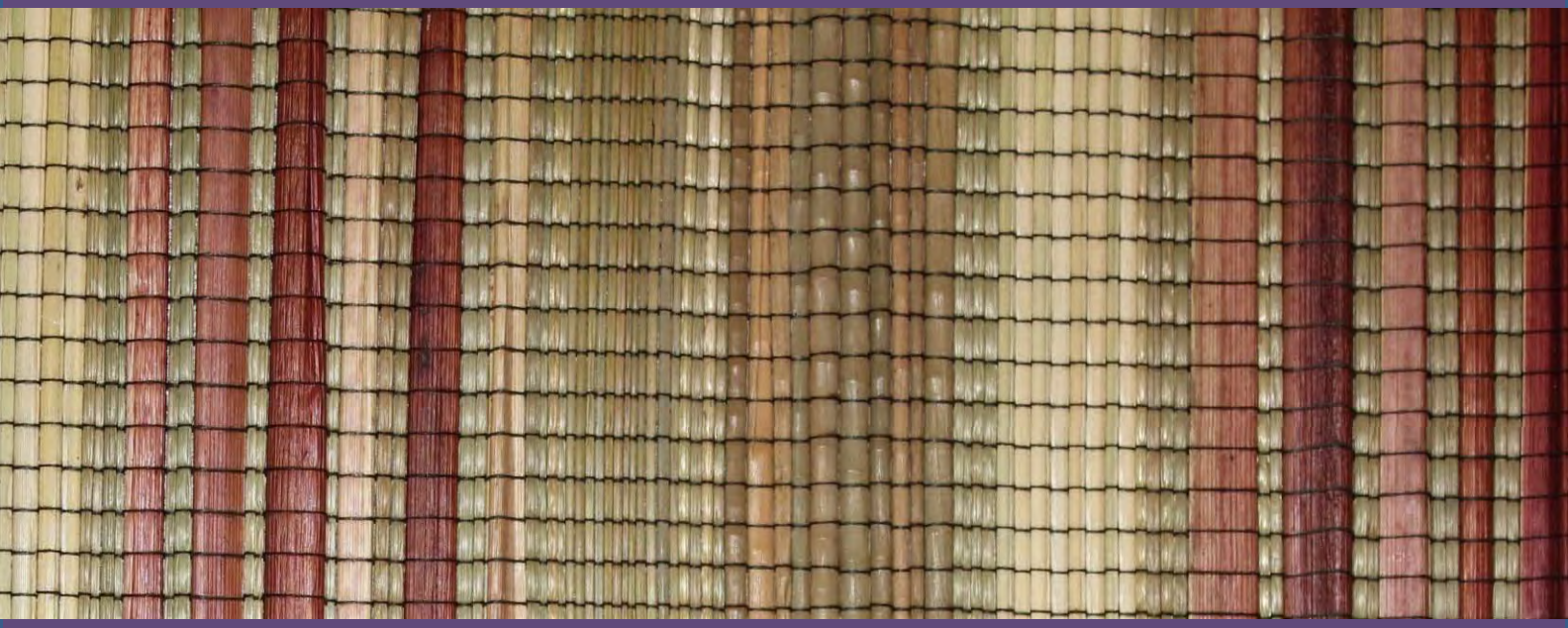
Philippines



National Demographic and Health Survey

2013

Philippines National Demographic and Health Survey 2013

Philippine Statistics Authority
Manila, Philippines

ICF International
Rockville, Maryland, USA

August 2014

USAID
FROM THE AMERICAN PEOPLE

PHILIPPINE STATISTICS AUTHORITY

This report summarizes the findings of the 2013 Philippines National Demographic and Health Survey (NDHS) carried out by the Philippine Statistics Authority (PSA). 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 technical assistance through ICF International. The opinions expressed in this report are those of the authors and do not necessarily reflect the views of USAID and the Government of the Philippines.

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CONTENTS

Page

TABLES AND FIGURES vii
PREFACE xiii
MILLENNIUM DEVELOPMENT GOAL INDICATORS xv
MAP OF PHILIPPINES xvi

1 INTRODUCTION **1**
1.1 Background 1
1.2 Objectives of the Survey 2
1.3 Organization of the Survey 2
1.4 Questionnaires 3
1.5 Pretest 4
1.6 Training and Fieldwork 5
1.7 Data Processing 5
1.8 Sample Design and Implementation 5

2 HOUSEHOLD POPULATION AND HOUSING CHARACTERISTICS **7**
2.1 Household Characteristics 8
2.1.1 Drinking Water 8
2.1.2 Household Sanitation Facilities 9
2.1.3 Housing Characteristics 10
2.2 Household Possessions 12
2.3 Wealth Index 12
2.4 Household Composition 14
2.5 Household Population by Age and Sex 14
2.6 Education of Household Population 16

3 CHARACTERISTICS OF RESPONDENTS **19**
3.1 Characteristics of Women Respondents 19
3.2 Mobility 21
3.3 Educational Attainment 22
3.4 Access to Mass Media and Internet 23
3.5 Employment 24
3.6 Occupation 26
3.7 Type of Employment 28
3.8 Health Insurance Coverage 29
3.9 Use of Tobacco 30

4 MARRIAGE AND EXPOSURE TO THE RISK OF PREGNANCY **33**
4.1 Current Marital Status 33
4.2 Age at First Marriage 34
4.3 Age at First Menstruation (Menarche) 35
4.4 Age at First Sexual Intercourse 36
4.5 Recent Sexual Activity 37

5 FERTILITY 41
5.1 Current Fertility 42
5.2 Fertility Trends 44
5.3 Children Ever Born and Living 45
5.4 Birth Intervals 46
5.5 Postpartum Amenorrhea, Abstinence, and Insusceptibility 48
5.6 Menopause 50
5.7 Age at First Birth 51
5.8 Pregnancy and Motherhood among Youth 52

6 FERTILITY PREFERENCES 55
6.1 Desire for More Children 55
6.2 Desire to Limit Childbearing by Background Characteristics 58
6.3 Ideal Number of Children 60
6.4 Fertility Planning 63
6.5 Couple's Consensus on Family Size 65

7 FAMILY PLANNING 69
7.1 Knowledge of Contraceptive Methods 70
7.2 Current Use of Contraception 72
7.3 Differentials in Contraceptive Use by Background Characteristics 74
7.4 Trends in Current Use of Family Planning 76
7.5 Timing of Sterilization 77
7.6 Source of Modern Contraceptive Methods 78
7.7 Cost of Family Planning Methods 79
7.8 Informed Choice 80
7.9 Knowledge of the Fertile Period 81
7.10 Need for Family Planning Services 82
7.11 Future use of Contraception 85
7.12 Exposure to Family Planning Messages 86
7.13 Contact of Nonusers with Family Planning Providers 87

8 INFANT AND CHILD MORTALITY 89
8.1 Definitions and Concepts 90
8.2 Data Quality 90
8.3 Levels and Trends 91
8.4 Socioeconomic Differentials in Infant and Child Mortality 92
8.5 Demographic Differentials in Infant and Child Mortality 94
8.6 Perinatal Mortality 95
8.7 High-Risk Fertility Behavior 97

9 MATERNAL HEALTH 99
9.1 Antenatal Care 100
9.1.1 Antenatal Care Coverage 100
9.1.2 Components of Antenatal Care Services 102
9.1.3 Tetanus Toxoid Injection 104
9.2 Delivery Care 106
9.2.1 Place of Delivery 106
9.2.2 Delivery Assistance 108
9.3 Post Natal Care 112
9.4 Newborn Care 115
9.5 Problems in Accessing Health Care 118

10 CHILD HEALTH 121
10.1 Child's Weight at Birth 121
10.2 Vaccination Coverage 122
10.2.1 Full Immunization Coverage for Children Age 12-23 Months 123
10.2.2 Vaccination Coverage by Background Characteristics 125
10.2.3 Trends in Vaccination Coverage 126
10.3 Acute Respiratory Infection (ARI) 126
10.4 Fever 128
10.5 Diarrhea 129
10.5.1 Prevalence of Diarrhea 130
10.5.2 Diarrhea Treatment 130
10.5.3 Feeding Practices during Diarrhea 131
10.5.4 Knowledge of ORS Packets 133
10.5.5 Disposal of Stools 134

11 BREASTFEEDING AND MICRONUTRIENT SUPPLEMENTATION 137
11.1 Breastfeeding 137
11.1.1 Initial Breastfeeding 138
11.1.2 Breastfeeding Status by Age 140
11.1.3 Duration of Breastfeeding 140
11.2 Micronutrient Intake among Children 141
11.3 Micronutrient Intake among Mothers 143

12 HIV/AIDS-RELATED KNOWLEDGE, ATTITUDES AND BEHAVIOR 145
12.1 Knowledge of HIV/AIDS 146
12.2 Specific Knowledge about AIDS 147
12.3 Coverage of HIV Testing 149
12.4 HIV/AIDS Knowledge and Sexual Behavior among Youth 151
12.4.1 Knowledge of Condom Sources among Young Adults 151
12.4.2 Age at First Sexual Intercourse among Young People 152
12.4.3 Premarital Sexual Activity 152
12.4.4 Cross-generational Sexual Partners 154
12.4.5 Voluntary HIV Counseling and Testing among Young Women 154

13 HEALTHCARE UTILIZATION AND FINANCING 157
13.1 Health Insurance Coverage 157
13.2 Health Care Treatment 161
13.3 Hospital Care 166
13.4 Cost of Treatment 168

14 WOMEN'S EMPOWERMENT 169
14.1 Employment and Form of Earnings 170
14.2 Controls over Earnings 171
14.2.1 Control over and Relative Magnitude of Women's Earnings 171
14.2.2 Women's Control over their Own Earnings and Over those of their Husbands 173
14.3 Ownership of Assets 174
14.4 Participation in Decision Making 174
14.5 Attitude toward Wife Beating 177
14.6 Indicators of Women's Empowerment 180
14.7 Women's Empowerment and Health Indicators 181

15 VIOLENCE AGAINST WOMEN 185
15.1 Measurement of Violence 186
15.2 Experience of Physical Violence 188
15.3 Experience of Sexual Violence 190
15.4 Experience of Different Forms of Violence 193
15.5 Violence during Pregnancy 193
15.6 Marital Control by Husband 195
15.7 Spousal Violence 197
15.8 Recent Experience of Spousal Violence 202
15.9 Onset of Spousal Violence 203
15.10 Consequences of Spousal Violence 203
15.11 Violence Initiated by Women against their Spouse 204
15.12 Help-Seeking Behavior by Women Who Experienced Violence 207

REFERENCES 209

APPENDIX A SAMPLE DESIGN AND IMPLEMENTATION 213

A.1 Introduction 213
A.2 Sample Design 213
A.3 Sample Implementation 216
A.4 Sampling Weight 219

APPENDIX B ESTIMATES OF SAMPLING ERRORS 223

APPENDIX C DATA QUALITY TABLES 247

APPENDIX D PERSONS INVOLVED IN THE 2013 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY 251

APPENDIX E QUESTIONNAIRES 265

TABLES AND FIGURES

		Page
CHAPTER 1	**INTRODUCTION**	**1**
Table 1.1	Results of the household and individual interviews	6
CHAPTER 2	**HOUSEHOLD POPULATION AND HOUSING CHARACTERISTICS**	**7**
Table 2.1	Household drinking water	8
Table 2.2	Household sanitation facilities	9
Table 2.3	Housing characteristics	10
Table 2.4	Household characteristics	11
Table 2.5	Household possessions	12
Table 2.6	Wealth quintiles	13
Table 2.7	Household composition	14
Table 2.8	Household population by age, sex and residence	15
Table 2.9.1	Educational attainment of the female household population	16
Table 2.9.2	Educational attainment of the male household population	17
Figure 2.1	Housing amenities by urban-rural residence	11
Figure 2.2	Population pyramid	15
Figure 2.3	Median years of schooling by sex and region	18
CHAPTER 3	**CHARACTERISTICS OF RESPONDENTS**	**19**
Table 3.1	Background characteristics of respondents	20
Table 3.2	Residence characteristics of respondents	21
Table 3.3	Educational attainment	22
Table 3.4	Exposure to mass media	24
Table 3.5	Employment status	25
Table 3.6	Occupation	27
Table 3.7	Type of employment	28
Table 3.8	Health insurance coverage	29
Table 3.9	Use of tobacco	31
Figure 3.1	Percent distribution of women age 15-49 employed in the 12 months preceding the survey by occupation, Philippines 2008 and 2013	28
CHAPTER 4	**MARRIAGE AND EXPOSURE TO THE RISK OF PREGNANCY**	**33**
Table 4.1	Current marital status	33
Table 4.2	Age at first marriage	34
Table 4.3	Median age at first marriage by background characteristics	35
Table 4.4	Age at first menstruation	36
Table 4.5	Age at first sexual intercourse	36
Table 4.6	Median age at first sexual intercourse by background characteristics	37
Table 4.7	Recent sexual activity	38

CHAPTER 5 FERTILITY 41
Table 5.1 Current fertility 42
Table 5.2 Fertility by background characteristics 43
Table 5.3 Trends in age-specific fertility rates 44
Table 5.4 Trends in fertility from various sources 45
Table 5.5 Children ever born and living 46
Table 5.6 Birth intervals 47
Table 5.7 Postpartum amenorrhea, abstinence and insusceptibility 49
Table 5.8 Median duration of amenorrhea, postpartum abstinence and postpartum insusceptibility 50
Table 5.9 Menopause 51
Table 5.10 Age at first birth 51
Table 5.11 Median age at first birth 52
Table 5.12 Teenage pregnancy and motherhood 53

Figure 5.1 Age-specific fertility rates by urban-rural residence 43
Figure 5.2 Trends in the total fertility rate 45
Figure 5.3 Median number of months since previous birth 48

CHAPTER 6 FERTILITY PREFERENCES 55
Table 6.1 Fertility preferences by number of living children 57
Table 6.2 Fertility preferences by age 58
Table 6.3 Desire to limit childbearing 59
Table 6.4 Ideal number of children by number of living children 61
Table 6.5 Mean ideal number of children 62
Table 6.6 Fertility planning status 64
Table 6.7 Wanted fertility rates 65
Table 6.8 Couples' consensus on family size 67

Figure 6.1 Fertility preferences among currently married women age 15-49 56
Figure 6.2 Percentage of currently married women who want no more children, by number of children 57
Figure 6.3 Percentage of currently married women who want no more children, by background characteristics 60
Figure 6.4 Mean ideal number of children for all women age 15-49 by region 63
Figure 6.5 Trends in wanted and unwanted fertility for births in the five years preceding the survey, NDHS 2008 and NDHS 2013 64
Figure 6.6 Currently married women by perceived consensus with husband regarding the number of children desired 66

CHAPTER 7 FAMILY PLANNING 69
Table 7.1 Knowledge of contraceptive methods 70
Table 7.2 Knowledge of contraceptive methods by background characteristics 71
Table 7.3 Current use of contraception by age 73
Table 7.4 Current use of contraception by background characteristics 75
Table 7.5 Trends in the current use of contraception 76
Table 7.6 Timing of sterilization 78
Table 7.7 Source of modern contraception methods 78
Table 7.8 Cost of modern contraceptive methods 79

Table 7.9 Informed choice ... 81
Table 7.10 Knowledge of fertile period ... 82
Table 7.11 Need and demand for family planning among currently married women ... 84
Table 7.12 Future use of contraception ... 86
Table 7.13 Exposure to family planning messages ... 87
Table 7.14 Contact of non-users with family planning providers ... 88

Figure 7.1 Use of contraception among currently married women age 15-49 ... 74
Figure 7.2 Trends in contraceptive use among currently married women ... 77
Figure 7.3 Trends in unmet need for family planning ... 85

CHAPTER 8 INFANT AND CHILD MORTALITY ... 89
Table 8.1 Early childhood mortality rates ... 91
Table 8.2 Early childhood mortality rates by socioeconomic characteristics ... 93
Table 8.3 Early childhood mortality rates by demographic characteristics ... 95
Table 8.4 Perinatal mortality ... 96
Table 8.5 High-risk fertility behavior ... 98

Figure 8.1 Trends in early childhood mortality rates for the period 0-4 years, Philippines 2003-2013 ... 92
Figure 8.2 Under-five and infant mortality by background characteristics ... 94

CHAPTER 9 MATERNAL HEALTH ... 99
Table 9.1 Antenatal care ... 100
Table 9.2 Number of antenatal care visits and timing of first visit ... 101
Table 9.3 Components of antenatal care ... 103
Table 9.4 Tetanus toxoid injections ... 104
Table 9.5 Problems experienced during pregnancy and delivery ... 105
Table 9.6 Pre-term births ... 106
Table 9.7 Place of delivery ... 107
Table 9.8 Reasons for not delivering in a health facility ... 108
Table 9.9 Assistance during delivery ... 109
Table 9.10 Cost of delivery ... 111
Table 9.11 Timing of first postnatal check-up ... 113
Table 9.12 Type of provider of first postnatal checkup for the mother ... 114
Table 9.13 Timing of first postnatal checkup for the newborn ... 116
Table 9.14 Type of provider of first postnatal checkup for the newborn ... 117
Table 9.15 Problems in accessing healthcare ... 119

CHAPTER 10 CHILD HEALTH ... 121
Table 10.1 Child's weight at birth ... 122
Table 10.2 Vaccination by source of information ... 124
Table 10.3 Vaccination by background characteristics ... 125
Table 10.4 Prevalence and treatment of symptoms of ARI ... 127
Table 10.5 Prevalence and treatment of fever ... 129
Table 10.6 Prevalence of diarrhea ... 130
Table 10.7 Diarrhea treatment ... 131
Table 10.8 Feeding practices during diarrhea ... 132
Table 10.9 Knowledge of ORS packets or pre-packaged liquids ... 134

Table 10.10 Disposal of children's stools ... 135

Figure 10.1 Vaccination by 12 months of age ... 124
Figure 10.2 Trends in vaccination coverage excluding Hepatitis B ... 126
Figure 10.3 Prevalence and treatment of acute respiratory infection (ARI) in children under age five ... 128
Figure 10.4 Trends in feeding practices during diarrhea 2003, 2008, 2013 NDHS ... 133

CHAPTER 11 BREASTFEEDING AND MICRONUTRIENT SUPPLEMENTATION ... 137
Table 11.1 Initial breastfeeding ... 139
Table 11.2 Breastfeeding status by age ... 140
Table 11.3 Median duration of breastfeeding ... 141
Table 11.4 Micronutrient intake among children ... 142
Table 11.5 Micronutrient intake among mothers ... 144

CHAPTER 12 HIV/AIDS-RELATED KNOWLEDGE, ATTITUDES AND BEHAVIOR ... 145
Table 12.1 Knowledge of HIV prevention methods ... 147
Table 12.2 Specific knowledge about AIDS ... 148
Table 12.3 Coverage of prior HIV testing ... 150
Table 12.4 Knowledge about a source of condoms among young women ... 151
Table 12.5 Age at first sexual intercourse among young women ... 152
Table 12.6 Premarital sexual intercourse and condom use during premarital sexual intercourse among young women ... 153
Table 12.7 Age-mixing in sexual relationships among women age 15-19 ... 154
Table 12.8 Recent HIV tests among youth ... 155

Figure 12.1 Rejection of misconception about AIDS transmission among women age 15-49 ... 149

CHAPTER 13 HEALTHCARE UTILIZATION AND FINANCING ... 157
Table 13.1 Health insurance coverage ... 158
Table 13.2 Type of PhilHealth Insurance ... 160
Table 13.3 Treatment seeking behavior ... 162
Table 13.4 Specific types of health facilities utilized ... 164
Table 13.5 Reasons for seeking health care ... 165
Table 13.6 Average travel time to health facility visited ... 166
Table 13.7 In-patient hospital care ... 167
Table 13.8 Aspects of in-patient care ... 168
Table 13.9 Average costs of care ... 168

Figure 13.1 Percentage of household population with specific health insurance coverage ... 159
Figure 13.2 Among those with PhilHealth Insurance, percentage who are paying or indigent members/dependent ... 161
Figure 13.3 Percentage of household population who visited a health facility/provider in the 30 days preceding the survey ... 163
Figure 13.4 Reason for seeking health care ... 165

CHAPTER 14 WOMEN'S EMPOWERMENT ... 169
Table 14.1 Employment and cash earning of currently married women ... 170
Table 14.2 Control over women's cash earning and relative magnitude of women's cash earnings ... 172

Table 14.3 Women's control over their own earnings and over those of their husbands 173
Table 14.4 Ownership of assets 175
Table 14.5 Participation in decision making 175
Table 14.6 Women's participation in decision making by background characteristics 177
Table 14.7 Attitudes toward wife beating 179
Table 14.8 Indicators of women's empowerment 181
Table 14.9 Current use of contraception by women's empowerment 182
Table 14.10 Ideal number of children and unmet need for family planning by women's empowerment 183
Table 14.11 Reproductive healthcare by women's empowerment 183
Table 14.12 Early childhood mortality rates by women's status 184

Figure 14.1 Type of earnings of employed currently married women 171
Figure 14.2 Number of decisions in which currently married women participate 176
Figure 14.3 Specific reasons for which wife beating is justified 178
Figure 14.4 Number of reasons for which wife beating is justified 181

CHAPTER 15 VIOLENCE AGAINST WOMEN 185
Table 15.1 Experience of physical violence 189
Table 15.2 Persons committing physical violence 190
Table 15.3 Experience of sexual violence 191
Table 15.4 Persons committing sexual violence 192
Table 15.5 Age at first experience of sexual violence 193
Table 15.6 Experience of different forms of violence 193
Table 15.7 Experience of violence during pregnancy 194
Table 15.8 Marital control exercised by husbands 196
Table 15.9 Forms of spousal violence 197
Table 15.10 Spousal violence by background characteristics 199
Table 15.11 Spousal violence by husband's characteristics and empowerment indicators 201
Table 15.12 Recent physical or sexual violence by any husband\partner 202
Table 15.13 Experience of spousal violence by duration of marriage 203
Table 15.14 Injuries to women due to spousal violence 204
Table 15.15 Women's violence against their spouse 205
Table 15.16 Women's violence against their spouse by husband's by characteristics 206
Table 15.17 Help seeking to stop violence 207
Table 15.18 Sources for help to stop the violence 208

Figure 15.1 Percentage of ever-married women age 15-49 who have experienced various forms of violence ever or in the 12 months preceding the survey, committed by their husband/partner 198

APPENDIX A SAMPLE DESIGN AND IMPLEMENTATION 213
Table A.1 Households in sampling frame 215
Table A.2 Sample allocation of enumeration areas 216
Table A.3 Sample implementation 217
Table A.4 Sample implementation 218

APPENDIX B ESTIMATES OF SAMPLES ERRORS 223
Table B.1 List of selected variables for sampling errors, Philippines, 2013 225
Table B.2 Sampling errors: Total sample, Philippines 2013 226
Table B.3 Sampling errors: Urban sample, Philippines 2013 227
Table B.4 Sampling errors: Rural sample, Philippines 2013 228
Table B.5 Sampling errors: National Capital Region sample, Philippines 2013 229
Table B.6 Sampling errors: Cordillera Administrative Region sample, Philippines 2013 230
Table B.7 Sampling errors: Ilocos Region sample, Philippines 2013 231
Table B.8 Sampling errors: Cagayan Valley sample, Philippines 2013 232
Table B.9 Sampling errors: Central Luzon sample, Philippines 2013 233
Table B.10 Sampling errors: CALABARZON sample, Philippines 2013 234
Table B.11 Sampling errors: MIMAROPA sample, Philippines 2013 235
Table B.12 Sampling errors: Bicol Region sample, Philippines 2013 236
Table B.13 Sampling errors: Western Visayas sample, Philippines 2013 237
Table B.14 Sampling errors: Central Visayas sample, Philippines 2013 238
Table B.15 Sampling errors: Eastern Visayas sample, Philippines 2013 239
Table B.16 Sampling errors: Zamboanga Peninsula sample, Philippines 2013 240
Table B.17 Sampling errors: Northern Mindanao sample, Philippines 2013 241
Table B.18 Sampling errors: Davao Region sample, Philippines 2013 242
Table B.19 Sampling errors: SOCCSKSARGEN sample, Philippines 2013 243
Table B.20 Sampling errors: Caraga sample, Philippines 2013 244
Table B.21 Sampling errors: ARMM sample, Philippines 2013 245

APPENDIX C DATA QUALITY TABLES 247
Table C.1 Household age distribution 247
Table C.2 Age distribution of eligible and interviewed women 248
Table C.3 Completeness of reporting 248
Table C.4 Births by calendar years 248
Table C.5 Reporting of age at death in days 249
Table C.6 Reporting of age at death in months 250

PREFACE

The Philippine Statistics Authority (PSA) is pleased to present the final report on the 2013 Philippines National Demographic and Health Survey (NDHS). The survey is designed to provide indicators on fertility, fertility preferences, family planning practice, childhood mortality, maternal and child health, knowledge and attitude regarding HIV/AIDS and tuberculosis, and violence against women. These indicators are crucial in policymaking, program planning, and monitoring and evaluation of population and health programs, including those anchored on the attainment of related Millennium Development Goals (MDGs).

The 2013 NDHS is the tenth in a series of national demographic surveys conducted every five years since 1968 by the National Statistics Office (NSO), which is one of the four statistical agencies comprising the newly created Philippine Statistics Authority (PSA). Fieldwork for the survey was carried out from August 12 to October 16, 2013 covering a national sample of approximately 15,000 households and more than 16,000 women aged 15 to 49 years.

The 2013 NDHS was funded by the Government of the Philippines. The United States Agency for International Development (USAID) provided technical assistance through ICF International under the MEASURE Demographic and Health Surveys (DHS) program.

PSA would like to express its deepest gratitude to the organizations and individuals who are behind the successful completion of the 2013 NDHS. National Scientist Dr. Mercedes B. Concepcion, the Department of Health (DOH), the United States Agency for International Development (USAID), University of the Philippines Population Institute (UPPI), Commission on Population (POPCOM), PSA-National Statistical Coordination Board (PSA-NSCB), University of the Philippines School of Economics (UPEcon), 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 Philippine Commission on Women (PCW), Breastfeeding Philippines (BF), Philippine Institute for Development Studies (PIDS), and the Department of Social Welfare and Development (DSWD) participated in the design of the questionnaires. PSA also extends its appreciation to the ICF International team and consultants: Dr. Elizabeth M. Go, for her technical assistance throughout the planning and implementation stages of the survey; David J. Megill, for the sampling design; Alexander Izmukhambetov and Jeanne Cushing for their assistance during data processing, Anne R. Cross and Dr. Gulnara Semenov, and Natalie La Roche for their valuable assistance in the preparation of the final report.

Great appreciation is also due to the survey team of the former NSO for their hard work and dedication: the staff of the Demographic and Social Statistics Division of the Household Statistics Department (HSD) who worked tirelessly throughout all stages of the survey; selected staff of the Census Planning and Operations Division and the Income and Employment Statistics Division of HSD for their support during training and preparation of the report; the Information Resources Department for their assistance during data processing, the staff of the Regional and Provincial Offices for overseeing the data collection activities, and to the 70 interviewing teams composed of team supervisors, field editors and interviewers. Finally, the PSA is grateful to the survey respondents who patiently shared us their time and information.

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MILLENNIUM DEVELOPMENT GOAL INDICATORS

Millennium Development Goal Indicators by sex

Philippines 2013

Goal	Value		Total
	Female	Male	
4. Reduce child mortality			
4.1 Under five mortality rate[1]	31	34	31
4.2 Infant mortality rate[1]	22	25	23
4.3 Proportion of 1 year-old children immunized against measles	84.9	82.8	83.9
5. Improve maternal health			
5.2 Percentage of births attended by skilled health personnel[2]	na	na	72.8
5.3 Contraceptive prevalence rate[3]	55.1	na	na
5.4 Adolescent birth rate[4]	57.1	na	na
5.5a Antenatal care coverage: at least one visit[5]	95.4	na	na
5.5b Antenatal care coverage: four or more visits[6]	84.3	na	na
5.6 Unmet need for family planning	17.5	na	na
6. Combat HIV/AIDS, malaria and other diseases			
6.2 Condom use at last high-risk sex[7]	8.1	na	na

Goal	Urban	Rural	Total
7. Ensure environmental sustainability			
7.8 Percentage of population using an improved drinking water source[9]	98.6	92.2	95.2
7.9 Percentage of population with access to improved sanitation[10]	73.7	66.8	70.1

na = Not applicable

[1] Expressed in terms of deaths per 1,000 live births. Mortality by sex refers to a 10-year reference period preceding the survey. Mortality rates for males and females combined refer to the 5-year period preceding the survey.

[2] Among births in the five years preceding the survey

[3] Percentage of currently married women age 15-49 using any method of contraception

[4] Equivalent to the age-specific fertility rate for women age 15-19 for the 3-year preceding the survey, expressed in terms of births per 1,000 women age 15-19

[5] With a skilled provider

[6] With any healthcare provider

[7] Higher-risk sex refers to sexual intercourse with a non-marital, non-cohabitating partner. Expressed as a percentage of women age 15-24 who had higher-risk sex in the past 12 months.

[8] Comprehensive knowledge means knowing that consistent use of a condom during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting the AIDS virus, knowing a healthy-looking person can have the AIDS virus, and rejecting the two most common local misconceptions about transmission or prevention of the AIDS virus.

[9] Proportion whose main source of drinking water is a household connection (piped), public standpipe, borehole, protected dug well or spring, bottled water or rainwater collection.

[10] Improved sanitation technologies are: flush toilet, ventilated improved pit latrine, traditional pit latrine with a slab, or composting toilet.

PHILIPPINES

INTRODUCTION 1

1.1 BACKGROUND

The Philippines lies strategically within the arc of nations that sweeps southeastward from mainland Asia to Australia. The country is bordered by the waters of the Bashi Channel to the north, the Sulu and Celebes Seas to the south, the Pacific Ocean to the east, and the South China Sea to the west. Its total land area of 300,000 km2, comprise 7,107 islands, of which about 3,144 islands are named. Luzon, Visayas, and Mindanao are the three largest groups of islands. Luzon is the largest group situated in the north, covering 47 percent of the total land area; Mindanao, the second largest group is located in the south, covering 34 percent of the total land area; and the Visayas, the smallest group consisting of island provinces between Luzon and Mindanao, accounts for 19 percent of the country's total land area. A total of 92.3 million Filipinos are residents as of May 1, 2010.

The climate in the country is characterized by two distinct seasons, the wet and the dry. The rainy or wet season occurs across the land from June to November, while the cool and dry season starts from December to May.

The Philippines has 17 administrative regions namely, Regions I-XIII, the National Capital Region (NCR) or Metro Manila, Cordillera Administrative Region (CAR), and the Autonomous Region in Muslim Mindanao (ARMM). Region IV is divided into 2 regions—IVA and IVB. Each of these regions is composed of provinces, which are subdivided into cities, municipalities and barangays. The barangays are the smallest local government unit. National government offices are usually (but not always) concentrated in the regional centers and the seat of the provincial government is situated in each of the respective provinces. As of September 30, 2011, the country has 80 provinces, 137 cities, 1,496 municipalities and 41,946 barangays (NSO, 2013).

The Philippines is the third fastest growing economy in Asia with a gross domestic product (GDP) of 7.2 percent in the last three years. Despite the so-called Priority Development Assistance Fund (PDAF) scam and the natural calamities such as the earthquake and Typhoon Yolanda (Haiyan) that struck the country in 2013, the government is optimistic to sustain the country's economic growth. The Department of Labor and Employment (DOLE) is tasked with creating more jobs to expand operations, shelter, livelihood, infrastructure and social services nationwide, including the provinces devastated by the typhoon and earthquake. The Department of Social Welfare and Development (DSWD)is spearheading poverty alleviation programs, such as the Pantawid Pamilya Pilipino Program (4Ps) and the Kapit-Bisig Laban sa Kahirapan-Comprehensive and Integrated Delivery of Social Services (Kalahi-CIDSS), serving as indicators that the country is on a path towards fighting poverty (DSWD, 2014).

Along with the Aquino government's thrust of "daang matuwid" (right way/path), aiming for good governance and hastening growth and development for empowerment of its constituents, particularly Filipino women, the Department of Health (DOH) adopted and implemented health reforms to rapidly reduce maternal and newborn mortality. The Millennium Strategic Plan 2013-2017 (Development Goals Commitments by 2015) addresses and strengthens the Millennium Development Goals (MDGs) 4 and 5 through the Maternal, Newborn, Child Health and Nutrition (MNCHN) Strategy. This is an integrated package of services to ensure equitable, accessible, and efficient health services to communities, through dynamic partnerships and shared advocacy, responsibility and accountability. The program's guiding principle covers all stages of pregnancy to

ensure its vision of “Every woman, child and their families utilize quality health services in a continuum of care”.

The Philippine National Demographic and Health Survey (NDHS) has been successfully conducted in the country every five years since 1968to monitor and evaluate the impact of population programs being implemented in the country. The 2013 NDHS is the tenth such survey.

1.2 OBJECTIVES OF THE SURVEY

The 2013 NDHS is designed to provide information on fertility, family planning, and health in the country for use by the government in monitoring the progress of its programs on population, family planning and health.

In particular, the 2013 NDHS has the following specific objectives:

- Collect data which will allow the estimation of demographic rates, particularly fertility rates and under-five mortality rates by urban-rural residence and region.
- Analyze the direct and indirect factors which determine the level and patterns of fertility.
- Measure the level of contraceptive knowledge and practice by method, urban-rural residence, and region.
- Collect data on health, immunizations, prenatal and postnatal check-ups, assistance at delivery, breastfeeding, and prevalence and treatment of diarrhea, fever and acute respiratory infections among children below five years old.
- Collect data on environmental health, utilization of health facilities, health care financing, prevalence of common non-communicable and infectious diseases, and membership in the National Health Insurance Program (PhilHealth).
- Collect data on awareness of cancer, heart disease, diabetes, dengue fever and tuberculosis.
- Determine the knowledge of women about AIDS, and the extent of misconception on HIV transmission and access to HIV testing.
- Determine the extent of violence against women.

1.3 ORGANIZATION OF THE SURVEY

The 2013 National Demographic and Health Survey (NDHS) was conducted by the Philippines National Statistics Office (NSO) from August 12, 2013 to September 24, 2013. The NSO is now merged with the National Statistical Coordination Board (NSCB), Bureau of Agricultural Statistics (BAS), and the Bureau of Labor and Employment (BLES), by virtue of Republic Act (R.A.) 10625 known as the “Philippine Statistical Act of 2013”,to become the newly created Philippine Statistics Authority (PSA). Funding for the 2013 NDHS came from the Philippine government. Technical assistance was provided by ICF International through the MEASURE DHS *p*rogram funded by the United States Agency for International Development (USAID).

A series of consultative meetings on four different occasions were undertaken for the development of the survey instruments through consultation with stakeholders, academics, and foreign and local partner

agencies. These meetings were chaired by the former NSO Administrator Carmelita N. Ericta and co-chaired by National Scientist Dr. Mercedes B. Concepcion. Participants included representatives from USAID, ICF International, the United Nations Population Fund (UNFPA), the World Health Organization (WHO), the Department of Health (DOH), PSA-NSCB, the University of the Philippines Population Institute (UPPI), the PSA-NSO, the University of the Philippines School of Economics (UPSE), 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 Philippine Commission on Women (PCW), Breastfeeding Philippines (BF), Philippine Institute for Development Studies (PIDS), and the Department of Social Welfare and Development (DSWD). The group identified and recommended survey items for inclusion in the survey questionnaires; the items were reviewed and approved together with representatives and consultants from the above-mentioned agencies, as well as by ICF.

The Regional Directors (RDs) of the PSA-NSO's Regional Statistical Offices were the overseers of field activities in their respective regions. The Provincial Statistics Officers (PSOs) were the implementers and field coordinators and were mainly responsible for the administrative aspects of the survey in their respective provinces. Meanwhile, the designated Regional Supervisors were responsible for the survey's operations phase and mainly responsible for the teams in their region.

1.4 QUESTIONNAIRES

The 2013 NDHS used three questionnaires: Household Questionnaire, Individual Woman's Questionnaire, and Women's Safety Module. The development of these questionnaires resulted from the solicited comments and suggestions during the deliberation in the consultative meetings and separate meetings conducted with the various agencies/organizations namely: PSA-NSO, POPCOM, DOH, FNRI, ICF International, NEDA, PCW, PhilHealth, PIDS, PLCPD, UNFPA, USAID, UPPI, UPSE, and WHO. The three questionnaires were translated from English into six major languages - Tagalog, Cebuano, Ilocano, Bicol, Hiligaynon, and Waray.

The main purpose of the Household Questionnaire was to identify female members of the sample household who were eligible for interview with the Individual Woman's Questionnaire and the Women's Safety Module. The Household Questionnaire was used to obtain the following information:

- Usual members and visitors in the selected households
- Background information on each person listed, such as relationship to head of the household, age, sex, and highest educational attainment
- Health insurance coverage for each household member
- 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 (these items are used as proxy indicators of the household's socioeconomic status)
- Utilization of health facilities of household members

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

- Background characteristics (e.g., place of residence, age, marital status, education, employment status, religion and ethnic group)
- Reproductive history
- Knowledge and use of family planning methods
- Pregnancy, postnatal care, and breastfeeding initiation
- Child immunization and health 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 collect information on domestic violence in the country, its prevalence, severity and frequency from only one selected respondent from among all the eligible women who were identified from the Household Questionnaire. The module included the following topics:

- Measures of physical, sexual and emotional violence
- Women's experience of violence since age 15 and recent violence in the 12 months preceding the survey
- Violence during pregnancy
- Marital control
- Inter-spousal violence
- Help-seeking behavior by women who have experienced violence

1.5 PRETEST

Three pretests were conducted prior to finalizing the design and development of survey materials. The first pretest was conducted on March 27, 2013 in Barangay Talaba II, Bacoor, Cavite. It was aimed at checking the flow, clarity of questions, and the sustainability of the respondent's attitude and motivation in answering the questions. The second pretest was carried out in San Jose del Monte, Bulacan Province on April 8-9, 2013, to see if the Tagalog translation of the questionnaire was suitably worded and also to improve the prescribed field operation procedures. The training for the pretests field staff took place in DSSD, NSO Central Office in Manila from April 2-5, 2013. For the third pretest, a trainer's training was conducted on May 20, 24 and 25, 2013 in Mandaluyong City, participated in by selected central office personnel and field staff of Regions V, VII and VIII. In each of the pretest regions, a four-day training for interviewers was conducted prior to data collection. Pretest III involved five teams. Each of the four teams was composed of four interviewers, a field editor and a supervisor while the team from Region VII was composed of six interviewers and a team

supervisor who also acted as field editor. All five teams had their respective observer from Central Office. The objective of the third pretest was to test the correctness and clarity of the translations of the NDHS questions into the five major languages- Ilocano, Bicol, Waray, Hiligaynon and Cebuano- in the regions where these dialects are spoken.

1.6 TRAINING AND FIELDWORK

Training of the field staff was conducted in two levels. The first was the training of the Task Force for instructors, regional coordinators, and supervisors, and the second was the training of the interviewing teams. The Task Force training was conducted in Manila from July 15 to 26, 2013. Fifty-four persons participated as trainees: 35 from RSOs (consisting of Regional Statisticians and Team Supervisors), and 19 from the PSA-NSO Central Office. The trainers were staff of the Demographic and Social Statistics Division (DSSD) at PSA-NSO and guest lecturers and resource persons from the University of the Philippines Population Institute (UPPI), the Department of Health (DOH), the University of the Philippines School of Economics (UPEcon), and the Philippines Commission on Women (PCW).

The second-level training took place from June 29 through August 10, 2013, in 17 regional training centers: NCR, CAR, I, II, III, IV-A, IV-B, V, VI, VII , VIII, IX, X, XI, XII, XIII (Caraga) and ARMM. Instructors in this training were members of the Task Force who were trained in the first level training.

Data collection was carried out from August 12 through September 24, 2013, by 70 interviewing teams. A total of 284 field interviewers, 70 team supervisors and field editors, and 17 regional supervisors joined the workforce. However, due to the peace and order situation in Zamboanga City, the data collection in Region IX was extended up to October 16, 2013 to complete the survey. Each team consisted of a team supervisor, a field editor, and four female interviewers.

1.7 DATA PROCESSING

All completed questionnaires and the control forms were returned to the PSA-NSO central office in Manila for data processing, which consisted of manual editing, data entry and verification, and editing of computer-identified errors. An ad-hoc group of thirteen regular employees from the DSSD, the Information Resources Department (IRD), and the Information Technology Operations Division (ITOD) of the NSO was created to work fulltime and oversee data processing operation in the NDHS Data Processing Center that was carried out at the NSO-CVEA Building in Quezon City, Philippines. This group was responsible for the different aspects of NDHS data processing. There were 19 data encoders hired to process the data who underwent training on September 12-13, 2013.

Data entry started on September 16, 2013. The computer package program called Census and Survey Processing System (CSPro) was used for data entry, editing, and verification. Mr. Alexander Izmukhambetov, a data processing specialist from ICF International, spent two weeks at NSO in September 2013 to finalize the data entry program. Data processing was completed on December 6, 2013.

1.8 SAMPLE DESIGN AND IMPLEMENTATION

The sample selection methodology for the 2013 NDHS is based on a stratified two-stage sample design, using the 2010 Census of Population and Housing (CPH) as a frame. The first stage involved a systematic selection of 800 sample enumeration areas (EAs) distributed by stratum (region, urban/rural). In the second stage, 20 sample housing units were selected from each sample EA, using systematic random sampling. All households in the sampled housing units were interviewed. An EA is defined as an area with discern able

boundaries consisting of contiguous households. The sample was designed to provide data representative of the country and its 17 administrative regions.

For the 2013 NDHS sample, 16,732 households were selected, of which 14,893 were occupied (Table 1.1). Of these households, 14,804 were successfully interviewed, yielding a household response rate of 99.4 percent. The household response rates in urban and rural areas are almost identical.

Among the households interviewed, 16,437 women were identified as eligible respondents, and the interviews were completed for 16,155 women, yielding a response rate of 98.3 percent. On the other hand, for the women's safety module, from a total of 11,373 eligible women, 10,963 were interviewed with privacy, translating to a 96.4 percent response rate. At the individual level, urban and rural response rates showed no difference. The principal reason for non-response among women was the failure to find individuals at home, despite interviewers' repeated visits to the household. Further details on the sample design and implementation are given in Appendix A.

Table 1.1 Results of the household and individual interviews

Number of households, number of interviews, and response rates, according to residence (unweighted), Philippines 2013

	Residence		
Result	Urban	Rural	Total
Household interviews			
Households selected	7,098	9,634	16,732
Households occupied	6,299	8,594	14,893
Households interviewed	6,251	8,553	14,804
Household response rate[1]	99.2	99.5	99.4
Interviews with women age 15-49			
Number of eligible women	7,742	8,695	16,437
Number of eligible women interviewed	7,609	8,546	16,155
Eligible women response rate[2]	98.3	98.3	98.3
Women's safety module interviews			
Number of eligible women	5,072	6,301	11,373
Number of eligible women interviewed	4,889	6,074	10,963
Women's safety module response rate[2]	96.4	96.4	96.4

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

HOUSEHOLD POPULATION AND HOUSEHOLD CHARACTERISTICS

2

Key Findings

- Almost all households in the Philippines (96 percent) use an improved source of drinking water.
- Fifty-nine percent of households do not treat their water.
- Seventy percent of households have improved toilet facilities that are not shared with other households.
- Eighty-eight percent of households have electricity.
- More than half (55 percent) of households own/amortize the lot they dwell on.
- Over 3 in 5 households use solid fuel for cooking. Rural residents commonly use wood for cooking while LPG, natural gas or biogas is used by a majority of urban residents.
- Urban households are more likely to own household effects than rural households. Eighty-four percent of households own a mobile telephone (91 and 78 percent for urban and rural households, respectively).
- Nineteen percent of households are beneficiaries of the 4Ps or CCT program.
- Education is widespread in the Philippines. Only 5 percent of the population age 6 and over have no formal education and around 40 percent have completed high school or have some college.

This chapter provides a summary of the socioeconomic characteristics of the household population, including household composition, source of drinking water, sanitation facility, housing characteristics, and possession of household assets. In addition, this chapter also describes the socio-demographic characteristics of the population, particularly their age, sex, and educational attainment. The 2013 National Demographic and Health Survey (NDHS) provides valuable inputs for social and economic development planning. It is also useful for understanding and identifying the major factors that determine or influence the basic demographic indicators of the population.

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. The Household Questionnaire used in the 2013 NDHS collected data on the demographic and social characteristics of the usual residents of the sample household (de jure population) as well as persons who stayed with the sample household the night before the interview (de facto population).

The 2013 NDHS collected information on the household's ownership of a number of consumer items, such as radio, television, or car, as well as on housing characteristics and sanitation facilities. The information on household assets was used to create an index representing the relative wealth of the households interviewed in the survey.

2.1 HOUSING CHARACTERISTICS

The physical characteristics of households are important indicators of health and of the general socioeconomic condition of the population. In the 2013 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. Tables in this chapter show the percent distribution of households by housing characteristics according to urban-rural residence.

2.1.1 Drinking Water

A major concern of health program managers is to control water-borne diseases. Safe drinking water is important for health and sanitation. Nationally, 96 percent of Filipino households have an improved source of drinking water (Table 2.1). Twenty-seven percent of households have water piped into the dwelling, yard, or plot as their main source of drinking water, while 37 percent drink mostly bottled water. Tube wells or boreholes are the main source of drinking water in rural areas (24 percent), while in urban areas the main source is water piped into the premises (31 percent).

Table 2.1 Household drinking water

Percent distribution of households and de jure population by source of drinking water, time to obtain drinking water, and treatment of drinking water, according to residence, Philippines 2013

	Households			Population		
Characteristic	Urban	Rural	Total	Urban	Rural	Total
Source of drinking water						
Improved source	98.6	92.8	95.6	98.6	92.2	95.2
Piped into dwelling/yard/ plot	31.2	22.2	26.5	31.9	21.9	26.7
Public tap/standpipe	3.3	9.2	6.4	3.6	9.4	6.7
Tube well or borehole	8.6	23.7	16.5	8.8	23.5	16.5
Protected dug well	1.5	6.6	4.1	1.4	6.6	4.1
Semi-protected dug well	0.3	1.4	0.9	0.4	1.4	0.9
Protected spring	1.4	6.9	4.3	1.3	7.1	4.3
Rain water	0.1	0.6	0.3	0.1	0.6	0.4
Bottled water	52.2	22.3	36.6	51.0	21.6	35.7
Non-improved source	1.4	7.1	4.3	1.4	7.8	4.7
Unprotected dug well	0.3	2.4	1.3	0.3	2.6	1.5
Unprotected spring	0.9	3.9	2.5	1.0	4.3	2.7
Tanker truck/cart with drum	0.1	0.5	0.3	0.2	0.5	0.4
Surface water	0.1	0.3	0.2	0.0	0.3	0.2
Other source	0.0	0.1	0.0	0.0	0.1	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Time to obtain drinking water (round trip)						
Water on premises	37.0	41.3	39.2	38.0	40.7	39.4
Less than 30 minutes	59.7	50.7	55.0	58.7	51.0	54.7
30 minutes or longer	3.0	7.7	5.5	3.1	8.0	5.7
Don't know/missing	0.2	0.3	0.3	0.2	0.3	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Water treatment prior to drinking[1]						
Boiled	25.6	33.8	29.9	27.7	36.0	32.0
Bleach/chlorine added	0.5	2.0	1.3	0.5	2.1	1.3
Strained through cloth	6.5	11.4	9.1	6.7	11.8	9.3
Ceramic, sand or other filter	3.6	2.1	2.8	3.8	2.0	2.8
Solar disinfection	0.1	0.2	0.2	0.1	0.2	0.2
Other	2.8	4.5	3.7	2.9	4.5	3.7
No treatment	65.0	53.6	59.1	62.8	51.4	56.9
Percentage using an appropriate treatment method[2]	28.9	36.8	33.0	31.1	39.0	35.2
Number	7,104	7,700	14,804	33,607	36,493	70,100

[1] Respondents may report multiple treatment methods so the sum of treatment may exceed 100 percent.
[2] Appropriate water treatment methods include boiling, bleaching, filtering, and solar disinfecting.

Households were additionally asked if they treat their water prior to drinking because drinking water, even from an improved source, may be contaminated during transport or storage. For 94 percent of households, their source of drinking water is either on their premises or is within 30 minutes to and from their residence. Treatment of water is not common in the Philippines; 59 percent of households do not do anything to treat their water to make it safer to drink. On the other hand, three out of ten households boil their water and 9 percent strain water through cloth (Table 2.1). Treatment of drinking water is more common among rural than urban households, presumably because fewer rural households get their water from an improved source.

2.1.2 Household Sanitation Facilities

Hygienic treatment of human waste can have a positive impact on reducing disease and mortality. In the Philippines, seven in ten households use improved toilet facilities that are not shared with other households, while two in ten households use improved facilities that are shared (Table 2.2). Almost one in ten households uses a non-improved facility. The most common type of toilet is a flush toilet connected to a septic tank. This kind of toilet is most widely used in both urban and rural areas. The percentage of households having no toilet facility decreased from 10 percent in 2008 to 6 percent in 2013.

Table 2.2 Household sanitation facilities

Percent distribution of households and de jure population by type of toilet/latrine facilities, according to residence, Philippines 2013

	Households			Population		
Type of toilet/latrine facility	Urban	Rural	Total	Urban	Rural	Total
Improved, not shared facility						
Flush/pour flush to piped sewer system	5.2	1.4	3.3	5.2	1.4	3.2
Flush/pour flush to septic tank	66.2	55.9	60.8	66.9	55.6	61.0
Flush/pour flush to pit latrine	1.0	6.3	3.7	1.1	6.8	4.0
Ventilated improved pit (VIP) latrine	0.1	0.5	0.3	0.1	0.6	0.4
Pit latrine with slab	0.4	2.1	1.3	0.4	2.4	1.4
Composting toilet	0.0	0.1	0.1	0.0	0.1	0.1
Total	72.9	66.4	69.6	73.7	66.8	70.1
Shared facility[1]						
Flush/pour flush to piped sewer system	1.9	0.4	1.1	1.7	0.4	1.0
Flush/pour flush to septic tank	18.5	15.9	17.2	17.7	14.8	16.2
Flush/pour flush to pit latrine	0.7	2.7	1.8	0.7	2.7	1.8
Ventilated improved pit (VIP) latrine	0.0	0.2	0.1	0.0	0.3	0.1
Pit latrine with slab	0.1	0.9	0.5	0.2	0.9	0.5
Total	21.3	20.1	20.7	20.3	19.1	19.7
Non-improved facility						
Flush/pour flush not to sewer/septic tank/pit latrine	1.7	0.5	1.1	1.7	0.5	1.1
Pit latrine without slab/open pit	0.3	2.2	1.3	0.4	2.4	1.4
Bucket	0.0	0.1	0.0	0.0	0.0	0.0
Hanging toilet/hanging latrine	0.2	0.6	0.4	0.3	0.7	0.5
No facility/bush/field	2.9	9.0	6.1	3.1	9.3	6.3
Total	5.2	12.3	8.9	5.5	13.0	9.4
Public toilet [2]	0.5	0.7	0.6	0.5	0.7	0.6
Other	0.0	0.4	0.2	0.0	0.3	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	7,104	7,700	14,804	33,607	36,493	70,100

[1] Facilities that would be considered improved if they were not shared by two or more households.
[2] It is not possible to determine if the public toilet is improved or non-improved.

2.1.3 Housing Characteristics

Housing characteristics such as the type of building materials, presence of electricity, and tenure of status of the lot can be used as indicators of the socioeconomic condition of the household. As shown in Table 2.3, 88 percent of households in the country have electricity. There is an observed difference in the percentage of households with electricity in urban and rural areas: 94 percent of urban households have electricity, compared with only 82 percent of those in rural areas. There has been an increase in electrification, from 83 percent of households in 2008 to 88 percent in 2013. The increase is entirely due to an increase for rural households, from 72 percent in 2008 to 82 percent in 2013.

Nationally, more than half of households (51 percent) have cement flooring. Urban households are more likely to have cement floors than rural households (55 and 48 percent, respectively). Ceramic tiles are used as flooring materials by 21 percent of households in urban areas.

The overwhelming majority of households in the Philippines have roofs made of galvanized iron or aluminum (87 percent), while only 8 percent have roofs made of thatch or palm leaf (Nipa). Six in every ten households have walls made of cement or cement or hollow blocks, with both being more common in urban than in rural households.

Tenure of status of the lot is a basic measure of housing security. Over half of households in the country (55 percent) own or are amortizing the lot they occupy, while 31 percent occupy their lots rent-free with the consent of the owner, and 12 percent are renting their lots. Two percent of the households are occupying their lots rent-free, without the consent of the owner.

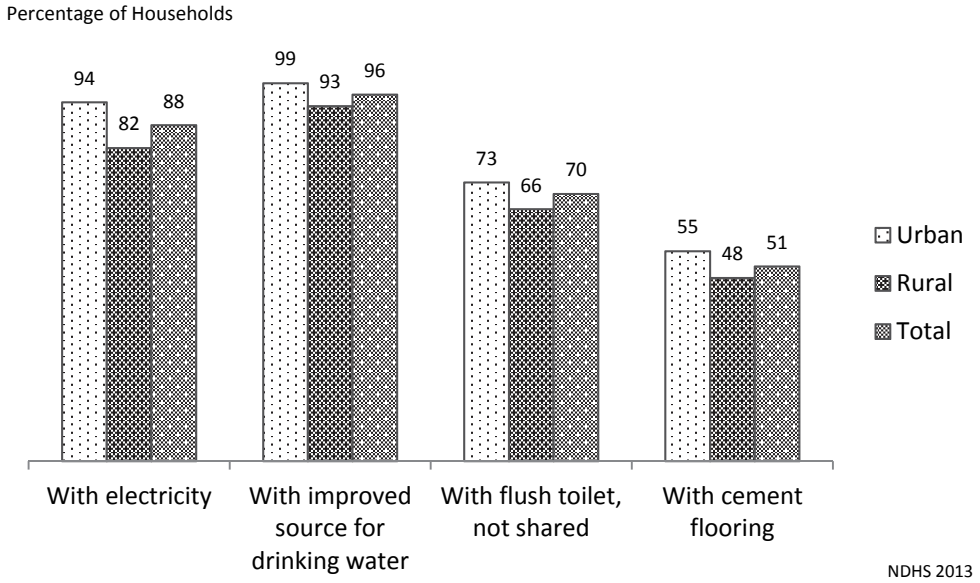
Table 2.3 Housing characteristics

Percent distribution of households by presence of electricity, housing materials, and tenure status, according to residence, Philippines 2013

Housing characteristic	Residence		Total
	Urban	Rural	
Electricity			
Yes	94.1	81.5	87.5
No	5.9	18.4	12.4
Total	100.0	100.0	100.0
Main flooring material			
Earth, sand	4.5	13.3	9.1
Wood planks	7.5	9.2	8.4
Palm, bamboo	3.8	15.5	9.9
Parquet, polished wood	0.9	0.5	0.7
Vinyl or asphalt strips	6.8	3.1	4.9
Ceramic tiles	20.5	9.6	14.8
Cement	54.6	48.1	51.2
Carpet	0.2	0.1	0.2
Marble	1.2	0.4	0.8
Total	100.0	100.0	100.0
Main roof material			
Thatch, palm leaf (nipa)	2.9	13.0	8.2
Sod, grass (cogon)	0.5	3.3	2.0
Palm, bamboo	0.3	1.7	1.0
Wood planks	0.2	0.1	0.1
Makeshift, cardboard	0.2	0.1	0.1
Galvanized iron, aluminum	93.6	80.4	86.7
Wood	0.3	0.1	0.2
Calamine, cement fiber	0.4	0.1	0.3
Ceramic tiles	0.1	0.0	0.1
Cement	1.2	0.8	1.0
Roofing shingles	0.2	0.3	0.3
Total	100.0	100.0	100.0
Main wall material			
Cane, palm, trunks	0.6	3.6	2.2
Bamboo	7.0	22.5	15.1
Plywood	10.3	7.1	8.6
Makeshift, cardboard, reused materials	1.3	1.1	1.2
Cement	35.3	23.6	29.2
Stone with lime, cement	1.6	0.6	1.1
Bricks	0.2	0.2	0.2
Cement/hollow blocks	36.9	26.4	31.4
Wood planks, shingles	5.5	13.3	9.6
Galvanized iron, aluminium	0.8	1.2	1.0
Other/Missing	0.3	0.4	0.3
Total	100.0	100.0	100.0
Tenure status of lot			
Owned, being amortized	52.7	56.9	54.9
Rented	19.3	5.0	11.8
Rent-free with owner consent	24.8	36.4	30.8
Rent-free without owner consent	3.1	1.6	2.3
Missing	0.1	0.1	0.1
Total	100.0	100.0	100.0
Number	7,104	7,700	14,804

Figure 2.1 provides an overview of some of the indicators related to housing characteristics.

Figure 2.1 Housing amenities by urban-rural residence



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 unfavorable effects on health. As shown in Table 2.4, about two in five households use only one rooms for sleeping, while the same proportion uses two rooms for sleeping and about 1 in 5 households uses three or more rooms for sleeping. There are no significant differences in the number of rooms used for sleeping in urban or rural households.

Table 2.4 Household characteristics

Percent distribution of households by rooms used for sleeping, cooking characteristics, and percentage using solid fuel for cooking, according to residence, Philippines 2013

Housing characteristic	Residence		Total
	Urban	Rural	
Rooms used for sleeping			
One	37.6	37.2	37.4
Two	37.9	41.9	40
Three or more	23.7	20	21.8
Missing	0.8	0.9	0.9
Total	100	100	100
Place for cooking			
In the house	77.7	72.4	74.9
In a separate building	5	9.4	7.3
Outdoors	16.5	17.8	17.2
No food cooked in household	0.8	0.3	0.5
Total	100	100	100
Cooking fuel			
Electricity	2.2	0.6	1.4
LPG/natural gas/ biogas	55.9	17.8	36.1
Kerosene	2.4	0.1	1.2
Charcoal	16.2	14.2	15.1
Wood	22.4	65.5	44.8
Agricultural crop	0.1	1.3	0.7
No food cooked in house	0.8	0.3	0.5
Missing	0.1	0.1	0.1
Total	100	100	100
Percentage using solid fuel for cooking[1]	38.7	81.1	60.8
Number	7,104	7,700	14,804

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

Information on the type of fuel used for cooking and the place where cooking is done can be used as indicators of the socioeconomic status of the household. The location of the place where food is prepared—whether the kitchen is in the house, in a separate building or outdoor—provides an indication of the air quality inside and around the dwelling. The use of certain 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 people with respiratory disorders.

Table 2.4 shows that more than three in five households use solid fuel for cooking, mostly wood (45 percent) and charcoal (15 percent). Thirty-six percent of households use liquid petroleum gas (LPG), natural gas or biogas. Use of wood for cooking is most 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).

2.2 HOUSEHOLD POSSESSIONS

In the 2013 NDHS, information on the possession of selected durable consumer goods was collected at the household level. The percentage of households possessing various durable goods and various means of transportation is shown in Table 2.5. More than eight in ten households own a mobile telephone, while three-quarters have a television. Over half of households have a radio, and half have a CD/VCD or DVD player. Only 40 percent of households have a refrigerator, while one-third have a washing machine and about one-quarter have karaoke components and personal computers. Very few households (8 percent) have landline telephones.

There are differences between ownership of durable goods among households in urban and rural areas, with urban households more likely to own each of the designated household effects than rural households. Ownership of radios has declined from 65 percent in 2008 to 57 percent in 2013, with the decline occurring in both urban and rural households, while television ownership increased in rural households from 58 percent to 65 percent. Between 2008 and 2013, ownership of mobile telephones and personal computers/laptops increased by 14 and 10 percentage points, respectively.

With regard to means of transport, 30 percent of households own a motorcycle or tricycle, while 20 percent own a bicycle or trisikad. Only 9 percent of Filipino households own a car or truck. Urban households are more likely to own cars/trucks, jeeps or vans and bicycles or trisikad/pedicab than rural households. Ownership of motorcycles and tricycles increased from 22 percent of households in 2008 to 30 percent in 2013, with the increase occuring among both urban and rural households.

Table 2.5 Household possessions

Percentage of households possessing various household effects, means of transportation, and participation in government support programs, by residence, Philippines 2013

Possession	Residence		Total
	Urban	Rural	
Household effects			
Radio	62.4	52.3	57.2
Television	85.3	65.4	75.0
Landline, wireless	13.4	3.2	8.1
Mobile telephone	90.9	77.5	83.9
Washing machine	47.1	21.9	34.0
Refrigerator, freezer	51.1	29.7	40.0
CD, VCD, DVD player	60.5	39.8	49.7
Component, karaoke	32.0	17.9	24.7
Personal computer, laptop	32.5	14.0	22.9
Means of transport			
Bicycle, trisikad (pedicab)	21.2	18.3	19.7
Animal drawn cart	1.2	4.4	2.8
Motorcycle, tricycle	28.9	30.3	29.6
Car/truck, jeep, van	11.5	5.8	8.5
Tractor	1.4	2.3	1.9
Non-motorized boat or banca	0.7	2.8	1.8
Boat or banca with a motor	0.7	3.0	1.9
Beneficiary of 4Ps or CCT[1]	10.9	27.1	19.3
Number	7,104	7,700	14,804

[1] Refers to whether the household or any member of the household is a beneficiary of the Pantawid Pamilyang Pilipino Program (4Ps) or the Conditional Cash Transfer (CCT) program of the government.

Nineteen percent of households are beneficiaries of the Pantawid Pamilyang Pilipino Program (4Ps) or the Conditional Cash Transfer (CCT) program. There are more beneficiaries from rural residences than from urban residences (27 and 11 percent, respectively).

2.3 WEALTH INDEX

Information on household assets was used to create an index that is used throughout this report to represent the wealth of the households interviewed in the 2013 NDHS. This method for calculating the country-specific wealth index was developed and tested in a large number of countries in relation to inequalities in household income, use of health services, and health outcomes (Rutstein and Johnson, 2004). It has been shown to be consistent with expenditure and income measures.

The wealth index is constructed using household asset data, including ownership of consumer items ranging from a television to a bicycle or car, as well as dwelling characteristics, such as source of drinking water, sanitation facilities, and type of flooring material. In its current form, which takes better account of urban-rural differences in the indicators of wealth, the wealth index is created in three steps. In the first step, a subset of indicators common to both in urban and rural areas is used to create wealth scores for households in both areas. Categorical variables to be used are transformed into separate dichotomous (0-1) indicators. These indicators and those that are continuous are then analyzed using principal components analysis to produce a common factor score for each household. In a second step, separate factor scores are produced for households in urban and in rural areas using area-specific indicators (Rutstein, 2008). The third step combines the separate area-specific factor scores to produce a nationally applicable combined wealth index by adjusting the area-specific score through regression on the common factor scores. This three-step procedure permits greater adaptability of the wealth index in both urban and rural areas. The resulting combined wealth index has a mean of zero and a standard deviation of one, and once it is obtained, national-level wealth quintiles are obtained by assigning the household score to each de jure household member, ranking each person in the population by their score and then dividing the ranking into five equal parts, from quintile one (lowest-poorest) to quintile five (highest-wealthiest), each having approximately 20 percent of the population.

Table 2.6 shows the distribution of the population by wealth quintile, according to urban-rural residence and region. As expected, urban residents are more likely to be in the higher wealth quintiles, while rural residents are more commonly found in the lower wealth quintiles. Among regions, NCR, CALABARZON and Central Luzon have the largest proportions of population in the two highest quintiles. In contrast, ARMM, Zamboanga Peninsula and MIMAROPA have the largest proportions in the lowest wealth quintile.

Table 2.6 Wealth quintiles

Percent distribution of the de jure population by wealth quintiles, and the Gini Coefficient, according to residence and region, Philippines 2013

Residence/region	Wealth quintile					Total	Number of persons	Gini coefficient
	Lowest	Second	Middle	Fourth	Highest			
Residence								
Urban	7.2	14.0	21.3	27.6	29.9	100.0	33,607	0.15
Rural	31.8	25.6	18.7	13.0	10.9	100.0	36,493	0.28
Region								
National Capital Region	1.0	9.0	22.4	31.3	36.4	100.0	10,440	0.13
Cordillera Admin Region	12.0	21.8	20.5	24.2	21.5	100.0	1,232	0.24
I - Ilocos Region	13.2	28.1	21.4	19.5	17.9	100.0	3,526	0.21
II - Cagayan Valley	19.1	25.5	20.9	18.7	15.8	100.0	2,512	0.25
III - Central Luzon	6.2	14.7	24.6	26.5	28.0	100.0	7,611	0.17
IVA - CALABARZON	5.2	13.9	20.1	29.1	31.8	100.0	9,387	0.16
IVB - MIMAROPA	36.5	23.1	22.1	11.2	7.1	100.0	1,825	0.29
V - Bicol	31.3	26.7	19.3	11.3	11.5	100.0	3,900	0.31
VI - Western Visayas	31.6	24.9	20.7	12.4	10.4	100.0	5,004	0.28
VII - Central Visayas	23.0	24.5	20.6	15.6	16.3	100.0	4,785	0.26
VIII - Eastern Visayas	25.3	31.3	16.7	15.5	11.2	100.0	2,812	0.26
IX - Zamboanga Peninsula	38.5	25.6	16.2	10.3	9.3	100.0	2,918	0.30
X - Northern Mindanao	33.1	25.0	16.1	14.6	11.1	100.0	3,200	0.29
XI - Davao	31.0	20.3	16.9	16.1	15.7	100.0	3,615	0.28
XII - SOCCSKSARGEN	35.2	26.1	17.7	14.3	6.7	100.0	3,327	0.29
XIII - Caraga	31.1	25.8	21.5	12.4	9.2	100.0	1,917	0.27
ARMM	73.1	17.2	6.2	2.0	1.5	100.0	2,087	0.29
Total	20.0	20.0	20.0	20.0	20.0	100.0	70,100	0.22

Also included in Table 2.5 is the Gini coefficient, which indicates concentration of wealth, with 0 being an equal distribution and 1 a totally unequal distribution. The figures indicate that the economic status of urban households is more equal or homogeneous compared to rural households. Between regions, it can be observed that urbanized areas like NCR, Central Luzon and CALABARZON have less economic inequality of

economic status among households (0.13, 0.17 and 0.16, respectively). Meanwhile, Bicol region (0.31) and Zamboanga Peninsula (0.30) have greater inequality in the distribution of household wealth.

2.4 HOUSEHOLD COMPOSITION

Information on the distribution of the households by selected background characteristics such as household headship, sex, and household size 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 condition of individuals in the household. Information on the size and composition of the sample households by urban-rural residence is presented in Table 2.7.

Nineteen percent of households are headed by women. The proportion of female-headed households is higher among households in urban areas than in rural areas (22 and 17 percent, respectively). The proportion of households headed by women has been increasing gradually over time, from 15 percent in 2003 to 17 percent in 2008 and 19 percent in 2013. On average, a household is composed of 4.7 persons, and the figure is the same in urban and rural areas.

Table 2.7 Household composition

Percent distribution of households by sex of head of household and by household size and mean size of household, according to residence, Philippines 2013

Characteristic	Residence		Total
	Urban	Rural	
Household headship			
Male	78.4	83.5	81.1
Female	21.6	16.5	18.9
Total	100.0	100.0	100.0
Number of usual members			
0	0.2	0.1	0.2
1	4.6	5.2	4.9
2	9.8	10.5	10.2
3	15.9	14.9	15.3
4	20.7	19.7	20.2
5	17.3	17.1	17.2
6	13.1	12.8	12.9
7	8.0	8.2	8.1
8	4.3	5.4	4.8
9+	6.1	6.1	6.1
Total	100.0	100.0	100.0
Mean size of households	4.7	4.7	4.7
Number of households	7,104	7,700	14,804

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

2.5 HOUSEHOLD POPULATION BY AGE AND SEX

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.

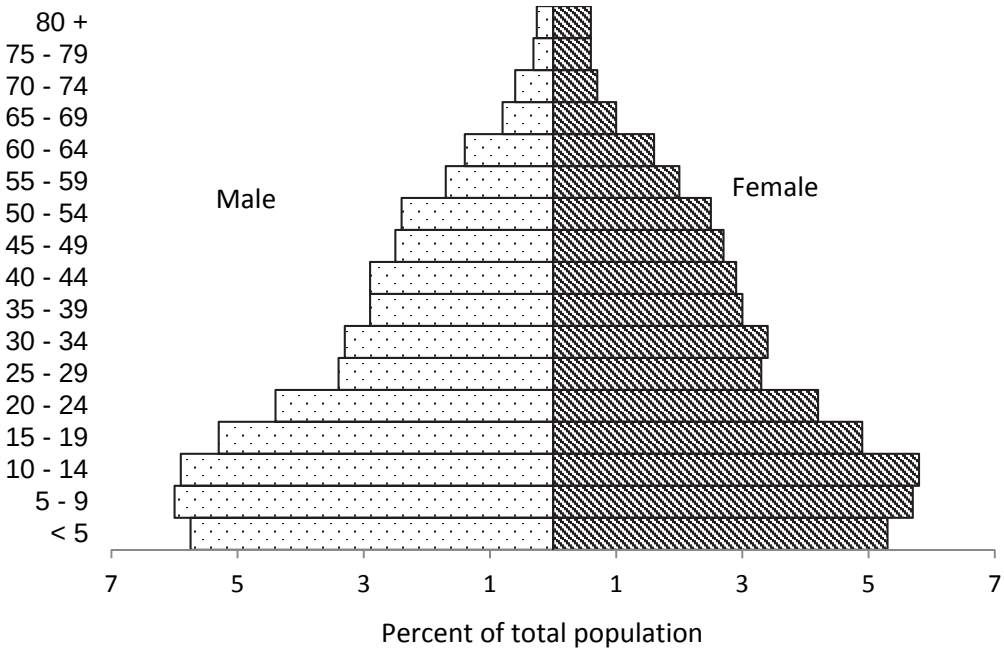
The 2013 NDHS collected information on a total of 67,429 persons. This number is almost equally divided between males and females, and the overall sex ratio (number of males per 100 females) is 99. The sex ratio differs by residence; it is lower in urban areas than in rural areas (95 and 103, respectively) (Table 2.8). The proportion of the population below age 15 years is larger in rural than in urban areas (37 and 32 percent, respectively), indicating a younger age structure for the rural population. Figure 2.2 shows the proportion under age 15 has declined somewhat over the past five years, leading to a narrowing of the base of the population pyramid. There has been a gradual decline in the proportion of the overall population under age 15, from 38 percent in 2003 to 36 percent in 2008 and to 34 percent in 2013.

Table 2.8 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 2013

	Urban			Rural					
Age	Male	Female	Total	Male	Female	Total	Male	Female	Total
<5	11.1	9.6	10.3	11.8	11.4	11.6	11.5	10.5	11.0
5-9	11.5	10.1	10.8	12.5	12.7	12.6	12.0	11.4	11.7
10-14	11.1	10.5	10.8	12.4	12.4	12.4	11.8	11.5	11.7
15-19	10.4	10.5	10.5	10.8	9.2	10.0	10.7	9.8	10.2
20-24	9.7	9.4	9.6	8.1	7.2	7.7	8.9	8.3	8.6
25-29	7.7	7.4	7.6	5.9	5.8	5.9	6.8	6.6	6.7
30-34	7.1	7.6	7.4	6.1	6.0	6.1	6.6	6.8	6.7
35-39	6.2	6.1	6.1	5.6	5.8	5.7	5.9	6.0	5.9
40-44	5.8	6.1	6.0	5.8	5.6	5.7	5.8	5.8	5.8
45-49	5.0	5.7	5.4	4.8	5.3	5.1	4.9	5.5	5.2
50-54	4.7	4.9	4.8	4.9	4.9	4.9	4.8	4.9	4.9
55-59	3.4	3.8	3.6	3.4	4.0	3.7	3.4	3.9	3.7
60-64	2.7	3.2	3.0	2.8	3.2	3.0	2.8	3.2	3.0
65-69	1.5	1.9	1.7	1.8	2.2	2.0	1.6	2.0	1.8
70-74	0.9	1.3	1.1	1.4	1.7	1.6	1.2	1.5	1.3
75-79	0.5	1.0	0.8	0.8	1.3	1.0	0.7	1.1	0.9
80 +	0.4	0.9	0.7	0.8	1.3	1.1	0.6	1.1	0.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	15,797	16,657	32,454	17,743	17,233	34,975	33,540	33,890	67,429

Figure 2.2 **Population pyramid**



NDHS 2013

2.6 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 the 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 a set of Millennium Development Goals (MDGs), including 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 age six and over, according to selected background characteristics, is presented in Tables 2.9.1 and 2.9.2 for females and males, respectively.

Table 2.9.1 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 2013

Background characteristic	No education	Some elementary	Completed elementary[1]	Some high school	Completed high school[2]	College or higher[3]	Don't know/ missing	Total	Number	Median years completed
Age										
6-9	30.1	69.3	0.0	0.2	0.0	0.0	0.2	100.0	3,047	0.7
10-14	0.8	53.2	20.5	24.8	0.5	0.1	0.1	100.0	3,894	4.8
15-19	0.9	5.0	5.0	40.4	28.6	20.1	0.0	100.0	3,329	8.9
20-24	0.8	4.2	5.5	12.0	32.3	45.1	0.1	100.0	2,815	9.9
25-29	1.2	6.1	7.4	12.2	32.5	40.7	0.0	100.0	2,237	9.7
30-34	1.7	6.5	7.9	12.7	32.2	39.0	0.0	100.0	2,314	9.7
35-39	1.5	9.3	10.7	12.4	31.4	34.7	0.1	100.0	2,019	9.5
40-44	2.1	10.6	14.6	12.6	29.6	30.5	0.1	100.0	1,981	9.3
45-49	2.7	11.5	17.1	12.8	26.1	29.8	0.0	100.0	1,854	9.2
50-54	2.8	14.6	19.2	11.5	22.8	29.1	0.0	100.0	1,659	9.1
55-59	2.6	16.1	25.2	13.7	18.0	24.3	0.1	100.0	1,322	7.4
60-64	3.9	19.7	26.3	11.3	16.2	22.4	0.2	100.0	1,077	6.0
65+	7.6	29.9	28.3	8.0	11.0	14.9	0.2	100.0	1,971	5.4
Residence										
Urban	4.0	17.7	10.4	15.1	23.1	29.7	0.1	100.0	14,711	9.1
Rural	5.9	27.1	15.2	16.2	18.1	17.5	0.1	100.0	14,810	6.3
Region										
National Capital Region	2.9	14.3	8.3	13.5	27.2	33.6	0.1	100.0	4,770	9.4
Cordillera Admin Region	7.2	18.7	10.5	13.6	15.0	34.9	0.2	100.0	497	9.0
I - Ilocos Region	3.2	19.7	14.6	15.4	24.1	22.9	0.0	100.0	1,413	8.5
II - Cagayan Valley	4.1	25.5	13.6	14.6	17.9	24.1	0.2	100.0	1,010	7.4
III - Central Luzon	4.2	18.9	15.5	15.6	23.1	22.6	0.1	100.0	3,127	8.2
IVA - CALABARZON	3.4	18.1	12.4	14.8	26.0	25.2	0.1	100.0	4,067	9.0
IVB - MIMAROPA	7.3	28.2	17.7	17.2	12.2	17.3	0.1	100.0	770	5.8
V - Bicol	4.5	24.8	18.2	16.7	16.5	19.3	0.1	100.0	1,573	6.4
VI - Western Visayas	4.1	26.6	13.2	16.0	18.6	21.4	0.0	100.0	2,027	7.2
VII - Central Visayas	5.6	27.6	12.5	16.0	16.5	21.8	0.1	100.0	1,987	6.9
VIII - Eastern Visayas	3.9	27.4	14.9	17.1	15.3	21.4	0.0	100.0	1,138	6.7
IX - Zamboanga Peninsula	6.3	27.4	13.7	19.5	14.2	18.9	0.0	100.0	1,273	6.5
X - Northern Mindanao	7.4	26.8	12.6	16.1	16.1	21.0	0.1	100.0	1,335	6.7
XI - Davao	5.3	26.1	11.4	16.2	19.4	21.6	0.1	100.0	1,539	7.4
XII - SOCCSKSARGEN	8.0	26.3	12.0	18.0	17.8	17.7	0.1	100.0	1,339	6.8
XIII - Caraga	4.6	26.6	14.9	17.4	16.6	19.8	0.1	100.0	802	6.6
ARMM	19.2	34.9	10.9	13.8	11.0	9.8	0.3	100.0	853	4.3
Wealth quintile										
Lowest	11.5	41.1	16.2	16.6	11.4	3.1	0.1	100.0	5,280	4.7
Second	5.6	28.0	16.4	20.0	20.2	9.7	0.1	100.0	5,545	6.0
Middle	3.4	20.6	14.7	17.6	26.1	17.6	0.1	100.0	5,774	8.0
Fourth	3.1	15.1	11.1	14.3	25.7	30.6	0.1	100.0	6,234	9.2
Highest	2.4	11.5	7.1	10.7	18.5	49.7	0.1	100.0	6,688	10.0
Total	5.0	22.4	12.8	15.6	20.5	23.6	0.1	100.0	29,520	7.9

Note: Totals include 2 women with age missing
[1] Completed grade 6 at the primary level
[2] Completed 4th year at the secondary level
[3] Includes all post-secondary

Table 2.9.2 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 2013

Background characteristic	No education	Some elementary	Completed elementary[1]	Some high school	Completed high school[2]	College or higher[3]	Don't know/ missing	Total	Number	Median years completed
Age										
6-9	32.5	67.0	0.0	0.2	0.0	0.0	0.3	100.0	3,186	0.6
10-14	1.7	60.6	18.8	18.1	0.6	0.1	0.2	100.0	3,969	4.4
15-19	1.5	13.1	10.1	38.4	23.7	13.2	0.0	100.0	3,572	8.2
20-24	1.2	10.3	8.4	15.8	29.2	35.1	0.0	100.0	2,971	9.5
25-29	1.9	11.9	9.1	14.7	28.1	34.4	0.0	100.0	2,271	9.4
30-34	0.9	13.2	9.8	13.6	30.8	31.6	0.1	100.0	2,198	9.4
35-39	1.6	16.1	11.1	13.7	27.9	29.4	0.1	100.0	1,976	9.3
40-44	2.1	16.6	15.8	12.6	25.7	27.1	0.1	100.0	1,950	9.1
45-49	2.6	18.1	15.6	12.1	25.4	26.2	0.1	100.0	1,655	9.1
50-54	2.4	18.3	16.3	10.9	23.0	28.9	0.2	100.0	1,625	9.1
55-59	2.6	21.6	20.6	10.0	20.4	24.7	0.1	100.0	1,150	7.7
60-64	3.0	23.3	23.8	9.4	19.5	20.7	0.2	100.0	928	6.0
65+	4.8	32.4	21.6	9.2	12.4	19.3	0.3	100.0	1,373	5.6
Residence										
Urban	4.5	21.9	9.7	14.9	22.3	26.6	0.1	100.0	13,633	8.8
Rural	6.0	33.1	14.9	15.8	16.1	14.0	0.1	100.0	15,194	5.7
Region										
National Capital Region	3.4	17.2	7.6	13.9	26.4	31.4	0.1	100.0	4,246	9.3
Cordillera Admin Region	4.9	27.6	10.0	14.4	17.1	25.9	0.1	100.0	498	7.4
I - Ilocos Region	4.5	21.8	14.1	13.5	25.5	20.7	0.0	100.0	1,479	8.0
II - Cagayan Valley	4.4	30.7	13.6	15.1	15.9	20.0	0.2	100.0	1,060	6.2
III - Central Luzon	4.2	23.0	14.9	16.7	22.3	18.8	0.2	100.0	3,113	7.4
IVA - CALABARZON	4.5	19.4	11.1	15.2	25.3	24.4	0.1	100.0	3,738	8.9
IVB - MIMAROPA	6.0	35.2	16.0	18.1	12.4	12.2	0.2	100.0	740	5.5
V - Bicol	4.6	30.1	17.9	17.9	14.6	14.9	0.1	100.0	1,589	5.9
VI - Western Visayas	4.9	34.2	12.7	14.7	16.9	16.4	0.1	100.0	2,061	5.9
VII - Central Visayas	4.9	34.4	12.2	14.1	15.2	19.1	0.1	100.0	1,988	5.9
VIII - Eastern Visayas	5.3	37.2	13.2	17.0	13.2	14.0	0.1	100.0	1,186	5.6
IX - Zamboanga Peninsula	6.7	33.7	14.6	17.2	11.4	16.1	0.2	100.0	1,202	5.6
X - Northern Mindanao	6.7	35.9	11.4	16.5	14.8	14.4	0.2	100.0	1,390	5.6
XI - Davao	6.6	33.9	12.2	14.4	14.2	18.5	0.1	100.0	1,463	5.8
XII - SOCCSKSARGEN	8.0	31.7	13.0	17.3	15.4	14.6	0.1	100.0	1,401	5.8
XIII - Caraga	5.3	32.9	15.0	16.3	14.5	15.8	0.1	100.0	812	5.8
ARMM	16.1	44.9	11.1	10.4	9.8	7.4	0.2	100.0	863	3.6
Wealth quintile										
Lowest	10.6	49.7	15.3	13.5	8.3	2.5	0.1	100.0	5,895	4.0
Second	5.5	33.9	16.7	18.8	17.8	7.1	0.1	100.0	6,015	5.6
Middle	4.0	23.5	14.3	18.6	24.7	14.7	0.2	100.0	5,881	7.4
Fourth	3.2	17.5	9.1	14.6	27.4	28.2	0.1	100.0	5,673	9.2
Highest	2.8	12.8	5.9	10.7	17.1	50.5	0.1	100.0	5,364	10.1
Total	5.3	27.8	12.4	15.3	19.0	19.9	0.1	100.0	28,828	6.9

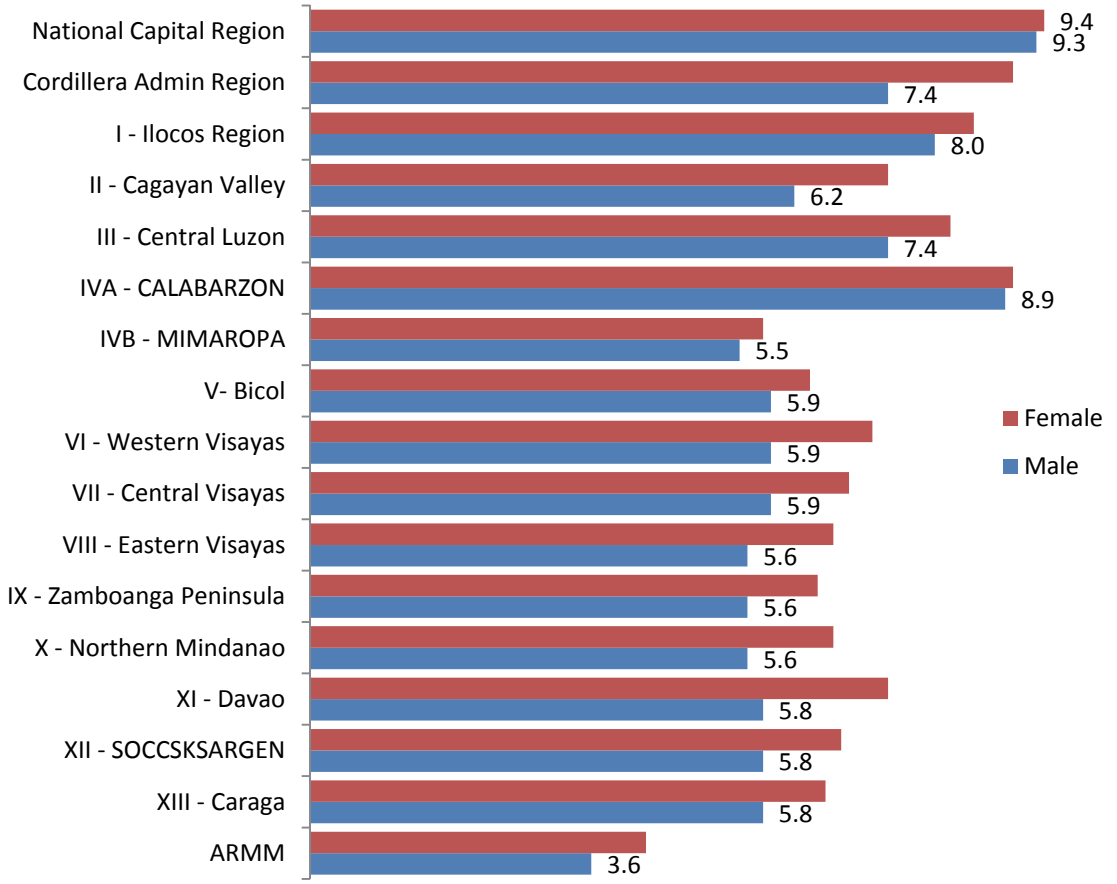
Note: Totals include 3 men with age missing
[1] Completed grade 6 at the primary level
[2] Completed 4th year at the secondary level
[3] Includes all post-secondary

The results of the 2013 NDHS indicate that the vast majority of the population has some formal education. Among females and males aged six years and over, only around 5 percent have no formal education, while about two in five attended or completed elementary education, more than three in ten attended or completed high school, and more than one in five attended or completed college or some other form of higher education. Women tend to have slightly more schooling than men, with a median of 8 years of school, compared to only 7 for men. There are substantial differences in education attainment between urban and rural population.

Urban residents are more likely to have completed high school or higher education than rural residents. 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 completed varies substantially among the regions of the country (Figure 2.3). Residents of the National Capital Region (NCR), and CALABARZON and women in CAR tend to have more years of education than residents in the rest of the country. The median years of schooling in these regions is 9 or more years, compared with only 5 to 7 years in most of the other regions. Residents of the Autonomous Region of Muslim Mindanao (ARMM) have the lowest median duration of schooling which is 4 years for both men and women.

Figure 2.3 **Median years of schooling by sex and region**



Note: De facto household population age six and over

NDHS 2013

CHARACTERISTICS OF RESPONDENTS 3

Key Findings

- Over half of women age 15 to 49 are under 30 years old.
- Three out of five women aged 15 to 49 are married or living together with a man.
- Only one percent of women age 15-49 have no formal education.
- Almost three in women aged 15-49 (58 percent) were born in the barrios.
- Three in ten women check email or surf the internet at least once a week. Younger women access the internet more than older women.
- Almost 3 out of 5 women aged 15-49 (57 percent) were employed in the 12 months preceding the survey.
- The proportion of women employed in sales and services occupations (18 percent) has decreased since 2008 (30 percent).
- One out of ten employed women aged 15-49 receive no pay for their work.
- There has been a sharp decline in the proportion of women not covered by any health insurance, from 57 percent in 2008 to 38 percent in 2013.
- Only 6 percent of women aged 15-49 use tobacco products.

The purpose of this chapter is to provide a demographic and socio economic profile of women aged 15-49 in the Philippines. Background information about each respondent such as age, marital status, residence, education, literacy, access to media and employment status was gathered in the 2013 NDHS. This information will help in understanding factors that affect reproductive behavior, contraceptive use and other health practices of women.

3.1 CHARACTERISTICS OF WOMEN RESPONDENTS

Table 3.1 shows the background characteristics of women respondents aged 15-49 such as age, religion, ethnic group, marital status, residence, region, education and wealth quintile.

Results of the survey show that over half of the women respondent aged 15-49 (51 percent) are under age 30. Three out of five respondents are either married or living together with a man. Over one-third are never married (35 percent), while the remaining 5 percent are either divorced, separated or widowed.

Four out of 5 respondents are Roman Catholic (79 percent); much lower proportions are Muslim (6 percent) and Protestant (5 percent).

Tagalog is the predominant ethnic group of the respondents (35 percent). This was followed by Cebuano (19 percent), Ilonggo (9 percent), Ilocano (8 percent) and Bicolano (6 percent). Tausog and Maranao, Muslim ethnic groups, together comprise three percent of respondents.

Table 3.1 Background characteristics of respondents

Percent distribution of women age 15-49 by selected background characteristics, Philippines 2013

Background characteristic	Weighted percent	Weighted number	Unweighted number
Age			
15-19	20.0	3,237	3,261
20-24	17.3	2,789	2,809
25-29	13.3	2,156	2,171
30-34	13.9	2,250	2,206
35-39	12.2	1,976	1,974
40-44	11.9	1,924	1,916
45-49	11.3	1,823	1,818
Religion			
Roman Catholic	78.6	12,702	12,078
Protestant	5.1	817	894
Iglesia Ni Kristo	3.0	481	466
Aglipay	0.8	122	123
Islam	5.5	881	1,346
Other	7.0	1,132	1,228
None	0.0	3	4
Ethnic group			
Tagalog	35.2	5,691	4,571
Cebuano	19.1	3,086	3,168
Ilocano	7.8	1,257	1,406
Ilonggo	8.6	1,384	1,346
Bicolano	5.5	886	827
Waray	3.3	532	518
Kapampangan	2.3	379	309
Maranao	1.4	225	361
Tausog	1.3	212	351
Other	15.4	2,495	3,291
Missing	0.0	7	7
Marital status			
Never married	34.8	5,615	5,512
Married	45.8	7,392	7,645
Living together	14.5	2,336	2,221
Divorced/separated	3.6	588	547
Widowed	1.4	223	230
Residence			
Urban	53.1	8,585	7,609
Rural	46.9	7,570	8,546
Region			
National Capital Region	18.1	2,924	2,249
Cordillera Admin Region	1.6	252	672
I - Ilocos Region	4.3	691	708
II - Cagayan Valley	3.4	550	694
III - Central Luzon	10.6	1,720	1,380
IVA - CALABARZON	14.2	2,293	1,590
IVB - MIMAROPA	2.3	372	576
V - Bicol	4.9	798	796
VI - Western Visayas	6.2	996	930
VII - Central Visayas	6.4	1,030	957
VIII - Eastern Visayas	3.5	571	592
IX - Zamboanga Peninsula	4.5	725	936
X - Northern Mindanao	4.3	697	699
XI - Davao	5.5	893	898
XII - SOCCSKSARGEN	4.6	744	754
XIII - Caraga	2.7	435	803
ARMM	2.9	465	921
Education			
No education	1.2	188	248
Elementary	16.1	2,593	2,819
High school	49.0	7,916	7,747
College	33.8	5,458	5,341
Wealth quintile			
Lowest	16.2	2,620	3,194
Second	17.9	2,886	3,087
Middle	19.8	3,199	3,127
Fourth	22.1	3,572	3,286
Highest	24.0	3,878	3,461
Total 15-49	100.0	16,155	16,155

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

Access to services and exposure to mass media pertaining to reproductive health and other aspects of life are often determined by one's area of residence. More than half of the women respondents are living in urban areas (53 percent). Almost three out five are from Luzon (59 percent), with 18 percent from National Capital Region (NCR). One-sixth (16 percent) of respondents live in the Visayas region, while 25 percent come from Mindanao.

Only one percent of women aged 15-49 have no formal education, while almost two-thirds (65 percent) have some elementary or secondary education, and one-third of the respondents have attended college (33 percent).

Socio-economic status often influences the health practices of the population. Sixteen percent of the respondents belong to the lowest quintile while 24 percent belong to the highest quintile.

3.2 MOBILITY

Residential mobility has some relationship with contraceptive use and health practices of the population. The urban population has more access to information and services than the rural population.

Women interviewed in the 2013 NDHS were asked several questions concerning residential mobility. They were asked the type of place of residence of their mother at the time of their birth—a city, a town, a barrio or rural area, or abroad. They were also asked what type of place they lived in five years ago. This type of question is used to determine migration pattern in a five-year interval.

Table 3.2 Residence characteristics of respondents

Percent distribution of women age 15-49 by type of residence at birth, in 2008, and at the time of the survey, Philippines 2013

Background characteristic	Number of women		
	Weighted percent	Weighted number	Unweighted number
Type of residence at birth			
City	23.0	3,716	3,275
Town/poblacion	18.6	3,004	2,800
Barrio/rural area	58.0	9,374	10,015
Abroad	0.1	23	23
Don't know	0.2	39	42
Total	100.0	16,155	16,155
Type of residence in 2008			
City	32.4	5,241	4,644
Town/poblacion	17.3	2,790	2,637
Barrio/rural area	49.7	8,029	8,772
Abroad	0.3	56	61
Don't know	0.2	39	41
Total	100.0	16,155	16,155
Type of residence in 2013			
Urban	53.1	8,585	7,609
Rural	46.9	7,570	8,546
Total	100.0	16,155	16,155

Table 3.2 shows that almost three in five women were born in a barrio/rural area (58 percent) while about 42 percent were born in a city or town/poblacion. Five years before the survey, half of women aged 15-49 lived in the barrio/rural areas and the other half lived in cities and towns. Currently, there are more women living in urban areas (53 percent) than in rural areas (47 percent). These figures reflect the movement from rural to urban areas.

3.3 EDUCATIONAL ATTAINMENT

Education is one of the most influential determinants of an individual's knowledge, attitudes, and behaviors. It enhances one's ability to achieve desired demographic and health goals.

Table 3.3 presents differentials in the educational attainment of women in terms of age group, residence, region, and socio-economic status.

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 2013

Background characteristic	Highest level of schooling						Total	Median years completed	Number of women
	No education	Some elementary	Completed elementary[1]	Some high school	Completed high school[2]	College or higher[3]			
Age									
15-24	0.5	4.4	5.3	27.5	30.7	31.5	100.0	9.4	6,026
15-19	0.4	4.8	5.0	40.8	29.0	19.9	100.0	9.0	3,237
20-24	0.7	4.0	5.6	12.1	32.7	45.0	100.0	9.8	2,789
25-29	0.8	6.0	7.4	12.3	32.8	40.8	100.0	9.7	2,156
30-34	1.3	6.5	7.7	12.6	33.0	38.9	100.0	9.7	2,250
35-39	1.5	9.0	10.9	12.6	31.7	34.3	100.0	9.5	1,976
40-44	1.8	10.4	14.7	12.8	29.9	30.4	100.0	9.3	1,924
45-49	2.5	11.6	17.3	13.0	26.0	29.6	100.0	9.2	1,823
Residence									
Urban	0.7	4.2	6.6	16.6	32.1	39.9	100.0	9.7	8,585
Rural	1.7	10.2	11.8	20.0	29.3	26.9	100.0	9.2	7,570
Region									
National Capital Region	0.0	2.4	4.7	13.9	35.7	43.4	100.0	9.8	2,924
Cordillera Admin Region	0.7	4.3	4.9	16.1	21.3	52.6	100.0	10.3	252
I - Ilocos Region	0.1	2.2	7.3	16.7	37.9	35.7	100.0	9.6	691
II - Cagayan Valley	1.3	9.7	9.6	16.0	27.5	35.9	100.0	9.5	550
III - Central Luzon	0.4	3.9	11.3	17.4	34.4	32.7	100.0	9.5	1,720
IVA - CALABARZON	0.4	4.1	7.6	15.3	38.2	34.3	100.0	9.6	2,293
IVB - MIMAROPA	2.9	12.3	15.3	21.7	20.7	27.1	100.0	8.8	372
V - Bicol	0.2	5.9	14.9	21.6	27.3	30.1	100.0	9.3	798
VI - Western Visayas	0.9	6.7	7.6	19.9	31.9	33.0	100.0	9.5	996
VII - Central Visayas	0.8	11.4	9.8	19.1	26.8	32.1	100.0	9.3	1,030
VIII - Eastern Visayas	0.5	10.1	9.8	22.3	24.7	32.6	100.0	9.3	571
IX - Zamboanga Peninsula	1.9	10.9	12.6	25.2	21.5	28.0	100.0	8.9	725
X - Northern Mindanao	2.7	11.7	10.8	21.0	23.8	30.0	100.0	9.2	697
XI - Davao	1.4	11.9	8.9	18.8	28.2	30.7	100.0	9.3	893
XII - SOCCSKSARGEN	4.8	10.2	9.2	23.9	26.5	25.4	100.0	9.1	744
XIII – Caraga	1.0	8.6	12.9	21.5	25.9	30.0	100.0	9.2	435
ARMM	9.6	23.0	13.1	20.2	18.6	15.6	100.0	6.9	465
Wealth quintile									
Lowest	5.2	23.9	19.1	25.1	21.2	5.5	100.0	6.3	2,620
Second	0.9	9.4	13.5	26.0	33.9	16.3	100.0	9.0	2,886
Middle	0.3	3.7	9.8	20.3	39.1	26.8	100.0	9.4	3,199
Fourth	0.2	1.9	4.3	14.0	35.8	43.8	100.0	9.8	3,572
Highest	0.2	1.2	2.7	9.8	23.5	62.4	100.0	11.4	3,878
Total	1.2	7.0	9.1	18.2	30.8	33.8	100.0	9.5	16,155

[1] Completed grade 6 at the primary level
[2] Completed 4th year at the secondary level
[3] Includes all post-secondary

As mentioned above, only a tiny fraction of women aged 15-49 (1 percent) have never attended school, while almost two-thirds have completed high school. The median number of years of school completed is 9.5.

Younger women have reached higher levels of schooling than older women. For example, women age 20-24 have the highest percentage with at least some college education (45 percent). This proportion falls in older age groups, with the lowest for age group 45-49 (30 percent). From age group 20-24, the median years of schooling shows a steady decline with increasing age.

Urban women have more education than rural women. Table 3.3 shows that two in five women in urban areas (40 percent) have some college education, compared to only just over one in five women living in rural areas (27 percent).

The distribution of women by educational attainment across regions shows that a majority of women have at least some high school education except for Zamboanga Peninsula, MIMAROPA and ARMM (49 percent, 48 percent and 34 percent, respectively). Interestingly, Cordillera Administrative Region (CAR) has a higher proportion of women who attended college than NCR (53 percent and 43 percent, respectively). Central Luzon and CALABARZON which are adjacent to NCR show only 33 percent and 34 percent of respondents with some college education.

The wealth status of women is highly associated with their level of education. Analysis of education by household wealth status indicates that women in the highest wealth quintile are much more likely to have some college education than women in other wealth quintiles. Table 3.3 shows that the proportion of women with at least some college education increases from 6 percent of those in the lowest quintile to 62 percent of those in the highest wealth quintile.

3.4 ACCESS TO MASS MEDIA AND INTERNET

Access to information is essential to increasing people's knowledge and awareness of what is taking place around them that may eventually affect their perceptions and behavior. It is important to know which groups are likely to be reached by the media for purposes of planning programs intended to disseminate information about health and family planning. In the 2013 NDHS, exposure to mass media was assessed by asking how often a respondent reads a newspaper or magazine, listens to the radio, watches television and checks email or surfs the internet.

Table 3.4 shows that television is the most popular mass media for women (81 percent watching at least once a week). Majority of respondents are exposed to radio at least once a week (53 percent), while only 27 percent read a newspaper or magazine at least once a week. Almost one in three women accesses the internet at least once a week (30 percent).

There is no significant difference across ages in terms of access to different mass media except for internet access. Younger women access the internet more than older women. More than two out of five women ages 15-19 access the internet at least once a week (43 percent), compared with only 12 percent of those age 45-49.

Table 3.4 shows that women in urban areas have more access to mass media. For example, access to the internet is more than double for women in the urban areas (40 percent) compared to those in rural areas (18 percent). Among regions, there is no distinct pattern of exposure to mass media. However, women in ARMM are least likely to have access to television, radio and the internet; three in five women do not have access to any of the four media on a weekly basis (59 percent).

Media exposure increases with both educational level and wealth quintile of the respondent. For example, 89 percent of women with some college education watch television at least once per week, compared with 27 percent of women with no education at all. In addition, 42 percent of women with some college education read a newspaper or magazine at least once a week, compared with 3 percent of women with no education. Similarly, 92 percent of women in the highest wealth quintile watch television at least once a week, compared with only 27 percent of women with no schooling. More than half of women with at least some college education (56 percent) and three in five women in the highest wealth quintile access the internet at least once a week.

Table 3.4 Exposure to mass media

Percentage of women age 15-49 who are exposed to specific media on a weekly basis, by background characteristics, Philippines 2013

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	Accesses all three media at least once a week	Accesses none of the three media at least once a week	Checks e-mail or surfs the internet at least once a week	Accesses none of the four media at least once a week	Number of women
Age								
15-19	29.4	83.0	55.3	21.6	10.5	42.9	9.1	3,237
20-24	28.7	82.1	55.7	21.3	10.4	41.5	9.6	2,789
25-29	29.7	81.7	51.2	20.7	11.3	32.4	10.8	2,156
30-34	26.9	81.3	51.4	19.2	11.1	27.7	10.4	2,250
35-39	25.8	78.8	49.5	17.8	12.9	22.1	12.4	1,976
40-44	23.4	78.5	51.3	17.3	13.6	16.8	13.0	1,924
45-49	23.9	77.2	51.9	16.7	13.7	12.6	13.4	1,823
Residence								
Urban	34.6	86.7	55.9	25.5	7.1	40.4	6.1	8,585
Rural	18.8	74.0	49.0	12.9	16.9	18.3	16.4	7,570
Region								
National Capital Region	47.2	87.0	60.0	34.4	5.2	48.2	4.0	2,924
Cordillera Admin Region	35.4	77.4	51.2	24.3	12.7	29.8	12.6	252
I - Ilocos Region	16.7	85.5	57.4	13.2	8.9	23.1	8.4	691
II - Cagayan Valley	22.4	76.4	55.1	15.9	12.7	23.1	12.6	550
III - Central Luzon	27.0	92.3	55.2	21.5	4.6	34.9	4.1	1,720
IVA - CALABARZON	22.4	88.5	44.0	17.1	8.1	37.1	6.9	2,293
IVB - MIMAROPA	9.2	63.6	34.8	4.7	23.7	12.2	22.8	372
V - Bicol	15.9	77.6	48.1	11.2	13.4	17.2	13.0	798
VI - Western Visayas	22.8	80.1	61.8	15.6	8.9	22.9	8.7	996
VII - Central Visayas	43.4	80.7	64.3	30.1	9.4	34.4	8.1	1,030
VIII - Eastern Visayas	14.9	84.5	43.9	9.8	12.3	18.4	11.5	571
IX - Zamboanga Peninsula	13.5	69.1	42.7	8.6	21.3	17.4	20.7	725
X - Northern Mindanao	20.7	74.3	51.4	13.9	17.5	23.0	16.2	697
XI - Davao	21.2	71.9	50.9	11.4	15.1	23.9	14.7	893
XII - SOCCSKSARGEN	26.4	74.8	58.2	21.2	16.2	18.6	15.5	744
XIII - Caraga	24.1	82.1	59.9	18.3	12.2	23.1	12.1	435
ARMM	11.9	28.6	24.0	5.8	59.0	6.0	58.5	465
Education								
No education	3.3	27.2	26.7	1.5	58.7	2.5	58.2	188
Elementary	11.0	63.5	43.9	7.6	24.7	4.0	24.5	2,593
High school	23.0	81.7	52.6	16.3	10.6	21.4	10.0	7,916
College	41.7	89.3	57.9	30.6	5.4	55.9	4.1	5,458
Wealth quintile								
Lowest	10.9	45.1	41.8	6.5	37.0	3.4	36.8	2,620
Second	17.3	77.7	48.7	11.5	13.3	11.5	12.9	2,886
Middle	23.9	87.6	52.8	16.8	6.7	22.1	5.9	3,199
Fourth	31.9	90.7	56.1	23.6	4.7	37.7	3.6	3,572
Highest	44.0	92.1	59.8	33.0	4.0	61.5	2.9	3,878
Total	27.2	80.7	52.7	19.6	11.7	30.1	10.9	16,155

3.5 EMPLOYMENT

Measuring employment status is difficult in part because some work, especially work in family farms or business or in the informal sector, may not be perceived as employment. To avoid underestimating respondents' employment, women were asked several questions to determine if they were employed or not. They were asked whether, aside from household work, they were working in the seven days before the survey and if not, whether they done any work in the 12 months preceding the survey. They were also asked about their occupation, whether they worked in a family farm or business or for someone else or if they were self-employed. Continuity of employment was also ascertained by asking if their work continued throughout the year, was seasonal or occasional. Employed women were also asked whether they were paid in cash or in kind or not paid at all.

Table 3.5 shows the percent distribution of women by employment status according to selected background characteristics. More than half of women (57 percent) reported that they had been employed in the

past 12 months, with just under half being currently employed. The proportion currently employed increases with age, from 20 percent among women aged 15-19 to 69 percent among women aged 45-49.

Table 3.5 Employment status

Percent distribution of women age 15-49 by employment status, according to background characteristics, Philippines 2013

Background characteristic	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	Total	Number of women
	Currently employed[1]	Not currently employed			
Age					
15-19	20.2	8.1	71.6	100.0	3,237
20-24	42.9	13.4	43.7	100.0	2,789
25-29	48.5	10.1	41.4	100.0	2,156
30-34	54.5	9.7	35.7	100.0	2,250
35-39	60.9	7.1	32.0	100.0	1,976
40-44	63.6	7.7	28.7	100.0	1,924
45-49	68.7	6.1	25.2	100.0	1,823
Marital status					
Never married	40.2	8.2	51.6	100.0	5,615
Married or living together	51.3	9.6	39.0	100.0	9,729
Divorced/separated	66.4	10.8	22.9	100.0	588
Widowed	71.7	6.4	21.9	100.0	223
Number of living children					
0	40.6	9.4	50.0	100.0	6,144
1-2	49.1	9.4	41.4	100.0	5,123
3-4	56.2	8.7	35.1	100.0	3,135
5+	58.6	8.2	33.2	100.0	1,753
Residence					
Urban	50.2	8.5	41.4	100.0	8,585
Rural	46.2	9.9	43.9	100.0	7,570
Region					
National Capital Region	49.5	6.7	43.8	100.0	2,924
Cordillera Admin Region	55.2	14.0	30.8	100.0	252
I - Ilocos Region	43.4	11.1	45.4	100.0	691
II - Cagayan Valley	54.6	12.8	32.6	100.0	550
III - Central Luzon	42.2	11.1	46.6	100.0	1,720
IVA - CALABARZON	46.9	6.5	46.6	100.0	2,293
IVB - MIMAROPA	47.4	12.5	40.1	100.0	372
V - Bicol	50.5	10.3	39.1	100.0	798
VI - Western Visayas	47.2	11.9	40.8	100.0	996
VII - Central Visayas	56.0	9.5	34.5	100.0	1,030
VIII - Eastern Visayas	53.9	6.1	40.0	100.0	571
IX - Zamboanga Peninsula	36.7	9.2	54.1	100.0	725
X - Northern Mindanao	57.7	14.0	28.3	100.0	697
XI - Davao	50.0	11.8	38.2	100.0	893
XII - SOCCSKSARGEN	56.9	9.3	33.8	100.0	744
XIII - Caraga	46.6	5.0	48.4	100.0	435
ARMM	29.9	3.1	67.0	100.0	465
Education					
No education	55.6	7.8	36.6	100.0	188
Elementary	49.7	10.3	40.0	100.0	2,593
High school	41.3	9.6	49.1	100.0	7,916
College	57.6	7.9	34.5	100.0	5,458
Wealth quintile					
Lowest	41.9	11.2	46.8	100.0	2,620
Second	41.6	11.8	46.6	100.0	2,886
Middle	44.9	10.6	44.5	100.0	3,199
Fourth	50.5	7.9	41.6	100.0	3,572
Highest	58.4	5.7	35.9	100.0	3,878
Total	48.3	9.1	42.6	100.0	16,155

[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 any other such reason.

Half of the women who are married or living with a man are currently employed (51 percent). Ten percent were not working although they had been employed in 12 months prior to survey, while the remaining 39 percent said that they had not employed in the previous 12 months. Women who were divorced/separated or widowed are more likely to be employed than currently married women. The more children women have, the more likely they are to be currently employed.

Urban women are more likely than rural women to be currently employed (50 percent compared with 46 percent). Small variations are found across regions except for ARMM, where the proportion of women who were not employed at all in the 12 months before the survey is double the proportion currently employed (67 percent compared to 30 percent).

Table 3.5 shows that women with some college education and those with no education are more likely to be employed than women with some elementary and high school education. For example, 58 percent of women with at least some college education are currently employed, compared to 41 percent of those with some high school education. The proportion of women with elementary education who are currently employed is less than for women with no education at all, 50 percent and 57 percent, respectively. The proportion of women who are currently employed increases with their socio economic status. For example, 58 percent of women in the highest quintile are currently employed, compared to only 42 percent of women in the lowest quintile.

3.6 OCCUPATION

Women who had worked in the 12 months before the survey were asked about their occupations. As shown in Table 3.6, over one-quarter of employed women work in professional, technical, or managerial positions and almost one-fifth work in sales and services. Roughly one in ten working women are employed in each of the following sectors: domestic service, agriculture, unskilled manual jobs, and clerical positions; only 6 percent of women are employed in skilled manual jobs.

Younger women are more likely to work in sales and service occupations than older women. About two out of five women in the 15-19 age group and 27 percent of those in the 20-24 age group are engaged in sales and services. Older women tend to have professional/technical/managerial occupations. About 3 out of 10 employed women in age groups 30-34, 35-39, 40-44 and 45-49 have professional, technical or managerial occupations.

As expected, a larger proportion of rural women than urban women are engaged in agriculture, while there is a higher proportion of urban women than rural women engaged in clerical jobs.

The proportion of women employed in agricultural occupations decreases substantially with increasing education, from 63 percent among employed women with no education to 2 percent among women with higher education. The inverse is true for women who work in professional, technical, or managerial occupations; 48 percent of those with higher education work in such jobs, compared with 8 percent of women with no education.

There is a similar pattern for socio-economic status of women. Almost half (47 percent) of employed women in the lowest wealth quintile are engaged in agricultural occupations, compared with less than 1 percent of those in the highest wealth quintile. Women in the higher wealth quintiles are more likely to work in professional, technical, or managerial jobs than those in the lower quintiles.

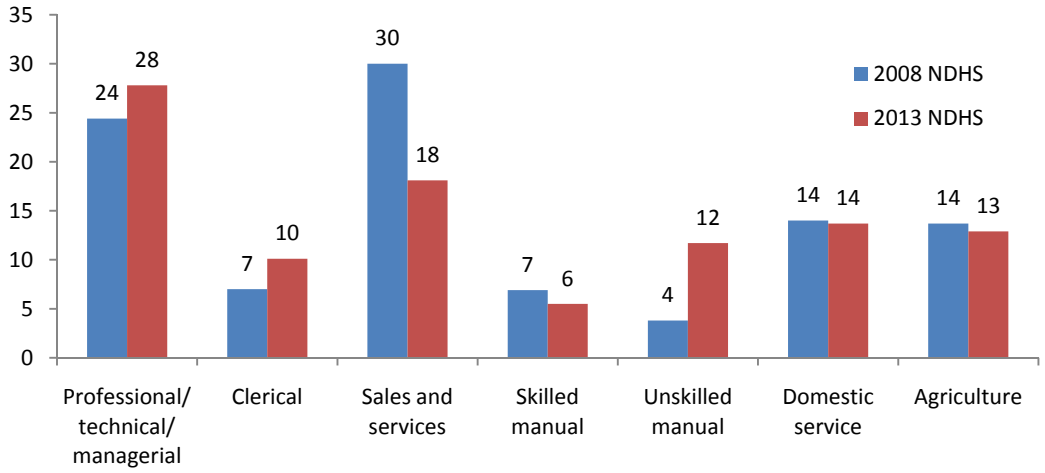
Table 3.6 Occupation

Percent distribution of women age 15-49 employed in the 12 months preceding the survey by occupation, according to background characteristics, Philippines 2013

Background characteristic	Professional/ technical/ managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Domestic service	Agriculture	Other/ Missing	Total	Number of women
Age										
15-19	6.3	5.9	37.0	5.1	8.9	24.2	12.4	0.1	100.0	918
20-24	23.1	16.8	26.6	4.9	7.7	14.4	6.3	0.2	100.0	1,570
25-29	28.9	14.6	19.3	6.3	10.3	10.6	9.9	0.1	100.0	1,264
30-34	32.9	10.6	14.1	6.3	11.8	10.8	13.1	0.5	100.0	1,446
35-39	32.9	8.1	11.8	4.2	14.5	14.0	14.3	0.3	100.0	1,344
40-44	31.8	6.1	10.9	6.7	14.1	12.5	17.6	0.2	100.0	1,373
45-49	31.9	6.3	12.2	4.7	14.1	12.9	17.6	0.4	100.0	1,364
Marital status										
Never married	23.2	15.5	25.8	5.2	6.6	17.6	6.1	0.1	100.0	2,720
Married or living together	30.2	7.7	14.5	5.5	13.9	11.3	16.6	0.3	100.0	5,930
Divorced/separated	24.1	10.6	22.1	6.1	10.7	20.8	5.7	0.0	100.0	453
Widowed	27.4	4.6	11.1	4.8	18.6	19.3	13.6	0.7	100.0	174
Number of living children										
0	24.9	14.7	25.1	5.0	6.9	16.7	6.6	0.1	100.0	3,072
1-2	32.9	11.5	18.0	5.3	11.4	10.5	10.1	0.3	100.0	2,999
3-4	30.8	5.3	13.2	6.4	16.2	12.3	15.7	0.2	100.0	2,035
5+	17.1	2.6	8.5	5.3	17.3	16.8	31.7	0.7	100.0	1,171
Residence										
Urban	30.1	13.3	19.7	6.0	11.8	15.2	3.6	0.3	100.0	5,032
Rural	25.0	6.2	16.2	4.8	11.5	12.0	24.0	0.2	100.0	4,246
Region										
National Capital Region	29.1	18.8	18.4	4.4	11.8	17.0	0.1	0.4	100.0	1,644
Cordillera Admin Region	27.0	9.7	11.6	3.2	8.2	7.5	32.7	0.2	100.0	174
I - Ilocos Region	22.3	7.4	21.3	2.0	18.8	16.6	11.5	0.0	100.0	377
II - Cagayan Valley	19.0	5.4	19.3	1.9	10.7	10.1	33.6	0.0	100.0	371
III - Central Luzon	28.8	10.7	20.7	9.6	10.6	10.0	8.9	0.7	100.0	918
IVA - CALABARZON	34.0	9.0	19.3	12.6	10.6	12.8	1.6	0.1	100.0	1,225
IVB - MIMAROPA	22.4	7.5	12.8	5.5	15.9	13.4	22.5	0.0	100.0	223
V - Bicol	27.9	7.1	18.4	8.9	11.4	12.0	14.4	0.0	100.0	485
VI - Western Visayas	29.8	8.0	18.0	2.0	6.6	18.4	17.1	0.2	100.0	589
VII - Central Visayas	25.2	9.9	14.8	7.0	13.7	16.1	13.2	0.0	100.0	675
VIII - Eastern Visayas	36.4	6.0	14.4	2.8	13.5	12.7	14.0	0.3	100.0	343
IX - Zamboanga Peninsula	27.3	4.2	18.9	1.2	17.7	12.8	17.8	0.2	100.0	333
X - Northern Mindanao	19.6	9.4	16.8	3.0	11.2	12.2	27.6	0.2	100.0	500
XI - Davao	24.9	8.5	21.4	1.1	11.4	14.6	18.2	0.0	100.0	552
XII - SOCCSKSARGEN	22.8	7.2	18.0	2.4	12.4	13.8	22.7	0.6	100.0	492
XIII - Caraga	32.6	9.2	15.7	4.3	9.7	10.9	17.3	0.2	100.0	224
ARMM	32.0	1.5	10.9	1.3	5.6	5.0	43.1	0.6	100.0	153
Education										
No education	7.6	0.0	2.6	5.5	8.9	12.1	63.4	0.0	100.0	119
Elementary	11.1	1.1	10.2	5.8	13.0	23.8	34.5	0.4	100.0	1,555
High school	16.9	4.3	23.6	7.3	16.1	18.9	12.6	0.2	100.0	4,028
College	47.9	20.8	15.8	3.2	6.2	3.6	2.2	0.2	100.0	3,575
Wealth quintile										
Lowest	9.5	1.4	9.7	4.4	11.2	16.6	46.8	0.3	100.0	1,392
Second	15.2	4.9	20.4	5.1	16.0	18.1	20.0	0.4	100.0	1,538
Middle	23.2	8.6	23.2	7.3	16.7	11.7	9.1	0.1	100.0	1,775
Fourth	32.9	13.2	23.0	8.2	12.4	7.1	3.0	0.2	100.0	2,086
Highest	44.8	16.6	13.6	2.6	5.0	16.4	0.6	0.3	100.0	2,486
Total	27.8	10.1	18.1	5.5	11.7	13.7	12.9	0.2	100.0	9,278

The proportion of women employed in sales and services has decreased substantially from 30 percent (2008 NDHS) to 18 percent (2013 NDHS) as shown in Figure 3.1. An increase was observed for women with the following occupations: professional/technical/managerial (from 24 to 28 percent) and unskilled manual (from 4 to 12 percent).

Figure 3.1 **Percent distribution of women age 15-49 employed in the 12 months preceding the survey by occupation, Philippines 2008 and 2013**



3.7 TYPE OF EMPLOYMENT

Table 3.7 shows the percent distribution of women who were employed during the 12 months preceding the survey by the type of earnings received, type of employer, and continuity of employment, according to type of employment (agricultural or non-agricultural). Overall, 84 percent of women receive their earnings in cash only, while 6 percent are paid in cash and in kind and 10 percent work with no payment. The type of earnings differs substantially by type of employment. Almost one-third of women who work in agriculture (31 percent) receive no payment, while 88 percent of women engaged in non-agricultural work receive payment in cash only.

Table 3.7 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 2013

Employment characteristic	Agricultural work	Nonagricultural work	Total
Type of earnings			
Cash only	52.9	88.4	83.8
Cash and in-kind	13.0	4.6	5.7
In-kind only	3.6	0.4	0.8
Not paid	30.5	6.6	9.7
Missing	0.0	0.1	0.1
Total	100.0	100.0	100.0
Type of employer			
Employed by family member	38.6	12.0	15.4
Employed by nonfamily member	46.6	67.7	64.9
Self-employed	14.7	20.2	19.5
Missing	0.1	0.1	0.1
Total	100.0	100.0	100.0
Continuity of employment			
All year	43.5	70.5	67.0
Seasonal	49.4	23.5	26.8
Occasional	7.0	5.9	6.1
Missing	0.0	0.1	0.1
Total	100.0	100.0	100.0
Number of women employed during the last 12 months	1,200	8,056	9,278

Note: Total includes 22 women with missing information on type of employment who are not shown separately.

Almost two-thirds (65 percent) of women are employed by a non-family member, while 15 percent are employed by a relative and 20 percent are self-employed. Employment by a family member is much more common for those in agricultural work (39 percent) than those engaged in non-agricultural work (12 percent). The majority of women working in non-agricultural work (68 percent) are employed by a non-family member.

A large majority of working women are employed all year (67 percent). Almost half of women doing agricultural work seasonally (49 percent), while most of those in non-agricultural work are employed throughout the year (71 percent).

3.8 HEALTH INSURANCE COVERAGE

Access to health can improve when individuals are covered by health insurance and one of the objectives of the Universal Health Program of the Philippines is to provide Filipinos with 100 percent coverage with health insurance. Table 3.8 shows that only three out of five women aged 15-49 are covered by health insurance, mostly by a government institution. Only two percent are covered by private insurance.

Table 3.8 Health insurance coverage

Percentage of women age 15-49 with specific types of health insurance coverage, according to background characteristics, Philippines 2013

Background characteristic	PhilHealth paying member	PhilHealth dependent of paying member	PhilHealth indigent member	PhilHealth dependent of indigent member	GSIS	SSS	Private insurance company	Other	None	Missing	Number of women
Age											
15-19	1.8	28.1	0.7	23.8	0.0	1.8	0.4	0.3	44.8	0.1	3,237
20-24	20.2	11.7	2.6	7.6	0.9	18.0	1.7	0.2	55.2	0.1	2,789
25-29	26.4	13.2	6.3	11.0	1.8	23.2	2.7	0.2	39.5	0.0	2,156
30-34	26.2	20.2	7.3	14.2	3.2	22.4	2.4	0.4	29.5	0.0	2,250
35-39	21.5	21.1	9.1	17.9	3.7	18.2	2.5	0.5	26.8	0.1	1,976
40-44	20.6	18.8	9.6	19.3	3.3	18.4	2.3	0.5	28.9	0.0	1,924
45-49	21.0	18.3	10.3	16.4	4.2	18.0	3.2	0.4	29.8	0.0	1,823
Residence											
Urban	24.4	23.7	3.3	6.0	1.8	23.5	2.8	0.2	39.1	0.1	8,585
Rural	11.8	13.9	8.7	27.1	2.5	7.8	1.2	0.6	36.8	0.1	7,570
Region											
National Capital Region	28.7	22.9	1.2	1.2	1.2	30.8	3.3	0.2	41.5	0.0	2,924
Cordillera Admin Region	20.7	19.3	4.0	17.7	4.3	12.3	1.2	0.0	35.4	0.0	252
I - Ilocos Region	12.5	20.1	6.0	20.2	2.5	9.5	0.6	0.0	40.7	0.0	691
II - Cagayan Valley	11.8	17.8	5.0	24.8	1.9	4.4	1.3	5.0	36.1	0.0	550
III - Central Luzon	19.9	23.7	2.3	11.6	2.8	19.3	2.4	0.0	37.6	0.2	1,720
IVA - CALABARZON	24.5	25.8	2.9	6.7	1.6	19.4	3.1	0.6	37.8	0.0	2,293
IVB - MIMAROPA	8.7	8.5	5.0	36.5	2.4	4.7	1.2	0.2	40.0	0.0	372
V - Bicol	12.1	10.6	13.2	31.4	3.3	15.0	0.6	0.4	29.9	0.0	798
VI - Western Visayas	13.1	18.9	7.5	28.6	3.3	11.3	2.3	0.1	29.4	0.0	996
VII - Central Visayas	16.3	18.5	3.7	12.8	2.0	12.4	1.7	0.1	46.6	0.2	1,030
VIII - Eastern Visayas	11.7	10.5	13.3	32.2	5.0	8.3	0.2	0.2	31.5	0.0	571
IX - Zamboanga Peninsula	9.0	10.9	15.8	24.1	2.1	5.6	0.9	0.0	39.6	0.0	725
X - Northern Mindanao	13.7	10.8	18.1	27.9	2.0	11.0	2.2	0.0	28.3	0.0	697
XI - Davao	20.8	22.6	4.7	14.9	2.0	17.5	1.3	0.2	34.7	0.0	893
XII - SOCCSKSARGEN	16.4	15.8	7.2	19.7	1.5	11.1	1.7	0.0	39.5	0.0	744
XIII - Caraga	15.5	17.1	7.7	24.2	2.6	6.1	0.6	0.0	34.5	0.1	435
ARMM	1.8	6.8	9.9	24.5	0.5	0.2	0.4	0.2	56.3	0.4	465
Education											
No education	1.5	1.5	10.4	28.9	0.0	1.7	0.5	0.0	56.2	0.6	188
Elementary	3.3	9.7	12.3	28.6	0.0	3.0	0.2	0.4	44.9	0.1	2,593
High school	9.6	19.9	5.7	18.4	0.1	9.9	0.8	0.3	43.6	0.1	7,916
College	39.1	23.1	2.9	5.6	6.3	32.0	4.7	0.3	26.0	0.0	5,458
Wealth quintile											
Lowest	1.6	5.1	13.1	40.9	0.0	1.0	0.1	0.2	39.1	0.1	2,620
Second	6.1	10.7	9.5	28.4	0.4	5.3	0.5	0.4	44.0	0.0	2,886
Middle	12.7	18.9	5.5	13.0	0.8	11.4	0.8	0.5	46.7	0.1	3,199
Fourth	25.1	26.3	2.5	5.2	2.9	22.6	1.7	0.4	36.6	0.1	3,572
Highest	37.7	28.4	1.7	1.8	5.4	32.3	5.7	0.2	26.9	0.0	3,878
Total	18.5	19.1	5.9	15.9	2.2	16.1	2.0	0.3	38.0	0.1	16,155

GSIS = Government Service Insurance System; SSS = Social Security System
Note: Results refer to women interviewed with the Woman's Questionnaire, although data are taken from answers to the Household Questionnaire; thus, answers may not be given by the woman herself but rather by the respondent to the Household Questionnaire. Numbers do not sum to 100.0 percent because women may report more than one type of insurance.

Women aged 15-19 and 20-24 are more likely than older women to have no health insurance. As expected, the youngest women are more likely than older women to be covered as dependents of health insurance members. Health insurance coverage is slightly higher among rural than urban women, mostly because of higher coverage as dependents of indigent members.

Among regions, Northern Mindanao, Western Visayas, and Bicol, (70 percent each) have the highest coverage of health insurance, while ARMM (44 percent) has the lowest coverage. Surprisingly, NCR has the third highest proportion of women with no health insurance coverage (42 percent), after ARMM (56 percent) and Central Visayas (47 percent).

The proportion of women with no health insurance declines steadily as education level increases. Women who have attended college are mostly covered by being a paying member of PhilHealth (39 percent) or SSS (32 percent), while women with no education or only some elementary education are more likely than those with more education to be covered as dependents of an indigent member (29 percent each). Similar patterns are found in terms of socio-economic status of a woman, with women in the highest quintile mostly covered by being paying PhilHealth members (38 percent) and those in the lowest quintile most likely to be covered as dependents of an indigent member (41 percent). Interestingly, the proportion of women who are not covered by any health insurance fluctuates by wealth quintile; although it is lowest among those in the highest quintile, it is highest for those in the middle quintile.

There has been a sharp decline in the proportion of women not covered by any health insurance, from 57 percent in 2008 to 38 percent in 2013. Coverage as a dependent of an indigent member of PhilHealth shows the largest increase (from 6 percent to 16 percent of women), but there have also been increases in coverage as a paying member of PhilHealth (from 14 to 19 percent) and as an indigent member in PhilHealth (from 2 to 6 percent), as well as in other types of insurance.

3.9 USE OF TOBACCO

Smoking is a risk factor for cardiovascular disease, lung cancer, and other forms of cancer, and it contributes to the severity of pneumonia, emphysema, and chronic bronchitis symptoms. The use of tobacco in the household adversely affects the health status of all household members. Secondhand smoke may adversely affect the health of children and aggravate childhood illnesses. In the 2013 NDHS, women were asked about their use of tobacco.

As shown in Table 3.9, only 6 percent of women aged 15-49 are using tobacco, mostly cigarettes. Use of tobacco gradually increases with age. For example, women aged 45-49 are more likely to smoke cigarettes (9 percent) than women aged 15-19 (2 percent). Two percent of pregnant women and 4 percent of breastfeeding women smoke cigarettes. Women with no education are more likely to use tobacco than women with some education. Other differences in tobacco use are minimal.

Table 3.9 Use of tobacco

Percentage of women age 15-49 who smoke cigarettes or a pipe or use other tobacco products, according to background characteristics and maternity status, Philippines 2013

Background characteristic	Uses tobacco			Does not use tobacco	Number of women
	Cigarettes	Pipe	Other tobacco		
Age					
15-19	2.2	0.0	0.3	97.7	3,237
20-24	6.0	0.1	1.4	93.8	2,789
25-29	6.0	0.0	1.3	93.8	2,156
30-34	6.0	0.1	1.1	93.8	2,250
35-39	5.9	0.0	1.9	93.2	1,976
40-44	6.4	0.1	2.2	92.6	1,924
45-49	9.2	0.1	3.2	89.6	1,823
Maternity status					
Pregnant	2.3	0.0	0.9	97.3	686
Breastfeeding (not pregnant)	4.4	0.0	1.7	94.6	1,948
Neither	6.0	0.1	1.5	93.6	13,522
Residence					
Urban	6.7	0.1	1.4	93.1	8,585
Rural	4.4	0.0	1.6	94.7	7,570
Region					
National Capital Region	8.2	0.2	2.0	91.8	2,924
Cordillera Admin Region	4.6	0.0	1.9	94.2	252
I - Ilocos Region	4.5	0.0	0.6	95.2	691
II - Cagayan Valley	5.0	0.0	0.9	94.3	550
III - Central Luzon	6.2	0.1	1.3	93.8	1,720
IVA - CALABARZON	6.7	0.0	1.0	93.2	2,293
IVB - MIMAROPA	4.7	0.0	5.5	91.7	372
V - Bicol	4.7	0.0	1.0	94.5	798
VI - Western Visayas	4.3	0.0	1.8	94.2	996
VII - Central Visayas	4.2	0.1	1.7	95.3	1,030
VIII - Eastern Visayas	4.2	0.0	2.5	94.6	571
IX - Zamboanga Peninsula	4.2	0.0	0.6	95.4	725
X - Northern Mindanao	4.0	0.0	0.7	95.9	697
XI - Davao	6.7	0.1	1.0	93.1	893
XII - SOCCSKSARGEN	2.9	0.0	2.1	95.4	744
XIII - Caraga	3.0	0.0	0.6	96.6	435
ARMM	4.9	0.0	1.2	94.9	465
Education					
No education	11.9	0.0	14.8	77.1	188
Elementary	8.1	0.0	3.2	90.3	2,593
High school	5.4	0.0	1.1	94.4	7,916
College	4.5	0.1	0.8	95.4	5,458
Wealth quintile					
Lowest	6.1	0.0	3.6	91.5	2,620
Second	5.5	0.0	1.3	94.2	2,886
Middle	6.3	0.0	0.9	93.5	3,199
Fourth	5.3	0.1	1.2	94.7	3,572
Highest	5.2	0.1	0.9	94.7	3,878
Total	5.6	0.1	1.5	93.9	16,155

MARRIAGE AND EXPOSURE TO THE RISK OF PREGNANCY

4

Key Findings

- Sixty percent of women ages 15 to 49 years are currently in a union, and one-quarter of these women are in a consensual union.
- The percentage of women in consensual unions is highest among women in their 20s.
- The median age at first marriage among women age 25-49 is 22.3 years. Women in rural areas, those with less education and those who belong to the lower wealth quintiles marry earlier than their counterpart.
- The median age at menarche among Filipino women is 13.1 years.
- The median age at first sexual intercourse among women ages 25-49 is 21.5 years. Women in rural areas, those with less education and those in the lower wealth quintiles have lower median ages at first sexual intercourse than urban residents, better educated women and those belonging to households in higher wealth quintiles.
- Forty-six percent of women had sexual intercourse in the four weeks prior to the survey.

This chapter presents findings related to some key factors that affect a woman's risk of becoming pregnant such as marriage and sexual activity. Marriage signals the regular exposure of women to the risk of becoming pregnant. It has been known that in societies where age at first marriage is low, childbearing also starts early which results in higher fertility. Specifically, this chapter explores age at first marriage, age at first sexual intercourse and recent sexual activity among Filipino women.

4.1 CURRENT MARITAL STATUS

Table 4.1 shows the distribution of women in childbearing ages according to their marital status and age. As shown in the table, 35 percent have never been married, 60 percent are currently in a union, either formally married or living together but not formally married, and the remaining 5 percent have been in a union previously but their union was dissolved either through separation, divorce or death of the spouse.

Table 4.1 Current marital status

Percent distribution of women age 15-49 by current marital status, according to age, Philippines 2013

	Marital status								
Age	Never married	Married	Living together	Divorced	Separated	Widowed	Total	Percentage of respondents currently in union	Number of respondents
15-19	89.6	2.1	7.6	0.0	0.7	0.0	100.0	9.7	3,237
20-24	53.9	19.8	23.0	0.0	3.0	0.2	100.0	42.9	2,789
25-29	26.1	45.0	23.8	0.0	4.7	0.3	100.0	68.8	2,156
30-34	11.7	67.5	15.3	0.1	4.6	1.0	100.0	82.7	2,250
35-39	6.8	74.8	12.5	0.0	4.2	1.6	100.0	87.3	1,976
40-44	7.1	75.5	9.6	0.1	4.6	3.1	100.0	85.1	1,924
45-49	6.3	74.1	8.8	0.1	5.5	5.3	100.0	82.9	1,823
Total 15-49	34.8	45.8	14.5	0.0	3.6	1.4	100.0	60.2	16,155

The percentage of women who are in a marital union increases with age and consequently, the percentage who have never married decreases. Particularly noteworthy is the percentage of young women (less than 30 years old) who are in consensual unions (living together with a partner but not formally married). The percentage of young women less than 25 years old who reported to be cohabiting with a partner is higher than the percentage to who are formally married. A third of women in their late 20s and who are in a marital union are in a live-in arrangement. The percentage of women living in informal unions has increased since 2008 at every age group. Overall, the proportion of women in informal union has increased from 11 percent in 2008 to 15 percent in 2013 (NSO and ICF Macro, 2009).

4.2 AGE AT FIRST MARRIAGE

Most births in the Philippines still occur within marriage and this continues to underscore the importance of examining age at first marriage. On average, women who marry early are more likely to have their first child at a young age and give birth to more children, thus contributing to higher fertility. In this section, marriage refers to both formal and consensual marriage, unless otherwise noted.

Table 4.2 shows the percentage of women who are married by selected ages and the median ages at first marriage, according to their age at the time of the survey. Age at first marriage is defined as the age at which the woman began living with her first spouse or partner. Among women ages 25-49, 15 percent were married by age 18 and this percentage more than doubles by age 20. By age 22, 48 percent of women were married, increasing further to 66 percent by age 25. Similar patterns are found in the other age groups. Overall, the median age at first marriage among women ages 25-49 is 22.3 years and this is not very different across age groups.

Table 4.2 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 2013

	Percentage first married by exact age:					Percentage never married	Number of respondents	Median age at first marriage
Current age	15	18	20	22	25			
15-19	1.5	na	na	na	na	89.6	3,237	a
20-24	2.0	15.0	30.8	na	na	53.9	2,789	a
25-29	2.8	14.2	32.8	49.4	66.8	26.1	2,156	22.1
30-34	2.1	13.5	29.5	46.4	65.5	11.7	2,250	22.5
35-39	2.8	14.5	29.6	46.5	65.8	6.8	1,976	22.4
40-44	2.5	16.7	32.6	48.3	66.6	7.1	1,924	22.2
45-49	2.8	17.1	32.2	47.8	67.0	6.3	1,823	22.3
20-49	2.4	15.1	31.2	na	na	21.0	12,918	a
25-49	2.6	15.1	31.3	47.7	66.3	12.0	10,129	22.3

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

The median age at first marriage is further examined by the women's background characteristics and shown in Table 4.3. Because very few women are married before age 25, the table is limited to women ages 25-49.

In general, women from urban areas, those who are better educated and wealthier marry later than their counterparts. Urban women marry about two years later than women in rural areas (23.1 years versus 21.5 years). This is also reflected in the regional data in Table 4.3 where women in the National Capital Region, the only region that is 100 percent urban, register the highest median age at first marriage (23.7). Other regions with high median ages at marriage include CALABARZON (23.0 years), Ilocos (22.8 years)

and Central Visayas (22.7 years). In contrast, women in ARMM, MIMAROPA and SOCCSKSARGEN marry earlier than women in other regions.

Table 4.3 Median age at first marriage by background characteristics

Median age at first marriage among women age 25-49, according to background characteristics, Philippines 2013

Background characteristic	Age 25-29	30-34	35-39	40-44	45-49	Ages 25-49
Residence						
Urban	23.3	23.3	22.9	22.8	23.2	23.1
Rural	21.1	21.6	22.0	21.7	21.4	21.5
Region						
National Capital Region	23.8	23.7	23.8	23.3	23.8	23.7
Cordillera Admin Region	21.9	22.7	23.4	22.2	22.6	22.5
I - Ilocos Region	21.9	22.0	23.2	24.2	22.7	22.8
II - Cagayan Valley	20.7	21.7	21.5	20.0	21.2	21.0
III - Central Luzon	23.0	22.4	22.8	22.5	22.6	22.6
IVA - CALABARZON	23.3	23.7	22.5	22.7	22.7	23.0
IVB - MIMAROPA	19.8	21.7	20.1	20.4	20.1	20.5
V - Bicol	21.4	21.5	22.7	22.9	21.5	22.0
VI - Western Visayas	22.4	22.3	22.8	22.2	22.6	22.5
VII - Central Visayas	21.6	23.2	23.1	22.0	23.8	22.7
VIII - Eastern Visayas	21.1	21.1	21.8	22.3	21.8	21.6
IX - Zamboanga Peninsula	21.2	21.3	21.4	19.9	21.2	21.0
X - Northern Mindanao	21.7	22.5	20.7	22.9	20.9	21.6
XI - Davao	21.6	21.5	21.7	21.6	21.7	21.6
XII - SOCCSKSARGEN	20.9	20.8	20.8	20.4	20.4	20.7
XIII - Caraga	20.9	21.2	21.5	21.5	20.8	21.1
ARMM	19.7	19.4	20.8	20.5	20.3	20.0
Education						
No education	*	(19.2)	(17.4)	(17.7)	19.3	18.2
Elementary	19.0	19.3	19.6	19.9	20.1	19.6
High school	20.8	21.4	21.7	21.6	22.0	21.4
College	a	25.2	25.5	25.9	25.4	a
Wealth quintile						
Lowest	19.2	19.8	20.5	20.2	20.2	19.8
Second	20.5	20.9	21.6	20.7	21.2	20.9
Middle	22.1	22.1	22.2	21.6	21.4	21.9
Fourth	23.8	24.0	23.1	23.2	23.1	23.4
Highest	a	25.4	24.9	25.0	24.6	a
Total	22.1	22.5	22.4	22.2	22.3	22.3

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

4.3 AGE AT FIRST MENSTRUATION (MENARCHE)

Menarche, or onset of menstruation, signals the start of puberty. In 2013, the mean age at menarche among women ages 15 to 49 years is 13.1 years (Table 4.4). A look at mean age of menarche across different age groups indicates a declining trend over time. Compared to the oldest group of women (ages 45-49) where mean age at menstruation is at 13.6 years, the youngest group (15-19) have a mean age at first menstruation of 12.8 years.

Over one in ten women experienced her first menstruation before age 12, while more than half of women had menarche between ages 12 or 13and 18 percent began menstruating at age 15 or older.

Table 4.4 Age at first menstruation

Percentage of women age 15-49 by age at first menstruation (menarche) and mean age at menarche, according to age, Philippines 2013

	Age at menarche										
Current age	≤10	11	12	13	14	15+	Never menstruated	Don't know/ missing	Total	Number of women	Mean age at menarche
15-19	3.3	11.4	29.2	28.3	18.0	9.3	0.5	0.0	100.0	3,237	12.8
20-24	3.4	9.5	27.0	26.9	17.8	15.3	0.0	0.0	100.0	2,789	13.0
25-29	3.2	9.7	28.1	26.2	16.6	16.1	0.0	0.1	100.0	2,156	13.0
30-34	3.6	9.2	26.1	25.2	16.5	19.4	0.0	0.0	100.0	2,250	13.1
35-39	2.5	7.6	23.6	25.6	19.5	21.1	0.2	0.0	100.0	1,976	13.3
40-44	3.0	8.0	22.8	22.0	19.1	25.1	0.0	0.0	100.0	1,924	13.4
45-49	2.2	7.0	21.0	21.6	19.5	28.6	0.0	0.1	100.0	1,823	13.6
Total	3.1	9.2	25.9	25.5	18.1	18.1	0.1	0.0	100.0	16,155	13.1

4.4 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. In the survey, women were asked how old they were when they had their first sexual intercourse. Table 4.5 shows that the median age at first sexual intercourse of women ages 25-49 is 21.5 years. Compared with the median age at first marriage shown earlier (22.3 years), these two figures indicate that first sexual intercourse (on average) occurs before first marriage.

Table 4.5 Age at first sexual intercourse

Percentage of women age 15-49 who had first sexual intercourse by specific exact ages, percentage who never had sexual intercourse, and median age at first sexual intercourse, according to current age, Philippines 2013

	Percentage who had first sexual intercourse by exact age:							
Current age	15	18	20	22	25	Percentage who never had intercourse	Number	Median age at first intercourse
15-19	2.2	na	na	na	na	85.3	3,237	a
20-24	2.2	19.3	41.3	na	na	41.9	2,789	a
25-29	2.2	17.8	40.2	58.7	75.6	18.1	2,156	21.0
30-34	1.9	17.0	35.4	53.8	71.9	8.6	2,250	21.5
35-39	2.6	16.8	36.1	52.2	69.6	4.7	1,976	21.7
40-44	2.6	18.3	37.3	53.0	71.2	5.4	1,924	21.5
45-49	3.0	18.3	36.9	52.0	71.3	5.1	1,823	21.7
20-49	2.4	18.0	38.1	na	na	15.8	12,918	a
25-49	2.4	17.6	37.2	54.1	72.0	8.6	10,129	21.5
15-24	2.2	na	na	na	na	65.2	6,026	a

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

Table 4.5 also shows that among women ages 25-49, the percentage having their first sexual intercourse increases sharply from age 15 to age 18. In fact, the percentage who had their first sexual intercourse by age 20 is almost double that found at age 18. This pattern persists across all age groups.

The median ages of women at first sexual intercourse by background characteristics are shown in Table 4.6. The patterns are almost similar to median age at marriage: women in urban areas, those with higher education and women from households that belong to the highest wealth quintile had their first sexual experience at later ages than their rural, less educated, and poorer counterparts. However, the differences are not as marked as those found in median age at first marriage. For example, median age at first sexual intercourse between urban and rural areas differs by one year, while the difference in age at first marriage between the two areas is 1.6 years. Among the regions, NCR, CAR, Ilocos, Central Luzon

and CALABARZON exhibited higher median ages at first sexual intercourse than the national figure. ARMM and SOCCSKSARGEN registered the earliest median ages at first sexual intercourse.

Table 4.6 Median age at first sexual intercourse by background characteristics

Median age at first sexual intercourse among women age 25-49, according to background characteristics, Philippines 2013

Background characteristic	Age 25-29	30-34	35-39	40-44	45-49	Ages 25-49
Residence						
Urban	21.6	22.0	22.1	22.0	22.3	22.0
Rural	20.5	21.0	21.3	21.1	21.0	21.0
Region						
National Capital Region	21.9	22.0	22.7	22.5	23.0	22.4
Cordillera Admin Region	21.3	21.9	22.9	22.2	22.2	22.1
I - Ilocos Region	21.7	21.5	22.5	22.9	22.1	22.0
II - Cagayan Valley	20.3	20.8	21.0	19.8	19.9	20.4
III - Central Luzon	21.8	21.8	22.8	22.3	22.4	22.2
IVA - CALABARZON	22.0	22.9	21.9	21.8	22.2	22.2
IVB - MIMAROPA	19.5	21.3	20.0	21.4	19.6	20.5
V - Bicol	21.2	21.2	22.1	22.4	21.2	21.5
VI - Western Visayas	20.9	21.5	21.5	21.1	21.8	21.4
VII - Central Visayas	19.9	21.0	21.7	20.9	22.1	20.9
VIII - Eastern Visayas	20.3	20.6	20.4	22.1	21.5	20.7
IX - Zamboanga Peninsula	20.7	20.9	21.2	19.7	20.8	20.6
X - Northern Mindanao	20.6	21.7	19.9	21.7	20.9	20.9
XI - Davao	20.1	21.0	21.2	20.4	20.8	20.8
XII - SOCCSKSARGEN	20.3	20.6	20.2	19.9	19.5	20.1
XIII –Caraga	19.7	20.7	20.8	20.4	20.2	20.3
ARMM	19.7	19.3	20.6	20.3	20.3	20.1
Education						
No education	*	(18.7)	(17.2)	(17.8)	18.8	18.2
Elementary	18.6	19.0	19.3	19.1	19.5	19.2
High school	20.1	20.6	21.1	21.0	21.4	20.7
College	23.3	24.1	24.6	25.0	24.1	24.1
Wealth quintile						
Lowest	18.8	19.6	19.7	19.5	19.8	19.4
Second	20.1	20.3	21.1	20.1	20.4	20.3
Middle	20.9	21.2	21.4	20.7	20.8	21.0
Fourth	21.9	22.5	22.4	22.6	22.6	22.4
Highest	23.9	23.9	23.7	24.2	23.5	23.8
Total	21.0	21.5	21.7	21.5	21.7	21.5

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

4.5 RECENT SEXUAL ACTIVITY

In the absence of contraception, the chance of pregnancy is related to the regularity of sexual intercourse. The 2013 NDHS collected information regarding the respondents' recent sexual activity to derive an indicator of the frequency of sexual intercourse. Each woman in the survey who had ever had sexual intercourse was asked how long ago she last had intercourse, her relationship to the person with whom she last had sexual intercourse, and how long she has had sexual relations with this person.

Table 4.7 shows that in general, seven out of 10 women ages 15 to 49 reported ever having sexual intercourse, with a large percentage reporting having had sex within the four weeks (46 percent) before the survey. Sixteen percent of women had sex within the year before the survey but not during the four weeks immediately before the survey, and 9 percent had their last sexual intercourse a year or more before the survey.

The percentage of women who had recently been sexually active, increases with age peaking at 67 percent among those ages 35 to 39 but decreasing thereafter. Almost three-fourths of currently married women reported being sexually active within the four weeks prior to the survey. More than three-fourths of women who are divorced, separated or widowed reported it had been one year or more since they last had sexual intercourse. The proportion of women who were sexually active in the four weeks before the survey increases slightly with marital duration up to 10-14 years of marriage, after which it falls among those married longer.

Table 4.7 also shows that sexual activity in the four weeks prior to the survey is higher among women in rural areas, women with less education and those belonging to the lower wealth quintiles than among their urban, better educated and wealthier counterparts. Recent sexual activity is also highest among women in Cagayan Valley, ARMM and Caraga.

Table 4.7 Recent sexual activity

Percent distribution of women age 15-49 by timing of last sexual intercourse, according to background characteristics, Philippines 2013

Background characteristic	Timing of last sexual intercourse				Never had sexual intercourse	Total	Number of women
	Within the past 4 weeks	Within 1 year[1]	One or more years	Missing			
Age							
15-19	7.9	4.9	1.8	0.1	85.3	100.0	3,237
20-24	35.7	14.7	7.6	0.0	41.9	100.0	2,789
25-29	54.7	17.7	9.2	0.2	18.1	100.0	2,156
30-34	64.0	17.5	9.6	0.3	8.6	100.0	2,250
35-39	67.3	17.1	10.6	0.3	4.7	100.0	1,976
40-44	62.3	20.3	11.8	0.2	5.4	100.0	1,924
45-49	52.7	24.1	17.8	0.3	5.1	100.0	1,823
Marital status							
Never married	2.7	4.7	7.0	0.1	85.6	100.0	5,615
Married or living together	73.8	21.7	4.4	0.2	0.0	100.0	9,729
Divorced/separated/widowed	4.7	17.5	77.4	0.4	0.0	100.0	811
Marital duration[2]							
0-4 years	72.0	24.8	3.1	0.1	0.0	100.0	1,832
5-9 years	77.3	18.5	3.8	0.3	0.0	100.0	1,953
10-14 years	78.1	18.3	3.5	0.2	0.0	100.0	1,717
15-19 years	75.2	20.1	4.6	0.1	0.0	100.0	1,362
20-24 years	68.7	24.4	6.6	0.3	0.0	100.0	1,118
25+ years	63.0	28.7	8.0	0.4	0.0	100.0	923
Married more than once	76.6	20.2	3.1	0.1	0.0	100.0	825
Residence							
Urban	41.8	15.3	10.8	0.2	31.9	100.0	8,585
Rural	49.8	15.9	6.8	0.2	27.3	100.0	7,570
Region							
National Capital Region	39.4	13.9	12.2	0.0	34.5	100.0	2,924
Cordillera Admin Region	46.8	14.1	10.2	0.0	28.8	100.0	252
I - Ilocos Region	46.8	17.0	8.6	0.0	27.6	100.0	691
II - Cagayan Valley	54.1	15.5	5.5	0.0	24.9	100.0	550
III - Central Luzon	46.6	13.6	8.3	0.6	30.9	100.0	1,720
IVA - CALABARZON	40.9	17.4	10.7	0.1	30.9	100.0	2,293
IVB - MIMAROPA	49.7	18.4	4.7	0.0	27.2	100.0	372
V - Bicol	44.3	19.2	8.1	0.2	28.1	100.0	798
VI - Western Visayas	46.2	18.9	7.6	0.0	27.2	100.0	996
VII - Central Visayas	46.9	16.1	9.1	0.2	27.7	100.0	1,030
VIII - Eastern Visayas	52.3	14.2	7.3	0.2	26.0	100.0	571
IX - Zamboanga Peninsula	43.7	15.4	7.7	0.3	32.9	100.0	725
X - Northern Mindanao	50.7	13.0	8.7	0.9	26.6	100.0	697
XI - Davao	48.6	16.6	8.0	0.1	26.7	100.0	893
XII - SOCCSKSARGEN	49.8	15.4	6.9	0.1	27.8	100.0	744
XIII - Caraga	53.0	16.7	6.9	0.1	23.3	100.0	435
ARMM	53.5	8.5	4.4	0.4	33.2	100.0	465

Continued…

Table 4.7—*Continued*

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
Education							
No education	57.7	18.7	11.1	0.4	12.0	100.0	188
Elementary	58.5	17.8	8.9	0.2	14.5	100.0	2,593
High school	44.9	14.7	7.8	0.2	32.4	100.0	7,916
College	40.0	15.6	10.5	0.2	33.7	100.0	5,458
Wealth quintile							
Lowest	57.7	16.1	5.0	0.3	20.9	100.0	2,620
Second	52.4	15.0	6.8	0.1	25.7	100.0	2,886
Middle	48.1	15.5	8.2	0.2	28.0	100.0	3,199
Fourth	43.5	15.4	9.4	0.2	31.5	100.0	3,572
Highest	32.1	15.7	13.4	0.2	38.7	100.0	3,878
Total	45.6	15.6	8.9	0.2	29.8	100.0	16,155

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

FERTILITY 5

Key Findings

- The total fertility rate for the three years preceding the 2013 NDHS is 3.0 births per woman.
- Fertility decreased by 3 births between 1970 and 2012 (from 6.0 to 3.0 births per woman).
- Childbearing begins early with 22 percent of women age 25-49 giving birth by age 20 and 40 percent by age 22.
- Ten percent of adolescent women age 15-19 are already mothers or pregnant with their first child.
- Twenty-six percent of births occur within 24 months of a previous birth.

Fertility is one of the three principal components of population dynamics, the others being mortality and migration. Collection of data on fertility levels, trends and differentials has remained a prime objective of demographic and health surveys. In the Philippines, continued collection of such data is carried out through a pregnancy history approach in the demographic and health survey being conducted every five years.

Pregnancy and fertility data were collected by asking women of reproductive age (15-49 years) to provide the complete history of all of their live births, stillbirths, miscarriages, and pregnancy terminations. In order to ensure a complete enumeration of live births, women's responses to questions about the total number of children currently living with them, those living away, and those who had died were recorded. Moreover, information about the total number of lost pregnancies was recorded. Specifically, the following information was collected for each pregnancy loss: date of loss, duration of pregnancy, and whether the pregnancy ended in a miscarriage, a stillbirth, or pregnancy termination. In cases of live births, the following information was collected: name, sex, date of birth, survival status, current age (if alive), and age at death (if dead). The 2013 NDHS used the conventional practice of recording pregnancies in the pregnancy history starting from the first pregnancy. Although efforts were made during training to impress upon the interviewers the importance of collecting accurate and complete information on pregnancy histories, it is important to note that information collected through the pregnancy history approach has limitations that might bias pregnancy and fertility levels and patterns. For instance, women may include relatives' children as their own or omit children who died at a young age, while older women may omit grown children who have left home (United Nations, 1983). Accordingly, the results should be viewed with these caveats in mind.

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.

5.1 CURRENT FERTILITY

Several measures of current fertility are derived from the pregnancy history data. Age-specific fertility rates (ASFRs) refer to the average number of live births per 1,000 women in a certain age group.[1]They are a valuable measure to assess the current age pattern of childbearing. The total fertility rate (TFR) is defined as the total number of births a woman would have by the end of her childbearing period if she were to pass through those years bearing children at the currently observed ASFRs. The TFR is obtained by summing the ASFRs and multiplying by five. The general fertility rate (GFR) is expressed as the annual number of live births per 1,000 women age 15-44, and the crude birth rate (CBR) is expressed as the annual number of live births per 1,000 population.

The various measures of current fertility are calculated for the three-year period preceding the survey. A three-year period was chosen because it reflects the current situation without unduly increasing sampling errors.

Table 5.1 shows a TFR of 3.0 children per woman for the three-year period preceding the survey. The estimated TFR in the 2008 NDHS was 3.3 children, and thus the decrease in the TFR over the past five years is only 0.3 births per woman.

Fertility is considerably higher in rural areas (3.5 births per woman) than in urban areas (2.6 births per woman), a pattern that is evident at every age group. The persistence of a disparity in fertility between urban and rural women is most probably due to factors associated with urbanization, such as better education, higher status of women, better access to health and family planning information and services, and later marriage. On the whole, fertility peaks at age 20-24, a pattern evident in rural areas as well as urban areas. Fertility falls sharply after age 35-39.The age pattern of fertility rates shows an inverted U-shape as shown in Figure 5.1.

Table 5.1 Current fertility

Age-specific and total fertility rates, the general fertility rate, and the crude birth rate for the three years preceding the survey, by residence, Philippines 2013

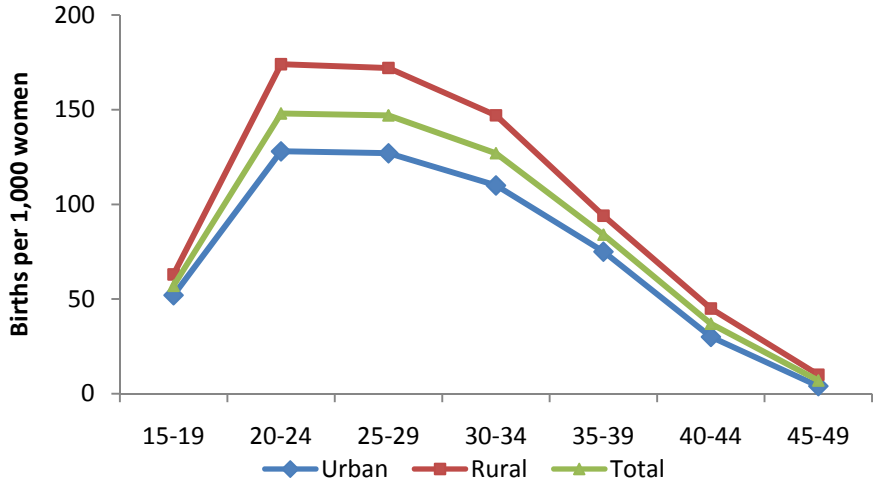
	Residence		
Age group	Urban	Rural	Total
15-19	52	63	57
20-24	128	174	148
25-29	127	172	147
30-34	110	147	127
35-39	75	94	84
40-44	30	45	37
45-49	4	10	7
TFR(15-49)	2.6	3.5	3.0
GFR	88	115	101
CBR	21.5	22.6	22.1

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 expressed per woman
GFR: General fertility rate expressed per 1,000 women age 15-44
CBR: Crude birth rate, expressed per 1,000 population

Table 5.2 highlights differences between the TFR and two other fertility measures—the percentage of women age 15-49who are 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 2013 NDHS, the difference between the TFR (3.0 births per woman) and the number of children ever born to women age 40-49 (3.7) is 0.7 children, indicating a decline in fertility. Differentials between the two measures by level of education are largest for women with no education.

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

Figure 5.1 **Age-specific fertility rates by urban-rural residence**



As mentioned above, women in rural areas have an average of almost one more child than women in urban areas (TFR 3.5 and 2.6 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). Two regions have a TFR higher than 4.0 children per woman: ARMM (4.2 children per woman) and Bicol (4.1 children per woman).These regions also have the highest mean CEB. The mean CEB is 5.5 children per woman in ARMM and 4.6 children per woman in Bicol. The difference in fertility indicators between the NCR and these two cited regions is about two children, which may be interpreted as stemming from differences in levels of urbanization. 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 (2.8 and 2.7 births per woman, respectively).

There is a negative relationship between fertility and education in the Philippines. The total fertility rate for women with at least some college or higher education (2.1 children per woman) is

Table 5.2 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 2013

Background characteristic	Total fertility rate (TFR)	Percentage of women age 15-49 currently pregnant	Mean number of children ever born (CEB) to women age 40-49
Residence			
Urban	2.6	3.8	3.3
Rural	3.5	4.8	4.2
Region			
National Capital Region	2.3	3.0	3.0
Cordillera Admin Region	2.9	4.8	4.0
I - Ilocos Region	2.8	4.5	3.2
II - Cagayan Valley	3.2	6.1	3.7
III - Central Luzon	2.8	4.1	3.3
IVA - CALABARZON	2.7	3.1	3.4
IVB - MIMAROPA	3.7	5.8	4.5
V - Bicol	4.1	4.0	4.6
VI - Western Visayas	3.8	4.2	4.2
VII - Central Visayas	3.2	3.9	3.6
VIII - Eastern Visayas	3.5	5.9	4.0
IX - Zamboanga Peninsula	3.5	6.4	4.5
X - Northern Mindanao	3.5	5.7	4.3
XI - Davao	2.9	5.0	3.9
XII - SOCCSKSARGEN	3.2	3.8	4.2
XIII - Caraga	3.6	6.6	4.4
ARMM	4.2	4.7	5.5
Education			
No education	3.8	3.4	6.1
Elementary	4.6	4.8	4.9
High school	3.3	4.6	3.7
College	2.1	3.5	2.6
Wealth quintile			
Lowest	5.2	6.8	5.6
Second	3.7	5.3	4.6
Middle	3.1	4.1	3.8
Fourth	2.4	3.6	3.0
Highest	1.7	2.4	2.5
Total	3.0	4.2	3.7

Note: Total fertility rates are for the period 1-36 months prior to interview.

less than half that of women with elementary education (4.6 children) (Table 5.2). Similar differentials are seen by wealth status, with women in households in the higher wealth quintiles having fewer children than women in the lower wealth quintiles.

Table 5.2 shows that 4 percent of respondents reported being pregnant at the time of the survey. This proportion varies from 3 percent in NCR to almost 7 percent in Caraga.

5.2 FERTILITY TRENDS

In addition to comparisons of current and completed fertility, trends in fertility can be assessed in two other ways. First, fertility trends can be investigated using retrospective data from birth histories collected in the 2013 NDHS. Second, the TFR from the 2013 NDHS can be compared with estimates obtained in earlier surveys.

Trends in fertility over time can be examined by comparing age-specific fertility rates from the 2013 NDHS for successive five-year periods preceding the survey, as presented in Table 5.3. The rates in older age groups become progressively more truncated for periods more distant from the survey date, because women age 50 and older were not interviewed in the survey. For example, rates cannot be calculated for women age 35-39 during the period of 15-19 years before the survey because these women would have been over age 50 at the time of the survey and therefore not eligible to be interviewed. Nonetheless, the results in Table 5.3 show that fertility has dropped among all age groups over the past two decades, with the largest declines occurring between 15-19 and 10-14 years before the survey, and between 5-9 and 0-4 years before the survey.

Data in Table 5.3 indicate that fertility has been declining in all age groups. For example, the age-specific fertility rate for women age 25-29 declined from 214 births per 1,000 women in the 15-19 years preceding the survey to 181 births per 1,000 women in the 5-9 year period before the survey, a 15 percent decline. More recently, between the 5-9 year period and 0-4 year period prior to the survey a similar pace in fertility decline is observed.

Table 5.3 Trends in age-specific fertility rates

Age-specific fertility rates for five-year periods preceding the survey, by mother's age at the time of the birth, Philippines 2013

Mother's age at birth	Number of years preceding survey			
	0-4	5-9	10-14	15-19
15-19	59	57	61	54
20-24	156	169	173	184
25-29	154	181	193	214
30-34	129	145	152	[173]
35-39	84	96	[118]	-
40-44	37	[56]	-	-
45-49	[8]	-	-	-

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

Another way to examine fertility trends is to compare the current TFR with estimates from previous DHS surveys. Table 5.4 and Figure 5.2 show fertility rates over a 40-year period. 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, 2008 and 2013 surveys. Over the four decades, the TFR declined by 3.0 births, from 6.0 children per woman in 1970 to 3.0 children in 2011. The pace of fertility decline varied over time. In the early 1970s, the TFR declined by almost one birth, from 6.0 children per woman in 1970 to 5.2 in 1975, a 2.7 percent reduction annually. The TFR remained almost constant during the succeeding five-year period. A noticeable decline similar to that in the early 1970's occurred during the first half of the 1980s. Fertility reduction has slowed since then. The 2013 NDHS revealed that in the period 2007-2012, the TFR declined at 1.8 percent annually.

The results in Table 5.4 indicate that all age groups have contributed to the decline in fertility rates. However, the decline has been more rapid among women age 35 years and over than among younger women. Age-specific fertility rates among women age 35 years and over fell 60 percent or more from 1970 to 2012, based on the 1973 NDS and the 2013 NDHS. In contrast, fertility rates among women age 25 to 34 years declined by about one-half, and among women age 20 to 24 years, by more than one-third (35 percent) during

this same period. In contrast, the fertility rate of the youngest age group 15-19 has remained somewhat constant.

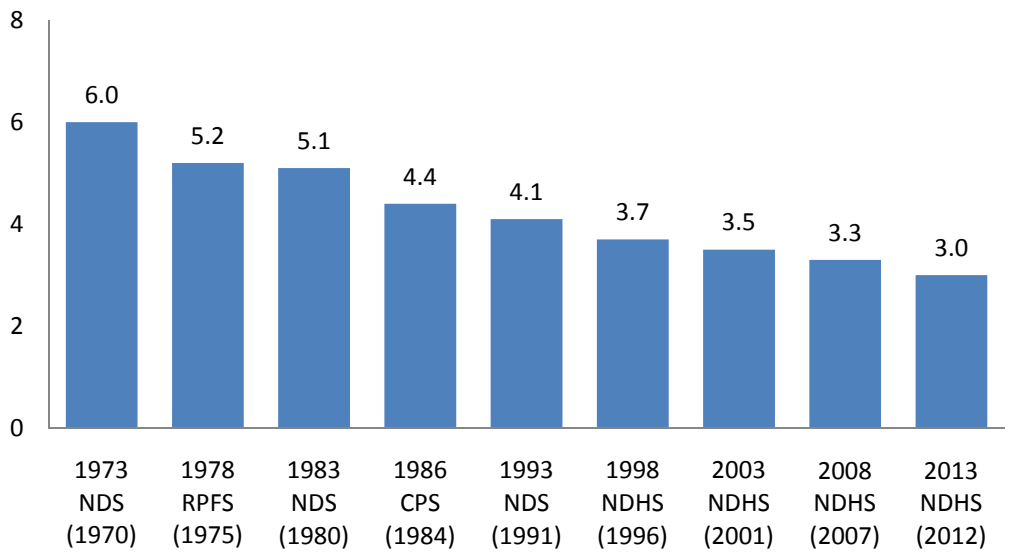
Table 5.4 Trends in fertility from various sources

Age-specific and total fertility rates from various surveys, Philippines, 1970-2011

Age	1973 NDS (1970)	1978 RPFS (1975)	1983 NDS (1980)	1986 CPS (1984)	1993 NDS (1991)	1998 NDHS (1996)	2003 NDHS (2002)	2008 NDHS (2007)	2013 NDHS (2012)
15-19	56	50	55	48	50	46	53	54	57
20-24	228	212	220	192	190	177	178	163	148
25-29	302	251	258	229	217	210	191	172	147
30-34	268	240	221	198	181	155	142	136	127
35-39	212	179	165	140	120	111	95	84	84
40-44	100	89	78	62	51	40	43	38	37
45-49	28	27	20	15	8	7	5	6	7
TFR	6.0	5.2	5.1	4.4	4.1	3.7	3.5	3.3	3.0

Note: Age-specific fertility rates are per 1,000 women. Rates for 1970 to 1980 are five-year averages and rates for 1984 to 2012 are three-year averages centered on the year in parentheses.

Figure 5.2 **Trends in the total fertility rate**



5.3 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 5.5 shows the distribution of women by number of children ever born and 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 7 percent do not have children. Table 5.5 shows that, on average, women have given birth to less than one child (0.65) by their early twenties, 3.1 children by their late thirties, and 4.0 children by

the end of their reproductive period. Table 5.5 also shows that, overall, the mean number of CEB is 1.9 children for all women and 2.9 for currently married women.

Table 5.5 Children ever born and living

Percent distribution of all women and currently married women age 15-49 by number of children ever born, mean number of children ever born and mean number of living children, according to age group, Philippines 2013

	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	92.3	6.8	0.8	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	3,237	0.09	0.08
20-24	57.4	25.6	12.1	4.2	0.6	0.1	0.0	0.0	0.0	0.0	0.0	100.0	2,789	0.65	0.64
25-29	28.9	24.8	24.4	13.9	5.5	1.7	0.7	0.1	0.1	0.0	0.0	100.0	2,156	1.51	1.46
30-34	16.0	18.4	26.1	18.0	10.8	6.3	2.3	1.2	0.6	0.2	0.0	100.0	2,250	2.29	2.22
35-39	10.4	11.7	21.8	21.6	12.9	9.0	5.3	3.5	1.6	1.1	1.0	100.0	1,976	3.07	2.96
40-44	9.4	7.8	19.2	19.8	14.1	10.6	7.3	5.2	3.1	1.7	1.7	100.0	1,924	3.54	3.38
45-49	8.6	7.6	16.1	16.3	15.7	11.5	8.0	5.3	4.3	2.3	4.2	100.0	1,823	3.97	3.72
Total	37.8	14.9	15.9	12.0	7.4	4.8	2.8	1.8	1.2	0.6	0.8	100.0	16,155	1.90	1.82
CURRENTLY MARRIED WOMEN															
15-19	36.1	55.1	7.8	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	313	0.74	0.72
20-24	16.5	46.7	25.9	9.4	1.2	0.3	0.0	0.0	0.0	0.0	0.0	100.0	1,196	1.33	1.29
25-29	7.4	29.2	32.8	19.4	7.6	2.3	1.0	0.2	0.1	0.0	0.0	100.0	1,484	2.03	1.96
30-34	6.4	18.8	29.6	20.6	12.4	7.2	2.7	1.3	0.6	0.2	0.0	100.0	1,862	2.59	2.51
35-39	4.6	11.2	23.2	23.6	13.9	9.5	5.9	3.9	1.9	1.3	1.1	100.0	1,725	3.32	3.21
40-44	3.6	7.2	20.1	21.0	15.7	11.8	7.6	5.7	3.6	1.9	1.8	100.0	1,638	3.84	3.67
45-49	3.2	7.0	16.7	17.3	16.8	12.8	8.5	5.7	4.6	2.6	4.8	100.0	1,511	4.28	4.01
Total	7.4	19.9	24.2	18.5	11.4	7.4	4.3	2.8	1.8	1.0	1.3	100.0	9,729	2.89	2.77

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 3 percent are childless. Assuming that voluntary childlessness within marriage is rare, the 3 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 9 percent, which reflects the combined impact of infertility, marital dissolution, and celibacy.

In addition to giving a description of average family size, information on the number of 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 16 children.

5.4 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 35 months (Table 5.6). While 24 percent of births occur five or more years after a previous birth, a similar proportion, one in four non-first births, occurs 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.

Table 5.6 Birth intervals

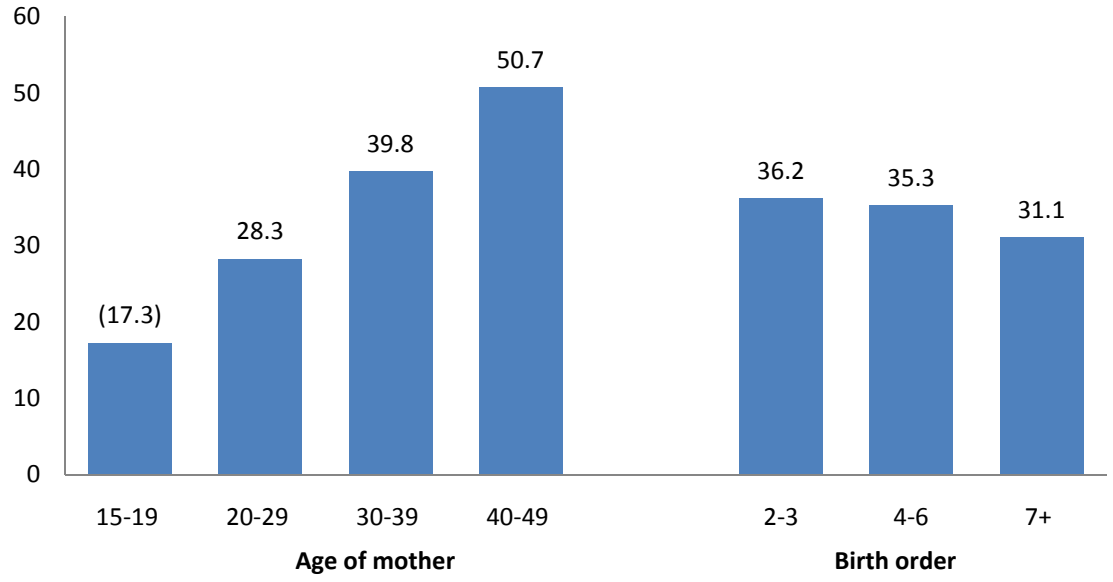
Percent distribution of non-first births in the five years preceding the survey by number of months since preceding birth, and median number of months since preceding birth, according to background characteristics, Philippines 2013

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	(52.7)	(18.3)	(20.6)	(8.5)	(0.0)	(0.0)	100.0	32	(17.3)
20-29	16.5	20.5	29.9	14.4	9.2	9.5	100.0	1,768	28.3
30-39	8.0	12.4	24.7	14.4	10.8	29.7	100.0	2,315	39.8
40-49	3.9	7.5	20.4	15.9	9.6	42.7	100.0	706	50.7
Sex of preceding birth									
Male	11.8	14.3	25.3	14.7	10.9	22.9	100.0	2,464	35.2
Female	9.7	15.1	26.6	14.6	9.0	25.1	100.0	2,356	34.9
Survival of preceding birth									
Living	10.2	14.4	26.1	14.7	10.2	24.4	100.0	4,651	35.5
Dead	26.2	22.1	21.7	12.8	4.1	13.0	100.0	170	24.6
Birth order									
2-3	12.1	14.9	22.8	14.0	10.6	25.7	100.0	2,861	36.2
4-6	8.4	13.6	29.3	15.5	9.3	23.8	100.0	1,436	35.3
7+	10.2	16.5	34.2	15.5	8.5	15.2	100.0	524	31.1
Residence									
Urban	11.1	13.9	23.8	14.5	9.9	26.9	100.0	2,127	36.8
Rural	10.6	15.3	27.7	14.7	10.0	21.7	100.0	2,694	33.8
Region									
National Capital Region	13.3	13.1	19.8	14.9	11.4	27.6	100.0	637	38.3
Cordillera Admin Region	9.0	17.0	26.5	14.7	8.5	24.3	100.0	66	34.8
I - Ilocos Region	10.3	14.2	30.1	17.4	8.5	19.6	100.0	218	33.7
II - Cagayan Valley	9.5	14.7	24.6	12.7	12.3	26.2	100.0	174	37.5
III - Central Luzon	9.8	14.1	23.4	13.3	10.4	29.1	100.0	442	38.9
IVA - CALABARZON	8.3	15.4	26.6	13.4	10.2	26.1	100.0	574	35.9
IVB - MIMAROPA	14.3	13.7	21.8	11.4	14.2	24.6	100.0	142	36.1
V - Bicol	9.2	17.4	34.5	13.5	7.4	18.1	100.0	327	31.7
VI - Western Visayas	6.8	10.8	25.5	19.7	10.2	27.1	100.0	348	39.3
VII - Central Visayas	10.5	16.4	27.6	13.8	9.5	22.0	100.0	327	33.3
VIII - Eastern Visayas	10.0	17.1	24.8	12.4	14.8	20.9	100.0	202	34.8
IX - Zamboanga Peninsula	9.7	16.5	29.5	12.5	9.7	22.1	100.0	248	32.8
X - Northern Mindanao	14.3	11.5	23.9	18.9	6.0	25.4	100.0	216	36.1
XI - Davao	11.3	14.9	22.5	14.9	9.5	26.9	100.0	274	36.7
XII - SOCCSKSARGEN	9.4	14.8	31.2	14.3	7.0	23.3	100.0	241	33.6
XIII - Caraga	13.6	14.3	27.8	15.6	10.9	17.9	100.0	163	33.5
ARMM	18.7	17.6	28.1	15.0	8.6	11.9	100.0	221	28.6
Education									
No education	14.7	12.7	31.3	21.4	9.1	10.7	100.0	93	32.0
Elementary	10.3	15.0	33.1	13.2	9.2	19.2	100.0	1,243	31.8
High school	10.9	16.0	24.6	15.0	10.0	23.5	100.0	2,401	34.8
College	10.8	11.7	20.3	14.8	10.8	31.6	100.0	1,083	42.3
Wealth quintile									
Lowest	10.7	16.3	32.9	14.4	9.8	15.8	100.0	1,570	31.2
Second	11.9	15.7	27.3	15.3	9.5	20.3	100.0	1,104	33.3
Middle	10.5	13.5	23.4	15.0	9.4	28.2	100.0	911	37.1
Fourth	11.0	14.7	19.0	14.6	8.9	31.8	100.0	702	41.1
Highest	8.9	9.8	16.4	13.3	13.5	38.1	100.0	534	50.6
Total	10.8	14.7	25.9	14.6	10.0	24.0	100.0	4,821	35.1

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.

Younger women have shorter birth intervals than older women. The median birth interval is 28 months for women age 20-29 and 51 months for women age 40 and older. There is a decreasing relationship between birth order and median birth interval, from 36 months for second and third births to 35 months for fourth through sixth births, and to 31 months for higher-order births (Figure 5.3).

Figure 5.3 **Median number of months since previous birth**



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 median birth interval is 36 months; for those with a non-surviving previous birth, the birth interval is 25 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.

Mother's education is also associated with the length of birth intervals, but its association is not as strong as that with the mother's economic status. Mothers with at least some college or higher education have a longer birth interval than mothers with lower education. For such mothers, the median birth interval is 42 months compared to 32 months for mothers with no education or with at most an elementary education, and 35 months for those with at most a high school education. By comparison, women in the lowest and second wealth quintiles have the shortest birth interval (31 to 33 months), while those in higher wealth quintiles have longer birth intervals (41 to 51 months).

5.5 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 5.7 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.

Overall, 17 percent of women who gave birth in the three years preceding the survey are amenorrheic, 14 percent are abstaining, and 23 percent are insusceptible to pregnancy. Women are amenorrheic for a median of 4.1 months and abstain for a median of 2.7 months, resulting in a median period of insusceptibility of 5.7 months. The median duration of amenorrhea went down from 4.6 to 4.1 months; otherwise, the figures are slightly higher than those recorded in the 2008NDHS.

The results in Table 5.7 show that for births less than two months of age, 92 percent of women are amenorrheic, 86 percent are abstaining, and 99 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 through the period 14 to 15 months after birth; thereafter, the pattern reverses.

Table 5.7 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 2013

Months since birth	Percentage of births for which the mother is:			Number of births
	Amenorrheic	Abstaining	Insusceptible[1]	
< 2	92.2	86.1	98.7	181
2-3	57.2	48.1	75.6	251
4-5	45.7	28.8	57.1	220
6-7	36.0	18.0	44.0	245
8-9	21.7	10.4	29.4	229
10-11	20.3	10.8	27.4	251
12-13	13.7	7.1	19.8	237
14-15	8.9	4.4	12.5	243
16-17	8.9	9.0	15.2	217
18-19	4.0	4.8	8.9	204
20-21	1.8	5.2	6.4	269
22-23	0.9	4.4	4.8	244
24-25	0.0	3.2	3.2	213
26-27	1.4	7.1	7.6	211
28-29	1.5	4.1	5.7	216
30-31	0.7	3.7	3.9	200
32-33	0.5	3.7	3.7	254
34-35	2.6	4.5	6.1	216
Total	17.2	14.0	23.4	4,102
Median	4.1	2.7	5.7	na
Mean	6.7	5.6	8.9	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

Table 5.8 shows differences in the median duration of postpartum amenorrhea, abstinence and insusceptibility according to background characteristics. In general, the differences in the median duration of postpartum insusceptibility are small. 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.

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. The median duration of insusceptibility is 4.8 months for women with college or higher level of education and 8.4 months for women with at most an elementary education. With respect to economic status, the duration of postpartum

insusceptibility is longest among women in households in the poorest wealth quintile (7.4 months) and shortest for women in households from middle to the highest wealth quintile (5.1 months). This is attributable to longer durations of postpartum amenorrhea among women in the lowest quintile or poorest households (6.4 months) compared with women in the highest quintile or wealthiest households (3.2 months).

Table 5.8 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 2013

Background characteristic	Postpartum amenorrhea	Postpartum abstinence	Postpartum insusceptibility[1]
Mother's age			
15-29	4.0	2.7	5.8
30-49	4.2	2.8	5.5
Residence			
Urban	3.3	2.9	5.1
Rural	4.9	2.5	6.2
Region			
National Capital Region	2.8	2.8	4.6
Cordillera Admin Region	(4.6)	*	(5.2)
I - Ilocos Region	*	*	(4.8)
II - Cagayan Valley	(4.5)	*	(5.2)
III - Central Luzon	3.1	*	4.9
IVA - CALABARZON	3.1	3.9	5.0
IVB - MIMAROPA	(6.7)	(3.5)	(7.8)
V - Bicol	(6.0)	(3.0)	(7.9)
VI - Western Visayas	6.4	(2.9)	(8.7)
VII - Central Visayas	(6.1)	*	(6.8)
VIII - Eastern Visayas	*	*	*
IX - Zamboanga Peninsula	(3.7)	(2.5)	(6.6)
X - Northern Mindanao	(5.8)	*	(8.9)
XI - Davao	(4.3)	(3.1)	(5.1)
XII - SOCCSKSARGEN	(2.5)	*	(4.4)
XIII - Caraga	(5.1)	(2.9)	(6.1)
ARMM	4.6	a	5.4
Education			
No education	*	*	*
Elementary	7.5	(2.4)	8.4
High school	4.0	2.7	5.4
College	2.8	3.0	4.8
Wealth quintile			
Lowest	6.4	2.2	7.4
Second	4.2	(2.5)	5.9
Middle	3.6	3.3	5.1
Fourth	3.0	3.2	5.0
Highest	3.2	3.4	5.1
Total	4.1	2.7	5.7

Note: Medians are based on the status at the time of the survey (current status). Numbers in parentheses are based on 25-49 unweighted cases (using smoothed data); an asterisk denotes a figure based on fewer than 25 unweighted cases that has been suppressed.
[1] Includes births for which mothers are either still amenorrheic or still abstaining (or both) following birth
[a] Not possible to calculate

5.6 MENOPAUSE

After age 30, women's susceptibility to pregnancy declines as an increasing proportion of women become infecund. The term infecundity denotes a process rather than a well-defined event. Although the onset of infecundity is difficult to determine for an individual woman, one indicator of infecundity is menopause.

Menopause is the culmination of a gradual decline in fecundity with increasing age. Women were considered menopausal if they were neither pregnant nor postpartum amenorrheic at the time of the survey and had not had a menstrual period for at least six months prior to the survey. Women who report that they have had a hysterectomy are also defined as menopausal. Table 5.9 presents data on menopause for women age 30 and older. Six percent of women age 30-49 are estimated to be menopausal.

The proportion of women who are menopausal increases with age, from 1 percent among women age 30-34 to 32 percent among women age 48-49.

Table 5.9 Menopause

Percentage of women age 30-49 who are menopausal, by age, Philippines 2013

Age	Percentage menopausal[1]	Number of women
30-34	0.9	2,250
35-39	1.5	1,976
40-41	2.8	786
42-43	4.0	767
44-45	7.9	818
46-47	15.6	699
48-49	31.8	677
Total	6.2	7,973

[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

5.7 AGE AT FIRST BIRTH

Age at first birth has a direct impact on fertility. Early initiation of childbearing lengthens the reproductive period and subsequently increases fertility. In many countries, postponement of first births—reflecting an increase in the age at marriage—has contributed greatly to overall fertility declines. Moreover, bearing children at a young age involves substantial risks to the health of both the mother and the child. Early childbearing also tends to restrict educational and economic opportunities for women.

Table 5.10 presents, by age cohort, the percentage of all women who gave birth by specific ages. Overall, the median age at first birth is 23.5 years. This median fluctuates between 23.0 and 23.6 years across age groups and shows a slight tendency to rise among the older age groups. Slightly more than one-fifth of women in the Philippines give birth before reaching age 20, while almost two-fifths give birth by age 22 and about three-fifths by age 25.Changes in the median age at first birth among women age 25-49 over time (23.5 years in 2013 versus 23.2 years in 2008) are small.

Table 5.10 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 2013

Current age	Percentage who gave birth by exact age					Percentage who have never given birth	Number of women	Median age at first birth
	15	18	20	22	25			
15-19	0.4	na	na	na	na	92.3	3,237	a
20-24	0.3	8.4	24.4	na	na	57.4	2,789	a
25-29	0.7	8.6	23.7	41.9	61.9	28.9	2,156	23.0
30-34	0.4	7.3	20.8	38.7	59.6	16.0	2,250	23.5
35-39	0.5	7.4	22.4	38.7	58.7	10.4	1,976	23.6
40-44	0.8	8.9	22.7	40.0	59.4	9.4	1,924	23.5
45-49	0.7	9.1	21.7	38.0	59.9	8.6	1,823	23.6
18-24	0.4	8.4	na	na	na	65.4	3,956	a
20-49	0.6	8.2	22.7	na	na	24.2	12,918	a
25-49	0.6	8.2	22.3	39.5	59.9	15.1	10,129	23.5

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

As shown in Table 5.11, women in the urban areas have their first birth about 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 21.6 years in MIMAROPA to 25.0 years in NCR.

Table 5.11 Median age at first birth

Median age at first birth among women age 25-49 years, according to age group and background characteristics, Philippines 2013

	Age					Ages
Background characteristic	25-29	30-34	35-39	40-44	45-49	25-49
Residence						
Urban	24.2	24.4	24.3	24.2	24.3	24.3
Rural	22.1	22.6	22.9	22.9	22.9	22.6
Region						
National Capital Region	24.7	24.9	25.2	25.2	24.9	25.0
Cordillera Admin Region	22.4	24.1	24.2	23.1	23.6	23.4
I - Ilocos Region	22.8	22.9	24.1	25.5	24.3	23.8
II - Cagayan Valley	22.0	23.1	22.7	21.3	23.2	22.3
III - Central Luzon	24.2	23.2	24.0	23.7	23.7	23.8
IVA - CALABARZON	24.2	24.7	23.7	23.9	24.0	24.1
IVB - MIMAROPA	20.8	22.6	21.3	21.7	21.3	21.6
V - Bicol	22.6	23.1	24.0	24.5	23.4	23.3
VI - Western Visayas	22.8	23.5	23.6	22.9	24.1	23.4
VII - Central Visayas	22.1	23.3	24.1	23.2	24.0	23.4
VIII - Eastern Visayas	21.8	22.3	23.0	23.3	23.3	22.8
IX - Zamboanga Peninsula	22.0	22.7	22.6	21.5	22.4	22.2
X - Northern Mindanao	23.0	23.1	22.0	23.9	22.9	22.9
XI - Davao	22.3	22.4	23.2	22.1	22.5	22.5
XII - SOCCSKSARGEN	22.1	21.9	21.7	21.6	21.5	21.8
XIII - Caraga	21.8	23.1	22.6	22.9	22.6	22.4
ARMM	21.5	21.0	22.3	23.1	22.9	22.0
Education						
No education	*	(21.2)	(18.5)	(19.4)	21.6	20.1
Elementary	20.3	20.6	21.0	21.1	21.5	21.0
High school	21.8	22.3	22.9	22.9	23.3	22.5
College	a	26.3	26.9	27.3	26.4	a
Wealth quintile						
Lowest	20.3	20.9	21.4	21.6	21.8	21.1
Second	21.4	21.8	22.6	22.0	22.6	21.9
Middle	22.9	22.9	23.4	22.6	22.7	22.9
Fourth	a	25.3	24.5	24.5	24.0	24.7
Highest	a	26.7	26.2	26.2	25.7	a
Total	23.0	23.5	23.6	23.5	23.6	23.5

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

5.8 PREGNANCY AND MOTHERHOOD AMONG YOUTH

Teenage pregnancy and motherhood is a major social and health concern. Early pregnancy can cause health problems for the mother as well as the child. Teenage mothers are more likely to suffer from severe complications during delivery, which result in higher morbidity and mortality for both themselves and their children. In addition, young mothers may not be sufficiently emotionally mature to bear the burden of childbearing and child rearing. Moreover, an early start to childbearing often reduces women's educational and employment opportunities and is associated with higher levels of fertility.

Table 5.12 shows that 27 percent of young women age 15-24 in the Philippines have begun childbearing. Twenty-four percent of young women have given birth, and another 3 percent are pregnant with their first child. As expected, the proportion of women who have begun childbearing rises with age, from less than 2 percent among women age 15 to 22 percent of women age 19 and to 59 percent of those age 24.

Early childbearing varies by urban-rural residence. The proportion of young women who have begun childbearing is 25 percent in urban areas and 29 percent in rural areas. Early childbearing is more common in Caraga (38 percent) than in other regions, especially NCR, CALABARZON and ARMM (24 percent). It is less common among women with a higher education and among women in the highest wealth quintile.

Table 5.12 Early 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 2013

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	1.0	0.6	1.6	781
16	2.6	2.4	5.0	650
17	6.7	2.3	9.0	638
18	13.1	3.9	17.0	632
19	18.3	3.8	22.1	535
20	27.7	5.1	32.8	618
21	36.2	2.8	39.0	549
22	45.9	2.9	48.8	542
23	49.3	4.5	53.8	578
24	56.9	2.2	59.1	503
15-19	7.7	2.5	10.1	3,237
20-24	42.6	3.6	46.2	2,789
Residence				
Urban	22.2	2.6	24.9	3,264
Rural	25.8	3.4	29.2	2,762
Region				
National Capital Region	21.9	2.4	24.3	1,086
Cordillera Admin Region	24.6	3.9	28.5	96
I - Ilocos Region	27.7	2.4	30.1	237
II - Cagayan Valley	30.6	5.9	36.5	216
III - Central Luzon	22.3	3.6	25.9	619
IVA - CALABARZON	22.7	1.5	24.2	844
IVB - MIMAROPA	24.2	3.9	28.1	134
V - Bicol	23.5	3.1	26.6	290
VI - Western Visayas	24.3	2.3	26.6	370
VII - Central Visayas	22.9	1.8	24.6	367
VIII - Eastern Visayas	20.9	3.9	24.8	194
IX - Zamboanga Peninsula	21.6	4.9	26.4	301
X - Northern Mindanao	26.3	2.6	28.9	266
XI - Davao	26.2	4.0	30.2	346
XII - SOCCSKSARGEN	25.6	3.9	29.5	301
XIII - Caraga	32.8	4.8	37.6	170
ARMM	22.3	2.1	24.4	190
Education				
No education	(43.5)	(0.0)	(43.5)	32
Elementary	39.8	4.3	44.1	584
High school	24.5	2.8	27.2	3,510
College	17.5	3.1	20.5	1,900
Wealth quintile				
Lowest	34.0	3.3	37.3	902
Second	29.6	4.4	34.0	1,134
Middle	27.8	3.2	30.9	1,236
Fourth	21.7	2.7	24.4	1,338
Highest	11.4	1.8	13.2	1,415
Total	23.9	3.0	26.8	6,026

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

FERTILITY PREFERENCES 6

Key Findings

- More than 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, 81 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). These figures are similar to those reported in the 2008 NDHS.
- The proportion of currently married women who want no more children increases with increasing number of living children and age of the women.
- The mean ideal number of children for all women is 2.8 children which remains unchanged from the 2008 NDHS figure. For currently married women, the mean ideal family size is 3.0 children, slightly lower than the mean of 3.1 children in the 2008 NDHS.
- Unplanned pregnancies are common in the Philippines. Nearly three in ten births are either unwanted (11 percent) or mistimed and wanted later (17 percent). These figures are lower than those reported in the 2008 NDHS (16 percent and 20 percent, respectively).
- The total wanted fertility rate for the Philippines is 2.2 children per woman, 27 percent lower than the actual total fertility rate of 3.0 children.

Information on fertility preferences is of considerable importance to family planning policies and programs as this allows planners to assess not only the desire of women and couples for children but also the extent of unwanted and mistimed pregnancies. In recognition of the right of couples to decide their own family size, the Philippine Family Planning Program (PFPP) regularly monitors the following five key fertility preferences indicators: 1) desire for additional children; 2) desire to limit childbearing; 3) ideal number of children; 4) fertility planning status (wanted and unwanted fertility); and 5) couples' consensus on family size. This chapter updates these indicators with data collected from the 2013 National Demographic and Health Survey (NDHS) using the same series of questions asked in previous NDHS rounds to ascertain women's fertility preferences (NSO and ICF Macro, 2009).

Interpretation of data on fertility preferences is often difficult since it is understood that respondents' reported preferences are, in a sense, hypothetical and are thus subject to change and rationalization. Still, data on fertility preferences indicate the direction of future fertility to the extent that individuals and couples will act to achieve their preferred family sizes (NIPS and ICF International, 2013).

6.1 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. The question was phrased differently in

the case of pregnant women to refer to a subsequent child after completion of the current pregnancy. Sterilized women were not asked questions about their desire for more children because they were considered to want no more children (NSC, MOH, and ICF International, 2013).

Figure 6.1 illustrates the breakdown of the desire for children among currently married women age 15-49. Three in five women in the Philippines want to stop childbearing: 54 percent do not want to have any more children, while 9 percent have been sterilized. In addition, 31 percent of married women want to have a child at some time in the future, but most do not want a child soon. Nineteen percent prefer to delay their next birth for at least two years while 12 percent want to have a child within the next two years. One percent of women are undecided on the timing of their next birth. Two percent of married women declare themselves unable to become pregnant (infecund). This distribution of fertility preferences is very similar to the pattern reported in the 2008 NDHS. In all, a vast majority of Filipino married women want either to space their next birth or to limit childbearing altogether.

Figure 6.1 **Fertility preferences among currently married women age 15-49**

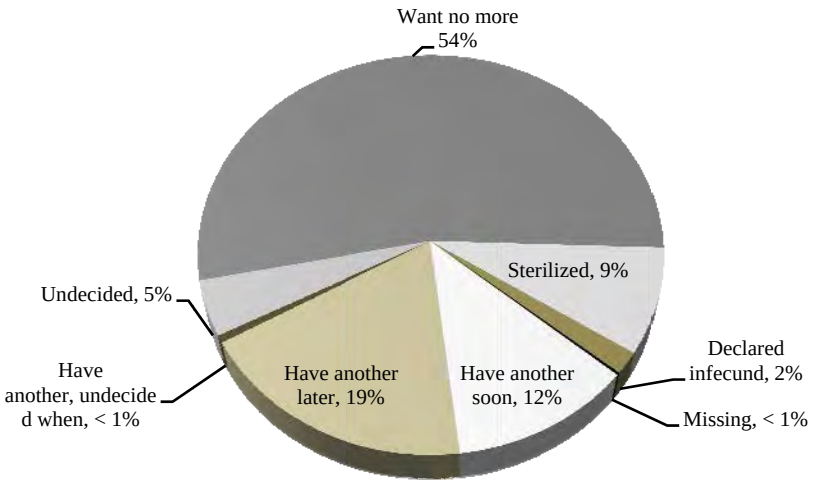


Table 6.1 shows the percent distribution of currently married women age 15-49 by desire for another child, according to the number of living children. As expected, the proportion of women who want another child decreases rapidly with increasing number of children. Nine in ten women who have not started childbearing at the time of the survey want to have a child with a majority (76 percent) preferring to have a child soon, that is, within the next two years. Seven in ten women who have one child want to have another child, but nearly half (49 percent) want to wait at least two years before having the next child. Less than 5 percent of women with six or more children want to have another child.

In contrast with the proportion of women who want to have another child that decreases with the number of living children, the proportion of women who want to limit childbearing increases rapidly with increasing number of living children (Figure 6.2), from 21 percent among married women with one child to 64 percent among women with two children, to 82 percent among women with three children, and to around 90 percent among those with four or more children. The same pattern was observed in the two previous NDHS rounds (2003 and 2008).

Table 6.1 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 2013

Desire for children	Number of living children[1] 0	1	2	3	4	5	6+	Total 15-49
Have another soon[2]	75.7	19.8	7.7	4.1	3.3	2.1	2.5	12.0
Have another later[3]	13.1	49.2	20.1	8.9	3.9	3.3	1.8	18.7
Have another, undecided when	2.5	0.6	0.6	0.5	0.2	0.3	0.2	0.6
Undecided	0.6	7.2	5.4	3.1	3.7	2.4	3.4	4.5
Want no more	1.9	21.0	59.5	65.0	71.5	75.8	78.2	53.7
Sterilized[4]	0.0	0.4	4.9	17.0	15.8	15.0	11.3	8.6
Declared infecund	6.0	1.7	1.7	1.1	1.4	0.7	2.4	1.8
Missing	0.2	0.0	0.1	0.2	0.1	0.5	0.2	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	10.0	10.0
Number	550	2,031	2,494	1,845	1,151	686	972	9,729

[1] The number of living children includes the 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

Figure 6.2 **Percentage of currently married women who want no more children, by number of children**

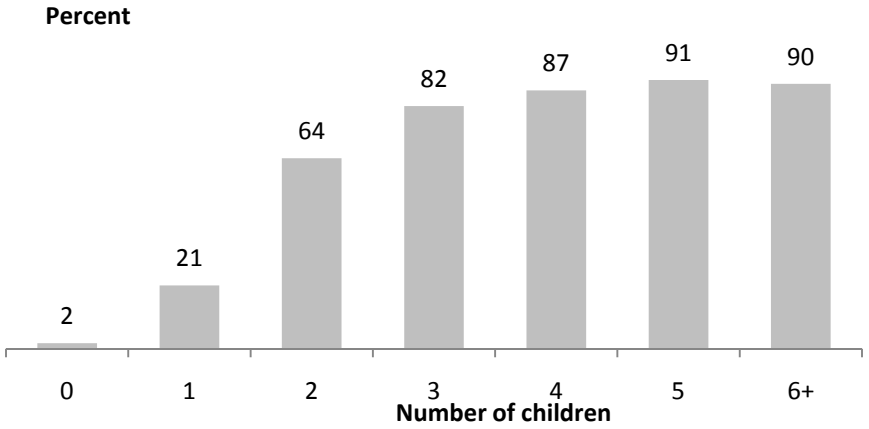


Table 6.2 shows the percent distribution of currently married women by their desire for more children, according to age. The proportion of married women who want the next birth within two years is highest among women age 30-34 (17 percent) and lowest among women age 45-49 (6 percent). Meanwhile, the proportion of women who want to delay the next birth for two or more years is highest among women age 15-19 (58 percent) then decreases to less than one percent among women age 45-49. As expected, the proportion of women who want no more children or are sterilized, increases with increasing age: 20 percent of women age 15-19 want no more children, compared with 84 percent among women age 45-49. The proportion of women who said they were unable to have any more children (infecund) is less than one percent among women under age 35, but rises to 8 percent among women age 45-49.

Table 6.2 Fertility preferences by age

Percent distribution of currently married women age 15-49 by desire for children, according to age, Philippines 2013

Desire for children	Age 15-19	20-24	25-29	30-34	35-39	40-44	45-49	Total
Have another soon[1]	11.0	10.7	12.7	17.0	13.4	10.3	6.4	12.0
Have another later[2]	57.9	49.5	37.4	18.2	7.1	1.7	0.3	18.7
Have another, undecided when	0.3	1.2	0.7	0.4	0.9	0.2	0.2	0.6
Undecided	10.9	6.8	6.4	5.3	3.9	2.7	1.0	4.5
Want no more	19.6	31.2	40.1	51.0	62.7	67.0	70.3	53.7
Sterilized[3]	0.0	0.5	2.6	7.7	10.7	16.1	13.5	8.6
Declared infecund	0.3	0.1	0.1	0.1	1.2	1.9	7.7	1.8
Missing	0.0	0.0	0.0	0.2	0.1	0.1	0.6	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	313	1,196	1,484	1,862	1,725	1,638	1,511	9,729

[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

6.2 DESIRE TO LIMIT CHILDBEARING BY BACKGROUND CHARACTERISTICS

The proportion of women who want no more children is an important and easily understood measure of fertility preference. Table 6.3 shows the percentage of currently married women who want to stop childbearing by the number of living children and background characteristics. The proportion of women who desire to stop childbearing increases substantially as the number of living children increases; from 2 percent among women with no child to 22 percent among women with one child, to 64 percent among women with two children, and to 90 percent among women with five or more children.

Overall, the same proportion of married women (62 percent) in urban and rural areas wants to limit childbearing (Figure 6.3). However, as observed in the 2003 and 2008 NDHS, when the number of living children is considered, the proportion of women who want to limit childbearing is consistently higher among women in urban areas than in rural areas (NSO and ORC Macro, 2004 and NSO and ICF Macro, 2009). For example, among women who have two living children, 68 percent in urban areas want to limit childbearing, compared with 61 percent in rural areas.

The desire to limit childbearing varies substantially across the administrative regions. The proportion who want no more children is highest among married women in Western Visayas (69 percent) and Cagayan Valley (68 percent) and lowest among women in the Autonomous Region of Muslim Mindanao (31 percent). In addition to ARMM, another region with less than half of women wanting no more children is Zamboanga Peninsula (49 percent).

Table 6.3 Desire to limit childbearing

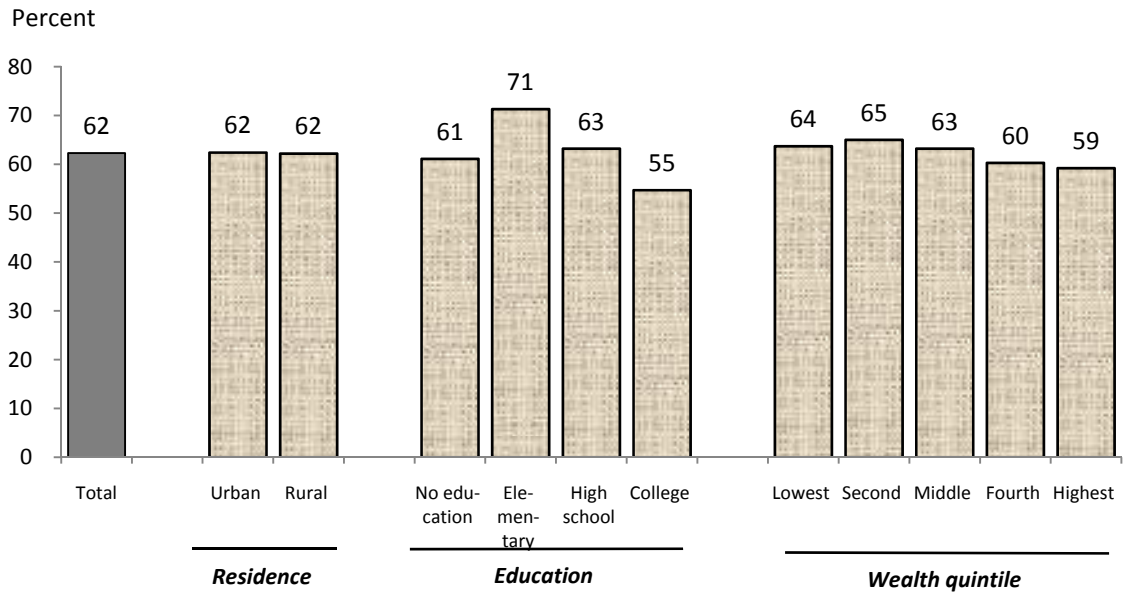
Percentage of currently married women age 15-49 who want no more children, by number of living children, according to background characteristics, Philippines 2013

Background characteristic	Number of living children[1]							Total
	0	1	2	3	4	5	6+	
Residence								
Urban	1.4	23.2	67.8	85.1	89.4	93.5	90.9	62.4
Rural	2.4	19.4	60.5	79.0	85.5	89.0	88.8	62.2
Region								
National Capital Region	1.5	20.9	72.2	87.2	93.0	94.5	94.5	62.3
Cordillera Admin Region	*	14.3	46.3	84.0	91.7	(89.7)	(97.4)	57.8
I - Ilocos Region	(3.8)	20.3	67.5	81.1	(98.0)	(100.0)	(100.0)	64.4
II - Cagayan Valley	*	21.4	70.9	90.9	(92.7)	(97.1)	(93.8)	68.2
III - Central Luzon	0.0	14.2	63.2	89.5	93.5	(93.0)	95.1	62.2
IVA - CALABARZON	0.0	30.6	69.3	85.6	92.4	97.3	89.2	66.0
IVB - MIMAROPA	*	16.1	63.8	73.6	83.2	(86.0)	86.5	62.5
V - Bicol	(3.8)	24.7	61.7	73.5	90.4	(88.4)	94.4	66.1
VI - Western Visayas	0.0	17.9	67.1	85.6	94.6	(97.5)	93.4	69.0
VII - Central Visayas	(2.9)	27.5	69.3	86.8	87.9	(90.9)	91.5	66.2
VIII - Eastern Visayas	*	25.2	51.1	70.8	87.6	(88.9)	93.0	61.1
IX - Zamboanga Peninsula	(6.9)	10.5	47.8	64.0	58.5	(77.8)	83.1	48.8
X - Northern Mindanao	0.0	16.6	60.9	84.9	88.9	(97.1)	93.0	62.2
XI - Davao	(2.9)	28.5	64.4	84.8	77.4	(92.5)	(86.7)	61.8
XII - SOCCSKSARGEN	*	23.2	61.1	76.3	86.2	(93.3)	92.2	62.5
XIII - Caraga	(2.3)	20.0	56.2	81.2	87.6	(86.0)	92.0	60.0
ARMM	*	2.5	17.2	24.0	39.3	50.0	54.3	31.4
Education								
No education	*	(19.9)	(46.5)	*	*	(83.4)	75.9	61.1
Elementary	5.5	23.1	61.5	76.5	84.4	87.6	89.0	71.3
High school	1.0	22.8	64.0	82.2	88.1	93.3	91.7	63.2
College	1.5	19.5	66.6	85.6	90.3	91.5	90.3	54.7
Wealth quintile								
Lowest	3.1	20.0	48.8	70.4	77.4	83.9	86.2	63.7
Second	2.5	20.4	60.0	80.4	87.5	93.8	92.5	65.0
Middle	1.8	20.1	64.3	85.5	90.1	94.1	90.4	63.2
Fourth	1.4	21.4	70.7	87.1	93.3	95.2	95.7	60.3
Highest	1.5	24.1	70.8	84.7	94.3	92.8	(85.3)	59.2
Total	1.9	21.5	64.3	82.0	87.3	90.7	89.5	62.3

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 denotes a number based on fewer than 25 unweighted cases that has been suppressed.
[1] The number of living children includes the current pregnancy

The proportion of women who want no more children generally decreases as the level of education increases, starting with elementary (71 percent) to women with college education (55 percent). However, the proportion of women who want no more children among those with no education (61 percent) is lower than the corresponding proportions among 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 to four children.

Figure 6.3 **Percentage of currently married women who want no more children, by background characteristics**



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 or four children, the proportion of women who want to stop childbearing generally increases with increasing wealth quintile.

Overall, the levels and patterns in the desire to stop childbearing across residence, education and wealth quintile as shown in Figure 6.3 are similar to those observed in the 2008 NDHS (NSO and ICF Macro, 2009).

6.3 IDEAL NUMBER OF CHILDREN

To ascertain the ideal number of children, respondents were asked to consider abstractly, and independent of their actual family size, the number of children they would choose if they could start childbearing again. Most women provided numeric responses to the questions on ideal family size but a few women gave non-numeric responses, such as: “It’s up to God” or “It is not for me to say”, etc. These non-numeric responses are excluded in the computation of mean ideal number of children.

Although the questions on ideal number of children are based on hypothetical situations, two measures of fertility can be derived from the results. 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 6.4 presents the percent distribution of women by ideal number of children according to their actual number of living children. Forty-three percent of women in the Philippines consider two children as the ideal family size, while 28 percent prefer three children, 13 percent prefer four children and 8 percent prefer five or more children. Among women who have two or fewer children, more than half think that a two-child family size is ideal.

Table 6.4 Ideal number of children by number of living children

Percent distribution of women 15-49 by ideal number of children, and mean ideal number of children for all respondents and for currently married women, according to the number of living children, Philippines 2013

	Number of living children[1]							
Ideal number of children	0	1	2	3	4	5	6+	Total
0	2.7	0.2	0.2	0.2	0.2	0.0	0.0	1.1
1	7.9	12.0	4.3	3.8	2.7	2.4	0.6	6.3
2	54.9	51.3	50.4	23.0	28.7	18.6	13.7	43.4
3	23.4	26.6	26.2	44.4	18.9	34.8	30.3	27.6
4	7.2	7.5	14.5	16.7	37.3	13.1	23.4	13.3
5	2.0	1.4	2.5	7.5	5.5	20.5	9.1	4.2
6+	1.1	0.9	1.9	4.1	6.3	9.9	22.0	3.7
Non-numeric responses	0.8	0.1	0.0	0.2	0.3	0.8	0.8	0.5
Total	100	100	100	100	100	100	100	100
Number	5,909	2,533	2,721	1,972	1,234	742	1,045	16,155
Mean ideal number of children for:[2]								
All women	2.4	2.4	2.7	3.2	3.4	3.7	4.3	2.8
Number of women	5,860	2,530	2,720	1,968	1,230	736	1,036	16,080
Currently married women	2.5	2.5	2.7	3.2	3.4	3.7	4.3	3.0
Number of currently married women	549	2,029	2,493	1,841	1,147	680	965	9,703

[1] The number of living children includes current pregnancy
[2] Means are calculated excluding respondents who gave non-numeric responses.

The mean ideal family size in the Philippines of 2.8 children for all women remains unchanged from the 2008 NDHS figure, while there is a slight decline in the mean ideal family size for currently married women, from 3.1 children in 2008 to 3.0 children in 2013.

As parity increases, the ideal number of children also increases: from a mean ideal family size of 2.4 children among women with no children to 4.3 children among women with six or more children. The data indicate a high level of surplus fertility that exceeds the ideal. For example, almost 70 percent of women with five children say they would ideally like fewer than five and 77 percent of those with six or more children say their ideal number is five or fewer.

Table 6.5 shows 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 increases as women's age increases, from 2.4 children among women age 15-19 to 3.3 children among women age 45-49. Ideal family size is higher among rural than urban women, and it is negatively associated with education and wealth quintile.

Table 6.5 Mean ideal number of children

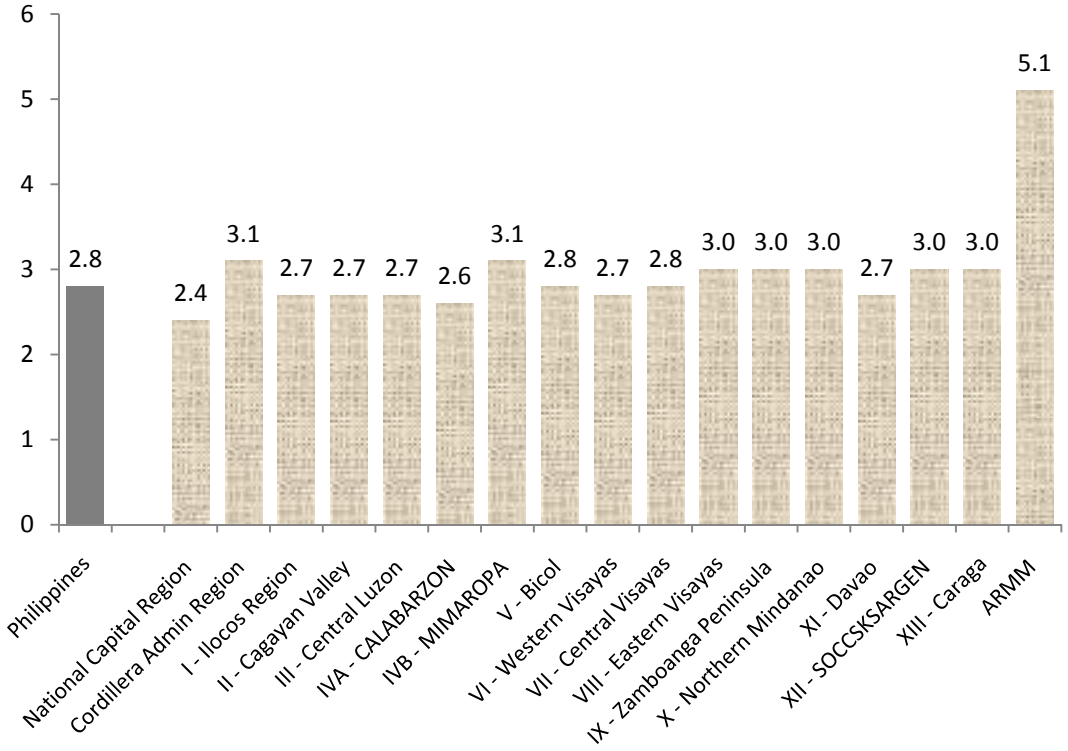
Mean ideal number of children for all women age 15-49 by age according to background characteristics, Philippines 2013

Background characteristic	Age 15-19	20-24	25-29	30-34	35-39	40-44	45-49	Total	Number of women[1]
Residence									
Urban	2.3	2.4	2.4	2.6	2.8	3.0	3.1	2.6	8,549
Rural	2.5	2.6	2.9	3.1	3.3	3.4	3.6	3.0	7,531
Region									
National Capital Region	2.2	2.3	2.3	2.5	2.5	2.7	2.8	2.4	2,911
Cordillera Admin Region	2.7	2.4	2.9	3.0	3.3	4.0	4.0	3.1	249
I - Ilocos Region	2.3	2.4	2.5	2.8	2.8	2.9	3.3	2.7	689
II - Cagayan Valley	2.4	2.4	2.5	3.0	2.9	3.1	3.2	2.7	550
III - Central Luzon	2.4	2.4	2.6	2.7	3.0	3.1	3.1	2.7	1,707
IVA - CALABARZON	2.2	2.3	2.4	2.5	2.8	2.9	3.1	2.6	2,278
IVB - MIMAROPA	2.4	2.7	3.0	3.1	3.4	3.5	3.8	3.1	372
V - Bicol	2.3	2.3	2.8	3.0	3.0	3.1	3.3	2.8	795
VI - Western Visayas	2.3	2.4	2.7	2.6	2.9	3.0	3.2	2.7	994
VII - Central Visayas	2.4	2.4	2.6	2.7	3.1	3.3	3.5	2.8	1,028
VIII - Eastern Visayas	2.5	2.6	2.9	3.1	3.2	3.5	3.4	3.0	571
IX - Zamboanga Peninsula	2.5	2.7	2.8	3.3	3.2	3.5	3.5	3.0	715
X - Northern Mindanao	2.6	2.7	2.7	3.0	3.5	3.6	3.8	3.0	696
XI - Davao	2.2	2.5	2.5	2.8	3.2	3.2	3.3	2.7	885
XII - SOCCSKSARGEN	2.3	2.6	3.0	3.1	3.3	3.7	3.5	3.0	743
XIII - Caraga	2.3	2.6	2.6	3.1	3.5	3.6	3.8	3.0	434
ARMM	4.0	4.5	4.9	5.4	6.1	5.9	6.4	5.1	464
Education									
No education	*	*	*	(4.0)	(4.5)	(5.1)	4.7	4.2	186
Elementary	2.5	2.9	3.1	3.4	3.6	3.5	3.9	3.4	2,581
High school	2.4	2.4	2.6	2.8	3.0	3.1	3.2	2.7	7,874
College	2.4	2.4	2.5	2.6	2.7	2.9	2.9	2.6	5,439
Wealth quintile									
Lowest	2.7	3.0	3.3	3.7	4.0	3.9	4.3	3.5	2,605
Second	2.4	2.6	2.7	2.9	3.1	3.3	3.5	2.9	2,874
Middle	2.3	2.3	2.6	2.6	3.0	3.1	3.2	2.7	3,189
Fourth	2.3	2.3	2.4	2.6	2.8	3.0	3.2	2.6	3,555
Highest	2.3	2.3	2.4	2.5	2.7	2.8	2.9	2.5	3,857
Total	2.4	2.5	2.6	2.8	3.1	3.2	3.3	2.8	16,080

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

There are notable variations in ideal family size across regions (Figure 6.4). The mean ideal family size is lowest in the National Capital Region (2.4 children) which is less than half of the mean ideal family size in the Autonomous Region of Muslim Mindanao (5.1 children).

Figure 6.4 **Mean ideal number of children for all women age 15-49 by region**



6.4 FERTILITY PLANNING

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 a later time), or unwanted (wanted no more children). These data are likely to result in underestimates of planned 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 (NSO and ICF Macro, 2009). Estimates of unwanted fertility using both of these approaches are presented in this section.

In the 2013 NDHS, women were asked a series of questions about 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 at a later time, or unwanted. These results form a particularly powerful indicator of the degree to which couples successfully plan their childbearing. In addition, the data can be used to gauge the effect of the prevention of unwanted births on fertility rates.

Table 6.6 shows the percent distribution of births 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. Seventy-two percent of births in the Philippines are planned at the time of conception, while 17 percent are wanted but at a later time, and 11 percent are not wanted at all. These figures represent a sizeable decline in unwanted and mistimed births since 2008 indicating an improvement in fertility planning over the past five years (Figure 6.5). The proportion of births that were wanted at the time they occurred increased from 63 to 72 percent, while the proportion of mistimed births declined from 20 to 17 percent, and the proportion of births that were unwanted declined from 16 to 11 percent (NSO and ICF Macro, 2009).

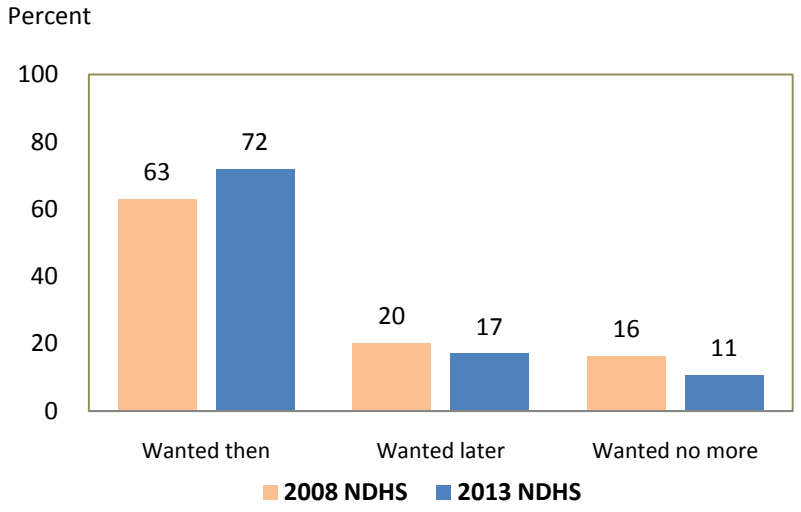
Table 6.6 Fertility planning status

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 2013

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	76.9	21.1	1.6	0.5	100.0	2,395
2	74.8	20.1	4.7	0.4	100.0	1,870
3	70.7	16.5	12.5	0.2	100.0	1,276
4+	64.2	10.3	25.1	0.5	100.0	2,127
Mother's age at birth						
<20	66.6	29.5	3.1	0.7	100.0	953
20-24	72.6	22.6	4.5	0.3	100.0	2,110
25-29	75.6	16.4	7.6	0.5	100.0	1,807
30-34	74.2	11.1	14.3	0.3	100.0	1,487
35-39	67.6	8.7	23.2	0.5	100.0	898
40-44	63.0	3.0	33.3	0.8	100.0	378
45-49	(71.1)	(0.0)	(28.9)	(0.0)	100.0	34
Total	71.8	17.1	10.7	0.4	100.0	7,667

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

Figure 6.5 **Trends in wanted and unwanted fertility for births in the five years preceding the survey, NDHS 2008 and NDHS 2013**



The proportion of births that are wanted at the time of conception and the proportion of mistimed births both decrease with increasing birth order (Table 6.6). In contrast, the proportion of births that are unwanted increases as birth order increases. For example, only 2 percent of first-order births are unwanted compared with 25 percent among fourth- or higher-order births.

A similar pattern is evident for the age of the mother at the time of birth. The proportion of unwanted births increases with increasing mother's age: 3 percent of births to women under 20 years old are not wanted at the time of conception, compared with 33 percent of births to those ages 40-44.

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 6.7 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 their births.

Overall, the total wanted fertility rate for the Philippines is 2.2 children, 27 percent lower than the actual total fertility rate of 3 children. This implies that if all unwanted births could be eliminated, the TFR would drop to 2.2 children per woman, close to the "replacement fertility" level of 2.1 children. The total wanted fertility rate of 2.2 children per woman declined from 2.5 children in 2003 and 2.4 children in 2008 (NSO and ORC Macro, 2004 and NSO and ICF Macro, 2009). Wanted fertility is lower than replacement level in urban areas, in four regions (National Capital Region, Ilocos, Central Luzon and CALABARZON), among college-educated women and among women in the fourth and highest wealth quintiles.

Table 6.7 Wanted fertility rates

Total wanted fertility rates and total fertility rates for the three years preceding the survey, by background characteristics, Philippines 2013

Background characteristic	Total wanted fertility rates	Total fertility rates
Residence		
Urban	1.9	2.6
Rural	2.5	3.5
Region		
National Capital Region	1.7	2.3
Cordillera Admin Region	2.3	2.9
I - Ilocos Region	2.0	2.8
II - Cagayan Valley	2.4	3.2
III - Central Luzon	2.0	2.8
IVA - CALABARZON	2.0	2.7
IVB - MIMAROPA	2.5	3.7
V - Bicol	2.6	4.1
VI - Western Visayas	2.4	3.8
VII - Central Visayas	2.2	3.2
VIII - Eastern Visayas	2.6	3.5
IX - Zamboanga Peninsula	2.4	3.5
X - Northern Mindanao	2.5	3.5
XI - Davao	2.1	2.9
XII - SOCCSKSARGEN	2.3	3.2
XIII - Caraga	2.6	3.6
ARMM	3.6	4.2
Education		
No education	3.0	3.8
Elementary	3.1	4.6
High school	2.3	3.3
College	1.7	2.1
Wealth quintile		
Lowest	3.3	5.2
Second	2.5	3.7
Middle	2.2	3.1
Fourth	1.9	2.4
Highest	1.4	1.7
Total	2.2	3.0

Note: Rates are calculated based on 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 5.2.

The gap between wanted and observed total fertility rates, as measured by the ratio of observed fertility rate to wanted fertility rate is largest for women in Bicol and Western Visayas, as well as for women with elementary education and women in the lowest wealth quintile. The gap between wanted and actual fertility is smallest for women in the Autonomous Region of Muslim Mindanao (ARMM), women who have college education and women in the highest wealth quintile, indicating that these women have been more successful at implementing their fertility preferences than their counterparts.

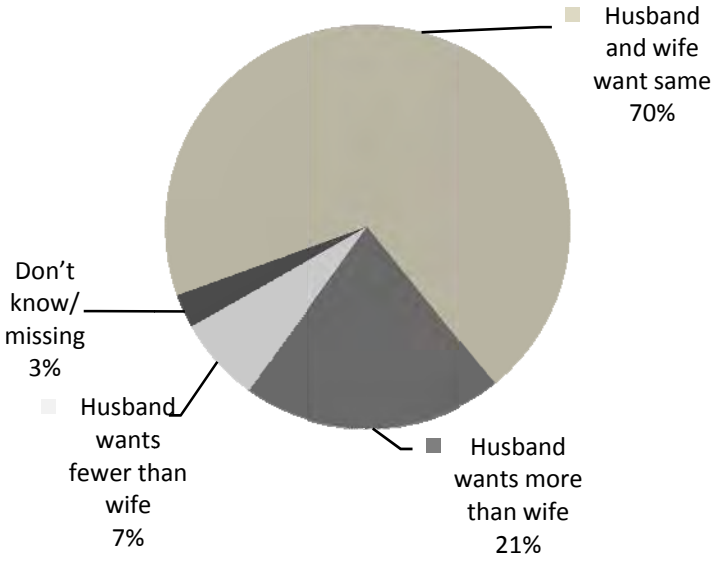
6.5 Couples' Consensus on Family Size

A couple's agreement on family size is often thought to be instrumental in the achievement of their desired number of children. In the 2013 NDHS, married women were asked if their husbands wanted the same

number of children as they do, or more or fewer children. The percent distribution of currently married, non-sterilized women by their perceived consensus with their husband regarding desired family size is shown in Table 6.8 and Figure 6.6. Nearly seven in ten women reported that there is consensus with their husbands on the number of children they would like to have. One-fifth of the women reported that their husbands want more children than they do, while only 7 percent of the women said that their husbands want fewer children than they do.

There is little variation in couples' fertility desires by age of the woman or by the age difference between the woman and her husband. The proportion of women with the same preferred number of children as their husbands increases with increasing level of education and wealth quintile. The reverse pattern holds true for the proportion of women who responded that their husband/partner wants more children than they do.

Figure 6.6 **Currently married women by perceived consensus with husband regarding the number of children desired**



Less than half of married women in ARMM (44 percent) reported that they have the same desired family size as their husband. A nearly equal proportion (46 percent) said that their husband wants more children than they do. MIMAROPA and SOCCSKSARGEN have high proportions of women who reported that their husband/partner wants fewer children than they do.

Table 6.8 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 2013

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	70.0	18.7	7.8	3.4	100.0	313
20-24	69.9	20.5	5.9	3.7	100.0	1,191
25-29	71.3	20.4	5.9	2.4	100.0	1,446
30-34	71.0	19.8	7.7	1.5	100.0	1,719
35-39	69.0	22.1	6.8	2.1	100.0	1,541
40-44	68.7	20.9	7.2	3.3	100.0	1,374
45-49	68.0	21.3	7.1	3.6	100.0	1,307
Difference in age between woman and husband/partner						
0-1 year	70.3	20.6	6.8	2.4	100.0	2,420
2-3 years	70.1	20.1	7.3	2.5	100.0	2,332
4-5 years	70.4	20.7	6.7	2.2	100.0	1,533
6+ years	68.6	21.4	6.7	3.3	100.0	2,581
Region						
National Capital Region	69.7	21.9	6.3	2.0	100.0	1,341
Cordillera Admin Region	67.4	18.4	7.0	7.2	100.0	124
I - Ilocos Region	71.3	20.5	5.8	2.3	100.0	418
II - Cagayan Valley	69.7	19.0	8.5	2.8	100.0	334
III - Central Luzon	74.5	19.6	3.8	2.1	100.0	882
IVA - CALABARZON	71.0	16.0	7.1	5.9	100.0	1,204
IVB - MIMAROPA	68.9	17.5	12.5	1.1	100.0	237
V - Bicol	65.3	24.9	7.4	2.4	100.0	491
VI - Western Visayas	70.4	18.3	9.7	1.6	100.0	608
VII - Central Visayas	73.5	18.1	6.5	1.8	100.0	594
VIII - Eastern Visayas	66.7	24.0	7.3	2.0	100.0	341
IX - Zamboanga Peninsula	70.1	21.1	7.0	1.9	100.0	411
X - Northern Mindanao	70.2	24.9	4.0	1.0	100.0	401
XI - Davao	70.3	19.8	7.2	2.7	100.0	508
XII - SOCCSKSARGEN	72.5	16.7	10.5	0.2	100.0	431
XIII - Caraga	69.6	20.7	8.4	1.4	100.0	278
ARMM	44.3	45.6	2.1	7.9	100.0	286
Education						
No education	53.7	35.0	7.8	3.6	100.0	142
Elementary	66.2	24.6	6.6	2.6	100.0	1,836
High school	70.4	19.4	7.4	2.8	100.0	4,255
College	71.8	19.4	6.1	2.6	100.0	2,656
Wealth quintile						
Lowest	65.8	25.0	6.4	2.8	100.0	1,851
Second	69.8	21.3	6.9	2.0	100.0	1,784
Middle	69.3	20.1	7.7	2.9	100.0	1,818
Fourth	71.2	18.9	7.3	2.7	100.0	1,784
Highest	72.9	18.1	5.9	3.1	100.0	1,651
Total	69.7	20.7	6.8	2.7	100.0	8,889

Note: Total includes 25 women for whom no age was given for husband.
[1] Based on wife's perception of her husband's desires.

