Philippines



National Demographic and Health Survey

2003

World Summit for Children Indic	cators, Philippines 2003	
Childhood mortality	Infant mortality rate (per 1,000 live births) Under-five mortality rate (per 1,000 live births)	29 per 1,000 40 per 1,000
Clean water supply	Percent of households with safe water supply ¹	79.7
Sanitary excreta disposal	Percent of households with flush toilets, pit toilet/latrine	75.3
Basic education	Proportion of children reaching grade 5 ² Net primary school attendance rate ² Proportion of children entering primary school ²	92.5 85.5 55.3
Family planning	Contraceptive prevalence rate (any method, currently married women) Contraceptive prevalence rate (any method, all women)	48.9 31.6
Antenatal care	Percent of women who received antenatal care from a health professional ³	87.6
Delivery care	Percent of births in the 5 years preceding the survey attended by a health professional	59.8
Low birth weight	Percent of births in the 5 years preceding the survey at low birth weight ⁴	20.3
Vitamin A supplements	Percent of children age 6-59 months who received a vitamin A dose in the 6 months preceding the survey	76.0
	Percent of women age 15-49 who received a vitamin A dose in the 2 months after delivery ³	44.6
Night blindness	Percent of women 15-49 who suffered from night blindness during pregnancy ³	7.9
Exclusive breastfeeding	Percent of youngest children under 6 months who are exclusively breastfed	33.5
Continued breastfeeding	Percent of children age 12-15 months still breastfeeding Percent of children age 20-23 months still breastfeeding	54.2 26.9
Timely complementary feeding	Percent of youngest children age 6-9 months receiving breast milk and complementary foods	57.9
Vaccinations	Percent of children age 12-23 months with tuberculosis vaccination Percent of children age 12-23 months with at least 3 DPT vaccinations Percent of children age 12-23 months with at least 3 polio vaccinations Percent of children age 12-23 months with measles vaccination Percent of mothers who received at least 2 tetanus toxoid vaccinations during pregnancy ³	90.8 78.9 79.8 79.7 37.3
Oral rehydration therapy (ORT)	Percent of children age 0-59 months with diarrhea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) or recommended home fluids (RHF)	57.6
Home management of diarrhea	Percent of children age 0-59 months with diarrhea in the 2 weeks preceding the interview who took more fluids than usual and continued eating somewhat less, the same or more food	2.2
Treatment of ARI	Percent of children age 0-59 months with acute respiratory infection (ARI) in the 2 weeks preceding the survey who were taken to a health provider	54.8
Malaria treatment	Percent of children age 0-59 months with a fever in the 2 weeks preceding the survey who were treated with an anti-malarial drug	0.2
HIV/AIDS	Percent of women age 15-49 who correctly stated 2 ways of avoiding HIV infection ⁵ Percent of women age 15-49 who correctly identified 2 misconceptions about HIV/AIDS ⁶ Percent of women age 15-49 who believe that AIDS can be transmitted from mother to child during	45 36
	breastfeeding Percent of women age 15-49 who believe that the risk of AIDS transmission from mother to child can	65
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	Percent of men age 15-54 who correctly stated 2 ways of avoiding HIV infection ⁵ Percent of men age 15-54 who correctly identified 2 misconceptions about HIV/AIDS ⁶	56 30
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¹ Piped water or protected well water
² Based on de jure children
³ For the last live birth in the five years preceding the survey
⁴ For children without a reported birth weight, the proportion with low birth weight is assumed to be the same as the proportion with low birth weight in each birth size category among children who have a reported birth weight.
⁵ Having sex with only one partner who has no other partners and using a condom every time they have sex
⁶ They say that AIDS cannot be transmitted through mosquito bites and by supernatural means.

Philippines National Demographic and Health Survey 2003

National Statistics Office Manila, Philippines

ORC Macro Calverton, Maryland, USA

October 2004





This report summarizes the findings of the 2003 National Demographic and Health Survey (NDHS) carried out by National Statistics Office. ORC Macro provided financial and technical assistance for the survey through the USAID-funded MEASURE *DHS*+ program, which is designed to assist developing countries to collect data on fertility, family planning, and maternal and child health. The opinions expressed in this report are those of the authors and do not necessarily reflect the views of the donor organizations.

Additional information about the survey may be obtained from National Statistics Office (NSO), Solicarel Building, Ramon Magsaysay Boulevard., P.O. Box 779, Santa Mesa, Manila, Philippines (Telephone: (632) 716-9368 or 713-7081; Fax: 713-7074 or 714-1715; Email: info@.census.gov.ph; Internet: http://www.census.gov.ph).

Additional information about the DHS program may be obtained from MEASURE *DHS*+, ORC Macro, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, U.S.A. (Telephone: 301-572-0200; Fax: 301-572-0999; Email: reports@orcmacro.com).

Recommended citation:

National Statistics Office (NSO) [Philippines], and ORC Macro. 2004. *National Demographic and Health Survey 2003*. Calverton, Maryland: NSO and ORC Macro.

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PREFACE

The National Statistics Office (NSO) is pleased to present the final report on the 2003 National Demographic and Health Survey (NDHS). The 2003 NDHS is the eighth in a series of surveys conducted every five years since 1968 that mainly aim to measure levels and trends in demographic and family planning indicators. Fieldwork for the 2003 NDHS was carried out from June 16 to September 3, 2003 covering a national sample of approximately 13,000 households, 14,000 women aged 15 to 49 years and 5,000 men aged 15 to 54 years.

The successful completion of the 2003 NDHS was made possible by the collaborative efforts of a number of organizations and individuals, whose participation we would like to acknowledge with gratitude. The United States Agency for International Development (USAID)/Philippines provided substantial financial assistance for the implementation of the data collection. Dr. Mercedes Concepcion, the Department of Health (DOH), the University of the Philippines Population Institute (UPPI), Population Commission (POPCOM), the Food and Nutrition Research Institute (FNRI), the United Nations Children's Fund (UNICEF), the National Economic and Development Authority (NEDA), the National Statistical Coordination Board (NSCB) and PhilHealth provided inputs during the development of the questionnaires. The DOH and UPPI likewise assisted in the training of trainers and regional supervisors for the survey, and in writing this report. Dr. Elizabeth Go, who formerly worked with the NSO, also assisted in writing the report. ORC Macro, through the MEASURE DHS+ program, provided technical assistance at various stages of the project. As part of its technical assistance to the NSO in the design and implementation of a new master sample for household-based surveys, the Asian Development Bank through its consultants, Dr. Graham Kalton and Dr. Arturo Pacificador, Jr., provided invaluable assistance in the design and selection of the NDHS sub-sample.

The survey would not have gotten off the ground without the untiring efforts and dedication of the staff of the Demographic and Social Statistics Division (DSSD) of the Household Statistics Department, selected personnel of the Information Resources Department, employees in the regional and provincial offices, the trainers and regional supervisors, and the 44 interviewing teams composed of team supervisors, field editors and interviewers. Our gratitude also goes to the data processors who patiently worked for long hours during weekdays and weekends in order to meet the target date of completion of data entry and machine editing.

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

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SUMMARY OF FINDINGS

The 2003 National Demographic and Health Survey (NDHS) is a nationally representative survey of 13,945 women age 15-49 and 5,009 men age 15-54. The main purpose of the 2003 NDHS is to provide policymakers and program managers with detailed information on fertility, family planning, childhood and adult mortality, maternal and child health, and knowledge and attitudes related to HIV/AIDS and other sexually transmitted infections. The 2003 NDHS also collects high quality data on family health: immunizations, prevalence and treatment of diarrhea and other diseases among children under five, antenatal visits, assistance at delivery and breastfeeding.

The 2003 NDHS is the third national sample survey undertaken in Philippines under the auspices of the worldwide Demographic and Health Surveys program.

CURRENT STATUS AND PROGRESS

FFRTILITY

The 2003 NDHS indicates that there has been a steady decline in fertility in the Philippines in the past three decades from 6.0 children per woman in 1970 to 3.5 children per woman in 2001. However, compared with current fertility levels in Southeast Asia, fertility in the Philippines is relatively high. Only Laos (4.7 children per woman) and Cambodia (4.0 children per woman) are higher.

Fertility varies substantially across subgroups of women. Urban women have, on average, 1.3 children fewer than rural women (3.0 and 4.3 children per woman, respectively). The differences are also substantial across regions. The National Capital Region (NCR) has the lowest fertility rate (2.8 children per woman) while MIMA-ROPA has the highest (5.0 children per woman).

Fertility level has a negative relationship with education. The fertility rate of women with college or higher education (2.7 children per woman) is about half that of women with no education (5.3 children). Fertility is also negatively associated with wealth index quintile: women in wealthier households have fewer children than those in poorer households.

WHY DID FERTILITY DECLINE?

The decline in fertility is brought about by, among other things, longer birth intervals, and desire for fewer children.

Longer birth intervals. Fertility decline in the Philippines can be attributed to longer intervals between births. Results of the 2003 NDHS indicate that half of births occur 30.5 months after the previous birth, which is longer than the median birth interval reported in the 1998 NDHS (28 months).

Gap between wanted fertility and actual fertility rates. Despite increasing use of contraception, the survey data indicate that one in four pregnancies is mistimed and one in five is not wanted at all. If unwanted births could be prevented, the total fertility rate in the Philippines would be 2.5 births per woman instead of the actual level of 3.5. This gap between wanted fertility and actual fertility is the same as that observed in the 1998 survey, but the fertility levels in 2003 are lower than in 1998 (2.7 and 3.7 births per woman, respectively).

Increased use of contraception. Contraceptive use among currently married women in the Philippines over the past 35 years has more than tripled, from 15 percent in 1968 to 49 percent in 2003. Most of the rise in contraceptive prevalence is due to the increase in use of modern contraceptive methods, from 25 percent in 1993 to 33 percent in 2003.

USE OF CONTRACEPTION

Method mix. Not only has the contraceptive prevalence rate in the Philippines increased, the proportion of married women who use modern contraceptive methods has increased from 28 percent in 1998 to 33 percent in 2003, while use of traditional methods has decreased from 18 percent in 1998 to 16 percent in 2003.

Large differentials in use of contraception. There are large differences in the use of modern

There are large differences in the use of modern contraceptive methods across subgroups of married women. More than half of women with at least a high school education are current users of contraception compared with less than one in five women with no formal education.

Use of any method of family planning also increases with wealth status. Contraceptive prevalence is 37 percent among women in the lowest wealth quintile, 54 percent for those in the fourth quintile, and 51 percent for women in the highest wealth quintile.

Contraceptive use shows an inverted U-shaped relationship with the number of living children. Use of any method ranges from 6 percent among women with no living children to 61 percent for women with three to four children, after which it declines to 46 percent for women with five or more children.

Contraceptive prevalence among married women by region ranges from 19 percent in ARMM to 59 percent in Davao Peninsula. However, use of modern methods shows a different pattern. The proportion of currently married women who use modern methods of contraception is 40 percent or more in Central Luzon, Davao, and Cagayan Valley, and only 12 percent in ARMM. Traditional methods are most popular in Bicol Region (24 percent) and least popular in Cagayan Valley (4 percent).

Source of supply. Over two-thirds of current users of modern methods obtain their contraceptive supplies and services from a public source (67 percent), 29 percent from a private medical source, and 3 percent from other sources. Compared with data from the 1998 NDHS, there has been a decrease in reliance to the public sector (from 72 percent) and an increase in use of private sector (from 26 percent).

Unmet need for family planning. Unmet need for family planning is defined as the percentage of currently married women who either do not want any more children or want to wait before having their next birth, but are not using any method of family planning. The 2003 NDHS data show that the total unmet need for family planning in the Philippines is 17 percent, of which 8 percent is for limiting and 9 percent is for spacing.

The level of unmet need has declined from 20 percent in 1998.

Overall, the total demand for family planning in the Philippines is 69 percent, of which 75 percent has been satisfied. If all of this need were satisfied, a contraceptive prevalence rate of about 69 percent could, theoretically, be expected. Comparison with the 1998 NDHS indicates that the percentage of demand satisfied has increased only slightly from 72 percent.

REPRODUCTIVE HEALTH

Antenatal care. Nine in ten mothers received care from a medical professional during their pregnancy; 50 percent received care from a nurse or a midwife and 38 percent from a doctor. Traditional birth attendants provide antenatal care to 7 percent of women. Six percent of pregnant women received no antenatal care. These figures show little change from those recorded in the 1998 NDHS.

The Philippines Department of Health (DOH) recommends that all pregnant women have at least four antenatal care visits during each pregnancy. The 2003 NDHS data show that seven in ten women with a live birth in the five years before the survey had the recommended number of antenatal care visits during the pregnancy for the last live birth.

The DOH further recommends that for early detection of pregnancy-related health problems, the first antenatal check up should occur in the first trimester of the pregnancy. More than half (53 percent) of women who had at least one live birth in the five years before the survey adopt this recommendation. For three in 10 women, the first visit was made when their pregnancy was 4-5 months, while one in 10 had the first antenatal care when they were 6-7 months pregnant.

Information about the danger signs of pregnancy. Five in ten women with a live birth in the five years preceding the survey were informed about the danger signs of pregnancy complications. This is an increase from 33 percent in 1998.

Tetanus toxoid injections. The DOH also recommends that women receive at least two tetanus toxoid (TT) injections during their first pregnancy. The 2003 NDHS shows that 37 percent of women who had a live birth in the five years before the survey met this recommendation. TT coverage in 2003 is

similar to that recorded in the 1998 NDHS (38 percent).

Delivery care. Thirty-eight percent of live births in the five years before the survey were delivered in a health facility and 61 percent were born at home. These figures show an increase in the proportion of births occurring in a health facility from 34 percent in 1998 and a decline in the percentage of births delivered at home (66 percent in 1998).

Assistance during delivery. Six in ten births in the five years before the survey were assisted by health professionals; 34 percent by a doctor and 26 percent by a midwife or a nurse. While coverage of births attended by a health professional has increased in the last five years from 56 percent in 1998, it remains lower than the target set by DOH (80 percent by 2004).

Postnatal care. The DOH recommends that mothers receive a postpartum checkup within two days of delivery. Women who delivered in a health facility are assumed to receive postnatal care. One in three women who delivered outside a health facility had their first postnatal checkup within two days of delivery. With another 17 percent of the women receiving their first postnatal checkup from 3 to 6 days after delivery, 51 percent of women received a postnatal checkup within six days of delivery. Combined with 38 percent of women delivering their last birth in a health facility, a total of 89 percent of women received postnatal care in the 6 days after delivery. This percentage is higher than the target set by the DOH (80 percent).

CHILD HEALTH

Childhood immunization. Information from health cards and mothers' reports (combined) shows that 60 percent of children 12-23 months have been immunized with vaccines against the six preventable childhood diseases—tuberculosis, diphtheria, pertussis, tetanus, polio, and measles—before one year of age. Seventy percent of children age 12-23 months have received the vaccines. This rate is higher than in the 1998 NDHS (65 percent). The proportion of children age 12 to 23 months who have received no vaccination (7 percent) is similar to that in the 1998 NDHS (8 percent).

Childhood illnesses. Acute respiratory infections (ARI), diarrhea, and malaria are common causes of childhood illness and death. In the 2003 NDHS, acute respiratory infection was identified by mother's reports on the prevalence of symptoms of ARI—cough accompanied by short, rapid breathing-in the two weeks preceding the survey. One in 10 children under age five had symptoms of ARI.

Eleven percent of children under age five were reported to have diarrhea during the two-week period before the survey, which indicates a slight increase from the 7 percent level in the 1998 NDHS.

Thirty-two percent of children who were reported to have had diarrhea were taken to a health facility for treatment. Fifty-nine percent of children with diarrhea were treated with ORT, either ORS packets (42 percent), recommended homemade fluids (RHF) (24 percent), or increased fluids (2 percent). Other treatments for diarrhea were pills or syrup (30 percent), a home remedy (18 percent), injection (1 percent), or intravenous solution (1 percent).

Breastfeeding. The prevalence of breastfeeding in the Philippines has remained the same, at least since the 1993 survey. Eighty-seven percent of children born in the five years preceding the 2003 NDHS were breastfed. There has been no change in this practice since 1993 (87 percent in 1993 and 88 percent in 1998). Overall, the most common reason given by mothers for not breastfeeding their babies is that they do not have enough milk (20 percent), that they have nipple or breast problems, or that they are working (5 percent and 13 percent, respectively). Twelve percent of mothers reported that the child refused to breastfeed.

The median duration of any breastfeeding increased from 12.8 months in 1998 to 14.1 months in 2003. However, the median duration of exclusive breastfeeding declined slightly from 1.4 months in 1998 to 0.8 months in 2003.

Perceived problems in accessing health care. In the 2003 NDHS, women were asked whether they have problems seeking medical advice or treatment for themselves. Getting money for treatment is the problem most often cited (67 percent). Other problems include not wanting to go alone (28 percent), access to the health facility because of the distance (27 percent), and because they have to take transport to go to the health facility (26 percent).

AWARENESS OF HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

Knowledge of HIV/AIDS and ways to avoid HIV/AIDS. While the vast majority of the 2003 NDHS respondents have heard of AIDS (95-96 percent), knowledge of the three principal ways to reduce HIV transmission—abstinence, use of condoms, and reducing the number of partners—is not widespread. Less than half of women and 62 percent of men know that HIV can be prevented by using condom, 77 percent or women and men say that limiting sex to one uninfected partner can reduce the risk of getting HIV. Forty-five percent of women and 56 percent of men know that the combination of the two preventive measures can reduce the risk of HIV infection.

Misconceptions about the transmission of AIDS are high in the Philippines; only 36 percent of women and 30 percent of men reject the two most common misconceptions about AIDS in the Philippines (i.e., AIDS can be transmitted by mosquito bites and by sharing food with a person who has AIDS).

Knowledge of mother-to-child transmission (MTCT). In the 2003 NDHS, respondents were asked if the virus that causes AIDS can be transmitted from a mother to a child. The general knowledge about HIV transmission during pregnancy, delivery, and breastfeeding is relatively high (63 to 73 percent among women and 60 to 68 percent among men). However, few women and men (20 to 21 percent) know that the risk of MTCT can be reduced if a mother takes special drugs during pregnancy. This knowledge varies widely across subgroups of women and men. Urban residence, education, and household economic status have a positive impact on the respondent's knowledge of MTCT.

Stigma and Discrimination Associated with HIV/AIDS. The majority of respondents (76 percent of women and 79 percent of men) feel that HIV-positive status should not be kept confidential. When asked if they would be willing to care for a relative who became sick with AIDS in his/her own household, 34 percent of women and 29 percent of men gave a positive response. To assess whether there is a discrimination against persons with AIDS in the workplace, the respondents were asked if they believe that an HIV-infected female teacher should be allowed to con-

tinue teaching. Only a small percentage of respondents (14 percent of women and 11 percent of men) agreed with the question.

Self-reporting of sexually transmitted infections (STIs). Less than 2 percent of men reported having had an STI and/or symptoms of an STI in the 12 months preceding the survey. However, less than half of the men sought care (46 percent) for the infection.

Men having sex with men. Among men who have ever had sex, 5 percent reported ever having had sexual relations with a man; less than 1 percent reported having sex with a man in the 12 months preceding the survey. Nonmarried men and men with high school education are more likely to engage in homosexual relations than other men.

TUBERCULOSIS

Knowledge of tuberculosis (TB). Almost all of the women and men surveyed (97 percent of women and 96 percent of men) have heard of TB. However, the percentage of respondents who believe that TB can be cured is a little lower (92 percent for women and 89 percent for men). About half of the respondents know that TB is transmitted through the air when coughing (52 percent for women and 46 percent for men).

Self-reporting TB infection. Less than 1 percent of women and 1 percent of men reported that they had been told by a doctor or a health professional that they had TB in the five years preceding the survey. Differentials across subgroups of respondents were small.

Stigma and Discrimination Associated with TB. Six in ten women and men who have heard of TB say they are willing to work with someone who has previously been treated for TB.

GENERAL HEALTH

In the 2003 NDHS, household respondents were interviewed on their knowledge, practice, and attitudes toward health.

Communicable Diseases

Knowledge of dengue fever. Results of the 2003 NDHS show that effective ways to prevent dengue fever are well known in the Philippines. More than

two-thirds of household respondents reported that removing mosquito breeding places is a way to avoid dengue.

Knowledge of leprosy. About three in four household respondents (76 percent) have heard of leprosy. However, knowledge of the mode of transmission, contact with leprosy patient and skin-to-skin transmission, were correctly identified by only 31 and 28 percent of household respondents, respectively. A considerable proportion (26 percent) of respondents did not know how leprosy spreads from one person to another.

Knowledge of malaria. Nine in ten household respondents have heard of malaria, and 61 percent of them are right in saying that a mosquito bite is the major means of transmission.

Noncommunicable Diseases

Knowledge of cancer. Survey results show that 94 percent of the household respondents are aware of cancer. Of those, 35 percent mentioned that the most obvious symptom of cancer is the presence of a lump or mass in any part of a person's body.

Diabetes. Almost all Filipino households (95 percent) have heard of diabetes. Awareness of this disease is high in all regions (86 percent in CAR to 98 percent in Western Visayas).

Health Care Financing

In the 2003 NDHS, household respondents were asked whether they or anyone in the household were members of Philippine Health Insurance Corporation (PhilHealth) and, if so, what type of members they were. Thirty percent of household respondents in the 2003 NDHS reported having at least one member in their household with PhilHealth membership. The largest proportion (43 percent) of PhilHealth members are employed in privately owned businesses or establishments, followed by government employees (27 percent). Individual/voluntary payers and indigents compose smaller percentages (15 and 11 percent, respectively), while overseas Filipino workers (OFW) and nonpaying members compose the smallest percentages (2 percent each).

Traditional Medicines

DOH continues to promote locally produced herbs with scientifically proven medicinal uses through its Traditional Medicine Program. The 2003 NDHS investigated the familiarity of Filipino households with these herbal medicines and their medicinal uses. The most popular herbal medicines are bayabas (guava, 98 percent), bawang (garlic, 92 percent), and ampalaya (bitter gourd, 88 percent).

Health Facility Utilization

In the 2003 NDHS, respondents were asked if a member of their household visited any health facility in the six months preceding the survey. More than half (57 percent) of the households utilized a health facility. Barangay health stations, which are public health facilities operating at the grassroots level, are the most utilized health facilities (22 percent each).

MORTALITY

Childhood Mortality. The infant mortality rate in the Philippines has declined from 34 deaths per 1,000 live births in 1990 to 29 deaths in 2000. At current mortality levels, 40 of every 1,000 children born in the Philippines die before the fifth birthday.

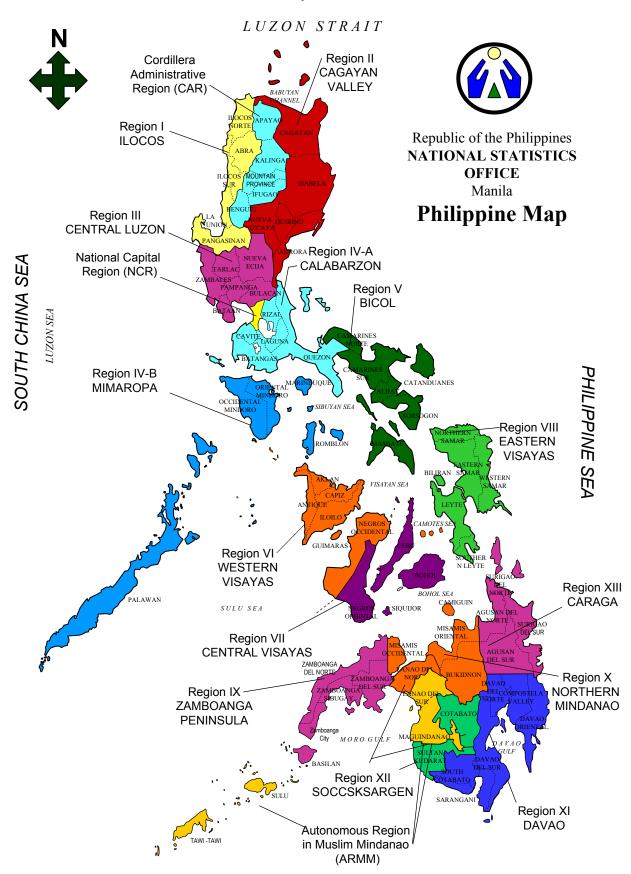
Mortality levels in urban areas are much lower than those in rural areas (24 deaths per 1,000 live births compared with 36 deaths per 1,000 live births). Childhood mortality is inversely related to the mother's education level and wealth status. The IMR for children whose mother have no education is 65 deaths per 1,000 live births compared with 15 deaths per 1,000 live births for children whose mother have college or higher education. The IMR is higher than the national average in seven regions: MIMAROPA, Western Visayas, Eastern Visayas, Northern Mindanao, Davao, Caraga, and ARMM.

CONTINUING CHALLENGES

• Despite increased use of family planning, increased age at first birth, and the continued decline in fertility, the 2003 NDHS reveals continuing challenges. Twenty-four percent of births in the five years preceding the survey were wanted, but at a later time, and 20 percent were not wanted at all. While the proportion of mistimed births declined from 27 percent in 1998 to 24 percent in 2003, the proportion of unwanted births increased from 18 percent in 1998 to 20 percent in 2003.

- As use of family planning has increased over time, there has been greater reliance on modern contraceptive methods. The largest increase in use of modern methods involves supply methods—the pill, and injectables. Greater program emphasis needs to be placed on long-term methods such as the IUD and sterilization.
- In the maternal health sector, while selected health indicators have shown improvement, others show deterioration. The Department of Health recommends that all pregnant women have at least four antenatal care visits during each pregnancy, but only seven in ten women had the recommended number of antenatal care visits during the last pregnancy resulting in a live birth.
- In the area of child health, while coverage of childhood immunizations against the six major diseases increased from 65 percent in 1998 to 70 percent in 2003, the percentage of women who have been immunized against neonatal tetanus has stayed at about 37 percent.
- Although childhood mortality continues to decline, 54 percent of births in the Philippines have an elevated mortality risk that is avoidable. These include births in which the mother is too young (under age 18) or too old (age 35 or older), the birth interval is too short (less than two years), or the mother has had too many prior births (more than three).
- While 95 to 96 percent the 2003 NDHS respondents have heard of AIDS, knowledge of ways to reduce the transmission of HIV is limited, and misconceptions about AIDS transmission are high. There is need for better information on the modes of transmission and ways to prevent HIV/AIDS.





1.1 **BACKGROUND**

In the absence of comprehensive registration of population and vital statistics, demographic surveys are the primary source of data used in monitoring the progress and evaluating the impact of the population program of the country. The Philippine Population Program was officially launched in 1970. Since then, it has undergone many changes in its policy and program directions. In the beginning, the program was centered on fertility reduction and contraceptive distribution, using a clinic-based approach. In the 1970s, the family planning program shifted to a family welfare approach, adopting a combined clinic and community-based delivery approach. In the 1980s, the population policy was restated, calling for the broadening of population concerns beyond fertility reduction to cover family formation, the status of women, maternal and child health, morbidity and mortality, population distribution and urbanization, internal and international migration, and population structure (Commission on Population, 1997: 1).

The Philippine Population Management Program (PPMP) was developed in 1993 to supplant the Philippine Population Program (Philippine NGO Council on Population, Health and Welfare, Inc., 1998: 25). The PPMP adopted the population, resources and environment (PRE) framework, which defines the connection between population and sustainable development. Its overall goal is the improvement of quality of life by creating a favorable environment for achieving rational growth and distribution of population, defined in relation to resources and environment. Since 1998, the program has aimed to promote the reproductive health approach in the implementation of population policies and programs. Specifically, the Philippine Family Planning Program promotes family planning within a comprehensive package of reproductive health services (Commission on Population, 1997: 17).

The action agenda includes the following (Commission on Population, 1997: 19):

- 1) Reducing unmet need for family planning services
- 2) Reducing incidence of high-risk pregnancies
- 3) Making available high-quality family planning services
- 4) Reducing abortion
- 5) Increasing the participation and sharing of responsibility of men in the practice of family planning.

The Department of Health (DOH) is the lead agency for the reproductive health and family planning component of the PPMP. The Commission on Population (POPCOM) is the coordinating body of the PPMP (Commission on Population, 1997: 5-6).

The PPMP Directional Plan for 2001-2004 aimed to continue pursuing responsible parenthood within the context of sustainable development, with emphasis on the health rationale of family planning and on the exercise of reproductive health and sexual rights. The Directional Plan aimed to reduce or eliminate the unmet need for family planning and ultimately achieve replacement-level fertility, that is about 2 children per couple in the year 2004 (POPCOM, 2000).

The PPMP Directional Plan was updated during the administration of President Gloria-Macapagal-Arroyo through the development of Strategic Operational Plan (SOP). The PPMP SOP will focus on addressing the unmet need for family planning among poor couples, and the sexuality and fertility information needs of the adolescents and youth, especially among those who are poor (POPCOM, 2002). The strategic actions areas are: 1) service delivery, 2) IEC/advocacy, and 3) capacity building. POPCOM, in coordination with the DOH, will advocate for the promotion of the Family Planning/Reproductive Health (FP/RF) services. The DOH will implement the clinic-based delivery of FP/RH services.

1.2 **OBJECTIVES OF THE SURVEY**

The 2003 Philippines National Demographic and Health Survey (NDHS) is designed to provide upto-date information on population, family planning, and health to assist policymakers and program managers in evaluating and designing strategies for improving health and family planning services in the country. In particular, the 2003 NDHS has the following objectives:

- Collect data at the national level, which will allow the calculation of demographic rates and, particularly, fertility and under-five mortality rates.
- Analyze the direct and indirect factors that determine the level and trends of fertility. Indicators related to fertility will serve to inform plans for social and economic development.
- Measure the level of contraceptive knowledge and practice by method, urban-rural residence, and region.
- Collect data on knowledge and attitudes of women and men about sexually transmitted infections and HIV/AIDS and evaluate patterns of recent behavior regarding condom use.
- Collect high-quality data on family health, including immunizations, prevalence and treatment of diarrhea and other diseases among children under five, antenatal visits, assistance at delivery, and breastfeeding.

1.3 **ORGANIZATION OF THE SURVEY**

The 2003 NDHS was implemented by the Philippines National Statistics Office (NSO) from June 16 to September 3, 2003. Financial support for the local costs of the survey was provided by the United States Agency for International Development (USAID). ORC Macro provided technical assistance to the project through the MEASURE *DHS*+ program.

The 2003 NDHS is the eighth in a series of demographic surveys in the Philippines taken at fiveyear intervals since 1968. It is the third survey conducted under the auspices of the Demographic and Health Surveys program. Thus, the data collected in the 2003 NDHS provide updated estimates of basic demographic and health indicators covered in previous NDHS surveys.

1.4 **Q**UESTIONNAIRES

The 2003 NDHS used four questionnaires: Household Questionnaire, Health Module, Women's Questionnaire, and Men's Questionnaire. The content of the Women's Questionnaire was based on the MEASURE DHS+ Model "A" Questionnaire, which was developed for use in countries with high levels of contraceptive use. To modify the questionnaire to reflect relevant family planning and health issues in the Philippines, program input was solicited from Department of Health (DOH), Commission on Population (POPCOM), the University of the Philippines Population Institute (UPPI), the Food and Nutrition Research Institute (FNRI), the Philippine Health Insurance Corporation (PhilHealth), USAID, the National Statistics Coordination Board (NSCB), the National Economic and Development Authority (NEDA), the United Nations Children's Fund (UNICEF), and Dr. Mercedes B. Concepcion, professor emeritus at the University of the Philippines, as well as managers of USAID-sponsored projects in the Philippines. The questionnaires were translated from English into six major languages: Tagalog, Cebuano, Ilocano, Bicol, Hiligaynon, and Waray.

The Household Questionnaire was used to list all of the usual members and visitors in the selected households. Basic information collected for each person listed includes age, sex, education, and relationship to the head of the household. The main purpose of the Household Questionnaire was to identify women and men who were eligible for the individual interview. Information on characteristics of the household's dwelling unit, such as the source of water, type of toilet facilities, materials used for the floor of the house, and ownership of various durable goods, was also recorded in the Household Questionnaire. These items are indicators of the household's socioeconomic status.

The Health Module was aimed at apprising concerned agencies on the health status, practices, and attitude of the population. The module included the following topics:

- Health facility utilization
- Noncommunicable diseases
- Infectious diseases
- Traditional medicines, healing practices, and alternative health care modalities
- Health care financing
- Environmental health.

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

- Background characteristics (e.g., education, media exposure)
- Reproductive history
- Knowledge and use of family planning methods
- Fertility preferences
- Antenatal, delivery, and postnatal care
- Breastfeeding and infant feeding practices
- Vaccinations and childhood illnesses
- Marriage and sexual activity
- Woman's work and husband's background characteristics
- Infant's and children's feeding practices
- Childhood mortality
- Awareness and behavior regarding AIDS and other sexually transmitted infections
- Awareness and behavior regarding tuberculosis.

The Men's Questionnaire was administered to all men age 15-54 living in every third household in the NDHS sample. The Men's Questionnaire collected much of the same information found in the Women's Questionnaire but was shorter because it did not contain questions on reproductive history, maternal and child health, and nutrition. Instead, men were asked about their knowledge and participation in health-seeking practices for their children.

1.5 **PRETEST**

Three pretests were conducted prior to finalizing the survey instruments. The first pretest was conducted on January 6 through 10, 2003, in Caloocan City and Marikina City, both located in the National Capital Region (NCR). It was aimed at checking the flow of questions and the practicability of administering the Men's Questionnaire, which was used for the first time in the Philippines NDHS. The second pretest was carried out in Bulacan Province. The aim was to test the Tagalog translation of the questionnaires and also the field operation procedures. Training for the pretest field staff took place in the NSO Central Office in Manila from February 24 through March 7, 2003, with fieldwork on March 10 through 22, 2003.

The NDHS questionnaires were later translated into other dialects—Cebuano, Ilocano, Bicol, Hiligaynon, and Waray—with assistance from staff of the Regional Statistics Offices (RSOs). The third pretest was mainly carried out to check the translation of the questionnaires. It was conducted on April 2 through 9, 2003, in the NSO Central Office, with personnel assigned at the Household Statistics Department and the NSO NCR office who spoke any of the five dialects acting as the interviewers. Selected male and female employees from different departments of NSO who spoke the dialects were interviewed with the translated questionnaires. Some of the third pretest interviewers administered the translated questionnaires to their neighbors and relatives who spoke the dialects.

1.6 TRAINING AND FIELDWORK

Training of the field staff was conducted in two phases. The first was the Task Force training (instructors and regional coordinators), followed by training of the interviewing teams. The Task Force training was conducted in Manila from April 28 through May 17, 2003. Thirty-six persons participated as trainees: 17 from RSOs and 19 from the NSO Central Office. The trainers were staff of the Demographic and Social Statistics Division (DSSD) at NSO and professors from UPPI. Staff from DOH and PhilHealth served as resource persons in the training.

The second-level training took place from May 21 through June 6, 2003, in eight training centers: Antipolo, Rizal; San Fernando, La Union; Legazpi City; Iloilo City; Cebu City; Zamboanga City; Cagayan de Oro City; and Davao City. Instructors in this training were members of the Task Force who were trained in the first-level training.

Data collection was carried out from June 16 to September 3, 2003, by 44 interviewing teams. Each team consisted of a team supervisor, a field editor, three or four female interviewers, and one male interviewer.

1.7 **DATA PROCESSING**

All completed questionnaires and the control forms were returned to the 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 seven regular employees of DSSD was created to work full time in the NDHS Data Processing Center. This group was responsible for the different aspects of NDHS data processing. There were 10 manual processors and 25 data encoders hired to process the data.

Manual editing started on July 15, 2003, and data entry started on July 21, 2003. The computer package program called CSPro (Census and Survey Processing System) was used for data entry, editing, and tabulation. To prepare the data entry programs, two NSO staff members spent three weeks in ORC Macro offices in Calverton, Maryland, in April and May 2003. Data processing was completed in October 29, 2003.

1.8 SAMPLE DESIGN AND IMPLEMENTATION

The 2003 NDHS is the first survey that used the new master sample created for household surveys on the basis of the 2000 Census of Population and Housing. The 2003 NDHS used one of the four replicates of the master sample. The sample was designed to represent the country as a whole, urban and rural areas, and each of the 17 administrative regions. In each region, a stratified, three-stage cluster sampling design was employed. In the first stage, 819 primary sampling units (PSUs) were selected with probability proportional to the number of households in the 2000 census. PSUs consisted of a barangay or a group of contiguous barangays. In the second stage, in each PSU, enumeration areas (EAs) were selected with probability proportional to the number of EAs. An EA is defined as an area with discernable boundaries consisting of about 150 contiguous households. All households in the selected EAs were listed in a separate field operation conducted May 7 through 21, 2003. In the third stage, from each EA, an average of 17 households was selected using systematic sampling.

For the 2003 NDHS sample, 13,914 households were selected, of which 12,694 were occupied (Table 1.1). Of these households, 12,586 were successfully interviewed, yielding a household response rate of 99 percent. Household response rates are similar in rural areas and in urban areas (99 percent).

Among the households interviewed, 13,945 women were identified as eligible respondents, and interviews were completed for 13,633 women, yielding a response rate of 98 percent. In a subsample of every third household, 5,009 men were identified to be eligible for individual interview. Of these, 4,766 were successfully interviewed, yielding a response rate of 95 percent.

The principal reason for nonresponse among women and men was the failure to find individuals at home, despite interviewers' repeated visits to the household.

Table 1.1 Results of the household and individual interviews								
Number of households, number of interviaccording to residence, Philippines 2003		esponse ra	ites,					
	Residence							
Result	Urban	Rural	Total					
Household interviews								
Households selected	6,878	7,036	13,914					
Households occupied	6,247	6,447	12,694					
Households interviewed	6,183	6,403	12,586					
Household response rate	99.0	99.3	99.1					
Interviews with women								
Number of eligible women	7,610	6,335	13,945					
Number of eligible women interviewed	7,436	6,197	13,633					
Eligible woman response rate	97.7	97.8	97.8					
Interviews with men								
Number of eligible men	2,526	2,483	5,009					
Number of eligible men interviewed	2,379	2,387	4,766					
Eligible man response rate	94.2	96.1	95.1					

HOUSEHOLD POPULATION AND HOUSING **CHARACTERISTICS**

This chapter provides a summary of the demographic and socioeconomic characteristics of the household population in the 2003 National Demographic and Health Survey (NDHS). It provides valuable input for social and economic development planning and is also useful for understanding and identifying the major factors that determine or influence the basic demographic indicators of the population.

The Household Questionnaire used in the 2003 NDHS collected data on the demographic and social characteristics of the members and visitors in each sample household. A household, as defined in the survey, refers to a person or group of persons who usually sleep in the same housing unit and have a common arrangement for the preparation and consumption of food. A visitor is someone who is not a usual resident of the household but had slept in the household the night prior to the interview.

In the 2003 NDHS, information was collected on each household's ownership of a number of consumer items, such as radio, television, or car, as well as on dwelling characteristics and sanitation facilities. A wealth index was constructed by assigning a weight or factor score to each household asset through principal components analysis. These scores were summed by household, and individuals were ranked according to the total score of the household in which they resided. The sample was then divided into quintiles—five groups with the same number of individuals each.

2.1 AGE AND SEX COMPOSITION OF THE HOUSEHOLD POPULATION

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

An examination of the quality of data indicates that age reporting in the Philippines is fairly accurate. Slight heaping is notable in selected ages (Figure 2.1).

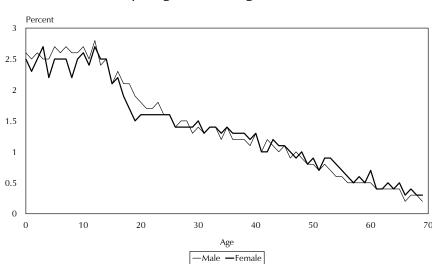


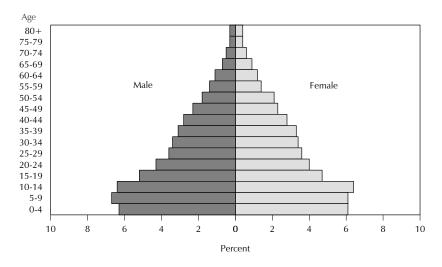
Figure 2.1 Distribution of the De Facto Household Population by Single Year of Age and Sex

NDHS 2003

The 2003 NDHS enumerated a total of 58,449 persons, almost equally divided between males and females. The overall sex ratio, the number of males per 100 females, is 101. The sex ratio differs by residence; it is lower in urban areas than in rural areas (97 and 106, respectively). The proportion of population below age 15 years is larger in rural than in urban areas (41 and 35 percent, respectively), indicating a younger age structure of the rural population (Table 2.1 and Figure 2.2).

	Urban				Rural			Total	
Age	Male	Female	Total	Male	Female	Total	Male	Female	Total
	12.2	11.3	11.7	13.0	13.3	13.2	12.6	12.2	12.4
5-9	12.4	10.8	11.6	14.1	13.9	14.0	13.3	12.3	12.8
10-14	11.8	11.6	11.7	13.9	14.1	14.0	12.8	12.8	12.8
15-19	10.4	10.3	10.4	10.3	8.4	9.4	10.4	9.4	9.9
20-24	9.9	9.5	9.7	7.3	6.2	6.7	8.6	8.0	8.3
25-29	8.0	7.9	8.0	6.4	6.5	6.5	7.2	7.2	7.2
30-34	7.2	7.3	7.2	6.2	6.4	6.3	6.7	6.9	6.8
35-39	6.3	6.9	6.6	6.1	6.3	6.2	6.2	6.6	6.4
40-44	5.8	5.7	5.7	5.2	5.4	5.3	5.5	5.6	5.5
45-49	4.8	5.0	4.9	4.5	4.4	4.5	4.6	4.7	4.7
50-54	3.5	4.3	3.9	3.7	4.2	3.9	3.6	4.3	3.9
55-59	2.7	2.8	2.7	2.7	2.9	2.8	2.7	2.9	2.8
60-64	1.9	2.2	2.1	2.4	2.6	2.5	2.2	2.4	2.3
65-69	1.3	1.5	1.4	1.6	2.1	1.9	1.4	1.8	1.6
70-74	0.9	1.2	1.1	1.1	1.4	1.3	1.0	1.3	1.2
75-79	0.5	0.7	0.6	0.6	1.0	0.8	0.6	8.0	0.7
+08	0.5	0.9	0.7	0.8	0.9	0.8	0.6	0.9	0.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	14,910	15,428	30,337	14,490	13,622	28,112	29,399	29,050	58,449

Figure 2.2 Population Pyramid



NDHS 2003

2.2 AGE DISTRIBUTION FROM SELECTED SOURCES

The percent distributions of population by broad age groups, according to the 1970, 1980, 1990, 1995, and 2000 census of population and the 1993, 1998, and 2003 NDHS are presented in Table 2.2. There appears to be a progressive decline in the proportion of population under 15 and, concomitantly, an increase in the median age since 1970. The growing proportion of population age 15-64 results in a declining dependency ratio, defined as the ratio of persons in the "dependent ages" (under 15 and 65 and over) to those in the "economically active" ages (15-64). This slight aging of the population has taken place in the recent past as a result of continuous, albeit slow, decline in fertility levels. The 1993, 1998, and 2003 NDHS data show fairly similar distributions by age, which lends support to the representativeness of the survey population.

Table 2.2 Median age and dependency ratio										
Percent distribution of the household population by broad age groups for various census years and the NDHS, Philippines 2003										
Age group	1970 census	1980 census	1990 census	1993 NDHS	1995 census	1998 NDHS	2000 census	2003 NDHS		
Less than 15	45.7	42.0	39.5	39.3	38.4	38.5	37.0	38.0		
15-64	51.4	54.6	57.1	56.8	58.1	57.3	59.2	57.8		
65+	2.9	3.4	3.4	3.9	3.5	4.2	3.8	4.2		
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0		
Median age	16.0	18.0	19.0	20.1	20.0	20.6	21.4	21.3		
Dependency ratio	94.6	83.2	75.1	76.1	72.2	74.5	69.0	73.0		

2.3 HOUSEHOLD COMPOSITION

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

Fifteen percent of households are headed by women. This proportion is higher in urban areas than in rural areas (18 and 12 percent, respectively). On average, a household is composed of 4.8 persons, with a negligible difference in average household size between urban and rural areas.

Percent distribution of households by sex of head of household and by household size, according to residence, Philippines 2003

	Resi	dence	
Characteristic	Urban	Rural	Total
Sex of head of household			
Male	81.9	87.6	84.6
Female	18.1	12.4	15.4
Total	100.0	100.0	100.0
Number of usual members			
1	4.1	4.2	4.1
2	9.8	10.5	10.1
3	15.9	14.9	15.4
4	19.9	17.8	18.9
5	17.9	17.8	17.8
6	13.5	12.7	13.1
7	8.4	9.2	8.8
8	4.6	6.3	5.4
9+	5.9	6.5	6.2
Total	100.0	100.0	100.0
Number of households	6,583	6,003	12,586
Mean size	4.8	4.9	4.8

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

2.4 **EDUCATION OF HOUSEHOLD POPULATION**

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

2.4.1 Education Level of the Household Population

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

Background characteristic	No education	Elementary	High school	College or higher	Don't know/ missing	Total	Number	Mediar numbe of years
Age 6-9								
6-9	39.8	60.0	0.1	0.0	0.1	100.0	2,829	0.4
10-14	1.8	72.7	25.3	0.0	0.1	100.0	3,707	4.7
15-19	0.9	13.4	69.7	16.0	0.0	100.0	2,734	8.6
20-24	1.0	14.5	43.0	41.5	0.0	100.0	2,311	9.7
25-29	1.6	18.0	42.5	37.9	0.0	100.0	2,099	9.6
30-34	1.4	24.4	38.7	35.5	0.0	100.0	1,995	9.4
35-39	2.5	27.6	37.0	32.9	0.0	100.0	1,926	9.2
40-44	2.5	36.0	32.1	29.4	0.0	100.0	1,614	8.7
45-49	2.7	41.2	31.4	24.5	0.2	100.0	1,376	7.3
50-54	4.9	46.8	23.7	24.4	0.2	100.0	1,240	5.9
55-59	4.8	52.3	21.8	21.1	0.0	100.0	831	5.7
60-64	8.9	59.8	17.3	13.6	0.4	100.0	703	5.3
65+	14.4	61.5	13.6	9.9	0.6	100.0	1,400	4.3
Residence								
Urban	5.3	31.7	34.9	28.0	0.1	100.0	13,340	8.3
Rural	9.6	49.9	28.8	11.6	0.1	100.0	11,428	5.4
Region National Capital Region	4.5	25.9	36.7	32.8	0.1	100.0	3,832	9.2
Cordillera Admin Region	9.8	35.0	26.8	28.1	0.2	100.0	381	6.9
I - Ilocos	5.3	39.4	36.1	19.2	0.2	100.0	1,244	7.0
II - Cagayan Valley	7.8	45.3	28.8	17.9	0.0	100.0	810	5.8
III - Cagayaii Valley III - Central Luzon	7.0 6.1	39.8	35.6	18.3	0.2	100.0	2,601	6.7
IVA - CALABARZON	4.8	34.6	36.6	23.9	0.2	100.0	3,242	7.9
IVB - MIMAROPA	10.0	49.6	28.5	11.9	0.0	100.0	672	5.5
V - Bicol	7.1	47.2	29.9	15.8	0.0	100.0	1,419	5.8
VI - Western Visayas	8.5	44.7	29.1	17.4	0.3	100.0	1,859	5.8
VII - Central Visayas	6.7	45.3	30.2	17.9	0.0	100.0	1,965	5.9
VIII - Eastern Visayas	8.0	53.5	24.8	13.7	0.0	100.0	1,133	5.4
IX - Zamboanga Peninsula	9.7	49.6	25.1	15.3	0.3	100.0	904	5.4
X - Northern Mindanao	6.8	43.5	31.0	18.7	0.0	100.0	1,077	6.0
XI - Davao	7.9	41.7	31.0	19.1	0.3	100.0	1,154	6.0
XII - SOCCSKSARGEN	11.0	41.5	31.8	15.6	0.0	100.0	986	5.8
XIII - Caraga	6.0	46.0	30.1	17.9	0.0	100.0	648	5.9
ARMM	23.1	42.7	23.0	11.2	0.0	100.0	842	4.5
Vealth index quintile								
Lowest	16.7	60.3	20.2	2.6	0.1	100.0	4,407	3.9
Second	8.2	50.9	33.0	7.8	0.1	100.0	4,670	5.5
Middle	5.7	41.6	38.0	14.6	0.1	100.0	4,894	6.4
Fourth	4.0	32.1	37.4	26.3	0.2	100.0	5,147	8.3
Highest	3.4	21.5	30.7	44.3	0.1	100.0	5,651	9.7
	5.1	21.5	30.7	11.5	0.1	100.0	3,031	
otal	7.2	40.1	32.1	20.4	0.1	100.0	24,769	6.5

The results of the 2003 NDHS indicate that the vast majority of the population has some formal education. Among women age 6 and over, only 7 percent have had no formal education. For men and women, two in five had elementary school only, three in ten attended high school only, and one in five attended higher education.

No major gender differences are observed for education. However, a significant difference is noted between urban and rural areas; the educational system favors residents of urban areas.

Table 2.4.2 Educational attainment of male household population

Percent distribution of the de facto male household population age six and over by highest level of education attended or completed, according to background characteristics, Philippines 2003

Background characteristic	No education	Elementary ¹	High school ²	College or higher ³	Don't know/ missing	Total	Number	Median number of years
Age								
6-9	44.5	55.2	0.2	0.0	0.2	100.0	3,091	0.2
10-14	3.2	79.3	17.5	0.0	0.0	100.0	3,778	4.2
15-19	1.9	26.1	61.0	10.9	0.1	100.0	3,056	7.8
20-24	1.1	21.7	42.7	34.5	0.0	100.0	2,527	9.4
25-29	1.6	24.5	39.7	34.1	0.1	100.0	2,130	9.4
30-34	1.9	30.7	37.6	29.8	0.0	100.0	1,964	9.1
35-39	2.1	31.3	37.5	29.1	0.0	100.0	1,823	9.1
40-44	2.8	36.2	34.4	26.5	0.0	100.0	1,620	8.5
45-49	1.7	40.4	30.2	27.5	0.1	100.0	1,364	7.8
50-54	2.5	47.2	29.4	20.7	0.2	100.0	1,062	6.0
55-59	4.7	52.1	23.2	19.7	0.4	100.0	781	5.7
60-64	6.2	55.9	20.9	16.6	0.4	100.0	632	5.5
65+	12.5	56.8	19.0	11.3	0.3	100.0	1,063	5.1
Residence								
Urban	6.1	33.0	35.0	25.7	0.1	100.0	12,697	7.9
Rural	10.0	53.7	26.5	9.7	0.1	100.0	12,194	5.2
Region								
National Capital Region	5.3	26.2	36.6	31.8	0.1	100.0	3,509	9.1
Cordillera Admin Region	9.5	42.6	27.6	20.1	0.2	100.0	385	5.8
I - Ilocos	5.3	41.5	36.4	16.9	0.0	100.0	1,324	6.5
II - Cagayan Valley	7.8	47.4	28.8	15.8	0.2	100.0	816	5.7
III - Central Luzon	6.2	40.4	35.3	17.8	0.3	100.0	2,581	6.7
IVA - CALABARZON	6.0	33.8	37.5	22.6	0.1	100.0	3,127	7.8
IVB - MIMAROPA	9.1	55.4	26.2	9.2	0.1	100.0	697	5.1
V - Bicol	7.7	49.6	30.1	12.4	0.2	100.0	1,493	5.6
VI - Western Visayas	9.5	50.1	27.3	13.1	0.1	100.0	1,900	5.4
VII - Central Visayas	8.4	46.4	27.0	18.1	0.1	100.0	1,958	5.6
VIII - Eastern Visayas	9.9	59.3	21.1	9.6	0.0	100.0	1,227	4.6
IX - Zamboanga Peninsula	9.8	55.4	22.0	12.8	0.0	100.0	1,003	5.0
X - Northern Mindanao	8.8	50.3	27.8	13.2	0.0	100.0	1,074	5.4
XI - Davao	10.0	46.1	28.7	15.0	0.2	100.0	1,208	5.5
XII - SOCCSKSARGEN	10.5	48.3	28.6	12.5	0.1	100.0	1,075	5.3
XIII - Caraga	9.0	49.2	26.3	15.5	0.0	100.0	680	5.4
ARMM	19.2	47.9	22.6	10.0	0.3	100.0	835	4.3
Wealth index quintile								
Lowest	16.5	65.2	16.5	1.8	0.0	100.0	4,933	3.4
Second	8.6	54.8	30.3	6.0	0.2	100.0	5,073	5.3
Middle	6.4	41.8	38.3	13.4	0.0	100.0	5,080	6.3
Fourth	4.7	31.3	39.7	24.2	0.1	100.0	5,080	8.4
Highest	3.8	21.9	28.7	45.5	0.2	100.0	4,725	9.7

¹ Completed grade 6 at the primary level

² Completed grade 4 at the secondary level

³ Have attended college

The distribution of population by highest level of education attended differs greatly among the regions of the country (Figure 2.3). The National Capital Region (NCR) and CALABARZON have a much better educated population compared to the rest of the country; the median duration of schooling in these regions is nine and eight years, respectively, compared with four to seven years in the other regions. On the other hand, residents of Autonomous Region in Muslim Mindanao (ARMM) have the lowest median duration of schooling (4.5 years for women and 4.3 years for men).

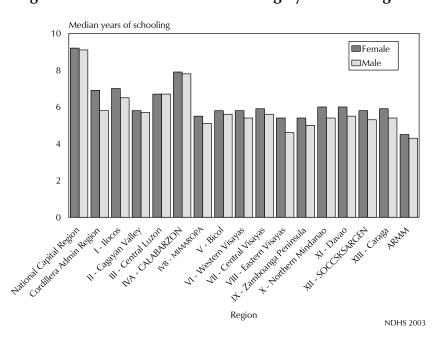


Figure 2.3 Median Years of Schooling by Sex and Region

2.4.2 **School Attendance Ratios**

The net attendance ratio (NAR) in primary school is the proportion of population age 6-11 who are enrolled in primary school, and the NAR in secondary school is the proportion of population age 12-17 who are enrolled in secondary school. The gross attendance ratio (GAR) is the proportion of students expressed "as official school age" at each level of schooling. The GAR is almost always higher than the NAR for the same level because the GAR includes participation by those who may be older or younger than the official age range for that level. A NAR of 100 percent indicates that all children in the official age range of a particular education level are attending that level. The GAR can exceed 100 percent if there is significant overage or underage participation at a given level of schooling. Tables 2.5.1 and 2.5.2 present information on primary and secondary school attendance, respectively, in terms of NARs and GARs for the de jure household population by level of schooling and sex.

For primary school, the NAR is 83 percent and the GAR is 99 percent (Table 2.5.1). The NAR is higher in urban areas and among females, compared with other populations. For instance, the NAR for females is 85 percent, compared with 81 percent for males. Among regions, the NAR is highest in Cordillera Administrative Region (CAR) (91 percent) and lowest in ARMM (70 percent). There are negligible variations in GAR by urban-rural residence and gender. Among regions, CAR and ARMM also show the highest and lowest GAR in the country, respectively (113 percent in CAR and 93 percent in ARMM).

Table 2.5.1 School attendance ratios: primary school

Net attendance ratios (NARs) and gross attendance ratios (GARs) for the de jure household population by level of schooling and sex, according to background characteristics, Philippines 2003

Daylana and	Ne	t attendance i	ratio¹	Gross	s attendance	ratio ²	Gender
Background characteristic	Male	Female	Total	Male	Female	Total	parity index³
Residence							
Urban	83.8	87.9	85.7	99.3	101.7	100.4	1.02
Rural	78.6	83.2	80.9	98.1	97.7	97.9	1.00
Region							
National Capital Region	82.4	88.1	85.1	96.5	100.6	98.5	1.04
Cordillera Admin Region	89.5	93.4	91.3	110.6	115.5	112.9	1.04
I - Ilocos	84.5	89.1	86.4	97.7	98.9	98.2	1.01
II - Cagayan Valley	84.0	87.8	86.0	98.9	96.5	97.7	0.98
III - Central Luzon	85.9	85.9	85.9	100.6	99.2	99.9	0.99
IVA - CALABARZON	85.6	89.7	87.6	97.8	101.4	99.6	1.04
IVB - MIMAROPA	82.2	85.6	83.8	100.5	97.4	99.1	0.97
V - Bicol	82.6	84.6	83.5	98.5	99.4	99.0	1.01
VI - Western Visayas	79.0	84.7	81.8	97.7	100.4	99.0	1.03
VII - Central Visayas	82.4	86.3	84.2	101.9	100.7	101.3	0.99
VIII - Eastern Visayas	74.8	82.1	78.4	98.6	99.3	98.9	1.01
IX - Zamboanga Peninsula	76.5	82.4	79.4	102.5	96.0	99.3	0.94
X – Northern Mindanao	79.6	85.2	82.3	102.8	101.3	102.1	0.99
XI - Davao	78.2	81.8	0.08	98.3	96.2	97.2	0.98
XII - SOCCSKSARGEN	76.5	82.8	79.5	96.3	99.0	97.6	1.03
XIII - Caraga	76.6	83.2	79.8	94.0	99.9	96.8	1.06
ARMM	67.4	71.8	69.6	90.8	94.2	92.5	1.04
Wealth index quintile							
Lowest	68.6	75.4	71.9	90.6	92.5	91.5	1.02
Second	79.1	84.7	81.8	100.6	100.8	100.7	1.00
Middle	84.8	90.3	87.4	99.7	102.5	101.0	1.03
Fourth	89.2	90.4	89.8	105.7	101.4	103.6	0.96
Highest	89.8	90.7	90.2	99.6	103.4	101.4	1.04
Total	81.0	85.3	83.1	98.7	99.5	99.1	1.01

¹ The NAR for primary school is the percentage of the primary-school-age (7-12 years) population that is attending primary school. By definition the NAR cannot exceed 100 percent.

The last column in Table 2.5.1 presents the gender parity index. The overall index is 1.01, which indicates that in the Philippines, women are slightly more advantaged than men in terms of education. There are no differences by urban-rural residence and small differences by region. The largest deviation from 1.00 (no gender difference) is in Caraga (1.06), and the smallest difference (0.01) is observed in Ilocos, Central Luzon, MIMAROPA, Central Visayas, Eastern Visayas, and Northern Mindanao.

The NAR and GAR by wealth quintile index show an increasing pattern; respondents from the poorest households have the lowest NAR and GAR, while those in the highest quintile have the highest NAR and second-highest GAR.

Table 2.5.2 shows that for secondary school, the NAR is 49 percent and the GAR is 53 percent. As in the case of primary education, the NAR is higher in urban areas and for females. Among regions, the NAR is highest in Ilocos Region (59 percent) and lowest in ARMM (32 percent). The GAR is highest in CALABARZON (62 percent) and lowest in ARMM (37 percent).

The GAR for primary school is the total number of primary school students, expressed as a percentage of the official primary-school-age population. If there are significant numbers of overage and underage students at a given level of schooling, the GAR can exceed 100 percent.

³ The gender parity index for primary school is the ratio of the primary school GAR for females to the GAR for males.

Table 2.5.2 School attendance ratios: secondary school

Net attendance ratios (NAR) and gross attendance ratios (GAR) for the de jure household population by level of schooling and sex, according to background characteristics, Philippines 2003

Da alama d	Ne	t attendance i	ratio ¹	Gross	s attendance i	ratio ²	Gender
Background characteristic	Male	Female	Total	Male	Female	Total	parity index³
Residence							
Urban	50.4	54.9	52.7	56.6	58.6	57.6	1.03
Rural	37.8	52.8	44.8	42.3	56.0	48.7	1.32
Region							
National Capital Region	51.3	52.4	51.9	57.8	56.0	56.9	0.97
Cordillera Admin Region	47.8	52.6	50.2	51.6	57.5	54.5	1.12
I - Ilocos	57.2	60.0	58.6	60.0	61.9	61.0	1.03
II - Cagayan Valley	48.7	55.9	52.3	51.6	59.4	55.5	1.15
III - Central Luzon	41.7	56.8	49.7	47.5	59.9	54.0	1.26
IVA - CALABARZON	53.5	60.5	57.1	58.5	65.4	62.1	1.12
IVB - MIMAROPA	43.2	55.6	48.8	45.4	58.2	51.2	1.28
V - Bicol	45.6	55.8	50.4	51.1	58.1	54.4	1.14
VI - Western Visayas	40.5	54.0	47.0	45.8	56.3	50.9	1.23
VII - Central Visayas	43.1	51.0	47.1	51.3	54.7	53.0	1.07
VIII - Eastern Visayas	37.3	48.7	42.2	40.8	54.9	46.9	1.34
IX - Zamboanga Peninsula	32.6	51.0	40.4	38.0	53.6	44.6	1.41
X - Northern Mindanao	34.8	57.0	45.5	39.6	59.4	49.2	1.50
XI - Davao	40.1	50.3	45.3	46.2	52.9	49.6	1.15
XII - SOCCSKSARGEN	36.2	50.8	42.9	42.8	54.1	47.9	1.26
XIII - Caraga	44.4	51.1	47.6	50.5	52.2	51.3	1.04
ARMM	29.3	35.6	32.2	34.2	41.2	37.4	1.21
Wealth index quintile							
Lowest	21.6	33.8	26.9	24.0	36.3	29.3	1.51
Second	32.3	52.1	41.4	37.8	55.0	45.7	1.46
Middle	49.2	59.3	54.2	55.8	62.1	58.9	1.11
Fourth	56.9	65.4	61.1	61.7	69.8	65.7	1.13
Highest	63.8	55.0	58.8	71.7	59.1	64.5	0.82
Total	43.9	54.0	48.9	49.3	57.4	53.2	1.16

¹ The NAR for secondary school is the percentage of the secondary-school-age (13-16 years) population that is attending secondary school. By definition the NAR cannot exceed 100 percent.

The NAR and GAR in secondary education have even stronger associations by wealth quintile index, as compared with those in primary education. They are lowest for students in the poorest households and highest for those in households with higher wealth quintiles.

2.5 REPETITION AND DROPOUT RATES

By asking about the grade that children were attending during the previous and the current school year, it is possible to calculate dropout and repetition rates. The repetition rate is the percentage of students in a given grade the previous school year who repeat that grade in the current school year. The dropout rate is the percentage of students in a given grade in the previous school year who are not currently attending school.

Table 2.6 shows the repetition and dropout rates for the de jure household population age 5-24 years by school grade. In general, repetition rates are highest in grade 1 (8 percent). Male students, those

The GAR for secondary school is the total number of secondary school students, expressed as a percentage of the official secondary-school-age population. If there are significant numbers of overage and underage students at a given level of schooling, the GAR can exceed 100 percent.

The gender parity index for secondary school is the ratio of the secondary school GAR for females to the GAR for males.

who live in rural areas, and those from the poorest households are most likely to repeat in grade 1. The rates vary greatly across regions, ranging from 3 percent or less in NCR, CALABARZON, Central Visayas, and ARMM to 18 percent in Northern Mindanao. Repetition rates in grade 1 are 12 percent or higher in Western Visayas, Davao, Bicol, and Northern Mindanao. Repetition rates in higher grades are much lower than those in grade 1. Bicol has the highest repetition rates in grades 1, 2, and 4.

Dropout rates show a different pattern: They increase with grade, ranging from 1 percent in grade 1 to 8 percent in grade 6. Again, rural and poor students are most likely to drop out in grade 6. Male students in general have higher dropout rates than female students. Across regions, the dropout rate in grade 6 is 12 percent or higher in Central Visayas, Eastern Visayas, Zamboanga Peninsula, Northern Mindanao, and SOCCSKSARGEN.

Table 2.6	Grade	repetition	and	dropout	rates

Repetition and dropout rates for the de jure household population age 5-24 years by school grade, according to background characteristics, Philippines 2003

Darl mar and			Repetit	ion rate ¹					Dropo	Dropout rate ²		
Background characteristic	1	2	3	4	5	6	1	2	3	4	5	6
Sex												
Male	8.3	3.9	2.9	2.6	0.9	2.5	8.0	2.6	2.9	2.5	4.4	8.6
Female	6.8	0.9	8.0	1.4	0.5	1.3	1.4	1.4	1.3	1.8	1.0	7.5
Residence												
Urban	5.1	1.9	1.6	1.8	0.4	2.1	1.6	1.0	1.7	0.9	1.3	5.5
Rural	9.4	3.0	2.1	2.2	0.9	1.7	0.7	2.9	2.5	3.3	4.0	10.6
Region												
National Capital Region	3.0	1.7	1.9	1.5	0.5	5.5	2.3	0.0	2.4	0.2	0.4	2.9
Cordillera Admin Region	5.3	3.8	1.8	1.5	2.0	4.7	0.0	2.5	1.7	0.0	6.4	1.9
I - Ilocos	4.5	2.5	0.0	0.0	0.0	1.3	1.5	1.3	0.0	2.8	1.6	0.0
II - Cagayan Valley	8.2	1.5	3.2	0.0	2.0	0.0	0.0	0.0	0.0	1.7	0.0	4.6
III - Central Luzon	8.0	1.7	0.9	3.6	0.9	2.4	0.0	3.0	1.7	0.0	1.9	7.8
IVA - CALABARZON	2.2	2.0	2.6	0.9	0.0	1.6	0.3	0.0	0.0	1.5	2.5	4.4
IVB - MIMAROPA	4.6	0.0	3.8	3.1	0.0	3.1	0.0	1.4	1.2	1.7	3.4	9.2
V - Bicol	16.3	8.3	4.1	4.9	0.0	1.7	2.2	6.4	3.3	2.9	6.1	9.6
VI - Western Visayas	12.1	4.4	0.9	2.6	0.0	1.1	0.0	2.2	1.5	3.5	2.3	10.3
VII - Central Visayas	2.6	0.0	0.9	0.0	0.0	0.0	2.6	2.1	2.7	3.1	2.4	12.8
VIII - Eastern Visayas	5.4	0.9	2.1	1.2	1.3	1.0	2.7	1.8	2.2	2.2	4.0	13.3
IX - Zamboanga Peninsula	11.6	3.7	0.0	1.2	2.6	0.0	1.0	3.6	3.8	3.5	6.4	12.3
X - Northern Mindanao	18.1	3.5	4.8	4.1	1.8	0.0	0.9	4.2	4.9	4.0	1.7	13.7
XI - Davao	12.9	1.1	0.0	4.7	1.4	2.9	3.2	2.2	5.6	3.4	1.5	10.4
XII - SOCCSKSARGEN	5. <i>7</i>	1.2	2.2	0.0	0.0	0.0	0.0	2.4	2.2	3.1	6.1	13.8
XIII - Caraga	6.1	5.5	2.3	2.9	0.0	0.0	0.0	1.4	3.5	5.6	5.6	11.6
ARMM	1.9	2.6	0.0	0.0	2.9	4.3	0.0	0.0	0.0	0.6	0.0	4.4
Wealth index quintile												
Lowest	11.8	2.7	1.5	1.6	0.7	1.5	1.6	5.3	3.9	5.1	6.6	17.7
Second	9.8	2.3	2.6	3.3	0.9	2.1	1.7	2.1	2.9	3.5	4.0	12.2
Middle	4.7	3.2	2.9	2.3	0.6	1.9	1.0	0.0	1.6	0.6	1.4	3.6
Fourth	3.9	3.4	1.5	1.6	0.6	2.2	0.2	0.6	0.9	0.2	0.0	4.5
Highest	2.1	0.3	0.4	0.6	0.6	1.8	0.0	0.0	0.4	0.0	1.2	4.0
Total	7.6	2.5	1.8	2.0	0.7	1.9	1.1	2.0	2.1	2.2	2.7	8.0

¹ The repetition rate is the percentage of students in a given grade in the previous school year who are repeating that grade in the current school year.

²The dropout rate is the percentage of students in a given grade in the previous school year who are not attending school.

2.6 HOUSING CHARACTERISTICS

The physical characteristics of households are important indicators of health and of the general socioeconomic condition of the population. In the 2003 NDHS, respondents were asked about access to electricity; sources of drinking water and time taken to reach the nearest source; type of toilet facility; main material of the floor and walls; and tenure status. The percent distribution of households by their housing characteristics according to urban-rural residence is shown in Table 2.7.

Table 2.7 and Figure 2.4 shows that eight in ten households have electricity, with a significant difference between urban and rural areas: 92 percent in urban areas, compared with 60 percent in rural areas.

Safe drinking water is important for health and sanitation. Two out of five households (40 percent) have piped water into dwelling/yard/plot as their main source of drinking water. The main source of drinking water in rural areas is protected wells (35 percent), while in urban areas the main source is piped water (56 percent). The majority of the households live within 15 minutes from the source of water (87 percent).

Two in three households have a private flush toilet. This type of sanitation facility is much more common in urban areas than in rural areas (77 and 54 percent, respectively). Furthermore, 15 percent of households in rural areas have no toilet facility, compared with only 4 percent in urban areas.

More than half of all households (53 percent) have cement flooring. Urban households are more likely to have cement floors than rural households (63 and 43 percent, respectively). Palm and bamboo are used as flooring materials in 23 percent of households in the rural areas.

Table 2.7 Household characteristics

Percent distribution of households by household characteristics, according to residence, Philippines 2003

Piped into dwelling		Resid	dence	
Yes 92.0 59.8 76.6 No 7.9 40.2 23.3 Total 100.0 100.0 100.0 Source of drinking water Fiped into dwelling 50.9 16.0 34.3 Piped into ward/plot 4.8 5.9 5.3 Public tap 11.1 15.2 13.1 Open dug well 0.7 8.7 4.5 Protected well 18.6 35.3 26.6 Developed spring 0.9 8.1 4.3 Undeveloped spring 0.6 6.1 3.2 River/stream/pond/lake/dam 0.2 1.6 0.9 Rainwater 0.1 0.8 0.4 Tanker truck/peddler 2.2 0.8 1.5 Bottled water/refilling station 9.8 1.3 5.7 Total 100.0 100.0 100.0 Time to water source 92.5 80.9 87.0 Rerectage <15 minutes	_	Urban	Rural	Total
No	Electricity			
Source of drinking water Piped into dwelling 50.9 16.0 34.3 Piped into welling 50.9 16.0 34.3 Piped into yard/plot 4.8 5.9 5.3 Public tap 11.1 15.2 13.1 15.2 15.3 15				
Piped into dwelling	NO	7.9	40.2	23.3
Piped into dwelling 50.9 16.0 34.3 Piped into yard/plot 4.8 5.9 5.3 5.3 Public tap 11.1 15.2 13.1 Open dug well 0.7 8.7 4.5 4.5 Evaluation 11.1 15.2 13.1 Open dug well 0.7 8.7 4.5 4.5 Evaluation 18.6 35.3 26.6 Developed spring 0.9 8.1 4.3 4.3 Undeveloped spring 0.6 6.1 3.2 1.6 0.9 Rainwater 0.1 0.8 0.4 Tanker truck/peddler 2.2 0.8 1.5 Evaluation 0.8 0.4 Tanker truck/peddler 2.2 0.8 1.5 Evaluation 0.8 0.4 Tanker truck/peddler 0.1 0.0	Total	100.0	100.0	100.0
Piped into yard/plot 4.8 5.9 5.3 Public tap 11.1 15.2 13.1 1.1 15.2 13.1 1.1 15.2 13.1 1.1 15.2 13.1 1.1 15.2 13.1 1.1 15.2 13.1 1.1 15.2 13.1 1.1 15.2 13.1 1.1 15.2 13.1 1.1 15.2 13.1 1.1 15.2 13.1 1.1 15.2 13.1 1.1 15.2 13.1 1.1 15.2 13.1 1.1 15.2 13.1 1.1 15.2 13.1 1.1 15.2 13.1 13.1 15.2 13.1 15.2 13.1 15.2 13.1 15.2 13.1 15.2 13.2 15.2				
Public tap 11.1 15.2 13.1 Open dug well 0.7 8.7 4.5 Protected well 18.6 35.3 26.6 Developed spring 0.9 8.1 4.3 Undeveloped spring 0.6 6.1 3.2 River/stream/pond/lake/dam 0.2 1.6 0.9 Rainwater 0.1 0.8 0.4 Tanker truck/peddler 2.2 0.8 1.5 Bottled water/refilling station 9.8 1.3 5.7 Total 100.0 100.0 100.0 Time to water source Percentage <15 minutes 92.5 80.9 87.0 Median time to source 0.0 2.4 0.0 Sanitation facility Flush toilet: own 76.7 53.6 65.7 Flush toilet: shared 15.9 10.7 13.4 Close pit 1.5 10.7 5.9 Open pit 0.8 6.8 3.7 Open pit 0.8 6.8 3.7 Other 0.1 0.1 0.1 Total 100.0 100.0 100.0 Flooring material 100.0 100.0 Flooring material 100.0 100.0 Earth, sand 8.9 16.9 12.7 Wood planks 11.2 14.1 12.6 Palm, bamboo 5.8 23.0 14.0 Parquet, polished wood 0.8 0.5 0.7 Vinyl, asphalt strips 1.3 0.2 0.8 Ceramic tiles 6.8 1.8 4.4 Cement 62.5 43.2 53.3 Marble 2.6 0.3 1.5 Main material of outer walls 2.6 0.3 1.5 Concrete/brick/stone 52.4 27.3 40.5 Wood 16.8 22.1 19.3 Half concrete/brick/stone/and half wood 3.7 Galvanized iron/aluminum 0.9 1.0 0.9 Bamboo/sawali/cogon/inpa 8.7 34.6 21.0 Makeshift/salvaged/improvised materials 0.9 0.5 0.7 No walls 10.0 100.0 100.0 Tenure status of lot 100.0 100.0 Owned/being amortized 53.0 54.6 53.8 Rent-free with consent of owner 23.0 36.5 29.4 Rent-free with consent of owner 23.0 36.5 29.4 Rent-free with consent of owner 23.0 36.5 29.4 Rent-free without consent of owner 23.0 36.5 29.4 Rent-free without consent of owner 23.0 36.5 29.4 Rent-free without consent of owner 23.0 36.5 29.4 Total 100.0 100.0 100.0				
Open dug well 0.7 8.7 4.5 Protected well 18.6 35.3 26.6 Developed spring 0.9 8.1 4.3 Undeveloped spring 0.6 6.1 3.2 River/stream/pond/lake/dam 0.2 1.6 0.9 Rainwater 0.1 0.8 0.4 Tanker truck/peddler 2.2 0.8 1.5 Bottled water/refilling station 9.8 1.3 5.7 Total 100.0 100.0 100.0 Time to water source Percentage <15 minutes				
Developed spring 0.9 8.1 4.3 Undeveloped spring 0.6 6.1 3.2 River/stream/pond/lake/dam 0.2 1.6 0.9 Rainwater 0.1 0.8 0.4 Tanker truck/peddler 2.2 0.8 1.5 Bottled water/refilling station 9.8 1.3 5.7 Total 100.0 100.0 100.0 Time to water source Percentage <15 minutes 92.5 80.9 87.0 Median time to source 0.0 2.4 0.0 Sanitation facility Flush toilet: own 76.7 53.6 65.7 Flush toilet: shared 15.9 10.7 13.4 Close pit 1.5 10.7 5.9 Open pit 0.8 6.8 3.7 Drop/overhang 1.1 2.8 1.9 No toilet/field/bush 3.9 15.4 9.3 Other 0.1 0.1 0.1 Total 100.0 100.0 100.0 Flooring material Earth, sand 8.9 16.9 12.7 Wood planks 11.2 14.1 12.6 Palm, bamboo 5.8 23.0 14.0 Parquet, polished wood 0.8 0.5 0.7 Vinyl, asphalt strips 1.3 0.2 0.8 Ceramic tiles 6.8 1.8 4.4 Cement 62.5 43.2 53.3 Marble 2.6 0.3 1.5 Main material of outer walls Concrete/brick/stone 4.4 Comment 62.5 43.2 53.3 Marble 2.6 0.3 1.5 Main material of outer walls 0.9 0.5 0.7 No walls 0.1 0.1 0.1 Total 100.0 100.0 100.0 Tenure status of lot Owned/being amortized 8.7 34.6 21.0 Makeshift/salvaged/improvised materials 0.9 0.5 0.7 No walls 0.1 0.1 0.1 Total 100.0 100.0 100.0 Tenure status of lot Owned/being amortized 53.0 54.6 53.8 Rent-free with consent of owner 23.0 36.5 24.2 Rent-free with consent of owner 23.0 36.5 24.2 Rent-free with consent of owner 23.0 36.5 24.2 Rent-free without consent of owner 24.0 20.0 Tenure status of lot 0.0 0.0 Tenure status of lot 0.0 0.0 Tenure status of lot 0.0 0	Open dug well			
Undeveloped spring River/stream/pond/lake/dam River/stream/pond/lake/dam Rainwater D.1 0.8 0.4 Tanker truck/peddler Bottled water/refilling station Total 100.0 100.0 100.0 Time to water source Percentage <15 minutes Median time to source Percentage <15 minutes Median time to source Plush toilet: own Flush toilet: own Flush toilet: shared Close pit Drop/overhang No toilet/field/bush Other Total 100.0 100.0 Total 100.0 2.4 Rent-free with consent of owner Bamboo/sawali/cogon/nipa Bamboo/sawali/cogon/nipa Bamboo/sawali/cogon/nipa Barboo/sawali/cogon/nipa Ba				
River/stream/pond/lake/dam 0.2 1.6 0.9 Rainwater 0.1 0.8 0.4 Tanker truck/peddler 2.2 0.8 1.5 Bottled water/refilling station 9.8 1.3 5.7 Total 100.0 100.0 100.0 Time to water source Percentage <15 minutes				
Rainwater 0.1 0.8 0.4 Tanker truck/peddler 2.2 0.8 1.5 Bottled water/refilling station 9.8 1.3 5.7 Total 100.0 100.0 100.0 Time to water source Percentage <15 minutes				
Bottled water/refilling station 9.8 1.3 5.7	Rainwater			
Time to water source Percentage <15 minutes Median time to source Percentage <15 minutes Median time to source Sanitation facility Flush toilet: own Flush toilet: shared Close pit 1.5 0pen pit 0pen pit 0pen pit 0proyoverhang 1.1 0proyoverhang No toilet/field/bush 0ther Total Total Total Percentage <10 minutes Flooring material Earth, sand Palm, bamboo Parquet, polished wood Vinyl, asphalt strips Ceramic tiles Cement 62.5 Ceramic tiles Cement 62.5 Ceramic tiles Concrete/brick/stone Wood Half concrete/brick/stone/and half wood Galvanized irron/aluminum Bamboo/savail/cogon/nipa Makeshift/salvaged/improvised materials No walls Total Total Total 100.0	Tanker truck/peddler Bottled water/refilling station			
Time to water source Percentage < 15 minutes Median time to source Percentage < 15 minutes Median time to source Sanitation facility Flush toilet: own Flush toilet: shared Close pit Copen pit Drop/overhang No toilet/field/bush Other Total Tota				
Percentage <15 minutes 92.5 Median time to source 80.9 2.4 0.0 Sanitation facility Flush toilet: own 76.7 53.6 65.7 Flush toilet: shared 15.9 10.7 5.9 10.7 5.9 Open pit 0.8 6.8 3.7 3.7 Drop/overhang 1.1 2.8 1.9 1.9 No toilet/field/bush 3.9 15.4 9.3 9.3 Other 0.1 0.1 0.1 0.1 Total 100.0 100.0 100.0 100.0 Flooring material Earth, sand 8.9 16.9 12.7 12.7 Wood planks 11.2 14.1 12.6 12.6 12.7 Wood planks 11.2 14.1 12.6 12.6 0.3 14.0 Palm, bamboo 5.8 23.0 14.0 14.0 12.7 Vinyl, asphalt strips 1.3 0.2 0.8 0.5 0.7 0.7 Vinyl, asphalt strips 1.3 0.2 0.8 0.5 0.7 Ceramic tiles 6.8 1.8 4.4 4.4 Cement 62.5 43.2 53.3 Marble Concrete/brick/stone 52.4 27.3 40.5 Wood 16.8 22.1 19.3	Total	100.0	100.0	100.0
Median time to source 0.0 2.4 0.0 Sanitation facility Flush toilet: own 76.7 53.6 65.7 Flush toilet: shared 15.9 10.7 13.4 Close pit 1.5 10.7 5.9 Open pit 0.8 6.8 3.7 Drop/overhang 1.1 2.8 1.9 No toilet/field/bush 3.9 15.4 9.3 Other 0.1 0.1 0.1 Total 100.0 100.0 100.0 Flooring material Earth, sand 8.9 16.9 12.7 Wood planks 11.2 14.1 12.6 Palm, bamboo 5.8 23.0 14.0 Parquet, polished wood 0.8 0.5 0.7 Vinyl, asphalt strips 1.3 0.2 0.8 Ceramic tiles 6.8 1.8 4.4 Cement 62.5 43.2 53.3 Marbile 2.6 0.3 1.5 </td <td></td> <td>02.5</td> <td>80.0</td> <td>97.0</td>		02.5	80.0	97.0
Flush toilet: own Flush toilet: shared Close pit Close p				
Flush toilet: own Flush toilet: shared Close pit Close p	Sanitation facility			
Close pit 1.5 10.7 5.9 Open pit 0.8 6.8 3.7 Drop/overhang 1.1 2.8 1.9 No toilet/field/bush 3.9 15.4 9.3 Other 0.1 0.1 0.1 Total 100.0 100.0 100.0 Flooring material Earth, sand 8.9 16.9 12.7 Wood planks 11.2 14.1 12.6 Palm, bamboo 5.8 23.0 14.0 Parquet, polished wood 0.8 0.5 0.7 Vinyl, asphalt strips 1.3 0.2 0.8 Ceramic tiles 6.8 1.8 4.4 Cement 62.5 43.2 53.3 Marble 2.6 0.3 1.5 Main material of outer walls Concrete/brick/stone 52.4 27.3 40.5 Wood 16.8 22.1 19.3 Half concrete/brick/stone/and half wood 20.0		76.7	53.6	65.7
Open pit 0.8 6.8 3.7 Drop/overhang 1.1 2.8 1.9 No toilet/field/bush 3.9 15.4 9.3 Other 0.1 0.1 0.1 Total 100.0 100.0 100.0 Flooring material Earth, sand 8.9 16.9 12.7 Wood planks 11.2 14.1 12.6 Palm, bamboo 5.8 23.0 14.0 Parquet, polished wood 0.8 0.5 0.7 Vinyl, asphalt strips 1.3 0.2 0.8 Ceramic tiles 6.8 1.8 4.4 Cement 62.5 43.2 53.3 Marble 2.6 0.3 1.5 Main material of outer walls Concrete/brick/stone 52.4 27.3 40.5 Wood 16.8 22.1 19.3 Half concrete/brick/stone/and half wood 20.0 14.4 17.3 Galvanized iron/aluminum	_			
Drop/overhang No toilet/field/bush	_ ' .			
No toilet/field/bush Other 3.9 (0.1) 15.4 (0.1) 9.3 (0.1) Other 0.1 (0.1) 0.1 0.1 Total 100.0 100.0 100.0 Flooring material Earth, sand 8.9 (16.9) 12.7 Wood planks 11.2 (14.1) 12.6 Palm, bamboo 5.8 (23.0) 14.0 Parquet, polished wood 0.8 (0.5) 0.7 Vinyl, asphalt strips 1.3 (0.2) 0.8 Ceramic tiles 6.8 (1.8) 4.4 Cement 62.5 (43.2) 53.3 Marble 2.6 (0.3) 1.5 Main material of outer walls Concrete/brick/stone 52.4 (27.3) 40.5 Wood 16.8 (22.1) 19.3 Half concrete/brick/stone/and half wood 20.0 (14.4) 17.3 Galvanized iron/aluminum 0.9 (1.4) 17.3 Galvanized iron/aluminum 0.9 (1.4) 0.9 Bamboo/sawali/cogon/inpa 8.7 (34.6) 21.0 No walls 0.1 (0.1) 0.1				
Total 100.0 100.0 100.0 100.0				
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Earth, sand Wood planks 11.2 14.1 12.6 Palm, bamboo Parquet, polished wood Vinyl, asphalt strips 1.3 0.2 0.8 Ceramic tiles 6.8 1.8 4.4 Cement 62.5 43.2 53.3 Marble Concrete/brick/stone Wood Half concrete/brick/stone/and half wood Galvanized iron/aluminum Bamboo/sawali/cogon/nipa Bamboo/sawali/cogon/nipa Makeshift/salvaged/improvised materials No walls Total Total Page 16.9 16.9 16.9 16.9 16.9 16.8 23.0 14.0 16.8 22.1 19.3 40.5 26 27.3 40.5 27.3 40.5 27.3 40.5 27.3 40.5 27.3 40.5 27.3 40.5 27.3 40.5 27.3 40.5 27.3 40.5 27.3 40.5 27.3 40.5 27.3 40.5 40.5 40.5 40.5 40.5 40.5 40.5 40.5	Total	100.0	100.0	100.0
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Galvanized iron/aluminum Bamboo/sawali/cogon/nipa 0.9 8.7 8.7 8.7 34.6 9.0.5 0.7 0.1 1.0 21.0 0.7 0.7 0.7 No walls 0.9 0.1 0.1 0.5 0.1 0.1 0.7 0.1 Total 100.0 100.0 100.0 100.0 100.0 Tenure status of lot Owned/being amortized Rented Rented Rent-free with consent of owner Rent-free with consent of owner Rent-free without consent of owner 23.0 36.5 29.4 Rent-free without consent of owner 2.6 2.1 2.3 23.0 2.3 2.3 Total 100.0 100.0 100.0 100.0 100.0	Wood			19.3
Bamboo/sawali/cogon/nipa 8.7 34.6 21.0 Makeshift/salvaged/improvised materials 0.9 0.5 0.7 No walls 0.1 0.1 0.1 Total 100.0 100.0 100.0 Tenure status of lot Owned/being amortized 53.0 54.6 53.8 Rented 21.3 6.5 14.2 Rente-free with consent of owner 23.0 36.5 29.4 Rent-free without consent of owner 2.6 2.1 2.3 Total 100.0 100.0 100.0				
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Tenure status of lot Owned/being amortized 53.0 54.6 53.8 Rented 21.3 6.5 14.2 Rent-free with consent of owner 23.0 36.5 29.4 Rent-free without consent of owner 2.6 2.1 2.3 Total 100.0 100.0 100.0				
Owned/being amortized 53.0 54.6 53.8 Rented 21.3 6.5 14.2 Rent-free with consent of owner 23.0 36.5 29.4 Rent-free without consent of owner 2.6 2.1 2.3 Total 100.0 100.0 100.0	Total	100.0	100.0	100.0
Rented 21.3 6.5 14.2 Rent-free with consent of owner 23.0 36.5 29.4 Rent-free without consent of owner 2.6 2.1 2.3 Total 100.0 100.0 100.0				
Rent-free with consent of owner Rent-free without consent of owner 23.0 36.5 29.4 Rent-free without consent of owner 2.6 2.1 2.3 Total 100.0 100.0 100.0				
Rent-free without consent of owner 2.6 2.1 2.3 Total 100.0 100.0 100.0				
	Total	100.0	100.0	100.0

The most common material of the outer walls is concrete, brick, and stone, used by two in five households. However, there are urban-rural differentials; urban households are more likely to use concrete, brick, and stone (52 percent), while the rural households are more likely to use bamboo, sawali, cogon, or nipa for the outer walls (35 percent).

The 2003 NDHS also collected information on the tenure status of the lot in which the household resides. More than half of the households (54 percent) own or amortize their lot, 14 percent are renting, and 29 percent of households occupy the lot rent-free with the consent of the owner. Urban and rural households are equally likely to own or amortize their lot. However, urban households are more likely than rural households to rent (21 and 7 percent, respectively). Rural households, on the other hand, tend to use the lot rent-free with consent of the owner (37 percent). Two percent of households occupy the lot without paying rent to the owner; this is true in urban and rural areas.

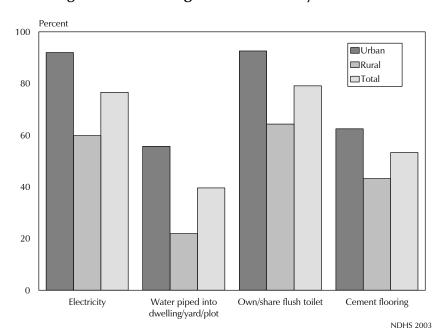


Figure 2.4 Housing Conveniences by Residence

2.7 HOUSEHOLD DURABLE GOODS

In the 2003 NDHS, information on the possession of selected durable consumer goods was also collected at the household level. The percentages of households possessing various durable consumer goods are shown in Table 2.8. There is a vast difference between urban and rural households, with urban households much more likely to own these durable consumer items than rural households. The urbanrural difference is especially pronounced for ownership of modern conveniences such as television, telephone, washing machine, refrigerator/freezer, CD/VCD/DVD player, component or karaoke player, and personal computer.

Thirteen percent of the total households do not possess any of the durable consumer goods listed. Rural households are much more likely than urban households not to have any of these consumer goods.

Table 2.8 Household durable goods											
Percentage of households possessing various durable consumer goods, by residence, Philippines 2003											
	Resid	lence									
Durable consumer goods	Urban	Rural	Total								
Radio/radio cassette	75.8	66.3	71.3								
Television	80.6	43.9	63.1								
Landline telephone	20.9	2.3	12.0								
Cellular telephone	50.9	19.7	36.0								
Washing machine	43.9	12.8	29.1								
Refrigerator/freezer	52.3	22.0	37.8								
CD/VCD/DVD player	48.7	19.3	34.7								
Component/karaoke	36.9	17.0	27.4								
Personal computer	11.1	1.6	6.6								
Tractor	1.0	2.9	1.9								
Motorized banca/boat	2.2	7.2	4.6								
Car/jeep/van	14.3	4.2	9.5								
Motorcycle/tricycle	13.7	11.0	12.4								
Bicycle/pedicab	22.0	17.2	19.7								
None of the above	7.0	20.4	13.4								
Number of households	6,583	6,003	12,586								

2.8 AVAILABILITY OF DRINKING WATER AND WAYS TO MAKE DRINKING WATER SAFE

Information on the availability of drinking water sources and ways to make drinking water safe are shown in Tables 2.9 and 2.10, respectively. Table 2.9 shows that drinking water is reported to be regular in 90 percent of households, available several hours a day in 8 percent of households, and only once or twice a week in 2 percent of households. Water is reported to be usually always available in 97 percent of households in which the source of drinking water is surface water (river, stream, pond, lake, or dam) and in 96 percent of households using protected wells. On the other hand, as expected, water is the least regular when the source is rainwater (34 percent).

Table 2.9 Availability of drink	ing water										
Percent distribution of households by availability of drinking water, according to source, Philippines 2003											
		Water	availability	last month							
Source of drinking water	Usually always	Several hours per day	Once or twice a week	Infrequently	Missing	Total	Number				
Piped into dwelling	87.7	10.5	1.0	0.6	0.1	100.0	4,314				
Piped into yard/plot	84.7	12.3	1.1	1.9	0.0	100.0	670				
Public tap	82.6	14.5	2.0	0.4	0.4	100.0	1,647				
Open dug well	93.6	2.5	0.6	2.7	0.6	100.0	569				
Protected well	96.3	2.2	0.4	0.4	0.9	100.0	3,344				
Developed spring	91.7	6.5	1.5	0.2	0.2	100.0	542				
Undeveloped spring	94.1	3.2	0.9	0.7	1.1	100.0	404				
River/stream/pond/lake/dam	96.9	0.7	2.5	0.0	0.0	100.0	115				
Rainwater	34.4	1.3	8.1	54.0	2.2	100.0	52				
Tanker truck/peddler	73.9	12.7	12.9	0.5	0.0	100.0	193				
Bottled water/refilling station	90.7	2.7	6.4	0.1	0.1	100.0	723				
Other/missing	61.2	5.0	0.0	0.0	33.8	100.0	12				
Total	89.6	7.6	1.5	0.9	0.4	100.0	12,586				

Fifty-eight percent of households do nothing to make their drinking water safer, 27 percent boil the water, and 11 percent use an improvised filter (Table 2.10). Boiling water to make it safe for drinking is most common among households that have water piped into the dwelling, obtain water from a public tap, use surface water, or get the water from a tanker truck or a peddler (30 percent or higher). Households that collect rainwater for their drinking water are the most likely to use an improvised filter (43 percent). Filter equipment is used in 11 percent of households in which drinking water is piped into the house.

Table 2.10 Safe drinking water

Percent of households that employ specific procedures to make drinking water safe by source of water, Philippines

		Pr	ocedures to	make water	safe		
Source of drinking water	Nothing	Boiling	Chlori- nation	Filter equipment	Improvised filter	Other	Number
Piped into dwelling	49.9	31.8	1.9	11.3	9.7	0.3	4,314
Piped into yard/plot	63.7	25.7	1.2	3.1	9.3	0.2	670
Public tap	60.2	30.7	1.2	1.9	9.0	0.4	1,647
Open dug well	48.7	29.9	1.8	1.4	23.9	0.0	569
Protected well	61.8	24.5	2.3	2.8	10.9	0.5	3,344
Developed spring	66.5	18.9	1.0	1.9	15.0	0.0	542
Undeveloped spring	64.1	17.9	0.5	1.0	18.4	0.3	404
River/stream/pond/lake/dam	48.9	32.3	0.8	4.0	21.4	0.8	115
Rainwater	27.1	27.9	3.5	1.8	42.7	1.8	52
Tanker truck/peddler	61.2	30.2	2.1	1.5	7.5	0.7	193
Bottled water/refilling station	77.2	9.6	0.4	7.7	5.7	1.2	723
Other/missing	43.6	11.3	5.6	0.0	5.7	0.0	12
Total	57.9	27.0	1.7	5.7	11.0	0.4	12,586

This chapter highlights the basic characteristics of women and men who were interviewed in the 2003 National Demographic and Health Survey (NDHS). This information is essential for the interpretation of findings presented later in the report. The chapter begins by describing background characteristics, such as age, marital status, educational level, and residential characteristics. More detailed information on education, literacy, and exposure to mass media is then discussed. This is followed by data on the employment and earnings of women, decisionmaking in the household, and attitudes on women's position in relation to others in the household.

3.1 **BACKGROUND CHARACTERISTICS OF RESPONDENTS**

The distribution of women and men interviewed by selected background characteristics is shown in Table 3.1. About half of the women and men in the survey are under age 30. Three in ten women and four in ten men have never married, while 64 percent of women and 58 percent of men are married or are living together. More than half of the respondents live in urban areas (58 percent of women and 54 percent of men).

Education in the Philippines is almost universal; less than 2 percent of women and men have no formal education, while 31 percent of women and 25 percent of men have some college education. The majority of the respondents are Roman Catholic (82 percent of women and 83 percent of men). Other religions with notable proportions are Protestant and Islam (4 to 6 percent each).

Three in five respondents (59 percent) are from Luzon, the largest major island in the country, with 18 percent of women coming from the National Capital Region (NCR), 9 percent from the northern regions (Ilocos, Cagayan Valley, and Cordillera Administrative Region [CAR]), and 32 percent from the rest of Luzon. The remaining 41 percent are from the two other major islands: 22 percent from Mindanao and 19 percent from Visayas.

3.1.1 Mobility

The questions on childhood residence and mobility are intended to provide a basis for developing an index of rural to urban migration, which has been shown to be a better predictor of contraceptive use and fertility than either childhood or current residence alone (ORC Macro, 2001). The question on previous residence is asked of respondents who have moved from their place of birth and respondents who are visitors in the interviewed households.

Table 3.2 presents the distribution of women and men by residence until they are 12 years old and by residence prior to current residence. The majority of women and men (63 percent each) spent their childhood in a barrio, 19 to 20 percent lived in a town, and 17 to 18 percent lived in a city. Less than 1 percent of the respondents are visitors.

Thirty-seven percent of women and 45 percent of men have never moved from the area where they were born. Thirty percent of women and 26 percent of men report that they previously resided in a barrio, while 20 percent of women and 16 percent of men say that they moved from a city.

Table 3.1 Background characteristics of respondents

Percent distribution of women and men by background characteristics, Philippines 2003

		Number of wom	en	Number of men				
Background characteristic	Weighted percent	Weighted	Unweighted	Weighted percent	Weighted	Unweighted		
Age								
15-19	19.4	2,648	2,646	19.3	918	920		
20-24	16.2	2,209	2,214	16.5	785	765		
25-29	14.9	2,034	2,048	13.6	647	653		
30-34	14.3	1,954	1,949	12.4	593	611		
35-39	13.7	1,873	1,892	12.3	586	579		
40-44	11.5	1,564	1,541	10.1	483	481		
45-49	9.9	1,351	1,343	8.7	416	415		
50-54	na	na	na	7.1	338	342		
Marital status								
Never married	32.2	4,388	4,309	40.2	1,914	1,889		
Married/living together	63.6	8,671	8,764	57.6	2,746	2,766		
		,	,		,	,		
Divorced/not living togeth		373	355	1.9	88	93		
Widowed	1.5	201	205	0.4	17	18		
Residence	E7.0	7.077	7.406	F0.6	2.552	2.270		
Urban	57.8	7,877	7,436	53.6	2,553	2,379		
Rural	42.2	5,756	6,197	46.4	2,213	2,387		
Region								
National Capital Region	17.5	2,387	2,168	15.5	740	676		
Cordillera Admin Region	1.6	216	482	1.5	72	154		
I - Ilocos	4.7	642	633	4.9	232	231		
II - Cagayan Valley	3.1	426	531	3.4	163	202		
III - Central Luzon	10.7	1,459	1,079	10.9	520	385		
IVA - CALABARZON	13.9	1,890	1,425	13.7	652	483		
IVB - MIMAROPA	2.5	340	481	2.5	119	168		
V - Bicol	5.2	713	724	5.0	236	238		
VI - Western Visayas	6.7	910	784	6.7	322	276		
VII - Central Visayas	7.8	1,070	927	7.8	373	320		
VIII - Eastern Visayas	4.1	555	647	4.8	229	268		
IX - Zamboanga Peninsula	a 3.4	465	552	4.0	189	224		
X - Northern Mindanao	4.1	565	592	4.2	202	216		
XI - Davao	4.8	654	725	4.5	212	225		
XII - SOCCSKSARGEN	3.8	524	655	4.5	216	255		
XIII - Caraga	2.4	327	545	2.6	125	206		
ARMM	3.6	489	683	3.5	166	239		
Education								
No education	1.4	186	231	1.8	84	102		
Elementary	23.1	3,146	3,241	30.2	1,441	1,499		
High school	44.8	6,109	6,035	43.0	2,048	1,991		
College or higher	30.7	4,192	4,126	25.0	1,193	1,174		
Religion								
Roman Catholic	81.5	11,116	10,818	83.0	3,957	3,854		
Protestant	5.5	749	850	4.1	194	226		
Iglesia Ni Kristo	2.9	393	383	2.8	134	130		
Aglipay	1.3	181	189	1.8	85	84		
Islam	4.2	579	748	4.0	189	253		
None	0.1	9	10	0.2	11	13		
Others	2.2	293	324	2.3	109	13 119		
Born-again/Jehovah's	۷.۷	293	344	2.3	109	113		
Witness/SDA	2.2	304	302	1.8	84	85		
		30 4 9						
Missing	0.1	9	9	0.1	3	2		
Total	100.0	13,633	13,633	100.0	4,766	4,766		

Note: Education categories refer to the highest level of education attended, whether or not that level was completed. na = Not applicable; SDA = Seventh-Day Adventist

Table 3.2 Childhood residence and mobility

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

		Number of wom	en	Number of men			
Residence	Weighted percent	Weighted	Unweighted	Weighted percent	Weighted	Unweighted	
Residence until age 12 year	ars						
City	17.7	2,416	2,311	16.8	802	761	
Town	19.0	2,597	2,594	19.5	929	873	
Barrio	63.0	8,588	8,697	63.4	3,023	3,119	
Previous residence Live in current residence							
since birth Moved from	36.6	4,995	5,002	45.4	2,163	2,181	
City	19.8	2,699	2,631	16.4	780	742	
Town	11.9	1,627	1,653	10.8	515	494	
Barrio	29.8	4,065	4,090	26.3	1,254	1,291	
Visitor	0.8	110	122	0.8	37	40	
Total	100.0	13,633	13,633	100.0	4,766	4,766	

Note: Total includes women and men with missing information on residence.

3.2 **EDUCATIONAL ATTAINMENT**

Tables 3.3.1 and 3.3.2 present the percent distribution of women and men, respectively, by highest level of schooling attained or completed according to their background characteristics. Young women and men are more likely to have attended school than the older respondents; the proportion of respondents who have never attended school rises with increasing age for both men and women. For example, 86 percent of women age 15-19 have attained secondary education, compared with 56 percent of women age 45-49.

Urban women are as likely as rural women to have reached only secondary school (45 percent). However, rural women are less likely to continue to college or higher levels of education than urban women (20 and 39 percent, respectively). Women in NCR, CAR, Ilocos, and CALABARZON have higher educational attainment than women in other parts of the country. In these regions, about 80 percent of women have secondary or higher education. On the other hand, 15 percent of women in Autonomous Region in Muslim Mindanao (ARMM) have no education, and only half (52 percent) have secondary or higher education. As expected, women in the wealthier quintiles are more likely to be better educated than those in the poorer quintiles. While 93 percent of women in the wealthiest quintile have secondary or higher education, the corresponding proportion for women in the poorest group is 41 percent.

The variations in educational attainment among men are similar to those for women. Younger, urban, and richer men are more likely to be better educated than other men (Table 3.3.2). Men in NCR and CALABARZON have the highest percentages for high school education or higher (86 and 79 percent, respectively). On the other hand, less than 50 percent of men in ARMM, Eastern Visayas, and Zamboanga Peninsula have attended high school or higher education.

Across all background characteristics, women consistently have more years of schooling than men. For age 15-19, the median years of schooling for women is 0.6 years more than men. In rural areas, the median years of schooling for women is 1.6 years more than for men. Especially striking are gender differences across regions; they range from 0.2 median years in NCR and Central Luzon to 2.1 median years in Eastern Visayas.

Table 3.3.1 Educational attainment by background characteristics: women

Percent distribution of women by highest level of schooling attended or completed, and median number of years of schooling, according to background characteristics, Philippines 2003

		Educa	ation			N. I	Maralla a
Background characteristic	No education	Elementary	High school	College or higher	Total	Number of women	Median years of schooling
Age							
15-19	0.6	13.2	70.1	16.2	100.0	2,648	8.6
20-24	0.5	14.3	43.8	41.4	100.0	2,209	9.7
25-29	1.3	17.7	43.3	37.7	100.0	2,034	9.6
30-34	1.1	24.5	39.2	35.2	100.0	1,954	9.4
35-39	2.3	27.7	37.5	32.4	100.0	1,873	9.2
40-44	2.2	36.0	32.8	29.0	100.0	1,564	8.7
45-49	2.5	41.5	31.4	24.6	100.0	1,351	7.3
Residence							
Urban	0.6	15.7	44.9	38.8	100.0	7,877	9.6
Rural	2.4	33.2	44.7	19.7	100.0	5,756	8.0
Region							
National Capital Region	0.2	11.5	45.8	42.5	100.0	2,387	9.8
Cordillera Admin Region	2.2	17.4	36.2	44.2	100.0	216	9.7
I - Ilocos	0.8	16.7	50.8	31.6	100.0	642	9.4
II - Cagayan Valley	1.3	28.2	42.7	27.8	100.0	426	9.0
III - Central Luzon	0.3	22.0	48.9	28.8	100.0	1,459	9.3
IVA - CALABARZON	0.2	17.5	48.6	33.7	100.0	1,890	9.5
IVB - MIMAROPA	3.3	33.2	43.1	20.4	100.0	340	8.0
V - Bicol	0.3	27.6	45.2	26.9	100.0	713	8.7
VI - Western Visayas	1.8	27.0	44.0	27.2	100.0	910	9.1
VII - Central Visayas	1.3	29.8	42.7	26.2	100.0	1,070	8.7
VIII - Eastern Visayas	0.6	37.1	38.8	23.4	100.0	, 555	7.8
IX - Zamboanga Peninsula	1.1	36.1	38.4	24.4	100.0	465	7.8
X - Northern Mindanao	0.3	26.9	43.9	28.9	100.0	565	8.8
XI - Davao	1.0	26.7	42.3	30.0	100.0	654	9.1
XII - SOCCSKARGEN	4.0	25.3	46.7	24.0	100.0	524	8.5
XIII - Caraga	0.9	26.4	43.2	29.5	100.0	327	9.0
ARMM	15.0	33.2	33.9	18.0	100.0	489	6.4
Wealth index quintile							
Lowest	6.3	53.1	35.4	5.2	100.0	2,161	5.6
Second	1.1	33.5	51.8	13.6	100.0	2,412	7.8
Middle	0.5	21.6	54.4	23.4	100.0	2,682	9.1
Fourth	0.2	12.8	48.6	38.4	100.0	2,940	9.6
Highest	0.1	6.8	35.0	58.0	100.0	3,438	11.1
Total	1.4	23.1	44.8	30.7	100.0	13,633	9.2

Table 3.3.2 Educational attainment by background characteristics: men

Percent distribution of men by highest level of schooling attended or completed, and median number of years of schooling, according to background characteristics, Philippines 2003

		Educa	tion			Number of men	Median years of schooling
Background characteristic	No education	Elementary	High school	College or higher	Total		
Age 15-19							
Ť5-19	1.8	24.2	62.6	11.5	100.0	918	8.0
20-24	0.4	21.2	44.4	34.0	100.0	785	9.4
25-29	1.5	24.4	43.9	30.2	100.0	647	9.3
30-34	1.9	33.2	37.3	27.6	100.0	593	9.0
35-39	2.4	31.4	39.2	27.0	100.0	586	9.0
40-44	2.3	35.1	36.5	26.1	100.0	483	8.3
45-49	2.0	42.4	29.3	26.2	100.0	416	7.0
50-54	2.9	49.6	27.1	20.4	100.0	338	5.9
Residence							
Urban	0.8	17.8	47.4	34.0	100.0	2,553	9.4
Rural	2.9	44.6	37.8	14.8	100.0	2,213	6.4
Region							
National Capital Region	0.2	13.6	46.1	40.1	100.0	740	9.6
Cordillera Admin Region	2.9	23.5	37.9	35.8	100.0	72	9.2
I - Ilocos	0.5	29.8	49.5	20.3	100.0	232	8.5
II - Cagayan Valley	1.0	37.0	36.8	25.2	100.0	163	8.2
III - Central Luzon	0.8	27.7	44.6	26.9	100.0	520	9.1
IVA - CALABARZON	0.5	20.2	53.5	25.8	100.0	652	9.2
IVB - MIMAROPA	4.3	39.8	35.3	20.5	100.0	119	6.8
V - Bicol	0.9	34.9	43.5	20.7	100.0	236	8.0
VI - Western Visayas	3.3	34.6	44.2	17.9	100.0	322	7.7
VII - Central Visayas	2.2	32.0	42.0	23.9	100.0	373	8.3
VIII - Eastern Visayas	1.9	54.2	31.0	12.9	100.0	229	5. <i>7</i>
IX - Zamboanga Peninsula	1.8	49.5	30.4	18.3	100.0	189	5.9
X - Northern Mindanao	0.9	36.7	40.4	22.1	100.0	202	7.3
XI - Davao	1.5	34.1	41.6	22.8	100.0	212	8.2
XII - SOCCSKSARGEN	1.1	37.6	41.5	19.8	100.0	216	7.2
XIII - Caraga	2.5	34.6	36.8	26.1	100.0	125	7.2 7.9
ARMM	2.5 15.5	42.2	28.7	13.6	100.0	166	7.9 5.6
Wealth index quintile							
Lowest	7.1	63.7	25.8	3.4	100.0	884	5.0
Second	7.1 1.4	43.2	45.0	3.4 10.4	100.0	937	6.6
Middle	0.6	43.2 25.4	45.0 54.0	10. 4 20.0	100.0	937	8.7
Fourth	0.0	25.4 16.0	54.0 52.5	20.0 31.5	100.0	992 957	6.7 9.4
	0.0	6.8	36.2	51.5 56.8	100.0	957 996	9. 4 10.8
Highest	0.2	0.0	30.2	0.00	100.0	990	10.0
Total	1.8	30.2	43.0	25.0	100.0	4,766	8.6

3.3 **EXPOSURE TO MASS MEDIA**

The 2003 NDHS collected information on the exposure of respondents to the various mass media. Respondents were asked how often they read a newspaper, listened to the radio, or watched television. This information is useful in determining the media channels to use in disseminating health and other information to target audiences. Furthermore, it is important for knowing the likelihood of reaching the respondents by media.

Tables 3.4.1 and 3.4.2 show that television is the most popular mass media among women and men (80 and 82 percent, respectively), followed by radio, with 78 percent of women and 82 percent of men listening to the radio weekly. Newspaper and magazine reading is not as popular as the other two media: 44 percent of women and 47 percent of men read the newspaper or magazine weekly. Overall, about four in ten women and men are exposed to all three media, and less than 8 percent are not exposed to any of these media.

Table 3.4.1 Exposure to mass media: women

Percentage of women who usually read a newspaper at least once a week, watch television at least once a week, and listen to the radio at least once a week, by background characteristics, Philippines 2003

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	All three media	No media	Number of women
Age						
15-19	49.6	86.3	83.3	43.6	5.1	2,648
20-24	48.1	83.0	79.6	41.6	6.8	2,209
25-29	44.3	79.7	77.4	36.6	7.0	2,034
30-34	42.8	79.0	75.4	34.4	8.6	1,954
35-39	42.0	77.5	75.1	34.8	10.2	1,873
40-44	37.7	76.4	76.3	31.3	8.5	1,564
45-49	34.4	75.8	74.3	28.6	9.0	1,351
Residence						
Urban	55.3	91.1	81.1	48.2	3.3	7,877
Rural	27.7	65.7	73.5	21.2	13.5	5,756
Region						
National Capital Region	72.2	95.8	84.8	63.6	1.2	2,387
Cordillera Admin Region	46.9	67.1	75.0	33.7	11.8	216
I - Ilocos	49.2	86.6	85.3	43.6	4.0	642
II - Cagayan Valley	45.0	72.4	81.0	37.2	9.4	426
III - Central Luzon	49.1	92.1	73.0	40.8	2.8	1,459
IVA - CALABARZON	49.9	89.9	77.3	43.2	5.0	1,890
IVB - MIMAROPA	23.1	54.7	64.3	15.1	18.3	340
V - Bicol	31.0	75.4	82.5	25.0	7.9	713
VI - Western Visayas	29.3	76.6	80.3	24.7	7.8	910
VII - Central Visayas	42.9	81.3	81.3	37.1	5.2	1,070
VIII - Eastern Visayas	28.3	63.0	68.2	24.3	19.7	555
IX - Zamboanga Peninsula	28.8	53.1	68.4	19.3	18.9	465
X - Northern Mindanao	26.0	73.4	74.4	20.4	10.5	565
XI - Davao	32.3	79.7	80.1	26.8	5.3	654
XII - SOCCSKSARGEN	23.4	70.3	76.9	19.4	12.8	524
XIII - Caraga	21.0	79.7	83.2	18.9	7.6	327
ARMM	19.4	32.8	58.7	9.7	32.6	489
Education						
No education	0.4	27.8	48.3	0.0	43.3	186
Elementary	18.7	59.6	67.0	13.2	17.6	3,146
High school	42.2	83.8	79.4	35.3	5.4	6,109
College or higher	66.5	93.3	85.1	58.3	1.8	4,192
Wealth index quintile						
Lowest	13.9	34.5	59.4	7.1	30.0	2,161
Second	28.2	69.3	75.8	20.5	9.2	2,412
Middle	41.6	89.2	78.1	34.5	3.7	2,682
Fourth	53.0	95.3	82.7	46.4	1.5	2,940
Highest	66.9	97.2	86.6	60.5	0.9	3,438
Total	43.7	80.4	77.9	36.8	7.6	13,633

Tables 3.4.1 and 3.4.2 also show that younger, urban, better-educated, and wealthier respondents are more likely to be exposed to mass media than other respondents. There are large variations in the exposure to mass media across regions. While more than 90 percent of women in NCR and in Central Luzon watch television at least once a week, the corresponding proportion in ARMM is only 33 percent. Moreover, 64 percent of women in NCR have access to all three media, while only 10 percent of women in ARMM do. This pattern of regionally disparate access to mass media also holds for men.

Table 3.4.2 Exposure to mass media: men

Percentage of men who usually read a newspaper at least once a week, watch television at least once a week, and listen to the radio at least once a week, by background characteristics, Philippines 2003

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	All three media	No media	Number of men
Age 15-19	40.4	85.8	84.3	36.0	5.5	918
20-24	52.3	87.5	86.7	46.1	4.1	785
25-29	52.1	82.9	81.7	44.9	6.1	647
30-34	48.0	79.3	81.9	40.9	6.5	593
35-39	50.1	79.8	82.4	42.4	6.2	586
40-44	45.9	78.4	76.5	37.9	9.9	483
45-49	47.0	79.4	79.6	37.9	6.0	416
50-54	39.7	76.0	76.6	32.2	7.5	338
Residence						
Urban	59.8	91.5	83.5	51.8	3.0	2,553
Rural	32.7	71.2	80.4	27.1	9.9	2,213
Region						
National Capital Region	77.4	95.5	87.1	69.2	0.7	740
Cordillera Admin Region	46.4	73.2	76.6	36.7	11.1	72
I - Ilocos	55.0	85.8	84.4	45.5	1.7	232
II - Cagayan Valley	42.8	76.8	84.9	35.1	2.9	163
III - Central Luzon	68.1	89.3	82.0	59.4	5.4	520
IVA - CALABARZON IVB - MIMAROPA	41.5 28.7	90.8 69.6	76.0 68.8	31.8 23.5	4.0 12.7	652 119
V - Bicol	42.9	83.7	96.4	38.2	0.7	236
V - Bicol VI - Western Visayas	36.0	79.0	83.1	30.2	6.4	322
VII - Central Visayas	52.2	84.6	86.2	44.7	4.7	373
VIII - Eastern Visayas	16.4	65.6	67.9	13.0	19.1	229
IX - Zamboanga Peninsula	22.2	57.1	82.6	17.2	12.8	189
X - Northern Mindanao	28.1	77.6	90.9	26.3	5.9	202
XI - Davao	36.7	78.8	82.4	30.8	2.8	212
XII - SOCCSKSARGEN	30.0	73.3	81.4	24.5	7.1	216
XIII - Caraga	34.5	87.6	88.7	33.0	4.5	125
ARMM	31.9	44.8	61.0	29.0	35.7	166
Education						
No education	0.0	27.5	55.3	0.0	39.6	84
Elementary	23.4	64.7	75.0	17.8	12.6	1,441
High school	49.3	88.6	85.4	43.5	3.6	2,048
College or higher	75.5	95.8	86.8	65.1	0.6	1,193
Wealth index quintile						
Lowest	19.4	45.7	70.5	14.1	21.7	884
Second	35.5	76.3	80.7	28.4	6.8	937
Middle	52.1	92.5	84.7	44.2	1.8	992
Fourth Highest	57.7 67.9	95.9 96.4	85.7 87.5	51.3 60.5	1.2 1.0	957 996
ı uknest	07.9	30. 4	07.3	00.5	1.0	
Total	47.2	82.1	82.1	40.4	6.2	4,766

3.4 **EMPLOYMENT**

3.4.1 **Employment Status**

Women and men interviewed in the 2003 NDHS were asked if they were engaged in any economic activity in the 12 months preceding the survey, regardless of whether they were paid or not. Table 3.5.1 shows that more than half of the women interviewed (52 percent) were employed in the 12 months preceding the survey. Older women, women who have more living children, those who live in urban areas, and those who fall in the wealthier quintiles are more likely to be engaged in an economic activity. Women who are no longer married are more likely than those who never married and are currently married to be employed in the 12 months preceding the survey. Women with no education and those with college or higher education are more likely to be employed than other women. Women's economic activity varies significantly by region, ranging from 66 percent in Davao to 38 percent in ARMM.

Table 3.5.1 Employment status: women

Percent distribution of women by employment status, according to background characteristics, Philippines

-	Empl in the 12 preceding	2 months	Not employed		
Background characteristic	Currently employed	Not currently employed	in the 12 months preceding the survey	Total	Number of women
Age 15-19 20-24 25-29 30-34 35-39 40-44 45-49	20.4 39.0 45.8 52.2 56.6 60.9 62.1	5.5 10.3 7.9 6.2 4.4 3.3 3.7	74.2 50.6 46.2 41.6 39.0 35.8 34.2	100.0 100.0 100.0 100.0 100.0 100.0 100.0	2,648 2,209 2,034 1,954 1,873 1,564 1,351
Marital status Never married Married/living together Divorced/not living together Widowed	37.7 47.9 66.8 74.8	6.6 5.8 8.6 5.5	55.7 46.3 24.6 19.7	100.0 100.0 100.0 100.0	4,388 8,671 373 201
Number of living children 0 1-2 3-4 5+	38.6 45.0 51.4 55.6	7.7 6.4 4.5 4.1	53.7 48.5 44.2 40.3	100.0 100.0 100.0 100.0	5,012 3,747 2,961 1,912
Residence Urban Rural	47.2 43.3	6.2 6.1	46.7 50.6	100.0 100.0	7,877 5,756
Region National Capital Region Cordillera Admin Region 1 - Ilocos II - Cagayan Valley III - Central Luzon IVA - CALABARZON IVB - MIMAROPA V - Bicol VI - Western Visayas VIII - Central Visayas VIII - Eastern Visayas IX - Zamboanga Peninsula X - Northern Mindanao XI - Davao XII - SOCCSKSARGEN XIII - Caraga ARMM	47.9 54.3 39.5 40.8 37.0 43.5 38.2 46.9 49.9 48.1 46.7 43.7 50.6 55.3 51.4 50.5	6.5 6.6 4.3 4.0 6.8 5.5 6.1 7.8 6.1 6.0 6.2 1.9 7.8 11.0 5.0 8.5 2.2	45.6 39.1 56.2 55.1 56.0 51.0 55.7 45.3 43.9 47.1 54.4 41.5 33.6 43.6 41.0 61.7	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	2,387 216 642 426 1,459 1,890 340 713 910 1,070 555 465 565 654 524 327 489
Education No education Elementary High school College or higher	53.4 49.6 37.6 53.7	3.3 5.5 6.4 6.4	43.3 44.9 56.0 39.9	100.0 100.0 100.0 100.0	186 3,146 6,109 4,192
Wealth index quintile Lowest Second Middle Fourth Highest	42.5 40.7 42.0 44.2 54.7	6.0 7.7 6.6 6.3 4.6	51.5 51.6 51.4 49.4 40.7	100.0 100.0 100.0 100.0 100.0	2,161 2,412 2,682 2,940 3,438
Total	45.5	6.1	48.3	100.0	13,633

Eight in ten men were employed in the 12 months preceding the survey (Table 3.5.2). Men over the age of 30, men who have ever been married, those with living children, those in rural areas, and those who fall into the poorer quintiles are more likely to be employed. The data also show that the employment status of men has a negative relationship with their educational attainment: Better-educated men are less likely to be employed. Across regions, the proportions of men employed in the 12 months preceding the survey range from 75 percent in NCR to 90 percent in Cagayan Valley.

Table 3.5.2 Employment status: men

	in the 12	loyed 2 months the survey	Not employed in the			
Background characteristic	Currently employed	Not currently employed	12 months preceding the survey	Don't know/ missing	Total	Numbe of men
Age	25.0				100.0	
15-19	25.8	11.5	61.8	0.8	100.0	918
20-24	57.5	15.8	26.0	0.7	100.0	785
25-29	80.9	12.1	6.9	0.1	100.0	647
30-34	85.5	9.1	5.4	0.0	100.0	593
35-39	88.8	7.6	3.6	0.0	100.0	586
40-44	90.5	5.7	3.9	0.0	100.0	483
45-49	91.3	4.8	3.9	0.0	100.0	416
50-54	85.6	5.5	8.7	0.2	100.0	338
Marital status						
Never married	42.8	13.8	42.7	0.6	100.0	1,914
Married/living together	89.2	6.8	3.9	0.1	100.0	2,746
Divorced/not living together	71.5	20.7	7.7	0.0	100.0	88
Widowed	*	*	*	*	*	17
Number of living children						
0	46.8	14.0	38.5	0.6	100.0	2,154
1-2	87.3	8.5	4.2	0.0	100.0	1,092
3-4	90.3	6.0	3.8	0.0	100.0	923
5+	92.3	3.9	3.7	0.0	100.0	596
Residence						
Urban	65.2	11.4	23.2	0.2	100.0	2,553
Rural	76.0	8.2	15.4	0.4	100.0	2,213
Region						
National Capital Region	63.1	12.1	24.8	0.0	100.0	740
Cordillera Admin Region	67.4	13.1	18.6	0.8	100.0	72
I - Ilocos	77.3	10.0	12.7	0.0	100.0	232
II - Cagayan Valley	85.1	4.6	10.3	0.0	100.0	163
III - Central Luzon	68.7	11.9	19.4	0.0	100.0	520
IVA - CALABARZON	64.3	12.5	22.9	0.2	100.0	652
IVB - MIMAROPA	77.1	8.9	14.0	0.0	100.0	119
V - Bicol	70.8	6.1	21.2	1.9	100.0	236
VI - Western Visayas	77.1	8.3	14.6	0.0	100.0	322
VII - Central Visayas	66.8	10.8	21.7	0.7	100.0	373
VIII - Eastern Visayas	68.3	13.7	17.6	0.4	100.0	229
IX - Zamboanga Ýeninsula	76.7	4.1	19.2	0.0	100.0	189
X - Northern Mindanao	70.5	11.2	18.2	0.0	100.0	202
XI - Davao	73.6	7.3	18.4	0.7	100.0	212
XII - SOCCSKSARGEN	73.8	6.6	19.6	0.0	100.0	216
XIII - Caraga	68.9	8.5	21.2	1.4	100.0	125
ARMM	81.8	3.1	14.3	0.8	100.0	166
Education						
No education	93.2	2.0	4.8	0.0	100.0	84
Elementary	84.3	7.6	7.8	0.3	100.0	1,441
High school	61.9	11.9	25.9	0.3	100.0	2,048
College or higher	65.9	9.9	24.0	0.3	100.0	1,193
Wealth index quintile						
Lowest	82.3	7.6	9.8	0.3	100.0	884
Second	78.1	9.3	12.1	0.4	100.0	937
Middle	68.9	12.3	18.6	0.3	100.0	992
Fourth	63.8	10.8	24.8	0.6	100.0	957
Highest	59.6	9.3	31.2	0.0	100.0	996

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

3.4.2 Occupation

The distributions of currently employed women and men by occupation and selected background characteristics are presented in Tables 3.6.1 and 3.6.2, respectively. Eighty-six percent of women and 63 percent of men work in nonagricultural jobs. Residence determined the type of occupation: 96 percent of women and 85 percent of men in urban areas are employed in nonagricultural jobs. Occupation also varies widely by background characteristics: Respondents who are no longer married, those with a larger number of living children, those with less education, and those who fall in the poorest quintiles tend to work in agriculture. Among men who work in agriculture, those in the youngest group are the most likely to work on someone else's land (31 percent).

Women and men in NCR, CALABARZON, and Central Visayas are more likely to be engaged in nonagricultural jobs than those in other regions. Women and men in ARMM are more likely to do agricultural work.

Sales and services and professional, technical, or managerial occupations are the most common jobs for working women in all groups, although those with no education are generally engaged in agriculture, working on their own land or someone else's land. Employed men generally do unskilled manual work or agricultural work on someone else's land.

Table 3.6.1 Occupation: women

Percent distribution of women employed in the 12 months preceding the survey by occupation, according to background characteristics, Philippines 2003

								Nonagi	icultural				
		A	gricultur	al		Profes- sional/						-	
Background characteristic	Own land	Family land	Some- one else's land	Rented land	Missing	tech- nical/ mana-	Clerical	Sales and services	Skilled manual	Un- skilled manual	Missing	Total	Number of women
Age 15-19 20-24 25-29 30-34 35-39 40-44 45-49	1.4 1.9 3.1 4.1 5.1 5.9 6.7	2.4 1.2 1.6 1.7 2.5 2.5 2.1	3.8 3.1 4.7 6.9 7.0 8.9 9.9	0.4 0.4 0.8 0.9 1.1 1.2	0.2 0.5 0.5 0.7 1.0 0.8 0.8	4.9 18.6 26.5 30.9 28.3 28.6 28.2	4.6 13.4 14.3 11.0 9.0 8.3 5.4	71.4 45.6 35.6 35.5 36.8 33.4 37.6	4.8 6.4 7.2 5.9 6.7 7.8 6.0	4.6 7.0 4.6 1.6 1.9 1.9	1.4 1.9 1.1 0.9 0.6 0.7 1.3	100.0 100.0 100.0 100.0 100.0 100.0 100.0	684 1,090 1,093 1,140 1,142 1,004 889
Marital status Never married Married/living together Divorced/not living together Widowed	1.1 5.4 2.4 6.5	0.9 2.3 1.9 3.6	2.3 8.1 4.2 10.0	0.1 1.2 0.0 0.0	0.2 0.9 0.3 0.5	18.9 27.3 25.1 19.9	12.6 8.8 9.0 8.4	51.4 36.0 44.6 40.9	6.0 6.5 7.8 8.3	5.4 2.4 2.2 1.1	1.1 1.0 2.4 0.8	100.0 100.0 100.0 100.0	1,944 4,656 281 162
Number of living children 0 1-2 3-4 5+	1.4 3.5 4.7 9.7	1.0 1.4 2.9 3.4	2.4 4.7 7.8 15.1	0.3 0.7 1.0 2.1	0.3 0.4 0.9 1.3	21.1 31.7 28.4 14.9	12.2 13.0 7.6 3.0	48.1 33.5 38.7 41.1	6.5 6.5 5.5 7.9	5.4 3.3 1.5 0.9	1.2 1.2 0.9 0.8	100.0 100.0 100.0 100.0	2,320 1,927 1,653 1,142
Residence Urban Rural	1.1 8.5	0.4 4.2	1.6 13.4	0.2 1.8	0.4 1.0	27.5 20.6	12.3 6.2	44.4 35.3	6.7 6.2	4.2 1.7	1.1 1.0	100.0 100.0	4,201 2,842
Region National Capital Region Cordillera Admin Region I - Ilocos II - Cagayan Valley III - Central Luzon IVA - CALABARZON IVB - MIMAROPA V - Bicol VI - Western Visayas VII - Central Visayas VIII - Eastern Visayas IX - Zamboanga Peninsula X - Northern Mindanao XI - Davao XII - SOCCSKSARGEN XIII - Caraga ARMM	0.2 16.2 5.3 11.1 1.2 0.7 7.7 2.3 5.6 11.8 4.6 11.2 5.6 6.0 7.8 8.4 18.0	0.0 3.8 1.8 2.5 1.2 0.2 2.9 2.3 1.4 1.6 2.7 10.2 5.1 2.2 5.0 3.4 4.1	0.1 11.4 13.4 21.5 4.7 2.3 8.3 4.2 12.0 4.3 7.9 9.8 7.5 6.3 11.8 9.3 20.3	0.0 3.4 0.7 1.7 0.2 0.1 0.5 1.5 0.7 0.6 0.3 1.6 0.8 0.6 5.7 1.8 2.3	0.1 0.3 1.1 1.3 2.3 0.4 0.0 1.5 0.0 0.4 0.0 2.2 0.3 0.6 0.4 0.3	26.2 25.3 19.3 34.3 24.8 28.7 19.7 19.4 17.5 18.8 27.5 29.7 24.4 23.7 27.0 26.8	15.8 9.3 3.9 6.8 8.4 12.2 9.7 9.2 8.8 7.9 6.7 6.1 6.5 11.2 5.8 7.9 4.7	47.2 28.3 46.6 20.0 43.7 32.2 43.4 50.1 44.7 50.4 42.1 19.3 42.8 42.1 33.5 35.3 19.5	5.5 1.0 4.3 0.0 9.8 13.3 5.2 7.7 6.9 9.3 7.3 0.4 0.8 4.2 2.9 3.7 0.0	2.7 0.7 2.8 0.0 3.1 9.3 1.0 1.8 2.3 4.7 0.6 1.8 0.8 1.9 2.5 2.2 0.0	2.2 0.3 0.7 0.8 0.6 0.6 1.6 0.2 0.2 0.3 7.8 0.0 0.4 0.8 0.6 3.6	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	1,298 131 281 191 639 926 150 391 510 579 294 212 331 434 296 193 187
Education No education Elementary High school College or higher	27.9 9.0 3.0 0.9	4.5 3.8 2.1 0.4	26.0 15.5 4.9 0.8	4.8 1.7 0.8 0.2	0.0 1.4 0.7 0.1	9.8 9.5 14.9 46.2	0.7 1.6 5.0 21.1	22.6 47.8 53.7 22.8	2.7 7.0 9.5 3.1	1.1 1.7 4.5 3.0	0.0 1.1 0.8 1.4	100.0 100.0 100.0 100.0	106 1,734 2,685 2,518
Wealth index quintile Lowest Second Middle Fourth Highest	15.3 5.8 2.7 1.4 0.3	8.0 2.0 1.6 0.7 0.0	22.1 11.5 4.0 1.9 0.1	2.2 1.9 0.9 0.1 0.0	0.7 0.9 1.1 0.5 0.3	8.0 14.2 20.7 28.7 39.0	2.0 4.4 9.8 13.9 14.1	32.8 46.8 43.9 40.1 39.9	6.3 7.9 9.1 8.0 3.0	1.3 3.7 5.4 4.0 1.9	1.3 1.0 0.9 0.7 1.5	100.0 100.0 100.0 100.0 100.0	1,049 1,166 1,304 1,485 2,039
Total	4.1	2.0	6.4	0.9	0.6	24.7	9.8	40.7	6.5	3.2	1.1	100.0	7,043

Table 3.6.2 Occupation: men

Percent distribution of men employed in the 12 months preceding the survey by occupation, according to background characteristics, Philippines 2003

								Non-ag	ricultural			_	
		A	gricultur	al		Profes-							
Background characteristic	Own land	Family land	Some- one else's land	Rented land	Missing	sional/ tech- nical/ mana- gerial	Clerical	Sales and services	Skilled manual	Un- skilled manual	Missing	Total	Number of men
Age 15-19 20-24 25-29 30-34 35-39 40-44 45-49 50-54	3.8 5.2 5.1 10.2 9.5 9.1 10.4 14.4	7.9 5.1 4.5 7.1 3.1 4.9 3.6 5.2	30.9 16.3 15.8 14.1 14.8 16.8 19.7 18.3	2.3 2.7 3.9 3.4 4.8 3.7 3.8 4.7	1.3 3.4 1.4 2.9 2.2 0.6 1.7 2.8	1.8 6.7 10.3 12.0 12.5 13.0 14.1 13.0	1.0 3.6 2.7 1.1 2.3 1.8 2.5 2.0	21.4 19.5 18.1 15.1 12.3 14.7 11.2 13.3	10.4 13.0 12.2 11.6 13.8 11.7 13.6 12.1	13.5 23.0 25.1 21.7 23.4 22.6 18.8 13.0	5.6 1.5 1.0 0.9 1.3 0.9 0.7 1.0	100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0	343 575 602 561 565 464 400 308
Marital status Never married Married/living together Divorced/not living together Widowed	5.7 9.2 7.8 *	5.5 4.8 8.7 *	19.9 16.5 19.2	3.3 3.8 4.8 *	2.4 1.9 2.8 *	8.0 11.7 4.1	2.9 1.9 2.5 *	20.5 13.7 19.8 *	10.7 12.9 18.7	18.5 22.4 11.5 *	2.5 1.1 0.0 *	100.0 100.0 100.0 *	1,084 2,636 81 17
Number of living children 0 1-2 3-4 5+	6.1 7.0 10.6 11.4	5.7 4.9 3.8 6.1	19.2 13.5 15.4 24.5	3.5 2.9 3.4 5.9	2.1 1.6 2.1 2.9	7.8 13.2 13.4 7.2	2.7 2.7 1.7 1.0	19.9 16.3 12.9 9.8	11.2 12.0 13.5 14.2	19.5 24.5 22.1 16.6	2.3 1.4 1.0 0.5	100.0 100.0 100.0 100.0	1,310 1,046 888 574
Residence Urban Rural	3.0 13.6	1.3 9.1	7.1 28.5	1.3 6.2	1.8 2.4	15.0 5.8	3.4 1.0	21.1 10.2	15.9 8.6	28.4 13.3	1.6 1.3	100.0 100.0	1,954 1,864
Region National Capital Region Cordillera Admin Region I - Ilocos II - Cagayan Valley III - Central Luzon IVA - CALABARZON IVB - MIMAROPA V - Bicol VI - Western Visayas VII - Central Visayas VIII - Eastern Visayas IX - Zamboanga Peninsula X - Northern Mindanao XI - Davao XII - SOCCSKSARGEN XIII - Caraga ARMM	0.6 15.5 13.7 24.2 6.4 2.7 19.9 9.1 7.5 4.5 15.3 14.6 4.3 5.9 7.4 11.1 24.7	0.3 5.9 2.1 8.0 1.6 1.9 6.2 5.4 5.1 4.5 11.4 12.5 11.0 10.2 7.3 10.5	1.5 19.0 18.0 28.9 9.9 11.4 36.6 17.4 33.5 12.0 25.7 24.8 24.4 12.2 32.5	0.0 4.0 13.3 0.5 7.6 0.0 4.1 4.4 3.4 4.5 2.3 7.3 2.2 1.2 7.3 7.0 2.6	0.3 0.8 2.5 1.1 3.0 0.8 1.4 14.3 0.9 2.0 0.0 1.1 2.2 2.0 3.9 0.0 1.5	20.0 14.5 8.4 6.9 7.7 11.3 4.1 7.4 7.1 8.4 4.5 16.9 8.0 9.6 9.0 7.9 11.9	3.4 1.5 2.0 0.6 2.3 3.0 3.4 1.1 1.6 1.9 1.3 1.7 1.6 2.2 2.0 4.0 0.0	27.9 10.6 6.5 7.3 13.0 19.0 7.1 17.0 13.5 20.3 14.5 5.6 19.8 16.3 11.6 4.0	15.3 11.6 15.2 8.4 15.1 16.5 8.3 6.7 10.9 16.3 9.0 5.1 13.3 7.3 11.1 13.7	28.6 16.7 16.9 14.2 31.4 31.8 8.9 16.9 16.0 24.9 7.3 9.6 11.8 20.1 15.4 19.8 3.7	2.1 0.0 1.5 0.0 1.9 1.4 0.0 0.3 0.4 0.8 0.0 6.6 0.0 0.5 0.5	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	556 58 202 146 419 501 102 182 275 289 188 153 165 172 174 97 141
Education No education Elementary High school College or higher	20.5 11.4 7.0 4.5	4.2 8.6 3.6 2.4	51.0 30.2 13.8 2.3	4.0 6.3 2.8 1.2	1.5 3.3 1.7 0.9	3.9 1.9 5.6 31.8	0.0 0.4 1.6 6.0	4.6 10.6 18.8 19.3	5.5 9.9 16.2 10.2	4.3 16.2 27.1 19.4	0.4 1.0 1.7 2.0	100.0 100.0 100.0 100.0	80 1,324 1,511 904
Wealth index quintile Lowest Second Middle Fourth Highest	15.9 8.8 6.9 5.4 3.0	10.8 6.6 3.9 2.1 1.2	40.7 24.6 10.9 6.9 1.2	4.6 6.4 3.8 2.4 0.4	4.1 2.2 2.0 1.6 0.0	2.7 3.6 6.2 11.7 31.7	0.3 0.5 2.9 3.1 4.7	6.7 12.4 18.4 21.0 21.9	6.2 13.6 17.3 14.1 10.6	7.1 19.8 26.4 29.8 23.4	0.9 1.5 1.1 2.0 2.1	100.0 100.0 100.0 100.0 100.0	795 820 805 713 686
Total	8.2	5.1	17.6	3.7	2.1	10.5	2.2	15.8	12.4	21.0	1.5	100.0	3,819

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

3.5 CHARACTERISTICS OF WOMEN'S EMPLOYMENT

Table 3.7 presents the percent distribution of women who were employed in the 12 months preceding the survey by type of earnings, type of employer, and whether they work all year or not, according to agricultural and nonagricultural occupations. Overall, 72 percent of women receive cash payment. This proportion varies by the type of occupation: While 75 percent of women working in nonagricultural jobs are paid in cash, the corresponding proportion for women in agricultural occupations is 29 percent. Whereas 37 percent of women who work in agriculture receive no payment, only 12 percent of women who work in the nonagricultural sector receive no payment.

Table 3.7 Type of employme Percent distribution of womer survey by type of earnings, typ according to type of employm 2003	n employed in the pe of employer,	and continuity of em	nployment,
Employment characteristic	Agricultural work	Nonagricultural work	Total
Type of earnings			
Čash only	29.0	74.8	71.5
Cash and in-kind	25.5	12.0	13.0
In-kind only	8.2	1.0	1.6
Not paid	37.1	12.1	13.9
Missing	0.2	0.0	0.1
Total	100.0	100.0	100.0
Type of employer			
Employed by family member	r 46.9	15.3	17.6
Employed by nonfamily men		58.4	56.5
Self-employed	20.5	26.2	25.7
Missing	0.7	0.1	0.2
Total	100.0	100.0	100.0
Continuity of employment			
All year	55.5	65.6	64.8
Seasonal	39.2	26.1	27.1
Occasional	5.1	8.2	7.9
Missing	0.2	0.1	0.1
Total	100.0	100.0	100.0
Number of women	510	6,456	7,043

Overall, 18 percent of women are employed by a family member, 57 percent are employed by a nonfamily member, and 26 percent are self-employed. Women who work in agriculture are much more likely to be employed by a family member than those who are employed in nonagricultural jobs. For example, whereas 47 percent of women working in the agricultural sector are employed by a family member, the corresponding proportion for women in nonagricultural jobs is 15 percent. Women who work in the nonagricultural sector are more likely to be self-employed than those in agriculture (26 and 20 percent, respectively).

Regardless of the type of occupation, the majority of women work all year long (56 percent in agriculture and 66 percent in nonagriculture).

3.6 CONTROL OVER WOMEN'S EARNINGS AND CONTRIBUTION OF WOMEN'S EARNINGS TO HOUSEHOLD EXPENDITURES

In the 2003 NDHS, employed women who earn cash for their work were asked about the primary decisionmaker with regard to the use of their earnings. This information allows the assessment of women's control over their own earnings. In addition, they were asked about the proportion of household expenditures met by their earnings. This information allows an evaluation of the relative importance of women's earnings in the household economy, which may have bearing on women's empowerment. Employment and earnings are expected to empower women if they perceive their earnings as important for meeting the needs of their households.

Table 3.8 and Figure 3.1 show how respondent's degree of control over the use of their earnings and the extent to which the earnings of women meet household expenditures vary by background characteristics. Seven in ten women report that they alone decide how their earnings are to be spent, and 23 percent decide jointly with someone else. Five percent of women report that someone else makes the decision on how their earnings are used.

Table 3.8 also shows that the respondent's degree of control over the use of their earnings varies by background characteristics. Women who are married tend to make decisions jointly, while women who are not married (either never married or no longer married) are significantly more likely than women who are married to decide alone how their earnings are used (90 percent or higher and 60 percent, respectively). In general, younger women, women with no children, those who live in urban areas, those with high school education, and those in wealthier quintiles are more likely than other women to make household decisions on their own.

The proportion of women who decide how their earnings are used varies across regions: While 80 percent or more of women in NCR, Western Visayas, and Davao say that they themselves decide how their earnings are used, the corresponding proportion in ARMM is only 36 percent.

When asked about the proportion of household expenditures that are met by their earnings, 24 percent of women reported that their earnings support all of the household expenditures, and 45 percent reported that their earnings support half or more (Figure 3.2). Across subgroups, the data show that older women; those who are widowed, separated, or divorced; rural women; and those who are less educated are more likely to meet all of their household's expenditures (Table 3.8).

The proportion of household expenditures that are met by the women's earnings varies widely across regions. While 40 percent of women in Central Luzon and Caraga support all of the household expenditures, the corresponding proportion in SOCCSKSARGEN is less than 10 percent.

The proportion of women who reported that they are responsible for all the household expenditures decreases with increasing wealth status. While 34 percent of women in the poorest households support all of the household expenses, only 15 percent of women in the wealthiest households do.

Table 3.8 Decision on use of earnings and contribution of earnings to household expenditures

Percent distribution of women employed in the 12 months preceding the survey receiving cash earnings by person who decides how earnings are to be used and by proportion of household expenditures met by earnings, according to background characteristics, Philippines 2003

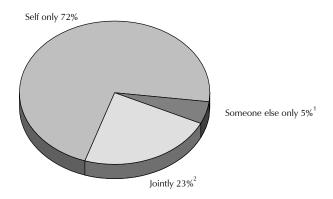
		Person w how earnir	ho decide ngs are use				roportion enditures i			
Background characteristic	Self only	Jointly ¹	Someone else only ²	Total	Almost none/ none	Less than half	Over half	All	Total	Number of women
Age 15-19 20-24 25-29 30-34 35-39 40-44 45-49	80.4 80.2 72.6 64.6 68.6 68.5 68.8	9.1 15.2 22.9 29.8 26.0 27.9 25.6	10.6 4.6 4.5 5.3 5.2 3.4 5.1	100.0 100.0 100.0 100.0 100.0 100.0 100.0	22.3 19.0 9.4 7.0 6.8 5.9 5.6	23.4 26.7 27.2 16.8 18.1 14.7 15.6	48.6 45.0 46.2 46.6 45.1 41.4 43.0	5.7 9.2 17.2 29.4 29.9 37.7 35.3	100.0 100.0 100.0 100.0 100.0 100.0	616 1,002 949 941 941 792 711
Marital status Never married Married/living together Divorced/not living together Widowed	89.9 60.4 97.7 99.4	4.7 33.6 0.8 0.6	5.3 5.8 1.2 0.0	100.0 100.0 100.0 100.0	19.5 6.8 6.2 5.9	28.3 17.7 16.9 5.8	46.6 45.3 36.1 37.7	5.6 30.0 40.7 50.6	100.0 100.0 100.0 100.0	1,811 3,763 242 136
Number of living children 0 1-2 3-4 5+	85.1 65.5 64.5 61.8	9.2 29.3 30.1 32.8	5.7 5.1 5.1 5.0	100.0 100.0 100.0 100.0	17.9 8.3 5.6 4.7	27.3 18.9 15.9 14.3	47.4 48.2 42.4 37.6	7.3 24.6 35.9 43.1	100.0 100.0 100.0 100.0	2,140 1,657 1,307 847
Residence Urban Rural	75.3 65.6	19.2 29.0	5.3 5.3	100.0 100.0	11.9 8.4	21.8 18.5	45.4 44.6	20.6 28.5	100.0 100.0	3,800 2,152
Region National Capital Region Cordillera Admin Region I - Ilocos II - Cagayan Valley III - Central Luzon IVA - CALABARZON IVB - MIMAROPA V - Bicol VI - Western Visayas VII - Central Visayas VIII - Eastern Visayas IX — Zamboanga Peninsula X — Northern Mindanao XI - Davao XII - SOCCSKSARGEN XIII - Caraga ARMM	80.1 69.5 70.7 56.9 66.7 69.3 64.2 77.9 80.0 77.1 74.8 76.8 68.5 81.7 55.3 61.6 36.3	14.5 20.6 22.7 36.6 28.1 25.8 30.9 17.6 12.3 17.3 19.7 20.2 26.9 15.3 38.2 33.0 57.2	5.2 9.9 6.5 6.5 4.9 5.0 4.6 7.7 5.6 5.5 3.0 3.7 3.0 6.6 3.3 6.5	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	16.5 9.9 7.7 6.0 6.3 10.8 14.0 8.8 6.0 7.2 6.0 12.4 21.0 11.8 5.9 8.9 5.6	28.4 19.7 13.9 15.1 15.2 17.5 17.0 16.1 33.3 14.0 16.9 9.7 25.2 18.3 23.3 16.9 13.0	42.8 46.0 43.5 47.4 38.7 42.9 33.0 46.4 43.2 55.6 52.0 52.8 40.7 50.6 62.0 32.2 55.4	12.3 24.4 35.0 31.5 39.6 28.8 35.3 28.6 17.4 23.2 25.1 12.2 19.3 8.9 39.9 26.1	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	1,256 85 248 177 597 847 114 301 464 399 188 147 296 246 250 169 169
Education No education Elementary High school College or higher	49.6 67.1 73.4 73.6	42.4 25.9 21.0 22.1	7.0 6.7 5.6 4.2	100.0 100.0 100.0 100.0	4.9 8.5 11.4 11.3	7.9 14.4 20.5 24.6	51.0 42.4 44.8 46.8	35.3 34.4 23.2 17.2	100.0 100.0 100.0 100.0	79 1,295 2,289 2,289
Wealth index quintile Lowest Second Middle Fourth Highest	60.9 68.0 70.5 71.4 78.9	33.3 25.5 23.0 22.4 17.4	5.7 6.3 6.3 6.0 3.6	100.0 100.0 100.0 100.0 100.0	5.5 7.0 9.4 10.6 15.2	15.9 18.2 19.4 20.8 24.2	44.4 44.8 42.2 46.7 46.1	34.1 29.7 28.8 21.6 14.5	100.0 100.0 100.0 100.0 100.0	720 954 1,091 1,302 1,886
Total	71.8	22.7	5.3	100.0	10.6	20.6	45.1	23.5	100.0	5,952

Note: Total includes women with missing information.

¹ With husband or someone else

² Includes husband

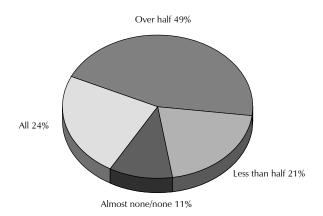
Figure 3.1 Decisionmaker on How Women's Earnings Are Used



¹ Includes husband

NDHS 2003

Figure 3.2 Proportion of Household Expenditures Met by Women's Earnings



NDHS 2003

² With husband or someone else

Table 3.9 shows the percent distribution of women by the decisionmaker in how the women's earnings are used and the proportion of household expenditures that are met by their earnings. The data are presented to gauge whether women's contribution to household expenditures empower them in making decisions on how to use their income. Figures in the table show that women's contribution to household expenditures has no association with who makes the decision on how their income is used. While 63 percent of married women whose earnings support all of the household expenses make the decision alone, the corresponding proportion of women who make no contribution to household expenditures is 69 percent.

The absence of association between women's contribution to household expenditures and who makes the decision on how their income is used is also true for nonmarried women. While 93 percent of women whose earnings support all of the household expenses make the decision alone, the corresponding proportion of women who make no contribution to household expenditures is 96 percent.

Table 3.9 Women's control over earnings

Percent distribution of women who received cash earnings for work in the 12 months preceding the survey, by person who decides how earnings are used, according to marital status, and the proportion of household expenditures met by earnings, Philippines 2003

		C	Currently ma	arried or	living tog	ether		Not married ¹							
Contribution to household expenditures	Self only	Jointly with hus- band	Jointly with someone else ²	Hus- band only	Some- one else only ³	Total	Number of women	Self only	Jointly with someone else	Some- one else only	Total	Number of women			
Almost none/none	68.9	24.7	1.6	3.6	1.1	100.0	257	95.6	1.7	2.4	100.0	377			
Less than half	66.4	26.8	0.0	6.5	0.2	100.0	666	93.1	2.9	4.1	100.0	561			
Half or more	55.7	37.5	0.5	6.1	0.2	100.0	1,704	88.5	5.7	5.8	100.0	982			
All	62.5	32.3	0.5	4.7	0.0	100.0	1,129	92.6	3.5	4.0	100.0	268			
Total	60.4	33.1	0.5	5.6	0.2	100.0	3,763	91.4	4.0	4.5	100.0	2,189			

Note: Total includes women with missing information on contribution to household expenditures

3.7 **WOMEN'S EMPOWERMENT**

3.7.1 **Women's Participation in Decisionmaking**

To assess women's decisionmaking autonomy, the 2003 NDHS collects information on women's participation in five different types of decisions: on the respondent's own health care, on making large household purchases, on making household purchases for daily needs, on visits to family or relatives, and on what food should be cooked each day. Table 3.10 shows the percent distribution of women according to who in the household usually has the final say on each one of specified decisions, by background characteristics.

In general, the majority of women (60 percent or higher), alone or jointly, have a say in at least one of the five specified areas of decisionmaking. The proportions range from 88 percent for decisions regarding their own health care to 60 percent for making large purchases.

¹ Never married, divorced, separated or widowed women

² With husband or someone else

³ Includes husband

Table 3.10 Women's participation in decisionmaking by background characteristics

Percentage of women who say that they alone or jointly have the final say in specific decisions, by background characteristics, Philippines 2003

			Alone or	jointly have	final say in			
Background characteristic	Own health care	Making large purchases	Making daily purchases	Visits to family or relatives	What food to cook each day	All specified decisions	None of the specified decisions	Number of women
Age 15-19 20-24 25-29 30-34 35-39 40-44 45-49	67.0 86.0 92.4 94.9 94.8 95.9 94.3	15.9 45.2 66.8 75.0 81.2 84.1 81.1	18.5 50.3 74.8 83.5 88.6 90.8 88.9	33.3 63.7 79.7 83.6 87.7 90.4 89.5	22.3 53.6 76.5 85.6 90.7 90.8 92.1	11.3 33.2 54.5 62.8 70.0 74.0 71.7	26.3 7.5 2.4 1.3 1.0 0.7 1.1	2,648 2,209 2,034 1,954 1,873 1,564 1,351
Marital status Never married Married/living together Divorced/not living	74.3 94.1	22.0 78.0	23.7 86.9	40.3 87.0	26.3 89.3	14.7 66.5	19.9 1.1	4,388 8,671
together Widowed	93.2 96.4	73.9 85.8	74.9 90.3	83.1 92.8	75.6 89.4	62.6 82.0	3.8 1.4	373 201
Number of living children 0 1-2 3-4 5+	76.5 93.6 94.9 94.5	28.5 74.7 80.1 82.5	31.1 82.9 89.9 89.5	45.9 85.2 88.5 88.5	33.3 84.6 92.0 94.0	20.3 62.6 69.8 72.1	17.5 1.9 0.7 0.6	5,012 3,747 2,961 1,912
Residence Urban Rural	88.2 87.0	57.3 63.6	64.0 69.4	70.3 74.2	65.3 73.3	47.2 53.7	7.1 7.3	7,877 5,756
Region National Capital Region Cordillera Admin Region I - Ilocos II - Cagayan Valley III - Central Luzon IVA - CALABARZON IVB - MIMAROPA V - Bicol VI - Western Visayas VII - Central Visayas VIII - Eastern Visayas	91.8 89.4 87.4 96.0 87.1 87.1 86.9 86.9 65.0 86.4 91.7	59.3 59.1 56.8 75.1 60.4 58.4 70.7 57.2 51.4 60.8 56.6	64.9 68.6 62.1 80.5 68.7 66.1 78.1 62.3 61.6 66.6 58.3	71.5 75.0 70.0 80.4 73.3 72.8 81.0 66.8 66.0 69.4 72.4	66.1 71.6 69.5 78.7 68.5 66.9 81.6 63.2 66.0 70.3 64.1	50.1 50.3 45.7 67.7 51.7 49.2 62.2 44.5 42.6 47.9 49.4	5.1 4.5 7.1 2.3 7.4 7.8 6.6 8.4 22.1 8.3 4.6	2,387 216 642 426 1,459 1,890 340 713 910 1,070 555
IX - Zamboanga Peninsula X - Northern Mindanao XI - Davao XII - SOCCSKSARGEN XIII -Caraga ARMM	91.6 93.1 90.4 87.1 93.7 89.9	70.2 57.7 55.5 64.8 66.9 62.9	70.5 62.5 61.8 73.9 70.2 68.5	77.4 63.1 71.2 79.0 73.0 76.4	76.3 66.2 64.9 75.1 71.0 75.6	60.4 44.2 40.0 55.3 52.7 57.5	3.8 4.0 4.9 6.1 3.4 5.6	465 565 654 524 327 489
Education No education Elementary High school College or higher	88.0 90.4 84.1 91.0	72.7 71.7 52.5 61.5	80.8 77.9 59.6 66.7	82.8 80.9 65.7 73.9	85.2 81.9 63.1 66.2	64.9 61.2 44.1 49.4	7.0 3.6 10.6 5.0	186 3,146 6,109 4,192
Wealth index quintile Lowest Second Middle Fourth Highest	88.0 88.3 87.3 87.1 88.0	68.2 64.8 62.1 57.3 52.0	73.8 72.8 69.0 64.5 56.4	77.7 74.5 73.9 70.2 66.6	80.7 76.5 71.1 65.3 56.7	58.7 54.9 52.4 47.5 41.1	6.0 6.9 7.0 7.5 8.1	2,161 2,412 2,682 2,940 3,438
Employment Not employed Employed for cash Employed not for cash Missing	83.8 93.0 89.7 86.3	52.3 68.0 74.9 61.6	59.5 73.2 79.9 71.8	65.8 79.2 79.5 77.1	64.2 72.0 84.8 67.8	44.2 55.9 61.1 50.6	10.3 3.4 3.9 8.1	7,399 5,198 1,004 32
Total	87.7	60.0	66.3	72.0	68.7	49.9	7.2	13,633

Women's decisionmaking autonomy generally increases with age. For example, while 11 percent of women age 15-19 participate in all specified decisions, the corresponding proportion for women age 45-49 is 72 percent. Widowed women are more likely to have a final say in all specified decisions than other women. Women's autonomy increases with the number of living children they have. Women's education has a nonlinear relationship with decisionmaking; those with the least education are most likely to have the final say in all specified decisions (65 percent), whereas those with high school or higher education are the least likely to have a say in all decisions. Similarly, this autonomy decreases with increasing wealth status. While 59 percent of women in the poorest quintile have a final say in all specified decisions, the corresponding proportion for women in the wealthiest quintile is 41 percent.

There are significant variations in the proportion of women who have a final say in all five specified areas of decisionmaking across regions, ranging from 40 percent in Davao to 68 percent in Cagayan Valley. Twenty-two percent of women in Western Visayas participate in none of the specified decisions.

Table 3.11 shows the percent distribution of women according to who in the household usually has the final say on each one of the specified decisions, by marital status and employment status. Nonmarried women tend to have someone else make decisions for them. This is probably because most of these women are still living with their parents. For married women or those who have a live-in partner, there are small variations in women's participation in decisionmaking by their employment status. Currently married women or those who live with their partners are more likely to make all of the specified household decisions by themselves than women who are currently not married. For instance, 75 percent of married women decide by themselves on their own health care, compared with 70 percent of nonmarried women.

Table 3.11 Women's participation in decisionmaking

Percent distribution of women by person who has the final say in making specific decisions, according to current marital status and type of decision, Philippines 2003

		Curr	ently ma	rried or	living tog	gether				Ν	ot marrie	ed ¹		
Decision	Self only	Jointly with hus- band	Jointly with some- one else	Hus- band only	Some- one else only	Decision not made/ not appli- cable/ missing	Total	Number of women	Self only	Jointly with some- one else	Some- one else only	Decision not made/ not appli- cable/ missing	Total	Number of women
Employed in last 12 months														
Own health care	75.3	19.3	0.5	4.3	0.6	0.0	100.0	4,150	83.8	3.4	12.3	0.6	100.0	2,055
Large household purchases	23.8	56.9	1.1	15.1	2.9	0.3	100.0	4,150	31.7	12.0	50.5	5.7	100.0	2,055
Daily household purchases	58.4	28.8	1.4	8.3	2.8	0.2	100.0	4,150	33.8	11.4	49.5	5.1	100.0	2,055
Visits to family or relatives	27.3	59.6	1.4	9.6	1.4	0.6	100.0	4,150	50.6	10.2	34.3	4.9	100.0	2,055
What food to cook each day	65.5	21.1	2.2	6.9	3.9	0.5	100.0	4,150	31.2	13.2	49.5	6.0	100.0	2,055
Not employed in last 12 month	ıs													
Own health care	75.5	17.2	0.5	5.4	1.3	0.1	100.0	4,499	60.5	8.7	29.4	1.4	100.0	2,901
Large household purchases	20.0	53.6	1.0	19.5	5.1	8.0	100.0	4,499	7.2	10.5	72.3	9.9	100.0	2,901
Daily household purchases	55.5	28.6	1.2	9.6	4.7	0.3	100.0	4,499	9.8	9.8	70.8	9.5	100.0	2,901
Visits to family or relatives	27.1	57.6	1.1	10.3	2.8	1.0	100.0	4,499	23.4	11.5	57.1	8.0	100.0	2,901
What food to cook each day	69.7	18.3	2.0	5.0	4.7	0.4	100.0	4,499	12.0	12.3	66.9	8.8	100.0	2,901
 Total														
Own health care	75.4	18.2	0.5	4.9	1.0	0.1	100.0	8,671	70.1	6.5	22.3	1.1	100.0	4,962
Large household purchases	21.7	55.2	1.1	17.4	4.1	0.6	100.0	8,671	17.3	11.2	63.3	8.2	100.0	4,962
Daily household purchases	56.9	28.7	1.3	9.0	3.8	0.3	100.0	8,671	19.7	10.5	62.0	7.7	100.0	4,962
Visits to family or relatives	27.2	58.5	1.2	10.0	2.1	0.8	100.0	8,671	34.7	10.9	47.6	6.7	100.0	4,962
What food to cook each day	67.7	19.6	2.1	5.9	4.3	0.4	100.0	8,671	19.9	12.7	59.7	7.6	100.0	4,962

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

Never-married, divorced, separated, or widowed women

For nonmarried women, employment status makes a difference in decisionmaking in the household. Women who were not employed in the 12 months preceding the survey have much less say in all of the specific decisions.

3.7.2 Women's Attitude toward Wife Beating and Refusing Sex with Husband

Female respondents in the 2003 NDHS were asked "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?" Five situations were presented to women for their opinion: 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 sex with him. Responses to these questions are used to assess women's degree of acceptance of wife beating.

The same respondents were also asked whether a wife is justified in refusing to have sex with her husband under four circumstances: she knows her husband has a sexually transmitted disease, she knows her husband has sex with other women, she has recently given birth, and she is tired or not in the mood. These four circumstances for which women's opinions were sought have been chosen because of their effectiveness in combining issues of women's rights and consequences for women's health.

Table 3.12 shows the percentage of women who say that a husband is justified in hitting or beating his wife and the percentage of women who say that a wife is justified in refusing to have sex with her husband for specific reasons. The data show that 24 percent of women agree with at least one reason a husband is justified in hitting his wife. The table also shows that a woman is most likely to agree that a husband is justified in hitting or beating his wife if she neglects the children (21 percent). Less than 9 percent of women agree with any of the other four reasons.

Ninety percent or more of women agree with any one of the reasons for refusing sex with their husband. While 84 percent of women agree with all of the reasons for a wife to refuse having sex with her husband, only 3 percent of women agree with none of the specified reasons.

Table 3.12 Women's attitude toward wife beating sex with husband	and refusing
Percentage of women who agree that a husband is hitting or beating his wife and percentage of wome lieve that a wife is justified in refusing sex with her specific reasons, Philippines 2003	justified in en who be- husband for
Specific reasons	Percent
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 sex with him Agrees with at least one specified reason	3.1 5.1 8.8 20.5 3.3 24.1
Wife is justified in refusing to have sex with husband if she: Knows husband has a sexually transmitted disease Knows husband has sex with other women Has recently given birth Is tired or not in the mood Agrees with all of the specified reasons Agrees with none of the specified reasons	94.7 89.9 94.7 90.4 84.0 3.2

To measure fertility levels, trends, and differentials, the Philippines 2003 National Demographic and Health Survey (NDHS) included a set of carefully worded questions to obtain accurate and reliable data on fertility. The fertility indicators discussed in this chapter are based on a pregnancy history provided by women in the NDHS. All women age 15-49 were asked to report on all pregnancies that resulted in a live birth, a miscarriage, or stillbirth. For live births, questions were asked about children still living at home, those living elsewhere, and those who had died. The women were asked the month and year of pregnancy termination as well as the duration of pregnancy for pregnancies not ending in a live birth. For pregnancies that were lost before full term, women were asked whether a doctor or anyone else did something to end the pregnancy. This approach maximizes recall of all pregnancies and provides a richer data set for fertility analysis than just asking for a history of live births only.

Fertility of women age 15-24 years and males age 15-54 years are also discussed in the last two sections of this chapter.

4.1 **CURRENT FERTILITY**

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

Table 4.1 shows that the age pattern of fertility rates shows an inverted-U form that peaks at age 25-29. Table 4.1 also shows a general fertility rate of 119 live births per 1,000 women age 15-44 years and a crude birth rate of 26 births per 1,000 population. Table 4.1 and Figure 4.1 show that urban women have a lower fertility rate than their rural counterparts (3.0 and 4.3 births per woman, respectively). Lower urban fertility is observed across all age groups.

Table 4.1 Current fertility

Age-specific and cumulative fertility rates, the general fertility rate, and the crude birth rate for the three years preceding the survey, by urban-rural residence, Philippines 2003

	Resid	ence	
Age group	Urban	Rural	Total
15-19 20-24 25-29 30-34 35-39 40-44	40 157 170 124 77 29	74 213 219 164 118 61	53 178 191 142 95 43
45-49	3	8	5
TFR GFR CBR	3.0 101 24.7	4.3 144 26.7	3.5 119 25.6

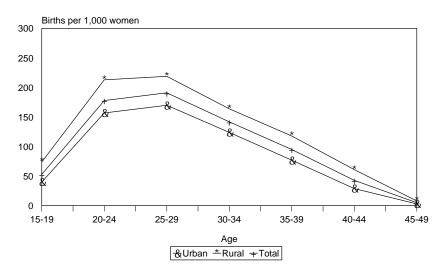
Note: Rates for age group 45-49 may be slightly biased because of truncation.

TFR: Total fertility rate for age 15-49, expressed per woman

GFR: General fertility rate (births divided by the number of women age 15-44), expressed per 1,000 women CBR: Crude birth rate, expressed per 1,000 population

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

Figure 4.1 Age-Specific Fertility Rates, by Residence



NDHS 2003

4.2 FERTILITY BY BACKGROUND CHARACTERISTICS

Current and cumulative fertility, as shown in Table 4.2, varies across urban-rural residence, region, educational background, and economic status. 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 lifespan. If fertility had remained stable over time, the two fertility measures, TFR and CEB, would be equal or similar. Although this approach may be biased because of understatement of parity reported by older women, comparison of completed fertility among women age 40-49 years with the TFR provides an indication of fertility change. The 2003 NDHS data show consistency in differences between the two measures with respect to urban-rural and educational differentials.

As noted earlier, urban women have fewer children than their rural counterparts. The differences are also substantial across regions. The National Capital Region (NCR), the center of business, commerce, and industry in the country, exhibits the lowest TFR (2.8 children per woman) and the lowest mean number of CEB (3.2 children per woman). MIMAROPA, one of the least developed regions in the country, shows the highest TFR (5.0 children per woman) and a mean CEB of 5.1 children per woman. The difference in fertility indicators between the two contrasting regions is about two children, which may be interpreted as arising from differences in levels of development. This is supported with the low TFR of regions adjacent to NCR, which host the spillover from the metropolitan area, namely, Central Luzon and CALABARZON (3.1 and 3.2 births per woman, respectively). Likewise, Davao region, the gateway to the southern Philippines from other Southeast Asian countries, also exhibits a low TFR (3.1 births per woman).

The negative relationship between fertility and education is present in the Philippines. The fertility rate of women with college or higher education (2.7 children per woman) is about half that of women with no education (5.3 children) (Table 4.2 and Figure 4.2). Education as a tool for fertility reduction can be considered in policy formulation. Education enables women to be more proactive in addressing their reproductive health and economic well-being. This is further substantiated with the fertility rates by wealth index quintile, which shows that women have a decreasing number of children as the wealth index increases.

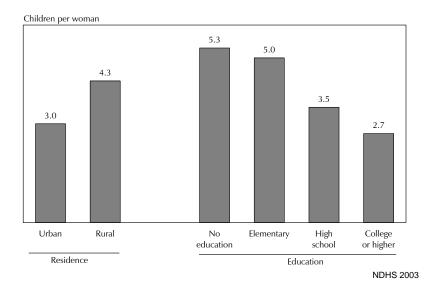
Table 4.2 Fertility by background characteristics

Total fertility rate for the three years preceding the survey, percentage of women age 15-49 currently pregnant, and mean number of children ever born to women age 40-49, by background characteristics, Philippines 2003

Background characteristic	Total fertility rate ¹	Percentage currently pregnant ¹	Mean number of children ever born to women age 40-49
Residence			
Urban	3.0	5.1	3.8
Rural	4.3	6.3	5.0
Region			
National Capital Region	2.8	4.7	3.2
Cordillera Admin Region	3.8	7.5	4.7
I - Ilocos	3.8	5.4	3.9
II - Cagayan Valley	3.4	6.0	4.1
III - Central Luzon	3.1	5.5	4.1
IVA - CALABARZON	3.2	4.9	3.8
IVB - MIMAROPA	5.0	9.8	5.1
V - Bicol	4.3	5.5	5.5
VI - Western Visayas	4.0	5.4	4.9
VII - Central Visayas	3.6	4.5	4.4
VIII - Eastern Visayas	4.6	6.8	5.4
IX - Zamboanga Peninsula	4.2	6.8	4.9
X - Northern Mindanao	3.8	5.5	4.8
XI - Davao	3.1	5.7	4.6
XII - SOCCSKSARGEN	4.2	6.8	5.0
XIII - Caraga	4.1	8.3	5.4
ARMM	4.2	7.1	5.2
Education			
No education	5.3	7.0	6.1
Elementary	5.0	6.7	5.3
High school	3.5	5.7	4.2
College or higher	2.7	4.7	2.9
Wealth index quintile			
Lowest	5.9	9.6	6.0
Second	4.6	8.0	5.2
Middle	3.5	5.1	4.4
Fourth	2.8	4.1	3.7
Highest	2.0	3.2	3.0
Total	3.5	5.6	4.3
¹ Women age 15-49 years			

Table 4.2 also shows that about 6 percent of respondents reported being pregnant at the time of the survey. This proportion varies from less than 5 percent in Central Visayas and NCR to 10 percent in MIMAROPA.

Figure 4.2 Total Fertility Rate by Residence and Education



4.3 **FERTILITY TRENDS**

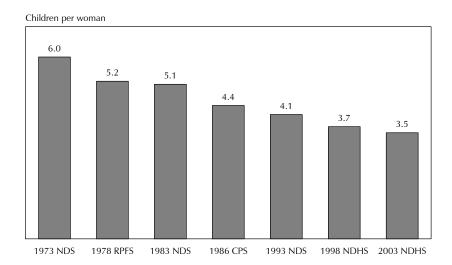
Age-specific fertility rates obtained from the 2003 NDHS reflect recent change in fertility trends in the Philippines. The 2003 NDHS rates can be compared with corresponding rates from periodic national demographic surveys from 1973 to 1998. Discrepancies reflect a combination of actual change, differences in geographic coverage, change in data collection procedures, and estimation techniques in one or in all surveys.

Table 4.3 and Figure 4.3 show fertility rates for the 30-year period preceding the survey. The rates reflect a five-year average centered on midperiod years for the 1973, 1978, and 1983 surveys and a three-year rate for the 1986, 1993, 1998 and 2003 surveys. Over the three decades, the TFR declined by 2.5 births, from 6.0 children per woman in 1970 to 3.5 children in 2001. The pace of fertility decline varied over time. In the early 1970s, the TFR declined by 2.7 percent annually. This was followed by a smaller decline of 0.4 percent during the succeeding five-year period. A larger decline was during the first half of the 1980s, estimated at 2.7 percent annually. The latter half of the 1980s once again revealed a slide back in the progress of fertility reduction, with a decline of just 1.4 percent annually during the period from 1984 to 1991. Between 1991 and 1996, the TFR decreased annually by 1.9 percent. From 1996 to 2001, the decline slowed even more, to about 1 percent per year.

Age-specific ar	nd total	fertility										
Age-specific and total fertility rates from various surveys, Philippines, 1970-2001												
Age	1973 NDS (1970)	1978 RPFS (1975)	1983 NDS (1980)	1986 CPS (1984)	1993 NDS (1991)	1998 NDHS (1996)	2003 NDHS (2001)					
15-19 20-24 25-29 30-34 35-39 40-44 45-49 TFR	56 228 302 268 212 100 28 6.0	50 212 251 240 179 89 27 5.2	55 220 258 221 165 78 20 5.1	48 192 229 198 140 62 15	50 190 217 181 120 51 8	46 177 210 155 111 40 7	53 178 191 142 95 43 5					

Note: Rates for 1970 to 1989 are five-year averages and rates for 1984 to 2001 are three-year averages centered on the year in parentheses. Source: 1970-1996: NSO and Macro International Inc., 1994, Table 3.3

Figure 4.3 Trends in the Total Fertility Rate



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

Fertility trends can also be established using retrospective data from a single survey. The ASFRs are progressively truncated with increasing number of years from the time of survey. Because of truncation, changes over the past 20 years are observed for women up to age 29 years. ASFRs for the past 20 years by five-year periods based on the 2003 NDHS are shown in Table 4.4. The data confirm the decline in fertility; for each age group, ASFR consistently declines from the distant past to the recent period.

4.4 CHILDREN EVER BORN AND LIVING

Information on lifetime fertility is useful for examining the momentum of childbearing and for estimating levels of primary infertility. The number of CEB or parity is based on a cross-sectional view at the time of survey. It does not refer directly to the timing of fertility of the individual respondent but is a measure of her completed fertility. The

Table 4.4 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 2003

	Number of years preceding the survey								
Mother's age at birth	0-4	5-9	10-14	15-19					
15-19	55	55	66	69					
20-24	182	188	206	210					
25-29	190	208	230	240					
30-34	146	169	180	[214]					
35-39	93	116	[137]	-					
40-44	44	[71]	-	-					
45-49	[6]	-	-	-					

Note: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated.

number of CEB by age of women for all women and currently married women and the corresponding mean number of CEB as well as mean number of living children are presented in Table 4.5. Among all women, at least one out of three do not have children. Among married women, only 8 percent do not have children.

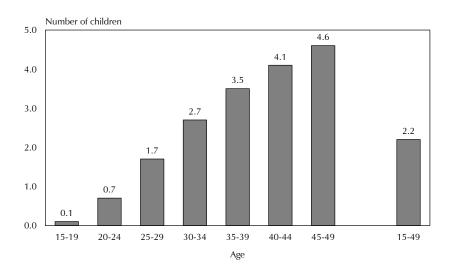
Table 4.5 and Figure 4.4 show that, on average, women have given birth to less than one child by their early twenties, 3.5 children by their late thirties, and 4.6 children by the end of their reproductive period. Table 4.5 also shows that, overall, the mean number of CEB is 2.2 children for all women and 3.2 for currently married women.

Table 4.5 Children ever born and living

Percent distribution of all women and currently married women by number of children ever born, and mean number of children ever born and mean number of living children, according to age group, Philippines 2003

						c 1 · 1 · 1							Number		Mean number
					umber o								of	children	of living
Age	0	1	2	3	4	5	6	7	8	9	10+	Total	women	ever born	children
							ALI	_ WOME	N						
15-19	93.9	5.1	1.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	2,648	0.07	0.07
20-24	55.5	24.1	14.9	4.4	0.9	0.1	0.0	0.0	0.0	0.0	0.0	100.0	2,209	0.71	0.69
25-29	27.2	22.4	22.4	15.6	8.0	2.9	0.7	0.7	0.0	0.0	0.0	100.0	2,034	1.70	1.64
30-34	15.9	13.1	21.3	18.5	13.5	9.2	4.2	2.6	1.3	0.3	0.2	100.0	1,954	2.70	2.58
35-39	10.2	9.3	15.6	19.7	16.3	10.2	7.0	5.4	2.7	1.9	1.8	100.0	1,873	3.53	3.34
40-44	7.6	8.1	11.2	17.9	18.3	11.5	7.9	6.1	4.5	3.0	3.9	100.0	1,564	4.10	3.81
45-49	6.5	5.8	11.1	16.0	16.0	12.3	9.7	7.2	5.5	3.5	6.4	100.0	1,351	4.57	4.20
Total	36.5	12.9	13.5	12.0	9.2	5.7	3.5	2.6	1.6	1.0	1.4	100.0	13,633	2.18	2.05
						CUR	RENTLY	MARRIE	D WON	1EN					
15-19	40.6	47.5	11.0	0.6	0.3	0.0	0.0	0.0	0.0	0.0	0.0	100.0	239	0.73	0.70
20-24	16.5	43.7	29.0	8.7	1.7	0.3	0.0	0.0	0.0	0.0	0.0	100.0	1,095	1.36	1.31
25-29	9.7	26.2	28.4	19.8	10.1	3.8	1.0	0.9	0.0	0.0	0.0	100.0	1,548	2.15	2.06
30-34	6.6	12.8	23.9	20.9	15.4	10.6	4.9	2.9	1.5	0.3	0.3	100.0	1,663	3.05	2.91
35-39	4.1	8.5	16.3	21.4	18.0	11.1	7.4	6.0	3.0	2.0	2.1	100.0	1,633	3.84	3.63
40-44	2.4	7.2	12.0	18.9	19.3	12.3	8.1	7.0	5.2	3.3	4.3	100.0	1,341	4.42	4.12
45-49	2.5	5.0	11.3	17.0	16.7	13.2	10.0	7.6	5.7	3.7	7.3	100.0	1,152	4.86	4.46
Total	7.7	17.3	20.1	17.9	13.6	8.5	5.1	3.9	2.4	1.4	2.1	100.0	8,671	3.21	3.02

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



NDHS 2003

The proportion of all women as well as currently married women without any children at younger ages is high. This is partly due to the law that sets the minimum legal age at first marriage at 18 years. Considering that most births occur within marriage, the small overall proportion of married women who are childless suggests that high fertility is expected in Philippine society. The proportion of childless women may also be interpreted as an estimate to primary sterility, assuming that voluntary childlessness within marriage is rare. Three percent of married women age 45-49 are childless. The corresponding proportion for all women age 45-49 is 7 percent. The difference between these figures reflects the combined impact of marital dissolution, infertility, and celibacy. Although 1 in 15 women age 45-49 are childless, the same proportion has 10 or more births.

In addition to giving a description of average family size, information on CEB and number of children surviving also gives an indication on the extent of childhood and adult mortality. On average, women have two living children, and currently married women have three. The difference between mean number of CEB and children still living for the two groups of women increases with the woman's age. By the end of the reproductive period, women have lost almost one in ten children.

4.5 **BIRTH INTERVALS**

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 general, the median length of birth interval in the Philippines is 31 months (Table 4.6). While 26 percent of births were born four or more years after a previous birth, one in three births occur within two years of a previous birth. The large proportion of births born with short intervals is a cause for concern, as they have negative implications on maternal and child health and survival.

Younger women have shorter birth intervals than older women: 25 months for women age 20-29 and 45 months for women 40 years old and older. There is a curvilinear relationship between birth order and median birth interval, from 29 months for second and third births to 33 months for fourth through sixth births, and to 30 months for higher-order births (Figure 4.5).

Birth interval does not vary by the sex of previous child, but it does vary by the survival status of the previous birth. For births whose prior sibling survived, the interval is 31 months. For those with a nonsurviving previous birth, the birth interval is 21 months. The difference may be due to different mechanisms through which infant and child mortality influences birth intervals and fertility, particularly whether mothers seek to replace deceased children as soon as possible.

Whereas mother's education does not seem to have a clear relationship with the length of birth intervals, mother's economic status has a positive association. Women in the poorest quintile have the shortest interval, while those in the wealthier quintiles have the longest (29 and 34 to 35 months, respectively).

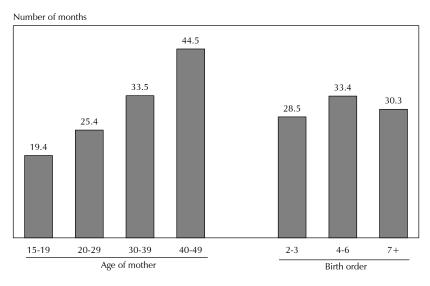
Table 4.6 Birth intervals

Percent distribution of non-first births in the five years preceding the survey by number of months since preceding birth, according to background characteristics, Philippines 2003

				1	ıL.		.	Median number of
Background	M	onths sir	Number of non-	months since preceding				
characteristic	7-17	18-23	24-35	36-47	48+	Total	first births	birth
Age								
15-19	(45.3)	(25.3)	(24.1)	(5.3)	(0.0)	100.0	31	19.4
20-29	23.5	21.0	29.8	13.4	12.4	100.0	1,914	25.4
30-39	13.0	14.4	26.3	15.5	30.7	100.0	2,435	33.5
40-49	5.6	9.9	23.0	14.8	46.8	100.0	615	44.5
Birth order								
2-3	20.0	18.0	24.1	13.4	24.5	100.0	2,649	28.5
4-6	11.3	13.8	29.6	15.9	29.4	100.0	1,598	33.4
7+	14.1	16.7	33.1	15.6	20.4	100.0	749	30.3
Sex of preceding birth								
Male	16.8	15.8	26.6	14.9	25.8	100.0	2,596	30.9
Female	15.8	17.1	27.8	14.1	25.1	100.0	2,399	30.2
Survival of preceding birth								
Living	15.4	16.3	27.6	14.6	26.1	100.0	4,790	30.9
Dead	37.3	20.2	18.5	13.0	11.0	100.0	206	20.9
Residence								
Urban	19.1	15.1	24.1	13.8	27.9	100.0	2,344	30.8
Rural	13.9	17.6	29.9	15.2	23.4	100.0	2,652	30.4
Region								
National Capital Region	22.6	15.8	24.6	12.3	24.8	100.0	709	27.8
Cordillera Admin Region	12.9	17.6	27.1	18.0	24.4	100.0	83	30.6
I - Ilocos	13.9	18.5	26.5	11.8	29.3	100.0	204	28.8
II - Cagayan Valley	14.6	13.5	26.3	12.6	33.0	100.0	148	34.5
III - Central Luzon	15.5	12.9	25.4	15.9	30.2	100.0	475	34.1
IVA - CALABARZON	17.8	13.5	22.7	16.7	29.3	100.0	543	32.6
IVB - MIMAROPA	13.4	15.7	33.6	18.5	18.9	100.0	185	30.5
V - Bicol	11.5	23.0	30.8	12.7	22.0	100.0	338	28.9
VI - Western Visayas	12.3	17.3	33.1	16.9	20.4	100.0	371	30.7
VII - Central Visayas	16.5	20.0	24.0	14.9	24.5	100.0	397	30.3
VIII - Eastern Visayas	15.2	18.6	30.6	16.6	19.0	100.0	282	27.9
IX - Zamboanga Peninsula	13.7	12.2	27.1	16.1	30.8	100.0	209	32.9
X - Northern Mindanao	12.4	14.3	25.1	13.0	35.1	100.0	218	34.7
XI - Davao	13.5	13.5	30.6	13.3	29.2	100.0	206	32.6
XII - SOCCSKSARGEN	11.2	17.1	29.2	18.9	23.6	100.0	241	31.7
XIII - Caraga	19.8	18.0	26.6	11.3	24.2	100.0	153	30.3
ARMM	28.0	20.0	29.6	7.3	15.1	100.0	234	24.5
Education								
No education	17.6	11.6	38.1	15.8	16.9	100.0	117	29.5
Elementary	12.3	15.7	30.5	15.3	26.3	100.0	1,709	32.1
High school	17.9	18.3	26.2	15.0	22.6	100.0	2,060	28.6
College or higher	19.5	14.7	22.9	12.3	30.6	100.0	1,109	31.3
Wealth index quintile								
Lowest	15.1	18.2	34.2	15.4	17.2	100.0	1,505	29.0
Second	16.3	16.8	28.5	14.2	24.3	100.0	1,180	29.4
Middle	18.5	17.7	21.9	13.5	28.4	100.0	942	31.1
Fourth	16.5	13.6	21.7	15.4	32.9	100.0	759	34.7
Highest	15.9	13.1	22.7	13.7	34.7	100.0	609	34.4
Total	16.3	16.5	27.2	14.5	25.5		4,995	

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.

Figure 4.5 Median Number of Months since Previous Birth



NDHS 2003

4.6 **AGE AT FIRST BIRTH**

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

<u>Tab</u>	le 4.7 Age at first l	<u>birth</u>							
Perc	centage of women	who gave b	irth by exa	ct ages, a	ınd median	age at first	birth, by	current age,	Phil-
ippi	nes 2003								

						Percentage who have		Median age
	Perd	centage w	ho gave b	oirth by exa	ct age	never given	Number	at
Current age	15	18	20	22	25	birth	of women	first birth
15-19	0.3	na	na	na	na	93.9	2,648	a
20-24	0.4	6.9	22.6	na	na	55.5	2,209	a
25-29	8.0	7.6	22.1	40.0	61.1	27.2	2,034	23.4
30-34	1.0	9.8	23.7	40.9	60.5	15.9	1,954	23.3
35-39	0.7	9.1	24.7	41.1	61.4	10.2	1,873	23.2
40-44	0.7	10.1	25.9	43.4	64.4	7.6	1,564	22.9
45-49	0.9	9.7	24.8	42.7	63.1	6.5	1,351	23.1

na = Not applicable

a = Omitted because less than 50 percent of women had a birth before reaching the beginning of the age group

The median age at first birth among women age 25-49 is 23.2 years (Table 4.8). Women in the urban areas are two years older than their rural counterparts when they first enter motherhood. Women with higher education and those who belong to higher socioeconomic strata have a higher median age at first birth than other women. Regional variation ranges from 21.6 years in ARMM to 23.8 years in CALABARZON. In NCR, less than half of the women age 25-49 had a birth before age 25.

Table 4.8 Median age at first birth by background characteristics

Median age at first birth among women age 25-49 years, by current age and background characteristics, Philippines 2003

		,	Command age			Womer	
Background characteristic	05.00		Current age		45.40	age 25-49	
	25-29	30-34	35-39	40-44	45-49	23-49	
Residence							
Urban	24.2	24.5	24.0	23.7	23.7	24.1	
Rural	22.2	22.0	22.3	22.0	22.0	22.1	
Region							
National Capital Region	24.8	25.8	25.2	24.5	23.9	a	
Cordillera Admin Region	22.8	22.9	23.7	22.0	22.3	22.8	
I - Ilocos	23.8	22.1	23.4	23.8	23.2	23.2	
II - Cagayan Valley	22.2	22.2	22.8	22.5	22.1	22.3	
III - Central Luzon	22.6	23.3	23.5	23.4	23.8	23.3	
IVA - CALABARZON	24.2	24.5	23.6	22.4	23.6	23.8	
IVB - MIMAROPA	22.0	22.3	21.2	22.5	21.6	21.9	
V - Bicol	24.0	21.9	21.6	22.4	22.1	22.4	
VI - Western Visayas	22.8	23.0	23.2	22.2	23.5	22.9	
VII - Central Visayas	23.4	22.5	22.8	23.3	22.4	22.9	
VIII - Eastern Visayas	23.1	22.1	21.7	21.5	21.7	22.2	
IX - Zamboanga Peninsula	22.4	22.6	22.2	21.4	23.1	22.3	
X - Northern Mindanao	23.5	22.8	23.0	23.5	23.0	23.1	
XI - Davao	23.2	23.3	22.5	21.8	22.2	22.6	
XII - SOCCSKSARGEN	21.8	21.8	23.5	21.9	21.5	22.2	
XIII - Caraga	22.8	22.7	22.9	23.1	21.3	22.5	
ARMM	21.5	20.9	22.2	21.1	23.4	21.6	
Education							
No education	19.7	20.1	19.4	20.5	20.5	20.0	
Elementary	20.5	20.5	21.0	20.9	21.3	20.8	
High school	22.1	22.7	22.4	22.4	22.8	22.4	
College or higher	a	26.4	26.5	26.2	26.5	a	
Wealth index quintile							
Lowest	20.7	20.9	21.2	21.1	21.9	21.0	
Second	21.8	21.8	21.8	22.2	22.0	21.9	
Middle	23.2	22.9	22.3	22.0	22.3	22.6	
Fourth	25.0	24.4	24.2	23.3	22.8	24.0	
Highest	a	26.5	26.0	25.2	25.1	a	
Total	23.4	23.3	23.2	22.9	23.1	23.2	

4.7 **ADOLESCENT FERTILITY**

Young women have been the focus of a number of government programs aimed at delaying entry into childbearing and hastening fertility decline. In the Philippines, 26 percent of women age 15-24 years have begun childbearing. Women who have begun childbearing are more likely than other women to live in rural areas, have elementary schooling, and belong to poor families (Table 4.9). Across regions, early childbearing is highest in MIMAROPA and Cagayan Valley, with 40 percent or more of women age 15-24 having had a child or being pregnant with their first child.

	Percenta	age who are	Percentage who have	
Background characteristic	Mothers	Pregnant with first child	begun child- bearing	Number o women
Age				
15	0.1	0.3	0.5	585
16	1.5	0.8	2.2	616
17	5.6	1.5	7.0	530
18	8.1	3.8	11.9	495
19	19.8	3.7	23.5	422
15-19	6.1	1.8	8.0	2,648
20-24	44.5	4.0	48.5	2,209
Residence				
Urban	20.7	2.6	23.3	2,958
Rural	28.1	3.2	31.3	1,898
Region				
National Capital Region	20.2	3.0	23.1	851
Cordillera Admin Region	24.8	4.5	29.3	82
I - Ilocos	24.5	5.1	29.6	236
II - Cagayan Valley	34.8	5.0	39.8	129
III - Central Luzon	22.3	4.1	26.4	525
IVA - CALABARZON	21.5	2.1	23.6	709
IVB - MIMAROPA	39.1	5.2	44.2	111
V - Bicol	20.5	1.3	21.8	250
VI - Western Visayas	19.3	1.9	21.2	319
VII - Central Visayas	20.4	1.9	22.3	362
VIII - Eastern Visayas	22.3	2.7	25.0	195
IX - Zamboanga Peninsula	28.5	2.4	30.9	150
X - Northern Mindanao	26.2	3.5	29.8	211
XI - Davao	24.2	0.8	25.0	232
XII - SOCCSKSARGEN	33.1	2.0	35.1	178
XIII - Caraga	28.5	5.0	33.5	123
ARMM	30.2	1.9	32.1	192
Education				
No education	*	*	*	27
Elementary	41.1	4.1	45.2	664
High school	22.1	2.6	24.7	2,822
College or higher	17.7	2.6	20.3	1,344
Wealth index quintile				
Lowest	42.0	4.1	46.0	690
Second	34.1	3.9	38.0	801
Middle	26.0	3.1	29.1	943
Fourth	18.0	2.4	20.4	1,045
Highest	10.8	1.7	12.5	1,376
Total	23.6	2.8	26.4	4,856

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

Given the late age at first marriage, only 8 percent of teenagers (age 15-19) in the Philippines have begun childbearing. In comparison with other Southeast Asian countries for which comparable data are available, this proportion is the same as that in Cambodia (National Institute of Statistics et al., 2000), lower than that in Indonesia (10 percent) (BPS and ORC Macro, 2003), and higher than that in Viet Nam (3 percent) (Committee for Population, Family and Children and ORC Macro, 2003).

4.8 MALE FERTILITY

The 2003 NDHS included a special module on men age 15-54 to measure their fertility behavior and aspirations. More than half of these men are fathers. For many, fatherhood starts at age 20-24, when one in five men became fathers. The proportion increases sharply thereafter. By age 25-29, more than half of all men are fathers, and by age 30-34, three in four men have become fathers. This increases to nine in ten by the time the males reach their early forties (Table 4.10). Rural and less educated men, as well as those in the lowest wealth quintile, are more likely than other men to be fathers.

Seventy-seven percent of men say that they were married when their first child was born. This proportion is higher among better-educated men and among those who belong to a higher socioeconomic group. The proportion of men who were married when their first child was born increases as age increases.

Table 4.11 shows that men have fathered, on average, two children. Men have one child by their late twenties, more than three children by their late-thirties, and five children by their early fifties. In each age group, women report more children than men (see Table 4.5).

Table 4.10 Male fertility and fatherhood

Percentage of men age 15-54 who are fathers and percentage of fathers who were married when their first child was born and the mean number of children born to men who were fathers, by background characteristics, Philippines 2003

	All	men	1	All fathers	
			Married	Mean	<u> </u>
			when first	number	Number
Background		Number	child was	of	of
characteristic	Fathers	of men	born	children	fathers
Age					
Ĭ5-19	1.4	918	*	*	13
20-24	20.8	785	60.3	1.4	163
25-29	56.7	647	66.5	2.0	367
30-34	76.5	593	75.7	2.8	454
35-39	83.8	586	81.0	3.6	491
40-44	90.9	483	79.1	4.1	439
45-49	91.3	416	83.7	4.6	380
50-54	93.6	338	84.3	5.3	316
n					
Residence	F2 =	0.550	76.7	2.2	4 270
Urban	53.7	2,553	76.7	3.2	1,370
Rural	56.6	2,213	77.4	4.0	1,254
Education					
No education	72.1	84	73.2	5.3	60
Elementary	65.6	1,441	75.9	4.3	946
High school	47.0	2,048	75.0	3.3	962
College or higher	54.9	1,193	82.0	2.8	656
Wealth index quintile	C1 =	004	70.0	4.3	E 42
Lowest	61.5	884	72.3	4.3	543
Second	57.8	937	74.7	3.8	542
Middle	56.1	992	74.2	3.5	556
Fourth	49.7	957	79.3	3.2	476
Highest	50.9	996	85.5	2.9	507
Total	55.0	4,766	77.0	3.5	2,623

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

Table 4.11 Mean number of children

Percent distribution of men age 15-54 by number of children fathered and mean number of children fathered, by age group, Philippines 2003

Age group	0	1	<u>N</u>	1ean num 3	ber of chi	ldren fath 5	ered 6	7	8+	Total	Number of men	Mean number of children fathered
		0.0						0.0		100.0	010	0.0
15-19	98.6	0.9	0.4	0.1	0.0	0.0	0.0	0.0	0.0	100.0	918	0.0
20-24	79.2	13.2	6.3	1.1	0.2	0.0	0.0	0.0	0.0	100.0	785	0.3
25-29	43.3	21.7	18.4	11.3	3.4	1.4	0.4	0.1	0.0	100.0	647	1.2
30-34	23.5	15.8	23.5	18.1	8.5	5.2	2.8	1.4	1.2	100.0	593	2.1
35-39	16.2	9.6	18.0	16.9	16.0	9.0	6.8	3.9	3.6	100.0	586	3.1
40-44	9.1	8.5	11.7	19.9	18.2	12.3	8.8	5.2	6.3	100.0	483	3.7
45-49	8.7	7.5	9.2	16.9	17.0	12.7	9.9	7.3	10.9	100.0	416	4.2
50-54	6.4	3.5	10.0	14.1	16.1	13.2	10.3	7.6	18.9	100.0	338	5.0
Total	45.0	10.2	11.5	10.6	8.0	5.2	3.7	2.4	3.5	100.0	4,766	2.0

5.1 KNOWLEDGE OF FAMILY PLANNING

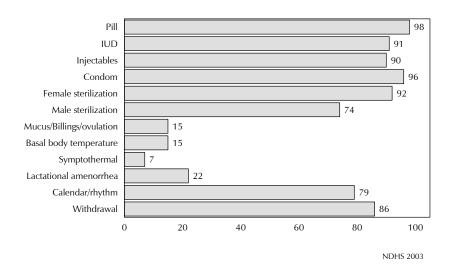
Knowledge of family planning methods and their sources are necessary preconditions to the use of contraception. As in the 1993 National Demographic Survey and the 1998 National Demographic and Health Survey (NDHS), information about knowledge of family planning methods was generated by asking the respondent to name the ways or methods that a couple can use to delay or avoid a pregnancy. If the respondent did not spontaneously mention a particular method, the interviewer described that method and asked the respondent if she recognized it. Specific methods are listed in the questionnaire: tubal ligation or female sterilization, vasectomy or male sterilization, pill, intrauterine device (IUD), injectables, condom, diaphragm, foam or jelly, implants, female condom, emergency contraception, lactational amenorrhea method (LAM), withdrawal, and various ovulation-based methods (mucus/Billings/ovulation, basal body temperature, sympthothermal, standard days method, and calendar/rhythm/periodic abstinence). Other methods not listed in the questionnaire but mentioned spontaneously by the respondent were also recorded. For all methods mentioned or recognized, the respondent was asked if she had ever used the method.

Table 5.1 and Figure 5.1 show that knowledge of one or more family planning methods is almost universal among currently married women and currently married men (99 and 98 percent, respectively). The level of contraception awareness among all women and men is similar (98 and 97 percent, respectively).

Table 5.1. Knowledge of contracentive methods

	All	Currently married	All	Currently married
Method	women	women	men	men
Any method	97.9	99.1	97.3	98.2
Any modern method	97.6	98.8	97.1	97.9
Fémale sterilization	86.5	92.0	72.2	82.1
Male sterilization	66.6	74.3	59.1	71.3
Pill	96.6	98.3	89.6	93.9
IUD	83.6	91.0	64.1	75.2
Injectables	81.5	90.1	49.5	60.2
Male condom	93.9	96.0	95.4	96.3
Diaphragm	16.2	15. <i>7</i>	14.2	15.6
Foam/jelly	11.4	11.5	7.4	8.1
Implants '	7.5	6.8	6.5	6.9
Female condom	14.8	13.3	14.9	15.1
Mucus/Billings/ovulation	14.4	15.1	7.3	8.4
Basal body temp	15.3	15.0	7.5	8.0
Symptothermal	6.7	6.8	3.3	4.0
Standard days method	9.8	10.4	5.8	6.4
Lactational amenorrhea	18.8	22.3	7.7	9.9
Emergency contraception	10.4	10.0	11.4	11.4
Any traditional method	83.2	90.3	80.1	88.9
Calendar/rhythm/periodic abstinence	72.6	79.2	57.6	68.7
Withdrawal [*]	76.5	85.8	76.1	85.9
Other traditional methods	4.5	5.4	0.0	0.0
Mean number of methods known	7.9	8.4	6.5	7.3
Number	13,633	8,671	4,766	2,746

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



Six modern methods are known to at least half of the women and men regardless of marital status. They are the pill, male condom, female sterilization, male sterilization, IUD, and injectables. Implants, symptothermal, emergency contraception, and standard days method are less known (10 percent or less among women and 3 to 11 percent among men). Seventy to 80 percent of women and men have heard of withdrawal and periodic abstinence. Currently married women know on average one method more than currently married men (8.4 compared with 7.3 methods).

Knowledge of any method and modern methods does not vary greatly by subgroups of respondents except by education and region of residence (Table 5.2). Knowledge of contraception among respondents with no education is significantly lower than among respondents who have attended formal education. Eighty-five percent of women with no education have heard of a method compared with 100 percent of women with high school or higher education. While in other regions knowledge of family planning is almost universal (99 percent or higher), the corresponding proportion in Autonomous Region in Muslim Mindanao (ARMM) is lower; 86 percent of women in ARMM know a modern method and 90 percent of women know any method, while 64 percent of men in ARMM know a modern method and 69 percent know any method.

Table 5.2 Knowledge of contraceptive methods by background characteristics

Percentage of currently married women and currently married men who know at least one contraceptive method and at least one modern method, by background characteristics, Philippines 2003

		Women			Men	
	-	Knows ¹		-	Knows ¹	
	Knows	any		Knows	any	
Background	any	modern		any	modern	
characteristic	method	method	Number	method	method	Number
Age						
15-19	99.8	99.4	239	*	*	19
20-24	98.8	98.7	1,095	97.1	97.1	206
25-29	99.0	98.6	1,548	98.0	97.5	400
30-34	99.2	99.0	1,663	98.7	98.2	482
35-39	99.5	99.3	1,633	99.2	99.1	504
40-44	99.2	98.9	1,341	98.1	97.9	442
45-49	98.7	98.4	1,152	98.3	97.6	387
50-54	na	na	0	97.6	97.4	306
Residence						
Urban	99.5	99.3	4,643	99.0	98.7	1,459
Rural	98.6	98.3	4,028	97.3	96.9	1,287
Region						
National Capital Region	99.4	99.3	1,337	100.0	100.0	417
Cordillera Admin Region	99.0	99.0	134	99.0	99.0	44
I - Ilocos	99.5	99.5	420	99.2	99.2	129
II - Cagayan Valley	100.0	100.0	325	100.0	100.0	107
III - Central Luzon	99.6	99.5	960	99.6	99.2	315
IVA - CALABARZON	99.8	99.5	1,139	99.6	99.3	345
IVB - MIMAROPA	99.7	99.4	257	99.1	98.2	77
V - Bicol	99.0	99.0	457	100.0	100.0	139
VI - Western Visayas	99.8	99.6	578	99.4	99.4	182
VII - Central Visayas	98.8	98.8	671	97.7	97.7	204
VIII - Eastern Visayas	99.8	99.5	355	97.8	97.8	117
IX - Zamboanga Peninsula	99.1	98.9	339	100.0	100.0	109
X - Northern Mindanao	99.2	99.2	364	98.5	98.5	125
XI - Davao	99.8	99.5	426	100.0	100.0	134
XII - SOCCSKSARGEN	99.1	98.6	364	99.2	98.6	120
XIII - Caraga	100.0	100.0	217	100.0	100.0	74
ARMM	89.5	86.3	328	68.8	64.2	107
Education	~= .					
No education	85.4	77.7	148	74.4	74.4	62
Elementary	98.5	98.2	2,523	97.9	97.4	969
High school	99.5	99.4	3,545	98.8	98.7	1,017
College or higher	100.0	99.9	2,456	99.9	99.4	698
Wealth index quintile						
Lowest	97.1	96.3	1,677	92.9	92.3	559
Second	99.2	99.0	1,767	99.3	98.9	575 570
Middle	99.4	99.2	1,776	99.2	99.2	578 5 03
Fourth	99.9	99.8	1,755	99.7	99.3	503
Highest 	99.8	99.8	1,697	100.0	99.8	531
Total	99.1	98.8	8,671	98.2	97.9	2,746

Note: An asterisk indicates that an estimate is based on fewer than 25 cases and has been suppressed.

na = Not applicable

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

5.2 EVER USE OF FAMILY PLANNING METHODS

For each method mentioned spontaneously or recognized after probing, the respondent was asked if she had ever used it. The information on ever use of contraception is shown for all women and currently married women in Table 5.3. The percentage of currently married women who have used contraception is higher than for all women due to their greater exposure to the risk of pregnancy given their marital status. Seven out of 10 currently married women have used a family planning method at some time; 57 percent have used a modern method and 41 percent used a traditional method. The most often used modern method is the pill (39 percent). Other modern methods with significant proportions of users include the male condom (15 percent), injectables (12 percent), female sterilization (11 percent), and IUD (10 percent). Four percent of currently married women report using LAM. The remaining modern methods are much less popular (1 percent or less). Regarding traditional methods, one in three married women has used withdrawal (32 percent) and 21 percent have used periodic abstinence.

						N	1oderr	method					-	Fraditiona	l method	ł	
Age					IUD		con-	Billings/ ovu- lation	body	Mucus/ Standard days method	LAM	Emer- gency contra- ception	Any tradi- tional	Calendar/ rhythm/ periodoc absti- nence	With- drawal	Other	Number of women
								/	ALL W	OMEN							
15-19	4.0	2.4	0.0	1.1	0.3	0.4	0.6	0.1	0.1	0.0	0.2	0.0	2.3	0.6	2.0	0.1	2,648
20-24	31.8	24.9	0.1	17.4	3.2	5.9	5.3	0.4	0.3	0.1	1.8	0.2	17.3	5.8	15.1	0.5	2,209
25-29	56.6	45.0	2.4	32.9	6.5	11.1	10.8	1.0	0.3	0.2	2.5	0.4	31.7	13.4	26.4	1.2	2,034
30-34	66.5	55.8	6.7	40.1		13.7	14.9	1.3	0.9	0.2	4.1	0.8	38.2	19.0	30.2	2.1	1,954
35-39	69.7		12.4	39.3	9.8		14.8	1.1	0.6	0.3	4.5	0.4	41.9	23.0	31.2	2.3	1,873
40-44	66.5		17.4	33.6 28.7	10.7		14.6	1.1	0.3	0.4	3.3 3.3	0.5 0.5	37.5	23.2	29.1	1.8	1,564
45-49	63.1	50.5	19.1	28./	8.6	4.9	14.8	1.0	0.6	0.4	3.3	0.5	38.1	21.8	28.9	2.7	1,351
Total	47.3	38.5	6.9	25.8	6.4	7.5	9.9	0.8	0.4	0.2	2.6	0.4	27.3	13.8	21.6	1.4	13,633
							C	URRENT	LY MA	RRIED WO	OMEN						
15-19	36.8	21.8	0.0	11.4	3.6	4.4	2.1	0.4	1.0	0.0	1.4	0.4	20.9	5.6	18.1	1.6	239
20-24	61.0	47.8	0.3	33.7	6.2	11.9	9.9	0.7	0.5	0.2	3.6	0.5	33.2	11.1	28.9	1.0	1,095
25-29	71.5	57.2	3.2	42.0		14.4	13.7	1.3	0.3	0.3	2.9	0.5	39.9	16.6	33.3	1.6	1,548
30-34	75.8	63.7	7.9	45.7	11.2		16.9	1.4	1.0	0.3	4.7	0.9	43.8	21.9	34.6	2.4	1,663
35-39	76.5		13.8	43.4	10.9	13.1	16.0	1.3	0.7	0.2	4.7	0.5	45.9	25.3	34.2	2.5	1,633
40-44	72.2		19.0	36.2	11.9		16.5	1.0	0.4	0.5	3.6	0.5	41.2	25.6	32.2	1.8	1,341
45-49	67.7	54.0	21.2	30.4	9.4	5.4	16.4	1.1	0.7	0.3	3.7	0.5	41.7	24.3	31.5	2.8	1,152
Total	70.6	57.4	10.5	38.6	9.6	11.5	14.7	1.1	0.6	0.3	3.8	0.6	40.8	20.7	32.3	2.1	8,671

Modern methods are popular among women of all ages. However, younger women (age 15-24) are less likely to have ever used contraception than women in their mid-childbearing years (age 25 and older). Generally, the level of ever use of modern contraception increases with age up to 35-39 and then declines. This pattern varies for specific methods. For currently married women, the ever use rate for the pill, IUD, and injectables reaches the peak at age group 30-34.

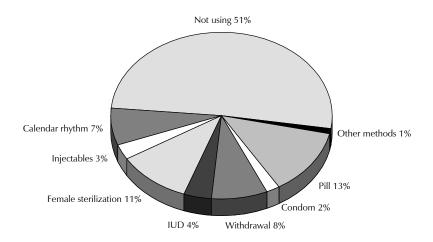
5.3 **CURRENT USE OF FAMILY PLANNING METHODS**

The level of current use of contraception is one of the most widely used indicators to assess the progress of a national family planning program. The contraceptive prevalence rate is defined as the proportion of married women age 15-49 who were using some method of family planning at the survey date. As with ever use, information on current use of contraception is available for all women and currently married women, but the analysis will focus on married women, who are at greater risk of pregnancy (Table 5.4).

				٨	∕loder	n me	thod					raditional i	method				
Age	,	Any modern method		sterili-	Pill	IUD	,	con-	Mucus/ Billings/ ovula- tion	LAM	Any tradi- tional method	Calendar/ rhythm/ periodic absti- nence	With- drawal	Other	Not currently using	Total	Number of women
								Al	LL WOM	IEN							
15-19 20-24	2.4 21.6	1.3 15.2	0.0	0.0	0.6 9.0	0.3	0.1 2.1	0.1	0.0	0.0	1.1 6.4	0.4 1.6	0.7 4.6	0.0	97.6 78.4	100.0 100.0	2,64 2,20
25-29 30-34	39.3 45.6	27.0 32.4	2.4	0.0 0.0 0.1	15.5 14.8	3.4 4.6	3.2	2.1	0.0 0.1	0.3	12.4 13.2	4.3 5.9	7.7 6.8	0.4	60.7 54.4	100.0 100.0	2,03 1,95
35-39 40-44	49.8 44.0	34.0 28.1	12.4 17.4	0.1	12.4 5.0	3.6 3.3	3.2 0.8	1.8	0.1 0.1 0.1	0.1	15.8 15.8	7.5 8.1	7.4 7.4	0.9 0.4	50.2 56.0	100.0 100.0	1,87
40-44 45-49	33.3	23.6	17. 4 19.1	0.3	1.3	1.5	0.8	0.6	0.0	0.0	9.7	5.3	3.9	0.4	66.7	100.0	1,56 1,35
Total	31.6	21.6	6.9	0.1	8.4	2.6	2.0	1.2	0.1	0.2	9.9	4.3	5.2	0.4	68.4	100.0	13,63
							CURR	RENTL	Y MARRI	ED W	OMEN						
15-19 20-24	25.6 42.7	13.2 30.1	0.0 0.3	0.0	7.1 17.8	3.6 4.6	1.1 4.2	0.4 1.8	0.0 0.2	0.5 1.2	12.3 12.6	3.9 3.2	8.0 9.0	0.5 0.4	74.4 57.3	100.0 100.0	239 1,095
25-29 30-34	51.3 53.4	35.2 38.0	3.2 7.9	0.0 0.1	20.3 17.4	4.4 5.4	4.2 4.0	2.7 2.6	0.0 0.1	0.2 0.3	16.1 15.4	5.6 6.9	10.0 8.0	0.5 0.5	48.7 46.6	100.0 100.0	1,548 1,663
35-39 40-44	56.6 49.9	38.5 31.5	13.8 19.0	0.2 0.3	14.2 5.8	4.1 3.9	3.7 1.0	2.1 1.3	0.2 0.1	0.1 0.1	18.0 18.4	8.6 9.3	8.5 8.6	1.0 0.5	43.4 50.1	100.0 100.0	1,633 1,34
45-49	37.7	26.4	21.2	0.2	1.5	1.7	1.1	0.7	0.0	0.0	11.4	6.2	4.6	0.7	62.3	100.0	1,15
Total	48.9	33.4	10.5	0.1	13.2	4.1	3.1	1.9	0.1	0.3	15.5	6.7	8.2	0.6	51.1	100.0	8,67

The overall contraceptive prevalence rate among currently married women is 49 percent, with 33 percent using modern methods and 16 percent using traditional methods. The most popular methods are the pill (13 percent) and female sterilization (11 percent). The next most popular methods are traditional: withdrawal (8 percent) and periodic abstinence (7 percent). IUD and injectables are used by 3 to 4 percent of married women. The remaining methods have very few users, each being used by less than 2 percent of married women (Figure 5.2).

Figure 5.2 Use of Contraception among Currently Married Women Age 15-49



NDHS 2003

The age pattern of contraceptive prevalence rates takes the shape of an inverted U. For modern methods, the peak is in age group 35-39 and for traditional methods in age group 40-44 among married women. However, as with the rates on ever use (Table 5.3), the peak occurs in different age groups for specific methods. The pill, injectables, and IUD are more popular among women age 25-34, whereas older women tend to use long-term methods such as female sterilization. Current use of calendar/rhythm/periodic abstinence is popular among older women (age 35-44), while withdrawal is consistently popular among women of all ages, except the oldest age group (age 45-49).

5.3.1 **Trends in Contraceptive Use**

Table 5.5 and Figure 5.3 show that contraceptive prevalence over the last 35 years has more than doubled, from 15 percent in 1968 to 49 percent in 2003. Increases in contraceptive prevalence rates over time can be grouped into three stages: a period of rapid increase (1968-1978), moderate increase (1978-1998), and slow increase (1998-2003). Between 1968 and 1978, the contraceptive prevalence rate increased from 15 to 39 percent. Most of the increase was in the use of modern methods (from 3 percent in 1968 to 17 percent in 1978). Between 1983 and 1998, while use of traditional methods only went from 13 to 18 percent, use of modern methods increased from 19 to 28 percent.

In the past five years, while the overall contraceptive prevalence rate shows little increase (47 to 49 percent), this increase is again because of use of modern methods (NSO, DOH and Macro, 1999). The largest contributor to the increase is the gain in popularity of the pill from 10 percent in 1998 to 13 percent in 2003.

Table 5.5	Trends	in	contraceptive	use
Table 3.3	HEHUS	111	COHUACEPUVE	usc

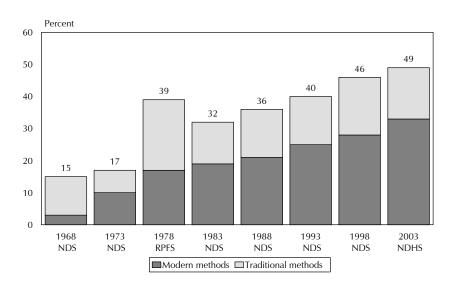
Percentage of currently married women age 15-49 using modern and traditional methods, Philippines 2003

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

¹Calculated for currently married women 15-44 years

Sources: World Bank, 1991; NSO and Macro International 1994, and 1999

Figure 5.3 Trends in Contraceptive Use **Philippines 1968-2003**



5.3.2 **Differentials in Contraceptive Use**

Table 5.6 shows that while the overall contraceptive prevalence rates in urban and rural areas do not differ significantly, there are variations by specific methods. Current user rates for female sterilization (12 percent) and withdrawal (10 percent) in urban areas are higher than in rural areas (9 and 7 percent, respectively). Better access to female sterilization facilities in urban than in rural areas largely explains this difference in female sterilization.

Use of contraception generally increases with increasing levels of women's education. Attendance in any level of education as compared with having no formal education discriminates current users from those who are not currently using. Use of contraceptive methods is consistently higher among bettereducated women than those with less education; however, women with a college education or higher are somewhat less likely than women with a high school education to use a modern method, while being somewhat more likely to use a traditional method.

Table 5.6 Current use of contraception by background characteristics

Percent distribution of currently married women by contraceptive method currently used, according to background characteristics, Philippines 2003

					Mod	lern m	nethod				T	Traditional					
Background characteristic	Any method	Any modern d method	Female sterili- I zation	sterili-	-	IUD	Inject- ables		0 .		Any tradi- tional method	Calendar/ rhythm/ periodic absti- nence	: With-	l Other	Not currently r using	, Total	Number of women
Residence																	
Urban	50.1	33.9	12.1	0.1	12.6	3.5	2.5	2.3	0.1	0.4	16.3	6.1	9.7	0.5	49.9	100.0	4,643
Rural	47.4	32.8	8.6	0.1	13.8	4.7	3.7	1.5	0.1	0.2	14.7	7.4	6.5	0.7	52.6	100.0	4,028
Number of living children																	
0	5.8	1.7	0.1	0.0	0.9	0.0	0.0	0.5	0.0	0.0	4.1	1.8	2.2	0.2	94.2	100.0	700
1-2	49.2	32.2	3.8	0.1	17.2	4.3	3.4	2.7	0.1	0.5	17.0	7.0	9.7	0.4	50.8	100.0	3,378
3-4	61.3	45.7	19.9	0.1	14.5	5.5	3.3	1.8	0.1	0.3	15.6	7.4	7.6	0.7	38.7	100.0	2,793
5+	45.6	28.7	12.4	0.3	8.3	3.1	3.2	1.1	0.2	0.2	16.9	7.0	8.8	1.1	54.4	100.0	1,800
Education																	
No education	18.1	11.7	6.1	0.0	4.6	0.0	1.1	0.0	0.0	0.0	6.3	1.7	1.6	3.1	81.9	100.0	148
Elementary	44.0	30.3	10.3	0.2	11.0	4.3	3.1	1.0	0.1	0.2	13.8	5.4	7.6	0.7	56.0	100.0	2,523
High school	51.9	35.9	10.0	0.1	14.9	4.7	3.8	1.8	0.0	0.4	16.0	6.1	9.3	0.6	48.1	100.0	3,545
College or higher	51.4	34.2	11.5	0.1	13.4	3.2	2.1	3.1	0.2	0.2	17.2	9.2	7.6	0.4	48.6	100.0	2,456
Wealth index quintile																	
Lowest	37.4	23.8	3.9	0.2	11.4	3.6	3.5	8.0	0.1	0.2	13.6	6.0	6.1	1.4	62.6	100.0	1,677
Second	48.8	33.8	7.9	0.0	14.7	5.2	3.7	1.8	0.2	0.3	15.0	5.7	8.5	0.8	51.2	100.0	1,767
Middle	52.7	35.7	11.2	0.2	14.5	4.6	3.2	1.4	0.1	0.4	17.0	7.0	9.7	0.3	47.3	100.0	1,776
Fourth	54.4	37.9	13.4	0.1	13.6	4.8	3.2	2.2	0.0	0.4	16.5	7.1	9.2	0.3	45.6	100.0	1,755
Highest	50.6	35.2	15.9	0.1	11.5	2.1	1.7	3.3	0.1	0.3	15.3	7.7	7.4	0.3	49.4	100.0	1,697
Total	48.9	33.4	10.5	0.1	13.2	4.1	3.1	1.9	0.1	0.3	15.5	6.7	8.2	0.6	51.1	100.0	8,671

Note: If more than one method is used, only the most effective method is considered in this tabulation.

LAM = Lactational amenorrhea method

Contraceptive use has an inverted U-shaped relationship with number of children. Use of any method ranges from 6 percent among women with no living children to 61 percent for women with three to four children, after which it declines to 46 percent for women with five or more children. The most popular family planning methods among childless women are withdrawal and calendar/rhythm/periodic abstinence (2 percent each). Pill use increases significantly from less than 1 percent among childless women to 17 percent among women with one or two children. The proportion of women who use female sterilization increases from 4 percent for women who have one or two children to 20 percent for those with three or four children.

Use of any method of family planning increases with increasing wealth index quintile from 37 percent for women in the poorest quintile to 54 percent for those in the fourth quintile, but declines to 51 percent for women in the wealthiest quintile.

Table 5.7 shows that there are large differentials in current use among the 16 administrative regions in the country. The contraceptive prevalence rate ranges from 19 percent in ARMM to 59 percent in Davao. Current use of modern methods, however, shows a different pattern. The proportion of currently married women who use modern methods of contraception is 40 percent or more in Central Luzon, Davao, and Cagayan Valley, and only 12 percent in ARMM. Traditional methods are most popular in Bicol (24 percent) and least popular in Cagayan Valley (4 percent).

Table 5.7 Current use of contraception by regions

Percent distribution of currently married women by contraceptive method currently used, according to regions, Philippines 2003

					Mod	ern me	ethod				-	Tradition	al metho	d			
Region	Any method	Any modern	Female steri- liza- tion	Male sterili- zation	Pill	IUD	In- ject- ables	Male con- dom	Mucus/ Billings/ ovu- lation	LAM	Any tradi- tional method	Calendar rhythm/ periodic absti- nence	•		Not currently using	Total	Number of women
National Capital Region	48.9	32.1	13.2	0.2	10.4	3.3	2.3	2.2	0.0	0.3	16.8	5.9	10.8	0.1	51.1	100.0	1,337
Cordillera Admin Region	46.3	31.8	10.8	0.0	10.9	0.7	7.3	1.8	0.0	0.0	14.5	2.8	11.7	0.0	53.7	100.0	134
I - Ilocos	50.6	35.0	12.0	0.0	13.3	1.2	6.7	1.7	0.0	0.0	15.7	3.8	11.8	0.0	49.4	100.0	420
II - Cagayan Valley	52.4	48.0	7.2	0.0	26.7	7.1	6.2	0.7	0.0	0.0	4.4	2.7	1.7	0.0	47.6	100.0	325
III - Central Luzon	54.5	40.2	18.3	0.0	15.4	0.7	3.4	1.9	0.1	0.4	14.3	3.5	10.5	0.3	45.5	100.0	960
IVA - CALABARZON	48.4	32.8	11.4	0.0	11.3	3.8	3.2	2.1	0.1	0.7	15.6	4.8	10.7	0.1	51.6	100.0	1,139
IVB - MIMAROPA	42.5	31.0	8.7	0.3	13.7	3.0	4.0	8.0	0.3	0.3	11.5	5.3	6.0	0.3	57.5	100.0	257
V - Bicol	47.4	23.6	5.5	0.0	13.1	2.1	2.0	0.9	0.0	0.0	23.8	7.8	15.1	0.9	52.6	100.0	457
VI - Western Visayas	46.1	30.1	6.8	0.4	14.6	3.6	2.6	1.6	0.0	0.4	16.1	10.2	5.2	0.6	53.9	100.0	578
VII - Central Visayas	52.1	35.6	11.2	0.3	11.5	6.2	2.1	3.7	0.0	0.5	16.5	9.6	6.7	0.2	47.9	100.0	671
VIII - Eastern Visayas	44.4	26.8	9.9	0.0	9.7	2.9	2.9	1.2	0.0	0.2	17.6	8.2	8.0	1.4	55.6	100.0	355
IX – Zamboanga Peninsula	43.1	32.3	5.7	0.0	16.9	6.1	2.1	0.7	0.2	0.0	10.8	8.1	2.5	0.2	56.9	100.0	339
X - Northern Mindanao	55.2	34.6	6.4	0.0	14.7	8.9	1.8	2.0	0.5	0.0	20.6	13.4	5.2	2.0	44.8	100.0	364
XI - Davao	59.3	41.6	10.4	0.4	15.4	8.4	2.4	3.8	0.4	0.4	17.7	9.9	6.5	1.3	40.7	100.0	426
XII - SOCCSKSARGEN	50.7	37.8	8.9	0.3	14.7	8.4	3.9	1.3	0.0	0.2	13.0	8.2	3.9	0.8	49.3	100.0	364
XIII - Caraga	54.6	34.0	7.0	0.3	14.8	7.7	1.4	2.7	0.0	0.0	20.6	13.2	4.7	2.7	45.4	100.0	217
ARMM	18.7	11.6	2.2	0.0	4.9	1.3	2.9	0.2	0.0	0.0	7.2	2.2	2.4	2.6	81.3	100.0	328
Total	48.9	33.4	10.5	0.1	13.2	4.1	3.1	1.9	0.1	0.3	15.5	6.7	8.2	0.6	51.1	100.0	8,671

5.3.3 **Current Use by Woman's Status**

Woman's status is considered to be one of the factors affecting the use of contraception. The power to decide on matters of sexuality and reproduction depends on the relationship between women and men, and the status given to women by society. Women with higher status are considered empowered and have more freedom in making decisions affecting their sexuality and reproduction than those with lower status.

This section analyzes the relationships of current use of contraception and three woman's status indicators: woman's participation in making decisions regarding personal health, family, and household matters; woman's power to refuse marital sex; and a woman's attitudes toward violence against women. In the 2003 NDHS, these indicators are constructed as follows:

Respondent's participation in household decisionmaking. Respondents were asked who in the family usually has the final say on five areas: the woman's own health care, large household purchases, daily household purchases, visits to family or relatives, and what food is to be cooked each day. These decisions can be made by the respondent alone, by her husband/partner, jointly by the respondent and her husband/partner, jointly by the respondent and someone else, or by someone else. The response category is coded as "1" if the respondent herself participates in these decisions and "0" if she is not involved in the decisionmaking. Thus, a woman gets a score of "5" if she participates in all five areas of decisionmaking and score of "0" if she has no say in any of these matters.

Respondent's attitudes about refusing marital sex. Respondents were asked if a wife is justified in refusing sex with her husband when she knows that her husband has a sexually transmitted disease, she knows her husband has sex with other women, she has recently given birth, or she is tired or not in the mood. The response is coded "1" if she agrees and "0" if she disagrees. A woman receives a score of "4" if she says that a wife is justified in refusing to have sex with her husband in all of the above-mentioned four conditions and a score of "0" if she feels that a wife is not justified in refusing to have sex with her husband in any of those conditions.

Respondent's attitudes toward violence against women. Respondents were asked if a husband is justified in hitting or beating his wife if she goes out without telling him, neglects the children, argues with him, refuses to have sex with him, or burns the food. The response is coded "1" if she agrees and "0" if she disagrees. A woman receives a score of "5" if she feels that a husband is justified in hitting or beating his wife in all of the conditions and a score of "0" if she says that a husband is not justified to beat his wife under any condition.

Table 5.8 shows the percent distribution of currently married women by contraceptive method currently used, according to three indicators of women's status. Use of any method and use of any modern method increases with increasing number of decisions in which a woman has a final say. For example, 24 percent of women who have no say in any of the five specified decisions are using a modern method, compared with 34 percent of women who themselves or jointly have a final say in all five decisions. Use of any method also increases with the number of reasons to justify refusing sex with husbands; however, there are no significant differences in modern contraceptive use by the other two women's status indica-

Table 5.8 Current use of co.	ntraception by women's status

Percent distribution of currently married women by contraceptive method currently used, according to selected indicators of women's status, Philippines

		Modern method							Traditional method			<i>i</i> d					
Women's status indicators	Any method	Any modern method		Male steri liza- tion	i- -	IUD	In- ject- ables	Male con- dom	Mucus Billings ovula- tion	s/	Any tradi- tional		c With-		Not currently using Total	Number of women	
Number of decisions in which woman has final say ¹																	
0 ′	40.5	24.2	5.0	0.0	9.6	2.7	3.3	3.5	0.0	0.0	16.3	7.5	6.8	2.0	59.5	100.0	92
1-2	44.5	30.7	8.4	0.1	12.6	4.5	2.0	1.7	0.1	0.9	13.8	4.3	9.2	0.2	55.5	100.0	699
3-4	49.9	33.1	9.4	0.1	13.6	4.4	3.0	1.9	0.2	0.5	16.8	6.9	9.2	0.6	50.1	100.0	
5	49.2	33.9	11.2	0.1	13.1	3.9	3.2	1.9	0.1	0.2	15.3	6.9	7.7	0.6	50.8	100.0	
Number of reasons to refuse sex with husba																	
0	41.5	31.3	9.4	0.0	12.1	2.7	3.7	2.5	0.0	0.4	10.2	3.7	6.2	0.3	58.5	100.0	225
1-2	42.9	29.2	7.6	0.0	13.1	4.1	3.0	1.1	0.3	0.0	13.7	5.6	6.9	1.2	57.1	100.0	297
3-4	49.3	33.6	10.6	0.1	13.2		3.1	1.9	0.1	0.3	15.7	6.8	8.3	0.6	50.7	100.0	
Number of reasons wife beating is justifie	ed																
0	48.7	33.4	10.9	0.2	13.0	3.9	2.9	2.0	0.1	0.3	15.3	6.8	8.0	0.4	51.3	100.0	6,463
1-2	49.4	33.2	9.3	0.1	13.6	4.7	3.7	1.5	0.1	0.1	16.3	6.4	8.9	1.0	50.6	100.0	
3-4	48.9	33.1	8.3	0.3	13.5		2.8	2.0	0.4	0.4	15.8	5.3	9.2	1.3	51.1	100.0	
5	46.7	32.1	8.0	0.0	16.6	2.0	2.5	2.0	1.1	0.0	14.6	9.3	4.2	1.0	53.3	100.0	88
Total	48.9	33.4	10.5	0.1	13.2	4.1	3.1	1.9	0.1	0.3	15.5	6.7	8.2	0.6	51.1	100.0	8,671

Note: If more than one method is used, only the most effective method is considered in this tabulation.

LAM = Lactational amenorrhea method

Fither by herself or jointly with others

5.4 Number of Children at First Use of Family Planning

Couples may use family planning either for spacing births or limiting family size. Table 5.9 shows the percent distribution of women who have ever used contraception by the number of living children at the time of first use and by their current age. The table is used primarily to identify the acceptance of the small family norm and the use of family planning as a method for spacing births. Some women adopted family planning early in the family building process; 6 percent of women began using contraception before they had their first child, and 4 in 10 women began using contraception after having had one child.

Table 5.9 Number of children at first use of contraception

Percent distribution of women who have ever used contraception by number of living children at the time of first use of contraception, according to current age, Philippines 2003

	of		Number of					
Current age	0	1	2	3	4+	Missing	Total	women
15-19	43.4	51.6	2.8	0.0	0.0	2.2	100.0	105
20-24	15.1	63.3	17.8	3.4	0.0	0.4	100.0	701
25-29	8.7	51.1	25.8	10.1	4.0	0.2	100.0	1,151
30-34	4.8	38.5	27.9	15.5	13.0	0.3	100.0	1,299
35-39	4.2	31.2	23.1	17.9	23.4	0.3	100.0	1,306
40-44	2.3	28.4	21.5	20.0	27.6	0.3	100.0	1,039
45-49	2.1	25.2	23.9	21.0	27.5	0.3	100.0	852
Total	6.4	38.8	23.5	14.9	16.2	0.3	100.0	6,453

The timing of first contraceptive use varies by woman's age. Younger women who ever used contraception tend to start using family planning when they have fewer children. While 2 percent of women age 40-49 used contraception when they did not have any children, the corresponding proportions for women age 15 19 and 20-24 are 43 and 15 percent, respectively. Twenty-eight percent of women age 40-49 started using contraception after having had four or more children.

5.5 KNOWLEDGE OF THE FERTILE PERIOD

For the successful practice of coitus-related methods, such as withdrawal, condom, and vaginal methods, knowledge of reproductive physiology is essential. Such knowledge is particularly critical in the practice of periodic abstinence such as the calendar/rhythm method and natural family planning methods such as mucus/Billings/oyulation, basal body temperature, and symptothermal method. In the 2003 NDHS, all women age 15-49 and men age 15-54 were asked during which days of a woman's menstrual cycle a woman has the greatest chance of becoming pregnant.

Data in Table 5.10 show that only 27 percent of women correctly identify the fertile period to be halfway between two menstrual periods. Forty-one percent of women incorrectly identified the fertile period to be right after a woman's period has ended. Furthermore, 15 percent of women have no knowledge of the fertile period. Users of periodic abstinence are more likely to correctly identify the fertile period (43 percent) than nonusers (26 percent).

The table also shows that 19 percent of men correctly identify the fertile period. However, men are as likely as women to report incorrectly the fertile period as right after a woman's period has ended.

Table 5.10 Knowledge of fertile period

Percent distribution of women and men by knowledge of the fertile period during the ovulatory cycle, according to current use/nonuse of periodic abstinence, Philippines 2003

	Users of	Nonusers		
	periodic	of periodic		
Perceived fertile period	abstinence	abstinence	All	Men
Just before her period begins	4.7	6.3	6.2	7.1
During her period	0.1	0.8	8.0	1.2
Right after her period has ended	40.5	40.9	40.9	40.0
Halfway between two periods	43.3	25.9	26.7	19.3
Other	0.8	0.3	0.3	0.2
No specific time	7.6	10.7	10.5	12.5
Don't know	3.0	15.0	14.5	19.7
Missing	0.0	0.2	0.2	0.0
Total	100.0	100.0	100.0	100.0
Number	587	13,046	13,633	4,766

The findings indicate that knowledge of the fertile period, even among women and men who are using periodic abstinence as a family planning method, is limited. This highlights the need to further educate women and men on the physiology of reproduction, particularly regarding the time when ovulation is likely to occur. This knowledge is crucial should they decide to use ovulation-based methods.

5.6 TIMING OF STERILIZATION

In the Philippines, given the fact that female sterilization is the second most widely used modern method by currently married women, data on the timing of the sterilization operation is important for program managers to improve their information, dissemination and services provision plans. Of particular interest is the age of the woman at the time of operation.

Table 5.11 presents the percent distribution of sterilized women by age at the time of sterilization, according to the number of years since the operation. The vast majority (68 percent) of women are sterilized at age 25-34, and 13 percent are sterilized before age 25. The median age at the time of sterilization is 30.1 years, which suggests no change since 1998 (29.6 years) (NSO, DOH and Macro, 1999).

Table 5.11 Timing of sterilization
Percent distribution of sterilized women by age at the time of sterilization, and median age at
sterilization, according to the number of years since the operation. Philippines 2003

								Number	
Years since	ears since Age at time of sterilization								Median
operation	<25	25-29	30-34	35-39	40-44	45-49	Total	women	age ¹
<2	1.2	26.5	34.8	28.3	9.2	0.0	100.0	119	32.8
2-3	6.9	14.7	38.4	24.6	13.4	1.9	100.0	111	32.7
4-5	2.6	31.5	38.9	19.4	7.6	0.0	100.0	92	31.3
6-7	17.1	16.3	39.7	18.8	8.2	0.0	100.0	87	31.2
8-9	13.7	29.8	31.4	22.3	2.7	0.0	100.0	68	31.2
10+	19.1	44.1	31.9	4.9	0.0	0.0	100.0	471	a
Total	13.3	33.6	34.4	14.1	4.4	0.2	100.0	947	30.1

a = Not calculated due to censoring

5.7 SOURCE OF SUPPLY OF MODERN CONTRACEPTIVE METHODS

Information on source of currently used modern methods is useful to guide program policy and implementation, particularly in the area of contraceptive self-reliance. Table 5.12 shows that more than two-thirds of current users of modern methods obtain their contraceptive supplies and services from the public sector (67 percent), 29 percent from the private medical sector, and 3 percent from other sources.

The source of method varies according to the method itself. Nearly three in four women who are sterilized had their operation in a government hospital. Barangay health stations and pharmacies are equally likely to supply contraceptive pills (34 and 35 percent, respectively). The majority (80 percent) of IUD users have their IUD inserted in a public facility. Half of these women went to a rural/urban health center for their service. Nine in 10 users of injectables obtained their most recent injection from a public facility, 43 percent from a rural/urban health center, and 46 percent from a barangay health station.

¹ Median ages are calculated only for women sterilized at less than 40 years of age to avoid problems of censoring.

Table 5.12 Source of contraception

Percent distribution of current users of modern contraceptive methods by most recent source of method, according to specific method, Philippines 2003

Source	Female sterili- zation	Pill	IUD	Inject- ables	Male condom	Total
Public sector	75.8	56.6	80.1	92.5	27.0	67.2
Government hospital	68.3	1.0	10.8	3.4	1.8	24.5
Rural/urban health center	7.0	19.8	40.2	42.5	10.6	19.7
Barangay supply/service point officer	0.0	2.0	1.1	0.9	0.0	1.0
Barangay health station	0.0	33.7	27.9	45.8	14.6	21.7
Other public	0.5	0.0	0.0	0.0	0.0	0.2
Private medical sector	23.2	38.6	18.0	7.5	59.6	29.3
Private hospital/clinic	22.1	1.4	14.8	5.2	0.8	10.2
Pharmacy	0.0	35.0	0.0	1.2	57.7	17.2
Private doctor	1.1	1.3	2.9	0.0	0.0	1.2
Private nurse/midwife	0.0	0.6	0.2	1.1	1.0	0.4
Industry-based clinic	0.0	0.3	0.0	0.0	0.0	0.1
Other source	0.0	4.5	2.0	0.0	11.5	2.7
Store	0.0	2.7	0.0	0.0	7.6	1.5
Puericulture center	0.0	1.8	0.2	0.0	3.9	1.0
Church	0.0	0.0	1.7	0.0	0.0	0.2
Other	1.0	0.2	0.0	0.0	0.6	0.5
Missing	0.1	0.1	0.0	0.0	1.4	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	947	1,148	359	268	169	2,920

Note: Total includes 12 users of male sterilization, one implant user, and two users of emergency contraception. Table excludes lactational amenorrhea method (LAM).

While the public sector is the main service point for female sterilization, the pill, IUD, and injectables, pharmacies are the most important source for condoms (58 percent). Users of condoms who obtain their method from the public sector received the condoms from a barangay health station (15 percent) or a rural/urban health center (11 percent).

In the five years since 1998, there has been a decrease in the use of the public sector for family planning services (72 percent in 1998 to 67 percent in 2003) and an increase in the use of the private sector (26 percent in 1998 to 29 percent in 2003) (NSO, DOH and Macro, 1999).

5.8 **INFORMED CHOICE**

One of the means to increase the levels of contraceptive acceptance and continued use is the provision of informed choice. This is achieved when service providers inform potential users of other methods that could be used. Family planning providers should also inform all method users of potential side effects of each method and what they should do if they encounter signs of a problem. This information assists users in coping with side effects and decreases discontinuation of temporary methods. Users of temporary methods should also be informed of the choices they have with respect to other methods.

In the 2003 NDHS, current users of modern methods who adopted the method in the five years preceding the survey were asked whether or not they were informed by a family planning service provider with details about their current method, including its potential side effects, as a basis for exercising free choice. Data in Tables 5.13, 5.14, and 5.15 show the results.

Table 5.13 presents the percentage of users of modern contraceptives who were informed that there are potential side effects of their current method and what to do if they experience any of the side effects, by specific method and initial source of method. The data show that 38 percent of current users were informed about possible side effects or problems of the method they are using, and 35 percent of the current users were informed what to do if they experienced side effects. Thirty-nine percent of current users were informed of other methods that could be used. These percentages vary by method. Users of injectables are the most well-informed: 60 percent were informed of the potential side effects of the injection, 57 percent were told what to do if they experience any of the side effects, and 62 percent were given information about other methods. The corresponding percentages for users of the pill and IUD are between 42 and 51 percent. In contrast, only 17 percent of women who were sterilized were informed about possible side effects or problems of the operation, 15 percent were informed what to do if they experienced side effects, and 15 percent were informed of other methods available.

Table 5.13 Informed choice by method/source

Among current users of modern contraceptive methods who adopted the current method in the five years preceding the survey, percentage who were informed about the side effects of the method used, percentage who were informed what to do if side effects were experienced, and percentage who were informed of other methods that could be used for contraception, by specific method and initial source of method, Philippines 2003

Method/ Initial source	Informed about side effects or problems of method used ¹	Informed what to do if experienced side effects ¹	Informed of other methods that could be used ²
Method			
Female sterilization	17.2	14.6	14.6
Pill	48.1	44.7	50.6
IUD	43.6	42.1	45.0
Injectables	60.4	56.9	61.5
Initial source of method ³			
Public sector	60.6	55.0	61.1
Government hospital	53.6	46.9	48.3
Rural/urban health center	62.2	58.2	62.8
Barangay health station	61.7	55.7	66.4
Private medical sector	56.3	53.9	56.2
Private hospital/clinic	63.9	58.5	62.2
Pharmacy	51.3	50.2	53.3
Other source	32.0	27.2	49.5
Total	37.9	35.1	38.7

¹ Among users of female sterilization, pill, IUD, injectables, and implants

² Among users of female sterilization, pill, IUD, injectables, implants, diaphragm, and lactational amenorrhea method (LAM)

³ Source at start of current episode of use. Sources with small numbers of users have been omitted.

Current users who obtained their method from the public sector were better informed than those who obtained the method from a private sector about side effects or problems associated with the method used (61 compared with 56 percent). Women who obtained their method from the public sector were as likely to be informed as those who obtained the method from a private sector about what to do if they experienced any side effects (55 and 54 percent, respectively). Health workers in a public facility are more likely than those in a private facility to inform their clients about other methods they could use (61 and 56 percent, respectively).

All providers of sterilization must inform potential users that they will not be able to have any (more) children because of sterilization. Nine out of ten sterilization acceptors were informed that the method was permanent (Table 5.14). Current users of sterilization who obtained the method from private hospitals were more likely to be told that the method was permanent (95 percent) than those who obtained the method from public hospitals (88 percent).

Table 5.15 presents the percentage of users of modern contraceptives who were informed that there are potential side effects of their current method and what to do if they experience any of the side effects, by background characteristics. Data show that current users in rural areas were better informed than those in urban areas about side effects of the method, what to do if side effects were experienced, and other methods to choose from.

Table 5.14 Informed choice by source

Percentage of women who were sterilized in the five years preceding the survey who were informed that they would not be able to have any more children, by initial source of method, Philippines 2003

Initial source of method	Informed that sterili- zation is permanent
Public sector Government hospital	87.5 88.6
Rural/urban health center Private medical sector	74.6 95.1 94.9
Private hospital/clinic Total	91.9

Contraceptive users in ARMM, Caraga, and Eastern

Visayas are better informed about their method and other choices than in other regions of the country. Users in Ilocos are the least likely to have this information. The National Capital Region (NCR) also shows low levels of information about side effects, what to do about side effects, and about other methods.

Data in Table 5.15 show that for all of the indicators, quality of care is negatively associated with the wealth status; current users in the poorest quintile have better services than users in the wealthier quintiles. There is no clear pattern in the relationship between a woman's education and the quality of care for family planning services.

Table 5.15 Informed choice by background characteristics

Among current users of modern contraceptive methods who adopted the current method in the five years preceding the survey, percentage who were informed about the side effects of the method used, percentage who were informed what to do if side effects were experienced, percentage who were informed of other methods that could be used for contraception, by background characteristics, Philippines 2003

Background	problems of method used ¹	experienced	
	mothed used1		that could be
characteristic	meuroa usea	side effects ¹	used ²
Residence			
Urban	35.9	33.0	36.6
Rural	40.4	37.6	41.2
Region			
National Capital Region	35.7	33.5	38.8
Cordillera Admin Region	41.6	41.6	40.4
I - Ilocos	31.6	27.9	28.0
II - Cagayan Valley	39.9	37.3	40.2
III - Central Luzon	34.6	28.1	31.7
IVA - CALABARZON	37.2	34.5	31.1
IVB - MIMAROPA	41.3	40.3	46.1
V - Bicol	38.4	41.3	42.7
VI - Western Visayas	36.0	40.1	37.1
VII - Central Visayas	33.0	24.5	35.1
VIII - Eastern Visayas	51.4	47.6	50.8
IX - Zamboanga Peninsula	37.1	37.4	41.2
X - Northern Mindanao	40.6	36.7	50.9
XI - Davao	38.5	35.0	42.4
XII - SOCCSKSARGEN	41.8	41.8	50.4
XIII - Caraga	51.5	45.5	49.7
ARMM	62.7	64.6	58. <i>7</i>
Education			
No education	36.3	40.9	24.9
Elementary	33.4	28.8	32.8
High school	39.4	37.5	41.2
College or higher	40.1	37.3	40.7
Wealth index quintile			
Lowest	50.9	48.8	52.7
Second	39.6	35.4	39.5
Middle	39.2	37.9	41.1
Fourth	32.4	28.8	32.8
Highest	32.2	29.6	32.2
Total	37.9	35.1	38.7

¹ Among users of female sterilization, pill, IUD, injectables, and implants

5.9 **CONTRACEPTIVE DISCONTINUATION RATES**

For a contraceptive method to prevent pregnancy, it must be used continuously. One measure of the quality of use is the rate at which users discontinue using a method of contraception. Reasons for discontinuation may include contraceptive failure, dissatisfaction with the method, side effects, and lack of availability. High rates of discontinuation, method failure, and method switching may indicate that improvements are needed in counseling in the selection of methods, followup care, and accessibility of services.

² Among users of female sterilization, pill, IUD, injectables, implants, diaphragm, and lactational amenorrhea method (LAM)

Life-table contraceptive discontinuation rates derived from the survey are presented in Table 5.16. These are cumulative first-year discontinuation rates and represent the proportion of users discontinuing a method within 12 months after the start of use. The rates are calculated by dividing the number of discontinuations for each reason at each duration of use in single months by the number of months of exposure at that duration. The single-month rates are then totaled to produce a one-year rate. The reasons for discontinuation are treated as competing risks (net rates). Three reasons for discontinuation are tabulated: method failure (became pregnant while using contraception), desire to become pregnant, and side effects or health concerns. (For a technical discussion on the methodology of calculating this measure, see Macro International, 1992).

Table 5.16 First-year contraceptive discontinuation rate

Percentage of contraceptive users who discontinued use of a method within 12 months after beginning its use, by reason for discontinuation and specific method, Philippines 2003

	Re	eason for dis	continuation		
		Desire to	Switched		
	Method	become	to another	Other	
Method	failure	pregnant	method ¹	reason	Total
Pill	3.7	3.5	11.9	20.1	39.2
IUD	0.6	0.4	5.9	7.1	14.0
Injectables	1.3	4.3	27.7	19.5	52.7
Male condom	7.9	4.0	26.1	20.0	58.0
Calendar/rhythm/periodic					
abstinence	12.5	4.4	7.8	7.0	31.8
Withdrawal	17.2	5.6	11.2	9.8	43.8
All methods	7.8	4.0	13.3	14.0	39.1

Note: Table is based on episodes of contraceptive use that began 3-59 months prior to the survey.

Table 5.16 shows that for all methods (including those not shown separately in the table), 39 percent of users discontinue during the first year of use. Eight percent do so because they become pregnant while using the method, 4 percent because they wanted to become pregnant, 13 percent due to switching to another method, and 14 percent due to other reasons. The discontinuation rate is highest for condoms (58 percent) and injectables (53 percent); however, nearly half of the discontinuers of these methods switched to another method. Four in ten pill users discontinued during the first year of using; 12 percent switched to another method. The discontinuation rate for the IUD is 14 percent; 6 percent of the women switched to another method, 7 percent give other reasons, and another 1 percent report either method failure or a desire to become pregnant.

Although withdrawal and calendar/rhythm/periodic abstinence do not have the highest rates of discontinuation, these methods have the highest failure rates (17 and 13 percent, respectively). Discontinuation due to a desire to become pregnant is slightly higher for withdrawal (6 percent) than for other methods (4 percent each).

Comparison with data from the 1998 NDHS shows that first-year discontinuation rates due to method failure have declined from 12 to 8 percent in 2003. Similarly, the rates by method remain at the

¹ Used a different method in the month following discontinuation or said they wanted a more effective method and started another method within two months of discontinuation

same levels, except for the pill, which declined from 44 to 40 percent, and the calendar/rhythm/periodic abstinence method which declined from 36 to 32 percent (NSO, DOH and Macro, 1999).

Reasons for discontinuation may include contraceptive failure, dissatisfaction with the method, side effects, and lack of availability. High rates of discontinuation, method failure, and method switching may indicate that improvements are needed in counseling in the selection of methods, followup care, and accessibility of services. Table 5.17 presents reasons for discontinuation among ever-users who have discontinued use of a method during the five years preceding the survey. Considering all methods, accidental pregnancy was by far the most important reason for discontinuing use of a family planning method (24 percent), followed by side effects (17 percent) and the desire to become pregnant (16 percent).

Table 5.17 Reasons for discontinuation

Percent distribution of discontinuations of contraceptive methods in the five years preceding the survey by main reason for discontinuation, according to specific method, Philippines 2003

Reason	Pill	IUD	Injectables	Condom	LAM	Periodic abstinence	Withdrawal	Other	All methods
		4.5	3.3		16.7	42.7	45.0	44.8	23.5
Became pregnant while using	11.7			18.1					
Wanted to become pregnant	17.5	14.2	11.3	11.5	6.8	19.9	14.1	14.8	15.5
Husband disapproved	1.7	3.2	1.9	5.5	1.2	4.1	2.9	6.1	2.7
Side effects	26.3	32.4	32.0	9.2	3.0	0.8	3.9	0.0	16.6
Health concerns	12.8	16.8	21.8	5.7	1.2	2.9	2.0	4.2	9.4
Access/availability	3.7	0.0	7.9	2.8	2.4	0.0	0.3	1.7	2.6
Wanted a more effective method	3.7	6.6	4.2	9.0	28.3	10.4	9.3	5.4	7.0
Inconvenient to use	2.6	5.6	2.7	23.3	0.0	2.8	3.7	9.6	4.4
Infrequent sex/husband away	10.0	2.6	2.5	4.4	2.2	3.7	2.9	0.0	5.6
Cost too much	1.1	0.0	2.2	1.7	0.0	0.0	0.0	0.0	0.8
Fatalistic	0.3	1.5	0.5	0.5	0.0	0.0	0.3	0.0	0.4
Difficult to get pregnant/menopausal	0.6	2.2	0.3	0.4	0.9	1.3	0.7	0.0	0.7
Marital dissolution/separation	0.7	0.9	0.1	1.0	0.0	0.0	0.4	0.0	0.5
Other	3.2	8.0	2.8	3.6	13.8	1.9	1.5	5.3	3.0
Don't know	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0
Missing	3.9	1.5	6.5	3.2	23.4	9.7	12.8	8.2	7.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of discontinuations	1,494	181	525	273	73	586	979	54	4,168

Note: Total includes 2 users of foam/jelly. LAM = Lactational amenorrhea method

Programmatic factors such as access/availability and cost of the method are only cited by 3 percent and less than 1 percent, respectively. This reason for discontinuation varies by method. Eight percent of past users of injectables reported that the method was inaccessible or unavailable.

Other reasons for discontinuation also vary by method. The most cited reason for stopping use of modern contraception was method side effects (26 percent of pill users and 32 percent each of IUD and injectables users). Twenty percent of condom users stopped using it because it was inconvenient to use, and 28 percent of LAM users cited the desire for a more effective method.

The reason mentioned most often for discontinuing the use of traditional methods was failure of the method (43 percent of users of periodic abstinence and 45 percent of users of withdrawal).

The reasons for discontinuing contraceptive methods have changed little since 1998; however, discontinuation due to becoming pregnant while using the method (method failure) declined from 31 percent in 1998 to 24 percent in 2003 (NSO, DOH and Macro, 1999).

5.10 Intentions for Family Planning Use among Nonusers

Intention to use contraception in the future provides a forecast of potential demand for family planning services and represents a summary indicator of attitudes toward contraception among current nonusers. In the Philippines, where the contraceptive prevalence rate is high, nonusers are the group most targeted by family planning programs and providers.

In the 2003 NDHS, respondents who were not using any method of contraception at the time of the interview were asked if they intended to use a method at any time in the future. Table 5.18 presents the distribution of currently married women who are not using a contraceptive method by intention to use in the future, according to number of living children. According to the 2003 NDHS data, 40 percent of nonusers intend to use family planning in the future, and 55 percent of nonusers do not intend to use family planning in the future. The remaining women are unsure about their intentions (5 percent).

Table 5.18 Future use of	Table 5.18 Future use of contraception									
Percent distribution of currently married women who are not using a contraceptive method by intention to use in the future, according to number of living children, Philippines 2003										
Number of living children ¹										
Intention	0	1	2	3	4+	Total				
Intends to use	32.9	45.3	45.7	44.9	33.1	39.8				
Unsure	8.0	6.4	5.3	4.8	3.0	4.9				
Does not intend to use	59.1	48.3	49.0	49.2	63.7	55.0				
Missing	0.0	0.0	0.1	1.1	0.2	0.3				
Total	100.0	100.0	100.0	100.0	100.0	100.0				
Number of women										
¹ Includes current pregnat	ncy									

The intention to use a family planning method in the future increases from 33 percent for nonusing married women with no living children to 45 percent for women with one to three living children, after which the desire to use contraception declines. The percentage of nonusing married women who do not intend to use contraception is highest among the women with the most children. Forty-eight percent of married women with one living child say that they do not intend to use a family planning method in the future; the corresponding proportion for women with four or more living children is 64 percent.

The intention to use a family planning method in the future is similar to that recorded in the 1998 NDHS (NSO, DOH and Macro, 1999).

One of the important ways of assessing obstacles to family planning programs is to ask women why they are not using a contraceptive method; this was done in the 2003 NDHS. Table 5.19 presents the distribution of currently married nonusers who do not intend to use family planning by reason for not using contraception, according to two major age groups. The reasons cited by nonusers for nonuse of contraception in the future are primarily fertility related (43 percent) and method related (33 percent). Opposition to the use of contraception is cited by 20 percent of nonusers.

Fifteen percent of women cite the desire to have as many children as possible as a reason for nonuse. Older women are more likely to cite fertility-related reasons for nonuse (47 percent), and younger women are more likely to cite method-related reasons (45 percent). Concerns about their health and the side effects of the method are each expressed by 14 percent of all women. Younger women are more

likely than older women to express these two particular concerns. This finding suggests that family planning counseling is needed to eliminate any concerns women may have about methods and the possible side effects. Comprehensive information on available methods including their advantages and disadvantages would enable nonusers to make informed choices before deciding on a contraceptive method to use.

The respondent's opposition to the use of contraception is more often cited (9 percent) than religious opposition (6 percent) or husband's opposition (4 percent). Younger women are more likely than older women to cite opposition to the use of contraception (25 compared with 18 percent). The lack of knowledge about methods and where they can be obtained are cited as reasons for nonuse by less than 2 percent of women, with higher proportions of younger women than older women (3 compared with 1 percent) reporting lack of knowledge.

Table 5.20 presents data on currently married women who are not currently using family planning but intend to use in the future. Findings show that a significantly large proportion of women want to use the pill (48 percent), and 10 percent each say that they want to use female sterilization, injectables, or periodic abstinence. Younger women are more likely to say that they prefer to use modern methods such as the pill (52 percent) and injectables (12 percent); older women also prefer the pill (43 percent), but indicate interest in periodic abstinence (14 percent) and female sterilization (13 percent) as well.

Table 5.19 Reason for not intending to use contraception

Percent distribution of currently married women who are not using a contraceptive method and who do not intend to use in the future by main reason for not intenting to use, according to age, Philippines 2003

	A	ge	
Reason	15-29	30-49	Total
Fertility-related reasons	24.0	47.3	42.9
Not married	0.3	0.2	0.2
Infrequent sex/no sex	3.2	5.7	5.3
Menopausal/had hysterectomy	0.0	14.3	11.6
Subfecund/infecund	1.4	13.8	11.5
Wants as many children			
as possible	19.4	13.4	14.5
Opposition to use	25.4	18.4	19.7
Respondent opposed	7.4	9.2	8.8
Husband/partner opposed	5.2	3.3	3.7
Others opposed	0.3	0.0	0.1
Religious prohibition	11.7	4.9	6.2
Fatalistic	8.0	1.0	0.9
Lack of knowledge	2.6	1.1	1.4
Knows no method	1.9	0.9	1.1
Knows no source	0.7	0.2	0.3
Method-related reasons	44.7	29.7	32.5
Health concerns	17.0	13.6	14.3
Fear of side effects	21.8	12.5	14.2
Lack of access/too far	0.9	0.3	0.4
Costs too much	1.8	1.8	1.8
Inconvenient to use	1.8	1.0	1.1
Interfere with body's normal			
processes	1.4	0.5	0.7
Other	1.6	2.5	2.3
Don't know/missing	1.4	1.0	1.1
Total	100.0	100.0	100.0
Number	460	1,978	2,438

Comparison of the results of this survey with those of the 1998 NDHS shows that gradually larger proportions of women intend to use the pill (40 percent in 1998 to 48 percent in 2003) and smaller proportions intend to use periodic abstinence (from 13 percent in 1998 to 10 percent in 2003) (NSO, DOH and Macro, 1999).

Table 5.20 Preferred method of contraception for future use

Percent distribution of currently married women who are not using a contraceptive method but who intend to use in the future by preferred method, according to age, Philippines 2003

	Age						
Method	15-29	30-49	Total				
Female sterilization	7.5	12.5	9.7				
Male sterilization	0.0	0.1	0.0				
Pill	51.9	43.4	48.1				
IUD	8.2	8.0	8.1				
Injectables	11.9	7.4	9.9				
Implants	0.0	0.2	0.1				
Condom	2.8	3.2	3.0				
LAM	0.0	0.1	0.1				
Periodic abstinence	7.4	14.1	10.4				
Withdrawal	5.6	6.6	6.0				
Other	0.5	0.4	0.5				
Unsure	3.4	2.4	3.0				
Missing	0.8	1.5	1.1				
Total	100.0	100.0	100.0				
Number of women	982	784	1,765				
LAM = Lactational am	enorrhea	method					

5.11 FAMILY PLANNING MESSAGES IN THE MASS MEDIA

In an effort to investigate which sources of family planning information are reaching their intended audience, female respondents in the 2003 NDHS were asked a series of questions on their exposure to such information. Respondents were asked whether they heard or saw a message on family planning on the radio or television, or if they read it in a newspaper/magazine, poster, or pamphlet in the six months preceding the survey. Respondents were also asked whether they had received any family planning messages through personal contact.

Fifty-nine percent of women age 15-49 were reached by family planning messages aired on radio, and 64 percent saw messages on television. Printed messages in newspapers/magazines and posters reached fewer women (40 percent each), and pamphlets reached only 30 percent of women. One in five women was never reached by any of the above-cited media sources of family planning messages.

Women age 15-19 are somewhat less likely to receive family planning information through any media than women in older age groups. As expected, women who live in rural areas are less likely to be exposed to family planning information through all sources of media than urban women.

Radio, television, and newspapers/magazines are the most likely channels of communicating family planning messages in more developed than in less developed regions of the country. Exposure to mass media channels can be attributed to the availability of electricity and transportation facilities. Eastern Visayas, Cagayan Valley, and CALABARZON showed the highest proportion of women who have heard family planning messages from the radio (66 to 75 percent), while ARMM showed the lowest radio exposure to radio broadcast (39 percent). Television is the source of family planning information for nearly 80 percent of women in Central Luzon, CALABARZON, and NCR, yet only 28 percent of women in ARMM cited the same source.

Table 5.21 Exposure to family planning messages

Percentage of all women who heard or saw a family planning message on the radio or television, or in a newspaper/magazine, poster, or pamphlet in the past few months, according to background characteristics, Philippines

			Р	rinted medi	a	None of	Number
Background			Newspaper/			these media	of
characteristic	Radio	Television	magazine	Poster	Pamphlet	sources	women
Age							
15-19	51.0	61.3	34.7	31.2	21.9	24.8	2,648
20-24	56.7	65.7	41.2	40.3	29.5	18.9	2,209
25-29	61.5	66.9	42.6	43.5	34.1	17.9	2,034
30-34	61.2	65.1	40.8	43.5	33.0	18.2	1,954
35-39	62.5	64.9	41.6	41.8	31.4	18.3	1,873
40-44	62.5	64.3	40.2	42.9	30.8	19.8	1,564
45-49	62.1	63.3	39.2	40.4	29.1	22.3	1,351
Residence							
Urban	60.0	73.6	48.0	44.6	33.5	15.8	7,877
Rural	57.6	51.8	28.6	33.7	24.3	26.1	5,756
Region							
National Capital Region	61.7	79.9	53.2	47.4	31.2	11.6	2,387
Cordillera Admin Region	47.4	46.8	46.4	49.6	41.6	24.5	216
I - Ilocos	59.9	67.6	45.3	38.8	30.9	19.6	642
II - Cagayan Valley	71.2	52.5	34.9	29.6	27.7	13.1	426
III - Central Luzon	62.4	81.3	44.0	32.0	24.0	11.2	1,459
IVA - CALABARZON	65.6	78.0	51.1	45.8	38.0	14.8	1,890
IVB - MIMAROPA	64.6	53.4	34.5	36.9	30.4	19.9	340
V - Bicol	47.6	48.5	27.4	35.1	23.7	28.9	713
VI - Western Visayas	58.8	56.7	31.6	42.0	29.3	21.4	910
VII - Central Visayas	55.5	55.6	36.6	42.5	32.0	26.2	1,070
VIII - Eastern Visayas	74.7	69.0	43.5	55.0	42.2	11.1	555
IX - Zamboanga Peninsula	45.3	33.3	19.6	15.4	14.1	44.6	465
X - Northern Mindanao	55.1	55.4	32.8	36.3	26.2	28.2	565
XI - Davao	50.6	54.8	29.1	44.4	27.4	22.1	654
XII - SOCCSKSARGEN	55.7	53.6	29.5	35.3	24.5	29.9	524
XIII - Caraga	57.2	57.7	29.7	47.7	32.4	21.9	327
ARMM	38.8	28.2	12.4	15.7	14.6	50.1	489
Education							
No education	24.7	12.3	2.8	4.8	3.2	71.0	186
Elementary	52.3	46.2	19.9	25.0	15.1	32.3	3,146
High school	59.2	65.2	37.1	37.2	25.9	19.4	6,109
College or higher	65.2	79.3	60.4	56.9	47.0	9.9	4,192
Wealth index quintile							
Lowest	47.0	26.2	13.6	23.3	14.1	43.4	2,161
Second	60.6	54.2	28.1	32.9	22.8	23.2	2,412
Middle	62.5	72.9	41.0	40.0	29.6	15.1	2,682
Fourth	61.3	77.4	48.6	45.3	34.0	12.9	2,940
Highest	60.7	77.9	56.2	50.8	40.2	13.6	3,438
Total	59.0	64.4	39.8	40.0	29.6	20.2	13,633

Printed media are most often cited by women in CAR and Eastern Visayas, while ARMM shows the lowest percentages. Women's exposure to family planning information dissemination through posters and pamphlets is likely due to their contact with health clinics or health service providers.

Exposure to family planning messages increases with education. Nine in ten women with college or higher education saw a family planning message either on the radio, television, or printed materials, yet this is true for only 29 percent of women with no formal education.

Women from poor families have less access to family planning messages regardless of mass media source. Fourteen percent of women in the wealthiest quintile say that they have had no exposure to family planning messages in the past few months; the corresponding proportion for women in the poorest quintile is 43 percent.

5.12 CONTACT COMMUNICATION BETWEEN NONUSERS AND FAMILY PLANNING/HEALTH SERVICE **PROVIDERS**

Table 5.22 presents data on exposure to family planning messages through personal contacts. In the 2003 NDHS, women who were not using contraception were asked whether they were visited by a family planning worker who discussed family planning in the 12 months preceding the survey. Women were also asked whether they had visited a health facility in the past year and, if so, whether a staff person at that facility spoke to them about family planning. This information is useful in determining if nonusers of family planning are being reached by family planning programs and initiatives in the Philippines. Nonusers may be encouraged to use contraception if fieldworkers discuss family planning during their home visits. Likewise, nonusers who visit health facilities may be encouraged to use contraception if health service providers discuss family planning with them.

Table 5.22 shows that only 12 percent of family planning nonusers were visited by a family planning worker who discussed family planning, and a similar proportion visited a health facility and discussed family planning with a staff person at that facility (14 percent). Seventeen percent of nonusers visited a health facility but did not discuss family planning with any staff member. In all, 80 percent of nonusers did not discuss family planning, either with a fieldworker or at a health facility. This indicates missed opportunities to talk to nonusers about contraception and may indicate that family planning has not been fully integrated into the health services delivery system for women.

Adolescent women (age 15-19) are the least likely to discuss family planning, either when visited by a fieldworker or when at a health facility. Women age 25-34 are slightly more likely than women in other age groups to have had the opportunity of discussing family planning with a staff member when they visited a health facility. Moreover, women living in rural areas are somewhat more likely than urban women to be visited by a fieldworker who discussed family planning with them, or to have this discussion when they visited a health facility.

Missed opportunity for discussion on family planning matters with a fieldworker or at a health facility is 84 percent or higher in NCR, Ilocos, Central Luzon, CALABARZON, and ARMM. Women in the wealthiest quintile are less likely to visit a health facility and discuss family planning than women in the poorest quintile. Women with elementary education are more likely to visit a health facility and discuss family planning than women with other levels of education.

Table 5.22 Contact of nonusers with family planning providers

Percentage of women who are not using contraception who were visited by a fieldworker who discussed family planning, who visited a health facility and discussed family planning, and who visited a health facility but did not discuss family planning, in the 12 months preceding the survey, by background characteristics, Philippines 2003

Background characteristic	Women who were visited by fieldworker who discussed family planning	Women who visited a health facility and discussed family planning	and did not	Women who did not discuss family planning with a field- worker or at a health facility	Number of women
Age					
15-19	5.9	3.9	10.2	91.9	2,584
20-24	10.0	14.5	18.1	80.8	1,731
25-29	14.4	20.8	22.1	72.8	1,234
30-34	17.9	23.8	20.4	68.2	1,063
35-39	14.5	18.0	18.4	74.0	940
40-44	13.7	14.7	20.0	78.9	876
45-49	13.8	12.6	19.2	79.1	902
Residence					
Urban	8.7	11.2	16.9	84.1	5,496
Rural	15.6	17.2	17.3	75.0	3,834
Region					
National Capital Region	8.5	8.5	17.7	86.1	1 <i>,7</i> 15
Cordillera Admin Region	14.2	14.3	15.7	77.4	149
I - Ilocos	9.8	10.2	15.5	85.3	428
II - Cagayan Valley	9.1	20.7	14.1	78.3	253
III - Central Luzon	7.4	9.7	18.5	86.3	929
IVA - CALABARZON	7.7	10.5	9.3	84.7	1,334
IVB - MIMAROPA	21.3	18.5	18.4	69.3	231
V - Bicol	8.9	14.4	22.1	81.4	493
VI - Western Visayas	14.8	18.2	18.2	72.7	640
VII - Central Visayas	12.9	19.7	12.6	75.6	716
VIII - Eastern Visayas	17.9	14.1	14.9	76.6	397
IX - Zamboanga Peninsula	15.2	16.0	16.4	77.1	318
X - Northern Mindanao	21.8	20.7	21.5	67.8	363
XI - Davao	15.0	18.4	25.7	74.3	397
XII - SOCCSKSARGEN	15.2	16.8	17.0	76.8	335
XIII - Caraga	17.5	27.1	25.1	65.3	205
ARMM	10.7	9.5	24.5	84.3	427
Education					
No education	9.3	9.2	18.7	84.3	158
Elementary	15.5	18.1	18.3	74.4	2,024
High school	11.2	12.7	14.5	81.3	4,240
College or higher	9.3	12.2	19.7	82.9	2,909
Wealth index quintile					
Lowest	17.5	18.9	19.1	72.4	1,528
Second	16.5	19.8	18.8	72.6	1,540
Middle	12.5	15.3	16.6	78.7	1,730
Fourth	9.8	11.1	15.4	82.9	1,969
Highest	5.6	7.6	16.3	88.9	2,564
Total	11.5	13.6	17.0	80.3	9,331

This chapter discusses the proximate determinants of fertility or the intermediate factors, other than contraception, that affect a woman's risk of becoming pregnant. The 2003 National Demographic and Health Survey (NDHS) included information on the following factors: nuptiality and sexual intercourse; the onset of menstruation (age at menarche); postpartum amenorrhea and postpartum abstinence from sexual relations; breastfeeding; and menopause.

Couples who are in legal and consensual unions are considered as married in this survey. Since most births in the Philippines are conceived within marriage, marriage marks the beginning of a woman's exposure to the risk of childbearing; the younger the woman's entry to marital union, the longer her exposure to the risk of becoming pregnant. A woman's chance of becoming pregnant is higher if the woman does not use contraception. Moreover, earlier onset of menstruation, due to improvements in health and nutritional status, also increases the risk of pregnancy.

Information on more direct measures of the beginning of exposure to pregnancy and the level of exposure, referred to as age of first sexual intercourse and frequency of intercourse, respectively, is also presented in this chapter.

6.1 **CURRENT MARITAL STATUS**

Marriage is almost universal in the Philippines (Table 6.1). Overall, one in three women age 15-49 has never been married, 56 percent are currently married, 8 percent are living together, 3 percent are separated, and 2 percent are widowed. The proportion of women who never married decreases sharply from 91 percent among teenagers to 49 percent among women in their early twenties and to 21 percent among those in their late twenties. The proportion of women who remain single through their forties declines to 5 percent.

In contrast, the proportion of women who are married or living with their partner is only 9 percent among women under 20 years old. This proportion increases to 50 percent for women age 20-24 and to 76 percent among women age 25-29. The highest proportion of women currently married or living with their partner is at age group 35-39 (87 percent). Lower proportions in older age groups are due to the increase in the proportions of women who are separated or widowed.

Table 6.1 Current marital status									
Percent dist 2003	ribution of	women b	y current	marital statı	us, accordin	g to age,	Philippines		
	Never		Living				Number		
Age	married	Married	together	Separated	Widowed	Total	of women		
15-19	90.6	3.9	5.1	0.3	0.0	100.0	2,648		
20-24	48.7	36.9	12.7	1.8	0.0	100.0	2,209		
25-29	20.8	66.4	9.7	2.8	0.2	100.0	2,034		
30-34	10.8	77.1	8.0	3.2	0.8	100.0	1,954		
35-39	6.9	80.0	7.2	3.7	2.1	100.0	1,873		
40-44	5.5	79.0	6.8	4.9	3.8	100.0	1,564		
45-49	4.5	78.7	6.6	4.0	6.0	100.0	1,351		
Total	32.2	55.6	8.0	2.7	1.5	100.0	13,633		

6.2 AGE AT FIRST MARRIAGE

Given that most births in the Philippines occur within marriage, the age at legal or consensual marriage marks the start of women's exposure to childbearing. Table 6.2 shows the percentage of women who are married by specific exact age and the median age at first marriage, according to their age at the time of the survey. Overall, 91 percent of women age 15-19 have not married. The corresponding proportion for women age 30-34 is 11 percent, and for those age 45-49, it is 5 percent. Looking at the exact ages at which women marry, two in ten women age 25-49, marry by age 18, half of all women have married by age 22, and seven in ten are married by age 25.

Data in the table imply that younger women tend to delay their entry into marital union, as reflected by the increasing proportion of women married at exact age 15 to 25. While 14 percent of women age 20-24 are married by age 18, 18 to 19 percent of women age 30-49 are married by age 18. A very slight increase in age at first marriage in the past three decades can also be observed from the increasing median age at first marriage. Whereas the median age at first marriage for women age 45-49 is 21.9 years, the corresponding age for women age 25-29 is 22.2 years.

Ta	ble	6.2	Age	at	first	marriag	e

Percentage of women who were first married by exact ages and median age at first marriage, according to current age, Philippines 2003

	Pe	rcentage fi	rst marrie	d by exact	age	Percentage		Median
Current						never	Number	age at first
age	15	18	20	22	25	married	of women	marriage
15-19	1.2	na	na	na	na	90.6	2,648	a
20-24	1.5	14.0	32.7	na	na	48.7	2,209	a
25-29	2.7	13.4	31.9	48.4	69.1	20.8	2,034	22.2
30-34	3.4	19.0	33.7	48.1	67.4	10.8	1,954	22.3
35-39	3.2	18.0	34.5	49.8	68.2	6.9	1,873	22.0
40-44	3.4	19.0	37.3	53.0	71.6	5.5	1,564	21.6
45-49	3.2	18.4	35.3	51.0	70.7	4.5	1,351	21.9
20-49	2.8	16.7	34.0	48.9	65.6	18.1	10,985	a
25-49	3.2	17.4	34.3	49.8	69.2	10.4	8,777	22.0

na = Not applicable

Median Age at First Marriage 6.2.1

Table 6.3 shows the differentials in age at first marriage by women's background characteristics. In general, urban, better-educated, and wealthier women marry later than other women. For example, urban women marry two years later than rural women (22.9 and 20.9 years, respectively). The positive association between education and age at first marriage is obvious: Women who completed high school marry three years later than women with no education (21.2 and 18.2 years, respectively). The differentials are even greater by wealth status. On average, women in the wealthiest households marry at age 24.6 years, while women in the poorest households marry when they are 19.7 years old.

a = Omitted because less than 50 percent of the women married for the first time before reaching the beginning of the age group

Table 6.3 Median age at first marriage

Median age at first marriage among women age 25-49, by current age and background characteristics, Philippines 2003

			A			Women
Background characteristic	25-29	30-34	Age 35-39	40-44	45-49	_ age 25-49
	23-23	30-34	33-33	70-77	73-73	25 15
Residence Urban	22 O	22.5	22.0	22.4	22.6	22.0
Orban Rural	23.0 21.1	23.5 20.7	22.9 21.1	22.4 20.7	22.6 20.7	22.9
Kurai	21.1	20.7	21.1	20.7	20.7	20.9
Region						
National Capital Region	23.3	24.7	24.3	23.3	22.8	23.8
Cordillera Admin Region	21.6	22.1	22.2	20.6	21.2	21.5
I - Ilocos	22.6	20.7	22.3	22.6	22.4	22.1
II - Cagayan Valley	20.9	20.8	21.6	21.0	20.6	20.9
III - Central Luzon	21.6	22.5	22.4	21.7	22.1	22.1
IVA - CALABARZON	23.4	23.0	22.5	21.6	22.7	22.7
IVB - MIMAROPA	21.2	21.6	19.9	21.1	20.2	21.0
V - Bicol	22.7	20.8	21.0	21.4	21.4	21.4
VI - Western Visayas	21.9	22.1	21.7	20.5	22.2	21.8
VII - Central Visayas	22.8	22.0	21.5	22.1	21.2	21.9
VIII - Eastern Visayas	21.7	21.0	20.4	19.8	20.6	20.8
IX - Zamboanga Peninsula	21.0	20.4	21.7	20.3	22.1	20.9
X - Northern Mindanao	22.5	22.1	22.0	22.2	21.2	22.0
XI - Davao	21.7	21.9	21.7	20.5	21.2	21.4
XII - SOCCSKSARGEN	21.0	20.4	22.0	20.4	20.3	21.0
XIII - Caraga	21.2	21.3	21.0	21.8	20.0	21.1
ARMM	20.1	19.4	19.9	19.1	20.5	19.9
Education						
No education	18.9	18.1	17.1	18.5	18.2	18.2
Elementary	19.3	19.2	19.8	19.7	20.0	19.6
High school	21.0	21.6	21.2	20.8	21.5	21.2
College or higher	24.9	25.2	25.5	25.2	25.3	a
W						
Wealth index quintile	10 E	10 F	20.0	10.6	20.4	10.7
Lowest	19.5	19.5	20.0	19.6	20.4	19.7
Second	20.6	20.5	20.7	20.5	20.8	20.6
Middle Fourth	22.0 23.6	22.0	21.1	21.2	20.8	21.5 22.8
		23.5	22.8 25.0	21.8 24.2	21.9 23.8	22.8 24.6
Highest	a	24.8	25.0	24.2	23.0	24.0
Total	22.2	22.3	22.0	21.6	21.9	22.0

a = Omitted because less than 50 percent of the women married for the first time before reaching age 25

There are regional variations in median age at first marriage, ranging from a low (19.9 years) in Autonomous Region in Muslim Mindanao (ARMM) to a high (23.8 years) in National Capital Region (NCR). The median age at first marriage is below the national average in all regions except in Ilocos, Central Luzon, CALABARZON, and Northern Mindanao.

6.3 AGE AT FIRST MENSTRUATION

On the whole, the mean age at menarche, which is a biological factor influenced by the woman's general health and nutritional state, is 13.3 years (Table 6.4). The data reveal that younger women tend to have menarche at an earlier age than older women. For instance, the onset of menstruation for women age 15-19 is 12.8 years, while for women in their forties, it is 13.6 years.

Almost one in ten women has her first menstruation before age 12, half of women menstruated at age 12 or 13, and one in five at age 15 or older. The earlier age at menarche among younger women can also be observed from generally larger proportions of younger women at each age at menarche, up to age 13. For instance, while 33 percent of women age 15-19 have their first menstruation at age 12, the corresponding proportion for women age 45-49 is only 22 percent.

Table 6.4 A	ge at menarc	<u>he</u>						
Percent distr	ibution of wo	omen by	age at m	enarche,	by age g	roup, Phil	ippines 20	003
Current age	<10	11	12	13	14	15+	Total	Mean
15-19	2.1	8.9	32.5	29.1	17.1	10.3	100.0	12.8
20-24	1.9	6.8	29.4	26.5	18.3	17.1	100.0	13.1
25-29	1.6	6.6	27.1	25.3	20.5	19.0	100.0	13.3
30-34	1.8	6.6	25.1	23.7	20.3	22.5	100.0	13.4
35-39	1.9	5.8	22.8	24.3	20.8	24.4	100.0	13.5
40-44	1.9	4.8	22.8	23.2	20.3	26.9	100.0	13.6
45-49	2.9	6.6	21.7	23.0	16.8	29.0	100.0	13.6
Total	2.0	6.7	26.6	25.4	19.1	20.1	100.0	13.3

6.4 **AGE AT FIRST SEXUAL INTERCOURSE**

Age at first sexual intercourse is another indicator of the beginning of a woman's exposure to the risk of childbearing. Data on age at first sexual intercourse (Table 6.5) indicate that among women age 25-49, 3 percent of women had their first sexual intercourse by age 15, 36 percent by age 20, and 68 percent by age 25.

Table 6.5 Age at first sexual intercourse
Percentage of women who had first sexual intercourse by exact ages and median age at first intercourse, according to current age, Philippines 2003
·

Current		sexual inte		Percentage who never had	Number	Median age at first		
age	15	18	20	22	25	intercourse	of women	intercourse
15-19	1.4	na	na	na	na	89.5	2,648	a
20-24	1.5	14.9	35.5	na	na	45.4	2,209	a
25-29	2.8	14.8	33.6	49.3	68.2	18.3	2,034	22.1
30-34	3.3	19.4	35.7	49.8	66.5	9.2	1,954	22.0
35-39	2.6	18.0	36.0	49.7	65.4	6.2	1,873	22.0
40-44	3.3	20.1	38.6	54.0	70.2	4.8	1,564	21.5
45-49	3.2	20.2	37.7	51.8	70.5	3.7	1,351	21.7
20-49	2.7	17.6	36.0	na	na	16.3	10,985	a
25-49	3.0	18.3	36.1	50.7	67.9	9.0	8,777	21.9

na = Not applicable

a = Omitted because less than 50 percent of the women had intercourse for the first time before reaching the beginning of the age group

The last column in Table 6.5 shows that the median age at first sexual intercourse is slightly higher among younger women: 22.1 years for women age 25-29 and 21.7 years for women age 45-49. It can be surmised that the age at which women became sexually active has increased over time: 15 percent of women age 20-24 had sex at age 18, compared with 20 percent of women age 45-49.

Table 6.6 presents the differentials in median age at first sexual intercourse by women's background characteristics. The data show similar patterns to those on median age at first marriage, with higher age at first sex among urban than rural women and among better educated women than those with no education.

Background			Age			age		
characteristic	25-29	30-34	35-39	40-44	45-49	25-49		
Residence								
Urban	22.9	23.3	23.0	22.2	22.5	22.8		
Rural	21.1	20.6	20.9	20.7	20.7	20.8		
Region								
National Capital Region	23.0	24.5	24.4	22.8	22.8	23.5		
Cordillera Admin Region	21.2	21.9	22.3	20.8	22.7	21.6		
I - Ilocos	22.7	20.7	22.4	22.3	22.7	22.2		
II - Cagayan Valley	21.2	20.9	21.3	21.4	20.6	21.		
III - Central Luzon	22.5	22.6	22.2	21.6	21.9	22.2		
IVA - CALABARZON	23.2	22.8	23.2	21.5	22.5	22.0		
IVB - MIMAROPA	20.9	21.7	20.0	21.9	21.3	21.2		
V - Bicol	22.3	20.7	20.6	21.0	20.6	21.0		
VI - Western Visayas	21.2	21.7	22.0	20.4	21.9	21.		
VII - Central Visayas	21.9	21.0	21.5	21.9	21.2	21.		
VIII - Eastern Visayas	21.7	20.5	20.4	20.4	20.4	20.		
IX - Zamboanga Peninsula	21.3	20.5	21.8	20.2	21.4	21.0		
X - Northern Mindanao	22.5	21.1	21.0	22.1	21.5	21.		
XI - Davao	21.3	21.9	21.3	20.7	20.8	21.2		
XII - SOCCSKSARGEN	21.0	20.8	21.7	20.7	19.9	21.0		
XIII - Caraga	20.7	20.9	21.2	21.4	19.9	20.		
ARMM	20.3	19.6	20.2	18.8	20.5	20.0		
Education								
No education	18.5	18.1	17.7	18.4	18.0	18.		
Elementary	19.1	19.0	19.6	19.4	19.7	19.4		
High school	21.1	21.4	21.1	20.7	21.6	21.		
College or higher	24.7	25.0	25.5	25.2	25.1	i		
Wealth index quintile								
Lowest	19.4	19.3	19.9	19.5	19.9	19.5		
Second	20.8	20.2	20.7	20.6	20.9	20.6		
Middle	21.8	22.0	21.3	20.9	20.9	21.		
Fourth	23.8	23.4	22.5	21.7	21.8	22.8		
Highest	24.7	24.7	25.1	24.3	23.7	24.5		
Total	22.1	22.0	22.0	21.5	21.7	21.9		

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6.5 RECENT SEXUAL ACTIVITY

Information on the frequency of intercourse is important for the refinement of measures of exposure to pregnancy. The 2003 NDHS collected information regarding the respondent's recent sexual activity to derive an indicator of the extent to which women abstain from sex because of such factors as a recent birth or temporary separation from husband. Each woman in the survey was asked how long ago was her last sexual intercourse (if ever), her relationship to the person with whom she had the last sex, and how long she has had sexual relations with this person.

Table 6.7 presents data on the timing of the last sexual intercourse, according to selected background characteristics. Overall, 49 percent of the women say that they had sex in the four weeks preceding the survey, 13 percent had sex in the 1 to 11 months preceding the survey, and 5 percent did not have sex in the one year preceding the survey.

Nine in ten women age 15-19 have never had sex. The proportion of women who never had sex declines to 9 percent among women age 30-34 and 4 percent among women age 45-49. Women in their thirties are the most likely to have had sex in the past four weeks (68 to 70 percent). On the other hand, women in their forties are more likely than younger women to report having their last sex in the more distant past (one to eleven months before the survey or prior to that).

As expected, women who are married or living together are the most likely to have had sex within the past four weeks than other women (77 percent). Among women who never married, 2 percent say that their last sex was one or more years ago, and less than 1 percent had sex in the past four weeks. Among women in their first marriage, those who have been in union for 5 to 19 years are more likely to have had sexual relations in the four weeks preceding the survey than those who have been married for a longer or shorter period.

The likelihood that a woman had sexual relations in the most recent past is negatively associated with her education. While 65 percent of women with no education were sexually active in the four weeks preceding the survey, the corresponding proportion for women with high school or higher education is 45 to 46 percent. Women with college or higher education are less likely than other women to have ever had sex, partly because they marry later than women with less education (see Table 6.4).

Urban women were less sexually active in the four weeks preceding the survey than rural women (44 and 56 percent, respectively). Similarly, women in more urbanized regions are less likely to have been sexually active within the last four weeks than in other regions. The urban regions include NCR (41 percent) and CALABARZON (45 percent). The more rural regions, such as Zamboanga Peninsula and Cagayan Valley, have higher proportions of sexually active women in the most recent period covered by the survey (60 to 61 percent).

Women in the poorest quintile are much more likely to have engaged in sex in the four weeks preceding the survey than women in the wealthiest quintile (62 and 36 percent, respectively). The last panel in Table 6.7 shows that use of contraception can be associated with sexual activity. Women who are using contraception are two to three times more likely than nonusers to be sexually active (72 to 94 percent, compared with 32 percent). Users of the pill and condoms are the most active sexually (94 percent each).

Table 6.7 Recent sexual activity

Percent distribution of women by timing of last sexual intercourse, according to background characteristics, Philippines 2003

	Timing of last sexual intercourse				- Ni ! !		
D	Within One or				Never had		Numbe
Background characteristic	the last 4 weeks	Within 1 year ¹	more	Missing	sexual inter- course	Total	of womer
	4 weeks	т уеаг	years	iviissirig	course	TOtal	women
Age	6.7	2.0	0.3	0.4	00.5	100.0	2.640
15-19	6.7	3.0	0.3	0.4	89.5	100.0	2,648
20-24 25-29	38.8 61.5	12.1 13.9	2.2 3.6	1.5 2.7	45.4 18.3	100.0	2,209
30-34	67.6	15.9	5.0	2.7	9.2	100.0 100.0	2,034
35-39	70.0	14.5	7.5	1.8	6.2	100.0	1,954 1,873
40-44	65.8	17.5	10.3	1.6	4.8	100.0	1,564
45-49	57.3	21.9	14.9	2.2	3.7	100.0	1,351
Marital status	37.3	21.3	1 11.5		5.7	100.0	1,551
Never married	0.6	1.6	2.2	0.7	94.9	100.0	4,388
Married or living together	77.0	18.8	2.5	1.7	0.0	100.0	8,671
Divorced/separated/widowed	3.7	12.4	72.7	11.1	0.0	100.0	574
Marital duration							
Married only once ²							
0-4 years	74.8	21.1	1.1	2.9	0.1	100.0	1,826
5-9 years	80.6	16.0	1.5	1.8	0.0	100.0	1,771
10-14 years	80.8	15.5	2.2	1.4	0.0	100.0	1,456
15-19 years	81.9	14.7	2.4	1.0	0.0	100.0	1,304
20-24 years	75.0	20.1	3.9	1.0	0.0	100.0	1,033
25+ years	63.9	27.5	7.3	1.3	0.0	100.0	757
Married more than once	71.5	24.6	2.2	1.6	0.0	100.0	525
Residence	44.4	42 =	6.2	4 =	242	400.0	7.077
Urban	44.4	13.5	6.3	1.7	34.2	100.0	7,877
Rural	56.1	12.4	4.1	1.8	25.6	100.0	5,756
Region	40.7	112	7.0	2.2	25.4	100.0	2.207
National Capital Region	40.7	14.2	7.8	2.2	35.1	100.0	2,387
Cordillera Admin Region	47.9	13.1	5.5	2.2	31.2	100.0	216
I - Ilocos II - Cagayan Valley	50.2 60.4	13.0 14.6	4.8 3.2	2.7 1.7	29.4 20.1	100.0 100.0	642 426
III - Cagayaii Valley III - Central Luzon	51.6	12.0	4.5	1.7	30.8	100.0	1,459
IVA - CALABARZON	44.7	13.2	7.0	1.6	33.5	100.0	1,890
IVB - MIMAROPA	59.3	14.5	4.8	1.9	19.5	100.0	340
V - Bicol	49.9	13.1	4.7	1.5	30.7	100.0	713
VI - Western Visayas	45.1	16.4	4.7	2.1	31.8	100.0	910
VII - Central Visayas	50.2	12.0	4.9	2.1	30.8	100.0	1,070
VIII - Eastern Visayas	49.3	13.3	5.4	2.2	29.8	100.0	555
IX - Zamboanga Ýeninsula	60.8	9.7	4.0	2.4	23.2	100.0	465
X - Northern Mindanao	51.4	13.6	3.7	1.1	30.2	100.0	565
XI - Davao	54.8	12.8	3.0	0.8	28.6	100.0	654
XII - SOCCSKSARGEN	58.7	9.7	4.6	1.2	25.8	100.0	524
XIII - Caraga	52.8	14.3	4.4	1.6	26.9	100.0	327
ARMM	56.7	8.1	3.8	1.9	29.4	100.0	489
Education	64.6	44.0	0.6	2.4	44.0	100.0	100
No education	64.6	11.2	9.6	3.4	11.3	100.0	186
Elementary	61.3	16.9	6.6	2.1	13.1	100.0	3,146
High school	45.5	11.8	4.4	1.5	36.8	100.0	6,109
College or higher	45.1	12.0	5.7	1.8	35.4	100.0	4,192
Wealth index quintile	62.0	445	2.0	2.2	17.4	100.0	2 1 (1
Lowest	62.0	14.5	3.9	2.2	17.4	100.0	2,161
Second Middle	57.8	13.6	5.1	2.2 1.5	21.4 28.0	100.0	2,412 2,682
Fourth	51.8 46.0	14.2 12.4	4.5 5.9	1.5	34.3	100.0 100.0	2,002
Highest	36.3	11.3	6.7	1.4	44.0	100.0	3,438
Current contraceptive method	50.5	11.5	0.7	1./	77.0	100.0	J,+30
Female sterilization	72.2	19.4	7.0	1 /	0.0	100.0	947
Pill	93.5	5.8	0.3	1.4 0.5	0.0	100.0	1,148
IUD	93.5 88.5	5.6 9.3	1.1	1.1	0.0	100.0	359
Condom	94.2	9.3 5.1	0.0	0.7	0.0	100.0	169
Periodic abstinence	85.4	14.0	0.0	0.5	0.0	100.0	587
Other method	88.5	10.3	0.4	0.8	0.0	100.0	1,092
No method	32.4	13.8	7.0	2.2	44.6	100.0	9,331
Total	49.3	13.0	5.4	1.8	30.5	100.0	13,633

 $^{^{\}rm 1}$ Excludes women who had sexual intercourse within the last four weeks $^{\rm 2}$ Excludes women who are not currently married

6.6 POSTPARTUM AMENORRHEA, ABSTINENCE, AND INSUSCEPTIBILITY

A woman who has just given birth can reduce the risk of becoming pregnant if she breastfeeds her newborn and delays the resumption of sexual intercourse. Data on the percentage of births whose mothers are postpartum amenorrheic, abstaining, and insusceptible by the number of months since birth are presented in Table 6.8. Women are considered insusceptible if they are either amenorrheic or abstaining after giving birth and therefore are not exposed to the risk of pregnancy. The estimates shown in Table 6.8 are based on current status data; that is, they refer to the woman's situation at the time of the survey. The data are grouped in two-month intervals to minimize fluctuations in the estimates.

Table 6.8 Postpartum amenorrhea, abstinence, and insusceptibility

Percentage of births in the three years preceding the survey for which mothers are postpartum amenorrheic, abstaining, and insusceptible, by number of months since birth, and median and mean durations, Philippines 2003

Months	Percentage of births for which the mother is					
since birth	Amenorrheic	Abstaining	Insusceptible	Number of births		
<2	94.6	88.5	98.7	165		
2-3	65.4	44.2	77.8	250		
4-5	56.3	24.7	68.6	202		
6-7	31.9	15.0	40.1	264		
8-9	30.3	12.3	38.3	253		
10-11	22.5	10.8	30.9	230		
12-13	18.6	13.4	27.8	226		
14-15	12.8	7.7	18.5	240		
16-17	10.1	7.3	14.9	195		
18-19	4.4	8.0	10.7	232		
20-21	3.3	4.4	7.1	265		
22-23	5.3	12.3	14.6	233		
24-25	4.2	7.8	10.7	224		
26-27	2.4	3.0	4.3	209		
28-29	0.9	3.7	4.2	202		
30-31	3.7	5.2	7.4	235		
32-33	2.0	4.6	5.8	227		
34-35	3.8	5.4	8.0	261		
Total	19.7	14.4	26.2	4,111		
Median	4.6	2.5	6.1	na		
Mean	7.7	5.9	10.0	na		

Note: Estimates are based on status at the time of the survey. na = Not applicable

Overall, 20 percent of women who gave birth in the three years preceding the survey are amenorrheic, 14 percent are abstaining, and 26 percent are insusceptible to pregnancy. Women are amenorrheic for a median of 4.6 months and abstain for 2.5 months after birth, resulting in a period of insusceptibility of 6.1 months. These figures are similar to those found in the 1998 NDHS except that the percentage of women who abstain is higher in 2003 (14 compared with 12 percent) (NSO, DOH, and Macro International Inc., 1999).

Data in Table 6.8 show that within two months after giving birth, 95 percent of women are amenorrheic, 89 percent are abstaining, and 99 percent, in effect, are insusceptible. These three proportions decrease sharply for two to three months after birth and steadily thereafter. The data show that the percentage of women abstaining is less than those amenorrheic from birth up to 17 months after birth, after which the pattern reverses (Table 6.8).

Median Duration of Postpartum Amenorrhea, Abstinence, and Insusceptibility

While the period of insusceptibility does not vary by the woman's age, the median duration of postpartum amenorrhea for women age 30-49 is almost one month longer than that for women age 15-29 (5.1 and 4.3 months, respectively). Urban women are insusceptible to pregnancy for two months less than rural women, because of a shorter duration of amenorrhea (3.9 and 5.9 months, respectively). Bettereducated women are more susceptible to the risk of pregnancy than women with less education, because they have a shorter duration of amenorrhea (3.6 and 7 months, respectively).

Median number of months of partum insusceptibility following ground characteristics, Philippin Background characteristic Age 15-29 30-49 Residence Urban Rural Region National Capital Region Cordillera Admin Region I - Ilocos II - Cagayan Valley III - Central Luzon IVA - CALABARZON	ng births in the	Postpartum abstinence	stpartum abstinenc preceding the surv Postpartum insusceptibility	ee, and post- ey, by back- Number of births
characteristic Age 15-29 30-49 Residence Urban Rural Region National Capital Region Cordillera Admin Region I - Ilocos II - Cagayan Valley III - Central Luzon IVA - CALABARZON	amenorrhea 4.3	abstinence 2.7		
15-29 30-49 Residence Urban Rural Region National Capital Region Cordillera Admin Region I - Ilocos II - Cagayan Valley III - Central Luzon IVA - CALABARZON				OI DII GIS
30-49 Residence Urban Rural Region National Capital Region Cordillera Admin Region I - Ilocos II - Cagayan Valley III - Central Luzon IVA - CALABARZON				
Residence Urban Rural Region National Capital Region Cordillera Admin Region I - Ilocos II - Cagayan Valley III - Central Luzon IVA - CALABARZON	5.1	2.2	6.0	2,307
Urban Rural Region National Capital Region Cordillera Admin Region I - Ilocos II - Cagayan Valley III - Central Luzon IVA - CALABARZON		2.3	6.3	1,804
Urban Rural Region National Capital Region Cordillera Admin Region I - Ilocos II - Cagayan Valley III - Central Luzon IVA - CALABARZON				
Rural Region National Capital Region Cordillera Admin Region I - Ilocos II - Cagayan Valley III - Central Luzon IVA - CALABARZON	3.9	2.7	5.0	2,046
Region National Capital Region Cordillera Admin Region I - Ilocos II - Cagayan Valley III - Central Luzon IVA - CALABARZON	5.9	2.4	7.4	2,065
National Capital Region Cordillera Admin Region I - Ilocos II - Cagayan Valley III - Central Luzon IVA - CALABARZON	3.3	2	7.1	2,003
Cordillera Admin Region I - Ilocos II - Cagayan Valley III - Central Luzon IVA - CALABARZON				
I - Ilocos II - Cagayan Valley III - Central Luzon IVA - CALABARZON	3.3	3.2	4.6	590
II - Cagayan Valley III - Central Luzon IVA - CALABARZON	4.2	3.2	7.5	70
III - Central Luzon IVA - CALABARZON	4.0	2.2	5.0	194
IVA - CALABARZON	6.5	2.4	10.5	129
	3.8	2.2	5.5	397
	4.8	3.0	5.6	500
IVB - MIMAROPA	7.1	2.0	8.4	139
V - Bicol	6.2	2.4	6.9	255
VI - Western Visayas	8.6	3.2	9.4	299
VII - Central Visayas	3.7	1.7	4.5	323
VIII - Eastern Visayas	6.9	3.2	8.2	210
IX - Zamboanga Peninsula	6.4	2.9	7.9	167
X - Northern Mindanao	4.2	2.1	4.5	180
XI - Davao	4.3	2.5	7.1	166
XII - SOCCSKSARGEN	6.4	1.8	7.1	190
XIII - Caraga	4.2	2.9	4.9	116
ARMM	3.5	2.4	4.5	187
Education				
No education	7.0	1.8	8.4	80
Elementary	7.2	2.3	8.2	1,179
High school	4.5	2.5	6.1	1,769
College or higher	3.6	3.0	5.0	1,084
Wealth index quintile				
Lowest	7.7	2.3	8.9	1,100
Second	5.3	2.4	6.6	956
Middle	4.3	2.6	5.7	822
Fourth	3.9	2.8	4.6	685
Highest	3.2	3.0	4.0	549
Total	4.6	2.5	6.1	1 111
Note: Medians are based on cu			0.1	4,111

With respect to the economic status of the women's household, duration of postpartum insusceptibility is longest among women in the poorest quintile (8.9 months) and shortest for women in the wealthiest quintile (4.0 months). This is attributed to longer durations of postpartum amenorrhea (7.7 months for women in the poorest quintile and 3.2 months for women in the wealthiest quintile).

There are large differentials in the duration of postpartum insusceptibility across regions, from less than five months in NCR, Central Visayas, Northern Mindanao, Caraga, and ARMM, to nine or more months in Cagayan Valley and Western Visayas. These differences are largely due to variations in postpartum amenorrhea. Women in NCR have the shortest duration of postpartum amenorrhea (3.3 months), while women in Western Visayas have the longest (8.6 months).

6.6.2 Median Duration of Postpartum Amenorrheic Period for Breastfeeding Duration

The longer women breastfeed their babies, the longer is their amenorrheic period. This relationship is substantiated by data in Table 6.10. Women who breastfed their babies for less than two months have a median duration of postpartum amenorrhea of 2.7 months, whereas the median duration for women who breastfed for two months or longer is 5.8 months.

Older women tend to have a longer duration of postpartum amenorrhea than younger women. For example, among women who breastfed for two months or more, the postpartum amenorrheic period for women age 35-49 is 6.1 to 8.0 months, compared with 4.9 to 5.8 months for younger women.

Table 6.10 Median duration of	postpartum amenorrheic period
for breastfeeding duration	

Median duration of postpartum amenorrhea for women who last gave birth between 12 and 60 months prior to the survey and whose child is still alive for selected breastfeeding durations, by age, Philippines 2003

	Women who	o breasfed	Women who breastfed				
	for <2 n	nonths	for 2 month	for 2 months or more			
	Median	Median		_			
	duration of	Number	duration of	Number			
	postpartum	of	postpartum	of			
Age	amenorrhea	children	amenorrhea	children			
15-19	*	6	5.1	51			
20-24	2.7	104	4.9	431			
25-29	2.6	188	5.6	673			
30-34	2.6	148	5.8	621			
35-39	2.6	122	6.3	448			
40-44	(2.9)	53	8.0	229			
45-49	*	18	6.1	103			
Total	2.7	639	5.8	2,556			

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

6.7 MENOPAUSE

The termination of a woman's fecundity is signified by menopause, that is, the cessation of the menstrual period. Table 6.11 shows the percentage of women who are not currently pregnant and not postpartum amenorrheic but whose last menstrual period occurred six or more months preceding the survey. The proportion of women who are considered menopausal increases with age. This proportion shows a slow increase from 1 percent among women age 30-34 to 5 percent for women age 42-43, and then increases rapidly to 38 percent for women age 48-49.

Ta	<u>able</u>	6.11	Meno	pause

Percentage of women age 30-49 who are menopausal, by age, Philippines 2003

Age	Percentage menopausal ¹	Number of women
30-34	1.1	1,954
35-39	1.8	1,873
40-41	3.7	651
42-43	5.3	606
44-45	10.8	624
46-47	18.2	531
48-49	38.2	503
Total	6.9	6,742

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

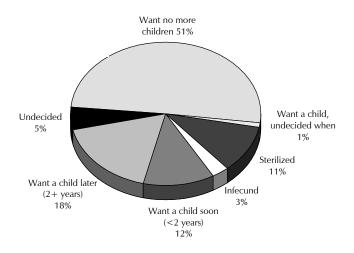
In recognition of the right of couples to decide their own family size, the Philippine Family Planning Program (PFPP) regularly monitors important indicators, such as number of living children, couples' desired number of children, the demand for contraception, and planned as compared with unplanned fertility. This chapter updates these indicators with data collected from the 2003 National Demographic and Health Survey (NDHS) and supplements them with gender-related data from new questions incorporated in the 2003 survey.

7.1 **DESIRE FOR ADDITIONAL CHILDREN**

The information presented in this section is derived from hypothetical questions on whether currently married women age 15-49 wish to have a child, or another child, in the future. For women who are currently pregnant, the question on desire for more children is rephrased to refer to their desire for another child after the one that is currently expected.

Table 7.1 and Figure 7.1 show the distribution of currently married women by desire for more children, according to the number of living children. The data show that 51 percent of these women say that they want no more children, while 11 percent have been sterilized. Thirty-one percent of married women say that they want to have additional children: 12 percent want a child within two years, 18 percent want a child after two years or more, and 1 percent is unsure about the time. Five percent of women are not sure whether they want another child.

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



NDHS 2003

Table 7.1 Fertility preferences by number of living children

Percent distribution of currently married women by desire for children, according to number of living children, Philippines 2003

		Number of living children ¹							
Desire for children	0	1	2	3	4	5	6+	Total	
Have another soon ²	78.5	22.4	8.9	2.8	2.6	1.8	1.4	11.7	
Have another later ³	10.3	49.4	24.5	11.6	5.9	3.9	1.9	18.4	
Have another, undecided when	0.5	1.7	1.5	0.4	0.3	0.2	0.3	0.8	
Undecided	3.6	6.2	6.7	4.7	3.8	2.7	4.5	5.0	
Want no more	3.4	17.3	50.0	59.2	64.5	70.5	78.1	50.6	
Sterilized ⁴	0.1	0.7	6.4	19.0	20.6	16.7	9.3	10.6	
Declared infecund	3.3	2.1	2.1	2.2	2.3	4.1	4.3	2.7	
Missing	0.3	0.1	0.0	0.2	0.1	0.0	0.1	0.1	
Total Number of women	100.0 500	100.0 1,556	100.0 1.896	100.0 1,665	100.0 1,193	100.0 726	100.0 1.136	100.0 8,671	

¹ Includes current pregnancy

Table 7.2 shows the percent distribution of currently married women by their desire for more children, according to age. Women in age groups 15-19 and 30-34 are the most likely to say that they would like another child soon (18 and 15 percent, respectively). Proportions of women reporting that they would like to have another child later decrease with increasing age. While younger women are the least likely to say that they want no more children (19 percent), women 35 and over are among the most likely to report the same (about 60 percent).

Table 7.2 Fertility preferences by age Percent distribution of currently married women by desire for more children, by age, Philippines 2003															
Desire for				Age											
children	15-19	20-24	25-29	30-34	35-39	40-44	45-49	Total							
Wants another soon ¹	18.2	12.5	13.5	15.1	11.7	9.0	5.6	11.7							
Wants another later ²	52.9	48.1	35.0	16.6	6.0	1.6	0.5	18.4							
Wants another, undecided when	1.0	0.6	1.2	1.2	1.0	0.3	0.3	0.8							
Undecided	7.6	8.3	6.8	5.5	5.0	2.6	1.4	5.0							
Wants no more	19.2	29.7	39.9	52.9	61.0	63.9	58.0	50.6							
Sterilized ³	0.0	0.3	3.3	8.0	14.0	19.4	21.4	10.6							
Declared infecund	1.1	0.4	0.3	0.7	1.2	3.1	12.7	2.7							
Missing	0.0	0.2	0.1	0.1	0.0	0.1	0.2	0.1							
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0							
Number of women	239	1,095	1,548	1,663	1,633	1,341	1,152	8,671							
¹ Wants next birth within two years ² Wants to delay next birth for two or ³ Includes both female and male steril		ırs					¹ Wants next birth within two years ² Wants to delay next birth for two or more years								

Table 7.3 shows the percentage of currently married women who want no more children by number of living children and background characteristics. The desire to stop childbearing increases substantially after a woman has had two or more children; the proportion of women with two living children who report wanting no more children is, by every background characteristic presented, at least double that proportion among women with one living child.

² Wants next birth within two years

³ Wants to delay next birth for two or more years

⁴ Includes both female and male sterilization

Table 7.3 Desire to limit childbearing

Percentage of currently married women who want no more children, by number of living children and background characteristics, Philippines 2003

Background	Number of living children ¹									
characteristic	0	1	2	3	4	5	6+	Total		
Residence										
Urban	2.9	18.7	58.3	81.7	86.9	89.0	88.9	60.2		
Rural	4.4	16.9	53.8	73.5	83.1	85.6	86.7	62.5		
Region										
National Capital Region	4.9	20.1	60.1	87.8	90.0	95.0	89.5	60.6		
Cordillera Admin Region	27.6	14.3	37.0	61.5	75.4	84.2	83.2	53.9		
I - Ilocos	3.7	7.5	45.9	78.0	87.7	95.2	87.3	57.0		
II - Cagayan Valley	0.0	13.2	50.0	85.5	92.1	96.5	96.9	59.7		
III - Central Luzon	3.1	13.1	63.4	81.4	93.1	84.6	91.4	63.8		
IVA - CALABARZON	4.9	13.9	56.5	78.3	88.4	92.7	91.3	58.1		
IVB - MIMAROPA	9.7	10.0	50.0	67.5	92.3	92.3	95.3	64.5		
V - Bicol	0.0	18.8	49.4	69.8	84.6	79.9	88.7	64.8		
VI - Western Visayas	0.0	23.7	65.4	87.1	85.3	91.2	89.6	69.9		
VII - Central Visayas	5.6	20.8	68.2	79.5	85.6	89.7	87.8	65.6		
VIII - Eastern Visayas	0.0	16.9	48.5	66.1	79.4	86.4	83.0	61.1		
IX - Zamboanga Peninsula	0.0	43.9	63.8	80.9	86.9	90.9	88.7	69.7		
X - Northern Mindanao	8.6	23.0	48.1	74.9	87.1	94.6	84.8	62.7		
XI - Davao	0.0	27.2	65.6	85.8	80.3	87.8	91.9	66.7		
XII - SOCCSKSARGEN	0.0	21.2	48.9	76.9	76.9	70.6	86.2	59.6		
XIII - Caraga	0.0	12.7	53.7	71.3	79.8	76.8	89.6	60.2		
ARMM	0.0	8.7	18.6	31.5	41.3	44.3	58.7	30.7		
Education										
No education	0.0	20.1	30.0	46.5	54.9	72.8	81.0	57.5		
Elementary	7.9	23.5	54.7	76.2	81.5	83.2	87.9	69.6		
High school	2.7	18.3	56.2	77.8	87.1	91.1	88.8	60.5		
College or higher	2.2	15.3	58.0	81.5	89.3	90.3	82.6	53.9		
Wealth index quintile										
Lowest	4.5	20.7	46.4	64.5	70.2	82.1	86.4	61.2		
Second	4.2	21.8	56.4	74.1	87.1	91.4	89.1	65.3		
Middle	3.7	15.9	55.6	82.8	88.8	87.1	87.6	61.6		
Fourth	2.5	15.4	60.0	83.2	89.4	89.3	87.7	59.6		
Highest	3.1	18.0	60.5	82.2	88.9	87.1	85.9	58.3		
Total	3.5	18.0	56.4	78.2	85.1	87.2	87.5	61.2		

Note: Women who have been sterilized are considered to want no more children.

More than half of currently married women with two children want no more (additional) children or have been sterilized (56 percent), while almost eight in ten women with three children either have been sterilized or want no more children. Findings from the 1998 NDHS show similar patterns, with slightly less desire for terminating childbearing.

Looking at differentials by background characteristics, Table 7.3 shows that, in each category of living children, urban women are slightly more likely to want to terminate childbearing than rural women; however, in the aggregate, 60 percent of urban woman report a desire for no more children, compared with 63 percent of rural women (Figure 7.2). This pattern is also evident in the 1998 NDHS. Women who fall into the two poorest quintiles and who currently have no living children or one living child are more likely than women in the wealthier quintiles to either be sterilized or say that they want no more children. However, at parities of two through five, the relationship is reversed, with women in the three wealthiest quintiles more likely than poorer women to say that they want no more children. At parities of

¹ Includes current pregnancy

six or greater, the desire to stop childbearing is approximately equal across the five wealth quintiles. The pattern of reported desire for no more children is quite similar by education, with those having the least education being more likely to desire no more children at parities of zero and one, and those having the most education being more likely to desire no more children at parities of two or greater. Women in Western Visayas and Zamboanga Peninsula are the most likely to say that they desire no more children (70 percent), while only 31 percent of women in Autonomous Region in Muslim Mindanao (ARMM) report the same.

Percent 80 70 70 63 62 60 60 58 60 54 50 40 30 20 10 0 Total Urban Rural No edu- Ele-High College Lowest Second Middle Fourth Highest cation men- school higher tary Wealth index quintile Residence Education

Figure 7.2 Percentage of Currently Married Women Who Want No More Children by Residence, Education, and Wealth Index Quintile

NDHS 2003

7.2 **DEMAND FOR FAMILY PLANNING**

Unmet need is defined as the percentage of currently married women who either do not want any more children or want to wait before having their next birth, but are not using any method of family planning. Women with an unmet need for spacing include pregnant women whose pregnancy was mistimed; amenorrheic women whose last birth was mistimed; and fecund women who are neither pregnant nor amenorrheic, who are not using any method of family planning, and who want to wait two or more years for their next birth. Also included in unmet need for spacing are fecund women who are not using any method of family planning and are unsure whether they want another child or who want another child but are unsure when to have the birth. Unmet need for limiting refers to pregnant women whose pregnancy was unwanted; amenorrheic women whose last child was unwanted; and women who are neither pregnant nor amenorrheic, who are not using any method of family planning, and who want no more children. Measures of unmet need for family planning are used to evaluate the extent to which programs are meeting the demand for services. Women who have been sterilized are considered to want no more children.

According to these criteria, in the 2003 NDHS the total unmet need for family planning services in the Philippines is 17 percent, of which 9 percent is for limiting and 8 percent is for spacing (Table 7.4). The level of unmet need has declined somewhat from that found in the 1998 NDHS (20 percent unmet need, 11 percent for limiting and 9 percent for spacing).

Table 7.4 Need for family planning

Percentage of currently married women with unmet need for family planning, and with met need for family planning, and the total demand for family planning, by background characteristics, Philippines 2003

		met need ily plann			need for f planning rently usi	,		l demano ily planni	_		
Background	For	For		For	For		For	For		Percentage of demand	Number of
<u>characteristic</u>		limiting	Total		limiting	Total	spacing		Total	satisfied	women
Age											
15-19	23.4	5.7	29.1	21.8	3.7	25.6	47.6	9.4	57.0	49.0	239
20-24	19.3	5.6	25.0	28.9	13.8	42.7	51.8	19.7	71.5	65.1	1,095
25-29	13.8	8.4	22.3	26.7	24.5	51.3	43.2	33.8	77.0	71.1	1,548
30-34	8.0	11.3	19.3	15.3	38.1	53.4	25.5	50.7	76.1	74.6	1,663
35-39	3.3	12.2	15.5	6.9	49.7	56.6	10.9	63.0	73.9	79.0	1,633
40-44	1.2	11.8	13.0	2.1	47.8	49.9	3.5	59.9	63.4	79.5	1,341
45-49	0.2	5.6	5.9	0.6	37.2	37.7	8.0	42.9	43.7	86.6	1,152
Residence											
Urban	7.5	7.8	15.3	14.3	35.8	50.1	23.5	44.3	67.7	77.4	4,643
Rural	8.5	11.2	19.7	12.9	34.5	47.4	22.8	46.5	69.3	71.5	4,028
Region											
National Capital Region	6.3	8.3	14.6	12.9	36.0	48.9	20.6	44.5	65.2	77.6	1,337
Cordillera Admin Region	12.3	6.1	18.5	18.1	28.2	46.3	33.1	35.3	68.4	73.0	134
I - Ilocos	6.6	7.9	14.5	16.7	34.0	50.6	24.0	42.1	66.1	78.0	420
II - Cagayan Valley	5.1	8.5	13.7	19.2	33.2	52.4	25.3	42.0	67.3	79.7	325
III - Central Luzon	7.7	7.4	15.0	14.4	40.1	54.5	24.1	47.7	71.8	79.1	960
IVA - CALABARZON IVB - MIMAROPA	7.0 7.5	9.1 9.8	16.1 17.3	14.6 10.4	33.9 32.1	48.4 42.5	23.2 19.7	44.0 42.5	67.2 62.2	76.1 72.3	1,139 257
V - Bicol	7.5 10.4	9.6 13.3	23.7	10.4	34.7	42.5 47.4	24.2	42.5 49.5	73.7	72.3 67.9	457
V - Bicoi VI - Western Visayas	7.6	11.9	19.5	9.6	36.5	46.1	18.9	49.1	68.0	71.4	578
VII - Central Visayas	8.0	8.6	16.6	11.4	40.8	52.1	21.6	50.6	72.2	77.0	671
VIII - Eastern Visayas	12.3	15.5	27.8	12.8	31.6	44.4	26.3	47.3	73.6	62.3	355
IX - Zamboanga Peninsula	8.9	12.8	21.7	9.5	33.6	43.1	19.7	46.7	66.4	67.3	339
X - Northern Mindanao	5.1	11.4	16.4	16.7	38.4	55.2	23.5	50.3	73.7	77.7	364
XI - Davao	5.6	6.4	12.1	15.4	44.0	59.3	22.8	52.0	74.8	83.8	426
XII - SOCCSKSARGEN	7.5	9.9	17.4	16.8	34.0	50.7	24.9	45.0	69.9	75.1	364
XIII - Caraga	9.3	8.2	17.5	16.4	38.2	54.6	28.5	47.8	76.2	77.0	217
ARMM	18.9	8.6	27.4	10.3	8.4	18.7	30.1	17.2	47.3	42.0	328
Education											
No education	9.0	17.7	26.7	4.8	13.2	18.1	14.4	31.5	46.0	41.9	148
Elementary	6.8	13.3	20.2	8.3	35.7	44.0	16.2	49.6	65.8	69.3	2,523
High school	8.5	8.2	16.7	15.2	36.6	51.9	25.6	45.7	71.3	76.6	3,545
College or higher	8.2	6.6	14.8	17.4	33.9	51.4	27.3	41.2	68.5	78.3	2,456
Wealth index quintile											
Lowest	10.9	15.8	26.7	11.3	26.1	37.4	23.8	42.7	66.5	59.8	1,677
Second	8.6	11.0	19.6	12.8	36.1	48.8	23.2	47.9	71.1	72.4	1,767
Middle	7.7	7.3	15.0	13.9	38.8	52.7	23.3	46.7	70.0	78.6	1,776
Fourth	6.5	6.9	13.4	15.5	38.9	54.4	23.3	46.6	69.9	80.8	1,755
Highest	6.1	6.2	12.3	14.9	35.7	50.6	22.3	42.4	64.7	81.0	1,697
Total	7.9	9.4	17.3	13.7	35.2	48.9	23.2	45.3	68.5	74.7	8,671

¹ Unmet need for spacing includes pregnant women whose pregnancy was mistimed, amenorrheic women who are not using family planning and whose last birth was mistimed, and fecund women who are neither pregnant nor amenorrheic and who are not using any method of family planning and say they want to wait two or more years for their next birth. Also included in unmet need for spacing are fecund women who are not using any method of family planning and say they are unsure whether they want another child or who want another child but are unsure when to have the birth unless they say it would not be a problem if they discovered they were pregnant in the next few weeks. Unmet need for limiting refers to pregnant women whose pregnancy was unwanted, amenorrheic women whose last child was unwanted, and fecund women who are neither pregnant nor amenorrheic and who are not using any method of family planning and who want no more children. Excluded from the unmet need category are pregnant and amenorrheic women who became pregnant while using a method (these women are in need of a better method of contraception).

² Using for spacing is defined as women who are using some method of family planning and say they want to have another child or are undecided whether to have another. Using for limiting is defined as women who are using and who want no more children. Note that the specific methods used are not taken into account here.

³ Nonusers who are pregnant or amenorrheic and women whose pregnancy was the result of a contraceptive failure are not included in the category of unmet need, but are included in total demand for contraception (since they would have been using had their method not failed).

Demand for family planning is defined as the sum of contraceptive prevalence (including currently pregnant or amenorrheic women whose pregnancy or last birth was the result of a contraceptive failure) and unmet need (Westoff and Ochoa, 1991). The total demand for family planning is 69 percent, of which 75 percent has been satisfied. If all of this need were satisfied, a contraceptive prevalence rate of about 69 percent could, theoretically, be expected. Comparison with the 1998 NDHS findings indicates that the percentage of the demand that is satisfied has slightly increased (from 72 to 75 percent).

Type of demand for family planning varies with age. Younger women are more likely to express a demand for spacing their births, while older women more often want to limit births. The pattern of total demand for family planning by age shows an inverted U-shaped curve; it is low among women age 15-19 (57 percent) and women age 45-49 (44 percent), and peaks among women age 25-34 (about 77 percent). There are no notable differences in the total demand for family planning between urban and rural women; however, rural women are more likely to exhibit unmet need for family planning, especially for limiting. Unmet need generally declines with increasing education; the more educated the women, the lower the percentage with unmet need. Similarly, satisfaction of contraceptive demand has a direct relationship with household wealth status; the wealthier the household in which the woman lives, the more likely she is to have a met contraceptive need.

The percentage of demand for family planning that is satisfied is highest in Davao (84 percent), Cagayan Valley (80 percent), and Central Luzon (79 percent), and lowest in ARMM (42 percent).

Table 7.5 indicates the methods that currently married women with unmet need for family planning would prefer to use in the future. The oral contraceptive pill is the method cited by the most women (25 percent). Six percent of women with an unmet need for contraception cite as their preferred future method injections, with an additional 6 percent of women citing sterilization as their preferred method. Nearly half of the women categorized as having an unmet need for family planning do not intend to use a method in the future.

Table 7.6 shows that among women who are not currently using contraception but who intend to do so in the future, 76 percent are willing to pay for their preferred method. Women who cited the intrauterine device (IUD) as their preferred future method were the most likely to be willing to pay (80 percent), while those desiring injections or sterilization in the future were least likely to be willing to pay (71 percent). The average price that women were willing to pay for a contraceptive method was about Ph.P 221. However, women who preferred sterilization as their method were willing to pay, on average, Ph.P 1,438. Potential condoms users expected that they would pay Ph.P 36 for their method.

Table 7.5 Preferred future method of family planning among women with unmet need

Percent distribution of currently married women with unmet need for family planning by preferred future method, Philippines 2003

Preferred future method of contraception	Wome unmet r family p For spacing	Any unmet need	
Pill	29.5	21.9	25.3
IUD	5.6	4.4	4.9
Injections	6.4	4.7	5.5
Condom	1.4	1.7	1.5
Female sterilization	6.4	5.2	5.7
Periodic abstinence	4.8	3.7	4.2
Withdrawal	2.8	2.7	2.7
Other	0.6	0.3	0.4
Lactational amenorrhea	0.1	0.0	0.1
Emergency contraception	0.0	0.1	0.1
Symptothermal	0.6	0.5	0.5
Don't know/missing	1.7	0.8	1.2
Does not intend to use a method	40.2	54.1	47.8
Total	100.0	100.0	100.0
Number of women	688	816	1,504

Table 7.6 Willingness to pay for contraceptive method

Among women not currently using contraception but who intend to use specific methods in the future, the percentage who are willing to pay for their method and the average cost they are willing to pay, by preferred method, Philippines 2003

Preferred future method of contraception	Willing to pay for method	Number of women	Average cost will- ing to pay (in Ph.P)	Number willing to pay
Pill	77.3	2,176	77	1,681
IUD	79.5	245	216	195
Injections	70.8	265	162	188
Condom	75.9	124	36	94
Female sterilization	71.0	315	1,438	220
Total	76.3	3,140	221	2,390

Note: Total includes 15 women who use diaphragm, implants, female condom, foam or jelly, emergency contraception, and husband sterilized. Exchange rate at time of survey Philippine Peso = US\$1.

7.3 **IDEAL NUMBER OF CHILDREN**

In the 2003 NDHS, each respondent was asked to perform the difficult task of considering, abstractly and independently of her actual family size, the number of children she would choose if she could start again. The mean ideal number of children for all women and for those who are currently married is approximately the same (3.0 and 3.2 children, respectively) (Table 7.7). The ideal family size in the Philippines has declined slightly since the 1998 NDHS, which revealed mean ideal numbers of children of 3.2 for all women and 3.5 for currently married women. Seven of every ten women expressed a preference to have three children or fewer; only 9 percent of women want to have five or more children.

The correlation between actual and ideal family size can be seen in the fact that women who have a small number of children are more likely to want a small number of children. As parity increases, the ideal number of children also increases, up until the point at which women have five or more living children, at which point women tend to report wanting fewer children than they currently have.

Women who have large families tend to have high ideal family sizes. This may be partly due to the adjustment of their ideal number of children as additional children are born (rationalization), or due to the high ideal family size values of 20 or 30 years ago, which some women still hold. Despite the likelihood of some rationalization, respondents frequently state ideal family sizes that are lower than their actual number of living children. The difference can be taken as an indicator of surplus or unwanted fertility. For women with three or more surviving children, a sizeable proportion reports ideal family sizes that are smaller than the number of living children. In fact, among women with six or more children, 77 percent say that if they were to start again, they would have fewer children.

Table 7.7 Ideal number of children

Percent distribution of all women by ideal number of children, and mean ideal number of children for all women and for currently married women, according to number of living children, Philippines 2003

		Number of living children ¹							
Desire for children	0	1	2	3	4	5	6+	Total	
Number of children desired									
0	5.1	0.2	0.1	0.1	0.2	0.5	0.4	1.9	
1	5.7	10.3	2.5	2.8	1.6	1.3	0.6	4.4	
2	44.2	45.4	43.9	18.7	19.6	14.2	11.7	34.2	
3	29.1	29.2	27.9	46.1	17.4	30.6	29.1	30.2	
4	11.6	11.3	19.6	21.9	47.5	20.2	25.2	19.1	
5	2.0	1.6	3.1	6.0	5.2	22.4	10.1	4.8	
6+	0.9	1.7	2.4	3.7	7.7	9.8	19.9	4.4	
Non-numeric responses	1.3	0.3	0.5	0.7	8.0	1.0	3.0	1.1	
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Number of women	4,800	1,819	2,014	1,768	1,258	769	1,205	13,633	
Mean ideal number of children ² for:									
All women	2.5	2.5	2.9	3.2	3.7	3.9	4.2	3.0	
Number	4,735	1,813	2,004	1,756	1,248	761	1,169	13,486	
Currently married women	2.7	2.6	2.9	3.2	3.7	3.9	4.2	3.2	
Number	498	1,552	1,886	1,654	1,183	719	1,101	8,591	

¹ Includes current pregnancy

Table 7.8 shows the mean ideal number of children for all women, according to their age and other background characteristics. The mean ideal number children increases as women's age increases. In fact, women age 45-49 and those age 20-24 have, on average, a one-child difference in their reported ideal family size. Poorer women and those with less education are more likely to have higher ideal family sizes than their respective counterparts. Rural women consistently report larger ideal families than urban women do. Examination of mean ideal family size by region discloses a large variation. The largest mean ideal family size is 4.7 children in ARMM, while the smallest is 2.6 in National Capital Region (Figure 7.3).

² Means are calculated excluding the women giving non-numeric responses.

Table 7.8 Mean ideal number of children by background characteristics

Mean ideal number of children for all women, by age and background characteristics, Philippines 2003

Background				Age				
characteristic	15-19	20-24	25-29	30-34	35-39	40-44	45-49	Total
Residence								
Urban	2.4	2.5	2.7	2.9	3.1	3.2	3.5	2.8
Rural	2.5	2.8	3.1	3.4	3.6	3.6	3.9	3.2
Region								
National Capital Region	2.3	2.3	2.5	2.6	2.9	2.9	3.2	2.6
Cordillera Admin Region	2.9	3.0	3.3	3.6	4.2	3.6	4.0	3.4
I - Ilocos	2.4	2.8	3.0	3.3	3.4	3.5	3.9	3.1
II - Cagayan Valley	2.3	2.6	2.9	3.0	3.4	3.4	3.7	3.0
III - Central Luzon	2.0	2.6	2.8	2.9	3.2	3.6	3.5	2.8
IVA - CALABARZON	2.5	2.6	2.6	3.0	3.0	3.2	3.3	2.8
IVB - MIMAROPA	2.4	2.7	3.3	3.4	3.9	3.6	3.7	3.2
V - Bicol	2.6	2.7	3.1	3.1	3.3	3.3	3.8	3.1
VI - Western Visayas	2.4	2.6	2.9	3.0	3.1	3.4	3.8	2.9
VII - Central Visayas	2.5	2.6	2.7	3.0	3.3	3.2	3.8	2.9
VIII - Eastern Visayas	2.7	2.6	3.1	3.2	3.5	4.0	4.3	3.2
IX - Zamboanga Peninsula	2.6	2.7	3.0	3.2	3.1	3.5	3.4	3.0
X - Northern Mindanao	2.4	2.6	2.7	3.2	3.7	3.5	3.7	3.0
XI - Davao	2.4	2.4	2.8	2.9	3.2	3.5	3.6	2.9
XII - SOCCSKSARGEN	2.5	2.7	3.0	3.4	3.6	3.6	3.5	3.1
XIII - Caraga	2.4	2.6	2.9	3.5	3.6	4.0	4.1	3.1
ARMM	3.8	4.0	4.9	5.3	5.4	5.0	5.2	4.7
Education								
No education	3.0	3.3	4.8	4.4	4.9	5.2	4.7	4.6
Elementary	2.5	2.9	3.3	3.5	3.8	3.7	3.9	3.4
High school	2.4	2.6	2.8	3.0	3.2	3.3	3.4	2.8
College or higher	2.5	2.6	2.7	2.8	3.0	3.0	3.4	2.8
Wealth index quintile								
Lowest	2.7	3.0	3.6	3.6	4.0	3.9	4.3	3.5
Second	2.5	2.6	3.0	3.3	3.5	3.7	3.7	3.1
Middle	2.4	2.6	2.7	3.1	3.3	3.3	3.6	3.0
Fourth	2.4	2.5	2.7	2.7	3.0	3.2	3.5	2.8
Highest	2.4	2.5	2.6	2.8	2.9	3.0	3.4	2.7
Total	2.5	2.6	2.9	3.1	3.3	3.4	3.6	3.0

Number of children 6.0 5.0 4.0 3.1 3.1 3.1 3.0 3.0 2.9 2.9 2.8 2.8 3.0 2.0 1.0 CALABARION nitranga perinaha SOCSHS RECEIVE Cagaran Valley NIMARORA Central Lizzon Western Visayas Central Visa Nas Eastern Visayas Caraga 2003 NDHS

Figure 7.3 Mean Ideal Number of Children for All Women by Region

7.4 UNPLANNED AND UNWANTED FERTILITY

In the 2003 NDHS, women were asked a series of questions about each child born in the preceding five years and any current pregnancy, to determine whether the pregnancy was wanted then, wanted at a later time, or unwanted. These questions form a particularly powerful indicator of the degree to which couples successfully control childbearing. In addition, the data can be used to gauge the effect on fertility of the prevention of unwanted births.

The NDHS questions on fertility planning are extremely demanding. The respondent is required to recall accurately her wishes at one or more points in time during the last five years and to report them honestly. The danger of rationalization is present; an unwanted conception may well have become a cherished child. Despite these potential problems of comprehension, recall, and truthfulness, results from previous surveys have proved surprisingly plausible. Respondents are willing to report unwanted conceptions, although some postpartum rationalization probably occurs. The result is probably an underestimate of unwanted fertility.

Table 7.9 shows the percent distribution of births in the five years preceding the survey and current pregnancies by fertility planning status, according to birth order and mother's age at birth. Fifty-five percent of births were wanted at the time of conception, an additional 24 percent were wanted but at a later time, and a significant 20 percent were not wanted at all. These figures show that there has been little change since 1998; the little change that did occur served to somewhat increase the proportion of unwanted pregnancies from 18 percent in 1998 to 20 percent in 2003.

Birth order is strongly associated with the planning status of the birth. In the 2003 NDHS, the proportion of births that were wanted at the time of conception decreases with increasing birth order, while the percentage not wanted at all increases. While almost all first births were wanted at the time of conception, more than one-third of fourth or higher order births were unwanted.

Table 7.9 Fertility planning status

Percent distribution of births in the five years preceding the survey (including current pregnancies), by fertility planning status, according to birth order and mother's age at birth, Philippines 2003

Birth order and	er and Planning status of birth					
mother's age at birth	Wanted then	Wanted later	Wanted no more	Missing	Total	Number of births
Birth order						
1	72.6	19.4	7.1	0.9	100.0	2,153
2	55.3	34.2	9.8	0.7	100.0	1,752
3	50.0	27.5	21.9	0.6	100.0	1,218
4+	42.1	19.2	37.6	1.0	100.0	2,599
Age at birth						
<20	61.7	26.6	10.9	0.9	100.0	701
20-24	57.7	30.8	10.6	0.9	100.0	2,138
25-29	56.6	25.9	16.8	0.6	100.0	2,084
30-34	52.7	20.1	26.3	0.9	100.0	1,541
35-39	50.8	14.5	34.2	0.5	100.0	887
40-44	35.7	7.9	54.3	2.1	100.0	346
45-49	(16.2)	(4.1)	(79.7)	(0.0)	100.0	26
Total	54.9	24.0	20.3	0.8	100.0	7,723

The planning status of births is also associated with the age of the mother. Older mothers tend to be less likely to report their pregnancies as wanted at conception. The percentage of unwanted births increases with mother's age; 11 percent of pregnancies to women under 20 were not wanted at conception, while 80 percent of pregnancies to those age 45-49 were not wanted.

Table 7.10 presents total wanted fertility rates alongside actual total fertility rates. The wanted fertility rates are calculated in the same manner as conventional age-specific fertility rates, except that only births classified as "wanted" are included in the numerator. A birth is considered wanted if the number of living children at the time of conception was less than or equal to the current ideal number of children reported by the respondent. Wanted fertility rates express the level of fertility that would theoretically result if all unwanted births were prevented. Comparison of actual fertility rates and wanted fertility rates suggests the potential demographic impact of the elimination of unwanted births. The smaller the gap is between the actual fertility rate and the wanted fertility rate, the more successful the woman is in achieving her fertility desires.

The total wanted fertility rate is lower than the total fertility rate. Thus, if unwanted births could be eliminated, the total fertility rate in Philippines would be 2.5 births per woman, instead of 3.5—a difference of one entire birth. The total wanted fertility rate is lower than that recorded in the 1998 NDHS (2.7 children per woman). The differences between wanted and actual fertility rates are lower among urban women, better educated women, and women in the highest wealth index quintile, indicating that these women have been more successful at implementing their fertility preferences. For example, while the fertility gap among women with no formal education is 1.2 children, the corresponding gap among women who have completed college or higher education is 0.5 children.

There is wide variation in actual and wanted fertility by region. The gap between total wanted and total actual fertility rates is nearly 2 children in Bicol, Eastern Visayas, and Zamboanga Peninsula. ARMM has the smallest gap among all of the regions, because it still has comparatively high fertility goals.

Table 7.10 Wanted fertility rates

Total wanted fertility rates and total fertility rates for the three years preceding the survey, by background characteristics, Philippines 2003

characteristic Residence	rate 2.2	rate
	2.2	
Urban		3.0
Rural	3.0	4.3
Kurai	3.0	4.3
Region		
National Capital Region	2.0	2.8
Cordillera Admin Region	2.7	3.8
I - Ilocos	3.0	3.8
II - Cagayan Valley	2.6	3.4
III - Central Luzon	2.4	3.1
IVA - CALABARZON	2.3	3.2
IVB - MIMAROPA	3.6	5.0
V - Bicol	2.6	4.3
VI - Western Visayas	2.7	4.0
VII - Central Visayas	2.6	3.6
VIII - Eastern Visayas	2.9	4.6
IX - Zamboanga Peninsula	2.6	4.2
X - Northern Mindanao	2.8	3.8
XI - Davao	2.2	3.1
XII - SOCCSKSARGEN	3.0	4.2
XIII - Caraga	2.8	4.1
ARMM	3.7	4.2
Education		
No education	4.1	5.3
Elementary	3.3	5.0
High school	2.5	3.5
College or higher	2.2	2.7
College of higher	2.2	2./
Wealth index quintile		
Lowest	3.8	5.9
Second	3.1	4.6
Middle	2.6	3.5
Fourth	2.2	2.8
Highest	1.7	2.0
Total	2.5	3.5

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 4.2.

7.5 IDEAL NUMBER OF CHILDREN AND UNMET NEED BY WOMEN'S STATUS

Unmet need for contraceptives was also examined as it relates to three women's status indicators: women's involvement in family/household decisionmaking, degree to which refusing sex with one's spouse is justified, and degree to which wife beating can be justified. Women's status is assumed to be positively correlated with the number of family decisions women are involved in and the number of circumstances under which refusal of sex is justified, but inversely related to the number of circumstances under which wife beating can be justified.

The questionnaire asked whether the woman has the final say (jointly with another person, or by herself) on decisions affecting her own health care, making large household purchases, making household purchases for daily needs, visits to family or relatives, and what food to cook each day. Table 7.11 shows

that unmet need for family planning is inversely related to women's involvement in family decisionmaking: the greater the number of decisions in which the woman has the final say, the less likely she is to have an unmet contraceptive need.

Similarly, the fewer circumstances under which women agree that wife beating is justified, the less likely she is to be categorized as having an unmet need: while 25 percent of women who agree with all of the given reasons that wife beating might be justified have an unmet need for family planning, 17 percent of women who believe that wife beating is never justified have an unmet need. Given reasons for wife beating included if the woman goes out without telling her husband, if she neglects the children, if she argues with him, if she refuses to have sex with him, and if she burns the food.

There is no clear relationship between the number of reasons with which women agree that refusing sex with their husband is justified and unmet need for family planning. Reasons for refusing sex included if the husband has a sexually transmitted infection, the husband has had sex with other women, the woman has had a recent birth, or the woman is tired or not in the mood.

	Table 7.11 Ideal number of children and unmet need by women's status
	, ,
1	Mean ideal number of children and unmet need for spacing and limiting, by women's status indi-
١.	cators Philippines 2003

	Mean ideal		Unmet r			
Women's status	number of		For	For		Number
indicator	children1	Number	spacing	limiting	Total	of women
Number of decisions in which						
woman has final say³						
0	3.0	90	11.7	16.5	28.2	92
1-2	2.9	694	12.9	9.3	22.2	699
3-4	3.2	2,095	9.7	8.3	18.1	2,115
5	3.3	5,713	6.6	9.7	16.3	5,766
Number of reasons to refuse sex with husband						
0	3.2	222	8.8	10.0	18.8	225
1-2	3.5	291	8.3	7.5	15.8	297
3-4	3.2	8,079	7.9	9.5	17.4	8,149
Number of reasons wife beating is justified						
0	3.2	6,418	7.9	9.2	17.1	6,463
1-2	3.4	1,779	7.9	9.6	17.5	1,804
3-4	3.6	306	7.0	12.1	19.2	316
5	3.4	88	14.8	10.4	25.2	88
Total	3.2	8,591	7.9	9.4	17.3	8,671

¹ Totals are calculated excluding the women giving non-numeric responses.

² See Table 7.4 for definition of unmet need for family planning

³ Either by herself or jointly with others

7.6 **FAMILY SIZE DESIRES OF COUPLES**

Couple's consensus on family size is often thought to be instrumental in the greater success of couples in achieving their desired number of children. The percent distribution of currently married, nonsterilized women by perceived consensus with husband regarding the number of children desired is shown in Table 7.12, by selected background characteristics. The majority of women report that there is consensus with their husbands on the number of children they would like to have (67 percent). Twenty-two percent of women believe that their husbands want more children than they themselves do, while only 7 percent of husbands want fewer children than their wives do. A very small proportion of the women (5 percent) are not aware whether they want the same number of children as their husbands (Figure 7.4).

Table 7.12 Cou	nlos consoneus c	n family cizo

Percent distribution of currently married, nonsterilized women by perceived consensus with husband regarding the number of children desired, by background characteristic, Philippines 2003

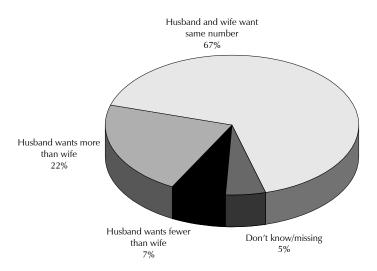
	Couple's					
	Husband		Husband			
	and wife	Husband	wants	Don't		
Background		wants more		know/		Number of
characteristic	number	than wife	wife	missing	Total	women
Age						
15-19	71.1	19.0	2.8	7.1	100.0	239
20-24	68.9	21.9	6.0	3.2	100.0	1,092
25-29	70.5	20.4	5.6	3.5	100.0	1,498
30-34	68.4	20.9	7.2	3.6	100.0	1,531
35-39	66.2	22.4	6.8	4.5	100.0	1,407
40-44	63.7	23.5	6.9	5.9	100.0	1,086
45-49	61.7	24.2	7.6	6.6	100.0	908
Difference in age between woman and husband/partner						
0-1 year	68.4	22.3	6.4	2.8	100.0	2,164
2-3 years	67.5	22.0	6.4	4.2	100.0	2,153
4-5 years	67.0	21.4	6.9	4.7	100.0	1,340
6+ years	65.4	21.9	6.4	6.2	100.0	2,086
No age for husband/partner	*	*	*	*	100.0	19
Residence						
Urban	68.5	20.8	6.5	4.2	100.0	4,079
Rural	65.6	23.2	6.5	4.7	100.0	3,683
Region						
National Capital Region	69.9	20.3	5.2	4.5	100.0	1,161
Cordillera Admin Region	71.6	17.6	5.5	5.2	100.0	120
I - Ilocos	73.6	14.7	7.5	4.1	100.0	369
II - Cagayan Valley	73.5	17.4	8.8	0.3	100.0	302
III - Central Luzon	76.0	14.1	4.8	5.1	100.0	784
IVA - CALABARZON	72.8	19.2	4.3	3.7	100.0	1,009
IVB - MIMAROPA	77.0	13.7	4.4	5.0	100.0	234
V - Bicol	58.1	25.4	10.8	5.8	100.0	432
VI - Western Visayas	62.0	22.9	6.7	8.4	100.0	539
VII - Central Visayas	66.2	19.1	6.3	8.4	100.0	596
VIII - Eastern Visayas	64.2	28.7	4.3	2.7	100.0	320
IX - Zamboanga Peninsula	57.6	34.4	6.3	1.6	100.0	320
X - Northern Mindanao	63.1	20.6	12.4	3.8	100.0	341
XI - Davao	60.6	25.3	10.3	3.8	100.0	382
XII - SOCCSKSARGEN	62.4	25.0	9.4 9.2	3.2	100.0	332
XIII - Caraga ARMM	63.1 49.3	27.2 45.7	9.2 1.8	0.6 3.2	100.0 100.0	202 321
	49.3	43./	1.0	3.2	100.0	341
Education No adjustion	56.0	34.3	2.4	7.3	100.0	139
No education	62.2	34.3 25.0	2. 4 6.6	6.2	100.0 100.0	2,262
Elementary High school	69.1	20.6	6.3	4.1	100.0	3,189
College or higher	70.2	19.8	7.0	3.0	100.0	2,172
0 0						,
Total	67.1	21.9	6.5	4.5	100.0	7,762

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

¹ Based on wife's perception of her husband's desire

There is little variation by age in whether husbands and wives are believed to have consensus on desired family size, nor is there variation by age difference between husbands and wives. Women with no education (34 percent) and those living in ARMM (46 percent) were more likely than other women to say that their partners want more children than they do. On the other hand, women in Northern Mindanao were more likely than other women to state that their partners want fewer children than they do.

Figure 7.4 Currently Married Women by Perceived Consensus with Husband Regarding the Number of **Children Desired**



2003 NDHS

This chapter presents estimates of childhood mortality, measured by perinatal, infant, and child mortality rates. The chapter includes a description of the indicators, the current levels and trends, differentials by selected background characteristics, and factors that contribute to elevating children's mortality risks.

Analyzing the levels and trends of childhood mortality is important in gauging the impact of maternal and child health programs improving the health of infants and children. The data can also be used as input in population projections. Differentials in childhood mortality by selected characteristics are useful in identifying groups in need for priority attention and in planning meaningful strategies to address them.

8.1 **DEFINITIONS AND ASSESSMENT OF DATA QUALITY**

Six indicators are analyzed in this chapter: Infant mortality rate, neonatal mortality rate, postneonatal mortality rate, child mortality rate, under-five mortality rate, and perinatal mortality rate.

The infant mortality rate (IMR) is defined as the number of infant deaths per 1,000 live births during the first 12 months of life. It is described as the probability of dying between birth and age one year. Because the level of mortality is higher at the early ages of infancy than at the later ages of infancy, it is useful to break up the rate into neonatal mortality (NN), the probability of dying within the first month of life, and postneonatal mortality (PNN), the probability of dying after the first month of life but before age one year.

The child mortality rate is the probability of dying between exact age one and age five, defined as the number of deaths of children age 1-4 years per 1,000 children surviving to age 12 months. Another useful summary indicator of infant and child mortality is the under-five mortality rate or the probability of dying between birth and exact age five, defined as the number of deaths below age five per 1,000 live births during the given period.

In this report, the five childhood mortality estimates pertain to periods of 0 to 4, 5 to 9, and 10 to 14 years preceding the survey.

Perinatal mortality is also presented in this chapter. It is defined as the number of stillbirths and early neonatal deaths that occurred zero to four years preceding the survey per 1,000 pregnancies of seven or more months' duration.

The above mortality rates are estimated directly from the information derived from the questions asked in the reproductive history section of the Women's Questionnaire. 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).

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 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. Table C.4 in Appendix C shows that there are no substantial differentials in the distributions of reported birth dates between living and dead children. The percentage of births in 1997 to 2002 with complete birth dates for living and dead children is equal to 100 percent and close to 100 percent for the earlier period. Moreover, a close examination of the pattern of reporting of age at death (Table C.6 in Appendix C) reveals that for deaths reported to have occurred zero to four years preceding the survey, there is no evidence of substantial heaping of age at death at any age. For deaths 5 to 9 and 10 to 14 years before the survey, there is a heaping at age 12 months. However, it is too small to have an impact on the estimated IMR. The reporting of date of birth and of age at death zero to four years before the survey is reasonable. However, deaths reported in the earlier periods before the survey should be accepted with some reservation.

8.2 LEVELS AND TRENDS IN INFANT, CHILD, AND UNDER-FIVE MORTALITY

Table 8.1 shows early childhood mortality rates based on the 2003 National Demographic and Health Survey (NDHS). The IMR during the five-year period before the survey, which centers in year 2000, is 29 deaths per 1,000 live births. The neonatal mortality rate for the same period is 17 deaths per 1,000 live births, and the postneonatal mortality rate is 12 deaths per 1,000 live births. Child mortality is 12 deaths per 1,000 and the under-five mortality rate is 40 deaths per 1,000 live births.

<u>Table 8.1 Early childhood mortality rates</u> Neonatal, postneonatal, infant, child, and under-five mortality rates for five-year periods preceding the survey, Philippines 2003							
Years preceding the survey	Approximate calendar years	Neonatal mortality (NN)	Postneonatal mortality (PNN) ¹	Infant mortality (190)	Child mortality $\binom{4}{4}$	Under-five mortality (₅q₀)	
0-4	1998-2003	17	12	29	12	40	
5-9	1993-1997	17	14	31	12	43	
10-14	1988-1992	18	16	34	19	52	

These estimates are associated with sampling errors. For example, at 95 percent confidence limits, for the zero to four years preceding the survey, the actual IMR lies between 24 and 33 deaths per 1,000 live births (Appendix B).

The 2003 NDHS data confirm the pattern of decline in childhood mortality in the past 15 years. Under-five mortality has declined from 54 to 48 to 40 per 1,000 as reported in the 1993 NDS, the 1998 NDHS, and the 2003 NDHS, respectively. Infant mortality rates from the three surveys also show a decline, from 34 to 35 to 29.

8.3 SOCIOECONOMIC DIFFERENTIALS IN CHILDHOOD MORTALITY

Childhood mortality varies according to residence, education, and socioeconomic status. Data in Table 8.2 show that mortality rates in urban areas are much lower than those in rural areas. For example, the IMR in urban areas is 24 deaths per 1,000 live births, compared with 36 deaths per 1,000 live births in rural areas. Childhood mortality is inversely related to the mother's education level and wealth status. The IMR for children whose mothers have no education is 65 deaths per 1,000 live births, compared with 15 deaths per 1,000 live births for children whose mothers have college or higher education. The IMR is higher than the national average in seven regions: MIMAROPA, Western Visayas, Eastern Visayas, Northern Mindanao, Davao, Caraga, and Autonomous Region in Muslim Mindanao (ARMM). While there seems to be substantial differentials in childhood mortality by region, the large sampling errors (exceeding 20 points per 1,000 in some regions) suggest that the observed differences should be used with caution.

	Neonatal	Postneonatal	Infant	Child	Under-five
Background	mortality	mortality	mortality	mortality	mortality
characteristic	(NN)	(PNN) ¹	$({}_{1}q_{0})$	$(_{4}q_{1})$	$({}_{5}q_{0})$
Residence					
Urban	14	10	24	7	30
Rural	21	15	36	17	52
Region					
National Capital Region	15	9	24	8	31
Cordillera Admin Region	6	8	14	20	34
I - Ilocos	19	10	29	11	39
II - Cagayan Valley	17	10	28	8	35
III - Central Luzon	15	10	25	6	31
IVA - CALABARZON	17	9	25	6	31
IVB - MIMAROPA	18	26	44	25	68
V - Bicol	19	9	28	15	43
VI - Western Visayas	22	18	39	11	50
VII - Central Visayas	18	10	28	11	39
VIII - Eastern Visayas	24	12	36	22	57
IX - Zamboanga Peninsula	6	21	27	17	43
X - Northern Mindanao	24	15	38	11	49
XI - Davao	18	20	38	10	47
XII - SOCCSKSARGEN	15	13	27	10	37
XIII -Caraga ARMM	21	14	35	14 33	49 72
ARIVIVI	18	23	41	33	72
Education	(2.2)	2.2	6.5	40	105
No education	(33) 22	32 21	65 43	42 20	105 62
Elementary High school	22 18	9	43 26	20 9	62 35
College or higher	9	<i>7</i>	15	3	18
Wealth index quintile					
Lowest	21	21	42	25	66
Second	19	13	32	15	47
Middle	15	10	26	6	32
Fourth	15	7	22	4	26
Highest	13	6	19	1	21
Total	17	13	30	12	42
ı otal	17	1.5	50	1 4	74

Note: Figures in parentheses are based on 250-499 unweighted exposed persons.

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

8.4 **BIODEMOGRAPHIC DIFFERENTIALS IN CHILDHOOD MORTALITY**

Table 8.3 presents early childhood mortality by demographic characteristics. As expected, the mortality rate is consistently higher for males than for females. For instance, the IMR for males is 35 deaths per 1,000 live births, compared with 25 deaths per 1,000 live births for females. Mother's age at birth can affect a child's chances of survival. The table shows that early childhood mortality rates exhibit the expected U-shaped relationship with the mother's age: high at young ages, low at middle ages, and high at old ages (Figure 8.1). The higher rates for younger and older women may be related to biological factors that lead to complications during pregnancy and delivery.

Neonatal, postneonatal, i preceding the survey, by o					en-year period
Demographic characteristic	Neonatal mortality (NN)	Postneonatal mortality (PNN) ¹	Infant mortality (1q ₀)	Child mortality (₄ q ₁)	Under-five mortality $({}_{5}q_{0})$
Child's sex					
Male	21	14	35	14	48
Female	13	12	25	9	34
Mother's age at birth					
<20	28	14	42	15	56
20-29	16	11	26	9	36
30-39	15	14	28	15	43
40-49	32	34	66	24	89
Birth order					
1	19	11	29	7	36
2-3	14	9	23	8	31
4-6	14	16	29	16	45
7+	31	25	56	29	83
Previous birth interval ²					
<2	23	16	39	20	58
2 years	10	16	26	13	38
3 years	10	9	19	11	30
4+ years	15	10	25	6	31
Birth size ³					
Small/very small	29	22	52	na	na
Average or larger	11	9	20	na	na

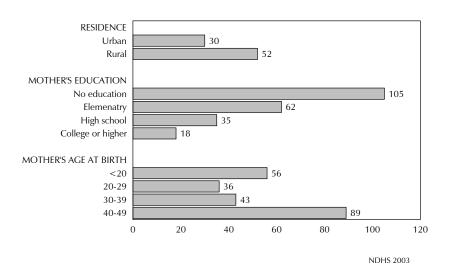
na = Not applicable

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

² Excludes first-order births

³ Rates for the five-year period before the survey

Figure 8.1 Under Five Mortality Rates by Background **Characteristics**



The 2003 NDHS results show that there is no clear pattern for neonatal and infant mortality rates by birth order: The IMR is lowest for second- and third-order births (Table 8.3). However, there is a clear positive association between birth order and the probability of dying between ages one and five: Higher order births have higher mortality risks. While the child mortality rate for first-order births is 7 deaths per 1,000, the corresponding rate for births of seventh order or higher is 29 deaths per 1,000.

In general, childhood mortality rates decline as the birth interval increases. For example, the IMR for children born less than two years after a previous birth is 39 deaths per 1,000 live births, compared with 25 deaths for children born after an interval of four or more years. Children born three years after a preceding birth have the best chance of surviving infancy, with an IMR of 19 deaths per 1,000 live births.

A child's size at birth has been shown to be associated with the risk of dying during infancy, particularly during the first months of life. For all children born during the five-year period before the survey, mothers were asked about their perception of the child's size: whether the child was very small, small, average size, large, or very large at birth. Although subjective, the mother's judgment has been shown to correlate closely with the actual birth weight. The 2003 NDHS results confirm that mortality levels are higher for children perceived by the mother to have been small or very small at birth than among other children. The neonatatal mortality rate for infants who were judged to be small or very small at birth by their mothers are, for example, more than two times higher than that for infants who were reported to be average or larger at birth (29 and 11 deaths per 1,000 live births, respectively).

8.5 DIFFERENTIALS IN CHILDHOOD MORTALITY BY WOMEN'S STATUS

Although there is no direct association, women's status has been found to influence infant and child mortality rates through women's ability to control resources and make decisions. In the 2003 NDHS, women were asked about certain aspects of their autonomy, including the number of household decisions in which the woman participates, the number of reasons for which a woman feels a wife is justified in refusing sexual relations with her husband, and the number of reasons that justify wife beating. With regard to participation in household decisions, the following question was asked: "Who in your family usually has the final say on the following decisions?" Decisions about which women were asked include deciding about her own health care, making large household purchases, making household purchases for daily needs, visits to family or relatives, and what food should be cooked each day. A woman is considered more independent if she participates in a larger number of household decisions.

The second measure is the number of reasons to refuse sex with her husband. The following was presented to the respondents: "Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: she knows her husband has a sexually transmitted disease, she knows her husband has sex with other women, she has recently given birth, and she is tired or not in the mood." A woman is considered more independent if she agrees with a greater number of reasons for a woman to refuse sex.

The third indicator is the number of reasons wife beating is justified. The respondent was asked the following: "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: if she goes out without telling him, if she neglects the children, if she argues with him, if she refuses to have sex with him, and if she burns the food." A woman is considered less independent if she accepts more reasons for justifying wife beating.

Table 8.4 presents childhood mortality rates by women's status indicators. On the basis of the three indicators, there is no clear relationship between women's status and childhood mortality. However, the decisionmaking indicator has a weak relationship to under-five mortality, such that the children of women at the extremes of decisionmaking—that is, women who make no decisions and women who participate in all decisions—are at higher risk for under-five mortality. Women who cannot make decisions are likely to be less empowered to make independent childcare decisions.

Table 8.4 Early childhood mortality rates by women's status								
Neonatal, postneonatal, infant, child, and under-five mortality rates for the ten-year period preceding the survey, by women's status indicators, Philippines 2003								
Women's status indicators	Neonatal mortality (NN)	Postneonatal mortality (PNN) ¹	Infant mortality (1q0)	Child mortality (4q1)	Under-five mortality (₅q₀)			
Number of decisions in which	ch				·			

Women's status	mortality	mortality	mortality	mortality	mortality
	,		,	,	,
indicators	(NN)	(PNN) ¹	$({}_{1}q_{0})$	$(_{4}\mathbf{q}_{1})$	$({}_{5}\mathbf{q}_{0})$
Number of decisions in which woman has final say ²					
0	*	13	13	29	42
1-2	15	11	25	9	35
3-4	17	14	31	8	38
5	18	13	31	13	44
Number of reasons to refuse s with husband	sex				
0	(16)	9	25	15	40
1-2	36	20	56	9	64
3-4	17	13	29	12	41
Number of reasons wife beating is justified	ng				
0	16	10	27	11	38
1-2	21	20	41	13	54
3-4	20	9	29	20	48
5	*	20	24	8	32

Note: Figures in parentheses are based on 250-499 unweighted exposed persons. An asterisk indicates that an estimate is based on fewer than 250 unweighted exposed persons and has been suppressed.

Computed as the difference between the infant and neonatal mortality rates

² Either by herself or jointly with others

8.6 PERINATAL MORTALITY

In the 2003 NDHS, women were asked to report all pregnancy losses in the five years before the survey. For each such pregnancy, the duration of pregnancy was recorded. In this report, perinatal deaths include pregnancy losses occurring after seven completed months of gestation (stillbirths) and deaths to live births within the first seven days of life (early neonatal deaths). Thus, the perinatal mortality rate is the sum of the number of stillbirths and early neonatal deaths divided by the number of pregnancies of seven or more months' duration. 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 often overlap, and examining just one or the other can understate the true level of mortality around delivery. For this reason, in this report, both event types are combined and examined together. As with other childhood mortality measures, sampling errors associated with perinatal mortality rates are very large.

Data in Table 8.5 show that, overall, 76 stillbirths and 92 early neonatal deaths were recorded in the survey, resulting in a perinatal mortality rate in the Philippines of 24 deaths per 1,000 pregnancies. Perinatal mortality is slightly higher in rural than in urban areas (27 compared with 21 deaths per 1,000 pregnancies). Perinatal mortality rates are negatively and monotonically associated with the mother's education, ranging from 45 deaths for women with no education to 17 deaths per 1,000 pregnancies for those with college or higher education. Variations across mother's age at birth are the same as those for childhood mortality, with the lowest levels of mortality at a maternal age of 20-29.

Table 8.5 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 2003

Age at birth <20	Background characteristic	Number of stillbiirths ¹	Number of early neonatal deaths ²	Perinatal mortality rate ³	Number of pregnancies of 7+ months' duration
20-29 30 39 18 3,840 30-39 24 27 23 2,187 40-49 13 11 68 355 Previous pregnancy interval in months First pregnancy 16 26 23 1,837 <15 9 16 35 724 15-26 15 15 18 1,740 27-38 18 13 28 1,102 39+ 17 22 24 1,627 Residence Urban 33 39 21 3,494 Rural 43 53 27 3,536 Region National Capital Region 8 13 19 1,058 Cordillera Admin Region 2 1 23 117 1-1 llocos 4 7 36 314 Ill - Cagayan Valley 3 0 14 228 Ill - Cagayan Valley 6 8 20 689 IVA - CALABARZON 11 10 25 827 IVB - MIMAROPA 2 3 21 243 V- Bicol 7 5 26 439 VI - Western Visayas 11 10 43 493 VII - Western Visayas 11 10 43 493 VII - Central Visayas 2 4 13 537 VII - Central Visayas 2 7 24 359 IX - Zamboanga Peninsula 3 3 12 279 IX - Zamboanga Peninsula 3 3 21 279					
30-39					
Previous pregnancy interval in months First pregnancy 16 26 23 1,837 724 15-26 15 15 18 1,740 27-38 18 13 28 1,102 39+ 17 22 24 1,627 Residence Urban 33 39 21 3,494 Rural 43 53 27 3,536 Region National Capital Region 8 13 19 1,058 Cordillera Admin Region 2 1 23 117 1- Ilocos 4 7 36 314 II - Cagayan Valley 3 0 14 228 III - Central Luzon 6 8 20 689 IVA - CALABARZON 11 10 25 827 IVB - MIMAROPA 2 3 21 243 V- Bicol 7 5 26 439 VI - Setser Visiayas 11 10 43 493 VII - Central Visayas 11 10 43 493 VII - Central Visayas 11 10 43 493 VII - Central Visayas 2 4 13 537 VIII - Eastern Visayas 2 7 24 359 IX - Zamboanga Peninsula 3 3 12 279 X - Northern Mindanao 3 5 24 304 XII - SOCCSKSARGEN 3 4 21 326 XIII - Caraga 4 3 35 207 ARMM 3 6 28 313 Education No education 2 4 4 5 135 Elementary 25 35 29 2,065 High school 32 38 23 2,984 College or higher 17 15 17 1,847 Wealth index quintile Lowest 18 28 25 1,876 Second 17 23 25 1,607 Middle 22 13 26 1,374 Fourth Highest 4 7 11 997					
Time					
First pregnancy 16 26 23 1,837 <15 9 16 35 724 15-26 15 15 18 1,740 27-38 18 13 28 1,102 39+ 17 22 24 1,627 Residence Urban 33 39 21 3,494 Rural 43 53 27 3,536 Region National Capital Region 8 13 19 1,058 Cordillera Admin Region 2 1 23 117 1 - Ilocos 4 7 36 314 II - Cagayan Valley 3 0 14 228 III - Central Luzon 6 8 20 689 IVA - CALABARZON 11 10 25 827 IVB - MIMAROPA 2 3 21 243 V - Bicol 7 5 26 439 VI - Western Visayas 11 10 43 493 VII - Central Visayas 2 4 13 537 VIII - Eastern Visayas 2 4 13 537 IX - Zamboanga Peninsula 3 3 21 279 X - Northern Mindanao 3 5 24 304 XI - Davao 3 4 24 298 XIII - Caraga 4 3 35 207 ARMM 3 6 28 313 Education No education 2 4 45 135 Elementary 25 35 29 2,065 High school 32 38 23 2,984 College or higher 17 15 17 1,847 Wealth index quintile Lowest 18 28 25 1,876 Second 17 23 25 1,607 Middle 22 13 26 1,374 Fourth 14 20 29 1,176 Highest 4 7 11 997	Previous pregnancy				
15		4.6	26	22	4.027
15-26					
27-38					
Residence Urban 33 39 21 3,494 Rural 43 53 27 3,536 Region National Capital Region 8 13 19 1,058 Cordillera Admin Region 2 1 23 117 I - Ilocos 4 7 36 314 II - Cagayan Valley 3 0 14 228 IIII - Central Luzon 6 8 20 689 IVA - CALABARZON 11 10 25 827 IVB - MIMAROPA 2 3 21 243 V - Bicol 7 5 26 439 VI - Western Visayas 11 10 43 493 VII - Central Visayas 2 4 13 537 VIII - Eastern Visayas 11 10 43 493 VIII - Eastern Visayas 2 7 24 359 IX - Zamboanga Peninsula 3 3 21 279 X - Northern Mindanao 3 5 24 304 XI - Davao 3 4 24 298 XIII - Caraga 4 3 35 207 ARMM 3 6 28 313 Education No education 2 4 45 135 Elementary 25 35 29 2,065 High school 32 38 23 2,984 College or higher 17 15 17 1,847 Wealth index quintile Lowest 18 28 25 1,607 Middle 22 13 26 1,374 Fourth 14 20 29 1,176 Highest 4 7 11 997					,
Urban 33 39 21 3,494 Rural 43 53 27 3,536 Region National Capital Region 8 13 19 1,058 Cordillera Admin Region 2 1 23 117 I - Ilocos 4 7 36 314 II - Cagayan Valley 3 0 14 228 III - Central Luzon 6 8 20 689 IVA - CALABARZON 11 10 25 827 IVB - MIMAROPA 2 3 21 243 V - Bicol 7 5 26 439 VI - Western Visayas 11 10 43 493 VII - Central Visayas 2 4 13 537 VIII - Eastern Visayas 2 7 24 359 IX - Zamboanga Peninsula 3 3 21 279 X - Northern Mindanao 3 5 24 304 XII - SOCCSKSARGEN 3 4 21 326	39+	17	22	24	1,627
Region National Capital Region 8 13 19 1,058 Cordillera Admin Region 2 1 23 117 I - Ilocos 4 7 36 314 II - Cagayan Valley 3 0 14 228 III - Central Luzon 6 8 20 689 IVA - CALABARZON 11 10 25 827 IVB - MIMAROPA 2 3 21 243 V - Bicol 7 5 26 439 VI - Western Visayas 11 10 43 493 VII - Central Visayas 2 4 13 537 VIII - Eastern Visayas 2 7 24 359 IX - Zamboanga Peninsula 3 3 21 279 X - Northern Mindanao 3 5 24 304 XII - Davao 3 4 24 298 XIII - Caraga 4 3 35 207 ARMM 3 6 28 313 Education					
Region National Capital Region 8 13 19 1,058 Cordillera Admin Region 2 1 23 117 1 - Ilocos 4 7 36 314 II - Cagayan Valley 3 0 14 228 III - Central Luzon 6 8 20 689 IVA - CALABARZON 11 10 25 827 IVB - MIMAROPA 2 3 21 243 V - Bicol 7 5 26 439 VI - Western Visayas 11 10 43 493 VI - Western Visayas 2 4 13 537 VIII - Eastern Visayas 2 7 24 359 IX - Zamboanga Peninsula 3 3 21 279 X - Northern Mindanao 3 5 24 304 XII - Davao 3 4 24 298 XIII - SOCCSKSARGEN 3 4 21 326 XIII - Caraga 4 3 35 207 ARMM <td></td> <td></td> <td></td> <td></td> <td>,</td>					,
National Capital Region 8 13 19 1,058 Cordillera Admin Region 2 1 23 117 I - Ilocos 4 7 36 314 II - Cagayan Valley 3 0 14 228 III - Central Luzon 6 8 20 689 IVA - CALABARZON 11 10 25 827 IVB - MIMAROPA 2 3 21 243 V - Bicol 7 5 26 439 VI - Western Visayas 11 10 43 493 VII - Western Visayas 2 4 13 537 VIII - Eastern Visayas 2 7 24 359 IX - Zamboanga Peninsula 3 3 21 279 X - Northern Mindanao 3 5 24 304 XI - Davao 3 4 24 298 XII - SOCCSKSARGEN 3 4 24 298 XIII - Caraga 4 3 35 207 ARMM 3	Kural	43	53	2/	3,536
Cordillera Admin Region 2 1 23 117 I - Ilocos 4 7 36 314 II - Cagayan Valley 3 0 14 228 III - Central Luzon 6 8 20 689 IVA - CALABARZON 11 10 25 827 IVB - MIMAROPA 2 3 21 243 V - Bicol 7 5 26 439 VI - Western Visayas 11 10 43 493 VII - Central Visayas 2 4 13 537 VIII - Eastern Visayas 2 7 24 359 IX - Zamboanga Peninsula 3 3 21 279 X - Northern Mindanao 3 5 24 304 XI - Davao 3 4 24 298 XII - SOCCSKSARGEN 3 4 21 326 XIII - Caraga 4 3 35 207 ARMM 3 6 28 313 Education No education 2 4 4 45 135 Elementary 25 35 29 2,065 High school 32 38 23 2,984 College or higher 17 15 17 1,847 Wealth index quintile Lowest 18 28 25 1,607 Middle 22 13 26 1,374 Fourth 14 20 29 1,176 Highest 4 7 11 997	Region				
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II - Cagayan Valley					
III - Central Luzon					
IVB - MIMAROPA					
V - Bicol 7 5 26 439 VI - Western Visayas 11 10 43 493 VII - Central Visayas 2 4 13 537 VIII - Eastern Visayas 2 7 24 359 IX - Zamboanga Peninsula 3 3 21 279 X - Northern Mindanao 3 5 24 304 XI - Davao 3 4 24 298 XII - SOCCSKSARGEN 3 4 21 326 XIII - Caraga 4 3 35 207 ARMM 3 6 28 313 Education No education 2 4 45 135 Elementary 25 35 29 2,065 High school 32 38 23 2,984 College or higher 17 15 17 1,847 Wealth index quintile Lowest 18 28 25 1,607 Middle 22 13 26					
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Total 76 92 24 7,030	Highest	4	7	11	,
	Total	76	92	24	7,030

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

Perinatal mortality is highest among pregnancies with a preceding birth interval of less than 15 months. Apart from the wealthiest group demonstrating the least perinatal mortality, no substantial differentials are evident across wealth status.

Early neonatal deaths are deaths at age zero to six days among live-born

The sum of the number of stillbirths and early neonatal deaths divided by the number of pregnancies of seven or more months' duration, multiplied by 1,000.

8.7 HIGH-RISK FERTILITY BEHAVIOR

Maternal fertility patterns and children's survival risks have been known to have a strong relationship. Generally, infants and children have a greater probability of dying if they are born to mothers who are too young or too old, if they are born after a short birth interval, or if they are of high birth order. These factors are of particular interest since they are easily avoidable at low or no cost.

For purposes of the analysis of high-risk fertility behavior presented in Table 8.6, a mother is classified as too young if she is less than 18 years of age and too old if she is over 34 years of age at the time of delivery. A short birth interval is defined as a birth occurring less than 24 months after the previous birth, and a child is of high birth order if the mother had previously given birth to three or more children (i.e., if the child is of birth order four or higher). Although first births are commonly associated with high mortality risk, even if they occur when the mother is between 18 and 34 years old, they are not included in the high-risk category unless they occurred too early or late; instead, they are considered unavoidable.

Table 8.6 presents the percentage of births in the five years preceding the survey and the percentage of currently married women according to the level of risk category in relation to the fertility behavior of the mother. The table also presents the risk ratio or the relative risk of dying estimated by comparing the proportion dead among births in a specific high-risk category with the proportion dead among births not in any high-risk category. This information is useful for designing and monitoring programs both to avoid high-risk behavior and to cope with elevated risks.

Data in Table 8.6 show the percentage of births occurring in the five years before the survey that fall into these various risk categories. Twenty-one percent of children in the Philippines are not in any high-risk category, and 25 percent have an elevated mortality risk that is unavoidable (first births for which any risk is considered unavoidable). Among those who are at risk, 34 percent of births are in only one of the high-risk categories, while 20 percent are in multiple high-risk categories (because of a combination of mother's age, birth interval, and birth order).

The single avoidable high-risk categories with the highest percentage of births are birth order higher than three (15 percent) and births with intervals of less than 24 months (14 percent). Compared with births with no elevated mortality risk, the mortality risk increase associated with these categories (1.97 and 1.34, respectively) is less than that for births to mothers who were under 18 years at birth (3.41). Mortality risks are most elevated for the single-risk categories of too young mothers and too old mothers: 3 percent of births fell in the latter category, while 2 percent of births fell into the former.

The multiple high-risk category with the largest proportion of births is high-order births to older mothers: 10 percent of children fall in this category. Compared with births with no elevated risk, these births are 2.5 times more likely to die in early childhood. The multiple high-risk category with the highest risk ratio is the combination of mothers giving birth after age 34, birth interval less than 24 months, and birth order higher than three; the 3 percent of children in this category are more than five times as likely to die as children with no elevated mortality risk.

Table 8.6 also presents the distribution of currently married women according to category of increased risk if they were to conceive 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; 30 percent of women are at risk because of a single high-risk factor, while 36 percent of women have multiple high-risk factors. The most common risk is late childbearing combined with high birth order (27 percent of currently married women).

Table 8.6 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 2003

Risk category	Births in the preceding Percentage of births	Percentage of currently married women ¹		
Not in any high-risk category	21.4	1.00	28.1 ²	
Unavoidable risk category First order births between ages 18 and 34 years	25.1	1.60	5. <i>7</i>	
Single high-risk category Mother's age <18 Mother's age >34 Birth interval <24 months Birth order >3	2.2 3.1 13.8 14.5	3.41 2.18 1.34 1.97	0.3 10.9 8.7 9.9	
Subtotal	33.7	1.83	29.7	
Multiple high-risk category Age <18 and birth interval <24 months ³ Age >34 and birth interval <24	0.2	4.06	0.1	
months Age >34 and birth order >3 Age >34 and birth interval <24	0.4 10.1	0.00 2.48	0.6 27.2	
months and birth order >3 Birth interval <24 months and birth order >3	2.5 6.6	5.10 3.47	3.1 5.5	
Subtotal	19.8	3.11	36.4	
In any avoidable high-risk category	53.5	2.30	66.1	
Total Number of births	100.0 6,954	-	100.0 8,671	

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.

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

² Includes sterilized women

³ Includes the category age <18 and birth order >3

This chapter presents findings related to maternal and child health, specifically on the following topics: antenatal care, including iron supplementation and tetanus toxoid vaccination; delivery care and services; and postnatal care. This chapter also presents indicators on children's health, including immunization and prevalence of childhood diseases. These findings can assist in identifying women and children who have less access to maternal and child health services, for whom health planners can formulate plans and programs aimed to improve their services.

9.1 **ANTENATAL CARE**

The quality of antenatal care provided to pregnant women can be assessed in terms of the type of service provider, the number of antenatal care visits made, the timing of the first visit, and the services and information provided during antenatal checkups. In the 2003 National Demographic and Health Survey (NDHS), women who had one or more live births in the five years preceding the survey were asked whether they saw anyone for antenatal care during the pregnancy of their last live birth.

9.1.1 Antenatal Care Coverage

Table 9.1 shows the percent distribution of women who had a live birth in the five years preceding the survey by source of antenatal care (ANC) received during the pregnancy with the last birth. The interviewers were instructed to record all ANC providers mentioned by the respondent. However, in this table, only the provider with the highest qualification is considered if a respondent mentions more than one provider. Overall, 88 percent of women who had a live birth in the five years preceding the survey received ANC from a medical professional during pregnancy with the most recent birth (Table 9.1). Half of all women with a recent birth received care from a nurse or a midwife, and 38 percent received care from a doctor. Traditional birth attendants provided ANC to 7 percent of women. These figures show little change from those recorded in the 1998 NDHS (NSO, DOH, and Macro International Inc., 1999).

Women who were less than 35 years old when they gave birth, those with a smaller number of children, those who live in urban areas, women with higher education, and women who are economically better off are more likely to have had an antenatal checkup from a doctor, nurse, or midwife. For example, antenatal coverage ranges from 72 percent of women in the poorest quintile to 97 percent of women in the wealthiest quintile. The most significant difference, however, is by woman's education. While 96 percent of women with college or higher education have received ANC from a health professional, the corresponding proportion for women with no education is only 33 percent.

There are wide variations in antenatal coverage and services across regions. In the majority of regions, at least 90 percent of women received ANC from a health professional. Eleven percent of women each in Cordillera Administrative Region (CAR) and Zamboanga Peninsula received no ANC. In general, midwives and nurses are the most popular antenatal care providers, except in the National Capital Region (NCR) and CAR, where the most likely ANC provider is a doctor (73 and 55 percent, respectively). In Eastern Visayas, Zamboanga Peninsula, SOCCSKSARGEN, and Autonomous Region in Muslim Mindanao (ARMM), a large proportion of women receive ANC from a traditional birth attendant (TBA). In ARMM, for instance, 45 percent of women are attended by a TBA for ANC.

Table 9.1 Antenatal care

Among women who had a live birth in the five years preceding the survey by antenatal care (ANC) provider during pregnancy for the most recent birth, according to background characteristics, Philippines 2003

Background characteristic	Doctor	Nurse/ midwife	Traditional birth attendant/ other	No one	Missing	Total	Number of women
-	Doctor	manne	outer	110 0110	1411351115	10.00	WOITICH
Age at birth	21 5	EC E	7.6	4.2	0.0	100.0	207
<20	31.5	56.5	7.6	4.3	0.0	100.0	387
20-34	39.8	49.4	5.7	4.9	0.2	100.0	3,492
35-49	34.4	47.1	9.1	8.6	0.9	100.0	923
Birth order							
1	52.0	40.9	4.0	2.9	0.2	100.0	1,192
2-3	42.8	48.6	4.3	4.2	0.2	100.0	1,902
4-5	27.9	57.8	7.6	6.3	0.4	100.0	937
6+	17.3	55.3	14.4	12.3	0.7	100.0	771
5 '1							
Residence Urban	5 2.0	20.2	2.7	4 7	0.2	100.0	2.447
I	53.0	38.2	3.7	4.7	0.3	100.0	2,447
Rural	22.5	61.3	9.4	6.5	0.3	100.0	2,355
Region							
National Capital Region	73.0	19.1	3.1	4.4	0.4	100.0	724
Cordillera Admin Region	54.5	31.5	2.9	11.1	0.0	100.0	79
I - Ilocos	37.3	54.0	1.4	6.9	0.5	100.0	220
II - Cagayan Valley	29.6	60.5	3.3	6.5	0.0	100.0	169
III - Central Luzon	46.7	45.7	2.2	4.2	1.1	100.0	480
IVA - CALABARZON	46.7	44.3	1.7	7.3	0.0	100.0	595
IVB - MIMAROPA	19.0	63.0	8.7	8.8	0.5	100.0	155
V - Bicol	30.0	55.6	8.6	5.2	0.6	100.0	290
VI - Western Visayas	34.6	58.8	1.5	5.1	0.0	100.0	324
VII - Central Visayas	31.0	60.4	4.8	3.5	0.3	100.0	359
VIII - Eastern Visayas	19.1	60.0	17.9	3.0	0.0	100.0	230
IX - Zamboanga Peninsula	12.5	64.6	11.7	11.2	0.0	100.0	199
X - Northern Mindanao	20.7	70.4	0.9	7.6	0.4	100.0	219
XI - Davao	30.0	60.2	6.0	3.4	0.4	100.0	216
XII - SOCCSKSARGEN	16.4	65.7	12.3	5.7	0.0	100.0	223
XIII - Caraga	27.6	62.9	5.8	3.7	0.0	100.0	135
ARMM	15.6	34.2	45.3	4.9	0.0	100.0	184
Education							
No education	6.7	26.5	38.6	27.5	0.7	100.0	80
Elementary	13.0	62.6	12.9	11.3	0.3	100.0	1,349
High school	34.2	58.0	4.1	3.4	0.4	100.0	2,037
College or higher	71.1	25.0	1.9	1.8	0.4	100.0	1,337
							- ,
Wealth index quintile	0.5		4.5.0			1000	
Lowest	8.6	63.8	16.2	11.2	0.2	100.0	1,162
Second	22.8	65.3	6.0	5.4	0.5	100.0	1,065
Middle	38.9	51.8	4.2	4.7	0.3	100.0	944
Fourth	58.5	37.7	1.5	2.1	0.3	100.0	863
Highest	79.9	16.7	1.0	2.1	0.3	100.0	768
Total	38.1	49.5	6.5	5.6	0.3	100.0	4,802
-							

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

Urban women, women in the wealthiest quintile, and women with college or higher education are more likely to consult a doctor for an antenatal checkup than other women. Table 9.1 also shows that women are more likely to consult a doctor for ANC for their first pregnancy than for subsequent pregnancies (52 percent, compared with 43 percent or less for each subsequent pregnancy).

The Department of Health (DOH) recommends that all pregnant women have at least four ANC visits during each pregnancy. The 2003 NDHS data show that seven in ten women who had a live birth in the five years preceding the survey had the recommended number of ANC visits during the pregnancy with last live birth (Table 9.2). This percentage is much higher in urban areas (78 percent) than in rural areas (62 percent).

DOH further recommends that for early detection of pregnancy-related health problems, the first antenatal checkup should occur in the first trimester of the pregnancy. More than half (53 percent) of women who had at least one live birth in the five years preceding the survey adopted this recommendation. For three in ten women, the first visit was made when their pregnancy was in

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

Percent distribution of women who had a live birth in the five years preceding the survey, by number of antenatal care (ANC) visits for the most recent birth, and by the timing of the first visit, and whether they had at least one ANC visit in each trimester, according to residence, Philippines 2003

Number and timing	Resi		
of ANC visits	Urban	Rural	Total
Number of ANC visits			
None	4.7	6.5	5.6
1	3.2	5.8	4.5
2-3	12.5	24.9	18.6
4+	78.2	62.3	70.4
Don't know/missing	1.3	0.5	0.9
Total	100.0	100.0	100.0
Number of months pregnant			
at time of first ANC visit			
No antenatal care	4.7	6.5	5.6
<4	61.5	44.2	53.0
4-5	23.8	35.0	29.2
6-7	8.1	11.8	9.9
8+	1.7	2.3	2.0
Don't know/missing	0.3	0.3	0.3
Total	100.0	100.0	100.0
Median months pregnant at first			
visit (for those with ANC)	3.5	4.2	3.8
Number of women	2,447	2,355	4,802

the fourth or fifth month, while one in ten had the first antenatal checkup when they were six to seven months pregnant. Women in urban areas tend to have their first checkup earlier than rural women: while 62 percent of urban women had their first ANC visit in the first trimester of pregnancy, the corresponding proportion in rural areas is 44 percent.

Half of these women who received ANC had had their visit by the time they were 3.8 months pregnant. This finding is similar to that recorded in the 1998 NDHS (3.9 months) for all births in the preceding five years (not just the most recent) (NSO, DOH, and Macro International Inc., 1999).

9.1.2 Components of Antenatal Care Services

High-quality ANC includes educating pregnant women about conditions during pregnancy that they should recognize as dangerous to them or to their baby so as to allow early intervention. In the 2003 NDHS, women who had a live birth in the five years preceding the survey were asked whether in any of their ANC visits, their weight, height, and blood pressure were measured, or samples of their urine or blood were taken. They were also asked whether during any of their ANC visits for their last birth they were informed of symptoms of pregnancy complications. Table 9.3 summarizes the responses to these questions.

Table 9.3 Components of antenatal care

Among women with a live birth in the five years preceding the survey who received antenatal care for the most recent birth, percentage who received specific antenatal care content, and percentage of women with a live birth in the five years preceding the survey who received iron tablets or syrup for the most recent birth, according to background characteristics, Philippines 2003

	Content of care among women who received antenatal care								
Background characteristic	Informed of signs of pregnancy complications	Weight measured	Height measured	Blood pressure measured	Urine sample taken	Blood sample taken	Number of women	Percentage of women who received iron tablets or syrup	Number of women
Age at birth									
<20	46.0	87.2	58.5	87.2	40.6	33.9	370	75.8	387
20-34	49.6	88.6	60.1	91.4	47.8	37.7	3,314	77.9	3,492
35-49	48.3	85.3	58. <i>7</i>	87.5	45.2	39.2	835	73.3	923
Birth order									
1	54.7	91.4	64.1	93.4	58.7	47.7	1,154	82.0	1,192
2-3	50.4	90.2	61.6	92.9	50.2	39.1	1,820	79.7	1,902
4-5	44.9	85.8	57.5	88.2	38.7	31.5	875	73.5	937
6+	41.0	78.1	50.1	80.7	27.1	24.5	670	65.9	771
Residence									
Urban	53.0	92.8	67.2	94.1	62.1	49.2	2,324	79.8	2,447
Rural	44.8	82.6	51.8	86.4	30.5	25.4	2,196	73.8	2,355
Region									
National Capital Region	57.7	95.2	78.5	95.1	76.9	66.6	689	76.6	724
Cordillera Admin Region	47.0	90.4	56.2	93.5	51.9	36.3	70	66.5	79
I - Ilocos	35.1	90.0	54.6	94.5	46.2	36.2	204	77.4	220
II - Cagayan Valley	46.9	90.3	65.7	92.5	39.8	29.6	158	72.7	169
III - Central Luzon	35.8	89.5	58.2	93.9	61.5	44.6	455	80.6	480
IVA - CALABARZON	52.0	93.6	62.7	95.6	57.3	36.3	552	76.9	595
IVB - MIMAROPA	39.9	81.2	49.9	85.4	24.6	25.3	141	73.8	155
V - Bicol	39.0	84.5	40.5	87.6	28.0	19.4	273	73.3	290
VI - Western Visayas	51.5	92.0	68.4	96.9	39.0	36.4	308	84.7	324
VII - Central Visayas	63.2	93.0	58.3	93.3	43.2	40.6	345	86.9	359
VIII - Eastern Visayas	30.9	76.5	48.5	80.8	23.9	21.3	223	74.0	230
IX - Zamboanga Peninsula	40.9	79.5	57.5	84.5	13.6	15.5	177	74.4	199
X - Northern Mindanao	67.6	94.9	59.0	90.3	40.5	38.7	202	79.7	219
XI - Davao	56.6	90.3	55.5	93.7	50.3	40.4	208	80.2	216
XII - SOCCSKSARGEN	48.4	78.1	54.4	81.5	27.7	18.8	210	76.9	223
XIII - Caraga ARMM	71.1 35.0	91.7 44.5	61.0 35.2	90.8 52.3	43.8 19.0	40.5 13.5	130 175	88.8 40.2	135 184
ARIVIIVI	33.0	44.3	33.2	32.3	19.0	13.3	1/3	40.2	104
Education									
No education	22.2	36.7	23.6	31.1	7.7	7.5	57	29.7	80
Elementary	39.4	79.0	47.9	81.5	26.7	23.4	1,193	67.2	1,349
High school	48.4	88.9	61.0	92.5	45.4	35.5	1,960	78.1	2,037
College or higher	59.9	96.5	70.1	97.7	68.7	55.2	1,310	87.4	1,337
Wealth index quintile									
Lowest	39.5	73.2	45.1	77.4	19.1	16.8	1,030	64.7	1,162
Second	47.8	86.3	55.8	89.8	35.2	29.5	1,002	75.3	1,065
Middle	49.4	91.5	62.3	93.0	51.8	39.8	896	80.6	944
Fourth	51.7	94.8	66.7	96.3	63.1	49.5	843	82.2	863
Highest	60.4	97.9	74.1	98.9	75.7	61.3	749	86.9	768
Total	49.1	87.9	59.7	90.3	46.7	37.6	4,520	76.8	4,802

Table 9.3 shows that about half of women who received ANC for the most recent birth in the past five years were informed of pregnancy complications, such as vaginal bleeding, headache, dizziness, blurred vision, swollen face, swollen hands, and paleness or anemia. Women who have had only one birth, live in urban areas, have better education, and fall into the wealthiest quintile are more likely than other women to be informed of potential problems during pregnancy. Women in Caraga are the most likely to have been informed of pregnancy complications (71 percent); women in Eastern Visayas are the least likely to have been informed (31 percent).

Nine in ten women had their blood pressure and weight measurements taken during their ANC visit (Table 9.3). Six in 10 women had their height measured, 47 percent of the women had their urine sample taken, and 38 percent had a blood sample taken.

As one of the essential services of the maternal care program of DOH, pregnant women are encouraged to have iron or folate supplementation. Because pregnant women are prone to anemia, they need to take iron tablets or capsules to meet their daily iron requirements. Table 9.3 shows that 77 percent of women with a live birth in the five years preceding the survey received iron tablets or syrup during the pregnancy of their last birth. There are some variations in iron supplementation coverage across subgroups of women, but the most significant differences are by the woman's education. While 87 percent of women with college or higher education received iron supplementation, the corresponding proportion for women with no education is only 30 percent. At the regional level, the percentage varies from 40 percent in ARMM to 89 percent in Caraga.

9.1.3 Information about Pregnancy Complications

Table 9.4 shows that among women with a live birth in the five years preceding the survey who were informed about danger signs of pregnancy complications, about one-third report that they were told to watch out for vaginal bleeding, headache, dizziness, and paleness or anemia. Less than 30 percent were informed of such symptoms as blurred vision, swollen face, and swollen hands. As in the case of ANC coverage, there are some variations in the likelihood that women were told of potential problems during pregnancy. However, women with no education are the least likely to have received any information about symptoms of pregnancy complications.

There are sharp differentials across regions in the information provided to pregnant women on possible problems during pregnancy: women in Eastern Visayas are the least likely to be informed of any complications that may arise from their pregnancy (31 percent are informed), while women in Caraga have the best chances of having this information (71 percent are informed).

Compared with data from the 1998 NDHS, there appears to be an increase in the proportion of pregnant women who were informed of the dangers of pregnancy, from 33 percent in 1998 for all births in the preceding five years to 49 percent in 2003 for the most recent birth in the preceding five years (NSO, DOH, and Macro International Inc., 1999).

Table 9.4 Information about danger signs of pregnancy

Among women with a live birth in the five years preceding the survey who received antenatal care for the most recent birth, percentage who received information about danger signs during pregnancy, according to background characteristics, Philippines 2003

-	Not	ot Informed about specific pregnancy complications							
	informed		monnec	about spec	cinc pregn	ancy comp	iications		Niconala a a
Background characteristic	of any compli- cations	Vaginal bleeding	Headache	Dizziness	Blurred vision	Swollen face	Swollen hands	Pale or anemic	Number of women
Age at birth									
<20	54.0	30.1	32.9	37.6	24.1	23.2	24.9	29.0	370
20-34	50.4	32.8	34.8	38.7	27.1	28.6	28.7	34.4	3,314
34-49	51.7	31.3	33.1	35.9	28.0	27.9	28.7	31.4	835
Birth order									
1	45.3	36.3	37.9	43.3	29.3	31.7	32.0	36.1	1,154
2-3	49.6	33.9	36.0	39.3	27.8	28.3	28.4	34.5	1,820
4-5	55.1	30.0	30.6	34.8	24.8	25.6	26.7	31.8	875
6+	59.0	24.3	28.7	29.9	23.9	23.8	24.3	27.8	670
Residence									
Urban	47.0	35.6	37.4	41.7	28.6	29.8	30.6	36.3	2,324
Rural	55.2	28.8	31.1	34.2	25.4	26.0	26.0	30.3	2,196
Region									
National Capital Region	42.3	40.3	42.4	47.5	31.3	33.0	33.9	42.0	689
Cordillera Admin Region	53.0	34.5	32.9	38.1	23.6	25.8	27.5	34.6	70
I - Ilocos	64.9	23.7	24.7	27.2	21.7	23.7	22.2	26.2	204
II - Cagayan Valley	53.1	25.6	38.3	38.8	13.3	21.1	23.0	20.5	158
III - Central Luzon	64.2	13.6	17.8	21.9	8.3	11.2	10.4	15.4	455
IVA - CALABARZON	48.0	35.6	36.0	42.4	28.0	29.5	28.7	33.8	552
IVB - MIMAROPA	60.1	19.6	26.1	28.5	23.3	19.1	18.6	23.3	141
V - Bicol	61.0	20.2	22.1	26.0	17.5	15.5	17.3	18.7	273
VI - Western Visayas	48.5	39.8	35.3	38.5	34.4	33.1	33.1	39.8	308
VII - Central Visayas	36.8	44.7	47.0	49.5	42.1	42.4	43.4	47.1	345
VIII - Eastern Visayas	69.1	22.8	22.4	21.3	18.6	17.7	17.7	19.7	223
IX - Zamboanga Peninsula	59.1	20.2	22.0	27.1	17.3	17.2	16.7	23.2	177
X - Northern Mindanao	32.4	45.7	54.4	59.0	46.4	55.3	54.5	59.0	202
XI - Davao	43.4	35.7	38.3	43.3	27.7	30.5	33.1	37.9	208
XII - SOCCSKSARGEN	51.6	41.0	39.5	41.1	34.8	34.6	35.3	40.1	210
XIII - Caraga ARMM	28.9 65.0	53.4 24.4	56.7 24.8	64.1 23.6	52.3 20.2	49.0 14.3	49.4 17.8	56.6 25.1	130 175
- L - C									
Education	77.0	12.7	12.1	44.4	7.6	12.0	110	11.4	
No education	77.8	13.7	13.1	11.1	7.6	12.9	14.2	11.4	57
Elementary	60.6	23.9 30.9	25.9 33.0	29.1	21.5	21.1 26.7	21.5	25.9 33.2	1,193
High school College or higher	51.6	42.8	45.0	37.3 48.5	26.0 34.4	26.7 36.8	27.2 37.1	33.2 41.5	1,960
College of flighter	40.1	42.0	45.0	40.3	34.4	30.0	3/.1	41.3	1,310
Wealth index quintile									
Lowest	60.5	25.6	27.9	29.0	23.7	21.3	21.8	27.9	1,030
Second	52.2	30.0	32.2	36.4	26.6	27.4	27.7	31.5	1,002
Middle	50.6	32.7	34.8	39.2	27.4	28.8	29.4	34.4	896
Fourth	48.3	33.1	34.8	39.4	26.4	26.9	27.0	34.0	843
Highest	39.6	43.3	45.1	49.9	32.5	38.2	38.7	41.7	749
Total	50.9	32.3	34.4	38.1	27.0	28.0	28.4	33.4	4,520

Table 9.5 indicates that 57 percent of pregnant women who had antenatal care for their most recent birth were not told where to go in case of pregnancy complications. Among women who were informed about where to go in case of pregnancy complications, 15 percent reported that they were told to go to a government hospital, 11 percent were told to go to a rural or urban health center, and 10 percent each were told to go to a barangay health station or a private hospital or clinic. Again, the most notable differences in the percentages are by the woman's education. Women with college or higher education are much more likely than other women to be told where to go in case of pregnancy complications (55 percent), compared with only 17 percent of women with no education.

Table 9.5 Place to go in case of pregnancy complications

Among women with a live birth in the five years preceding the survey who received antenatal care for the most recent birth, percentage who were informed to go to a specific facility in case of complications, by type of facility and background characteristics, Philippines 2003

	Informed to go to a specific facility								
Background characteristic	Not informed where to go	Govern- ment hospital	Rural/ urban health center	Barangay health station	Private hospital/ clinic		Private nurse/ midwife	Other/ missing	Number of women
Age at birth									
<20	62.0	12.3	11.5	11.0	6.6	2.5	0.4	0.5	370
20-34	55.7	14.8	10.8	9.6	10.4	5.2	0.3	0.5	3,314
34-49	57.8	15.9	11.0	9.8	7.8	4.4	0.2	0.8	835
Birth order									
1	51.9	15.4	10.3	8.7	15.4	6.7	0.2	0.4	1,154
2-3	55.3	14.7	10.1	9.5	10.5	5.9	0.4	0.5	1,820
4-5	59.9	15.1	11.4	10.3	6.5	2.9	0.3	0.8	875
6+	63.9	13.7	13.3	11.4	1.1	1.2	0.0	0.9	670
Residence									
Urban	52.5	15.6	10.6	7.4	14.2	5.7	0.4	0.6	2,324
Rural	60.9	14.0	11.1	12.2	4.7	3.9	0.1	0.6	2,196
Region									
National Capital Region	48.2	19.3	12.4	3.3	17.8	3.2	0.6	0.3	689
Cordillera Admin Region	61.9	16.6	10.3	3.1	8.9	3.2	0.0	1.8	70
I - Ilocos	68.9	7.9	11.3	3.5	5.5	3.4	0.0	0.5	204
II - Cagayan Valley	61.8	11.8	6.0	10.1	6.2	5.7	0.5	0.0	158
III - Central Luzon	71.1	10.5	4.9	7.0	6.2	4.2	0.3	0.5	455
IVA - CALABARZON	52.4	13.5	12.0	5.6	15.7	5.7	0.5	0.0	552
IVB - MIMAROPA V - Bicol	63.1 68.1	15.5 12.7	11.6 8.1	6.1 8.7	4.3 6.3	1.0 3.8	1.0 0.2	1.0 0.8	141 273
V - Bicol VI - Western Visayas	52.2	21.0	14.5	8.7	4.5	8.6	0.2	0.8	308
VII - Central Visayas	44.1	12.0	18.2	13.8	11.2	7.1	0.0	0.3	345
VIII - Eastern Visayas	73.7	13.6	8.4	1.5	2.3	1.2	0.0	0.0	223
IX - Zamboanga Peninsula		9.6	5.4	15.6	5.9	0.5	0.0	0.0	177
X - Northern Mindanao	36.5	25.1	7.7	33.7	12.7	4.1	0.0	0.5	202
XI - Davao	51.3	14.6	10.8	14.5	12.1	10.1	0.0	1.4	208
XII - SOCCSKSARGEN	57.0	8.6	14.5	14.5	6.1	7.8	0.0	1.6	210
XIII - Caraga	34.4	25.1	12.5	37.3	8.3	11.0	0.5	1.3	130
ARMM	68.7	15.5	10.5	7.8	1.6	1.3	0.4	2.9	175
Education									
No education	82.8	3.1	0.8	9.5	0.0	1.3	0.0	3.8	57
Elementary	66.6	10.8	12.1	11.5	1.8	1.2	0.2	0.4	1,193
High school	57.5	16.5	11.7	10.7	5.8	3.7	0.4	0.5	1,960
College or higher	45.0	16.5	8.9	6.7	22.7	9.9	0.1	0.8	1,310
Wealth index quintile									
Lowest	66.1	11.2	11.9	12.7	1.1	1.3	0.2	0.7	1,030
Second	57.5	16.7	13.1	13.8	3.6	2.8	0.1	0.9	1,002
Middle	56.3	16.5	12.2	9.3	7.2	5.0	0.1	0.5	896
Fourth	54.6	17.2	9.4	7.6	12.7	5.8	0.9	0.4	843
Highest	45.0	12.5	6.6	3.3	28.6	11.3	0.2	0.3	749
Total	56.6	14.8	10.9	9.7	9.6	4.8	0.3	0.6	4,520

As in the case of information on pregnancy complications, there are sharp differentials across regions in the information provided to pregnant women about the place to go should such complications occur. More than 70 percent of women in Central Luzon and Eastern Visayas were not informed of where to go for help with any complications that may arise from their pregnancy, while women in Caraga have the best chances of having this information (66 percent). As was the case with information on danger signs of pregnancy, women in Eastern Visayas have the least information, while women in Caraga are the most informed.

9.1.4 Tetanus Toxoid Injections

One of the maternal and child health programs of DOH is providing tetanus toxoid immunization to pregnant women in order to protect newborn babies from neonatal tetanus, which is one of the major causes of neonatal deaths. The program recommends that women receive at least two tetanus toxoid (TT) injections during their first pregnancy.

Table 9.6 shows that 37 percent of women who had a live birth in the five years preceding the survey received two or more injections of TT. Twenty-eight percent of these women received no tetanus injection. TT coverage in 2003 is similar to that recorded in the 1998 NDHS (38 percent). It is important to note, however, that some women may have had enough TT prior to the index pregnancy that they did not require further injections. This may be the case in particular for women at higher parities.

Table 9.6 Tetanus toxoid injections

Percent distribution of women who had a live birth in the five years preceding the survey, by number of tetanus toxoid injections received during pregnancy for the most recent birth, according to background characteristics, Philippines 2003

			Two or	Don't		Number
Background		One	more	know/		of
characteristic	None	injection	injections	missing	Total	women
Age at birth		0.4 =			1000	20-
<20	23.0	31.5	44.5	1.0	100.0	387
20-34	25.7	34.3	38.5	1.5	100.0	3,492
35-49	38.4	30.9	29.5	1.3	100.0	923
Birth order						
1	22.4	30.3	45.6	1.6	100.0	1,192
2-3	22.0	37.6	39.1	1.3	100.0	1,902
4-5	31.4	34.9	32.0	1.6	100.0	937
6+	46.6	26.2	26.1	1.1	100.0	771
Residence						
Urban	26.5	35.1	36.6	1.9	100.0	2.447
					100.0	2,447
Rural	29.4	31.7	38.0	0.9	100.0	2,355
Region						
National Capital Region	23.4	39.3	34.9	2.4	100.0	724
Cordillera Admin Region	35.6	35.2	28.7	0.5	100.0	79
I - Ilocos	23.4	37.8	37.4	1.4	100.0	220
II - Cagayan Valley	21.8	30.3	47.9	0.0	100.0	169
III - Central Luzon	31.0	34.9	31.9	2.2	100.0	480
IVA - CALABARZON	27.0	35.0	36.3	1.7	100.0	595
IVB - MIMAROPA	30.9	24.5	43.1	1.5	100.0	155
V - Bicol	34.6	35.7	29.1	0.6	100.0	290
VI - Western Visayas	30.5	28.4	39.6	1.5	100.0	324
VII - Central Visayas	22.2	30.1	46.4	1.3	100.0	359
VIII - Eastern Visayas	33.9	30.2	35.1	0.8	100.0	230
IX - Zamboanga Peninsula	30.5	32.7	36.8	0.0	100.0	199
X - Northern Mindanao	26.0	35.8	36.8	1.3	100.0	219
XI - Davao	19.9	29.4	49.1	1.6	100.0	216
XII - SOCCSKSARGEN	24.9	30.7	42.7	1.8	100.0	223
XIII - Caraga	19.6	38.1	42.3	0.0	100.0	135
ARMM	52.5	24.1	23.4	0.0	100.0	184
Education						
No education	71.7	13.5	14.0	0.7	100.0	80
Elementary	35.2	29.1	34.8	0.9	100.0	1,349
High school	22.5	35.4	40.6	1.5	100.0	2,037
College or higher	26.1	35.9	36.2	1.8	100.0	1,337
Wealth index quintile						
Lowest	37.6	29.7	31.9	0.8	100.0	1,162
Second	25.5	30.8	42.3	1.3	100.0	1,065
Middle	22.6	37.5	38.6	1.3	100.0	944
Fourth	23.5	35.2	39.3	2.0	100.0	863
Highest	28.1	35.6	34.5	1.8	100.0	768
Total	27.9	33.4	37.3	1.4	100.0	4,802

Births to young women, lower order births, and births to better educated women are more likely than other births to be protected from neonatal tetanus. Interestingly, TT coverage does not vary much by wealth status. Across the regions, TT coverage ranges from 23 percent in ARMM to 49 percent in Davao.

9.2 **DELIVERY CARE**

9.2.1 **Place of Delivery**

Thirty-eight percent of live births in the five years preceding the survey were delivered in a health facility, and 61 percent were born at home (Table 9.7). These figures show an increase in the proportion of births occurring in a health facility (34 percent in 1998) and a decline in the percentage of births delivered at home (66 percent in 1998) (NSO, DOH, and Macro International Inc., 1999).

Table 9.7 Place of delivery Percent distribution of live births in the five years preceding the survey, by place of delivery, according to background characteristics, Philippines 2003

	F	lealth facility	_					
Background characteristic	Government hospital	Government health center	Private sector	Home	Other	Missing	Total	Number of births
Age at birth								
<20	21.5	1.3	11.6	64.1	0.3	1.2	100.0	640
20-34	23.4	1.6	14.4	60.0	0.2	0.4	100.0	5,189
35-49	20.5	0.5	11.7	66.1	0.2	0.8	100.0	1,125
Birth order								,
1	31.4	1.3	20.4	45.5	0.5	0.8	100.0	1,945
2-3	23.1	2.0	15.7	58.7	0.1	0.2	100.0	2,663
4-5	17.3	1.1	8.8	72.1	0.0	0.6	100.0	1,245
6+	12.8	0.6	2.4	83.5	0.1	0.7	100.0	1,102
Antenatal care visits ¹		0.0		0010	٥	017		.,
None	9.3	1.3	3.8	85.2	0.0	0.4	100.0	268
1-3	15.2	0.4	4.4	79.9	0.0	0.0	100.0	1,108
4+	27.6	1.7	19.4	51.0	0.1	0.0	100.0	3,381
Residence	27.0	1.7	13.1	31.0	0.2	0.0	100.0	3,301
Urban	29.5	2.1	22.1	45.5	0.1	0.5	100.0	2 461
Rural	29.5 16.0	0.7	5.3	43.3 77.0	0.1	0.5	100.0	3,461 3,493
	16.0	0.7	5.5	//.0	0.3	0.5	100.0	3,493
Region	20.5	2.7	20.4	20.0	0.0	0.5	400.0	4.050
National Capital Region	38.5	2.7	28.4	30.0	0.0	0.5	100.0	1,050
Cordillera Admin Region	38.6	0.0	6.2	55.2	0.0	0.0	100.0	115
I - Ilocos	21.3	0.3	7.5	70.2	0.3	0.3	100.0	310
II - Cagayan Valley	19.2	0.0	6.5	73.9	0.0	0.4	100.0	224
III - Central Luzon	30.8	0.8	17.8	49.3	0.0	1.4	100.0	683
IVA - CALABARZON	22.6	3.2	20.0	53.5	0.3	0.2	100.0	816 241
IVB - MIMAROPA V - Bicol	13.0 15.7	0.6 0.7	2.1 5.5	83.0 76.3	0.0 1.2	1.3 0.5	100.0 100.0	432
V - Bicoi VI - Western Visayas	24.1	2.4	6.9	65.9	0.0	0.3	100.0	482
VII - Central Visayas	20.7	1.5	17.6	58.8	0.0	1.0	100.0	535
VIII - Eastern Visayas	14.7	0.7	5.3	79.3	0.2	0.0	100.0	357
IX - Zamboanga Peninsula	10.9	1.0	3.7	83.8	0.6	0.0	100.0	276
X - Northern Mindanao	18.5	0.3	10.1	70.2	0.3	0.6	100.0	301
XI - Davao	21.3	0.3	19.4	59.0	0.0	0.0	100.0	295
XII - SOCCSKSARGEN	12.3	1.2	9.6	76.2	0.3	0.0	100.0	324
XIII - Caraga	21.3	0.9	3.9	73.6	0.0	0.3	100.0	203
ARMM	6.3	0.5	3.9	88.4	0.3	0.7	100.0	310
Mother's education	0.5	0.5	5.5	00.1	0.5	0.7	100.0	3.0
No education	3.2	0.0	0.5	95.3	0.0	1.0	100.0	132
Elementary	11.8	1.3	2.6	83.4	0.0	0.8	100.0	2,040
High school	23.9	1.9	9.5	64.0	0.2	0.6	100.0	2,952
College or higher	34.5	0.9	33.7	30.1	0.2	0.4	100.0	1,830
	54.5	0.5	33.7	30.1	0.5	0.4	100.0	1,030
Wealth index quintile	0.7	0.5	1.2	00 7	0.1	0.7	100.0	1 050
Lowest	8.7	0.5	1.2	88.7	0.1	0.7	100.0	1,858
Second Middle	19.6 30.4	0.8 1.8	4.4 11.1	74.3 56.2	0.3 0.2	0.5 0.2	100.0 100.0	1,590
Fourth	30. 4 34.6	3.0	22.2	39.0	0.2	1.0	100.0	1,352 1,162
Highest	29.9	3.0 1.6	45.5	22.6	0.3	0.1	100.0	993
· ·								
Total	22.8	1.4	13.7	61.4	0.2	0.5	100.0	6,954

Note: Total includes 46 women with no information on number of antenatal care visits.

¹ Includes only the most recent birth in the five years preceding the survey

Twenty-four percent of births took place in a government hospital or health center, and 14 percent occurred in a private facility. First-order births, births to urban women, births to women in the higher wealth quintiles, births to women with college or higher level of education, and births to women who have four or more antenatal visits are more likely to have taken place in a health facility. The vast majority of sixth or higher order births (84 percent), births to the poorest women (89 percent), births to women with no education (95 percent), and births to women who had no antenatal checkup (85 percent) were delivered at home.

Delivery in a health facility is most common in NCR (70 percent). In ten regions, at least 70 percent of births occurred at home, with ARMM (88 percent), MIMAROPA (83 percent), and Zamboanga Peninsula (84 percent) registering the highest percentages.

9.2.2 Delivery Assistance

In the 2003 NDHS, if the respondent was assisted by more than one attendant at delivery, the interviewer was instructed to record all persons attending to the delivery. In Table 9.8, only the most qualified attendant is considered. Sixty percent of births in the five years preceding the survey are assisted by health professionals: 34 percent by a doctor, 25 percent by a midwife, and 1 percent by a nurse. While coverage of births attended by a health professional has increased in the last five years from 56 percent in 1998 (NSO, DOH, and Macro International Inc., 1999), it remains lower than the target set by DOH (80 percent by 2004). Thirty-seven percent of births in the five years preceding the survey were attended by a hilot. This is to be expected because the majority of deliveries took place at home.

It is interesting to note that while 88 percent of women who had a live birth during the reference period saw a health professional for antenatal care, only 60 percent of all births were attended by a health professional during delivery.

Assistance by a health professional during delivery is more common for lower-order births, births in urban areas, births of wealthier women, and births to better-educated mothers. The largest gaps in being assisted by a health professional during delivery are between the poorest women and the wealthiest women and between women with no education and those with the highest educational levels. While 25 percent of women in the poorest quintile and only 11 percent of women with no education are assisted by a health professional during delivery, the corresponding proportions for women in the wealthiest quintile and those with college or higher education are 92 and 86 percent, respectively.

Almost nine in ten deliveries in NCR are assisted by a health professional (64 percent by a doctor and 24 percent by a midwife or nurse). On the other extreme, the majority of births in ARMM (77 percent) are assisted by a hilot. Of those assisted by a health professional, 9 percent are attended by a doctor and 13 percent by a midwife or nurse. While births in CAR are more likely than those in ARMM to receive care from a medically trained person during delivery, a large proportion are assisted by a relative or friend (22 percent), and 3 percent are delivered with no assistance.

Table 9.8 Assistance during delivery

Percent distribution of live births in the five years preceding the survey, by person providing assistance during delivery, according to background characteristics, Philippines 2003

Background characteristic	Doctor	Nurse	Midwife	Hilot	Relative/ friend/ other	No one	Missing	Total	Number of births
	Doctor	Nuise	Midwife	THIOL	otrici	NO OHE	wiissing	Total	OI DII III
Age at birth	29.0	1.4	25.3	40.0	2.8	0.0	1.5	100.0	640
20-34	35.0	1.4	25.9	35.3	2.0	0.0	0.4	100.0	5,189
35-49	30.0	0.9	23.9	44.0	2.8	0.2	0.4	100.0	
33-49	30.0	0.9	21.1	44.0	2.0	0.3	0.9	100.0	1,125
Birth order									
1	48.2	1.3	23.3	24.9	1.4	0.0	0.9	100.0	1,945
2-3	35.7	1.2	27.1	33.7	1.9	0.1	0.3	100.0	2,663
4-5	23.2	1.3	27.8	43.9	3.0	0.2	0.6	100.0	1,245
6+	14.7	0.3	19.9	59.1	4.5	0.7	0.7	100.0	1,102
Residence									
Urban	48.2	1.3	29.5	19.6	0.8	0.1	0.5	100.0	3,461
Rural	19.2	1.0	20.7	54.4	3.9	0.3	0.6	100.0	3,493
Dogion									
Region National Capital Pagion	64.4	0.7	22.8	11.6	0.0	0.1	0.4	100.0	1,050
National Capital Region	40.7	3.7	15.2	14.1	22.4	3.4	0.4	100.0	1,030
Cordillera Admin Region			45.0						310
I - Ilocos	28.5 23.5	0. <i>7</i> 1.1		24.6 42.9	1.0	0.0	0.3	100.0	224
II - Cagayan Valley III - Central Luzon	43.6	0.4	28.6 41.8	12.0	3.5 0.4	0.0	0.4 1.8	100.0 100.0	683
IVA - CALABARZON	40.4	0.4	33.8	24.4	0.4	0.0	0.2	100.0	816
	13.7	3.2	33.6 12.4	66.3	2.8	0.3	1.3		241
IVB - MIMAROPA V - Bicol	19.5	2.1	26.2	50.2	1.2	0.3	0.5	100.0 100.0	432
V - Bleof VI - Western Visayas	30.9	0.0	16.5	49.7	2.1	0.2	0.3	100.0	482
VII - Central Visayas	34.2	1.5	32.6	29.0	1.7	0.0	1.0	100.0	535
VIII - Eastern Visayas	16.4	1.4	18.2	62.3	1.7	0.0	0.0	100.0	357
IX - Zamboanga Peninsula	12.9	1.3	16.8	64.3	4.4	0.3	0.0	100.0	276
X - Northern Mindanao	24.6	3.4	13.0	49.4	9.0	0.0	0.6	100.0	301
XI - Davao	31.0	1.2	15.4	43.6	8.8	0.0	0.0	100.0	295
XII - SOCCSKSARGEN	19.7	0.3	17.2	58.7	3.5	0.8	0.0	100.0	324
XIII - Caraga	23.4	2.3	16.8	55.4	1.4	0.3	0.3	100.0	203
ARMM	8.5	0.8	12.4	76.6	0.7	0.2	0.7	100.0	310
EL C									
Education	2.4	0.5	0.3	711	12.0	1.2	1.0	100.0	430
No education	2.1	0.5	8.3	74.1	12.8	1.2	1.0	100.0	132
Elementary	12.6	0.9	21.3	59. <i>7</i>	4.3	0.4	0.8	100.0	2,040
High school	30.2	1.1 1.4	31.7	35.0	1.4	0.0	0.5	100.0	2,952
College or higher	64.8	1.4	19.7	12.6	1.0	0.1	0.4	100.0	1,830
Wealth index quintile									
Lowest	8.6	0.5	16.0	68.9	4.9	0.4	0.7	100.0	1,858
Second	21.0	1.7	28.7	45.4	2.4	0.2	0.7	100.0	1,590
Middle	37.4	1.8	33.2	26.3	1.1	0.1	0.2	100.0	1,352
Fourth	52.6	0.6	31.2	13.3	1.4	0.0	0.9	100.0	1,162
Highest	73.2	1.2	18.0	7.0	0.6	0.0	0.1	100.0	993
Total	33.6	1.1	25.1	37.1	2.4	0.2	0.6	100.0	6,954

Note: If the respondent mentioned more than one person attending during delivery, only the most qualified person is considered in this tabulation.

Table 9.9 shows the relationship between place and assistance during delivery. As expected, the majority of home deliveries are assisted by a midwife or hilot: 61 percent of births delivered at the mother's home are assisted by a hilot and 34 percent by a midwife. Nine in ten births delivered at a government or private hospital are assisted by a doctor. Midwives play a more important role in assisting deliveries in health centers: Three in four births delivered in a health center are assisted by a midwife.

Table 9.9 Place and assistance during delivery

Percent distribution of live births in the five years preceding the survey, by person providing assistance during delivery, according to place of delivery, Philippines 2003

Place of delivery	Doctor	Nurse	Midwife	Hilot	Relative/ friend/ other	No one	Missing	Total	Number of births
Home									
Respondent's home	0.4	0.8	34.0	60.8	3.8	0.3	0.1	100.0	3,989
Other home	0.0	0.4	42.9	54.1	2.6	0.0	0.0	100.0	277
Health facility									
Government hospital	91.7	2.0	6.0	0.1	0.2	0.0	0.0	100.0	1,582
Government health center	20.8	2.8	75.6	0.0	0.9	0.0	0.0	100.0	98
Private hospital or clinic	88.7	1.3	9.9	0.0	0.0	0.0	0.0	100.0	949
Total	33.6	1.1	25.1	37.1	2.4	0.2	0.6	100.0	6,954

Note: If the respondent mentioned more than one person attending during delivery, only the most qualified person is considered in this tabulation. Total includes 57 births with no information on place of delivery.

Delivery Characteristics 9.2.3

Caesarean operations are generally performed on women with medical problems or with pregnancy complications. Table 9.10 shows that 7 percent of live births in the five years preceding the survey were delivered by this procedure. This figure is similar to that recorded in the 1998 (6 percent) (NSO, DOH, and Macro International Inc., 1999).

Caesarean sections (C-sections) are slightly more common among births to older women (age 35 years and over). However, there are significant variations in the occurrence of caesarean operations by the children's birth order, residence, mother's education, and wealth status. First-order births, births to urban women, births to women with college or higher education, and births to women in the wealthiest quintile are much more likely than other births to be delivered by surgery. Sixteen percent of births to the most educated women and 20 percent of births to women in the wealthiest quintile were delivered by this procedure.

Across the regions, NCR and Central Luzon have the largest percentage of such births (about 12 percent). The incidence of deliveries by C-section in NCR has increased from 9 percent in 1998 (NSO, DOH, and Macro International Inc., 1999).

Birth weight is a proxy indicator of a baby's health status, because infants born with low birth weight generally face higher morbidity and mortality risks. In the 2003 NDHS, information was obtained on the child's birth weight and the mother's perception of the baby's size at birth. Babies weighing less than 2.5 kilograms at birth are considered to have low birth weight. In this survey, 28 percent of the babies were reported to have not been weighed at birth, and for another 5 percent, the weight is unknown to the mothers (Table 9.10).

Table 9.10 Delivery characteristics

Percentage of live births in the five years preceding the survey delivered by caesarean section and percent distribution by birth weight and by mother's estimate of baby's size at birth, according to background characteristics, Philippines 2003

			Birth v	veight				Size of chil	d at birt	:h		
	Delivery		Less	2.5 kg	Don't			Smaller	Aver-	Don't		
Background	by	Not	than	or	know/		Very	than	age or	know/		Number
characteristic	C-section	weighed	2.5 kg	more	missing	Total	small	average	larger	missing	Total	of births
Age at birth												
<20	3.1	29.5	12.2	53.0	5.3	100.0	4.9	14.0	79.2	2.0	100.0	640
20-34	7.3	26.0	13.2	56.3	4.5	100.0	5.0	13.4	80.9	0.8	100.0	5,189
35-49	9.3	32.9	12.9	49.0	5.2	100.0	7.9	14.0	76.6	1.5	100.0	1,125
Birth order												
1	11.0	17.7	15.7	61.7	4.9	100.0	5.7	14.7	78.1	1.5	100.0	1,945
2-3	8.4	24.5	12.0	59.2	4.3	100.0	4.2	12.1	82.9	0.8	100.0	2,663
4-5	3.5	32.7	13.2	50.2	3.9	100.0	5.8	13.5	79.7	0.9	100.0	1,245
6+	2.2	46.0	10.8	37.1	6.1	100.0	7.5	14.8	76.7	1.0	100.0	1,102
Residence												
Urban	9.8	14.3	13.7	66.5	5.5	100.0	5.3	11.1	82.5	1.1	100.0	3,461
Rural	4.7	40.5	12.4	43.2	3.8	100.0	5.6	15.9	77.5	0.9	100.0	3,493
Region												
National Capital Region	11.7	7.1	12.8	74.5	5.6	100.0	5.0	9.3	84.9	0.8	100.0	1,050
Cordillera Admin Region	7.0	33.8	16.7	44.7	4.8	100.0	2.0	12.6	85.4	0.0	100.0	115
I - Ilocos	7.0 5.6	29.7	7.2	56.9	6.2	100.0	3.9	12.0	82.9	1.0	100.0	310
II - Cagayan Valley	6.5	40.8	8.5	50.3	0.4	100.0	2.1	11.0	86.5	0.4	100.0	224
III - Cagayari Valley	12.5	21.4	11.9	57.5	9.2	100.0	4.0	8.5	85.5	2.0	100.0	683
IVA - CALABARZON	9.7	19.0	11.2	62.7	7.1	100.0	4.0	12.1	82.2	1.7	100.0	816
IVB - MIMAROPA	2.4	50.4	10.1	36.4	3.1	100.0	8.4	15.5	74.9	1.3	100.0	241
V - Bicol	5.9	42.5	11.1	42.4	4.0	100.0	6.5	13.5	79.2	0.8	100.0	432
VI - Western Visayas	5.0	30.9	19.9	42.6	6.6	100.0	11.1	19.7	67.3	2.0	100.0	482
VII - Central Visayas	3.7	15.8	20.4	61.1	2.7	100.0	7.4	15.9	75.2	1.5	100.0	535
VIII - Eastern Visayas	2.9	40.7	18.0	39.9	1.4	100.0	6.5	20.8	72.7	0.0	100.0	357
IX - Zamboanga Peninsula	4.0	40.5	15.3	44.2	0.0	100.0	5.3	16.8	77.9	0.0	100.0	276
X - Northern Mindanao	5.2	25.3	13.1	58.6	3.0	100.0	6.8	16.8	75.7	0.6	100.0	301
XI - Davao	8.8	25.0	16.8	56.6	1.6	100.0	5.5	12.8	81.1	0.6	100.0	295
XII - SOCCSKSARGEN	6.7	37.5	10.0	50.7	1.7	100.0	5.3	12.5	82.3	0.0	100.0	324
XIII - Caraga	4.6	19.3	10.4	70.0	0.3	100.0	4.0	7.1	88.6	0.3	100.0	203
ARMM	2.1	66.5	4.1	21.8	7.7	100.0	1.4	22.3	74.6	1.6	100.0	310
Education												
No education	0.0	81.8	2.3	13.2	2.6	100.0	5.5	15.8	76.8	1.8	100.0	132
Elementary	2.7	46.4	12.1	36.7	4.8	100.0	7.1	17.0	74.5	1.4	100.0	2,040
High school	5.1	23.9	13.3	57.3	5.5	100.0	4.9	12.6	81.6	0.9	100.0	2,952
College or higher	16.3	8.2	14.4	74.1	3.3	100.0	4.4	11.0	83.8	0.7	100.0	1,830
Woolth index assistile												
Wealth index quintile	17	51.2	11.0	22.1	2.0	100.0	7.2	170	72 6	1 2	100.0	1 050
Lowest Second	1.7 3.4	51.2	11.9 13.0	33.1	3.8	100.0 100.0	7.2 5.3	17.8	73.6		100.0	1,858
Middle	6.8	32.8		49.1	5.2 5.6	100.0	5.3	13.5	80.5	0.7 0.7	100.0	1,590
Fourth	10.8	18.8 10.6	14.4	61.2		100.0	4.7	12.9	81.7 82.0		100.0 100.0	1,352
Highest	20.3	10.6 6.1	14.6 11.7	69.1 79.3	5.8 2.8	100.0	4.5 4.4	11.9 8.2	82.0 86.5	1.6 0.9	100.0	1,162 993
Total 	7.3	27.5	13.0	54.8	4.7	100.0	5.4	13.5	80.0	1.0	100.0	6,954

More than half of all births (55 percent or 81 percent of those weighed) are reported to weigh 2.5 kilograms or more, which is considered a normal birth weight. Thirteen percent of births (19 percent of those weighed) are below the normal weight. This percentage is higher than the level that DOH aims to achieve by 2004 (12 percent). First-order births, births to urban women, births to women with college or higher level of education, and births to women in the middle to wealthier quintiles are more likely to have normal birth weight. Among the regions, NCR and Caraga have the largest percentage of births with normal birth weight (75 and 70 percent, respectively). NCR also has the highest percentage of births that are weighed at birth (87 percent).

The mother's assessment of the size of the child at birth is an alternative source of information for determining the prevalence of low birth weight babies. This measurement is useful when a large proportion of births are not weighed at birth. On the basis of the 2003 NDHS data on mother's assessment of birth size, 80 percent of births are average or larger than average, 14 percent are smaller than average, and 5 percent are considered very small. Births to women age 35 years and above, high-order births, and those born to women in the poorest quintile are more likely to be reported very small at birth. Mother's perception of the child's birth size varies by region. Mothers in Western Visayas are least likely to say that their babies are of average or larger size (67 percent) and the most likely to say that their babies are smaller than average or very small (31 percent).

In the 2003 NDHS, mothers who underwent C-section were asked the reason for having the operation. The findings are presented in Table 9.11. The most often cited reasons for having the operation are narrow pelvic bone (27 percent), the baby's head is not in the normal position (13 percent), preeclampsia (11 percent), and fetal distress (10 percent).

Table 9.11 Reason for caesarean operation

Percent distribution of caesarean births in the five years preceding the survey, by reason for the operation, Philippines 2003

Reason for caesarean delivery	Percent
Preeclampsia Eclampsia Baby too big Narrow pelvic bone Head not in position Fetal distress Labor beyond 12 hours Mother tired (<12 hours) Water broke early Excessive bleeding Other	11.4 2.9 7.5 27.2 13.3 9.5 5.6 2.3 4.0 1.3
Don't know	1.9
Percent Number	100.0 504

9.3 POSTNATAL CARE

9.3.1 **Postnatal Care Coverage**

Postnatal care is important for the mother, in checking whether there are complications arising from the delivery and providing the mother with information on how to care for herself and her child. The DOH recommends that mothers receive a postpartum check within two days after delivery. In the safe motherhood program, DOH set a target of 80 percent of postpartum women to have at least one postnatal checkup within one week after giving birth. In the 2003 NDHS, respondents with a live birth in the five years preceding the survey were asked whether a health professional or a traditional birth attendant checked on their health after the delivery of their youngest child. Those who answered "yes" were asked how many days or weeks after the delivery the first checkup took place, who did the checkup, what type of services were received, and where the first checkup took place.

Because women who delivered in a health facility are assumed to have received postnatal care, Table 9.12 is limited to women who delivered outside a health facility. The table shows the percent distribution of women who gave birth in the five years preceding the survey by timing of the first postnatal check. One in three women had a postnatal checkup within two days of delivery and 17 percent of the women received a postnatal checkup from three to six days after delivery, for a total of 51 percent of women receiving a postnatal checkup within seven days of delivery. Combined with 38 percent of women delivering in a health facility, a total of 89 percent of women received postnatal care within six days of delivery. This percentage is higher than the target set by DOH (80 percent).

Table 9.12 Postnatal care by background characteristics

Percent distribution of women whose last live birth in the five years preceding the survey occurred outside a health facility by timing of postnatal care, according to background characteristics, Philippines 2003

·	Timin	g of first p	ostnatal che	eckup			
	Within			-	Did not		
	2 days	3-6 davs	7-41 days	Don't	receive		Number
Background	of	after	after	know/	postnatal		of
characteristic	delivery	delivery	delivery	missing	checkup ¹	Total	women
Age at birth							
<20	34.2	14.9	15.5	0.0	35.3	100.0	236
20-34	34.0	16.7	15.6	0.2	33.5	100.0	2,041
35-49	32.3	20.6	11.0	0.7	35.4	100.0	597
Birth order							
1	33.8	15.6	16.9	0.0	33.7	100.0	518
2-3	33.9	17.0	16.8	0.3	32.1	100.0	1,064
4-5	34.8	18.6	12.9	0.3	33.4	100.0	652
6+	32.1	18.2	11.1	0.3	38.4	100.0	640
Residence							
Urban	33.6	15.3	18.3	0.4	32.4	100.0	1,086
Rural	33.7	18.6	12.4	0.1	35.1	100.0	1,789
Region							
National Capital Region	28.9	10.6	20.0	0.9	39.7	100.0	206
Cordillera Admin Region	16.3	8.6	16.0	0.0	59.1	100.0	41
I - Ilocos	24.6	15.4	14.1	0.0	45.9	100.0	152
II - Cagayan Valley	21.5	7.3	20.3	0.0	50.8	100.0	120
III - Central Luzon	45.0	11.6	12.2	0.0	31.2	100.0	245
IVA - CALABARZON	33.3	6.5	18.8	0.4	40.9	100.0	316
IVB - MIMAROPA	54.3	9.9	12.9	1.1	21.8	100.0	128
V - Bicol	51.8	14.2	7.8	0.0	26.2	100.0	219
VI - Western Visayas	25.1	13.8	14.8	0.6	45.7	100.0	204
VII - Central Visayas	22.7	28.8	17.8	0.6	30.1	100.0	208
VIII - Eastern Visayas	25.0	20.9	15.4	0.0	38.7	100.0	177
IX - Zamboanga Peninsula	19.3	23.0	6.0	0.0	51.8	100.0	166
X - Northern Mindanao	30.2	38.0	12.1	0.0	19.6	100.0	149
XI - Davao	37.1	25.3	13.4	0.0	24.2	100.0	119
XII - SOCCSKSARGEN	44.3	21.6	12.6	0.0	21.4	100.0	162
XIII - Caraga	53.7	19.7	14.9	0.0	11.8	100.0	96
ARMM	31.7	27.2	18.7	0.0	22.4	100.0	163
Education							
No education	32.0	16.4	7.3	0.0	44.3	100.0	76
Elementary	32.6	18.3	10.8	0.2	38.1	100.0	1,118
High school	33.7	16.5	17.7	0.3	31.7	100.0	1,294
College or higher	37.0	17.8	16.9	0.0	28.4	100.0	387
Wealth index quintile							
Lowest	33.7	19.4	11.7	0.1	35.1	100.0	1,031
Second	32.5	17.9	15.4	0.5	33.7	100.0	800
Middle	36.2	15.6	16.0	0.2	32.0	100.0	539
Fourth	34.2	14.2	15.2	0.3	36.1	100.0	340
Highest	30.4	14.1	23.5	0.0	32.0	100.0	165
Total	33.7	17.4	14.6	0.2	34.1	100.0	2,874
¹ Includes women who receiv	ved the firs	t postnata	l checkup a	ıfter 41 da	ays		

There are no substantial variations in the percentage of women who have a postnatal check within two days of delivery across subgroups of women, except by their region of residence. While more than half of women in MIMAROPA, Bicol, and Caraga have their health checked within two days after giving birth, the corresponding proportions for women in CAR and Zamboanga Peninsula are less than 20 percent. Postnatal care within six days of delivery also varies significantly across regions. The percentage meeting the recommended timing ranges from 25 percent in CAR to 73 percent in Caraga.

Table 9.12 also shows that one in three women (34 percent) did not receive a postnatal checkup at all. Those with less education are at higher risk of not receiving postnatal care: 44 percent of women with no education did not receive a postnatal check, whereas 28 percent of women with a college or higher education did not get postnatal care.

9.3.2 Place of First Postnatal Checkup

Information about the place of first postnatal checkup is presented in Table 9.13. Forty-six percent of mothers who obtained postnatal care for a noninstitutional delivery received their first postnatal checkup at home: 43 percent in their own home and 2 percent in other homes. Half of these mothers received their first postnatal checkup in a health facility, with 35 percent receiving care in a public facility and 19 percent in a private facility. Two in three women who went to a public facility for postnatal care went to a government hospital. Nine in ten mothers who had their first postnatal checkup in the private medical sector went to a private hospital or clinic.

Although a large proportion (61 percent) of women deliver at home (Table 9.7), over half of them had their first postnatal check in a health facility. Receiving postnatal care outside a health facility is most common in MIMAROPA (74 percent), Zamboanga Peninsula (72 percent), and ARMM (81 percent), where the vast majority of the mothers who had a postnatal check received their first checkup in their home. The percentage of mothers who received their first postnatal checkup in a health facility ranges from 86 percent in NCR to 19 percent in ARMM.

Table 9.13 Place of postnatal care

Among women who had a live birth in the five years preceding the survey, the percent distribution by place of postnatal care for their last live birth, according to background characteristics, Philippines 2003

	Hor	ne		Public			Private					
Background characteristic	Respon- dent's home	Other home	Govern- ment hospital	Barangay health station	Barangay supply ¹	Private hospItal/ clinic	Private doctor	Private nurse/ midwife	Other	Missing	Percent	Number of women
Age at birth												
<20	47.6	3.5	22.0	8.6	0.3	1 <i>7</i> .1	0.5	0.0	0.0	0.5	100.0	270
20-34	41.6	2.4	22.8	13.0	0.2	17.1	2.1	0.2	0.1	0.3	100.0	2,533
34-49	46.9	2.1	20.7	12.2	0.7	15.5	1.2	0.0	0.3	0.2	100.0	647
Birth order												
1	29.1	2.8	30.4	11.0	0.2	23.4	2.2	0.3	0.0	0.6	100.0	890
2-3	39.7	2.5	21.7	12.7	0.0	20.0	2.7	0.1	0.2	0.2	100.0	1,403
4-5	53.3	2.2	17.2	14.1	0.4	11.9	0.5	0.3	0.0	0.2	100.0	657
6+	64.0	1.7	16.6	12.5	1.4	2.9	0.4	0.0	0.4	0.1	100.0	500
Residence												
Urban	30.7	1.8	26.6	12.2	0.3	25.9	2.1	0.1	0.1	0.2	100.0	1,841
Rural	57.2	3.2	17.5	12.9	0.4	6.5	1.4	0.3	0.2	0.4	100.0	1,609
Region												
National Capital Region	13.0	0.9	33.2	17.1	0.0	33.4	1.3	0.2	0.0	0.7	100.0	536
Cordillera Admin Region	16.1	0.0	44.8	15.1	0.9	20.1	2.9	0.0	0.0	0.0	100.0	46
I - Ilocos	40.9	2.8	29.6	15.1	0.0	8.9	2.7	0.0	0.0	0.0	100.0	147
II - Cagayan Valley	20.9	8.0	21.1	36.2	2.2	12.9	2.3	3.8	0.0	0.0	100.0	108
III - Central Luzon	41.5	1.2	26.6	8.4	0.0	19.3	2.3	0.0	0.0	0.7	100.0	351
IVA - CALABARZON	29.9	1.7	20.7	19.6	0.2	25.5	1.6	0.0	0.7	0.0	100.0	414
IVB - MIMAROPA	72.0	2.4	8.1	11.1	0.0	4.5	0.6	0.0	0.0	1.3	100.0	120
V - Bicol	60.4	7.8	18.4	6.9	0.5	5.6	0.5	0.0	0.0	0.0	100.0	224
VI - Western Visayas	38.9	2.4	29.3	14.5	0.6	9.2	5.1	0.0	0.0	0.0	100.0	201
VII - Central Visayas	41.5	2.3	17.1	13.4	0.3	22.1	2.2	0.0	0.0	0.4	100.0	257
VIII - Eastern Visayas	57.8	1.7	17.1	15.4	1.1	6.3	0.0	0.0	0.6	0.0	100.0	151
IX - Zamboanga Peninsula	70.7	0.9	12.0	6.9	0.0	7.0	1.7	0.0	0.0	0.9	100.0	103
X - Northern Mindanao	59.9	2.1	19.7	7.0	0.0	10.8	0.0	0.0	0.5	0.0	100.0	181
XI - Davao	44.7	6.8	23.8	3.1	8.0	18.4	1.9	0.5	0.0	0.0	100.0	168
XII - SOCCSKSARGEN	66.3	2.3	12.2	4.1	0.2	10.9	3.9	0.0	0.0	0.0	100.0	181
XIII - Caraga	62.2	5.7	21.5	4.0	0.0	5.7	1.0	0.0	0.0	0.0	100.0	120
ARMM	79.7	1.5	7.6	5.6	0.5	3.5	1.6	0.0	0.0	0.0	100.0	142
Education												
No education	84.8	1.9	2.3	7.7	0.0	1.6	1.6	0.0	0.0	0.0	100.0	44
Elementary	65.3	3.5	13.2	13.0	0.9	2.9	0.5	0.2	0.1	0.3	100.0	867
High school	45.5	2.7	23.6	15.4	0.3	11.0	0.8	0.2	0.2	0.2	100.0	1,473
College or higher	19.9	1.2	28.8	8.3	0.1	36.8	4.3	0.1	0.1	0.3	100.0	1,067
Wealth index quintile												
Lowest	73.4	4.7	10.0	9.6	0.7	0.8	0.3	0.0	0.1	0.4	100.0	765
Second	54.5	2.6	20.2	17.0	0.2	4.2	0.5	0.4	0.1	0.3	100.0	739
Middle	40.8	2.2	27.0	15.2	0.4	11.7	2.4	0.0	0.2	0.1	100.0	686
Fourth	25.8	1.5	32.0	13.4	0.4	23.3	2.6	0.4	0.2	0.2	100.0	642
Highest	12.5	0.6	25.1	6.9	0.2	50.6	3.8	0.0	0.0	0.4	100.0	618
Total	43.1	2.4	22.3	12.5	0.3	16.8	1.8	0.2	0.1	0.3	100.0	3,451

¹ Barangay supply/service point officer/barangay health worker/other public source

Type of Postnatal Checkup 9.3.3

Table 9.14 shows the type of services received by mothers during their first postnatal care. Eighty-five percent of mothers report that the baby was examined, 77 percent were provided with baby care advice, 74 percent received breastfeeding advice, and 73 percent had their abdomen examined. Only 36 percent of women reported having internal examination, 47 percent reported having their breasts examined, and 48 percent received advice on family planning.

9.4 REPRODUCTIVE HEALTH CARE BY WOMAN'S STATUS

Table 9.15 presents selected indicators on reproductive health care by woman's status. The 2003 NDHS measured the woman's status by three indicators: her participation in household decisionmaking, her attitude toward a woman's right to refuse sex with her husband, and her attitude toward wife beating. Regarding the decisionmaking indicators, the more decisions in which the woman has a final say, the more empowered she is. The decision may be made by herself alone or jointly with others (including her husband). Thus, in Table 9.15, the most empowered woman has a score of "5" on the

Table 9.14 Postnatal care services

Among women who had a live birth in the five years preceding the survey, the percentage who received specific services during a postnatal checkup for their last live birth, Philippines 2003

Type of service	Percent
Abdominal examination	73.1
Breast examination	46.6
Internal examination	36.1
Family planning advice	48.3
Breastfeeding advice	74.3
Baby care advice	76.8
Baby checkup	84.9
Other	3.6
Number	3,451

number of decisions in which she has a final say. Similarly, the woman's status has a positive relationship with the number of reasons for which it is acceptable for a wife to refuse sex with her husband. The most empowered woman has a score of "3-4" on the number of acceptable reasons for a wife to refuse sex with her husband. On the other hand, the woman's status is inversely related to the number of reasons she believes wife beating is justified. Thus, the most empowered woman is one who has a "0" score on this status indicator. For example, 85 percent of women who were not involved in making household decisions received antenatal care from a health professional, compared with 87 percent of women who were involved in five decisions.

Women who believe that wife beating is never justified are more likely to receive antenatal care, more likely to receive postnatal care within two days of delivery, and much more likely to have received delivery care from a health professional, compared with women who accept justifications to wife beating. Relationships between reproductive care and the other two indicators of women's status are either weak or nonexistent.

Table 9.15 Reproductive health care by women's status

Percentage of women with a live birth in the five years preceding the survey who received antenatal and postnatal care from a health professional for the most recent birth, and percentage of births in the five years preceding the survey for which mothers received professional delivery care, by women's status indicators, Philippines 2003

Women's status indicator	Percentage of women who received antenatal care from doctor/ nurse/midwife/ auxiliary midwife	Percentage of women who received postnatal care within the first two days of delivery ¹	Number of women	Percentage of births for whom mothers received delivery care from doctor/ nurse/midwife/ auxiliary midwife	Number of births
Number of decisions in which woman has final say ²					
0	85.2	54.3	82	54.0	108
1-2	88.7	64.4	481	65.5	687
3-4	89.1	59.9	1,203	61.0	1,780
5	86.9	60.0	3,036	58.5	4,379
Number of reasons to refuse sex with husband					
0	85.7	56.6	126	60.1	186
1-2	77.5	59.5	154	47.2	226
3-4	88.0	60.4	4,523	60.2	6,542
Number of reasons wife beating is justified					
0	89.4	62.7	3,543	64.2	5,081
1-2	83.7	55.1	1,005	49.4	1,490
3-4	77.8	44.6	199	37.7	300
5	81.0	58.6	55	57.4	83
Total	87.6	60.3	4,802	59.8	6,954

¹ Includes mothers who delivered in a health facility

9.5 **IMMUNIZATION OF CHILDREN**

The Expanded Program on Immunization (EPI) of the Philippine government seeks to achieve universal immunization of children against seven diseases: tuberculosis, poliomyelitis, diphtheria, pertussis, tetanus, measles, and hepatitis B (HB). The EPI recommends that children be given the basic vaccines—one dose of Bacillus Calmette-Guérin (BCG) at birth or at first clinical contact, vaccine against measles at nine months or after but before reaching one year of age, and three doses each of diphtheria, pertussis, tetanus (DPT) vaccine and oral polio vaccine (OPV) at monthly intervals starting at six weeks of age. A child who has received all these vaccines before reaching one year of age is considered fully immunized.

In the 2003 NDHS, immunization information was collected for children born in the five years preceding the survey. The information was collected in two ways: from vaccination cards and from the mother's verbal report. For children with a health card, the interviewer asked the mother to see the card, then copied the vaccination dates onto the questionnaire. If the child had never received a health card or if the mother was unable to show the card to the interviewer, the mother was asked questions about the types of immunizations her children received (specifically, BCG, DPT, OPV, measles, and HB), and whether the required dose of the vaccine was received by the child before reaching one year of age.

² Either by herself or jointly with others

Table 9.16 shows that, on the basis of information recorded from the vaccination card or mother's report, 70 percent of children age 12-23 months have received all of the basic vaccines (BCG, DPT, polio, and measles). Sixty percent of children age 12-23 months received these vaccines before age one. The coverage rate is highest for BCG (91 percent), the first doses of OPV (91 percent), and the first doses of DPT vaccines (90 percent). The dropout rates for DPT and polio vaccines, measured by the difference in coverage between the first and third doses, are 11 percent for DPT and 12 percent for polio.

Percentage of children age 12-23 months who received specific vaccines at any time before the survey, by source of informati vaccination card or mother's report), and percentage vaccinated by 12 months of age, Philippines 2003										formation	
Source of of information	BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Measles	All ¹	No vacci-	Number of children
Vaccinated at any time											
before survey											
Vaccination card	38.3	38.4	37.5	35.8	38.7	37.6	36.1	34.1	32.5	0.0	525
Mother's report	52.5	51.6	48.4	43.1	52.6	49.7	43.7	45.6	37.3	7.3	824
Either source	90.8	89.9	85.9	78.9	91.3	87.3	79.8	79.7	69.8	7.3	1,348
Vaccinated by 12 months											
of age ²	89.0	88.4	83.2	75.0	90.0	84.3	75.8	69.7	59.9	8.2	1,348

¹ BCG, measles and three doses each of DPT and polio vaccine

The overall immunization coverage of the six vaccines in 2003 (70 percent) is lower than that recorded in the 1998 NDHS (73 percent). The percentage of children age 12-23 months who were fully immunized before their first birthday in 2003 is 60 percent, which is lower than the 1998 NDHS figure of 65 percent. However, the proportion of children age 12-23 months who have received no vaccination (7 percent) is similar to the 1998 NDHS figure (8 percent).

Table 9.17 shows that immunization coverage varies by the mother's and child's characteristics. The coverage declines with an increase in the child's birth order. While 78 percent of first-order births have been fully immunized, the corresponding proportion for children of birth order six or higher is 53 percent. Immunization coverage is higher for children living in urban areas than for those in rural areas (74 and 65 percent, respectively). The likelihood of a child receiving the six vaccines is positively associated with the mother's education: 83 percent of children whose mothers completed college or higher education have received all basic vaccines at any time prior to the survey, compared with less than 70 percent for children whose mothers did not reach a college level.

In general, immunization coverage increases with the increase in wealth status. While 56 percent of children whose mothers belong to the poorest quintile have received the six basic vaccines, the corresponding proportion for children whose mothers are in the wealthiest quintile is 83 percent. Immunization coverage also varies by region of residence, ranging from 81 percent in Western Visayas to 44 percent in ARMM. The percentage of children age 12-23 months who have received the six vaccines is 75 percent or higher in NCR, Caraga, Central Luzon, Cagayan Valley, and Western Visayas.

² For children whose information was based on the mother's report, the proportion of vaccinations given during the first year of life was assumed to be the same as for children with a written record of vaccination.

Table 9.17 Vaccinations by background characteristics

Percentage of children age 12-23 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), and percentage with a vaccination card, by background characteristics, Philippines 2003

Background characteristic	BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Measles	All ¹	No vacci- nations	Percentage with a vaccina- tion card seen	Number of children
	BCG	DELL	DELZ	DELO	rollo i	rollo 2	rollo 3	Measies	ΛII	панопъ	tion card seen	Ciliaren
Sex Male	90.2	89.9	84.8	77.6	91.0	86.7	79.7	78.3	68.4	7.8	41.4	685
Female	91.4	89.9	87.1	80.2	91.6	87.9	80.0	81.2	71.3	6.8	36.4	664
Геппале	31.4	09.9	07.1	00.2	91.0	07.9	80.0	01.2	/1.3	0.0	30.4	004
Birth order												
1	93.0	93.5	90.4	85.1	94.7	92.5	86.1	84.9	77.8	4.4	46.9	400
2-3	94.3	92.2	87.9	81.6	93.4	89.2	81.6	81.1	71.7	4.8	38.6	518
4-5	88.1	87.9	85.5	76.6	88.2	84.8	77.6	76.5	66.4	10.0	35.5	228
6+	80.4	79.6	72.5	62.3	82.4	74.9	65.6	69.7	53.1	16.5	27.6	202
Residence												
Urban	92.6	92.3	89.5	84.0	92.6	89.8	83.6	81.8	74.4	6.1	38.0	681
Rural	88.9	87.6	82.3	73.7	89.9	84.7	76.0	77.5	65.1	8.5	39.9	667
Kulai	00.9	07.0	02.3	/ 3./	09.9	04.7	70.0	77.3	03.1	0.5	39.9	007
Region												
National Capital Region	94.4	94.4	91.7	87.1	94.2	92.3	88.5	81.3	77.8	5.6	26.7	213
Cordillera Admin Region	(85.7)	(82.4)	(80.4)	(75.9)	(84.4)	(75.9)	(75.9)	(73.3)	(67.4)	(11.7)	(37.2)	22
I - Ilocos	93.6	95.1	90.2	80.4	95.1	90.3	80.4	83.9	72.4	4.9	22.9	62
II - Cagayan Valley	93.9	91.6	91.6	85.2	93.8	91.6	85.2	83.1	76.7	4.0	48.3	39
III - Central Luzon	92.9	90.1	87.0	80.8	93.0	87.9	81.4	83.3	75.0	3.5	43.7	139
IVA - CALABARZON	91.8	90.1	86.6	0.08	90.9	89.2	78.1	77.3	65.6	5.7	37.8	165
IVB - MIMAROPA	94.0	94.3	88.1	80.9	98.0	90.4	81.1	81.2	70.0	2.0	36.8	38
V - Bicol	94.4	90.5	83.2	75.3	93.2	89.3	81.4	81.9	64.7	5.6	36.8	87
VI - Western Visayas	91.3	90.1	87.7	87.7	91.3	91.3	90.1	83.9	81.4	8.7	50.4	94
VII - Central Visayas	90.9	89.7	87.4	71.7	90.9	85.1	73.9	84.1	66.0	7.9	49.0	101
VIII - Eastern Visayas	91.3	93.8	88.8	76.5	95.1	92.6	81.4	79.1	70.3	4.9	45.7	69
IX - Zamboanga Peninsula	76.0	72.8	69.8	63.6	74.2	71.1	62.0	64.0	56.1	22.6	42.2	57
X - Northern Mindanao	89.5	86.5	77.7	68.9	92.5	82.2	73.4	72.0	58.7	7.5	46.2	63
XI - Davao	92.7	92.9	87.5	82.2	94.6	86.5	76.9	89.3	73.2	5.4	44.0	52
XII - SOCCSKSARGEN	88.1	91.7	87.3	85.0	91.0	84.8	81.7	84.2	70.7	7.5	42.8	55
XIII - Caraga	93.5	95.1	90.2	88.6	93.5	90.3	88.6	82.5	77.6	3.3	46.8	37
ARMM	71.0	72.3	65.0	50.5	72.3	66.4	53.3	57.4	44.0	26.3	21.6	54
Mother's education												
No education	*	*	*	*	*	*	*	*	*	*	*	21
Elementary	84.9	84.3	77.0	67.2	85.7	79.1	69.0	72.6	59.2	12.4	35.0	377
High school	91.8	91.2	87.2	80.3	92.3	88.3	81.0	79.7	69.1	5.7	42.0	585
College or higher	97.3	96.3	95.5	90.8	97.7	96.2	91.0	89.1	83.4	2.3	38.8	366
Wealth index quintile												
Lowest	82.2	81.7	74.0	64.0	82.9	76.3	66.0	69.7	55.5	15.1	32.1	355
Second	92.2	89.9	86.4	77.9	91.6	87.8	79.6	81.6	69.3	5.7	46.0	333 297
Middle		92.8							77.8			
Fourth	94.0	93.3	90.0 90.2	84.9 84.9	94.9	91.8	85.9 85.1	83.4		5.0	46.9	261
	93.1				93.8	91.5		80.2	72.4	4.4	37.1	240
Highest	97.1	97.1	96.2	92.0	97.8	95.0	90.9	89.4	83.0	2.2	32.1	196
Total	90.8	89.9	85.9	78.9	91.3	87.3	79.8	79.7	69.8	7.3	38.9	1,348

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

¹ BCG, measles, and three doses each of DPT and polio vaccine

9.6 **ACUTE RESPIRATORY INFECTION**

The Control of Acute Respiratory Infection program of the Philippines DOH seeks to reduce infant and child mortality from acute respiratory infection (ARI), which is consistently one of the leading causes of death among children under age five. The program promotes home management, such that the child's caregiver is able to recognize the disease at an early stage and provide treatment when needed. The program's strategies include training of health personnel, health advocacy and promotion for family members and child caretakers, and provision of logistical support.

In the 2003 NDHS, ARI is identified by mother's report on the symptoms of ARI—cough accompanied by short, rapid breathing—in the two weeks preceding the survey. Survey results show that one in ten children under age five had the symptoms of ARI (Table 9.18). Children age 6-23 months, children in rural areas, and children whose mothers are in the poorest quintile are more likely to show symptoms of ARI.

Fever is a symptom of various infectious diseases, such as measles, respiratory infections, typhoid, and dengue, which are common in the Philippines. Data in Table 9.18 show that 24 percent of children under age five are reported to have had fever in the two weeks preceding the survey. As in the case of symptoms of ARI, children age 6-23 months, rural children, and children in the poorest group are more likely to have fever.

The percentage of children with symptoms of ARI and/or fever who are given proper care provides a measure of the effectiveness of the DOH program. Less than half (46 percent) of children with symptoms of ARI and/or fever were taken to a health facility or health provider for treatment. Children in urban areas, those whose mothers have college or higher education, and children in the wealthiest quintile are the most likely to receive care when showing symptoms of ARI and/or fever.

The bottom of Table 9.18 shows the differentials in the prevalence of ARI and fever according to mother's smoking status. The data show that children whose mothers do not smoke are more likely to have symptoms of ARI and/or fever. However, children of these mothers are less likely than those whose mothers smoke to receive treatment for the symptoms.

Symptoms of ARI are most often reported for children in Western Visayas (20 percent). Thirty percent or more children in MIMAROPA, Western Visayas, Northern Mindanao, and Caraga were reported to have fever in the two weeks preceding the survey. Fever prevalence ranges from 16 percent in NCR to 39 percent in Caraga.

Table 9.18 Prevalence and treatment of symptoms of ARI and fever

Percentage of children under five years who had a cough accompanied by short, rapid breathing (symptoms of ARI), percentage of children who had fever in the two weeks preceding the survey, and percentage of children with symptoms of ARI and/or fever for whom treatment was sought from a health facility or provider, by background characteristics, Philippines 2003

Background characteristic	Percentage of children with symptoms of ARI	Percentage of children with fever	Number of children	Among children with symptoms of ARI and/or fever, percentage for whom treatment was sought from a health facility/provider ¹	Number of children
Age in months					
<6	6.9	21.1	603	46.7	147
6-11	13.4	31.2	733	57.4	261
12-23	12.9	30.0	1,348	48.9	464
24-35	10.6	24.8	1,326	38.9	369
36-47	8.8	19.4	1,434	45.2	324
48-59	8.4	18.0	1,267	42.2	270
Sex					
Male	9.9	24.0	3,403	46.1	936
Female	10.6	23.5	3,309	46.5	899
Residence			,		
Urban	8.3	21.8	3,361	50.5	827
Rural	12.2	25.8	3,351	42.9	1,009
Region	12.2	25.0	3,331	12.5	1,005
National Capital Region	4.0	15.7	1,020	51.3	178
Cordillera Admin Region	16.9	23.9	1,020	50.2	37
I - Ilocos	7.2	20.7	299	54.5	69
II - Cagayan Valley	10.7	16.5	220	43.8	48
III - Central Luzon	7.7	20.8	662	47.2	156
IVA - CALABARZON	7.4	20.0	796	49.1	182
IVB - MIMAROPA	18.5	31.5	225	38.1	89
V - Bicol	9.6	25.6	424	38.2	123
VI - Western Visayas	19.9	32.7	458	46.5	176
VII - Central Visayas	11.5	26.4	519	45.5	155
VIII - Eastern Visayas	15.6	27.4	341	51.9	107
IX - Zamboanga Peninsula	5.2	21.0	264	41.5	61
X - Northern Mindanao	15.1	33.2	289	55.0	110
XI - Davao	15.5	29.8	285	41.3	105
XII - SOCCSKSARGEN	11.5	24.6	312	38.2	85
XIII - Caraga	16.8	38.5	195	39.6	84
ARMM	5.2	23.0	291	48.9	71
Mother's education					
No education	11.8	26.1	120	29.1	35
Elementary	13.3	27.0	1,944	43.8	608
High school	10.2	23.6	2,856	47.0	776
College or higher	6.9	20.5	1,793	50.1	417
Wealth index quintile					
Lowest	14.6	27.9	1,768	43.6	577
Second	10.9	25.5	1,527	42.9	443
Middle	9.0	22.8	1,312	49.4	345
Fourth	7.6	21.3	1,127	46.0	275
Highest	5.8	17.7	979	57.0	195
Mother's smoking status					
Smokes cigarettes/tobacco Does not smoke cigarettes/	10.1	23.3	6,378	46.7	1,714
tobacco	13.7	32.2	335	39.9	121
Total	10.2	23.8	6,712	46.3	1,835

¹ Excludes pharmacy, shop, and traditional practitioner ARI = Acute respiratory infection

The 2003 NDHS also collected information on the type of drug taken by children under age five who had fever in the two weeks preceding the survey. As presented in Table 9.19, nine out of ten children were given non-antimalarial drugs, and eight out of ten were given ibuprofen. Seven percent of children were not given any medication. Urban children are more likely than rural children to be given ibuprofen (87 and 77 percent, respectively). However, aspirin is more often given to rural children than urban children (8 and 3 percent, respectively).

Table 9.19 Drugs taken for fever										
Among children under five years who were ill with fever during the two weeks preceding the survey, percentage who received specific drugs, by residence, Philippines 2003										
	Resid	ence								
Drug	Urban	Rural	Total							
Chloroquine/Nivaquine	0.3	0.2	0.2							
Non-antimalarial drug	93.4	90.0	91.5							
Aspirin	3.1	8.0	5.7							
Acetaminophen/paracetamol	2.0	2.8	2.4							
Ibuprofen	87.3	76.8	81.6							
No drug	4.9	8.9	7.1							
Number of children	732	863	1,596							

9.7 DIARRHEAL DISEASE AND RELATED FINDINGS

9.7.1 **Disposal of Children's Stools**

Improper disposal of children's stools can cause sanitation-related diseases like diarrhea by food or water contamination. The 2003 NDHS gathered information on mothers' practices in disposing the stools of their youngest child who lives with them. This information is useful in the evaluation of diarrhea prevention in the country. More than half of women (53 percent) reported that their youngest child's stools are contained in one of three ways: the child always uses the toilet/latrine, stools are thrown into the toilet/latrine, or stools are buried in the yard (Table 9.20). One in four women said they use disposable or washable diapers. The remaining 21 percent dispose of their children's stools improperly, such as by throwing them outside their dwelling, throwing them outside the yard, or rinsing them away.

Improper practices of stool disposal are more common among rural women, those with no education, among women in the poorest quintile, and those who have a toilet facility other than pit latrine or flush toilet. More than 30 percent of women in Zamboanga Peninsula, MIMAROPA, and ARMM adhered to uncontained stool disposal.

Table 9.20 Disposal of children's stools

Percent distribution of mothers whose youngest child under five years is living with her, by way in which child's fecal matter is disposed of, according to background characteristics and type of toilet facilities in household, Philippines 2003

	Sto	ols contai	ned										
	Child	Tl		9	Stools und	containe	d						
Background characteristic	always uses toilet/ latrine	Thrown into toilet/ latrine	Buried in vard	Thrown outside dwelling	Thrown outside yard	Rinsed away	Not disposed of	Use di Dispos- able		Other	Missing	Total	Number of mothers
Residence			11.1 /	G,, C	1	<u>,</u>				0	7.1.0		
Urban	33.0	13.3	6.1	2.4	4.4	6.6	0.0	26.3	5.8	1.7	0.3	100.0	2,355
Rural	20.9	15.1	16.3	5.5	11.4	11.6	0.5	7.1	10.0	1.5	0.1	100.0	2,284
Dagion													
Region National Capital Region	27 5	13.8	0.2	1.4	1.4	3.0	0.0	34.4	6.2	1.7	0.4	100.0	686
,	37.5		0.3										
Cordillera Admin Region	13.0	16.4	4.7	3.1	10.2	10.6	2.8	21.3	15.6	1.8	0.6	100.0	76
I - Ilocos	24.9	17.6	18.9	4.9	9.0	9.0	0.0	8.7	6.6	0.5	0.0	100.0	213
II - Cagayan Valley	23.6	21.3	19.9	3.4	10.1	1.9	0.5	9.7	8.5	1.0	0.0	100.0	166
III - Central Luzon	30.5	13.6	9.5	3.0	5.5	6.0	0.0	26.6	4.8	0.6	0.0	100.0	466
IVA - CALABARZON	36.0	9.3	5.1	1.7	5.1	7.7	0.2	29.2	5.1	0.5	0.0	100.0	574
IVB - MIMAROPA	16.0	14.2	16.7	12.4	14.5	8.6	0.0	5.2	9.4	2.4	0.5	100.0	151
V - Bicol	23.1	9.3	17.7	3.7	12.1	12.4	1.0	7.2	10.8	2.8	0.0	100.0	282
VI - Western Visayas	18.6	14.8	21.7	4.5	9.8	13.4	0.4	8.8	5.2	2.6	0.4	100.0	312
VII - Central Visayas	23.6	16.0	8.6	6.6	11.2	9.5	0.0	12.9	6.9	4.1	0.7	100.0	349
VIII - Eastern Visayas	27.2	4.6	21.8	5.0	10.7	2.7	0.0	8.1	18.4	1.6	0.0	100.0	224
IX - Zamboanga Peninsula	17.7	12.6	8.3	3.1	7.9	27.0	0.0	7.3	15.1	0.9	0.0	100.0	197
X - Northern Mindanao	29.2	21.9	11.1	5.4	3.6	7.9	0.0	9.5	9.7	1.8	0.0	100.0	209
XI - Davao	19.3	17.4	15.9	0.9	7.9	20.7	0.0	11.5	5.1	1.3	0.0	100.0	207
XII - SOCCSKSARGEN	22.6	20.3	21.9	2.7	11.4	15.7	0.0	1.4	2.1	1.6	0.4	100.0	216
XIII - Caraga	19.0	22.7	14.3	12.4	7.6	4.6	0.6	8.7	9.6	0.0	0.6	100.0	134
ARMM	26.7	11.4	2.9	6.3	17.8	8.8	1.6	6.7	15.3	2.4	0.0	100.0	179
Education													
No education	15.3	8.0	8.2	12.0	26.4	12.9	1.0	2.5	8.9	4.8	0.0	100.0	75
Elementary	19.5	11.6	17.2	7.1	13.6	12.2	0.3	5.1	10.6	2.6	0.1	100.0	1,291
High school	27.4	15.0	11.9	3.1	7.0	9.2	0.3	16.4	8.0	1.6	0.3	100.0	1,968
College or higher	34.7	15.8	4.2	1.6	2.4	5.5	0.2	30.0	5.0	0.4	0.2	100.0	1,305
Month index assistile													
Wealth index quintile Lowest	12.2	9.7	19.2	8.7	18.7	15.9	0.6	1.9	10.5	2.3	0.2	100.0	1,133
Second	24.6		15.8	5.0	7.6	9.7	0.8	8.5	10.3	2.5	0.2	100.0	,
Middle		15.4						0.5 20.1					1,032
	29.4	16.6	8.8	1.9	4.6	8.7	0.2		7.8	1.9	0.1	100.0	919
Fourth Highest	35.8 40.9	16.8 13.4	5.6 1.5	1.5 0.2	2.4 1.6	5.5 2.0	0.0	26.3 37.1	5.5 3.0	0.6 0.0	0.1 0.3	100.0 100.0	831 724
Toilet facilities													
None	23.0	13.9	8.2	8.9	12.7	9.2	1.7	7.6	12.7	2.1	0.0	100.0	127
Pit latrine	15.9	18.6	17.9	4.9	7.6	15.8	1.1	4.4	12.3	1.2	0.4	100.0	290
Improved latrine	9.9	18.9	14.6	10.3	15.7	20.0	0.8	1.7	7.3	0.8	0.0	100.0	198
Flush toilet	32.5	15.6	8.7	2.2	4.3	7.1	0.1	21.1	7.0	1.2	0.2	100.0	3,488
Other	4.6	1.2	23.2	11.0	27.1	14.1	0.4	3.4	10.1	4.7	0.2	100.0	534
Total	27.1	14.2	11.2	3.9	7.8	9.1	0.3	16.8	7.9	1.6	0.2	100.0	4,640

9.7.2 **Prevalence of Diarrhea**

Note: Total includes 3 women with missing information on toilet facility.

Table 9.21 shows that 11 percent of children under age five were reported to have diarrhea during the two weeks preceding the survey, which indicates a slight increase from the 7 percent level in the 1998 NDHS (NSO, DOH, and Macro International Inc., 1999).

Table 9.21 Prevalence of diarrhea

Percentage of children under five years with diarrhea in the two weeks preceding the survey, by background characteristics, Philippines 2003

characteristic the survey children Age in months 7.0 603 6-11 19.2 733 12-23 16.3 1,348 24-35 11.5 1,326 36-47 6.3 1,434 48-59 5.4 1,267 Sex Male 11.1 3,403 Female 10.2 3,309 Residence Urban 10.7 3,361 Rural 10.6 3,351 Region 10.6 3,351 Region 9.6 1,020 Cordillera Admin Region 20.4 113 I - Ilocos 12.9 299 II - Cagayan Valley 6.6 220 III - Cagayan Valley 6.6 220 III - Central Luzon 9.5 662 IVA - CALABARZON 10.8 796 IVB - MIMAROPA 17.7 225 V - Bicol 11.4 424 <	Background	Diarrhea in the two weeks preceding	Number of
Second 1.0			
6-11 19.2 733 12-23 16.3 1,348 24-35 11.5 1,326 36-47 6.3 1,434 48-59 5.4 1,267 Sex Male 11.1 3,403 Female 10.2 3,309 Residence Urban 10.7 3,361 Rural 10.6 3,351 Region National Capital Region 9.6 1,020 Cordillera Admin Region 20.4 113 I - Ilocos 12.9 299 II - Cagayan Valley 6.6 220 III - Central Luzon 9.5 662 IVA - CALABARZON 10.8 796 IVB - MIMAROPA 17.7 225 V - Bicol 11.4 424 VI - Western Visayas 15.0 458 VII - Central Visayas 8.5 519 VIII - Eastern Visayas 9.8 341 IX - Zamboanga Peninsula 4.2 264 X - Northern Mindanao	Age in months		
12-23 16.3 1,348 24-35 11.5 1,326 36-47 6.3 1,434 48-59 5.4 1,267 Sex Male 11.1 3,403 Female 10.2 3,309 Residence Urban 10.7 3,361 Rural 10.6 3,351 Region National Capital Region 9.6 1,020 Cordillera Admin Region 9.6 1,020 Cordillera Admin Region 20.4 113 I - Ilocos 12.9 299 II - Cagayan Valley 6.6 220 III - Cagayan Valley 6.6 220 III - Capatal Luzon 9.5 662 IVA - CALABARZON 10.8 796 IVB - MIMAROPA 17.7 225 V - Bicol 11.4 424 VI - Western Visayas 8.5 519 VIII - Central Visayas 8.5 519 VIII - Eastern Visayas 9.8 341 IX - Zamboan	<6		
24-35 11.5 1,326 36-47 6.3 1,434 48-59 5.4 1,267 Sex Male 11.1 3,403 Female 10.2 3,309 Residence Urban 10.7 3,361 Rural 10.6 3,351 Region National Capital Region 9.6 1,020 Cordillera Admin Region 20.4 113 I - Ilocos 12.9 299 II - Cagayan Valley 6.6 220 III - Cagayan Valley 6.6 220 III - Central Luzon 9.5 662 IVA - CALABARZON 10.8 796 IVB - MIMAROPA 17.7 225 V - Bicol 11.4 424 VI - Western Visayas 15.0 458 VII - Central Visayas 8.5 519 VIII - Eastern Visayas 9.8 341 IX - Zamboanga Peninsula 4.2 264 X - Northern Mindanao 10.2 289 <td< td=""><td></td><td></td><td></td></td<>			
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Sex Xex Male 11.1 3,403 Female 10.2 3,309 Residence Urban 10.7 3,361 Rural 10.6 3,351 Region National Capital Region 9.6 1,020 Cordillera Admin Region 20.4 11.3 I - Ilocos 12.9 299 II - Cagayan Valley 6.6 220 III - Cagayan Valley 6.6 220 III - Central Luzon 9.5 662 IVA - CALABARZON 10.8 796 IVB - MIMAROPA 17.7 225 V - Bicol 11.4 424 VI - Western Visayas 15.0 458 VII - Central Visayas 8.5 519 VIII - Eastern Visayas 9.8 341 IX - Zamboanga Peninsula 4.2 264 X - Northern Mindanao 10.2 289 XII - SOCCSKSARGEN 11.4 312 XIII - Caraga 9.5 195 ARMM 12.0 291 <			
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II - Cagayan Valley			
III - Central Luzon 9.5 662 IVA - CALABARZON 10.8 796 IVB - MIMAROPA 17.7 225 V - Bicol 11.4 424 424 VI - Western Visayas 15.0 458 VII - Central Visayas 8.5 519 VIII - Eastern Visayas 9.8 341 IX - Zamboanga Peninsula 4.2 264 X - Northern Mindanao 10.2 289 XI - Davao 9.6 285 XII - SOCCSKSARGEN 11.4 312 XIII - Caraga 9.5 195 ARMM 12.0 291			
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VII - Central Visayas 8.5 519 VIII - Eastern Visayas 9.8 341 IX - Zamboanga Peninsula 4.2 264 X - Northern Mindanao 10.2 289 XI - Davao 9.6 285 XII - SOCCSKSARGEN 11.4 312 XIII - Caraga 9.5 195 ARMM 12.0 291 Mother's education No education 13.4 120 Elementary 11.1 1,944 High school 11.6 2,856 College or higher 8.4 1,793 Wealth index quintile 13.0 1,768 Second 11.1 1,527 Middle 9.3 1,312 Fourth 9.1 1,127 Highest 9.2 979			
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XIII - Caraga 9.5 195 ARMM 12.0 291 Mother's education			285
ARMM 12.0 291 Mother's education			
Mother's education No education 13.4 120 Elementary 11.1 1,944 High school 11.6 2,856 College or higher 8.4 1,793 Wealth index quintile Lowest 13.0 1,768 Second 11.1 1,527 Middle 9.3 1,312 Fourth 9.1 1,127 Highest 9.2 979			
No education 13.4 120 Elementary 11.1 1,944 High school 11.6 2,856 College or higher 8.4 1,793 Wealth index quintile Lowest 13.0 1,768 Second 11.1 1,527 Middle 9.3 1,312 Fourth 9.1 1,127 Highest 9.2 979		12.0	291
Elementary 11.1 1,944 High school 11.6 2,856 College or higher 8.4 1,793 Wealth index quintile Lowest 13.0 1,768 Second 11.1 1,527 Middle 9.3 1,312 Fourth 9.1 1,127 Highest 9.2 979		12.4	120
High school 11.6 2,856 College or higher 8.4 1,793 Wealth index quintile Lowest 13.0 1,768 Second 11.1 1,527 Middle 9.3 1,312 Fourth 9.1 1,127 Highest 9.2 979			
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Lowest 13.0 1,768 Second 11.1 1,527 Middle 9.3 1,312 Fourth 9.1 1,127 Highest 9.2 979	Wealth index quintile		
Middle 9.3 1,312 Fourth 9.1 1,127 Highest 9.2 979	•	13.0	1,768
Fourth 9.1 1,127 Highest 9.2 979			
Highest 9.2 979			1,312
o .			1,127
Source of drinking water	Q	9.2	9/9
Dipod 10.2 2.207	Source of drinking water	10.2	2 207
Piped 10.3 3,397 Protected well 10.3 1,795			
Open well 12.6 366			
Surface 11.8 651			
Other/missing 11.3 503			
Total 10.6 6,712	Total	10.6	6,712

The percentage of children with diarrhea varies little by the child's sex, urban-rural residence, and source of drinking water. Diarrhea is most prevalent among children age 6-11 months and least prevalent among children age 48-59 months. Children whose mothers have no education and are in the poorest quintile are more likely than other children to have diarrhea. Diarrhea is most prevalent in CAR (20 percent) and least prevalent in Zamboanga Peninsula (4 percent).

9.7.3 **Knowledge of ORS Packets**

The Control of Diarrheal Diseases program, one of the Philippines DOH programs, aims to effectively reduce diarrheal morbidity through oral rehydration therapy. It emphasizes home therapy by continued feeding and increased intake of fluids; rational use and dispensation of drugs; public information; and education on correct and prompt management of diarrhea at home. The program makes use of tri-media campaigns, strengthens the essential drug and distribution system, encourages capability building, and recommends provision of prepackaged oral rehydration salts (ORS).

The 2003 NDHS included questions to determine the level of knowledge of ORS, such as Oresol and Hydrite, for diarrhea treatment. Knowledge about ORS is based on a mother's ever seeing or hearing about ORS packets, or using ORS packets to treat one of her children for diarrhea in the two weeks preceding the survey.

Table 9.22 shows a high level of knowledge of ORS packets among Filipino mothers (92 percent). Knowledge about ORS varies with age, education, wealth index quintile, and region of residence: Teenage mothers, those with no education, and mothers in the poorest quintile are the least likely to know about ORS packets. Knowledge about ORS ranges from 97 percent in NCR to 80 percent in ARMM.

9.7.4 Diarrhea Treatment

Table 9.23 presents the percentage of children under five years old who were reported to have diarrhea in the two weeks preceding the survey by the form of treatment they received. Thirty-two percent of children who were reported to have diarrhea were taken to a health facility for treatment. Fifty-nine percent of children with diarrhea were treated with oral rehydration therapy (ORT), either with ORS packets (42 percent), recommended home fluids (RHF) (24 percent), or increased fluids (2 percent). Other treatments for diarrhea include pill or syrup (30 percent), home remedy (18 percent), injection (1 percent), or intravenous solution (1 percent). However, 22 percent of children with diarrhea were not given any treatment. This figure is 11 times that recorded in the 1998 survey (2 percent).

Table 9.22 Knowledge of ORS packets

Percentage of mothers with a birth in the five years preceding the survey who know about ORS packets for treatment of diarrhea, by background characteristics, Philippines 2003

	Percentage	
	of mothers	
	who know	
Background	about ORS	Number of
characteristic	packets	mothers
	рискей	modicis
Age		
15-19	69.3	163
20-24	89.2	955
25-29	92.3	1,265
30-34	94.6	1,111
35-49	93.7	1,309
Residence		
Urban	94.2	2,447
Rural	89.3	2,355
Region		
National Capital Region	96.7	724
Cordillera Admin Region	85.6	79
I - Ilocos	90.4	220
II - Cagayan Valley	93.9	169
III - Central Luzon	94.6	480
IVA - CALABARZON	93.9	595
IVA - CALABARZON IVB - MIMAROPA	93.9 87.9	155
V - Bicol	90.2	290
VI - Western Visayas	94.6	324
VII - Central Visayas	89.9	359
VIII - Eastern Visayas	94.4	230
IX - Zamboanga Peninsula	87.6	199
X - Northern Mindanao	90.7	219
XI - Davao	89.8	216
XII - SOCCSKSARGEN	85.4	223
XIII - Caraga	89.8	135
ARMM	79.9	184
Education		
No education	59.0	80
Elementary	88.3	1,349
High school	92.8	2,037
College or higher	95.8	1,337
Wealth index quintile		
Lowest	84.5	1,162
Second	92.8	1,065
Middle	92.8	944
Fourth	95.4	863
Highest	96.3	768
Total	91.8	4,802

Table 9.23 Diarrhea treatment

Among children under five years who had diarrhea in the two weeks preceding the survey, percentage who were taken for treatment to a health facility, percentage who received oral rehydration therapy, and percentage given other treatments, according to background characteristics, Philippines 2003

			Oral reh	ydration	therapy (OF		Other treatments					
	Percentage taken to a			Either		ORS, RHF, or			Intra-	Home		Number
Background characteristic	health facility ¹	ORS packets	RHF	ORS or RHF	Increased fluids		Pill/ syrup	Injection	venous solution	remedy/ other	No treatment	of t children
Age in months												
<6	(17.0)	(19.9)	(16.9)	(31.8)	(20.9)	(49.4)	(13.2)	(0.0)	(0.0)	(16.7)	(27.8)	42
6-11	29.5	36.1	27.1	54.0	1.3	54.6	23.3	1.8	1.8	15.7	29.1	141
12-23	35.6	48.7	24.1	63.4	1.1	63.8	30.1	1.0	0.9	13.6	21.8	220
24-35	30.6	44.8	19.5	59.2	1.0	59.2	32.9	0.3	0.9	16.7	22.4	152
36-47	43.7	42.5	27.0	57.9	1.9	58.4	36.1	1.1	0.0	29.6	12.3	91
48-59	26.9	41.1	22.7	58.3	0.0	58.3	37.0	0.0	0.0	22.9	20.8	68
Sex												
Male	33.1	41.2	24.2	56.1	2.6	57.3	29.9	0.9	0.8	17.0	23.4	378
Female	31.6	43.3	22.8	59.2	2.0	60.8	29.7	0.8	0.7	18.6	21.3	336
Residence												
Urban	36.2	51.7	22.9	66.9	2.1	67.6	32.7	0.3	1.0	15.1	18.1	359
Rural	28.6	32.6	24.2	48.2	2.4	50.2	26.9	1.4	0.5	20.5	26.8	355
Region												
National Capital Region	34.4	48.7	21.2	61.3	0.0	61.3	34.4	0.0	0.0	10.0	24.9	98
Cordillera Admin Region	33.1	25.3	26.4	42.1	1.8	43.9	13.8	2.0	0.0	9.2	48.7	23
I - Ilocos	47.4	39.0	26.6	60.3	5.3	62.9	31.7	2.8	0.0	5.3	26.3	38
II - Cagayan Valley	22.2	16.8	5.7	22.4	0.0	22.4	28.1	0.0	0.0	16.5	38.9	15
III - Central Luzon	39.1	48.6	40.8	70.1	4.6	70.1	51.5	2.1	0.0	21.9	10.7	63
IVA - CALABARZON	31.5	51.9	26.8	72.8	4.8	74.4	22.1	0.0	1.4	6.4	19.4	86
IVB - MIMAROPA	22.3	24.2	17.4	34.5	3.8	38.3	37.8	1.8	5.3	28.5	24.8	40
V - Bicol	25.9	32.8	25.1	55.7	0.0	55.7	9.6	2.1	0.0	38.3	24.3	49
VI - Western Visayas	23.4	38.6	14.9	43.7	1.8	45.5	27.4	0.0	3.1	20.4	23.8	68
VII - Central Visayas	36.6	52.4	13.6	66.0	2.7	68.7	20.9	0.0	0.0	5.3	26.2	44
VIII - Eastern Visayas	43.5	61.5	15.5	69.2	2.6	71.8	23.3	0.0	0.0	15.4	17.8	33
IX - Zamboanga Peninsula	40.1	39.8	0.0	39.8	0.0	39.8	44.3	0.0	0.0	23.5	12.4	11
X - Northern Mindanao	20.3	25.1	18.9	40.8	3.2	44.0	23.3	0.0	0.0	25.2	26.5	30
XI - Davao	28.7	48.7	26.4	66.0	3.7	69.7	35.7	3.6	0.0	22.8	10.0	27
XII - SOCCSKSARGEN	31.2	35.0	14.2	44.4	0.0	44.4	39.6	0.0	0.0	16.8	26.9	35
XIII - Caraga	25.7	28.8	48.2	60.9	0.0	60.9	48.7	0.0	0.0	29.2	6.4	19
ARMM	42.2	47.2	40.3	68.3	0.0	68.3	23.5	2.1	0.0	35.4	20.6	35
Education												
No education	*	*	*	*	*	*	*	*	*	*	*	16
Elementary	30.0	34.2	25.4	51.9	2.4	53.8	24.8	0.9	0.0	19.8	25.0	215
High school	29.2	43.7	23.3	58.0	2.3	59.0	28.2	0.4	0.6	18.9	23.0	332
College or higher	44.5	52.2	22.0	66.6	1.7	67.4	42.3	1.5	2.3	11.5	16.7	151
Wealth index quintile												
Lowest	28.0	30.6	22.9	46.2	3.6	49.8	26.1	0.4	0.0	27.4	22.7	230
Second	29.7	42.2	27.3	58.6	2.2	59.4	26.3	1.0	1.1	15.3	26.9	169
Middle	35.6	49.0	25.7	68.6	1.2	68.6	28.0	1.6	1.1	14.8	16.6	122
Fourth	35.9	52.4	15.6	62.7	1.5	62.7	36.2	0.0	0.0	11.5	22.7	103
Highest	40.5	50.6	24.2	64.0	1.5	64.0	41.0	1.7	2.3	9.1	20.9	90
Total	32.4	42.2	23.5	57.6	2.3	58.9	29.8	0.9	0.8	17.8	22.4	714

Note: ORT includes solution prepared from packets of oral rehydration salts (ORS), recommended home fluids (RHF), or increased fluids. Figures in parentheses are based on 25-49 cases. An asterisk indicates that an estimate is based on fewer than 25 cases and has been suppressed.

¹ Excludes pharmacy, shop, and traditional practitioner

Correct treatment of diarrhea is most likely to be administered to children age 12-23 months, those living in urban areas, those whose mothers have college or higher education, and those who belong to the middle quintile. Correct treatment of diarrhea with ORT varies widely across regions, ranging from 74 percent in CALABARZON to 22 percent in Cagayan Valley.

The percentage of children who were taken to a health facility declined from 44 percent in 1998 NDHS to 32 percent (NSO, DOH, and Macro International Inc., 1999).

9.7.5 **Feeding Practices during Diarrhea**

The recovery of a child with diarrhea may depend on the amount of liquids and foods received during and between diarrhea episodes. Figure 9.1 presents data on feeding practices of children who had diarrhea in the two weeks preceding the survey. The data show that only 2 percent of children with diarrhea were given more fluids than usual, while 13 percent were given the same amount of fluids. Eightyfour percent of children with diarrhea were given less fluid, which is contraindicated during a diarrheal episode.

Diarrheal episodes are frequently accompanied by vomiting, which makes feeding difficult because the child may refuse food. Figure 9.1 shows that only 6 percent of children were given more food than usual, while 60 percent were given less food or none at all.

Overall, results of the 2003 NDHS show that feeding practices of children with diarrhea in the Philippines are not consistent with recommended interventions.

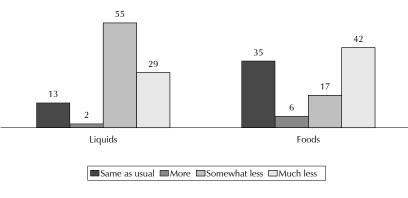


Figure 9.1 Feeding Practices during Diarrhea

NDHS 2003

9.8 CHILDREN'S HEALTH CARE BY WOMEN'S STATUS

The 2003 NDHS investigated the relationship between children's health care and women's status as measured by the mother's ability to influence household decisionmaking, the number of situations in which mothers believe that a woman is justified in refusing sexual relations with her husband, and the number of circumstances in which the mother believes that a husband is justified in beating his wife.

Table 9.24 shows little or no relationship between women's status and children's health care, except for a slight negative relationship between women's participation in household decisionmaking and the likelihood of children being taken for treatment of childhood fever.

Table 9.24 Children's health care by women's status

Percentage of children age 12-23 months who were fully vaccinated, and percentage of children under five years who were ill with a fever, symptoms of ARI, and/or diarrhea in the two weeks preceding the survey and were taken to a health provider for treatment, by women's status indicator, Philippines 2003

	Number of decisions in which woman has final say ¹										
Women's status indicator	0	1-2	3-4	5	Total						
Percentage of children 12-23 months fully vaccinated ²	*	75.5	69.1	69.3	69.8						
Number of children	21	140	338	849	1,348						
Percentage of children with fever and/or symptoms of ARI taken to a health provider ³	(38.6)	49.7	46.5	45.9	46.3						
Number of children	34	182	496	1,124	1,835						
Percentage of children with diarrhea taken to a health provider	*	37.8	28.1	33.5	32.4						
Number of children	13	82	191	428	714						

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

9.9 PROBLEMS IN ACCESSING HEALTH CARE

In the 2003 NDHS, mothers of children under five years were also asked if they have problems in accessing health care when they are sick. Table 9.25 shows that 77 percent of women mention one of the problems listed in the survey. The most often cited problem was getting money for treatment (67 percent). Other problems include not wanting to go alone (28 percent), access to the health facility because of the distance (27 percent), and having to take transport to go to the health facility (26 percent).

Women in their teens, women with five or more children, widowed women, those living in rural areas, those with no education, women in the poorest quintile, and women who are not working for cash are more likely than other women to perceive problems in accessing health care for themselves. Nine in ten women in Northern Mindanao, Caraga, and ARMM mentioned at least one of the problems associated with access to health care. On the other hand, this proportion is 70 percent or less in NCR, Cagayan Valley, and Central Luzon.

The type of problems in accessing health care varies across regions. More than 80 percent of women in Northern Mindanao, Caraga, and ARMM cited obtaining money for treatment of illness as the most serious problem in getting health care. Women in ARMM also mentioned distance to the health facility and transport as problems in the access to health care (72 percent each).

Either by herself or jointly with others

² Those who have received BCG vaccine, measles vaccine, and three doses each of DPT and polio vaccines

³ Excludes pharmacy, shop, and traditional practitioner

Table 9.25 Problems in accessing health care

Percentage of women who reported they have big problems in accessing health care for themselves when they are sick, by type of problem and background characteristics, Philippines 2003

, , , , , ,				- '	•				
	1/		Problem	ns in acce	ssing hea	ılth care			-
	Know- ing	Getting	G!				Concern	Any of	
	where	permis- sion to	Getting	Dis-	Having	Not	there	the speci-	
	to go for	go for	money for	tance to	Having to take	want- ing	may not be a	fied	Number
Background	treat-	treat-	treat-	health	trans-	to go	female	prob-	of
characteristic	ment	ment	ment	facility	port	alone	provider	lems	women
Age									
15-19	19.6	17.9	72.0	30.1	26.7	46.3	37.0	85.6	2,648
20-29	13.4	9.8	65.4	25.9	24.4	27.0	19.5	76.1	4,243
30-39	13.8	8.2	65.2	26.1	25.3	20.4	14.9	73.0	3,827
40-49	14.3	8.8	69.1	27.8	26.6	23.2	14.6	75.9	2,915
Number of living children									
0	14.8	13.1	64.6	24.7	22.3	36.0	29.7	77.9	5,012
1-2	13.1	8.1	63.5	24.3	23.4	22.8	14.4	72.8	3,747
3-4	14.3	9.0	67.8	27.2	26.3	21.9	14.6	74.9	2,961
5+	19.8	12.3	81.8	39.2	37.3	27.4	17.8	86.4	1,912
Marital status		10.5	c = -	0= :	20.7	a - -	24.5	-0 -	
Never married	15.6	13.9	65.4	25.1	22.2	37.9	31.0	78.8	4,388
Married/living together	14.7	9.3	68.3	28.3	27.5	23.6	15.6	76.2	8,671
Divorced/not living together		7.6	65.6	22.8	20.4	19.6	15.2	73.8	373
Widowed	13.1	8.6	77.4	33.6	28.2	22.9	16.1	82.2	201
Residence	44.4	7.0	60.0	47.4	46.0	22.6	47.5	74.0	- 0
Urban	11.1	7.8	62.0	17.1	16.0	23.6	17.5	71.9	7,877
Rural	20.2	14.7	74.9	40.9	38.6	34.2	24.8	84.1	5,756
Region	8.5	6.0	57.1	11.6	10.9	18.4	15.7	65.0	2,387
National Capital Region Cordillera Admin Region	22.3	12.2	65.4	31.9	28.3	37.7	10.8	78.3	2,367
I - Ilocos	22.7	12.8	75.7	33.0	25.5	31.2	25.6	84.0	642
II - Cagayan Valley	12.2	9.1	60.4	28.5	25.8	24.2	11.9	69.1	426
III - Central Luzon	7.3	4.1	58.6	19.4	17.9	24.9	14.0	70.2	1,459
IVA - CALABARZON	9.0	5.4	62.0	18.2	17.8	23.1	16.4	72.4	1,890
IVB - MIMAROPA	19.1	13.7	74.2	43.1	38.9	28.5	22.2	82.9	340
V - Bicol VI - Wostorn Visavas	12.4 14.9	9.4 8.4	66.9 70.2	31.5 30.4	25.7 29.1	27.9 26.2	17.9 18.7	79.6 80.7	713 910
VI - Western Visayas VII - Central Visayas	18.0	11.6	70.2 77.8	21.1	23.0	22.8	20.6	85.5	1,070
VIII - Eastern Visayas	25.3	21.5	66.3	46.0	43.7	34.7	26.3	77.0	555
IX - Zamboanga Peninsula	24.0	23.5	75.7	43.8	40.3	30.6	23.4	81.4	465
X - Northern Mindanao	32.4	25.5	83.2	38.4	40.5	55.7	39.3	92.2	565
XI - Davao	13.3	10.2	69.9	29.0	24.2	32.9	25.6	82.2	654
XII - SOCCSKSARGEN	29.0	17.9	72.6	40.1	38.1	37.5	37.9	83.5	524
XIII - Caraga ARMM	18.2 18.9	13.3 24.8	83.2 85.3	29.5 72.0	30.0 72.2	32.8 52.6	30.6 27.9	90.3 94.2	327 489
Education	10.5		05.5	, 2.0	,	52.0	27.5	J 1.4	105
No education	34.6	27.4	87.9	65.4	63.8	51.5	32.4	93.3	186
Elementary	23.0	16.7	81.9	42.7	40.9	33.6	25.2	88.3	3,146
High school	15.6	11.4	72.6	26.8	24.7	30.6	22.7	81.7	6,109
College or higher	6.9	4.6	48.1	14.3	13.6	19.3	13.4	61.1	4,192
Employment									
Not employed	15.3	11.7	69.6	27.8	25.6	31.0	22.3	79.3	6,590
Working for cash	13.3	9.0	64.0	24.5	23.6	24.3	18.6	73.6	5,952
Not working for cash	21.2	14.5	73.1	37.5	36.0	30.9	20.5	82.2	1,087
Wealth index quintile									
Lowest	27.4	22.0	87.1	59.1	57.1	44.0	31.5	93.5	2,161
Second	19.2	12.7	80.1	33.8	32.5	28.8	20.9	87.1	2,412
Middle	13.6	8.4	73.0	22.2	20.3	25.2	18.0	80.8	2,682
Fourth	10.7	7.5	62.9	18.7	17.4	25.5	18.5	73.6	2,940
Highest	8.6	6.8	45.6	13.6	12.0	22.0	17.2	59.7	3,438
Total	14.9	10.7	67.4	27.2	25.6	28.1	20.5	77.1	13,633
									,

INFANT FEEDING AND SUPPLEMENTATION

Proper and adequate feeding, starting at birth, is vital for the physical and mental development of a child. Breastfeeding is the best form of feeding during the first six months of infancy, for its healthful and economic advantages. Thus, in response to the 1981 International Code of Marketing of Breast-milk Substitutes by the World Health Organization (WHO), the Philippines Department of Health strongly advocates breastfeeding among nursing mothers instead of using breast milk substitutes. Supplementary foods introduced initially at four to six months of infancy are also important for the nutritional health and well-being of the growing child. However, early supplemental feeding exposes infants to pathogens and increases the risks of infection and diarrheal diseases. It also decreases infant's intake of breast milk and suckling, which in turn reduces breast milk production.

This chapter presents the extent of breastfeeding and supplementation received by infants. It discusses various aspects of breastfeeding, including the prevalence and initiation of breastfeeding and prelacteal feeding, the duration and frequency of breastfeeding, and reasons for nonbreastfeeding and for stopping breastfeeding. With respect to supplementary feeding, the type of food supplements, the frequency of feeding, and the micronutrient intake of children, as well as those of women in the first two months after delivery, are also discussed in this chapter.

10.1 PREVALENCE OF BREASTFEEDING AND PRELACTEAL FEEDING

The prevalence of breastfeeding in the Philippines has remained the same since 1993. Table 10.1 shows that 87 percent of the children born in the five years preceding the 2003 National Demographic Health Survey (NDHS) were ever breastfed. The corresponding figures in the 1993 National Demographic Survey and the 1998 NDHS are 87 and 88 percent, respectively. The breastfeeding prevalence does not vary by sex. However, urban children are less likely to be breastfed than rural children (82 compared with 91 percent). While breastfeeding is commonly practiced in all regions, children in CALA-BARZON are the least likely (76 percent) and children in Cagayan Valley are the most likely to be breastfed (96 percent).

While breastfeeding is widely practiced, the mother's socioeconomic status does have a negative association with the children's chances of being breastfed. Children of mothers who live in wealthier households are less likely to be breastfed than children of mothers who live in poorer households. While 93 percent of children in the poorest quintile were breastfed at some time, only 79 percent of children in the wealthiest quintile were ever breastfed. The practice of breastfeeding also has a negative association with mother's level of education; children of better-educated mothers are less likely to be breastfed than children of mothers who have less education.

The prevalence of breastfeeding varies according to delivery characteristics. Children whose mothers received assistance from a health professional at delivery are less likely to be breastfed than those delivered by a traditional birth attendant (83 compared with 93 percent). Similarly, children delivered in a health facility are less likely to be breastfed than those who were born at home (81 and 90 percent, respectively).

Table 10.1 Initial breastfeeding

Percentage of children born in the five years preceding the survey who were ever breastfed, and among children ever breastfed, percentage who started breastfeeding within one hour and within one day of birth and percentage who received a prelacteal feed, by background characteristics, Philippines 2003

	• • • • • • • • • • • • • • • • • • • •						
Background characteristic	Percentage ever breastfed	Number of children	Percentage who started breastfeeding within 1 hour of birth	Percentage who started breastfeeding within 1 day of birth ¹	Percentage who received liquid/ nonliquid prelacteal feed ²	Percentage who received liquid only prelacteal feed ²	Number of children ever breastfed
Sov							
Sex	05.0	2.544	F2.6	70.4	E4.2	40.0	2.042
Male	85.9	3,544	53.6	79.4	54.3	48.9	3,043
Female	87.2	3,411	54.5	81.4	54.2	49.3	2,975
Residence							
Urban	82.4	3,461	54.4	80.6	55.6	52.4	2,850
Rural	90.7	3,493	53.7	80.2	53.1	46.2	3,167
Kurai	90.7	3,493	55.7	00.2	33.1	40.2	3,107
Region							
National Capital Region	78.3	1,050	63.0	82.7	50.0	49.5	823
Cordillera Admin Region	92.4	115	61.1	83.7	31.4	30.8	106
I - Ilocos	87.9	310	28.8	73.3	58.2	55.3	272
II - Cagayan Valley	95.7	224	60.1	78.9	38.3	35.3	215
III - Central Luzon	83.7	683	35.7	73.6	59.4	58.7	572
IVA - CALABARZON	76.1	816	55.1	80.9	56.8	54.3	620
IVB - MIMAROPA	90.9	241	54.0	81.9	48.6	43.6	219
V - Bicol	92.7	432	34.9	72.3	62.2	49.9	401
VI - Western Visayas	91.0	482	60.7	81.7	49.8	48.5	439
	88.8	535	66.5	86.0	57.6	51.1	475
VII - Central Visayas							
VIII - Eastern Visayas	88.3	357	63.7	83.6	34.1	31.9	315
IX - Zamboanga Peninsula	90.5	276	56.6	88.2	53.4	40.0	250
X - Northern Mindanao	90.4	301	66.6	79.6	68.7	48.7	272
XI - Davao	91.2	295	49.0	80.4	51.2	40.4	269
XII - SOCCSKSARGEN	90.7	324	48.6	79.6	62.9	59.6	294
XIII - Caraga	91.6	203	59.9	80.6	65.7	56.2	186
ARMM	93.4	310	56.7	83.8	57.7	50.0	289
Mother's education							
No education	94.8	132	60.8	90.7	37.4	35.0	126
Elementary	90.3	2,040	53.2	82.2	52.4	42.4	1,841
High school	86.5	2,952	55.0	80.2	54.8	50.1	2,555
College or higher	81.7	1,830	52.8	77.8	59.5	56.9	1,496
College of Higher	01.7	1,030	32.0	77.0	33.3	30.5	1,150
Assistance at delivery							
Health professional ³	82.5	4,159	53.3	79.0	56.1	53.0	3,430
Traditional birth attendant	92.6	2,580	55.8	83.6	53.1	45.0	2,388
Other	90.6	164	56.7	83.3	41.8	36.6	149
No one	*	12	*	*	*	*	12
Place of delivery							
Health facility	80.7	2,636	54.5	78.4	54.6	52.9	2,127
At home	90.0	4,267	54.3	82.3	54.5	47.4	3,841
Other	*	14	*	*	*	*	12
Wealth index quintile	02.2	1.050	540	02.2	FO 4	44.7	4.722
Lowest	93.2	1,858	54.9	82.3	50.1	41.7	1,732
Second	90.7	1,590	55.9	81.3	53.4	47.7	1,441
Middle	81.8	1,352	52.8	81.3	55.1	50.5	1,105
Fourth	82.2	1,162	53.1	77.4	55.0	52.9	955
Highest	78.9	993	51.5	77.0	63.0	61.5	784
Total	86.5	6,954	54.0	80.4	54.3	49.1	6,017

Note: Table is based on all births whether the children are living or dead at the time of interview. Total includes 39 children with no information on assistance at delivery and place of delivery. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Includes children who started breastfeeding within one hour of birth

² Children given some liquid other than breast milk during the first three days of life before the mother started breastfeeding regularly

³ Doctor, nurse/midwife, or auxiliary midwife

Early initiation of breastfeeding is beneficial to both infant and mother. Colostrum, the first breast milk, is beneficial to infants because it contains a high concentration of antibodies that protect infants against certain infectious diseases. Early initiation increases the bond between mother and child and is beneficial to the mother because early suckling stimulates the release of a hormone that helps the uterus to contract. However, in some places, cultural norms dictate against giving colostrum to infants. Delay in giving the breast suggests the possibility that mothers throw away their colostrum and initially bottle-feed the infant.

The 2003 NDHS results show that 54 percent of children born in the five years before the survey were given breast milk within one hour of birth and 80 percent were put to the breast within 24 hours of birth (Table 10.1). While initiation of breastfeeding within one hour of birth has increased by 14 percentage points over the last five years, initiation within 24 hours remained the same (NSO, DOH, and Macro International Inc., 1999). Initiation of breastfeeding does not vary by the child's sex and type of residence. Putting the infant to the breast soon after birth is not a common practice in Ilocos, Central Luzon, and Bicol. In contrast, mothers in Central Visayas and Northern Mindanao tend to give their children breast milk immediately after birth.

Children in poorer households are breastfed somewhat sooner after birth than those in wealthier households. The likelihood that children will receive colostrum is negatively associated with whether the mother had any formal education. While at most 55 percent of children whose mothers have gone to school were breastfed within one hour of birth, the corresponding proportion for children whose mothers have no education is 61 percent.

The prevalence of breastfeeding within one hour after birth does not vary by assistance at delivery and place of delivery. Newborns are put to the breast within one hour of birth in equal proportions whether born at home or in a health facility. Babies are also equally likely to be breastfed within one hour whether assisted by a health professional or a traditional birth attendant (hilot) at delivery.

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

The percentage of children who received prelacteal feed is shown in Table 10.1. More than half of the children who were ever breastfed received liquid and/or nonliquid feeds in the first three days after delivery before the mother's milk began flowing regularly, 49 percent received liquids, and 5 percent received nonliquids. Prelacteal feeding does not differ by the child's sex. Unlike breastfeeding, prelacteal liquid feeding is slightly more common in urban than in rural areas (52 compared with 46 percent). Among the regions, Northern Mindanao has the highest percentage of children given prelacteal feeds (69 percent), and Cordillera Administrative Region (CAR) and Eastern Visayas have the lowest (31 and 34 percent, respectively).

Prelacteal feeding shows a pattern that is different from that of breastfeeding; children of wealthier parents, children of better-educated mothers, and children whose mothers were assisted by a health professional at delivery are more likely than other children to receive prelacteal feeding. Although there are no differentials in overall prelacteal feeding, children delivered in a health facility are slightly more likely to receive prelacteal liquid feeding than those delivered at home.

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

Table 10.2 shows the percent distribution of youngest children under three years and living with the mother by breastfeeding status, according to the age of the children in months. The results show that among infants under two months, 13 percent are not breastfed, 53 percent are exclusively breastfed, and one in three receive either plain water only, water-based liquids or juice, other milk, and/or complementary foods in addition to breast milk. At age 6-7 months, one in three infants are not breastfed, and only 1 percent are exclusively breastfed. At age 8 months and older, virtually all infants have received liquids or foods other than breast milk.

Table 10.2 Breastfeeding status by age

Percent distribution of youngest children under three years living with the mother by breastfeeding status and percentage of children under three years using a bottle with a nipple, according to age in months, Philippines 2003

			Breastf	eeding and cons	uming				Percentage	
Age in months	Not breast- feeding	Exclusively breastfed	Plain water only	Water- based liquids/juice	Other milk	Comple- mentary foods	Total	Number of children	using a bottle with a nipple ¹	Number of children
<2	13.2	52.5	16.6	2.7	12.2	2.8	100.0	159	30.0	160
2-3	17.2	35.4	20.6	3.1	18.4	5.3	100.0	242	42.9	244
4-5	27.9	16.1	17.0	4.1	8.1	26.8	100.0	200	48.6	200
6-7	32.5	1.4	8.0	2.0	5.1	51.0	100.0	256	54.3	261
8-9	32.9	0.6	0.5	0.0	1.0	65.1	100.0	243	50.2	248
10-11	40.7	0.4	1.4	0.5	0.0	57.1	100.0	219	59.4	224
12-15	44.0	0.3	0.7	0.3	0.5	54.2	100.0	436	54.7	454
16-19	56.9	0.0	0.0	0.0	0.0	43.1	100.0	352	56.9	411
20-23	67.7	0.3	0.0	0.3	0.0	31.7	100.0	392	58.6	484
24-27	74.7	0.0	0.0	0.0	0.0	25.3	100.0	311	47.9	419
28-31	81.5	0.0	0.0	0.0	0.0	18.5	100.0	281	41.7	435
32-35	86.5	0.2	0.0	0.0	0.0	13.3	100.0	299	38.9	472
<6	19.7	33.5	18.4	3.4	13.3	11.8	100.0	602	41.4	603
6-9	32.7	1.0	4.4	1.0	3.1	57.9	100.0	499	52.3	509

Note: Breastfeeding status refers to a 24-hour period (yesterday and last night). Children classified as breastfeeding and consuming plain water only consume no supplements. The categories of not breastfeeding, exclusively breastfeed, breastfeeding and consuming plain water, water-based liquids/juice, other milk, and complementary foods (solids and semisolids) are hierarchical and mutually exclusive, and their percentages add to 100 percent. Thus, children who receive breast milk and water-based liquids and who do not receive complementary foods are classified in the water-based liquid category even though they may also get plain water. Any children who get complementary food are classified in that category as long as they are breastfeeding as well. Based on all children under three years

Comparison with data from the 1998 NDHS shows that the prevalence of exclusive breastfeeding among children age 4-5 months has declined from 20 to 16 percent (NSO, DOH, and Macro International Inc., 1999).

Bottles with nipples are usually used when feeding infants infant formula and other types of supplementary foods. The use of bottle is not generally recommended at early stages of infancy due to the risk of exposing the child to the harmful effects of insufficient and unhygienic preparation of the liquid and the feeding bottle, particularly in poor environment and socioeconomic conditions. Thirty percent of infants under two months use a bottle with a nipple. The percentage of children who were given a bottle with a nipple increases with age and peaks at age 10-11 months (Table 10.2).

10.2 MEDIAN DURATION AND FREQUENCY OF BREASTFEEDING

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

For children born in the three years preceding the survey, mothers were asked about the number of times the children were breastfed in the 24 hours before the interview. The estimates of mean and median durations are based on current status data; that is, the proportion of children who were being breastfed at the time of the survey. The median duration of exclusive breastfeeding indicates the age at which half of the children started to receive infant formula, other milk, or food supplement. Predominantly breastfed children are either exclusively breastfed or given breast milk and plain water, water-based liquids (such as soft drinks), and/or juices in the 24 hours before the interview.

Table 10.3 gives the median duration and frequency of breastfeeding among children born in the three years preceding the survey, according to selected background characteristics. The median duration of breastfeeding is 14 months, which means that half of these children stopped breastfeeding after 14 months. There is no difference in the median duration of breastfeeding by sex. Rural children are breastfed much longer than urban children (16 compared with 10 months). Table 10.3 also shows that the median duration of breastfeeding is negatively associated with mother's wealth status and education; children of poorer parents and whose mothers have less education tend to be breastfed for longer durations than other children.

The median duration of exclusive breastfeeding is less than one month, while the duration of predominant breastfeeding is 2.9 months. The variations in the median duration of exclusive and predominant breastfeeding are similar to those of breastfeeding. The median duration of any breastfeeding is shortest in National Capital Region (NCR) (6.3 months) and Central Luzon (9.1 months); it is more than 18 months in MIMAROPA and Autonomous Region in Muslim Mindanao (ARMM).

Frequent breastfeeding is common in the Philippines. Nine in ten infants under six months were breastfed six or more times in the 24 hours preceding the survey. On average, infants are breastfed six times during the day and five times at night. Differentials in frequency of breastfeeding are similar to those for median duration of breastfeeding, exclusive, and predominant breastfeeding.

There have been changes in breastfeeding practices since 1998. Infants are being breastfed more frequently; the percentage of infants under six months who were breastfed six or more times in the 24 hours preceding the survey increased from 71 percent in 1998 to 92 percent in 2003. The median duration of any breastfeeding increased from 12.8 months in 1998 to 14.1 months in 2003. However, the median duration of exclusive breastfeeding declined slightly from 1.4 months in 1998 to 0.8 months in 2003 (NSO, DOH, and Macro International Inc., 1999).

Table 10.3 Median duration and frequency of breastfeeding

Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children born in the three years preceding the survey, percentage of breastfeeding children under six months living with the mother who were breastfed six or more times in the 24 hours preceding the survey, and mean number of feeds (day/night), by background characteristics, Philippines 2003

	Median	duration (mo	onths) of breast	tfeeding ¹	Breastfeeding children under six months ²					
Background characteristic	Any breast- feeding	Exclusive breast- feeding	Predomi- nant breast- feeding ³	Number of children	Percentage breastfed 6+ times in last 24 hours	Mean number of day feeds	Mean number of night feeds	Number of children		
Sex										
Male	14.5	0.7	2.6	2,140	92.0	6.0	4.7	242		
Female	13.8	1.0	3.1	2,005	93.1	6.3	4.6	238		
Residence										
Urban	9.9	0.6	1.9	2,064	90.2	5.7	4.5	208		
Rural	16.0	1.7	3.6	2,081	94.3	6.5	4.7	272		
Region										
National Capital Region	6.3	0.5	1.4	594	82.2	4.9	3.6	54		
Cordillera Admin Region	16.9	1.8	2.5	70	*	*	*	8		
I - Ilocos	15.9	0.6	4.6	194	*	*	*	22		
II - Cagayan Valley	16.6	1.4	3.2	129	*	*	*	17		
III - Central Luzon	9.1	0.7	1.5	405	*	*	*	31		
IVA - CALABARZON	13.2	0.7	2.2	502	(100.0)	(6.1)	(4.7)	53		
IVB - MIMAROPA	18.1	2.0	3.5	142	(92.5)	(6.5)	(6.1)	19		
V - Bicol	14.8	1.9	2.4	256	(91.3)	(7.1)	(4.9)	34		
VI - Western Visayas	15.2	1.3	4.3	299	(100.0)	(7.3)	(5.9)	37		
VII - Central Visayas	15.5	0.6	2.9	325	(80.6)	(5.3)	(3.3)	36		
VIII - Eastern Visayas	12.3	3.2	5.0	212	(92.4)	(6.5)	(5.6)	33		
IX - Zamboanga Peninsula	16.3	1.3	2.1	168	(83.5)	(6.3)	(3.9)	24		
X - Northern Mindanao	17.0	1.8	2.5	181	*	*	*	21		
XI - Davao	14.2	0.6	3.2	170	*	*	*	21		
XII - SOCCSKSARGEN	13.0	2.1	3.9	193	(92.4)	(6.9)	(4.6)	32		
XIII - Caraga	15.3	1.9	2.7	117	*	*	*	12		
ARMM	19.8	0.6	4.1	188	(94.0)	(5.8)	(4.5)	25		
Mother's education										
No education	20.4	2.4	4.0	80	*	*	*	12		
Elementary	17.0	2.0	3.8	1,190	93.4	6.7	5.0	155		
High school	13.9	0.9	3.0	1,780	93.7	6.2	4.6	214		
College or higher	6.3	0.5	0.7	1,095	89.4	5.3	4.0	99		
Wealth index quintile										
Lowest	17.1	2.2	4.6	1,109	94.9	6.7	4.8	153		
Second	15.5	1.7	3.1	961	91.6	6.3	4.6	122		
Middle	12.0	0.6	1.8	832	93.1	5.9	4.7	97		
Fourth	7.4	0.6	1.5	692	93.5	5.8	4.5	64		
Highest	4.0	0.5	0.6	552	(84.2)	(5.1)	(3.9)	44		
Total	14.1	0.8	2.9	4,145	92.5	6.2	4.6	480		
Mean for all children	14.9	2.6	4.0	na	na	na	na	na		

Note: Median and mean durations are based on current status. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. na = Not applicable

 $^{^{1}}$ It is assumed that non-last-born children or last-born children not living with the mother are not currently breastfeeding

 $^{^{\}rm 2}$ Excludes children who do not have a valid answer on the number of times breastfed

³ Either exclusively breastfed or received breast milk and plain water, water-based liquids, and/or juice only (excludes other milk)

10.3 REASONS FOR NOT BREASTFEEDING AND REASONS FOR STOPPING BREASTFEEDING

Information on the reasons some mothers do not breastfeed their children and the reasons for stopping breastfeeding are important in formulating plans and programs to promote breastfeeding. Figure 10.1 presents the percent distribution of children born in the five years preceding the survey by reason for not being breastfed at all. The most common reason given by mothers for not breastfeeding their babies is that they do not have enough milk (31 percent). The next two most often reported reasons are that the mothers have nipple or breast problems and that they are working, each given by one in six mothers. Eleven percent of mothers say the child refused to breastfeed.

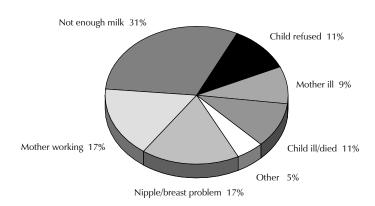


Figure 10.1 Reasons for Never Breastfeeding

NDHS 2003

Table 10.4 shows the percent distribution of children by reason breastfeeding was stopped. The most often cited reasons for stopping breastfeeding are that the child has reached the weaning age (23 percent), and there is not enough milk (20 percent).

There are no large differences in the reason for stopping breastfeeding according to the child's sex. Children who live in rural areas, those whose mothers have primary education, and those in the lowest wealth quintile are more likely to stop breastfeeding when they reach weaning age or when their mothers became pregnant. Children in urban areas, those of better-educated mothers, and children in the wealthiest households are more likely to stop breastfeeding because their mothers do not have enough milk or because the mothers are working.

Table 10.4 Reasons for stopping breastfeeding

Percent distribution of children born in the five years preceding the survey who were ever breastfed, by reason for stopping breastfeeding, by background characteristics, Philippines 2003

	Reason for stopping breastfeeding													
	Mother	Child		Nipple/	Not			Weaning		Started				Number
Background	ill/	ill/	Child	breast	enough	Mother	Child	age	Became	contra-				of chil-
characteristic	weak	weak	died	problem	milk	working	refused	stop	pregnant	ception	Other	Missing	Total	dren
Sex														
Male	5.4	2.3	2.4	5.9	19.4	12.2	11.5	21.7	13.2	3.2	1.2	1.6	100.0	2,111
Female	5.2	1.1	2.0	4.1	20.4	12.9	13.1	23.3	13.6	2.3	1.1	1.0	100.0	2,068
Residence														
Urban	5.7	1.7	1.5	5.1	23.3	16.3	14.3	15.8	10.6	2.7	1.2	1.7	100.0	2,026
Rural	4.9	1.7	2.8	4.9	16.6	9.0	10.3	28.7	16.0	2.9	1.2	0.9	100.0	2,153
Region														
National Capital Region	7.3	2.3	1.2	4.5	27.5	19.7	14.9	7.3	9.4	2.1	1.4	2.4	100.0	606
Cordillera Admin Region	3.1	1.3	2.5	6.3	11.6	14.1	9.2	28.7	20.1	2.5	0.6	0.0	100.0	72
I - Ilocos	5.4	2.4	1.9	3.0	18.6	11.0	11.4	28.4	15.0	1.8	0.6	0.6	100.0	169
II - Cagayan Valley	4.1	1.0	3.1	7.3	17.8	12.1	11.1	25.1	14.0	3.2	0.5	0.5	100.0	154
III - Central Luzon	4.3	1.3	0.9	6.0	30.8	10.3	11.9	18.6	9.4	1.6	0.9	4.0	100.0	407
IVA - CALABARZON	5.7	2.4	1.0	4.4	14.5	20.2	14.2	21.2	12.1	3.1	0.4	0.8	100.0	412
IVB - MIMAROPA	5.0	1.0	6.0	2.3	17.7	8.5	7.9	22.6	21.4	4.4	0.5	2.7	100.0	142
V - Bicol	8.1	2.7	0.8	5.0	21.2	11.2	7.8	21.9	16.2	3.3	1.1	0.6	100.0	284
VI - Western Visayas	3.6	1.6	2.6	4.7	22.2	10.4	12.0	18.8	17.1	1.9	3.9	1.3	100.0	294
VII - Central Visayas	7.3	0.7	1.0	7.1	13.9	13.7	12.3	21.8	17.3	1.4	1.7	1.7	100.0	338
VIII - Eastern Visayas	2.8	2.9	2.0	5.3	15.8	10.3	10.6	35.6	11.0	2.8	0.8	0.0	100.0	210
IX - Zamboanga Peninsula	3.1	1.0	5.3	5.3	15.7	9.3	12.9	35.0	9.5	1.9	1.0	0.0	100.0	177
X - Northern Mindanao	4.0	1.5	2.0	6.5	12.4	8.9	10.9	36.6	13.8	1.5	1.0	1.0	100.0	185
XI - Davao	7.5	0.7	3.2	4.1	17.0	7.2	12.5	29.9	10.6	6.3	0.9	0.0	100.0	200
XII - SOCCSKSARGEN	6.5	0.8	3.6	2.9	18.1	11.3	10.6	27.1	12.5	6.0	0.6	0.0	100.0	209
XIII - Caraga	1.7	3.4	3.1	7.3	11.3	6.8	11.0	30.1	19.4	4.3	1.3	0.4	100.0	140
ARMM	1.2	1.2	4.8	2.8	23.9	5.2	19.0	21.2	15.9	2.9	0.8	1.2	100.0	181
Mother's education														
No education	1.2	0.0	9.8	4.7	19.4	6.5	11.0	25.6	20.1	0.0	0.0	1.7	100.0	77
Primary	4.8	0.9	3.5	5.7	13.9	6.9	12.1	30.1	16.4	2.8	1.4	1.4	100.0	1,194
Secondary	5.5	2.4	1.7	4.4	18.4	9.9	13.4	24.3	14.5	3.2	1.2	1.1	100.0	1,785
Higher	5.6	1.7	1.1	5.3	28.6	23.1	10.6	11.3	8.1	2.1	0.9	1.5	100.0	1,122
Wealth index quintile														
Lowest	4.5	1.3	3.9	4.7	11.6	6.4	13.1	30.1	18.9	2.7	1.3	1.4	100.0	1,122
Second	4.2	1.9	2.7	5.0	17.5	8.7	11.5	28.3	14.9	2.8	1.2	1.2	100.0	962
Middle	5.8	1.5	1.7	4.9	23.6	12.2	10.4	20.1	13.6	4.3	1.5	0.5	100.0	776
Fourth	7.3	2.1	0.8	4.8	25.7	17.7	12.7	15.7	8.6	2.1	0.6	1.9	100.0	692
Highest	5.6	2.1	0.4	5.9	27.2	24.1	13.7	10.4	6.1	1.8	1.0	1.6	100.0	627
Total	5.3	1.7	2.2	5.0	19.9	12.5	12.3	22.5	13.4	2.8	1.2	1.3	100.0	4,179

10.4 Type of Foods and Frequency of Feeding

Food supplementation is important for infant growth and development. In particular, nonbreastfeeding and weaned infants need proper and adequate food supplements to meet their nutritional requirements. The type of foods infants received and the timing of introduction to the infant's diet not only affect the intensity of breastfeeding but can cause indigestion and diarrhea. WHO recommends the introduction of solid food to infants around the age of six months, when breast milk by itself is no longer sufficient to meet the infant's nutritional requirements.

For the youngest children born in the three years preceding the survey and living with their mothers, mothers were asked about the types of food the children drank or ate over the last seven days, as well as the number of times the foods were taken during the day and night preceding the survey. Tables 10.5 and 10.6 show, respectively, the types of food and the number of times specific foods were consumed, in the day or night preceding the interview by breastfeeding status.

Table 10.5 shows that among breastfeeding children under two months of age, 14 percent are given infant formula, 5 percent are given other milk/cheese/yogurt, and 6 percent each received other liquids and solid or semisolid food. Other liquids include sugar water, tea, fruit juice, coffee, soda, rice water, and soup broth. At age 4-5 months, the pattern of feeding starts to exhibit dramatic changes; 32 percent of infants are given food made of grains and 25 percent receive liquids other than breast milk.

Table 10.5 also shows that consumption of fruits and vegetables rich in vitamin A increases with the child's age. By age 8-9 months, 61 percent of breastfeeding children receive food rich in vitamin A. This proportion increases to 80 percent by the time the child is age 2-3 years.

Table 10.5 Foods consumed by children in the day or night preceding the interview

Percentage of youngest children under three years of age living with the mother who consumed specific foods in the day or night preceding the interview, by breastfeeding status and age, Philippines 2003

•	0			U	U							
Age in months	Infant formula	Other milk/ cheese/ yogurt	Other liquids ¹	Food made from grains	Fruits/ vege- tables ² BRE	Food made from roots/ tubers ASTFEEDI	Food made from legumes NG CHILE	Meat/fish/ shellfish/ poultry/ eggs DREN	Food made with oil/ fat/butter	Fruits and vege- tables rich in vitamin A ³	Any solid or semi- solid food	Number of chil- dren
<2 2-3 4-5 6-7 8-9 10-11 12-15 16-19 20-23 24-35 <6 6-9	13.8 19.9 20.1 31.6 23.8 34.0 27.6 28.0 34.7 32.6 18.2 27.8	4.8 7.2 3.0 9.7 11.8 17.6 19.5 17.7 24.8 24.5	6.3 10.6 24.7 43.7 59.2 52.8 59.0 72.5 67.3 69.2	3.2 5.0 31.6 71.2 91.5 88.9 90.0 95.4 92.5 95.9	3.2 3.4 14.2 44.3 70.7 68.5 74.9 77.5 83.3 84.5	0.6 1.1 1.4 11.9 20.0 14.3 18.9 22.7 25.0 24.2	0.0 0.0 3.7 3.2 3.5 3.4 10.0 10.7 16.6 12.7	1.7 2.9 7.7 29.5 52.0 64.1 68.4 70.1 77.3 77.0 4.0 40.5	1.7 0.0 3.2 4.9 9.7 9.7 10.8 16.8 13.1 16.4	3.2 3.4 11.5 36.2 60.6 57.2 64.5 67.9 78.6 79.9 5.8 48.1	5.9 8.7 47.0 87.1 99.7 97.9 99.5 100.0 100.0 100.0	138 201 144 172 163 130 244 152 127 171 483 336
	27.0	10.7	J1.2	01.1			DING CH		7.5		JJ.2	
6-7 8-9 10-11 12-15 16-19 20-23 24-35	76.4 84.1 78.5 75.2 69.4 62.8 50.9	17.8 14.9 22.1 30.7 29.4 28.7 33.1	49.9 53.0 64.6 62.2 69.4 73.7 71.1	65.1 75.7 87.9 92.6 97.5 92.4 93.9	50.3 61.0 71.7 78.2 78.9 82.1 81.5	26.5 17.3 31.1 24.9 23.5 23.7 22.9	5.3 1.1 8.4 10.0 7.9 15.5 13.7	26.6 44.7 63.6 72.5 74.7 78.3 79.6	3.9 2.5 13.6 12.9 22.5 19.9 17.7	45.2 46.4 59.6 64.5 72.5 73.5 73.0	92.2 94.8 97.9 99.7 100.0 99.3 99.9	83 80 89 192 200 265 719
<6 6-9	77.5 80.2	6.3 16.4	25.5 51.5	17.1 70.3	17.8 55.5	5.9 22.0	1.8 3.2	9.7 35.5	0.4 3.2	14.6 45.7	40.9 93.5	118 163

Note: Breastfeeding status and food consumed refer to a 24-hour period (yesterday and last night).

¹ Does not include plain water

² Includes fruits and vegetables rich in vitmain A

³ Includes pumpkin, red or yellow yams or squash, carrots, red sweet potatoes, green leafy vegetables, mangoes, papayas, and other locally grown fruits and vegetables that are rich in vitamin A

Table 10.6 shows the frequency of foods consumed in the 24-hour period preceding the survey. Data in this table show that breastfeeding children under six months receive foods other than breast milk very few times. At the same age, nonbreastfeeding children receive infant formula about four times in 24 hours. Breastfeeding children age 6-9 months receive other liquids, cereal-type foods, and fruits and vegetables on average twice in the 24-hour period. The frequency of foods consumed generally increases with the child's age. Older children are more likely to receive more varied food.

Table 10.6 Frequency of foods consumed by children in the day or night preceding the interview

Mean number of times specific foods were consumed in the day or night preceding the interview by youngest children under three years of age living with the mother, according to breastfeeding status and age, Philippines 2003

Age in months	Infant formula	Other milk/ cheese/ yogurt	Other liquids ¹	Food made from grains	Fruits/ vege- tables ²	Food made from roots/ tubers	Food made from legumes	Meat/fish/ shellfish/ poultry/ eggs	Food made with oil/ fat/butter	Fruits and vegetables rich in vitamin A ³	Number of children
				В	REASTFEE	DING CHILE	OREN				
<2	0.5	0.2	0.2	0.1	0.2	0.0	0.0	0.0	0.0	0.2	138
2-3	0.5	0.2	0.2	0.1	0.1	0.0	0.0	0.0	0.0	0.1	201
4-5	0.6	0.0	0.6	0.7	0.4	0.0	0.0	0.2	0.0	0.3	144
6-7	0.9	0.2	1.1	1.8	1.1	0.2	0.0	0.5	0.1	8.0	172
8-9	8.0	0.2	1.8	2.4	2.0	0.3	0.0	1.0	0.2	1.4	163
10-11	1.0	0.4	1.4	2.4	2.1	0.2	0.0	1.1	0.1	1.4	130
12-15	0.7	0.5	1.5	2.5	2.4	0.3	0.1	1.1	0.1	1.7	244
16-19	0.7	0.3	1.9	2.8	2.7	0.3	0.1	1.2	0.3	2.0	152
20-23	1.2	0.5	1.9	2.6	3.1	0.5	0.2	1.5	0.2	2.4	127
24-35	8.0	0.5	1.8	2.7	2.7	0.3	0.1	1.4	0.2	2.0	171
<6	0.5	0.1	0.3	0.3	0.2	0.0	0.0	0.1	0.0	0.2	483
6-9	0.9	0.2	1.5	2.1	1.6	0.2	0.0	0.7	0.1	1.1	336
_	_	_	· —	NOI	NBREASTI	FEEDING CH	ILDREN	_	_		_
6-7	3.8	0.6	1.7	1.6	1.4	0.4	0.1	0.4	0.1	0.9	83
8-9	3.8	0.4	1.7	1.9	1.6	0.3	0.0	0.7	0.0	1.0	80
10-11	3.6	0.6	1.8	2.4	2.0	0.4	0.1	1.1	0.3	1.4	89
12-15	3.4	0.9	1.8	2.8	2.4	0.3	0.1	1.4	0.2	1.5	192
16-19	2.8	0.9	2.2	3.1	2.7	0.3	0.1	1.3	0.3	1.9	200
20-23	2.5	0.9	2.3	2.7	2.9	0.3	0.2	1.6	0.3	2.0	265
24-35	1.7	0.8	2.1	2.9	2.8	0.3	0.2	1.5	0.3	2.0	719
<6	3.7	0.2	0.9	0.5	0.4	0.1	0.0	0.1	0.0	0.3	118
6-9	3.8	0.5	1.7	1.8	1.5	0.3	0.0	0.6	0.0	0.9	163

Note: Breastfeeding status and food consumed refer to a 24-hour period (yesterday and last night).

10.5 MICRONUTRIENT INTAKE AMONG CHILDREN AND WOMEN

Micronutrients help protect children from certain diseases. Micronutrient deficiency can lead to child morbidity and mortality. Poor intake of nutritious food, frequent episodes of infections, and infestation of parasites are some of the primary causes of micronutrient deficiency. Micronutrients can be obtained from fruits and vegetables or from direct supplementation. Apart from the types of food listed in Table 10.7, mothers were also asked if their children received vitamin A and iron supplementation during the six months before the survey.

¹ Does not include plain water

² Includes fruits and vegetables rich in vitamin A

³ Includes pumpkin, red or yellow yams or squash, carrots, red sweet potatoes, green leafy vegetables, mangoes, papayas, and other locally grown fruits and vegetables rich in vitamin A

¹ Other liquids include sugar water, tea, fruit juice, coffee, soda, rice water, and soup broth.

Table 10.7 presents the percentage of youngest children under age three and living with the mother who consumed fruits and vegetables rich in vitamin A in the seven days preceding the survey and the percentage of children age 6-59 months who received vitamin A capsules in the six months preceding the survey, by background characteristics. The results show that more than half (56 percent) of these children consume fruits and vegetables rich in vitamin A and three in four receive vitamin A capsules. These percentages do not vary by the child's sex, birth order, and urban-rural residence. Infants below six months rarely get vitamin A from foods and do not receive vitamin A supplements. Breastfeeding children, children of poorest parents, and children of younger mothers are less likely to receive vitamin A from fruits and vegetables and supplements. The strongest association between vitamin A supplements received by children is with their mother's education. Eighty-five percent of children of mothers with college or higher education receive vitamin A supplements, compared with 37 percent of children of mothers with no education.

There are variations across regions in the consumption of fruits and vegetables rich in vitamin A and administration of vitamin A supplements to children. Children in ARMM are the least likely to receive vitamin A supplementation (51 percent).

Table 10.8 shows the extent of iron supplementation among children under five years. Data in Table 10.8 show that 63 percent receive iron drops or syrup. Treatment with iron generally starts at age six months, after which it is not selective of the child's age and sex. However, the likelihood of receiving such treatments is relatively low among rural children, children of mothers with less education, and children of poor parents.

Table 10.7 Micronutrient intake among children

Percentage of youngest children under age three living with the mother who consumed fruits and vegetables rich in vitamin A in the seven days preceding the survey, and percentage of children age 6-59 months who received vitamin A supplements in the six months preceding the survey, by background characteristics, Philippines 2003

·				
	Consumed			
	fruits and		Consumed	
	vegetables	Number	vitamin A	Number
Background	rich in	of	supple-	of
characteristic	vitamin A	children	ments	children
Characteristic	vitaiiiii / t	Cilidien	ments	cilidien
Age in months				
<6	7.5 47.3 58.2	602	na	0
6-9	47.3	499	68.5	509
10-11	58.2	219	64.3	224
12-23	69.8	1,180	77.9	1,348 1,326
24-35	74.3	890	78.2	1,326
36-47	na	0	77.6	1,434
48-59	na	0	74.9	1,267
Sex				
Male	54.2	1,743	76.3	3,088
Female	57.7	1,646	<i>75.7</i>	3,021
Birth order				
1	53.1	894	76.7	1,690
2-3	57.5	1,339	77.8	2,380
4-5	55.0	642	76.4	1,097
6+	57.6	514	69.7	941
Breastfeeding status				
Breastfeeding	46.3	1,642	69.8	1,354
Not breastfeeding	64.9	1,725	77.7	4,685
Missing	*	22	80.1	69
Residence				
Urban	56.1	1,700	79.9	3,065
Rural	55.7	1,689	72.0	3,044
Region				
National Capital Region	59.6	484	80.8	941
Cordillera Admin Region	56.7	57	74.9	104
I - Ilocos	50.7	160	74.6	269
II - Cagayan Valley	64.5	112	65.3	201
III - Central Luzon	59.0	323	83.2	612
IVA - CALABARZON	54.4	420	82.3	719
IVB - MIMAROPA V - Bicol	55.6 58.9	114 211	68.5	205 385
V - Bicol VI - Western Visayas	43.7	238	70.9 76.9	303 417
VII - Central Visayas	54.2	267	77.9	472
VIII - Eastern Visayas	52.5	171	76.1	304
IX - Zamboanga Peninsula	59.3	137	64.4	235
X - Northern Mindanao	59.9	152	76.7	265
XI - Davao	55.2	146	72.3	260
XII - SOCCSKSARGEN	56.5	155	79.5	277
XIII - Caraga	55.5	98	79.7	178
ARMM	55.2	141	50.5	265
Mother's age at birth				
<20	53.5	296	70.2	547
20-24	53.6	899	73.9	1,705
25-29	54.8	925	77.9	1,665
30-34	57.3	669	79.3	1,209
35-49	60.6	600	75.7	983
Mother's education				
No education	46.7	61	36.9	108
Elementary	53.6	948	67.4	1,775
High school	56.6	1,459	77.7	2,582
College or higher	57.8	920	85.3	1,645
Wealth index quintile				
Lowest	54.2	887	64.4	1,606
Second	55.5	772	73.3	1,384 1,174
Middle	53.8	679	79.5	1,1/4
Fourth	59.9	576	83.7	1,035
Highest	57.8	475	87.3	909
Total	55.9	3,389	76.0	6,109

Note: Information on vitamin A supplements is based on mother's recall. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

na = Not applicable

¹ Includes pumpkin, red or yellow yams or squash, carrots, red sweet potatoes, green leafy vegetables, mango, papaya, and other locally grown fruits and vegetables that are rich in vitamin A

Table 10.8 Treatment with iron

Percentage of living children under five years who received iron drops/syrup during the six months preceding the survey, according to background characteristics, Philippines 2003

	Received	Number
Background	iron drops/	of
characteristic	syrup	children
Age in months		
12-23	60.9	2,077
24-35	65.2	3,777
36-47	61.0	858
Sex		
Male	64.2	3,403
Female	62.5	3,309
Birth order		
1	66.6	1,880
2-3	65.2	2,603
4-5	61.9	1,199
6+	54.3	1,031
Residence		
Urban	70.4	3,361
Rural	56.2	3,351
Region		
National Capital Region	75.2	1,020
Cordillera Admin Region	55.7	113
I - Ilocos	59.1	299
II - Cagayan Valley III - Central Luzon	57.9	220
IVA - CALABARZON	69.8 69.4	662 796
IVB - MIMAROPA	50.9	225
V - Bicol	53.4	424
VI - Western Visayas	62.7	458
VII - Central Visayas	70.4	519
VIII - Eastern Visayas	59.3	341
IX - Zamboanga Peninsula	45.5	264
X - Northern Mindanao	64.0	289
XI - Davao	56.8	285
XII - SOCCSKSARGEN	58.2	312
XIII - Caraga	73.1	195
ARMM	39.7	291
Mother's education		
No education	25.9	120
Elementary	50.5	1,944
High school College or higher	65.2 76.8	2,856 1,793
o o	70.0	1,/33
Wealth index quintile	47.2	1 760
Lowest Second	47.3 58.5	1,768 1,527
Middle	68.3	1,327
Fourth	74.8	1,127
Highest	80.1	979
Total	63.3	6,712
	05.5	5,7 12

Note: Total includes one child age 48-59 months with missing information on supplements.

Mothers with a live birth in the five years preceding the survey were asked if they received iron and vitamin A supplementation in the two months after delivery. They were also asked whether during their last pregnancy they suffered from night blindness. Results in Table 10.9 show that less than half (45 percent) of these women received vitamin A supplements. Vitamin A supplementation varies little by the woman's characteristics, except education and region. While only 15 percent of women with no education received vitamin A supplements after giving birth, the corresponding proportion for women with college or higher education is 52 percent.

Variations across regions are also notable; while coverage of vitamin A supplementation is 50 percent or higher in NCR, Central Visayas, and SOCCSKSARGEN, it is less than 30 percent in Ilocos and ARMM.

Night blindness during pregnancy is reported by 8 percent of women; however, after adjusting for vision problems during the day, the figure drops to 2 percent. This problem has no clear pattern by the woman's characteristics. Night blindness is most often reported in CAR (4 percent) and least reported in Cagayan Valley, Zamboanga Peninsula, and SOCCSKSARGEN (less than 1 percent each).

Among women with a birth in the five years preceding the survey, 74 percent received iron supplements (Table 10.9). Two in five women took the iron supplementation for less than 60 days, and three in ten took them for 90 or more days. Coverage of iron supplementation across subgroups of women is similar to that of vitamin A supplementation.

Table 10.9 Micronutrient intake among mothers

Percentage of women with a birth in the five years preceding the survey who received a vitamin A dose in the first two months after delivery, percentage who suffered from night blindness during pregnancy, percentage who took iron tablets or syrup for specific number of days, by background characteristics, Philippines 2003

Second S	U U	Received	blindness	blindness	Number of days iron tablets/syrup taken during pregnancy					
2-20		vitamin A dose			None				know/	Number of women
20-24	Age at birth									
20-24	<20	42.9	8.3	2.3	24.2	39.7	5.4	27.1	3.6	387
30-34		43.2	7.6	1.9	21.8	40.5	6.9	28.2	2.6	1,219
30-34	25-29	44.7	5.8	1.8	21.5	36.4	6.7	31.6	3.8	1,270
Number of children ever born 1	30-34	49.0	8.8	3.1		39.1	5. <i>7</i>	30.5	2.7	1,003
Peter born	35-49	42.3	10.1	2.3	25.9	38.7	5.9	26.0	3.5	923
2-3										
4-5	1	43.2	7.0	1.6	17.6	34.8	7.3	36.6	3.7	1,192
Residence	2-3	47.2	7.0	2.3	20.0	39.2	6.0	31.3	3.5	1,902
Residence Urban 47.3 6.9 2.1 19.8 35.5 6.1 34.2 4.4 2,4 Rural 41.9 9.0 2.4 25.8 42.0 6.5 23.7 2.0 2,3 Region National Capital Region 55.3 6.1 1.7 22.9 34.9 3.8 30.0 8.3 7 Cordillera Admin Region 44.1 10.1 4.4 33.5 33.7 5.8 25.4 1.7 1.1 10.2 1.1	4-5	45.2	7.4	2.3	26.0	38.5	7.5	25.1	2.8	937
Urban 47.3 6.9 2.1 19.8 35.5 6.1 34.2 4.4 2.4 Region National Capital Region 55.3 6.1 1.7 22.9 34.9 3.8 30.0 8.3 7 Cordillera Admin Region 44.1 10.1 4.4 33.5 33.7 5.8 25.4 1.7 I - Llocos 28.5 2.8 2.3 22.2 40.7 4.6 30.7 1.8 2 II - Cagayan Valley 43.1 1.9 0.5 27.3 29.9 7.1 35.2 0.5 1.8 2 III - Central Luzon 38.5 5.8 2.4 18.3 35.0 7.1 35.2 0.5 1.8 1 IVA - CALABARZON 46.5 6.3 3.3 23.1 33.3 8.1 33.0 2.5 5 VB - Bicol 36.9 4.4 1.8 26.1 51.6 50.0 1.8 1 V - Bicol <td< td=""><td>6+</td><td>39.9</td><td>12.1</td><td>2.8</td><td>33.5</td><td>43.6</td><td>4.1</td><td>16.6</td><td>2.1</td><td>771</td></td<>	6+	39.9	12.1	2.8	33.5	43.6	4.1	16.6	2.1	771
Region National Capital Region 55.3 6.1 1.7 22.9 34.9 3.8 30.0 8.3 7	Residence									
Region National Capital Region 55.3 6.1 1.7 22.9 34.9 3.8 30.0 8.3 7		47.3	6.9	2.1	19.8	35.5	6.1	34.2	4.4	2,447
National Capital Region 55.3 6.1 1.7 22.9 34.9 3.8 30.0 8.3 7 Cordillera Admin Region 44.1 10.1 4.4 33.5 33.7 5.8 25.4 1.7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										2,355
National Capital Region 55.3 6.1 1.7 22.9 34.9 3.8 30.0 8.3 7 Cordillera Admin Region 44.1 10.1 4.4 33.5 33.7 5.8 25.4 1.7 1-1 locos 28.5 2.8 2.3 22.2 40.7 4.6 30.7 1.8 22 III - Cagayan Valley 43.1 1.9 0.5 27.3 29.9 7.1 35.2 0.5 11 III - Captral Luzon 38.5 5.8 2.4 18.3 35.0 7.1 36.7 2.8 4 IVA - CALABARZON 46.5 6.3 3.3 23.1 33.3 8.1 33.0 2.5 55 IVB - MIMAROPA 37.7 12.0 4.0 25.7 46.2 9.3 16.9 1.8 11 V- Bicol 36.9 4.4 1.8 26.1 51.6 5.0 14.0 3.3 2 VII - Central Visayas 48.7 15.5 1.8 14.9 44.9 8.6 23.7 7.9 3 VIII - Central Visayas 51.8 11.3 2.2 12.8 29.9 6.2 49.9 1.3 3 VIII - Eastern Visayas 41.1 12.4 2.2 26.0 47.5 7.8 17.2 1.5 2 IX - Zamboanga Peninsula 42.4 4.5 0.4 25.6 51.8 4.8 17.1 0.8 1 X - Northern Mindanao 40.8 10.5 2.5 19.0 41.5 6.5 31.8 1.3 2 XII - SOCCSKSARGEN 51.4 9.2 0.7 23.1 38.8 6.3 30.7 1.2 2 XIII - Caraga 49.0 13.0 3.6 11.2 35.6 7.6 44.7 0.9 1 ARMM 25.4 6.8 2.4 59.8 28.3 4.7 6.9 0.4 1 Mediana Visital School 45.9 7.2 1.9 21.4 41.2 6.0 28.3 3.1 2.0 College or higher 51.5 6.1 1.6 12.2 32.2 7.0 43.9 4.7 1.3 Second 42.5 8.5 2.6 24.4 44.9 6.8 21.6 2.3 1.0 Wealth index quintile Lowet 37.4 10.9 2.1 35.0 42.1 5.3 15.1 2.4 1,1 Second 42.5 8.5 2.6 24.4 44.9 6.8 21.6 2.3 1.0 Middle 45.9 7.6 3.2 18.9 42.6 6.0 29.5 3.0 9 Fourth 47.0 6.4 1.4 17.4 31.2 8.0 39.4 3.9 8	Region									
Cordillera Admin Region		55.3	6.1	1 7	22.9	34.9	3.8	30 O	8.3	724
1-										72 4 79
II - Cagayan Valley										220
III - Central Luzon 38.5 5.8 2.4 18.3 35.0 7.1 36.7 2.8 44 IVA - CALABARZON 46.5 6.3 3.3 23.1 33.3 8.1 33.0 2.5 5 IVB - MIMAROPA 37.7 12.0 4.0 25.7 46.2 9.3 16.9 1.8 11 V - Bicol 36.9 4.4 1.8 26.1 51.6 5.0 14.0 3.3 2 VI - Western Visayas 48.7 15.5 1.8 14.9 44.9 8.6 23.7 7.9 33 VII - Central Visayas 51.8 11.3 2.2 12.8 29.9 6.2 49.9 1.3 3 VIII - Eastern Visayas 41.1 12.4 2.2 26.0 47.5 7.8 17.2 1.5 22 IX - Zamboanga Peninsula 42.4 4.5 0.4 25.6 51.8 4.8 17.1 0.8 1 X - Northern Mindanao 40.8 10.5 2.5 19.0 41.5 6.5 31.8 1.3 2 XII - Davao 48.8 9.1 2.7 19.0 50.3 5.6 23.3 1.8 2 XIII - Caraga 49.0 13.0 3.6 11.2 35.6 7.6 44.7 0.9 1 ARMM 25.4 6.8 2.4 59.8 28.3 4.7 6.9 0.4 1 Education 14.7 8.3 1.5 69.6 20.1 0.0 7.4 2.9 Elementary 37.7 10.7 3.4 32.4 42.5 6.5 16.8 1.8 1.3 High school 45.9 7.2 1.9 21.4 41.2 6.0 28.3 3.1 2.0 College or higher 51.5 6.1 1.6 12.2 32.2 7.0 43.9 4.7 1.3 Wealth index quintile Lowest 37.4 10.9 2.1 35.0 42.1 5.3 15.1 2.4 1,1 Second 42.5 8.5 2.6 24.4 44.9 6.8 21.6 2.3 1.0 Middle 45.9 7.6 3.2 18.9 42.6 6.0 29.5 3.0 9 Fourth 47.0 6.4 1.4 17.4 31.2 8.0 39.4 3.9 8										169
IVA - CALABARZON										480
NB - MIMAROPA 37.7 12.0 4.0 25.7 46.2 9.3 16.9 1.8 1										595
V - Bicol 36.9 4.4 1.8 26.1 51.6 5.0 14.0 3.3 2 VI - Western Visayas 48.7 15.5 1.8 14.9 44.9 8.6 23.7 7.9 3 VII - Central Visayas 51.8 11.3 2.2 12.8 29.9 6.2 49.9 1.3 3 VIII - Eastern Visayas 41.1 12.4 2.2 26.0 47.5 7.8 17.2 1.5 2 IX - Zamboanga Peninsula 42.4 4.5 0.4 25.6 51.8 4.8 17.1 0.8 1 X - Northern Mindanao 40.8 10.5 2.5 19.0 41.5 6.5 31.8 1.3 2 XI - Davao 48.8 9.1 2.7 19.0 50.3 5.6 23.3 1.8 2 XII - SOCCSKSARGEN 51.4 9.2 0.7 23.1 38.8 6.3 30.7 1.2 2 XIII - Caraga 49.0 13.0 3.6 11.2 35.6 7.6 44.7 0.9 1 ARMM 25.4 6.8 2.4 59.8 28.3 4.7 6.9 0.4 1 Education No education 14.7 8.3 1.5 69.6 20.1 0.0 7.4 2.9 Elementary 37.7 10.7 3.4 32.4 42.5 6.5 16.8 1.8 1.3 Light school 45.9 7.2 1.9 21.4 41.2 6.0 28.3 3.1 2,0 College or higher 51.5 6.1 1.6 12.2 32.2 7.0 43.9 4.7 1,3 Wealth index quintile Lowest 37.4 10.9 2.1 35.0 42.1 5.3 15.1 2.4 1,1 Second 42.5 8.5 2.6 24.4 44.9 6.8 21.6 2.3 1,0 Middle 45.9 7.6 3.2 18.9 42.6 6.0 29.5 3.0 9 Fourth 47.0 6.4 1.4 17.4 31.2 8.0 39.4 3.9 8										155
VI - Western Visayas 48.7 15.5 1.8 14.9 44.9 8.6 23.7 7.9 3 VII - Central Visayas 51.8 11.3 2.2 12.8 29.9 6.2 49.9 1.3 3 VIII - Eastern Visayas 41.1 12.4 2.2 26.0 47.5 7.8 17.2 1.5 2 IX - Zamboanga Peninsula 42.4 4.5 0.4 25.6 51.8 4.8 17.1 0.8 1 X - Northern Mindanao 40.8 10.5 2.5 19.0 41.5 6.5 31.8 1.3 2 XI - Davao 48.8 9.1 2.7 19.0 50.3 5.6 23.3 1.8 2 XII - SOCCSKSARGEN 51.4 9.2 0.7 23.1 38.8 6.3 30.7 1.2 2 XIII - Caraga 49.0 13.0 3.6 11.2 35.6 7.6 44.7 0.9 1 ARMM 25.4 6.8 2.4 59.8 28.3 4.7 6.9 0.4 1 <										290
VII - Central Visayas 51.8 11.3 2.2 12.8 29.9 6.2 49.9 1.3 3 VIII - Eastern Visayas 41.1 12.4 2.2 26.0 47.5 7.8 17.2 1.5 2 IX - Zamboanga Peninsula 42.4 4.5 0.4 25.6 51.8 4.8 17.1 0.8 1 X - Northern Mindanao 40.8 10.5 2.5 19.0 41.5 6.5 31.8 1.3 2 XI - Davao 48.8 9.1 2.7 19.0 50.3 5.6 23.3 1.8 2 XII - SOCCSKSARGEN 51.4 9.2 0.7 23.1 38.8 6.3 30.7 1.2 2 XIII - Caraga 49.0 13.0 3.6 11.2 35.6 7.6 44.7 0.9 1 ARMM 25.4 6.8 2.4 59.8 28.3 4.7 6.9 0.4 1 Education No ed										324
VIII - Eastern Visayas 41.1 12.4 2.2 26.0 47.5 7.8 17.2 1.5 2 IX - Zamboanga Peninsula 42.4 4.5 0.4 25.6 51.8 4.8 17.1 0.8 1 X - Northern Mindanao 40.8 10.5 2.5 19.0 41.5 6.5 31.8 1.3 2 XI - Davao 48.8 9.1 2.7 19.0 50.3 5.6 23.3 1.8 2 XI - SOCCSKSARGEN 51.4 9.2 0.7 23.1 38.8 6.3 30.7 1.2 2 XIII - Caraga 49.0 13.0 3.6 11.2 35.6 7.6 44.7 0.9 1 ARMM 25.4 6.8 2.4 59.8 28.3 4.7 6.9 0.4 1 Education No education 14.7 8.3 1.5 69.6 20.1 0.0 7.4 2.9 Elementary 37.7 10.7 3.4 32.4 42.5 6.5 16.8 1.8 1,3 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>359</td>										359
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High school 45.9 7.2 1.9 21.4 41.2 6.0 28.3 3.1 2,0 College or higher 51.5 6.1 1.6 12.2 32.2 7.0 43.9 4.7 1,3 Wealth index quintile Lowest 37.4 10.9 2.1 35.0 42.1 5.3 15.1 2.4 1,1 Second 42.5 8.5 2.6 24.4 44.9 6.8 21.6 2.3 1,0 Middle 45.9 7.6 3.2 18.9 42.6 6.0 29.5 3.0 9 Fourth 47.0 6.4 1.4 17.4 31.2 8.0 39.4 3.9 8										
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Lowest 37.4 10.9 2.1 35.0 42.1 5.3 15.1 2.4 1,1 Second 42.5 8.5 2.6 24.4 44.9 6.8 21.6 2.3 1,0 Middle 45.9 7.6 3.2 18.9 42.6 6.0 29.5 3.0 9 Fourth 47.0 6.4 1.4 17.4 31.2 8.0 39.4 3.9 8	Waslth index quintile									
Second 42.5 8.5 2.6 24.4 44.9 6.8 21.6 2.3 1,0 Middle 45.9 7.6 3.2 18.9 42.6 6.0 29.5 3.0 9 Fourth 47.0 6.4 1.4 17.4 31.2 8.0 39.4 3.9 8		27.4	10.0	2.1	25.0	42.1	5.0	151	2.4	1,162
Middle 45.9 7.6 3.2 18.9 42.6 6.0 29.5 3.0 9 Fourth 47.0 6.4 1.4 17.4 31.2 8.0 39.4 3.9 8										1,162 1,065
Fourth 47.0 6.4 1.4 17.4 31.2 8.0 39.4 3.9 8										
										944 863
										768
Total 44.6 7.9 2.2 22.8 38.7 6.3 29.1 3.2 4,8	Total	44.6	7.9	2.2	22.8	38.7	6.3	29.1	3.2	4,802

Note: For women with two or more live births in the five-year period, data refer to the most recent birth.

¹ In the first two months after delivery

² Women who reported night blindness but did not report difficulty with vision during the day

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 institutionalized in the Department of Health. This is a passive surveillance system established in 1987 which continuously logs Western Blot-confirmed HIV cases reported by hospitals, laboratories, blood banks and clinics, analyzes the case profiles and monitors the progression of the disease. In 1993, the National HIV/AIDS Sentinel Surveillance System (NHSSS) was established in the Department of Health with funding from the United States Agency for International Development (USAID) through the AIDS Surveillance and Education Project (ASEP). Technical assistance was received from the World Health Organization (WHO). The NHSSS has two components, the Serologic Surveillance System and the Behavioral Surveillance System. The NHSSS objectives include detecting increases in HIV seroprevalence, identifying risk practices, and helping policy-makers to arrive at informed decisions. Both the serologic and behavioral surveillance target the high risk groups: sex workers, men having sex with men, and injecting drug users.

In 2003, the Sentinel Sexually Transmitted Infections (STI) Etiologic Surveillance System was established in 11 sites to monitor seven sexually transmitted diseases: gonorrhea, non-gonococcal infection, trichomoniasis, bacterial vaginosis, syphilis, genital warts, and genital herpes.

This chapter presents findings about current levels of knowledge on AIDS-related issues, such as transmission and prevention, stigma, and discrimination against people with HIV/AIDS. Knowledge of and experience with other sexually transmitted infections that may be cofactors in HIV transmission are also discussed. The chapter concludes by providing information on knowledge of and access to condoms.

11.1 KNOWLEDGE OF HIV/AIDS

Table 11.1 shows the percentage of women and men who have heard of AIDS and who believe there is a way to avoid HIV or AIDS, by background characteristics. The vast majority of the 2003 NDHS respondents have heard of AIDS (95-96 percent).

In general, there are only small differences in the level of knowledge of HIV/AIDS between women and men (Figure 11.1). Knowledge also varies little by respondent's age, marital status, and residence (urban-rural). However, there are substantial differences by respondent's region, education, and wealth status. The most striking difference is by the level of education: while practically all women and men with college or higher education reported having heard of HIV/AIDS, the corresponding proportion for those with no education is only 56 percent for women and 60 percent for men. Respondents in the lowest (poorest) wealth quintile are much less likely than those in the higher quintiles to have heard of HIV/AIDS. For women, 85 percent of women in the lowest quintile reported having heard of HIV/AIDS compared with 95 percent or higher of women in the second and higher quintiles.

In all regions but ARMM, and among men in MIMAROPA, 90 percent or more of women and men have heard of HIV/AIDS. In ARMM, only 75 percent of women and 51 percent of men responded positively to the question on knowledge of HIV/AIDS.

Table 11.1 Knowledge of AIDS

Percentage of women and men who have heard of AIDS and who believe there is a way to avoid HIV/AIDS, by background characteristics, Philippines 2003

		Women			Men	
Background	Has heard of	Believes there is a way to avoid	Number of	Has heard	Believes there is a way to avoid	Numbe of
characteristic	AIDS	HIV/AIDS	women	of AIDS	HIV/AIDS	men
Age						
15-19	93.1	83.6	2,648	93.3	84.7	918
20-24	95.3	90.0	2,209	96.4	90.9	785
25-29	95.6	90.5	2,034	96.6	91.9	647
30-39	96.5	90.0	3,827	96.3	91.0	1,179
40-49	95.1	87.3	2,915	96.0	88.6	899
50-54	na	na	0	95.2	88.6	338
Marital status						
Never married, ever had sex Never married, never had	92.8	86.7	225	97.2	91.6	626
sex	94.9	87.7	4,163	93.8	85.5	1,288
Married/living together	95.5	88.7	8,671	96.0	90.6	2,746
Divorced/not living together	95.0	89.5	373	100.0	87.3	88
Widowed	91.4	80.5	201	*	*	17
Residence						
Urban	96.6	90.8	7,877	96.9	92.7	2,553
Rural	93.3	84.8	5,756	94.2	85.4	2,213
Region						
National Capital Region	95.9	91.1	2,387	98.3	93.0	740
Cordillera Admin Region	90.4	77.2	216	93.2	84.3	740
I - Ilocos	95.0	87.3	642	97.9	89.2	232
II - Cagayan Valley	96.5	92.0	426	96.1	81.6	163
III - Cagayari Variey	97.3	91.0	1,459	97.1	93.1	520
IVA - CALABARZON	97.3 97.8	93.4	1,439	99.0	95.7	652
IVB - MIMAROPA	91.5	83.7	340	86.5	77.4	119
V - Bicol	95.6	86.0	713	96.8	85.5	236
VI - Western Visayas	96.9	87.2	910	97.8	87.7	322
,			1,070	96.0	90.5	
VII - Central Visayas	95.6	85.1	,			373
VIII - Eastern Visayas	96.4	91.3	555	97.4	93.2	229
IX - Zamboanga Peninsula	91.3	84.2	465	95.9	90.0	189
X - Northern Mindanao	95.9	83.8	565	98.2	88.8	202
XI - Davao	97.6	90.5	654	98.1	92.4	212
XII - SOCCSKSARGEN	91.7	83.4	524	96.5	86.8	216
XIII - Caraga	98.2	95.6	327	99.0	97.0	125
ARMM	75.0	67.3	489	51.4	46.7	166
Education						
No education	56.3	41.3	186	60.0	47.8	84
Elementary	88.9	75.6	3,146	92.5	80.8	1,441
High school	96.7	89.8	6,109	97.3	92.3	2,048
College or higher	99.4	97.6	4,192	99.1	97.3	1,193
Wealth index quintile						
Lowest	84.5	71.6	2,161	85.4	75.0	884
Second	94.5	86.0	2,412	97.0	89.0	937
Middle	98.0	91.3	2,682	98.2	91.7	992
Fourth	97.8	93.2	2,940	97.8	93.4	957
Highest	98.0	93.8	3,438	98.9	95.7	996
Total	95.2	88.3	13,633	95.6	89.3	4,766

Note: An asterisk indicates that an estimate is based on fewer than 25 cases and has been suppressed. $na = Not \ applicable$

The second indicator for HIV/AIDS knowledge presented in Table 11.1 refers to the belief about ways to avoid getting HIV/AIDS. Findings show that, overall, 88 percent of women and 89 percent of men say that HIV infection can be avoided. In general, the patterns for this indicator are similar to those for general knowledge and awareness of AIDS. Differences in the belief that there is a way to avoid HIV/AIDS are more pronounced by the respondent's level of education. For example, 98 percent of women with college or higher education believe that there is a way to avoid getting the AIDS virus, compared with 41 percent of women with no education.

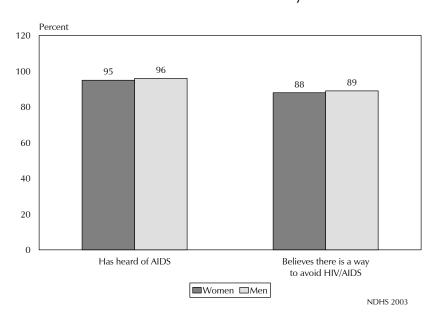


Figure 11.1 Percentage of Men and Women Who Have Heard of AIDS and Who Believe There Is a Way to Avoid HIV/AIDS

11.2 KNOWLEDGE OF WAYS TO AVOID HIV/AIDS

In the 2003 NDHS, information on knowledge of ways to avoid HIV infection was collected in two ways: first, if a respondent reported that AIDS could be avoided, an open-ended question was asked about how "a person could avoid getting the AIDS virus." Respondents were allowed to give all the ways to avoid HIV/AIDS that they knew of spontaneously. Next, women and men were asked specific questions on whether limiting their sexual activity to just one partner and (in a separate question) condom use can reduce their chances of getting AIDS.

Table 11.2 presents the results of the prompted questions, that people can reduce the risk of getting the AIDS virus by using condoms or by having sex with just one uninfected partner who has no other partners, by background characteristics.

Knowledge of HIV prevention methods is moderate; 48 percent of women and 62 percent of men know that condom use is a prevention method. Knowledge that limiting sex to only one uninfected partner can reduce the risk of getting HIV is higher (77 percent for women and men). Forty-five percent of women and 56 percent of men know of both preventive measures.

Table 11.2 Knowledge of HIV prevention methods

Percentage of women and men age 15-49 who, in response to a prompted question, say that people can reduce the risk of getting the AIDS virus by using condoms and by having sex with just one partner who is not infected and who has no other partners, by background characteristics, Philippines 2003

Limiting sex con to one limi Background Using uninfected one	Women			Men				
15-19 40.8 67.9 20-24 47.5 78.0 25-29 50.3 80.1 30-39 52.3 81.4 40-49 49.8 78.4 15-24 43.8 72.5 Marital status Never married 44.7 73.1 Ever had sex 49.1 75.0 Never had sex 44.5 73.0 Married/living together 50.3 79.6 Divorced/separated/widowed 48.7 77.3 Residence Urban 49.7 79.3 Rural 46.7 74.8 Region National Capital Region 45.8 80.4 Cordillera Admin Region 49.7 72.0 1 - Ilocos 55.4 75.8 II - Cagayan Valley 50.2 87.2 III - Central Luzon 58.7 81.5 IVA - CALABARZON 47.0 79.9 IVB - MIMAROPA 43.8 71.1 <th>uninfected</th> <th>Number of women</th> <th>Using condoms</th> <th>to one</th> <th>Using condoms and limiting sex to one uninfected partner</th> <th>Number of men</th>	uninfected	Number of women	Using condoms	to one	Using condoms and limiting sex to one uninfected partner	Number of men		
20-24	26.2	2.640	FF 7	67.4	47.7	010		
25-29	36.3 43.2	2,648	55.7 63.4	67.4	47.7	918 785		
30-39	46.5	2,209 2,034	64.9	76.9 80.3	56.5 59.9	763 647		
40-49	49.1	3,827	66.3	80.9	60.6	1,179		
Marital status Never married 44.7 73.1	46.3	2,915	61.3	79.4	56.2	899		
Never married 44.7 73.1 Ever had sex 49.1 75.0 Never had sex 44.5 73.0 Married/living together 50.3 79.6 Divorced/separated/widowed 48.7 77.3 Residence Urban 49.7 79.3 Rural 46.7 74.8 Region Validational Capital Region 45.8 80.4 Cordillera Admin Region 49.7 72.0 I - Ilocos 55.4 75.8 II - Cagayan Valley 50.2 87.2 III - Central Luzon 58.7 81.5 IVA - CALABARZON 47.0 79.9 IVB - MIMAROPA 43.8 71.1 V - Bicol 48.2 76.9 VI - Western Visayas 41.5 75.8 VII - Central Visayas 41.5 75.8 VII - Central Visayas 43.3 76.6 IX - Zamboanga Peninsula 47.5 72.7 X - Northern Mindanao 47.9 72.9 XI - Davao 61.2 82.4	39.4	4,856	59.3	71.8	51.7	1,702		
Never married 44.7 73.1 Ever had sex 49.1 75.0 Never had sex 44.5 73.0 Married/living together 50.3 79.6 Divorced/separated/widowed 48.7 77.3 Residence Urban 49.7 79.3 Rural 46.7 74.8 Region Validational Capital Region 45.8 80.4 Cordillera Admin Region 49.7 72.0 I - Ilocos 55.4 75.8 II - Cagayan Valley 50.2 87.2 III - Central Luzon 58.7 81.5 IVA - CALABARZON 47.0 79.9 IVB - MIMAROPA 43.8 71.1 V - Bicol 48.2 76.9 VI - Western Visayas 41.5 75.8 VII - Central Visayas 41.5 75.8 VII - Central Visayas 43.3 76.6 IX - Zamboanga Peninsula 47.5 72.7 X - Northern Mindanao 47.9 72.9 XI - Davao 61.2 82.4								
Ever had sex	40.2	4,388	60.5	71.7	52.9	1,899		
Married/living together Divorced/separated/widowed 50.3 79.6 Divorced/separated/widowed 48.7 77.3 Residence Urban Rural 49.7 79.3 Region 46.7 74.8 Region Admin Region April April Admin Region April	46.2	225	69.1	75.0	59.3	619		
Divorced/separated/widowed 48.7 77.3 Residence Urban 49.7 79.3 Rural 46.7 74.8 Region National Capital Region 45.8 80.4 Cordillera Admin Region 49.7 72.0 I - Ilocos 55.4 75.8 II - Cagayan Valley 50.2 87.2 III - Central Luzon 58.7 81.5 IVA - CALABARZON 47.0 79.9 IVB - MIMAROPA 43.8 71.1 V - Bicol 48.2 76.9 VI - Western Visayas 41.5 75.8 VII - Central Visayas 50.5 70.7 VIII - Eastern Visayas 43.3 76.6 IX - Zamboanga Peninsula 47.5 72.7 X - Northern Mindanao 47.9 72.9 XI - Davao 61.2 82.4 XIII - SOCCSKSARGEN 38.2 74.4 XIII - Caraga 58.3 85.8 ARMM 31.4 61.3 Education 15	39.9	4,163	56.4	70.2	49.8	1,280		
Residence Urban 49.7 79.3 Rural 46.7 74.8 Region National Capital Region 45.8 80.4 Cordillera Admin Region 49.7 72.0 I - Ilocos 55.4 75.8 II - Cagayan Valley 50.2 87.2 III - Central Luzon 58.7 81.5 IVA - CALABARZON 47.0 79.9 IVB - MIMAROPA 43.8 71.1 V - Bicol 48.2 76.9 VI - Western Visayas 41.5 75.8 VII - Central Visayas 50.5 70.7 VIII - Eastern Visayas 43.3 76.6 IX - Zamboanga Peninsula 47.5 72.7 X - Northern Mindanao 47.9 72.9 XI - Davao 61.2 82.4 XII - SOCCSKSARGEN 38.2 74.4 XIII - Caraga 58.3 85.8 ARMM 31.4 61.3 Education No education 15.4 30.9 Elementary 40.1	46.9	8,671	63.6	81.1	58.4	2,440		
Urban Rural 49.7 74.8 Rural 46.7 74.8 Region National Capital Region 45.8 80.4 Cordillera Admin Region 49.7 72.0 I - Ilocos 55.4 75.8 II - Cagayan Valley 50.2 87.2 III - Central Luzon 58.7 81.5 IVA - CALABARZON 47.0 79.9 IVB - MIMAROPA 43.8 71.1 V - Bicol 48.2 76.9 VI - Western Visayas 41.5 75.8 VII - Central Visayas 50.5 70.7 VIII - Eastern Visayas 43.3 76.6 IX - Zamboanga Peninsula 47.5 72.7 X - Northern Mindanao 47.9 72.9 XI - Davao 61.2 82.4 XIII - SOCCSKSARGEN 38.2 74.4 XIII - Caraga 58.3 85.8 ARMM 31.4 61.3 Education Iementary 40.1 65.2 High school 47.6 77.8 College or higher 57.3 88.0 Wealth index quintile Lowest 36.1 61.0 Second 45.7 75.2 Middle 50.7 79.5	45.3	574	69.6	77.2	64.0	88		
Region Ational Capital Region 45.8 80.4 Cordillera Admin Region 49.7 72.0 I - Ilocos 55.4 75.8 II - Cagayan Valley 50.2 87.2 III - Central Luzon 58.7 81.5 IVA - CALABARZON 47.0 79.9 IVB - MIMAROPA 43.8 71.1 V - Bicol 48.2 76.9 VI - Western Visayas 41.5 75.8 VII - Central Visayas 50.5 70.7 VIII - Eastern Visayas 43.3 76.6 IX - Zamboanga Peninsula 47.5 72.7 X - Northern Mindanao 47.9 72.9 XI - Davao 61.2 82.4 XIII - SOCCSKSARGEN 38.2 74.4 XIII - Caraga 58.3 85.8 ARMM 31.4 61.3 Education Islementary 40.1 65.2 High school 47.6 77.8 College or higher 57.3 88.0 Wealth index quintile Lowest 36.1 61								
Region National Capital Region 45.8 80.4 Cordillera Admin Region 49.7 72.0 I - Ilocos 55.4 75.8 II - Cagayan Valley 50.2 87.2 III - Central Luzon 58.7 81.5 IVA - CALABARZON 47.0 79.9 IVB - MIMAROPA 43.8 71.1 V - Bicol 48.2 76.9 VI - Western Visayas 41.5 75.8 VII - Central Visayas 50.5 70.7 VIII - Eastern Visayas 43.3 76.6 IX - Zamboanga Peninsula 47.5 72.7 X - Northern Mindanao 47.9 72.9 XI - Davao 61.2 82.4 XIII - SOCCSKSARGEN 38.2 74.4 XIII - Caraga 58.3 85.8 ARMM 31.4 61.3 Education No education 15.4 30.9 Elementary 40.1 65.2 High school 47.6 77.8 College or higher 57.3 88.0	45.7	7,877	64.4	78.8	57.1	2,376		
National Capital Region 45.8 80.4 Cordillera Admin Region 49.7 72.0 I - Ilocos 55.4 75.8 II - Cagayan Valley 50.2 87.2 III - Central Luzon 58.7 81.5 IVA - CALABARZON 47.0 79.9 IVB - MIMAROPA 43.8 71.1 V - Bicol 48.2 76.9 VI - Western Visayas 41.5 75.8 VII - Central Visayas 50.5 70.7 VIII - Eastern Visayas 43.3 76.6 IX - Zamboanga Peninsula 47.5 72.7 X - Northern Mindanao 47.9 72.9 XI - Davao 61.2 82.4 XII - SOCCSKSARGEN 38.2 74.4 XIII - Caraga 58.3 85.8 ARMM 31.4 61.3 Education 15.4 30.9 Elementary 40.1 65.2 High school 47.6 77.8 College or higher 57.3 88.0 Wealth index quintile 50.7 79.5 Fourth	43.3	5,756	60.0	74.9	55.1	2,052		
Cordillera Admin Region 49.7 72.0 I - Ilocos 55.4 75.8 II - Cagayan Valley 50.2 87.2 III - Central Luzon 58.7 81.5 IVA - CALABARZON 47.0 79.9 IVB - MIMAROPA 43.8 71.1 V - Bicol 48.2 76.9 VI - Western Visayas 41.5 75.8 VII - Central Visayas 50.5 70.7 VIII - Eastern Visayas 43.3 76.6 IX - Zamboanga Peninsula 47.5 72.7 X - Northern Mindanao 47.9 72.9 XI - Davao 61.2 82.4 XII - SOCCSKSARGEN 38.2 74.4 XIII - Caraga 58.3 85.8 ARMM 31.4 61.3 Education I Seducation 15.4 30.9 Elementary 40.1 65.2 High school 47.6 77.8 College or higher 57.3 88.0 Wealth index quintile Lowest 36.1 61.0 <								
I - Ilocos	42.4	2,387	54.5	75.7	45.8	699		
II - Cagayan Valley	46.8	216	64.6	79.8	61.4	66		
III - Central Luzon	51.3	642	71.7	83.1	68.0	213		
IVA - CALABARZON 47.0 79.9 IVB - MIMAROPA 43.8 71.1 V - Bicol 48.2 76.9 VI - Western Visayas 41.5 75.8 VII - Central Visayas 50.5 70.7 VIII - Eastern Visayas 43.3 76.6 IX - Zamboanga Peninsula 47.5 72.7 X - Northern Mindanao 47.9 72.9 XI - Davao 61.2 82.4 XII - SOCCSKSARGEN 38.2 74.4 XIII - Caraga 58.3 85.8 ARMM 31.4 61.3 Education No education 15.4 30.9 Elementary 40.1 65.2 High school 47.6 77.8 College or higher 57.3 88.0 Wealth index quintile 50.7 79.5 Middle 50.7 79.5 Fourth 52.6 81.9	47.2	426	48.8	73.2	45.3	147		
IVB - MIMAROPA 43.8 71.1 V - Bicol 48.2 76.9 VI - Western Visayas 41.5 75.8 VII - Central Visayas 50.5 70.7 VIII - Eastern Visayas 43.3 76.6 IX - Zamboanga Peninsula 47.5 72.7 X - Northern Mindanao 47.9 72.9 XI - Davao 61.2 82.4 XII - SOCCSKSARGEN 38.2 74.4 XIII - Caraga 58.3 85.8 ARMM 31.4 61.3 Education No education 15.4 30.9 Elementary 40.1 65.2 High school 47.6 77.8 College or higher 57.3 88.0 Wealth index quintile Lowest 36.1 61.0 Second 45.7 75.2 Middle 50.7 79.5 Fourth 52.6 81.9	54.0	1,459	68.2	84.6	63.9	481		
V - Bicol 48.2 76.9 VI - Western Visayas 41.5 75.8 VII - Central Visayas 50.5 70.7 VIII - Eastern Visayas 43.3 76.6 IX - Zamboanga Peninsula 47.5 72.7 X - Northern Mindanao 47.9 72.9 XI - Davao 61.2 82.4 XII - SOCCSKSARGEN 38.2 74.4 XIII - Caraga 58.3 85.8 ARMM 31.4 61.3 Education No education 15.4 30.9 Elementary 40.1 65.2 High school 47.6 77.8 College or higher 57.3 88.0 Wealth index quintile 50.7 75.2 Middle 50.7 79.5 Fourth 52.6 81.9	42.3	1,890	68.4	75.8	56.4	608		
VI - Western Visayas 41.5 75.8 VII - Central Visayas 50.5 70.7 VIII - Eastern Visayas 43.3 76.6 IX - Zamboanga Peninsula 47.5 72.7 X - Northern Mindanao 47.9 72.9 XI - Davao 61.2 82.4 XII - SOCCSKSARGEN 38.2 74.4 XIII - Caraga 58.3 85.8 ARMM 31.4 61.3 Education No education 15.4 30.9 Elementary 40.1 65.2 High school 47.6 77.8 College or higher 57.3 88.0 Wealth index quintile Second 45.7 75.2 Middle 50.7 79.5 Fourth 52.6 81.9	38.4	340	50.0	58.9	40.2	108		
VII - Central Visayas 50.5 70.7 VIII - Eastern Visayas 43.3 76.6 IX - Zamboanga Peninsula 47.5 72.7 X - Northern Mindanao 47.9 72.9 XI - Davao 61.2 82.4 XII - SOCCSKSARGEN 38.2 74.4 XIII - Caraga 58.3 85.8 ARMM 31.4 61.3 Education No education 15.4 30.9 Elementary 40.1 65.2 High school 47.6 77.8 College or higher 57.3 88.0 Wealth index quintile 50.7 75.2 Middle 50.7 79.5 Fourth 52.6 81.9	45.4	713	74.1	75.1	67.0	220		
VIII - Eastern Visayas 43.3 76.6 IX - Zamboanga Peninsula 47.5 72.7 X - Northern Mindanao 47.9 72.9 XI - Davao 61.2 82.4 XII - SOCCSKSARGEN 38.2 74.4 XIII - Caraga 58.3 85.8 ARMM 31.4 61.3 Education No education 15.4 30.9 Elementary 40.1 65.2 High school 47.6 77.8 College or higher 57.3 88.0 Wealth index quintile Lowest 36.1 61.0 Second 45.7 75.2 Middle 50.7 79.5 Fourth 52.6 81.9	37.7	910	56.4	77.7	52.6	295		
IX - Zamboanga Peninsula	45.9	1,070	65.9	76.5	58.2	354		
X - Northern Mindanao 47.9 72.9 XI - Davao 61.2 82.4 XII - SOCCSKSARGEN 38.2 74.4 XIII - Caraga 58.3 85.8 ARMM 31.4 61.3 Education No education 15.4 30.9 Elementary 40.1 65.2 High school 47.6 77.8 College or higher 57.3 88.0 Wealth index quintile Lowest 36.1 61.0 Second 45.7 75.2 Middle 50.7 79.5 Fourth 52.6 81.9	40.0	555	64.4 80.3	84.2	61.1	208		
XI - Davao 61.2 82.4 XII - SOCCSKSARGEN 38.2 74.4 XIII - Caraga 58.3 85.8 ARMM 31.4 61.3 Education No education 15.4 30.9 Elementary 40.1 65.2 High school 47.6 77.8 College or higher 57.3 88.0 Wealth index quintile Lowest 36.1 61.0 Second 45.7 75.2 Middle 50.7 79.5 Fourth 52.6 81.9	44.9 43.3	465 565	62.3	87.1 75.0	77.8 58.0	174 187		
XII - SOCCSKSARGEN 38.2 74.4 XIII - Caraga 58.3 85.8 ARMM 31.4 61.3 Education No education 15.4 30.9 Elementary 40.1 65.2 High school 47.6 77.8 College or higher 57.3 88.0 Wealth index quintile Lowest 36.1 61.0 Second 45.7 75.2 Middle 50.7 79.5 Fourth 52.6 81.9	57.8	654	69.6	80.7	64.9	191		
XIII - Caraga 58.3 85.8 ARMM 31.4 61.3 Education No education 15.4 30.9 Elementary 40.1 65.2 High school 47.6 77.8 College or higher 57.3 88.0 Wealth index quintile Lowest 36.1 61.0 Second 45.7 75.2 Middle 50.7 79.5 Fourth 52.6 81.9	35.9	524	43.4	73.5	38.8	204		
ARMM 31.4 61.3 Education No education 15.4 30.9 Elementary 40.1 65.2 High school 47.6 77.8 College or higher 57.3 88.0 Wealth index quintile Lowest 36.1 61.0 Second 45.7 75.2 Middle 50.7 79.5 Fourth 52.6 81.9	56.2	327	67.3	86.9	64.2	113		
No education 15.4 30.9 Elementary 40.1 65.2 High school 47.6 77.8 College or higher 57.3 88.0 Wealth index quintile Lowest 36.1 61.0 Second 45.7 75.2 Middle 50.7 79.5 Fourth 52.6 81.9	29.8	489	41.3	47.4	41.3	159		
No education 15.4 30.9 Elementary 40.1 65.2 High school 47.6 77.8 College or higher 57.3 88.0 Wealth index quintile Lowest 36.1 61.0 Second 45.7 75.2 Middle 50.7 79.5 Fourth 52.6 81.9								
Elementary 40.1 65.2 High school 47.6 77.8 College or higher 57.3 88.0 Wealth index quintile Lowest 36.1 61.0 Second 45.7 75.2 Middle 50.7 79.5 Fourth 52.6 81.9	13.2	186	24.0	36.6	21.9	74		
High school 47.6 77.8 College or higher 57.3 88.0 Wealth index quintile Lowest 36.1 61.0 Second 45.7 75.2 Middle 50.7 79.5 Fourth 52.6 81.9	36.8	3,146	52.2	69.1	47.6	1,273		
Wealth index quintile Lowest 36.1 61.0 Second 45.7 75.2 Middle 50.7 79.5 Fourth 52.6 81.9	43.5	6,109	65.1	79.2	58.3	1,957		
Lowest 36.1 61.0 Second 45.7 75.2 Middle 50.7 79.5 Fourth 52.6 81.9	53.7	4,192	71.6	84.7	64.4	1,124		
Lowest 36.1 61.0 Second 45.7 75.2 Middle 50.7 79.5 Fourth 52.6 81.9								
Second 45.7 75.2 Middle 50.7 79.5 Fourth 52.6 81.9	32.9	2,161	50.9	64.6	46.4	825		
Fourth 52.6 81.9	42.2	2,412	61.2	79.2	56.6	876		
	45.9	2,682	62.1	77.4	55.0	918		
Highest 52.8 83.8	48.8	2,940	68.1	79.7	61.2	894		
	49.4	3,438	68.5	83.0	60.9	915		
Total 48.4 77.4	44.7	13,633	62.4	77.0	56.2	4,428		
Total men 15 - 54 na na	na	na	62.4	77.2	56.4	4,766		

Knowledge of HIV prevention is higher among urban respondents, better educated, and respondents in higher wealth quintiles. Regional variations in the use of condoms for HIV prevention range from 31 percent in ARMM to 61 percent in Davao among women, and from 41 percent in ARMM to 80 percent in Zamboanga Peninsula among men. For both women and men, knowledge of HIV prevention rises with age until age 39.

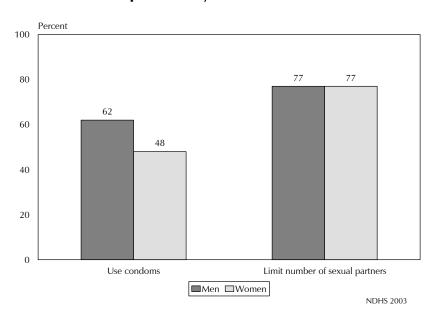


Figure 11.2 Percentage of Men and Women Who Know of Two **Specific Ways to Avoid HIV/AIDS**

BELIEFS ABOUT AIDS 11.3

Misconceptions about AIDS and HIV transmission is one of the factors that contributes to discrimination and stigmatisation. The 2003 NDHS asked respondents about common misconceptions in the Philippines. Respondents were asked whether AIDS can be transmitted by mosquito bites; whether AIDS can be transmitted by supernatural means; and whether a person can be infected through sharing food with a person who has AIDS. The results are presented in Tables 11.3.1 for women and 11.3.2 for men, by background characteristics.

Six in ten women and men know that AIDS cannot be transmitted through mosquito bites. A higher percentage believes AIDS cannot be transmitted by supernatural means (four in five women and men). However, smaller proportions of women and men (53 and 44 percent, respectively) know that a person cannot become infected with HIV/AIDS by sharing food with someone who has AIDS. Only 36 percent of women and 30 percent of men correctly rejected the two most common misconceptions about AIDS (i.e., that AIDS is transmitted by mosquito bites and by sharing food with a person who has AIDS). These figures demonstrate that misconceptions about AIDS transmission remain high in the Philippines.

Among men, urban residents are less likely to have misconceptions about HIV/AIDS transmission than rural residents; however, the proportions among women are almost the same. Regional variations are notable, with correct beliefs regarding the two most common misconceptions ranging among women from 9 percent in Central Luzon to 73 percent in Cagayan Valley, and among men from 2 percent in ARMM to 47 percent in NCR. Better educated respondents and those in the higher wealth quintiles are more likely to have correct beliefs than other respondents.

Table 11.3.1 Beliefs about AIDS: women

Percentage of women age 15-49 who, in response to a prompted question, correctly rejected local misconceptions about AIDS transmission or prevention, by background characteristics, Philippines 2003

	Percentage o	of respondents wh	o know that:		
Background characteristic	AIDS cannot be transmitted by mosquito bites	AIDS cannot be transmitted by supernatural means	A person cannot become infected by sharing food with person with AIDS	Percentage who correctly rejected the two most common misconceptions	Number of women
Age					
15-19	58.1	75.4	45.6	33.7	2,648
20-24	62.2	83.0	56.8	36.8	2,209
25-29 30-39	62.6 59.3	84.0 81.1	57.6 55.8	39.6 37.6	2,034 3,827
40-49	58.5	76.3	55.6 51.6	33.3	2,915
15-24	60.0	78.8	50.7	35.1	4,856
l					•
Marital status Never married	62.5	81.0	53.5	36.8	4,388
Ever had sex	64.1	81.7	55.4	48.2	225
Never had sex	62.4	80.9	53.4	36.2	4,163
Married/living together	58.6	79.2	53.2	35.8	8,671
Divorced/separated/widowed	59.1	77.5	53.4	34.1	574
Residence					
Urban	63.8	84.1	59.0	35.7	7,877
Rural	54.5	73.6	45.6	36.6	5,756
Region					
National Capital Region	68.9	86.3	65.6	43.5	2,387
Cordillera Admin Region	58.3	70.6	53.3	49.7	216
I - Ilocos	51.0	71.6	38.0	38.1	642
II - Cagayan Valley	77.5	88.9	60.0	73.4	426
III - Central Luzon	61.9	85.5	61.8	9.0	1,459
IVA - CALABARZON	64.3	87.4	62.2	10.1	1,890
IVB - MIMAROPA V - Bicol	53.2 47.6	73.4 66.9	44.2 35.1	13.6 32.5	340 713
V - BICOI VI - Western Visayas	42.3	66.2	44.2	34.5	910
VII - Central Visayas	55.6	77.8	43.4	54.3 51.3	1,070
VIII - Eastern Visayas	62.4	79.8	60.7	53.8	555
IX - Zamboanga Peninsula	71.3	83.5	61.1	69.2	465
X - Northern Mindanao	50.0	72.2	40.1	43.7	565
XI - Davao	56.8	81.2	53.0	51.1	654
XII - SOCCSKSARGEN	61.1	77.6	46.4	45.2	524
XIII - Caraga	66.7	89.8	56.5	58.9	327
ARMM	49.5	58.0	25.3	25.2	489
Education					
No education	20.7	32.3	17.8	11.6	186
Elementary	46.1	62.4	36.6	28.7	3,146
High school College or higher	60.4 71.1	80.8 93.2	51.7 69.9	35.7 43.3	6,109 4,192
College or higher	71.1	93.4	09.9	45.5	4,134
Wealth index quintile	44.2	50.2	22.2	24.0	2.161
Lowest	44.2	59.3	33.3	31.8	2,161
Second Middle	55.5 60.6	73.2 82.5	44.5 53.3	36.8 35.8	2,412 2,682
Fourth	64.4	86.3	59.3	36.9	2,002
Highest	68.3	89.2	67.1	37.8	3,438
Total	59.9	79.7	53.3	36.1	13,633
l 					

 $^{^{1}}$ The two most common local misconceptions involve transmission by mosquito bites and by sharing food with a person who has AIDS (both country specific).

Table 11.3.2 Beliefs about AIDS: men

Percentage of men age 15-49 who, in response to a prompted question, correctly rejected local misconceptions about AIDS transmission or prevention, by background characteristics, Philippines 2003

	Percentage o	f respondents wh	o know that:		
Background characteristic	AIDS cannot be transmitted by mosquito bites	AIDS cannot be transmitted by supernatural means	A person cannot become infected by sharing food with a person with AIDS	Percentage who correctly rejected the two most common misconceptions	Number of men
Age					
15-19	55.3	76.2	39.8	26.0	918
20-24	60.9	84.4	46.2	31.5	785
25-29	62.1	85.7	47.5	34.0	647
30-39	56.0	81.2	45.6	30.0	1,179
40-49	56.8	78.9	44.1	29.9	899
15-24	57.9	80.0	42.8	28.5	1,702
Marital status					
Never married	58.5	80.2	44.9	30.4	1,899
Ever had sex	59.1	85.0	49.8	31.1	619
Never had sex	58.2	78.0	42.6	30.1	1,280
Married/living together	57.4	81.5	44.3	29.8	2,440
Divorced/separated/widowed	52.8	79.6	42.2	25.8	88
Residence					
Urban	62.4	86.7	52.1	35.2	2,376
Rural	52.4	74.3	35.7	24.0	2,052
Region					
National Capital Region	68.9	88.4	62.8	47.3	699
Cordillera Admin Region	57.3	79.9	47.4	30.9	66
I - Ilocos	51.9	75.5	36.1	24.2	213
II - Cagayan Valley	63.5	76.5	41.7	34.1	147
III - Central Luzon	69.0	86.4	60.2	44.5	481
IVA - CALABARZON	50.6	90.5	52.4	27.7	608
IVB - MIMAROPA	36.7	63.0	31.0	12.8	108
V - Bicol	42.4	68.8 70.5	31.1	20.4	220
VI - Western Visayas VII - Central Visayas	38.8 65.7	82.3	25.9 38.1	15.4 28.9	295 354
VIII - Eastern Visayas	51.3	82.8	55.7	35.0	208
IX - Zamboanga Peninsula	72.7	85.2	23.3	19.3	174
X - Northern Mindanao	49.3	67.0	33.1	18.8	187
XI - Davao	54.4	85.0	41.9	22.4	191
XII - SOCCSKSARGEN	66.0	81.5	39.2	27.3	204
XIII - Caraga	70.4	91.9	49.5	38.4	113
ARMM	45.2	47.0	3.5	1.7	159
Education					
No education	28.8	27.3	6.6	4.8	74
Elementary	46.6	65.6	31.2	20.1	1,273
High school	58.9	85.1	43.5	28.7	1,957
College or higher	70.3	94.4	63.8	45.3	1,124
Wealth index quintile					
Lowest	43.2	61.9	24.9	15.0	825
Second	56.5	78.1	36.3	25.5	876
Middle	58.5	82.2	47.6	30.5	918
Fourth	62.3	88.5	51.1	34.9	894
Highest	66.9	92.0	60.4	42.6	915
Total	57.8	80.9	44.5	30.0	4,428
Total men 15 - 54	57.2	80.6	44.2	29.6	4,766

 $^{^{\}rm 1}$ The two most common local misconceptions involve transmission by mosquito bites and by sharing food with a person who has AIDS (both country specific).

100 81 80 80 58 60 53 45 36 40 30 20 AIDS cannot be transmitted AIDS cannot be transmitted AIDS cannot be transmitted Rejected two most by supernatural means by mosquito bites by sharing food with a person common misconceptions □Women ■Men NDHS 2003

Figure 11.3 Beliefs about AIDS

11.4 STIGMA AND DISCRIMINATION ASSOCIATED WITH HIV/AIDS

In the 2003 NDHS, questions were asked to evaluate the level of stigma attached to AIDS and to persons living with HIV and AIDS. First, respondents were asked "If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret?" Tables 11.4.1 and 11.4.2 show that 76 percent of women and 79 percent of men feel that HIV-positive status should not necessarily be kept confidential. While 89 percent of women in MIMAROPA believe that the HIV-positive status of individuals does not have to be kept a secret, 64-67 percent of women in Western Visayas and CAR shared this sentiment. Men show larger disparities; the proportions range between 87 percent in Central Luzon and MIMAROPA and 55 percent in Western Visayas.

The 2003 NDHS respondents were also asked, "If a relative of yours became sick with AIDS would you be willing to care for her or him in your own household?" Thirty-four percent of women and 29 percent of men said they would be willing to care for a relative with AIDS at their home. The younger respondents, among both men and women, are more likely than older respondents to be willing to care for a family member with AIDS. Willingness to care for an HIV positive relative at home varied little across education or wealth categories. Women in CAR are the most likely (53 percent) to express their willingness to care for a family member who has AIDS, while women in ARMM are the least likely (10 percent). Among men, those in Ilocos and CAR are most likely to take care of a relative sick with AIDS (both 52 percent).

Another question was asked to the 2003 NDHS respondents to measure stigma against persons with AIDS. Respondents were asked "If a female teacher has the AIDS virus, should she be allowed to continue teaching in the school?" The response to this question can be used to assess whether there is a discrimination against persons with AIDS in the workplace. Only a small proportion of respondents (14 percent of women and 11 percent of men) said they believe that an HIV-infected female teacher should be allowed to continue teaching. The attitude is only slightly more positive among younger women and men, those living in urban areas, better educated women and men, and those in higher wealth quintiles.

Table 11.4.1 Accepting attitudes toward those living with HIV: women

Among women age 15-49 who have heard about AIDS, percentage who expressed accepting attitudes toward people with HIV, by background characteristics, Philippines 2003

	Percentage of respondents who:						
		iage of responden	Believe HIV-				
	Are willing to	Believe HIV-	positive status of	Number of			
	care for family	positive teacher	family member	women who			
Background	member with	should be	does not need to	have heard of			
characteristic	HIV at home	allowed to teach	remain secret	HIV/AIDS			
Age							
15-19	38.4	15.4	73.0	2,466			
20-24	36.8	16.5	74.1	2,106			
25-29	32.0	15.5	76.0	1,945			
30-39	31.1	12.6	78.9	3,692			
40-49	31.2	12.3	78.2	2,771			
15-24	37.6	15.9	73.5	4,571			
Marital status							
Never married	38.0	16.6	74.2	4,160			
Ever had sex	36.6	15.6	78.1	208			
Never had sex	38.0	16.7	74.0	3,952			
Married/living together	31.5	12.9	77.4	8,282			
Divorced/separated/widowed	31.7	14.4	77.9	538			
·	51.7		5	230			
Residence	245	16.0	75 7	7.600			
Urban	34.5	16.9	75.7	7,609			
Rural	32.3	10.2	77.4	5,370			
Region							
National Capital Region	33.4	19.7	76.5	2,288			
Cordillera Admin Region	53.2	19.2	66.7	195			
I – Ilocos	32.8	15.3	74.9	610			
II – Cagayan Valley	19.2	9.7	87.1	411			
III – Central Luzon	26.5	14.4	79.5	1,419			
IVA – CALABARZON	37.6	18.6	73.6	1,849			
IVB – MIMAROPA	26.4	12.7	88.9	311			
V – Bicol	28.9	15.7	70.1	682			
VI – Western Visayas	36.8	11.1	64.2	882			
VII – Central Visayas	30.9	6.7	82.0	1,023			
VIII – Eastern Visayas	35.5	17.0	80.4	535			
IX – Zamboanga Peninsula	42.6	8.3	71.7	425			
X – Northern Mindanao	41.8	10.5	83.1	542			
XI – Davao	49.8	12.6	75.7	638			
XII – SOCCSKSARGEN	30.2	10.4	79.3	481			
XIII – Caraga	37.7	8.1	81.7	321			
ARMM	10.0	4.2	71.5	367			
Education							
No education	28.0	8.8	72.4	105			
Elementary	30.1	7.3	76.6	2,798			
High school	33.6	12.8	77.2	5,908			
College or higher	35.9	20.9	75.2	4,168			
Wealth index quintile							
Lowest	32.4	7.1	73.9	1,826			
Second	30.5	9.0	78.8	2,280			
Middle	31.4	13.2	79.0	2,627			
Fourth	33.8	15.0	76.7	2,876			
Highest	37.7	21.5	73.9	3,371			
Total	33.6	14.2	76.4	12,980			

Table 11.4.2 Accepting attitudes toward those living with HIV: men

Among men age 15-49 who have heard about AIDS, percentage who expressed accepting attitudes toward people with HIV, by background characteristics, Philippines 2003

	Percei	ntage of responden		
Background characteristic	Are willing to care for family member with HIV at home	Believe HIV- positive teacher should be allowed to teach	Believe HIV- positive status of family member does not need to remain secret	Number of mer who have heard of HIV/AIDS
Age				
15-19	36.2	14.9	72.5	857
20-24	31.6	14.0	77.5	756
25-29	29.2	10.8	78.8	625
30-39	27.0	9.7	80.9	1,136
40-49	24.1	6.3	84.3	863
15-24	34.0	14.5	74.8	1,613
Marital status				,
Never married	34.1	14.1	74.7	1,803
Ever had sex	35.0	16.8	75.2	603
Never had sex	33.6	12.7	74.5	1,200
Married/living together	25.9	8.6	82.4	2,346
Divorced/separated/widowed	26.1	9.8	73.8	87
Residence				
Urban	28.5	13.3	78.4	2,303
Rural	30.4	8.2	79.7	1,934
Region				
National Capital Region	25.0	16.0	82.3	688
Cordillera Admin Region	52.3	17.0	69.3	63
I - Ilocos	52.0	16.5	83.7	209
II - Cagayan Valley	7.5	7.9	86.3	142
III - Central Luzon	26.7	6.2	87.0	466
IVA - CALABARZON	31.5	16.6	74.7	601
IVB - MIMAROPA	23.5	11.9	86.5	94
V - Bicol	34.0	6.9	74.5	214
VI - Western Visayas	45.3	13.4	54.6	289
VII - Central Visayas	27.1	4.4	0.08	340
VIII - Eastern Visayas	29.7	11.4	84.7	202
IX - Zamboanga Peninsula	10.3	1.0	78.6	167
X - Northern Mindanao	35.9	8.5	<i>77</i> .1	183
XI - Davao	30.6	6.7	74.7	187
XII - SOCCSKSARGEN	20.9	9.3	85.6	197
XIII - Caraga	29.7	8.0	82.2	112
ARMM	18.5	11.7	84.2	84
Education				
No education	(28.4)	(4.9)	(64.5)	43
Elementary	28.2	7.3	76.2	1,175
High school	30.2	10.3	79.4	1,905
College or higher	29.3	16.2	81.9	1,113
Wealth index quintile				
Lowest	28.7	5.5	78.9	705
Second	28.5	7.4	77.5	850
Middle	27.7	10.1	79.0	900
Fourth	31.1	12.8	80.6	876
Highest	30.8	17.6	78.9	905
Total	29.4	11.0	79.0	4,236
Total men 15-54	29.0	10.8	79.3	4,558

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

11.5 KNOWLEDGE OF PREVENTION OF MOTHER-TO-CHILD TRANSMISSION

While the majority of HIV transmission is through sexual intercourse, there are other ways of contracting the disease. One of the key intervention areas in the dealing with the HIV/AIDS pandemic is the prevention of new infections. In the 2003 NDHS, respondents were asked about their knowledge of HIV transmission from mother to child; whether it can take place during pregnancy, delivery, or during breastfeeding. Respondents were also asked whether the risk of mother-to-child transmission (MTCT) of HIV can be reduced by the mother taking special drugs during pregnancy.

Tables 11.5.1 and 11.5.2 show that general knowledge about HIV transmission during pregnancy, delivery, and breastfeeding is relatively high (63 to 73 percent among women and 60 to 68 percent among men). However, few women and men (20-21 percent) know that the risk of MTCT can be reduced if a mother takes special drugs during pregnancy. This knowledge varies widely across subgroups of women and men. Urban residence, higher education, and living in wealthier households have a positive impact on the respondent's knowledge of MTCT. Women and men in ARMM are least likely to know that HIV can be transmitted through breastfeeding and that the risk of MTCT can be reduced by mothers taking special drugs during pregnancy. On the other hand, knowledge of MTCT is high among women in Cagayan Valley and Caraga, and among men in Central Luzon and CALABARZON.

Table 11.5.1 Knowledge of prevention of mother-to-child transmission of HIV: women

Among women age 15-49 who know that HIV can be transmitted from mother to child, percentage who know that HIV can be transmitted during pregnancy, during delivery, and by breastfeeding, and percentage who know that the risk of mother-to-child transmission (MTCT) of HIV can be reduced by the mother taking special drugs during pregnancy, by background characteristics, Philippines 2003

				Percentage w	no know that:	
		ntage who kn can be transr		Risk of MTCT can be reduced by mother	HIV can be transmitted by breastfeeding and risk can be reduced by mother taking	Number
Background characteristic	During pregnancy	During delivery	By breastfeeding	taking drugs in pregnancy	drugs during pregnancy	of women
Age						
15-19	63.0	54.0	58.0	15.5	13.8	2,648
20-24	73.2	63.1	64.4	19.3	17.3	2,209
25-29	75.5	64.8	66.5	21.3	18.5	2,034
30-39	76.6	66.1	66.8	22.3	19.3	3,827
40-49	73.8	65.4	66.1	21.5	18.8	2,915
15-24	67.6	58.1	60.9	17.2	15.4	4,856
Marital status						
Never married	68.1	58.0	61.1	17.5	15.4	4,388
Ever had sex	73.0	61.9	64.8	22.4	18.9	225
Never had sex	67.8	57.8	60.9	17.3	15.2	4,163
Married/Living together	74.9	65.5	66.3	21.5	18.9	8,671
Divorced/separated/widowed	73.6	62.1	64.4	20.8	17.3	574
Residence						
Urban Rural	76.9 66.8	65.6 59.2	66.9 61.3	20.9 19.2	18.1 17.2	7,877 5,756
	00.0	33.2	01.5	13.2	17.2	5,750
Region	70.7	64.2	65.5	22.7	10.4	2.207
National Capital Region	78.7	64.3	65.5	23.7	19.4	2,387
Cordillera Admin Region	68.4	57.2	58.4	11.2	10.1	216
I - Ilocos	69.6	61.4	64.8	23.7	21.2	642
II - Cagayan Valley	80.7	72.1	72.3	34.4	31.9	426
III - Central Luzon	75.3 70.5	64.7	63.1	12.7	10.4	1,459
IVA - CALABARZON	79.5	73.7	70.6	21.2	19.1	1,890
IVB - MIMAROPA	73.8	68.3	69.2	23.3	21.0	340
V - Bicol	64.1	50.7	56.7	19.5	15.9	713
VI - Western Visayas	64.0	49.4	57.6	23.4	20.3	910
VII - Central Visayas	65.3	60.6	62.0	16.3	14.9	1,070
VIII - Eastern Visayas	72.4	68.7	69.1	21.7	20.6	555 465
IX - Zamboanga Peninsula	75.2	65.4	67.7	19.5	18.2	465
X - Northern Mindanao XI - Davao	63.6 77.1	53.9 64.6	59.8 67.7	19.6 22.9	18.1 19.9	565 654
XII - SOCCSKSARGEN	72.2	61.0	66.3	12.1	11.0	524
XIII - GOCCSKSAKGEN XIII - Caraga	80.2	69.9	76.2	28.1	25.9	327
ARMM	49.0	46.4	46.1	9.0	7.6	489
Education						
No education	28.2	26.7	28.5	6.2	5.9	186
Elementary	62.8	55.9	58.7	17.8	16.0	3,146
High school	71.1	61.9	64.0	19.5	17.2	6,109
College or higher	84.2	71.3	71.3	23.6	20.2	4,192
Wealth index quintile						
Lowest	57.1	51.2	54.2	16.7	15.4	2,161
Second	68.8	59.7	63.6	20.6	18.4	2,412
Middle	74.4	64.9	66.3	21.2	18.6	2,682
Fourth	77.9	66.0	67.9	20.8	18.2	2,940
Highest	79.3	68.3	67.5	20.7	17.4	3,438
Total	72.6	62.9	64.5	20.2	17.7	13,633

Table 11.5.2 Knowledge of prevention of mother-to-child transmission of HIV: men

Among men age 15-49 who know that HIV can be transmitted from mother to child, percentage who know that HIV can be transmitted during pregnancy, during delivery, and by breastfeeding, and percentage who know that the risk of mother-to-child transmission (MTCT) of HIV can be reduced by the mother taking special drugs during pregnancy, by background characteristics, Philippines 2003

				Percentage w	ho know that:	
Background		ntage who kn can be transn During	By	Risk of MTCT can be reduced by mother taking drugs in	HIV can be transmitted by breastfeeding and risk can be reduced by mother taking drugs during	Number of
characteristic	pregnancy	delivery	breastfeeding	pregnancy	pregnancy	men
Age 15-19 20-24 25-29	55.1 70.9 70.1	47.7 60.9 62.8	48.6 62.3 61.2	17.1 20.9 24.8	15.2 17.8 21.3	918 785 647
30-39	71.1	63.7	63.2	21.0	18.3	1,179
40-49	72.8	65.1	64.1	19.8	17.5	899
15-24	62.4	53.8	54.9	18.9	16.4	1,702
Marital status						
Never married	61.6	53.8	53.7	18.2	15.8	1,899
Ever had sex	67.5	60.1	58.9	19.6	17.7	619
Never had sex	58.8	50.7	51.1	17.5	14.9	1,280
Married/living together Divorced/separated/widowed	72.8 70.0	64.9 60.0	64.7 61.3	22.0 28.1	19.3 21.0	2,440 88
•	70.0	00.0	01.5	20.1	21.0	00
Residence	71 F	62.1	60 5	10.0	16.0	2 276
Urban Rural	71.5 63.9	63.1 56.5	60.5 59.2	19.8 21.3	16.8 19.1	2,376 2,052
ъ .						
Region National Capital Region	69.7	58.1	57.6	11.4	9.4	699
Cordillera Admin Region	67.8	62.5	58.6	10.5	9.4	66
I - Ilocos	63.4	42.4	50.1	19.4	10.3	213
II - Cagayan Valley	75.3	67.0	74.8	9.6	9.0	147
III - Central Luzon	80.2	78.8	69.2	23.8	21.0	481
IVA - CALABARZON	79.7	71.7	66.5	28.9	25.4	608
IVB - MIMAROPA	56.8	54.7	53.5	15.6	14.9	108
V - Bicol	48.2	46.7	43.0	14.5	13.0	220
VI - Western Visayas	58.4	42.9	57.0	26.1	24.1	295
VII - Central Visayas	66.2	61.3	61.1	27.8	25.5	354
VIII - Eastern Visayas	69.6	66.8	65.2	25.0	23.4	208
IX - Zamboanga Peninsula	53.6	49.1	42.9	9.3	7.8	174
X - Northern Mindanao	73.9	64.6	71.0	25.5	24.0	187
XI - Davao XII - SOCCSKSARGEN	71.3 63.4	64.1 58.8	68.0 58.7	18.2 15.2	16.6	191 204
XIII - Garaga	73.5	51.1	61.7	49.3	14.4 38.4	113
ARMM	38.4	35.3	35.8	8.4	6.6	159
Education						
Education No education	37.4	32.9	35.9	14.2	14.2	74
Elementary	58.8	52.9 52.4	53.8	19.2	17.1	1,273
High school	67.7	59.5	60.4	21.8	19.1	1,957
College or higher	80.7	71.5	67.5	20.1	16.9	1,124
Wealth index quintile					, -	
Lowest	55.0	51.3	53.3	18.9	17.2	825
Second	65.3	55.9	58.4	20.8	18.3	876
Middle Fourth	67.9	60.4	60.4	22.4	20.3	918 804
Fourth Highest	73.2 77.0	63.5 68.0	62.7 64.1	20.2 20.0	16.7 16.7	894 915
Total	67.9	60.0	59.9	20.5	17.9	4,428
Total men 15-54	68.1	60.5	60.3	20.7	18.1	4,766

11.6 HIV TESTING

Voluntary counseling and testing (VCT) is vital in the fight against HIV/AIDS. The 2003 NDHS asked men who had heard of AIDS whether they had ever been tested for the virus, when they were last tested, whether the test was voluntary or mandatory, whether they received the test results, where they went for the test, and if they have not been tested, whether they would like to be tested, and whether they know where to go for the test.

Table 11.6 shows that only 3 percent of men age 15-49 reported that they had ever been tested for HIV, and most of them received the results. HIV testing increases with age and residence. Older men, those living in urban areas, and those in the highest wealth quintile are most likely to have been tested. Across regions, the percentage of men who have been tested varies from none in ARMM to 4 percent or higher in CAR, Central Luzon, and MIMAROPA.

11.7 ATTITUDES TOWARD NEGOTIATING SAFER SEX

Respondents were asked about their attitude toward negotiating safer sex. Women were asked if a wife is justified in refusing to have sexual intercourse with her husband if she knows that he has an STI. The majority of women and men (95 percent 94 percent, respectively) agreed that a wife is justified in refusing to have sexual intercourse with her husband if he has an STI (Table 11.7). Men were also asked if a wife is justified in asking a man to use a condom if he has an STI. The vast majority of men (80 percent) agreed with this statement. Almost all men believe that a wife can refuse to have sexual intercourse with her husband if he has an STI or that a wife can ask her husband to use a condom to reduce the risk of HIV infection. There are slight differences by background characteristics.

Table 11.6 HIV testing status of men

Percent distribution of men by HIV testing status and percentage of men who were tested for HIV and received test results in the past 12 months, by background characteristics, Philippines 2003 $\,$

	Percer ever to for F	ested HV		Don't		Percentage tested for HIV and received results	
Background characteristic	Received results	No results	Never tested	know/ missing	Total	in past 12 months	Number of men
Age	0.0	0.0	00.0	c =	400.0	0.2	040
15-19 20-24	0.2 1.7	0.2 0.4	92.9 94.2	6.7 3.7	100.0 100.0	0.2 0.6	918 785
25-29	2.0	1.1	93.5	3.4	100.0	0.2	647
30-39	4.1	1.4	90.9	3.7	100.0	0.5	1,179
40-49	3.9	1.5	90.6	4.0	100.0	0.9	899
15-24	0.9	0.3	93.5	5.3	100.0	0.4	1,702
Marital status							
Never married	1.2	0.4	93.3	5.1	100.0	0.4	1,899
Ever had sex	2.7	1.0	93.8	2.6	100.0	0.7	619
Never had sex	0.5 3.6	0.1	93.1 91.1	6.3 3.9	100.0	0.2 0.6	1,280
Married/living together Divorced/separated/widowed		1.3 1.5	97.5	1.0	100.0 100.0	0.0	2,440 88
Residence							
Urban	3.2	1.2	92.5	3.1	100.0	0.7	2,376
Rural	1.7	0.6	91.9	5.8	100.0	0.2	2,052
Region							
National Capital Region	3.5	0.9	94.0	1.6	100.0	1.1	699
Cordillera Admin Region	4.7	3.9	86.3	5.1	100.0	0.0	66
I - Ilocos	3.7	0.9	93.5	1.9	100.0	0.0	213
II - Cagayan Valley III - Central Luzon	0.6 4.3	0.0 1.4	95.7 91.2	3.7 3.2	100.0 100.0	0.0 0.6	147 481
IVA - CALABARZON	3.0	1.5	94.3	1.1	100.0	1.2	608
IVB - MIMAROPA	4.9	1.3	80.4	13.4	100.0	0.7	108
V - Bicol	0.5	0.5	96.1	3.0	100.0	0.0	220
VI - Western Visayas	1.5	0.4	96.0	2.1	100.0	0.0	295
VII - Central Visayas	2.9	1.6	91.6	3.9	100.0	0.6	354
VIII - Eastern Visayas	1.2	1.2	94.7	2.9	100.0	0.4	208
IX - Zamboanga Peninsula	0.5	0.0	95.0	4.5	100.0	0.0	174
X - Northern Mindanao	2.4	1.0	94.7	2.0	100.0	0.0	187
XI - Davao	1.0 1.6	0.3	96.5	2.2 3.7	100.0	0.0	191 204
XII - SOCCSKSARGEN XIII - Caraga	1.6	0.0	94.7 97.3	3./ 1.1	100.0 100.0	0.0 0.0	113
ARMM	0.0	0.0	52.7	47.3	100.0	0.0	159
Education							
No education	2.4	0.0	56.4	41.2	100.0	0.0	74
Elementary	1.0	0.6	90.7	7.8	100.0	0.1	1,273
High school	1.9	0.6	94.9	2.6	100.0	0.2	1,957
College or higher	5.3	2.0	91.7	1.0	100.0	1.5	1,124
Wealth index quintile	1 1	0.3	0.4.1	14.6	100.0	0.3	025
Lowest Second	1.1 1.2	0.2 0.6	84.1 95.2	14.6 2.9	100.0 100.0	0.2 0.3	825 876
Middle	1.7	0.6	95.2	2.9	100.0	0.3	918
Fourth	3.4	1.4	93.2	1.9	100.0	0.2	894
Highest	5.0	1.6	92.3	1.1	100.0	1.4	915
Total	2.5	0.9	92.2	4.3	100.0	0.5	4,428
Total men 15-54	2.7	0.9	92.0	4.4	100.0	0.6	4,766

Table 11.7 Attitudes toward negotiating safer sex with husband

Percentage of women and men age 15-49 who believe that if a husband has an STI his wife can refuse to have sex with him or propose that he use a condom, by background characteristics, Philippines 2003

	Women		Men			
Paglaraund	Dofuso	Number	Dofuso	Propose	Refuse sex	Numbor
Background characteristic	Refuse sex	Number of women	Refuse sex	condom use	or propose condom use	Number of men
Age						
15-19	91.7	2,648	89.5	73.6	94.3	918
20-24	94.8	2,209	93.4	82.1	97.8	785
25-29	96.5	2,034	94.4	81.5	97.9	647
30-39	95.2	3,827	96.4	81.5	98.1	1,179
40-49	95.4	2,915	96.1	79.8	98.2	899
15-24	93.1	4,856	91.3	77.5	95.9	1,702
Marital status						
Never married	93.0	4,388	91.6	76.1	95.6	1,899
Ever had sex	95.5	225	93.7	81.1	97.6	619
Never had sex	92.9	4,163	90.6	73.6	94.7	1,280
Married/living together	95.5	8,671	95.9	82.3	98.4	2,440
Divorced/separated/widowed	95.3	574	97.6	83.4	99.4	88
Residence						
Urban	95.1	7,877	94.4	80.0	97.4	2,376
Rural	94.2	5,756	93.7	79.2	97.1	2,052
Region						
National Capital Region	95.1	2,387	94.0	65.1	96.5	699
Cordillera Admin Region	83.9	216	93.5	82.3	98.8	66
I - Ilocos	92.4	642	91.7	85.4	95.8	213
II - Cagayan Valley	100.0	426	97.8	85.8	98.9	147
III - Central Luzon	95.3	1,459	95.4	80.2	97.8	481
IVA - CALABARZON	97.1	1,890	95.1	87.1	98.3	608
IVB - MIMAROPA	95.2	340	94.2	85.3	98.0	108
V - Bicol	93.3	713	84.6	65.0	92.3	220
VI - Western Visayas	91.9	910	93.5	71.9	96.4	295
VII - Central Visayas	94.0	1,070	94.0	84.1	97.7	354
VIII - Eastern Visayas	96.3	555	97.9	81.1	98.8	208
IX - Zamboanga Peninsula	90.1	465	97.3	87.7	99.0	174
X - Northern Mindanao	94.1	565	92.4	83.7	95.1	187
XI - Davao	97.5	654	93.2	86.6	98.0	191
XII - SOCCSKSARGEN	94.4	524	93.0	85.5	97.5	204
XIII - Caraga	96.2	327	94.2	92.0	98.4	113
ARMM	92.4	489	96.3	79.3	98.2	159
Education						
No education	91.2	186	96.8	55.3	98.9	74
Elementary	92.8	3,146	93.3	76.9	96.0	1,273
High school	94.7	6,109	93.5	80.6	97.1	1,957
College or higher	96.3	4,192	95.9	82.7	98.8	1,124
Wealth index quintile						
Lowest	92.7	2,161	94.5	77.0	97.1	825
Second	93.4	2,412	91.7	80.6	96.1	876
Middle	95.2	2,682	94.1	80.4	96.7	918
Fourth	95.3	2,940	93.8	81.2	97.5	894
Highest	95.9	3,438	96.3	78.7	98.8	915
Total	94.7	13,633	94.1	79.6	97.2	4,428
Total men 15-54	na	0	94.3	79.6	97.3	4,766
na = Not applicable						

11.8 SEXUAL BEHAVIOR AMONG YOUNG WOMEN AND MEN

Promoting change in sexual behavior is an important component of many HIV/AIDS prevention programs. Those who are not yet sexually active or those who have recently made their sexual debut are thought to be more accepting of programs focusing on behavioral changes. Tables in this section focus on young women and men age 15-24 and the sexual behaviors that affect their risk of exposure to HIV.

Promoting the use of condoms is an important strategy in the fight against HIV/AIDS transmission. Therefore, knowing where to get a condom is essential. Table 11.8 shows the percentage of women and men age 15-24 who know at least one source for condoms. Knowledge of source for condoms among women and men is similar; 64 percent of women and 62 percent of men age 15-24 know a source for a male condom. Knowledge of a source is higher among women and men age 20-24 than among those vounger. Knowledge of a condom source is higher among married persons, those better educated, and those in the higher wealth quintiles. There are also regional variations in knowledge of a source of condoms, with women in Caraga being the most knowledgeable (78 percent) and women in ARMM the least knowledgeable (55 percent). Among men, the corresponding figures are 75 percent in NCR and 28 percent in MIMAROPA.

Table 11.9 shows the percentage of never-married women and men age 15-24 that had sex in the 12 months preceding the survey. Premarital sex is uncommon among young women in the Philippines. Less than 2 percent of unmarried women reported having had sex in the past 12 months. Older women, women living in urban areas, and women with college education or higher, are slightly more likely to report having had sex. Across regions, 3 to 4 percent of never-married women in CAR, Central Visayas, Northern Mindanao, Davao, and Caraga reported having sex in the past year.

Young men are much more likely to report sexual activity; more than half of unmarried men age 15-24 had sex in the 12 months preceding the survey. Unlike women, younger men and men in rural areas are more likely to have engaged in sexual activity in the past year. While sexual activity shows a slight positive association with women's education, the opposite is true for men. Better-educated men are less likely to have had sex in the past year than men with less education.

Table 11.8 Knowledge of a source for condoms among young people

Percentage of young people age 15-24 who know at least one source of condoms, Philippines 2003

	Women		Men		
	Know	Number of	Know a	Number of	
Background	a source for	women	source for	men	
characteristic	male condom	age 15-24	male condom	age 15-24	
Age					
15-19	53.2	2,648	52.9	918	
20-24	76.8	2,209	72.0	785	
Marital status					
Never married	59.6	3,475	59.8	1,468	
Married or living together	78.3	105	73.8	360	
Divorced/separated/widowed	59.1	3,370	55.3	1,108	
Residence					
Urban	67.2	2,958	71.4	940	
Rural	58.9	1,898	49.7	762	
Region					
National Capital Region	66.9	851	75.1	271	
Cordillera Admin Region	65.1	82	63.7	25	
I - Ilocos	63.8	236	50.3	81	
II - Cagayan Valley	64.8	129	65.0	46	
III - Central Luzon	57.8	525	66.5	187	
IVA - CALABARZON	64.4	709	70.3	251	
IVB - MIMAROPA	64.0	111	27.6	38	
V - Bicol	58.0	250	69.0	89	
VI - Western Visayas	63.6	319	55.4	95	
VII - Central Visayas	66.5	362	57.9	141	
VIII - Eastern Visayas	67.5	195	52.7	85	
IX - Zamboanga Peninsula	55.6	150	58.7	67	
X - Northern Mindanao	59.3	211	42.6	71	
XI - Davao	68.7	232	58.4	72	
XII - SOCCSKSARGEN	70.4	178	60.5	83	
XIII - Caraga	77.8	123	64.7	44	
ARMM	55.4	192	32.7	56	
Education					
No education	(27.7)	27	*	19	
Elementary	44.1	664	37.6	388	
High school	59.2	2,822	62.9	923	
College or higher	84.4	1,344	86.7	372	
Wealth index quintile					
Lowest	52.9	690	33.6	283	
Second	59.8	801	55.2	321	
Middle	63.4	943	63.7	333	
Fourth	65.9	1,045	71.1	372	
Highest	70.8	1,376	76.7	394	
Total	63.9	4,856	61.7	1,702	

Note: The following sources are not considered sources for condoms in this table: friends, family members and home. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 cases and has been suppressed.

Table 11.9 Premarital sex and use of condoms among young women and men

Percentage of never-married women and men age 15-24 who had sex in the 12 months preceding the survey, by background characteristics, Philippines

	Women		Men	
	-	Number of		Number of
		never-		never-
	Had sex	married	Had sex	married
Background	in past	women	in past	men
characteristic	12 months	age 15-24	12 months	age 15-24
Age				
15-19	0.7	2,400	56.5	895
20-24	4.1	1,075	49.1	572
Residence		,		
Urban	2.2	2,222	50.0	803
Rural	1.0	1,253	58.0	665
Region				
National Capital Region	2.0	641	44.0	229
Cordillera Admin Region	4.6	58	(65.5)	21
I - Ilocos	0.6	163	59.9	73
II - Cagayan Valley	0.0	75	(80.8)	37
III - Central Luzon	0.7	374	47.2	151
IVA - CALABARZON	0.5	51 <i>7</i>	46.3	224
IVB - MIMAROPA	2.3	60	(72.8)	33
V - Bicol	1.1	192	68.2	73
VI - Western Visayas	1.0	244	60.4	86
VII - Central Visayas	3.4	281	53.7	130
VIII - Eastern Visayas	0.6	146	56.4	80
IX - Zamboanga Peninsula	1.9	92	57.7	56
X - Northern Mindanao	4.6	151	45.6	59
XI - Davao	5.9	170	62.7	61
XII - SOCCSKSARGEN	0.6	111	56.1	72
XIII - Caraga	4.3	82	66.1	40
ARMM	0.0	118	44.4	43
Education	*	4.2	*	4.5
No education		13		15
Elementary	1.5	331	64.2	317
High school	1.5	2,071	54.7	807
College or higher	2.3	1,061	41.1	329
Wealth index quintile				
Lowest	1.5	341	65.3	228
Second	2.2	474	63.4	263
Middle	1.8	642	58.6	285
Fourth	2.0	817	49.0	330
Highest	1.4	1,201	39.5	362
Total	1.7	3,475	53.6	1,468

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

Some of the major strategies for reducing HIV infection among young people are the following: delay age at first sex, limit the number of sexual partners to one, and encourage and promote consistent and correct use of condoms. Young men and women are the target of most HIV/AIDS interventions aimed at changing sexual behavior. Sexual intercourse with more than one partner is associated with a high risk of exposure to STIs.

Table 11.10 shows that 6 percent of men age 15-24 had sexual intercourse with more than one partner in the 12 months preceding the survey. Sexual intercourse with more than one partner is more common among men age 20-24, men living in urban areas, and men who have college or higher education. Men in MIMAROPA, NCR, and CAR are the most likely to report having multiple sexual partners.

Table 11.10 Multiple sex partners among young men

Among men age 15-24 who have ever had sex, percentage who have had sex with two or more partners in the 12 months preceding the survey, by background characteristics, Philippines 2003

	Percentage	-
	who had 2+	
D 1 1	partners in	Number
Background	the past	of men
characteristic	12 months	age 15-24
Age		
15-19	3.2	918
20-24	9.7	785
Residence		
Urban	7.2	940
Rural	4.9	762
Region		
National Capital Region	10.5	271
Cordillera Admin Region	10.4	25
I - Ilocos	4.9	81
II - Cagayan Valley	3.9	46
III - Central Luzon	1.5	187
IVA - CALABARZON	4.6	251
IVB - MIMAROPA	14.8	38
V - Bicol	6.3	89
VI - Western Visayas	9.7	95
VII - Central Visayas	5.8 3.0	141 85
VIII - Eastern Visayas IX - Zamboanga Peninsula	6.4	67
X - Northern Mindanao	3.8	71
XI - Davao	8.7	72
XII - SOCCSKSARGEN	6.4	83
XIII - Caraga	8.1	44
ARMM	1.3	56
Education		
No education	0.0	19
Elementary	1.8	388
High school	6.0	923
College or higher	11.6	372
Wealth index quintile		
Lowest	3.4	283
Second	6.7	321
Middle	7.2	333
Fourth	5.4	372
Highest	7.5	394
Total	6.2	1,702

The use of condoms reduces the risk of contracting HIV. Table 11.11 shows the percentage of young men who used a condom the first time they had sex. One in six men age 15-24 used a condom when they had sex the first time. There are large differences by background characteristics. Urban men, those with college or higher education, and men in the highest wealth quintile are the most likely to report using a condom the first time they had sex.

Table 11.11 Condom use at first sex among young

Among men age 15-24 who have ever had sex, percentage who used a condom the first time they ever had sex, by background characteristics, Philippines

	Percentage	Number of men
	who used	age 15-24
Background	a condom	who have
characteristic	at first sex	ever had sex
Age		
Age 15-19	18.6	141
20-24	15.6	453
Residence		
Urban	20.7	353
Rural	9.9	241
Region	3.3	2
National Capital Region	26.3	101
Cordillera Admin Region	*	11
I - Ilocos	*	19
II - Cagayan Valley	*	14
III - Central Luzon	(11.0)	62
IVA - CALABARZON	17.9	95
IVB - MIMAROPA	*	16
V - Bicol	(25.6)	26
VI - Western Visayas	(10.9)	30
VII - Central Visayas	(14.2)	51
VIII - Eastern Visayas	(10.0)	20 24
IX - Zamboanga Peninsula X - Northern Mindanao	(19.9) (25.5)	26
XI - Davao	(20.9)	29
XII - SOCCSKSARGEN	(6.0)	37
XIII - Caraga	(17.9)	20
ARMM	*	15
Education		
No education	*	5
Elementary	6.5	131
High school	14.5	280
College or higher	26.8	178
Wealth index quintile		
Lowest	6.0	93
Second	10.4	106
Middle	15.0	130
Fourth	18.5	124
Highest	26.8	141
Total	16.3	594
All a feet of the state of the		1 25 40

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

11.9 **SELF-REPORTING OF SEXUALLY TRANSMITTED INFECTIONS (STIS)**

There is a strong link between other sexually transmitted infections (STI) and HIV infection. It is believed that people having any other STI apart from HIV infection are more likely to be infected with HIV. STIs are therefore identified as co-factors in HIV transmission.

Table 11.12 shows the percentage of men who have ever had sex who self-reported an STI and/or symptoms of an STI in the 12 months preceding the survey. Less than 2 percent of men reported having an STI and/or symptoms of an STI in the past 12 months. Very few men reported any of the symptoms of STIs; each less than 1 percent. Six percent of men in the youngest age group reported having abnormal genital discharge and 3 percent reported having genital sore/ulcer. This is the largest group reporting any STIs or symptoms of STIs.

Table 11.12 Self-reporting of sexually-transmitted infection (STI) and STI symptoms

Among men age 15-49 who ever had sex, percentage self-reporting an STI and/or symptoms of an STI in the past 12 months, by background characteristics, Philippines 2003

Background characteristic	Percentage with STI	Percentage with abnormal genital discharge	Percentage with genital sore/ulcer	Percentage with STI/ discharge/ genital sore/ ulcer	Number of men who ever had sex
Age					
15-19	0.9	6.2	3.1	7.6	141
20-24	0.6	1.3	1.3	2.2	453
25-29	0.4	0.4	0.7	1.3	555
30-39	0.7	1.0	0.7	1.9	1,110
40-49	0.3	0.6	0.7	1.1	888
Marital status					
Married or living together	0.7	2.4	1.6	3.7	619
Residence					
Urban	0.7	0.8	0.6	1.5	1,693
Rural	0.3	1.3	1.2	2.3	1,455
Region					
National Capital Region	0.6	0.4	0.3	0.7	496
Cordillera Admin Region	0.0	1.7	1.7	2.6	50
I - Ilocos	0.7	0.7	2.8	4.2	142
II - Cagayan Valley	0.0	0.0	0.0	0.0	109
III - Central Luzon	0.7	0.7	0.4	1.1	333
IVA - CALABARZON	0.0	0.7	0.0	0.7	439
IVB - MIMAROPA	0.0	0.8	0.9	1.8	84
V - Bicol	0.0	1.4	1.4	1.4	146
VI - Western Visayas	0.0	2.1	0.5	2.1	207
VII - Central Visayas	0.0	0.9	2.3	2.8	256
VIII - Eastern Visayas	0.0	0.7	3.2	3.9	132
IX - Zamboanga Peninsula	0.0	1.1	0.0	1.1	125
X - Northern Mindanao	1.0	1.7	0.0	1.7	133
XI - Davao	3.4	2.7	2.7	6.8	146
XII - SOCCSKSARGEN	2.6	3.3	0.6	4.3	152
XIII - Caraga	0.0	0.7	1.4	1.4	87
ARMM	0.0	0.0	0.6	0.6	110
Education					
No education	0.0	1.3	1.4	2.7	57
Elementary	0.3	1.0	1.1	1.9	977
High school	0.7	1.5	1.1	2.5	1,236
College or higher	0.6	0.4	0.3	1.1	878
Wealth index quintile					
Lowest	0.3	1.4	8.0	2.3	602
Second	0.5	1.4	1.6	2.4	635
Middle	0.6	1.4	0.7	2.2	677
Fourth	0.3	0.3	1.0	1.3	607
Highest	0.9	0.7	0.3	1.2	626
Total	0.5	1.0	0.9	1.9	3,148
Total men 15-54	0.5	1.0	0.8	1.7	3,478

11.10 STI TREATMENT-SEEKING BEHAVIOR

Stigma and discrimination can discourage infected persons from seeking professional health care and lead some to resort to self-medication. Table 11.13 shows treatment-seeking behavior among men who reported an STI or symptoms of an STI, by source of advice or treatment. Less than half of men sought care (46 percent). About one third of the men who reported an STI or symptoms of an STI sought advice or obtained medicine from a clinic, hospital, or a health professional. Three in ten men sought help from a shop or pharmacy, and one in four sought the advice of friends or relatives.

Table 11.13 Men seeking treatments	ent for			
Among men age 15-49 reporting an STI or symptoms of an STI in the past 12 months, percentage who sought advice or treatment, Philippines 2003				
Source of advice	_			
or treatment	Percent			
Clinic/hospital/health				
professional	33.4			
Traditional healer	8.4			
Advice or medicine from				
shop/pharmacy	29.6			
Advice from friends/relatives	24.8			
Advice or treatment from				
any source	46.4			
No advice or treatment	53.6			
Number with STI and/or symptoms of STI	60			
Note: Symptoms of an STI are an abnormal genital discharge, a genital sore, or a genital ulcer.				

11.11 PAYMENT FOR SEXUAL RELATIONS

Male respondents in the 2003 NDHS were asked whether they had paid money in exchange for sex in the 12 months preceding the survey. Table 11.14 shows that 2 percent of men who had sex in the past 12 months reported paying for sex during that period. There is substantial variation among subgroups. Men in their twenties, married men, men living in urban areas, better educated men, and men in the wealthiest quintiles are more likely than other men to have paid for sex in the past 12 months.

Among men who paid for sex, 38 percent used a condom during their last sexual encounter (data not shown).

Table 11.14 Payment for sex

Percentage of men age 15-49 who reported paying for sex in the past 12 months, by background characteristics, Philippines 2003

	Percentage who paid for	
Background	sex in past	Number of
characteristic	12 months	men
Age		
15-19	0.6	918
20-24	3.3	785
25-29	3.2	647
30-39	1.7	1,179
40-49	1.4	899
15-24	1.8	1,702
Marital status		
Married or living together	7.8	619
Divorced/separated/widowed	0.5	1,280
Residence		
Urban	2.5	2,376
Rural	1.2	2,052
Region		
National Capital Region	3.0	699
Cordillera Admin Region	1.4	66
I - Ilocos	0.9	213
II - Cagayan Valley	1.1	147
III - Central Luzon	0.9	481
IVA - CALABARZON	1.7	608
IVB - MIMAROPA	3.9	108
V - Bicol	0.9	220
VI - Western Visayas	2.7	295
VII - Central Visayas	4.2	354
VIII - Eastern Visayas	1.7	208
IX - Zamboanga Peninsula	3.4	174
X - Northern Mindanao	0.5	187
XI - Davao	1.1	191
XII - SOCCSKSARGEN	1.1	204
XIII - Caraga	0.5	113
ARMM	0.0	159
Education		
No education	0.0	74
Elementary	1.2	1,273
High school	1.6	1,957
College or higher	3.4	1,124
Wealth index quintile		
Lowest	1.1	825
Second	1.7	876
Middle	2.0	918
Fourth	2.5	894
Highest	2.3	915
Total	1.9	4,428

11.12 MEN HAVING SEX WITH MEN

Of the 3,478 men who have ever had sex, 5 percent reported having sexual relations with a man; less than 1 percent reported having sex with a man in the 12 months preceding the survey (Table 11.15). Nonmarried men and men with high school education are more likely to engage in homosexual relations than other men. Men in the poorest wealth quintile are the least likely to have sex with a man.

	Table 11.15	Men	having	sex with	men
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Among men who have ever had sex, percentage who ever had sex with a man, and percentage who had sex with a man in the past 12 months, by background characteristics, Philippines 2003

7 8 ,			
		Percentage	
	Percentage	who had	
	who ever	sexual	
	had sexual	relations with	Number
Background	relations	a man in the	of
characteristic	with a man	past year	men
Age			
15-19	14.6	2.9	141
20-24	8.7	1.1	453
25-29	6.4	0.2	555
30-39	5.2	0.2	1,110
40-49	2.8	0.1	888
50-54	2.6	0.0	330
Current marital status			
Married/living together	3.9	0.3	2,746
Never married	10.9	8.0	626
Widowed/divorced/separated	11.6	0.0	106
Residence			
Urban	5.5	0.4	1,866
Rural	5.2	0.4	1,612
Education			
No education	1.2	0.0	67
Elementary	4.1	0.3	1,141
High school	7.3	0.5	1,325
College or higher	4.6	0.3	945
Wealth index quintile			
Lowest	3.3	0.3	660
Second	6.1	0.3	695
Middle	6.4	0.1	748
Fourth	6.3	0.7	668
Highest	4.6	0.6	707
Total	5.4	0.4	3,478

This chapter examines awareness and incidence of tuberculosis (TB) in the Philippines, and behavior and attitudes toward the disease. The 2003 National Demographic and Health Survey (NDHS) asked the same set of questions about TB to both female and male respondents; hence comparisons between women and men are possible. There are six sections in this chapter. Section 12.1 addresses the status of TB in the Philippines and worldwide, and discusses the medical aspects of the disease. Section 12.2 examines the level of awareness of women and men of TB itself, its signs and symptoms, cause, mode of transmission, and treatment. Section 12.3 deals with self-reported diagnosis, symptoms, and treatment, and Section 12.4 focuses on stigma issues. Section 12.5 examines the level of awareness of women and men of the Directly Observed Treatment Short (DOTS) course chemotherapy program of the Department of Health (DOH).

12.1 **BACKGROUND ON TB**

TB is one of the ten leading causes of morbidity and mortality in the Philippines, and is a major health problem. The Philippine government has been implementing DOTS, the TB control strategy recommended by the World Health Organization (WHO). DOTS combines the following: 1) case detection by sputum smear microscopy among patients with TB symptoms who report to health services, 2) standardized short-course chemotherapy with directly observed treatment, and 3) a standardized recording and reporting system that tracks the treatment of each patient and in turn provides data to the TB control program.

TB is primarily caused by bacteria (Mycobacterium tuberculosis). The majority of cases are pulmonary, but in about 15 percent of cases, the bacteria disseminate to other areas of the body and are classified as nonpulmonary TB. Transmission is mainly airborne, through the inhalation of bacteriacarrying droplets produced by individuals with active pulmonary TB. Less commonly, infection may also occur through skin wounds, such as those associated with intravenous drug use.

Among people directly exposed to TB, only about 30 percent will actually become infected. In the general population, only about 5 percent of infected persons will develop active primary TB within two years. This activation rate is much higher for both the very young and very old, and for persons with a suppressed immune system (because of HIV infection or other causes). The activation rate is about 40 percent for persons with HIV, thus making TB diagnosis and treatment an important part of health care for HIV-infected individuals. Symptoms of active primary TB include persistent cough, chest pain, coughing up blood or sputum, fatigue, weight loss, loss of appetite, chills, fever, and nighttime sweating.

In persons who are infected but do not show symptoms of TB, the immune system is able to destroy or "wall off" the TB bacteria. These enclosed bacteria can remain dormant for many years and be reactivated. Risk factors for reactivation include old age, immunosuppression, diabetes, kidney insufficiency, and malnutrition. The reactivation rate is about 5 percent in the general population. Worldwide, the case fatality rate for TB has been estimated to be 55 percent for untreated persons and 15 percent for persons receiving treatment. TB fatality estimates vary widely by region and by level of socioeconomic development.

12.2 RESPONDENTS' KNOWLEDGE OF TB

Table 12.1 presents the level of women's and men's awareness of TB and the fact that it can be cured, according to age, marital status, residence, region, education, and wealth index quintile. Almost all of the women and men surveyed (97 percent of women and 96 percent of men) have heard of TB. The percentage who believe that TB can be cured is a little lower: 92 percent for women and 89 percent for men.

		Women			Men	
Background		Believes TB can be	Number	Has heard of TB	Believes TB can	Numbe
<u>characteristic</u>	of TB	cured	of women	OLID	be cured	of men
Age 15-19	95.8	95.5	2.649	02.2	80.5	918
20-24	95.6 97.1	85.5 90.1	2,648 2,209	93.2 95.7	87.3	785
25-29	97.7	94.1	2,034	96.8	92.2	647
30-34	97.9	95.0	1,954	96.8	91.0	593
35-39	97.7	95.4	1,873	98.4	92.5	586
40-44	98.3	95.5	1,564	96.8	91.6	483
45-49	97.5	95.8	1,351	98.0	95.1	416
50-54	na	na	0	98.1	95.2	338
Marital status						
Never married	96.8	89.2	4,388	95.1	85.3	1,914
Married or living together	97.6	93.9	8,671	97.1	92.2	2,746
Divorced/separated/widowed	97.1	94.2	574	97.0	91.5	106
Residence						
Urban	97.6	93.5	7,877	96.2	91.2	2,553
Rural	96.9	90.9	5,756	96.5	87.4	2,213
Region						
National Capital Region	98.0	95.6	2,387	99.6	95.6	740
Cordillera Admin Region	94.2	83.5	216	95.8	87.4	72
I - Ilocos	96.4	88.4	642	95.7	88.3	232
II - Cagayan Valley	98.3	91.9	426	98.6	87.7	163
III - Central Luzon	95.9	92.5	1,459	95.0	91.6	520
IVA - CALABARZON	97.1	95.0	1,890	92.3	90.0	652
IVB - MIMAROPA	95.5	92.2	340	92.1	83.5	119
V - Bicol	97.5	91.8	713	98.2	91.3	236
VI - Western Visayas	98.1	90.9	910	97.8	90.6	322
VII - Central Visayas	98.1	89.7	1,070	95.9	85.1	373
VIII - Eastern Visayas	99.2	95.7	555	100.0	92.9	229
IX - Zamboanga Peninsula	97.4	92.3	465	97.2	88.0	189
X - Northern Mindanao	96.4	86.2	565	98.6	75.6	202
XI - Davao	97.7	91.0	654	99.5	89.0	212
XII - SOCCSKSARGEN	96.1	90.3	524	98.4	91.3	216
XIII - Caraga ARMM	99.3 97.3	92.7 93.4	327 489	100.0 80.3	92.0 76.1	125 166
	37.13	33	.03	00.5	,	
Education No education	97 O	79.6	196	80 E	65.1	Ω.1
	87.9 94.4	79.6 88.3	186 3,146	80.5 94.8	65.1 84.2	84 1,441
Elementary High school	0=0	0.1.0	6 100	000	00.0	0 0 10
College or higher	97.8 99.3	91.8 96.9	6,109 4,192	96. 4 99.1	90.0 96.5	2,048 1,193
Wealth index quintile						
Lowest	94.8	86.5	2,161	92.3	80.2	884
Second	97.1	91.8	2,412	97.0	89.1	937
Middle	97.9	93.6	2,682	97.3	91.7	992
Fourth	98.1	94.3	2,940	97.3	91.7	957
Highest	98.0	94.1	3,438	97.3	93.6	996
Total	97.3	92.4	13,633	96.3	89.4	4,766

The level of awareness of TB does not vary much by age, marital status, residence, region, and wealth index quintile. However, the level increases with education, regardless of sex. Those with no education are least likely to have heard of TB (88 percent among women and 81 percent among men), and those with college or higher education are the most likely (99 percent for both women and men).

The percentages believing that TB can be cured do not differ by age, marital status, and residence for women and men. They rise with the level of education (80 percent among women with no education to 97 percent among those with at least some college, and 65 percent among men with no education to 97 percent among those with at least some college) and by wealth index quintile for women and men.

The Cordillera Administrative Region (CAR) has the lowest level of women who know that TB can be cured (84 percent), while the National Capital Region (NCR) and Eastern Visayas have the highest (96 percent). Northern Mindanao and the Autonomous Region in Muslim Mindanao (ARMM) have the lowest levels of men with knowledge that TB can be cured (76 percent), and the NCR has the highest (96 percent).

The signs and symptoms of TB most commonly reported by women and men (Table 12.2) are coughing (55 percent for women and 57 percent for men), weight loss (42 percent for both sexes), and blood in sputum (36 percent for women and 33 percent for men). While the symptoms of TB next most commonly cited by women are coughing for several weeks (28 percent), coughing with sputum (27 percent), and fever (23 percent), those cited by men are coughing with sputum (23 percent), coughing for several weeks (23 percent), and fatigue (18 percent).

Smoking (47 percent among women and 57 percent among men), alcohol drinking (35 percent for women and 47 percent for men), fatigue (34 percent among women and 33 percent among men), and microbes/germs/bacteria (24 percent among women and 17 percent among men) emerge as the identified top-ranking causes of TB (Table 12.3). Eight to 9 percent of respondents say they do not know the cause of TB.

Table 12.2	Knowledge	of s	pecific	sym	ptoms of
tuberculosis	5		•	,	

Among women and men who have heard of tuberculosis, percentage who cite specific symptoms of TB, Philippines 2003

Symptom of TB	Women	Men
Coughing	55.1	57.4
Coughing with sputum	27.1	22.7
Coughing for several weeks	28.1	22.5
Fever	23.2	11.5
Blood in sputum	35.5	33.4
Loss of appetite	7.2	5.2
Night sweating	2.6	2.1
Pain in chest/back	12.5	9.4
Fatigue	14.7	18.1
Weight loss	41.6	42.0
Breathing problems	1.2	1.1
Bad posture	0.7	0.8
Other	2.4	2.7
Does not know	2.3	4.5
Number of women/men	13,270	4,766

Table 12.3 Knowledge of the cause of
tuberculosis
Among women and men who have heard

tuberculosis, percentage who cite specific causes of TB, Philippines 2003

Cause of TB	Women	Men
Microbes/germs/bacteria	23.6	17.2
Inherited	16.1	11.2
Lifestyle	14.2	14.7
Smoking	47.4	57.1
Alcohol drinking	35.3	47.2
Fatigue	34.0	32.7
Extensive coughing	0.9	0.0
Other	4.9	4.4
Does not know	8.4	9.3
Number of women/men	13,270	4,766

The two most commonly cited modes of transmission reported by both sexes are sharing eating utensils (79 percent for women and 72 percent for men) and through the air when coughing (52 percent among women and 46 percent among men) (Table 12.4).

Table 12.4 Knowledge of the modes of transmission of tuberculosis					
Among women and men who have heard of tuberculosis, percentage who cite specific means of transmission of TB, Philippines 2003					
Means of					
transmission of TB Women Men					
Airborne when coughing 52.4 46.3					
Sharing eating utensils	79.1	72.4			
Touching a person with TB 5.5 6.6					
Sharing food 0.6 0.9					
Other	1.9	1.6			
Does not know	4.8	7.8			
Number of women/men	13,270	4,766			

Differentials in knowledge that TB is caused by bacteria are not marked (Table 12.5). The only clear differential observed relates to education; those with no education are the least aware (13 percent for women and 9 percent for men) and those with college or higher education are the most aware (32 percent among women and 26 percent among men). Ilocos and Western Visayas regions show the lowest levels of women with knowledge that TB is caused by a microbe (13 and 14 percent, respectively), and CAR and Caraga show the highest (35 and 36 percent, respectively); however, among men, ARMM and SOCCSKSARGEN depict the lowest levels (6 and 5 percent, respectively), and Cagayan Valley and Caraga have the highest (47 and 32 percent, respectively).

Awareness of the fact that TB is mainly transmitted through the air when coughing does not differ significantly by age and marital status. Urban women and, especially, urban men are more likely to know how TB is transmitted than are rural residents. The higher the education of the women and men and the higher the wealth index quintile, the higher the level of awareness. SOCCSKSARGEN shows the lowest level of women who know that TB is transmitted through the air (38 percent), and Ilocos and MIMA-ROPA show the lowest levels of men (25 and 28 percent, respectively); while Caraga shows the highest levels for both women and men (73 and 84 percent, respectively).

Table 12.5 Knowledge of TB causes and transmission modes by background characteristics

Among women and men who have heard of tuberculosis, percentage who know that it is caused by microbes/bacteria and percentage who know that it is transmitted through the air when coughing, by background characteristics, Philippines 2003

	Women			Men				
	Know TB is	Knows TB is		Know TB is				
	caused by	transmitted		caused by	Knows TB is			
	microbes/	through the		microbes/	transmitted			
Background	germs/	air when	Number	germs/	through the air	Number		
characteristic	bacteria	coughing	of women	bacteria	when coughing	of men		
Age								
Ĭ5-19	23.1	50.9	2,537	15.6	44.6	918		
20-24	24.1	52.8	2,145	16.5	46.5	785		
25-29	24.4	52.2	1,988	18.9	46.6	647		
30-34	25.3	52.5	1,914	17.9	47.3	593		
35-39	22.2	54.9	1,830	17.6	46.2	586		
40-44	22.6	50.8	1,538	18.3	49.4	483		
45-49	23.2	53.7	1,317	15.9	48.4	416		
50-54	na	na	0	18.2	41.7	338		
Marital status								
Never married	26.2	54.4	4,248	17.1	46.3	1,914		
Married or living together	22.3	51.4	8,464	17.2	46.5	2,746		
Divorced/separated/widowed	23.7	53.8	558	18.6	41.9	106		
Residence								
Urban	25.8	55.8	7,692	18.9	53.8	2,553		
Rural	20.5	47.9	5,577	15.3	37.7	2,213		
Region								
National Capital Region	26.6	59.4	2,340	25.1	65.4	740		
Cordillera Admin Region	35.3	62.8	203	27.2	61.2	72		
I - Ilocos	13.4	49.5	619	12.0	24.5	232		
II - Cagayan Valley	21.0	41.7	419	47.0	47.8	163		
III - Central Luzon	22.2	51.7	1,399	15.0	49.7	520		
IVA - CALABARZON	24.7	56.0	1,836	11.0	42.2	652		
IVB - MIMAROPA	23.1	46.7	325	7.7	27.5	119		
V - Bicol	22.7	58.2	695	13.9	37.1	236		
VI - Western Visayas	13.7	39.7	892	11.8	35.0	322		
VII - Central Visayas	25.4	47.7	1,049	21.4	50.8	373		
VIII - Eastern Visayas	19.9	47.8	551	22.5	33.3	229		
IX - Zamboanga Peninsula	31.8	54.0	453	15.6	63.6	189		
X - Northern Mindanao	26.8	49.7	545	18.8	48.4	202		
XI - Davao	18.4	48.1	639	10.0	37.7	212		
XII - SOCCSKSARGEN	21.0	37.5	504	5.1	27.6	216		
XIII - Caraga	35.7	72.5	325	31.8	84.1	125		
ARMM	29.6	60.8	476	5.9	30.6	166		
Education		00.0	نسر		05.5			
No education	13.1	39.0	164	8.9	25.8	84		
Elementary	18.5	40.1	2,970	12.2	34.3	1,441		
High school	20.8	50.3	5,975	16.1	48.0	2,048		
College or higher	31.6	64.9	4,161	25.8	59.3	1,193		
Wealth index quintile			0.0:-		0.5 =			
Lowest	22.0	42.4	2,047	11.8	33.5	884		
Second	19.3	45.5	2,343	15.6	40.0	937		
Middle	20.0	50.5	2,626	14.5	45.1 51.7	992		
Fourth	23.9	56.0	2,885	19.3	51. <i>7</i> 59. <i>7</i>	95 <i>7</i> 996		
Highest	30.0	61.8	3,368	24.2	5 9 ./	990		
Total	23.6	52.4	13,270	17.2	46.3	4,766		
na = Not applicable								

SELF-REPORTED DIAGNOSIS, SYMPTOMS, AND TREATMENT 12.3

Less than 1 percent of women and 1 percent of men reported that they had been told by a doctor or a health professional that they had TB in the five years preceding the survey (Table 12.6). Differentials are very small.

Table 12.6 Diagnosis of tuberculosis

Among women and men who have heard of tuberculosis, percentage who have been diagnosed with tuberculosis in the five years preceding the survey and percentage who have ever taken anti-TB medicine, by background characteristics, Philippines 2003

		Women		Men				
Background characteristic	Percentage with TB diagnosed in the past 5 years	Percentage who have taken anti-TB medicine	Number of women	Percentage with TB diagnosed in the past 5 years	Percentage who have taken anti-TB medicine	Number of men		
Age								
15-19	0.3	0.4	2,537	0.6	0.3	855		
20-24	0.3	0.6	2,145	0.7	0.8	751		
25-29	0.5	0.5	1,988	0.2	0.4	626		
30-34	0.9	1.1	1,914	1.5	1.8	574		
35-39	0.4	0.8	1,830	1.7	1.9	577		
40-44	0.6	1.8	1,538	2.1	3.9	468		
45-49	1.1	2.2	1,317	1.8	3.7	407		
50-54	na	na	0	3.0	5.9	332		
Marital status								
Never married	0.3	0.5	4,248	0.5	0.8	1,820		
Married or living together	0.6	1.1	8,464	1.7	2.4	2,668		
Divorced/separated/widowed	0.9	1.8	558	1.9	7.4	103		
Residence								
Urban	0.6	1.0	7,692	1.2	1.6	2,454		
Rural	0.5	0.9	5,577	1.3	2.1	2,136		
Region								
National Capital Region	0.5	0.9	2,340	1.0	2.1	737		
Cordillera Admin Region	1.1	1.1	203	0.6	1.8	69		
I - Ilocos	0.8	1.1	619	0.0	0.4	222		
II - Cagayan Valley	0.2	0.5	419	1.5	2.5	161		
III - Central Luzon	0.4	0.6	1,399	0.3	1.1	494		
IVA - CALABARZON	0.5	1.2	1,836	1.5	2.0	601		
IVB - MIMAROPA	0.7	1.1	325	2.0	2.6	110		
V - Bicol	0.6	1.3	695	1.5	1.8	232		
VI - Western Visayas	0.5	1.4	892	0.7	3.0	315		
VII - Central Visayas	0.4 0.0	0.9 0.2	1,049 551	0.0 0.7	0.0 0.7	357 229		
VIII - Eastern Visayas IX - Zamboanga Peninsula	0.0	0.2	453	2.3	1.8	183		
X - Northern Mindanao	1.2	1.3	545	1.8	1.4	199		
XI - Davao	0.6	0.7	639	4.0	4.9	211		
XII - SOCCSKSARGEN	0.6	0.9	504	3.0	4.2	212		
XIII - Caraga	0.4	0.2	325	0.9	0.9	125		
ARMM	0.6	0.8	476	1.5	1.0	133		
Education								
No education	0.5	2.2	164	1.2	5.3	67		
Elementary	0.6	1.1	2,970	1.6	2.3	1,366		
High school	0.6	1.0	5,975	1.0	1.6	1,975		
College or higher	0.4	0.7	4,161	1.2	1.6	1,182		
Wealth index quintile								
Lowest	0.6	0.7	2,047	1.8	2.1	816		
Second	0.9	1.6	2,343	1.1	2.0	909		
Middle	0.5	1.2	2,626	0.5	1.6	965		
Fourth	0.4	8.0	2,885	1.1	2.0	931		
Highest	0.3	0.6	3,368	1.6	1.6	969		
Total	0.5	0.9	13,270	1.2	1.9	4,590		
na = Not applicable								

Less than 1 percent of women and 2 percent of men have taken anti-TB medicine. Among women, those age 45-49, those not currently married, and those with no education reported slightly higher than average levels of medication. Among men, a similar but stronger pattern holds.

Government hospitals, urban-rural health centers, and pharmacies emerge as the most common sources of treatment among those women and men who ever took anti-TB medicine (Table 12.7).

While the total level of diagnosed TB is only 1 to 2 percent (Table 12.6), the percentage of respondents who ever had at least one symptom of TB is 35 to 36 percent for women and men (Tables 12.8.1 and 12.8.2, respectively). Roughly one in five women and men have ever had either chest or back pain or cough for two weeks or more (Figure 12.1). Having ever had a symptom of TB increases with age,

Table 12.7 Source of TB treatment

Among women and men who have ever taken anti-TB medicine, percentage who received treatment from specific sources, Philippines 2003

Source of		
treatment	Women	Men
Government hospital	22.8	21.7
Rural/urban health center	36.6	33.7
Outreach clinic	0.8	0.0
Other public facility	1.6	0.0
Private hospital/clinic	12.2	12.0
Pharmacy	15.3	24.1
Private doctor	9.7	6.0
Other	8.0	2.4
Number of women/men	124	85

but it does not vary much by marital status. Urban women and men have much lower levels of reported symptoms than their rural counterparts. Having a symptom of TB is negatively related to education and household wealth index quintile. NCR and Cagayan Valley (and ARMM for men only) show the lowest levels of those with symptoms, while Davao and Caraga manifest the highest levels reporting to have ever had a symptom of TB.

Figure 12.1 Percentage of Women and Men Who Ever Had **Symptoms of Tuberculosis**

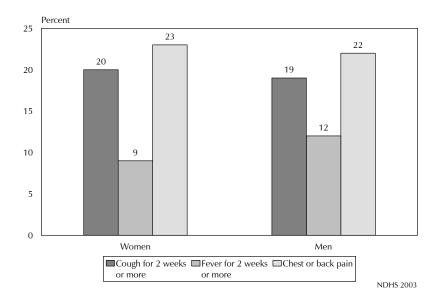


Table 12.8.1 Experience of symptoms of tuberculosis: women

Percentage of women who have ever had specific symptoms of tuberculosis, by background characteristics, Philippines 2003

Packground	Cough for 2 weeks			Ploodin	Night	At least	Number
Background				Blood in	Night	one	Number
characteristic	or more	or more	pain	sputum	sweating	symptom	of women
Age							
15-19	17.5	11.2	15.0	1.6	7.8	30.8	2,648
20-24	17.7	8.9	20.4	1.0	8.6	32.1	2,209
25-29	16.9	7.6	20.3	1.3	8.4	31.7	2,034
30-34	20.0	8.3	25.2	1.2	9.3	36.2	1,954
35-39	20.1	7.8	25.5	1.7	9.1	35.7	1,873
40-44	24.0	10.3	29.2	2.9	9.8	40.3	1,564
45-49	28.9	11.5	34.1	3.4	12.4	45.8	1,351
Marital status							
Never married	17.1	10.0	17.1	1.4	7.2	30.5	4,388
Married or living together	21.5	8.9	26.0	1.9	10.0	37.4	8,671
Divorced/separated/widowed	19.9	11.3	25.3	1.9	10.7	36.3	574
Residence							
Urban	17.4	7.5	19.3	1.4	6.5	30.4	7,877
Rural	23.6	11.9	28.4	2.3	12.6	41.7	5,756
Region							
National Capital Region	12.3	4.5	11.7	0.6	2.7	20.6	2,387
Cordillera Admin Region	37.0	16.8	34.9	2.3	11.0	54.1	216
I - Ilocos	19.6	7.6	24.6	2.5	8.3	37.7	642
II - Cagayan Valley	10.4	5.9	15.0	0.9	4.2	21.7	426
III - Central Luzon	12.1	4.2	12.9	0.7	4.1	23.5	1,459
IVA - CALABARZON	14.5	5.5	15.5	1.2	6.7	24.1	1,890
IVB - MIMAROPA	27.4	11.1	28.0	2.0	17.5	41.2	340
V - Bicol	20.2	6.9	11.2	2.6	4.7	27.8	713
VI - Western Visayas	29.5	14.6	39.5	4.7	18.7	54.4	910
VII - Central Visayas	34.3	18.2	33.1	2.7	10.0	51.0	1,070
VIII - Eastern Visayas	17.3	5.1	18.5	0.6	4.3	29.5	555
IX - Zamboanga Peninsula	16.3	9.5	23.4	1.1	4.2	35.3	465
X - Northern Mindanao	28.2	14.8	40.2	2.1	22.6	54.4	565
XI - Davao	32.7	18.4	56.3	3.2	27.3	69.7	654
XII - SOCCSKSARGEN	26.5	14.6	31.1	3.2	12.5	45.4	524
XIII - Caraga	33.0	20.4	48.6	1.6	24.5	61.2	327
ARMM	14.8	11.1	15.0	1.5	6.4	29.5	489
Education							
No education	30.1	21.6	27.0	4.0	17.8	43.5	186
Elementary	27.6	14.2	31.7	3.0	14.7	45.8	3,146
High school	18.9	9.2	21.1	1.6	8.7	33.8	6,109
College or higher	15.7	5.3	19.4	1.0	5.2	28.8	4,192
Wealth index quintile							
Lowest	27.5	15.9	31.9	3.0	15.7	45.6	2,161
Second	23.3	11.5	28.6	2.0	11.4	42.1	2,412
Middle	20.4	9.6	22.5	2.0	10.1	35.3	2,682
Fourth	16.2	6.2	19.1	1.0	5.9	29.8	2,940
Highest	16.1	6.1	17.6	1.2	5.3	28.3	3,438
Total	20.0	9.3	23.1	1.7	9.1	35.2	13,633

Table 12.8.2 Experience of symptoms of tuberculosis: men

Percentage of men who have ever had specific symptoms of tuberculosis, by background characteristics, $\frac{1}{2}$ Philippines 2003

	Cough for	Fever for	Chest or			At least	
Background	2 weeks	2 weeks	back	Blood in	Night	one	Number
characteristic	or more	or more	pain	sputum	sweating	symptom	of men
Age							
15-19	14.5	11.9	15.1	2.3	11.6	30.6	918
20-24	16.5	11.0	18.1	2.1	11.4	30.3	785
25-29	14.3	10.3	17.9	1.9	9.9	29.6	647
30-34	20.2	14.6	27.5	2.0	11.4	38.7	593
35-39	18.4	9.8	25.0	2.5	12.6	36.8	586
40-44	22.1	11.8	25.0	5.3	13.3	39.7	483
45-49	24.8	12.4	29.7	5.5	12.9	41.8	416
50-54	29.8	16.7	34.3	7.4	16.0	50.4	338
Marital status							
Never married	15.9	11.6	17.4	2.3	11.0	31.1	1,914
Married or living together	20.7	12.1	25.7	3.5	12.4	38.4	2,746
Divorced/separated/widowed	20.3	17.0	27.4	10.3	19.6	38.8	106
Bivorcea, separatea, widowed	20.3	17.10	27.1	10.5	13.0	50.0	100
Residence							
Urban	14.7	7.8	17.1	1.8	9.7	28.8	2,553
Rural	23.4	16.9	28.5	4.7	14.6	43.3	2,213
Pogion							
Region National Capital Region	10.7	3.3	10.2	1.2	6.4	19.1	740
Cordillera Admin Region	30.9	22.7	40.0	6.2	22.0	58.3	740
I - Ilocos	23.5	19.9	24.6	1.7	25.1	48.2	232
II - Cagayan Valley	7.4	6.6	12.5	3.0	8.5	15.9	163
III - Central Luzon	11.1	6.8	17.9	1.0	6.8	24.7	520
IVA - CALABARZON	14.5	7.8	19.2	2.8	10.9	31.3	652
IVB - MIMAROPA	28.1	20.1	36.8	3.6	27.7	59.4	119
V - Bicol	11.7	9.2	12.2	3.9	5.6	20.4	236
VI - Western Visayas	20.8	20.0	40.3	7.9	22.5	52.8	322
VII - Central Visayas	25.6	16.8	18.1	2.5	10.8	37.4	373
VIII - Eastern Visayas	23.7	10.7	35.5	4.1	6.8	48.6	229
IX - Zamboanga Peninsula	32.9	21.8	23.3	0.5	7.3	48.0	189
X - Northern Mindanao	14.1	11.3	28.5	4.9	16.2	41.9	202
XI - Davao	39.7	22.4	42.6	8.6	28.8	63.1	212
XII - SOCCSKSARGEN	26.9	16.2	29.3	5.6	7.3	43.8	216
XIII - Caraga	46.3	31.1	42.9	4.1	22.1	65.5	125
ARMM	3.0	2.7	4.2	0.0	3.4	8.2	166
Education							
No education	23.8	21.5	24.8	8.1	16.9	38.1	84
Elementary	23.5	17.0	30.5	4.8	15.7	45.7	1,441
High school	17.6	11.6	20.1	2.6	11.8	33.9	2,048
College or higher	14.5	6.0	16.4	1.6	7.6	25.8	1,193
							,
Wealth index quintile	22.2	40 =	20.0		45.0	44.0	004
Lowest	23.3	19.7	30.0	5.4	15.2	44.2	884
Second	24.0	16.6	26.4	3.6	14.7	42.2	937
Middle	17.5	11.3	21.7	2.7	11.5	34.9	992
Fourth Highest	16.7 13.0	8.5 4.8	17.4 17.3	3.0 1.2	11.1 8.0	30.6 26.8	957 996
i ngnese	13.0	7.0	17.3	1.4	0.0	20.0	550
Total	18.7	12.0	22.4	3.1	12.0	35.5	4,766
							,

A little less than half of the women and men who have ever had at least one symptom of TB sought consultation or treatment for the symptom (Tables 12.9.1 and 12.9.2). Of the more than half not seeking consultation or treatment, the most commonly cited reason is that the symptom is harmless (37 percent for both women and men). The percentage seeking consultation or treatment (for both sexes) increases with age, education, and wealth index quintile. Among women, Bicol shows the highest percentage (58 percent) seeking treatment and Zamboanga Peninsula (27 percent) the lowest. Among men,

Table 12.9.1 Reasons for not seeking treatment for symptoms of tuberculosis: women

Percent distribution of women who have ever had symptoms of tuberculosis, by whether they sought treatment for the symptoms and reason for not seeking treatment, according to background characteristics, Philippines 2003

		Reason for not seeking consultation/treatment								
Background characteristic	Sought treatment	Symptoms harmless	Cost	Distance	Embarrassed	Self - medication	Don't know/ other	Missing	Total	Number of women
Age										
15-19	36.8	41.9	9.0	2.0	2.3	4.6	3.3	0.1	100.0	815
20-24	44.0	40.0	6.0	2.9	0.6	2.3	3.9	0.3	100.0	709
25-29	45.4	38.8	6.0	2.6	1.2	2.8	2.9	0.3	100.0	646
30-34	46.5	37.6	8.0	2.4	0.8	2.4	2.2	0.3	100.0	708
35-39	48.6	36.2	7.4	1.4	1.0	2.4	2.8	0.2	100.0	668
40-44	52.7	33.4	6.9	2.0	0.5	2.3	2.3	0.2	100.0	630
45-49	55.3	32.4	5.5	1.5	0.3	2.6	2.0	0.0	100.0	619
	33.3	32.4	٥.5	1.5	0.4	2.0	2.0	0.2	100.0	019
Marital status										
Never married	41.8	41.0	7.0	1.6	1.6	3.3	3.4	0.3	100.0	1,340
Married or living together	48.5	36.0	7.0	2.3	8.0	2.7	2.6	0.2	100.0	3,246
Divorced/separated/widowed	47.7	35.8	9.0	3.2	0.5	1.2	2.5	0.0	100.0	208
Residence										
Urban	48.7	37.7	5.1	1.0	1.1	2.8	3.1	0.3	100.0	2,393
Rural	44.4	37.1	9.0	3.2	0.9	2.8	2.5	0.1	100.0	2,401
Region										
National Capital Region	49.3	35.6	7.3	1.3	1.1	0.8	4.5	0.0	100.0	492
Cordillera Admin Region	51.9	29.9	7.5 7.5	2.7	1.1	3.8	2.8	0.0	100.0	117
0										242
I - Ilocos	45.8	35.4	7.6	3.3	1.6	2.9	3.3	0.0	100.0	
II - Cagayan Valley	53.3	22.1	8.8	0.9	3.6	5.1	6.3	0.0	100.0	92
III - Central Luzon	45.7	47.5	3.7	0.4	0.4	1.3	1.0	0.0	100.0	342
IVA - CALABARZON	52.1	33.0	5.0	0.6	1.5	2.2	4.7	0.9	100.0	455
IVB - MIMAROPA	48.8	30.5	8.3	5.1	1.5	4.2	1.1	0.6	100.0	140
V - Bicol	57.8	22.2	4.9	0.5	1.1	8.5	4.0	1.0	100.0	198
VI - Western Visayas	46.5	38.9	7.1	1.9	0.2	4.0	1.4	0.0	100.0	495
VII - Central Visayas	50.5	37.9	6.1	1.9	0.2	2.3	0.8	0.2	100.0	545
VIII - Eastern Visayas	41.4	42.3	7.9	4.2	0.5	3.1	0.5	0.0	100.0	164
IX - Zamboanga Peninsula	26.5	55.0	11.6	2.6	2.2	0.6	1.6	0.0	100.0	164
X - Northern Mindanao	40.2	49.1	6.2	1.5	1.5	0.0	1.5	0.0	100.0	308
XI - Davao	48.8	28.4	7.3	1.9	1.0	6.5	6.0	0.2	100.0	456
XII - SOCCSKSARGEN	39.8	38.8	11.0	3.2	1.8	2.9	2.5	0.0	100.0	238
XIII - Caraga	42.1	49.2	5.7	1.2	0.3	0.3	1.2	0.0	100.0	200
ARMM	34.8	33.3	14.0	11.8	1.0	1.6	3.5	0.0	100.0	144
Education										
No education	31.0	27.2	27.5	9.3	2.0	2.0	1.0	0.0	100.0	81
Elementary	44.1	35.4	9.9	3.5	1.0	3.3	2.6	0.1	100.0	1,442
High school	44.5	38.9	6.7	1.6	1.4	2.9	3.9	0.1	100.0	2,064
College or higher	54.1	37.9	2.9	0.9	0.2	2.1	1.3	0.6	100.0	1,207
Wealth index quintile										
Lowest	40.1	32.0	13.8	6.5	1.2	3.4	3.0	0.0	100.0	985
Second	46.3	38.0	7.6	1.6	1.5	2.1	2.9	0.1	100.0	1,015
Middle	47.6	39.3	6.0	0.6	0.7	3.1	2.6	0.1	100.0	948
Fourth	47.1	41.5	3.5	0.9	0.7	3.4	2.7	0.2	100.0	875
Highest	51.9	36.8	3.9	0.8	1.1	2.2	2.9	0.5	100.0	971
=										
Total	46.6	37.4	7.1	2.1	1.0	2.8	2.8	0.2	100.0	4,794

Davao registers the highest (75 percent), and ARMM (10 percent), followed by Zamboanga Peninsula (17 percent), the lowest. There are no marked differentials observed with the level of consultation or treatment by marital status and residence. The proportion who said they did not seek treatment because they felt the symptoms were harmless shows little marked differentials by background characteristics among women; however, less than 20 percent of men in Davao and Central Visayas state it as a reason for not seeking treatment.

Table 12.9.2 Reasons for not seeking treatment for symptoms of tuberculosis: men

Percent distribution of men who have ever had symptoms of tuberculosis by whether they sought treatment for the symptoms and reason for not seeking treatment, according to background characteristics, Philippines 2003

		Reason for not seeking consultation/treatment								
							Don't			Number
Background	Sought	Symptoms			- 1	Self-	know/			of
characteristic	treatment	harmless	Cost	Distance	Embarrassed	medication	other	Missing	Total	men
Age										
15-19	41.9	40.5	8.8	1.7	1.5	2.8	3.0	0.0	100.0	281
20-24	44.7	35.6	9.2	3.6	1.6	2.9	2.3	0.0	100.0	238
25-29	47.5	41.6	4.0	3.3	0.0	1.5	1.1	1.1	100.0	192
30-34	46.0	38.5	7.2	1.3	0.7	4.0	2.2	0.0	100.0	230
35-39	45.8	35.8	7.7	3.5	1.9	3.6	1.2	0.5	100.0	215
40-44	51.2	37.1	4.0	2.7	0.5	1.3	3.2	0.0	100.0	192
45-49	49.4	38.5	4.7	0.8	0.0	4.4	1.1	1.1	100.0	174
50-54	59.9	28.7	2.8	4.0	0.0	2.3	2.4	0.0	100.0	170
Marital status										
Never married	43.1	40.5	7.2	2.6	0.9	2.9	2.6	0.2	100.0	595
Married or living together	50.2	35.3	6.0	2.7	0.9	2.8	1.9	0.4	100.0	1,055
Divorced/separated/widowed	(46.8)	(42.8)	(4.1)	(0.0)	(0.0)	(5.0)	(1.1)	(0.0)	100.0	41
Residence	•									
Urban	48.1	37.5	6.5	1.4	0.6	2.1	3.2	0.6	100.0	734
Rural	47.2	37.1	6.3	3.5	1.1	3.4	1.3	0.1	100.0	958
Region					***					
National Capital Region	46.3	39.5	3.7	2.5	0.0	3.0	3.6	1.3	100.0	142
Cordillera Admin Region	39.1	49.0	2.1	2.2	1.1	5.3	1.1	0.0	100.0	42
I - Ilocos	37.0	29.5	8.2	3.6	5.4	15.3	0.0	0.0	100.0	112
II - Cagayan Valley	(56.3)	(34.1)	(6.2)	(0.0)	(0.0)	(0.0)	(3.3)	(0.0)	100.0	26
III - Cagayari Valley III - Central Luzon	54.3	32.9	4.1	2.6	1.1	1.0	4.0	0.0	100.0	129
IVA - CALABARZON	39.4	48.9	5.8	2.0	0.0	0.7	3.3	0.0	100.0	204
IVA - CALABARZON IVB - MIMAROPA	34.6	43.2	11.2	6.1	0.0	0.0	3.3 4.9	0.0	100.0	71
V - Bicol	(55.8)	(26.9)	(10.8)	(0.0)	(2.2)	(4.3)	(0.0)	(0.0)	100.0	48
VI - Western Visayas	43.7	40.4	8.3	2.7	0.0	4.9	0.0	0.0	100.0	170
VII - Central Visayas	43.7 69.7	18.5	9.4	1.6	0.0	0.0	0.0	0.0	100.0	170
VIII - Eastern Visayas	38.9	50.2	9. 4 4.7	3.1	0.0 1.5	0.0	0.0	0.0	100.0	111
IX - Zamboanga Peninsula	36.9 16.8	65.1	4./ 11.4	2.9	0.0	2.8	0.8	0.0	100.0	91
X - Northern Mindanao	53.2	37.1	3.2	2.9	2.2	0.0	2.2	0.0	100.0	91 84
X - Northern Mindanao XI - Davao	75.0	37.1 7.6	3.4	2.1	0.7	2.6		0.0		134
XII - Davao XII - SOCCSKSARGEN	75.0 50.8	7.6 36.9	5.4 5.8	2.9	0.7	2.8	7.1 0.0	0.0	100.0 100.0	95
	50.8	36.9 45.5	2.9	0.0	0.9	0.0	0.0	0.0	100.0	95 82
XIII - Caraga ARMM	50.6 *	43.3 *	2.9	U.U *	U./ *	0.0 *	0.0 *	0.0 *	100.0	62 14
									100.0	17
Education	(20.6)	(41.4)	(12.7)	(6,0)	(0, 0)	(0, 4)	(0, 0)	(0, 0)	100.0	22
No education	(29.6)	(41.4)	(12.7)	(6.9)	(0.0)	(9.4)	(0.0)	(0.0)	100.0	32
Elementary	43.9	39.0	7.9	3.3	0.9	2.6	1.8	0.6	100.0	659
High school	51.2	34.6	5.9	1.8	0.8	3.1	2.6	0.0	100.0	693
College or higher	49.3	39.2	3.6	2.3	1.1	2.0	2.0	0.4	100.0	308
Wealth index quintile		22.2	44.0				2.0		100.0	200
Lowest	44.0	33.2	11.9	4.8	0.4	3.5	2.0	0.3	100.0	390
Second	48.3	38.9	5.4	1.9	1.4	2.2	0.9	1.0	100.0	395
Middle	47.2	36.3	7.4	2.9	0.6	3.9	1.7	0.0	100.0	346
Fourth	48.8	39.4	3.1	1.2	1.2	2.0	4.3	0.0	100.0	293
Highest	51.1	40.0	2.1	1.6	8.0	2.4	2.1	0.0	100.0	267
Total	47.6	37.3	6.4	2.6	0.9	2.9	2.1	0.3	100.0	1,692

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

Service (40 percent), distance (29 percent), and cost (20 percent) are the most popular reasons for going to the most recent source of treatment, as reported by women who sought treatment (Table 12.10). With distance as the reason for choosing the last source of treatment, the relevant sources of treatment are rural/urban health center and pharmacy. The main reason for choosing a private hospital/clinic or private doctor is quality of service.

Table 12.10 Reasons for choosing source of treatment for symptoms of TB

Percentage of women who have ever had symptoms of tuberculosis and who sought treatment, by last source of treatment, by reason for choosing the source, Philippines 2003

Source of treatment	Distance	Cost	Service	Quality of drugs	Other	Missing	Total	Number
Government hospital	26.8	30.8	35.2	4.6	2.7	0.0	100.0	426
Rural/Urban health center	45.8	28.3	18.0	5.6	2.0	0.3	100.0	685
Private hospital/clinic	20.6	7.7	61.6	5.8	4.2	0.0	100.0	588
Pharmacy	(38.0)	(26.9)	(2.6)	(30.0)	(2.6)	(0.0)	100.0	36
Private doctor	14.3	5.8	65.1	10.4	3.5	0.9	100.0	303
Other	21.5	18.9	35.7	1.3	21.5	1.1	100.0	156
Total	28.9	19.6	40.3	6.1	4.4	0.7	100.0	2,233

Note: Some sources with small numbers of users have been omitted from the table. Figures in parentheses are based on 25-49 unweighted cases.

12.4 WILLINGNESS TO WORK WITH SOMEONE WHO HAS PREVIOUSLY BEEN TREATED FOR **TUBERCULOSIS**

Six in ten women and men who have heard of TB say they are willing to work with someone who has previously been treated for TB (Table 12.11). While no strong differentials exist by marital status, substantial differences are evident by age, residence, education, wealth index quintile, and region. Older respondents are more likely than younger respondents to be willing to work with someone who has had TB. Urban women and men are more likely to be willing to do so than their rural counterparts. The higher the respondent's level of education and wealth index quintile, the greater the percentage willing to work with a treated TB patient. ARMM has the lowest level of acceptance, followed by Zamboanga Peninsula. Among women, Eastern Visayas and Bicol, have levels of acceptance below 50 percent, and among men, Western Visayas is below 40 percent..

Table 12.11 Positive attitudes toward those with TB

Among women and men who have heard of tuberculosis, percentage who are willing to work with someone who has previously been treated for tuberculosis, by background characteristics, Philippines 2003

Background	Wo	men	Men		
characteristic	Percent	Number	Percent	Number	
Age					
15-19	51.8	2,537	50.8	918	
20-24	62.6	2,145	58.5	785	
25-29	64.4	1,988	62.2	647	
30-34	65.0	1,914	62.8	593	
35-39	63.7	1,830	64.5	586	
40-44	64.2	1,538	65.0	483	
45-49	65.5	1,317	64.6	416	
50-54	na	0	66.9	338	
Marital status					
Never married	60.5	4,248	56.1	1,914	
Married or living together	62.3	8,464	63.8	2,746	
Divorced/separated/widowed	64.6	558	58.4	106	
Residence					
Urban	67.3	7,692	69.5	2,553	
Rural	54.3	5,577	50.3	2,213	
Region					
National Capital Region	72.9	2,340	83.7	740	
Cordillera Admin Region	70.8	203	77.7	72	
I - Ilocos	73.7	619	66.2	232	
II - Cagayan Valley	76.4	419	54.5	163	
III - Central Luzon	64.5	1,399	69.5	520	
IVA - CALABARZON	74.9	1,836	72.9	652	
IVB - MIMAROPA	52.6	325	66.1	119	
V - Bicol	46.5	695	45.1	236	
VI - Western Visayas	50.4	892	38.4	322	
VII - Central Visayas	55.1	1,049	52.0	373	
VIII - Eastern Visayas	44.9	551	52.8	229	
IX - Zamboanga Ýeninsula	44.2	453	28.1	189	
X - Northern Mindanao	52.0	545	52.4	202	
XI - Davao	65.3	639	55.6	212	
XII - SOCCSKSARGEN	58.1	504	49.9	216	
XIII - Caraga	63.9	325	62.6	125	
ARMM	26.4	476	28.4	166	
Education					
No education	32.0	164	24.5	84	
Elementary	49.9	2,970	50.3	1,441	
High school	60.4	5,975	61.2	2,048	
College or higher	73.5	4,161	74.4	1,193	
Wealth index quintile					
Lowest	40.7	2,047	37.0	884	
Second	55. <i>7</i>	2,343	53.4	937	
Middle	63.8	2,626	67.4	992	
Fourth	68.0	2,885	69.0	957	
Highest	72.0	3,368	73.3	996	
Total	61.8	13,270	60.6	4,766	
na = Not applicable					

12.5 AWARENESS OF THE DOTS CHEMOTHERAPY PROGRAM

Table 12.12 shows that 18 percent of women and 12 percent of men are aware of the DOTS program of DOH. The level increases with age, education, and wealth index quintile, irrespective of sex. Regions with levels below average among women are Ilocos, Central Luzon, MIMAROPA, Bicol, Central Visayas, Northern Mindanao, and ARMM, while those among men are NCR, Ilocos, MIMAROPA, Bicol, Eastern Visayas, Zamboanga Peninsula, SOCCSKSARGEN, and ARMM. No strong differentials exist by marital status or residence.

Table 12.12 Awareness of DOTS				
Percentage of women and men wh Treatment Short-course) chemother Philippines 2003	rapy program,	by backgrou	ınd characte	ristics,
Background	Wo	men	M	en
characteristic	Percent	Number	Percent	Number
Age 15-19 20-24 25-29	12.6 16.2 21.5	2,648 2,209 2,034	6.6 7.5 11.7	918 785 647
30-34 35-39 40-44 45-49	19.9 20.1 21.2 21.2	1,954 1,873 1,564 1,351	14.7 16.0 13.4 12.6	593 586 483 416
50-54	na	0	16.8	338
Marital status Never married Married or living together Divorced/separated/widowed	16.7 19.2 20.4	4,388 8,671 574	7.6 14.3 12.0	1,914 2,746 106
Residence Urban Rural	20.2 16.0	7,877 5,756	13.3 9.5	2,553 2,213
Region National Capital Region Cordillera Admin Region I - Ilocos II - Cagayan Valley III - Central Luzon IVA - CALABARZON IVB - MIMAROPA V - Bicol VI - Western Visayas VII - Central Visayas VIII - Eastern Visayas IX - Zamboanga Peninsula X - Northern Mindanao XI - Davao XII - SOCCSKSARGEN XIII - Caraga ARMM	18.5 18.1 15.3 18.6 15.5 19.9 10.1 11.1 30.0 17.4 19.4 21.2 15.4 20.1 18.4 28.7 12.6	2,387 216 642 426 1,459 1,890 340 713 910 1,070 555 465 565 654 524 327 489	8.7 15.1 5.2 13.8 12.9 18.6 9.6 6.3 21.1 11.3 4.8 5.4 12.2 17.1 4.0 19.7 0.4	740 72 232 163 520 652 119 236 322 373 229 189 202 212 216 125 166
Education No education Elementary High school College or higher	11.8 10.5 16.5 27.4	186 3,146 6,109 4,192	2.9 7.7 11.2 17.4	84 1,441 2,048 1,193
Wealth index quintile Lowest Second Middle Fourth Highest	12.6 15.1 16.1 20.5 24.3	2,161 2,412 2,682 2,940 3,438	7.3 9.5 12.6 11.7 16.0	884 937 992 957 996
Total	18.4	13,633	11.5	4,766
na = Not applicable				
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GENERAL HEALTH 13

The 2003 National Demographic and Health Survey (NDHS) included the Health Module, which is aimed at assessing the health status, practices, and attitudes of the population. The respondent for this module is any household member who is knowledgeable about other members of the household.

13.1 COMMUNICABLE DISEASES

13.1.1 Dengue Fever

As stated in the Philippine National Objectives for Health, one of the country's important goals is to reduce morbidity and mortality from dengue fever. Three specific health status objectives were identified to fulfill this aim: 1) reduce the incidence rate of dengue hemorrhagic fever to 20 cases per 100,000 population, 2) reduce the case fatality rate of dengue hemorrhagic fever to less than 1 percent, and 3) decrease the number of dengue outbreaks to less than 10 a year (Department of Health, 2000). In line with these health goals, the Dengue Control Program of the Department of Health (DOH) perseveres in increasing public awareness of dengue, its mode of transmission, and its prevention.

Table 13.1 shows that effective ways to prevent dengue fever are well known in the Philippines. More than two-thirds of household respondents reported that removing mosquito breeding places is one way to avoid dengue. Eliminating mosquitoes was cited by about half; using mosquito nets, by a quarter; and spraying/fogging/fumigating, by another quarter. Small proportions have misconceptions on dengue prevention, like staying away from people with dengue (2 percent) and washing hands before eating (2 percent).

The success of the government's information campaign is most evident in the National Capital Region (NCR) and Zamboanga Peninsula, where more than 80 percent of households know that removing mosquito breeding places can prevent the spread of dengue fever. A more vigorous information campaign could be needed in the Autonomous Region in Muslim Mindanao (ARMM), which registered the largest percentage of household respondents with misconceptions on dengue prevention. In this region, 8 percent cited staying away from people with dengue, and 5 percent mentioned washing hands before eating as ways of preventing dengue fever.

13.1.2 Leprosy

To assess DOH's information campaign on leprosy, the 2003 NDHS asked respondents whether they have ever heard of leprosy, how it spreads from one person to another, whether it is curable, and whether a person with leprosy can be treated at home. Table 13.2 summarizes the responses to these questions. About three in four household respondents (76 percent) have heard of leprosy. The proportion ranges from as high as 89 percent in Western Visayas to as low as 54 percent in ARMM. On the mode of transmission, contact with leprosy patient and skin-to-skin transmission were correctly identified by 31 and 28 percent of household respondents, respectively. Still, a considerable proportion (26 percent) of respondents did not know how leprosy spreads from one person to another.

Table 13.1 Dengue fever prevention

Percentage of household respondents who know that dengue fever can be prevented, and among those the percentage who report various means of preventing it, by region, Philippines 2003

	Percent-		Means of preventing dengue fever among respondents who know that it ca prevented											
	age		-			Stay								Number
	knowing					away				Use				of
	how to	Number	Elimi-		Spraying/	from		Use	Use	mos-	Wash			house-
	prevent	of	nate	mosquito	.00	people	Take	mos-	mos-	quito	hands		D 1:	hold
Region	dengue fever	house- holds	mos- quitoes	breeding places	fumi-	with	medi- cines	quito coils	quito nets	repel- lants	before	Other	Don't know	respon- dents
Region	icvci	Holus	quitoes	places	gating	dengue	cines	COIIS	nets	ianis	eating	Other	KHOW	uents
National Capital Region	99.4	1,846	53.1	83.6	21.2	3.1	1.5	2.8	8.5	5.5	2.5	4.8	0.2	1,835
Cordillera Admin Region	97.7	187	50.6	77.3	15.8	1.7	4.7	2.2	25.5	4.0	2.6	5.7	0.5	183
I - Ilocos	90.9	645	50.5	59.8	26.7	1.4	5.8	4.8	28.3	2.8	1.8	11.9	2.3	586
II - Cagayan Valley	96.8	452	31.0	54.8	20.7	1.1	7.7	5.1	53.2	4.7	1.1	10.8	0.0	437
III - Central Luzon	97.6	1,276	51.1	70.4	15.3	2.0	1.4	9.7	23.0	5.4	2.2	4.2	0.3	1,245
IVA - CALABARZON	98.4	1,611	52.8	68.9	21.8	2.7	1.8	3.3	20.1	9.3	2.6	16.2	0.2	1,585
IVB - MIMAROPA	95.3	343	45.2	59.1	23.3	1.0	0.9	3.8	49.9	2.9	2.2	14.8	2.2	327
V - Bicol	95.7	655	47.7	67.3	31.9	1.4	1.8	7.8	24.3	7.0	2.7	26.3	0.9	627
VI - Western Visayas	90.9	916	45.2	66.3	29.6	2.4	2.1	3.0	17.9	1.5	1.5	19.2	1.0	833
VII - Central Visayas	91.9	985	48.7	69.9	45.1	2.2	1.6	3.9	19.4	5.1	2.2	8.3	0.4	905
VIII - Eastern Visayas	93.8	544	35.3	59.8	22.4	1.4	11.7	13.6	35.8	2.1	2.6	8.6	0.3	511
IX - Zamboanga Peninsula	95.1	424	41.1	81.2	27.1	1.5	1.6	6.0	44.2	1.4	2.6	5.5	0.0	403
X - Northern Mindanao	89.9	515	51.8	71.9	40.6	1.3	2.0	11.4	26.2	5.3	1.6	5.9	0.0	463
XI - Davao	92.2	574	30.5	65.0	32.6	0.0	0.7	6.2	26.0	5.5	0.6	31.8	0.2	529
XII - SOCCSKSARGEN	94.7	519	51.5	65.0	24.8	1.3	1.8	4.1	32.1	1.8	2.1	3.1	0.7	491
XIII - Caraga	96.7	310	71.4	65.3	23.7	1.1	2.6	7.9	57.8	7.5	3.9	1.2	0.0	299
ARMM	97.7	314	40.4	59.1	14.3	7.8	0.9	15.4	60.8	4.3	5.4	3.7	0.0	306
Total	95.5	12,115	48.2	69.5	25.5	2.1	2.5	5.8	25.8	5.1	2.3	10.9	0.5	11,566

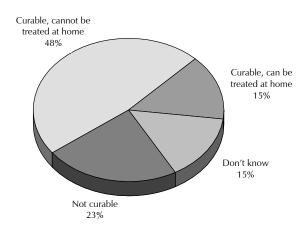
Table 13.2 Perceived mode of transmission of leprosy

Percentage of household respondents who have heard of leprosy, and among those the percentage who cite various modes of transmission of leprosy, by region, Philippines 2003

			Perceived mode of transmission of leprosy among respondents who have heard of leprosy										
Region	Percentage who heard of leprosy	Number of house- holds	Contact with leprosy patient	Droplets/ airborne	Eating certain types of food	Exposure to hot then cold "pasma"	Heredi- tary	Skin to skin	Other	Don't know	house- hold respon- dents		
National Capital Region	80.8	1,889	23.4	5.5	1.5	13.8	17.7	30.2	5.7	26.8	1,522		
Cordillera Admin Region	66.5	198	57.9	7.9	4.9	1.4	9.9	38.9	8.6	12.7	131		
I - Ilocos	74.7	673	30.0	7.2	3.7	5.5	10.4	35.2	11.9	28.6	502		
II - Cagayan Valley	72.7	458	42.6	10.0	2.0	1.4	21.1	53.0	5.9	0.2	332		
III - Central Luzon	67.1	1,317	17.4	5.6	1.7	6.4	13.1	23.5	4.0	41.0	881		
IVA - CALABARZON	71.6	1,641	33.3	6.1	2.6	6.7	15.3	21.4	8.6	29.1	1,175		
IVB - MIMAROPA	72.5	358	31.6	5.6	3.4	2.2	7.8	24.8	13.2	37.1	260		
V - Bicol	70.7	687	30.3	17.6	2.7	0.9	9.3	12.5	15.7	38.1	485		
VI - Western Visayas	89.0	934	26.8	21.6	3.5	0.9	4.2	15.1	10.6	34.6	830		
VII - Central Visayas	83.7	1,000	36.8	11.8	6.9	2.1	15.4	27.6	10.3	23.7	837		
VIII - Eastern Visayas	71.0	566	21.9	5.7	3.1	2.0	10.7	54.5	8.1	12.0	402		
IX - Zamboanga Peninsula	71.6	459	40.7	7.7	6.9	0.7	18.4	50.6	12.9	4.7	327		
X - Northern Mindanao	85.5	544	37.2	11.3	7.0	0.2	8.1	24.3	13.9	30.9	465		
XI - Davao	87.7	592	33.5	10.6	3.8	0.2	5.5	15.9	29.5	28.9	51 <i>7</i>		
XII - SOCCSKSARGEN	71.6	544	33.8	17.0	8.6	1.8	15.2	27.8	7.8	19.5	388		
XIII - Caraga	85.1	322	45.0	29.0	9.3	0.9	4.8	50.2	2.9	3.3	274		
ARMM	53.9	396	29.2	12.7	34.3	4.4	15.2	39.4	4.8	7.3	212		
Total	76.0	12,577	30.5	10.4	4.5	4.7	12.6	28.4	9.8	26.2	9,540		

Among household respondents who had heard of leprosy, 63 percent reported that leprosy is curable (Figure 13.1). Almost one in seven household respondents (15 percent) stated that leprosy can be treated at home. The proportion who said that it can be treated at home ranges from 10 percent in Western Visayas to 21 percent in Eastern Visayas (regional data not shown). On the other hand, 23 percent reported that leprosy cannot be cured. Among the regions, Cagayan Valley had the highest proportion of household respondents reporting this (44 percent), while NCR and ARMM had the lowest proportions (14 and 13 percent, respectively). Fifteen percent of household respondents did not know whether leprosy can be cured.

Figure 13.1 Percent Distribution of Household Respondents By Whether They Think Leprosy Is Curable



NDHS 2003

13.1.3 **Malaria**

About 86 percent of household respondents have heard of malaria, and 61 percent of them are right in saying that a mosquito bite is the major means of transmission (Table 13.3). The other means of transmission identified by the respondents are drinking contaminated water (12 percent), contact with malaria patient (10 percent), and polluted air (5 percent). Six percent cited other reasons, while more than 3 percent gave wrong notions, like eating sour food and fatigue. More than 22 percent of respondents said that they did not know how malaria is transmitted.

A much larger proportion of household respondents residing in Caraga (99 percent), Davao (98 percent), and Cagayan Valley (97 percent) have heard of malaria, as compared with those in other regions. Malaria is least known in Central Luzon, where 74 percent of respondents have heard of the disease (Table 13.3).

Table 13.3 Perceived transmission of malaria

Percentage of household respondents who have heard of malaria, and among those the percentage who report specific modes of transmission of malaria, by region, Philippines 2003

			Modes of transmission of malaria among respondents who have heard of malaria											
Region	Percent- age heard of malaria	Number of house- holds	Polluted air	with	Drinking contami- nated water	Eating sour foods	Mos- quito bites	Fatigue	Other	Don't know	of house- hold respon- dents			
National Capital Region	83.4	1,889	6.9	10.7	12.3	0.9	63.9	1.2	3.4	22.1	1,571			
Cordillera Admin Region	95.5	198	2.3	11.1	8.5	0.5	76.9	2.5	6.0	7.2	188			
I - Ilocos	90.7	673	5.0	12.9	10.6	0.2	48.8	3.1	5.8	35.6	608			
II - Cagayan Valley	96.7	458	5.1	10.1	20.0	0.0	79.9	4.0	5.2	0.4	442			
III - Central Luzon	73.9	1,317	4.1	9.0	11.6	1.4	51.0	0.5	3.9	27.2	974			
IVA - CALABARZON	81.6	1,641	5.8	14.9	9.2	0.9	56.7	1.1	8.1	23.7	1,338			
IVB - MIMAROPA	94.4	358	2.2	14.4	8.5	0.6	58.8	0.6	9.7	23.8	338			
V - Bicol	79.3	687	4.3	10.6	12.4	0.7	44.4	1.1	10.5	33.5	544			
VI - Western Visayas	86.2	934	3.7	10.1	4.8	1.4	39.7	0.1	4.9	42.9	805			
VII - Central Visayas	81.8	1,000	3.1	6.8	8.3	1.8	64.5	1.3	2.9	24.3	818			
VIII - Eastern Visayas	86.1	566	3.8	6.9	8.4	2.2	75.5	1.6	5.4	9.4	486			
IX - Zamboanga Peninsula	95.2	459	4.7	8.7	23.0	1.0	0.88	2.5	2.5	2.6	436			
X - Northern Mindanao	88.3	544	2.1	4.1	15.3	1.4	68.9	1.2	4.9	20.7	480			
XI - Davao	97.7	592	2.8	4.5	7.4	8.0	56.7	0.8	19.1	21.0	577			
XII - SOCCSKSARGEN	90.2	544	3.8	9.9	13.5	8.0	56.4	7.9	5.6	23.5	489			
XIII - Caraga	98.6	322	6.6	6.1	24.7	3.8	89.2	7.4	1.3	0.6	317			
ARMM	83.8	396	11.6	14.8	29.7	2.0	73.9	6.7	4.1	5.3	331			
Total	85.5	12,577	4.8	10.0	12.1	1.2	61.0	2.0	5.9	22.2	10,741			

13.2 **NONCOMMUNICABLE DISEASES**

13.2.1 Cancer

Prevention and control of cancer is the government's response to the increasing incidence of cancer of the lungs, breasts, and other parts of the body among Filipinos. According to the 2001 Vital Statistics Report, malignant neoplasm (or "cancer" in the layman's term), is the second leading cause of death in the Philippines (National Statistics Office, 2001).

The 2003 NDHS asked respondents questions on awareness of cancer and its signs and symptoms. The result shows that 94 percent of the household respondents are aware of cancer (Table 13.4). Of those who are aware of this disease, 35 percent mentioned that the presence of a lump or mass in any part of a person's body would make them suspect that he/she may have cancer. Two in 10 household respondents cited weakness, persistent pain, and sudden loss of weight as signs and symptoms of cancer. However, 21 percent who have heard of cancer do not know any of its signs and symptoms.

Table 13.4 Signs and symptoms of cancer

Percentage of household respondents who have heard of cancer, and among those the percentage who know about specific signs and symptoms of cancer, by region, Philippines 2003

		Signs and symptoms of cancer among respondents who have heard of cancer													
Region	Percent age heard of cancer	Number of house- holds	Bleed- ing	Change of bowel move- ment		Irregu- lar urina- tion	Lump or mass in any part of the body		Sore (wound) that does not heal	Sudden loss of		Other		Don't know	Number of house- hold respon- dents
National Capital Region	95.0	1,889	6.8	3.0	2.8	1.7	45.7	26.7	10.1	19.6	20.0	11.7	1.5	18.6	1,791
Cordillera Admin Region	89.7	1,009	2.9	2.7	3.2	1.9	40.7	18.2	9.4	30.7	35.0	18.0	6.1	6.6	1,7 91
I - Ilocos	95.2	673	4.5	2.6	2.4	2.3	27.7	15.9	7.1	20.7	23.6	16.0	3.2	30.3	641
II - Cagayan Valley	92.3	458	5.3	6.7	5.2	1.2	43.5	21.6	3.0	31.3	36.3	18.7	1.5	0.4	422
III - Central Luzon	92.5	1,317	5.5	3.1	1.9	1.7	42.6	21.9	4.0	27.1	18.9	9.7	1.6	16.7	1,217
IVA - CALABARZON	94.4	1,641	6.9	2.1	1.4	1.8	40.3	26.0	13.0	20.1	20.9	16.8	3.1	16.5	1,549
IVB - MIMAROPA	87.7	358	3.3	1.1	1.1	1.1	30.1	25.5	7.1	18.8	14.1	18.1	3.3	29.0	314
V - Bicol	93.8	687	2.3	0.7	1.2	1.3	32.5	21.7	10.4	11.4	13.7	21.3	3.1	31.6	644
VI - Western Visayas	98.5	934	2.5	0.9	8.0	0.4	25.5	21.4	4.0	13.6	12.8	17.9	1.8	35.9	920
VII - Central Visayas	97.9	1,000	2.8	1.8	1.0	1.2	26.2	17.7	5.2	30.4	36.6	11.6	1.0	25.9	980
VIII - Eastern Visayas	95.5	566	5.0	1.6	4.5	1.1	44.2	22.6	9.3	21.8	25.2	8.5	1.8	10.1	541
IX - Zamboanga Peninsula	94.1	459	7.0	1.0	3.3	0.6	23.1	45.8	12.4	37.2	48.2	6.8	2.0	4.5	431
X - Northern Mindanao	95.5	544	3.4	2.3	1.1	0.9	27.8	33.3	2.6	15.2	23.2	11.9	2.8	34.2	518
XI - Davao	97.9	592	1.9	8.0	8.0	0.7	25.0	15.3	3.1	14.6	23.8	32.0	9.0	23.6	579
XII - SOCCSKSARGEN	91.9	544	1.5	1.6	0.6	0.6	19.4	27.6	2.3	28.7	36.1	8.9	1.9	24.7	499
XIII - Caraga	98.5	322	1.9	2.1	4.2	1.5	31.2	52.6	7.2	42.7	48.5	11.0	0.8	1.9	317
ARMM	75.3	396	8.3	2.2	1.5	1.2	44.6	34.2	7.7	21.1	36.2	8.3	1.7	8.6	297
Total	94.2	12,577	4.7	2.2	2.0	1.3	35.0	24.9	7.4	22.4	24.8	14.4	2.5	20.5	11,836

13.2.2 Diabetes

Household respondents were also asked about their awareness of and opinion on the characteristics of persons likely to have diabetes. Table 13.5 shows the percentage of household respondents who have heard of diabetes and who know persons who are likely to have diabetes, by region. Almost all Filipino households (95 percent) have heard of diabetes. Awareness of this disease is high for all regions, but highest in Western Visayas (98 percent) and lowest in CAR (86 percent).

Regarding respondents' views on what persons are likely to have diabetes, the majority (85 percent) stated that those eating sweets and fatty foods are most likely to have diabetes (Table 13.5). Meanwhile, 16 percent cited that diabetes runs in the family or is hereditary. Ten percent said that being fat or obese can cause diabetes, while a smaller proportion (3 percent) said that not exercising regularly is a possible cause of diabetes.

Table 13.5 Awareness of diabetes

Percentage of households respondents who have heard of diabetes, and among those the percentage who know specific characteristics of persons who are likely to have diabetes, by region, Philippines 2003

	Characteristics of persons likely to have diabetes among respondents who have heard of diabetes											
	Percentage	Number of		Drink		meno-	and	Do not	Family history of			of house- hold
Region	heard of diabetes	house- holds	Fat/ obese	alcohol heavily		pausal women	fatty foods	exercise regularly	dia- betes	Other	Don't know	respon- dents
National Capital Region	97.1	1,889	14.3	3.5	2.6	6.6	84.5	5.3	20.6	6.3	4.0	1,834
Cordillera Admin Region	85.6	198	19.1	5.5	3.6	2.8	82.7	2.3	11.5	7.3	2.3	169
I - Ilocos	93.3	673	9.0	2.8	2.3	1.3	83.3	1.8	12.7	7.7	9.7	628
II - Cagayan Valley	94.1	458	6.8	3.6	1.5	0.4	95.5	2.1	8.6	5.7	0.2	431
III - Central Luzon	95.2	1,317	17.6	3.6	1.4	3.4	83.8	2.0	11.5	5.0	5.3	1,253
IVA - CALABARZON	95.9	1,641	13.7	6.0	3.1	2.7	79.4	2.6	25.1	11.3	4.3	1,574
IVB - MIMAROPA	90.8	358	8.3	5.1	3.5	0.4	79.8	1.3	11.6	10.9	10.1	325
V - Bicol	92.2	687	6.3	3.4	0.8	1.0	80.1	1.0	13.1	12.6	12.7	634
VI - Western Visayas	97.9	934	3.7	3.4	1.6	1.5	77.5	1.4	9.7	8.8	14.5	914
VII - Central Visayas	95.9	1,000	5.6	6.3	3.0	2.0	84.7	3.0	15.7	5.0	7.8	960
VIII - Eastern Visayas	95.5	566	5.5	1.3	0.8	1.3	92.7	1.0	13.2	4.5	1.5	541
IX - Zamboanga Peninsula	93.2	459	7.3	4.0	1.7	0.6	94.9	2.1	15.1	3.7	0.6	427
X - Northern Mindanao	94.0	544	4.8	4.5	2.2	1.4	84.5	2.8	11.4	5.8	8.7	511
XI - Davao	96.8	592	4.3	4.6	1.7	1.5	83.5	3.7	11.2	23.8	5.5	572
XII - SOCCSKSARGEN	89.5	544	8.0	4.5	3.7	0.7	89.0	3.9	13.9	6.8	4.9	487
XIII - Caraga	97.2	322	6.7	8.6	1.6	2.3	96.5	4.2	16.6	1.5	0.2	313
ARMM	88.6	396	16.0	5.2	2.5	1.9	89.4	2.1	15.2	3.0	1.8	351
Total	94.8	12,577	10.0	4.3	2.2	2.5	84.5	2.7	15.5	7.9	6.0	11,922

13.3 **HEALTH CARE FINANCING**

The Philippine Health Insurance Corporation (PhilHealth), under the National Health Insurance Program of the Philippines, aims to enroll all Filipinos into a health insurance program to have access to affordable, adequate, and quality health care services. In the 2003 NDHS, household respondents were asked whether they or anyone in the household were members of PhilHealth and, if so, what type of members they were.

Thirty percent of household respondents in the 2003 NDHS reported having at least one member in their household with PhilHealth membership (data not shown). The largest proportion (43 percent) of PhilHealth members are employed in privately owned businesses or establishments (Table 13.6). Government employees compose slightly more than a quarter (27 percent), while individual/voluntary payers and indigents compose smaller percentages (15 and 11 percent, respectively). Overseas Filipino workers (OFW) and nonpaying members compose the smallest percentages, at 2 percent each. PhilHealth members who are employed in the private sector are, on average, younger than other members. PhilHealth members residing in urban areas as well as those living in the NCR are more likely private employees; those living in ARMM are more likely government employees. Meanwhile, Northern Mindanao and Cagayan Valley have the highest percentage of indigent members.

<u>Table 13.6 Profile of PhilHealth members</u>
Percent distribution of PhilHealth members, by type of membership and background characteristics, Philippines 2003

			Type of Ph	nilHealth me	embership	ı			
Background		Private	Government	Individual paying/	Non-	•	Don't		Number of PhilHealth
characteristic	Indigent	employed	employed	voluntary	paying	OFW	know	Missing	members
Sex									
Male	12.7	46.3	23.9	12.5	2.0	1.9	0.3	0.4	2,790
Female	9.3	37.9	31.9	17.4	1.7	1.3	0.2	0.2	1,969
Average age	43.8	36.0	43.0	40.5	52.1	38.7	39.0	38.1	4,759
Residence									
Urban	4.9	51.6	25.7	13.6	1.7	1.6	0.4	0.5	3,291
Rural	25.7	23.0	30.5	16.6	2.3	1.8	0.0	0.1	1,468
Region									
National Capital Region	0.7	67.1	17.5	11.1	0.7	1.6	0.6	0.7	978
Cordillera Admin Region	26.5	27.2	27.3	14.4	3.8	0.9	0.0	0.0	96
I - Ilocos	16.4	21.7	32.3	20.2	6.2	2.3	0.4	0.4	231
II - Cagayan Valley	36.4	9.9	35.3	12.4	1.9	4.0	0.0	0.0	123
III - Central Luzon	1.4	47.9	22.8	18.7	2.7	5.5	0.4	0.7	396
IVA - CALABARZON	8.0	51.7	25.6	11.4	1.4	1.3	0.4	0.3	793
IVB - MIMAROPA	28.7	14.2	38.2	14.3	3.5	1.1	0.0	0.0	60
V - Bicol	13.5	28.4	43.5	12.4	0.6	1.7	0.0	0.0	189
VI - Western Visayas	17.8	44.6	26.4	7.0	1.0	3.1	0.0	0.0	333
VII - Central Visayas	7.0	45.1	25.9	19.2	2.2	0.3	0.0	0.3	365
VIII - Eastern Visayas	4.2	17.6	59.7	12.6	5.0	0.8	0.0	0.0	105
IX - Zamboanga Peninsula	17.3	20.6	46.5	13.5	0.7	0.7	0.0	0.7	122
X - Northern Mindanao	36.9	20.6	24.8	14.9	2.5	0.3	0.0	0.0	283
XI - Davao	11.4	35.7	26.3	22.8	2.8	0.0	0.5	0.5	308
XII - SOCCSKSARGEN	20.5	29.2	22.8	25.6	1.0	0.8	0.0	0.0	204
XIII - Caraga	14.9	27.7	39.1	15.7	2.2	0.4	0.0	0.0	135
ARMM	(0.0)	(22.1)	(72.4)	(5.5)	(0.0)	(0.0)	(0.0)	(0.0)	39
Total	11.3	42.8	27.2	14.5	1.9	1.7	0.3	0.3	4,759

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

13.4 TRADITIONAL MEDICINES

DOH continues to promote locally produced herbs with scientifically proven medicinal uses through its Traditional Medicine Program. These medicinal herbs include ampalaya, lagundi, niyogniyogan, sambong, tsaang gubat, yerba buena, ulasimang bato (shrub with small, shiny, dark green leaves, used to relieve stomach pain), bayabas or guava leaves, bawang, and acapulco.

The 2003 NDHS investigated on the familiarity of Filipino households with these herbal medicines and their medicinal uses. Table 13.7 indicates that the most popular herbal medicines are bayabas (guava) (98 percent), bawang (garlic) (92 percent), and ampalaya (bitter gourd) (88 percent). Tsaang gubat (juicy grass with heart-shaped leaves, used to reduce uric acid in the blood) (23 percent) and niyogniyogan (Chinese honeysuckle) (14 percent) are the least popular. Seventy-two percent of respondents who claimed familiarity with bawang identified it as treatment for high blood pressure, and 2 percent identified it for hypercholesterolemia. Bayabas and acapulco (ringworm bush) are known to heal skin infections and clean wounds by 80 and 74 percent of respondents familiar with these herbs, respectively. More than half (56 percent) of respondents who know tsaang gubat as having medicinal value correctly identified it as a remedy for abdominal pain or diarrhea. Sambong (camphor), which was incorrectly identified to cure cough or asthma by 35 percent of respondents, was correctly recognized to act as a diuretic or treat urinary stones by only 8 percent.

Percentage of household respondents who are familiar with traditional medicines and, among those the percentage who report specific uses of the medicine, by type of herb, Philippines 2003

	Percent- age who									Condit	on treate	ed							Number of
Traditional herbal medicines	know medicinal value of each herb	Number of house- holds	Abdominal pain/ diarrhea	Anemia	Ascaris		Cough/ asthma	Diabetes	Diuretic/ urinary stone	_	Gouty arthritis/ rayuma	Edema (manas)	High blood pres- sure	Hyper- choles- terolemia	Skin infection/ cleaning wounds	Malaise	Other	Don't know	house- hold respon- dents
Lagundi	59.5	12,577	14.9	0.3	0.5	11.6	41.8	1.2	1.9	20.4	2.3	0.7	1.4	0.2	5.5	4.3	15.3	10.7	7,464
Yerba buena	53.0	12,577	21.6	0.6	0.9	13.0	30.8	0.3	0.9	17.7	1.9	0.9	0.5	0.3	5.2	7.8	15.7	10.5	6,649
Sambong	74.3	12,577	22.3	0.4	0.5	10.2	34.7	8.0	8.3	13.4	5.4	2.5	1.9	0.2	8.1	12.1	20.1	4.2	9,307
Tsaang gubat	22.6	12,577	55. <i>7</i>	0.4	0.6	3.8	8.3	1.8	6.3	6.1	1.3	0.7	2.6	8.0	3.5	2.2	13.8	11.7	2,830
Niyog-niyogan	13.7	12,577	15.2	0.6	16.9	1.7	4.9	2.5	4.9	5.2	1.4	1.0	2.8	0.7	7.8	2.6	17.4	24.1	1,704
Bayabas	97.6	12,577	49.1	0.3	0.8	0.9	2.9	0.4	0.7	1.3	0.1	0.2	0.3	0.3	80.3	1.4	7.0	0.7	12,256
Acapulco	47.2	12,577	3.0	0.2	4.8	0.5	0.8	0.0	0.4	0.7	0.4	0.5	0.2	0.0	73.5	3.3	12.3	5.0	5,919
Ulasimang bato	34.6	12,577	9.7	0.4	0.5	1.6	6.8	4.2	30.8	5.0	12.1	0.8	18.1	0.8	13.0	2.6	7.0	9.4	4,328
Bawang	92.0	12,577	8.7	0.6	0.6	0.9	2.0	0.5	0.3	1.8	0.7	0.1	72.1	1.5	20.4	1.2	15.2	1.5	11,547
Ampalaya	87.9	12,577	7.3	35.6	1.7	4.4	17.2	43.8	0.8	0.9	0.9	0.2	5.5	0.8	4.6	0.5	9.2	2.0	11,045

Compared with data from the 1998 NDHS, the perception of households on the correct use of the herbal medicines improved somewhat. The awareness level of respondents on ampalaya as a cure for diabetes mellitus surged from 5 percent in 1998 to 44 percent in 2003. Public knowledge of the correct use of acapulco also improved over the five years. The percentage of respondents who identified it as treatment for skin infections or as a cleaning agent for wounds rose from 55 percent in 1998 to 74 percent in 2003.

Respondents were also asked whether any member of their household used any of the cited herbal medicines during the three months preceding the survey. Bayabas remains the most commonly used (50 percent) medicinal herb, followed by ampalaya (35 percent), bawang (34 percent), and sambong (33 percent) (Table 13.8). Lagundi (five-leaved chaste tree), yerba buena (mint or peppermint), and acapulco were used by 18, 17, and 15 percent of respondents, respectively. The least used were ulasimang bato (10 percent), tsaang gubat (7 percent), and niyog-niyogan (3 percent). Table 13.8 also shows that bayabas, ampalaya, bawang, and sambong were most widely used in Northern Mindanao.

Table 13.8 Use of herbal medicines

Among household respondents who are familiar with traditional medicines, the percentage who report at least one member of their households using specific herbal medicines in the three months preceding the survey, by region, Philippines 2003

	Number											
	of house-		Yerba		Tsaang	Niyog-			Ulasimang			
Region	holds	Lagundi	buena	Sambong	gubat	niyogan	Bayabas	Acapulco	bato	Bawang	Ampalaya	
National Capital Region	1,713	9.3	5.2	17.8	2.6	1.6	38.4	1.7	5.6	31.2	31.9	
Cordillera Admin Region	168	16.7	10.2	8.5	11.5	1.5	49.5	8.9	1.8	37.1	30.7	
I - Ilocos	654	32.7	17.5	18.7	15.8	1.7	49.7	11.5	4.0	26.4	34.7	
II - Cagayan Valley	441	41.0	21.4	18.6	7.1	5.3	58.1	15.4	3.3	44.2	42.5	
III - Central Luzon	1,235	27.3	11.9	25.9	11.5	6.1	59.9	6.6	12.6	42.8	45.1	
IVA - CALABARZON	1,509	10.4	9.0	20.8	4.3	3.0	30.1	5.6	5.3	21.0	21.4	
IVB - MIMAROPA	314	15.5	22.9	34.1	12.2	1.6	39.1	8.8	4.7	29.7	22.0	
V - Bicol	544	24.7	30.6	76.9	10.7	2.2	61.7	17.8	14.9	45.1	35.8	
VI - Western Visayas	889	10.1	17.1	29.9	6.3	2.8	31.7	10.6	6.1	28.0	28.3	
VII - Central Visayas	827	9.8	17.0	45.9	4.2	2.3	59.8	25.2	13.3	37.2	39.6	
VIII - Eastern Visayas	479	17.6	19.9	36.3	3.7	1.7	46.4	14.4	12.9	24.0	20.6	
IX - Zamboanga Peninsula	382	29.2	15.5	52.3	3.7	2.7	68.7	35.8	40.7	36.1	41.2	
X - Northern Mindanao	372	23.9	35.5	78.3	9.2	12.0	87.1	46.4	17.9	57.0	56.6	
XI - Davao	480	10.3	24.6	48.3	5.2	0.2	51.7	23.8	9.0	24.6	26.7	
XII - SOCCSKSARGEN	428	26.8	16.9	27.1	4.3	1.2	50.1	17.0	8.0	28.0	40.0	
XIII - Caraga	285	14.8	48.9	75.6	2.8	2.7	78.7	45.6	19.8	54.4	52.2	
ARMM	339	31.9	22.5	29.1	5.2	1.4	80.6	36.8	10.6	52.0	55.7	
Total	11,061	18.4	16.5	33.0	6.6	3.0	49.9	14.5	9.8	33.8	34.7	

13.5 HEALTH FACILITY UTILIZATION

One of the main focuses of the reform strategies of the Health Sector Reform Agenda of DOH is increasing investments in public health programs and improving health facilities. Information on the utilization of health facilities is useful for national and local government planners in assessing the coverage and utilization of social services in hospitals and rural health units (RHUs) urban health centers (UHCs).

In the 2003 NDHS, respondents were asked if a member of their household visited any health facility in the six months preceding the survey. The results show that more than half (57 percent) of the

households utilized a health facility. Barangay health stations, which are public health facilities operated at the grassroots level, emerged as the most utilized health facilities (22 percent) (Table 13.9). This is particularly true in Caraga, Northern Mindanao, Zamboanga Peninsula, MIMAROPA, SOCCSKSARGEN, and Davao, where more than three out of ten households went to these health facilities for their health care needs and concerns.

Rural Health Units (RHUs) and Urban Health Centers (UHCs) are the next most utilized health facilities (16 percent), followed by private clinics (14 percent) and private hospitals (9 percent). In Ilocos, NCR, Cordillera Administrative Region (CAR), ARMM, and CALABARZON, RHUs/UHCs are the most utilized health facilities.

Table 13.9 Utilization of health facilities												
Percentage of households th	nat utilized s	pecific h	ealth facilitie	es in the s	ix months p	receding tl	he survey	, by region	, Philippii	nes 2003		
Region	Barangay health station	Rural health unit/ urban health center	Municipal hospital	District hospital	Provincial hospital	Regional hospital/ public medical center	Private clinic	Private hospital	Other	Any health facility	Number of household respondents	
National Capital Region	4.6	18.5	3.2	1.9	1.1	6.4	14.6	11.5	1.0	52.1	1,889	
Cordillera Admin Region	13.2	16.6	4.4	4.6	14.3	4.4	15.4	9.1	1.1	59.4	198	
I - Ilocos	13.6	20.6	4.2	2.1	4.6	3.2	13.4	7.4	0.5	55.2	673	
II - Cagayan Valley	25.0	14.6	3.2	3.5	5.1	3.8	11.1	3.9	0.7	55.7	458	
III - Central Luzon	22.0	4.5	2.3	3.7	4.8	1.2	16.0	9.3	2.1	54.7	1,317	
IVA - CALABARZON	13.8	15.7	3.9	1.5	4.4	2.2	12.2	11.1	1.6	50.8	1,641	
IVB - MIMAROPA	36.8	17.4	7.5	4.0	6.3	1.0	10.1	2.8	1.3	61.9	358	
V - Bicol	28.8	20.5	3.4	2.0	6.0	4.2	16.7	7.5	5.3	64.7	687	
VI - Western Visayas	29.9	22.4	3.0	7.7	6.4	0.5	18.8	6.9	1.0	62.5	934	
VII - Central Visayas	28.7	19.3	4.9	6.2	5.5	0.7	13.4	9.2	0.2	61.2	1,000	
VIII - Eastern Visayas	22.5	21.7	3.6	6.1	4.3	2.7	10.9	4.5	1.3	54.2	566	
IX - Zamboanga Peninsula	39.2	9.5	2.7	2.3	2.1	3.4	8.0	7.2	0.6	57.6	459	
X - Northern Mindanao	39.6	12.6	6.7	3.3	10.0	3.5	12.7	16.0	0.5	64.8	544	
XI - Davao	32.6	14.6	1.6	4.2	3.7	10.1	22.9	14.6	18.5	69.3	592	
XII - SOCCSKSARGEN	35.3	15.5	4.4	3.0	3.8	1.7	14.3	15.3	0.3	59.6	544	
XIII - Caraga	42.3	20.2	8.4	3.6	11.5	4.0	8.7	9.9	0.0	72.3	322	
ARMM	11.9	16.1	2.8	0.7	8.4	3.4	9.8	3.9	0.2	46.5	396	
Total	22.4	16.3	3.8	3.4	4.9	3.3	14.0	9.4	2.0	57.4	12,577	

13.6 ALTERNATIVE HEALTH CARE

Respondents were asked whether they have heard of any of the alternative health care modalities, such as acupuncture, acupressure/therapeutic massage, iridology, pranic healing, aromatherapy, chiropractic, and homeopathy.

Iridology is the most familiar alternative health care modality; 50 percent of household respondents said that they heard of it (Table 13.10). This is followed by acupressure/therapeutic massage (44 percent), acupuncture (28 percent), and aromatherapy (21 percent).

Among the regions, Davao had the largest proportion of households that have heard of all types of alternative health care, except for acupuncture (where CAR had the largest proportion) and aromatherapy (where NCR had the largest proportion).

Table 13.10 Alternative health care

Percentage of household respondents who have heard of specific types of alternative health care, by region, Philippines 2003

Type of alternative health care												
Region		Acupressure, therapeutic massage		Pranic healing	Aroma- therapy	Chiro- practic	Home- opathy	Number of household respondents				
National Capital Region	40.9	47.3	62.9	8.8	33.3	10.0	4.5	1,889				
Cordillera Admin Region	54.5	69.4	65.1	17.1	24.2	10.8	14.4	198				
I - Ilocos	22.2	43.0	63.4	6.3	16.5	3.7	3.7	673				
II - Cagayan Valley	21.0	43.2	40.3	3.4	9.6	3.7	2.7	458				
III - Central Luzon	23.9	34.6	47.4	5.2	17.7	2.4	1.8	1,317				
IVA - CALABARZON	30.0	37.8	47.9	8.8	24.1	5.5	3.8	1,641				
IVB - MIMAROPA	9.4	32.3	32.4	5.5	12.3	2.5	7.5	358				
V - Bicol	21.4	33.4	40.3	7.4	17.5	3.5	8.8	687				
VI - Western Visayas	28.1	51.5	41.6	8.4	21.8	5.3	2.1	934				
VII - Central Visayas	22.6	67.6	67.6	16.2	21.9	7.8	8.1	1,000				
VIII - Eastern Visayas	19.0	40.1	38.7	7.9	14.5	3.4	12.7	566				
IX - Zamboanga Peninsula	22.8	47.1	42.5	7.3	23.3	1.1	2.1	459				
X - Northern Mindanao	26.4	41.5	37.1	9.2	18.9	4.3	3.3	544				
XI - Davao	46.5	71.0	78.1	26.0	25.7	13.8	18.6	592				
XII - SOCCSKSARGEN	22.5	36.9	51.7	5.6	12.6	1.4	1.4	544				
XIII - Caraga	27.0	39.4	30.7	9.0	16.2	5.4	2.4	322				
ARMM	9.6	13.0	22.5	6.9	8.0	0.3	0.4	396				
Total	27.7	44.2	50.4	9.2	21.0	5.5	5.2	12,577				

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A.1 Introduction

The 2003 National Demographic and Health Survey (NDHS), which interviewed women age 15-49 and men age 15-54 was designed to

- Collect data at the national level, which will allow the calculation of demographic rates and, particularly, the fertility and under-five mortality rates.
- Analyze the direct and indirect factors that determine the level and trends of fertility. Indicators related to fertility will serve to inform plans for social and economic development.
- Measure the level of contraceptive knowledge and practice by method, urban-rural residence, and region.
- Collect data on knowledge and attitudes of women and men about sexually transmitted diseases and HIV/AIDS and evaluate patterns of recent behavior regarding condom use.
- Collect high-quality data on family health, including immunizations, prevalence and treatment of diarrhea and other diseases among children under five, antenatal visits, assistance at delivery, and breastfeeding.

The sample was selected to allow separate estimates for the national level, for urban and rural areas separately, and for each of the 17 regions.

Results of the household sample implementation by urban-rural residence, by region, and by male and female subsamples are shown in Tables A.1.1 through A.2.2. As shown in Table A.1.1, 13,914 households were selected for the 2003 NDHS. Of these, 91 percent were successfully interviewed, 7 percent were not interviewed because the dwelling was vacant, and 1 percent were away during the survey fieldworkers' visit. Other reasons for not interviewing households include the following: no competent respondent was in the household, the dwelling was not found, or the dwelling had been destroyed (each less than 1 percent). The overall household response rate is 99 percent (see Table A.1.1 for definition). The level of successful household interviews varies little across regions.

Table A.1.2 presents the survey coverage for individual interviews with women. Of the 13,935 women eligible for the individual interview, 98 percent were successfully interviewed, and 1 percent were not interviewed because they were not at home (see Table A.1.2 for definition). Urban women are as likely as rural women to be interviewed in the survey. The response rate does not vary much by region. The lowest overall response rate is in Cordillera Administrative Region (CAR) (94 percent), while in Eastern Visayas, it is almost 100 percent.

Table A.2.1 shows that 4,615 households were selected for the male subsample. This is approximately one-third the number of households selected for the female subsample. Ninety-one percent of those households were successfully interviewed, and less than 1 percent each were not interviewed because no competent respondent was found at home, the interview was refused, the dwelling was not found, the household was absent during the fieldworkers' visit, or the dwelling was destroyed. The overall household response rate is 99 percent, with negligible variations across regions.

Table A.2.2 shows that 4,992 eligible men were identified for the individual interview, and of these, interviews were completed with 96 percent. The principal reason for nonresponse among eligible men was the failure to find them at home despite repeated visits to the household. The level of successful household interviews among the regions ranges from 85 percent in CAR to 99 percent in Autonomous Region in Muslim Mindanao (ARMM).

Table A.1.1 Sample implementation: results of the household interview: women

Percent distribution of households selected for the female subsample by results of the household interview, and household response rates, according to urban-rural residence and region, Philippines 2003

			Selecte	ed househol	lds					
Result	Completed (C)	Household present but no competent respondent at home (HP)	Refused (R)	Dwelling not found (DNF)	House- hold absent (HA)	not a	Dwelling destroyed (DD)	Total	Number of sampled house- holds	Household response rate (HRR) ¹
Residence										
Urban	89.9	0.4	0.3	0.2	1.1	7.8	0.3	100.0	6,878	99.0
Rural	91.0	0.3	0.0	0.3	1.1	7.1	0.2	100.0	7,036	99.3
Region										
National Capital Region	87.5	0.4	0.9	0.3	1.4	9.1	0.4	100.0	1,958	98.2
Cordillera Admin Region	85.2	0.2	0.0	0.0	1.7	12.9	0.0	100.0	535	99.8
I - Ilocos	93.2	0.7	0.3	0.0	1.2	4.6	0.0	100.0	695	98.9
II - Cagayan Valley	90.6	0.8	0.2	0.0	1.6	6.7	0.2	100.0	628	99.0
III - Central Luzon	90.3	0.5	0.1	0.4	1.2	7.4	0.1	100.0	1,077	99.0
IVA - CALABARZON	90.4	0.3	0.2	0.3	1.2	7.3	0.3	100.0	1,361	99.1
IVB - MIMAROPA	90.3	0.0	0.0	0.9	2.1	6.4	0.4	100.0	565	99.0
V - Bicol	89.4	0.4	0.0	0.3	1.3	8.2	0.4	100.0	777	99.3
VI - Western Visayas	90.7	0.2	0.0	0.7	0.4	7.8	0.1	100.0	892	99.0
VII - Central Visayas	93.0	0.5	0.0	0.2	0.3	5.4	0.5	100.0	927	99.2
VIII - Eastern Visayas	91.1	0.3	0.0	0.0	0.6	7.9	0.1	100.0	707	99.7
IX - Zamboanga Peninsula	93.4	0.5	0.0	0.2	0.2	5.4	0.3	100.0	574	99.3
X - Northern Mindanao	87.9	0.3	0.0	0.2	2.0	9.4	0.2	100.0	639	99.5
XI - Davao	88.6	0.0	0.0	0.3	1.4	9.2	0.6	100.0	720	99.7
XII - SOCCSKSARGEN	90.0	0.0	0.0	0.3	0.8	8.7	0.3	100.0	739	99.7
XIII - Caraga	93.5	0.0	0.0	0.4	0.5	5.7	0.0	100.0	566	99.6
ARMM	98.7	0.4	0.0	0.0	0.4	0.2	0.4	100.0	554	99.6
Total	90.5	0.3	0.2	0.3	1.1	7.4	0.3	100.0	13,914	99.1

¹ With the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

C + HP + P + R + DNF

Table A.1.2 Sample implementation: results of the individual interview: women

Percent distribution of eligible women by results of the individual interview, and eligible woman and overall response rates, according to urbanrural residence and region, Philippines 2003

			Eligible	women					Eligible women	Overall
		Not at		,	Incapaci-				response	response
Result	Completed	home	Refused	completed	tated (EWI)	Other	Total	Number	rate (EWRR) ¹	rate (ORR) ²
	(EWC)	(EWNH)	(EWR)	(EWPC)	(EVVI)	(EWO)	Total	of women	(LVVIXIX)	(OKK)
Residence										
Urban	97.8	1.2	0.2	0.0	0.5	0.2	100.0	7,605	97.8	96.8
Rural	97.9	1.2	0.1	0.0	0.6	0.1	100.0	6,330	97.9	97.2
Region										
National Capital Region	97.8	0.8	0.4	0.0	0.7	0.3	100.0	2,216	97.8	96.1
Cordillera Admin Region	94.3	4.3	0.0	0.0	1.2	0.2	100.0	511	94.3	94.1
I - Ilocos	99.4	0.2	0.2	0.0	0.2	0.2	100.0	637	99.4	98.3
II - Cagayan Valley	97.1	1.6	0.0	0.2	0.7	0.4	100.0	547	97.1	96.1
III - Central Luzon	97.3	1.5	0.0	0.1	0.9	0.2	100.0	1,109	97.3	96.3
IVA - CALABARZON	97.8	1.2	0.2	0.1	0.5	0.1	100.0	1,457	97.8	96.9
IVB - MIMAROPA	96.6	2.6	0.2	0.0	0.6	0.0	100.0	498	96.6	95.6
V - Bicol	97.8	1.5	0.1	0.0	0.3	0.3	100.0	740	97.8	97.1
VI - Western Visayas	96.6	1.2	0.9	0.0	0.9	0.5	100.0	812	96.6	95.6
VII - Central Visayas	97.7	1.7	0.1	0.0	0.5	0.0	100.0	949	97.7	96.9
VIII - Eastern Visayas	99.5	0.2	0.0	0.2	0.2	0.0	100.0	650	99.5	99.2
IX - Zamboanga Peninsula	98.2	1.2	0.0	0.0	0.4	0.2	100.0	562	98.2	97.5
X - Northern Mindanao	99.2	0.2	0.0	0.0	0.7	0.0	100.0	597	99.2	98.6
XI - Davao	98.1	1.5	0.0	0.0	0.4	0.0	100.0	739	98.1	97.8
XII - SOCCSKSARGEN	98.8	0.5	0.0	0.0	0.6	0.2	100.0	663	98.8	98.5
XIII - Caraga	98.6	0.9	0.0	0.0	0.4	0.2	100.0	553	98.6	98.2
ARMM	98.3	0.7	0.0	0.0	0.7	0.3	100.0	695	98.3	97.9
Total	97.8	1.2	0.2	0.0	0.6	0.2	100.0	13,935	97.8	97.0

¹ With the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

EWC + EWNH + EWP + EWR + EWPC + EWI + EWO

ORR = HRR * EWRR/100

 $^{^{\}rm 2}$ The overall response rate (ORR) is calculated as:

Table A.2.1 Sample implementation: results of the household interview: men

Percent distribution of households selected for the male subsample by results of the household interview, and household response rates, according to urban-rural residence and region, Philippines 2003

			Selec	cted housel	holds					
Result	Completed (C)	Household present but no competent respondent at home (HP)		Dwelling not found (DNF)	Household absent (HA)	Dwelling vacant/ address not a dwelling (DV)	Dwelling	Total	sampled	Household response rate (HRR) ¹
Residence										
Urban	90.4	0.5	0.4	0.4	0.9	7.3	0.1	100.0	2,277	98.6
Rural	91.2	0.3	0.0	0.2	1.0	7.1	0.2	100.0	2,338	99.4
Region										
National Capital Region	86.9	0.6	1.1	0.3	1.2	9.8	0.2	100.0	655	97.8
Cordillera Admin Region	87.7	0.0	0.0	0.0	1.2	11.1	0.0	100.0	171	100.0
I - Ilocos	93.1	1.3	0.4	0.0	0.9	4.3	0.0	100.0	232	98.2
II - Cagayan Valley	91.4	0.0	0.0	0.0	1.0	7.7	0.0	100.0	209	100.0
III - Central Luzon	90.0	0.8	0.0	1.1	1.4	6.7	0.0	100.0	360	97.9
IVA - CALABARZON	90.2	0.4	0.4	0.2	0.7	7.9	0.2	100.0	457	98.8
IVB - MIMAROPA	92.0	0.0	0.0	1.1	2.1	4.3	0.5	100.0	187	98.9
V - Bicol	90.2	0.0	0.0	0.4	8.0	8.7	0.0	100.0	254	99.6
VI - Western Visayas	91.6	0.0	0.0	0.3	0.3	7.4	0.3	100.0	297	99.6
VII - Central Visayas	92.7	0.7	0.0	0.3	0.3	6.0	0.0	100.0	302	98.9
VIII - Eastern Visayas	89.9	0.4	0.0	0.0	0.0	9.2	0.4	100.0	238	99.5
IX - Zamboanga Peninsula	95.4	0.5	0.0	0.0	0.0	4.1	0.0	100.0	195	99.5
X - Northern Mindanao	89.4	1.0	0.0	0.0	2.4	6.7	0.5	100.0	208	98.9
XI - Davao	87.6	0.0	0.0	0.4	2.1	9.4	0.4	100.0	234	99.5
XII - SOCCSKSARGEN	91.4	0.0	0.0	0.0	8.0	7.8	0.0	100.0	243	100.0
XIII - Caraga	95.6	0.0	0.0	0.0	0.0	4.4	0.0	100.0	183	100.0
ARMM	98.4	0.5	0.0	0.0	0.5	0.0	0.5	100.0	190	99.5
Total	90.8	0.4	0.2	0.3	0.9	7.2	0.2	100.0	4,615	99.0

¹ With the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

100 * C

C + HP + P + R + DNF

Table A.2.2 Sample implementation: results of the individual interview: men

Percent distribution of eligible men by results of the individual interview, and eligible man and overall response rates, according to urbanrural residence and region, Philippines 2003

Result	Completed (EMC)	Not at home (EMNH)	Eligibl Refused (EMR)		Incapaci- tated (EMI)	Other (EMO)	Total	Number of men	Eligible man response rate (EMRR) ¹	Overall response rate (ORR) ²
Residence	(21110)	(2.711 (1.1)	(21111)	(2.111 0)	(2,)	(EIIIO)	, otal	0		
Urban	94.6	3.5	0.6	0.0	1.2	0.2	100.0	2,516	94.6	93.2
Rural	96.4	2.6	0.2	0.0	0.8	0.0	100.0	2,476	96.4	95.8
Region										
National Capital Region	96.3	1.3	1.0	0.0	1.1	0.3	100.0	702	96.3	94.1
Cordillera Admin Region	89.5	9.3	0.0	0.0	1.2	0.0	100.0	172	89.5	89.5
I - Ilocos	98.7	1.3	0.0	0.0	0.0	0.0	100.0	234	98.7	96.9
II - Cagayan Valley	94.4	4.7	0.5	0.0	0.5	0.0	100.0	214	94.4	94.4
III - Central Luzon	95.1	4.4	0.2	0.2	0.0	0.0	100.0	405	95.1	93.1
IVA - CALABARZON	94.0	3.3	1.2	0.0	1.0	0.6	100.0	514	94.0	92.8
IVB - MIMAROPA	94.9	2.8	0.6	0.0	1.7	0.0	100.0	177	94.9	93.8
V - Bicol	95.2	3.2	0.0	0.0	1.6	0.0	100.0	250	95.2	94.8
VI - Western Visayas	94.8	3.8	1.0	0.0	0.3	0.0	100.0	291	94.8	94.5
VII - Central Visayas	94.7	2.7	0.0	0.0	2.7	0.0	100.0	338	94.7	93.7
VIII - Eastern Visayas	98.2	1.1	0.0	0.0	0.7	0.0	100.0	273	98.2	97.7
IX - Zamboanga Peninsula	97.8	2.2	0.0	0.0	0.0	0.0	100.0	229	97.8	97.3
X - Northern Mindanao	99.1	0.9	0.0	0.0	0.0	0.0	100.0	218	99.1	98.0
XI - Davao	92.6	7.0	0.0	0.0	0.4	0.0	100.0	243	92.6	92.1
XII - SOCCSKSARGEN	92.7	5.5	0.0	0.0	1.5	0.4	100.0	275	92.7	92.7
XIII - Caraga	95.8	1.4	0.0	0.0	2.8	0.0	100.0	215	95.8	95.8
ARMM	98.8	0.0	0.0	0.0	1.2	0.0	100.0	242	98.8	98.2
Total	95.5	3.0	0.4	0.0	1.0	0.1	100.0	4,992	95.5	94.5

 $^{^{1}}$ With the number of eligible men falling into specific response categories, the eligible man response rate (EMRR) is calculated as:

EMC + EMNH + EMP + EMR + EMPC + EMI + EMO

ORR = HRR * EMRR/100

² The overall response rate (ORR) is calculated as:



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 2003 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 2003 NDHS is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

A sampling error is usually measured in terms of the standard error for a particular statistic (e.g., mean, percentage), 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 2003 NDHS sample is the result of a multistage stratified design, and consequently, it was necessary to use more complex formulas. The computer software used to calculate sampling errors for the 2003 NDHS is the Integrated System for Survey Analysis (ISSA) Sampling Error Module. This module used the Taylor linearization method of variance estimation for survey estimates that are means or proportions. The Jackknife repeated replication method is used for variance estimation of more complex statistics, such as fertility and mortality rates.

The Taylor linearization method treats any percentage or average as a ratio estimate, r = y/x, where y represents the total sample value for variable y, and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below, with the standard error (SE) being the square root of the variance:

$$SE^{2}(r) = var(r) = \frac{1}{k(k-1)} \sum_{i=1}^{k} (r_{i} - r)^{2}$$

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 is the overall sampling fraction, which is so small that it is ignored.

The Jackknife repeated replication method derives estimates of complex rates from each of several replications of the parent sample and calculates standard errors for these estimates using simple formulas. Each replication considers all but one cluster in the calculation of the estimates. Pseudo-independent replications are thus created. In the 2003 NDHS, there were 819 non-empty clusters; hence, 818 replications were created. The variance of a rate r is calculated as follows:

$$SE^{2}(r) = var(r) = \frac{1}{k(k-1)} \sum_{i=1}^{k} (r_{i} - r)^{2}$$

in which

$$r_i = kr - (k-1)r_{(i)}$$

where r is the estimate computed from the full sample of 819 clusters,

 $r_{(i)}$ is the estimate computed from the reduced sample of 818 clusters (Ith cluster excluded), and

k is the total number of clusters.

In addition to the standard error, ISSA 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 that the increase in the sampling errors is due to the use of a more complex and less statistically efficient design. ISSA also computes the relative error and confidence limits for the estimates.

Sampling errors for the 2003 NDHS were calculated for selected variables considered to be of primary interest for the women's survey and for the men's survey. The results are presented in this appendix for the country as a whole, for urban and rural areas, and for each of the 17 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 cases (N) and weighted cases (WN), the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits (R±2SE) for each variable. The DEFT is considered undefined when the standard error considering the simple random sample is zero (when the estimate is close to 0 or 1). In the case of the total fertility rate, the number of unweighted cases is not relevant, as there is no known unweighted value for woman-years of exposure to childbearing.

The confidence interval (e.g., as calculated for children ever born to women age 40-49) can be interpreted as follows: the overall average from the national sample is 4.321, and its standard error is 0.065. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate (i.e., $4.32 \pm 2 \times 0.065$). There is a high probability (95 percent) that the true average number of children ever born to all women age 40 to 49 is between 4.192 and 4.451.

Sampling errors were analyzed for the national sample of women and for two separate groups of estimates: 1) means and proportions and 2) complex demographic rates. The relative standard errors (SE/R) for the means and proportions range between 0.1 and 29.1 percent, with an average of 3.27 percent; the highest relative standard errors are for estimates of very low values (e.g., currently using male sterilization). If estimates of very low values (less than 10 percent) are removed, then the average drops to 1.81 percent. So in general, the relative standard error for most estimates for the country as a whole is small, except for estimates of very small proportions. The relative standard error for the total fertility rate is small (1.9 percent). However, for the mortality rates, the average relative standard error is much higher (8.95 percent).

There are differentials in the relative standard error for the estimates of subpopulations. For example, for the variable "want no more children," the relative standard errors as a percent of the estimated mean for the whole country and for the urban areas are 0.9 and 1.4 percent, respectively.

For the total sample, the value of the DEFT, averaged over all variables, is 1.167, which means that, because of multistage clustering of the sample, the average standard error is increased by a factor of 1.167 over that in an equivalent simple random sample.

Variable	Estimate	Base population
	WOME	N
Urban residence	Proportion	All women 15-49
Literate	Proportion	All women 15-49
No education	Proportion	All women 15-49
Secondary education or higher	Proportion	All women 15-49
Never married	Proportion	All women 15-49
Currently married (in union)	Proportion	All women 15-49
Married before age 20	Proportion	All women 20-49
Had first sexual intercourse before 18	Proportion	All women 20-49
Currently pregnant	Proportion	All women 15-49
Children ever born	Mean	Currently married women 15-49
Children surviving	Mean	Currently married women 15-49
Children ever born to women over 40	Mean	Women age 40-49
Knowing any contraceptive method	Proportion	Currently married women 15-49
Knowing any modern contraceptive method	Proportion	Currently married women 15-49
Ever used any contraceptive method	Proportion	Currently married women 15-49
Currently using any contraceptive method	Proportion	Currently married women 15-49
Currently using a modern contraceptive method	Proportion	Currently married women 15-49
Currently using female sterilization	Proportion	Currently married women 15-49
Currently using male sterilization	Proportion	Currently married women 15-49
Currently using pill	Proportion	Currently married women 15-49
Currently using IUD	Proportion	Currently married women 15-49
Currently using injectables	Proportion	Currently married women 15-49
Currently using condom	Proportion	Currently married women 15-49
Currently using periodic abstinence	Proportion	Currently married women 15-49
Currently using withdrawal	Proportion	Currently married women 15-49
Obtained method from public sector source	Proportion	Current users of modern method
Want no more children	Proportion	Currently married women 15-49
Want to delay birth at least 2 years	Proportion	Currently married women 15-49
Ideal number of children	Mean	Women 15-49
Mothers received tetanus injection for last birth	Proportion	Last birth in 5 years
Mothers received medical assistance at delivery	Proportion	Births in last 5 years Children under 5
Had diarrhea in two weeks before survey	Proportion	Children under 5 With diarrhea in last 2 weeks
Treated with oral rehydration salts (ORS)	Proportion	Children under 5 with diarrhea in last 2 weeks
Taken to a health provider Vaccination card seen	Proportion	Children 12-23 months
Received BCG vaccination	Proportion	Children 12-23 months
Received DPT vaccination (3 doses)	Proportion Proportion	Children 12-23 months
Received Dr F vaccination (3 doses)	Proportion	Children 12-23 months
Received measles vaccination	Proportion	Children 12-23 months
Received measies vaccination Received all vaccinations	Proportion	Children 12-23 months
Total fertility rate (3 years)	Rate	Women-years of exposure to childbearing
Perinatal mortality (0-4 years)	Ratio	
Neonatal mortality rate (10 years) ¹	Rate	Number of pregnancies of 7+ months Children exposed to the risk of mortality
Postneonatal mortality rate (10 years) ¹	Rate	Children exposed to the risk of mortality Children exposed to the risk of mortality
Infant mortality rate (10 years)	Rate	Children exposed to the risk of mortality Children exposed to the risk of mortality
Child mortality rate (10 years) ¹	Rate	Children exposed to the risk of mortality Children exposed to the risk of mortality
Under-five mortality rate (10 years) ¹	Rate	Children exposed to the risk of mortality Children exposed to the risk of mortality
——————————————————————————————————————		Children exposed to the risk of mortality
	MEN	
Urban residence	Proportion	Men 15-54
No education	Proportion	Men 15-54
Secondary education or higher	Proportion	Men 15-54
Knowing any contraceptive method	Proportion	Currently married men 15-54
Knowing any modern contraceptive method	Proportion	Currently married men 15-54

Value Val			C. I	Number	of cases		D.I		
Urban residence	Variable		error	weighted	eď	effect	error		
Urban residence	· anazie	(11)				(52.1)	(02/11)		
Literate									
No education									
Secondary education or higher									
Never married									
Married before age 20 1-4ad first sexual intercourse before age 18 1-76 1-76 1-76 1-76 1-76 1-76 1-76 1-76								0.311	
Had first sexual intercourse before age 18									
Currently pregnant 0,056 0,002 13633 13633 1,169 0,012 2,126 2,233 Children surviving 2,180 0,027 13633 13633 1,269 0,012 2,126 2,233 Children surviving 4,005 0,007 1,0024 13633 13633 1,269 0,012 2,126 2,233 Children surviving 4,005 0,005 0,006 1,006 1,007 1	Married before age 20								
Children ever born									
Children surviving Children surviving Children surviving Children very born to women age 40-49 4,321 0,065 2,884 2,915 1,264 0,015 4,129 4,451 Knowing any contraceptive method 0,991 0,001 8,764 8,671 1,081 0,001 0,990 0,008 8,764 8,671 1,081 0,001 0,980 0,009 1,000 8,764 8,71 1,161 0,013 0,049 0,093 0,718 Currently using a modern method 0,334 0,006 0,876 8,764 8,77 1,161 0,013 0,476 0,501 Currently using male sterilization 0,001 0,000 0,000 0,876 8,764 8,77 1,103 0,018 0,031 0,291 0,004 0,007 0,008 1,102 Currently using male sterilization 0,001 0,000 0,000 0,000 0,004 0									
Children ever born to women age 40-49									
Knowing any contraceptive method (0.991 (0.901 8764 8671 1.084 (0.001 0.989 0.993) Knowing any modern contraceptive method (0.706 0.006 8764 8671 1.081 (0.001 0.986 0.991) Ever used any contraceptive method (0.706 0.006 8764 8671 1.1286 0.009 0.693 0.718 (1.001 0.1991) Currently using any contraceptive method (0.334 0.006 8764 8671 1.126 0.018 0.321 0.346 (1.001 0									
Knowing any modern contraceptive method 0.988 0.001 8764 8671 1.081 0.001 0.986 0.999 1.705 Ever used any contraceptive method 0.489 0.006 8764 8671 1.161 0.013 0.476 0.501 Currently using a modern method 0.349 0.006 8764 8671 1.161 0.013 0.476 0.501 Currently using mediae sterilization 0.105 0.004 8764 8671 1.103 0.034 0.098 0.112 Currently using female sterilization 0.105 0.004 8764 8671 1.103 0.034 0.098 0.112 Currently using pill 0.132 0.004 8764 8671 1.109 0.034 0.098 0.112 Currently using pill 0.132 0.004 8764 8671 1.109 0.034 0.098 0.104 Currently using pill 0.132 0.004 8764 8671 1.109 0.031 0.124 0.140 Currently using injectables 0.031 0.002 8764 8671 1.199 0.031 0.124 0.140 Currently using periodic abstinence 0.067 0.003 8764 8671 1.193 0.062 0.036 0.046 Currently using periodic abstinence 0.067 0.003 8764 8671 1.108 0.083 0.016 0.022 Currently using periodic abstinence 0.067 0.003 8764 8671 1.108 0.083 0.016 0.022 Currently using withdrawal 0.082 0.003 8764 8671 1.113 0.040 0.061 0.022 Currently using withdrawal 0.082 0.003 8764 8671 1.113 0.040 0.076 0.089 Obtained method from public sector source 0.672 0.010 2917 2920 1.162 0.015 0.652 0.692 Want to delay birth at least 2 years 0.184 0.004 8764 8671 1.111 0.009 0.601 0.624 Want to delay birth at least 2 years 0.184 0.004 8764 8671 1.111 0.009 0.601 0.624 Want to delay birth at least 2 years 0.184 0.004 8764 8671 1.107 0.002 4 0.775 0.193 Mothers received medical assistance at delivery 0.598 0.110 1.3491 1.3486 1.306 0.005 2.948 3.011 Mothers received medical assistance at delivery 0.598 0.110 1.3491 1.3486 1.306 0.005 0.005 0.248 3.011 Mothers received medical assistance at delivery 0.598 0.110 1.3491 1.3486 1.306 0.005 0.379 0.415 Treated with oral rehydration salts (ORS) 0.799 0.112 1.370 1.348 1.131 0.043 0.997 0.115 Treated with oral rehydration salts (ORS) 0.799 0.112 1.370 1.348 1.105 0.010 0.890 0.399 0.419 Received DFT vaccination (3 doses) 0.789 0.012 1.370 1.348 1.006 0.010 0.050 0.258 0.288	Knowing any contracentive method								
Ever use'd any contraceptive method 0.706 0.006 8764 8671 1.286 0.009 0.693 0.718 Currently using any contraceptive method 0.489 0.006 8764 8671 1.161 0.013 0.476 0.371 0.341 0.006 0.8764 8671 1.161 0.013 0.34 0.098 0.112 0.346 0.007 0.007 0.008 8764 8671 1.103 0.034 0.098 0.112 0.346 0.007 0.008 8764 8671 1.101 0.291 0.001 0.002 0.008 8764 8671 1.101 0.291 0.001 0.002 0.009 0.009 0.009 0.009 0.009 0.009 0.009 0.009 0.000									
Currently using any contraceptive method 0.489 0.006 8764 8671 1.1661 0.013 0.476 0.501 Currently using a modern method 0.334 0.006 8764 8671 1.205 0.018 0.321 0.346 Currently using female sterilization 0.105 0.004 8764 8671 1.103 0.034 0.098 0.112 Currently using palle sterilization 0.001 0.000 8764 8671 1.109 0.034 0.098 0.112 Currently using pill 0.132 0.004 8764 8671 1.109 0.031 0.012 0.100 0.1000 0.1									
Currently using a modern method	Currently using any contraceptive method								
Currently using female sterilization 0.105 0.004 8764 8671 1.103 0.034 0.098 0.112 Currently using male sterilization 0.001 0.000 8764 8671 1.109 0.291 0.001 0.002 Currently using palle sterilization 0.034 0.004 0.000 8764 8671 1.129 0.031 0.124 0.140 Currently using pill UD 0.041 0.003 8764 8671 1.129 0.031 0.124 0.140 0.001 0.001 0.002 0.0036 0.0046 0.0031 0.002 8764 8671 1.105 0.067 0.027 0.035 0.0046 0.0031 0.002 8764 8671 1.001 0.003 0.002 0.0036 0.0046 0.0031 0.002 8764 8671 1.001 0.003 0.002 0.0036 0.0046 0.0031 0.0039 0.	Currently using a modern method	0.334		8764	8671		0.018	0.321	0.346
Currently using pill 0.132 0.004 8764 8671 1.129 0.031 0.124 0.140 Currently using pill 0.041 0.003 8764 8671 1.193 0.062 0.036 0.046 Currently using pinjectables 0.031 0.002 8764 8671 1.193 0.062 0.036 0.046 0.027 0.035 0.0067 0.003 8764 8671 1.0067 0.027 0.035 0.007 0.008 8764 8671 1.0067 0.027 0.035 0.007 0.008 8764 8671 1.0061 0.0042 0.061 0.073 0.001 0.	Currently using female sterilization								
Currently using IUD	Currently using male sterilization								
Currently using injectables									
Currently using condom 0.019 0.002 8764 8671 1.089 0.083 0.016 0.022 Currently using periodic abstinence 0.067 0.003 8764 8671 1.061 0.042 0.061 0.073 Currently using withdrawal 0.082 0.003 8764 8671 1.113 0.040 0.076 0.089 Obtained method from public sector source 0.672 0.010 2917 2920 1.162 0.015 0.652 0.692 Want to delay birth at least 2 years 0.184 0.004 8764 8671 1.111 0.009 0.601 0.624 Want to delay birth at least 2 years 0.184 0.004 8764 8671 1.111 0.009 0.005 0.692 0.692 Want to more children 2.980 0.016 13491 13486 1.306 0.005 2.948 3.011 0.005 0.00	Currently using IUD								
Currently using periodic abstinence	Currently using condom								
Currently using withdrawal 0.082 0.003 8764 8671 1.113 0.040 0.076 0.089 Obtained method from public sector source 0.672 0.010 2917 2920 1.162 0.015 0.652 0.692 Want no more children 0.612 0.006 8764 8671 1.111 0.009 0.601 0.624 Want to delay birth at least 2 years 0.184 0.004 8764 8671 1.111 0.009 0.601 0.624 Want to delay birth at least 2 years 0.184 0.004 8764 8671 1.111 0.009 0.601 0.624 Want to delay birth at least 2 years 0.184 0.004 8764 8671 1.072 0.024 0.175 0.193 0.016 0.005 0.005 0.005 0.005 0.2948 3.011 0.005 0	Currently using periodic abstinence								
Obtained method from public sector source 0.672 0.010 2917 2920 1.162 0.015 0.652 0.692 Want no more children 0.612 0.006 8764 8671 1.111 0.009 0.601 0.624 Want to delay birth at least 2 years 0.184 0.004 8764 8671 1.072 0.024 0.175 0.193 Ideal number of children 2.980 0.016 13491 13486 1.306 0.005 2.948 3.011 Mothers received tetanus injection for last birth 0.707 0.008 4920 4802 1.216 0.011 0.691 0.723 Mothers received medical assistance at delivery 0.598 0.010 7.145 6954 1.400 0.017 0.577 0.619 Had diarrhea in two weeks before survey 0.106 0.005 6892 6712 1.131 0.043 0.097 0.115 Treated with oral rehydration salts (ORS) 0.422 0.021 749 714 1.069 0.050 0.379 0.464 Taken to a health provider 0.324 0.018 749 714 0.062 0.056 0.288 0.360 Vaccination card seen 0.389 0.015 1370 1348 1.131 0.039 0.359 0.419 Received BCG vaccination 0.998 0.009 1370 1348 1.105 0.010 0.890 0.925 Received DPT vaccination (3 doses) 0.789 0.012 1370 1348 1.105 0.010 0.890 0.925 Received polio vaccination (3 doses) 0.798 0.012 1370 1348 1.131 0.016 0.774 0.823 Received polio vaccination 0.797 0.012 1370 1348 1.063 0.015 0.765 0.813 Received polio vaccination 0.797 0.012 1370 1348 1.063 0.015 0.774 0.823 Received measles vaccination 0.797 0.012 1370 1348 1.063 0.015 0.774 0.820 Received all vaccinations 0.698 0.014 1370 1348 1.063 0.015 0.774 0.820 Received masles vaccination 0.797 0.012 1370 1348 1.063 0.015 0.774 0.820 Received masles vaccination 0.797 0.792 1370 1348 0.082 19.953 27.831 Neonatal mortality rate (0-4 years) 11.688 1.434 7212 7024 1.078 0.123 8.820 14.556 Infant mortality rate (0-4 years) 11.688 1.434 7212 7024 1.078 0.123 8.820 14.556 Infant mortality rate (0-4 years) 11.688 1.434 7212 7024 1.078 0.123 8.820 14.556 Infant mortality rate (0-4 years) 11.688 1.434 7212 7024 1.078 0.123 8.820 14.556 Infant mortality rate (0-4 years) 11.687 2.294 7213 7025 1.085 0.080 24.160 33.336 Infant mortality rate (0-4 years) 11.511 1.363 7242 7050 1.031 0.118 8.785 14.238 Under-five mortality rate (0-4 years) 33.664 2.290 6516 6385 0.96	Currently using periodic abstractice Currently using withdrawal								
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Ideal number of children 2.980 0.016 13491 13486 1.306 0.005 2.948 3.011	Want no more children [']	0.612	0.006	8764	8671	1.111	0.009	0.601	
Mothers received tetanus injection for last birth 0.707 0.008 4920 4802 1.216 0.011 0.691 0.723 Mothers received medical assistance at delivery 0.598 0.010 7145 6954 1.400 0.017 0.577 0.619 Had diarrhea in two weeks before survey 0.106 0.005 6892 6712 1.131 0.043 0.097 0.115 Treated with oral rehydration salts (ORS) 0.422 0.021 749 714 1.069 0.050 0.379 0.464 Taken to a health provider 0.389 0.015 1370 1348 1.131 0.039 0.359 0.419 Received BCG vaccination 0.908 0.009 1370 1348 1.131 0.039 0.359 0.419 Received BCG vaccination (3 doses) 0.789 0.012 1370 1348 1.015 0.015 0.765 0.813 Received polio vaccination (3 doses) 0.798 0.012 1370 1348 1.031 0.016 0.774 0.823 Received me	Want to delay birth at least 2 years								
Mothers received medical assistance at delivery 0.598	Ideal number of children								
Had diarrhea in two weeks before survey O.106 O.005 O.021 O.021 Treated with oral rehydration salts (ORS) O.422 O.021 O.021 O.021 T49 T14 O.062 O.056 O.039 O.056 O.288 O.360 Vaccination card seen O.389 O.015 O.015 I370 I348 I.131 O.039 O.359 O.419 Received BCG vaccination O.908 O.0908 O.0909 I370 I348 I.105 O.010 O.890 O.925 Received polio vaccination (3 doses) O.789 O.012 I370 I348 I.105 O.010 O.056 O.880 O.925 Received polio vaccination (3 doses) O.789 O.012 I370 I348 I.131 O.016 O.774 O.823 Received measles vaccination O.797 O.012 I370 I348 I.131 O.016 O.774 O.823 Received all vaccinations O.797 O.012 I370 I348 I.131 O.016 O.774 O.823 Received all vaccinations O.698 O.014 I370 I348 I.1030 O.015 O.774 O.820 Received all vaccinations O.698 O.014 I370 I348 I.1030 O.015 O.774 O.820 Received all vaccinations O.698 O.014 I370 I348 I.1063 O.015 O.774 O.820 Received all vaccinations O.698 O.014 I370 I348 I.080 O.015 O.774 O.820 Received all vaccinations O.698 O.014 I370 I348 I.080 O.015 O.774 O.820 Received all vaccinations O.698 O.014 I370 I348 I.080 O.015 O.774 O.820 Received all vaccinations O.698 O.014 I370 I348 I.080 O.015 O.015 O.774 O.820 Received all vaccinations O.698 O.014 I370 I348 I.031 O.016 O.015 O.774 O.820 Received all vaccinations O.698 O.012 I370 I348 I.080 O.015 O.015 O.074 O.080 O.015 O.774 O.020 Received all vaccinations O.698 O.041 I370 I348 I.080 O.015 O.015 O.074 O.080 O.015 O.074 O.080 O.015 O.074 O.080 O.015 O.074 O.080 O.015 O.015 O.016 O.015 O.074 O.020 O.030 O.041 O.020 O.041 I370 I348 I.080 O.019 I370 I348 I.080 O.019 I370 I348 I.080 O.015 I370 I348 I.080 I.080 O.015 I370 I348 I.080 I.080 O.015 I370 I348 I.080 I.060 O.015 O.017 O.017 O.020 I3									
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Secondary education or higher Construction of the following any contraceptive method Construction									
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Urban residence 0.536 0.008 4766 4766 1.157 0.016 0.519 0.552 No education 0.088 0.008 4766 4766 1.060 0.115 0.014 0.022 Secondary education or higher 0.680 0.008 4766 4766 1.222 0.012 0.664 0.697 Knowing any contraceptive method 0.982 0.003 2766 2746 1.074 0.003 0.977 0.987	Child mortality rate (0-4 years)	11.511	1.363	7242	7050	1.031	0.118	8.785	14.238
Urban residence 0.536 0.008 4766 4766 1.157 0.016 0.519 0.552 No education 0.018 0.002 4766 4766 1.060 0.115 0.014 0.022 Secondary education or higher 0.680 0.008 4766 4766 1.222 0.012 0.664 0.697 Knowing any contraceptive method 0.982 0.003 2766 2746 1.074 0.003 0.977 0.987		39.928	2.771	7246	7054	1.106	0.069	34.386	45.471
No education 0.018 0.002 4766 4766 1.060 0.115 0.014 0.022 Secondary education or higher 0.680 0.008 4766 4766 1.222 0.012 0.664 0.697 Knowing any contraceptive method 0.982 0.003 2766 2746 1.074 0.003 0.977 0.987			ME	N					
Secondary education or higher 0.680 0.008 4766 4766 1.222 0.012 0.664 0.697 Knowing any contraceptive method 0.982 0.003 2766 2746 1.074 0.003 0.977 0.987									
Knowing any contraceptive method 0.982 0.003 2766 2746 1.074 0.003 0.977 0.987									

		C. I	Number	of cases		n I		
	Value	Stand- ard error	Un- weighted	Weight-	Design effect	Rela- tive error		nce limits
√ariable	(R)	(SE)	(N)	(WN)	(DEFT)	(SE/R)	R-2SE	R+2SE
		WON	1EN					
Jrban residence	1.000	0.000	7436	7877	na	0.000	1.000	1.000
iterate	0.978	0.002	7436	7877	1.275	0.002	0.974	0.983
No education	0.006	0.001 0.006	7436	7877 7877	1.153	0.166 0.007	0.004	0.009
Secondary education or higher Never married	0.837 0.363	0.008	7436 7436	7877 7877	1.334 1.419	0.007	0.826 0.347	0.848 0.379
Currently married (in union)	0.589	0.008	7436	7877	1.353	0.022	0.574	0.605
Married before age 20	0.287	0.008	5959	6332	1.328	0.013	0.271	0.302
Had first sexual intercourse before age 18	0.134	0.005	5959	6332	1.195	0.039	0.124	0.145
Currently pregnant	0.051	0.003	7436	7877	1.103	0.055	0.046	0.057
Children ever born	1.822	0.031	7436	7877	1.232	0.017	1.761	1.883
Children surviving	1.737	0.029	7436	7877	1.234	0.017	1.679	1.795
Children ever born to women age 40-49	3.758	0.077	1511	1615	1.232	0.021	3.604	3.912
Knowing any contraceptive method	0.995	0.001	4389	4643	1.120	0.001	0.993	0.998
Knowing any modern contraceptive method	0.993 0.721	0.001 0.008	4389 4389	4643 4643	1.004 1.186	0.001 0.011	0.991 0.705	0.996 0.737
Ever used any contraceptive method Currently using any contraceptive method	0.721	0.008	4389 4389	4643 4643	1.186	0.011	0.705	0.737
Currently using a modern method	0.339	0.008	4389	4643	1.146	0.014	0.322	0.355
Currently using female sterilization	0.121	0.005	4389	4643	1.037	0.042	0.111	0.132
Currently using male sterilization	0.001	0.001	4389	4643	0.992	0.408	0.000	0.002
Currently using pill	0.126	0.006	4389	4643	1.114	0.044	0.115	0.137
Currently using IUD	0.035	0.003	4389	4643	1.188	0.094	0.029	0.042
Currently using injectables	0.025	0.002	4389	4643	1.049	0.099	0.020	0.030
Currently using condom	0.023	0.003	4389	4643	1.108	0.109	0.018	0.028
Currently using periodic abstinence	0.061	0.004	4389	4643	1.082	0.064	0.053	0.069
Currently using withdrawal Obtained method from public sector source	0.097 0.600	0.005 0.014	4389 1503	4643 1600	1.084 1.111	0.050 0.023	$0.087 \\ 0.572$	0.106 0.629
Want no more children	0.602	0.008	4389	4643	1.103	0.014	0.585	0.618
Want to delay birth at least 2 years	0.183	0.006	4389	4643	1.078	0.034	0.171	0.196
deal number of children	2.813	0.018	7384	7815	1.213	0.006	2.778	2.849
Mothers received tetanus injection for last birt	h 0.717	0.011	2335	2447	1.128	0.015	0.696	0.738
Mothers received medical assistance at deliver		0.012	3291	3461	1.339	0.015	0.766	0.813
Had diarrhea in two weeks before survey	0.107	0.007	3196	3361	1.146	0.063	0.093	0.120
Treated with oral rehydration salts (ORS)	0.517	0.033	337	359	1.107	0.063	0.452	0.582
Taken to a health provider Vaccination card seen	0.362 0.380	0.027 0.020	337 642	359 681	0.958 1.03 <i>7</i>	0.075 0.053	0.308 0.340	0.416 0.420
Received BCG vaccination	0.386	0.020	642	681	1.037	0.033	0.905	0.420
Received DPT vaccination (3 doses)	0.320	0.014	642	681	0.997	0.012	0.811	0.869
Received polio vaccination (3 doses)	0.836	0.016	642	681	1.109	0.020	0.803	0.869
Received measles vaccination	0.818	0.015	642	681	1.002	0.019	0.788	0.849
Received all vaccinations	0.744	0.019	642	681	1.086	0.025	0.707	0.782
Total fertility rate (3 years)	2.996	0.080	na	22242	1.214	0.027	2.835	3.157
Perinatal mortality (0-4 years)	20.588	2.593	3323	3494	0.980	0.126	15.403	25.774
Neonatal mortality rate (10 years) Postneonatal mortality rate (10 years)	13.591 10.314	1.648 1.506	6514 6519	6828 6834	1.029 1.149	0.121 0.146	10.295 7.302	16.888 13.326
nfant mortality rate (10 years)	23.905	2.335	6519	6834	1.149	0.146	19.236	28.575
Child mortality rate (10 years)	6.678	1.277	6522	6837	1.111	0.191	4.124	9.232
Under-five mortality rate (10 years)	30.424	2.891	6527	6844	1.200	0.095	24.642	36.205
<u> </u>		ME	N					
Urban residence	1.000	0.000	2379	2553	na	0.000	1.000	1.000
No education	0.008	0.002	2379	2553	1.064	0.244	0.004	0.012
Secondary education or higher	0.814	0.010	2379	2553	1.195	0.012	0.795	0.833
Knowing any contraceptive method	0.990	0.003	1358	1459	1.034	0.003	0.984	0.996
Knowing any modern contraceptive method	0.987	0.003	1358	1459	0.969	0.003	0.981	0.993

		C. I	Number	of cases		Relative error (SE/R) R-2SE na 0.000 0.004 0.930 0.128 0.018 0.015 0.625 0.026 0.252 0.010 0.686 0.022 0.394 0.035 0.217 0.055 0.056 0.017 2.579 0.016 2.398 0.020 0.982 0.002 0.982 0.002 0.979 0.014 0.669 0.028 0.310 0.059 0.076 0.415 0.000 0.43 0.126 0.083 0.039 0.091 0.031 0.125 0.011 0.056 0.066 0.066 0.057 0.018 0.731 0.013 0.608 0.034 0.172 0.008 3.155 0.017 0.673 0.037 0.378 0.057 0.094 0.078 0.275 0.082 0.239 0.057 0.094 0.078 0.275 0.082 0.239 0.057 0.354 0.016 0.862 0.026 0.698 0.025 0.722 0.023 0.740 0.030 0.612 0.023 1.666 0.0061 21.987 0.098 13.666 0.098 13.666 0.098 13.666 0.098 13.666 0.098 13.666 0.098 13.666 0.098 13.666 0.098 13.666 0.098 13.666 0.098 13.666		
	Value	Stand- ard error	Un- weighted		Design effect	tive error		nce limits
Variable	(R)	(SE)	(N)	(WN)	(DEFT)	(SE/K)	K-25E	R+2SE
		WON	1EN					
Urban residence	0.000	0.000	6197	5756	na	na	0.000	0.000
Literate	0.938	0.004	6197	5756	1.278			0.946
No education	0.024	0.003	6197	5756	1.567			0.030
Secondary education or higher	0.644	0.009	6197	5756	1.550			0.663
Never married	0.266	0.007	6197	5756	1.218			0.279
Currently married (in union)	0.700	0.007	6197	5756	1.214			0.714
Married before age 20 Had first sexual intercourse before age 18	0.412 0.233	0.009 0.008	5028 5028	4653 4653	1.297 1.376			0.430 0.249
	0.233	0.003	6197	5756	1.123			0.249
Currently pregnant Children ever born	2.669	0.003	6197	5756	1.123			2.759
Children surviving	2.480	0.043	6197	5756	1.286			2.561
Children ever born to women age 40-49	5.021	0.100	1373	1300	1.249			5.220
Knowing any contraceptive method	0.986	0.002	4375	4028	1.091			0.990
Knowing any modern contraceptive method	0.983	0.002	4375	4028	1.136			0.988
Ever used any contraceptive method	0.688	0.010	4375	4028	1.392			0.708
Currently using any contraceptive method	0.474	0.009	4375	4028	1.234			0.493
Currently using a modern method	0.328	0.009	4375	4028	1.270			0.346
Currently using female sterilization	0.086	0.005	4375	4028	1.186			0.096
Currently using male sterilization	0.001 0.138	0.001 0.006	4375 4375	4028 4028	1.027 1.145			0.003 0.150
Currently using pill Currently using IUD	0.136	0.004	4375	4028	1.143			0.130
Currently using injectables	0.037	0.003	4375	4028	1.181			0.044
Currently using condom	0.015	0.002	4375	4028	1.009			0.018
Currently using periodic abstinence	0.074	0.004	4375	4028	1.038			0.082
Currently using withdrawal	0.065	0.004	4375	4028	1.148	0.066	0.057	0.074
Obtained method from public sector source	0.758	0.014	1414	1319	1.197			0.785
Want no more children	0.625	0.008	4375	4028	1.115			0.641
Want to delay birth at least 2 years	0.185	0.006	4375	4028	1.057			0.197
Ideal number of children	3.209	0.027	6107 2585	5671	1.363			3.264
Mothers received tetanus injection for last birt Mothers received medical assistance at delive	11 U.09/ 3/ 0 408	0.012 0.015	2565 3854	2355 3493	1.318 1.527			0.721 0.438
Had diarrhea in two weeks before survey	0.106	0.006	3696	3351	1.119			0.430
Treated with oral rehydration salts (ORS)	0.326	0.025	412	355	1.008			0.376
Taken to a health provider	0.286	0.024	412	355	0.970			0.333
Vaccination card seen	0.399	0.023	728	667	1.238			0.444
Received BCG vaccination	0.889	0.014	728	667	1.180			0.917
Received DPT vaccination (3 doses)	0.737	0.019	728	667	1.167			0.775
Received polio vaccination (3 doses)	0.760	0.019	728	667	1.173			0.797
Received measles vaccination	0.775	0.018	728	667	1.137			0.811
Received all vaccinations	0.651	0.020	728	667	1.095			0.690
Total fertility rate (3 years) Perinatal mortality (0-4 years)	4.282 27.157	0.100 2.966	na 3901	15967 3536	1.219 1.103			4.483 33.088
Neonatal mortality (0-4 years)	20.715	1.950	7895	7185	1.103			24.615
Postneonatal mortality rate (10 years)	15.067	1.540	7902	7190	1.068			18.148
Infant mortality rate (10 years)	35.783	2.527	7903	7191	1.112			40.837
Child mortality rate (10 years)	16.993	1.663	7913	7200	1.036			20.320
Under-five mortality rate (10 years)	52.168	3.176	7922	7208	1.142			58.519
<u> </u>		ME	N					
Urban residence	0.000	0.000	2387	2213	na	na	0.000	0.000
No education	0.000	0.004	2387	2213	1.079	0.129	0.000	0.036
Secondary education or higher	0.526	0.004	2387	2213	1.383	0.027	0.497	0.554
Knowing any contraceptive method	0.973	0.005	1408	1287	1.116	0.005	0.963	0.982
Knowing any modern contraceptive method	0.969	0.005	1408	1287	1.102	0.005	0.959	0.979

		C+l	Number	of cases		Dolo		
Variable	Value (R)	Stand- ard error (SE)	Un- weighted (N)	Weight- ed (WN)	Design effect (DEFT)	Rela- tive error (SE/R)	Confide R-2SE	nce limits R+2SE
variable	(14)				(DEI I)	(32/10)		K 1 23L
		WON	/IEIN					
Jrban residence	1.000	0.000	2168	2387	na	0.000	1.000	1.000
Literate	0.985	0.003	2168	2387	1.160	0.003	0.979	0.991
No education Secondary education or higher	$0.002 \\ 0.883$	0.001 0.010	2168 2168	2387 2387	0.929 1.449	0.408 0.011	$0.000 \\ 0.863$	0.004 0.903
Never married	0.378	0.018	2168	2387	1.713	0.047	0.343	0.414
Currently married (in union)	0.560	0.017	2168	2387	1.583	0.030	0.526	0.594
Married before age 20	0.251	0.014	1806	1989	1.416	0.058	0.222	0.280
Had first sexual intercourse before age 18	0.108	0.009	1806	1989	1.275	0.086	0.090	0.127
Currently pregnant	0.047	0.006	2168	2387	1.284	0.124	0.036	0.059
Children ever born	1.641	0.064	2168	2387	1.499	0.039	1.514	1.768
Children surviving	1.571	0.059	2168	2387	1.480	0.038	1.453	1.689
Children ever born to women age 40-49	3.197	0.152	428	481 1227	1.382	0.047	2.894	3.501
Knowing any contraceptive method Knowing any modern contraceptive method	0.994 0.993	0.003	1238 1238	1337 1337	1.266 1.233	0.003 0.003	0.989 0.987	1.000 0.999
Ever used any contraceptive method	0.993	0.003	1238	1337	1.233	0.003	0.967	0.709
Currently using any contraceptive method	0.489	0.016	1238	1337	1.145	0.023	0.456	0.521
Currently using a modern method	0.321	0.015	1238	1337	1.138	0.047	0.291	0.351
Currently using female sterilization	0.132	0.010	1238	1337	1.086	0.079	0.111	0.153
Currently using male sterilization	0.002	0.001	1238	1337	1.030	0.628	0.000	0.005
Currently using pill	0.104	0.009	1238	1337	1.063	0.089	0.085	0.122
Currently using IUD	0.033	0.006	1238	1337	1.136	0.174	0.022	0.045
Currently using injectables	0.023 0.022	0.005 0.005	1238 1238	1337 1337	1.115 1.114	0.208 0.212	0.013 0.013	0.032 0.031
Currently using condom Currently using periodic abstinence	0.022	0.003	1238	1337	1.114	0.212	0.013	0.031
Currently using periodic absumence Currently using withdrawal	0.033	0.007	1238	1337	1.045	0.086	0.044	0.126
Obtained method from public sector source	0.598	0.025	395	441	1.029	0.043	0.547	0.648
Want no more children [']	0.606	0.015	1238	1337	1.054	0.024	0.576	0.635
Want to delay birth at least 2 years	0.149	0.011	1238	1337	1.118	0.076	0.126	0.171
deal number of children	2.632	0.028	2150	2362	1.149	0.011	2.577	2.688
Mothers received tetanus injection for last bird	th 0.742	0.017	673	724	1.003	0.023	0.707	0.776
Mothers received medical assistance at delive	0.096	0.018 0.013	965 939	1050 1020	1.401 1.31 <i>7</i>	0.021 0.139	$0.842 \\ 0.069$	0.915 0.123
Had diarrhea in two weeks before survey Treated with oral rehydration salts (ORS)	0.090	0.013	939 89	98	1.238	0.139	0.348	0.123
Taken to a health provider	0.344	0.054	89	98	1.042	0.158	0.235	0.453
Vaccination card seen	0.267	0.032	195	213	0.999	0.119	0.203	0.331
Received BCG vaccination	0.944	0.017	195	213	1.020	0.018	0.911	0.978
Received DPT vaccination (3 doses)	0.871	0.025	195	213	1.023	0.028	0.821	0.920
Received polio vaccination (3 doses)	0.885	0.022	195	213	0.950	0.025	0.841	0.929
Received measles vaccination	0.813	0.028	195	213	1.008	0.035	0.756	0.870
Received all vaccinations	0.778 2.758	0.031	195	213	1.048	0.040	0.715 2.445	0.841
Total fertility rate (3 years) Perinatal mortality (0-4 years)	19.251	0.157 3.932	na 972	6851 1058	1.302 0.828	0.057 0.204	2.445 11.387	3.072 27.115
Neonatal mortality rate (10 years)	15.203	3.448	1851	2005	1.127	0.204	8.307	22.099
Postneonatal mortality rate (10 years)	8.744	2.785	1852	2007	1.286	0.319	3.173	14.315
nfant mortality rate (10 years)	23.948	5.083	1852	2007	1.380	0.212	13.781	34.115
Child mortalitý rate (10 ýears)	7.674	3.093	1854	2009	1.321	0.403	1.488	13.860
Under-five mortality raté (10 years)	31.438	7.044	1855	2011	1.578	0.224	17.350	45.526
		ME	N					
Urban residence	1.000	0.000	676	740	na	0.000	1.000	1.000
No education	0.002	0.001	676	740	0.847	0.712	0.000	0.005
Secondary education or higher	0.862	0.019	676	740	1.396	0.022	0.824	0.899
Knowing any contraceptive method	1.000	0.000	380	417	na	0.000	1.000	1.000
Knowing any modern contraceptive method	1.000	0.000	380	417	na	0.000	1.000	1.000

		Ctand	Number	of cases		fect error (SE/R) R-2SE 092		
Variabla	Value	Stand- ard error	Un- weighted	Weight-	Design effect	tive error		nce limits
Variable	(R)	(SE)	(N)	(WN)	(DEFT)	(SE/K)	K-25E	R+2SE
		WON	ΛEN					
Urban residence	0.402	0.047	482	216	2.092	0.116	0.309	0.496
Literate	0.952	0.015	482	216	1.538			0.982
No education	0.022	0.009	482	216	1.417			0.040
Secondary education or higher	0.804	0.028	482	216	1.539			0.860
Never married	0.339	0.035	482	216	1.625			0.409
Currently married (in union)	0.623	0.033	482	216	1.479			0.689
Married before age 20	0.354	0.033	388	173	1.368			0.421
Had first sexual intercourse before age 18	0.168	0.026	388	173	1.363			0.220
Currently pregnant Children ever born	0.075 2.198	0.016 0.179	482 482	216 216	1.355 1.619			0.108 2.557
Children surviving	2.196	0.179	482	216	1.505			2.337
Children ever born to women age 40-49	4.725	0.132	97	43	0.804			5.138
Knowing any contraceptive method	0.990	0.200	301	134	0.959			1.000
Knowing any modern contraceptive method	0.990	0.005	301	134	0.959			1.000
Ever used any contraceptive method	0.755	0.033	301	134	1.330			0.821
Currently using any contraceptive method	0.463	0.041	301	134	1.437			0.546
Currently using a modern method	0.318	0.032	301	134	1.176	0.099	0.255	0.381
Currently using female sterilization	0.108	0.023	301	134	1.268	0.210	0.063	0.154
Currently using male sterilization	0.000	0.000	301	134	na	na	0.000	0.000
Currently using pill	0.109	0.019	301	134	1.036			0.146
Currently using IUD	0.007	0.005	301	134	0.996			0.016
Currently using injectables	0.073	0.015	301	134	1.026			0.103
Currently using condom	0.018	0.013	301	134	1.635			0.043
Currently using periodic abstinence	0.028	0.011	301	134	1.120			0.049
Currently using withdrawal	0.117	0.029	301	134	1.585			0.176
Obtained method from public sector source Want no more children	$0.694 \\ 0.539$	0.041 0.029	102 301	46 134	0.886			0.775 0.598
Want to delay birth at least 2 years	0.339	0.029	301	134	0.930			0.323
Ideal number of children	3.417	0.024	475	213	1.733			3.715
Mothers received tetanus injection for last bir		0.043	178	79	1.195			0.725
Mothers received medical assistance at delive	rv 0.596	0.061	259	115	1.589			0.717
Had diarrhea in two weeks before survey	0.204	0.027	254	113	1.004			0.258
Treated with oral rehydration salts (ORS)	0.253	0.078	52	23	1.143			0.409
Taken to a health provider	0.331	0.090	52	23	1.174			0.512
Vaccination card seen	0.372	0.062	49	22	0.903	0.168		0.497
Received BCG vaccination	0.857	0.049	49	22	0.986			0.956
Received DPT vaccination (3 doses)	0.759	0.058	49	22	0.947			0.875
Received polio vaccination (3 doses)	0.759	0.058	49	22	0.947			0.875
Received measles vaccination	0.733	0.061	49	22	0.967			0.855
Received all vaccinations	0.674	0.066	49	22	0.985			0.806
Total fertility rate (3 years)	3.784	0.429	na	604	1.514			4.641
Perinatal mortality (0-4 years)	23.344	8.917	263	117	0.975	0.382	5.510	41.177
Neonatal mortality rate (10 years)	6.082	3.435	510 511	226	0.994	0.565	0.000	12.952
Postneonatal mortality rate (10 years)	7.625	4.362	511 511	227	1.133	0.572	0.000	16.349
Infant mortality rate (10 years) Child mortality rate (10 years)	13.707 20.481	5.653 10.869	511 513	227 228	1.103 1.551	0.412 0.531	2.401 0.000	25.013 42.219
Under-five mortality rate (10 years)	33.906	14.440	513 514	228	1.635	0.531	5.026	62.787
onder-live mortality rate (10 years)					1.033	0.720	J.UZU	04./0/
		ME	N					
Jrban residence	0.366	0.039	154	72	1.011	0.108	0.287	0.444
No education	0.029	0.010	154	72	0.720	0.335	0.010	0.049
Secondary education or higher	0.736	0.043	154	72	1.211	0.059	0.650	0.822
Knowing any contraceptive method	0.990	0.010	94	44	0.984	0.010	0.970	1.000
Knowing any modern contraceptive method	0.990	0.010	94	44	0.984	0.010	0.970	1.000

			Number	of cases		5 '		
المنابات	Value	Stand- ard error	Un- weighted	Weight-	Design effect	Rela- tive error		nce limits
Variable	(R)	(SE)	(N)	(WN)	(DEFT)	(SE/R)	R-2SE	R+2SE
		WON	1EN					
Urban residence	0.496	0.021	633	642	1.032	0.041	0.455	0.537
Literate	0.972	0.007	633	642	1.080	0.007	0.957	0.986
No education	0.008	0.003	633	642	0.977	0.433	0.001	0.015
Secondary education or higher	0.825	0.020	633	642	1.316	0.024	0.785	0.864
Never married	0.311	0.021	633	642	1.136	0.067	0.269	0.353
Currently married (in union)	0.654	0.022	633	642	1.182	0.034	0.609	0.699
Married before age 20	0.297	0.027	490 490	497 497	1.317	0.092	0.242	0.351
Had first sexual intercourse before age 18	0.147	0.020	490 633	497 642	1.245 0.708	0.135	0.107	0.187
Currently pregnant Children ever born	0.054 2.103	0.006 0.123	633 633	642	1.338	0.118 0.058	0.041 1.858	0.067 2.349
Children surviving	2.103	0.123	633	642	1.330	0.058	1.030	2.349
Children ever born to women age 40-49	3.912	0.117	150	152	1.218	0.038	3.408	4.416
Knowing any contraceptive method	0.995	0.232	414	420	0.973	0.004	0.989	1.000
Knowing any modern contraceptive method	0.995	0.003	414	420	0.973	0.003	0.989	1.000
Ever used any contraceptive method	0.727	0.019	414	420	0.882	0.027	0.688	0.765
Currently using any contraceptive method	0.506	0.023	414	420	0.952	0.046	0.460	0.553
Currently using a modern method	0.350	0.025	414	420	1.079	0.072	0.299	0.400
Currently using female sterilization	0.120	0.014	414	420	0.894	0.119	0.092	0.149
Currently using male sterilization	0.000	0.000	414	420	na	na	0.000	0.000
Currently using pill	0.133	0.015	414	420	0.904	0.114	0.103	0.163
Currently using IUD	0.012	0.008	414	420	1.467	0.654	0.000	0.028
Currently using injectables	0.067	0.015	414	420	1.183	0.217	0.038	0.096
Currently using condom	0.017	0.006	414	420	0.873	0.327	0.006	0.028
Currently using periodic abstinence	0.038	0.010	414	420	1.068	0.263	0.018	0.059
Currently using withdrawal	0.118	0.017	414	420	1.077	0.145	0.084	0.153
Obtained method from public sector source	0.801	0.034	146	148	1.012	0.042	0.733	0.868
Want no more children	0.570 0.235	0.024 0.020	414 414	420 420	0.989 0.968	0.042 0.086	0.522 0.194	0.618 0.275
Want to delay birth at least 2 years Ideal number of children	3.079	0.020	631	640	1.083	0.000	2.959	3.199
Mothers received tetanus injection for last birt		0.035	217	220	1.180	0.015	0.682	0.821
Mothers received medical assistance at deliver	v 0.732	0.050	305	310	1.683	0.040	0.642	0.841
Had diarrhea in two weeks before survey	0.129	0.023	294	299	1.081	0.177	0.042	0.174
Treated with oral rehydration salts (ORS)	0.390	0.023	38	38	1.112	0.238	0.204	0.575
Taken to a health provider	0.474	0.081	38	38	0.966	0.170	0.313	0.636
Vaccination card seen	0.229	0.056	61	62	1.036	0.244	0.117	0.341
Received BCG vaccination	0.936	0.021	61	62	0.664	0.022	0.894	0.977
Received DPT vaccination (3 doses)	0.804	0.050	61	62	0.972	0.062	0.705	0.903
Received polio vaccination (3 doses)	0.804	0.050	61	62	0.972	0.062	0.705	0.903
Received measles vaccination	0.839	0.050	61	62	1.050	0.059	0.739	0.938
Received all vaccinations	0.724	0.055	61	62	0.956	0.076	0.614	0.833
Total fertility rate (3 years)	3.752	0.285	na	1783	1.170	0.076	3.182	4.322
Perinatal mortality (0-4 years)	35.682	10.404	309	314	0.998	0.292	14.874	56.491
Neonatal mortality rate (10 years)	18.773	5.408	592	601	0.986	0.288	7.957	29.589
Postneonatal mortality rate (10 years)	10.382	5.915	592	601	1.227	0.570	0.000	22.213
Infant mortality rate (10 years)	29.155	7.809	592	601	1.086	0.268	13.537	44.774
Child mortality rate (10 years)	10.616	3.715	593	602	0.884	0.350	3.186	18.045
Under-five mortality rate (10 years)	39.462	8.323	593	602	1.033	0.211	22.817	56.107
		ME	N					
Urban residence	0.447	0.029	231	232	0.880	0.065	0.390	0.505
No education	0.005	0.004	231	232	1.001	0.978	0.000	0.013
Secondary education or higher	0.698	0.035	231	232	1.142	0.050	0.629	0.767
Knowing any contraceptive method	0.992	0.008	129	129	0.986	0.008	0.977 0.977	1.000 1.000
Knowing any modern contraceptive method	0.992	0.008	129	129	0.986	0.008		

		C+l	Number	of cases		0.563 0.000 0.491 0.189 0.473 1.497 0.530 0.000		
Variable	Value (R)	Stand- ard error (SE)	Un- weighted (N)	Weight- ed (WN)	Design effect (DEFT)	tive error		nce limits
Variable	(14)			(*****)	(DEI I)	(82,14)		
		WON	1EN					
Urban residence	0.229	0.010	531	426	0.574			0.250
Literate	0.970	0.007	531	426	0.926			0.984
No education	0.013	0.006	531	426	1.253 1.301			0.025
Secondary education or higher Never married	0.706 0.201	0.026 0.023	531 531	426 426	1.333			0.757 0.248
Currently married (in union)	0.763	0.023	531	426	1.213			0.248
Married before age 20	0.703	0.022	450	361	1.213			0.470
Had first sexual intercourse before age 18	0.412	0.029	450	361	1.000			0.470
Currently pregnant	0.060	0.013	531	426	1.064			0.082
Children ever born	2.299	0.110	531	426	1.161			2.518
Children surviving	2.171	0.096	531	426	1.108			2.364
Children ever born to women age 40-49	4.085	0.326	123	99	1.442		3.433	4.736
Knowing any contraceptive method	1.000	0.000	405	325	na			1.000
Knowing any modern contraceptive method	1.000	0.000	405	325	na			1.000
Ever used any contraceptive method	0.719	0.027	405	325	1.209			0.773
Currently using any contraceptive method	0.524	0.026	405	325	1.056			0.576
Currently using a modern method	0.480	0.029	405	325	1.152			0.537
Currently using female sterilization	0.072 0.000	0.014	405 405	325 325	1.088			0.100 0.000
Currently using male sterilization Currently using pill	0.267	0.000	405	325	na 1.241			0.322
Currently using IUD	0.207	0.027	405	325	1.449			0.108
Currently using injectables	0.062	0.013	405	325	1.177			0.090
Currently using condom	0.007	0.004	405	325	1.014			0.016
Currently using periodic abstinence	0.027	0.007	405	325	0.880		0.012	0.041
Currently using withdrawal	0.017	0.005	405	325	0.748	0.280	0.008	0.027
Obtained method from public sector source	0.774	0.040	196	159	1.336			0.854
Want no more children	0.597	0.027	405	325	1.101			0.651
Want to delay birth at least 2 years	0.248	0.023	405	325	1.070			0.293
Ideal number of children	2.999	0.060	529	425	1.145			3.120
Mothers received tetanus injection for last bir Mothers received medical assistance at delive		0.01 <i>7</i> 0.04 <i>7</i>	211 280	169 224	0.614 1.303			0.817 0.626
Had diarrhea in two weeks before survey	0.066	0.047	274	220	1.219			0.020
Treated with oral rehydration salts (ORS)	0.168	0.079	18	15	0.901			0.326
Taken to a health provider	0.222	0.076	18	15	0.777			0.373
Vaccination card seen	0.483	0.084	48	39	1.158			0.650
Received BCG vaccination	0.939	0.034	48	39	0.972	0.036		1.006
Received DPT vaccination (3 doses)	0.852	0.054	48	39	1.057			0.960
Received polio vaccination (3 doses)	0.852	0.054	48	39	1.057			0.960
Received measles vaccination	0.831	0.070	48	39	1.300			0.972
Received all vaccinations	0.767	0.075	48	39	1.226			0.916
Total fertility rate (3 years)	3.399	0.226	na 204	1210	1.028			3.852
Perinatal mortality (0-4 years)	14.024 17.190	7.231 9.676	284 575	228 461	1.038 1.120			28.486 36.541
Neonatal mortality rate (10 years) Postneonatal mortality rate (10 years)	17.190	5.086	575 575	461 461	1.120			20.533
Infant mortality rate (10 years)	27.551	13.027	575	461	1.229			53.604
Child mortality rate (10 years)	7.991	4.237	575	461	1.177			16.465
Under-five mortality rate (10 years)	35.322	15.945	575	461	1.417			67.213
, , , , ,		ME						
Urban residence	0.161	0.012	202	163	0.464	0.075	0.137	0.185
No education	0.010	0.007	202	163	1.007	0.712	0.000	0.024
Secondary education or higher	0.620	0.038	202	163	1.118	0.062	0.544	0.697
Knowing any contraceptive method Knowing any modern contraceptive method	1.000 1.000	0.000	133 133	107 107	na na	0.000 0.000	1.000 1.000	1.000 1.000

		Ctand	Number	of cases		Dolo		
√ariable	Value (R)	Stand- ard error (SE)	Un- weighted (N)	Weight- ed (WN)	Design effect (DEFT)	Rela- tive error (SE/R)	Confide R-2SE	nce limits
variable	(K)			(VVIN)	(DEFT)	(SE/K)	K-23E	K+23E
		WON	ΛEN					
Jrban residence	0.697	0.013	1079	1459	0.964	0.019	0.670	0.724
iterate	0.980	0.005	1079	1459	1.105	0.005	0.971	0.989
No education	0.003	0.002	1079	1459	0.984	0.570	0.000	0.006
Secondary education or higher	0.778 0.310	0.013 0.018	1079 1079	1459 1459	1.026 1.267	0.01 <i>7</i> 0.058	0.752 0.274	0.804 0.345
Never married Currently married (in union)	0.658	0.018	1079	1459	1.244	0.038	0.622	0.694
Married before age 20	0.344	0.013	865	1170	1.052	0.049	0.310	0.378
Had first sexual intercourse before age 18	0.167	0.017	865	1170	1.331	0.101	0.133	0.200
Currently pregnant	0.055	0.007	1079	1459	0.945	0.119	0.042	0.068
Children ever born	2.046	0.054	1079	1459	0.808	0.026	1.938	2.153
Children surviving	1.934	0.056	1079	1459	0.911	0.029	1.821	2.046
Children ever born to women age 40-49	4.066	0.181	213	290	1.118	0.045	3.703	4.428
Knowing any contraceptive method	0.996	0.002	710	960	0.813	0.002	0.992	1.000
Knowing any modern contraceptive method	0.995	0.002	710	960	0.860	0.002	0.990	0.999
Ever used any contraceptive method	0.732	0.017	710	960	0.994	0.023	0.699	0.765
Currently using any contraceptive method	0.545 0.402	0.017 0.018	710 710	960 960	0.892 0.956	0.031	0.511 0.367	0.578 0.437
Currently using a modern method	0.402	0.016	710 710	960 960	0.935	0.044 0.074	0.367	0.437
Currently using female sterilization Currently using male sterilization	0.000	0.014	710 710	960	0.933 na	na	0.000	0.000
Currently using pill	0.154	0.000	710	960	1.157	0.102	0.123	0.185
Currently using IUD	0.007	0.003	710	960	0.992	0.443	0.001	0.013
Currently using injectables	0.034	0.005	710	960	0.686	0.138	0.024	0.043
Currently using condom	0.019	0.005	710	960	0.914	0.249	0.009	0.028
Currently using periodic abstinence	0.035	0.008	710	960	1.101	0.216	0.020	0.051
Currently using withdrawal	0.105	0.009	710	960	0.767	0.084	0.087	0.122
Obtained method from public sector source	0.704	0.030	288	388	1.128	0.043	0.644	0.765
Want no more children	0.638	0.017	710	960	0.946	0.027	0.604	0.672
Want to delay birth at least 2 years	0.184 2.830	0.015 0.044	710 1076	960 1455	1.019 1.090	0.081 0.016	0.154 2.742	0.214 2.918
deal number of children Mothers received tetanus injection for last birtl		0.030	359	480	1.188	0.016	0.608	0.727
Mothers received medical assistance at deliver	v 0.858	0.014	512	683	0.770	0.016	0.830	0.886
Had diarrhea in two weeks before survey	0.095	0.012	496	662	0.804	0.123	0.071	0.118
Freated with oral rehydration salts (ORS)	0.486	0.054	46	63	0.680	0.111	0.378	0.595
Taken to a health provider	0.391	0.072	46	63	0.900	0.184	0.247	0.535
Vaccination card seen	0.437	0.051	105	139	1.015	0.116	0.336	0.538
Received BCG vaccination	0.929	0.030	105	139	1.197	0.033	0.868	0.990
Received DPT vaccination (3 doses)	0.808	0.040	105	139	1.040	0.050	0.727	0.889
Received polio vaccination (3 doses)	0.814	0.049	105 105	139	1.215	0.060	0.717	0.912
Received measles vaccination	0.833 0.750	0.039	105 105	139 139	1.044	0.046	0.756	0.910
Received all vaccinations Fotal fertility rate (3 years)	3.121	0.048 0.186	105 na	4049	1.093 1.101	0.064 0.060	0.654 2.749	0.846 3.492
Perinatal mortality (0-4 years)	19.884	8.217	na 516	689	1.101	0.413	3.450	36.319
	15.337	4.392	1041	1395	0.981	0.286	6.554	24.120
Postneonatal mortality rate (10 years)	9.752	4.160	1042	1396	1.237	0.427	1.431	18.072
nfant mortality rate (10 years)	25.088	5.919	1042	1396	1.075	0.236	13.251	36.926
Child mortality rate (10 years)	5.878	2.252	1044	1399	0.939	0.383	1.373	10.382
Under-five mortality rate (10 years)	30.819	6.264	1045	1400	1.060	0.203	18.290	43.347
		ME	N					
Jrban residence	0.686	0.020	385	520	0.865	0.030	0.645	0.727
No education	0.008	0.005	385	520	1.019	0.575	0.000	0.017
Secondary education or higher	0.715	0.023	385	520	0.994	0.032	0.669	0.761
Knowing any contraceptive method	0.996	0.004	233	315	1.014	0.004	0.987	1.000
Knowing any modern contraceptive method	0.992	0.006	233	315	1.010	0.006	0.979	1.000

		Stand- ard error	Number of cases			Dolo		
	Value		Un- weighted	Weight- ed	Design effect	Rela- tive error	Confidence limits	
ariable/	(R)	(SE)	(N)	(WN)	(DEFT)	(SE/R)	R-2SE	R+2SE
		WON	1EN					
Jrban residence	0.734	0.016	1425	1890	1.341	0.021	0.703	0.766
iterate	0.979	0.004	1425	1890	1.136	0.004	0.971	0.988
No education	0.002	0.001	1425	1890	1.006	0.573	0.000	0.005
Secondary education or higher	0.823	0.012	1425	1890	1.159	0.014	0.799	0.846
Never married	0.346	0.016	1425	1890	1.243	0.045	0.315	0.378
Currently married (in union)	0.602	0.016	1425	1890	1.205	0.026	0.571	0.634
Married before age 20	0.304	0.015	1155	1527	1.127 1.305	0.050	0.273	0.334
Had first sexual intercourse before age 18	0.156 0.049	0.014 0.006	1155 1425	1527 1890	1.114	0.089 0.130	0.128 0.036	0.184 0.061
Eurrently pregnant Ehildren ever born	1.850	0.063	1425	1890	1.114	0.130	1.724	1.977
Children surviving	1.770	0.061	1425	1890	1.112	0.034	1.649	1.892
Children ever born to women age 40-49	3.821	0.139	317	424	1.013	0.036	3.544	4.099
Knowing any contraceptive method	0.998	0.002	856	1139	1.006	0.002	0.994	1.000
Knowing any modern contraceptive method	0.995	0.002	856	1139	0.733	0.002	0.992	0.999
Ever used any contraceptive method	0.682	0.018	856	1139	1.139	0.027	0.646	0.718
Currently using any contraceptive method	0.484	0.017	856	1139	1.004	0.035	0.450	0.519
Currently using a modern method	0.328	0.020	856	1139	1.226	0.060	0.289	0.368
Currently using female sterilization	0.114	0.011	856	1139	1.038	0.099	0.092	0.137
Currently using male sterilization	0.000 0.113	0.000 0.011	856 856	1139 1139	na 1.030	na 0.099	0.000 0.091	0.000 0.135
Currently using pill Currently using IUD	0.113	0.009	856	1139	1.312	0.225	0.031	0.155
Currently using injectables	0.032	0.007	856	1139	1.135	0.215	0.018	0.045
Currently using condom	0.021	0.006	856	1139	1.213	0.280	0.009	0.033
Currently using periodic abstinence	0.048	0.007	856	1139	0.952	0.146	0.034	0.062
Currently using withdrawal	0.107	0.012	856	1139	1.093	0.108	0.084	0.130
Obtained method from public sector source	0.634	0.031	280	368	1.058	0.048	0.573	0.695
Nant no more children	0.581	0.019	856	1139	1.135	0.033	0.543	0.620
Want to delay birth at least 2 years	0.196	0.017	856	1139	1.225	0.085	0.163	0.229
deal number of children Mothers received tetanus injection for last birt	2.843	0.033 0.021	1407 446	1865 595	1.112 0.988	0.012 0.030	2.777 0.670	2.910 0.755
Mothers received tetalitis injection for last birt Mothers received medical assistance at deliver		0.021	608	816	1.304	0.038	0.691	0.733
Had diarrhea in two weeks before survey	0.108	0.025	593	796	1.070	0.036	0.079	0.137
Freated with oral rehydration salts (ORS)	0.519	0.079	64	86	1.168	0.153	0.360	0.677
Taken to a health provider	0.315	0.060	64	86	0.988	0.190	0.196	0.435
/accination card seen	0.378	0.055	123	165	1.274	0.147	0.267	0.488
Received BCG vaccination	0.918	0.022	123	165	0.887	0.024	0.874	0.962
Received DPT vaccination (3 doses)	0.800	0.032	123	165	0.885	0.040	0.736	0.863
Received polio vaccination (3 doses)	0.781	0.039	123	165	1.053	0.050	0.702	0.859
Received measles vaccination	0.773	0.038	123	165	1.003	0.049	0.697	0.848
Received all vaccinations	0.656	0.041	123	165 5280	0.958	0.062	0.574	0.737
Fotal fertility rate (3 years) Perinatal mortality (0-4 years)	3.155 25.194	0.159 7.226	na 616	5289 827	1.029 1.030	0.050 0.287	2.836 10.743	3.473 39.645
Neonatal mortality (0-4 years)	16.555	4.274	1221	1620	1.030	0.267	8.006	25.104
Postneonatal mortality rate (10 years)	8.688	2.532	1220	1619	0.957	0.291	3.625	13.752
nfant mortality rate (10 years)	25.244	5.355	1221	1620	1.142	0.212	14.534	35.953
Child mortalitý rate (10 ýears)	6.410	2.212	1222	1622	0.996	0.345	1.986	10.834
Under-five mortality rate (10 years)	31.492	5.934	1223	1623	1.163	0.188	19.624	43.360
· · · ·		ME	N					
Jrban residence	0.728	0.023	483	652	1.128	0.031	0.683	0.774
No education	0.726	0.023	403 483	652	1.120	0.031	0.000	0.774
Secondary education or higher	0.793	0.003	483	652	1.317	0.031	0.744	0.841
Knowing any contraceptive method	0.996	0.004	256	345	0.984	0.004	0.988	1.000
Knowing any modern contraceptive method	0.993	0.005	256	345	0.952	0.005	0.983	1.000

		Stand	Number of cases			Rela-		
	Value	Stand- ard error	Un- weighted	Weight- ed	Design effect	tive error	Confidence limits	
/ariable	(R)	(SE)	(N)	(WN)	(DEFT)	(SE/R)	R-2SE	R+2SE
		WON	MEN					
Jrban residence	0.326	0.030	481	340	1.425	0.093	0.265	0.387
iterate	0.928	0.025	481	340	2.134	0.027	0.878	0.979
No education	0.033	0.017	481	340	2.060	0.509	0.000	0.067
Secondary education or higher	0.635	0.045	481	340	2.069	0.072	0.544	0.726
Never married Currently married (in union)	0.206 0.756	0.024 0.027	481 481	340 340	1.296 1.399	0.116 0.036	0.158 0.701	0.254 0.811
Currently married (in union) Married before age 20	0.736	0.027	394	278	1.599	0.036	0.701	0.505
Had first sexual intercourse before age 18	0.420	0.033	394	278	1.572	0.034	0.154	0.286
Currently pregnant	0.098	0.033	481	340	0.926	0.143	0.073	0.123
Children ever born	2.911	0.159	481	340	1.297	0.055	2.593	3.228
Children surviving	2.654	0.126	481	340	1.143	0.047	2.403	2.906
Children ever born to women age 40-49	5.051	0.245	108	77	0.949	0.049	4.560	5.542
Knowing any contraceptive method	0.997	0.003	361	257	1.066	0.003	0.991	1.000
Knowing any modern contraceptive method	0.994	0.004	361 361	257	1.006	0.004	0.986	1.000
Ever used any contraceptive method Currently using any contraceptive method	0.632 0.425	0.054 0.045	361 361	257 257	2.124 1.726	0.085 0.106	0.524 0.335	0.740 0.515
Currently using a modern method	0.310	0.043	361	257	1.529	0.100	0.236	0.385
Currently using female sterilization	0.087	0.020	361	257	1.344	0.230	0.047	0.126
Currently using male sterilization	0.003	0.003	361	257	1.002	1.017	0.000	0.008
Currently using pill	0.137	0.018	361	257	0.987	0.131	0.101	0.172
Currently using IUD	0.030	0.011	361	257	1.270	0.378	0.007	0.053
Currently using injectables	0.040	0.015	361	257	1.492	0.383	0.009	0.071
Currently using condom	0.008	0.005	361	257	0.999	0.578	0.000	0.018
Eurrently using periodic abstinence Eurrently using withdrawal	0.053 0.060	0.010 0.014	361 361	257 257	0.838 1.133	0.188 0.237	0.033 0.031	0.072 0.088
Obtained method from public sector source	0.775	0.014	111	79	1.025	0.257	0.694	0.857
Want no more children	0.645	0.024	361	257	0.970	0.038	0.596	0.694
Want to delay birth at least 2 years	0.202	0.021	361	257	0.995	0.104	0.160	0.244
deal number of children	3.239	0.082	478	338	1.189	0.025	3.074	3.403
Mothers received tetanus injection for last birt		0.051	219	155	1.620	0.076	0.574	0.779
Mothers received medical assistance at deliver		0.046	339	241	1.516	0.157	0.201	0.385
Had diarrhea in two weeks before survey	0.177	0.021	318	225	0.948	0.119	0.135 0.122	0.218
Freated with oral rehydration salts (ORS) Faken to a health provider	0.242 0.223	0.060 0.058	56 56	40 40	1.01 <i>7</i> 1.015	$0.248 \\ 0.260$	0.122	0.362 0.339
Accination card seen	0.368	0.064	53	38	0.994	0.174	0.107	0.496
Received BCG vaccination	0.940	0.031	53	38	0.942	0.033	0.878	1.001
Received DPT vaccination (3 doses)	0.809	0.050	53	38	0.933	0.062	0.708	0.909
Received polio vaccination (3 doses)	0.811	0.046	53	38	0.853	0.056	0.719	0.902
Received measles vaccination	0.812	0.040	53	38	0.752	0.050	0.731	0.892
Received all vaccinations	0.700	0.057	53	38	0.904	0.081	0.586	0.814
Total fertility rate (3 years)	4.978	0.389	na 242	961	1.263	0.078	4.199	5.756
Perinatal mortality (0-4 years) Neonatal mortality rate (10 years)	20.508 17.688	6.126 4.823	342 677	243 481	0.811 0.902	0.299 0.273	8.256 8.043	32.760 27.333
Postneonatal mortality rate (10 years)	25.865	6.410	677	481	0.902	0.273	13.046	38.685
nfant mortality rate (10 years)	43.553	9.694	677	481	1.080	0.223	24.166	62.940
Child mortality rate (10 years)	25.232	10.384	680	483	1.498	0.412	4.464	46.000
Under-five mortality rate (10 years)	67.686	15.960	680	483	1.226	0.236	35.766	99.607
		ME	N					
Irban rasidanca	0.200			110	0.040	0.001	0.217	0.450
Jrban residence No education	0.388	0.035 0.019	168 168	119 119	0.940 1.227	0.091 0.446	0.317 0.005	$0.458 \\ 0.082$
No education Secondary education or higher	0.043 0.559	0.019	168	119	1.227	0.446	0.005	0.082
Knowing any contraceptive method	0.991	0.009	109	77	0.974	0.009	0.973	1.000
Knowing any modern contraceptive method	0.982	0.012	109	77	0.965	0.013	0.957	1.000

		Cı I	Number of cases			D-I-		
	Value	Stand- ard error	Un- weighted	Weight- ed	Design effect	Rela- tive error		ence limits
Variable	(R)	(SE)	(N)	(WN)	(DEFT)	(SE/R)	R-2SE	R+2SE
		WON	MEN					
Urban residence	0.322	0.020	724	713	1.130	0.061	0.283	0.361
Literate	0.965	0.006	724	713	0.857	0.006	0.954	0.977
No education	0.003	0.002	724	713	0.992	0.735	0.000	0.006 0.777
Secondary education or higher Never married	0.721 0.320	0.028 0.018	724 724	713 713	1.654 1.024	$0.038 \\ 0.056$	0.666 0.284	0.777
Currently married (in union)	0.640	0.018	724 724	713	0.770	0.030	0.204	0.333
Married before age 20	0.379	0.014	560	549	1.249	0.068	0.328	0.431
Had first sexual intercourse before age 18	0.197	0.015	560	549	0.863	0.074	0.168	0.226
Currently pregnant	0.055	0.008	724	713	0.888	0.137	0.040	0.070
Children ever born	2.759	0.154	724	713	1.406	0.056	2.450	3.067
Children surviving	2.591	0.140	724	713	1.379	0.054	2.311	2.872
Children ever born to women age 40-49	5.459	0.270	164	161	1.114	0.050	4.918	6.000
Knowing any contraceptive method	0.990	0.004	468	457	0.960	0.004	0.982	0.999
Knowing any modern contraceptive method	0.990	0.004	468	457 457	0.960	0.004	0.982	0.999
Ever used any contraceptive method	0.775 0.474	0.022 0.028	468 468	457 457	1.140 1.229	0.028 0.060	0.731 0.418	0.819 0.531
Currently using any contraceptive method Currently using a modern method	0.474	0.028	468	457	1.229	0.000	0.418	0.331
Currently using female sterilization	0.055	0.009	468	457	0.870	0.167	0.037	0.073
Currently using male sterilization	0.000	0.000	468	457	na	na	0.000	0.000
Currently using pill	0.131	0.012	468	457	0.790	0.094	0.107	0.156
Currently using IUD	0.021	0.009	468	457	1.435	0.459	0.002	0.039
Currently using injectables	0.020	0.005	468	457	0.806	0.260	0.010	0.031
Currently using condom	0.009	0.005	468	457	1.026	0.496	0.000	0.018
Currently using periodic abstinence	0.078	0.013	468	457	1.075	0.171	0.052	0.105
Currently using withdrawal Obtained method from public sector source	0.151 0.695	0.018 0.031	468 115	457 112	1.096 0.708	0.120 0.044	0.114 0.634	0.187 0.756
Want no more children	0.648	0.031	468	457	1.259	0.044	0.592	0.704
Want to delay birth at least 2 years	0.162	0.018	468	457	1.081	0.114	0.125	0.199
deal number of children	3.057	0.053	720	709	1.155	0.017	2.951	3.163
Mothers received tetanus injection for last birt		0.030	298	290	1.087	0.047	0.588	0.709
Mothers received medical assistance at delive		0.044	446	432	1.548	0.092	0.390	0.566
Had diarrhea in two weeks before survey	0.114	0.023	437	424	1.364	0.198	0.069	0.160
Treated with oral rehydration salts (ORS)	0.328	0.060	51	49	0.798	0.183	0.208	0.447
Taken to a health provider	0.259	0.050	51	49	0.696	0.192	0.159	0.358
Vaccination card seen Received BCG vaccination	0.368 0.944	0.041 0.025	87 87	87 87	0.781 1.018	0.111 0.026	0.286 0.894	0.450 0.994
Received DPT vaccination (3 doses)	0.753	0.023	87	87 87	1.016	0.026	0.651	0.994
Received polio vaccination (3 doses)	0.733	0.031	87	87	1.092	0.056	0.723	0.905
Received measles vaccination	0.819	0.036	87	87	0.872	0.044	0.747	0.890
Received all vaccinations	0.647	0.046	87	87	0.907	0.072	0.554	0.740
Total fertility rate (3 years)	4.348	0.273	na	1941	0.964	0.063	3.803	4.893
Perinatal mortality (0-4 years)	25.915	7.062	453	439	0.950	0.272	11.792	40.038
Neonatal mortality rate (10 years)	19.001	5.858	946	915	1.203	0.308	7.285	30.717
Postneonatal mortality rate (10 years)	9.242	3.141	947	916	1.014	0.340	2.960	15.524
nfant mortality rate (10 years)	28.243	6.967	947	916 916	1.236	0.247	14.309	42.177 22.837
Child mortality rate (10 years) Under-five mortality rate (10 years)	14.958 42.778	3.940 8.028	947 948	916 917	0.969 1.166	0.263 0.188	7.078 26.721	58.835
	74.//0			<i>J</i> 1/	1.100	0.100	ZU./ZI	50.055
		ME	N					
Jrban residence	0.218	0.024	238	236	0.911	0.112	0.169	0.267
No education	0.009	0.006	238	236	0.908	0.619	0.000	0.020
Secondary education or higher	0.642	0.042	238	236	1.344	0.065	0.559	0.726
Knowing any contraceptive method	1.000	0.000	142	139	na	0.000	1.000	1.000
Knowing any modern contraceptive method	1.000	0.000	142	139	na	0.000	1.000	1.000

		C+al	Number of cases			Dolo		
Variable	Value (R)	Stand- ard error (SE)	Un- weighted (N)	Weight- ed (WN)	Design effect (DEFT)	Rela- tive error (SE/R)	Confidence limits R-2SE R+2SE	
variable	(10)			(۷۷۱۹)	(DLIT)	(3L/K)	K-23L	K 1 23L
		WON	ΛEN					
Urban residence	0.346	0.021	784	910	1.248	0.061	0.303	0.388
Literate	0.946	0.010	784	910	1.293	0.011	0.925	0.967
No education	0.018	0.007	784 784	910	1.384	0.367	0.005	0.031
Secondary education or higher	0.712 0.326	0.022 0.017	784 784	910 910	1.336 0.993	0.030 0.051	$0.669 \\ 0.292$	0.755 0.359
Never married Currently married (in union)	0.635	0.017	784 784	910	1.026	0.031	0.600	0.339
Married before age 20	0.349	0.015	619	719	1.318	0.020	0.298	0.399
Had first sexual intercourse before age 18	0.207	0.023	619	719	1.317	0.104	0.164	0.250
Currently pregnant	0.054	0.009	784	910	1.056	0.158	0.037	0.071
Children ever born	2.519	0.141	784	910	1.398	0.056	2.237	2.801
Children surviving	2.345	0.128	784	910	1.389	0.055	2.089	2.600
Children ever born to women age 40-49	4.930	0.276	192	223	1.211	0.056	4.378	5.482
Knowing any contraceptive method	0.998	0.002	497	578 578	0.994	0.002	0.994	1.000
Knowing any modern contraceptive method	0.996 0.727	0.003 0.024	497 497	578 578	0.977 1.208	0.003 0.033	0.990 0.679	1.000
Ever used any contraceptive method Currently using any contraceptive method	0.727	0.024	497 497	578 578	1.208	0.033	0.679	0.775 0.519
Currently using any contraceptive method Currently using a modern method	0.401	0.029	497	578	1.265	0.082	0.249	0.319
Currently using female sterilization	0.068	0.012	497	578	1.068	0.177	0.044	0.093
Currently using male sterilization	0.004	0.003	497	578	0.995	0.708	0.000	0.010
Currently using pill	0.146	0.020	497	578	1.238	0.135	0.107	0.185
Currently using IUD	0.036	0.010	497	578	1.221	0.284	0.015	0.056
Currently using injectables	0.026	0.007	497	578	0.957	0.261	0.013	0.040
Currently using condom	0.016	0.005	497	578	0.968	0.338	0.005	0.027
Currently using periodic abstinence Currently using withdrawal	0.102 0.052	0.014 0.011	497 497	578 578	1.043 1.129	0.139 0.216	0.074 0.030	0.131 0.075
Obtained method from public sector source	0.032	0.011	151	175	1.129	0.216	0.634	0.073
Want no more children	0.699	0.023	497	578	1.111	0.033	0.653	0.744
Want to delay birth at least 2 years	0.161	0.015	497	578	0.905	0.093	0.131	0.191
Ideal number of children	2.949	0.059	770	894	1.240	0.020	2.831	3.067
Mothers received tetanus injection for last bird	h 0.680	0.035	279	324	1.242	0.051	0.610	0.749
Mothers received medical assistance at delive		0.050	415	482	1.665	0.107	0.373	0.575
Had diarrhea in two weeks before survey	0.150	0.021	394	458	1.149	0.143	0.107	0.192
Treated with oral rehydration salts (ORS)	0.386	0.049	59	68 68	0.746	0.126	0.289 0.125	0.484
Taken to a health provider Vaccination card seen	0.234 0.504	0.055 0.078	59 81	68 94	0.948 1.382	0.234 0.154	0.125	0.344 0.659
Received BCG vaccination	0.913	0.075	81	94	1.450	0.050	0.823	1.004
Received DPT vaccination (3 doses)	0.877	0.048	81	94	1.320	0.055	0.780	0.973
Received polio vaccination (3 doses)	0.901	0.046	81	94	1.397	0.051	0.808	0.994
Received measles vaccination	0.839	0.048	81	94	1.174	0.057	0.743	0.935
Received all vaccinations	0.814	0.049	81	94	1.123	0.060	0.717	0.912
Total fertility rate (3 years)	3.992	0.315	na	2531	1.371	0.079	3.362	4.622
Perinatal mortality (0-4 years) Neonatal mortality rate (10 years)	42.831	10.761	424	493	1.052	0.251	21.309	64.354
Neonatai mortality rate (10 years) Postneonatal mortality rate (10 years)	21.628 17.801	6.891 4.849	872 872	1014 1014	1.243 0.986	0.319 0.272	7.847 8.103	35.410 27.499
nfant mortality rate (10 years)	39.429	7.290	872 872	1014	1.005	0.272	24.848	54.010
Child mortality rate (10 years)	11.404	3.976	873	1015	0.948	0.103	3.453	19.355
Under-five mortality rate (10 years)	50.384	8.298	873	1015	0.986	0.165	33.789	66.979
, , , , ,		ME						
Urban residence	0.276	0.030	276	322	1.111	0.109	0.216	0.336
No education	0.033	0.014	276	322	1.272	0.417	0.005	0.060
Secondary education or higher	0.621	0.038	276 156	322	1.295	0.061 0.006	0.545	0.697
Knowing any contraceptive method Knowing any modern contraceptive method	0.994 0.994	0.006 0.006	156 156	182 182	0.966 0.966	0.006	$0.982 \\ 0.982$	1.000 1.000

		Stand	Number of cases			D-I-		
Variable	Value (R)	Stand- ard error (SE)	Un- weighted (N)	Weight- ed (WN)	Design effect (DEFT)	Rela- tive error (SE/R)	Confidence limits R-2SE R+2SE	
variable	(14)		(14)	(((((((((((((((((((((DLIT)	(3L/10)	IK-25E	K 1 Z 3 L
		WON	ΛEN					
Urban residence	0.581	0.023	927	1070	1.421	0.040	0.535	0.627
Literate	0.966	0.006	927	1070	0.936	0.006	0.954	0.977
No education	0.013	0.004	927	1070	0.950	0.271	0.006	0.020
Secondary education or higher	0.689 0.344	0.022 0.014	927 927	1070 1070	1.441 0.873	0.032 0.040	0.645 0.317	0.733 0.371
Never married Currently married (in union)	0.344	0.014	927 927	1070	0.673	0.040	0.517	0.371
Currently married (in union) Married before age 20	0.827	0.013	927 749	864	1.258	0.023	0.396	0.836
Had first sexual intercourse before age 18	0.323	0.022	749 749	864	0.982	0.089	0.230	0.366
Currently pregnant	0.140	0.012	927	1070	1.090	0.069	0.113	0.163
Children ever born	2.193	0.007	927	1070	1.167	0.043	2.004	2.382
Children surviving	2.069	0.085	927	1070	1.128	0.043	1.898	2.239
Children ever born to women age 40-49	4.437	0.300	202	233	1.480	0.068	3.836	5.038
Knowing any contraceptive method	0.988	0.006	581	671	1.368	0.006	0.976	1.000
Knowing any modern contraceptive method	0.988	0.006	581	671	1.368	0.006	0.976	1.000
Ever used any contraceptive method	0.753	0.019	581	671	1.046	0.025	0.716	0.791
Currently using any contraceptive method	0.521	0.017	581	671	0.807	0.032	0.488	0.555
Currently using a modern method	0.356	0.023	581	671	1.142	0.064	0.311	0.402
Currently using female sterilization	0.112	0.014	581	671	1.094	0.128	0.083	0.141
Currently using male sterilization	0.003	0.002	581	671	0.975	0.692	0.000	0.008
Currently using pill	0.115	0.018	581	671	1.320	0.152	0.080	0.150
Currently using IUD	0.062	0.010	581	671	1.046	0.170	0.041	0.082
Currently using injectables	0.021	0.004	581	671	0.758	0.216	0.012	0.030
Currently using condom	0.037	0.008	581 501	671	0.981	0.209	0.021	0.052
Currently using periodic abstinence	0.096 0.067	0.014 0.010	581 581	671 671	1.176 1.012	0.150 0.157	0.067 0.046	0.125 0.088
Currently using withdrawal Obtained method from public sector source	0.605	0.016	208	240	1.062	0.137	0.533	0.677
Want no more children	0.656	0.034	581	671	1.200	0.036	0.608	0.703
Want to delay birth at least 2 years	0.134	0.018	581	671	1.271	0.134	0.098	0.170
Ideal number of children	2.923	0.060	909	1049	1.224	0.020	2.804	3.043
Mothers received tetanus injection for last bir		0.027	311	359	1.112	0.035	0.712	0.819
Mothers received medical assistance at delive		0.044	464	535	1.624	0.064	0.595	0.770
Had diarrhea in two weeks before survey	0.085	0.015	450	519	0.998	0.171	0.056	0.114
Treated with oral rehydration salts (ORS)	0.524	0.103	38	44	1.194	0.197	0.317	0.731
Taken to a health provider	0.366	0.086	38	44	0.975	0.234	0.195	0.538
Vaccination card seen	0.490	0.057	88	101	1.072	0.117	0.375	0.604
Received BCG vaccination	0.909	0.031	88	101	1.016	0.034	0.847	0.972
Received DPT vaccination (3 doses)	0.717	0.035	88	101	0.724	0.049	0.647	0.787
Received polio vaccination (3 doses)	0.739	0.050	88	101	1.073	0.068	0.638	0.839
Received measles vaccination	0.841	0.037	88	101	0.954	0.044	0.766	0.915
Received all vaccinations	0.660	0.046	88	101	0.903	0.069	0.568	0.751
Total fertility rate (3 years) Perinatal mortality (0-4 years)	3.574	0.250	na 466	2981	1.228 0.998	0.070	3.074	4.074
Perinatai mortality (0-4 years) Neonatal mortality rate (10 years)	12.536 17.710	5.909 4.007	466 947	537 1092	0.998	0.471 0.226	0.718 9.696	24.354 25.724
Postneonatal mortality rate (10 years)	10.088	2.706	947 949	1092	0.857	0.226	9.696 4.676	15.500
Infant mortality rate (10 years)	27.798	4.824	949	1095	0.872	0.200	18.150	37.446
Child mortality rate (10 years)	11.414	4.537	948	1093	0.072	0.174	2.340	20.488
Under-five mortality rate (10 years)	38.895	7.413	950	1094	1.044	0.191	24.069	53.721
		ME	N 					
Urban residence	0.560	0.027	320	373	0.962	0.048	0.506	0.613
No education	0.022	0.009	320	373	1.136	0.427	0.003	0.040
Secondary education or higher	0.659	0.030	320	373	1.148	0.046	0.598	0.720
Knowing any contraceptive method	0.977	0.014	176	204	1.230	0.014	0.949	1.000
Knowing any modern contraceptive method	0.977	0.014	176	204	1.230	0.014	0.949	1.000

		C+	Number	of cases		Rela- tive error (SE/R)		
√ariable	Value (R)	Stand- ard error (SE)	Un- weighted (N)	Weight- ed (WN)	Design effect (DEFT)		Confidence limits R-2SE R+2SE	
		WON	MEN					
	0.040	0.000	6.47		4 222	0.004	0.470	0.050
Urban residence Literate	0.218 0.977	0.020 0.008	647 647	555 555	1.223 1.413	0.091 0.009	0.178 0.960	0.258 0.993
No education	0.006	0.003	647	555 555	1.028	0.508	0.000	0.993
Secondary education or higher	0.622	0.028	647	555	1.479	0.045	0.566	0.679
Never married	0.313	0.019	647	555	1.017	0.059	0.276	0.351
Currently married (in union)	0.640	0.020	647	555	1.048	0.031	0.601	0.680
Married before age 20	0.404	0.023	520	446	1.088	0.058	0.357	0.450
Had first sexual intercourse before age 18	0.242	0.026	520	446	1.403	0.109	0.189	0.294
Currently pregnant	0.068	0.012	647	555	1.163	0.169	0.045	0.091
Children ever born	2.681	0.110	647	555	0.977	0.041	2.461	2.900
Children surviving Children over born to women ago 40,49	2.463	0.098	647	555 103	0.965	0.040	2.268	2.658 6.028
Children ever born to women age 40-49 Knowing any contraceptive method	5.447 0.998	0.290 0.002	120 414	103 355	1.090 0.985	0.053 0.002	4.866 0.993	1.000
Knowing any contraceptive method Knowing any modern contraceptive method	0.996	0.002	414	355 355	0.965	0.002	0.989	1.000
Ever used any contraceptive method	0.647	0.003	414	355	1.527	0.055	0.575	0.719
Currently using any contraceptive method	0.444	0.036	414	355	1.490	0.082	0.371	0.517
Currently using a modern method	0.268	0.034	414	355	1.554	0.126	0.200	0.336
Currently using female sterilization	0.099	0.024	414	355	1.633	0.242	0.051	0.147
Currently using male sterilization	0.000	0.000	414	355	na	na	0.000	0.000
Currently using pill_	0.097	0.012	414	355	0.846	0.127	0.072	0.121
Currently using IUD	0.029	0.006	414	355	0.700	0.200	0.017	0.040
Currently using injectables	0.029	0.013	414	355	1.550	0.442	0.003	0.055
Currently using condom	0.012	0.004	414	355	0.766	0.342	0.004	0.020
Currently using periodic abstinence Currently using withdrawal	0.082 0.080	0.016 0.019	414 414	355 355	1.162 1.387	0.191 0.231	0.051 0.043	0.113 0.117
Obtained method from public sector source	0.791	0.015	110	94	0.911	0.231	0.720	0.862
Want no more children	0.611	0.019	414	355	0.774	0.030	0.574	0.648
Want to delay birth at least 2 years	0.200	0.018	414	355	0.915	0.090	0.164	0.237
Ideal number of children	3.233	0.074	639	548	1.201	0.023	3.084	3.382
Mothers received tetanus injection for last bird	h 0.653	0.034	268	230	1.153	0.051	0.586	0.720
Mothers received medical assistance at delive		0.062	417	357	2.094	0.172	0.237	0.484
Had diarrhea in two weeks before survey	0.098	0.017	398	341	1.120	0.174	0.064	0.132
Treated with oral rehydration salts (ORS)	0.615	0.104	39	33	1.297	0.170	0.406	0.824
Taken to a health provider Vaccination card seen	0.435 0.457	0.083 0.060	39 81	33 69	0.996 1.083	0.192 0.131	$0.268 \\ 0.337$	0.601 0.577
Received BCG vaccination	0.437	0.080	81	69	0.970	0.131	0.337	0.577
Received DPT vaccination (3 doses)	0.765	0.063	81	69	1.337	0.033	0.638	0.891
Received polio vaccination (3 doses)	0.814	0.052	81	69	1.201	0.064	0.710	0.918
Received measles vaccination	0.791	0.038	81	69	0.829	0.048	0.716	0.866
Received all vaccinations	0.703	0.062	81	69	1.228	0.089	0.578	0.828
Total fertility rate (3 years)	4.554	0.324	na	1545	1.277	0.071	3.907	5.202
Perinatal mortality (0-4 years)	23.923	8.171	419	359	1.010	0.342	7.582	40.264
Neonatal mortality rate (10 years)	23.743	5.088 3.663	848	727	0.951	0.214	13.566	33.919
Postneonatal mortality rate (10 years) nfant mortality rate (10 years)	12.048 35.791	3.663 6.660	849 849	728 728	1.076 1.037	0.304 0.186	4.723 22.470	19.374 49.112
Child mortality rate (10 years)	21.834	5.026	850	728 729	0.973	0.130	11.782	31.885
Under-five mortality rate (10 years)	56.843	9.568	851	729	1.160	0.168	37.708	75.979
- The merancy rate (10 years)		 ME						
	0.153			222	1.010	0.4.40	0.447	0.200
Urban residence	0.163	0.023	268	229	1.010	0.140	0.117	0.208 0.036
No education Secondary education or higher	0.019 0.439	0.009 0.034	268 268	229 229	1.036 1.126	0.456 0.078	0.002 0.371	0.036
Knowing any contraceptive method	0.439	0.034	137	117	1.126	0.076	0.371	1.000
Knowing any modern contraceptive method	0.978	0.013	137	117	1.026	0.013	0.952	1.000

		C+	Number	of cases		Dala		
(/aviable	Value	Stand- ard error	Un- weighted	Weight-	Design effect	Rela- tive error		ence limits
Variable	(R)	(SE)	(N)	(WN)	(DEFT)	(SE/R)	R-2SE	R+2SE
		WON	1EN					
Urban residence	0.267	0.020	552	465	1.041	0.074	0.227	0.306
Literate	0.917	0.010	552	465	0.822	0.011	0.898	0.936
No education	0.011	0.004	552	465	1.011	0.410	0.002	0.020
Secondary education or higher	0.628	0.027	552	465	1.298	0.043	0.574	0.681
Never married	0.241	0.020	552	465	1.074	0.081	0.202	0.280
Currently married (in union)	0.730	0.020	552	465	1.055	0.027	0.690	0.770
Married before age 20	0.411	0.033	454 454	381	1.433	0.081	0.344	0.477
Had first sexual intercourse before age 18	0.224 0.068	0.020 0.013	454 552	381 465	1.001 1.242	0.088 0.196	0.185 0.041	0.263 0.095
Currently pregnant Children ever born	2.634	0.013	552 552	465 465	1.242	0.196	2.363	2.904
Children surviving	2.634	0.133	552 552	465 465	1.165	0.031	2.303	2.713
Children ever born to women age 40-49	4.915	0.120	124	104	1.137	0.049	4.361	5.468
Knowing any contraceptive method	0.991	0.277	400	339	1.227	0.006	0.980	1.000
Knowing any modern contraceptive method	0.989	0.006	400	339	1.185	0.006	0.976	1.000
Ever used any contraceptive method	0.633	0.000	400	339	1.103	0.049	0.570	0.695
Currently using any contraceptive method	0.431	0.027	400	339	1.073	0.062	0.378	0.485
Currently using a modern method	0.323	0.025	400	339	1.050	0.076	0.274	0.373
Currently using female sterilization	0.057	0.012	400	339	0.997	0.202	0.034	0.081
Currently using male sterilization	0.000	0.000	400	339	na	na	0.000	0.000
Currently using pill	0.169	0.019	400	339	1.030	0.114	0.131	0.208
Currently using IUD	0.061	0.013	400	339	1.124	0.222	0.034	0.087
Currently using injectables	0.021	0.007	400	339	1.028	0.353	0.006	0.036
Currently using condom	0.007	0.004	400	339	1.022	0.590	0.000	0.016
Currently using periodic abstinence	0.081	0.016	400	339	1.181	0.199	0.049	0.113
Currently using withdrawal	0.025	0.009	400	339	1.173	0.370	0.006	0.043
Obtained method from public sector source	0.630	0.066	129	110	1.549	0.105	0.498	0.762
Want no more children	0.697	0.022	400	339	0.958	0.032	0.653	0.741
Want to delay birth at least 2 years	0.157	0.012	400	339	0.678	0.079	0.132	0.181
ldeal number of children Mothers received totanus injection for last him	3.035	0.056 0.042	549 234	462 199	0.955 1.387	0.019 0.060	2.922 0.612	3.147 0.778
Mothers received tetanus injection for last bir Mothers received medical assistance at delive	m/ 0.093	0.042	324	276	1.556	0.060	0.012	0.778
Had diarrhea in two weeks before survey	0.042	0.047	310	264	1.018	0.131	0.217	0.464
Treated with oral rehydration salts (ORS)	0.398	0.012	14	11	0.742	0.237	0.017	0.622
Taken to a health provider	0.401	0.112	14	11	0.742	0.280	0.174	0.625
Vaccination card seen	0.422	0.080	67	57	1.331	0.189	0.170	0.582
Received BCG vaccination	0.760	0.071	67	57	1.370	0.094	0.617	0.902
Received DPT vaccination (3 doses)	0.636	0.070	67	57	1.199	0.110	0.496	0.776
Received polio vaccination (3 doses)	0.620	0.078	67	57	1.323	0.126	0.464	0.776
Received measles vaccination	0.640	0.070	67	57	1.194	0.109	0.501	0.779
Received all vaccinations	0.561	0.075	67	57	1.245	0.134	0.410	0.711
Total fertility rate (3 years)	4.179	0.281	na	1306	1.059	0.067	3.617	4.741
Perinatal mortality (0-4 years)	21.416	10.344	328	279	1.323	0.483	0.728	42.105
Neonatal mortality rate (10 years)	5.928	2.793	684	581	0.959	0.471	0.341	11.514
Postneonatal mortality rate (10 years)	20.730	7.236	684	581	1.279	0.349	6.258	35.201
Infant mortality rate (10 years)	26.657	8.239	684	581	1.309	0.309	10.180	43.134
Child mortality rate (10 years)	17.255	5.688	685	582	1.169	0.330	5.878	28.632
Under-five mortality raté (10 years)	43.452	9.219	685	582	1.170	0.212	25.013	61.891
		ME	N					
Jrban residence	0.250	0.014	224	189	0.488	0.057	0.222	0.278
No education	0.018	0.009	224	189	0.984	0.484	0.001	0.036
Secondary education or higher	0.487	0.035	224	189	1.059	0.073	0.416	0.558
Knowing any contraceptive method	1.000	0.000	130	109	na	0.000	1.000	1.000
Knowing any modern contraceptive method	1.000	0.000	130	109	na	0.000	1.000	1.000

		C+al	Number	of cases		Dolo		
	Value	Stand- ard error	Un- weighted	Weight- ed	Design effect	Rela- tive error		ence limit
Variable	(R)	(SE)	(N)	(WN)	(DEFT)	(SE/R)	R-2SE	R+2SE
		WON	1EN					
Urban residence	0.363	0.017	592	565	0.867	0.047	0.329	0.398
Literate	0.974	0.008	592	565	1.212	0.008	0.958	0.990
No education	0.003	0.002	592	565	0.964	0.702	0.000	0.008
Secondary education or higher Never married	0.728 0.321	0.021 0.025	592 592	565 565	1.165 1.327	0.029 0.079	0.685 0.270	0.771 0.372
Currently married (in union)	0.645	0.025	592	565	1.285	0.079	0.594	0.695
Married before age 20	0.334	0.026	463	441	1.188	0.033	0.282	0.386
Had first sexual intercourse before age 18	0.210	0.018	463	441	0.952	0.086	0.174	0.246
Currently pregnant	0.055	0.009	592	565	0.953	0.162	0.037	0.073
Children ever born	2.379	0.123	592	565	1.127	0.052	2.133	2.624
Children surviving	2.186	0.109	592	565	1.133	0.050	1.968	2.404
Children ever born to women age 40-49	4.761	0.256	133	128	1.044	0.054	4.250	5.273
Knowing any contraceptive method	0.992 0.992	0.004 0.004	385 385	364 364	0.955 0.955	0.004 0.004	$0.984 \\ 0.984$	1.000 1.000
Knowing any modern contraceptive method Ever used any contraceptive method	0.992	0.004	385 385	364 364	1.795	0.004	0.984	0.870
Currently using any contraceptive method	0.750	0.037	385	364	1.423	0.046	0.723	0.624
Currently using a modern method	0.346	0.030	385	364	1.218	0.086	0.286	0.405
Currently using female sterilization	0.064	0.010	385	364	0.809	0.157	0.044	0.085
Currently using male sterilization	0.000	0.000	385	364	na	na	0.000	0.000
Currently using pill	0.147	0.016	385	364	0.903	0.111	0.114	0.179
Currently using IUD	0.089	0.018	385	364	1.229	0.201	0.053	0.124
Currently using injectables	0.018 0.020	0.008	385 385	364 364	1.245 1.189	0.471 0.422	0.001 0.003	0.035 0.037
Currently using condom Currently using periodic abstinence	0.020	0.009	385	364	1.109	0.422	0.003	0.037
Currently using periodic abstinence	0.052	0.015	385	364	1.357	0.296	0.021	0.083
Obtained method from public sector source	0.708	0.045	134	127	1.139	0.063	0.618	0.798
Want no more children [']	0.627	0.022	385	364	0.901	0.035	0.583	0.672
Want to delay birth at least 2 years	0.176	0.015	385	364	0.770	0.085	0.146	0.206
deal number of children	3.027	0.082	588	562	1.320	0.027	2.864	3.190
Mothers received tetanus injection for last birt		0.043	234	219	1.447	0.059	0.641	0.812
Mothers received medical assistance at deliver Had diarrhea in two weeks before survey	0.102	0.036 0.017	322 309	301 289	1.119 0.986	0.087 0.165	0.339 0.069	0.481 0.136
Treated with oral rehydration salts (ORS)	0.102	0.076	31	30	0.973	0.302	0.003	0.403
Taken to a health provider	0.203	0.073	31	30	0.994	0.354	0.059	0.347
Vaccination card seen	0.462	0.044	67	63	0.718	0.096	0.374	0.551
Received BCG vaccination	0.895	0.052	67	63	1.359	0.058	0.792	0.998
Received DPT vaccination (3 doses)	0.689	0.078	67	63	1.367	0.113	0.533	0.845
Received polio vaccination (3 doses)	0.734	0.062	67 67	63	1.142	0.085	0.610	0.859
Received measles vaccination	0.720	0.074	67 67	63	1.335	0.103	0.572	0.868
Received all vaccinations Fotal fertility rate (3 years)	0.587 3.785	0.086 0.339	67	63 1560	1.411 1.348	0.146 0.090	0.415 3.107	0.759 4.462
Perinatal mortality (0-4 years)	24.232	10.688	na 325	304	1.122	0.090	2.856	45.609
Neonatal mortality rate (10 years)	23.610	6.493	663	623	0.958	0.275	10.623	36.596
Postneonatal mortality rate (10 years)	14.554	5.629	663	623	1.022	0.387	3.295	25.812
nfant mortality rate (10 years)	38.163	9.977	663	623	1.177	0.261	18.210	58.117
Child mortality rate (10 years)	11.040	4.144	664	624	1.059	0.375	2.753	19.327
Under-five mortality rate (10 years)	48.782	12.060	664	624	1.288	0.247	24.661	72.903
		ME	N					
Jrban residence	0.364	0.033	216	202	0.994	0.090	0.299	0.430
No education	0.009	0.006	216	202	0.998	0.711	0.000	0.022
Secondary education or higher	0.624	0.056	216	202	1.704	0.090	0.512	0.737
	0.005	0.015	134	125	1.408	0.015	0.956	1.000
Knowing any contraceptive method Knowing any modern contraceptive method	$0.985 \\ 0.985$	0.015	134	125	1.408	0.015	0.956	1.000

		C. I	Number	of cases		p. I		
Variable	Value (R)	Stand- ard error (SE)	Un- weighted (N)	Weight- ed (WN)	Design effect (DEFT)	Rela- tive error (SE/R)	Confide R-2SE	nce limits
variable	(14)			((())	(DLIT)	(3L/14)	K-23L	K 1 Z 3 L
		WON	ΛEN					
Urban residence	0.550	0.035	725	654	1.897	0.064	0.480	0.620
Literate	0.947	0.013	725	654	1.590	0.014	0.920	0.973
No education	0.010	0.008	725	654	2.164	0.791	0.000	0.026
Secondary education or higher	0.723	0.022	725 725	654	1.333	0.031	0.678	0.767
Never married	0.313	0.024	725 725	654	1.407	0.077	0.265	0.362
Currently married (in union)	0.651	0.023		654	1.287	0.035	0.605	0.696
Married before age 20	0.359	0.024	562 562	513 513	1.205	0.068	0.310	0.408
Had first sexual intercourse before age 18	0.186 0.057	0.021 0.008	725	513 654	1.303 0.942	0.115 0.142	0.143 0.041	0.228 0.074
Currently pregnant Children ever born	2.240	0.008	725 725	654	1.094	0.142	2.039	2.442
Children surviving	2.095	0.101	725 725	654	1.034	0.045	1.906	2.284
Children ever born to women age 40-49	4.650	0.204	165	149	1.017	0.043	4.242	5.058
Knowing any contraceptive method	0.998	0.002	464	426	1.050	0.002	0.993	1.000
Knowing any modern contraceptive method	0.995	0.005	464	426	1.487	0.005	0.986	1.000
Ever used any contraceptive method	0.850	0.021	464	426	1.254	0.024	0.808	0.892
Currently using any contraceptive method	0.593	0.024	464	426	1.064	0.041	0.545	0.642
Currently using a modern method	0.416	0.021	464	426	0.905	0.050	0.375	0.458
Currently using female sterilization	0.104	0.015	464	426	1.039	0.142	0.074	0.133
Currently using male sterilization	0.004	0.003	464	426	1.032	0.722	0.000	0.011
Currently using pill	0.154	0.018	464	426	1.086	0.118	0.117	0.190
Currently using IUD	0.084	0.013	464	426	1.042	0.160	0.057	0.111
Currently using injectables	0.024	0.011	464	426	1.502	0.445	0.003	0.045
Currently using condom	0.038	0.007	464	426	0.799	0.187	0.024	0.052
Currently using periodic abstinence	0.099	0.014	464	426	1.000	0.140	0.071	0.127
Currently using withdrawal	0.065	0.014	464	426	1.242	0.219	0.037	0.093
Obtained method from public sector source	0.549	0.035	194	178	0.969	0.063	0.479	0.618
Want no more children	0.667	0.024	464	426	1.078	0.035	0.620	0.715
Want to delay birth at least 2 years	0.179	0.017	464	426	0.941	0.094	0.146	0.213
ldeal number of children	2.904	0.050	719	649	1.015	0.017	2.805	3.004
Mothers received tetanus injection for last bir		0.032 0.039	235 319	216 295	1.217 1.179	0.041 0.082	0.721 0.399	0.850 0.555
Mothers received medical assistance at delive	0.096	0.039	308	295 285	1.179	0.062	0.399	0.333
Had diarrhea in two weeks before survey Treated with oral rehydration salts (ORS)	0.090	0.020	30	203	1.093	0.213	0.055	0.723
Taken to a health provider	0.287	0.118	30	27	0.890	0.243	0.230	0.723
Vaccination card seen	0.440	0.087	56	52	1.313	0.198	0.266	0.434
Received BCG vaccination	0.927	0.036	56	52	1.067	0.039	0.854	1.000
Received DPT vaccination (3 doses)	0.822	0.055	56	52	1.081	0.066	0.713	0.931
Received polio vaccination (3 doses)	0.769	0.053	56	52	0.950	0.069	0.663	0.875
Received measles vaccination	0.893	0.039	56	52	0.967	0.044	0.815	0.972
Received all vaccinations	0.732	0.065	56	52	1.106	0.088	0.603	0.862
Total fertility rate (3 years)	3.146	0.274	na	1835	1.317	0.087	2.597	3.694
Perinatal mortality (0-4 years)	23.827	7.325	323	298	0.876	0.307	9.177	38.478
Neonatal mortality rate (10 years)	17.968	5.620	677	632	1.041	0.313	6.727	29.209
Postneonatal mortality rate (10 years)	20.093	5.522	679	634	0.996	0.275	9.049	31.138
Infant mortality rate (10 years)	38.061	7.245	679	634	0.959	0.190	23.571	52.551
Child mortality rate (10 years)	9.761	3.222	680	635	0.898	0.330	3.317	16.205
Under-five mortality raté (10 years)	47.451	8.725	682	636	1.066	0.184	30.000	64.901
		ME	N					
Urban residence	0.498	0.030	225	212	0.899	0.060	0.438	0.558
No education	0.015	0.005	225	212	0.610	0.333	0.005	0.025
Secondary education or higher	0.644	0.042	225	212	1.318	0.066	0.559	0.728
Knowing any contraceptive method	1.000	0.000	140	134	na	0.000	1.000	1.000
Knowing any modern contraceptive method	1.000	0.000	140	134	na	0.000	1.000	1.000

		Ctand	Number	of cases		Polo		
√ariable	Value (R)	Stand- ard error (SE)	Un- weighted (N)	Weight- ed (WN)	Design effect (DEFT)	Rela- tive error (SE/R)	Confide R-2SE	nce limits R+2SE
variable	(K)			(۷۷۱۹)	(DLIT)	(SL/K)	K-23L	K + 23L
		WON	1EN					
Jrban residence	0.377	0.046	655	524	2.409	0.121	0.286	0.469
literate	0.929	0.016	655	524	1.551 1.537	0.017	0.898	0.960
No education Secondary education or higher	0.040 0.707	0.012 0.038	655 655	524 524	2.110	0.295 0.053	0.016 0.632	0.064 0.782
Never married	0.707	0.038	655	524	1.588	0.033	0.032	0.762
Currently married (in union)	0.695	0.028	655	524	1.575	0.041	0.638	0.752
Married before age 20	0.437	0.041	537	428	1.904	0.093	0.355	0.518
Had first sexual intercourse before age 18	0.244	0.034	537	428	1.818	0.138	0.176	0.311
Currently pregnant	0.068	0.014	655	524	1.394	0.201	0.041	0.096
Children ever born	2.570	0.145	655	524	1.393	0.056	2.281	2.859
Children surviving	2.421	0.127	655	524	1.314	0.052	2.167	2.674
Children ever born to women age 40-49	5.039	0.301	129	104	1.168	0.060	4.437	5.641
Knowing any contraceptive method	0.991 0.986	0.005 0.006	452 452	364 364	1.028 1.148	0.005 0.006	0.981 0.974	1.000 0.999
Knowing any modern contraceptive method Ever used any contraceptive method	0.986	0.006	452 452	364 364	1.148	0.006	0.664	0.999
Currently using any contraceptive method	0.507	0.030	452	364	1.249	0.051	0.449	0.566
Currently using a modern method	0.378	0.029	452	364	1.284	0.078	0.319	0.436
Currently using female sterilization	0.089	0.015	452	364	1.118	0.169	0.059	0.119
Currently using male sterilization	0.003	0.002	452	364	0.901	0.724	0.000	0.008
Currently using pill	0.147	0.015	452	364	0.880	0.100	0.118	0.176
Currently using IUD	0.084	0.021	452	364	1.583	0.246	0.043	0.125
Currently using injectables	0.039 0.013	0.011	452 452	364 364	1.201 0.985	0.279 0.407	0.017	0.061 0.023
Currently using condom Currently using periodic abstinence	0.013	0.005 0.008	452	364 364	0.983	0.407	0.002 0.067	0.023
Currently using periodic absumence Currently using withdrawal	0.039	0.000	452	364	1.107	0.258	0.007	0.060
Obtained method from public sector source	0.645	0.055	178	141	1.533	0.085	0.535	0.755
Want no more children [']	0.596	0.022	452	364	0.965	0.037	0.551	0.640
Want to delay birth at least 2 years	0.195	0.015	452	364	0.822	0.079	0.164	0.225
deal number of children	3.128	0.100	653	523	1.682	0.032	2.929	3.328
Mothers received tetanus injection for last birt		0.039	276	223	1.457	0.053	0.656	0.811
Mothers received medical assistance at deliver		0.054	398	324	1.839	0.146	0.263	0.479
Had diarrhea in two weeks before survey Freated with oral rehydration salts (ORS)	0.114 0.350	0.021 0.075	384 43	312 35	1.160 0.969	0.183 0.214	0.072 0.200	0.155 0.499
Taken to a health provider	0.312	0.073	43	35	1.129	0.277	0.200	0.486
Vaccination card seen	0.428	0.081	71	55	1.361	0.189	0.266	0.590
Received BCG vaccination	0.881	0.039	71	55	0.995	0.044	0.803	0.958
Received DPT vaccination (3 doses)	0.850	0.050	71	55	1.165	0.059	0.750	0.950
Received polio vaccination (3 doses)	0.817	0.051	71	55	1.097	0.062	0.715	0.919
Received measles vaccination	0.842	0.045	71	55	1.036	0.054	0.751	0.933
Received all vaccinations	0.707	0.059	71 na	55 1472	1.077	0.083	0.589	0.825
Fotal fertility rate (3 years)	4.181 20.691	0.329 6.950	na 401	1472 326	1.273	0.079 0.336	3.524 6.792	4.839
Perinatal mortality (0-4 years) Neonatal mortality rate (10 years)	14.645	4.068	789	326 634	1.004 0.971	0.336	6.510	34.591 22.780
Postneonatal mortality rate (10 years)	12.840	4.069	703 791	636	1.067	0.276	4.702	20.978
nfant mortality rate (10 years)	27.485	5.756	791	636	1.005	0.209	15.972	38.997
Child mortality rate (10 years)	9.616	3.144	789	634	0.904	0.327	3.328	15.904
Under-five mortality rate (10 years)	36.836	7.505	791	636	1.122	0.204	21.827	51.846
		ME	N					
Urban residence	0.349	0.045	255	216	1.494	0.128	0.259	0.438
No education	0.349	0.043	255	216	0.995	0.120	0.000	0.436
Secondary education or higher	0.612	0.027	255	216	0.875	0.044	0.559	0.666
Knowing any contraceptive method	0.992	0.007	140	120	1.020	0.008	0.978	1.000
Knowing any modern contraceptive method	0.986	0.010	140	120	0.996	0.010	0.966	1.000

		C+	Number	of cases		Dolo		
	Value	Stand- ard error	Un- weighted	Weight- ed	Design effect	Rela- tive error		ence limits
Variable	(R)	(SE)	(N)	(WN)	(DEFT)	(SE/R)	R-2SE	R+2SE
		WON	MEN					
Urban residence	0.458	0.025	545	327	1.190	0.056	0.407	0.508
Literate	0.964	0.010	545	327	1.278	0.011	0.943	0.984
No education	0.009	0.005	545	327	1.193	0.532	0.000	0.019
Secondary education or higher Never married	0.727 0.296	0.025 0.019	545 545	327 327	1.319 0.956	0.035 0.063	0.676 0.258	0.777 0.333
Currently married (in union)	0.290	0.013	545	327	0.847	0.003	0.630	0.555
Married before age 20	0.402	0.034	435	260	1.449	0.085	0.333	0.470
Had first sexual intercourse before age 18	0.252	0.026	435	260	1.255	0.104	0.200	0.304
Currently pregnant	0.083	0.012	545	327	1.018	0.145	0.059	0.107
Children ever born	2.535	0.122	545	327	1.049	0.048	2.291	2.780
Children surviving	2.338	0.112	545	327	1.066	0.048	2.114	2.562
Children ever born to women age 40-49	5.361	0.252	110	66	0.893	0.047	4.857	5.866
Knowing any contraceptive method	1.000	0.000	362	217	na	0.000	1.000	1.000
Knowing any modern contraceptive method Ever used any contraceptive method	1.000 0.818	0.000 0.024	362 362	217 217	na 1.191	0.000	1.000 0.770	1.000 0.867
Currently using any contraceptive method	0.546	0.024	362	217	0.991	0.030	0.770	0.598
Currently using a modern method	0.340	0.024	362	217	0.965	0.071	0.291	0.388
Currently using female sterilization	0.070	0.012	362	217	0.909	0.174	0.046	0.095
Currently using male sterilization	0.003	0.003	362	217	0.968	0.985	0.000	0.008
Currently using pill	0.148	0.020	362	217	1.095	0.138	0.107	0.189
Currently using IUD	0.077	0.009	362	217	0.664	0.121	0.059	0.096
Currently using injectables	0.014	0.006	362	217	0.964	0.431	0.002	0.025
Currently using condom	0.027 0.132	0.008 0.014	362 362	217 217	0.883 0.806	0.277 0.109	0.012 0.104	0.043 0.161
Currently using periodic abstinence Currently using withdrawal	0.132	0.014	362	217	1.017	0.109	0.104	0.101
Obtained method from public sector source	0.687	0.043	127	76	1.033	0.062	0.602	0.772
Want no more children	0.602	0.024	362	217	0.941	0.040	0.554	0.651
Want to delay birth at least 2 years	0.227	0.014	362	217	0.645	0.063	0.199	0.256
deal number of children	3.148	0.080	542	325	1.181	0.026	2.987	3.308
Mothers received tetanus injection for last birt	h 0.804	0.034	225	135	1.285	0.042	0.736	0.872
Mothers received medical assistance at deliver	y 0.426	0.037	337	203	1.155	0.087	0.351	0.500
Had diarrhea in two weeks before survey	0.095	0.025	325	195	1.488	0.264	0.045	0.145
Freated with oral rehydration salts (ORS)	0.288 0.257	0.106 0.073	31 31	19 19	1.263 0.911	0.367 0.285	0.077 0.111	0.499 0.404
Taken to a health provider Vaccination card seen	0.237	0.073	62	37	0.911	0.203	0.111	0.571
Received BCG vaccination	0.935	0.032	62	37	0.954	0.032	0.875	0.995
Received DPT vaccination (3 doses)	0.886	0.054	62	37	1.331	0.061	0.779	0.993
Received polio vaccination (3 doses)	0.886	0.054	62	37	1.331	0.061	0.779	0.993
Received measles vaccination	0.825	0.033	62	37	0.681	0.040	0.759	0.890
Received all vaccinations	0.776	0.047	62	37	0.887	0.060	0.682	0.870
Total fertility rate (3 years)	4.102	0.309	na	908	1.171	0.075	3.483	4.721
Perinatal mortality (0-4 years) Neonatal mortality rate (10 years)	35.208	6.858	344 667	207 400	0.702 1.058	0.195	21.492	48.924
Postneonatal mortality rate (10 years)	21.218 14.074	6.099 3.808	668	400 401	0.844	0.287 0.271	9.019 6.459	33.416 21.689
nfant mortality rate (10 years)	35.291	7.539	668	401	0.935	0.271	20.214	50.368
Child mortality rate (10 years)	13.699	4.849	667	400	0.958	0.354	4.001	23.397
Under-five mortality rate (10 years)	48.506	8.267	668	401	0.922	0.170	31.972	65.041
· · · · · · · · · · · · · · · · · · ·		ME	 N					
Jrban residence	0.362	0.023	206	125	0.692	0.064	0.316	0.408
No education	0.362	0.023	206	125	1.401	0.611	0.000	0.406
Secondary education or higher	0.629	0.013	206	125	1.519	0.082	0.526	0.731
Knowing any contraceptive method	1.000	0.000	122	74	na	0.000	1.000	1.000
Knowing any modern contraceptive method	1.000	0.000	122	74	na	0.000	1.000	1.000

		Ctand	Number	of cases		Dolo		
	Value	Stand- ard error	Un- weighted	Weight- ed	Design effect	Rela- tive error		ence limit
Variable	(R)	(SE)	(N)	(WN)	(DEFT)	(SE/R)	R-2SE	R+2SE
		WON	1EN					
Urban residence	0.304	0.034	683	489	1.915	0.111	0.237	0.372
Literate	0.805	0.022	683	489	1.466	0.028	0.760	0.849
No education	0.150	0.024	683	489	1.788	0.163	0.101	0.198
Secondary education or higher Never married	0.519 0.297	0.036 0.024	683 683	489 489	1.898 1.398	0.070 0.082	0.446 0.248	0.591 0.346
Currently married (in union)	0.237	0.024	683	489	1.644	0.032	0.240	0.730
Married before age 20	0.505	0.020	540	388	0.913	0.039	0.465	0.544
Had first sexual intercourse before age 18	0.323	0.016	540	388	0.774	0.048	0.292	0.355
Currently pregnant	0.071	0.012	683	489	1.243	0.172	0.047	0.096
Children ever born	2.485	0.155	683	489	1.512	0.062	2.176	2.795
Children surviving	2.286	0.141	683	489	1.542	0.062	2.003	2.569
Children ever born to women age 40-49	5.163	0.403	109	79	1.412	0.078	4.357	5.969
Knowing any contraceptive method	$0.895 \\ 0.863$	0.018 0.021	456 456	328 328	1.233 1.303	0.020 0.024	0.860 0.821	0.931 0.905
Knowing any modern contraceptive method Ever used any contraceptive method	0.863	0.021	456 456	328 328	2.091	0.024	0.821	0.905
Currently using any contraceptive method	0.310	0.040	456	328	1.759	0.172	0.223	0.407
Currently using a modern method	0.116	0.029	456	328	1.916	0.248	0.058	0.173
Currently using female sterilization	0.022	0.006	456	328	0.888	0.277	0.010	0.034
Currently using male sterilization	0.000	0.000	456	328	na	na	0.000	0.000
Currently using pill	0.049	0.017	456	328	1.719	0.355	0.014	0.084
Currently using IUD	0.013	0.007	456	328	1.254	0.509	0.000	0.027
Currently using injectables Currently using condom	0.029 0.002	0.011 0.002	456 456	328 328	1.371 1.027	0.370 0.998	0.008 0.000	0.051 0.007
Currently using condom Currently using periodic abstinence	0.002	0.002	456	328	0.928	0.330	0.000	0.007
Currently using withdrawal	0.024	0.011	456	328	1.487	0.447	0.003	0.045
Obtained method from public sector source	0.826	0.052	53	38	0.993	0.063	0.722	0.931
Want no more children [']	0.307	0.029	456	328	1.343	0.095	0.249	0.365
Want to delay birth at least 2 years	0.270	0.022	456	328	1.081	0.083	0.225	0.315
deal number of children	4.681	0.161	656	470	1.920	0.034	4.360	5.003
Mothers received tetanus injection for last birt		0.062	257	184	1.997 1.015	0.131	0.350	0.599
Mothers received medical assistance at delive Had diarrhea in two weeks before survey	0.120	0.026 0.018	435 409	310 291	1.013	0.117 0.149	0.166 0.084	0.268 0.156
Freated with oral rehydration salts (ORS)	0.120	0.016	50	35	0.874	0.149	0.340	0.603
Taken to a health provider	0.422	0.084	50	35	1.088	0.198	0.255	0.589
Vaccination card seen	0.216	0.051	76	54	1.083	0.237	0.114	0.319
Received BCG vaccination	0.710	0.060	76	54	1.138	0.084	0.591	0.829
Received DPT vaccination (3 doses)	0.505	0.070	76	54	1.209	0.138	0.366	0.645
Received polio vaccination (3 doses)	0.533	0.074	76 76	54	1.280	0.138	0.385	0.680
Received measles vaccination	0.574	0.065	76	54	1.141	0.113	0.443	0.704
Received all vaccinations Fotal fertility rate (3 years)	0.440 4.209	0.061 0.361	76	54 1383	1.058 1.204	0.138 0.086	0.319 3.486	0.561 4.932
Perinatal mortality (0-4 years)	27.753	5.092	na 439	313	0.614	0.088	3.400 17.569	37.937
Neonatal mortality (0-4 years)	17.641	5.156	849	605	1.085	0.103	7.330	27.952
Postneonatal mortality rate (10 years)	23.500	7.076	850	606	1.333	0.301	9.347	37.652
nfant mortality rate (10 years)	41.141	7.694	850	606	1.103	0.187	25.752	56.530
Child mortality rate (10 years)	32.512	9.149	851	606	1.204	0.281	14.214	50.811
Under-five mortality rate (10 years)	72.316	11.427	852	607	1.075	0.158	49.462	95.170
		ME	N					
Jrban residence	0.275	0.028	239	166	0.976	0.103	0.219	0.332
No education	0.155	0.028	239	166	1.189	0.180	0.099	0.211
Secondary education or higher	0.423	0.032	239	166	0.986	0.075	0.360	0.486
Knowing any contraceptive method	$0.688 \\ 0.642$	0.049 0.050	155 155	107 107	1.308 1.304	0.071	0.590	0.785
Knowing any modern contraceptive method						0.078	0.542	0.743

Table C.1 Household age distribution

Single-year age distribution of the de facto household population by sex (weighted), Philippines 2003

	١	Male	Fe	emale		Λ	Male	Fe	emale
Age	Number	Percentage	Number	Percentage	Age	Number	Percentage	Number	Percentage
0	750	2.6	712	2.5	37	360	1.2	385	1.3
1	733	2.5	669	2.3	38	362	1.2	378	1.3
2	753	2.6	722	2.5	39	336	1.1	358	1.2
3	724	2.5	798	2.7	40	369	1.3	374	1.3
4	743	2.5	650	2.2	41	301	1.0	298	1.0
5	805	2.7	730	2.5	42	350	1.2	289	1.0
6	770	2.6	740	2.5	43	318	1.1	342	1.2
7	782	2.7	719	2.5	44	283	1.0	312	1.1
8	762	2.6	649	2.2	45	311	1.1	327	1.1
9	776	2.6	721	2.5	46	266	0.9	280	1.0
10	794	2.7	769	2.6	47	294	1.0	260	0.9
11	738	2.5	692	2.4	48	267	0.9	277	1.0
12	809	2.8	770	2.7	49	226	0.8	232	0.8
13	714	2.4	740	2.5	50	229	0.8	270	0.9
14	723	2.5	735	2.5	51	198	0.7	215	0.7
15	611	2.1	622	2.1	52	235	0.8	258	0.9
16	675	2.3	632	2.2	53	216	0.7	266	0.9
17	614	2.1	549	1.9	54	184	0.6	231	0.8
18	604	2.1	501	1.7	55	174	0.6	191	0.7
19	551	1.9	430	1.5	56	159	0.5	183	0.6
20	533	1.8	473	1.6	57	158	0.5	147	0.5
21	496	1.7	453	1.6	58	158	0.5	177	0.6
22	504	1.7	451	1.6	59	132	0.5	133	0.5
23	520	1.8	475	1.6	60	161	0.5	213	0.7
24	473	1.6	459	1.6	61	105	0.4	103	0.4
25	470	1.6	459	1.6	62	129	0.4	123	0.4
26	411	1.4	403	1.4	63	127	0.4	147	0.5
27	450	1.5	409	1.4	64	111	0.4	117	0.4
28	427	1.5	414	1.4	65	124	0.4	132	0.5
29	372	1.3	414	1.4	66	73	0.2	95	0.3
30	402	1.4	422	1.5	67	83	0.3	112	0.4
31	374	1.3	381	1.3	68	81	0.3	98	0.3
32	425	1.4	397	1.4	69	63	0.2	81	0.3
33	419	1.4	410	1.4	70+	639	2.2	882	3.0
34	344	1.2	385	1.3	Don't l				
35	420	1.4	415	1.4	missing		0.0	3	0.0
36	344	1.2	391	1.3	Total	29,399	100.0	29,050	100.0

Table C.2.1 Age distribution of eligible and interviewed women

De facto household population of women age 10-54, interviewed women age 15-49, and percentage of eligible women who were interviewed (weighted), by five-year age groups, Philippines 2003

Age	Household population of women		Interviewed women age 15-49				
group	age 10-54	Number	Percent	women interviewed			
10-14	3,707	na	na	na			
15-19	2,734	2,684	19.5	98.2			
20-24	2,311	2,233	16.2	96.6			
25-29	2,099	2,049	14.9	97.6			
30-34	1,995	1,963	14.3	98.4			
25-39	1,926	1,886	13.7	97.9			
40-44	1,614	1,579	11.5	97.8			
45-49	1,376	1,348	9.8	98.0			
50-54	1,240	na	na	na			
15-49	14,055	13,743	100.0	97.8			

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview. Weights for both household population of women and interviewed women are household weights. Age is based on the household schedule. na = Not applicable

Table C.2.2 Age distribution of eligible and interviewed men

De facto household population of men age 10-64, interviewed men age 15-59 and percentage of eligible men who were interviewed (weighted), by five-year age groups, Philippines 2003

Ago	Household population of men	Interview age 1		Percentage of eligible
Age group	age 10-59	Number	Percent	men interviewed
10-14	1,260	na	na	na
15-19	962	924	19.4	96.1
20-24	836	789	16.5	94.3
25-29	681	642	13.5	94.3
30-34	628	588	12.3	93.6
25-39	619	589	12.3	95.1
40-44	510	484	10.2	95.0
45-49	436	415	8.7	95.2
50-54	353	335	7.0	94.9
55-59	291	na	na	na
15-59	5,024	4,766	100.0	94.9

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview. Weights for both household population of women and interviewed women are household weights. Age is based on the household schedule.

na = Not applicable

Table C.3 Completeness of reporting

Percentage of observations missing information for selected demographic and health questions (weighted), Philippines 2003

Subject	Reference group	Percentage with missing information	Number of cases
Birth date Month only Month and year	Births in the 15 years preceding the survey	0.33 0.04	20,364 20,364
Age at death	Dead children born in the 15 years preceding the survey	0.44	896
Age/date at first union ¹	Ever-married women age 15-49	0.03	9,245
Respondent's education	All women age 15-49	0.00	13,633
Diarrhea in last 2 weeks	Living children age 0-59 months	1.05	6,712
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, dead, and total children (weighted), Philippines 2003

	Number of births			Percentage with complete birth date ¹			Sex ratio at birth ²			Calendar year ratio ³		
Year	Living	Dead	Total	Living	Dead	Total	Living	Dead	Total	Living	Dead	Total
2002	716	17	733	100.0	100.0	100.0	106.1	105.0	106.0	na	na	na
2001	1,359	45	1,404	100.0	100.0	100.0	106.0	117.6	106.3	na	na	na
2000	1,340	47	1,386	100.0	100.0	100.0	106.7	120.0	107.1	96.1	79.2	95.4
1999	1,429	73	1,502	100.0	100.0	100.0	94.7	224.1	98.6	108.4	163.8	110.2
1998	1,296	42	1,339	100.0	100.0	100.0	97.4	89.0	97.2	94.4	75.3	93.7
1997	1,317	40	1,356	100.0	100.0	100.0	114.0	173.8	115.3	95.2	72.8	94.3
1996	1,470	66	1,536	99.6	98.4	99.6	106.8	99.8	106.5	113.2	139.2	114.1
1995	1,280	56	1,336	99.9	95.1	99.7	110.4	129.3	111.1	91.1	78.4	90.5
1994	1,341	76	1,417	99.6	96.9	99.5	118.7	165.2	120.8	105.6	135.8	106.8
1993	1,260	56	1,316	99.4	95.8	99.3	110.6	238.0	114.0	94.7	75.2	93.7
1997-2001	6,140	223	6,363	100.0	100.0	100.0	101.6	135.5	102.6	na	na	na
1992-1996	6,667	294	6,961	99.7	97.1	99.6	111.9	150.6	113.3	na	na	na
1987-1991	6,204	344	6,548	99.5	96.5	99.3	103.9	139.7	105.5	na	na	na
1982-1986	4,635	405	5,040	99.4	94.0	99.0	105.2	108.4	105.4	na	na	na
< 1982	4,310	491	4,801	99.3	95.8	98.9	115.7	126.8	116.8	na	na	na
All	27,956	1,758	29,714	99.6	96.3	99.4	107.2	129.3	108.4	na	na	na

na = Not applicable

¹ Bot applicable

¹ Bot hyear and month of birth given

² $(B_m/B_i)^*100$, where B_m and B_i are the numbers of male and female births, respectively

³ $[2B_x/(B_{x-1}+B_{x+1})]^*100$, where B_x is the number 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 2003

Ago at	Numb	er of years	preceding th	ne survey	Total
Age at death (days)	0-4	5-9	10-14	15-19	Total 0-19
<1	32	23	34	30	120
1	26	46	26	22	120
2	8	5	10	3	26
3	11	9	12	10	42
4	5	1	1	2	10
5	7	1	4	4	15
6	2	1	0	1	4
7	8	15	8	13	43
8	0	1	1	2	4
9	2	1	1	0	3
10	0	1	1	4	5
11	5	0	1	0	6
12	1	0	2	0	2
13	1	1	0	1	3
14	5	4	3	0	11
15	1	6	0	0	7
16	0	1	0	0	1
17	0	0	1	0	1
18	0	0	2	0	2
20	1	1	1	1	4
21	0	2	1	0	3
22	0	0	2	0	2
23	1	0	0	0	1
24	1	0	0	1	3
25	1	0	1	0	
26	1	0	1	0	2 2 2 3
28	1	0	1	1	2
30	0	3	0	0	
31+	0	0	0	1	1
Total 0-30 Percent early	121	121	111	95	447
neonatal ¹	76.0	71.6	77.0	76.5	75.2
1 (0-6 days/0-30	days) * 100)			

Table C.6 Reporting of age at death in months

Distribution of reported deaths under two years of age by age at death in months and the percentage of infant deaths reported to occur at age under one month, for five-year periods of birth preceding the survey, Philippines 2003

Number of years preceding the survey						
Age at death (months)	0-4	5-9	10-14	15-19	Total 0-19	
<1 ^a	121	121	111	95	447	
1	13	20	11	14	59	
	10	12	12	9	42	
2 3	10	5	7	10	31	
4	6	6	7	11	29	
5	7	4	5	6	23	
6	7	5	12	12	36	
7	6	8	6	10	30	
8	6	4	11	13	34	
9	5	14	18	11	49	
10	4	3	7	7	21	
11	2	5	6	7	20	
12	4	16	19	31	69	
13	1	1	5	6	13	
14	0	2	1	2	6	
15	1	0	5	5	11	
16	0	1	3	6	11	
17	2	0	1	1	4	
18	2 3	2	3	5	12	
19	3	0	0	1	4	
20	0	3	2	4	9	
21	1	0	1	0	2 3	
22	2	0	1	1	3	
23	0	1	0	1	1	
24+	1	0	0	0	1	
1 year	2	3	4	5	14	
Total 0-11	199	206	211	205	822	
Percent neonatal ¹	60.8	58.5	52.7	46.2	54.5	

^a Includes deaths under one month reported in days

¹ Under one month/under one year

PERSONS INVOLVED IN THE 2003 PHILIPPINES **DEMOGRAPHIC AND HEALTH SURVEY**



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PHILIPPINES NATIONAL STATISTICS OFFICE

2003 NATIONAL DEMOGRAPHIC AND **HEALTH SURVEY**

NDHS Form 1 NSCB Approval No. NSO-0305-01 Expires March 31, 2004

			HOUSEHOLD	QUES	TIONNAI	RE						
								Set	·	_ of	set	s
			IDENTIFICA	ATION								_
PROVINCE												
CITY/MUNICIPALITY												
BARANGAY												
URBAN/RURAL (URBAN=1, F												
REPLICATE												
PSU												
EA												
STRATUM												
HOUSEHOLD CONTROL NUI	MBER											
NDHS HOUSEHOLD SEQUE	NTIAL NUMBER.											
SELECTED FOR MALE SURV	/EY	1	YES		2 NO)				L		
NAME OF HOUSEHOLD HEA	۸D											
ADDRESS												
			INTERVIEW R	RECOR	D							
	1		2			3		FINA	L VISI	Т		
DATE							DAY					
57.1.2							MONTH					
INTERVIEWER'S NAME							YEAR	2	0	0	3	
RESULT*							INTERVIE		U		3	
							CODE					
NEXT VISIT: DATE	-						RESULT*					
TIME							TOTAL N	O OF V	ISITS			
*RESULT CODES:							TOTAL H			L		
01 COMPLETED, ORIGINA	AL HOUSEHOLD		LANGUAGE OF C	QUEST	IONNAIR	E** 7	MEMBER VISITORS					
02 COMPLETED, PRESEN DWELLING		F	LOCAL LANGUAG	GE OF			TOTAL EL					
03 NO HOUSEHOLD MEM			RESPONDENT**				WOMEN	IOIDI E				
COMPETENT RESPON TIME OF VISIT	IDENT AT HOME	AT	LANGUAGE OF II	NTERV	'IEW**		TOTAL EL MEN	LIGIBLE				
04 ENTIRE HOUSEHOLD A			TRANSLATOR US	SED	YES NO		LINE NO. RESPONI		0			
05 POSTPONED					110	_	THE HOU QUESTIO					
06 REFUSED			**LANGUAGE CO	DES				OF IN		FW/		\dashv
07 DWELLING VACANT OF DWELLING	R ADDRESS NO	ГΑ	1 TAGALOG	5 HI	LIGAYNO	N	TIME STA					
08 DWELLING DESTROYE	ĒD		2 CEBUANO	6 W	ARAY				MIN			
09 DWELLING NOT FOUN	D		3 ILOCANO		NGLISH							
10 OTHER		_	4 BICOL	8 O	THER	(CDECIE)()	TIME END	DED	HR			
(SPE	ECIFY)					(SPECIFY)			MIN			
SUPERVISOR			ELD EDITOR			OFFICE ED	DITOR		ENC	ODER		
Name and Signature	Date	Nam	ne and Signature	Da	te							

HOUSEHOLD SCHEDULE

Now I would like to ask you some information about the people who usually live in your household or who are staying with you now.

	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF THE HOUSEHOLD**	SEX	RESID	DENCE	AGE	ELIGII	BILITY
LINE NO.	Please give me the names of the persons who usually live in your household and guests of the household 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 NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
01			M F	Y N 1 2	Y N 1 2	IN YEARS	01	01
02			1 2	1 2	1 2		02	02
03			1 2	1 2	1 2		03	03
04			1 2	1 2	1 2		04	04
05			1 2	1 2	1 2		05	05
06			1 2	1 2	1 2		06	06
07			1 2	1 2	1 2		07	07
08			1 2	1 2	1 2		08	08
09			1 2	1 2	1 2		09	09
10			1 2	1 2	1 2		10	10
11			1 2	1 2	1 2		11	11
12			1 2	1 2	1 2		12	12
1) Are th	nere any other persons such as small children or infa ?	nts that we have not	YES		ENTER EACH	IN TABLE	NO	
2) In add	dition, are there any other people who may not be me as domestic servants, lodgers or friends who usually						Ī	=
3) Are th	as comestic servants, lodgers or friends who usually here any guests or temporary visitors staying here, or ast night, who have not been listed?			一	ENTER EACH		NO L	
TICK HE	RE IF CONTINUATION SHEET IS USED							
**CODES	S FOR Q.3 NSHIP TO HEAD OF HOUSEHOLD:							
	D 04 = SON-IN-LAW OR DAI E OR HUSBAND 05 = GRANDCHILD I OR DAUGHTER 06 = PARENT	UGHTER-IN-LAW	08 =	PARENT-IN-LA' BROTHER OR OTHER RELAT	SISTER 11	= ADOPTED/FO = NOT RELATE = DON'T KNOW	D	CHILD

HOUSEHOLD SCHEDULE

			EDUC	ATION					
			IF AGE IS 5 YE	ARS OR OLDER					
LINE NO.			IF ATTENDED SCHOOL IF AGE IS 5–24 YEARS						
			0						
NO.	Has (NAME) ever	What is the highest		CHOOL YEAR	PREVIOUS SC				
	attended school?	grade/year (NAME) completed?***	During the school year June 2003- April 2004, is (NAME) attending school at any time?	During this school year, what grade/year is (NAME) attending?***	During the school year June 2002-April 2003, did (NAME) attend school at any time?	During that school year, what grade/year did (NAME) attend?***			
	(10)	(11)	(12)	(13)	(14)	(15)			
	YES NO	GRADE/YEAR	YES NO	GRADE/YEAR	YES NO	GRADE/YEAR			
01	1 2 GO TO NEXT HHOLD MEMBER, ELSE GO TO 16		1 2 — GO TO 14 4		1 2 GO TO NEXT HHOLD				
02	1 2 GO TO NEXT HHOLD MEMBER, ELSE GO TO 16		1 2 ─ GO TO 14 ◀		1 2 GO TO NEXT HHOLD MEMBER, ELSE GO TO 16				
03	1 2 GO TO NEXT HHOLD MEMBER, ELSE GO TO 16		1 2 — GO TO 14 4		1 2 GO TO NEXT HHOLD MEMBER, ELSE GO TO 16				
04	1 2 GO TO NEXT HHOLD MEMBER, ELSE GO TO 16		1 2 ─ GO TO 14 ←		1 2 GO TO NEXT HHOLD MEMBER, ELSE GO TO 16				
05	1 2 GO TO NEXT HHOLD MEMBER, ELSE GO TO 16		1 2 ─ GO TO 14 ◀		1 2 GO TO NEXT HHOLD MEMBER, ELSE GO TO 16				
06	1 2 GO TO NEXT HHOLD MEMBER, ELSE GO TO 16		1 2 GO TO 14		1 2 GO TO NEXT HHOLD MEMBER, ELSE GO TO 16				
07	1 2 GO TO NEXT HHOLD MEMBER, ELSE GO TO 16		1 2 GO TO 14		1 2 GO TO NEXT HHOLD MEMBER, ELSE GO TO 16				
08	1 2 GO TO NEXT HHOLD MEMBER, ELSE GO TO 16		1 2 GO TO 14		1 2 GO TO NEXT HHOLD MEMBER, ELSE GO TO 16				
09	1 2 GO TO NEXT HHOLD MEMBER, ELSE GO TO 16		1 2 GO TO 14		1 2 GO TO NEXT HHOLD MEMBER, ELSE GO TO 16				
10	1 2 GO TO NEXT HHOLD MEMBER, ELSE GO TO 16		1 2 GO TO 14		1 2 GO TO NEXT HHOLD MEMBER, ELSE GO TO 16				
11	1 2 GO TO NEXT HHOLD MEMBER, ELSE GO TO 16		1 2 ─ GO TO 14 ←		1 2 GO TO NEXT HHOLD 4 MEMBER, ELSE GO TO 16				
12	1 2 GO TO NEXT HHOLD MEMBER, ELSE GO TO 16		1 2 − GO TO 14 ←		1 2 GO TO NEXT HHOLD MEMBER, ELSE GO TO 16				
	DES FOR Q. 11, 13 and 15								
00 = N0 01 = PF 11 = EL 12 = EL 13 = EL 14 = EL 15 = EL 16 = EL	GRADE/YEAR: 00 = NO GRADE COMPLETED 01 = PRE-SCHOOL 11 = ELEMENTARY GRADE 1 12 = HIGH SCHOOL YEAR 2 11 = ELEMENTARY GRADE 1 12 = HIGH SCHOOL YEAR 2 13 = HIGH SCHOOL YEAR 3 14 = COLLEGE YEAR 2 15 = ELEMENTARY GRADE 2 16 = HIGH SCHOOL YEAR 3 17 = COLLEGE YEAR 3 18 = ELEMENTARY GRADE 3 19 = POSTSECONDARY YEAR 1 10 = NORTH SCHOOL YEAR 3 11 = COLLEGE YEAR 3 12 = COLLEGE YEAR 3 13 = COLLEGE YEAR 4 14 = COLLEGE YEAR 4 15 = COLLEGE YEAR 6 16 = COLLEGE YEAR 6 17 = COLLEGE GRADUATE 18 = ELEMENTARY GRADE 7 18 = ELEMENTARY GRADE 7 18 = ELEMENTARY GRADUATE				(EAR 2 (EAR 3 (EAR 4 (EAR 5 (EAR 6 OR HIGHER GRADUATE CALAUREATE				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
16	Does your household or any member of your household have:	YES NO	
	Electricity?	ELECTRICITY 2	
	A radio/radio cassette?	RADIO/RADIO CASSETTE1 2	
	A television?	TELEVISION 1 2	
	A landline telephone?	LANDLINE TELEPHONE1 2	
	A cellular phone?	CELLULAR PHONE1 2	
	A washing machine?	WASHING MACHINE1 2	
	A refrigerator/freezer? A CD/VCD/DVD player?	REFRIGERATOR/FREEZER1 2	
	A component/karaoke?	CD/VCD/DVD PLAYER1 2	
	A personal computer?	COMPONENT/KARAOKE	
-	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERSONAL COMPUTER1 2	
17	Does your household or any member of your household own:	YES NO	
	A tractor?	TRACTOR 2	
	A motorized banca/boat?	MOTORIZED BANCA/BOAT1 2	
	A car/jeep/van?	CAR/JEEP/VAN1 2	
	A motorcycle/tricycle?	MOTORCYCLE/TRICYCLE1 2	
	A bicycle/pedicab?	BICYCLE/PEDICAB1 2	
18	What is the main source of drinking water for members of your household?	COMMUNITY WATER SYSTEM PIPED INTO DWELLING]→ 19A
		BOTTLED WATER/REFILLING STATION	→ 19A
19	How long does it take you to go there, get water, and come back?	MINUTES	
19A	In the last month, how frequently is water available from (SOURCE IN Q.18)?	USUALLY ALWAYS AVAILABLE	
20	How do you make your water safe for drinking?	BOILINGA	
	PROPE As this shop	CHLORINATIONB	
	PROBE: Anything else?	FILTER EQUIPMENTC	
	CIRCLE ALL MENTIONED.	IMPROVISED FILTERD	
	DO NOT READ OUT RESPONSES.	NONEY	
	TO HOLLING GOT MEST GROED.	OTHERX	
	1	(SPECIFY)	I

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
2.4		FLUSH TOILET	
21	What kind of toilet facility does your household use?	OWN TOILET11	
		SHARED TOILET12	
		PIT TOILET/LATRINE	
		CLOSE PIT21	
		OPEN PIT22	
		DROP/OVERHANG31	
		NO TOILET/FIELD/BUSH41	
		OTHER96	
		(SPECIFY)	
20	NAME of in the Anguery of the order of the order	OWNED/BEING AMORTIZED1	
22	What is the tenure status of your lot?	RENTED2	
		RENT-FREE WITH	
		CONSENT OF OWNER3	
		RENT-FREE WITHOUT	
		CONSENT OF OWNER4	
		NATURAL FLOOR	
23	MAIN MATERIAL OF THE FLOOR	EARTH/SAND11	
		RUDIMENTARY FLOOR	
	RECORD OBSERVATION.	WOOD PLANKS21	
		PALM/BAMBOO22	
		FINISHED FLOOR	
		PARQUET OR POLISHED WOOD31	
		VINYL OR ASPHALT STRIPS32	
		CERAMIC TILES33	
		CEMENT34	
		MARBLE35	
		OTHER96	
		(SPECIFY)	
24	MAIN MATERIAL OF CUITER WALLS	CONCRETE/BRICK/STONE11	
24	MAIN MATERIAL OF OUTER WALLS	WOOD12	
		HALF CONCRETE/BRICK/STONE/AND	
	RECORD OBSERVATION.	HALF WOOD13	
		GALVANIZED IRON/ALUMINUM14	
		BAMBOO/SAWALI/COGON/NIPA15	
		ASBESTOS16	
		GLASS17	
		MAKESHIFT/SALVAGED/IMPROVISED	
		MATERIALS18	
		NO WALLS19	
		OTHER96	
I		(SPECIFY)	

AGE – BIRTH YEAR CONSISTENCY CHART

	Has not had	Has already
Age	birthday in	had birthday
	2003	in 2003
	Don'	t Know
0	2002	
1	2001	2002
2	2000	2001
3	1999	2000
4	1998	1999
5	1997	1998
6	1996	1997
7	1995	1996
8	1994	1995
9	1993	1994
10	1992	1993
11	1991	1992
12	1990	1991
13	1989	1990
14	1988	1989
15	1987	1988
16	1986	1987
17	1985	1986
18	1984	1985
19	1983	1984
20	1982	1983
21	1981	1982
22	1980	1981
23	1979	1980
24	1978	1979
25	1977	1978
26	1976	1977
27	1975	1976
28	1974	1975
29	1973	1974

Age	Has not had birthday in	Has already had birthday
Age	2003	in 2003
		't Know
30	1972	1973
31	1971	1972
32	1970	1971
33	1969	1970
34	1968	1969
35	1967	1968
36	1966	1967
37	1965	1966
38	1964	1965
39	1963	1964
40	1962	1963
41	1961	1962
42	1960	1961
43	1959	1960
44	1958	1959
4 =	1057	1050
45	1957	1958
46	1956	1957
47	1955	1956
48	1954 1953	1955 1954
49	1933	1934
50	1952	1953
51	1951	1952
52	1950	1951
53	1949	1950
54	1948	1949
	10.10	
55	1947	1948
56	1946	1947
57	1945	1946
58	1944	1945
59	1943	1944

AUTHORITY: Commonwealth Act No. 591 authorizes this survey and the Philippines National Statistics Office to collect information on fertility, family planning and health.

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PHILIPPINES NATIONAL STATISTICS OFFICE

2003 NATIONAL DEMOGRAPHIC AND **HEALTH SURVEY**

INDIVIDUAL WOMAN'S QUESTIONNAIRE

NDHS Form 2 NSCB Approval No. NSO-0305-02 Expires March 31, 2004

				Set	ofsets
		IDENTIFIC	CATION		
PROVINCE					
CITY/MUNICIPALITY					
BARANGAY		~			
URBAN/RURAL (URBAN=	1, RURAL=2)				
REPLICATE					
PSU					
EA					
STRATUM					
HOUSEHOLD CONTROL	NUMBER				
NDHS HOUSEHOLD SEQU	JENTIAL NUMBER				
NAME OF HOUSEHOLD H	EAD				
NAME AND LINE NUMBER	R OF ELIGIBLE WOMAN	l	 		
ADDRESS					
		INTERVIEW	RECORD	*	7
	1	2	3	FINAL VIS	IT
DATE				DAY	
-7 -				MONTH	
				YEAR 2 0	0 3
INTERVIEWER'S NAME				INTERVIEWER	
RESULT*				CODE RESULT*	
RESOLI				KESULI	
NEXT VISIT: DATE				TOTAL NO. OF VISIT	s \square
TIME					
*RESULT CODES: 1 COMPLETED 2 NOT AT HOME 3 POSTPONED	5 P	EFUSED ARTLY COMPLETED ESPONDENT INCAPAC	7 OTH	ER(SPECIFY)	
LANGUAGE OF QUESTIO LOCAL LANGUAGE OF RESPONDENT**	NNAIRE** 7	LANGUAGE OF INTERV	IEW** TRANSL	ATOR USED YES 1 NO 2	
**LANGUAGE CODES 1 TAGALOG 2 CEBUANO	3 ILOCANO 4 BICOL		5 HILIGAYNON 6 WARAY	7 ENGLISH 8 OTHER(S	PECIFY)
SUPERVISOR		FIELD EDI	TOR	OFFICE EDITOR	ENCODER
Name and Signatur	re Date	Name and Sig	gnature Date		

SECTION 1. RESPONDENT'S BACKGROUND

INTRO	DDUCTION AND CONSENT		
about about	My name is and I am working with the Philippines National Stathe health of women and children. We would very much appreciate your your health (and the health of your children). This information will help thation you provide will be kept strictly confidential and will not be shown to	participation in this survey. I would like to ask e government to plan health services. Whate	you
Do yo	u have any questions about the survey? May I begin the interview now?		
SIGN	ATURE OF INTERVIEWER:	DATE:	
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR	
102	First I would like to ask some questions about you. For most of the time until you were 12 years old, did you live in a city, in a town/poblacion or in the barrio/rural area?	CITY	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS	→ 105
104	Just before you moved here, did you live in a city, in a town/poblacion, or in the barrio/rural area?	CITY	
105	In what month and year were you born?	MONTH	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS	
107	Have you ever attended school?	YES1	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO. 108	QUESTIONS AND FILTERS What is the highest grade/year you completed?	NO GRADE COMPLETED	SKIP
		OR MORE	
109	CHECK 108: ELEMENTARY GRADUATE OR LOWER HIGH SCHOOL YEAR 1 OR HIGHER		→ 113
110	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL	→ 115
111	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES	
112	CHECK 110: CODE '2', '3' OR '4' CIRCLED		→ 114

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	Do you read a newspaper or magazine daily, at least once a week, less	DAILY1	
	than once a week or not at all?	AT LEAST ONCE A WEEK	
		LESS THAN ONCE A WEEK	
		NOT AT ALL4	
114	Do you watch television daily, at least once a week, less than once a	DAILY 1	
	week or not at all?		
		AT LEAST ONCE A WEEK	
		LESS THAN ONCE A WEEK	
		NOT AT ALL4	
115	Do you listen to the radio daily, at least once a week, less than once a	DAILY1	
	week or not at all?	AT LEAST ONCE A WEEK2	
		LESS THAN ONCE A WEEK	
		NOT AT ALL4	
116	What is your religion?		
	That is your rongion.	ROMAN CATHOLIC1	
		PROTESTANT2	
		IGLESIA NI KRISTO3	
		AGLIPAY4	
		ISLAM5	
		OTHER6	
		(SPECIFY)	
		NONE7	
117	How do you classify yourself? Are you a Tagalog, Cebuano, Ilocano,	TAGALOG1	
	llonggo, Bicolano, Waray, Kapampangan, or something else?	CEBUANO	
		ILOCANO	
		ILONGGO4	
		BICOLANO	
		WARAY6	
		KAPAMPANGAN7	
		OTHER 8	
		(SPECIFY)	

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 all the pregnancies which you have had that did not result in a live birth. I understand that it is not easy to talk about 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.

		1	
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Have you ever given birth?	YES	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES1 NO2-	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES	→ 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	
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	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS 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 birth?	YES1 NO2	→ 210
209	In all, how many such pregnancies have there been?	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 during your life. Is that correct? YES NO PROBE AND CORRECT 201-210 AS NECESSARY.		
212	CHECK 210: ONE OR MORE PREGNANCIES NO PREGNA	INCIES	→ 234

213	Now I would like to record all your pregnancies, whether born alive, born dead, or lost before birth. Start with the first pregnancy you had. RECORD ALL THE PREGNANCIES. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.								
214	215	216	217	218	219	220	221		
	Think back to the time of your first/next pregnancy. Was that a single or multiple pregnancy?	Was the baby born alive, born dead, or lost before full term?	Did that baby cry, move, or breathe when it was born?	What name was given to that child?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?		
01	SINGLE1 MULTIPLE.2	BORN ALIVE	YES 1 NO 2 226	(NAME)	BOY1 GIRL2	MONTH YEAR	YES1 NO2 225		
02	SINGLE1 MULTIPLE.2	BORN ALIVE	YES 1 NO 2 226	(NAME)	BOY1 GIRL2	MONTH YEAR	YES1 NO2 225		
03	SINGLE1 MULTIPLE.2	BORN ALIVE	YES 1 NO 2 226	(NAME)	BOY1 GIRL2	MONTH YEAR	YES1 NO2 225		
04	SINGLE1 MULTIPLE.2	BORN ALIVE	YES 1 NO 2 226	(NAME)	BOY1 GIRL2	MONTH YEAR	YES1 NO2		
05	SINGLE1 MULTIPLE.2	BORN ALIVE	YES 1 NO 2	(NAME)	BOY1 GIRL2	MONTH YEAR	YES1 NO2		
06	SINGLE1 MULTIPLE.2	BORN ALIVE	YES 1 NO 2	(NAME)	BOY1 GIRL2	MONTH YEAR	YES1 NO2		
07	SINGLE1 MULTIPLE.2	BORN ALIVE	YES 1 NO 2 226	(NAME)	BOY1 GIRL2	MONTH YEAR	YES1 NO2 225		
08	SINGLE1 MULTIPLE.2	BORN ALIVE	YES 1 NO 2	(NAME)	BOY1 GIRL2	MONTH YEAR	YES1 NO2		

IF BORN ALIVE AND STILL LIVING			IF BORN ALIVE, BUT NOW DEAD	IF BORN DEAD	OR LOST BEFORE	BIRTH	
222	223	224	225	226	227	228	229
How old was (NAME) at his/her last birthday? RECORD AGE IN COM- PLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER 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 MONTH; MONTHS IF LESS THAN 2 YEARS; OR YEARS.	In what month and year did this pregnancy end?	How many months did the pregnancy last? RECORD IN COMPLETED MONTHS.	Did you or someone else do anything to end this pregnancy?	Were there any other pregnancies between the previous pregnancy and this pregnancy?
01 AGE IN YEARS	YES1 NO2	LINE NUMBER (NEXT PREGNANCY)	DAYS1 MONTHS2 YEARS3 (SKIP TO 229)	MONTH YEAR	MONTHS	YES 1 NO 2	
02 AGE IN YEARS	YES1 NO2	LINE NUMBER (SKIP TO 229)	DAYS1 MONTHS2 YEARS3 (SKIP TO 229)	MONTH	MONTHS	YES 1 NO 2	YES1 NO2
AGE IN YEARS	YES1 NO2	LINE NUMBER (SKIP TO 229)	DAYS1 MONTHS2 YEARS3 (SKIP TO 229)	MONTH	MONTHS	YES 1 NO 2	YES1 NO2
04 AGE IN YEARS	YES1 NO2	LINE NUMBER (SKIP TO 229)	DAYS1 MONTHS2 YEARS3 (SKIP TO 229)	MONTH	MONTHS	YES 1 NO 2	YES1 NO2
05 AGE IN YEARS	YES1 NO2	LINE NUMBER (SKIP TO 229)	DAYS1 MONTHS2 YEARS3 (SKIP TO 229)	MONTH	MONTHS	YES 1 NO 2	YES1 NO2
06 AGE IN YEARS	YES1 NO2	LINE NUMBER (SKIP TO 229)	DAYS1 MONTHS2 YEARS3 (SKIP TO 229)	MONTH	MONTHS	YES 1 NO 2	YES1 NO2
07 AGE IN YEARS	YES1 NO2	LINE NUMBER (SKIP TO 229)	DAYS1 MONTHS2 YEARS3 (SKIP TO 229)	MONTH	MONTHS	YES 1 NO 2	YES1 NO2
08 AGE IN YEARS	YES1 NO2	LINE NUMBER (SKIP TO 229)	DAYS1 MONTHS2 YEARS3 (SKIP TO 229)	MONTH YEAR	MONTHS	YES 1 NO 2	YES1 NO2

213	RECORD AL	L THE PREGNANCIES. RI	ECORD T\	WINS AND TRIPLETS ON SE	PARATE LIN	ES.	
214	215	216	217	218	219	220	221
	Think back to the time of your first/next pregnancy. Was that a single or multiple pregnancy?	Was the baby born alive, born dead, or lost before full term?	Did that baby cry, move, or breathe when it was born?	What name was given to that child?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?
09	SINGLE1 MULTIPLE.2	BORN ALIVE	YES 1 NO 2 226	(NAME)	BOY1 GIRL2	MONTH YEAR	YES 1 NO 2 225
10	SINGLE1 MULTIPLE.2	BORN ALIVE	YES 1 NO 2 226	(NAME)	BOY1 GIRL2	MONTH	YES 1 NO 2 225
11	SINGLE1 MULTIPLE.2	BORN ALIVE	YES 1 NO 2	(NAME)	BOY1 GIRL2	MONTH YEAR	YES 1 NO 2
12	SINGLE1 MULTIPLE.2	BORN ALIVE	YES 1 NO 2 226	(NAME)	BOY1 GIRL2	MONTH YEAR	YES 1 NO 2 225
13	SINGLE1 MULTIPLE.2	BORN ALIVE	YES 1 NO 2 226	(NAME)	BOY1 GIRL2	MONTH	YES 1 NO 2 225
14	SINGLE1 MULTIPLE.2	BORN ALIVE	YES 1 NO 2	(NAME)	BOY1 GIRL2	MONTH YEAR	YES 1 NO 2

IF BORN ALIVE	AND STILL LIVING	IF BORN ALIVE, BUT NOW DEAD	IF BORN DEAD OR LOST BEFORE BIRTH						
222 223	224	225	226	227	228	229			
How old was (NAME) at his/her last birthday? RECORD AGE IN COM-PLETED YEARS.		How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTHS IF LESS THAN 2 YEARS; OR YEARS.	In what month and year did this pregnancy end?	How many months did the pregnancy last? RECORD IN COMPLETED MONTHS.	Did you or someone else do anything to end this pregnancy?	Were there any other pregnancies between the previous pregnancy and this pregnancy?			
AGE IN YES YEARS NO		DAYS1 MONTHS2 YEARS3 (SKIP TO 229)	MONTH YEAR	MONTHS	YES1 NO2				
AGE IN YES YEARS NO		DAYS1 MONTHS2 YEARS3 (SKIP TO 229)	MONTH	MONTHS	YES1 NO2	YES1 NO2			
AGE IN YES YEARS NO		DAYS1 MONTHS2 YEARS3 (SKIP TO 229)	MONTH	MONTHS	YES1 NO2	YES1 NO2			
12 AGE IN YEARS NO		DAYS1 MONTHS2 YEARS3 (SKIP TO 229)	MONTH	MONTHS	YES1 NO2	YES1 NO2			
13 AGE IN YEARS NO		DAYS1 MONTHS2 YEARS3 (SKIP TO 229)	MONTH	MONTHS	YES1 NO2	YES1 NO2			
14 AGE IN YEARS NO		DAYS1 MONTHS2 YEARS3 (SKIP TO 229)	MONTH	MONTHS	YES1 NO2	YES1 NO2			
Have you had any pregnancy since the last pregnancy mentioned? YES									
NUME ARE S CHECK FOR I	COMPARE 210 WITH NUMBER OF PREGNANCIES IN HISTORY ABOVE AND MARK: NUMBERS ARE DIFFERENT (PROBE AND RECONCILE) CHECK: FOR EACH PREGNANCY: YEAR IS RECORDED IN 220 OR 226. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED IN 222. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED IN 225 FOR AGE AT DEATH 12 MOS OR 1 YR: PROBE FOR EXACT NO. OF MONTHS.								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
232	CHECK 220 AND ENTER THE NUMBER OF LIVE BIRTHS SINCE JAI IF NONE, RECORD '0'.	NUARY 1998.	
233	FOR EACH BIRTH SINCE JANUARY 1998, ENTER 'B' IN THE MONT CALENDAR. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS T 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE I THE NUMBER OF 'P'S MUST BE ONE LESS THAN THE NUMBER OF LASTED.) WRITE THE NAME OF THE CHILD TO THE LEFT OF THE	HE PREGNANCY LASTED AND RECORD DURATION OF PREGNANCY. (NOTE: F MONTHS THAT THE PREGNANCY	
234	Are you pregnant now?	YES	
235	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS	
236	At the time you became pregnant did you want to become pregnant then, did you want to wait until later, or did you not want to become pregnant at all?	WANTED THEN	→ 237
237	When did your last menstrual period start? (DATE, IF GIVEN)	DAYS AGO	
238	From one menstrual period to the next, is there a time when a woman is more likely to become pregnant if she has sexual relations?	YES	
239	Is this time just before her period begins, during her period, right after her period has ended, or half way between two periods?	JUST BEFORE HER PERIOD BEGINS1 DURING HER PERIOD	
240	How old were you when you had your first menstrual period?	AGE	

SECTION 3. CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.

ASK 3	302.		
301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK Have you ever heard of (METHOD)?	:	302 Have you ever used (METHOD)?
01	LIGATION/FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES	Have you ever had an operation to avoid having any more children? YES
02	VASECTOMY/MALE STERILIZATION Men can have an operation to avoid having any more children.	YES1 NO2	Have you ever had a partner who had an operation to avoid having any more children? YES
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES	YES
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES	YES 1 NO 2
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2	YES
06	CONDOM Men can put a rubber sheath on their penis during sexual intercourse.	YES	Have you ever had a partner who used condom? YES
07	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES	YES
08	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse.	YES	1 = 2
09	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES	. = •
10	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES	YES
11	MUCUS, BILLINGS, OVULATION Women can monitor the cervical mucus to determine the days of the month they are most likely to get pregnant.	YES1 NO2	YES 1 NO 2
12	BASAL BODY TEMPERATURE Women can monitor the body temperature to determine the days of the month they are most likely to get pregnant.	YES	YES
13	SYMPTOTHERMAL It is a combination of Basal Body Temperature and Mucus, Billings, Ovulation Method.	YES1 NO2	YES

NO.	QUESTIONS AND FILTERS		CODIN	IG CATE	GORIES	SKIP
301	CONTINUATION			302	CONTINUATION	
14	STANDARD DAYS METHOD This method uses a beaded necklace on which each bead represents the days of a woman's cycle. The necklace would help determine the days when the woman is likely to get pregnant.		1			
15	LACTATIONAL AMENORRHEA METHOD (LAM) Method used by women with less than 6 months old baby, whose period has not returned, and are breastfeeding the baby day and night. The baby may be given little or no food or drink other than breastmilk.	l	1	1		
16	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.		1			
17	CALENDAR OR RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	_	1 2 ↓			
18	WITHDRAWAL Men can be careful and pull out before climax.	_	1 2			
19	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?		1 SPECIFY)	1		
			SPECIFY)2			
303A	CHECK 301: AT LEAST ONE "YES" (EVER HEARD) NOT A SINGLE "YES" (NEVER HEARD)					→ 305B
303B	CHECK 302: NOT A SINGLE "YES" (NEVER USED) AT LEAST ONE "YES" (EVER USED)					→ 306A
304	Have you ever used anything or tried in any way to delay or aw getting pregnant?	roid			1-	→ 306
305A	ENTER '0' IN COLUMN 1 OF CALENDAR IN EACH BLANK N	IONTH.				➤ 306A
305B	ENTER '0' IN COLUMN 1 OF CALENDAR IN EACH BLANK M	IONTH.				→ 329
306	What have you used or done? CORRECT 301 302 AND 303B (AND 301 IF NECESSARY).					
306A	CHECK 301(01): LIGATION/FEMALE STERILIZATION CODE "1" CIRCLED CODE '2" CIRCLED					→ 306D
306B	CHECK 302(01): LIGATION/FEMALE STERILIZATION WOMAN WAS NOT WOMAN WAS STERILIZED 302(01)=2 WOMAN WAS STERILIZED 302(01)=1					- → 306D

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
306C	What have you heard about ligation or female sterilization? Anything else? RECORD ALL MENTIONED.	PERMANENT/EFFECTIVE METHOD A SIMPLE/SAFE SURGERY	
306D	CHECK 301(02): VASECTOMY/MALE STERILIZATION CODE "1" CIRCLED CIRCLED		→ 306G
306E	CHECK 302(02): VASECTOMY/MALE STERILIZATION CODE "2" CIRCLED CIRCLED		→ 306G
306F	What have you heard about vasectomy or male sterilization? Anything else? RECORD ALL MENTIONED	PERMANENT/EFFECTIVE METHODA SIMPLE/SAFE SURGERY	
306G	CHECK 301(03): PILL CODE "1" CIRCLED CIRCLED		→ 306J
306H	CHECK 302(03): PILL WOMAN HAS WOMAN HAS USED PILL		→ 306J
3061	What have you heard about the family planning pill? Anything else? RECORD ALL MENTIONED.	CONTAINS HORMONES A TAKEN DAILY B PREVENT OVULATION C 21 OR 28 PILLS PER PACKET D NOT A PERMANENT METHOD E NO SERIOUS SIDE EFFECTS F EFFECTIVE METHOD G NONE OF THE ABOVE H NONE/DON'T KNOW Z	
306J	CHECK 301(04): IUD CODE "1" CIRCLED CIRCLED		→ 306M
306K	CHECK 302(04): IUD WOMAN HAS NEVER USED IUD WOMAN HAS USED IUD		➤ 306M

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
306L	What have you heard about the Intra Uterine Device or IUD? Anything else? RECORD ALL MENTIONED.	LONG LASTING A PREVENT FERTILIZATION B SMALL LOOP OR COIL INSERTED IN A WOMAN BY A DOCTOR, NURSE OR MIDWIFE C NOT A PERMANENT METHOD D NO SERIOUS SIDE EFFECTS E NONE OF THE ABOVE F NONE/DON'T KNOW Z	
306M	CHECK 301(05): INJECTABLES CODE "1" CIRCLED CIRCLED		→ 306P
306N	CHECK 302(05): INJECTABLES WOMAN HAS NEVER USED INJECTION 302(05)=2 WOMAN HAS USED INJECTION 302(05)=1		→ 306P
306O	What have you heard about the family planning Injections? Anything else? RECORD ALL MENTIONED.	INJECTED ONCE EVERY THREE MONTHS	
306P	CHECK 301(06): CONDOM CODE "1" CIRCLED CIRCLED		→ 306S
306Q	CHECK 302(06): CONDOM CODE "2" CIRCLED CODE "1" CIRCLED		→ 306S
306R	What have you heard about condoms? Anything else? RECORD ALL MENTIONED.	PREVENT STDs/STISA PRACTICAL/EASY TO USEB AVAILABLE IN STORESC RUBBER SHEATH PUT ON PENIS DURING SEXD PREVENT FERTILIZATIONE NO NEED FOR MEDICAL CONSULTATIONF NONE OF THE ABOVEG NONE/DON'T KNOWZ	
306S	CHECK 301(11): MUCUS, BILLINGS, OVULATION CODE "1" CIRCLED CIRCLED		→ 307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
306T	CHECK 302(11): MUCUS, BILLINGS, OVULATION WOMAN HAS NEVER USED MUCUS, BILLINGS, OVULATION ■ WOMAN HAS USED MUCUS, BILLINGS, OVULATION 302(11)=2 302(11)=1	ON	→ 307
306U	What have you heard about mucus, Billings or ovulation method? Anything else? RECORD ALL MENTIONED.	ACCEPTED BY RELIGION A VERY LITTLE OR NO COST B REQUIRES MAN'S COOPERATION C NO PHYSICAL SIDE EFFECT D REQUIRES MONITORING OF MENSTRUAL CYCLE/FERTILE PERIOD E CANNOT HAVE SEXUAL INTERCOURSE DURING CERTAIN DAYS OF THE MONTH F NONE OF THE ABOVE G NONE/DON'T KNOW Z	
307	CHECK 302: AT LEAST ONE "YES" (EVER USED) NOT A SINGLE "YES" (NEVER USED)		→ 329
307A	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN	
307B	How old were you when you first started using a method of family planning?	AGE	
308	CHECK 302 (01): WOMAN NOT STERILIZED 302(01)=2 WOMAN STERILIZED 302(01)=1		→ 311A
309	CHECK 234: NOT PREGNANT OR UNSURE PREGNANT		→ 318
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES	→ 318

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	Which method are you using?	FEMALE STERILIZATION	313
	IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.	PILL	→ 312
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.	CONDOM F - DIAPHRAGM G - FOAM/JELLY H - IMPLANTS I -	
		FEMALE CONDOMJ MUCUS, BILLINGS, OVULATIONK BASAL BODY TEMPERATUREL	→ 315A
		SYMPTOTHERMAL	
		EMERGENCY CONTRACEPTION	
		OTHERXX-	
312	May I see the package of pills you are now using? RECORD NAME OF BRAND IF PACKAGE IS SEEN.	PACKAGE SEEN1- BRAND NAME	→ 312B
		PACKAGE NOT SEEN2	
312A	What is the brand name of the pills you are using now? RECORD NAME OF BRAND.	BRAND NAME DON'T KNOW98	
312B	How much (in cash) does one packet (cycle) of pills cost you?	PESO — — — — — — — — — — — — — — — —	→ 315A
		DON'T KNOW	
313	In what facility did the sterilization take place?	PUBLIC SECTOR GOVT. HOSPITAL11	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.	RURAL/URBAN HEALTH CENTER 12 OTHER PUBLIC 16 (SPECIFY)	
		PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC21	
	(NAME OF PLACE)	PRIVATE DOCTOR22 PRIVATE NURSE/MIDWIFE23	
		OTHER96 (SPECIFY)	
314	CHECK 311:		
	CODE 'A' CIRCLED CODE 'B' CIRCLED	VEC 4	
	Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation? 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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
315	In what month and year was the sterilization performed?	MONTH	→315B
315A	For how long have you been using (CURRENT METHOD) now without stopping? PROBE: In what month and year did you start using (CURRENT METHOD) continuously?	MONTHYEAR	
315B	CHECK 311: CODE 'A' TO 'F' CIRCLED CODE 'G CIRCLED		→ 316A
316	How much would you be willing to pay for (METHOD)(including all costs)? FOR: PILL AND CONDOM, ASK COST OF ONE PACKET IUD, ASK COST OF INSERTION AND ANY OTHER FEES INJECTABLE, ASK COST OF VIAL AND SERVICE STERILIZATION, ASK COST OF OPERATION AND SERVICE	PESO	
316A	How long did it take to travel from your home to where you or your partner had the operation/obtain/learn about the (CURRENT METHOD)? IF LESS THAN 2 HOURS, RECORD IN MINUTES. ELSE, RECORD IN HOURS.	MINUTES	
316B	CHECK 315/315A, 220 AND 226: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 315/315 GO BACK TO 315/315A, PROBE AND RECORD MONTH AND YEAR USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR	AR AT START OF CONTINUOUS ↓	
317	ENTER CODE FOR METHOD USED IN MONTH OF EN INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.	AR IS 1997 OR EARLIER TER CODE FOR METHOD USED IN MONTH OF FERVIEW IN COLUMN 1 OF THE CALENDAR ID EACH MONTH BACK TO JANUARY 1998. EN SKIP TO 327.	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.		
	USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 1998. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.		
	IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN	EACH BLANK MONTH.	
	ILLUSTRATIVE QUESTIONS: COLUMN 1: When was the last time you used a method? When did you start using that method? How how long did you use the method then?		
	IN COLUMN 2, ENTER METHOD SOURCE CODE IN FIRST MONTH O	F EACH USE.	
	ILLUSTRATIVE QUESTIONS: COLUMN 2: Where did you obtain the method when you so the work of	method [for LAM, mucus, billings, ovulation,	
	IN COLUMN 3, ENTER CODES FOR REASONS FOR DISCONTINUATION NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF COLUMN 1.		
	ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY F BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOGET PREGNANT.		
	ILLUSTRATIVE QUESTIONS: COLUMN 3: Why did you stop using the (METHOD)? Did you become pregnant while using (METH you stop for some other reason?	HOD), or did you stop to get pregnant, or did	
	IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:		
	 How many months did it take you to get preg AND ENTER '0' IN EACH SUCH MONTH IN 		
319	CHECK CALENDAR COLUMN (3) FOR THE LAST DISCONTINUATION	l:	
	CODE 5 OR 6 OTHER CODES OR BLANK COLUMN		→ 321
320	You said that you stopped using (METHOD) because of (PROBLEM MENTIONED BY RESPONDENT). IF PROBLEM IS NOT SPECIFIED: What are the problems which caused you to stop using (METHOD)?	IRREGULAR MENSTRUAL FLOW	
	IF SPECIFIED: Are there any other problems?	WEIGHT GAIN/LOSSE UPSET STOMACH, DIARRHEAF DEPRESSION, IRRITABILITY G	
	RECORD ALL MENTIONED.	LOSS OF INTEREST IN SEXH SKIN PROBLEMSI ITCHINESS/PAIN IN GENITAL AREAJ HYPERTENSIONK ANEMIAL OTHERX	
		(SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
321	CHECK 311/311A:		329
		NO CODE CIRCLED	
	CIRCLE METHOD CODE:	MALE STERILIZATION	
	IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A,	PILL	331
	CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUD	
		INJECTABLES	
		CONDOM	328
		DIAPHRAGM07 =	
		FOAM/JELLY08-	11 1
		IMPLANTS	52
		FEMALE CONDOM10 –	ļ !
		MUCUS, BILLINGS, OVULATION 11 -	11 1
		BASAL BODY TEMPERATURE 12 -	11
		SYMPTOTHERMAL13-	
		STANDARD DAYS METHOD 14-	11
		LACTATIONAL AMEN. METHOD 15-	┦
		EMERGENCY CONTRACEPTION 16	
		CALENDAR/RHYTHM/PERIODIC ABSTINENCE17-	<u> </u>
		WITHDRAWAL 18-	→ 331
		OTHER METHOD96_	┦ !
322	You obtained (CURRENT METHOD) from (SOURCE OF METHOD		
022	FROM CALENDAR) in (DATE).	YES1-	→ 324
	At that time, were you ever told about side effects or problems you might have with the method?	NO2	
			
323	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES1	
	effects of problems you might have with the method:	NO2 -	→ 324A
324	Were you told what to do if you experienced side effects or problems?	_	
02.	World you told what to do it you expendenced class should be prosessed.	YES1	
		NO2	
324A	Are you having any problem with using (NAME OF METHOD)?	YES1	
	Ale you having any problem with doing (10 time 5	NO2—	→ 325
324B	What is your main problem with using (NAME OF METHOD)?	HUSBAND DISAPPROVES1	
		SIDE EFFECTS2	
		HEALTH CONCERNS3	
		DIFFICULT TO OBTAIN4	
		COSTS TOO MUCH5	
		INCONVENIENT TO USE6	
		OTHER8	
		(SPECIFY)	
325	CHECK 322: CODE '1' CIRCLED CODE '1' NOT CIRCLED		
	When you obtained (CURRENT METHOD) from (SOURCE OF METHOD), were you told about other methods of family planning that you could use? When you obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE), were you told about other methods of family planning that you could use?	YES	→ 327

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
326	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES	
		10	-
327	CHECK 311/311A:	FEMALE STERILIZATION 0	1 1
	CIRCLE METHOD CODE:	MALE STERILIZATION	
	CINCLE METHOD CODE.	PILL	
		IUD	1
		INJECTABLES	
		CONDOM	
		DIAPHRAGM0	
		FOAM/JELLY0	
		IMPLANTS0	
		FEMALE CONDOM	
		MUCUS, BILLINGS, OVULATION 1	11
		BASAL BODY TEMPERATURE1	11
		SYMPTOTHERMAL 1	11
		STANDARD DAYS METHOD 1	11
		LACTATIONAL AMEN. METHOD 1	5十
		EMERGENCY CONTRACEPTION 1	5
		CALENDAR/RHYTHM/PERIODIC ABSTINENCE1	7
		WITHDRAWAL 1	3 → 331
		OTHER METHOD9	5 ₩
328	Where did you obtain (CURRENT METHOD) the last time?	PUBLIC SECTOR GOVT. HOSPITAL1	
		RURAL/URBAN HEALTH CENTER 1	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE	BARANGAY HEALTH STATION 1	
	THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.	BARANGAY SUPPLY/SERVICE	
	ossitely with sixtely in the rapid september of the septe	POINT OFFICER/BHW	<u>1</u>
		OTHER PUBLIC1	
		(SPECIFY)	
		PRIVATE MEDICAL SECTOR	
		PRIVATE HOSPITAL/CLINIC2	1 📙
	(NAME OF PLACE)	PHARMACY2	2
		PRIVATE DOCTOR2	3 🕌 331
		PRIVATE NURSE/MIDWIFE2	1 📙
		NGO2	
		INDUSTRY-BASED CLINIC2	7 🕂
		OTHER PRIVATE	
		MEDICAL2	3 🕂
		(SPECIFY)	
		OTHER SOURCE	.
		PUERICULTURE CENTER3	1 🕂
			. I I
		STORE	
		CHURCH3	3 📙
			3 📙
		CHURCH3	3 — 4 —

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
329	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2-	→ 331
330	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.	PUBLIC SECTOR GOVT. HOSPITALA RURAL/URBAN HEALTH CENTERB BARANGAY HEALTH STATIONC BARANGAY SUPPLY/SERVICE POINT OFFICER/BHWD OTHER PUBLICE (SPECIFY) PRIVATE MEDICAL SECTOR	
	(NAME OF PLACE) Any other place? RECORD ALL PLACES MENTIONED.	PRIVATE HOSPITAL/CLINIC F PHARMACY G PRIVATE DOCTOR H PRIVATE NURSE/MIDWIFE I NGO J INDUSTRY-BASED CLINIC K OTHER PRIVATE L MEDICAL L (SPECIFY) O OTHER SOURCE PUERICULTURE CENTER M STORE N CHURCH O FRIENDS/RELATIVES P OTHER X (SPECIFY)	
331	In the last 12 months, were you visited by a health worker or health professional who talked to you about family planning?	YES	
332	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES	→ 334
333	Did any staff member at the health facility speak to you about family planning methods?	YES	
334	Have you had a pap smear within the past 5 years?	YES	
335	Have you examined your breast for any sign of a mass within the last month?	YES	

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

401	CHECK 232: ONE OR MORE BIRTHS IN 1998 OR LATER	NO BIRTHS IN 1998 OR LATER		→ 487
402	ENTER IN THE TABLE THE LINE NUMBER, NASK THE QUESTIONS ABOUT ALL OF THES (IF THERE ARE MORE THAN 2 BIRTHS, USE Now I would like to ask you some questions ab each separately)	E BIRTHS. BEGIN WITH THE LAST BII LAST COLUMN OF ADDITIONAL QUE	RTH. STIONNAIRES).	
403	LINE NUMBER FROM 214	LAST BIRTH LINE NUMBER	NEXT-TO-LAST BIRTH LINE NUMBER	
404	FROM 218 AND 221	NAME	NAME DEAD	
405	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?	THEN	THEN(SKIP TO 421) ← LATER NOT AT ALL(SKIP TO 421) ←	2
406	How much longer would you like to have waited?	MONTHS	MONTHS1 YEARS2 DON'T KNOW	998
407	Did you see anyone for prenatal care for this pregnancy? IF YES: Whom did you see?	HEALTH PROFESSIONAL DOCTOR		
408	How many months pregnant were you when you first received prenatal care for this pregnancy?	MONTHS8		
409	How many times did you receive prenatal care during this pregnancy?	NO. OF TIMES		
410	CHECK 409: NUMBER OF TIMES RECEIVED PRENATAL CARE	ONCE MORE THAN ONCE OR DK (SKIP TO 412)		
411	How many months pregnant were you the last time you received prenatal care?	MONTHS8		

			<u> </u>
		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME	NAME
412	During this pregnancy, were any of the following done at least once? Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO WEIGHT	
413	During any of your prenatal visits, were you informed about symptoms or conditions which may occur during pregnancy that may be dangerous to you or to your baby?	YES	
413A	What symptoms or conditions were mentioned during any of your prenatal visit?	YES NO DK	
	Vaginal bleeding? Headache? Dizziness?	VAGINAL BLEEDING1 2 8 HEADACHE1 2 8 DIZZINESS1 2 8	
	Blurred Vision?	BLURRED VISION1 2 8	
	Swollen Face?	SWOLLEN FACE	
	Swollen Hands? Pale or Anemic?	SWOLLEN HANDS1 2 8 PALE OR ANEMIC1 2 8	
414	Were you told where to go if you had these complications?	YES	
414A	Where will you go? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.	PUBLIC SECTOR GOVT. HOSPITAL	
	(NAME OF PLACE) Any other place?	PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC	
	RECORD ALL PLACES MENTIONED.	OTHERX	
414B	How long does it take you to travel from your home to this place?	MINUTES1 HOURS2 DON'T KNOW	
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES	

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME	NAME
416	During this pregnancy, how many times did you get this injection?	TIMES	
		DON'T KNOW8	
416A	Prior to this pregnancy, have you received Tetanus Toxoid Injection?	YES	
416B	How many times?		
	DO NOT INCLUDE INJECTION(S) RECEIVED DURING THIS PREGNANCY.	TIMES	
417	During this pregnancy, were you given or did you buy any iron tablets or iron capsules?	YES	
	SHOW TABLET/CAPSULE.	DON'T KNOW8	
418	During the whole pregnancy, for how many days did you take the tablets or the capsules?	NUMBER OF DAYS	
	IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DON'T KNOW998	
419	During this pregnancy, did you have difficulty with your vision during the day?	YES	
420	During this pregnancy, did you suffer from night blindness [matang manok]?	YES	
420A	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 last more than 12 hours?	LABOR MORE THAN 12 HOURS 1 2	
	Excessive bleeding that you feared it was live threatening?	EXCESSIVE BLEEDING 1 2	
	A high fever with bad smelling vaginal discharge?	FEVER WITH BAD SMELLING VAGINAL DISCHARGE 1 2	
	Convulsions not caused by a fever?	CONVULSIONS 1 2	
421	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
422	Was (NAME) weighed at birth?	YES	YES

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME	NAME
423	How much did (NAME) weigh?	POUNDS OUNCES	POUNDS OUNCES
420	RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	FROM CARD1	FROM CARD1
	ŕ	POUNDS OUNCES	POUNDS OUNCES
		FROM RECALL 2	FROM RECALL2
		DON'T KNOW 99998	DON'T KNOW 99998
424	Who assisted with the delivery of (NAME)?	HEALTH PROFESSIONAL	HEALTH PROFESSIONAL
	Anyone else?	DOCTORA	DOCTORA
	PROBE FOR THE TYPE OF PERSON	NURSEB	NURSEB
	AND RECORD ALL PERSONS	MIDWIFEC	MIDWIFEC
	ASSISTING.	HILOTD	HILOTD
	IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE	RELATIVE/FRIENDE	RELATIVE/FRIENDE
	WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	OTHERX	OTHERX
		(SPECIFY)	(SPECIFY)
		NO ONEY	NO ONEY
425	Where did you give birth to (NAME)?	HOME	HOME
		YOUR HOME11	YOUR HOME11
	IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.	(SKIP TO 428) ◀	(SKIP TO 428) ◄
		OTHER HOME 12	OTHER HOME 12
		PUBLIC SECTOR	PUBLIC SECTOR
	THE 7 II THE FRANCE GODE.	GOVT. HOSPITAL21	GOVT. HOSPITAL21
		GOVT. HEALTH CENTER 22	GOVT. HEALTH CENTER 22
		(SKIP TO 428) ◀	(SKIP TO 428) ◆
	(NAME OF PLACE)	OTHER PUBLIC26	OTHER PUBLIC26
		(SPECIFY)	(SPECIFY)
		(SKIP TO 428) ◄	(SKIP TO 428) ◄
		PRIVATE MEDICAL SECTOR	PRIVATE MEDICAL SECTOR
		PVT. HOSPITAL/CLINIC 31	PVT. HOSPITAL/CLINIC 31
		OTHER PVT.	OTHER PVT.
		MEDICAL36	MEDICAL36
		(SPECIFY)	(SPECIFY)
		OTHER96	OTHER 96
		(SPECIFY)	(SPECIFY)
		(SKIP TO 428) ◄	(SKIP TO 428) ◄
426	Was (NAME) delivered by caesarian	YES1	YES1
	section?	NO	NO2
		(SKIP TO 428) →	(SKIP TO 428) →

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME	NAME
427	What was the main reason for having a delivery by caesarian section?	HIGH BLOOD PRESSURE AND SWELLING OF FACE AND HAND W/O CONVULSION (PRE-ECLAMPSIA)01	HIGH BLOOD PRESSURE AND SWELLING OF FACE AND HAND W/O CONVULSION (PRE-ECLAMPSIA)
		CONVULSION, HIGH BLOOD PRESSURE, SWELLING OF FACE AND HAND	CONVULSION, HIGH BLOOD PRESSURE, SWELLING OF FACE AND HAND
		(ECLAMPSIA)02	(ECLAMPSIA) 02
		BABY TOO BIG 03	BABY TOO BIG03
		PELVIC BONE TOO NARROW 04	PELVIC BONE TOO NARROW 04
		BABY'S HEAD NOT IN RIGHT POSITION05	BABY'S HEAD NOT IN RIGHT POSITION05
		BABY MIGHT DIE INSIDE MOTHER'S WOMB (FETAL DISTRESS)06	BABY MIGHT DIE INSIDE MOTHER'S WOMB (FETAL DISTRESS)06
		LABOR BEYOND 12 HOURS 07	LABOR BEYOND 12 HOURS 07
		MOTHER TIRED (LABOR LESS THAN 12 HOURS)08	MOTHER TIRED (LABOR LESS THAN 12 HOURS)08
		WATER BROKE EARLY 09	WATER BROKE EARLY09
		EXCESSIVE BLEEDING 10	EXCESSIVE BLEEDING 10
		OTHER96	OTHER96
		(SPECIFY)	(SPECIFY)
		DON'T KNOW98	DON'T KNOW98
428	After (NAME) was born, did a health professional or a traditional birth attendant check on your health?	YES	
429	How many days or weeks after the delivery did the first check up take place?	DAYS1	
	RECORD '00' DAYS IF SAME DAY.	WEEKS2	
		DON'T KNOW 998	
430	Who checked on your health at that time?	HEALTH PROFESSIONAL DOCTOR	
		MIDWIFE	
		HILOT E RELATIVE/FRIEND F	
		OTHERX (SPECIFY) NO ONEY	

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME	NAME
431	Did you receive the following services at that time? Abdominal examination? Breast examination? Internal examination? Family planning advice? Breastfeeding advice? Baby care advice? Check-up of baby? Any other service?	Y N DK ABDOMINAL EXAM	
	IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL	
433	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW AMPULE/CAPSULE/SYRUP.	YES	
434	Has your period returned since the birth of (NAME)?	YES	
435	Did your period return between the birth of (NAME) and your next pregnancy?		YES

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME	NAME
436	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS	MONTHS
437	CHECK 234: IS RESPONDENT PREGNANT?	NOT PREGNANT OR UNSURE (SKIP TO 439)	
438	Have you resumed sexual relations since the birth of (NAME)?	YES	
439	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS98	MONTHS98
440	Did you ever breastfeed (NAME)?	YES	YES
440A	Why did you not breastfeed (NAME)?	MOTHER ILL/WEAK	MOTHER ILL/WEAK
441	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY	IMMEDIATELY
442	In the first three days after delivery, before your milk began flowing regularly, was (NAME) given anything to drink other than breast milk?	YES	YES

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME	NAME
443	What was given (NAME) to drink before your milk began flowing regularly? Anything else? RECORD ALL LIQUIDS MENTIONED. DO NOT READ OUT RESPONSES.	MILK (OTHER THAN BREAST MILK)	MILK (OTHER THAN BREAST MILK)
		OTHER X- (SPECIFY) (SKIP TO 444) •	OTHER X- (SPECIFY) (SKIP TO 444) -
443A	Was (NAME) ever given water or anything else to drink or eat other than breastmilk?	YES	YES
443B	How many months old was (NAME) when you first started giving him/her any food or liquid other than breastmilk?	MONTHS	MONTHS
444	CHECK 404: IS CHILD LIVING?	LIVING DEAD (SKIP TO 446)	LIVING DEAD (SKIP TO 446)
445	Are you still breastfeeding (NAME)?	YES	YES
446	For how many months did you breastfeed (NAME)?	MONTH	MONTH
446A	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK	MOTHER ILL/WEAK

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME	NAME
447	CHECK 404: IS CHILD LIVING?	LIVING (GO BACK TO 405 IN NEXT COLUMN; OR,IF NO MORE BIRTHS, GO (SKIP TO 450) TO 454)	(GO BACK TO 405 IN LAST COLUMN OF NEW (SKIP TO 450) QUESTIONNAIRE; OR, IF NOMORE BIRTHS, GOTO 454)
448	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	NUMBER OF NIGHTTIME FEEDINGS
449	How many times did you breastfeed yesterday during the day hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS	NUMBER OF DAYLIGHT FEEDINGS
450	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES	YES
451	Was sugar added to any of the foods or liquids (NAME) ate yesterday?	YES	YES
452	How many times did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES	NUMBER OF TIMES
453	II T ON WORE TIMES, RECORD T.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454.	GO BACK TO 405 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 454.

SECTION 4B. IMMUNIZATION, HEALTH AND NUTRITION

454	ENTER IN THE TABLE THE LINE NUMBER, I (IF THERE ARE MORE THAN 2 BIRTHS, USE		
455		LAST BIRTH	NEXT-TO-LAST BIRTH
	LINE NUMBER FROM 214	LINE NUMBER	LINE NUMBER
456	FROM 218 AND 221	NAME	NAME
		LIVING DEAD (GO TO 456 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 484)	LIVING DEAD (GO TO 456 IN LAST COLUMN OF NEW QUESTION- NAIRE OR, IF NO MORE BIRTHS, GO TO 484)
457	At any time during the last six months, did (NAME) receive any of the following: Vitamin A capsule? Iron drops/syrup?	YES NO DK VITAMIN A 1 2 8 IRON 1 2 8	YES NO DK VITAMIN A 1 2 8 IRON 1 2 8
458	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN	YES, SEEN
459	Did you ever have a vaccination card for (NAME)?	YES	YES
460	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. BCG POLIO 1 POLIO 2 POLIO 3 DPT 1 DPT 2 DPT 3 MEASLES	MONTH DAY YEAR BCG P1 P2 D1 D2 D3 MEA	MONTH DAY YEAR BCG P1 P2 P3 D1 D2 D3 MEA

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME	NAME
461	Has (NAME) received any vaccinations that are not recorded on this card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 1-3, DPT 1-3, AND/OR MEASLES VACCINE.	YES	YES
462	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES	YES
463	Please tell me if (NAME) received any of the following vaccinations:		
463A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES	YES
463B	Did (NAME) receive the <u>BCG</u> vaccine before his/her first birthday?	YES	YES
463C	Polio vaccine, that is, drops in the mouth?	YES	YES
463D	When was the first polio vaccine received, just after birth or later?	JUST AFTER BIRTH	JUST AFTER BIRTH
463E	How many times was the polio vaccine received?	NUMBER OF TIMES	NUMBER OF TIMES
463F	Did (NAME) receive the third (last) polio vaccine before his/her first birthday?	YES1 NO2	YES
463G	A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops? ³	YES	YES
463H	How many times?	NUMBER OF TIMES	NUMBER OF TIMES
463I	Did (NAME) receive the third (last) DPT vaccine before his /her first birthday?	YES1 NO2	YES1 NO2

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME	NAME
463J	An injection to prevent measles?	YES	YES
463K	Did (NAME) receive the <u>measles</u> vaccine before his/her first birthday?	YES	YES
464	Did (NAME) receive an injection to prevent Hepatitis B?	YES	YES
464A	How many times?	NUMBER OF TIMES	NUMBER OF TIMES
465	Did (NAME) receive the third (last) Hepatitis B vaccine before his/her first birthday?	YES	YES
466	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES	YES
467	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES	YES
468	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, fast breaths?	YES	YES
469	CHECK 466 AND 467: FEVER OR COUGH?	"YES" IN 466 OTHER OTHER (SKIP TO 475)	"YES" IN 466 OTHER OTHER (SKIP TO 475)
470	Did you seek advice or treatment for the fever/cough?	YES	YES

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME	NAME
471	Where did you seek advice or treatment? Anywhere else? RECORD ALL SOURCES MENTIONED. DO NOT READ OUT RESPONSES.	PUBLIC SECTOR GOVT. HOSPITAL	PUBLIC SECTOR GOVT. HOSPITAL A RURAL/URBAN HEALTH CENTER B BARANGAY HEALTH STATION C BARANGAY SUPPLY/SERVICE POINT OFFICER/BHW D OTHER PUBLIC E (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC F PHARMACY G PRIVATE NURSE/MIDWIFE I NGO J INDUSTRY-BASED CLINIC K OTHER PRIVATE MEDICAL L (SPECIFY) OTHER SOURCE PUERICULTURE CENTER M STORE N CHURCH O FRIENDS/RELATIVES P
472 473	CHECK 466: HAD FEVER? Did (NAME) take any drugs for the fever?	(SPECIFY) "YES" IN 466 "NO"/"DK" IN 466 (SKIP TO 475)	,
		NO	NO
474	What drugs did (NAME) take? RECORD ALL MENTIONED. ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN. IF TYPE OF DRUG IS STILL NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	FANSIDAR	FANSIDAR

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME	NAME
475	Has (NAME) had diarrhea in the last 2 weeks?	YES	YES
476	Now I would like to know how much (NAME) was offered to drink during the diarrhea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she offered much less than usual to drink or somewhat less?	SAME 1 MORE 2 LESS 3 NOTHING 4 DON'T KNOW 5	SAME 1 MORE 2 LESS 3 NOTHING 4 DON'T KNOW 5
477	When (NAME) had diarrhea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she offered much less than usual to eat or somewhat less?	SAME	SAME
478	Was he/she given any of the following to drink: a) A fluid made from a special packet called Oresol or from a tablet called Hydrite? b) A government-recommended homemade fluid?	YES NO DK FLUID FROM PACKET/ TABLET 1 2 8 HOMEMADE FLUID 1 2 8	YES NO DK FLUID FROM PACKET/ TABLET 1 2 8 HOMEMADE FLUID 1 2 8
479	Was anything (else) given to treat the diarrhea?	YES	YES
480	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS MENTIONED.	TABLET OR SYRUP	TABLET OR SYRUP
		OTHERX (SPECIFY)	OTHERX (SPECIFY)
481	Did you seek advice or treatment for the diarrhea?	YES	YES

		LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME		NAME	
482	Where did you seek advice or treatment? IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL RURAL/URBAN HEAL CENTER BARANGAY HEALTH S BARANGAY SUPPLY/S POINT OFFICER/BH OTHER PUBLIC (S	THB STATION_C SERVICE HWD	PUBLIC SECTOR GOVT. HOSPITAL RURAL/URBAN HEALTH CENTER BARANGAY HEALTH STA BARANGAY SUPPLY/SER POINT OFFICER/BHW OTHER PUBLIC (SPEC	B TION_C VICE D E
	Anywhere else? RECORD ALL PLACES MENTIONED. DO NOT READ OUT RESPONSES.	PRIVATE MEDICAL SEC PRIVATE HOSPITAL/O PHARMACY PRIVATE DOCTOR PRIVATE NURSE/MID NGO INDUSTRY-BASED CL OTHER PRIVATE MEDICAL (SPEC	CLINIC F G H WIFE I J LINIC K	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINI PHARMACY PRIVATE DOCTOR PRIVATE NURSE/MIDWIFE NGO INDUSTRY-BASED CLINIC OTHER PRIVATE MEDICAL (SPECIFY	IC. F G H E I J K
		OTHER SOURCE PUERICULTURE CEN STORE CHURCH FRIENDS/RELATIVES OTHER (SPECIFY	N O P	OTHER SOURCE PUERICULTURE CENTER STORE CHURCH FRIENDS/RELATIVES OTHER (SPECIFY)	N O P
483		GO BACK TO 456 IN NE COLUMN; OR, IF NO MO BIRTHS, GO TO 484.		GO BACK TO 456 IN LAST C OF NEW QUESTIONNAIRE; NO MORE BIRTHS, GO TO 4	OR, IF
484	CHECK 220 AND 223, ALL ROWS: NUMBER OF CHILDREN BORN IN 1998 OR L ONE OR MORE	ATER AND LIVING WITH	I THE RESPON	NDENT	→ 487
485	What is usually done to dispose of your (young he/she does not use any toilet facility?	est) child's stools when	THROW IN THE THROW OUT THROW OUT BURY IN THE RINSE AWAY USE DISPOSUSE WASHALL NOT DISPOSUSE OF THE THROW OUT DISPOSUSE WASHALL NOT D	YS USE ATRINE	

NO.	QUESTIONS AND FILTERS	CODING CATE	GORIES	SKIP
486	CHECK 478a, ALL COLUMNS:			
	NO CHILD RECEIVED FLUID FROM ORS PACKET ANY CHILD RECEIVED FLUID FROM ORS PACKET			→ 488
487	Have you ever heard of a special product called Oresol or Hydrite that you can get for the treatment of diarrhea?	YES		
488	CHECK 223:			
	HAS ONE OR MORE CHILDREN LIVING WITH HER CHILDREN LIVING WITH HER]		→ 490
489	When (your child/one of your children) is seriously ill, can you decide by yourself whether or not the child should be taken for medical treatment?	YES		
	IF SAYS NO CHILD EVER SERIOUSLY ILL, ASK: If (your child/one of your children) became seriously ill, could you decide by yourself whether the child should be taken for medical treatment?	DEPENDS	3	
490	Now I would like to ask you some questions about medical care for you yourself.			
	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?	BIG PROBLEM	NOT A BIG PROBLEM	
	Knowing where to go.	1	2	
	Getting permission to go.	1	2	
	Getting money needed for treatment.	1	2	
	The distance to a health facility.	1	2	
	Having to take transport.	1	2	
	Not wanting to go alone.	1	2	
	Concern that there may not be a female health provider.	1	2	
491	CHECK 220 AND 223:			
	BORN IN 2000 OR LATER CHILDF AND LIVING WITH HER 2000 OF	OT HAVE ANY REN BORN IN R LATER AND IG WITH HER		→ 494
	RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE TO 492)			
	(NAME)			

NO.	QUESTIONS AND FILTERS	CODIN	NG CATEGOI	RIES		SKIP
492	Now I would like to ask you about liquids (NAME FROM Q. 491) drank of seven days, including yesterday.	over the last				
	How many days during the last seven days did (NAME FROM Q. 491) of	drink (ITEM)?	LAST 7 DAYS		YEST	ERDAY/
	FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BI PROCEEDING TO THE NEXT ITEM, ASK:	EFORE			LAST	NIGHT
	In total, how many <u>times</u> yesterday during the day and at night did (NAN Q. 491) drink (ITEM)?	//E FROM	NUMBER DAYS	OF	NUMBER OF TIMES	
	a) Plain water?		а		а	
	b) Sugar water?		b		b	
	c) Herbal tea?		С		С	
	d) Fruit juice?		d		d	
	e) Commercially produced infant formula?		е		е	
	f) Any other milk such as tinned, powdered, or fresh animal milk?		f		f	
	g) Any other liquids such as carbonated drinks, coffee, rice water, or s	soup broth?	g		g	
	IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'. IF NONE, RECORD "0".					
493	Now I would like to ask you about the types of foods (NAME FROM Q. 4 the last seven days, including yesterday.	491) ate over	LAST 7 DA	ΥS		ERDAY/ NIGHT
	How many <u>days</u> during the last seven days did (NAME FROM Q. 491) either separately or combined with other food?	eat (ITEM)	NUMBER DAYS	OF	NUM	BER OF MES
	FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BI PROCEEDING TO THE NEXT ITEM, ASK:	EFORE	<i>D</i> , (10			
	In total, how many <u>times</u> yesterday during the day and at night did (NAN Q. 491) eat (ITEM)?	//E FROM				
	 a) Any food made from grains [e.g. millet, sorghum, corn, rice, wheat of grains]? 	or other local	а		а	
	b) Red or yellow yams or squash, carrots, or red sweet potatoes?		b		b	
	c) Any other food made from roots or tubers [e.g. white potatoes, white cassava, or other local roots/tubers]?	e yams,	С		С	
	d) Any green leafy vegetables like petchay, kangkong?		d		d	
	e) Mango, papaya, chesa, jackfruit, durian, chico, other yellow/red fruit local Vitamin A rich fruits]?	s [or other	е		е	
	f) Any other fruits and vegetables [e.g. bananas, apples/sauce, green avocados, tomatoes, long beans, peas]?	beans,	f		f	
	g) Meat, poultry, fish, shellfish, or eggs?		g		g	
	h) Any food made from legumes [e.g. lentils, beans, soybeans, tofu, pupeanuts]?	ulses, or	h		h	
	i) Cheese or yoghurt?		i		i	
	j) Any food made with oil, fat, or butter?		j		j	
	IF 7 OR MORE TIMES, RECORD '7'.				L	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
494	The last time you prepared a meal for your family, before starting did you wash your hands?	YES	
495	Have you ever smoked cigarettes or tobacco?	YES	→ 501
496	How old were you when you first smoked cigarettes or tobacco?	AGE	
497	Do you currently smoke cigarettes or tobacco? IF YES: what type of tobacco do you smoke? RECORD ALL TYPES MENTIONED.	YES, CIGARETTES A YES, PIPE B- YES, ROLLED TOBACCO C- NO Y-	
498	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES	

SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Are you currently married or living with a man?	YES, CURRENTLY MARRIED1- YES, LIVING WITH A MAN2- NO, NOT IN UNION	
502	Do you currently have a regular sexual partner, an occasional sexual partner, or no sexual partner at all?	REGULAR SEXUAL PARTNER1 OCCASIONAL SEXUAL PARTNER2 NO SEXUAL PARTNER3	
503	Have you ever been married or lived with a man?	YES, FORMERLY MARRIED1 - YES, LIVED WITH A MAN2 - NO	000
504	ENTER '0' IN COLUMN 4 OF CALENDAR IN THE MONTH OF INTERVI JANUARY 1998	IEW, AND IN EACH MONTH BACK TO	→ 512
505	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED	→ 508
506	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER1 STAYING ELSEWHERE2	
507	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	
508	Have you been married or lived with a man only once, or more than once?	ONCE	
509	CHECK 508: 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 we will talk about your first husband/partner. In what month and year did you start living with him?	MONTH	→ 511
510	How old were you when you started living with him?	AGE	
511	DETERMINE MONTHS MARRIED OR LIVING WITH A MAN SINCE JAI CALENDAR FOR EACH MONTH MARRIED OR LIVING WITH A MAN, MARRIED/NOT LIVING WITH A MAN, SINCE JANUARY 1998. FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR DATE WAPPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY FOR WOMEN NOT CURRENTLY IN UNION: PROBE FOR DATE WHE TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING APPREVIOUS UNIONS.	AND ENTER 'O' FOR EACH MONTH NOT WHEN CURRENT UNION STARTED AND, IF Y PREVIOUS UNIONS. N LAST UNION STARTED AND FOR	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
512	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse (if ever)?	NEVER	▶ 517
513	When was the last time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS	DAYS AGO	→ 517
514	The last time you had sexual intercourse, was a condom used?	YES	
515	What is your relationship to the man with whom you last had sex? IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER 01 MAN IS BOYFRIEND/FIANCÉ 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX WORKER 06 OTHER 96 (SPECIFY)	
516	For how long have you had sexual relations with this man?	DAYS	
517	Do you know of a place where a person can get condoms?	YES	→ 601

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
518	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.	PUBLIC SECTOR GOVT. HOSPITAL	
	(NAME OF PLACE) Any other place? RECORD ALL SOURCES MENTIONED. DO NOT READ OUT RESPONSES.	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC F PHARMACY G PRIVATE DOCTOR H PRIVATE NURSE/MIDWIFE I NGO J INDUSTRY-BASED CLINIC K OTHER PRIVATE MEDICAL L (SPECIFY) OTHER SOURCE PUERICULTURE CENTER M STORE N CHURCH OFRIENDS/RELATIVES P OTHER X (SPECIFY)	
519	If you wanted to, could you yourself get a condom?	YES	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 311/311A: NEITHER HE OR SHE STERILIZED		→ 614
602	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? CHECK 234: NOT PREGNANT OR UNSURE 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? PREGNANT OR UNSURE After the birth of the child you are expecting now, how long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	HAVE (A/ANOTHER) CHILD	→ 614 → 610 → 608 → 609 → 614
		OTHER 996- (SPECIFY) DON'T KNOW998-	
604	CHECK 234: NOT PREGNANT OR UNSURE PREGNANT PREGNANT		→ 610
605	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT OURRENTLY USING U	NTLY SING	→ 608
606		0-23 MONTHS R 00-01 YEAR	→ 610

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
607	WANTS TO HAVE A/ANOTHER CHILD You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why? Any other reason? RECORD ALL REASONS MENTIONED. DO NOT READ OUT RESPONSES. WANTS NO MORE/ NONE You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why? Any other reason? Any other reason?	NOT MARRIED	
608	In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?	BIG PROBLEM	
609	CHECK 310: USING A CONTRACEPTIVE METHOD?		
	NO, NOT CURRENTLY CURRE ASKED USING	YES, ENTLY JSING	→ 614
610	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
611	Which contraceptive method would you prefer to use?	EELAN E OTERU IZATION	
•	The second acceptance in second year properties acceptance in second acc	FEMALE STERILIZATION01	
		MALE STERILIZATION	
		PILL	
		IUD04	
		INJECTABLES05	
		CONDOM	
		DIAPHRAGM07	
		FOAM/JELLY08	
		IMPLANTS09	
		FEMALE CONDOM10	
		MUCUS, BILLINGS, OVULATION 11-	
		BASAL BODY TEMPERATURE12	\vdash
		SYMPTOTHERMAL13-	▶ 614
		STANDARD DAYS METHOD14-	\vdash
		LACTATIONAL AMEN. METHOD15-	
		EMERGENCY CONTRACEPTION 16	
		CALENDAR/RHYTHM/PERIODIC ABSTINENCE17-	
		WITHDRAWAL18-	
		OTHER 96-	▶ 614
		(SPECIFY)	
		UNSURE98-	
611A	Would you be willing to pay for (METHOD)?		
		YES1	
		NO2-	Ь
		DON'T KNOW8-	→ 614
611B	How much would you be willing to pay for (METHOD) (including all costs)?	PESO	→ 614

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED11-	→ 613
		FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX	
		OPPOSITION TO USE RESPONDENT OPPOSED	
		LACK OF KNOWLEDGE KNOWS NO METHOD41- KNOWS NO SOURCE42-	
		METHOD-RELATED REASONS HEALTH CONCERNS	
		INCONVENIENT TO USE55- INTERFERES WITH BODY'S NORMAL PROCESSES56 -	→ 614
		OTHER 96- (SPECIFY) DON'T KNOW	
612A	You said that you do not want to use contraception because you fear of the side effects or health consequences. What is the main problem that makes you think that you will not use contraception at any time in the future?	IRREGULAR MENSTRUAL FLOW	
		CAUSE CANCER/ OTHER DISEASES . 13— CAUSE ABORTION	
613	Would you ever use a contraceptive method if you were married?	YES	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
614	CHECK 221: HAS LIVING CHILDREN If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE	→ 616 → 616
615	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 96 (SPECIFY)	
616	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE	
617	In the last few months have you heard/read/watched about family planning: On the radio? On the television? In a newspaper or magazine? From a poster? From leaflet or brochure?	RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE 1 2 POSTER 1 2 LEAFLET OR BROCHURE 1 2	
618	In the last 12 months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES	→ 621
619	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 I OTHER X (SPECIFY)	
620	In the last 12 months, have you encouraged your friends, neighbors or relatives to use family planning?	YES	→ 621

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
620A	Who did you encourage?	HUSBAND/PARTNERA	
	Anyone else?	MOTHERB	
		FATHER C	
	RECORD ALL PERSONS MENTIONED.	SISTER(S)	
	DO NOT READ OUT RESPONSES	BROTHER(S)E	
		DAUGHTERF	
		SONG	
		MOTHER-IN-LAW H	
		FRIENDS/NEIGHBORSI	
		OTUED V	
		OTHERX (SPECIFY)	
		(SPECIFT)	
621	CHECK 501:		
	YES, YES,	NO,	
		OT IN INION	→ 628
	*		
600	CHECK 244/244A		
622	CHECK 311/311A:		
	ANY CODE CIRCLED NO CODE C	CIRCLED	→ 624
	→		
623	You have told me that you are currently using contraception. Would you	MAINLY RESPONDENT1	
023	say that using contraception is mainly your decision, mainly your	MAINLY HUSBAND/PARTNER2	
	husband's decision or did you both decide together?	JOINT DECISION3	
		OTHER6	
		(SPECIFY)	
004	No. 1 and 1		
624	Now I want to ask you about your husband's/partner's views on family planning.	APPROVES1	
	Do you think that your husband/partner approves or disapproves of	DISAPPROVES2	
	couples using a contraceptive method to avoid pregnancy?	DON'T KNOW8	
COF	Have after been a second allowed to second be able and to a second formally.		
625	How often have you talked to your husband/partner about family planning in the past year?	NEVER1	
		ONCE OR TWICE2	
		MORE OFTEN3	
626	CHECK 311/311A:		
	NEITHER HE OF	R SHE IS	→ 628
	STERILIZED STE	RILIZED	020
627	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER1	
	•	MORE CHILDREN2	
		FEWER CHILDREN	
		DON'T KNOW8	
628	Husbands and wives do not always agree on everything. Please tell me		
	if you think a wife is justified in refusing to have sex with her husband	YES NO DK	
	when: She knows her husband has a sexually transmitted disease?	YES NO DK HAS STD 1 2 8	
	She knows her husband has sex with other women?	OTHER WOMEN	
	She has recently given birth?	RECENT BIRTH 1 2 8	
	She is tired or not in the mood?	TIRED/NOT IN THE MOOD 1 2 8	

SECTION 7. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 501 AND 503: CURRENTLY FORMERLY MARRIED/ LIVING WITH A MAN A MAN	NEVER MARRIED AND NEVER LIVED WITH A MAN	→ 703 → 706
702	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS	
703	Did your (last) husband/partner ever attend school?	YES	→ 705
704	What was the highest grade/year of school he attended?	NO GRADE COMPLETED 00 PRE-SCHOOL 01	
		ELEMENTARY GRADE 1 11 ELEMENTARY GRADE 2 12 ELEMENTARY GRADE 3 13 ELEMENTARY GRADE 4 14 ELEMENTARY GRADE 5 15 ELEMENTARY GRADE 6 16 ELEMENTARY GRADUATE 17	
		HIGH SCHOOL YEAR 1 21 HIGH SCHOOL YEAR 2 22 HIGH SCHOOL YEAR 3 23 HIGH SCHOOL YEAR 4 24 HIGH SCHOOL GRADUATE 25	
		POSTSECONDARY YEAR 1 31 POSTSECONDARY YEAR 2 OR MORE 32	
		COLLEGE YEAR 1 41 COLLEGE YEAR 2 42 COLLEGE YEAR 3 43 COLLEGE YEAR 4 44 COLLEGE YEAR 5 45 COLLEGE YEAR 6 OR HIGHER 46 COLLEGE GRADUATE 47	
		POST-BACCALAUREATE 51 DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
705	CHECK 501 AND 503:		
	CURRENTLY MARRIED/ LIVING WITH A MAN FORMERLY MARRIED/ LIVED WITH A MAN		
	What is your husband's/partner's occupation? That is, what kind of work does he mainly do? What was your (last) husband's/partner's occupation? That is, what kind of work did he mainly do?		
706	Aside from your own housework, are you currently working?	YES1- NO2	→ 709
707	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES1– NO2	→ 709
708	Have you done any work in the last 12 months?	YES1 NO2-	→ 718
709	What is your occupation, that is, what kind of work do you mainly do?		
710	CHECK 709:		
	WORKS IN AGRICULTURE DOES NOT WORK		→ 712
711	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND	
		RENTED LAND3 SOMEONE ELSE'S LAND4	
712	Do you work on non family-operated farm or business, work on family-operated farm or business, or are you self-employed?	WORK ON NON FAMILY-OPERATED FARM OR BUSINESS1	
		WORK ON FAMILY-OPERATED FARM OR BUSINESS2 SELF-EMPLOYED	
713	Do you usually work at home or away from home?	LIONE	
		HOME1 AWAY2	
714	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR1 SEASONALLY/PART OF THE YEAR2	
		ONCE IN A WHILE3	
715	Are you paid in cash only, in cash and in kind, or in kind only for this work or are you not paid at all?	CASH ONLY1 CASH AND KIND2	
		IN KIND ONLY	

NO.	QUESTIONS AND FILTERS		СО	DING CAT	EGOR	IES		SKIP
716	Who mainly decides how the money you earn will be used?	HUS RES HU SOM RES	BAND/F PONDE JSBANI IEONE I PONDE	NT PARTNER. NT AND D/PARTNE ELSE NT AND S	R JOIN	ITLY	2 3 4 SE	
717	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ABO MOF	S THAN UT HAL RE THAN	DNE HALF F N HALF INCOME I			2 3 4	
718	Who in your family usually has the final say on the following decisions:	HUSB RESP SOME RESP	ONE ELS	ΓNER = 2 & HUSBAND/F	ELSE JOI	NTLY =		
	Your own health care?	1	2	3	4	5	6	
	Making large household purchases?	1	2	3	4	5	6	
	Making household purchases for daily needs?	1	2	3	4	5	6	
	Visits to family or relatives?	1	2	3	4	5	6	
	What food should be cooked each day?	1	2	3	4	5	6	
719	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING OR NOT PRESENT)			PRES/ LISTEN	. NO	ES/ OT ΓEN.	NOT PRES	
		CHIL	DREN <1	01		2	8	
				1		2	8	
				S 1 LES 1		2	8 8	
720	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	3	NO	DK	
	If she goes out without telling him?			1		2	8	
	If she neglects the children?			DREN 1		2	8	
	If she argues with him?			1		2	8	
	If she refuses to have sex with him?	ł		EX 1		2	8	
	If she burns the food?	BUR	NS FOO	DD1		2	8	

SECTION 8: HIV/AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES1 NO2-	→ 817
Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES	▶ 808
What can a person do?	ABSTAIN FROM SEX A	
RECORD ALL WAYS MENTIONED.	LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C	
DO NOT READ OUT RESPONSES.	LIMIT NUMBER OF SEXUAL PARTNERSD AVOID SEX WITH PROSTITUTES	
	AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERSF	
	AVOID SEX WITH HOMOSEXUALSG AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY H	
	AVOID BLOOD TRANSFUSIONS	
	AVOID SHARING RAZORS/BLADES K AVOID KISSINGL	
	SEEK PROTECTION FROM	
	AVOID ORAL SEXO	
	OTHERW (SPECIFY)	
	OTHERX	
	DON'T KNOWZ	
Can people reduce their chances of getting the AIDS virus by having just one sex partner and who has no other partners?	YES	
	DON'T KNOW 8	
Can a person get the AIDS virus from mosquito bites?	YES	
Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES	
Can people get the AIDS virus by sharing food with a person who has	YES 1	
	Have you ever heard of an illness called AIDS? Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS? What can a person do? Anything else? RECORD ALL WAYS MENTIONED. DO NOT READ OUT RESPONSES. Can people reduce their chances of getting the AIDS virus by having just one sex partner and who has no other partners? Can a person get the AIDS virus from mosquito bites?	Have you ever heard of an illness called AIDS? NO

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
807A	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES	
808	Can you tell from looking at a person that he/she has the AIDS virus?	YES	
809	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES	
810	Can the virus that causes AIDS be transmitted from a mother to a child?	YES	1 813
811	Can the virus that causes AIDS be transmitted from a mother to a child: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG	
812	Are there any drugs that a woman infected with the AIDS virus can take to reduce the risk of transmission to the baby during pregnancy?	YES	
813	CHECK 501: YES, CURRENTLY MARRIED/ LIVING WITH A MAN	, NOT IN UNION	→ 815
814	Have you ever talked about ways to prevent getting the virus that causes AIDS with (your husband/the man you are living with)?	YES	
815	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret?	YES	
816	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES	
816A	If a female teacher has the AIDS virus, should she be allowed to continue teaching in school?	YES	
817	Apart from HIV/AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES1 NO2-	→ 901

818	NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
Nave? GENITAL DISCHARGE/DRIPPING B FOUL SMELLING DISCHARGE C C BURNING PAIN NO VENNATION D REDNESSINFLAMMATION IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL DISCHARGE C GENITAL WARTS H GENITAL DISCHARGE B GENITAL DISCHARGE B GENITAL DISCHARGE B GENITAL DISCHARGE C GENITAL WARTS GENITAL DISCHARGE C GENITAL WARTS GENITAL WARTS H GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL GENITAL WARTS H GENITAL GENITAL WARTS H	818		ABDOMINAI PAIN A	
RECORD ALL SYMPTOMS MENTIONED. BURNING PAIN ON URINATION		have?		
BURNING PAIN ON URINATION		PROBE: Any others?	FOUL SMELLING DISCHARGEC	
DO NOT READ OUT RESPONSES. REDNESS/INPLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K IMPOTENCE L OTHER W (SPECIFY) NO SYMPTOMS Y DON'T KNOW Z Z Z Z Z Z Z Z		RECORD ALL SYMPTOMS MENTIONED		
SWELLING IN GENITAL AREA		TREGORD ALL CHAIR FORMS INLERTHONES.	REDNESS/INFLAMMATION IN	
GENITAL SORES/ULCERS		DO NOT READ OUT RESPONSES.		
GENITAL WARTS				
GENITAL ITCHING				
BLOOD IN URINE				
LOSS OF WEIGHT				
MPOTENCE				
OTHER				
SPECIFY OTHER X (SPECIFY OTHER X (SPECIFY NO SYMPTOMS			IMPOTENCEL	
SPECIFY OTHER X (SPECIFY OTHER X (SPECIFY NO SYMPTOMS			OTHER W	
OTHER				
SPECIFY NO SYMPTOMS			` ′	
DON'T KNOW				
State Stat			NO SYMPTOMSY	
She have? ABDUMINAL PAIN			DON'T KNOWZ	
She have? ABDUMINAL PAIN	040			
PROBE: Any others? RECORD ALL SYMPTOMS MENTIONED. DO NOT READ OUT RESPONSES. BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA	819		ABDOMINAL PAIN A	
RECORD ALL SYMPTOMS MENTIONED. BURNING PAIN ON URINATION				
REDNESS/INFLAMMATION IN GENITAL AREA		PROBE: Any others?		
DO NOT READ OUT RESPONSES. AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K HARD TO GET PREGNANT/HAVE A CHILD L OTHER W (SPECIFY) OTHER X (SPECIFY) NO SYMPTOMS Y		RECORD ALL SYMPTOMS MENTIONED.		
GENITAL SORES/ULCERS		DO NOT READ OUT RESPONSES.		
GENITAL WARTS			SWELLING IN GENITAL AREAF	
GENITAL ITCHING			GENITAL SORES/ULCERSG	
BLOOD IN URINE				
LOSS OF WEIGHT K HARD TO GET PREGNANT/HAVE A CHILD L OTHERW (SPECIFY) OTHERX (SPECIFY) NO SYMPTOMS Y			GENITAL ITCHINGI	
HARD TO GET PREGNANT/HAVE A CHILDL OTHERW (SPECIFY) OTHERX (SPECIFY) NO SYMPTOMSY				
A CHILDL OTHERW (SPECIFY) OTHERX (SPECIFY) NO SYMPTOMS				
OTHERW (SPECIFY) OTHERX (SPECIFY) NO SYMPTOMSY				
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OTHERX (SPECIFY) NO SYMPTOMSY			<u> </u>	
(SPECIFY) NO SYMPTOMSY			` ′	
NO SYMPTOMS Y				

SECTION 9. TUBERCULOSIS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Have you ever had the following symptoms:	YES NO	
	a. Cough for two weeks or more?	COUGH 2 WEEKS + 1 2	
	b. Fever for two weeks or more?	FEVER 2 WEEKS + 1 2	
	c. Chest or back pain?	CHEST OR BACK PAIN 1 2	
	d. Coughing up blood?	BLOOD IN SPUTUM 1 2	
	e. Sweating at night?	NIGHT SWEATING 1 2	
	C. Swedning acting it.	THE TOWER THE	
902	CHECK 901: AT LEAST ONE "YES" (ANY SYMPTOMS) NOT A SINGLE "YES" (NO SYMPTOM)		➤ 907A
903	Did you seek consultation or treatment for the symptom(s)?	V/=0	
		YES1	1
		NO2	
904	Why did you not seek treatment for the symptoms?	SYMPTOMS HARMLESS1	\perp
		COST2	11
		DISTANCE	
		EMBARASSED4	
		OTHER6	
		(SPECIFY)	
		(CI LOII I)	
905	Where did you go for advice or treatment the last time?	PUBLIC SECTOR	
	IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE	GOVT. HOSPITAL/CLINIC11	
	THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF	RURAL/URBAN HEALTH CENTER12	
	SOURCE AND CIRCLE THE APPROPRIATE CODE.	OUTREACH CLINIC13	
		OTHER PUBLIC14	
	(NAME OF PLACE)	(SPECIFY)	
		PRIVATE MEDICAL SECTOR	
		PVT. HOSPITAL/CLINIC21	
		PHARMACY22	
		PRIVATE DOCTOR23	
		NGO CLINIC24	
		OTHER PVT.	
		MEDICAL25	
		(SPECIFY)	
		OTHER96	
906	What is the main reason you chose to go to this facility?		
550	That is the main reason you onose to go to this lability:	DISTANCE1	
		COST	
		SERVICE3	
		QUALITY DRUGS4	
		OTHER6	
		(SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
907	How soon after the symptoms started did you seek consultation or treatment?	DAYS	
907A	Are you aware of the Directly Observed Treatment Short Course Chemotherapy (DOTs) program?	YES	
908	Have you ever heard of an illness called tuberculosis? (TB is also known as thysis, weak lungs or spot in the lungs)	YES	→ 917
909	Can tuberculosis be cured?	YES	
910	Would you be willing to work with someone who has been previously treated for tuberculosis?	YES	
911	What signs or symptoms would lead you to think that a person has tuberculosis? PROBE: Any others?	COUGHING A COUGHING WITH SPUTUM B COUGHING FOR SEVERAL	
	RECORD ALL MENTIONED.	WEEKS C FEVER D BLOOD IN SPUTUM E LOSS OF APPETITE F NIGHTSWEATING G PAIN IN CHEST OR BACK H TIREDNESS/FATIGUE I WEIGHT LOSS J OTHER X (SPECIFY) DON'T KNOW Z	
912	What do you think is the cause of tuberculosis? PROBE: Anything else? RECORD ALL MENTIONED.	MICROBES/GERMS/BACTERIA A INHERITED	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES SKIP
913	How does tuberculosis spread from one person to another?	THROUGH THE AIR WHEN COUGHINGA SHARING EATING UTENSILSB TOUCHING A PERSON WITH TBC
		OTHERX (SPECIFY) DON'T KNOWZ
914	Have you been told by a doctor or a health professional that you had tuberculosis? If YES, when were you told that you had tuberculosis, in the past five years, between five and ten years, or more than ten years ago?	<5 YEARS
914A	Have you taken anti-TB medicines in the past?	YES
915	Where did you get the anti-TB medicines for the treatment?	PUBLIC SECTOR GOVT. HOSPITAL/CLINIC
		OTHER PVT. MEDICAL26 (SPECIFY) OTHER96
916	How long did you continuously take the anti-TB medicines?	WEEKS
917	RECORD THE TIME.	HOURS

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMEN	NTS ABOUT RESPONDENT:		
-			
-			
-			
_			
COMMEN	NTS ON SPECIFIC QUESTIONS:		
-			
-			
-			
-			
ANY OTH	HER COMMENTS:		
-			
-			
_			
		SUPERVISOR'S OBSERVATIONS	
-			
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NAME OF	THE SUPERVISOR:	DATE:	
		EDITOR'S OBSERVATIONS	
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-			
_			
NAME OF	EDITOR:	DATE:	
			

Age	Has not had birthday in 2003	Has already had birthday in 2003
	Don'	t Know
0	2002	
1	2001	2002
2	2000	2001
3	1999	2000
4	1998	1999
5	1997	1998
6	1996	1997
7	1995	1996
8	1994	1995
9	1993	1994
10	1992	1993
11	1991	1992
12	1990	1991
13	1989	1990
14	1988	1989
1-7	1000	1000
15	1987	1988
16	1986	1987
17	1985	1986
18	1984	1985
19	1983	1984
20	1982	1983
21	1981	1982
22	1980	1981
23	1979	1980
24	1978	1979
25	1077	1079
25	1977	1978
26	1976	1977
27	1975	1976
28	1974	1975
29	1973	1974

Age	Has not had birthday in 2003	Has already had birthday in 2003
		⊥ ı't Know
30	1972	1973
31	1971	1972
32	1970	1971
33	1969	1970
34	1968	1969
35	1967	1968
36	1966	1967
37	1965	1966
38	1964	1965
39	1963	1964
40	1962	1963
41	1961	1962
42	1960	1961
43	1959	1960
44	1958	1959
45	1957	1958
46	1956	1957
47	1955	1956
48	1954	1955
49	1953	1954
50	1952	1953
51	1951	1952
52	1950	1951
53	1949	1950
54	1948	1949
	10:-	10:5
55	1947	1948
56	1946	1947
57	1945	1946
58	1944	1945
59	1943	1944

FOR COLUMNS 1 AND 4, ALL MONTHS SHOULD BE FILLED IN 11 NOV 0	INSTRUCTIONS: ONLY ONE CODE SHOULD APPEAR IN ANY BOX.	_	12 DEC	01	1	2	3	4	01	DEC	
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0 NO METHOD	P PREGNANCIES			-							
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2 MALE STRENLEATION 3 PILL 1 DEC 13 3									i		
A IUD											
6 CONDOM 7 DIAPHERAMM 9 SEP 16	4 IUD										
S POAMJELLY 2 08 AUG 17											
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H STANDARD DAYS METHOD		2									2
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Note											
COL. 2: SOURCE OF CONTRACEPTION 09 SEP 28 28 SEP 29 SE											
COL. 2: SOURCE OF CONTRACEPTION	X OTHER								•		
1	(SPECIFY)	0							•		0
2 RURALJURBAN HEALTH CENTER 0 0 6 JUN 31											
BARANGAY SUPPLY/SERVICE POINT OFFICER/BHW 04 APR 33 33 34 34 34 34 34 3	2 RURAL/URBAN HEALTH CENTER										
6 PRIVATE HOSPITAL/CLINIC 7 PHARMACY 1 PARAMACY 8 PRIVATE DOCTOR 8 PRIVATE DOCTOR 1 1 NOV 1 36 9 PRIVATE NURSEMIDWIFE 1 12 DEC 37 1 37 DEC 37 38 NOV 1 38 NOV 1 1 NOV 38 0 38 NOV 1 39 OCT C OTHER PRIVATE MEDICAL 9 SEP 40 40 40 SEP D PUERICULTURE CENTER 2 08 AUG 41 41 41 AUG 2 E STORE 0 07 JUL 42 42 JUL 0 F CHURCH 3 OF MARYOLD YOTHER (SPECIFY) 0 05 MAY 44 44 44 MAY 0 0 1 NFREQUENT SEX/HUSBAND AWAY/OLD 1 BECAME PREGNANT WHILE USING 0 NIFREQUENT SEX/HUSBAND AWAY/OLD 1 BECAME PREGNANT WHILE USING 1 BECAME PREGNANT WHILE USING 2 WANTED TO BECOME PREGNANT 1 12 DEC 49 49 49 DEC 4 WANTED MORE EFFECTIVE WHETHOD 1 OCT 51 51 OCT 5 HEALTH CONCERNS 6 SIDE EFFECTS 7 INACCESSIBLE/JUNAVAILABLE 1 0 06 MAY A WANTED MORE EFFECTIVE WETHOD 1 OCT 51 51 OCT 5 HEALTH CONCERNS 6 SIDE EFFECTS 7 INACCESSIBLE/JUNAVAILABLE 1 0 08 AUG 53 55 JUN 9 9 INCONVENIENT TO USE 9 06 JUN 56 55 JUN 9 9 INCONVENIENT TO USE 9 06 JUN 56 55 JUN 9 9 INCONVENIENT TO USE 9 06 JUN 56 56 56 MAY 9 9 INCONVENIENT TO USE 9 06 JUN 56 56 56 MAY 9 9 INCONVENIENT TO USE 9 06 JUN 56 56 56 MAY 9 9 INCONVENIENT TO USE 9 06 JUN 56 56 56 MAY 9 9 INCONVENIENT TO USE 9 06 JUN 56 56 56 MAY 9 9 INCONVENIENT TO USE 9 06 JUN 56 56 56 MAY 9 9 OF JUL 66 59 MAR 68 66 JUL 9 9 OF JUL 66 50 MAR 68 66 JUL 9 9 OF JUN 9 9 OF JUN 66 56 JUN 9 9 OF JUN 9 9 O		-							i		1
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9 INCONVENIENT TO USE											
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CONVERSION TABLE FROM POUNDS AND OUNCES TO GRAMS

Pounds and Ounces	Onnces	Grams	Pounds ar	and Ounces	Grams	Pounds a	Pounds and Ounces	Grams	Pounds an	Pounds and Ounces	Grams
3 lbs	0 oz	1361	5 lbs	0 oz	2268	7 lbs	0 oz	3175	sql 6	0 oz	4082
=	1 oz	1389	=	1 oz	2296	=	1 oz	3204	=	1 oz	4110
=		1418	=	2 oz	2325	=	2 oz	3232	=	2 oz	4139
=	3 oz	1446	=	3 oz	2353	=	3 oz	3260	=	3 oz	4167
=	4 oz	1474	=	4 oz	2381	=	4 oz	3289	=	4 oz	4195
=	5 oz	1503	=	2 oz	2410	=	20 S	3317	=	2 oz	4224
=	g oz	1531	=	g oz	2438	=	20 9	3345	=	8 oz	4252
=	7 oz	1559	=	7 oz	2466	=	7 oz	3374	=	7 oz	4280
=	8 oz	1588	=	8 oz	2495	=	8 oz	3402	=	8 oz	4309
=	o S	1616	=	oz S	2523	=	o oz	3430	=	os 30 6	4337
=	10 oz	1644	=	10 oz	2552	=	10 oz	3459	=	10 oz	4366
=	11 oz	1673	=	11 oz	2580	=	11 oz	3487	=	11 oz	4394
=	12 oz	1701	=	12 oz	2608	=	12 oz	3515	=	12 oz	4422
=	13 oz	1729	=	13 oz	2637	=	13 oz	3544	=	13 oz	4451
=	14 oz	1758	=	14 oz	2665	=	14 oz	3572	=	14 oz	4479
=	15 oz	1786	=	15 oz	2693	=	15 oz	3600	=	15 oz	4507
4 lbs ,	zo 0	1814	6 lbs	zo 0	2722	8 lbs	0 oz	3629	10 lbs	zo 0	4536
=	1 oz	1843	=	1 oz	2750	=	1 oz	3657	=	1 oz	4564
=	2 oz	1871	=	2 oz	2778	=	2 oz	3686	=	2 oz	4592
=	3 oz	1899	=	3 oz	2807	=	3 oz	3714	=	3 oz	4621
=	4 oz	1928	=	4 oz	2835	=	4 oz	3742	=	4 oz	4649
-	2 oz	1956	=	20 S	2863	=	20 S	3771	:	2 oz	4677
	g oz	1984	=	zo 9	2892	=	20 9	3799	=	20 9	4706
=	7 oz	2013	=	7 oz	2920	=	7 oz	3827	=	7 oz	4734
=	8 oz	2041	=	8 oz	2948	=	8 oz	3856	=	8 oz	4762
-	8 oz	2070		30 oz	2977	=	20 6	3884	:	30 oz	4791
=	10 oz	2098	=	10 oz	3005	=	10 oz	3913	=	10 oz	4819
-	11 oz	2126	=	11 oz	3033	=	11 oz	3941	=	11 oz	4847
-	12 oz	2155		12 oz	3062	=	12 oz	3969	:	12 oz	4876
	13 oz	2183	=	13 oz	3090	=	13 oz	3998	=	13 oz	4904
=	14 oz	2211	=	14 oz	3119	=	14 oz	4026	=	14 oz	4933
	15 oz	2240	=	15 oz	3147	=	15 oz	4054	=	15 oz	4961

AUTHORITY: Commonwealth Act No. 591 authorizes this survey and the Philippines National Statistics Office to collect information on fertility, family planning and health.

CONFIDENTIALITY: Sec. 4 of CA No. 591 provides that all information furnished on this form is held STRICTLY CONFIDENTIAL

PHILIPPINES NATIONAL STATISTICS OFFICE

2003 NATIONAL DEMOGRAPHIC AND **HEALTH SURVEY**

INDIVIDUAL MAN'S OLIESTIONNAIDE

NDHS Form 3 NSCB Approval No. NSO-0305-03 Expires March 31, 2004

	IN	IDIVIDUAL MAN 5 QUE	STIONNAIRE						
				Set	of	sets			
		IDENTIFICAT	ION						
PROVINCE_ CITY/MUNICIPALITY_ BARANGAY_ URBAN/RURAL (URBAN=1, RURAL=2)									
INTERVIEW RECORD									
	1	2	3	FIN	IAL VISIT				
DATE INTERVIEWER'S NAME RESULT*				DAY MONTH YEAR INTERVIEWE CODE RESULT*		0 3			
NEXT VISIT: DATE			_	TOTAL NO.		$\overline{1}$			
TIME				OF VISITS					
*RESULT CODES: 3 POSTPONED 6 RESPONDENT INCAPACITATED 1 COMPLETED 4 REFUSED 7 OTHERS 2 NOT AT HOME 5 PARTLY COMPLETED (SPECIFY)									
	LANGUAGE OF QUESTIONNAIRE** 7 LANGUAGE OF INTERVIEW** TRANSLATOR USED YES 1 NO 2 LOCAL LANGUAGE OF THE RESPONDENT**								
**LANGUAGE CODES:			LIGAYON 7 ENGLIS ARAY 8 OTHER	H (SPECIFY)					
SUPERVISO Name and Signature		FIELD EDITED Name and Signat		OFFICE EDITOR	ENCODE	D BY			

AGE – BIRTH YEAR CONSISTENCY CHART

	Has not	
Age	had birthday in 2003	Has already had birthday in 2003
		't Know
0	2002	
1	2001	2002
2	2000	2001
3	1999	2000
4	1998	1999
5	1997	1998
6	1996	1997
7	1995	1996
8	1994	1995
9	1993	1994
10	1992	1993
11	1991	1992
12	1990	1991
13	1989	1990
14	1988	1989
15	1987	1988
16	1986	1987
17	1985	1986
18	1984	1985
19	1983	1984
20	1982	1983
21	1981	1982
22	1980	1981
23	1979	1980
24	1978	1979
25	1977	1978
26	1976	1977
27	1975	1976
28	1974	1975
29	1973	1974

Age	Has not had birthday in 2003	Has already had birthday in 2003
	Don	ı't Know
30	1972	1973
31	1971	1972
32	1970	1971
33	1969	1970
34	1968	1969
35	1967	1968
36	1966	1967
37	1965	1966
38	1964	1965
39	1963	1964
40	1962	1963
41	1961	1962
42	1960	1961
43	1959	1960
44	1958	1959
45	1957	1958
46	1956	1957
47	1955	1956
48	1954	1955
49	1953	1954
50	1952	1953
51	1951	1952
52	1950	1951
53	1949	1950
54	1948	1949
55	1947	1948
56	1946	1947
57	1945	1946
58	1944	1945
59	1943	1944

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT		
survey about the health of men, women ask you some questions about yourself a	and I am working with the Philippines National State and children. We would very much appreciate your and your family. This information will help the goverrutly confidential and will not be shown to other persor	participation in this survey. I would like to ment to plan health services. Whatever
Do you have any questions about the su	rvey? May I begin the interview now?	
SIGNATURE OF INTERVIEWER:		DATE:
survey about the health of men, women ask you some questions about yourself a information you provide will be kept strict. Do you have any questions about the su	and children. We would very much appreciate your and your family. This information will help the govern the confidential and will not be shown to other persor urvey? May I begin the interview now?	participation in this survey. I would like to nment to plan health services. Whatever ns.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD THE TIME STARTED.	HOURMINUTES	
102	First I would like to ask some questions about you. For most of the time until you were 12 years old, did you live in a city, in a town/poblacion, or in the barrio/rural area?	CITY	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS	→ 105
104	Just before you moved here, did you live in a city, in a town/poblacion, or in the barrio/rural area?	CITY	
105	In the last 12 months, on how many separate occasions have you traveled away from your barangay and slept away?	NUMBER OF TRIPS AWAY	→ 107
106	In the last 12 months, have you been away from your barangay for more than 1 month at a time?	YES	
107	In what month and year were you born?	MONTH	
108	How old were you at your last birthday? COMPARE AND CORRECT 107 AND/OR 108 IF INCONSISTENT.	AGE IN COMPLETED YEARS	
109	Have you ever attended school?	YES	→ 112

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
110	What is the highest grade/year you completed?	NO GRADE COMPLETED00	
	Triat is the highest grade/year year completed.	PRE SCHOOL01	
		ELEMENTARY ORANG 4	
		ELEMENTARY GRADE 111 ELEMENTARY GRADE 212	
		ELEMENTARY GRADE 212	
		ELEMENTARY GRADE 313 ELEMENTARY GRADE 414	
		ELEMENTARY GRADE 5	
		ELEMENTARY GRADE 6	
		ELEMENTARY GRADUATE17	
		HIGH SCHOOL YEAR 121	
		HIGH SCHOOL YEAR 222	
		HIGH SCHOOL YEAR 323	
		HIGH SCHOOL YEAR 424	
		HIGH SCHOOL GRADUATE25	
		POST SECONDARY YEAR 131	
		POST SECONDARY YEAR 2	
		OR MORE32	
		COLLEGE YEAR 141	
		COLLEGE YEAR 242	
		COLLEGE YEAR 343	
		COLLEGE YEAR 444	
		COLLEGE YEAR 545	
		COLLEGE YEAR 6	
		OR HIGHER46	
		COLLEGE GRADUATE47	
		OOLLEGE GRADOATE	
		POST-BACCALAUREATE51	
		DON'T KNOW98	
	CHECK 110:		
111	ELEMENTARY HIGH SCHOOL		
	GRADUATE OR YEAR 1 OR HIGHER LLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL		▶ 115
	LOWER V		
112	Now I would like you to read this sentence to me.	CANNOT READ AT ALL1	
	SHOW CARD TO RESPONDENT.	ABLE TO READ ONLY PARTS OF SENTENCE2	
		ABLE TO READ WHOLE SENTENCE3	
	IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:	NO CARD WITH REQUIRED	
	Can you read any part of the sentence to me?	LANGUAGE4	
		(SPECIFY LANGUAGE)	L 117
		VISION PROBLEMS5	▶ 117
113	Have you ever participated in a literacy program or any other program	YES1	
	that involves learning to read or write (not including primary school)?	NO2	
114	CHECK 112: CODE '2', '3' CODE '1'		
	OR '4' ENCIRCLED		▶ 116
	ENCIRCLED ♥		
115	Do you read a newspaper or magazine daily, at least once a week, less	DAILY1	
	than once a week or not at all?	AT LEAST ONCE A WEEK2	
		LESS THAN ONCE A WEEK3	
		NOT AT ALL4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
116	Do you watch television daily, at least once a week, less than once a week or not at all?	DAILY	
117	Do you listen to the radio daily, at least once a week, less than once a week or not at all?	DAILY	
118	Are you currently working?	YES	→ 121
119	Have you done any work in the last 12 months?	YES	→ 121
120	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING	→ 128
121	What is your occupation, that is, what kind of work do you mainly do?		
122	CHECK 121: WORKS IN DOES NOT WORK IN AGRICULTURE		→ 124
123	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
124	During the last 12 months, how many months did you work?	NUMBER OF MONTHS	
125	Are you paid in cash only, in cash and in kind, or in kind only for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3- NOT PAID 4-]→ 127
126	Who mainly decides how the money you earn will be used?	RESPONDENT	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
127	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE 1 LESS THAN HALF 2 ABOUT HALF 3 MORE THAN HALF 4 ALL 5 NONE, HIS INCOME IS ALL SAVED 6	
128	What is your religion?	ROMAN CATHOLIC 1 PROTESTANT 2 IGLESIA NI KRISTO 3 AGLIPAY 4 ISLAM 5 OTHER 6 (SPECIFY) NONE 7	
129	How do you classify yourself? Are you a Tagalog, Cebuano, Ilocano, Ilonggo, Bicolano, Waray, Kapampangan, or something else?	TAGALOG 1 CEBUANO 2 ILOCANO 3 ILONGGO 4 BICOLANO 5 WARAY 6 KAPAMPANGAN 7 OTHER 8 (SPECIFY)	

SECTION 2: REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
201	Now I would like to ask about any children you have had. I am interested only in the children that are biologically yours. Have you ever fathered any children with any woman?	YES	206
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES	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 you have fathered who are alive but do not live with you?	YES	→ 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	
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD	
208	(In addition to the children that you have just told me about), do you have: a) any (other) living sons or daughters who are biologically your children but who are not legally yours or do not have your last name? b) any (other) sons or daughters who died who were biologically your children but who were not legally yours or did not have your last name? OTHER PROBE AND CORRECT 201-207 AS NECESSARY		
209	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL	
210		HAS NOT HAD NY CHILDREN	→ 213 → 301
211	Do the children that you have fathered all have the same biological mother?	YES	→ 213
212	In all how many women have you fathered children with?	NUMBER OF WOMEN	
213	How old were you when your (first) child was born?	AGE IN YEARS	
214	At the time when this child was born, were you married to the child's mother?	YES	

SECTION 3. CONTRACEPTION

Now I would like to talk about the various ways or methods that a man or woman can use to delay or avoid a pregnancy. ENCIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. ENCIRCLE CODE 1 IF METHOD IS RECOGNISED, AND CODE 2 IF NOT RECOGNISED. THEN, FOR EACH METHOD WITH CODE 1 ENCIRCLED IN 301, ASK 302.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?	:	302 Have you ever used (Have you ever had a partner who used) (METHOD)?
01	LIGATION/FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2	Have you ever had a partner who had an operation to avoid having any more children? YES
02	VASECTOMY/MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO2	Have you ever had an operation to avoid having any more children? YES1 NO2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES1 NO2	YES
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES1 NO2	YES
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES1 NO2	YES
06	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	YES
07	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES 1 NO 2	YES
08	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse.	YES 1 NO 2	YES
09	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	YES1 NO
10	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2	YES1 NO
11	MUCUS, BILLINGS, OVULATION Women can monitor the cervical mucus to determine the days of the month they are most likely to get pregnant.	YES 1 NO 2	YES
12	BASAL BODY TEMPERATURE Women can monitor the body temperature to determine the days of the month they are most likely to get pregnant.	YES 1 NO 2	YES
13	SYMPTOTHERMAL It is combination of Basal Body Temperature and Mucus, Billings, Ovulation method.	YES1 NO2	YES
14	STANDARD DAYS METHOD (SDM) This method uses a beaded necklace on which each bead represents the days of a woman's cycle. The necklace would help determine the days when the woman is likely to get pregnant.	YES 1 NO 2	YES

NO.	QUESTIONS AND FILTERS		CODING	CATEGORIES	SKIP TO
301	CONTINUATION			302 CONTINUATION	
15	LACTATIONAL AMENORRHEA METHOD (LAM) Method used by women with less than 6 months old baby whose period has not returned and are breastfeeding the baby day and night. The baby maybe given little food or drink except breastmilk.		1	YES NO DON'T KNOW	2
16	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	_	1	YES NO DON'T KNOW	2
17	CALENDAR OR RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.		1	YES NO DON'T KNOW	2
18	WITHDRAWAL Men can be careful and pull out before climax.	1	1	YES NO DON'T KNOW	2
19	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?		1 SPECIFY)	YES	
			SPECIFY)2	YES	
302A	CHECK 301: AT LEAST ONE 'YES' ENCIRCLED (EVER HEARD) NOT A SINGLE 'YES' ENCIRCLED (NEVER HEARD)				→ 303
302B	CHECK 302:				
	NOT A SINGLE "YES" AT LEAST ONE "YES" (EVER USED)				→ 302E
302C	Have you ever used anything or tried in any way to delay or avo pregnancy?	id a		1	
302D	What have you used or done?				
	CORRECT 302 AND 302A (AND 301 IF NECESSARY).				
302E	CHECK 301 (02): VASECTOMY/MALE STERILIZATION CODE '1' ENCIRCLED ENCIRCLED				→ 302H
302F	CHECK 302 (02): VASECTOMY/MALE STERILIZATION RESPONDENT WAS NOT STERILIZED VASECTOMIZED (302(02) = 2) RESPONDENT WAS STERILIZED/ VASECTOMIZED (302(02) = 1)				→ 302H

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
302G	What have you heard about vasectomy or male sterilization? Anything else? RECORD ALL MENTIONED.	PERMANENT/EFFECTIVE METHODA SIMPLE/SAFE SURGERYB NO EFFECT ON SEXUAL ACTIVITYC NO SERIOUS SIDE EFFECTSD NONE OF THE ABOVEE NONE/DON'T KNOWZ	
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
302H	CHECK 301 (06): CONDOM CODE '1' ENCIRCLED (EVER HEARD) (NEVER HEARD)		→ 302K
3021	CHECK 302 (06): CONDOM RESPONDENT HAS NEVER USED CONDOM (302(06) = 2) RESPONDENT HAS USED CONDOM (302(06) = 1)		→ 302K
302J	What have you heard about condoms? Anything else? RECORD ALL MENTIONED.	PREVENT STDs/STIS	
302K	Now I would like to ask you about the first time you did something or used a method to avoid a pregnancy. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN	
302L	How old were you when you started using a method of family planning?	AGE	
303	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, is there a time when woman is more likely to become pregnant if she has sexual relations?	YES	1 305
304	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
305	Do you think that a woman who is breastfeeding her baby can become pregnant?	YES	
306	I will now read to you some statements about contraception. Please tell me if you agree or disagree with each one.	DIS- AGREE AGREE DK	
	a) Contraception is women's business and a man should not have to worry about it.	a) CONTRACEPTION WOMAN'S BUSINESS	
	b) Women who use contraception may become promiscuous.	b) PROMISCUOUS1 2 8	
	c) A woman is the one who gets pregnant so she should be the one to use contraception.	c) ONLY WOMEN SHOULD USE CONDOM1 2 8	
307	CHECK 301(02) AND 302(02): KNOWLEDGE AND USE OF MALE STEI HAS HEARD OF MALE STERILIZATION BUT IS NOT STERILIZED	RILIZATION	→ 401
308	Once you have had all the children you want, would you yourself ever consider getting sterilized/vasectomized?	WOULD NOT CONSIDER	11
309	Why would you never consider getting sterilized/vasectomized? PROBE: Any other reasons?	AGAINST RELIGIONA BAD FOR MAN'S HEALTHB OPERATION NOT SAFEC	
	RECORD ALL REASONS MENTIONED.	OTHER WAYS AVAILABLE	
		(SPECIFY)	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
401	Are you currently married or living with a woman?	YES, CURRENTLY MARRIED	→ 406
402	How many wife/living-in partner do you currently have?	NUMBER OF WIFE/ LIVING-IN PARTNER	
405	Apart form the woman/women you have already mentioned, do you currently have any other regular, occasional, or regular and occasional sexual partners?	REGULAR PARTNER(S) ONLY	→ 409
406	Do you currently have regular, occasional, regular and occasional, or no sexual partner?	REGULAR PARTNER(S) ONLY	
407	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED ONLY	
408	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1- DIVORCED 2- SEPARATED 3-	→ 411
409	WRITE THE LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE REPORTED IN QUESTIONS 402 ONLY. IF A WIFE/LIVING-IN PARTNER IS SCHEDULE, RECORD '00' IN THE LINE NUMBER BOXES. THE NUMBER THE NUMBER OF WIVES AND LIVING-IN PARTNERS. (IF RESPONDEN PARTNERS USE ADDITIONAL QUESTIONNAIRE(S).)	S NOT LISTED IN THE HOUSEHOLD OF LINES FILLED IN MUST BE EQUAL TO	
	CHECK 402: 402 = 01 Please tell me the name of each (wife/living-in partner. Please tell me the name of each (wife/living-in partner that you live with as if married), starting with the one you lived with first. NAME OF WIFE/LIVING-IN PARTNER 1 2	LINE NUMBER IN HHD. QUEST WIFE LIVING-IN PARTNER 1 2 1 2	
	3 4	1 2	,
410	CHECK 409: ONLY ONE WIFE/ LIVING-IN PARTNER MORE THAN ONE WIFE/LIVING-IN PARTNER		→ 412

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
411	Have you been married or lived with a woman only once, or more than once?	ONCE1- MORE THAN ONCE2-	
412	Have you ever been married to or lived as if married to any woman other than those you have just mentioned?	YES1 NO2-	
413	In total, how many women have you been married to or lived with as if married in your whole life?	NUMBER OF WOMEN	
414	CHECK 409 AND 411: ONLY ONE WIFE/ LIVING-IN PARTNER AND 411=1 In what month and year did you start living with your wife/living-in partner. In what month and year did you start living with her? Now we will talk about your first wife/living-in partner. In what month and year did you start living with her?	MONTH	→ 416
415	How old were you when you started living with her (first wife/living-in partner)?	AGE	
416	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse with a woman (if ever)?	NEVER	→ 428
416A	CHECK 108: 15-24 YEARS OLD 25-54 YEARS OLD		→ 417
416B	The first time you had sexual intercourse, was a condom used?	YES	
417	How long ago was the last time you had sexual intercourse with a woman? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS	→ 428
418	The last time you had sexual intercourse with a woman, was a condom used?	YES1 NO2-	→ 420
419	What is the main reason you used a condom on that occasion?	PREVENT STD/HIV	→ 424

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
420	CHECK 302(02): RESPONDENT RESPONDENT STERILIZED		> 424
421	The last time you had sexual intercourse with a woman, did you or she do something or use any method to avoid a pregnancy?	YES	
422	What method was used? IF MORE THAN ONE METHOD USED, RECORD THE HIGHEST METHOD ON THE LIST.	FEMALE STERILIZATION 01- PILL 03- IUD 04- INJECTABLES 05- DIAPHRAGM 07- FOAM/JELLY 08- IMPLANTS 09- FEMALE CONDOM 10- MUCUS, BILLINGS, OVULATION 11- BASAL BODY TEMPERATURE 12- SYMPTHOTHERMAL 13- STANDARD DAYS METHOD 14- LACTATIONAL AMENORRHEA 15- EMERGENCY CONTRACEPTION 16- CALENDAR OR RHYTHM OR PERIODIC 17- WITHDRAWAL 18- OTHER 96- (SPECIFY)	424
		DON'T KNOW98-	Ľ

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
423	What is the main reason a method was not used?	CASUAL SEX PARTNER SO DOES NOT CARE11	
		CONTRACEPTION WOMEN'S BUSINESS12	
		FERTILITY-RELATED REASONS	
		WIFE/PARTNER MENOPAUSAL/HAD HYSTERECTOMY23	
		COUPLE SUBFECUND/INFECUND24	
		WIFE/PARTNER WAS PREGNANT25	
		WIFE/PARTNER WAS POSTPARTUM AMENORRHEIC26	
		WIFE/PARTNER WAS BREASTFEEDING27	
		WANTED (MORE) CHILDREN28	
		OPPOSITION TO USE	
		RESPONDENT OPPOSED31	
		WIFE/PARTNER OPPOSED32	
		OTHERS OPPOSED33	
		RELIGIOUS PROHIBITION34	
		LACK OF KNOWLEDGE	
		KNOWS NO METHOD41	
		KNOWS NO SOURCE42	
		METHOD-RELATED REASONS	
		HEALTH CONCERNS51	
		FEAR OF SIDE EFFECTS52	
		LACK OF ACCESS/TOO FAR53	
		COST TOO MUCH54	
		INCONVENIENT TO USE55	
		INTERFERES WITH BODY'S NORMAL PROCESSES56	
		OTHER 96	
		(SPECIFY)	
		DON'T KNOW98	
424	What is your relationship to the woman with whom you last had sex?	SPOUSE/COHABITING PARTNER01-	→ 426
	IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK:	WOMAN IS GIRLFRIEND/FIANCÉE02	
	Was your girlfriend/fiancée living with you when you last had sex with her?	OTHER FRIEND03	
	IF YES, RECORD '01'.	CASUAL ACQUAINTANCE04	
	IF NO, RECORD '02'.	RELATIVE05	
		COMMERCIAL SEX WORKER06	
		OTHER 96	
		(SPECIFY)	
425	For how long have you had sexual relations with this woman?	DAYS1	
	IF ONLY HAD SEXUAL RELATIONS WITH THIS WOMAN ONCE,	WEEKS2	
	RECORD '01' DAYS.	MONTHS 3	
		YEARS4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
426	Have you had sex with any other woman in the last 12 months?	YES	→ 428
427	In total, with how many different women have you had sex in the last 12 months?	NUMBER OF PARTNERS	
428	Have you had sex with a man?	YES1- NO2	→430
429	416 = 00	SEXUAL INTERCOURSE WITH A WOMAN HAD SEXUAL INTERCOURSE	→ 434 → 437
430	How old were you when you first had sex with a man?	AGE IN YEARS	
431	The first time you had sex with a man, was a condom used?	YES	
432	How long ago was the last time you had sex with a man?	DAYS	→ 434
433	The last time you had sex with a man, was a condom used?	YES	
434	Have you ever paid for sex?	YES	→ 437
435	How long ago was the last time you paid for sex?	DAYS	
436	The last time that you paid for sex, was a condom used?	YES	
437	Do you know of a place where a person can get condoms?	YES	→ 440

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
438	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND ENCIRCLE THE APPROPRIATE CODE. (NAME OF PLACE) PROBE: Any other place? RECORD ALL PLACES MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL	SKIP TO
439	If you wanted to, could you yourself get a condom?	OTHER	
440	CHECK 302(06), 416B, 418, 431, 433, AND 436: USE OF CONDOMS AT LEAST ONE 'YES' OTHER		→ 445
441	How old were you when you used a condom for the first time?	AGE AT FIRST USE	
442	Why did you use a condom that first time? PROBE: Any other reason? RECORD ALL REASONS MENTIONED.	TO AVOID PREGNANCY	
443	Have you ever experienced any problems with using condoms?	YES	→ 445

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
444	What problems have you experienced?	DIFFICULT TO DISPOSE OF	
	PROBE: Any other problems?	SPOILS THE MOOD	
	RECORD ALL PROBLEMS MENTIONED.	WIFE/PARTNER OBJECTS/DOES NOT LIKEE	
		WIFE/PARTNER GOT PREGNANTF	
		INCONVENIENT TO USE/MESSYG	
		CONDOM BROKEH	
		OTHERX	
		(SPECIFY)	
445	I will now read you some statements about condom use. Please tell me if you agree or disagree with each.	DIS- AGREE AGREE DK	
	a) Condoms diminish a man's sexual pleasure.		
	b) A condom is very inconvenient to use.	a) DIMINISH MAN'S SEXUAL PLEASURE . 1 2 8	
	c) A condom can be reused.	b) INCONVENIENT 1 2 8	
	d) A condom protects against disease.	c) CAN BE REUSED 1 2 8	
	e) Buying condoms is embarrassing.	d) PROTECT AGAINST DISEASE1 2 8	
	f) A woman has no right to ask a man to use a condom.	e) EMBARRASSING TO BUY1 2 8	
		f) WOMAN HAVE NO RIGHT TO ASK MAN TO USE CONDOM1 2 8	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 409: HAS ONE WIFE/ PARTNER HAS MORE THAN ONE WIFE/PARTNER	QUESTION SKIPPED	→ 505
502	(Is your wife/partner/Are any of your wives/partners) currently pregnant?	YES	
503	CHECK 502: YES, WIFE/WIVES/ PARTNER(S) PREGNANT Now I have some questions about the future. After the child(ren) your wife/wives/ partner(s) is/are expecting now, would you like to have another child or would you prefer not to have any more children at all? NO, WIFE/PARTNER PREGNANT OR UNSURE Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children at all?	HAVE A/ANOTHER CHILD	→ 505
504	How long would you like to wait from now before the birth of (a/another) child?	MONTHS	
505	CHECK 203 AND 205: 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? PROBE FOR A NUMERIC RESPONSE.	NONE	→ 507 → 507
506	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 96 (SPECIFY)	
507	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 DON'T KNOW/UNSURE 8	
508	In the last few months have you heard/read/watch about family planning: On the radio? On the television? In a newspaper or magazine? From a poster? From a leaflet or brochure?	YES NO RADIO	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
510	In the last 12 months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES	→ 512
511	With whom? Anyone else? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	WIFE(VES)/PARTNER A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER F SON G MOTHER-IN-LAW H FATHER-IN-LAW I FRIENDS/NEIGHBORS J OTHER X (SPECIFY)	
512	In the last 12 months, have you discussed the practice of family planning with a health worker or health professional?	YES	

SECTION 6. PARTICIPATION IN HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
601	CHECK 209: HAS HAD ONE OR MORE CHILDREN HAS NOT HAD ANY CHILDREN		617
602	Please tell me the name and sex of your child (who was born most recently).	BOY	
	(NAME OF CHILD)		<u> </u>
603	In what month and year was (NAME OF CHILD) born?	MONTH	
	1	DOES NOT KNOW MONTH98	
	1	YEAR	
		DOES NOT KNOW YEAR9998	
603A	How old was (NAME OF CHILD) at his/her last birthday?	AGE IN COMPLETED YEARS	
604	Is (NAME OF CHILD) still living?	YES	
605	How old was (NAME OF CHILD) when he/she died?		
	IF '1 YEAR', PROBE: How many months old was (NAME)?	DAYS1 MONTHS2	
	RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	YEARS	
606	What is the name of (NAME OF CHILD)'s mother? WRITE THE CHILD'S MOTHER'S NAME AND HER LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF THE MOTHER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE RECORD '00' NAME OF CHILD'S MOTHER	LINE NUMBER OF MOTHER IN HH. QUESTIONNAIRE	
607	CHECK 603: (LAST) CHILD BORN IN 1998 OR LATER (LAST) CHILI		 617
608	CHECK 606: LINE NUMBER IS '00' OTHER LINE N	NUMBER	→ 610

NO.	QUESTIONS	AND FILTERS		CODING CAT	EGORIES	SKIP TO
609	What is your relationship with (NAM	E OF CHILD'S MOTHER)?		CURRENT SPOUSE FORMER SPOUSE CURRENT LIVE-IN PART FORMER LIVE-IN PART REGULAR SEXUAL PA WOMAN IS GIRLFRIEN OCCASIONAL SEXUAL FRIEND/ACQUAINTANG OTHER(SPECI		
610	ASK QUESTIONS 611-612 FIRST F DELIVERY. ALL QUESTIONS REFE		≀ DEL	IVERY, AND THEN FOR	THE SIX WEEKS A	FTER
		PREGNANCY		DELIVERY	SIX WEEKS AI DELIVERY	
	Now, think back to the time when (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF CHILD).	610A: Did (NAME OF CHILD'S MOTHER) receive any prenatal care from a doctor or any health care provider when she was pregnant with (NAME OF CHILD)?	healt with t	B: Did a doctor or any th care provider assist the delivery of (NAME CHILD)?	610C: Did (NAME (CHILD'S MOTHER) any care for herself doctor or any health provider during the after this delivery?) receive from a n care
		YES	NO DK (G	(GO TO 611) ←	(GO TO 611 NO (SKIP TO 61 DK	2 — 12) — 8 —
611	Who mainly provided the money or goods or services to pay for this care?	CHILDS MOTHER 05 - RESPONDENT'S FAMILY 06 - CHILD'S MOTHER'S	INSU RESI CHIL RESI FAMI CHIL FAMI	JRANCE	INSURANCE	02 - 03 - 04 - D 05 - S 06 - S 07 - 96-
612	What was the main reason (NAME OF CHILD'S MOTHER) did not receive any advice or care from a doctor or other health care provider during (pregnancy/delivery/the six weeks after delivery)?	NOT NECESARRY 01 – NOT CUSTOMARY 02 – RESPONDENT DIDN'T ALLOW 03 – TOO COSTLY 04 – TOO FAR/ NO TRANSPORT 05 – POOR SRVICE 06 – LACK OF KNOWLEDGE 07 – OTHER 96 – (SPECIFY) (GO TO 610B IN	NOT RESI DIE TOO TOO TR. POO LACH KN	NECESARRY 01 – CUSTOMARY 02 – PONDENT DN'T ALLOW 03 – COSTLY 04 – FAR/ NO ANSPORT 05 – R SRVICE 06 – K OF IOWLEDGE 07 – ER96– (SPECIFY)	NOT NECESARRY NOT CUSTOMARY RESPONDENT DIDN'T ALLOW TOO COSTLY TOO FAR/ NO TRANSPORT POOR SRVICE LACK OF KNOWLEDGE OTHER(SPECIF	02 03 04 05 06 07 96

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
613	At any time while (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF CHILD), did you yourself talk with a doctor or any other health care provider about the health of the mother or of the pregnancy?	YES	
614	CHECK 602 AND 604: NAME OF (LAST) CHILD (LAST) CHILD LIVING (604 = 1) (EAST) CHILD NOT LIVING OR DON'T KNOW (604 = 2 OR 8)		617
615	Does (NAME OF CHILD) live with you in your household?	YES	→ 617
616	In your household, who usually decides what to do if (NAME OF CHILD) is ill? RECORD ALL PERSONS MENTIONED.	RESPONDENTA CHILD'S MOTHERB WIFE/PARTNER WHO IS NOT CHILD'S MOTHERC FEMALE RELATIVED	
		MALE RELATIVE E OTHER X (SPECIFY) CHILD HAS NEVER BEEN ILL Y	
617	Now, I want to talk to you about pregnancy and the health of children. Sometimes a pregnancy can have complications that lead to miscarriage or even death. What are some of the signs and symptoms that indicate that a pregnancy may be in danger? PROBE: Any other signs or symptoms? RECORD ALL SIGNS AND SYMPTOMS MENTIONED.	VAGINAL BLEEDING	
618	When a child has diarrhea, should he/she be given less to drink than usual, about the same amount, or more than usual?	LESS	
619	Have you ever heard of a special product called ORESOL/HYDRITE you can get for the treatment of diarrhea?	YES	
620	Now, please tell me about yourself. Have you ever smoked cigarettes or tobacco?	YES	→ 623
620A	How old were you when you first smoked cigarettes or tobacco?	AGE	
620B	Do you currently smoke cigarettes or tobacco? IF YES: What type of tobacco do you smoke? RECORD ALL TYPES MENTIONED.	YES, CIGARETTES A YES, PIPE B YES, ROLLED TOBACCO C NO D	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
621	CHECK 620B: CODE 'A' ENCIRCLED NOT ENCIRCLED		623
622	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES	
623	Have you ever drunk an alcoholic beverage?	YES	→ 701
624	In the last month, on how many days did you drink an alcoholic beverage?	NUMBER OF DAYS	
	IF EVERY DAY, RECORD '30'.	NONE95	
625	Have you ever gotten "drunk" from drinking an alcoholic beverage?	YES	→ 701
626	CHECK 624: DRANK ALCOHOL ON AT LEAST ONE DAY NONE		→ 701
627	In the last month, how many times did you get "drunk"?	NUMBER OF TIMES95	

SECTION 7. HIV/AIDS AND OTHER SEXUALLY-TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES	→ 724
702	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES	→ 709
703	What can a person do?	ABSTAIN FROM SEXA USE CONDOMSB LIMIT SEX TO ONE PARTNER/STAY	
	Anything else?	FAITHFUL TO ONE PARTNER	
	RECORD ALL MENTIONED.	AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERSF	
	DO NOT READ OUT RESPONSES.	AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY H AVOID BLOOD TRANSFUSIONS	
704	Can people reduce their chances of getting the AIDS virus by having just one sex partner who has no other partners?	YES	
705	Can a person get the AIDS virus from mosquito bites?	YES	
706	Can people reduce their chances of getting the AIDS virus by using condom every time they have sex?	YES	
707	Can a person get the AIDS virus by sharing food with a person who has HIV/AIDS?	YES	
708	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
709	Can you tell from looking at a person that he/she has the AIDS virus?	YES	
710	Do you know someone personally who has the virus that causes AIDS or someone who died of HIV/AIDS?	YES 1 NO 2 DON'T KNOW 8	
711	Can a virus that causes AIDS be transmitted from a mother to a child?	YES	7 13
712	Can the virus that causes AIDS be transmitted from a mother to her child: During pregnancy? During delivery? By breastfeeding? DURING PREGNANCY		
712A	Are there any drugs that a woman infected with the AIDS virus can take to reduce the risk of transmission to the baby during pregnancy?	YES	
713	CHECK 401: YES, CURRENTLY MARRIED/LIVING WITH A WOMAN	ν	→ 715
714	Have you ever talked about ways to prevent getting the virus that causes AIDS with (your wife/woman you are living with)? IF MORE THAN ONE WIFE/PARTNER, ASK ABOUT ANY OF HIS WIVES/PARTNERS.	YES1 NO2	
715	In your opinion, is it acceptable or unacceptable for HIV/AIDS to be discussed: on the radio? on the TV? in newspapers?	NOT ACCEP- ACCEP- TABLE TABLE ON THE RADIO	
716	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret?	YES	
717	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES	
718	If a female teacher has the AIDS virus, should she be allowed to continue teaching in school?	YES	
719	Should children aged 12-14 be taught about using a condom to avoid HIV/AIDS?	YES	
720	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES	→ 721

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
720A	When was the last time you were tested?	LESS THAN 12 MONTHS	
720B	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST1 OFFERED AND ACCEPTED2 REQUIRED8	
720C	I don't want to know the results, but did you get the results of the test?	YES	→ 723A
721	Would you want to be tested for the AIDS virus?	YES	
722	Do you know a place where you could go to get an AIDS test?	YES	→ 724
723	Where can you go for the test?	PUBLIC SECTOR GOVERNMENT HOSPITAL11- RURAL/URBAN HEALTH CENTER12-	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.	OTHER PUBLIC 13-	
	(NAME OF PLACE)	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL	→ 724
		OTHER PRIVATE MEDICAL 26- (SPECIFY) OTHER 96-	
		(SPECIFY)	
723A	Where did you go for the test? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.	PUBLIC SECTOR GOVERNMENT HOSPITAL11 RURAL/URBAN HEALTH CENTER12 OTHER PUBLIC 13 (SPECIFY)	
	(NAME OF PLACE)	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL	
		OTHER PRIVATE MEDICAL 26 (SPECIFY)	
		OTHER96	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
724	Apart from AIDS, have you heard about other infections that can be	YES1	
	transmitted through sexual contact?	NO 2-	→ 727
725	If a man has a sexually transmitted disease, what symptoms might he have?	ABDOMINAL PAINA	
	nave:	GENITAL DISCHARGE/DRIPPINGB	
		FOUL SMELLING DISCHARGE C	
		BURNING PAIN ON URINATION D	
	Any others?	REDNESS/INFLAMMATION IN GENITAL AREAE	
		SWELLING IN GENITAL AREAF	
		GENITAL SORES/ULCERSG	
		GENITAL WARTS H	
		GENITAL ITCHING	
		BLOOD IN URINEJ	
		LOSS OF WEIGHTK	
		IMPOTENCEL	
		OTHERW	
		(SPECIFT)	
		OTHERX	
		NO SYMPTOMSY	
		DON'T KNOWZ	
726	If a woman has a sexually transmitted disease, what symptoms might	ABDOMINAL PAINA	
	she have?	GENITAL DISCHARGE/DRIPPINGB	
		FOUL SMELLING DISCHARGE	
		BURNING PAIN ON URINATION D	
	Any others?	REDNESS/INFLAMMATION IN GENITAL AREAE	
		SWELLING IN GENITAL AREAF	
		GENITAL SORES/ULCERSG	
	RECORD ALL MENTIONED.	GENITAL WARTS H	
		GENITAL ITCHING	
		BLOOD IN URINEJ	
		LOSS OF WEIGHTK	
		HARD TO GET PREGNANT/HAVE A	
		CHILDL	
		OTHER	
		OTHER W (SPECIFY)	
		OTHERX (SPECIFY)	
		NO SYMPTOMSY	
		DON'T KNOWZ	
		DON'T KNOW	
727	CHECK 416 AND 428:		
	HAS HAD SEXUAL THAS NOT HAD)	
	INTERCOURSE SEXUAL INTERCOURS	E	→ 801
	(416 ≠ 00 AND/OR 428 IS YES)))	551
727A	CHECK 724:		
	KNOWS STI	- <u> </u>	
	KNOWS STI DOES NOT (724 IS YES) KNOW STI		→ 729
	(724 IS NO)		128

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
728	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a sexually-transmitted infection?	YES	
729	Sometimes, men experience an abnormal discharge from their penis. During the last 12 months, have you had a discharge from your penis?	YES	
730	Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?	YES	
731	CHECK 728/729/730:		
	HAS HAD AN HAS NOT HAD AN INFECTION OR DO	DES NOT KNOW	→ 801
732	The last time you had (PROBLEM(S) FROM 728/729/730), did you seek any kind of advice or treatment?	YES	→ 734
733	The last time you had (PROBLEM(S) FROM 728/729/730), did you do any of the following? Did you	YES NO	
	Go to a health worker, health professional or health facility? Consult a traditional healer? Seek advice or buy medicines in a convenient store or pharmacy? Ask for advice from friends or relatives?	HEALTH WORKER/ FACILITY	
734	When you had (PROBLEM(S) FROM 728/729/730), did you inform the person(s) with whom you were having sex?	YES	▶ 801
735	When you had (PROBLEM(S) FROM 728/729/730), did you do anything to avoid infecting your sexual partner(s)?	YES	
736	What did you do to avoid infecting your partner(s)? Did you	YES NO	
	Use medicine? Stop having sex? Use a condom when having sex?	USE MEDICINE	

SECTION 8. ATTITUDES TOWARD WOMEN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP	
801	In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:	HUS- BAND	WIFE	вотн	DON'T KNOW	
	a) making large household purchases?	a) LARGE PURCHASES ¹	2	3	8	
	b) making small daily household purchases?	b) SMALL PURCHASES1	2	3	8	
	c) deciding when to visit family, friends or relatives?	c) VISIT FAMILY/ FRIENDS1	2	3	8	
	d) deciding what to do with the money she earns for her work?	d) USE OF MONEY1	2	3	8	
	e) deciding how many children to have and when to have them?	e) NUMBER AND WHEN TO HAVE CHILLDREN1	2	3	8	
802	Sometimes a husband is annoyed or angered by things that his wife/partner does. In your opinion, is a husband justified in hitting or beating his wife in the following situations	YES	NO	DON'T DEPE		
	a) If she goes out without telling him?	a) GOES OUT WITHOUT TELLING1	2	8		
	b) If she neglects the children?	b) NEGLECTS CHILDREN. 1	2	8		
	c) If she argues with him?	c) ARGUES1	2	8		
	d) If she refuses to have sex with him?	d) REFUSE SEX1	2	8		
	e) If she burns the food?	e) BURNS FOOD ¹	2	8		
803	When a wife knows her husband has a sexually transmitted disease, is she justified in asking that they use a condom?	YES				
		DON'T KNOW				
804	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband if	YES	NO	DON'T DEPE		
	a) She is tired and not in the mood?	a) TIRED AND NOT IN THE MOOD1	2	8		
	b) She has recently given birth?	b) JUST GAVE BIRTH1	2	8		
	c) She knows her husband has sex with other women?	c) HUSBAND HAS OTHER 1	2	8		
	d) She knows her husband has a sexually transmitted disease?	d) HUSBAND HAS STD ¹	2	8		
805	Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to	YES	NO	DON'T DEPE		
	a) Get angry and reprimand her?	a) ANGRY AND REPRIMAND1	2	8		
	b) Refuse to give her money or other means of financial support?	b) REFUSE FINANCIAL SUPPORT1	2	8		
	c) Use force and have sex with her even if she doesn't want to?	c) FORCE SEX1	2	8		
	d) Hit or beat and have sex with her even if she doesn't want to?	d) HIT OR BEAT1	2	8		
	e) Go and have sex with another woman?	e) HAVE SEX WITH OTHER WOMAN1	2	8		

SECTION 9. TUBERCULOSIS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
901	Have you ever had the following symptoms?	YES NO	
	a. Cough for two weeks or more?b. Fever for two weeks or more?c. Chest or back pain?d. Coughing up blood?e. Sweating at night?	COUGH 2 WEEKS +	
902	CHECK 901: AT LEAST ONE "YES" (ANY SYMPTOMS) NOT A SINGLE "YES" (NO SYMPTOM)		→ 907A
903	Did you seek consultation or treatment for the symptom(s)?	YES	→ 905
904	Why did you not seek consultation or treatment for the symptoms?	SYMPTOMS HARMLESS 1- COST 2- DISTANCE 3- EMBARASSED 4- OTHER 6-	→ 908
905	Where did you go for advice or treatment the last time? IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL/CLINIC11 RURAL/URBAN HEALTH CENTER12 OUTREACH CLINIC	
906	What is the main reason you chose to go to this facility?	DISTANCE 1 COST 2 SERVICE 3 QUALITY DRUGS 4 OTHER 6	
907	How soon after the symptoms started did you seek consultation or treatment?	DAYS	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
907A	Are you aware of the Directly Observed Treatment Short Course (DOTS) program?	YES	
908	Have you ever heard of an illness called tuberculosis? (TB is also known as thysis, weak lungs or spot in the lungs)	YES	→ 917
909	Can tuberculosis be cured?	YES	
910	Would you be willing to work with someone who has been previously treated for tuberculosis?	YES	
911	What signs or symptoms would lead you to think that a person has tuberculosis? Any others? RECORD ALL MENTIONED.	COUGHING A COUGHING WITH SPUTUM B COUGHING FOR SEVERAL WEEKS C FEVER D BLOOD IN SPUTUM E LOSS OF APPETITE F	
		NIGHTSWEATING G PAIN IN CHEST OR BACK H TIREDNESS/FATIGUE WEIGHT LOSS J OTHER X (SPECIFY) Z	
912	What do you think is the cause of tuberculosis? Anything else? RECORD ALL MENTIONED.	MICROBES/GERMS/BACTERIA A INHERITED B LIFESTYLE C SMOKING D ALCOHOL DRINKING E FATIGUE F	
		OTHERX (SPECIFY) DON'T KNOWZ	
913	How does tuberculosis spread from one person to another?	THROUGH THE AIR WHEN COUGHING	
914	Have you been told by a doctor or a health professional that you had tuberculosis? If YES, when were you told that you had tuberculosis, in the past five years, between five and ten years, or more than ten years ago?	< 5 YEARS	→ 917
914A	Have you taken anti-TB medicine in the past?	YES	→ 917

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
915	Where did you get the anti-TB medicines for the treatment?	PUBLIC SECTOR GOVERNMENT HOSPITAL/CLINIC11 RURAL/URBAN HEALTH CENTER12 OUTREACH CLINIC	
		PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC	
916	How long did you continuously take anti-TB medicines?	(SPECIFY)	
310	RECORD WEEKS IF LESS THAN ONE MONTH, RECORD MONTHS IF LESS THAN TWO YEARS; OR YEARS.	WEEKS 1 MONTHS 2 YEARS 3 DON'T KNOW 998	
917	RECORD THE TIME ENDED.	HOURS	

NTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:	
COMMENTS ON SPECIFIC QUESTIONS:	
ANY OTHER COMMENTS:	
	SUPERVISOR'S OBSERVATIONS
NAME OF THE SUPERVISOR:	DATE:
	EDITOR'S OBSERVATIONS

AUTHORITY: Commonwealth Act No. 591 authorizes this survey and the Philippines National Statistics Office to collect information on fertility, family planning and health.

CONFIDENTIALITY: Sec. 4 of CA No. 591 provides that all information furnished on this form is held *STRICTLY CONFIDENTIAL*.

PHILIPPINES NATIONAL STATISTICS OFFICE

2003 NATIONAL DEMOGRAPHIC AND **HEALTH SURVEY**

HEALTH MODULE

NDHS Form 4 NSCB Approval No. NSO-0305-04 Expires March 31, 2004

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		IDENTIFICATI	ON					
PROVINCE				_	Ī			
CITY/MUNICIPALITY				_				
BARANGAY				_ 1				
URBAN/RURAL(URBAN=1, RU	RAL=2)							
REPLICATE								
PSU								
EA								
STRATUM								
HOUSEHOLD CONTROL NUM	BER							
NDHS HOUSEHOLD SEQUEN	ΓΙΑL NUMBER							
NAME AND LINE NUMBER OF	RESPONDENT			_	'			
NAME OF HOUSEHOLD HEAD				_		'		
ADDRESS				-				
		INTERVIEW REC	CORD	<u>.</u>			_	
	1	2	3	F	INAL VISIT	•		
DATE				- DAY				
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INTERVIEWER'S NAME				- INT.CODE				
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NEXT VISIT: DATE TIME				TOTAL NO. OF VISITS				
* RESULT CODES:				T18.45	OF INITES), (IE)A/		
01 COMPLETED, ORIGINAL02 COMPLETED, PRESENT		LING		TIME OF INTERVIEW TIME STARTED				
03 NO HOUSEHOLD MEMBE			DENT AT HOME AT	HOUR				
TIME OF VISIT 04 ENTIRE HOUSEHOLD AB	SENT FOR EXTENDED	D PERIOD OF TIME						
05 POSTPONED 06 REFUSED				MINUTE	MINUTE			
07 DWELLING VACANT OR A	ADDRESS NOT A DWE	ELLING		TIME ENDE)			
08 DWELLING DESTROYED09 DWELLING NOT FOUND				HOUR	Γ			
10 OTHER				- MINUTE	.			
	(SPI	ECIFY)						
LANGUAGE OF QUESTIONNA	IRE** 7	LANGUAGE OF	TF	RANSLATOR USED				
		NC) 2					
LOCAL LANGUAGE OF RESPONDENT**								
**LANGUAGE CODES								
1 TAGALOG	3 ILOCANO	5 HI	LIGAYNON	7 ENGLI	SH			
2 CEBUANO	4 BICOL	6 W	ARAY	8 OTHE		CIEV)		
					(575	CIFY)	_	
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR		NCODER		
Name and Signature								

SECTION A. HEALTH FACILITY UTILIZATION

NO.	QUESTIONS AND FIL	TERS	CODING CATEGORIES						
A01	During the last 6 months, did you or your household visit any of the follow				YES NO				
	Code Name of Facility								
	1 Barangay Health Station?		BARANGA	AY HEALTH STATION	1 2				
	2 Rural Health Unit/Urban He	alth Center?	RURAL H	EALTH UNIT/URBAN HEALTH	CENTER 1 2				
	3 Municipal Hospital?		MUNICIPA	AL HOSPITAL	1 2				
	4 District Hospital?		DISTRICT	HOSPITAL	1 2				
	5 Provincial Hospital?		PROVINC	IAL HOSPITAL	1 2				
	6 Regional Hospital/Public Me	edical Center?		L HOSP/PUBLIC MED CENTE					
	7 Private Clinic?	aloui Geriter:		CLINIC					
				HOSPITAL					
	9 Other?		OTHER		1 2				
A02	CHECK A01: AT LEAST ONE "YES" CIRCLED		NOT A S "YES" CIRCLE			▶ B01			
A03	What type of service did you or any member of your household utilized?	FACILITY		FACILITY	FACILITY				
		(NAME OF FACI REFER TO A01 FO FACILITY CODE AN	OR THE	(NAME OF FACILITY) REFER TO A01 FOR THE FACILITY CODE AND NAME	(NAME OF FACI REFER TO A01 FO FACILITY CODE AN	R THE			
		YES	NO	YES NO	YES	NO			
	a. Treatment when ill or injured	1	2	1 2	1	2			
	b. Routine check-ups	1	2	1 2	1	2			
	c. Laboratory services	1	2	1 2	1	2			
	d. Immunization	1	2	1 2	1	2			
	e. Family planning	1	2	1 2	1	2			
	f. Health and nutrition education	1	2	1 2	1	2			
	g. Prenatal, delivery and postnatal	1	2	1 2	1	2			
	h. Other	1	2	1 2	1	2			
		FACILITY		FACILITY	FACILITY				
	(CONTINUATION)			(MANUE OF FACILITY)					
		(NAME OF FACI REFER TO A01 FO FACILITY CODE AN	OR THE	(NAME OF FACILITY) REFER TO A01 FOR THE FACILITY CODE AND NAME	(NAME OF FACI REFER TO A01 FO FACILITY CODE AN	R THE			
		YES	NO	YES NO	YES	NO			
	a. Treatment when ill or injured	1	2	1 2	1	2			
	b. Routine check-ups	1	2	1 2	1	2			
	c. Laboratory services	1	2	1 2	1	2			
	d. Immunization	1	2	1 2	1	2			
	e. Family planning	1	2	1 2	1	2			
	f. Health and nutrition education	1	2	1 2	1	2			
	g. Prenatal, delivery and postnatal	1	2	1 2	1	2			
	h. Other	1	2	1 2	1	2			

SECTION B. NONCOMMUNICABLE DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
B01	What do you do to keep yourself healthy?	AVOID EATING TOO MUCH FAT	4
	PROBE: Anything else?	AVOID EXCESSIVE INTAKE OF SALT AND SALTY FOOD	3
	CIRCLE ALL MENTIONED.	AVOID/MODERATE DRINKING OF ALCOHOLIC BEVERAGES	
	DO NOT READ OUT RESPONSES.	AVOID SMOKING	
		BE PHYSICALLY ACTIVE	≣
		CHECK-UP BY DOCTOR	:
		CONSUME MILK AND MILK PRODUCTS	3
		EAT ADEQUATE/BALANCE DIET	4
		EAT FISH, LEAN MEAT, POULTRY AND DRIED BEANS	
		EAT PLENTY OF FRUITS, VEGETABLES AND ROOTCROPS	1
		HAVE ENOUGH SLEEP	<
		MAINTAIN GOOD HYGIENE	-
		MAINTAIN HAPPY PERSONALITY	л
		MONITOR BLOOD PRESSURE	1
		TAKE VITAMINS/FOOD SUPPLEMENT	
		OTHER	<
		NONE	(
B02	Have you ever heard of a disease called cancer?	YES	
		NO	2 → B07
B03	What signs and symptoms would make you suspect	BLEEDING	4
	that a person may have cancer?	CHANGE OF BOWEL MOVEMENT	3
	PROBE: Anything else?	HOARSENESS OF VOICE	
		IRREGULAR URINATION	
	CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	LUMP OR MASS IN ANY PART OF THE BODY	≣
	DO NOT NEAD OUT NEOF ONDEO.	PERSISTENT PAIN	:
		SORE (WOUND) THAT DOES NOT HEAL	3
		SUDDEN WEIGHT LOSS	4
		WEAK	
		OTHER	<
		NONE	<i>(</i>
		DON'T KNOW	<u>.</u>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
B04	Have you ever been screened/examined for cancer?	YES1	
		NO2	→ B07
B05	What part of your body was screened?	BLOODA	
		BONEB	
	PROBE: Anything else?	BREASTC	
		CERVIX D	
	CIRCLE ALL MENTIONED.	ESOPHAGUSE	
	DO NOT READ OUT RESPONSES.	LARYNX F	
		LIVER G	
		LUNGH	
		MOUTH/ORAL CAVITYI	
		OVARY	
		PROSTATEK	
		STOMACHL	
		UTERINE M	
		OTHERX	
		DON'T KNOW Z	→ B07
B06	Where were you screened/examined?	PUBLIC/PRIVATE HOSPITAL A	
		HEALTH CENTERB	
	PROBE: Anything Else?	PRIVATE CLINIC	
		COMPANY CLINIC	
	CIRCLE ALL MENTIONED.	SCHOOL CLINICE	
	DO NOT READ OUT RESPONSES.	HOME/SELF/HOME VISITF	
		SEMINAR ON REPRODUCTIVE HEALTHG	
		OTHERX	
		DON'T KNOWZ	
B07	Have you been told on more than one occasion that your	YES1	1
	blood pressure is high?	NO2	
		BLOOD PRESSURE WAS NEVER TAKEN	
B08	Have you ever heard of heart disease?	YES1	1
		NO2	→ B10

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
B09	Who are likely to have heart disease?	THOSE WHO SMOKE HEAVILYA	
		THOSE WHO ARE FAT (OBESE)B	
	PROBE: Anybody else?	THOSE WHO DRINK HEAVILYC	
		THOSE WHO EAT HIGH FAT, HIGH SALT DIETD	
	CIRCLE ALL MENTIONED.	THOSE WHO ARE UNDER STRESSE	
	DO NOT READ OUT RESPONSES.	THOSE WHO DO NOT EXERCISEF	
		THOSE WHO HAVE ELEVATED BLOOD PRESSURE	
		THOSE WITH FAMILY HISTORY OF HEART DISEASEH	
		THOSE WHO LACK SLEEP	
		OTHERX	
		DON'T KNOWZ	
B10	Have you ever heard of diabetes?	YES1	
		NO2 [—]	→ C01
B11	Who are likely to have diabetes?	FAT/OBESE PEOPLEA	
		HEAVY DRINKERS OF ALCOHOLB	
	PROBE: Anything else?	HEAVY SMOKERSC	
		OLDER PEOPLE/MENOPAUSAL WOMEND	
	CIRCLE ALL MENTIONED.	PEOPLE WHO EAT PLENTY OF SWEETS AND FATTY	
	DO NOT READ OUT RESPONSES.	FOODSE	
		THOSE HOW DO NOT EXERCISE REGULARLYF	
		THOSE WHERE DIABETES RUNS IN THE FAMILYG	
		OTHERX	
		DON'T KNOWZ	

SECTION C. INFECTIOUS DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
C01	Have you ever heard of leprosy?	YES	
		NO	→ C05
C02	How does leprosy spread from one person to another?	CONTACT WITH LEPROSY PATIENTA	
		DROPLETS/AIRBORNE B	
	PROBE: Anything else?	EATING CERTAIN TYPES OF FOOD	:
		EXPOSURE TO HOT THEN COLD "PASMA" D	
	CIRCLE ALL MENTIONED.	HEREDITARYE	
	DO NOT READ OUT RESPONSES.	SKIN TO SKINF	
		OTHER X	
		DON'T KNOWZ	
C03	Can leprosy be cured?	YES1	
		NO2	→ C05
C04	In your opinion, can persons with leprosy be treated at	YES1	
	home?	NO	
C05	Have you ever heard of dengue fever?	YES	
000	That's year of or mound of alongue for or.	NO	► C09
C06	How does dengue spread from one person to another?	BLOOD BORNE/BLOOD TRANSFUSION	+
Coo	Thow does deligate spread from one person to another:	CONTACT WITH DENGUE PATIENT	
	PROBE: Anything else?	DRINKING CONTAMINATED WATER	
	TROBE. Allything else:	DROPLETS/AIRBORNE D	
	CIRCLE ALL MENTIONED.	MOSQUITO BITE E	
	DO NOT READ OUT RESPONSES.	POLLUTED AIRF	
	DO NOT KEAD OUT KEUT ONCEO.	OTHER X	
		DON'T KNOW Z	
007	Can dengue fever be prevented?	YES1	
C07	Can derigue lever be prevented?	NO 2	→ C09
C08	How can it be prevented?	ELIMINATE MOSQUITOES IN THE SURROUNDINGS	
		REMOVE BREEDING PLACES (STAGNANT WATER) OF MOSQUITOES INSIDE AND OUTSIDE THE HOUSE	
	PROBE: Anything else?	SPRAYING/FOGGING/FUMIGATIONC	;
		STAY AWAY FROM PEOPLE WITH DENGUE	
	CIRCLE ALL MENTIONED.	TAKE MEDICINES SO AS NOT TO GET SICKE	
	DO NOT READ OUT RESPONSES.	USE OF MOSQUITO COILSF	
		USE MOSQUITO NETSG	
		USE OF MOSQUITO REPELLANTS H	
		WASH HANDS BEFORE EATING	
		OTHER X	
		DON'T KNOW Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
C09	Have you ever heard of malaria?	YES	
		NO2-	► C14
C10	What do you think is the cause of malaria?	CONTAMINATION IN THE WATERA	
		INHERITEDB	
	PROBE: Anything else?	MOSQUITO BITESC	
		OVER FATIGUED	
	CIRCLE ALL MENTIONED.	PARASITES IN THE BLOODE	
	DO NOT READ OUT RESPONSES.	POLLUTED AIRF	
		OTHERX	
		DON'T KNOWZ	
C11	How does malaria spread from one person to	POLLUTED AIRA	
	another?	CONTACT WITH MALARIA PATIENTB	
		DRINKING CONTAMINATED WATERC	
	PROBE: Anything else?	EATING SOUR FOODSD	
		MOSQUITO BITES	
	CIRCLE ALL MENTIONED.	OVER FATIGUEF	
	DO NOT READ OUT RESPONSES.	OTHERX	
		DON'T KNOWZ	
C12	Can malaria be prevented?	YES1	
		NO2	► C14
C13	How can it be prevented?	AVOIDANCE OF CERTAIN FOODS AT CERTAIN SEASONSA	
		HOUSE SPRAYINGB	
	PROBE: Anything else?	REMOVE BREEDING PLACES (STAGNANT WATER) OF MOSQUITOES INSIDE AND OUTSIDE THE HOUSEC	
	CIRCLE ALL MENTIONED.	STREAM CLEARINGD	
		USE OF MOSQUITO COILS	
	DO NOT READ OUT RESPONSES.	USE OF MOSQUITO NETSF	
		USE OF MOSQUITO REPELLANTSG	
		OTHERX	
		DON'T KNOWZ	
C14	Now I would like to ask you about dogs. Apart from	IMMUNIZE DOGA	
	feeding or bathing the dog, what do you think is/are the responsibility/ies of a dog owner?	IMMUNIZE DOG YEARLYB	
		IN CASE OF DOG BITE, PROVIDE NECESSARY TREATMENT FOR THE VICTIMC	
	PROBE: Anything else?	RESTRAIN/CONFINE DOG WITHIN THE YARD/HOUSED	
	CIRCLE ALL MENTIONED.	OTHERX	
	DO NOT READ OUT RESPONSES.	NOTHINGY	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
C15	If you or any member of your household is bitten by a dog, what do you think should be done to the person?	APPLY GARLIC ON SITE OF BITE A	
	dog, what do you think should be done to the person?	CONSULT ANIMAL BITE CENTER B	
	DDODE: Anathing sleet	CONSULT HEALTH CENTER/PHYSICIANC	
	PROBE: Anything else?	SOUGHT "TANDOK"/HERBULARIO	
	CIPOLE ALL MENTIONED	TAKE DRUGS SO AS NOT TO GET RABIES E	
	CIRCLE ALL MENTIONED.	WASH BITE/WOUND WITH SOAP AND WATER F	
	DO NOT READ OUT RESPONSES.	OTHERX	
		NOTHINGY	
C16	If you or any member of your household is bitten by a	CONFINE DOG WITHIN THE YARD/HOUSEA	
	dog, what do you think should be done to the dog?	IF THE DOG DIES, SUBMIT THE HEAD FOR EXAMINATION B	
	PROBE: Anything else?	IMMEDIATELY KILL THE DOGC	
	CIRCLE ALL MENTIONED.	OBSERVE THE DOG	
	DO NOT READ OUT RESPONSES.	OTHERX	
		NOTHINGY	
C17	Are you aware of any local (city/municipal) rabies ordinance control?	YES	
	ordinance control?	NO2	► D01
C18	What is this local ordinance?	DOG LEASHING A	
		DOG REGISTRATIONB	
	PROBE: Anything else?	STRAY DOG IMPOUNDING	
		YEARLY DOG IMMUNIZATION D	
	CIRCLE ALL MENTIONED.	OTHERX	
	DO NOT READ OUT RESPONSES.	DON'T KNOWZ	

$\frac{\text{SECTION D. TRADITIONAL MEDICINES, HEALING PRACTICES AND}}{\text{ALTERNATIVE HEALTH CARE MODALITIES}}$

				AIIVE NE							
D01	There are some locally produced herbs that have medicinal values. I would like to find out if you know some of these.										
	Are you familiar with (NAME OF HERB) which is used as a medicine?	Lagundi*	Yerba Buena*	Sam- bong*	Tsaang gubat*	Niyog- niyogan*	Baya- bas*	Acapul- co*	Ulasimang bato (pansit pansitan)*	Bawang*	Ampalaya*
	READ EACH HERBAL	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	MEDICINE TO THE										
	RESPONDENT. ENCIRCLE "1" IF THE	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
	RESPONDENT IS FAMILIAR, OTHERWISE ENCIRCLE "2".	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2 V D06
D02	From what source have you h	L ★ L► eard/read (N	IAME OF HE	▼	♥ └▶	<u> </u>	♥ └▶	▼	<u> </u>	♥ └▶	1 , 2,00
D02	A. GOVERNMENT	Α	Α	Α	А	А	А	А	А	А	А
	HEALTH PERSONNEL B. PRIVATE	В	В	В	В	В	В	В	В	В	В
	PRACTITIONER/NGO	_									
	C. RADIO D. TV	C D	C D	C	C	C D	C D	C	C	C	C
	E. NEWSPAPER/	l E	E	E E	l E	l E	E E	l E	l E	l E	l E
	PAMPHLET/ MAGAZINE/BOOKS	_	_	_	_	_	_	_	_	_	_
	F. SCHOOLS	F	F	F	F	F	F	F	F	F	F
	G. SEMINARS/ TRAININGS	G	G	G	G	G	G	G	G	G	G
	H. FRIENDS/RELATIVES	Н .	H J	H .	Н .	Н	Н .	H	l H l J	Н .	H
DOO	I. OTHER In what form have you heard a	J about (NAME	-	J	J	J	J	J	J	J	J
D03	A. FRESH	A A	A A	Α	A	A	А	A	A	A	A
	B. TABLET	В	В	В	В	В	В	В	В	В	В
	C. CAPSULE	С	С	С	С	С	С	С	С	С	С
	D. SYRUP	D	D	D	D	D	D	D	D	D	D
	E. TEA	E	E	E	E	E	E	E	E	E	E
	F. OINTMENT	F	F	F	F	F	F	F	F	F	F
	G. SOAP	G	G	G	G	G	G	G	G	G	G
	H. OTHER	H	H	H	Н	Н	Н	Н	Н	Н	Н
D04	For what illness or disease do CIRCLE CODES OF ALL ILL			RB) is used?							
	A. ABDOMINAL PAIN/DIARRHEA	А	Α	A	A	A	A	A	A	A	A
	B. ANEMIC	В	В	В	В	В	В	В	В	В	В
	C. ASCARIS	C	C	C	C	C	C	C	C	C	C
	D. COLD	D	D	D	D	D	D	D	D	D	D
	E. COUGH/ASTHMA F. DIABETES	E F	E F	E F	E F	E F	E F	E F	E F	E F	E F
	G. DIURETIC/URINARY STONE	G	G	G	G	G	G	G	G	G	G
	H. FEVER	Н	Н	н	н	н	н	н	Н	н	н
	I. GOUTY- ARTHRITIS/RAYUMA	I	I	I	ı	I	I	I	I	I	1
	J. EDEMA (MANAS)	J	J	J	J	J	J	J	J	J	J
	K. HIGH BLOOD PRESSURE	K	K	К	K	К	K	K	K	K	K
	L. HYPER- CHOLESTEROLEMIA	L	L	L	L	L	L	L	L	L	L
	M. SKIN INFECTION/ CLEANING WOUNDS	M	M	M	M	M	M	M	M	M	M
	N. MALASE O. OTHER	N O	N O	N O	N O	N O	N O	N O	N O	N O	N O
D05	Have you or any member	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
	of your household used (NAME OF HERB) during the past 3 months?	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
	and past o months:	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8	Col. 9	Col. 10	
	to Interviewer's Manual for Oth				1 •	l •	I	1 5	1 •	1	<u> </u>

^{*}Refer to Interviewer's Manual for Other Names of These Herbs

SECTION D. TRADITIONAL MEDICINES, HEALING PRACTICES AND ALTERNATIVE HEALTH CARE MODALITIES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
D06	Have you ever heard of traditional healing practices such as:		YES	NO	
	a) Hilot?	HILOT	1	2	
	b) Pagtatawas?	PAGTATAWAS	1	2	
	c) Oracion?	ORACION	1	2	
	d) Spiritual healing?	SPIRITUAL HEALING	1	2	
D06A	CHECK D06:				
	AT LEAST ONE "YES"	NOT A SINGLE "YES"			
	CIRCLED V	CIRCLED			→ D10
D07	Where/how/from whom did you hear about the traditional	GOVERNMENT HEALTH PERSONNEL		A	
	healing practices?	PRIVATE PRACTITIONER/NGO		В	
	PROBE: Anything else?	RADIO			
	. r. coo r. r, a. m.g cicco	TELEVISION			
	CIRCLE ALL MENTIONED.				
	DO NOT READ OUT RESPONSES.	NEWSPAPER/PAMPHLET/MAGAZINE/BOOKS	3	E	
		SCHOOLS		F	
		SEMINARS/TRAININGS		G	
		FRIENDS/RELATIVES		Н	
		OTHER		X	
D08	Have you or any household member ever tried using any	YES		1	
	traditional healing practice?	NO		2 —	▶ D10
D09	What traditional healing practices have you or any member				
	of your household tried?	HILOT		Δ	
	PROBE: Anything else?				
		PAGTATAWAS			
	CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	ORACION		C	
	BO NOT NEAD GOT NEED GNOEG.	SPIRITUAL HEALING		D	
		OTHER		X	
		NOTHING		Y	
D10	Have you ever heard of alternative health care modalities such as:		YES	NO	
	a) Acupuncture?	ACUPUNCTURE	1	2	
	b) Acupressure/Therapeutic?	ACUPRESSURE/THERAPEUTIC	1	2	
	c) Massage?	MASSAGE	1	2	
	d) Iridology?	IRIDOLOGY	1	2	
	e) Pranic Healing?	PRANIC HEALING	1	2	
	f) Aromatherapy?	AROMATHERAPY		2	
	g) Chiropractic?	CHIROPRACTIC		2	
	h) Homeopathy?	HOMEOPATHY	1	2	
D11	CHECK D10: AT LEAST ONE	NOT A SINGLE			
	"YES"	"YES"			► E01
	CIRCLED D12	CIRCLED			

QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
Where/how/from whom did you hear about alternative health care modalities?	GOVERNMENT HEALTH PERSONNELA	
	PRIVATE PRACTITIONER/NGOB	
PROBE: Anything else?	RADIOC	
CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	TELEVISIOND	
	NEWSPAPER/PAMPHLET/MAGAZINE/BOOKSE	
	SCHOOLSF	
	SEMINARS/TRAININGSG	
	FRIENDS/RELATIVESH	
	OTHERX	
Have you or any household member ever tried using alternative health care modalities?	YES1	
	NO2 -	► E01
What alternative health care modalities have you or any member of the household tried?	ACUPUNCTUREA	
	ACUPRESSURE/THERAPEUTICB	
PROBE: Anything else?	MASSAGEC	
	IRIDOLOGYD	
CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	PRANIC HEALINGE	
	AROMATHERAPHYF	
	CHIROPRACTICG	
	HOMEOPATHYH	
	OTHERX	
-	Where/how/from whom did you hear about alternative health care modalities? PROBE: Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES. Have you or any household member ever tried using alternative health care modalities? What alternative health care modalities have you or any member of the household tried? PROBE: Anything else? CIRCLE ALL MENTIONED.	Where/how/from whom did you hear about alternative health care modalities? PROBE: Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES. Have you or any household member ever tried using alternative health care modalities? What alternative health care modalities have you or any member of the household tried? What alternative health care modalities have you or any member of the household tried? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES. GOVERNMENT HEALTH PERSONNEL. A PRIVATE PRACTITIONER/NGO. BRADIO. DO NOT READ OUT RESPONSES. FELEVISION. DO NOTHER. AND. SEMINARS/TRAININGS. GOFFILENDS/RELATIVES. HOTHER. AND. YES. 1 1 NO. 2 2 What alternative health care modalities have you or any member of the household tried? ACUPUNCTURE. ACUPUNCTURE. ACUPRESSURE/THERAPEUTIC. BRADIOLOGY. DO NOT READ OUT RESPONSES. PRANIC HEALING. E AROMATHERAPHY. F CHIROPRACTIC. G HOMEOPATHY. H

SECTION E. HEALTH CARE FINANCING

E01	Are you or any member of your household a member of PHILHEALTH, Employer-based Health Maintenance Organization (HMO), Private Health Insurance, Community/Cooperative Health Financing Scheme or any Health Insurance Plan? YES. 1 NO. 2 SECTION F				
		T			
	COPY LINE NUMBER AND NAME OF MEMBER FROM	HOUSEHOLD MEMBER	HOUSEHOLD MEMBER	HOUSEHOLD MEMBER	
	NDHS Form 1 Col. (2) and Col.	NAME:	NAME:	NAME:	
	(1)	LINE NO	NAME:	LINE NO	
	NA	BUNUEAU EU	BUNLUEALTH	BUNUEAUTU	
E02	What kind of Health Insurance Plan?	PHILHEALTHA	PHILHEALTHA	PHILHEALTHA	
	Fidit?	HMO/PRIVATE INSURANCE B	HMO/PRIVATE INSURANCEB	HMO/PRIVATE INSURANCE B	
	PROBE: Anything else?	LGU/COMMUNITY/COOP C	LGU/COMMUNITY/COOPC	LGU/COMMUNITY/COOP C	
	CIRCLE ALL MENTIONED.	OTHERX	OTHERX	OTHERX	
	DO NOT READ OUT	DON'T KNOWZ	DON'T KNOWZ	DON'T KNOWZ	
	RESPONSES.	(SKIP TO E10) ◀	(SKIP TO E10) ◆	(SKIP TO E10) ◀——	
EO3	CHECK Q.2	"A" is encircled	"A" is encircled	"A" is encircled	
		"A" is not encircled	"A" is not encircled	"A" is not encircled	
		(SKIP TO E11)	(SKIP TO E11)	(SKIP TO E11)	
<u> </u>	What type of Philhealth	INDIGENT1	INDIGENT1		
E04	member are (is) you (NAME)?	PRIVATE EMPLOYED2	PRIVATE EMPLOYED2		
	· · · · · · · · · · · · · · · · · · ·	GOV'T EMPLOYED3	GOV'T EMPLOYED3		
		INDIV. PAYING/VOLUNTARY .4	INDIV. PAYING/VOLUNTARY4		
		NON-PAYING/VOLUNTARY .4	NON-PAYING/VOLUNTARY4		
		OFW6	OFW6		
		DON'T KNOW8	DON'T KNOW8	DON'T KNOW8	
E05	Have you (Has any member of your household) or any of your	YES1	YES1	YES1	
	(his/her) dependents utilized	NO2	NO2	NO2	
	Philhealth benefits within the	(SKIP TO E10) T	(SKIP TO E10) DON'T KNOW8	(SKIP TO E10) DON'T KNOW8	
	last 12 months?	(SKIP TO E11)	(SKIP TO E11)	(SKIP TO E11)	
		(6 16 211)	(0: 10 = 1.1)	(0: : 0 = : :)	
E06	What kind of service did you	YES NO	YES NO	YES NO	
	(the member of the house-	IN-PATIENT 1 2	IN-PATIENT1 2	IN-PATIENT1 2	
	hold) or any of your (his/her) dependents availed?	OUT-PATIENT1 2	OUT-PATIENT 1 2	OUT-PATIENT1 2	
	a) In patient				
	b) Out-patient				
	Who availed of the service?	YES NO	YES NO	YES NO	
E07	vino avalled of the service:	MEMBER 1 2	MEMBER 1 2	MEMBER 1 2	
		DEPENDENT 2	DEPENDENT 1 2	DEPENDENT1 2	
	Mara (Maa) yay (ba/aba) yaa	SATISFIED1		SATISFIED1	
E08	Were (Was) you (he/she) was satisfied or dissatisfied with the	(SKIP TO E11)	(SKIP TO E11)	(SKIP TO E11)	
	service?		DISSATISFIED2		
		DON'T KNOW8	DON'T KNOW8	DON'T KNOW8	
		(SKIP TO E11)	(SKIP TO E11)	(SKIP TO E11)	
E09	Why were (was) you (he/she)	TOO MANY REQUIREMENTS .A	TOO MANY REQUIREMENTS A	TOO MANY REQUIREMENTS A	
	not satisfied with the service?	LIMITED HOSPITALIZATION	LIMITED HOSPITALIZATION	LIMITED HOSPITALIZATION	
		BENEFITSB	BENEFITSB	BENEFITSB	
	PROBE: Anything else?	LIMITED OUT-PATIENT	LIMITED OUT-PATIENT	LIMITED OUT-PATIENT	
	CIRCLE ALL MENTIONED.	BENEFITSC	BENEFITSCT	BENEFITSCT	
	DO NOT READ OUT	LONGD	LONGD	LONGD	
	RESPONSES.	OTHERX	OTHERX	OTHERX	
		DON'T KNOWz-	DON'T KNOWZ ☐	DON'T KNOWZ	
		E11 ←		E11 ←	
E10	dependents not utilize NO ACCREDITED HEALTH		DID NOT GET SICKA	DID NOT GET SICKA	
			NO ACCREDITED HEALTH	NO ACCREDITED HEALTH	
	Philhealth benefits within the	FACILITY NEARBYB	FACILITY NEARBYB	FACILITY NEARBYB	
	last 12 months?	PHILHEALTHC	PHILHEALTHC	PHILHEALTHC	
		NO MONEY FOR EXCESS	NO MONEY FOR EXCESS	NO MONEY FOR EXCESS	
		BILLINGD	BILLINGD	BILLINGD	
		ONLY IN-PATIENT BENEFITS	ONLY IN-PATIENT BENEFITS	ONLY IN-PATIENT BENEFITS	
		PROVIDEDE	PROVIDEDE	PROVIDEDE	
		OTHERX	OTHERX	OTHERX	
E11		GO TO NEXT HH MEMBER,	GO TO NEXT HH MEMBER,	GO TO NEXT HH MEMBER,	
		ELSE GO TO F01	ELSE GO TO F01	ELSE GO TO F01	

SECTION F. ENVIRONMENTAL HEALTH

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP	
F01	In the last 3 months, did most members of your household buy cooked food from		YES	NO	DK	
	a) Ambulant vendors?	AMBULANT VENDORS	1	2	8	
	b) Carinderia?	CARINDERIA	1	2	8	
	c) Restaurants?	RESTAURANT	1	2	8	
F01A	CHECK F01: AT LEAST ONE "YES" CIRCLED CIRCLED CHECK F01: NOT A "YES" CIRCLED					► F03
F02	How often did the members of your household buy	DAILY			1	
	cooked food from ambulant vendors, carinderia, or restaurants in the last 3 months?	AT LEAST ONCE A WEEK			2	
		AT LEAST ONCE A MONTH			3	
F03	Does your household practice segregation of garbage?	YES			1	
		NO			2	
F04	How does your household dispose of garbage?	GARBAGE TRUCK/CART COLLECT	ION		A	
	PROBE: Anything else?	INDIVIDUAL OPEN DUMPING			В	
	CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	INDIVIDUAL BURNING			C	
		COMPOSTING			D	
		INDIVIDUAL BURYING				
		FEEDING TO DOMESTIC ANIMALS.			F	
		DUMPING INTO LOW LAND AREA			G	
		OTHER			X	
		(SPECIFY)				