Philippines

National Demographic and Health Survey

Key Indicators

2017

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Key Indicators Report

Philippine Statistics Authority
Quezon City, Philippines

The DHS Program
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Rockville, Maryland, USA

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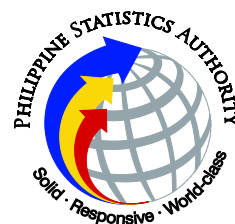Philippine Statistics Authority (PSA) and ICF. 2018. *Philippines National Demographic and Health Survey 2017: Key Indicators*. Quezon City, Philippines, and Rockville, Maryland, USA: PSA and ICF.

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PREFACE

The Philippine Statistics Authority (PSA) is pleased to present the Key Indicators Report on the 2017 Philippines National Demographic and Health Survey (NDHS). The survey is designed to provide indicators on fertility, fertility preferences, family planning practice, childhood mortality, maternal and child health, knowledge and attitude regarding HIV/AIDS, and violence against women. These indicators are crucial in policymaking, program planning, and monitoring and evaluation of population and health programs, including those anchored on the attainment of related Sustainable Development Goals (SDGs).

The NDHS 2017 is the sixth DHS survey to be conducted in the Philippines in collaboration with the worldwide Demographic and Health Surveys Program, and the 11th national DHS in all. Fieldwork for the survey was carried out from 14 August to 27 October 2017 covering a national sample of over 31,000 households and more than 25,000 women aged 15 to 49 years.

The NDHS 2017 was funded by the Government of the Philippines. The United States Agency for International Development (USAID) provided technical assistance and equipment through ICF under The Demographic and Health Surveys (DHS) program.

PSA would like to express its deepest gratitude to the Department of Health and the University of the Philippines Population Institute for their invaluable contributions during the preparatory phase of the survey.

Great appreciation is also due to the survey team of PSA for their hard work and dedication: the staff of the Demographic and Health Statistics Division of the Social Sector Statistics Service who worked tirelessly throughout all stages of the survey; selected staff of the National Censuses Service and the Information Technology and Dissemination Service for their support during the training; the Finance and Administrative Service for their administrative assistance; the staff of the Regional Statistical Services Offices and Provincial Statistical Offices for overseeing the data collection activities, and to the 90 interviewing teams composed of team supervisors and interviewers. Finally, the PSA is grateful to the survey respondents who patiently shared their time and information.

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February 2018

1   INTRODUCTION

The 2017 Philippines National Demographic and Health Survey (NDHS) is the sixth Demographic and Health Survey (DHS) conducted in the Philippines as part of The DHS Program and the 11th national demographic survey conducted since 1968. It was implemented by the Philippine Statistics Authority. Data collection took place from 14 August to 27 October 2017. Funding for the NDHS 2017 was provided by the Government of the Philippines. The United States Agency for International Development (USAID) provided technical assistance and equipment through ICF under The Demographic and Health Surveys (DHS) program, which assists countries in the collection of data to monitor and evaluate population, health, and nutrition programs.

This Key Indicators Report presents a first look at selected findings of the NDHS 2017. A comprehensive analysis of the data will be presented in a final report later in 2018.

1.1   SURVEY OBJECTIVES

The primary objective of the NDHS 2017 is to provide up-to-date estimates of basic demographic and health indicators. Specifically, the NDHS 2017 collected information on fertility levels, marriage, fertility preferences, awareness and use of family planning methods, breastfeeding, maternal and child health, child mortality, awareness and behavior regarding HIV/AIDS, women's empowerment, domestic violence, and other health-related issues such as smoking.

The information collected through the NDHS 2017 is intended to assist policymakers and program managers in the Department of Health (DOH) and other organizations in designing and evaluating programs and strategies for improving the health of the country's population.

2 SURVEY IMPLEMENTATION

2.1 SAMPLING DESIGN

The Philippines has 17 administrative regions namely, the National Capital Region (NCR), Cordillera Administrative Region (CAR), Region I (Ilocos Region), Region II (Cagayan Valley), Region III (Central Luzon), Region IV-A (CALABARZON), Region IV-B (MIMAROPA), Region V (Bicol Region), Region VI (Western Visayas), Region VII (Central Visayas), Region VIII (Eastern Visayas), Region IX (Zamboanga Peninsula), Region X (Northern Mindanao), Region XI (Davao Region), Region XII (SOCCSKSARGEN), Caraga Region, and the Autonomous Region in Muslim Mindanao (ARMM). Each of these regions is composed of provinces, highly urbanized cities (HUCs) or other special areas, which are subdivided into cities, municipalities and barangays. The barangays are the smallest local government unit. National government offices are usually (but not always) concentrated in the regional centers and the seat of the provincial government is situated in each of the respective provinces. The country has 81 provinces, 33 HUCs, and 42,036 barangays.

The sampling scheme provides data representative of the country as a whole, for urban and rural areas separately, and for each of its administrative regions. The sample selection methodology for the NDHS 2017 is based on a two-stage stratified sample design using the Master Sample Frame (MSF), designed and compiled by PSA. The MSF is constructed based on the results of the 2010 Census of Population and Housing, and updated based on the 2015 Census of Population. The first stage involved a systematic selection of 1,250 primary sampling units (PSUs) distributed by provinces or highly urbanized cities. A PSU can be a barangay, a portion of a large barangay or two or more adjacent small barangays.

In the second stage, an equal take of 20 or 26 sample housing units were selected from each sampled PSU, using systematic random sampling. In situations where a housing unit contained one to three households, all households were interviewed. In the rare situation where a housing unit contained more than three households, no more than three households were interviewed. The survey interviewers were to interview only the pre-selected housing units. No replacements and no changes of the pre-selected housing units were allowed in the implementing stage in order to prevent bias. Survey weights have been calculated, added to the data file, and applied so that weighted results are representative estimates of indicators at the regional and national levels.

All women age 15-49 who were either permanent residents of the selected households or visitors who stayed in the households the night before the survey were eligible to be interviewed. Among women eligible for an individual interview, one woman per household was selected for a module on domestic violence.

2.2 QUESTIONNAIRES

Two questionnaires were used for the NDHS 2017: the Household Questionnaire and the Woman's Questionnaire. Both questionnaires were based on The DHS Program's standard Demographic and Health Survey (DHS-7) questionnaires that were adapted to reflect the population and health issues relevant to the Philippines. Input was solicited from various stakeholders representing government agencies, universities, and international agencies. The survey protocol was reviewed and approved by the ICF Institutional Review Board.

After all questionnaires were finalized in English, they were translated into six major languages: Tagalog, Cebuano, Ilocano, Bikol, Hiligaynon, and Waray. The Household and Woman's Questionnaires were programmed into tablet computers to allow for computer-assisted personal interviewing (CAPI) for data collection purposes, with the capability to choose any of the languages for each questionnaire.

The Household Questionnaire was used to list all members of the households and visitors to selected households. Basic demographic information was collected on the characteristics of each person listed, including his or her age, sex, marital status, education, and relationship to the head of the household. The data on age and sex of household members obtained in the Household Questionnaire were used to identify women who were eligible for individual interviews. The Household Questionnaire also collected information on health insurance coverage for each household member and characteristics of the household's housing unit, such as source of water, type of toilet facility, materials used for the floor of the housing unit, and ownership of various durable goods. In addition, a Philippine-specific section was included that collected information on utilization of health facilities by household members.

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

- Background characteristics (including age, marital status, education, religion, and ethnic group)
- Pregnancy history and child mortality
- Knowledge, use, and source of family planning methods
- Fertility preferences (including desire for more children, ideal number of children)
- Antenatal, delivery, and postnatal care
- Vaccinations and childhood illnesses
- Women's work and husbands' background characteristics
- Knowledge, awareness, and behavior regarding HIV/AIDS
- Other health issues
- Domestic violence (including measures of physical, sexual, and emotional violence)

Tablet computers were used for data collection by the enumerators. The tablet computers were equipped with Bluetooth® technology to enable remote electronic transfer of files, such as assignments from the team supervisor to the interviewers, individual questionnaires to survey team members, and completed questionnaires from interviewers to team supervisors. The computer-assisted personal interviewing (CAPI) data collection system employed in the NDHS 2017 was developed by The DHS Program with the mobile version of CSPro. The CSPro software was developed jointly by the U.S. Census Bureau, Serpro S.A., and The DHS Program.

2.3   PRETEST

A pretest was conducted on 21 April 2017 in Barangay Pinyahan, Quezon City prior to finalizing the design of survey materials. It was aimed at checking the flow and clarity of the questions, and the sustainability of the respondent's attitude and motivation in answering the questions. Briefing for the pretest was held from 17 to 19 April 2017 at the PSA in Eton Centris Cyberpod 3 in Quezon City. The briefing concentrated on the concepts used in the survey, field enumeration and supervision procedures, and specific instructions for completing the questionnaires. To further prepare the briefing participants for the pretest interviews, participants engaged in practice interviews following the discussion of the questionnaires. For the pretest itself, a team approach was adopted so that interviewer could easily communicate and resolve any problems encountered during data gathering. Each interviewer was required to interview two households and at least three eligible respondents as follows: one woman age 15-49 years old with one or more children age five or below; one woman age 15-49 years old who was a current user of family planning method; and, one woman 15-49 who had never been married. A debriefing was held on 24 April 2017 to discuss the experiences in the administration of the questionnaires, including problems encountered and recommendations for their resolution.

2.4 TRAINING OF FIELD STAFF AND CONDUCTING FIELDWORK

Training of the field staff was conducted in two levels. The first was the training of the Task Force, and the second was the training of the interviewing teams. The Task Force training was conducted from 29 May to 17 June 2017. The first two weeks took place in Pasig, Metro Manila and focused on questionnaire content. The third week took place in Clark, Pampanga and focused on CAPI training and included 3 days of field practice. Trainees were regional and provincial PSA staff including one IT specialist per region. Selected staff of the Demographic and Health Statistics Division (DHSD) of the Social Sector Statistics Service of the PSA, professors from the University of the Philippines Population Institute, and staff from ICF acted as trainers. There were also resource speakers for certain topics from the DOH.

The second level training took place from 10 to 29 July 2017 in 18 training centers spread through the regions. Instructors in the second level trainings were members of the Task Force who were trained in the first level training. A total of 216 Field Interviewers, 90 Team Supervisors, 19 Regional Supervisors and 18 Regional IT took part in the second-level training.

On 8 to 9 August 2017, a workshop was held in Quezon City with the Regional Supervisors and IT specialists, staff from the PSA central office, and ICF staff. During the workshop, issues that came up during the second level training were addressed and final corrections to the programming and translations were made. The Supervisors and IT specialists were also trained on the collection of GPS points.

Survey data collection was carried out from 14 August to 27 October 2017 by the 90 field teams. Each team consisted of a Team Supervisor and 2 to 3 Field Interviewers, all of whom were female. Fieldwork monitoring was an integral part of the NDHS 2017. Regional and Team Supervisors were engaged to supervise their teams on a full-time basis. Field check tables based on data from completed questionnaires were generated weekly by the central office and used to monitor progress and provide regular feedback to the field teams.

2.5 DATA PROCESSING

The processing of the NDHS 2017 data began almost as soon as fieldwork started. As data collection was completed in each PSU, all electronic data files were transferred via Internet File Streaming System (IFSS) to the PSA central office in Quezon City. These data files were registered and checked for inconsistencies, incompleteness, and outliers. The field teams were alerted to any inconsistencies and errors while still in the PSU. Secondary editing involved resolving inconsistencies and the coding of open-ended questions; the former was carried out in the central office by a senior data processor while the latter was taken on by regional coordinators and central office staff over a 5-day workshop following the completion of the fieldwork. Data editing was carried out using the CSPro software package. The concurrent processing of the data offered a distinct advantage, because it maximized the likelihood of the data being error-free and accurate. Timely generation of field check tables allowed for more effective monitoring. The secondary editing of the data was completed by November 2017. The final cleaning of the data set was carried out by The DHS Program data processing specialists by the end of December 2017.

Throughout this report, numbers in the tables reflect weighted numbers. Percentages based on fewer than 25 unweighted cases are suppressed and replaced with an asterisk; percentages based on 25 to 49 unweighted cases are shown in parentheses to caution readers when interpreting data that a percentage based on fewer than 50 cases may not be statistically reliable.

3 KEY FINDINGS

3.1 RESPONSE RATES

Table 1 shows response rates for the NDHS 2017. A total of 31,791 households were selected for the sample, of which 27,855 were occupied. Of the occupied households, 27,496 were successfully interviewed, yielding a response rate of 99 percent. In the interviewed households, 25,690 women age 15-49 were identified for individual interviews; these interviews were completed with 25,074 women, yielding a response rate of 98 percent.

The household response rate is slightly lower in urban areas than in rural areas (98% and 99%, respectively); however, there is no difference in the response rate of women to individual interviews by urban-rural residence (98% for each).

Table 1 Results of the household and individual interviews

Number of households, number of interviews, and response rates, according to residence (unweighted), Philippines NDHS 2017

	Residence		
Result	Urban	Rural	Total
Household interviews			
Households selected	10,502	21,289	31,791
Households occupied	9,173	18,682	27,855
Households interviewed	9,021	18,475	27,496
Household response rate[1]	98.3	98.9	98.7
Interviews with women age 15-49			
Number of eligible women	9,234	16,456	25,690
Number of eligible women interviewed	9,016	16,058	25,074
Eligible women response rate[2]	97.6	97.6	97.6

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

3.2 HOUSEHOLD DRINKING WATER

Improved sources of water protect against outside contamination so that the water is more likely to be safe to drink. In the Philippines, 95 percent of households use an improved source of drinking water; almost all urban households (98%) report using an improved source of drinking water compared with 93 percent of rural households (Table 2.1). The percentage of households using an improved drinking water source is unchanged relative to the NDHS 2013 findings.

The most common source of drinking water is bottled water or water from a refilling station (44%) followed by water piped water into the dwelling, yard or plot (24%), and by water from a tubewell or borehole (12%). Overall, 8 in every 10 Filipino households have water on the premises. Sixteen percent of households travel less than 30 minutes or longer to fetch water and 3 percent travel 30 minutes or longer. Most households (79%) report that they do not treat their water prior to drinking.

Table 2.1 Household drinking water

Percent distribution of households and de jure population by source of drinking water, and by time to obtain drinking water; percentage of households and de jure population using various methods to treat drinking water, and percentage using an appropriate treatment method, according to residence, Philippines NDHS 2017

Characteristic	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
Source of drinking water						
Improved source	97.6	92.8	95.0	97.3	92.6	94.7
Piped into dwelling/yard/plot	28.2	19.4	23.5	26.4	19.6	22.6
Piped to neighbor	3.1	3.5	3.3	3.5	3.4	3.4
Public tap/standpipe	1.3	4.8	3.2	1.4	5.0	3.4
Tube well/borehole	3.9	19.7	12.4	4.6	19.8	13.0
Protected dug well	1.2	5.5	3.5	1.4	5.4	3.6
Protected spring	1.6	8.1	5.1	1.6	8.2	5.2
Rainwater	0.1	0.6	0.4	0.1	0.6	0.4
Bottled water/refilling station, improved source for cooking/handwashing[1]	58.2	31.2	43.6	58.3	30.6	43.0
Unimproved source	2.4	7.2	5.0	2.7	7.4	5.3
Unprotected dug well	0.8	2.4	1.6	1.0	2.5	1.8
Unprotected spring	0.5	2.7	1.7	0.6	2.8	1.8
Tanker truck/cart with small tank	0.5	0.6	0.5	0.5	0.7	0.6
Surface water	0.0	0.3	0.2	0.0	0.3	0.2
Bottled water/refilling station, unimproved source for cooking/handwashing[1]	0.6	1.3	0.9	0.6	1.2	0.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Time to obtain drinking water (round trip)						
Water on premises[2]	90.6	71.3	80.2	89.5	70.8	79.2
Less than 30 minutes	7.7	23.7	16.3	8.4	24.0	17.0
30 minutes or longer	1.7	4.9	3.4	2.0	5.1	3.7
Don't know	0.1	0.1	0.1	0.1	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Water treatment prior to drinking[3]						
Boiled	7.5	15.5	11.8	8.7	17.3	13.4
Bleach/chlorine added	0.2	0.7	0.5	0.2	0.8	0.5
Strained through cloth	2.7	8.9	6.0	3.1	9.6	6.6
Ceramic, sand or other filter	4.6	1.8	3.1	4.9	1.8	3.2
Solar disinfection	0.0	0.1	0.0	0.0	0.1	0.0
Let it stand and settle	1.0	1.5	1.2	1.0	1.6	1.3
Other	0.2	0.6	0.4	0.1	0.6	0.4
No treatment	84.7	73.6	78.7	83.0	71.4	76.6
Percentage using an appropriate treatment method[4]	12.1	17.9	15.2	13.5	19.7	16.9
Number	12,703	14,793	27,496	52,058	64,147	116,205

Note: Total includes 3 cases for which source of drinking water was classified as other.
[1] Households using bottled water for drinking are classified as using an improved or unimproved source according to their water source for cooking and handwashing.
[2] Includes water piped to a neighbor
[3] Respondents may report multiple treatment methods so the sum of treatment may exceed 100 percent.
[4] Appropriate water treatment methods include boiling, bleaching, filtering and solar disinfecting

By region, the proportion of the of the household population using an improved source of drinking water ranges from a low of 71 percent in ARMM to a high of over 99 percent in the National Capital Region and Central Luzon (Table 2.2). Use of an improved drinking water sources increases by household wealth; 84 percent of the household population in the lowest wealth quintile uses an improved drinking water source compared with greater than 99 percent in the highest wealth quintile.

Table 2.2 Drinking water source according to region and wealth

Percent distribution of de jure population by drinking water source, according to region and wealth quintile, Philippines NDHS 2017

| | Source of drinking water | | |
Characteristic	Improved source	Unimproved source	Number of persons
Region			
National Capital Region	99.5	0.5	16,594
Cordillera Admin. Region	84.6	15.4	2,131
I - Ilocos Region	98.8	1.2	6,156
II - Cagayan Valley	92.3	7.6	4,208
III - Central Luzon	99.4	0.5	11,196
IVA - CALABARZON	96.9	3.1	17,753
IVB - MIMAROPA	93.1	6.9	3,004
V - Bicol	91.3	8.7	7,359
VI - Western Visayas	92.1	7.9	7,874
VII - Central Visayas	96.2	3.8	7,383
VIII - Eastern Visayas	96.4	3.6	5,084
IX - Zamboanga Peninsula	90.8	9.2	3,959
X - Northern Mindanao	95.5	4.5	4,849
XI - Davao	91.8	8.2	6,264
XII - SOCCSKSARGEN	92.8	7.2	5,469
XIII - Caraga	92.8	7.2	3,243
ARMM	70.9	29.1	3,679
Wealth quintile			
Lowest	83.7	16.3	23,248
Second	94.2	5.8	23,242
Middle	97.3	2.7	23,225
Fourth	98.7	1.3	23,249
Highest	99.5	0.5	23,241
Total	94.7	5.3	116,205

Note: Total includes 3 cases for which source of drinking water was classified as other

3.3   HOUSEHOLD SANITATION

Three-quarters of Filipino households (76%) use improved sanitation facilities (Table 3.1), which are defined as non-shared facilities that prevent people from coming into contact with human waste and thus reduce the transmission of cholera, typhoid, and other diseases. Twenty-four percent of households use unimproved sanitation; this includes 17 percent of households with a shared toilet facility of an otherwise acceptable type, 3 percent with an unimproved facility, with 5 percent having no facilities at all. This marks an improvement since 2013, when 70 percent of households used improved sanitation facilities.

Among households with a toilet facility, about two-thirds (66%) use a facility in their own dwelling and 30 percent use one in their own yard or plot. Four percent of households use a toilet facility elsewhere outside their compound. Urban households are more likely to have toilets within their own dwelling (79%) compared with rural households (55%).

Table 3.1 Household sanitation facilities

Percent distribution of households and de jure population by type of toilet/latrine facilities and percent distribution of households and de jure population with a toilet/latrine facility by location of the facility, according to residence, Philippines NDHS 2017

Type and location of toilet/latrine facility	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
Improved sanitation	75.6	75.8	75.7	79.0	76.3	77.5
Flush/pour flush to piped sewer system	5.9	3.5	4.6	6.0	3.3	4.5
Flush/pour flush to septic tank	67.1	62.0	64.4	70.4	62.2	65.9
Flush/pour flush to pit latrine	2.3	7.5	5.1	2.4	7.9	5.4
Ventilated improved pit (VIP) latrine	0.0	0.4	0.2	0.0	0.4	0.3
Pit latrine with slab	0.2	2.2	1.3	0.2	2.3	1.4
Composting toilet	0.0	0.1	0.1	0.0	0.1	0.1
Unimproved sanitation	24.4	24.2	24.3	21.0	23.7	22.5
Shared facility[1]	19.6	14.9	17.1	16.2	14.1	15.0
Flush/pour flush to piped sewer system	1.1	0.5	0.8	1.1	0.4	0.7
Flush/pour flush to septic tank	17.5	11.1	14.1	14.1	10.3	12.0
Flush/pour flush to pit latrine	0.7	2.4	1.6	0.8	2.3	1.6
Ventilated improved pit (VIP) latrine	0.0	0.1	0.1	0.0	0.1	0.1
Pit latrine with slab	0.1	0.4	0.3	0.1	0.4	0.3
Composting toilet	0.0	0.0	0.0	0.0	0.0	0.0
Public toilet	0.1	0.4	0.2	0.1	0.4	0.3
Unimproved facility	1.9	3.5	2.7	2.0	3.8	3.0
Flush/pour flush not to sewer/septic tank/pit latrine	0.9	0.3	0.6	0.9	0.4	0.6
Pit latrine without slab/open pit	0.5	1.9	1.3	0.6	2.0	1.4
Bucket	0.1	0.1	0.1	0.0	0.1	0.1
Hanging toilet/hanging latrine	0.3	0.9	0.6	0.3	1.1	0.8
Other	0.1	0.2	0.2	0.1	0.2	0.1
Open defecation (no facility/bush/field)	3.0	5.8	4.5	2.9	5.8	4.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of households/population	12,703	14,793	27,496	52,058	64,147	116,205
Location of toilet facility						
In own dwelling	78.6	54.9	66.1	77.9	54.4	65.1
In own yard/plot	19.0	39.3	29.8	19.6	39.8	30.6
Elsewhere	2.4	5.7	4.1	2.6	5.7	4.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of households/population with a toilet/latrine facility	12,313	13,873	26,186	50,492	60,127	110,619

Note: Total includes 5 cases for which information on location of toilet facility is missing.
[1] Facilities that would be considered improved if they were not shared by two or more households

Table 3.2 presents a breakdown of the household population by sanitation type according to region and wealth quintile. Overall, 78 percent of the household population uses improved sanitation, but use varies widely by region and wealth. For example, only 35 percent of the household population in ARMM uses improved sanitation compared with 87 percent of those in Central Luzon. Use of an improved sanitation facility rises from 46 percent in the lowest wealth quintile to 99 percent in the highest; 19 percent of the population in the lowest wealth quintile does not use a toilet facility at all.

Table 3.2 Sanitation facility type according to region and wealth

Percent distribution of de jure population by sanitation type, according to region and wealth quintile, Philippines NDHS 2017

		Sanitation type				
		Unimproved sanitation				
Characteristic	Improved sanitation	Shared facility[1]	Unimproved facility	Open defecation	Total	Number of persons
Region						
National Capital Region	84.1	14.9	0.7	0.2	100.0	16,594
Cordillera Admin. Region	76.5	15.9	6.2	1.4	100.0	2,131
I - Ilocos Region	79.8	19.4	0.6	0.3	100.0	6,156
II - Cagayan Valley	81.2	16.1	1.2	1.5	100.0	4,208
III - Central Luzon	87.0	11.4	0.6	1.1	100.0	11,196
IVA - CALABARZON	85.6	12.3	0.9	1.2	100.0	17,753
IVB - MIMAROPA	74.8	15.6	3.6	5.9	100.0	3,004
V - Bicol	71.7	18.3	2.9	7.0	100.0	7,359
VI - Western Visayas	75.8	11.1	2.1	11.0	100.0	7,874
VII - Central Visayas	70.8	14.5	2.0	12.6	100.0	7,383
VIII - Eastern Visayas	77.8	12.2	2.4	7.7	100.0	5,084
IX - Zamboanga Peninsula	72.6	15.8	4.6	7.1	100.0	3,959
X - Northern Mindanao	76.3	14.1	4.7	4.9	100.0	4,849
XI - Davao	67.8	26.5	5.0	0.8	100.0	6,264
XII - SOCCSKSARGEN	68.6	20.9	2.3	8.2	100.0	5,469
XIII - Caraga	81.2	12.2	3.9	2.8	100.0	3,243
ARMM	35.4	11.2	31.6	21.8	100.0	3,679
Wealth quintile						
Lowest	46.3	23.9	10.5	19.2	100.0	23,248
Second	68.2	25.8	3.2	2.8	100.0	23,242
Middle	81.2	17.4	0.8	0.6	100.0	23,225
Fourth	93.2	6.4	0.4	0.0	100.0	23,249
Highest	98.5	1.5	0.0	0.0	100.0	23,241
Total	77.5	15.0	3.0	4.5	100.0	116,205

[1] Facilities that would be considered improved if they were not shared by two or more households

3.4   PHILHEALTH COVERAGE

As part of the household interview, respondents were asked whether each member of the household was covered by any form of health insurance, and if so, by what type. For persons covered by PhilHealth, interviewers probed to determine the type of membership the household member had.

Sixty-six percent of the Filipino household population has any form of PhilHealth insurance: 27 percent are members through the formal economy, 9 percent through the informal economy, and 19 percent are indigent members (Table 4). Another 6 percent are senior citizen members, 4 percent are sponsored members, 1 percent are lifetime members, and 2 percent are overseas Filipino members. Twenty-four percent of the population has other forms on health insurance such as the Government Service Insurance System (GSIS), the Social Security System (SSS), or private insurance.

While the percentage of the household population who are members of PhilHealth is identical in urban and rural areas (66% each), the source of coverage differs. For example, 39 percent of the household population in urban areas are members via the formal economy and 9 percent are indigent members whereas 18 percent of the household population in rural areas are members via the formal economy and 26 percent are indigent members. By province, PhilHealth coverage ranges from a low of 50 percent in ARMM to 71 percent in the NCR, CAR and SOCCSKSARGEN. Coverage also varies by household wealth, increasing from 59 percent in the lowest quintile to 79 percent in the highest.

Table 4 PhilHealth coverage

Percentage of de jure household population with specific types of PhilHealth insurance coverage, percentage with any PhilHealth insurance, and percentage with any other health insurance, according to background characteristics, Philippines NDHS 2017

Characteristic	PhilHealth Insurance by type of coverage							Any PhilHealth insurance	Any other health insurance	Number of persons
	Formal economy	Informal economy	Indigent/ NHTS-PR	Sponsored	Lifetime members	Senior citizen	Overseas Filipino member			
Residence										
Urban	39.1	8.2	9.3	2.3	1.2	4.7	1.4	65.7	35.4	52,058
Rural	18.0	8.8	26.4	5.0	0.5	6.3	1.8	66.0	15.3	64,147
Region										
National Capital Region	57.9	3.6	2.6	1.2	1.7	3.3	0.9	70.7	51.8	16,594
Cordillera Admin. Region	15.2	17.5	20.0	7.5	1.3	6.9	3.7	71.2	20.5	2,131
I - Ilocos Region	14.8	17.7	22.6	0.7	0.1	8.7	1.5	65.2	19.8	6,156
II - Cagayan Valley	12.3	23.7	20.0	1.0	0.1	6.8	1.4	64.9	6.4	4,208
III - Central Luzon	31.9	14.5	5.8	4.9	0.7	5.9	2.2	65.7	28.6	11,196
IVA - CALABARZON	39.5	7.0	8.0	1.7	0.5	5.1	3.6	65.0	26.6	17,753
IVB - MIMAROPA	17.4	7.5	23.0	11.7	1.0	5.7	1.1	66.9	16.2	3,004
V - Bicol	13.4	4.7	27.9	10.8	1.5	4.9	0.4	62.4	10.4	7,359
VI - Western Visayas	18.6	5.0	29.6	3.1	0.8	8.6	1.1	65.5	21.7	7,874
VII - Central Visayas	27.7	2.9	17.7	2.1	0.8	7.2	1.3	59.4	27.3	7,383
VIII - Eastern Visayas	15.4	4.8	32.6	5.5	1.1	6.6	1.2	65.9	9.7	5,084
IX - Zamboanga Peninsula	10.2	7.1	39.4	3.0	0.2	7.0	0.6	66.2	13.0	3,959
X - Northern Mindanao	20.4	6.6	20.2	13.6	1.3	4.4	0.5	65.2	19.8	4,849
XI - Davao	20.0	14.7	26.4	1.1	0.5	5.7	1.3	69.2	25.4	6,264
XII - SOCCSKSARGEN	13.4	11.9	33.6	4.3	1.0	5.5	1.8	71.0	10.0	5,469
XIII - Caraga	16.7	10.3	33.2	4.3	1.0	5.4	0.7	69.7	19.9	3,243
ARMM	5.9	2.3	39.1	1.0	0.1	1.2	1.2	50.2	2.6	3,679
Wealth quintile										
Lowest	5.2	3.2	39.7	5.8	0.1	4.9	0.3	59.0	4.0	23,248
Second	13.0	6.9	30.1	5.1	0.2	5.5	0.7	60.6	10.9	23,242
Middle	25.4	8.5	17.1	4.3	0.5	5.9	1.2	62.1	21.6	23,225
Fourth	39.7	11.6	5.4	2.8	1.0	6.1	2.0	68.2	33.4	23,249
Highest	53.9	12.6	1.3	0.9	2.3	5.7	3.6	79.1	51.8	23,241
Total	27.4	8.5	18.7	3.8	0.9	5.6	1.6	65.8	24.3	116,205

NHTS-PR = National Household Targeting System for Poverty Reduction

3.5 CHARACTERISTICS OF RESPONDENTS

Table 5 shows, by background characteristics, the weighted and unweighted numbers and the weighted percent distributions of women age 15-49 interviewed in the NDHS 2017. Just over half of the women in the sample are under age 30 (51%).

Four in five women are Roman Catholic (80%), 8 percent are Protestant, and 5 percent are Muslim. One in three respondents (32%) are Tagalog, 17 percent are Cebuano, and 8 percent each are Ilokano, Ilonggo, or Bikolano.

More than one-third of women (36%) have never been married. A majority of women (60%) are currently married or living together as if married, with a small percentage divorced or separated (3%) or widowed (1%). Just under half of respondents live in urban areas (49%). Eighteen percent of women live in the National Capital Region, 16 percent live in CALABARZON, and 10 percent in Central Luzon.

With respect to educational status, 1 percent of women report that they have never attended school, 13 percent have at least some primary school, 50 percent have at least some secondary school, and 36 percent have completed at least some post-secondary school or college[1]. Seventeen percent of respondents are in the lowest wealth quintile and 23 percent are in the highest.

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[1] The educational system in the Philippines changed in 2011-2012, and the changes affect the way the education background characteristic is presented in the NDHS 2017 relative to previous DHS surveys. Prior to 2012, the educational system consisted of 6 years of elementary school (primary school) followed by 4 years of high school (secondary school). In the current K-12 system, grades 1-6 correspond to primary school, grades 7-12 correspond to secondary school. However, secondary school is subdivided into junior high school (grades 7-10) and senior high

Table 5 Background characteristics of respondents

Percent distribution of women age 15-49 by selected background characteristics, Philippines NDHS 2017

Background characteristic	Women		
	Weighted percent	Weighted number	Unweighted number
Age			
15-19	19.5	4,897	5,120
20-24	16.7	4,175	3,914
25-29	14.8	3,717	3,686
30-34	12.9	3,243	3,287
35-39	13.4	3,360	3,291
40-44	11.3	2,837	2,903
45-49	11.3	2,845	2,873
Religion			
Roman Catholic	79.9	20,030	18,141
Protestant	7.6	1,906	2,314
Iglesia ni Cristo	3.1	781	726
Aglipay	0.7	186	335
Other Christian	2.3	573	783
Islam	5.0	1,263	2,321
Other	1.1	264	388
None	0.3	72	66
Ethnic group			
Tagalog	32.1	8,042	4,914
Cebuano	17.2	4,313	4,270
Ilokano	7.9	1,988	2,257
Ilonggo	7.6	1,895	1,904
Bikolano	7.6	1,904	1,587
Kapampangan	3.0	743	491
Maranao	1.3	325	647
Tausog	1.6	401	719
Bisaya	3.1	765	952
Waray	3.9	966	1,275
Other	14.9	3,732	6,058
Marital status			
Never married	35.8	8,971	8,652
Married	42.4	10,639	11,458
Living together	17.5	4,377	3,987
Divorced/separated	3.2	809	690
Widowed	1.1	277	287
Residence			
Urban	48.9	12,252	9,016
Rural	51.1	12,822	16,058
Region			
National Capital Region	17.5	4,400	2,574
Cordillera Admin. Region	1.8	440	1,469
I - Ilocos Region	5.0	1,258	970
II - Cagayan Valley	3.2	802	1,067
III - Central Luzon	9.8	2,453	2,056
IVA - CALABARZON	16.0	4,016	1,414
IVB - MIMAROPA	2.5	621	1,257
V - Bicol	6.2	1,551	1,642
VI - Western Visayas	6.0	1,498	1,742
VII - Central Visayas	6.4	1,607	1,313
VIII - Eastern Visayas	4.0	997	1,595
IX - Zamboanga Peninsula	3.0	764	866
X - Northern Mindanao	4.0	998	1,518
XI - Davao	4.8	1,203	1,266
XII - SOCCSKSARGEN	4.1	1,038	1,140
XIII - Caraga	2.6	648	1,426
ARMM	3.1	780	1,759
Education			
No education	0.8	200	314
Grades 1-6	12.9	3,245	3,853
Grades 7-10	46.1	11,558	11,468
Grade 11	3.7	934	951
Post-secondary	4.6	1,144	998
College	31.9	7,994	7,490

(Continued…)

school (grades 11-12). Thus, the K-12 system includes two more years of high school relative to the old system. The first class to graduate from the K-12 system will occur in 2018.

Table 5—continued

Background characteristic	Women		
	Weighted percent	Weighted number	Unweighted number
Wealth quintile			
Lowest	16.8	4,209	5,928
Second	18.5	4,629	5,494
Middle	19.6	4,918	4,856
Fourth	22.0	5,528	4,577
Highest	23.1	5,791	4,219
Total 15-49	100.0	25,074	25,074

Note: Education categories refer to the highest level of education in which at least one grade has been completed. No education includes respondents who completed nursery, kindergarten, or preschool only.

3.6 FERTILITY

To generate data on fertility, all women who were interviewed were asked to report the total number of sons and daughters to whom they had ever given birth. To ensure that all information was reported, women were asked separately about children still living at home, those living elsewhere, and those who had died. A complete pregnancy history was then obtained, including information on the sex, date of birth, and survival status of each child; age at death for children who had died was also recorded. In addition to information on live births, the pregnancy history section incorporated questions on all pregnancies that did not end in a live birth, including information on the day, month, and year the pregnancy ended, the duration of pregnancy, and whether something was done deliberately to end the pregnancy.

Table 6 shows age-specific fertility rates (ASFRs) among women by 5-year age groups for the 3-year period preceding the survey. Age-specific and total fertility rates were calculated directly from the pregnancy history data, taking into account the live births[2]. The sum of age-specific fertility rates (known as the total fertility rate, or TFR) is a summary measure of the level of fertility. It can be interpreted as the number of children a woman would have by the end of her childbearing years if she were to pass through those years bearing children at the currently observed age-specific rates. If fertility were to remain constant at current levels, a woman from the Philippines would bear an average of 2.7 children in her lifetime. Fertility is higher among rural women than among urban women; on average, rural women will give birth to 2.9 children in their lifetime compared with 2.4 children for urban women. As the ASFRs show, the pattern of higher rural fertility is evident in all age groups except the youngest (age 10-14) where there is no measurable fertility and the oldest (age 45-49), where fertility level is very low.

Table 6 Current fertility

Age-specific and total fertility rates, general fertility rate, and the crude birth rate for the 3 years preceding the survey, according to residence, Philippines NDHS 2017

Age group	Residence		Total
	Urban	Rural	
10-14	[0]	[0]	[0]
15-19	40	53	47
20-24	114	149	131
25-29	121	149	135
30-34	108	119	114
35-39	71	79	75
40-44	23	34	29
45-49	[3]	[2]	[2]
TFR (15-49)	2.4	2.9	2.7
GFR	81	97	89
CBR	18.4	18.7	18.6

Notes: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated. Rates are for the period 1-36 months prior to interview. Rates for women age 10-14 are based on retrospective data from women age 15-17.
TFR: Total fertility rate expressed per woman
GFR: General fertility rate expressed per 1,000 women age 15-44
CBR: Crude birth rate, expressed per 1,000 population

There has been a steady decline in fertility rates in the last four decades. Fertility declined from 6.0 births per woman in the 1973 NDS to 2.7 births per woman in the NDHS 2017—a drop of more than three births per woman (Figure 1).

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[2] Numerators for the age-specific rates are calculated by summing the births that occurred during the 1-36 months preceding the survey, classified by the 5-year age group of the mother at the time of the birth. The denominators are the numbers of woman-years lived in each 5-year age group during the 1-36 months preceding the survey.

Figure 1 Trends in total fertility rate, 1973-2017

Births per woman
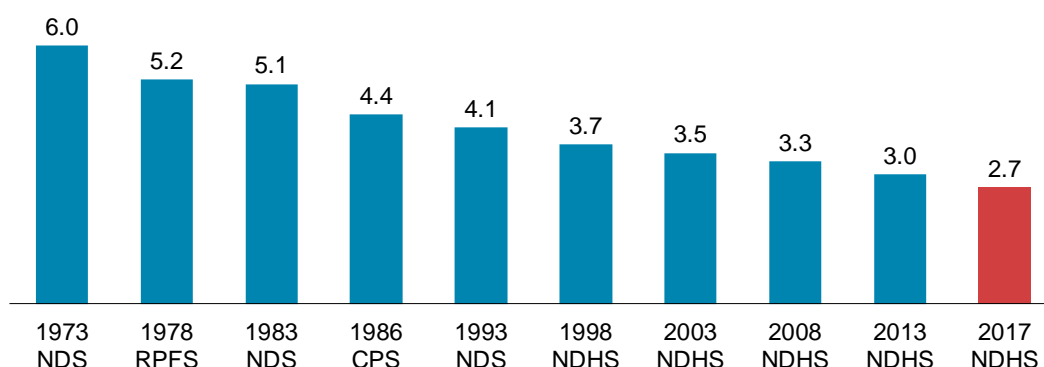
Note: TFRs for the 1973 NDS, 1978 RPFS, and 1983 NDS are 5-years rates; TFRs for all other surveys are 3-year rates.

3.7 TEENAGE PREGNANCY AND MOTHERHOOD

The issue of adolescent fertility is important for both health and social reasons. Children born to very young mothers are at increased risk of sickness and death. Teenage mothers are more likely to experience adverse pregnancy outcomes and to be constrained in their ability to pursue educational opportunities than young women who delay childbearing.

Table 7 shows the percentage of women age 15-19 who have had a birth or were pregnant with their first child at the time of the survey, according to background characteristics. Overall, 9 percent of women age 15-19 have begun childbearing: 7 percent have had a live birth and 2 percent were pregnant at the time of the interview. The proportion of teenagers who have begun childbearing rises rapidly with age, from 1 percent at age 15 to 22 percent at age 19. Rural teenagers start childbearing slightly earlier than urban teenagers (10% and 7% respectively).

Eighteen percent of teenagers in the Davao region and 15 percent each in Northern Mindanao and SOCCSKSARGEN have begun childbearing. Teenagers in the highest two wealth quintiles (3-5%) start childbearing later than those in other quintiles (10-15%).

Table 7 Teenage pregnancy and motherhood

Percentage of women age 15-19 who have had a live birth or who are pregnant with their first child, and percentage who have begun childbearing, according to background characteristics, Philippines NDHS 2017

Background characteristic	Percentage of women age 15-19 who:		Percentage who have begun childbearing	Number of women
	Have had a live birth	Are pregnant with first child		
Age				
15	0.2	0.1	0.5	925
16	2.6	1.1	3.7	965
17	3.6	1.2	4.9	1,168
18	9.0	3.6	12.8	944
19	20.8	1.4	22.4	895
Residence				
Urban	5.9	0.9	6.8	2,276
Rural	7.9	1.9	10.1	2,621
Region				
National Capital Region	4.6	1.0	5.6	806
Cordillera Admin. Region	2.8	0.7	3.5	98
I - Ilocos Region	9.8	3.4	13.2	302
II - Cagayan Valley	5.4	2.3	7.8	160
III - Central Luzon	7.5	1.2	8.9	485
IVA - CALABARZON	7.1	2.1	9.2	576
IVB - MIMAROPA	7.8	1.4	10.3	131
V - Bicol	4.0	0.4	4.4	384
VI - Western Visayas	4.9	0.5	5.3	326
VII - Central Visayas	6.3	1.1	7.4	339
VIII - Eastern Visayas	5.1	1.6	6.9	227
IX - Zamboanga Peninsula	6.8	0.6	7.5	143
X - Northern Mindanao	11.6	1.6	14.7	181
XI - Davao	15.9	2.1	17.9	233
XII - SOCCSKSARGEN	11.8	2.4	14.5	198
XIII - Caraga	5.7	2.5	8.2	137
ARMM	6.8	1.7	8.5	174
Education				
No education	*	*	*	7
Grades 1-6	26.2	4.4	31.8	307
Grades 7-10	7.4	1.6	9.1	2,893
Grade 11	1.7	0.9	2.6	902
Post-secondary	(4.8)	(0.0)	(4.8)	45
College	4.0	0.4	4.4	743
Wealth quintile				
Lowest	12.0	2.1	14.8	870
Second	8.2	1.7	9.9	1,006
Middle	9.1	2.1	11.1	946
Fourth	3.6	1.3	5.0	1,083
Highest	2.9	0.3	3.2	993
Total 15-19	7.0	1.5	8.6	4,897

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

3.8 FERTILITY PREFERENCES

Information on fertility preferences is used to assess the potential demand for family planning services for the purposes of spacing or limiting future childbearing. To elicit information on fertility preferences, several questions were asked of currently married women (pregnant or not) regarding whether they wanted to have another child and, if so, how soon.

Table 8 shows that 15 percent of women want to have another child soon (within the next 2 years), 15 percent want to have another child later (in 2 or more years), and 1 percent want another child but have not decided when. Fifty-three percent of women want no more children, while 8 percent have already been sterilized or have partners who are sterilized. Six percent have not decided if they want another child.

Fertility preferences are closely related to number of living children. Seventy-three percent of women with no living children want a child soon compared with only 4 percent of women with three or more children. In general, the more children a woman has, the higher is the likelihood that she does not want another child.

Table 8 Fertility preferences by number of living children

Percent distribution of currently married women age 15-49 by desire for children, according to number of living children, Philippines NDHS 2017

| Desire for children | Number of living children[1] | | | | | | | Total |
	0	1	2	3	4	5	6+	
Have another soon[2]	73.2	27.9	11.6	4.4	2.6	2.2	2.3	15.1
Have another later[3]	10.1	35.8	16.3	7.0	2.9	1.4	1.4	14.6
Have another, undecided when	0.8	3.6	1.5	0.7	0.4	0.5	0.0	1.4
Undecided	2.5	8.0	8.5	4.7	4.9	3.4	3.0	6.1
Want no more	5.0	21.9	55.4	67.7	72.3	75.3	78.7	52.6
Sterilized[4]	0.5	0.4	4.6	13.3	14.0	15.1	11.9	7.5
Declared infecund	8.0	2.4	2.0	2.2	2.9	2.1	2.5	2.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	936	3,193	4,057	3,051	1,663	964	1,151	15,016

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

3.9 FAMILY PLANNING

Family planning refers to a conscious effort by a couple to limit or space the number of children they have through the use of contraceptive methods. Contraceptive methods are classified as modern or traditional. Modern methods include female sterilization, male sterilization, intrauterine contraceptive device (IUD), injectables, implants, the pill, condoms, standard days method (SDM), and lactational amenorrhea method (LAM). Methods such as rhythm, withdrawal, and folk methods are grouped as traditional.

Table 9.1 shows the percent distribution of currently married women and sexually active, unmarried women by the contraceptive method they currently use. Overall, 54 percent of currently married women use a method of family planning, with 40 percent using a modern method and 14 percent using a traditional method. According to the 2013 NDHS, 55 percent of currently married women used a method of family planning, including 38 percent who used a modern method. Thus there has been a slight increase in the use of modern methods since 2013.

Among currently married women, the most popular methods are the pill (used by 21%), withdrawal (used by 10%), female sterilization (used by 7%), and injectables (used by 5%). The contraceptive prevalence rate (CPR) among married women varies with age, rising from 36 percent among women age 15-19, peaking at 62 percent of women age 30-34, and then declining to 38 percent among women age 45-49. Women with living children are much more likely than women without living children to use contraception (56-64% versus 8%).

Currently married women in urban areas are slightly less likely than women in rural areas to use any contraceptive method (53% and 55%, respectively) or any modern method (38% and 42%, respectively). The overall increase in the use of modern methods between 2013 and 2017 at a national level is explained by the increase in use of modern methods in rural areas (38% in 2013 versus 42% in 2017).

Wide variations in use of contraception are reported by region, ranging from a low of 26 percent among currently married women in ARMM to a high of 63 percent of those in Cagayan Valley (Table 9.2). Use of any method or any modern method peaks among women in the second wealth quintile and then declines (Table 9.1).

Among sexually active, unmarried women, 32 percent use a method and 17 percent use a modern method. The most commonly used methods are withdrawal (14%) followed by the pill (11%). Use of contraception is twice as high among sexually active, unmarried women in urban areas as rural areas (40% versus 21%); use of modern methods is three times as great in urban areas compared with rural areas (24% versus 8%).

Table 9.1 Current use of contraception according to background characteristics

Percent distribution of currently married women and sexually active unmarried women age 15-49, by contraceptive method currently used, according to background characteristics, Philippines NDHS 2017

Background characteristic	Any method	Any modern method	Female sterili-zation	Male sterili-zation	IUD	Inject-ables	Implants	Pill	Male condom	SDM	LAM	Any tradi-tional method	Rhythm	With-drawal	Other	Not currently using	Total	Number of women
							CURRENTLY MARRIED WOMEN											
Number of living children																		
0	7.6	2.6	0.3	0.1	0.0	0.0	0.0	1.8	0.3	0.0	0.0	5.1	2.3	2.7	0.0	92.4	100.0	1,201
1-2	55.5	39.8	2.8	0.0	3.3	5.3	1.0	24.6	1.9	0.1	0.8	15.7	3.3	12.4	0.1	44.5	100.0	7,194
3-4	63.5	49.7	14.0	0.0	4.4	5.3	1.6	22.2	1.6	0.0	0.4	13.9	3.7	10.1	0.1	36.5	100.0	4,560
5+	56.5	43.8	13.5	0.2	4.0	6.5	1.3	16.3	1.6	0.1	0.2	12.7	4.4	8.1	0.2	43.5	100.0	2,061
Age																		
15-19	35.8	29.7	0.0	0.0	3.4	6.0	1.9	16.0	1.1	0.0	1.1	6.1	0.6	5.4	0.1	64.2	100.0	419
20-24	55.7	44.0	0.2	0.0	3.3	7.5	2.6	27.6	0.7	0.0	2.1	11.7	2.2	9.4	0.1	44.3	100.0	1,718
25-29	56.6	43.2	1.8	0.0	4.6	7.1	1.6	25.8	1.4	0.1	0.8	13.4	2.3	11.1	0.0	43.4	100.0	2,628
30-34	61.9	47.0	5.5	0.0	3.7	5.4	1.5	27.7	2.6	0.0	0.5	14.9	2.4	12.5	0.1	38.1	100.0	2,663
35-39	59.8	44.7	9.9	0.0	3.4	6.1	0.9	22.0	2.4	0.1	0.0	15.1	4.1	10.9	0.1	40.2	100.0	2,775
40-44	55.5	40.0	13.9	0.1	3.3	3.4	0.5	17.1	1.6	0.0	0.1	15.5	4.9	10.4	0.2	44.5	100.0	2,443
45-49	37.6	24.4	12.9	0.2	2.5	1.0	0.1	6.6	1.0	0.2	0.0	13.2	5.2	7.8	0.2	62.4	100.0	2,372
Residence																		
Urban	53.3	38.1	8.1	0.1	2.9	4.4	1.1	18.9	1.7	0.0	1.0	15.3	3.7	11.5	0.1	46.7	100.0	6,769
Rural	55.0	42.2	6.9	0.0	4.0	5.6	1.2	22.6	1.6	0.1	0.2	12.8	3.3	9.4	0.1	45.0	100.0	8,247
Education																		
No education	26.7	19.1	3.9	0.0	1.9	3.6	2.1	7.6	0.0	0.0	0.0	7.6	1.4	4.9	1.3	73.3	100.0	156
Grades 1-6	53.3	41.4	7.5	0.1	4.3	5.6	1.3	21.1	1.1	0.1	0.4	11.9	2.3	9.4	0.2	46.7	100.0	2,633
Grades 7-10	57.7	44.0	7.6	0.0	4.1	5.6	1.4	23.4	1.3	0.1	0.4	13.7	3.0	10.6	0.1	42.3	100.0	7,277
Grade 11	(27.5)	(20.6)	(0.0)	(0.0)	(7.1)	(0.0)	(0.0)	(13.5)	(0.0)	(0.0)	(0.0)	(7.0)	(0.0)	(7.0)	(0.0)	(72.5)	100.0	24
Post-secondary	53.8	37.1	6.3	0.0	2.4	5.0	0.9	19.7	2.4	0.1	0.2	16.8	4.1	12.6	0.0	46.2	100.0	742
College	50.1	34.9	7.6	0.0	2.2	3.8	0.6	17.2	2.5	0.0	0.9	15.2	4.9	10.2	0.1	49.9	100.0	4,185
Wealth quintile																		
Lowest	55.0	43.8	4.7	0.0	4.7	6.7	1.8	24.4	0.9	0.1	0.5	11.2	2.8	8.2	0.3	45.0	100.0	3,038
Second	59.6	46.2	7.2	0.1	5.0	6.8	1.6	23.4	1.6	0.1	0.3	13.4	3.6	9.8	0.1	40.4	100.0	3,035
Middle	55.8	41.1	7.3	0.0	3.6	5.0	1.1	21.6	1.7	0.1	0.5	14.8	3.2	11.5	0.1	44.2	100.0	3,028
Fourth	52.3	36.9	8.8	0.0	3.1	4.3	0.6	18.0	1.7	0.0	0.2	15.3	3.8	11.5	0.0	47.7	100.0	3,089
Highest	48.1	33.4	9.3	0.0	0.9	2.1	0.5	16.9	2.3	0.1	1.2	14.8	4.0	10.7	0.1	51.9	100.0	2,828
Total	54.3	40.4	7.4	0.0	3.5	5.0	1.1	20.9	1.7	0.1	0.5	13.9	3.5	10.3	0.1	45.7	100.0	15,016
						SEXUALLY ACTIVE UNMARRIED WOMEN[1]													
Residence																		
Urban	40.4	23.7	0.5	0.0	1.3	2.1	0.0	14.6	5.3	0.0	0.0	16.7	1.3	15.4	0.0	59.6	100.0	163
Rural	20.6	8.3	0.2	0.0	1.4	0.9	0.0	5.1	0.6	0.0	0.0	12.3	1.4	10.9	0.0	79.4	100.0	113
Total	32.3	17.4	0.4	0.0	1.3	1.6	0.0	10.7	3.3	0.0	0.0	14.9	1.3	13.6	0.0	67.7	100.0	276

Notes: If more than one method is used, only the most effective method is considered in this tabulation. Users of female condom, mucus/Billings/ovulation, and basal body temperature are included in any modern and any method categories but are too few in number to be shown separately. Figures in parentheses are based on 25-49 unweighted cases.
SDM = Standard days method
LAM = Lactational amenorrhea method
[1] Women who have had sexual intercourse within 30 days preceding the survey.

Table 9.2 Current use of contraception according to background characteristics

Percent distribution of currently married women age 15-49, by contraceptive method currently used, according to region, Philippines NDHS 2017

Region	Any method	Any modern method	Female sterili-zation	Male sterili-zation	IUD	Inject-ables	Implants	Pill	Male condom	SDM	LAM	Any tradi-tional method	Rhythm	With-drawal	Other	Not currently using	Total	Number of women
							Modern method							Traditional method				
National Capital Region	54.7	39.9	8.4	0.1	2.3	4.8	1.1	19.0	1.8	0.1	2.3	14.8	3.6	11.2	0.0	45.3	100.0	2,133
Cordillera Admin. Region	50.0	43.5	9.1	0.2	2.6	8.8	0.3	21.2	1.0	0.1	0.1	6.5	2.0	4.5	0.0	50.0	100.0	222
I - Ilocos Region	60.1	43.9	15.2	0.1	2.2	6.8	0.4	17.7	1.2	0.0	0.2	16.2	1.5	14.6	0.1	39.9	100.0	721
II - Cagayan Valley	62.6	57.0	8.7	0.0	3.9	6.6	0.6	36.1	1.1	0.0	0.0	5.6	0.2	5.3	0.0	37.4	100.0	559
III - Central Luzon	53.1	38.2	13.0	0.0	0.4	4.6	0.6	17.8	1.4	0.0	0.4	14.9	1.4	13.5	0.0	46.9	100.0	1,509
IVA - CALABARZON	54.0	36.4	7.5	0.1	2.6	3.9	0.7	19.4	2.0	0.0	0.1	17.5	3.3	14.3	0.0	46.0	100.0	2,489
IVB - MIMAROPA	50.8	43.6	5.1	0.0	2.3	8.6	1.7	24.6	0.6	0.0	0.5	7.2	2.5	4.5	0.1	49.2	100.0	398
V - Bicol	51.3	32.2	4.3	0.0	1.3	4.6	0.9	18.6	2.3	0.1	0.2	19.1	4.7	14.3	0.0	48.7	100.0	944
VI - Western Visayas	56.9	39.9	5.7	0.1	3.3	4.5	1.2	23.2	1.5	0.0	0.5	16.9	6.1	10.8	0.0	43.1	100.0	924
VII - Central Visayas	52.1	36.7	4.7	0.0	7.1	3.2	1.3	18.0	2.1	0.1	0.2	15.4	7.6	7.5	0.3	47.9	100.0	939
VIII - Eastern Visayas	58.8	40.9	6.7	0.0	5.4	6.1	2.0	18.6	1.7	0.2	0.1	17.9	3.8	14.0	0.1	41.2	100.0	611
IX - Zamboanga Peninsula	49.5	42.0	3.6	0.1	5.5	5.6	2.3	21.9	1.9	0.4	0.7	7.4	3.6	3.1	0.7	50.5	100.0	513
X - Northern Mindanao	53.5	44.9	5.7	0.0	10.4	3.5	0.7	22.5	1.7	0.3	0.2	8.6	3.8	4.8	0.0	46.5	100.0	634
XI - Davao	62.2	48.9	6.5	0.0	5.9	4.2	2.1	28.1	1.9	0.0	0.1	13.2	4.3	9.0	0.0	37.8	100.0	822
XII - SOCCSKSARGEN	58.9	50.8	5.5	0.0	4.0	8.4	3.4	27.6	1.4	0.0	0.4	8.0	3.4	4.4	0.2	41.1	100.0	719
XIII - Caraga	54.8	46.8	5.2	0.1	8.4	5.8	0.4	25.1	1.4	0.2	0.2	8.0	3.4	4.4	0.2	45.2	100.0	425
ARMM	26.3	18.7	1.5	0.0	1.2	5.6	0.6	9.7	0.2	0.0	0.0	7.6	0.5	6.3	0.8	73.7	100.0	453
Total	54.3	40.4	7.4	0.0	3.5	5.0	1.1	20.9	1.7	0.1	0.5	13.9	3.5	10.3	0.1	45.7	100.0	15,016

Note: If more than one method is used, only the most effective method is considered in this tabulation. Users of female condom, mucus/Billings/ovulation, and basal body temperature are included in any modern and any method categories but are too few in number to be shown separately.
SDM = Standard days method
LAM = Lactational amenorrhea method

3.10   SOURCE OF MODERN CONTRACEPTION

The government sector is the most popular source for modern contraception in the Philippines, serving 56 percent of modern method users (Table 10). Barangay health stations serve 25 percent of modern contraceptive users, with government hospitals (17%) and rural or urban health centers (12%) also prominent. Overall, 38 percent of users receive their contraceptives from the private medical sector; this sector is common for male condoms (57%), the pill (54%), female sterilization (23%), and implants (23%). More than half of male condom users (56%) and pill users (53%) get the condoms from pharmacies. Only 7 percent of users of modern methods of contraception receive methods from other sources; 11 percent of male condom users and 12 percent of pill users obtained contraception most recently from shops.

Table 10 Source of modern contraception methods

Percent distribution of users of modern contraceptive methods age 15-49 by most recent source of method, according to method, Philippines NDHS 2017

Source	Female sterilization	IUD	Injectables	Implants	Pill	Male condom	Total
Public Sector	76.9	89.2	92.7	75.0	34.2	29.5	55.6
Government hospital	70.1	30.8	2.2	15.4	0.3	0.4	17.3
Rural health center/urban health center	6.5	29.0	26.5	23.2	7.0	3.9	11.6
Barangay health station	0.0	28.5	60.2	33.4	24.1	24.1	24.5
Barangay supply/service point officer/BHW	0.0	0.8	3.8	2.8	2.8	1.0	2.1
Other	0.3	0.1	0.0	0.2	0.0	0.0	0.1
Private medical sector	23.1	10.5	6.3	23.2	54.2	56.9	37.6
Private hospital/clinic	22.7	9.2	4.2	13.6	0.7	0.0	6.5
Pharmacy	0.0	0.1	0.9	0.0	53.2	56.4	30.2
Private doctor	0.4	0.3	0.1	0.2	0.3	0.2	0.3
Private nurse/midwife	0.0	0.3	0.9	0.0	0.0	0.3	0.1
NGO	0.0	0.0	0.1	6.7	0.0	0.0	0.2
Industry based clinic	0.0	0.1	0.0	1.9	0.0	0.0	0.1
Other	0.0	0.6	0.0	0.8	0.0	0.0	0.1
Other source	0.0	0.0	0.9	0.0	11.6	13.6	6.7
Puericulture	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Shop	0.0	0.0	0.2	0.0	11.5	11.3	6.5
Church	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Friends/relatives	0.0	0.0	0.7	0.0	0.0	2.2	0.2
Other	0.0	0.2	0.1	1.7	0.0	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,200	540	765	175	3,188	279	6,156

Note: Total includes 7 users of male sterilization and 1 user of female condoms but excludes lactational amenorrhea method (LAM), mucus/Billings/ovulation, basal body temperature, symptothermal, and standard days methods.
BHW = Barangay health worker

3.11   NEED AND DEMAND FOR FAMILY PLANNING

The proportion of women who want to stop childbearing or who want to space their next birth is a crude measure of the extent of the need for family planning, given that not all of these women are exposed to the risk of pregnancy, and some may already be using contraception. This section discusses a more refined extent of need and the potential demand for family planning services. Women who want to postpone their next birth for 2 or more years, or who want to stop childbearing altogether but are not using a contraceptive method, are said to have an unmet need for family planning. Pregnant women are considered to have an unmet need for spacing or limiting if their pregnancy was mistimed or unwanted, respectively. Similarly, amenorrheic women are categorized as having an unmet need if their last birth was mistimed or unwanted. Women who are currently using a family planning method are said to have a met need for family planning. Total demand for family planning services comprises those who fall in the met need and unmet need categories.

Table 11 presents data on unmet need, met need, and total demand for family planning among currently married women and sexually active unmarried women. Figure 2 presents a comparison of unmet need, modern contraceptive use, and percentage of total demand satisfied with modern methods among currently married women. These indicators help evaluate the extent to which family planning programs in

the Philippines meet the demand for services. The definition of unmet need for family planning was revised in 2012 so that data on levels of unmet need are comparable over time and across surveys. The unmet need estimates in Figure 2 for the 1993 NDS and 1998, 2003, and 2008 NDHS have been recalculated using the revised definition of unmet need.

Seventeen percent of currently married women have an unmet need for family planning services (Table 11). Fifty-four percent of married women are currently using a contraceptive method. Therefore, 71 percent of currently married women have a demand for family planning. At present, 77 percent of the potential demand for family planning is being met, albeit only 57 percent is met by modern methods.

Younger married women age 15-19 have the greatest value of unmet need of all age groups (28% versus 13%-18%). By region, the unmet need for family planning is highest in Zamboanga Peninsula (25%) and lowest in the National Capital Region (12%). Unmet need varies little by wealth quintile.

If all married women who said they want to space or limit their children were to use family planning methods, the CPR would increase from 54 percent to 71 percent.

Among sexually active, unmarried women, 49 percent have an unmet need for family planning, and 32 percent have a met need; therefore 81 percent have demand for family planning. Overall, 40 percent of the demand is met; 22 percent of the demand is met by modern contraceptive methods.

Table 11 Need and demand for family planning among currently married women and sexually active unmarried women

Percentage of currently married women and sexually active unmarried women age 15-49 with unmet need for family planning, percentage with met need for family planning, percentage with met need for family planning who are using modern methods, percentage with demand for family planning, percentage of the demand for family planning that is satisfied, and percentage of the demand for family planning that is satisfied with modern methods, according to background characteristics, Philippines NDHS 2017

Background characteristic	Unmet need for family planning	Met need for family planning (currently using)		Total demand for family planning[3]	Number of women	Percentage of demand satisfied[1]	
		All methods	Modern methods[2]			All methods	Modern methods[2]
CURRENTLY MARRIED WOMEN							
Age							
15-19	27.9	35.8	29.7	63.8	419	56.2	46.6
20-24	18.4	55.7	44.0	74.1	1,718	75.1	59.3
25-29	15.8	56.6	43.2	72.4	2,628	78.2	59.6
30-34	13.2	61.9	47.0	75.1	2,663	82.4	62.5
35-39	16.4	59.8	44.7	76.1	2,775	78.5	58.7
40-44	18.0	55.5	40.0	73.5	2,443	75.5	54.4
45-49	17.3	37.6	24.4	54.9	2,372	68.4	44.5
Residence							
Urban	16.4	53.3	38.1	69.7	6,769	76.5	54.6
Rural	16.9	55.0	42.2	71.9	8,247	76.5	58.7
Region							
National Capital Region	12.3	54.7	39.9	67.1	2,133	81.6	59.5
Cordillera Admin. Region	15.1	50.0	43.5	65.2	222	76.8	66.7
I - Ilocos Region	13.7	60.1	43.9	73.8	721	81.5	59.5
II - Cagayan Valley	14.4	62.6	57.0	77.0	559	81.3	74.1
III - Central Luzon	14.1	53.1	38.2	67.3	1,509	79.0	56.8
IVA - CALABARZON	20.1	54.0	36.4	74.0	2,489	72.9	49.2
IVB - MIMAROPA	19.8	50.8	43.6	70.6	398	71.9	61.7
V - Bicol	21.3	51.3	32.2	72.6	944	70.6	44.4
VI - Western Visayas	13.4	56.9	39.9	70.3	924	80.9	56.8
VII - Central Visayas	19.6	52.1	36.7	71.8	939	72.7	51.2
VIII - Eastern Visayas	16.0	58.8	40.9	74.9	611	78.6	54.6
IX - Zamboanga Peninsula	24.6	49.5	42.0	74.1	513	66.8	56.8
X - Northern Mindanao	17.8	53.5	44.9	71.3	634	75.0	63.0
XI - Davao	13.5	62.2	48.9	75.7	822	82.1	64.7
XII - SOCCSKSARGEN	17.5	58.9	50.8	76.3	719	77.1	66.6
XIII - Caraga	17.8	54.8	46.8	72.6	425	75.5	64.5
ARMM	17.8	26.3	18.7	44.0	453	59.6	42.5
Education							
No education	24.3	26.7	19.1	50.9	156	52.4	37.4
Grades 1-6	17.9	53.3	41.4	71.2	2,633	74.8	58.1
Grades 7-10	16.2	57.7	44.0	73.9	7,277	78.1	59.5
Grade 11	(32.6)	(27.5)	(20.6)	(60.2)	24	(45.8)	(34.2)
Post-secondary	17.9	53.8	37.1	71.7	742	75.1	51.7
College	16.3	50.1	34.9	66.4	4,185	75.5	52.6
Wealth quintile							
Lowest	18.1	55.0	43.8	73.1	3,038	75.2	59.9
Second	16.4	59.6	46.2	76.1	3,035	78.4	60.7
Middle	15.9	55.8	41.1	71.7	3,028	77.9	57.3
Fourth	16.1	52.3	36.9	68.3	3,089	76.5	54.1
Highest	17.0	48.1	33.4	65.1	2,828	73.9	51.2
Total	16.7	54.3	40.4	70.9	15,016	76.5	56.9
SEXUALLY ACTIVE UNMARRIED WOMEN[4]							
Residence							
Urban	36.9	40.4	23.7	77.4	163	52.3	30.7
Rural	65.6	20.6	8.3	86.2	113	23.9	9.6
Total	48.7	32.3	17.4	81.0	276	39.9	21.5

Notes: Numbers in this table correspond to the revised definition of unmet need described in Bradley et al., 2012. Figures in parentheses are based on 25-49 unweighted cases.
[1] Percentage of demand satisfied is met need divided by total demand
[2] Modern methods include female sterilization, male sterilization, pill, IUD, injectables, implants, male condom, female condom, standard days method (SDM), mucus/Billings/ovulation, basal body temperature, lactational amenorrhea method (LAM) and other modern methods
[3] Total demand is the sum of unmet need and met need.
[4] Women who have had sexual intercourse within 30 days preceding the survey.

Among currently married women, there has been a decline in the unmet need for family planning from 30 percent in 1993 to 17 percent in 2017 (Figure 2). Over the same time, the percentage of currently married women using modern contraceptive methods has increased from 25 percent in 1993 to 40 percent in 2017. The percentage of the demand for family planning that is satisfied with modern contraceptive methods has increased from 35 percent in 1993 to 57 percent in 2017.

Figure 2 **Trends in unmet need, modern contraceptive use, and percentage of demand satisfied with modern methods, 1993-2013**

Percent of currently
married women

| 1993 NDS | 1998 NDHS | 2003 NDHS | 2008 NDHS | 2013 NDHS | 2017 NDHS |
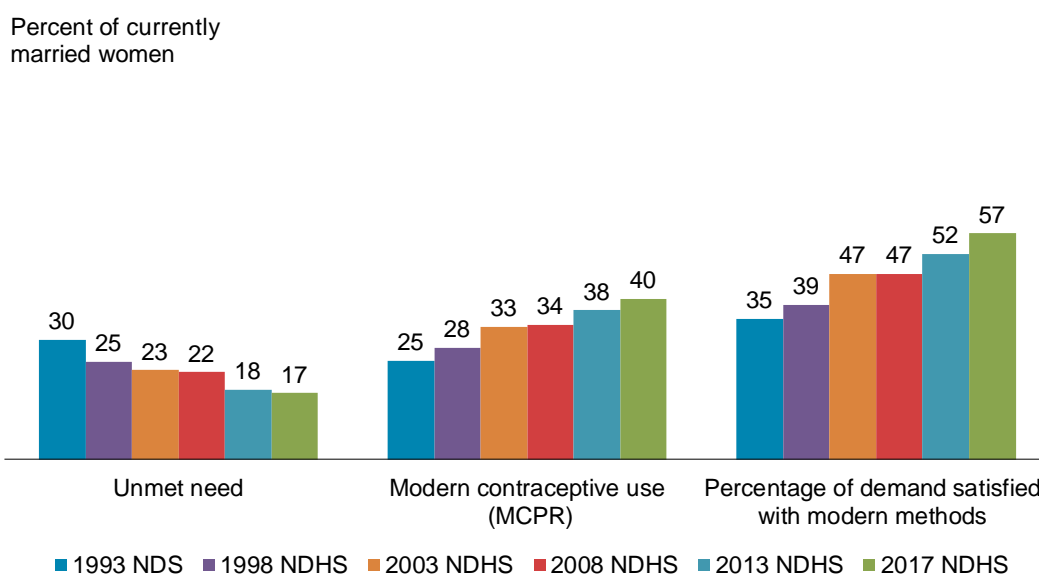
3.12 EARLY CHILDHOOD MORTALITY

Infant and child mortality rates are basic indicators of a country's health and socioeconomic situation and quality of life (UNDP 2007). Estimates of child mortality are based on information collected in the pregnancy history section of the Woman's Questionnaire, which includes questions about aggregate childbearing experience (that is, the number of sons and daughters who live with their mother, the number who live elsewhere, the number who have died, and pregnancies that did not end in a live birth). Table 12 presents estimates for three successive 5-year periods prior to the NDHS 2017. The rates are estimated directly from the information in the pregnancy history on a child's birth date, survivorship status, and age at death for children who died. This information is used to directly estimate the following five mortality rates:

Neonatal mortality is the probability of dying within the first month of life;

Postneonatal mortality is the probability of dying after the first month of life but before the first birthday (difference between infant and neonatal mortality);

Infant mortality is the probability of dying before the first birthday;

Child mortality is the probability of dying between the first and the fifth birthday; and

Under-5 mortality is the probability of dying between birth and the fifth birthday.

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

As shown in Table 12, during the 5 years immediately preceding the survey, the infant mortality rate was 21 deaths per 1,000 live births. The child mortality rate was 7 deaths per 1,000 children surviving to age 12 months, while the overall under-5 mortality rate was 27 deaths per 1,000 live births. Seventy-eight percent of all deaths among children under age 5 in the Philippines take place before a child's first birthday, with 52 percent occurring during the first month of life.

Table 12 Early childhood mortality rates

Neonatal, post-neonatal, infant, child and under-5 mortality rates for 5-year periods preceding the survey, Philippines NDHS 2017

Years preceding the survey	Neonatal mortality (NN)	Post-neonatal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-5 mortality ($_5q_0$)
0-4	14	7	21	7	27
5-9	14	9	23	6	29
10-14	12	8	21	5	26

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

The NDHS 2017 documents a pattern of decreasing childhood mortality during the 24 years since 1993 based on results from the 1993, 1998, 2003, 2008, 2013, and NDHS 2017 surveys (Figure 3). The overall under-5 mortality rate has declined from 54 deaths per 1,000 live births during the 5 years immediately preceding the 1993 NDS to 27 deaths per 1,000 live births in the most recent 5-year period. Infant mortality decreased from 34 deaths per 1,000 live births to 21 deaths per 1,000 live births over the same periods. Child mortality has declined from 21 deaths per 1,000 children surviving to age 12 months for the 5 years preceding the 1993 NDS to 7 deaths per 1,000 live births in the most recent 5-year period.

Figure 3 **Trends in childhood mortality, 1993-2017**

Deaths per 1,000

Infant mortality	Child mortality	Under-5 mortality
34 35 29 25 23 21	21 14 12 9 9 7	54 48 40 34 31 27

■ 1993 NDS ■ 1998 NDHS ■ 2003 NDHS ■ 2008 NDHS ■ 2013 NDHS ■ 2017 NDHS
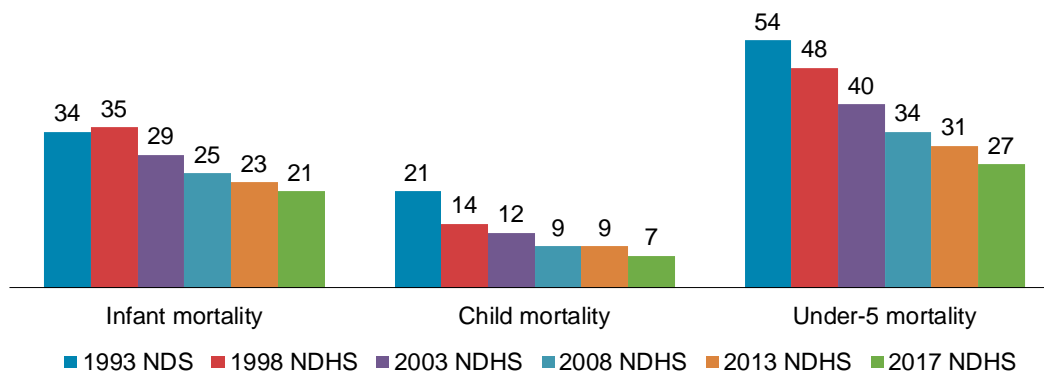
3.13   MATERNAL CARE

Proper care during pregnancy and delivery is important for the health of both the mother and the baby. In the NDHS 2017, women who had given birth in the 5 years preceding the survey were asked a number of questions about maternal care. Mothers were asked whether they had obtained antenatal care during the pregnancy for their most recent live birth in the 5 years preceding the survey and whether they had received tetanus toxoid injections while pregnant. For each live birth over the same period, mothers were also asked what type of assistance they received at the time of delivery and whether the birth was delivered by cesarean section. Finally, women who had a live birth in the 2 years before the survey were asked if they received a postnatal check during the first 2 days after birth. Table 13 summarizes information on the coverage of these maternal health services.

Table 13 Maternal care indicators

Among women age 15-49 who had a live birth in the 5 years preceding the survey, percentage who received antenatal care (ANC) from a skilled provider for the most recent live birth, percentage with four or more ANC visits for the most recent live birth, and percentage whose most recent live birth was protected against neonatal tetanus; among all live births in the 5 years before the survey, percentage delivered by a skilled provider, percentage delivered in a health facility, and percentage delivered by cesarean section; and among women age 15-49 with a live birth in the 2 years preceding the survey, percentage who received a postnatal check during the first 2 days after giving birth, according to background characteristics, Philippines NDHS 2017

| Background characteristic | Women who had a live birth in the 5 years preceding the survey | | | | Live births in the 5 years preceding the survey | | | | Women who had a live birth in the 2 years preceding the survey | |
	Percentage receiving antenatal care from a skilled provider[1]	Percentage with 4+ ANC visits	Percentage whose most recent live birth was protected against neonatal tetanus[2]	Number of women	Percentage delivered by a skilled provider[1]	Percentage delivered in a health facility	Percentage delivery by cesarean section	Number of births	Percentage of women with a postnatal check during the first 2 days after birth[3]	Number of women
Mother's age at birth										
<20	91.4	79.6	74.4	797	83.4	76.1	6.2	1,207	86.1	429
20-34	94.0	88.0	80.9	5,430	85.2	79.0	12.2	7,089	86.0	2,692
35-49	94.4	84.3	78.5	1,394	81.4	73.6	19.7	1,612	86.5	604
Residence										
Urban	94.0	88.4	78.5	3,434	91.6	84.8	15.5	4,371	88.9	1,661
Rural	93.6	84.9	80.9	4,188	78.7	72.2	10.5	5,537	83.8	2,065
Region										
National Capital Region	93.3	94.1	81.1	966	96.1	91.9	16.7	1,190	96.7	461
Cordillera Admin. Region	95.4	83.1	80.3	116	91.8	85.5	13.3	152	95.2	60
I - Ilocos Region	97.6	87.1	84.5	356	98.0	87.2	20.8	452	94.3	197
II - Cagayan Valley	95.2	89.6	79.1	286	91.1	83.3	16.3	372	88.2	132
III - Central Luzon	93.7	82.1	76.1	704	92.6	84.9	17.8	889	74.0	327
IVA - CALABARZON	97.1	90.2	81.3	1,287	89.1	77.1	17.0	1,588	92.7	651
IVB - MIMAROPA	92.9	82.5	79.5	196	68.6	65.9	6.2	260	86.4	98
V - Bicol	96.2	80.0	88.7	506	83.6	72.6	6.5	688	92.9	251
VI - Western Visayas	91.7	85.1	83.6	494	81.1	78.0	9.9	659	87.1	237
VII - Central Visayas	95.8	91.1	74.6	455	91.0	85.0	10.3	580	90.2	233
VIII - Eastern Visayas	98.8	89.9	83.1	333	87.1	84.6	9.4	461	89.9	156
IX - Zamboanga Peninsula	88.7	88.9	73.4	287	77.1	72.3	8.1	403	63.1	133
X - Northern Mindanao	94.2	92.0	80.0	340	78.7	76.0	10.0	472	68.6	180
XI - Davao	92.8	91.9	82.4	412	82.0	74.1	15.0	519	90.6	175
XII - SOCCSKSARGEN	91.6	74.1	77.3	401	65.9	63.5	7.0	544	78.4	197
XIII - Caraga	95.0	90.4	72.0	242	79.6	77.2	6.3	318	73.4	107
ARMM	68.6	47.8	65.7	238	33.6	28.4	3.6	361	63.6	129
Mother's education										
No education	71.2	47.7	49.3	71	31.1	26.4	4.9	114	37.3	40
Grades 1-6	84.9	73.5	75.3	1,238	61.2	53.4	6.2	1,796	71.6	575
Grades 7-10	94.6	86.5	82.1	3,906	86.7	79.3	9.0	5,072	87.7	1,941
Grade 11	*	*	*	16	*	*	*	17	*	15
Post-secondary	96.0	94.3	79.6	367	95.3	89.7	16.1	460	94.0	167
College	97.9	94.2	79.2	2,024	97.0	92.4	24.9	2,449	91.9	987
Wealth quintile										
Lowest	86.4	75.8	77.8	1,909	64.5	58.4	3.9	2,785	75.2	982
Second	94.9	85.8	82.6	1,665	83.8	74.5	8.3	2,200	85.9	816
Middle	95.8	88.2	80.0	1,556	92.8	84.4	11.5	1,954	91.6	749
Fourth	97.4	92.0	81.0	1,358	97.3	91.4	20.1	1,645	92.0	631
Highest	97.5	96.3	77.4	1,133	98.7	96.9	31.1	1,324	91.4	547
Total	93.8	86.5	79.8	7,622	84.4	77.7	12.7	9,908	86.1	3,725

Notes: If more than one source of assistance was mentioned, only the provider with the highest qualifications is considered in this tabulation. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Skilled provider includes doctor, nurse, and midwife.
[2] Includes mothers with two injections during the pregnancy of her most recent live birth, or two or more injections (the last within 3 years of the most recent live birth), or three or more injections (the last within 5 years of the most recent live birth), or four or more injections (the last within 10 years of the most recent live birth), or five or more injections at any time prior to the last live birth
[3] Includes women who received a check from a doctor, nurse, midwife, traditional birth attendant/hilot, or barangay health worker

3.13.1 Antenatal Care

Antenatal care (ANC) from a skilled provider is important to monitor pregnancy and reduce morbidity and mortality risks for the mother and child during pregnancy, at delivery, and during the postnatal period (42 days after delivery). The NDHS 2017 results show that 94 percent of women who gave birth in the 5 years preceding the survey received antenatal care from a skilled provider at least once for their last birth. Eighty-seven percent of women had four or more ANC visits.

Urban women were no more likely than rural women to have received ANC from a skilled provider (94% each), but were slightly more likely than rural women and to have had four or more ANC visits (88% and 85%, respectively). The proportion of women receiving ANC from a skilled provider varies from a low of 69 percent in ARMM to a high of 99 percent in Eastern Visayas. Women in ARMM are least likely to receive four or more ANC visits (48%) and women in the National Capital Region are the most likely (94%). The proportion of women who receive ANC from a skilled provider is lowest in the lowest wealth quintile (86%) compared with other quintiles (95%-98%). The proportion with four or more ANC visits increases with wealth, ranging from 76 percent in the lowest wealth quintile to 96 percent in the highest.

3.13.2 Tetanus Toxoid

Tetanus toxoid injections are given during pregnancy to prevent neonatal tetanus, a major cause of early infant death in many developing countries, often due to failure to observe hygienic procedures during delivery. Table 13 shows that 80 percent of women with a birth in the 5 years before the survey received sufficient doses of tetanus toxoid to protect their last birth against neonatal tetanus. The percentage of women whose last birth was protected from tetanus varies by region, ranging from a low of 66 percent in ARMM to a high of 89 percent in Bicol.

3.13.3 Delivery Care

Access to proper medical attention and hygienic conditions during delivery can reduce the risk of complications and infections that may lead to death or serious illness for the mother and/or baby (Van Lerberghe and De Brouwere 2001; WHO 2006). Survey data show that in the Philippines, 84 percent of the births in the 5 years preceding the survey were delivered by a skilled provider, 78 percent were delivered in a health facility, and 13 percent were delivered by cesarean section (Table 13).

Urban women are more likely to benefit from skilled delivery care than rural women. Ninety-two percent of births to urban mothers were assisted by a skilled provider, and 85 percent were delivered in a health facility, as compared with 79 percent and 72 percent, respectively, of births to rural There is a sizeable disparity in maternity care by region; while 96 percent of births in National Capital Region were assisted by skilled providers and 92 percent were delivered in a health facility, only 34 percent of births in ARMM were assisted by skilled providers and only 28 percent were delivered in a health facility. Twenty-one percent of births in Ilocos Region were delivered by cesarean section compared with only 4 percent in ARMM.

Mothers' wealth status correlates highly with whether their delivery is assisted by a skilled provider, whether the birth is delivered in a health facility, and whether the birth is delivered by cesarean section. For example, 65 percent of births to mothers in the lowest wealth quintile were assisted by a skilled provider, and 58 percent were delivered in a health facility, and 4 percent were delivered by cesarean section as compared with 99 percent, 97 percent, and 31 percent, respectively, of births to mothers in the highest wealth quintile.

Figure 4 show trends in maternal health care indicators since 1993. The percentage of women receiving ANC from a skilled provider increased from 85 percent in 1993 to 95 percent in 2013, but has changed little since then (94% in 2017). The improvement in the percentage of births delivered at a health

facility has been far more dramatic, rising from 28 percent in 1993 to 78 percent in 2017. Over this same time period, the percentage of births attended by skilled providers increased from 53 percent to 84 percent.

Figure 4 **Trends in maternal health care, 1993-2017**

Percent

ANC by a skilled provider	Birth occurred in a health facility	Birth attended by a skilled provider
85 88 88 91 95 94	28 34 38 44 61 78	53 56 60 62 73 84

■ 1993 NDS ■ 1998 NDHS ■ 2003 NDHS ■ 2008 NDHS ■ 2013 NDHS ■ 2017 NDHS
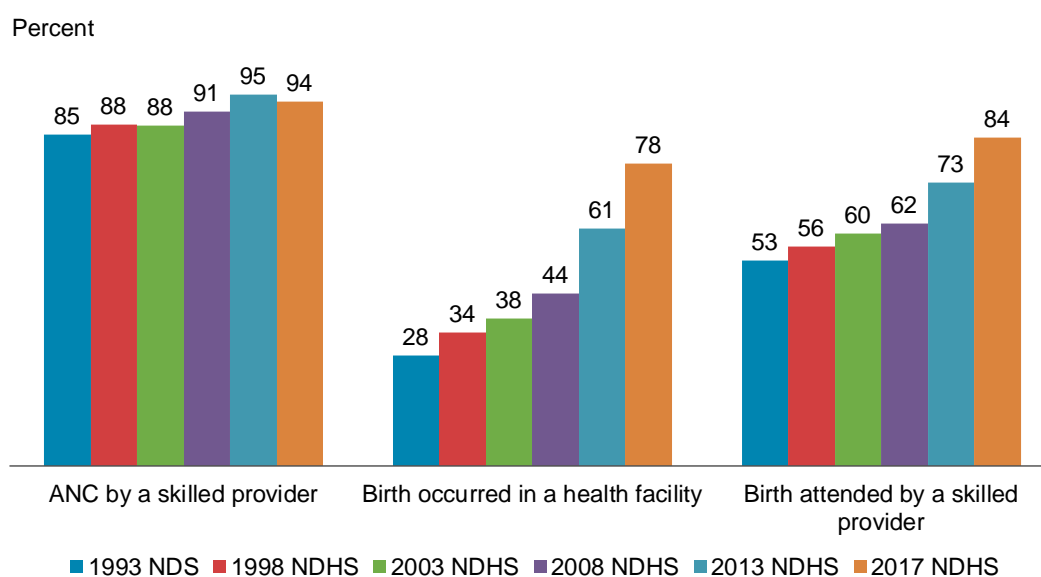
3.13.4 Postnatal Care for the Mother

A large proportion of maternal and neonatal deaths occur during the first 48 hours after delivery. Thus, prompt postnatal care (PNC) for both the mother and the child is important to treat any complications arising from the delivery, as well as to provide the mother with important information on how to care for herself and her child. Safe motherhood programs recommend that all women receive a check of their health during the first 2 days after birth.

To assess the extent of postnatal care utilization, respondents were asked, for their last birth in the 2 years preceding the survey, whether they had received a checkup after delivery and the timing of the first postnatal check. As shown in Table 13, 86 percent of women reported having received a PNC check in the first 2 days after birth.

The proportion of women receiving a postnatal checkup during the first 2 days after birth is higher in urban areas than rural areas (89% and 84%, respectively) and generally increases with wealth. By region, the proportion of women who received a PNC check during the first 2 days after birth ranged from a low of 63 percent in Zamboanga Peninsula to a high of 97 percent in National Capital Region.

3.14 CHILD HEALTH

The NDHS 2017 collected data on a number of key child health indicators, including vaccinations of young children, treatment practices when a child is ill, and breastfeeding.

3.14.1 Vaccination of Children

Universal immunization of children against common vaccine-preventable diseases is crucial to reducing infant and child mortality. In the Philippines, routine childhood vaccines protect against tuberculosis (BCG vaccine), diphtheria, pertussis, tetanus (DPT vaccine), polio (oral polio vaccine [OPV] or inactivated polio vaccine [IPV]), *Haemophilus influenzae* type b (Hib vaccine), hepatitis B (HepB vaccine), and measles or measles mumps and rubella (measles vaccine or MMR vaccine, respectively). The NDHS 2017 collected information on the coverage of all of these vaccines among children born in the 3 years preceding the survey. The information obtained in the survey on differences in vaccination

coverage among subgroups of children is useful for program planning and targeting resources towards areas most in need.

Historically, an important measure of vaccination coverage has been the proportion of children age 12-23 months who had received all 'basic' vaccinations. Children are considered to have received all basic vaccinations when they have received the BCG vaccine, three doses each of the DPT and polio vaccines, and a single dose of the measles vaccine. In the Philippines, the BCG vaccine is usually given at birth or at first clinic contact, while the DPT vaccines are given in combination with Hib and either HepB (DPT-Hib-HepB) or IPV (DPT-Hib-IPV)[3] at approximately age 6, 10, and 14 weeks. When the DPT formulation does not include IPV, three doses of oral polio vaccine are given at the same schedule as DPT-Hib-HepB. A first measles vaccination should have been given at or soon after age 9 months.

A second, more critical, measure of vaccination coverage is the proportion of children age 12-23 months and 24-35 months who have received all age-appropriate vaccinations. A child age 12-23 months is considered to have received all age appropriate vaccinations if the child has received all basic vaccinations, plus a birth dose of HepB, three additional (non-birth) doses of HepB, and three doses of Hib. A child who is age 24-35 months has received all age appropriate vaccinations if they have received a second dose of the measles or MMR vaccine in addition to all of the age-appropriate vaccinations relevant for a child age 12-23 months.

In the NDHS 2017, information on vaccination coverage was obtained in two ways—from health cards and from mothers' verbal reports. All mothers were asked to show the interviewer the cards in which vaccination dates are recorded for all children born since January 2014. If the card was available, the interviewer then recorded from the card the dates of each vaccination received. If a vaccination was not recorded on the card as being given, the mother was asked whether that particular vaccination had been given, and, if so, it too was recorded. If there was no card, or if the mother was unable to show the card to the interviewer, the child's vaccination information was based on the mother's recall. The mother was asked to recall whether the child had received BCG, HepB (birth dose and non-birth doses), polio (both OPV and IPV), pentavalent, and measles or MMR. If she indicated that the child had received polio vaccine, any form of pentavalent (DPT-Hib-HepB or DPT-Hib-IPV), HepB (non-birth dose) or measles/MMR vaccines, she was asked about the number of doses that the child received. The results presented here are based on the vaccination card and, for those children without a card, information provided by the mother. Cards were seen for 64 percent of children age 12-23 months and 52 percent of children age 24-35 months (data not shown).

Tables 14.1 presents data on vaccination coverage among children 12-23 months and 24-35 months, by background information. Children age 12-23 months are the youngest cohort to have reached the age by which a child should have received all basic vaccinations. Overall, 70 percent of children age 12-23 months received all basic vaccinations, and 61 percent received all age-appropriate vaccinations. Nine percent of children age 12-23 months had not received any vaccinations.

As shown in Table 14.2, the proportion of children age 12-23 months who received all basic vaccinations was lower for those living in rural areas compared with urban areas (66% versus 75%), and varied widely by region, ranging from a low of 18 percent in ARMM to a high of 87 percent in Davao. Ninety percent of children received the BCG vaccination, 78 percent the birth dose of HepB, 87 percent the first dose of DPT, 88 percent the first dose of HepB vaccine, 87 percent the first dose of Hib, and 88 percent the first dose of polio. Eighty percent of children have received a measles vaccination. Coverage

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[3] Both DPT-Hib-HepB and DPT-Hib-IPV are commonly referred to as 'pentavalent' vaccine. In public sector facilities, the form of pentavalent given is DPT-Hib-HepB whereas private sector facilities commonly give pentavalent as DPT-Hib-IPV. To assist in identifying the pentavalent formulation used when vaccination information was collected by mother's recall, a question on whether the last dose of pentavalent vaccine was received from a public or private facility was used as a proxy to determine its composition.

rates decline for subsequent doses, with 80 percent of children receiving the recommended three doses of DPT and Hib, 81 percent receiving three doses of HepB (excluding the birth dose), 80 percent receiving three doses of Hib, and 79 percent receiving three doses of polio.

Relative to the NDHS 2013, the proportion of children age 12-23 who received all basic vaccinations has decreased, from 77 percent in 2013 to 70 percent in 2017. The percentage of children with no vaccinations increased, from 4 percent in 2013 to 9 percent in 2017.

Among children age 24-35 months, 47% have received the second dose of the measles or MMR vaccine. Overall, only 33 percent of children in this older cohort have received all age-appropriate vaccinations. Coverage was lower for those living in rural areas than in urban areas (32% versus 36%), and was lowest in ARMM (9%) and highest in Cordillera Administrative Region (49%).

Table 14.1 Vaccinations by background characteristics

Percentage of children age 12-23 months and children age 24-35 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), percentage with all basic vaccinations, and percentage with all age appropriate vaccinations, according to background characteristics, Philippines NDHS 2017

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Background characteristic	BCG	HepB (birth dose)[1]	DPT 1	DPT 2	DPT 3	HepB 1	HepB 2	HepB 3	Hib 1	Hib 2	Hib 3	Polio[2] 1	Polio[2] 2	Polio[2] 3	Measles/ MMR 1	All basic vaccinations[3]	All age appropriate vaccinations[4]	No vaccinations	Number of children	Measles/ MMR 2	All age appropriate vaccinations[5]	Number of children
Sex																						
Male	89.5	78.8	86.3	83.1	80.2	87.1	85.6	81.8	86.3	83.1	80.2	88.1	87.0	78.2	81.0	69.2	61.3	9.6	1,031	48.8	35.1	932
Female	90.6	76.9	87.0	82.6	79.4	88.0	85.7	80.4	87.0	82.6	79.4	87.8	85.8	79.9	79.7	70.8	61.2	9.2	902	44.7	31.6	903
Birth order																						
1	89.3	77.8	86.5	82.7	78.6	88.6	87.2	81.0	86.5	82.7	78.6	87.9	86.5	79.3	81.4	67.9	58.8	9.3	540	48.0	36.0	534
2-3	91.3	80.8	87.5	84.8	81.9	87.8	86.9	82.8	87.5	84.8	81.9	88.8	87.9	79.2	82.3	72.8	65.1	8.6	853	51.1	35.5	772
4-5	88.7	75.8	86.2	83.7	81.7	87.0	85.2	82.8	86.2	83.7	81.7	87.0	86.2	82.2	80.4	73.3	63.6	10.4	352	40.1	28.4	333
6+	88.6	69.4	83.5	73.0	70.3	84.4	76.3	71.2	83.5	73.0	70.3	85.9	79.7	70.8	68.9	56.5	46.4	11.4	188	37.9	26.6	196
Mother's education																						
No education	(45.4)	(19.1)	(41.6)	(29.0)	(29.0)	(41.6)	(29.9)	(29.0)	(41.6)	(29.0)	(29.0)	(44.3)	(37.6)	(36.5)	(33.4)	(27.5)	(15.2)	(53.1)	19	(18.2)	(18.2)	27
Grades 1-6	82.8	58.7	72.2	65.9	61.4	74.9	69.2	63.1	72.2	65.9	61.4	78.7	75.3	65.9	63.7	52.2	38.5	16.7	302	37.1	24.3	338
Grades 7-10	90.4	77.9	88.4	84.9	82.1	89.4	88.3	83.3	88.4	84.9	82.1	88.8	87.5	80.5	83.1	71.6	61.7	8.7	1,043	44.1	28.9	892
Grade 11	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0	nc	nc	0
Post-secondary	97.3	90.5	92.0	84.6	81.4	92.0	92.0	83.3	92.0	84.6	81.4	93.7	93.7	84.1	91.0	77.3	72.6	2.4	85	60.4	41.1	108
College	94.1	90.1	92.6	91.0	88.1	92.3	91.2	89.4	92.6	91.0	88.1	92.5	91.6	84.6	85.0	77.8	74.2	5.9	484	57.4	47.4	469
Wealth quintile																						
Lowest	82.9	65.9	76.4	71.6	67.3	78.2	75.1	69.7	76.4	71.6	67.3	80.2	79.0	72.8	68.3	57.5	46.7	15.9	529	35.5	22.8	538
Second	93.7	78.9	90.6	86.3	82.9	91.8	89.8	83.6	90.6	86.3	82.9	91.0	88.5	79.8	84.2	71.3	60.0	6.2	410	52.2	33.7	381
Middle	90.2	80.7	86.6	83.8	80.2	87.9	85.9	81.7	86.6	83.8	80.2	88.0	86.2	79.7	82.5	72.8	66.0	9.5	412	47.5	37.4	374
Fourth	93.0	81.4	92.0	89.0	87.8	92.1	91.6	88.8	92.0	89.0	87.8	90.8	89.6	84.0	87.7	80.7	70.6	6.9	328	46.3	38.4	311
Highest	94.6	92.6	94.4	91.5	89.9	93.6	92.9	90.3	94.4	91.5	89.9	95.3	95.0	82.8	86.8	75.0	73.6	4.3	254	63.6	44.4	232
Total	90.0	77.9	86.6	82.9	79.8	87.5	85.6	81.2	86.6	82.9	79.8	87.9	86.4	79.0	80.4	69.9	61.2	9.4	1,933	46.8	33.4	1,835

Notes: Children are considered to have received the vaccine if it was either written on the child's vaccination card or reported by the mother. For children whose vaccination information is based on the mother's report, date of vaccination is not collected. The proportions of vaccinations given during the first and second years of life are assumed to be the same as for children with a written record of vaccination. Figures in parentheses are based on 25-49 unweighted cases.

BCG = Bacille Calmette-Guérin; DPT = diphtheria-pertussis-tetanus; HepB = Hepatitis B; Hib = Haemophilus influenzae type b; OPV = oral polio vaccine; IPV = inactivated polio vaccine; MMR = measles mumps rubella

nc = no cases

[1] For children whose vaccination information is based on the mother's report, children reported to have received HepB (birth dose) received the vaccine within 24 hours after birth. For children whose vaccination information is based on the written record of vaccination, children are considered to have received hepatitis B (birth dose) if this vaccine is recorded on their card, regardless of when the dose was administered.

[2] Polio = IPV or OPV

[3] BCG, three doses of DPT, three doses of OPV or IPV, and one dose of measles or MMR

[4] BCG, HepB (birth dose), three doses of DPT, three doses of HepB (excluding birth dose), three doses of Hib, three doses of OPV or IPV, and one dose of measles or MMR

[5] BCG, HepB (birth dose), three doses of DPT, three doses of HepB (excluding birth dose), three doses of Hib, three doses of OPV or IPV, and two doses of measles or MMR

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Table 14.2 Vaccinations by residence and region

Percentage of children age 12-23 months and children age 24-35 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), percentage with all basic vaccinations, and percentage with all age appropriate vaccinations, according to residence and region, Philippines NDHS 2017

| | | | DPT | | | HepB | | | Hib | | | Polio[2] | | | | | | | | Children age 24-35 months: | | |
Residence/region	BCG	HepB (birth dose)[1]	1	2	3	1	2	3	1	2	3	1	2	3	Measles/ MMR 1	All basic vaccin- ations[3]	All age appro- priate vaccin- ations[4]	No vaccin- ations	Number of children	Measles/ MMR 2	All age appro- priate vaccin- ations[5]	Number of children
Residence																						
Urban	91.4	81.5	88.9	85.0	83.0	89.5	88.2	83.2	88.9	85.0	83.0	90.8	90.1	81.7	84.6	74.8	66.9	8.0	885	48.6	35.5	818
Rural	88.8	74.9	84.7	81.1	77.1	85.9	83.4	79.4	84.7	81.1	77.1	85.5	83.3	76.7	76.9	65.8	56.5	10.6	1,048	45.3	31.7	1,017
Region																						
National Capital Region	96.1	91.6	92.6	86.8	85.5	93.1	93.1	85.9	92.6	86.8	85.5	94.7	94.7	83.1	87.8	77.2	72.7	3.9	225	50.7	41.2	224
Cordillera Admin. Region	95.1	88.2	93.3	93.3	90.0	93.3	93.3	90.0	93.3	93.3	90.0	92.0	89.3	82.8	82.3	76.6	72.4	4.9	28	58.3	49.1	31
I - Ilocos Region	96.4	95.7	87.2	86.3	84.5	92.6	88.1	87.3	87.2	86.3	84.5	94.6	94.6	82.9	82.0	70.1	69.5	3.6	92	58.3	47.1	61
II - Cagayan Valley	97.5	93.4	88.5	87.5	85.3	94.3	91.0	86.8	88.5	87.5	85.3	90.2	90.0	87.6	80.7	64.2	62.9	2.5	64	35.7	26.8	74
III - Central Luzon	91.1	85.6	89.0	78.2	72.6	89.5	87.6	76.5	89.0	78.2	72.6	88.6	86.9	71.8	87.8	65.8	64.0	8.3	180	27.1	20.8	163
IVA - CALABARZON	94.7	77.9	93.2	91.5	90.9	93.3	90.7	89.8	93.2	91.5	90.9	93.7	91.3	84.1	83.5	76.6	63.1	4.5	343	56.2	32.5	297
IVB - MIMAROPA	88.2	64.4	82.3	77.2	71.3	82.3	78.5	73.4	82.3	77.2	71.3	82.1	76.3	73.1	74.8	63.5	48.3	11.8	45	46.3	34.3	50
V - Bicol	94.4	70.5	89.0	86.3	82.1	90.6	89.0	84.8	89.0	86.3	82.1	90.5	88.6	80.4	83.6	73.6	56.1	4.6	131	54.2	33.6	130
VI - Western Visayas	82.4	76.4	78.7	73.3	71.3	81.5	78.4	72.3	78.7	73.3	71.3	84.2	84.2	77.7	76.0	66.7	61.0	15.7	126	46.9	34.1	117
VII - Central Visayas	82.6	72.0	82.4	80.4	78.8	82.4	82.4	79.4	82.4	80.4	78.8	82.6	79.3	73.7	80.9	72.2	60.8	16.6	141	62.0	47.0	92
VIII - Eastern Visayas	99.0	80.3	98.1	96.6	91.1	98.3	98.1	94.7	98.1	96.6	91.1	97.7	96.7	91.0	93.3	84.2	68.2	0.8	87	55.5	43.4	95
IX - Zamboanga Peninsula	87.0	81.8	83.2	79.6	75.5	83.2	80.1	75.5	83.2	79.6	75.5	86.8	85.9	84.5	71.8	61.1	60.0	12.6	61	35.7	28.1	94
X - Northern Mindanao	87.0	74.2	85.7	84.1	81.8	85.7	85.3	83.2	85.7	84.1	81.8	85.6	85.6	82.2	76.7	69.9	61.1	12.7	91	45.3	32.7	84
XI - Davao	98.8	86.8	98.4	96.3	93.8	98.2	98.2	95.3	98.4	96.3	93.8	97.9	97.9	96.3	92.3	87.0	78.0	0.7	93	50.6	40.6	94
XII - SOCCSKSARGEN	68.9	54.2	65.9	62.0	52.9	66.5	63.4	54.6	65.9	62.0	52.9	65.7	63.1	58.6	59.5	48.2	42.1	31.1	98	38.3	21.0	107
XIII - Caraga	97.4	73.0	93.9	90.8	85.7	94.4	91.7	88.2	93.9	90.8	85.7	93.8	91.3	86.1	79.0	74.5	58.6	2.4	60	51.7	37.2	54
ARMM	54.7	33.0	40.0	34.2	28.9	40.5	36.2	32.9	40.0	34.2	28.9	44.1	41.2	33.3	33.6	18.0	8.9	43.7	68	11.2	9.1	69
Total	90.0	77.9	86.6	82.9	79.8	87.5	85.6	81.2	86.6	82.9	79.8	87.9	86.4	79.0	80.4	69.9	61.2	9.4	1,933	46.8	33.4	1,835

Note: Children are considered to have received the vaccine if it was either written on the child's vaccination card or reported by the mother. For children whose vaccination information is based on the mother's report, date of vaccination is not collected. The proportions of vaccinations given during the first and second years of life are assumed to be the same as for children with a written record of vaccination.
BCG = Bacille Calmette-Guérin; DPT = diphtheria-pertussis-tetanus; HepB = Hepatitis B; Hib = Haemophilus influenzae type b; OPV = oral polio vaccine; IPV = inactivated polio vaccine; MMR = measles mumps rubella
[1] For children whose vaccination information is based on the mother's report, children reported to have received HepB (birth dose) received the vaccine within 24 hours after birth. For children whose vaccination information is based on the written record of vaccination, children are considered to have received hepatitis B (birth dose) if this vaccine is recorded on their card, regardless of when the dose was administered.
[2] Polio = IPV or OPV
[3] BCG, three doses of DPT, three doses of OPV or IPV, and one dose of measles or MMR
[4] BCG, HepB (birth dose), three doses of DPT, three doses of HepB (excluding birth dose), three doses of Hib, three doses of OPV or IPV, and one dose of measles or MMR
[5] BCG, HepB (birth dose), three doses of DPT, three doses of HepB (excluding birth dose), three doses of Hib, three doses of OPV or IPV, and two doses of measles or MMR

3.14.2 Childhood Acute Respiratory Infection, Fever, and Diarrhea

Acute respiratory infection (ARI), fever, and dehydration from diarrhea are important contributing causes of childhood morbidity and mortality in developing countries (WHO 2003). Prompt medical attention when a child has the symptoms of these illnesses is, therefore, crucial in reducing child deaths. In the NDHS 2017, for each child under age 5, mothers were asked if the child had experienced short, rapid breathing, or difficulty in breathing as a result of a chest-related problem (symptoms of ARI); a fever; or an episode of diarrhea in the 2 weeks preceding the survey. Respondents were also asked if treatment was sought when the child was ill. Overall, 2 percent of children under age 5 showed symptoms of ARI, 17 percent had a fever, and 6 percent experienced diarrhea in the 2 weeks preceding the survey (data not shown). It should be noted that the morbidity data collected are subjective because they are based on a mother's perception of illnesses without validation by medical personnel.

Table 15 shows that treatment was sought for 67 percent of children with ARI symptoms, 52 percent of those with a fever, and 42 percent of children with diarrhea. Forty-five percent of children with diarrhea received a rehydration solution from an oral rehydration salt (ORS) packet or pre-packaged solution; 24 percent of children with diarrhea were given zinc supplements, and 17 percent received both ORS and zinc supplements.

Relative to 2013, the percentage of children with diarrhea who received ORS has changed little (49% in 2013 versus 45% in 2017), however there has been a marked increase in the percentage of children given zinc (5% in 2013 compared with 24% in 2017).

Table 15 Treatment for ARI symptoms, fever, and diarrhea

Among children under age 5 who had symptoms of acute respiratory infection (ARI) or had fever in the 2 weeks preceding the survey, percentage for whom advice or treatment was sought, and among children under age 5 who had diarrhea during the 2 weeks preceding the survey, percentage for whom advice or treatment was sought, percentage given a fluid made from oral rehydration salt (ORS) packets or given pre-packaged ORS fluid, percentage given zinc, and percentage given ORS and zinc, according to background characteristics, Philippines NDHS 2017

Background characteristic	Children with symptoms of ARI[1]		Children with fever		Children with diarrhea				
	Percentage for whom advice or treatment was sought[2]	Number of children	Percentage for whom advice or treatment was sought[2]	Number of children	Percentage for whom advice or treatment was sought[2]	Percentage given fluid from ORS packet or pre-packaged ORS fluid	Percentage given zinc	Percentage given ORS and zinc	Number of children
Age in months									
<6	*	4	54.7	98	(36.3)	(20.9)	(22.8)	(11.2)	32
6-11	*	15	46.1	209	36.5	39.5	33.7	17.3	93
12-23	(72.2)	38	53.6	372	43.4	48.5	22.7	16.5	173
24-35	(50.9)	31	55.8	344	45.2	48.3	27.2	21.2	133
36-47	(67.6)	29	49.6	255	40.0	42.9	17.8	15.2	79
48-59	(66.6)	34	49.4	329	41.7	48.8	19.6	15.6	74
Sex									
Male	70.8	102	55.1	849	49.2	48.9	26.9	20.3	307
Female	60.0	48	47.8	758	33.4	40.3	21.6	13.7	279
Residence									
Urban	(79.8)	57	52.8	667	42.0	43.6	25.8	18.3	248
Rural	59.6	93	50.9	940	41.4	45.7	23.4	16.2	338
Mother's education									
No education	nc	0	*	10	*	*	*	*	4
Grades 1-6	65.7	46	40.0	298	40.6	41.2	20.0	15.4	144
Grades 7-10	68.8	74	53.9	896	42.9	47.3	23.1	16.6	303
Grade 11	nc	0	*	1	*	*	*	*	1
Post-secondary	*	5	64.0	76	(54.2)	(59.6)	(51.4)	(44.6)	26
College	(72.8)	25	54.3	327	36.5	38.9	28.4	15.0	107
Wealth quintile									
Lowest	57.6	47	46.5	505	38.8	42.6	22.6	16.7	202
Second	(53.8)	34	46.9	398	43.3	45.5	23.7	18.4	149
Middle	(80.4)	31	53.1	307	44.5	48.1	22.4	15.4	111
Fourth	*	24	60.6	233	40.0	46.6	26.5	13.7	78
Highest	*	14	63.9	164	(44.9)	(40.6)	(36.4)	(25.0)	45
Total	67.3	150	51.7	1,608	41.7	44.8	24.4	17.1	586

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.
nc = no cases
[1] Symptoms of ARI include short, rapid breathing which was chest-related and/or difficult breathing which was chest-related.
[2] Excludes advice or treatment from a traditional practitioner/hilot, friends/relatives and church

3.14.3 Breastfeeding and Bottle Feeding Practices

Breastfeeding is sufficient and beneficial for infant nutrition in the first 6 months of life. Breastfeeding immediately after birth also helps the uterus contract, hence reducing the mother's postpartum blood loss. Giving any other foods and water (in addition to breast milk) before the child is age 6 months is discouraged because it may inhibit breastfeeding and expose the infant to illness. Infants older than 6 months need other food and drink while they continue to breastfeed until age 2 or older. Breastmilk is an important source of energy, protein, and other nutrients such as vitamin A and iron (Pan American Health Organization 2002).

The NDHS 2017 collected data on breastfeeding for all youngest children born in the 2 years preceding the survey and living with their mother. Table 16 shows breastfeeding status by child's age. Eight-five percent of infants under age 6 months are breastfeeding; by age 12-23 months, 60 percent of children are breastfeeding. These proportions are similar to those reported in the NDHS 2013: 85 percent of infants under age 6 months and 51 percent of children 12-23 months were breastfeeding.

The NDHS 2017 also collected data on bottle feeding for all children under age 2. Feeding children using a bottle with a nipple is a practice that is discouraged because of the risk of illness to the

child. Nevertheless, in the Philippines, it is common: 37 percent of infants under age 6 months and 56 percent of children age 12-23 months were fed using a bottle with a nipple. This represents a slight increase relative to the NDHS 2013 when 34 percent of infants under age 6 months and 53 percent of children 12-23 months used a bottle with a nipple.

Table 16 Breastfeeding status by age

Percentage of youngest children under age 2 who are living with their mother and are currently breastfeeding and percentage of all children under age 2 using a bottle with a nipple, according to age in months, Philippines NDHS 2017

Age in months	Percentage currently breastfeeding	Number of youngest children under age 2 living with the mother	Percentage using a bottle with a nipple	Number of all children under age 2
0-1	94.3	290	24.7	296
2-3	77.9	306	43.3	311
4-5	82.2	278	42.6	280
6-8	73.6	417	51.4	421
9-11	73.5	554	50.3	564
12-17	64.9	910	57.8	963
18-23	53.9	850	54.5	970
0-3	85.9	596	34.2	606
0-5	84.7	874	36.9	886
6-9	73.1	593	50.6	600
12-15	66.0	623	57.7	661
12-23	59.6	1,760	56.1	1,933
20-23	52.3	591	56.2	682

3.15   HIV/AIDS AWARENESS, KNOWLEDGE, AND BEHAVIOR

3.15.1 Knowledge of HIV Prevention

The 2017 NDHS included a series of questions that addressed respondents' knowledge of HIV prevention, awareness of modes of HIV transmission, and behaviors that can prevent the spread of HIV.

Sixty-six percent of women know that consistent use of condoms is a means of preventing the spread of HIV (Table 17). Eighty-four percent of women know that limiting sexual intercourse to one faithful, uninfected partner can reduce the chance of contracting HIV. Six in ten women (62%) know that both using condoms and limiting sexual intercourse to one uninfected partner are means of preventing HIV.

By residence, women who reside in urban areas are more likely to be knowledgeable about both HIV prevention methods than their counterparts residing in rural area (65% and 60%, respectively). More dramatic differences were observed by region. For instance, only 33% of women in ARMM know both HIV prevention methods compared with 77% of women in Cordillera Administrative Region. Knowledge of HIV prevention increases by education and household wealth, ranging from 24% in women with no education to 73% in women with college, and from 47% of those in the lowest quintile to 71% of those in the highest.

Table 17 Knowledge of HIV prevention methods

Percentage of women age 15-49 who, in response to prompted questions, say that people can reduce the risk of getting HIV by using condoms every time they have sexual intercourse and by having one sex partner who is not infected and has no other partners, according to background characteristics, Philippines NDHS 2017

	Percentage who say HIV can be prevented by:			
Background characteristic	Using condoms[1]	Limiting sexual intercourse to one uninfected partner[2]	Using condoms and limiting sexual intercourse to one uninfected partner[1,2]	Number of women
Age				
15-24	59.2	78.8	54.7	9,072
15-19	52.9	74.2	48.1	4,897
20-24	66.5	84.3	62.3	4,175
25-29	68.8	86.5	65.5	3,717
30-39	71.0	88.3	67.9	6,603
40-49	70.4	85.5	66.1	5,682
Residence				
Urban	68.9	86.7	64.8	12,252
Rural	63.8	81.3	59.9	12,822
Region				
National Capital Region	71.4	89.7	67.8	4,400
Cordillera Admin. Region	80.0	88.1	76.8	440
I - Ilocos Region	63.8	83.2	59.3	1,258
II - Cagayan Valley	48.3	80.6	45.7	802
III - Central Luzon	67.2	85.0	64.5	2,453
IVA - CALABARZON	70.9	87.2	67.6	4,016
IVB - MIMAROPA	69.0	85.9	67.3	621
V - Bicol	69.2	83.4	63.1	1,551
VI - Western Visayas	63.1	86.2	57.0	1,498
VII - Central Visayas	64.7	82.0	60.4	1,607
VIII - Eastern Visayas	73.5	87.9	70.1	997
IX - Zamboanga Peninsula	59.6	75.8	55.7	764
X - Northern Mindanao	60.4	81.4	55.6	998
XI - Davao	69.6	86.7	65.1	1,203
XII - SOCCSKSARGEN	52.5	73.8	48.6	1,038
XIII - Caraga	74.1	88.3	70.0	648
ARMM	37.5	46.0	32.8	780
Education				
No education	25.1	34.5	23.5	200
Grades 1-6	51.6	68.6	47.7	3,245
Grades 7-10	63.5	83.3	59.2	11,558
Grade 11	63.8	80.1	58.0	934
Post-secondary	75.1	90.8	71.7	1,144
College	76.2	91.9	72.9	7,994
Wealth quintile				
Lowest	51.2	67.7	46.7	4,209
Second	62.7	82.4	58.2	4,629
Middle	67.8	86.8	63.7	4,918
Fourth	70.3	88.8	67.5	5,528
Highest	74.9	90.1	70.9	5,791
Total 15-49	66.2	84.0	62.3	25,074

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

3.15.2 Comprehensive Knowledge about HIV Prevention among Young People

Table 18 shows information about comprehensive knowledge of HIV prevention among young women age 15-24. Comprehensive knowledge of HIV prevention is defined as knowing that both condom use and limiting sexual intercourse to one uninfected partner are HIV prevention methods, knowing that a healthy-looking person can have HIV, and rejecting the two most common local misconceptions about HIV transmission: that HIV can be transmitted by mosquito bites and by sharing food with a person who has HIV. Knowledge of how HIV is transmitted is crucial to enabling people to avoid HIV infection.

Only one in five young women (20%) have comprehensive knowledge of HIV prevention. The proportion with knowledge generally increases with age and education. Young women in Ilocos Region and Cagayan Valley are least likely to be knowledgeable about HIV prevention (11% each) compared with their counterparts in other regions.

Table 18 Comprehensive knowledge about HIV prevention

Percentage of young women age 15-24 with comprehensive knowledge about HIV prevention, according to background characteristics, Philippines NDHS 2017

Background characteristic	Percentage with knowledge about HIV prevention[1]	Number of women
Age		
15-19	15.7	4,897
15-17	14.4	3,058
18-19	17.7	1,839
20-24	25.5	4,175
20-22	25.6	2,572
23-24	25.2	1,603
Marital status		
Never married	20.7	6,807
Ever had sex	21.8	564
Never had sex	20.6	6,243
Ever married	18.6	2,264
Residence		
Urban	21.5	4,446
Rural	18.8	4,626
Region		
National Capital Region	23.4	1,646
Cordillera Admin. Region	43.7	186
I - Ilocos Region	10.7	496
II - Cagayan Valley	11.0	292
III - Central Luzon	20.2	874
IVA - CALABARZON	25.1	1,316
IVB - MIMAROPA	22.0	231
V - Bicol	16.1	623
VI - Western Visayas	14.1	530
VII - Central Visayas	16.3	577
VIII - Eastern Visayas	17.9	393
IX - Zamboanga Peninsula	17.3	252
X - Northern Mindanao	14.3	348
XI - Davao	27.4	397
XII - SOCCSKSARGEN	20.3	363
XIII - Caraga	25.0	232
ARMM	14.2	318
Education		
No education	7.1	29
Grades 1-6	10.1	630
Grades 7-10	15.0	4,451
Grade 11	22.0	932
Post-secondary	34.7	252
College	28.9	2,778
Total 15-24	20.2	9,072

[1] Knowledge about HIV prevention means knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting the two most common local misconceptions about transmission or prevention of HIV

3.15.3 Multiple Sexual Partners

Limiting the number of sexual partners and practicing protected sex are crucial in the fight against the spread of sexually transmitted infections, including HIV. Respondents to the NDHS 2017 were asked detailed questions about their sexual behavior, including the number of partners they had in the 12 months preceding the survey and condom use during their most recent sexual intercourse. Table 19 shows that less than 1% of women age 15-49 reported having had two or more sexual partners during the 12 months prior to the survey. Among women who had two or more sexual partners in the 12 months prior to the survey, 9% reported using a condom during their last sexual intercourse. Among women who ever had sexual intercourse, the mean number of lifetime sexual partners is 1.4.

Among all women age 15-49, percentage who had sexual intercourse with more than one sexual partner in the past 12 months; among those having more than one partner in the past 12 months, percentage reporting that a condom was used during last intercourse; and among women who ever had sexual intercourse, mean number of sexual partners during their lifetime, according to background characteristics, Philippines NDHS 2017

Background characteristic	All women		Women who had 2+ partners in the past 12 months		Women who ever had sexual intercourse[1]	
	Percentage who had 2+ partners in the past 12 months	Number of women	Percentage who reported using a condom during last sexual inter-course	Number of women	Mean number of sexual partners in lifetime	Number of women
Age						
15-24	0.4	9,072	(21.6)	37	1.4	2,826
15-19	0.3	4,897	*	14	1.3	599
20-24	0.6	4,175	(17.7)	23	1.4	2,227
25-29	0.5	3,717	*	17	1.4	3,077
30-39	0.5	6,603	(0.9)	31	1.5	6,120
40-49	0.2	5,682	*	11	1.3	5,415
Marital status						
Never married	0.3	8,971	(17.1)	24	1.5	1,348
Married/living together	0.4	15,016	1.0	61	1.4	15,009
Divorced/separated/widowed	1.1	1,086	*	12	1.5	1,082
Residence						
Urban	0.4	12,252	(9.0)	45	1.4	8,255
Rural	0.4	12,822	9.5	51	1.4	9,184
Region						
National Capital Region	0.3	4,400	*	14	1.3	2,705
Cordillera Admin. Region	0.5	440	*	2	1.4	268
I - Ilocos Region	0.5	1,258	*	7	1.2	830
II - Cagayan Valley	0.2	802	*	2	1.5	607
III - Central Luzon	0.3	2,453	*	6	1.3	1,702
IVA - CALABARZON	0.1	4,016	*	4	1.3	2,895
IVB - MIMAROPA	0.3	621	*	2	1.4	442
V - Bicol	0.5	1,551	*	8	1.2	1,063
VI - Western Visayas	0.0	1,498	*	0	1.3	1,071
VII - Central Visayas	0.9	1,607	*	14	1.7	1,125
VIII - Eastern Visayas	0.3	997	*	3	1.4	695
IX - Zamboanga Peninsula	0.3	764	*	2	1.5	569
X - Northern Mindanao	1.0	998	*	10	1.7	751
XI - Davao	0.4	1,203	*	5	2.1	955
XII - SOCCSKSARGEN	1.2	1,038	*	12	1.7	789
XIII - Caraga	0.3	648	*	2	1.4	484
ARMM	0.1	780	*	1	1.1	489
Education						
No education	0.0	200	nc	0	1.2	167
Grades 1-6	0.5	3,245	*	16	1.4	2,888
Grades 7-10	0.5	11,558	5.4	56	1.4	8,265
Grade 11	0.1	934	*	1	(1.2)	42
Post-secondary	0.3	1,144	*	4	1.3	921
College	0.2	7,994	(10.6)	19	1.4	5,155
Wealth quintile						
Lowest	0.4	4,209	*	15	1.4	3,298
Second	0.5	4,629	(1.2)	25	1.5	3,431
Middle	0.2	4,918	*	12	1.5	3,555
Fourth	0.5	5,528	(14.0)	27	1.3	3,662
Highest	0.3	5,791	*	18	1.3	3,492
Total	0.4	25,074	9.3	96	1.4	17,438

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.
nc = no cases
[1] Means are calculated excluding respondents who gave non-numeric responses.

3.16 COVERAGE OF HIV TESTING SERVICES

Knowledge of HIV status helps HIV-negative individuals make specific decisions to reduce risk and increase safer sex practices so that they can remain disease-free. Among those who are HIV-positive, knowledge of their status allows them to take action to protect their sexual partners, to access treatment, and to plan for the future. To assess awareness and coverage of HIV testing services, NDHS respondents were asked whether they had ever been tested for HIV. If they said that they had been tested, they were asked whether they had received the results of their last test and where they had been tested. If they had never been tested, they were asked whether they knew a place where they could go to be tested.

Table 20 shows that 45% of women know of a place where they can get an HIV test. By age, young women age 15-19 are the least likely to know a place to get an HIV test (31%). Knowledge of a place to get an HIV test is higher among urban women than rural women (51% and 40%, respectively) and increases steadily with increasing wealth quintile.

Tables 20 also show coverage of HIV testing services. Overall, 4% of women have ever been tested for HIV and received the results of their last test, and 2% were tested in the past 12 months and received the results of their last test. Urban women are more likely than rural women to have been tested and to have received the results. Testing coverage increases with increasing wealth.

Table 20 Coverage of prior HIV testing

Percentage of women age 15-49 who know where to get an HIV test, percent distribution of women age 15-49 by testing status and by whether they received the results of the last test, percentage of women ever tested, and percentage of women who were tested in the past 12 months and received the results of the last test, according to background characteristics, Philippines NDHS 2017

Background characteristic	Percentage who know where to get an HIV test	Percent distribution of women by testing status and by whether they received the results of the last test				Percentage ever tested	Percentage who have been tested for HIV in the past 12 months and received the results of the last test	Number of women
		Ever tested and received results	Ever tested, did not receive results	Never tested[1]	Total			
Age								
15-24	37.7	1.9	0.5	97.5	100.0	2.5	1.1	9,072
15-19	30.8	0.4	0.4	99.2	100.0	0.8	0.3	4,897
20-24	45.8	3.7	0.7	95.5	100.0	4.5	2.1	4,175
25-29	50.5	6.2	0.7	93.1	100.0	6.9	4.0	3,717
30-39	49.6	5.8	0.8	93.4	100.0	6.6	3.3	6,603
40-49	49.3	3.1	1.1	95.9	100.0	4.1	1.2	5,682
Marital status								
Never married	41.7	2.4	0.5	97.1	100.0	2.9	1.8	8,971
Ever had sex	53.2	7.0	1.1	91.9	100.0	8.1	4.9	1,348
Never had sex	39.7	1.6	0.4	98.1	100.0	1.9	1.2	7,623
Married or living together	47.1	4.5	0.9	94.7	100.0	5.3	2.2	15,016
Divorced/separated/widowed	52.7	7.3	1.1	91.7	100.0	8.3	3.5	1,086
Residence								
Urban	50.8	5.9	0.9	93.1	100.0	6.9	3.4	12,252
Rural	40.2	1.8	0.6	97.6	100.0	2.4	1.0	12,822
Region								
National Capital Region	59.9	11.4	1.2	87.5	100.0	12.5	6.7	4,400
Cordillera Admin. Region	41.3	2.2	0.1	97.7	100.0	2.3	1.1	440
I - Ilocos Region	52.9	2.4	0.5	97.1	100.0	2.9	0.8	1,258
II - Cagayan Valley	31.1	0.8	0.3	98.8	100.0	1.2	0.8	802
III - Central Luzon	44.5	1.6	0.6	97.7	100.0	2.3	0.7	2,453
IVA - CALABARZON	38.1	3.4	0.8	95.8	100.0	4.2	1.7	4,016
IVB - MIMAROPA	60.2	1.5	0.3	98.3	100.0	1.7	0.6	621
V - Bicol	49.0	1.3	0.2	98.5	100.0	1.5	0.5	1,551
VI - Western Visayas	61.3	1.6	1.3	97.1	100.0	2.9	0.8	1,498
VII - Central Visayas	33.6	5.1	1.2	93.8	100.0	6.2	3.4	1,607
VIII - Eastern Visayas	42.1	1.6	0.1	98.3	100.0	1.7	0.9	997
IX - Zamboanga Peninsula	40.4	2.4	1.1	96.5	100.0	3.5	1.2	764
X - Northern Mindanao	30.7	1.7	0.5	97.8	100.0	2.2	0.7	998
XI - Davao	38.7	1.6	0.7	97.7	100.0	2.3	0.4	1,203
XII - SOCCSKSARGEN	30.7	1.7	0.7	97.6	100.0	2.4	0.9	1,038
XIII - Caraga	59.1	2.1	0.3	97.5	100.0	2.5	1.4	648
ARMM	29.4	0.6	0.3	99.1	100.0	0.9	0.2	780
Education								
No education	15.0	0.0	0.0	100.0	100.0	0.0	0.0	200
Grades 1-6	29.2	1.0	0.5	98.5	100.0	1.5	0.6	3,245
Grades 7-10	40.2	2.7	0.5	96.8	100.0	3.2	1.4	11,558
Grade 11	29.4	0.0	0.4	99.6	100.0	0.4	0.0	934
Post-secondary	54.1	5.3	1.7	93.0	100.0	7.0	3.3	1,144
College	60.9	7.0	1.1	91.9	100.0	8.1	3.9	7,994
Wealth quintile								
Lowest	31.9	0.8	0.3	98.9	100.0	1.1	0.4	4,209
Second	39.6	1.9	0.7	97.4	100.0	2.6	1.1	4,629
Middle	43.4	3.4	0.7	95.8	100.0	4.2	1.9	4,918
Fourth	48.3	4.4	0.7	94.9	100.0	5.1	2.1	5,528
Highest	58.8	7.4	1.1	91.5	100.0	8.5	4.4	5,791
Total	45.4	3.8	0.7	95.4	100.0	4.6	2.1	25,074

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

3.17 VIOLENCE AGAINST WOMEN

Violence against women is a pervasive and worldwide problem in almost all societies. It permeates all social, cultural, economic, race and religious sectors. Violence can take many forms, including physical, sexual, emotional, economic, and psychological abuse. It can have devastating consequences on the short- and long-term health and well-being of the women affected as well as their over-all quality of life (Hutchins and Sinha, 2013).

The Republic Act No. 9262 or the "Anti-Violence Against Women and Their Children Act of 2004" is one of the Philippine government's initiatives in addressing the issue on violence against women. Under this Act, violence against women and children is classified as a public crime and penalizes all forms of abuse violence within the family and intimate relationships (Philippine Commission on Women).

As was the case in the 2008 and 2013 NDHS surveys, the NDHS 2017 included a Women's Safety Module to collect information on the extent of violence against women in the country. The questionnaire comprises questions on the women's experience of physical, sexual and emotional violence from their husbands or partners as well as by other family members or unrelated individuals.

Table 21 provides data for ever-married women age 15-49 who have ever experienced emotional, physical, or sexual violence by their husband or partner. One in five (20%) women has ever experienced emotional violence, 14 percent has ever experienced physical violence, and 5 percent ever experienced sexual violence by their current or most recent husband or partner.

Women who are divorced, separated, or widowed are more likely to have experienced all forms of violence by their most recent partner compared with women who are married or living together: 53 percent of divorced, separated, or widowed women have experienced physical, sexual, or emotional violence compared with 24 percent of women who are married or living together.

Women's experience with violence by a partner varies widely by region; only 7 percent of ever-married women in ARMM report experiencing physical, sexual, or emotional violence by their last partner compared with 52 percent of ever-married women in Caraga. All forms of violence generally decline with increasing household wealth.

Table 21 Spousal violence by background characteristics

Percentage of ever-married women age 15-49 who have ever experienced emotional, physical or sexual violence committed by their husband/partner, according to background characteristics, Philippines NDHS 2017

Background characteristic	Emotional violence	Physical violence	Sexual violence	Physical and sexual	Physical and sexual and emotional	Physical or sexual	Physical or sexual or emotional	Number of ever married women
Age								
15-24	21.9	15.6	4.6	2.8	2.2	17.3	28.9	1,585
15-19	21.2	11.9	2.9	1.0	0.8	13.8	26.4	329
20-24	22.1	16.5	5.0	3.3	2.5	18.2	29.5	1,257
25-29	20.0	12.7	4.8	3.4	2.1	14.1	26.6	1,996
30-39	20.6	13.0	5.3	4.0	3.3	14.3	25.9	4,257
40-49	19.6	13.5	5.5	4.2	3.0	14.8	25.7	3,719
Religion								
Roman catholic	20.4	13.7	5.3	4.0	3.0	15.1	26.5	9,189
Protestant	24.3	14.2	4.8	3.3	2.3	15.6	30.8	946
Iglesia ni Cristo	16.8	18.5	5.5	3.4	3.1	20.6	26.6	354
Aglipay	17.1	12.6	2.8	2.1	2.1	13.3	22.4	96
Other Christian	22.8	12.6	6.6	4.2	3.7	15.0	26.9	245
Islam	12.6	5.3	3.1	1.4	0.7	7.0	15.5	558
Other	23.7	9.5	3.1	1.9	1.7	10.7	27.5	138
None	(38.2)	(20.5)	(2.7)	(2.7)	(0.0)	(20.5)	(40.8)	32
Marital status								
Married/living together	18.5	12.3	4.6	3.2	2.3	13.7	24.4	10,778
Divorced/separated/widowed	45.6	29.1	13.1	11.4	10.6	30.8	53.4	779
Residence								
Urban	19.2	13.7	4.5	3.4	2.6	14.7	25.5	5,264
Rural	21.4	13.3	5.7	4.1	3.1	14.9	27.1	6,294
Region								
National Capital Region	10.0	9.0	1.6	1.1	0.7	9.5	15.6	1,727
Cordillera Admin. Region	12.3	8.7	3.1	2.1	1.5	9.6	16.0	165
I - Ilocos Region	24.7	19.0	6.3	5.1	3.6	20.2	33.1	555
II - Cagayan Valley	16.6	13.4	5.6	4.6	3.1	14.4	20.6	415
III - Central Luzon	11.9	8.5	3.7	2.9	2.3	9.3	15.4	1,175
IVA - CALABARZON	15.4	12.5	3.6	2.9	1.9	13.1	22.5	1,964
IVB - MIMAROPA	20.9	13.9	5.2	3.7	2.3	15.4	27.2	316
V - Bicol	33.0	24.2	11.9	8.7	6.9	27.4	43.4	707
VI - Western Visayas	25.1	14.8	5.5	4.4	3.5	15.9	30.6	689
VII - Central Visayas	33.7	14.5	6.0	4.2	4.1	16.3	38.0	675
VIII - Eastern Visayas	35.0	22.6	8.9	6.8	5.0	24.7	43.2	476
IX - Zamboanga Peninsula	38.7	15.3	9.2	5.3	4.5	19.3	43.4	377
X - Northern Mindanao	18.2	12.0	4.2	3.6	2.6	12.6	22.6	488
XI - Davao	19.6	15.7	4.0	3.6	2.9	16.0	26.9	617
XII - SOCCSKSARGEN	23.6	11.0	7.1	3.3	2.2	14.8	29.8	543
XIII - Caraga	44.7	22.6	14.9	9.5	7.5	28.0	51.8	323
ARMM	5.3	2.9	1.0	0.6	0.5	3.3	6.7	346
Education								
No education	16.4	9.7	5.4	4.5	1.7	10.7	20.8	106
Grades 1-6	23.2	17.4	6.7	5.2	4.0	18.9	30.4	2,034
Grades 7-10	23.0	15.2	5.5	4.0	2.8	16.7	29.4	5,639
Grade 11	*	*	*	*	*	*	*	19
Post-secondary	16.9	10.5	4.1	3.2	2.9	11.3	22.1	581
College	14.6	8.5	3.7	2.6	2.2	9.7	19.2	3,179
Wealth quintile								
Lowest	23.8	18.1	6.7	5.2	4.0	19.6	31.6	2,281
Second	25.6	15.9	7.3	5.3	3.9	17.9	31.8	2,322
Middle	21.9	12.6	5.9	4.3	2.9	14.3	27.4	2,326
Fourth	15.9	12.8	3.2	2.2	1.9	13.7	22.4	2,434
Highest	14.6	7.7	2.6	1.8	1.5	8.5	18.3	2,194
Total	20.4	13.5	5.2	3.8	2.8	14.8	26.4	11,558

Notes: Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated or widowed women. 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.

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