FAMILY PLANNING 7

Key Findings

- Knowledge of at least one method of contraception is universal among women in the Philippines.
- More than half of currently married women of reproductive age (55 percent) are using a method of contraception, with most women using a modern method (38 percent).
- There has been a steady increase in contraceptive use from 49 percent of married women in 2003 to 55 percent in 2013.
- The three most popular modern methods used by married women are the pill (19 percent), female sterilization (9 percent), and injectables and IUD (4 percent each).
- About a third (32 percent) of Filipino women know that the most fertile time for a woman is halfway between two menstrual periods.
- Most current contraceptive users were provided information essential to making an informed choice; 66 percent were told about potential side effects or problems, 67 percent were advised what to do if they experienced side effects or problems, and 68 percent were informed about other methods.
- Eighteen percent of married women have an unmet need for family planning, 7 percent because they want to delay their next pregnancy and 11 percent because they want no more children.

This chapter begins with an assessment of contraceptive knowledge among 2013 National Demographic and Health Survey (NDHS) respondents before moving on to a consideration of current family planning practices. Special attention is focused on sources of contraception, informed choice, nonuse, reasons for discontinuation, unmet need for family planning, and intention to use contraception in the future. The chapter concludes by examining exposure to media coverage on the topic of family planning and level of contact with family planning providers.

These topics are of practical use to reproductive health programs in several ways. A discussion of women's knowledge of family planning methods provides insight into one of the main preconditions to adoption of contraception. Levels of contraceptive use provide the most obvious and widely accepted criterion of success of a family planning program. Examination of contraceptive use in relation to need pinpoints segments of the population for whom intensified service provision efforts are most needed. Since most women have tried at least one method, practical problems with particular methods or in obtaining supplies may be important obstacles to further program advances. The 2013 NDHS findings on these topics can provide important guidance for improving family planning services.

7.1 KNOWLEDGE OF CONTRACEPTIVE METHODS

The 2013 NDHS collected information on knowledge and use of contraception. To obtain these data, the names and/or descriptions of 17 contraceptive methods were read aloud, and respondents were asked if they had heard of each method. For analytical purposes, contraceptive methods were grouped into two types: modern and traditional. Modern methods include female sterilization, male sterilization, the pill, IUD, injectables, implants, male condoms, female condoms, the patch, the lactational amenorrhea method (LAM), mucus/billings/ovulation, the basal body temperature method, the symptothermal method, the standard days method and emergency contraception. Traditional methods include the rhythm (calendar) method, withdrawal, and other traditional and folk methods. Respondents were also asked whether they had heard of any other methods in addition to those listed.

The 2013 NDHS results indicate that all currently married women in the Philippines know at least one method of family planning (Table 7.1). Among modern methods, the pill is the best known (99 percent), followed by male condom (97 percent), and female sterilization (96 percent). The least recognized methods were the patch and emergency contraception, with 10 percent and 15 percent, respectively, of currently married women having heard of these methods. Withdrawal is also known to most currently married women (94 percent), whereas rhythm is less widely known (85 percent).

Table 7.1 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 2013

Method	All women	Currently married women	Sexually active unmarried women[1]
Any method	98.9	99.6	99.7
Any modern method	98.9	99.5	99.7
Female sterilization	90.3	95.5	89.6
Male sterilization	69.5	77.2	66.4
Pill	97.9	99.0	99.2
IUD	81.8	90.9	79.5
Injectables	86.2	94.3	88.4
Implants	17.2	18.1	23.3
Patch	9.9	10.0	16.9
Male condom	95.5	96.8	99.0
Female condom	20.0	19.3	33.5
Mucus/ Billings/ Ovulation	28.7	31.7	40.5
Basal body temperature	27.4	29.6	35.8
Symptothermal	14.9	16.1	22.3
Standard days method	26.2	29.4	31.5
Lactational amenorrhea (LAM)	32.7	38.6	31.2
Emergency contraception	14.0	14.8	25.3
Any traditional method	88.8	96.1	95.6
Rhythm	76.0	84.8	80.0
Withdrawal	84.3	94.3	93.4
Folk method	2.4	3.2	2.4
Mean number of methods known by women 15-49	8.8	9.4	9.6
Number of women	16,155	9,729	188

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

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 8.8 for all women, 9.4 for currently married women, and 9.6 for sexually active unmarried women.

Table 7.2 presents differentials in contraceptive knowledge among all women age 15-49. 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 nine in ten currently married women have ever heard of any method or any modern method of contraception.

Table 7.2 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 2013

Background characteristic	Heard of any method	Heard of any modern method[1]	Number
Age			
15-19	99.3	99.3	313
20-24	99.6	99.4	1,196
25-29	99.6	99.4	1,484
30-34	99.8	99.7	1,862
35-39	99.7	99.5	1,725
40-44	99.7	99.7	1,638
45-49	99.4	99.4	1,511
Residence			
Urban	99.9	99.9	4,734
Rural	99.4	99.2	4,995
Region			
National Capital Region	100.0	100.0	1,475
Cordillera Admin Region	100.0	100.0	151
I - Ilocos Region	100.0	100.0	460
II - Cagayan Valley	99.8	99.8	376
III - Central Luzon	100.0	99.9	1,052
IVA - CALABARZON	100.0	100.0	1,349
IVB - MIMAROPA	99.7	99.7	252
V - Bicol	99.8	99.8	511
VI - Western Visayas	100.0	100.0	636
VII - Central Visayas	99.8	99.8	636
VIII - Eastern Visayas	100.0	100.0	370
IX - Zamboanga Peninsula	99.6	99.5	425
X - Northern Mindanao	98.8	98.8	424
XI - Davao	100.0	100.0	557
XII - SOCCSKSARGEN	99.4	99.2	469
XIII - Caraga	100.0	99.8	293
ARMM	92.2	90.0	295
Education			
No education	90.8	88.8	147
Elementary	99.1	98.8	2,015
High school	99.9	99.9	4,641
College	100.0	100.0	2,925
Wealth quintile			
Lowest	98.5	98.1	1,945
Second	99.7	99.6	1,919
Middle	100.0	100.0	1,996
Fourth	100.0	100.0	2,012
Highest	100.0	100.0	1,857
Total 15-49	99.6	99.5	9,729

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

Because knowledge of at least one method of contraception is nearly universal, there are only minimal differences in knowledge by age, residence and wealth quintile. Almost all currently married women with education know at least one modern method, compared with 89 percent of women with no education.

7.2 CURRENT USE OF CONTRACEPTION

The level of current contraceptive use is the most widely used and valuable measure of the success of a reproductive health planning program. Furthermore, it can be used to estimate reductions in fertility attributable to contraception.

To obtain information on current use of contraception, all female NDHS respondents who were not pregnant at the time of the survey were asked if they (or their partners) were currently using a method.

Table 7.3 shows the level of current contraceptive use by method for all women and currently married women according to age. More than half (55 percent) of currently married women are using some method of contraception (the contraceptive prevalence rate or CPR). Most contraceptive users rely on a modern method (38 percent), with only 18percent relying on a traditional method. By far the most popular method is the pill, used by 19 percent of married women; thus, one of every three married women who are using contraception use the pill. Withdrawal is used by 12 percent of married women, female sterilization is used by 9 percent of married women, withdrawal is used by 5 percent of currently married women, and IUD and injectables are each used by 4 percent of married women. Only two percent of currently married women have partners who use condoms (Figure 7.1).

Table 7.3 also shows how the current use of contraception varies with age. The results conform to the inverted U-shaped pattern of prevalence by age typically observed for currently married women. Use is lower among young women (because they are in an early stage of family building) and among older women (some of whom are no longer fecund) than among those at intermediate ages. Contraceptive use levels are quite low among married women under age 20 but rise rapidly with age, peaking at 62 percent among women age 30-34 before declining to 40 percent among women age 45-49. The pill is the most frequently used method in age groups 20-39; withdrawal is the main method used by married women age 15-19 and female sterilization is the main method among older women ages 40-49. It is nice to note that among sexually active unmarried women, the preferred methods are the pill and the male condom, each used by 14 percent of women.

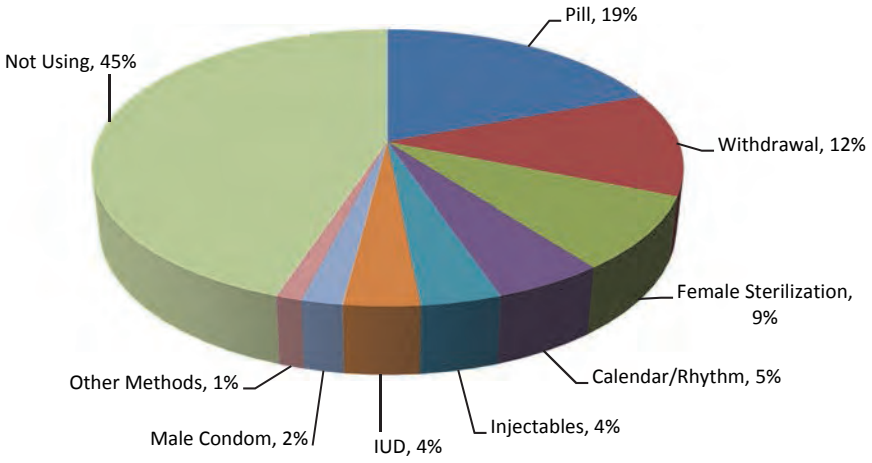
Table 7.3 Current use of contraception by age

Percent distribution of all women, currently married women, and sexually active unmarried women age 15-49 by contraceptive method currently used, according to age, Philippines 2013

			Modern method											Traditional method					
Age	Any method	Any modern method	Female sterili-zation	Male sterili-zation	Pill	IUD	Inject-ables	Male condom	Mucus/ Billings/ ovulation	Standard days	LAM	Other	Any tradi-tional method	Rhythm	With-drawal	Other	Not currently using	Total	Number of women
ALL WOMEN																			
15-19	4.4	2.4	0.0	0.0	1.2	0.2	0.6	0.2	0.0	0.0	0.2	0.0	2.1	0.1	2.0	0.0	95.6	100.0	3,237
20-24	24.7	16.2	0.2	0.0	10.9	1.2	2.3	1.2	0.0	0.0	0.3	0.0	8.5	1.1	7.3	0.1	75.3	100.0	2,789
25-29	42.5	30.6	1.7	0.1	20.2	2.1	3.6	2.3	0.0	0.0	0.5	0.0	12.0	2.3	9.5	0.1	57.5	100.0	2,156
30-34	52.4	37.7	6.4	0.1	22.4	3.0	3.3	1.8	0.0	0.2	0.5	0.0	14.6	3.9	10.6	0.2	47.6	100.0	2,250
35-39	54.0	37.7	9.6	0.1	17.8	3.9	3.6	2.0	0.2	0.1	0.4	0.1	16.3	5.7	10.3	0.4	46.0	100.0	1,976
40-44	50.6	33.9	14.2	0.3	10.4	3.8	2.6	1.9	0.1	0.2	0.2	0.2	16.7	6.3	10.3	0.1	49.4	100.0	1,924
45-49	33.9	20.2	11.9	0.0	4.0	2.8	0.5	0.8	0.1	0.1	0.0	0.0	13.7	5.9	7.5	0.3	66.1	100.0	1,823
Total	34.6	23.5	5.4	0.1	11.8	2.2	2.3	1.4	0.0	0.1	0.3	0.0	11.0	3.2	7.7	0.2	65.4	100.0	16,155
CURRENTLY MARRIED WOMEN																			
15-19	36.5	20.6	0.0	0.0	11.5	1.5	5.6	0.7	0.0	0.0	1.3	0.0	15.9	0.7	15.2	0.0	63.5	100.0	313
20-24	51.0	34.3	0.5	0.0	23.8	2.8	5.0	1.5	0.0	0.1	0.8	0.0	16.7	2.3	14.2	0.2	49.0	100.0	1,196
25-29	58.5	42.3	2.5	0.1	28.4	3.0	5.1	2.3	0.0	0.0	0.8	0.1	16.3	3.0	13.1	0.2	41.5	100.0	1,484
30-34	62.4	44.9	7.6	0.1	26.7	3.5	4.0	2.1	0.1	0.2	0.7	0.0	17.5	4.5	12.7	0.2	37.6	100.0	1,862
35-39	61.0	42.5	10.6	0.1	20.2	4.4	4.2	2.3	0.2	0.1	0.4	0.1	18.5	6.5	11.6	0.5	39.0	100.0	1,725
40-44	58.2	38.8	15.8	0.3	12.3	4.3	3.0	2.3	0.2	0.2	0.2	0.2	19.4	7.4	11.9	0.2	41.8	100.0	1,638
45-49	39.8	23.5	13.5	0.0	4.8	3.3	0.6	1.0	0.1	0.1	0.0	0.1	16.4	7.1	9.0	0.3	60.2	100.0	1,511
Total	55.1	37.6	8.5	0.1	19.1	3.5	3.7	1.9	0.1	0.1	0.5	0.1	17.5	5.1	12.1	0.2	44.9	100.0	9,729
SEXUALLY ACTIVE UNMARRIED WOMEN[1]																			
Total	53.2	31.1	0.0	0.0	14.2	0.7	2.0	13.6	0.0	0.0	0.7	0.0	22.1	3.1	18.4	0.5	46.8	100.0	188

Note: If more than one method is used, only the most effective method is considered in this tabulation.
na = Not applicable
LAM = Lactational amenorrhea method
[1] Women who have had sexual intercourse within 30 days preceding the survey

Figure 7.1 **Use of contraception among currently married women age 15-49**



7.3 DIFFERENTIALS IN CONTRACEPTIVE USE BY BACKGROUND CHARACTERISTICS

Knowledge of differentials in contraceptive use by background characteristics is important to identify targets for family planning services. Table 7.4 shows that there is a strong positive association between use of family planning methods and number of children. Only 7 percent of married women with no living children use contraception. This percentage increases sharply to 56 percent among women with one or two children, peaks at 67 percent among women with three to four children, and slightly decreases to 55 percent among women with five and more children.

Use of the pill is highest among married women with one or two living children (23 percent). Use of female sterilization rises with parity, from 3 percent of women with one or two living children to 17 percent of women with three to four children; it then decreases to 13 percent among women with five or more children.

As can be seen in Table 7.4, married women in urban areas are more likely to use a family planning method than women in rural areas. The contraceptive prevalence rate for modern methods is the same for both urban and rural areas.

Table 7.4 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 2013

Background characteristic	Any method	Any modern method	Modern method										Any traditional method	Traditional method			Not currently using	Total	Number of women
			Female sterilization	Male sterilization	Pill	IUD	Injectables	Male condom	Mucus/ Billings/ ovulation	Standard days	LAM	Other		Rhythm	Withdrawal	Other			
Number of living children																			
0	6.9	1.9	0.0	0.0	1.6	0.0	0.1	0.2	0.0	0.0	0.0	0.0	5.0	1.0	4.0	0.0	93.1	100.0	744
1-2	55.5	36.9	2.9	0.1	23.3	3.4	4.1	2.3	0.1	0.1	0.5	0.1	18.7	4.7	13.8	0.2	44.5	100.0	4,433
3-4	67.0	49.2	16.8	0.2	20.5	4.6	4.1	2.2	0.1	0.2	0.6	0.1	17.8	6.1	11.3	0.3	33.0	100.0	2,926
5+	54.6	35.1	12.9	0.2	13.3	3.6	3.5	1.1	0.0	0.1	0.4	0.1	19.4	6.4	12.5	0.5	45.4	100.0	1,625
Residence																			
Urban	56.5	37.8	9.6	0.2	17.9	3.5	3.4	2.2	0.1	0.2	0.6	0.0	18.7	4.9	13.6	0.2	43.5	100.0	4,734
Rural	53.8	37.5	7.5	0.0	20.3	3.6	3.9	1.6	0.1	0.1	0.3	0.1	16.3	5.3	10.7	0.3	46.2	100.0	4,995
Region																			
National Capital Region	61.1	40.1	8.9	0.2	19.5	3.3	4.1	2.3	0.0	0.4	1.5	0.1	21.0	4.1	16.8	0.0	38.9	100.0	1,475
Cordillera Admin Region	61.2	44.0	17.6	0.0	14.0	2.3	6.7	3.5	0.0	0.0	0.0	0.0	17.2	3.7	13.4	0.0	38.8	100.0	151
I - Ilocos Region	54.4	37.5	9.2	0.0	20.6	0.6	4.9	2.0	0.0	0.0	0.2	0.0	17.0	2.7	14.2	0.0	45.6	100.0	460
II - Cagayan Valley	58.9	51.5	11.2	0.0	27.4	3.8	6.5	1.1	0.0	0.0	1.5	0.0	7.4	1.3	6.1	0.0	41.1	100.0	376
III - Central Luzon	61.2	44.9	16.0	0.1	19.9	1.1	4.0	2.6	0.0	0.1	0.9	0.0	16.4	4.3	12.0	0.1	38.8	100.0	1,052
IVA - CALABARZON	55.7	36.1	10.6	0.1	16.0	4.0	3.4	1.8	0.1	0.0	0.1	0.0	19.6	3.2	16.3	0.0	44.3	100.0	1,349
IVB - MIMAROPA	51.2	39.7	5.9	0.0	23.8	2.1	5.7	1.3	0.0	0.0	0.5	0.5	11.5	3.6	6.7	1.3	48.8	100.0	252
V - Bicol	44.9	21.2	3.9	0.0	11.8	1.4	2.7	1.2	0.2	0.0	0.0	0.0	23.7	8.2	15.3	0.2	55.1	100.0	511
VI - Western Visayas	55.4	34.3	4.0	0.3	20.4	2.2	4.5	2.0	0.2	0.2	0.2	0.3	21.0	7.4	13.6	0.0	44.6	100.0	636
VII - Central Visayas	54.8	34.0	6.4	0.2	16.2	5.8	2.5	2.7	0.0	0.0	0.0	0.2	20.8	9.6	11.0	0.2	45.2	100.0	636
VIII - Eastern Visayas	61.7	37.0	7.8	0.0	21.1	2.9	2.3	2.1	0.5	0.0	0.3	0.0	24.8	10.4	14.4	0.0	38.3	100.0	370
IX - Zamboanga Peninsula	47.3	36.2	3.3	0.0	22.7	6.5	2.9	0.5	0.0	0.0	0.0	0.2	11.1	5.5	4.2	1.5	52.7	100.0	425
X - Northern Mindanao	50.7	37.6	5.2	0.2	20.2	8.5	1.9	1.2	0.0	0.2	0.0	0.2	13.1	5.1	7.1	0.9	49.3	100.0	424
XI - Davao	53.8	39.3	8.6	0.2	22.1	4.1	2.3	1.4	0.4	0.0	0.2	0.0	14.5	5.0	9.1	0.4	46.2	100.0	557
XII - SOCCSKSARGEN	57.5	44.2	8.0	0.0	23.4	6.3	4.2	1.7	0.0	0.4	0.2	0.0	13.3	6.1	6.5	0.6	42.5	100.0	469
XIII - Caraga	54.2	39.0	5.2	0.0	21.1	6.3	3.0	2.8	0.2	0.4	0.2	0.0	15.2	7.0	7.6	0.6	45.8	100.0	293
ARMM	23.9	15.3	3.1	0.0	7.6	0.5	2.9	0.7	0.0	0.0	0.6	0.0	8.6	1.8	6.6	0.2	76.1	100.0	295
Education																			
No education	29.3	16.1	3.8	0.0	8.6	2.0	1.3	0.0	0.0	0.0	0.3	0.0	13.3	5.8	6.8	0.7	70.7	100.0	147
Elementary	52.9	36.1	8.8	0.1	18.4	3.5	3.6	1.2	0.0	0.0	0.3	0.2	16.7	5.4	10.6	0.7	47.1	100.0	2,015
High school	58.2	40.1	8.2	0.1	20.7	4.0	4.3	1.8	0.1	0.2	0.6	0.0	18.2	4.1	13.9	0.1	41.8	100.0	4,641
College	53.0	35.9	9.1	0.1	17.7	2.8	2.9	2.6	0.1	0.1	0.4	0.1	17.1	6.5	10.5	0.1	47.0	100.0	2,925
Wealth quintile																			
Lowest	49.9	33.0	4.8	0.1	19.6	3.3	3.9	0.7	0.1	0.1	0.3	0.1	16.9	5.5	10.7	0.7	50.1	100.0	1,945
Second	58.3	40.3	7.0	0.1	21.3	4.7	5.0	1.5	0.1	0.1	0.6	0.1	17.9	4.8	12.9	0.2	41.7	100.0	1,919
Middle	59.6	41.4	8.8	0.1	21.7	4.0	3.6	2.5	0.0	0.2	0.5	0.0	18.2	4.6	13.5	0.1	40.4	100.0	1,996
Fourth	57.1	39.1	11.1	0.2	18.5	3.3	3.3	1.9	0.1	0.1	0.4	0.1	17.9	4.6	13.3	0.1	42.9	100.0	2,012
Highest	50.3	34.0	11.0	0.1	14.3	2.3	2.6	2.9	0.1	0.1	0.5	0.1	16.3	6.3	10.0	0.1	49.7	100.0	1,857
Total	55.1	37.6	8.5	0.1	19.1	3.5	3.7	1.9	0.1	0.1	0.5	0.1	17.5	5.1	12.1	0.2	44.9	100.0	9,729

Note: If more than one method is used, only the most effective method is considered in this tabulation. Any methods not shown were reported by fewer than 0.05 percent of currently married women overall.
LAM = Lactational amenorrhea method.

Differentials by region are pronounced. Married women in Eastern Visayas have the highest CPR (62 percent), followed by women in Cordillera Administrative Region, Central Luzon and National Capital Region (61 percent). The lowest level of family planning use is in ARMM (24percent). Differentials in the use of any modern method by region are similar to differentials in the use of any traditional method. Among modern methods, female sterilization is the method of choice in Cordillera Administrative Region. The most commonly reported method in Bicol and CALABARZON is withdrawal. The pill is the most popular method in all other regions.

Table 7.4 also shows that contraceptive use has a positive association with education. The CPR increases from 29 percent among married women with no education to 53 percent among women with an elementary education and 58 percent among women with a high school education. Contraceptive use slightly decreases among women who had college education or higher (53 percent).

CPR does not vary consistently with women's household wealth. Women from the lowest and highest wealth quintile have the same contraceptive use rate of 50 percent. The CPR increases to 60 percent among women in the middle wealth quintile. A similar pattern is seen in the use of modern methods.

7.4 TRENDS IN CURRENT USE OF FAMILY PLANNING

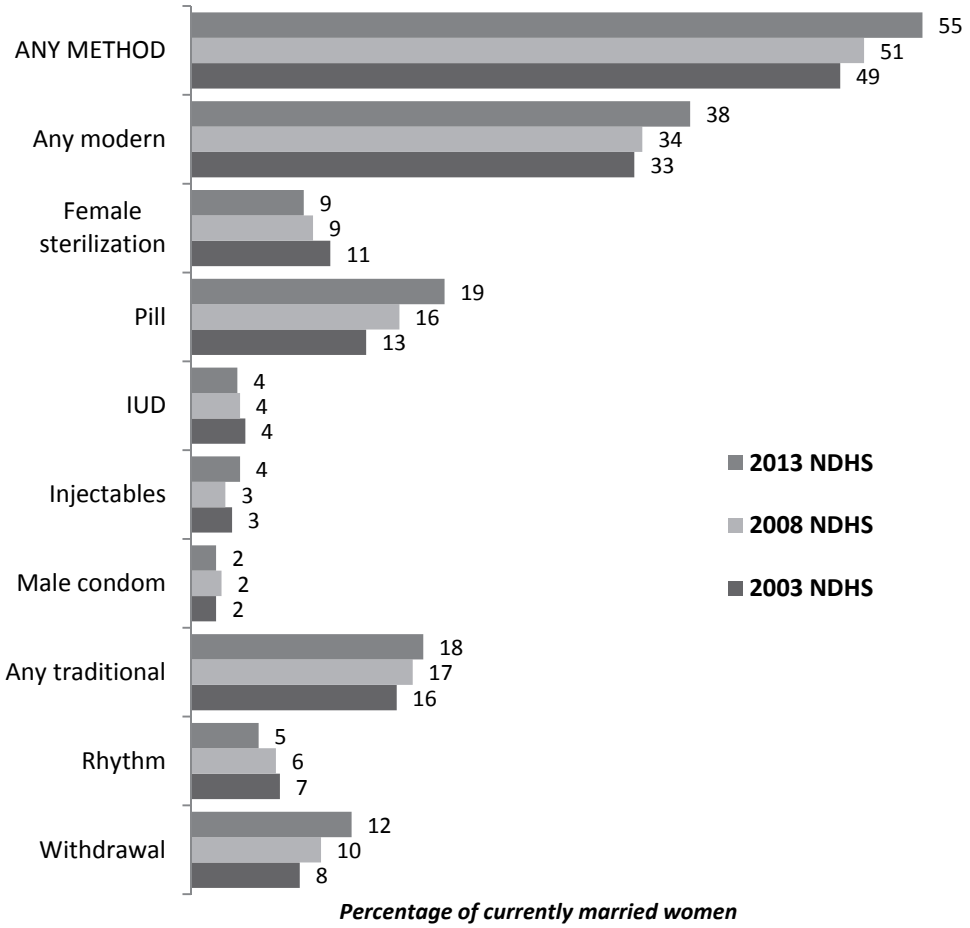
Trends in current use of family planning can be used to monitor the progress of family planning programs over time. Table 7.5 and Figure 7.2 show trends in contraceptive use among currently married women from 2003 to 2013. Data from the three DHS surveys conducted in the Philippines over the past decades show an increase of 6 percentage points in the use of contraception, from 49 percent of married women in 2003 to 55 percent in 2013. As can be seen in Figure 7.2, use of pill and withdrawal has increased over the past 10 years. Use of female sterilization, IUD, and rhythm method decreased slightly since 2003, whereas use of male condom remained constant at 2 percentage points.

Table 7.5 Trends in the current use of contraception

Percent distribution of currently married women age 15-49 by contraceptive method currently used, according to several surveys

Method	2003 NDHS	2008 NDHS	2013 NDHS
Any method	**48.9**	**50.7**	**55.1**
Any modern method	**33.4**	**34.0**	**37.6**
Female sterilization	10.5	9.2	8.5
Pill	13.2	15.7	19.1
IUD	4.1	3.7	3.5
Male condom	1.9	2.3	1.9
Injectables	3.1	2.6	3.7
Other modern method	0.5	0.5	0.9
Any traditional method	**15.5**	**16.7**	**17.5**
Rhythm	6.7	6.4	5.1
Withdrawal	8.2	9.8	12.1
Other	0.6	0.4	0.2
Not currently using	**51.1**	**49.3**	**44.9**
Total	100.0	100.0	100.0
Number of women	8,671	8,418	9,729

Figure 7.2 **Trends in contraceptive use among currently married women**



7.5 TIMING OF STERILIZATION

Given the importance of female sterilization as a way of preventing pregnancies among women in high-risk groups, family planning program managers support the dissemination of information about this method and the provision of services in accordance with a woman's age and health status. Policy makers consider the optimal target age for sterilization for women to be age 30-35.

The 2013 NDHS collected from women using female sterilization the age at which they had the procedure. When considering the data on the age at which female sterilization was adopted, the problem of censoring must be taken into account. Because the survey includes only women age 15-49, the experience of sterilized women age 50 and over is not included.

Table 7.6 shows the percent distribution of currently married, sterilized women by age at the time of sterilization, according to the number of years since the operation. The results indicate that the median age at sterilization among women in the Philippines is 31.4 years. Median age at sterilization is highest for women who were sterilized between six and seven years before the survey (33.0 years). The largest proportion of women were sterilized when they were age 30-34.

Overall, a gradual increase has been observed in median age at sterilization, from 30.1 years in 2003 to 30.8 years in 2008 and 31.4 years in 2013.

Table 7.6 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 2013

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	4.4	26.3	33.3	25.5	8.3	2.3	100.0	139	32.3
2-3	6.5	16.3	36.5	25.5	15.2	0.0	100.0	116	32.4
4-5	5.9	19.5	32.8	29.3	12.5	0.0	100.0	100	32.7
6-7	2.5	28.3	33.4	25.6	10.3	0.0	100.0	141	33.0
8-9	5.4	14.9	45.1	29.1	5.5	0.0	100.0	103	32.9
10+	13.4	42.9	36.8	7.0	0.0	0.0	100.0	267	a
Total	7.4	28.2	36.2	20.7	7.1	0.4	100.0	867	31.4

a = Not calculated due to censoring
[1] Median age at sterilization is calculated only for women sterilized before age 40 at less than 40 years of age to avoid problems of censoring

7.6 SOURCE OF MODERN CONTRACEPTIVE METHODS

Table 7.7 documents the main sources of contraception for users of different contraceptive methods. This information is useful for reproductive health program managers, particularly those responsible for program logistics. The results in Table 7.7 show that the public and private sectors provide an almost equal proportion of modern method users in the Philippines. The principal public sector sources for contraceptives are barangay health stations (serving 18 percent of current users), government hospitals (serving 17 percent of current users), and rural health units/urban health centers (serving 12 percent of current users). Pharmacies are the principal private sector provider for contraceptives, serving 39 percent of users. Private hospitals and clinics serve 8 percent of current users.

Table 7.7 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 2013

Source	Female sterili-zation	Pill	IUD	Inject-ables	Male condom	Total
Public sector	75.1	25.2	81.9	81.7	14.4	47.2
Government hospital	66.7	0.2	10.4	1.9	0.0	16.7
Rural health unit/ Urban health center	8.4	6.2	37.9	30.7	4.8	12.2
Barangay health station	0.0	17.7	32.9	47.8	9.2	17.5
Barangay supply/ Service point officer/BHW	0.0	1.1	0.0	1.3	0.4	0.8
Other public	0.0	0.0	0.7	0.1	0.0	0.1
Private medical sector	23.7	68.1	16.6	17.5	72.2	47.8
Private hospital/clinic	22.8	0.9	12.2	6.0	0.9	7.7
Pharmacy	0.0	66.5	0.0	7.0	70.8	38.7
Private doctor	0.8	0.4	3.2	1.5	0.0	0.9
Private nurse, midwife	0.0	0.1	1.0	2.2	0.0	0.4
NGO	0.0	0.1	0.3	0.7	0.0	0.2
Industry-based clinic	0.0	0.0	0.0	0.0	0.4	0.0
Other private	0.1	0.1	0.0	0.0	0.0	0.0
Other source	0.0	6.5	0.3	0.5	13.4	4.4
Puericulture center	0.0	0.1	0.3	0.0	0.0	0.1
Store	0.0	5.7	0.0	0.5	10.7	3.6
Church	0.0	0.0	0.0	0.0	0.0	0.1
Friends relatives	0.0	0.7	0.0	0.0	2.7	0.6
Other	0.2	0.0	0.0	0.3	0.0	0.1
Missing	1.0	0.3	1.1	0.0	0.0	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	867	1,911	352	366	220	3,755

Note: Total includes other modern methods (male sterilization, implants, basal body temperature, Mucus/Billings, symptothermal and standard days) but excludes lactational amenorrhea method (LAM).

Considering specific methods, almost all female sterilization, IUD, and injectables users obtain their methods from a public sector provider (75 percent, 82 percent, and 82 percent, respectively). Sterilized women most often obtain their method from government hospitals (67 percent), followed by rural health unit/urban health center (8 percent). The main providers of IUDs and injectables are barangay health stations and rural health unit/urban health centers. The majority of male condom and pill users rely on private sector providers, principally pharmacies (71 percent and 67 percent, respectively), for their method. About 1 in 4 pill users (25 percent) obtain their method from the public sector.

7.7 COST OF FAMILY PLANNING METHODS

Information on the cost of obtaining contraceptive methods is useful to family planning programs. In the 2013 NDHS, 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 7.8 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 who were unable to report the cost of the contraceptive method they were using especially sterilization users.

Table 7.8 Cost of modern contraceptive methods

Percent distribution of current users of modern contraception age 15-49 by whether they got their method free, do not know the cost of the method or do know the cost of the method and the median cost of the method, by current method, according to source of current method, Philippines 2013

Source of method/cost	Female sterilization	Pill	IUD	Injectables	Male condom	Total
Public sector						
Method free	28.7	48.0	40.3	27.5	(71.4)	39.0
Do not know cost	42.8	0.3	0.0	0.0	(0.0)	7.2
Know cost	28.5	51.7	59.7	72.5	(28.6)	53.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
Median cost (pesos)[1]	2,479	35	100	119	*	50
Number of women	219	482	288	299	32	1,319
Private medical sector/Other						
Method free	13.7	0.9	5.3	5.3	3.1	2.0
Do not know cost	59.2	0.4	4.8	0.0	17.5	4.7
Know cost	27.1	98.7	89.9	94.7	79.4	93.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Median cost (pesos)[1]	*	42	499	149	29	43
Number of women	76	1,429	64	67	188	1,823
Total						
Method free	24.8	12.8	34.0	23.4	13.0	17.6
Do not know cost	47.0	0.3	0.9	0.0	15.0	5.8
Know cost	28.2	86.8	65.2	76.6	72.0	76.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Median cost (pesos)[1]	2,958	41	150	119	29	44
Number of women	294	1,911	352	366	220	3,143

Note: Table excludes lactational amenorrhea method (LAM). Costs are based on the last time current users obtained method. Costs include consultation cost, if any. For condom, costs are per package; for pills, per cycle. For sterilization, data are based on women who received the operation in the 5 years before the survey. Figures in parentheses are based on 25-49 unweighted cases; an asterisk denotes a figure based on fewer than 25 unweighted cases that has been suppressed.
[1] Median cost is based only on those women who reported a cost.

The median cost is calculated based on users who paid for their method. For example, 29 percent of sterilization users who had their operation in a public facility did not pay for the service, and 43 percent did not know how much the operation cost. Therefore the median cost was based on the remaining 29 percent of women (62 women) who paid for the sterilization operation. Similarly, 14 percent of users who had the operation in a private facility did not pay for the service and 59 percent did not know how much they paid for

the sterilization. Therefore, the cost was only available for the remaining 27 percent of women (21 women) who paid for the sterilization operation. The reason respondents were unable to report the cost of 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 29) and female sterilization is the most expensive (Php 2,958). The cost for contraception varies markedly between public and private sectors. For example, the cost of an IUD in the public sector is Php 100 compared with Php 499 in the private sector. While a cycle of pills costs Php 35 in the public sector, it is Php 42 in the private sector.

7.8 INFORMED CHOICE

Women who were currently using a modern method of contraception and had adopted the method within the five years preceding the survey were asked whether they were informed about the side effects of the methods they were using, whether they were told what to do if they experienced any side effects, and whether they were informed about other methods of contraception they could use. Women who had been sterilized were asked if they were informed that they could not have any more children because of the operation. This information assists users in coping with side effects and decreases unnecessary discontinuations. In addition, these data serve as a measure of the quality of family planning services and inform program managers for future improvements.

Table 7.9 shows that 74 percent of women were informed about the side effects of the method they were using at the time of the survey, while 67 percent were informed about what to do if they experienced side effects. Seventy-seven percent of women were informed about alternative methods. The majority of women who use injectables were relatively well informed: 81 percent had been told about side effects, 71 percent knew what to do when they had side effects, and 83 percent were informed about other available methods of contraception. Users of the IUD and female sterilization were almost as well informed about side effects, while pill users were the least likely to have been informed about side effects (72 percent). IUD users were the most likely to have been told of what to do if they experienced side effects (77 percent) and to have been told about other methods they could use (85 percent). It should be noted that 74 percent of sterilized women were informed about side effects and only 69 percent were informed about what to do if they experienced side effects; 64 percent were informed about other methods.

Table 7.9 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, the 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 initial source, Philippines 2013

	Among women who started last episode of modern contraceptive method within five years preceding the survey:			
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
Method				
Female sterilization	74.3	68.5	64.3	294
Pill	72.0	64.1	77.0	1,480
IUD	80.9	76.6	85.4	166
Injectables	81.4	71.0	82.8	305
Initial source of method[1]				
Public sector	81.6	75.1	81.4	1,126
Government hospital	71.4	66.1	65.9	224
Rural health unit/urban health center	84.8	77.5	81.3	312
Barangay health station	83.9	77.1	87.0	573
Private medical sector	67.3	58.3	72.3	1,033
Private hospital or clinic	82.5	75.5	81.6	132
Private doctor	*	*	*	18
Pharmacy	64.2	55.0	70.3	868
Other private sector	60.4	54.7	69.4	83
Total	74.3	66.6	76.7	2,246

Note: Table includes users of only the methods listed individually. Total includes 55 weighted cases whose contraceptive source was cited by too few users to be shown separately.
[1] Source at start of current episode of use

Contraceptive users who obtained their methods from a public source were more likely to have received information about the method's side effects than those who went to a private source (82 percent and 67 percent, respectively). Women who obtained their methods from public rural health unit/urban health centers were more likely than users who obtained their method from government hospitals to have received information about side effects (85 percent and 71 percent, respectively) and what to do if they experienced side effects (78 percent and 66 percent). Among private sector users, those who obtained their method from private hospitals or clinics were relatively better informed than those who used other sources.

7.9 KNOWLEDGE OF THE FERTILE PERIOD

An elementary knowledge of reproductive physiology provides a useful background for successful practice of coitus-associated methods such as withdrawal, condoms, and vaginal methods. Knowledge is particularly critical in the case of the rhythm method. In the NDHS, respondents were asked two questions to ascertain their level of understanding of the ovulatory cycle. The first question determined if respondents had a general understanding that there are certain days during a woman's menstrual cycle when she is more likely to become pregnant. Respondents who indicated that there were certain days a woman was more likely to become pregnant were then asked if that time was just before the woman's period begins, during her period, right after her period has ended, or halfway between two periods.

Table 7.10 shows that Filipino women generally have a limited understanding of the ovulatory cycle. A large percentage of women believe that a woman is more likely to get pregnant right after her menstrual

cycle has ended (46 percent). Only one in three women (32 percent) are aware that a woman is most at risk of pregnancy if she has intercourse halfway between two periods.

Table 7.10 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 2013

Perceived fertile period	Users of cycle-related methods[1]	Nonusers of cycle-related methods	All women
Just before her menstrual period begins	5.2	6.8	6.8
During her menstrual period	2.0	1.4	1.4
Right after her menstrual period has ended	40.4	46.1	45.9
Halfway between two menstrual periods	46.5	31.2	31.7
No specific time	4.6	6.6	6.5
Don't know	1.2	7.9	7.7
Total	100.0	100.0	100.0
Number of women	535	15,620	16,155

[1] Includes users of mucus/Billings/ovulation, basal body temperature, symptothermal, standard days, and rhythm methods.

Among users of ovulatory cycle-related methods, or those using mucus/Billings/ovulation method, basal body temperature, symptothermal, standard days, or rhythm method, 47 percent were able to correctly identify when during a woman's cycle she is most likely to get pregnant, although 40 percent incorrectly reported that a woman's fertile period is right after menstruation has ended.

The proportion of women who know that a woman is most likely to get pregnant halfway between her periods decreased slightly from 35 percent in 2008 to 32 percent in 2013. The proportion who do not know when a woman is most at risk of becoming pregnant also decreased from 13 percent in 2008 to 8 percent in 2013.

7.10 NEED FOR FAMILY PLANNING SERVICES

Information on fertility preferences is insufficient by itself to estimate the need for family planning services. Many women who do not want to have another child soon are not exposed to the risk of pregnancy, either because they are using contraception or for other reasons. Clearly, a more detailed analysis of unmet need for family planning is needed. In the past, the definition of unmet need used information from the contraceptive calendar and other questions that were not included in every survey, which led to unmet need being calculated inconsistently between surveys. The revised definition uses only information that has been collected in every survey so that unmet need can be measured in the same way over time.

Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrheic for up to two years following a mistimed birth and not using contraception.
- Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrheic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Women using contraception are considered to have met need. Women using contraception who say they want no (more) children are considered to have met need for limiting, and women who are using contraception and say they want to delay having a child, or are unsure if or when they want a/another child, are considered to have met need for spacing.

Unmet need, total demand, percentage of demand satisfied, and percentage of demand satisfied by modern methods are defined as follows:

- **Unmet need:** the sum of unmet need for spacing plus unmet need for limiting
- **Total demand for family planning**: the sum of unmet need plus total contraceptive use
- **Percentage of demand satisfied**: total contraceptive use divided by the sum of unmet need plus total contraceptive use
- **Percentage of demand satisfied by modern methods**: use of modern contraceptive methods divided by the sum of unmet need plus total contraceptive use

Table 7.11 shows that nearly 18 percent of currently married women in the Philippines have an unmet need for family planning. The percentage is split between a need for spacing births (7 percent) and a need for limiting births (11 percent).

Fifty-five percent of women have a met need for contraception; in other words, they are currently using a method. Sixteen percent of women are using contraception to delay their next birth, while 39 percent want to stop childbearing. The total demand for family planning among currently married women in Philippines is 73 percent. Seventy-six percent of women have had their demand for family planning satisfied.

The definition of unmet need for family planning has been revised to make levels of unmet need comparable over time and across surveys. The aspect of the change in the definition that has the largest impact on levels of unmet need is the removal of information collected from the contraceptive calendar, which has not been included in all DHS surveys across countries. Previously, in surveys that included a calendar, women who were pregnant or postpartum amenorrheic resulting from contraceptive failure were not considered to have unmet need, even if their last pregnancy/birth was unwanted or mistimed. By contrast, if the survey did not collect information on contraceptive failure in the calendar, all pregnant and postpartum amenorrheic women whose last pregnancy/birth was unwanted or mistimed were considered to have unmet need. To make the definition of unmet need comparable in both types of surveys, the new definition does not take information on contraceptive failure into account for any woman when assigning unmet need status. Removing contraceptive failure from the calculation can result in a small increase in the estimated level of unmet need by moving some women who were in the failure category into the unmet need category. All of the numbers in Figure 7.3 have been recalculated using the revised definition of unmet need and may differ slightly from

numbers published in the final reports for each previous survey. Results show a large decline from 30 percent in 1993, 25 percent in 1998, 23 percent in 2003, 22 percent in 2008, to 18 percent in 2013.[1]

Table 7.11 Need and demand for family planning among currently married women

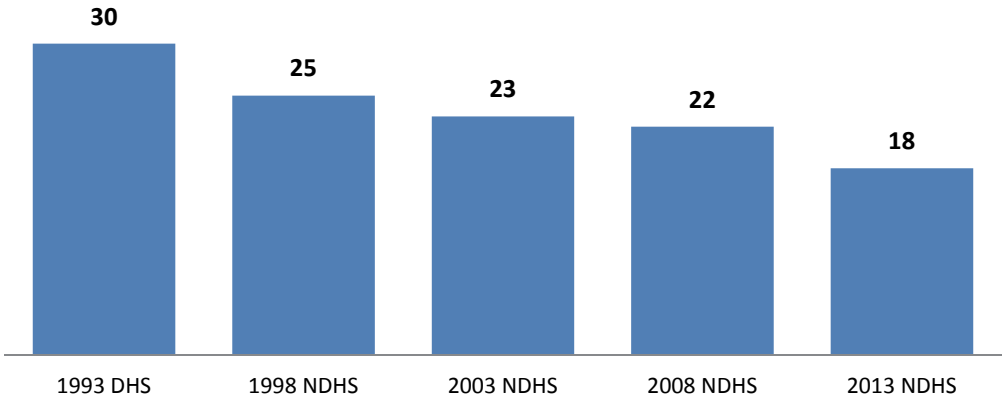
Percentage of currently married women age 15-49 with unmet need for family planning, percentage with met need for family planning, the total demand for family planning, and the percentage of the demand for contraception that is satisfied, by background characteristics, Philippines 2013

	Unmet need for family planning			Met need for family planning (currently using)			Total demand for family planning[1]					
Background characteristic	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total	Percentage of demand satisfied[2]	Percentage of demand satisfied by modern methods[3]	Number of women
Age												
15-19	24.9	3.9	28.7	28.6	8.0	36.5	53.4	11.8	65.2	56.0	31.7	313
20-24	15.5	6.6	22.2	34.9	16.1	51.0	50.4	22.8	73.2	69.7	46.9	1,196
25-29	11.7	6.5	18.2	30.7	27.8	58.5	42.4	34.4	76.8	76.2	55.1	1,484
30-34	6.2	8.5	14.7	19.5	42.9	62.4	25.6	51.4	77.1	80.9	58.2	1,862
35-39	3.7	12.4	16.1	9.0	52.0	61.0	12.7	64.4	77.1	79.2	55.1	1,725
40-44	1.6	15.2	16.8	2.7	55.5	58.2	4.3	70.6	74.9	77.6	51.7	1,638
45-49	0.5	16.1	16.6	0.8	39.0	39.8	1.3	55.1	56.5	70.5	41.6	1,511
Residence												
Urban	6.4	10.4	16.7	16.3	40.3	56.5	22.6	50.6	73.3	77.2	51.6	4,734
Rural	7.0	11.2	18.2	15.3	38.4	53.8	22.3	49.7	72.0	74.7	52.0	4,995
Region												
National Capital Region	5.5	8.6	14.0	18.3	42.8	61.1	23.8	51.3	75.1	81.3	53.4	1,475
Cordillera Admin Region	5.7	6.7	12.4	20.6	40.6	61.2	26.3	47.3	73.6	83.1	59.8	151
I - Ilocos Region	4.0	15.3	19.3	16.0	38.4	54.4	20.1	53.7	73.7	73.9	50.8	460
II - Cagayan Valley	5.0	10.6	15.6	14.5	44.4	58.9	19.5	55.0	74.5	79.0	69.1	376
III - Central Luzon	6.3	6.8	13.1	16.9	44.3	61.2	23.2	51.1	74.3	82.4	60.4	1,052
IVA - CALABARZON	6.0	11.8	17.8	15.9	39.8	55.7	21.9	51.6	73.5	75.8	49.1	1,349
IVB - MIMAROPA	8.2	12.6	20.8	14.9	36.3	51.2	23.1	48.9	72.0	71.1	55.1	252
V - Bicol	7.3	20.2	27.4	12.2	32.8	44.9	19.4	52.9	72.4	62.1	29.3	511
VI - Western Visayas	6.4	13.6	20.0	13.3	42.1	55.4	19.7	55.7	75.4	73.4	45.5	636
VII - Central Visayas	5.9	13.2	19.1	13.5	41.3	54.8	19.5	54.5	73.9	74.1	46.0	636
VIII - Eastern Visayas	3.1	8.8	11.9	19.3	42.4	61.7	22.4	51.2	73.7	83.8	50.2	370
IX - Zamboanga Peninsula	12.0	8.9	21.0	18.4	28.9	47.3	30.4	37.9	68.3	69.3	53.0	425
X - Northern Mindanao	6.4	13.9	20.2	15.0	35.7	50.7	21.4	49.5	70.9	71.5	53.0	424
XI - Davao	7.5	10.0	17.5	14.6	39.1	53.8	22.1	49.1	71.3	75.4	55.1	557
XII - SOCCSKSARGEN	7.6	8.0	15.6	15.2	42.3	57.5	22.7	50.3	73.0	78.7	60.5	469
XIII - Caraga	5.9	7.8	13.7	14.8	39.3	54.2	20.7	47.1	67.8	79.8	57.5	293
ARMM	19.2	8.4	27.6	11.7	12.2	23.9	31.0	20.5	51.5	46.5	29.7	295
Education												
No education	11.9	11.6	23.5	7.6	21.8	29.3	19.5	33.3	52.8	55.5	30.4	147
Elementary	5.7	12.3	17.9	10.0	42.9	52.9	15.6	55.2	70.8	74.7	51.1	2,015
High school	7.0	10.8	17.8	17.2	41.0	58.2	24.2	51.8	76.0	76.6	52.7	4,641
College	6.6	9.8	16.4	18.0	35.0	53.0	24.5	44.9	69.4	76.4	51.7	2,925
Wealth quintile												
Lowest	8.5	12.7	21.3	13.1	36.8	49.9	21.6	49.5	71.2	70.1	46.4	1,945
Second	6.5	10.2	16.7	16.1	42.2	58.3	22.6	52.4	75.0	77.7	53.8	1,919
Middle	6.2	9.3	15.5	17.4	42.3	59.6	23.6	51.6	75.2	79.3	55.1	1,996
Fourth	6.2	9.9	16.1	17.3	39.8	57.1	23.5	49.7	73.2	78.0	53.5	2,012
Highest	5.9	12.0	17.9	14.9	35.4	50.3	20.9	47.4	68.3	73.7	49.8	1,857
Total	6.7	10.8	17.5	15.8	39.3	55.1	22.5	50.1	72.6	75.9	51.8	9,729

Note: Numbers in this table correspond to the revised definition of unmet need described in Bradley et al., 2012.
[1] Total demand is the sum of unmet need and met need
[2] Percentage of demand satisfied is met need divided by total demand
[3] Modern methods include female sterilization, male sterilization, pill, IUD, injectables, implants, male condom, female condom, and lactational amenorrhea method (LAM), Mucus/Billings/ovulation, basal body temperature, symptothermal, standard days method, and other modern methods

[1]Data do not match the published figure because it was recalculated with the new definition.

Figure 7.3 **Trends in unmet need for family planning**



Unmet need for contraception for purposes of spacing births declines in relation to a woman's age, whereas the need for limiting births increases as a woman ages. The needs for spacing and limiting are complementary, as evidenced by the fact that total unmet need generally varies little by age of the woman.

Unmet need varies little by place of residence. Unmet need is lowest in Eastern Visayas and Cordillera Administrative Region (12 percent) and highest in ARMM (28 percent). Unmet need is linearly associated with education. Women with no education have the highest level of unmet need (24 percent) and women with higher education the lowest (16 percent). Since educated women are more likely to use a contraceptive method than uneducated women, a higher proportion of their total demand for family planning is satisfied. Unmet need is higher among women in the lowest wealth quintile (21 percent) than in all other wealth quintiles.

As expected, met need (i.e., the level of current contraceptive use) for limiting is more than 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 77 percent among women age 25-39. Differentials in total demand by residence, region, and wealth quintile are minimal, except for the low levels among women in ARMM region (52 percent) and women with no education (53 percent).

7.11 Future Use of Contraception

An important indicator of the changing demand for family planning is the extent to which nonusers of contraception plan to use family planning in the future. In the 2013 NDHS, currently married women age 15-49 who were not using a contraceptive method were asked about their intention to use family planning in the future. The results are presented in Table 7.12.

Forty-one percent of currently married women who reported that they were not using any family planning method said that they intend to use a family planning method in the future; 56 percent have no intention to use contraception, and 2 percent are unsure. The percentage of nonusers indicating that they plan to adopt contraception is highest among those with one child (47 percent), after which it declines to 45 percent among women with 2 children, and to 34 percent among women who have four or more children.

Table 7.12 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 2013

	Number of living children[1]					
Intention to use in the future	0	1	2	3	4+	Total
Intends to use	31.7	47.4	45.2	45.5	34.4	41.3
Unsure	5.7	2.2	1.6	0.8	1.9	2.2
Does not intend to use	62.4	50.3	52.8	53.1	63.1	56.1
Missing	0.2	0.1	0.4	0.6	0.6	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	499	1,068	994	609	1,196	4,367

[1] Includes current pregnancy

7.12 EXPOSURE TO FAMILY PLANNING MESSAGES

Data on the media through which subgroups of the population typically receive family planning messages are useful in assessing the coverage of current information, education, and communication efforts and in planning future media campaigns. To assess the extent to which they receive family planning information through mass media, NDHS respondents were asked if they had heard or seen a message about family planning on the radio, on television, in a newspaper or magazine, or on the internet in the past few months.

Table 7.13 shows that televised messages about family planning reach the largest audience of women (70 percent). Forty-five percent of women recently heard about family planning on the radio, 33 percent read about family planning in a newspaper or magazine, and 24 percent saw a family planning message online or on the internet.

About a quarter of women (24 percent) did not receive family planning information from any of the four sources. Women in rural areas, women from ARMM region, and women with no education are most likely not to have been recently exposed to family planning messages through any of the media. Among women, the percentage who are not exposed to any family planning messages through the media generally decreases with increasing wealth.

Table 7.13 Exposure to family planning messages

Percentage of women age 15-49 who heard or saw a family planning message on radio, on television, in a newspaper or magazine, or on the internet in the past few months, according to background characteristics, Philippines 2013

Background characteristic	Radio	Television	Newspaper/ magazine/ poster/leaflet	Online or internet	None of these four media sources	Number of women
Age						
15-19	35.3	63.7	26.9	27.9	29.7	3,237
20-24	43.9	71.1	32.8	35.6	22.3	2,789
25-29	47.0	74.2	36.0	29.0	19.9	2,156
30-34	49.4	74.5	36.5	23.0	19.3	2,250
35-39	48.8	69.3	34.0	18.5	24.0	1,976
40-44	48.4	68.5	33.7	13.6	24.8	1,924
45-49	52.2	69.3	33.8	10.5	24.2	1,823
Residence						
Urban	44.3	74.0	37.4	30.2	21.1	8,585
Rural	46.7	65.0	27.9	16.6	26.8	7,570
Region						
National Capital Region	45.3	80.5	46.0	34.5	16.3	2,924
Cordillera Admin Region	45.9	68.4	43.5	30.7	20.3	252
I - Ilocos Region	44.4	65.1	31.4	21.5	27.4	691
II - Cagayan Valley	56.4	72.0	33.5	20.9	18.9	550
III - Central Luzon	45.2	77.6	31.6	25.1	18.7	1,720
IVA - CALABARZON	33.2	64.7	26.1	24.7	30.6	2,293
IVB - MIMAROPA	48.7	66.5	27.9	13.6	21.2	372
V - Bicol	49.3	71.5	29.7	17.4	19.7	798
VI - Western Visayas	54.6	74.3	37.6	24.3	19.6	996
VII - Central Visayas	56.9	71.9	45.3	28.9	18.0	1,030
VIII - Eastern Visayas	43.6	72.2	43.7	22.5	20.4	571
IX - Zamboanga Peninsula	46.7	61.5	17.1	15.2	31.2	725
X - Northern Mindanao	46.5	62.9	26.3	22.4	28.1	697
XI - Davao	34.7	55.7	19.2	14.8	36.2	893
XII - SOCCSKSARGEN	54.5	65.6	32.3	18.6	25.2	744
XIII - Caraga	54.3	72.5	27.1	21.1	22.0	435
ARMM	37.9	39.9	11.5	4.9	50.8	465
Education						
No education	25.5	22.6	2.3	1.0	64.8	188
Elementary	41.3	51.4	15.8	2.5	38.7	2,593
High school	44.4	69.6	28.5	15.6	24.6	7,916
College	49.7	80.4	48.6	46.8	14.0	5,458
Wealth quintile						
Lowest	42.3	45.1	15.5	3.3	41.9	2,620
Second	46.9	66.7	25.4	9.9	25.2	2,886
Middle	47.1	74.7	32.6	19.0	20.7	3,199
Fourth	45.4	77.7	37.1	29.9	18.6	3,572
Highest	45.1	77.3	46.7	46.6	17.6	3,878
Total 15-49	45.4	69.8	32.9	23.9	23.8	16,155

7.13 CONTACT OF NONUSERS WITH FAMILY PLANNING PROVIDERS

Health providers are an important source of family planning information for nonusers who may be in need of family planning. The 2013NDHS included several questions to determine if nonusers had any contact with health providers in the year before the survey and, if they did, whether they received any information about family planning from the provider.

Table 7.14 shows that 12 percent of nonusers were visited in their home by a health worker who discussed family planning and that 15 percent had discussed family planning during a visit they had made to a health facility in the past 12 months. The results also show that some potential opportunities for discussing family planning with nonusers are missed; one in five nonusers (20 percent) had visited a health facility in the past year without receiving any information on family planning. Overall, 80 percent of nonusers had not discussed family planning with a fieldworker or at a health facility in the past year. This percentage was lowest among women age 35-39 (69 percent), women in rural areas (75 percent), those in Caraga Region (67 percent), and those in the lowest wealth quintile (66 percent).

Table 7.14 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 did not discuss family planning either with a fieldworker or at a health facility, by background characteristics, Philippines 2013

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:		Percentage of women who did not discuss family planning either with fieldworker or at a health facility	Number of women
		Discussed family planning	Did not discuss family planning		
Age					
15-19	6.5	4.1	14.8	90.8	3,094
20-24	9.6	15.3	19.3	79.7	2,100
25-29	14.5	22.1	20.9	72.3	1,239
30-34	15.4	23.6	22.2	70.9	1,072
35-39	16.7	24.4	21.8	69.4	909
40-44	16.9	18.4	22.3	74.3	950
45-49	16.1	14.7	24.4	76.8	1,205
Residence					
Urban	9.7	11.6	17.4	83.0	5,725
Rural	14.4	18.3	22.0	75.3	4,842
Region					
National Capital Region	6.9	8.8	11.7	87.4	1,944
Cordillera Admin Region	13.3	18.7	21.5	73.7	158
I - Ilocos Region	11.0	12.7	21.8	82.8	439
II - Cagayan Valley	9.5	15.0	22.1	80.5	326
III - Central Luzon	8.0	11.3	17.5	84.7	1,054
IVA - CALABARZON	9.7	8.8	13.1	84.2	1,517
IVB - MIMAROPA	18.6	19.4	26.2	72.5	240
V - Bicol	13.4	21.4	28.2	74.7	561
VI - Western Visayas	14.9	22.2	20.0	71.6	633
VII - Central Visayas	11.5	15.4	23.0	79.9	664
VIII - Eastern Visayas	14.1	21.8	37.7	70.1	335
IX - Zamboanga Peninsula	19.5	19.1	17.0	71.4	522
X - Northern Mindanao	17.5	21.6	34.9	72.3	467
XI - Davao	15.9	15.5	27.4	74.7	577
XII - SOCCSKSARGEN	13.3	19.9	26.4	74.2	467
XIII - Caraga	21.7	25.9	15.6	67.1	271
ARMM	14.1	14.0	12.7	78.2	393
Education					
No education	15.1	16.0	19.5	77.6	144
Elementary	19.5	23.2	22.3	69.3	1,509
High school	12.4	14.3	17.9	79.2	5,121
College	7.9	11.7	20.7	84.0	3,792
Wealth quintile					
Lowest	20.5	27.1	21.1	65.5	1,646
Second	17.2	19.1	22.0	72.6	1,747
Middle	12.0	14.9	17.8	78.7	1,957
Fourth	9.0	10.5	19.7	84.1	2,346
Highest	5.9	8.0	18.2	88.5	2,871
Total	11.9	14.7	19.5	79.5	10,567

INFANT AND CHILD MORTALITY 8

Key Findings

- Infant and under-5 mortality rates for the five-year period preceding the survey are 23 and 31 deaths per 1,000 live births, respectively. Hence, one in every 43 babies dies before their first birthday and one in every 32 babies dies before reaching their fifth birthday. These results indicate a continuation of the slow decline in childhood mortality in the Philippines.
- More than half of infant deaths occur during the first month of life (neonatal mortality).
- Infant and under-5 mortality is highest among babies living in rural areas and SOCCSKSARGEN, among those whose mothers have less education or are in the lowest wealth quintile, and among those born to mothers aged 40-49 and mothers of high parity (7+). Children born after short birth intervals also have higher mortality.
- The perinatal mortality rate is 22 per 1,000 pregnancies.

Mortality rates reflect a country's health development and quality of life of the citizens, especially mortality rates of children. These include infant, child, neonatal, post-neonatal, and under-five mortality. It is in the worldwide agenda to reduce the high levels of child mortality as reflected in the objective of Millennium Development Goal 4—to reduce the under-5 mortality rate by two-thirds between 1990 and 2015.

Information in this chapter was obtained from the reproductive history section of the Woman's Questionnaire of the 2013 NDHS. There are two types of data collected in this section. The first refers to a woman's total number of pregnancies, classified as live births and non-live births. To elicit complete reporting of all live births, interviewers asked the respondents to report the number of children still living and those who died, each classified by sex. The second type of data relates to detailed information on each of the woman's pregnancies from the first to the last. The following information was collected: whether the pregnancy resulted in single or multiple births and the outcome of the pregnancy (born alive, born dead, or lost before full term), and the length or duration of pregnancy (to get data on pre-term live births).

For all live births, the name, sex, date of birth, and survival status of the child were recorded. For surviving children, their age in completed years at last birthday was recorded. For dead children, the age at death was noted. If the child was born dead (stillbirth) or the pregnancy was lost before full term (miscarriage), the date of pregnancy termination and duration of pregnancy at the time of loss were also recorded. For these pregnancies, the women were asked whether the pregnancy loss was induced. The accuracy of these estimates depends on the respondent's full recall about all of her births, particularly those who have died, and her ability to accurately report the children's date of birth and age at death.

8.1 DEFINITIONS AND CONCEPTS

Included in this chapter are estimates and definitions of childhood mortality as to the following:

a. Neonatal mortality (NN) - the probability of dying within the first month of life

b. Postneonatal mortality (PNN) - the difference between infant and neonatal mortality

c. Infant mortality (${}_1q_0$) - the probability of dying before the first birthday

d. Child mortality (${}_4q_1$)- the probability of dying between the first and fifth birthday

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

f. Perinatal mortality - the number of stillbirths and early neonatal deaths that occurred 0-4 years preceding the survey per 1,000 pregnancies of seven or more months' duration.

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.

Newborns', infants' and young children's health is a primary concern 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.

8.2 DATA QUALITY

The quality of mortality estimates calculated from retrospective birth histories depends upon the completeness with which births and deaths are reported and recorded. Even though the training and field procedures for the 2013 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. One source of error relates to the facts 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 would 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 post-neonatal 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 for very early deaths, it is useful to examine patterns in the reported age at death in a more detailed manner. Data in Appendix Tables C.5 and C.6 do show some evidence of heaping on ages at death of 7 days, 6 months, and 12 months, but the problem is not severe for the periods closer to the survey date.

Another possible error is underreporting of events; respondents are more likely to forget distant events than recent events. Thus, deaths that occurred in the more distant past are less likely to be reported than recent deaths, resulting in underreporting of deaths. If selective omission of childhood deaths occurs, it is usually

most severe for deaths early in infancy. Generally, if deaths are substantially underreported, the result is a low ratio of early neonatal deaths (deaths within the first week of life) to all neonatal deaths and a low ratio of neonatal deaths to infant deaths.

An examination of the proportion of early neonatal deaths to all neonatal deaths (Appendix Table C.5) shows that early neonatal represented 80 percent of all neonatal deaths for the five-year period prior to the 2013 NDHS.[1] As expected, the percentage of early neonatal deaths decreases for earlier periods before the survey.

An examination of the proportion of neonatal deaths to infant deaths (Appendix Table C.6) shows that neonatal deaths represented 59 percent of infant deaths for the five-year periods prior to the 2013 NDHS, with little change across the five-year periods prior to the survey. Misreporting of date of birth can also bias mortality rates. This can occur if an interviewer knowingly records a birth as occurring in a different year, which could happen if an interviewer were trying to cut down on his or her overall work load, because live births occurring during the five years preceding the interview are the subject of a lengthy set of additional questions. In the 2013 NDHS questionnaire, the cut-off year for these questions was 2008. Appendix Table C.4 shows no evidence of transference of children from 2008 to earlier years either for living children or children who died.

8.3 LEVELS AND TRENDS

Table 8.1 shows early childhood mortality rates calculated from the 2013 NDHS birth history for three successive five-year periods prior to the survey. These periods correspond roughly to 1999 to 2013. Child mortality in the Philippines is relatively low, compared with other countries in the Southeast Asian region. Under-five mortality for the period 0-4 years before the survey or approximately the calendar years 2009-2013 is 31 deaths per 1,000 live births. This means that one in 32 children born in the Philippines dies before the fifth birthday. Following the usual pattern, most of the early childhood mortality occurs in the first year of life: infant mortality is 23 deaths per 1,000 live births, while mortality between the first and the fifth birthday is 9 deaths per 1,000. The neonatal mortality rate is 13 deaths per 1,000 live births and the post-neonatal mortality rate is 10 deaths per 1,000 live births. Data from the 2013 NDHS indicate that there has been no significant change in childhood mortality. For example, child mortality is the same for both the period 5-9 and 10-14 years

Table 8.1 Early childhood mortality rates

Neonatal, postneonatal, infant, child, and under-five mortality rates for five-year periods preceding the survey, Philippines 2013

Years preceding the survey	Neonatal mortality (NN)	Post-neonatal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
0-4	13	10	23	9	31
5-9	15	10	24	10	34
10-14	15	9	25	10	34

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

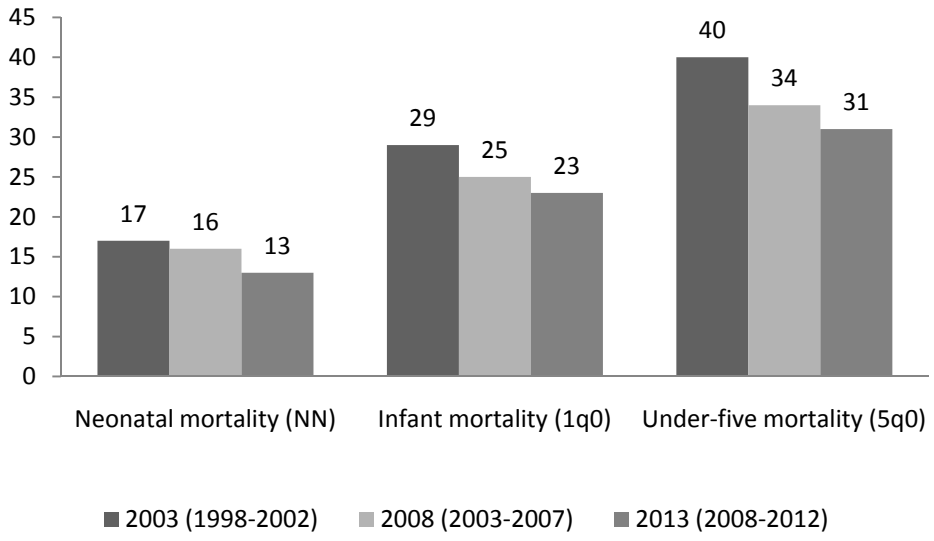
Comparison of mortality data from the four past DHS surveys indicates that while mortality has declined over the past 20 years, the decline has been slow (Figure 8.1). For example, infant mortality has decreased from 35 deaths per 1,000 births in the 1998 NDHS to 29 deaths per 1,000 in the 2003 NDHS and to 25 deaths per 1,000 in the 2008 NDHS and to 23 deaths per 1,000 in the 2013. Child mortality rates show a

[1] There are no models for mortality pattern during the neonatal periods. 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 six days of life (Boerma, 1988).

similar decline, from 14 deaths per 1,000 in the 1998 NDHS to 12 deaths per 1,000 in the 2003 NDHS to 9 deaths per 1,000 in the 2008 and 2013 NDHS (NSO and Macro International Inc., 2008).

However, the Philippines made significant progress in reducing infant mortality and is likely to meet the Millennium Development Goal (MDG) Target 4.A particularly to reduce by two-thirds, between 1990 and 2015, the under-five mortality rate. MDG indicator 4.1 is to reduce under-five mortality to 27 deaths per 1,000 live births while MDG indicator 4.2 is to reduce infant mortality rate to 19 deaths per 1,000 live births.

Figure 8.1 **Trends in early childhood mortality rates, Philippines 2003-2013**



8.4 SOCIOECONOMIC DIFFERENTIALS IN INFANT AND CHILD MORTALITY

Differentials in childhood mortality by place of residence, region, educational level of the mother, and socioeconomic status are presented in Table 8.2. A sufficient number of births are needed in order to analyze mortality differentials across population subgroups, hence, period-specific rates are presented for the ten-year period preceding the survey (approximately 2004 to 2013).

The result reveals that mortality rates in urban areas are much lower than those in rural areas (Figure 8.2). The under-five mortality rate in urban areas is 25 deaths per 1,000 live births, compared with 38 deaths per 1,000 live births in rural areas. In addition, the infant mortality rate in urban areas (19 deaths per 1,000 live births), is lower than in rural areas (28 deaths per 1,000 live births).

Table 8.2 Early childhood mortality rates by socioeconomic characteristics

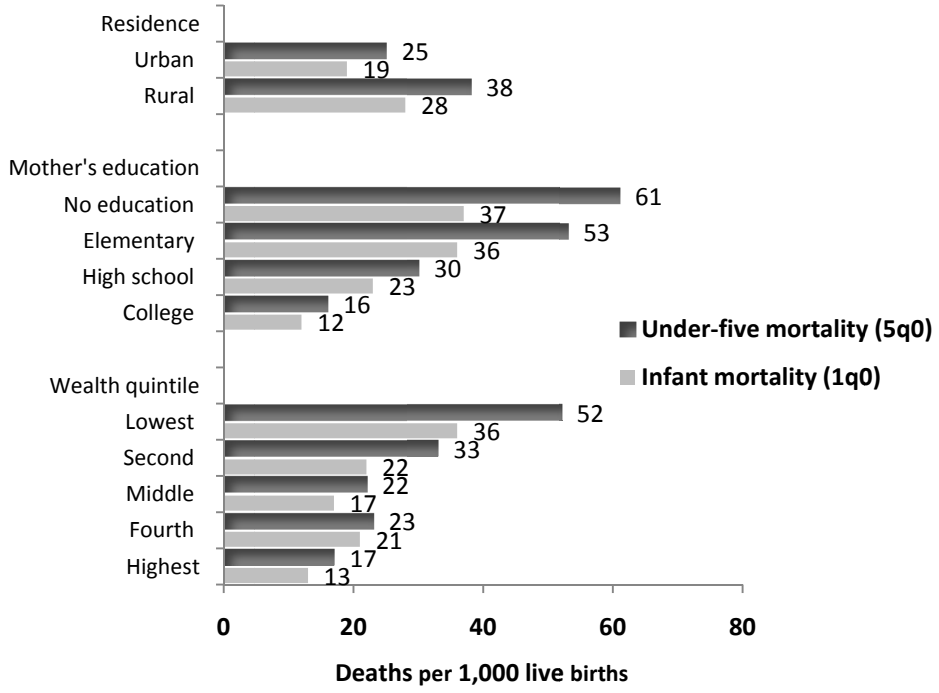
Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by background characteristics, Philippines 2013

Background characteristic	Neonatal mortality (NN)	Post-neonatal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
Residence					
Urban	9	10	19	7	25
Rural	18	10	28	11	38
Region					
National Capital Region	7	9	16	6	22
Cordillera Admin Region	7	9	16	9	25
I - Ilocos Region	15	8	23	4	26
II - Cagayan Valley	16	3	20	2	21
III - Central Luzon	14	9	23	8	31
IVA - CALABARZON	11	8	19	4	23
IVB - MIMAROPA	17	19	36	6	43
V - Bicol	17	4	21	12	33
VI - Western Visayas	15	10	25	6	30
VII - Central Visayas	18	8	26	8	34
VIII - Eastern Visayas	10	9	19	13	32
IX - Zamboanga Peninsula	11	16	27	8	35
X - Northern Mindanao	16	9	25	24	49
XI - Davao	12	14	26	12	37
XII - SOCCSKSARGEN	29	8	37	16	52
XIII - Caraga	19	15	33	6	39
ARMM	11	21	32	24	55
Mother's education					
No education	(22)	(16)	(37)	(25)	(61)
Elementary	18	18	36	17	53
High school	14	9	23	7	30
College	8	4	12	4	16
Wealth quintile					
Lowest	19	17	36	17	52
Second	13	9	22	11	33
Middle	8	8	17	6	22
Fourth	15	6	21	2	23
Highest	9	4	13	4	17

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

Mortality differentials by the mother's level of education show that children of mothers with high school or higher levels of education generally fare better than children of mothers with only basic elementary school. The under-five mortality rate for children whose mothers have no education is 61 deaths per 1,000 live births, compared with 16 deaths per 1,000 live births for children whose mothers who have attended college. Except for neonatal mortality, mortality levels among children in the lowest two wealth quintiles are higher than the levels among children in the middle to highest quintiles. For example, post-neonatal and child mortality are both four times higher among children living in the poorest households than among children living in the wealthiest households (17 deaths per 1,000 live births and 4 deaths per 1,000 children surviving to 12 months of age, respectively).

Figure 8.2 **Under-five and infant mortality by background characteristics**



The under-five mortality rate is highest in ARMM (55), followed by SOCCKSARGEN (52). It is lowest in Cagayan Valley (21) and NCR (22).

8.5 DEMOGRAPHIC DIFFERENTIALS IN INFANT AND CHILD MORTALITY

This section examines differentials in early childhood mortality by demographic characteristics of the child and the mother such as mother's age at birth, birth order, birth interval, and sex of the child. The typical pattern of higher mortality for males than females is not strongly reflected in the results of the 2013 NDHS; post-neonatal, infant and under-five mortality rates for males are all somewhat higher than for females, though neonatal mortality is higher for females and child mortality is the same for both sexes (Table 8.3).

The 2013 NDHS results show that there is a clear positive association between birth order and the probability of dying in childhood; the risk of dying increases with higher order births. For example, the child mortality rate for first-order births is 4 deaths per 1,000 surviving children to 12 months of age and 19 per 1,000 for seventh and higher order births.

Table 8.3 Early childhood mortality rates by demographic characteristics

Neonatal, post-neonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by demographic characteristics, Philippines 2013

Demographic characteristic	Neonatal mortality (NN)	Post-neonatal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
Child's sex					
Male	13	12	25	9	34
Female	14	8	22	9	31
Mother's age at birth					
<20	19	12	31	8	39
20-29	13	8	22	8	30
30-39	11	10	21	10	31
40-49	24	20	44	(11)	(55)
Birth order					
1	15	6	22	4	26
2-3	10	8	19	9	27
4-6	15	14	29	13	41
7+	19	21	40	19	58
Previous birth interval[2]					
<2 years	16	14	30	16	45
2 years	11	15	26	13	39
3 years	10	8	18	9	26
4+ years	13	8	20	5	26

na = Not available
[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

Mortality rates show the expected U-shaped relationship with mother's age at birth, i.e., mortality is higher for children born to the youngest and oldest mothers, with lower mortality for children whose mothers are in the middle age groups. The higher rates for younger and older women may be related to biological factors that lead to complications during pregnancy and delivery.

Data in Table 8.3 also show that childhood mortality levels decline as the birth interval increases. For example, the under-5 mortality rate among children born less than two years after a previous birth is 45 per 1,000 compared with 26 per 1,000 among children born four or more years after a previous birth.

8.6 PERINATAL MORTALITY

The perinatal mortality rate is a good indicator of the state of delivery services, both in terms of accessing the services to ensure delivery of healthy babies. Pregnancy losses occurring after seven completed months of gestation (stillbirths) plus deaths to live births within the first seven days of life (early neonatal deaths) constitute perinatal deaths. The perinatal mortality rate is calculated by dividing the total number of perinatal deaths by the total number of pregnancies reaching seven months' gestation. Information on stillbirths and neonatal deaths were obtained from the pregnancy history.

An important consideration in the evaluation of perinatal mortality is the quality or completeness of reports on stillbirths, which are susceptible to omission, underreporting, or misclassification (as early neonatal deaths). The distinction between a stillbirth and an early neonatal death may be a fine one, depending often on the observed presence or absence of some faint signs of life after delivery. The causes of stillbirths and early neonatal deaths are overlapping, and examining just one or the other can understate the true level of mortality around delivery. For this reason, it is suggested that both event types be combined and examined together.

Table 8.4 shows the number of still births and early neonatal deaths and the perinatal mortality rate for the five-year period preceding the survey. Data show that there were 83 still births and 71 early neonatal deaths reported in the survey, resulting in a perinatal mortality rate of 22 per 1,000 pregnancies in the Philippines.

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 2013

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	8	11	22	879
20-29	29	36	18	3,581
30-39	38	17	25	2,216
40-49	8	8	40	389
Previous pregnancy interval in months[4]				
First pregnancy	20	26	23	2,007
<15	14	16	20	1,489
15-26	12	11	17	1,314
27-38	11	5	24	695
39+	25	14	25	1,560
Residence				
Urban	34	27	19	3,295
Rural	49	44	24	3,770
Region				
National Capital Region	7	5	11	1,032
Cordillera Admin Region	2	0	14	107
I - Ilocos Region	3	3	18	317
II - Cagayan Valley	5	3	34	263
III - Central Luzon	11	6	26	667
IVA - CALABARZON	7	6	15	895
IVB - MIMAROPA	3	3	30	193
V - Bicol	3	8	25	440
VI - Western Visayas	1	9	20	487
VII - Central Visayas	10	2	25	471
VIII - Eastern Visayas	6	0	21	275
IX - Zamboanga Peninsula	5	3	22	344
X - Northern Mindanao	4	4	24	328
XI - Davao	5	3	20	402
XII - SOCCSKSARGEN	6	9	44	336
XIII - Caraga	1	5	23	232
ARMM	6	2	30	277
Mother's education				
No education	3	2	45	115
Elementary	31	23	35	1,526
High school	36	32	19	3,559
College	13	15	15	1,864
Wealth quintile				
Lowest	35	29	32	1,951
Second	16	15	20	1,541
Middle	20	11	22	1,415
Fourth	7	12	16	1,222
Highest	5	4	10	937
Total	83	71	22	7,065

[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 1,000.
[4] Categories correspond to birth intervals of <24 months, 24-35 months, 36-47 months, and 48+ months.

The perinatal mortality rate is higher in rural areas (24 and 19 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. It also shows an inverse correlation with education of the mother, being highest for those with no education.

The highest perinatal mortality rate occurs in SOCCSKSARGEN, while NCR has the lowest rate.

8.7 HIGH-RISK FERTILITY BEHAVIOR

Typically, infants and young children have a greater probability of dying if they are born to very young or old, if they are born after a short birth, or if they are of high birth order. In the following analysis, mothers are classified as a risk if they are younger than age 18 or older than 35 at the time of childbirth. A short birth interval is defined as less than 24 months, and a high-order birth is defined as occurring after three or more previous births (i.e., birth order 4 or higher). A child may be at an elevated risk of dying due to a combination of factors.

In Table 8.5, the first column shows the distribution of births in the five years preceding the survey by risk category in relation to the fertility behavior of the mother. Overall, 26 percent of births in the Philippines are not in any high-risk category, while another 26 percent have an elevated mortality risk that is considered unavoidable (first births between ages 18-34). Almost half (48 percent) of births involved at least one avoidable risk factor, with 30 percent involving a single high risk factor and 18 percent involving multiple high-risk factor. The single high-risk categories with the highest percentage of births are birth order greater than three (11 percent) and births occurring after intervals of less than 24 months (10 percent).

The second column in Table 8.5 presents risk ratios, which represent the increased risk of mortality among births in various high-risk categories relative to births not having any high-risk characteristics. Among births involving single risk factor, mother's age less than 18 (risk ratio = 2.13) is the single factor most associated with increased risk of under-5 mortality in the Philippines. Overall, the risk ratio for births involving single risk factor was 1.59.

Multiple risk factor births were generally associated with higher risk ratios than single risk factor births with an overall risk ratio of 2.16. 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 1.6 times more likely to die in early childhood. The multiple high-risk categories with the highest risk ratio is the combination of mothers with birth interval less than 24 months and birth order higher than three; the 5 percent of births in this category are more than three times more likely to die as children with no elevated mortality risk.

The column for currently married women 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. Two in three currently married women (66 percent) are at risk of conceiving a child with an elevated risk of dying; 32 percent of women are at risk because of a single high-risk factor, while 34 percent of women have multiple high-risk factors. The most common risk is late childbearing combined with high birth order (26 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 2013

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	26.0	1.00	28.5[a]
Unavoidable risk category			
First order births between ages 18 and 34 years	26.4	1.02	5.1
Single high-risk category			
Mother's age <18	3.9	2.13	0.4
Mother's age >34	4.5	1.38	16.3
Birth interval <24 months	10.4	1.38	8.0
Birth order >3	11.1	1.67	7.8
Subtotal	30.0	1.59	32.4
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	(0.00)	0.5
Age >34 and birth order >3	10.4	1.63	26.4
Age >34 and birth interval <24 months and birth order >3	1.8	2.61	2.8
Birth interval <24 months and birth order >3	4.8	3.15	4.1
Subtotal	17.6	2.16	34.0
In any avoidable high-risk category	47.6	1.80	66.4
Total	100.0	na	100.0
Number of births/women	6,982	na	9,729

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.
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

Key Findings

- Almost all women (95 percent) in the Philippines receive antenatal care (ANC) from a skilled health provider (doctor, nurse and midwife)
- Four out of five women (84 percent) have four or more ANC visits and 62 percent receive care in the first trimester of pregnancy
- Ninety-two percent of women take iron supplements during pregnancy and 46 percent take iron with folic acid
- Most women (83 percent) set aside money during pregnancy in case of emergency
- More than 60 percent of births are delivered in a health facility, two-fifths (43 percent) of which was provided by the public sector. The number one reason for not delivering in a health facility was "cost" (37 percent)
- Three out of four (73 percent) births are assisted by a skilled health provider
- Three out of four mothers (72 percent) received a postnatal check-up within two days after the delivery
- 77 percent of mothers receive postnatal care from skilled health providers
- Half (53 percent) of newborns have a postnatal check-up in the first two days after birth
- Getting money is the most common problem women report in accessing health care for themselves

One of the Millennium Development Goals is to reduce maternal deaths by seventy-five percent by 2015 which the Philippines cannot achieve. Continuous and intensive improvement in the maternal health care services is the main strategy being implemented to reduce the high rates of death and disability caused by complications of pregnancy and delivery.

Information on antenatal care (ANC) and post natal care (PNC) is necessary to identify subgroups of women who are not availing ANC and PNC services in order to have improved and more focused plans and programs for these types of health care services.

This chapter discusses the findings of the 2013 NDHS on a number of antenatal care indicators, namely: type of provider, number and timing of ANC visits, services and information provided to the mothers including whether tetanus toxoid injections were received. Delivery services are assessed according to birth attendants, place of delivery, percentage of births delivered by caesarian section and cost of delivery. Information on PNC was collected for all women with a live birth in the two years preceding the survey and included time elapsed between delivery and the postnatal care received and the provider of care. Likewise, information about PNC for the baby was also gathered. Problems of women in accessing health services were also included in this chapter.

9.1 ANTENATAL CARE

Antenatal care aims to monitor the status of health of the mother and her baby to diagnose early any pregnancy-related problems. In this survey, information on ANC coverage was obtained from women who had a live birth in the five years preceding the survey and in case she had more than one live birth in this period, the information about ANC refers to her last birth only.

9.1.1 Antenatal Care Coverage

Table 9.1 shows the percent distribution of women age 15-49 who had a live birth in the five years preceding the survey by the type of ANC provider during pregnancy for the most recent birth. If the woman received ANC from more than one type of provider, the provider with the highest qualifications was considered in the table. Results are shown according to background characteristics.

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 2013

	Antenatal care provider									
Background characteristic	Doctor	Nurse	Midwife	Traditional birth attendant (hilot)	Barangay health worker	Missing	No ANC	Total	Percentage receiving antenatal care from a skilled provider[1]	Number of women
Mother's age at birth										
<20	36.4	2.0	57.7	0.6	0.0	0.0	3.3	100.0	96.1	586
20-34	39.9	2.0	53.8	0.5	0.1	0.1	3.5	100.0	95.8	3,598
35-49	36.4	1.3	55.9	1.3	0.0	0.2	4.8	100.0	93.6	1,004
Birth order										
1	50.8	1.7	45.9	0.2	0.0	0.0	1.4	100.0	98.4	1,516
2-3	42.1	1.7	52.1	0.4	0.1	0.3	3.2	100.0	96.0	2,200
4-5	25.0	2.9	65.7	1.0	0.1	0.0	5.4	100.0	93.5	871
6+	16.9	1.5	70.0	2.2	0.0	0.3	9.0	100.0	88.4	602
Residence										
Urban	50.8	2.1	43.8	0.3	0.1	0.1	2.7	100.0	96.7	2,489
Rural	27.8	1.7	64.7	1.0	0.0	0.2	4.7	100.0	94.2	2,699
Region										
National Capital Region	74.0	2.1	22.6	0.0	0.0	0.0	1.3	100.0	98.7	815
Cordillera Admin Region	60.0	8.1	30.0	0.0	0.0	0.0	1.9	100.0	98.1	79
I - Ilocos Region	49.2	0.8	47.4	0.0	0.0	0.0	2.6	100.0	97.4	232
II - Cagayan Valley	30.6	1.2	65.4	0.4	0.0	0.0	2.4	100.0	97.2	199
III - Central Luzon	49.2	1.5	47.0	0.0	0.0	0.0	2.3	100.0	97.7	495
IVA - CALABARZON	47.4	0.2	49.5	0.4	0.0	0.2	2.3	100.0	97.1	696
IVB - MIMAROPA	23.9	2.8	64.6	1.0	1.5	0.0	6.2	100.0	91.3	135
V - Bicol	26.3	2.3	68.4	1.3	0.0	0.0	1.7	100.0	97.0	301
VI - Western Visayas	31.3	2.1	64.5	0.0	0.0	0.3	1.8	100.0	97.9	352
VII - Central Visayas	25.5	2.9	70.0	0.0	0.0	0.0	1.6	100.0	98.4	333
VIII - Eastern Visayas	37.4	2.0	56.1	0.0	0.0	0.0	4.4	100.0	95.6	196
IX - Zamboanga Peninsula	14.3	1.6	78.2	0.3	0.3	0.6	4.7	100.0	94.0	245
X - Northern Mindanao	23.2	2.1	69.4	0.4	0.0	1.2	3.7	100.0	94.6	242
XI - Davao	23.9	1.3	72.4	1.0	0.0	0.0	1.3	100.0	97.6	295
XII - SOCCSKSARGEN	12.1	1.3	78.2	0.0	0.0	0.0	8.4	100.0	91.6	236
XIII - Caraga	15.0	5.0	77.0	0.0	0.0	0.0	3.0	100.0	97.0	163
ARMM	12.4	3.1	37.3	11.9	0.0	0.3	35.0	100.0	52.8	173
Education										
No education	7.2	1.4	53.0	3.7	0.0	0.7	34.1	100.0	61.5	73
Elementary	14.6	2.5	73.4	1.5	0.1	0.1	7.8	100.0	90.5	1,017
High school	32.4	2.0	62.4	0.5	0.0	0.1	2.6	100.0	96.8	2,616
College	68.5	1.3	28.3	0.1	0.1	0.2	1.5	100.0	98.1	1,482
Wealth quintile										
Lowest	9.5	1.4	77.7	1.8	0.2	0.2	9.3	100.0	88.5	1,277
Second	20.9	3.3	72.2	0.7	0.0	0.3	2.7	100.0	96.3	1,098
Middle	40.7	2.1	53.9	0.2	0.0	0.1	3.0	100.0	96.7	1,062
Fourth	61.7	1.5	36.1	0.1	0.1	0.0	0.5	100.0	99.4	962
Highest	81.1	0.9	16.6	0.2	0.0	0.2	1.0	100.0	98.6	789
Total	38.9	1.9	54.7	0.7	0.1	0.1	3.7	100.0	95.4	5,188

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 and midwife

Almost all women (95 percent) with a live birth in the five years preceding the survey received ANC from a skilled provider, that is, 55 percent provided by a midwife, 39 percent provided by a doctor, and 2 percent provided by a nurse. Less than one percent of women received ANC from a traditional birth attendant (TBA) or hilot while 4 percent did not receive any antenatal care. These results indicate that there has been an increase in the proportion of births attended by a skilled provider (from 91 percent in 2008 to 95 percent in 2013) and a decline in the proportion of women who availed the services of TBA (from 5 percent in 2008 to less than 1 percent in 2013).

The proportion of women who received ANC from a skilled provider is related to the mother's level of education, birth order and economic status. Women with at least elementary education (91 percent) are almost at par in terms of ANC availment with those who had reached high school (97 percent) and those who reached college (98 percent), unlike women with no education, only three-fifths (62 percent) of whom had ANC from a skilled provider. The proportion of women who obtain ANC from a skilled provider for their first birth is 10 percentage points higher than those with birth order of six or more (98 percent vs. 88 percent). Similarly, the proportion of women receiving ANC from a skilled provider is 10 percentage points higher for those belonging to the highest wealth quintile than for those in the lowest quintile (99 percent vs. 89 percent).

Across regions, only ARMM (53 percent) had a proportion of women who received ANC lower than 90 percent; other regions ranged from 91 percent in MIMAROPA to 99 percent in NCR. Consequently, ARMM had the highest proportion of women with no ANC (35 percent) followed by SOCCSKSARGEN (8 percent) and MIMAROPA (6 percent). In four Luzon regions, NCR (74 percent), CAR (60 percent), Ilocos (49 percent) and Central Luzon (49 percent), doctors are the most popular ANC provider, whereas, in the other 13 regions, midwives are more popular.

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 2013

Number and timing of ANC visits	Residence		Total
	Urban	Rural	
Number of ANC visits			
None	2.8	4.8	3.9
1	1.7	1.8	1.8
2-3	7.8	12.0	10.0
4+	87.6	81.3	84.3
Don't know/missing	0.1	0.0	0.1
Total	100.0	100.0	100.0
Number of months pregnant at time of first ANC visit			
No antenatal care	2.8	4.8	3.9
<4	65.4	59.5	62.3
4-5	25.7	28.8	27.3
6-7	5.3	6.0	5.7
8+	0.7	0.8	0.8
Don't know/missing	0.1	0.0	0.0
Total	100.0	100.0	100.0
Number of women	2,489	2,699	5,188
Median months pregnant at first visit (for those with ANC)	3.4	3.6	3.5
Number of women with ANC	2,419	2,568	4,987

ANC during the early stage of pregnancy up to delivery is vital for the prevention of any pregnancy complications that may occur. The Department of Health (DOH) requires that all pregnant women have at least four ANC visits during each pregnancy. Table 9.2 shows that 84 percent of women who had live births in the five years preceding the survey had the recommended number of ANC visits during pregnancy for the last birth. Women in urban areas (88 percent) are more likely to have the recommended number of ANC visits than those in rural areas (81 percent). Moreover, 12 percent of women had fewer than four visits, which is lower than the figure from the 2008 NDHS (18 percent). The proportion who did not have any ANC visit at all remained at 4 percent for 2008 and 2013.

Early detection of pregnancy-related health problems is prime and foremost in the prenatal package of the Integrated Maternal, Newborn, Child health and Nutrition (MCHN) Service Package of DOH. Hence, DOH recommends that the first ANC visit should occur in the first trimester of pregnancy. Three out of five women (62 percent) who had a birth in the five years preceding the survey followed this recommended timing of the first ANC visit. This showed marked improvement over the 2008 NDHS figure of 54 percent.

Twenty-seven percent made their first visit on the fourth or fifth month of their pregnancy, while 7 percent had their first ANC visit when they were six or more months pregnant. Women in urban areas (65 percent) are more likely to have their first visit in the first trimester than women in rural areas (60 percent). However, there is only a slim difference in the median months of pregnancy at first ANC visit for urban women (3.4 months) and rural women (3.6 months), resulting in an average of 3.5 months nationally.

9.1.2 Components of Antenatal Care Services

The MNCHN Service Package contained comprehensive routine examinations related to prenatal health care services. The 2013 NDHS includes some of the basic required elements of antenatal care such as micronutrient supplementation, deworming, informing women about the signs of pregnancy complications, measuring height, monitoring weight and blood pressure, and taking urine (for urinalysis) and blood (CBC, blood type, etc.) samples. 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. Almost all women (92 percent) took iron tablets or syrup, 10 percentage points higher than the 2008 NDHS result. In addition, DOH is promoting folic acid and iron with folic acid to enhance the brain development of the fetus. Half of the women who took iron tablets or syrup followed DOH requirements of taking iron with folic acid (46 percent of women). Examining iron supplementation coverage across subgroups of women, coverage declines slightly with age of mother and with birth order.

The most noticeable difference is by women's education wherein 96 percent of women with at least some college education took iron supplements compared with only 59 percent of women with no education. Women in ARMM are more disadvantaged with only 56 percent coverage compared with other regions having 88 percent to 96 percent.

To avoid anemia due to parasitic worms, the recommended pre-pregnancy package includes taking deworming or antihelmintic drugs. Only 5 percent of women took intestinal parasite drugs during pregnancy. Except for Davao region with 13 percent of women covered, the coverage in other regions and for other background characteristics is less than 10 percent of women.

Eight in ten women who received ANC for the most recent birth in the past five years were informed of signs of pregnancy complications like vaginal bleeding, dizziness, blurred vision, swollen face, etc. Women pregnant with their first child (82 percent), women in urban areas (83 percent), women who have reached college education (85 percent) and women in the highest wealth quintile (87 percent) are more likely than other groups of women to be informed of signs of pregnancy complications. While women in Caraga are the most informed of pregnancy complications (90 percent), those in ARMM are the least informed (56 percent).

Almost all women who received ANC for their last pregnancy in the five years preceding the survey had their blood pressure monitored (98 percent) and weight measured (97 percent) during at least one of their ANC visits. Eight out of ten women had their height measured (79 percent), 65 percent had a sample of their urine taken and 59 percent had a sample of their blood taken.

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 2013

	Among women with a live birth in the past five years, the percentage who during the pregnancy of their last birth:				Among women who received antenatal care for their most recent birth in the past five years, the percentage with selected services						
Background characteristic	Took iron tablets or syrup[1]	Took iron with folic acid tablets or syrup	Took intestinal parasite drugs	Number of women with a live birth in the past five years	Informed of signs of pregnancy complica-tions	Weighed	Height measured	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	93.1	44.5	4.9	586	76.1	97.7	78.5	98.4	63.1	56.9	567
20-34	92.5	47.9	4.6	3,598	80.9	97.1	79.4	98.4	66.7	60.8	3,467
35-49	89.9	40.4	4.9	1,004	80.3	96.3	80.0	96.9	60.4	53.4	953
Birth order											
1	94.9	53.5	3.9	1,516	82.2	98.0	80.9	99.1	74.5	69.1	1,494
2-3	92.9	47.9	4.7	2,200	80.9	97.2	80.2	98.4	67.1	60.7	2,124
4-5	90.1	38.7	5.5	871	78.3	97.3	78.5	97.8	56.7	49.9	823
6+	85.4	31.3	5.9	602	75.4	93.7	73.6	94.8	44.1	38.2	545
Residence											
Urban	93.7	49.4	4.2	2,489	83.4	98.3	84.2	98.8	77.1	70.8	2,419
Rural	90.7	42.9	5.2	2,699	77.3	95.9	74.8	97.5	53.8	47.8	2,568
Region											
National Capital Region	96.0	48.5	5.6	815	88.7	99.4	93.2	99.5	92.4	90.1	805
Cordillera Admin Region	95.7	62.9	5.7	79	72.9	98.1	77.8	98.6	72.9	56.0	78
I - Ilocos Region	89.8	49.7	3.3	232	71.5	97.4	74.3	98.3	55.5	41.3	226
II - Cagayan Valley	88.1	35.2	4.3	199	76.1	96.4	76.7	98.4	57.8	48.5	194
III - Central Luzon	92.5	64.0	2.5	495	84.1	97.7	82.0	99.5	82.3	72.6	483
IVA - CALABARZON	94.6	25.5	1.3	696	77.1	98.1	81.5	98.9	70.2	62.1	678
IVB - MIMAROPA	92.8	59.7	2.4	135	80.0	91.3	73.0	97.9	43.9	33.2	127
V - Bicol	94.0	29.9	8.3	301	68.8	96.3	69.6	97.0	43.6	33.8	296
VI - Western Visayas	96.0	49.2	2.4	352	84.5	97.5	82.6	99.7	71.1	65.8	345
VII - Central Visayas	94.2	58.7	2.6	333	80.7	99.0	76.1	99.3	53.1	49.8	328
VIII - Eastern Visayas	91.1	42.9	3.4	196	78.9	98.5	82.5	99.0	63.4	58.2	187
IX - Zamboanga Peninsula	89.0	55.9	8.8	245	79.4	95.0	64.7	98.0	17.4	17.0	232
X - Northern Mindanao	94.2	53.2	6.1	242	84.1	99.1	81.4	95.7	58.2	53.0	230
XI - Davao	92.6	36.7	13.1	295	82.3	95.6	75.4	95.9	71.3	68.9	291
XII - SOCCSKSARGEN	90.8	43.5	4.6	236	75.3	95.9	71.2	98.6	43.3	38.3	216
XIII – Caraga	92.4	75.8	4.3	163	89.7	99.7	76.7	97.3	69.9	64.4	158
ARMM	56.1	23.7	6.7	173	55.7	72.5	56.0	80.3	22.1	21.3	112
Education											
No education	58.6	18.5	9.8	73	67.2	81.8	71.7	91.3	31.8	24.9	48
Elementary	86.0	33.7	6.4	1,017	73.5	94.3	72.3	95.2	45.6	40.9	937
High school	93.1	43.0	4.9	2,616	80.5	97.3	79.0	98.5	63.7	57.5	2,546
College	96.1	61.3	3.1	1,482	84.6	98.8	84.9	99.5	81.2	74.4	1,457
Wealth quintile											
Lowest	85.1	34.4	7.2	1,277	74.0	93.3	70.6	94.8	36.9	34.5	1,155
Second	92.5	44.1	4.0	1,098	79.5	96.8	77.5	98.2	57.1	50.1	1,065
Middle	93.9	49.1	3.2	1,062	80.9	98.1	80.0	99.4	72.6	65.3	1,030
Fourth	96.2	49.5	4.7	962	82.5	98.9	84.5	99.5	80.0	71.2	958
Highest	95.6	59.5	3.9	789	87.1	99.4	88.1	99.4	89.5	83.8	780
Total	92.1	46.1	4.7	5,188	80.3	97.1	79.4	98.1	65.1	59.0	4,987

[1] Includes those who took iron with and without folic acid

9.1.3 Tetanus Toxoid Injection

In 2012, neonatal deaths comprised about 44 percent of under-five deaths (WHO, 2014). In the Philippines, almost 60 percent of infant deaths occur in the first month of life (Chapter 8). To protect newborn babies, pregnant women should be provided with tetanus toxoid immunization (TTI). Administering TTI is included in the prenatal package, thus DOH recommends that woman receive at least two TTI during their first pregnancy. Moreover, if a woman was immunized before she became pregnant, she may be required to have only one or no TTI during the pregnancy, depending on the number of TTIs she has ever received and the timing of her last injection. For a woman to have lifetime protection, a total of five doses are required during her reproductive years.

Table 9.4 shows the results of the 2013 NDHS on tetanus toxoid coverage during the pregnancy for the last birth in the five years preceding the survey and whether the pregnancy was protected against neonatal tetanus. More than half (54 percent) of women who had a live birth in the five years before the survey received two or more TTI during their last pregnancy. It is important to mention that some women may have received TTI prior to the reference pregnancy and did not require further injections. This may be the case in particular for women at higher parities: 40 percent and 33 percent for birth orders 4-5 and 6 or more, respectively, versus 73 percent for first birth order and 51 percent for birth orders 2-3. When prior vaccinations are taken into account, the proportion of women whose last birth was protected against neonatal tetanus was 82 percent. The differentials in protection against neonatal tetanus among subgroups of women vary. Across region, TTI coverage ranges from 51 percent of births protected in ARMM to 93 percent in Eastern Visayas. By level of education, TTI coverage is lowest for women with no education (53 percent) while those who reached high school had 84 percent and those who had college education had 83 percent coverage.

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 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 2013

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	67.6	76.7	586
20-34	54.8	83.1	3,598
35-49	41.0	80.6	1,004
Birth order			
1	73.1	77.2	1,516
2-3	51.1	85.2	2,200
4-5	40.0	85.5	871
6+	33.0	76.2	602
Residence			
Urban	55.5	80.6	2,489
Rural	51.8	83.0	2,699
Region			
National Capital Region	60.3	79.6	815
Cordillera Admin Region	55.9	87.2	79
I - Ilocos Region	48.0	79.7	232
II - Cagayan Valley	65.1	84.9	199
III - Central Luzon	56.6	80.8	495
IVA - CALABARZON	51.8	79.4	696
IVB - MIMAROPA	52.5	85.7	135
V - Bicol	59.1	84.7	301
VI - Western Visayas	52.9	89.1	352
VII - Central Visayas	50.7	86.8	333
VIII - Eastern Visayas	48.2	92.6	196
IX - Zamboanga Peninsula	55.2	83.6	245
X - Northern Mindanao	46.1	82.2	242
XI - Davao	47.1	80.5	295
XII - SOCCSKSARGEN	56.1	85.8	236
XIII - Caraga	56.1	84.0	163
ARMM	30.8	50.9	173
Education			
No education	38.3	52.5	73
Elementary	45.4	78.7	1,017
High school	54.6	83.5	2,616
College	58.1	82.7	1,482
Wealth quintile			
Lowest	44.2	79.7	1,277
Second	53.5	84.6	1,098
Middle	58.9	84.8	1,062
Fourth	58.1	80.5	962
Highest	56.1	79.4	789
Total	53.6	81.9	5,188

[1] Includes mothers with two injections during the pregnancy of her 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 10 years of the last live birth), or five or more injections at any time prior to the last birth.

Table 9.5 presents data regarding problems during pregnancy and around the time of delivery experienced by mothers with a live birth in the five years preceding the survey. Sizeable proportions of these mothers experienced dizziness (36 percent), headache (20 percent) and vomiting (13 percent) during pregnancy. One-third (33 percent) did not experience any problem at all during pregnancy. Around the time of delivery, long labor which lasted for more than 12 hours was experienced by 23 percent of mothers with a live birth in the five years preceding the survey.

Eight out of ten women (83 percent) who had a live birth in the five years before the survey set aside money for emergency. Examining the distribution by wealth quintile, the highest proportion of women who set aside money for emergency are those in the highest wealth quintile (92 percent), compared with only 76 percent for those in the lowest quintile.

Table 9.6 presents the percent distribution of live births in the five years preceding the survey by whether pre-term or not by background characteristics of the mother. DOH is interested in pre-term births to assess the effectiveness of the pre-natal package component of the MNCHN, particularly the assessment of fetal growth and wellbeing. It should be noted that the data are based on mother's reports of the duration of pregnancy in whole months, not weeks, so results provide only a crude measure of pre-term births.

Table 9.5 Problems experienced during pregnancy and delivery

Among women age 15-49 with a live birth in the five years preceding the survey, the percentage who cite specific problems during pregnancy and delivery of the most recent birth and the percentage who set aside money in case of an emergency by wealth quintile, according to residence, Philippines 2013

	Residence		
Problem	Urban	Rural	Total
During pregnancy			
Vaginal bleeding	3.3	2.6	2.9
Headache	20.8	20.0	20.3
Dizziness	38.3	34.2	36.2
Blurred vision	1.8	1.3	1.5
Swollen face	3.1	2.3	2.7
Swollen hands or feet	7.2	7.9	7.6
Paleness, anemia	7.0	7.5	7.2
Body pain	3.3	4.0	3.6
Irregular blood pressure/ sugar imbalance	1.1	1.2	1.1
Vomiting	11.4	13.9	12.7
Asthma/ breathing difficulty	0.6	0.7	0.6
Cold/ cough/ flu/ fever	1.2	1.4	1.3
Urinary tract infection	1.6	1.6	1.6
Other	7.3	5.9	6.6
None	32.2	33.0	32.6
Around time of delivery			
Long labor (more than 12 hours)	24.2	22.1	23.1
Excessive bleeding	7.3	8.7	8.0
High fever with bad-smelling vaginal discharge	1.2	1.9	1.6
Loss of consciousness	2.3	3.7	3.0
Percentage of women who set aside money for emergency according to wealth quintile			
Lowest	76.2	74.7	75.5
Second	86.3	78.7	82.3
Middle	86.5	84.8	85.7
Fourth	88.7	83.0	85.7
Highest	94.1	90.3	92.1
Total	85.4	81.4	83.3
Number of women	2,489	2,699	5,188

Note: Women can report more than one problem so percentages may sum to more than 100.

The 2013 NDHS results showed that nationally, less than 3 percent of live births in the five years preceding the survey were born after eight months or less of pregnancy. Differences in the level of pre-term births by background characteristics are very small.

Table 9.6 Pre-term births

Percent distribution of live births in the five years preceding the survey by whether pre-term or not, according to background characteristics, Philippines 2013

Background characteristic	≤ 8 months	9+ months	Total	Number of births
Mother's age at birth				
<20	3.4	96.6	100.0	871
20-34	2.4	97.5	100.0	4,919
35-49	2.7	97.3	100.0	1,192
Birth order				
1	3.6	96.4	100.0	2,161
2-3	2.2	97.7	100.0	2,861
4-5	2.0	98.0	100.0	1,140
6+	2.2	97.8	100.0	820
Number of ANC visits[1]				
None	3.9	96.1	100.0	201
1	2.7	97.3	100.0	92
2-3	4.0	96.0	100.0	518
4+	2.2	97.8	100.0	4,375
Residence				
Urban	2.7	97.3	100.0	3,261
Rural	2.5	97.5	100.0	3,721
Region				
National Capital Region	2.7	97.3	100.0	1,026
Cordillera Admin Region	2.5	97.5	100.0	105
I - Ilocos Region	4.4	95.6	100.0	314
II - Cagayan Valley	3.4	96.6	100.0	258
III - Central Luzon	4.5	95.3	100.0	656
IVA - CALABARZON	1.8	98.2	100.0	887
IVB - MIMAROPA	2.0	98.0	100.0	191
V - Bicol	2.5	97.5	100.0	437
VI - Western Visayas	2.6	97.4	100.0	486
VII - Central Visayas	1.6	98.4	100.0	461
VIII - Eastern Visayas	0.7	99.3	100.0	269
IX - Zamboanga Peninsula	1.1	98.9	100.0	339
X - Northern Mindanao	2.2	97.8	100.0	324
XI - Davao	3.3	96.7	100.0	397
XII - SOCCSKSARGEN	3.0	97.0	100.0	330
XIII - Caraga	2.3	97.7	100.0	231
ARMM	2.9	97.1	100.0	271
Education				
No education	2.3	97.7	100.0	112
Elementary	1.5	98.4	100.0	1,496
High school	2.6	97.4	100.0	3,523
College	3.5	96.5	100.0	1,851
Wealth quintile				
Lowest	1.8	98.2	100.0	1,916
Second	2.3	97.7	100.0	1,525
Middle	3.0	97.0	100.0	1,395
Fourth	3.6	96.4	100.0	1,214
Highest	2.9	97.1	100.0	932
Total	2.6	97.4	100.0	6,982

Note: Total includes 3 births missing information as to number of ANC visits
[1] Includes only the most recent birth in the five years preceding the survey

9.2 DELIVERY CARE

"Every delivery is facility-based and managed by skilled health professionals" is one of the guiding principles of the Integrated MNCHN Service Package of DOH. Their target is to increase health facility-based delivery to 85 percent in the first four years of implementation of the MNCHN Strategic Plans.

9.2.1 Place of Delivery

An important component of the effort to reduce health risks of both the mother and child during delivery is to increase the proportion of babies delivered in a safe and clean environment under the supervision of health professionals. Table 9.7 shows the percent distribution of live births in the five years preceding the survey by place of delivery.

There has been a remarkable increase in the percentage of live births delivered in a health facility, from 44 percent as recorded in the 2008 NDHS, to 61 percent as reported in the 2013 NDHS. The proportion of births delivered in a public facility (43 percent) is more than two times higher than those delivered in a private facility (19 percent). The decline in home deliveries from 56 percent in 2008 to 38 percent in 2013 was brought about by the increase in facility-based births.

Women are more likely to deliver in a health facility if they are having their first child (76 percent), if they have had at least four ANC visits (71 percent), if they had attended college (84 percent), and if they belong to the highest wealth quintile (91 percent). The proportion of births delivered in a health facility in urban areas (72 percent) is 21 percentage points higher than that of the births in rural areas (51 percent).

Table 9.7 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 2013

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	46.1	17.3	35.5	0.3	0.7	100.0	63.4	871
20-34	43.1	19.4	36.8	0.4	0.4	100.0	62.5	4,919
35-49	37.7	16.3	44.9	0.5	0.6	100.0	54.0	1,192
Birth order								
1	50.3	25.3	23.5	0.2	0.8	100.0	75.6	2,161
2-3	42.6	20.5	36.1	0.5	0.4	100.0	63.1	2,861
4-5	36.8	11.0	51.5	0.6	0.1	100.0	47.8	1,140
6+	29.8	5.1	64.0	0.4	0.7	100.0	34.9	820
Antenatal care visits[1]								
None	10.2	4.5	80.3	0.2	4.7	100.0	14.8	201
1-3	36.6	7.0	55.7	0.7	0.0	100.0	43.6	610
4+	48.3	22.9	28.4	0.4	0.0	100.0	71.2	4,375
Residence								
Urban	43.4	28.9	27.0	0.3	0.4	100.0	72.4	3,261
Rural	41.8	9.5	47.6	0.5	0.6	100.0	51.3	3,721
Region								
National Capital Region	47.8	34.3	17.2	0.3	0.4	100.0	82.1	1,026
Cordillera Admin Region	64.7	10.3	23.5	1.4	0.0	100.0	75.0	105
I - Ilocos Region	59.3	7.9	32.8	0.0	0.0	100.0	67.2	314
II - Cagayan Valley	43.2	7.4	47.9	0.9	0.6	100.0	50.6	258
III - Central Luzon	46.4	21.9	30.1	0.2	1.5	100.0	68.3	656
IVA - CALABARZON	35.0	30.7	33.7	0.3	0.3	100.0	65.7	887
IVB - MIMAROPA	30.7	5.8	63.5	0.0	0.0	100.0	36.5	191
V - Bicol	41.6	9.2	47.8	1.4	0.0	100.0	50.8	437
VI - Western Visayas	51.5	9.7	38.1	0.0	0.7	100.0	61.2	486
VII - Central Visayas	51.5	20.3	27.5	0.5	0.2	100.0	71.8	461
VIII - Eastern Visayas	51.9	9.7	38.4	0.0	0.0	100.0	61.6	269
IX - Zamboanga Peninsula	35.8	7.6	55.0	0.5	1.1	100.0	43.4	339
X - Northern Mindanao	42.9	9.6	45.3	0.6	1.5	100.0	52.5	324
XI - Davao	33.1	29.8	36.3	0.5	0.3	100.0	62.9	397
XII - SOCCSKSARGEN	33.2	15.3	50.9	0.6	0.0	100.0	48.5	330
XIII - Caraga	45.9	9.6	44.0	0.2	0.2	100.0	55.5	231
ARMM	9.0	3.4	86.9	0.2	0.5	100.0	12.3	271
Mother's education								
No education	9.6	1.3	87.7	0.7	0.7	100.0	10.9	112
Elementary	29.5	7.1	62.5	0.6	0.4	100.0	36.5	1,496
High school	45.9	15.1	38.2	0.4	0.4	100.0	61.0	3,523
College	48.7	35.7	14.8	0.2	0.6	100.0	84.3	1,851
Wealth quintile								
Lowest	28.4	4.3	66.1	0.5	0.7	100.0	32.8	1,916
Second	46.3	8.7	44.2	0.4	0.4	100.0	55.0	1,525
Middle	53.2	15.9	30.0	0.5	0.5	100.0	69.0	1,395
Fourth	51.9	29.6	17.9	0.4	0.3	100.0	81.5	1,214
Highest	37.2	53.9	8.2	0.1	0.6	100.0	91.2	932
Total	42.5	18.6	38.0	0.4	0.5	100.0	61.1	6,982

Note: Total includes 3 women (weighted) missing as to number of antenatal care visits.
[1] Includes only the most recent birth in the five years preceding the survey

Delivery at home is more common for sixth or higher order births (64 percent), births to women aged 35-49 (45 percent), births to women with no education (88 percent), births to women in the lowest wealth quintile (66 percent) and births to women with no ANC visits (80 percent). Births in rural areas are more likely to be delivered at home than births in urban areas (48 percent and 27 percent, respectively).

Regionally, delivery in a health facility is most common in NCR (82 percent) than the other regions wherein birth deliveries in a health facility ranges from 12 percent in ARMM to 75 percent in CAR. Consequently, delivery at home is highest in ARMM (87 percent). Other regions with more than half of births taking place at home include MIMAROPA (64 percent), Zamboanga Peninsula (55 percent) and SOCCSKSARGEN (51 percent).

Table 9.8 shows reasons cited by women aged 15-49 whose last birth in the five years preceding the survey was not delivered in a health facility. The most common reason was "cost too much", cited by 37 percent of women who did not deliver in a health facility, followed by "not necessary" (32 percent) and "no transportation or facility is too far"(25 percent).

Table 9.8 Reasons for not delivering in a health facility

Among women age 15-49 whose last live birth in the five years preceding the survey was not delivered in a health facility, the percentage who cite specific reasons for not delivering in a facility, according to residence, Philippines 2013

Reason	Residence		Total
	Urban	Rural	
Cost too much	40.5	35.4	37.1
Facility not open	1.7	2.1	2.0
Too far/ No transportation	16.0	29.2	24.8
Don't trust facility/ Poor quality service	4.1	3.4	3.6
No female provider at facility	0.3	0.8	0.6
Husband or family did not allow	3.4	1.2	2.0
Not necessary	21.8	37.4	32.1
Not customary	6.0	7.5	7.0
Birth unexpectedly early	12.3	6.4	8.4
Prefer home	10.6	5.4	7.1
Other	4.2	3.5	3.8
Number of women	598	1,180	1,778

Note: Women can report more than one reason so percentages may sum to more than 100.

9.2.2 Delivery Assistance

Like the place of delivery, assistance at delivery is also a very important component of child birth management. To ensure the health and wellness of the mother and the child during delivery, only skilled health professionals can identify early signs or symptoms of any complications and can readily address the problem through emergency procedures. Comprehensive Emergency Obstetrics and Newborn Care (CEmONC) is the advanced stage of Basic Emergency Obstetrics and Newborn Care (BEmONC) because health professionals can give (1) operative delivery (C-Section), (2) blood transfusion services, and (3) advanced life support management for low birth weight, premature and sick newborns with conditions like sepsis, asphyxia, etc. Table 9.9 shows the percent distribution of live births in the five-year period preceding the survey by attendant at birth, as well as the percentage delivered by C-section and the percentage who had skin contact with the mother within the first hour of life. If the delivery was assisted by more than one person only the most qualified person is considered and shown in the table.

In the last five years there was an increase in the proportion of births attended by health professionals from 62 percent in 2008 to 73 percent in 2013. In 2013, 40 percent of births are delivered by a doctor, 30 percent by a midwife and 3 percent by a nurse. It is noteworthy that even though 95 percent of women consult a health professional for ANC, only 73 percent of births are assisted by a health professional. Hence, despite the large increase (11 percentage points) in deliveries by health professionals, DOH needs to intensify its effort to reach their target of 85 percent.

There was a substantial decrease in deliveries assisted by TBAs or hilots, from 36 percent in 2008 to 26 percent in 2013.

Delivery assistance by a skilled health provider varies according to background characteristics of mothers. The percentage of births assisted by a skilled provider is highest among mothers having 4 or more ANC visits (82 percent), mother's with at least some college education (90 percent) and mothers belonging to the highest wealth quintile (96 percent). Mothers residing in urban areas had a higher proportion of births assisted by health professionals (83 percent) than their counter parts residing in rural areas (64 percent).

Table 9.9 Assistance during delivery

Percent distribution of live births in the five years preceding the survey by person providing assistance during delivery, percentage of birth assisted by a skilled provider and percentage delivered by caesarean-section, according to background characteristics, Philippines 2013

Background characteristic	Person providing assistance during delivery									Percent-age delivered by a skilled provider[1]	Percent-age delivered by C-section	Percentage who had skin contact with mother in first hour	Number of births
	Doctor	Nurse	Midwife	Hilot	Barangay health worker	Relative/ student/ other	No one	Don't know/ missing	Total				
Mother's age at birth													
<20	38.6	3.4	32.7	23.2	0.0	1.2	0.1	0.7	100.0	74.8	5.5	60.8	871
20-34	40.5	3.0	30.5	24.6	0.1	0.8	0.1	0.5	100.0	74.0	9.0	64.9	4,919
35-49	38.5	2.3	25.5	30.8	0.3	2.0	0.1	0.6	100.0	66.2	13.5	60.7	1,192
Birth order													
1	53.2	3.3	27.8	14.5	0.1	0.3	0.0	0.8	100.0	84.3	11.9	67.0	2,161
2-3	40.9	3.2	31.1	23.3	0.1	0.9	0.1	0.4	100.0	75.1	10.9	64.8	2,861
4-5	27.4	2.4	33.8	34.9	0.2	1.2	0.0	0.1	100.0	63.6	5.0	59.9	1,140
6+	18.7	2.0	26.0	48.8	0.2	3.2	0.5	0.7	100.0	46.6	3.2	56.3	820
Antenatal care visits[2]													
None	10.8	1.4	9.5	67.0	0.0	5.6	1.0	4.7	100.0	21.7	1.2	27.5	201
1-3	26.8	2.0	28.8	40.4	0.2	1.5	0.3	0.0	100.0	57.6	5.3	53.3	610
4+	47.4	3.6	31.0	17.2	0.1	0.7	0.0	0.0	100.0	82.0	12.3	68.9	4,375
Place of delivery													
Health facility	65.0	4.5	30.2	0.2	0.0	0.1	0.0	0.1	100.0	99.6	15.3	76.3	4,268
Elsewhere	0.5	0.5	29.9	66.0	0.3	2.5	0.3	0.0	100.0	30.8	0.0	44.5	2,679
Residence													
Urban	50.0	2.7	30.5	15.9	0.1	0.4	0.0	0.4	100.0	83.2	11.4	70.7	3,261
Rural	31.0	3.1	29.5	33.8	0.2	1.6	0.2	0.6	100.0	63.6	7.6	57.5	3,721
Region													
National Capital Region	62.4	2.0	26.5	8.1	0.0	0.4	0.0	0.6	100.0	90.9	10.4	84.5	1,026
Cordillera Admin Region	67.5	5.0	12.8	8.6	1.8	4.3	0.0	0.0	100.0	85.4	15.6	67.2	105
I - Ilocos Region	49.1	4.0	37.0	9.1	0.0	0.9	0.0	0.0	100.0	90.0	11.5	71.1	314
II - Cagayan Valley	41.3	2.5	20.5	31.7	0.3	3.0	0.0	0.6	100.0	64.4	10.2	42.6	258
III - Central Luzon	49.8	1.0	37.0	9.6	0.0	0.7	0.4	1.5	100.0	87.8	20.1	44.7	656
IVA - CALABARZON	42.1	2.6	39.9	14.3	0.0	0.8	0.0	0.3	100.0	84.6	14.6	65.6	887
IVB - MIMAROPA	19.7	5.4	16.2	55.0	0.3	3.3	0.0	0.0	100.0	41.3	3.4	44.7	191
V - Bicol	24.6	3.2	37.1	34.5	0.0	0.0	0.5	0.0	100.0	65.0	4.6	67.9	437
VI - Western Visayas	41.2	2.6	24.0	30.0	0.2	1.3	0.0	0.7	100.0	67.8	6.6	87.0	486
VII - Central Visayas	36.6	4.0	40.3	17.9	0.5	0.5	0.0	0.2	100.0	80.9	6.5	70.2	461
VIII - Eastern Visayas	34.7	3.6	29.0	31.5	0.0	1.1	0.0	0.0	100.0	67.4	5.0	64.1	269
IX - Zamboanga Peninsula	20.8	4.1	27.1	45.7	0.0	0.9	0.5	0.9	100.0	52.0	4.3	48.6	339
X - Northern Mindanao	34.6	3.4	25.3	32.7	0.0	2.4	0.0	1.5	100.0	63.3	5.9	64.1	324
XI - Davao	36.3	3.3	28.1	30.1	0.3	1.5	0.3	0.3	100.0	67.7	8.8	67.9	397
XII - SOCCSKSARGEN	25.4	3.3	26.9	42.5	0.3	1.2	0.3	0.0	100.0	55.7	5.7	51.8	330
XIII - Caraga	30.0	7.0	26.2	36.3	0.0	0.2	0.0	0.2	100.0	63.2	4.0	48.9	231
ARMM	9.0	0.5	10.8	78.7	0.0	0.4	0.0	0.5	100.0	20.4	2.3	26.8	271

Continued…

Table 9.9—*Continued*

Background characteristic	Person providing assistance during delivery									Percent-age delivered by a skilled provider[1]	Percent-age delivered by C-section	Percentage who had skin contact with mother in first hour	Number of births
	Doctor	Nurse	Midwife	Hilot	Barangay health worker	Relative/ student/ other	No one	Don't know/ missing	Total				
Mother's education													
No education	7.7	0.0	9.3	67.6	1.2	12.8	0.7	0.7	100.0	16.9	1.9	29.3	112
Elementary	20.1	1.8	26.6	48.6	0.1	1.9	0.4	0.4	100.0	48.5	3.2	50.7	1,496
High school	35.7	3.4	36.5	23.1	0.1	0.7	0.0	0.5	100.0	75.6	6.9	66.3	3,523
College	65.7	3.3	21.3	8.7	0.1	0.3	0.0	0.6	100.0	90.3	19.3	71.1	1,851
Wealth quintile													
Lowest	14.7	2.7	24.8	54.2	0.2	2.4	0.3	0.7	100.0	42.2	1.4	51.5	1,916
Second	30.7	3.1	37.2	27.7	0.0	0.8	0.0	0.4	100.0	71.0	5.2	62.9	1,525
Middle	44.6	3.2	36.0	15.2	0.2	0.3	0.1	0.3	100.0	83.8	8.5	69.4	1,395
Fourth	57.4	3.3	31.7	6.4	0.0	0.5	0.0	0.6	100.0	92.4	13.1	73.9	1,214
Highest	76.6	2.5	17.1	3.0	0.1	0.1	0.0	0.6	100.0	96.2	28.8	68.1	932
Total	39.9	2.9	29.9	25.5	0.1	1.0	0.1	0.5	100.0	72.8	9.3	63.7	6,982

Note: If the respondent mentioned more than one person attending during delivery, only the most qualified person is considered in this tabulation. Total includes 3 women (weighted) missing as to number of antenatal care visits and 34 women missing place of delivery.
[1] Skilled provider includes doctor, nurse and midwife.
[2] Includes only the most recent birth in the five years preceding the survey

Nine out of ten births in NCR (91 percent) and Ilocos Region (90 percent) were assisted by health professionals, whereas in ARMM, only one in five births (20 percent) benefitted from the services of health professionals. In other regions, deliveries by health professionals range from 41 percent in MIMAROPA to 88 percent in Central Luzon.

Delivery by Caesarian operation (C-section) is necessary for women with medical problems or pregnancy complications. Only 9 percent of births were delivered by C-section in the five years preceding the survey, almost identical to the result from the 2008 NDHS (10 percent). Delivery by C-section is most common among births to older women (14 percent), first order births (12 percent), births to women in urban areas (11 percent), births to highly educated women (19 percent), and births to women in the highest wealth quintile (29 percent). Regionally, the proportion of deliveries by C-section is highest in Central Luzon (20 percent) and lowest in ARMM (2 percent).

Administrative Order 0025 series of 2009 by the Department of Health promulgated policies and protocol on essential newborn care. Newborns should benefit from their mother's natural protection in the first hour of life. Health professionals are required to practice the skin-to-skin contact of mothers with their newborns immediately after delivery. Placing the newborn on the mother's bare chest or abdomen within 90 minutes after the baby is born is an important component for successful bonding and breastfeeding initiation. Overall, 64 percent of births had skin-to-skin contact with their mothers. Two regions in Luzon and two from the Visayas had more than 70 percent of newborns with skin-to-skin contact with their mothers within the first hour after delivery, namely: NCR (85 percent), Ilocos Region (71 percent), Western Visayas (87 percent), and Central Visayas (70 percent). In the other 13 regions, the proportion of births with skin-to-skin contact was lower than 70 percent.

Table 9.10 presents information about the cost of delivery obtained from the 2013 NDHS. This information is needed to determine the out-of-pocket health expenditures of mothers whether they delivered in public or private operated health facilities. This is a component of the health services package which the Philippine Health Insurance Corporation (Philhealth) is banking at in pursuit of the Aquino Health Agenda, that is, Universal health care for all Filipinos. To date, the Maternity Care and Newborn packages amounting to Php8,000 is given to Philhealth members. Survey results show that deliveries in public sector facilities had a higher median cost (2,982 pesos) than those in private facilities or at home (1,945 pesos). This may be due to the non-reporting of those having medical card (health card from private pre-need insurance) whose report only covers their out-of-pocket expenses, if the Interviewer did not exert effort in asking the amount covered by insurance.

Table 9.10 Cost of delivery

Among women age 15-49 with a live birth in the five years preceding the survey, the percentage who did not pay for the delivery of their last live birth, the percentage who paid in kind, the percentage who do not know the cost, and the median cost for those who paid, according to type of place of delivery and residence, Philippines 2013

	Residence		
Source of method/cost	Urban	Rural	Total
Public sector			
Percentage free	3.8	3.9	3.9
Paid in kind	0.2	0.0	0.1
Know cost	96.0	96.1	96.0
Total	100.0	100.0	100.0
Median cost (pesos)[1]	3,146.2	2,958.4	2,982.1
Number of women	1,131	1,225	2,355
Private medical sector/ home/other/missing			
Percentage free	2.6	7.8	5.3
Paid in kind	0.2	0.1	0.2
Do not know cost	0.4	0.4	0.4
Know cost	96.8	91.7	94.1
Total	100.0	100.0	100.0
Median cost (pesos)[1]	3,448.0	987.3	1,944.9
Number of women	1,359	1,475	2,833
Total			
Percentage free	3.2	6.0	4.7
Paid in kind	0.2	0.1	0.1
Do not know cost	0.3	0.2	0.2
Know cost	96.4	93.7	95.0
Total	100.0	100.0	100.0
Median cost (pesos)[1]	3,425.6	1,723.5	2,478.1
Number of women	2,489	2,699	5,188

[1] Median cost is based only on those women who reported a cost; cost includes donations

9.3 POST NATAL CARE

"Every mother and newborn pair secures proper post-partum care" is another guiding principle of the Integrated MNCHN Service Package of DOH. It is important for a mother to have a postnatal check-up to protect her from any complication that may arise after birth. In postnatal health examinations, mothers should also receive information on how to care for herself and her child as well as counseling on nutrition, micronutrient supplementation, exclusive breastfeeding, etc. Postnatal care is recommended within two days after delivery to prevent maternal and neonatal deaths which mostly occur during this period.

In the 2013 NDHS, respondents with a live birth in the two years preceding the survey were asked whether they received a postnatal check-up after delivery.

Table 9.11 presents the results on the coverage and timing of postnatal care for the mother. Seven out of ten (72 percent) mothers had a postnatal checkup in the first two days after giving birth, with 46 percent having a postnatal checkup within 4 hours after delivery and 14 percent within 4-23 hours. Mothers who delivered in a health facility (93 percent) are 4 times more likely to receive postnatal care within 2 days of delivery than those who delivered elsewhere (24percent).

Mothers who attended college (86 percent) and those belonging to the highest wealth quintile (92 percent) are more likely to receive postnatal care within 2 days after delivery than other groups of women. The percentage meeting the recommended timing for the first postnatal checkup varies across region, from 20 percent in ARMM to 88 percent in NCR.

Also shown in Table 9.11 are mothers with no postnatal checkup or those who had their postnatal care (PNC) by TBAs or hilots (23 percent). Information on the timing of PNC from hilots was not obtained in the survey, so the proportion of women receiving PNC within two days of delivery could be even higher than 72 percent if PNC from hilots were to be included.

Table 9.11 Timing of first postnatal checkup

Among women age 15-49 giving birth in the two years preceding the survey, the percent distribution of the mother's first postnatal check-up for the last live birth by time after delivery, and the percentage of women with a live birth in the two years preceding the survey who received a postnatal checkup in the first two days after giving birth, according to background characteristics, Philippines 2013

Background characteristic	Time after delivery of mother's first postnatal checkup						No postnatal checkup[1]	Total	Percentage of women with a postnatal checkup in the first two days after birth	Number of women
	Less than 4 hours	4-23 hours	1-2 days	3-6 days	7-41 days	Don't know/ missing				
Mother's age at birth										
<20	42.7	16.5	13.5	0.9	4.4	0.4	21.7	100.0	72.7	341
20-34	47.3	14.5	11.7	1.8	2.8	0.3	21.5	100.0	73.5	1,903
35-49	41.9	12.7	10.3	1.9	4.3	0.0	29.0	100.0	64.9	454
Birth order										
1	49.1	18.6	12.8	1.8	3.0	0.4	14.2	100.0	80.6	842
2-3	47.7	14.4	12.8	1.2	3.8	0.3	19.7	100.0	74.9	1,150
4-5	43.2	11.3	10.7	2.2	2.2	0.2	30.2	100.0	65.2	428
6+	31.6	6.8	5.6	2.7	3.1	0.0	50.1	100.0	44.0	279
Place of delivery										
Health facility	60.0	19.3	13.5	1.3	2.9	0.3	2.6	100.0	92.8	1,888
Elsewhere	12.8	3.1	7.6	2.6	4.1	0.1	69.7	100.0	23.5	808
Residence										
Urban	48.3	16.4	14.2	1.4	3.7	0.3	15.7	100.0	79.0	1,290
Rural	43.5	12.6	9.4	1.9	2.8	0.3	29.4	100.0	65.5	1,408
Region										
National Capital Region	59.5	16.3	12.4	1.3	3.6	0.0	6.9	100.0	88.2	398
Cordillera Admin Region	53.8	22.6	7.0	0.9	3.5	0.0	12.2	100.0	83.4	43
I - Ilocos Region	50.1	18.0	9.7	0.9	8.9	1.8	10.7	100.0	77.8	109
II - Cagayan Valley	39.8	12.2	14.8	4.0	4.2	0.0	25.0	100.0	66.8	97
III - Central Luzon	36.7	17.4	22.1	2.2	6.3	0.9	14.3	100.0	76.2	278
IVA - CALABARZON	43.9	17.7	15.5	2.4	3.6	0.0	16.8	100.0	77.1	351
IVB - MIMAROPA	34.5	10.3	5.6	1.0	0.0	0.0	48.6	100.0	50.4	69
V - Bicol	52.1	16.0	5.8	0.6	0.7	0.7	24.1	100.0	73.9	157
VI - Western Visayas	47.6	11.7	13.9	0.5	1.1	0.0	25.1	100.0	73.2	200
VII - Central Visayas	59.3	17.9	6.2	1.2	1.2	0.6	13.6	100.0	83.3	174
VIII - Eastern Visayas	57.2	11.7	7.8	1.9	2.0	1.0	18.4	100.0	76.7	99
IX - Zamboanga Peninsula	42.8	8.2	4.4	1.3	2.5	0.0	40.8	100.0	55.4	123
X - Northern Mindanao	38.2	13.8	6.1	4.6	2.3	0.0	35.0	100.0	58.1	131
XI - Davao	46.7	13.8	12.5	0.7	3.9	0.0	22.4	100.0	73.0	151
XII - SOCCSKSARGEN	33.6	10.2	10.2	2.2	3.6	0.0	40.2	100.0	54.0	135
XIII - Caraga	39.1	10.2	13.9	1.2	3.0	0.0	32.5	100.0	63.2	90
ARMM	11.9	2.7	5.9	1.1	1.1	0.0	77.5	100.0	20.4	91
Education										
No education	(7.3)	(4.4)	(0.0)	(0.0)	(0.0)	(0.0)	(88.4)	100.0	(11.6)	34
Elementary	34.6	7.5	9.5	1.0	2.6	0.4	44.4	100.0	51.6	517
High school	47.7	14.6	11.4	2.0	3.3	0.3	20.8	100.0	73.7	1,394
College	51.7	19.5	14.3	1.6	3.8	0.3	8.8	100.0	85.5	753
Wealth quintile										
Lowest	33.1	6.8	6.5	1.5	1.6	0.2	50.3	100.0	46.4	686
Second	48.3	11.9	9.0	2.1	3.9	0.3	24.3	100.0	69.3	585
Middle	47.3	18.3	14.5	1.8	3.2	0.4	14.5	100.0	80.1	587
Fourth	52.3	16.8	17.7	1.9	4.4	0.4	6.6	100.0	86.8	480
Highest	54.7	23.6	13.7	0.9	4.0	0.0	3.1	100.0	92.0	359
Total	45.8	14.4	11.7	1.7	3.3	0.3	22.8	100.0	72.0	2,698

Total includes 3 women (weighted) missing as to place of delivery.
[1] Includes women who received a checkup after 41 days; also includes women who saw a hilot, since information on timing of visit was not asked.

Table 9.12 presents information on the type of provider of the mother's first postnatal checkup by background characteristics such as mother's age at birth, birth order, place of delivery, residence, region, education and economic status. More than three-quarters of mothers received postnatal care from a health professional (doctor, nurse or midwife), while 12 percent got PNC from a hilot. Only 11 percent of mothers did not get any postnatal checkup.

Table 9.12 Type of provider of first postnatal checkup for the mother

Among women age 15-49 giving birth in the two years preceding the survey, the percent distribution by type of provider of the mother's first postnatal health check after the last live birth, according to background characteristics, Philippines 2013

Background characteristic	Type of health provider of mother's first postnatal checkup			No postnatal checkup after birth	Total	Number of women
	Doctor/nurse/ midwife	Hilot	Relative/ friend/other			
Mother's age at birth						
<20	78.3	12.3	0.8	8.7	100.0	341
20-34	78.5	10.9	0.4	10.2	100.0	1,903
35-49	71.3	14.2	0.6	13.9	100.0	454
Birth order						
1	85.8	7.9	0.2	6.1	100.0	842
2-3	80.3	9.6	0.6	9.5	100.0	1,150
4-5	69.8	15.9	0.3	13.9	100.0	428
6+	50.3	24.7	1.0	24.0	100.0	279
Place of delivery						
Health facility	97.4	0.1	0.2	2.3	100.0	1,888
Elsewhere	30.4	38.6	1.1	29.8	100.0	808
Residence						
Urban	84.3	7.7	0.5	7.5	100.0	1,290
Rural	70.7	15.2	0.5	13.5	100.0	1,408
Region						
National Capital Region	93.1	4.2	0.0	2.6	100.0	398
Cordillera Admin Region	87.8	0.9	0.9	10.5	100.0	43
I - Ilocos Region	89.3	2.7	0.9	7.0	100.0	109
II - Cagayan Valley	75.0	8.9	0.0	16.1	100.0	97
III - Central Luzon	86.1	3.1	1.4	9.4	100.0	278
IVA - CALABARZON	83.2	7.4	0.0	9.4	100.0	351
IVB - MIMAROPA	51.4	42.1	0.9	5.6	100.0	69
V - Bicol	75.9	18.4	0.0	5.7	100.0	157
VI - Western Visayas	74.9	15.0	0.5	9.6	100.0	200
VII - Central Visayas	86.4	3.7	0.6	9.2	100.0	174
VIII - Eastern Visayas	81.6	10.6	0.0	7.8	100.0	99
IX - Zamboanga Peninsula	59.2	20.7	0.0	20.1	100.0	123
X - Northern Mindanao	65.0	16.7	2.3	16.1	100.0	131
XI - Davao	77.6	9.9	0.7	11.8	100.0	151
XII - SOCCSKSARGEN	59.8	19.7	0.7	19.7	100.0	135
XIII - Caraga	67.5	20.5	0.0	12.0	100.0	90
ARMM	22.5	41.5	0.5	35.4	100.0	91
Education						
No education	(11.6)	(21.7)	(4.8)	(61.8)	100.0	34
Elementary	55.8	24.9	1.3	18.0	100.0	517
High school	79.2	10.5	0.2	10.0	100.0	1,394
College	91.2	4.2	0.2	4.4	100.0	753
Wealth quintile						
Lowest	49.8	27.1	1.3	21.7	100.0	686
Second	75.7	12.3	0.2	11.8	100.0	585
Middle	85.5	6.9	0.0	7.6	100.0	587
Fourth	93.4	2.3	0.7	3.6	100.0	480
Highest	96.9	1.3	0.0	1.8	100.0	359
Total	77.2	11.6	0.5	10.6	100.0	2,698

Note: Table is based on women who had a checkup without regard to how soon after birth the checkup took place. Total includes 3 women (weighted) who are missing information on place of delivery.

Almost eight out of ten mothers (78 percent) below 35 years old had their first post natal checkup by a professional health provider like a doctor, nurse or midwife. Likewise, mothers delivering their first birth (86 percent) are most likely to see a health professional for their first postnatal checkup, while those delivering

their sixth or higher birth are by far the least likely to see a health professional (50 percent); among the latter group, one-quarter saw a hilot for their first postnatal checkup and one-quarter did not have any postnatal checkup.

As expected, almost all women who delivered in a health facility obtained postnatal care from a health professional (97 percent), compared with only 30 percent of those who delivered at home. Mothers staying in urban areas are more likely to have a postnatal checkup by a doctor, nurse or midwife than mothers in rural areas (84 percent and71 percent, respectively).

Across regions, a large majority of the mothers (93 percent) in NCR availed the services of a doctor, nurse or midwife for their postnatal checkup. On the contrary, only half of the mothers in MIMAROPA and less than one-quarter of those in ARMM receive postnatal care from a health professional. Instead, mothers in MIMAROPA and ARMM (42 percent each) rely heavily on hilots for their postnatal checkup. ARMM had the highest number of mothers who did not have any postnatal checkup (35 percent) followed by Zamboanga Peninsula with 20 percent. Also included among the regions where mothers are less likely to avail the services of a doctor, nurse or midwife for their first postnatal checkup are Zamboanga Peninsula (59percent) and SOCCSKSARGEN (60 percent).

The proportion of women who receive postnatal care from a health professional increases steadily as education of the woman increases and as wealth quintile increases.

9.4 NEWBORN CARE

Newborn care is essential to reduce neonatal illness and death and to prevent complications soon after delivery. To identify, manage, and prevent complications, it is recommended that the mother and the newborn have at least three checkups within seven days after delivery (WHO and UNICEF, 2009), which is considered a critical period for neonates and mothers.

Table 9.13 shows the percent distribution of last births in the two years preceding the survey by timing of the first postnatal checkup after birth, along with the percentage of newborns with a postnatal checkup in the first two days after birth, according to background characteristics of mothers.

Overall, 53 percent of newborns received a postnatal checkup within two days after birth. One in ten (10 percent) newborns had a postnatal checkup less than one hour after birth, and 24 percent had a checkup between one and three hours after birth. In all, 42 percent of newborns had a postnatal checkup within 24 hours after birth. On the other hand, forty-two percent of newborns did not receive a postnatal checkup. Newborns delivered outside of a health facility were less likely to receive a postnatal checkup within the first two days after birth (36 percent) than newborns delivered in a health facility (60 percent).

The highest percentage of newborns having a checkup within two days after birth was found in Bicol with87 percent, followed by MIMAROPA and Eastern Visayas with 85 percent and 83 percent, respectively. The highest proportions of newborns without postnatal checkups are in Central Luzon with 69 percent, followed by ARMM with 66 percent. These two regions had the lowest percentage of newborns having a postnatal checkup within two days afterbirth with 26 percent and 20 percent, respectively.

Table 9.13 Timing of first postnatal checkup for the newborn

Percent distribution of last births in the two years preceding the survey by time after birth of first postnatal checkup, and the percentage of births with a postnatal checkup in the first two days after birth, according to background characteristics, Philippines 2013

Background characteristic	Time after birth of newborn's first postnatal checkup						No postnatal checkup[1]	Total	Percentage of births with a postnatal checkup in the first two days after birth	Number of births
	Less than 1 hour	1-3 hours	4-23 hours	1-2 days	3-6 days	Don't know/ missing				
Mother's age at birth										
<20	9.2	24.3	7.5	11.3	5.7	0.8	41.2	100.0	52.2	341
20-34	10.6	24.2	8.9	9.7	4.6	0.5	41.5	100.0	53.3	1,903
35-49	9.4	23.2	6.0	11.0	4.6	0.0	45.8	100.0	49.6	454
Birth order										
1	10.4	25.1	9.3	9.4	5.5	0.8	39.5	100.0	54.2	842
2-3	10.3	23.4	8.3	11.2	4.5	0.4	41.8	100.0	53.3	1,150
4-5	11.3	25.4	8.2	9.1	4.1	0.2	41.7	100.0	54.0	428
6+	7.4	21.0	4.5	9.7	4.7	0.0	52.7	100.0	42.5	279
Place of delivery										
Health facility	12.1	28.9	9.6	9.2	4.0	0.6	35.7	100.0	59.7	1,888
Elsewhere	5.9	12.8	4.9	12.5	6.6	0.0	57.2	100.0	36.1	808
Residence										
Urban	7.8	25.0	9.8	10.6	5.0	0.5	41.2	100.0	53.2	1,290
Rural	12.4	23.2	6.7	9.7	4.6	0.4	43.1	100.0	52.0	1,408
Region										
National Capital Region	3.3	32.4	9.2	10.8	6.9	0.3	37.3	100.0	55.6	398
Cordillera Admin Region	30.4	13.8	6.1	7.9	1.8	0.9	39.2	100.0	58.2	43
I - Ilocos Region	4.4	12.5	5.6	11.4	2.6	0.0	63.4	100.0	34.0	109
II - Cagayan Valley	11.4	11.4	3.2	14.7	5.6	0.0	53.7	100.0	40.6	97
III - Central Luzon	4.1	13.9	2.3	5.8	4.1	0.4	69.4	100.0	26.1	278
IVA - CALABARZON	3.7	18.5	11.2	10.1	4.9	0.4	51.3	100.0	43.4	351
IVB - MIMAROPA	15.8	38.2	14.0	16.9	4.8	0.0	10.3	100.0	84.9	69
V - Bicol	22.8	36.9	12.8	14.1	2.5	2.0	9.0	100.0	86.5	157
VI - Western Visayas	7.5	30.5	12.8	15.5	3.8	0.0	30.0	100.0	66.3	200
VII - Central Visayas	20.4	32.1	13.6	10.5	3.7	0.0	19.7	100.0	76.5	174
VIII - Eastern Visayas	19.4	38.8	12.6	11.7	3.9	0.0	13.6	100.0	82.5	99
IX - Zamboanga Peninsula	8.2	21.4	6.3	8.8	6.3	0.0	49.0	100.0	44.7	123
X - Northern Mindanao	22.9	23.7	4.6	7.7	6.1	0.0	35.0	100.0	58.9	131
XI - Davao	15.8	19.1	5.9	8.6	2.6	2.0	46.1	100.0	49.3	151
XII - SOCCSKSARGEN	8.0	25.5	5.1	5.8	2.9	0.0	52.6	100.0	44.5	135
XIII - Caraga	18.7	13.3	6.0	9.7	3.0	1.8	47.5	100.0	47.7	90
ARMM	0.5	14.0	1.1	4.4	13.7	0.0	66.3	100.0	20.1	91
Mother's education										
No education	(9.5)	(8.8)	(2.3)	(2.3)	(1.4)	(0.0)	(75.6)	100.0	(22.9)	34
Elementary	8.9	22.7	4.8	11.5	5.3	0.5	46.2	100.0	48.0	517
High school	9.5	23.8	8.4	10.1	4.6	0.5	43.2	100.0	51.8	1,394
College	12.4	26.0	10.4	9.6	5.0	0.3	36.2	100.0	58.6	753
Wealth quintile										
Lowest	11.2	21.1	5.6	9.6	4.8	0.3	47.4	100.0	47.6	686
Second	11.3	24.9	9.1	11.6	5.2	0.4	37.4	100.0	56.9	585
Middle	9.8	23.0	8.5	10.8	3.7	0.6	43.6	100.0	52.1	587
Fourth	7.2	27.1	8.4	9.3	4.4	0.6	43.0	100.0	52.0	480
Highest	11.0	25.8	10.9	9.0	6.4	0.3	36.7	100.0	56.6	359
Total	10.2	24.0	8.2	10.2	4.8	0.4	42.2	100.0	52.6	2,698

Total includes 3 women (weighted) missing as to place of delivery. Numbers in parentheses are based on 25-49 unweighted cases.
[1] Includes newborns who received a checkup after the first week

Table 9.14 presents the percent distribution of the most recent births occurring in the two years preceding the survey by type of provider of newborn care during the first two days after delivery, according to background characteristics of mothers.

Results from the 2013 NDHS show that 48 percent of newborns received postnatal care during the two days following birth from a doctor, nurse, or midwife. The distribution of newborns who received care from a skilled birth attendant by background characteristics is more or less similar to the pattern described for providers of mothers' postnatal checkups. Postnatal checkups by health professionals are notably more

common for newborns whose mothers who gave birth in a health facility (60 percent), whose mothers attended college (57 percent), and whose mothers belong to the highest wealth quintile (56 percent). Newborns in Central Visayas and Eastern Visayas are the most likely to receive postnatal care from a health professional (75 percent each), while those in ARMM are least likely (13 percent).

Table 9.14 Type of provider of first postnatal checkup for the newborn

Percent distribution of last births in the two years preceding the survey by type of provider of the newborn's first postnatal health check during the two days after the last live birth, according to background characteristics, Philippines 2013

Background characteristic	Type of health provider of newborn's first postnatal checkup		No postnatal checkup in the first two days after birth	Total	Number of births
	Doctor/nurse/ midwife	Hilot			
Mother's age at birth					
<20	46.6	5.7	47.8	100.0	341
20-34	48.9	4.4	46.7	100.0	1,903
35-49	42.9	6.7	50.4	100.0	454
Birth order					
1	50.9	3.3	45.8	100.0	842
2-3	49.4	3.9	46.7	100.0	1,150
4-5	46.7	7.3	46.0	100.0	428
6+	31.4	11.1	57.5	100.0	279
Place of delivery					
Health facility	59.6	0.1	40.3	100.0	1,888
Elsewhere	19.7	16.4	63.9	100.0	808
Residence					
Urban	49.5	3.7	46.8	100.0	1,290
Rural	45.8	6.2	48.0	100.0	1,408
Region					
National Capital Region	53.6	2.0	44.4	100.0	398
Cordillera Admin Region	57.3	0.9	41.8	100.0	43
I - Ilocos Region	34.0	0.0	66.0	100.0	109
II - Cagayan Valley	36.6	4.0	59.4	100.0	97
III - Central Luzon	25.7	0.5	73.9	100.0	278
IVA - CALABARZON	40.1	3.3	56.6	100.0	351
IVB - MIMAROPA	49.5	35.5	15.1	100.0	69
V - Bicol	71.3	15.2	13.5	100.0	157
VI - Western Visayas	63.6	2.7	33.7	100.0	200
VII - Central Visayas	74.7	1.8	23.5	100.0	174
VIII - Eastern Visayas	74.8	7.7	17.5	100.0	99
IX - Zamboanga Peninsula	41.0	3.8	55.3	100.0	123
X - Northern Mindanao	49.0	9.9	41.1	100.0	131
XI - Davao	48.0	1.3	50.7	100.0	151
XII - SOCCSKSARGEN	37.9	6.6	55.5	100.0	135
XIII - Caraga	36.8	10.9	52.3	100.0	90
ARMM	12.8	7.3	79.9	100.0	91
Mother's education					
No education	(10.7)	(12.2)	(77.1)	100.0	34
Elementary	37.9	10.0	52.0	100.0	517
High school	47.2	4.6	48.2	100.0	1,394
College	56.6	1.9	41.4	100.0	753
Wealth quintile					
Lowest	35.8	11.7	52.4	100.0	686
Second	51.5	5.4	43.1	100.0	585
Middle	49.2	2.9	47.9	100.0	587
Fourth	51.4	0.6	48.0	100.0	480
Highest	55.8	0.8	43.4	100.0	359
Total	47.6	5.0	47.4	100.0	2,698

Note: Total includes 3 births (weighted) missing as to place of delivery

9.5 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 2013NDHS, 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, and not wanting to go alone.

Results in Table 9.15 indicate that three out of five women (58 percent) reported that at least one of these problems would pose a barrier in seeking health care for themselves when they are sick. Half (48 percent) of women stated that getting money for treatment is a big problem. Twenty-seven percent mentioned distance from a health facility as a big problem, while 21 percent cited not wanting to go alone. Only 9 percent of women mentioned getting permission to go for treatment as a concern. The proportion of women who report at least one problem in accessing health care decreases dramatically with increasing education and wealth. Women who are employed but not for cash and women who are not employed are more likely to have problems in accessing health care (61 percent each) than women who are employed for cash (55 percent).Urban women (52 percent) are less likely than rural women (65 percent) to mention problems in accessing health care.

Across regions, the percentage of women who had at least one problem in accessing health care ranges from 48 percent in Davao to 94 percent in ARMM.

Younger women (65 percent), women with 5 or more children (70 percent), women who live in rural areas (65 percent), women with no education (84 percent), and women from the lowest wealth quintile (76 percent) were more likely than other subgroups of women to say they would face at least one serious problem in accessing health care.

Table 9.15 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 2013

Background characteristic	Problems in accessing health care					Number of women
	Getting permission to go for treatment	Getting money for treatment	Distance to health facility	Not wanting to go alone	At least one problem accessing health care	
Age						
15-19	10.8	52.0	30.7	31.6	65.3	3,237
20-34	8.1	44.6	25.5	18.6	54.5	7,196
35-49	9.7	49.3	27.8	18.3	57.8	5,723
Number of living children						
0	8.6	45.5	25.8	25.0	57.3	6,144
1-2	7.5	43.5	24.6	16.6	52.7	5,123
3-4	9.8	51.3	28.2	18.7	60.3	3,135
5+	15.1	61.6	39.2	24.9	70.4	1,753
Marital status						
Never married	8.6	46.5	26.0	25.3	58.0	5,615
Married or living together	9.7	48.2	28.5	19.2	57.9	9,729
Divorced/separated/widowed	8.0	50.5	22.9	15.1	56.9	811
Employed last 12 months						
Not employed	10.1	51.2	28.9	24.5	61.3	6,877
Employed for cash	8.2	45.1	25.0	17.7	54.6	8,299
Employed not for cash	11.7	46.5	36.7	26.1	60.9	974
Residence						
Urban	6.2	43.4	17.9	15.9	51.5	8,585
Rural	12.6	52.7	38.1	27.0	65.1	7,570
Region						
National Capital Region	4.5	49.9	15.4	13.4	53.8	2,924
Cordillera Admin Region	6.4	50.9	27.7	18.6	60.4	252
I - Ilocos Region	18.6	63.8	37.5	30.5	74.6	691
II - Cagayan Valley	12.5	49.2	33.9	23.8	60.1	550
III - Central Luzon	6.8	48.4	24.1	18.1	56.6	1,720
IVA - CALABARZON	4.1	41.3	18.9	13.2	49.3	2,293
IVB - MIMAROPA	10.7	57.4	42.2	34.4	70.6	372
V - Bicol	10.8	56.1	34.7	27.4	69.7	798
VI - Western Visayas	14.5	50.9	30.0	23.9	61.7	996
VII - Central Visayas	10.4	35.2	25.5	20.7	48.7	1,030
VIII - Eastern Visayas	8.6	42.8	24.5	15.2	52.2	571
IX - Zamboanga Peninsula	10.5	58.2	38.5	31.1	69.6	725
X - Northern Mindanao	7.8	32.3	33.3	25.9	55.2	697
XI - Davao	8.7	31.4	28.2	15.1	47.6	893
XII - SOCCSKSARGEN	14.6	47.5	35.3	24.0	60.0	744
XIII - Caraga	11.0	36.4	34.2	26.3	54.3	435
ARMM	30.3	90.7	63.9	63.9	94.3	465
Education						
No education	29.1	72.3	68.9	54.3	84.1	188
Elementary	16.8	61.6	41.7	28.5	71.4	2,593
High school	9.6	52.5	28.5	22.1	62.6	7,916
College	4.4	33.5	17.5	15.0	43.5	5,458
Wealth quintile						
Lowest	19.4	63.9	51.7	35.6	75.8	2,620
Second	12.3	57.7	34.9	24.5	68.3	2,886
Middle	8.5	53.4	26.6	21.0	62.9	3,199
Fourth	5.4	43.4	19.4	15.7	52.8	3,572
Highest	4.0	28.8	13.2	13.8	38.3	3,878
Total	9.2	47.7	27.4	21.1	57.8	16,155

Note: Total includes 5 women (weighted) missing information as to employment status.

CHILD HEALTH 10

Key Findings

- Vaccination coverage among children age 12-23 months has increased slightly in the past 20 years, from 72 percent in 1993 to 77 percent in 2013.
- Six percent of children under age 5 had symptoms of ARI at some time during the two weeks preceding the survey; 64 percent of these children were taken to a health facility or health provider for advice or treatment.
- Twenty-eight percent of children under age 5 had a fever in the two weeks before the survey. Among those with a fever, half were taken to a health facility or health provider for advice or treatment.
- Eight percent of children under age 5 had diarrhea in the two weeks preceding the survey. Forty-two percent of children with diarrhea were taken to a facility or provider for treatment, and 67 percent received some form of oral rehydration therapy (either ORS or RHF) or increased fluids.
- Almost half of children under age 5 had their stools disposed of safely; 28 percent used a toilet or latrine, 11 percent had their stools thrown into a toilet or latrine, and 7 percent had their stools buried.

This chapter presents findings on several indicators related to children's health, such as birth weight, vaccination coverage, and prevalence and treatment practices for three major childhood diseases: acute respiratory infection, fever, and diarrhea. Information on a child's weight at birth, immunization, and treatment received for ARI, fever, and diarrhea is important for the design and implementation of child health programs anchored at achieving the MDG goal on reducing under-five mortality. In addition, as poor sanitation may also lead to diarrheal disease and death among young children, this chapter also provides information on disposal of children's stools.

In the 2013 NDHS, birth weight in kilograms or pounds was recorded for all live births in the five years preceding the survey based on a health card or the mother's report. Information on vaccinations and illnesses was collected only for surviving children, while practices on disposal of children's feces were obtained for children who were living with their mother.

10.1 CHILD'S WEIGHT AT BIRTH

Studies have found that birth weight is a significant indicator of a newborn's nutritional status, growth, health, and chances for survival. Furthermore, low birth weight, which is a result of preterm birth or restricted fetal growth, is closely associated with fetal and neonatal mortality and morbidity (UNICEF and WHO, 2004). A reduction in the proportion of births with low birth weight may result in a decrease in child mortality, which is one of the Millennium Development Goals. The World Health Organization (WHO) defines low birth weight as weight at birth of less than 2.5 kilograms (5.5 pounds). Table 10.1 shows the percentage of births for which mothers reported a birth weight by background characteristics.

Given the large proportion (73 percent) of births delivered by health professionals, four out of five (81 percent) births had a reported birth weight. Babies are more likely to be weighed at birth if they are born to younger women, 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 94 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 28 percent. Similarly, only 28 percent of births in ARMM were weighed as compared to 96 percent in the National Capital Region.

Table 10.1 Child's weight at birth

Percentage of live births in the five years preceding the survey that have a reported birth weight, and among live births in the five years preceding the survey with a reported birth weight, percentage less than 2.5 kg, according to background characteristics, Philippines 2013

Background characteristic	Percentage of all births that have a reported birth weight[1]	Number of births	Births with a reported birth weight[1]	
			Percentage less than 2.5 kg	Number of births
Mother's age at birth				
<20	80.9	871	25.1	705
20-34	81.7	4,919	20.2	4,021
35-49	76.1	1,192	24.2	907
Birth order				
1	88.5	2,161	22.5	1,912
2-3	83.1	2,861	20.4	2,378
4-5	74.3	1,140	20.0	847
6+	60.5	820	24.9	496
Mother's smoking status				
Smokes cigarettes/tobacco	78.9	427	22.6	337
Does not smoke	80.8	6,555	21.3	5,296
Residence				
Urban	90.1	3,261	21.1	2,936
Rural	72.5	3,721	21.8	2,697
Region				
National Capital Region	96.1	1,026	21.4	986
Cordillera Admin Region	92.1	105	18.6	97
I - Ilocos Region	84.1	314	17.3	264
II - Cagayan Valley	63.0	258	21.7	163
III - Central Luzon	83.7	656	23.1	549
IVA - CALABARZON	86.6	887	21.9	769
IVB - MIMAROPA	53.6	191	25.3	102
V - Bicol	70.0	437	19.6	306
VI - Western Visayas	89.6	486	19.2	436
VII - Central Visayas	92.3	461	25.5	426
VIII - Eastern Visayas	83.1	269	18.2	223
IX - Zamboanga Peninsula	67.0	339	24.9	227
X - Northern Mindanao	82.3	324	20.6	266
XI - Davao	82.5	397	16.1	327
XII - SOCCSKSARGEN	68.5	330	24.5	226
XIII - Caraga	82.2	231	25.1	190
ARMM	28.0	271	21.8	76
Mother's education				
No education	27.6	112	(35.3)	31
Elementary	61.8	1,496	25.2	925
High school	83.4	3,523	22.1	2,938
College	94.0	1,851	18.1	1,740
Wealth quintile				
Lowest	59.5	1,916	22.0	1,139
Second	79.1	1,525	23.1	1,206
Middle	89.3	1,395	20.9	1,246
Fourth	94.8	1,214	23.6	1,151
Highest	95.6	932	16.3	891
Total	80.7	6,982	21.4	5,633

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] Based on either a written record or the mother's recall

Table 10.1 also presents information on child's weight at birth by background characteristics. Among babies for whom a birth weight was reported, 21 percent had low birth weight (less than 2.5 kg). There is not much variation in the percentage of babies with low birth weight among subgroups.

10.2 VACCINATION COVERAGE

Universal immunization of children under age 1 against vaccine-preventable diseases is a cost-effective means of reducing infant and child morbidity and mortality. Following the success of the smallpox eradication program, the World Health Organization (WHO) launched the Expanded Program on Immunization (EPI) in 1974. Six vaccine-preventable diseases were initially included in the EPI: tuberculosis, poliomyelitis, diphtheria, tetanus, pertussis and measles. With the development of new vaccines and heightened efforts to eradicate childhood illnesses, countries have also increased their immunization agenda over the years (WHO, 2014).

The government of the Philippines adopted the EPI in 1976 to ensure that infants and children age 0 to 5 years have access to routinely recommended vaccines. The Philippines EPI primarily aims to reduce the morbidity and mortality among children against seven vaccine-preventable diseases—tuberculosis, poliomyelitis, diphtheria, tetanus, pertussis, measles, and hepatitis B. The EPI has the following specific objectives: "(1) to immunize all children age 0-11 months against the seven diseases, (2) to maintain the polio-free status of the country, (3) to eliminate measles

infection and neonatal tetanus, (4) to control diphtheria, pertussis, and hepatitis B infections, and (5) to prevent extrapulmonary tuberculosis among children" (Cabotaje, 2003).

In 2011, Republic Act No. 10152, also known as Mandatory Infants and Children Health Immunization Act of 2011, which provides a comprehensive, mandatory and sustainable immunization program for vaccine-preventable diseases for all infants and children was signed into law. The mandatory basic immunizations for all infants and children cover the following vaccine-preventable diseases: (a) tuberculosis; (b) diphtheria, tetanus and pertussis; (c) poliomyelitis; (d) measles; (e) mumps; (f) rubella or German measles; (g) hepatitis-B; and (h) H. influenza type B (HIB). According to this law, the mandatory basic immunizations shall be provided free at government hospitals or health centers to infants and children up to five years of age.

Republic Act No. 10152 provides for all infants to be given the birth dose of the hepatitis-B vaccine within 24 hours of birth. The hepatitis B birth dose was integrated in the Essential Intrapartum and Newborn Care Package (EINC). The first dose of the hepatitis-B vaccine may be counted as part of the three-dose primary series. Subsequent doses are given at least 4 weeks apart, with the third dose preferably given not earlier than 24 weeks of age. A fourth dose is needed for the following cases: 1) if the third dose is given at age < 24 weeks; 2) for patients using the EPI schedule of birth, 6, and 14 weeks, and, 3) for preterms less than 2 kilograms whose first dose was given at birth. The pentavalent vaccine (DPT-Hepa-B-HiB) was initially introduced in Central Visayas, Eastern Visayas and Caraga in 2010 to prevent the sequelae of HiB meningitis and other invasive HiB diseases.

In this report, a child age 12-23 months is considered fully immunized if he or she had BCG, measles, and three doses each of DPT, polio and Hepa-B vaccines before the first birthday.

In the 2013 NDHS, data on vaccination coverage were collected for all living children born in the five years preceding the survey. Information on vaccination coverage was obtained in two ways – from health cards and from mothers' verbal report. All mothers were asked to show the interviewer the vaccination cards on which the child(ren)'s immunization status was recorded. If the card was available, the interviewer copied the dates on which each vaccination was received. If a vaccination was not recorded on the health card, the mother was asked to recall whether that particular vaccination had been given. If the mother was not able to present a health card for her child, she was asked to recall whether the child had received BCG, polio, DPT, measles and vaccines. If she indicated that the child had received the polio, DPT, or Hepa-B vaccines, she was asked about the number of doses of each that the child had received. As the Philippines is going through the transitional phase in the implementation of pentavalent vaccination scheme, care was taken to capture both schemes.

Hepatitis B vaccinations in the 2013 NDHS were recorded differently from those in the 2008 NDHS. The 2013 NDHS recorded information on hepatitis B vaccines 0 through 3, while the 2008 NDHS recorded information on hepatitis B vaccines 1 through 3.

10.2.1 Full Immunization Coverage for Children Age 12-23 Months

Table 10.2 shows the percentage of children age 12-23 months who have received various vaccinations by source of information (i.e., health card, mother's report, or both health card and mother's report). Health cards were available for 58 percent of the children in this age group. The results are presented for children in the 12-23 months age group because they are the youngest cohort of children who have reached the age by which they should be fully immunized.

Table 10.2 Vaccinations by source of information

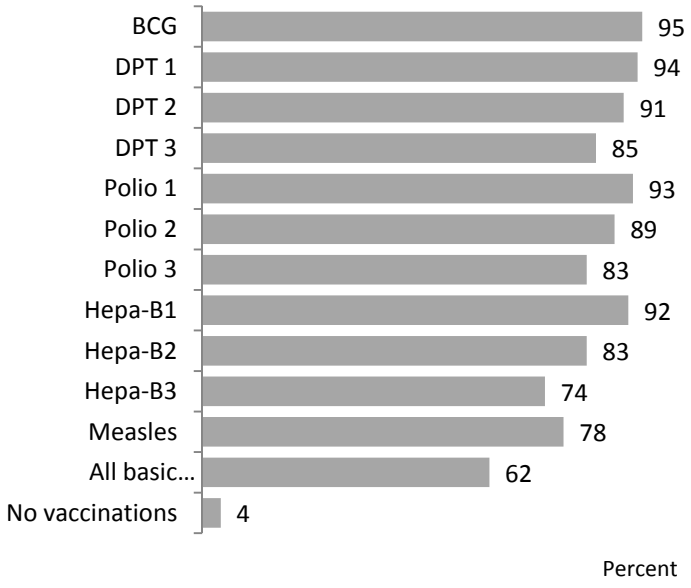
Percentage of children age 12-23 months who received specific vaccines at any time before the survey, by source of information (vaccination card or mother's report), and percentage vaccinated by 12 months of age, Philippines 2013

Source of information	BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Hepa-B 1	Hepa-B 2	Hepa-B 3	Meas-les	All basic vac-cina-tions[1]	No vac-cina-tions	Number of children
Vaccinated at any time before survey														
Vaccination card	57.1	57.0	55.7	53.9	56.2	54.7	53.3	55.3	50.7	46.6	50.1	41.5	0.0	805
Hepa-B3Mother's report	38.3	37.2	36.2	32.2	37.0	34.5	31.3	37.2	34.6	31.0	33.8	27.0	3.8	592
Either source	95.4	94.2	91.9	86.1	93.2	89.3	84.6	92.5	85.3	77.6	83.9	68.5	3.8	1,397
Vaccinated by 12 months of age[2]	94.8	93.5	91.4	84.7	92.5	88.7	83.1	91.5	83.2	74.4	78.2	61.8	4.0	1,397

[1] BCG, measles and three doses each of DPT and polio and Hepa-B vaccine (either Hepa-B0,B1 and B2 or Hepa-B1, B2 and B3), excludes HiB vaccines
[2] For children whose information is based on the mother's report, the proportion of vaccinations given during the first year of life is assumed to be the same as for children with a written record of vaccination.

Overall, 62 percent of children age 12-23 months are fully immunized, that is, they received the seven basic vaccinations (BCG, measles, and three doses each of DPT, polio and Hepa-B) before reaching age one. With regard to specific vaccines, coverage is generally high for each type of vaccine; 95 percent of children have received the BCG vaccine, 94 percent have received the first dose of DPT, 93 percent have received the first dose of polio vaccine, and 92 percent have received the first dose of hepatitis B vaccine (Figure 10.1). Lower percentages went on to receive the third dose of DPT (85 percent), polio (83 percent), and hepatitis B (74 percent). Thus, the dropout rate[1], measured by the difference in coverage between the first and third doses, is 9 percent for DPT, 10 percent for polio, and 19 percent for hepatitis B.

Figure 10.1 **Vaccination by 12 months of age (Information based on health cards and mother's report)**



[1] Dropout rate = {(First dose – Third dose)/First Dose } x 100

10.2.2 Vaccination Coverage by Background Characteristics

Table 10.3 presents the percentage of children age 12-23 months who received specific vaccines at any time before the survey by background characteristics. Based on the information from health cards and mothers' reports, 69 percent of children 12-23 months have received the seven basic vaccinations at the time of the survey.

While there is almost no difference in vaccination coverage by the child's sex, there are differences in coverage by other background characteristics. For example, full vaccination coverage declines as birth order increases, from 74 percent among first births to 53 percent among sixth and higher births. In contrast, full vaccination coverage increases with wealth status, from 59 percent of children in households in the poorest wealth quintile to 81 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 seen, by background characteristics, Philippines 2013

Background characteristic	BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Hepa-B 1	Hepa-B 2	Hepa-B 3	Meas-les	All basic vac-cina-tions[1]	No vac-cina-tions	Percent-age with a vac-cina-tion card	Num-ber of child-ren
Sex															
Male	95.2	94.0	92.2	87.0	92.8	89.7	85.1	93.2	87.2	79.1	82.8	69.6	3.9	57.5	703
Female	95.6	94.4	91.5	85.3	93.6	88.8	84.0	91.8	83.3	76.1	84.9	67.5	3.7	57.8	694
Birth order															
1	97.9	96.5	94.7	89.8	95.3	91.5	88.2	94.7	88.0	80.8	87.8	73.6	1.8	58.2	426
2-3	96.5	95.7	94.1	88.8	94.3	91.6	87.0	94.0	87.3	80.7	86.5	71.3	2.8	60.0	614
4-5	91.9	89.9	86.9	80.1	91.0	84.8	78.0	88.7	79.3	69.2	77.3	60.8	7.2	55.8	218
6+	88.6	87.3	81.2	73.0	85.5	79.4	72.8	85.4	77.2	67.3	70.5	52.8	9.0	48.4	140
Residence															
Urban	96.6	96.1	93.6	87.9	94.9	90.9	85.8	94.5	88.9	81.5	85.6	72.7	2.7	56.8	671
Rural	94.3	92.5	90.3	84.5	91.7	87.7	83.5	90.7	81.9	74.1	82.2	64.7	4.8	58.4	727
Region															
National Capital Region	97.5	98.1	95.7	91.3	96.9	94.4	90.1	98.1	94.4	87.6	86.3	79.5	1.9	52.8	209
Cordillera Admin Region	96.4	96.4	96.4	96.4	94.6	94.6	92.7	94.5	92.7	91.0	92.7	83.6	3.6	61.7	21
I - Ilocos Region	98.0	92.5	86.8	79.5	92.3	83.2	75.9	98.2	86.8	74.0	81.1	61.1	0.0	53.8	53
II - Cagayan Valley	94.0	94.0	91.0	78.8	89.5	81.8	78.8	86.5	82.0	68.2	78.8	54.7	4.5	45.5	52
III - Central Luzon	98.1	96.4	94.6	86.4	93.5	88.1	83.6	87.1	82.6	78.0	87.3	68.9	0.9	56.9	136
IVA - CALABARZON	99.2	97.7	95.3	89.7	97.7	95.3	90.5	96.9	90.7	83.6	89.9	76.6	0.8	56.4	184
IVB - MIMAROPA	90.4	90.3	90.3	76.8	90.3	88.3	76.7	88.4	84.5	73.0	78.8	65.2	5.8	63.5	34
V - Bicol	97.3	93.4	89.5	80.3	94.7	85.5	79.0	94.7	86.8	73.7	82.9	61.9	2.7	65.7	76
VI - Western Visayas	99.0	96.9	92.9	89.8	96.9	91.8	88.8	95.9	72.4	66.3	89.8	62.2	1.0	66.4	105
VII - Central Visayas	96.8	93.5	93.5	86.0	93.5	93.5	86.0	94.6	85.0	75.3	87.1	66.7	3.2	68.8	100
VIII - Eastern Visayas	100.0	100.0	100.0	98.3	100.0	98.3	94.8	94.8	87.8	82.5	80.8	65.0	0.0	73.7	55
IX - Zamboanga Peninsula	87.9	91.2	91.2	84.6	89.0	89.0	83.5	89.0	85.7	79.1	76.9	69.2	8.8	55.0	70
X - Northern Mindanao	94.7	90.7	89.4	85.4	88.1	82.7	81.4	90.8	85.4	77.4	81.4	65.3	5.3	48.0	75
XI - Davao	97.4	96.1	94.7	92.1	94.7	94.7	92.1	96.1	89.5	80.3	88.2	71.1	1.3	59.2	76
XII - SOCCSKSARGEN	89.6	89.6	86.6	86.6	89.5	80.6	80.6	89.6	82.1	76.1	77.6	68.7	9.0	59.7	66
XIII - Caraga	95.1	97.5	96.3	92.6	95.1	93.8	88.9	92.6	90.1	87.7	85.1	75.3	2.5	67.9	44
ARMM	59.9	57.7	47.0	36.3	57.7	45.8	34.0	53.1	42.4	34.0	43.5	29.4	40.1	24.4	42
Mother's education															
No education	(60.9)	(58.1)	(44.3)	(33.8)	(54.5)	(38.5)	(33.8)	(50.2)	(36.4)	(30.3)	(36.1)	(30.3)	(34.6)	(28.3)	22
Elementary	89.9	88.7	86.8	80.0	88.0	83.5	78.3	86.7	81.7	75.9	77.5	63.5	8.7	55.5	278
High school	97.6	96.2	92.9	86.4	95.3	90.9	85.5	94.2	86.0	76.6	83.8	68.2	1.9	59.0	706
College	97.4	96.6	96.2	92.9	95.3	93.2	90.2	96.0	89.3	83.2	91.1	74.8	2.0	58.5	391
Wealth quintile															
Lowest	89.1	86.7	84.0	78.5	86.8	81.3	76.5	85.2	76.7	69.6	72.9	59.2	9.7	55.2	358
Second	96.7	95.0	91.0	83.7	94.4	89.4	82.2	92.2	83.3	74.7	85.9	64.8	3.0	58.6	292
Middle	97.5	97.9	95.0	88.8	96.6	92.2	87.3	94.8	86.4	76.8	87.4	68.4	1.1	65.1	320
Fourth	97.5	96.5	96.5	91.6	95.4	93.2	90.4	96.0	91.4	85.4	88.8	77.8	2.0	52.6	245
Highest	99.4	98.0	96.7	93.0	95.0	94.2	91.7	98.7	95.0	89.1	89.2	80.8	0.6	54.5	182
Total	95.4	94.2	91.9	86.1	93.2	89.3	84.6	92.5	85.3	77.6	83.9	68.5	3.8	57.6	1,397

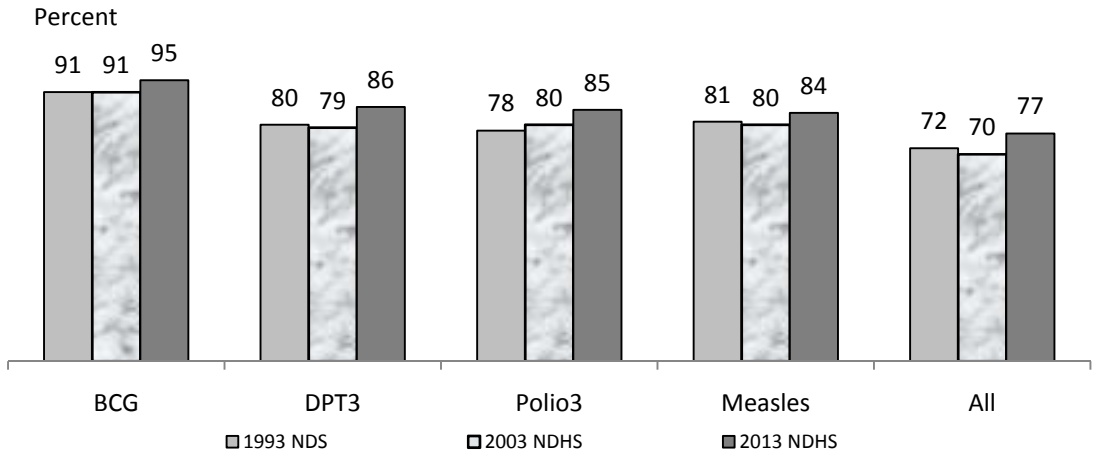
[1] BCG, measles and three doses each of DPT, polio and Hepa-B vaccine (either Hepa-B0, B1, and B2 or Hepa-B1, B2 and B3); excludes HiB vaccine.
Note: Figures in parentheses are based on 25-49 unweighted cases.

Vaccination coverage also varies slightly by residence (73 percent in urban areas and 65 percent in rural areas). There are large variations by region. ARMM has the lowest vaccination coverage (29 percent), while CAR has the highest (84 percent). The percentage of children age 12-23 months who have received the seven immunizations ranges from 55 percent to 80 percent for the rest of the regions.

10.2.3 Trends in Vaccination Coverage

Figure 10.2 shows the trend in vaccination coverage excluding hepatitis B—that is, vaccinations received any time prior to the survey—from 1993 to 2013. Data on vaccination coverage for the six vaccine-preventable diseases, namely, tuberculosis, poliomyelitis, diphtheria, tetanus, pertussis and measles were recorded in previous rounds of NDHS. In the past 20 years, vaccination coverage excluding hepatitis B for children age 12-23 month has slightly increased from 72 percent in 1993 to 77 percent in 2013.

Figure 10.2 **Trends in vaccination coverage[2]**



[2]Percentage of children age 12-23 months who received the vaccine any time before the survey. All excludes hepatitis B.

10.3 ACUTE RESPIRATORY INFECTION (ARI)

Acute respiratory tract infections, which include pneumonia, influenza, and respiratory syncytial virus (RSV), are the leading cause of illness and death among children under five, particularly in developing countries. ARI is caused by bacteria and viruses and may result from malnutrition, air pollution, tobacco use, and overcrowding (World Lung Foundation, 2010). Pneumonia is the most serious acute respiratory tract infection. About 1.4 million children under age five die of pneumonia annually; this represents 18% of yearly under-five deaths worldwide (UNICEF, 2013). Pneumonia is characterized by cough with difficult or rapid breathing and chest in-drawing and can be treated with antibiotics. Early diagnosis and treatment with antibiotics can prevent deaths caused by ARI, particularly pneumonia.

In the 2013 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 6 percent of children under age five had symptoms of ARI at some time during the two weeks preceding the survey. Children age 12-23 months and children whose mothers are in the poorest and middle wealth quintiles are more likely to show symptoms of ARI. Children whose households use charcoal and wood/straw/agriculture crops as a cooking fuel also are more likely to have had ARI symptoms. Symptoms of ARI are most often reported for children in Western Visayas (10 percent).

Among children with symptoms of ARI, 64 percent were taken to a health facility or health provider, an increase of 14 percentage points compared with the rate reported in the 2008 NDHS (Figure 10.3). Children in urban areas are more likely than children in rural areas to receive care from a health facility or health provider when showing symptoms of ARI (data not shown). Half (50 percent) of the children who had symptoms of ARI received antibiotics.

Table 10.4 Prevalence and treatment 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 2013

Background characteristic	Among children under age five: Percentage with symptoms of ARI[1]	Number of children
Age in months		
<6	3.3	645
6-11	6.4	718
12-23	7.6	1,397
24-35	5.9	1,279
36-47	5.0	1,410
48-59	4.7	1,346
Sex		
Male	6.4	3,525
Female	4.8	3,271
Mother's smoking status		
Smokes cigarettes/tobacco	5.8	419
Does not smoke	5.6	6,377
Cooking fuel		
Electricity or gas	4.0	2,000
Kerosene	4.7	86
Charcoal	6.2	1,157
Wood/straw/ agriculture crops[3]	6.4	3,538
Residence		
Urban	5.0	3,185
Rural	6.2	3,611
Region		
National Capital Region	4.8	1,006
Cordillera Admin Region	8.4	103
I - Ilocos Region	7.7	306
II - Cagayan Valley	3.8	251
III - Central Luzon	3.5	639
IVA - CALABARZON	4.4	872
IVB - MIMAROPA	7.0	182
V - Bicol	5.3	421
VI - Western Visayas	9.5	473
VII - Central Visayas	7.8	457
VIII - Eastern Visayas	8.4	264
IX - Zamboanga Peninsula	6.3	329
X - Northern Mindanao	4.8	313
XI - Davao	3.6	383
XII - SOCCSKSARGEN	8.2	315
XIII - Caraga	6.3	224
ARMM	2.1	258
Mother's education		
No education	6.2	106
Elementary	6.5	1,428
High school	5.3	3,438
College	5.6	1,824
Wealth quintile		
Lowest	6.4	1,829
Second	5.4	1,483
Middle	6.5	1,373
Fourth	4.9	1,189
Highest	4.0	922
Total	5.6	6,796

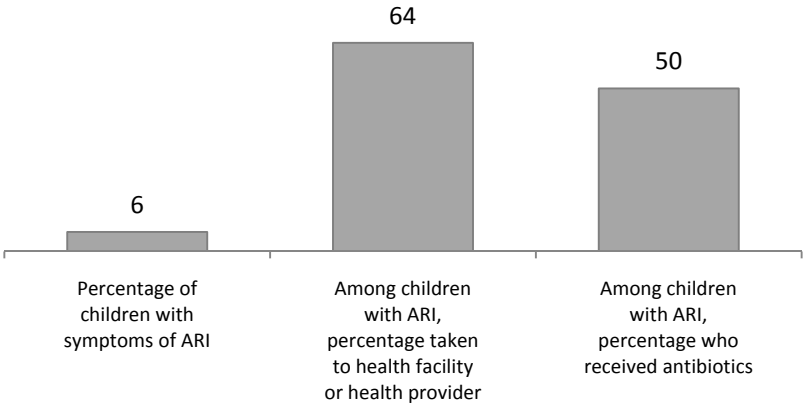
Note: Total includes 3 children in households using coal/lignite as fuel, 7 in households in which food is not cooked, and 5 in households for which type of fuel is missing. Figures in parentheses are based on 25-49 unweighted cases; an asterisk denotes a figure based on fewer than 25 unweighted cases that has been suppressed.

[1] Symptoms of ARI (cough accompanied by short, rapid breathing which was chest-related and/or by difficult breathing which was chest-related) is considered a proxy for pneumonia.

[2] Excludes pharmacy, shop, market, puericulture center, traditional practitioner and other

[3] Includes grass, shrubs, crop residues.

Figure 10.3 **Prevalence and treatment of acute respiratory infection (ARI) in children under age five**



10.4 FEVER

Fever is a manifestation of measles, dengue, typhoid, respiratory infections, and other infectious diseases. 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-eight 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 (37 and 33 percent, respectively) than other children.

Fever is more prevalent among children in rural areas (30 percent) than among those in urban areas (25 percent). More than one-third (34-42 percent) of children in Western Visayas, Ilocos Region, and MIMAROPA were reported to have had fever in the two weeks preceding the survey. The prevalence of fever is higher among children in the three lowest wealth quintiles (29-32 percent) than among children in the two higher wealth quintiles.

Among children under five who had fever in the two weeks preceding the survey, half (50 percent) were taken to a health facility or health provider and 31 percent received antibiotics as treatment.

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 advice or treatment was sought from a health facility or provider, the percentage who took antimalarial drugs, and the percentage who received antibiotics as treatment, by background characteristics, Philippines 2013

	Among children under age five:		Among 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 took anti-malarial drugs	Percentage who took antibiotic drugs	Number of children
Age in months						
<6	21.4	645	53.8	0.0	26.8	138
6-11	36.5	718	55.6	0.0	31.7	262
12-23	33.0	1,397	53.1	0.0	35.1	461
24-35	27.5	1,279	49.2	0.3	30.5	351
36-47	26.5	1,410	47.7	0.0	29.5	374
48-59	21.1	1,346	42.8	0.0	31.3	283
Sex						
Male	27.5	3,525	50.2	0.1	32.4	970
Female	27.5	3,271	50.1	0.0	30.4	899
Residence						
Urban	25.1	3,185	51.9	0.0	28.9	798
Rural	29.7	3,611	48.8	0.1	33.4	1,071
Region						
National Capital Region	18.5	1,006	60.8	0.0	29.4	186
Cordillera Admin Region	24.0	103	56.0	0.0	42.5	25
I - Ilocos Region	36.3	306	51.9	0.0	39.4	111
II - Cagayan Valley	31.9	251	55.6	0.0	36.4	80
III - Central Luzon	26.5	639	55.2	0.7	37.4	169
IVA - CALABARZON	22.3	872	58.4	0.0	16.3	194
IVB - MIMAROPA	34.3	182	44.3	0.0	26.6	63
V - Bicol	28.6	421	48.3	0.0	20.8	120
VI - Western Visayas	42.3	473	50.8	0.0	35.8	200
VII - Central Visayas	29.2	457	50.8	0.0	37.1	133
VIII - Eastern Visayas	32.5	264	52.7	0.0	38.2	86
IX - Zamboanga Peninsula	24.4	329	44.2	0.0	30.7	80
X - Northern Mindanao	28.1	313	31.7	0.0	39.6	88
XI - Davao	25.5	383	38.8	0.0	29.6	97
XII - SOCCSKSARGEN	31.0	315	48.5	0.0	23.2	98
XIII - Caraga	27.9	224	47.0	0.0	41.8	62
ARMM	29.7	258	30.1	0.0	28.8	77
Mother's education						
No education	20.8	106	(51.8)	(0.0)	(26.1)	22
Elementary	31.7	1,428	50.1	0.0	32.8	453
High school	28.1	3,438	49.4	0.1	28.8	968
College	23.4	1,824	51.7	0.0	36.3	426
Wealth quintile						
Lowest	31.7	1,829	47.8	0.0	29.4	579
Second	29.9	1,483	50.4	0.0	32.0	443
Middle	29.3	1,373	52.1	0.3	33.4	403
Fourth	23.6	1,189	47.9	0.0	30.4	281
Highest	17.7	922	56.8	0.0	33.8	163
Total	27.5	6,796	50.1	0.1	31.4	1,869

10.5 DIARRHEA

According to WHO, diarrhea is the second leading cause of death in children under five years old. While diarrhea is both preventable and treatable, around 760,000 children under five die of diarrhea every year and about 90 percent of deaths due to diarrhea have been attributed to unsafe water, inadequate sanitation, and poor hygiene (WHO, 2013). In the Philippines, diarrhea ranks as the third leading cause of child illness and as the 4th leading cause of deaths among children under five. Diarrhea, which causes dehydration, kills almost

10,000 Filipino children every year (UNICEF Philippines, 2014). Diarrhea is defined as the passage of three or more loose or liquid stools per day and is a symptom of intestinal tract infection caused by a variety of bacterial, viral and parasitic organisms.

Dehydration occurs when water and electrolytes (sodium, chloride, potassium and bicarbonate) are lost through liquid stools, vomit, sweat, urine and breathing (UNICEF, 2012). Appropriate fluid replacement is a main intervention to prevent death. Oral rehydration therapy (ORT) and supplemental zinc, combined with continued feeding, are the recommended interventions for treating diarrhea.

The 2013 NDHS collected information on diarrhea by asking mothers whether their child had experienced any episode of diarrhea in the two weeks before the survey. If the child had had diarrhea, the mother was asked about feeding practices during diarrhea, types of treatment, and her knowledge and use of ORS.

10.5.1 Prevalence of Diarrhea

The percentage of children under age five with diarrhea and diarrhea with blood in the stools in the two weeks preceding the survey, according to selected background characteristics is presented in Table 10.6. Diarrhea with blood in the stools is indicative of cholera or other specific disease and needs to be treated somewhat differently than diarrhea without blood.

Overall, 8 percent of children under age five had diarrhea in the two weeks preceding the survey. Only a small fraction of children (less than 1 percent) had diarrhea with blood. Diarrhea is more prevalent among children age 6-11 months and age 12-23 months, children whose mothers have no education, and children in the poorer wealth quintiles. Prevalence of diarrhea varies across regions from 5 percent in ARMM to 14 percent in SOCCSKSARGEN.

10.5.2 Diarrhea Treatment

Table 10.7 shows treatment practices for children who had diarrhea in the two weeks preceding the survey. Forty-two percent of children with diarrhea were taken to a facility or provider for treatment. This figure is slightly higher than that reported in the 2008 NDHS (34 percent) (NSO and ICF Macro, 2009).

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 2013

Background characteristic	Diarrhea in the two weeks preceding the survey		Number of children
	All diarrhea	Diarrhea with blood	
Age in months			
<6	2.6	0.2	645
6-11	14.6	0.7	718
12-23	14.4	1.0	1,397
24-35	7.9	0.3	1,279
36-47	5.6	0.6	1,410
48-59	2.9	0.1	1,346
Sex			
Male	8.6	0.5	3,525
Female	7.3	0.4	3,271
Source of drinking water[1]			
Improved	8.0	0.5	6,402
Not improved	7.9	1.1	394
Toilet facility[2]			
Improved, not shared	7.7	0.5	4,210
Improved, but shared	8.4	0.4	1,620
Non-improved, public	8.5	0.8	937
Residence			
Urban	7.7	0.3	3,185
Rural	8.2	0.6	3,611
Region			
National Capital Region	6.3	0.1	1,006
Cordillera Admin Region	6.9	0.4	103
I - Ilocos Region	10.6	0.0	306
II - Cagayan Valley	6.6	0.6	251
III - Central Luzon	9.6	0.2	639
IVA - CALABARZON	7.5	0.8	872
IVB - MIMAROPA	9.9	1.1	182
V - Bicol	6.4	0.2	421
VI - Western Visayas	10.6	0.7	473
VII - Central Visayas	7.5	0.7	457
VIII - Eastern Visayas	7.3	0.0	264
IX - Zamboanga Peninsula	8.2	0.9	329
X - Northern Mindanao	5.7	0.3	313
XI - Davao	8.1	0.8	383
XII - SOCCSKSARGEN	14.4	0.6	315
XIII - Caraga	5.8	0.7	224
ARMM	5.1	0.9	258
Mother's education			
No education	12.2	0.5	106
Elementary	9.2	1.5	1,428
High school	8.3	0.3	3,438
College	6.2	0.2	1,824
Wealth quintile			
Lowest	8.7	0.8	1,829
Second	8.9	0.7	1,483
Middle	9.0	0.6	1,373
Fourth	6.1	0.1	1,189
Highest	6.0	0.0	922
Total	8.0	0.5	6,796

Note: Total includes 28 children for whom type of toilet is missing.
[1] See Table 2.1 for definition of categories
[2] See Table 2.2 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 given oral rehydration therapy (ORT), the percentage given increased fluids, the percentage given ORT or increased fluids, and the percentage who were given other treatments, by background characteristics, Philippines 2013

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							
		Fluid from ORS packets or pre-packaged liquid	Recom-mended home fluids (RHF)	Either ORS or RHF	In-creased fluids	ORT or in-creased fluids	Anti-biotic drugs	Anti-motility drugs	Zinc supple-ments	Intra-venous solu-tion	Home remedy/ other	Miss-ing	No treat-ment	Num-ber of children with dia-rrhea
Age in months														
<6	*	*	*	*	*	*	*	*	*	*	*	*	*	17
6-11	38.6	36.9	13.9	46.3	22.4	54.7	25.8	10.2	8.2	0.4	16.3	0.0	26.2	105
12-23	43.7	52.4	14.7	58.3	36.6	71.2	27.6	6.9	5.1	0.0	16.4	0.5	14.9	201
24-35	40.5	47.2	13.4	54.3	33.5	66.1	23.4	16.8	7.0	0.0	20.2	0.0	14.2	101
36-47	38.8	52.9	11.5	57.4	33.8	68.0	23.7	16.5	3.6	0.0	27.0	0.0	9.8	79
48-59	(51.7)	(59.6)	(20.3)	(64.8)	(37.9)	(78.8)	(24.2)	(14.9)	(0.0)	(0.0)	(19.9)	(0.0)	(9.7)	39
Sex														
Male	39.6	48.9	12.3	55.9	33.3	67.9	25.0	9.4	6.0	0.3	18.8	0.3	16.6	304
Female	45.4	49.4	15.7	55.0	30.5	65.0	26.2	13.3	4.7	0.0	18.4	0.0	16.4	238
Type of diarrhea														
Non-bloody	42.0	48.7	13.1	55.0	32.4	66.3	24.9	11.0	5.1	0.2	17.6	0.2	16.9	499
Bloody	(47.7)	(61.0)	(22.9)	(65.8)	(29.1)	(76.9)	(38.7)	(13.9)	(11.2)	(0.0)	(28.2)	(0.0)	(8.9)	34
Residence														
Urban	43.6	54.2	13.5	60.6	34.4	72.6	28.1	11.1	6.6	0.0	12.6	0.0	16.3	245
Rural	40.9	45.0	14.0	51.3	30.2	61.8	23.5	11.2	4.5	0.3	23.6	0.3	16.7	297
Mother's education														
No education	*	*	*	*	*	*	*	*	*	*	*	*	*	13
Elementary	46.6	47.9	20.0	54.6	29.5	68.2	24.8	11.7	3.0	0.0	24.1	0.8	14.0	131
High school	39.3	49.6	11.3	55.4	35.6	67.6	25.3	10.6	5.2	0.1	17.4	0.0	15.9	285
College	42.5	49.3	11.7	55.7	26.2	62.6	28.9	11.2	8.5	0.5	12.8	0.0	21.9	114
Wealth quintile														
Lowest	40.5	44.2	19.4	53.4	27.6	63.1	21.5	18.3	6.8	0.0	25.3	0.0	14.0	159
Second	45.0	46.5	10.2	51.4	32.1	62.5	28.9	9.2	5.8	0.3	22.2	0.8	19.1	131
Middle	40.0	58.4	11.5	63.0	39.7	76.4	21.3	7.6	2.7	0.0	16.2	0.0	11.3	123
Fourth	43.4	48.5	16.9	54.6	35.4	69.8	31.9	5.8	6.3	0.7	9.9	0.0	16.5	73
Highest	(43.0)	(49.8)	(7.3)	(55.8)	(23.6)	(61.0)	(30.2)	(10.2)	(5.5)	(0.0)	(7.8)	(0.0)	(28.9)	55
Total	42.1	49.1	13.8	55.5	32.1	66.7	25.5	11.2	5.4	0.2	18.6	0.2	16.5	542

Note: ORT includes fluid prepared from oral rehydration salt (ORS) packets, pre-packaged ORS fluid, and recommended home fluids (RHF). Figures in parentheses are based on 25-49 unweighted cases; an asterisk denotes a figure based on fewer than 25 unweighted cases that has been suppressed. Total includes 9 children missing as to the type of diarrhea.

[1] Excludes pharmacy, shop, puericulture center, traditional practitioner and other.

Overall, 67 percent of children with diarrhea were given some form of oral rehydration therapy (either oral rehydration salts or recommended home fluids) or increased fluids. In particular, 49 percent of children with diarrhea were given ORS packets, 14 percent were given recommended home fluids, and 32 percent were given increased liquids. Other treatments children received for diarrhea include antibiotic drugs (26 percent), home remedies (19 percent), anti-motility drugs (11 percent), and zinc supplements (5 percent). Seventeen percent of children with diarrhea did not receive any treatment.

10.5.3 Feeding Practices during Diarrhea

Mothers and caretakers are encouraged to continue feeding children with diarrhea and to increase the amount of fluids given to prevent dehydration. Continued feeding of children with diarrhea supports absorption of fluids to reduce dehydration and helps maintain the children's nutritional status to fight infection (UNICEF, 2013). Table 10.8 presents information on feeding practices among children with diarrhea in the two weeks preceding the survey.

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 2013

	Amount of liquids given							Amount of food given									
Background characteristic	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	Percent-age given increased fluids and continued feeding[1]	Percent- age who continued feeding and were given ORT and/or increased fluids[1]	Num-ber of child-ren with diar-rhea
Age in months																	
<6	*	*	*	*	*	*	100.0	*	*	*	*	*	*	100.0	*	*	17
6-11	22.4	53.6	12.2	11.2	0.5	0.0	100.0	13.5	47.9	16.2	16.1	6.2	0.0	100.0	16.4	38.7	105
12-23	36.6	41.8	10.9	10.1	0.6	0.0	100.0	12.5	47.2	21.4	16.9	2.0	0.0	100.0	29.4	56.8	201
24-35	33.5	48.6	9.2	7.3	0.5	1.0	100.0	10.7	53.1	17.6	18.0	0.7	0.0	100.0	24.4	54.1	101
36-47	33.8	38.2	12.2	15.8	0.0	0.0	100.0	13.6	51.3	23.3	11.8	0.0	0.0	100.0	29.9	57.4	79
48-59	(37.9)	(48.5)	(0.0)	(11.2)	(0.0)	(2.4)	100.0	(11.4)	(51.3)	(14.6)	(20.3)	(0.0)	(2.4)	100.0	(30.7)	(60.8)	39
Sex																	
Male	33.3	45.3	9.1	11.7	0.3	0.3	100.0	11.2	52.4	16.5	16.2	3.6	0.0	100.0	26.6	53.4	304
Female	30.5	47.0	11.8	9.8	0.5	0.4	100.0	13.1	46.0	22.0	15.8	2.6	0.4	100.0	24.0	51.5	238
Type of diarrhea																	
Non-bloody	32.4	46.0	9.3	11.6	0.4	0.4	100.0	12.3	49.7	18.4	16.3	3.0	0.2	100.0	26.0	52.2	499
Bloody	(29.1)	(46.6)	(19.7)	(3.2)	(1.4)	(0.0)	100.0	(9.6)	(45.2)	(22.8)	(16.1)	(6.3)	(0.0)	100.0	(17.7)	(59.2)	34
Residence																	
Urban	34.4	44.9	9.8	10.4	0.5	0.0	100.0	11.8	48.1	17.9	18.7	3.5	0.0	100.0	25.3	53.9	245
Rural	30.2	46.9	10.7	11.3	0.3	0.6	100.0	12.2	50.9	19.8	13.8	2.9	0.3	100.0	25.6	51.4	297
Mother's education																	
No education	*	*	*	*	*	*	100.0	*	*	*	*	*	*	100.0	*	*	13
Elementary	29.5	49.2	11.1	8.5	1.0	0.7	100.0	16.1	43.8	22.8	15.7	1.6	0.0	100.0	26.4	57.7	131
High school	35.6	43.6	9.8	10.3	0.4	0.3	100.0	10.9	52.1	17.5	16.5	2.6	0.3	100.0	26.3	52.0	285
College	26.2	48.9	11.0	13.9	0.0	0.0	100.0	10.1	50.4	18.3	15.0	6.2	0.0	100.0	22.9	49.0	114
Wealth quintile																	
Lowest	27.6	49.1	12.6	10.4	0.3	0.0	100.0	13.0	49.4	21.3	13.1	3.2	0.0	100.0	21.6	51.5	159
Second	32.1	50.9	9.3	7.1	0.0	0.7	100.0	11.3	56.2	18.7	11.2	2.6	0.0	100.0	31.1	55.1	131
Middle	39.7	37.8	6.3	13.9	1.5	0.8	100.0	14.0	46.3	13.8	22.2	3.1	0.8	100.0	27.1	55.5	123
Fourth	35.4	41.8	14.2	8.6	0.0	0.0	100.0	12.6	41.7	23.0	19.0	3.7	0.0	100.0	26.4	50.2	73
Highest	(23.6)	(49.4)	(9.7)	(17.2)	(0.0)	(0.0)	100.0	(6.0)	(52.6)	(18.9)	(18.4)	(4.1)	(0.0)	100.0	(18.3)	(45.9)	55
Total	32.1	46.0	10.3	10.9	0.4	0.4	100.0	12.0	49.6	19.0	16.0	3.2	0.2	100.0	25.5	52.5	542

Note: It is recommended that children should be given more liquids to drink during diarrhea and food should not be reduced. Figures in parentheses are based on 25-49 unweighted cases; an asterisk denotes a figure based on fewer than 25 unweighted cases that has been suppressed. Total includes 9 children (weighted) for whom information on the type of diarrhea is missing.

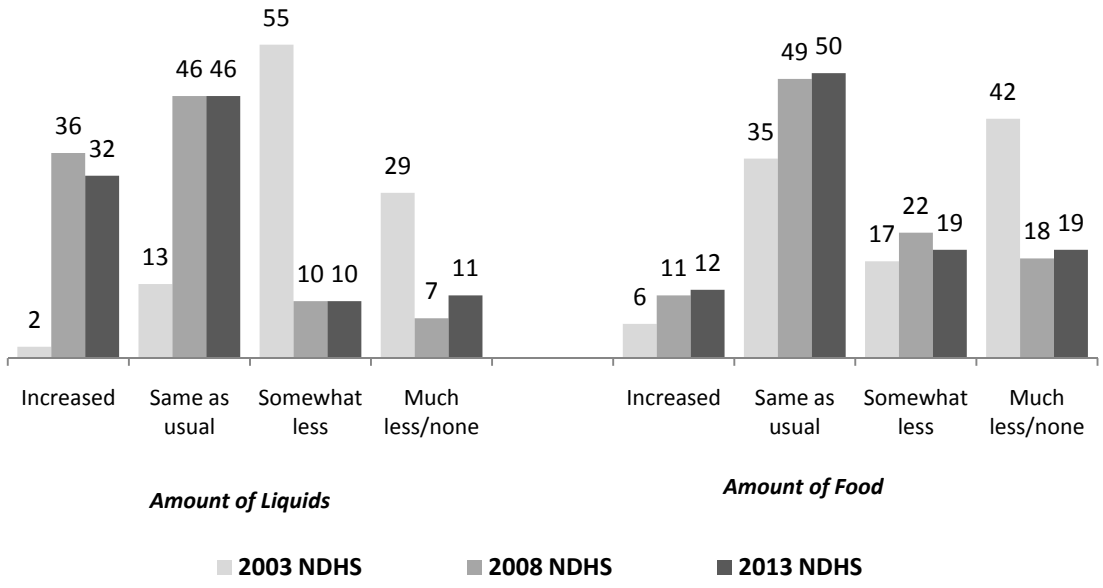
[1] Continued feeding practices includes children who were given more, same as usual, or somewhat less food during the diarrhea episode

The results show that 32 percent of children with diarrhea received more fluids than usual, while 46 percent received the same amount of fluids. Twenty-one percent of children with diarrhea received less fluid. Eighty-one percent of children with diarrhea were continually fed as recommended; 12 percent received more food than usual during their diarrhea, 50 percent received the same amount of food as usual, and 19 percent were given somewhat less and 19 percent were given much less or no food at all.

Children age 6-11 months (39 percent) are less likely than those in other age groups to be continually fed and given ORT and/or increased fluids during diarrhea. Children of mothers with college education are also less likely to be fed normally and given ORT and/or increased fluids during diarrhea than children of mothers with less education.

Figure 10.4 shows that the proportion of children with diarrhea who were given more liquids has increased in the past 10 years, from 2 percent in 2003 to 32 percent in 2013. . The recommended practice of continued feeding (that is, giving increased amount of food, giving same amount of food as usual, and giving somewhat less food) during diarrhea has also increased from 58 percent in 2003 to 81 percent in 2013 (NSO and ORC Macro, 2003 and NSO and ICF Macro, 2009).

Figure 10.4 **Trends in feeding practices during diarrhea: 2003, 2008, and 2013 NDHS**



10.5.4 Knowledge of ORS Packets

A simple and effective response to dehydration caused by diarrhea is a prompt increase in the child's fluid intake through some form of oral rehydration therapy (ORT), which includes administering a solution prepared from packets of oral rehydration salts (ORS) or prepackaged ORS liquid. To determine the level of knowledge of ORS in the Philippines, women who had a birth in the five years before the survey were asked questions on their knowledge of ORS, such as Oresol, Hydrite, and Pedialyte. Knowledge of ORS is based on whether the 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 (90 percent). Knowledge of ORS increases with age, education, and economic status. Teenage mothers (65 percent) and those with no education (55 percent) are the least likely to know about ORS. Across regions, knowledge about ORS ranges from 80 percent in SOCCSKSARGEN to 97 percent in NCR.

Table 10.9 Knowledge of ORS packets or pre-packaged liquids

Percentage of women age 15-49 with a live 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 2013

Background characteristic	Percentage of women who know about ORS packets or ORS pre-packaged liquids	Number of women
Age		
15-19	65.2	248
20-24	81.9	1,135
25-34	92.4	2,392
35-49	95.7	1,413
Residence		
Urban	92.1	2,489
Rural	87.5	2,699
Region		
National Capital Region	97.1	815
Cordillera Admin Region	96.2	79
I - Ilocos Region	87.8	232
II - Cagayan Valley	82.7	199
III - Central Luzon	90.5	495
IVA - CALABARZON	90.9	696
IVB - MIMAROPA	86.6	135
V - Bicol	89.3	301
VI - Western Visayas	92.1	352
VII - Central Visayas	90.3	333
VIII - Eastern Visayas	95.1	196
IX - Zamboanga Peninsula	85.2	245
X - Northern Mindanao	82.7	242
XI - Davao	89.6	295
XII - SOCCSKSARGEN	80.3	236
XIII - Caraga	83.7	163
ARMM	80.5	173
Education		
No education	54.5	73
Elementary	85.2	1,017
High school	89.7	2,616
College	94.4	1,482
Wealth quintile		
Lowest	85.5	1,277
Second	88.1	1,098
Middle	90.5	1,062
Fourth	91.7	962
Highest	95.0	789
Total	89.7	5,188

ORS = Oral rehydration salts

10.5.5 Disposal of Stools

Most cases of diarrhea worldwide are caused by unsafe water, inadequate sanitation, or poor hygiene. Safe disposal of children's stools is crucial in preventing the spread of diarrheal disease. If stools are left uncontained, disease may spread by direct contact or through animal contact. A child's using a toilet directly or rinsing a child's stools into a toilet or latrine is considered safe disposal (UNICEF, 2012). The 2013 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 about half (47 percent) of children under age 5 had their stools disposed of safely (that is, the child used a toilet or latrine, the stools were rinsed into the toilet or latrine or the stools were buried). Twenty-eight percent of children used a toilet or latrine, 11 percent had their stools thrown into a toilet or latrine, and 7 percent had their stools buried in the yard. For 51 percent of children under age 5, stools were disposed of unsafely—40 percent were thrown into the garbage, 7 percent were put or rinsed into drains or ditch, and 4 percent were left in the open.

The use of proper practices for the disposal of children's stools increases with the child's age and the mother's level of education. Stools of children age 48-59 months are much more likely to be disposed of safely (88 percent) than younger children. Mothers with college or higher education are more likely to dispose of their children's stools safely (49 percent) than mothers with no education (35 percent).

Access to a private toilet facility increases the likelihood that a child's stools are disposed of safely; 50 percent of children in households with an improved, private toilet facility have their stools disposed of safely, compared with 32 percent of children in households with non-improved, public toilet facility. Across regions, MIMAROPA has the highest percentage of young children whose stools are disposed of safely (62 percent), while ARMM has the lowest percentage (22 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 2013

Background characteristic	Manner of disposal of children's stools								Total	Percentage of children whose stools are disposed of safely[1]	Number of children
	Child used toilet or latrine	Put/rinsed into toilet or latrine	Buried	Put/rinsed into drain or ditch	Thrown into garbage	Left in the open	Other	Missing			
Age in months											
<6	0.5	4.5	4.1	13.8	70.1	2.2	4.2	0.7	100.0	9.1	635
6-11	1.5	7.8	6.8	10.8	65.7	2.8	3.7	0.8	100.0	16.2	701
12-23	7.4	13.3	9.1	8.0	54.3	4.4	2.9	0.7	100.0	29.8	1,273
24-35	35.2	15.6	9.4	3.9	27.0	4.7	3.2	1.0	100.0	60.2	923
36-47	61.2	13.5	6.1	1.6	11.2	3.8	2.2	0.5	100.0	80.8	821
48-59	74.9	9.3	4.2	1.4	4.9	2.8	2.0	0.6	100.0	88.4	637
Toilet facility[2]											
Improved, not shared	32.6	11.9	5.5	4.7	41.6	1.9	1.1	0.7	100.0	49.9	3,177
Improved, but shared	25.3	13.2	7.4	8.2	40.6	2.8	2.1	0.5	100.0	45.9	1,158
Non-improved, public	12.3	5.2	14.1	12.5	26.9	13.9	14.2	0.9	100.0	31.5	631
Residence											
Urban	30.5	10.7	3.6	4.6	47.2	1.2	1.5	0.6	100.0	44.9	2,352
Rural	26.3	11.9	10.2	8.2	32.5	5.8	4.3	0.8	100.0	48.4	2,638
Region											
National Capital Region	32.9	11.1	0.2	0.5	54.0	0.3	0.2	0.9	100.0	44.1	752
Cordillera Admin Region	29.7	14.6	0.0	9.3	39.2	5.3	1.0	1.0	100.0	44.2	77
I - Ilocos Region	25.7	14.3	10.6	0.0	45.9	2.2	0.8	0.5	100.0	50.7	228
II - Cagayan Valley	25.1	15.7	7.8	6.6	28.9	14.3	0.0	1.6	100.0	48.5	192
III - Central Luzon	29.1	8.0	5.3	3.1	47.2	3.5	2.8	1.0	100.0	42.4	485
IVA - CALABARZON	36.4	9.4	1.1	0.2	49.4	1.5	1.5	0.6	100.0	46.9	669
IVB - MIMAROPA	28.3	12.5	21.4	4.9	17.4	10.0	5.0	0.5	100.0	62.2	130
V - Bicol	24.9	10.2	11.5	11.2	32.4	5.4	4.1	0.3	100.0	46.6	294
VI - Western Visayas	21.2	10.5	15.2	8.2	37.3	4.7	2.5	0.3	100.0	46.8	338
VII - Central Visayas	24.3	5.3	7.6	6.2	44.1	9.9	2.3	0.3	100.0	37.2	327
VIII - Eastern Visayas	28.3	10.0	8.5	6.0	37.8	1.5	6.4	1.5	100.0	46.8	194
IX - Zamboanga Peninsula	30.6	15.1	8.2	9.9	24.7	4.3	7.2	0.0	100.0	53.9	235
X - Northern Mindanao	27.9	20.7	11.0	8.1	27.6	3.0	1.7	0.0	100.0	59.7	235
XI - Davao	32.7	13.9	8.2	18.5	22.8	0.4	3.2	0.4	100.0	54.8	279
XII - SOCCSKSARGEN	17.8	15.7	17.4	25.2	17.8	0.4	5.2	0.4	100.0	50.9	227
XIII - Caraga	26.2	13.8	8.6	3.8	44.5	0.7	1.7	0.7	100.0	48.6	157
ARMM	13.9	5.3	2.6	16.1	32.2	9.2	18.2	2.6	100.0	21.7	170
Mother's education											
No education	10.8	8.6	15.5	23.7	5.8	17.7	17.2	0.7	100.0	34.9	68
Elementary	22.5	12.1	11.1	11.3	28.6	7.9	6.0	0.4	100.0	45.7	983
High school	27.7	11.2	7.3	6.2	41.3	3.1	2.5	0.7	100.0	46.2	2,512
College	34.1	11.2	3.6	2.9	45.3	0.9	1.0	0.9	100.0	49.0	1,428
Wealth quintile											
Lowest	18.4	10.5	15.3	13.6	24.2	9.8	7.5	0.8	100.0	44.1	1,246
Second	25.7	14.1	8.1	8.0	36.6	3.6	3.5	0.4	100.0	47.9	1,070
Middle	30.1	12.0	4.9	3.8	45.3	1.6	1.5	0.9	100.0	46.9	1,034
Fourth	33.6	11.6	2.3	1.8	49.6	0.5	0.2	0.4	100.0	47.4	919
Highest	40.1	7.6	0.7	1.8	48.5	0.1	0.2	1.0	100.0	48.4	721
Total	28.3	11.4	7.1	6.5	39.5	3.6	3.0	0.7	100.0	46.7	4,990

Note: Total includes 23 children (weighted) for whom type of toilet facility is missing.
[1] Children's stools are considered to be disposed of safely if the child used a toilet or latrine, if the fecal matter was put/rinsed into a toilet or latrine or if it was buried.
[2] See Table 2.2 for definition of categories

BREASTFEEDING AND MICRONUTRIENT SUPPLEMENTATION

11

Key Findings

- Breastfeeding is nearly universal in the Philippines; 94 percent of children are ever breastfed.
- About half of children (49 percent) are breastfed within one hour of birth.
- More than one-third of breastfed children (36 percent) are given a prelacteal feed during the first three days of life.
- More than a quarter (27 percent) of infants under age two months are fed using a bottle with a nipple.
- Among children age 6-59 months, 85 percent received vitamin A supplements in the 6 months preceding the survey and 38 percent received iron supplements in the 7 days prior to the survey.
- Over 90 percent of women who gave birth during the five years preceding the survey received iron tablets or capsules during the pregnancy for their last child, however, only 47 percent took them for the recommended 90 days or more.

This chapter presents information on breastfeeding and supplementation among children and pregnant women. It discusses various aspects of breastfeeding, including the prevalence and initiation of breastfeeding, prelacteal feeding, and duration of breastfeeding. The micronutrient intake of children and of the mothers in the first two months after delivery is also discussed in this chapter.

11.1 BREASTFEEDING

Appropriate infant and young child feeding is vital to a child's survival, growth, development, and long-term health. The optimal nutrition given by breastfeeding to newborns and growing infants is well documented. Breast milk is the right food for newborns and infants as it is safe and has all the nutrients and antibodies needed for a newborn's or infant's healthy development and protection from childhood illnesses (WHO, 2014). Breastfeeding has also been proven to reduce childhood morbidity and mortality due to infectious diseases. According to studies, "early initiation of breastfeeding, exclusive breastfeeding for 6 months, appropriate complementary feeding and sustained breastfeeding for up to two years can prevent over 75% of deaths in early infancy and 37% of deaths in the second year" (UNICEF, 2009). Studies also show that inappropriate feeding practices, including formula feeding, cause 19% of deaths of children under age five (UNICEF, 2009).

Breastfeeding is also beneficial to mothers. Proven benefits of breastfeeding to mothers include decreased post-partum blood loss, more rapid involution of the uterus, increased child spacing due to lactational amenorrhea, and reduced risk of chronic diseases such as hypertension, breast cancer, and ovarian cancer (American Pediatrics Society, 2012).

The World Health Organization (WHO) recommends breastfeeding initiation within one hour of birth, exclusive breastfeeding for the first six months of life, complementary feeding at six months, continued breastfeeding up to two years or beyond, and avoidance of bottle feeding (WHO, 2014). These recommendations were adopted by the Philippines Department of Health through Administrative Order (AO)

2005-0014 also known as National Policies on Infant and Young Child Feeding (IYCF). The policies provide guidelines to concerned health workers on the promotion of breastfeeding and adequate complementary feeding (DOH, 2011). The Philippines IYCF Program, which mainly aims "to ensure and accelerate the promotion, protection and support of good IYCF practices", was also created through the National Policies on IYCF (DOH, 2011). In 2009, AO 2009-0025: Adopting New Policies and Protocol on Essential Newborn Care was issued. It outlines important steps for health workers and medical practitioners to save newborn lives, namely, 1) immediate and thorough drying of the newborn; 2) early skin-to-skin contact between mother and newborn; 3) properly timed cord clamping and cutting; and 4) non-separation of newborn and mother for early breastfeeding (DOH, 2011).

11.1.1 Initial Breastfeeding

Breastfeeding immediately after birth stimulates production of breast milk. Colostrum, the thick yellowish milk containing a high concentration of antibodies, which is produced in the first few days after delivery, is the perfect food for the newborn (WHO, 2014). According to WHO, early initiation of breastfeeding also promotes bonding between the mother and the child (WHO, 2014). The IYCF Program set its target for breastfeeding initiation within one hour among newborns at 90 percent by the year 2016 (DOH, 2011).

In the 2013 NDHS, for children born in the five years before the survey, mothers were asked if they had ever breastfed their last-born child. If the child was breastfed, mothers were asked about how long after birth the child was first put to the breast and if the child was given anything to drink other than breast milk during the first three days after delivery. This information was used to determine breastfeeding initiation practices.

Table 11.1 shows that 94 percent of the last-born children under age two had been breastfed at some time (ever breastfed). Only 6 percent were not breastfed at all. About half of children (49 percent) were breastfed within one hour of birth, and four-fifths (82 percent) were breastfed within one day of birth. Wide disparities on breastfeeding initiation across regions are notable. The percentage of infants put to the breast soon after birth ranges from 26 percent in Central Luzon to 72 percent in Western Visayas and Central Visayas.

Last-born children in poorer households are breastfed somewhat sooner after birth than those in wealthier households. The proportion of children who are ever breastfed shows a steady decline with increasing wealth quintile. The percentages of children who were breastfed within one hour and within one day of birth are also higher among children born to mothers with elementary or high school education than among children whose mothers attended college. Differences by the child's sex, type of residence, assistance at delivery and place of delivery generally are not large.

Prelacteal feeding refers to giving a newborn other liquids before the mother's milk begins to flow regularly. This practice is discouraged because they are less nutritious than breast milk, more susceptible to contamination, and may reduce milk flow.

Table 11.1 Initial breastfeeding

Among last-born children who were born in the two years preceding the survey, the percentage who were ever breastfed and the percentages who started breastfeeding within one hour and within one day of birth; and among last-born children born in the two years preceding the survey who were ever breastfed, the percentage who received a prelacteal feed, by background characteristics, Philippines 2013

	Among last-born children born in the past two years:				Among last-born children born in the past two years who were ever breastfed	
Background characteristic	Percentage ever breastfed	Percentage who started breastfeeding within 1 hour of birth	Percentage who started breastfeeding within 1 day of birth[1]	Number of last-born children	Percentage who received a prelacteal feed[2]	Number of last-born children ever breastfed
Sex						
Male	93.8	49.3	81.7	1,384	37.5	1,298
Female	93.7	50.2	82.1	1,314	35.0	1,232
Assistance at delivery						
Health professional[3]	93.0	48.8	81.0	2,122	35.3	1,975
Other	96.7	53.2	85.5	571	40.0	552
Place of delivery						
Health facility	92.7	49.0	80.6	1,888	34.4	1,749
At home	96.5	51.6	85.1	795	40.6	767
Residence						
Urban	93.0	47.2	79.8	1,290	35.9	1,200
Rural	94.4	52.1	83.9	1,408	36.7	1,329
Region						
National Capital Region	94.1	50.3	84.3	398	29.5	374
Cordillera Admin Region	96.5	53.1	88.7	43	11.7	42
I - Ilocos Region	93.8	55.5	78.5	109	48.5	102
II - Cagayan Valley	96.0	64.5	83.0	97	38.9	93
III - Central Luzon	86.0	25.8	63.2	278	50.4	239
IVA - CALABARZON	92.6	37.8	79.0	351	43.0	325
IVB - MIMAROPA	93.4	39.2	83.0	69	38.1	65
V - Bicol	97.5	32.5	85.3	157	41.3	153
VI - Western Visayas	95.7	71.7	90.4	200	27.4	192
VII - Central Visayas	96.9	71.6	90.7	174	42.7	169
VIII - Eastern Visayas	97.1	51.6	94.2	99	22.1	96
IX - Zamboanga Peninsula	93.1	59.1	84.3	123	24.3	114
X - Northern Mindanao	93.9	48.1	78.6	131	31.8	123
XI - Davao	96.1	57.9	86.8	151	19.9	145
XII - SOCCSKSARGEN	94.2	58.4	81.0	135	34.1	127
XIII - Caraga	90.4	54.2	80.1	90	38.7	81
ARMM	95.6	46.6	81.0	91	60.3	87
Mother's education						
No education	(100.0)	(71.6)	(100.0)	34	(22.4)	34
Elementary	95.9	55.5	87.2	517	29.1	496
High school	93.4	48.5	82.2	1,394	37.4	1,302
College	92.6	47.0	77.1	753	40.1	698
Wealth quintile						
Lowest	96.9	57.1	87.6	686	31.4	665
Second	95.5	53.1	85.3	585	35.4	559
Middle	94.1	47.6	83.5	587	36.0	552
Fourth	90.8	44.2	75.2	480	43.0	436
Highest	88.4	41.0	72.1	359	39.6	318
Total	93.7	49.7	81.9	2,698	36.3	2,529

Note: Table is based on last-born children born in the two years preceding the survey regardless of whether the children are living or dead at the time of interview. Totals include 3 children whose births were assisted by no one, 3 for whom assistance at birth is missing, 14 whose place of birth is 'other', and 3 for whom place of birth is missing. Numbers in parentheses are based on 25-49 unweighted cases.

[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

In the 2013 NDHS, mothers who breastfed their last-born child under age five were also 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 what type of liquid was given. The percentage of children who received a prelacteal feed is shown in Table 11.1. More than a third of children (36 percent) born in the two years

preceding the survey who were ever breastfed received a prelacteal feed during the first three days of life. Prelacteal feeding does not vary by the child's sex and type of residence. Among the regions, ARMM has the highest percentage of children given prelacteal feeds (60 percent), and Cordillera Administrative Region (CAR) has the lowest proportion (12 percent). Prelacteal liquid feeding is slightly less common among children born in a health facility and children delivered with the assistance of a health professional, but it is more common among children whose mothers had at least secondary education, and children in the fourth and highest wealth quintiles.

11.1.2 Breastfeeding Status by Age

Table 11.2 shows the percentage of youngest children under two years and living with the mother by current breast-feeding status and the percentage using a bottle with a nipple, according to the age of the children in months. The results show that a low proportion of children in the Philippines continue breastfeeding beyond the first year of life; two out of five (41 percent) children age 20-23 months were still being breastfed at the time of the survey. Nevertheless, this is higher than the 2008 NDHS figure of 34 percent (NSO and ICF Macro, 2009).

The World Health Organization discourages use of bottles with nipples for feeding during early infancy. Bottle-feeding is usually associated with malnutrition and increased risk of infection, especially diarrheal disease, through unhygienic procedures in the preparation of the liquid or the feeding bottle and use of unsafe water. Bottle-feeding also tends to discourage breast suckling among infants.

Table 11.2 Breastfeeding status by age

The percentage of youngest children under two years living with their mother who are currently breastfeeding and the percentage of all children under two years using a bottle with a nipple, according to age in months, Philippines 2013

Age in months	Percentage currently breast-feeding	Number of youngest child under two years living with their mother	Percentage using a bottle with a nipple	Number of all children under two years
0-1	90.4	177	27.4	180
2-3	82.8	248	36.1	249
4-5	83.9	211	38.2	216
6-8	69.4	340	48.6	349
9-11	64.1	361	53.8	369
12-17	57.6	649	51.6	689
18-23	44.0	624	53.3	708
0-3	86.0	424	32.5	428
0-5	85.3	635	34.4	645
6-9	68.4	459	50.1	471
12-15	58.3	452	50.1	474
12-23	50.9	1,273	52.5	1,397
20-23	40.9	430	53.3	503

Note: Bottle feeding information refers to the 24-hour period before the survey (yesterday and last night).

The survey results show that bottle-feeding is relatively still common in the Philippines; 27 percent of infants under age two months are being fed using a bottle with a nipple (Table 11.2). The percentage of children who used bottle with a nipple increases with age, peaking at age 9-11 months.

11.1.3 Duration of Breastfeeding

The duration of breastfeeding affects the health and nutritional status of both the mother and child. It influences the length of postpartum amenorrhea and consequently, 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 addition, continued breastfeeding up to age two is one of the evidence-based interventions that significantly contributes to a child's optimal nutrition and prevents deaths among children (UNICEF, 2013).

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 overall median duration of any breastfeeding in the Philippines is 16.7 months (Table 11.3). This means that half of children are not being breastfed after 17 months. Children in rural areas are breastfed longer than children in urban areas (18 months compared with 11 months). 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 breastfeeding appears to have increased slightly, from 14.3 months as measured in 2008 to 16.7 in 2013 (NSO and ICF Macro, 2009).

Table 11.3 Median duration of breastfeeding

Median duration of any breastfeeding among children born in the three years preceding the survey, by background characteristics, Philippines 2013

Background characteristic	Median duration (months) of breastfeeding among children born in the past three years[1]
	Any breastfeeding
Sex	
Male	14.2
Female	16.8
Residence	
Urban	11.0
Rural	18.4
Mother's education	
No education	*
Elementary	19.8
High school	16.7
College	8.9
Wealth quintile	
Lowest	19.5
Second	18.3
Middle	16.2
Fourth	6.9
Highest	(6.5)
Total	16.7
Mean for all children	16.6

Note: Median and mean durations are based on the distributions at the time of the survey of the proportion of births by months since birth. Includes children living and deceased at the time of the survey. Numbers in parentheses are based on 25-49 unweighted children; an asterisk denotes a figure based on fewer than 25 unweighted cases that has been suppressed.

[1] It is assumed that non-last-born children and last-born children not currently living with the mother are not currently breastfeeding

11.2 MICRONUTRIENT INTAKE AMONG CHILDREN

Young children who have a great need for vitamins and minerals for their rapid growth and development are most vulnerable to micronutrient deficiencies and their associated harmful effects. Micronutrient deficiencies, which may be caused by inadequate dietary intake or disease, can also lead to child mortality. Vitamin A deficiency (VAD) affects at least 100 million children worldwide. Severe vitamin A deficiency can cause blindness and greatly increases the risk of mortality from diseases such as measles, diarrhea and acute respiratory infections (WHO, 2011). Iron deficiency has been a persistent nutritional problem worldwide. About 50 percent of children under age five in developing countries are iron deficient. Iron deficiency anemia (IDA), which is the severe form of iron deficiency, has negative effects on the cognitive and physical development of children. Anemia can be caused by infectious diseases such as malaria, helminth infections, and other infections (WHO, 2004).

Aside from food-based approaches, provision of iron supplements to young children has been recommended to combat anemia. Studies have also shown that periodic vitamin A supplementation is an effective means to reduce mortality in countries with high vitamin A deficiency.

The 2013 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 age five. Table 11.4 shows 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 85 percent received a vitamin A supplement in the six months preceding the survey. The percentages do not vary much by the child's sex, by breastfeeding status or by urban-rural residence. Children age 6-8 months, children of the least educated mothers, and children born to younger women are less likely to receive Vitamin A supplements than other children. Except for ARMM, the coverage of vitamin A supplementation is high in all regions, ranging from 82 percent in NCR to 91 percent in Northern Mindanao and Central Visayas. Only 61 percent of children in ARMM received vitamin A supplements.

A much lower percentage (38 percent) of children received iron supplementation in the 7 days prior to the survey. Children whose mothers have no education, those in the lowest wealth quintile, and children in ARMM and Eastern Visayas are the least likely to receive iron supplements.

Soil-transmitted helminth (STH) or intestinal worm infections, which are prevalent in tropical and subtropical countries especially in poorer communities, are detrimental to children's health. Worm infections are associated with significant loss of micronutrients and cause malabsorption of vitamin A, anemia, poor physical growth, and poor intellectual development (WHO, 2004). Preschool children, who are at the stage of rapid growth physically and mentally, are particularly vulnerable to vitamin and micronutrient deficiencies induced by worm infections. Periodic deworming is recommended by the WHO to control morbidity from STH and to improve children's nutritional status, growth, health, and school performance. According to WHO, deworming is a simple and cost-effective intervention that can also help meet the Millennium Development Goals (MDGs) (WHO, 2005).

In the 2013 NDHS, information was collected about deworming of children under age five in the six months prior to the survey. Table 11.4 shows that 40 percent of children age 6-59 months received deworming medication in the six months preceding the survey. As expected, the percentage increases with age. 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 (48 percent compared to 17 percent), which is no doubt largely due to the fact that nonbreastfeeding children are older. 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 college education, and children in

Table 11.4 Micronutrient intake among children

Among all children 6-59 months, the percentages who were given vitamin A supplements in the six months preceding the survey, who were given iron supplements in the past seven days, and who were given deworming medication in the six months preceding the survey, by background characteristics, Philippines 2013

Background characteristic	Percentage given vitamin A supple-ments in last 6 months	Percentage given iron supple-ments in last 7 days	Percentage given deworming medication in last 6 months[1]	Number of children
Age in months				
6-8	66.6	36.5	1.2	349
9-11	81.4	41.7	4.4	369
12-17	89.7	38.0	6.6	689
18-23	87.6	38.4	16.9	708
24-35	86.9	39.4	47.1	1,279
36-47	85.1	37.4	59.3	1,410
48-59	86.1	35.6	63.9	1,346
Sex				
Male	84.1	37.3	40.0	3,200
Female	86.4	38.4	40.9	2,951
Breastfeeding status				
Breastfeeding	84.3	36.7	16.9	1,443
Not breastfeeding	85.6	38.2	47.7	4,679
Mother's age at birth				
15-19	83.2	31.7	18.2	194
20-29	83.9	38.6	38.5	2,885
30-39	86.3	38.2	41.8	2,398
40-49	87.5	34.7	49.8	675
Residence				
Urban	84.2	38.4	31.9	2,898
Rural	86.2	37.3	47.9	3,254
Region				
National Capital Region	82.2	43.5	24.0	921
Cordillera Admin Region	84.9	36.2	54.6	94
I - Ilocos Region	87.2	53.3	45.7	287
II - Cagayan Valley	86.7	42.2	46.2	224
III - Central Luzon	89.6	31.5	28.5	576
IVA - CALABARZON	83.8	34.6	30.4	786
IVB - MIMAROPA	84.5	27.3	50.8	166
V - Bicol	88.3	27.8	45.3	378
VI - Western Visayas	83.9	28.8	46.2	420
VII - Central Visayas	90.7	48.5	58.5	415
VIII - Eastern Visayas	87.0	24.1	51.7	244
IX - Zamboanga Peninsula	86.6	53.9	48.2	301
X - Northern Mindanao	91.4	45.1	47.8	289
XI - Davao	83.7	35.8	50.1	347
XII - SOCCSKSARGEN	86.8	39.5	46.6	277
XIII - Caraga	88.4	41.6	50.3	201
ARMM	61.4	21.7	30.5	226
Mother's education				
No education	71.0	12.8	44.3	102
Elementary	82.8	32.1	48.8	1,298
High school	87.0	36.1	40.1	3,091
College	84.7	47.0	34.2	1,661
Wealth quintile				
Lowest	82.1	29.9	51.0	1,656
Second	87.8	37.9	45.5	1,340
Middle	86.6	39.6	36.5	1,241
Fourth	87.9	39.9	30.8	1,071
Highest	81.9	48.0	29.3	844
Total	85.2	37.8	40.4	6,151

Note: Information is based only on mother's recall. Total includes 30 children missing as to breastfeeding status.
[1] Deworming for intestinal parasites is commonly done for helminthes and for schistosomiasis.

the wealthiest households (highest quintile).

There are important variations in deworming coverage across regions. Coverage is 50 percent or higher in six regions, namely, Central Visayas (59 percent), CAR (55 percent), Eastern Visayas (52 percent), MIMAROPA (51 percent), Caraga (50 percent), and Davao (50 percent); coverage is less than 30 percent in NCR (24 percent), and Central Luzon (29 percent). As noted in the 2008 NDHS, these findings suggest that deworming coverage is not associated with economic progress given the higher coverage in less developed regions such as MIMAROPA and Eastern Visayas than in the more developed regions like NCR and Central Luzon.

11.3 MICRONUTRIENT INTAKE AMONG MOTHERS

Micronutrient supplementation can improve the nutritional and immune status of pregnant women and consequently, prevent maternal and neonatal deaths. Micronutrient deficiencies during pregnancy may be caused by inadequate intake of meat, fruits and vegetables or by infections (WHO, 2011).

Anemia during pregnancy poses increased risk of premature delivery, low birth weight, infectious diseases, and maternal and child mortality (WHO, 2012). A pregnant woman is anemic if her hemoglobin concentration is lower than 11 g/dl. Anemia can worsen the effects of blood loss and infections during delivery and is related to higher maternal and perinatal mortality and morbidity rates (WHO, n.d.). Iron deficiency usually causes anemia. Prevention of iron deficiency anemia among pregnant women includes iron supplementation and control of parasitic infections.

With the global efforts to achieve the MDGs, particularly reduction of child mortality (MDG 4) and improvement of maternal health (MDG 5), WHO strongly recommends daily oral iron supplementation as part of antenatal care (WHO, 2012). Pregnant women need iron for their developing baby and their own body, especially during childbirth.

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 the number of days they took the iron supplements. The results in Table 11.5 show that 91 percent of women who gave birth during the five years preceding the survey took iron supplements during the pregnancy for their last child. However, less than half (47 percent) of women took iron tablets or capsules for 90 days or more, which is the recommended duration for iron supplementation among pregnant women. Ten percent took iron supplements for 60 to 89 days, and 34 percent took supplements for fewer than 60 days.

Iron supplementation varies considerably by region. While the proportion of women taking iron supplements for the recommended duration is 50 percent or higher in Western Visayas, CAR, NCR, Zamboanga Peninsula, Eastern Visayas, Central Luzon, and Northern Mindanao, it is only 12 percent in ARMM. Urban women were slightly more likely than rural women to have taken iron tablets or syrup for at least 90 days. Women in the highest wealth quintile (61 percent) are more likely to take iron tablets for 90 or more days than those in the lowest wealth quintile (36 percent). Women with college education are about five times more likely to take iron tablets for 90 or more days (60 percent) as women with no education (12 percent).

Parasitic infections may cause iron-deficiency anemia. Deworming during pregnancy is an effective preventive measure against this type of anemia and can improve both the health of the woman and her unborn child. In the 2013 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 11.5 shows that, overall, 5 percent of these women took deworming medication during the pregnancy for their last birth. In

Davao, 13 percent of women reported taking a deworming drug. Interestingly, women with no education and women in the lowest wealth quintile are more likely to take deworming medication during pregnancy than other women.

Table 11.5 Micronutrient intake among mothers

Among women age 15-49 with a child born in the past five years, the percent distribution by number of days they took iron tablets or capsule during the pregnancy of the last child, and the percentage who took deworming medication during the pregnancy of the last child, by background characteristics, Philippines 2013

Background characteristic	Number of days women took iron tablets or capsule during pregnancy of last birth						Percentage who took deworming medication during pregnancy of last birth	Number of women
	None	<60	60-89	90+	Don't know/ missing	Total		
Age								
15-19	6.4	36.4	11.1	44.3	1.8	100.0	4.3	248
20-29	7.7	33.1	11.0	47.4	0.9	100.0	4.3	2,347
30-39	6.6	34.4	10.1	47.8	1.1	100.0	4.8	1,987
40-49	11.1	35.1	8.7	43.6	1.5	100.0	5.9	606
Residence								
Urban	6.0	31.1	11.5	50.3	1.1	100.0	4.2	2,489
Rural	9.1	36.6	9.4	43.8	1.1	100.0	5.2	2,699
Region								
National Capital Region	3.8	22.3	16.1	57.6	0.2	100.0	5.6	815
Cordillera Admin Region	4.3	23.7	12.3	59.3	0.5	100.0	5.7	79
I - Ilocos Region	10.2	43.0	7.9	37.7	1.2	100.0	3.3	232
II - Cagayan Valley	11.9	36.9	10.0	39.7	1.6	100.0	4.3	199
III - Central Luzon	6.5	29.4	10.8	51.8	1.5	100.0	2.5	495
IVA - CALABARZON	5.2	34.9	12.8	45.6	1.5	100.0	1.3	696
IVB - MIMAROPA	7.2	48.8	8.2	35.9	0.0	100.0	2.4	135
V - Bicol	5.6	55.9	10.3	27.2	1.0	100.0	8.3	301
VI - Western Visayas	3.7	25.5	7.6	62.6	0.6	100.0	2.4	352
VII - Central Visayas	5.8	40.9	8.4	44.9	0.0	100.0	2.6	333
VIII - Eastern Visayas	8.9	31.2	7.4	52.1	0.5	100.0	3.4	196
IX - Zamboanga Peninsula	10.1	26.2	7.6	54.9	1.3	100.0	8.8	245
X - Northern Mindanao	4.6	36.2	6.6	51.4	1.2	100.0	6.1	242
XI - Davao	7.4	37.7	8.1	41.4	5.4	100.0	13.1	295
XII - SOCCSKSARGEN	9.2	37.2	8.0	45.6	0.0	100.0	4.6	236
XIII - Caraga	7.6	39.2	10.6	41.5	1.0	100.0	4.3	163
ARMM	43.6	37.4	6.6	11.5	0.8	100.0	6.7	173
Education								
No education	40.7	40.1	5.4	11.8	2.0	100.0	9.8	73
Elementary	13.7	39.6	8.6	37.1	1.1	100.0	6.4	1,017
High school	6.6	37.0	10.9	44.6	1.0	100.0	4.9	2,616
College	3.6	24.6	11.0	59.6	1.3	100.0	3.1	1,482
Wealth quintile								
Lowest	14.8	39.7	8.5	36.0	1.0	100.0	7.2	1,277
Second	7.1	41.7	10.9	39.4	0.9	100.0	4.0	1,098
Middle	5.8	34.9	10.2	48.3	0.8	100.0	3.2	1,062
Fourth	3.6	26.4	11.5	56.9	1.6	100.0	4.7	962
Highest	3.9	22.1	11.7	61.1	1.2	100.0	3.9	789
Total	7.6	34.0	10.4	46.9	1.1	100.0	4.7	5,188

HIV/AIDS-RELATED KNOWLEDGE, ATTITUDES, AND BEHAVIOR

12

Key Findings

- Ninety-two percent of currently married women age 15-49 have heard of AIDS.
- Fifty-five percent of women know of a place where they can go to get an HIV test.
- Only two percent of women have ever been tested for HIV and received the results.
- Sixty-seven percent of young women age 15-24 know where to obtain male condoms.
- Among never-married women age 15-24 who had sexual intercourse in the past 12 months, only 8 percent used a condom at last sexual intercourse.

Acquired immunodeficiency syndrome (AIDS) is one of the most serious public health and development challenges facing the world today. AIDS is caused by the human immunodeficiency virus (HIV). HIV weakens the immune system, making the body susceptible to secondary infections and opportunistic diseases. Without treatment, HIV infection leads to AIDS, which is highly fatal. The predominant mode of HIV transmission is sexual contact. Other modes of transmission are unsafe injections, use of tainted blood supplies during blood transfusions, and mother-to-child transmission (in which the mother passes HIV to her child during pregnancy, delivery, or breastfeeding).

HIV/AIDS is a pandemic with cases reported from every country. The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that approximately 34 million people worldwide were living with HIV in 2011. Nevertheless, the joint global effort in the fight against AIDS resulted in a 24 percent decline in the number of AIDS-related deaths in 2011 compared to 2005, and a 20 percent decline in newly infected cases in the decade between 2001 and 2011 (UNAIDS, 2012).

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 December 1992, the Philippine National AIDS Council (PNAC), the country's highest HIV/AIDS policymaking body, was created by virtue of Executive Order No. 39. It is a multisectoral body composed of 13 governmental agencies—including local governments and the two houses of the legislature—and 7 non-governmental organizations (NGOs).

The passing of the Philippine AIDS Prevention and Control Act in 1998 was seen as the needed strength in the country's fight against HIV/AIDS. However, advocacy for a stronger and sustainable response to AIDS still receives the least priority from government leadership in a low-HIV-prevalence country like the Philippines. The PNAC developed the Philippines' AIDS Medium Term Plan: 2005–2010 (AMTP IV). The AMTP IV serves as a national road map toward universal access to prevention, treatment, care, and support, outlining country-specific targets, opportunities, and obstacles along the way, as well as culturally appropriate

strategies to address them. In 2006, the country established a national monitoring and evaluation system, which was tested in nine sites and is being expanded (USAID, 2008).

The Government of the Philippines participates in international responses to the HIV/AIDS epidemic. Most recently, in January 2007, the Philippines hosted the 12th Association of Southeast Asian Nations Summit, which had a special session on HIV/AIDS. Also, the Philippines is a recipient of three grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (2004 third round, 2006 fifth round, and 2007 sixth round) to scale up the national response to HIV/AIDS through the delivery of services and information to at-risk populations and people living with HIV/AIDS. These programs are executed by the AIDS Society of the Philippines, Inc. for HIV prevention and control and Positive Action Foundation, Inc. for treatment, care and support.

Officially, the Philippines is a low-HIV-prevalence country, with less than 0.1 percent of the adult population estimated to be HIV-positive. As of September 2013, the Department of Health (DOH) AIDS Registry in the Philippines reported 15,283 people living with HIV/AIDS; only 1,783 are women (DOH, 2013).

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 on AIDS-related issues, misconceptions about AIDS, and knowledge of other issues related to sexually-transmitted infections. The chapter also discusses the social aspects of HIV/AIDS and knowledge of and access to male condoms. Information is presented on survey findings regarding risky sexual behavior and HIV knowledge and sexual behavior among youths. The chapter concludes with information on data on HIV testing coverage. All information is also analyzed by background characteristics.

12.1 KNOWLEDGE OF HIV/AIDS

To evaluate the level of knowledge about HIV/AIDS, women who had heard of the infection were asked a series of questions on knowledge of HIV prevention methods. Table 12.1 shows the percentage of women age 15-49 who have heard of AIDS by background characteristics. Almost all Filipino women (92 percent) report that they have heard of AIDS. As such, differentials by background characteristics are minimal.

Awareness of HIV/AIDS among women varies more by marital status and rural and urban residence. The percentage of women who have heard of AIDS is highest among never-married women who ever had sex (95 percent). Ninety-five percent of women in urban areas have heard of HIV/AIDS, compared with 89 percent of women in rural areas.

Only four out of 17 regions recorded above 90 percent of awareness of HIV/AIDS; in ARMM only 52 percent of women have heard of AIDS, which is a decline from the level in 2003 of 75 percent and 57 percent in 2008.

The most striking differences in AIDS-related knowledge are by level of education: while practically all women with college or higher education (98 percent) have heard of AIDS, the corresponding proportion for those with no education is only 44 percent.

Respondents in the lowest (poorest) wealth quintile are much less likely than those in the higher quintiles to have heard of AIDS. For example, 79 percent of women in the lowest wealth quintile reported having heard of AIDS, compared with 90 percent or higher of women in the second and higher wealth quintiles[1].

12.2 SPECIFIC KNOWLEDGE ABOUT AIDS

As part of the effort to assess HIV and AIDS knowledge, the 2013 NDHS collected information on common misconceptions about HIV transmission. Respondents were asked whether they think it is possible for a healthy-looking person to have HIV, and also whether they believe HIV can be transmitted through mosquito bites, by hugging or shaking the hands with someone who has HIV, or by sharing food with a person who has HIV.

Also tabulated is the proportion who know that a healthy-looking person can have the AIDS virus, and who reject the two misconceptions about HIV transmission most often reported by NDHS respondents, i.e., that HIV can be transmitted by hugging or shaking the hands with someone who has HIV and that HIV can be transmitted by mosquito bites.

The data presented in Table 12.2 indicate that many women in the Philippines lack accurate knowledge about the ways in which the AIDS virus can and cannot be transmitted.

Table 12.1 Knowledge of HIV prevention methods

Percentage of women age 15-49 who have 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 background characteristics, Philippines 2013

Background characteristic	Has heard of AIDS	Percentage who say HIV can be prevented by using condoms[1]	Number of women
Age			
15-24	89.4	50.8	6,026
15-19	86.8	45.0	3,237
20-24	92.5	57.5	2,789
25-29	93.7	61.2	2,156
30-39	94.0	61.1	4,226
40-49	92.6	60.5	3,747
Marital status			
Never married	90.6	51.3	5,615
Ever had sex	95.3	64.9	805
Never had sex	89.8	49.0	4,810
Married/Living together	92.7	60.4	9,729
Divorced/Separated/Widowed	92.7	58.9	811
Residence			
Urban	94.6	57.5	8,585
Rural	88.9	56.7	7,570
Region			
National Capital Region	95.6	53.1	2,924
Cordillera Admin Region	96.7	65.3	252
I - Ilocos Region	91.4	54.5	691
II - Cagayan Valley	80.7	47.5	550
III - Central Luzon	95.5	55.4	1,720
IVA - CALABARZON	92.7	61.0	2,293
IVB - MIMAROPA	91.2	49.6	372
V - Bicol	94.5	57.9	798
VI - Western Visayas	98.0	64.4	996
VII - Central Visayas	92.6	62.0	1,030
VIII - Eastern Visayas	95.6	75.2	571
IX - Zamboanga Peninsula	87.6	60.4	725
X - Northern Mindanao	92.8	61.3	697
XI - Davao	94.3	60.7	893
XII - SOCCSKSARGEN	85.8	51.7	744
XIII - Caraga	90.9	62.5	435
ARMM	52.2	22.2	465
Education			
No education	44.0	21.2	188
Elementary	80.3	46.6	2,593
High school	92.6	55.6	7,916
College	98.1	65.6	5,458
Wealth quintile			
Lowest	78.6	46.1	2,620
Second	89.8	54.9	2,886
Middle	94.4	59.8	3,199
Fourth	95.7	60.7	3,572
Highest	97.0	60.7	3,878
Total 15-49	91.9	57.1	16,155

[1] Using condoms every time they have sexual intercourse
[2] Partner who has no other partners

[1] The survey included a question as to whether respondents believed that it is possible to avoid the AIDS virus by limiting sexual intercourse to one uninfected partner who has no other partners, but, due to issues about the translation of the question, results are not presented as they could be misleading.

Table 12.2 Specific 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 transmission or prevention of the AIDS virus, and the percentage who say a healthy-looking person can have the AIDS virus and who reject the two most common misconceptions by background characteristics, Philippines 2013

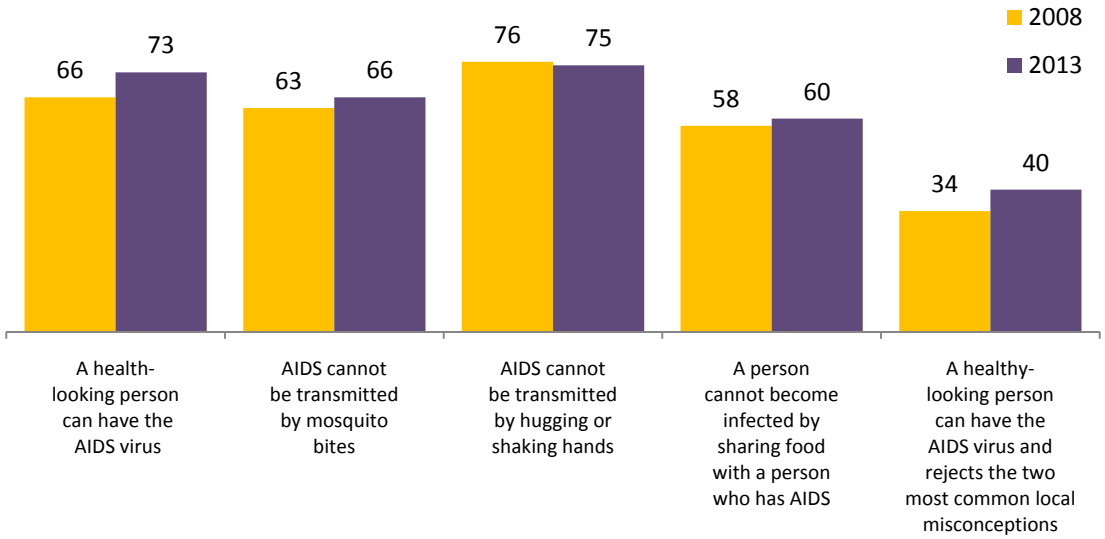
Background characteristic	Percentage of respondents who say that: A healthy-looking person can have the AIDS virus	The AIDS virus cannot be transmitted by mosquito bites	The AIDS virus cannot be transmitted by hugging or shaking hands with a person who is infected	A person cannot become infected by sharing food with a person who has the AIDS virus	Percentage who say that a healthy looking person can have the AIDS virus and who reject the two most common local misconceptions[1]	Number of women
Age						
15-24	68.8	65.0	71.4	53.5	34.8	6,026
15-19	64.1	61.8	67.2	49.3	31.0	3,237
20-24	74.4	68.7	76.4	58.4	39.2	2,789
25-29	76.0	68.9	78.0	63.2	43.4	2,156
30-39	74.5	67.2	78.9	65.6	42.7	4,226
40-49	74.2	65.0	74.0	62.2	41.3	3,747
Marital status						
Never married	70.2	66.9	74.5	58.1	38.8	5,615
Ever had sex	77.4	70.7	81.8	64.5	44.1	805
Never had sex	69.0	66.3	73.2	57.0	37.9	4,810
Married/Living together	73.6	65.6	74.8	60.6	39.6	9,729
Divorced/Separated/Widowed	74.9	66.5	78.7	66.1	44.1	811
Residence						
Urban	76.3	70.8	80.6	65.7	45.0	8,585
Rural	68.3	60.8	68.3	53.4	33.3	7,570
Region						
National Capital Region	79.4	77.9	88.1	77.5	57.5	2,924
Cordillera Admin Region	82.8	73.2	84.5	72.6	51.3	252
I - Ilocos Region	53.0	69.9	65.3	44.2	22.0	691
II - Cagayan Valley	47.5	61.5	59.5	45.2	22.7	550
III - Central Luzon	76.7	68.1	78.7	65.0	41.5	1,720
IVA - CALABARZON	69.7	62.5	73.4	58.1	36.4	2,293
IVB - MIMAROPA	68.0	52.4	67.6	48.5	26.0	372
V - Bicol	70.2	53.0	67.3	44.8	22.8	798
VI - Western Visayas	72.1	68.3	77.5	55.9	33.7	996
VII - Central Visayas	81.2	63.4	71.4	56.0	38.5	1,030
VIII - Eastern Visayas	85.1	53.2	77.2	55.7	33.4	571
IX - Zamboanga Peninsula	74.7	72.0	72.6	60.6	46.4	725
X - Northern Mindanao	79.9	70.3	76.8	60.0	42.1	697
XI - Davao	74.8	64.4	76.9	61.2	38.5	893
XII - SOCCSKSARGEN	65.2	60.2	67.5	54.2	33.8	744
XIII - Caraga	77.5	67.5	71.1	62.8	44.2	435
ARMM	42.4	44.3	41.4	35.8	27.7	465
Education						
No education	29.5	27.4	29.1	26.2	12.8	188
Elementary	59.2	51.5	56.8	44.9	25.7	2,593
High school	70.3	65.6	73.7	57.2	36.1	7,916
College	83.6	75.0	86.7	72.4	52.0	5,458
Wealth quintile						
Lowest	57.3	50.1	55.5	43.3	24.3	2,620
Second	69.3	61.5	69.7	53.2	33.6	2,886
Middle	73.9	67.2	76.5	60.0	38.8	3,199
Fourth	77.8	71.4	80.9	64.8	44.2	3,572
Highest	79.2	74.5	84.9	71.8	50.5	3,878
Total 15-49	72.5	66.1	74.9	60.0	39.5	16,155

[1] Two most common local misconceptions: The AIDS virus can be transmitted by mosquito bites and sharing food with a person who is infected

More than seven in ten women know that a healthy-looking person can have the AIDS virus (Figure 12.1); three in four women (75 percent) know that AIDS cannot be transmitted by hugging and shaking hands, and six in ten women knew also that AIDS cannot be transmitted through mosquito bites (66 percent) and by sharing food with someone who has AIDS (60 percent). However, only 40 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) and know that a healthy-looking person can have the virus. These figures indicate that misconceptions about AIDS transmission remain high in the Philippines.

Figure 12.1 **Rejection of misconceptions about AIDS transmission among women age 15-49**



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 AIDS virus and rejecting the two most common local misconceptions about HIV/AIDS" ranging from 22 percent among women in Ilocos Region to 58 percent of those in NCR. Better educated women and those in the higher wealth quintiles are most likely to have correct knowledge about HIV/AIDS than other women.

The proportion of women age 15-49 who know that a healthy-looking person can have the AIDS virus increased from 66 percent in 2008 to 73 percent in 2013, the proportion who know that the AIDS virus cannot be transmitted by mosquito bites increased from 63 percent in 2008 to 66 percent in 2013. Similarly, the proportion of women who know that a person cannot become infected by sharing food with someone who has AIDS increased from 58 percent in 2008 to 60 percent in 2013 (NSO and ICF Macro, 2009).

12.3 COVERAGE OF HIV TESTING

Knowledge of HIV status helps HIV-negative individuals make specific decisions to reduce risk and increase safer sex practices so they can remain disease-free. For those who have HIV, knowledge of their status allows them to take action to protect their sexual partners, to access treatment, and to plan for the future.

To assess the awareness and coverage of HIV testing services, all respondents interviewed in the 2013 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 12.3 shows that 55 percent of women know where to go to be tested for HIV. There is considerable variation in knowledge about sources for HIV testing among women by background characteristics. For instance, women age 25-29 (62 percent) are 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 that their rural counterparts. Education and wealth status have a positive relationship with knowledge of HIV testing facilities. For example, 70 percent of women who attended college know of an HIV testing facility, compared with only 19 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 regions, MIMAROPA and CAR (68 percent each) have the highest levels of knowledge of a place to get tested for HIV, while ARMM has the lowest level (34 percent).

Table 12.3 Coverage of prior HIV testing

Percentage of women age 15-49 who know where to get an HIV test, percent distribution of women age 15-49 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 age 15-49 who were tested in the past 12 months and received the results of the last test, according to background characteristics, Philippines 2013

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 have been tested for HIV in the past 12 months and received the results of the last test	Number of women
Age								
15-24	48.6	0.8	0.3	98.8	100.0	1.2	0.3	6,026
15-19	40.9	0.2	0.2	99.6	100.0	0.4	0.0	3,237
20-24	57.5	1.6	0.5	97.9	100.0	2.1	0.7	2,789
25-29	61.5	3.0	0.2	96.8	100.0	3.2	1.3	2,156
30-39	59.0	3.0	0.4	96.6	100.0	3.4	0.9	4,226
40-49	58.5	2.2	0.4	97.4	100.0	2.6	0.5	3,747
Marital status								
Never married	51.0	1.3	0.3	98.4	100.0	1.6	0.6	5,615
Ever had sex	61.8	5.0	0.6	94.5	100.0	5.5	3.0	805
Never had sex	49.2	0.7	0.2	99.1	100.0	0.9	0.2	4,810
Married/Living together	57.5	2.2	0.4	97.4	100.0	2.6	0.6	9,729
Divorced/Separated/Widowed	59.3	4.3	0.4	95.3	100.0	4.7	1.1	811
Residence								
Urban	59.0	2.2	0.4	97.4	100.0	2.6	0.8	8,585
Rural	51.2	1.8	0.2	97.9	100.0	2.1	0.5	7,570
Region								
National Capital Region	66.1	2.6	0.4	97.1	100.0	2.9	0.9	2,924
Cordillera Admin Region	68.1	5.1	1.0	93.9	100.0	6.1	1.2	252
I - Ilocos Region	53.3	3.3	0.3	96.4	100.0	3.6	0.7	691
II - Cagayan Valley	38.5	1.9	0.5	97.6	100.0	2.4	0.9	550
III - Central Luzon	62.7	3.2	0.6	96.2	100.0	3.8	1.2	1,720
IVA - CALABARZON	50.3	2.4	0.4	97.3	100.0	2.7	0.9	2,293
IVB - MIMAROPA	68.4	1.4	0.7	97.9	100.0	2.1	0.7	372
V - Bicol	54.2	1.8	0.3	98.0	100.0	2.0	0.3	798
VI - Western Visayas	63.0	1.3	0.2	98.5	100.0	1.5	0.5	996
VII - Central Visayas	41.3	1.7	0.2	98.1	100.0	1.9	0.6	1,030
VIII - Eastern Visayas	54.9	1.9	0.2	98.0	100.0	2.0	0.5	571
IX - Zamboanga Peninsula	66.2	1.5	0.1	98.4	100.0	1.6	0.2	725
X - Northern Mindanao	53.3	0.7	0.4	98.9	100.0	1.1	0.3	697
XI - Davao	48.7	1.4	0.0	98.6	100.0	1.4	0.2	893
XII - SOCCSKSARGEN	41.8	0.5	0.4	99.1	100.0	0.9	0.0	744
XIII - Caraga	49.5	1.0	0.1	98.9	100.0	1.1	0.1	435
ARMM	34.3	0.2	0.2	99.5	100.0	0.5	0.0	465
Education								
No education	19.4	0.0	0.0	100.0	100.0	0.0	0.0	188
Elementary	40.7	0.9	0.2	98.9	100.0	1.1	0.3	2,593
High school	50.7	1.2	0.3	98.5	100.0	1.5	0.2	7,916
College	70.3	3.9	0.5	95.6	100.0	4.4	1.5	5,458
Wealth quintile								
Lowest	41.7	0.4	0.2	99.4	100.0	0.6	0.1	2,620
Second	48.2	1.0	0.1	98.9	100.0	1.1	0.2	2,886
Middle	56.8	1.8	0.4	97.8	100.0	2.2	0.6	3,199
Fourth	59.0	2.4	0.4	97.2	100.0	2.8	0.7	3,572
Highest	65.3	3.8	0.5	95.7	100.0	4.3	1.3	3,878
Total 15-49	55.3	2.0	0.3	97.6	100.0	2.4	0.7	16,155

[1] Includes 'don't know/missing'

Only 2 percent of women age 15-49 have ever been tested for HIV, with most reporting that they received their results. Differentials by background characteristics in the percentage of women tested for HIV are small. The results presented in Table 12.3 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 5 percent in Cordillera Administrative Region.

12.4 HIV/AIDS Knowledge and Sexual Behavior among Youth

This section addresses HIV/AIDS-related knowledge and sexual behavior among youth age 15-24. 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. In addition to knowledge of HIV transmission, data are presented on age at first sexual intercourse, age differences between sexual partners, and voluntary counseling and testing for HIV.

12.4.1 Knowledge of Condom Sources among Young Adults

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 12.4, two in three women (67 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; however, never-married women who have ever had sex are the most likely to know of a place to get condoms. 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 (57 percent) and highest in Cordillera Administrative Region (82 percent). As expected, the proportion of young women who know where to get condoms increases with level of education and wealth quintile.

Table 12.4 Knowledge about a source of condoms among young women

Percentage of young women age 15-24 with knowledge of a source of condoms, by background characteristics, Philippines 2013

Background characteristic	Percentage who know a condom source[1]	Number of women
Age		
15-19	55.4	3,237
15-17	48.6	2,069
18-19	67.6	1,167
20-24	79.5	2,789
20-22	77.4	1,708
23-24	83.0	1,081
Marital status		
Never married	63.2	4,401
Ever had sex	81.9	467
Never had sex	61.0	3,934
Ever married	75.7	1,625
Residence		
Urban	70.6	3,264
Rural	61.8	2,762
Region		
National Capital Region	76.4	1,086
Cordillera Admin Region	82.3	96
I - Ilocos Region	64.4	237
II - Cagayan Valley	61.7	216
III - Central Luzon	66.4	619
IVA - CALABARZON	62.0	844
IVB - MIMAROPA	60.5	134
V - Bicol	58.9	290
VI - Western Visayas	67.3	370
VII - Central Visayas	60.1	367
VIII - Eastern Visayas	65.2	194
IX - Zamboanga Peninsula	74.3	301
X - Northern Mindanao	73.7	266
XI - Davao	63.2	346
XII - SOCCSKSARGEN	63.3	301
XIII - Caraga	57.6	170
ARMM	57.3	190
Education		
No education	(30.5)	32
Elementary	45.6	584
High school	60.4	3,510
College	85.0	1,900
Wealth quintile		
Lowest	50.0	902
Second	61.6	1,134
Middle	69.3	1,236
Fourth	72.5	1,338
Highest	73.2	1,415
Total	66.6	6,026

[1] For this table, the following responses are not considered a source for condoms: friends, family members, and home

12.4.2 Age at First Sexual Intercourse among Young People

Age at first sex among young adults age 15-24 is one of the UNGASS indicators that are reported every other year. Information from the 2013 NDHS can be used to examine age at first sexual intercourse. Table 12.5 shows the proportion of women age 15-24 who had sexual intercourse before age 15 and before age 18. Two percent of women 15-24 had sexual intercourse before age 15, while 19 percent of women 18-24 had sexual intercourse before age 18.

Looking at age at first sexual intercourse by background characteristics, the proportions 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 age 18 decreases.

12.4.3 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 12.6 presents information on sexual activity among never-married young women age 15-24 and condom use: the percentage of never-married young women who had 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.

Table 12.5 Age at first sexual intercourse among young women

Percentage of young women age 15-24 who had sexual intercourse before age 15 and percentage of young women age 18-24 who had sexual intercourse before age 18, by background characteristics, Philippines 2013

Background characteristic	Percentage who had sexual intercourse before age 15	Number of women (15-24)	Percentage who had sexual intercourse before age 18	Number of women (18-24)
Age				
15-19	2.2	3,237	na	na
15-17	2.5	2,069	na	na
18-19	1.8	1,167	18.3	1,167
20-24	2.2	2,789	19.3	2,789
20-22	2.4	1,708	19.9	1,708
23-24	1.8	1,081	18.3	1,081
Marital status				
Never married	0.5	4,401	4.3	2,435
Ever married	6.7	1,625	42.5	1,522
Knows condom source[1]				
Yes	2.0	4,012	18.7	3,007
No	2.5	2,014	20.0	949
Residence				
Urban	2.0	3,264	16.5	2,222
Rural	2.5	2,762	22.1	1,734
Region				
National Capital Region	1.7	1,086	14.4	793
Cordillera Admin Region	1.6	96	10.8	62
I - Ilocos Region	0.4	237	16.4	148
II - Cagayan Valley	2.9	216	25.3	154
III - Central Luzon	2.4	619	18.5	382
IVA - CALABARZON	1.7	844	17.2	551
IVB - MIMAROPA	1.9	134	17.7	80
V - Bicol	1.0	290	16.6	187
VI - Western Visayas	2.0	370	21.3	231
VII - Central Visayas	2.9	367	22.2	242
VIII - Eastern Visayas	4.0	194	21.0	111
IX - Zamboanga Peninsula	1.3	301	20.0	189
X - Northern Mindanao	1.5	266	18.1	177
XI - Davao	5.2	346	27.1	224
XII - SOCCSKSARGEN	2.3	301	22.9	189
XIII - Caraga	3.5	170	24.3	118
ARMM	3.1	190	23.5	117
Education				
No education	(11.7)	32	(47.4)	24
Elementary	9.5	584	42.5	362
High school	1.9	3,510	25.1	1,851
College	0.4	1,900	7.1	1,720
Wealth quintile				
Lowest	4.5	902	36.1	548
Second	2.6	1,134	25.1	695
Middle	1.7	1,236	19.2	850
Fourth	2.3	1,338	13.9	882
Highest	0.7	1,415	9.5	981
Total	2.2	6,026	19.0	3,956

Note: Numbers in parentheses are based on 25-49 unweighted cases.
na = Not available
[1] For this table, the following responses are not considered a source for condoms: friends, family members and home

Table 12.6 Premarital sexual intercourse and condom use during premarital sexual intercourse among young women

Among never-married women age 15-24, the percentage who have never had sexual intercourse, the percentage who had sexual intercourse in the past 12 months, and, among those who had premarital sexual intercourse in the past 12 months, the percentage who used a condom at the last sexual intercourse, by background characteristics, Philippines 2013

				Women who had sexual intercourse in the past 12 months:	
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 a condom at last sexual intercourse	Number of women
Age					
15-19	95.4	3.3	2,899	3.6	96
15-17	97.6	1.7	1,967	(3.1)	33
18-19	90.6	6.7	932	3.9	63
20-24	77.9	12.9	1,502	10.1	193
20-22	79.7	12.4	1,035	10.7	129
23-24	73.7	13.8	468	9.0	65
Knows condom source[1]					
Yes	86.2	8.6	2,783	9.2	239
No	94.8	3.1	1,618	2.0	50
Residence					
Urban	87.5	8.0	2,479	9.6	199
Rural	91.8	4.7	1,923	4.4	91
Education					
No education	*	*	18	*	1
Elementary	92.9	3.5	315	*	11
High school	91.0	5.6	2,535	5.3	141
College	86.1	8.9	1,534	11.4	136
Total	89.4	6.6	4,401	8.0	289

Note: Numbers in parentheses are based on 25-49 unweighted cases; an asterisk denotes a case based on fewer than 25 unweighted cases that has been suppressed.
[1] For this table, the following responses are not considered a source for condoms: friends, family members and home

Almost nine in ten (89 percent) 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 (7 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, 8 percent said they used a condom the last time they had sexual intercourse. The numbers are too small to show meaningful differences by subgroups.

12.4.4 Cross-generational Sexual Partners

To examine age differences between sexual partners, women who had sexual intercourse in the 12 months preceding the survey were asked the age of their partners. The issue of cross-generational sex mainly affects younger women who engage with older men, because such relationships can create situations in which women are at a disadvantage. Table 12.7 shows that among women age 15-19, 11 percent reported having a sexual partner who was 10 or more years older.

There are some differences in the extent of cross-generational sex among younger women by background characteristics. Ever-married women and women with only elementary education are more likely than other young women to have had sexual intercourse with a man 10 or more years older than themselves.

12.4.5 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 provides this information, but young women may face barriers to accessing and using health facilities, particularly for sensitive concerns about sexually transmitted infections like HIV/AIDS. Table 12.8 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 of the last test. The differentials by background characteristics are minimal.

Table 12.7 Age-mixing in sexual relationships among women age 15-19

Among women age 15-19 who had sexual intercourse in the past 12 months, percentage who had sexual intercourse with a partner who was 10 or more years older than themselves, by background characteristics, Philippines 2013

	Women age 15-19 who had sexual intercourse in the past 12 months	
Background characteristic	Percentage who had sexual intercourse with a man 10+ years older	Number of women
Age		
15-17	12.9	128
18-19	9.7	287
Marital status		
Never married	6.4	96
Ever married	11.9	319
Knows condom source[1]		
Yes	9.8	266
No	12.2	149
Residence		
Urban	10.4	201
Rural	10.9	215
Education		
No education	*	5
Elementary	18.3	86
High school	9.7	273
College	1.9	52
Wealth quintile		
Lowest	11.3	100
Second	14.5	97
Middle	7.0	99
Fourth	7.3	73
Highest	(14.2)	47
Total	10.7	415

Note: Numbers in parentheses are based on 25-49 unweighted cases; an asterisk denotes a case based on fewer than 25 unweighted cases that has been suppressed.
[1] For this table, the following responses are not considered a source for condoms: friends, family members and home

Table 12.8 Recent HIV tests among youth

Among young women age 15-24 who have had sexual intercourse in the past 12 months, the percentage who were tested for HIV in the past 12 months and received the results of the last test, by background characteristics, Philippines 2013

Background characteristic	Percentage who have been tested for HIV in the past 12 months and received the results of the last test	Number of women
Age		
15-19	0.0	415
15-17	0.0	128
18-19	0.0	287
20-24	0.9	1,407
20-22	1.0	769
23-24	0.8	638
Marital status		
Never married	2.7	289
Ever married	0.3	1,533
Knows condom source[1]		
Yes	0.9	1,399
No	0.0	423
Residence		
Urban	0.6	922
Rural	0.8	900
Education		
No education	*	15
Elementary	0.0	264
High school	0.0	1,064
College	2.7	480
Total	0.7	1,822

Note: An asterisk denotes a case based on fewer than 25 unweighted cases that has been suppressed.
[1] For this table, the following responses are not considered a source for condoms: friends, family members and home

HEALTH CARE UTILIZATION AND FINANCING 13

Key Findings

- Health insurance coverage has increased largely in the past five years, from 42 percent in 2008 to 63 percent in 2013.
- One in every 9 Filipinos visited a health facility or sought advice/treatment in the 30 days prior to the survey.
- Among those who visited a health facility or sought advice/treatment, the proportion using public medical facilities and providers (7 percent) is about twice as those using private medical providers (4 percent).
- Proportion of persons who were reported to have been confined in a public hospital or clinic (55 percent) is higher than those confined in a private facility (44 percent).
- Average travel cost for persons who visited a health facility or private provider is 69 pesos, while the average cost of treatment is 1,044 pesos.

Among the essential information needed by health planners in the formulation of plans and programs to improve public health service delivery is knowledge on the prevalence of illness and injuries and those who availed the services of health facility, health care expenditures, travel time to health facilities, and cost of transportation. The 2013 National Demographic and Health Survey (NDHS) included a module of questions concerning health care utilization and costs. Information about health insurance coverage was obtained for each person listed on the NDHS household questionnaire. Respondents for the household questionnaire were asked whether any member of the household had visited a health facility for advice or treatment anywhere in the 30 days preceding the survey. Information was collected on where the person sought treatment, why he/she sought treatment, how long it took to get to the place, how much the transportation cost, how much the treatment cost, and how the cost of treatment was covered. Information was also 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, length of confinement, cost of treatment, and how costs were covered.

13.1 HEALTH INSURANCE COVERAGE

Information in Table 13.1 shows that only 63 percent of Filipinos are covered by health insurance. Insurance coverage is highest in Northern Mindanao (74 percent) and lowest in ARMM (44 percent). Health insurance coverage in other regions ranges from 56 percent in Central Visayas to 71 percent in Bicol. Coverage is slightly higher in rural areas (64 percent) than in urban areas (62 percent). Persons under the age of 30 are less likely to have health insurance compared to those who are 30 and above. Coverage is higher among those in the highest wealth quintile (76 percent) than those in the other quintiles (55 to 63 percent).

Table 13.1 Health insurance coverage

Percentage of de jure household population with specific health insurance coverage, according to background characteristics, Philippines 2013

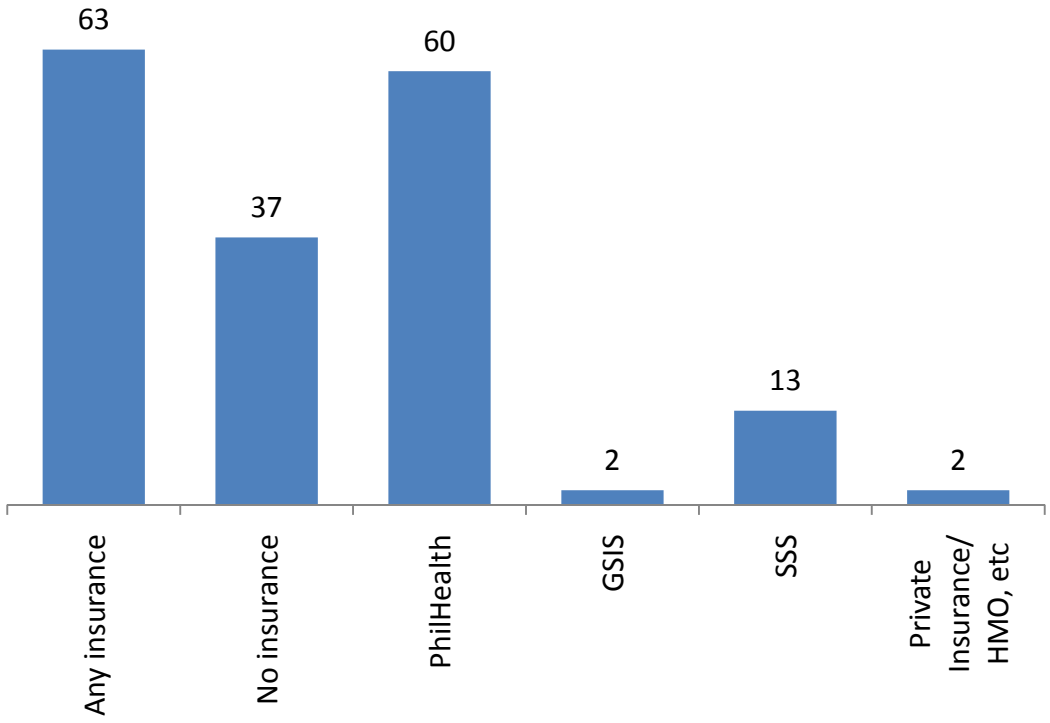
Background characteristic	No insurance	Any insurance	Phil Health	GSIS	SSS	Private insurance/ HMO	Other	Don't know/ missing	Number
Sex									
Male	37.5	62.3	59.6	1.3	14.2	1.6	0.3	0.2	35,170
Female	36.4	63.4	61.1	1.7	11.0	1.6	0.4	0.2	34,930
Age									
0-4	41.5	58.2	57.9	0.0	0.3	0.3	0.3	0.2	7,391
5-29	40.5	59.3	57.8	0.4	7.4	1.0	0.3	0.2	34,154
30-59	30.2	69.6	65.3	3.1	24.0	3.0	0.5	0.2	23,050
60+	36.9	62.9	58.2	3.7	13.0	1.6	0.3	0.2	5,500
Residence									
Urban	37.9	61.8	58.6	1.6	19.3	2.3	0.2	0.2	33,607
Rural	36.1	63.7	61.9	1.4	6.4	0.9	0.5	0.2	36,493
Region									
National Capital Region	41.3	58.5	54.3	1.3	25.0	2.8	0.2	0.3	10,440
Cordillera Admin Region	34.9	64.7	61.6	3.8	10.0	1.1	0.0	0.4	1,232
I - Ilocos Region	38.0	61.9	60.0	1.6	8.3	0.5	0.0	0.1	3,526
II - Cagayan Valley	34.8	65.0	60.5	1.7	4.3	1.2	4.7	0.1	2,512
III - Central Luzon	37.5	62.1	58.2	1.6	17.0	2.2	0.1	0.3	7,611
IVA - CALABARZON	38.7	61.3	59.2	1.1	15.0	2.3	0.4	0.0	9,387
IVB - MIMAROPA	41.2	58.3	56.6	1.8	4.3	1.0	0.1	0.5	1,825
V - Bicol	28.9	70.9	68.3	1.7	10.0	0.7	0.4	0.2	3,900
VI - Western Visayas	30.3	69.5	66.6	1.6	10.3	1.8	0.3	0.3	5,004
VII - Central Visayas	44.0	55.6	53.8	1.3	11.4	1.5	0.1	0.3	4,785
VIII - Eastern Visayas	29.9	70.1	69.0	3.1	5.3	0.4	0.2	0.0	2,812
IX - Zamboanga Peninsula	35.3	64.7	63.9	1.4	4.2	0.7	0.0	0.1	2,918
X - Northern Mindanao	26.5	73.5	71.9	1.9	8.7	1.7	0.0	0.0	3,200
XI - Davao	32.3	67.7	65.6	1.5	14.5	1.0	0.2	0.0	3,615
XII - SOCCSKSARGEN	39.9	59.7	58.4	0.9	8.1	1.2	0.0	0.4	3,327
XIII - Caraga	30.8	69.1	68.1	1.4	5.8	0.8	0.0	0.1	1,917
ARMM	55.8	43.7	43.5	0.5	0.3	0.1	0.1	0.6	2,087
Wealth quintile									
Lowest	37.6	62.1	61.6	0.0	1.4	0.1	0.2	0.2	14,025
Second	42.6	57.3	55.6	0.2	4.9	0.4	0.3	0.1	14,027
Middle	44.8	55.1	52.2	0.8	10.4	0.7	0.4	0.1	13,998
Fourth	36.5	63.4	59.4	2.0	19.3	1.6	0.5	0.2	14,023
Highest	23.3	76.3	72.7	4.5	26.9	5.2	0.3	0.4	14,027
Total	37.0	62.8	60.3	1.5	12.6	1.6	0.3	0.2	70,100

Note: Total includes 5 people with age missing. Numbers may not sum to the total with any Insurance because more than one type of insurance could be reported for each individual.
GSIS = Government Service Insurance System
SSS = Social Security System
HMO= Health maintenance organization

Of the different health insurance providers, PhilHealth accounts for by far the largest coverage, insuring 60 percent of the population. Because of the preponderance of PhilHealth, differentials in coverage by background characteristics mirror those discussed above for any insurance. With regard to other providers, more people are covered by the Social Security System (SSS) at 13 percent compared to the Government Service Insurance System (GSIS) at 2 percent (see Figure 13.1). SSS coverage is higher among persons age 30 and above relative to those under age 30. SSS coverage is also higher among urban residents (19 percent) compared to rural residents (6 percent). Likewise, those in the highest wealth quintile (27 percent) are more likely to be covered by SSS, compared with those in the lowest wealth quintile (1 percent).

Two percent of Filipinos are covered by private insurance or membership in health maintenance organizations (HMOs). As expected, private insurance coverage or membership in an HMO is most common among those in the highest wealth quintile (5 percent). Despite the rather low coverage for health insurance, there has been a large increase in the past five years. The proportion of the population covered by health insurance has increased from 42 percent in 2008 to 63 percent in 2013.

Figure 13.1 **Percentage of household population with specific health insurance coverage**



For those who were covered by PhilHealth, questions were also 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 13.2 shows the distribution of those covered by PhilHealth according to these categories.

The results show that paying members and their dependents account for almost 60 percent of PhilHealth coverage. However, the dependent-to-member ratio among paying members is lower than among indigent members, as there are about 3 dependents for every 2 paying members (or 1.4 dependents for every member), while there are 3 dependents for every indigent member (or 2.8 dependents for every member) (see Figure 13.2).

Table 13.2 Type of PhilHealth Insurance

Among the de jure household population covered by PhilHealth Insurance, percentage who are in various membership types, according to background characteristics, Philippines 2013

Background characteristic	Paying			Indigent			Number covered by PhilHealth
	Total	Member	Dependent	Total	Member	Dependent	
Sex							
Male	57.3	27.4	29.8	43.0	14.8	28.1	20,952
Female	59.1	21.3	37.8	41.1	7.4	33.7	21,332
Age							
0-4	54.4	0.1	54.2	46.1	0.3	45.8	4,283
5-29	54.9	14.4	40.5	45.3	2.9	42.4	19,758
30-59	61.8	43.1	18.8	38.3	22.9	15.4	15,041
60+	66.3	29.4	36.8	34.0	20.6	13.4	3,203
Residence							
Urban	80.8	35.3	45.5	19.3	5.4	13.9	19,686
Rural	38.5	14.7	23.7	61.8	16.0	45.8	22,598
Region							
National Capital Region	94.1	45.1	49.0	6.0	2.5	3.5	5,666
Cordillera Admin Region	62.1	23.0	39.1	38.0	10.0	28.0	759
I - Ilocos Region	50.5	19.4	31.1	50.1	13.1	37.0	2,116
II - Cagayan Valley	48.0	17.8	30.2	52.0	12.9	39.1	1,519
III - Central Luzon	73.7	29.7	44.0	26.4	7.2	19.2	4,429
IVA - CALABARZON	81.4	33.8	47.7	18.8	5.3	13.5	5,559
IVB - MIMAROPA	27.7	10.4	17.2	72.7	17.5	55.2	1,033
V - Bicol	28.8	12.0	16.7	71.6	19.0	52.6	2,664
VI - Western Visayas	42.5	17.5	25.0	58.2	15.2	43.0	3,335
VII - Central Visayas	63.4	26.0	37.4	36.6	8.9	27.7	2,572
VIII - Eastern Visayas	29.3	12.5	16.8	71.3	21.4	49.9	1,940
IX - Zamboanga Peninsula	29.8	11.1	18.7	70.3	17.3	52.9	1,864
X - Northern Mindanao	32.1	13.2	18.9	68.0	19.4	48.6	2,299
XI - Davao	63.6	25.0	38.7	36.4	8.7	27.7	2,372
XII - SOCCSKSARGEN	51.5	20.1	31.4	48.5	12.2	36.3	1,944
XIII - Caraga	44.4	16.7	27.7	55.6	14.2	41.5	1,306
ARMM	17.7	4.7	13.0	82.3	15.7	66.6	907
Wealth quintile							
Lowest	10.5	3.2	7.3	89.7	20.2	69.5	8,642
Second	30.2	10.2	20.0	70.2	18.9	51.3	7,800
Middle	61.7	22.4	39.3	38.7	11.6	27.1	7,311
Fourth	85.4	35.6	49.9	14.7	4.9	9.8	8,335
Highest	95.3	45.2	50.1	4.8	2.0	2.8	10,196
Total	58.2	24.3	33.9	42.0	11.1	31.0	42,284

Figure 13.2 **Among those with PhilHealth Insurance, percentage who are paying or indigent members/dependents**

Among persons covered by PhilHealth, coverage through the paying programs is highest in NCR at 94 percent while coverage through the PhilHealth indigent program is highest in ARMM at 82 percent. Moreover, coverage under the paying programs increases dramatically with economic status. Thus, among those covered by PhilHealth, 95 percent of those who belong to the highest wealth quintile are covered under the paying programs, while 90 percent of those who belong to the lowest wealth quintile are covered under the indigent program.

13.2 HEALTH CARE TREATMENT

Table 13.3 shows that one in every 9 Filipinos either visited a health facility or sought advice/treatment in the 30 days before the survey (Figure 13.3). Among those who visited a health facility or sought advice/treatment, the proportion using public medical facilities and providers (7 percent) is about twice as large as those using private medical providers (4 percent). The use of alternative medical and non-medical providers combined is less than 1 percent.

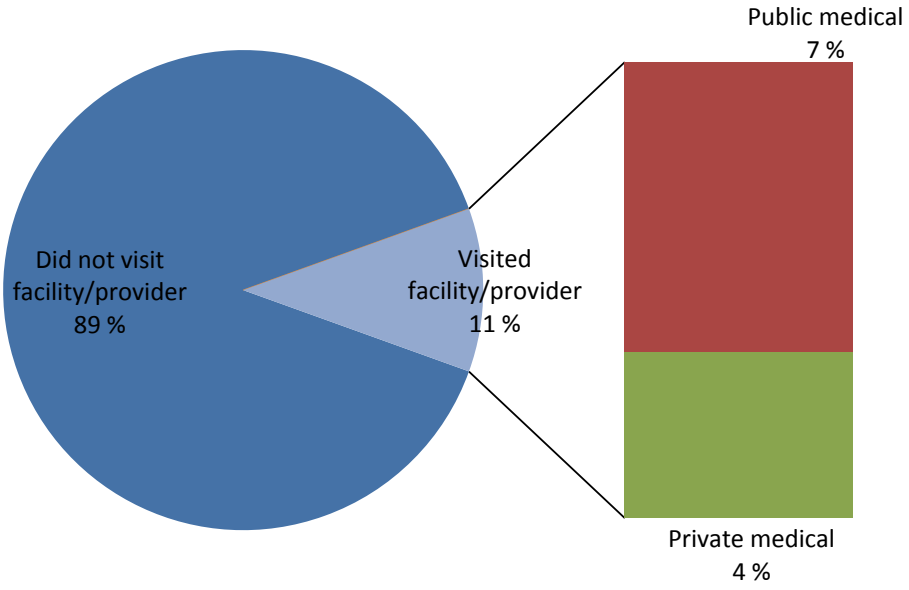
Table 13.3 Treatment seeking behavior

Percentage of de jure household population who visited a health facility or sought advice or treatment in the 30 days before the survey by type of place first visited, according to background characteristics, Philippines 2013

Background characteristic	Any place	Type of place					Number
		Public medical	Private medical	Alternative medical	Non-medical	Other/missing	
Sex							
Male	9.3	5.9	3.1	0.1	0.1	0.0	35,170
Female	12.1	7.8	4.0	0.1	0.1	0.1	34,930
Age							
0-4	32.2	23.2	8.2	0.5	0.2	0.1	7,391
5-29	7.4	5.0	2.1	0.1	0.1	0.0	34,154
30-59	7.5	4.3	3.0	0.1	0.1	0.0	23,050
60+	15.7	7.3	8.1	0.1	0.1	0.1	5,500
Residence							
Urban	9.2	5.1	4.0	0.1	0.1	0.0	33,607
Rural	12.0	8.5	3.1	0.2	0.1	0.1	36,493
Region							
National Capital Region	8.1	4.8	3.1	0.0	0.0	0.1	10,440
Cordillera Admin Region	13.3	7.7	5.3	0.0	0.2	0.0	1,232
I - Ilocos Region	12.9	9.3	3.4	0.1	0.0	0.0	3,526
II - Cagayan Valley	12.7	9.0	3.5	0.0	0.1	0.1	2,512
III - Central Luzon	11.0	6.0	4.9	0.0	0.0	0.0	7,611
IVA - CALABARZON	10.2	5.9	4.1	0.0	0.1	0.0	9,387
IVB - MIMAROPA	14.1	10.6	3.1	0.3	0.0	0.0	1,825
V - Bicol	16.0	11.0	3.5	0.8	0.6	0.1	3,900
VI - Western Visayas	12.6	7.9	4.5	0.0	0.1	0.1	5,004
VII - Central Visayas	9.6	6.8	2.7	0.0	0.0	0.1	4,785
VIII - Eastern Visayas	13.4	8.5	3.9	0.7	0.1	0.2	2,812
IX - Zamboanga Peninsula	10.0	7.6	2.3	0.0	0.1	0.1	2,918
X - Northern Mindanao	10.4	7.2	3.1	0.1	0.0	0.0	3,200
XI - Davao	7.2	4.4	2.7	0.1	0.0	0.0	3,615
XII - SOCCSKSARGEN	11.3	7.7	3.2	0.2	0.1	0.1	3,327
XIII - Caraga	8.6	5.9	2.5	0.2	0.0	0.0	1,917
ARMM	6.4	4.8	1.4	0.1	0.0	0.1	2,087
Wealth quintile							
Lowest	11.9	10.4	1.2	0.1	0.1	0.1	14,025
Second	11.8	9.4	2.0	0.2	0.1	0.0	14,027
Middle	10.9	7.5	3.1	0.1	0.1	0.0	13,998
Fourth	9.8	4.8	4.8	0.1	0.1	0.0	14,023
Highest	9.1	2.3	6.6	0.0	0.1	0.1	14,027
Total	10.7	6.9	3.5	0.1	0.1	0.1	70,100

Note: Total includes 5 people with age missing. Table excludes 7 deceased persons listed as seeking advice or treatment.

Figure 13.3 **Percentage of household population who visited a health facility/provider in the 30 days preceding the survey**



Children below five and adults aged 60 and above are much more likely to seek health care compared to those who belong to the 5-59 age group. Almost one in three 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 (16 percent) and lowest in ARMM (6 percent). Females tend to visit a health facility or seek advice or treatment more often than their male counterparts. Likewise, the proportion of the population seeking advice or treatment is higher in rural areas (12 percent) than in urban areas (9 percent). The use of private health facilities increases with economic status, from 1 percent among persons in the lowest wealth quintile to seven percent among those in the highest wealth quintile.

Table 13.4 provides information on specific types of facilities and providers (public and private) first visited by persons who sought advice or treatment in the 30 days preceding the survey. Of those who sought care, three in 10 persons visited a barangay health station. Two in 10 persons sought care at a private hospital/clinic, almost two in 10 went to a rural health unit (RHU) or an urban health center and one in 10 went to a private clinic for health care.

Among regions, the proportion of those who sought care who visited regional hospitals and medical centers is highest in NCR (11 percent), Northern Mindanao (11 percent) and Davao (10 percent) as compared with other regions. The proportion who visited a provincial hospital is highest in CAR (12 percent), while the proportion who visited a barangay health station is highest in Zamboanga Peninsula (55 percent) and SOCCSKSARGEN (52 percent). Utilization of private hospitals and clinics is highest in Central Luzon (29 percent) and lowest in Bicol (7 percent).

Table 13.4 Specific types of health facilities utilized

Among those de jure members who visited a health facility or sought advice or treatment in the 30 days before the survey, percent distribution by specific type of place first visited, according to background characteristics, Philippines 2013

		Public						Private			Other				
Background characteristic	Regional hospital/ medical center	Provincial hospital	District hospital	Municipal hospital	RHU/ Urban health center	Baran-gay health station	Mobile clinic/ other public	Private hospital/ clinic	Private clinic	Other private	Alter-native medical	Non-medical	Other/ missing	Total	Number
Sex															
Male	5.2	4.9	3.0	3.7	18.7	27.6	0.9	19.8	11.8	1.6	1.5	0.8	0.4	100.0	3,260
Female	4.6	4.0	3.3	2.7	17.4	32.0	0.9	19.2	11.5	2.1	1.0	0.8	0.5	100.0	4,221
Age															
0-4	3.8	3.0	2.0	2.8	21.8	38.2	0.4	14.4	9.8	1.4	1.4	0.5	0.4	100.0	2,380
5-29	4.7	4.5	3.6	3.7	19.3	31.2	1.2	15.6	11.3	2.0	1.2	1.0	0.6	100.0	2,511
30-59	6.6	5.4	3.3	3.0	14.0	24.6	0.9	24.8	13.0	2.0	1.2	0.8	0.3	100.0	1,726
60+	5.1	5.7	4.6	2.6	11.7	15.3	1.2	34.3	14.9	2.5	0.7	0.7	0.7	100.0	864
Residence															
Urban	6.3	4.4	2.6	2.6	14.6	24.0	0.8	26.8	13.7	2.4	0.6	0.7	0.5	100.0	3,108
Rural	3.9	4.3	3.6	3.5	20.4	34.4	1.0	14.3	10.2	1.5	1.6	0.8	0.5	100.0	4,374
Region															
National Capital Region	11.1	2.0	2.6	2.5	26.3	14.3	0.8	24.3	12.0	2.5	0.5	0.3	0.9	100.0	848
Cordillera Admin Region	7.4	12.3	4.0	4.2	14.4	15.8	0.0	22.3	15.8	2.1	0.0	1.6	0.2	100.0	163
I - Ilocos Region	3.4	5.1	3.8	1.9	28.5	28.7	0.4	13.7	11.4	1.5	1.1	0.2	0.2	100.0	457
II - Cagayan Valley	4.4	7.5	6.9	6.4	24.4	21.4	0.2	13.4	13.4	0.7	0.2	0.5	0.5	100.0	318
III - Central Luzon	3.8	7.2	3.9	1.5	15.3	22.4	0.9	29.4	14.5	0.9	0.0	0.3	0.0	100.0	836
IVA - CALABARZON	5.5	4.1	2.7	4.7	5.9	34.8	0.3	24.3	13.5	2.1	0.5	1.3	0.3	100.0	953
IVB - MIMAROPA	1.8	5.9	3.6	4.9	23.9	31.7	3.8	13.3	7.7	1.3	2.0	0.0	0.3	100.0	257
V - Bicol	2.7	3.2	1.1	6.0	22.6	32.4	0.6	7.3	11.9	2.9	4.8	3.9	0.5	100.0	625
VI - Western Visayas	2.7	4.1	4.8	1.9	20.3	27.7	1.0	16.6	15.9	3.6	0.3	0.5	0.5	100.0	628
VII - Central Visayas	3.8	3.7	3.7	0.9	20.8	36.5	0.7	23.0	4.0	1.4	0.5	0.0	0.9	100.0	460
VIII - Eastern Visayas	1.0	3.1	3.3	3.1	26.2	22.9	3.6	13.7	13.9	1.8	5.2	0.8	1.5	100.0	377
IX - Zamboanga Peninsula	3.0	3.8	1.1	2.4	10.7	54.9	0.5	17.0	5.6	0.0	0.0	0.5	0.5	100.0	292
X - Northern Mindanao	10.9	4.6	0.9	0.3	12.7	39.6	0.6	22.1	4.6	3.1	0.6	0.0	0.0	100.0	331
XI - Davao	10.1	1.9	4.7	2.7	10.1	30.3	1.2	25.3	12.1	0.8	0.8	0.0	0.0	100.0	260
XII - SOCCSKSARGEN	1.1	2.1	2.1	4.2	5.3	51.6	1.3	15.9	11.4	1.3	2.1	0.8	0.8	100.0	377
XIII - Caraga	2.7	3.7	2.3	2.0	23.3	35.3	0.0	17.7	8.7	2.3	2.0	0.0	0.0	100.0	164
ARMM	5.0	5.1	2.8	7.1	18.9	36.4	0.0	11.1	10.9	0.0	1.1	0.4	1.3	100.0	134
Wealth quintile															
Lowest	3.7	3.4	2.4	3.0	22.2	51.4	1.0	4.4	3.8	1.6	1.2	1.0	1.0	100.0	1,667
Second	3.9	4.4	3.6	4.3	24.0	38.2	1.7	8.6	6.2	1.8	2.1	0.8	0.3	100.0	1,648
Middle	5.9	5.3	3.8	3.3	21.6	29.1	0.4	15.3	11.6	1.7	0.9	0.8	0.4	100.0	1,521
Fourth	6.3	4.7	3.6	3.4	13.0	17.1	1.0	30.7	16.0	2.3	1.2	0.6	0.2	100.0	1,369
Highest	5.0	4.0	2.4	1.3	5.8	6.8	0.3	46.2	24.4	2.0	0.5	0.7	0.6	100.0	1,276
Total	4.9	4.4	3.2	3.1	18.0	30.1	0.9	19.5	11.7	1.9	1.2	0.8	0.5	100.0	7,482

Note: Table excludes 7 deceased persons listed as seeking advice or treatment.

The use of public health facilities tends to be higher in rural areas, while private facilities are more commonly used among those who visited a facility in urban areas. The use of RHUs/urban health centers and barangay health stations decreases as household wealth status increases. In contrast, the use of private hospitals/clinics and private clinics increases as wealth quintile increases.

Table 13.5 and Figure 13.4 show that the more common reasons for visits to health facilities are illness or injury (61 percent) and medical checkups (23 percent). About 6 percent seek health care to satisfy NHTS/CCT/4Ps requirements and another 5 percent go for prenatal/postnatal checkup.

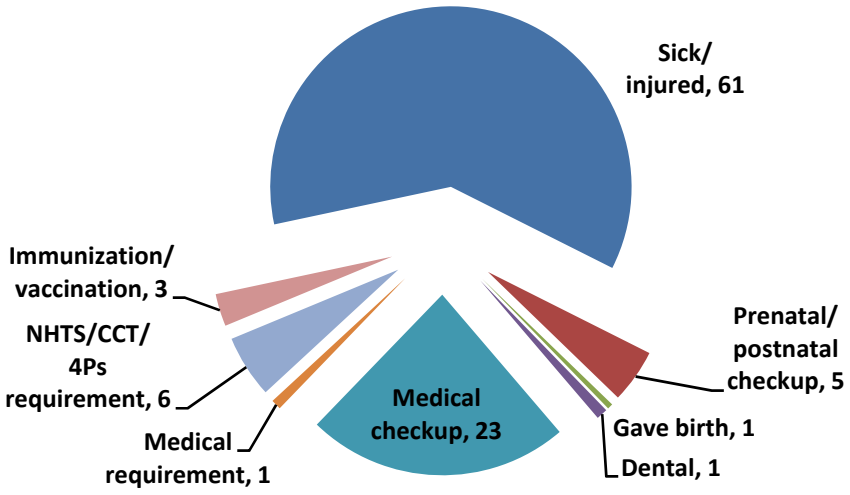
Table 13.5 Reason for seeking health care

Among those who visited a health facility or sought advice or treatment in the 30 days before the survey, percent distribution by reason for seeking care, Philippines 2013

Reason	Percent
Sick/injured	60.5
Prenatal/postnatal checkup	4.8
Gave birth	0.5
Dental	1.0
Medical checkup	23.4
Medical requirement	0.9
NHTS/CCT/4Ps requirement	5.6
Immunization/vaccination	2.9
Family planning	0.2
Other	0.2
Total	100.0
Number	7,482

Note: If the respondent made two or more visits, only the reason for the first visit is tabulated. Table excludes 7 deceased persons listed as seeking advice or treatment.
NHTS = National Household Targeting System
CCT = Conditional Cash Transfer
4Ps = Pantawid Pamilyang Pilipino Program

Figure 13.4 **Reasons for seeking health care**



Persons who visited a health facility in the 30 days preceding the survey were asked how long it took to travel to the facility. Table 13.6 shows the average travel time to health facility visited. Overall, the average travel time is 34 minutes. Among regions, travel time is longest in ARMM (61 minutes) followed by CAR (50 minutes), Davao (48 minutes) and Cagayan Valley (47 minutes). On the other hand, the National Capital Region has the shortest travel time at 25 minutes. As expected, average travel time is longer for persons in rural areas (38 minutes) compared to those in urban areas (28 minutes). Looking at economic status, the average travel time was longest for persons in the lowest and highest wealth quintiles at 38 minutes. The survey results indicate that older people seeking care tend to have longer average travel times compared to younger people.

Table 13.6 Average travel time to health facility visited

Among those who visited a health facility or sought advice or treatment in the 30 days before the survey, average travel time to place first visited, according to background characteristics, Philippines 2013

Background characteristic	Average travel time in minutes	Number
Sex		
Male	33.5	3,238
Female	33.6	4,181
Age		
0-4	25.9	2,358
5-29	31.0	2,489
30-59	39.6	1,714
60+	49.8	859
Residence		
Urban	27.5	3,081
Rural	37.9	4,339
Region		
National Capital Region	24.5	842
Cordillera Admin Region	49.6	162
I - Ilocos Region	20.7	443
II - Cagayan Valley	47.3	318
III - Central Luzon	31.8	828
IVA - CALABARZON	29.9	938
IVB - MIMAROPA	43.7	255
V - Bicol	26.5	625
VI - Western Visayas	35.4	628
VII - Central Visayas	45.1	459
VIII - Eastern Visayas	32.2	376
IX - Zamboanga Peninsula	33.4	292
X - Northern Mindanao	29.1	320
XI - Davao	48.2	260
XII - SOCCSKSARGEN	36.7	377
XIII - Caraga	33.3	164
ARMM	60.9	132
Wealth quintile		
Lowest	37.6	1,658
Second	31.5	1,634
Middle	30.1	1,515
Fourth	31.0	1,354
Highest	37.8	1,258
Total	33.6	7,419

Note: Table includes only those who provided travel time.

13.3 HOSPITAL CARE

In the 2013 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. Table 13.7 shows that only 5 percent of respondents were reported as having been confined in the past 12 months. As expected, children under the age of five and persons age 60 and older are more likely to report having been confined compared to persons age 5-59.

The proportion of persons who were reported to have been confined in a public hospital or clinic (55 percent) is higher than those confined in a private facility (44 percent). Private hospitals account for the largest proportion (39 percent) of those reporting confinement, followed to a much lower degree by provincial hospitals (18 percent), regional hospitals (16 percent), and district hospitals (13 percent).

Table 13.7 shows a number of differences in those reporting the use of public and private facilities. Persons age 60 and over are more likely to report having been confined in private hospitals compared to younger persons. Similarly, persons in urban areas (53 percent) are more likely to report using a private facility compared to those in rural areas (37 percent). The proportion who report having been confined in public hospitals ranges from 38 percent in SOCCSKSARGEN to 71 percent in CAR. Among those who report having been confined, the use of public facilities decreases as economic status increases, from 73 percent among persons in the lowest wealth quintile to 27 percent among those in the highest quintile. The proportion confined in public hospitals is higher for persons without insurance coverage (60 percent) than for those with PhilHealth (50 percent) coverage while the converse is reported for those confined in private facilities.

Table 13.7 In-patient hospital care

Percentage of de jure 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 of most recent confinement, according to background characteristics, Philippines 2013

			Among those confined, type of facility												
Background characteristic	Percent-age confined	Number	Any public	Regional hospital/ public medical center	Provin-cial hospital	District hospital	Muni-cipal hospital	Public lying-in clinic/ birthing home	Any private	Private hospital	Private lying-in clinic/ birthing home	Private clinic	Other/ Don't know/ missing	Total	Number confined
Sex															
Male	3.7	35,170	55.0	15.2	20.7	12.1	6.9	0.1	44.8	43.8	0.1	0.9	0.2	100.0	1,291
Female	5.8	34,930	54.4	16.5	16.3	13.7	7.5	0.4	43.5	36.6	5.0	1.9	2.2	100.0	2,014
Age															
0-4	7.6	7,391	55.9	12.5	19.9	15.3	8.1	0.2	44.1	42.3	0.5	1.2	0.0	100.0	564
5-29	3.6	34,154	60.1	18.5	19.3	12.6	9.4	0.3	37.6	30.7	5.2	1.6	2.3	100.0	1,227
30-59	4.6	23,050	52.5	16.0	18.1	12.3	5.7	0.3	46.2	41.0	3.2	2.0	1.4	100.0	1,051
60+	8.4	5,500	43.5	13.5	12.3	13.5	4.1	0.0	55.8	55.4	0.2	0.3	0.7	100.0	462
Residence															
Urban	4.6	33,607	46.3	17.7	14.7	8.1	5.7	0.1	52.6	46.2	4.7	1.6	1.2	100.0	1,535
Rural	4.8	36,493	61.9	14.6	20.9	17.5	8.6	0.4	36.5	33.6	1.6	1.4	1.6	100.0	1,770
Region															
National Capital Region	3.3	10,440	53.2	30.2	7.5	10.2	4.9	0.4	46.0	35.8	7.9	2.3	0.8	100.0	346
Cordillera Admin Region	6.9	1,232	71.4	25.9	25.5	12.5	7.6	0.0	28.1	26.8	0.9	0.4	0.4	100.0	85
I - Ilocos Region	5.3	3,526	60.6	8.4	23.6	21.8	5.8	1.0	38.9	38.3	0.5	0.0	0.5	100.0	188
II - Cagayan Valley	6.7	2,512	70.3	15.4	19.7	21.7	13.4	0.0	28.8	26.9	0.5	1.4	0.9	100.0	169
III - Central Luzon	4.6	7,611	51.8	7.5	21.6	14.0	8.6	0.0	47.5	43.2	2.2	2.1	0.7	100.0	348
IVA - CALABARZON	4.0	9,387	44.8	14.9	15.0	8.0	7.0	0.0	52.5	45.1	6.3	1.2	2.7	100.0	374
IVB - MIMAROPA	4.3	1,825	68.3	5.8	32.5	10.8	19.2	0.0	30.9	30.1	0.8	0.0	0.8	100.0	79
V - Bicol	4.7	3,900	56.9	18.2	22.7	8.3	6.6	1.1	37.6	30.9	4.4	2.2	5.5	100.0	182
VI - Western Visayas	5.0	5,004	69.2	13.2	27.8	22.7	5.1	0.4	27.8	24.8	2.1	0.9	3.0	100.0	251
VII - Central Visayas	4.8	4,785	56.7	14.9	15.4	22.8	3.7	0.0	42.8	38.6	2.8	1.4	0.5	100.0	232
VIII - Eastern Visayas	4.7	2,812	56.2	10.4	19.9	17.8	7.4	0.7	40.1	37.1	2.3	0.7	3.7	100.0	131
IX - Zamboanga Peninsula	4.7	2,918	57.3	23.3	19.3	6.8	7.4	0.6	41.0	40.4	0.0	0.6	1.7	100.0	138
X - Northern Mindanao	4.9	3,200	47.5	12.9	27.5	3.2	3.9	0.0	52.5	49.9	1.3	1.3	0.0	100.0	156
XI - Davao	6.5	3,615	39.8	22.1	6.1	9.1	2.6	0.0	60.2	55.9	2.6	1.7	0.0	100.0	233
XII - SOCCSKSARGEN	7.1	3,327	37.7	7.2	11.4	5.1	14.0	0.0	61.9	57.6	2.1	2.1	0.4	100.0	236
XIII - Caraga	5.0	1,917	68.9	23.0	15.5	25.2	4.6	0.6	30.6	26.5	3.4	0.6	0.6	100.0	95
ARMM	3.0	2,087	69.8	27.2	24.4	4.5	13.7	0.0	30.2	22.8	0.8	6.6	0.0	100.0	62
Wealth quintile															
Lowest	4.1	14,025	73.1	17.0	25.3	16.5	13.5	0.7	25.1	19.2	3.7	2.1	1.8	100.0	570
Second	4.5	14,027	68.6	19.4	21.1	17.8	9.9	0.4	29.1	25.4	1.4	2.3	2.3	100.0	630
Middle	4.9	13,998	64.3	17.3	22.9	15.9	8.1	0.2	34.5	29.7	4.1	0.8	1.1	100.0	688
Fourth	4.9	14,023	45.7	14.3	15.6	10.8	4.8	0.1	52.8	47.2	4.5	1.1	1.6	100.0	689
Highest	5.2	14,027	27.4	12.7	7.3	5.9	1.5	0.0	72.3	69.2	1.7	1.4	0.3	100.0	728
Insurance status															
Not insured	5.5	25,913	60.4	18.7	18.0	15.2	8.2	0.3	37.7	32.3	3.3	2.2	1.8	100.0	1,414
Insured with PhilHealth	4.3	42,284	50.4	14.2	18.1	11.5	6.5	0.2	48.5	44.7	2.7	1.0	1.1	100.0	1,829
Insured private	2.9	1,762	48.3	12.0	17.6	12.1	5.2	1.6	51.7	44.0	7.7	0.0	0.0	100.0	51
Total	4.7	70,100	54.6	16.0	18.0	13.1	7.2	0.3	44.0	39.4	3.1	1.5	1.4	100.0	3,305

Note: Total includes 12 people with insurance status missing

Table 13.8 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 three-fourths (76 percent) of those confined in a health facility in the 12 months preceding the survey were confined because of sickness or injury, while 23 percent report childbirth as the reason for confinement.

Around one-fourth of those who were confined in the past 12 months report being confined for 6 days or more, while about half report being confined for 3 days or less. About 2 in 10 of those who report having been confined said they paid 20,000 pesos or more, while three in 10 said they paid 5,000 pesos or less for their treatment.

Table 13.8 Aspects of in-patient care

Among those de jure household members confined in a hospital or clinic in the 12 months before the survey, percent distribution by reason for confinement, length of confinement and cost of confinement, Philippines 2013

Characteristic of confinement	Percentage
Reason	
Sick/injured	75.5
Birth/miscarriage	23.0
Executive checkup	0.5
Missing	1.0
Total	100.0
Length of stay	
Less than 1 day	0.2
1 day	11.2
2 days	15.5
3 days	24.4
4 days	12.4
5 days	9.9
6 or more days	25.4
Still confined	0.9
Don't know/missing	0.1
Total	100.0
Cost in pesos (including donations)	
Free	4.0
< 5,000	32.1
5,000-9,999	20.7
10,000-14,999	12.6
15,000-19,999	8.3
20,000 or more	19.6
Still in hospital/in kind	1.1
Don't know/missing	1.6
Total	100.0
Type of payment for in-patient care	
Cost or stated no cost	96.1
Donation	1.2
Still confined/in kind/DK/missing	2.7
Total	100.0
Number	3,305

13.4 COST OF TREATMENT

As shown in Table 13.9, the average travel cost for persons who visited a health facility or provider in the 30 days preceding the survey is 69 pesos, while the average cost of treatment is 1,044 pesos. For persons who are confined in the facility, the average cost of treatment is 16,052 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 (2,268 pesos) is almost five times the cost of a visit to a public health facility (455 pesos). Similarly, the average cost of in-patient care at private facilities (25,471 pesos) is almost three times that of confinement at a public facility (8,640 pesos). Less than half of the average hospital bill is paid by PhilHealth, perhaps in part because not everyone has PhilHealth coverage.

Table 13.9 Average costs of care

Average costs (in pesos) for various aspects of medical care, Philippines 2013

	Any facility		Public facility		Private facility	
Type of care	Mean cost	Number	Mean cost	Number	Mean cost	Number
For those who visited a health facility in the last 30 days						
Average cost of transport	69	7,434	44	4,800	122	2,450
Average cost of treatment	1,044	7,390	455	4,781	2,268	2,431
For those confined to a hospital or clinic in the last 12 months						
Average cost of medicines/services from outside pharmacy/lab	4,663	2,317	3,924	1,508	6,184	783
Average paid from salary/loan/sale of property	4,377	2,300	3,622	1,494	5,908	780
Average paid by PhilHealth	253	2,298	192	1,492	380	779
Average total hospital bill	16,052	3,214	8,640	1,746	25,471	1,423
Average paid from salary/loan/sale of property	11,233	3,067	5,597	1,633	18,100	1,390
Average paid by PhilHealth	5,049	3,040	3,221	1,620	7,278	1,376

WOMEN'S EMPOWERMENT 14

Key Findings

- Over 6 in 10 currently married women (61 percent) age 15-49 reported being employed in the 12 months before the survey. Forty-six percent of married women with cash earnings decide themselves how their earnings are used, while more than half (51 percent) say that they decide jointly with their husband.
- One-third of all women age 15-49 own a house either alone or jointly with someone else, while 18 percent of women own land.
- A high percentage of married women say they mainly make decisions themselves about their own health care (52 percent) and purchases for daily household needs (61 percent); however women say they are more likely to make decisions jointly with their husbands about making major household purchases (66 percent) and visits to her family or relatives (69 percent).
- Support for wife beating is not high in the Philippines; only 13 percent of women age 15-49 agree that a husband is justified in beating his wife for at least one of the specified reasons, a slight decline from 14 percent in 2008.
- Unmet need for family planning generally decreases with increasing participation in household decision-making. The findings show that women who participate in three to four decisions have the lowest unmet need for family planning with 17 percent.

This chapter examines and evaluates indicators of women's empowerment including women's employment status, employed women's control over their earnings, women's ownership of assets, women's participation in decision making and women's attitudes towards wife beating and examines their relationship with selected demographic and health outcomes, including contraceptive use, ideal family size, unmet need for family planning, and child mortality.

The Philippines has made improvements in elevating awareness of gender equality and promoting empowerment of women. In 2009, the government ratified landmark legislation for gender equality known as the Magna Carta of Women (MCW) which established further its thrust to protect and promote Filipino women's human rights as it continues to institutionalize gender concerns in the mainstream development process.

Philippines is the only country in Asia to fully close the gender gap in education and health and one of only eight countries in the world to do so. The 2010 Global Gender Gap Report of the World Economic Forum affirms these facts, as well as the fact that it has closed 77 percent of its gender gap, ranking 9th in the world. In the 2013 Global Gender Gap Report, the Philippines ranks 5th out of 136 countries, making it the only Asian country to enter the top ten since 2006. The Global Gender Gap Report's Index assess countries on how well they divide resources and opportunities between male and female populations, regardless of the overall levels of these resources. The report measures the size of the gender inequality gap in four areas, namely: economic participation and opportunity, educational attainment, political empowerment, and health and survival (World

Economic Forum, 2013).

The 2013 NDHS Women's Questionnaire collected information on general background characteristics including age, education, and household wealth status, for women age 15-49. For the first time, data on ownership of assets was collected. Data on other measures of women's autonomy and status, particularly women's roles in making household decisions were collected first in 2008 and again in 2013. Information collected in the survey is used to estimate two indicators of women's empowerment: women's participation in household decision making and women's acceptance of wife beating. The extent to which women's empowerment is related to health outcomes (such as reproductive health care practices, contraceptive use, unmet need, and child mortality) is also observed.

14.1 EMPLOYMENT AND FORM OF EARNINGS

In the 2013 NDHS, 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 14.1 shows the percentage of currently married women 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 they received (cash, in-kind, both, or not paid).

Table 14.1 Employment and cash earnings of currently married women

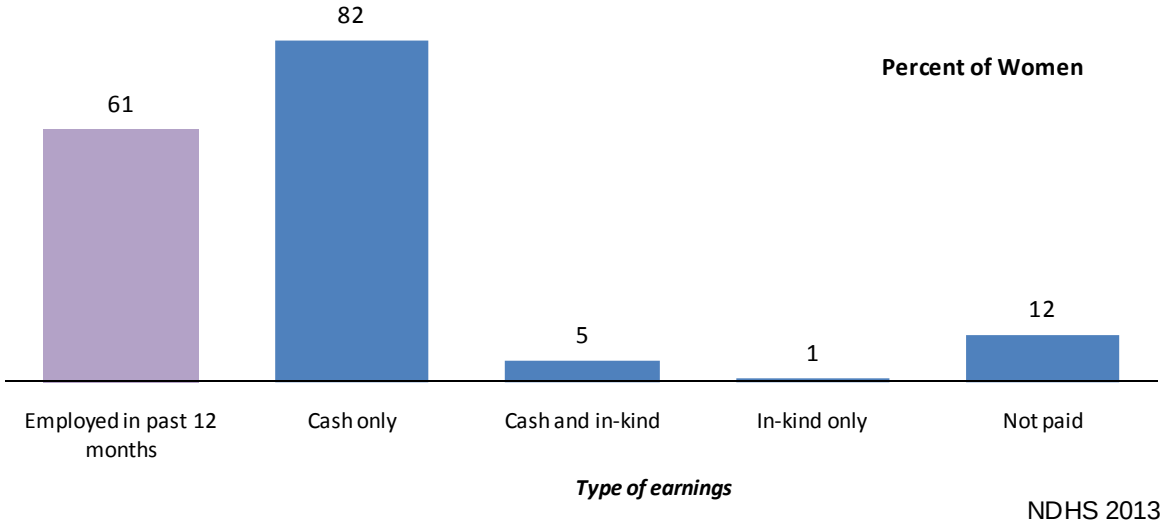
Percentage of currently married women 15-49 who were employed at any time in the past 12 months and the percent distribution of currently married women employed in the past 12 months by type of earnings, according to age, Philippines 2013

	Among currently married respondents:		Percent distribution of currently married respondents employed in the past 12 months, by type of earnings						
Age	Percentage employed in past 12 months	Number of respondents	Cash only	Cash and in-kind	In-kind only	Not paid	Missing/ don't know	Total	Number of women
15-19	37.1	313	83.6	10.1	0.4	5.9	0.0	100.0	116
20-24	44.9	1,196	83.2	4.5	1.0	11.3	0.0	100.0	537
25-29	50.1	1,484	81.9	5.9	0.8	11.2	0.2	100.0	744
30-34	60.8	1,862	82.9	5.8	0.9	10.4	0.1	100.0	1,132
35-39	66.0	1,725	84.4	3.9	0.9	10.8	0.1	100.0	1,139
40-44	70.2	1,638	82.1	4.7	0.9	12.4	0.0	100.0	1,149
45-49	73.6	1,511	79.7	5.7	1.0	13.6	0.0	100.0	1,113
Total 15-49	61.0	9,729	82.3	5.2	0.9	11.6	0.1	100.0	5,930

A great majority (61 percent) of currently married women 15-49 reported being employed in the 12 months before the survey (Figure 14.1), only one percentage point higher than in 2008 (60 percent). The proportion of employed women increases directly with age, from 37 percent among married women age 15-19 (school age population) to 74 percent among women age 45-49.

Most employed women earn cash, either cash only (82 percent) or cash and in-kind (5 percent). Although employment is assumed to generate income, not all women receive earnings for the work they do. Overall, 12 percent of married women who are employed received no pay for their work in the past 12 months.

Figure 14.1 **Type of Earnings of Employed Currently Married Women**



14.2 CONTROLS OVER EARNINGS

14.2.1 Control over and Relative Magnitude of Women's Earnings

In addition to being employed, control over earnings is another dimension of empowerment. In the 2013 NDHS, currently married women who were employed with cash earnings in the 12 months before the survey were asked who usually decides on how the money she earns will be used: mainly the woman herself, mainly her husband, the woman and her husband jointly, or someone else.

Also as a measure of the extent of women's empowerment within the household, married women were asked about the relative magnitude of their earnings compared with their husband's earnings. Table 14.2 shows information about control over women's cash earnings and relative magnitude of women's cash earnings according to background characteristics.

Overall, 46 percent of married women who have their own cash earnings mainly decide by themselves how their earnings should be spent, while 51 percent of the married women surveyed said that they make decisions jointly with their husband. Only three percent of women said that their husband mainly decides how their earnings are used.

Since the 2008 NDHS, there has been an increase in the proportion of married women who say that they mainly decide for themselves how their earnings should be spent (from 41 percent in 2008 to 46 percent in 2013) and a small decrease in the proportion of married women who say that they make decisions jointly with their husband (from 54 percent in 2008 to 51 percent in 2013).

Married women are more likely to make independent decisions about spending their earnings if they are under age 20 (55 percent), have no education (52 percent), and reside in urban areas (49 percent).

Table 14.2 Control over women's cash earnings and relative magnitude of women's cash 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 by whether she earned more or less than her husband, according to background characteristics, Philippines 2013

	Person who decides how the wife's cash earnings are used:						Wife'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 has no earnings	Don't know/ Missing	Total	Number of women
Age													
15-19	54.7	38.8	6.5	0.0	0.0	100.0	20.2	61.1	15.9	2.8	0.0	100.0	109
20-24	52.1	44.4	3.0	0.3	0.2	100.0	22.8	58.4	16.4	1.7	0.8	100.0	472
25-29	46.5	50.2	2.8	0.0	0.5	100.0	19.7	55.4	21.4	2.7	0.9	100.0	653
30-34	39.9	56.6	3.3	0.0	0.2	100.0	21.3	57.8	18.5	1.8	0.6	100.0	1,003
35-39	44.5	51.1	3.9	0.0	0.5	100.0	18.9	57.6	19.6	2.7	1.2	100.0	1,005
40-44	43.9	53.3	2.5	0.0	0.3	100.0	21.5	56.1	20.2	1.5	0.6	100.0	997
45-49	49.3	47.7	2.5	0.0	0.4	100.0	23.7	49.9	21.8	3.8	0.8	100.0	951
Number of living children													
0	47.4	47.1	5.5	0.0	0.0	100.0	19.8	56.5	19.9	2.9	0.8	100.0	449
1-2	44.1	52.5	2.9	0.1	0.4	100.0	22.9	53.8	19.6	2.9	0.9	100.0	2,229
3-4	45.8	51.0	2.8	0.0	0.4	100.0	21.0	56.1	20.1	2.2	0.6	100.0	1,635
5+	47.7	48.9	3.1	0.0	0.3	100.0	18.2	60.2	19.4	1.3	1.0	100.0	875
Residence													
Urban	48.9	47.7	2.9	0.1	0.5	100.0	23.6	52.1	20.3	3.0	1.0	100.0	2,633
Rural	42.1	54.4	3.3	0.0	0.2	100.0	18.7	59.6	19.2	1.8	0.6	100.0	2,556
Region													
National Capital Region	49.3	46.2	4.1	0.0	0.3	100.0	24.3	46.2	24.2	4.2	1.0	100.0	796
Cordillera Admin Region	39.0	57.6	3.0	0.0	0.4	100.0	16.7	62.9	18.5	1.1	0.8	100.0	99
I - Ilocos Region	39.6	57.1	2.9	0.0	0.4	100.0	20.1	63.2	13.8	2.5	0.4	100.0	234
II - Cagayan Valley	36.9	58.9	4.2	0.0	0.0	100.0	7.8	61.6	29.6	0.3	0.6	100.0	244
III - Central Luzon	54.9	41.5	2.2	0.0	1.5	100.0	23.5	55.5	16.7	2.4	1.9	100.0	516
IVA - CALABARZON	40.7	55.6	3.3	0.2	0.2	100.0	19.6	55.3	20.3	2.9	1.8	100.0	700
IVB - MIMAROPA	27.7	71.5	0.9	0.0	0.0	100.0	17.6	60.5	20.6	1.3	0.0	100.0	154
V - Bicol	35.6	59.9	4.5	0.0	0.0	100.0	21.0	59.0	19.0	0.7	0.4	100.0	291
VI - Western Visayas	50.3	45.9	3.5	0.0	0.3	100.0	14.8	67.3	14.2	3.5	0.3	100.0	340
VII - Central Visayas	45.9	50.5	2.7	0.0	0.8	100.0	24.5	51.9	21.4	1.4	0.8	100.0	392
VIII - Eastern Visayas	48.6	49.3	2.1	0.0	0.0	100.0	16.2	67.2	14.1	2.5	0.0	100.0	226
IX - Zamboanga Peninsula	52.2	45.1	2.2	0.0	0.4	100.0	26.3	42.4	27.7	3.1	0.4	100.0	173
X - Northern Mindanao	56.5	42.0	1.4	0.0	0.0	100.0	27.3	57.0	14.4	1.4	0.0	100.0	208
XI - Davao	46.6	51.1	2.2	0.0	0.0	100.0	25.6	51.1	21.1	1.9	0.3	100.0	311
XII - SOCCSKSARGEN	43.7	52.3	4.0	0.0	0.0	100.0	23.5	55.6	19.2	1.7	0.0	100.0	298
XIII - Caraga	43.2	52.7	3.6	0.0	0.5	100.0	19.8	63.9	14.0	1.8	0.5	100.0	120
ARMM	44.1	51.9	3.9	0.0	0.0	100.0	23.3	58.5	15.4	2.8	0.0	100.0	86
Education													
No education	51.5	46.2	2.3	0.0	0.0	100.0	10.4	66.5	22.4	0.8	0.0	100.0	63
Elementary	47.0	49.8	2.9	0.0	0.4	100.0	15.8	61.1	20.9	1.5	0.7	100.0	978
High school	46.2	50.0	3.4	0.0	0.4	100.0	16.8	60.5	19.7	2.1	0.8	100.0	2,260
College	43.7	52.9	2.9	0.1	0.3	100.0	29.7	47.0	19.2	3.3	0.8	100.0	1,888
Wealth quintile													
Lowest	44.8	52.4	2.6	0.0	0.1	100.0	14.0	67.4	17.4	1.0	0.2	100.0	872
Second	48.8	48.1	2.9	0.0	0.3	100.0	18.4	58.1	20.4	2.4	0.7	100.0	959
Middle	48.6	48.4	2.7	0.0	0.3	100.0	24.0	56.3	16.7	2.2	0.7	100.0	1,036
Fourth	41.6	54.1	4.0	0.0	0.3	100.0	22.0	50.6	23.7	2.8	0.9	100.0	1,143
Highest	44.6	51.4	3.2	0.1	0.7	100.0	25.7	49.9	19.9	3.3	1.3	100.0	1,179
Total	45.5	51.0	3.1	0.0	0.4	100.0	21.2	55.8	19.8	2.4	0.8	100.0	5,189

Across administrative regions, four regions have a majority of married women who mainly make their own decisions on how their earnings should be spent--Northern Mindanao (57 percent), Central Luzon (55 percent), Zamboanga Peninsula (52 percent), and Western Visayas (50 percent). MIMAROPA has the highest proportion of married women who mainly make joint decisions with their husband (72 percent), while Central Luzon and Northern Mindanao have the lowest (42 percent each).

Married women's decision making power regarding their earnings shows no clear pattern by household wealth status. This has been true since 2008.

Findings on women's cash earnings relative to those of their husband is also presented in Table 14.2. Almost three in five married women earn less than their husbands, while about one in five reported that their income was about the same as their husband's and another one in five reported that they earn more than their husband. Across all background characteristics, married women are the most likely to report that they earned less than their husband.

Married urban women, women in Northern Mindanao, those with more education, and those in the higher wealth quintiles are more likely to earn more than their husbands.

14.2.2 Women's Control over Their Own Earnings and over Those of Their Husbands

Table 14.3 presents information on currently married women who earned cash in the past 12 months by the person who decides how their cash earnings are used, according to whether she earns more or less than her husband. The table also shows information for all currently married women whose husbands earned cash in the past 12 months about who decides how their husband's cash earnings are used, according to the relation between wife's and husband's cash earnings.

Results show that women who earn more than their husbands are more likely to be the one who mainly decides how their own earnings will be used (52 percent). Women whose cash earnings are the same as their husband's are the least likely to make their own decisions about their earnings (34 percent) and are much more likely to make decisions jointly with their husbands (63 percent). These patterns are similar to those observed in the 2008 NDHS.

Regardless of the women's earnings relative to husband's earnings, the woman and her husband are more likely to make joint decisions concerning the use of the husband's earnings. Overall, 61 percent of women say they make joint decisions versus 31 percent who say they alone mainly decide how to use their husbands' earnings. Similar patterns can be seen for each category of women's earnings relative to husband's earnings.

Table 14.3 Women's control over their own earnings and over those of their husbands

Percent distribution of currently married women age 15-49 with cash earnings in the last 12 months by person who decides how the wife's cash earnings are used and percent distribution of currently married women age 15-49 whose husbands have cash earnings by person who decides how the husband's cash earnings are used, according to the relation between wife's and husband's cash earnings, Philippines 2013

	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/ Miss-ing	Total	Number	Mainly wife	Wife and husband jointly	Mainly husband	Other/ Miss-ing	Total	Number of women
More than husband	51.9	45.5	2.6	0.0	100.0	1,102	38.1	53.2	8.6	0.1	100.0	1,102
Less than husband	47.2	49.4	3.3	0.1	100.0	2,895	30.9	61.3	7.7	0.1	100.0	2,895
Same as husband	33.7	63.0	3.4	0.0	100.0	1,025	25.2	68.2	6.6	0.0	100.0	1,025
Husband has no cash earnings or did not work	51.4	47.6	1.0	0.0	100.0	125	na	na	na	na	na	na
Woman worked but has no cash earnings	na	na	na	na	na	na	26.2	66.8	7.0	0.0	100.0	740
Woman did not work	na	na	na	na	na	na	31.2	59.7	8.6	0.4	100.0	3,760
Total	45.5	51.0	3.1	0.4	100.0	5,189	30.9	60.9	8.0	0.3	100.0	9,564

na = Not Applicable
[1] Includes cases (42) where a woman does not know whether she earned more or less than her husband

14.3 OWNERSHIP OF ASSETS

There is increasing evidence that ownership of property by women has positive consequences for women's empowerment, nutritional and health outcomes, and children's schooling. Ownership implies that the house or land is legally registered in the woman's name or since official property records do not always exist or are not maintained, the house or land is recognized as hers and cannot be sold without her signature or equivalent.

Data collected in the 2013 NDHS concern whether the respondent owns a house or land either by herself or jointly with someone else. For this indicator, 'house' means all dwelling types including apartments, duplexes, and houses that are semi-detached or detached, etc., as well as other types of dwellings like town houses and condo units, while 'land' refers to ownership of land of any type, amount or purpose of the land.

Table 14.4 shows that 34 percent of women age 15-49 own a house either alone or jointly with someone else. Ten percent of women own a house alone, while 19 percent own a house jointly with someone else, and 4 percent own a house alone and jointly with someone else.

The percentage of women who own land is even lower at 18 percent. Seven percent of women say they own land alone, 9 percent of women own land jointly with someone else, and 2 percent own land alone and jointly with someone else.

Ownership of a house and land increases with age of women. Women in rural areas are more likely to own a house (40 percent) and land (20 percent) than women in urban areas (27 percent and 16 percent, respectively). Less educated women are more likely to own both a house and land than better educated women.

House ownership is highest among women in the poorest wealth quintile, while land ownership does not vary much with wealth status. Across the 17 regions, the proportion of women who own a house is highest in MIMAROPA (49 percent) and lowest in NCR (18 percent), while the proportion who own land is highest in Cagayan Valley (37 percent) and lowest in NCR (11 percent), Western Visayas (11 percent) and Eastern Visayas (12 percent).

14.4 PARTICIPATION IN DECISION MAKING

Women's participation in decision making is a key indication of women's empowerment. The 2013 NDHS obtained information on women's ability to make decisions in the household pertaining to their own health care, major purchases, purchases for daily household needs, and visits to their family or relatives. Table 14.5 shows that over half of currently married women (52 percent) mainly decided themselves about their own health care, while 61 percent of women mainly decided alone on purchases for daily household needs, 20 percent of women made decisions themselves regarding major household purchases, and 24 percent of women mainly decided on their own about visits to their family or relatives. The percentage of women who said that they jointly made decisions with their husbands is highest in the case of visits to family or relatives (69 percent) and lowest in the case of purchases for daily household needs (32 percent).

Table 14.4 Ownership of assets

Percent distribution of women age 15-49 by ownership of housing and land, according to background characteristics, Philippines 2013

Background characteristic	Percentage who own a house: Alone	Jointly	Alone and jointly	Percentage who do not own a house	Total	Percentage who own land: Alone	Jointly	Alone and jointly	Percentage who do not own land	Total	Number
Age											
15-19	1.9	2.0	0.5	95.6	100.0	0.8	1.1	0.3	97.8	100.0	3,237
20-24	3.3	7.1	1.3	88.3	100.0	2.5	3.5	0.7	93.3	100.0	2,789
25-29	7.3	15.2	4.1	73.4	100.0	5.0	6.0	2.1	86.9	100.0	2,156
30-34	10.8	23.3	5.2	60.7	100.0	8.3	10.4	2.9	78.4	100.0	2,250
35-39	13.5	30.3	8.0	48.1	100.0	8.9	14.5	4.1	72.5	100.0	1,976
40-44	17.4	35.1	7.9	39.6	100.0	11.5	16.9	3.7	67.8	100.0	1,924
45-49	20.8	37.4	7.9	33.9	100.0	14.0	20.5	4.3	61.2	100.0	1,823
Residence											
Urban	9.6	13.9	3.3	73.1	100.0	5.7	8.1	2.0	84.3	100.0	8,585
Rural	9.4	24.7	5.6	60.2	100.0	7.3	10.4	2.7	79.6	100.0	7,570
Region											
National Capital Region	9.5	5.6	2.8	82.1	100.0	5.5	4.2	1.5	88.8	100.0	2,924
Cordillera Admin Region	5.2	21.9	3.3	69.6	100.0	7.7	15.8	2.4	74.0	100.0	252
I - Ilocos Region	5.6	19.3	4.8	70.3	100.0	6.1	11.2	3.1	79.6	100.0	691
II - Cagayan Valley	17.2	20.6	5.4	56.6	100.0	19.9	13.0	3.6	63.5	100.0	550
III - Central Luzon	14.8	16.9	1.8	66.5	100.0	8.3	9.9	1.4	80.4	100.0	1,720
IVA - CALABARZON	13.5	17.7	1.6	67.1	100.0	5.5	9.9	0.8	83.8	100.0	2,293
IVB - MIMAROPA	21.6	25.8	2.1	50.6	100.0	12.3	9.3	0.9	77.5	100.0	372
V - Bicol	4.8	27.7	4.1	63.4	100.0	4.4	10.5	0.9	84.2	100.0	798
VI - Western Visayas	4.6	27.2	6.8	61.4	100.0	4.0	6.6	0.6	88.8	100.0	996
VII - Central Visayas	5.5	26.4	10.3	57.7	100.0	5.7	13.1	6.7	74.5	100.0	1,030
VIII - Eastern Visayas	5.9	24.8	3.9	65.4	100.0	4.4	5.7	1.4	88.5	100.0	571
IX - Zamboanga Peninsula	8.8	21.2	6.6	63.4	100.0	6.7	8.7	3.5	81.0	100.0	725
X - Northern Mindanao	5.7	20.7	9.1	64.4	100.0	5.3	10.1	3.3	81.3	100.0	697
XI - Davao	5.2	23.9	6.1	64.6	100.0	5.3	14.5	5.0	75.2	100.0	893
XII - SOCCSKSARGEN	6.2	28.4	4.2	61.1	100.0	5.7	12.1	3.1	79.2	100.0	744
XIII - Caraga	10.6	25.5	8.4	55.5	100.0	6.8	9.9	3.6	79.6	100.0	435
ARMM	10.5	15.3	4.4	69.6	100.0	7.5	4.8	2.9	84.6	100.0	465
Education											
No education	10.4	33.8	9.5	46.3	100.0	6.8	16.5	4.7	72.0	100.0	188
Elementary	12.7	30.4	7.4	49.4	100.0	7.6	11.2	3.1	78.2	100.0	2,593
High school	8.1	17.7	3.7	70.4	100.0	5.0	7.7	1.8	85.5	100.0	7,916
College	9.9	14.9	3.9	71.3	100.0	8.0	10.0	2.6	79.3	100.0	5,458
Wealth quintile											
Lowest	8.9	31.7	8.0	51.4	100.0	5.1	8.8	2.7	83.4	100.0	2,620
Second	8.8	20.4	4.8	66.0	100.0	5.3	7.1	2.0	85.6	100.0	2,886
Middle	8.4	16.6	3.7	71.3	100.0	5.3	8.0	2.2	84.5	100.0	3,199
Fourth	9.9	14.6	3.4	72.1	100.0	6.5	9.1	2.2	82.1	100.0	3,572
Highest	11.0	15.4	3.2	70.4	100.0	9.2	12.0	2.4	76.5	100.0	3,878
Total	9.5	19.0	4.4	67.1	100.0	6.5	9.2	2.3	82.1	100.0	16,155

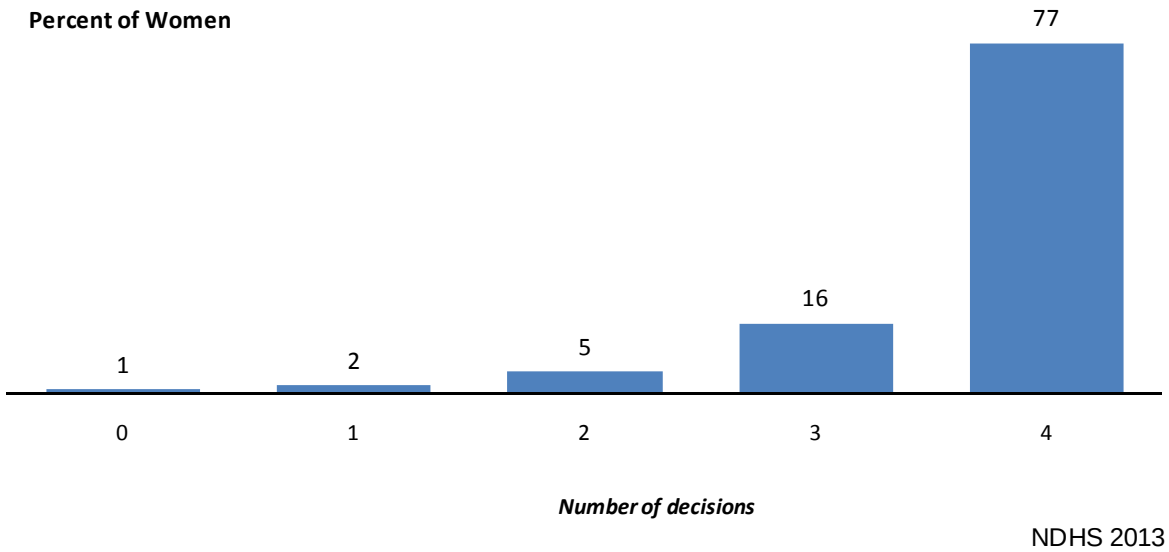
Table 14.5 Participation in decision making

Percent distribution of currently married women age 15-49 by person who usually makes decisions about various issues, Philippines 2013

Decision	Mainly wife	Wife and husband jointly	Mainly husband	Someone else	Other/ Missing	Total	Number of women
Woman's own health care	51.7	44.7	3.3	0.2	0.1	100.0	9,729
Major household purchases	19.6	65.7	11.9	1.2	1.6	100.0	9,729
Purchases for daily household needs	60.6	31.8	5.5	1.5	0.6	100.0	9,729
Visits to her family or relatives	24.1	69.1	5.6	0.4	0.8	100.0	9,729

To evaluate women's participation in decision making, the proportions of women who make decisions alone and jointly with their husband can be combined. The total number of decisions in which a woman participates is a measure of her empowerment. Figure 14.2 presents the percent distribution of married women by the number of decisions in which the women participate alone or jointly with their husband. Only 1 percent of women are not involved in making any of the four types of decisions, while almost 8 in 10 women say they participate in all four types of decisions.

Figure 14.2 **Number of Decisions in Which Currently Married Women Participate**



As observed, currently married women participate in many household decisions. Table 14.6 shows the percentage of currently married women age 15-49 who usually make specific decisions either by themselves or jointly with their husband, according to background characteristics. The percentage of women who usually participate in all of the four specific decisions increases with age, from 57 percent among women age 15-19 to 83 percent among women age 45-49. It also tends to increase with the number of living children.

Urban-rural residence does not seem to make a difference in women's participation in household decision making. Filipino women who attended college, those employed with cash earnings and those who belong to the wealthiest families are more likely to participate in making all of the four decisions than women in other categories, although the differences are not large. Across regions, women's participation in all four decisions ranges as low as 63 percent in Bicol region and as high as 87 percent in Cagayan Valley.

Table 14.6 Women's participation in decision making 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 2013

Background characteristic	Specific decisions				All four decisions	None of the four decisions	Number of women
	Woman's own health care	Major household purchases	Purchases for daily household needs	Visits to her family or relatives			
Age							
15-19	87.8	66.4	74.8	89.7	56.9	2.6	313
20-24	95.0	80.5	87.1	91.5	70.0	0.9	1,196
25-29	96.5	85.3	91.2	93.5	77.0	0.7	1,484
30-34	96.5	85.6	93.4	92.3	77.4	0.7	1,862
35-39	96.9	86.6	94.1	93.5	79.5	0.7	1,725
40-44	97.2	86.7	95.3	94.2	80.0	0.4	1,638
45-49	97.6	89.4	95.4	94.7	82.8	0.7	1,511
Employment (last 12 months)							
Not employed	95.5	82.2	91.2	92.5	74.3	1.0	3,796
Employed for cash	97.2	87.4	93.3	93.8	79.5	0.5	5,189
Employed not for cash	96.0	86.3	92.9	93.0	78.6	0.9	738
Number of living children							
0	94.4	79.7	86.4	92.5	70.8	0.5	744
1-2	96.2	85.2	91.9	93.0	77.3	1.0	4,433
3-4	97.0	85.4	94.0	93.6	78.1	0.5	2,926
5+	96.8	87.6	93.8	93.4	79.6	0.5	1,625
Residence							
Urban	96.6	84.5	92.2	93.2	77.1	0.8	4,734
Rural	96.3	86.0	92.7	93.1	77.7	0.7	4,995
Region							
National Capital Region	97.3	86.2	92.8	92.2	78.7	0.9	1,475
Cordillera Admin Region	96.8	90.3	92.0	86.8	75.6	0.2	151
I - Ilocos Region	98.7	88.9	92.6	91.1	78.7	0.0	460
II - Cagayan Valley	97.1	92.4	93.7	94.5	86.5	1.2	376
III - Central Luzon	97.0	84.6	94.7	93.9	78.7	0.7	1,052
IVA - CALABARZON	97.6	85.7	93.8	95.0	80.2	0.6	1,349
IVB - MIMAROPA	96.7	84.4	95.6	91.3	75.1	0.8	252
V - Bicol	95.1	74.0	82.3	85.7	62.9	2.0	511
VI - Western Visayas	96.0	80.3	92.3	92.9	71.6	0.2	636
VII - Central Visayas	96.6	86.1	90.9	95.9	77.7	0.2	636
VIII - Eastern Visayas	94.8	84.4	90.3	93.5	76.3	0.3	370
IX - Zamboanga Peninsula	93.6	88.0	92.9	91.5	78.0	1.3	425
X - Northern Mindanao	97.4	81.9	91.0	96.0	74.1	0.2	424
XI - Davao	95.9	85.9	94.6	94.3	78.0	0.2	557
XII - SOCCSKSARGEN	93.3	84.2	90.7	92.6	75.2	1.7	469
XIII - Caraga	96.7	91.3	97.0	96.3	85.4	0.4	293
ARMM	93.0	88.8	91.7	94.7	79.6	1.3	295
Education							
No education	93.7	85.1	91.9	90.8	75.4	1.5	147
Elementary	96.0	84.6	92.9	92.3	76.1	0.9	2,015
High school	96.6	84.4	92.1	93.2	76.7	0.6	4,641
College	96.6	87.1	92.7	93.8	79.6	0.8	2,925
Wealth quintile							
Lowest	95.5	83.9	92.6	92.0	74.9	0.9	1,945
Second	96.5	85.9	92.1	93.1	77.8	0.5	1,919
Middle	96.2	84.0	92.4	92.1	75.4	0.7	1,996
Fourth	96.8	85.9	93.9	93.9	79.7	0.6	2,012
Highest	97.1	86.6	91.0	94.9	79.3	0.8	1,857
Total	96.4	85.3	92.4	93.2	77.4	0.7	9,729

Note: Total includes 5 women with missing employment information who are not shown separately.

14.5 ATTITUDE TOWARD WIFE BEATING

In the 2013 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. Table 14.7 gives the percentage of all women age 15-49 who agree that a husband is justified in hitting or beating his wife for each of these specific reasons by background characteristics.

Only 13 percent of women agree that a husband is justified in beating his wife for any of the reasons (Figure 14.3). Neglecting the children is the most commonly justified reason for wife beating among women (11 percent), while refusal to have sexual intercourse with him or burning the food (2 percent each) is the least common reason. Four percent of women agree that a husband is justified in beating his wife if she goes out without telling him and three percent believe that wife beating is justified if a wife argues with him. The pattern of results is similar to that in the previous NDHS.

Figure 14.3 **Specific Reasons for Which Wife Beating is Justified**

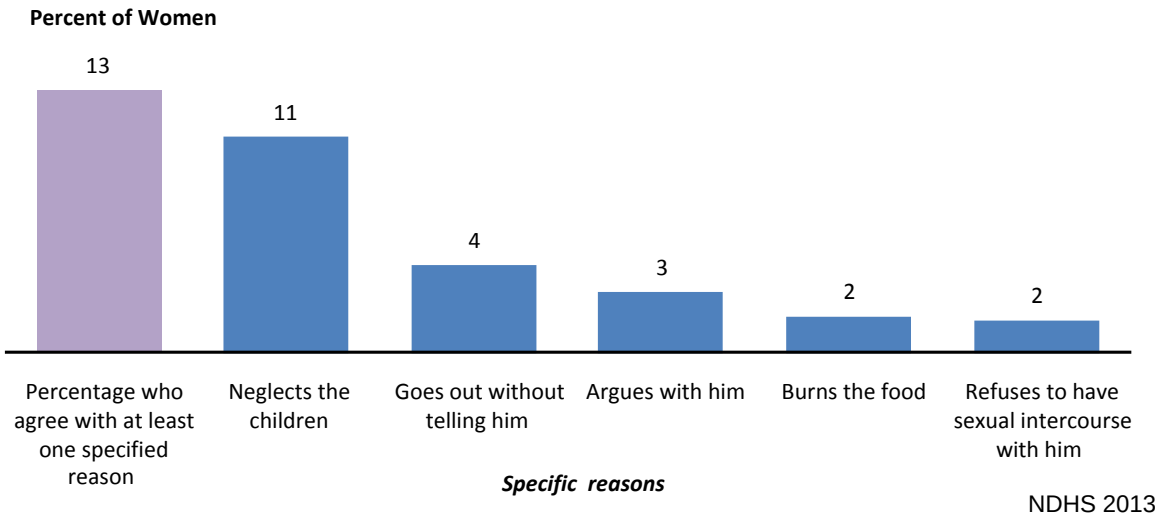


Table 14.7 also indicates that women who are employed but not paid in cash, those who are currently married, those who have five or more children, and those who reside in rural areas are the most likely to agree with at least one specified reason for justifying wife beating. Justification of wife beating for at least one reason decreases with educational attainment and wealth status. Thus, the higher the educational attainment and wealth status, the lower the proportion of women who agree with at least one specified reason for justifying wife beating. In addition, women living in ARMM are most likely to agree that wife beating is justified for at least one specified reason, while women in NCR are the least likely to agree with at least one specified reason for justifying wife beating.

Table 14.7 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 2013

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
Age							
15-19	1.8	3.2	4.4	11.1	1.3	13.8	3,237
20-24	1.6	2.8	3.9	10.2	1.4	12.6	2,789
25-29	1.6	3.0	3.7	9.8	1.6	11.7	2,156
30-34	1.8	2.9	4.0	9.5	1.5	11.8	2,250
35-39	2.1	3.3	4.9	10.8	1.5	13.2	1,976
40-44	2.1	3.2	5.2	11.5	2.0	13.9	1,924
45-49	1.6	2.9	4.4	11.5	2.0	13.6	1,823
Employment (last 12 months)							
Not employed	2.0	3.1	4.2	10.2	1.6	12.5	6,875
Employed for cash	1.5	2.9	4.1	10.5	1.5	12.8	8,299
Employed not for cash	2.8	3.9	6.5	13.9	1.8	17.6	974
Number of living children							
0	1.5	2.6	3.8	9.4	1.1	11.5	6,144
1-2	2.0	2.8	3.6	9.7	1.5	12.2	5,123
3-4	2.0	3.7	5.2	12.3	2.0	14.7	3,135
5+	1.7	4.1	6.6	14.2	2.7	17.3	1,753
Marital status							
Never married	1.5	2.6	3.6	9.2	1.0	11.3	5,615
Married or living together	1.9	3.3	4.7	11.4	1.8	13.9	9,729
Divorced/separated/widowed	1.3	2.8	4.3	10.5	2.1	12.7	811
Residence							
Urban	1.0	2.2	2.6	7.8	1.1	9.5	8,585
Rural	2.6	4.0	6.2	13.8	2.1	16.8	7,570
Region							
National Capital Region	0.4	0.8	0.7	4.5	0.6	5.4	2,924
Cordillera Admin Region	3.6	5.2	3.1	16.4	1.9	18.9	252
I - Ilocos Region	8.0	8.6	11.5	22.4	4.1	27.3	691
II - Cagayan Valley	2.7	4.9	5.1	16.6	2.3	20.8	550
III - Central Luzon	0.7	2.8	3.7	11.4	0.9	13.0	1,720
IVA - CALABARZON	1.4	2.4	2.2	9.6	1.3	11.6	2,293
IVB - MIMAROPA	2.8	3.5	3.9	14.5	1.0	18.1	372
V - Bicol	2.3	3.8	4.0	11.7	1.0	14.8	798
VI - Western Visayas	0.9	1.7	1.3	6.1	0.8	7.6	996
VII - Central Visayas	2.4	4.2	8.3	12.5	2.5	16.5	1,030
VIII - Eastern Visayas	0.5	1.5	2.5	6.2	1.5	7.8	571
IX - Zamboanga Peninsula	0.4	2.6	4.7	10.4	1.0	12.6	725
X - Northern Mindanao	0.1	1.7	4.4	9.3	0.4	10.9	697
XI - Davao	1.7	4.1	7.1	11.9	2.3	15.9	893
XII - SOCCSKSARGEN	3.2	4.9	8.0	11.2	3.2	14.2	744
XIII - Caraga	1.0	4.7	6.1	10.0	1.9	13.3	435
ARMM	9.0	6.0	15.4	28.3	5.9	31.5	465
Education							
No education	8.8	9.3	15.0	22.2	4.7	26.7	188
Elementary	2.8	4.6	7.2	16.1	3.0	19.5	2,593
High school	1.8	3.3	4.5	11.1	1.4	13.6	7,916
College	1.0	1.7	2.2	6.9	1.0	8.4	5,458
Wealth quintile							
Lowest	3.7	4.5	8.1	16.4	2.6	19.8	2,620
Second	1.9	4.2	5.4	13.0	2.1	16.2	2,886
Middle	1.9	2.9	4.7	10.9	1.6	13.2	3,199
Fourth	0.9	2.4	2.8	7.9	1.0	9.8	3,572
Highest	1.1	1.9	1.9	7.2	0.9	8.5	3,878
Total	1.8	3.0	4.3	10.6	1.6	12.9	16,155

Note: Total includes 6 women with missing employment information who are not shown separately.

14.6 INDICATORS OF WOMEN'S EMPOWERMENT

The 2013 NDHS collected information from women on other measures of women's empowerment, including women's use of family planning and maternal health care services. To assess how selected demographic and health outcomes vary by indicators of women's empowerment, information on women's participation in decision making 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 14.6 for the list of decisions). This index ranges in value from 0 to 4and is positively related to women's empowerment (i.e., the more decisions in which a woman participates the greater her 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 14.7). 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 reasons for justifying wife beating. Note that the decision making index is defined for currently married women, whereas the index on attitudes toward wife beating is defined for all women.

Table 14.8 provides an 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 (82 percent). These patterns are similar to those observed in the 2008 NDHS. Similarly, the proportion of women who participate in all four decisions does not fall uniformly as the number of reasons for which they feel wife beating is justified increases, but instead fluctuates (Figure 14.4).

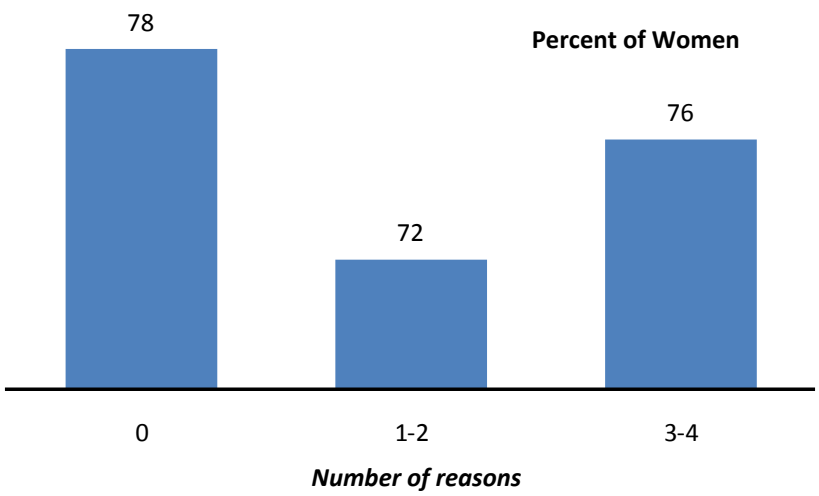
Table 14.8 Indicators of women's empowerment

Percentage of currently married women age 15-49 who participate in all decision making and the percentage who disagree with all of the reasons justifying wife-beating, by value on each of the indicators of women's empowerment, Philippines 2013

Empowerment indicator	Percentage who participate in all decision making	Percentage who disagree with all the reasons justifying wife-beating	Number of women
Number of decisions in which women participate[1]			
0	na	82.3	70
1-2	na	81.8	616
3-4	na	86.4	9,043
Number of reasons for which wife-beating is justified[2]			
0	78.2	na	8,372
1-2	71.9	na	1,135
3-4	75.5	na	185
5	(73.6)	na	37

Note: Figures in parentheses are based on 25-49 unweighted cases.
na = Not applicable.
[1] See Table 14.6 for the list of decisions.
[2] See Table 14.7 for the list of reasons.

Figure 14.4 **Number of Reasons for Which Wife Beating is Justified**



NDHS 2013

14.7 WOMEN'S EMPOWERMENT AND HEALTH INDICATORS

The ability of women to control their own fertility and their choice of contraceptive method are absolutely fundamental to women's empowerment and equality. When women can plan their families, they can plan the rest of their lives. When they are healthy, they can be more productive. And when their reproductive rights—including the right to decide the number, timing and spacing of children, and to make decisions regarding reproduction free of discrimination, coercion and violence—are promoted and protected, they have freedom to participate more fully and equally in society.

Table 14.9 shows the distribution of currently married women age 15-49 by current contraceptive method, according tithe two indicators of women's status. The results show that the there is a positive relationship between use of contraception and participation in household decision making. For example, current use of any contraceptive method increases from 46 percent among women who do not participate in any decision to 56 percent among women who participate in 3-4 household decisions. This pattern is generally similar for most of the different types of contraceptive methods.

Table 14.9 Current use of contraception by women's empowerment

Percent distribution of currently married women age 15-49 by current contraceptive method, according to selected indicators of women's status, Philippines 2013

			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	45.5	29.2	1.4	0.0	23.7	4.1	16.3	54.5	100.0	70
1-2	47.0	33.3	7.1	0.4	24.5	1.3	13.7	53.0	100.0	616
3-4	55.7	38.0	8.7	0.1	27.3	1.9	17.7	44.3	100.0	9,043
Number of reasons for which wife-beating is justified[3]										
0	55.2	37.5	8.2	0.1	27.1	2.0	17.7	44.8	100.0	8,372
1-2	54.3	37.9	9.7	0.1	27.2	0.9	16.4	45.7	100.0	1,135
3-4	52.9	38.6	12.5	0.0	24.9	1.2	14.3	47.1	100.0	185
5	(66.1)	(47.2)	(13.9)	(0.0)	(33.3)	(0.0)	(18.9)	(33.9)	100.0	37
Total	55.1	37.6	8.5	0.1	27.1	1.9	17.5	44.9	100.0	9,729

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, patch, male condom, female condom, mucus/Billings/ovulation, basal body temperature, symptothermal, standard days method, lactational amenorrhea method (LAM), emergency contraception, and other modern methods.
[2] See Table 14.6 for the list of decisions.
[3] See Table 14.7 for the list of reasons.

Contraceptive use is inversely related to reasons for which wife beating is justified. In particular, use of any method is slightly higher among married women who reject wife beating (55 percent) than among women who cite 3-4 reasons justifying wife beating (53 percent).

The ability of women to make decisions also has important implications for their fertility preferences and unmet need for family planning. It is expected that more empowered women will want smaller families and be better able to negotiate decisions regarding fertility and family planning. Thus, unmet need for family planning which reflects women's unsatisfied need for contraception should be lower among more empowered women.

It should be noted that the mean ideal family size does not show much association with the number of decisions in which women participate (Table 14.10). However, there is a relationship between ideal family size and attitudes towards wife beating. Table 14.10 shows that women who believe that wife beating is justified for at least one reason have higher ideal family sizes (3.0 to 3.3 children) than women who do not believe wife beating is justified for any reason (2.7 children).

There is no clear relationship between participation in decision making and unmet need for family planning, although unmet need is lowest for women who participate in 3-4 decisions. Unmet need is related to the indicator for wife beating: women who do not accept any justification for wife beating have lower unmet need compared to those who accept at least one justification.

Table 14.10 Ideal number of children and unmet need for family planning by women's empowerment

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 2013

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 currently married women
			For spacing	For limiting	Total	
Number of decisions in which women participate[3]						
0	3.0	68	17.0	5.8	22.9	70
1-2	2.8	615	13.0	11.1	24.1	616
3-4	3.1	9,020	6.2	10.8	17.0	9,043
Number of reasons for which wife-beating is justified[4]						
0	2.7	13,997	6.6	10.7	17.4	8,372
1-2	3.0	1,757	6.9	11.4	18.3	1,135
3-4	3.3	267	7.4	11.8	19.2	185
5	3.1	61	(10.9)	(4.2)	(15.1)	37
Total	2.8	16,080	6.7	10.8	17.5	9,729

Note: Numbers in parentheses are based on 25-49 unweighted cases.
[1] Mean excludes respondents who gave non-numeric responses.
[2] See Table 7.12 for the definition of unmet need for family planning
[3] Restricted to currently married women. See Table 14.6 for the list of decisions.
[4] See Table 14.7 for the list of reasons

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. Table 14.11 evaluates whether the access to health services such as antenatal, delivery, and postnatal care services from health professionals is related to empowerment of women. The table is based on women who had a birth in the five years preceding the survey.

Table 14.11 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 2013

Empowerment indicator	Percentage receiving antenatal care from a skilled provider[1]	Percentage receiving delivery care from a skilled provider[1]	Received postnatal care from health personnel within the first two days after delivery[2]	Number of women with a child born in the last five years
Number of decisions in which women participate[3]				
0	(90.0)	(67.8)	(66.6)	42
1-2	94.4	79.8	72.4	352
3-4	95.7	75.7	69.3	4,332
Number of reasons for which wife beating is justified[4]				
0	96.0	78.0	71.8	4,450
1-2	93.1	68.2	59.8	611
3-4	85.9	75.4	64.5	108
5	*	*	*	19
Total	95.4	76.8	70.1	5,188

Note: Numbers in parentheses are based on 25-49 unweighted cases; an asterisk denotes a figure based on fewer than 25 unweighted cases that has been suppressed.
[1] 'Skilled provider' includes doctor, nurse or midwife
[2] Includes women who received a postnatal checkup from a doctor, nurse or midwife in the first two days after the birth. Includes women who gave birth in a health facility and not in a health facility.
[3] Restricted to currently married women. See Table 14.6 for the list of decisions.
[4] See Table 14.7 for the list of reasons.

Women's participation in household decision making is somewhat related to whether they receive appropriate antenatal care, with the proportion of women receiving antenatal care from a skilled provider being slightly higher for women who participate in 3-4 decisions than among those who participate in only 1-2 decisions. However, utilization of delivery assistance or postnatal care appears to have a slightly negative association with women's decision making power; the percentage of women who receive skilled delivery assistance and postnatal care are higher among those who participate in 1-2 decisions in the household than among women who participate in 3-4 decisions.

Reproductive health services are generally related to women's perceptions toward wife beating. For all three services—antenatal, delivery, and postnatal care—the proportion of women receiving the service is highest among those who do not believe that wife beating is justified for any reason and generally declines among those who justify wife beating for more reasons; however, the relationship is not always uniform.

Finally, Table 14.12 presents information on the impact on infant and child mortality of women's empowerment as measured by the two empowerment indicators—participation in household decisions and reasons justifying wife beating.

The ability of women to obtain information, make decisions, and act effectively in their own interests or in the interests of those who depend on them are essential aspects of empowerment. It follows that if women, who are the primary caretakers of children, are empowered, the health and survival of their children would be enhanced. In fact, mother's empowerment fits into the Mosley-Chen framework on child survival as an intervening individual-level variable that affects child survival through proximate determinants (Mosley and Chen, 1984).

Table 14.12 shows that infant, child and under-five mortality rates for the 10-year period preceding the survey are very similar among women who participate in 3-4 household decisions and those who participate in 1-2 decisions. Also, infant and under-five mortality rates are slightly lower among women who do not accept any reason for wife beating compared with women who accept 1-2 reasons for wife beating. In particular, among women who do not accept any reason for wife beating, under-five mortality is 31 deaths per 1,000 live births, compared to 34 deaths per 1,000 live births for women who accept 1-2 reasons for wife beating.

Table 14.12 Early childhood mortality rates by women's status

Infant, child, and under-five mortality rates for the 10-year period preceding the survey, by indicators of women's empowerment, Philippines 2013

Empowerment indicator	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
Number of decisions in which women participate[1]			
	*	*	*
1-2	23	8	31
3-4	24	9	33
Number of reasons for which wife-beating is justified[2]			
0	23	9	31
1-2	25	8	34
3-4	(36)	(18)	(53)
5	*	*	*

Note: Rates in parentheses are based on 250-499 unweighted exposed children; an asterisk denotes a rate based on fewer than 250 unweighted exposed children that has been suppressed.
[1] Restricted to currently married women. See Table 14.6 for the list of decisions.
[2] See Table 14.7 for the list of reasons

VIOLENCE AGAINST WOMEN 15

Key Findings

- One in five women age 15-49 has experienced physical violence since age 15, and six percent experienced physical violence within the 12 months prior to the survey.
- Six percent of women age 15-49 reported having ever experienced sexual violence.
- One-fourth of ever-married women age 15-49 reported ever having experienced emotional, physical, and/or sexual violence from their husbands, and seven percent reported having experienced physical or sexual violence in the past 12 months.
- Among ever-married women who experienced physical and/or sexual spousal violence in the 12 months before the survey, 65 percent reported experiencing some type of injury.
- Only 30 percent of women who have experienced any type of physical or sexual violence sought assistance in response to the physical or sexual violence they experienced.
- Four percent of women age 15-49 reported experiencing violence during pregnancy.

Violence against women is a pervasive and worldwide problem in almost all societies. It permeates all social, cultural, economic, race and religious sectors. Violence can take many forms, including physical, sexual, emotional, economic, and psychological abuse. It can have devastating consequences on the short- and long-term health and well-being of the women affected as well as their over-all quality of life (Hutchins and Sinha, 2013).

The United Nations defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life". It its Declaration on the Elimination of Violence against Women, the General Assembly "recognizes that violence against women is a manifestation of historically unequal power relations between men and women, which has led to domination over and discrimination against women by men and to the prevention of the full advancement of women, and that violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men." (UN, 1993).

Statistics on crimes committed against women are daunting. Findings of a study based on existing data from over 80 countries prepared by the World Health Organization with the London School of Hygiene and Tropical Medicine and the South African Medical Research Council, revealed that 35 percent of women have experienced physical and/or sexual violence. Moreover, one in three women who have been in a relationship have experienced physical and/or sexual violence by their intimate partner (WHO, 2013). In the Philippines, one in five women age 15-49 has experienced physical violence since age 15, and 9 percent have ever experienced sexual violence (NSO, 2008). The Republic Act No. 9262 or the "Anti-Violence Against Women and Their Children Act of 2004" is one of the Philippine government's initiatives in addressing the issue on

violence against women. Under this Act, violence against women and children is classified as a public crime and penalizes all forms of abuse violence within the family and intimate relationships (Philippine Commission on Women).

As was the case in the 2008 NDHS, the 2013 NDHS included a Women's Safety Module to collect information on the extent of violence against women in the country. The questionnaire comprises queries on the women's experience of physical, sexual and emotional violence from their husbands/partners as well as by other family members or unrelated individuals.

15.1 MEASUREMENT OF VIOLENCE

Partner-related violence or violence committed by the current husband/partner for currently married women and by the last husband/partner for formerly married women was measured by asking all ever-married women the following set of questions:

Did your (last) (husband/partner) 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 other weapon?

h) Physically force you to have sexual intercourse with him when you did not want to?

i) Physically force you to perform any other sexual acts you did not want to?

j) Force you with threats or in any other way to have sexual intercourse or perform sexual acts you did not want to?

k) Try or attempt to force, persuade or threaten you to have sexual intercourse with him or perform any other sexual acts against your will?

For every question that the woman answered "yes," she was 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) indicates evidence of physical violence, while an affirmative answer to items (h) to (k) denotes evidence of sexual violence. In the same way, emotional and economic violence were measured by the following questions:

Did your (last) (husband/partner) ever:

a) Say or do something to humiliate you in front of others?

b) Threaten to hurt or harm you or himself or someone you care about?

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?

The approach of asking separately about specific acts to measure different forms of violence has the advantage of not being affected by different understandings of what constitutes violence. This approach provides the respondent multiple opportunities to disclose any experience of violence. Moreover, it permits assessment of the severity of violence if the different acts of violence included are chosen carefully.

Apart from these detailed questions, women were also asked whether they had experienced violence perpetrated by anyone other than their current or last husband. If the woman gave an affirmative response, she was asked who had committed the violent act and the frequency of such violence during the 12 months preceding the survey. All women were also asked the question, "At any time 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 when you did not want to?" Respondents who said responded in the affirmative were then asked questions about the age at which this first happened and the perpetrators 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 and how often does he get drunk, as well as whether they are afraid of him most of the time, sometimes, or never.

While the questionnaire was designed to optimize the reporting of violence experienced, there is still a likelihood of underreporting, particularly sexual violence in a survey. Caution should be used in interpreting not only the overall prevalence of violence, but also differentials in prevalence between subgroups of the population.

Collection of data on violence against women should be carried out in such a way that confidentiality and human rights as well as safety are not compromised. Surveys should be undertaken 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 Module. In households with more than one eligible woman, the respondent was randomly selected using the "Kish Grid", a specially designed simple selection procedure which was incorporated into the Household Questionnaire. This approach provides assurance to the selected respondent that other members of the household will not know the types of questions that were asked.

b) Informed consent was obtained from the woman selected to be interviewed for the survey at the start of the interview. In addition, the respondent was read an additional statement at the start of the interview using the Women's Safety Module, informing her that the questions could be personal and reassuring her of the confidentiality of her responses.

c) The Women's Safety Module could only be administered if privacy could be obtained. If privacy could not be obtained, the interviewer was instructed to skip the module, provide information as to why the interview had to be terminated, thank the respondent, and end the interview.

15.2 EXPERIENCE OF PHYSICAL VIOLENCE

Table 15.1 shows the percentage of women age 15-49 who have ever experienced physical violence since age 15 as well as the percentage experiencing such violence in the 12 months before the survey, by background characteristics.

The data show that one in five women age 15-49 (20 percent) experienced physical violence since the age of 15, while 6 percent experienced physical violence in the 12 months preceding the survey. Similar proportions were reported in the 2008 NDHS.

Results of the 2013 NDHS show that by age group, women in age group 15-19are slightly less likely than older women to have ever experienced physical violence since age 15 (17 percent, versus 20-21 percent for older women). On the other hand, women in age group 15-19 have the highest proportion of women (8 percent) who have experienced violence in the 12 months preceding the survey

Experience of violence varies among women of different background characteristics. Two-fifths (42 percent) of divorced, separated or widowed women report having experienced physical violence since age 15, compared with 22 percent of women who are married or in live-in arrangements and 13 percent of women who have never been married. The more children a woman has, the greater the likelihood that she has experienced physical violence.

Women who have been to college are less likely to have ever experienced physical violence than those who have less or no education. The survey results suggest that there is a negative relationship between the prevalence of physical violence and the wealth quintile, that is, women in the lowest three wealth quintiles have a higher prevalence of physical violence than women in the upper two quintiles.

Among the regions, women in Cagayan Valley are the most likely to have experienced violence since age 15 (28 percent), followed by women in Bicol and Caraga (25 percent each). Women in ARMM are the least likely to have experienced violence (15 percent).

Table 15.1 Experience of physical violence

Percentage of women age 15-49 who have ever experienced physical violence since age 15 and percentage who have experienced violence during the 12 months preceding the survey, by background characteristics, Philippines 2013

Background characteristic	Percentage who have ever experienced physical violence since age 15[1]	Percentage who have experienced physical violence in the past 12 months			Number of women
		Often	Sometimes	Often or sometimes[2]	
Age					
15-19	16.6	0.8	7.3	8.2	2,214
20-24	19.8	0.8	5.3	6.1	1,888
25-29	20.4	0.7	4.0	4.8	1,473
30-39	20.9	0.9	4.4	5.4	2,864
40-49	20.1	0.7	3.2	3.9	2,524
Residence					
Urban	20.0	0.9	4.3	5.2	5,826
Rural	19.2	0.7	5.4	6.1	5,137
Region					
National Capital Region	18.3	1.0	3.2	4.2	1,984
Cordillera Admin Region	22.1	0.8	3.4	4.3	171
I - Ilocos Region	18.0	1.4	4.4	5.8	469
II - Cagayan Valley	28.0	2.2	7.7	10.0	374
III - Central Luzon	16.1	0.7	3.6	4.3	1,168
IVA - CALABARZON	16.1	0.4	3.4	3.9	1,556
IVB - MIMAROPA	23.3	1.2	5.6	6.8	252
V - Bicol	24.8	0.5	7.2	7.7	541
VI - Western Visayas	19.9	0.1	5.5	5.7	676
VII - Central Visayas	18.1	0.7	6.5	7.4	699
VIII - Eastern Visayas	23.0	0.0	9.6	9.6	388
IX - Zamboanga Peninsula	18.3	0.3	5.5	5.8	492
X - Northern Mindanao	24.3	1.6	5.3	6.9	473
XI - Davao	24.0	1.1	4.2	5.3	606
XII - SOCCSKSARGEN	21.3	0.9	7.2	8.1	505
XIII - Caraga	24.7	0.5	6.8	7.4	295
ARMM	15.1	0.2	2.4	2.7	315
Marital status					
Never married	12.7	0.4	4.3	4.6	3,781
Married or living together	21.6	0.9	4.9	5.9	6,602
Divorced/separated/widowed	41.5	2.0	7.2	9.2	581
Number of living children					
0	13.9	0.5	4.5	5.0	4,182
1-2	21.1	1.0	4.6	5.7	3,475
3-4	23.9	0.8	5.6	6.5	2,098
5+	27.5	1.2	5.1	6.3	1,208
Employment					
Employed for cash	21.8	1.0	4.9	6.0	5,636
Employed not for cash	19.3	0.3	5.1	5.4	644
Not employed	17.0	0.6	4.6	5.3	4,682
Education					
No education	18.5	2.5	4.6	7.9	124
Elementary	22.6	1.0	5.5	6.6	1,779
High school	21.9	0.8	5.8	6.7	5,323
College	14.9	0.6	3.1	3.7	3,736
Wealth quintile					
Lowest	22.7	0.6	6.1	6.7	1,791
Second	23.6	0.9	6.7	7.7	1,972
Middle	22.1	0.9	6.1	7.0	2,176
Fourth	17.9	1.1	4.2	5.2	2,409
Highest	14.0	0.6	2.1	2.6	2,616
Total 15-49	19.6	0.8	4.8	5.6	10,963

Note: Total includes 2 women with no religion and 12 women for whom information on religion is missing.
[1] Includes violence in the past 12 months. For women who were married before age 15 and who reported physical violence by a spouse, the violence could have occurred before age 15.
[2] Includes women for whom frequency in the past 12 months is not known.

Table 15.2 shows information about the types of perpetrators or persons who committed physical violence against women. Ever-married women identified their current husbands/partners (44 percent) or former husbands/partners (22 percent) as the main perpetrators of physical violence. Mothers or stepmothers and fathers or stepfathers with 19 percent each are also reported as perpetrators. In the 2008 NDHS, these are also the main perpetrators of violence for women who have ever been married. However, among ever-married women who experienced physical violence, there is an increase in the proportion who report a former husband/partner committing violence, from 12 percent in the 2008 NDHS to 22 percent in the 2013 NDHS.

Among the never-married women who have experienced physical violence, the main perpetrators are mothers or stepmothers (42 percent), fathers or stepfathers (33 percent), sisters or brothers (19 percent), and friends or acquaintances (17 percent).

Table 15.2 Persons committing physical violence

Among women age 15-49 who have experienced physical violence since age 15, percentage who report specific persons who committed the violence, according to the respondent's current marital status, Philippines 2013

	Marital status		
Person	Ever-married	Never married	Total
Current husband/partner	44.4	na	34.5
Former husband/partner	22.1	na	17.1
Current boyfriend	0.1	0.0	0.1
Former boyfriend	1.1	2.4	1.4
Father/ step-father	19.2	33.0	22.3
Mother/ step-mother	18.5	41.6	23.7
Sister/brother	9.2	18.5	11.3
Step-sister/brother	1.4	1.9	1.5
Other relative	6.4	na	8.3
Mother-in-law	0.6	na	0.4
Father-in-law	0.3	na	0.2
Other in-law	1.0	0.0	0.8
Teacher	0.0	0.7	0.1
Employer/ someone at work	1.4	2.1	1.5
Friend/acquaintance	3.9	17.1	6.8
Police/ soldier	0.0	0.1	0.0
Stranger	1.5	2.4	1.7
Other	4.1	6.3	4.6
Number women	1,668	481	2,149

Note: Women can report more than one person who committed the violence.
na = Not applicable

15.3 EXPERIENCE OF SEXUAL VIOLENCE

Table 15.3 shows that 6 percent of women age 15-49 have ever experienced sexual violence. This is lower than the 9 percent of women reported in the 2008 NDHS. Three percent of women age 15-49 experienced sexual violence in the 12 months preceding the survey. Older women are more likely to have ever experienced sexual violence than younger women. Divorced, separated or widowed women are far more likely to have experienced sexual violence (15 percent) than women who are currently married (7 percent) or never married (3 percent). Similarly, a higher proportion of women who have 5 or more children have experienced sexual violence than women with fewer children. College-educated women and women in the highest wealth quintile have the lowest proportions who have ever experienced sexual violence.

Table 15.3 Experience of sexual violence

Percentage of women age 15-49 who have ever experienced sexual violence and percentage who have experienced sexual violence in the 12 months preceding the survey, by background characteristics, Philippines 2013

Background characteristic	Percentage who have experienced sexual violence: Ever[1]	In the past 12 months	Number of women
Age			
15-19	4.4	2.5	2,214
20-24	6.1	2.6	1,888
25-29	6.9	3.0	1,473
30-39	7.0	3.2	2,864
40-49	7.2	2.4	2,524
Residence			
Urban	6.1	2.6	5,826
Rural	6.6	2.9	5,137
Region			
National Capital Region	5.4	2.6	1,984
Cordillera Admin Region	7.3	1.1	171
I - Ilocos Region	4.8	2.6	469
II - Cagayan Valley	9.1	5.5	374
III - Central Luzon	5.1	2.6	1,168
IVA - CALABARZON	3.8	1.4	1,556
IVB - MIMAROPA	8.5	4.1	252
V - Bicol	11.4	3.6	541
VI - Western Visayas	4.4	2.0	676
VII - Central Visayas	6.7	3.0	699
VIII - Eastern Visayas	6.0	2.1	388
IX - Zamboanga Peninsula	3.9	1.9	492
X - Northern Mindanao	9.6	3.2	473
XI - Davao	9.8	4.1	606
XII - SOCCSKSARGEN	11.4	4.2	505
XIII - Caraga	9.3	4.7	295
ARMM	2.7	1.0	315
Marital status			
Never married	3.2	1.5	3,781
Married or living together	7.4	3.3	6,602
Divorced/separated/widowed	14.8	3.6	581
Employment			
Employed for cash	7.6	3.2	5,636
Employed not for cash	6.8	2.4	644
Not employed	4.8	2.2	4,682
Number of living children			
0	3.7	1.8	4,182
1-2	6.6	2.4	3,475
3-4	8.4	4.1	2,098
5+	11.2	4.2	1,208
Education			
No education	9.4	3.4	124
Elementary	9.2	4.0	1,779
High school	6.8	3.2	5,323
College	4.3	1.4	3,736
Wealth quintile			
Lowest	7.9	3.5	1,791
Second	7.8	3.6	1,972
Middle	7.5	3.3	2,176
Fourth	5.2	2.2	2,409
Highest	4.2	1.5	2,616
Total 15-49	6.3	2.7	10,963

Note: Total includes 2 women with no religion and 12 women for whom information on religion is missing.
[1] Includes violence in the past 12 months

By region, the proportion of women who have ever experienced sexual violence is highest in Bicol and SOCCSKSARGEN (11 percent each) and lowest in ARMM (3 percent).

Table 15.4 presents information as to the types of perpetrators of sexual violence against women age 15-49, by marital status of women. Among the ever-married women who have experienced sexual violence, 55 percent report their current husbands/partners as perpetrators, while 30 percent report former husbands/partners as the perpetrators. In the 2008 NDHS, a higher proportion of ever-married women (61 percent) experiencing sexual violence reported the current husband or partner as a perpetrator. In contrast, the proportion reporting former husbands/partners as perpetrators in 2008 is lower at 15 percent (compared with 30 percent in 2013).

For the never-married women, the most commonly reported perpetrators of sexual violence are current or former boyfriend (42 percent), other relative (14 percent), own friend or acquaintance (11 percent), and employer or someone at work (11 percent).

Table 15.4 Persons committing sexual violence

Among women age 15-49 who have experienced sexual violence, percentage who report specific persons who committed the violence according to the respondent's current marital status, Philippines 2013

	Marital status		
Person	Ever-married	Never married	Total
Current husband/partner	55.2	na	45.5
Former husband/partner	29.9	na	24.6
Current/former boyfriend	5.0	42.1	11.5
Father/step father	0.9	0.0	0.7
Brother/step brother	0.2	0.0	0.1
Other relative	6.1	14.0	7.5
In-law	1.0	na	0.8
Own friend/acquaintance	3.6	10.7	4.8
Family friend	2.0	4.3	2.4
Employer/someone at work	2.2	10.7	3.6
Priest/religious leader	1.2	7.1	2.3
Stranger	0.7	3.4	1.2
Other	3.3	7.6	4.0
Missing	0.2	0.0	0.1
Number women who have experienced sexual violence	574	122	696

[1] Women can report more than one person who committed the violence.
na = Not applicable

Table 15.5 presents the percentage of women age 15-49 who experienced sexual violence by the exact age of first experience, according to current age and marital status. Overall, 1 percent of women experienced sexual violence before age 15, while 3 percent experienced this kind of violence by age 18 and 4 percent of women experienced sexual violence by age 22. Differences in age at first experience of sexual violence by current age and marital status are not large.

Table 15.5 Age at first experience of sexual violence

Percentage of women age 15-49 who experienced sexual violence by specific exact ages, according to current age and current marital status, Philippines 2013

Background characteristic	Percentage who first experienced sexual violence by exact age: 10	12	15	18	22	Percentage who have not experienced sexual violence	Number of women
Age							
15-19	0.2	0.3	1.1	na	na	94.7	2,214
20-24	0.6	0.7	1.6	3.9	na	92.5	1,888
25-29	0.4	0.7	1.2	2.2	4.3	92.1	1,473
30-39	0.2	0.5	0.8	1.6	3.2	92.3	2,864
40-49	0.2	0.2	0.7	2.0	3.3	91.8	2,524
Marital status							
Never married	0.4	0.4	1.0	2.9	4.0	95.7	3,781
Ever married	0.3	0.5	1.1	2.6	4.5	91.0	7,182
Total	0.3	0.5	1.0	2.7	4.4	92.7	10,963

na = Not applicable

15.4 EXPERIENCE OF DIFFERENT FORMS OF VIOLENCE

Table 15.6 shows the percentages of women who have experienced different forms of violence, by age of women. Results show that 15 percent of women have experienced physical violence only, 2 percent have experienced sexual violence only, and 4 percent have experienced both physical and sexual violence. Overall, one in five women (22 percent) age 15-49 experienced either physical or sexual violence. This is slightly lower than the 24 percent reported in the 2008 NDHS.

Table 15.6 Experience of different forms of violence

Percentage of women age 15-49 who have ever experienced different forms of violence by current age, Philippines 2013

Age	Physical violence only	Sexual violence only	Physical and sexual violence	Physical or sexual violence	Number of women
15-19	14.0	1.8	2.6	18.4	2,214
15-17	13.5	1.2	2.0	16.7	1,437
18-19	14.9	2.9	3.8	21.6	777
20-24	16.0	2.3	3.8	22.1	1,888
25-29	15.8	2.3	4.6	22.7	1,473
30-39	16.0	2.1	4.9	22.9	2,864
40-49	15.3	2.3	4.8	22.5	2,524
Total	15.4	2.1	4.2	21.7	10,963

15.5 VIOLENCE DURING PREGNANCY

In addition to being at risk of injury themselves, women who experience violence during pregnancy may also have their unborn child at risk. The findings in Table 15.7 indicate that 4 percent of women age 15-49 who have ever been pregnant experienced physical violence while pregnant. The proportion of women who have experienced violence during pregnancy declines with age, from 14 percent of women age 15-19 to 4 percent of women in their mid-20s and over. Six percent of never-married women and 4 percent of married women who have ever been pregnant were physically abused during pregnancy, compared with 10 percent of women who are divorced, separated or widowed. It also appears that women with higher education and women classified in the higher wealth quintiles are slightly less likely to have been physically abused during pregnancy than women with less education and less wealth.

By region, among women who have ever been pregnant, the proportion who were physically abused during pregnancy ranges from 1 percent in ARMM to 7 percent in Cagayan Valley and Caraga regions. In the 2008 NDHS, Eastern Visayas (7 percent) had the highest proportion of women who experienced physical violence during pregnancy.

Table 15.7 Experience of 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 2013

Background characteristic	Percentage who experienced violence during pregnancy	Number of women who have ever been pregnant
Age		
15-19	13.6	225
20-24	6.2	898
25-29	3.7	1,093
30-39	3.4	2,519
40-49	3.5	2,318
Residence		
Urban	4.3	3,549
Rural	4.1	3,504
Region		
National Capital Region	3.8	1,147
Cordillera Admin Region	4.1	115
I - Ilocos Region	2.9	324
II - Cagayan Valley	7.0	265
III - Central Luzon	3.8	764
IVA - CALABARZON	3.1	992
IVB - MIMAROPA	4.6	173
V - Bicol	6.0	357
VI - Western Visayas	3.5	441
VII - Central Visayas	3.7	461
VIII - Eastern Visayas	5.8	265
IX - Zamboanga Peninsula	4.6	302
X - Northern Mindanao	6.4	316
XI - Davao	3.4	401
XII - SOCCSKSARGEN	4.8	328
XIII - Caraga	7.3	194
ARMM	1.4	209
Marital status		
Never married	5.6	205
Married or living together	3.6	6,301
Divorced/separated/widowed	10.3	547
Number of living children		
0	5.8	272
1-2	3.6	3,475
3-4	4.0	2,098
5+	5.8	1,208
Education		
No education	5.3	112
Elementary	5.8	1,471
High school	4.4	3,292
College	2.7	2,178
Wealth quintile		
Lowest	5.1	1,372
Second	4.7	1,383
Middle	5.7	1,439
Fourth	2.7	1,461
Highest	2.7	1,399
Total 15-49	4.2	7,053

Note: Total includes 2 women with no religion and 4 women for whom information on religion is missing.

15.6 MARITAL CONTROL BY HUSBAND

Table 15.8 shows the percentage of women whose husbands display various types of controlling behaviors, by background characteristics of women. The most commonly reported controlling behaviors women experience from their husbands are jealousy or anger if they talk to other men (reported by 26 percent of ever-married women) and insistence or knowing where they are at all times (18 percent). One in every 10 women (11 percent) say their husbands frequently accuse them of being unfaithful. Less common behaviors include not permitting her to meet her female friends (7 percent) and trying to limit her contact with her family (4 percent).

Ten percent of ever-married women say their husbands display at least three of the five types of controlling behavior, while 66 percent say their husbands do not display any of the behaviors. The former proportion decreases steadily with age, from 18 percent among women age 15-19 to 8 percent among women age 30-39. The proportion of divorced, separated or widowed women who report that their former husband displayed any of the controlling behaviors is higher for each specific behavior than among women who are currently married. The proportion of women who report that their husbands show controlling behavior declines with increasing wealth of the woman for most of the behaviors specified in the survey. However, the pattern by education of the woman is not clearcut.

As expected, marital control is highly correlated with the extent to which women say they fear their husbands. More than half of ever-married women (57 percent) who report being afraid of their husband most of the time say their husbands display three or more types of controlling behaviors, compared with only 6 percent of women who say they are never afraid of their husbands.

The proportion of ever-married women who report their husbands display three or more controlling behaviors varies by region, from 6 percent in Central Luzon to 13 percent in Caraga and Northern Mindanao.

Table 15.8 Marital control exercised by husbands

Percentage of ever-married women age 15-49 whose husbands/partners have ever demonstrated specific types of controlling behaviors, by background characteristics, Philippines 2013

	Percentage of women whose husband/partner:							
Background characteristic	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	Displays 3 or more of the specific behaviors	Displays none of the specific behaviors	Number of ever-married women
Age								
15-19	42.2	16.0	14.4	7.3	29.0	17.9	49.4	220
20-24	32.7	13.3	9.8	3.4	22.2	11.1	58.9	878
25-29	28.3	12.6	6.8	3.2	19.3	10.2	63.5	1,110
30-39	23.5	9.5	5.6	3.5	16.8	7.7	67.9	2,607
40-49	23.8	11.8	5.5	4.8	16.7	9.7	68.8	2,368
Residence								
Urban	26.0	11.4	6.1	3.9	17.5	9.5	66.8	3,587
Rural	26.0	11.4	7.0	4.1	18.8	9.4	65.0	3,595
Region								
National Capital Region	24.3	10.7	4.2	2.3	14.8	8.0	69.9	1,144
Cordillera Admin Region	21.5	16.7	8.0	3.9	18.6	10.3	66.6	115
I - Ilocos Region	29.6	12.2	10.3	4.2	21.9	12.4	62.0	337
II - Cagayan Valley	25.9	12.9	9.3	5.7	18.4	11.2	68.0	266
III - Central Luzon	17.9	6.7	3.8	3.7	11.3	6.0	77.4	782
IVA - CALABARZON	20.7	8.8	3.8	2.3	15.9	7.7	73.2	1,018
IVB - MIMAROPA	24.3	13.9	5.1	3.9	20.6	9.8	65.1	172
V - Bicol	28.1	14.3	7.3	6.2	14.9	11.4	65.1	359
VI - Western Visayas	28.7	9.4	6.9	5.9	21.2	9.9	61.7	451
VII - Central Visayas	30.4	13.5	10.7	4.0	16.1	11.6	61.5	469
VIII - Eastern Visayas	25.5	12.9	8.7	4.1	24.1	10.9	61.6	273
IX - Zamboanga Peninsula	32.1	12.2	6.8	4.7	22.8	8.0	55.7	304
X - Northern Mindanao	34.4	14.7	11.1	5.2	23.7	13.2	53.8	321
XI - Davao	35.4	16.9	8.3	6.1	21.7	12.4	55.8	414
XII - SOCCSKSARGEN	27.5	14.3	7.5	5.3	23.6	10.1	59.2	339
XIII - Caraga	26.9	14.4	9.4	5.5	21.5	13.2	62.0	202
ARMM	28.3	4.9	5.0	1.9	25.5	6.6	62.5	215
Marital status								
Married or living together	24.3	10.3	5.9	3.4	17.0	8.3	67.7	6,602
Divorced/separated/widowed	45.8	24.0	13.5	10.6	31.9	22.7	45.3	581
Number of living children								
0	29.1	10.5	8.5	2.8	22.9	9.5	61.0	557
1-2	24.6	9.5	6.0	3.1	17.0	8.1	67.8	3,322
3-4	25.4	11.7	6.1	4.3	16.6	9.2	66.8	2,095
5+	29.6	16.5	7.9	6.6	22.0	13.8	61.2	1,208
Employment								
Employed for cash	26.6	12.7	6.9	4.7	19.2	10.5	64.6	3,961
Employed not for cash	30.0	10.3	6.9	4.0	18.4	9.3	60.7	513
Not employed	24.4	9.7	6.0	3.0	16.7	8.1	68.7	2,708
Education								
No education	24.5	7.1	5.7	5.3	20.0	6.2	64.0	113
Elementary	29.5	14.5	7.5	6.0	19.4	12.1	62.3	1,484
High school	26.7	11.7	6.9	3.7	19.2	9.8	64.7	3,367
College	22.7	9.0	5.4	3.0	15.7	7.4	70.0	2,218
Wealth quintile								
Lowest	29.2	12.9	7.5	5.2	20.2	10.4	61.1	1,385
Second	28.2	12.9	8.5	4.7	19.2	10.6	62.6	1,392
Middle	27.1	12.7	6.9	4.3	19.0	11.1	65.2	1,451
Fourth	24.3	10.6	4.8	2.9	16.9	7.8	67.9	1,520
Highest	21.5	8.1	5.3	3.0	15.6	7.7	72.1	1,435
Woman afraid of husband								
Most of the time afraid	74.0	59.5	35.1	39.8	64.7	56.5	17.4	99
Sometimes afraid	41.3	22.2	11.8	7.8	31.7	19.2	46.8	1,390
Never afraid	21.6	8.0	4.8	2.5	14.1	6.3	71.2	5,618
Total	26.0	11.4	6.5	4.0	18.2	9.5	65.9	7,182

Note: Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated or widowed women. Total includes 2 women with no religion, 4 women for whom information on religion is missing, and 75 women for whom information on fear of husband is missing.

15.7 SPOUSAL VIOLENCE

Table 15.9 presents the various forms of violence ever-married women ever experienced from their husbands. Overall, 26 percent of ever-married women have experienced some form of emotional, physical and/or sexual violence at the hands of their current or most recent husband and 15 percent have experienced physical and/or sexual violence by their current or most recent husband.

Table 15.9 Forms of spousal violence

Percentage of ever-married women age 15-49 who have experienced various forms of violence ever or in the 12 months preceding the survey, committed by their husband/partner, Philippines 2013

Type of violence	Ever	In the past 12 months		
		Often	Sometimes	Often or sometimes
Violence committed by current or most recent husband/partner				
Physical violence				
Any physical violence	12.7	0.9	4.5	5.3
Pushed her, shook her, or threw something at her	7.8	0.6	3.0	3.5
Slapped her	7.2	0.4	2.3	2.7
Twisted her arm or pulled her hair	3.6	0.4	1.4	1.8
Punched her or hit her with something that could hurt her	4.3	0.3	1.5	1.8
Kicked her, dragged her, or beat her up	3.3	0.3	1.3	1.6
Tried to choke her or burn her on purpose	2.1	0.1	0.8	0.9
Threatened or attacked her with a knife, gun, or other weapon	2.3	0.2	0.8	0.9
Sexual violence				
Any sexual violence	5.3	0.7	2.5	3.2
Physically forced her to have sexual intercourse with him when she did not want to	5.0	0.7	2.4	3.1
Physically forced her to perform any other sexual acts she did not want to	1.8	0.2	0.8	1.0
Forced her with threats or in any other way to perform sexual acts she did not want to	1.1	0.1	0.5	0.7
Emotional violence				
Any emotional violence	21.5	4.5	8.9	13.4
Said or did something to humiliate her in front of others	7.7	1.0	3.6	4.5
Threatened to hurt or harm her or himself or someone she cared about	6.1	0.6	2.6	3.3
Insulted her or made her feel bad about herself	9.7	1.1	5.2	6.3
Did not allow her to engage in any legitimate work or practice her profession	9.4	2.1	3.6	5.7
Controlled her own money or properties or forced her to work	3.0	0.8	1.3	2.1
Destroyed her personal property, pets, or belongings, or threatened or harmed her pets	2.8	0.5	1.2	1.6
Had other intimate relationships	5.5	0.9	1.1	2.1
Any form of physical and/or sexual violence	14.6	1.3	5.7	7.0
Any form of emotional and/or physical and/or sexual violence	25.9	4.9	10.7	15.6
Spousal violence committed by any husband/partner				
Physical violence	14.8	na	na	5.4
Sexual violence	6.5	na	na	3.2
Physical and/or sexual violence	16.9	na	na	7.1
Number of ever- married women	7,182	7,182	7,182	7,182

na = Not applicable

Ever-married women most commonly report that their current or most recent husband insulted them or made them feel bad about themselves (10 percent), while 9 percent report that their current husband did not allow them to engage in any legitimate work or practice their profession. The next most common form of spousal violence experienced by ever-married women is being pushed, shaken or had something thrown at them at 8 percent, while another 8 percent report that their husband said or did something to humiliate them in front of others, and 7 percent report being slapped (Figure 15.1).

Figure 15.1 **Percentage of ever-married women age 15-49 who have experienced various forms of violence ever or in the 12 months preceding the survey, committed by their husband/partner**

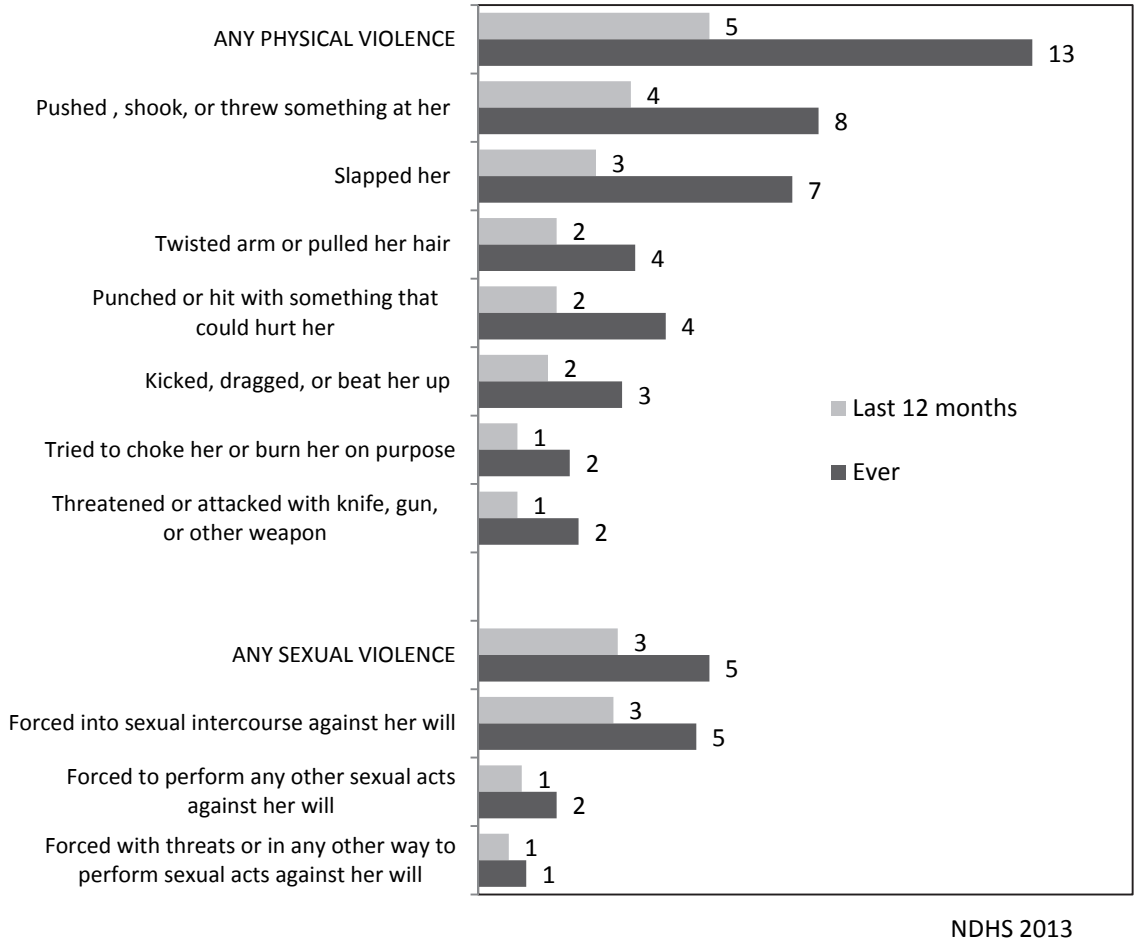


Table 15.10 shows the prevalence of different forms of violence experienced by ever-married women 15-49 according to background characteristics of women. As observed, the percentage of women who have experienced violence in physical, sexual, and/or emotional form, from their husband declines slightly with women's age but increases with the number of children. Spousal violence also shows some tendency to decrease with increases in women's education and wealth. The table also shows that the proportion of women who have experienced any form of spousal violence is highest among those employed for cash (28 percent), followed by those employed not for cash (26 percent) and those who are not employed (23 percent).

Women who are divorced, separated, or widowed have much higher proportions who experienced spousal abuse than women who are married or are living with a partner. For example, half of formerly married women have experienced physical, sexual or emotional abuse from their husband, compared with only 24 percent of currently married women. In general, spousal physical and sexual violence is highest among women in Cagayan Valley, while spousal emotional abuse appears to be highest among women in Northern Mindanao.

Table 15.10 Spousal violence by background characteristics

Percentage of ever-married women age 15-49 who have ever experienced emotional, physical or sexual violence committed by their husband/partner, by background characteristics, Philippines 2013

Background characteristic	Emotional violence	Physical violence	Sexual violence	Physical and sexual	Physical and sexual and emotional	Physical or sexual	Physical or sexual or emotional	Number of ever-married women
Age								
15-19	22.8	13.4	7.6	4.4	3.5	16.5	27.5	220
20-24	25.0	14.9	6.0	3.8	3.6	17.0	29.7	878
25-29	21.3	12.6	5.6	3.1	2.4	15.0	26.0	1,110
30-39	20.8	12.4	5.2	3.4	3.2	14.1	25.1	2,607
40-49	21.1	12.3	4.8	3.1	2.9	14.0	25.1	2,368
Residence								
Urban	20.9	13.4	4.9	3.4	3.1	14.9	25.7	3,587
Rural	22.2	12.0	5.6	3.3	3.0	14.3	26.1	3,595
Region								
National Capital Region	15.4	13.7	4.6	3.3	2.9	14.9	21.2	1,144
Cordillera Admin Region	22.0	13.7	4.3	3.0	3.0	15.1	26.1	115
I - Ilocos Region	24.6	13.4	5.3	3.3	3.1	15.4	28.7	337
II - Cagayan Valley	26.3	20.2	10.4	7.0	6.2	23.6	33.7	266
III - Central Luzon	17.4	10.7	4.6	3.0	2.7	12.3	21.4	782
IVA - CALABARZON	15.1	9.8	3.1	2.3	2.1	10.6	18.8	1,018
IVB - MIMAROPA	25.7	17.8	7.5	4.9	4.9	20.4	30.7	172
V - Bicol	26.2	15.0	8.9	6.4	5.8	17.5	30.8	359
VI - Western Visayas	20.4	12.0	2.6	1.8	1.5	12.8	25.2	451
VII - Central Visayas	27.3	9.2	5.6	2.4	1.9	12.4	30.0	469
VIII - Eastern Visayas	25.5	15.0	6.6	5.6	5.6	16.0	28.9	273
IX - Zamboanga Peninsula	23.2	12.7	4.2	2.4	2.3	14.5	26.5	304
X - Northern Mindanao	35.4	14.7	6.5	3.7	3.0	17.5	39.5	321
XI - Davao	29.3	13.9	7.6	3.3	3.3	18.2	34.9	414
XII - SOCCSKSARGEN	25.4	15.2	6.7	4.4	3.4	17.4	29.7	339
XIII - Caraga	29.5	16.6	7.6	4.5	4.1	19.7	33.0	202
ARMM	10.3	3.8	2.6	0.5	0.3	5.9	11.7	215
Marital status								
Married or living together	19.5	11.1	4.7	2.8	2.5	13.0	23.8	6,602
Divorced/separated/widowed	44.2	30.9	11.9	9.7	8.9	33.1	50.0	581
Number of living children								
0	19.0	8.2	4.1	1.7	1.7	10.6	21.7	557
1-2	20.1	11.0	4.4	2.8	2.4	12.6	24.0	3,322
3-4	21.8	14.0	5.7	3.8	3.3	15.8	26.8	2,095
5+	26.0	17.6	7.5	5.0	4.8	20.0	31.5	1,208
Employment								
Employed for cash	23.2	14.2	5.8	3.8	3.5	16.2	27.7	3,961
Employed not for cash	22.0	10.2	4.8	2.0	1.5	13.0	26.4	513
Not employed	19.0	11.0	4.7	2.9	2.6	12.7	23.1	2,708
Education								
No education	20.9	11.3	6.3	3.8	3.8	13.9	23.2	113
Elementary	25.5	13.9	7.0	4.2	3.9	16.7	29.2	1,484
High school	21.9	14.1	5.7	3.8	3.2	16.0	27.2	3,367
College	18.4	10.0	3.4	2.2	2.0	11.3	21.7	2,218
Wealth quintile								
Lowest	24.2	13.4	6.0	3.3	2.8	16.1	28.9	1,385
Second	24.5	15.1	6.4	4.8	3.9	16.7	29.2	1,392
Middle	24.1	14.1	6.2	4.0	3.8	16.3	28.5	1,451
Fourth	17.9	11.9	4.4	2.7	2.4	13.6	23.0	1,520
Highest	17.3	9.3	3.5	2.2	2.2	10.5	20.2	1,435
Total 15-49	21.5	12.7	5.3	3.4	3.0	14.6	25.9	7,182

Note: Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated or widowed women. Total includes 2 women with no religion and 4 women for whom information on religion is missing.

Table 15.11 presents a cross tabulation of spousal violence by husband's characteristics and empowerment indicators for ever-married women age 15-49.

Results show that ever-married women age 15-49 are more likely to have ever experienced emotional, physical and/or sexual violence by their husband if their husband has attended only primary school, compared with those whose husbands have higher education or no education at all. Spousal abuse is most commonly

reported among women whose husbands are better educated than they are, followed closely by women who are better educated than their husbands. It is least common among women who say that neither they nor their husbands are educated.

Experience of spousal violence varies dramatically with husband's alcohol consumption. All forms of spousal violence are most commonly reported by women who say their husbands get drunk very often and least common among those whose husbands drink alcohol but never get drunk or do not drink at all. For example, two in every three ever-married women (66 percent) whose husband gets drunk very often have suffered from physical or sexual or emotional violence. Specifically, 56 percent of these women suffered from emotional violence, 47 percent endured physical violence, and 23 percent experienced sexual violence. In contrast, only 16 percent of women whose husbands do not drink alcohol experienced physical or sexual or emotional violence.

Spousal violence increases with the number of controlling behaviors displayed by the husband. Nearly nine in ten women (88 percent) whose husbands display five types of controlling behaviors have suffered any form of violence, compared with only 13 percent of women whose husbands display none of the controlling behaviors. The results also show that spousal violence is lower among women who participate in 3-4 household decisions (23 percent), compared with those women who have no participation in decision making (49 percent).

Spousal violence is related to women's family history of violence. Among women who say their fathers beat their mothers, 37 percent have experienced physical or sexual or emotional violence committed by their husband, compared with 23 percent of women whose fathers did not beat their mothers. As expected, fear of the husband is highly correlated with actual spousal violence. Among women who say they are afraid of their husbands most of the time, more than four in five say they have experienced physical, sexual, or emotional violence from him. The proportion drops to only 46 percent of those who say they are afraid of their husband some of the time and to only 20 percent of those who say they are never afraid of their husband.

Table 15.11 Spousal violence by husband's characteristics and empowerment indicators

Percentage of ever-married women age 15-49 who have ever experienced emotional, physical or sexual violence committed by their husband/partner, by husband's characteristics and empowerment indicators, Philippines 2013

Background characteristic	Emotional violence	Physical violence	Sexual violence	Physical and sexual	Physical and sexual and emotional	Physical or sexual	Physical or sexual or emotional	Number of ever-married women
Husband's education								
No education	16.4	12.9	5.4	5.4	4.2	12.9	19.2	115
Primary	25.9	14.9	6.9	4.4	3.9	17.5	30.2	1,880
Secondary	20.8	13.3	5.5	3.5	3.1	15.3	25.9	3,047
More than secondary	19.0	10.0	3.4	2.1	2.0	11.2	22.3	2,127
Husband's alcohol consumption								
Does not drink	13.3	6.0	2.8	1.2	1.2	7.6	16.4	1,678
Drinks/never gets drunk	17.9	5.3	1.0	0.8	0.7	5.5	19.2	381
Gets drunk sometimes	20.9	11.9	4.5	2.6	2.2	13.8	25.3	4,572
Gets drunk very often	56.0	46.9	22.9	18.9	17.9	50.9	65.9	528
Spousal education difference								
Husband better educated	23.5	12.6	5.9	3.3	3.1	15.2	27.8	2,114
Wife better educated	22.2	13.5	5.2	3.5	3.1	15.2	26.3	2,736
Both equally educated	19.1	12.0	4.7	3.2	2.7	13.5	23.8	2,274
Neither educated	12.0	8.0	4.8	4.8	4.8	8.0	13.5	45
Spousal age difference[1]								
Wife older	19.1	11.2	4.6	2.6	2.4	13.2	23.6	1,297
Wife is same age	19.1	9.1	4.7	3.0	2.3	10.8	23.0	662
Wife's 1-4 years younger	18.4	10.8	4.6	2.9	2.5	12.4	22.5	2,497
Wife's 5-9 years younger	20.8	11.9	5.0	2.8	2.5	14.2	25.9	1,462
Wife's 10+ years younger	22.5	12.8	4.8	3.0	2.7	14.6	25.4	667
Number of marital control behaviors displayed by husband[2]								
0	9.7	5.1	1.6	0.7	0.5	6.1	12.8	4,731
1-2	34.0	19.6	6.7	3.8	3.1	22.5	41.0	1,771
3-4	68.3	44.0	23.2	16.1	15.7	51.1	75.7	581
5	86.8	69.1	48.6	46.9	46.9	70.7	88.2	100
Number of decisions in which women participate[3]								
0	43.0	30.1	12.0	9.8	9.1	32.2	48.7	628
1-2	28.3	17.6	7.4	4.1	4.1	20.9	33.7	419
3-4	18.9	10.6	4.5	2.7	2.3	12.4	23.0	6,135
Number of reasons for which wife-beating is justified[4]								
0	20.2	11.7	4.9	3.1	2.8	13.4	24.4	6,195
1-2	29.0	18.5	7.7	4.9	4.3	21.3	34.1	820
3-4	30.2	24.1	6.2	3.7	3.2	26.6	36.4	138
5	(42.3)	(19.2)	(21.8)	(8.8)	(8.8)	(32.1)	(60.9)	29
Woman's father beat her mother								
Yes	31.5	20.1	8.2	5.6	5.1	22.7	37.4	1,308
No	19.2	10.9	4.4	2.8	2.5	12.5	23.1	5,728
Woman afraid of husband								
Most of the time afraid	72.7	70.3	46.2	39.7	38.1	76.8	82.4	99
Sometimes afraid	38.9	26.5	12.3	8.8	8.2	30.1	45.6	1,390
Never afraid	16.5	8.4	2.8	1.4	1.1	9.8	20.2	5,618
Total 15-49	21.5	12.7	5.3	3.4	3.0	14.6	25.9	7,182

Note: Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated or widowed women. Total includes 13 women missing information about husband's education, 23 missing information about husband's alcohol consumption, 13 missing information about spousal education difference, 17 missing spousal age difference, 147 missing information as to whether her father beat her mother, and 75 missing information about fear of husband. Numbers in parentheses are based on 25-49 unweighted cases.

[1] Includes only women who have been married only once.

[2] According to the wife's report. See Table 15.8 for list of behaviors.

[3] According to the wife's report. See Table 15.5 for list of decisions.

[4] According to the wife's report. See Table 15.7 for list of reasons

15.8 RECENT EXPERIENCE OF SPOUSAL VIOLENCE

Experience of spousal violence during the 12 months before the survey provides an indication of whether domestic violence is a current problem. Table 15.12 shows that overall, 7 percent of ever-married women experienced physical or sexual violence perpetrated by their husband in the 12 months preceding the survey.

Women's experience of spousal physical or sexual violence in the 12 months before the survey is higher among younger women than older women. Recent experience of spousal violence varies with education and wealth. The proportion of ever-married women who experienced spousal physical or sexual violence in the 12 months before the survey generally declines as education and wealth increase.

Among the regions, ever-married women in Cagayan Valley have the highest proportion who have experienced violence in the past 12 months (13 percent), followed by ever-married women in SOCCSKSARGEN (12 percent) and Caraga (11 percent). Ever-married women in ARMM are the least likely to have experienced violence in the past 12 months (3 percent). The largest differences are seen by fear of the husband. Women who report being afraid of their husband most of the time are by far the most likely to also report having experienced spousal physical or sexual violence in the 12 months before the survey (38 percent), compared with only 15 percent among women who are only sometimes afraid of their husband and 5 percent among women who are never afraid.

Table 15.12 Recent physical or sexual violence by any husband/partner

Percentage of ever-married women who have experienced physical or sexual violence by any husband/partner in the past 12 months, by background characteristics, Philippines, 2013

Background characteristic	Percentage who have experienced physical or sexual violence in the past 12 months from any husband/partner	Number of ever-married women
Age		
15-19	11.5	220
20-24	10.7	878
25-29	7.9	1,110
30-39	7.0	2,607
40-49	5.0	2,368
Residence		
Urban	6.8	3,587
Rural	7.3	3,595
Region		
National Capital Region	5.8	1,144
Cordillera Admin Region	5.0	115
I - Ilocos Region	6.3	337
II - Cagayan Valley	13.1	266
III - Central Luzon	5.9	782
IVA - CALABARZON	4.6	1,018
IVB - MIMAROPA	8.8	172
V - Bicol	8.5	359
VI - Western Visayas	6.4	451
VII - Central Visayas	8.1	469
VIII - Eastern Visayas	9.5	273
IX - Zamboanga Peninsula	7.7	304
X - Northern Mindanao	8.2	321
XI - Davao	7.6	414
XII - SOCCSKSARGEN	11.5	339
XIII - Caraga	10.9	202
ARMM	3.0	215
Marital status		
Married or living together	6.9	6,602
Divorced/separated/widowed	8.6	581
Number of living children		
0	7.5	557
1-2	6.1	3,322
3-4	8.0	2,095
5+	8.1	1,208
Employment		
Employed for cash	7.7	3,961
Employed not for cash	6.0	513
Not employed	6.4	2,708
Education		
No education	8.8	113
Elementary	8.3	1,484
High school	7.9	3,367
College	5.0	2,218
Wealth quintile		
Lowest	8.3	1,385
Second	9.2	1,392
Middle	7.8	1,451
Fourth	6.3	1,520
Highest	3.9	1,435
Woman afraid of husband		
Most of the time afraid	37.6	99
Sometimes afraid	15.2	1,390
Never afraid	4.6	5,618
Total 15-49	7.1	7,182

Note: Any husband/partner includes all current, most recent and former husbands/partners. Total includes 2 women with no religion, 4 missing information about religion and 75 women missing information about fear of husband.

15.9 ONSET OF SPOUSAL VIOLENCE

Table 15.13 shows the proportion of currently married women age 15-49 who have experienced spousal physical or sexual violence by the number of years after marriage. Results indicate that only one percent of married women experienced spousal violence before marriage, while 8 percent experienced it within the first two years of marriage and 14 percent experienced violence within 5 years of marriage.

Table 15.13 Experience of spousal violence by duration of marriage

Among currently married women age 15-49 who have been married only once, the percentage who first experienced physical or sexual violence committed by their current husband/partner by specific exact years since marriage according to marital duration, Philippines 2013

	Percentage who first experienced spousal physical or sexual violence by exact marital duration:				Percentage who have not experienced spousal sexual or physical violence	Number of currently married women who have been married only once
Years since marriage	Before marriage	2 years	5 years	10 years		
<2	2.8	na	na	na	90.0	468
2-4	1.7	14.1	na	na	88.3	744
5-9	1.1	7.5	15.7	na	87.8	1,347
10+	1.1	5.8	10.7	15.8	86.9	3,433
Total	1.3	8.3	14.1	18.1	87.5	5,993

na = Not applicable

15.10 CONSEQUENCES OF SPOUSAL VIOLENCE

In the 2013 NDHS, ever-married women were asked whether they had sustained any form of injury as a result of physical or sexual violence inflicted by their husband. Table 15.14 shows the percentage of ever-married women age 15-49 who have ever experienced spousal violence or had experienced spousal violence in the past 12 months and who sustained various types of injuries, according to specific type of violence.

Among women who have ever experienced physical violence, 46 percent experienced depression, anxiety, sleeplessness, irritability, confusion or feelings of isolation, and 41 percent sustained cuts, bruises or aches, while 13 percent attempted to commit suicide; 8 percent had eye injuries, sprains, dislocation or burns; 6 percent lost their job or source of income; and 4 percent had deep wounds, broken bones, broken teeth or other serious injuries. Overall, 62 percent of women suffered one or more of these injuries. A similar pattern is seen for injuries sustained due to spousal violence in the past 12 months.

In general, 64 percent of women who ever experienced sexual violence suffered some form of injury. Specifically, 57 percent of women who ever experienced sexual violence went through depression, anxiety, sleeplessness, irritability, confusion or feelings of isolation. Moreover, 36 percent of these women had cuts, bruises or aches; 16 percent attempted suicide; 11 percent had eye injuries, sprains, dislocations or burns; 8 percent lost their job or source of income; and 5 percent suffered deep wounds, broken bones, broken teeth or another serious injury. A similar pattern is seen for women who experienced sexual violence in the 12 months before the survey.

Table 15.14 Injuries to women due to spousal violence

Percentage of ever-married women age 15-49 who have experienced specific types of spousal violence by types of injuries resulting from the violence, according to the type of violence and whether they experienced the violence ever and in the 12 months preceding the survey, Philippines 2013

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 job/ source of income	Had depression, anxiety, sleeplessness, irritability, confusion, feelings of isolation	Attempted to commit suicide	Any of these injuries	Number of ever-married women who have ever experienced any physical or sexual violence
Physical violence[1]								
Ever[2]	40.6	8.4	4.2	5.9	45.9	13.3	62.0	915
In the past 12 months	48.4	13.2	6.2	8.1	56.2	17.4	72.3	384
Sexual violence								
Ever[2]	35.7	10.8	4.5	8.2	57.0	16.3	63.7	379
In the past 12 months	35.2	12.7	5.1	9.0	52.3	17.5	60.4	229
Physical or sexual violence[1]								
Ever[2]	35.4	7.3	3.6	5.2	44.5	12.1	58.6	1,052
In the past 12 months	39.0	10.2	4.9	6.6	50.9	14.7	64.5	505

Note: Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated or widowed women.
[1] Excludes women who reported violence only in response to a direct question on violence during pregnancy
[2] Includes in the past 12 months

15.11 VIOLENCE INITIATED BY WOMEN AGAINST THEIR SPOUSE

Husbands are usually perceived as the perpetrators of domestic violence, but women can also initiate domestic violence. In the 2013 NDHS, ever-married women were asked about instances when they were the instigator of physical violence against their husbands. Table 15.15 presents the percentage of ever-married women age 15-49 who report having committed physical violence against their current or most recent husband when he was not already beating or physically hurting her, ever and in the 12 months before the survey, by background characteristics of women.

Overall, 16 percent of ever-married women said they have initiated physical violence against their husband, and 8 percent have done so in the past 12 months. Women's initiation of violence against their husband is more common among women who have also experienced spousal physical violence (46 percent and 50 percent for ever experienced and experienced in the past 12 months, respectively) than among women who have never experienced physical violence (11 percent). The percentages of women reporting they instigated physical violence are highest among divorced, separated or widowed women (20 percent and women in Northern Mindanao (23 percent).

Table 15.15 Women's violence against their spouse

Percentage of ever-married women age 15-49 who have committed physical violence against their current or most recent husband/partner when he was not already beating or physically hurting her, ever and in the past 12 months, according to women's own experience of spousal violence and background characteristics, Philippines 2013

Background characteristic	Percentage who have committed physical violence against their husband/partner		Number of ever-married women
	Ever[1]	In the past 12 months	
Woman's experience of spousal physical violence			
Ever[1]	45.5	24.0	915
In the past 12 months	50.1	41.7	384
Never	11.4	5.8	6,268
Age			
15-19	17.4	14.2	220
20-24	18.1	12.3	878
25-29	17.5	10.6	1,110
30-39	15.3	7.6	2,607
40-49	14.4	5.5	2,368
Residence			
Urban	17.2	8.8	3,587
Rural	14.3	7.5	3,595
Region			
National Capital Region	18.5	10.3	1,144
Cordillera Admin Region	16.3	9.0	115
I - Ilocos Region	20.1	9.1	337
II - Cagayan Valley	13.6	7.5	266
III - Central Luzon	9.1	3.5	782
IVA - CALABARZON	10.8	4.7	1,018
IVB - MIMAROPA	15.3	9.1	172
V - Bicol	16.8	7.3	359
VI - Western Visayas	16.8	8.6	451
VII - Central Visayas	14.9	8.1	469
VIII - Eastern Visayas	21.2	13.1	273
IX - Zamboanga Peninsula	16.2	8.7	304
X - Northern Mindanao	22.8	15.0	321
XI - Davao	21.5	9.6	414
XII - SOCCSKSARGEN	19.6	10.9	339
XIII - Caraga	18.1	10.7	202
ARMM	5.3	1.8	215
Marital status			
Married or living together	15.4	8.4	6,602
Divorced/separated/widowed	20.2	5.5	581
Employment			
Employed for cash	16.7	8.0	3,961
Employed not for cash	17.5	8.5	513
Not employed	14.0	8.2	2,708
Number of living children			
0	14.1	9.5	557
1-2	15.0	8.1	3,322
3-4	17.0	8.0	2,095
5+	16.5	7.8	1,208
Wealth quintile			
Lowest	14.8	8.8	1,385
Second	19.5	10.7	1,392
Middle	15.2	8.2	1,451
Fourth	16.4	8.0	1,520
Highest	12.9	5.0	1,435
Total	15.8	8.1	7,182

Note: Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated or widowed women. Total includes 2 women with no religion and 4 missing information about religion.

[1] Includes in the past 12 months

Table 15.16 shows the percentage of ever-married women who instigated violence against their spouse, ever and in the past 12 months, by characteristics of their husband and empowerment indicators.

Results of the 2013 NDHS show that violence prompted by women is highest among those whose husbands get drunk very often (33 percent). It can be observed that women's violence against their spouse is more common among women whose husband displayed three or more marital controlling behaviors (36 percent to 41 percent), compared with those whose husbands display only 0-2 marital control behaviors (10-22 percent). Among ever-married women who report that their father beat their mother, 25 percent say they committed physical violence against their husband when he was not already beating her as compared with 14 percent of women whose fathers did not beat their mothers.

Table 15.16 Women's violence against their spouse by husband's characteristics

Percentage of ever-married women age 15-49 who have committed physical violence against their current or most recent husband/partner when he was not already beating or physically hurting her, ever and in the past 12 months, according their husband's characteristics, Philippines 2013

Background characteristic	Percentage who have committed physical violence against their husband/partner		Number of ever-married women
	Ever[1]	In the past 12 months	
Husband's education			
No education	13.8	8.3	115
Primary	16.7	8.8	1,880
Secondary	15.6	8.4	3,047
More than secondary	15.3	7.2	2,127
Husband's alcohol consumption			
Does not drink	10.5	4.8	1,678
Drinks/never gets drunk	13.6	5.4	381
Gets drunk sometimes	15.9	8.6	4,572
Gets drunk very often	33.1	16.7	528
Spousal education difference			
Husband better educated	15.5	8.1	2,114
Wife better educated	16.9	9.5	2,736
Both equally educated	15.0	6.8	2,274
Neither educated	0.7	0.0	45
Spousal age difference[2]			
Wife older	16.7	8.9	1,297
Wife is same age	16.2	8.7	662
Wife's 1-4 years younger	14.9	8.1	2,497
Wife's 5-9 years younger	14.9	8.0	1,462
Wife's 10+ years younger	14.9	9.3	667
Number of marital control behaviors displayed by husband[3]			
0	10.3	5.2	4,731
1-2	22.2	11.2	1,771
3-4	36.1	19.5	581
5	40.7	29.7	100
Number of decisions in which women participate[4]			
0	19.9	6.0	628
1-2	19.1	11.8	419
3-4	15.1	8.1	6,135
Number of reasons for which wife-beating is justified[5]			
0	14.9	7.4	6,195
1-2	21.5	13.1	820
3-4	20.9	10.3	138
5	(14.8)	(11.6)	29
Woman's father beat her mother			
Yes	25.0	14.0	1,308
No	13.6	6.9	5,728
Woman afraid of husband			
Most of the time afraid	18.3	11.4	99
Sometimes afraid	23.2	13.0	1,390
Never afraid	14.0	6.9	5,618
Total	15.8	8.1	7,182

Note: Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated or widowed women. Total includes 13 women missing information about husband's education, 23 missing information about husband's alcohol consumption, 13 missing information about spousal education difference, 17 missing spousal age difference, 147 missing information as to whether her father beat her mother, and 75 missing information about fear of husband. Numbers in parentheses are based on 25-49 unweighted cases.

[1] Includes in the past 12 months
[2] Includes only women who have been married only once.
[3] According to the wife's report. See Table 15.8 for list of behaviors.
[4] According to the wife's report. See Table 15.5 for list of decisions.
[5] According to the wife's report. See Table 15.7 for list of reasons.

15.12 HELP-SEEKING BEHAVIOR BY WOMEN WHO EXPERIENCED VIOLENCE

Table 15.17 reveals that among all women who have ever experienced physical and/or sexual violence, 30 percent sought help to stop the violence, 27 percent never sought help but told someone, and 38 percent never sought help and never told anyone. In contrast, one in every four women (25 percent) who have experienced physical abuse only and three in every ten women (29 percent) who have been sexually abused only sought help for the abuse; however the proportion seeking help increases to almost half of women who have experienced both physical and sexual abuse (48 percent).

Table 15.17 Help seeking to stop violence

Percent distribution of women age 15-49 who have ever experienced physical or sexual violence by their help-seeking behavior by type of violence and background characteristics, Philippines 2013

Background characteristic	Sought help to stop violence	Never sought help but told someone	Never sought help, never told anyone	Missing/ don't know	Total	Number of women who have ever experienced any physical or sexual violence
Type of violence experienced						
Physical only	25.3	28.2	40.4	6.1	100.0	1,687
Sexual only	29.0	19.0	51.3	0.7	100.0	235
Physical and sexual	47.5	28.0	24.1	0.3	100.0	461
Age						
15-19	25.5	30.5	39.3	4.7	100.0	408
20-24	26.9	27.1	41.1	4.9	100.0	417
25-29	32.1	28.8	34.7	4.3	100.0	335
30-39	30.9	23.8	40.3	4.9	100.0	657
40-49	33.0	28.1	35.5	3.4	100.0	567
Residence						
Urban	28.4	28.0	38.9	4.7	100.0	1,278
Rural	31.8	26.4	37.7	4.2	100.0	1,105
Region						
National Capital Region	32.6	21.5	39.6	6.3	100.0	393
Cordillera Admin Region	40.3	20.6	28.5	10.6	100.0	43
I - Ilocos Region	27.3	23.2	48.0	1.5	100.0	92
II - Cagayan Valley	31.7	22.5	42.0	3.9	100.0	112
III - Central Luzon	29.3	33.9	31.4	5.4	100.0	208
IVA - CALABARZON	25.0	31.2	37.0	6.7	100.0	269
IVB - MIMAROPA	28.0	33.8	35.6	2.6	100.0	66
V - Bicol	30.9	27.1	41.6	0.5	100.0	152
VI - Western Visayas	32.0	39.6	27.9	0.5	100.0	146
VII - Central Visayas	27.5	26.0	41.5	5.0	100.0	149
VIII - Eastern Visayas	34.5	29.6	32.5	3.5	100.0	94
IX - Zamboanga Peninsula	30.5	22.6	45.2	1.7	100.0	94
X - Northern Mindanao	36.7	18.6	42.0	2.7	100.0	131
XI - Davao	20.8	25.6	50.0	3.6	100.0	171
XII - SOCCSKSARGEN	38.2	32.2	25.8	3.8	100.0	127
XIII – Caraga	23.3	31.5	42.5	2.8	100.0	82
ARMM	26.3	20.8	35.6	17.3	100.0	53
Marital status						
Never married	23.2	30.9	41.0	4.9	100.0	542
Married or living together	30.7	26.7	38.3	4.3	100.0	1,584
Divorced/separated/widowed	39.9	22.9	32.9	4.3	100.0	257
Number of living children						
0	23.7	29.8	40.7	5.7	100.0	656
1-2	31.0	26.5	37.7	4.8	100.0	805
3-4	31.9	27.3	37.7	3.1	100.0	552
5+	35.8	24.3	36.4	3.5	100.0	370
Employment						
Employed for cash	31.3	27.0	37.8	3.9	100.0	1,369
Employed not for cash	27.0	28.2	39.3	5.4	100.0	140
Not employed	28.3	27.5	39.1	5.1	100.0	874
Education						
No education	(43.6)	(11.6)	(38.2)	(6.7)	100.0	26
Elementary	31.6	26.3	38.6	3.4	100.0	456
High school	30.4	27.1	38.0	4.5	100.0	1,273
College	27.3	28.9	38.8	5.0	100.0	628
Wealth quintile						
Lowest	33.6	26.5	35.4	4.5	100.0	456
Second	30.0	26.5	38.9	4.6	100.0	510
Middle	28.7	28.0	38.9	4.4	100.0	533
Fourth	29.8	27.5	38.3	4.3	100.0	478
Highest	27.7	27.8	40.1	4.4	100.0	407
Total	30.0	27.3	38.3	4.4	100.0	2,383

Note: Total includes 1 woman with no religion. Numbers in parentheses are based on 25-49 unweighted cases.

By marital status, help-seeking behavior is more common among divorced, separated or widowed women (40 percent) than the never-married women (23 percent) or women who are currently married (31 percent).

In Cordillera Administrative Region, Eastern Visayas, Northern Mindanao, and SOCCSKSARGEN, a higher proportion of women who have ever experienced physical or sexual violence have sought help to stop the violence than in other regions.

Table 15.18 presents information on the types of sources from which women seek help to stop violence, according to the type of violence experienced. Overall, the most common sources of help for women who experienced either physical, sexual or both types of violence are their own families (59 percent), friends (17 percent), neighbors (9 percent), and the husband or partner's family (8 percent). Police have also been sought for help (6 percent) by women who experienced physical and/or sexual violence. These are also the most common sources of help for abused women reported in 2008 NDHS but with a lower proportion seeking help from their own families.

Table 15.18 Sources for help to stop the violence

Percentage of women age 15-49 who have experienced physical or sexual violence and sought help by sources from which they sought help, according to the type of violence that women reported, Philippines 2013

	Type of violence experienced			
Sources of help	Physical only	Sexual only	Physical and sexual	Total
Own family	60.6	63.2	53.5	58.7
Husband/partner's family	7.7	4.5	8.6	7.6
Husband/partner	0.2	0.0	1.1	0.4
Boyfriend	0.8	0.0	0.0	0.5
Friend	13.9	28.5	19.2	16.9
Neighbor	8.5	7.4	10.8	9.1
Religious leader	0.1	0.0	1.3	0.5
Doctor/medical personnel	0.5	0.0	0.7	0.5
Police	5.0	3.8	7.6	5.7
Lawyer	0.2	2.8	3.0	1.3
Social work organization	2.7	0.0	4.7	3.0
Other	17.4	14.9	24.6	19.4
Number of women who sought help	427	68	219	714

Note: Women can report more than one source from which they sought help.

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SAMPLE DESIGN AND IMPLEMENTATION *Appendix* A

A.1 INTRODUCTION

The 2013 National Demographic and Health Survey (NDHS) is the tenth in a series of demographic surveys conducted in the Philippines every five years since 1968. The survey mainly aims to provide reliable data on population and health for the national and regional levels, as well as for the urban and rural areas. The 2013 NDHS has the following specific objectives:

- to collect data which will allow the estimation of demographic rates, particularly fertility rates and under-five mortality rates by urban-rural residence and region;
- to analyze the direct and indirect factors which determine the level and patterns of fertility;
- to measure the level of contraceptive knowledge and practice by method, urban-rural residence and region;
- to collect data on health, immunizations, prenatal and postnatal check-ups, assistance at delivery, breastfeeding, and prevalence and treatment of diarrhea, fever and acute respiratory infections among children below five years old;
- to collect data on environmental health, utilization of health facilities, prevalence of common non-communicable and infectious diseases, and membership in PhilHealth;
- to collect data on awareness of cancer, heart disease, diabetes, dengue fever, and tuberculosis;
- to determine the knowledge of women about AIDS, the extent of misconceptions about HIV transmission, and access to HIV testing; and
- to determine the extent of violence against women

A.2 SAMPLE DESIGN

The Philippines consists of 17 administrative regions. A region is composed of provinces, which are subdivided into cities, municipalities and barangays. A barangay, which is the smallest local government unit, is classified as urban or rural.

Unlike the 2003 NDHS and 2008 NDHS, which used the 2003 Master Sample created by the National Statistics Office based on the 2000 Census of Population and Housing (CPH), the 2013 NDHS utilized a special sampling frame based on the 2010 CPH frame.

In the 2010 CPH, barangays were classified as either urban or rural based on the 2003 definition of urban areas, approved through National Statistical Coordination Board (NSCB) Resolution No. 9, series of 2003. A barangay is classified as urban if it meets any of the following criteria:

1. It has a population size of 5,000 or more;

2. It has at least one establishment with a minimum of 100 employees;

3. It has five or more establishments with 10 to 99 employees, and five or more facilities within the two-kilometer radius from the barangay hall. The following facilities were considered in the classification of a barangay into either urban or rural under criteria 3:

   i. town/city hall or province capitol

   ii. church, chapel or mosque with religious service at least once a month

   iii. public plaza, park or cemetery

   iv. market place or building where trading activities are carried out at least once a week

   v. public building like school (elementary, high school, and college), hospital, puericulture or health center, or library

   vi. landline telephone system or calling station or cellular phone signal

   vii. postal service or public fire-protection service

   viii. community waterworks system or public-street sweeper

   ix. seaport in operation

A barangay which does not satisfy any of the criteria above is classified as rural.

In the 2000 CPH, which was used in the 2003 Master Sample, barangays were classified into either urban or rural based on the criteria adopted in 1970 as follows:

1. In their entirety, all cities and municipalities which have a population density of at least 1000 persons per square kilometer.

2. Poblaciones or central districts of municipalities and cities which have a population density of at least 500 persons per square kilometer.

3. Poblaciones or central districts, not included in 1 and 2 above, regardless of population size which have the following characteristics:

   a) Street pattern, that is, network of streets in either parallel or right angle orientation;

   b) At least six establishments, either commercial, manufacturing, recreational and/or personal services; and,

   c) At least three of the following:

      i. a town hall, church or chapel with a religious service at least once a year;

      ii. a public place, park or cemetery;

iii. a market place or building where trading activities are carried on at least once a week; and,

iv. a public building like a school, hospital, puericulture or health center or library.

4. Barrios, having at least 1000 inhabitants, which meet the conditions set forth in No. 3 and in which the occupation of the inhabitants is predominantly non-farming/fishing.

Table A.1 presents the distribution of total number of households in 2010 Census of Population and Housing (CPH) sampling frame by region, and urban rural strata.

Table A.1 Households in sampling frame

Distribution of total number of households in 2010 CPH sampling frame by region, urban and rural strata

	Urban		Rural		Total households	
Region	Number	Percent	Number	Percent	Number	Percent
National Capital Region	2,755,512	100.0	0	0.0	2,755,512	13.7
Cordillera Admin Region	98,977	28.1	253,426	71.9	352,403	1.7
I - Ilocos Region	133,707	12.7	916,898	87.3	1,050,605	5.2
II - Cagayan Valley	85,002	11.7	642,325	88.3	727,327	3.6
III - Central Luzon	1,157,736	51.7	1,081,275	48.3	2,239,011	11.1
IVA - CALABARZON	1,716,961	60.6	1,116,634	39.4	2,833,595	14.1
IVB - MIMAROPA	135,697	22.5	466,434	77.5	602,131	3.0
V - Bicol	171,494	15.4	940,259	84.6	1,111,753	5.5
VI - Western Visayas	536,981	35.2	989,606	64.8	1,526,587	7.6
VII - Central Visayas	662,048	44.5	825,662	55.5	1,487,710	7.4
VIII - Eastern Visayas	75,364	8.7	790,293	91.3	865,657	4.3
IX - Zamboanga Peninsula	247,877	34.1	478,395	65.9	726,272	3.6
X - Northern Mindanao	385,118	42.0	532,722	58.0	917,840	4.6
XI - Davao	601,993	59.5	409,950	40.5	1,011,943	5.0
XII - SOCCSKSARGEN	427,069	46.6	488,969	53.4	916,038	4.5
ARMM	63,558	12.5	445,120	87.5	508,678	2.5
XIII - Caraga	139,850	27.7	364,407	72.3	504,257	2.5
PHILIPPINES	9,394,944	46.7	10,742,375	53.3	20,137,319	100.0

Since the definition of urban used in the 2013 NDHS is more stringent than the one used in the 2008 NDHS, the net effect is that a smaller population is considered urban in 2013.

A stratified two-stage sample design was used for the 2013 NDHS. The sampling frame was based on the enumeration areas (EAs) defined for the 2010 CPH, which were selected as primary sampling units (PSUs) at the first sampling stage. An enumeration area (EA) is a barangay or part of a barangay, which consists of about 350 to 500 households. Generally, a barangay constitutes one EA. However, barangays with a large population or physical area may be divided into two or more EAs. The census database of housing units (both occupied and vacant) for each sample EA was the frame for selecting a sample of households at the second stage. The information on the address and name of head of household for each selected housing unit was keyed from images from the scanned 2010 CPH forms 2 and 3.

As the list of housing units in the 2010 CPH was three years old at the time of the 2013 NDHS data collection, it would have been ideal to conduct a new listing of housing units in the sample EAs for selecting the sample households to ensure that the second stage sampling frame is representative of the current population. However, the budget for the NDHS did not include a new listing operation. Since the unoccupied housing units identified in the 2010 CPH enumeration will be included in the frame for selecting the sample households, the sample will be representative of households who moved into housing units that existed at the time of the census. However, any new housing units that were constructed in the previous three years were excluded from the frame, which may result in a slight bias.

A.3 SAMPLE IMPLEMENTATION

As the 2013 NDHS aims to provide estimates of key indicators on population and health for the Philippines as a whole, for urban and rural areas, and for the 17 regions, a total of 800 enumeration areas (EAs)—334 in urban areas and 466 in rural areas—were selected from the list of EAs in the Philippines 2010 CPH. The sampling frame of EAs was stratified by region, urban and rural areas. A minimum of 36 sample EAs were allocated to the smaller regions in order to provide a sufficient level of precision for the regional-level estimates. The sample allocation for the other regions was based on the size of each region, with a maximum of 82 sample EAs for the largest regions. Within each region the sample EAs were allocated proportionally to the urban and rural strata, based on the number of households in the CPH 2010 frame (see Table A.2).

The sample selection methodology for the 2013 NDHS was based on a stratified two-stage sample design. At the first sampling stage, the sample EAs for the 2013 NDHS were selected within each stratum (region, urban/rural) systematically with probability proportional to size (PPS) from the ordered list of EAs in the sampling frame. The sample EAs were selected separately for each region by urban/rural stratum. The measure of size for each EA was based on the number of housing units in the Philippines 2010 CPH sampling frame of EAs. Within each stratum, the EAs were ordered geographically by province, municipality, barangay and EA codes, which provided implicit geographic stratification of the sampling frame, and automatically resulted in a proportional allocation of the sample EAs by province within each region, urban/rural stratum.

Table A.2 Sample allocation of enumeration areas

Sample allocation of enumeration areas by region, urban and rural strata, Philippines 2013

	Residence		
Region	Urban	Rural	Total
National Capital Region	82	0	82
Cordillera Admin Region	11	27	38
I - Ilocos Region	5	37	42
II - Cagayan Valley	4	32	36
III - Central Luzon	37	35	72
IVA - CALABARZON	50	32	82
IVB - MIMAROPA	8	28	36
V - Bicol	7	37	44
VI - Western Visayas	20	36	56
VII - Central Visayas	25	31	56
VIII - Eastern Visayas	3	33	36
IX - Zamboanga Peninsula	12	24	36
X - Northern Mindanao	15	21	36
XI - Davao	24	16	40
XII - SOCCSKSARGEN	17	19	36
ARMM	4	32	36
XIII - Caraga	10	26	36
PHILIPPINES	334	466	800

At the second stage, 20 sample housing units were selected from the 2010 CPH data for each sample EA. In the case of sample housing units with more than one household, all the households were included in the sample.

Tables A.3 and A.4 present the sample implementation results by number of households selected and interviewed and number of eligible women found and interviewed, by urban-rural residence and region.

Table A.3 Sample implementation

Percent distribution of households and eligible women by results of the household and individual interviews, and household, eligible women and overall women response rates, according to urban-rural residence (unweighted), Philippines 2013

Result	Residence		Total
	Urban	Rural	
Selected households			
Completed (C)	88.1	88.8	88.5
Household present but no competent respondent at home (HP)	0.1	0.2	0.1
Postponed (P)	0.0	0.0	0.0
Refused (R)	0.3	0.0	0.1
Dwelling not found (DNF)	0.3	0.2	0.3
Household absent (HA)	0.9	0.9	0.9
Dwelling vacant/address not a dwelling (DV)	6.7	6.2	6.4
Dwelling destroyed (DD)	3.5	3.5	3.5
Other (O)	0.2	0.2	0.2
Total	100.0	100.0	100.0
Number of sampled households	7,098	9,634	16,732
Household response rate (HRR)[1]	99.2	99.5	99.4
Eligible women			
Completed (EWC)	98.3	98.3	98.3
Not at home (EWNH)	0.5	0.4	0.4
Refused (EWR)	0.1	0.0	0.1
Incapacitated (EWI)	0.7	0.9	0.8
Other (EWO)	0.5	0.4	0.4
Total	100.0	100.0	100.0
Number of women	7,742	8,695	16,437
Eligible women response rate (EWRR)[2]	98.3	98.3	98.3
Overall women response rate (ORR)[3]	97.5	97.8	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] The eligible women response rate (EWRR) is equivalent to the percentage of interviews completed (EWC)

[3] The overall women response rate (OWRR) is calculated as: OWRR = HRR * EWRR/100

Table A.4 Sample implementation

Percent distribution of households and eligible women by results of the household and individual interviews, and household, eligible women and overall women response rates, according to region (unweighted), Philippines 2013

	Region																	
Result	NCR	CAR	I - Ilocos Region	II – Caga-yan Valley	III - Central Luzon	IVA – CALA-BAR-ZON	IVB – MIMA-ROPA	V - Bicol	VI - Western Visayas	VII - Central Visayas	VIII - Eastern Visayas	IX – Zambo-anga Penin-sula	X – North-ern Min-danao	XI - Davao	XII – SOCC-SKSAR-GEN	XIII - Caraga	ARMM	Total
Selected households																		
Completed (C)	90.7	91.0	87.7	91.3	85.9	86.4	86.4	87.9	87.2	85.0	85.4	92.9	86.3	92.4	90.5	93.8	87.6	88.5
Household present but no competent respondent at home (HP)	0.0	0.0	0.1	0.3	0.1	0.1	0.3	0.1	0.3	0.4	0.1	0.1	0.1	0.2	0.0	0.0	0.0	0.1
Postponed (P)	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	0.0	0.0	0.0	0.0
Refused (R)	0.7	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.5	0.3	0.0	0.0	0.0	0.3	0.0	0.0	0.1
Dwelling not found (DNF)	0.1	0.3	0.3	0.0	0.1	0.8	0.1	0.2	0.3	0.1	0.0	0.3	0.0	0.6	0.1	0.0	0.9	0.3
Household absent (HA)	0.3	0.5	0.4	0.3	1.2	1.2	0.6	1.3	0.5	0.5	0.7	1.7	0.4	0.4	0.9	1.0	3.9	0.9
Dwelling vacant/address not a dwelling (DV)	4.6	7.8	8.2	5.9	10.1	8.5	6.1	5.1	6.0	7.5	8.7	4.3	5.6	3.1	4.6	3.7	5.6	6.4
Dwelling destroyed (DD)	3.5	0.5	2.5	2.2	2.5	2.7	6.6	5.0	5.6	5.8	4.8	0.7	6.9	2.9	3.4	1.6	2.0	3.5
Other (O)	0.1	0.0	0.8	0.0	0.1	0.3	0.0	0.3	0.1	0.1	0.0	0.0	0.7	0.5	0.1	0.0	0.0	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
Number of sampled households	1,856	774	892	761	1,487	1,690	726	898	1,144	1,131	732	760	750	840	757	736	798	16,732
Household response rate (HRR)[1]	99.1	99.7	99.5	99.7	99.8	99.1	99.5	99.6	99.3	98.8	99.5	99.6	99.8	99.1	99.6	100.0	99.0	99.4
Eligible women																		
Completed (EWC)	98.0	98.7	98.6	97.1	98.6	97.1	99.1	98.2	97.9	97.9	98.3	99.0	98.7	99.2	98.8	98.9	98.5	98.3
Not at home (EWNH)	0.7	0.1	0.3	1.1	0.1	1.3	0.0	0.2	0.1	0.7	0.3	0.3	0.0	0.0	0.1	0.1	0.2	0.4
Refused (EWR)	0.2	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.2	0.0	0.1	0.0	0.0	0.0	0.0	0.1	0.1
Incapacitated (EWI)	0.7	0.6	1.0	0.7	0.8	0.7	0.3	1.2	2.0	1.0	1.3	0.2	0.7	0.4	0.3	0.9	0.6	0.8
Other (EWO)	0.4	0.6	0.1	1.1	0.6	0.7	0.5	0.4	0.0	0.2	0.0	0.3	0.6	0.3	0.8	0.1	0.5	0.4
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
Number of women	2,296	681	718	715	1,400	1,637	581	811	950	978	602	945	708	905	763	812	935	16,437
Eligible women response rate (EWRR)[2]	98.0	98.7	98.6	97.1	98.6	97.1	99.1	98.2	97.9	97.9	98.3	99.0	98.7	99.2	98.8	98.9	98.5	98.3
Overall women response rate (ORR)[3]	97.1	98.4	98.1	96.8	98.3	96.2	98.7	97.8	97.2	96.6	97.9	98.6	98.6	98.3	98.4	98.9	97.5	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] The eligible women response rate (EWRR) is equivalent to the percentage of interviews completed (EWC)
[3] The overall women response rate (OWRR) is calculated as: OWRR = HRR * EWRR/100

A.4 SAMPLING WEIGHT

In order for the sample estimates from the 2013 NDHS to be representative of the population, it will be necessary to multiply the data by a sampling weight. The basic weight for each sample household is equal to the inverse of its probability of selection (calculated by multiplying the probabilities at each sampling stage).

Based on the stratified two-stage sample design, the overall probability of selection for sample households in the 2013 NDHS can be expressed as follows:

$$p_{hi} = \frac{n_h \times M_{hi}}{M_h} \times \frac{m_{hi}}{M_{hi}} = \frac{n_h \times 20}{M_h},$$

where:

p_{hi} = probability of selection for the sample households in the i-th sample EA in stratum (region, urban/rural) h

n_h = number of sample EAs selected in stratum h for the 2013 NDHS

M_h = total number of housing units in the 2010 CPH sampling frame of EAs (cumulated measure of size) for stratum h

M_{hi} = total number of housing units in the 2010 CPH frame for the i-th sample EA in stratum h

m_{hi} = number of sample housing units selected in the i-th sample EA in stratum h (that is, 20)

The two components of this probability of selection correspond to the individual sampling stages. The basic sampling weight is calculated as the inverse of this probability of selection. Based on the previous expression for the probability, the weight can be simplified as follows:

$$W_{hi} = \frac{M_h}{n_h \times 20},$$

where:

W_{hi} = basic weight for the sample households in the i-th sample EA in stratum h

Since m_{hi} is constant for each stratum (20), the sample will be self-weighting within each stratum. It is also important to adjust the weights to take into account the non-interviewed households in each sample EA. The weights were adjusted for nonresponse at the stratum level; the adjustment factor for each stratum was calculated as the inverse of the weighted household response rate for the stratum. The final weight (W'_{hi}) for the sample households in the i-th sample EA in stratum h can be expressed as follows:

$$W'_{hi} = W_{hi} \times \frac{1}{RR_h},$$

where:

RR_h = weighted response rate for the households in stratum h:

$$RR_h = \frac{\sum_{i \in h} W_{hi} \times m''_{hi}}{\sum_{i \in h} W_{hi} \times m'_{hi}},$$

m''_{hi} = number of sample households with completed interviews in the i-th sample EA in stratum h

m'_{hi} = total number of in-scope sample households (in occupied housing units) selected in the i-th sample EA in stratum h

Following the adjustment of the household weights for nonresponse, these weights were normalized (standardized) in the 2013 NDHS database so that relative weights can be used for the analysis of the data. In this way the sum of the relative weights will be equal to the number of sample households. The household weights were normalized by dividing each weight by the average weight at the national level (that is, the sum of the weights for all sample households divided by the number of sample households). Therefore, the relative weights have a mean value of 1.

Given that sometimes it is not possible to complete a woman questionnaire for each eligible woman identified in a sample household, it is also necessary to have a separate woman weight with an additional nonresponse adjustment factor applied to the household weight. The woman weight can be expressed as follows:

$$W_{whi} = W'_{hi} \times \frac{1}{RRW_h},$$

where:

W_{whi} = adjusted weight for data in woman questionnaires for the i-th sample EA in stratum h

RRW_h = weighted response rate for the sample women in stratum h:

$$RRW_h = \frac{\sum_{i \in h} W_{hi} \times w'_{hi}}{\sum_{i \in h} W_{hi} \times w_{hi}},$$

w'_{hi} = number of women with completed interviews for all sample households in the i-th sample EA in stratum h

w_{hi} = total number of women age 15 to 49 years identified in the questionnaire roster for all sample households in the i-th sample EA in stratum h

The woman weights were normalized in the same way as the household weights. Each woman weight was divided by the national average of the woman weights.

Finally, because only one eligible woman per household was randomly selected to be interviewed with the Women's Safety module, separate weights were calculated for these women. The weight for the Women's Safety module is equal to the adjusted household weight times the number of eligible women in the household. This weight was also adjusted for nonresponse and then normalized.

ESTIMATES OF SAMPLING ERRORS *Appendix* B

The estimates from a sample survey are affected by two types of errors: (1) nonsampling errors and (2) 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 2013 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 2013 NDHS is only one of many samples that could have been selected from the same population, using the same design and identical size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling error is a measure of the variability between the results of all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey data.

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 2013 NDHS sample is the result of a multistage stratified design, and, consequently, it was necessary to use more complex formulae. The computer software used to calculate sampling errors for the 2013 NDHS is a SAS program. This program used the Taylor linearization method for variance estimation for survey estimates that are means or proportions. The Jackknife repeated replications 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 weighted 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:

$$SE^2(r) = \mathrm{var}(r) = \frac{1}{x^2}\sum_{h=1}^{H}\left[\frac{m_h(1-f_h)}{m_h-1}\left(\sum_{i=1}^{m_h} z_{hi}^2 - \frac{z_h^2}{m_h}\right)\right]$$

in which

$z_{hi} = y_{hi} - rx_{hi}$, 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 of PSUs in the hth stratum, which is small and ignored.

The Jackknife repeated replications 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 2013 NDHS, there were 800 non-empty clusters. Hence, 800 replications were created. The variance of a rate r is calculated as follows:

$$SE^2(r) = \mathrm{var}(r) = \frac{1}{k(k-1)} \sum_{i=1}^{k} (r_i - r)^2$$

in which

$$ri = kr - (k-1)r(i)$$

where r is the estimate computed from the full sample of 800 clusters,
$r_{(i)}$ the estimate computed from the reduced sample of 799 clusters (i^{th} cluster excluded), and
k is the total number of clusters.

In addition to the standard error, the program 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 due to the use of a more complex and less statistically efficient design, such as multistage and cluster sampling. The program also computes the relative standard error and the confidence limits for the estimates.

Sampling errors for the 2013 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) and weighted (WN) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits (R±2SE), for each indicator. The DEFT is considered undefined when the standard error based on a 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 the *proportion of married women currently using any contraceptive method*) can be interpreted as follows: the overall proportion from the national sample is 0.551 and its standard error is 0.006. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate, i.e., 0.551±2×0.006. There is a high probability (95 percent) that the *true* proportion of married women using any method is between 0.539 and 0.563.

For the total sample, the value of the DEFT, averaged over all variables, is 1.186. This means that, because of multi-stage clustering of the sample, the average standard error is increased by a factor of 1.186 over that from a simple random sample of the same size.

Table B.1 List of selected variables for sampling errors, Philippines, 2013

Variable	Estimate	Base population
Urban residence	Proportion	All women 15-49
Secondary education or higher	Proportion	All women 15-49
Never married/in union	Proportion	All women 15-49
Currently married/in union	Proportion	All women 15-49
Married before age 20	Proportion	All women 20-49
Had sexual intercourse before age 18	Proportion	All women 20-49
Currently pregnant	Proportion	All women 15-49
Children ever born	Mean	All women 15-49
Children surviving	Mean	All women 15-49
Currently using any method	Proportion	Currently married women 15-49
Currently using a modern method	Proportion	Currently married women 15-49
Currently using a traditional method	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 male condoms	Proportion	Currently married women 15-49
Currently using injectables	Proportion	Currently married women 15-49
Currently using female sterilization	Proportion	Currently married women 15-49
Currently using rhythm	Proportion	Currently married women 15-49
Used public sector source	Proportion	Current users of modern method
Want no more children	Proportion	Currently married women 15-49
Want to delay next birth at least 2 years	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
Mothers received prenatal care for last birth	Proportion	Women with a live birth in last five years
Mothers protected against tetanus for last birth	Proportion	Women with a live birth in last five years
Births with skilled attendant at delivery	Proportion	Births occurring in last five years
Delivery in a health facility	Proportion	Births occurring in last five years
Postnatal care for mothers within two days after birth	Proportion	Women with a live birth in last two years
Had diarrhea in the past 2 weeks	Proportion	Children under 5
Treated with ORS	Proportion	Children under 5 with diarrhea in past 2 weeks
Sought medical treatment for diarrhea	Proportion	Children under 5 with diarrhea in past 2 weeks
Vaccination card seen	Proportion	Children 12-23 months
Received BCG vaccination	Proportion	Children 12-23 months
Received DPT vaccination (3 doses)	Proportion	Children 12-23 months
Received polio vaccination (3 doses)	Proportion	Children 12-23 months
Received measles vaccination	Proportion	Children 12-23 months
Received all vaccinations	Proportion	Children 12-23 months
Abstinence among never married youth (never had sex)	Proportion	Never-married women 15-24
Sexually active in past 12 months among never married youth	Proportion	Never-married women 15-24
Had an HIV test and received results in past 12 months	Proportion	All women 15-49
Ever experienced any physical or sexual violence by husband/partner	Proportion	Ever-married women 15-49 interviewed on Women Safety
Total fertility rate (3 years)	Rate	Women-years of exposure to childbearing
Neonatal mortality rate[1]	Rate	Children exposed to the risk of mortality
Post-neonatal mortality rate[1]	Rate	Children exposed to the risk of mortality
Infant mortality rate[1]	Rate	Children exposed to the risk of mortality
Child mortality rate[1]	Rate	Children exposed to the risk of mortality
Under-five mortality rate[1]	Rate	Children exposed to the risk of mortality

[1] The mortality rates are calculated for last 0-4 years before the survey for the national sample, and last 0-9 years before the survey for regional samples

Table B.2 Sampling errors: Total sample, Philippines 2013

VARIABLE	Value (R)	Standard error (SE)	Number of Cases Un-weighted (N)	Number of Cases Weight-ed (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	0.531	0.005	16155	16155	1.239	0.009	0.522	0.541
Secondary or higher education	0.828	0.005	16155	16155	1.714	0.006	0.818	0.838
Never married (never in union)	0.348	0.004	16155	16155	1.201	0.013	0.339	0.357
Currently married (in union)	0.602	0.005	16155	16155	1.233	0.008	0.593	0.612
Married before age 20	0.312	0.006	12894	12918	1.369	0.018	0.301	0.323
Had sexual intercourse before age 18	0.180	0.004	12894	12918	1.294	0.024	0.171	0.188
Currently pregnant	0.042	0.002	16155	16155	1.078	0.040	0.039	0.046
Children ever born	1.896	0.022	16155	16155	1.295	0.012	1.852	1.941
Children surviving	1.817	0.020	16155	16155	1.254	0.011	1.776	1.858
Currently using any method	0.551	0.006	9866	9729	1.226	0.011	0.539	0.563
Currently using a modern method	0.376	0.006	9866	9729	1.167	0.015	0.365	0.388
Currently using a traditional method	0.175	0.004	9866	9729	1.164	0.025	0.166	0.184
Currently using pill	0.191	0.005	9866	9729	1.160	0.024	0.182	0.201
Currently using IUD	0.035	0.003	9866	9729	1.380	0.073	0.030	0.040
Currently using male condoms	0.019	0.002	9866	9729	1.114	0.081	0.016	0.022
Currently using injectables	0.037	0.002	9866	9729	1.146	0.059	0.032	0.041
Currently using female sterilization	0.085	0.003	9866	9729	1.128	0.037	0.079	0.092
Currently using rythm	0.051	0.002	9866	9729	1.080	0.047	0.046	0.056
Used public sector source	0.472	0.010	3753	3755	1.232	0.021	0.452	0.492
Want no more children	0.623	0.005	9866	9729	1.056	0.008	0.613	0.633
Want to delay next birth at least 2 years	0.187	0.004	9866	9729	1.062	0.022	0.179	0.196
Unmet need for family planning	0.175	0.004	9866	9729	1.095	0.024	0.167	0.183
Ideal number of children	2.781	0.017	16081	16080	1.558	0.006	2.748	2.815
Mothers received prenatal care for last birth	0.954	0.003	5301	5188	1.147	0.003	0.947	0.961
Mothers protected against tetanus for last birth	0.819	0.007	5301	5188	1.277	0.008	0.805	0.832
Births with skilled attendant at delivery	0.728	0.010	7216	6982	1.563	0.014	0.707	0.748
Delivery in a health facility	0.611	0.011	7216	6982	1.563	0.017	0.590	0.633
Postnatal care for mothers within two days after birth	0.720	0.011	2766	2698	1.295	0.016	0.697	0.742
Had diarrhea in the last 2 weeks	0.080	0.004	7012	6796	1.100	0.047	0.072	0.087
Treated with ORS	0.491	0.023	551	542	1.021	0.046	0.446	0.537
Sought medical treatment for diarrhea	0.421	0.023	551	542	1.033	0.054	0.375	0.467
Vaccination card seen	0.576	0.015	1423	1397	1.147	0.026	0.546	0.607
Received BCG vaccination	0.954	0.005	1423	1397	0.973	0.006	0.943	0.965
Received DPT vaccination (3 doses)	0.861	0.010	1423	1397	1.079	0.012	0.842	0.881
Received polio vaccination (3 doses)	0.846	0.010	1423	1397	1.061	0.012	0.825	0.866
Received measles vaccination	0.839	0.011	1423	1397	1.091	0.013	0.817	0.860
Received all vaccinations	0.765	0.012	1423	1397	1.084	0.016	0.740	0.789
Abstinence among never-married youth (never had sex)	0.894	0.005	4394	4401	1.163	0.006	0.883	0.905
Sexually active in past 12 months among never-married youth	0.066	0.004	4394	4401	1.187	0.068	0.057	0.075
Had an HIV test and received results in past 12 months	0.007	0.001	16155	16155	1.148	0.111	0.005	0.008
Ever experienced any physical or sexual violence by husband/partner	0.169	0.005	8160	7182	1.248	0.031	0.159	0.180
Total fertility rate (3 years)	3.040	0.058	45081	45149	1.223	0.019	2.924	3.157
Neonatal mortality rate (last 0-4 years)	12.581	1.386	7289	7045	1.010	0.110	9.809	15.353
Post-neonatal mortality rate (last 0-4 years)	10.126	1.229	7305	7067	1.009	0.121	7.668	12.584
Infant mortality rate (last 0-4 years)	22.707	1.865	7294	7050	1.007	0.082	18.977	26.437
Child mortality rate (last 0-4 years)	8.595	1.145	7360	7124	1.043	0.133	6.306	10.884
Under-five mortality rate (last 0-4 years)	31.107	2.232	7316	7071	1.040	0.072	26.643	35.571

na = Not applicable

Table B.3 Sampling errors: Urban sample, Philippines 2013

VARIABLE	Value (R)	Standard error (SE)	Number of Cases: Un-weighted (N)	Number of Cases: Weight-ed (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	1.000	0.000	7609	8585	na	0.000	1.000	1.000
Secondary or higher education	0.885	0.005	7609	8585	1.428	0.006	0.875	0.896
Never married (never in union)	0.386	0.007	7609	8585	1.206	0.017	0.372	0.399
Currently married (in union)	0.551	0.007	7609	8585	1.236	0.013	0.537	0.566
Married before age 20	0.262	0.008	6081	6879	1.357	0.029	0.247	0.277
Had sexual intercourse before age 18	0.156	0.006	6081	6879	1.252	0.037	0.144	0.168
Currently pregnant	0.038	0.002	7609	8585	1.013	0.059	0.033	0.042
Children ever born	1.642	0.029	7609	8585	1.277	0.018	1.584	1.700
Children surviving	1.584	0.027	7609	8585	1.232	0.017	1.531	1.637
Currently using any method	0.565	0.009	4216	4734	1.175	0.016	0.548	0.583
Currently using a modern method	0.378	0.008	4216	4734	1.100	0.022	0.362	0.394
Currently using a traditional method	0.187	0.007	4216	4734	1.099	0.035	0.174	0.201
Currently using pill	0.179	0.007	4216	4734	1.126	0.037	0.166	0.193
Currently using IUD	0.035	0.004	4216	4734	1.266	0.103	0.027	0.042
Currently using male condoms	0.022	0.002	4216	4734	1.088	0.112	0.017	0.027
Currently using injectables	0.034	0.003	4216	4734	1.118	0.092	0.028	0.040
Currently using female sterilization	0.096	0.005	4216	4734	1.072	0.051	0.087	0.106
Currently using rythm	0.049	0.003	4216	4734	1.047	0.071	0.042	0.056
Used public sector source	0.439	0.015	1670	1878	1.213	0.034	0.410	0.469
Want no more children	0.624	0.007	4216	4734	0.993	0.012	0.609	0.639
Want to delay next birth at least 2 years	0.181	0.006	4216	4734	1.024	0.034	0.169	0.193
Unmet need for family planning	0.167	0.006	4216	4734	1.098	0.038	0.155	0.180
Ideal number of children	2.588	0.019	7578	8549	1.405	0.007	2.550	2.625
Mothers received prenatal care for last birth	0.967	0.004	2225	2489	1.192	0.005	0.959	0.976
Mothers protected against tetanus for last birth	0.806	0.011	2225	2489	1.266	0.013	0.785	0.828
Births with skilled attendant at delivery	0.832	0.012	2936	3261	1.450	0.015	0.807	0.856
Delivery in a health facility	0.724	0.015	2936	3261	1.481	0.020	0.695	0.753
Postnatal care for mothers within two days after birth	0.790	0.015	1151	1290	1.207	0.018	0.761	0.819
Had diarrhea in the last 2 weeks	0.077	0.005	2865	3185	1.040	0.070	0.066	0.088
Treated with ORS	0.542	0.036	216	245	1.028	0.066	0.470	0.614
Sought medical treatment for diarrhea	0.436	0.035	216	245	1.003	0.081	0.365	0.506
Vaccination card seen	0.568	0.023	600	671	1.100	0.040	0.523	0.613
Received BCG vaccination	0.966	0.008	600	671	1.058	0.008	0.951	0.982
Received DPT vaccination (3 doses)	0.879	0.014	600	671	1.019	0.015	0.852	0.906
Received polio vaccination (3 doses)	0.858	0.014	600	671	0.969	0.016	0.830	0.886
Received measles vaccination	0.856	0.015	600	671	1.015	0.017	0.827	0.886
Received all vaccinations	0.788	0.017	600	671	0.988	0.021	0.754	0.821
Abstinence among never-married youth (never had sex)	0.875	0.008	2211	2479	1.174	0.009	0.858	0.891
Sexually active in past 12 months among never-married youth	0.080	0.007	2211	2479	1.196	0.086	0.066	0.094
Had an HIV test and received results in past 12 months	0.008	0.001	7609	8585	1.155	0.152	0.005	0.010
Ever experienced any physical or sexual violence by husband	0.175	0.008	3443	3587	1.268	0.047	0.158	0.191
Total fertility rate (3 years)	2.627	0.074	21366	24143	1.229	0.028	2.479	2.775
Neonatal mortality rate (last 0-9 years)	8.847	1.220	5847	6521	0.957	0.138	6.408	11.286
Post-neonatal mortality rate (last 0-9 years)	9.780	1.352	5852	6523	0.993	0.138	7.076	12.483
Infant mortality rate (last 0-9 years)	18.627	1.847	5851	6525	0.970	0.099	14.932	22.322
Child mortality rate (last 0-9 years)	6.961	1.199	5801	6471	1.070	0.172	4.563	9.359
Under-five mortality rate (last 0-9 years)	25.458	2.384	5862	6537	1.062	0.094	20.691	30.225

na = Not applicable

Table B.4 Sampling errors: Rural sample, Philippines 2013

VARIABLE	Value (R)	Standard error (SE)	Number of Cases Un-weighted (N)	Number of Cases Weight-ed (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	0.000	0.000	8546	7570	na	na	0.000	0.000
Secondary or higher education	0.763	0.009	8546	7570	1.966	0.012	0.745	0.781
Never married (never in union)	0.304	0.006	8546	7570	1.154	0.019	0.293	0.316
Currently married (in union)	0.660	0.006	8546	7570	1.183	0.009	0.648	0.672
Married before age 20	0.369	0.008	6813	6040	1.376	0.022	0.353	0.385
Had sexual intercourse before age 18	0.207	0.007	6813	6040	1.337	0.032	0.194	0.220
Currently pregnant	0.048	0.003	8546	7570	1.144	0.055	0.043	0.053
Children ever born	2.185	0.034	8546	7570	1.332	0.016	2.116	2.253
Children surviving	2.081	0.031	8546	7570	1.290	0.015	2.018	2.143
Currently using any method	0.538	0.008	5650	4995	1.262	0.016	0.521	0.554
Currently using a modern method	0.375	0.008	5650	4995	1.226	0.021	0.359	0.390
Currently using a traditional method	0.163	0.006	5650	4995	1.216	0.037	0.151	0.175
Currently using pill	0.203	0.006	5650	4995	1.189	0.031	0.190	0.215
Currently using IUD	0.036	0.004	5650	4995	1.484	0.102	0.029	0.043
Currently using male condoms	0.016	0.002	5650	4995	1.107	0.116	0.012	0.019
Currently using injectables	0.039	0.003	5650	4995	1.167	0.077	0.033	0.045
Currently using female sterilization	0.075	0.004	5650	4995	1.173	0.055	0.066	0.083
Currently using rythm	0.053	0.003	5650	4995	1.104	0.062	0.046	0.060
Used public sector source	0.505	0.014	2083	1877	1.235	0.027	0.478	0.532
Want no more children	0.622	0.007	5650	4995	1.111	0.012	0.608	0.636
Want to delay next birth at least 2 years	0.193	0.006	5650	4995	1.091	0.030	0.181	0.204
Unmet need for family planning	0.182	0.006	5650	4995	1.081	0.030	0.171	0.193
Ideal number of children	3.001	0.028	8503	7531	1.684	0.009	2.946	3.056
Mothers received prenatal care for last birth	0.942	0.005	3076	2699	1.142	0.005	0.932	0.951
Mothers protected against tetanus for last birth	0.830	0.009	3076	2699	1.272	0.010	0.813	0.847
Births with skilled attendant at delivery	0.636	0.015	4280	3721	1.671	0.023	0.606	0.666
Delivery in a health facility	0.513	0.015	4280	3721	1.661	0.029	0.483	0.543
Postnatal care for mothers within two days after birth	0.655	0.016	1615	1408	1.370	0.025	0.623	0.688
Had diarrhea in the last 2 weeks	0.082	0.005	4147	3611	1.157	0.063	0.072	0.093
Treated with ORS	0.450	0.028	335	297	0.989	0.062	0.393	0.506
Sought medical treatment for diarrhea	0.409	0.030	335	297	1.058	0.073	0.350	0.469
Vaccination card seen	0.584	0.021	823	727	1.188	0.035	0.543	0.625
Received BCG vaccination	0.943	0.008	823	727	0.931	0.008	0.927	0.958
Received DPT vaccination (3 doses)	0.845	0.014	823	727	1.135	0.017	0.816	0.874
Received polio vaccination (3 doses)	0.835	0.015	823	727	1.146	0.018	0.805	0.864
Received measles vaccination	0.822	0.015	823	727	1.155	0.019	0.791	0.853
Received all vaccinations	0.744	0.018	823	727	1.170	0.024	0.708	0.779
Abstinence among never-married youth (never had sex)	0.918	0.006	2183	1923	1.073	0.007	0.906	0.931
Sexually active in past 12 months among never-married youth	0.047	0.005	2183	1923	1.069	0.103	0.037	0.057
Had an HIV test and received results in past 12 months	0.005	0.001	8546	7570	1.075	0.158	0.004	0.007
Ever experienced any physical or sexual violence by husband	0.164	0.006	4717	3595	1.173	0.039	0.151	0.177
Total fertility rate (3 years)	3.525	0.083	23715	21006	1.215	0.024	3.359	3.691
Neonatal mortality rate (last 0-9 years)	17.675	1.742	8750	7561	1.093	0.099	14.192	21.158
Post-neonatal mortality rate (last 0-9 years)	9.997	1.098	8742	7558	0.968	0.110	7.802	12.193
Infant mortality rate (last 0-9 years)	27.672	2.087	8755	7565	1.072	0.075	23.499	31.846
Child mortality rate (last 0-9 years)	10.861	1.469	8702	7527	1.170	0.135	7.922	13.799
Under-five mortality rate (last 0-9 years)	38.232	2.637	8783	7588	1.143	0.069	32.958	43.507

na = Not applicable

Table B.5 Sampling errors: National Capital Region sample, Philippines 2013

VARIABLE	Value (R)	Standard error (SE)	Number of Cases Un-weighted (N)	Number of Cases Weight-ed (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	1.000	0.000	2249	2924	na	0.000	1.000	1.000
Secondary or higher education	0.929	0.007	2249	2924	1.263	0.007	0.916	0.943
Never married (never in union)	0.421	0.013	2249	2924	1.217	0.030	0.395	0.446
Currently married (in union)	0.504	0.013	2249	2924	1.248	0.026	0.478	0.531
Married before age 20	0.232	0.013	1850	2405	1.367	0.058	0.206	0.259
Had sexual intercourse before age 18	0.136	0.011	1850	2405	1.369	0.080	0.114	0.158
Currently pregnant	0.030	0.003	2249	2924	0.897	0.107	0.024	0.037
Children ever born	1.464	0.053	2249	2924	1.386	0.036	1.358	1.570
Children surviving	1.420	0.048	2249	2924	1.322	0.034	1.323	1.517
Currently using any method	0.611	0.017	1134	1475	1.187	0.028	0.577	0.646
Currently using a modern method	0.401	0.016	1134	1475	1.112	0.040	0.369	0.434
Currently using a traditional method	0.210	0.013	1134	1475	1.106	0.064	0.183	0.237
Currently using pill	0.195	0.013	1134	1475	1.123	0.068	0.168	0.221
Currently using IUD	0.033	0.007	1134	1475	1.255	0.203	0.019	0.046
Currently using male condoms	0.022	0.005	1134	1475	1.083	0.214	0.013	0.031
Currently using injectables	0.041	0.006	1134	1475	1.080	0.156	0.028	0.053
Currently using female sterilization	0.089	0.009	1134	1475	1.040	0.099	0.071	0.107
Currently using rythm	0.041	0.006	1134	1475	1.069	0.153	0.029	0.054
Used public sector source	0.448	0.029	480	624	1.296	0.066	0.389	0.507
Want no more children	0.623	0.012	1134	1475	0.806	0.019	0.599	0.646
Want to delay next birth at least 2 years	0.187	0.011	1134	1475	0.979	0.061	0.164	0.210
Unmet need for family planning	0.140	0.012	1134	1475	1.203	0.088	0.115	0.165
Ideal number of children	2.445	0.026	2239	2911	1.236	0.011	2.392	2.497
Mothers received prenatal care for last birth	0.987	0.007	627	815	1.525	0.007	0.974	1.001
Mothers protected against tetanus for last birth	0.796	0.022	627	815	1.347	0.027	0.752	0.839
Births with skilled attendant at delivery	0.909	0.018	789	1026	1.489	0.020	0.872	0.946
Delivery in a health facility	0.821	0.028	789	1026	1.701	0.034	0.766	0.877
Postnatal care for mothers within two days after birth	0.882	0.022	306	398	1.214	0.025	0.838	0.927
Had diarrhea in the last 2 weeks	0.063	0.010	774	1006	1.110	0.159	0.043	0.083
Treated with ORS	0.653	0.073	49	64	1.054	0.112	0.507	0.800
Sought medical treatment for diarrhea	0.551	0.064	49	64	0.871	0.117	0.422	0.680
Vaccination card seen	0.528	0.044	161	209	1.123	0.084	0.440	0.616
Received BCG vaccination	0.975	0.012	161	209	0.974	0.012	0.951	0.999
Received DPT vaccination (3 doses)	0.913	0.019	161	209	0.871	0.021	0.874	0.952
Received polio vaccination (3 doses)	0.901	0.020	161	209	0.853	0.022	0.860	0.941
Received measles vaccination	0.863	0.025	161	209	0.909	0.029	0.814	0.913
Received all vaccinations	0.820	0.026	161	209	0.852	0.031	0.768	0.872
Abstinence among never-married youth (never had sex)	0.882	0.015	650	845	1.199	0.017	0.851	0.912
Sexually active in past 12 months among never-married youth	0.078	0.012	650	845	1.109	0.149	0.055	0.102
Had an HIV test and received results in past 12 months	0.009	0.002	2249	2924	1.175	0.255	0.005	0.014
Ever experienced any physical or sexual violence by husband	0.177	0.016	942	1144	1.283	0.090	0.145	0.209
Total fertility rate (3 years)	2.334	0.120	6388	8306	1.170	0.052	2.093	2.575
Neonatal mortality rate (last 0-9 years)	6.890	2.075	1596	2075	1.006	0.301	2.740	11.040
Post-neonatal mortality rate (last 0-9 years)	9.411	2.459	1597	2077	0.960	0.261	4.493	14.329
Infant mortality rate (last 0-9 years)	16.301	3.235	1596	2075	0.989	0.198	9.831	22.771
Child mortality rate (last 0-9 years)	5.964	2.346	1596	2075	1.231	0.393	1.272	10.656
Under-five mortality rate (last 0-9 years)	22.168	4.503	1599	2079	1.155	0.203	13.163	31.174

na = Not applicable

Table B.6 Sampling errors: Cordillera Admin Region sample, Philippines 2013

VARIABLE	Value (R)	Standard error (SE)	Number of Cases Un-weighted (N)	Number of Cases Weight-ed (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	0.344	0.021	672	252	1.168	0.062	0.301	0.387
Secondary or higher education	0.900	0.015	672	252	1.301	0.017	0.870	0.930
Never married (never in union)	0.342	0.025	672	252	1.345	0.072	0.292	0.391
Currently married (in union)	0.599	0.027	672	252	1.418	0.045	0.545	0.653
Married before age 20	0.280	0.026	545	204	1.327	0.091	0.229	0.331
Had sexual intercourse before age 18	0.120	0.016	545	204	1.183	0.138	0.087	0.153
Currently pregnant	0.048	0.008	672	252	0.956	0.165	0.032	0.064
Children ever born	1.877	0.104	672	252	1.246	0.055	1.670	2.085
Children surviving	1.816	0.098	672	252	1.221	0.054	1.621	2.012
Currently using any method	0.612	0.026	402	151	1.063	0.042	0.560	0.664
Currently using a modern method	0.440	0.028	402	151	1.131	0.064	0.384	0.496
Currently using a traditional method	0.172	0.017	402	151	0.890	0.098	0.138	0.205
Currently using pill	0.140	0.019	402	151	1.110	0.138	0.101	0.178
Currently using IUD	0.023	0.009	402	151	1.166	0.384	0.005	0.040
Currently using male condoms	0.030	0.009	402	151	1.030	0.294	0.012	0.047
Currently using injectables	0.067	0.012	402	151	0.934	0.174	0.044	0.090
Currently using female sterilization	0.176	0.024	402	151	1.254	0.135	0.129	0.224
Currently using rythm	0.037	0.010	402	151	1.039	0.263	0.018	0.057
Used public sector source	0.650	0.040	180	67	1.133	0.062	0.569	0.731
Want no more children	0.578	0.025	402	151	1.018	0.043	0.527	0.628
Want to delay next birth at least 2 years	0.224	0.018	402	151	0.861	0.080	0.188	0.260
Unmet need for family planning	0.124	0.013	402	151	0.803	0.106	0.098	0.151
Ideal number of children	3.057	0.066	664	249	1.213	0.022	2.925	3.190
Mothers received prenatal care for last birth	0.981	0.009	211	79	0.992	0.010	0.962	1.000
Mothers protected against tetanus for last birth	0.872	0.022	211	79	0.976	0.026	0.827	0.917
Births with skilled attendant at delivery	0.854	0.032	281	105	1.265	0.037	0.790	0.917
Delivery in a health facility	0.750	0.043	281	105	1.436	0.057	0.665	0.835
Postnatal care for mothers within two days after birth	0.834	0.042	115	43	1.199	0.050	0.751	0.918
Had diarrhea in the last 2 weeks	0.069	0.014	275	103	0.917	0.201	0.041	0.097
Treated with ORS	0.421	0.123	19	7	1.082	0.291	0.176	0.666
Sought medical treatment for diarrhea	0.265	0.119	19	7	1.180	0.451	0.026	0.503
Vaccination card seen	0.617	0.063	55	21	0.961	0.102	0.491	0.743
Received BCG vaccination	0.964	0.024	55	21	0.957	0.025	0.915	1.012
Received DPT vaccination (3 doses)	0.964	0.024	55	21	0.957	0.025	0.915	1.012
Received polio vaccination (3 doses)	0.927	0.033	55	21	0.940	0.036	0.861	0.993
Received measles vaccination	0.927	0.033	55	21	0.930	0.035	0.862	0.992
Received all vaccinations	0.891	0.039	55	21	0.920	0.044	0.813	0.968
Abstinence among never-married youth (never had sex)	0.878	0.028	188	70	1.161	0.032	0.822	0.933
Sexually active in past 12 months among never-married youth	0.053	0.014	188	70	0.858	0.265	0.025	0.081
Had an HIV test and received results in past 12 months	0.012	0.004	672	252	1.000	0.352	0.004	0.020
Ever experienced any physical or sexual violence by husband	0.165	0.021	349	115	1.079	0.130	0.122	0.208
Total fertility rate (3 years)	2.886	0.241	1879	704	1.087	0.083	2.404	3.367
Neonatal mortality rate (last 0-9 years)	7.032	3.401	571	214	0.956	0.484	0.230	13.833
Post-neonatal mortality rate (last 0-9 years)	8.850	7.231	576	216	1.564	0.817	0.000	23.311
Infant mortality rate (last 0-9 years)	15.882	8.158	571	214	1.401	0.514	0.000	32.197
Child mortality rate (last 0-9 years)	9.163	3.809	560	210	0.946	0.416	1.546	16.781
Under-five mortality rate (last 0-9 years)	24.900	8.465	571	214	1.211	0.340	7.970	41.830

na = Not applicable

Table B.7 Sampling errors: I - Ilocos Region sample, Philippines 2013

VARIABLE	Value (R)	Standard error (SE)	Number of Cases Un-weighted (N)	Number of Cases Weight-ed (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	0.158	0.009	708	691	0.685	0.059	0.139	0.177
Secondary or higher education	0.903	0.013	708	691	1.155	0.014	0.877	0.929
Never married (never in union)	0.303	0.020	708	691	1.172	0.067	0.263	0.344
Currently married (in union)	0.666	0.021	708	691	1.163	0.031	0.625	0.707
Married before age 20	0.279	0.020	579	564	1.098	0.073	0.238	0.320
Had sexual intercourse before age 18	0.116	0.012	579	564	0.900	0.104	0.092	0.140
Currently pregnant	0.045	0.008	708	691	0.969	0.168	0.030	0.060
Children ever born	1.851	0.079	708	691	1.094	0.043	1.693	2.009
Children surviving	1.801	0.075	708	691	1.075	0.042	1.651	1.951
Currently using any method	0.544	0.028	472	460	1.210	0.051	0.489	0.600
Currently using a modern method	0.375	0.029	472	460	1.302	0.078	0.316	0.433
Currently using a traditional method	0.170	0.023	472	460	1.330	0.136	0.124	0.216
Currently using pill	0.206	0.021	472	460	1.134	0.103	0.164	0.248
Currently using IUD	0.006	0.003	472	460	0.958	0.556	0.000	0.013
Currently using male condoms	0.020	0.007	472	460	1.091	0.354	0.006	0.034
Currently using injectables	0.049	0.013	472	460	1.261	0.257	0.024	0.074
Currently using female sterilization	0.092	0.014	472	460	1.080	0.157	0.063	0.120
Currently using rythm	0.027	0.007	472	460	0.977	0.268	0.013	0.042
Used public sector source	0.492	0.035	178	173	0.927	0.071	0.422	0.562
Want no more children	0.644	0.022	472	460	1.017	0.035	0.599	0.689
Want to delay next birth at least 2 years	0.178	0.021	472	460	1.182	0.117	0.136	0.219
Unmet need for family planning	0.193	0.022	472	460	1.215	0.115	0.149	0.237
Ideal number of children	2.653	0.051	705	689	1.318	0.019	2.552	2.754
Mothers received prenatal care for last birth	0.974	0.011	238	232	1.107	0.012	0.951	0.997
Mothers protected against tetanus for last birth	0.797	0.024	238	232	0.928	0.030	0.749	0.846
Births with skilled attendant at delivery	0.900	0.022	322	314	1.177	0.024	0.857	0.943
Delivery in a health facility	0.672	0.033	322	314	1.177	0.050	0.605	0.739
Postnatal care for mothers within two days after birth	0.778	0.041	112	109	1.051	0.053	0.695	0.861
Had diarrhea in the last 2 weeks	0.106	0.019	314	306	0.977	0.175	0.069	0.143
Treated with ORS	0.545	0.090	33	32	0.927	0.165	0.365	0.724
Sought medical treatment for diarrhea	0.511	0.083	33	32	0.856	0.163	0.345	0.678
Vaccination card seen	0.538	0.058	54	53	0.848	0.107	0.422	0.653
Received BCG vaccination	0.980	0.019	54	53	1.002	0.020	0.941	1.018
Received DPT vaccination (3 doses)	0.795	0.055	54	53	0.996	0.069	0.686	0.905
Received polio vaccination (3 doses)	0.759	0.051	54	53	0.882	0.068	0.656	0.861
Received measles vaccination	0.811	0.052	54	53	0.970	0.064	0.708	0.915
Received all vaccinations	0.665	0.053	54	53	0.828	0.080	0.559	0.772
Abstinence among never-married youth (never had sex)	0.946	0.016	168	165	0.932	0.017	0.914	0.979
Sexually active in past 12 months among never-married youth	0.012	0.009	168	165	1.060	0.734	0.000	0.030
Had an HIV test and received results in past 12 months	0.007	0.003	708	691	0.996	0.443	0.001	0.013
Ever experienced any physical or sexual violence by husbanc	0.160	0.022	399	337	1.170	0.134	0.117	0.203
Total fertility rate (3 years)	2.805	0.185	1975	1927	0.966	0.066	2.435	3.175
Neonatal mortality rate (last 0-9 years)	15.122	5.257	659	643	1.139	0.348	4.607	25.637
Post-neonatal mortality rate (last 0-9 years)	7.508	3.185	659	643	0.942	0.424	1.138	13.878
Infant mortality rate (last 0-9 years)	22.630	6.427	659	643	1.077	0.284	9.775	35.484
Child mortality rate (last 0-9 years)	3.894	2.264	650	634	1.023	0.581	0.000	8.422
Under-five mortality rate (last 0-9 years)	26.435	6.831	660	644	1.087	0.258	12.773	40.098

na = Not applicable

Table B.8 Sampling errors: II - Cagayan Valley sample, Philippines 2013

VARIABLE	Value (R)	Standard error (SE)	Number of Cases Un-weighted (N)	Number of Cases Weight-ed (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	0.134	0.008	694	550	0.610	0.059	0.118	0.150
Secondary or higher education	0.794	0.030	694	550	1.921	0.037	0.735	0.853
Never married (never in union)	0.284	0.022	694	550	1.262	0.076	0.241	0.328
Currently married (in union)	0.684	0.022	694	550	1.252	0.032	0.640	0.728
Married before age 20	0.399	0.027	569	452	1.330	0.069	0.344	0.454
Had sexual intercourse before age 18	0.241	0.022	569	452	1.218	0.091	0.197	0.285
Currently pregnant	0.061	0.009	694	550	1.025	0.153	0.042	0.080
Children ever born	1.924	0.108	694	550	1.445	0.056	1.708	2.141
Children surviving	1.867	0.100	694	550	1.391	0.053	1.667	2.066
Currently using any method	0.589	0.026	475	376	1.142	0.044	0.537	0.640
Currently using a modern method	0.515	0.025	475	376	1.068	0.048	0.465	0.564
Currently using a traditional method	0.074	0.016	475	376	1.355	0.220	0.041	0.107
Currently using pill	0.274	0.024	475	376	1.189	0.089	0.225	0.323
Currently using IUD	0.038	0.014	475	376	1.640	0.380	0.009	0.067
Currently using male condoms	0.011	0.004	475	376	0.927	0.406	0.002	0.020
Currently using injectables	0.065	0.012	475	376	1.022	0.178	0.042	0.088
Currently using female sterilization	0.112	0.015	475	376	1.043	0.135	0.082	0.142
Currently using rythm	0.013	0.006	475	376	1.108	0.449	0.001	0.024
Used public sector source	0.413	0.039	240	190	1.238	0.096	0.334	0.492
Want no more children	0.682	0.025	475	376	1.165	0.037	0.633	0.732
Want to delay next birth at least 2 years	0.178	0.018	475	376	1.000	0.099	0.143	0.213
Unmet need for family planning	0.156	0.018	475	376	1.097	0.117	0.120	0.193
Ideal number of children	2.717	0.047	693	550	1.088	0.017	2.622	2.812
Mothers received prenatal care for last birth	0.972	0.010	252	199	0.928	0.010	0.953	0.991
Mothers protected against tetanus for last birth	0.849	0.019	252	199	0.827	0.022	0.812	0.886
Births with skilled attendant at delivery	0.644	0.045	326	258	1.503	0.070	0.554	0.733
Delivery in a health facility	0.506	0.044	326	258	1.439	0.087	0.418	0.594
Postnatal care for mothers within two days after birth	0.668	0.056	123	97	1.324	0.085	0.555	0.781
Had diarrhea in the last 2 weeks	0.066	0.013	318	251	0.914	0.193	0.040	0.091
Treated with ORS	0.716	0.094	21	17	0.950	0.131	0.528	0.904
Sought medical treatment for diarrhea	0.384	0.109	21	17	1.021	0.283	0.166	0.602
Vaccination card seen	0.455	0.067	66	52	1.093	0.148	0.321	0.589
Received BCG vaccination	0.940	0.027	66	52	0.923	0.029	0.886	0.994
Received DPT vaccination (3 doses)	0.788	0.052	66	52	1.024	0.065	0.685	0.892
Received polio vaccination (3 doses)	0.788	0.057	66	52	1.127	0.072	0.675	0.902
Received measles vaccination	0.788	0.042	66	52	0.827	0.053	0.705	0.872
Received all vaccinations	0.653	0.062	66	52	1.058	0.095	0.529	0.778
Abstinence among never-married youth (never had sex)	0.871	0.028	173	137	1.076	0.032	0.816	0.926
Sexually active in past 12 months among never-married youth	0.094	0.022	173	137	0.992	0.234	0.050	0.139
Had an HIV test and received results in past 12 months	0.009	0.003	694	550	0.932	0.378	0.002	0.015
Ever experienced any physical or sexual violence by husband	0.253	0.023	387	266	1.029	0.090	0.207	0.298
Total fertility rate (3 years)	3.162	0.220	1945	1544	1.015	0.070	2.721	3.603
Neonatal mortality rate (last 0-9 years)	16.363	5.403	626	495	1.061	0.330	5.558	27.168
Post-neonatal mortality rate (last 0-9 years)	3.204	2.233	625	494	0.978	0.697	0.000	7.670
Infant mortality rate (last 0-9 years)	19.567	5.510	626	495	1.009	0.282	8.547	30.587
Child mortality rate (last 0-9 years)	1.860	1.863	610	482	1.051	1.002	0.000	5.586
Under-five mortality rate (last 0-9 years)	21.391	6.676	626	495	1.070	0.312	8.039	34.743

na = Not applicable

Table B.9 Sampling errors: III - Central Luzon sample, Philippines 2013

VARIABLE	Value (R)	Standard error (SE)	Number of Cases Un-weighted (N)	Number of Cases Weight-ed (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	0.545	0.013	1380	1720	0.989	0.024	0.519	0.572
Secondary or higher education	0.845	0.015	1380	1720	1.490	0.017	0.816	0.874
Never married (never in union)	0.345	0.013	1380	1720	1.036	0.038	0.319	0.372
Currently married (in union)	0.611	0.015	1380	1720	1.174	0.025	0.580	0.642
Married before age 20	0.303	0.017	1094	1364	1.190	0.055	0.270	0.336
Had sexual intercourse before age 18	0.150	0.013	1094	1364	1.173	0.085	0.124	0.175
Currently pregnant	0.041	0.005	1380	1720	0.955	0.124	0.031	0.051
Children ever born	1.754	0.063	1380	1720	1.181	0.036	1.627	1.881
Children surviving	1.693	0.057	1380	1720	1.113	0.034	1.580	1.807
Currently using any method	0.612	0.021	844	1052	1.270	0.035	0.570	0.655
Currently using a modern method	0.449	0.020	844	1052	1.171	0.045	0.409	0.489
Currently using a traditional method	0.164	0.012	844	1052	0.955	0.074	0.139	0.188
Currently using pill	0.199	0.017	844	1052	1.230	0.085	0.166	0.233
Currently using IUD	0.011	0.004	844	1052	1.061	0.350	0.003	0.018
Currently using male condoms	0.026	0.006	844	1052	1.147	0.240	0.014	0.039
Currently using injectables	0.040	0.008	844	1052	1.194	0.201	0.024	0.056
Currently using female sterilization	0.160	0.013	844	1052	1.048	0.083	0.134	0.187
Currently using rythm	0.043	0.007	844	1052	1.003	0.164	0.029	0.057
Used public sector source	0.468	0.027	385	480	1.064	0.058	0.414	0.522
Want no more children	0.622	0.014	844	1052	0.865	0.023	0.593	0.651
Want to delay next birth at least 2 years	0.192	0.013	844	1052	0.943	0.067	0.166	0.217
Unmet need for family planning	0.131	0.013	844	1052	1.106	0.098	0.105	0.156
Ideal number of children	2.708	0.037	1369	1707	1.272	0.014	2.634	2.781
Mothers received prenatal care for last birth	0.977	0.007	397	495	0.907	0.007	0.964	0.991
Mothers protected against tetanus for last birth	0.808	0.022	397	495	1.100	0.027	0.764	0.851
Births with skilled attendant at delivery	0.878	0.032	527	656	1.707	0.036	0.814	0.941
Delivery in a health facility	0.683	0.037	527	656	1.525	0.054	0.609	0.756
Postnatal care for mothers within two days after birth	0.762	0.033	223	278	1.162	0.044	0.696	0.828
Had diarrhea in the last 2 weeks	0.096	0.013	513	639	0.934	0.131	0.071	0.121
Treated with ORS	0.551	0.075	49	61	1.030	0.136	0.402	0.701
Sought medical treatment for diarrhea	0.428	0.075	49	61	1.003	0.175	0.278	0.578
Vaccination card seen	0.569	0.058	109	136	1.186	0.102	0.453	0.685
Received BCG vaccination	0.981	0.013	109	136	1.021	0.013	0.955	1.008
Received DPT vaccination (3 doses)	0.864	0.037	109	136	1.121	0.043	0.790	0.938
Received polio vaccination (3 doses)	0.836	0.042	109	136	1.172	0.050	0.752	0.919
Received measles vaccination	0.873	0.035	109	136	1.106	0.041	0.802	0.943
Received all vaccinations	0.763	0.046	109	136	1.112	0.060	0.671	0.854
Abstinence among never-married youth (never had sex)	0.918	0.017	357	445	1.165	0.018	0.884	0.952
Sexually active in past 12 months among never-married youth	0.062	0.017	357	445	1.336	0.275	0.028	0.097
Had an HIV test and received results in past 12 months	0.012	0.003	1380	1720	1.037	0.258	0.006	0.018
Ever experienced any physical or sexual violence by husband	0.146	0.015	696	782	1.093	0.100	0.117	0.175
Total fertility rate (3 years)	2.773	0.187	3854	4806	1.241	0.067	2.399	3.147
Neonatal mortality rate (last 0-9 years)	13.824	4.014	1062	1323	0.933	0.290	5.796	21.852
Post-neonatal mortality rate (last 0-9 years)	9.401	2.860	1062	1323	0.874	0.304	3.681	15.121
Infant mortality rate (last 0-9 years)	23.225	5.453	1062	1323	1.009	0.235	12.319	34.131
Child mortality rate (last 0-9 years)	8.364	2.844	1038	1294	0.954	0.340	2.676	14.052
Under-five mortality rate (last 0-9 years)	31.395	6.535	1065	1327	1.074	0.208	18.325	44.465

na = Not applicable

Table B.10 Sampling errors: IVA - CALABARZON sample, Philippines 2013

VARIABLE	Value (R)	Standard error (SE)	Number of Cases Un-weighted (N)	Number of Cases Weight-ed (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	0.642	0.014	1590	2293	1.132	0.021	0.615	0.669
Secondary or higher education	0.879	0.012	1590	2293	1.410	0.013	0.856	0.902
Never married (never in union)	0.359	0.013	1590	2293	1.070	0.036	0.333	0.384
Currently married (in union)	0.588	0.013	1590	2293	1.081	0.023	0.562	0.615
Married before age 20	0.247	0.014	1265	1824	1.150	0.057	0.219	0.275
Had sexual intercourse before age 18	0.142	0.011	1265	1824	1.105	0.076	0.120	0.164
Currently pregnant	0.031	0.005	1590	2293	1.118	0.157	0.021	0.040
Children ever born	1.724	0.056	1590	2293	1.147	0.033	1.611	1.837
Children surviving	1.666	0.054	1590	2293	1.139	0.032	1.559	1.773
Currently using any method	0.557	0.017	936	1349	1.045	0.030	0.523	0.591
Currently using a modern method	0.361	0.015	936	1349	0.950	0.041	0.331	0.391
Currently using a traditional method	0.196	0.014	936	1349	1.077	0.071	0.168	0.224
Currently using pill	0.160	0.012	936	1349	1.039	0.078	0.135	0.185
Currently using IUD	0.040	0.009	936	1349	1.394	0.223	0.022	0.058
Currently using male condoms	0.018	0.004	936	1349	0.969	0.234	0.010	0.026
Currently using injectables	0.034	0.006	936	1349	1.096	0.191	0.021	0.047
Currently using female sterilization	0.106	0.010	936	1349	1.026	0.098	0.085	0.126
Currently using rythm	0.032	0.005	936	1349	0.931	0.167	0.022	0.043
Used public sector source	0.427	0.030	348	500	1.113	0.069	0.368	0.486
Want no more children	0.660	0.015	936	1349	0.953	0.022	0.631	0.690
Want to delay next birth at least 2 years	0.139	0.010	936	1349	0.921	0.075	0.118	0.159
Unmet need for family planning	0.178	0.013	936	1349	1.011	0.071	0.152	0.203
Ideal number of children	2.556	0.034	1580	2278	1.211	0.013	2.487	2.625
Mothers received prenatal care for last birth	0.971	0.008	483	696	1.040	0.008	0.955	0.987
Mothers protected against tetanus for last birth	0.794	0.020	483	696	1.087	0.025	0.754	0.834
Births with skilled attendant at delivery	0.846	0.024	616	887	1.452	0.029	0.798	0.895
Delivery in a health facility	0.657	0.029	616	887	1.294	0.044	0.599	0.714
Postnatal care for mothers within two days after birth	0.771	0.032	244	351	1.193	0.042	0.707	0.835
Had diarrhea in the last 2 weeks	0.075	0.011	605	872	0.990	0.144	0.053	0.096
Treated with ORS	0.554	0.078	45	65	1.020	0.140	0.399	0.709
Sought medical treatment for diarrhea	0.553	0.076	45	65	0.994	0.137	0.402	0.704
Vaccination card seen	0.564	0.044	128	184	0.989	0.078	0.476	0.652
Received BCG vaccination	0.992	0.008	128	184	0.980	0.008	0.977	1.007
Received DPT vaccination (3 doses)	0.897	0.029	128	184	1.089	0.033	0.838	0.956
Received polio vaccination (3 doses)	0.905	0.029	128	184	1.106	0.032	0.848	0.963
Received measles vaccination	0.899	0.027	128	184	1.029	0.031	0.845	0.954
Received all vaccinations	0.828	0.036	128	184	1.069	0.043	0.757	0.900
Abstinence among never-married youth (never had sex)	0.905	0.014	444	640	0.969	0.015	0.878	0.932
Sexually active in past 12 months among never-married youth	0.041	0.010	444	640	1.021	0.236	0.021	0.060
Had an HIV test and received results in past 12 months	0.009	0.002	1590	2293	1.003	0.268	0.004	0.013
Ever experienced any physical or sexual violence by husbanc	0.132	0.015	776	1018	1.240	0.114	0.101	0.162
Total fertility rate (3 years)	2.687	0.160	4460	6432	1.254	0.059	2.368	3.006
Neonatal mortality rate (last 0-9 years)	11.209	3.743	1231	1775	1.096	0.334	3.722	18.695
Post-neonatal mortality rate (last 0-9 years)	7.852	2.800	1229	1772	1.022	0.357	2.252	13.453
Infant mortality rate (last 0-9 years)	19.061	4.656	1233	1778	1.057	0.244	9.748	28.374
Child mortality rate (last 0-9 years)	3.876	1.709	1223	1762	0.981	0.441	0.459	7.294
Under-five mortality rate (last 0-9 years)	22.863	4.841	1233	1778	1.043	0.212	13.181	32.545

na = Not applicable

Table B.11 Sampling errors: IVB - MIMAROPA sample, Philippines 2013

VARIABLE	Value (R)	Standard error (SE)	Number of Cases Un-weighted (N)	Number of Cases Weight-ed (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	0.227	0.014	576	372	0.779	0.060	0.200	0.254
Secondary or higher education	0.695	0.033	576	372	1.705	0.047	0.629	0.760
Never married (never in union)	0.299	0.023	576	372	1.185	0.076	0.253	0.344
Currently married (in union)	0.677	0.023	576	372	1.167	0.034	0.632	0.723
Married before age 20	0.439	0.029	453	293	1.228	0.065	0.381	0.496
Had sexual intercourse before age 18	0.243	0.018	453	293	0.892	0.074	0.207	0.278
Currently pregnant	0.058	0.010	576	372	1.035	0.175	0.037	0.078
Children ever born	2.341	0.106	576	372	1.035	0.045	2.129	2.554
Children surviving	2.211	0.102	576	372	1.057	0.046	2.007	2.416
Currently using any method	0.512	0.025	390	252	0.986	0.049	0.462	0.562
Currently using a modern method	0.397	0.026	390	252	1.047	0.065	0.345	0.449
Currently using a traditional method	0.115	0.017	390	252	1.069	0.150	0.081	0.150
Currently using pill	0.238	0.023	390	252	1.064	0.096	0.192	0.284
Currently using IUD	0.021	0.011	390	252	1.545	0.542	0.000	0.043
Currently using male condoms	0.013	0.005	390	252	0.939	0.420	0.002	0.023
Currently using injectables	0.057	0.011	390	252	0.908	0.188	0.035	0.078
Currently using female sterilization	0.059	0.015	390	252	1.232	0.250	0.029	0.088
Currently using rythm	0.036	0.010	390	252	1.115	0.294	0.015	0.057
Used public sector source	0.500	0.046	156	101	1.135	0.091	0.408	0.591
Want no more children	0.625	0.029	390	252	1.170	0.046	0.567	0.682
Want to delay next birth at least 2 years	0.216	0.022	390	252	1.043	0.101	0.173	0.260
Unmet need for family planning	0.208	0.024	390	252	1.144	0.113	0.161	0.255
Ideal number of children	3.056	0.093	576	372	1.539	0.030	2.871	3.242
Mothers received prenatal care for last birth	0.913	0.026	209	135	1.344	0.029	0.860	0.965
Mothers protected against tetanus for last birth	0.857	0.031	209	135	1.281	0.036	0.794	0.919
Births with skilled attendant at delivery	0.413	0.055	295	191	1.586	0.133	0.303	0.523
Delivery in a health facility	0.365	0.050	295	191	1.530	0.137	0.265	0.466
Postnatal care for mothers within two days after birth	0.504	0.064	107	69	1.314	0.126	0.377	0.631
Had diarrhea in the last 2 weeks	0.099	0.015	282	182	0.854	0.152	0.069	0.129
Treated with ORS	0.178	0.083	28	18	1.143	0.468	0.011	0.345
Sought medical treatment for diarrhea	0.177	0.063	28	18	0.862	0.355	0.051	0.302
Vaccination card seen	0.635	0.075	52	34	1.087	0.118	0.485	0.786
Received BCG vaccination	0.904	0.042	52	34	1.018	0.046	0.820	0.987
Received DPT vaccination (3 doses)	0.768	0.062	52	34	1.049	0.081	0.644	0.891
Received polio vaccination (3 doses)	0.767	0.065	52	34	1.100	0.085	0.637	0.897
Received measles vaccination	0.788	0.062	52	34	1.088	0.079	0.663	0.912
Received all vaccinations	0.710	0.072	52	34	1.131	0.101	0.566	0.853
Abstinence among never-married youth (never had sex)	0.920	0.022	151	97	1.001	0.024	0.875	0.964
Sexually active in past 12 months among never-married youth	0.060	0.022	151	97	1.136	0.366	0.016	0.105
Had an HIV test and received results in past 12 months	0.007	0.004	576	372	1.181	0.593	0.000	0.015
Ever experienced any physical or sexual violence by husband	0.230	0.029	316	172	1.218	0.125	0.173	0.288
Total fertility rate (3 years)	3.687	0.269	1581	1021	1.084	0.073	3.150	4.224
Neonatal mortality rate (last 0-9 years)	17.309	5.418	574	371	0.997	0.313	6.473	28.145
Post-neonatal mortality rate (last 0-9 years)	19.169	6.312	573	371	1.043	0.329	6.546	31.793
Infant mortality rate (last 0-9 years)	36.479	7.250	574	371	0.923	0.199	21.978	50.979
Child mortality rate (last 0-9 years)	6.312	3.696	566	366	0.977	0.586	0.000	13.704
Under-five mortality rate (last 0-9 years)	42.561	8.738	576	372	0.999	0.205	25.085	60.037

na = Not applicable

Table B.12 Sampling errors: V - Bicol sample, Philippines 2013

VARIABLE	Value (R)	Standard error (SE)	Number of Cases Un-weighted (N)	Number of Cases Weight-ed (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	0.205	0.013	796	798	0.922	0.064	0.178	0.231
Secondary or higher education	0.790	0.021	796	798	1.476	0.027	0.747	0.832
Never married (never in union)	0.323	0.020	796	798	1.176	0.060	0.284	0.362
Currently married (in union)	0.640	0.021	796	798	1.216	0.032	0.599	0.682
Married before age 20	0.323	0.024	634	635	1.300	0.075	0.275	0.371
Had sexual intercourse before age 18	0.169	0.016	634	635	1.075	0.095	0.137	0.201
Currently pregnant	0.040	0.008	796	798	1.115	0.193	0.025	0.056
Children ever born	2.359	0.120	796	798	1.289	0.051	2.119	2.598
Children surviving	2.253	0.116	796	798	1.306	0.052	2.021	2.486
Currently using any method	0.449	0.025	510	511	1.146	0.056	0.399	0.500
Currently using a modern method	0.212	0.021	510	511	1.163	0.099	0.170	0.254
Currently using a traditional method	0.237	0.024	510	511	1.255	0.100	0.190	0.285
Currently using pill	0.118	0.019	510	511	1.297	0.157	0.081	0.155
Currently using IUD	0.014	0.005	510	511	0.900	0.337	0.005	0.023
Currently using male condoms	0.012	0.005	510	511	0.961	0.389	0.003	0.021
Currently using injectables	0.027	0.006	510	511	0.877	0.232	0.015	0.040
Currently using female sterilization	0.039	0.008	510	511	0.917	0.201	0.023	0.055
Currently using rythm	0.082	0.015	510	511	1.190	0.176	0.053	0.112
Used public sector source	0.501	0.049	112	112	1.032	0.098	0.403	0.599
Want no more children	0.661	0.025	510	511	1.191	0.038	0.611	0.711
Want to delay next birth at least 2 years	0.188	0.019	510	511	1.111	0.102	0.150	0.227
Unmet need for family planning	0.274	0.022	510	511	1.102	0.079	0.231	0.318
Ideal number of children	2.773	0.067	793	795	1.503	0.024	2.639	2.908
Mothers received prenatal care for last birth	0.970	0.010	301	301	1.054	0.011	0.949	0.991
Mothers protected against tetanus for last birth	0.847	0.024	301	301	1.173	0.029	0.798	0.896
Births with skilled attendant at delivery	0.650	0.041	436	437	1.517	0.064	0.567	0.733
Delivery in a health facility	0.508	0.042	436	437	1.525	0.083	0.424	0.592
Postnatal care for mothers within two days after birth	0.739	0.042	157	157	1.206	0.057	0.655	0.824
Had diarrhea in the last 2 weeks	0.064	0.016	420	421	1.264	0.243	0.033	0.096
Treated with ORS	0.518	0.096	27	27	0.965	0.185	0.326	0.711
Sought medical treatment for diarrhea	0.408	0.088	27	27	0.887	0.217	0.231	0.585
Vaccination card seen	0.657	0.066	76	76	1.205	0.100	0.526	0.789
Received BCG vaccination	0.973	0.018	76	76	0.996	0.019	0.937	1.010
Received DPT vaccination (3 doses)	0.803	0.043	76	76	0.941	0.053	0.717	0.889
Received polio vaccination (3 doses)	0.790	0.046	76	76	0.985	0.058	0.698	0.882
Received measles vaccination	0.829	0.045	76	76	1.033	0.054	0.740	0.918
Received all vaccinations	0.698	0.061	76	76	1.150	0.087	0.577	0.819
Abstinence among never-married youth (never had sex)	0.899	0.020	209	210	0.967	0.022	0.859	0.940
Sexually active in past 12 months among never-married youth	0.048	0.015	209	210	1.021	0.315	0.018	0.078
Had an HIV test and received results in past 12 months	0.003	0.002	796	798	1.000	0.703	0.000	0.006
Ever experienced any physical or sexual violence by husband	0.208	0.022	420	359	1.133	0.108	0.163	0.253
Total fertility rate (3 years)	4.087	0.295	2209	2214	1.283	0.072	3.498	4.676
Neonatal mortality rate (last 0-9 years)	16.863	4.405	890	891	1.032	0.261	8.053	25.672
Post-neonatal mortality rate (last 0-9 years)	3.978	1.996	888	889	0.994	0.502	0.000	7.970
Infant mortality rate (last 0-9 years)	20.841	4.561	891	892	0.969	0.219	11.719	29.962
Child mortality rate (last 0-9 years)	12.290	3.598	882	883	1.004	0.293	5.094	19.486
Under-five mortality rate (last 0-9 years)	32.875	6.043	894	895	1.042	0.184	20.788	44.961

na = Not applicable

Table B.13 Sampling errors: VI - Western Visayas sample, Philippines 2013

VARIABLE	Value (R)	Standard error (SE)	Number of Cases Un-weighted (N)	Number of Cases Weight-ed (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	0.373	0.020	930	996	1.262	0.054	0.333	0.413
Secondary or higher education	0.848	0.021	930	996	1.814	0.025	0.806	0.891
Never married (never in union)	0.328	0.017	930	996	1.093	0.051	0.294	0.361
Currently married (in union)	0.639	0.017	930	996	1.062	0.026	0.605	0.672
Married before age 20	0.299	0.019	733	785	1.130	0.064	0.261	0.337
Had sexual intercourse before age 18	0.176	0.016	733	785	1.145	0.092	0.144	0.208
Currently pregnant	0.042	0.007	930	996	1.045	0.164	0.028	0.056
Children ever born	2.164	0.094	930	996	1.195	0.044	1.975	2.352
Children surviving	2.085	0.088	930	996	1.181	0.042	1.909	2.262
Currently using any method	0.554	0.024	594	636	1.169	0.043	0.506	0.601
Currently using a modern method	0.343	0.021	594	636	1.061	0.060	0.302	0.385
Currently using a traditional method	0.210	0.020	594	636	1.189	0.095	0.171	0.250
Currently using pill	0.204	0.019	594	636	1.165	0.095	0.165	0.242
Currently using IUD	0.022	0.007	594	636	1.234	0.339	0.007	0.037
Currently using male condoms	0.020	0.006	594	636	1.013	0.290	0.008	0.032
Currently using injectables	0.045	0.010	594	636	1.188	0.224	0.025	0.066
Currently using female sterilization	0.040	0.007	594	636	0.927	0.186	0.025	0.055
Currently using rythm	0.074	0.010	594	636	0.909	0.132	0.054	0.094
Used public sector source	0.411	0.042	207	222	1.229	0.103	0.327	0.495
Want no more children	0.690	0.022	594	636	1.160	0.032	0.646	0.734
Want to delay next birth at least 2 years	0.136	0.015	594	636	1.040	0.107	0.107	0.166
Unmet need for family planning	0.200	0.016	594	636	0.966	0.079	0.169	0.232
Ideal number of children	2.698	0.045	929	994	1.234	0.017	2.609	2.787
Mothers received prenatal care for last birth	0.979	0.007	329	352	0.924	0.008	0.964	0.993
Mothers protected against tetanus for last birth	0.891	0.017	329	352	0.998	0.019	0.856	0.925
Births with skilled attendant at delivery	0.678	0.044	454	486	1.627	0.065	0.590	0.766
Delivery in a health facility	0.612	0.044	454	486	1.604	0.071	0.525	0.700
Postnatal care for mothers within two days after birth	0.732	0.037	187	200	1.132	0.050	0.659	0.806
Had diarrhea in the last 2 weeks	0.106	0.015	442	473	0.994	0.142	0.076	0.136
Treated with ORS	0.510	0.072	47	50	0.948	0.141	0.366	0.654
Sought medical treatment for diarrhea	0.405	0.088	47	50	1.181	0.219	0.228	0.582
Vaccination card seen	0.664	0.053	98	105	1.107	0.080	0.557	0.770
Received BCG vaccination	0.990	0.010	98	105	0.985	0.010	0.970	1.010
Received DPT vaccination (3 doses)	0.898	0.031	98	105	1.007	0.034	0.836	0.960
Received polio vaccination (3 doses)	0.888	0.032	98	105	0.994	0.036	0.824	0.951
Received measles vaccination	0.898	0.032	98	105	1.050	0.036	0.834	0.962
Received all vaccinations	0.847	0.036	98	105	0.974	0.042	0.776	0.918
Abstinence among never-married youth (never had sex)	0.865	0.026	252	270	1.208	0.030	0.813	0.917
Sexually active in past 12 months among never-married youth	0.099	0.021	252	270	1.135	0.216	0.056	0.142
Had an HIV test and received results in past 12 months	0.005	0.002	930	996	0.956	0.427	0.001	0.010
Ever experienced any physical or sexual violence by husband	0.150	0.020	497	451	1.264	0.135	0.109	0.190
Total fertility rate (3 years)	3.834	0.291	2588	2770	1.365	0.076	3.252	4.416
Neonatal mortality rate (last 0-9 years)	14.530	3.945	893	956	1.002	0.272	6.640	22.420
Post-neonatal mortality rate (last 0-9 years)	10.073	3.039	897	960	0.929	0.302	3.994	16.152
Infant mortality rate (last 0-9 years)	24.603	4.650	893	956	0.925	0.189	15.304	33.902
Child mortality rate (last 0-9 years)	5.789	2.461	903	967	0.968	0.425	0.867	10.711
Under-five mortality rate (last 0-9 years)	30.249	5.154	894	957	0.936	0.170	19.941	40.557

na = Not applicable

Table B.14 Sampling errors: VII - Central Visayas sample, Philippines 2013

VARIABLE	Value (R)	Standard error (SE)	Number of Cases Un-weighted (N)	Number of Cases Weight-ed (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	0.482	0.019	957	1030	1.201	0.040	0.444	0.521
Secondary or higher education	0.780	0.022	957	1030	1.667	0.029	0.735	0.824
Never married (never in union)	0.334	0.019	957	1030	1.256	0.057	0.295	0.372
Currently married (in union)	0.617	0.018	957	1030	1.145	0.029	0.581	0.653
Married before age 20	0.302	0.022	783	843	1.322	0.072	0.259	0.346
Had sexual intercourse before age 18	0.199	0.016	783	843	1.114	0.080	0.167	0.231
Currently pregnant	0.039	0.006	957	1030	0.991	0.160	0.026	0.051
Children ever born	1.961	0.089	957	1030	1.240	0.046	1.783	2.140
Children surviving	1.877	0.082	957	1030	1.212	0.044	1.713	2.040
Currently using any method	0.548	0.020	591	636	0.967	0.036	0.509	0.588
Currently using a modern method	0.340	0.021	591	636	1.058	0.061	0.299	0.381
Currently using a traditional method	0.208	0.015	591	636	0.926	0.074	0.177	0.239
Currently using pill	0.162	0.014	591	636	0.933	0.087	0.134	0.191
Currently using IUD	0.058	0.014	591	636	1.436	0.240	0.030	0.085
Currently using male condoms	0.027	0.006	591	636	0.904	0.223	0.015	0.039
Currently using injectables	0.025	0.006	591	636	0.989	0.252	0.013	0.038
Currently using female sterilization	0.064	0.012	591	636	1.142	0.179	0.041	0.087
Currently using rythm	0.096	0.012	591	636	1.024	0.129	0.072	0.121
Used public sector source	0.565	0.039	207	223	1.134	0.069	0.487	0.644
Want no more children	0.662	0.022	591	636	1.107	0.033	0.618	0.705
Want to delay next birth at least 2 years	0.162	0.016	591	636	1.023	0.096	0.131	0.193
Unmet need for family planning	0.191	0.014	591	636	0.875	0.074	0.163	0.220
Ideal number of children	2.802	0.045	955	1028	1.004	0.016	2.712	2.891
Mothers received prenatal care for last birth	0.984	0.007	310	333	0.964	0.007	0.970	0.998
Mothers protected against tetanus for last birth	0.868	0.022	310	333	1.135	0.025	0.824	0.912
Births with skilled attendant at delivery	0.809	0.043	429	461	1.825	0.053	0.724	0.894
Delivery in a health facility	0.718	0.047	429	461	1.757	0.065	0.625	0.812
Postnatal care for mothers within two days after birth	0.833	0.040	162	174	1.371	0.048	0.753	0.914
Had diarrhea in the last 2 weeks	0.075	0.015	425	457	1.154	0.206	0.044	0.106
Treated with ORS	0.501	0.092	32	34	0.980	0.184	0.317	0.685
Sought medical treatment for diarrhea	0.469	0.084	32	34	0.895	0.180	0.300	0.638
Vaccination card seen	0.688	0.046	93	100	0.952	0.067	0.596	0.780
Received BCG vaccination	0.968	0.018	93	100	1.001	0.019	0.931	1.004
Received DPT vaccination (3 doses)	0.860	0.036	93	100	1.005	0.042	0.788	0.932
Received polio vaccination (3 doses)	0.860	0.037	93	100	1.030	0.043	0.786	0.934
Received measles vaccination	0.871	0.036	93	100	1.039	0.042	0.798	0.943
Received all vaccinations	0.785	0.045	93	100	1.049	0.057	0.695	0.874
Abstinence among never-married youth (never had sex)	0.864	0.019	258	278	0.902	0.022	0.826	0.903
Sexually active in past 12 months among never-married youth	0.074	0.017	258	278	1.069	0.236	0.039	0.109
Had an HIV test and received results in past 12 months	0.006	0.003	957	1030	1.092	0.444	0.001	0.012
Ever experienced any physical or sexual violence by husband	0.135	0.018	495	469	1.152	0.131	0.100	0.171
Total fertility rate (3 years)	3.199	0.219	2681	2885	1.105	0.068	2.761	3.636
Neonatal mortality rate (last 0-9 years)	18.269	6.022	872	938	1.036	0.330	6.224	30.314
Post-neonatal mortality rate (last 0-9 years)	7.974	2.788	877	943	0.927	0.350	2.397	13.550
Infant mortality rate (last 0-9 years)	26.242	7.243	873	939	1.076	0.276	11.757	40.728
Child mortality rate (last 0-9 years)	7.825	2.733	861	926	0.922	0.349	2.359	13.291
Under-five mortality rate (last 0-9 years)	33.862	7.652	876	942	1.026	0.226	18.558	49.167

na = Not applicable

Table B.15 Sampling errors: VIII - Eastern Visayas sample, Philippines 2013

VARIABLE	Value (R)	Standard error (SE)	Number of Cases Un-weighted (N)	Number of Cases Weight-ed (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	0.118	0.012	592	571	0.914	0.103	0.094	0.142
Secondary or higher education	0.796	0.027	592	571	1.648	0.034	0.741	0.851
Never married (never in union)	0.318	0.025	592	571	1.319	0.079	0.268	0.369
Currently married (in union)	0.648	0.026	592	571	1.310	0.040	0.596	0.699
Married before age 20	0.357	0.034	470	453	1.514	0.094	0.290	0.424
Had sexual intercourse before age 18	0.196	0.022	470	453	1.200	0.112	0.152	0.240
Currently pregnant	0.059	0.012	592	571	1.200	0.197	0.036	0.082
Children ever born	2.140	0.133	592	571	1.394	0.062	1.874	2.406
Children surviving	2.050	0.126	592	571	1.385	0.062	1.798	2.303
Currently using any method	0.617	0.028	384	370	1.128	0.045	0.561	0.673
Currently using a modern method	0.370	0.024	384	370	0.957	0.064	0.322	0.417
Currently using a traditional method	0.248	0.027	384	370	1.219	0.109	0.194	0.302
Currently using pill	0.211	0.027	384	370	1.280	0.127	0.157	0.264
Currently using IUD	0.029	0.012	384	370	1.359	0.405	0.005	0.052
Currently using male condoms	0.021	0.008	384	370	1.140	0.400	0.004	0.037
Currently using injectables	0.023	0.008	384	370	1.001	0.331	0.008	0.039
Currently using female sterilization	0.078	0.016	384	370	1.197	0.210	0.045	0.111
Currently using rythm	0.104	0.016	384	370	1.048	0.157	0.071	0.137
Used public sector source	0.507	0.048	144	139	1.152	0.095	0.410	0.603
Want no more children	0.611	0.027	384	370	1.097	0.045	0.557	0.666
Want to delay next birth at least 2 years	0.195	0.022	384	370	1.088	0.113	0.151	0.240
Unmet need for family planning	0.119	0.014	384	370	0.828	0.115	0.092	0.147
Ideal number of children	2.985	0.074	592	571	1.258	0.025	2.838	3.132
Mothers received prenatal care for last birth	0.956	0.018	203	196	1.214	0.018	0.920	0.991
Mothers protected against tetanus for last birth	0.926	0.021	203	196	1.149	0.023	0.884	0.968
Births with skilled attendant at delivery	0.674	0.063	279	269	1.874	0.094	0.547	0.801
Delivery in a health facility	0.616	0.060	279	269	1.738	0.097	0.497	0.736
Postnatal care for mothers within two days after birth	0.767	0.060	103	99	1.444	0.079	0.646	0.888
Had diarrhea in the last 2 weeks	0.073	0.019	274	264	1.180	0.265	0.034	0.112
Treated with ORS	0.398	0.109	20	19	0.929	0.274	0.180	0.616
Sought medical treatment for diarrhea	0.450	0.113	20	19	0.959	0.251	0.224	0.676
Vaccination card seen	0.737	0.066	57	55	1.126	0.090	0.604	0.869
Received BCG vaccination	1.000	0.000	57	55	na	0.000	1.000	1.000
Received DPT vaccination (3 doses)	0.983	0.018	57	55	1.008	0.018	0.947	1.018
Received polio vaccination (3 doses)	0.948	0.025	57	55	0.857	0.027	0.897	0.998
Received measles vaccination	0.808	0.051	57	55	0.965	0.063	0.706	0.909
Received all vaccinations	0.755	0.064	57	55	1.107	0.084	0.628	0.882
Abstinence among never-married youth (never had sex)	0.867	0.045	151	146	1.617	0.052	0.776	0.957
Sexually active in past 12 months among never-married youth	0.100	0.037	151	146	1.486	0.365	0.027	0.173
Had an HIV test and received results in past 12 months	0.005	0.003	592	571	0.995	0.570	0.000	0.011
Ever experienced any physical or sexual violence by husband	0.177	0.029	324	273	1.378	0.165	0.119	0.236
Total fertility rate (3 years)	3.513	0.287	1625	1568	1.153	0.082	2.939	4.087
Neonatal mortality rate (last 0-9 years)	10.461	4.753	570	549	0.966	0.454	0.955	19.968
Post-neonatal mortality rate (last 0-9 years)	8.842	4.991	573	552	1.089	0.564	0.000	18.824
Infant mortality rate (last 0-9 years)	19.304	6.267	571	550	0.959	0.325	6.771	31.837
Child mortality rate (last 0-9 years)	12.558	4.799	579	558	1.018	0.382	2.960	22.156
Under-five mortality rate (last 0-9 years)	31.620	7.782	573	552	0.950	0.246	16.055	47.184

na = Not applicable

Table B.16 Sampling errors: IX - Zamboanga Peninsula sample, Philippines 2013

VARIABLE	Value (R)	Standard error (SE)	Number of Cases Un-weighted (N)	Number of Cases Weight-ed (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	0.395	0.021	936	725	1.302	0.053	0.353	0.436
Secondary or higher education	0.746	0.025	936	725	1.743	0.033	0.696	0.796
Never married (never in union)	0.364	0.014	936	725	0.909	0.039	0.335	0.392
Currently married (in union)	0.586	0.016	936	725	0.962	0.026	0.555	0.617
Married before age 20	0.410	0.025	719	557	1.336	0.060	0.361	0.459
Had sexual intercourse before age 18	0.231	0.023	719	557	1.435	0.098	0.186	0.276
Currently pregnant	0.064	0.009	936	725	1.135	0.142	0.046	0.082
Children ever born	2.026	0.097	936	725	1.180	0.048	1.832	2.219
Children surviving	1.918	0.089	936	725	1.165	0.047	1.739	2.096
Currently using any method	0.473	0.026	549	425	1.211	0.055	0.422	0.525
Currently using a modern method	0.362	0.029	549	425	1.425	0.081	0.304	0.421
Currently using a traditional method	0.111	0.016	549	425	1.165	0.141	0.080	0.142
Currently using pill	0.227	0.023	549	425	1.283	0.101	0.181	0.273
Currently using IUD	0.065	0.014	549	425	1.319	0.213	0.038	0.093
Currently using male condoms	0.005	0.003	549	425	0.952	0.550	0.000	0.011
Currently using injectables	0.029	0.009	549	425	1.226	0.302	0.012	0.047
Currently using female sterilization	0.033	0.007	549	425	0.923	0.213	0.019	0.047
Currently using rythm	0.055	0.013	549	425	1.341	0.239	0.029	0.081
Used public sector source	0.542	0.042	201	155	1.204	0.078	0.457	0.627
Want no more children	0.488	0.026	549	425	1.234	0.054	0.435	0.541
Want to delay next birth at least 2 years	0.264	0.022	549	425	1.177	0.084	0.220	0.308
Unmet need for family planning	0.210	0.017	549	425	0.971	0.080	0.176	0.243
Ideal number of children	2.978	0.114	924	715	2.451	0.038	2.750	3.206
Mothers received prenatal care for last birth	0.940	0.016	317	245	1.190	0.017	0.908	0.972
Mothers protected against tetanus for last birth	0.836	0.034	317	245	1.611	0.040	0.769	0.903
Births with skilled attendant at delivery	0.520	0.047	439	339	1.712	0.091	0.426	0.615
Delivery in a health facility	0.434	0.047	439	339	1.761	0.108	0.340	0.528
Postnatal care for mothers within two days after birth	0.554	0.056	159	123	1.426	0.102	0.442	0.667
Had diarrhea in the last 2 weeks	0.082	0.014	426	329	0.977	0.167	0.055	0.109
Treated with ORS	0.315	0.070	35	27	0.829	0.222	0.175	0.455
Sought medical treatment for diarrhea	0.314	0.106	35	27	1.211	0.339	0.101	0.526
Vaccination card seen	0.550	0.054	91	70	1.028	0.098	0.442	0.657
Received BCG vaccination	0.879	0.033	91	70	0.958	0.037	0.814	0.945
Received DPT vaccination (3 doses)	0.846	0.039	91	70	1.034	0.046	0.768	0.924
Received polio vaccination (3 doses)	0.835	0.039	91	70	1.005	0.047	0.757	0.913
Received measles vaccination	0.769	0.045	91	70	1.022	0.059	0.679	0.860
Received all vaccinations	0.714	0.049	91	70	1.028	0.068	0.616	0.812
Abstinence among never-married youth (never had sex)	0.923	0.015	285	221	0.927	0.016	0.894	0.952
Sexually active in past 12 months among never-married youth	0.038	0.011	285	221	0.999	0.297	0.016	0.061
Had an HIV test and received results in past 12 months	0.002	0.001	936	725	0.983	0.694	0.000	0.005
Ever experienced any physical or sexual violence by husband	0.157	0.021	418	304	1.194	0.136	0.114	0.199
Total fertility rate (3 years)	3.481	0.244	2561	1982	1.027	0.070	2.993	3.970
Neonatal mortality rate (last 0-9 years)	11.121	3.292	896	693	0.950	0.296	4.537	17.706
Post-neonatal mortality rate (last 0-9 years)	15.669	4.225	901	696	1.030	0.270	7.218	24.119
Infant mortality rate (last 0-9 years)	26.790	5.447	897	693	1.001	0.203	15.896	37.684
Child mortality rate (last 0-9 years)	8.342	3.650	887	686	1.176	0.438	1.042	15.643
Under-five mortality rate (last 0-9 years)	34.909	5.662	897	693	0.937	0.162	23.585	46.233

na = Not applicable

Table B.17 Sampling errors: X - Northern Mindanao sample, Philippines 2013

VARIABLE	Value (R)	Standard error (SE)	Number of Cases Un-weighted (N)	Number of Cases Weight-ed (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	0.446	0.024	699	697	1.255	0.053	0.399	0.494
Secondary or higher education	0.748	0.042	699	697	2.559	0.056	0.664	0.832
Never married (never in union)	0.322	0.022	699	697	1.223	0.067	0.279	0.366
Currently married (in union)	0.609	0.024	699	697	1.300	0.039	0.561	0.657
Married before age 20	0.354	0.035	564	562	1.720	0.098	0.284	0.423
Had sexual intercourse before age 18	0.200	0.024	564	562	1.448	0.122	0.151	0.249
Currently pregnant	0.057	0.012	699	697	1.340	0.206	0.034	0.081
Children ever born	2.130	0.163	699	697	1.725	0.077	1.804	2.456
Children surviving	2.002	0.135	699	697	1.558	0.067	1.733	2.271
Currently using any method	0.507	0.036	426	424	1.474	0.071	0.436	0.579
Currently using a modern method	0.376	0.030	426	424	1.287	0.080	0.315	0.436
Currently using a traditional method	0.131	0.016	426	424	0.948	0.118	0.100	0.162
Currently using pill	0.202	0.023	426	424	1.172	0.113	0.156	0.247
Currently using IUD	0.085	0.017	426	424	1.252	0.200	0.051	0.118
Currently using male condoms	0.012	0.005	426	424	0.909	0.402	0.002	0.021
Currently using injectables	0.019	0.007	426	424	1.063	0.372	0.005	0.033
Currently using female sterilization	0.052	0.013	426	424	1.172	0.243	0.027	0.077
Currently using rythm	0.051	0.011	426	424	1.046	0.218	0.029	0.074
Used public sector source	0.544	0.051	167	166	1.327	0.095	0.441	0.646
Want no more children	0.622	0.022	426	424	0.936	0.035	0.578	0.666
Want to delay next birth at least 2 years	0.221	0.017	426	424	0.834	0.076	0.187	0.254
Unmet need for family planning	0.202	0.017	426	424	0.866	0.083	0.168	0.236
Ideal number of children	3.034	0.177	698	696	2.786	0.058	2.681	3.387
Mothers received prenatal care for last birth	0.946	0.014	243	242	0.964	0.015	0.918	0.974
Mothers protected against tetanus for last birth	0.822	0.036	243	242	1.476	0.044	0.750	0.895
Births with skilled attendant at delivery	0.633	0.057	325	324	1.811	0.089	0.520	0.746
Delivery in a health facility	0.525	0.054	325	324	1.724	0.103	0.417	0.633
Postnatal care for mothers within two days after birth	0.581	0.070	131	131	1.609	0.120	0.442	0.720
Had diarrhea in the last 2 weeks	0.057	0.014	314	313	1.055	0.253	0.028	0.086
Treated with ORS	0.276	0.079	18	18	0.731	0.286	0.118	0.434
Sought medical treatment for diarrhea	0.166	0.084	18	18	0.950	0.510	0.000	0.335
Vaccination card seen	0.480	0.082	75	75	1.416	0.170	0.316	0.643
Received BCG vaccination	0.947	0.029	75	75	1.139	0.031	0.888	1.006
Received DPT vaccination (3 doses)	0.854	0.063	75	75	1.539	0.074	0.729	0.980
Received polio vaccination (3 doses)	0.814	0.060	75	75	1.332	0.074	0.694	0.934
Received measles vaccination	0.814	0.076	75	75	1.692	0.094	0.662	0.966
Received all vaccinations	0.747	0.070	75	75	1.401	0.094	0.606	0.888
Abstinence among never-married youth (never had sex)	0.864	0.025	184	184	0.976	0.029	0.814	0.913
Sexually active in past 12 months among never-married youth	0.087	0.021	184	184	1.011	0.242	0.045	0.130
Had an HIV test and received results in past 12 months	0.003	0.002	699	697	0.972	0.691	0.000	0.007
Ever experienced any physical or sexual violence by husband	0.210	0.024	351	321	1.088	0.113	0.163	0.257
Total fertility rate (3 years)	3.453	0.309	1947	1941	1.265	0.090	2.834	4.071
Neonatal mortality rate (last 0-9 years)	15.627	5.180	640	637	0.969	0.331	5.268	25.987
Post-neonatal mortality rate (last 0-9 years)	9.300	3.742	637	634	0.980	0.402	1.816	16.784
Infant mortality rate (last 0-9 years)	24.927	7.566	640	637	1.046	0.304	9.794	40.059
Child mortality rate (last 0-9 years)	24.404	10.086	647	644	1.336	0.413	4.231	44.577
Under-five mortality rate (last 0-9 years)	48.723	14.553	645	642	1.392	0.299	19.616	77.829

na = Not applicable

Table B.18 Sampling errors: XI - Davao sample, Philippines 2013

VARIABLE	Value (R)	Standard error (SE)	Number of Cases Un-weighted (N)	Number of Cases Weight-ed (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	0.652	0.014	898	893	0.901	0.022	0.624	0.681
Secondary or higher education	0.777	0.028	898	893	1.987	0.036	0.722	0.833
Never married (never in union)	0.321	0.018	898	893	1.126	0.055	0.286	0.356
Currently married (in union)	0.624	0.020	898	893	1.223	0.032	0.584	0.663
Married before age 20	0.364	0.027	704	700	1.480	0.074	0.310	0.417
Had sexual intercourse before age 18	0.260	0.023	704	700	1.409	0.090	0.213	0.307
Currently pregnant	0.050	0.008	898	893	1.086	0.158	0.034	0.066
Children ever born	1.911	0.096	898	893	1.317	0.050	1.719	2.103
Children surviving	1.811	0.086	898	893	1.260	0.047	1.639	1.982
Currently using any method	0.538	0.022	560	557	1.048	0.041	0.493	0.582
Currently using a modern method	0.393	0.023	560	557	1.124	0.059	0.346	0.439
Currently using a traditional method	0.145	0.016	560	557	1.080	0.111	0.113	0.177
Currently using pill	0.221	0.018	560	557	1.005	0.080	0.186	0.257
Currently using IUD	0.041	0.010	560	557	1.201	0.245	0.021	0.061
Currently using male condoms	0.014	0.005	560	557	1.076	0.378	0.003	0.025
Currently using injectables	0.023	0.007	560	557	1.110	0.305	0.009	0.037
Currently using female sterilization	0.086	0.013	560	557	1.056	0.146	0.061	0.111
Currently using rythm	0.050	0.009	560	557	1.025	0.189	0.031	0.069
Used public sector source	0.431	0.038	232	231	1.159	0.088	0.355	0.507
Want no more children	0.618	0.020	560	557	0.983	0.033	0.577	0.658
Want to delay next birth at least 2 years	0.182	0.018	560	557	1.127	0.101	0.145	0.219
Unmet need for family planning	0.175	0.013	560	557	0.787	0.072	0.150	0.200
Ideal number of children	2.697	0.064	890	885	1.341	0.024	2.568	2.825
Mothers received prenatal care for last birth	0.976	0.012	297	295	1.305	0.012	0.953	0.999
Mothers protected against tetanus for last birth	0.805	0.033	297	295	1.422	0.041	0.739	0.870
Births with skilled attendant at delivery	0.677	0.053	399	397	1.908	0.078	0.571	0.782
Delivery in a health facility	0.629	0.051	399	397	1.813	0.082	0.526	0.732
Postnatal care for mothers within two days after birth	0.730	0.056	152	151	1.555	0.077	0.618	0.842
Had diarrhea in the last 2 weeks	0.081	0.018	385	383	1.208	0.221	0.045	0.116
Treated with ORS	0.419	0.089	31	31	0.923	0.212	0.242	0.597
Sought medical treatment for diarrhea	0.355	0.093	31	31	1.008	0.262	0.169	0.541
Vaccination card seen	0.592	0.054	76	76	0.950	0.091	0.485	0.699
Received BCG vaccination	0.974	0.018	76	76	0.970	0.018	0.938	1.009
Received DPT vaccination (3 doses)	0.921	0.027	76	76	0.887	0.030	0.866	0.976
Received polio vaccination (3 doses)	0.921	0.027	76	76	0.887	0.030	0.866	0.976
Received measles vaccination	0.882	0.036	76	76	0.965	0.041	0.810	0.953
Received all vaccinations	0.842	0.036	76	76	0.855	0.042	0.771	0.914
Abstinence among never-married youth (never had sex)	0.881	0.023	236	235	1.111	0.027	0.834	0.928
Sexually active in past 12 months among never-married youth	0.085	0.021	236	235	1.182	0.254	0.042	0.128
Had an HIV test and received results in past 12 months	0.002	0.002	898	893	0.973	0.688	0.000	0.005
Ever experienced any physical or sexual violence by husband	0.210	0.023	473	414	1.206	0.108	0.165	0.256
Total fertility rate (3 years)	2.931	0.199	2502	2488	0.953	0.068	2.533	3.328
Neonatal mortality rate (last 0-9 years)	11.503	4.609	785	781	0.958	0.401	2.284	20.721
Post-neonatal mortality rate (last 0-9 years)	14.014	4.260	780	776	0.950	0.304	5.494	22.535
Infant mortality rate (last 0-9 years)	25.517	5.925	785	781	0.893	0.232	13.667	37.367
Child mortality rate (last 0-9 years)	11.967	5.044	791	787	1.165	0.421	1.879	22.055
Under-five mortality rate (last 0-9 years)	37.179	9.049	788	784	1.059	0.243	19.082	55.276

na = Not applicable

Table B.19 Sampling errors: XII - SOCCSKSARGEN sample, Philippines 2013

VARIABLE	Value (R)	Standard error (SE)	Number of Cases Un-weighted (N)	Number of Cases Weight-ed (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	0.538	0.014	754	744	0.766	0.026	0.511	0.566
Secondary or higher education	0.758	0.036	754	744	2.295	0.047	0.687	0.830
Never married (never in union)	0.323	0.017	754	744	0.979	0.052	0.290	0.357
Currently married (in union)	0.630	0.018	754	744	1.028	0.029	0.594	0.666
Married before age 20	0.414	0.033	577	569	1.619	0.080	0.348	0.481
Had sexual intercourse before age 18	0.258	0.032	577	569	1.737	0.123	0.195	0.322
Currently pregnant	0.038	0.007	754	744	1.054	0.192	0.024	0.053
Children ever born	2.123	0.103	754	744	1.177	0.048	1.918	2.328
Children surviving	1.977	0.088	754	744	1.104	0.045	1.801	2.153
Currently using any method	0.575	0.025	475	469	1.119	0.044	0.524	0.626
Currently using a modern method	0.442	0.026	475	469	1.150	0.059	0.390	0.495
Currently using a traditional method	0.133	0.015	475	469	0.977	0.115	0.102	0.163
Currently using pill	0.234	0.016	475	469	0.810	0.067	0.202	0.265
Currently using IUD	0.063	0.018	475	469	1.593	0.282	0.028	0.099
Currently using male condoms	0.017	0.007	475	469	1.208	0.425	0.003	0.031
Currently using injectables	0.042	0.010	475	469	1.063	0.233	0.022	0.062
Currently using female sterilization	0.080	0.015	475	469	1.242	0.193	0.049	0.111
Currently using rythm	0.061	0.011	475	469	0.980	0.177	0.039	0.083
Used public sector source	0.447	0.048	215	212	1.396	0.106	0.352	0.542
Want no more children	0.625	0.028	475	469	1.245	0.044	0.570	0.681
Want to delay next birth at least 2 years	0.206	0.024	475	469	1.298	0.117	0.158	0.254
Unmet need for family planning	0.156	0.017	475	469	1.038	0.111	0.121	0.190
Ideal number of children	2.958	0.085	753	743	1.503	0.029	2.788	3.128
Mothers received prenatal care for last birth	0.916	0.024	239	236	1.348	0.026	0.868	0.965
Mothers protected against tetanus for last birth	0.858	0.028	239	236	1.224	0.032	0.802	0.913
Births with skilled attendant at delivery	0.557	0.050	334	330	1.538	0.089	0.457	0.656
Delivery in a health facility	0.485	0.046	334	330	1.436	0.095	0.393	0.577
Postnatal care for mothers within two days after birth	0.540	0.056	137	135	1.324	0.105	0.427	0.653
Had diarrhea in the last 2 weeks	0.144	0.024	319	315	1.210	0.167	0.096	0.192
Treated with ORS	0.391	0.057	46	45	0.793	0.145	0.278	0.505
Sought medical treatment for diarrhea	0.391	0.063	46	45	0.881	0.161	0.265	0.517
Vaccination card seen	0.597	0.066	67	66	1.087	0.110	0.465	0.729
Received BCG vaccination	0.896	0.048	67	66	1.271	0.053	0.800	0.991
Received DPT vaccination (3 doses)	0.866	0.047	67	66	1.131	0.055	0.771	0.960
Received polio vaccination (3 doses)	0.806	0.052	67	66	1.066	0.064	0.703	0.910
Received measles vaccination	0.776	0.057	67	66	1.118	0.074	0.662	0.891
Received all vaccinations	0.746	0.061	67	66	1.134	0.081	0.625	0.868
Abstinence among never-married youth (never had sex)	0.885	0.022	218	215	1.020	0.025	0.841	0.929
Sexually active in past 12 months among never-married youth	0.078	0.019	218	215	1.057	0.247	0.040	0.117
Had an HIV test and received results in past 12 months	0.000	0.000	754	744	na	na	0.000	0.000
Ever experienced any physical or sexual violence by husband	0.208	0.024	396	339	1.186	0.116	0.160	0.257
Total fertility rate (3 years)	3.173	0.238	2085	2057	1.049	0.075	2.697	3.649
Neonatal mortality rate (last 0-9 years)	28.693	6.069	697	688	0.809	0.212	16.556	40.831
Post-neonatal mortality rate (last 0-9 years)	7.890	2.933	697	688	0.919	0.372	2.023	13.757
Infant mortality rate (last 0-9 years)	36.583	6.574	697	688	0.784	0.180	23.436	49.730
Child mortality rate (last 0-9 years)	15.974	6.198	688	679	1.108	0.388	3.577	28.371
Under-five mortality rate (last 0-9 years)	51.973	8.793	699	690	0.907	0.169	34.387	69.558

na = Not applicable

Table B.20 Sampling errors: XIII - Caraga sample, Philippines 2013

VARIABLE	Value (R)	Standard error (SE)	Number of Cases Un-weighted (N)	Number of Cases Weight-ed (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	0.345	0.024	803	435	1.425	0.069	0.297	0.393
Secondary or higher education	0.775	0.017	803	435	1.177	0.022	0.740	0.809
Never married (never in union)	0.290	0.024	803	435	1.467	0.081	0.243	0.337
Currently married (in union)	0.673	0.024	803	435	1.462	0.036	0.625	0.722
Married before age 20	0.404	0.033	651	352	1.687	0.080	0.339	0.469
Had sexual intercourse before age 18	0.238	0.021	651	352	1.258	0.088	0.196	0.280
Currently pregnant	0.066	0.011	803	435	1.252	0.166	0.044	0.088
Children ever born	2.197	0.108	803	435	1.253	0.049	1.982	2.412
Children surviving	2.097	0.098	803	435	1.218	0.047	1.900	2.294
Currently using any method	0.542	0.025	541	293	1.147	0.045	0.492	0.591
Currently using a modern method	0.390	0.025	541	293	1.174	0.063	0.341	0.439
Currently using a traditional method	0.152	0.015	541	293	0.958	0.097	0.122	0.181
Currently using pill	0.211	0.019	541	293	1.076	0.090	0.173	0.248
Currently using IUD	0.063	0.012	541	293	1.147	0.191	0.039	0.087
Currently using male condoms	0.028	0.008	541	293	1.163	0.296	0.011	0.044
Currently using injectables	0.030	0.007	541	293	0.938	0.231	0.016	0.043
Currently using female sterilization	0.052	0.010	541	293	1.098	0.202	0.031	0.073
Currently using rythm	0.070	0.014	541	293	1.265	0.198	0.042	0.098
Used public sector source	0.523	0.037	214	116	1.068	0.070	0.450	0.596
Want no more children	0.600	0.024	541	293	1.149	0.040	0.552	0.649
Want to delay next birth at least 2 years	0.200	0.017	541	293	1.015	0.087	0.165	0.235
Unmet need for family planning	0.137	0.015	541	293	0.986	0.107	0.108	0.166
Ideal number of children	2.962	0.072	802	434	1.440	0.024	2.818	3.105
Mothers received prenatal care for last birth	0.970	0.010	301	163	1.036	0.010	0.950	0.990
Mothers protected against tetanus for last birth	0.840	0.023	301	163	1.097	0.028	0.794	0.887
Births with skilled attendant at delivery	0.632	0.044	427	231	1.577	0.070	0.543	0.721
Delivery in a health facility	0.555	0.042	427	231	1.492	0.075	0.471	0.639
Postnatal care for mothers within two days after birth	0.632	0.046	166	90	1.224	0.073	0.540	0.724
Had diarrhea in the last 2 weeks	0.058	0.011	413	224	0.906	0.184	0.037	0.080
Treated with ORS	0.334	0.103	24	13	1.043	0.307	0.128	0.539
Sought medical treatment for diarrhea	0.333	0.114	24	13	1.159	0.342	0.105	0.561
Vaccination card seen	0.679	0.048	81	44	0.913	0.070	0.584	0.774
Received BCG vaccination	0.951	0.022	81	44	0.927	0.023	0.906	0.995
Received DPT vaccination (3 doses)	0.926	0.027	81	44	0.918	0.029	0.872	0.979
Received polio vaccination (3 doses)	0.889	0.030	81	44	0.842	0.033	0.830	0.948
Received measles vaccination	0.851	0.041	81	44	1.039	0.048	0.769	0.934
Received all vaccinations	0.802	0.040	81	44	0.903	0.050	0.722	0.882
Abstinence among never-married youth (never had sex)	0.836	0.028	195	106	1.045	0.033	0.780	0.891
Sexually active in past 12 months among never-married youth	0.108	0.023	195	106	1.031	0.213	0.062	0.154
Had an HIV test and received results in past 12 months	0.001	0.001	803	435	0.984	0.987	0.000	0.004
Ever experienced any physical or sexual violence by husband	0.225	0.021	425	202	1.030	0.093	0.183	0.266
Total fertility rate (3 years)	3.647	0.226	2257	1222	0.945	0.062	3.196	4.099
Neonatal mortality rate (last 0-9 years)	18.647	4.847	832	450	0.990	0.260	8.953	28.340
Post-neonatal mortality rate (last 0-9 years)	14.610	3.934	832	450	0.952	0.269	6.742	22.477
Infant mortality rate (last 0-9 years)	33.256	6.746	833	451	1.088	0.203	19.765	46.747
Child mortality rate (last 0-9 years)	5.862	2.478	811	439	0.942	0.423	0.905	10.819
Under-five mortality rate (last 0-9 years)	38.923	7.570	834	451	1.159	0.194	23.783	54.063

na = Not applicable

Table B.21 Sampling errors: ARMM sample, Philippines 2013

VARIABLE	Value (R)	Standard error (SE)	Number of Cases Un-weighted (N)	Weight-ed (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	R+2SE
Urban residence	0.144	0.010	921	465	0.865	0.069	0.124	0.164
Secondary or higher education	0.543	0.039	921	465	2.356	0.071	0.466	0.621
Never married (never in union)	0.334	0.018	921	465	1.145	0.053	0.298	0.370
Currently married (in union)	0.634	0.020	921	465	1.256	0.031	0.594	0.674
Married before age 20	0.470	0.026	704	355	1.382	0.055	0.418	0.522
Had sexual intercourse before age 18	0.297	0.021	704	355	1.234	0.072	0.255	0.340
Currently pregnant	0.047	0.007	921	465	1.024	0.151	0.033	0.062
Children ever born	2.650	0.092	921	465	1.002	0.035	2.465	2.834
Children surviving	2.473	0.084	921	465	0.984	0.034	2.306	2.641
Currently using any method	0.239	0.036	583	295	2.025	0.150	0.167	0.311
Currently using a modern method	0.153	0.024	583	295	1.601	0.156	0.105	0.201
Currently using a traditional method	0.086	0.020	583	295	1.704	0.231	0.046	0.126
Currently using pill	0.076	0.014	583	295	1.295	0.187	0.048	0.105
Currently using IUD	0.005	0.004	583	295	1.262	0.743	0.000	0.012
Currently using male condoms	0.007	0.003	583	295	0.959	0.488	0.000	0.013
Currently using injectables	0.029	0.010	583	295	1.366	0.327	0.010	0.048
Currently using female sterilization	0.031	0.009	583	295	1.263	0.294	0.013	0.049
Currently using rythm	0.018	0.009	583	295	1.619	0.493	0.000	0.036
Used public sector source	0.561	0.074	87	44	1.372	0.131	0.414	0.709
Want no more children	0.314	0.033	583	295	1.705	0.105	0.248	0.379
Want to delay next birth at least 2 years	0.338	0.027	583	295	1.372	0.080	0.284	0.391
Unmet need for family planning	0.276	0.027	583	295	1.469	0.099	0.221	0.330
Ideal number of children	5.089	0.195	919	464	2.440	0.038	4.699	5.478
Mothers received prenatal care for last birth	0.528	0.050	344	173	1.855	0.095	0.428	0.628
Mothers protected against tetanus for last birth	0.509	0.049	344	173	1.798	0.096	0.412	0.607
Births with skilled attendant at delivery	0.204	0.037	538	271	1.712	0.183	0.130	0.279
Delivery in a health facility	0.123	0.024	538	271	1.353	0.193	0.076	0.171
Postnatal care for mothers within two days after birth	0.204	0.038	182	91	1.264	0.186	0.128	0.280
Had diarrhea in the last 2 weeks	0.051	0.011	513	258	1.111	0.215	0.029	0.073
Treated with ORS	0.481	0.114	27	13	1.121	0.237	0.253	0.710
Sought medical treatment for diarrhea	0.185	0.092	27	13	1.201	0.499	0.000	0.370
Vaccination card seen	0.244	0.052	84	42	1.102	0.212	0.140	0.348
Received BCG vaccination	0.599	0.058	84	42	1.066	0.097	0.484	0.715
Received DPT vaccination (3 doses)	0.363	0.075	84	42	1.415	0.206	0.213	0.512
Received polio vaccination (3 doses)	0.340	0.074	84	42	1.415	0.216	0.193	0.487
Received measles vaccination	0.435	0.069	84	42	1.268	0.159	0.297	0.574
Received all vaccinations	0.317	0.077	84	42	1.499	0.241	0.164	0.470
Abstinence among never-married youth (never had sex)	1.000	0.000	275	138	na	0.000	1.000	1.000
Sexually active in past 12 months among never-married youth	0.000	0.000	275	138	na	na	0.000	0.000
Had an HIV test and received results in past 12 months	0.000	0.000	921	465	na	na	0.000	0.000
Ever experienced any physical or sexual violence by husband	0.064	0.017	496	215	1.523	0.262	0.031	0.098
Total fertility rate (3 years)	4.191	0.319	2545	1283	1.578	0.076	3.553	4.829
Neonatal mortality rate (last 0-9 years)	10.806	3.387	1203	603	1.154	0.313	4.033	17.579
Post-neonatal mortality rate (last 0-9 years)	21.052	5.131	1191	597	1.068	0.244	10.789	31.315
Infant mortality rate (last 0-9 years)	31.858	6.317	1205	604	1.140	0.198	19.225	44.491
Child mortality rate (last 0-9 years)	23.539	6.166	1211	607	1.256	0.262	11.207	35.870
Under-five mortality rate (last 0-9 years)	54.647	9.684	1215	609	1.302	0.177	35.279	74.014

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 2013

	Women		Men			Women		Men	
Age	Number	Percent	Number	Percent	Age	Number	Percent	Number	Percent
0	696	2.1	762	2.3	36	461	1.4	400	1.2
1	725	2.1	739	2.2	37	388	1.1	370	1.1
2	685	2.0	718	2.1	38	410	1.2	430	1.3
3	726	2.1	845	2.5	39	376	1.1	376	1.1
4	716	2.1	796	2.4	40	415	1.2	439	1.3
5	821	2.4	851	2.5	41	402	1.2	361	1.1
6	763	2.3	789	2.4	42	374	1.1	413	1.2
7	750	2.2	786	2.3	43	406	1.2	366	1.1
8	784	2.3	819	2.4	44	384	1.1	372	1.1
9	749	2.2	793	2.4	45	452	1.3	361	1.1
10	792	2.3	820	2.4	46	354	1.0	338	1.0
11	730	2.2	768	2.3	47	366	1.1	306	0.9
12	768	2.3	826	2.5	48	374	1.1	348	1.0
13	877	2.6	847	2.5	49	308	0.9	301	0.9
14	728	2.1	709	2.1	50	347	1.0	346	1.0
15	820	2.4	751	2.2	51	332	1.0	299	0.9
16	659	1.9	719	2.1	52	334	1.0	324	1.0
17	645	1.9	741	2.2	53	345	1.0	345	1.0
18	643	1.9	695	2.1	54	301	0.9	310	0.9
19	561	1.7	667	2.0	55	263	0.8	253	0.8
20	623	1.8	618	1.8	56	266	0.8	243	0.7
21	552	1.6	647	1.9	57	274	0.8	209	0.6
22	562	1.7	595	1.8	58	265	0.8	221	0.7
23	594	1.8	600	1.8	59	254	0.7	223	0.7
24	484	1.4	511	1.5	60	259	0.8	232	0.7
25	494	1.5	504	1.5	61	200	0.6	189	0.6
26	464	1.4	434	1.3	62	200	0.6	173	0.5
27	427	1.3	458	1.4	63	226	0.7	194	0.6
28	411	1.2	429	1.3	64	192	0.6	140	0.4
29	442	1.3	445	1.3	65	164	0.5	154	0.5
30	447	1.3	471	1.4	66	141	0.4	103	0.3
31	447	1.3	415	1.2	67	144	0.4	111	0.3
32	483	1.4	471	1.4	68	128	0.4	88	0.3
33	485	1.4	450	1.3	69	116	0.3	93	0.3
34	451	1.3	391	1.2	70+	1,277	3.8	825	2.5
35	385	1.1	401	1.2	Missing	2	0.0	3	0.0
36	461	1.4	400	1.2					
					Total	33,890	100.0	33,540	100.0

De facto = all who stayed in the household the night before interview.

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 percent distribution and percentage of eligible women who were interviewed (weighted), by five-year age groups, Philippines 2013

Age group	Household population of women age 10-54	Interviewed women age 15-49		Percentage of eligible women interviewed
		Number	Percentage	
10-14	3,894	na	na	na
15-19	3,329	3,284	20.2	98.7
20-24	2,815	2,780	17.1	98.8
25-29	2,237	2,185	13.4	97.7
30-34	2,314	2,262	13.9	97.8
35-39	2,019	1,981	12.2	98.1
40-44	1,981	1,938	11.9	97.9
45-49	1,854	1,817	11.2	98.0
50-54	1,659	na	na	na
15-49	16,549	16,249	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 questionnaire.
na = Not applicable

Table C.3 Completeness of reporting

Percentage of observations missing information for selected demographic and health questions (weighted), Philippines 2013

Subject	Percentage with information missing	Number of cases
Month only (births in the 15 years preceding the survey)	0.15	20,397
Month and year (births in the 15 years preceding the survey)	0.00	20,397
Age at death (deceased children born in the 15 years preceding the survey)	0.00	681
Age/date at first union[1] (ever-married women age 15-49)	0.01	10,540
Respondent's education (all women age 15-49)	0.00	16,155
Diarrhea in last 2 weeks (living children 0-59 months)	1.09	6,796

[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 2013

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
2013	919	16	935	100.0	100.0	100.0	100.4	220.6	101.7	na	na	na
2012	1,388	22	1,410	100.0	100.0	100.0	109.2	81.0	108.7	na	na	na
2011	1,312	40	1,352	99.9	100.0	99.9	102.6	168.7	104.0	94.8	134.0	95.6
2010	1,379	38	1,417	100.0	100.0	100.0	114.4	140.3	115.0	104.0	81.5	103.2
2009	1,341	53	1,394	99.9	98.1	99.8	111.7	76.3	110.0	94.9	123.5	95.8
2008	1,446	48	1,494	99.9	100.0	99.9	108.0	128.8	108.6	105.0	104.7	105.0
2007	1,411	39	1,450	99.9	94.2	99.7	94.0	136.8	94.9	100.3	79.1	99.6
2006	1,369	50	1,419	99.9	100.0	99.9	113.6	131.4	114.2	98.6	117.4	99.1
2005	1,366	46	1,413	99.8	100.0	99.8	103.5	104.0	103.5	103.1	96.3	102.8
2004	1,283	46	1,329	99.8	95.6	99.7	105.8	89.3	105.2	96.3	95.0	96.2
2009-2013	6,338	169	6,507	100.0	99.4	100.0	108.1	117.0	108.3	na	na	na
2004-2008	6,875	230	7,105	99.9	98.1	99.8	104.7	116.2	105.1	na	na	na
1999-2003	6,148	267	6,415	99.9	97.8	99.8	103.0	147.6	104.5	na	na	na
1994-1998	5,009	238	5,247	99.8	98.6	99.8	106.2	134.4	107.3	na	na	na
< 1994	4,979	383	5,362	99.9	98.1	99.8	107.2	109.1	107.4	na	na	na
All	29,348	1,287	30,635	99.9	98.3	99.8	105.7	123.1	106.4	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 2013

	Number of years preceding the survey				Total
Age at death (days)	0-4	5-9	10-14	15-19	0-19
<1	35	36	26	14	110
1	22	17	26	19	84
2	4	8	13	3	29
3	3	8	9	4	25
4	3	2	2	3	10
5	3	2	2	3	10
6	1	2	1	2	6
7	6	8	13	10	38
8	0	2	0	0	2
9	2	1	1	1	5
10	1	0	1	1	3
11	0	1	0	1	2
12	0	0	0	0	0
13	0	0	1	1	2
14	1	3	0	1	4
15	1	1	2	0	3
16	1	2	0	0	3
17	0	0	1	1	2
18	0	0	0	1	1
19	0	1	1	0	2
20	0	0	1	1	3
21	1	0	2	2	6
22	0	0	1	0	1
23	2	0	0	0	2
24	0	1	0	1	2
26	0	1	0	0	1
28	0	0	1	1	2
29	0	0	1	0	1
30	0	0	0	1	1
Total 0-30	89	98	103	73	363
Percentage early neonatal[1]	80.2	76.9	76.5	66.1	75.4

[1] 0-6 days / 0-30 days

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 2013

	Number of years preceding the survey				Total
Age at death (months)	0-4	5-9	10-14	15-19	0-19
<1 [a]	89	98	103	73	363
1	12	14	7	6	39
2	9	6	10	8	33
3	9	3	6	3	21
4	5	9	6	6	27
5	3	2	3	4	12
6	10	6	8	5	29
7	6	9	3	9	27
8	2	8	3	0	14
9	3	6	9	2	20
10	1	1	2	2	7
11	1	2	5	2	10
12	8	11	17	21	57
13	0	0	1	2	3
14	0	1	2	2	5
15	1	0	2	0	3
16	2	0	0	3	5
17	0	3	5	1	8
18	1	0	0	1	3
19	1	2	0	2	5
20	1	1	1	0	3
21	1	0	0	0	1
22	0	0	0	1	1
23	1	2	0	0	3
1 Year	1	0	1	0	3
Total 0-11	151	164	166	121	602
Percentage neonatal[1]	58.8	59.3	62.4	60.5	60.3

[a] Includes deaths under one month reported in days
[1] Under one month / under one year

PERSONS INVOLVED IN THE 2013 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY

Appendix D

PRE-TEST 1

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Joan Martinez
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Ana Cadaro
Norma Ayuban
Mercedes Hoquis
Charito Capacete
Inocencia Macabiog

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Filipinas Lim
Mercedes Hoquis
Charito Capacete
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Gloria Morales

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Danites Teñido
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REGION V – Bicol Region
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Emelinda Gualvez
Anna Bajamundi
Lea Toledo
Bernie Camata
Maricor Pasibe
Cross Doreh Lee

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Resureccion Villavicencio
Salvacion Lemos
Analyn Solinap
Grace Clavines
Gladys Trescepes

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Myrna Cataluña
Jinkee Minguito
Rowena Bornia
Estela Rosales
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QUESTIONNAIRES

Appendix **E**

AUTHORITY: Commonwealth Act No. 591 authorizes the National Statistics Office to conduct this survey in order to collect information on fertility, family planning and health. **CONFIDENTIALITY** : Sec. 4 of CA No. 591 provides that all information obtained from Respondent is held ***STRICTLY CONFIDENTIAL.***	NATIONAL STATISTICS OFFICE **2013 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY** **HOUSEHOLD QUESTIONNAIRE** (ENGLISH)	**NDHS FORM 1** Serial Number: **NSCB Approval No. NSO-1229-01** **Expires: 30 June 2014**

Booklet ____ of _____ Booklets

IDENTIFICATION

PROVINCE _____

CITY/MUNICIPALITY _____

BARANGAY _____

EA .....

SAMPLE HOUSING UNIT SERIAL NUMBER .....

HOUSEHOLD CONTROL NUMBER .....

NDHS HOUSEHOLD NUMBER .....

NO. OF HOUSEHOLDS IN THE HOUSING UNIT .....

NAME OF HOUSEHOLD HEAD _____

ADDRESS _____

INTERVIEW RECORD

	1	2	3	FINAL VISIT
DATE				DAY .....
				MONTH .....
INTERVIEWER'S NAME				YEAR ... 2 0 1 3
				INT. CODE.....
RESULT*				RESULT* .....
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS .....
TIME				

***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)

TIME OF INTERVIEW

TIME STARTED — HOUR ..... MINUTE .....

TOTAL HH MEMBERS AND VISITORS .....

TOTAL ELIGIBLE WOMEN .....

LINE NO. OF RESPONDENT TO HH QUEST .....

SUPERVISOR **Name and Signature** _____ **Date** _____	**FIELD EDITOR** **Name and Signature** _____ **Date** _____
OFFICE EDITOR	**ENCODER**

Hello. My name is _____and I am working with the National Statistics Office. We are conducting a national survey about health all over the Philippines. The information we collect will help the government plan health services. As part of the survey, we would first like to ask some questions about your household.

SECTION 1. HOUSEHOLD MEMBERSHIP

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 and 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
(101)	(102)	(103)	(104)	(105)	(106)	(107)	(108)
			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 ☐

IF YES, ENTER IN THE ABOVE TABLE.

102A) Are there any other household members such as OFW, small children or infants that we have not listed? YES ☐ NO ☐

102B) 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 ☐ NO ☐

102C) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES ☐ NO ☐

CODES FOR Q.103
(RELATIONSHIP TO HEAD OF HOUSEHOLD)

01	= HEAD	07	= PARENT-IN-LAW
02	= WIFE OR HUSBAND	08	= BROTHER OR SISTER
03	= SON OR DAUGHTER	09	= OTHER RELATIVE
04	= SON-IN-LAW OR DAUGHTER-IN-LAW	10	= ADOPTED/FOSTER/STEPCHILD
05	= GRANDCHILD	11	= NOT RELATED
06	= PARENT	98	= DON'T KNOW

All of the answers you give will be confidential. We 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? ENTER CODE	Has (NAME) ever attended school? IF NO, GO TO NEXT HH MEMBER, OR IF LAST MEMBER SKIP TO 114	What is the highest grade/ year (NAME) completed? ENTER CODE
(109)	(110)	(111)	(112)	(113)
01	Y N DK 1 2 8 GO TO 112		Y N 1 2 GO TO NEXT MEMBER	
02	1 2 8 GO TO 112		1 2 GO TO NEXT MEMBER	
03	1 2 8 GO TO 112		1 2 GO TO NEXT MEMBER	
04	1 2 8 GO TO 112		1 2 GO TO NEXT MEMBER	
05	1 2 8 GO TO 112		1 2 GO TO NEXT MEMBER	
06	1 2 8 GO TO 112		1 2 GO TO NEXT MEMBER	
07	1 2 8 GO TO 112		1 2 GO TO NEXT MEMBER	
08	1 2 8 GO TO 112		1 2 GO TO NEXT MEMBER	
09	1 2 8 GO TO 112		1 2 GO TO NEXT MEMBER	
10	1 2 8 GO TO 112		1 2 GO TO NEXT MEMBER	

(114) 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. 108, CIRCLE THE NO. IN THE TABLE.

IF ONLY ONE ELIGIBLE WOMAN, GO TO 115

CHECK COVER PAGE FOR THE LAST DIGIT OF THE NDHS SERIAL NO. CIRCLE THE LAST DIGIT IN THE TABLE.

CIRCLE THE NUMBER WHEREIN THE LAST DIGIT AND THE TOTAL NUMBER OF ELIGIBLE WOMEN MEET. THIS IS THE RANK OF THE RESPONDENT FOR THE WS MODULE.

LAST DIGIT OF SERIAL NO. IS	IF THE TOTAL NUMBER OF ELIGIBLE WOMEN IN THE HOUSEHOLD IS						
	2	3	4	5	6	7	8
	RANK IS						
0	2	2	4	3	6	5	4
1	1	3	1	4	1	6	5
2	2	1	2	5	2	7	6
3	1	2	3	1	3	1	7
4	2	3	4	2	4	2	8
5	1	1	1	3	5	3	1
6	2	2	2	4	6	4	2
7	1	3	3	5	1	5	3
8	2	1	4	1	2	6	4
9	1	2	1	2	3	7	5

(115) RECORD THE NAME AND LINE NUMBER OF THE RESPONDENT FOR THE WOMEN'S SAFETY MODULE

NAME _____ LINE NUMBER

CODES FOR Q.111
(HEALTH INSURANCE)

A = PHILHEALTH PAYING MEMBER
B = PHILHEALTH DEPENDENT OF PAYING MEMBER
C = PHILHEALTH INDIGENT MEMBER
D = PHILHEALTH DEPENDENT OF INDIGENT MEMBER
E = GSIS
F = SSS
G = PRIVATE INSURANCE COMPANY/HEALTH MAINTENANCE ORGANIZATION/ PRE-NEED INSURANCE PLAN COMPANY
X = OTHER, SPECIFY

CODES FOR Q.113
(HIGHEST GRADE/YEAR COMPLETED)

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, SPECIFY DEGREE
51 = POST BACCALAUREATE
98 = DON'T KNOW

SECTION 2. HEALTH CARE UTILIZATION

NO	QUESTIONS AND FILTERS	CODING CATEGORIES
201	In the last 30 days from (LAST MONTH) (SAME DATE) to present, 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 **206**)
202	How many is/are sick (injured) or got sick /injured at any time in the last 30 days? Now I would like to ask you some questions about each person who is sick/injured anytime 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 IN **203** THE LINE NUMBER AND NAME OF EACH PERSON WHO IS SICK OR INJURED. ENTER THE LINE NUMBERS 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.	[ ][ ] **NO. OF SICK/ INJURED PERSONS**

SICK/INJURED PERSONS IN THE LAST 30 DAYS

		SICK PERSON 1	SICK PERSON 2	SICK PERSON 3
203	LINE NUMBER AND NAME FROM COL. (101) AND (102).	LINE NUMBER ..... [ ][ ] NAME_____	LINE NUMBER ..... [ ][ ] NAME_____	LINE NUMBER ..... [ ][ ] NAME_____
204	What was (NAME IN **203**)'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 SURGERY ..... L 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 SURGERY ..... L 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 SURGERY ..... L OTHER _____ X (SPECIFY)
205		GO BACK TO **204** IN NEXT COLUMN; OR, IF NO MORE SICK PERSON IN 203, GO TO **206**	GO BACK TO **204** IN NEXT COLUMN; OR, IF NO MORE SICK PERSON IN 203, GO TO **206**	GO BACK TO **204** IN NEW QUESTIONNAIRE; OR, IF NO MORE SICK PERSON IN 203, GO TO **206**

206	In the last 30 days, has any member of your household visited a health facility for consultation/advice or treatment anywhere?	YES ..... 1 NO ..... 2 (GO TO **220**)
207	How many of your household members visited a health facility for consultation/advice or treatment anywhere in the last 30 days? 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 **208**, AND **214** THE LINE NUMBER AND NAME OF EACH PERSON WHO VISITED A HEALTH FACILITY. ENTER THE LINE NUMBERS IN ASCENDING ORDER. ASK ALL QUESTIONS ABOUT ALL OF THESE PERSONS. IF MORE THAN ONE VISIT, ASK ONLY ABOUT THE FIRST VISIT 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.	[ ][ ] **NO. OF PERSONS WHO VISITED HEALTH FACILITY**

		PERSONS WHO VISITED A HEALTH FACILITY IN THE LAST 30 DAYS		
		OUT-PATIENT 1	OUT-PATIENT 2	OUT-PATIENT 3
208	LINE NUMBER AND NAME FROM COL. (101) AND (102).	LINE NUMBER ..... [ ][ ] NAME _____	LINE NUMBER ..... [ ][ ] NAME _____	LINE NUMBER ..... [ ][ ] NAME _____
209	Why did (NAME IN 208) visit a health facility for consultation/ advice or treatment?	SICK/INJURED ..... 11 PRENATAL/POST NATAL CHECK-UP ..... 12 GAVE BIRTH ..... 13 DENTAL ..... 14 MEDICAL CHECK-UP ... 15 MEDICAL REQUIREMENT ..... 16 NHTS/CCT /4Ps REQUIREMENT ..... 17 OTHER _____ 96 (SPECIFY)	SICK/INJURED ..... 11 PRENATAL/POST NATAL CHECK-UP ..... 12 GAVE BIRTH ..... 13 DENTAL ..... 14 MEDICAL CHECK-UP ... 15 MEDICAL REQUIREMENT ..... 16 NHTS/CCT /4Ps REQUIREMENT ..... 17 OTHER _____ 96 (SPECIFY)	SICK/INJURED ..... 11 PRENATAL/POST NATAL CHECK-UP ..... 12 GAVE BIRTH ..... 13 DENTAL ..... 14 MEDICAL CHECK-UP ... 15 MEDICAL REQUIREMENT ..... 16 NHTS/CCT /4Ps REQUIREMENT ..... 17 OTHER _____ 96 (SPECIFY)
210	Where was consultation/advice or treatment first sought for (NAME IN 208)'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 RHU/URBAN HLTH CTR./LYING-IN ..... 15 BARANGAY HLTH ST. . 16 MOBILE CLINIC ..... 17 OTHER PUBLIC ..... 18 PRIVATE SECTOR PRIVATE HOSP./ CLINIC ..... 21 LYING-IN CLINIC/ BIRTHING HOME ... 22 PRIVATE CLINIC ..... 23 PRIVATE PHARMACY . 24 MOBILE CLINIC ..... 25 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)	PUBLIC SECTOR REGIONAL HOSP./ PUBLIC MED. CTR . 11 PROVINCIAL HOSP.... 12 DISTRICT HOSPITAL . 13 MUNICIPAL HOSP. ... 14 RHU/URBAN HLTH CTR./LYING-IN ..... 15 BARANGAY HLTH ST. . 16 MOBILE CLINIC ..... 17 OTHER PUBLIC ..... 18 PRIVATE SECTOR PRIVATE HOSP./ CLINIC ..... 21 LYING-IN CLINIC/ BIRTHING HOME ... 22 PRIVATE CLINIC ..... 23 PRIVATE PHARMACY .. 24 MOBILE CLINIC ..... 25 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)	PUBLIC SECTOR REGIONAL HOSP./ PUBLIC MED. CTR . 11 PROVINCIAL HOSP.... 12 DISTRICT HOSPITAL .. 13 MUNICIPAL HOSP. ... 14 RHU/URBAN HLTH CTR./LYING-IN ..... 15 BARANGAY HLTH ST. . 16 MOBILE CLINIC ..... 17 OTHER PUBLIC ..... 18 PRIVATE SECTOR PRIVATE HOSP./ CLINIC ..... 21 LYING-IN CLINIC/ BIRTHING HOME ... 22 PRIVATE CLINIC ..... 23 PRIVATE PHARMACY . 24 MOBILE CLINIC ..... 25 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)
211	Was (NAME IN 208) advised for hospitalization/ confinement?	YES..... 1 NO 2	YES..... 1 NO 2	YES..... 1 NO 2
212	Was (NAME IN 208) confined in the hospital/clinic then?	YES..... 1 (GO TO 214) ← NO 2	YES..... 1 (GO TO 214) ← NO 2	YES..... 1 (GO TO 214) ← NO 2
213	What were the reasons why (NAME IN 208) was not confined in a hospital/clinic? What else?	FACILITY IS FAR ..... A NO MONEY ..... B WORRIED ABOUT TREATMENT COST ... C HOME REMEDY IS AVAILABLE ..... D HEALTH FACILITY IS NOT PHILHEALTH ACCREDITED ..... E NO NEED/REGULAR CHECK UP ONLY ..... F OTHER _____ X (SPECIFY)	FACILITY IS FAR ..... A NO MONEY ..... B WORRIED ABOUT TREATMENT COST ... C HOME REMEDY IS AVAILABLE ..... D HEALTH FACILITY IS NOT PHILHEALTH ACCREDITED ..... E NO NEED/REGULAR CHECK UP ONLY ..... F OTHER _____ X (SPECIFY)	FACILITY IS FAR ..... A NO MONEY ..... B WORRIED ABOUT TREATMENT COST ... C HOME REMEDY IS AVAILABLE ..... D HEALTH FACILITY IS NOT PHILHEALTH ACCREDITED ..... E NO NEED/REGULAR CHECK UP ONLY ..... F OTHER _____ X (SPECIFY)

	PERSONS WHO VISITED A HEALTH FACILITY IN THE LAST 30 DAYS			
		OUT-PATIENT 1	OUT-PATIENT 2	OUT-PATIENT 3
214	COPY LINE NUMBER AND NAME FROM **208**	LINE NUMBER ..... [ ][ ] NAME_____	LINE NUMBER ..... [ ][ ] NAME_____	LINE NUMBER ..... [ ][ ] NAME_____
215	How long did it take to travel from your home to (NAME OF SOURCE IN **210**)?	HOURS ..... [ ][ ] MINUTES ..... [ ][ ]	HOURS ..... [ ][ ] MINUTES ..... [ ][ ]	HOURS ..... [ ][ ] MINUTES ..... [ ][ ]
216	How much in total was the cost of transportation in going to (NAME OF SOURCE IN **210**) 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
217	How much in total was spent for (NAME IN **214**)'s consultation/advice or treatment at the (NAME OF SOURCE IN 210)? IF AMOUNT PAID IS P999,994 OR MORE, RECORD 999994.	COST IN PESOS 1 [ ][ ][ ][ ][ ][ ] DONATION IN PESOS 2 [0][0][ ][ ][ ][ ] FREE/NO COST . 0000000 STILL IN HOSPITAL ..... 9999995 IN KIND ..... 9999996 DON'T KNOW ..... 9999998 (GO TO **219**)	COST IN PESOS 1 [ ][ ][ ][ ][ ][ ] DONATION IN PESOS 2 [0][0][ ][ ][ ][ ] FREE/NO COST . 0000000 STILL IN HOSPITAL ..... 9999995 IN KIND ..... 9999996 DON'T KNOW ..... 9999998 (GO TO **219**)	COST IN PESOS 1 [ ][ ][ ][ ][ ][ ] DONATION IN PESOS 2 [0][0][ ][ ][ ][ ] FREE/NO COST . 0000000 STILL IN HOSPITAL ..... 9999995 IN KIND ..... 9999996 DON'T KNOW ..... 9999998 (GO TO **219**)
218	Now, I would like to know where you got the money to pay for consultation/advice or treatment at the (NAME OF SOURCE IN **210**). Did you use:	YES NO	YES NO	YES NO
	A SalaryIncome?	A 1 2	A 1 2	A 1 2
	B Loan/Mortgage?	B 1 2	B 1 2	B 1 2
	C Savings?	C 1 2	C 1 2	C 1 2
	D Donation/Charity/ Assistance?	D 1 2	D 1 2	D 1 2
	E PhilHealth?	E 1 2	E 1 2	E 1 2
	F SSS/GSIS/ECC	F 1 2	F 1 2	F 1 2
	G HMO/Private/Pre-Need Insurance?	G 1 2	G 1 2	G 1 2
	X Other _____ (SPECIFY)	X_____ (SPECIFY) 1 2	X_____ (SPECIFY) 1 2	X_____ (SPECIFY) 1 2
219		GO BACK TO **215** IN NEXT COLUMN; OR, IF NO MORE PERSON IN **214**, GO TO **220**	GO BACK TO **215** IN NEXT COLUMN; OR, IF NO MORE PERSON IN **214**, GO TO **220**	GO BACK TO **215** IN NEXT QUESTIONNAIRE; IF NO MORE PERSON IN **214**, GO TO **220**.

	PERSONS CONFINED IN A HOSPITAL IN THE LAST 12 MONTHS	
220	In the last 12 months from (CURRENT MONTH) 2012 to present, has any member of your household been confined in a hospital/ clinic?	YES ..... 1 NO ..... 2 (GO TO **301**)
221	How many were/have been confined in a hospital/clinic? 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/has been confined during the last 12 months? ENTER THE LINE NUMBER IN **222** AND **229** AND NAME OF EACH PERSON WHO WAS CONFINED IN A HOSPITAL. ENTER THE LINE NUMBERS IN ASCENDING ORDER. IF THE PERSON IS DECEASED, ENTER '00' FOR LINE NUMBER. IF THERE ARE MORE THAN 3 PERSONS, USE ADDITIONAL QUESTIONNAIRE.	[ ][ ] **NO. OF PERSONS CONFINED**

		IN-PATIENT 1	IN-PATIENT 2	IN-PATIENT 3
222	LINE NUMBER AND NAME FROM COL. (101) AND (102).	LINE NUMBER ..... [ ][ ] NAME_____	LINE NUMBER ..... [ ][ ] NAME_____	LINE NUMBER ..... [ ][ ] NAME_____
223	Where was (NAME IN **222**) (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 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	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 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	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 OTHER _____ 96 (SPECIFY) DON'T KNOW 98
224	Why was (NAME IN **222**) (last) confined in the hospital/clinic?	SICK/INJURED ..... 1 GAVE BIRTH ..... 2 EXECUTIVE CHECK UP ..... 3 OTHER _____ 6 (SPECIFY)	SICK/INJURED ..... 1 GAVE BIRTH ..... 2 EXECUTIVE CHECK UP ..... 3 OTHER _____ 6 (SPECIFY)	SICK/INJURED ..... 1 GAVE BIRTH ..... 2 EXECUTIVE CHECK UP ..... 3 OTHER _____ 6 (SPECIFY)
225	How long was (NAME IN **222**) confined? IF CONFINED MORE THAN ONCE, REPORT THE LAST ONE.	DAYS ..... [ ][ ][ ] STILL CONFINED ... 995	DAYS ..... [ ][ ][ ] STILL CONFINED ... 995	DAYS ..... [ ][ ][ ] STILL CONFINED ... 995
226	Were you satisfied with the services in the (NAME OF SOURCE IN **223**)?	YES..... 1 (GO TO **228**) ←┘ NO 2	YES..... 1 (GO TO **228**) ←┘ NO 2	YES..... 1 (GO TO **228**) ←┘ NO 2
227	Why were you not satisfied? Any other reasons?	INSUFFICIENT STAFF . A INEXPERIENCED STAFF B UNCARING OR RUDE STAFF ..... C UNFAIR TREATMENT ... D INSUFFICIENT MEDICINES ..... E INSUFFICIENT SUPPLIES ..... F INSUFFICIENT/MAL-FUNCTIONING EQUIPMENT ..... G POOR OR DIRTY ENVIRONMENTS ..... H TOO EXPENSIVE ..... I UNDER THE TABLE PAYMENT ..... J OTHER _____ X (SPECIFY)	INSUFFICIENT STAFF . A INEXPERIENCED STAFF B UNCARING OR RUDE STAFF ..... C UNFAIR TREATMENT ... D INSUFFICIENT MEDICINES ..... E INSUFFICIENT SUPPLIES ..... F INSUFFICIENT/MAL-FUNCTIONING EQUIPMENT ..... G POOR OR DIRTY ENVIRONMENTS ..... H TOO EXPENSIVE ..... I UNDER THE TABLE PAYMENT ..... J OTHER _____ X (SPECIFY)	INSUFFICIENT STAFF . A INEXPERIENCED STAFF B UNCARING OR RUDE STAFF ..... C UNFAIR TREATMENT ... D INSUFFICIENT MEDICINES ..... E INSUFFICIENT SUPPLIES ..... F INSUFFICIENT/MAL-FUNCTIONING EQUIPMENT ..... G POOR OR DIRTY ENVIRONMENTS ..... H TOO EXPENSIVE ..... I UNDER THE TABLE PAYMENT ..... J OTHER _____ X (SPECIFY)
228	Were medicines bought from any pharmacy or were services paid for in any laboratory, apart from the medicines/ services paid for in the hospital where (NAME IN **222**) was confined?	YES..... 1 NO ..... 2 (GO TO **231**) ←┘	YES..... 1 NO ..... 2 (GO TO **231**) ←┘	YES..... 1 NO ..... 2 (GO TO **231**) ←┘

	PERSONS CONFINED IN A HOSPITAL IN THE LAST 12 MONTHS			
		IN-PATIENT 1	IN-PATIENT 2	IN-PATIENT 3
229	COPY LINE NUMBER AND NAME FROM 222	LINE NUMBER ..... [ ][ ] NAME_____	LINE NUMBER ..... [ ][ ] NAME_____	LINE NUMBER ..... [ ][ ] NAME_____
230	How much was paid for the medicines/services?	COST IN PESOS [ ][ ][ ][ ][ ][ ]	COST IN PESOS [ ][ ][ ][ ][ ][ ]	COST IN PESOS [ ][ ][ ][ ][ ][ ]
230a	How much was paid for out of/by: Salary/Loan/Sale of Properties? PhilHealth?	COST IN PESOS SALARY/LOAN/ SALE OF PROPERTIES [ ][ ][ ][ ][ ][ ] PHILHEALTH [ ][ ][ ][ ][ ][ ]	COST IN PESOS SALARY/LOAN/ SALE OF PROPERTIES [ ][ ][ ][ ][ ][ ] PHILHEALTH [ ][ ][ ][ ][ ][ ]	COST IN PESOS SALARY/LOAN/ SALE OF PROPERTIES [ ][ ][ ][ ][ ][ ] PHILHEALTH [ ][ ][ ][ ][ ][ ]
231	How much was the total hospital bill for the (last) confinement in (NAME OF SOURCE IN 223)? IF AMOUNT PAID IS P999,994 OR MORE, RECORD 999994.	COST IN PESOS 1 [ ][ ][ ][ ][ ][ ] DONATION IN PESOS 2 [0][0][ ][ ][ ][ ] FREE/NO COST . 0000000 STILL CONFINED 9999995 IN KIND ..... 9999996 DON'T KNOW ..... 9999998 (GO TO 234)	COST IN PESOS 1 [ ][ ][ ][ ][ ][ ] DONATION IN PESOS 2 [0][0][ ][ ][ ][ ] FREE/NO COST . 0000000 STILL CONFINED 9999995 IN KIND ..... 9999996 DON'T KNOW ..... 9999998 (GO TO 234)	COST IN PESOS 1 [ ][ ][ ][ ][ ][ ] DONATION IN PESOS 2 [0][0][ ][ ][ ][ ] FREE/NO COST . 0000000 STILL CONFINED 9999995 IN KIND ..... 9999996 DON'T KNOW ..... 9999998 (GO TO 234)
232	How much was paid for out of/by: Salary/Loan/Sale of Properties? PhilHealth?	COST IN PESOS SALARY/LOAN/ SALE OF PROPERTIES [ ][ ][ ][ ][ ][ ] PHILHEALTH [ ][ ][ ][ ][ ][ ] (GO TO 234)	COST IN PESOS SALARY/LOAN/ SALE OF PROPERTIES [ ][ ][ ][ ][ ][ ] PHILHEALTH [ ][ ][ ][ ][ ][ ] (GO TO 234)	COST IN PESOS SALARY/LOAN/ SALE OF PROPERTIES [ ][ ][ ][ ][ ][ ] PHILHEALTH [ ][ ][ ][ ][ ][ ] (GO TO 234)
233	IF PHILHEALTH WAS NOT AVAILED IN 232, ASK: Why did (NAME) not avail of PhilHealth benefits? Any other reasons?	NOT A PHILHEALTH MEMBER ..... A PHILHEALTH MEMBER BUT NOT ELIGIBLE FOR BENEFITS ..... B PROBABLY USED PHIL-HEALTH BUT CANNOT REMEMBER AMOUNT BECAUSE BENEFIT WAS DEDUCTED UPON DISCHARGE FROM HOSPITAL ... C TOO MANY REQUIRE-MENTS TO COMPLY WITH BEFORE CAN AVAIL ..... D LIMITED HOSPITAL-IZATION BENEFITS . E CLAIMS PROCESSING TOO LONG ..... F OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	NOT A PHILHEALTH MEMBER ..... A PHILHEALTH MEMBER BUT NOT ELIGIBLE FOR BENEFITS ..... B PROBABLY USED PHIL-HEALTH BUT CANNOT REMEMBER AMOUNT BECAUSE BENEFIT WAS DEDUCTED UPON DISCHARGE FROM HOSPITAL ... C TOO MANY REQUIRE-MENTS TO COMPLY WITH BEFORE CAN AVAIL ..... D LIMITED HOSPITAL-IZATION BENEFITS . E CLAIMS PROCESSING TOO LONG ..... F OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	NOT A PHILHEALTH MEMBER ..... A PHILHEALTH MEMBER BUT NOT ELIGIBLE FOR BENEFITS ..... B PROBABLY USED PHIL-HEALTH BUT CANNOT REMEMBER AMOUNT BECAUSE BENEFIT WAS DEDUCTED UPON DISCHARGE FROM HOSPITAL ... C TOO MANY REQUIRE-MENTS TO COMPLY WITH BEFORE CAN AVAIL ..... D LIMITED HOSPITAL-IZATION BENEFITS . E CLAIMS PROCESSING TOO LONG ..... F OTHER _____ X (SPECIFY) DON'T KNOW ..... Z
234	How many times was (NAME IN 229) confined in a hospital/clinic in the last 12 months?	NUMBER OF TIMES CONFINED ..... [ ][ ]	NUMBER OF TIMES CONFINED ..... [ ][ ]	NUMBER OF TIMES CONFINED ..... [ ][ ]
235		GO BACK TO 223 IN NEXT COLUMN; OR, IF NO MORE PERSON IN 222, GO TO 301.	GO BACK TO 223 IN NEXT COLUMN; OR, IF NO MORE PERSON IN 222, GO TO 301.	GO BACK TO 223 OF NEW QUESTIONNAIRE; IF NO MORE PERSON IN 222, GO TO 301

SECTION 3. NONCOMMUNICABLE DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	Now, I would like to ask about your knowledge and opinion regarding some diseases and health practices. What do you do to keep yourself healthy? PROBE: Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	AVOID TOO MUCH FAT/FATTY FOOD ... A AVOID EXCESS INTAKE OF SALT AND SALTY FOOD ... B AVOID EXCESSIVE INTAKE OF/ DRINK MODERATELY ALCOHOLIC BEVERAGES ... C AVOID SMOKING ... D BE PHYSICALLY ACTIVE ... E CHECK UP BY DOCTORS ... F CONSUME MILK /MILK PRODUCTS ... G EAT ADEQUATE/BALANCED DIET/ ON TIME ... H EAT FISH, LEAN MEAT, POULTRY AND SOYA BEANS ... I EAT PLENTY OF FRUITS, VEGETABLES AND ROOTCROPS ... J HAVE ENOUGH SLEEP ... K MAINTAIN GOOD HYGIENE ... L MAINTAIN HAPPY PERSONALITY ... M MONITOR BLOOD PRESSURE ... N TAKE VITAMINS/FOOD SUPPLEMENT ... O DRINK PLENTY OF WATER ... P OTHER ... X NONE ... Z	
302	Have you ever heard of a disease called cancer?	YES ... 1 NO ... 2	→307
303	What kind of symptoms would make you suspect that a person may have cancer? PROBE: Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	BLEEDING ... A CHANGE OF BOWEL MOVEMENT ... B HOARSENESS OF VOICE ... C IRREGULAR URINATION ... D LUMP OR MASS IN ANY PART OF THE BODY ... E PERSISTENT PAIN ... F SORE (WOUND) THAT DOES NOT HEAL ... G SUDDEN WEIGHT LOSS ... H WEAK/PALE ... I FEVER ... J HAIR LOSS ... K OTHER ... X NONE ... Y DON'T KNOW ... Z	
304	Have you ever been screened/examined for cancer?	YES ... 1 NO ... 2	→307
305	What part of your body was screened? PROBE: Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	BLOOD ... A BONE ... B BREAST ... C CERVIX ... D ESOPHAGUS ... E LARYNX ... F LIVER ... G LUNG ... H MOUTH/ORAL CAVITY ... I OVARY ... J PROSTATE ... K STOMACH ... L UTERUS ... M OTHER ... X DON'T KNOW ... Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
306	Where were you screened/examined? PROBE: Anywhere else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	PUBLIC/PRIVATE HOSPITAL ..... A HEALTH CENTER ..... B PRIVATE CLINIC ..... C COMPANY CLINIC ..... D SCHOOL CLINIC ..... E HOME/SELF/HOME VISIT ..... F SEMINAR ON RH ..... G MOBILE CLINIC ..... H OTHER ..... X DON'T KNOW ..... Z	
307	Have you been told on more than one occasion that your blood pressure is high?	YES ..... 1 NO ..... 2 BLOOD PRESSURE WAS NEVER TAKEN 3	
308	Have you ever heard of heart disease?	YES ..... 1 NO 2	→310
309	Who are likely to have heart disease? PROBE: Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	THOSE WHO SMOKE HEAVILY ..... A THOSE WHO ARE FAT (OBESE) ..... B THOSE WHO DRINK HEAVILY ..... C THOSE WHO EAT HIGH FAT, HIGH SALT DIET ..... D THOSE WHO ARE UNDER STRESS ..... E THOSE WHO DO NOT EXERCISE ..... F THOSE WHO HAVE ELEVATED BLOOD PRESSURE ..... G THOSE WITH FAMILY HISTORY OF HEART DISEASE ..... H THOSE WHO LACK SLEEP ..... I OTHER ..... X DON'T KNOW ..... Z	
310	Have you ever heard of diabetes?	YES ..... 1 NO 2	→401
311	Who are likely to have diabetes? PROBE: Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	FAT/OBESE PEOPLE ..... A HEAVY DRINKERS OF ALCOHOL ..... B HEAVY SMOKERS ..... C OLDER PEOPLE/MENOPAUSAL WOMEN ..... D PEOPLE WHO EAT PLENTY OF SWEETS AND FATTY FOODS ..... E THOSE WHO DO NOT EXERCISE REGULARLY ..... F THOSE WITH HISTORY OF DIABETES ..... G OTHER ..... X DON'T KNOW ..... Z	

SECTION 4. INFECTIOUS DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Have you ever heard of dengue fever?	YES ..... 1 NO 2	→405
402	How does dengue spread from one person to another? PROBE: Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	BLOOD BORNE/BLOOD TRANSFUSION ..... A CONTACT WITH DENGUE PATIENT ..... B DRINKING CONTAMINATED WATER ..... C DROPLETS/AIRBORNE ..... D MOSQUITO BITE ..... E POLLUTED AIR ..... F OTHER ..... X DON'T KNOW ..... Z	
403	Can dengue fever be prevented?	YES ..... 1 NO 2	→ 405
404	How can it be prevented? PROBE: Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	CLEANING THE SURROUNDINGS ..... A REMOVE BREEDING PLACES (STAGNANT WATER) OF MOSQUITOES INSIDE AND OUTSIDE THE HOUSE ..... B SPRAYING/FOGGING/FUMIGATION ..... C STAY AWAY FROM PEOPLE WITH DENGUE ..... D TAKE VITAMINS SO AS NOT TO GET SICK ..... E USE OF MOSQUITO COILS ..... F USE OF MOSQUITO NETS ..... G USE OF MOSQUITO REPELLANTS ..... H WASH HANDS BEFORE EATING ..... I OTHER ..... X DON'T KNOW ..... Z	
405	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 SWEATS 1 2	
406	CHECK **405**: AT LEAST ONE "YES" ☐ ↓ NOT A SINGLE "YES" (ALL "NO") ☐		→409
407	Did you seek consultation or treatment for the symptoms?	YES ..... 1 NO 2	→ 409
408	Why didn't you seek treatment for the symptoms?	SYMPTOMS HARMLESS ..... A COST ..... B DISTANCE ..... C EMBARASSED ..... D SELF MEDICATION ..... E OTHER _____ X	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
409	Have you ever heard of an illness called tuberculosis or TB?	YES ..... 1 NO ..... 2 →	501
410	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	
411	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 UNHYGIENIC PRACTICES ..... H POLLUTION ..... I OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
412	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)(SPECIFY) DON'T KNOW ..... Z	
413	Can tuberculosis be cured?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
414	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	
415	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	

SECTION 5. HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	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/STANDPIPE ..... 13 TUBE WELL OR BOREHOLE .....21 DUG WELL PROTECTED WELL ..... 31 SEMI PROTECTED WELL ..... 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/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81 BOTTLED WATER/ REFILLING STATION ..... 91 OTHER _____ 96 (SPECIFY)	504 504
502	Where is that water source located? IF CODE "61, 71 OR 91" IN 501, ENCIRCLE CODE '3'	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE 3	504
503	How long does it take to go there, get water, and come back?	MINUTES ..... [ ][ ][ ] DON'T KNOW 998	
504	Do you do anything to the water to make it safer to drink?	YES ..... 1 NO ..... 2 DON'T KNOW 8	506
505	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL ..... A ADD BLEACH/CHLORINE ..... B STRAIN THROUGH A CLOTH/SPONGE ..... 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	
506	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM.....11 FLUSH TO SEPTIC TANK ..... 12 FLUSH TO PIT LATRINE ..... 13 FLUSH TO SOMEWHERE ELSE ... 14 FLUSH, DON'T KNOW WHERE ... 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE .....21 PIT LATRINE WITH SLAB ..... 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT .....23 COMPOSTING TOILET ..... 31 BUCKET TOILET .....41 DROP TYPE/OVERHANG TYPE ..... 51 NO FACILITY/BUSH/FIELD ..... 61 PUBLIC TOILET .....71 OTHER _____ 96 (SPECIFY)	 508

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
507	Do you share this toilet facility with other households?	YES ..... 1 NO 2	
508	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 ..... 10 ANIMAL DUNG ..... 11 NO FOOD COOKED IN HOUSEHOLD ..... 95 OTHER _____ 96 (SPECIFY)	→511
509	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE ..... 1 IN A SEPARATE BUILDING ..... 2 OUTDOORS ..... 3 OTHER _____ 6 (SPECIFY)	→511
510	Do you have a separate room which is used as a kitchen?	YES ..... 1 NO 2	
511	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)	
512	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)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
513	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/HOLLOW BLOCKS ..... 34 COVERED ADOBE ..... 35 WOOD PLANKS/SHINGLES ..... 36 GALVANIZED IRON/ALUMINUM ... 37 OTHER _____ 96 (SPECIFY)	
514	What is the tenure status of your lot?	OWNED/BEING AMORTIZED/ OWNER-LIKE POSSESSION ..... 1 RENTED ..... 2 RENT-FREE W/ OWNER CONSENT 3 RENT-FREE W/O OWNER CONSENT 4	
515	How many rooms in this household are used for sleeping?	ROOMS ..... [ ][ ]	
516	Does your household have: Electricity? Radio/radio cassette? Television? Landline/wireless landline telephone? Cellular phone? Personal computer or laptop? Washing machine? Refrigerator/freezer? CD or VCD or DVD player? 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	
517	Does your household or any member of your household own: Bicycle or trisikad/pedicab? Motorcycle or tricycle? Animal-drawn cart/sledge? Car or jeep or van? Tractor? Non-motorized boat or banca? Motorized boat or banca?	YES NO BICYCLE / TRISIKAD ..... 1 2 MOTORCYCLE / TRICYCLE ... 1 2 ANIMAL-DRAWN CART/ SLEDGE ..... 1 2 CAR / JEEP / VAN ..... 1 2 TRACTOR ..... 1 2 NON-MOTORIZED BOAT OR BANCA ..... 1 2 MOTORIZED BOAT OR BANCA 1 2	
518	Is your household or any member of your household a beneficiary of the Pantawid Pamilyang Pilipino Program (4Ps) or a recipient of Conditional Cash Transfer (CCT) program of the government?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
519	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 2013	Has already had birthday in 2013
	Don't Know	
0	2012	--
1	2011	2012
2	2010	2011
3	2009	2010
4	2008	2009
5	2007	2008
6	2006	2007
7	2005	2006
8	2004	2005
9	2003	2004
10	2002	2003
11	2001	2002
12	2000	2001
13	1999	2000
14	1998	1999
15	1997	1998
16	1996	1997
17	1995	1996
18	1994	1995
19	1993	1994
20	1992	1993
21	1991	1992
22	1990	1991
23	1989	1990
24	1988	1989
25	1987	1988
26	1986	1987
27	1985	1986
28	1984	1985
29	1983	1984
30	1982	1983
31	1981	1982
32	1980	1981
33	1979	1980
34	1978	1979
35	1977	1978
36	1976	1977
37	1975	1976
38	1974	1975
39	1973	1974

Age	Has not had birthday in 2013	Has already had birthday in 2013
	Don't Know	
40	1972	1973
41	1971	1972
42	1970	1971
43	1969	1970
44	1968	1969
45	1967	1968
46	1966	1967
47	1965	1966
48	1964	1965
49	1963	1964
50	1962	1963
51	1961	1962
52	1960	1961
53	1959	1960
54	1958	1959
55	1957	1958
56	1956	1957
57	1955	1956
58	1954	1955
59	1953	1954
60	1952	1953
61	1951	1952
62	1950	1951
63	1949	1950
64	1948	1949
65	1947	1948
66	1946	1947
67	1945	1946
68	1944	1945
69	1943	1944
70	1942	1943
71	1941	1942
72	1940	1941
73	1939	1940
74	1938	1939
75	1937	1938
76	1936	1937
77	1935	1936
78	1934	1935
79	1933	1934

AUTHORITY: Commonwealth Act No. 591 authorizes the National Statistics Office to conduct this survey in order to collect information on fertility, family planning and health. CONFIDENTIALITY: Sec. 4 of CA No. 591 provides that all information obtained from the Respondent is held ***STRICTLY CONFIDENTIAL.***	NATIONAL STATISTICS OFFICE **2013 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY** INDIVIDUAL WOMAN'S QUESTIONNAIRE (ENGLISH)	NDHS FORM 2 NSCB Approval No. NSO-1229-02 Expires: 30 June 2014

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 .....
INTERVIEWER'S NAME				YEAR 2 0 1 3
				INT. CODE .....
RESULT*				RESULT* .....
NEXT VISIT: DATE:				TOTAL NUMBER OF VISITS:
TIME:				

*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]

LOCAL LANGUAGE OF RESPONDENT** [ ]

TRANSLATOR USED YES . . . 1
NO 2

LANGUAGE OF INTERVIEW** [ ]

**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		

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION

Hello. My name is _____ and I am working with the National Statistics Office. We are conducting a national survey about health of women and children all over the Philippines. 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?

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	**RECORD THE TIME STARTED.**	HOUR ..... [ ][ ] MINUTES ..... [ ][ ]	
102	At the time of your birth, did your mother usually live in a city, in a town proper/poblacion, in the barrio or rural area, or abroad?	CITY ..... 1 TOWN PROPER/POBLACION ..... 2 BARRIO/RURAL AREA ..... 3 ABROAD ..... 4 DON'T KNOW 5	
103	In (MONTH OF INTERVIEW) 2008, did you live in a city, in a town proper/poblacion, in the barrio or rural area, or abroad?	CITY ..... 1 TOWN PROPER/POBLACION ..... 2 BARRIO/RURAL AREA ..... 3 ABROAD ..... 4 DON'T KNOW 5	
104	In what month and year were you born?	MONTH ..... [ ][ ] DON'T KNOW MONTH ..... 98 YEAR ..... [ ][ ][ ][ ] DON'T KNOW YEAR 9998	
105	How old were you on your last birthday? COMPARE AND CORRECT **104 AND/OR 105** IF INCONSISTENT.	AGE IN COMPLETED YEARS [ ][ ]	
106	Have you ever attended school?	YES ..... 1 NO 2	→**108**
107	What is the highest grade or year you completed?	_____ (SPECIFY) [ ][ ]	
108	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL 3	
109	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL 3	
110	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL 3	
111	Do you check e-mail or surf the internet at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL 3	
112	What is your religion?	ROMAN CATHOLIC ..... 1 PROTESTANT ..... 2 IGLESIA NI KRISTO ..... 3 AGLIPAY ..... 4 ISLAM ..... 5 OTHER _____ (SPECIFY) 6 NONE 7	
113	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 _____ (SPECIFY) 8	

SECTION 2. REPRODUCTION

Now I would like 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 talk 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 living (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. (IF THERE ARE MORE THAN 8 BIRTHS, USE ADDITIONAL QUESTIONNAIRE).						IF BORN ALIVE		
214	215	216	217	218	218A	218B	219	220	221
LINE NUMBER	Think back to the time of your (first/next) pregnancy. Were any of these pregnancies twins?	Was the baby born alive, born dead, or lost before full term?	Did that baby cry, move, or breathe when it was born?	How many months did the pregnancy last? RECORD IN COMPLETED MONTHS	CHECK **216:** IF CODE '1', GO TO **219.** IF CODE '2', GO TO **218B** IF CODE '3', GO TO **227.**	CHECK **217:** IF CODE '1', GO TO **219.** IF CODE '2', GO TO **227.**	What name was given to that child?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: When is his/her birthday?
01	SINGLE 1 MULTI . . 2	BORN ALIVE . . . 1 (GO TO **218**)↵ BORN DEAD . . . 2 LOST BEFORE FULL TERM . . . . 3 (GO TO **218**)↵	YES . . 1 NO . . . 2	MONTHS [ ][ ]	1 →**219** 2 →**218B** 3 →**227**	1 →**219** 2 →**227**	(NAME)	BOY . 1 GIRL . 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]
02	SINGLE 1 MULTI . . 2	BORN ALIVE . . . 1 (GO TO **218**)↵ BORN DEAD . . . 2 LOST BEFORE FULL TERM . . . . 3 (GO TO **218**)↵	YES . . 1 NO . . . 2	MONTHS [ ][ ]	1 →**219** 2 →**218B** 3 →**227**	1 →**219** 2 →**227**	(NAME)	BOY . 1 GIRL . 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]
03	SINGLE 1 MULTI . . 2	BORN ALIVE . . . 1 (GO TO **218**)↵ BORN DEAD . . . 2 LOST BEFORE FULL TERM . . . . 3 (GO TO **218**)↵	YES . . 1 NO . . . 2	MONTHS [ ][ ]	1 →**219** 2 →**218B** 3 →**227**	1 →**219** 2 →**227**	(NAME)	BOY . 1 GIRL . 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]
04	SINGLE 1 MULTI . . 2	BORN ALIVE . . . 1 (GO TO **218**)↵ BORN DEAD . . . 2 LOST BEFORE FULL TERM . . . . 3 (GO TO **218**)↵	YES . . 1 NO . . . 2	MONTHS [ ][ ]	1 →**219** 2 →**218B** 3 →**227**	1 →**219** 2 →**227**	(NAME)	BOY . 1 GIRL . 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]
05	SINGLE 1 MULTI . . 2	BORN ALIVE . . . 1 (GO TO **218**)↵ BORN DEAD . . . 2 LOST BEFORE FULL TERM . . . . 3 (GO TO **218**)↵	YES . . 1 NO . . . 2	MONTHS [ ][ ]	1 →**219** 2 →**218B** 3 →**227**	1 →**219** 2 →**227**	(NAME)	BOY . 1 GIRL . 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]
06	SINGLE 1 MULTI . . 2	BORN ALIVE . . . 1 (GO TO **218**)↵ BORN DEAD . . . 2 LOST BEFORE FULL TERM . . . . 3 (GO TO **218**)↵	YES . . 1 NO . . . 2	MONTHS [ ][ ]	1 →**219** 2 →**218B** 3 →**227**	1 →**219** 2 →**227**	(NAME)	BOY . 1 GIRL . 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]
07	SINGLE 1 MULTI . . 2	BORN ALIVE . . . 1 (GO TO **218**)↵ BORN DEAD . . . 2 LOST BEFORE FULL TERM . . . . 3 (GO TO **218**)↵	YES . . 1 NO . . . 2	MONTHS [ ][ ]	1 →**219** 2 →**218B** 3 →**227**	1 →**219** 2 →**227**	(NAME)	BOY . 1 GIRL . 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]
08	SINGLE 1 MULTI . . 2	BORN ALIVE . . . 1 (GO TO **218**)↵ BORN DEAD . . . 2 LOST BEFORE FULL TERM . . . . 3 (GO TO **218**)↵	YES . . . 1 NO . . . 2	MONTHS [ ][ ]	1 →**219** 2 →**218B** 3 →**227**	1 →**219** 2 →**227**	(NAME)	BOY . 1 GIRL . 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]

IF BORN ALIVE	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	
Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER (NDHS FORM 1) OF CHILD 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 MO.; MOS. IF LESS THAN 2 YEARS, OR YEARS, IF 2 OR MORE YEARS;	In what month and year did this pregnancy end?	Did you or someone else do anything to end this pregnancy?	Were there any other pregnancies between the previous pregnancy and this pregnancy including any children who died after birth?	LINE NUMBER
YES . 1 NO . . 2 226	AGE IN YEARS	YES . 1 NO . . 2	HOUSEHOLD LINE NUMBER (GO TO NEXT PREGNANCY)	DAYS . . 1 MOS . . . 2 YEARS . 3 (GO TO NEXT PREGNANCY)	MONTH YEAR	YES . . . 1 NO 2		01
YES . 1 NO . . 2 226	AGE IN YEARS	YES . 1 NO . . 2	HOUSEHOLD LINE NUMBER (GO TO 229)	DAYS . . 1 MOS . . . 2 YEARS . 3 (GO TO 229)	MONTH YEAR	YES . . . 1 NO 2	YES . . . 1 ADD BIRTH NO . . . 2 NEXT BIRTH	02
YES . 1 NO . . 2 226	AGE IN YEARS	YES . 1 NO . . 2	HOUSEHOLD LINE NUMBER (GO TO 229)	DAYS . . 1 MOS . . . 2 YEARS . 3 (GO TO 229)	MONTH YEAR	YES . . . 1 NO 2	YES . . . 1 ADD BIRTH NO . . . 2 NEXT BIRTH	03
YES . 1 NO . . 2 226	AGE IN YEARS	YES . 1 NO . . 2	HOUSEHOLD LINE NUMBER (GO TO 229)	DAYS . . 1 MOS . . . 2 YEARS . 3 (GO TO 229)	MONTH YEAR	YES . . . 1 NO 2	YES . . . 1 ADD BIRTH NO . . . 2 NEXT BIRTH	04
YES . 1 NO . . 2 226	AGE IN YEARS	YES . 1 NO . . 2	HOUSEHOLD LINE NUMBER (GO TO 229)	DAYS . . 1 MOS . . . 2 YEARS . 3 (GO TO 229)	MONTH YEAR	YES . . . 1 NO 2	YES . . . 1 ADD BIRTH NO . . . 2 NEXT BIRTH	05
YES . 1 NO . . 2 226	AGE IN YEARS	YES . 1 NO . . 2	HOUSEHOLD LINE NUMBER (GO TO 229)	DAYS . . 1 MOS . . . 2 YEARS . 3 (GO TO 229)	MONTH YEAR	YES . . . 1 NO 2	YES . . . 1 ADD BIRTH NO . . . 2 NEXT BIRTH	06
YES . 1 NO . . 2 226	AGE IN YEARS	YES . 1 NO . . 2	HOUSEHOLD LINE NUMBER (GO TO 229)	DAYS . . 1 MOS . . . 2 YEARS . 3 (GO TO 229)	MONTH YEAR	YES . . . 1 NO 2	YES . . . 1 ADD BIRTH NO . . . 2 NEXT BIRTH	07
YES . 1 NO . . 2 226	AGE IN YEARS	YES . 1 NO . . 2	HOUSEHOLD LINE NUMBER (GO TO 229)	DAYS . . 1 MOS . . . 2 YEARS . 3 (GO TO 229)	MONTH YEAR	YES . . . 1 NO 2	YES . . . 1 ADD BIRTH NO . . . 2 NEXT BIRTH	08

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 **221 OR 227.** ☐ FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED IN **223.** ☐ FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED IN **226.** ☐ FOR AGE AT DEATH 12 MONTHS OR 1 YR: PROBE FOR EXACT NO. OF MONTHS. ☐		
232	CHECK **221** AND ENTER THE NUMBER OF LIVE BIRTHS SINCE **JANUARY 2008.** IF NONE, RECORD '0'	☐	
233	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE 8	→ **237**
234	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS	MONTHS ..... ☐☐	
235	When you got pregnant did you want to get pregnant at that time?	YES ..... 1 NO 2	→ **237**
236	Did you want to have a baby later on or did you not want any (more) children?	LATER ..... 1 NO MORE 2	
237	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	→ **239**
238	How old were you when you had your first menstrual period?	AGE ..... ☐☐	
239	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant? 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**
240	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

301	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. Have you ever heard of (METHOD)?		
01	**Female Sterilization/Ligation**. PROBE: Women can have an operation to avoid having any more children.	YES ..... 1 NO 2	
02	**Male Sterilization/Vasectomy**. PROBE: Men can have an operation to avoid having any more children.	YES ..... 1 NO 2	
03	**IUD**. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES ..... 1 NO 2	
04	**Injectables**. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES ..... 1 NO 2	
05	**Implants**. PROBE: Women can have one or more 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	
06	**Patch**. PROBE: Women can put a hormonal patch on their upper outer arm, buttocks, abdomen or thigh to avoid getting pregnant.	YES ..... 1 NO 2	
07	**Pill**. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES ..... 1 NO 2	
08	**Condom**. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO 2	
09	**Female Condom**. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES ..... 1 NO 2	
10	**Mucus/Billings/Ovulation**. PROBE: Women can monitor the cervical mucus to determine the days of the month they are most likely to get pregnant.	YES ..... 1 NO 2	
11	**Basal Body Temperature**. PROBE: Women can monitor the body temperature to determine the days of the month they are most likely to get pregnant.	YES ..... 1 NO 2	
12	**Symptothermal**. PROBE: It is a combination of Basal Body Temperature and Mucus, Bilings, Ovulation Method.	YES ..... 1 NO 2	
13	**Standard Days Method**. PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she or her husband/partner uses a condom or does not have sexual intercourse.	YES ..... 1 NO 2	
14	**Lactational Amenorrhea Method (LAM)**.	YES ..... 1 NO 2	
15	**Calendar or Rhythm or Periodic Abstinence**. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES ..... 1 NO 2	
16	**Withdrawal**. PROBE: Men can be careful and pull out before climax.	YES ..... 1 NO 2	
17	**Emergency Contraception**. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	Have you or your husband/partner ever used anything or tried in any way to delay or avoid getting pregnant? IF NO, PROBE: At anytime in your life, have you or your sexual partner ever used or tried in any way to delay or avoid getting pregnant?	YES ..... 1 NO 2	→ 336
303	CHECK **233**: NOT PREGNANT OR UNSURE ☐ ↓ PREGNANT ☐		→ 326
304	Are you or your husband/partner currently doing something or using any method to delay or avoid getting pregnant?	YES ..... 1 NO 2	→ 326
305	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD CIRCLED IN THE LIST.	FEMALE STERILIZATION ..... A MALE STERILIZATION ..... B IUD ..... C INJECTABLES ..... D IMPLANTS ..... E PATCH ..... F PILL ..... 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 TRADITIONAL METHOD . X OTHER MODERN METHOD _____ Y (SPECIFY)	→ 311 → 310 → 306 → 308 → 310 → 313 → 310
306	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	TRUST PILL ..... 01 LOGENTROL ..... 02 DEPROPOVERA (DMP) ..... 03 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
307	How many pill cycles did you get the last time?	NUMBER OF PILL CYCLES ..... ☐☐ DON'T KNOW 98	→ 310
308	What is the brand name of the condoms you (your husband/partner) are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	TRUST CONDOM ..... 01 FRENZY ..... 02 PREMIERE ..... 03 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
309	How many condoms did you (your husband/partner) get the last time?	NUMBER OF CONDOMS ..... ☐☐ DON'T KNOW 98	
310	The last time you obtained (HIGHEST METHOD IN LIST IN **305**), 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	→ 313

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	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 FACILITY/PLACE. _____ (NAME OF FACILITY/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)	
311A	CHECK **305:** 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	
312	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	
313	CHECK **305:** LIGATED/ VASECTOMIZED → In what month and year was the sterilization (ligation/vasectomy) performed? OTHER METHOD → Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (STERILIZATION/CURRENT METHOD) now without stopping? ESTIMATE THE MONTH AND YEAR BASED ON THE LENGTH OF CONTINUOUS USE	MONTH ..... [ ][ ] YEAR ..... [ ][ ][ ][ ]	
314	CHECK **313/221 AND 227:** ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN **313** — YES → ; NO → GO BACK TO **313** , PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
315	CHECK **305**: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN **305**, CIRCLE CODE FOR HIGHEST METHOD IN THE LIST.	FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 IUD ..... 03 INJECTABLES ..... 04 IMPLANTS ..... 05 PATCH ..... 06 PILL ..... 07 CONDOM ..... 08 FEMALE CONDOM ..... 09 DIAPHRAGM ..... 10 FOAM/JELLY/CREAM ..... 11 MUCUS/BILLINGS/OVULATION . 12 BASAL BODY TEMPERATURE . 13 SYMPTOTHERMAL ..... 14 STANDARD DAYS ..... 15 LAM ..... 16 CALENDAR/RHYTHM/ PERIODIC ABSTINENCE ..... 17 WITHDRAWAL ..... 18 OTHER TRADITIONAL METHOD . 95 OTHER MODERN METHOD 96	→ **318** → **325** → **316** → **316** → **325** → **316**
316	CHECK **315** CODES '03-11' CIRCLED → Where did you obtain (CURRENT METHOD FROM **315**) when you started using it? CODES '12-17' CIRCLED → Where did you learn how to use the (CURRENT METHOD FROM **315**)? IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE FACILITY/PLACE. _____ (NAME OF FACILITY/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)	
317	CHECK **305**: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN **305**, CIRCLE CODE FOR HIGHEST METHOD IN THE LIST.	IUD ..... 03 INJECTABLES ..... 04 IMPLANTS ..... 05 PATCH ..... 06 PILL ..... 07 CONDOM ..... 08 FEMALE CONDOM ..... 09 DIAPHRAGM ..... 10 FOAM/JELLY/CREAM ..... 11 MUCUS/BILLINGS/OVULATION . 12 BASAL BODY TEMPERATURE ... 13 SYMPTOTHERMAL ..... 14 STANDARD DAYS ..... 15 LAM ..... 16 CALENDAR/RHYTHM/ PERIODIC ABSTINENCE ..... 17 OTHER MODERN METHOD 96	→ **324** → **321**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	CHECK **305**: LIGATED/ VASECTOMIZED → When you/your husband/ partner were sterilized at (SOURCE OF METHOD FROM **311**) in (DATE FROM **313**), were/was you/your husband/partner told about side effects or problems you might have with the method? OTHER METHOD → You obtained (CURRENT METHOD FROM **315/ 317) from** (SOURCE OF METHOD FROM **316** in (DATE FROM **313**). At that time, were you told about side effects or problems you might have with the method?	YES ..... 1 NO 2	→ **320**
319	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	→ **321**
320	Were you told what to do if you experienced side effects or problems?	YES ..... 1 NO 2	
321	CHECK **318**: 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 (were sterilized/ obtained/learned (CURRENT METHOD FROM **317**)) from (SOURCE OF METHOD FROM **311** OR **316**) were you told about other methods of family planning that you could use?	YES ..... 1 NO 2	→ **323**
322	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	
323	CHECK **305**: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN **305**, CIRCLE CODE FOR **HIGHEST METHOD IN THE LIST**.	FEMALE STERILIZATION .....01 MALE STERILIZATION ..... 02 IUD..... 03 INJECTABLES ..... 04 IMPLANTS.....05 PATCH .....06 PILL .....07 CONDOM .....08 FEMALE CONDOM ..... 09 DIAPHRAGM ..... 10 FOAM/JELLY/CREAM ..... 11 MUCUS/BILLINGS/OVULATION 12 BASAL BODY TEMPERATURE ...13 SYMPTOTHERMAL ..... 14 STANDARD DAYS ..... 15 LAM .....16 CALENDAR/RHYTHM/ PERIODIC ABSTINENCE .....17 WITHDRAWAL .....18 OTHER TRADITIONAL METHOD 95 OTHER MODERN METHOD 96	→ **325** → **325**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
324	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 FACILITY/PLACE. _____ (NAME OF FACILITY/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)	
325	CHECK **313**: (STARTED USING CURRENT METHOD CONTINUOUSLY) **AFTER** (AUGUST/ SEPTEMBER) 2012 ☐ ↓ **BEFORE OR IN** (AUGUST/SEPTEMBER) 2012 ☐ →		**338**
326	Now, I would like to ask you some questions about your family planning practice one year ago. In (CURRENT MONTH) 2012, were you/was your partner doing something or using any method to delay or avoid getting pregnant? IF PREGNANT IN (CURRENT MONTH) 2012, CIRCLE '2'.	YES ..... 1 NO 2	→ **330**
327	Which method were you (husband/partner) using in (CURRENT MONTH) 2012? IF MORE THAN ONE METHOD MENTIONED, CIRCLE METHOD HIGHEST IN THE LIST.	IUD ..... 03 INJECTABLES ..... 04 IMPLANTS ..... 05 PATCH ..... 06 PILL ..... 07 CONDOM ..... 08 FEMALE CONDOM ..... 09 DIAPHRAGM ..... 10 FOAM/JELLY/CREAM ..... 11 MUCUS/BILLINGS/OVULATION . 12 BASAL BODY TEMPERATURE ... 13 SYMPTOTHERMAL ..... 14 STANDARD DAYS ..... 15 LAM ..... 16 CALENDAR/RHYTHM/ PERIODIC ABSTINENCE ..... 17 WITHDRAWAL ..... 18 OTHER TRADITIONAL METHOD . 95 OTHER MODERN METHOD _____ 96 (SPECIFY)	
328	COMPARE **305 AND 327**: (IF MORE THAN ONE METHOD IN **305**, CHOOSE **METHOD HIGHEST IN THE LIST**.) DIFFERENT METHODS IN **305 & 327** ☐ ↓ METHOD IN **305 NOT ASKED** ☐ ↓ SAME METHOD IN **305 & 327** ☐ →		**334**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
329	In what month and year did you stop using (METHOD IN **327**)?	MONTH ..... [ ][ ] YEAR ..... [ ][ ][ ][ ]	
329A	Why did you stop using (METHOD IN **327**)?	NOT HAVING SEX ..... 01 INFREQUENT SEX/HUSBAND AWAY/OLD ..... 02 BECAME PREGNANT WHILE USING ..... 03 WANTED TO BECOME PREGNANT ..... 04 HUSBAND/PARTNER DISAPPROVED ..... 05 WANTED MORE EFFECTIVE METHOD ..... 06 SIDE EFFECTS/HEALTH CONCERNS ..... 07 LACK OF ACCESS ..... 08 METHOD NOT AVAILABLE ..... 09 COSTS TOO MUCH ..... 10 INCONVENIENT TO USE ..... 11 UP TO GOD/FATALISTIC ..... 12 DIFFICULT TO GET PREGNANT . 13 MENOPAUSE/ HYSTERECTOMY ..... 14 MARITAL DISSOLUTION/ SEPARATION ..... 15 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ **338**
330	CHECK **233** PREGNANT [ ] ↓ NOT PREGNANT OR UNSURE [ ]		→ **334**
331	Immediately prior to this pregnancy, were you **(husband/partner)** using any method to delay or avoid getting pregnant?	YES ..... 1 NO 2	→ **334**
332	What method did you use? IF MORE THAN ONE METHOD MENTIONED, CIRCLE METHOD HIGHEST IN THE LIST.	IUD ..... 03 INJECTABLES ..... 04 IMPLANTS ..... 05 PATCH ..... 06 PILL ..... 07 CONDOM ..... 08 FEMALE CONDOM ..... 09 DIAPHRAGM ..... 10 FOAM/JELLY/CREAM ..... 11 MUCUS/BILLINGS/OVULATION 12 BASAL BODY TEMPERATURE ... 13 SYMPTOTHERMAL ..... 14 STANDARD DAYS ..... 15 LAM ..... 16 CALENDAR/RHYTHM/ PERIODIC ABSTINENCE ..... 17 WITHDRAWAL ..... 18 OTHER TRADITIONAL METHOD . 95 OTHER MODERN METHOD _____ 96 (SPECIFY)	
333	Did you become pregnant while using (METHOD IN **332**) 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	
334	Did you use any (other) method(s) between (CURRENT MONTH) 2012 and (CURRENT MONTH) 2013?	YES ..... 1 NO 2	→ **338**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
335	What are these methods? CIRCLE ALL MENTIONED	IUD ..... C INJECTABLES ..... D IMPLANTS ..... E PATCH ..... F PILL ..... 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 TRADITIONAL METHOD . X OTHER MODERN METHOD _____ Y (SPECIFY)	→338
336	Do you know of a place/person where you can obtain a method of family planning?	YES ..... 1 NO 2	→ 338
337	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 FACILITY/PLACE. _____ (NAME OF FACILITY/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)	
338	In the last 12 months, were you visited by a health worker who talked to you about family planning?	YES ..... 1 NO 2	
339	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
340	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 2008 OR LATER ☐ ↓	NO BIRTHS IN 2008 OR LATER ☐ → **544**

402 CHECK **221**: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2008 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	PREGNANCY HISTORY LINE NO. FROM **214** IN PREGNANCY HISTORY	LAST BIRTH PREG. HISTORY LINE NO. ..... ☐☐	NEXT-TO-LAST BIRTH PREG. HISTORY LINE NO. ..... ☐☐	SECOND-FROM-LAST BIRTH PREG. HISTORY LINE NO. ..... ☐☐
404	FROM **219** AND **222**	NAME_____ LIVING ☐ ↓ DEAD ☐ ↓	NAME_____ LIVING ☐ ↓ DEAD ☐ ↓	NAME_____ LIVING ☐ ↓ DEAD ☐ ↓
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES ..... 1 (SKIP TO **409**) ← NO 2	YES ..... 1 (SKIP TO **431**) ← NO 2	YES ..... 1 (SKIP TO **431**) ← NO 2
406	Did you want to have a baby later on, or did you not want any (more) children?	LATER ..... 1 NO MORE ..... 2 (SKIP TO **408**) ←	LATER ..... 1 NO MORE ..... 2 (SKIP TO **431**) ←	LATER ..... 1 NO MORE ..... 2 (SKIP TO **431**) ←
407	How much longer did you want to wait? 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 **431**) ←	MONTHS ... 1 ☐☐ YEARS ..... 2 ☐☐ DON'T KNOW ..... 998 (SKIP TO **431**) ←
408	Immediately before you became pregnant with (NAME), were you using any method to delay or avoid getting pregnant?	YES ..... 1 NO 2		
409	During your pregnancy with (NAME), did you see anyone for prenatal care for this pregnancy?	YES ..... 1 NO ..... 2 (SKIP TO **419**) ←		
410	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PROFESSIONAL DOCTOR ..... A NURSE ..... B MIDWIFE ..... C HILOT ..... D OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
411	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 FACILITY/PLACE. _____ _____ _____ (NAME OF FACILITY/ PLACE)	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)		
412	How many months pregnant were you when you first received prenatal care for this pregnancy?	MONTHS ... [ ][ ] DON'T KNOW 98		
413	How many times did you receive prenatal care for this pregnancy?	NO OF TIMES . [ ][ ] DON'T KNOW 98		
414	**CHECK 413:**	ONCE [ ] (SKIP TO **416**) MORE THAN ONCE OR DK [ ]		
415	How many months pregnant were you the last time you received prenatal care?	MONTHS ... [ ][ ] DON'T KNOW 98		
416	As part of your prenatal care during this pregnancy, were any of the following done at least once?	**YES NO**		
	Were you weighed?	WEIGHT 1 2		
	Was your height measured?	HEIGHT 1 2		
	Was your blood pressure measured?	BP 1 2		
	Did you give a urine sample?	URINE 1 2		
	Did you give a blood sample?	BLOOD 1 2		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
417	During (any of) your prenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?	YES ..... 1 NO ..... 2 (SKIP TO **419**) DON'T KNOW 8		
418	Were you told where to go if you had any of these complications?	YES ..... 1 NO ..... 2 DON'T KNOW 8		
419	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		
420	During this pregnancy, did you set aside any money in case of an emergency?	YES ..... 1 NO ..... 2 CANNOT REMEMBER 8		
421	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 **424**) DON'T KNOW..... 8		
422	During this pregnancy, how many times did you get this tetanus injection?	TIMES ..... [ ] DON'T KNOW..... 8		
423	**CHECK 422:**	2 OR MORE TIMES [ ] (SKIP TO **427**) OTHER [ ]		
424	At any time before this pregnancy, did you receive any tetanus injections?	YES ..... 1 NO ..... 2 (SKIP TO **427**) DON'T KNOW..... 8		
425	Before this pregnancy, how many times did you receive a tetanus injection? IF 5 OR MORE TIMES, RECORD '5'.	TIMES ..... [ ] DON'T KNOW 8		
426	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO ..... [ ][ ]		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
427	During this pregnancy, were you given or did you buy any iron tablet/capsule or iron with folic acid tablet/capsule? SHOW TABLETS/ CAPSULES	YES, IRON ONLY ..... 1 YES, IRON WITH FOLIC ACID ..... 2 NO ..... 3 (SKIP TO **429**) ←┤ DON'T KNOW 8		
428	During the whole pregnancy, for how many days did you take the tablet/capsule? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS ..... [ ][ ][ ] DON'T KNOW 998		
429	During this pregnancy, did you take any drug for intestinal worms?	YES ..... 1 NO ..... 2 DON'T KNOW 8		
430	Around the time of the birth of (NAME), did you have any of the following problems:	**YES NO**		
	Long labor, that is, your regular contractions lasted more than 12 hours?	LONG LABOR ... 1 2		
	Excessive bleeding, so much that you thought you might die?	BLEEDING 1 2		
	A high fever with a bad-smelling vaginal discharge (Sepsis)?	SEPSIS 1 2		
	Loss of conciousness?	LOSS OF CONCIOUSNESS . 1 2		
431	Was (NAME) weighed at birth?	YES ..... 1 NO ..... 2 (SKIP TO **433**) ←┤ DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **433**) ←┤ DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **433**) ←┤ DON'T KNOW 8
432	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS OR POUNDS FROM HEALTH CARD/ BOOKLET, IF AVAILABLE.	KILOGRAMS (KG) FROM CARD/BOOKLET 1 [ ].[ ][ ] POUNDS (LBS) FROM CARD/BOOKLET 2 [ ].[ ][ ] KILOGRAMS (KG) FROM RECALL 3 [ ].[ ][ ] POUNDS (LBS) FROM RECALL 4 [ ].[ ][ ] DON'T KNOW ... 9998	KILOGRAMS (KG) FROM CARD/BOOKLET 1 [ ].[ ][ ] POUNDS (LBS) FROM CARD/BOOKLET 2 [ ].[ ][ ] KILOGRAMS (KG) FROM RECALL 3 [ ].[ ][ ] POUNDS (LBS) FROM RECALL 4 [ ].[ ][ ] DON'T KNOW ... 9998	KILOGRAMS (KG) FROM CARD/BOOKLET 1 [ ].[ ][ ] POUNDS (LBS) FROM CARD/BOOKLET 2 [ ].[ ][ ] KILOGRAMS (KG) FROM RECALL 3 [ ].[ ][ ] POUNDS (LBS) FROM RECALL 4 [ ].[ ][ ] DON'T KNOW ... 9998

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
433	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
434	How much did you pay in total for the delivery of (NAME)? INCLUDE COST OF DOCTORS, NURSES, HOSPITAL, ETC.	COST IN PESOS 1 [ ][ ][ ][ ][ ] DONATION IN PESOS 2 [ ][ ][ ][ ][ ] FREE/NO COST . 000000 IN KIND ..... 999996 DON'T KNOW ... 999998		
435	When (NAME) was born, was he/she placed on your abdomen or chest, or had contact with your skin within the first hour of life?	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8
436	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 FACILITY/PLACE _____ (NAME OF FACILITY/ PLACE)	HOME YOUR HOME ..... 11 (SKIP TO **440**) OTHER HOME ..... 12 PUBLIC SECTOR GOVT. HOSPITAL ... 21 GOV'T. HEALTH CENTER ..... 22 (SKIP TO **438**) OTHER PUBLIC_____26 (SPECIFY) (SKIP TO **438**) PRIVATE SECTOR PRIVATE HOSPITAL/ CLINIC ..... 31 OTHER PRIVATE_____36 (SPECIFY) OTHER _____96 (SPECIFY) (SKIP TO **438**)	HOME YOUR HOME ..... 11 (SKIP TO **450**) OTHER HOME ..... 12 PUBLIC SECTOR GOVT. HOSPITAL ... 21 GOV'T. HEALTH CENTER ..... 22 (SKIP TO **450**) OTHER PUBLIC _____26 (SPECIFY) (SKIP TO **450**) PRIVATE SECTOR PRIVATE HOSPITAL/ CLINIC ..... 31 OTHER PRIVATE_____36 (SPECIFY) OTHER _____96 (SPECIFY) (SKIP TO **450**)	HOME YOUR HOME ..... 11 (SKIP TO **450**) OTHER HOME ..... 12 PUBLIC SECTOR GOVT. HOSPITAL ... 21 GOV'T. HEALTH CENTER ..... 22 (SKIP TO **450**) OTHER PUBLIC _____26 (SPECIFY) (SKIP TO **450**) PRIVATE SECTOR PRIVATE HOSPITAL/ CLINIC ..... 31 OTHER PRIVATE_____36 (SPECIFY) OTHER _____96 (SPECIFY) (SKIP TO **450**)
437	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	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_____
438	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?	YES ..... 1 (SKIP TO **442**) ← NO 2		
439	Did anyone check on your health after you left the facility?	YES ..... 1 (SKIP TO **442**) ← NO ..... 2 (SKIP TO **445**) ←		
440	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)		
441	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO **445**) ←		
442	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 **445**) ←		
443	How long after delivery did the first check-up take place? IF LESS THAN ONE HOUR, RECORD '00' IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS ... 1 [ ][ ] DAYS ..... 2 [ ][ ] WEEKS ... 3 [ ][ ] DON'T KNOW 998		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
444	Did you receive the following services at that time:	YES NO DK		
	Abdominal examination?	ABDOMINAL EXAM 1 2 8		
	Breast examination?	BREAST EXAM 1 2 8		
	Internal examination or IE?	INTERNAL EXAM 1 2 8		
	Family planning advice?	FAMILY PLANNING ADVICE 1 2 8		
	Breastfeeding advice?	BREASTFEEDING ADVICE 1 2 8		
	Baby care advice?	BABY CARE ADVICE 1 2 8		
	Vitamin A capsule?	VITAMIN A ... 1 2 8		
	Iron supplement?	IRON SUPPLEMENT 1 2 8		
	Complete physical check-up including blood pressure?	COMPLETE PHYSICAL CHECK-UP INCL .BLOOD PRESSURE . 1 2 8		
	Any other service? _____ (Specify)	ANY OTHER SERVICE ... 1 2 8		
445	In the two months after (NAME) was born, did any health care provider or traditional birth attendant check on (NAME)'s health?	YES ..... 1 NO ..... 2 (SKIP TO **449**) ← DON'T KNOW 8		
446	How many hours, days or weeks after the birth of (NAME) did the first check-up 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		

IW-21

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
447	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)		
448	Where did this first check-up 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 FACILITY/PLACE. _____ (NAME OF FACILITY/ 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)		
449	Has your menstrual period returned since the birth of (NAME)?	YES ..... 1 (SKIP TO **451**) ←┘ NO ..... 2 (SKIP TO **452**) ←┘		
450	Did your period return between the birth of (NAME) and your next pregnancy?		YES ..... 1 NO ..... 2 (SKIP TO **454**) ←┘	YES ..... 1 NO ..... 2 (SKIP TO **454**) ←┘
451	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
452	**CHECK 233:** IS RESPONDENT PREGNANT?	NOT PREG-NANT [ ] PREGNANT OR UNSURE [ ] (SKIP TO **454**)		
453	Have you had sexual intercourse since the birth of (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO **455**) ←┘		
454	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
455	Did you ever breastfeed (NAME)?	YES ..... 1 (SKIP TO **457**) ←┘ 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_____
456	**CHECK 404:** IS CHILD LIVING?	LIVING ☐ (SKIP TO **466**) DEAD ☐ (GO BACK TO **405** IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO **501**)		
457	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 ☐☐		
458	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES ..... 1 NO ..... 2 (SKIP TO **460**)		
459	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/INFUSIONS ..... H HONEY ..... I OTHER _____ X (SPECIFY) (SKIP TO **462**)		
460	Was (NAME) ever given water or anything else to drink or eat other than breastmilk?	YES ..... 1 NO ..... 2 (SKIP TO **462**)		
461	How many months old was (NAME) when you first started giving him/her any food or liquid other than breastmilk?	MONTHS ..... ☐☐		
462	**CHECK : 404** IS CHILD LIVING?	LIVING ☐ (GO BACK TO **405** IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO **501**) DEAD ☐	LIVING ☐ (GO BACK TO **405** IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO **501**) DEAD ☐	LIVING ☐ (GO BACK TO **405** IN NEXT-TO-COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO **TO 501**) DEAD ☐
463	Are you still breastfeeding (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO **466**)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
464	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 ..... [ ][ ]		
465	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS ..... [ ][ ]		
466	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
467		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

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2008 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	PREGNANCY HISTORY LINE NO. FROM **214** IN PREGNANCY HISTORY	LAST BIRTH PREG. HISTORY LINE NO. . . . [ ][ ]	NEXT-TO-LAST BIRTH PREG. HISTORY LINE NO. . . . . [ ][ ]	SECOND-FROM-LAST BIRTH PREG. HISTORY LINE NO. . . . . [ ][ ]
503	FROM **219** AND **222**	NAME_____ LIVING [ ] DEAD [ ] (GO TO **503** IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO **544**)	NAME_____ LIVING [ ] DEAD [ ] (GO TO **503** IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO **544**)	NAME_____ LIVING [ ] DEAD [ ] (GO TO **503** IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO **544**)
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.

(4) IF PENTAVALENT IS RECORDED, ASK IF THE PENTAVALENT VACCINE WAS GIVEN IN A PUBLIC OR PRIVATE CLINIC/HOSPITAL. **ENCIRCLE 1 - PUBLIC, 2 - PRIVATE. IF '1' IS CIRCLED, RECORD DATES ON THE LINES FOR HEPA B, DPT AND HiB.**

	LAST BIRTH (1 PUBLIC 2 PRIVATE)			NEXT-TO-LAST BIRTH (1 PUBLIC 2 PRIVATE)			SECOND-FROM-LAST BIRTH (1 PUBLIC 2 PRIVATE)		
	MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR
BCG									
HEPA B0									
HEPA B1									
HEPA B2									
HEPA B3									
DPT 1									
DPT 2									
DPT 3									
HiB 1									
HiB 2									
HiB 3									
POLIO 1									
POLIO 2									
POLIO 3									
MEASLES									
MMR									
RV1									
RV2									

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
506A	CHECK **506**:	BCG TO RV2 ALL RECORDED ☐ → (GO TO **510**) OTHER ☐ ↓	BCG TO RV2 ALL RECORDED ☐ → (GO TO **510**) OTHER ☐ ↓	BCG TO RV2 ALL RECORDED ☐ → (GO TO **510**) OTHER ☐ ↓
507	Has (NAME) received any vaccinations that are not recorded on this card/ booklet including vaccinations given in an immunization day campaign like: Ligtas Tigdas, MRSIA, NGO, Medical Mission? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 1-3, DPT 1-3, HIB 1-3, HEPA B0-B3, PENTA 1-3 OR "5-IN-1" MMR/MEASLES AND/OR RV 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 **510**) NO ..... 2 (SKIP TO **510**) 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 **510**) NO ..... 2 (SKIP TO **510**) 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 **510**) NO ..... 2 (SKIP TO **510**) DON'T KNOW 8
508	Did (NAME) ever have any vaccinations to prevent him/ her from getting diseases, including vaccinations received in an immunization campaign like: Ligtas Tigdas, MRSIA, NGO, Medical Mission?	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) had 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	A Pentavalent or "5-in-1" vaccine?	YES ..... 1 NO ..... 2 (SKIP TO **509F**) DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **509F**) DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **509F**) DON'T KNOW 8
509D	How many times was Pentavalent received?	NUMBER OF TIMES ..... ☐	NUMBER OF TIMES ..... ☐	NUMBER OF TIMES ..... ☐
509E	Did (NAME) receive the Pentavalent from a public or private hospital/clinic? ASK FOR COMPONENTS OF PENTAVALENT VACCINE, AND RECORD INDIVIDUAL VACCINE IN 509F, 509J, 509M, AND/OR 509Q.	PUBLIC ..... 1 PRIVATE 2	PUBLIC ..... 1 PRIVATE 2	PUBLIC ..... 1 PRIVATE 2
509F	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 **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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
509G	Was the first Hepatitis B vaccine received within 24 hours after birth?	YES ..... 1 NO 2	YES ..... 1 NO 2	YES ..... 1 NO 2
509H	How many times was a Hepatitis B injection received?	NUMBER OF TIMES ..... [ ]	NUMBER OF TIMES ..... [ ]	NUMBER OF TIMES ..... [ ]
509I	Did (NAME) receive the fourth (last) Hepatitis B vaccine before his/her first birthday?	YES ..... 1 NO 2	YES ..... 1 NO 2	YES ..... 1 NO 2
509J	A DPT vaccination, that is, an injection given 6, 10 & 14 weeks in the thigh, sometimes at the same time as polio vaccine?	YES ..... 1 NO ..... 2 (SKIP TO **509M**) ←┤ DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **509M**) ←┤ DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **509M**) ←┤ DON'T KNOW 8
509K	How many times was the DPT vaccination received?	NUMBER OF TIMES ..... [ ]	NUMBER OF TIMES ..... [ ]	NUMBER OF TIMES ..... [ ]
509L	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
509M	Polio vaccine, that is, injections or drops in the mouth?	YES ..... 1 NO ..... 2 (SKIP TO **509Q**) ←┤ DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **509Q**) ←┤ DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **509Q**) ←┤ DON'T KNOW 8
509N	Was the first polio vaccine received six weeks after birth or later?	6 WEEKS AFTER BIRTH..... 1 LATER 2	6 WEEKS AFTER BIRTH..... 1 LATER 2	6 WEEKS AFTER BIRTH..... 1 LATER 2
509O	How many times was the polio vaccine received?	NUMBER OF TIMES ..... [ ]	NUMBER OF TIMES ..... [ ]	NUMBER OF TIMES ..... [ ]
509P	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
509Q	A HiB vaccination, that is, an injection given in the thigh to prevent him/her from getting meningitis, pneumonia and epiglottitis?	YES ..... 1 NO ..... 2 (SKIP TO **509T**) ←┤ DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **509T**) ←┤ DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **509T**) ←┤ DON'T KNOW 8
509R	How many times was the HiB vaccination received?	NUMBER OF TIMES ..... [ ]	NUMBER OF TIMES ..... [ ]	NUMBER OF TIMES ..... [ ]
509S	Did (NAME) receive the third (last) HiB vaccine before his/her first birthday?	YES ..... 1 NO 2	YES ..... 1 NO 2	YES ..... 1 NO 2
509T	A measles injection-that is, a shot in the upper arm at the age of 9 months or older.	YES ..... 1 NO ..... 2 (SKIP TO **509V**) ←┤ DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **509V**) ←┤ DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **509V**) ←┤ DON'T KNOW 8
509U	Did (NAME) receive the measles vaccine before his/her first birthday?	YES ..... 1 NO 2	YES ..... 1 NO 2	YES ..... 1 NO 2
509V	A measles, mumps, rubella or MMR vaccine-that is a shot in the upper arm at the age of 12 months or older.	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8
509W	A rotavirus vaccine (RV) injection against diarrhea?	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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
509X	How many times was the rotavirus vaccine (RV) received?	NUMBER OF TIMES ..... [ ]	NUMBER OF TIMES ..... [ ]	NUMBER OF TIMES ..... [ ]
509Y	Did (NAME) receive the second (last) rotavirus vaccine before he/she was 8 months old?	YES ..... 1 NO 2	YES ..... 1 NO 2	YES ..... 1 NO 2
510	Within the last six months, has (NAME) ever received a vitamin A dose (like this/ any of these)? SHOW SAMPLE	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8
511	In the last seven days, did (NAME) take iron syrup/ drops (like this/any of these)? SHOW PICTURE	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	Was (NAME) given any drug for intestinal worms in the last six months? IF BELOW 2 YEARS OLD ENCIRCLE CODE '2'.	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) had diarrhea in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO **527**) ←┤ DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **527**) ←┤ DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **527**) ←┤ DON'T KNOW 8
514	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
515	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
516	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
517	Did you seek advice or treatment for the diarrhea?	YES ..... 1 NO ..... 2 (SKIP TO **522**) ←┘	YES ..... 1 NO ..... 2 (SKIP TO **522**) ←┘	YES ..... 1 NO ..... 2 (SKIP TO **522**) ←┘

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
518	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 FACILITY/PLACE. _____ _____ _____ NAME OF FACILITY/PLACE	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)
519	CHECK **518**:	TWO OR MORE CODES CIRCLED ☐ / ONLY ONE CODE CIRCLED ☐ (SKIP TO **521**)	TWO OR MORE CODES CIRCLED ☐ / ONLY ONE CODE CIRCLED ☐ (SKIP TO **521**)	TWO OR MORE CODES CIRCLED ☐ / ONLY ONE CODE CIRCLED ☐ (SKIP TO **521**)
520	Where did you first seek advice or treatment? USE LETTER CODE FROM **518**.	FIRST PLACE ..... ☐	FIRST PLACE ..... ☐	FIRST PLACE ..... ☐
521	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 ..... ☐☐
522	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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
523	Was anything (else) given to treat the diarrhea?	YES ..... 1 NO ..... 2 (SKIP TO **527**) ←┤ DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **527**) ←┤ DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **527**) ←┤ DON'T KNOW 8
524	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC ..... A ANTIMOTILITY ..... B ZINC ..... C UNKNOWN PILL OR SYRUP ..... D INJECTION ANTIBIOTIC ..... E NON-ANTIBIOTIC ... F UNKNOWN ..... G INTRAVENOUS (IV) ... H HOME REMEDY/ HERBAL MEDICINE I OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	PILL OR SYRUP ANTIBIOTIC ..... A ANTIMOTILITY ..... B ZINC ..... C UNKNOWN PILL OR SYRUP ..... D INJECTION ANTIBIOTIC ..... E NON-ANTIBIOTIC ... F UNKNOWN ..... G INTRAVENOUS (IV) ... H HOME REMEDY/ HERBAL MEDICINE I OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	PILL OR SYRUP ANTIBIOTIC ..... A ANTIMOTILITY ..... B ZINC ..... C UNKNOWN PILL OR SYRUP ..... D INJECTION ANTIBIOTIC ..... E NON-ANTIBIOTIC ... F UNKNOWN ..... G INTRAVENOUS (IV) ... H HOME REMEDY/ HERBAL MEDICINE I OTHER _____ X (SPECIFY) DON'T KNOW ..... Z
525	CHECK **524**: GIVEN ZINC?	CODE "C" CIRCLED ☐ CODE "C" NOT CIRCLED ☐ (SKIP TO **527**) ←	CODE "C" CIRCLED ☐ CODE "C" NOT CIRCLED ☐ (SKIP TO **527**) ←	CODE "C" CIRCLED ☐ CODE "C" NOT CIRCLED ☐ (SKIP TO **527**) ←
526	How many days was (NAME) given zinc drops/ tablet/syrup?	DAYS ..... ☐☐ DON'T KNOW 98	DAYS ..... ☐☐ DON'T KNOW 98	DAYS ..... ☐☐ DON'T KNOW 98
527	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
528	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO **531**) ←┤ DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **531**) ←┤ DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **531**) ←┤ DON'T KNOW 8
529	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 **532**) ←┤ DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **532**) ←┤ DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO **532**) ←┤ DON'T KNOW 8
530	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 **532**) ←	CHEST ONLY ..... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO **532**) ←	CHEST ONLY ..... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO **532**) ←
531	CHECK **527**: HAD FEVER?	YES ☐ NO OR DK ☐ (GO BACK TO **503** IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO **541**)	YES ☐ NO OR DK ☐ (GO BACK TO **503** IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO **541**)	YES ☐ NO OR DK ☐ (GO TO **503** IN NEXT-TO LAST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE BIRTHS, GO TO **541**)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
532	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
533	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
534	Did you seek advice or treatment for the fever/cough of (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO **539**) ←	YES ..... 1 NO ..... 2 (SKIP TO **539**) ←	YES ..... 1 NO ..... 2 (SKIP TO **539**) ←
535	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 FACILITY/ PLACE. _____ _____ _____ (NAME OF FACILITY/PLACE)	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_____
536	CHECK **535:**	TWO OR MORE CODES CIRCLED ☐ / ONLY ONE CODE CIRCLED ☐ (SKIP TO **539**)	TWO OR MORE CODES CIRCLED ☐ / ONLY ONE CODE CIRCLED ☐ (SKIP TO **539**)	TWO OR MORE CODES CIRCLED ☐ / ONLY ONE CODE CIRCLED ☐ (SKIP TO **539**)
537	Where did you first seek advice or treatment? USE LETTER CODE FROM **535.**	FIRST PLACE ..... ☐	FIRST PLACE ..... ☐	FIRST PLACE ..... ☐
538	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 ..... ☐☐
539	At any time during the illness, did (NAME) take any medicines for the fever/ cough?	YES ..... 1 NO ..... 2 (GO BACK TO **503** IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO **541**) DON'T KNOW 8	YES ..... 1 NO ..... 2 (GO BACK TO **503** IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO **541**) 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 **541**) DON'T KNOW 8
540	What medicine did (NAME) take? Any other medicines? RECORD ALL MENTIONED. EXAMPLES OF PARACETAMOL: TEMPRA, BIOGESIC, CALPOL, PANADOL EXAMPLES OF IBUPROFEN: DOLAN, ADVIL, MEDICOL EXAMPLES OF DECON-GESTANT: DIMETAPP, TYLENOL PLUS FLU EXAMPLES OF ANTIBIOTIC: AMOXYCILIN, CEFALEXIN	ANTIMALARIAL DRUGS ..... A ANTIBIOTIC DRUGS DROPS/SYRUP/ PILL ..... B INJECTION ..... C OTHER DRUGS ASPIRIN ..... D PARACETAMOL ... E IBUPROFEN ..... F DECONGESTANT . G EXPECTORANT ... H NEBULES ..... I OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	ANTIMALARIAL DRUGS ..... A ANTIBIOTIC DRUGS DROPS/SYRUP/ PILL ..... B INJECTION ..... C OTHER DRUGS ASPIRIN ..... D PARACETAMOL ... E IBUPROFEN ..... F DECONGESTANT . G EXPECTORANT ... H NEBULES ..... I OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	ANTIMALARIAL DRUGS ..... A ANTIBIOTIC DRUGS DROPS/SYRUP/ PILL ..... B INJECTION ..... C OTHER DRUGS ASPIRIN ..... D PARACETAMOL ... E IBUPROFEN ..... F DECONGESTANT . G EXPECTORANT ... H NEBULES ..... I OTHER _____ X (SPECIFY) DON'T KNOW ..... Z

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
541	CHECK **219, 221 AND 224**, ALL ROWS: NUMBER OF CHILDREN BORN IN **2008** OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ☐ RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH **542**) _____ (NAME)	NONE ☐	**544**

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
542	The last time (NAME FROM **541**) 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)	
543	CHECK **522(a)**, ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET/ HYDRITE TABLET/PEDIALYTE ☐ ↓ ANY CHILD RECEIVED FLUID FROM ORS PACKET/ HYDRITE TABLET/PEDIALYTE ☐ → **601**			
544	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	

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 **105**: CURRENT AGE 15-24 → CURRENT AGE 25-49 →		→ 621
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	→ 621
613	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 [ ][ ]	→ 621
614	The last time you had sexual intercourse with this person, was a condom used?	YES ..... 1 NO 2	→ 616
615	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES ..... 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
616	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)	→ 620
617	How long ago did you first have sexual intercourse with this person?	DAYS AGO ..... 1 [ ][ ] WEEKS AGO ..... 2 [ ][ ] MONTHS AGO ..... 3 [ ][ ] YEARS AGO ..... 4 [ ][ ]	
618	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NO. OF TIMES IS 95 OR MORE, WRITE '95.'	NUMBER OF TIMES ..... [ ][ ]	
619	How old is this person?	AGE OF PARTNER ..... [ ][ ] DON'T KNOW 98	
620	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	
621	PRESENCE OF OTHERS DURING THIS SECTION	YES NO CHILDREN < 10 ..... 1 2 MALE ADULTS ..... 1 2 FEMALE ADULTS 1 2	
622	Do you know of a place where a person can get condoms?	YES ..... 1 NO 2	→ 701
623	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 FACILITY/ PLACE. _____ _____ _____ (NAME OF FACILITY/PLACE)	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)	
624	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 **305**: NEITHER STERILIZED OR NOT ASKED ☐ HE OR SHE STERILIZED ☐		→ **715**
702	CHECK **233**: PREGNANT ☐ NOT PREGNANT OR UNSURE ☐		→ **704**
703	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 ANOTHER CHILD ..... 1 NO MORE ..... 2 UNDECIDED/DON'T KNOW 8	→ **705** → **711**
704	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?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 SAYS SHE CAN'T GET PREGNANT..... 3 UNDECIDED/DON'T KNOW 8	 → **707** → **715** → **710**
705	CHECK **233**: NOT PREGNANT OR UNSURE ☐ How long would you like to wait from now before the birth of (a/another) child? PREGNANT ☐ After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? 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 ☐☐ SOON/NOW ..... 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE ..... 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	 → **710** → **715** → **710**
706	CHECK **233**: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐		→ **711**
707	CHECK **304**: USING A CONTRACEPTIVE METHOD? NOT ASKED ☐ NOT CURRENTLY USING ☐ CURRENTLY USING ☐		→ **715**
708	CHECK **705**: NOT ASKED ☐ **24 OR MORE** MONTHS OR **02 OR MORE** YEARS ☐ **00-23** MONTHS OR **00-01** YEAR ☐		→ **711**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	CHECK **704**: WANTS TO HAVE A/ANOTHER CHILD LATER ☐ You have said that you do not want (a/another) child soon, can you tell me why you are not using a method to prevent pregnancy? Any other reason? WANTS NO MORE/NONE ☐ You have said that you do not want any (more) children, can you tell me why you are not using a method to prevent pregnancy? Any other reason? RECORD ALL REASONS MENTIONED.	NOT MARRIED ..... A **FERTILITY-RELATED REASONS** NOT HAVING SEX ..... B INFREQUENT SEX ..... C MENOPAUSAL/HYSTERECTOMY . D CAN'T GET PREGNANT ..... E NOT MENSTRUATED SINCE LAST BIRTH ..... F BREASTFEEDING ..... G UP TO GOD/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** SIDE EFFECTS/HEALTH CONCERNS ..... O LACK OF ACCESS/TOO FAR ..... P COSTS TOO MUCH ..... Q PREFERRED METHOD NOT AVAILABLE ..... R NO METHOD AVAILABLE ..... S INCONVENIENT TO USE ..... T INTERFERES WITH BODY'S NORMAL PROCESSES ..... U OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
710	CHECK **304**: USING A CONTRACEPTIVE METHOD? NOT ASKED ☐ NOT CURRENTLY USING ☐ CURRENTLY USING ☐		→ **715**
711	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	 → **713** → **713**
712	Which contraceptive method would you prefer to use?	FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 IUD ..... 03 INJECTABLES ..... 04 IMPLANTS ..... 05 PATCH ..... 06 PILL ..... 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	→ **715**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
713	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** NOT HAVING SEX ..... 22 INFREQUENT SEX ..... 23 MENOPAUSAL/HYSTERECTOMY . 24 DIFFICULT/CAN'T GET PREGNANT ..... 25 UP TO GOD/FATALISTIC ..... 26 WANTS AS MANY CHILDREN AS POSSIBLE/WANTS TO HAVE CHILDREN ..... 27 **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** SIDE EFFECTS/ HEALTH CONCERNS ..... 51 LACK OF ACCESS/TOO FAR ..... 52 COSTS TOO MUCH ..... 53 PREFERRED METHOD NOT AVAILABLE ..... 54 NO METHOD AVAILABLE ..... 55 INCONVENIENT TO USE ..... 56 INTERFERES WITH BODY'S NORMAL PROCESSES ..... 57 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 715
714	Would you ever use a contraceptive method if you were married?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
715	CHECK **222**: 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)	→ 717 → 717
716	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	
717	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? Read about family planning online or from the internet?	YES NO RADIO ..... 1 2 TELEVISION ..... 1 2 NEWSPAPER OR MAGAZINE ... 1 2 ONLINE OR INTERNET 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
718	In the last 12 months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES ..... 1 NO 2	→ 722
719	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)	
720	In the last 12 months, have you encouraged your friends, neighbors, relatives or other persons to use family planning?	YES ..... 1 NO 2	→ 722
721	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)	
722	CHECK **601**: YES, CURRENTLY MARRIED ☐ ↓ YES, LIVING WITH A MAN ☐ ↓ NO, NOT IN UNION ☐		→ 801
723	CHECK **304**: CURRENTLY USING ☐ ↓ NOT CURRENTLY OR NOT ASKED CIRCLED ☐		→ 726
724	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)	
725	CHECK **305**: NEITHER STERILIZED ☐ ↓ HE OR SHE STERILIZED ☐		→ 801
726	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	→ **814**
810	What is your occupation (that is, what kind of work did you mainly do in the last 12 months)?	_____ ☐☐☐ _____ _____	
811	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 FARM/BUSINESS ..... 1 FOR SOMEONE ELSE ..... 2 SELF-EMPLOYED 3	
812	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	
813	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	CHECK **601**: CURRENTLY MARRIED/LIVING WITH A MAN ☐ ↓ NOT IN UNION ☐		→**823**
815	CHECK **813**: CODE **1 OR 2** CIRCLED ☐ ↓ OTHER OR NOT ASKED ☐		→**818**
816	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 OTHER _____ 6 (SPECIFY)	
817	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	→ **819**
818	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, EVEN IF HE GETS FINANCIAL SUPPORT FROM PARENTS/OTHERS, CIRCLE '4'	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ..... 3 HUSBAND/PARTNER HAS NO EARNINGS ..... 4 OTHER _____ 6 (SPECIFY)	
819	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 AND HUSBAND/PARTNER JOINTLY ..... 3 SOMEONE ELSE 4	
820	Who usually makes decisions about making major household purchases?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ..... 3 SOMEONE ELSE ..... 4 NOT APPLICABLE 6	
821	Who usually makes decisions about making purchases for daily household needs?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ..... 3 SOMEONE ELSE ..... 4 NOT APPLICABLE 6	
822	Who usually makes decisions about visits to your family or relatives?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ..... 3 SOMEONE ELSE ..... 4 NOT APPLICABLE 6	
823	Do you own this house or any other house? IF YES, ASK: Are you the sole owner or do you own it jointly with someone else?	ALONE ONLY ..... 1 JOINTLY ONLY ..... 2 BOTH ALONE AND JOINTLY ..... 3 DOES NOT OWN 4	
824	Do you own any land either alone or jointly with someone else?	ALONE ONLY ..... 1 JOINTLY ONLY ..... 2 BOTH ALONE AND JOINTLY ..... 3 DOES NOT OWN 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
825	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	
826	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 talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO 2	→ 1001
902	HIV is the virus that causes AIDS. In your opinion, can people reduce their chance of getting the HIV, 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 HIV from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
904	Can people reduce their chance of getting the HIV by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
905	Can people get the HIV by sharing food with a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
906	Can people get the HIV by hugging or shaking hands with a person who is infected?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
907	Is it possible for a healthy-looking person to have the HIV?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
908	Have you ever been tested for HIV?	YES ..... 1 NO 2	→ 913
909	All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
910	How many months ago was your most recent HIV test?	MONTHS AGO ..... [ ][ ] 2 OR MORE YEARS AGO 95	
911	Did you get the result?	YES ..... 1 NO 2	
912	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE FACILITY/PLACE. _____ (NAME OF FACILITY/PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL ... 11 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) PRIVATE SECTOR PRIVATE HOSPITAL/CLINIC ... 21 PRIVATE LABORATORY ..... 22 OTHER PRIVATE _____ 26 (SPECIFY)	→ 1001
913	Do you know of a place where people can go to get tested for the HIV?	YES ..... 1 NO 2	→ 1001

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
914	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE FACILITY/PLACE. _____ (NAME OF FACILITY/PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL ... A RURAL HEALTH UNIT/ URBAN HEALTH CENTER ... B BARANGAY HEALTH STATION C BARANGAY SUPPLY/SERVICE POINT OFFICER/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 OTHERS_____ X (SPECIFY)	

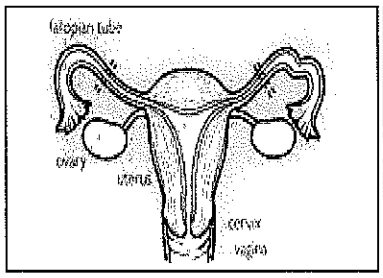
SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Do you currently smoke cigarettes?	YES ..... 1 NO 2	→ 1003
1002	In the last 24 hours, how many sticks of cigarettes did you smoke?	NUMBER OF STICKS OF CIGARETTES ..... [ ][ ]	
1003	Do you currently smoke or use any (other) type of tobacco?	YES ..... 1 NO 2	→ 1005
1004	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)	
1005	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 a big problem?	BIG PROB-LEM / NOT A BIG PROB-LEM	
	Getting permission to go to the doctor?	PERMISSION TO GO . 1 2	
	Getting money needed for advice or treatment?	GETTING MONEY ... 1 2	
	The distance to the health facility?	DISTANCE..... 1 2	
	Not wanting to go alone?	GO ALONE 1 2	
1006	RECORD THE TIME.	HOUR..... [ ][ ] MINUTES ..... [ ][ ]	
1007	CHECK HOUSEHOLD QUESTIONNAIRE **Q115** AND COMPARE NAME AND LINE NUMBER OF RESPONDENT IN COVER PAGE WOMAN NOT SELECTED FOR WS MODULE [ ] → END INTERVIEW SELECTED FOR WS MODULE [ ] →		**FORM 3 - WS MODULE**

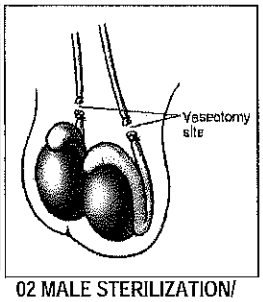
COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

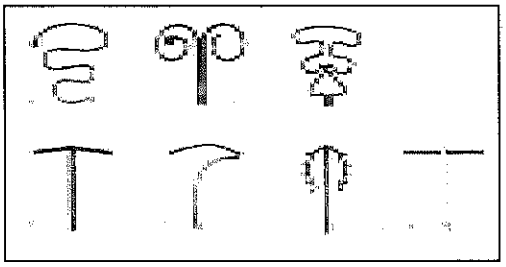
SOME CONTRACEPTIVE METHODS



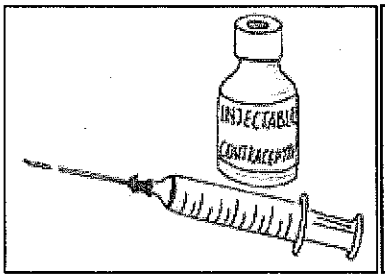
01 FEMALE STERILIZATION/LIGATION



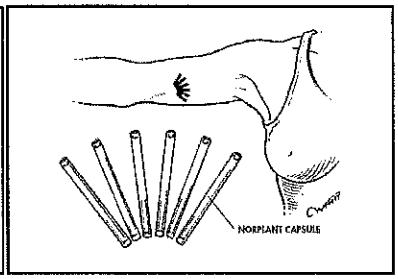
02 MALE STERILIZATION/ VASECTOMY



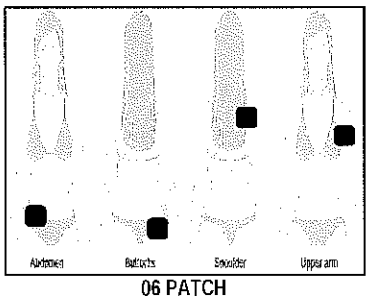
03 INTRAUTERINE DEVICE (IUD)



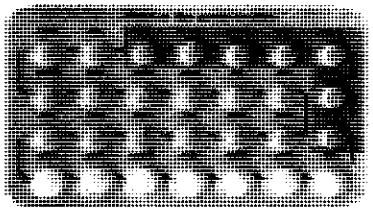
04 INJECTABLES



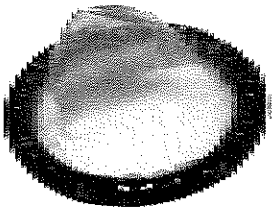
05 IMPLANTS



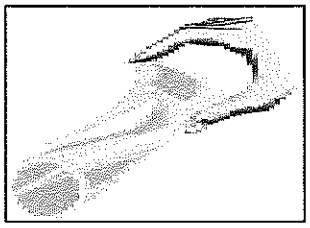
06 PATCH



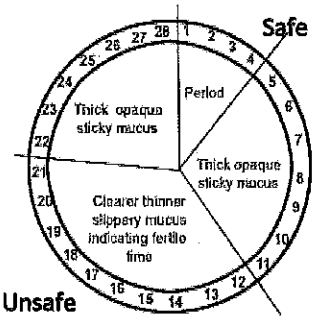
07 PILL



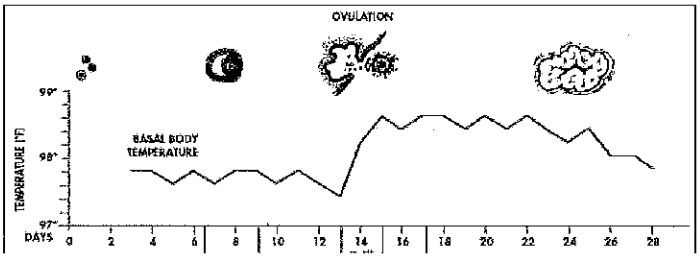
08 MALE CONDOM



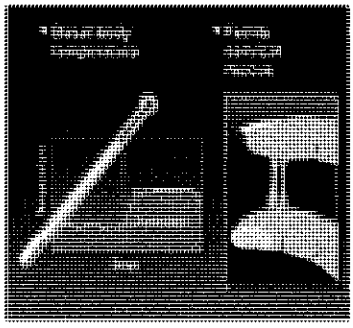
09 FEMALE CONDOM



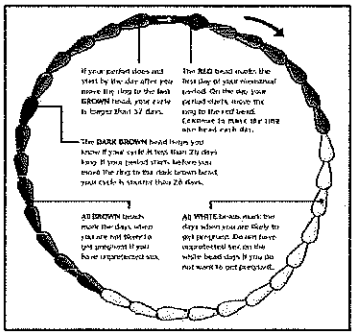
10 MUCUS/BILLINGS/OVULATION



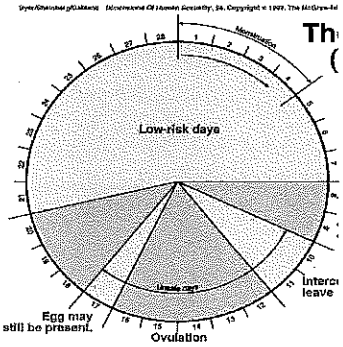
11 BASAL BODY TEMPERATURE



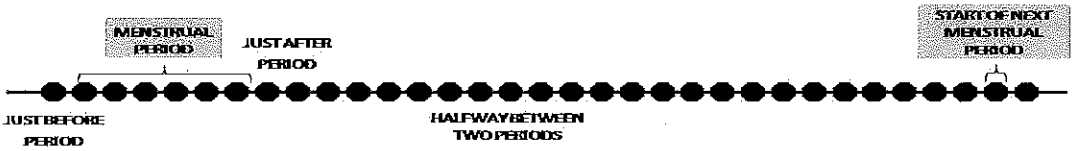
12 SYMPTOTHERMAL



13 STANDARD DAYS METHOD



14 CALENDAR/RHYTHM/PERIODIC ABSTINENCE



KNOWLEDGE OF FERTILE PERIOD

IW-46

AUTHORITY: Commonwealth Act No. 591 authorizes the National Statistics Office to conduct this survey in order to collect information on fertility, family planning and health. CONFIDENTIALITY: Sec. 4 of CA No. 591 provides that all information obtained from the Respondent is held ***STRICTLY CONFIDENTIAL.***	NATIONAL STATISTICS OFFICE **2013 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY** **WOMEN'S SAFETY MODULE** (ENGLISH)	**NDHS FORM 3** **NSCB Approval No. NSO-1229-03** **Expires: 30 June 2014**

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][1][3]
INTERVIEWER'S NAME	_____	_____	_____	INT. CODE ... [ ][ ]
RESULT*	_____	_____	_____	RESULT* ..... [ ]
NEXT VISIT: DATE AND TIME	_____	_____		TOTAL NUMBER OF VISITS [ ]

*RESULT CODES:

1	COMPLETED	5	PARTLY COMPLETED
2	NOT AT HOME	6	RESPONDENT INCAPACITATED
3	POSTPONED	7	OCW/OFW
4	REFUSED	8	OTHER _____ (SPECIFY)

TIME STARTED

HOUR ..... [ ][ ]

MINUTES ..... [ ][ ]

LANGUAGE OF QUESTIONNAIRE** [7]

LOCAL LANGUAGE OF RESPONDENT** [ ]

TRANSLATOR USED YES 1 / NO 2

LANGUAGE OF INTERVIEW** [ ]

**LANGUAGE CODES

1	TAGALOG	5	HILIGAYNON
2	CEBUANO	6	WARAY
3	ILOCANO	7	ENGLISH
4	BICOL	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 OR COMPLETE PRIVACY IS ENSURED. PRIVACY OBTAINED ☐ ↓	PRIVACY NOT POSSIBLE ☐	→1139
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 in your household will know that you were asked these questions.		
1103	CHECK **601** AND **602:** CURRENTLY MARRIED/ LIVING WITH A MAN ☐ ↓ FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE, AND USE 'LAST' WITH HUSBAND/PARTNER ☐ ↓	NEVER MARRIED/ NEVER LIVED WITH A MAN ☐	→1117

1104 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).

		YES	NO	DK
a) He (is/was) jealous or angry if you (talk/ talked) 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?	LIMIT FAMILY CONTACTS	1	2	8
e) He (insists/insisted) on knowing where you (are/were) at all times?	WHERE YOU ARE	1	2	8

1105 A. Now, I need to ask some more questions about your relationship with your (last) (husband/partner).

Did your (last) (husband/partner) ever:

B. How often did this happen during the last 12 months: often, only sometimes, or not in the last 12 months?

			OFTEN	SOME-TIMES	NOT IN THE LAST 12 MONTHS
a) say or do something to humiliate you in front of others?	YES NO	1 → 2 ↓	1	2	3
b) threaten to hurt or harm you or himself or someone you care about?	YES NO	1 → 2 ↓	1	2	3
c) insult you or make you feel bad about yourself?	YES NO	1 → 2 ↓	1	2	3
d) not allow you to engage in any legitimate work nor practice your profession?	YES NO	1 → 2 ↓	1	2	3
e) control your own money or properties or force you to work?	YES NO	1 → 2 ↓	1	2	3
f) destroy your personal properties, pets or belongings, or threaten or actually harm your pets?	YES NO	1 → 2 ↓	1	2	3
g) have other intimate relationships?	YES NO	1 → 2	1	2	3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
1106	A. Did your (last) (husband/partner) ever do any of the following things to you:		B. How often did this happen during the last 12 months: often, only sometimes, or not in the last 12 months?			
			OFTEN	SOME-TIMES	NOT IN THE LAST 12 MONTHS	
	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 other weapon?	YES 1 → NO 2	1	2	3	
	h) physically force you to have sexual intercourse with him when you did not want to?	YES 1 → NO 2	1	2	3	
	i) physically force you to perform any other sexual acts you did not want to?	YES 1 → NO 2	1	2	3	
	j) force you with threats or in any other way to have sexual intercourse or perform sexual acts you did not want to?	YES 1 → NO 2	1	2	3	
	k) try or attempt to force, 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	
1107	CHECK **1105A (a-g)** AND **1106A (a-k)**: AT LEAST ONE 'YES' ☐ NOT A SINGLE 'YES' ☐					→1110
1108	How long after you first (got married/started living together) with your (last) (husband/partner) did (this/any of these things) first happen? IF LESS THAN ONE YEAR, RECORD '00'.	NUMBER OF YEARS ..... ☐☐ BEFORE MARRIAGE/ BEFORE LIVING TOGETHER 95				
1109	Did the following ever happen as a result of what your (last) (husband/partner) did to you?					
	a) You had cuts, bruises or aches?	YES..... 1 NO/NOT APPLICABLE 2				
	b) You had eye injuries, sprains, dislocations, or burns?	YES..... 1 NO/NOT APPLICABLE 2				
	c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES..... 1 NO/NOT APPLICABLE 2				
	d) You lost your job/source of income?	YES..... 1 NO/NOT APPLICABLE 2				
	e) You had depression, anxiety, anger, sleeplessness, irritable, confused, feeling of isolation?	YES..... 1 NO/NOT APPLICABLE 2				
	f) You attempted to commit suicide?	YES..... 1 NO/NOT APPLICABLE 2				
	g) Other, specify _____	YES..... 1 NO/NOT APPLICABLE 2				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1110	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?	YES ..... 1 NO 2	→ 1112
1111	In the last 12 months, how often have you done this to your (last) (husband/partner): often, only sometimes, or not at all?	OFTEN ..... 1 SOMETIMES ..... 2 NOT IN THE LAST 12 MONTHS 3	
1112	Does/(Did) your (last) (husband/partner) drink alcohol?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 1114
1113	How often does/(did) your (last) (husband/partner) get drunk: often, only sometimes, or never.	OFTEN ..... 1 SOMETIMES ..... 2 NEVER ..... 3 DON'T KNOW 8	
1114	Are (Were) you afraid of your (last) (husband/partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID ..... 1 SOMETIMES AFRAID ..... 2 NEVER AFRAID 3	
1115	CHECK **606** : EVER MARRIED/ LIVED WITH A MAN MORE THAN ONCE ☐ ↓ EVER MARRIED/LIVED WITH A MAN ONLY ONCE/ ☐		→ 1117

1116 A. So far we have been talking about the behavior of your (current/last) (husband/partner). Now I want to ask you about the behavior of any previous (husband/partner).

B. How long ago did this happen?

		0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T RE-MEMBER
a) Did any previous (husband/partner) ever hit, slap, kick or do anything else to hurt you physically?	YES 1 →	1	2	3
	NO 2 ↓			
b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?	YES 1 →	1	2	3
	NO 2			

1117	CHECK **1103**: EVER MARRIED/ EVER LIVED WITH A MAN ☐ ↓ From the time you were 15 years old has anyone other than (your/any of your) (husband/partner) slapped you, kicked you, hit you, or done anything else to hurt you physically? NEVER MARRIED/ NEVER LIVED WITH A MAN ☐ ↓ From the time you were 15 years old has anyone ever hit you, slapped you, kicked you,or done anything else to hurt you physically?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1120
1118	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER ..... A FATHER/STEP-FATHER ..... B SISTER/BROTHER ..... C STEP SISTER/BROTHER ..... D DAUGHTER/SON ..... E OTHER RELATIVE ..... F CURRENT BF/DATING PARTNER ..... G FORMER BF/DATING PARTNER ..... H MOTHER-IN-LAW ..... I FATHER-IN-LAW ..... J OTHER IN-LAW ..... K TEACHER ..... L EMPLOYER/SOMEONE AT WORK ... M FRIEND/ACQUAINTANCE ..... N POLICE/SOLDIER ..... O STRANGER ..... P RELIGIOUS LEADER ..... Q OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1119	In the last 12 months, how often (has this person/have these persons) physically hurt you : often, only sometimes, or not at all?	OFTEN ..... 1 SOMETIMES ..... 2 NOT IN THE LAST 12 MONTHS 3	
1120	CHECK **201, 206, 208**, AND **233** EVER BEEN PREGNANT (YES IN **201** OR **206** OR **208** OR **233**) ☐ ↓ NEVER BEEN PREGNANT ☐		→**1123**
1121	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES ..... 1 NO 2	→**1123**
1122	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER ..... A MOTHER/STEP-MOTHER ..... B FATHER/STEP-FATHER ..... C SISTER/BROTHER ..... D STEP SISTER/BROTHER ..... E DAUGHTER/SON ..... F OTHER RELATIVE ..... G FORMER HUSBAND/PARTNER ..... H CURRENT BF/DATING PARTNER ..... I FORMER BF/DATING PARTNER ..... J MOTHER-IN-LAW ..... K FATHER-IN-LAW ..... L OTHER IN-LAW ..... M TEACHER ..... N EMPLOYER/SOMEONE AT WORK ... O FRIEND/ACQUAINTANCE ..... P POLICE/SOLDIER ..... Q STRANGER ..... R RELIGIOUS LEADER ..... S OTHER _____ X (SPECIFY)	
1123	CHECK **1103**: EVER MARRIED/ LIVED WITH A MAN ☐ ↓ NEVER MARRIED/ NEVER LIVED WITH A MAN ☐		→**1126**
1124	Now, I want to ask you about the things that may have been done to you by someone other than (your/any of your) (husband/partner). 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 when you did not want to?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER 3	→**1128**
1125	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 when you did not want to?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER 3	→**1128** →**1130**
1126	Now, I want to ask you about the things that may have been done to you by anyone. 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 when you did not want to?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER 3	→**1128**
1127	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 when you did not want to?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER 3	→**1132**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1128	Who was the person who was (forcing you/ trying to force you/threatening or persuading you) the very first time this happened?	CURRENT HUSBAND/PARTNER ..... 01 FORMER HUSBAND/PARTNER ..... 02 CURRENT/FORMER BOYFRIEND/ DATING PARTNER ..... 03 FATHER/STEP-FATHER ..... 04 BROTHER/STEP-BROTHER ..... 05 OTHER RELATIVE ..... 06 IN-LAW ..... 07 OWN FRIEND/ACQUAINTANCE..... 08 FAMILY FRIEND ..... 09 TEACHER ..... 10 EMPLOYER/SOMEONE AT WORK ... 11 POLICE/SOLDIER ..... 12 STRANGER ..... 13 RELIGIOUS LEADER ..... 14 OTHER _____ 96 (SPECIFY)	
1129	CHECK **1103**: EVER MARRIED/ EVER LIVED WITH A MAN ☐ → In the last 12 months, has anyone other than (your/ any of your) (husband/ partner) physically forced you to have sexual intercourse when you did not want to? NEVER MARRIED/ NEVER LIVED WITH A MAN ☐ → In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?	YES..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER..... 3	→ **1131**
1130	CHECK **1106A (h-k), 1116A(b), 1124-1127:** PUT **'X'** MARK AT LEAST ONE 'YES' / NOT A SINGLE 'YES' Q 1106 A (h-k) ☐ ☐ Q 1116 A (b) ☐ ☐ Q 1124 ☐ ☐ Q 1125 ☐ ☐ Q 1126 ☐ ☐ Q 1127 ☐ ☐ AT LEAST ONE 'YES' ☐ → NOT A SINGLE 'YES' ☐		→ **1132**
1131	CHECK **1103:** EVER MARRIED/ EVER LIVED WITH A MAN ☐ → How old were you the first time you were (forced/tried or attempted to force/ persuaded or threatened) to have sexual intercourse or perform any other sexual acts by anyone, including (your/any of your) (husband/partner)? NEVER MARRIED/ NEVER LIVED WITH A MAN ☐ → How old were you the first time you were (forced/tried or attempted to force/persuaded or threatened) to have sexual intercourse or perform any other sexual acts by anyone?	AGE IN COMPLETED YEARS ... ☐☐ DON'T KNOW 98	

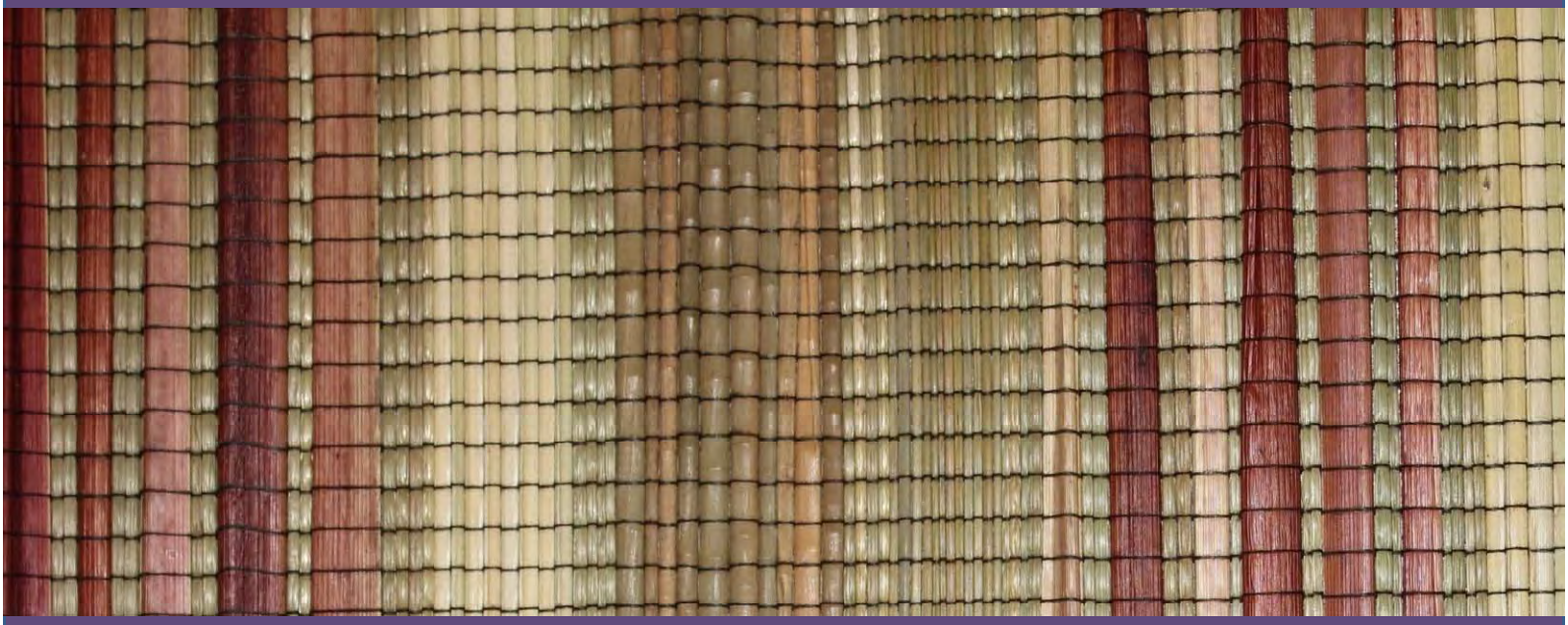
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1132	CHECK **1106A (a-k), 1116A(a-b), 1117, 1121** AND **1124-1127:** AT LEAST ONE 'YES' / NOT A SINGLE 'YES' Q 1106 A (a-k) ☐ ☐ Q 1116 A (a-b) ☐ ☐ Q 1117 ☐ ☐ Q 1121 ☐ ☐ Q 1124 ☐ ☐ Q 1125 ☐ ☐ Q 1126 ☐ ☐ Q 1127 ☐ ☐ AT LEAST ONE 'YES' ☐ ↓ NOT A SINGLE 'YES' ☐	PUT **'X'** MARK	→**1136**
1133	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES ..... 1 NO 2	→**1135**
1134	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	SOUGHT HELP FROM: OWN FAMILY ..... A HUSBAND/PARTNER'S FAMILY ..... B CURRENT/FORMER HUSBAND/PARTNER ..... C CURRENT/FORMER BOYFRIEND/ DATING PARTNER ..... D FRIEND ..... E NEIGHBOR ..... F RELIGIOUS LEADER ..... G DOCTOR/MEDICAL PERSONNEL ... H POLICE ..... I LAWYER ..... J SOCIAL SERVICE ORGANIZATION . K OTHER _____ X (SPECIFY)	→ **1136**
1135	Have you ever told any one about this?	YES ..... 1 NO 2	
1136	As far as you know, did your father ever beat your mother?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
1137	Are you aware of the Barangay Protection Order? This is an order by the Barangay to protect the woman or child against further violence by the perpetrator.	YES ..... 1 NO ..... 2 DON'T KNOW 8	
1138	Are you aware of the following places where you could seek help in case you need it? READ ALL ITEMS BELOW.	YES NO	
	A Barangay Violence Against Women (VAW) Desk?	BGY VAW DESK 1 2	
	B PNP Women and Children's Protection Desk?	PNP WOMEN'S DESK 1 2	
	C DSWD Regional Center for Women/Girls (e.g. Crisis Intervention Unit)	DSWD REG'L CENTER FOR WOMEN/GIRLS 1 2	
	D Women and Children 's Protection Units in DOH-retained hospitals or other government health facilities	WOMEN AND CHILDREN'S PROTECTION UNITS 1 2	
	E Public Attorney's Office of the Department of Justice or any public legal assistance office	PUBLIC ATTORNEY'S OFFICE 1 2	
	F Civil Society Organizations, non-government organizations (NGOs), people's organization that provides help/services to victims of violence against women.	CIVIL SOCIETY ORGANIZATION 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
	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.				
1139	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
		CHILDREN	1	2	3
1140	RECORD TIME	HOUR			
		MINUTES			

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: