	351
XI – Davao	75.4	14.9	7.3	2.4	100.0	367
XII – SOCCSKSARGEN	58.8	30.6	7.2	3.3	100.0	299
XIII – Caraga	72.1	15.3	9.0	3.6	100.0	193
ARMM	49.4	45.4	0.7	4.4	100.0	326
Education						
No education	47.2	41.1	2.9	8.8	100.0	127
Elementary	66.2	23.2	6.1	4.5	100.0	1,836
High school	73.0	18.2	6.0	2.7	100.0	3,412
College	74.0	17.4	6.3	2.3	100.0	2,269
Wealth quintile						
Lowest	63.5	26.7	6.1	3.7	100.0	1,590
Second	69.1	20.2	6.7	3.9	100.0	1,534
Middle	74.5	16.2	6.1	3.2	100.0	1,571
Fourth	73.8	17.4	6.5	2.3	100.0	1,509
Highest	75.7	16.8	4.9	2.6	100.0	1,439
Total	71.2	19.6	6.1	3.1	100.0	7,644

Note: Total includes 15 women for whom no age was given for husband.
[1] Based on wife's perception of her husband's desires.

INFANT AND CHILD MORTALITY 8

The health of newborns, infants, and young children is foremost in any human development program of the Department of Health (DOH). Children's Health 2025 is the blueprint for a holistic and integrated approach to promote the health of Filipino children through sector-specific plans of action. One of the DOH's goals is to ensure the survival, health, and development of infants and children. Infant and child mortality rates are relevant not only in evaluating the progress of health programs but also in monitoring the current demographic situation and providing input for population studies like population projections or estimates. Differentials in childhood mortality by selected background characteristics are useful in identifying groups in need of priority attention and in planning meaningful strategies to address these needs.

This chapter presents estimates of childhood mortality, namely: perinatal, neonatal, postneonatal, infant, child, and under-five mortality. The chapter includes definitions of these indicators, current levels and trends, differentials by selected background characteristics, and factors that contribute to elevating children's mortality risks.

The information needed for mortality estimation was collected in the reproductive history section of the Women's Questionnaire. The section begins with questions about the respondent's experience with childbearing (i.e., the number of sons and daughters living with the mother, the number who live elsewhere, and the number who have died). These questions are followed by a retrospective pregnancy history in which each respondent is asked to list each of her pregnancies, starting with the first. For each pregnancy, information is obtained on the outcome of the pregnancy—born alive, born dead, or lost before full term—and, for all live births, the sex, month and year of birth, survivorship status, and current age, or if the child was dead, age at death. For stillbirths and pregnancies lost before full term, information was collected on the duration of the pregnancy at the time of loss and whether the loss was induced or not. This information is used to directly estimate mortality. Age-specific mortality rates are categorized and defined as follows:

Neonatal mortality (NN): the probability of dying within the first month of life

Postneonatal mortality (PNN): the difference between infant and neonatal mortality

Infant mortality ($_1q_0$): the probability of dying before the first birthday

Child mortality ($_4q_1$): the probability of dying between the first and fifth birthday

Under-five mortality ($_5q_0$): the probability of dying between birth and fifth birthday.

All rates are expressed per 1,000 live births, except for child mortality, which is expressed per 1,000 children surviving to 12 months of age.

8.1 Levels and Trends in Infant and Child Mortality

Table 8.1 shows neonatal, postneonatal, infant, child, and under-five mortality rates for successive five-year periods before the 2008 National Demographic and Health Survey (NDHS). For the five years immediately preceding the survey (approximately calendar years 2004-2008), the infant

mortality rate is 25 deaths per 1,000 live births.[1] The neonatal mortality rate for the same period is 16 deaths per 1,000 live births, and the postneonatal mortality rate is 9 deaths per 1,000 live births. Child mortality is 9 deaths per 1,000 and the under-five mortality rate is 34 deaths per 1,000 live births.

The 2008 NDHS results confirm the pattern of declining childhood mortality in the past 15 years. Under-five mortality has decreased from 48 deaths per 1,000 births in the 1998 NDHS to 40 deaths per 1,000 in the 2003 NDHS and to 34 deaths per 1,000 in the 2008 NDHS. Infant mortality rates show a similar decline, from 35 deaths per 1,000 to 29 deaths per 1,000 to 25 deaths per 1,000 for the three surveys, respectively.

Table 8.1 Early childhood mortality rates

Neonatal, postneonatal, infant, child, and under-five mortality rates for five-year periods preceding the survey, Philippines 2008

Years preceding the survey	Approximate calendar years	Neonatal mortality (NN)	Postneonatal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
0-4	2004-2008	16	9	25	9	34
5-9	1999-2003	17	13	31	10	41
10-14	1994-1998	18	14	32	14	45

[1] Computed as the difference between the infant and neonatal mortality rates

8.2 DATA QUALITY

Even though the training and field procedures for the 2008 NDHS were designed to minimize data problems, no amount of attention to field procedures can eliminate errors in data altogether. Retrospective birth history data are known to be susceptible to several possible types of errors. The quality of mortality estimates calculated from retrospective birth histories depends upon the completeness with which births and deaths are reported and recorded.

One source of error relates to the fact that only surviving women age 15-49 were interviewed, eliminating data on children of women who were not represented in the sample because they have died. Resulting mortality estimates will be biased if the fertility of surviving and non-surviving women differ substantially.

A second factor that affects childhood mortality estimates is the quality of reporting of age at death, which may distort the age pattern of mortality. If age at death is misreported, it will bias the estimates, especially if the net effect of the age misreporting results in transference from one age bracket to another. For example, a net transfer of deaths from under one month to a higher age will affect the estimates of neonatal and postneonatal mortality. To minimize errors in reporting of age at death, interviewers were instructed to record age at death in days if the death took place in the month following the birth, in months if the child died before age two, and in years if the child was at least two years of age. They were also asked to probe for deaths reported at one year to determine a more precise age at death in terms of months. Because transference and omission occur more frequently regarding very early deaths, it is useful to examine details about reported age at death. Appendix Table C.6 shows that in the Philippines, two-thirds of deaths in the first year of life take place during the first month of life. While the

[1] Mortality estimates are associated with sizeable sampling errors. For example, the 95 percent confidence interval for the infant mortality rate for the five years preceding the survey ranges from 21 to 29 deaths per 1,000 live births (Appendix B).

ratio is higher for the most recent period (67 percent) than for periods further in the past, there is some heaping of reported age at death in all periods.

Another potential data quality problem is the selective omission from the birth histories of births that did not survive, which can lead to underestimation of mortality rates. When selective omission of childhood deaths occurs, it is usually more severe for deaths occurring early in infancy. One way such omissions can be detected is by examining the proportion of neonatal deaths to infant deaths. Generally, if there is substantial underreporting of deaths, the result is an abnormally low ratio of early neonatal deaths to all neonatal deaths. Appendix Table C.5 shows that 85 percent of deaths under one month of age occur during the first week of life.[2]

Another potential data quality problem includes displacement of birth dates, which can cause a distortion of mortality trends. This can occur if an interviewer knowingly records a death as occurring in a different year, which might happen if an interviewer is trying to cut down on the workload. Live births occurring in the five years preceding the survey are the subject of a lengthy set of additional questions. In the 2008 NDHS questionnaire, the cutoff year for these questions was 2003. Data in Appendix Table C.4 shows no evidence of displacement of births from 2003 to 2002.

A fifth issue—censoring of events—derives from the fact that the NDHS mortality estimates refer to the survival status of births that occurred in a given period of time (e.g., 0 to 4 years before the survey). However, because only women who were of reproductive age (15-49) at the time of the survey were interviewed, women age 50 and over were not interviewed and thus could not report the survival of any births they may have had in the period being considered. Associated censoring of information becomes progressively more severe for events occurring further in the past. To minimize the effect of censoring, analysis of infant and child mortality trends in the 2008 NDHS is limited to periods not more than 15 years prior to the survey.

8.3 Socioeconomic Differentials in Infant and Child Mortality

Childhood mortality varies by place of residence, region, educational level of the mother, and socioeconomic status. These differentials are presented in Table 8.2. For a sufficient number of births to analyze mortality differentials across population subgroups, period-specific rates are presented for the ten-year period preceding the survey (approximately 1999 to 2008).

The results show that mortality rates in urban areas are much lower than those in rural areas. For example, the under-five mortality rate in urban areas is 28 deaths per 1,000 live births, compared with 46 deaths per 1,000 live births in rural areas (Figure 8.2). Childhood mortality is inversely related to mother's education level and wealth status. The under-five mortality rate for children whose mothers have no education is 136 deaths per 1,000 live births, compared with 18 deaths per 1,000 live births for children whose mothers have attended college. The under-five mortality rate is highest in ARMM, followed by Eastern Visayas. It is lowest in NCR and Ilocos. While there appear to be substantial differentials in childhood mortality by region, the large sampling errors (exceeding 20 points per 1,000 in some regions) suggest that the differences should be viewed with caution.

[2] There are no models for mortality patterns during the neonatal period. However, one review of data from several developing countries concluded that, at neonatal mortality levels of 20 per 1,000 or higher, approximately 70 percent of neonatal deaths occur within the first six days of life (Boerma, 1988).

Table 8.2 Early childhood mortality rates by socioeconomic characteristics

Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by background characteristic, Philippines 2008

Background characteristic	Neonatal mortality (NN)	Postneonatal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
Residence					
Urban	13	8	20	8	28
Rural	20	15	35	12	46
Region					
National Capital Region	15	7	22	3	24
Cordillera Admin Region	20	10	29	(2)	(31)
I - Ilocos	15	9	24	2	26
II - Cagayan Valley	24	13	38	(8)	(46)
III - Central Luzon	14	10	24	5	29
IVA - CALABARZON	12	8	20	8	28
IVB - MIMAROPA	23	14	37	13	49
V - Bicol	11	8	19	16	34
VI - Western Visayas	28	11	39	5	43
VII - Central Visayas	22	9	31	4	35
VIII - Eastern Visayas	22	23	45	19	64
IX - Zamboanga Peninsula	6	8	14	17	31
X - Northern Mindanao	11	8	19	8	27
XI - Davao	29	6	34	10	44
XII - SOCCSKSARGEN	12	11	23	11	34
XIII - Caraga	15	6	21	10	30
ARMM	14	42	56	40	94
Mother's education					
No education	(37)	(50)	(87)	(53)	(136)
Elementary	16	16	32	15	47
High school	19	10	29	8	37
College	11	5	15	3	18
Wealth quintile					
Lowest	20	20	40	19	59
Second	19	10	29	9	38
Middle	15	9	24	8	32
Fourth	15	8	23	4	27
Highest	10	5	15	2	17

Note: Rates in parentheses are based on 250-499 unweighted children.
[1] Computed as the difference between the infant and neonatal mortality rates

8.4 DEMOGRAPHIC DIFFERENTIALS IN INFANT AND CHILD MORTALITY

The demographic characteristics of both mother and child have been found to play an important role in the survival probability of children. Table 8.3 presents early childhood mortality rates by demographic characteristics (i.e., sex of child, mother's age at birth, birth order, previous birth interval, and birth size).

As expected, the mortality rate is consistently higher for males than for females. For instance, the infant mortality rate for males is 31 deaths per 1,000 live births, compared with 25 deaths per 1,000 live births for females. Mother's age at birth can affect a child's chances of survival. Table 8.3 shows that under-five mortality rates exhibit the expected U-shaped relationship with mother's age—higher mortality among women in the youngest and oldest age groups and lower mortality among women in the middle age groups. (Figure 8.1). The higher rates for younger and older women may be related to biological factors that lead to complications during pregnancy and delivery.

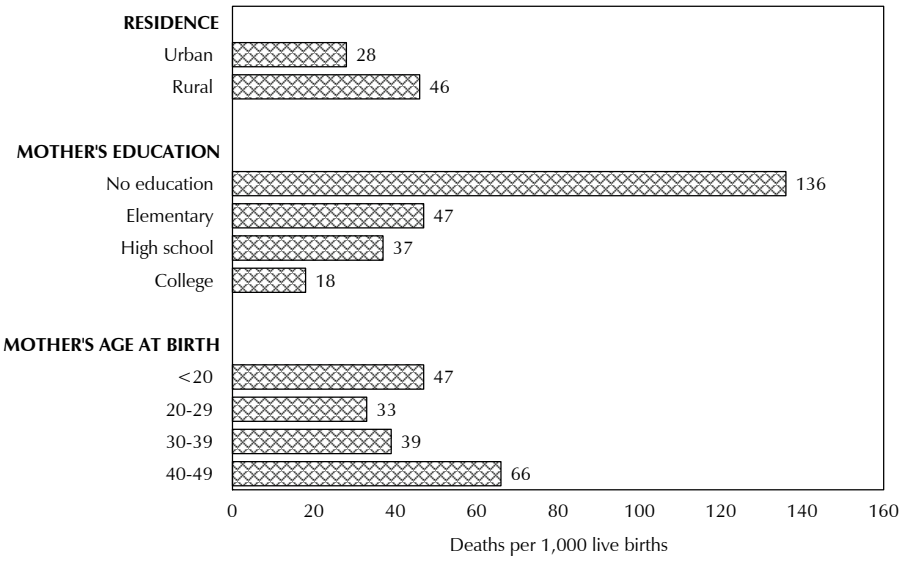
Table 8.3 Early childhood mortality rates by demographic characteristics

Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by demographic characteristics, Philippines 2008

Demographic characteristic	Neonatal mortality (NN)	Postneonatal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
Child's sex					
Male	20	11	31	10	41
Female	13	11	25	9	34
Mother's age at birth					
<20	23	13	36	12	47
20-29	14	11	25	8	33
30-39	19	10	29	11	39
40-49	20	(28)	(48)	(19)	(66)
Birth order					
1	21	7	28	5	33
2-3	13	9	22	8	30
4-6	13	14	28	13	40
7+	27	24	51	25	75
Previous birth interval[2]					
<2 years	16	19	35	19	54
2 years	15	12	27	11	38
3 years	6	11	18	9	26
4+ years	16	6	22	3	25
Birth size[3]					
Small/very small	25	12	37	na	na
Average or larger	12	7	19	na	na

Note: Rates in parentheses are based on 250-499 unweighted children.
na = Not applicable
[1] Computed as the difference between the infant and neonatal mortality rates
[2] Excludes first-order births
[3] Rates for the five-year period before the survey

Figure 8.1 Under-Five Mortality Rates by Background Characteristics



NDHS 2008

The 2008 NDHS results do not show a clear pattern for neonatal and infant mortality by birth order, although infant mortality is lowest for second- and third-order births (Table 8.3). There is a clear positive association between birth order and the probability of dying between ages one and five (child mortality), and higher order births have higher mortality risks. While the child mortality rate for first births is 5 deaths per 1,000, the corresponding mortality rate for births of order seven and higher is five times greater, or 25 deaths per 1,000.

In general, childhood mortality rates decline as the length of the birth interval increases. For example, the under-five mortality rate for children born less than two years after a previous birth is 54 deaths per 1,000 live births, compared with 25 deaths per 1,000 for children born after an interval of four or more years.

A child's size at birth (proxy for birth weight) has been shown to be associated with the risk of dying during infancy, particularly during the first months of life. For all children born during the five-year period before the survey, mothers were asked about their perception of the child's size at birth: whether the child was very small, small, average size, large, or very large at birth. Although subjective, the mother's judgment has been shown to correlate well with the actual birth weight. The 2008 NDHS results indicate that mortality levels for children perceived by their mother to have been small or very small at birth are higher than those of other children. The neonatal mortality rate for infants reported by their mother to be small or very small at birth is, for example, more than twice that of infants reported to be average or larger at birth (25 and 12 deaths per 1,000 live births, respectively).

8.5 Perinatal Mortality

Pregnancy losses occurring after seven completed months of gestation (stillbirths) plus deaths among live births that occur in the first seven days of life (early neonatal deaths) constitute perinatal deaths. The distinction between a stillbirth and an early neonatal death may be a fine one, often depending on the woman observing and then remembering sometimes faint signs of life after delivery. The causes of stillbirths and early neonatal deaths are closely linked, and examining just one or the other can understate the true level of mortality around delivery. For this reason deaths around delivery are combined into the perinatal mortality rate. To calculate the perinatal mortality rate, the number of perinatal deaths is divided by the total number of pregnancies reaching seven months of gestation. The perinatal mortality rate is a useful indicator of the state of delivery services, both in terms of the use of these services and their ability to ensure delivery of healthy babies. Table 8.4 shows the number of stillbirths and early neonatal deaths and the perinatal mortality rate for the five-year period preceding the survey.

The results in Table 8.4 show that overall, 93 stillbirths and 85 early neonatal deaths were reported by women interviewed in the 2008 NDHS, resulting in a perinatal mortality rate of 28 per 1,000 pregnancies in the Philippines. The 2003 NDHS results were slightly lower, with a perinatal mortality rate of 24 per 1,000 pregnancies.

Table 8.4 shows that the duration of the previous pregnancy interval has an effect on the outcome of the index pregnancy. Pregnancies occurring within 15 months of a previous birth have the highest risk of pregnancy loss or early death (39 pregnancy losses or early deaths per 1,000 pregnancies).

Perinatal mortality rate is higher in rural areas than in urban areas (32 and 22 per 1,000 pregnancies, respectively). Perinatal mortality is highest among births to women in the lowest wealth quintile and lowest among those in the highest quintile.

Table 8.4 Perinatal mortality

Number of stillbirths and early neonatal deaths, and the perinatal mortality rate for the five-year period preceding the survey, by background characteristics, Philippines 2008

Background characteristic	Number of stillbirths[1]	Number of early neonatal deaths[2]	Perinatal mortality rate[3]	Number of pregnancies of 7+ months duration
Mother's age at birth				
<20	23	26	23	2,122
20-29	57	47	26	3,928
30-39	7	12	(52)	369
40-49	*	*	*	13
Previous pregnancy interval in months[4]				
First pregnancy	21	24	26	1,752
<15	10	11	39	534
15-26	19	22	27	1,492
27-38	18	11	29	1,012
39+	25	17	25	1,663
Residence				
Urban	37	34	22	3,142
Rural	56	51	32	3,311
Region				
National Capital Region	13	14	30	916
Cordillera Admin Region	1	1	(22)	105
I - Ilocos	1	3	(12)	297
II - Cagayan Valley	2	5	(34)	214
III - Central Luzon	6	9	(24)	635
IVA - CALABARZON	4	4	10	814
IVB - MIMAROPA	5	4	(39)	214
V - Bicol	9	6	(35)	430
VI - Western Visayas	7	12	(41)	458
VII - Central Visayas	3	5	(17)	462
VIII - Eastern Visayas	6	3	(33)	290
IX - Zamboanga Peninsula	3	0	(12)	264
X - Northern Mindanao	6	4	(34)	287
XI - Davao	10	8	(60)	305
XII - SOCCSKSARGEN	5	2	(29)	250
XIII - Caraga	1	2	(18)	181
ARMM	11	2	(41)	330
Mother's education				
No education	*	*	*	108
Elementary	26	20	29	1,578
High school	54	47	33	3,108
College	12	15	16	1,659
Wealth quintile				
Lowest	39	24	37	1,725
Second	17	20	25	1,478
Middle	20	22	34	1,239
Fourth	14	12	24	1,128
Highest	2	7	10	882
Total	93	85	28	6,452

Note: Rates in parentheses are based on 250-499 unweighted pregnancies; an asterisk indicates that a figure is based on fewer than 250 unweighted pregnancies and has been suppressed.

[1] Stillbirths are fetal deaths in pregnancies lasting seven or more months.

[2] Early neonatal deaths are deaths at age 0-6 days among live-born children.

[3] The sum of the number of stillbirths and early neonatal deaths divided by the number of pregnancies of seven or more months' duration, expressed per 1000.

[4] Categories correspond to birth intervals of <24 months, 24-35 months, 36-47 months, and 48+ months.

8.6 HIGH-RISK FERTILITY BEHAVIOR

Maternal fertility patterns and children's survival risks have been known to have a strong relationship. Generally, infants and children have a greater probability of dying if they are born to mothers who are too young or too old, if they are born after a short birth interval, or if they are of high birth order. These factors are of particular interest because they are easily avoidable at low or no cost. Very young mothers may experience difficult pregnancies and deliveries because of their physical immaturity. Older women may experience age-related problems during pregnancies and delivery. For purposes of the analysis of high-risk fertility behavior presented in Table 8.5, a mother is classified as too young if she is less than 18 years of age and too old if she is over 34 years of age at the time of delivery. A short birth interval is defined as a birth occurring less than 24 months after the previous birth, and a child is of high birth order if the mother has previously given birth to more than three children (i.e., the child is of birth order four or higher). Although first births are commonly associated with high mortality risk, even if they occur when the mother is between age 18 and 34, they are not included in the high-risk category unless they occur too early or late; instead, they are considered unavoidable.

Table 8.5 presents the distribution of births in the five years preceding the survey by risk category in relation to the fertility behavior of the mother. Twenty-four percent of births in the Philippines are not in any high-risk category, while 26 percent have an elevated mortality risk that is considered unavoidable (first births between age 18-34). About one-third of births (32 percent) are in one high-risk category, while 19 percent are in a multiple high-risk category (because of a combination of mother's age, length of birth interval, and birth order). The single high-risk categories with the highest percentage of births are birth order greater than three (14 percent) and births with intervals of less than 24 months (12 percent).

Column 2 of the table shows the risk ratio, or the relative risk of dying, estimated by comparing the proportion dead among births in a specific high-risk category with the proportion dead among births not in any high-risk category. This information is useful for designing and monitoring programs both to avoid high-risk behavior and to cope with elevated risks at the birth of a child.

Compared with births with no elevated mortality risk, the largest single-risk category occurs for births that follow a short interval; such births have a 68 percent higher risk of dying prematurely than births that are not in any high-risk category. Births to mothers age 35 and older also have increased mortality risk (1.37); however, only 4 percent of births are in this single-risk category.

The multiple high-risk category with the largest proportion of births is high-order births to older mothers; 10 percent of births are in this category. Compared with births with no elevated risk, these births are 2.3 times more likely to die in early childhood. The multiple high-risk category with the highest risk ratio is the combination of mothers with birth interval less than 24 months and birth order higher than three; the 6 percent of births in this category are more than three times as likely to die as children with no elevated mortality risk.

The last column in Table 8.5 looks to the future and addresses the question of how many currently married women have the potential for having a high-risk birth. The results were obtained by simulating the risk category into which a birth to a currently married woman would fall if she were to become pregnant at the time of the survey. Although many women are protected from conception through the use of family planning, postpartum insusceptibility, and prolonged abstinence, for simplicity, only those who have been sterilized are considered to be in the no-risk category solely on the basis of their contraceptive method. About two in three currently married women (65 percent) are at risk of conceiving a child with an elevated risk of dying; 30 percent of women are at risk because of a single high-risk factor, while 35 percent of women have multiple high-risk factors. The most common risk is late childbearing combined with high birth order (27 percent of currently married women).

Table 8.5 High-risk fertility behavior

Percent distribution of children born in the five years preceding the survey by category of elevated risk of mortality and the risk ratio, and percent distribution of currently married women by category of risk if they were to conceive a child at the time of the survey, Philippines 2008

Risk category	Births in the 5 years preceding the survey		Percentage of currently married women[1]
	Percentage of births	Risk ratio	
Not in any high-risk category	23.7	1.00	28.9[a]
Unavoidable risk category			
First-order births between ages 18 and 34 years	25.7	1.25	5.9
Single high-risk category			
Mother's age <18	2.8	0.72	0.3
Mother's age >34	4.1	1.37	12.6
Birth interval <24 months	11.7	1.68	8.2
Birth order >3	13.5	1.20	8.9
Subtotal	32.1	1.36	30.0
Multiple high-risk category			
Age <18 and birth interval <24 months[2]	0.3	*	0.2
Age >34 and birth interval <24 months	0.4	*	0.4
Age >34 and birth order >3	9.5	2.32	26.7
Age >34 and birth interval <24 months and birth order >3	2.0	2.55	3.0
Birth interval <24 months and birth order >3	6.3	3.37	5.0
Subtotal	18.5	2.66	35.2
In any avoidable high-risk category	50.6	1.83	65.2
Total	100.0	na	100.0
Number of births/women	6,359	na	8,418

Note: Risk ratio is the ratio of the proportion dead among births in a specific high-risk category to the proportion dead among births not in any high-risk category. An asterisk indicates that a figure is based on fewer than 25 unweighted births and has been suppressed.
na = Not applicable
[1] Women are assigned to risk categories according to the status they would have at the birth of a child if they were to conceive at the time of the survey: current age less than 17 years and 3 months or older than 34 years and 2 months, latest birth less than 15 months ago, or latest birth being of order 3 or higher.
[2] Includes the category age <18 and birth order >3
[a] Includes sterilized women

MATERNAL HEALTH 9

Improving the quality of maternal health services is an important part of the health care system aimed at reducing the high rates of death and disability caused by complications of pregnancy and childbirth, as well as improving the survival rate of newborns in the Philippines. This chapter presents findings related to maternal health on the following topics: antenatal care, including iron supplementation and tetanus toxoid vaccination; delivery care and services; postnatal care; and problems accessing health services.

Information on antenatal care and postnatal care is important for identifying subgroups of women who are not using such services and for planning improvements in services. This chapter discusses the findings on a number of antenatal care indicators including: type of provider, number of antenatal care visits, timing of first antenatal checkup, and services and information provided during antenatal care, including whether a tetanus toxoid injection was received. Delivery services are assessed according to the person who assisted with the delivery, the place of delivery, and the rate of caesarean section. Information on postnatal care was collected for all women with a live birth in the five years preceding the survey, including those who did not give birth in a health facility; it includes the time since delivery that postnatal care was received and the provider of the care.

9.1 ANTENATAL CARE

Antenatal care aims to monitor the health of the mother and the baby and to diagnose pregnancy-related problems. The quality of antenatal care provided to pregnant women can be assessed in terms of the type of service provider, the number of antenatal care visits made, the timing of the first visit, and the services and information provided during their antenatal checkups. In the 2008 NDHS, information on antenatal care coverage was obtained from women who had a live birth in the five years preceding the survey; the results presented on antenatal care refer to the pregnancy for the last live birth.

9.1.1 Antenatal Care Coverage

Table 9.1 shows the percent distribution of women who had a live birth in the five years preceding the survey by source of antenatal care (ANC), according to background characteristics. The interviewers were instructed to record all ANC providers mentioned by the respondent. But for the purpose of this analysis, the results presented in Table 9.1 are based on the provider with the highest qualifications.

Ninety-one percent of women with a live birth in the five years preceding the survey received antenatal care from a skilled provider (52 percent provided by a nurse or a midwife and 39 percent provided by a doctor). Five percent of women received antenatal care from a traditional birth attendant, or *hilot*, while 4 percent did not receive any antenatal care. These figures indicate there has been an increase in the proportion of births attended by a skilled provider (from 88 percent in 2003 to 91 percent in 2008), and a decline in the percentage of births assisted by a traditional birth attendant (from 7 percent in 2003 to 5 percent in 2008) (NSO and ORC Macro, 2004).

Table 9.1 Antenatal care

Percent distribution of women age 15-49 who had a live birth in the five years preceding the survey by antenatal care (ANC) provider during pregnancy for the most recent birth and the percentage receiving antenatal care from a skilled provider for the most recent birth, according to background characteristics, Philippines 2008

Background characteristic	Doctor	Nurse	Midwife	Hilot	No one	Other/ missing	Total	Percentage receiving antenatal care from a skilled provider[1]	Number of women
Mother's age at birth									
<20	32.2	2.0	56.6	6.5	2.6	0.0	100.0	90.9	425
20-34	40.8	1.2	49.7	4.7	3.4	0.1	100.0	91.8	3,315
35-49	36.0	1.7	50.9	5.2	6.0	0.1	100.0	88.7	850
Birth order									
1	52.8	1.3	41.1	2.8	1.8	0.1	100.0	95.2	1,282
2-3	42.7	1.5	49.2	4.0	2.7	0.0	100.0	93.3	1,824
4-5	26.8	1.1	59.9	6.7	5.6	0.0	100.0	87.7	900
6+	17.1	1.8	61.4	10.0	9.1	0.6	100.0	80.3	584
Residence									
Urban	52.5	1.8	39.9	2.3	3.5	0.1	100.0	94.2	2,283
Rural	25.9	1.0	61.1	7.6	4.2	0.2	100.0	88.1	2,307
Region									
National Capital Region	63.8	3.2	27.4	1.5	4.1	0.0	100.0	94.4	688
Cordillera Admin Region	50.4	2.7	38.8	1.1	7.1	0.0	100.0	91.8	72
I - Ilocos	48.3	0.4	41.3	3.5	6.4	0.0	100.0	90.1	218
II - Cagayan Valley	27.8	1.5	65.5	2.7	2.6	0.0	100.0	94.8	142
III - Central Luzon	50.7	1.1	43.9	0.5	3.6	0.3	100.0	95.6	468
IVA - CALABARZON	55.7	0.2	39.5	1.0	3.5	0.0	100.0	95.4	602
IVB - MIMAROPA	28.8	1.6	54.9	9.7	4.9	0.0	100.0	85.4	151
V - Bicol	29.5	0.7	61.8	5.2	2.8	0.0	100.0	92.0	280
VI - Western Visayas	33.7	1.3	59.5	1.8	3.3	0.4	100.0	94.6	324
VII - Central Visayas	21.0	1.7	74.4	0.6	2.0	0.3	100.0	97.1	328
VIII - Eastern Visayas	29.2	2.0	59.0	4.1	5.7	0.0	100.0	90.2	196
IX - Zamboanga Peninsula	18.7	0.4	66.8	9.4	4.3	0.4	100.0	85.9	189
X - Northern Mindanao	26.2	0.9	65.2	2.7	5.0	0.0	100.0	92.2	198
XI - Davao	25.9	0.4	67.3	5.3	0.8	0.4	100.0	93.6	224
XII - SOCCSKSARGEN	13.5	1.4	71.2	7.3	6.6	0.0	100.0	86.1	178
XIII - Caraga	22.8	3.0	70.7	1.3	2.2	0.0	100.0	96.6	124
ARMM	21.5	1.3	23.9	48.9	4.4	0.0	100.0	46.7	207
Mother's education									
No education	6.1	1.8	36.1	39.4	16.6	0.0	100.0	44.0	68
Elementary	12.6	1.2	66.8	10.5	8.7	0.2	100.0	80.6	1,061
High school	35.6	1.7	56.8	3.1	2.6	0.1	100.0	94.2	2,198
College	69.3	1.1	26.8	1.6	1.2	0.0	100.0	97.1	1,263
Wealth quintile									
Lowest	8.6	1.0	67.5	14.5	8.2	0.2	100.0	77.1	1,103
Second	24.0	1.7	65.7	4.3	4.1	0.2	100.0	91.4	1,007
Middle	39.6	1.9	54.4	1.5	2.6	0.0	100.0	95.9	906
Fourth	61.6	1.5	34.4	1.2	1.1	0.1	100.0	97.6	863
Highest	80.1	0.8	17.4	0.1	1.5	0.0	100.0	98.3	711
Total	39.1	1.4	50.6	5.0	3.8	0.2	100.0	91.1	4,590

Note: If more than one source of ANC was mentioned, only the provider with the highest qualifications is considered in this tabulation.

[1] Skilled provider includes doctor, nurse, midwife

Receipt of antenatal care from a skilled provider is higher in urban areas (94 percent) than in rural areas (88 percent). It is also strongly related to the mother's level of education, birth order, and economic status. Women who have attended college are more than twice as likely to receive antenatal care from a skilled professional (97 percent) as women with no education (44 percent). Women are more likely to consult a medical professional for antenatal care for the pregnancy for their first birth than for subsequent pregnancies (95 percent, compared with 93 percent or lower for subsequent pregnancies). While 98 percent of women in the highest wealth quintile consulted a health professional for antenatal care, the corresponding proportion for women in the lowest quintile is 77 percent. Urban women, women who are economically better off, women with higher education, and women with fewer children are more likely than other women to receive antenatal care from a doctor. Differences in antenatal care by women's age at delivery are not large.

There are wide variations in ANC coverage and services across regions. In the vast majority of regions, at least 90 percent of women received antenatal care from a health professional; however, in ARMM, the corresponding figure is only 47 percent. Seven percent of women in Cordillera Administrative Region (CAR) and SOCCSKSARGEN received no antenatal care. Midwives are the most popular antenatal care providers in 11 regions. In five Luzon regions (National Capital Region (NCR), CAR, Ilocos, Central Luzon, and CALABARZON), the most popular antenatal care provider is a doctor. Almost half of women in the ARMM were attended by a traditional birth attendant.

Antenatal care is most beneficial in preventing negative pregnancy outcomes when it is sought early in the pregnancy and is continued through to delivery. The Department of Health (DOH) recommends that all pregnant women have at least four ANC visits during each pregnancy. The 2008 NDHS results show that four in five women who had a live birth in the five years preceding the survey had the recommended number of ANC visits during the pregnancy for the last live birth (Table 9.2). There is some variation between women in urban areas (83 percent) and those in rural areas (73 percent). Table 9.2 also shows that 18 percent of women had fewer than four visits while 4 percent did not have any ANC visits at all.

Table 9.2 Number of antenatal care visits and timing of first visit

Percent distribution of women age 15-49 who had a live birth in the five years preceding the survey by number of antenatal care (ANC) visits for the most recent live birth, and by the timing of the first visit, and among women with ANC, median months pregnant at first visit, according to residence, Philippines 2008

Number and timing of ANC visits	Residence		
	Urban	Rural	Total
Number of ANC visits			
None	3.5	4.2	3.8
1	2.4	3.6	3.0
2-3	10.6	19.3	15.0
4+	83.0	72.6	77.8
Don't know/missing	0.6	0.2	0.4
Total	100.0	100.0	100.0
Number of months pregnant at time of first ANC visit			
No antenatal care	3.5	4.2	3.8
<4	60.7	47.5	54.0
4-5	27.2	35.9	31.6
6-7	7.6	10.7	9.2
8+	0.9	1.6	1.2
Don't know/missing	0.1	0.2	0.1
Total	100.0	100.0	100.0
Number of women	2,283	2,307	4,590
Median months pregnant at first visit (for those with ANC)	3.5	4.0	3.8
Number of women with ANC	2,202	2,209	4,411

DOH further recommends that the first ANC visit should occur in the first trimester of the pregnancy for early detection of pregnancy-related health problems. More than half (54 percent) of women who had a birth in the five years preceding the survey followed the recommended timing of the first ANC visit. Three in ten women made their first visit on the fourth or fifth month of their pregnancy, while one in ten had their first ANC visit when they were six or more months pregnant. Women in urban areas tend to have their first visit earlier than women in rural areas: 61 percent of women in urban areas had their first ANC visit in the first trimester of pregnancy, compared with 48 percent of women in rural areas.

Half of the women who received antenatal care had their first ANC visit by the time they were 3.8 months pregnant (3.5 months in urban areas and 4.0 months in rural areas). These findings are similar to those reported in the 2003 NDHS (NSO and ORC Macro, 2004).

9.1.2 Components of Antenatal Care Services

The content of antenatal care is essential in assessing the quality of services offered. Important elements of antenatal care are: providing iron supplements, educating women on the signs of pregnancy complications, performing screening tests like urine and blood tests, and measuring weight gain and blood pressure. Table 9.3 presents information on the percentage of women who received these routine antenatal care services during the pregnancy for their most recent live birth in the five years before the survey.

Because pregnant women are prone to developing anemia and their daily iron requirements may be difficult to meet with their regular diets, they are encouraged to take iron supplements. Table 9.3 shows that among women with a live birth in the past five years, 82 percent took iron tablets or syrup during the pregnancy with their last birth. There are some variations in iron supplementation coverage across subgroups of women, but the largest differential is by women's education. Ninety-two percent of women with at least some college education took iron supplements, compared with only 32 percent of women with no education. At the regional level, the percentage of women who took iron tablets or syrup ranges from 39 percent in ARMM to 90 percent in Western Visayas.

Only 4 percent of women reported taking de-worming medication during the pregnancy for their most recent birth in the past five years. Variations by background characteristics are small.

Almost seven in ten women who received antenatal care for the most recent birth in the past five years were informed of signs of pregnancy complications, such as vaginal bleeding, dizziness, blurred vision, swollen face, etc. Women below age 20, women pregnant with their first child, women in urban areas, women who have attended college, and women in the higher wealth quintiles are more likely than other women to be informed of potential problems during pregnancy. While women in Cagayan Valley are the most likely to have been informed of pregnancy complications (78 percent), women in ARMM are the least likely to have been informed (45 percent).

More than 90 percent of women who received antenatal care for their last pregnancy in the past five years had their blood pressure monitored (93 percent) and weight measured (91 percent) during their ANC visit (Table 9.3). Fifty-four percent of the women had a urine sample taken, and 47 percent had a blood sample taken. All four of these ANC services are more commonly reported by women in urban areas, those with more education, and those in the higher wealth quintiles than other women.

Table 9.3 Components of antenatal care

Among women age 15-49 with a live birth in the five years preceding the survey, the percentage who took iron tablets or syrup and drugs for intestinal parasites during the pregnancy of the most recent birth, and among women receiving antenatal care (ANC) for the most recent live birth in the five years preceding the survey, the percentage receiving specific antenatal services, according to background characteristics, Philippines 2008

	Among women with a live birth in the past five years, the percentage who during the pregnancy for their last birth:			Among women who received antenatal care for their most recent birth in the past five years, the percentage receiving selected services					
Background characteristic	Took iron tablets or syrup	Took intestinal parasite drugs	Number of women with a live birth in the past five years	Informed of signs of pregnancy complications	Weighed	Blood pressure measured	Urine sample taken	Blood sample taken	Number of women with ANC for their most recent birth
Mother's age at birth									
<20	82.2	3.7	425	71.8	90.3	88.4	49.6	41.4	414
20-34	83.1	3.5	3,315	69.3	91.4	93.5	55.9	48.3	3,200
35-49	79.5	5.3	850	65.2	92.0	92.9	50.7	42.7	798
Birth order									
1	86.7	3.3	1,282	76.9	94.1	94.1	66.2	57.9	1,259
2-3	84.9	3.4	1,824	69.5	93.4	94.4	57.2	50.6	1,775
4-5	78.3	3.9	900	64.3	88.5	91.5	44.4	34.6	850
6+	71.2	6.4	584	54.5	82.9	87.3	32.3	26.0	528
Residence									
Urban	86.4	2.1	2,283	72.3	95.8	95.9	68.8	60.7	2,202
Rural	78.3	5.5	2,307	65.4	87.0	89.9	39.9	32.7	2,209
Region									
National Capital Region	87.8	2.8	688	77.0	96.9	97.5	86.3	81.2	660
Cordillera Admin Region	80.7	4.2	72	53.5	93.0	94.3	51.2	46.4	67
I - Ilocos	79.2	0.0	218	67.3	91.7	95.3	47.5	34.3	204
II - Cagayan Valley	83.5	2.6	142	77.5	93.6	94.1	45.0	35.5	138
III - Central Luzon	84.9	0.3	468	68.4	96.3	97.6	70.7	56.4	450
IVA - CALABARZON	89.2	1.3	602	73.6	97.0	98.7	69.9	57.3	581
IVB - MIMAROPA	76.5	3.0	151	62.5	82.0	87.1	39.9	25.6	144
V - Bicol	73.5	8.0	280	60.8	85.8	92.1	28.3	18.1	272
VI - Western Visayas	89.7	5.6	324	75.2	95.4	95.5	57.5	52.0	312
VII - Central Visayas	87.7	5.0	328	72.9	97.1	93.6	29.2	24.3	321
VIII - Eastern Visayas	77.9	8.2	196	64.6	88.3	92.6	44.1	35.4	185
IX - Zamboanga Peninsula	81.0	3.3	189	68.6	85.8	87.6	20.4	21.7	181
X - Northern Mindanao	84.2	7.5	198	69.4	95.3	96.3	43.3	40.6	188
XI - Davao	86.6	8.0	224	64.6	91.2	93.5	65.1	68.5	222
XII - SOCCSKSARGEN	79.3	6.6	178	53.1	90.0	90.3	34.8	26.5	167
XIII - Caraga	84.8	7.4	124	76.0	98.3	97.4	52.7	39.5	122
ARMM	38.5	1.8	207	45.4	43.9	47.0	18.2	16.8	198
Mother's education									
No education	32.0	2.6	68	44.6	45.8	46.7	15.9	15.9	57
Elementary	67.3	6.7	1,061	57.8	80.8	85.2	28.6	25.0	969
High school	85.4	3.4	2,198	68.3	93.9	94.7	54.3	45.9	2,138
College	92.4	2.3	1,263	79.5	97.3	97.9	76.1	66.2	1,247
Wealth quintile									
Lowest	66.0	6.4	1,103	57.8	77.5	81.4	23.9	21.6	1,011
Second	82.6	4.3	1,007	64.0	90.7	92.7	42.5	35.6	966
Middle	85.9	3.1	906	71.1	95.8	96.0	58.3	46.5	882
Fourth	91.7	2.5	863	75.1	98.5	98.2	73.2	63.4	852
Highest	91.5	1.9	711	80.9	98.1	99.5	86.7	77.9	700
Total	82.4	3.8	4,590	68.8	91.4	92.9	54.3	46.6	4,411

9.1.3 Tetanus Toxoid Injections

Neonatal tetanus is a leading cause of neonatal death in developing countries where a high proportion of deliveries take place at home or in locations where hygienic conditions may be poor. To protect newborn babies from this infection, pregnant women should be provided with tetanus toxoid immunization. The DOH recommends that women receive at least two tetanus toxoid (TT) injections during their first pregnancy. However, if a woman was immunized before she became pregnant, she may require one or no TT injections during pregnancy, depending on the number of injections she has ever received and the timing of the last injection. For a woman to have lifetime protection, a total of five doses are required.

The 2008 NDHS collected information on whether the women received any TT vaccinations during pregnancy and whether the pregnancy was protected against neonatal tetanus. Table 9.4 shows the results on tetanus toxoid coverage during the pregnancy for the last live birth in the five years preceding the survey.

Almost half of women who had a live birth in the five years preceding the survey received two or more injections of TT during their last pregnancy. It is important to note, however, that some women may have received TT injections prior to the index pregnancy and did not require further injections. This may be the case in particular for women at higher parities. When prior vaccination is taken into account, the proportion of women whose last birth was protected against neonatal tetanus is 76 percent. The differentials in protection against neonatal tetanus among subgroups of women vary. Across regions, TT coverage ranges from 39 percent in ARMM to 88 percent in Central Visayas and Cagayan Valley. By level of education, TT coverage is lowest for women with no education (34 percent) and highest for women with high school education (80 percent).

Table 9.4 Tetanus toxoid injections

Among mothers age 15-49 with a live birth in the five years preceding the survey, the percentage receiving two or more tetanus toxoid injections (TTI) during the pregnancy for the last live birth and the percentage whose last live birth was protected against neonatal tetanus, according to background characteristics, Philippines 2008

Background characteristic	Percentage receiving two or more injections during last pregnancy	Percentage whose last birth was protected against neonatal tetanus[1]	Number of mothers
Mother's age at birth			
<20	58.0	67.9	425
20-34	49.3	77.4	3,315
35-49	36.3	72.4	850
Birth order			
1	64.1	68.6	1,282
2-3	49.3	82.2	1,824
4-5	33.5	75.7	900
6+	28.6	69.9	584
Residence			
Urban	50.1	73.8	2,283
Rural	45.4	77.3	2,307
Region			
National Capital Region	52.5	71.9	688
Cordillera Admin Region	37.3	64.3	72
I - Ilocos	44.6	71.6	218
II - Cagayan Valley	56.3	87.5	142
III - Central Luzon	49.8	77.3	468
IVA - CALABARZON	49.4	67.9	602
IVB - MIMAROPA	54.6	74.6	151
V - Bicol	44.1	81.0	280
VI - Western Visayas	47.4	83.0	324
VII - Central Visayas	54.0	87.6	328
VIII - Eastern Visayas	39.9	82.0	196
IX - Zamboanga Peninsula	49.9	74.4	189
X - Northern Mindanao	39.9	78.7	198
XI - Davao	51.9	85.9	224
XII - SOCCSKSARGEN	50.7	81.0	178
XIII - Caraga	39.0	85.2	124
ARMM	24.3	39.1	207
Mother's education			
No education	20.1	34.2	68
Elementary	37.0	69.7	1,061
High school	50.5	80.0	2,198
College	53.3	74.9	1,263
Wealth quintile			
Lowest	37.0	69.6	1,103
Second	49.0	81.3	1,007
Middle	49.4	79.5	906
Fourth	54.6	76.8	863
Highest	52.1	70.1	711
Total	47.7	75.6	4,590

[1] Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within ten years of the last live birth), or five or more injections prior to the last birth.

9.2 DELIVERY CARE

9.2.1 Place of Delivery

Proper medical attention and hygienic conditions during delivery can reduce the risk of complications and infections that may cause the death or serious illness of the mother and the baby or both. Hence, an important component of the effort to reduce the health risks of mothers and children is to increase the proportion of babies delivered in a safe and clean environment and under the supervision of health professionals. Table 9.5 shows the percent distribution of live births in the five years preceding the survey by place of delivery, according to background characteristics.

Only 44 percent of births in the Philippines are delivered in a health facility: 27 percent in a public health facility and 18 percent in a private health facility. More than half (56 percent) of births take place at home. These figures show an increase in the proportion of births occurring in a health facility (from 38 percent in 2003 to 44 percent in 2008) and a decline in the percentage of births delivered at home (from 61 percent in 2003 to 56 percent in 2008) (NSO and ORC Macro, 2004).

Women are more likely to deliver in a health facility if they are having their first child (60 percent), if they have had at least four ANC visits (54 percent), if they have attended college (73 percent), and if they belong to the highest wealth quintile (84 percent). Births in urban areas are twice as likely to be delivered in a health facility as those in rural areas.

Delivery at home is more common for sixth or higher order births (80 percent), births to the poorest women (87 percent), births to women under age 20 (62 percent), births to women with no education (94 percent), and births to women who received no antenatal care (82 percent). Births in rural areas are more likely to be delivered at home than births in urban areas (70 and 40 percent, respectively).

Across regions, delivery in a health facility is most common in NCR (69 percent). In five regions, at least 70 percent of births occurred at home: ARMM (85 percent), SOCCSKSARGEN (77 percent), MIMAROPA (73 percent), Zamboanga Peninsula (71 percent), and Cagayan Valley (70 percent).

Table 9.5 Place of delivery

Percent distribution of live births in the five years preceding the survey by place of delivery and percentage delivered in a health facility, according to background characteristics, Philippines 2008

Background characteristic	Health facility		Home	Other/ missing	Total	Percentage delivered in a health facility	Number of births
	Public sector	Private sector					
Mother's age at birth							
<20	26.1	11.5	62.4	0.0	100.0	37.6	640
20-34	27.0	18.6	54.1	0.2	100.0	45.6	4,704
35-49	24.5	17.3	58.0	0.2	100.0	41.8	1,015
Birth order							
1	34.4	25.4	40.0	0.2	100.0	59.8	1,869
2-3	27.3	19.4	52.9	0.4	100.0	46.7	2,500
4-5	20.0	10.7	69.0	0.3	100.0	30.7	1,176
6+	15.0	4.8	79.8	0.4	100.0	19.8	815
Residence							
Urban	32.1	27.1	40.3	0.5	100.0	59.2	3,105
Rural	21.1	8.7	70.0	0.2	100.0	29.8	3,255
Region							
National Capital Region	32.5	36.9	30.2	0.4	100.0	69.3	903
Cordillera Admin Region	42.8	8.3	48.0	0.8	100.0	51.1	104
I - Ilocos	32.0	10.1	57.9	0.0	100.0	42.1	296
II - Cagayan Valley	22.4	6.5	70.4	0.7	100.0	28.9	212
III - Central Luzon	39.9	16.4	43.3	0.4	100.0	56.3	629
IVA - CALABARZON	23.1	30.1	46.3	0.5	100.0	53.2	810
IVB - MIMAROPA	20.0	6.8	73.1	0.0	100.0	26.9	209
V - Bicol	24.0	8.5	66.9	0.7	100.0	32.4	421
VI - Western Visayas	37.5	8.9	53.4	0.3	100.0	46.3	452
VII - Central Visayas	25.3	20.4	54.3	0.0	100.0	45.7	459
VIII - Eastern Visayas	27.2	6.5	66.3	0.0	100.0	33.7	283
IX - Zamboanga Peninsula	21.6	6.8	71.2	0.3	100.0	28.5	261
X - Northern Mindanao	25.1	8.2	66.7	0.0	100.0	33.3	282
XI - Davao	18.3	24.1	57.3	0.3	100.0	42.4	295
XII - SOCCSKSARGEN	10.1	13.3	76.5	0.0	100.0	23.5	245
XIII - Caraga	23.4	6.7	69.9	0.0	100.0	30.1	180
ARMM	4.0	10.7	85.1	0.2	100.0	14.7	318
Mother's education							
No education	4.6	1.7	93.7	0.0	100.0	6.3	106
Elementary	13.4	3.7	82.6	0.2	100.0	17.1	1,552
High school	30.1	13.4	56.2	0.3	100.0	43.5	3,054
College	33.5	39.8	26.3	0.4	100.0	73.3	1,647
Antenatal care visits[1]							
None	12.9	5.2	81.9	0.0	100.0	18.1	176
1-3	15.7	7.7	76.6	0.0	100.0	23.4	825
4+	31.4	22.4	46.1	0.1	100.0	53.7	3,569
Wealth quintile							
Lowest	11.5	1.5	86.8	0.2	100.0	13.0	1,686
Second	26.9	7.1	65.5	0.6	100.0	34.0	1,460
Middle	33.0	15.3	51.5	0.2	100.0	48.3	1,219
Fourth	39.0	29.7	30.9	0.4	100.0	68.7	1,114
Highest	29.4	54.5	15.8	0.2	100.0	83.9	880
Total	26.5	17.7	55.5	0.3	100.0	44.2	6,359

Note: Total includes 20 women missing as to number of antenatal care visits.
[1] Includes only the most recent birth in the five years preceding the survey

9.2.2 Delivery Assistance

In addition to place of birth, assistance during childbirth is an important variable that influences the birth outcome and the health of the mother and the infant. This is because the skills and performance of the birth attendant determine whether or not he or she can manage complications and observe hygienic practices. Table 9.6 shows the person providing assistance during delivery for most recent birth in the five years preceding the survey. If the delivery was assisted by more than one person, only the most qualified person is shown in the table.

Table 9.6 Assistance during delivery

Percent distribution of live births in the five years preceding the survey by person providing assistance during delivery, percentage of births assisted by a skilled provider, and percentage delivered by caesarean-section, according to background characteristics, Philippines 2008

Background characteristic	Person providing assistance during delivery								Percentage delivered by a skilled provider[1]	Percentage delivered by C-section	Number of births
	Doctor	Nurse	Midwife	Hilot	Relative/ other	No one	Don't know/ missing	Total			
Mother's age at birth											
<20	28.1	1.9	29.0	39.9	1.1	0.0	0.0	100.0	59.0	4.3	640
20-34	35.9	1.5	26.4	34.9	1.0	0.1	0.2	100.0	63.8	9.4	4,704
35-49	35.2	1.4	20.6	40.9	1.4	0.4	0.1	100.0	57.2	12.9	1,015
Birth order											
1	48.3	1.9	24.9	24.3	0.4	0.0	0.2	100.0	75.1	12.8	1,869
2-3	37.5	1.2	27.4	32.8	0.8	0.1	0.1	100.0	66.2	11.6	2,500
4-5	22.1	1.8	27.9	46.3	1.3	0.3	0.3	100.0	51.8	5.0	1,176
6+	15.2	1.1	19.3	60.6	2.8	0.6	0.3	100.0	35.6	1.7	815
Place of delivery											
Health facility	78.7	2.7	18.5	0.1	0.0	0.0	0.0	100.0	99.9	21.5	2,809
Elsewhere	0.4	0.6	31.6	65.3	1.9	0.3	0.0	100.0	32.5	0.0	3,540
Residence											
Urban	47.8	1.5	28.2	21.6	0.6	0.1	0.3	100.0	77.5	13.8	3,105
Rural	22.8	1.5	23.4	50.5	1.5	0.3	0.1	100.0	47.7	5.3	3,255
Region											
National Capital Region	57.1	0.1	29.6	12.9	0.3	0.0	0.0	100.0	86.8	14.9	903
Cordillera Admin Region	47.2	2.0	18.2	19.1	12.4	1.1	0.0	100.0	67.4	11.7	104
I - Ilocos	38.0	0.9	42.9	17.8	0.3	0.0	0.0	100.0	81.9	10.3	296
II - Cagayan Valley	26.5	2.1	30.6	37.4	2.7	0.0	0.7	100.0	59.2	7.2	212
III - Central Luzon	44.8	2.6	34.6	17.3	0.4	0.0	0.4	100.0	81.9	15.4	629
IVA - CALABARZON	43.1	0.5	30.9	24.5	0.5	0.0	0.5	100.0	74.5	16.3	810
IVB - MIMAROPA	20.3	2.9	15.9	54.5	5.5	0.9	0.0	100.0	39.1	5.9	209
V - Bicol	24.1	1.9	23.9	49.0	0.9	0.2	0.0	100.0	49.9	4.0	421
VI - Western Visayas	36.0	1.6	22.8	38.3	1.0	0.0	0.3	100.0	60.4	5.9	452
VII - Central Visayas	31.0	2.7	33.2	32.7	0.5	0.0	0.0	100.0	66.8	6.9	459
VIII - Eastern Visayas	26.7	2.0	14.4	56.9	0.0	0.0	0.0	100.0	43.1	5.3	283
IX - Zamboanga Peninsula	21.2	2.9	14.3	59.2	1.9	0.3	0.3	100.0	38.4	4.7	261
X - Northern Mindanao	25.8	2.1	19.8	51.9	0.4	0.0	0.0	100.0	47.8	4.5	282
XI - Davao	28.9	0.3	22.2	47.1	0.6	0.6	0.3	100.0	51.4	6.7	295
XII - SOCCSKSARGEN	17.6	1.7	16.3	60.2	2.9	1.3	0.0	100.0	35.6	6.3	245
XIII - Caraga	24.4	3.0	22.5	49.8	0.3	0.0	0.0	100.0	49.9	5.5	180
ARMM	11.5	1.0	6.8	80.3	0.3	0.2	0.0	100.0	19.2	2.7	318
Mother's education											
No education	5.2	1.8	3.9	78.6	7.9	2.6	0.0	100.0	10.9	0.0	106
Elementary	12.0	1.4	20.3	63.9	2.0	0.3	0.1	100.0	33.7	2.2	1,552
High school	32.2	1.4	31.7	33.7	0.8	0.0	0.2	100.0	65.2	7.4	3,054
College	63.9	1.9	21.2	12.6	0.2	0.1	0.1	100.0	87.0	20.8	1,647
Wealth quintile											
Lowest	9.4	0.7	15.6	71.4	2.3	0.4	0.1	100.0	25.7	1.3	1,686
Second	24.4	2.1	29.1	42.8	1.3	0.2	0.2	100.0	55.6	5.1	1,460
Middle	34.5	2.4	38.9	23.7	0.4	0.0	0.2	100.0	75.8	7.3	1,219
Fourth	55.0	1.7	29.3	13.6	0.1	0.0	0.3	100.0	86.0	15.5	1,114
Highest	77.1	0.7	16.6	5.1	0.3	0.0	0.1	100.0	94.4	27.7	880
Total	35.0	1.5	25.7	36.4	1.1	0.2	0.2	100.0	62.2	9.5	6,359

Note: If the respondent mentioned more than one person attending during delivery, only the most qualified person is considered in this tabulation. Total includes 11 births missing place of delivery

[1] Skilled provider includes doctor, nurse, and midwife.

Table 9.6 shows that 62 percent of births in the five years preceding the survey were assisted by health professionals: 35 percent by a doctor and 27 percent by a midwife or nurse. While the proportion of births attended by a health professional has increased slightly from 60 percent in 2003 (NSO and ORC Macro, 2004), it remains lower than the target set by DOH (80 percent by 2004).

Thirty-six percent of births in the five years preceding the survey were attended by a *hilot*. This is to be expected because the majority of deliveries take place at home.

It is interesting to note that while 91 percent of women with a live birth in the past five years consulted a skilled professional for antenatal care, only 62 percent of births were assisted at delivery by a health professional.

Delivery assistance by a skilled provider varies according to background characteristics of the mother. The percentage of births delivered by a skilled provider increases with mother's level of education and wealth status, and it decreases with increasing birth order. In urban areas, 78 percent of births are attended by skilled professionals, compared with 48 percent of births in rural areas.

Eighty-seven percent of deliveries in NCR are assisted by health professionals (57 percent by a doctor and 30 percent by a midwife or nurse). In contrast, 80 percent of births in ARMM are assisted by a *hilot*. Interestingly, 12 percent of births in CAR are assisted by a relative or friend and 1 percent are delivered with no assistance.

Caesarean operations are necessary for women with medical problems or with pregnancy complications. The rate of caesarean sections is an indicator of access to essential obstetric care. Table 9.6 shows that one in ten live births (10 percent) in the five years preceding the survey was delivered by caesarean section, which is an increase from the proportion reported in the 2003 NDHS (7 percent) (NSO and ORC Macro, 2004).

Delivery by caesarean section is highest among births to older women (13 percent), first births (13 percent), births to women in urban areas (14 percent), births to highly educated mothers (21 percent) and births to mothers in the highest wealth quintile (28 percent). The occurrence of caesarean operations varies across regions, from 3 percent in ARMM to 16 percent in CALABARZON. The proportion of deliveries by C-section in CALABARZON has increased six percentage points, from 10 percent in 2003 (NSO and ORC Macro, 2004).

9.3 POSTNATAL CARE

Postnatal care is a crucial component of safe motherhood. A postnatal checkup provides an opportunity to assess and treat delivery complications and to advise the mother on how to care for herself and her baby. The first two days after delivery are critical because most maternal and neonatal deaths occur during this period. The DOH recommends that mothers receive a postnatal checkup within 48 hours after delivery.

In the 2008 NDHS, respondents with a live birth in the five years preceding the survey were asked whether a health professional or a traditional birth attendant checked on their health after the delivery of their youngest child. Unlike the 2003 NDHS, these questions were asked regardless of whether the birth took place in a facility or at home. Table 9.7 shows the percent distribution of women who gave birth in the five years preceding the survey by timing of the first postnatal checkup.

Table 9.7 Timing of first postnatal checkup

Percent distribution of women age 15-49 with a birth in the five years preceding the survey by timing of first postnatal checkup for the last live birth, according to background characteristics, Philippines 2008

Background characteristic	Time after delivery of mother's first postnatal checkup					No postnatal checkup[1]	Total	Number of women
	Less than 4 hours	4-23 hours	2 days	3-41 days	Don't know/ missing			
Mother's age at birth								
<20	37.8	13.0	21.2	16.8	0.6	10.6	100.0	425
20-34	40.4	15.1	21.8	13.3	0.4	9.0	100.0	3,315
35-49	43.5	15.0	19.6	12.7	0.8	8.4	100.0	850
Birth order								
1	40.4	17.1	19.8	13.7	0.4	8.5	100.0	1,282
2-3	42.1	15.8	21.4	11.9	0.5	8.2	100.0	1,824
4-5	41.0	11.8	21.4	15.8	0.4	9.7	100.0	900
6+	36.8	12.3	24.0	14.7	1.0	11.3	100.0	584
Residence								
Urban	41.6	14.8	21.9	11.8	0.6	9.2	100.0	2,283
Rural	39.9	15.0	20.7	15.2	0.4	8.8	100.0	2,307
Region								
National Capital Region	50.1	7.9	17.8	12.8	0.2	11.2	100.0	688
Cordillera Admin Region	43.5	19.9	12.1	5.9	5.2	13.3	100.0	72
I - Ilocos	31.1	33.4	24.6	4.8	0.4	5.7	100.0	218
II - Cagayan Valley	33.9	18.0	32.0	6.2	0.0	9.9	100.0	142
III - Central Luzon	41.4	22.6	23.4	8.1	0.3	4.3	100.0	468
IVA - CALABARZON	26.8	11.2	28.2	19.5	1.5	12.9	100.0	602
IVB - MIMAROPA	39.3	14.6	27.6	9.0	0.0	9.4	100.0	151
V - Bicol	36.7	31.2	25.8	5.6	0.0	0.7	100.0	280
VI - Western Visayas	53.2	17.2	12.5	7.7	0.0	9.3	100.0	324
VII - Central Visayas	35.6	11.4	18.7	24.2	0.4	9.8	100.0	328
VIII - Eastern Visayas	34.1	8.5	25.0	21.2	0.8	10.3	100.0	196
IX - Zamboanga Peninsula	32.9	11.2	26.4	19.0	0.0	10.5	100.0	189
X - Northern Mindanao	45.0	18.5	15.5	16.2	1.3	3.5	100.0	198
XI - Davao	40.8	9.8	19.0	19.4	1.2	9.9	100.0	224
XII - SOCCSKSARGEN	49.1	9.1	16.5	10.3	0.0	15.0	100.0	178
XIII - Caraga	51.6	14.0	13.9	16.6	0.0	3.9	100.0	124
ARMM	53.5	5.7	16.1	13.5	0.0	11.2	100.0	207
Education								
No education	43.3	7.8	15.2	14.7	0.0	19.1	100.0	68
Elementary	39.9	9.5	21.7	16.6	0.7	11.7	100.0	1,061
High school	39.3	15.0	22.5	13.3	0.4	9.5	100.0	2,198
College	43.9	19.7	19.2	11.2	0.7	5.4	100.0	1,263
Wealth quintile								
Lowest	39.3	10.1	20.4	18.6	0.4	11.3	100.0	1,103
Second	39.0	15.4	21.4	13.3	0.4	10.5	100.0	1,007
Middle	40.2	15.7	22.5	11.6	0.5	9.5	100.0	906
Fourth	40.3	18.2	21.7	12.1	0.7	6.9	100.0	863
Highest	46.7	16.8	20.5	10.0	0.8	5.3	100.0	711
Total	40.7	14.9	21.3	13.5	0.5	9.0	100.0	4,590

[1] Includes women who received a checkup after 41 days

Seventy-seven percent of women had a postnatal checkup within two days after giving birth and 14 percent of the women received a postnatal checkup 3 to 41 days after delivery.

Education is related to the timing of postnatal care. Mothers who attended college are more likely to receive postnatal care within two days than other women. The percentage meeting the recommended timing for the first postnatal checkup varies across region, from 66 percent in Central Visayas and CALABARZON to 94 percent in Bicol.

Table 9.7 also shows that almost one in ten women (9 percent) did not receive a postnatal checkup at all. Women with little or no education are most likely to not receive postnatal care: 19 percent of women with no education did not receive a postnatal checkup, compared with 5 percent of women who attended college.

Table 9.8 presents information on the provider of the mother's first postnatal checkup by background characteristics. Health professionals provide postnatal care to 60 percent of mothers. At the same time, a substantial proportion of mothers (31 percent) receive postnatal care from a traditional birth attendant. Health professionals are more likely to provide postnatal care to mothers of first-order births, mothers in urban areas, mothers with college or higher education, and mothers in the highest wealth quintile.

Table 9.8 Provider of first postnatal checkup

Percent distribution of women age 15-49 with a birth in the five years preceding the survey by provider of mother's first postnatal checkup for the last live birth, according to background characteristics, Philippines 2008

Background characteristic	Provider of mother's first postnatal checkup				No postnatal checkup[1]	Total	Number of women
	Doctor/ nurse/ midwife	Hilot	Other	Don't know/ missing			
Mother's age at birth							
<20	52.8	36.5	0.1	0.0	10.6	100.0	425
20-34	61.2	29.3	0.5	0.1	9.0	100.0	3,315
35-49	58.4	32.2	0.9	0.0	8.4	100.0	850
Birth order							
1	70.0	21.2	0.2	0.1	8.5	100.0	1,282
2-3	64.6	26.6	0.6	0.1	8.2	100.0	1,824
4-5	51.3	38.3	0.7	0.0	9.7	100.0	900
6+	36.3	51.3	1.0	0.0	11.3	100.0	584
Residence							
Urban	72.6	18.0	0.1	0.1	9.2	100.0	2,283
Rural	47.3	42.9	0.9	0.0	8.8	100.0	2,307
Region							
National Capital Region	77.0	11.6	0.2	0.0	11.2	100.0	688
Cordillera Admin Region	70.2	13.3	3.2	0.0	13.3	100.0	72
I – Ilocos	81.8	12.1	0.4	0.0	5.7	100.0	218
II – Cagayan Valley	66.1	24.0	0.0	0.0	9.9	100.0	142
III – Central Luzon	77.5	17.6	0.5	0.0	4.3	100.0	468
IVA – CALABARZON	64.3	22.3	0.2	0.2	12.9	100.0	602
IVB – MIMAROPA	40.6	47.6	2.4	0.0	9.4	100.0	151
V – Bicol	52.7	46.6	0.0	0.0	0.7	100.0	280
VI – Western Visayas	62.0	28.7	0.0	0.0	9.3	100.0	324
VII – Central Visayas	64.1	25.2	1.0	0.0	9.8	100.0	328
VIII – Eastern Visayas	44.3	44.9	0.0	0.4	10.3	100.0	196
IX – Zamboanga Peninsula	38.2	50.9	0.4	0.0	10.5	100.0	189
X – Northern Mindanao	46.6	49.5	0.4	0.0	3.5	100.0	198
XI – Davao	50.7	39.0	0.4	0.0	9.9	100.0	224
XII – SOCCSKSARGEN	37.9	46.2	0.9	0.0	15.0	100.0	178
XIII – Caraga	43.4	48.3	4.4	0.0	3.9	100.0	124
ARMM	19.5	69.3	0.0	0.0	11.2	100.0	207
Education							
No education	17.1	61.7	2.1	0.0	19.1	100.0	68
Elementary	32.3	55.4	0.7	0.0	11.7	100.0	1,061
High school	60.8	29.1	0.6	0.1	9.5	100.0	2,198
College	83.9	10.4	0.3	0.0	5.4	100.0	1,263
Wealth quintile							
Lowest	23.6	63.7	1.4	0.1	11.3	100.0	1,103
Second	52.7	36.3	0.5	0.0	10.5	100.0	1,007
Middle	69.2	21.1	0.1	0.0	9.5	100.0	906
Fourth	80.2	12.4	0.3	0.1	6.9	100.0	863
Highest	89.9	4.8	0.0	0.0	5.3	100.0	711
Total	59.9	30.5	0.5	0.0	9.0	100.0	4,590

[1] Includes women who received a checkup after 41 days

9.4 PROBLEMS IN ACCESSING HEALTH CARE

Many factors can prevent women from getting medical advice or treatment for themselves when they are sick. Information on such factors is particularly important in understanding and addressing the barriers women may face in seeking care during pregnancy and at the time of delivery. In the 2008 NDHS, women were asked what hinders them in obtaining medical advice or treatment when they are sick. Possible answers were: getting permission to go for treatment, getting money for treatment, distance to health facility, having to take transport, not wanting to go alone, concern that there is no female provider available, concern that there is no provider available, and concern that there are no drugs available. The results are shown in Table 9.9.

Three in four women reported having at least one problem in accessing health care. The problem cited most often was getting money for treatment (55 percent). Other problems include concern that there are no drugs available (47 percent) and concern that there is no provider available (37 percent).

Highly educated women and women in the upper wealth quintiles are less likely than other women to have a problem in accessing health care. Across regions, the percentage of women who had at least one problem in accessing health care ranges from 59 percent in NCR to 96 percent in Central Visayas.

Women in rural areas are more likely than women in urban areas to report each of the specified problems. As expected, having to take transport and distance to health facility are more common problems for women in rural areas than those in urban areas.

The type of problems women have in accessing health care varies across regions. More than 80 percent of women in Zamboanga Peninsula, Caraga, and Central Visayas cited concern that there would be no drugs available as a serious problem in getting health care.

Table 9.9 Problems in accessing health care

Percentage of women age 15-49 who reported that they have serious problems in accessing health care for themselves when they are sick, by type of problem, according to background characteristics, Philippines 2008

Background characteristic	Problems in accessing health care									
	Getting permission to go for treatment	Getting money for treatment	Distance to health facility	Having to take transport	Not wanting to go alone	Concern no female provider available	Concern no provider available	Concern no drugs available	At least one problem accessing health care	Number of women
Age										
15-19	10.6	56.8	29.5	25.9	30.5	22.5	40.6	51.4	78.5	2,749
20-34	7.3	53.1	25.2	25.3	17.6	16.4	35.4	45.1	73.2	6,118
35-49	8.5	56.7	29.2	28.4	16.5	15.3	36.5	47.4	74.1	4,727
Number of living children										
0	8.7	52.9	25.2	23.7	24.9	19.1	36.1	45.4	73.9	5,116
1-2	6.7	51.2	24.4	24.3	15.3	14.3	35.3	45.3	71.4	3,985
3-4	8.6	57.0	27.2	27.6	16.7	16.4	35.8	46.6	74.2	2,810
5+	11.1	67.8	41.9	38.5	20.6	20.1	44.5	58.0	84.8	1,683
Marital status										
Never married	8.7	52.9	24.8	22.8	24.8	19.2	35.7	45.1	73.4	4,530
Married or living together	8.2	55.9	28.8	28.5	17.6	16.5	37.5	48.2	75.1	8,418
Divorced/separated/widowed	9.5	61.2	28.1	26.6	13.8	14.4	36.8	48.1	75.6	646
Employed last 12 months										
Not employed	9.1	56.2	29.4	27.3	22.4	18.3	37.5	48.0	75.5	5,914
Employed for cash	7.6	53.2	24.5	24.4	17.0	15.9	35.6	45.3	72.7	7,128
Employed not for cash	12.3	68.6	45.2	44.9	29.9	23.7	46.1	62.8	88.6	519
Residence										
Urban	6.3	49.9	17.3	17.1	15.6	13.1	29.9	39.6	67.9	7,574
Rural	11.1	61.6	40.1	38.3	25.2	22.5	45.6	56.6	83.0	6,020
Region										
National Capital Region	5.6	48.2	12.4	13.0	10.8	6.6	19.1	26.7	59.0	2,522
Cordillera Admin Region	6.5	63.3	32.0	25.8	12.9	6.3	15.4	21.2	74.2	225
I – Ilocos	8.3	51.0	23.8	17.0	27.5	13.7	25.9	29.9	66.2	613
II – Cagayan Valley	2.5	59.7	24.6	18.7	10.5	3.7	12.4	18.8	70.3	382
III – Central Luzon	5.2	48.9	20.4	21.4	18.7	10.7	21.9	22.7	61.7	1,486
IVA – CALABARZON	6.2	47.8	19.6	20.6	13.6	11.5	20.6	28.2	62.0	1,808
IVB – MIMAROPA	14.5	61.8	43.0	46.6	27.5	25.7	46.4	51.1	82.7	340
V – Bicol	7.1	60.5	31.0	29.5	22.7	12.0	26.6	33.4	77.8	755
VI – Western Visayas	11.7	38.8	30.7	33.2	19.5	28.2	54.6	69.2	79.5	976
VII – Central Visayas	11.0	71.3	30.7	29.0	23.6	24.8	65.9	83.5	96.2	983
VIII – Eastern Visayas	8.7	43.4	31.1	31.0	21.8	19.1	69.9	76.4	86.8	488
IX – Zamboanga Peninsula	5.6	74.2	45.1	43.3	24.6	27.8	48.4	88.5	95.2	505
X – Northern Mindanao	11.6	66.8	40.3	38.2	29.2	34.3	67.8	75.5	90.8	585
XI – Davao	10.0	66.6	39.4	34.8	22.7	27.7	38.4	75.1	89.6	618
XII – SOCCSKSARGEN	7.8	60.1	32.6	32.1	31.7	35.5	69.6	74.8	92.3	480
XIII – Caraga	13.9	66.2	36.9	37.3	24.9	29.9	68.9	84.7	92.8	312
ARMM	25.2	72.5	64.6	54.5	39.6	26.4	54.4	61.7	88.2	516
Education										
No education	28.8	84.9	71.1	67.7	44.0	40.8	68.8	76.8	95.5	167
Elementary	13.9	70.8	44.3	42.1	26.1	23.1	45.1	60.4	87.5	2,653
High school	8.8	58.1	27.3	26.4	20.8	18.4	37.9	48.7	77.3	6,352
College	3.9	40.4	15.9	15.7	13.8	11.3	29.0	35.9	62.0	4,422
Wealth quintile										
Lowest	16.1	74.0	57.8	56.1	31.8	29.6	54.0	71.0	92.3	2,160
Second	10.1	65.4	34.4	31.5	22.1	22.2	46.1	59.1	85.5	2,419
Middle	8.3	59.7	26.4	25.7	19.5	16.7	36.1	46.6	78.6	2,661
Fourth	5.2	48.4	17.2	17.3	16.5	12.9	32.9	40.2	69.0	2,937
Highest	5.2	38.2	12.9	12.8	13.8	10.1	23.4	30.0	57.2	3,417
Total	8.4	55.1	27.4	26.5	19.8	17.3	36.8	47.2	74.6	13,594

Note: Total includes 33 women with information missing on employment.

CHILD HEALTH 10

This chapter presents findings on several indicators related to children's health, such as birth weight, immunizations, and treatment practices for three major childhood diseases: acute respiratory infection, fever, and diarrhea. Childhood mortality can be reduced if children are immunized against preventable diseases and if they receive prompt and appropriate treatment when they are sick. In the 2008 NDHS, mothers were asked for the birth weight and estimated size at birth of all live births in the five years preceding the survey, to obtain information on nutritional status. Information on immunizations and illnesses was collected only for surviving children. The findings can assist in identifying children who have greater need for health services, and for whom health planners can formulate programs aimed at improving services.

10.1 CHILD SIZE AT BIRTH

Birth weight is an important indicator of a newborn's health status. Babies born with low birth weight generally have higher rates of morbidity and mortality. A decrease in the proportion of births with low birth weight contributes to reducing child mortality, which is one of the Millennium Development Goals. Babies weighing less than 2.5 kilograms at birth are considered to have low birth weight. Table 10.1 shows the distribution of births for which mothers reported a birth weight, and the distribution of all births by the child's size at birth according to the mother.

Because a large proportion of births occur at home, birth weight was not reported for more than one in four births (28 percent) (Table 10.1). Babies are more likely to be weighed at birth if they are born to women age 20 to 34, they are first births, the mother lives in an urban area, the mother is better educated, and the mother is in the highest wealth quintile. For example, while 89 percent of births to women with college or higher education were weighed at birth, the corresponding percentage of births to women with no education is only 15 percent. Among the regions, the National Capital Region has the highest percentage of births that were weighed (91 percent), whereas only one in five births in ARMM was weighed.

Among babies for whom a birth weight was reported, 80 percent were classified as having normal or higher birth weight, while 20 percent were classified as being below normal birth weight. There is not much variation in the percentage of babies with normal birth weight among subgroups. Across regions, Ilocos had the highest percentage of births with normal birth weight (89 percent).

Because some babies were not weighed at birth, the mother's estimate of the baby's size at birth was also obtained. Although the mother's estimate is subjective, it is an alternative source of information for determining the prevalence of low birth weight babies. In the 2008 NDHS, respondents were asked about their perception of the size of their newborn. Four in five births were considered average or larger than average, 16 percent were described as smaller than average, and 5 percent were reported as very small. Looking at the variation by background characteristics of the mother, there are only minor differences in the reported size of the child at birth. Mothers in Ilocos are the most likely to say that their babies are of average or larger size (87 percent) and the least likely to say that their babies are smaller than average or very small (13 percent).

Table 10.1 Child's weight and size at birth

Percent distribution of live births in the five years preceding the survey with a reported birth weight by birth weight; percentage of all births with a reported birth weight; and percent distribution of all live births in the five years preceding the survey by mother's estimate of baby's size at birth, according to background characteristics, Philippines 2008

Background characteristic	Percent distribution of births with a reported birth weight[1]				Percentage of all births with a reported birth weight	Percent distribution of all live births by size of child at birth					
	Less than 2.5 kg	2.5 kg or more	Total	Number of births		Very small	Smaller than average	Average or larger	Don't know/ missing	Total	Number of births
Mother's age at birth											
<20	22.9	77.1	100.0	457	71.4	5.7	16.6	76.9	0.8	100.0	640
20-34	18.9	81.1	100.0	3,463	73.6	4.1	15.5	79.9	0.6	100.0	4,704
35-49	21.2	78.8	100.0	691	68.1	6.4	15.7	77.7	0.2	100.0	1,015
Birth order											
1	22.8	77.2	100.0	1,516	81.1	5.2	16.8	77.5	0.5	100.0	1,869
2-3	17.1	82.9	100.0	1,883	75.3	4.1	14.5	81.0	0.4	100.0	2,500
4-5	18.4	81.6	100.0	784	66.7	4.0	16.5	78.8	0.7	100.0	1,176
6+	21.3	78.7	100.0	428	52.5	5.8	15.1	78.4	0.7	100.0	815
Mother's smoking status											
Smokes cigarettes/tobacco	24.4	75.6	100.0	227	67.2	8.1	16.6	75.3	0.0	100.0	338
Does not smoke	19.4	80.6	100.0	4,384	72.8	4.4	15.6	79.4	0.6	100.0	6,022
Residence											
Urban	18.7	81.3	100.0	2,589	83.4	4.7	14.2	80.6	0.6	100.0	3,105
Rural	20.8	79.2	100.0	2,023	62.2	4.6	17.0	77.9	0.5	100.0	3,255
Region											
National Capital Region	18.3	81.7	100.0	824	91.2	4.1	15.3	80.2	0.4	100.0	903
Cordillera Admin Region	14.1	85.9	100.0	70	67.2	1.1	12.7	86.2	0.0	100.0	104
I - Ilocos	11.3	88.7	100.0	208	70.2	2.8	9.8	87.1	0.3	100.0	296
II - Cagayan Valley	16.6	83.4	100.0	113	53.5	2.4	12.1	84.8	0.7	100.0	212
III - Central Luzon	15.7	84.3	100.0	455	72.3	4.2	16.2	79.4	0.2	100.0	629
IVA - CALABARZON	17.9	82.1	100.0	663	81.9	4.4	13.3	80.7	1.6	100.0	810
IVB - MIMAROPA	22.4	77.6	100.0	112	53.3	3.9	16.9	79.1	0.0	100.0	209
V - Bicol	27.7	72.3	100.0	262	62.1	3.2	15.3	81.5	0.0	100.0	421
VI - Western Visayas	25.7	74.3	100.0	347	76.7	7.8	19.7	72.1	0.5	100.0	452
VII - Central Visayas	20.2	79.8	100.0	376	82.0	6.2	10.9	82.9	0.0	100.0	459
VIII - Eastern Visayas	25.2	74.8	100.0	182	64.2	5.6	14.4	79.9	0.0	100.0	283
IX - Zamboanga Peninsula	21.1	78.9	100.0	202	77.6	4.6	22.2	73.0	0.3	100.0	261
X - Northern Mindanao	16.3	83.7	100.0	230	81.7	3.7	18.6	76.0	1.7	100.0	282
XI - Davao	17.2	82.8	100.0	214	72.6	5.5	14.5	78.8	1.2	100.0	295
XII - SOCCSKSARGEN	23.4	76.6	100.0	129	52.8	5.1	16.1	78.8	0.0	100.0	245
XIII - Caraga	28.5	71.5	100.0	156	86.3	9.1	15.5	75.4	0.0	100.0	180
ARMM	16.2	83.8	100.0	70	21.9	3.4	24.8	71.2	0.6	100.0	318
Mother's education											
No education	15.3	84.7	100.0	16	15.3	8.8	19.8	67.5	3.8	100.0	106
Elementary	24.2	75.8	100.0	803	51.8	5.3	18.8	75.2	0.7	100.0	1,552
High school	19.5	80.5	100.0	2,319	75.9	4.4	16.3	78.8	0.6	100.0	3,054
College	17.4	82.6	100.0	1,473	89.4	4.1	11.2	84.7	0.1	100.0	1,647
Wealth quintile											
Lowest	25.5	74.5	100.0	817	48.5	5.2	18.9	75.3	0.6	100.0	1,686
Second	22.5	77.5	100.0	994	68.1	5.0	17.4	77.3	0.3	100.0	1,460
Middle	17.2	82.8	100.0	984	80.7	3.3	15.4	80.5	0.8	100.0	1,219
Fourth	16.9	83.1	100.0	992	89.1	4.7	11.5	83.2	0.6	100.0	1,114
Highest	16.5	83.5	100.0	825	93.7	4.5	12.0	83.2	0.3	100.0	880
Total	19.6	80.4	100.0	4,611	72.5	4.6	15.6	79.2	0.5	100.0	6,359

[1] Based on either a written record or the mother's recall

10.2 VACCINATION COVERAGE

According to the World Health Organization, a child is fully immunized if he or she has received the following vaccinations before reaching one year of age: one dose of BCG vaccine at birth or at the first clinical contact, a measles vaccination at about nine months of age, and three doses each of diphtheria, pertussis, tetanus (DPT) vaccine and oral polio vaccine (OPV). The DPT and OPV vaccines should be given at monthly intervals starting at six weeks of age. In addition to these basic vaccines, the standard immunization schedule in the Philippines includes three doses of hepatitis B vaccine. This immunization schedule provides maximum resistance against the seven vaccine-preventable diseases: tuberculosis, poliomyelitis, diphtheria, pertussis, tetanus, hepatitis B, and measles.

Information on vaccination coverage among children born in the five years preceding the survey was collected in two ways in the 2008 NDHS. Mothers were asked to show the interviewer health cards for all children born since January 2003. If the cards were available, the interviewer copied the vaccination dates directly onto the questionnaire. If the mother was not able to present a health card, or if a vaccine had not been recorded on the card as being given, the mother was asked what vaccinations the child had received. Table 10.2 shows the results for children age 12-23 months, which is the youngest cohort to have reached the age by which they should be fully vaccinated.

The results indicate that, based on the information from the vaccination cards and mother's reports, four in five children (80 percent) age 12-23 months received all of the basic vaccinations (BCG, DPT, polio, and measles) at some time before the survey, and 70 percent of children received them before reaching age one.[1] Vaccination coverage (for any time prior to the survey) is highest for BCG (94 percent), the first dose of DPT vaccine (93 percent), and the first dose of OPV (93 percent) (Figure 10.1). The dropout rates for DPT, polio, and hepatitis B vaccines, measured by the difference in coverage between the first and third doses, are 7 percent, 7 percent, and 8 percent, respectively.

Table 10.2 Vaccinations by source of information

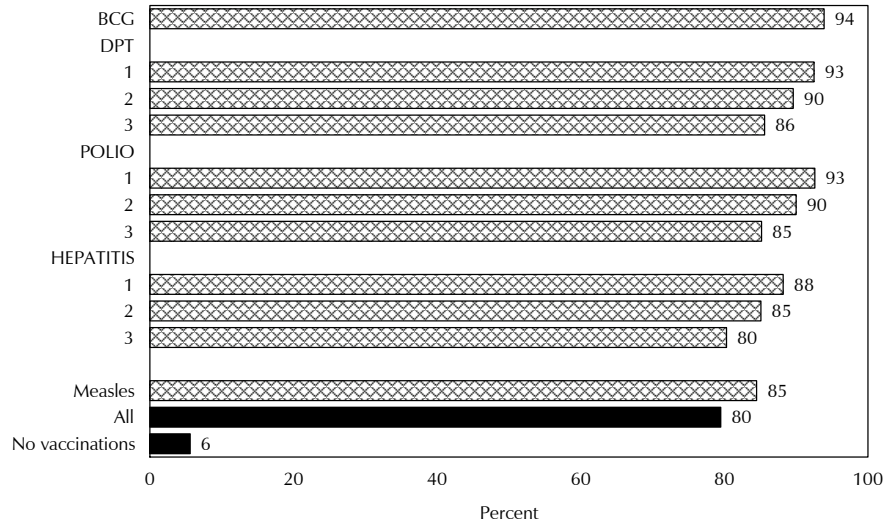
Percentage of children age 12-23 months who received specific vaccines at any time before the survey, by source of information (vaccination card or mother's report), and percentage vaccinated by 12 months of age, Philippines 2008

		DPT			Polio			Hepatitis				All basic	No	Number
Source of information	BCG	1	2	3	1	2	3	1	2	3	Measles	vaccina-tions[1]	vaccina-tions	of children
Vaccinated at any time before survey														
Vaccination card	42.2	42.3	41.6	40.9	42.2	41.7	40.9	42.1	41.0	39.6	39.0	38.6	0.0	546
Mother's report	51.7	50.2	48.0	44.7	50.4	48.3	44.2	46.2	44.1	40.7	45.5	40.9	5.6	740
Either source	93.9	92.5	89.6	85.6	92.6	90.0	85.2	88.2	85.1	80.3	84.5	79.5	5.6	1,286
Vaccinated by 12 months of age[2]	92.3	91.2	88.3	82.8	91.2	88.7	82.6	86.5	82.4	75.7	76.2	70.0	6.1	1,286

[1] BCG, measles, and three doses each of DPT and polio vaccine (excludes hepatitis B)
[2] For children whose information was based on the mother's report, the proportion of vaccinations received during the first year of life was assumed to be the same as for children with a written record of vaccination.

[1] Note that hepatitis B vaccine is not included in the calculation of "All basic vaccinations."

Figure 10.1 **Percentage of Children Age 12-23 Months Vaccinated at Anytime Before the Survey (Information from Health Cards and Mothers' Reports)**



Note: "All" vaccinations includes BCG, measles, and three doses each of DPT and polio; hepatitis B is excluded.

NDHS 2008

Table 10.3 shows vaccination coverage for children age 12-23 months by background characteristics. The results are based on information from health cards and mothers' reports. Health cards were available for only 43 percent of the children in this age group.

Overall, 80 percent of children age 12-23 months have received all of the recommended vaccinations at some time before the survey. The corresponding figure from the 2003 NDHS is 70 percent (NSO and ORC Macro, 2004).

Vaccination coverage is generally high for each type of vaccine; 94 percent of children have received the BCG vaccine, 93 percent have received the first dose of DPT, and 93 percent have received the first dose of polio vaccine. There is a decline in coverage for subsequent doses, with 86 percent of children receiving the third DPT dose and 85 percent receiving the third polio dose. Coverage rates for the third dose of hepatitis B and measles are 80 percent and 85 percent, respectively. Six percent of children have not received any vaccination. The corresponding proportion in 2003 was 7 percent (NSO and ORC Macro, 2004).

Male children and urban children are slightly more likely than female children and rural children to have been vaccinated against the six preventable childhood diseases. Immunization coverage varies by background characteristics; for example, vaccination coverage declines as birth order increases, from 85 percent among first births to 64 percent among sixth and higher births. Immunization coverage also varies slightly by residence (81 percent in urban areas and 79 percent in rural areas), but there are large variations by region. ARMM has the lowest vaccination coverage rate (31 percent), while children in Western Visayas have the highest (92 percent). The percentage of children age 12-23 months who have received the six immunizations is 85 percent or higher in CALABARZON, Caraga, and Western Visayas.

Full immunization coverage increases with mother's level of education, from 26 percent among children whose mothers have no education to 87 percent among children whose mothers have college or higher education. In general, immunization coverage increases with wealth status; 64 percent of children in households in the poorest wealth quintile are fully immunized, compared with 87 percent of children in households in the highest wealth quintile.

Table 10.3 Vaccinations by background characteristics

Percentage of children age 12-23 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), and percentage with a vaccination card, by background characteristics, Philippines 2008

Background characteristic	BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Hepatitis 1	Hepatitis 2	Hepatitis 3	Measles	All basic vaccinations[1]	No vaccinations	Percentage with a vaccination card seen	Number of children
Sex															
Male	94.3	93.1	90.5	86.7	93.2	90.2	86.6	88.7	85.1	80.8	85.0	80.5	5.0	42.6	667
Female	93.4	91.8	88.6	84.3	91.9	89.7	83.6	87.8	85.1	79.7	83.8	78.5	6.2	42.3	619
Birth order															
1	97.4	95.6	92.2	89.6	96.0	92.6	89.1	93.5	90.8	86.4	88.5	84.5	2.1	48.2	392
2-3	96.1	95.3	93.4	89.0	95.2	92.9	88.5	92.9	89.7	84.2	89.3	84.1	3.7	44.7	490
4-5	90.6	89.7	87.3	82.7	89.3	87.4	82.2	82.7	79.1	75.1	76.9	72.6	9.0	37.7	243
6+	83.4	80.6	75.0	69.7	81.1	78.6	70.0	69.6	66.3	61.4	71.2	63.8	14.6	28.5	161
Residence															
Urban	96.2	94.6	92.2	88.2	94.4	92.2	87.2	90.5	88.8	83.2	86.8	82.3	3.5	43.3	635
Rural	91.6	90.4	87.1	82.9	90.7	87.9	83.2	86.1	81.5	77.4	82.1	76.8	7.5	41.7	650
Region															
National Capital Region	98.1	95.6	95.0	89.1	95.5	94.8	86.9	92.4	91.8	83.1	87.7	83.4	1.9	43.4	182
Cordillera Admin Region	92.7	96.1	91.1	85.8	94.4	91.0	84.0	94.4	89.2	82.3	90.8	84.0	3.9	45.8	23
I - Ilocos	96.9	92.3	86.4	81.8	93.9	89.4	83.4	89.3	86.3	83.2	84.9	75.8	3.1	31.7	62
II - Cagayan Valley	97.0	97.0	95.4	82.5	97.0	93.9	84.2	89.0	85.7	76.0	88.9	79.3	3.0	25.1	46
III - Central Luzon	95.9	95.0	88.1	82.9	93.2	88.1	84.8	89.0	84.8	80.3	85.4	77.9	4.1	41.6	136
IVA - CALABARZON	95.7	96.4	92.7	91.2	96.4	93.4	90.4	88.9	85.1	81.4	90.5	87.4	3.6	34.0	164
IVB - MIMAROPA	87.4	87.4	84.6	81.9	88.7	87.4	77.6	84.6	83.1	77.6	77.6	70.6	11.3	40.0	44
V - Bicol	93.9	91.7	89.4	79.9	91.7	88.1	81.1	88.1	84.5	76.3	78.3	71.3	6.1	44.2	82
VI - Western Visayas	96.1	96.1	95.0	95.0	96.1	96.1	95.0	95.0	92.7	90.4	91.5	91.5	3.9	60.1	91
VII - Central Visayas	97.7	95.6	94.5	92.3	95.6	94.5	92.3	93.1	90.9	87.5	86.2	82.9	2.3	66.8	97
VIII - Eastern Visayas	93.9	90.9	89.3	84.9	92.5	89.4	86.4	89.5	77.3	77.3	83.4	80.3	4.5	41.0	53
IX - Zamboanga Peninsula	90.5	92.1	92.1	86.0	92.1	92.1	86.0	81.4	81.4	78.3	83.0	81.5	7.9	30.4	51
X - Northern Mindanao	92.3	93.7	93.7	91.8	93.7	92.2	90.3	88.4	85.3	80.8	87.9	83.0	4.8	45.6	56
XI - Davao	95.2	92.0	92.0	88.9	93.6	93.6	85.7	91.9	90.4	88.8	88.9	84.1	4.8	51.8	53
XII - SOCCSKSARGEN	94.6	91.8	86.1	84.9	91.8	87.9	86.1	89.2	83.5	80.9	80.1	77.0	5.4	45.5	60
XIII - Caraga	100.0	100.0	98.2	94.7	100.0	94.7	91.1	100.0	96.5	91.1	96.5	89.4	0.0	54.7	30
ARMM	58.1	50.9	42.6	41.1	52.2	45.4	40.0	44.3	41.4	35.8	39.8	30.6	39.3	10.1	56
Mother's education															
No education	(45.7)	(44.2)	(38.5)	(35.8)	(44.2)	(41.5)	(35.8)	(38.5)	(38.5)	(35.8)	(32.5)	(25.9)	(47.9)	(19.1)	22
Elementary	85.0	82.0	79.1	73.5	83.4	80.1	73.6	75.7	71.8	65.3	71.8	65.9	14.4	34.5	291
High school	97.6	96.4	92.9	88.7	96.6	93.7	88.3	92.6	89.3	84.5	88.5	83.3	1.8	46.9	619
College	97.7	97.2	95.8	93.0	95.9	94.7	92.2	94.0	91.5	88.0	90.9	87.4	2.3	42.7	354
Wealth quintile															
Lowest	85.1	82.9	76.7	71.3	83.9	79.7	71.2	76.1	70.3	64.6	71.4	63.6	13.4	37.0	317
Second	94.1	92.3	90.8	86.7	92.8	90.7	86.7	89.3	87.5	81.3	85.1	81.6	5.7	43.3	290
Middle	97.5	95.4	92.3	88.5	95.4	91.6	88.2	89.0	86.1	82.7	86.8	82.3	2.0	45.1	256
Fourth	98.0	97.7	96.8	93.4	97.6	96.7	92.3	95.9	95.2	89.3	93.2	89.4	2.0	46.5	243
Highest	98.3	98.5	96.9	94.0	96.6	95.6	93.3	96.4	92.3	90.8	91.3	87.1	1.5	41.6	179
Total	93.9	92.5	89.6	85.6	92.6	90.0	85.2	88.2	85.1	80.3	84.5	79.5	5.6	42.5	1,286

Note: Figures in parentheses are based on 25-49 unweighted children.
[1] BCG, measles, and three doses each of DPT and polio vaccine (excludes hepatitis B)

10.3 ACUTE RESPIRATORY INFECTION

Acute respiratory infection (ARI) is a leading cause of childhood morbidity and mortality throughout the world. Early diagnosis and treatment with antibiotics can reduce the number of deaths caused by ARI, particularly deaths from pneumonia.

In the 2008 NDHS, the prevalence of ARI was estimated by asking mothers whether their children under age five had been ill with a cough accompanied by short, rapid breathing and difficulty breathing as a result of a problem in the chest, in the two weeks preceding the survey. These symptoms are compatible with ARI. It should be noted that the morbidity data collected are subjective because they are based on the mother's perception of illness, without validation by medical personnel.

Table 10.4 shows that 5 percent of children under five years had symptoms of ARI at some time during the two weeks preceding the survey. Children age 6-11 months, children in rural areas, male children, and children whose mothers are in the poorest wealth quintile are more likely to show symptoms of ARI. Children whose mothers smoke and those whose households use wood or straw as a cooking fuel also are more likely to have had ARI symptoms. Symptoms of ARI are most often reported for children in SOCCSKSARGEN (12 percent).

Among children with symptoms of ARI, 50 percent were taken to a health facility and 42 percent received antibiotics (Figure 10.2). Female children, children in urban areas, and those whose mothers have high school or higher education are the most likely to receive care when showing symptoms of ARI.[2]

Table 10.4 Prevalence of symptoms of ARI

Among children under age five, the percentage who had symptoms of acute respiratory infection (ARI) in the two weeks preceding the survey, according to background characteristics, Philippines 2008

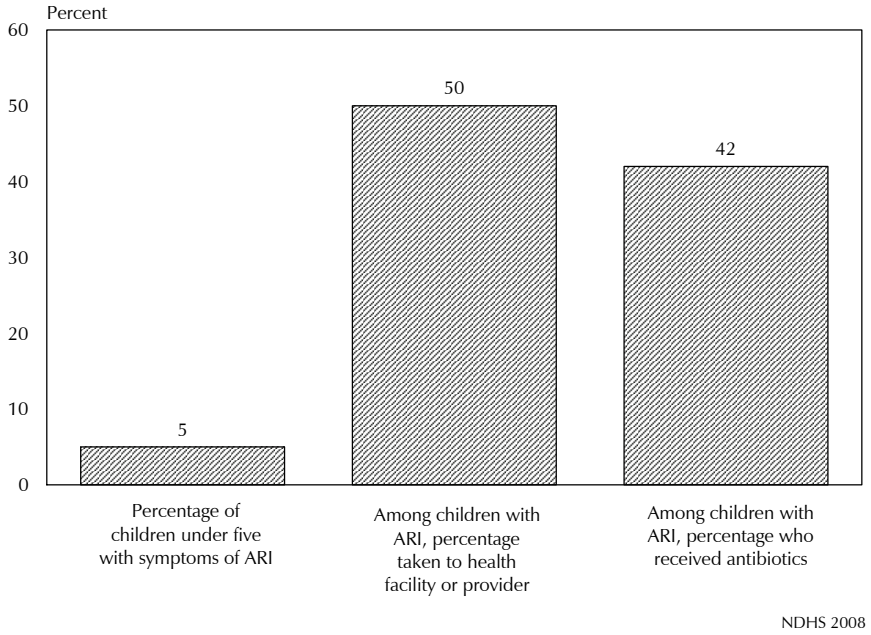
Background characteristic	Children under age five: Percentage with symptoms of ARI[1]	Children under age five: Number of children
Age in months		
<6	2.3	575
6-11	6.9	640
12-23	6.1	1,286
24-35	5.9	1,225
36-47	5.1	1,238
48-59	4.3	1,221
Sex		
Male	6.1	3,244
Female	4.3	2,941
Mother's smoking status		
Smokes cigarettes/tobacco	7.1	329
Does not smoke	5.1	5,856
Cooking fuel		
Electricity or gas	3.4	1,723
Kerosene	0.0	112
Charcoal	5.0	1,036
Wood/straw/agricultural crop	6.4	3,305
Residence		
Urban	4.2	3,037
Rural	6.2	3,148
Region		
National Capital Region	3.3	888
Cordillera Admin Region	3.5	102
I - Ilocos	4.9	290
II - Cagayan Valley	2.9	201
III - Central Luzon	4.0	613
IVA - CALABARZON	2.1	801
IVB - MIMAROPA	7.7	202
V - Bicol	6.9	410
VI - Western Visayas	10.2	432
VII - Central Visayas	7.8	442
VIII - Eastern Visayas	5.6	271
IX - Zamboanga Peninsula	3.3	258
X - Northern Mindanao	6.8	276
XI - Davao	5.2	284
XII - SOCCSKSARGEN	12.2	239
XIII - Caraga	6.2	177
ARMM	3.2	300
Mother's education		
No education	2.0	96
Elementary	7.0	1,499
High school	5.0	2,964
College	4.3	1,626
Wealth quintile		
Lowest	7.4	1,615
Second	5.4	1,419
Middle	5.1	1,188
Fourth	3.7	1,093
Highest	3.0	870
Total	5.2	6,185

Note: Total includes 8 children in households using coal/lignite as fuel, or in which no food was cooked in the household. Figures in parentheses are based on 25-49 unweighted children; an asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Cough accompanied by short, rapid breathing that is chest-related; considered a proxy for pneumonia

[2] Because of the small number of children with recent symptoms of ARI, details are not shown in the table.

Figure 10.2 **Prevalence and Treatment of Acute Respiratory Infection (ARI) in Children Under Age Five**



10.4 FEVER

Fever is a symptom of various infectious diseases, such as measles, respiratory infections, typhoid, and dengue, which are common in the Philippines. Table 10.5 shows the percentage of children under five with fever during the two weeks preceding the survey and the percentage receiving various treatments, by selected background characteristics.

Twenty-two percent of children under five were reported to have had fever in the two weeks preceding the survey. The prevalence of fever varies by age of child. Children age 6-11 months and 12-23 months are more likely to have fever (30 and 28 percent, respectively) than other children.

Fever is more prevalent among children in rural areas (25 percent) than among those in urban areas (19 percent). Among the regions, fever prevalence ranges from 11 percent in Cagayan Valley to 33 percent in Northern Mindanao and SOCCSKSARGEN. Thirty percent or more of children in Eastern Visayas, Northern Mindanao, SOCCSKSARGEN, and Caraga were reported to have had fever in the two weeks preceding the survey. The prevalence of fever is higher among children in the two lowest wealth quintiles (25-26 percent) than among children in the three higher wealth quintiles.

Among children under five who had fever in the two weeks preceding the survey, 39 percent were taken to a health facility or health provider and 30 percent received antibiotics as treatment. Treatment with antimalarial drugs is virtually non-existent.

Table 10.5 Prevalence and treatment of fever

Among children under age five, the percentage who had a fever in the two weeks preceding the survey; and among children with fever, the percentage for whom treatment was sought from a health facility or provider, the percentage who received antimalarial drugs and the percentage who received antibiotic drugs, by background characteristics, Philippines 2008

	Children under age five		Children under age five with fever			
Background characteristic	Percentage with fever	Number of children	Percentage for whom advice or treatment was sought from a health facility or provider[1]	Percentage who received antimalarial drugs	Percentage who received antibiotic drugs	Number of children
Age in months						
<6	17.7	575	40.8	0.0	28.0	102
6-11	29.9	640	45.9	0.0	28.8	192
12-23	27.7	1,286	43.4	0.0	34.3	357
24-35	22.5	1,225	38.4	0.0	30.6	275
36-47	19.6	1,238	30.6	0.3	25.7	243
48-59	17.8	1,221	37.1	0.0	28.3	217
Sex						
Male	23.4	3,244	39.9	0.1	29.5	759
Female	21.3	2,941	38.5	0.0	30.4	626
Residence						
Urban	19.3	3,037	47.0	0.0	31.6	586
Rural	25.4	3,148	33.7	0.1	28.6	799
Region						
National Capital Region	15.9	888	55.1	0.0	34.7	141
Cordillera Admin Region	14.6	102	42.2	0.0	18.2	15
I - Ilocos	23.3	290	29.0	0.0	20.5	68
II - Cagayan Valley	11.3	201	48.7	0.0	42.4	23
III - Central Luzon	21.5	613	47.8	0.0	34.9	132
IVA - CALABARZON	13.9	801	39.3	0.0	15.9	111
IVB - MIMAROPA	27.8	202	31.2	1.1	37.3	56
V - Bicol	25.8	410	47.4	0.0	21.4	106
VI - Western Visayas	24.9	432	41.9	0.0	24.5	107
VII - Central Visayas	26.2	442	42.4	0.0	44.1	116
VIII - Eastern Visayas	31.9	271	29.7	0.0	29.4	86
IX - Zamboanga Peninsula	23.7	258	33.2	0.0	26.8	61
X - Northern Mindanao	32.6	276	29.8	0.0	27.6	90
XI - Davao	25.1	284	42.6	0.0	45.6	71
XII - SOCCSKSARGEN	32.8	239	35.6	0.0	33.3	78
XIII - Caraga	32.2	177	24.9	0.0	22.6	57
ARMM	22.2	300	24.0	0.0	24.3	66
Mother's education						
No education	19.4	96	25.1	0.0	11.5	19
Elementary	24.1	1,499	36.7	0.2	28.3	361
High school	22.4	2,964	37.6	0.0	30.2	663
College	21.1	1,626	46.0	0.0	32.1	343
Wealth quintile						
Lowest	24.8	1,615	33.3	0.2	25.4	400
Second	25.8	1,419	38.4	0.0	34.2	367
Middle	23.0	1,188	37.4	0.0	28.6	274
Fourth	19.4	1,093	43.8	0.0	32.6	212
Highest	15.2	870	56.5	0.0	29.9	132
Total	22.4	6,185	39.3	0.0	29.9	1,385

[1] Excludes pharmacy, shop, and traditional practitioner

10.5 Diarrheal Disease and Related Findings

10.5.1 Prevalence of Diarrhea

Table 10.6 shows the percentage of children under five with diarrhea in the two weeks preceding the survey, according to background characteristics. Overall, 9 percent of children under five years had diarrhea in the two weeks preceding the survey. This is a slight decrease from 2003, when the prevalence was 11 percent (NSO and ORC Macro, 2004). Only a small fraction of children (less than 1 percent) had diarrhea with blood, a symptom of dysentery.

Diarrhea is more prevalent among children age 12-23 months, children whose mothers have elementary education, and children in the poorer wealth quintiles. Prevalence of diarrhea varies across regions from 5 percent in Bicol to 16 percent in SOCCSKSARGEN.

10.5.2 Diarrhea Treatment

Table 10.7 shows the percentage of children under five years with diarrhea in the two weeks preceding the survey who received specific treatments. Thirty-four percent of children who were reported to have diarrhea were taken to a health facility for treatment. This figure is slightly higher than that reported in the 2003 NDHS (32 percent) (NSO and ORC Macro, 2004). As shown in Table 10.7, 59 percent of children with diarrhea were treated with oral rehydration therapy (ORT), either oral rehydration salts (ORS) or recommended home fluids (RHF). Other treatments for diarrhea include home remedies (27 percent), antibiotic drugs (17 percent), anti-motility drugs (8 percent), and zinc supplements (2 percent). Sixteen percent of children with diarrhea did not receive any treatment; however, this figure is lower than that reported in the 2003 NDHS (22 percent) (NSO and ORC Macro, 2004).

Table 10.6 Prevalence of diarrhea

Percentage of children under age five who had diarrhea in the two weeks preceding the survey, by background characteristics, Philippines 2008

Background characteristic	Diarrhea in the two weeks preceding the survey		
	All diarrhea	Diarrhea with blood	Number of children
Age in months			
<6	5.3	0.6	575
6-11	14.6	0.9	640
12-23	16.0	0.6	1,286
24-35	10.0	0.6	1,225
36-47	5.5	0.6	1,238
48-59	3.1	0.2	1,221
Sex			
Male	9.5	0.7	3,244
Female	8.5	0.4	2,941
Source of drinking water[1]			
Improved	9.0	0.4	5,397
Not improved	9.1	1.4	636
Other/missing	10.1	1.5	152
Toilet facility[2]			
Improved, not shared	8.5	0.5	3,623
Non-improved or shared	10.1	0.6	2,470
Missing	5.4	0.6	92
Residence			
Urban	8.8	0.5	3,037
Rural	9.3	0.6	3,148
Region			
National Capital Region	7.5	0.3	888
Cordillera Admin Region	6.6	0.8	102
I - Ilocos	10.7	0.3	290
II - Cagayan Valley	7.6	0.7	201
III - Central Luzon	10.8	0.2	613
IVA - CALABARZON	9.1	0.4	801
IVB - MIMAROPA	11.5	0.9	202
V - Bicol	5.0	0.5	410
VI - Western Visayas	12.8	1.0	432
VII - Central Visayas	8.0	0.7	442
VIII - Eastern Visayas	9.5	0.3	271
IX - Zamboanga Peninsula	7.4	0.3	258
X - Northern Mindanao	6.6	0.9	276
XI - Davao	5.5	1.2	284
XII - SOCCSKSARGEN	16.2	1.1	239
XIII - Caraga	9.6	0.6	177
ARMM	10.7	0.5	300
Mother's education			
No education	4.6	0.0	96
Elementary	10.7	1.1	1,499
High school	9.2	0.5	2,964
College	7.4	0.2	1,626
Wealth quintile			
Lowest	10.3	1.1	1,615
Second	11.1	0.3	1,419
Middle	8.1	0.6	1,188
Fourth	6.9	0.0	1,093
Highest	7.4	0.5	870
Total	9.0	0.5	6,185

[1] See Table 2.5 for definition of categories.
[2] See Table 2.6 for definition of categories.

Table 10.7 Diarrhea treatment

Among children under age five who had diarrhea in the two weeks preceding the survey, the percentage for whom advice or treatment was sought from a health facility or provider, the percentage who received oral rehydration therapy (ORT), the percentage who received increased fluids, the percentage who received ORT or increased fluids, and the percentage who received other treatments, by background characteristics, Philippines 2008

Background characteristic	Percentage of children with diarrhea for whom advice or treatment was sought from a health facility or provider[1]	Oral rehydration therapy (ORT)					Other treatments						
		ORS packets or pre-packaged liquid	Recommended home fluids (RHF)	Either ORS or RHF	Increased fluids	ORT or increased fluids	Antibiotic drugs	Anti-motility drugs	Zinc supplements	Intravenous solution	Home remedy/ other	No treatment	Number of children
Age in months													
<6	(12.9)	(33.4)	(24.7)	(55.5)	(13.6)	(58.0)	(11.2)	(0.0)	(1.8)	(0.0)	(19.8)	(35.4)	31
6-11	47.7	40.2	15.2	51.6	33.2	69.0	21.4	8.7	5.6	0.0	21.4	22.9	94
12-23	36.1	54.1	21.4	65.1	34.3	75.2	16.5	6.7	0.4	0.0	25.3	15.2	206
24-35	28.8	40.7	22.5	54.0	42.8	71.1	19.7	8.0	0.0	0.0	39.2	10.3	122
36-47	27.5	47.7	24.5	58.3	40.4	76.1	9.1	14.5	0.0	0.0	19.6	11.2	69
48-59	(37.5)	(47.4)	(25.1)	(58.6)	(38.0)	(77.3)	(22.3)	(11.8)	(4.6)	(1.0)	(28.1)	(11.3)	38
Sex													
Male	31.8	49.3	22.1	59.9	36.7	73.8	17.3	8.0	2.0	0.1	21.9	16.6	308
Female	37.2	43.1	20.5	57.0	34.9	71.1	17.1	8.6	0.8	0.0	33.0	14.8	251
Type of diarrhea													
Non bloody	33.4	47.0	20.9	58.8	36.2	73.0	15.8	8.4	1.0	0.1	26.7	15.7	524
Bloody	(47.6)	(36.9)	(26.4)	(54.7)	(32.0)	(64.0)	(36.1)	(6.5)	(9.2)	(0.0)	(30.3)	(17.1)	34
Residence													
Urban	37.4	57.7	17.6	66.2	40.3	79.5	16.8	10.6	2.2	0.0	25.0	11.8	266
Rural	31.3	36.3	24.9	51.7	31.8	66.3	17.6	6.1	0.9	0.1	28.5	19.4	294
Mother's education													
No education	*	*	*	*	*	*	*	*	*	*	*	*	4
Elementary	31.6	36.2	31.2	54.0	37.8	68.8	13.0	6.5	0.6	0.0	38.6	18.1	161
High school	34.9	48.7	17.6	58.9	33.9	72.1	21.9	9.9	2.2	0.1	21.9	15.6	274
College	37.4	56.1	16.9	64.7	38.9	79.9	11.9	7.1	1.1	0.0	21.2	13.7	121
Wealth quintile													
Lowest	30.4	37.3	24.6	54.5	30.6	67.8	10.7	10.3	0.0	0.2	35.8	16.8	167
Second	28.8	42.2	19.1	53.7	31.7	69.3	17.0	10.1	1.4	0.0	26.5	19.3	157
Middle	37.4	55.5	24.2	65.8	34.3	74.6	24.3	6.7	2.5	0.0	23.9	10.4	96
Fourth	37.3	57.1	19.6	63.3	46.9	79.6	16.3	6.4	0.0	0.0	19.6	17.0	75
Highest	48.8	54.7	16.7	64.9	49.0	81.6	25.0	3.3	5.7	0.0	17.7	11.2	65
Total	34.2	46.5	21.4	58.6	35.9	72.6	17.2	8.3	1.5	0.1	26.9	15.8	560

Note: ORT includes solution prepared from oral rehydration salt (ORS), pre-packaged ORS packet, and recommended home fluids (RHF). Figures in parentheses are based on 25-49 unweighted children; an asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Excludes pharmacy, shop and traditional practitioner

Mother's level of education is related to whether treatment was sought for the child's diarrheal illness. Better-educated mothers were more likely than less educated mothers to seek advice or to administer ORS to their children with diarrhea.

Use of ORT (ORS or RHF) varies by background characteristics. Children in urban areas with diarrhea were more likely than those in rural areas to be treated with either ORS or RHF (66 and 52 percent, respectively). Mother's level of education and household wealth status are related to the type of treatment received by children with diarrheal disease. For example, the proportion of children treated with ORS or RHF increases from 54 percent among those whose mothers had elementary education to 65 percent of those whose mothers attended college.

10.5.3 Feeding Practices during Diarrhea

Mothers are encouraged to continue normal feeding of children with diarrhea and to increase the amount of fluids given. These practices help to reduce dehydration and minimize the adverse consequences of diarrhea on children's nutritional status.

Table 10.8 presents information on feeding practices among children with diarrhea in the two weeks preceding the survey. The results show that 36 percent of children with diarrhea received more fluids than usual, while 46 percent received the same amount of fluids. Seventeen percent of children with diarrhea received less fluids, which is contraindicated during an episode of diarrhea.

Table 10.8 Feeding practices during diarrhea

Percent distribution of children under age five who had diarrhea in the two weeks preceding the survey by amount of liquids and food offered compared with normal practice, the percentage of children given increased fluids and continued feeding during the diarrhea episode, and the percentage of children who continued feeding and were given ORT and/or increased fluids during the episode of diarrhea, by background characteristics, Philippines 2008

Background characteristic	Amount of liquids offered							Amount of food offered							Percentage who continued feeding and received increased fluids[1]	Percentage who continued feeding and received ORT and /or increased fluids[1]	Number of children with diarrhea
	More	Same as usual	Some-what less	Much less	None	Don't know/ missing	Total	More	Same as usual	Some-what less	Much less	None	Don't know/ missing	Total			
Age in months																	
<6	(13.6)	(65.7)	(7.4)	(3.4)	(9.8)	(0.0)	100.0	(1.8)	(28.0)	(14.5)	(2.6)	(51.0)	(2.1)	100.0	(6.3)	(34.4)	31
6-11	33.2	46.5	12.7	7.6	0.0	0.0	100.0	14.2	49.3	21.6	7.4	7.6	0.0	100.0	26.8	57.8	94
12-23	34.3	48.6	11.1	5.5	0.4	0.0	100.0	9.9	51.6	21.6	16.0	0.9	0.0	100.0	26.3	60.7	206
24-35	42.8	42.8	7.8	3.8	1.1	1.6	100.0	13.1	49.8	23.3	8.4	4.0	1.3	100.0	34.3	59.9	122
36-47	40.4	35.0	10.8	13.8	0.0	0.0	100.0	11.0	51.8	19.3	18.0	0.0	0.0	100.0	31.7	62.4	69
48-59	(38.0)	(44.3)	(8.2)	(5.3)	(1.8)	(2.5)	100.0	(11.4)	(46.9)	(25.0)	(12.6)	(0.0)	(4.2)	100.0	(36.1)	(71.3)	38
Sex																	
Male	36.7	44.9	11.7	5.4	1.0	0.3	100.0	13.1	47.9	20.6	12.2	5.6	0.7	100.0	28.8	60.1	308
Female	34.9	47.3	8.5	7.6	1.1	0.7	100.0	8.8	50.8	22.6	12.2	4.9	0.7	100.0	27.8	58.8	251
Type of diarrhea																	
Non bloody	36.2	45.9	10.3	6.1	1.1	0.4	100.0	10.4	50.0	21.6	12.0	5.3	0.7	100.0	28.7	60.1	524
Bloody	(32.0)	(48.6)	(5.8)	(10.6)	(0.0)	(3.1)	100.0	(22.9)	(39.2)	(17.1)	(15.3)	(5.5)	(0.0)	100.0	(24.5)	(50.3)	34
Residence																	
Urban	40.3	44.4	8.8	5.3	0.0	1.1	100.0	11.9	52.5	14.8	13.8	6.3	0.7	100.0	30.2	63.5	266
Rural	31.8	47.4	11.5	7.4	2.0	0.0	100.0	10.4	46.2	27.6	10.7	4.3	0.7	100.0	26.7	56.0	294
Mother's education																	
No education	*	*	*	*	*	*	100.0	*	*	*	*	*	*	100.0	*	*	4
Elementary	37.8	45.4	8.3	6.5	2.0	0.0	100.0	12.9	42.6	24.1	13.3	5.9	1.3	100.0	28.1	54.8	161
High school	33.9	46.8	11.1	6.4	0.7	1.1	100.0	11.3	51.8	19.9	10.5	5.8	0.7	100.0	26.7	60.6	274
College	38.9	44.2	10.6	5.8	0.6	0.0	100.0	8.7	51.5	22.4	14.0	3.4	0.0	100.0	33.5	64.7	121
Wealth quintile																	
Lowest	30.6	47.8	10.7	8.7	2.2	0.0	100.0	11.1	47.4	26.1	9.5	5.1	0.8	100.0	26.1	58.5	167
Second	31.7	47.0	13.6	5.3	0.7	1.9	100.0	8.4	47.6	25.1	12.3	4.9	1.6	100.0	22.2	57.0	157
Middle	34.3	51.1	7.5	7.1	0.0	0.0	100.0	9.8	54.8	14.1	14.4	6.8	0.0	100.0	24.3	58.0	96
Fourth	46.9	37.1	8.7	5.6	1.6	0.0	100.0	9.7	52.2	18.5	15.0	4.7	0.0	100.0	38.3	64.4	75
Highest	49.0	41.4	6.8	2.8	0.0	0.0	100.0	21.4	45.8	15.6	12.3	4.8	0.0	100.0	43.5	65.0	65
Total	35.9	46.0	10.2	6.4	1.0	0.5	100.0	11.1	49.2	21.5	12.2	5.3	0.7	100.0	28.4	59.6	560

Note: Figures in parentheses are based on 25-49 unweighted children; an asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Continued feeding includes children who received more, same as usual, or somewhat less food during the diarrhea episode

Diarrheal episodes are frequently accompanied by vomiting, which makes feeding difficult because the child may refuse food. Table 10.8 shows that only 11 percent of children received more food than usual, while 49 percent received the same amount of food. Five percent of children received no food at all. Overall, 60 percent of children with diarrhea continued feeding at more or less the same level as usual, and received ORT and/or increased fluids.

Differences by background characteristics in feeding practices among children with diarrhea are not large. Children in urban areas are more likely than those in rural areas to receive increased fluids and continued feeding during a diarrheal episode. Better-educated mothers and mothers in the highest wealth quintiles are more likely than other mothers to give increased fluids and continued feeding to their children with diarrhea.

10.5.4 Knowledge of ORS Packets

A simple and effective response to dehydration caused by diarrhea is prompt increase in the child's fluid intake through some form of oral rehydration therapy (ORT) that includes administering a solution prepared from packets of oral rehydration salts (ORS) or pre-packaged ORS liquid.

The 2008 NDHS included questions to determine the level of knowledge of ORS, such as Oresol, Hydrite, and Pedialyte, for diarrhea treatment among women who had a birth in the five years before the survey. Knowledge of ORS is based on whether a mother has seen or heard of ORS, or used ORS to treat one of her children with diarrhea in the two weeks preceding the survey.

Table 10.9 shows a high level of knowledge of ORS packets among Filipino mothers (92 percent). Knowledge of ORS increases with age, education, and economic status. It is also higher among mothers in urban areas than those in rural areas. Teenage mothers, those with no education, and mothers in the poorest wealth quintile are the least likely to know about ORS. Across regions, knowledge about ORS ranges from 76 percent in ARMM to 96 percent in Central Luzon.

Table 10.9 Knowledge of ORS packets or pre-packaged liquids

Percentage of mothers age 15-49 with a birth in the five years preceding the survey who know about ORS packets or ORS pre-packaged liquids for treatment of diarrhea, by background characteristics, Philippines 2008

Background characteristic	Percentage of women who know about ORS packets or ORS pre-packaged liquids	Number of women
Age		
15-19	72.8	199
20-24	85.0	879
25-34	94.7	2,291
35-49	94.1	1,220
Residence		
Urban	94.8	2,283
Rural	88.7	2,307
Region		
National Capital Region	95.2	688
Cordillera Admin Region	92.0	72
I - Ilocos	94.4	218
II - Cagayan Valley	92.7	142
III - Central Luzon	96.1	468
IVA - CALABARZON	94.6	602
IVB - MIMAROPA	88.6	151
V - Bicol	94.0	280
VI - Western Visayas	94.7	324
VII - Central Visayas	92.8	328
VIII - Eastern Visayas	92.2	196
IX - Zamboanga Peninsula	84.0	189
X - Northern Mindanao	86.7	198
XI - Davao	87.4	224
XII - SOCCSKSARGEN	83.5	178
XIII - Caraga	88.6	124
ARMM	76.1	207
Education		
No education	54.3	68
Elementary	84.8	1,061
High school	92.9	2,198
College	97.5	1,263
Wealth quintile		
Lowest	83.7	1,103
Second	92.8	1,007
Middle	93.1	906
Fourth	96.1	863
Highest	95.6	711
Total	91.7	4,590

ORS = Oral rehydration salts

10.5.5 Disposal of Children's Stools

Poor personal hygienic practices contribute to the spread of diarrhea. The proper disposal of children's stools is extremely important in preventing the spread of diarrheal disease. If stools are left uncontained, disease may spread by direct contact or through animal contact. The 2008 NDHS gathered information from mothers on the most recent practices used to dispose of the stools of the youngest child living with them. This information is useful in the evaluation of diarrhea prevention in the country.

Table 10.10 shows that half of the women disposed of their youngest child's stools safely, i.e., contained in one of three ways: the child used the toilet or latrine, stools were thrown into the toilet or latrine, or stools were buried in the yard. The remaining women disposed of their children's stools improperly, such as by throwing them into drains or garbage or rinsing them away.

The use of proper practices for the disposal of children's stools increases with children's age and mother's level of education. Stools of children age 48-59 months are much more likely to be disposed of safely (88 percent) than those of younger children. Mothers with college or higher education are much more likely to dispose of their children's stools safely (55 percent) than mothers with no education (37 percent).

Access to a private toilet facility increases the likelihood that a child's stools are disposed of safely; 54 percent of children in households with an improved, private toilet facility have their stools disposed of safely, compared with 43 percent of children in households without an improved, private toilet facility. Across regions, SOCCSKSARGEN has the highest percentage of young children whose stools are disposed of safely (64 percent), while ARMM has the lowest percentage (37 percent).

Table 10.10 Disposal of children's stools

Percent distribution of youngest children under age five living with the mother by the manner of disposal of the child's last fecal matter, and percentage of children whose stools are disposed of safely, according to background characteristics, Philippines 2008

Background characteristic	Manner of disposal of children's stools								Total	Percentage of children whose stools are disposed of safely	Number of children
	Child used toilet or latrine	Put/rinsed into toilet or latrine	Buried	Put/rinsed into drain or ditch	Thrown into garbage	Rinsed away	Other	Missing			
Age in months											
<6	0.2	6.8	3.4	20.6	60.5	2.5	5.5	0.5	100.0	10.4	569
6-11	2.0	11.9	6.2	10.6	58.5	3.1	6.4	1.3	100.0	20.1	627
12-23	12.5	15.7	10.3	5.6	44.6	6.0	5.2	0.2	100.0	38.4	1,148
24-35	41.9	11.6	11.8	3.5	20.3	5.4	5.2	0.3	100.0	65.3	856
36-47	61.2	9.0	9.7	2.0	6.6	5.9	4.6	1.0	100.0	79.8	662
48-59	77.5	6.2	4.2	0.3	3.5	3.6	3.7	0.8	99.9	87.9	556
Toilet facility											
Improved, not shared[1]	37.2	11.9	5.2	5.2	36.1	2.1	1.8	0.7	100.0	54.2	2,649
Non-improved or shared	20.2	9.4	13.2	8.6	28.7	8.8	10.6	0.5	100.0	42.8	1,698
Missing	33.5	17.8	5.6	15.5	23.0	4.5	0.0	0.0	100.0	57.0	70
Residence											
Urban	36.1	10.3	3.7	3.2	40.9	1.9	3.0	0.7	100.0	50.2	2,169
Rural	25.2	11.6	12.6	9.9	25.5	7.4	7.1	0.5	100.0	49.5	2,248
Region											
National Capital Region	44.3	6.4	0.2	0.8	44.4	0.4	2.7	0.9	100.0	50.9	641
Cordillera Admin Region	32.2	15.3	1.1	10.3	28.4	10.9	0.5	1.2	100.0	48.6	71
I - Ilocos	30.2	8.2	7.0	3.5	44.9	5.3	0.4	0.4	100.0	45.4	215
II - Cagayan Valley	27.9	20.2	6.5	5.3	34.3	4.8	1.1	0.0	100.0	54.5	137
III - Central Luzon	32.7	7.1	9.4	4.7	41.6	1.6	1.8	1.1	100.0	49.2	460
IVA - CALABARZON	36.0	8.1	3.7	1.0	48.1	1.3	1.4	0.4	100.0	47.8	579
IVB - MIMAROPA	21.5	16.7	13.5	7.8	22.2	11.9	5.1	1.3	100.0	51.7	145
V - Bicol	20.0	8.1	10.1	19.8	25.8	8.4	7.7	0.0	100.0	38.3	277
VI - Western Visayas	24.3	16.7	15.2	5.4	23.8	8.0	5.9	0.7	100.0	56.2	313
VII - Central Visayas	23.1	7.5	13.4	5.2	34.9	11.9	3.6	0.4	100.0	44.1	307
VIII - Eastern Visayas	30.2	5.1	11.5	8.5	22.3	10.9	11.5	0.0	100.0	46.8	190
IX - Zamboanga Peninsula	23.4	19.1	5.6	13.5	19.3	8.8	10.3	0.0	100.0	48.2	184
X - Northern Mindanao	34.1	13.1	15.8	10.8	18.5	1.9	5.0	0.9	100.0	62.9	192
XI - Davao	27.1	19.1	11.5	12.3	18.9	2.4	5.9	2.4	99.6	57.8	213
XII - SOCCSKSARGEN	29.6	11.3	23.5	6.8	23.9	0.5	4.5	0.0	100.0	64.4	173
XIII - Caraga	33.9	17.5	3.5	10.7	19.2	3.2	11.6	0.4	100.0	54.9	121
ARMM	16.4	18.1	2.8	13.4	19.7	6.1	23.5	0.0	100.0	37.3	200
Education											
No education	13.0	12.6	11.3	10.5	13.7	13.7	25.3	0.0	100.0	36.8	66
Elementary	21.2	10.3	12.4	9.9	24.9	10.9	9.8	0.6	100.0	43.9	1,023
High school	30.5	10.6	9.1	6.5	34.4	3.7	4.3	0.9	100.0	50.2	2,101
College	39.5	12.2	3.2	3.9	38.5	0.8	1.5	0.3	99.9	54.9	1,227
Wealth quintile											
Lowest	15.0	9.8	15.2	12.4	20.8	12.9	13.3	0.6	100.0	39.9	1,071
Second	26.7	13.5	11.4	8.8	28.6	4.1	6.1	0.8	100.0	51.5	985
Middle	36.8	11.6	6.8	4.6	35.2	2.2	2.0	0.8	99.9	55.2	875
Fourth	38.8	9.9	2.5	3.3	43.2	1.1	0.7	0.4	100.0	51.2	833
Highest	43.3	9.9	1.5	0.9	44.1	0.0	0.0	0.4	100.0	54.7	653
Total	30.6	11.0	8.3	6.6	33.1	4.7	5.1	0.6	100.0	49.8	4,417

[1] Non-shared facilities of the following types: flush or pour flush into a piped sewer system/septic tank/pit latrine; ventilated, improved pit (VIP) latrine; pit latrine with a slab; and a composting toilet.

NUTRITION OF CHILDREN AND WOMEN 11

Proper and adequate feeding, starting at birth, is vital for the physical and mental development of a child. Breastfeeding is the best form of feeding during the first six months of infancy because of its health and economic advantages. Thus, in response to the 1981 International Code of Marketing of Breast Milk Substitutes by the World Health Organization (WHO), the Philippines Department of Health strongly advocates breastfeeding for nursing mothers instead of using breast milk substitutes. Republic Act 7600, known as "The Rooming-In and Breastfeeding Act of 1992," provides incentives to all government and private health institutions in the Philippines that support rooming-in and breastfeeding. The Act provides that newborn infants with normal deliveries be put to the mother's breast immediately after birth, and roomed-in within 30 minutes; infants delivered by caesarean section should be roomed-in and breastfed within 3 to 4 hours after delivery.

The introduction of supplementary foods at age four to six months is important for the nutritional health and well-being of the growing child. Early supplemental feeding, however, is discouraged because it exposes infants to pathogens and increases the risks of infection and diarrheal diseases. It also decreases infant's intake of breast milk and suckling, which in turn reduces breast milk production. Complementary feeding is recommended at ages 6 to 24 months. This is a vulnerable period for the child because it is when breast milk is no longer sufficient to meet his/her nutritional needs.

This chapter presents information on breastfeeding and supplementation among infants. It discusses various aspects of breastfeeding, including the prevalence and initiation of breastfeeding and prelacteal feeding, and the duration and frequency of breastfeeding. The chapter presents survey results on supplementary feeding, specifically, the types of food supplements and the frequency of feeding. The micronutrient intake of children and of the mothers in the first two months after delivery is discussed in this chapter.

11.1 Initiation of Breastfeeding and Prelacteal Feeding

The survey results indicate that the prevalence of breastfeeding in the Philippines has not changed over the past two decades. Table 11.1 shows that 88 percent of the children born in the five years preceding the 2008 National Demographic Health Survey (NDHS) had been breastfed at some time (ever breastfed), meaning that the other 12 percent were not breastfed at all. The proportion of children ever breastfed in the previous NDHS surveys was 87 percent in 2003, 88 percent in 1998, and 87 percent in 1993.

The proportion ever breastfed does not vary by sex and children in urban areas are less likely to be breastfed than those in rural areas (83 and 92 percent, respectively). While breastfeeding is commonly practiced in all regions, children in CALABARZON are the least likely to have ever been breastfed (77 percent) and children in Bicol and Cordillera Administrative Region are the most likely to be breastfed (95 and 94 percent, respectively).

Table 11.1 Initial breastfeeding

Percentage of children born in the five years preceding the survey who were ever breastfed, and for last-born children ever breastfed, the percentage who started breastfeeding within one hour and within one day of birth, and the percentage who received a prelacteal feed, by background characteristics, Philippines 2008

Background characteristic	Breastfeeding among children born in past five years		Among last-born children ever breastfed:			
	Percentage ever breastfed	Number of children born in past five years	Percentage who started breastfeeding within 1 hour of birth	Percentage who started breastfeeding within 1 day of birth[1]	Percentage who received a prelacteal feed[2]	Number of last-born children ever breastfed
Sex						
Male	86.8	3,351	52.8	82.3	55.4	2,148
Female	88.6	3,008	54.3	81.6	53.5	1,951
Residence						
Urban	83.1	3,105	52.5	79.4	57.7	1,942
Rural	92.1	3,255	54.4	84.4	51.6	2,157
Region						
National Capital Region	80.7	903	49.1	82.3	52.0	576
Cordillera Admin Region	94.4	104	56.2	89.5	16.2	69
I - Ilocos	91.2	296	54.2	82.1	54.7	199
II - Cagayan Valley	91.5	212	61.7	84.0	55.2	132
III - Central Luzon	88.4	629	26.3	71.0	74.2	417
IVA - CALABARZON	77.2	810	53.3	78.5	60.1	479
IVB - MIMAROPA	90.9	209	44.9	79.3	56.2	136
V - Bicol	94.9	421	47.1	88.7	43.3	272
VI - Western Visayas	89.6	452	66.9	84.6	59.3	296
VII - Central Visayas	90.8	459	75.3	89.7	47.7	301
VIII - Eastern Visayas	91.6	283	58.6	81.6	41.4	180
IX - Zamboanga Peninsula	87.1	261	40.6	77.7	68.4	164
X - Northern Mindanao	93.7	282	75.1	91.9	42.3	191
XI - Davao	91.6	295	57.1	87.2	42.6	211
XII - SOCCSKSARGEN	93.1	245	58.4	82.6	56.6	171
XIII - Caraga	88.9	180	60.0	88.8	55.1	111
ARMM	89.5	318	51.9	69.8	59.3	192
Mother's education						
No education	92.3	106	73.7	89.4	35.4	64
Elementary	92.0	1,552	55.2	85.8	48.1	992
High school	87.5	3,054	54.8	83.0	55.7	1,980
College	83.8	1,647	48.3	76.2	59.4	1,063
Assistance at delivery						
Health professional[3]	85.3	3,959	50.7	80.0	56.6	2,610
Hilot	91.8	2,313	58.3	85.6	51.5	1,439
Other	90.7	67	62.4	87.4	34.1	40
Place of delivery						
Health facility	83.7	2,809	49.7	77.8	54.2	1,828
At home	90.9	3,531	56.7	85.5	54.7	2,265
Wealth quintile						
Lowest	93.9	1,686	59.0	85.2	47.7	1,056
Second	90.5	1,460	54.1	83.0	54.8	930
Middle	87.2	1,219	50.9	83.4	56.8	812
Fourth	82.2	1,114	50.3	79.8	56.6	732
Highest	78.8	880	50.3	75.3	60.4	569
Total	87.7	6,359	53.5	82.0	54.5	4,099

Note: Table is based on births in the five years preceding the survey, regardless of survival status. Totals for assistance at delivery and place of delivery include some births with information missing.
[1] Includes children who started breastfeeding within one hour of birth
[2] Children given something other than breast milk during the first three days of life
[3] Doctor, nurse or midwife

The mother's socioeconomic status is associated with the children's chances of being breastfed. Children of mothers who live in wealthier households are less likely to be breastfed than children of mothers who live in poorer households. While 94 percent of children in the poorest quintile were breastfed at some time, only 79 percent of children in the wealthiest quintile were ever breastfed. The practice of breastfeeding also has a negative association with mother's level of education; better-educated mothers are less likely to breastfeed their children than mothers who have less education.

The prevalence of breastfeeding varies according to delivery characteristics. Children whose mothers received assistance from a health professional at delivery are less likely to be breastfed than those delivered by a traditional birth attendant or hilot (85 percent compared with 92 percent). Similarly, children delivered in a health facility are less likely to be breastfed than those who were born at home (84 percent compared with 91 percent).

Early initiation of breastfeeding is beneficial to both infant and mother. Placing the infant at the breast immediately after birth and early suckling stimulates the release of a hormone that helps the uterus contract to its normal size more rapidly, thus reducing the mother's blood loss. Also, for approximately three days after delivery, the breasts secrete colostrum, which is yellow and thicker than the later breast milk. It contains a high concentration of antibodies that protect infants against certain infectious diseases. Delay in putting the infant to the breast and initial bottle-feeding may result in the colostrum being lost to the infant.

The 2008 NDHS results show that 54 percent of children born in the five years before the survey who were ever breastfed were given breast milk within one hour of birth and 82 percent were put to the breast within 24 hours of birth (Table 11.1). There has been little change in these proportions over the past five years. In the 2003 NDHS, initiation of breastfeeding within one hour of birth was also 54 percent among children who were ever breastfed, while initiation within 24 hours was slightly lower, 80 percent of children ever breastfed (NSO and ORC Macro, 2004).[1]

Initiation of breastfeeding does not vary by the child's sex and type of residence. However, it differs across regions. Putting the infant to the breast soon after birth is not a common practice in Central Luzon. Mothers in Central Visayas and Northern Mindanao, on the other hand, are more likely to give their children breast milk immediately after birth than mothers in other regions.

Children in poorer households are breastfed somewhat sooner after birth than those in wealthier households. The likelihood that a child will receive breast milk within the first hour or first day of birth is negatively associated with the mother's level of education; it is higher among children born to mothers with no formal education or with elementary or high school education than among children whose mothers attended college.

The prevalence of breastfeeding within one hour after birth varies by assistance at delivery and place of delivery. Children born at home are more likely put to the breast within one hour of birth than those born in a health facility (57 and 50 percent, respectively), while babies delivered with the assistance of a traditional birth attendant or hilot are more likely to be breastfed within one hour of birth than those delivered by a health professional (58 and 51 percent, respectively).

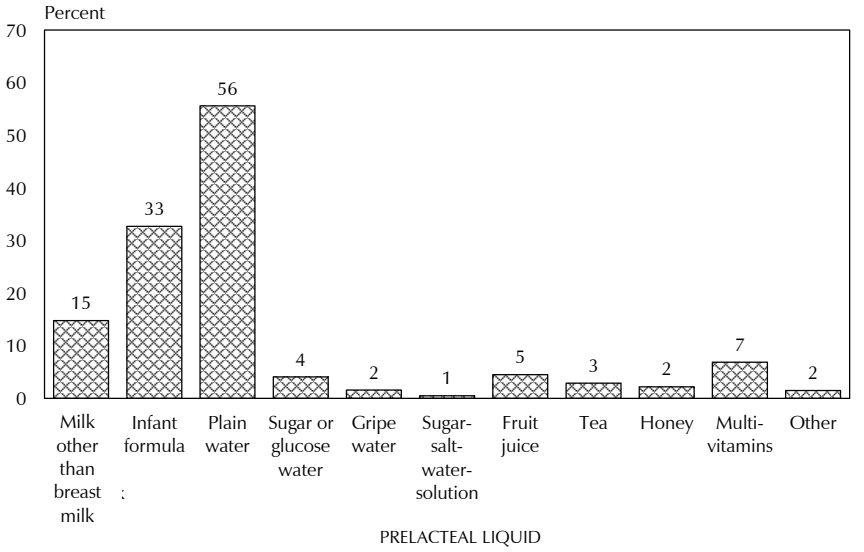
[1] The 2008 data on initiation of breastfeeding are based on the last live birth in the five years preceding the survey, while the 2003 data were based on all live births in the five years preceding the survey. This would not be expected to make a sizeable difference in results.

Prelacteal feeds, or liquid and/or nonliquid feeds given to newborns before the mother's milk begins to flow regularly, are discouraged, not only because they are less nutritious than breast milk but also because they are more susceptible to contamination. Bottle-feeding also tends to discourage breast suckling among infants. For children born in the five years preceding the survey who were ever breastfed, mothers were asked if the child was given anything to drink other than breast milk in the first three days after delivery. Those who answered "yes" were asked if the child was given water or anything else to drink or eat other than breast milk.

The percentage of children who received prelacteal feeds is shown in Table 11.1. More than half of children (55 percent) who were ever breastfed received prelacteal feeds in the first three days after delivery. Prelacteal feeding does not vary by the child's sex. Unlike breastfeeding, prelacteal liquid feeding is slightly more common in urban than in rural areas (58 compared with 52 percent). Among the regions, Central Luzon has the highest percentage of children given prelacteal feeds (74 percent), and Cordillera Administrative Region (CAR) has the lowest proportion (16 percent). Children in wealthier households, children of better-educated mothers, and children whose mothers were assisted by a health professional at delivery are more likely than other children to receive prelacteal feeding.

As shown in Figure 11.1, most children who are given prelacteal feeds are given plain water (56 percent), infant formula (33 percent), or other milk (15 percent). Only small proportions of children are given other liquids before starting breastfeeding.

Figure 11.1 **Among Youngest Children Born in the Five Years Preceding the Survey, Percentage Who Received Specific Prelacteal Liquids**



NDHS 2008

11.2 BREASTFEEDING STATUS BY AGE

For children born in the three years preceding survey, mothers were asked about the liquids and foods consumed in the day and the night preceding the interview. The information is used to determine breastfeeding status: whether the child is exclusively breastfed, or is breastfeeding and consuming plain water only, water-based liquids/juices, other milk, or any solid/semi-solid foods. Children classified as exclusively breastfed received nothing but breast milk in the 24 hours before the interview. Breastfeeding children who received solid/semisolid foods and/or non-breast milk in the 24 hours preceding the interview are classified as receiving complementary foods.

Table 11.2 shows the percent distribution of youngest children under three years and living with the mother by breastfeeding status, according to the age of the children in months. The results show that children in the Philippines are given supplemental foods very early. Among infants under two months, 8 percent are not being breastfed, one in two infants (50 percent) is exclusively breastfed, and two in five infants (42 percent) receive either plain water only (18 percent), other milk (23 percent), or complementary foods (1 percent) in addition to breast milk. At age 6-9 months, 37 percent of infants are not being breastfed, and only 3 percent are exclusively breastfed. At age 6 months and older, virtually all infants have received liquids or foods other than breast milk (Figure 11.2). Comparison with data from the 2003 NDHS shows that the prevalence of exclusive breastfeeding among infants under 6 months has remained at 34 percent (NSO and ORC Macro, 2004).

Table 11.2 Breastfeeding status by age

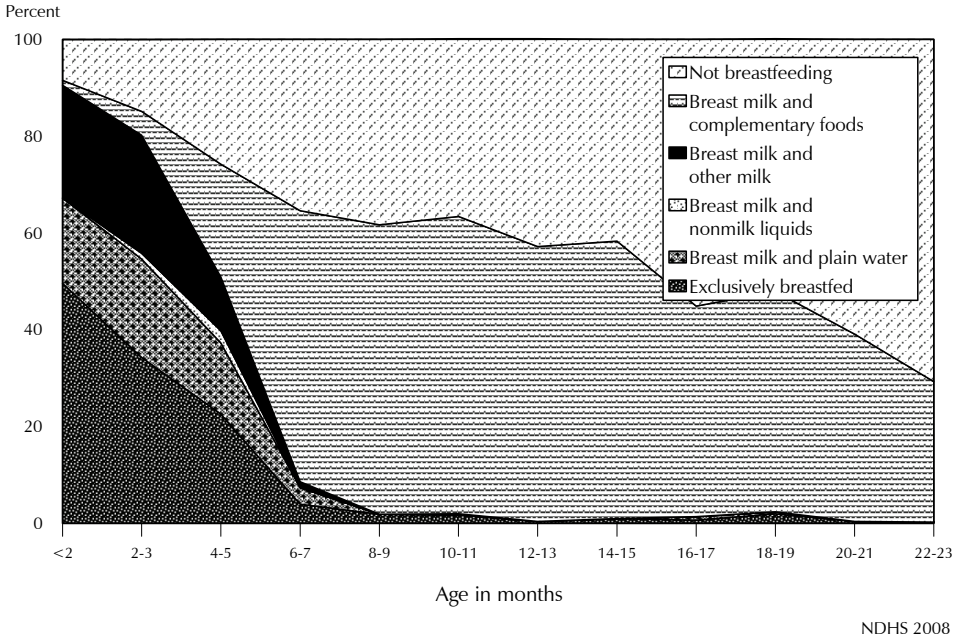
Percent distribution of youngest children under three years living with their mother by breastfeeding status and percentage currently breastfeeding; and among all children under three years, the percentage using a bottle with a nipple, according to age in months, Philippines 2008

	Percent distribution of youngest children under three living with their mother by breastfeeding status										
			Breastfeeding and consuming								
Age in months	Not breast-feeding	Exclusively breastfed	Plain water only	Non-milk liquids/ juice	Other milk	Comple-mentary foods	Total	Percentage currently breast-feeding	Number of youngest child under three years	Percentage using a bottle with a nipple[1]	Number of children under three years
0-1	8.4	49.6	17.6	0.0	23.3	1.0	100.0	91.6	141	34.6	143
2-3	14.8	34.3	20.3	1.2	24.4	4.9	100.0	85.2	231	42.3	233
4-5	25.8	22.6	14.7	2.5	11.1	23.3	100.0	74.2	197	43.7	199
6-8	37.4	2.8	2.2	0.0	0.8	56.8	100.0	62.6	306	48.3	311
9-11	36.3	2.2	0.0	0.0	0.1	61.3	100.0	63.7	321	52.6	329
12-17	46.1	0.7	0.2	0.0	0.0	53.0	100.0	53.9	608	53.4	648
18-23	61.7	0.9	0.1	0.0	0.0	37.3	100.0	38.3	540	50.4	638
24-35	82.8	0.2	0.0	0.0	0.0	17.0	100.0	17.2	856	40.5	1,225
0-3	12.4	40.1	19.3	0.7	24.0	3.4	100.0	87.6	371	39.3	376
0-5	17.1	34.0	17.7	1.3	19.5	10.3	100.0	82.9	569	40.9	575
6-9	36.9	2.9	1.6	0.0	0.6	58.0	100.0	63.1	422	48.4	429
12-15	42.3	0.7	0.0	0.0	0.0	57.0	100.0	57.7	427	50.5	449
12-23	53.4	0.8	0.2	0.0	0.0	45.6	100.0	46.6	1,148	51.9	1,286
20-23	65.8	0.4	0.0	0.0	0.0	33.8	100.0	34.2	377	51.6	459

Note: Breastfeeding status refers to a 24-hour period (yesterday and the past night). Children classified as breastfeeding and consuming plain water only consumed no liquid or solid supplements. The categories "not breastfeeding," "exclusively breastfed," "breastfeeding and consuming plain water, non-milk liquids/juice, other milk, and complementary foods (solids and semi-solids)" are hierarchical and mutually exclusive, so their percentages add to 100 percent. Thus children who receive breast milk and non-milk liquids and who do not receive complementary foods are classified in the non-milk liquid category even though they may also get plain water. Children who receive complementary food are classified in that category as long as they are breastfeeding as well.

[1] Based on all children under three years

Figure 11.2 Infant Feeding Practices by Age



Bottles with nipples are usually used when feeding infants with infant formula and other types of supplementary foods. The use of bottles is not generally recommended in early infancy because of the potential for undernutrition as well as the possibility of exposing the child to infection through unhygienic procedures in the preparation of the liquid and feeding bottle, particularly in poor environmental and socioeconomic conditions. The use of a feeding bottle is thought to put children at increased risk of diarrheal diseases.

The survey results show that bottle feeding is common in the Philippines; 35 percent of infants under two months use a bottle with a nipple. The percentage of children who received a bottle with a nipple increases with age, peaking at age 12-17 months (Table 11.2).

11.3 Duration and Frequency of Breastfeeding

The duration and frequency of breastfeeding affect the health and nutritional status of both the mother and child. They also influence the length of postpartum amenorrhea, which in turn affects birth intervals and fertility levels. A longer birth interval allows a mother to recover fully before her next pregnancy and averts maternal depletion resulting from births occurring too close together.

In the 2008 NDHS, for children born in the three years preceding the survey who were being breastfed at the time of the survey, mothers were asked about the number of times their children were breastfed in the 24 hours preceding the interview. Estimates of mean and median durations of breastfeeding are based on current status information; that is, the proportion of children who were being breastfed at the time of the survey. The median duration of exclusive breastfeeding is the age at which half of the children began receiving infant formula, other milk, or food supplements. Predominant breastfeeding refers to children who are exclusively breastfed or receiving breast milk and plain water, water-based liquids (such as soft drinks), and/or juices in the 24 hours preceding the interview. Table 11.3 gives the median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children born in the three years preceding the survey, and the frequency of breastfeeding among children under six months, according to selected background characteristics.

Table 11.3 Median duration and frequency of breastfeeding

Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children born in the three years preceding the survey, percentage of breastfeeding children under six months living with the mother who were breastfed six or more times in the 24 hours preceding the survey, and mean number of feeds (day/night), by background characteristics, Philippines 2008

	Median duration (months) of breastfeeding among children born in the past three years[1]			Frequency of breastfeeding among children under six months[2]			
Background characteristic	Any breast-feeding	Exclusive breast-feeding	Predomi-nant breast-feeding[3]	Percentage breastfed 6+ times in past 24 hours	Mean number of day feeds	Mean number of night feeds	Number of children
Sex							
Male	14.4	0.8	2.2	95.1	6.4	5.4	248
Female	14.2	0.7	3.2	97.0	6.7	5.1	224
Residence							
Urban	7.0	0.7	1.8	95.8	6.4	5.4	190
Rural	17.4	1.0	3.5	96.2	6.7	5.2	281
Region							
National Capital Region	5.7	0.7	2.0	(97.1)	(5.2)	(4.6)	49
Cordillera Admin Region	15.7	0.5	0.7	*	*	*	6
I - Ilocos	17.2	1.2	3.4	*	*	*	21
II - Cagayan Valley	18.9	2.6	3.2	*	*	*	13
III - Central Luzon	13.2	0.5	0.6	(91.1)	(6.3)	(4.4)	40
IVA - CALABARZON	4.3	0.6	1.6	(100.0)	(6.4)	(5.8)	48
IVB - MIMAROPA	19.9	0.7	0.7	*	*	*	15
V - Bicol	19.8	3.2	4.4	(100.0)	(6.5)	(5.9)	34
VI - Western Visayas	13.6	0.5	0.8	(100.0)	(7.5)	(6.5)	31
VII - Central Visayas	12.9	0.7	5.0	(97.1)	(7.6)	(5.9)	40
VIII - Eastern Visayas	16.9	2.3	3.2	(93.9)	(5.6)	(5.3)	26
IX - Zamboanga Peninsula	14.3	0.4	0.4	(93.9)	(7.6)	(4.9)	25
X - Northern Mindanao	14.9	4.0	4.1	(93.6)	(7.7)	(6.3)	25
XI - Davao	13.0	2.8	4.7	(97.1)	(7.4)	(4.7)	29
XII - SOCCSKSARGEN	19.8	2.8	4.1	(92.8)	(7.3)	(5.2)	22
XIII - Caraga	16.7	0.5	0.5	*	*	*	11
ARMM	18.2	0.7	2.6	(88.8)	(5.3)	(3.8)	36
Mother's education							
No education	24.9	0.6	4.1	*	*	*	6
Elementary	19.2	1.9	4.1	96.7	6.6	4.8	146
High school	14.0	0.7	2.7	95.9	6.7	5.6	224
College	5.6	0.7	1.0	95.0	6.2	5.2	95
Wealth quintile							
Lowest	19.2	1.9	4.3	98.1	6.9	5.2	151
Second	15.8	1.6	3.3	95.9	6.8	5.4	120
Middle	14.0	0.7	2.3	92.7	6.2	5.3	86
Fourth	8.8	0.5	0.6	94.7	6.0	5.0	77
Highest	3.7	0.6	0.6	(98.0)	(6.7)	(5.3)	36
Total	14.3	0.7	2.7	96.0	6.6	5.2	472
Mean for all children	15.1	2.8	3.9	na	na	na	na

Note: Median and mean durations are based on current status. Includes all children regardless of survival status.
na = Not applicable
[1] It is assumed that non-last-born children and last-born children not currently living with the mother are not currently breastfeeding
[2] Excludes children for whom there was not a valid answer on the number of times breastfed
[3] Either exclusively breastfed or received breast milk and plain water and/or non-milk liquids only

The median duration of any breastfeeding is 14 months, which means that half of children under age three are not being breastfed after 14 months. There is no difference in the median duration of breastfeeding by sex. Children in rural areas are breastfed longer than children in urban areas (17 months compared with 7 months). Table 11.3 shows that the median duration of breastfeeding is negatively associated with mother's wealth status and education; children of poorer parents and those whose mothers have less education tend to be breastfed longer than other children. The median duration of any breastfeeding is shortest in CALABARZON (4.3 months) and NCR (5.7 months), while it is almost 20 months in MIMAROPA, Bicol, and SOCCSKSARGEN.

The median duration of exclusive breastfeeding is less than one month, while the duration of predominant breastfeeding is 2.7 months. Variations in the median duration of exclusive and predominant breastfeeding are similar to those of any breastfeeding.

Frequent breastfeeding is common in the Philippines. Ninety-six percent of infants under six months were breastfed six or more times in the 24 hours preceding the survey. On average, infants are breastfed seven times during the day and five times at night. Frequency of breastfeeding does not vary by residence, mother's education or economic status.

There have been only slight changes in breastfeeding practices since 2003. The percentage of infants under six months who were breastfed six or more times in the 24 hours preceding the survey increased from 93 percent in 2003 to 96 percent in 2008. There were no substantial changes in the median duration of any breastfeeding (14.1 months in 2003 compared with 14.3 months in 2008), or in the median duration of exclusive breastfeeding (0.8 months in 2003 compared with 0.7 months in 2008) (NSO and ORC Macro, 2004).

11.4 Types of Complementary Foods

Food supplementation is important for infant growth and development. WHO recommends the introduction of solid or semi-solid food to infants around the age of six months because by that age breast milk by itself is no longer sufficient to either meet the infant's nutritional requirements or maintain the child's optimal growth. In the 2008 NDHS, for the youngest children born in the three years preceding the survey and living with their mothers, mothers were asked about the types of liquid and food the children had during the day or night preceding the interview, as well as the number of times solid, semi-solid, or soft foods were taken during the same period. Table 11.4 shows the types of food consumed during the day or night preceding the interview by breastfeeding status.

Among breastfeeding children under two months of age, 26 percent were given infant formula during the day and night preceding the survey; 8 percent were given other milk (that is, fresh, tinned, and powdered cow's milk, or other animal milk), and 1 percent were given solid or semisolid food. As expected, food supplementation increases with the child's age. At age 4-5 months, the pattern of feeding shows marked changes; 15 percent of infants are given liquids other than breast milk and 24 percent are given food made from grains and 30 percent are given solid or semisolid food.

Table 11.4 shows that consumption of fruits and vegetables rich in vitamin A increases with the child's age. By age 6-8 months, 43 percent of breastfeeding children receive food rich in vitamin A. This proportion increases to 77 percent by the time the child is age 24 to 35 months.

Table 11.4 Foods and liquids consumed by children in the day or night preceding the interview

Percentage of youngest children under three years of age living with their mother who consumed specific foods in the day and night preceding the interview, by breastfeeding status and age, Philippines 2008

	Liquids			Solid or semisolid foods											
Age in months	Infant formula	Other milk[1]	Other liquids[2]	Fortified baby foods	Food made from grains[3]	Fruits and vegetables rich in vitamin A[4]	Other fruits and vege-tables	Food made from roots and tubers	Food made from legumes and nuts	Meat, fish, poultry, and eggs	Cheese, yogurt, other milk product	Any solid or semi-solid food	Food made with oil, fat, and butter	Sugary foods	Number of children
BREASTFEEDING CHILDREN															
0-1	26.0	8.4	0.5	0.0	0.6	0.6	0.6	0.0	0.6	0.6	0.0	1.1	0.6	0.6	129
2-3	28.8	16.0	4.3	1.6	5.8	0.6	0.6	0.6	0.0	0.6	0.6	5.8	0.6	1.5	196
4-5	19.0	11.8	15.0	10.0	24.4	10.1	4.4	3.7	0.8	8.4	0.8	29.5	4.9	13.2	146
6-8	17.7	25.7	41.1	27.7	87.4	42.6	29.8	14.4	8.2	42.2	3.1	89.0	22.6	44.2	192
9-11	20.6	31.3	48.0	25.8	94.6	71.4	58.5	22.1	17.5	67.8	11.3	96.4	46.9	61.8	204
12-17	15.8	39.9	56.8	8.8	96.2	75.9	53.7	20.4	13.5	78.4	13.1	98.3	57.5	70.2	328
18-23	14.5	41.5	60.5	6.4	96.2	69.7	54.4	22.2	18.0	80.6	11.3	96.9	63.1	72.3	207
24-35	8.2	41.0	64.7	5.6	98.3	76.5	57.0	26.2	19.8	85.2	13.9	98.8	62.8	80.5	147
0-5	25.0	12.6	6.6	3.8	10.1	3.5	1.8	1.4	0.4	3.0	0.5	11.8	1.9	4.9	472
6-9	18.7	25.4	43.1	25.3	89.7	48.9	34.1	15.8	8.5	48.9	5.5	90.8	25.9	47.1	266
6-23	17.0	35.5	52.5	15.9	94.0	66.7	50.0	19.9	14.3	69.1	10.2	95.7	49.2	63.5	930
Total	18.6	29.0	39.7	11.2	68.9	48.4	36.0	14.9	10.6	50.5	7.6	70.5	36.1	47.3	1,549
NONBREASTFEEDING CHILDREN															
0-1	*	*	*	*	*	*	*	*	*	*	*	*	*	*	12
2-3	(98.4)	(44.9)	(0.0)	(21.5)	(21.5)	(3.5)	(3.5)	(7.2)	(0.0)	(0.0)	(0.0)	(26.3)	(0.0)	(3.1)	34
4-5	(86.7)	(48.5)	(21.7)	(24.3)	(34.7)	(13.9)	(4.7)	(2.4)	(0.0)	(1.2)	(0.0)	(34.7)	(2.5)	(7.8)	51
6-8	86.4	69.0	37.8	46.6	88.8	37.8	32.5	22.4	9.0	42.4	6.9	89.9	20.7	45.7	114
9-11	79.8	74.9	47.1	36.2	96.0	57.1	48.4	27.2	13.2	72.4	23.7	97.1	52.0	63.0	117
12-17	57.4	76.4	52.1	15.3	95.8	70.8	56.9	20.8	17.8	80.2	24.7	97.3	57.9	75.5	280
18-23	44.1	76.4	62.4	9.5	98.4	75.6	62.6	25.3	23.3	89.0	22.2	99.2	65.6	82.7	333
24-35	34.0	67.8	64.9	6.7	97.8	77.1	62.5	28.0	20.8	90.0	24.5	99.3	65.0	80.4	708
0-5	91.6	46.3	11.4	20.3	25.8	8.5	3.7	3.8	0.0	0.6	0.0	27.5	1.3	5.2	97
6-9	84.0	69.0	40.3	42.9	89.1	42.5	38.3	23.1	8.2	51.2	9.5	90.4	28.7	48.2	156
6-23	59.2	75.2	53.6	20.1	95.9	66.3	54.7	23.7	18.1	77.5	21.2	97.0	55.1	72.6	844
Total	50.3	70.3	55.9	14.4	92.6	67.5	55.0	24.4	18.2	78.3	21.3	93.9	56.2	72.0	1,650

Note: Breastfeeding status and foods consumed refer to a 24-hour period (yesterday and the past night). Numbers in parentheses are based on 25-49 unweighted cases; an asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Other milk includes fresh, tinned and powdered cow or other animal milk

[2] Does not include plain water

[3] Includes fortified baby food

[4] Includes pumpkin, orange or yellow squash or sweet potato, carrots, dark green leafy vegetables, mango, papaya, chesa, sineguela, jackfruit

Nonbreastfeeding children should be given appropriate and adequate food to meet their nutritional requirements because they are not receiving the benefits of breast milk. Moreover, nonbreastfeeding children should be fed safe, clean food to protect them from pathogens and the risks of infection and diarrheal diseases. Table 11.4 shows that for nonbreastfeeding children, the introduction of solid or semisolid food starts very early. Among nonbreastfeeding infants age 2-3 months, 26 percent are receiving solid or semisolid food, although the numbers of nonbreastfeeding children are too small at the younger ages to draw firm conclusions.

11.5 INFANT AND YOUNG CHILD FEEDING (IYCF) PRACTICES

The first two years of life is a critical period for a child's physical and behavioral development. Guidelines have been established on complementary feeding of breastfeeding children. The WHO and UNICEF recommend that children should be exclusively breastfed from birth to 6 months of age, and complementary foods should be introduced at 6 months of age. Moreover, frequent and on-demand breastfeeding should be continued until the child reaches the age of 2 years or beyond. At 6 months of age, complementary foods should be given in small amounts and as the child gets older, the amount of complementary foods is gradually increased. The number of times per day the child is fed complementary foods and the variety of foods consumed are also increased as the child gets older. For the average healthy breastfed infant, meals of complementary foods should be given 2-3 times per day at age 6-8 months, and 3-4 times per day at age 9-23 months, with additional nutritious snacks offered 1-2 times per day as desired. If the amount of food per meal is low, or if the child is no longer breastfed, then more frequent meals may be required. It is recommended that meat, poultry, fish or eggs should be eaten daily, or as often as possible (PAHO, 2003; WHO, 2005). Analogous guidelines for feeding nonbreastfed children age 6-24 months have also been established. It is recommended that the nonbreastfed child be fed solid or semisolid foods 4 or 5 times a day at age 6-23 months, with an additional snack once or twice a day as desired.

Table 11.5 presents infant and young child feeding practices among youngest children age 6-23 months living with their mother, by background characteristics and breastfeeding status. Overall, 55 percent of children age 6-23 months are fed according to the recommended IYCF practices, that is, they are given breast milk or milk products, foods from the recommended number of food groups, and are fed at least the recommended minimum number of times per day (Figure 11.3). Nearly all children age 6-23 months (95 percent) are breastfed or given milk products, 79 percent are given the recommended number of food groups, and 65 percent are fed at least the minimum number of times per day.

Breastfed children are more likely than nonbreastfed children to be fed according to the recommended IYCF practices in terms of frequency of feeding. Four in five (81 percent) breastfed children age 6-23 months are fed at least the minimum number of times per day, compared with 48 percent of nonbreastfed children. Feeding the recommended number of food groups is the same for both breastfed and nonbreastfed children; 79 percent of both breastfed and nonbreastfed children receive the recommended number of food groups (that is, three or more food groups for breastfed children and four or more food groups for nonbreastfed children).

The percentage of children who are fed according to all three recommended IYCF practices increases with age of the child; the percentage for both breastfed and nonbreastfed children is lowest at age 6-8 months. For breastfed children, adherence to appropriate feeding practices does not vary by urban-rural residence and mother's education, but it does vary by wealth quintile, with children in wealthier households (middle to highest quintiles) receiving more appropriate feeding than children in poorer households (lowest and second quintiles). Among nonbreastfed children, those living in urban areas, those whose mothers attended college, and those in wealthier households are more likely to receive appropriate feeding than other nonbreastfed children.

Table 11.5 Infant and young child feeding (IYCF) practices

Percentage of youngest children age 6-23 months living with their mother who are fed according to three IYCF feeding practices based on breastfeeding status, number of food groups consumed, and number of times fed during the day and night preceding the survey, by background characteristics, Philippines 2008

	Among breastfed children age 6-23 months, percentage fed:				Among nonbreastfed children age 6-23 months, percentage fed:					Among all children age 6-23 months, percentage fed:				
Background characteristic	3+ food groups[1]	Minimum times or more[2]	Both 3+ food groups and minimum times or more	Number of breastfed children 6-23 months	Milk or milk products[3]	4+ food groups	4+ times or more	With 3 IYCF practices[4]	Number of nonbreastfed children 6-23 months	Breast milk or milk products[3]	3+ or 4+ food groups[5]	Minimum times or more[6]	With all 3 IYCF practices	Number of all children 6-23 months
Age														
6-8	49.0	80.1	45.5	192	97.6	40.5	21.7	13.5	114	99.1	45.8	58.3	33.5	306
9-11	81.1	78.4	70.0	204	94.3	75.8	35.0	28.1	117	97.9	79.2	62.6	54.7	321
12-17	87.2	81.1	73.3	328	90.3	83.4	52.8	45.0	280	95.5	85.4	68.1	60.3	608
18-23	90.5	82.9	79.3	207	85.9	89.1	58.1	50.4	333	91.3	89.6	67.6	61.4	540
Sex														
Male	78.9	82.1	68.3	489	91.1	78.0	48.3	39.7	444	95.8	78.5	66.0	54.7	933
Female	78.5	79.2	68.1	442	88.9	79.7	48.2	41.5	400	94.7	79.0	64.5	55.4	842
Residence														
Urban	81.2	79.5	69.7	376	94.1	77.9	48.2	43.0	504	96.6	79.3	61.6	54.4	880
Rural	77.1	81.6	67.2	554	84.2	80.1	48.3	36.9	341	94.0	78.2	68.9	55.7	895
Region														
National Capital Region	77.9	75.9	65.2	93	98.5	75.3	47.4	41.9	164	99.1	76.2	57.7	50.4	257
Cordillera Admin Region	(86.7)	(97.8)	(86.7)	17	*	*	*	*	10	95.9	87.5	91.5	80.4	27
I - Ilocos	87.5	84.3	79.7	60	(94.6)	(81.0)	(51.3)	(46.0)	34	98.1	85.1	72.3	67.5	95
II - Cagayan Valley	86.2	89.3	83.1	48	(84.4)	(88.6)	(62.2)	(54.1)	19	95.5	86.9	81.5	74.8	67
III - Central Luzon	81.6	82.4	69.6	81	97.6	88.5	55.1	53.9	101	98.7	85.4	67.2	60.9	182
IVA - CALABARZON	87.0	57.6	53.8	96	89.6	74.8	26.3	23.7	138	93.9	79.8	39.2	36.1	234
IVB - MIMAROPA	71.0	69.2	54.0	40	(91.3)	(83.8)	(18.1)	(15.1)	21	97.0	75.4	51.7	40.7	61
V - Bicol	74.9	84.9	71.0	78	(86.2)	(77.1)	(57.8)	(44.0)	42	95.2	75.7	75.3	61.5	120
VI - Western Visayas	78.0	83.8	68.5	77	(93.2)	(82.4)	(59.8)	(50.7)	48	97.4	79.7	74.6	61.7	125
VII - Central Visayas	88.7	95.3	85.5	67	84.8	76.3	72.2	62.7	56	93.1	83.0	84.8	75.2	122
VIII - Eastern Visayas	73.8	83.0	66.2	43	(70.1)	(80.0)	(57.0)	(36.9)	24	89.2	76.0	73.6	55.6	67
IX - Zamboanga Peninsula	(68.2)	(88.6)	(65.8)	35	(84.2)	(80.4)	(64.6)	(46.6)	35	92.1	74.3	76.6	56.2	70
X - Northern Mindanao	(80.2)	(81.4)	(69.0)	37	(83.6)	(85.7)	(45.4)	(36.2)	36	92.0	82.9	63.8	52.9	73
XI - Davao	(79.2)	(95.3)	(77.0)	37	(85.5)	(76.3)	(51.9)	(32.9)	41	92.4	77.7	72.5	53.8	77
XII - SOCCSKSARGEN	75.4	77.9	62.1	46	(82.9)	(85.6)	(50.7)	(36.3)	28	93.5	79.3	67.6	52.3	74
XIII - Caraga	(58.4)	(70.5)	(52.2)	26	(85.0)	(65.0)	(47.5)	(39.9)	22	93.2	61.4	60.0	46.6	48
ARMM	63.0	81.1	58.0	49	(74.0)	(62.5)	(16.3)	(6.4)	25	91.2	62.8	59.1	40.5	75
Mother's education														
No education	(74.9)	(57.3)	(46.8)	22	*	*	*	*	7	(85.6)	(69.8)	(48.9)	(35.3)	29
Elementary	74.3	82.6	66.5	276	78.6	78.6	47.3	34.1	117	93.6	75.6	72.1	56.8	393
High school	79.2	82.0	69.3	468	90.0	76.0	45.7	37.4	406	95.4	77.7	65.1	54.5	874
College	85.1	77.2	70.5	165	95.5	83.0	52.4	48.0	314	97.1	83.7	60.9	55.8	479
Wealth quintile														
Lowest	72.3	83.1	64.7	310	68.8	74.1	51.4	32.7	121	91.2	72.8	74.2	55.7	431
Second	76.5	79.4	66.7	241	83.5	79.0	47.8	36.8	165	93.3	77.5	66.5	54.5	406
Middle	85.2	78.7	70.6	188	97.6	82.6	51.2	45.1	168	98.8	84.0	65.7	58.6	356
Fourth	83.7	80.3	72.1	130	94.8	79.3	45.3	41.0	199	96.8	81.0	59.2	53.3	329
Highest	89.9	81.2	75.6	62	97.9	77.7	47.0	44.3	191	98.4	80.7	55.4	52.0	253
Total	78.7	80.7	68.2	930	90.1	78.8	48.2	40.5	844	95.3	78.7	65.3	55.0	1,775

Note: Numbers in parentheses are based on 25-49 unweighted cases; an asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Food groups: a. infant formula, milk other than breast milk, cheese or yogurt or other milk products; b. foods made from grains, roots, and tubers, including porridge, fortified baby food from grains; c. vitamin A-rich fruits and vegetables; d. other fruits and vegetables; e. eggs; f. meat, poultry, fish, and shellfish (and organ meats); g. legumes and nuts; h. foods made with oil, fat, butter.

[2] At least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months

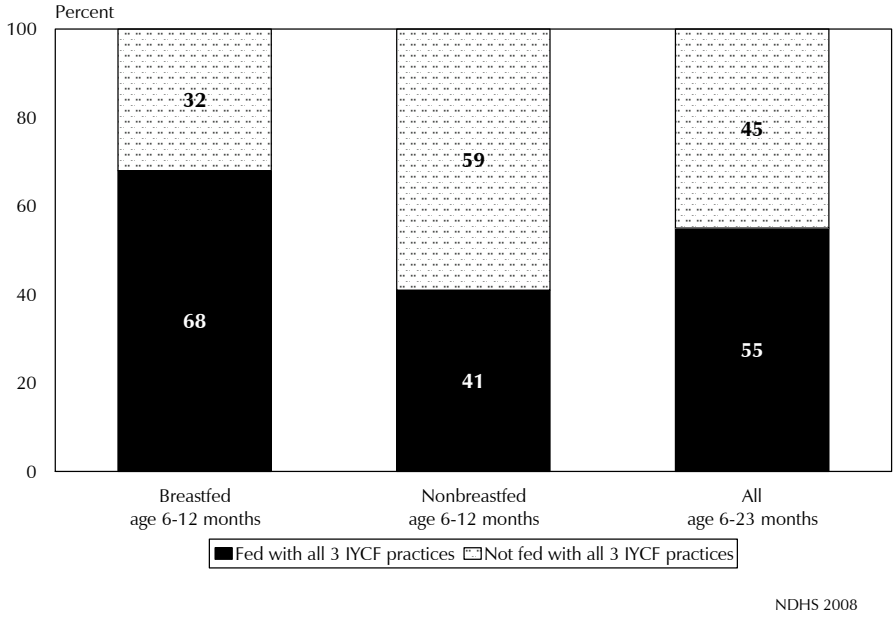
[3] Includes commercial infant formula, fresh, tinned and powdered animal milk, and cheese, yogurt and other milk products

[4] Nonbreastfed children age 6-23 months are considered fed according to the minimum standard of three Infant and Young Child Feeding practices if they receive other milk or milk products and are fed at least the minimum number of times per day with at least the minimum number of food groups.

[5] 3+ food groups for breastfed children and 4+ food groups for nonbreastfed children

[6] Fed solid or semisolid food at least twice a day for infants 6-8 months, 3+ times for other breastfed children, and 4+ times for nonbreastfed children

Figure 11.3 **Infant and Young Child Feeding (IYCF) Practices**



11.6 MICRONUTRIENT INTAKE AMONG CHILDREN

Micronutrients help protect children from some diseases. Micronutrient deficiency can lead to child morbidity and mortality. Poor intake of nutritious food, frequent episodes of infections, and prolonged exposure to internal parasites are some of the primary causes of micronutrient deficiency. Vitamin A is an essential micronutrient for the immune system and plays an important role in maintaining the epithelial tissue in the body. Severe vitamin A deficiency can cause eye damage and increase the severity of infections such as measles and diarrheal diseases in children and slow recovery from illness. Vitamin A is found in breast milk, other milks, liver, eggs, fish, butter, red palm oil, mangos, papayas, carrots, pumpkins, and dark green leafy vegetables. In humans, the liver can store an adequate amount of the vitamin A for four to six months. Periodic dosing (usually every six months) with vitamin A supplements is one method of ensuring that children at risk do not develop vitamin A deficiency.

Iron is essential for cognitive development. Low iron intake can also contribute to anemia. Iron requirements for young children are greatest at age 6 to 11 months, when growth is rapid.

Micronutrients can be obtained from foods or from direct supplementation. The 2008 NDHS collected information on vitamin A supplementation in the six months preceding the survey and iron supplementation in the 7 days preceding the survey among children under five years. The survey also collected information on the consumption of foods rich in vitamin A and iron, by children under three years, during the 24 hours preceding the interview.

Table 11.6 shows the percentage of youngest children age 6-35 months living with their mother who consumed fruits and vegetables rich in vitamin A in the 24 hours preceding the interview, and the percentage of all children age 6-59 months who received vitamin A capsules in the six months preceding the survey and iron supplements in the past seven days, by background characteristics. The results show that nine of ten children (89 percent) consumed fruits and vegetables rich in vitamin A in the 24 hours preceding the interview, and three in four (76 percent) received a vitamin A supplement in the six months preceding the survey. These percentages do not vary much by the child's sex or by urban-rural residence. Children age 6-8 months, children of the least educated mothers, and children born to women age 15-19, are less likely to receive vitamin A from either their diet or from vitamin A supplements. The strongest association is seen between vitamin A supplementation of children and mother's level of education. For example, only 47 percent of children whose mothers have no formal education received vitamin A supplements, compared with 78 percent of children whose mothers attended high school and 79 percent of children whose mothers attended college.

There are variations across regions in the consumption of fruits and vegetables rich in vitamin A and the administration of vitamin A supplements to children. The coverage of vitamin A supplementation is high in all regions except ARMM, ranging from 70 percent in CAR and Zamboanga Peninsula to 84 percent in Davao. Less than 50 percent of children in ARMM receive vitamin A supplements.

Table 11.6 shows that the consumption of foods rich in iron and iron supplementation is generally lower than the consumption of foods rich in vitamin A and vitamin A supplementation. Older children and those whose mothers have more education are more likely than other children to consume foods rich in iron. Younger children (less than 18 months), children in urban areas, children whose mothers attended college, and children in the higher wealth quintiles are the most likely to receive iron supplements. Children in MIMAROPA and ARMM are the least likely to receive iron supplements.

The 2008 NDHS collected information about deworming of children under five years of age in the six months preceding the survey. Table 11.6 shows that 2 percent of children age 6-8 months received deworming medication in the six months preceding the survey. As expected, the percentage increases with age, and among children age 36-59 months, more than half received deworming medication in the six months preceding the survey. Nonbreastfeeding children are more likely than breastfeeding children to receive deworming medication (43 percent compared to 19 percent). The children least likely to receive deworming medication are children whose mothers were age 15-19 at the time of their birth, children whose mothers have no education, and children in the wealthiest households (highest quintile).

Variations in deworming coverage across regions are notable, with coverage 50 percent or higher in CAR (58 percent), MIMAROPA (50 percent), Eastern Visayas (50 percent), Northern Mindanao (55 percent) and Davao (54 percent); coverage is less than 30 percent in NCR (27 percent), CALABARZON (26 percent) and ARMM (29 percent). These findings suggest that deworming coverage is not closely associated with economic development because MIMAROPA and Eastern Visayas, which are among the less developed regions, have higher deworming coverage than NCR and CALABARZON, which are among the more highly developed regions.

Table 11.6 Micronutrient intake among children

Among youngest children age 6-35 months living with their mother, the percentages who consumed vitamin A-rich and iron-rich foods in the day and night preceding the survey; and among all children age 6-59 months, the percentage who were given vitamin A supplements in the six months preceding the survey, the percentage who were given iron supplements in the past seven days, and the percentage who were given deworming medication in the six months preceding the survey, by background characteristics, Philippines 2008

	Among youngest children age 6-35 months living with the mother:			Among all children age 6-59 months:			
Background characteristic	Percentage who consumed foods rich in vitamin A in past 24 hours[1]	Percentage who consumed foods rich in iron in past 24 hours[2]	Number of children	Percentage given vitamin A supplements in past 6 months	Percentage given iron supplements in past 7 days	Percentage given deworming medication in past 6 months[3]	Number of children
Age in months							
6-8	56.6	42.2	306	65.1	43.4	1.6	311
9-11	83.4	69.5	321	76.9	43.6	6.2	329
12-17	91.2	79.2	608	76.5	42.1	12.9	648
18-23	94.6	85.8	540	77.1	36.2	28.3	638
24-35	97.5	89.2	856	78.8	37.0	43.1	1,225
36-47	na	na	0	75.4	34.2	52.7	1,238
48-59	na	na	0	74.8	34.2	54.1	1,221
Sex							
Male	88.8	78.8	1,376	76.3	37.4	38.5	2,938
Female	89.2	77.8	1,255	75.4	36.6	37.4	2,671
Breastfeeding status							
Breastfeeding	85.5	71.3	1,078	73.8	32.3	19.1	1,154
Not breastfeeding	91.4	83.2	1,550	76.4	38.2	42.9	4,433
Residence							
Urban	88.8	79.9	1,299	76.1	47.8	31.8	2,774
Rural	89.1	76.8	1,331	75.6	26.4	44.0	2,835
Region							
National Capital Region	88.2	77.9	371	80.2	62.3	27.2	818
Cordillera Admin Region	93.9	82.2	43	69.9	24.5	57.6	95
I - Ilocos	90.0	83.6	132	70.5	33.5	31.9	268
II - Cagayan Valley	91.3	81.6	92	76.2	35.6	42.0	187
III - Central Luzon	91.6	83.3	273	80.8	35.0	32.5	557
IVA - CALABARZON	87.4	76.7	348	73.3	51.8	25.6	726
IVB - MIMAROPA	86.1	72.4	90	71.8	11.9	49.9	184
V - Bicol	85.7	77.8	183	78.0	23.5	36.9	371
VI - Western Visayas	92.2	79.6	188	78.6	29.8	46.8	395
VII - Central Visayas	95.1	79.8	176	81.5	33.6	46.3	398
VIII - Eastern Visayas	92.4	85.4	115	78.7	21.4	50.0	243
IX - Zamboanga Peninsula	87.5	78.8	108	70.1	42.1	40.2	228
X - Northern Mindanao	87.2	75.9	102	74.8	30.7	54.6	249
XI - Davao	90.8	79.9	123	84.1	34.9	54.1	253
XII - SOCCSKSARGEN	88.2	72.5	103	72.7	25.4	42.6	215
XIII - Caraga	79.9	64.7	75	81.1	29.4	43.2	162
ARMM	82.0	70.1	107	48.0	15.6	29.3	260
Mother's education							
No education	83.0	61.0	36	46.5	5.7	29.9	90
Elementary	89.5	74.9	590	69.6	22.3	43.0	1,342
High school	87.7	77.4	1,283	78.3	35.4	38.3	2,683
College	91.1	83.5	721	78.8	55.0	33.4	1,494
Mother's age at birth							
15-19	82.9	74.0	128	65.5	34.9	17.8	167
20-29	88.2	77.2	1,343	74.6	36.9	37.8	2,701
30-39	90.3	80.5	953	78.1	37.8	39.1	2,205
40-49	92.1	78.3	207	76.3	34.9	40.3	536
Wealth quintile							
Lowest	88.9	71.8	643	67.1	16.2	42.9	1,453
Second	86.8	76.2	588	78.1	27.2	40.8	1,284
Middle	90.6	83.7	532	80.3	37.8	42.0	1,088
Fourth	90.1	81.4	497	81.9	54.8	32.3	975
Highest	89.0	81.1	370	74.7	67.4	26.0	809
Total	89.0	78.3	2,630	75.9	37.0	38.0	5,609

Note: Information on vitamin A and iron supplements and deworming medication is based on the mother's recall. Total includes 23 children whose breastfeeding status was missing.
na = Not applicable
[1] Includes meat (and organ meat), fish, poultry, eggs, pumpkin, orange or yellow squash or sweet potato, carrots, dark green leafy vegetables, mango, papaya, chesa, sineguela, jackfruit
[2] Includes meat (including organ meat)
[3] Deworming for intestinal parasites is commonly done for helminths and for schistosomiasis.

11.7 FOODS CONSUMED BY MOTHERS

The types of food consumed by mothers influence their health and that of their breastfeeding children. In the 2008 NDHS, women with children under three years living with them were asked the types of food they consumed during the day and night preceding the interview.

Table 11.7 shows that 96 percent of mothers of children under three years reported that they consumed food made from grains in the day and night preceding the interview, while 91 percent consumed fish, shellfish, meat, poultry, or eggs, and 84 percent consumed vegetables or fruits rich in vitamin A. These results are to be expected because the staple diet of most families in the Philippines comprises rice, fish, and vegetables. Table 11.6 shows that in the 24 hours preceding the interview at least six in ten mothers reported that they consumed other fruits and vegetables (62 percent of mothers), foods made with oil, fat, or butter (68 percent), and sugary foods (60 percent).

The types of food consumed by mothers do not vary substantially by background characteristics. Regardless of age, urban-rural residence, region, education, and wealth quintile, the staple diet of mothers consists of foods made from grains, meat, fish, shellfish, poultry, and eggs, and vitamin A-rich fruits and vegetables. There are types of food, however, that are more commonly consumed by some groups of women than others. Urban mothers, mothers who have attended college, and mothers in wealthier households are more likely than other mothers to eat foods made with oil, fat, or butter and sugary foods, which may not be beneficial to health if consumed frequently. By comparison, mothers in the lowest wealth quintile and mothers in Davao and Zamboanga Peninsula are the least likely to consume food made with oil, fat, or butter.

Table 11.7 Foods consumed by mothers in the day and night preceding the interview

Among mothers age 15-49 with a child under age three years living with them, the percentage who consumed specific types of foods in the day and night preceding the interview, by background characteristics, Philippines 2008

	Liquids			Solid or semi-solid foods										
Background characteristic	Milk	Tea/ coffee	Other liquids	Foods made from grains	Foods made from roots/ tubers	Foods made from legumes	Meat/ fish/ shellfish/ poultry/ eggs	Cheese/ yogurt	Vitamin A -rich fruits/ vege-tables[1]	Other fruits/ vege-tables	Other solid or semi-solid food	Foods made with oil/ fat/ butter	Sugary foods	Number of women
Age														
15-19	19.2	67.3	50.8	94.1	27.5	14.5	93.1	9.3	83.4	57.8	69.7	65.5	59.6	185
20-29	26.4	71.0	54.8	96.2	30.7	20.4	90.2	10.3	82.9	61.1	70.0	66.5	62.4	1,646
30-39	24.5	78.2	51.8	95.0	30.7	20.0	91.7	9.0	85.9	62.5	67.1	69.2	57.6	1,133
40-49	18.1	78.1	51.7	94.4	30.1	17.1	87.1	7.6	82.0	63.9	63.5	69.4	51.7	236
Residence														
Urban	24.9	75.5	57.4	96.3	29.7	19.7	93.6	13.9	82.5	63.1	66.9	72.8	62.4	1,559
Rural	24.6	72.3	49.4	94.8	31.2	19.7	87.9	5.5	85.2	60.2	69.9	62.6	57.2	1,640
Region														
National Capital Region	22.2	78.2	59.3	96.2	35.1	22.1	91.7	19.4	82.9	63.5	65.7	73.6	57.6	441
Cordillera Admin Region	25.8	86.5	29.7	96.9	30.3	32.7	85.3	11.0	93.5	77.8	65.5	71.4	54.6	50
I - Ilocos	24.0	81.1	67.0	98.8	31.0	22.8	95.8	7.9	90.9	66.6	73.1	80.0	64.2	155
II - Cagayan Valley	23.4	89.0	53.4	94.4	29.5	31.9	88.1	9.8	91.7	71.9	67.0	84.1	71.7	106
III - Central Luzon	14.0	85.7	60.0	98.2	32.9	11.7	94.6	7.9	80.9	57.4	66.4	82.7	61.3	329
IVA - CALABARZON	22.3	82.6	48.4	97.0	35.6	19.6	91.9	15.1	79.9	63.6	70.2	75.9	60.7	422
IVB - MIMAROPA	28.2	65.4	32.3	98.3	33.4	19.5	84.5	7.1	84.0	53.8	65.0	67.3	56.4	107
V - Bicol	37.0	80.4	53.6	98.2	38.6	9.8	92.1	7.2	81.2	63.0	61.0	73.7	63.5	221
VI - Western Visayas	24.9	63.7	51.1	95.1	25.5	23.5	88.7	5.6	80.8	57.9	70.2	59.2	67.5	224
VII - Central Visayas	30.9	52.2	54.4	95.5	19.0	25.1	89.3	8.3	87.4	58.9	84.1	71.9	68.7	220
VIII - Eastern Visayas	16.8	58.2	53.0	89.7	13.6	10.1	92.1	6.9	79.1	46.2	96.0	68.9	48.5	142
IX - Zamboanga Peninsula	21.8	66.6	47.3	94.4	28.4	26.3	91.4	5.7	85.6	69.2	68.8	33.7	66.2	138
X - Northern Mindanao	36.8	49.8	54.6	94.7	24.6	30.5	87.6	8.0	86.9	64.8	58.9	69.3	57.9	128
XI - Davao	44.0	70.6	48.9	91.5	22.3	17.7	92.9	2.9	86.2	59.6	55.9	29.5	55.1	154
XII - SOCCSKSARGEN	23.7	69.7	51.9	92.3	31.3	21.4	83.7	3.8	87.3	62.8	70.1	59.4	51.5	127
XIII - Caraga	25.3	63.7	63.1	92.8	18.7	16.3	86.7	10.3	85.4	57.5	61.6	49.0	55.7	89
ARMM	14.0	86.5	49.7	90.4	45.4	11.9	87.7	2.1	86.3	63.3	58.8	49.9	40.8	146
Education														
No education	11.3	74.7	28.9	89.0	42.1	24.4	69.8	3.8	81.6	46.9	58.3	33.5	36.8	42
Elementary	16.9	76.8	43.5	93.3	31.6	18.8	84.5	4.6	83.9	53.7	72.6	57.1	47.7	745
High school	24.3	73.0	53.9	96.0	28.8	20.1	91.2	9.2	83.0	61.4	68.4	69.3	62.0	1,560
College	33.0	72.8	62.1	96.8	32.0	19.6	96.2	15.0	85.7	69.6	65.6	75.2	67.3	852
Wealth quintile														
Lowest	16.7	72.1	41.0	92.7	33.3	17.9	82.0	3.9	85.5	52.9	67.0	52.5	48.0	803
Second	20.9	76.1	47.2	95.8	24.5	19.5	89.0	6.1	85.1	61.5	74.1	65.3	62.7	720
Middle	30.4	76.2	59.6	96.3	27.4	23.3	94.8	9.7	80.3	64.8	69.4	72.2	60.5	631
Fourth	28.0	74.2	60.0	96.9	32.9	18.1	94.2	12.5	84.4	64.6	65.7	74.9	66.5	613
Highest	33.1	69.4	67.9	97.0	36.2	20.5	98.5	21.6	83.6	69.0	64.2	82.3	66.1	431
Total	24.7	73.8	53.3	95.5	30.5	19.7	90.7	9.6	83.9	61.6	68.5	67.6	59.7	3,199

Note: Foods consumed in the past 24-hour period (yesterday and the past night).
[1] Includes pumpkin, orange or yellow squash or sweet potato, carrots, dark green leafy vegetables, mango, papaya, chesa, sineguela, jackfruit

11.8 MICRONUTRIENT INTAKE AMONG MOTHERS

Mothers with a live birth in the five years preceding the survey were asked if they received iron supplements during the pregnancy for their youngest child and vitamin A supplementation in the two months after delivery. They were also asked whether during their last pregnancy they suffered from night blindness. The results in Table 11.8 show that 98 percent of mothers consumed foods rich in vitamin A in the 24 hours preceding the interview and 91 percent consumed iron-rich foods.

Table 11.8 Micronutrient intake among mothers

Among women age 15-49 with a child under three years living with them, the percentages who consumed vitamin A-rich and iron-rich foods in the 24 hours preceding the survey; and among women age 15-49 whose last child was born in the past five years, the percentage who received a vitamin A dose in the first two months after the birth of the last child, the percentage who during pregnancy for their last child had night blindness, the percentage who took iron tablets or syrup for specific numbers of days, and the percentage who took deworming medication; Philippines 2008

				Among women whose last birth is a child under five years									
	Women with a child under three years living with them				Percentage with night blindness during pregnancy for last birth		Number of days women took iron tablets or syrup during pregnancy for last birth						
Background characteristic	Percentage consumed vitamin A-rich foods[1]	Percentage consumed iron-rich foods[2]	Number of women	Percentage who received vitamin A dose post-partum[3]	Reported	Adjusted[4]	None	<60	60-89	90+	Don't know/ missing	Percentage who took deworming medication during pregnancy for last birth	Number of women
Age													
15-19	98.5	93.1	185	36.6	7.1	1.3	19.9	49.5	5.1	24.2	1.3	4.0	199
20-29	97.7	90.2	1,646	44.1	4.3	1.3	17.2	39.2	7.7	34.8	1.1	2.9	2,149
30-39	99.2	91.7	1,133	47.5	4.3	1.2	17.1	39.5	7.4	34.7	1.4	4.5	1,766
40-49	98.8	87.1	236	48.7	5.6	1.5	19.1	41.8	6.0	32.2	0.9	5.8	476
Residence													
Urban	98.6	93.6	1,559	48.0	3.7	1.2	13.3	37.6	8.1	39.3	1.6	2.1	2,283
Rural	98.2	87.9	1,640	43.2	5.4	1.4	21.5	42.4	6.5	28.8	0.8	5.5	2,307
Region													
National Capital Region	97.3	91.7	441	56.5	3.6	1.7	11.8	33.3	9.7	43.3	1.8	2.8	688
Cordillera Admin Region	98.5	85.3	50	55.5	4.6	1.1	19.3	47.6	6.1	24.1	2.9	4.2	72
I - Ilocos	100.0	95.8	155	31.1	1.3	0.4	20.4	29.7	11.5	37.2	1.3	0.0	218
II - Cagayan Valley	97.9	88.1	106	42.7	4.6	3.6	16.5	50.8	7.7	24.5	0.5	2.6	142
III - Central Luzon	98.9	94.6	329	37.8	4.1	0.8	14.8	43.0	8.7	32.6	0.8	0.3	468
IVA - CALABARZON	98.8	91.9	422	43.4	2.1	0.7	10.6	44.5	8.4	33.3	3.1	1.3	602
IVB - MIMAROPA	96.6	84.5	107	30.5	4.9	2.4	23.5	56.1	6.6	13.4	0.4	3.0	151
V - Bicol	98.6	92.1	221	47.2	4.2	0.7	26.5	53.4	5.2	14.6	0.3	8.0	280
VI - Western Visayas	96.7	88.7	224	57.6	9.6	2.3	9.9	26.5	6.4	55.5	1.7	5.6	324
VII - Central Visayas	99.5	89.3	220	51.8	4.9	1.3	12.3	43.7	4.0	39.4	0.6	5.0	328
VIII - Eastern Visayas	100.0	92.1	142	43.2	4.9	1.6	22.1	40.9	6.9	30.2	0.0	8.2	196
IX - Zamboanga Peninsula	98.3	91.4	138	43.5	3.8	0.0	19.0	42.8	6.7	31.5	0.0	3.3	189
X - Northern Mindanao	99.4	87.6	128	47.1	6.3	0.8	15.8	28.5	6.9	48.3	0.4	7.5	198
XI - Davao	99.5	92.9	154	53.4	6.1	1.2	13.4	44.4	7.7	33.4	1.1	8.0	224
XII - SOCCSKSARGEN	97.2	83.7	127	43.3	7.6	2.3	20.7	44.3	6.3	27.9	0.9	6.6	178
XIII - Caraga	96.4	86.7	89	49.7	5.3	1.3	15.2	35.8	4.4	44.2	0.5	7.4	124
ARMM	98.0	87.7	146	20.5	5.3	1.0	61.5	30.4	1.9	5.8	0.4	1.8	207
Education													
No education	96.1	69.8	42	23.2	8.6	2.9	68.0	24.6	0.0	6.3	1.1	2.6	68
Elementary	97.3	84.5	745	39.3	6.2	1.5	32.5	43.9	4.5	18.3	0.8	6.7	1,061
High school	98.4	91.2	1,560	45.6	4.4	1.3	14.4	44.2	7.8	32.3	1.3	3.4	2,198
College	99.3	96.2	852	51.9	3.2	1.0	7.4	30.3	9.2	51.6	1.5	2.3	1,263
Wealth quintile													
Lowest	97.4	82.0	803	37.9	7.0	2.2	33.9	41.4	4.6	19.2	0.9	6.4	1,103
Second	98.0	89.0	720	44.4	5.1	1.2	17.4	48.2	6.2	27.8	0.4	4.3	1,007
Middle	98.8	94.8	631	45.9	4.2	1.3	13.9	43.9	9.8	31.5	0.8	3.1	906
Fourth	98.7	94.2	613	50.1	3.3	0.7	8.1	37.1	7.1	45.2	2.4	2.5	863
Highest	99.7	98.5	431	53.3	2.0	0.6	8.0	24.7	10.0	55.3	2.0	1.9	711
Total	98.4	90.7	3,199	45.6	4.6	1.3	17.5	40.0	7.3	34.0	1.2	3.8	4,590

[1] Includes meat (and organ meat), fish, poultry, eggs, pumpkin, orange or yellow squash or sweet potato, carrots, dark green leafy vegetables, mango, papaya, chesa, sineguela, jackfruit
[2] Includes meat (and organ meat), fish, poultry, eggs
[3] In the first two months after delivery
[4] Women who reported night blindness but did not report difficulty with vision during the day
[5] Deworming for intestinal parasites is commonly done for helminths and for schistosomiasis

Postpartum supplementation with vitamin A is important in reducing the risk of night blindness among women during pregnancy. Among women whose last birth was in the five years preceding the survey, less than half (46 percent) received vitamin A supplements in the two months after delivery. Vitamin A supplementation varies by the women's age, education, economic status, and region. Mothers age 15-19 are less likely to receive vitamin A supplementation (37 percent) than older mothers. Women with no education (23 percent) and women with elementary education (39 percent) are less likely to receive vitamin A supplements than women with college education (52 percent). Likewise, 38 percent of women in the poorest households (lowest wealth quintile) received vitamin A supplementation within two months after delivery, compared with 53 percent of women in the wealthiest households (highest wealth quintile).

Variations across regions are notable; while the coverage of vitamin A supplementation is 50 percent or higher in NCR, CAR, Western Visayas, Central Visayas, and Davao, it is less than 30 percent in ARMM.

Night blindness during pregnancy, which is associated with vitamin A deficiency, was reported by 5 percent of women. However, when this figure was adjusted to include women who had difficulty with their vision at night but not during the day, the proportion drops to 1 percent. The prevalence of night blindness does not vary substantially by background characteristics, although the adjusted rate is slightly higher among women in Cagayan Valley. For the majority of the regions, night blindness among recent mothers is 1 percent or lower.

Iron supplementation during pregnancy is important to prevent iron-deficiency anemia. Iron is an essential part of hemoglobin, which is the protein in red blood cells that carries oxygen to the other cells. Iron is essential for a healthy immune system. Pregnant women need extra iron, especially in the second and third trimester of pregnancy, for their growing baby and placenta. Full-term babies get enough iron from their mothers in the last trimester of pregnancy to last them for the first 4 to 6 months of life. After that age, iron deficiency can cause serious delays in the child's growth and development.

Among women with a birth in the five years preceding the survey, 18 percent did not receive any iron supplementation during the pregnancy for their last birth, two in five (40 percent) took iron supplements for less than 60 days, and three in ten (34 percent) took iron supplements for 90 or more days (Table 11.8). Variations in the intake of iron supplementation by background characteristics are similar to those observed for vitamin A supplementation. Likewise, coverage of iron supplementation across subgroups of women, particularly supplementation for 60 days or more, is similar to that of vitamin A supplementation.

Iron-deficiency anemia can be caused by blood loss due to hookworm infection. Administering deworming pills to pregnant women, especially those in hookworm-endemic areas, can prevent this type of anemia, thereby improving both the health of the woman and that of her unborn child. In the 2008 NDHS, women age 15-49 with a birth in the five years preceding the survey were asked if they took any drug for intestinal worms during the pregnancy for their last birth. Table 11.8 shows that, overall, 4 percent of these women took deworming medication during the pregnancy for their last birth. In Bicol, Eastern Visayas, Northern Mindanao, and Davao, 8 percent of women reported taking a deworming drug. Women age 45-49, women in rural areas, women with elementary schooling only, and women in the lowest wealth quintile are more likely to take deworming medication during pregnancy than other women.

HIV/AIDS-RELATED KNOWLEDGE, ATTITUDES, AND BEHAVIOR

12

12.1 INTRODUCTION

Acquired Immune Deficiency Syndrome (AIDS) was first recognized internationally in 1981. It is caused by the human immunodeficiency virus (HIV), which weakens the immune system and makes the body susceptible to and unable to recover from other opportunistic diseases. Secondary infections lead to death if not adequately treated. A large proportion of those infected with HIV die within five to ten years (WHO, 1992). Epidemiological studies have identified the main routes of transmission of HIV to be unsafe sexual intercourse, intravenous injections with contaminated needles, unscreened or contaminated blood transfusions, and transmission from an infected mother to her child during pregnancy, delivery, or breastfeeding. HIV cannot be transmitted through food, water, insect vectors, or casual contact like shaking of hands.

The first AIDS case was recorded in the Philippines in 1984 following the death of a foreign national from AIDS-related pneumonia. In 1986, HIV/AIDS was classified as a notifiable disease. In 1987, the HIV/AIDS Registry was established in the Department of Health. This is a passive surveillance system that continuously logs Western Blot-confirmed HIV cases reported by hospitals, laboratories, blood banks, and clinics; analyzes the case profiles; and monitors the progression of the disease. In 1993, the National HIV/AIDS Sentinel Surveillance System (NHSSS) was established in the Department of Health with funding from the United States Agency for International Development (USAID) through the AIDS Surveillance and Education Project (ASEP). Technical assistance was received from the World Health Organization (WHO). The NHSSS has two components, the Serologic Surveillance System and the Behavioral Surveillance System. The NHSSS objectives include detecting increases in HIV seroprevalence, identifying risky practices, and helping policymakers to arrive at informed decisions. Both the serologic and behavioral surveillance target high-risk groups: sex workers, men having sex with men, and injecting drug users. From the time the first AIDS case was reported in 1984 until the end of 2004, a total of 2,205 HIV-positive cases have been reported to the national registry.

The Philippines has implemented an HIV prevention program through awareness-raising activities. In recent years, the HIV program has grown in size and quality, involving a wider network of stakeholders and increasing coverage of most-at-risk populations, including young people. There have been various efforts implemented to prevent HIV transmission, such as public health education through the media and program activities through both the government and non-governmental organizations. These efforts have particularly targeted groups that are considered to be at high risk for the transmission of HIV.

Because the Philippines is still considered a low-prevalence country, no special HIV prevention focus has been placed on the general population. The major challenge for the Philippines is that HIV is not seen as posing an immediate threat. As a result, the focus continues to be mainly on high-risk groups and known vulnerable populations such as overseas workers, female sex workers, men having sex with men, and injecting drug users.

Despite the slow and limited progression of the HIV epidemic in the country, it is a major public health concern. With an increasing prevalence of risky behaviors and a fertile socio-cultural milieu, a single case can grow into hundreds and thousands over time. To help meet this challenge, this chapter presents findings about current levels of knowledge about AIDS-related issues such as transmission and prevention, stigma, and discrimination against people with HIV/AIDS. The chapter concludes by providing information on knowledge of and access to condoms.

12.2 HIV/AIDS Knowledge, Transmission, and Prevention Methods

12.2.1 Awareness of HIV/AIDS and Means of Transmission

In the 2008 National Demographic and Health Survey (NDHS), women were asked if they had ever heard of an illness called AIDS. Those who reported having heard of HIV or AIDS were asked a number of questions about how HIV/AIDS could be avoided. HIV/AIDS prevention programs focus their messages and efforts on three important aspects of behavior: use of condoms, limiting the number of sexual partners or staying faithful to one uninfected partner, and delaying sexual debut among young persons (abstinence). To ascertain whether the programs have communicated these messages effectively, respondents were prompted with specific questions about whether it is possible to reduce the risk of getting the AIDS virus by using condoms every time they have sexual intercourse, by having one sex partner who is not infected and has no other partners, and by abstaining from sexual intercourse. Table 12.1 and Figure 12.1 show the percentage of women who have heard of AIDS and the percentage who know three specific ways to prevent transmission of HIV, by background characteristics.

The results show that almost all Filipino women have heard of AIDS (94 percent). Knowledge of condom use as a method of preventing HIV/AIDS is moderate (59 percent), but higher than the level reported in 2003 (48 percent). Seventy-seven percent of women know that people can reduce their chances of getting the AIDS virus by having just one HIV-negative partner who has no other partners. However, only 53 percent of women are aware of both these means of prevention, namely that using condoms and limiting sexual intercourse to one HIV-negative and faithful partner can reduce the risk of getting the AIDS virus. Two in three women (67 percent) know that abstinence is a way to prevent transmission of HIV.

There are only small differences in knowledge of AIDS and ways to prevent the transmission HIV by age group, although the percentage of women who know that abstinence can reduce HIV transmission increases slightly with age. Awareness of HIV/AIDS among women varies more by marital status and urban-rural residence. The percentage of women who have heard of AIDS is highest among never-married women who have ever had sex (98 percent). These women also tend to be more knowledgeable about the means of preventing the spread of HIV. Ninety-seven percent of women in urban areas have heard of HIV/AIDS, compared with 91 percent of women in rural areas; women in urban areas are also more likely than women in rural areas to know that condom use, limiting partners, and abstinence are ways to reduce the risk of getting HIV.

In all regions except ARMM, 89 percent or more of women have heard of HIV/AIDS; in ARMM, only 57 percent of women have heard of AIDS, which is a decline from the level in 2003 of 75 percent. Regional variations in knowledge of condom use for HIV prevention range from 35 percent among women in ARMM to 66 percent in Bicol. Similarly, ARMM has the lowest proportion of women (47 percent) who know that limiting sexual intercourse to one partner is a method of HIV prevention, while Bicol has the highest proportion (85 percent). Knowledge that abstinence is a way to prevent HIV/AIDS is lowest in ARMM (35 percent) and highest in Central Visayas (81 percent).

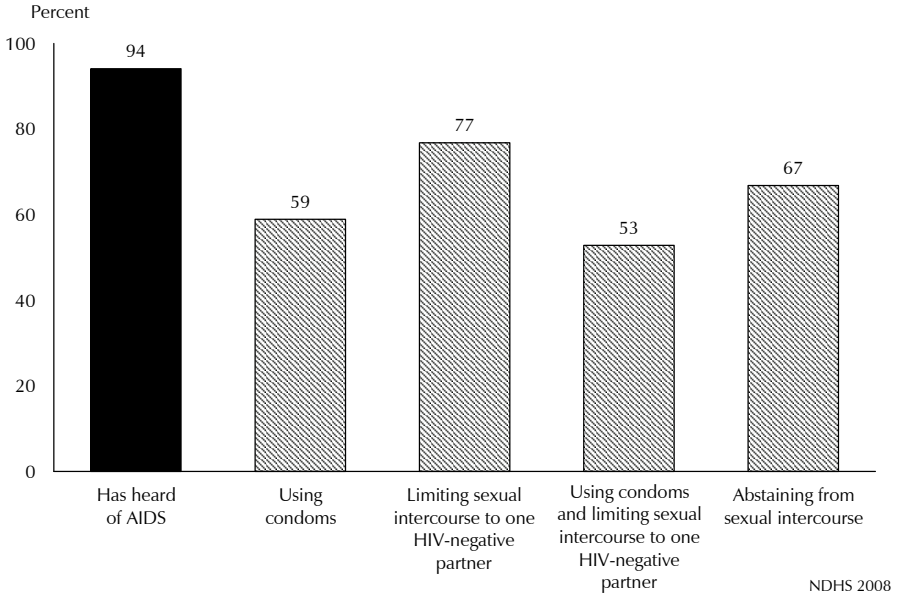
Table 12.1 Knowledge of HIV prevention methods

Percentage of women age 15-49 who have ever heard of AIDS and who, in response to prompted questions, say that people can reduce the risk of getting the AIDS virus by using condoms every time they have sexual intercourse, by having one sex partner who is HIV negative and has no other partners, and by abstaining from sexual intercourse, by background characteristics, Philippines 2008

		Means of reducing the risk of getting the AIDS virus				
Background characteristic	Has heard of AIDS	Using condoms[1]	Limiting sexual intercourse to one HIV-negative partner[2]	Using condoms and limiting sexual intercourse to one HIV-negative partner[1,2]	Abstaining from sexual intercourse	Number of women
Age						
15-24	92.8	54.3	74.9	48.9	63.8	4,896
15-19	90.6	50.7	70.8	45.2	61.3	2,749
20-24	95.5	58.9	80.0	53.6	67.1	2,147
25-29	95.1	61.2	78.8	55.5	66.5	2,106
30-39	95.5	62.3	78.1	56.0	69.0	3,642
40-49	94.0	60.7	77.0	53.6	69.1	2,950
Marital status						
Never married	93.4	56.1	75.2	50.6	64.6	4,530
Ever had sex	98.1	62.5	83.7	56.1	71.8	454
Never had sex	92.8	55.3	74.2	50.0	63.8	4,077
Married/living together	94.6	60.2	77.6	53.7	67.6	8,418
Divorced/separated/widowed	93.1	62.4	77.9	56.7	71.4	646
Residence						
Urban	96.7	61.7	81.2	56.6	68.1	7,574
Rural	90.9	55.3	71.3	48.1	65.2	6,020
Region						
National Capital Region	96.8	62.3	82.1	58.1	63.9	2,522
Cordillera Admin Region	91.6	57.0	71.3	50.0	68.8	225
I - Ilocos	96.9	61.3	70.0	51.0	58.2	613
II - Cagayan Valley	91.4	56.4	75.2	52.2	71.1	382
III - Central Luzon	97.0	62.3	81.3	55.5	63.4	1,486
IVA - CALABARZON	97.6	61.6	84.4	57.4	67.0	1,808
IVB - MIMAROPA	88.8	55.1	78.3	51.4	68.3	340
V - Bicol	97.4	66.2	85.1	61.9	76.9	755
VI - Western Visayas	96.1	53.6	69.6	46.7	66.8	976
VII - Central Visayas	96.6	64.3	79.7	55.4	81.0	983
VIII - Eastern Visayas	96.5	59.4	79.6	53.8	75.3	488
IX - Zamboanga Peninsula	88.8	60.9	75.3	55.2	69.2	505
X - Northern Mindanao	90.7	53.9	63.4	42.2	70.3	585
XI - Davao	95.9	58.9	77.6	51.9	75.1	618
XII - SOCCSKSARGEN	90.0	41.8	64.9	34.4	57.0	480
XIII - Caraga	96.5	55.8	67.5	47.0	71.8	312
ARMM	57.4	35.2	47.4	32.1	34.5	516
Education						
No education	40.3	16.3	24.9	13.0	16.0	167
Elementary	84.1	47.0	63.0	39.8	57.2	2,653
High school	96.0	57.7	76.7	51.0	66.6	6,352
College	99.4	69.3	87.3	64.8	74.8	4,422
Wealth quintile						
Lowest	81.0	45.4	62.1	39.4	55.8	2,160
Second	93.3	54.3	72.6	47.5	66.5	2,419
Middle	96.4	59.3	77.3	52.0	68.0	2,661
Fourth	97.8	64.4	81.6	57.9	68.8	2,937
Highest	98.1	65.6	84.6	61.4	71.3	3,417
Total 15-49	94.1	58.9	76.8	52.8	66.8	13,594

[1] Using condoms every time they have sexual intercourse
[2] Partner who has no other partners

Figure 12.1 **Awareness of AIDS and Knowledge of HIV Prevention Methods among Women Age 15-49**



The most striking differences in AIDS-related knowledge are by level of education: while practically all women with college or higher education (99 percent) have heard of AIDS, the corresponding proportion for those with no education is only 40 percent. There are similarly large differentials by education in the proportion who know about the three main ways to prevent the spread of AIDS.

Respondents in the lowest (poorest) wealth quintile are much less likely than those in the higher quintiles to have heard of AIDS. For example, 81 percent of women in the lowest wealth quintile reported having heard of AIDS, compared with 93 percent or higher of women in the second and higher wealth quintiles. The proportions of women who know that condom use, limiting sexual intercourse to one faithful partner, and abstinence are ways to reduce the risk of getting HIV all increase steadily with increasing wealth quintile.

12.2.2 Rejection of Misconceptions about HIV/AIDS

In addition to knowing about effective ways to avoid contracting HIV, it is also useful to be able to identify incorrect beliefs about AIDS to eliminate misconceptions. Misconceptions about AIDS and HIV transmission contribute to discrimination and stigmatization of persons with HIV/AIDS. Common misconceptions about AIDS include the following: all people with HIV/AIDS appear ill, the virus can be transmitted through mosquito bites or other insect bites, the virus can be transmitted by hugging or shaking hands with someone who is HIV positive, and the virus can be transmitted by sharing food with someone who has HIV/AIDS. Respondents were asked about these misconceptions and the results are presented in Table 12.2 by background characteristics.

Table 12.2 Comprehensive knowledge about AIDS

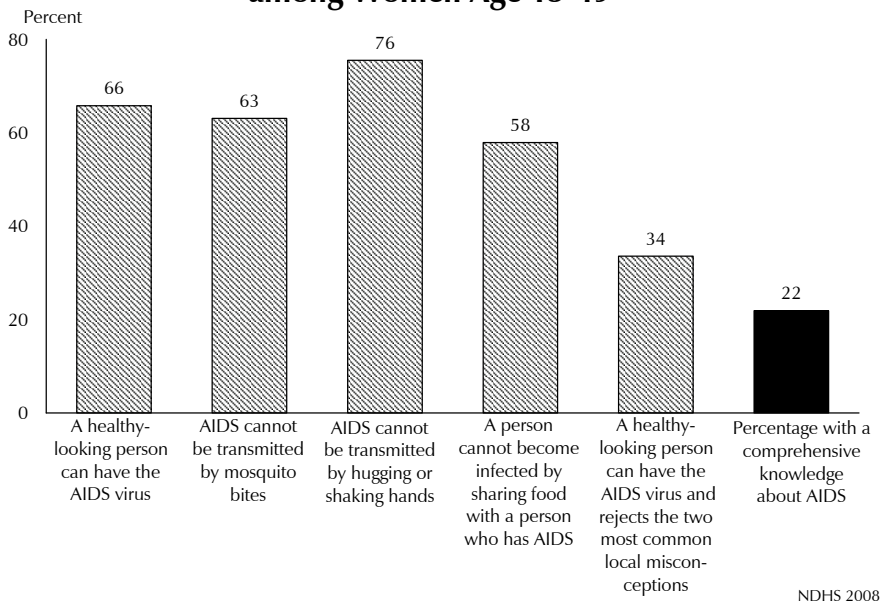
Percentage of women age 15-49 who say that a healthy-looking person can have the AIDS virus and who, in response to prompted questions, correctly reject local misconceptions about AIDS transmission or prevention, and the percentage with a comprehensive knowledge about AIDS by background characteristics, Philippines 2008

Background characteristic	Percentage of respondents who say that: A healthy-looking person can have the AIDS virus	AIDS cannot be transmitted by mosquito bites	AIDS cannot be transmitted by hugging or shaking hands	A person cannot get HIV by sharing food with a person who has AIDS	Percentage who say that a healthy looking person can have the AIDS virus and who reject the two most common local misconceptions[1]	Percentage with a comprehensive knowledge about AIDS[2]	Number of women
Age							
15-24	63.7	63.8	74.6	54.7	32.4	20.7	4,896
15-19	59.9	62.4	70.9	51.4	29.7	18.7	2,749
20-24	68.6	65.7	79.4	58.9	35.8	23.2	2,147
25-29	66.3	65.1	79.2	59.9	33.9	22.9	2,106
30-39	67.9	63.1	77.4	60.9	34.9	23.1	3,642
40-49	66.3	60.6	72.1	58.1	33.6	21.8	2,950
Marital status							
Never married	65.5	65.7	76.8	58.1	35.5	23.2	4,530
Ever had sex	71.6	68.3	85.7	67.2	39.0	24.5	454
Never had sex	64.9	65.5	75.8	57.1	35.1	23.1	4,077
Married/living together	66.0	61.8	75.0	57.9	32.6	21.2	8,418
Divorced/separated/widowed	64.7	62.6	73.7	57.1	31.9	22.3	646
Residence							
Urban	69.8	67.3	80.9	62.8	37.8	25.5	7,574
Rural	60.8	57.9	68.8	51.8	28.2	17.4	6,020
Region							
National Capital Region	68.7	73.0	84.1	68.2	41.7	29.5	2,522
Cordillera Admin Region	62.9	61.3	72.1	64.6	37.9	27.3	225
I - Ilocos	54.3	65.8	72.4	47.0	23.9	16.1	613
II - Cagayan Valley	60.3	64.1	65.6	50.5	26.3	13.4	382
III - Central Luzon	68.8	65.3	82.8	61.5	35.1	22.1	1,486
IVA - CALABARZON	72.5	61.4	79.5	63.7	41.1	25.8	1,808
IVB - MIMAROPA	63.6	56.3	72.2	53.1	30.3	21.3	340
V - Bicol	68.5	67.5	79.8	56.9	34.0	25.3	755
VI - Western Visayas	59.8	55.5	69.8	47.9	23.2	14.6	976
VII - Central Visayas	74.5	66.9	78.1	57.7	36.4	23.4	983
VIII - Eastern Visayas	72.0	60.1	79.1	64.0	38.8	23.2	488
IX - Zamboanga Peninsula	65.4	52.3	69.5	56.5	29.8	20.7	505
X - Northern Mindanao	68.1	56.6	65.8	51.1	28.1	16.0	585
XI - Davao	61.7	60.5	68.1	54.5	25.4	16.5	618
XII - SOCCSKSARGEN	51.8	62.4	70.3	52.5	24.7	12.2	480
XIII - Caraga	68.0	59.3	72.8	54.9	28.1	18.7	312
ARMM	39.5	44.3	41.8	30.4	20.2	12.3	516
Education							
No education	21.7	18.4	25.4	17.5	6.8	3.1	167
Elementary	51.3	48.8	58.9	43.5	20.7	11.5	2,653
High school	64.4	63.5	74.2	55.9	30.3	18.5	6,352
College	78.1	73.0	89.3	70.9	47.0	33.9	4,422
Wealth quintile							
Lowest	49.7	47.3	57.1	41.3	19.4	11.5	2,160
Second	61.1	57.6	67.8	49.3	25.4	15.3	2,419
Middle	66.6	63.6	76.3	57.5	31.6	19.3	2,661
Fourth	71.5	68.0	81.5	64.4	39.2	25.9	2,937
Highest	73.8	72.5	86.9	69.2	45.0	31.8	3,417
Total 15-49	65.8	63.1	75.5	57.9	33.6	21.9	13,594

[1] Two most common local misconceptions (mosquito bites and sharing food)

[2] Comprehensive knowledge means knowing that consistent use of condoms during sexual intercourse and having just one HIV-negative and faithful partner can reduce the chances of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the two most common local misconceptions about AIDS transmission and prevention.

Figure 12.2 **Rejection of Misconceptions about AIDS Transmission, and Comprehensive Knowledge about AIDS among Women Age 15-49**



More than six in ten women know that a healthy-looking person can have the AIDS virus and that AIDS cannot be transmitted through mosquito bites (Figure 12.2); three in four women (76 percent) know that AIDS cannot be transmitted by hugging or shaking hands, and just over half (58 percent) know that a person cannot get AIDS by sharing food with someone who has AIDS. However, only 34 percent of women correctly rejected the two most common misconceptions about AIDS (i.e., that AIDS is transmitted by mosquito bites and by sharing food with a person who has AIDS). These figures indicate that misconceptions about AIDS transmission remain high in the Philippines.

Women in urban areas are less likely to have misconceptions about HIV/AIDS transmission than women in rural areas. Regional variations are notable, with correct responses for "knowing that a healthy looking person can have the AIDS virus and rejecting the two most common local misconceptions about HIV/AIDS" ranging from 20 percent among women in ARMM to 42 percent of those in NCR. Better educated women and those in the higher wealth quintiles are more likely to have correct knowledge about HIV/AIDS than other women.

Table 12.2 provides an assessment of the level of comprehensive knowledge of HIV prevention and transmission. Comprehensive knowledge is defined as knowing that consistent use of condoms during sexual intercourse and having just one faithful, HIV-negative partner can reduce the chances of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting the two most common local misconceptions about HIV transmission, namely that HIV can be transmitted by mosquito bites and by sharing food with a person who has HIV. The results show that the percentage of Filipino women with comprehensive knowledge of AIDS is low: 22 percent. The low level of comprehensive knowledge is of particular concern regarding women with no education, for whom comprehensive knowledge is only 3 percent.

12.3 HIGHER-RISK SEXUAL INTERCOURSE

The 2008 NDHS included questions on women's most recent sexual partner in the 12 months preceding the survey and use of condoms at the last sexual intercourse. Sexually active women were asked about the total number of partners they had during their lifetime. These questions are, of course,

sensitive, and it is important when interpreting the results in this section to remember that women's answers may be subject to some reporting bias.

Table 12.3 presents several indicators related to sexual partnerships. The first two indicators assess the prevalence of higher-risk sexual intercourse among all women and among women who had sexual intercourse during the 12 months preceding the survey. Higher-risk sexual intercourse is intercourse with a partner who is neither a spouse nor a cohabiting partner (i.e., a nonmarital, noncohabiting partner). The third indicator relates to condom use during the last higher-risk sexual intercourse. The fourth indicator is the mean number of sexual partners that a woman has had during her lifetime; it provides an assessment of lifetime exposure to elements of higher-risk sexual intercourse and multiple partners.

Only 2 percent of all Filipino women age 15-49 had higher-risk sexual intercourse in the 12 months preceding the survey. Among women who had sexual intercourse in the past 12 months, 3 percent reported having higher-risk sexual intercourse.

The differentials presented in Table 12.3 suggest that higher-risk sexual intercourse is concentrated in a limited number of population subgroups. First, the prevalence of higher-risk sexual intercourse is, by definition, universal among never-married women who had sexual intercourse in the 12 months preceding the survey. Looking at the other marital status categories, no currently married women reported having higher-risk sexual intercourse during the 12 months preceding the survey. In contrast, more than one in four divorced, separated, and widowed women (27 percent) had higher-risk sexual intercourse in the 12 months preceding the survey.

The prevalence of higher-risk sexual intercourse is high among young, sexually active women age 15-24; one in ten reported sexual intercourse with someone other than their spouse or cohabiting partner in the past 12 months. Because many respondents in age group 15-19 are likely to be never-married, it is expected that the prevalence of higher-risk sexual intercourse in this age group will be higher than the prevalence in older age groups.

Higher-risk sexual intercourse is slightly more prevalent among women in urban areas and in the National Capital Region. It also increases directly with level of education and wealth status: as education and wealth increase, so does risky sexual behavior.

Condom use is an important tool in the fight to curtail the spread of HIV/AIDS. Although truly effective protection would require correct condom use at every sexual encounter, condom use among those at higher risk is a useful indicator in the absence of other information. Table 12.3 shows that, among women who had higher-risk sexual intercourse in the 12 months preceding the survey, 11 percent reported that a condom was used the last time they had higher-risk sexual intercourse. The number of women reporting higher-risk sexual intercourse is often quite small, making it difficult to assess differences in the prevalence of condom use across subgroups. However, the results suggest that among women who engage in higher-risk sexual intercourse, condom use is highest among those in rural areas, those with college education, and those in the highest wealth quintiles.

Finally, women who ever had sexual intercourse were asked about the number of sexual partners they had in their lifetime. Table 12.3 shows that women who have ever had sexual intercourse reported an average (mean) of one lifetime sexual partner. There is almost no difference in this figure by background characteristics.

Table 12.3 Higher-risk sexual intercourse in the past 12 months

Among all women age 15-49, the percentage who had higher-risk sexual intercourse in the past 12 months; among women age 15-49 who had sexual intercourse in the past 12 months, the percentage who had higher-risk sexual intercourse in the past 12 months; among women who had higher-risk sexual intercourse in the past 12 months, the percentage who used a condom at last higher-risk sexual intercourse; and the mean number of sexual partners during lifetime for women who ever had sexual intercourse, by background characteristics, Philippines 2008

	All women		Women who had sexual intercourse in the past 12 months		Women who had higher-risk sexual intercourse in the past 12 months[1]		Among women who ever had sexual intercourse	
Background characteristic	Percentage who had higher-risk sexual inter-course in the past 12 months[1]	Number	Percentage who had higher-risk sexual inter-course in the past 12 months[1]	Number	Percentage who used a condom at last higher-risk sexual intercourse	Number	Mean number of sexual partners in lifetime	Number
Age								
15-24	3.1	4,896	10.5	1,448	12.9	153	1.2	1,580
15-19	2.0	2,749	15.5	347	8.7	54	1.2	374
20-24	4.6	2,147	8.9	1,101	15.2	99	1.2	1,206
25-29	3.1	2,106	4.0	1,581	11.9	66	1.2	1,742
30-39	1.2	3,642	1.4	3,019	(3.1)	44	1.2	3,361
40-49	0.4	2,950	0.5	2,367	*	13	1.2	2,805
Marital status								
Never married	5.2	4,530	100.0	231	12.7	237	1.7	451
Married or living together	0.0	8,418	0.0	8,044	*	1	1.1	8,393
Divorced/separated/widowed	5.8	646	26.8	140	(0.0)	37	1.4	645
Residence								
Urban	2.6	7,574	4.3	4,324	9.2	193	1.2	5,025
Rural	1.4	6,020	2.0	4,091	15.0	82	1.2	4,463
Region								
National Capital Region	3.5	2,522	6.3	1,378	10.0	89	1.2	1,617
Cordillera Admin Region	1.9	225	3.0	144	*	4	1.1	160
I - Ilocos	0.7	613	1.1	406	*	5	1.1	444
II - Cagayan Valley	0.0	382	0.0	267	*	0	1.1	292
III - Central Luzon	2.9	1,486	4.7	907	(25.0)	43	1.3	1,043
IVA - CALABARZON	1.5	1,808	2.4	1,068	*	27	1.1	1,234
IVB - MIMAROPA	0.4	340	0.5	241	*	1	1.1	262
V - Bicol	1.3	755	1.9	457	*	10	1.2	519
VI - Western Visayas	1.6	976	2.4	617	*	16	1.1	683
VII - Central Visayas	2.2	983	3.6	605	*	22	1.2	677
VIII - Eastern Visayas	1.6	488	2.4	335	*	8	1.2	366
IX - Zamboanga Peninsula	2.1	505	3.4	322	*	11	1.2	360
X - Northern Mindanao	2.0	585	3.2	373	*	12	1.2	419
XI - Davao	2.4	618	3.7	410	*	15	1.2	455
XII - SOCCSKSARGEN	0.5	480	0.7	335	*	2	1.1	360
XIII - Caraga	3.1	312	4.5	220	*	10	1.2	240
ARMM	0.3	516	0.4	331	*	1	1.1	358
Education								
No education	0.4	167	0.5	125	*	1	1.2	149
Elementary	0.7	2,653	0.9	2,016	*	18	1.2	2,226
High school	1.8	6,352	2.9	3,741	5.2	113	1.2	4,181
College	3.3	4,422	5.6	2,534	14.7	144	1.1	2,931
Wealth quintile								
Lowest	0.5	2,160	0.7	1,650	*	11	1.2	1,766
Second	1.1	2,419	1.6	1,673	(3.5)	27	1.2	1,829
Middle	1.4	2,661	2.2	1,722	(3.1)	38	1.2	1,919
Fourth	3.1	2,937	5.2	1,735	13.5	92	1.2	1,965
Highest	3.2	3,417	6.4	1,634	14.3	109	1.2	2,009
Total 15-49	2.0	13,594	3.2	8,415	10.9	276	1.2	9,488

Note: Numbers in parentheses are based on 25-49 unweighted cases; an asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Higher-risk sexual intercourse refers to intercourse with a nonmarital, noncohabiting partner.

12.4 COVERAGE OF HIV TESTING

Knowledge of HIV status helps persons who are HIV negative make specific decisions that will reduce risk and promote safer sex practices, so they can remain disease free. For those who are HIV positive, knowledge of their status allows them to take action to protect their sexual partners, to access treatment, and to plan for the future. Testing of pregnant women is especially important so action can be taken to prevent mother-to-child transmission. Where migration is common, knowing one's HIV status is especially important for curbing the spread of the disease and empowering women to seek preventive and curative measures to protect themselves and their children.

To obtain information on the prevalence of HIV testing, all respondents in the 2008 NDHS were asked whether they know of a place where people can go to get tested for HIV and whether they themselves had ever been tested for HIV. If they said that they had been tested, respondents were asked whether they had received the results of their last test.

Table 12.4 shows that 52 percent of women know where to go to be tested for HIV. Knowledge of HIV testing facilities differs by respondents' background characteristics. For instance, women age 25-29 (56 percent) are the most likely to know of a place where they can get tested for HIV. Similarly, knowledge about HIV testing facilities is higher among women in urban areas than their rural counterparts. Education and wealth status have a positive relationship with knowledge of HIV testing facilities. For example, 71 percent of women who attended college know of an HIV testing facility, compared with only 10 percent of women with no education; likewise, women in households in the higher wealth quintiles are more likely to know places to go to be tested for HIV than those in households in the lower wealth quintiles. Among the regions, Bicol and Caraga (63 percent each) have the highest levels of knowledge of a place to get tested for HIV, while ARMM has the lowest level (27 percent).

Only 3 percent of women age 15-49 have ever been tested for HIV, with most reporting that they received their results (2 percent). Differentials by background characteristics in the percentage of women tested for HIV are small. The results presented in Table 12.4 indicate that women with college education and those in the wealthiest households are more likely to have been tested than women in other categories. Across regions, the percentage of women who have been tested varies from almost nil in ARMM to more than 4 percent in Caraga, Central Luzon, and NCR.

Table 12.4 Coverage of prior HIV testing

Among women age 15-49, the percentage who know where to get an HIV test, the percent distribution by testing status and by whether they received the results of the last test, the percentage of women ever tested, and the percentage of women who received the results of the last HIV test taken in the past 12 months, according to background characteristics, Philippines 2008

Background characteristic	Percentage who know where to get an HIV test	Percent distribution of women by testing status and by whether they received the results of the last test: Ever tested and received results	Ever tested did not receive results	Never tested[1]	Total	Percentage ever tested	Percentage who received results of last HIV test taken in the past 12 months	Number of women
Age								
15-24	46.8	1.3	0.3	98.5	100.0	1.5	0.6	4,896
15-19	41.9	0.3	0.1	99.6	100.0	0.4	0.1	2,749
20-24	53.1	2.5	0.4	97.0	100.0	3.0	1.2	2,147
25-29	56.0	3.3	1.0	95.8	100.0	4.2	1.2	2,106
30-39	54.5	2.9	0.7	96.4	100.0	3.6	0.8	3,642
40-49	53.4	2.6	0.6	96.8	100.0	3.2	0.5	2,950
Marital status								
Never married	50.9	1.5	0.2	98.3	100.0	1.7	0.5	4,530
Ever had sex	63.1	5.7	0.5	93.7	100.0	6.3	1.7	454
Never had sex	49.5	1.0	0.2	98.8	100.0	1.2	0.4	4,077
Married/living together	52.3	2.7	0.8	96.5	100.0	3.5	0.8	8,418
Divorced/separated/widowed	49.7	3.5	0.0	96.5	100.0	3.5	0.6	646
Residence								
Urban	55.4	2.6	0.7	96.8	100.0	3.2	0.9	7,574
Rural	47.0	2.0	0.4	97.6	100.0	2.4	0.5	6,020
Region								
National Capital Region	60.2	3.4	0.6	95.9	100.0	4.1	1.3	2,522
Cordillera Admin Region	45.4	2.0	0.2	97.8	100.0	2.2	0.6	225
I - Ilocos	58.2	2.4	0.6	97.0	100.0	3.0	0.9	613
II - Cagayan Valley	54.3	2.7	0.2	97.2	100.0	2.8	0.8	382
III - Central Luzon	45.8	3.6	1.0	95.4	100.0	4.6	1.2	1,486
IVA - CALABARZON	40.6	2.0	0.6	97.4	100.0	2.6	0.6	1,808
IVB - MIMAROPA	48.1	1.6	0.7	97.6	100.0	2.4	0.6	340
V - Bicol	63.0	1.0	0.1	98.8	100.0	1.2	0.1	755
VI - Western Visayas	57.5	2.2	0.6	97.2	100.0	2.8	0.3	976
VII - Central Visayas	46.8	0.9	0.9	98.2	100.0	1.8	0.3	983
VIII - Eastern Visayas	42.7	2.3	0.0	97.7	100.0	2.3	0.2	488
IX - Zamboanga Peninsula	52.5	2.1	0.3	97.6	100.0	2.4	0.3	505
X - Northern Mindanao	60.4	2.3	0.3	97.4	100.0	2.6	1.0	585
XI - Davao	57.7	1.8	0.7	97.5	100.0	2.5	0.7	618
XII - SOCCSKSARGEN	51.8	1.3	0.2	98.6	100.0	1.4	0.0	480
XIII - Caraga	62.6	3.7	1.0	95.3	100.0	4.7	1.2	312
ARMM	27.3	0.1	0.2	99.7	100.0	0.3	0.1	516
Education								
No education	10.4	0.0	0.0	100.0	100.0	0.0	0.0	167
Elementary	33.8	0.7	0.4	98.9	100.0	1.1	0.1	2,653
High school	47.2	1.7	0.5	97.8	100.0	2.2	0.5	6,352
College	70.5	4.2	0.7	95.0	100.0	5.0	1.4	4,422
Wealth quintile								
Lowest	37.1	0.7	0.3	99.0	100.0	1.0	0.1	2,160
Second	47.3	1.6	0.5	97.9	100.0	2.1	0.5	2,419
Middle	49.4	1.7	0.5	97.8	100.0	2.2	0.5	2,661
Fourth	55.4	2.9	0.5	96.6	100.0	3.4	1.0	2,937
Highest	62.7	3.7	0.9	95.4	100.0	4.6	1.3	3,417
Total 15-49	51.7	2.3	0.6	97.1	100.0	2.9	0.7	13,594

[1] Includes "don't know/missing"

12.5 HIV/AIDS Knowledge and Sexual Behavior among Youth

Knowledge of HIV/AIDS issues and related sexual behavior among youth age 15-24 is of particular interest because the period between sexual initiation and marriage is for many young people a time of experimentation that may involve risky behaviors. Special attention is paid to this group because it accounts for a large proportion of all new HIV cases worldwide. This section considers a number of issues that relate to both transmission and prevention of HIV/AIDS among youth, including the level of comprehensive knowledge of HIV/AIDS transmission and prevention modes and knowledge of a source where they can obtain condoms. Issues such as abstinence, age at sexual debut, and condom use are also covered in this section.

12.5.1 Knowledge about HIV/AIDS and Source for Condoms

Knowledge on how HIV is transmitted is crucial in enabling young people to avoid contracting the virus. Young people are often at greater risk because they may have shorter relationships and more partners, or engage in other risky behaviors. Knowledge of HIV among youth is part of the Millennium Development Goals (MDGs) indicators, and should be monitored periodically by all developing countries. As discussed earlier, comprehensive knowledge of HIV is defined as: 1) knowing that consistent use of condoms during sexual intercourse and having just one faithful, HIV-negative partner can reduce the likelihood of getting HIV; 2) knowing that a healthy-looking person can have HIV; and 3) rejecting the two most common local misconceptions about HIV transmission and prevention.

Table 12.5 shows that only 21 percent of women age 15-24 have comprehensive knowledge about HIV/AIDS. The level of comprehensive knowledge does not vary substantially by age. Among young women, comprehensive knowledge is somewhat higher among those who are never-married than those who are ever-married (22 percent compared with 18 percent).

As expected, comprehensive knowledge about HIV/AIDS among women age 15-24 is higher in urban areas (23 percent) than in rural areas (17 percent). Across regions, the level of comprehensive knowledge ranges from 11 percent among young women in SOCCSKSARGEN to 29 percent in NCR. Consistent with the patterns seen for other indicators, increases in education and wealth quintile are associated with increases in comprehensive knowledge about HIV/AIDS.

Condom use among young adults plays an important role in combating the transmission of HIV and other sexually transmitted infections (as well as preventing unwanted pregnancies). Knowledge of a source of condoms is prerequisite to young adults obtaining and using them. Young women were asked whether they knew where they could go to get condoms. Only formal sources of condoms were counted; friends, family members, home, and other similar informal sources were not included.

As shown in Table 12.5, about two in three young women (65 percent) know a source where they can get a condom. Knowledge of a condom source among young women varies by background characteristics and tends to increase with age. Ever-married young women are more likely to know about a source for condoms than those who have never married. Young women in urban areas are more likely than those in rural areas to know of a condom source. Knowledge of a condom source among young women is lowest in ARMM (33 percent) and highest in NCR (76 percent). As expected, the proportion of young women who know where to get condoms increases with level of education and wealth quintile.

Table 12.5 Comprehensive knowledge about AIDS and a source of condoms among young women

Percentage of young women age 15-24 with comprehensive knowledge about AIDS and the percentage with knowledge of a source of condoms, by background characteristics, Philippines 2008

Background characteristic	Percentage with comprehensive knowledge of AIDS[1]	Percentage who know a condom source[2]	Number of women
Age			
15-19	18.7	56.0	2,749
15-17	16.2	48.2	1,680
18-19	22.7	68.1	1,069
20-24	23.2	75.9	2,147
20-22	23.7	75.7	1,323
23-24	22.3	76.3	825
Marital status			
Never married	21.7	62.2	3,534
Ever had sex	21.2	84.9	222
Never had sex	21.7	60.7	3,311
Ever married	18.0	71.1	1,363
Residence			
Urban	23.4	69.4	2,784
Rural	17.1	58.6	2,112
Region			
National Capital Region	28.5	75.6	916
Cordillera Admin Region	26.0	66.5	85
I - Ilocos	16.9	62.3	213
II - Cagayan Valley	17.4	66.5	118
III - Central Luzon	19.1	69.4	527
IVA - CALABARZON	24.1	54.9	650
IVB - MIMAROPA	20.1	52.0	126
V - Bicol	23.1	74.5	292
VI - Western Visayas	13.1	64.2	324
VII - Central Visayas	22.5	72.2	370
VIII - Eastern Visayas	24.4	62.0	150
IX - Zamboanga Peninsula	18.6	56.9	197
X - Northern Mindanao	14.1	68.0	220
XI - Davao	12.7	56.6	233
XII - SOCCSKSARGEN	10.7	62.4	170
XIII - Caraga	18.9	63.4	107
ARMM	12.4	33.3	198
Education			
No education	(0.0)	(15.4)	32
Elementary	9.5	35.8	597
High school	17.7	60.5	2,880
College	32.1	87.0	1,388
Wealth quintile			
Lowest	14.3	41.4	698
Second	14.8	58.6	861
Middle	18.9	65.2	917
Fourth	23.8	73.3	1,078
Highest	26.4	73.5	1,343
Total	20.7	64.7	4,896

Note: Figures in parentheses are based on 25-49 unweighted cases.

[1] Comprehensive knowledge means knowing that consistent use of condoms during sexual intercourse and having just one HIV-negative and faithful partner can reduce the chances of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the two most common local misconceptions about AIDS transmission and prevention. The components of comprehensive knowledge are presented in Tables 13.1 and 13.2.

[2] Friends, family members, and home are not considered sources for condoms.

12.5.2 Age at First Sex

Information from the 2008 NDHS can be used to examine age at first sexual intercourse. Table 12.6 shows the proportion of women age 15-24 who had sexual intercourse before age 15 and before age 18. Only 2 percent of young women had sexual intercourse by age 15, while 17 percent of young women had sexual intercourse by age 18.

Table 12.6 Age at first sexual intercourse among young women

Percentage of young women age 15-24 who had sexual intercourse before age 15 and the percentage of young women age 18-24 who had sexual intercourse before age 18, by background characteristics, Philippines 2008

Background characteristic	Percentage who had sexual intercourse before age 15	Number of women age 15-24	Percentage who had sexual intercourse before age 18	Number of women age 18-24
Age				
15-19	2.1	2,749	na	na
15-17	2.2	1,680	na	na
18-19	1.8	1,069	17.4	1,069
20-24	2.1	2,147	17.1	2,147
20-22	2.4	1,323	17.9	1,323
23-24	1.5	825	15.9	825
Marital status				
Never married	0.2	3,534	2.9	1,939
Ever married	6.9	1,363	38.9	1,277
Knows condom source[1]				
Yes	1.9	3,168	15.5	2,357
No	2.4	1,728	21.9	859
Residence				
Urban	1.8	2,784	13.7	1,896
Rural	2.5	2,112	22.3	1,320
Region				
National Capital Region	1.1	916	11.5	646
Cordillera Admin Region	0.9	85	15.2	56
I - Ilocos	0.4	213	15.2	146
II - Cagayan Valley	0.6	118	19.7	74
III - Central Luzon	2.1	527	16.8	350
IVA - CALABARZON	1.7	650	15.8	440
IVB - MIMAROPA	4.9	126	22.8	81
V - Bicol	2.0	292	14.0	173
VI - Western Visayas	0.0	324	12.6	207
VII - Central Visayas	3.0	370	19.2	236
VIII - Eastern Visayas	2.7	150	22.4	89
IX - Zamboanga Peninsula	2.8	197	24.3	121
X - Northern Mindanao	2.5	220	21.2	139
XI - Davao	4.3	233	19.9	158
XII - SOCCSKSARGEN	4.4	170	27.7	101
XIII - Caraga	4.0	107	28.4	67
ARMM	3.6	198	25.5	132
Education				
No education	(14.3)	32	(40.0)	21
Elementary	8.1	597	40.1	341
High school	1.6	2,880	22.7	1,586
College	0.1	1,388	3.7	1,268
Wealth quintile				
Lowest	5.8	698	36.7	440
Second	2.9	861	25.7	530
Middle	2.0	917	14.8	591
Fourth	0.8	1,078	10.9	730
Highest	0.7	1,343	9.5	924
Total	2.1	4,896	17.2	3,216

Note: Figures in parentheses are based on 25-49 unweighted cases.
na = Not applicable
[1] Friends, family members, and home are not considered sources for condoms.

Looking at age at first sexual intercourse by background characteristics, the proportion of young women who had sexual intercourse before age 15 and before age 18 are markedly lower among women who have never married than among those who have ever married. Young women in urban areas are less likely to have had sexual intercourse than young women in rural areas, whether by age 15 or 18. Education and wealth status have a negative association with early initiation of sexual activity; as education and wealth increase, the proportion of women reporting first sexual intercourse before the age of 18 decreases.

12.5.3 Condom Use at First Sexual Intercourse

To assess the extent to which condoms are used at the time of first sexual intercourse, young women were asked whether they had used a condom during first sexual intercourse. Table 12.7 shows that only 4 percent of young women age 15-24 used a condom during first sexual intercourse. This low figure is not surprising because most Filipino women are newly married at the time they first have sexual intercourse, and are therefore unlikely to use contraception. Higher educational attainment, higher wealth status, and urban residence are related to increased likelihood that a condom was used the first time a young woman had sexual intercourse.

Table 12.7 Condom use at first sexual intercourse among young women

Among young women age 15-24 who have ever had sexual intercourse, the percentage who used a condom the first time they had sexual intercourse, by background characteristics, Philippines 2008

Background characteristic	Percentage who used a condom at first sexual intercourse	Number of women age 15-24 who have ever had sexual intercourse
Age		
15-19	4.7	375
15-17	2.7	99
18-19	5.4	276
20-24	4.1	1,210
20-22	3.9	651
23-24	4.4	559
Marital status		
Never married	10.4	222
Ever married	3.2	1,363
Knows condom source[1]		
Yes	5.4	1,157
No	1.1	427
Residence		
Urban	5.1	769
Rural	3.4	815
Region		
National Capital Region	5.9	240
Cordillera Admin Region	0.0	30
I - Ilocos	8.7	76
II - Cagayan Valley	1.6	45
III - Central Luzon	6.2	175
IVA - CALABARZON	4.3	195
IVB - MIMAROPA	3.5	54
V - Bicol	2.1	93
VI - Western Visayas	3.6	98
VII - Central Visayas	1.9	121
VIII - Eastern Visayas	5.9	54
IX - Zamboanga Peninsula	2.3	70
X - Northern Mindanao	3.8	75
XI - Davao	3.1	86
XII - SOCCSKSARGEN	3.0	64
XIII - Caraga	5.0	43
ARMM	3.7	68
Education		
No education	(0.0)	17
Elementary	0.9	258
High school	4.0	935
College	7.4	374
Wealth quintile		
Lowest	1.2	343
Second	2.8	345
Middle	3.9	309
Fourth	5.6	316
Highest	8.7	272
Total	4.2	1,585

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] Friends, family members, and home are not considered sources for condoms.

12.5.4 Premarital Sexual Activity

The period between first sexual intercourse and marriage is often a time of sexual experimentation. Unfortunately, in the era of HIV/AIDS, it can also be a risky time. Table 12.8 presents information on sexual activity among never-married young women age 15-24 and condom use: the percentage of never-married young women who have never had sexual intercourse, the percentage who had sexual intercourse in the past 12 months, and the percentage who used a condom at last sexual intercourse.

The great majority (94 percent) of never-married young women have never had sexual intercourse. As a result, the proportion reporting sexual activity in the 12 months preceding the survey is relatively low (4 percent). Given the comparatively small proportion of never-married young women reporting premarital intercourse, differentials in this indicator are minimal.

Among never-married young women who reported having sexual intercourse in the 12 months preceding the survey, 14 percent said they used a condom the last time they had sexual intercourse. The numbers are too small to show meaningful differences by subgroups.

Table 12.8 Premarital sexual intercourse and condom use among young women

Among never-married women age 15-24, the percentage who have never had sexual intercourse and the percentage who had sexual intercourse in the 12 months preceding the survey, and among those who had sexual intercourse in the past 12 months, the percentage who used a condom at the last sexual intercourse, by background characteristics, Philippines 2008

Background characteristic	Percentage who have never had sexual intercourse	Percentage who had sexual intercourse in the past 12 months	Number of never-married women	Percentage who used condom at last sexual intercourse	Number of women who had sexual intercourse
Age					
15-19	97.2	2.1	2,441	9.3	50
15-17	99.1	0.6	1,595	*	9
18-19	93.7	4.9	846	(11.4)	41
20-24	85.8	8.1	1,093	17.0	88
20-22	87.1	7.1	771	10.4	55
23-24	82.6	10.2	322	(28.2)	33
Knows condom source[1]					
Yes	91.4	5.5	2,199	16.3	120
No	97.5	1.3	1,334	*	18
Residence					
Urban	93.5	4.2	2,156	9.2	90
Rural	94.1	3.5	1,378	23.6	48
Region					
National Capital Region	91.7	5.8	737	(11.6)	43
Cordillera Admin Region	90.8	6.4	61	*	4
I - Ilocos	95.5	1.9	144	*	3
II - Cagayan Valley	97.2	0.0	76	*	0
III - Central Luzon	92.1	6.2	383	*	24
IVA - CALABARZON	95.6	3.1	476	*	15
IVB - MIMAROPA	94.7	1.6	75	*	1
V - Bicol	96.2	0.5	207	*	1
VI - Western Visayas	95.5	2.6	237	*	6
VII - Central Visayas	92.3	4.5	270	*	12
VIII - Eastern Visayas	93.7	4.7	102	*	5
IX - Zamboanga Peninsula	94.2	4.0	134	*	5
X - Northern Mindanao	93.3	3.8	156	*	6
XI - Davao	88.4	5.3	167	*	9
XII - SOCCSKSARGEN	99.1	0.0	107	*	0
XIII - Caraga	89.4	7.5	72	*	5
ARMM	100.0	0.0	130	*	0
Education					
No education	94.7	0.0	15	*	0
Elementary	96.2	1.4	352	*	5
High school	95.2	3.1	2,043	5.4	63
College	90.2	6.2	1,124	21.6	70
Wealth quintile					
Lowest	96.1	1.9	369	*	7
Second	95.5	2.6	541	*	14
Middle	94.6	3.0	643	*	19
Fourth	92.8	5.7	820	(16.6)	47
Highest	92.2	4.4	1,161	(21.3)	51
Total	93.7	3.9	3,534	14.2	138

Note: Figures in parentheses are based on 25-49 unweighted cases; an asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Friends, family members, and home are not considered sources for condoms.

12.5.5 Higher-Risk Sexual Intercourse among Young Women

The most common mode of transmission of HIV in the Philippines is through unprotected sexual intercourse with a person who is HIV positive. To prevent HIV transmission, it is important that young people practice safe sex through the ABC method (abstinence, being faithful to one HIV-negative partner, and condom use). Table 12.9 presents information on the percentage of young women who had higher-risk sexual intercourse (i.e., intercourse with a nonmarital, noncohabiting partner) in the 12 months preceding the survey, and the rate of condom use at last higher-risk sexual intercourse.

Table 12.9 Higher-risk sexual intercourse among young women and condom use at last higher-risk sexual intercourse

Among young women age 15-24 who had sexual intercourse in the past 12 months, the percentage who had higher-risk sexual intercourse, and among those who had higher-risk sexual intercourse in the past 12 months, the percentage who used a condom at last higher-risk sexual intercourse, by background characteristics, Philippines 2008

	Women age 15-24 who had sexual intercourse in the past 12 months		Women age 15-24 who had higher-risk sexual intercourse in the past 12 months[1]	
Background characteristic	Percentage who had higher-risk sexual intercourse in the past 12 months[1]	Number of women	Percentage who used a condom at last higher-risk sexual intercourse[1]	Number of women
Age				
15-19	15.5	347	8.7	54
15-17	14.0	90	*	13
18-19	16.0	256	(11.4)	41
20-24	8.9	1,101	15.4	98
20-22	9.8	587	9.9	58
23-24	7.8	514	(23.2)	40
Marital status				
Never married	100.0	138	14.2	138
Ever married	1.0	1,309	*	13
Knows condom source[2]				
Yes	12.4	1,051	15.1	130
No	5.2	397	*	21
Residence				
Urban	14.0	692	8.6	97
Rural	7.2	756	21.0	54
Region				
National Capital Region	21.4	212	(10.9)	45
Cordillera Admin Region	14.3	27	*	4
I - Ilocos	3.8	72	*	3
II - Cagayan Valley	0.0	41	*	0
III - Central Luzon	16.8	164	*	28
IVA - CALABARZON	8.1	181	*	15
IVB - MIMAROPA	2.5	48	*	1
V - Bicol	4.8	82	*	4
VI - Western Visayas	6.8	91	*	6
VII - Central Visayas	12.3	107	*	13
VIII - Eastern Visayas	9.5	50	*	5
IX - Zamboanga Peninsula	9.4	65	*	6
X - Northern Mindanao	8.6	68	*	6
XI - Davao	12.0	74	*	9
XII - SOCCSKSARGEN	0.0	61	*	0
XIII - Caraga	16.5	40	*	7
ARMM	1.0	66	*	1
Education				
No education	4.3	16	*	1
Elementary	3.0	240	*	7
High school	8.4	867	4.7	73
College	21.6	325	21.6	70
Wealth quintile				
Lowest	2.3	327	*	8
Second	5.1	324	*	16
Middle	7.6	284	*	21
Fourth	16.4	295	(16.2)	48
Highest	26.3	218	19.0	57
Total 15-24	10.5	1,448	13.0	151

Note: Figures in parentheses are based on 25-49 unweighted cases; an asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Higher-risk sexual intercourse refers to intercourse with a nonmarital, noncohabiting partner.
[2] Friends, family members, and home are not considered sources for condoms.

Among young women age 15-24 who had sexual intercourse in the past 12 months, 11 percent had higher-risk sexual intercourse during this period. Thirteen percent of these women reported condom use at last higher-risk sexual intercourse.

There are substantial differences in the prevalence of higher-risk sexual intercourse among young women by background characteristics. Young women with higher levels of education and those in wealthier households are more likely than other young women to have engaged in higher-risk sexual intercourse. Young women in urban areas are twice as likely as those in rural areas to have engaged in risky sexual behavior, although they are less likely than those in rural areas to use condoms when they do so.

12.5.6 Voluntary HIV Counseling and Testing among Young Women

A person's knowledge of their own HIV-positive sero-status can motivate them to practice safer sexual behavior to avoid transmitting the virus to others. Voluntary counseling and testing (VCT) provides this information, but young women may think there are barriers to accessing and using health facilities, particularly for sensitive concerns about sexually transmitted infections like HIV/AIDS. Table 12.10 presents information on recent HIV testing among young women age 15-24. Only 1 percent of sexually active young women were tested for HIV in the 12 months preceding the survey and received the results. The differentials by background characteristics are minimal, although 5 percent of young women in Central Luzon and 3 percent in Cagayan Valley were tested in the 12 months preceding the survey and received the results.

Table 12.10 Recent HIV tests among young women

Among young women age 15-24 who had sexual intercourse in the past 12 months, the percentage who had an HIV test in the past 12 months and received the results, by background characteristics, Philippines 2008

Background characteristic	Percentage who were tested for HIV in the past 12 months and received the results	Number of women who had sexual intercourse in the past 12 months
Age		
15-19	0.2	347
15-17	0.0	90
18-19	0.3	256
20-24	1.4	1,101
20-22	1.2	587
23-24	1.7	514
Marital status		
Never married	1.5	138
Ever married	1.1	1,309
Knows condom source[1]		
Yes	1.3	1,051
No	0.8	397
Residence		
Urban	1.4	692
Rural	0.9	756
Region		
National Capital Region	1.1	212
Cordillera Admin Region	0.0	27
I - Ilocos	0.0	72
II - Cagayan Valley	3.4	41
III - Central Luzon	5.2	164
IVA - CALABARZON	0.7	181
IVB - MIMAROPA	0.0	48
V - Bicol	0.0	82
VI - Western Visayas	1.2	91
VII - Central Visayas	0.0	107
VIII - Eastern Visayas	1.6	50
IX - Zamboanga Peninsula	0.0	65
X - Northern Mindanao	1.4	68
XI - Davao Peninsula	0.0	74
XII - SOCCSKSARGEN	0.0	61
XIII - Caraga	0.0	40
ARMM	0.0	66
Education		
No education	*	16
Elementary	0.5	240
High school	1.1	867
College	1.8	325
Wealth quintile		
Lowest	0.3	327
Second	1.7	324
Middle	1.0	284
Fourth	0.8	295
Highest	2.1	218
Total 15-24	1.1	1,448

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Friends, family members, and home are not considered sources for condoms.

TUBERCULOSIS KNOWLEDGE, ATTITUDES, AND BEHAVIOR

13

This chapter examines knowledge of tuberculosis (TB) among Filipino women age 15-49, its symptoms and causes, and stigma attached to the disease. Section 13.1 discusses the status of tuberculosis in the Philippines and worldwide, and the medical aspects of the disease. Section 13.2 examines the level of awareness of tuberculosis, its signs and symptoms, cause, mode of transmission, and treatment. Section 13.3 deals with self-reported diagnosis, symptoms, and treatment, and Section 13.4 focuses on issues of stigma.

13.1 BACKGROUND

In 2005, tuberculosis was the fifth leading cause of morbidity and mortality in the Philippines. The burden of the disease is made more serious by the fact that in 2003, the country had the 8th highest incidence of tuberculosis in the world and the 3rd highest in the Western Pacific Region. The Philippine government has been implementing a program called DOTS (Directly Observed Treatment, Short-course), which is the primary TB control strategy recommended by the World Health Organization (WHO). DOTS combines the following: 1) case detection by sputum smear microscopy among patients with TB symptoms who went to a health facility, 2) standardized short-course chemotherapy with directly observed treatment, and 3) a standardized recording and reporting system that tracks the treatment of each patient and in turn provides information to the TB control program. DOTS PLUS was implemented as a project to manage patients with multi-drug resistant tuberculosis.

Tuberculosis is primarily caused by a bacterium (*Mycobacterium tuberculosis*). The majority of cases are pulmonary, but in about 15 percent of cases, the bacteria disseminate to other areas of the body and are classified as nonpulmonary tuberculosis. Transmission is mainly airborne, through the inhalation of bacteria-carrying droplets produced by individuals with active pulmonary tuberculosis. Less commonly, infection may occur through skin wounds, such as those associated with injecting drug use.

Among people directly exposed to tuberculosis, only about 30 percent will actually become infected. In the general population, only about 5 percent of infected persons will develop active pulmonary tuberculosis within two years. This activation rate is much higher for both the very young and very old, and for persons with a suppressed immune system (because of HIV infection or other causes). The activation rate is about 40 percent for persons with HIV, thus making TB diagnosis and treatment an important part of health care for HIV-positive individuals. In the Philippines, any person with a history of cough for two or more weeks is a suspected case of tuberculosis. Other than a persistent cough, symptoms of active pulmonary tuberculosis include chest pain, coughing up blood or sputum, fatigue, weight loss, loss of appetite, chills, fever, and night sweats.

In persons who are infected but do not show symptoms of tuberculosis, the immune system is able to destroy or “wall off” the TB bacteria. These enclosed bacteria can remain dormant for many years and later be reactivated. Risk factors for reactivation include old age, immunosuppression, diabetes, kidney malfunction, and malnutrition. The reactivation rate is about 5 percent in the general population. Worldwide, two-thirds of untreated smear-positive cases will die within five to eight years, the majority within the first two years (Stybo, 1999). The case fatality rate for untreated smear-positive TB is about 10 to 15 percent (Rieder, 1999). The case fatality rate for smear-positive TB patients can exceed 10 percent if adherence to treatment is low, as in cases of HIV co-infection, or in areas with high anti-TB drug resistance (WHO, 2002).

13.2 WOMEN'S KNOWLEDGE OF TB

Table 13.1 shows the level of women's knowledge of tuberculosis and whether they think that tuberculosis can be cured, according to age, residence, region, education, and wealth quintile. Almost all women age 15-49 (98 percent) have heard of tuberculosis. The percentage of women who know that tuberculosis can be cured is slightly lower (94 percent).

Knowledge of tuberculosis does not vary much by age, residence, and region; however, it increases with level of education and wealth quintile. Women with no education are least likely to have heard of tuberculosis (78 percent) and those with college or higher education are most likely to have heard of tuberculosis (100 percent). Similarly, women in households in the lowest wealth quintile are least likely to have heard of tuberculosis (95 percent) and those in the highest wealth quintile are the most likely (100 percent) to have heard of the disease.

The percentage of women who think that tuberculosis can be cured does not differ much by age and residence. However, knowledge that tuberculosis can be cured rises steadily with the level of education and wealth quintile; the knowledge that TB can be cured ranges from 66 percent among women with no education to 98 percent among those with college or higher education. Likewise, women in the lowest wealth quintile are least likely to know that tuberculosis can be cured (87 percent) while those in the highest wealth quintile are most likely to know that TB can be cured (96 percent). ARMM has the lowest proportion of women who know that tuberculosis can be cured (85 percent), while the National Capital Region has the highest proportion (97 percent).

Table 13.1 Knowledge of tuberculosis

Percentage of women who have heard of tuberculosis and who believe that tuberculosis can be cured, by background characteristics, Philippines 2008

Background characteristic	Has heard of TB	Believes TB can be cured	Number of women
Age			
15-19	97.5	87.8	2,749
20-24	98.5	92.4	2,147
25-29	98.6	94.3	2,106
30-34	98.9	95.9	1,865
35-39	98.6	96.8	1,777
40-44	98.9	96.7	1,532
45-49	98.6	96.4	1,418
Residence			
Urban	99.1	95.0	7,574
Rural	97.6	92.2	6,020
Region			
National Capital Region	99.7	97.4	2,522
Cordillera Admin Region	97.7	87.2	225
I - Ilocos	99.3	93.9	613
II - Cagayan Valley	96.0	92.4	382
III - Central Luzon	98.9	95.7	1,486
IVA - CALABARZON	98.9	94.7	1,808
IVB - MIMAROPA	95.1	90.6	340
V - Bicol	99.7	95.3	755
VI - Western Visayas	98.6	93.8	976
VII - Central Visayas	99.6	93.7	983
VIII - Eastern Visayas	99.2	92.9	488
IX - Zamboanga Peninsula	98.4	90.2	505
X - Northern Mindanao	96.4	88.2	585
XI - Davao	98.1	90.9	618
XII - SOCCSKSARGEN	96.2	91.8	480
XIII - Caraga	99.3	94.0	312
ARMM	91.9	85.2	516
Education			
No education	77.5	65.8	167
Elementary	96.1	88.1	2,653
High school	99.1	94.2	6,352
College or higher	99.7	97.5	4,422
Wealth quintile			
Lowest	94.8	86.7	2,160
Second	98.4	92.9	2,419
Middle	99.0	94.6	2,661
Fourth	99.3	95.6	2,937
Highest	99.5	96.4	3,417
Total	98.4	93.7	13,594

Table 13.2 shows the percentage of women who know specific signs and symptoms of tuberculosis. Less than 2 percent of women do not know any TB-related symptoms. The signs and symptoms of tuberculosis most commonly reported by women are coughing (59 percent), weight loss (39 percent), and blood in sputum (35 percent). The next most commonly cited symptoms are coughing with sputum (30 percent), coughing for several weeks (27 percent), and fever (24 percent). Knowledge of specific symptoms of tubeculosis does not vary much by background characteristics, except that women with no education and poorer women are generally less likely to know about each of the symptoms than better educated and wealthier women.

Table 13.2 Knowledge of signs and symptoms of tuberculosis

Among women who have heard of tuberculosis, percentage who know specific signs and symptoms of tuberculosis, by background characteristics, Philippines 2008

	Signs and symptoms of tuberculosis															
Background characteristic	Coughing	Coughing with sputum	Coughing for several weeks	Fever	Blood in sputum	Loss of appetite	Night sweats	Pain in chest or back	Tiredness/ fatigue	Weight loss	Breathing problems	Pale	Elevated shoulder	Other	Don't know	Number of women
Age																
15-19	60.0	28.5	23.8	16.6	33.7	9.1	2.2	8.8	10.9	34.7	0.6	1.4	0.1	0.9	2.8	2,679
20-24	58.6	31.5	27.0	21.4	36.3	11.7	3.8	13.1	11.7	37.9	0.6	1.6	0.0	1.1	1.8	2,115
25-29	58.0	31.2	27.5	21.7	36.1	14.6	3.2	13.0	12.5	39.9	0.6	1.6	0.1	1.1	1.5	2,077
30-34	60.4	30.0	28.5	24.3	35.1	14.5	4.2	14.7	12.2	40.0	0.7	1.4	0.3	0.6	0.9	1,843
35-39	57.3	30.6	29.4	27.8	34.4	12.8	4.0	13.8	13.6	38.7	0.6	2.2	0.2	1.3	1.4	1,753
40-44	60.2	27.4	25.0	30.7	35.9	16.1	3.4	15.1	15.8	40.6	0.5	1.7	0.2	1.1	1.0	1,516
45-49	59.4	27.8	27.7	29.2	30.9	16.4	3.9	12.7	14.3	39.7	0.6	1.8	0.5	1.8	1.3	1,398
Residence																
Urban	58.5	30.0	27.4	28.9	35.0	15.9	3.8	13.3	12.8	39.6	0.6	1.3	0.1	0.9	1.6	7,504
Rural	59.9	29.2	26.0	16.9	34.4	9.6	2.9	12.0	12.6	37.0	0.6	2.1	0.2	1.4	1.7	5,877
Region																
National Capital Region	57.7	30.7	30.1	40.8	34.6	20.5	4.4	16.3	12.9	40.0	0.2	0.1	0.2	0.5	1.2	2,514
Cordillera Admin Region	57.7	38.8	36.5	17.7	37.4	10.2	6.0	15.8	9.4	22.9	1.1	0.5	2.0	0.0	3.6	220
I - Ilocos	48.2	24.0	40.4	16.5	42.8	10.2	1.8	12.7	9.3	30.5	0.3	0.3	0.3	1.2	1.4	609
II - Cagayan Valley	51.0	34.9	33.5	15.7	44.0	7.8	2.2	15.5	11.7	38.7	0.4	0.2	0.6	0.2	1.4	366
III - Central Luzon	52.4	21.8	28.1	30.1	36.6	13.7	2.7	15.2	11.1	37.0	0.2	0.4	0.0	1.3	1.5	1,470
IVA - CALABARZON	58.0	44.7	28.1	27.0	33.1	19.2	4.4	11.3	11.4	37.0	0.1	0.1	0.1	0.1	2.0	1,788
IVB - MIMAROPA	63.4	27.5	21.7	22.6	32.0	7.3	2.2	14.7	10.0	35.1	0.4	0.6	0.2	2.5	4.1	324
V - Bicol	60.7	21.6	33.5	19.5	45.3	13.5	3.3	14.1	15.6	49.1	0.6	1.4	0.0	1.6	1.2	753
VI - Western Visayas	73.8	16.8	12.0	18.4	36.8	11.1	5.1	17.4	10.6	32.4	1.1	1.2	0.0	1.3	3.1	963
VII - Central Visayas	66.8	19.0	22.7	16.0	31.2	10.5	3.4	9.1	16.2	40.0	1.6	6.9	0.0	1.1	0.7	978
VIII - Eastern Visayas	73.1	39.8	22.3	13.7	30.1	8.8	3.3	7.3	17.7	46.3	1.3	4.1	0.0	1.1	0.3	483
IX - Zamboanga Peninsula	69.0	38.8	17.9	18.2	27.8	5.9	2.5	7.1	14.3	38.6	0.2	1.3	0.7	1.9	1.4	497
X - Northern Mindanao	48.0	34.0	38.3	15.1	34.8	6.9	1.8	6.5	13.2	39.8	0.9	3.3	0.3	0.8	2.4	564
XI - Davao	65.1	24.6	18.2	14.4	28.2	8.5	2.7	9.0	15.5	36.2	2.5	5.4	0.3	4.7	0.6	606
XII - SOCCSKSARGEN	55.1	27.4	25.0	15.0	36.5	9.7	2.8	10.6	15.4	35.7	0.9	3.1	0.4	1.1	2.7	462
XIII - Caraga	60.7	27.7	23.6	13.2	38.8	7.3	2.3	10.2	19.5	48.2	0.2	5.8	0.0	2.0	2.3	310
ARMM	45.4	38.6	19.2	3.3	21.5	5.2	1.8	9.5	4.6	41.5	0.0	0.7	0.0	1.1	1.4	474
Education																
No education	51.1	31.2	17.1	6.5	19.8	2.5	0.6	8.9	6.5	30.0	0.0	0.8	0.0	1.6	5.4	129
Elementary	61.2	25.4	21.5	15.7	27.4	6.7	2.3	10.4	10.6	32.0	0.8	1.9	0.1	1.0	3.0	2,549
High school	58.8	28.5	24.7	20.7	34.1	11.1	2.4	11.4	12.2	35.4	0.6	1.7	0.2	1.2	1.8	6,292
College or higher	58.7	33.8	33.1	32.8	40.4	20.2	5.7	16.1	14.8	46.8	0.5	1.4	0.2	1.0	0.5	4,411
Wealth quintile																
Lowest	60.8	26.5	22.6	9.9	29.2	6.6	2.2	10.3	10.3	32.8	1.0	2.5	0.1	1.5	2.1	2,049
Second	60.5	26.8	24.0	17.6	33.5	8.7	2.3	11.1	12.7	36.5	0.6	2.2	0.4	1.4	2.2	2,380
Middle	59.6	28.4	25.6	22.1	33.2	11.0	2.9	12.5	13.7	37.3	0.7	2.2	0.1	1.3	1.8	2,634
Fourth	58.4	31.9	27.3	27.9	34.7	16.9	3.8	13.3	12.2	39.6	0.5	1.2	0.1	0.9	1.5	2,917
Highest	57.5	32.7	31.7	33.5	40.1	18.7	5.1	14.9	13.8	43.2	0.4	0.7	0.2	0.8	1.1	3,401
Total	59.1	29.7	26.8	23.6	34.7	13.2	3.4	12.7	12.7	38.5	0.6	1.6	0.2	1.1	1.6	13,381

In addition to the signs and symptoms of tuberculosis, women in the 2008 NDHS were asked what they thought were the causes of tuberculosis. Table 13.3 shows for women who have heard of tuberculosis, the percentage who cited specific causes for the infection by background characteristics. Smoking (59 percent), drinking alcohol (44 percent), microbes/germs/bacteria (23 percent), inherited (23 percent), and fatigue (22 percent) emerged as the top-ranking causes of tuberculosis identified by the women. Five percent of women said they did not know any causes of tuberculosis. It must be noted that the correct answer—microbes, germs, or bacteria—was cited by only 23 percent of women.

Table 13.3 Knowledge of causes of tuberculosis

Among women who have heard of tuberculosis, percentage citing specific causes of tuberculosis, by background characteristics, Philippines 2008

Background characteristic	Causes of tuberculosis																Number of women
	Microbes/ germs/ bacteria	Inheri-ted	Life-style	Smok-ing	Alcohol drink-ing	Fatigue	Malnu-trition	Unhy-gienic prac-tices	Pol-lution	Letting sweat dry	Has prob-lems	Slept on cold floors	Chang-ing weather	Un-treated cough	Other	Don't know	
Age																	
15-19	23.2	19.1	6.9	61.4	43.6	12.9	9.5	6.5	11.0	0.3	0.3	0.3	0.2	0.2	0.9	8.3	2,679
20-24	25.4	22.4	10.7	63.3	46.3	17.8	12.1	9.2	11.3	0.6	0.3	0.1	0.1	0.3	0.8	4.8	2,115
25-29	23.5	24.2	10.1	60.6	44.7	21.6	13.0	9.4	11.3	0.7	0.3	0.3	0.0	0.4	0.7	4.2	2,077
30-34	22.7	25.0	11.0	57.6	41.9	24.7	13.6	9.7	10.9	0.8	0.3	0.2	0.1	0.0	0.8	4.6	1,843
35-39	23.4	23.6	10.8	56.4	43.7	25.8	16.4	8.2	11.0	0.3	0.6	0.1	0.1	0.1	1.3	4.2	1,753
40-44	21.8	26.1	11.0	55.3	44.0	28.8	21.2	10.1	11.6	0.5	0.5	0.1	0.0	0.5	1.0	4.4	1,516
45-49	20.2	23.8	12.0	56.1	42.7	27.2	22.1	9.6	10.0	0.3	0.5	0.1	0.1	0.2	1.5	3.1	1,398
Residence																	
Urban	26.8	26.3	12.6	59.5	43.3	19.7	16.0	9.7	12.8	0.5	0.2	0.1	0.1	0.2	0.8	4.5	7,504
Rural	18.3	19.1	6.8	58.7	44.7	24.2	12.7	7.6	8.8	0.6	0.6	0.3	0.1	0.2	1.1	5.8	5,877
Region																	
National Capital Region	34.4	27.7	17.6	66.0	53.0	15.8	16.9	10.0	16.1	0.1	0.0	0.0	0.0	0.0	0.3	2.9	2,514
Cordillera Admin Region	23.2	27.8	6.5	60.0	38.0	10.0	9.3	10.6	13.3	0.0	0.0	0.0	0.4	0.5	1.5	9.9	220
I - Ilocos	11.9	23.2	5.2	65.0	50.8	12.1	8.6	9.1	7.7	0.8	0.0	0.2	0.3	0.6	0.5	6.3	609
II - Cagayan Valley	21.0	19.6	6.4	67.0	50.8	19.6	9.7	7.8	16.6	0.0	0.0	0.0	0.0	0.4	0.2	4.0	366
III - Central Luzon	17.7	18.8	6.7	62.2	37.7	18.9	17.2	8.8	13.3	1.5	0.0	0.1	0.2	0.0	1.1	5.3	1,470
IVA - CALABARZON	28.9	40.5	16.6	62.6	37.3	12.2	8.6	5.7	16.4	0.2	0.0	0.1	0.0	0.0	0.4	5.2	1,788
IVB - MIMAROPA	16.0	15.1	8.1	48.5	38.8	22.4	13.4	9.1	11.7	0.9	0.0	0.4	0.0	0.0	2.0	10.6	324
V - Bicol	17.6	11.8	15.9	52.8	41.8	22.2	40.1	15.6	6.3	0.9	0.0	1.2	0.7	0.1	0.9	3.3	753
VI - Western Visayas	16.5	13.0	8.0	43.1	35.1	28.5	17.9	12.1	6.3	0.6	0.0	0.0	0.1	0.1	0.2	9.8	963
VII - Central Visayas	20.7	19.6	6.9	51.0	42.8	33.8	12.3	8.5	9.9	0.2	0.3	0.0	0.2	0.7	2.4	3.6	978
VIII - Eastern Visayas	19.5	29.7	6.8	56.7	53.9	29.7	17.4	11.1	5.6	0.5	0.7	0.0	0.2	0.3	1.5	1.6	483
IX - Zamboanga Peninsula	18.2	16.4	6.6	65.5	49.5	32.5	11.4	10.7	4.5	0.0	0.2	0.1	0.0	0.0	1.3	2.7	497
X - Northern Mindanao	17.2	14.9	5.0	58.8	43.9	28.3	13.4	7.4	9.4	0.3	0.3	0.4	0.0	1.2	1.4	7.4	564
XI - Davao	17.7	10.5	2.2	58.6	55.7	34.6	10.8	3.9	6.1	1.9	0.4	0.5	0.0	0.7	3.7	4.0	606
XII - SOCCSKSARGEN	20.8	20.0	3.8	60.2	51.2	27.3	6.9	5.2	4.2	0.2	0.2	0.2	0.0	0.5	0.7	10.3	462
XIII - Caraga	20.8	14.5	3.8	58.3	54.3	43.0	11.8	8.8	5.3	0.2	0.4	0.0	0.0	0.2	0.4	4.4	310
ARMM	31.8	32.0	2.9	48.8	10.8	11.5	4.0	2.2	6.1	0.0	7.9	0.0	0.0	0.2	0.5	4.5	474
Education																	
No education	16.5	11.9	3.2	55.6	24.2	20.7	5.1	1.5	4.0	0.6	1.7	0.0	0.0	0.0	0.6	13.2	129
Elementary	14.7	16.6	6.4	53.3	41.0	23.5	10.3	5.3	6.7	0.6	0.6	0.2	0.1	0.1	0.9	8.7	2,549
High school	19.9	20.7	7.6	60.5	45.3	20.3	11.7	7.7	9.8	0.5	0.4	0.2	0.1	0.3	0.9	5.5	6,292
College or higher	32.6	30.5	15.9	60.6	44.2	22.5	21.4	12.5	15.5	0.5	0.2	0.1	0.1	0.2	1.0	2.1	4,411
Wealth quintile																	
Lowest	17.0	14.1	4.8	54.6	42.1	26.4	9.0	5.8	4.6	0.3	1.0	0.4	0.2	0.2	1.3	7.3	2,049
Second	16.5	19.1	6.2	56.2	44.3	24.8	12.4	7.4	7.9	0.7	0.7	0.3	0.0	0.4	0.9	7.0	2,380
Middle	19.0	21.7	9.2	58.5	45.0	22.1	12.9	8.6	11.0	0.6	0.3	0.1	0.1	0.3	1.1	5.0	2,634
Fourth	25.3	26.0	12.1	62.1	42.1	19.4	16.5	8.6	12.1	0.6	0.1	0.0	0.1	0.2	1.1	3.6	2,917
Highest	32.6	29.9	14.9	61.8	45.5	18.2	19.0	11.8	16.2	0.3	0.1	0.1	0.1	0.1	0.5	3.7	3,401
Total	23.1	23.1	10.1	59.1	43.9	21.6	14.6	8.8	11.0	0.5	0.4	0.2	0.1	0.2	0.9	5.1	13,381

In this analysis, special attention is given to differentials in the knowledge that tuberculosis is caused by microbes, germs, or bacteria. Table 13.3 shows that women in urban areas (27 percent) are more aware that tuberculosis is caused by microorganisms than women in rural areas (18 percent). Among the regions, NCR and ARMM have the highest proportions of women (35 and 32 percent, respectively) who know that tuberculosis is caused by microbes, germs, or bacteria. Ilocos Region (12 percent) has the lowest proportion of women who cited bacteria as the cause of tuberculosis. Women with lower levels of education are less likely to know that tuberculosis is caused by bacteria than women with college education (17 percent among women with no education, compared with 33 percent among women with college education). Knowledge of the correct cause of tuberculosis increases with wealth quintile, from 17 percent among women in the two lowest wealth quintiles to 33 percent among those in the highest wealth quintile.

The 2008 NDHS asked women how tuberculosis spreads from one person to another. The most commonly cited modes of transmission were through the air when coughing (50 percent), by sharing utensils (78 percent), by sharing food (38 percent), and through saliva (30 percent) (Table 13.4). Only small proportions of women said that tuberculosis is spread through blood (less than 1 percent), by mosquito bites (1 percent), by touching someone with tuberculosis (5 percent), or through sexual contact (6 percent).

Table 13.4 Knowledge of modes of transmitting tuberculosis

Among women who have heard of tuberculosis, percentage who cite specific means of transmission, by background characteristics, Philippines 2008

	Means of transmission of tuberculosis											
Background characteristic	Through the air when coughing	Sharing utensils	Touching a person with TB	Sharing food	Sexual contact	Mosquito bites	Saliva	Through blood	Pollution	Other	Don't know	Number of women
Age												
15-19	49.2	70.6	4.5	34.6	4.5	0.9	26.5	0.2	0.0	0.3	5.4	2,679
20-24	51.7	76.0	5.1	37.7	5.9	0.7	32.0	0.2	0.1	0.5	3.3	2,115
25-29	48.1	79.8	3.4	40.3	6.0	1.2	30.9	0.4	0.0	0.3	2.6	2,077
30-34	51.8	78.8	4.7	38.2	6.0	0.5	30.6	0.4	0.0	0.5	2.8	1,843
35-39	51.0	80.7	3.9	39.2	5.6	0.6	30.9	0.6	0.0	0.5	2.0	1,753
40-44	50.3	83.1	4.8	39.2	5.5	0.7	30.7	0.2	0.3	0.2	1.3	1,516
45-49	48.7	81.1	5.0	40.3	5.4	0.5	28.1	0.1	0.0	0.5	2.0	1,398
Residence												
Urban	54.3	77.3	4.6	39.9	6.3	0.9	33.4	0.3	0.0	0.4	2.6	7,504
Rural	44.7	78.6	4.2	36.1	4.5	0.6	25.4	0.3	0.1	0.4	3.5	5,877
Region												
National Capital Region	62.3	79.8	5.6	47.5	8.1	0.7	39.0	0.2	0.0	0.2	1.9	2,514
Cordillera Admin Region	57.1	83.2	2.9	20.6	1.1	0.3	21.1	0.4	0.0	0.2	5.7	220
I - Ilocos	37.3	79.4	3.4	22.7	4.1	0.8	27.3	0.0	0.0	0.9	1.7	609
II - Cagayan Valley	40.6	87.9	2.6	38.3	5.8	0.8	34.8	0.4	0.0	0.0	0.6	366
III - Central Luzon	48.0	70.1	5.8	38.4	4.3	1.1	27.6	0.0	0.1	0.7	3.5	1,470
IVA - CALABARZON	57.3	76.3	4.9	37.7	4.1	2.1	33.3	0.2	0.0	0.2	3.5	1,788
IVB - MIMAROPA	49.9	75.9	5.1	39.7	2.6	0.6	19.1	0.6	0.0	0.4	5.5	324
V - Bicol	60.6	81.3	3.9	34.4	10.0	0.7	29.1	0.5	0.2	0.3	1.7	753
VI - Western Visayas	39.8	76.7	2.9	38.1	5.2	0.4	21.8	0.3	0.1	0.6	4.2	963
VII - Central Visayas	47.2	83.1	3.0	35.4	4.6	0.0	23.5	0.5	0.1	0.8	2.0	978
VIII - Eastern Visayas	48.9	82.6	10.1	41.5	10.1	0.8	31.1	0.2	0.0	0.3	1.3	483
IX - Zamboanga Peninsula	45.8	85.4	2.6	27.5	7.5	1.0	30.1	0.8	0.0	0.8	2.9	497
X - Northern Mindanao	44.7	81.4	3.8	26.2	3.1	0.3	32.6	0.0	0.0	0.3	2.8	564
XI - Davao	45.5	72.4	2.0	27.6	3.8	0.2	25.6	0.6	0.2	1.0	3.0	606
XII - SOCCSKSARGEN	34.6	77.5	2.1	45.1	3.7	0.2	26.6	0.2	0.2	0.3	6.7	462
XIII - Caraga	41.2	78.2	7.6	46.1	4.0	0.5	42.1	0.9	0.0	0.4	3.1	310
ARMM	34.1	62.7	3.0	52.7	3.0	0.0	13.4	0.1	0.0	0.0	6.0	474
Education												
No education	31.4	59.9	1.9	36.6	0.6	0.4	12.3	0.0	0.0	0.0	12.0	129
Elementary	38.0	74.9	3.4	38.0	2.7	0.3	18.5	0.2	0.0	0.4	5.4	2,549
High school	46.6	77.6	4.1	37.4	4.4	0.7	27.9	0.2	0.0	0.3	3.2	6,292
College or higher	62.5	80.5	5.6	39.5	8.9	1.2	39.8	0.5	0.1	0.7	1.1	4,411
Wealth quintile												
Lowest	37.1	76.6	3.1	38.7	3.3	0.4	17.6	0.3	0.0	0.2	4.8	2,049
Second	42.2	78.0	4.7	39.9	3.4	0.4	24.4	0.3	0.1	0.5	3.4	2,380
Middle	48.0	77.8	4.4	35.8	4.6	0.8	28.2	0.3	0.0	0.6	3.7	2,634
Fourth	54.6	77.6	5.1	36.1	6.0	0.8	34.7	0.2	0.0	0.3	2.3	2,917
Highest	61.2	78.8	4.6	40.3	8.6	1.2	38.2	0.4	0.1	0.4	1.7	3,401
Total	50.1	77.9	4.5	38.2	5.5	0.8	29.9	0.3	0.0	0.4	3.0	13,381

Awareness that tuberculosis is mainly transmitted through the air by coughing and sneezing does not differ substantially by age. Women in urban areas are more likely to know how tuberculosis is transmitted than are women in rural areas; likewise, women with higher education and those in the higher wealth quintiles are more likely to know how tuberculosis is spread than women with no education and those in the lowest wealth quintile. ARMM has the lowest proportion of women who know that tuberculosis is transmitted through the air (34 percent), while NCR has the highest proportion (62 percent).

13.3 SELF-REPORTED DIAGNOSIS, SYMPTOMS, AND TREATMENT

In the 2008 NDHS, women were asked if they had ever had any of five TB-related symptoms, specifically, a cough for two weeks or longer, a fever for two weeks or longer, chest pain or back pain, coughing up blood, or sweating at night.

Table 13.5 shows the percentage of women who ever had symptoms of tuberculosis. It is important to note that not all women with these symptoms were necessarily infected with tuberculosis because many other conditions can cause similar symptoms or manifestations. Twenty-three percent of women had chest or back pain and 19 percent had a cough for two weeks or more. Eight percent of women had a fever for two weeks or more, or night sweats. Less than 2 percent of women said they had blood in their sputum. Overall, one in three women reported experiencing at least one symptom associated with tuberculosis.

Table 13.5 Experience of symptoms of tuberculosis

Percentage of women who have ever had symptoms of tuberculosis, by background characteristics, Philippines 2008

Background characteristic	Cough for 2 weeks or more	Fever for 2 weeks or more	Chest or back pain	Blood in sputum	Night sweats	At least one symptom	Number of women
Age							
15-19	15.4	9.2	14.3	1.3	6.5	26.9	2,749
20-24	14.7	6.4	17.1	1.1	6.6	27.6	2,147
25-29	17.3	7.7	22.6	1.2	6.8	32.0	2,106
30-34	19.5	7.4	24.5	1.5	7.0	35.1	1,865
35-39	19.6	7.1	26.1	1.8	8.4	33.9	1,777
40-44	21.8	8.4	29.8	2.6	10.4	40.0	1,532
45-49	27.3	10.0	32.3	2.4	8.8	44.1	1,418
Residence							
Urban	16.0	6.0	19.1	1.2	5.7	28.4	7,574
Rural	22.0	10.6	27.0	2.1	9.9	39.0	6,020
Region							
National Capital Region	12.9	4.3	15.8	0.8	4.7	23.2	2,522
Cordillera Admin Region	22.1	8.0	16.6	2.1	3.7	30.1	225
I - Ilocos	14.2	6.7	22.4	1.0	4.8	30.0	613
II - Cagayan Valley	15.8	7.2	18.4	1.6	10.0	29.7	382
III - Central Luzon	11.3	3.7	13.6	0.9	3.3	20.8	1,486
IVA - CALABARZON	11.9	2.6	10.5	0.8	3.1	18.7	1,808
IVB - MIMAROPA	28.6	13.3	31.1	3.2	11.4	46.2	340
V - Bicol	23.3	9.2	25.0	3.1	9.1	38.6	755
VI - Western Visayas	29.0	14.2	33.5	2.6	15.5	51.3	976
VII - Central Visayas	34.8	16.3	45.5	3.6	14.7	59.8	983
VIII - Eastern Visayas	26.0	13.1	30.3	2.8	11.0	45.8	488
IX - Zamboanga Peninsula	15.6	9.0	29.9	0.9	8.8	38.9	505
X - Northern Mindanao	10.5	4.0	12.6	1.0	4.4	18.8	585
XI - Davao	31.2	15.0	38.9	1.3	13.8	54.3	618
XII - SOCCSKSARGEN	38.2	19.7	46.2	3.3	15.8	61.1	480
XIII - Caraga	5.8	2.3	8.2	1.2	3.3	13.5	312
ARMM	13.5	9.2	20.2	1.0	6.4	31.9	516
Education							
No education	26.6	16.6	36.1	4.7	10.1	47.5	167
Elementary	26.1	14.7	31.9	2.9	12.5	44.7	2,653
High school	18.5	7.6	21.5	1.3	7.5	32.6	6,352
College or higher	14.1	4.3	18.0	1.1	4.7	26.3	4,422
Wealth quintile							
Lowest	26.4	15.5	32.0	3.3	14.0	45.6	2,160
Second	22.9	10.5	28.7	1.7	9.8	40.5	2,419
Middle	19.6	7.8	22.9	1.5	7.2	34.1	2,661
Fourth	16.1	5.8	18.7	1.3	5.4	28.6	2,937
Highest	12.2	3.6	15.4	0.8	4.2	23.1	3,417
Total	18.7	8.0	22.6	1.6	7.6	33.1	13,594

The proportion of women who have ever had a symptom of tuberculosis increases with age. Women in urban areas are less likely to have had symptoms than their rural counterparts. Caraga (14 percent), CALABARZON (19 percent), and Northern Mindanao (19 percent) show the lowest proportions of women who have had at least one symptom of tuberculosis, while SOCCSKSARGEN (61 percent), Central Visayas (60 percent), and Davao (54 percent) have the highest proportions of women who have ever had symptoms of tuberculosis. The experience of tuberculosis symptoms is inversely related to education and the wealth quintile.

Women who reported having symptoms of tuberculosis were asked whether they had sought consultation or treatment for the symptoms. Table 13.6 shows that slightly more than two in five women who ever experienced a symptom of tuberculosis sought consultation or treatment for the symptom. The percentage seeking consultation or treatment increases with age, education, and wealth quintile. Women in Cordillera Administrative Region were the most likely to seek treatment (57 percent) and those in the Autonomous Region in Muslim Mindanao were the least likely to seek treatment (19 percent).

Table 13.6 Treatment of tuberculosis

Percent distribution of women who have ever had symptoms of tuberculosis, by whether they sought treatment, or the reason for not seeking treatment, according to background characteristics, Philippines 2008

		Reason for not seeking consultation/treatment										
Background characteristic	Sought consultation or treatment	Symptoms harmless	Cost	Distance	Embarrassed	Self-medication	Other	Fear	No time	Missing	Total	Number of women
Age												
15-19	35.1	19.4	9.8	1.0	0.4	31.3	0.7	0.7	1.2	0.4	100.0	739
20-24	38.5	17.7	6.5	0.4	0.0	35.6	0.1	0.5	0.6	0.0	100.0	593
25-29	40.2	13.7	5.0	1.6	0.3	37.3	0.9	0.1	0.7	0.2	100.0	673
30-34	40.9	13.0	6.7	1.9	0.2	34.6	0.7	0.3	1.0	0.9	100.0	655
35-39	46.5	12.1	6.4	0.7	0.1	32.5	0.2	0.4	0.6	0.7	100.0	602
40-44	45.8	12.5	5.1	1.2	0.0	34.4	0.7	0.1	0.2	0.0	100.0	613
45-49	52.8	9.4	5.3	0.6	0.0	30.2	0.7	0.1	0.4	0.5	100.0	626
Residence												
Urban	43.6	12.5	4.5	0.6	0.1	35.8	0.9	0.3	1.1	0.6	100.0	2,153
Rural	41.6	15.5	8.3	1.5	0.2	31.7	0.2	0.4	0.3	0.2	100.0	2,347
Region												
National Capital Region	42.9	11.4	4.3	0.2	0.2	36.8	1.9	0.2	1.6	0.4	100.0	586
Cordillera Admin Region	56.8	7.5	6.2	0.0	0.0	29.4	0.0	0.0	0.0	0.0	100.0	68
I - Ilocos	43.8	16.7	5.6	1.0	0.0	30.4	0.5	1.0	0.5	0.5	100.0	184
II - Cagayan Valley	47.2	11.0	7.1	0.0	0.0	31.5	0.7	0.6	1.3	0.7	100.0	113
III - Central Luzon	48.5	18.6	3.5	0.0	0.0	28.3	0.7	0.0	0.0	0.4	100.0	309
IVA - CALABARZON	45.6	3.8	5.9	2.1	0.0	40.0	0.0	0.4	1.4	0.8	100.0	338
IVB - MIMAROPA	49.4	4.9	11.5	3.1	0.4	27.4	1.4	1.2	0.8	0.0	100.0	157
V - Bicol	52.3	15.0	7.0	2.3	0.7	22.7	0.0	0.0	0.0	0.0	100.0	291
VI - Western Visayas	47.0	18.8	7.3	1.1	0.4	23.9	0.2	0.4	0.4	0.4	100.0	501
VII - Central Visayas	43.2	14.3	4.8	0.2	0.0	35.5	0.4	0.4	0.7	0.5	100.0	588
VIII - Eastern Visayas	41.8	11.8	6.8	1.4	0.0	37.7	0.0	0.4	0.0	0.0	100.0	223
IX - Zamboanga Peninsula	31.7	9.0	9.5	1.2	0.0	45.7	0.8	0.4	0.8	0.9	100.0	196
X - Northern Mindanao	33.9	20.6	9.0	1.7	0.0	31.8	0.0	0.7	1.5	0.8	100.0	110
XI - Davao	37.4	12.1	6.2	0.5	0.0	42.0	0.8	0.3	0.5	0.2	100.0	336
XII - SOCCSKSARGEN	34.9	18.5	10.4	1.2	0.0	34.4	0.3	0.0	0.3	0.0	100.0	293
XIII - Caraga	41.6	15.8	15.5	0.0	1.4	23.2	0.0	0.0	2.5	0.0	100.0	42
ARMM	19.0	30.5	4.9	4.7	0.0	40.5	0.5	0.0	0.0	0.0	100.0	164
Education												
No education	22.7	17.4	16.8	6.6	0.0	33.8	0.8	0.8	0.0	1.0	100.0	79
Elementary	38.4	13.3	10.0	1.5	0.1	35.1	0.6	0.3	0.4	0.3	100.0	1,187
High school	41.3	15.0	6.4	1.1	0.2	33.9	0.7	0.3	0.9	0.2	100.0	2,073
College or higher	50.6	13.0	2.3	0.2	0.2	31.7	0.4	0.3	0.7	0.7	100.0	1,161
Wealth quintile												
Lowest	35.1	13.7	12.4	2.9	0.2	34.4	0.5	0.3	0.2	0.3	100.0	985
Second	40.9	15.2	7.8	0.8	0.3	33.3	0.5	0.3	0.6	0.3	100.0	978
Middle	45.7	14.3	5.4	0.3	0.1	32.6	0.7	0.1	0.8	0.1	100.0	909
Fourth	47.5	13.5	2.3	0.9	0.0	33.3	0.2	0.5	1.3	0.5	100.0	840
Highest	45.2	13.5	3.1	0.3	0.2	34.8	1.2	0.4	0.7	0.8	100.0	788
Total	42.6	14.1	6.5	1.1	0.1	33.7	0.6	0.3	0.7	0.4	100.0	4,500

The most commonly cited reasons for not seeking consultation or treatment for symptoms of tuberculosis were self-medication (34 percent), belief that the symptoms are harmless (14 percent), and cost (7 percent). Only 1 percent or less of women cited distance, embarrassment, fear, or lack of time as their reason for not seeking consultation or treatment for symptoms of tuberculosis.

13.4 STIGMA REGARDING TB

Six in ten women who have heard of tuberculosis said that they are willing to work with someone who has previously been treated for tuberculosis (Table 13.7). There are substantial differences in this indicator of stigma by age, residence, region, education, and wealth quintile. Older women are slightly more likely than younger women to be willing to work with someone who has had tuberculosis. Women in urban areas are more likely to be willing to do so than their rural counterparts. The higher the woman's level of education and wealth status, the greater the likelihood that she is willing to work with a treated tuberculosis patient. Women in Western Visayas are least likely to accept working with someone who has had tuberculosis, followed by women in ARMM.

Table 13.7 Positive attitudes about tuberculosis

Among women who have heard of tuberculosis, percentage who are willing to work with someone who has previously been treated for tuberculosis, according to background characteristics, Philippines 2008

Background characteristic	Percent	Number of women
Age		
15-19	51.6	2,679
20-24	59.6	2,115
25-29	62.3	2,077
30-34	63.4	1,843
35-39	63.4	1,753
40-44	64.0	1,516
45-49	64.2	1,398
Residence		
Urban	64.2	7,504
Rural	55.6	5,877
Region		
National Capital Region	72.2	2,514
Cordillera Admin Region	71.3	220
I - Ilocos	68.0	609
II - Cagayan Valley	78.4	366
III - Central Luzon	69.4	1,470
IVA - CALABARZON	59.5	1,788
IVB - MIMAROPA	67.3	324
V - Bicol	72.2	753
VI - Western Visayas	26.1	963
VII - Central Visayas	54.5	978
VIII - Eastern Visayas	52.0	483
IX - Zamboanga Peninsula	48.7	497
X - Northern Mindanao	57.1	564
XI - Davao	58.6	606
XII - SOCCSKSARGEN	62.7	462
XIII - Caraga	45.4	310
ARMM	38.2	474
Education		
No education	37.4	129
Elementary	51.4	2,549
High school	58.6	6,292
College or higher	69.0	4,411
Wealth quintile		
Lowest	47.3	2,049
Second	55.2	2,380
Middle	61.1	2,634
Fourth	66.2	2,917
Highest	66.5	3,401
Total	60.4	13,381

HEALTH CARE UTILIZATION AND FINANCING 14

The 2008 National Demographic and Health Survey (NDHS) included a module of questions concerning health care utilization and costs. First, information about health insurance coverage was obtained for each person listed on the Household Questionnaire. Second, respondents for the Household Questionnaire were asked whether any member of the household had visited a health facility or sought advice or treatment anywhere in the 30 days preceding the survey. If so, information was collected on where the person sought treatment, why he/she sought treatment, how he/she traveled to the place of treatment, how long it took to get there, how much it cost for treatment, and how the cost of treatment was covered. Information was asked separately about each member of the household who sought treatment and, if they had more than one visit to a health facility in the past 30 days, the same information was collected for the second visit. Finally, information was collected about any household members who were confined in a hospital or health center in the 12 months preceding the survey, including the type of facility, the reason for the confinement, the number of days confined, the cost of transportation and treatment, and how costs were met.

14.1 HEALTH INSURANCE COVERAGE

Information in Table 14.1 shows that only 42 percent of Filipinos are covered by some form of health insurance. Insurance coverage is highest in Northern Mindanao (68 percent) and lowest in ARMM (18 percent). Coverage is higher in urban areas (49 percent) than in rural areas (35 percent). Persons under age 21 are less likely to have health insurance than those age 21 and over. Coverage ranges from 21 percent among persons in households in the lowest wealth quintile to 65 percent among those in households in the highest wealth quintile.

Although it is the dominant insurance provider, PhilHealth coverage at the national level remains low (38 percent of the population). Patterns of coverage for PhilHealth by background characteristics are similar to those of other insurance providers. For example, PhilHealth coverage is highest in Northern Mindanao and lowest in ARMM.

At the national level, coverage through the Social Security System (SSS) is higher (11 percent of the population) than coverage through the Government Service Insurance System (GSIS) (2 percent of the population). SSS coverage is substantially higher among persons age 21-59 and, to a lesser extent, those age 60 and over than among persons under age 21. SSS coverage is also substantially higher among urban residents (17 percent) than rural residents (5 percent) and among persons in the highest wealth quintile (24 percent), compared with those in the lowest wealth quintile (1 percent).

Only 2 percent of Filipinos are covered by private insurance or membership in health maintenance organizations (HMOs). Among the regions, private insurance/HMO coverage is highest in NCR (5 percent); by household wealth status, it is highest for those in the highest wealth quintile (7 percent).

Table 14.1 Health insurance coverage

Percentage of de jure household population with specific health insurance coverage, according to background characteristics, Philippines 2008

Background characteristic	No insurance	Any insurance	Phil Health	GSIS	SSS	Private insurance/ HMO, etc.	Other	Don't know/ missing	Number
Sex									
Male	57.7	42.0	37.4	1.6	13.0	2.2	0.5	0.3	30,335
Female	57.8	41.9	38.1	1.9	9.6	2.0	0.4	0.3	29,282
Age									
0-20	62.6	37.0	36.2	0.1	1.1	1.0	0.3	0.3	27,958
21-59	53.4	46.4	39.6	3.1	21.3	3.2	0.6	0.2	27,339
60+	53.7	46.0	35.9	4.1	14.0	2.6	1.3	0.3	4,317
Residence									
Urban	50.7	49.0	42.9	2.3	17.2	3.4	0.5	0.3	30,002
Rural	64.9	34.8	32.5	1.2	5.3	0.8	0.4	0.3	29,615
Region									
National Capital Region	48.4	51.3	43.0	2.0	22.8	5.4	0.5	0.3	9,064
Cordillera Admin Region	54.3	45.3	42.3	1.7	8.1	1.1	0.4	0.5	1,082
I - Ilocos	54.7	45.2	40.8	1.8	10.7	1.1	0.1	0.2	3,082
II - Cagayan Valley	62.2	37.7	35.4	3.3	3.9	1.1	0.6	0.1	1,870
III - Central Luzon	63.3	36.5	32.3	1.2	10.3	1.5	0.2	0.3	6,370
IVA - CALABARZON	52.3	47.6	43.4	1.6	16.3	2.2	0.5	0.1	7,495
IVB - MIMAROPA	73.3	26.1	20.8	1.7	7.1	1.1	0.9	0.5	1,686
V - Bicol	61.0	38.7	34.5	2.1	7.9	0.6	1.8	0.2	3,636
VI - Western Visayas	58.1	41.3	36.3	1.9	10.0	2.2	0.3	0.6	4,701
VII - Central Visayas	55.8	43.6	39.2	1.6	11.8	2.2	0.5	0.6	4,126
VIII - Eastern Visayas	72.2	27.6	26.1	1.9	3.7	0.6	0.5	0.2	2,470
IX - Zamboanga Peninsula	70.7	29.2	25.8	2.3	6.3	1.6	0.3	0.1	2,379
X - Northern Mindanao	32.2	67.5	66.0	2.1	6.6	1.6	0.1	0.3	2,568
XI - Davao	60.8	38.8	36.1	1.5	9.8	2.4	0.5	0.4	2,713
XII - SOCCSKSARGEN	59.0	40.6	38.4	1.0	6.9	1.2	0.3	0.4	2,390
XIII - Caraga	51.8	48.1	46.4	1.7	5.0	0.8	0.3	0.0	1,532
ARMM	82.3	17.5	17.1	1.4	0.4	0.4	0.1	0.2	2,453
Wealth quintile									
Lowest	79.1	20.6	19.6	0.1	1.4	0.2	0.1	0.3	11,918
Second	68.9	31.0	28.6	0.3	4.3	0.3	0.3	0.2	11,924
Middle	60.2	39.4	35.3	1.1	9.6	1.1	0.3	0.4	11,926
Fourth	46.0	53.8	48.2	2.8	16.8	2.0	0.6	0.2	11,928
Highest	34.7	65.0	57.0	4.5	24.4	7.0	1.0	0.3	11,922
Total	57.8	42.0	37.7	1.8	11.3	2.1	0.5	0.3	59,617

Note: Total includes 4 people with age missing. Numbers may not sum to the total for "any insurance" because individuals may be covered by more than one type of insurance.
GSIS = Government Service Insurance System
SSS = Social Security System

For those who were covered by PhilHealth, questions were asked as to whether the person was a paying member, a dependent of a paying member, an indigent member, or a dependent of an indigent member. Table 14.2 shows the distribution of those covered by PhilHealth according to these categories.

The results show that more than three-quarters of those covered by PhilHealth are covered by paying members, while 22 percent are covered as indigents. Half of all people covered by PhilHealth are dependents of paying members, while only 29 percent are direct paying members. Similarly, most of those who are covered as indigents are dependents of indigents.

Table 14.2 PhilHealth insurance coverage

For all persons covered by PhilHealth insurance, percentage who are paying for coverage and the percentage who are indigent, by membership category (member or dependent), according to background characteristics, Philippines 2008

Background characteristic	Paying			Indigent			Number
	Total	Member	Dependent	Total	Member	Dependent	
Sex							
Male	77.4	34.4	43.0	22.7	8.5	14.3	11,345
Female	78.8	24.4	54.4	21.4	3.6	17.8	11,157
Age							
0-20	74.0	1.4	72.6	26.1	0.2	25.9	10,111
21-59	81.6	55.3	26.4	18.6	10.8	7.9	10,839
60+	80.2	31.8	48.4	20.3	11.3	9.0	1,552
Residence							
Urban	90.4	36.5	53.9	9.8	3.0	6.8	12,876
Rural	61.7	20.0	41.7	38.6	10.2	28.4	9,626
Region							
National Capital Region	98.1	42.1	56.0	2.1	1.1	1.0	3,897
Cordillera Admin Region	70.4	23.3	47.1	29.6	6.8	22.9	457
I - Ilocos	71.3	22.2	49.1	28.9	7.6	21.3	1,259
II - Cagayan Valley	71.5	22.9	48.6	28.5	8.4	20.0	662
III - Central Luzon	86.6	34.3	52.3	13.4	4.4	9.0	2,059
IVA - CALABARZON	92.7	37.3	55.4	7.5	1.9	5.6	3,255
IVB - MIMAROPA	58.4	17.9	40.5	41.8	10.0	31.9	350
V - Bicol	58.2	19.3	38.8	42.2	10.4	31.8	1,254
VI - Western Visayas	67.8	23.9	43.9	32.2	10.0	22.2	1,709
VII - Central Visayas	79.5	30.7	48.8	20.8	6.7	14.1	1,619
VIII - Eastern Visayas	76.4	24.7	51.7	23.9	5.2	18.7	644
IX - Zamboanga Peninsula	80.8	30.9	49.9	19.6	5.8	13.9	613
X - Northern Mindanao	37.2	13.6	23.6	63.2	17.0	46.2	1,695
XI - Davao	91.2	32.1	59.1	9.2	2.5	6.8	979
XII - SOCCSKSARGEN	82.6	26.2	56.4	17.9	4.8	13.1	919
XIII - Caraga	46.9	16.0	30.9	53.3	11.8	41.5	710
ARMM	65.6	16.2	49.4	34.4	8.0	26.4	421
Wealth quintile							
Lowest	27.5	6.9	20.5	72.6	17.8	54.8	2,335
Second	51.6	14.4	37.2	48.8	12.2	36.6	3,416
Middle	78.7	25.5	53.2	21.4	6.5	14.8	4,204
Fourth	90.9	34.9	56.0	9.3	3.0	6.2	5,748
Highest	97.6	42.5	55.1	2.6	1.2	1.4	6,799
Total	78.1	29.4	48.7	22.1	6.1	16.0	22,502

Among persons covered under PhilHealth, coverage under the paying program is highest in NCR, CALABARZON, and Davao, with over 90 percent of the population covered. Among persons covered under the PhilHealth indigent program, the highest proportion is in Northern Mindanao (63 percent). Beneficiary coverage under the paying program increases with economic status, from 28 percent among those in the lowest wealth quintile to 98 percent among those in the highest wealth quintile.

Under the paying program, the member-to-dependent ratio at the national level is 1 member to 1.7 dependents. For the sponsored program, the member-to-dependent ratio is 1 member to 2.6 dependents.

14.2 HEALTH CARE TREATMENT

Table 14.3 shows that 8 percent of Filipinos visited a health facility or sought advice or treatment in the 30 days before the survey (Figure 14.1). The use of public medical facilities and providers is slightly higher (4 percent) than the use of private medical providers (3 percent). The use of alternative medical providers and non-medical providers is negligible.

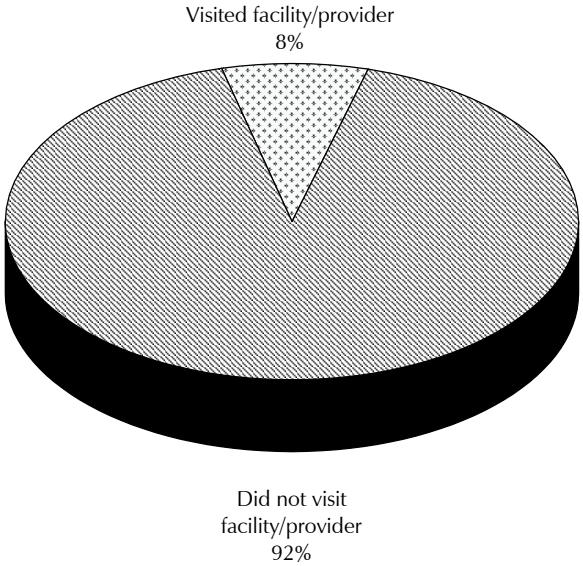
Table 14.3 Treatment-seeking behavior

Percentage of de jure household population that visited a health facility or sought advice or treatment in the 30 days preceding the survey, by type of facility/provider visited and background characteristics, Philippines 2008

Background characteristic	All facilities/ providers	Type of facility/provider: Public medical	Private medical	Alternative medical	Non-medical	Other/ missing	Number
Sex							
Male	7.0	3.6	2.9	0.3	0.2	0.1	30,335
Female	8.7	4.4	3.8	0.3	0.3	0.1	29,282
Age							
0-4	22.1	13.1	7.0	1.2	0.7	0.1	6,706
5-29	4.9	2.4	2.1	0.2	0.2	0.1	29,674
30-59	6.0	2.8	2.9	0.1	0.1	0.1	18,917
60+	14.1	5.4	8.2	0.2	0.3	0.1	4,317
Residence							
Urban	7.8	3.5	4.1	0.1	0.1	0.0	30,002
Rural	7.9	4.4	2.6	0.4	0.4	0.1	29,615
Region							
National Capital Region	7.1	3.1	3.9	0.0	0.0	0.0	9,064
Cordillera Admin Region	7.5	4.0	3.4	0.0	0.0	0.0	1,082
I - Ilocos	6.8	3.9	2.8	0.1	0.0	0.0	3,082
II - Cagayan Valley	7.6	4.9	2.7	0.0	0.0	0.0	1,870
III - Central Luzon	8.7	4.2	4.3	0.0	0.1	0.0	6,370
IVA - CALABARZON	5.8	2.2	3.5	0.1	0.0	0.0	7,495
IVB - MIMAROPA	9.2	5.1	3.0	0.6	0.4	0.1	1,686
V - Bicol	13.0	5.7	3.4	0.7	2.7	0.6	3,636
VI - Western Visayas	8.6	5.1	3.4	0.2	0.0	0.0	4,701
VII - Central Visayas	9.9	5.4	3.6	0.7	0.2	0.1	4,126
VIII - Eastern Visayas	9.2	4.4	3.1	1.1	0.5	0.0	2,470
IX - Zamboanga Peninsula	6.8	4.0	2.2	0.4	0.1	0.1	2,379
X - Northern Mindanao	8.9	4.8	3.4	0.6	0.1	0.0	2,568
XI - Davao	6.8	3.0	3.6	0.2	0.0	0.1	2,713
XII - SOCCSKSARGEN	8.2	5.2	2.5	0.4	0.1	0.1	2,390
XIII - Caraga	4.9	3.3	1.5	0.0	0.0	0.0	1,532
ARMM	4.2	2.0	1.9	0.2	0.1	0.0	2,453
Wealth quintile							
Lowest	7.8	5.2	1.1	0.6	0.7	0.1	11,918
Second	8.2	5.4	2.0	0.4	0.3	0.1	11,924
Middle	7.7	4.3	2.9	0.3	0.1	0.0	11,926
Fourth	8.1	3.3	4.6	0.1	0.1	0.0	11,928
Highest	7.6	1.5	6.0	0.0	0.0	0.0	11,922
Total	7.9	3.9	3.3	0.3	0.2	0.1	59,617

Note: Total includes 4 people with age missing. If the respondent visited more than one facility/provider, only the first one is included in the tabulation.

Figure 14.1 **Percentage of the Population that Visited a Health Facility/Provider in the 30 Days Preceding the Survey**



NDHS 2008

Children under five and people age 60 and over are more likely than those age 5-59 to seek health care. More than one in five children under five years of age visited a health facility or sought advice or treatment in the 30 days preceding the survey. Use of health facilities is highest in Bicol (13 percent) and lowest in ARMM (4 percent). Overall, differentials by sex, residence, and wealth quintile in use of health facilities are small. However, use of private health facilities increases with economic status, from 1 percent among persons in the lowest wealth quintile to 6 percent among those in the highest wealth quintile.

Table 14.4 provides information on specific types of facilities and providers (public and private) visited by persons who sought care in the 30 days preceding the survey. Of those who sought care, over one-third visited a rural health unit (RHU) or a barangay health center (BHC), one-fifth sought care at a private hospital, and 19 percent went to a private clinic for care.

Some interesting use patterns can be seen for those who visited a health facility or provider in the 30 days before the survey. The proportion who visited regional hospitals is highest in NCR and Zamboanga Peninsula (14 percent) and lowest in Bicol (1 percent). Use of regional hospitals is also higher in urban areas than in rural areas. The proportion who visited provincial hospitals is highest in Cordillera Administrative Region (14 percent) and lowest in NCR and Central Visayas (1 percent each). Use of district hospitals is highest in CAR (11 percent) and virtually nil in ARMM.

Among those who sought medical care, children under five and people in rural areas are more likely to have visited an RHU or a barangay health center than older children and persons in urban areas. Use of RHUs and barangay health centers is highest in Caraga and SOCCSKARGEN (52 percent each) and lowest in CAR (21 percent). The use of RHU and barangay health center services decreases as household wealth status increases, from 52 percent in the lowest wealth quintile to 11 percent in the highest wealth quintile.

Table 14.4 Use of specific types of health facilities

Among persons who visited a health facility or sought advice or treatment in the 30 days preceding the survey, percentage who visited specific types of public and private facilities/providers, by background characteristics, Philippines 2008

	Public						Private			Other		
Background characteristic	Regional hospital/ medical center	Provincial hospital	District hospital	Municipal hospital	RHU/ Barangay health center	Other public	Private hospital	Private clinic	Other private	Alterna-tive medical	Non-medical	Number
Sex												
Male	6.6	4.5	4.8	2.1	32.1	0.5	19.5	19.3	2.0	3.8	3.2	2,131
Female	4.7	4.0	3.8	1.8	34.9	0.7	20.9	19.1	2.7	3.2	2.9	2,558
Age												
0-4	5.1	3.1	3.5	1.2	45.7	0.6	12.8	16.9	2.3	5.3	3.0	1,480
5-29	5.6	4.2	4.2	1.5	32.9	0.8	18.9	20.1	2.2	3.7	4.1	1,464
30-59	6.3	5.5	5.1	2.9	26.2	0.3	23.9	20.2	3.4	2.0	2.4	1,135
60+	5.2	4.8	4.7	3.0	19.8	0.6	35.3	20.8	1.2	1.2	1.9	608
Residence												
Urban	8.1	4.3	3.0	1.5	26.6	0.8	28.3	21.2	2.6	1.8	1.1	2,346
Rural	3.1	4.2	5.6	2.4	40.7	0.4	12.2	17.2	2.2	5.2	5.0	2,343
Region												
National Capital Region	14.1	1.2	1.7	1.5	24.9	0.8	34.0	19.1	1.9	0.5	0.0	640
Cordillera Admin Region	6.6	13.5	10.7	1.5	20.9	0.0	16.3	27.3	0.5	0.5	0.5	81
I - Ilocos	9.2	7.8	6.4	0.5	33.2	0.0	21.4	20.1	0.0	0.9	0.5	210
II - Cagayan Valley	6.9	5.7	6.9	1.6	43.4	0.0	16.8	17.8	0.0	0.0	0.0	142
III - Central Luzon	3.3	5.8	7.0	1.5	30.2	0.4	20.2	28.6	0.7	0.4	1.3	557
IVA - CALABARZON	4.9	4.8	3.0	1.6	23.1	0.0	37.8	20.6	1.7	1.5	0.6	434
IVB - MIMAROPA	3.2	5.7	2.4	5.6	37.8	0.8	11.6	18.9	0.4	6.9	4.1	156
V - Bicol	1.0	1.7	5.2	2.1	32.3	1.4	4.9	10.0	10.8	5.4	20.6	474
VI - Western Visayas	2.4	5.7	5.4	3.4	41.5	0.5	13.4	24.2	0.3	2.0	0.0	407
VII - Central Visayas	3.3	1.3	5.3	0.8	42.1	1.1	21.3	12.1	1.9	7.4	1.8	411
VIII - Eastern Visayas	1.8	5.9	5.5	2.2	32.6	0.0	11.6	19.2	0.4	12.3	5.5	227
IX - Zamboanga Peninsula	14.3	3.8	1.5	2.0	37.2	0.5	17.5	12.8	1.5	6.0	1.0	161
X - Northern Mindanao	2.6	7.1	3.1	3.0	36.0	1.6	19.1	12.4	5.6	6.7	1.3	230
XI - Davao	9.2	2.7	2.8	0.5	28.1	0.0	17.7	32.0	2.3	2.8	0.0	186
XII - SOCCSKSARGEN	2.5	2.4	1.2	4.3	52.0	0.4	13.8	15.8	0.4	4.5	0.8	197
XIII - Caraga	3.0	8.3	4.5	0.0	52.2	0.0	19.3	10.4	0.0	0.7	0.7	75
ARMM	5.2	5.0	0.0	0.7	35.7	0.0	17.4	23.2	5.2	5.1	1.6	104
Wealth quintile												
Lowest	2.3	4.1	4.8	2.4	52.1	0.5	5.0	6.9	2.0	8.0	9.2	925
Second	6.0	4.7	4.2	3.6	47.3	0.6	8.2	12.6	3.3	4.5	3.3	975
Middle	7.1	5.9	5.9	1.3	34.7	1.3	13.3	21.8	2.1	3.3	1.7	920
Fourth	8.3	3.9	4.1	2.0	22.5	0.2	30.1	23.8	2.5	1.1	0.8	967
Highest	4.0	2.6	2.2	0.2	10.6	0.4	45.6	31.4	1.9	0.4	0.2	901
Total	5.6	4.2	4.3	1.9	33.6	0.6	20.3	19.2	2.4	3.5	3.1	4,689

Note: Total includes 2 people with age missing. If the respondent visited more than one facility/provider, only the first one is included in the tabulation.

Use of private hospital services tends to increase with age and is higher in urban areas than rural areas. Use of private hospitals increases with economic status, from 5 percent in the lowest wealth quintile to 46 percent in the highest wealth quintile. By region, people in CALABARZON and NCR were more likely to visit a private hospital in the past 30 days than those in other regions (38 and 34 percent, respectively).

Use of private clinic services varies little by background characteristics, although it increases with wealth status. Use of other types of private health services and non-medical services is higher in Bicol than in other regions, while use of alternative medical services is high in Eastern Visayas.

Table 14.5 and Figure 14.2 show that the most common reasons for visits to health facilities are illness or injury (68 percent) and medical checkups (28 percent); 2 percent come for dental care and 1 percent for medical requirement.

In the 2008 NDHS, persons who visited a health facility in the 30 days preceding the survey were asked how long it took to travel there. Overall, the average travel time was 39 minutes (Table 14.6); travel time was longest in ARMM (83 minutes) and shortest in NCR and Northern Mindanao (both 28 minutes). As expected, average travel time is longer for persons in rural areas (45 minutes) than for those in urban areas (32 minutes). Looking at economic status, the average travel time was longest for persons in the lowest wealth quintile (47 minutes) and shortest for those in the highest wealth quintile (35 minutes). Interestingly, the survey results indicate that older persons seeking care have a longer average travel time than younger persons.

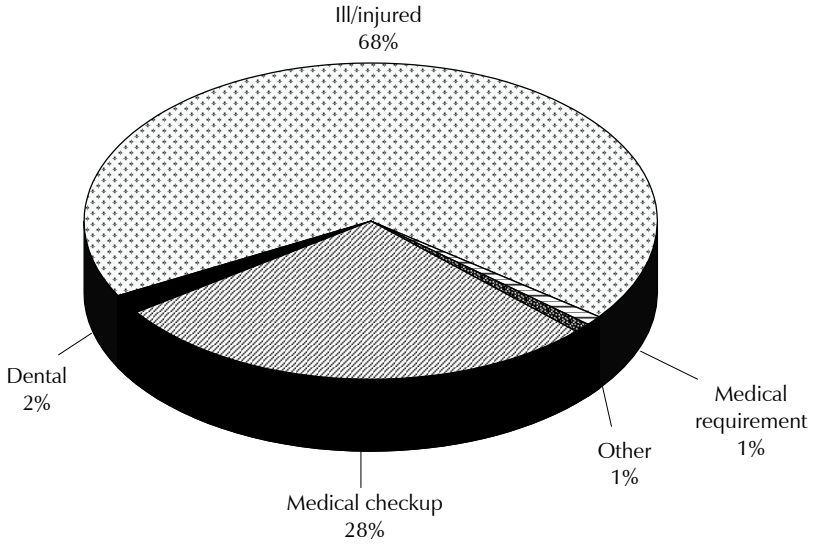
Table 14.5 Reason for seeking health care

Percent distribution of persons who visited a health facility or sought advice or treatment in the 30 days preceding the survey, by reason for seeking health care, Philippines 2008

Reason	Percent
Ill/injured	67.6
Dental	1.9
Medical checkup	28.1
Medical requirement	0.9
Other	1.3
Missing	0.2
Total	100.0
Number	4,689

Note: If a respondent made two or more visits, only the reason for the first visit is included in the tabulation.

Figure 14.2 **Reasons for Visiting a Health Facility/Provider in the 30 Days Before the Survey**



NDHS 2008

Table 14.6 Average travel time to health facility visited

Among persons who visited a health facility or sought advice or treatment in the 30 days preceding the survey, the average travel time (in minutes) to the facility/provider visited, by background characteristics, Philippines 2008

Background characteristic	Average travel time to health facility/ provider (in minutes)	Number
Sex		
Male	39.5	2,108
Female	38.0	2,537
Age		
0-4	31.1	1,469
5-29	35.8	1,453
30-59	42.4	1,118
60+	56.7	603
Residence		
Urban	32.0	2,328
Rural	45.3	2,318
Region		
National Capital Region	27.9	634
Cordillera Admin Region	63.3	81
I - Ilocos	31.8	209
II - Cagayan Valley	46.9	141
III - Central Luzon	35.3	557
IVA - CALABARZON	31.8	430
IVB - MIMAROPA	42.2	139
V - Bicol	30.9	472
VI - Western Visayas	37.0	402
VII - Central Visayas	43.3	409
VIII - Eastern Visayas	62.3	227
IX - Zamboanga Peninsula	60.9	159
X - Northern Mindanao	28.0	228
XI - Davao	47.7	185
XII - SOCCSKSARGEN	31.5	195
XIII - Caraga	45.8	74
ARMM	83.2	103
Wealth quintile		
Lowest	46.8	913
Second	39.1	966
Middle	37.0	915
Fourth	35.9	959
Highest	34.6	892
Total	38.7	4,645

Note: Total includes 2 people with age missing. If the respondent visited more than one facility/provider, only the first one is included in the tabulation.

14.3 HOSPITAL CARE

In the 2008 NDHS, respondents to the Household Questionnaire were asked if any member of their household had been confined (was an in-patient) in a hospital or clinic in the 12 months preceding the survey. Only 4 percent of the household population was reported to have been confined in the past 12 months (Table 14.7). As expected, children under age five and persons age 60 and older were more likely to have had in-patient hospital care than persons age 5-59. Differentials by other background characteristics are not large.

Persons who were confined in a hospital or clinic were about equally likely to have been in a public facility as a private facility: 51 percent of in-patients were confined in public health facilities, while 48 percent were confined in private health facilities. Private hospitals account for the largest share of those who were confined, followed by provincial hospitals, regional hospitals, and district hospitals.

Table 14.7 In-patient hospital care

Percentage of household population who were confined to a hospital or clinic in the 12 months before the survey, and among those confined, percent distribution by type of facility, according to background characteristics, Philippines 2008

Background characteristic	Percentage confined to hospital/ clinic in past 12 months	Number	Facility in which person received in-patient care: Public: Any public facility	Public: Regional hospital/ public medical center	Public: Provincial hospital	Public: District hospital	Public: Municipal hospital	Private: Any private facility	Private: Private hospital	Private: Lying-in clinic/ Birthing home	Private: Private clinic	Missing	Total	Number confined
Sex														
Male	3.4	30,335	50.1	15.6	18.2	10.6	5.7	49.3	46.1	0.4	2.9	0.6	100.0	1,025
Female	4.8	29,282	52.0	17.9	16.8	12.2	5.1	47.0	42.0	2.9	2.1	1.0	100.0	1,392
Age														
0-4	6.2	6,706	53.4	16.9	17.1	12.6	6.7	46.1	42.1	0.5	3.5	0.5	100.0	417
5-29	2.8	29,674	54.3	18.6	19.0	11.6	5.1	45.1	39.2	3.7	2.1	0.7	100.0	835
30-59	4.2	18,917	51.5	18.0	17.6	10.9	5.0	47.9	44.3	1.2	2.4	0.6	100.0	791
60+	8.7	4,317	41.2	11.0	13.8	11.4	5.0	56.6	54.6	0.2	1.8	2.2	100.0	374
Residence														
Urban	4.0	30,002	42.9	19.4	13.7	5.9	3.8	56.5	52.3	2.6	1.6	0.7	100.0	1,186
Rural	4.2	29,615	59.2	14.5	20.9	16.9	6.8	39.8	35.6	1.0	3.2	1.0	100.0	1,231
Region														
National Capital Region	3.3	9,064	39.9	31.1	3.4	2.3	3.0	58.4	52.0	4.5	1.9	1.7	100.0	295
Cordillera Admin Region	5.6	1,082	63.7	8.0	36.9	18.1	0.6	35.7	33.7	0.0	2.0	0.6	100.0	61
I - Ilocos	5.1	3,082	59.1	27.3	17.3	13.8	0.6	40.3	37.4	0.6	2.4	0.6	100.0	158
II - Cagayan Valley	5.0	1,870	59.2	13.6	15.9	20.9	8.8	40.0	34.3	0.8	4.8	0.8	100.0	93
III - Central Luzon	3.9	6,370	49.6	6.8	25.0	16.4	1.5	49.9	48.4	0.5	1.0	0.5	100.0	251
IVA - CALABARZON	3.2	7,495	37.8	16.4	12.6	4.8	3.9	60.1	55.7	1.7	2.6	2.2	100.0	242
IVB - MIMAROPA	4.4	1,686	61.9	5.1	38.9	6.8	11.0	37.3	37.3	0.0	0.0	0.9	100.0	75
V - Bicol	3.3	3,636	57.1	14.3	15.9	17.0	9.9	42.9	40.5	0.8	1.6	0.0	100.0	121
VI - Western Visayas	4.1	4,701	71.1	10.8	22.1	30.4	7.7	28.3	26.1	1.7	0.5	0.6	100.0	195
VII - Central Visayas	4.3	4,126	53.4	22.2	17.3	12.2	1.8	46.0	43.0	2.4	0.6	0.6	100.0	179
VIII - Eastern Visayas	3.8	2,470	72.6	5.3	32.9	22.3	12.1	26.5	25.6	0.9	0.0	0.9	100.0	93
IX - Zamboanga Peninsula	3.7	2,379	60.2	22.6	24.7	3.7	9.2	39.8	36.1	0.0	3.7	0.0	100.0	88
X - Northern Mindanao	5.6	2,568	41.1	7.6	14.1	7.5	11.9	58.9	54.7	0.0	4.2	0.0	100.0	145
XI - Davao	5.6	2,713	42.6	24.9	10.2	6.3	1.1	56.3	47.6	3.4	5.2	1.1	100.0	152
XII - SOCCSKSARGEN	4.5	2,390	44.4	13.7	13.8	5.3	11.7	55.6	51.6	0.7	3.3	0.0	100.0	108
XIII - Caraga	4.7	1,532	56.5	14.0	23.8	13.3	5.4	43.5	42.7	0.8	0.0	0.0	100.0	72
ARMM	3.6	2,453	37.2	21.7	10.7	0.0	4.8	61.1	42.4	8.0	10.6	1.8	100.0	88
Wealth quintile														
Lowest	3.2	11,918	77.4	20.2	24.4	19.9	12.9	21.5	18.9	0.3	2.3	1.1	100.0	387
Second	3.7	11,924	68.9	18.5	23.4	18.6	8.4	31.1	26.0	1.7	3.4	0.0	100.0	446
Middle	4.1	11,926	57.4	19.2	21.2	12.1	5.0	41.7	36.6	2.5	2.5	0.8	100.0	484
Fourth	4.6	11,928	41.0	16.5	14.7	7.4	2.4	57.0	51.6	3.5	1.9	1.9	100.0	554
Highest	4.6	11,922	23.0	11.8	6.9	3.6	0.8	76.7	74.1	0.6	2.0	0.3	100.0	547
Insurance status														
Not insured	3.1	34,430	66.1	20.7	22.6	15.9	6.8	33.1	28.1	2.5	2.5	0.9	100.0	1,057
Insured PhilHealth	5.6	22,502	38.6	13.7	12.6	8.2	4.0	60.7	56.9	1.3	2.5	0.7	100.0	1,266
Insured private	4.1	392	*	*	*	*	*	*	*	*	*	*	100.0	16
Total	4.1	59,617	51.2	16.9	17.4	11.5	5.3	48.0	43.8	1.8	2.4	0.9	100.0	2,417

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 14.7 shows a number of differentials between use of public and private facilities. Persons age 60 and over are more likely to have been confined in private facilities, particularly private hospitals, than younger persons. Similarly, persons in urban areas are more likely to use private facilities than those in rural areas. The proportion confined in public hospitals is highest in Eastern Visayas (73 percent) and lowest in ARMM (37 percent). Among those who were confined, use of public facilities decreases as

economic status increases, from 77 percent among persons in the lowest wealth quintile to 23 percent among those in the highest quintile. Use of public hospitals for in-patient care is higher for persons without insurance coverage (66 percent) than for those with PhilHealth (39 percent) coverage.

Table 14.8 presents information on several aspects of in-patient care including the reason for the confinement, the length of the stay, and the cost of the confinement. More than four in five people (82 percent) who were confined in a health facility in the 12 months preceding the survey were there because of illness or injury. Another 16 percent were confined in order to give birth.

More than one-quarter of in-patients were confined for six or more days, while about half were confined for three days or less. Over three-quarters of in-patients paid 3,000 pesos or more for their treatment.

Table 14.8 Aspects of in-patient care

Percent distribution of persons confined in a hospital or clinic in the 12 months preceding the survey, by reason for confinement, length of stay, and cost of confinement, Philippines 2008

Characteristic of confinement	Percent
Reason	
Ill/injured	82.4
Gave birth	15.8
Executive check-up	0.7
Other	0.1
Missing	1.0
Total	100.0
Length of stay	
0	0.4
1	12.6
2	14.8
3	23.6
4	11.4
5	10.1
6+	26.4
Still confined/missing	0.8
Total	100.0
Cost (pesos)	
Free	0.8
<1000	4.4
1000-1999	8.2
2000-2999	8.0
3000+	76.9
Still in hospital/missing/ don't know/in-kind	1.7
Total	100.0
Number	2,417

14.4 COST OF TREATMENT

As shown in Table 14.9, the average travel cost for persons who visited a health facility or provider in the 30 days preceding the survey was 109 pesos, while the average cost of treatment was 1,872 pesos. For persons who were confined in the facility, the average cost of treatment was almost 17,000 pesos.

As expected, the cost of health care received in private facilities is substantially higher than the cost of care received in public facilities. The average cost of treatment for a visit to a private health facility (2,864 pesos) is almost three times the cost of a visit to a public health facility (1,051 pesos). Similarly, the average cost of in-patient care at private facilities (24,278 pesos) is almost three times that of confinement at a public facility (9,849 pesos).

Table 14.9 Cost of health care at public and private facilities

Average cost (in pesos) per person for those who visited a health facility in the past 30 days and for those who were confined in a hospital or clinic in the past 12 months, by whether the facility was public or private, Philippines 2008

	Total		Public facility		Private facility	
Type of care	Average cost (pesos)	Number	Average cost (pesos)	Number	Average cost (pesos)	Number
Person visited a health facility in past 30 days						
Average cost of transport	109	3,490	80	1,625	134	1,864
Average cost of treatment	1,872	4,642	1,051	2,540	2,864	2,102
Person confined in a hospital or clinic in past 12 months						
Average cost of confinement	16,802	2,376	9,849	1,231	24,278	1,145

WOMEN'S EMPOWERMENT 15

The Philippines is committed to improving the socioeconomic conditions for women. In August 2009, the Republic Act Number 9710: Magna Carta of Women was signed into law by the President (NCRFW, 2009). The law prohibits discrimination against women and recognizes, promotes, and protects their rights. Implementation of the law by all government agencies will be overseen by the Philippine Commission on Women (formerly the National Commission on the Role of Filipino Women), under the Office of the President. The law also applies to women working abroad through the designation of a gender focal point in the consular section of the Philippines' embassies or consulates, who will be trained on handling gender concerns of women migrant workers, especially those in distress.

This chapter examines indicators of women's empowerment and relates them with selected demographic and health outcomes. Results from the 2008 NDHS discussed in earlier chapters show that women are at equivalent or sometimes better status than men. Because primary and secondary education are free in public schools in the country, women have better educational attainment and are more likely to be literate than men. More than half of the women interviewed in the 2008 NDHS were employed in the 12 months preceding the survey. There is also no disparity in exposure to mass media between women and men in the Philippines.

The Human Development Index (HDI) provides a picture of a country's development. It combines life expectancy, educational attainment, and income into a composite index. Countries with the same level of HDI can have very different levels of income and countries with similar levels of income can have very different HDIs. According to the United Nations Development Program's (UNDP) Human Development Report for 2009, the Philippines ranks 105 among 182 countries on the HDI and ranks 59 out of 109 countries on the Gender Empowerment Measure (GEM), which measures gender inequality from an economic and political perspective (UNDP, 2009). The Global Gender Gap Index 2008, developed by the World Economic Forum, ranks the Philippines 9th out of 134 countries in terms of gender equality. (World Economic Forum, 2009).

Empowerment of women is essential for the achievement of sustainable development. The full participation and partnership of both women and men is required in productive and reproductive life, including shared responsibilities for the care and nurturing of children and maintaining the household.

The 2008 NDHS explores women's empowerment in terms of employment, type of earnings, control over cash and earnings, and freedom of movement. The Women's Questionnaire collected information on general background characteristics including age, education, and household wealth status, for women age 15-49. In addition, the 2008 NDHS collected information on other measures of women's autonomy and status, particularly women's roles in making household decisions. Information collected in the survey is used to estimate two indicators of women's empowerment: women's participation in household decisionmaking and women's acceptance of wife beating. The extent to which women's empowerment influences health outcomes (such as reproductive health care practices, contraceptive use, and unmet need) is also examined.

15.1 EMPLOYMENT AND FORM OF EARNINGS

Currently married women were asked whether they were employed at the time of survey and, if not, whether they were employed at any time during the 12 months preceding the survey. Table 15.1 shows what percentage of currently married women age 15-49 were employed during the 12 months preceding the survey, and the percent distribution of employed women by the type of earnings they received (cash, in-kind, both, or neither).

Three of five (60 percent) currently married women age 15-49 reported being employed in the 12 months before the survey. Women in the youngest age group were least likely to have been employed (41 percent). The proportion employed increases with each age group to a high of 75 percent among married women age 45-49.

Table 15.1 Employment and cash earnings of currently married women

Percentage of currently married women age 15-49 who were employed at any time in the past 12 months and the percent distribution of currently married women employed in the past 12 months by type of earnings, according to age, Philippines 2008

	Currently married women		Percent distribution of currently married women employed in the past 12 months, by type of earnings						
Age	Percentage employed	Number of women	Cash only	Cash and in-kind	In-kind only	Not paid	Missing	Total	Number of women
15-19	40.9	283	86.4	6.5	1.6	5.4	0.0	100.0	116
20-24	43.7	1,000	87.0	6.1	1.7	5.2	0.0	100.0	437
25-29	52.0	1,560	88.2	5.9	1.3	4.6	0.0	100.0	810
30-34	60.3	1,573	86.5	6.2	1.3	6.1	0.0	100.0	949
35-39	64.2	1,522	84.0	8.5	1.5	5.9	0.0	100.0	977
40-44	70.0	1,299	82.7	8.9	1.6	6.7	0.1	100.0	910
45-49	74.5	1,181	80.8	8.2	1.8	8.8	0.4	100.0	880
Total 15-49	60.3	8,418	84.7	7.4	1.5	6.3	0.1	100.0	5,079

Although employment is assumed to generate income, not all women receive earnings for the work they do. Furthermore, not all women who receive earnings are paid in cash. Table 15.1 shows that 85 percent of currently married women who were employed in the past 12 months earn only cash, while 7 percent receive both cash and in-kind payment, 2 percent receive in-kind payment only, and 6 percent do not receive any payment for their work.

15.2 MARRIED WOMEN'S CONTROL OVER THEIR OWN EARNINGS

Besides having access to income, women need to have control over their earnings in order to be empowered. To assess control over earnings, currently married women with cash earnings in the 12 months before the survey were asked who usually decides how the money she earns will be used: mainly the woman herself, mainly her husband, or the woman and her husband jointly.

Table 15.2 shows women's control over their earnings by background characteristics. Overall, about two in five (41 percent) currently married women with cash earnings decide themselves how their earnings are used, while more than half (54 percent) say that they decide jointly with their husband. Only 4 percent of women said that their husband mainly decides how their earnings are used. The proportion of married women who say that they mainly decide themselves how their earnings are used has decreased from 60 percent in 2003 to the current level of 41 percent.[1]

[1] It should be noted that the wording of the question changed slightly between the 2003 and 2008 NDHS surveys.

Women age 15-24 are more likely than older women to mainly decide how their earnings are used. Women with more children are more likely to make independent decisions about spending their earnings than women with fewer children.

Table 15.2 Control over women's cash earnings and relative magnitude of women's earnings

Percent distribution of currently married women age 15-49 who received cash earnings for employment in the 12 months preceding the survey by person who decides how wife's cash earnings are used, and percent distribution by whether woman earned more or less than her husband, according to background characteristics, Philippines 2008

	Person who decides how the wife's cash earnings are used:						Women's cash earnings compared with husband's cash earnings:						
Background characteristic	Mainly wife	Wife and husband jointly	Mainly husband	Other	Missing	Total	More	Less	About the same	Husband/ partner has no earnings	Don't know/ missing	Total	Number of women
Age													
15-19	47.2	42.8	8.0	2.0	0.0	100.0	18.2	65.8	11.4	3.9	0.8	100.0	108
20-24	47.4	45.9	5.7	0.7	0.3	100.0	18.1	57.5	21.6	2.1	0.7	100.0	407
25-29	37.7	58.7	3.1	0.0	0.4	100.0	21.3	57.8	18.4	1.4	1.1	100.0	762
30-34	38.8	54.8	5.8	0.0	0.6	100.0	24.1	54.8	18.6	1.4	1.2	100.0	879
35-39	40.8	54.9	3.7	0.1	0.6	100.0	22.3	54.3	21.2	1.4	0.7	100.0	905
40-44	43.6	52.6	3.5	0.0	0.3	100.0	23.8	51.0	23.3	1.5	0.4	100.0	833
45-49	42.3	54.6	3.1	0.0	0.1	100.0	21.8	50.9	25.0	1.6	0.7	100.0	783
Number of living children													
0	39.6	56.5	2.6	0.3	0.9	100.0	24.2	52.2	18.6	2.4	2.6	100.0	439
1-2	40.1	55.1	4.4	0.2	0.2	100.0	24.7	52.0	21.2	1.5	0.6	100.0	1,864
3-4	41.9	54.1	3.7	0.0	0.3	100.0	20.7	55.1	22.1	1.4	0.6	100.0	1,490
5+	44.0	50.1	5.2	0.1	0.5	100.0	18.4	59.0	20.3	1.5	0.7	100.0	885
Residence													
Urban	42.7	52.5	4.4	0.1	0.3	100.0	24.9	50.0	22.4	2.0	0.8	100.0	2,615
Rural	39.7	55.8	3.8	0.1	0.6	100.0	18.8	59.8	19.4	1.1	0.8	100.0	2,062
Region													
National Capital Region	44.4	51.2	3.9	0.2	0.3	100.0	28.0	44.3	24.4	2.3	0.9	100.0	851
Cordillera Admin Region	41.9	56.4	1.1	0.0	0.6	100.0	16.7	59.4	19.6	1.4	2.9	100.0	67
I - Ilocos	49.8	44.7	5.0	0.5	0.0	100.0	21.3	51.0	23.6	4.1	0.0	100.0	206
II - Cagayan Valley	39.8	54.5	5.3	0.0	0.5	100.0	16.7	60.7	21.5	0.0	1.1	100.0	139
III - Central Luzon	45.7	50.4	3.4	0.0	0.5	100.0	20.1	57.7	19.8	1.5	1.0	100.0	496
IVA - CALABARZON	31.7	64.0	3.9	0.2	0.2	100.0	23.6	47.1	26.3	2.1	0.9	100.0	595
IVB - MIMAROPA	25.9	64.3	9.8	0.0	0.0	100.0	15.7	65.6	17.5	1.2	0.0	100.0	154
V - Bicol	43.3	53.5	3.1	0.0	0.0	100.0	14.9	76.6	7.3	1.3	0.0	100.0	246
VI - Western Visayas	46.8	46.6	5.4	0.0	1.2	100.0	22.2	55.5	18.7	2.0	1.6	100.0	358
VII - Central Visayas	42.8	51.9	5.3	0.0	0.0	100.0	27.2	47.6	24.1	0.7	0.4	100.0	306
VIII - Eastern Visayas	43.0	53.5	1.7	0.0	1.7	100.0	18.4	63.3	16.1	0.4	1.7	100.0	188
IX - Zamboanga Peninsula	41.4	55.2	3.3	0.0	0.0	100.0	24.0	54.3	19.8	1.9	0.0	100.0	166
X - Northern Mindanao	37.3	59.5	1.8	0.7	0.7	100.0	21.2	55.1	22.7	0.3	0.7	100.0	243
XI - Davao	44.8	50.4	4.8	0.0	0.0	100.0	20.7	60.1	17.4	1.4	0.4	100.0	246
XII - SOCCSKSARGEN	41.6	54.5	3.8	0.0	0.0	100.0	21.5	63.1	14.2	0.4	0.8	100.0	198
XIII - Caraga	35.4	60.2	3.5	0.5	0.4	100.0	18.1	62.8	18.6	0.0	0.4	100.0	123
ARMM	36.9	55.7	6.5	0.0	0.8	100.0	17.9	44.0	35.5	1.8	0.8	100.0	96
Education													
No education	25.6	69.8	4.6	0.0	0.0	100.0	13.9	41.0	44.0	1.1	0.0	100.0	54
Elementary	44.5	49.9	4.6	0.3	0.8	100.0	17.7	60.9	18.9	1.3	1.2	100.0	1,032
High school	44.2	50.9	4.6	0.2	0.1	100.0	19.6	57.7	20.4	1.8	0.5	100.0	1,916
College	36.7	59.5	3.3	0.0	0.5	100.0	28.3	46.9	22.5	1.6	0.9	100.0	1,675
Wealth quintile													
Lowest	40.2	55.2	4.0	0.0	0.6	100.0	14.7	63.5	20.3	0.9	0.6	100.0	724
Second	43.8	51.2	4.2	0.2	0.6	100.0	18.7	60.9	18.2	1.1	1.0	100.0	900
Middle	42.1	53.0	4.5	0.0	0.3	100.0	19.4	58.2	20.5	1.0	0.9	100.0	952
Fourth	42.7	51.7	5.3	0.0	0.2	100.0	25.2	52.1	19.7	2.5	0.5	100.0	987
Highest	38.3	58.3	2.8	0.3	0.3	100.0	29.7	41.8	25.6	2.0	0.9	100.0	1,114
Total	41.4	54.0	4.1	0.1	0.4	100.0	22.2	54.3	21.1	1.6	0.8	100.0	4,677

Women in urban areas are more likely than those in rural areas to make independent decisions about spending their earnings, although the differences are small (43 and 40 percent, respectively). Decisionmaking varies across regions. Married women living in Ilocos (50 percent), Western Visayas (47 percent), Central Luzon (46 percent), Davao (45 percent), and National Capital Region (NCR) (44 percent) have more independence in deciding how to spend their earnings than women living in MIMAROPA (26 percent) and CALABARZON (32 percent). Women in MIMAROPA are also the most likely to report that their husbands are the ones who mainly decide how their earnings are used (10 percent).

Women's decisionmaking power regarding their earnings shows no clear pattern by level of education and household wealth status. The proportion of married women who mainly decide themselves how to use their earnings increases from 26 percent among those with no education to 45 percent among those with elementary education, and then decreases to 37 percent among those with some college. Similarly, married women in middle wealth quintiles are slightly more likely to decide themselves than women in the lowest and highest quintiles.

Table 15.2 shows the findings on women's cash earnings relative to those of their husband (more, less, or about the same). Overall, a majority of married women (54 percent) say that they earn less than their husband, while 22 percent say they earn more than their husband, and 21 percent say they earn about the same. Across almost all background characteristics, more than half of married women say they earn less than their husband. Exceptions are NCR, CALABARZON, Central Visayas, ARMM, and women with either no education or some college education, as well as women in the highest wealth quintile. The proportion of women who earn more than their husband is highest in NCR (28 percent) and Central Visayas (27 percent), as well as among women with some college education (28 percent) and those in the highest wealth quintile (30 percent).

15.3 Control Over Men's Earnings

The extent of women's participation in the family's decisionmaking can also be measured by the amount of control they have over the use of their husband's cash earnings Table 15.3 shows that for almost two-thirds (63 percent) of currently married women whose husbands receive cash earnings report that decisions about the use of the husband's earnings are made jointly by the husband and wife. Surprisingly, 27 percent of women say that they themselves are the ones who mainly decide how their husbands' earnings are used.

The differentials in women's involvement in decisions regarding how to use their husband's earnings by background characteristics are small. However, the variations across regions indicate that women in NCR (31 percent) and Central Luzon (36 percent) are the most likely to decide themselves how the husband's earnings are spent. On the other hand, women in MIMAROPA (15 percent), Western Visayas (14 percent), and Ilocos (13 percent) are the most likely to say they have no involvement at all in making decisions about their husband's earnings.

Table 15.3 Control over men's cash earnings

Percent distribution of currently married women age 15-49 whose husbands receive cash earnings, by person who decides how husband's cash earnings are used, according to background characteristics, Philippines 2008

Background characteristic	Mainly wife	Husband and wife jointly	Mainly husband	Other	Missing	Total	Number of women
Age							
15-19	25.1	62.4	11.0	1.5	0.0	100.0	275
20-24	25.9	63.2	10.1	0.5	0.2	100.0	984
25-29	25.7	64.7	9.4	0.1	0.1	100.0	1,546
30-34	26.9	63.0	9.9	0.2	0.0	100.0	1,555
35-39	25.7	64.9	9.3	0.1	0.0	100.0	1,508
40-44	29.9	60.6	9.5	0.0	0.0	100.0	1,281
45-49	28.6	62.8	8.5	0.0	0.1	100.0	1,163
Number of living children							
0	25.3	64.2	9.8	0.4	0.3	100.0	689
1-2	26.1	63.8	9.8	0.3	0.1	100.0	3,468
3-4	27.6	63.2	9.1	0.1	0.0	100.0	2,593
5+	28.8	61.7	9.6	0.0	0.0	100.0	1,560
Residence							
Urban	28.9	60.7	10.1	0.2	0.1	100.0	4,222
Rural	25.0	65.9	8.9	0.2	0.0	100.0	4,089
Region							
National Capital Region	31.2	58.7	9.9	0.1	0.1	100.0	1,313
Cordillera Admin Region	19.6	71.0	9.2	0.3	0.0	100.0	142
I - Ilocos	24.3	62.7	13.0	0.0	0.0	100.0	404
II - Cagayan Valley	14.6	78.3	6.8	0.3	0.0	100.0	272
III - Central Luzon	36.3	55.3	8.2	0.3	0.0	100.0	887
IVA - CALABARZON	25.3	66.5	8.1	0.1	0.0	100.0	1,073
IVB - MIMAROPA	19.3	65.3	15.4	0.0	0.0	100.0	239
V - Bicol	18.7	71.2	10.1	0.0	0.0	100.0	465
VI - Western Visayas	29.8	56.5	13.6	0.2	0.0	100.0	617
VII - Central Visayas	28.9	61.8	9.0	0.0	0.3	100.0	596
VIII - Eastern Visayas	24.9	67.4	7.6	0.0	0.0	100.0	335
IX - Zamboanga Peninsula	23.6	67.3	7.9	1.3	0.0	100.0	312
X - Northern Mindanao	26.1	67.0	6.4	0.2	0.2	100.0	372
XI - Davao	27.4	61.9	10.3	0.2	0.2	100.0	401
XII - SOCCSKSARGEN	23.5	67.5	8.8	0.3	0.0	100.0	338
XIII - Caraga	23.5	69.1	7.5	0.0	0.0	100.0	212
ARMM	27.6	61.3	10.9	0.2	0.0	100.0	333
Education							
No education	25.8	64.4	9.7	0.0	0.0	100.0	132
Elementary	28.0	61.2	10.7	0.2	0.0	100.0	2,020
High school	27.7	63.1	9.0	0.2	0.1	100.0	3,681
College	25.2	65.1	9.4	0.2	0.1	100.0	2,478
Wealth quintile							
Lowest	25.7	64.8	9.4	0.1	0.0	100.0	1,653
Second	27.0	64.2	8.5	0.4	0.0	100.0	1,670
Middle	28.9	61.7	9.2	0.1	0.1	100.0	1,723
Fourth	28.0	61.4	10.5	0.2	0.0	100.0	1,677
Highest	25.2	64.4	10.1	0.1	0.2	100.0	1,590
Total 15-49	27.0	63.3	9.5	0.2	0.1	100.0	8,311

15.4 CONTROL OVER HER OWN EARNINGS AND OVER THOSE OF HER HUSBAND

Table 15.4 shows, for currently married women who earned cash in the past 12 months, the person who mainly decides how their cash earnings are used, and for all currently married women whose husbands earned cash in the past 12 months, the person who decides how their husband's cash earnings are used, according to the relative magnitude of the earnings of women and their husbands.

Women whose husbands are not working or who do not earn cash are the most likely to be the one who mainly decides how their own earnings will be used (64 percent). Women who earn either more or less than their husbands are almost equally likely to be the main decisionmaker with regard to how their own earnings are used (45 percent). It is interesting to note that women whose cash earnings are the same as their husband's are the least likely to make their own decisions about their earnings and are much more likely to make decisions jointly with their husbands (68 percent) about their earnings.

With regard to decisions about how the husband's earnings are spent, the differences in the main decisionmaker are not large. Around two-thirds of women in each category say that decisions about how their husband's earnings are used are made jointly, although the proportion is somewhat lower among women who say they earn more than their husbands (54 percent).

Table 15.4 Women's control over their own earnings and the earnings of their husband

Percent distribution of currently married women age 15-49 with cash earnings in the past 12 months by person who decides how the woman's cash earnings are used, and percent distribution by person who decides how the husband's cash earnings are used, according to the relative amount of the woman's and husband's cash earnings, Philippines 2008

	Person who decides how the wife's cash earnings are used:							Person who decides how husband's cash earnings are used:						
Women's earnings relative to husband's earnings	Mainly wife	Wife and husband jointly	Mainly husband	Other	Missing	Total	Number	Mainly wife	Wife and husband jointly	Mainly husband	Other	Missing	Total	Number of women
More than husband	45.0	50.7	4.1	0.1	0.0	100.0	1,039	36.2	53.7	9.9	0.2	0.0	100.0	1,029
Less than husband	44.5	51.2	4.2	0.1	0.0	100.0	2,542	28.0	62.6	9.5	0.0	0.0	100.0	2,542
Same as husband	28.5	67.5	3.9	0.1	0.0	100.0	986	21.4	70.8	7.5	0.2	0.0	100.0	986
Husband has no cash earnings/did not work	63.7	30.0	3.3	3.0	0.0	100.0	74	na	na	na	na	na	na	0
Woman has no cash earnings	na	na	na	na	na	na	0	20.1	69.2	10.7	0.1	0.0	100.0	401
Woman did not work in past 12 months	na	na	na	na	na	na	0	25.9	63.9	9.9	0.3	0.1	100.0	3,316
Total[1]	41.5	54.0	4.1	0.1	0.4	100.0	4,677	27.0	63.3	9.5	0.2	0.1	100.0	8,311

na = Not applicable

[1] Excludes cases in which the woman or her husband has no earnings, and includes cases in which the woman does not know whether she earned more or less than her husband

15.5 WOMEN'S PARTICIPATION IN DECISIONMAKING

In the 2008 NDHS, currently married women were asked who usually makes decisions on four specific issues: decisions regarding her own health care; making major household purchases; making purchases for daily household needs; and making visits to her family or relatives. Table 15.5 shows the percent distribution of currently married women age 15-49 by who usually makes these four decisions.

Table 15.5 Women's participation in decisionmaking

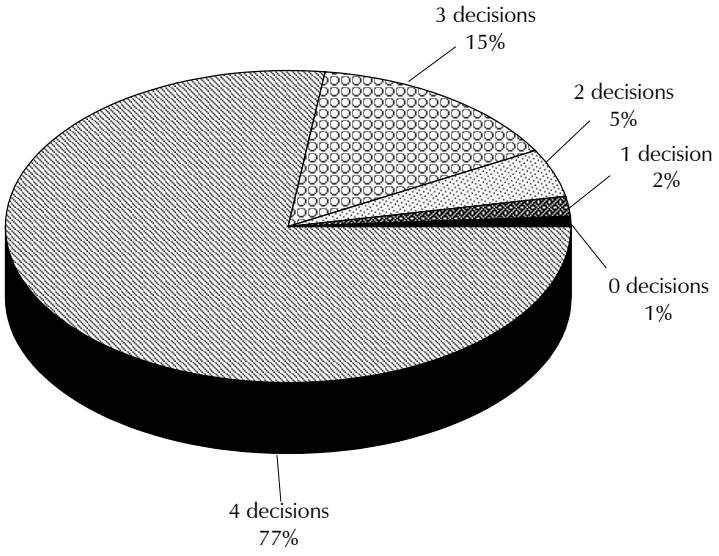
Percent distribution of currently married women by person who usually makes decisions about four kinds of issues, Philippines 2008

Decision	Mainly wife	Wife and husband jointly	Mainly husband	Someone else	Other/ missing	Total	Number of women
Own health care	49.6	44.0	6.1	0.2	0.1	100.0	8,418
Major household purchases	20.7	64.8	13.6	0.6	0.3	100.0	8,418
Purchases of daily household needs	59.1	33.3	6.5	0.9	0.3	100.0	8,418
Visits to her family or relatives	22.5	70.3	6.8	0.2	0.2	100.0	8,418

The results show that married Filipino women are usually involved in all four decisions (Figure 15.1), although the extent of their involvement depends on what is being decided. Almost six in ten women say they alone make decisions about purchases for daily household needs; however, decisions about visits to the woman's family or relatives are most likely to be made jointly by the woman and her husband (70 percent). Decisions on making major household purchases are also likely to be made jointly (65 percent); however, 14 percent of women say their husband usually decides about major purchases. Half of married women say they make decisions themselves about their own health care, while 44 percent say they make such decisions jointly with their husband.

Table 15.6 shows differences by background characteristics in the percentage of married women who reported that they make each of the four specified decisions either themselves or jointly with their husband. Over 85 percent of married women participate in each type of decision and more than three in four (77 percent) participate in all four decisions. Only 1 percent of married women reported that they do not participate in any of the decisions.

Figure 15.1 **Number of Decisions in Which Currently Married Women Participate**



NDHS 2008

Table 15.6 Women's participation in decisionmaking by background characteristics

Percentage of currently married women age 15-49 who usually make specific decisions either by themselves or jointly with their husband, by background characteristics, Philippines 2008

Background characteristic	Own health care	Making major household purchases	Making purchases for daily household needs	Visits to her family or relatives	Percentage who participate in all four decisions	Percentage who participate in none of the four decisions	Number of women
Age							
15-19	89.1	75.3	81.5	89.7	65.7	3.4	283
20-24	92.4	82.3	89.1	92.6	72.5	1.5	1,000
25-29	93.4	84.8	91.2	92.0	74.4	1.1	1,560
30-34	93.2	85.7	92.2	91.7	76.3	1.2	1,573
35-39	94.9	87.2	94.0	92.9	78.7	0.8	1,522
40-44	94.2	87.7	94.8	94.9	80.8	0.7	1,299
45-49	94.6	86.9	94.6	94.3	78.8	0.7	1,181
Employment (past 12 months)							
Not employed	92.7	83.9	90.5	92.7	74.5	1.4	3,332
Employed for cash	94.3	86.8	93.6	93.0	78.3	1.0	4,677
Employed not for cash	93.5	84.5	93.5	93.0	75.8	0.1	398
Number of living children							
0	91.5	84.8	89.7	92.4	75.9	2.0	706
1-2	93.6	84.9	91.8	92.8	76.2	1.0	3,517
3-4	94.4	86.3	93.6	93.5	77.8	0.8	2,618
5+	93.4	85.8	92.8	92.2	76.1	1.3	1,576
Residence							
Urban	94.8	86.0	93.0	93.5	78.6	1.0	4,297
Rural	92.4	85.0	91.7	92.2	74.6	1.2	4,121
Region							
National Capital Region	96.4	88.8	94.7	94.6	82.2	0.8	1,343
Cordillera Admin Region	94.5	90.3	93.8	94.8	84.9	1.4	143
I - Ilocos	91.8	83.8	89.6	88.5	77.3	5.2	415
II - Cagayan Valley	94.4	90.1	97.3	94.9	80.9	0.3	273
III - Central Luzon	95.8	84.9	95.1	93.8	77.2	0.1	897
IVA - CALABARZON	96.4	89.9	95.4	95.5	84.4	0.6	1,089
IVB - MIMAROPA	90.4	81.9	92.5	85.8	67.0	1.0	241
V - Bicol	91.4	81.4	88.4	89.4	68.5	0.8	470
VI - Western Visayas	94.5	80.1	88.2	93.3	70.9	0.5	627
VII - Central Visayas	92.3	80.5	91.2	92.0	73.2	1.4	599
VIII - Eastern Visayas	97.6	88.1	94.5	94.6	82.5	0.2	337
IX - Zamboanga Peninsula	91.5	86.9	91.1	93.4	76.0	0.8	316
X - Northern Mindanao	93.7	85.4	93.2	92.7	76.5	0.7	373
XI - Davao	89.4	83.0	89.8	91.1	72.4	2.9	406
XII - SOCCSKSARGEN	87.5	87.0	91.5	90.9	72.5	1.6	338
XIII - Caraga	93.3	81.4	91.0	88.3	68.1	0.5	212
ARMM	84.7	84.2	83.1	93.0	64.5	2.0	337
Education							
No education	87.4	82.0	91.9	92.9	69.4	1.6	133
Elementary	92.0	84.0	90.9	91.2	73.1	1.4	2,034
High school	93.9	85.1	92.5	92.7	76.4	1.0	3,727
College	94.9	87.5	93.4	94.4	80.1	0.9	2,524
Wealth quintile							
Lowest	90.0	85.7	91.0	91.6	73.0	1.5	1,661
Second	92.5	82.7	90.8	91.3	72.4	1.2	1,683
Middle	94.5	83.7	93.0	92.4	76.9	1.3	1,737
Fourth	95.3	86.9	93.4	93.6	78.9	0.5	1,710
Highest	95.8	88.7	93.5	95.4	82.1	0.9	1,627
Total	93.6	85.5	92.4	92.8	76.6	1.1	8,418

Note: Total includes 11 women with information missing on employment status.

The proportion of women who participate in all four decisions varies somewhat according to their characteristics. Participation in decisionmaking increases with age, from 66 percent among women age 15-19 to 81 percent among women age 40-44. Employed women who receive cash earnings are slightly more likely to have a say in all four decisions (78 percent) than women who are not employed (75 percent) or women who work but not for cash (76 percent). The number of children a woman has does not seem to make a difference in her participation in decisionmaking. Women in urban areas are more likely to participate in decisionmaking than women in rural areas (79 percent compared with 75 percent). Women's participation in making all four decisions is lowest in ARMM (65 percent) and MIMAROPA (67 percent).

The higher the level of education, the more likely the woman is to participate in all four decisions (69 percent among women with no education, compared with 80 percent among woman who attended college). In general, household wealth is directly related to decisionmaking; as wealth status increases, so does the proportion of married women who participate in all four decisions.

15.6 Attitudes Toward Wife Beating

The problems women face are many and diverse. One of the most serious is violence, particularly domestic violence. The 2008 NDHS obtained information on women's attitudes towards wife beating. Women were asked whether a husband is justified in hitting or beating his wife under a series of circumstances: if she burns the food, if she argues with him, if she goes out without telling him, if she neglects the children, and if she refuses to have sexual intercourse with him. A woman's attitude toward wife beating is considered to be a proxy for her perception of her status. A lower score on the "number of reasons wife beating is justified" indicates a woman's greater sense of entitlement, self-esteem and status, and reflects positively on her sense of empowerment. In contrast, a woman who believes that a husband is justified in hitting or beating his wife for most or all of these reasons may consider herself to be of low status, both absolutely and relative to men. Such a perception could act as a barrier to accessing health care for herself and her children, affect her attitude toward contraceptive use, and impact her general well-being. Table 15.7 shows the percentage of women age 15-49 who agree with specific reasons that justify a husband beating his wife, by background characteristics.

Overall, 14 percent of women believe that a husband is justified in beating his wife for at least one of the reasons listed. The most widely accepted reason for wife beating among women in the Philippines is neglecting the children (12 percent), followed by going out without telling her husband (5 percent). Three percent of women feel a husband is justified in beating his wife if she argues with him, while only 2 percent of women agree that a husband is justified in hitting or beating his wife if she burns the food or refuses to have sexual intercourse with him.

Approval of at least one reason for wife beating varies little with age. Women are less likely to accept wife beating for any reason if they live in an urban area, have attended college, or belong to the highest wealth quintile. Women in NCR and Western Visayas are the least likely to accept wife beating for any reason.

Table 15.7 Attitude toward wife beating

Percentage of all women age 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, Philippines 2008

Background characteristic	Husband is justified in hitting or beating his wife if she: Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sexual intercourse with him	Percentage who agree with at least one specified reason	Number of women
Age							
15-19	2.4	2.8	5.0	11.9	1.7	14.6	2,749
20-24	1.4	3.0	4.1	11.2	1.7	13.4	2,147
25-29	1.8	2.6	4.9	11.7	1.7	13.8	2,106
30-34	2.2	3.0	4.9	10.6	2.0	13.2	1,865
35-39	2.5	2.9	5.3	11.9	2.4	14.5	1,777
40-44	1.7	3.0	6.1	11.5	1.9	14.7	1,532
45-49	2.9	3.1	6.0	11.6	2.4	15.0	1,418
Employment (past 12 months)							
Not employed	2.1	2.6	5.0	12.0	1.9	14.5	5,914
Employed for cash	2.0	3.0	4.9	10.8	1.9	13.4	7,119
Employed not for cash	3.9	4.6	8.4	16.6	3.0	19.9	519
Marital status							
Never married	2.0	2.7	4.0	10.3	1.3	12.3	4,530
Married or living together	2.1	3.0	5.7	12.1	2.1	14.9	8,418
Divorced/separated/widowed	3.2	3.7	4.5	12.9	3.1	16.4	646
Number of living children							
0	1.9	2.5	4.0	10.4	1.5	12.5	5,116
1-2	1.7	2.6	4.5	10.8	1.5	13.1	3,985
3-4	2.1	3.5	5.8	12.3	2.6	15.5	2,810
5+	3.6	3.7	8.7	15.5	3.0	19.3	1,683
Residence							
Urban	1.6	2.4	3.8	9.4	1.4	11.6	7,574
Rural	2.8	3.5	6.8	14.2	2.5	17.4	6,020
Region							
National Capital Region	0.9	1.6	2.1	6.2	0.8	8.0	2,522
Cordillera Admin Region	2.7	3.6	3.4	12.5	1.4	15.4	225
I - Ilocos	4.1	7.4	10.3	19.7	4.1	24.9	613
II - Cagayan Valley	8.0	9.6	8.3	17.0	6.3	20.9	382
III - Central Luzon	2.4	3.9	3.7	10.7	1.9	12.4	1,486
IVA - CALABARZON	1.2	1.9	3.7	8.6	1.1	11.0	1,808
IVB - MIMAROPA	1.9	3.3	3.9	16.6	2.7	20.5	340
V - Bicol	1.0	1.2	3.5	9.6	1.2	11.7	755
VI - Western Visayas	0.7	2.1	2.6	6.3	1.2	8.4	976
VII - Central Visayas	1.5	1.9	2.7	9.7	0.9	11.6	983
VIII - Eastern Visayas	2.0	1.8	2.9	6.9	0.6	9.7	488
IX - Zamboanga Peninsula	0.8	0.8	3.6	7.7	0.5	10.2	505
X - Northern Mindanao	0.3	2.1	5.1	10.1	0.6	12.4	585
XI - Davao	1.2	1.5	5.4	12.7	1.2	15.1	618
XII - SOCCSKSARGEN	6.2	4.6	11.8	26.1	3.8	30.8	480
XIII - Caraga	1.9	2.1	5.3	15.7	0.7	18.7	312
ARMM	9.5	9.6	30.0	41.1	12.7	47.0	516
Education							
No education	6.3	7.8	15.9	23.5	8.6	33.3	167
Elementary	3.6	4.3	9.2	16.1	3.2	20.5	2,653
High school	2.1	2.9	4.5	11.8	1.9	14.3	6,352
College	1.0	1.9	3.1	7.9	0.9	9.3	4,422
Wealth quintile							
Lowest	4.1	4.5	9.4	16.9	4.1	20.9	2,160
Second	2.5	3.3	6.7	16.1	2.2	19.1	2,419
Middle	2.3	3.3	6.0	11.5	2.2	14.6	2,661
Fourth	1.6	2.3	3.2	9.6	1.1	11.6	2,937
Highest	0.9	1.7	2.3	6.6	0.7	8.1	3,417
Total	2.1	2.9	5.1	11.5	1.9	14.1	13,594

Note: Total includes 43 women with information missing on employment status.

15.7 INDICATORS OF WOMEN'S EMPOWERMENT

To examine how selected demographic and health outcomes vary by indicators of women's empowerment, information on women's participation in decisionmaking and their attitudes towards wife beating are summarized in two separate indices. These indices are based only on women's responses to the survey. The first index is the number of decisions in which women participate alone or jointly with their husbands (see Table 15.5 for the list of decisions). This index ranges in value from 0 to 4 and is positively related to women's empowerment. This index reflects the degree of control that women are able to exercise through making decisions in areas that affect their own lives and environments.

The second index, which ranges in value from 0 to 5, is the number of reasons that a woman believes justifies a husband beating his wife (see Table 15.7). A lower score on this indicator is interpreted as reflecting a greater sense of entitlement, higher self-esteem, and a higher status of women. In general, it is expected that women who participate in making decisions are also more likely to disagree with all reasons for justifying wife beating. Note that the decisionmaking index is defined for currently married women, whereas the index on attitudes toward wife beating is defined for all women.

Table 15.8 provides a brief overview on how these two basic empowerment indicators—the number of decisions in which women participate and the number of reasons for which wife beating is justified—relate to one another. The relationship is not clear, partly because the vast majority of women fall in the higher group since they participate in making 3-4 decisions. Eighty-six percent of women who participate in three to four household decisions disagree with all reasons justifying wife beating. This percentage is higher than for women who participate in two or fewer decisions (77 percent).

Similarly, the more reasons a woman believes that wife beating is justifiable, the less likely she is to participate in all four household decisions. Almost four in five married women (78 percent) who do not support wife beating for any reason participate in all household decisions, compared with only 62 percent of those who think that wife beating is justified in all five situations.

Table 15.8 Indicators of women's empowerment

Percentage of women age 15-49 who participate in all decisionmaking and percentage who disagree with all reasons justifying wife beating, by value on each of the indicators of women's empowerment, Philippines 2008

	Currently married women			
Empowerment indicator	Percentage who participate in all decision-making[1]	Number of women	Percentage who disagree with all the reasons justifying wife beating	Number of women
Number of decisions in which women participate[1]				
0	na	92	84.5	92
1-2	na	599	77.4	599
3-4	na	7,726	85.7	7,726
Number of reasons for which wife beating is justified[2]				
0	78.0	7,161	na	11,673
1-2	70.0	1,050	na	1,603
3-4	61.0	178	na	270
5	(62.4)	28	na	48

Note: Figures in parentheses are based on 25-49 unweighted cases
[1] Restricted to currently married women. See Table 15.5 for the list of decisions.
[2] See Table 15.6 for the list of reasons.
na = Not applicable

15.8 CURRENT USE OF CONTRACEPTION BY WOMEN'S EMPOWERMENT

A woman's desire and ability to control her fertility and her choice of contraceptive method are affected in part by her status in the household and her own sense of empowerment. A woman who feels that she is unable to control her life may be less likely to feel that she can make and carry out decisions about her fertility. She may also feel the need to choose methods that are less obvious or which do not depend on her husband's cooperation. Table 15.9 shows the distribution of currently married women age 15-49 by the contraceptive method they are currently using, if any, according to women's empowerment indicators.

Results show that married women who participate in more decisions and women who accept fewer justifications for wife beating are more likely to use contraception. Current use of any contraceptive method increases from 39 percent among women who do not participate in any decision to 51 percent among women who participate in 3-4 household decisions. In general, this pattern is consistent for most of the different types of contraceptive methods. For example, use of temporary modern methods increases from 17 percent among women who participate in less than three household decisions to 23 percent among women who participate in 3-4 decisions. Similarly, the fewer reasons women accept as justifying wife beating, the more likely they are to use a method of contraception.

Table 15.9 Current use of contraception by women's status

Percent distribution of currently married women age 15-49 by current contraceptive method, according to selected indicators of women's status, Philippines 2008

			Modern methods							
Empowerment indicator	Any method	Any modern method	Female sterili-zation	Male sterili-zation	Temporary modern female methods[1]	Male condom	Any traditional method	Not currently using	Total	Number of women
Number of decisions in which women participate[2]										
0	38.7	23.5	6.8	0.0	16.8	0.0	15.1	61.3	100.0	92
1-2	43.2	25.2	6.6	0.1	16.8	1.7	18.0	56.7	100.0	599
3-4	51.3	34.7	9.4	0.0	22.8	2.4	16.6	48.6	100.0	7,726
Number of reasons for which wife beating is justified[3]										
0	51.0	34.2	9.4	0.0	22.4	2.4	16.8	48.8	100.0	7,161
1-2	48.8	31.7	7.8	0.1	21.9	1.9	17.2	51.1	100.0	1,050
3-4	44.7	32.8	10.9	0.0	20.9	1.0	11.9	55.3	100.0	178
5	(49.4)	(44.0)	(8.3)	(0.0)	(35.7)	(0.0)	(5.4)	(50.6)	100.0	28
Total	50.6	33.9	9.2	0.0	22.4	2.3	16.7	49.3	100.0	8,418

Note: If more than one method is used, only the most effective method is considered in this tabulation. Numbers in parentheses are based on 25-49 unweighted cases.
[1] Pill, IUD, injectables, implants, female condom, diaphragm, foam/jelly, and lactational amenorrhea method
[2] See Table 15.5 for the list of decisions.
[3] See Table 15.6 for the list of reasons.

15.9 IDEAL FAMILY SIZE AND UNMET NEED BY WOMEN'S EMPOWERMENT

The ability of women to make decisions has important implications for their fertility preferences and whether or not they practice family planning. The more able a woman is to make decisions, the more empowered she is to negotiate decisions regarding her fertility and contraceptive use and thus her chances of becoming pregnant and giving birth.

Table 15.10 shows the relationship between women's empowerment indicators and their ideal family size and unmet need for family planning. The results do not indicate a strong relationship between participation in decisionmaking and mean ideal number of children. Ideal family size is almost the same among women who do not participate in decisionmaking (3.3 children) and those who do (3.1 children). However, there is a relationship between ideal family size and attitudes towards wife beating. Women who believe that wife beating is justified for three to five reasons have higher ideal family size (3.5 to 3.6 children) than women who do not believe wife beating is justified for any reason (2.8 children).

There is a positive association between participation in decisionmaking and unmet need for family planning. The findings show that women who participate in three to four decisions have the lowest unmet need for family planning. There is no clear relationship between unmet need and agreement with reasons justifying wife beating.

Table 15.10 Women's empowerment and ideal number of children and unmet need for family planning

Mean ideal number of children for women 15-49 and the percentage of currently married women age 15-49 with an unmet need for family planning, by indicators of women's empowerment, Philippines 2008

Empowerment indicator	Mean ideal number of children[1]	Number of women	Percentage of currently married women with an unmet need for family planning[2]			Number of women
			For spacing	For limiting	Total	
Number of decisions in which women participate[3]						
0	3.3	91	16.3	11.7	28.0	92
1-2	3.1	591	12.6	16.4	28.9	599
3-4	3.1	7,671	8.6	13.2	21.8	7,726
Number of reasons for which wife beating is justified[4]						
0	2.8	11,561	8.9	13.4	22.2	7,161
1-2	3.1	1,590	9.4	13.1	22.5	1,050
3-4	3.6	265	11.0	14.7	25.7	178
5	3.5	46	(8.3)	(12.9)	(21.2)	28
Total	2.8	13,462	9.0	13.4	22.3	8,418

Note: Numbers in parentheses are based on 25-49 unweighted cases.
[1] Mean excludes respondents who gave non-numeric responses.
[2] See Table 7.4 for the definition of unmet need for family planning.
[3] Restricted to currently married women. See Table 15.5 for the list of decisions.
[4] See Table 15.6 for the list of reasons.

15.10 Reproductive Health Care by Women's Empowerment

Table 15.11 examines whether access to antenatal, delivery, and postnatal care services from medically trained health professionals is related to women's empowerment. In societies where health care is widespread, women's empowerment may not affect their access to reproductive health services, however, increased empowerment of women is likely to increase their ability to seek out and use health services from qualified health providers to better meet their own reproductive health goals, including the goal of safe motherhood. The table is based on women who had a birth in the five years preceding the survey.

The results show that women's empowerment, as measured by participation in household decisionmaking, is not strongly related to whether they receive appropriate antenatal care or delivery assistance. However, utilization of postnatal care is related to women's decisionmaking power; the proportion of women receiving timely postnatal care from a health professional increases from 45 percent among women who participate in none of the decisions to 53 percent among women who participate in 3-4 decisions.

Similarly, there is no clear association between women's attitudes toward wife beating and the likelihood that they received antenatal care or delivery assistance from health personnel. However, postnatal care seems to be related to attitudes towards wife beating: the proportion of women with a live birth in the five years preceding the survey who received postnatal care from a medically trained provider in the first two days after giving birth increases from 40 percent among women who believe wife beating is justified for 3-4 reasons to 55 percent among women who believe that wife beating is not justified for any reason.

Table 15.11 Reproductive health care by women's empowerment

Percentage of women age 15-49 with a live birth in the five years preceding the survey who received antenatal care, delivery assistance, and postnatal care from health personnel for the most recent birth, by indicators of women's empowerment, Philippines 2008

Empowerment indicator	Received antenatal care from health personnel	Received delivery assistance from health personnel	Received postnatal care from health personnel within the first two days after delivery[1]	Number of women with a live birth in the past five years
Number of decisions in which women participate[2]				
0	93.8	100.0	44.6	53
1-2	95.6	97.9	50.4	329
3-4	96.3	98.9	53.1	3,897
Number of reasons for which wife beating is justified[3]				
0	96.2	98.9	55.0	3,862
1-2	95.7	98.2	41.9	610
3-4	93.6	99.6	40.0	99
5	*	*	*	19
Total	96.1	98.8	53.0	4,590

Note: Health personnel include doctor, nurse or midwife. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Includes deliveries in a health facility and deliveries not in a health facility
[2] Restricted to currently married women. See Table 15.5 for the list of decisions.
[3] See Table 15.6 for the list of reasons.

VIOLENCE AGAINST WOMEN 16

16.1 INTRODUCTION

The World Health Organization defines violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation" (Krug et al., 2002). Violence can be self-directed, such as suicidal behavior; interpersonal, such as family or intimate partner violence or violence between individuals who are not related; or collective, including violence by states or organized groups of people. Furthermore, the nature of violent acts may be physical, sexual, emotional, economic, or may involve neglect or deprivation.

Intimate partner violence, often called domestic violence, is one of the most common forms of violence experienced by women. A special study of violence against women prepared for the Secretary General of the United Nations reaffirms that all forms of violence against women, including domestic violence, is a violation of human rights, and that "violence against women stops them from fulfilling their potential, restricts economic growth and undermines development." (United Nations, 2006). Further, an increasing body of research is highlighting the health burdens, intergenerational effects, and demographic consequences of such violence for women and children (Heise et al., 1999; Kishor and Johnson, 2004).

In 2004, the Philippines passed Republic Act 9262, the Anti-Violence Against Women and Their Children Act. Under the law, violence against women is not limited to physical harm, but extends to emotional and psychological injuries and also addresses discrimination in work places. A significant feature of the act is the involvement of the citizenry in addressing domestic violence (Philippine Star, 2009).

The 2008 NDHS included a separate questionnaire (Women's Safety Questionnaire) that focuses on specific aspects of violence within this broad realm. This was the first time that questions on violence against women have been included in an NDHS survey in the Philippines. The questionnaire addresses women's experience of interpersonal violence, including acts of physical, sexual and emotional violence. Information was collected on both domestic violence (spousal violence) and violence by other family members or unrelated individuals. Specifically, this chapter presents the prevalence among women of interpersonal violence (physical violence since the age of 15 and lifetime experience of sexual violence), and, among ever-married women, the prevalence of spousal violence ever, and in the past 12 months. In addition, detailed information is presented on the types and consequences of spousal violence for women who have experienced such violence.

16.2 MEASUREMENT OF VIOLENCE

Collecting valid, reliable, and ethical information on violence poses particular challenges because: a) what constitutes violence or abuse varies across cultures and individuals; b) a culture of silence surrounds domestic violence that can affect reporting; and c) the sensitivity of the topic, concerns for the safety of respondents and interviewers when asking about domestic violence in a familial setting, and the protection of women who disclose violence, all raise specific ethical concerns. The responses by the 2008 NDHS to these challenges are described below.

International research on violence shows that intimate partner violence is one of the most common forms of violence against women. Thus, spousal violence was measured in more detail than violence by other perpetrators by using a greatly shortened and modified Conflict Tactics Scale (CTS) (Straus, 1990). Specifically, partner-related violence was measured using the following set of questions for women:

Does/Did your (last) husband/partner/boyfriend ever do any of the following things to you:

a) *Push you, shake you, or throw something at you?*

b) *Slap you?*

c) *Twist your arm or pull your hair?*

d) *Punch or hit you with something that could hurt you?*

e) *Kick you, drag you, or beat you up?*

f) *Try to choke you or burn you on purpose?*

g) *Threaten or attack you with a knife, gun, or any other weapon?*

h) *Physically force you to have sexual intercoursewith him even when you did not want to?*

i) *Force you to perform any other sexual acts you did not want to?*

j) *Try or attempt to force you to have sexual intercourse with him or perform any other sexual acts against your will?*

k) *Persuade or threaten you to have sexual intercourse with him or perform any other sexual acts against your will?*

The questions were asked with reference to the current husband for women currently married, the last husband for women who were separated, widowed, or divorced, and for any boyfriend or dating partner for women who had never been married.[1] In cases when the answer was "yes," women were asked about the frequency of the act in the 12 months preceding the survey. A "yes" answer to one or more of items (a) to (g) constitutes evidence of physical violence, while a "yes" answer to items (h) to (k) constitutes evidence of sexual violence.

Prevalence of other forms of violence, including emotional and economic violence, was measured in a similar way. Respondents were asked:

Does/Did your (last) husband/partner/boyfriend ever:

a) *Say or do something to humiliate you in front of others?*

b) *Threaten to hurt or harm you or himself or someone close to you?*

c) *Insult you or make you feel bad about yourself?*

d) *Not allow you to engage in any legitimate work nor practice your profession?*

e) *Control your own money or properties or force you to work?*

f) *Destroy your personal properties, pets or belongings, or threaten or actually harm your pets?*

g) *Have other intimate relationships?*

[1] Typically in a DHS survey, questions on intimate partner violence are asked in relation to marital and co-habiting partners. In the Philippines, the questions were broadened to include questions for never-married women about violence by boyfriends. Nevertheless, for comparability, the tables and discussion regarding intimate partner violence in this chapter have been restricted to violence by women's husbands or live-in partners.

This approach of asking separately about specific acts has the advantage of not being affected by different understandings of what constitutes violence. A woman has to say whether she has, for example, ever been slapped, not whether she has ever experienced any violence. All women would probably agree on what constitutes a slap, but what constitutes a violent act or is understood as violence may vary across women as it does across cultures. In fact, summary terms such as "abuse" or "violence" were avoided in the title, design, or implementation of the Women's Safety Questionnaire. Further, this approach has the advantage of giving the respondent multiple opportunities to disclose any experience of violence and, if the different violent acts included in the list are chosen carefully, also allows the assessment of the severity of violence.

In addition to partner violence, women were asked whether they had experienced violence at the hands of anyone other than their current or last husband or boyfriend: "*From the time you were 15 years old, has anyone other than your (current/last) husband/boyfriend hit, slapped, kicked, or done anything else to hurt you physically?*" Women who responded "yes" to this question were asked who had done this and the frequency of such violence during the 12 months preceding the survey.

Finally, all women were also asked: *At any time in your life, as a child or as an adult, has any one ever forced you in any way to have sexual intercourse or perform any other sexual acts against your will?* Respondents who said "yes" were then asked questions about the age at which this first happened and the person who committed the act.

In addition to questions about their experience of violence, women were asked whether they had ever hit, slapped, kicked, or done anything else to physically hurt their husband or partner at any time when he was not already beating or physically hurting them. They were further asked whether their husband/partner drinks alcohol or takes illegal drugs, both of which are known risk factors for women's experience of intimate partner violence.

Although this approach to questioning is widely considered to be optimal, the possibility of some underreporting of violence cannot be entirely ruled out in any survey. Caution should be used in interpreting not only the overall prevalence of violence information, but also differentials in prevalence between subgroups of the population. Although much of any large difference in violence between subgroups undoubtedly reflects actual differences in prevalence, differential underreporting by women in the subgroups can contribute to larger or smaller differences.

There is a culture of silence surrounding gender-based violence that makes collection of information on this sensitive topic particularly challenging. Even women who want to speak about their experiences of domestic violence may find it difficult because of feelings of shame or fear. The need to establish rapport with the respondent and to ensure confidentiality and privacy during the interview is important throughout the survey, but especially critical to ensure the validity of the information on domestic violence. Complete privacy is also essential for ensuring the security of the respondent and the interviewer. Asking about or reporting violence, especially in households where the perpetrator may be present at the time of interview, carries the risk of further violence. Three specific protections were built into the questionnaire, in accordance with the World Health Organization's ethical and safety recommendations for research on domestic violence (WHO, 2001):

a) Only one eligible woman in each household was administered the Women's Safety Questionnaire. In households with more than one eligible woman, the respondent to be asked the questions on violence was randomly selected through a specially designed simple selection procedure (based on the "Kish Grid") which was built into the Household Questionnaire (see Appendix E). Interviewing only one woman with the violence module in

each household provides assurance to the selected respondent that other respondents in the household will not know the types of questions the selected woman was asked.

b) Informed consent was obtained from the woman for the survey at the start of the individual interview. In addition, at the start of the Women's Safety Questionnaire, woman were read an additional statement informing them the proceeding questions could be sensitive and reassuring them of the confidentiality of their responses.

c) The questionnaire on women's safety was implemented only if privacy could be obtained. If privacy could not be obtained, the interviewer was instructed to skip the module, thank the respondent, and end the interview.

16.3 Experience of Violence by Women Age 15-49

This section of the chapter discusses women's experience of violence by any individual. It begins by examining experience of physical violence since age 15 and physical violence during pregnancy, then presents results on lifetime experience of sexual violence. It concludes with a summary of these types of violence.

16.3.1 Physical Violence Since Age 15

Table 16.1 shows the distribution of women who have experienced physical violence since age 15 (ever, and in the past 12 months), by background characteristics. One in five women (20 percent) experienced violence since the age of 15, and 7 percent experienced violence in the 12 months preceding the survey.

The social and economic background of a woman has a bearing on her chances of experiencing domestic violence. The percentage of women who have ever experienced violence is lower for women age 15-19 (15 percent) than for older women (20-22 percent). The survey results suggest that domestic violence may contribute to separation and divorce. Over one-third (37 percent) of divorced, separated or widowed women report having experienced physical violence since age 15, compared with 22 percent of married women and 11 percent of those who have never been married. The more children a woman has, the more likely she is to have experienced violence.

There are differentials in levels of violence by region. Women in SOCCSKSARGEN are most likely to have experienced violence since age 15 (35 percent), followed by women in Central Visayas and Northern Mindanao (28 percent); women in CALABARZON region are least likely to have experienced violence (13 percent).

Experience of violence varies with education level; women who have at least some high school education, and especially those who have been to college, are less likely to have experienced violence than those who have either no education or only elementary school education. There is a strong negative relationship between prevalence of physical violence and the wealth quintile.

Table 16.1 Experience of physical violence

Percentage of women age 15-49 who have ever experienced physical violence since age 15 and percentage who experienced physical violence during the 12 months preceding the survey, by background characteristics, Philippines 2008

Background characteristic	Percentage who have ever experienced physical violence since age 15[1]	Percentage who experienced physical violence in the past 12 months			Number of women
		Often	Sometimes	Often or sometimes	
Current age					
15-19	15.1	0.8	7.5	8.3	1,410
20-24	19.9	1.2	7.1	8.3	1,352
25-29	21.4	0.8	7.8	8.6	1,593
30-39	20.7	0.9	6.3	7.2	2,957
40-49	21.8	0.4	4.6	5.0	2,004
Employed last 12 months					
Not employed	18.2	0.8	6.4	7.2	4,032
Employed for cash	21.4	0.8	6.4	7.2	4,900
Employed not for cash	22.4	1.0	7.7	8.6	367
Marital status					
Never married	11.3	0.5	4.6	5.1	2,384
Married or living together	22.3	0.8	7.1	8.0	6,522
Divorced/separated/widowed	36.5	2.6	7.0	9.6	410
Number of living children					
0	12.5	0.6	4.8	5.4	2,829
1-2	21.3	0.9	7.1	8.0	3,097
3-4	24.4	1.1	6.7	7.8	2,192
5+	27.0	0.6	8.4	9.0	1,198
Residence					
Urban	18.9	0.9	6.4	7.2	5,215
Rural	21.6	0.8	6.6	7.4	4,101
Region					
National Capital Region	16.2	1.0	6.4	7.4	1,718
Cordillera Admin Region	16.4	0.8	6.4	7.2	157
I - Ilocos	18.7	0.5	5.1	5.5	423
II - Cagayan Valley	16.7	0.3	4.9	5.2	258
III - Central Luzon	16.5	0.2	4.8	5.0	1,025
IVA - CALABARZON	12.7	0.4	4.7	5.2	1,249
IVB - MIMAROPA	26.7	1.4	10.8	12.2	236
V - Bicol	18.6	0.5	4.1	4.5	509
VI - Western Visayas	21.6	0.7	5.9	6.6	670
VII - Central Visayas	28.1	1.2	9.1	10.3	668
VIII - Eastern Visayas	24.2	1.2	5.0	6.2	341
IX - Zamboanga Peninsula	21.3	1.2	7.9	9.2	347
X - Northern Mindanao	27.8	1.5	9.1	10.6	405
XI - Davao	25.4	1.6	8.7	10.3	427
XII - SOCCSKSARGEN	34.7	1.4	9.0	10.5	314
XIII - Caraga	27.2	1.2	9.3	10.6	216
ARMM	23.2	0.2	7.9	8.1	354
Education					
No education	26.3	1.6	11.3	12.9	113
Elementary	26.7	1.2	8.0	9.1	1,856
High school	21.7	1.0	7.6	8.6	4,323
College	13.5	0.3	3.8	4.1	3,024
Wealth quintile					
Lowest	28.5	1.4	8.6	10.1	1,609
Second	25.8	0.6	9.1	9.7	1,727
Middle	19.8	0.8	6.8	7.5	1,861
Fourth	17.3	0.4	5.6	6.1	2,002
Highest	11.9	0.9	3.2	4.2	2,117
Total	20.1	0.8	6.5	7.3	9,316

Note: Total includes 17 women with information missing on employment status.
[1] Includes physical violence in the past 12 months

Table 16.2 shows that for women who have ever been married, the main perpetrators of physical violence are husbands and, to a lesser extent, mothers or stepmothers, fathers or stepfathers, and other relatives. Among never-married women who have experienced physical violence, the main perpetrators are mothers or stepmothers, fathers or stepfathers, sisters or brothers, and boyfriends.

Table 16.2 Persons committing physical violence

Among women age 15-49 who have experienced physical violence since age 15, percentage who reported specific persons who committed the violence, by marital status, Philippines 2008

Person committing violence	Marital status: Ever married	Marital status: Never married	Total
Current husband	54.7	na	46.8
Former husband	12.1	na	10.3
Current boyfriend	0.3	19.8	3.1
Former boyfriend	0.6	0.6	0.6
Father/step-father	16.6	25.9	17.9
Mother/step-mother	18.5	34.5	20.8
Sister/brother	9.3	21.0	11.0
Daughter/son	0.9	0.0	0.8
Other relative	11.6	9.6	11.3
Mother-in-law	0.2	na	0.2
Father-in-law	0.1	na	0.1
Other in-law	1.2	na	1.0
Teacher	0.0	0.3	0.0
Employer/someone at work	0.8	0.8	0.8
Other	1.1	0.4	1.0
Number of women	1,601	269	1,870

na = Not applicable

Pregnancy places women in a more vulnerable state. Moreover, violence affects not only the woman herself, but also her unborn baby. In the NDHS, women who had ever been pregnant were asked about experience of physical violence during pregnancy. The findings presented in Table 16.3 indicate that overall, 4 percent of women in the Philippines experience physical violence while pregnant. The proportion of women who have experienced violence during pregnancy declines with age from 6 percent of women age 15-19 to 3 percent for women in their 30s and 40s. Differences by other background characteristics are minor. For example, the likelihood of having experienced violence during pregnancy increases only slightly with the number of living children, despite the fact that women with more children have had greater exposure to the risk of violence during pregnancy. However, marital status and region do appear to be associated with the risk of physical violence during pregnancy. Only 3 percent of never-married and currently married women who have ever been pregnant were physically abused during pregnancy, compared with 8 percent of women who were formerly married. By region, experience of violence during pregnancy ranges from only 1 percent among women in ARMM to 7 percent of those in Eastern Visayas and Caraga regions. The likelihood of experiencing physical violence during pregnancy declines steadily as wealth quintile increases.

Table 16.3 Violence during pregnancy

Among women age 15-49 who have ever been pregnant, percentage who have ever experienced physical violence during pregnancy, by background characteristics, Philippines 2008

Background characteristic	Percentage who have ever experienced physical violence during pregnancy	Number of women who have ever been pregnant
Current age		
15-19	5.8	174
20-24	4.4	734
25-29	4.1	1,274
30-39	3.4	2,660
40-49	3.1	1,819
Marital status		
Never married	2.5	111
Married or living together	3.3	6,160
Divorced/separated/widowed	8.2	390
Number of living children		
0	3.3	174
1-2	3.1	3,097
3-4	3.8	2,192
5+	4.7	1,198
Residence		
Urban	3.7	3,548
Rural	3.5	3,113
Region		
National Capital Region	3.1	1,109
Cordillera Admin Region	3.9	110
I - Ilocos	3.7	326
II - Cagayan Valley	2.9	205
III - Central Luzon	2.0	716
IVA - CALABARZON	3.1	859
IVB - MIMAROPA	6.3	184
V - Bicol	2.5	368
VI - Western Visayas	4.4	492
VII - Central Visayas	5.0	471
VIII - Eastern Visayas	7.3	263
IX - Zamboanga Peninsula	3.3	267
X - Northern Mindanao	3.6	285
XI - Davao	4.7	332
XII - SOCCSKSARGEN	3.5	246
XIII - Caraga	6.7	164
ARMM	1.3	263
Education		
No education	2.2	101
Elementary	5.4	1,564
High school	3.9	3,057
College	1.7	1,938
Wealth quintile		
Lowest	5.2	1,343
Second	4.1	1,362
Middle	3.8	1,385
Fourth	2.9	1,370
Highest	1.8	1,201
Total	3.6	6,661

16.3.2 Sexual Violence Since Age 15

The 2008 NDHS investigated women's experience of sexual violence, including whether the respondent's first sexual intercourse was forced against her will. Force at first sexual intercourse is not widespread among Filipino women; nevertheless, 4 percent of women age 15-49 report that their first sexual intercourse was forced against their will (Table 16.4).

Table 16.4 Force at sexual initiation

Among women age 15-49 who have ever had sexual intercourse, the percentage who said that their first experience of sexual intercourse was forced against their will, by age at first sexual intercourse and whether first sexual intercourse was at the time of first marriage or before, Philippines 2008

Age/timing of first sex	Percentage whose first sexual intercourse was forced against their will	Number of women who have ever had sexual intercourse
Age at first sexual intercourse		
<15	14.7	239
15-19	5.1	3,032
20-24	3.3	2,547
25-29	1.4	964
30-49	0.8	323
First sexual intercourse was:		
At the time of first marriage/ first cohabitation	3.0	5,046
Before first marriage/first cohabitation[1]	6.7	2,059
Total	4.1	7,208

Note: Total includes 102 women with information missing on age and timing of first sexual intercourse
[1] Includes never-married women

In addition to the question on whether first sexual intercourse was forced, the 2008 NDHS included two sets of questions on sexual violence. The first set of questions asked women about sexual violence committed by their current husband or partner, if they were currently married, and by their most recent husband or partner, if they were currently divorced, separated, or widowed. The second set asked all respondents whether they had ever, as a child or as an adult, experienced sexual violence. Sexual violence here includes being forced to have sexual intercourse or perform any other sexual acts against one's will. Tables 16.5 and 16.6 present the results on experience of any sexual violence. The subset of results on sexual violence committed by the husband or partner is explored later in the chapter.

As shown in Table 16.5, 9 percent of women age 15-49 have ever experienced sexual violence. Women age 15-19 are least likely to have experienced sexual violence. Women who are employed, but are not paid in cash, those who are divorced, separated, or widowed, and those who live in rural areas are more likely than other women to have experienced sexual violence. By region, the proportion of women who have experienced sexual violence ranges from 3 percent in CALABARZON to almost six times that—18 percent—in MIMAROPA, SOCCSKSARGEN, and Caraga regions. The likelihood of experiencing sexual violence decreases with increasing educational attainment and household wealth status.

Table 16.5 Experience of sexual violence

Percentage of women age 15-49 who have ever experienced sexual violence, by background characteristics, Philippines 2008

Background characteristic	Percentage who have ever experienced sexual violence[1]	Number of women
Current age		
15-19	5.1	1,410
20-24	8.3	1,352
25-29	9.7	1,593
30-39	10.1	2,957
40-49	8.7	2,004
Employed last 12 months		
Not employed	6.9	4,032
Employed for cash	9.9	4,900
Employed not for cash	12.6	367
Marital status		
Never married	4.3	2,384
Married or living together	9.6	6,522
Divorced/separated/widowed	19.7	410
Residence		
Urban	7.1	5,215
Rural	10.7	4,101
Region		
National Capital Region	5.6	1,718
Cordillera Admin Region	6.0	157
I - Ilocos	7.7	423
II - Cagayan Valley	10.8	258
III - Central Luzon	4.2	1,025
IVA - CALABARZON	3.2	1,249
IVB - MIMAROPA	17.8	236
V - Bicol	8.6	509
VI - Western Visayas	9.0	670
VII - Central Visayas	12.4	668
VIII - Eastern Visayas	13.7	341
IX - Zamboanga Peninsula	11.8	347
X - Northern Mindanao	11.7	405
XI - Davao	16.2	427
XII - SOCCSKSARGEN	18.0	314
XIII - Caraga	18.0	216
ARMM	8.8	354
Education		
No education	14.5	113
Elementary	11.9	1,856
High school	9.1	4,323
College	6.0	3,024
Wealth quintile		
Lowest	13.9	1,609
Second	11.9	1,727
Middle	8.8	1,861
Fourth	5.6	2,002
Highest	4.9	2,117
Total	8.7	9,316

Note: Total includes 17 women with information missing on employment status.

[1] Includes women whose sexual initiation was forced against their will

Table 16.6 shows the perpetrators of sexual violence for women who have experienced such violence, according to marital status. Overall, 53 percent of women who have experienced sexual violence experienced this violence at the hands of a current husband or partner, while 13 percent experienced sexual violence by a former husband or partner. Other perpetrators of sexual violence reported by women are current or former boyfriend (11 percent), a friend or acquaintance (3 percent), or other relative (2 percent). Among ever-married women, the main perpetrators of sexual violence are current husbands (61 percent) or former husbands (15 percent), while among never-married women, the main perpetrators are current or former boyfriends (58 percent).

Table 16.6 Persons committing sexual violence

Among women age 15-49 who have experienced sexual violence, percentage who reported specific persons who committed the violence, by current marital status, Philippines 2008

	Marital status		
Person committing violence	Ever married	Never married	Total
Current husband /partner	60.5	na	52.9
Former husband /partner	15.2	na	13.3
Current /former boyfriend	4.4	57.7	11.1
Father	0.1	0.0	0.1
Step father	0.5	1.8	0.7
Other relative	2.4	1.9	2.4
In-law	0.0	0.8	0.1
Own friend /acquaintance	1.8	10.2	2.8
Family friend	0.4	1.4	0.6
Employer /someone at work	1.5	0.0	1.3
Police /soldier	0.1	0.0	0.1
Priest /religious leader	0.1	0.0	0.1
Stranger	1.0	5.7	1.6
Missing	7.0	5.5	6.8
Other	3.7	12.5	4.8
Number of women	708	102	810

na = Not applicable

16.3.3 Experience of Physical or Sexual Violence Since Age 15

Table 16.7 shows the percentages of women who have experienced different combinations of physical and sexual violence, by age. Overall, almost one in four (24 percent) women age 15-49 have experienced *either* physical or sexual violence. Specifically, 15 percent of women have experienced only physical violence, 4 percent have experienced only sexual violence, and 5 percent have experienced *both* physical and sexual violence.

Table 16.7 Experience of different forms of violence

Percentage of women age 15-49 who have experienced various forms of physical and sexual violence, by current age, Philippines 2008

Age	Physical violence	Sexual violence[1]	Physical and sexual violence[1]	Physical or sexual violence[1]	Number of women
15-19	12.1	2.1	3.0	17.2	1,410
15-17	11.3	1.4	1.5	14.2	829
18-19	13.3	3.0	5.2	21.5	581
20-24	15.3	3.7	4.6	23.5	1,352
25-29	15.9	4.2	5.5	25.6	1,593
30-39	14.8	4.2	5.9	24.9	2,957
40-49	16.1	2.9	5.7	24.7	2,004
Total	14.9	3.5	5.2	23.6	9,316

[1] Includes forced sexual initiation

16.4 Measures of Marital Control

Certain male behaviors meant to keep tight control over women, particularly wives, have been identified in the literature as risk factors for violence (Kishor and Johnson, 2004). Accordingly, women interviewed in the 2008 NDHS were also asked about various ways in which their husbands try to control their actions. Specifically, ever-married women were asked if their husband:

a) Is jealous or angry if she communicates with other men;

b) Frequently accuses her of being unfaithful;

c) Does not permit her to see her female friends;

d) Tries to limit her contact with her family;

e) Insists on knowing where she is at all times; and

f) Does not trust her with his money.

As shown in Table 16.8, the most commonly reported controlling behavior exhibited by husbands is to be jealous or angry when the woman communicates with other men (reported by 30 percent of ever-married women). Almost one-fifth of women report that their husbands want to know where they are at all times (18 percent), while 13 percent of women say their husbands frequently accuse them of being unfaithful. Less common behaviors are not permitting her to meet her female friends (6 percent), not trusting her with his money (5 percent), and trying to limit her contact with her family (4 percent). One in ten ever-married women say their husbands display at least three of the six types of controlling behaviors, while 61 percent say their husbands do not display any of the behaviors.

Older women are generally less likely than younger women to report most of the controlling behaviors by their husbands. Women who are divorced, separated, or widowed are more likely to report that their current or last husband displayed controlling behaviors than are women who are currently married. Similary, those who have been married more than once are more likely than those in their first marriage to say that their husbands try to control their actions. The proportion of women who report that their husbands show controlling behavior tends to decline with increasing education of the woman for most of the behaviors specified in the survey.

Table 16.8 Degree of marital control exercised by husbands

Percentage of ever-married women age 15-49 whose husbands have ever exhibited specific types of controlling behaviors, by background characteristics, Philippines 2008

Background characteristic	Percentage of women whose husband: Is jealous or angry if she talks to other men	Frequently accuses her of being unfaithful	Does not permit her to meet her female friends	Tries to limit her contact with her family	Insists on knowing where she is at all times	Does not trust her with any money	Displays 3 or more of the specific behaviors	Displays none of the specific behaviors	Number of women
Current age									
15-19	44.5	15.7	8.9	3.7	25.0	3.7	13.6	48.6	204
20-24	35.2	12.0	6.9	4.7	20.8	4.8	9.5	55.1	773
25-29	32.3	14.6	7.4	3.6	18.6	5.5	11.0	58.4	1,322
30-39	29.7	11.7	5.4	3.8	17.4	4.8	9.6	62.3	2,737
40-49	26.2	12.4	5.1	4.3	15.8	4.2	8.9	65.6	1,896
Employed past 12 months									
Not employed	30.1	11.1	5.7	3.4	17.3	4.6	8.9	62.1	2,801
Employed for cash	30.6	13.2	6.0	4.4	17.9	4.9	10.2	60.7	3,822
Employed not for cash	28.6	18.7	7.3	5.3	20.7	5.3	12.5	60.9	307
Number of living children									
0	33.0	10.2	5.9	4.6	20.8	4.4	8.3	57.9	548
1-2	29.7	11.2	5.8	3.6	16.6	4.4	8.9	62.4	2,995
3-4	29.8	13.0	5.9	4.0	17.5	5.3	9.8	61.2	2,191
5+	31.6	16.4	6.5	4.8	20.2	5.0	12.6	60.1	1,198
Marital status and duration									
Currently married woman	29.6	11.8	5.5	3.7	17.2	4.4	9.0	62.2	6,522
Married only once	28.7	11.3	5.2	3.6	16.7	4.3	8.6	63.0	5,871
0-4 years	31.5	10.8	6.7	4.0	17.5	3.9	9.5	60.2	1,282
5-9 years	27.7	10.5	4.7	3.2	15.8	4.1	7.3	63.9	1,428
10+ years	28.1	11.9	4.9	3.6	16.7	4.4	8.7	63.8	3,162
Married more than once	37.1	15.9	8.2	4.6	22.1	5.4	13.2	54.7	651
Divorced/separated/widowed	42.0	25.8	12.3	9.4	27.7	11.0	21.8	46.6	410
Residence									
Urban	30.4	12.0	6.4	4.2	16.8	4.4	9.5	62.0	3,692
Rural	30.3	13.3	5.5	3.8	18.9	5.2	10.1	60.4	3,240
Region									
National Capital Region	32.0	11.9	5.7	3.9	15.2	3.8	9.2	60.7	1,161
Cordillera Admin Region	19.6	12.4	5.5	4.4	13.6	5.8	8.9	73.7	113
I - Ilocos	27.4	12.6	4.8	2.4	17.3	4.9	9.7	66.1	340
II - Cagayan Valley	16.3	9.3	5.7	2.6	11.2	4.2	7.0	75.8	213
III - Central Luzon	25.6	8.5	3.8	3.8	12.8	3.4	7.2	67.9	748
IVA - CALABARZON	23.5	6.0	3.1	2.3	12.9	2.3	5.1	73.9	892
IVB - MIMAROPA	28.6	15.1	4.2	6.3	23.5	4.5	11.0	60.7	192
V - Bicol	26.4	12.2	3.7	3.5	11.4	4.7	7.1	66.6	385
VI - Western Visayas	37.5	14.0	5.7	5.4	20.2	3.7	9.3	53.4	510
VII - Central Visayas	40.7	23.8	11.3	7.3	20.2	8.3	17.3	49.2	495
VIII - Eastern Visayas	31.7	15.9	7.8	4.9	24.6	4.6	14.1	56.3	270
IX - Zamboanga Peninsula	35.9	12.1	6.3	4.1	28.3	6.2	10.4	50.6	274
X - Northern Mindanao	32.1	16.3	7.8	5.1	15.8	4.0	12.6	62.1	297
XI - Davao	29.8	15.3	11.3	4.1	17.0	6.0	13.0	59.8	337
XII - SOCCSKSARGEN	42.2	15.8	7.8	1.8	34.2	5.7	13.1	44.4	252
XIII - Caraga	37.6	22.6	9.2	7.8	23.8	9.2	17.2	49.7	169
ARMM	28.0	7.7	4.8	1.7	29.3	10.8	7.5	51.0	283
Education									
No education	34.9	15.4	6.0	3.3	26.0	5.8	15.5	54.5	104
Elementary	32.3	16.0	6.0	5.9	19.0	5.6	11.9	59.1	1,617
High school	32.3	13.0	6.7	3.8	19.1	5.0	10.5	58.9	3,166
College	25.5	9.1	4.8	2.8	14.6	3.7	6.7	67.0	2,044
Wealth quintile									
Lowest	32.6	16.7	6.1	5.6	23.4	6.1	12.3	55.7	1,392
Second	32.2	15.6	7.1	4.2	18.6	4.8	10.8	57.6	1,400
Middle	33.0	12.3	6.1	3.5	18.7	5.5	10.0	58.6	1,425
Fourth	28.4	10.2	5.5	3.8	16.1	4.3	8.6	65.2	1,441
Highest	24.9	7.9	4.8	2.9	11.9	3.0	7.0	69.9	1,273
Total	30.3	12.6	5.9	4.0	17.8	4.8	9.8	61.3	6,932

Note: Husband refers to the current husband for currently married women and the most recent husband for divorced, separated or widowed women. Total includes 2 women with information missing on employment status.

16.5 MARITAL VIOLENCE

16.5.1 Experience of Physical, Sexual, or Other Types of Violence Within Marriage

Marital violence refers to violence perpetrated by partners in a marital union. Since spousal or intimate partner violence is the most common form of violence for women age 15-49, the 2008 NDHS collected detailed information on the different types of violence experienced. Currently married women were asked about violence perpetrated by their current husband, and formerly married women were asked about violence perpetrated by their most recent husband. Respondents were asked about seven specific acts of physical violence, four of sexual violence, and seven other forms of violence, including emotional violence. The acts are listed in Table 16.9. Note that the different types of violence are not mutually exclusive; therefore, women may report experiencing multiple forms of violence.

Table 16.9 Forms of spousal violence

Percentage of ever-married women age 15-49 who have experienced specific forms of violence committed by their husband (ever) and in the 12 months preceding the survey, Philippines, 2008

Type of violence	Ever experi-enced violence	Experienced violence in the past 12 months[1]		
		Often	Sometimes	Often or sometimes
Physical violence				
Any	14.4	0.9	6.6	7.5
Pushed her, shook her, or threw something at her	8.2	0.6	3.9	4.5
Slapped her	8.5	0.5	3.4	3.9
Twisted her arm or pulled her hair	3.6	0.3	1.7	2.0
Punched her with his fist or with something that could hurt her	4.7	0.3	2.1	2.5
Kicked her, dragged her, or beat her up	3.3	0.4	1.4	1.8
Tried to choke her or burn her on purpose	2.0	0.3	0.7	1.0
Threatened her or attacked her with a knife, gun, or any other weapon	2.3	0.2	1.0	1.2
Sexual violence				
Any	8.0	0.8	4.2	4.9
Physically forced her to have sexual intercourse with him even when she did not want to	6.3	0.7	3.7	4.3
Forced her to perform any sexual acts she did not want to	2.2	0.3	1.3	1.6
Tried or attempted to force her to have sexual intercourse with him or perform any other sexual acts against her will	2.3	0.2	0.6	0.8
Persuaded or threatened her to have sexual intercourse with him or performed any other sexual acts against her will	1.6	0.2	0.6	0.9
Sexual initiation was with current or most recent husband and was forced[2]	1.8	na	na	na
Other forms of violence				
Any	22.6	4.8	10.5	15.3
Said or did something to humiliate her in front of others	7.4	1.1	3.8	5.0
Threatened to hurt or harm her or someone close to her	6.5	0.9	3.2	4.1
Insulted her or made her feel bad about herself	10.9	1.6	6.0	7.6
Did not allow to engage in any legitimate work nor practice profession	8.9	0.6	1.5	2.1
Controlled her own money or properties or forced her to work	2.4	0.6	0.8	1.4
Destroyed her personal properties, pets or belongings, or threatened or actually harmed her pets	3.8	0.6	1.1	1.8
Had other intimate relationships	5.6	0.4	0.7	1.1
Any form of physical and/or sexual violence	17.9	1.4	8.9	10.3
Any form of physical and sexual violence	4.4	0.3	1.6	1.9
Any form of physical, sexual, and/or other form of violence	29.0	5.3	13.5	18.9
Any form of physical, sexual, and other form of violence	3.8	0.3	1.3	1.5
Number of ever-married women	6,932	6,783	6,783	6,783

Note: Husband refers to the current husband for currently married women and the most recent husband for divorced, separated or widowed women.
[1] Excludes widows
[2] Excludes women who have been married more than once since their sexual initiation could not have been with the current/most recent partner.
na = Not applicable

According to Table 16.9, 14 percent of women have ever experienced physical violence at the hands of their husband, 8 percent have experienced sexual violence, and 23 percent have experienced other forms of violence. Overall, almost one-third of ever-married women (29 percent) have experienced any kind of violence (physical, sexual or other) by a husband or partner.

Among the spousal acts of physical violence, slapping was the most commonly reported act, experienced by 9 percent of ever-married women, followed closely by being pushed, shaken or had something thrown at them—reported by 8 percent of women (Figure 16.1). Six percent of women report that they were forced to have sexual intercourse by their husbands when they did not want to, and 11 percent of women were insulted or made to feel bad about themselves. Six percent of women report that their husband had other intimate relationships.

Figure 16.1 Forms of Spousal Violence

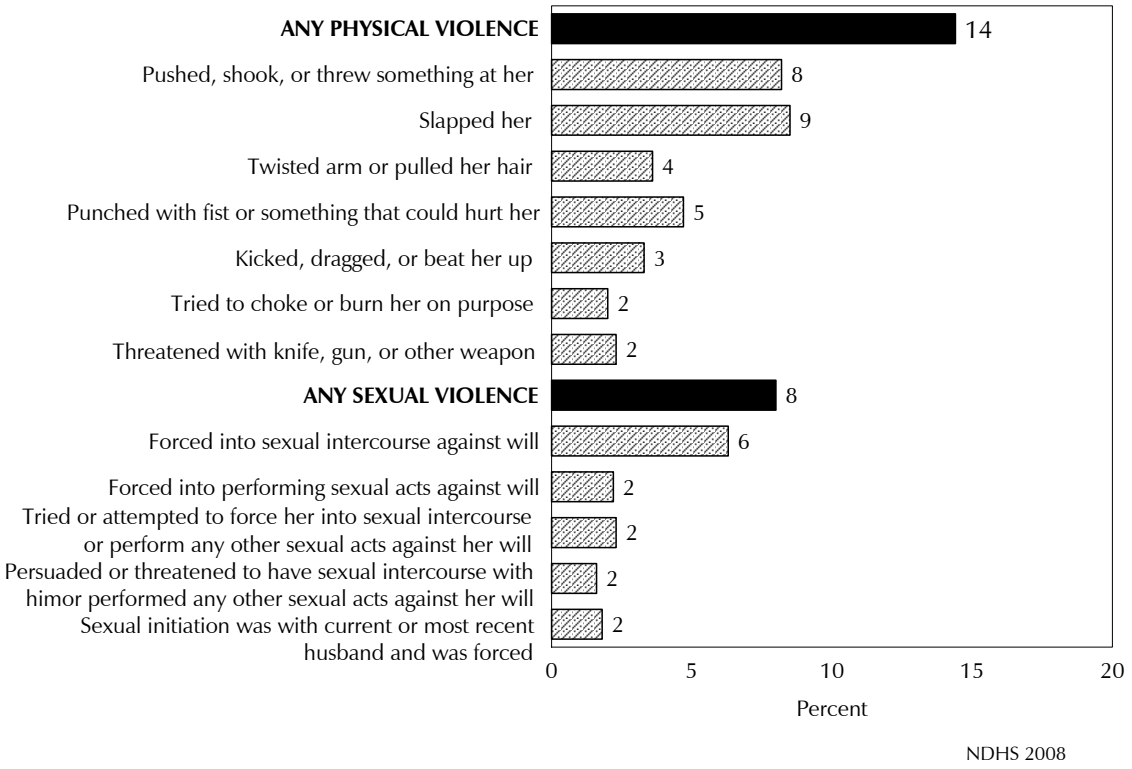


Table 16.10 shows the prevalence of different forms of violence experienced by ever-married women according to background characteristics. In general, the percentage of women who have experienced any of the different forms of violence tends to decline with women's age but increase with women's number of children. Women who are employed, particululary if they are employed without earning cash, are more likely than women who are not employed to experience spousal violence.

Once again, the experience of spousal violence shows a strong relationship with marital status. Women who are divorced, separated, or widowed are by far the most likely to have experienced each type of violence. This finding suggests thatthe experience of violence may increase the likelihood of a relationship ending. Currently married women who have been married more than once are more likely than currently married women in their first marriage to have experienced physical, sexual, or other forms of violence by their current husbands.

Table 16.10 Spousal violence by background characteristics

Percentage of ever-married women age 15-49 who have ever experienced physical, sexual, or other forms of violence by their husband, according to background characteristics, Philippines, 2008

Background characteristic	Physical violence	Sexual violence	Other violence	Physical or sexual violence	Physical, sexual, or other violence	Number of women
Current age						
15-19	17.5	11.0	24.9	21.6	30.5	204
20-24	15.6	8.0	24.6	19.2	32.7	773
25-29	14.7	8.0	22.6	19.0	30.1	1,322
30-39	13.6	8.2	22.0	17.3	28.0	2,737
40-49	14.3	7.3	22.4	17.2	27.8	1,896
Employed past 12 months						
Not employed	13.2	7.1	20.4	16.8	27.3	2,801
Employed for cash	15.1	8.4	24.0	18.4	29.7	3,822
Employed not for cash	16.3	10.3	25.6	22.4	34.6	307
Number of living children						
0	7.9	5.0	18.6	9.9	21.8	548
1-2	12.9	7.0	22.2	16.4	27.8	2,995
3-4	15.5	9.2	22.6	19.5	30.3	2,191
5+	18.8	9.5	25.7	22.4	32.8	1,198
Marital status and duration						
Currently married woman	13.4	7.4	21.2	16.9	27.5	6,522
Married only once	13.0	7.4	20.6	16.7	27.0	5,871
0-4 years	10.7	6.4	20.0	14.3	25.3	1,282
5-9 years	13.2	7.0	19.5	16.8	27.1	1,428
10+ years	13.9	8.0	21.4	17.7	27.6	3,162
Married more than once	16.2	7.9	27.0	18.6	32.4	651
Divorced/separated/widowed	30.0	16.7	44.6	33.9	52.1	410
Residence						
Urban	14.6	6.8	21.9	17.4	28.2	3,692
Rural	14.1	9.4	23.4	18.5	29.9	3,240
Region						
National Capital Region	12.9	5.8	18.5	15.1	24.3	1,161
Cordillera Admin Region	11.7	6.4	14.6	15.0	20.0	113
I - Ilocos	16.9	8.3	17.8	19.0	24.5	340
II - Cagayan Valley	14.2	11.4	22.1	19.0	27.0	213
III - Central Luzon	12.0	3.9	19.1	13.9	25.2	748
IVA - CALABARZON	10.4	2.4	13.8	11.0	18.2	892
IVB - MIMAROPA	22.0	17.1	29.9	28.8	39.6	192
V - Bicol	13.3	8.5	19.2	18.1	27.4	385
VI - Western Visayas	14.0	8.7	20.5	18.4	27.2	510
VII - Central Visayas	23.8	9.0	37.7	26.7	43.5	495
VIII - Eastern Visayas	17.4	12.6	30.3	23.4	38.3	270
IX - Zamboanga Peninsula	13.5	7.6	27.8	16.7	32.1	274
X - Northern Mindanao	13.6	10.2	30.4	18.6	36.0	297
XI - Davao	17.7	12.3	31.9	23.4	39.3	337
XII - SOCCSKSARGEN	16.7	17.2	34.3	26.1	43.8	252
XIII - Caraga	20.9	14.8	43.2	27.3	48.0	169
ARMM	6.1	9.3	8.8	13.2	18.6	283
Education						
No education	13.6	13.0	16.6	19.8	24.8	104
Elementary	17.9	9.9	25.2	21.3	32.7	1,617
High school	16.1	8.6	25.1	20.2	32.2	3,166
College	8.9	5.2	17.1	11.7	21.2	2,044
Wealth quintile						
Lowest	17.8	11.6	26.2	22.7	34.1	1,392
Second	17.0	10.6	25.7	22.4	34.0	1,400
Middle	15.7	7.7	24.6	19.5	31.5	1,425
Fourth	12.0	4.9	20.1	13.8	25.2	1,441
Highest	8.9	4.9	16.0	10.7	19.1	1,273
Respondent's father beat her mother						
Yes	23.2	13.4	32.1	28.1	41.9	1,224
No	12.3	6.8	20.4	15.5	25.9	5,524
Does not know	18.0	8.4	27.6	22.8	33.6	184
Total	14.4	8.0	22.6	17.9	29.0	6,932

Note: Husband refers to the current husband for currently married women and the most recent husband for divorced, separated or widowed women. Total includes 2 women with information missing on employment status.

Women in Caraga region are most likely to have experienced physical, sexual, or other forms of violence by their husbands (48 percent), followed by women in Central Visayas and SOCCSKSARGEN (44 percent each). Women in CALABARZON (18 percent) and ARMM (19 percent) regions are least likely to have experienced any type of spousal violence. Women who have attended college are least likely to have suffered each type of violence at the hands of their husband. Differences in spousal violence by wealth quintile are quite apparent; 34 percent of women in the lowest wealth quintile have experienced physical, sexual, or other types of violence, comared with 19 percent of women in the highest wealth quintile. Table 16.10 also shows that women whose fathers beat their mothers are almost twice as likely to experience physical or sexual violence as women whose fathers did not beat their mothers.

Table 16.11 shows similar information about spousal violence according to characteristics of the husband and indicators of women's empowerment. Excluding the small number of women whose husbands have no education, spousal violence tends to decline as the husband's education increases.

The husband's alcohol consumption and, particularly, how often he gets drunk are associated with spousal violence. There is little difference in the level of spousal violence between women who say their husbands do not drink at all and those who say their husbands drink but do not get drunk. However, there is a sharp increase in all three types of violence for those who say their husbands get drunk sometimes and especially for those who say their husbands get drunk very often. For example, 63 percent of women whose husbands get drunk very often have experienced physical, sexual, or other types of violence, compared with 29 percent of those whose husbands get drunk sometimes, 23 percent of those whose husbands drink but do not get drunk, and 21 percent of those whose husbands do not drink.

The number of marital control behaviors displayed by the husband is also highly associated with the prevalence of violence. The more controlling behaviors displayed by the husband, the greater the likelihood of the wife experiencing spousal violence.

Table 16.11 Spousal violence by husband's characteristics and empowerment indicators

Percentage of ever-married women age 15-49 who have ever experienced physical, sexual, or other forms of violence, by husband's characteristics and empowerment indicators, Philippines, 2008

Husband's characteristics/ empowerment indicators	Physical violence	Sexual violence	Other violence	Physical or sexual violence	Physical, sexual, or other violence	Number of women
Husband's education						
No education	17.6	12.4	20.5	22.2	31.7	110
Elementary	18.3	10.6	25.9	22.8	33.7	1,931
High school	15.5	7.9	23.6	19.1	30.2	2,773
College	9.0	5.4	18.3	11.6	22.6	2,096
Husband's alcohol consumption						
Does not drink	7.7	4.7	15.6	10.6	20.7	1,504
Drinks/never gets drunk	7.5	4.7	18.0	10.5	22.6	693
Gets drunk sometimes	14.0	7.5	21.8	17.7	28.6	4,166
Gets drunk very often	44.0	25.1	54.3	48.9	62.7	546
Spousal age difference[1]						
Wife older	12.0	6.6	20.5	15.4	26.0	1,278
Wife is same age	13.7	6.1	22.5	16.5	27.7	620
Wife's 1-4 years younger	13.1	7.6	20.1	16.7	26.9	2,439
Wife's 5-9 years younger	14.3	8.5	22.1	18.2	28.5	1,428
Wife's 10+ years younger	14.3	7.3	23.8	17.7	29.9	744
Spousal education difference						
Husband better educated	14.4	8.9	24.3	18.3	30.8	1,918
Wife better educated	13.3	7.7	21.3	17.0	27.2	3,439
Both equally educated	16.6	7.2	23.5	19.2	30.4	1,510
Neither educated	17.3	15.2	18.4	22.0	27.8	43
Number of marital control behaviors displayed by husband						
0	6.1	2.8	10.8	7.8	15.3	4,247
1-2	19.2	10.7	31.4	24.9	41.0	2,007
3-4	47.2	28.7	66.5	56.6	75.6	541
5-6	69.9	47.3	88.5	77.3	91.7	136
Number of decisions in which women participate						
0	10.8	8.9	17.3	12.3	19.3	77
1-2	21.3	12.9	30.7	27.3	40.9	460
3-4	12.8	7.0	20.6	16.2	26.6	5,984
Number of reasons for which wife beating is justified						
0	13.2	6.9	21.3	16.3	26.9	5,887
1-2	20.6	12.9	29.7	26.0	39.4	882
3-4	20.4	19.6	30.9	32.2	44.1	139
5	(22.6)	(21.6)	(48.5)	(33.7)	(52.9)	23
Total	14.4	8.0	22.6	17.9	29.0	6,932

Note: Husband refers to the current husband for currently married women and the most recent husband for divorced, separated or widowed women. Total includes 21 women with information missing on husband's education, 23 women with information missing on husband's alcohol consumption, 11 women with information missing on spousal age difference, and 21 women with information missing on spousal education difference. Numbers in parentheses are based on 25-49 unweighted numbers.

[1] Currently married women

16.5.2 Frequency of Spousal Violence

Frequency of spousal violence is an indication of the extent to which domestic violence is a current or recurring problem for Filipina women. Table 16.12 shows the percent distribution of currently married, divorced, or separated women who reported having ever experienced physical, sexual, or other forms of violence by their current or last husband by the frequency of violence in the 12 months preceding the survey, according to selected background characteristics.

Table 16.12 Frequency of spousal violence among those who reported violence

Percent distribution of ever-married women age 15-49 (excluding widows) who have ever experienced other forms of violence committed by their current or most recent husband in the 12 months preceding the survey, by frequency of violence; and the percent distribution of ever-married women age 15-49 (excluding widows) who have ever experienced physical or sexual violence committed by their current or most recent husband in the 12 months preceding the survey, by frequency of violence, according to background characteristics, Philippines 2008

	Frequency of other forms of violence in the past 12 months					Frequency of physical or sexual violence in the past 12 months				
Background characteristic	Often	Sometimes	Not at all	Total	Number of women	Often	Sometimes	Not at all	Total	Number of women
Current age										
15-19	27.5	68.3	4.3	100.0	47	(10.4)	(69.8)	(19.8)	100.0	43
20-24	28.8	60.1	11.1	100.0	165	9.4	61.0	29.7	100.0	139
25-29	20.2	63.1	16.7	100.0	256	8.8	55.8	35.4	100.0	236
30-39	26.2	52.0	21.8	100.0	507	8.5	53.6	37.9	100.0	442
40-49	22.6	45.5	31.9	100.0	335	5.4	37.3	57.3	100.0	303
Employed past 12 months										
Not employed	30.4	49.7	19.9	100.0	460	9.0	51.4	39.6	100.0	444
Employed for cash	21.9	55.9	22.2	100.0	783	7.3	50.8	42.0	100.0	655
Employed not for cash	14.9	63.1	22.0	100.0	67	7.3	55.8	36.9	100.0	64
Number of living children										
0	31.9	55.6	12.6	100.0	88	10.0	66.6	23.4	100.0	52
1-2	23.2	58.7	18.1	100.0	547	8.3	55.5	36.2	100.0	458
3-4	23.9	51.3	24.9	100.0	420	8.0	46.8	45.2	100.0	402
5+	25.8	48.4	25.8	100.0	255	6.5	47.8	45.7	100.0	252
Marital status and duration										
Currently married woman	23.8	56.8	19.4	100.0	1,209	7.6	54.5	37.9	100.0	1,057
Married only once	22.7	58.1	19.2	100.0	1,053	7.0	55.3	37.8	100.0	938
0-4 years	23.0	69.1	7.8	100.0	231	7.2	65.9	26.9	100.0	167
5-9 years	20.9	62.7	16.4	100.0	238	8.0	58.9	33.0	100.0	231
10+ years	23.3	51.9	24.8	100.0	584	6.4	50.4	43.1	100.0	540
Married more than once	31.0	48.1	20.9	100.0	156	12.7	48.5	38.7	100.0	119
Divorced/separated	33.4	21.6	45.0	100.0	101	10.8	19.2	69.9	100.0	106
Residence										
Urban	27.2	52.4	20.4	100.0	661	8.3	50.7	41.0	100.0	605
Rural	21.8	55.8	22.4	100.0	649	7.5	52.0	40.5	100.0	558
Region										
National Capital Region	33.3	51.7	15.0	100.0	188	12.4	60.5	27.2	100.0	169
Cordillera Admin Region	(18.1)	(57.4)	(24.4)	100.0	15	(9.7)	(61.6)	(28.7)	100.0	16
I - Ilocos	20.5	43.6	35.9	100.0	56	4.4	39.3	56.3	100.0	64
II - Cagayan Valley	8.2	37.9	53.9	100.0	41	0.0	45.9	54.1	100.0	38
III - Central Luzon	30.5	57.5	12.0	100.0	95	4.7	44.0	51.3	100.0	99
IVA - CALABARZON	27.5	47.8	24.8	100.0	93	9.6	46.8	43.6	100.0	93
IVB - MIMAROPA	25.8	61.5	12.7	100.0	48	10.7	55.3	34.0	100.0	51
V - Bicol	16.8	65.1	18.1	100.0	53	4.0	50.6	45.4	100.0	65
VI - Western Visayas	19.6	53.3	27.1	100.0	91	6.4	48.7	45.0	100.0	89
VII - Central Visayas	21.1	45.9	33.1	100.0	164	5.1	48.5	46.4	100.0	123
VIII - Eastern Visayas	18.9	53.2	27.9	100.0	72	12.0	42.8	45.2	100.0	60
IX - Zamboanga Peninsula	25.1	60.2	14.7	100.0	65	8.5	60.6	30.9	100.0	41
X - Northern Mindanao	19.4	68.7	11.9	100.0	84	11.9	58.2	30.0	100.0	48
XI - Davao	21.8	58.8	19.5	100.0	89	7.1	54.1	38.8	100.0	73
XII - SOCCSKSARGEN	29.5	49.9	20.6	100.0	74	7.8	47.3	44.9	100.0	60
XIII - Caraga	27.8	63.1	9.2	100.0	59	12.9	56.2	31.0	100.0	41
ARMM	(37.8)	(62.2)	(0.0)	100.0	23	(5.2)	(64.4)	(30.3)	100.0	34
Education										
No education	*	*	*	100.0	16	(15.1)	(51.1)	(33.8)	100.0	19
Elementary	21.6	57.4	21.0	100.0	351	9.0	49.1	42.0	100.0	326
High school	25.1	54.5	20.3	100.0	662	7.5	53.4	39.1	100.0	599
College	25.9	49.3	24.8	100.0	281	6.8	49.0	44.2	100.0	219
Wealth quintile										
Lowest	22.9	57.1	20.0	100.0	324	9.0	50.2	40.7	100.0	297
Second	20.9	59.3	19.9	100.0	312	5.3	56.4	38.3	100.0	290
Middle	22.8	54.9	22.3	100.0	284	6.7	51.2	42.1	100.0	259
Fourth	29.7	49.1	21.2	100.0	231	6.6	51.6	41.8	100.0	189
Highest	30.4	43.6	26.0	100.0	158	15.6	42.0	42.4	100.0	128
Total	24.5	54.1	21.4	100.0	1,310	7.9	51.3	40.8	100.0	1,163

Note: Husband refers to the current husband for currently married women and the most recent husband for divorced, separated or widowed women. Numbers in parentheses are based on 25-49 unweighted cases; an asterisk indicates that a figure is based on less than 25 unweighted cases and has been suppressed.

Table 16.12 shows that 59 percent of those who have ever experienced physical or sexual violence by their husbands experienced such violence in the 12 months preceding the survey; 8 percent experience physical or sexual violence often. Similarly, 79 percent of women who have experienced other forms of violence by their husbands experienced such violence in the 12 months preceding the survey and 25 percent experience such violence often.

Among women who have ever experienced spousal physical or sexual violence or other forms of spousal violence, the likelihood of experiencing such violence in the past 12 months decreases with increasing age and with increasing number of children. Differences by employment status are small. As expected, frequency of violence in the 12 months preceding the survey among women who report ever experiencing the violence is higher for currently married women than for women who are separated or divorced. Among women married only once who have experienced spousal abuse, the likelihood of violence in the 12 months before the survey decreases as the number of years of marriage increases.

Differentials by urban-rural residence are small. By region, women in Cagayan Valley and Ilocos who have ever experienced spousal violence are least likely to have experienced different forms of violence in the past 12 months. Women who have ever experienced spousal violence and have been to college are less likely than other women to have experienced spousal violence in the past 12 months. There is no uniform relationship between the likelihood of experiencing violence in the past 12 months and wealth quintile among those who have ever experienced violence.

16.5.3 Consequences of Spousal Violence

In the 2008 NDHS, women who ever experienced spousal physical or sexual violence were asked about the consequences of the violence. Specifically, they were asked if, as a consequence of what their husbands did to them, they ever had any of three different sets of physical injuries: 1) cuts, bruises or aches; 2) eye injuries, sprains, or dislocations, or burns; and 3) deep wounds, broken bones, broken teeth or any other serious injury. They were further asked about three other types of consequences of the violence: 1) loss of job; 2) depression, anxiety, anger, sleeplessness, irritability, confusion, or feelings of isolation; and 3) attempted suicide. Table 16.13 shows the percentage of ever-married women who report any spousal physical or sexual violence by the different types of physical and psychological consequences according to the type of violence ever experienced.

Almost two-thirds (63 percent) of ever-married women who have experienced physical or sexual violence by their current or most recent husband report one or more physical or psychological consequences of the violence. Women were most likely to report having experienced psychological consequences like depression, anxiety, and anger; almost six in ten women report such symptoms related to the violence they experienced. Physical injuries like cuts, bruises or aches are also widely reported as consequences of spousal violence (reported by about one-thrid of women). More than 10 percent of women who experienced spousal violence say that they suffered eye injuries, sprains, dislocations or burns as a result of the violence. About the same proportion report that they attempted to commit suicide. Loss of a job or income is a less common consequence of spousal violence. Women are least likely to report having suffered the most severe injuries; nevertheless, more than one in twenty women who have ever experienced physical or sexual violence by their husband reported suffering deep wounds, broken bones, broken teeth, or other serious injuries.

Table 16.13 Consequences of spousal violence

Percentage of ever-married women age 15-49 who have experienced specific types of spousal violence by types of consequences resulting from what their husband did to them, according to the type of violence and whether they have experienced the violence ever and in the 12 months preceding the survey, Philippines 2008

Type of violence	Cuts, bruises, or aches	Eye injuries, sprains, dislocations, or burns	Deep wounds, broken bones, broken teeth, or any other serious injury	Lost your job/source of income	Had depression, anxiety, anger, sleeplessness, irritable, confused, feeling of isolation	Attempted to commit suicide	Any of the specified consequences	Number of ever-married women
Physical violence[1]								
Ever[2]	35.4	13.5	5.7	8.4	58.0	12.8	67.7	995
In the past 12 months[3]	40.4	15.1	7.2	10.4	60.6	16.0	70.4	507
Sexual violence[4]								
Ever[2]	30.3	13.6	6.0	9.9	60.3	13.8	65.3	487
In the past 12 months[3]	29.7	13.4	5.8	10.8	60.5	13.6	65.6	335
Physical or sexual violence [4]								
Ever[2]	29.9	11.2	4.7	7.5	54.8	11.0	63.4	1,199
In the past 12 months[3]	31.6	12.4	5.3	8.7	56.3	13.1	64.5	695

Note: Husband refers to the current husband for currently married women and the most recent husband for divorced, separated or widowed women.
[1] Excludes women who experienced physical violence only during pregnancy
[2] Includes violence in the past 12 months
[3] Excludes widows
[4] Excludes women whose sexual initiation was forced but who have not experienced any other forms of physical or sexual violence

16.6 VIOLENCE INITIATED BY WOMEN AGAINST HUSBANDS

Violence by husbands against wives is not the only form of spousal violence; women can also be perpetratators of violence. To measure spousal violence initiated by women in the 2008 NDHS, women were asked, "Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband at times when he was not already beating or physically hurting you?" Respondents who said yes to this question were asked about the frequency of such violence in the 12 months preceding the survey. This line of questioning may result in underreporting if women find it difficult to admit that they themselves initiated violence.

Table 16.14 shows the percentage of ever-married women who have ever initiated violence against their current or most recent husband, and the percentage of all ever-married women (excluding widows) who say that they have initiated spousal violence in the 12 months preceding the survey. Overall, 16 percent of ever-married women report that they have ever initiated physical violence against their current or most recent husband, while 9 percent say they have committed such violence in the 12 months preceding the survey. Women's initiation of violence against their spouse is much more common among women who have also experienced spousal physical violence than among women who have not experienced physical violence (40 percent, compared with 12 percent).

Differentials in women initiating physical violence against their current or most recent husbands are generally small. Younger women, those with five or more children, those in the lower wealth quintiles, those in Central Visayas, and those whose husbands get drunk often, are more likely to report initiating physical violence against their husbands than other women.

Table 16.14 Violence by women against their spouse

Percentage of ever-married women age 15-49 who have committed physical violence against their husband when he was not already beating or physically hurting them (ever) and in the past 12 months, by women's own experience of spousal violence and their own and their husband's characteristics, Philippines 2008

Characteristic	Percentage of ever-married women who have committed physical violence against their current or most recent husband			
	Ever committed violence against husband	Number of women	Committed violence against husband in the past 12 months[1]	Number of women[1]
Woman's experience of spousal physical violence				
Ever	39.6	995	20.9	973
In the past 12 months	42.4	507	33.4	500
Not past 12 months/widow/ missing	36.7	488	7.7	473
Never	11.7	5,937	6.8	5,811
Current age				
15-19	19.4	204	17.0	204
20-24	18.6	773	13.0	771
25-29	18.2	1,322	10.9	1,320
30-39	14.6	2,737	7.8	2,689
40-49	14.0	1,896	5.9	1,800
Employed past 12 months				
Not employed	15.2	2,801	8.7	2,771
Employed for cash	16.0	3,822	8.8	3,712
Employed not for cash	16.9	307	9.4	300
Number of living children				
0	12.2	548	8.4	540
1-2	15.6	2,995	9.2	2,948
3-4	15.3	2,191	7.8	2,140
5+	18.5	1,198	9.7	1,155
Residence				
Urban	15.1	3,692	8.8	3,607
Rural	16.4	3,240	8.8	3,176
Region				
National Capital Region	14.4	1,161	9.6	1,142
Cordillera Admin Region	5.7	113	5.2	109
I - Ilocos	18.7	340	8.9	334
II - Cagayan Valley	14.4	213	7.4	209
III - Central Luzon	9.7	748	4.2	729
IVA - CALABARZON	8.4	892	4.3	868
IVB - MIMAROPA	17.6	192	10.3	189
V - Bicol	17.6	385	8.6	375
VI - Western Visayas	15.4	510	8.6	497
VII - Central Visayas	30.2	495	17.7	492
VIII - Eastern Visayas	17.5	270	9.6	265
IX - Zamboanga Peninsula	19.4	274	12.8	269
X - Northern Mindanao	14.0	297	7.5	291
XI - Davao	19.5	337	10.5	328
XII - SOCCSKSARGEN	24.9	252	10.4	248
XIII - Caraga	24.2	169	15.5	165
ARMM	11.5	283	6.7	274
Wealth quintile				
Lowest	18.1	1,392	10.7	1,363
Second	19.7	1,400	11.1	1,373
Middle	17.0	1,425	9.6	1,387
Fourth	13.7	1,441	7.4	1,416
Highest	9.5	1,273	4.8	1,244

Continued....

Table 16.14—*Continued*

Characteristic	Percentage of ever-married women who have committed physical violence against their current or most recent husband			
	Ever committed violence against husband	Number of women	Committed violence against husband in the past 12 months[1]	Number of women[1]
Marital status and duration				
Currently married woman	15.5	6,522	8.9	6,522
Married only once	15.2	5,871	8.5	5,871
0-4 years	15.0	1,282	11.2	1,282
5-9 years	15.9	1,428	8.9	1,428
10+ years	14.9	3,162	7.2	3,162
Married more than once	18.3	651	12.8	651
Divorced/separated/widowed	19.5	410	5.6	262
Education				
No education	14.4	104	8.5	101
Elementary	17.1	1,617	8.1	1,568
High school	17.7	3,166	10.8	3,107
College	11.5	2,044	6.3	2,007
Husband's education				
No education	11.5	110	8.0	105
Elementary	17.9	1,931	9.5	1,890
High school	17.2	2,773	10.6	2,711
College	11.6	2,096	5.6	2,057
Husband's alcohol consumption				
Does not drink	10.6	1,504	6.0	1,462
Drinks/never gets drunk	13.5	693	6.5	682
Gets drunk sometimes	16.1	4,166	8.9	4,102
Gets drunk very often	29.5	546	18.6	517
Spousal age difference[2]				
Wife older	14.7	1,278	9.1	1,278
Wife is same age	16.8	620	8.7	620
Wife's 1-4 years younger	15.4	2,439	8.4	2,439
Wife's 5-9 years younger	16.8	1,428	9.9	1,428
Wife's 10+ years younger	13.4	744	8.4	744
Spousal education difference				
Husband better educated	17.1	1,918	8.8	1,862
Wife better educated	14.4	3,439	8.1	3,385
Both equally educated	16.8	1,510	10.2	1,475
Neither educated	13.6	43	10.5	41
Total	15.7	6,932	8.8	6,783

Note: Husband refers to the current husband for currently married women and the most recent husband for divorced, separated, or widowed women. Total includes 21 women with information missing on husband's education, 20 women with information missing on husband's alcohol consumption, 11 women with information missing on spousal age difference, and 21 women with information missing on spousal education difference.
[1] Excludes widows
[2] Currently married women

16.7 Response to Violence

All respondents who ever experienced physical or sexual violence by any person were asked a series of questions about whether and from whom they sought help to try to end the violence. Table 16.15 shows that among women who have experienced physical or sexual violence, 21 percent fought back physically, 27 percent fought back verbally, and 18 percent sought help to try to stop the violence. Women who have experienced both physical and sexual violence are more likely to fight back and to seek help than those who experienced only one or the other.

Table 16.15 Responses to violence

Among women age 15-49 who have ever experienced physical or sexual violence, percentage who fought back physically, fought back verbally or sought help from any source to stop the violence, by type of violence and background characteristics, Philippines 2008

Background characteristic	Fought back physically	Fought back verbally	Sought help from a source to stop violence	Number of women
Type of violence				
Physical	18.8	24.6	13.8	1,390
Sexual	15.5	22.1	13.6	329
Both physical and sexual	32.0	37.2	30.9	481
Current age				
15-19	13.9	22.2	15.6	242
20-24	22.2	27.1	18.2	318
25-29	24.1	29.0	15.7	407
30-39	21.4	26.8	18.6	736
40-49	21.2	27.7	17.8	496
Employed past 12 months				
Not employed	20.2	23.7	16.6	857
Employed for cash	22.1	29.3	18.2	1,232
Employed not for cash	17.6	27.5	16.3	104
Number of living children				
0	14.6	24.3	17.7	412
1-2	23.4	26.4	17.4	783
3-4	20.1	27.8	16.7	633
5+	25.4	29.5	18.8	371
Marital status and duration				
Never married	12.1	22.1	17.1	325
Currently married woman	22.5	27.5	16.4	1,707
Married only once	21.7	26.9	15.5	1,470
0-4 years	26.9	27.8	15.5	300
5-9 years	21.3	25.6	15.1	364
10+ years	20.0	27.2	15.8	805
Married more than once	26.9	30.7	22.1	237
Divorced/separated/widowed	25.6	31.1	28.9	167
Residence				
Urban	22.8	27.0	18.4	1,125
Rural	19.5	26.9	16.5	1,075
Region				
National Capital Region	28.1	32.6	13.5	310
Cordillera Admin Region	29.4	27.2	21.4	29
I - Ilocos	28.9	23.7	11.2	87
II - Cagayan Valley	19.3	20.0	16.6	55
III - Central Luzon	24.2	37.6	11.5	186
IVA - CALABARZON	13.6	12.9	22.0	169
IVB - MIMAROPA	17.4	35.7	20.0	75
V - Bicol	24.9	34.0	20.6	114
VI - Western Visayas	15.6	22.2	26.3	169
VII - Central Visayas	19.4	21.5	20.8	219
VIII - Eastern Visayas	22.6	32.4	22.7	102
IX - Zamboanga Peninsula	30.3	25.0	14.0	96
X - Northern Mindanao	13.0	27.6	19.1	134
XI - Davao	20.4	22.3	17.2	140
XII - SOCCSKSARGEN	17.6	32.8	17.3	136
XIII - Caraga	25.7	37.2	20.5	76
ARMM	14.2	11.4	4.9	101
Education				
No education	7.7	9.6	12.5	37
Elementary	22.0	26.4	15.5	566
High school	22.0	27.5	18.2	1,097
College	19.3	27.6	18.7	499
Wealth quintile				
Lowest	21.6	27.9	16.9	551
Second	21.0	26.3	15.6	531
Middle	20.8	27.4	19.2	434
Fourth	21.3	22.7	17.3	391
Highest	21.1	31.4	19.9	292
Total	21.2	26.9	17.5	2,199

Note: Excludes women whose sexual initiation was forced but who have not experienced any other form of physical or sexual violence. Total includes 7 women with information missing on employment status.

Differences by background characteristics in reactions to violence are not large. Women who are divorced, separated, or widowed and have ever experienced physical or sexual violence, are more likely than currently married women to seek help. Currently married women who have been married more than once are more likely than currently married women in their first marriage to seek help. Women in ARMM region who have ever experienced violence are least likely to seek help (5 percent). Women with no education are somewhat less likely than other women to either fight back or seek help when they experience violence. Help-seeking varies little by wealth.

Table 16.16 shows the sources of help among women who have ever experienced violence and have sought help, by type of violence. Among all those who sought help, women are most likely to have sought help from their own family (45 percent). Friends and neighbours are also an important source of help, sought out by 29 percent of women. Fifteen percent of women sought help from their in-laws.

Table 16.16 Sources from which help was sought

Among women age 15-49 who have ever experienced physical or sexual violence and sought help to stop the violence, percentage who sought help from specific sources, by type of violence experienced, Philippines 2008

	Type of violence			
Source of help	Physical	Sexual	Both physical and sexual	Total
Own family	45.0	54.0	42.5	45.1
In-laws	15.8	8.2	14.9	14.5
Husband/partner boyfriend	1.0	0.0	0.9	0.8
Friend/neighbor	26.4	23.9	32.6	28.5
Religious leader	0.0	0.0	0.7	0.3
Doctor/medical personnel	2.0	0.0	3.4	2.3
Police	7.4	8.1	12.3	9.3
Lawyer	1.5	3.9	0.8	1.5
Social service organization	4.8	0.0	9.2	6.0
Other	2.6	9.3	6.2	4.7
Number of women	191	45	149	385

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SAMPLE IMPLEMENTATION

Appendix A

Table A.1 Sample implementation

Percent distribution of households and eligible women by results of the household and individual interviews, and household, eligible women, and overall response rates, according to urban-rural residence and region, Philippines 2008

	Residence		Region																	
Result	Urban	Rural	National Capital Region	Cordillera Admin Region	I - Ilocos Region	II - Cagayan Valley	III - Central Luzon	IVA – CALA-BARZON	IVB – MIMA-ROPA	V - Bicol Region	VI - Western Visayas	VII - Central Visayas	VIII - Eastern Visayas	IX - Zamboanga Peninsula	X - Northern Mindanao	XI - Davao Peninsula	XII – SOCCS-KSARGEN	XIII - Caraga	ARMM	Total
Selected households																				
Completed (C)	89.3	91.6	89.3	90.8	90.1	89.5	88.9	89.9	92.0	93.2	91.4	90.9	88.2	93.9	91.3	92.0	91.5	94.5	85.6	90.6
Household present but no competent respondent at home (HP)	0.2	0.1	0.3	0.3	0.1	0.0	0.0	0.2	0.0	0.1	0.0	0.6	0.0	0.0	0.1	0.3	0.2	0.0	0.7	0.2
Postponed (P)	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Refused (R)	0.4	0.0	1.3	0.2	0.1	0.2	0.0	0.1	0.0	0.0	0.2	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.2
Dwelling not found (DNF)	0.3	0.2	0.0	0.0	0.0	0.3	0.1	0.6	0.0	0.1	1.3	0.0	0.0	0.0	0.3	0.1	0.8	0.2	0.3	0.3
Household absent (HA)	1.1	1.6	0.9	1.7	2.2	2.2	0.7	0.3	1.0	2.3	0.7	0.9	2.8	0.8	0.6	1.1	0.8	1.0	6.6	1.4
Dwelling vacant/address not a dwelling (DV)	7.0	4.9	6.8	6.5	6.3	6.9	8.5	8.1	5.0	3.3	4.4	6.2	7.6	4.6	6.0	4.7	4.5	2.9	1.7	5.8
Dwelling destroyed (DD)	1.4	1.2	1.4	0.5	1.1	0.9	1.7	0.9	2.0	1.0	1.7	1.5	1.4	0.3	1.0	1.8	1.5	1.4	1.5	1.3
Other (O)	0.2	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.2	0.6	0.0	0.8	0.0	3.6	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of sampled households	6,207	7,557	1,490	586	759	637	1,147	1,283	614	791	989	894	713	625	670	721	662	577	606	13,764
Household response rate (HRR)[1]	99.0	99.6	98.3	99.4	99.7	99.5	99.8	99.1	100.0	99.7	98.4	99.4	100.0	99.8	99.5	99.5	99.0	99.8	98.9	99.3

Continued...

Table A.1—*Continued*

Result	Residence		Region																	
	Urban	Rural	National Capital Region	Cordillera Admin Region	I - Ilocos Region	II - Cagayan Valley	III - Central Luzon	IVA – CALA-BARZON	IVB – MIMA-ROPA	V - Bicol Region	VI - Western Visayas	VII - Central Visayas	VIII - Eastern Visayas	IX - Zamboanga Peninsula	X - Northern Mindanao	XI - Davao Peninsula	XII – SOCCS-KSARGEN	XIII - Caraga	ARMM	Total
Eligible women																				
Completed (EWC)	98.5	98.3	98.2	99.1	98.8	98.1	98.8	99.2	99.1	96.7	97.8	98.0	99.3	98.5	99.0	98.1	97.0	99.1	98.4	98.4
Not at home (EWNH)	0.6	0.4	0.6	0.4	0.0	0.2	0.0	0.0	0.0	1.4	0.9	1.1	0.2	0.2	0.3	1.1	1.5	0.3	0.7	0.5
Refused (EWR)	0.1	0.0	0.3	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Partly completed (EWPC)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Incapacitated (EWI)	0.6	1.0	0.5	0.6	0.9	1.1	0.9	0.6	0.7	1.5	1.3	0.5	0.5	1.1	0.7	0.8	1.0	0.5	0.4	0.8
Other (EWO)	0.2	0.2	0.3	0.0	0.3	0.6	0.3	0.1	0.2	0.3	0.0	0.1	0.0	0.3	0.0	0.0	0.5	0.0	0.4	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	6,867	6,947	1,861	541	665	533	1,171	1,336	542	794	905	928	613	647	688	729	602	578	681	13,814
Eligible women response rate (EWRR)[2]	98.5	98.3	98.2	99.1	98.8	98.1	98.8	99.2	99.1	96.7	97.8	98.0	99.3	98.5	99.0	98.1	97.0	99.1	98.4	98.4
Overall response rate (ORR)[3]	97.5	97.9	96.6	98.5	98.5	97.6	98.6	98.2	99.1	96.5	96.2	97.4	99.3	98.3	98.5	97.6	96.1	99.0	97.3	97.7

[1] Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + P + R + DNF}$$

[2] Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

$$\frac{100 * EWC}{EWC + EWNH + EWP + EWR + EWPC + EWI + EWO}$$

[3] The overall response rate (ORR) is calculated as:

$$ORR = HRR * EWRR/100$$

ESTIMATES OF SAMPLING ERRORS

Appendix ***B***

The estimates from a sample survey are affected by two types of errors: nonsampling errors and sampling errors. Nonsampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the 2008 Philippines National Demographic and Health Survey (NDHS) to minimize this type of error, nonsampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the 2008 NDHS is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

A sampling error is usually measured in terms of the *standard error* for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical size and design.

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the 2008 NDHS sample is the result of a multi-stage stratified design, and, consequently, it was necessary to use more complex formulae. The computer software used to calculate sampling errors for the 2008 NDHS is a Macro SAS procedure. This procedure used the Taylor linearization method of variance estimation for survey estimates that are means or proportions. The Jackknife repeated-replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

The Taylor linearization method treats any percentage or average as a ratio estimate, $r = y/x$, where y represents the total sample value for variable y, and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below, with the standard error being the square root of the variance:

$$SE^2(r) = var(r) = \frac{1}{x^2}\sum_{h=1}^{H}\left[\frac{m_h(1-f_h)}{m_h-1}\left(\sum_{i=1}^{m_h} z_{hi}^2 - \frac{z_h^2}{m_h}\right)\right]$$

in which

$$z_{hi} = y_{hi} - rx_{hi}\text{, and } z_h = y_h - rx_h$$

where h represents the stratum which varies from 1 to H,
m_h is the total number of clusters selected in the hth stratum,
y_{hi} is the sum of the weighted values of variable y in the ith cluster in the hth stratum,
x_{hi} is the sum of the weighted number of cases in the ith cluster in the hth stratum, and
f_h is the sampling fraction in stratum h, which is so small that it is ignored.

The Jackknife repeated-replication method derives estimates of complex rates from each of several replications of the parent sample, and calculates standard errors for these estimates using simple formulae. Each replication considers *all but one* cluster in the calculation of the estimates. Pseudo-independent replications are thus created. In the 2008 NDHS, there were 792 non-empty clusters. Hence, 792 replications were created. The variance of a rate r is calculated as follows:

$$SE^2(r) = var(r) = \frac{1}{k(k-1)} \sum_{i=1}^{k} (r_i - r)^2$$

in which

$$r_i = kr - (k-1)r_{(i)}$$

where r is the estimate computed from the full sample of 792 clusters,
$r_{(i)}$ is the estimate computed from the reduced sample of 791 clusters (i^{th} cluster excluded), and
k is the total number of clusters.

In addition to the standard error, the procedure computes the design effect (DEFT) for each estimate, which is defined as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in the sampling error because of the use of a more complex and less statistically efficient design. The procedure also computes the relative error and confidence limits for the estimates.

Sampling errors for the 2008 NDHS are calculated for selected variables considered to be of primary interest. The results are presented in this appendix for the country as a whole, for urban and rural areas, and for each of the 17 geographical regions. For each variable, the type of statistic (mean, proportion, or rate) and the base population are given in Table B.1. Tables B.2 to B.21 present the value of the statistic (R), its standard error (SE), the number of unweighted (N-UNWE) and weighted (N-WEIG) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits (R±2SE), for each variable. The DEFT is considered undefined when the standard error considering simple random sample is zero (when the estimate is close to 0 or 1). In the case of the total fertility rate, the number of unweighted cases is not relevant, as there is no known unweighted value for woman-years of exposure to childbearing.

The confidence interval (e.g., as calculated for *children ever born to women 40-49*) can be interpreted as follows: the overall average from the national sample is 3.964 and its standard error is 0.060. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate, i.e., 3.964±2×0.060. There is a high probability (95 percent) that the *true* average number of children ever born to all women is between 3.845 and 4.083.

For the total sample, the value of the DEFT, averaged over all variables, is 1.219. This means that, because of multi-stage clustering of the sample, the average standard error is increased by a factor of 1.219 over that in an equivalent simple random sample.

Table B.1 List of selected variables for sampling errors, Philippines DHS 2008

Variable	Estimate	Base population
No education	Proportion	All women 15-49
At least some secondary education	Proportion	All women 15-49
Children ever born to women 40-49	Proportion	All women 40-49
Currently using any method	Proportion	Currently married women 15-49
Currently using any modern method	Proportion	Currently married women 15-49
Currently using female sterilization	Proportion	Currently married women 15-49
Currently using pill	Proportion	Currently married women 15-49
Currently using IUD	Proportion	Currently married women 15-49
Currently using injectables	Proportion	Currently married women 15-49
Currently using male condoms	Proportion	Currently married women 15-49
Currently using periodic abstinence	Proportion	Currently married women 15-49
Currently using withdrawal	Proportion	Currently married women 15-49
Using public sector source for family planning	Proportion	All women 15-49 using a modern method
Want no more children or sterilized	Proportion	Currently married women 15-49
Unmet need for family planning	Proportion	Currently married women 15-49
Ideal number of children	Mean	All women 15-49
Prenatal care from doctor, nurse, or midwife for last birth	Proportion	Women 15-49 with birth in past 5 years
Last birth protected against tetanus	Proportion	Women 15-49 with birth in past 5 years
Delivery assistance from doctor, nurse, midwife	Proportion	Births in past 5 years
Delivery in health facility	Proportion	Births in past 5 years
Postnatal care for mothers	Proportion	Women 15-49 with birth in past 5 years
Child received DPT 3	Proportion	Children 12-23 months
Child fully immunized	Proportion	Children 12-23 months
Child had diarrhea in past 2 weeks	Proportion	Children under 5
Sought treatment for diarrhea from health facility/provider	Proportion	Children under 5 with diarrhea in past 2 weeks
Child treated with oral rehydration salt (ORS)	Proportion	Children under 5 with diarrhea in past 2 weeks
Child had acute respiratory illness (ARI) in past 2 weeks	Proportion	Children under 5
Sought treatment for ARI from health facility/provider	Proportion	Children under 5 with ARI in past 2 weeks
Vitamin A supplementation in past 6 months	Proportion	Children 6-59 months
Comprehensive knowledge about HIV	Proportion	All women 15-49
Sex with a non-marital/cohabiting partner in past 12 months	Proportion	Women 15-49 who had sex in past 12 months
Ever experienced physical or sexual violence by husband	Proportion	Ever-married women 15-49
Total fertility rate (past 3 years)	Rate	All women 15-49
Neonatal mortality rate (past 5 or 10 years)[1]	Rate	Births in past 5 or 10 years
Post-neonatal mortality rate (past 5 or 10 years)[1]	Rate	Births in past 5 or 10 years
Infant mortality rate (past 5 or 10 years)[1]	Rate	Births in past 5 or 10 years
Child mortality rate (past 5 or 10 years)[1]	Rate	Births in past 5 or 10 years
Under-five mortality rate (past 5 or 10 years)[1]	Rate	Births in past 5 or 10 years

[1] 5 years at the national level; 10 years for residence and province

Table B.2 Sampling errors for National sample, Philippines DHS 2008

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
No education	0.012	0.001	13594	13594	1.350	0.104	0.010	0.015
At least some secondary education	0.793	0.006	13594	13594	1.772	0.008	0.780	0.805
Children ever born to women age 40-49	3.964	0.060	2974	2950	1.227	0.015	3.845	4.083
Currently using any method	0.507	0.006	8564	8418	1.186	0.013	0.494	0.520
Currently using a modern method	0.340	0.006	8564	8418	1.255	0.019	0.328	0.353
Currently using pill	0.157	0.005	8564	8418	1.224	0.031	0.147	0.167
Currently using IUD	0.037	0.002	8564	8418	1.205	0.067	0.032	0.042
Currently using male condoms	0.023	0.002	8564	8418	1.047	0.074	0.020	0.026
Currently using injectables	0.026	0.002	8564	8418	1.113	0.074	0.022	0.030
Currently using female sterilization	0.092	0.004	8564	8418	1.175	0.040	0.085	0.099
Currently using withdrawal	0.098	0.004	8564	8418	1.219	0.040	0.091	0.106
Currently using rhythm	0.064	0.003	8564	8418	1.115	0.046	0.058	0.070
Obtained method from public sector source	0.462	0.010	3007	2928	1.095	0.022	0.442	0.482
Want no more children or sterilized	0.627	0.006	8564	8418	1.148	0.010	0.615	0.639
Ideal number of children	2.843	0.017	13454	13462	1.399	0.006	2.809	2.877
Unmet need for family planning	0.223	0.005	8564	8418	1.091	0.022	0.214	0.233
Prenatal care from doctor, nurse or midwife for last birth	0.911	0.006	4712	4590	1.389	0.006	0.899	0.923
Delivery in health facility	0.442	0.011	6572	6359	1.507	0.025	0.420	0.464
Last birth protected against tetanus	0.756	0.008	4712	4590	1.251	0.010	0.740	0.771
Delivery assistance from doctor, nurse, midwife	0.622	0.012	6572	6359	1.586	0.019	0.599	0.646
Postnatal care from doctor,nurse or midwife for last birth	0.599	0.011	4712	4590	1.500	0.018	0.577	0.620
Child had diarrhea in the past 2 weeks	0.090	0.004	6382	6185	1.086	0.047	0.082	0.099
Sought treatment for diarrhea	0.342	0.025	571	560	1.155	0.072	0.293	0.391
Child treated with oral rehydration salts (ORS)	0.465	0.024	571	560	1.054	0.051	0.417	0.513
Child had acute respiratory illness (ARI) in past 2 weeks	0.052	0.003	6382	6185	1.028	0.060	0.046	0.059
Sought treatment for ARI from health facility/provider	0.498	0.032	348	324	1.121	0.065	0.434	0.563
Vitamin A supplementation in past 6 months	0.759	0.008	5781	5609	1.193	0.011	0.743	0.775
Received DPT vaccination (3 doses)	0.856	0.011	1320	1286	1.088	0.012	0.834	0.877
Fully immunized	0.795	0.013	1320	1286	1.117	0.016	0.770	0.820
Sex with a non-marital/cohabiting partner in past 12 months	0.032	0.003	8562	8415	1.481	0.088	0.026	0.038
Comprehensive knowledge about HIV	0.219	0.006	13594	13594	1.571	0.025	0.208	0.230
Ever experienced physical or sexual violence by husband	0.179	0.005	7157	6932	1.172	0.030	0.169	0.190
Total fertility rate (past 3 years)	3.262	0.065	na	38066	1.217	0.020	3.132	3.393
Neonatal mortality (past 0-4 years)	15.835	1.738	6632	6419	1.040	0.110	12.358	19.311
Post-neonatal mortality (past 0-4 years)	9.066	1.331	6641	6431	1.059	0.147	6.404	11.728
Infant mortality (past 0-4 years)	24.900	2.117	6639	6424	1.034	0.085	20.667	29.134
Child mortality (past 0-4 years)	8.843	1.214	6652	6429	1.039	0.137	6.415	11.272
Under-five mortality (past 0-4 years)	33.524	2.465	6666	6447	1.032	0.074	28.593	38.454

na = Not applicable

Table B.3 Sampling errors for Urban sample, Philippines DHS 2008

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
No education	0.003	0.001	6762	7574	1.272	0.300	0.001	0.004
At least some secondary education	0.873	0.006	6762	7574	1.449	0.007	0.861	0.885
Children ever born to women age 40-49	3.338	0.077	1412	1578	1.239	0.023	3.185	3.491
Currently using any method	0.534	0.010	3838	4297	1.194	0.018	0.514	0.553
Currently using a modern method	0.353	0.010	3838	4297	1.244	0.027	0.334	0.372
Currently using pill	0.153	0.007	3838	4297	1.226	0.047	0.138	0.167
Currently using IUD	0.031	0.003	3838	4297	1.076	0.097	0.025	0.037
Currently using male condoms	0.030	0.003	3838	4297	1.025	0.094	0.024	0.036
Currently using injectables	0.026	0.003	3838	4297	1.080	0.107	0.020	0.031
Currently using female sterilization	0.105	0.005	3838	4297	1.104	0.052	0.094	0.116
Currently using withdrawal	0.112	0.006	3838	4297	1.198	0.054	0.100	0.124
Currently using rhythm	0.065	0.005	3838	4297	1.164	0.071	0.056	0.074
Obtained method from public sector source	0.414	0.014	1448	1555	1.091	0.034	0.386	0.443
Want no more children or sterilized	0.624	0.009	3838	4297	1.153	0.014	0.606	0.642
Ideal number of children	2.670	0.020	6701	7506	1.353	0.008	2.629	2.711
Unmet need for family planning	0.211	0.007	3838	4297	1.081	0.034	0.196	0.225
Prenatal care from doctor, nurse or midwife for last birth	0.942	0.007	2049	2283	1.319	0.007	0.928	0.955
Delivery in health facility	0.592	0.017	2795	3105	1.519	0.029	0.559	0.626
Last birth protected against tetanus	0.738	0.012	2049	2283	1.193	0.016	0.715	0.762
Delivery assistance from doctor, nurse, midwife	0.775	0.014	2795	3105	1.426	0.018	0.747	0.803
Postnatal care from doctor,nurse or midwife for last birth	0.726	0.013	2049	2283	1.344	0.018	0.699	0.753
Child had diarrhea in the past 2 weeks	0.088	0.006	2730	3037	1.112	0.073	0.075	0.100
Sought treatment for diarrhea	0.374	0.040	237	266	1.180	0.106	0.294	0.453
Child treated with oral rehydration salts (ORS)	0.577	0.036	237	266	1.086	0.063	0.504	0.650
Child had acute respiratory illness (ARI) in past 2 weeks	0.042	0.004	2730	3037	1.078	0.106	0.033	0.051
Sought treatment for ARI from health facility/provider	0.544	0.052	125	127	1.103	0.096	0.439	0.649
Vitamin A supplementation in last 6 months	0.761	0.011	2494	2774	1.123	0.015	0.739	0.784
Received DPT vaccination (3 doses)	0.882	0.015	575	635	1.120	0.017	0.852	0.913
Fully immunized	0.823	0.018	575	635	1.117	0.022	0.788	0.859
Sex with a non-marital/cohabiting partner in last 12 months	0.043	0.004	3866	4324	1.213	0.092	0.035	0.051
Comprehensive knowledge about HIV	0.255	0.008	6762	7574	1.538	0.032	0.239	0.271
Ever experienced physical or sexual violence by husband	0.174	0.008	3147	3692	1.172	0.046	0.158	0.190
Total fertility rate (past 3 years)	2.829	0.085	na	21354	1.253	0.030	2.659	3.000
Neonatal mortality (past 0-9 years)	12.755	1.638	5621	6245	1.052	0.128	9.479	16.031
Post-neonatal mortality (past 0-9 years)	7.508	1.194	5628	6256	1.076	0.159	5.120	9.895
Infant mortality (past 0-9 years)	20.263	2.003	5623	6248	1.058	0.099	16.257	24.268
Child mortality (past 0-9 years)	7.565	1.362	5595	6201	1.082	0.180	4.841	10.289
Under-five mortality (past 0-9 years)	27.674	2.397	5630	6254	1.059	0.087	22.880	32.469

na = Not applicable

Table B.4 Sampling errors for Rural sample, Philippines DHS 2008

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
No education	0.024	0.003	6832	6020	1.431	0.109	0.019	0.030
At least some secondary education	0.691	0.011	6832	6020	1.921	0.016	0.670	0.713
Children ever born to women age 40-49	4.684	0.083	1562	1372	1.162	0.018	4.518	4.849
Currently using any method	0.480	0.009	4726	4121	1.182	0.018	0.463	0.497
Currently using a modern method	0.327	0.009	4726	4121	1.276	0.027	0.310	0.345
Currently using pill	0.162	0.006	4726	4121	1.190	0.039	0.149	0.174
Currently using IUD	0.043	0.004	4726	4121	1.314	0.090	0.035	0.051
Currently using male condoms	0.016	0.002	4726	4121	1.035	0.119	0.012	0.019
Currently using injectables	0.026	0.003	4726	4121	1.138	0.101	0.021	0.031
Currently using female sterilization	0.078	0.005	4726	4121	1.263	0.063	0.068	0.088
Currently using withdrawal	0.084	0.005	4726	4121	1.168	0.056	0.075	0.094
Currently using rhythm	0.063	0.004	4726	4121	1.017	0.057	0.056	0.070
Obtained method from public sector source	0.516	0.014	1559	1373	1.079	0.026	0.488	0.543
Want no more children or sterilized	0.630	0.008	4726	4121	1.120	0.012	0.614	0.646
Ideal number of children	3.061	0.027	6753	5956	1.439	0.009	3.006	3.115
Unmet need for family planning	0.237	0.007	4726	4121	1.095	0.029	0.223	0.250
Prenatal care from doctor, nurse, or midwife for last birth	0.881	0.009	2663	2307	1.438	0.010	0.862	0.899
Delivery in health facility	0.298	0.014	3777	3255	1.550	0.045	0.271	0.325
Last birth protected against tetanus	0.773	0.011	2663	2307	1.305	0.014	0.751	0.794
Delivery assistance from doctor, nurse, midwife	0.477	0.017	3777	3255	1.689	0.035	0.444	0.511
Postnatal care from doctor, nurse, or midwife for last birth	0.473	0.015	2663	2307	1.583	0.032	0.442	0.504
Child had diarrhea in the past 2 weeks	0.093	0.006	3652	3148	1.057	0.060	0.082	0.105
Sought treatment for diarrhea	0.313	0.030	334	294	1.097	0.095	0.254	0.373
Child treated with oral rehydration salts (ORS)	0.363	0.030	334	294	1.036	0.083	0.303	0.424
Child had acute respiratory illness (ARI) in past 2 weeks	0.062	0.004	3652	3148	0.983	0.069	0.054	0.071
Sought treatment for ARI from health facility/provider	0.469	0.041	223	197	1.167	0.088	0.386	0.551
Vitamin A supplementation in past 6 months	0.756	0.011	3287	2835	1.265	0.015	0.734	0.779
Received DPT vaccination (3 doses)	0.829	0.015	745	650	1.080	0.018	0.799	0.859
Fully immunized	0.768	0.017	745	650	1.114	0.023	0.733	0.802
Sex with a non-marital/cohabiting partner in past 12 months	0.020	0.004	4696	4091	1.991	0.203	0.012	0.028
Comprehensive knowledge about HIV	0.174	0.007	6832	6020	1.487	0.039	0.161	0.188
Ever experienced physical or sexual violence by husband	0.185	0.007	4010	3240	1.132	0.037	0.171	0.199
Total fertility rate (past 3 years)	3.828	0.094	na	16712	1.192	0.025	3.639	4.017
Neonatal mortality (past 0-9 years)	20.320	1.779	7714	6642	0.974	0.088	16.762	23.879
Post-neonatal mortality (past 0-9 years)	14.791	1.992	7727	6655	1.289	0.135	10.808	18.775
Infant mortality (past 0-9 years)	35.112	2.710	7719	6647	1.128	0.077	29.692	40.532
Child mortality (past 0-9 years)	11.557	1.382	7702	6629	0.954	0.120	8.792	14.321
Under-five mortality (past 0-9 years)	46.263	3.230	7737	6661	1.119	0.070	39.803	52.723

na = Not applicable

Table B.5 Sampling errors for National Capital Region sample, Philippines DHS 2008

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
No education	0.000	0.000	1828	2522	na	na	0.000	0.000
At least some secondary education	0.906	0.008	1828	2522	1.108	0.008	0.890	0.921
Children ever born to women age 40-49	3.014	0.129	368	516	1.181	0.043	2.756	3.273
Currently using any method	0.541	0.019	958	1343	1.170	0.035	0.504	0.579
Currently using a modern method	0.323	0.016	958	1343	1.085	0.051	0.290	0.355
Currently using pill	0.138	0.013	958	1343	1.197	0.097	0.112	0.165
Currently using IUD	0.020	0.004	958	1343	0.915	0.208	0.012	0.028
Currently using male condoms	0.035	0.006	958	1343	1.043	0.178	0.022	0.047
Currently using injectables	0.024	0.005	958	1343	1.085	0.224	0.013	0.035
Currently using female sterilization	0.093	0.008	958	1343	0.829	0.084	0.078	0.109
Currently using withdrawal	0.142	0.012	958	1343	1.073	0.085	0.118	0.166
Currently using rhythm	0.076	0.008	958	1343	0.919	0.104	0.060	0.091
Obtained method from public sector source	0.394	0.027	335	455	1.007	0.068	0.340	0.448
Want no more children or sterilized	0.620	0.018	958	1343	1.145	0.029	0.584	0.656
Ideal number of children	2.566	0.034	1802	2483	1.249	0.013	2.498	2.633
Unmet need for family planning	0.207	0.012	958	1343	0.942	0.060	0.182	0.232
Prenatal care from doctor, nurse, or midwife for last birth	0.944	0.011	492	688	1.063	0.012	0.922	0.966
Delivery in health facility	0.693	0.038	639	903	1.745	0.055	0.617	0.769
Last birth protected against tetanus	0.719	0.024	492	688	1.165	0.033	0.672	0.766
Delivery assistance from doctor, nurse, midwife	0.868	0.017	639	903	1.063	0.019	0.835	0.902
Postnatal care from doctor, nurse, or midwife for last birth	0.770	0.020	492	688	1.066	0.026	0.729	0.810
Child had diarrhea in the past 2 weeks	0.075	0.010	627	888	0.941	0.138	0.055	0.096
Sought treatment for diarrhea	0.360	0.069	48	67	0.946	0.192	0.221	0.498
Child treated with oral rehydration salts (ORS)	0.521	0.080	48	67	1.051	0.154	0.360	0.681
Child had acute respiratory illness (ARI) in past 2 weeks	0.033	0.008	627	888	1.077	0.250	0.017	0.050
Sought treatment for ARI from health facility/provider	0.553	0.119	21	30	1.088	0.215	0.315	0.791
Vitamin A supplementation in past 6 months	0.802	0.021	576	818	1.065	0.026	0.760	0.843
Received DPT vaccination (3 doses)	0.891	0.030	127	182	1.096	0.034	0.831	0.951
Fully immunized	0.834	0.033	127	182	1.002	0.039	0.769	0.900
Sex with a non-marital/cohabiting partner in past 12 months	0.063	0.009	985	1378	1.157	0.142	0.045	0.081
Comprehensive knowledge about HIV	0.295	0.016	1828	2522	1.479	0.054	0.264	0.327
Ever experienced physical or sexual violence by husband	0.151	0.017	753	1161	1.268	0.110	0.118	0.184
Total fertility rate (past 3 years)	2.328	0.169	na	7153	1.366	0.073	1.990	2.666
Neonatal mortality (past 0-9 years)	14.564	3.552	1331	1878	1.096	0.244	7.459	21.668
Post-neonatal mortality (past 0-9 years)	7.214	2.457	1336	1887	1.101	0.341	2.299	12.128
Infant mortality (past 0-9 years)	21.777	4.316	1333	1880	1.118	0.198	13.146	30.409
Child mortality (past 0-9 years)	2.767	1.376	1323	1865	0.944	0.497	0.015	5.519
Under-five mortality (past 0-9 years)	24.484	4.462	1333	1880	1.097	0.182	15.561	33.407

na = Not applicable

Table B.6 Sampling errors for Cordillera Admin Region sample, Philippines DHS 2008

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
No education	0.015	0.007	536	225	1.284	0.445	0.002	0.029
At least some secondary education	0.794	0.024	536	225	1.354	0.030	0.746	0.841
Children ever born to women age 40-49	4.693	0.270	118	51	1.067	0.058	4.154	5.233
Currently using any method	0.549	0.031	338	143	1.155	0.057	0.487	0.612
Currently using a modern method	0.389	0.031	338	143	1.150	0.079	0.327	0.450
Currently using pill	0.125	0.025	338	143	1.397	0.202	0.075	0.175
Currently using IUD	0.047	0.015	338	143	1.260	0.308	0.018	0.076
Currently using male condoms	0.023	0.007	338	143	0.851	0.303	0.009	0.037
Currently using injectables	0.041	0.011	338	143	1.032	0.271	0.019	0.064
Currently using female sterilization	0.152	0.025	338	143	1.279	0.165	0.102	0.202
Currently using withdrawal	0.123	0.024	338	143	1.341	0.195	0.075	0.172
Currently using rhythm	0.035	0.011	338	143	1.059	0.305	0.014	0.056
Obtained method from public sector source	0.517	0.069	133	56	1.572	0.133	0.379	0.654
Want no more children or sterilized	0.606	0.028	338	143	1.034	0.045	0.551	0.662
Ideal number of children	3.111	0.087	528	222	1.439	0.028	2.937	3.285
Unmet need for family planning	0.165	0.023	338	143	1.162	0.143	0.118	0.212
Prenatal care from doctor, nurse, or midwife for last birth	0.918	0.026	178	72	1.228	0.028	0.867	0.970
Delivery in health facility	0.511	0.046	256	104	1.190	0.089	0.420	0.603
Last birth protected against tetanus	0.643	0.043	178	72	1.169	0.067	0.558	0.729
Delivery assistance from doctor, nurse, midwife	0.674	0.042	256	104	1.139	0.062	0.591	0.757
Postnatal care from doctor, nurse, or midwife for last birth	0.702	0.047	178	72	1.338	0.067	0.608	0.796
Child had diarrhea in the past 2 weeks	0.066	0.020	250	102	1.180	0.302	0.026	0.105
Sought treatment for diarrhea	0.406	0.143	17	7	1.114	0.352	0.120	0.692
Child treated with oral rehydration salts (ORS)	0.480	0.178	17	7	1.335	0.371	0.124	0.837
Child had acute respiratory illness (ARI) in past 2 weeks	0.035	0.009	250	102	0.799	0.269	0.016	0.054
Sought treatment for ARI from health facility/provider	0.470	0.146	9	4	0.851	0.310	0.178	0.761
Vitamin A supplementation in past 6 months	0.699	0.055	233	95	1.518	0.079	0.589	0.810
Received DPT vaccination (3 doses)	0.858	0.048	55	23	1.004	0.056	0.762	0.953
Fully immunized	0.840	0.047	55	23	0.930	0.055	0.747	0.933
Sex with a non-marital/cohabiting partner in past 12 months	0.030	0.010	340	144	1.116	0.346	0.009	0.050
Comprehensive knowledge about HIV	0.273	0.040	536	225	2.058	0.146	0.193	0.352
Ever experienced physical or sexual violence by husband	0.150	0.023	285	113	1.084	0.153	0.104	0.195
Total fertility rate (past 3 years)	3.286	0.266	na	630	1.021	0.081	2.755	3.818
Neonatal mortality (past 0-9 years)	19.574	4.262	537	220	0.713	0.218	11.049	28.098
Post-neonatal mortality (past 0-9 years)	9.535	3.660	535	220	0.909	0.384	2.214	16.856
Infant mortality (past 0-9 years)	29.109	6.138	537	220	0.858	0.211	16.833	41.384
Child mortality (past 0-9 years)	1.775	1.784	550	226	0.938	1.005	0.000	5.344
Under-five mortality (past 0-9 years)	30.832	6.925	538	221	0.894	0.225	16.981	44.683

na = Not applicable

Table B.7 Sampling errors for I - Ilocos Region sample, Philippines DHS 2008

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
No education	0.000	0.000	657	613	na	na	0.000	0.000
At least some secondary education	0.857	0.015	657	613	1.089	0.017	0.827	0.887
Children ever born to women age 40-49	3.753	0.260	143	133	1.184	0.069	3.232	4.273
Currently using any method	0.542	0.029	444	415	1.203	0.053	0.485	0.599
Currently using a modern method	0.364	0.032	444	415	1.409	0.089	0.299	0.428
Currently using pill	0.177	0.018	444	415	1.016	0.104	0.140	0.214
Currently using IUD	0.013	0.011	444	415	2.048	0.841	0.000	0.036
Currently using male condoms	0.027	0.007	444	415	0.950	0.270	0.012	0.042
Currently using injectables	0.036	0.010	444	415	1.118	0.275	0.016	0.056
Currently using female sterilization	0.108	0.016	444	415	1.094	0.149	0.076	0.140
Currently using withdrawal	0.140	0.019	444	415	1.176	0.139	0.101	0.179
Currently using rhythm	0.038	0.007	444	415	0.795	0.189	0.024	0.053
Obtained method from public sector source	0.535	0.040	163	152	1.032	0.076	0.454	0.616
Want no more children or sterilized	0.610	0.025	444	415	1.062	0.040	0.560	0.659
Ideal number of children	2.739	0.056	656	612	1.355	0.021	2.627	2.852
Unmet need for family planning	0.187	0.021	444	415	1.132	0.112	0.145	0.229
Prenatal care from doctor, nurse, or midwife for last birth	0.901	0.022	233	218	1.107	0.024	0.857	0.944
Delivery in health facility	0.421	0.044	316	296	1.381	0.106	0.332	0.510
Last birth protected against tetanus	0.716	0.037	233	218	1.246	0.051	0.642	0.790
Delivery assistance from doctor, nurse, midwife	0.819	0.041	316	296	1.487	0.050	0.737	0.901
Postnatal care from doctor, nurse, or midwife for last birth	0.818	0.037	233	218	1.472	0.046	0.743	0.892
Child had diarrhea in the past 2 weeks	0.107	0.021	310	290	1.061	0.192	0.066	0.148
Sought treatment for diarrhea	0.451	0.097	33	31	1.103	0.214	0.258	0.645
Child treated with oral rehydration salts (ORS)	0.633	0.115	33	31	1.289	0.182	0.402	0.863
Child had acute respiratory illness (ARI) in past 2 weeks	0.049	0.014	310	290	1.113	0.295	0.020	0.077
Sought treatment for ARI from health facility/provider	0.600	0.140	15	14	1.013	0.233	0.320	0.881
Vitamin A supplementation in past 6 months	0.705	0.042	286	268	1.291	0.059	0.621	0.789
Received DPT vaccination (3 doses)	0.818	0.051	66	62	1.076	0.062	0.716	0.920
Fully immunized	0.758	0.057	66	62	1.091	0.076	0.643	0.873
Sex with a non-marital/cohabiting partner in past 12 months	0.011	0.006	434	406	1.113	0.500	0.000	0.023
Comprehensive knowledge about HIV	0.161	0.015	657	613	1.062	0.095	0.131	0.192
Ever experienced physical or sexual violence by husband	0.190	0.019	379	340	0.932	0.099	0.153	0.228
Total fertility rate (past 3 years)	3.399	0.258	na	1736	1.135	0.076	2.884	3.914
Neonatal mortality (past 0-9 years)	15.127	4.866	663	620	0.957	0.322	5.395	24.859
Post-neonatal mortality (past 0-9 years)	9.122	3.350	658	615	0.918	0.367	2.422	15.822
Infant mortality (past 0-9 years)	24.249	5.651	664	621	0.917	0.233	12.946	35.551
Child mortality (past 0-9 years)	1.558	1.562	661	617	0.998	1.003	0.000	4.682
Under-five mortality (past 0-9 years)	25.769	6.117	665	622	0.960	0.237	13.536	38.002

na = Not applicable

Table B.8 Sampling errors for II - Cagayan Valley sample, Philippines DHS 2008

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
No education	0.004	0.003	523	382	0.964	0.681	0.000	0.009
At least some secondary education	0.785	0.026	523	382	1.463	0.034	0.732	0.838
Children ever born to women age 40-49	3.804	0.215	137	100	1.072	0.057	3.374	4.234
Currently using any method	0.543	0.027	374	273	1.037	0.049	0.489	0.596
Currently using a modern method	0.462	0.028	374	273	1.082	0.060	0.407	0.518
Currently using pill	0.270	0.023	374	273	0.997	0.085	0.224	0.316
Currently using IUD	0.070	0.015	374	273	1.170	0.221	0.039	0.101
Currently using male condoms	0.011	0.005	374	273	0.951	0.476	0.001	0.021
Currently using injectables	0.037	0.012	374	273	1.275	0.336	0.012	0.062
Currently using female sterilization	0.075	0.013	374	273	0.981	0.179	0.048	0.102
Currently using withdrawal	0.064	0.014	374	273	1.077	0.213	0.037	0.092
Currently using rhythm	0.016	0.007	374	273	1.096	0.442	0.002	0.031
Obtained method from public sector source	0.414	0.038	176	128	1.027	0.092	0.338	0.491
Want no more children or sterilized	0.667	0.024	374	273	1.003	0.037	0.618	0.716
Ideal number of children	2.800	0.064	510	372	1.428	0.023	2.672	2.929
Unmet need for family planning	0.198	0.022	374	273	1.084	0.113	0.153	0.243
Prenatal care from doctor, nurse, or midwife for last birth	0.948	0.015	194	142	0.927	0.016	0.918	0.977
Delivery in health facility	0.289	0.040	289	212	1.319	0.139	0.209	0.369
Last birth protected against tetanus	0.875	0.023	194	142	0.976	0.026	0.829	0.921
Delivery assistance from doctor, nurse, midwife	0.592	0.067	289	212	1.852	0.114	0.457	0.726
Postnatal care from doctor, nurse, or midwife for last birth	0.661	0.053	194	142	1.569	0.081	0.554	0.768
Child had diarrhea in the past 2 weeks	0.076	0.015	275	201	0.935	0.201	0.046	0.107
Sought treatment for diarrhea	0.424	0.125	21	15	1.094	0.296	0.173	0.674
Child treated with oral rehydration salts (ORS)	0.424	0.125	21	15	1.094	0.296	0.173	0.674
Child had acute respiratory illness (ARI) in past 2 weeks	0.029	0.011	275	201	1.087	0.377	0.007	0.051
Sought treatment for ARI from health facility/provider	0.756	0.154	8	6	1.015	0.204	0.447	1.065
Vitamin A supplementation in past 6 months	0.762	0.028	256	187	0.872	0.037	0.705	0.818
Received DPT vaccination (3 doses)	0.825	0.047	63	46	0.908	0.056	0.731	0.918
Fully immunized	0.793	0.049	63	46	0.910	0.062	0.694	0.891
Sex with a non-marital/cohabiting partner in past 12 months	0.000	0.000	366	267	na	na	0.000	0.000
Comprehensive knowledge about HIV	0.134	0.025	523	382	1.687	0.188	0.084	0.185
Ever experienced physical or sexual violence by husband	0.190	0.020	333	213	0.942	0.107	0.149	0.230
Total fertility rate (past 3 years)	4.094	0.368	na	1069	1.418	0.090	3.358	4.831
Neonatal mortality (past 0-9 years)	24.356	7.373	531	388	0.934	0.303	9.610	39.101
Post-neonatal mortality (past 0-9 years)	13.438	5.097	528	386	1.031	0.379	3.244	23.633
Infant mortality (past 0-9 years)	37.794	8.483	531	388	0.924	0.224	20.829	54.760
Child mortality (past 0-9 years)	8.318	3.815	515	376	0.930	0.459	0.688	15.948
Under-five mortality (past 0-9 years)	45.798	9.527	531	388	0.960	0.208	26.745	64.851

na = Not applicable

Table B.9 Sampling errors for III - Central Luzon sample, Philippines DHS 2008

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
No education	0.002	0.001	1157	1486	0.977	0.575	0.000	0.005
At least some secondary education	0.814	0.021	1157	1486	1.795	0.025	0.773	0.856
Children ever born to women age 40-49	3.557	0.186	260	335	1.274	0.052	3.186	3.929
Currently using any method	0.578	0.019	701	897	1.010	0.033	0.540	0.616
Currently using a modern method	0.403	0.023	701	897	1.215	0.056	0.358	0.448
Currently using pill	0.159	0.014	701	897	0.980	0.085	0.132	0.186
Currently using IUD	0.017	0.005	701	897	1.086	0.313	0.006	0.028
Currently using male condoms	0.019	0.005	701	897	1.020	0.279	0.008	0.029
Currently using injectables	0.033	0.007	701	897	0.979	0.201	0.020	0.046
Currently using female sterilization	0.172	0.018	701	897	1.259	0.105	0.136	0.208
Currently using withdrawal	0.134	0.014	701	897	1.116	0.107	0.105	0.162
Currently using rhythm	0.040	0.010	701	897	1.325	0.246	0.020	0.059
Obtained method from public sector source	0.466	0.031	302	382	1.078	0.067	0.404	0.528
Want no more children or sterilized	0.622	0.019	701	897	1.019	0.030	0.584	0.659
Ideal number of children	2.803	0.047	1156	1485	1.434	0.017	2.710	2.897
Unmet need for family planning	0.176	0.015	701	897	1.071	0.087	0.146	0.207
Prenatal care from doctor, nurse, or midwife for last birth	0.956	0.012	363	468	1.117	0.013	0.932	0.980
Delivery in health facility	0.563	0.038	485	629	1.444	0.068	0.487	0.639
Last birth protected against tetanus	0.773	0.025	363	468	1.138	0.032	0.723	0.823
Delivery assistance from doctor, nurse, midwife	0.819	0.035	485	629	1.662	0.042	0.750	0.888
Postnatal care from doctor, nurse, or midwife for last birth	0.775	0.035	363	468	1.586	0.045	0.706	0.845
Child had diarrhea in the past 2 weeks	0.108	0.019	474	613	1.269	0.180	0.069	0.147
Sought treatment for diarrhea	0.433	0.085	47	66	1.182	0.196	0.263	0.603
Child treated with oral rehydration salts (ORS)	0.510	0.058	47	66	0.791	0.113	0.395	0.626
Child had acute respiratory illness (ARI) in past 2 weeks	0.040	0.009	474	613	0.957	0.232	0.022	0.059
Sought treatment for ARI from health facility/provider	0.484	0.130	19	25	1.133	0.268	0.224	0.743
Vitamin A supplementation in past 6 months	0.808	0.025	428	557	1.165	0.031	0.758	0.859
Received DPT vaccination (3 doses)	0.829	0.037	99	136	1.008	0.045	0.755	0.903
Fully immunized	0.779	0.043	99	136	1.065	0.055	0.693	0.865
Sex with a non-marital/cohabiting partner in past 12 months	0.047	0.017	709	907	2.157	0.365	0.013	0.082
Comprehensive knowledge about HIV	0.221	0.014	1157	1486	1.132	0.062	0.194	0.249
Ever experienced physical or sexual violence by husband	0.139	0.015	571	748	1.055	0.110	0.109	0.170
Total fertility rate (past 3 years)	3.048	0.236	na	4183	1.237	0.077	2.576	3.519
Neonatal mortality (past 0-9 years)	14.430	3.262	980	1278	0.876	0.226	7.905	20.955
Post-neonatal mortality (past 0-9 years)	9.666	5.053	986	1288	1.547	0.523	0.000	19.772
Infant mortality (past 0-9 years)	24.096	6.836	982	1281	1.258	0.284	10.423	37.769
Child mortality (past 0-9 years)	4.911	2.835	986	1283	1.229	0.577	0.000	10.581
Under-five mortality (past 0-9 years)	28.889	6.588	984	1283	1.150	0.228	15.713	42.065

na = Not applicable

Table B.10 Sampling errors for IVA - CALABARZON sample, Philippines DHS 2008

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
No education	0.001	0.001	1325	1808	0.949	0.711	0.000	0.003
At least some secondary education	0.865	0.015	1325	1808	1.555	0.017	0.836	0.894
Children ever born to women age 40-49	3.492	0.195	262	350	1.236	0.056	3.103	3.882
Currently using any method	0.468	0.020	795	1089	1.147	0.043	0.428	0.509
Currently using a modern method	0.324	0.021	795	1089	1.270	0.065	0.282	0.366
Currently using pill	0.140	0.014	795	1089	1.151	0.101	0.112	0.169
Currently using IUD	0.020	0.006	795	1089	1.168	0.293	0.008	0.031
Currently using male condoms	0.025	0.005	795	1089	0.896	0.198	0.015	0.035
Currently using injectables	0.033	0.006	795	1089	0.914	0.175	0.022	0.045
Currently using female sterilization	0.100	0.013	795	1089	1.266	0.135	0.073	0.127
Currently using withdrawal	0.101	0.013	795	1089	1.191	0.126	0.076	0.127
Currently using rhythm	0.043	0.012	795	1089	1.705	0.285	0.019	0.068
Obtained method from public sector source	0.417	0.033	268	353	1.099	0.080	0.350	0.483
Want no more children or sterilized	0.608	0.018	795	1089	1.037	0.030	0.572	0.644
Ideal number of children	2.635	0.037	1319	1801	1.264	0.014	2.560	2.709
Unmet need for family planning	0.236	0.018	795	1089	1.225	0.078	0.199	0.273
Prenatal care from doctor, nurse, or midwife for last birth	0.954	0.014	436	602	1.442	0.015	0.926	0.983
Delivery in health facility	0.532	0.038	590	810	1.571	0.071	0.457	0.607
Last birth protected against tetanus	0.679	0.028	436	602	1.272	0.042	0.622	0.735
Delivery assistance from doctor, nurse, midwife	0.745	0.032	590	810	1.477	0.043	0.681	0.809
Postnatal care from doctor, nurse, or midwife for last birth	0.643	0.036	436	602	1.589	0.056	0.571	0.716
Child had diarrhea in the past 2 weeks	0.091	0.013	583	801	0.988	0.143	0.065	0.117
Sought treatment for diarrhea	0.377	0.092	52	73	1.261	0.243	0.194	0.560
Child treated with oral rehydration salts (ORS)	0.615	0.077	52	73	1.043	0.125	0.462	0.768
Child had acute respiratory illness (ARI) in past 2 weeks	0.021	0.006	583	801	1.057	0.299	0.008	0.033
Sought treatment for ARI from health facility/provider	0.631	0.150	12	17	1.083	0.237	0.332	0.930
Vitamin A supplementation in past 6 months	0.733	0.024	528	726	1.135	0.033	0.685	0.782
Received DPT vaccination (3 doses)	0.912	0.030	123	164	1.146	0.033	0.852	0.971
Fully immunized	0.874	0.033	123	164	1.109	0.038	0.808	0.941
Sex with a non-marital/cohabiting partner in past 12 months	0.024	0.006	781	1068	1.055	0.242	0.012	0.035
Comprehensive knowledge about HIV	0.258	0.020	1325	1808	1.679	0.078	0.217	0.298
Ever experienced physical or sexual violence by husband	0.110	0.016	642	892	1.293	0.145	0.078	0.142
Total fertility rate (past 3 years)	3.041	0.155	na	5084	1.089	0.051	2.731	3.351
Neonatal mortality (past 0-9 years)	12.392	3.363	1157	1575	0.980	0.271	5.666	19.117
Post-neonatal mortality (past 0-9 years)	8.036	2.318	1160	1578	0.892	0.288	3.400	12.671
Infant mortality (past 0-9 years)	20.427	4.091	1158	1576	0.969	0.200	12.245	28.610
Child mortality (past 0-9 years)	8.021	2.454	1130	1532	0.942	0.306	3.113	12.930
Under-five mortality (past 0-9 years)	28.285	4.753	1158	1576	0.983	0.168	18.780	37.790

na = Not applicable

Table B.11 Sampling errors for IVB - MIMAROPA sample, Philippines DHS 2008

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
No education	0.058	0.026	537	340	2.552	0.448	0.006	0.109
At least some secondary education	0.667	0.041	537	340	2.009	0.061	0.585	0.749
Children ever born to women age 40-49	5.170	0.314	115	72	1.110	0.061	4.543	5.798
Currently using any method	0.536	0.028	387	241	1.086	0.051	0.480	0.591
Currently using a modern method	0.361	0.033	387	241	1.353	0.092	0.295	0.427
Currently using pill	0.224	0.027	387	241	1.264	0.120	0.170	0.277
Currently using IUD	0.032	0.010	387	241	1.071	0.301	0.013	0.051
Currently using male condoms	0.023	0.007	387	241	0.875	0.290	0.010	0.036
Currently using injectables	0.014	0.006	387	241	1.035	0.445	0.002	0.026
Currently using female sterilization	0.064	0.014	387	241	1.161	0.227	0.035	0.093
Currently using withdrawal	0.116	0.018	387	241	1.117	0.157	0.080	0.152
Currently using rhythm	0.043	0.010	387	241	0.986	0.236	0.023	0.063
Obtained method from public sector source	0.476	0.050	138	86	1.169	0.105	0.376	0.576
Want no more children or sterilized	0.632	0.030	387	241	1.219	0.047	0.572	0.692
Ideal number of children	3.035	0.111	534	338	1.615	0.037	2.813	3.257
Unmet need for family planning	0.219	0.026	387	241	1.242	0.120	0.166	0.271
Prenatal care from doctor, nurse, or midwife for last birth	0.854	0.036	241	151	1.564	0.042	0.783	0.925
Delivery in health facility	0.269	0.050	335	209	1.789	0.186	0.169	0.368
Last birth protected against tetanus	0.746	0.034	241	151	1.227	0.046	0.677	0.815
Delivery assistance from doctor, nurse, midwife	0.391	0.051	335	209	1.621	0.130	0.289	0.493
Postnatal care from doctor, nurse, or midwife for last birth	0.406	0.052	241	151	1.635	0.128	0.302	0.509
Child had diarrhea in the past 2 weeks	0.115	0.018	323	202	0.897	0.155	0.079	0.151
Sought treatment for diarrhea	0.200	0.064	36	23	0.930	0.318	0.073	0.327
Child treated with oral rehydration salts (ORS)	0.416	0.122	36	23	1.273	0.292	0.173	0.659
Child had acute respiratory illness (ARI) in past 2 weeks	0.077	0.015	323	202	0.890	0.189	0.048	0.107
Sought treatment for ARI from health facility/provider	0.409	0.107	25	16	0.980	0.261	0.196	0.622
Vitamin A supplementation in past 6 months	0.718	0.029	293	184	0.954	0.041	0.659	0.776
Received DPT vaccination (3 doses)	0.819	0.045	71	44	0.979	0.055	0.728	0.909
Fully immunized	0.706	0.063	71	44	1.154	0.090	0.579	0.833
Sex with a non-marital/cohabiting partner in past 12 months	0.005	0.004	386	241	0.977	0.703	0.000	0.012
Comprehensive knowledge about HIV	0.213	0.028	537	340	1.560	0.130	0.158	0.268
Ever experienced physical or sexual violence by husband	0.288	0.030	339	192	1.214	0.104	0.228	0.347
Total fertility rate (past 3 years)	4.282	0.405	na	960	1.471	0.095	3.472	5.091
Neonatal mortality (past 0-9 years)	22.709	6.782	690	432	0.850	0.299	9.146	36.273
Post-neonatal mortality (past 0-9 years)	14.146	4.726	693	434	1.069	0.334	4.694	23.597
Infant mortality (past 0-9 years)	36.855	8.859	690	432	0.942	0.240	19.136	54.574
Child mortality (past 0-9 years)	12.996	3.530	679	425	0.821	0.272	5.936	20.057
Under-five mortality (past 0-9 years)	49.372	10.398	692	433	0.994	0.211	28.577	70.168

na = Not applicable

Table B.12 Sampling errors for V - Bicol Region sample, Philippines DHS 2008

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
No education	0.003	0.002	768	755	1.012	0.688	0.000	0.007
At least some secondary education	0.734	0.024	768	755	1.492	0.032	0.687	0.782
Children ever born to women age 40-49	4.787	0.280	179	176	1.240	0.059	4.226	5.348
Currently using any method	0.394	0.021	479	470	0.950	0.054	0.352	0.437
Currently using a modern method	0.242	0.017	479	470	0.887	0.072	0.207	0.276
Currently using pill	0.109	0.017	479	470	1.219	0.159	0.074	0.144
Currently using IUD	0.010	0.005	479	470	1.138	0.517	0.000	0.020
Currently using male condoms	0.019	0.006	479	470	0.959	0.315	0.007	0.031
Currently using injectables	0.034	0.007	479	470	0.877	0.213	0.020	0.049
Currently using female sterilization	0.065	0.010	479	470	0.875	0.152	0.045	0.084
Currently using withdrawal	0.075	0.012	479	470	1.027	0.164	0.051	0.100
Currently using rhythm	0.063	0.009	479	470	0.856	0.151	0.044	0.082
Obtained method from public sector source	0.474	0.043	120	117	0.936	0.090	0.388	0.560
Want no more children or sterilized	0.697	0.019	479	470	0.916	0.028	0.658	0.735
Ideal number of children	2.782	0.056	762	749	1.380	0.020	2.669	2.895
Unmet need for family planning	0.322	0.019	479	470	0.899	0.060	0.284	0.361
Prenatal care from doctor, nurse, or midwife for last birth	0.920	0.019	286	280	1.210	0.021	0.881	0.959
Delivery in health facility	0.324	0.033	430	421	1.256	0.103	0.257	0.391
Last birth protected against tetanus	0.810	0.021	286	280	0.904	0.026	0.768	0.852
Delivery assistance from doctor, nurse, midwife	0.499	0.038	430	421	1.307	0.077	0.422	0.575
Postnatal care from doctor, nurse, or midwife for last birth	0.527	0.037	286	280	1.250	0.070	0.453	0.601
Child had diarrhea in the past 2 weeks	0.050	0.011	418	410	0.966	0.222	0.028	0.072
Sought treatment for diarrhea	0.288	0.094	21	20	0.913	0.326	0.100	0.476
Child treated with oral rehydration salts (ORS)	0.477	0.124	21	20	1.039	0.260	0.229	0.725
Child had acute respiratory illness (ARI) in past 2 weeks	0.069	0.011	418	410	0.800	0.162	0.047	0.092
Sought treatment for ARI from health facility/provider	0.493	0.113	29	28	1.217	0.229	0.268	0.719
Vitamin A supplementation in past 6 months	0.780	0.028	379	371	1.116	0.036	0.724	0.836
Received DPT vaccination (3 doses)	0.799	0.044	84	82	1.001	0.055	0.710	0.887
Fully immunized	0.713	0.051	84	82	1.030	0.072	0.611	0.815
Sex with a non-marital/cohabiting partner in past 12 months	0.019	0.006	466	457	0.897	0.298	0.008	0.030
Comprehensive knowledge about HIV	0.253	0.022	768	755	1.373	0.085	0.209	0.296
Ever experienced physical or sexual violence by husband	0.181	0.020	404	385	1.032	0.109	0.141	0.221
Total fertility rate (past 3 years)	4.143	0.277	na	2070	1.203	0.067	3.589	4.698
Neonatal mortality (past 0-9 years)	11.316	3.614	903	885	1.032	0.319	4.088	18.544
Post-neonatal mortality (past 0-9 years)	7.556	3.015	901	883	1.064	0.399	1.527	13.586
Infant mortality (past 0-9 years)	18.872	4.759	903	885	1.085	0.252	9.354	28.390
Child mortality (past 0-9 years)	15.825	4.447	901	883	1.130	0.281	6.930	24.719
Under-five mortality (past 0-9 years)	34.398	6.623	904	886	1.192	0.193	21.152	47.645

na = Not applicable

Table B.13 Sampling errors for VI - Western Visayas sample, Philippines DHS 2008

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
No education	0.008	0.005	885	976	1.688	0.639	0.000	0.018
At least some secondary education	0.815	0.024	885	976	1.839	0.030	0.767	0.863
Children ever born to women age 40-49	4.025	0.200	228	251	1.163	0.050	3.626	4.425
Currently using any method	0.519	0.021	568	627	1.019	0.041	0.476	0.562
Currently using a modern method	0.334	0.024	568	627	1.202	0.071	0.286	0.382
Currently using pill	0.185	0.021	568	627	1.278	0.113	0.144	0.227
Currently using IUD	0.035	0.009	568	627	1.200	0.265	0.016	0.053
Currently using male condoms	0.017	0.006	568	627	1.072	0.344	0.005	0.028
Currently using injectables	0.023	0.007	568	627	1.091	0.296	0.010	0.037
Currently using female sterilization	0.070	0.011	568	627	1.005	0.154	0.048	0.091
Currently using withdrawal	0.085	0.014	568	627	1.162	0.160	0.058	0.113
Currently using rhythm	0.094	0.012	568	627	0.966	0.126	0.071	0.118
Obtained method from public sector source	0.409	0.035	193	210	0.974	0.084	0.340	0.479
Want no more children or sterilized	0.712	0.019	568	627	1.013	0.027	0.673	0.750
Ideal number of children	2.752	0.048	884	974	1.187	0.017	2.655	2.848
Unmet need for family planning	0.239	0.017	568	627	0.943	0.071	0.205	0.273
Prenatal care from doctor, nurse, or midwife for last birth	0.946	0.015	297	324	1.117	0.016	0.916	0.975
Delivery in health facility	0.463	0.041	412	452	1.465	0.089	0.380	0.546
Last birth protected against tetanus	0.830	0.023	297	324	1.060	0.028	0.783	0.876
Delivery assistance from doctor, nurse, midwife	0.604	0.049	412	452	1.684	0.081	0.506	0.702
Postnatal care from doctor, nurse, or midwife for last birth	0.620	0.047	297	324	1.651	0.076	0.526	0.714
Child had diarrhea in the past 2 weeks	0.128	0.018	394	432	1.049	0.140	0.092	0.164
Sought treatment for diarrhea	0.361	0.081	49	55	1.108	0.225	0.198	0.524
Child treated with oral rehydration salts (ORS)	0.375	0.076	49	55	1.050	0.202	0.224	0.527
Child had acute respiratory illness (ARI) in past 2 weeks	0.102	0.017	394	432	1.027	0.163	0.069	0.135
Sought treatment for ARI from health facility/provider	0.662	0.101	41	44	1.292	0.152	0.461	0.863
Vitamin A supplementation in past 6 months	0.786	0.022	361	395	0.879	0.028	0.741	0.831
Received DPT vaccination (3 doses)	0.950	0.030	83	91	1.250	0.032	0.890	1.010
Fully immunized	0.915	0.035	83	91	1.136	0.038	0.846	0.985
Sex with a non-marital/cohabiting partner in past 12 months	0.024	0.007	560	617	1.078	0.293	0.010	0.037
Comprehensive knowledge about HIV	0.146	0.012	885	976	1.048	0.085	0.121	0.171
Ever experienced physical or sexual violence by husband	0.184	0.020	487	510	1.135	0.109	0.144	0.224
Total fertility rate (past 3 years)	3.283	0.231	na	2741	1.038	0.070	2.821	3.744
Neonatal mortality (past 0-9 years)	28.245	6.630	832	917	0.950	0.235	14.984	41.506
Post-neonatal mortality (past 0-9 years)	10.588	3.072	830	915	0.922	0.290	4.444	16.731
Infant mortality (past 0-9 years)	38.833	7.304	832	917	0.932	0.188	24.224	53.442
Child mortality (past 0-9 years)	4.709	2.278	841	926	0.955	0.484	0.152	9.266
Under-five mortality (past 0-9 years)	43.359	7.996	833	918	0.974	0.184	27.368	59.351

na = Not applicable

Table B.14 Sampling errors for VII - Central Visayas sample, Philippines DHS 2008

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
No education	0.009	0.003	909	983	0.922	0.313	0.004	0.015
At least some secondary education	0.726	0.026	909	983	1.733	0.035	0.675	0.777
Children ever born to women age 40-49	4.032	0.236	181	195	1.245	0.058	3.561	4.504
Currently using any method	0.557	0.024	555	599	1.125	0.043	0.510	0.605
Currently using a modern method	0.355	0.023	555	599	1.122	0.064	0.310	0.401
Currently using pill	0.144	0.017	555	599	1.112	0.115	0.111	0.178
Currently using IUD	0.081	0.015	555	599	1.292	0.185	0.051	0.111
Currently using male condoms	0.036	0.008	555	599	0.987	0.218	0.020	0.051
Currently using injectables	0.019	0.007	555	599	1.133	0.342	0.006	0.033
Currently using female sterilization	0.068	0.011	555	599	1.016	0.160	0.046	0.089
Currently using withdrawal	0.093	0.014	555	599	1.156	0.154	0.064	0.121
Currently using rhythm	0.109	0.012	555	599	0.894	0.109	0.085	0.133
Obtained method from public sector source	0.513	0.034	201	217	0.961	0.066	0.446	0.581
Want no more children or sterilized	0.670	0.020	555	599	0.998	0.030	0.630	0.710
Ideal number of children	2.745	0.068	902	975	1.503	0.025	2.609	2.882
Unmet need for family planning	0.215	0.020	555	599	1.119	0.091	0.176	0.254
Prenatal care from doctor, nurse, or midwife for last birth	0.971	0.011	302	328	1.108	0.011	0.949	0.992
Delivery in health facility	0.457	0.035	423	459	1.211	0.076	0.388	0.527
Last birth protected against tetanus	0.876	0.021	302	328	1.088	0.024	0.835	0.917
Delivery assistance from doctor, nurse, midwife	0.668	0.045	423	459	1.597	0.068	0.578	0.759
Postnatal care from doctor, nurse, or midwife for last birth	0.641	0.037	302	328	1.325	0.057	0.568	0.714
Child had diarrhea in the past 2 weeks	0.080	0.013	408	442	0.917	0.162	0.054	0.105
Sought treatment for diarrhea	0.425	0.094	33	35	1.008	0.222	0.236	0.613
Child treated with oral rehydration salts (ORS)	0.609	0.084	33	35	0.944	0.138	0.442	0.777
Child had acute respiratory illness (ARI) in past 2 weeks	0.078	0.014	408	442	1.019	0.185	0.049	0.106
Sought treatment for ARI from health facility/provider	0.480	0.106	32	34	1.161	0.220	0.268	0.691
Vitamin A supplementation in past 6 months	0.815	0.029	368	398	1.151	0.035	0.757	0.872
Received DPT vaccination (3 doses)	0.923	0.029	90	97	1.033	0.032	0.865	0.981
Fully immunized	0.829	0.044	90	97	1.106	0.053	0.741	0.917
Sex with a non-marital/cohabiting partner in past 12 months	0.036	0.010	560	605	1.203	0.262	0.017	0.056
Comprehensive knowledge about HIV	0.234	0.021	909	983	1.472	0.088	0.193	0.276
Ever experienced physical or sexual violence by husband	0.267	0.025	447	495	1.177	0.092	0.218	0.316
Total fertility rate (past 3 years)	3.225	0.214	na	2716	1.191	0.066	2.796	3.653
Neonatal mortality (past 0-9 years)	22.264	6.095	816	884	1.039	0.274	10.075	34.453
Post-neonatal mortality (past 0-9 years)	8.587	3.479	816	884	1.076	0.405	1.629	15.546
Infant mortality (past 0-9 years)	30.851	7.127	816	884	1.114	0.231	16.597	45.106
Child mortality (past 0-9 years)	4.055	2.292	821	889	1.014	0.565	0.000	8.639
Under-five mortality (past 0-9 years)	34.782	7.664	816	884	1.148	0.220	19.454	50.109

na = Not applicable

Table B.15 Sampling errors for VIII - Eastern Visayas sample, Philippines DHS 2008

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
No education	0.008	0.003	609	488	0.933	0.418	0.001	0.015
At least some secondary education	0.689	0.029	609	488	1.559	0.042	0.631	0.748
Children ever born to women age 40-49	4.951	0.287	141	113	1.119	0.058	4.378	5.525
Currently using any method	0.475	0.024	421	337	0.998	0.051	0.426	0.524
Currently using a modern method	0.280	0.020	421	337	0.920	0.072	0.240	0.320
Currently using pill	0.145	0.015	421	337	0.853	0.101	0.115	0.174
Currently using IUD	0.028	0.009	421	337	1.161	0.331	0.010	0.047
Currently using male condoms	0.014	0.006	421	337	0.985	0.401	0.003	0.025
Currently using injectables	0.012	0.005	421	337	0.926	0.411	0.002	0.022
Currently using female sterilization	0.076	0.013	421	337	0.973	0.166	0.051	0.101
Currently using withdrawal	0.115	0.014	421	337	0.918	0.124	0.086	0.143
Currently using rhythm	0.071	0.014	421	337	1.130	0.200	0.042	0.099
Obtained method from public sector source	0.480	0.049	119	95	1.058	0.101	0.383	0.578
Want no more children or sterilized	0.611	0.031	421	337	1.296	0.050	0.550	0.673
Ideal number of children	3.080	0.082	596	477	1.305	0.027	2.917	3.243
Unmet need for family planning	0.276	0.021	421	337	0.964	0.076	0.234	0.318
Prenatal care from doctor, nurse, or midwife for last birth	0.902	0.028	245	196	1.491	0.031	0.846	0.959
Delivery in health facility	0.337	0.048	354	283	1.506	0.142	0.242	0.432
Last birth protected against tetanus	0.820	0.033	245	196	1.331	0.040	0.755	0.886
Delivery assistance from doctor, nurse, midwife	0.431	0.047	354	283	1.450	0.110	0.336	0.525
Postnatal care from doctor, nurse, or midwife for last birth	0.443	0.046	245	196	1.456	0.104	0.351	0.536
Child had diarrhea in the past 2 weeks	0.095	0.019	338	271	1.130	0.196	0.057	0.132
Sought treatment for diarrhea	0.185	0.085	32	26	1.126	0.460	0.015	0.356
Child treated with oral rehydration salts (ORS)	0.371	0.093	32	26	1.013	0.249	0.186	0.556
Child had acute respiratory illness (ARI) in past 2 weeks	0.056	0.013	338	271	0.936	0.228	0.030	0.081
Sought treatment for ARI from health facility/provider	0.419	0.128	19	15	1.050	0.306	0.163	0.675
Vitamin A supplementation in past 6 months	0.787	0.029	304	243	1.034	0.037	0.728	0.846
Received DPT vaccination (3 doses)	0.849	0.036	66	53	0.805	0.042	0.778	0.920
Fully immunized	0.803	0.046	66	53	0.935	0.057	0.711	0.895
Sex with a non-marital/cohabiting partner in past 12 months	0.024	0.007	419	335	0.961	0.302	0.009	0.038
Comprehensive knowledge about HIV	0.232	0.027	609	488	1.599	0.118	0.177	0.287
Ever experienced physical or sexual violence by husband	0.234	0.023	363	270	1.043	0.099	0.188	0.281
Total fertility rate (past 3 years)	4.296	0.272	na	1356	1.125	0.063	3.752	4.840
Neonatal mortality (past 0-9 years)	22.066	6.834	723	579	1.121	0.310	8.399	35.733
Post-neonatal mortality (past 0-9 years)	23.268	7.093	724	580	1.331	0.305	9.082	37.455
Infant mortality (past 0-9 years)	45.334	8.417	723	579	1.048	0.186	28.500	62.169
Child mortality (past 0-9 years)	19.048	5.231	752	602	1.018	0.275	8.587	29.509
Under-five mortality (past 0-9 years)	63.519	10.843	726	581	1.108	0.171	41.832	85.205

na = Not applicable

Table B.16 Sampling errors for IX - Zamboanga Peninsula sample, Philippines DHS 2008

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
No education	0.027	0.012	637	505	1.814	0.430	0.004	0.051
At least some secondary education	0.706	0.037	637	505	2.049	0.053	0.632	0.780
Children ever born to women age 40-49	4.298	0.330	138	110	1.462	0.077	3.638	4.958
Currently using any method	0.438	0.037	397	316	1.492	0.085	0.363	0.512
Currently using a modern method	0.286	0.030	397	316	1.321	0.105	0.226	0.346
Currently using pill	0.186	0.025	397	316	1.258	0.132	0.137	0.235
Currently using IUD	0.031	0.010	397	316	1.097	0.309	0.012	0.050
Currently using male condoms	0.013	0.006	397	316	0.960	0.416	0.002	0.024
Currently using injectables	0.014	0.006	397	316	0.939	0.391	0.003	0.026
Currently using female sterilization	0.042	0.012	397	316	1.191	0.287	0.018	0.065
Currently using withdrawal	0.054	0.014	397	316	1.205	0.255	0.026	0.081
Currently using rhythm	0.086	0.015	397	316	1.058	0.173	0.057	0.116
Obtained method from public sector source	0.414	0.049	118	94	1.068	0.118	0.316	0.511
Want no more children or sterilized	0.584	0.027	397	316	1.101	0.047	0.529	0.638
Ideal number of children	2.905	0.100	626	497	1.756	0.035	2.704	3.105
Unmet need for family planning	0.274	0.025	397	316	1.103	0.090	0.225	0.324
Prenatal care from doctor, nurse, or midwife for last birth	0.859	0.048	239	189	2.135	0.056	0.763	0.956
Delivery in health facility	0.285	0.047	329	261	1.633	0.167	0.190	0.380
Last birth protected against tetanus	0.744	0.044	239	189	1.564	0.060	0.656	0.833
Delivery assistance from doctor, nurse, midwife	0.384	0.056	329	261	1.726	0.145	0.273	0.495
Postnatal care from doctor, nurse, or midwife for last birth	0.382	0.051	239	189	1.617	0.134	0.280	0.484
Child had diarrhea in the past 2 weeks	0.074	0.016	325	258	1.052	0.212	0.042	0.105
Sought treatment for diarrhea	0.242	0.079	24	19	0.887	0.325	0.085	0.400
Child treated with oral rehydration salts (ORS)	0.407	0.085	24	19	0.822	0.208	0.237	0.577
Child had acute respiratory illness (ARI) in past 2 weeks	0.033	0.012	325	258	1.201	0.362	0.009	0.057
Sought treatment for ARI from health facility/provider	0.823	0.105	11	9	0.904	0.128	0.612	1.033
Vitamin A supplementation in past 6 months	0.701	0.051	287	228	1.563	0.073	0.598	0.803
Received DPT vaccination (3 doses)	0.860	0.055	65	51	1.266	0.064	0.751	0.970
Fully immunized	0.815	0.052	65	51	1.073	0.064	0.711	0.918
Sex with a non-marital/cohabiting partner in past 12 months	0.034	0.010	404	322	1.106	0.296	0.014	0.053
Comprehensive knowledge about HIV	0.207	0.026	637	505	1.619	0.126	0.155	0.259
Ever experienced physical or sexual violence by husband	0.167	0.018	359	274	0.935	0.110	0.131	0.204
Total fertility rate (past 3 years)	3.825	0.269	na	1398	0.968	0.070	3.288	4.363
Neonatal mortality (past 0-9 years)	6.250	2.917	647	515	0.942	0.467	0.416	12.084
Post-neonatal mortality (past 0-9 years)	7.915	3.271	645	513	0.891	0.413	1.373	14.457
Infant mortality (past 0-9 years)	14.165	3.889	647	515	0.794	0.275	6.386	21.944
Child mortality (past 0-9 years)	17.255	4.316	626	498	0.828	0.250	8.622	25.887
Under-five mortality (past 0-9 years)	31.175	5.561	650	517	0.716	0.178	20.054	42.296

na = Not applicable

Table B.17 Sampling errors for X - Northern Mindanao sample, Philippines DHS 2008

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
No education	0.018	0.006	681	585	1.153	0.325	0.006	0.030
At least some secondary education	0.736	0.043	681	585	2.535	0.059	0.650	0.822
Children ever born to women age 40-49	4.125	0.158	159	136	0.770	0.038	3.808	4.441
Currently using any method	0.532	0.031	436	373	1.293	0.058	0.470	0.594
Currently using a modern method	0.385	0.026	436	373	1.113	0.068	0.333	0.436
Currently using pill	0.184	0.031	436	373	1.678	0.170	0.122	0.247
Currently using IUD	0.105	0.020	436	373	1.328	0.186	0.066	0.145
Currently using male condoms	0.014	0.006	436	373	1.080	0.442	0.002	0.025
Currently using injectables	0.007	0.004	436	373	0.968	0.545	0.000	0.015
Currently using female sterilization	0.059	0.012	436	373	1.038	0.200	0.035	0.082
Currently using withdrawal	0.061	0.015	436	373	1.289	0.244	0.031	0.090
Currently using rhythm	0.085	0.014	436	373	1.025	0.161	0.057	0.112
Obtained method from public sector source	0.547	0.047	162	139	1.208	0.087	0.452	0.642
Want no more children or sterilized	0.636	0.027	436	373	1.149	0.042	0.583	0.689
Ideal number of children	2.882	0.078	664	570	1.335	0.027	2.725	3.039
Unmet need for family planning	0.187	0.018	436	373	0.937	0.094	0.152	0.222
Prenatal care from doctor, nurse, or midwife for last birth	0.922	0.030	231	198	1.694	0.032	0.863	0.982
Delivery in health facility	0.333	0.054	329	282	1.746	0.163	0.224	0.442
Last birth protected against tetanus	0.787	0.040	231	198	1.477	0.051	0.707	0.867
Delivery assistance from doctor, nurse, midwife	0.478	0.067	329	282	1.976	0.140	0.344	0.612
Postnatal care from doctor, nurse, or midwife for last birth	0.466	0.063	231	198	1.910	0.135	0.340	0.591
Child had diarrhea in the past 2 weeks	0.066	0.017	322	276	1.006	0.257	0.032	0.100
Sought treatment for diarrhea	0.134	0.067	21	18	0.973	0.501	0.000	0.269
Child treated with oral rehydration salts (ORS)	0.242	0.069	21	18	0.721	0.285	0.104	0.380
Child had acute respiratory illness (ARI) in past 2 weeks	0.068	0.016	322	276	0.949	0.237	0.036	0.100
Sought treatment for ARI from health facility/provider	0.327	0.138	22	19	1.102	0.423	0.051	0.603
Vitamin A supplementation in past 6 months	0.748	0.049	290	249	1.596	0.066	0.649	0.846
Received DPT vaccination (3 doses)	0.918	0.032	65	56	0.933	0.035	0.855	0.982
Fully immunized	0.830	0.037	65	56	0.786	0.044	0.757	0.904
Sex with a non-marital/cohabiting partner in past 12 months	0.032	0.009	436	373	1.094	0.289	0.013	0.050
Comprehensive knowledge about HIV	0.160	0.014	681	585	1.016	0.089	0.131	0.188
Ever experienced physical or sexual violence by husband	0.186	0.028	343	297	1.352	0.153	0.129	0.243
Total fertility rate (past 3 years)	3.264	0.255	na	1615	1.210	0.078	2.753	3.774
Neonatal mortality (past 0-9 years)	11.186	3.252	629	539	0.724	0.291	4.682	17.689
Post-neonatal mortality (past 0-9 years)	8.232	3.204	627	537	0.859	0.389	1.823	14.641
Infant mortality (past 0-9 years)	19.418	4.720	629	539	0.787	0.243	9.978	28.858
Child mortality (past 0-9 years)	7.821	3.819	620	532	0.936	0.488	0.183	15.459
Under-five mortality (past 0-9 years)	27.087	6.671	630	540	0.822	0.246	13.746	40.428

na = Not applicable

Table B.18 Sampling errors for XI - Davao Peninsula sample, Philippines DHS 2008

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
No education	0.011	0.004	715	618	1.084	0.390	0.002	0.019
At least some secondary education	0.748	0.025	715	618	1.567	0.034	0.697	0.799
Children ever born to women age 40-49	4.507	0.194	155	134	0.947	0.043	4.120	4.895
Currently using any method	0.602	0.024	471	406	1.062	0.040	0.554	0.650
Currently using a modern method	0.447	0.024	471	406	1.045	0.054	0.399	0.495
Currently using pill	0.212	0.017	471	406	0.919	0.082	0.177	0.247
Currently using IUD	0.084	0.015	471	406	1.176	0.179	0.054	0.114
Currently using male condoms	0.028	0.007	471	406	0.906	0.246	0.014	0.042
Currently using injectables	0.025	0.007	471	406	1.019	0.291	0.011	0.040
Currently using female sterilization	0.096	0.016	471	406	1.197	0.170	0.063	0.128
Currently using withdrawal	0.048	0.009	471	406	0.930	0.190	0.030	0.067
Currently using rhythm	0.100	0.012	471	406	0.846	0.117	0.077	0.123
Obtained method from public sector source	0.470	0.035	215	186	1.020	0.074	0.400	0.539
Want no more children or sterilized	0.638	0.024	471	406	1.097	0.038	0.589	0.686
Ideal number of children	2.723	0.044	713	617	0.912	0.016	2.634	2.812
Unmet need for family planning	0.148	0.016	471	406	0.949	0.105	0.117	0.179
Prenatal care from doctor, nurse, or midwife for last birth	0.936	0.018	260	224	1.197	0.019	0.899	0.972
Delivery in health facility	0.424	0.050	342	295	1.583	0.118	0.324	0.524
Last birth protected against tetanus	0.859	0.020	260	224	0.923	0.023	0.819	0.899
Delivery assistance from doctor, nurse, midwife	0.514	0.049	342	295	1.553	0.096	0.416	0.613
Postnatal care from doctor, nurse, or midwife for last birth	0.507	0.046	260	224	1.478	0.091	0.415	0.599
Child had diarrhea in the past 2 weeks	0.055	0.012	330	284	0.859	0.218	0.031	0.079
Sought treatment for diarrhea	0.342	0.120	18	16	1.017	0.351	0.102	0.582
Child treated with oral rehydration salts (ORS)	0.342	0.116	18	16	0.979	0.338	0.110	0.573
Child had acute respiratory illness (ARI) in past 2 weeks	0.052	0.014	330	284	1.093	0.268	0.024	0.081
Sought treatment for ARI from health facility/provider	0.296	0.120	17	15	1.067	0.406	0.055	0.536
Vitamin A supplementation in past 6 months	0.841	0.023	294	253	0.953	0.027	0.795	0.886
Received DPT vaccination (3 doses)	0.889	0.044	62	53	1.109	0.050	0.801	0.978
Fully immunized	0.841	0.054	62	53	1.153	0.064	0.733	0.948
Sex with a non-marital/cohabiting partner in past 12 months	0.037	0.012	475	410	1.344	0.317	0.013	0.060
Comprehensive knowledge about HIV	0.165	0.015	715	618	1.081	0.091	0.135	0.195
Ever experienced physical or sexual violence by husband	0.234	0.019	411	337	0.915	0.082	0.196	0.272
Total fertility rate (past 3 years)	3.285	0.202	na	1728	0.813	0.061	2.881	3.688
Neonatal mortality (past 0-9 years)	28.752	7.727	681	587	1.018	0.269	13.298	44.206
Post-neonatal mortality (past 0-9 years)	5.731	2.693	690	595	0.914	0.470	0.345	11.117
Infant mortality (past 0-9 years)	34.483	8.230	681	587	0.935	0.239	18.024	50.942
Child mortality (past 0-9 years)	9.513	4.368	676	582	1.116	0.459	0.777	18.249
Under-five mortality (past 0-9 years)	43.668	10.472	682	588	1.100	0.240	22.723	64.613

na = Not applicable

Table B.19 Sampling errors for XII - SOCCSKSARGEN sample, Philippines DHS 2008

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
No education	0.031	0.008	584	480	1.134	0.264	0.014	0.047
At least some secondary education	0.738	0.035	584	480	1.903	0.047	0.668	0.807
Children ever born to women age 40-49	4.544	0.209	131	107	0.998	0.046	4.127	4.961
Currently using any method	0.551	0.030	414	338	1.207	0.054	0.492	0.611
Currently using a modern method	0.414	0.032	414	338	1.310	0.077	0.351	0.478
Currently using pill	0.192	0.022	414	338	1.148	0.116	0.147	0.236
Currently using IUD	0.058	0.015	414	338	1.268	0.251	0.029	0.088
Currently using male condoms	0.019	0.008	414	338	1.192	0.420	0.003	0.035
Currently using injectables	0.029	0.009	414	338	1.105	0.315	0.011	0.047
Currently using female sterilization	0.116	0.020	414	338	1.277	0.174	0.076	0.156
Currently using withdrawal	0.061	0.014	414	338	1.191	0.230	0.033	0.089
Currently using rhythm	0.071	0.011	414	338	0.839	0.149	0.050	0.092
Obtained method from public sector source	0.534	0.039	175	142	1.028	0.073	0.456	0.611
Want no more children or sterilized	0.654	0.026	414	338	1.104	0.039	0.603	0.706
Ideal number of children	2.996	0.108	582	478	1.560	0.036	2.780	3.212
Unmet need for family planning	0.218	0.022	414	338	1.096	0.102	0.174	0.263
Prenatal care from doctor, nurse, or midwife for last birth	0.861	0.032	218	178	1.378	0.038	0.797	0.926
Delivery in health facility	0.235	0.036	299	245	1.314	0.153	0.163	0.307
Last birth protected against tetanus	0.810	0.031	218	178	1.157	0.038	0.748	0.871
Delivery assistance from doctor, nurse, midwife	0.356	0.048	299	245	1.510	0.135	0.260	0.452
Postnatal care from doctor, nurse, or midwife for last birth	0.379	0.043	218	178	1.314	0.114	0.293	0.466
Child had diarrhea in the past 2 weeks	0.162	0.029	292	239	1.167	0.176	0.105	0.219
Sought treatment for diarrhea	0.273	0.059	47	39	0.858	0.216	0.155	0.391
Child treated with oral rehydration salts (ORS)	0.286	0.076	47	39	1.040	0.265	0.134	0.438
Child had acute respiratory illness (ARI) in past 2 weeks	0.122	0.021	292	239	1.053	0.175	0.079	0.164
Sought treatment for ARI from health facility/provider	0.480	0.063	36	29	0.774	0.131	0.354	0.606
Vitamin A supplementation in past 6 months	0.727	0.047	263	215	1.461	0.065	0.633	0.822
Received DPT vaccination (3 doses)	0.849	0.051	74	60	1.225	0.060	0.747	0.950
Fully immunized	0.770	0.069	74	60	1.415	0.090	0.632	0.908
Sex with a non-marital/cohabiting partner in past 12 months	0.007	0.006	409	335	1.611	0.983	0.000	0.019
Comprehensive knowledge about HIV	0.122	0.019	584	480	1.407	0.157	0.083	0.160
Ever experienced physical or sexual violence by husband	0.261	0.023	356	252	0.999	0.089	0.215	0.308
Total fertility rate (past 3 years)	3.588	0.265	na	1316	1.154	0.074	3.058	4.119
Neonatal mortality (past 0-9 years)	11.927	4.282	617	508	0.880	0.359	3.362	20.492
Post-neonatal mortality (past 0-9 years)	10.798	5.173	619	509	1.077	0.479	0.452	21.144
Infant mortality (past 0-9 years)	22.725	6.971	618	509	1.024	0.307	8.783	36.668
Child mortality (past 0-9 years)	11.218	4.976	623	513	1.167	0.444	1.265	21.170
Under-five mortality (past 0-9 years)	33.688	7.355	618	509	0.926	0.218	18.977	48.399

na = Not applicable

Table B.20 Sampling errors for XIII - Caraga sample, Philippines DHS 2008

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
No education	0.009	0.003	573	312	0.903	0.404	0.002	0.016
At least some secondary education	0.770	0.027	573	312	1.536	0.035	0.716	0.824
Children ever born to women age 40-49	4.713	0.294	125	68	1.116	0.062	4.124	5.302
Currently using any method	0.517	0.022	390	212	0.871	0.043	0.473	0.562
Currently using a modern method	0.372	0.031	390	212	1.248	0.082	0.310	0.433
Currently using pill	0.149	0.019	390	212	1.037	0.125	0.112	0.187
Currently using IUD	0.083	0.020	390	212	1.448	0.244	0.043	0.124
Currently using male condoms	0.026	0.008	390	212	0.993	0.310	0.010	0.042
Currently using injectables	0.013	0.006	390	212	1.114	0.497	0.000	0.025
Currently using female sterilization	0.093	0.015	390	212	1.011	0.160	0.063	0.122
Currently using withdrawal	0.064	0.015	390	212	1.177	0.229	0.035	0.093
Currently using rhythm	0.072	0.014	390	212	1.078	0.196	0.044	0.100
Obtained method from public sector source	0.571	0.042	147	81	1.027	0.074	0.487	0.655
Want no more children or sterilized	0.672	0.024	390	212	0.989	0.035	0.625	0.719
Ideal number of children	2.956	0.072	571	311	1.115	0.024	2.812	3.100
Unmet need for family planning	0.261	0.021	390	212	0.957	0.082	0.218	0.303
Prenatal care from doctor, nurse, or midwife for last birth	0.966	0.014	229	124	1.168	0.015	0.937	0.994
Delivery in health facility	0.301	0.042	333	180	1.428	0.139	0.217	0.385
Last birth protected against tetanus	0.852	0.028	229	124	1.175	0.033	0.796	0.907
Delivery assistance from doctor, nurse, midwife	0.499	0.033	333	180	1.016	0.067	0.432	0.566
Postnatal care from doctor, nurse, or midwife for last birth	0.434	0.043	229	124	1.316	0.100	0.347	0.520
Child had diarrhea in the past 2 weeks	0.096	0.017	326	177	1.000	0.176	0.062	0.130
Sought treatment for diarrhea	0.417	0.086	31	17	0.925	0.206	0.246	0.589
Child treated with oral rehydration salts (ORS)	0.517	0.081	31	17	0.911	0.157	0.354	0.679
Child had acute respiratory illness (ARI) in past 2 weeks	0.062	0.014	326	177	0.984	0.220	0.035	0.089
Sought treatment for ARI from health facility/provider	0.298	0.120	20	11	1.151	0.404	0.057	0.538
Vitamin A supplementation in past 6 months	0.811	0.026	300	162	0.961	0.032	0.760	0.862
Received DPT vaccination (3 doses)	0.947	0.036	55	30	1.169	0.038	0.876	1.018
Fully immunized	0.894	0.042	55	30	1.000	0.047	0.810	0.977
Sex with a non-marital/cohabiting partner in past 12 months	0.045	0.010	403	220	0.953	0.220	0.025	0.064
Comprehensive knowledge about HIV	0.187	0.026	573	312	1.570	0.137	0.136	0.239
Ever experienced physical or sexual violence by husband	0.273	0.022	324	169	0.901	0.082	0.229	0.318
Total fertility rate (past 3 years)	4.308	0.319	na	868	1.143	0.074	3.669	4.947
Neonatal mortality (past 0-9 years)	14.956	4.880	666	362	1.036	0.326	5.197	24.716
Post-neonatal mortality (past 0-9 years)	6.123	2.995	672	365	1.007	0.489	0.133	12.112
Infant mortality (past 0-9 years)	21.079	5.238	666	362	0.937	0.249	10.602	31.556
Child mortality (past 0-9 years)	9.571	3.959	652	354	1.004	0.414	1.653	17.488
Under-five mortality (past 0-9 years)	30.448	5.703	668	363	0.866	0.187	19.042	41.854

na = Not applicable

Table B.21 Sampling errors for ARMM sample, Philippines DHS 2008

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
No education	0.126	0.021	670	516	1.652	0.169	0.083	0.168
At least some secondary education	0.470	0.045	670	516	2.339	0.096	0.379	0.560
Children ever born to women age 40-49	5.716	0.349	134	103	1.229	0.061	5.017	6.415
Currently using any method	0.151	0.021	436	337	1.231	0.140	0.109	0.194
Currently using a modern method	0.099	0.018	436	337	1.252	0.181	0.063	0.135
Currently using pill	0.025	0.008	436	337	1.052	0.317	0.009	0.040
Currently using IUD	0.007	0.004	436	337	1.012	0.563	0.000	0.016
Currently using male condoms	0.005	0.003	436	337	0.987	0.674	0.000	0.012
Currently using injectables	0.032	0.014	436	337	1.604	0.425	0.005	0.059
Currently using female sterilization	0.031	0.009	436	337	1.146	0.309	0.012	0.050
Currently using withdrawal	0.028	0.010	436	337	1.217	0.341	0.009	0.048
Currently using rhythm	0.009	0.005	436	337	0.988	0.491	0.000	0.018
Obtained method from public sector source	0.607	0.091	42	33	1.193	0.151	0.424	0.790
Want no more children or sterilized	0.372	0.031	436	337	1.331	0.083	0.310	0.434
Ideal number of children	5.060	0.144	649	500	1.437	0.028	4.772	5.348
Unmet need for family planning	0.327	0.022	436	337	0.968	0.066	0.284	0.371
Prenatal care from doctor, nurse, or midwife for last birth	0.467	0.052	268	207	1.685	0.110	0.364	0.570
Delivery in health facility	0.147	0.049	411	318	2.137	0.332	0.050	0.245
Last birth protected against tetanus	0.391	0.047	268	207	1.570	0.120	0.297	0.485
Delivery assistance from doctor, nurse, midwife	0.192	0.054	411	318	2.105	0.278	0.085	0.300
Postnatal care from doctor, nurse, or midwife for last birth	0.195	0.046	268	207	1.895	0.236	0.103	0.287
Child had diarrhea in the past 2 weeks	0.107	0.017	387	300	0.927	0.155	0.074	0.140
Sought treatment for diarrhea	0.239	0.091	41	32	1.219	0.381	0.057	0.422
Child treated with oral rehydration salts (ORS)	0.275	0.096	41	32	1.237	0.351	0.082	0.467
Child had acute respiratory illness (ARI) in past 2 weeks	0.032	0.009	387	300	0.953	0.291	0.013	0.050
Sought treatment for ARI from health facility/provider	0.079	0.080	12	10	1.025	1.004	0.000	0.239
Vitamin A supplementation in past 6 months	0.480	0.044	335	260	1.308	0.092	0.392	0.568
Received DPT vaccination (3 doses)	0.411	0.060	72	56	1.039	0.147	0.290	0.531
Fully immunized	0.306	0.070	72	56	1.280	0.228	0.167	0.446
Sex with a non-marital/cohabiting partner in past 12 months	0.004	0.003	429	331	0.974	0.701	0.000	0.011
Comprehensive knowledge about HIV	0.123	0.021	670	516	1.663	0.172	0.081	0.166
Ever experienced physical or sexual violence by husband	0.132	0.019	361	283	1.043	0.141	0.095	0.169
Total fertility rate (past 3 years)	4.280	0.402	na	1443	1.204	0.094	3.475	5.084
Neonatal mortality (past 0-9 years)	14.386	3.752	932	719	0.996	0.261	6.881	21.891
Post-neonatal mortality (past 0-9 years)	41.974	11.845	935	721	1.515	0.282	18.284	65.663
Infant mortality (past 0-9 years)	56.360	13.476	932	719	1.539	0.239	29.408	83.311
Child mortality (past 0-9 years)	40.111	7.516	941	726	0.949	0.187	25.078	55.144
Under-five mortality (past 0-9 years)	94.210	16.396	939	725	1.347	0.174	61.419	127.002

na = Not applicable

DATA QUALITY TABLES

Appendix C

Table C.1 Household age distribution

Single-year age distribution of the de facto household population by sex (weighted), Philippines 2008

	Women		Men	
Age	Number	Percent	Number	Percent
0	631	2.2	713	2.5
1	638	2.2	681	2.3
2	632	2.2	704	2.4
3	627	2.2	742	2.6
4	638	2.2	707	2.4
5	658	2.3	751	2.6
6	655	2.3	731	2.5
7	659	2.3	754	2.6
8	697	2.4	792	2.7
9	663	2.3	689	2.4
10	727	2.5	733	2.5
11	619	2.2	725	2.5
12	659	2.3	684	2.4
13	655	2.3	714	2.5
14	658	2.3	697	2.4
15	676	2.4	718	2.5
16	567	2.0	603	2.1
17	524	1.8	659	2.3
18	567	2.0	615	2.1
19	545	1.9	539	1.9
20	465	1.6	480	1.7
21	445	1.6	537	1.9
22	462	1.6	522	1.8
23	431	1.5	475	1.6
24	429	1.5	383	1.3
25	435	1.5	454	1.6
26	439	1.5	404	1.4
27	440	1.5	438	1.5
28	479	1.7	426	1.5
29	397	1.4	412	1.4
30	464	1.6	421	1.5
31	381	1.3	373	1.3
32	405	1.4	363	1.3
33	366	1.3	350	1.2
34	323	1.1	362	1.2
35	366	1.3	381	1.3
36	363	1.3	330	1.1
37	365	1.3	350	1.2
38	382	1.3	361	1.2
39	376	1.3	335	1.2
40	332	1.2	378	1.3
41	297	1.0	279	1.0
42	335	1.2	346	1.2
43	325	1.1	289	1.0
44	293	1.0	287	1.0
45	329	1.1	293	1.0
46	315	1.1	295	1.0
47	247	0.9	259	0.9
48	317	1.1	326	1.1
49	246	0.9	292	1.0
50	288	1.0	271	0.9
51	258	0.9	201	0.7
52	270	0.9	225	0.8
53	253	0.9	233	0.8
54	280	1.0	216	0.7
55	229	0.8	212	0.7
56	174	0.6	192	0.7
57	172	0.6	156	0.5
58	194	0.7	187	0.6
59	146	0.5	151	0.5
60	204	0.7	183	0.6
61	134	0.5	127	0.4
62	171	0.6	148	0.5
63	118	0.4	130	0.4
64	147	0.5	98	0.3
65	146	0.5	114	0.4
66	140	0.5	102	0.4
67	95	0.3	81	0.3
68	109	0.4	92	0.3
69	94	0.3	76	0.3
70+	1,036	3.6	677	2.3
Don't know/missing	3	0.0	3	0.0
Total	28,602	100.0	29,027	100.0

Table C.2 Age distribution of eligible and interviewed women

De facto household population of women age 10-54, interviewed women age 15-49, and percentage of eligible women who were interviewed (weighted), by five-year age groups, Philippines 2008

Age group	Household population of women age 10-54	Interviewed women age 15-49		Percentage of women
		Number	Percent	
10-14	3,318	na	na	na
15-19	2,880	2,826	20.4	98.1
20-24	2,232	2,182	15.7	97.7
25-29	2,190	2,154	15.5	98.3
30-34	1,940	1,907	13.7	98.3
35-39	1,851	1,817	13.1	98.2
40-44	1,581	1,562	11.3	98.7
45-49	1,453	1,430	10.3	98.4
50-54	1,347	na	na	na
15-49	14,127	13,878	100.0	98.2

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview. Weights for both household population of women and interviewed women are household weights. Age is based on the household schedule.
na = Not applicable

Table C.3 Completeness of reporting

Percentage of observations missing information for selected demographic and health questions (weighted), Philippines 2008

Subject	Reference group	Percentage with information missing	Number of cases
Birth date	Births in past 15 years		
Month only		0.25	18,470
Month and year		0.02	18,470
Age at death	Deaths to births in past 15 years	0.00	729
Age/date at first union[1]	Ever-married women	0.05	9,064
Respondent's education	All women	0.00	13,594
Diarrhea in past 2 weeks	Living children age 0-59 months	0.96	6,185

[1] Both year and age missing

Table C.4 Births by calendar years

Number of births, percentage with complete birth date, sex ratio at birth, and calendar year ratio by calendar year, according to living (L), dead (D), and total (T) children (weighted), Philippines 2008

Calendar year	Number of births			Percentage with complete birth date[1]			Sex ratio at birth[2]			Calendar year ratio[3]		
	L	D	T	L	D	T	L	D	T	L	D	T
2008	807	9	815	100.0	100.0	100.0	108.0	113.2	108.0	na	na	na
2007	1,271	38	1,308	100.0	100.0	100.0	114.3	123.4	114.5	na	na	na
2006	1,221	39	1,260	100.0	97.6	99.9	103.9	229.9	106.4	97.8	112.6	98.2
2005	1,225	32	1,258	99.8	93.3	99.6	110.4	176.4	111.7	99.5	75.4	98.7
2004	1,241	47	1,288	100.0	100.0	100.0	113.1	130.5	113.7	100.8	130.0	101.7
2003	1,236	39	1,276	99.9	96.3	99.8	115.8	235.2	118.2	97.9	79.6	97.2
2002	1,285	52	1,337	99.9	98.5	99.8	111.1	86.4	110.0	106.2	95.3	105.8
2001	1,182	70	1,252	99.8	97.6	99.7	108.3	132.5	109.5	90.3	115.4	91.4
2000	1,335	69	1,404	99.7	98.7	99.7	129.5	131.9	129.7	112.3	122.5	112.8
1999	1,195	43	1,238	99.6	96.0	99.5	92.6	140.8	93.9	94.4	71.3	93.4
2004-2008	5,765	164	5,929	100.0	98.1	99.9	110.1	154.3	111.1	na	na	na
1999-2003	6,233	274	6,507	99.8	97.6	99.7	111.2	132.9	112.1	na	na	na
1994-1999	5,422	281	5,704	99.8	95.8	99.6	109.9	115.3	110.1	na	na	na
1989-1993	4,548	254	4,802	99.8	92.3	99.4	102.4	162.5	104.9	na	na	na
<1989	4,076	385	4,460	99.6	94.6	99.2	110.9	126.3	112.1	na	na	na
All	26,044	1,359	27,403	99.8	95.5	99.6	109.0	134.3	110.2	na	na	na

na = Not applicable
[1] Both year and month of birth given
[2] (Bm/Bf)x100, where Bm and Bf are the numbers of male and female births, respectively
[3] [2Bx/(Bx-1+Bx+1)]x100, where Bx is the number of births in calendar year x

Table C.5 Reporting of age at death in days

Distribution of reported deaths under one month of age by age at death in days and the percentage of neonatal deaths reported to occur at ages 0-6 days, for five-year periods of birth preceding the survey (weighted), Philippines 2008

	Number of years preceding the survey				Total
Age at death (days)	0-4	5-9	10-14	15-19	0-19
<1	26	28	27	21	102
1	27	23	25	18	93
2	4	7	6	6	24
3	13	17	10	6	46
4	5	3	1	3	11
5	7	1	6	2	16
6	2	2	0	3	7
7	6	15	14	7	42
8	0	0	0	1	1
9	0	2	2	1	4
10	1	2	2	1	6
11	1	1	0	0	2
12	1	1	0	3	5
13	0	1	1	0	2
14	1	3	1	2	7
15	1	1	2	1	5
17	1	0	0	0	1
18	1	0	0	0	1
20	0	0	1	1	2
21	0	2	1	1	4
22	0	1	0	1	2
23	2	1	1	0	5
24	0	0	1	0	1
26	0	1	0	0	1
27	0	0	1	0	1
29	0	0	1	1	3
30	0	1	0	0	1
Total 0-30	101	113	102	77	392
Percent early neonatal[1]	84.6	72.0	73.4	74.6	76.1

[1] (0-6 days)/(0-30 days) * 100

Table C.6 Reporting of age at death in months

Distribution of reported deaths under two years of age by age at death in months and the percentage of infant deaths reported to occur at age under one month, for five-year periods of birth preceding the survey, Philippines 2008

Age at death (months)	Number of years preceding the survey 0-4	5-9	10-14	15-19	Total 0-19
<1[a]	101	113	102	77	392
1	14	11	12	13	51
2	6	7	11	5	30
3	6	11	10	5	31
4	3	7	5	5	20
5	6	5	2	4	18
6	2	7	8	2	20
7	4	9	7	8	28
8	2	12	11	6	31
9	3	9	9	6	27
10	1	0	1	2	4
11	3	5	2	6	16
12	6	16	12	17	51
13	1	2	3	2	8
14	3	4	0	1	7
15	3	3	2	2	10
16	0	0	1	2	3
17	0	0	4	0	4
18	0	2	3	6	11
19	0	1	1	1	3
20	0	0	1	2	3
21	0	0	1	1	2
22	0	1	0	1	2
23	1	0	0	0	1
1 year	1	1	0	1	3
Total 0-11	151	197	180	139	667
Percent neonatal[1]	66.8	57.2	56.4	55.2	58.7

[a] Includes deaths under one month reported in days

[1] Under one month/under one year

PERSONS INVOLVED IN THE 2008 PHILIPPINES DEMOGRAPHIC AND HEALTH SURVEY

APPENDIX D

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Appendix E

AUTHORITY: Commonwealth Act No. 591 authorizes this survey and the Nationa Statistics Office to collect information on fertility, family planning and health **CONFIDENTIALITY** : Sec. 4 of CA No. 591 provides that all information furnished on this form is held ***STRICTLY CONFIDENTIAL.***	NATIONAL STATISTICS OFFICE **2008 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY** **HOUSEHOLD QUESTIONNAIRE**	NDHS FORM 1 NSCB Approval No. NSO-0813-01 Expires July 31, 2009

Booklet _____ of _____ Booklets

IDENTIFICATION

PROVINCE _____

CITY/MUNICIPALITY _____

BARANGAY _____

EA .....

SAMPLE HOUSING UNIT SERIAL NUMBER .....

HOUSEHOLD CONTROL NUMBER .....

NDHS HOUSEHOLD NUMBER .....

NUMBER OF HOUSEHOLDS IN THE HOUSING UNIT .....

NAME OF HOUSEHOLD HEAD _____

ADDRESS _____

INTERVIEW RECORD

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR 2 0 0 8
INTERVIEWER'S NAME	_____	_____	_____	INT. CODE
RESULT*	_____	_____	_____	RESULT
NEXT VISIT: DATE AND TIME	_____	_____		TOTAL NUMBER OF VISITS

*RESULT CODES:

1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER _____ (SPECIFY)

LANGUAGE OF QUESTIONNAIRE** [7]

LOCAL LANGUAGE OF RESPONDENT**

LANGUAGE OF INTERVIEW**

TRANSLATOR USED YES 1
NO 2

**LANGUAGE CODES

1 TAGALOG
2 CEBUANO
3 ILOCANO
4 BICOL
5 HILIGAYNON
6 WARAY
7 ENGLISH
8 OTHER _____ SPECIFY

TOTAL HH MEMBERS AND VISITORS

TOTAL ELIGIBLE WOMEN

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE

TIME OF INTERVIEW

TIME STARTED HR
MIN

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	ENCODER
Name and Signature / Date	Name and Signature / Date		

Hello. My name is _____and I am working with the National Statistics Office. We are conducting a national survey about various health issues. We would very much appreciate your participation in this survey. As part of the survey, we would first like to ask some questions about your household. All of the answers you give will be confidential. We

LINE NO.	ALL PERSONS: USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY
	Please give me the names of the persons who usually sleep and eat in your household or those who slept here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) sleep here last night?	How old is (NAME) as of his/her last birthday?	CIRCLE LINE NO. OF ALL WOMEN AGE 15-49
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
			M F	Y N	Y N	IN YEARS	
01		0 1	1 2	1 2	1 2		01
02			1 2	1 2	1 2		02
03			1 2	1 2	1 2		03
04			1 2	1 2	1 2		04
05			1 2	1 2	1 2		05
06			1 2	1 2	1 2		06
07			1 2	1 2	1 2		07
08			1 2	1 2	1 2		08
09			1 2	1 2	1 2		09
10			1 2	1 2	1 2		10

PUT AN X MARK IF CONTINUATION SHEET IS USED ☐

2A) Are there any other persons such as OFW, small children or infants that we have not listed? YES ☐ → ENTER EACH IN TABLE NO ☐

2B) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES ☐ → ENTER EACH IN TABLE NO ☐

2C) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES ☐ → ENTER EACH IN TABLE NO ☐

CODES FOR Q.3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = OTHER RELATIVE
10 = ADOPTED/FOSTER/STEPCHILD
11 = NOT RELATED
98 = DON'T KNOW

hope you will participate in the survey since your views are important. Now, I would like to ask you some information about the people who usually live in your household or who are staying with you.

LINE NO.	ALL PERSONS		6 YEARS OLD AND OVER	
	HEALTH INSURANCE		EVER ATTENDED SCHOOL	
	Is (NAME) covered by PhilHealth or Medicare, GSIS, SSS, or any health insurance, either as member or dependent?	Which health insurance does (NAME) belong to? Any other health insurance?	Has (NAME) ever attended school? IF NO, GO TO NEXT HH MEMBER, OR IF LAST MEMBER SKIP TO **13**	What is the highest grade/ year (NAME) completed?
	(9)	(10)	(11)	(12)
	Y N DK		Y N	GRADE/YEAR
01	1 2 8 **GO TO 11**		1 2 **NEXT HH MEMBER**	
02	1 2 8 **GO TO 11**		1 2 **NEXT HH MEMBER**	
03	1 2 8 **GO TO 11**		1 2 **NEXT HH MEMBER**	
04	1 2 8 **GO TO 11**		1 2 **NEXT HH MEMBER**	
05	1 2 8 **GO TO 11**		1 2 **NEXT HH MEMBER**	
06	1 2 8 **GO TO 11**		1 2 **NEXT HH MEMBER**	
07	1 2 8 **GO TO 11**		1 2 **NEXT HH MEMBER**	
08	1 2 8 **GO TO 11**		1 2 **NEXT HH MEMBER**	
09	1 2 8 **GO TO 11**		1 2 **NEXT HH MEMBER**	
10	1 2 8 **GO TO 11**		1 2 **NEXT HH MEMBER**	

(13) SELECTION OF RESPONDENT FOR WOMEN'S SAFETY (WS) MODULE IF MORE THAN 1 ELIGIBLE WOMEN

USE THE TABLE BELOW TO SELECT RANDOM WOMAN RESPONDENT.

COUNT THE TOTAL NO. OF ELIGIBLE WOMEN IN COL.8; CIRCLE THE NO. IN THE TABLE. IF ONLY ONE ELIGIBLE WOMAN, GO TO 14.

CHECK COVER PAGE FOR LAST DIGIT OF THE NDHS HOUSEHOLD NUMBER. CIRCLE LAST DIGIT IN THE TABLE

CIRCLE THE NUMBER WHERE THE LAST DIGIT AND TOTAL NUMBER OF ELIGIBLE WOMEN MEET; THIS IS THE RANK OF THE RESPONDENT FOR THE WS MODULE.

LAST DIGIT OF NDHS HOUSEHOLD NUMBER IS	IF THE TOTAL NUMBER OF ELIGIBLE WOMEN IN THE HOUSEHOLD IS			
	2	3	4	5
	RANK IS			
0	2	2	4	3
1	1	3	1	4
2	2	1	2	5
3	1	2	3	1
4	2	3	4	2
5	1	1	1	3
6	2	2	2	4
7	1	3	3	5
8	2	1	4	1
9	1	2	1	2

(14) RECORD THE NAME AND LINE NUMBER OF THE RESPONDENT FOR THE WOMEN'S SAFETY MODULE

NAME _____ LN

CODES FOR Q.10

A = PH LHEALTH PAYING MEMBER
B = PH LHEALTH DEPENDENT OF PAYING MEMBER
C = PHILHEALTH INDIGENT MEMBER
D = PHILHEALTH DEPENDENT OF NDIGENT MEMBER
E = GSIS
F = SSS
G = PRIVATE INSURANCE COMPANY/ HEALTH MAINTENANCE ORGANIZATION/ PRE-NEED INSURANCE PLAN COMPANY
X = OTHER, SPEC FY

CODES FOR Q.12

00 = NO GRADE COMPLETED
01 = PRE-SCHOOL
11 = ELEMENTARY GRADE 1
12 = ELEMENTARY GRADE 2
13 = ELEMENTARY GRADE 3
14 = ELEMENTARY GRADE 4
15 = ELEMENTARY GRADE 5
16 = ELEMENTARY GRADE 6
18 = ELEMENTARY GRADUATE
21 = HIGH SCHOOL YEAR 1
22 = HIGH SCHOOL YEAR 2
23 = HIGH SCHOOL YEAR 3
24 = HIGH SCHOOL YEAR 4
26 = HIGH SCHOOL GRADUATE
31 = POST SECONDARY YEAR 1
32 = POST SECONDARY YEAR 2 OR MORE
41 = COLLEGE YEAR 1
42 = COLLEGE YEAR 2
43 = COLLEGE YEAR 3
44 = COLLEGE YEAR 4
45 = COLLEGE YEAR 5
46 = COLLEGE YEAR 6 OR MORE
47 = COLLEGE GRADUATE
51 = POST BACCALAUREATE
98 = DON'T KNOW

NO	QUESTIONS AND FILTERS	CODING CATEGORIES
15	In the last 30 days, has any member of your household been sick or injured? By injured, I mean cuts, burns, and injury that require medical attention.	YES ..... 1 NO ..... 2 (GO TO **20**)
16	Now I would like to ask you some questions about each person who is sick/injured or got sick/injured at any time in the last 30 days. Could you tell me the name of each household member who is sick/injured or got sick/injured in the last 30 days? ENTER THE LINE NUMBER AND NAME OF EACH PERSON WHO IS SICK OR INJURED. ENTER THE LINE NUMBER IN ASCENDING ORDER. ASK ALL QUESTIONS ABOUT ALL OF THESE PERSONS IF THE PERSON IS DECEASED, ENTER '00' FOR LINE NUMBER IF THERE ARE MORE THAN 3 PERSONS, USE ADDITIONAL QUESTIONNAIRE.	

	SICK/INJURED PERSONS IN THE LAST 30 DAYS			
17	LINE NUMBER AND NAME FROM COL. (1) AND (2).	LINE NUMBER ..... [ ][ ] NAME_____	LINE NUMBER ..... [ ][ ] NAME_____	LINE NUMBER ..... [ ][ ] NAME_____
18	What was (NAME IN **17**)'s illness or injury? IF COMMON NON-COMMUNICABLE OR INFECTIOUS DISEASES, PROBE: Was (NAME)'s illness diagnosed by a doctor? IF NOT DIAGNOSED SPECIFY IN 'OTHER'. IF YES, CIRCLE APPROPRIATE CODE.	COMMON NON-COMMUNICABLE DISEASES DIABETES ..... A CANCER ..... B HYPERTENSION ..... C COMMON INFECTIOUS DISEASES TUBERCULOSIS (TB) ..... D ACUTE RESPIRATORY INFECTION ..... E ACUTE GASTRO-ENTERITIS ..... F COMMON COLDS AND COUGH/ FLU/FEVER . G INJURY CUT/WOUND ..... H BURN ..... I FRACTURE/ BROKEN BONE ... J DISLOCATION/ SLIPPED DISK ..... K OTHER _____ X (SPECIFY)	COMMON NON-COMMUNICABLE DISEASES DIABETES ..... A CANCER ..... B HYPERTENSION ..... C COMMON INFECTIOUS DISEASES TUBERCULOSIS (TB) ..... D ACUTE RESPIRATORY INFECTION ..... E ACUTE GASTRO-ENTERITIS ..... F COMMON COLDS AND COUGH/ FLU/FEVER . G INJURY CUT/WOUND ..... H BURN ..... I FRACTURE/ BROKEN BONE ... J DISLOCATION/ SLIPPED DISK ..... K OTHER _____ X (SPECIFY)	COMMON NON-COMMUNICABLE DISEASES DIABETES ..... A CANCER ..... B HYPERTENSION ..... C COMMON INFECTIOUS DISEASES TUBERCULOSIS (TB) ..... D ACUTE RESPIRATORY INFECTION ..... E ACUTE GASTRO-ENTERITIS ..... F COMMON COLDS AND COUGH/ FLU/FEVER . G INJURY CUT/WOUND ..... H BURN ..... I FRACTURE/ BROKEN BONE ... J DISLOCATION/ SLIPPED DISK ..... K OTHER _____ X (SPECIFY)
19		GO BACK TO **18** IN NEXT COLUMN; OR, IF NO MORE SICK PERSON IN 17, GO TO **20**	GO BACK TO **18** IN NEXT COLUMN; OR, IF NO MORE SICK PERSON IN 17, GO TO **20**	GO BACK TO **18** OF NEW QUESTIONNAIRE; OR, IF NO MORE SICK PERSON IN 17, GO TO **20**

20	In the last 30 days, has any member of your household visited a health facility or sought advice or treatment anywhere?	YES ..... 1 NO ..... 2 (GO TO **44**)
21	Could you tell me the name of each household member who visited a health facility or sought advice or treatment in the last 30 days? ENTER IN **22**, **29**, AND **34** THE LINE NUMBER AND NAME OF EACH PERSON WHO VISITED A HEALTH FACILITY. ENTER THE LINE NUMBER IN ASCENDING ORDER. ASK ALL QUESTIONS ABOUT ALL OF THESE PERSONS IF MORE THAN TWO VISITS, ASK ONLY ABOUT THE FIRST TWO VISITS IN THE LAST 30 DAYS. IF THE PERSON IS DECEASED, ENTER '00' FOR LINE NUMBER IF THERE ARE MORE THAN 3 PERSONS, USE ADDITIONAL QUESTIONNAIRE.	

	PERSONS WHO VISITED A HEALTH FACILITY IN THE LAST 30 DAYS			
22	LINE NUMBER AND NAME FROM COL. (1) AND (2).	LINE NUMBER ..... [ ][ ] NAME_____	LINE NUMBER ..... [ ][ ] NAME_____	LINE NUMBER ..... [ ][ ] NAME_____
23	Where was advice or treatment first sought for (NAME IN **22**)'s illness/injury/ check-up/ laboratory? IF "HOSPITAL", PROBE: Regional Hospital, Provincial Hospital, District Hospital, Health Center, or Private Hospital? IF "HEALTH WORKER/NURSE", PROBE: Did the health worker/nurse visit (NAME) or did (NAME) go to his/her clinic/home?	PUBLIC SECTOR REGIONAL HOSP./ PUBLIC MED. CTR . 11 PROVINCIAL HOSP. . 12 DISTRICT HOSPITAL . 13 MUNICIPAL HOSP. . . . 14 RURAL HEALTH UNIT/ URBAN HLTH CTR.. 15 BARANGAY HLTH ST. 16 OTHER PUBLIC ..... 17 (GO TO **25**) PRIVATE SECTOR PRIVATE HOSP. ..... 21 LYING-IN CLINIC/ BIRTHING HOME . . . 22 PRIVATE CLINIC ..... 23 PRIVATE PHARMACY. 24 OTHER PRIVATE..... 26 ALTERNATIVE MEDICAL HILOT/HERBALISTS . 31 THERAPEUTIC MASSAGE CENTER 32 OTHER ALTERNATIVE HEALING ..... 36 NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET . . . 41 FAITH HEALER ..... 42 OTHER _____96 (SPECIFY) (GO TO **25**)	PUBLIC SECTOR REGIONAL HOSP./ PUBLIC MED. CTR . 11 PROVINCIAL HOSP. . 12 DISTRICT HOSPITAL . 13 MUNICIPAL HOSP. . . . 14 RURAL HEALTH UNIT/ URBAN HLTH CTR.. 15 BARANGAY HLTH ST. 16 OTHER PUBLIC ..... 17 (GO TO **25**) PRIVATE SECTOR PRIVATE HOSP. ..... 21 LYING-IN CLINIC/ BIRTHING HOME . . . 22 PRIVATE CLINIC ..... 23 PRIVATE PHARMACY. 24 OTHER PRIVATE..... 26 ALTERNATIVE MEDICAL HILOT/HERBALISTS . 31 THERAPEUTIC MASSAGE CENTER 32 OTHER ALTERNATIVE HEALING ..... 36 NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET . . . 41 FAITH HEALER ..... 42 OTHER _____96 (SPECIFY) (GO TO **25**)	PUBLIC SECTOR REGIONAL HOSP./ PUBLIC MED. CTR . 11 PROVINCIAL HOSP. . 12 DISTRICT HOSPITAL . 13 MUNICIPAL HOSP. . . . 14 RURAL HEALTH UNIT/ URBAN HLTH CTR.. 15 BARANGAY HLTH ST. 16 OTHER PUBLIC ..... 17 (GO TO **25**) PRIVATE SECTOR PRIVATE HOSP. ..... 21 LYING-IN CLINIC/ BIRTHING HOME . . . 22 PRIVATE CLINIC ..... 23 PRIVATE PHARMACY. 24 OTHER PRIVATE..... 26 ALTERNATIVE MEDICAL HILOT/HERBALISTS . 31 THERAPEUTIC MASSAGE CENTER 32 OTHER ALTERNATIVE HEALING ..... 36 NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET . . . 41 FAITH HEALER ..... 42 OTHER _____96 (SPECIFY) (GO TO **25**)
24	Was (NAME IN **22**) confined in the hospital/clinic then?	YES ..... 1 NO 2	YES ..... 1 NO 2	YES ..... 1 NO 2
25	Why did (NAME IN **22**) visit a health facility or sought advice/ treatment?	ILL/INJURED ..... 1 DENTAL..... 2 MEDICAL CHECK-UP . . 3 MEDICAL REQUIREMENT ..... 4 OTHER _____ 6 (SPECIFY)	ILL/INJURED ..... 1 DENTAL..... 2 MEDICAL CHECK-UP . . 3 MEDICAL REQUIREMENT ..... 4 OTHER _____ 6 (SPECIFY)	ILL/INJURED ..... 1 DENTAL..... 2 MEDICAL CHECK-UP . . 3 MEDICAL REQUIREMENT ..... 4 OTHER _____ 6 (SPECIFY)
26	How long did it take to travel from your home to (NAME OF SOURCE IN **23**)?	HOURS ..... [ ][ ] MINUTES ..... [ ][ ]	HOURS ..... [ ][ ] MINUTES ..... [ ][ ]	HOURS ..... [ ][ ] MINUTES ..... [ ][ ]
27	How did you reach this (NAME OF SOURCE IN **23**) from your home? Any other means? IF **BY FOOT** ONLY, SKIP TO **30**	BY FOOT ..... A BICYCLE/TRISIKAD ... B MOTORCYCLE/ TRICYCLE ..... C CAR/TAXI ..... D JEEPNEY/BUS..... E BANCA ..... F MOTORIZED BOAT..... G AIRPLANE..... H OTHER _____X (SPECIFY) NO NEED TO TRAVEL . Y (GO TO **30**)	BY FOOT ..... A BICYCLE/TRISIKAD ... B MOTORCYCLE/ TRICYCLE ..... C CAR/TAXI ..... D JEEPNEY/BUS..... E BANCA ..... F MOTORIZED BOAT..... G AIRPLANE..... H OTHER _____X (SPECIFY) NO NEED TO TRAVEL . Y (GO TO **30**)	BY FOOT ..... A BICYCLE/TRISIKAD ... B MOTORCYCLE/ TRICYCLE ..... C CAR/TAXI ..... D JEEPNEY/BUS..... E BANCA ..... F MOTORIZED BOAT..... G AIRPLANE..... H OTHER _____X (SPECIFY) NO NEED TO TRAVEL . Y (GO TO **30**)
28	How much in total was the cost of transportation in going to (SOURCE IN **23**) and back?	PhP [ ][ ][ ][ ][ ] FREE/NO COST ... 00000 IN KIND ..... 99996 DON'T KNOW 99998	PhP [ ][ ][ ][ ][ ] FREE/NO COST ... 00000 IN KIND ..... 99996 DON'T KNOW 99998	PhP [ ][ ][ ][ ][ ] FREE/NO COST ... 00000 IN KIND ..... 99996 DON'T KNOW 99998

	PERSONS WHO VISITED A HEALTH FACILITY IN THE LAST 30 DAYS			
29	COPY LINE NUMBER AND NAME FROM **22**	LINE NUMBER ..... [ ][ ] NAME_____	LINE NUMBER ..... [ ][ ] NAME_____	LINE NUMBER ..... [ ][ ] NAME_____
30	How much in total was spent on (NAME IN **29**)'s treatment at the (SOURCE IN **23**)? IF AMOUNT PAID IS P999,994 OR MORE, RECORD 999994.	COST IN PESOS 1 [ ][ ][ ][ ][ ][ ] DONATION IN PESOS 2 [0][0][0][ ][ ][ ] FREE/NO COST . 0000000 STILL IN HOSPITAL ... 9999995 IN KIND ..... 9999996 (GO TO **32**) DON'T KNOW ... 9999998	COST IN PESOS 1 [ ][ ][ ][ ][ ][ ] DONATION IN PESOS 2 [0][0][0][ ][ ][ ] FREE/NO COST . 0000000 STILL IN HOSPITAL ... 9999995 IN KIND ..... 9999996 (GO TO **32**) DON'T KNOW ... 9999998	COST IN PESOS 1 [ ][ ][ ][ ][ ][ ] DONATION IN PESOS 2 [0][0][0][ ][ ][ ] FREE/NO COST . 0000000 STILL IN HOSPITAL ... 9999995 IN KIND ..... 9999996 (GO TO **32**) DON'T KNOW ... 9999998
31	Did (NAME IN **29**) use any health insurance or did he/she have to borrow or use savings to pay for the advice or treatment at the (NAME OF SOURCE IN **23**) or what? What else?	SALARY/ INCOME ..... A LOAN/MORTGAGE ..... B SAVINGS ..... C DONATION/CHARITY/ ASSISTANCE ..... D PHILHEALTH ..... E SSS/GSIS/ECC ..... F HMO/PRIVATE/PRE-NEED INSURANCE ..... G OTHER _____ X (SPECIFY)	SALARY/ INCOME ..... A LOAN/MORTGAGE ..... B SAVINGS ..... C DONATION/CHARITY/ ASSISTANCE ..... D PHILHEALTH ..... E SSS/GSIS/ECC ..... F HMO/PRIVATE/PRE-NEED INSURANCE ..... G OTHER _____ X (SPECIFY)	SALARY/ INCOME ..... A LOAN/MORTGAGE ..... B SAVINGS ..... C DONATION/CHARITY/ ASSISTANCE ..... D PHILHEALTH ..... E SSS/GSIS/ECC ..... F HMO/PRIVATE/PRE-NEED INSURANCE ..... G OTHER _____ X (SPECIFY)
32	Was there a second visit to this place/person or was advice/ treatment sought anywhere else for the same illness or other purpose?	YES ..... 1 NO ..... 2 GO BACK TO **23** IN NEXT COLUMN; OR, IF NO MORE PERSON IN 22, GO TO **44**	YES ..... 1 NO ..... 2 GO BACK TO **23** IN NEXT COLUMN; OR, IF NO MORE PERSON IN 22, GO TO **44**	YES ..... 1 NO ..... 2 GO BACK TO **23** OF NEW QUESTIONNAIRE OR IF NO MORE PERSON IN 22, GO TO **44**
33	Where was advice or treatment sought for (NAME IN **29**)'s illness/injury/ check-up/ laboratory? IF "HOSPITAL", PROBE: Regional Hospital, Provincial Hospital, District Hospital, Health Center, or Private Hospital? IF "HEALTH WORKER/NURSE", PROBE: Did the health worker/nurse visit (NAME) or did (NAME) go to his/her clinic/home?	PUBLIC SECTOR REGIONAL HOSP./ PUBLIC MED. CTR . 11 PROVINCIAL HOSP. . 12 DISTRICT HOSPITAL . 13 MUNICIPAL HOSP. ... 14 RURAL HEALTH UNIT/ URBAN HLTH CTR.. 15 BARANGAY HLTH ST. 16 OTHER PUBLIC ..... 17 (GO TO **36**) PRIVATE SECTOR PRIVATE HOSP. ..... 21 LYING-IN CLINIC/ BIRTHING HOME... 22 PRIVATE CLINIC ..... 23 PRIVATE PHARMACY. 24 OTHER PRIVATE..... 26 ALTERNATIVE MEDICAL HILOT/HERBALISTS . 31 THERAPEUTIC MASSAGE CENTER 32 OTHER ALTERNATIVE HEALING ..... 36 NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET... 41 FAITH HEALER ..... 42 OTHER _____ 96 (SPECIFY) (GO TO **36**)	PUBLIC SECTOR REGIONAL HOSP./ PUBLIC MED. CTR . 11 PROVINCIAL HOSP. . 12 DISTRICT HOSPITAL . 13 MUNICIPAL HOSP. ... 14 RURAL HEALTH UNIT/ URBAN HLTH CTR.. 15 BARANGAY HLTH ST. 16 OTHER PUBLIC ..... 17 (GO TO **36**) PRIVATE SECTOR PRIVATE HOSP. ..... 21 LYING-IN CLINIC/ BIRTHING HOME... 22 PRIVATE CLINIC ..... 23 PRIVATE PHARMACY. 24 OTHER PRIVATE..... 26 ALTERNATIVE MEDICAL HILOT/HERBALISTS . 31 THERAPEUTIC MASSAGE CENTER 32 OTHER ALTERNATIVE HEALING ..... 36 NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET... 41 FAITH HEALER ..... 42 OTHER _____ 96 (SPECIFY) (GO TO **36**)	PUBLIC SECTOR REGIONAL HOSP./ PUBLIC MED. CTR . 11 PROVINCIAL HOSP. . 12 DISTRICT HOSPITAL . 13 MUNICIPAL HOSP. ... 14 RURAL HEALTH UNIT/ URBAN HLTH CTR.. 15 BARANGAY HLTH ST. 16 OTHER PUBLIC ..... 17 (GO TO **36**) PRIVATE SECTOR PRIVATE HOSP. ..... 21 LYING-IN CLINIC/ BIRTHING HOME... 22 PRIVATE CLINIC ..... 23 PRIVATE PHARMACY. 24 OTHER PRIVATE..... 26 ALTERNATIVE MEDICAL HILOT/HERBALISTS . 31 THERAPEUTIC MASSAGE CENTER 32 OTHER ALTERNATIVE HEALING ..... 36 NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET... 41 FAITH HEALER ..... 42 OTHER _____ 96 (SPECIFY) (GO TO **36**)

	PERSONS WHO VISITED A HEALTH FACILITY IN THE LAST 30 DAYS			
34	COPY LINE NUMBER AND NAME FROM **22**	LINE NUMBER ..... [ ][ ] NAME_____	LINE NUMBER ..... [ ][ ] NAME_____	LINE NUMBER ..... [ ][ ] NAME_____
35	Was (NAME IN **34**) confined in the hospital/clinic then?	YES ..... 1 NO 2	YES ..... 1 NO 2	YES ..... 1 NO 2
36	Why did (NAME in **34**) visit a health facility or sought advice/ treatment?	ILL/INJURED ..... 1 DENTAL ..... 2 MEDICAL CHECK-UP . 3 MEDICAL REQUIREMENT ..... 4 OTHER _____ 6 (SPECIFY)	ILL/INJURED ..... 1 DENTAL ..... 2 MEDICAL CHECK-UP . 3 MEDICAL REQUIREMENT ..... 4 OTHER _____ 6 (SPECIFY)	ILL/INJURED ..... 1 DENTAL ..... 2 MEDICAL CHECK-UP . 3 MEDICAL REQUIREMENT ..... 4 OTHER _____ 6 (SPECIFY)
37	Was it the same illness/injury?	YES ..... 1 NO 2	YES ..... 1 NO 2	YES ..... 1 NO 2
38	How long did it take to travel from your home to (NAME OF SOURCE IN **33**)?	HOURS ..... [ ][ ] MINUTES ..... [ ][ ]	HOURS ..... [ ][ ] MINUTES ..... [ ][ ]	HOURS ..... [ ][ ] MINUTES ..... [ ][ ]
39	How did you reach this (NAME OF SOURCE IN **33**) from your home? Any other means? IF **BY FOOT** ONLY SKIP TO **41**	BY FOOT ..... A BICYCLE/TRISIKAD ... B MOTORCYCLE/ TRICYCLE ..... C CAR/TAXI ..... D JEEPNEY/BUS ..... E BANCA ..... F MOTORIZED BOAT ..... G AIRPLANE ..... H OTHER _____ X (SPECIFY) NO NEED TO TRAVE ... Y (GO TO **41**)	BY FOOT ..... A BICYCLE/TRISIKAD ... B MOTORCYCLE/ TRICYCLE ..... C CAR/TAXI ..... D JEEPNEY/BUS ..... E BANCA ..... F MOTORIZED BOAT ..... G AIRPLANE ..... H OTHER _____ X (SPECIFY) NO NEED TO TRAVE ... Y (GO TO **41**)	BY FOOT ..... A BICYCLE/TRISIKAD ... B MOTORCYCLE/ TRICYCLE ..... C CAR/TAXI ..... D JEEPNEY/BUS ..... E BANCA ..... F MOTORIZED BOAT ..... G AIRPLANE ..... H OTHER _____ X (SPECIFY) NO NEED TO TRAVE ... Y (GO TO **41**)
40	How much in total was the cost of transportation in going to (SOURCE IN **33**) and back?	PhP [ ][ ][ ][ ][ ] FREE/NO COST ... 00000 IN KIND ..... 99996 DON'T KNOW 99998	PhP [ ][ ][ ][ ][ ] FREE/NO COST ... 00000 IN KIND ..... 99996 DON'T KNOW 99998	PhP [ ][ ][ ][ ][ ] FREE/NO COST ... 00000 IN KIND ..... 99996 DON'T KNOW 99998
41	How much in total was spent on (NAME)'s treatment at the (SOURCE IN **33**)? IF AMOUNT PAID IS P999,994 OR MORE, RECORD 999994.	COST IN PESOS 1 [ ][ ][ ][ ][ ][ ] DONATION IN PESOS 2 [0][0][0][ ][ ][ ] FREE/NO COST . 0000000 STILL IN HOSPITAL ... 9999995 IN KIND ..... 9999996 (GO TO **43**) DON'T KNOW ... 9999998	COST IN PESOS 1 [ ][ ][ ][ ][ ][ ] DONATION IN PESOS 2 [0][0][0][ ][ ][ ] FREE/NO COST . 0000000 STILL IN HOSPITAL ... 9999995 IN KIND ..... 9999996 (GO TO **43**) DON'T KNOW ... 9999998	COST IN PESOS 1 [ ][ ][ ][ ][ ][ ] DONATION IN PESOS 2 [0][0][0][ ][ ][ ] FREE/NO COST . 0000000 STILL IN HOSPITAL ... 9999995 IN KIND ..... 9999996 (GO TO **43**) DON'T KNOW ... 9999998
42	Did (NAME IN **34**) use any health insurance or did he/she have to borrow or use savings to pay for the advice or treatment at the (NAME OF SOURCE IN **33**) or what? What else?	SALARY/ INCOME ..... A LOAN/MORTGAGE ..... B SAVINGS ..... C DONATION/CHARITY/ ASSISTANCE ..... D PHILHEALTH ..... E SSS/GSIS/ECC ..... F HMO/PRIVATE/PRE-NEED INSURANCE ..... G OTHER _____ X (SPECIFY)	SALARY/ INCOME ..... A LOAN/MORTGAGE ..... B SAVINGS ..... C DONATION/CHARITY/ ASSISTANCE ..... D PHILHEALTH ..... E SSS/GSIS/ECC ..... F HMO/PRIVATE/PRE-NEED INSURANCE ..... G OTHER _____ X (SPECIFY)	SALARY/ INCOME ..... A LOAN/MORTGAGE ..... B SAVINGS ..... C DONATION/CHARITY/ ASSISTANCE ..... D PHILHEALTH ..... E SSS/GSIS/ECC ..... F HMO/PRIVATE/PRE-NEED INSURANCE ..... G OTHER _____ X (SPECIFY)
43		GO BACK TO **23** IN NEXT COLUMN; OR, IF NO MORE PERSON IN 22, GO TO **44**	GO BACK TO **23** IN NEXT COLUMN; OR, IF NO MORE PERSON IN 22, GO TO **44**	GO BACK TO **23** OF NEW QUESTIONNAIRE; IF NO MORE PERSON IN 22, GO TO **44**.

	PERSONS CONFINED IN A HOSPITAL IN THE LAST 12 MONTHS			
44	In the last 12 months, has any member of your household been confined in a hospital/clinic?	YES ..... 1 NO ..... 2 (GO TO **53**)		
45	Now I would like to ask you some questions about each person who was confined in a hospital/clinic in the last 12 months. Could you tell me the name of each household member who was confined during the last 12 months? ENTER THE LINE NUMBER AND NAME OF EACH PERSON WHO WAS CONFINED IN A HOSPITAL. ENTER THE LINE NUMBER IN ASCENDING ORDER. IF THE PERSON IS DECEASED, ENTER '00' FOR LINE NUMBER. IF THERE ARE MORE THAN 3 PERSONS, USE ADDITIONAL QUESTIONNAIRE			
46	LINE NUMBER AND NAME FROM COL. (1) AND (2).	LINE NUMBER ..... [ ][ ] NAME_____	LINE NUMBER ..... [ ][ ] NAME_____	LINE NUMBER ..... [ ][ ] NAME_____
47	Where was (NAME IN **46**) (last) confined? IF CONFINED MORE THAN ONCE, REPORT THE LAST ONE.	PUBLIC SECTOR REGIONAL HOSP./ PUBLIC MED. CTR . 11 PROVINCIAL HOSP. . 12 DISTRICT HOSPITAL . 13 MUNICIPAL HOSPITAL ..... 14 PRIVATE SECTOR PRIVATE HOSP. ..... 21 LYING-IN CLINIC/ BIRTHING HOME... 22 PRIVATE CLINIC 23	PUBLIC SECTOR REGIONAL HOSP./ PUBLIC MED. CTR . 11 PROVINCIAL HOSP. . 12 DISTRICT HOSPITAL . 13 MUNICIPAL HOSPITAL ..... 14 PRIVATE SECTOR PRIVATE HOSP. ..... 21 LYING-IN CLINIC/ BIRTHING HOME... 22 PRIVATE CLINIC 23	PUBLIC SECTOR REGIONAL HOSP./ PUBLIC MED. CTR . 11 PROVINCIAL HOSP. . 12 DISTRICT HOSPITAL . 13 MUNICIPAL HOSPITAL ..... 14 PRIVATE SECTOR PRIVATE HOSP. ..... 21 LYING-IN CLINIC/ BIRTHING HOME... 22 PRIVATE CLINIC 23
48	Why was (NAME IN **46**) (last) confined in the hospital/clinic?	ILL/INJURED ..... 1 GAVE BIRTH..... 2 EXECUTIVE CHECK UP ..... 3 OTHER _____ 6 (SPECIFY)	ILL/INJURED ..... 1 GAVE BIRTH..... 2 EXECUTIVE CHECK UP ..... 3 OTHER _____ 6 (SPECIFY)	ILL/INJURED ..... 1 GAVE BIRTH..... 2 EXECUTIVE CHECK UP ..... 3 OTHER _____ 6 (SPECIFY)
49	How long was (NAME IN **46**) confined? IF CONFINED MORE THAN ONCE, REPORT THE LAST ONE.	DAYS ..... [ ][ ][ ] STILL CONFINED ... 995	DAYS ..... [ ][ ][ ] STILL CONFINED ... 995	DAYS ..... [ ][ ][ ] STILL CONFINED ... 995
50	How much was the total medical expenditures for the (last) confinement in (NAME OF SOURCE IN **47**)? IF AMOUNT PAID IS P999,994 OR MORE, RECORD 999994.	COST IN PESOS 1 [ ][ ][ ][ ][ ][ ] DONATION IN PESOS 2 [0][0][0][ ][ ][ ] FREE/NO COST . 0000000 STILL CONFINED 9999995 IN KIND ..... 9999996 (GO TO **52**) DON'T KNOW ... 9999998	COST IN PESOS 1 [ ][ ][ ][ ][ ][ ] DONATION IN PESOS 2 [0][0][0][ ][ ][ ] FREE/NO COST . 0000000 STILL CONFINED 9999995 IN KIND ..... 9999996 (GO TO **52**) DON'T KNOW ... 9999998	COST IN PESOS 1 [ ][ ][ ][ ][ ][ ] DONATION IN PESOS 2 [0][0][0][ ][ ][ ] FREE/NO COST . 0000000 STILL CONFINED 9999995 IN KIND ..... 9999996 (GO TO **52**) DON'T KNOW ... 9999998
51	Did (NAME IN **46**) use any health insurance or did he/she have to borrow or use savings to pay for the confinement at the (NAME OF SOURCE IN **47**) or what? What else?	SALARY/ INCOME ..... A LOAN/MORTGAGE ..... B SAVINGS ..... C DONATION/CHARITY/ ASSISTANCE ..... D PHILHEALTH ..... E SSS/GSIS/ECC ..... F HMO/PRIVATE/PRE-NEED INSURANCE ..... G OTHER _____ X (SPECIFY)	SALARY/ INCOME ..... A LOAN/MORTGAGE ..... B SAVINGS ..... C DONATION/CHARITY/ ASSISTANCE ..... D PHILHEALTH ..... E SSS/GSIS/ECC ..... F HMO/PRIVATE/PRE-NEED INSURANCE ..... G OTHER _____ X (SPECIFY)	SALARY/ INCOME ..... A LOAN/MORTGAGE ..... B SAVINGS ..... C DONATION/CHARITY/ ASSISTANCE ..... D PHILHEALTH ..... E SSS/GSIS/ECC ..... F HMO/PRIVATE/PRE-NEED INSURANCE ..... G OTHER _____ X (SPECIFY)
52		GO BACK TO **47** IN NEXT COLUMN; OR, IF NO MORE MEMBER CONFINED IN 46, GO TO **53**.	GO BACK TO **47** IN NEXT COLUMN; OR, IF NO MORE MEMBER CONFINED IN 46, GO TO **53**.	GO BACK TO **47** OF NEW QUESTIONNAIRE; OR, IF NO MORE CONFINED MEMBER IN 46, GO TO **53**.

HOUSEHOLD CHARACTERISTICS/ PRACTICES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
53	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PUBLIC TAP/STAND PIPE..... 13 TUBE WELL OR BOREHOLE ..... 21 DUG WELL PROTECTED WELL ..... 31 SEMI-PROTECTED ..... 32 UNPROTECTED WELL ..... 33 WATER FROM SPRING PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 RAINWATER..... 51 TANKER TRUCK .....61 CART WITH SMALL TANK..... 71 SURFACE WATER (RIVER,DAM, ETC.)81 BOTTLED/MINERAL WATER ..... 91 OTHER _____ 96 (SPECIFY)	
54	Do you do anything to the water to make it safer to drink?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 56
55	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL ..... A ADD BLEACH/CHLORINE ..... B IMPROVISED FILTER (CLOTH, SPONGE, ETC.) ..... C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.)..... D SOLAR DISINFECTION ..... E LET IT STAND AND SETTLE..... F OTHER _____X (SPECIFY) DON'T KNOW ..... Z	
56	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 13 TUBE WELL OR BOREHOLE ..... 21 DUG WELL PROTECTED WELL ..... 31 SEMI-PROTECTED ..... 32 UNPROTECTED WELL ..... 33 WATER FROM SPRING PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 RAINWATER..... 51 TANKER TRUCK .....61 CART WITH SMALL TANK..... 71 SURFACE WATER (RIVER,DAM, ETC.)81 OTHER _____ 96 (SPECIFY)	→ 59 → 59
57	Where is that water source located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE, SPECIFY _____ 3	→ 59
58	How long does it take to go there, get water, and come back?	MINUTES ..... [ ][ ][ ] DELIVERED WATER ..... 000 OWN PREMISES..... 996 DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
59	What kind of toilet facility do members of your household usually use? IF FLUSH OR POUR FLUSH TOILET PROBE: Do you have a septic tank? IF YES, PROBE: Does your septic tank have concrete lining, that is, walls and flooring? IF NO, PROBE: Where does your wastewater flow?	FLUSH OR POUR FLUSH TOILET TO PIPED SEWER SYSTEM ..... 11 TO SEPTIC TANK ..... 12 TO PIT LATRINE ..... 13 TO SOMEWHERE ELSE ..... 14 FLUSH, DON'T KNOW WHERE ... 15 PIT LATRINE VENTILATED IMPROVED ..... 21 WITH SLAB ..... 22 WITHOUT SLAB/OPEN PIT ..... 23 COMPOSTING TOILET ..... 31 BUCKET TOILET ..... 41 DROP/HANGING TOILET ..... 51 NO FACILITY/BUSH/FIELD/RIVER ... 61 OTHER _____ 96 (SPECIFY)	→ 61
60	Do you share this toilet facility with other households?	YES ..... 1 NO 2	
61	Does your household or any member of your household have/own: Electricity? A radio / radio cassette? A television? A landline/wireless landline telephone? A cellular phone? A personal computer or laptop? A washing machine? A refrigerator or freezer? A CD or VCD or DVD player? A component or karaoke?	YES NO ELECTRICITY ..... 1 2 RADIO ..... 1 2 TELEVISION ..... 1 2 LANDLINE/WIRELESS ..... 1 2 CELLULAR PHONE ..... 1 2 PC OR LAPTOP ..... 1 2 WASHING MACHINE ..... 1 2 REF/ FREEZER ..... 1 2 CD/ VCD/ DVD PLAYER..... 1 2 COMPONENT/KARAOKE 1 2	
62	What type of fuel does your household mainly use for cooking?	ELECTRICITY ..... 01 LPG ..... 02 NATURAL GAS ..... 03 BIOGAS ..... 04 KEROSENE ..... 05 COAL, LIGNITE ..... 06 CHARCOAL ..... 07 WOOD ..... 08 STRAW/SHRUBS/GRASS ..... 09 AGRICULTURAL CROP/BIOMASS (SAWDUST, HULL, ETC.) ..... 10 ANIMAL DUNG ..... 11 NO FOOD COOKED IN HH ..... 95 OTHER _____ 96 (SPECIFY)	→ 65 → 66
63	In this household, is food cooked on an open fire, an open stove or a closed stove?	OPEN FIRE ..... 1 OPEN STOVE ..... 2 CLOSED STOVE WITH CHIMNEY ... 3 OTHER _____ 6 (SPECIFY)	→ 65
64	Does this (fire/stove) have a chimney, a hood, or neither of these?	CHIMNEY ..... 1 HOOD ..... 2 NEITHER 3	
65	Is the cooking usually done in the kitchen in a separate room in the house, kitchen but no separate room in the house, kitchen separate from the house or outdoor?	SEPARATE ROOM IN THE HOUSE... 1 NO SEPARATE ROOM IN THE HSE . 2 SEPARATE FROM THE HOUSE ..... 3 OUTDOOR 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
66	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND ..... 11 RUDIMENTARY FLOOR WOOD PLANKS ..... 21 PALM/BAMBOO ..... 22 FINISHED FLOOR PARQUET OR POLISHED WOOD . 31 VINYL, LINOLEUM ..... 32 CERAMIC TILES ..... 33 CEMENT ..... 34 CARPET ..... 35 MARBLE ..... 36 OTHER _____ 96 (SPECIFY)	
67	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF ..... 11 THATCH/PALM LEAF (NIPA) ..... 12 SOD/GRASS (COGON) ..... 13 RUDIMENTARY ROOFING RUSTIC MAT ..... 21 PALM/BAMBOO ..... 22 WOOD PLANKS ..... 23 MAKESHIFT/CARDBOARD ..... 24 FINISHED ROOFING GALVANIZED IRON/ALUMINUM ... 31 WOOD ..... 32 CALAMINE/CEMENT FIBER ..... 33 CERAMIC TILES ..... 34 CEMENT ..... 35 ROOFING SHINGLES ..... 36 OTHER _____ 96 (SPECIFY)	
68	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS CANE/PALM/TRUNKS ..... 11 DIRT ..... 12 RUDIMENTARY WALLS BAMBOO ..... 21 STONE WITH MUD ..... 22 UNCOVERED ADOBE ..... 23 PLYWOOD ..... 24 MAKESHIFT/CARDBOARD/ REUSED MATERIAL ..... 25 FINISHED WALLS CEMENT ..... 31 STONE WITH LIME/CEMENT ..... 32 BRICKS ..... 33 CEMENT BLOCKS ..... 34 COVERED ADOBE ..... 35 WOOD PLANKS/SHINGLES ..... 36 GALVANIZED IRON/ALUMINUM ... 37 OTHER _____ 96 (SPECIFY)	
69	What is the tenure status of your lot?	OWNED/BEING AMORTIZED ..... 1 RENTED ..... 2 RENT-FREE W/ OWNER CONSENT 3 RENT-FREE W/O OWNER CONSENT 4	
70	How many rooms in this household are used for sleeping?	ROOMS ..... [ ][ ]	
71	Does your household or any member of your household own: A bicycle or trisikad? A motorcycle or tricycle? An animal-drawn cart? A car or jeep or van? A tractor? A boat or banca with a motor?	YES NO BICYCLE / TRISIKAD ..... 1 2 MOTORCYCLE / TRICYCLE ... 1 2 ANIMAL-DRAWN CART ..... 1 2 CAR / JEEP / VAN ..... 1 2 TRACTOR ..... 1 2 BOAT / BANCA W/ MOTOR ... 1 2	
72	RECORD THE TIME.	HOUR . [ ][ ] MINUTES . [ ][ ]	

INTERVIEWER'S OBSERVATION

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ON SPECIFIC QUESTIONS:

AGE-BIRTH DATE CONSISTENCY CHART

Age	Has not had birthday in 2008	Has already had birthday in 2008
	Don't Know	
0	2007	--
1	2006	2007
2	2005	2006
3	2004	2005
4	2003	2004
5	2002	2003
6	2001	2002
7	2000	2001
8	1999	2000
9	1998	1999
10	1997	1998
11	1996	1997
12	1995	1996
13	1994	1995
14	1993	1994
15	1992	1993
16	1991	1992
17	1990	1991
18	1989	1990
19	1988	1989
20	1987	1988
21	1986	1987
22	1985	1986
23	1984	1985
24	1983	1984
25	1982	1983
26	1981	1982
27	1980	1981
28	1979	1980
29	1978	1979
30	1977	1978
31	1976	1977
32	1975	1976
33	1974	1975
34	1973	1974
35	1972	1973
36	1971	1972
37	1970	1971
38	1969	1970
39	1968	1969

Age	Has not had birthday in 2008	Has already had birthday in 2008
	Don't Know	
40	1967	1968
41	1966	1967
42	1965	1966
43	1964	1965
44	1963	1964
45	1962	1963
46	1961	1962
47	1960	1961
48	1959	1960
49	1958	1959
50	1957	1958
51	1956	1957
52	1955	1956
53	1954	1955
54	1953	1954
55	1952	1953
56	1951	1952
57	1950	1951
58	1949	1950
59	1948	1949
60	1947	1948
61	1946	1947
62	1945	1946
63	1944	1945
64	1943	1944
65	1942	1943
66	1941	1942
67	1940	1941
68	1939	1940
69	1938	1939
70	1937	1938
71	1936	1937
72	1935	1936
73	1934	1935
74	1933	1934
75	1932	1933
76	1931	1932
77	1930	1931
78	1929	1930
79	1928	1929

AUTHORITY: Commonwealth Act No. 591 authorizes this survey and the National Statistics Office to collect information on fertility, family planning and health. **CONFIDENTIALITY** : Sec. 4 of CA No. 591 provides that all information furnished on this form is held ***STRICTLY CONFIDENTIAL.***	NATIONAL STATISTICS OFFICE **2008 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY** **INDIVIDUAL WOMAN'S QUESTIONNAIRE**	NDHS FORM 2 NSCB Approval No. NSO-0813-02 Expires July 31, 2009

Booklet __ of __ Booklets

IDENTIFICATION

PROVINCE _____

CITY/MUNICIPALITY _____

BARANGAY _____

EA .....

SAMPLE HOUSING UNIT SERIAL NUMBER .....

HOUSEHOLD CONTROL NUMBER .....

NDHS HOUSEHOLD NUMBER .....

NAME OF HOUSEHOLD HEAD _____

NAME AND LINE NUMBER OF ELIGIBLE WOMAN _____

ADDRESS _____

INTERVIEW RECORD

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR 2 0 0 8
INTERVIEWER'S NAME	_____	_____	_____	INT. CODE
RESULT*	_____	_____	_____	RESULT
NEXT VISIT: DATE AND TIME	_____	_____		TOTAL NUMBER OF VISITS

*RESULT CODES:

1 COMPLETED
2 NOT AT HOME
3 POSTPONED
4 REFUSED
5 PARTLY COMPLETED
6 RESPONDENT INCAPACITATED
7 OCW/OFW
8 OTHER _____ (SPECIFY)

LANGUAGE OF QUESTIONNAIRE** 7

LANGUAGE OF INTERVIEW**

LOCAL LANGUAGE OF RESPONDENT**

TRANSLATOR USED YES 1 NO 2

**LANGUAGE CODES

1 TAGALOG
2 CEBUANO
3 ILOCANO
4 BICOL
5 HILIGAYNON
6 WARAY
7 ENGLISH
8 OTHER _____ (SPECIFY)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	ENCODER
Name and Signature / Date	Name and Signature / Date		

AGE-BIRTH DATE CONSISTENCY CHART

Age	Has not had birthday in 2008	Has already had birthday in 2008
	Don't Know	
0	2007	--
1	2006	2007
2	2005	2006
3	2004	2005
4	2003	2004
5	2002	2003
6	2001	2002
7	2000	2001
8	1999	2000
9	1998	1999
10	1997	1998
11	1996	1997
12	1995	1996
13	1994	1995
14	1993	1994
15	1992	1993
16	1991	1992
17	1990	1991
18	1989	1990
19	1988	1989
20	1987	1988
21	1986	1987
22	1985	1986
23	1984	1985
24	1983	1984
25	1982	1983
26	1981	1982
27	1980	1981
28	1979	1980
29	1978	1979

Age	Has not had birthday in 2008	Has already had birthday in 2008
	Don't Know	
30	1977	1978
31	1976	1977
32	1975	1976
33	1974	1975
34	1973	1974
35	1972	1973
36	1971	1972
37	1970	1971
38	1969	1970
39	1968	1969
40	1967	1968
41	1966	1967
42	1965	1966
43	1964	1965
44	1963	1964
45	1962	1963
46	1961	1962
47	1960	1961
48	1959	1960
49	1958	1959
50	1957	1958
51	1956	1957
52	1955	1956
53	1954	1955
54	1953	1954
55	1952	1953
56	1951	1952
57	1950	1951
58	1949	1950
59	1948	1949

INTERVIEWER'S OBSERVATION

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

Hello. My name is _____ and I am working with the National Statistics Office. We are conducting a national survey about the health of women and children. We would very much appreciate your participation in this survey.
I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

We hope that you will participate in this survey since your views are important.
At this time, do you want to ask me anything about the survey?
May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____ DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED ..... 1 ↓

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ..... 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	**RECORD THE TIME STARTED.**	HOUR ..... [ ][ ] MINUTE ..... [ ][ ]	
102	First I would I ke to ask some questions about you. For most of the time until you were 12 years old, did you live in a city, in a town/poblacion, in the barrio or rural area, or abroad?	CITY ..... 1 TOWN PROPER/POBLACION ..... 2 BARRIO/RURAL AREA ..... 3 ABROAD 4	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS	YEARS ..... [ ][ ] SINCE BIRTH ..... 95 VISITOR..... 96	→ 106
104	Just before you moved here, did you live in a city, in a town/poblacion, in the barrio or rural area, or abroad?	CITY ..... 1 TOWN PROPER/POBLACION ..... 2 BARRIO/RURAL AREA ..... 3 ABROAD 4	
105	How long had you continuously lived in your previous place of residence? IF LESS THAN ONE YEAR, RECORD '00' YEARS	YEARS ..... [ ][ ] SINCE BIRTH 95	
106	In what month and year were you born?	MONTH ..... [ ][ ] DON'T KNOW MONTH ..... 98 YEAR ..... [ ][ ][ ][ ] DON'T KNOW YEAR 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT **106 AND/OR 107** IF INCONSISTENT.	AGE IN COMPLETED YEARS [ ][ ]	
108	Have you ever attended school?	YES ..... 1 NO 2	→ 111
109	What is the highest grade or year you completed?	_____ [ ][ ] (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	CHECK **109**: ELEMENTARY GRADUATE OR LOWER ↓ HIGH SCHOOL YEAR 1 OR HIGHER →		113
111	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	→ 115
112	CHECK **111**: CODE **'2', '3' OR '4'** CIRCLED ↓ CODE **'1'** CIRCLED →		114
113	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL 4	
114	Do you watch television almost everyday, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL 4	
115	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL 4	
116	What is your religion?	ROMAN CATHOLIC ..... 1 PROTESTANT ..... 2 IGLESIA NI KRISTO ..... 3 AGLIPAY ..... 4 ISLAM ..... 5 OTHER _____ 6 (SPECIFY) NONE 7	
117	How do you classify yourself? Are you a Tagalog, Cebuano, Ilocano, Ilonggo, Bicolano, Waray, Kapampangan, or something else?	TAGALOG ..... 1 CEBUANO ..... 2 ILOCANO ..... 3 ILONGGO ..... 4 BICOLANO ..... 5 WARAY ..... 6 KAPAMPANGAN ..... 7 OTHER _____ 8 (SPECIFY)	

SECTION 2. REPRODUCTION

Now I would l ke to ask about all the pregnancies you have had during your life. By this I mean all the children born to you, whether they were born alive or dead, whether they are still living or not, whether they live with you or somewhere else, and pregnancies which you have had that did not result in a live birth. I understand that it is not easy to ta k about all the children who have died or pregnancies that ended before full term, but it is important that you tell us about all of them, so that we can develop programs to improve children's health.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Have you ever given birth?	YES ..... 1 NO 2	→ 206
202	Do you have any sons or daughters whom you have given birth to who are now living with you?	YES ..... 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME ..... [ ][ ] DAUGHTERS AT HOME ... [ ][ ]	
204	Do you have any sons or daughters whom you have given birth to who are alive but do not live with you?	YES ..... 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE ..... [ ][ ] DAUGHTERS ELSEWHERE [ ][ ]	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE Any baby who cried or showed signs of life but did not survive?	YES ..... 1 NO 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD ..... [ ][ ] GIRLS DEAD ..... [ ][ ]	
208	Women sometimes have pregnancies that do not result in a live born child. That is, a pregnancy can end early, in a miscarriage or the child can be born dead. Have you ever had a pregnancy that did not end in a live birh?	YES ..... 1 NO 2	→ 210
209	In all, how many pregnancies have you had that did not end in a live born child?	PREGNANCY LOSSES ..... [ ][ ]	
210	SUM ANSWERS TO 203, 205, 207 AND 209, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL ..... [ ][ ]	
211	CHECK **210**: Just to make sure that I have this right: you have had _____ children who are still l ving (CHECK **203 AND 205**) _____ children who have died (CHECK **207**) _____ pregnancies that did not result in a live birth (CHECK **209**), You have had in TOTAL _____ pregnancies/births during your life. Is that correct? YES ☐ NO ☐ → PROBE AND CORRECT **201-210** AS NECESSARY.		
212	CHECK **210:** ONE OR MORE PREGNANCIES ☐ NO PREGNANCIES ☐ → 233		

213	Now I would like to record all your pregnancies, whether born alive, born dead, or lost before full term. Start with the first pregnancy you had. RECORD ALL THE PREGNANCIES. RECORD TWINS AND TRIPLETS ON SEPARATE LINES, IF LIVE BIRTHS.						
214	215	216	217	218	219	220	221
LINE NUMBER	Think back to the time of your (first/ next) pregnancy. Was that a single or multiple pregnancy?	Was the baby born alive, born dead, or lost before full term?	Did that baby cry, move, or breathe when it was born?	What name was given to that child?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?
01	S NGLE ... 1 MULTIPLE . 2	BORN ALIVE ..... 1 (SK P TO **218**) BORN DEAD ..... 2 LOST BEFORE FULL TERM ..... 3 (SK P TO **226**)	YES ..... 1 NO 2 **226**	_____ (NAME)	BOY ..... 1 GIRL..... 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES ..... 1 NO 2 **225**
02	S NGLE ... 1 MULTIPLE . 2	BORN ALIVE ..... 1 (SK P TO **218**) BORN DEAD ..... 2 LOST BEFORE FULL TERM ..... 3 (SK P TO **226**)	YES ..... 1 NO 2 **226**	_____ (NAME)	BOY ..... 1 GIRL..... 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES ..... 1 NO 2 **225**
03	S NGLE ... 1 MULTIPLE . 2	BORN ALIVE ..... 1 (SK P TO **218**) BORN DEAD ..... 2 LOST BEFORE FULL TERM ..... 3 (SK P TO **226**)	YES ..... 1 NO 2 **226**	_____ (NAME)	BOY ..... 1 GIRL..... 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES ..... 1 NO 2 **225**
04	S NGLE ... 1 MULTIPLE . 2	BORN ALIVE ..... 1 (SK P TO **218**) BORN DEAD ..... 2 LOST BEFORE FULL TERM ..... 3 (SK P TO **226**)	YES ..... 1 NO 2 **226**	_____ (NAME)	BOY ..... 1 GIRL..... 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES ..... 1 NO 2 **225**
05	S NGLE ... 1 MULTIPLE . 2	BORN ALIVE ..... 1 (SK P TO **218**) BORN DEAD ..... 2 LOST BEFORE FULL TERM ..... 3 (SK P TO **226**)	YES ..... 1 NO 2 **226**	_____ (NAME)	BOY ..... 1 GIRL..... 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES ..... 1 NO 2 **225**
06	S NGLE ... 1 MULTIPLE . 2	BORN ALIVE ..... 1 (SK P TO **218**) BORN DEAD ..... 2 LOST BEFORE FULL TERM ..... 3 (SK P TO **226**)	YES ..... 1 NO 2 **226**	_____ (NAME)	BOY ..... 1 GIRL..... 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES ..... 1 NO 2 **225**
07	S NGLE ... 1 MULTIPLE . 2	BORN ALIVE ..... 1 (SK P TO **218**) BORN DEAD ..... 2 LOST BEFORE FULL TERM ..... 3 (SK P TO **226**)	YES ..... 1 NO 2 **226**	_____ (NAME)	BOY ..... 1 GIRL..... 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES ..... 1 NO 2 **225**
08	S NGLE ... 1 MULTIPLE . 2	BORN ALIVE ..... 1 (SK P TO **218**) BORN DEAD ..... 2 LOST BEFORE FULL TERM ..... 3 (SK P TO **226**)	YES ..... 1 NO 2 **226**	_____ (NAME)	BOY ..... 1 GIRL..... 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES ..... 1 NO 2 **225**

IF BORN ALIVE AND STILL LIVING			IF BORN ALIVE, BUT NOW DEAD	IF BORN DEAD OR LOST BEFORE BIRTH			
222	223	224	225	226	227	228	229
How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CH LD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN 2 YEARS; OR YEARS.	In what month and year did this pregnancy end?	How many months did the pregnancy last? RECORD IN COMPLETED MONTHS.	Did you or someone else do anything to end this pregnancy?	Were there any other pregnan-cies bet-ween the previous pregnancy and this preg-nancy?
01 AGE IN YEARS ☐☐	YES . . . 1 NO . . . 2	LINE NUMBER ☐☐ (SK P TO NEXT PREGNANCY)	DAYS . . . 1 MONTHS . 2 YEARS . . . 3 (SKIP TO NEXT PREGNANCY)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES . . . 1 NO . . . 2	
02 AGE IN YEARS ☐☐	YES . . . 1 NO . . . 2	LINE NUMBER ☐☐ (SKIP TO **229**)	DAYS . . . 1 MONTHS . 2 YEARS . . . 3 (SKIP TO **229**)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2
03 AGE IN YEARS ☐☐	YES . . . 1 NO . . . 2	LINE NUMBER ☐☐ (SKIP TO **229**)	DAYS . . . 1 MONTHS . 2 YEARS . . . 3 (SKIP TO **229**)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2
04 AGE IN YEARS ☐☐	YES . . . 1 NO . . . 2	LINE NUMBER ☐☐ (SKIP TO **229**)	DAYS . . . 1 MONTHS . 2 YEARS . . . 3 (SKIP TO **229**)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2
05 AGE IN YEARS ☐☐	YES . . . 1 NO . . . 2	LINE NUMBER ☐☐ (SKIP TO **229**)	DAYS . . . 1 MONTHS . 2 YEARS . . . 3 (SKIP TO **229**)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2
06 AGE IN YEARS ☐☐	YES . . . 1 NO . . . 2	LINE NUMBER ☐☐ (SKIP TO **229**)	DAYS . . . 1 MONTHS . 2 YEARS . . . 3 (SKIP TO **229**)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2
07 AGE IN YEARS ☐☐	YES . . . 1 NO . . . 2	LINE NUMBER ☐☐ (SKIP TO **229**)	DAYS . . . 1 MONTHS . 2 YEARS . . . 3 (SKIP TO **229**)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2
08 AGE IN YEARS ☐☐	YES . . . 1 NO . . . 2	LINE NUMBER ☐☐ (SKIP TO **229**)	DAYS . . . 1 MONTHS . 2 YEARS . . . 3 (SKIP TO **229**)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
230	Have you had any pregnancy since the last pregnancy mentioned? EXCLUDE CURRENT PREGNANCY	YES ..... 1 NO 2	→ 215
231	COMPARE 210 WITH NUMBER OF PREGNANCIES IN HISTORY AND PUT X MARK: NUMBERS ARE SAME ☐ NUMBERS ARE DIFFERENT ☐ → (PROBE AND RECONCILE) CHECK: FOR EACH PREGNANCY: YEAR IS RECORDED IN **220 OR 226**. ☐ FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED IN **222.** ☐ FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED IN **225**. ☐ FOR AGE AT DEATH 12 MONTHS OR 1 YR: PROBE FOR EXACT NO. OF MONTHS ☐		
232	CHECK **220** AND ENTER THE NUMBER OF LIVE BIRTHS SINCE **JANUARY 2003**. IF NONE, RECORD '0' ☐		
233	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE 8	→ 236
234	How many months pregnant are you?	MONTHS ..... ☐☐	
235	At the time you became pregnant did you want to become pregnant then, did you want to wait until later, or did you not want to become pregnant at all?	WANTED THEN ..... 1 WANTED TO WAIT LATER ..... 2 DID NOT WANT AT ALL 3	
236	When did your last menstrual period start? _____ (DATE, IF GIVEN) IF SAME DAY, RECORD "00"	DAYS AGO ..... 1 ☐☐ WEEKS AGO ..... 2 ☐☐ MONTHS AGO ..... 3 ☐☐ YEARS AGO ..... 4 ☐☐ IN MENOPAUSE/ HAS HAD HYSTERECTOMY ..... 994 BEFORE LAST BIRTH ..... 995 NEVER MENSTRUATED 996	→ 238
237	How old were you when you had your first menstrual period?	AGE ..... ☐☐	
238	From one menstrual period to the next, is there a time when a woman is more likely to become pregnant if she has sexual relations? IF NO, PROBE: Do you know if there is a time when it is not safe for a woman to have sex because she can get pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 301
239	Is this time just before her period begins, during her period, right after her period has ended, or half way between two periods?	JUST BEFORE HER PERIOD BEGINS ..... 1 DURING HER PERIOD ..... 2 RIGHT AFTER HER PERIOD HAS ENDED ..... 3 HALFWAY BETWEEN TWO PERIODS ..... 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

SECTION 3. CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.
ENCIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. ENCIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 ENCIRCLED IN 301, ASK 302.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302 Have you ever used (METHOD)?
01	LIGATION/FEMALE STERILIZATION. Woman can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2 ↓	Have you ever had an operation to avoid having any more children? YES ..... 1 NO 2
02	VASECTOMY/MALE STERILIZATION. Men can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2 ↓	Have you ever had a partner who had an operation to avoid having any more children? YES ..... 1 NO ..... 2 DON'T KNOW 8
03	PILL. Women can take a pill everyday to avoid becoming pregnant.	YES ..... 1 NO ..... 2 ↓	YES ..... 1 NO 2
04	IUD. Women who have a loop or coil placed inside them by a doctor or a nurse.	YES ..... 1 NO ..... 2 ↓	YES ..... 1 NO 2
05	INJECTABLES. Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES ..... 1 NO ..... 2 ↓	YES ..... 1 NO 2
06	IMPLANTS. Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES ..... 1 NO ..... 2 ↓	YES ..... 1 NO 2
07	PATCH. Women can put a hormonal patch on their upper outer arm, buttocks, abdomen or thigh to avoid getting pregnant.	YES ..... 1 NO ..... 2 ↓	YES ..... 1 NO 2
08	CONDOM. Men can put a rubber sheath on their penis during sexual intercourse.	YES ..... 1 NO ..... 2 ↓	Have you ever had a partner who used condom? YES ..... 1 NO 2
09	FEMALE CONDOM. Women can place a sheath in their vagina before sexual intercourse.	YES ..... 1 NO ..... 2 ↓	YES ..... 1 NO 2
10	MUCUS, BILLINGS, OVULATION. Women can monitor the cervical mucus to determine the days of the month they are most likely to get pregnant.	YES ..... 1 NO ..... 2 ↓	YES ..... 1 NO 2
11	BASAL BODY TEMPERATURE. Women can monitor the body temperature to determine the days of the month they are most likely to get pregnant.	YES ..... 1 NO ..... 2 ↓	YES ..... 1 NO 2
12	SYMPTOTHERMAL. It is a combination of Basal Body Temperature and Mucus, Billings, Ovulation Method.	YES ..... 1 NO ..... 2 ↓	YES ..... 1 NO 2

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302 Have you ever used (METHOD)?
13	STANDARD DAYS METHOD. This method uses a beaded necklace on which each bead represents the days of a woman's cycle. The necklace would help determine the days when the woman is likely to get pregnant.	YES ..... 1 NO 2	YES ..... 1 NO 2
14	LACTATIONAL AMENORRHEA METHOD (LAM).	YES ..... 1 NO 2	YES ..... 1 NO 2
15	CALENDAR OR RHYTHM OR PERIODIC ABSTINENCE. Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES ..... 1 NO 2	YES ..... 1 NO 2
16	WITHDRAWAL. Men can be careful and pull out before climax.	YES ..... 1 NO 2	Have you ever had a partner who used withdrawal? YES ..... 1 NO 2
17	EMERGENCY CONTRACEPTION. Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES ..... 1 NO 2	YES ..... 1 NO 2
18	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES ..... 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	YES ..... 1 NO ..... 2 YES ..... 1 NO 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	CHECK **302**: NOT A SINGLE "YES" (NEVER USED) ☐ AT LEAST ONE "YES" (EVER USED) ☐		→ 306
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES ..... 1 NO 2	→ 341
305	What have you used or done? CORRECT **302** AND **303** (AND 301 IF NECESSARY).		
306	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN ..... ☐☐	
307	CHECK **302(01)**: LIGATION/FEMALE STERILIZATION WOMAN NOT STERILIZED 302(01)=2 ☐ WOMAN STERILIZED 302(01)=1 ☐		→ 310A
308	CHECK **233**: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐		→ 331
309	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES ..... 1 NO 2	→ 331

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
310 310A	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD CIRCLED IN THE LIST. CIRCLE 'A' FOR FEMALE STERILIZATION.	FEMALE STERILIZATION ..... A MALE STERILIZATION ..... B PILL ..... C IUD ..... D INJECTABLES ..... E IMPLANTS ..... F PATCH ..... G CONDOM ..... H FEMALE CONDOM ..... I DIAPHRAGM ..... J FOAM/JELLY/CREAM ..... K MUCUS/BILLINGS/OVULATION . L BASAL BODY TEMPERATURE ... M SYMPTOTHERMAL ..... N STANDARD DAYS ..... O LAM ..... P CALENDAR/RHYTHM/ PERIODIC ABSTINENCE ..... Q WITHDRAWAL ..... R OTHER _____ X (SPECIFY)	→ 315 → 311 → 314 → 311 → 314 → 318A
311	CHECK **310**: CODE C FOR PILL OR H FOR CONDOM YES (USING PILL) → May I see the package of pills you are using? NO (USING CONDOM BUT NOT PILL) → May I see the package of condoms your partner is using? RECORD NAME OF BRAND IF PACKAGE SEEN.	PACKAGE SEEN ..... 1 BRAND NAME _____ [ ][ ] (SPECIFY) PACKAGE NOT SEEN 2	→ 313
312	Do you know the brand name of the (pills/condoms) you/your partner are/is using? RECORD NAME OF BRAND.	BRAND NAME _____ [ ][ ] (SPECIFY) DON'T KNOW 98	
313	How many (pill cycles/condoms) did you get the last time?	NUMBER OF PILL CYCLES/CONDOMS [ ][ ][ ] DON'T KNOW 998	
314	The last time you obtained (HIGHEST METHOD ON LIST IN **310**), how much did you pay in total, including the cost of the method and any consultation you may have had?	COST IN PESOS ..... [ ][ ][ ] FREE ..... 000 DON'T KNOW 998	→ 318A
315	In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL ..... 11 RURAL/URBAN HEALTH CENTER ..... 12 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE SECTOR PRIVATE HOSPITAL OR CLINIC ..... 21 PRIVATE DOCTOR ..... 22 OTHER PRIVATE _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	CHECK **310/310A:** CODE 'A' CIRCLED → Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation? CODE 'B' CIRCLED → Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
317	How much did you (your husband/partner) pay in total for the sterilization, including any consultation you (he) may have had? IF COST OF STERILIZATION WAS INCLUDED IN COST OF NORMAL DELIVERY, SEPARATE OR ESTIMATE COST	COST IN PESOS [ ][ ][ ][ ][ ] FREE ..... 00000 DONE WITH CAESARIAN SECTION ..... 99996 DON'T KNOW 99998	
318 318A	In what month and year was the sterilization performed (ligated/vasectomized)? Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping? THEN ESTIMATE THE MONTH AND YEAR BASED ON THE LENGTH OF CONTINUOUS USE	MONTH ..... [ ][ ] YEAR ..... [ ][ ][ ][ ]	
319	CHECK **318/318A, 220 AND 226**: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 318/318A → YES NO → GO BACK TO **318/318A**, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).		
320	CHECK **310/310A:** CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 310/310A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION ..... 01 → 323 MALE STERILIZATION ..... 02 → 330 PILL ..... 03 IUD ..... 04 INJECTABLE ..... 05 IMPLANTS ..... 06 PATCH ..... 07 CONDOM ..... 08 FEMALE CONDOM ..... 09 DIAPHRAGM ..... 10 FOAM/JELLY/CREAM ..... 11 MUCUS, BILLINGS, OVULATION ..... 12 BASAL BODY TEMPERATURE ... 13 SYMPTOTHERMAL ..... 14 STANDARD DAYS METHOD ..... 15 LAM ..... 16 CALENDAR/RHYTHM/ PERIODIC ABSTINENCE ..... 17 WITHDRAWAL ..... 18 OTHER METHOD 96	03–11 → 321 12–17 → 321A 18, 96 → 330

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
321	CHECK **320 (03-11)** Where did you obtain (CURRENT METHOD FROM **320**) when you started using it?	PUBLIC SECTOR GOVT. HOSPITAL ..... 11 RURAL HEALTH UNIT (RHU)/ URBAN HEALTH CENTER . 12 BARANGAY HEALTH STATION . 13 BARANGAY SUPPLY/SERVICE POINT OFFICER/BHW ..... 14 OTHER PUBLIC _____ 15 (SPECIFY)	
321A	CHECK **320 (12-17)** Where did you learn how to use the (CURRENT METHOD FROM **320**)? IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PRIVATE SECTOR PRIVATE HOSPITAL OR CLINIC 21 PHARMACY ..... 22 PRIVATE DOCTOR ..... 23 PRIVATE NURSE/MIDWIFE ... 24 NGO ..... 25 INDUSTRY-BASED CLINIC ... 26 OTHER PRIVATE _____ 27 (SPECIFY) OTHERS PUERICULTURE CENTER ... 31 STORE ..... 32 CHURCH ..... 33 FRIENDS/RELATIVES ..... 34 OTHER _____ 96 (SPECIFY)	
322	CHECK **310/310A**: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 310/310A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	PILL ..... 03 IUD ..... 04 INJECTABLE ..... 05 IMPLANTS ..... 06 PATCH ..... 07 CONDOM ..... 08 FEMALE CONDOM ..... 09 DIAPHRAGM ..... 10 FOAM/JELLY/CREAM ..... 11 MUCUS/BILLINGS/OVULATION ... 12 BASAL BODY TEMPERATURE ... 13 SYMPTOTHERMAL ..... 14 STANDARD DAYS METHOD ..... 15 LAM ..... 16 CALENDAR/RHYTHM/ PERIODIC ABSTINENCE 17	→ 329 → 326
323	You obtained (CURRENT METHOD FROM **320/322**) from (SOURCE OF METHOD FROM **315 OR 321/321A**) in (DATE FROM **318/318A**). At that time, were you told about side effects or problems you might have with the method?	YES ..... 1 NO 2	→ 325
324	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES ..... 1 NO 2	→ 326

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	Were you told what to do if you experienced side effects or problems?	YES ..... 1 NO 2	
326	CHECK **323**: CODE '1' CIRCLED → At that time, were you told about other methods of family planning that you could use? CODE '1' NOT CIRCLED OR NOT ASKED → When you obtained (CURRENT METHOD FROM **322**) from (SOURCE OF METHOD FROM **315** OR **321/321A**) were you told about other methods of family planning that you could use?	YES ..... 1 NO 2	→ 328
327	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES ..... 1 NO 2	
328	CHECK **310/310A**: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN **310/310A**, CIRCLE CODE FOR **HIGHEST METHOD IN LIST**.	FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 PILL ..... 03 IUD ..... 04 INJECTABLE ..... 05 IMPLANTS ..... 06 PATCH ..... 07 CONDOM ..... 08 FEMALE CONDOM ..... 09 DIAPHRAGM ..... 10 FOAM/JELLY/CREAM ..... 11 MUCUS/BILLINGS/OVULATION . 12 BASAL BODY TEMPERATURE ... 13 SYMPTOTHERMAL ..... 14 STANDARD DAYS METHOD ..... 15 LAM ..... 16 CALENDAR/RHYTHM/ PERIODIC ABSTINENCE ..... 17 WITHDRAWAL ..... 18 OTHER METHOD_____ 96 (SPECIFY)	01–02 → 330 03–96 → 330
329	Where did you obtain (CURRENT METHOD) the **last** time? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL ..... 11 RURAL HEALTH UNIT (RHU)/ URBAN HEALTH CENTER . 12 BARANGAY HEALTH STATION . 13 BARANGAY SUPPLY/SERVICE POINT OFFICER/BHW ..... 14 OTHER PUBLIC _____ 15 (SPECIFY) PRIVATE SECTOR PRIVATE HOSPITAL OR CLINIC ..... 21 PHARMACY ..... 22 PRIVATE DOCTOR ..... 23 PRIVATE NURSE/MIDWIFE ... 24 NGO ..... 25 INDUSTRY-BASED CLINIC ... 26 OTHER PRIVATE_____ 27 (SPECIFY) OTHERS PUERICULTURE CENTER ... 31 STORE ..... 32 CHURCH ..... 33 FRIENDS/RELATIVES ..... 34 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	CHECK **318/318A**: (STARTED USING CURRENT METHOD CONTINUOUSLY) **AFTER** (AUGUST/ SEPTEMBER) 2007 ☐ **BEFORE OR IN** (AUGUST/SEPTEMBER) 2007 ☐		→ 343
331	Now, I would like to ask you some questions about your family planning practice one year ago. In (CURRENT MONTH) in 2007, were you/was your partner doing something or using any method to delay or avoid getting pregnant? IF PREGNANT IN CURRENT MONTH IN 2007, CIRCLE '2'.	YES ..... 1 NO 2	→ 335
332	Which method were you using in (CURRENT MONTH) 2007? IF MORE THAN ONE METHOD MENTIONED, CIRCLE METHOD HIGHEST IN LIST.	PILL .....03 IUD ..... 04 INJECTABLE..... 05 IMPLANTS..... 06 PATCH ..... 07 CONDOM ..... 08 FEMALE CONDOM ..... 09 DIAPHRAGM..... 10 FOAM/JELLY/CREAM ..... 11 MUCUS/BILLINGS/OVULATION . 12 BASAL BODY TEMPERATURE ... 13 SYMPTOTHERMAL ..... 14 STANDARD DAYS METHOD ..... 15 LAM .....16 CALENDAR/RHYTHM/ PERIODIC ABSTINENCE ..... 17 WITHDRAWAL ..... 18 OTHER _____96 (SPECIFY)	
333	COMPARE **310 AND 332**: (IF MORE THAN ONE METHOD IN **310**, CHOOSE **METHOD HIGHEST IN THE LIST**.) DIFFERENT METHODS IN **310 & 332** ☐ METHOD IN **310 NOT ASKED** ☐ SAME METHOD IN **310 & 332** ☐		→ 335
334	Why did you stop using (METHOD IN **332**)?	INFREQUENT SEX/HUSBAND AWAY/OLD ..... 01 BECAME PREGNANT WHILE USING ..... 02 WANTED TO BECOME PREGNANT ..... 03 HUSBAND/PARTNER DISAPPROVED ..... 04 WANTED MORE EFFECTIVE METHOD ..... 05 HEALTH CONCERNS ..... 06 SIDE EFFECTS ..... 07 INACCESSIBLE/UNAVAILABLE... 08 COSTS TOO MUCH ..... 09 INCONVENIENT TO USE ..... 10 FATALISTIC ..... 11 DIFFICULT TO GET PREGNANT/ MENOPAUSE/ HYSTERECTOMY ..... 12 MARITAL DISSOLUTION/ SEPARATION ..... 13 OTHER _____96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
335	CHECK **233** PREGNANT NOT PREGNANT OR UNSURE		→ 339
336	Immediately prior to this pregnancy, were you using any method to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	→ 339
337	What method did you use? IF MORE THAN ONE METHOD MENTIONED, CIRCLE METHOD HIGHEST IN LIST.	PILL . . . . . 03 IUD . . . . . 04 INJECTABLE . . . . . 05 IMPLANTS . . . . . 06 PATCH . . . . . 07 CONDOM . . . . . 08 FEMALE CONDOM . . . . . 09 DIAPHRAGM . . . . . 10 FOAM/JELLY/CREAM . . . . . 11 MUCUS/BILLINGS/OVULATION . 12 BASAL BODY TEMPERATURE . . . 13 SYMPTOTHERMAL . . . . . 14 STANDARD DAYS METHOD . . . . . 15 LAM . . . . . 16 CALENDAR/RHYTHM/ PERIODIC ABSTINENCE . . . . . 17 WITHDRAWAL . . . . . 18 OTHER (SPECIFY) _____ 96	
338	Did you become pregnant while using (METHOD IN **337**) or did you stop to get pregnant, or did you stop for some other reason?	BECAME PREGNANT WHILE USING . . . . . 1 WANTED TO BECOME PREGNANT . . . . . 2 STOP FOR OTHER REASON 3	
339	Did you use any (other) method(s) between (CURRENT MONTH) in 2007 and (CURRENT MONTH) in 2008?	YES . . . . . 1 NO 2	→ 343
340	What are these methods? CIRCLE ALL MENTIONED	PILL . . . . . C IUD . . . . . D INJECTABLE . . . . . E IMPLANTS . . . . . F PATCH . . . . . G CONDOM . . . . . H FEMALE CONDOM . . . . . I DIAPHRAGM . . . . . J FOAM/JELLY/CREAM . . . . . K MUCUS/BILLINGS/OVULATION . . L BASAL BODY TEMPERATURE . . . . M SYMPTOTHERMAL . . . . . N STANDARD DAYS METHOD . . . . . O LAM . . . . . P CALENDAR/RHYTHM/ PERIODIC ABSTINENCE . . . . . Q WITHDRAWAL . . . . . R OTHER (SPECIFY) _____ X	→ 343
341	Do you know of a place where you can obtain a method of family planning?	YES . . . . . 1 NO 2	→ 343

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
342	Where is that? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL ..... A RURAL HEALTH UNIT (RHU)/ URBAN HEALTH CENTER . B BARANGAY HEALTH STATION . C BARANGAY SUPPLY/SERVICE POINT OFFICER/BHW ..... D OTHER PUBLIC _____ E (SPECIFY) PRIVATE SECTOR PRIVATE HOSPITAL OR CLINIC ..... F PHARMACY ..... G PRIVATE DOCTOR ..... H PRIVATE NURSE/MIDWIFE ... I NGO ..... J INDUSTRY-BASED CLINIC ... K OTHER PRIVATE _____ L (SPECIFY) OTHERS PUERICULTURE CENTER ... M STORE ..... N CHURCH ..... O FRIENDS/RELATIVES ..... P OTHER _____ X (SPECIFY)	
343	In the last 12 months, were you visited by a healthworker who talked to you about family planning?	YES ..... 1 NO 2	
344	In the last 12 months, have you visited a health facility for care for yourself (or your children) or any purpose?	YES ..... 1 NO 2	→ 401
345	Did any staff member at the health facility speak to you about family planning methods?	YES ..... 1 NO 2	

SECTION 4. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

401	CHECK **232:** ONE OR MORE BIRTHS IN 2003 OR LATER ☐ NO BIRTHS IN 2003 OR LATER ☐ → 554	
402	CHECK **220**: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2003 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)	

403	LINE NUMBER FROM 214	LAST BIRTH LINE NO. ..... ☐☐	NEXT-TO-LAST BIRTH LINE NO. ..... ☐☐	SECOND-FROM-LAST BIRTH LINE NO. ..... ☐☐
404	FROM 218 AND 221	NAME_____ LIVING ☐ DEAD ☐	NAME_____ LIVING ☐ DEAD ☐	NAME_____ LIVING ☐ DEAD ☐
405	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?	THEN ..... 1 (SKIP TO **408**) LATER ..... 2 NOT AT ALL ..... 3 (SKIP TO **407**)	THEN ..... 1 (SKIP TO **432**) LATER ..... 2 NOT AT ALL ..... 3 (SKIP TO **432**)	THEN ..... 1 (SKIP TO **432**) LATER ..... 2 NOT AT ALL ..... 3 (SKIP TO **432**)
406	How much longer would you like to have waited before you got pregnant with (NAME)? IF IN MONTHS, RECORD IN MONTHS. IF TWO YEARS, PROBE FOR EXACT NO. OF MONTHS. IF WITH FRACTION OF YEAR, CONVERT TO MONTHS AND RECORD IN MONTHS.	MONTHS ... 1 ☐☐ YEARS ..... 2 ☐☐ DON'T KNOW 998	MONTHS ... 1 ☐☐ YEARS ..... 2 ☐☐ DON'T KNOW ..... 998 (SKIP TO **432**)	MONTHS ... 1 ☐☐ YEARS ..... 2 ☐☐ DON'T KNOW ..... 998 (SKIP TO **432**)
407	Immediately before you became pregnant with (NAME), were you using any method to delay or avoid getting pregnant?	YES ..... 1 NO 2		
408	Did you see anyone for prenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR ..... A NURSE ..... B MIDWIFE ..... C HILOT..... D OTHER _____ X (SPECIFY) NO ONE..... Y (SKIP TO **417**)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
409	Where did you receive prenatal care for this pregnancy? Anywhere else? Anyone else? PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE PLACE. _____ _____ _____ (NAME OF PLACE(S))	HOME YOUR HOME ..... A OTHER HOME ..... B PUBLIC SECTOR GOVT. HOSPITAL ..... C RURAL/URBAN HEALTH CENTER ..... D BARANGAY HEALTH STATION ..... E BARANGAY SUPPLY/ SERVICE POINT OFFICER/BHW ... F OTHER PUBLIC _____ ... G (SPECIFY) PRIVATE SECTOR PVT. HOSPITAL/ CLINIC ..... H PRIVATE DOCTOR ... I PRIVATE NURSE/ MIDWIFE ..... J NGO ..... K INDUSTRY-BASED CLINIC ..... L OTHER PRIVATE _____ ... M (SPECIFY) OTHER _____ X (SPECIFY)		
410	How many months pregnant were you when you first received prenatal care for this pregnancy?	MONTHS ..... [ ][ ] DON'T KNOW 98		
411	How many times did you receive prenatal care for this pregnancy?	NO OF TIMES ... [ ][ ] DON'T KNOW 98		
412	**CHECK 411:**	ONCE [ ] (SKIP TO **414**) MORE THAN ONCE OR DK [ ]		
413	How many months pregnant were you the last time you received prenatal care?	MONTHS ..... [ ][ ] DON'T KNOW 98		
414	As part of your prenatal care during this pregnancy, were any of the following done at least once? Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	**YES** **NO** WEIGHT ..... 1 2 HEIGHT ..... 1 2 BP ..... 1 2 URINE ..... 1 2 BLOOD 1 2		
415	During (any of) your prenatal care visit(s), were you told about the signs of pregnancy complications?	YES ..... 1 NO ..... 2 (SKIP TO **417**) DON'T KNOW 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
416	Were you told where to go if you had any of these complications?	YES ..... 1 NO ..... 2 DON'T KNOW 8		
417	What symptoms or conditions did you experience during your pregnancy with (NAME), if any? Anything else?	VAGINAL BLEEDING .... A HEADACHE ..... B DIZZINESS ..... C BLURRED VISION ..... D SWOLLEN FACE ..... E SWOLLEN HANDS/ FEET ..... F PALE OR ANEMIC ..... G OTHER _____ X (SPECIFY) NONE ..... Y		
418	During this pregnancy, did you set aside any money in case of an emergency?	YES ..... 1 NO ..... 2 CANNOT REMEMBER 8		
419	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES ..... 1 NO ..... 2 (SKIP TO **422**) DON'T KNOW 8		
420	During this pregnancy, how many times did you get this tetanus injection?	TIMES ..... [ ] DON'T KNOW 8		
421	**CHECK 420:**	2 OR MORE TIMES [ ] → (SKIP TO **426**) OTHER [ ] →		
422	At any time before this pregnancy, did you receive any tetanus injections, either to protect yourself or another baby?	YES ..... 1 NO ..... 2 (SKIP TO **426**) DON'T KNOW 8		
423	Before this pregnancy, how many other times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES ..... [ ] DON'T KNOW 8		
424	In what month and year did you receive the last tetanus injection before this pregnancy?	MONTH ..... [ ][ ] DK MONTH ..... 98 YEAR ... [ ][ ][ ][ ] (SKIP TO **426**) DK YEAR 9998		
425	How many years ago did you receive that tetanus injection?	YEARS AGO ..... [ ][ ]		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
426	During this pregnancy, were you given or did you buy any iron tablets or iron capsules? SHOW TABLETS/ CAPSULES	YES ..... 1 NO ..... 2 (SKIP TO **428**) ←┤ DON'T KNOW 8		
427	During the whole pregnancy, for how many days did you take the tablets or capsules? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS ..... [ ][ ][ ] DON'T KNOW 998		
428	During this pregnancy, did you take any drug for intestinal worms?	YES ..... 1 NO ..... 2 DON'T KNOW 8		
429	During this pregnancy, did you have difficulty with your vision during daylight?	YES ..... 1 NO ..... 2 DON'T KNOW 8		
430	During this pregnancy, did you suffer from night blindness [matang manok]?	YES ..... 1 NO ..... 2 DON'T KNOW 8		
431	Around the time of the birth of (NAME), did you have any of the following problems: Long labor, that is, your regular contractions lasted more than 12 hours? Excessive bleeding, so much that you thought you might die? A high fever with a bad-smelling vaginal discharge? Convulsions not caused by fever?	**YES** **NO** LONG LABOR ... 1 2 BLEEDING ..... 1 2 HIGH FEVER ... 1 2 CONVULSION ... 1 2		
432	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW 8	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW 8	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW 8
433	Was (NAME) weighed at birth?	YES ..... 1 NO ..... 2 (SKIP TO **435**) ←┤ DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **435**) ←┤ DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **435**) ←┤ DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
434	How much did (NAME) weigh? RECORD WEIGHT IN POUNDS FROM HEALTH CARD/BOOKLET, IF AVAILABLE.	FROM CARD/BOOKLET: LBS. 1 [ ][ ].[ ] FROM RECALL: LBS. 2 [ ][ ].[ ] DON'T KNOW 999.8	FROM CARD/BOOKLET: LBS. 1 [ ][ ].[ ] FROM RECALL: LBS. 2 [ ][ ].[ ] DON'T KNOW 999.8	FROM CARD/BOOKLET: LBS. 1 [ ][ ].[ ] FROM RECALL: LBS. 2 [ ][ ].[ ] DON'T KNOW 999.8
435	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR ..... A NURSE ..... B MIDWIFE ..... C OTHER PERSON HILOT..... D RELATIVE/FRIEND ... E OTHER _____X (SPECIFY) NO ONE..... Y	HEALTH PERSONNEL DOCTOR ..... A NURSE ..... B MIDWIFE ..... C OTHER PERSON HILOT..... D RELATIVE/FRIEND .... E OTHER _____X (SPECIFY) NO ONE..... Y	HEALTH PERSONNEL DOCTOR ..... A NURSE ..... B MIDWIFE ..... C OTHER PERSON HILOT..... D RELATIVE/FRIEND ... E OTHER _____X (SPECIFY) NO ONE..... Y
436	How much did you pay in total for the delivery of (NAME)? INCLUDE COST OF DOCTORS, NURSES, HOSPITAL, HILOT, ETC.	COST IN PESOS 1 [ ][ ][ ][ ][ ] DONATION IN PESOS 2 [ ][ ][ ][ ][ ] FREE/NO COST ... 000000 PAYMENT IN KIND . 999996 DOES NOT KNOW . 999998		
437	Where did you give birth to (NAME)? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE WRITE THE NAME OF THE PLACE _____ (NAME OF PLACE)	HOME YOUR HOME..... 11 (SKIP TO **443**) OTHER HOME ..... 12 PUBLIC SECTOR GOVT. HOSPITAL ... 21 GOV'T. HEALTH CENTER ..... 22 (SKIP TO **439**) OTHER PUBLIC _____26 (SPECIFY) (SKIP TO **439**) PRIVATE SECTOR PRIVATE HOSPITAL/ CLINIC ..... 31 OTHER PRIVATE_____36 (SPECIFY) OTHER _____96 (SPECIFY) (SKIP TO **439**)	HOME YOUR HOME..... 11 (SKIP TO **444**) OTHER HOME ..... 12 PUBLIC SECTOR GOVT. HOSPITAL .... 21 GOV'T. HEALTH CENTER ..... 22 (SKIP TO **439**) OTHER PUBLIC _____26 (SPECIFY) (SKIP TO **439**) PRIVATE SECTOR PRIVATE HOSPITAL/ CLINIC ..... 31 OTHER PRIVATE_____36 (SPECIFY) OTHER _____96 (SPECIFY) (SKIP TO **439**)	HOME YOUR HOME..... 11 (SKIP TO **444**) OTHER HOME ..... 12 PUBLIC SECTOR GOVT. HOSPITAL ... 21 GOV'T. HEALTH CENTER ..... 22 (SKIP TO **439**) OTHER PUBLIC _____26 (SPECIFY) (SKIP TO **439**) PRIVATE SECTOR PRIVATE HOSPITAL/ CLINIC ..... 31 OTHER PRIVATE_____36 (SPECIFY) OTHER _____96 (SPECIFY) (SKIP TO **439**)
438	Was (NAME) delivered by caesarean section?	YES ..... 1 NO 2	YES ..... 1 NO 2	YES ..... 1 NO 2
439	Before you were discharged after (NAME) was born, did any health care provider or hilot check on your health?	YES ..... 1 NO ..... 2 (SKIP TO **442**)	YES ..... 1 (SKIP TO **455**) NO 2	YES ..... 1 (SKIP TO **455**) NO 2

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
440	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS ..... 1 DAYS ..... 2 WEEKS ..... 3 DON'T KNOW 998		
441	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR ..... 11 NURSE ..... 12 MIDWIFE ..... 13 OTHER PERSON HILOT ..... 21 RELATIVE/FRIEND ... 22 OTHER _____ 96 (SPECIFY) (SKIP TO **453**)		
442	After you were discharged, did any health care provider or hilot check on your health?	YES ..... 1 (SKIP TO **445**) NO ..... 2 (SKIP TO **453**)	YES ..... 1 (SKIP TO **455**) NO 2	YES ..... 1 (SKIP TO **455**) NO 2
443	Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED.	COST TOO MUCH ..... A FACILITY NOT OPEN ... B TOO FAR/ NO TRANS-PORTATION ..... C DON'T TRUST FACILITY/POOR QUALITY SERVICE ... D NO FEMALE PROVID-ER AT FACILITY ..... E HUSBAND/FAMILY DID NOT ALLOW ..... F NOT NECESSARY ..... G NOT CUSTOMARY ..... H OTHER _____ X (SPECIFY)		
444	After (NAME) was born, did any health care provider or hilot check on your health?	YES ..... 1 NO ..... 2 (SKIP TO **449**)	YES ..... 1 NO 2	YES ..... 1 NO 2
445	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS ..... 1 DAYS ..... 2 WEEKS ..... 3 DON'T KNOW 998		
446	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR ..... 11 NURSE ..... 12 MIDWIFE ..... 13 OTHER PERSON HILOT ..... 21 RELATIVE/FRIEND ... 22 OTHER _____ 96 (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
447	Where did this first check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME YOUR HOME ..... 11 OTHER HOME ..... 12 PUBLIC SECTOR GOVT. HOSPITAL ... 21 RURAL HEALTH UNIT/ URBAN HEALTH CENTER ..... 22 BARANGAY HEALTH STATION ..... 23 BARANGAY SUPPLY/ SERVICE POINT OFFICER/BHW ... 24 OTHER PUBLIC _____26 (SPECIFY) PRIVATE SECTOR PRIVATE HOSPITAL/ CLINIC ..... 31 PRIVATE DOCTOR ... 32 PRIVATE NURSE/ MIDWIFE ..... 33 NGO ..... 34 INDUSTRY-BASED CLINIC ..... 35 OTHER PRIVATE _____ ... 36 (SPECIFY) OTHER _____96 (SPECIFY)		
448	**CHECK 442:**	YES ☐ → (SKIP TO **453**) NOT ASKED ☐ →		
449	In the two months after (NAME) was born, did any health care provider or hilot check on his/her health?	YES ..... 1 NO ..... 2 (SKIP TO **453**) DON'T KNOW 8		
450	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH ... 1 ☐☐ DAYS AFTER BIRTH ... 2 ☐☐ WKS AFTER BIRTH ... 3 ☐☐ DON'T KNOW 998		
451	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR ..... 11 NURSE ..... 12 MIDWIFE ..... 13 OTHER PERSON HILOT..... 21 RELATIVE/FRIEND ... 22 OTHER _____96 (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
452	Where did this first check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME YOUR HOME ..... 11 OTHER HOME ..... 12 PUBLIC SECTOR GOVT. HOSPITAL ... 21 RURAL HEALTH UNIT/ URBAN HEALTH CENTER ..... 22 BARANGAY HEALTH STATION ..... 23 BARANGAY SUPPLY/ SERVICE POINT OFFICER/BHW ... 24 OTHER PUBLIC _____26 (SPECIFY) PRIVATE SECTOR PRIVATE HOSPITAL/ CLINIC ..... 31 PRIVATE DOCTOR ... 32 PRIVATE NURSE/ MIDWIFE ..... 33 NGO ..... 34 INDUSTRY-BASED CLINIC ..... 35 OTHER PRIVATE _____ ... 36 (SPECIFY) OTHER _____96 (SPECIFY)		
453	In the first two months after delivery, did you receive a vitamin A dose (like this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/ SYRUPS.	YES ..... 1 NO ..... 2 DON'T KNOW 8		
454	Has your menstrual period returned since the birth of (NAME)?	YES ..... 1 (SKIP TO **456**) NO ..... 2 (SKIP TO **457**)		
455	Did your period return between the birth of (NAME) and your next pregnancy?		YES ..... 1 NO ..... 2 (SKIP TO **459**)	YES ..... 1 NO ..... 2 (SKIP TO **459**)
456	For how many months after the birth of (NAME) did you not have a period?	MONTHS ..... [ ][ ] DON'T KNOW 98	MONTHS ..... [ ][ ] DON'T KNOW 98	MONTHS ..... [ ][ ] DON'T KNOW 98
457	**CHECK 233:** IS RESPONDENT PREGNANT?	NOT PREGNANT [ ] PREGNANT OR UNSURE [ ] (SKIP TO **459**)		
458	Have you begun to have sexual intercourse again since the birth of (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO **460**)		
459	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS ..... [ ][ ] DON'T KNOW 98	MONTHS ..... [ ][ ] DON'T KNOW 98	MONTHS ..... [ ][ ] DON'T KNOW 98
460	Did you ever breastfeed (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO **469**)	YES ..... 1 NO ..... 2 (SKIP TO **469**)	YES ..... 1 NO ..... 2 (SKIP TO **469**)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
461	How long after birth did you first put (NAME) to the breast? PROBE: When did you start breastfeeding (NAME)? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ..... 000 HOURS ..... 1 DAYS 2		
462	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES ..... 1 NO ..... 2 (SKIP TO **464**)		
463	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) ..... A PLAIN WATER ..... B SUGAR OR GLUCOSE WATER ..... C GRIPE WATER ..... D SUGAR-SALT-WATER SOLUTION ..... E FRUIT JUICE ..... F INFANT FORMULA ..... G TEA/INFUSION ..... H HONEY ..... I OTHER _____ X (SPECIFY) (SKIP TO **466**)		
464	Was (NAME) ever given water or anything else to drink or eat other than breastmilk?	YES ..... 1 NO ..... 2 (SKIP TO **466**)		
465	How many months old was (NAME) when you first started giving him/her any food or liquid other than breastmilk?	MONTHS		
466	**CHECK : 404** IS CHILD LIVING?	LIVING DEAD (SKIP TO **469**)		
467	Are you still breastfeeding (NAME)?	YES ..... 1 (SKIP TO **470**) NO 2		
468	For how many months did you breastfeed (NAME)?	MONTHS ..... DON'T KNOW 98	MONTHS ..... STILL BF ..... 95 DON'T KNOW 98	MONTHS ..... STILL BF ..... 95 DON'T KNOW 98
469	**CHECK 404:** IS CHILD LIVING?	LIVING (SKIP TO **472**) DEAD (GO BACK TO **405** IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO **501**)	LIVING (SKIP TO **472**) DEAD (GO BACK TO **405** IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO **501**)	LIVING (SKIP TO **472**) DEAD (GO BACK TO **405** IN THE NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO **501**)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
470	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS ..... [ ][ ]		
471	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS ..... [ ][ ]		
472	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8
473		GO BACK TO **405** IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO **501**.	GO BACK TO **405** IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO **501**.	GO BACK TO **405** IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO **501**.

SECTION 5. CHILD IMMUNIZATION AND HEALTH AND CHILD'S AND WOMAN'S NUTRITION

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2003 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).			
502	LINE NUMBER FROM 214	LAST BIRTH LINE NO.	NEXT-TO-LAST BIRTH LINE NO.	SECOND-FROM-LAST BIRTH LINE NO. .....
503	FROM 218 AND 221	NAME _____ LIVING ☐ DEAD ☐ (GO TO **503** IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO **554**)	NAME _____ LIVING ☐ DEAD ☐ (GO TO **503** IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO **554**)	NAME _____ LIVING ☐ DEAD ☐ (GO TO **503** IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO **554**)
504	Do you have a card/ booklet where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN ..... 1 (SKIP TO **506**) YES, NOT SEEN ..... 2 (SKIP TO **508**) NO CARD/ BOOKLET 3	YES, SEEN ..... 1 (SKIP TO **506**) YES, NOT SEEN ..... 2 (SKIP TO **508**) NO CARD/ BOOKLET 3	YES, SEEN ..... 1 (SKIP TO **506**) YES, NOT SEEN ..... 2 (SKIP TO **508**) NO CARD/ BOOKLET 3
505	Did you ever have a vaccination card/ booklet for (NAME)?	YES ..... 1 (SKIP TO **508**) NO 2	YES ..... 1 (SKIP TO **508**) NO 2	YES ..... 1 (SKIP TO **508**) NO 2

506

(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD/BOOKLET.
(2) WRITE '**40' IN 'MONTH**' COLUMN IF CARD/BOOKLET SHOWS THAT A VACCINATION WAS GIVEN BEFORE THE CHILD'S FIRST BIRTHDAY BUT NO DATE IS RECORDED.
(3) WRITE '**41' IN 'MONTH**' COLUMN IF CARD/BOOKLET SHOWS THAT A VACCINATION WAS GIVEN AFTER THE CHILD'S FIRST BIRTHDAY BUT NO DATE IS RECORDED.

	LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-TO-LAST BIRTH		
	MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR
BCG									
POLIO 1									
POLIO 2									
POLIO 3									
DPT 1									
DPT 2									
DPT 3									
MEASLES									
HEPA B1									
HEPA B2									
HEPA B3									

506 A	CHECK **506**:	BCG TO HEPA B3 ALL RECORDED ☐ (GO TO **509O**) OTHER ☐	BCG TO HEPA B3 ALL RECORDED ☐ (GO TO **509O**) OTHER ☐	BCG TO HEPA B3 ALL RECORDED ☐ (GO TO **509O**) OTHER ☐

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
507	Has (NAME) rece ved any vaccinations that are not recorded on this card/ booklet including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 1-3, DPT 1-3, HEPA B1-B3 AND/OR MEASLES VACCINES.	YES ..... 1 (PROBE FOR VACCINATIONS AND WRITE '**60**' IF RECEIVED BEFORE AGE 1 OR **'61'** IF AFTER AGE 1 IN THE CORRESPONDING **MONTH** COLUMN IN **506**) (SKIP TO **509O**) NO ..... 2 (SKIP TO **509O**) DON'T KNOW 8	YES ..... 1 (PROBE FOR VACCINATIONS AND WRITE '**60**' IF RECEIVED BEFORE AGE 1 OR **'61'** IF AFTER AGE 1 IN THE CORRESPONDING **MONTH** COLUMN IN **506**) (SKIP TO **509O**) NO ..... 2 (SKIP TO **509O**) DON'T KNOW 8	YES ..... 1 (PROBE FOR VACCINATIONS AND WRITE '**60**' IF RECEIVED BEFORE AGE 1 OR **'61'** IF AFTER AGE 1 IN THE CORRESPONDING **MONTH** COLUMN IN **506**) (SKIP TO **509O**) NO ..... 2 (SKIP TO **509O**) DON'T KNOW 8
508	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization campaign?	YES ..... 1 NO ..... 2 (SKIP TO **510**) DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **510**) DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **510**) DON'T KNOW 8
509 509A	Please tell me if (NAME) received any of the following vaccinations: A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES ..... 1 NO ..... 2 (SKIP TO **509C**) DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **509C**) DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **509C**) DON'T KNOW 8
509B	Did (NAME) receive the BCG vaccine before his/her first birthday?	YES ..... 1 NO 2	YES ..... 1 NO 2	YES ..... 1 NO 2
509C	Polio vaccine, that is, injection or drops in the mouth?	YES ..... 1 NO ..... 2 (SKIP TO **509G**) DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **509G**) DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **509G**) DON'T KNOW 8
509D	Was the first polio vaccine received in the first two weeks after birth or later?	FIRST 2 WEEKS ..... 1 LATER 2	FIRST 2 WEEKS ..... 1 LATER 2	FIRST 2 WEEKS ..... 1 LATER 2
509E	How many times was the polio vaccine received?	NUMBER OF TIMES ..... [ ]	NUMBER OF TIMES ..... [ ]	NUMBER OF TIMES ..... [ ]
509F	Did (NAME) receive the third (last) polio vaccine before his/her first birthday?	YES ..... 1 NO 2	YES ..... 1 NO 2	YES ..... 1 NO 2
509G	A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio vaccine?	YES ..... 1 NO ..... 2 (SKIP TO **509J**) DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **509J**) DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **509J**) DON'T KNOW 8
509H	How many times was a DPT vaccination received?	NUMBER OF TIMES ..... [ ]	NUMBER OF TIMES ..... [ ]	NUMBER OF TIMES ..... [ ]
509I	Did (NAME) receive the third (last) DPT vaccine before his/her first birthday?	YES ..... 1 NO 2	YES ..... 1 NO 2	YES ..... 1 NO 2

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
509J	A measles injection or an MR injection-that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	YES ..... 1 NO ..... 2 (SKIP TO **509L**) ←┤ DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **509L**) ←┤ DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **509L**) ←┤ DON'T KNOW 8
509K	Did (NAME) receive the measles vaccine before his/her first birthday?	YES ..... 1 NO 2	YES ..... 1 NO 2	YES ..... 1 NO 2
509L	A Hepatitis B vaccine, that is, an injection given in the thigh or arm, to prevent him/her from getting liver diseases?	YES ..... 1 NO ..... 2 (SKIP TO **510**) ←┤ DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **510**) ←┤ DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **510**) ←┤ DON'T KNOW 8
509M	How many times was a Hepatitis B injection received?	NUMBER OF TIMES ..... [ ]	NUMBER OF TIMES ..... [ ]	NUMBER OF TIMES ..... [ ]
509N	Did (NAME) receive the third (last) Hepatitis B vaccine before his/her first birthday?	YES ..... 1 NO 2	YES ..... 1 NO 2	YES ..... 1 NO 2
509O	How much did one Hepatitis B injection cost? IF NO HEPATITIS-B IN THE CARD/BOOKLET, SKIP TO 510.	COST IN PESOS 1 [ ][ ][ ][ ] DONATION IN PESOS 2 [ ][ ][ ][ ] FREE ..... 00000 IN KIND ..... 99996 DON'T KNOW ... 99998	COST IN PESOS 1 [ ][ ][ ][ ] DONATION IN PESOS 2 [ ][ ][ ][ ] FREE ..... 00000 IN KIND ..... 99996 DON'T KNOW ... 99998	COST IN PESOS 1 [ ][ ][ ][ ] DONATION IN PESOS 2 [ ][ ][ ][ ] FREE ..... 00000 IN KIND ..... 99996 DON'T KNOW ... 99998
510	Has (NAME) ever received a vitamin A dose (like this/ any of these)? SHOW SAMPLES OF VITAMIN A AMPULES/ CAPSULES/SYRUPS	YES ..... 1 NO ..... 2 (SKIP TO **512**) ←┤ DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **512**) ←┤ DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **512**) ←┤ DON'T KNOW 8
511	Did (NAME) receive a vitamin A dose within the last six months?	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8
512	In the last seven days, did (NAME) take iron pills or iron syrup/drops (I ke this/ any of these)? SHOW SAMPLES OF IRON PILLS/SYRUPS.	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8
513	Has (NAME) taken any drug for intestinal worms in the last six months?	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8
514	Has (NAME) had diarrhea in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO **530**) ←┤ DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **530**) ←┤ DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **530**) ←┤ DON'T KNOW 8
515	Was there any blood in the stools?	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
516	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk). Was he/she given less than usual to drink, about the same amount, more than usual or nothing to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS ... 2 ABOUT THE SAME ... 3 MORE ..... 4 NOTHING TO DRINK . 5 DON'T KNOW 8	MUCH LESS ..... 1 SOMEWHAT LESS ... 2 ABOUT THE SAME ... 3 MORE ..... 4 NOTHING TO DRINK . 5 DON'T KNOW 8	MUCH LESS ..... 1 SOMEWHAT LESS ... 2 ABOUT THE SAME ... 3 MORE ..... 4 NOTHING TO DRINK . 5 DON'T KNOW 8
517	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS ... 2 ABOUT THE SAME ... 3 MORE ..... 4 NOTHING TO EAT ... 5 DON'T KNOW 8	MUCH LESS ..... 1 SOMEWHAT LESS ... 2 ABOUT THE SAME ... 3 MORE ..... 4 NOTHING TO EAT ... 5 DON'T KNOW 8	MUCH LESS ..... 1 SOMEWHAT LESS ... 2 ABOUT THE SAME ... 3 MORE ..... 4 NOTHING TO EAT ... 5 DON'T KNOW 8
518	Did you seek advice or treatment for the diarrhea from any source?	YES ..... 1 NO ..... 2 (SKIP TO **524**)	YES ..... 1 NO ..... 2 (SKIP TO **524**)	YES ..... 1 NO ..... 2 (SKIP TO **524**)
519	Where did you seek advice or treatment? Anywhere/anyone else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE PLACE. _____ _____ _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL . A RURAL HEALTH UNIT (RHU)/ URBAN HEALTH CENTER (UHC) . B BARANGAY HEALTH STATION (BHS) . C BARANGAY SUPPLY/ SERVICE POINT OFFICER/BHW . D OTHER PUBLIC _____ . E (SPECIFY) PRIVATE SECTOR PRIVATE HOSPITAL OR CLINIC ..... F PHARMACY ..... G PRIVATE DOCTOR . H PRIVATE NURSE/ MIDWIFE ..... I NGO ..... J INDUSTRY-BASED CLINIC ..... K OTHER PRIVATE _____ . L (SPECIFY) OTHERS PUERICULTURE CENTER ..... M STORE ..... N CHURCH ..... O FRIENDS/ RELATIVES ..... P OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL . A RURAL HEALTH UNIT (RHU)/ URBAN HEALTH CENTER (UHC) . B BARANGAY HEALTH STATION (BHS) . C BARANGAY SUPPLY/ SERVICE POINT OFFICER/BHW . D OTHER PUBLIC _____ . E (SPECIFY) PRIVATE SECTOR PRIVATE HOSPITAL OR CLINIC ..... F PHARMACY ..... G PRIVATE DOCTOR . H PRIVATE NURSE/ MIDWIFE ..... I NGO ..... J INDUSTRY-BASED CLINIC ..... K OTHER PRIVATE _____ . L (SPECIFY) OTHERS PUERICULTURE CENTER ..... M STORE ..... N CHURCH ..... O FRIENDS/ RELATIVES ..... P OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL . A RURAL HEALTH UNIT (RHU)/ URBAN HEALTH CENTER (UHC) . B BARANGAY HEALTH STATION (BHS) . C BARANGAY SUPPLY/ SERVICE POINT OFFICER/BHW . D OTHER PUBLIC _____ . E (SPECIFY) PRIVATE SECTOR PRIVATE HOSPITAL OR CLINIC ..... F PHARMACY ..... G PRIVATE DOCTOR . H PRIVATE NURSE/ MIDWIFE ..... I NGO ..... J INDUSTRY-BASED CLINIC ..... K OTHER PRIVATE _____ . L (SPECIFY) OTHERS PUERICULTURE CENTER ..... M STORE ..... N CHURCH ..... O FRIENDS/ RELATIVES ..... P OTHER _____ X (SPECIFY)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
520	CHECK **519**:	TWO OR MORE CODES CIRCLED ☐ / ONLY ONE CODE CIRCLED ☐ (SKIP TO **522**)	TWO OR MORE CODES CIRCLED ☐ / ONLY ONE CODE CIRCLED ☐ (SKIP TO **522**)	TWO OR MORE CODES CIRCLED ☐ / ONLY ONE CODE CIRCLED ☐ (SKIP TO **522**)
521	Where did you first seek advice or treatment? USE LETTER CODE FROM **519**.	FIRST PLACE ..... ☐	FIRST PLACE ..... ☐	FIRST PLACE ..... ☐
522	How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS ..... ☐☐	DAYS ..... ☐☐	DAYS ..... ☐☐
523	How much did the treatment cost? IF MORE THAN ONE TREATMENT, REPORT THE COST OF THE FIRST TREATMENT.	COST IN PESOS 1 ☐☐☐☐☐ DONATION IN PESOS 2 ☐☐☐☐☐ FREE ..... 000000 IN KIND ..... 999996 DON'T KNOW ... 999998	COST IN PESOS 1 ☐☐☐☐☐ DONATION IN PESOS 2 ☐☐☐☐☐ FREE ..... 000000 IN KIND ..... 999996 DON'T KNOW ... 999998	COST IN PESOS 1 ☐☐☐☐☐ DONATION IN PESOS 2 ☐☐☐☐☐ FREE ..... 000000 IN KIND ..... 999996 DON'T KNOW ... 999998
524	Does (NAME) still have diarrhea?	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8
525	Was he/she given any of the following to drink at any time since he/she started having the diarrhea: a) A fluid made from a special packet called Oresol or from Hydrite tablet or a solution called Pedialyte b) A government-recommended home-made fluid?	**YES NO DK** FLUID FROM ORS PKT ... 1 2 8 HOMEMADE FLUID 1 2 8	**YES NO DK** FLUID FROM ORS PKT ... 1 2 8 HOMEMADE FLUID 1 2 8	**YES NO DK** FLUID FROM ORS PKT ... 1 2 8 HOMEMADE FLUID 1 2 8
526	Was anything (else) given to treat the diarrhea?	YES ..... 1 NO ..... 2 (SKIP TO **530**) DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **530**) DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **530**) DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
527	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC ..... A ANTIMOTILITY ..... B ZINC ..... C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D UNKNOWN PILL OR SYRUP ..... E INJECTION ANTIBIOTIC ..... F NON-ANTIBIOTIC ... G UNKNOWN ..... H INTRAVENOUS (IV) ... I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC ..... A ANTIMOTILITY ..... B ZINC ..... C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D UNKNOWN PILL OR SYRUP ..... E INJECTION ANTIBIOTIC ..... F NON-ANTIBIOTIC ... G UNKNOWN ..... H INTRAVENOUS (IV) ... I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC ..... A ANTIMOTILITY ..... B ZINC ..... C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D UNKNOWN PILL OR SYRUP ..... E INJECTION ANTIBIOTIC ..... F NON-ANTIBIOTIC ... G UNKNOWN ..... H INTRAVENOUS (IV) ... I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)
528	CHECK **527**: GIVEN ZINC?	CODE "C" CIRCLED ☐ CODE "C" NOT CIRCLED ☐ (SKIP TO **530**)	CODE "C" CIRCLED ☐ CODE "C" NOT CIRCLED ☐ (SKIP TO **530**)	CODE "C" CIRCLED ☐ CODE "C" NOT CIRCLED ☐ (SKIP TO **530**)
529	How many times was (NAME) given zinc?	TIMES ..... ☐☐ DON'T KNOW 98	TIMES ..... ☐☐ DON'T KNOW 98	TIMES ..... ☐☐ DON'T KNOW 98
530	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8
531	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO **534**) DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **534**) DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **534**) DON'T KNOW 8
532	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES ..... 1 NO ..... 2 (SKIP TO **535**) DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **535**) DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **535**) DON'T KNOW 8
533	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY ..... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO **535**)	CHEST ONLY ..... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO **535**)	CHEST ONLY ..... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO **535**)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
534	CHECK **530**: HAD FEVER?	YES NO OR DK (GO BACK TO **503** IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO **551**)	YES NO OR DK (GO BACK TO **503** IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO **551**)	YES NO OR DK (GO TO **503** IN NEXT-TO LAST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE BIRTHS, GO TO **551)**
535	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, more than usual or nothing to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . . . 2 ABOUT THE SAME . . . 3 MORE . . . . . 4 NOTHING TO DRINK . 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . . . 2 ABOUT THE SAME . . . 3 MORE . . . . . 4 NOTHING TO DRINK . 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . . . 2 ABOUT THE SAME . . . 3 MORE . . . . . 4 NOTHING TO DRINK . 5 DON'T KNOW 8
536	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . . . 2 ABOUT THE SAME . . . 3 MORE . . . . . 4 STOPPED FOOD . . . . . 5 NEVER GAVE FOOD . 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . . . 2 ABOUT THE SAME . . . 3 MORE . . . . . 4 STOPPED FOOD . . . . . 5 NEVER GAVE FOOD . 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . . . 2 ABOUT THE SAME . . . 3 MORE . . . . . 4 STOPPED FOOD . . . . . 5 NEVER GAVE FOOD . 6 DON'T KNOW 8
537	Did you seek advice or treatment for the illness from any source?	YES . . . . . 1 NO . . . . . 2 (SKIP TO **543**)	YES . . . . . 1 NO . . . . . 2 (SKIP TO **543**)	YES . . . . . 1 NO . . . . . 2 (SKIP TO **543**)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
538	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE PLACE. _____ _____ _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL . A RURAL HEALTH UNIT (RHU)/ URBAN HEALTH CENTER (UHC) . B BARANGAY HEALTH STATION (BHS) . C BARANGAY SUPPLY/ SERVICE POINT OFFICER/BHW . D OTHER PUBLIC _____ . E (SPECIFY) PRIVATE SECTOR PRIVATE HOSPITAL OR CLINIC ..... F PHARMACY ..... G PRIVATE DOCTOR . H PRIVATE NURSE/ MIDWIFE ..... I NGO ..... J INDUSTRY-BASED CLINIC ..... K OTHER PRIVATE _____ . L (SPECIFY) OTHERS PUERICULTURE CENTER ..... M STORE ..... N CHURCH ..... O FRIENDS/ RELATIVES ..... P OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL . A RURAL HEALTH UNIT (RHU)/ URBAN HEALTH CENTER (UHC) . B BARANGAY HEALTH STATION (BHS) . C BARANGAY SUPPLY/ SERVICE POINT OFFICER/BHW . D OTHER PUBLIC _____ . E (SPECIFY) PRIVATE SECTOR PRIVATE HOSPITAL OR CLINIC ..... F PHARMACY ..... G PRIVATE DOCTOR . H PRIVATE NURSE/ MIDWIFE ..... I NGO ..... J INDUSTRY-BASED CLINIC ..... K OTHER PRIVATE _____ . L (SPECIFY) OTHERS PUERICULTURE CENTER ..... M STORE ..... N CHURCH ..... O FRIENDS/ RELATIVES ..... P OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL . A RURAL HEALTH UNIT (RHU)/ URBAN HEALTH CENTER (UHC) . B BARANGAY HEALTH STATION (BHS) . C BARANGAY SUPPLY/ SERVICE POINT OFFICER/BHW . D OTHER PUBLIC _____ . E (SPECIFY) PRIVATE SECTOR PRIVATE HOSPITAL OR CLINIC ..... F PHARMACY ..... G PRIVATE DOCTOR . H PRIVATE NURSE/ MIDWIFE ..... I NGO ..... J INDUSTRY-BASED CLINIC ..... K OTHER PRIVATE _____ . L (SPECIFY) OTHERS PUERICULTURE CENTER ..... M STORE ..... N CHURCH ..... O FRIENDS/ RELATIVES ..... P OTHER _____ X (SPECIFY)
539	CHECK **538:**	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO **541**)	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO **541**)	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO **541**)
540	Where did you first seek advice or treatment? USE LETTER CODE FROM **538.**	FIRST PLACE	FIRST PLACE	FIRST PLACE .....
541	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS	DAYS	DAYS .....

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
542	How much did the treatment cost? IF MORE THAN ONE TREATMENT, REPORT THE COST OF THE FIRST TREATMENT.	COST IN PESOS 1 [ ][ ][ ][ ][ ] DONATION IN PESOS 2 [ ][ ][ ][ ][ ] FREE ..... 000000 IN KIND ..... 999996 DON'T KNOW ... 999998	COST IN PESOS 1 [ ][ ][ ][ ][ ] DONATION IN PESOS 2 [ ][ ][ ][ ][ ] FREE ..... 000000 IN KIND ..... 999996 DON'T KNOW ... 999998	COST IN PESOS 1 [ ][ ][ ][ ][ ] DONATION IN PESOS 2 [ ][ ][ ][ ][ ] FREE ..... 000000 IN KIND ..... 999996 DON'T KNOW ... 999998
543	Is (NAME) still sick with a (fever/cough)?	FEVER ONLY ..... 1 COUGH ONLY ..... 2 BOTH FEVER AND COUGH ..... 3 NO, NEITHER ..... 4 DON'T KNOW 8	FEVER ONLY ..... 1 COUGH ONLY ..... 2 BOTH FEVER AND COUGH ..... 3 NO, NEITHER ..... 4 DON'T KNOW 8	FEVER ONLY ..... 1 COUGH ONLY ..... 2 BOTH FEVER AND COUGH ..... 3 NO, NEITHER ..... 4 DON'T KNOW 8
544	At any time during the illness, did (NAME) take any drugs for the illness?	YES ..... 1 NO ..... 2 (GO BACK TO **503** IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO **551**) DON'T KNOW 8	YES ..... 1 NO ..... 2 (GO BACK TO **503** IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO **551**) DON'T KNOW 8	YES ..... 1 NO ..... 2 (GO BACK TO **503** IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE BIRTHS, GO TO **551**) DON'T KNOW 8
545	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED. EXAMPLES OF PARACETAMOL: TEMPRA, BIOGESIC, CALPOL, PANADOL EXAMPLES OF IBUPROFEN: DOLAN, ADVIL, MEDICOL EXAMPLES OF DECON-GESTANT: DIMETAPP, TYLENOL PLUS FLU	ANTIMALARIAL DRUGS ARALEN ..... A CHLOROQUINE ... B DYMALAR ..... C FANSIDAR ..... D QUI-SUL ..... E OTHER ANTI-MALARIAL_____ F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ..... G INJECTION ..... H OTHER DRUGS ASPIRIN ..... I PARACETAMOL ... J IBUPROFEN ..... K DECONGESTANT . L OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	ANTIMALARIAL DRUGS ARALEN ..... A CHLOROQUINE ... B DYMALAR ..... C FANSIDAR ..... D QUI-SUL ..... E OTHER ANTI-MALARIAL_____ F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ..... G INJECTION ..... H OTHER DRUGS ASPIRIN ..... I PARACETAMOL ... J IBUPROFEN ..... K DECONGESTANT . L OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	ANTIMALARIAL DRUGS ARALEN ..... A CHLOROQUINE ... B DYMALAR ..... C FANSIDAR ..... D QUI-SUL ..... E OTHER ANTI-MALARIAL_____ F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ..... G INJECTION ..... H OTHER DRUGS ASPIRIN ..... I PARACETAMOL ... J IBUPROFEN ..... K DECONGESTANT . L OTHER _____ X (SPECIFY) DON'T KNOW ..... Z
546	CHECK **545**: ANY CODE **A-F** CIRCLED?	YES ↓ NO → (SKIP TO **548**)	YES ↓ NO → (SKIP TO **548**)	YES ↓ NO → (SKIP TO **548**)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
547	How long after the fever started did (NAME) first take the drugs?	SAME DAY..... 0 NEXT DAY..... 1 2 DAYS AFTER FEVER ..... 2 3 DAYS AFTER FEVER ..... 3 4 OR MORE DAYS AFTER FEVER..... 4 DON'T KNOW 8	SAME DAY..... 0 NEXT DAY..... 1 2 DAYS AFTER FEVER ..... 2 3 DAYS AFTER FEVER ..... 3 4 OR MORE DAYS AFTER FEVER..... 4 DON'T KNOW 8	SAME DAY..... 0 NEXT DAY..... 1 2 DAYS AFTER FEVER ..... 2 3 DAYS AFTER FEVER ..... 3 4 OR MORE DAYS AFTER FEVER..... 4 DON'T KNOW 8
548	CHECK **545**: ANY CODE **A-G** CIRCLED?	YES ☐ NO ☐ (GO BACK TO **503** IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO **551**)	YES ☐ NO ☐ (GO BACK TO **503** IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO **551**)	YES ☐ NO ☐ (GO TO NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE BIRTHS, GO TO **551**)
549	Did you already have (NAME OF DRUG FROM **545**) at home when the child became ill? ASK SEPARATELY FOR EACH OF THE DRUGS 'A' THROUGH "G' THAT THE CHILD IS RECORDED AS HAVING TAKEN IN 545. IF YES FOR ANY DRUG, CIRCLE CODE FOR THAT DRUG. IF NO FOR ALL DRUGS, CIRCLE 'Y'.	ANTIMALARIAL DRUGS ARALEN ..... A CHLOROQUINE ... B DYMALAR..... C FANSIDAR ..... D QUI-SUL ..... E OTHER ANTI-MALARIAL_____ F (SPECIFY) ANTIBIOTIC PILL/ SYRUP ..... G NO DRUG AT HOME ..... Y	ANTIMALARIAL DRUGS ARALEN ..... A CHLOROQUINE ... B DYMALAR..... C FANSIDAR ..... D QUI-SUL ..... E OTHER ANTI-MALARIAL_____ F (SPECIFY) ANTIBIOTIC PILL/ SYRUP ..... G NO DRUG AT HOME ..... Y	ANTIMALARIAL DRUGS ARALEN ..... A CHLOROQUINE ... B DYMALAR..... C FANSIDAR ..... D QUI-SUL ..... E OTHER ANTI-MALARIAL_____ F (SPECIFY) ANTIBIOTIC PILL/ SYRUP ..... G NO DRUG AT HOME ..... Y
550		GO BACK TO **503** IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO **551**.	GO BACK TO **503** IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO **551**.	GO TO **503** IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO **551**.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
551	CHECK **218, 220 AND 223**, ALL ROWS: NUMBER OF CHILDREN BORN IN **2003** OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ☐ NONE ☐ RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 552) _____ (NAME)		554
552	The last time (NAME FROM **551**) passed stools, what was done to dispose of the stools?	CHILD USED TOILET . . . . . 01 PUT/RINSED INTO TOILET . . . . . 02 PUT/RINSED INTO DRAIN OR DITCH . . . . . 03 THROWN INTO GARBAGE . . . . . 04 BURIED . . . . . 05 LEFT IN THE OPEN . . . . . 06 THROWN INTO RIVER/SEA . . . . . 07 OTHER _____ 96 (SPECIFY)	
553	CHECK **525(a)**, ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET/ HYDRITE TABLET/PEDIALYTE ☐ ANY CHILD RECEIVED FLUID FROM ORS PACKET HYDRITE TABLET/PEDIALYTE ☐		555
554	Have you ever heard of a special product called Oresol or Hydrite or Pedialyte that you can get to treat diarrhea?	YES . . . . . 1 NO 2	
555	Have you ever heard of Sangkap Pinoy? PROBE: IF "NO", SHOW SANGKAP PINOY SEAL.	YES, HEARD . . . . . 1 YES, RECOGNIZED SEAL . . . . . 2 NO 3	557
556	Do you ever consciously try to buy foods with the Sangkap Pinoy label?	YES . . . . . 1 NO 2	
557	CHECK **218, 220 AND 223**, ALL ROWS: NUMBER OF CHILDREN BORN IN **2005** OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ☐ NONE ☐ RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH **558**) _____ (NAME)		601
558	CHECK **404** LAST BIRTH IS SAME AS NAME IN **557** ☐ LAST BIRTH NOT SAME AS NAME IN **557** ☐		560
559	CHECK **464** CODE '**1**' CIRCLED OR NOT ASKED ☐ CODE '**2**' CIRCLED ☐		561B

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
560	Now I would like to ask you about liquids or foods (NAME FROM **557**) had yesterday during the day or at night. Did (NAME FROM **557**) (drink/eat):	YES NO DK	
	Plain water?	PLAIN WATER 1 2 8	
	Commercially produced infant formula such as S-26, Promil, Bona, Enfalac?	FORMULA 1 2 8	
	Any baby cereal and baby food such as Cerelac, Gerber?	BABY CEREAL 1 2 8	
	Any (other) porridge or gruel?	OTHER PORRIDGE/ GRUEL 1 2 8	

561 Now I would like to ask you about (other) liquids or foods that (NAME FROM **557**)/you may have had **yesterday during the day or at night**. I am interested in whether your child/you had the item even if it was combined with other foods.

Did (NAME FROM 557)/you drink (eat):		A. CHILD YES	NO	DK	B. MOTHER YES	NO	DK
a) Milk such as canned, powdered, or fresh animal milk?	**a**	1	2	8	1	2	8
b) Tea or coffee?	**b**	1	2	8	1	2	8
c) Any other liquids such as 'am', carbonated drinks, soup broth?	**c**	1	2	8	1	2	8
d) Bread, rice, noodles, or other foods made from grains?	**d**	1	2	8	1	2	8
e) Instant noodles?	**e**	1	2	8	1	2	8
f) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?	**f**	1	2	8	1	2	8 8
g) White potatoes, white yams, cassava, or any other foods made from roots?	**g**	1	2	8	1	2	8
h) Any dark green, leafy vegetables, l ke petchay, saluyot and kangkong?	**h**	1	2	8	1	2	8
i) Ripe mangoes, papayas, oranges, chesa, sineguelas, jackfruit, or other yellow/red fruits rich in Vitamin A?	**i**	1	2	8	1	2	8
j) Any other fruits or vegetables, e.g.bananas, apples, green beans, avocados, tomatoes, long beans, sweet peas	**j**	1	2	8	1	2	8
k) Liver, kidney, heart or other organ meats?	**k**	1	2	8	1	2	8
l) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	**l**	1	2	8	1	2	8
m) Eggs?	**m**	1	2	8	1	2	8
n) Bottled or canned sardines?	**n**	1	2	8	1	2	8
o) Fresh or dried fish or shellfish?	**o**	1	2	8	1	2	8
p) Any foods made from beans, mongo, lentils, or nuts such as taho, tokwa, tofu, tausi, etc.?	**p**	1	2	8	1	2	8
q) Cheese, yogurt or other milk products such as Chamyto, Yakult, etc.?	**q**	1	2	8	1	2	8
r) Any oil, fats, or butter, or foods made with any of these?	**r**	1	2	8	1	2	8
s) Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?	**s**	1	2	8	1	2	8
t) Any other solid or semi-solid food?	**t**	1	2	8	1	2	8

562 CHECK **560** (LAST 2 CATEGORIES: BABY CEREAL OR OTHER PORRIDGE/GRUEL) AND **561A** (CATEGORIES **d THROUGH t** FOR CHILD):

AT LEAST ONE "YES" ☐ ↓

NOT A SINGLE "YES" ☐ → 601

563 How many times did (NAME FROM **557**) eat solid, semisolid, or soft foods yesterday during the day or at night?

IF 7 OR MORE TIMES, RECORD '7'.

NUMBER OF TIMES . . . . . ☐

DON'T KNOW 8

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED ..... 1 YES, CURRENTLY LIVING WITH A MAN ..... 2 NO, NOT IN UNION 3	→ 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED ..... 1 YES, FORMERLY LIVED WITH A MAN ..... 2 NO 3	→ 609
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED/ANNULLED ..... 2 SEPARATED 3	→ 606
604	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER ..... 1 STAYING ELSEWHERE 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME_____ LINE NO. ..... [ ][ ]	
606	Have you been married or lived with a man only once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE 2	
607	CHECK **606**: MARRIED/ LIVED WITH A MAN ONLY ONCE → In what month and year did you start living with your husband/partner? MARRIED/ LIVED WITH A MAN MORE THAN ONCE → Now I would like to ask about when you started living with your first husband/partner. In what month and year was that?	MONTH ..... [ ][ ] DON'T KNOW MONTH ..... 98 YEAR ..... [ ][ ][ ][ ] DON'T KNOW YEAR 9998	→ 609
608	How old were you when you first started living with him?	AGE ..... [ ][ ]	
609	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
610	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE ..... 00 AGE IN YEARS ..... [ ][ ] FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	→ 613 → 613
611	CHECK **107**: CURRENT AGE 15-24 → CURRENT AGE 25-49		→ 624
612	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES ..... 1 NO ..... 2 DON'T KNOW/UNSURE 8	→ 624
613	CHECK **107:** CURRENT AGE 15-24 → CURRENT AGE 25-49		→ 618
614	The first time you had sexual intercourse, was a condom used?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ... 8	
615	How old was the person you first had sexual intercourse with?	AGE OF PARTNER ..... [ ][ ] DON'T KNOW 98	→ 618
616	Was this person older than you, younger than you, or about the same age as you?	OLDER ..... 1 YOUNGER ..... 2 ABOUT THE SAME AGE ..... 3 DON'T KNOW/DON'T REMEMBER ... 8	→ 618

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
617	Would you say this person was ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER ..... 1 LESS THAN TEN YEARS OLDER ... 2 OLDER, UNSURE HOW MUCH 3	
618	When was the <u>last</u> time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO ..... 1 [ ][ ] WEEKS AGO ..... 2 [ ][ ] MONTHS AGO ..... 3 [ ][ ] YEARS AGO ..... 4 [ ][ ]	→ 623
619	The last time you had sexual intercourse with this person, was a condom used?	YES ..... 1 NO 2	→ 621
620	Did you use a condom everytime you had sexual intercourse with this person in the last 12 months?	YES ..... 1 NO 2	
621	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	HUSBAND ..... 1 LIVE-IN PARTNER ..... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ..... 3 CASUAL ACQUAINTANCE..... 4 PROSTITUTE ..... 5 OTHER _____ ..... 6 (SPECIFY)	→ 623
622	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS ..... 1 [ ][ ] MONTHS ..... 2 [ ][ ] YEARS ..... 3 [ ][ ]	
623	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NO. OF PARTNERS IS GREATER THAN 95,WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME ..... [ ][ ] DON'T KNOW 98	
624	Do you know of a place where a person can get condoms?	YES ..... 1 NO 2	→ 701
625	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE PLACE. _____ _____ _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL ..... A RHU/UHC ..... B BHS ..... C BSPO/BHW ..... D OTHER PUBLIC _____ E (SPECIFY) PRIVATE SECTOR PRIVATE HOSPITAL/CLINIC ..... F PHARMACY ..... G PRIVATE DOCTOR ..... H PRIVATE NURSE/MIDWIFE ..... I NGO ..... J INDUSTRY-BASED CLINIC ..... K OTHER PRIVATE_____ L (SPECIFY) OTHERS PUERICULTURE CENTER ..... M STORE ..... N CHURCH ..... O FRIENDS/RELATIVES ..... P OTHER _____ X (SPECIFY)	
626	If you wanted to, could you yourself get a condom?	YES ..... 1 NO ..... 2 DON'T KNOW/UNSURE 8	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK **310/310A**: NEITHER STERILIZED OR NOT ASKED ☐ HE OR SHE STERILIZED ☐ →		713
702	CHECK **233**: NOT PREGNANT OR UNSURE ☐ → Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? PREGNANT ☐ → Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 SAYS SHE CAN'T GET PREGNANT ... 3 UNDECIDED/DON'T KNOW AND PREGNANT ..... 4 UNDECIDED/DON'T KNOW AND NOT PREGNANT OR UNSURE 5	→ 704 → 713 → 709 → 708
703	CHECK **233**: NOT PREGNANT OR UNSURE ☐ → How long would you like to wait from now before the birth of (a/another) child? IF IN MONTHS, RECORD IN MO. IF TWO YEARS, PROBE FOR EXACT NO. OF MONTHS IF WITH FRACTION OF YEAR, CONVERT TO MONTHS AND RECORD IN MONTHS. PREGNANT ☐ → After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS ..... 1 YEARS ..... 2 SOON/NOW ..... 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE ..... 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	→ 708 → 713 → 708
704	CHECK **233**: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐ →		709
705	CHECK **309**: USING A CONTRACEPTIVE METHOD? NOT ASKED ☐ NOT CURRENTLY USING ☐ CURRENTLY USING ☐ →		713
706	CHECK **703**: NOT ASKED ☐ **24 OR MORE** MONTHS OR **02 OR MORE** YEARS ☐ **00-23** MONTHS OR **00-01** YEAR ☐ →		709

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	CHECK **702**: WANTS TO HAVE A/ANOTHER CHILD → You have said that you do not want (a/another) child soon, but you are not using any method to delay pregnancy. Can you tell me why you are not using a method? Any other reason? WANTS NO MORE/NONE → You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why you are not using a method? Any other reason? RECORD ALL REASONS MENTIONED.	NOT MARRIED ..... A **FERTILITY-RELATED REASONS** NOT HAVING SEX ..... B INFREQUENT SEX ..... C MENOPAUSAL/HYSTERECTOMY . D SUBFECUND/INFECUND ..... E POSTPARTUM AMENORRHEIC ... F BREASTFEEDING ..... G FATALISTIC ..... H **OPPOSITION TO USE** RESPONDENT OPPOSED ..... I HUSBAND/PARTNER OPPOSED . J OTHERS OPPOSED ..... K RELIGIOUS PROHIBITION ..... L **LACK OF KNOWLEDGE** KNOWS NO METHOD ..... M KNOWS NO SOURCE ..... N **METHOD-RELATED REASONS** HEALTH CONCERNS ..... O FEAR OF SIDE EFFECTS ..... P LACK OF ACCESS/TOO FAR ..... Q COSTS TOO MUCH ..... R INCONVENIENT TO USE ..... S INTERFERES WITH BODY'S NORMAL PROCESSES ..... T OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
708	CHECK **309**: USING A CONTRACEPTIVE METHOD? NOT ASKED NO, NOT CURRENTLY USING YES, CURRENTLY USING → 713		
709	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 711 → 713
710	Which contraceptive method would you prefer to use?	FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 PILL ..... 03 IUD ..... 04 INJECTABLE ..... 05 IMPLANTS ..... 06 PATCH ..... 07 CONDOM ..... 08 FEMALE CONDOM ..... 09 DIAPHRAGM ..... 10 FOAM/JELLY/CREAM ..... 11 MUCUS/BILLINGS/OVULATION ..... 12 BASAL BODY TEMPERATURE ..... 13 SYMPTOTHERMAL ..... 14 STANDARD DAYS METHOD ..... 15 LAM ..... 16 CALENDAR/RHYTHM/ PERIODIC ABSTINENCE ..... 17 WITHDRAWAL ..... 18 OTHER METHOD _____ 96 (SPECIFY) UNSURE 98	→ 713

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED ..... 11 **FERTILITY-RELATED REASONS** INFREQUENT SEX/NO SEX ..... 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND ..... 24 WANTS AS MANY CHILDREN AS POSSIBLE ..... 26 **OPPOSITION TO USE** RESPONDENT OPPOSED ..... 31 HUSBAND/PARTNER OPPOSED 32 OTHERS OPPOSED ..... 33 RELIGIOUS PROHIBITION ..... 34 **LACK OF KNOWLEDGE** KNOWS NO METHOD ..... 41 KNOWS NO SOURCE ..... 42 **METHOD-RELATED REASONS** HEALTH CONCERNS ..... 51 FEAR OF SIDE EFFECTS ..... 52 LACK OF ACCESS/TOO FAR ..... 53 COSTS TOO MUCH ..... 54 INCONVENIENT TO USE ..... 55 INTERFERES WITH BODY'S NORMAL PROCESSES ..... 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 713
712	Would you ever use a contraceptive method if you were married?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
713	CHECK **221**: HAS LIVING CHILDREN → If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? NO LIVING CHILDREN OR NOT ASKED → If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE ..... 00 NUMBER ..... [ ][ ] OTHER _____ 96 (SPECIFY)	→ 715 → 715
714	How many of these children would you like to be boys, how many would you l ke to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER [ ][ ] [ ][ ] [ ][ ] OTHER _____ 96 (SPECIFY)	
715	In the last few months have you: Heard about family planning on the radio? Seen about family planning on the television? Read about family planning in a newspaper or magazine, poster, leaflet or brochure?	YES NO RADIO ..... 1 2 TELEVISION ..... 1 2 NEWSPAPER OR MAGAZINE ... 1 2	
716	In the last 12 months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES ..... 1 NO 2	→ 720

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	With whom? Anyone else? RECORD ALL PERSONS MENTIONED. DO NOT READ OUT RESPONSES.	HUSBAND/PARTNER ..... A MOTHER ..... B FATHER ..... C SISTER(S) ..... D BROTHER(S) ..... E DAUGHTER ..... F SON ..... G MOTHER-IN-LAW ..... H FRIENDS/NEIGHBORS/OFFICEMATES I OTHER _____ X (SPECIFY)	
718	In the last 12 months, have you encouraged your friends, neighbors, relatives or other persons to use family planning?	YES ..... 1 NO 2	→ 720
719	Who did you encourage? Anyone else? RECORD ALL PERSONS MENTIONED. DO NOT READ OUT RESPONSES.	HUSBAND/PARTNER ..... A MOTHER ..... B FATHER ..... C SISTER(S) ..... D BROTHER(S) ..... E DAUGHTER ..... F SON ..... G MOTHER-IN-LAW ..... H FRIENDS/NEIGHBORS/OFFICEMATES I OTHER _____ X (SPECIFY)	
720	CHECK **601**: YES, CURRENTLY MARRIED ☐ ↓ YES, LIVING WITH A MAN ☐ ↓ NO, NOT IN UNION ☐		→ 801
721	CHECK **310/310A**:	CODE **B, H,** OR **R** (VASECTOMY, CONDOM OR WITHDRAWAL) CIRCLED ☐	→ 723
		NO CODE CIRCLED ☐	→ 725
		OTHER CODES ☐ ↓	
722	Does your husband/partner know that you are using a method of family planning?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 724
723	Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together?	MAINLY RESPONDENT ..... 1 MAINLY HUSBAND/PARTNER ..... 2 JOINT DECISION ..... 3 OTHER _____ 6 (SPECIFY)	
724	CHECK **310/310A**: NEITHER STERILIZED ☐ ↓ HE OR SHE STERILIZED ☐		→ 801
725	Does your husband/partner want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER ..... 1 MORE CHILDREN ..... 2 FEWER CHILDREN ..... 3 DON'T KNOW 8	

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK **601 AND 602:** CURRENTLY MARRIED/ LIVING WITH A MAN ☐ FORMERLY MARRIED/ LIVED WITH A MAN ☐ NEVER MARRIED AND NEVER LIVED WITH A MAN ☐		803 806
802	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS ☐☐	
803	Did your (last) husband/partner ever attend school?	YES ..... 1 NO 2	→ 805
804	What is the highest grade/year he completed?	_____ (SPECIFY) ☐☐	
805	CHECK **801**: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ What is your husband's/ partner's occupation? That is, what kind of work does he mainly do? FORMERLY MARRIED/LIVED WITH A MAN ☐ What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?	_____ ☐☐☐ _____ _____	
806	Aside from your own housework, have you done any work in the last seven days?	YES ..... 1 NO 2	→ 810
807	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, grow vegetables, raise animals, have a small business or work on the family farm/business. In the last seven days, have you done any of these things or any other work?	YES ..... 1 NO 2	→ 810
808	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	YES ..... 1 NO 2	→ 810
809	Have you done any work in the last 12 months?	YES ..... 1 NO 2	→ 818
810	What is your occupation, that is, what kind of work do you mainly do?	_____ ☐☐☐ _____ _____	
811	CHECK **810:** WORKS IN AGRICULTURE (FARMING, FISHING, RAISING ANIMALS, HUNTING) ☐ DOES NOT WORK IN AGRICULTURE ☐		813
812	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND ..... 1 FAMILY LAND ..... 2 RENTED LAND ..... 3 SOMEONE ELSE'S LAND 4	→ 814

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	Do you work for the government/government corporation or a private company/household, or are you self-employed? IF SELF-EMPLOYED, CIRCLE 'PRIVATE'	GOVERNMENT ..... 1 PRIVATE 2	→ 815
814	Do you do this work in a family farm/business for someone else, or are you self-employed? IF FAMILY FARM/BUSINESS, PROBE IF OWNER IS A HOUSEHOLD MEMBER.	FAMILY ENTERPRISE ..... 1 FOR SOMEONE ELSE ..... 2 SELF-EMPLOYED 3	
815	Do you usually work at home or away from home?	HOME..... 1 AWAY..... 2	
816	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR ..... 1 SEASONALLY/PART OF THE YEAR . 2 ONCE IN A WHILE 3	
817	Do you earn in cash or kind for this work or are you not paid at all?	CASH ONLY ..... 1 CASH AND KIND ..... 2 IN KIND ONLY ..... 3 NOT PAID 4	
818	CHECK **601**: CURRENTLY MARRIED/LIVING WITH A MAN ↓	NOT IN UNION →	827
819	CHECK **817**: CODE **1 OR 2** CIRCLED ↓	OTHER OR NOT ASKED →	822
820	Who usually decides how the money you earn will be used: mainly you, mainly your husband/ partner, or you and your husband/partner jointly?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 OTHER _____ 6 (SPECIFY)	
821	Would you say that the money that you earn is more than what your husband/partner earns, less than what he earns, or about the same?	MORE THAN HIM..... 1 LESS THAN HIM ..... 2 ABOUT THE SAME ..... 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY ..... 4 DON'T KNOW 8	→ 823
822	Who usually decides how your husband's/partner's earnings will be used: you, your husband/partner, or you and your husband/partner jointly? IF HUSBAND/PARTNER IS UNEMPLOYED, PROBE IF HE GETS FINANCIAL SUPPORT FROM PARENTS/OTHERS; IF NO EARNINGS, CIRCLE '4'	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 HUSBAND/PARTNER HAS NO EARNINGS ..... 4 OTHER _____ 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
823	Who usually makes decisions about health care for yourself: you, your husband/partner, you and your husband/partner jointly, or someone else?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 6 1 2 3 4 6	
824	Who usually makes decisions about making major household purchases?	1 2 3 4 6	
825	Who usually makes decisions about making purchases for daily household needs?	1 2 3 4 6	
826	Who usually makes decisions about visits to your family or relatives?	1 2 3 4 6	
827	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES./ LISTEN. / PRES./ NOT LISTEN. / NOT PRES. CHILDREN < 10 . 1 2 3 HUSBAND ..... 1 2 3 OTHER MALES . 1 2 3 OTHER FEMALES 1 2 3	
828	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:	YES / NO / DK	
	If she goes out without telling him?	GOES OUT 1 2 8	
	If she neglects the children?	NEGL. CHILDREN ... 1 2 8	
	If she argues with him?	ARGUES 1 2 8	
	If she refuses to have sex with him?	REFUSES SEX 1 2 8	
	If she burns the food?	BURNS FOOD 1 2 8	

SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to ta k about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO 2	→ 1001
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
903	Can people get the AIDS virus from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
906	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
907	Can people get the AIDS virus by hugging or shaking hands with a person who is infected?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
908	Is it possible for a healthy-looking person to have the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
909	Have you ever been tested to see if you have the AIDS virus?	YES ..... 1 NO 2	→ 914
910	When was the last time you were tested?	LESS THAN 12 MONTHS AGO ..... 1 12 - 23 MONTHS AGO ..... 2 2 OR MORE YEARS AGO 3	
911	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST ..... 1 OFFERED AND ACCEPTED ..... 2 REQUIRED 3	
912	Did you get the results of the test?	YES ..... 1 NO 2	
913	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL ..... 11 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE SECTOR PRIVATE HOSPITAL OR CLINIC ... 21 PRIVATE LABORATORY ..... 22 OTHER PRIVATE _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY)	→ 1001

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
914	Do you know of a place where people can go to get tested for the AIDS virus?	YES ..... 1 NO 2	 → 1001
915	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL ..... A RURAL HEALTH UNIT (RHU)/ URBAN HEALTH CENTER ..... B BARANGAY HEALTH STATION ..... C BARANGAY SUPPLY/SERVICE POINT OFFICER/BHW ..... D OTHER PUBLIC _____ E (SPECIFY) PRIVATE SECTOR PRIVATE HOSPITAL OR CLINIC ..... F PHARMACY ..... G PRIVATE DOCTOR ..... H PRIVATE NURSE/MIDWIFE ..... I NGO ..... J INDUSTRY-BASED CLINIC ..... K OTHER PRIVATE _____ L (SPECIFY) OTHERS PUERICULTURE CENTER ..... M STORE ..... N CHURCH ..... O FRIENDS/RELATIVES ..... P OTHER _____ X (SPECIFY)	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Have you ever had the following symptoms: A cough for 2 weeks or longer? A fever for 2 weeks or longer? Chest pain or back pain? Coughing up blood? Sweating at night?	YES NO COUGH FOR 2+ WEEKS ..... 1 2 FEVER FOR 2+ WEEKS..... 1 2 CHEST/BACK PAIN..... 1 2 BLOOD IN SPUTUM ..... 1 2 NIGHT SWEAT..... 1 2	
1002	CHECK **1001**: AT LEAST ONE "YES" ☐ ↓ NOT A SINGLE "YES" (ALL "NO") ☐ →		1005
1003	Did you seek consultation or treatment for the symptoms?	YES ..... 1 NO 2	→ 1005
1004	Why didn't you seek treatment for the symptoms?	SYMPTOMS HARMLESS ..... 1 COST ..... 2 DISTANCE..... 3 EMBARASSED..... 4 SELF MEDICATION..... 5 OTHER _____ 6	
1005	Have you ever heard of an illness called tuberculosis or TB?	YES ..... 1 NO 2	→ 1012
1006	What signs and symptoms would make you think that someone might have tuberculosis? PROBE: Anything else? RECORD ALL MENTIONED.	COUGHING ..... A COUGHING WITH SPUTUM ..... B COUGHING FOR SEVERAL WEEKS . C FEVER ..... D BLOOD IN SPUTUM ..... E LOSS OF APPETITE ..... F NIGHT/SWEATING ..... G PAIN IN CHEST OR BACK ..... H TIREDNESS / FATIGUE ..... I WEIGHT LOSS ..... J OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
1007	What do you think is the cause of TB? PROBE: Anything else? RECORD ALL MENTIONED.	MICROBES/GERMS/BACTERIA ..... A INHERITED ..... B LIFESTYLE ..... C SMOKING ..... D ALCOHOL DRINKING ..... E FATIGUE ..... F MALNUTRITION ..... G UNHYGEINIC PRACTICES. ..... H POLLUTION ..... I OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
1008	How does TB spread from one person to another? PROBE: Anything else? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING ..... A THROUGH SHARING UTENSILS ... B THROUGH TOUCHING A PERSON WITH TB ..... C THROUGH SHARING FOOD ..... D THROUGH SEXUAL CONTACT ..... E THROUGH MOSQUITO BITES ..... F THROUGH SALIVA ..... G OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1009	Can tuberculosis be cured?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
1010	Would you be willing to work with someone who has been previously treated for tuberculosis?	YES ..... 1 NO ..... 2 DON'T KNOW/NOT SURE/ DEPENDS 8	
1011	If a member of your family got tuberculosis, would you want it to remain a secret?	YES ..... 1 NO ..... 2 DON'T KNOW/NOT SURE/ DEPENDS 8	
1012	Do you currently smoke cigarettes?	YES ..... 1 NO 2	→ 1014
1013	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES ..... [ ][ ]	
1014	Do you currently smoke or use any other type of tobacco?	YES ..... 1 NO 2	→ 1016
1015	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE ..... A CHEWING TOBACCO ..... B SNUFF ..... C CIGAR ..... D OTHER _____ X (SPECIFY)	
1016	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?	BIG PROB-LEM / NOT A BIG PROB-LEM	
	Getting permission to go?	PERMISSION TO GO ... 1 2	
	Getting money needed for treatment?	GETTING MONEY 1 2	
	The distance to the health facility?	DISTANCE 1 2	
	Having to take transport?	TAKING TRANSPORT... 1 2	
	Not wanting to go alone?	GO ALONE 1 2	
	Concern that there may not be a female health provider?	NO FEMALE PROV. ... 1 2	
	Concern that there may not be any health provider?	NO PROVIDER 1 2	
	Concern that there may be no drugs available?	NO DRUGS 1 2	
1017	CHECK HOUSEHOLD QUESTIONNAIRE **Q14** AND COMPARE NAME AND LINE NUMBER OF RESPONDENT IN COVER PAGE WOMAN NOT SELECTED FOR WS MODULE [ ] ↓ SELECTED FOR WS MODULE [ ] →		**WS MODULE**
1018	RECORD THE TIME.	HOUR ..... [ ][ ] MINUTES ..... [ ][ ]	

AUTHORITY: Commonwealth Act No. 591 authorizes this survey and the National Statistics Office to collect information on fertility, family planning and health. **CONFIDENTIALITY** : Sec. 4 of CA No. 591 provides that all information furnished on this form is held ***STRICTLY CONFIDENTIAL.***	NATIONAL STATISTICS OFFICE **2008 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY** **WOMEN'S SAFETY MODULE**	NDHS FORM 3 NSCB Approval No. NSO-0813-03 Expires July 31, 2008

Booklet __ of __ Booklets

IDENTIFICATION

PROVINCE _____

CITY/MUNICIPALITY _____

BARANGAY _____

EA .....

SAMPLE HOUSING UNIT SERIAL NUMBER .....

HOUSEHOLD CONTROL NUMBER .....

NDHS HOUSEHOLD NUMBER .....

NAME OF HOUSEHOLD HEAD _____

NAME AND LINE NUMBER OF ELIGIBLE WOMAN _____

ADDRESS _____

INTERVIEW RECORD

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR 2 0 0 8
INTERVIEWER'S NAME	_____	_____	_____	INT. CODE
RESULT*	_____	_____	_____	RESULT
NEXT VISIT: DATE AND TIME	_____	_____		TOTAL NUMBER OF VISITS

*RESULT CODES:

1 COMPLETED
2 NOT AT HOME
3 POSTPONED
4 REFUSED
5 PARTLY COMPLETED
6 RESPONDENT INCAPACITATED
7 OCW/OFW
8 OTHER _____ (SPECIFY)

LANGUAGE OF QUESTIONNAIRE** 7

LANGUAGE OF INTERVIEW**

LOCAL LANGUAGE OF RESPONDENT**

TRANSLATOR USED YES 1 NO 2

**LANGUAGE CODES

1 TAGALOG
2 CEBUANO
3 ILOCANO
4 BICOL
5 HILIGAYNON
6 WARAY
7 ENGLISH
8 OTHER _____ (SPECIFY)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	ENCODER
Name and Signature / Date	Name and Signature / Date		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED.	PRIVACY OBTAINED ..... 1 PRIVACY NOT POSSIBLE 2	1136
1102	READ TO THE RESPONDENT Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in the Philippines. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.		
1103	CHECK **601** AND **602** NEVER MARRIED/ NEVER LIVED WITH A MAN CURRENTLY MARRIED/ LIVING WITH A MAN FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE)		1105 1105
1104	Have you ever had a boyfriend or dating partner?	YES, HAS/HAD BOYFRIEND/ DATING PARTNER ..... 1 NO, NEVER HAD BOYFRIEND/ DATING PARTNER 2	1116
1105	EVER MARRIED/ LIVED WITH A MAN First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband/partner. NEVER MARRIED/NEVER LIVED WITH A MAN, HAS/ HAD BOYFRIEND/ DATING PARTNER First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with any of your boyfriends or dating partners.	YES NO DK	
	a) He (is/was) jealous or angry if you (communicate/ communicated) to other men?	JEALOUS 1 2 8	
	b) He frequently (accuses/accused) you of being unfaithful?	ACCUSES 1 2 8	
	c) He (does/did) not permit you to meet your female friends?	NOT MEET FRIENDS ... 1 2 8	
	d) He (tries/tried) to limit your contact with your family?	NO FAMILY 1 2 8	
	e) He (insists/insisted) on knowing where you (are/were) at all times?	WHERE YOU ARE 1 2 8	
	f) He (does/did) not trust you with his money?	MONEY 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
1106	EVER MARRIED/ LIVED WITH A MAN A. Now, if you will permit me, I need to ask some more questions about your relationship with your (last) husband/ partner. Does/Did your (last) husband/partner ever:	NEVER MARRIED/NEVER LIVED WITH A MAN, HAS/ HAD BOYFRIEND/ DATING PARTNER A. Now, if you will permit me, I need to ask some more questions about your relationship with any of your boyfriend/dating partner. Does/Did any of your boyfriends/ dating partners ever:		B. How often did this happen during the last 12 months: often, only sometimes, or not at all?	
				OFTEN	SOME-TIMES	NOT AT ALL
	a) say or do something to humiliate you in front of others?	YES 1→ NO 2		1	2	3
	b) threaten to hurt or harm you or himself or someone close to you?	YES 1→ NO 2		1	2	3
	c) insult you or make you feel bad about yourself?	YES 1→ NO 2		1	2	3
	d) not allow you to engage in any legitimate work nor practice your profession?	YES 1→ NO 2		1	2	3
	e) control your own money or properties or force you to work?	YES 1→ NO 2		1	2	3
	f) destroy your personal properties, pets or belongings, or threaten or actually harm your pets?	YES 1→ NO 2		1	2	3
	g) have other intimate relationships?	YES 1→ NO 2		1	2	3
1107	EVER MARRIED/ LIVED WITH A MAN A. Does/Did your (last) husband/partner ever do any of the following things to you:	NEVER MARRIED/NEVER LIVED WITH A MAN, HAS/ HAD BOYFRIEND/ DATING PARTNER A. Does/Did any of your boyfriends/ dating partners do any of the following things to you:		B. How often did this happen during the last 12 months: often, only sometimes, or not at all?	
				OFTEN	SOME-TIMES	NOT AT ALL
	a) push you, shake you, or throw something at you?	YES 1→ NO 2		1	2	3
	b) slap you?	YES 1→ NO 2		1	2	3
	c) twist your arm or pull your hair?	YES 1→ NO 2		1	2	3
	d) punch or hit you with something that could hurt you?	YES 1→ NO 2		1	2	3
	e) kick you, drag you or beat you up?	YES 1→ NO 2		1	2	3
	f) try to choke you or burn you on purpose?	YES 1→ NO 2		1	2	3
	g) threaten or attack you with a knife, gun, or any other weapon?	YES 1→ NO 2		1	2	3
	h) physically force you to have sexual intercourse with him even when you did not want to?	YES 1→ NO 2		1	2	3
	i) force you to perform any other sexual acts you did not want to?	YES 1→ NO 2		1	2	3
	j) try or attempt to force you to have sexual intercourse with him or perform any other sexual acts against your will?	YES 1→ NO 2		1	2	3
	k) persuade or threaten you to have sexual intercourse with him or perform any other sexual acts against your will?	YES 1→ NO 2		1	2	3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1108	CHECK **1106A (a-g)** AND **1107A (a-k)**: AT LEAST ONE 'YES' ☐ ↓ NOT A SINGLE 'YES'	☐ →	1111
1109	EVER MARRIED/ LIVED WITH A MAN ☐ ↓ How long after you first got married to/started living with your (last) husband/partner did (this/any of these) thing(s) first happen? NEVER MARRIED/NEVER LIVED WITH A MAN, HAS/ HAD BOYFRIEND/ DATING PARTNER ☐ ↓ How long after you started your relationship with your boyfriend/dating partner did (this/any of these) thing(s) first happen? IF LESS THAN ONE YEAR, RECORD '00'.	NUMBER OF YEARS ..... ☐☐ BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95	
1110	EVER MARRIED/ LIVED WITH A MAN ☐ ↓ Did the following ever happen as a result of what your (last) husband/ partner did to you? NEVER MARRIED/NEVER LIVED WITH A MAN, HAS/ HAD BOYFRIEND/ DATING PARTNER ☐ ↓ Did the following ever happen as a result of what your boyfriends/ dating partners did to you?		
	a) You had cuts, bruises or aches?	YES ..... 1 NO 2	
	b) You had eye injuries, sprains, dislocations, or burns?	YES ..... 1 NO 2	
	c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES ..... 1 NO 2	
	d) You lost your job/source of income?	YES ..... 1 NO 2	
	e) You had depression, anxiety, anger, sleeplessness, irritable, confused, feeling of isolation?	YES ..... 1 NO 2	
	f) You attempted to commit suicide?	YES ..... 1 NO 2	
	g) Other, specify _____	YES ..... 1 NO 2	
1111	EVER MARRIED/ LIVED WITH A MAN ☐ ↓ Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband/partner (at times when he was not already beating or physically hurting you)? NEVER MARRIED/NEVER LIVED WITH A MAN, HAS/ HAD BOYFRIEND/ DATING PARTNER ☐ ↓ Have you ever hit, slapped, kicked, or done anything else to physically hurt any of your boyfriends or dating partners (at times when he was not already beating or physically hurting you)?	YES ..... 1 NO ..... 2 →	1114
1112	CHECK **601, 602** and **603:** RESPONDENT NEVER MARRIED OR **IS NOT** A WIDOW ☐ ↓ RESPONDENT IS A WIDOW	☐ →	1114
1113	EVER MARRIED/ LIVED WITH A MAN ☐ ↓ In the last 12 months, how often have you done this to your husband/ partner: often, only sometimes, or not at all? NEVER MARRIED/NEVER LIVED WITH A MAN, HAS/ HAD BOYFRIEND/ DATING PARTNER ☐ ↓ In the last 12 months, how often have you done this to any of your boyfriends or dating partners: often, only sometimes, or not at all?	OFTEN ..... 1 SOMETIMES ..... 2 NOT AT ALL 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1114	EVER MARRIED/ LIVED WITH A MAN Does/Did your husband/ partner drink acohol? NEVER MARRIED/NEVER LIVED WITH A MAN, HAS/ HAD BOYFRIEND/ DATING PARTNER Does/Did any of your boyfriends or dating partners who did (this/these) thing(s) to you drink alcohol?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 1116
1115	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN ..... 1 SOMETIMES ..... 2 NEVER ..... 3 DON'T KNOW 8	
1116	CHECK **601, 602** AND **1104**: EVER MARRIED/ LIVED WITH A MAN From the time you were 15 years old has anyone other than your (current/ last) husband/ partner slapped, kicked, hit, or done anything else to hurt you physically? NEVER MARRIED/NEVER LIVED WITH A MAN HAS/HAD BOYFRIEND/ DATING PARTNER From the time you were 15 years old has anyone other than any of your boyfriends or dating partners slapped, kicked, hit or done anything else to hurt you physically? NEVER HAD BOYFRIEND/ DATING PARTNER From the time you were 15 years old has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1119
1117	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER ..... A FATHER/STEP-FATHER ..... B SISTER/BROTHER ..... C DAUGHTER/SON ..... D OTHER RELATIVE ..... E FORMER HUSBAND/PARTNER ..... F CURRENT BOYFRIEND/ DATING PARTNER ..... G FORMER BOYFRIEND/ DATING PARTNER ..... H MOTHER-IN-LAW ..... I FATHER-IN-LAW ..... J OTHER IN-LAW ..... K TEACHER ..... L EMPLOYER/SOMEONE AT WORK ... M POLICE/SOLDIER ..... N OTHER _____ X (SPECIFY)	
1118	In the last 12 months, how often have you been hit, slapped, kicked, or physically hurt by this/these person(s): often, only sometimes, or not at all?	OFTEN ..... 1 SOMETIMES ..... 2 NOT AT ALL 3	
1119	CHECK **201, 208**, AND **233** EVER BEEN PREGNANT (YES IN **201** OR **208** OR **233**) NEVER BEEN PREGNANT		→ 1122
1120	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES ..... 1 NO 2	→ 1122

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1121	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER ..... A FATHER/STEP-FATHER ..... B SISTER/BROTHER ..... C DAUGHTER/SON ..... D OTHER RELATIVE ..... E CURRENT HUSBAND/PARTNER ..... F FORMER HUSBAND/PARTNER ..... G CURRENT BF/DATING PARTNER ... H FORMER BF/DATING PARTNER ..... I MOTHER-IN-LAW ..... J FATHER-IN-LAW ..... K OTHER IN-LAW ..... L TEACHER ..... M EMPLOYER/SOMEONE AT WORK ... N POLICE/SOLDIER ..... O OTHER _____ X (SPECIFY)	
1122	CHECK **610**: EVER HAD SEX? HAS EVER HAD SEX ☐ ↓ NEVER HAD SEX ☐ →		1127
1123	The first time you had sexual intercourse, would you say that you had it because you wanted to, or because you were forced to have it against your will?	WANTED TO ..... 1 FORCED TO ..... 2 REFUSED TO ANSWER/ NO RESPONSE 3	
1124	CHECK **601, 602** AND **1104**: EVER MARRIED/ LIVED WITH A MAN ☐ ↓ In the last 12 months, has anyone other than your (current/ last) husband/ partner forced you to have sexual intercourse against your will? NEVER MARRIED/NEVER LIVED WITH A MAN HAS/HAD BOYFRIEND/ DATING PARTNER ☐ ↓ In the last 12 months, has anyone other than any of your boyfriends or dating partners forced you to have sexual intercourse against your will? NEVER HAD BOYFRIEND/ DATING PARTNER ☐ ↓ In the last 12 months has anyone forced you to have sexual intercourse against your will?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER 3	
1125	CHECK **1123** AND **1124:** 1123 ='1' OR '3' **AND** 1124 ='2' OR '3' ☐ ↓ OTHER ☐ →		1129
1126	CHECK **1107(h-k)** NOT A SINGLE 'YES' ☐ ↓ AT LEAST ONE 'YES' ☐ →		1131
1127	At anytime in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1129
1128	At anytime in your life, as a child or as an adult, has anyone ever tried to force you or ever threatened or persuaded you to have sexual intercourse or perform any other sexual acts against your will?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1129a → 1131
1129	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEARS ... ☐☐	
1129a	How old were you the first time someone tried to force you, or threatened or persuaded you to have sexual intercourse or perform any other sexual acts against your will?	DON§T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1130	Who was the person who was forcing you at that time?	CURRENT HUSBAND/PARTNER ..... 01 FORMER HUSBAND/PARTNER ..... 02 CURRENT/FORMER BF/ DATING PARTNER ..... 03 FATHER ..... 04 STEP FATHER ..... 05 OTHER RELATIVE ..... 06 IN-LAW ..... 07 OWN FRIEND/ACQUAINTANCE ..... 08 FAMILY FRIEND ..... 09 TEACHER ..... 10 EMPLOYER/SOMEONE AT WORK ... 11 POLICE/SOLDIER ..... 12 PRIEST/RELIGIOUS LEADER ..... 13 STRANGER ..... 14 OTHER _____ 96 (SPECIFY)	
1131	CHECK **1107A (a-k), 1116, 1120, 1123, 1124 AND 1127:** AT LEAST ONE 'YES' OR '2' IN **1123** ☐ NOT A SINGLE 'YES' ☐		→ 1135
1132	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever fought back physically or verbally or tried to seek help to stop (this/these) person(s) from doing this/these to you again?	YES ..... 1 NO 2	→ 1134
1133	What have you done or from whom have you sought help? Anyone else? Anything else? RECORD ALL MENTIONED.	FOUGHT BACK PHYSICALLY ..... A FOUGHT BACK VERBALLY ..... B SOUGHT HELP FROM: OWN FAMILY ..... C HUSBAND/PARTNER'S FAMILY ... D CURRENT/LAST/LATE HUSBAND/PARTNER ..... E CURRENT/FORMER BOYFRIEND/ DATING PARTNER ..... F RELATIVE ..... G FRIEND/NEIGHBOR ..... H RELIGIOUS LEADER ..... I DOCTOR/MEDICAL PERSONNEL . J POLICE ..... K LAWYER ..... L SOCIAL SERVICE ORGANIZATION . M OTHER _____ X (SPECIFY)	→ 1135
1134	Have you ever told any one about this?	YES ..... 1 NO 2	
1135	As far as you know, did your father ever beat your mother?	YES ..... 1 NO ..... 2 DON§T KNOW 8	
	THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE WOMEN'S SAFETY MODULE ONLY.		
1136	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	YES ONCE / YES, MORE THAN ONCE / NO HUSBAND/PARTNER . 1 / 2 / 3 OTHER MALE ADULT . 1 / 2 / 3 FEMALE ADULT ..... 1 / 2 / 3	
1137	RECORD TIME	HOUR ..... ☐☐ MINUTE ..... ☐☐	

INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE WOMEN'S SAFETY MODULE

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS: