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2022 Philippine National Demographic and Health Survey (NDHS)

Key Indicators Report

Philippines

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Philippine Statistics Authority
Quezon City, Philippines

The DHS Program
ICF
Rockville, Maryland, USA

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TABLES AND FIGURES

ACRONYMS AND ABBREVIATIONS

ANC   antenatal care
ARI   acute respiratory infection
ART   antiretroviral therapy
ASFR   age-specific fertility rate

BCG   bacillus Calmette-Guérin
BHW   Barangay health worker

CAPI   computer-assisted personal interviewing
CBR   crude birth rate
CSPro   Census and Survey Processing

DHS   Demographic and Health Survey
DHSD   Demographic and Health Statistics Division
DOH   Department of Health
DPT   diphtheria, pertussis, and tetanus vaccine

GFR   general fertility rate

HepB   hepatitis B
Hib   *Haemophilus influenzae* type b
HIV   human immunodeficiency virus
HUCs   highly urbanized cities

IPV   inactivated poliomyelitis vaccine
IT   information technology
IUD   intrauterine contraceptive device
IYCF   infant and young child feeding

JMP   Joint Monitoring Programme for Water Supply, Sanitation and Hygiene

LAM   lactational amenorrhea method

MICS   Multiple Indicator Cluster Survey
MMR   measles, mumps, rubella
MSF   Master Sample Frame

NDHS   Philippine National Demographic and Health Survey

OPV   oral polio vaccine
ORS   oral rehydration salts

PAPI   paper and pencil personal interviewing
PCV   pneumococcal conjugate vaccine
PCW   Philippine Commission on Women
PNC   postnatal care
POPCOM Commission on Population and Development
PSA   Philippine Statistics Authority
PSOs   Provincial Statistical Offices
PSU   primary sampling unit

RSSOs   Regional Statistical Services Offices

SDG   Sustainable Development Goal
SDM   standard days method

TFR   total fertility rate

UNICEF   United Nations Children's Fund
UPPI   University of the Philippines Population Institute
USAID   United States Agency for International Development

VIP   ventilated improved pit

WHO   World Health Organization

FOREWORD

The 2022 Philippine National Demographic and Health Survey (NDHS) was implemented by the Philippine Statistics Authority (PSA). The survey and this Key Indicators Report provide information on fertility, fertility preferences, family planning practices, childhood mortality, maternal and child health, nutrition, knowledge and attitudes regarding HIV/AIDS, violence against women, child discipline, early childhood development, and other health issues. These indicators are crucial in policymaking, program planning, and monitoring and evaluation of population and health programs, including those related to Sustainable Development Goals (SDGs).

The 2022 NDHS is the seventh Demographic and Health Survey (DHS) conducted in the Philippines in collaboration with The DHS Program and the 12th in a series of national DHS surveys conducted every 5 years since 1968. Fieldwork for the survey was carried out from May 2 to June 22, 2022, covering a national sample of over 30,000 households and nearly 28,000 women age 15 to 49.

Funding for the 2022 NDHS was provided by the Government of the Philippines, while the provision of tablet computers for data collection was supported by the Commission on Population and Development (POPCOM). The United States Agency for International Development (USAID) provided technical assistance through ICF under The DHS Program.

The PSA would like to express its deepest gratitude to the Department of Health (DOH), the Philippine Commission on Women (PCW), the University of the Philippines Population Institute (UPPI), and the United Nations Children's Fund (UNICEF) for their invaluable contributions during the preparatory and training phases of the survey.

Great appreciation is also extended to the PSA survey team 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 staff of the Finance and Administrative Service for their administrative assistance; the staff of the Regional Statistical Services Offices (RSSOs) and Provincial Statistical Offices (PSOs) for overseeing the data collection activities; and the 110interviewing teams composed of team supervisors and field interviewers. Finally, the PSA is grateful to the survey respondents who patiently shared their time and information.

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Quezon City, Philippines
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1   INTRODUCTION

The 2022 Philippine National Demographic and Health Survey (NDHS) is the seventh Demographic and Health Survey (DHS) conducted in the Philippines in collaboration with the worldwide Demographic and Health Surveys Program and the 12th in a series of national DHS surveys conducted every 5 years since 1968. The 2022 NDHS was implemented by the Philippine Statistics Authority (PSA). Data collection took place from May 2 to June 22, 2022. ICF provided technical assistance through The DHS Program, which is funded by the United States Agency for International Development (USAID) and offers financial support and technical assistance for population and health surveys in countries worldwide.

Funding for the 2022 NDHS was provided by the Government of the Philippines, while the provision of tablet computers for data collection was supported by the Commission on Population and Development (POPCOM). Other agencies and organizations that facilitated the successful implementation of the survey through technical support were the Department of Health (DOH), the Philippine Commission on Women (PCW), the University of the Philippines Population Institute (UPPI), and the United Nations Children's Fund (UNICEF).

This Key Indicators Report presents a first look at selected findings from the 2022 NDHS. A comprehensive analysis of the data will be presented in a final report in 2023.

1.1   SURVEY OBJECTIVES

The primary objective of the 2022 NDHS is to provide up-to-date estimates of basic demographic and health indicators. Specifically, the NDHS collected information on fertility, fertility preferences, family planning practices, childhood mortality, maternal and child health, nutrition, knowledge and attitudes regarding HIV/AIDS, violence against women, child discipline, early childhood development, and other health issues.

The information collected through the NDHS is intended to assist policymakers and program managers in designing and evaluating programs and strategies for improving the health of the Philippine's population. The 2022 NDHS also provides indicators anchored to the attainment of the Sustainable Development Goals (SDGs) and the new Philippine Development Plan for 2023 to 2028.

2 SURVEY IMPLEMENTATION

2.1 SAMPLE DESIGN

The Philippines has 17 administrative regions, namely the National Capital Region (NCR), the Cordillera Administrative Region (CAR), Region I (Ilocos), 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), the Caraga Region, and the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM). Each region is composed of provinces, highly urbanized cities (HUCs), 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 the country's administrative regions. The sample selection methodology for the 2022 NDHS was based on a two-stage stratified sample design using the Master Sample Frame (MSF) designed and compiled by the PSA. The MSF was constructed based on the listing of households from the 2010 Census of Population and Housing and updated based on the listing of households from the 2015 Census of Population. The first stage involved a systematic selection of 1,247 primary sampling units (PSUs) distributed by province or HUC. 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 either 22 or 29 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 instructed 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 were 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 usual 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 women's safety.

2.2 QUESTIONNAIRES

Two questionnaires were used for the 2022 NDHS: the Household Questionnaire and the Woman's Questionnaire. The questionnaires, based on The DHS Program's model questionnaires, were adapted to reflect the population and health issues relevant to the Philippines. Input was solicited from various stakeholders representing government agencies, academe, and international agencies. The survey protocol was reviewed 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 usual residents of and visitors to the selected households. Basic demographic information was collected for each person listed, including sex, age, marital status,

education, and relationship to the head of the household. The data on age and sex 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 drinking water, type of toilet facility, materials used for the flooring of the housing unit, and ownership of various durable goods. In addition, survey-specific sections were included that collected information on health facility utilization by household members and knowledge of local health programs, noncommunicable diseases, infectious diseases, and COVID-19. Lastly, the Household Questionnaire included the UNICEF Multiple Indicator Cluster Survey (MICS) child discipline module.

The Woman's Questionnaire was used to collect information on the following topics:

- Sociodemographic characteristics
- Reproduction
- Family planning
- Maternal and newborn health care
- Vaccination and health of children
- Children's nutrition
- Woman's dietary diversity
- Marriage and sexual activity
- Fertility preferences
- Husbands' background characteristics and women's employment activity
- HIV/AIDS and other sexually transmitted infections
- Women's safety (including measures of physical, sexual, and emotional violence)
- Early Childhood Development Index
- Other health issues such as alcohol consumption and use of tobacco

In addition, a self-administered Fieldworker Questionnaire collected information about the survey's fieldworkers. Its purpose was to collect basic background information on the people who were collecting data in the field, including the team supervisors and interviewers.

As was done in the 2017 NDHS, 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 CAPI data collection system employed in the 2022 NDHS 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 AND TRAINING OF TRAINERS

Prior to finalizing the design of survey materials, a pretest briefing was held from September 29 to October 1, 2021, at which the concepts used in the survey, field enumeration, and supervision procedures were discussed and specific instructions for completing the questionnaires were provided.

The pretest exercise using paper and pencil personal interviewing (PAPI) was conducted by the PSA from October 6 to 9, 2021, in the municipality of Sagada, Mt. Province, Cordillera Administrative Region. It aimed to test the flow and clarity of the questions, the output rate per day, the sustainability of the respondent's attitude and motivation in answering the questions, and other issues that may arise during data collection. A pretest debriefing was held on October 11, 2021, to discuss experiences in the administration of the questionnaires, including problems encountered and recommendations for their resolution.

In preparation for the series of trainings of field staff, the PSA also led a training of trainers from March 7 to 10, 2022, in Quezon City, Metro Manila. The training focused on discussions of the questionnaires, the interviewer's manual, and field operations guidelines.

2.4 TRAINING OF FIELD STAFF

Training of the field staff was conducted on two levels. The first was the training of the Task Force, and the second was the training of the interviewing teams in the Task Force trainers' respective regions. The Task Force training was conducted from March 14 to April 1, 2022, in Quezon City, Metro Manila. The training focused on how to properly carry out the interviews and fill out the questionnaires, on understanding concepts and definitions, and on the CAPI system training. This training included 2 days of field practice in two clusters in Quezon City. Trainees were PSA staff from Regional Statistical Services Offices (RSSOs) who served as regional focal persons and information technology (IT) specialists. Selected PSA staff from the Demographic and Health Statistics Division (DHSD) of the Social Sector Statistics Service and representatives from ICF acted as trainers. There were also resource speakers from the DOH, PCW, and UPPI for certain topics.

The second level of training took place from April 4 to 26, 2022, in 17 training centers selected by the RSSOs. Trainers in the second-level training were participants in the Task Force training. The instructors for the second-level training were the 17 regional supervisors and 17 regional IT specialists from each of the 17 regions who were trained during the Task Force training. A total of 305 field interviewers and 110 team supervisors were recruited from each of the respective regions to take part in the second-level training, and trainers from the PSA Central Office and ICF representatives provided additional supervision and assistance during these trainings.

2.5 FIELDWORK

Survey data collection was carried out from May 2 to June 22, 2022, by the 110 field teams. Each team consisted of a team supervisor and two to three field interviewers, all of whom were female. Fieldwork monitoring was an integral part of the 2022 NDHS. Regional and team supervisors were engaged to supervise their teams on a full-time basis. Just after data collection was launched, staff from the PSA Central Office conducted a 3-day field supervision from May 4 to 6, 2022, to closely observe the teams and ensure that any errors or issues were immediately corrected. Field check tables based on data from completed questionnaires were also generated regularly by the PSA Central Office and used to monitor progress and provide regular feedback to the field teams. GPS points were also collected during the survey. Due to the COVID-19 pandemic, guidelines were developed to mitigate potential risk of infection of field teams and survey respondents. These guidelines were followed throughout field data collection, monitoring, and supervision.

2.6 DATA PROCESSING

Processing the 2022 NDHS data began almost as soon as fieldwork started. As data collection was completed in each PSU or cluster, all electronic data files were transferred via SyncCloud 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 area of assignment. A team of secondary editors in the PSA Central Office carried out secondary editing, which involved resolving inconsistencies and the recoding of "other" responses; the former was conducted during data collection, and the latter was conducted following the completion of the fieldwork. Data editing was performed using the CSPro software package. Timely generation of field check tables allowed for more effective monitoring. The secondary editing of the data was completed in August 2022. The final cleaning of the data set was carried out by data processing specialists from The DHS Program in September 2022.

Throughout this report, the 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 the results of the household and individual interviews, and response rates, according to residence, for the 2022 NDHS. A total of 35,470 households were selected for the 2022 NDHS sample, of which 30,621 were found to be occupied. Of the occupied households, 30,372 were successfully interviewed, yielding a response rate of 99%. In the interviewed households, 28,379 women age 15–49 were identified as eligible for individual interviews. Interviews were completed with 27,821 women, yielding a response rate of 98%.

Table 1 Results of the household and individual interviews

Number of households, number of interviews, and response rates, by residence (unweighted), Philippines NDHS 2022

	Residence		
Result	Urban	Rural	Total
Household interviews			
Households selected	13,488	21,982	35,470
Households occupied	11,701	18,920	30,621
Households interviewed	11,573	18,799	30,372
Household response rate[1]	98.9	99.4	99.2
Interviews with women age 15–49			
Number of eligible women	11,566	16,813	28,379
Number of eligible women interviewed	11,334	16,487	27,821
Eligible women response rate[2]	98.0	98.1	98.0

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

3.2   DRINKING WATER SOURCES

> **Improved sources of drinking water**
> Include piped water, public taps, standpipes, tube wells, boreholes, protected dug wells and springs, rainwater, water delivered via a tanker truck or a cart with a small tank, and bottled water/refilling stations.
> *Sample:* Households and de jure population

Table 2.1 shows the percent distribution of households and de jure population by source of drinking water and by time to obtain drinking water, according to residence. Improved sources of water protect against outside contamination so that the water is more likely to be safe to drink.

- In the Philippines, 98% of households use an improved source of drinking water.

- Fifty-nine percent of households drink bottled water or water from a refilling station. Nineteen percent of households drink water that is piped into their dwelling, yard, or plot.

- Overall, 87% of Filipino households have water on the premises. Twelve percent of households travel 30 minutes or less to fetch water, and 1% travel more than 30 minutes.

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, according to residence, Philippines NDHS 2022

Characteristic	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
Source of drinking water						
Improved source	99.5	96.2	98.0	99.5	96.1	97.9
Piped into dwelling/yard/plot	21.2	16.0	18.8	21.2	16.4	19.0
Piped to neighbor	2.5	2.9	2.7	2.7	2.8	2.7
Public tap/standpipe	1.0	3.4	2.2	1.0	3.7	2.3
Tube well or borehole	2.6	12.4	7.2	2.8	12.5	7.4
Protected dug well	1.1	6.1	3.4	1.2	6.0	3.5
Protected spring	0.8	8.4	4.3	0.9	8.5	4.5
Rainwater	0.1	0.5	0.3	0.1	0.5	0.3
Tanker truck/cart with small tank	0.1	0.8	0.4	0.1	1.0	0.5
Bottled water/refilling station	70.0	45.6	58.7	69.4	44.7	57.7
Unimproved source	0.5	3.5	1.9	0.5	3.6	2.0
Unprotected dug well	0.1	2.0	1.0	0.1	2.1	1.1
Unprotected spring	0.1	1.5	0.8	0.1	1.5	0.8
Other	0.3	0.0	0.2	0.2	0.0	0.1
Surface water	0.0	0.2	0.1	0.0	0.2	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Time to obtain drinking water (round trip)						
Water on premises[1]	95.8	77.5	87.3	95.7	76.9	86.8
30 minutes or less	4.0	20.6	11.7	4.1	21.0	12.1
More than 30 minutes	0.2	1.9	1.0	0.2	2.0	1.0
Don't know	0.1	0.1	0.1	0.0	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of households/population	16,265	14,107	30,372	67,072	60,063	127,135

[1] Includes water piped to a neighbor and those reporting a round-trip collection time of zero minutes

Drinking Water Service Ladder

> **Drinking water service ladder**
>
> **Safely managed**
>
> Drinking water from an improved water source that is located on the premises, available when needed and free from fecal and priority chemical contamination.
>
> **Basic**
>
> Drinking water from an improved source, provided either water is on the premises or round-trip collection time is 30 minutes or less.
>
> **Limited**
>
> Drinking water from an improved source, and round-trip collection time is more than 30 minutes.
>
> **Unimproved**
>
> Drinking water from an unprotected dug well or unprotected spring.
>
> **Surface water**
>
> Drinking water directly from a river, dam, lake, pond, stream, canal, or irrigation canal.
>
> *Sample:* De jure population

Building off the classification of drinking water sources as improved or unimproved, the Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) has devised a five-rung drinking water service ladder to benchmark and compare progress towards achieving SDG targets (WHO and UNICEF 2018). The NDHS captured information on four out of the five rungs; because the survey did not include testing drinking water for fecal or chemical contamination, safely managed and basic drinking water services cannot be distinguished and are grouped together in **Table 2.2** as "at least basic service."

- Overall, 97% of the household population has at least basic drinking water service.

- By region, the percentage of the household population with at least basic drinking water service ranges from a low of 80% in BARMM to a high of nearly 100% in Ilocos.

- Use of at least basic service drinking water increases with increasing household wealth; 89% of the household population in the lowest wealth quintile has at least basic service, as compared with over 99% in the highest wealth quintile.

Table 2.2 Drinking water service ladder

Percent distribution of de jure population by drinking water service ladder, according to background characteristics, Philippines NDHS 2022

Background characteristic	At least basic service[1]	Limited service[2]	Unimproved[3]	Surface water	Total	Number of persons
Residence						
Urban	99.3	0.2	0.5	0.0	100.0	67,072
Rural	94.4	1.8	3.6	0.2	100.0	60,063
Region						
National Capital Region	99.1	0.1	0.8	0.0	100.0	17,073
Cordillera Admin. Region	94.1	0.6	5.3	0.0	100.0	2,192
I - Ilocos	99.8	0.1	0.1	0.0	100.0	7,008
II - Cagayan Valley	98.9	0.4	0.8	0.0	100.0	4,172
III - Central Luzon	99.6	0.3	0.1	0.0	100.0	13,931
IVA - CALABARZON	99.3	0.1	0.5	0.0	100.0	18,069
MIMAROPA	95.8	2.1	2.1	0.0	100.0	3,345
V - Bicol	92.6	2.0	5.4	0.0	100.0	6,871
VI - Western Visayas	98.4	0.3	1.3	0.0	100.0	9,160
VII - Central Visayas	97.9	0.9	1.1	0.0	100.0	9,493
VIII - Eastern Visayas	95.9	1.0	3.1	0.0	100.0	4,970
IX - Zamboanga Peninsula	89.0	2.3	8.7	0.0	100.0	4,563
X - Northern Mindanao	98.9	0.2	0.9	0.0	100.0	5,028
XI - Davao	97.3	0.5	2.1	0.1	100.0	6,965
XII - SOCCSKSARGEN	96.1	1.5	2.2	0.2	100.0	5,777
XIII - CARAGA	97.1	0.4	2.5	0.0	100.0	3,066
BARMM	80.2	8.7	9.0	2.1	100.0	5,450
Wealth quintile						
Lowest	88.9	3.2	7.3	0.5	100.0	25,413
Second	97.5	1.1	1.4	0.0	100.0	25,441
Middle	99.2	0.3	0.5	0.0	100.0	25,435
Fourth	99.5	0.1	0.4	0.0	100.0	25,421
Highest	99.7	0.0	0.3	0.0	100.0	25,424
Total	97.0	0.9	2.0	0.1	100.0	127,135

Note: Service ladder concept/definitions are based on the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP).
[1] Defined as drinking water from an improved source, provided either water is on the premises or round-trip collection time is 30 minutes or less. Includes safely managed drinking water, which is not shown separately.
[2] Drinking water from an improved source, and round-trip collection time is more than 30 minutes or is unknown.
[3] Drinking water from an unprotected dug well or unprotected spring

3.3   SANITATION

> **Improved sanitation facility**
> Includes flush/pour flush toilets that flush water and waste to a piped sewer system, septic tank, pit latrine, or unknown destination; ventilated improved pit (VIP) latrines; pit latrines with slabs; and composting toilets.
> *Sample:* Households and de jure population

Table 3.1 shows the percent distribution of households and de jure population by type of toilet/latrine facilities and the percent distribution of households and de jure population with a toilet/latrine facility by location of the facility, according to residence.

- Ninety-five percent of Filipino households use improved toilet facilities.

- Two percent of households use unimproved toilet facilities, while 3% of households do not use any toilet facilities.

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 2022

Type and location of toilet/latrine facility	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
Improved sanitation facility	97.3	93.3	95.4	97.0	93.3	95.2
Flush/pour flush to piped sewer system	4.8	1.1	3.1	4.6	1.1	3.0
Flush/pour flush to septic tank	89.9	83.6	86.9	89.6	83.1	86.5
Flush/pour flush to pit latrine	2.1	7.4	4.6	2.4	7.6	4.8
Flush/pour flush, don't know where	0.0	0.0	0.0	0.0	0.0	0.0
Ventilated improved pit (VIP) latrine	0.0	0.1	0.1	0.0	0.1	0.1
Pit latrine with slab	0.3	1.0	0.6	0.4	1.1	0.7
Composting toilet	0.0	0.1	0.1	0.0	0.1	0.1
Unimproved sanitation facility	1.5	1.6	1.6	1.7	1.8	1.7
Flush/pour flush not to sewer/septic tank/pit latrine	1.0	0.3	0.7	1.1	0.4	0.8
Pit latrine without slab/open pit	0.1	0.3	0.2	0.1	0.3	0.2
Bucket	0.0	0.0	0.0	0.0	0.0	0.0
Hanging toilet/hanging latrine	0.3	0.8	0.6	0.4	0.9	0.6
Other	0.1	0.2	0.1	0.1	0.1	0.1
Open defecation (no facility/ bush/field)	1.2	5.0	3.0	1.2	5.0	3.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of households/population	16,265	14,107	30,372	67,072	60,063	127,135
Location of toilet facility						
In own dwelling	82.9	61.0	72.9	82.9	60.0	72.3
In own yard/plot	15.8	36.1	25.0	15.9	37.3	25.8
Elsewhere	1.3	2.9	2.0	1.2	2.8	1.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of households/population with a toilet/latrine facility	16,070	13,396	29,466	66,239	57,065	123,304

Sanitation Service Ladder

> **Sanitation service ladder**
>
> **Safely managed**
>
> Use of improved facilities that are not shared with other households and where excreta are safely disposed of in situ or transported and treated offsite.
>
> **Basic**
>
> Use of improved facilities that are not shared with other households.
>
> **Limited**
>
> Use of improved facilities shared by two or more households.
>
> **Unimproved**
>
> Use of pit latrines without a slab or platform, hanging latrines, or bucket latrines.
>
> **Open defecation**
>
> Disposal of human feces in fields, forests, bushes, open bodies of water, beaches, or other open spaces or with solid waste
>
> *Sample:* De jure population

The JMP has also devised a five-rung sanitation service ladder to benchmark and compare progress towards achieving SDG targets related to sanitation. The NDHS captured information about all five rungs. However, for those households whose excreta were taken offsite, it is not possible to know if they were treated appropriately, and therefore safely managed and basic sanitation services are grouped together in **Table 3.2** as "at least basic service."

- Overall, 83% of the household population has at least basic sanitation service.

- By region, only 55% of the household population in BARMM has at least basic sanitation service, as compared with 92% of the household population in CALABARZON.

- The percentage of the household population with at least basic sanitation service ranges from 58% in the lowest wealth quintile to 98% in the highest quintile; 14% of the household population in the lowest wealth quintile engages in open defecation.

Table 3.2 Sanitation service ladder

Percent distribution of de jure population by type of sanitation service, according to background characteristics, Philippines NDHS 2022

Background characteristic	At least basic service[1]	Limited service[2]	Unimproved[3]	Open defecation	Total	Number of persons
Residence						
Urban	84.0	13.0	1.7	1.2	100.0	67,072
Rural	80.7	12.5	1.8	5.0	100.0	60,063
Region						
National Capital Region	81.6	15.8	2.5	0.1	100.0	17,073
Cordillera Admin. Region	81.6	16.2	1.6	0.6	100.0	2,192
I - Ilocos	81.7	17.8	0.1	0.3	100.0	7,008
II - Cagayan Valley	81.1	18.2	0.5	0.3	100.0	4,172
III - Central Luzon	88.9	10.0	0.7	0.5	100.0	13,931
IVA - CALABARZON	91.9	6.7	0.6	0.7	100.0	18,069
MIMAROPA	79.3	12.3	2.3	6.0	100.0	3,345
V - Bicol	78.7	13.7	0.2	7.3	100.0	6,871
VI - Western Visayas	84.7	8.4	2.2	4.7	100.0	9,160
VII - Central Visayas	80.3	16.0	0.3	3.4	100.0	9,493
VIII - Eastern Visayas	82.3	9.1	1.2	7.4	100.0	4,970
IX - Zamboanga Peninsula	76.5	11.4	5.6	6.5	100.0	4,563
X - Northern Mindanao	85.5	11.9	0.7	1.8	100.0	5,028
XI - Davao	81.3	17.3	0.3	1.0	100.0	6,965
XII - SOCCSKSARGEN	75.1	19.0	1.2	4.7	100.0	5,777
XIII - CARAGA	89.0	8.4	1.8	0.9	100.0	3,066
BARMM	55.3	14.1	12.8	17.8	100.0	5,450
Wealth quintile						
Lowest	57.8	23.3	5.2	13.6	100.0	25,413
Second	77.5	19.7	1.6	1.2	100.0	25,441
Middle	85.5	13.0	1.3	0.2	100.0	25,435
Fourth	94.2	5.2	0.5	0.0	100.0	25,421
Highest	97.5	2.5	0.0	0.0	100.0	25,424
Total	82.5	12.8	1.7	3.0	100.0	127,135

Note: Service ladder concept/definitions are based on the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP).
[1] Defined as use of improved facilities that are not shared with other households. Includes safely managed sanitation service, which is not shown separately.
[2] Defined as use of improved facilities shared by two or more households
[3] Use of flush/pour flush toilet not to a sewer, septic tank, or pit latrine; pit latrine without a slab/open pit; hanging toilet/latrine; or bucket

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. **Table 4** shows the percentage of the de jure population with specific types of PhilHealth insurance coverage, the percentage with any PhilHealth insurance, and the percentage with any other health insurance, according to residence, region, and wealth quintile.

- Seventy percent of the household population is covered by any PhilHealth insurance and 39% by other types of health insurance.

- Only 41% of the household population in BARMM is covered by any PhilHealth insurance, as compared with 63%–79% of the household population in other regions.

- PhilHealth coverage increases with increasing wealth, from 58% in the lowest wealth quintile to 84% in the highest quintile.

Percentage of de jure 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 2022

Background characteristic	PhilHealth insurance by type of coverage						Any PhilHealth insurance	Any other health insurance	Number of persons
	Paying Member	Nonpaying member	Dependent of paying member	Dependent of nonpaying member	Not a member/ not applicable	Don't know			
Residence									
Urban	27.4	13.4	22.3	7.9	28.3	0.7	71.0	50.5	67,072
Rural	14.0	19.5	13.8	20.9	31.3	0.6	68.1	26.7	60,063
Region									
National Capital Region	32.0	15.2	23.3	5.6	23.1	0.9	76.1	63.1	17,073
Cordillera Admin. Region	19.3	20.7	20.4	17.4	21.5	0.8	77.7	33.9	2,192
I - Ilocos	19.6	17.1	18.7	11.7	30.7	2.2	67.1	37.8	7,008
II - Cagayan Valley	15.6	18.9	20.3	18.1	26.4	0.7	72.9	26.6	4,172
III - Central Luzon	30.8	12.1	26.0	6.4	24.1	0.7	75.3	54.4	13,931
IVA - CALABARZON	25.6	11.9	23.3	6.0	32.8	0.4	66.8	43.9	18,069
MIMAROPA	11.2	21.1	12.1	24.9	29.5	1.1	69.4	29.1	3,345
V - Bicol	13.9	20.7	12.5	26.7	25.7	0.5	73.7	33.6	6,871
VI - Western Visayas	20.6	16.6	14.9	14.5	32.9	0.6	66.5	34.5	9,160
VII - Central Visayas	20.5	17.4	13.1	11.9	36.7	0.4	62.9	35.5	9,493
VIII - Eastern Visayas	13.2	23.6	12.5	15.8	34.9	0.1	65.0	20.7	4,970
IX - Zamboanga Peninsula	9.1	23.5	7.3	27.7	31.5	1.0	67.5	18.8	4,563
X - Northern Mindanao	14.3	16.2	16.4	21.0	31.6	0.5	67.9	29.9	5,028
XI - Davao	22.7	18.5	19.8	17.7	20.9	0.3	78.8	38.4	6,965
XII - SOCCSKSARGEN	13.8	17.0	18.2	24.4	26.1	0.5	73.5	30.8	5,777
XIII - CARAGA	15.9	22.5	16.7	23.4	20.7	0.8	78.4	31.7	3,066
BARMM	2.7	8.6	5.1	25.0	58.5	0.1	41.4	8.2	5,450
Wealth quintile									
Lowest	4.5	19.9	6.1	27.6	41.5	0.4	58.1	11.0	25,413
Second	11.4	19.6	12.2	20.4	35.8	0.6	63.6	24.5	25,441
Middle	20.5	16.1	19.2	12.3	31.3	0.7	68.0	39.3	25,435
Fourth	30.1	13.7	24.7	6.5	24.2	0.9	74.9	53.8	25,421
Highest	38.8	12.0	29.4	3.4	15.6	0.8	83.6	67.5	25,424
Total	21.1	16.2	18.3	14.0	29.7	0.7	69.7	39.2	127,135

3.5   COVID-19

The Household Questionnaire included several questions assessing the household respondent's knowledge of and experience with COVID-19.

3.5.1   COVID-19 Transmission

Table 5.1 shows the percentage of household respondents reporting how COVID-19 is spread from one person to another.

▪ The most commonly cited means of person-to-person transmission of COVID-19 was through talking (72%), followed by coughing (66%) and sneezing (53%).

▪ Only 2% of respondents did not know how the virus spreads from one person to another.

Table 5.1 COVID-19 transmission

Percentage of household respondents who state that COVID-19 is spread from one person to another by various means, according to background characteristics, Philippines NDHS 2022

Background characteristic	Various means by which COVID-19 spreads from one person to another								Number of household respondents
	Talking	Sneezing	Coughing	Sharing utensils	Touching	Airborne	Other	Don't know	
Residence									
Urban	70.8	56.3	68.7	25.2	34.1	1.6	1.0	1.6	16,265
Rural	72.3	48.4	62.3	24.1	38.3	1.3	1.4	2.3	14,107
Region									
National Capital Region	69.8	68.8	77.2	25.7	23.1	1.2	0.8	0.6	4,334
Cordillera Admin. Region	73.1	63.9	79.5	18.8	32.2	0.3	1.7	1.2	571
I - Ilocos	55.4	40.0	57.2	24.5	28.9	7.0	2.6	4.4	1,646
II - Cagayan Valley	82.5	59.6	73.6	26.4	47.1	0.6	1.6	0.5	1,024
III - Central Luzon	80.3	63.7	72.6	28.2	33.2	0.8	0.6	1.7	3,248
IVA - CALABARZON	64.2	39.8	59.3	19.2	36.7	2.8	0.8	1.4	4,394
MIMAROPA	69.7	55.9	59.1	21.6	40.3	2.3	0.9	3.3	833
V - Bicol	68.8	39.8	54.4	14.1	43.9	0.9	1.2	1.8	1,553
VI - Western Visayas	72.7	42.6	61.7	22.3	33.9	1.0	2.7	1.7	2,193
VII - Central Visayas	79.5	49.7	60.6	16.1	42.5	0.3	0.7	1.1	2,291
VIII - Eastern Visayas	67.1	59.4	69.3	32.1	37.4	0.5	0.7	0.3	1,149
IX - Zamboanga Peninsula	71.0	46.3	59.0	27.0	48.2	1.5	2.1	5.8	990
X - Northern Mindanao	77.1	54.7	72.7	47.4	52.0	0.9	1.4	0.8	1,182
XI - Davao	76.2	45.6	57.8	22.7	46.0	0.3	1.9	2.0	1,842
XII - SOCCSKSARGEN	69.4	45.8	64.6	19.0	33.2	0.8	0.7	5.4	1,368
XIII - CARAGA	74.4	56.7	60.5	20.6	26.3	1.4	1.9	2.8	687
BARMM	72.6	70.8	77.3	53.7	34.7	0.2	0.2	3.7	1,066
Wealth quintile									
Lowest	68.8	46.4	61.9	25.0	34.8	0.8	1.2	4.6	6,151
Second	70.8	48.8	63.0	22.9	37.3	1.8	1.1	1.9	6,022
Middle	71.3	52.6	66.4	23.7	34.7	1.8	1.3	1.4	6,209
Fourth	70.8	57.1	67.3	24.8	35.9	1.4	0.8	0.8	6,098
Highest	76.0	58.6	70.1	27.2	37.5	1.6	1.6	0.7	5,892
Age									
<20	69.2	52.8	64.7	25.9	43.8	0.8	0.9	0.6	970
20–34	70.1	54.2	68.8	26.8	38.1	1.5	1.2	1.2	6,874
35–49	71.8	53.9	65.1	25.8	37.1	1.7	1.1	1.3	9,765
50–64	74.0	51.9	64.8	22.9	35.7	1.5	1.1	2.0	8,316
65+	68.8	48.9	64.5	22.2	29.5	1.0	1.7	4.6	4,448
Sex									
Male	72.0	50.8	63.7	23.6	35.7	1.6	1.1	2.3	7,654
Female	71.3	53.3	66.4	25.1	36.1	1.4	1.2	1.8	22,718
Total	71.5	52.6	65.7	24.7	36.0	1.5	1.2	1.9	30,372

3.5.2   COVID-19 Symptoms and Care Seeking

Table 5.2 shows the percent distribution of household respondents by whether they had experienced COVID-19 symptoms since January 2020, according to background characteristics.

- Sixteen percent of household respondents reported experiencing COVID-19 symptoms since January 2020.

- Notably, the percentage of respondents who had experienced COVID-19 symptoms generally increases with increasing household wealth; 14% of respondents in the lowest wealth quintile have experienced symptoms, as compared with 23% of respondents in the highest wealth quintile.

Table 5.2 COVID-19 symptoms experienced

Percent distribution of household respondents who have experienced COVID-19 symptoms since January 2020, according to background characteristics, Philippines NDHS 2022

Background characteristic	Experienced COVID-19 symptoms[1]			Total	Number of household respondents
	Yes	No	Don't know		
Residence					
Urban	15.2	84.7	0.2	100.0	16,265
Rural	17.4	82.4	0.2	100.0	14,107
Region					
National Capital Region	11.2	88.6	0.1	100.0	4,334
Cordillera Admin. Region	21.4	78.6	0.0	100.0	571
I - Ilocos	16.4	83.6	0.0	100.0	1,646
II - Cagayan Valley	22.6	77.4	0.0	100.0	1,024
III - Central Luzon	17.8	82.2	0.0	100.0	3,248
IVA - CALABARZON	13.4	86.5	0.1	100.0	4,394
MIMAROPA	19.8	80.2	0.0	100.0	833
V - Bicol	13.4	86.5	0.0	100.0	1,553
VI - Western Visayas	15.4	84.6	0.0	100.0	2,193
VII - Central Visayas	23.3	76.3	0.3	100.0	2,291
VIII - Eastern Visayas	18.7	81.3	0.0	100.0	1,149
IX - Zamboanga Peninsula	21.5	78.2	0.3	100.0	990
X - Northern Mindanao	18.8	81.2	0.0	100.0	1,182
XI - Davao	19.1	80.9	0.0	100.0	1,842
XII - SOCCSKSARGEN	14.1	85.6	0.2	100.0	1,368
XIII - CARAGA	15.6	84.4	0.0	100.0	687
BARMM	9.0	88.7	2.3	100.0	1,066
Wealth quintile					
Lowest	13.8	85.9	0.4	100.0	6,151
Second	15.4	84.5	0.1	100.0	6,022
Middle	13.1	86.9	0.0	100.0	6,209
Fourth	16.1	83.6	0.3	100.0	6,098
Highest	23.0	77.0	0.0	100.0	5,892
Age					
<20	16.1	82.8	1.1	100.0	970
20–34	16.7	83.2	0.2	100.0	6,874
35–49	17.1	82.8	0.1	100.0	9,765
50–64	16.4	83.4	0.2	100.0	8,316
65+	13.1	86.8	0.1	100.0	4,448
Sex					
Male	16.9	82.9	0.2	100.0	7,654
Female	16.0	83.9	0.2	100.0	22,718
Total	16.2	83.6	0.2	100.0	30,372

[1] Fever, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea

Table 5.3 shows the percentage of household respondents who sought consultation or treatment for their COVID-19 symptoms and, among those who did not seek treatment, the reasons why not.

- Sixty-five percent of household respondents indicated that they did not seek consultation or treatment for their COVID-19 symptoms.

- The most common reason for not seeking treatment for symptoms was the ability to self-medicate (84%).

Table 5.3 Reasons for not seeking COVID-19 consultation or treatment

Percent distribution of household respondents with COVID-19 symptoms by whether they sought consultation or treatment, and among those who did not seek consultation or treatment for symptoms, and reasons specified for not seeking treatment, according to background characteristics, Philippines NDHS 2022

| Background characteristic | Sought consultation or treatment for symptoms | | | Number of household respondents with COVID-19 symptoms | Reasons respondent did not seek treatment for symptoms | | | | | | | | Number of household respondents with COVID-19 symptoms who did not seek consultation or treatment |
	Yes	No	Total		Symptoms harmless	Cost	Distance	Embarrassed	Self-medication	Fear of going to health facility due to COVID-19	No available doctors/ health facility	Other/ don't know	
Residence													
Urban	41.2	58.8	100.0	2,468	15.2	3.9	1.3	0.8	83.5	31.3	0.5	0.0	1,452
Rural	29.4	70.6	100.0	2,452	13.1	3.6	1.2	1.1	83.9	38.4	0.2	0.2	1,731
Region													
National Capital Region	53.5	46.5	100.0	486	20.6	4.8	0.0	0.0	83.1	23.1	0.0	0.3	226
Cordillera Admin. Region	54.1	45.9	100.0	122	18.8	3.6	3.2	0.1	83.9	36.7	0.2	0.1	56
I - Ilocos	33.8	66.2	100.0	270	4.5	1.7	3.2	0.4	85.1	50.2	0.0	0.0	179
II - Cagayan Valley	43.0	57.0	100.0	231	8.9	3.0	0.0	1.5	83.6	63.1	0.3	0.8	132
III - Central Luzon	41.1	58.9	100.0	579	21.5	4.3	2.2	2.0	80.7	25.2	0.4	0.0	341
IVA - CALABARZON	46.6	53.4	100.0	589	16.9	5.0	0.0	0.4	86.0	20.7	0.2	0.0	314
MIMAROPA	28.3	71.7	100.0	165	13.1	2.7	4.5	0.3	79.0	41.2	0.2	0.7	118
V - Bicol	30.3	69.7	100.0	209	11.8	1.5	0.7	2.6	83.8	30.9	0.0	0.3	146
VI - Western Visayas	31.3	68.7	100.0	338	15.3	2.9	0.0	0.1	79.9	39.3	0.0	0.4	233
VII - Central Visayas	21.5	78.5	100.0	534	9.6	3.1	2.1	1.9	85.8	31.3	0.5	0.0	420
VIII - Eastern Visayas	28.7	71.3	100.0	215	15.8	2.2	0.4	0.6	88.1	29.6	0.0	0.2	153
IX - Zamboanga Peninsula	16.0	84.0	100.0	212	8.7	0.7	1.2	0.0	75.2	53.9	0.1	0.0	178
X - Northern Mindanao	26.4	73.6	100.0	222	5.6	16.8	1.0	1.1	90.6	40.6	0.9	0.0	163
XI - Davao	26.2	73.8	100.0	351	12.1	0.6	0.4	0.5	94.8	35.0	0.0	0.0	259
XII - SOCCSKSARGEN	34.9	65.1	100.0	193	15.7	4.8	2.6	0.6	67.5	48.0	0.4	0.0	126
XIII - CARAGA	34.5	65.5	100.0	107	5.0	3.5	2.0	1.9	79.8	35.9	1.9	0.5	70
BARMM	26.9	73.1	100.0	96	47.0	2.0	0.5	1.6	81.1	31.9	1.1	0.0	70
Wealth quintile													
Lowest	20.9	79.1	100.0	847	11.2	6.4	1.8	1.9	80.2	44.3	0.1	0.4	671
Second	23.3	76.7	100.0	928	12.0	3.5	2.6	0.7	83.4	36.5	0.5	0.0	711
Middle	31.7	68.3	100.0	813	16.0	3.4	0.9	0.6	85.8	35.0	0.6	0.1	556
Fourth	40.2	59.8	100.0	979	17.5	4.4	0.2	0.3	81.9	31.4	0.0	0.3	585
Highest	51.2	48.8	100.0	1,353	14.6	0.9	0.7	1.0	87.3	27.9	0.3	0.0	661
Age													
<20	23.5	76.5	100.0	156	14.6	1.6	0.6	1.8	77.2	43.8	0.0	0.0	120
20–34	36.9	63.1	100.0	1,145	15.0	3.9	1.0	0.3	81.6	34.5	0.5	0.0	722
35–49	32.9	67.1	100.0	1,671	15.0	3.9	0.6	1.1	82.4	34.7	0.3	0.2	1,121
50–64	35.6	64.4	100.0	1,366	13.7	3.0	2.0	1.4	86.8	34.4	0.2	0.1	880
65+	41.4	58.6	100.0	582	9.7	5.2	2.5	0.2	86.6	37.2	0.2	0.4	341
Sex													
Male	40.2	59.8	100.0	1,295	13.8	4.6	2.2	0.4	83.9	30.7	0.1	0.2	774
Female	33.5	66.5	100.0	3,626	14.2	3.5	1.0	1.1	83.6	36.6	0.3	0.1	2,410
Total	35.3	64.7	100.0	4,920	14.1	3.7	1.3	0.9	83.7	35.2	0.3	0.2	3,183

3.5.3 COVID-19 Prevention and Stigma

A vast majority of respondents knew that COVID-19 infections can be prevented (93%). **Table 5.4** shows the percentage of household respondents who indicate that COVID-19 infection can be prevented through various means.

▪ Wearing of a face mask was the most commonly cited measure to prevent COVID-19 infection (84%), followed by social distancing (76%) and frequent and proper handwashing (65%).

Table 5.4 COVID-19 infection prevention

Percent distribution of household respondents by whether they know COVID-19 can be prevented, and among those who know COVID-19 can be prevented, the various means indicated by which COVID-19 can be prevented, according to background characteristics, Philippines NDHS 2022

Background characteristic	COVID-19 infection can be prevented				Number of household respondents	Various means COVID-19 can be prevented									Number of household respondents who know COVID-19 can be prevented
	Yes	No	Don't know	Total		Frequent and proper hand-washing	Use of alcohol-based hand sanitizer	Proper cough etiquette	Social distancing[1]	Wearing of face mask	Getting vaccinated against COVID-19	Eating well-balanced diet/well-cooked food	Avoiding contact with farm or wild animals[2]	Other/ don't know	
Residence															
Urban	93.8	5.2	1.0	100.0	16,265	66.6	60.3	20.2	75.1	83.8	50.6	17.1	1.4	1.2	15,258
Rural	91.7	6.7	1.6	100.0	14,107	62.3	55.9	15.5	76.5	83.4	43.7	14.2	1.7	1.5	12,929
Region															
National Capital Region	96.3	3.7	0.1	100.0	4,334	77.4	69.1	24.1	73.0	89.0	66.5	17.0	1.1	0.3	4,174
Cordillera Admin. Region	96.4	2.5	1.1	100.0	571	61.5	54.3	34.5	73.5	84.9	50.5	16.1	3.4	0.8	550
I - Ilocos	97.3	1.7	1.0	100.0	1,646	54.8	53.8	13.3	77.8	82.7	21.9	18.4	0.1	6.0	1,603
II - Cagayan Valley	98.5	1.1	0.3	100.0	1,024	71.8	78.7	14.6	75.6	94.6	59.1	18.0	6.6	1.5	1,009
III - Central Luzon	97.1	2.3	0.6	100.0	3,248	72.6	68.8	24.0	80.6	82.7	45.0	19.4	1.1	1.3	3,155
IVA - CALABARZON	97.6	1.8	0.6	100.0	4,394	61.3	51.7	15.2	71.8	76.3	36.7	15.1	0.8	0.8	4,289
MIMAROPA	97.1	1.4	1.5	100.0	833	73.5	59.1	13.6	81.0	85.5	25.3	10.8	0.4	1.3	808
V - Bicol	97.2	2.4	0.4	100.0	1,553	49.4	43.6	5.3	76.1	83.7	27.2	12.2	0.0	1.5	1,509
VI - Western Visayas	96.1	2.9	1.0	100.0	2,193	57.2	45.4	14.8	70.3	78.4	50.3	14.8	0.5	2.4	2,108
VII - Central Visayas	80.9	18.4	0.7	100.0	2,291	50.5	54.4	8.0	75.0	87.1	44.1	16.3	3.4	0.3	1,852
VIII - Eastern Visayas	93.1	6.8	0.1	100.0	1,149	69.4	59.6	14.4	81.4	91.1	63.0	10.7	2.8	0.7	1,070
IX - Zamboanga Peninsula	75.7	18.5	5.8	100.0	990	56.8	55.5	25.8	77.3	78.7	53.6	18.8	1.6	1.5	749
X - Northern Mindanao	83.7	11.4	4.9	100.0	1,182	70.0	60.6	31.6	75.6	81.1	70.2	17.8	3.4	0.8	990
XI - Davao	84.3	13.9	1.8	100.0	1,842	56.1	46.9	6.4	81.6	80.1	43.1	12.3	0.2	1.6	1,552
XII - SOCCSKSARGEN	89.9	6.6	3.4	100.0	1,368	68.6	62.7	15.8	81.1	89.1	40.4	13.8	0.9	0.8	1,230
XIII - CARAGA	87.4	10.9	1.7	100.0	687	50.5	43.1	19.0	76.5	78.7	47.7	13.2	1.9	1.0	601
BARMM	88.1	6.4	5.5	100.0	1,066	80.9	73.5	43.5	71.6	87.2	71.0	16.0	6.7	1.1	939
Wealth quintile															
Lowest	86.5	9.9	3.6	100.0	6,151	57.2	52.0	16.1	72.7	83.2	45.7	10.4	1.7	1.4	5,323
Second	91.9	7.0	1.0	100.0	6,022	60.9	53.9	13.8	75.2	82.9	42.6	13.5	1.7	1.5	5,537
Middle	94.0	5.3	0.7	100.0	6,209	64.8	57.5	16.4	76.7	83.7	45.9	15.3	0.9	1.4	5,835
Fourth	95.7	3.7	0.6	100.0	6,098	67.5	61.2	18.5	75.4	83.8	49.5	18.9	1.4	1.0	5,836
Highest	96.0	3.4	0.6	100.0	5,892	72.1	66.2	25.3	78.5	84.3	53.3	20.3	2.2	1.3	5,657
Age															
<20	91.4	7.9	0.7	100.0	970	62.9	67.5	19.7	79.9	83.9	41.0	16.1	1.2	1.6	887
20–34	92.9	5.9	1.3	100.0	6,874	65.1	61.0	18.7	76.9	84.3	47.9	16.0	1.8	1.1	6,384
35–49	93.3	5.6	1.1	100.0	9,765	66.4	58.0	19.0	75.5	83.5	48.6	17.2	1.7	1.1	9,112
50–64	93.0	5.7	1.3	100.0	8,316	64.6	58.3	17.2	75.2	84.3	47.7	15.3	1.5	1.5	7,736
65+	91.5	6.5	2.0	100.0	4,448	60.3	52.5	16.2	74.6	81.4	45.0	13.0	1.3	1.6	4,069
Sex															
Male	93.1	5.4	1.5	100.0	7,654	61.2	54.6	17.7	75.2	83.2	49.5	12.5	1.6	1.1	7,129
Female	92.7	6.1	1.2	100.0	22,718	65.8	59.5	18.2	76.0	83.7	46.8	16.9	1.6	1.4	21,058
Total	92.8	5.9	1.3	100.0	30,372	64.6	58.3	18.1	75.8	83.6	47.4	15.8	1.6	1.3	28,187

[1] Keeping a distance of at least 1 meter from or staying away from individuals experiencing respiratory symptoms
[2] This includes contact with wild or farm animals (alive or dead), animal markets, and products that come from animals.

Table 5.5 shows the percent distribution of household respondents who would want it to remain a secret if a family member got infected with COVID-19, according to background characteristics.

▪ Ninety- three percent of household respondents would not keep a family member's positive COVID-19 diagnosis a secret.

▪ Differences by background characteristics were generally small except that 24% of respondents from BARMM indicated that they would want a family member's infection with COVID-19 kept a secret.

Table 5.5 COVID-19 kept secret

Percent distribution of household respondents by whether they would want it to remain a secret that a family member got infected with COVID-19, according to background characteristics, Philippines NDHS 2022

Background characteristic	Remain secret	No need to remain secret	Don't know/ not sure/depends	Total	Number of household respondents
Residence					
Urban	5.6	93.0	1.4	100.0	16,265
Rural	5.7	93.3	0.9	100.0	14,107
Region					
National Capital Region	4.3	94.9	0.8	100.0	4,334
Cordillera Admin. Region	4.2	94.8	1.0	100.0	571
I - Ilocos	4.9	94.0	1.2	100.0	1,646
II - Cagayan Valley	3.4	96.1	0.5	100.0	1,024
III - Central Luzon	7.8	91.0	1.2	100.0	3,248
IVA - CALABARZON	4.2	94.3	1.6	100.0	4,394
MIMAROPA	8.0	90.3	1.7	100.0	833
V - Bicol	5.3	93.8	0.9	100.0	1,553
VI - Western Visayas	5.9	93.5	0.6	100.0	2,193
VII - Central Visayas	5.0	94.2	0.8	100.0	2,291
VIII - Eastern Visayas	4.3	95.6	0.1	100.0	1,149
IX - Zamboanga Peninsula	4.9	93.6	1.5	100.0	990
X - Northern Mindanao	6.3	93.6	0.1	100.0	1,182
XI - Davao	2.7	96.6	0.7	100.0	1,842
XII - SOCCSKSARGEN	3.9	93.8	2.2	100.0	1,368
XIII - CARAGA	4.6	94.7	0.8	100.0	687
BARMM	23.6	70.6	5.8	100.0	1,066
Wealth quintile					
Lowest	7.3	90.9	1.8	100.0	6,151
Second	4.9	94.2	0.8	100.0	6,022
Middle	5.2	93.9	0.9	100.0	6,209
Fourth	5.5	93.2	1.3	100.0	6,098
Highest	5.4	93.6	1.0	100.0	5,892
Age					
<20	6.7	91.7	1.7	100.0	970
20–34	6.6	92.2	1.2	100.0	6,874
35–49	5.5	93.4	1.0	100.0	9,765
50–64	5.4	93.3	1.2	100.0	8,316
65+	4.7	94.1	1.3	100.0	4,448
Sex					
Male	5.8	93.0	1.2	100.0	7,654
Female	5.6	93.2	1.2	100.0	22,718
Total	5.7	93.2	1.2	100.0	30,372

3.6   CHILD DISCIPLINE

Nonviolent disciplinary approaches

Include one or more of the following:

▪ Taking away privileges, forbidding something the child likes, or not allowing the child to leave the house

▪ Explaining that the child's behavior was wrong

▪ Giving the child something else to do

Sample: De jure children age 1–14

Psychological aggression

Includes one or both of the following:

- Shouting, yelling, or screaming at the child
- Calling the child dumb, lazy, or a similar term

Sample: De jure children age 1–14

Physical punishment

Includes one or more of the following:

- Shaking the child
- Spanking, hitting, or slapping the child on the bottom with a bare hand
- Hitting the child on the bottom or other part of the body with a belt, hairbrush, stick, or other similar hard object
- Hitting or slapping the child on the face, head, or ears
- Hitting the child on the hand, arm, or leg

Sample: De jure children age 1–14

Severe physical punishment

Includes one or both of the following:

- Hitting or slapping the child on the face, head, or ears
- Beating the child up, that is, hitting the child over and over as hard as one can

Sample: De jure children age 1–14

The manner in which parents and caretakers discipline children can have long-term consequences for children's physical and psychological development and well-being. The 2022 NDHS Household Questionnaire included questions from the UNICEF Multiple Indicator Cluster Survey (MICS) module on how children in the household are usually disciplined. The questions were asked about one randomly selected de jure child age 1–14 per household. The respondent to the Household Questionnaire (the household head or other household member) was asked a series of separate questions about disciplinary practices that may have been used with the child during the month before the survey.

Table 6.1 shows the percentage of children age 1–14 who were disciplined using various discipline methods during the past month, according to background characteristics.

- Thirty-six percent of children age 1–14 experienced only nonviolent discipline; 48% experienced any psychological aggression.

- While 39% of children experienced any physical punishment, only 3% were disciplined using severe physical punishment.

- Overall, 59% of children age 1–14 experienced any violent discipline method (**Table 6.1**).

- Twelve percent of respondents believe that a child needs physical punishment to be raised or educated properly (**Table 6.2**).

Table 6.1 Child discipline

Percentage of children age 1–14 by child disciplining methods experienced during the past month, according to background characteristics, Philippines NDHS 2022

Background characteristic	Percentage of children age 1–14 who experienced:					Number of children age 1–14
	Only nonviolent discipline	Psychological aggression	Any physical punishment	Severe physical punishment[1]	Any violent discipline method	
Sex						
Male	33.5	49.8	42.8	3.9	61.1	9,037
Female	38.1	46.8	35.1	2.8	56.4	8,379
Residence						
Urban	34.1	49.8	40.5	3.4	60.3	8,591
Rural	37.2	47.0	37.7	3.5	57.4	8,825
Region						
National Capital Region	34.4	44.4	38.4	3.7	55.1	1,962
Cordillera Admin. Region	30.4	49.4	38.6	1.9	60.5	277
I - Ilocos	32.1	52.6	46.0	0.8	66.3	911
II - Cagayan Valley	26.1	60.4	48.3	1.4	71.7	521
III - Central Luzon	26.2	61.0	46.9	3.3	68.8	1,796
IVA - CALABARZON	34.0	50.1	36.3	2.8	60.1	2,370
MIMAROPA	44.0	43.3	31.6	1.7	52.4	475
V - Bicol	35.0	53.1	40.7	2.8	63.7	1,044
VI - Western Visayas	45.2	33.4	38.1	5.4	51.0	1,183
VII - Central Visayas	39.3	51.3	36.6	2.3	59.9	1,192
VIII - Eastern Visayas	35.7	45.7	44.6	5.2	60.7	703
IX - Zamboanga Peninsula	26.5	60.0	58.1	4.3	72.3	744
X - Northern Mindanao	36.7	48.5	34.3	6.8	56.5	776
XI - Davao	28.8	56.4	43.7	6.0	69.2	972
XII - SOCCSKSARGEN	44.0	42.7	31.7	2.5	50.7	899
XIII - CARAGA	35.1	50.8	32.0	2.1	59.7	471
BARMM	53.7	23.3	21.6	3.2	28.3	1,118
Age						
1–2	42.7	29.7	33.8	1.6	45.1	1,700
3–4	31.7	46.7	49.5	2.8	63.3	2,047
5–9	33.0	51.5	44.6	3.3	62.3	6,390
10–14	37.5	50.5	32.6	4.1	57.8	7,279
Mother's education						
No education	41.2	34.1	39.9	4.4	46.3	236
Grades 1–6	35.8	47.2	41.2	4.9	58.6	2,655
Grades 7–10	32.2	52.4	41.9	3.5	63.1	7,081
Grades 11–12	23.3	41.5	54.2	0.6	69.7	133
Postsecondary	43.7	38.6	34.8	1.6	49.2	365
College	38.4	45.2	36.4	2.4	55.4	4,182
Mother not in household	39.6	47.0	33.8	3.7	55.2	2,764
Wealth quintile						
Lowest	39.0	45.0	39.0	4.2	55.1	4,648
Second	34.4	49.3	41.5	3.3	61.5	3,909
Middle	31.7	52.8	40.7	3.8	63.5	3,419
Fourth	33.9	50.3	40.3	2.6	59.8	2,894
Highest	39.1	45.1	32.3	2.5	54.3	2,546
Total	35.7	48.4	39.1	3.4	58.8	17,416

[1] Severe physical punishment includes (1) hitting or slapping on the face, head, or ears and (2) beating the child up, that is, hitting the child over and over as hard as one can.

Table 6.2 Attitudes toward physical punishment

Percentage of household respondents who believe that physical punishment is needed to bring up, raise, or educate a child properly, according to background characteristics, Philippines NDHS 2022

Background characteristic	Percentage of respondents who believe that a child needs to be physically punished	Number of respondents to the child discipline module
Sex		
Male	10.9	2,979
Female	12.2	14,437
Residence		
Urban	12.6	8,591
Rural	11.3	8,825
Region		
National Capital Region	10.1	1,962
Cordillera Admin. Region	16.7	277
I - Ilocos	8.6	911
II - Cagayan Valley	7.8	521
III - Central Luzon	11.4	1,796
IVA - CALABARZON	10.5	2,370
MIMAROPA	8.7	475
V - Bicol	8.6	1,044
VI - Western Visayas	13.4	1,183
VII - Central Visayas	9.8	1,192
VIII - Eastern Visayas	12.9	703
IX - Zamboanga Peninsula	20.0	744
X - Northern Mindanao	19.9	776
XI - Davao	15.1	972
XII - SOCCSKSARGEN	11.2	899
XIII - CARAGA	12.9	471
BARMM	13.7	1,118
Age		
<25	11.4	1,197
25–34	12.3	4,625
35–49	12.6	7,558
50+	10.4	4,036
Don't know	*	0
Education		
No education	17.9	236
Grades 1–6	13.6	2,655
Grades 7–10	10.4	7,081
Grades 11–12	7.8	133
Postsecondary	12.0	365
College	13.5	4,182
Missing	11.5	2,764
Wealth quintile		
Lowest	12.0	4,648
Second	11.1	3,909
Middle	11.9	3,419
Fourth	11.5	2,894
Highest	13.7	2,546
Total	11.9	17,416

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

3.7 CHARACTERISTICS OF RESPONDENTS

Table 7 presents the weighted and unweighted numbers and percent distributions of women interviewed in the 2022 NDHS according to background characteristics. The results presented in this report are based on weighted data; thus, they are representative of the country as a whole, urban and rural areas, and each of the regions.

▪ Slightly more than half of respondents are under age 30 (51%).

▪ Three in four respondents report being in good (54%) or very good (22%) health.

▪ Seventy-seven percent of respondents are Roman Catholics, 10% are Protestants, and 7% are Muslims.

- The highest percentage of respondents are Tagalog (30%), followed by Cebuano (22%), Ilokano and Hiligaynon/Ilonggo (8% each), and Bikolano (7%).

- Thirty-six percent of respondents are married, 19% are living together with a partner as if married (in subsequent tables, the 55% of women who are married or living together as if married are referred to as married), and 42% have never been married; only a small percentage of women are divorced or separated (2%) or widowed (1%).

- The National Capital Region and CALABARZON have the highest share of respondents (15% each), followed by Central Luzon (11%).

- With respect to educational status, 1% of women report that they have never attended school, 9% have completed at least some primary school, 43% have completed at least some junior high school, 10% have completed at least some senior high school, and 37% have completed at least some postsecondary school or college.

- Seventeen percent of respondents are in the lowest wealth quintile and 23% are in the highest.

Table 7 Background characteristics of respondents

Percent distribution of women age 15–49 by selected background characteristics, Philippines NDHS 2022

Background characteristic	Weighted percent	Weighted number	Unweighted number
Age			
15–19	19.9	5,531	5,850
20–24	16.8	4,677	4,538
25–29	14.0	3,904	3,789
30–34	13.4	3,729	3,646
35–39	12.3	3,418	3,388
40–44	12.2	3,389	3,407
45–49	11.4	3,173	3,203
Self-reported health status			
Very good	21.7	6,048	5,920
Good	54.0	15,027	14,249
Moderate	23.1	6,422	7,315
Bad	1.1	303	311
Very bad	0.1	21	26
Religion			
Roman Catholic	76.5	21,293	19,584
Protestant	9.5	2,640	2,898
Iglesia ni Cristo	2.9	812	705
Aglipay	1.4	388	512
Islam	6.6	1,823	3,068
Other Christian	2.2	610	671
Other	0.8	231	359
No religion	0.1	25	24
Ethnic group			
Tagalog	30.0	8,339	5,108
Cebuano	21.7	6,024	6,067
Ilokano	7.5	2,074	2,650
Hiligaynon/Ilonggo	8.4	2,345	2,098
Bikolano	6.7	1,860	1,755
Kapampangan	3.3	927	627
Maranao	1.6	445	770
Tausog	1.5	430	915
Waray	3.6	1,007	1,409
Aeta	0.1	34	68
Badjao	0.1	28	64
Other	15.5	4,308	6,290
Marital status			
Never married	41.7	11,596	11,400
Married	36.2	10,062	10,688
Living together	18.8	5,244	4,834
Divorced/separated	2.4	666	621
Widowed	0.9	252	278
Residence			
Urban	56.0	15,579	11,334
Rural	44.0	12,242	16,487

Continued…

Table 7—*Continued*

Background characteristic	Weighted percent	Weighted number	Unweighted number
Region			
National Capital Region	15.4	4,280	2,635
Cordillera Admin. Region	1.6	438	1,668
I - Ilocos	5.3	1,473	1,160
II - Cagayan Valley	3.0	833	1,164
III - Central Luzon	11.1	3,100	2,321
IVA - CALABARZON	15.2	4,215	1,613
MIMAROPA	2.6	715	1,405
V - Bicol	5.1	1,405	1,553
VI - Western Visayas	6.6	1,831	1,842
VII - Central Visayas	7.3	2,023	1,457
VIII - Eastern Visayas	3.8	1,062	1,678
IX - Zamboanga Peninsula	3.5	970	1,159
X - Northern Mindanao	3.7	1,035	1,711
XI - Davao	5.3	1,474	1,418
XII - SOCCSKSARGEN	4.2	1,175	1,360
XIII - CARAGA	2.3	636	1,512
BARMM	4.2	1,156	2,165
Education			
No education	0.7	197	282
Grades 1–6	9.1	2,538	3,005
Grades 7–10	43.0	11,954	11,717
Grades 11–12	9.9	2,751	2,755
Postsecondary	2.2	625	626
College	35.1	9,755	9,436
Wealth quintile			
Lowest	16.5	4,595	6,715
Second	18.8	5,219	6,067
Middle	20.4	5,666	5,187
Fourth	21.7	6,048	4,907
Highest	22.6	6,292	4,945
Total	100.0	27,821	27,821

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

3.8 FERTILITY

Table 8 shows the total fertility rate (TFR) and age-specific fertility rates (ASFRs) among women by 5-year age groups for the 3-year period preceding the survey.

> **Total fertility rate**
> The average number of children a woman would have by the end of her childbearing years if she bore children at the current age-specific fertility rates. Age-specific fertility rates are calculated for the 3 years before the survey based on detailed pregnancy histories provided by women.
> *Sample:* Women age 15–49

- If fertility were to remain constant at current levels, a woman in the Philippines would bear an average of 1.9 children in her lifetime. Hence, the Philippines is below the replacement fertility level of 2.1 children.

- Fertility is higher in rural areas than in urban areas; on average, rural women give birth to 2.2 children in their lifetime, as compared with 1.7 children for urban women.

- Fertility is low among adolescents (25 births per 1,000 women age 15–19). It peaks at 105 births per 1,000 among women age 25–29 and decreases thereafter.

Table 8 Current fertility

Age-specific and total fertility rates, the general fertility rate, and the crude birth rate for the 3 years preceding the survey, according to residence, Philippines NDHS 2022

Age group	Residence		Total
	Urban	Rural	
10–14	[0]	[0]	[0]
15–19	22	28	25
20–24	71	102	84
25–29	95	120	105
30–34	84	108	95
35–39	55	63	58
40–44	16	27	21
45–49	[1]	[2]	[2]
TFR (15–49)	1.7	2.2	1.9
GFR	57	72	63
CBR	12.7	14.0	13.3

Note: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated. Rates are for the period 1–36 months preceding the interview. Rates for the 10–14 age group 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

Trends: As shown in **Figure 1**, the TFR declined from 4.1 children per woman in 1993 to 1.9 in 2022; the pace of the decline between 2017 and 2022 was much more rapid than the decline between 1993 and 2017. The TFR among women in rural areas decreased from 4.8 in 1993 to 2.2 in 2022. Among women in urban areas, the TFR decreased from 3.5 to 1.7 over the same period.

Figure 1 **Trends in fertility by residence**

TFR for the 3 years before each survey

| 1993 NDHS | 1998 NDHS | 2003 NDHS | 2008 NDHS | 2013 NDHS | 2017 NDHS | 2022 NDHS |

Rural: 4.8, 4.7, 4.3, 3.8, 3.5, 2.9, 2.2
Total: 4.1, 3.7, 3.5, 3.3, 3.0, 2.7, 1.9
Urban: 3.5, 3.0, 3.0, 2.8, 2.6, 2.4, 1.7
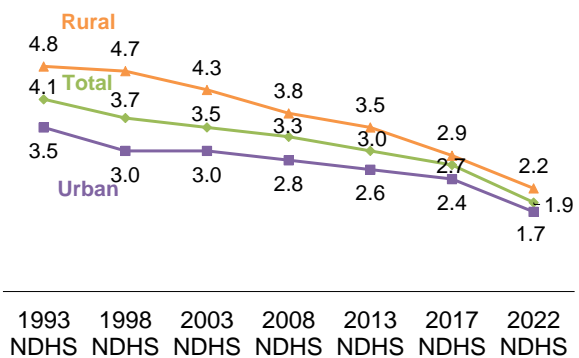
3.9 TEENAGE FERTILITY

Teenage pregnancy
Percentage of women age 15–19 who have ever been pregnant.
Sample: Women age 15–19

Table 9 shows the percentage of women age 15–19 who have had a live birth or were pregnant with their first child at the time of the survey, according to background characteristics.

- Five percent of women age 15–19 have ever been pregnant.

- Four percent of women have had a live birth.

- Less than 1% of women have had a pregnancy loss.

- Two percent of women are currently pregnant.

Table 9 Teenage pregnancy

Percentage of women age 15–19 who have ever had a live birth, percentage who have ever had a pregnancy loss, percentage who are currently pregnant, and percentage who have ever been pregnant, according to background characteristics, Philippines NDHS 2022

Background characteristic	Percentage of women age 15–19 who:				Number of women
	Have ever had a live birth	Have ever had a pregnancy loss[1]	Are currently pregnant	Have ever been pregnant	
Age					
15	0.1	0.4	1.2	1.4	1,062
16	0.9	0.0	0.8	1.7	1,185
17	3.6	0.2	1.8	5.6	1,116
18	4.7	0.2	1.3	5.9	1,132
19	10.2	1.6	3.3	13.3	1,036
Residence					
Urban	3.3	0.3	1.7	4.8	2,832
Rural	4.4	0.6	1.6	6.1	2,699
Region					
National Capital Region	1.8	0.0	1.1	2.8	663
Cordillera Admin. Region	4.1	0.0	2.5	6.1	99
I - Ilocos	2.4	1.1	1.1	2.4	285
II - Cagayan Valley	4.1	0.6	1.7	5.8	196
III - Central Luzon	4.5	1.3	2.7	8.0	651
IVA - CALABARZON	4.1	0.4	0.8	4.9	805
MIMAROPA	3.8	0.5	0.7	5.0	172
V - Bicol	1.2	0.2	1.1	2.4	351
VI - Western Visayas	5.2	0.0	2.0	6.6	394
VII - Central Visayas	1.9	0.0	2.9	4.8	398
VIII - Eastern Visayas	3.9	0.4	1.5	4.9	245
IX - Zamboanga Peninsula	5.2	0.6	1.9	7.1	212
X - Northern Mindanao	7.3	0.4	4.1	10.9	196
XI - Davao	7.0	0.3	1.1	8.2	265
XII - SOCCSKSARGEN	2.8	0.5	0.9	3.8	222
XIII - CARAGA	6.5	1.1	0.4	7.7	139
BARMM	4.5	0.4	2.2	6.6	239
Education					
No education	*	*	*	*	14
Grades 1–6	14.9	1.8	2.8	19.1	151
Grades 7–10	3.6	0.6	1.8	5.3	3,472
Grades 11–12	3.5	0.1	1.4	4.8	1,745
Postsecondary	*	*	*	*	5
College	1.9	0.0	0.1	1.9	144
Wealth quintile					
Lowest	7.7	0.8	2.8	10.3	1,005
Second	3.8	0.3	2.1	5.5	1,103
Middle	5.0	1.1	2.0	7.5	1,138
Fourth	1.9	0.1	0.8	2.7	1,151
Highest	1.1	0.0	0.7	1.8	1,133
Total	3.8	0.4	1.6	5.4	5,531

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Stillbirth, miscarriage, or abortion

3.10 FERTILITY PREFERENCES

> **Desire for another child**
> Women were asked whether they wanted more children and, if so, how long they would prefer to wait before the birth of the next child. Women who are sterilized are assumed not to want any more children.
> *Sample:* Currently married women age 15–49

Table 10 shows fertility preferences among currently married women age 15–49 by number of living children.

- Fourteen percent of women want another child soon (within the next 2 years), 17% want to have another child later (in 2 or more years), and less than 1% want another child but have not decided when.

- Forty-nine percent of women want no more children, and an additional 9% are sterilized.

- The percentage of women who want no more children increases with number of living children, from 4% among women with no living children to 72% among those with six or more children.

Table 10 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 2022

Desire for children	Number of living children[1]							Total
	0	1	2	3	4	5	6+	
Have another soon[2]	63.2	25.3	7.8	4.1	3.3	2.9	1.4	13.9
Have another later[3]	17.9	40.0	18.2	7.7	3.5	3.9	2.2	17.4
Have another, undecided when	0.5	0.3	0.2	0.1	0.0	0.3	0.1	0.2
Undecided	5.7	10.4	9.2	6.9	5.6	6.9	7.9	8.1
Want no more	4.3	21.3	56.6	61.8	69.0	66.5	72.0	48.8
Sterilized[4]	0.4	0.9	5.9	17.6	16.1	15.7	12.0	8.7
Declared infecund	8.0	1.8	2.1	2.0	2.4	4.0	4.4	2.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,164	3,364	4,212	2,988	1,747	829	1,002	15,306

[1] The number of living children includes a woman's 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

3.11   FAMILY PLANNING

3.11.1 Contraceptive Use

> **Contraceptive prevalence**
> Percentage of women who use any contraceptive method.
> ***Sample:*** Currently married women age 15–49 and sexually active unmarried women age 15–49

> **Modern methods**
> Include male and female sterilization, injectables, intrauterine devices (IUDs), contraceptive pills, implants, female and male condoms, emergency contraception, the standard days method, and the lactational amenorrhea method.

Tables 11.1 and **11.2** present contraceptive use among currently married women and sexually active unmarried women.

- Fifty-eight percent of currently married women are using any contraception method, with 42% using any modern method and 17% using any traditional method.

- The most commonly used contraceptive methods among currently married women are the pill (20%), withdrawal (13%), female sterilization (9%), and injectables (5%).

- Forty-one percent of sexually active unmarried women are using any contraceptive method; 24% are using any modern method, and 18% are using any traditional method.

- Among sexually active unmarried women, the most common methods used are withdrawal (15%) and male condoms (12%).

Percent distribution of currently married and sexually active unmarried women age 15–49 by contraceptive method currently used, according to background characteristics, Philippines NDHS 2022

Background characteristic	Any method	Any modern method	Modern method										Any traditional method	Traditional method			Not currently using	Total	Number of women
			Female sterili-zation	Male sterili-zation	IUD	Injec-tables	Implants	Pill	Male condom	LAM	Other		Calendar/ rhythm	With-drawal	Other			
							CURRENTLY MARRIED WOMEN												
Number of living children																			
0	13.1	5.2	0.3	0.0	0.0	0.0	0.0	3.7	1.0	0.0	0.0	7.9	1.1	6.9	0.0	86.9	100.0	1,423
1–2	58.5	39.8	3.6	0.1	2.8	5.0	2.4	22.9	2.4	0.5	0.1	18.7	3.0	15.7	0.0	41.5	100.0	7,478
3–4	70.0	54.4	17.4	0.1	3.9	5.9	3.8	21.0	1.9	0.3	0.1	15.6	3.5	12.0	0.1	30.0	100.0	4,612
5+	63.4	47.0	13.8	0.2	4.3	6.2	4.2	16.7	1.1	0.6	0.1	16.3	3.5	12.7	0.2	36.6	100.0	1,793
Age																			
15–19	46.1	34.5	0.0	0.0	1.6	3.3	4.9	20.6	2.3	1.7	0.1	11.7	0.7	10.9	0.0	53.9	100.0	307
20–24	56.5	41.6	0.0	0.0	3.2	7.6	5.9	22.1	1.5	1.3	0.0	14.9	1.4	13.5	0.0	43.5	100.0	1,303
25–29	60.3	44.6	1.3	0.0	2.4	6.8	4.2	26.8	2.3	0.7	0.0	15.7	1.5	14.2	0.0	39.7	100.0	2,384
30–34	61.3	43.8	4.7	0.1	3.0	5.7	3.2	24.3	2.4	0.4	0.0	17.4	2.8	14.6	0.0	38.7	100.0	2,935
35–39	65.0	47.6	10.3	0.0	4.1	5.5	2.8	21.7	2.8	0.3	0.1	17.5	3.3	14.0	0.1	35.0	100.0	2,808
40–44	59.8	42.1	15.1	0.1	2.9	4.0	1.6	16.3	1.7	0.1	0.3	17.7	4.4	13.2	0.1	40.2	100.0	2,915
45–49	46.9	31.7	16.0	0.3	2.6	1.9	0.6	9.2	1.0	0.0	0.1	15.2	3.8	11.3	0.1	53.1	100.0	2,654
Residence																			
Urban	57.3	39.7	9.0	0.1	2.7	5.0	2.5	17.6	2.5	0.2	0.1	17.6	2.9	14.7	0.0	42.7	100.0	8,263
Rural	59.5	44.3	8.2	0.1	3.4	5.0	3.1	22.4	1.3	0.6	0.1	15.2	3.2	11.9	0.1	40.5	100.0	7,043
Education																			
No education	31.5	27.2	3.0	0.0	2.5	5.2	7.7	7.0	0.0	1.8	0.0	4.3	0.7	3.6	0.0	68.5	100.0	135
Grades 1–6	56.9	44.5	9.9	0.0	4.0	4.3	3.7	21.6	0.6	0.3	0.0	12.4	2.6	9.6	0.2	43.1	100.0	2,144
Grades 7–10	60.5	43.9	8.2	0.0	3.3	5.4	3.0	22.0	1.6	0.4	0.1	16.6	2.5	14.1	0.0	39.5	100.0	7,102
Grades 11–12	51.5	37.5	0.0	0.0	3.6	9.7	4.0	17.3	1.8	0.9	0.1	14.0	0.5	13.5	0.0	48.5	100.0	371
Postsecondary	53.7	41.6	10.1	0.0	1.4	7.4	3.5	13.8	5.2	0.0	0.1	12.1	3.4	8.5	0.2	46.3	100.0	439
College	57.5	38.5	9.4	0.2	2.3	4.1	1.9	17.0	2.9	0.4	0.2	19.0	4.1	14.9	0.0	42.5	100.0	5,114
Wealth quintile																			
Lowest	59.8	45.4	5.5	0.0	4.7	6.1	4.4	22.8	1.0	0.9	0.1	14.5	3.0	11.3	0.2	40.2	100.0	3,071
Second	61.7	46.4	8.7	0.0	3.8	5.5	4.4	22.1	1.4	0.4	0.0	15.2	2.5	12.7	0.1	38.3	100.0	3,111
Middle	59.4	43.3	8.7	0.0	2.9	6.2	2.9	20.2	2.2	0.1	0.0	16.1	2.4	13.7	0.0	40.6	100.0	3,139
Fourth	54.3	34.8	8.5	0.3	1.8	3.4	1.1	17.0	2.2	0.4	0.1	19.5	3.9	15.6	0.0	45.7	100.0	3,016
Highest	56.0	38.8	11.9	0.2	1.8	3.5	1.1	16.6	3.1	0.4	0.3	17.2	3.3	13.9	0.0	44.0	100.0	2,970
Total	58.3	41.8	8.7	0.1	3.0	5.0	2.8	19.8	2.0	0.4	0.1	16.5	3.0	13.4	0.1	41.7	100.0	15,306
						SEXUALLY ACTIVE UNMARRIED WOMEN[1]														
Residence																			
Urban	39.4	23.4	2.1	0.0	0.2	1.8	1.7	6.0	11.6	0.0	0.0	16.0	3.0	12.5	0.5	60.6	100.0	339
Rural	45.6	24.8	1.1	0.0	0.1	1.0	0.8	9.3	12.6	0.0	0.0	20.8	0.8	20.0	0.0	54.4	100.0	167
Total	41.4	23.8	1.8	0.0	0.2	1.5	1.4	7.1	11.9	0.0	0.0	17.6	2.3	15.0	0.3	58.6	100.0	506

Note: If more than one method is used, only the most effective method is considered in this tabulation. Other modern methods include other methods mentioned by the respondent and also include the patch, emergency contraception, and SDM.
SDM = Standard days method
LAM = Lactational amenorrhea method
[1] Women who have had sexual intercourse within 30 days preceding the survey

Table 11.2 Current use of contraception according to region

Percent distribution of currently married women age 15–49 by contraceptive method currently used, according to region, Philippines NDHS 2022

Region	Any method	Any modern method	Modern method Female sterili- zation	Male sterili- zation	IUD	Injec- tables	Implants	Pill	Male condom	LAM	Other	Any traditional method	Traditional method Calendar/ rhythm	With- drawal	Other	Not currently using	Total	Number of women
National Capital Region	53.9	38.4	10.3	0.3	1.9	4.8	2.1	15.7	3.1	0.1	0.0	15.5	1.8	13.8	0.0	46.1	100.0	2,058
Cordillera Admin. Region	56.2	42.9	14.8	0.0	2.6	4.1	2.5	16.8	1.6	0.4	0.1	13.3	4.0	9.3	0.0	43.8	100.0	229
I - Ilocos	64.7	43.4	14.5	0.2	1.1	5.4	0.3	19.9	1.2	0.7	0.0	21.3	3.0	18.3	0.0	35.3	100.0	820
II - Cagayan Valley	68.0	58.3	13.6	0.0	3.9	4.1	2.0	33.5	1.2	0.1	0.0	9.7	1.3	8.4	0.0	32.0	100.0	479
III - Central Luzon	60.5	41.2	12.3	0.0	0.7	6.7	1.9	17.2	2.2	0.2	0.0	19.3	1.9	17.4	0.0	39.5	100.0	1,764
IVA - CALABARZON	56.9	36.9	8.8	0.1	1.0	3.3	2.0	19.8	1.6	0.2	0.0	20.0	2.5	17.4	0.0	43.1	100.0	2,261
MIMAROPA	59.6	45.1	5.5	0.0	1.4	8.4	4.9	22.8	1.9	0.2	0.1	14.5	3.2	10.9	0.4	40.4	100.0	402
V - Bicol	64.5	38.8	6.2	0.0	1.2	4.7	1.9	20.0	2.8	1.5	0.5	25.7	5.5	19.9	0.3	35.5	100.0	730
VI - Western Visayas	60.4	42.9	6.8	0.3	4.6	3.2	3.7	22.3	1.9	0.1	0.0	17.5	5.8	11.7	0.0	39.6	100.0	994
VII - Central Visayas	61.3	44.9	6.9	0.0	7.2	7.0	2.1	18.3	2.9	0.1	0.3	16.3	4.5	11.8	0.0	38.7	100.0	1,181
VIII - Eastern Visayas	65.7	42.5	7.2	0.0	2.9	7.4	2.9	17.7	2.9	0.8	0.8	23.2	4.2	18.9	0.1	34.3	100.0	545
IX - Zamboanga Peninsula	56.0	47.9	3.9	0.0	4.1	5.8	7.3	23.7	2.0	1.1	0.0	8.1	4.4	3.6	0.2	44.0	100.0	566
X - Northern Mindanao	58.3	49.5	7.3	0.0	8.8	2.9	5.1	22.3	2.2	0.8	0.2	8.8	2.5	6.2	0.0	41.7	100.0	606
XI - Davao	63.4	49.8	7.9	0.0	5.0	3.3	3.6	28.9	0.7	0.4	0.0	13.5	3.3	10.3	0.0	36.6	100.0	901
XII - SOCCSKSARGEN	54.9	46.0	4.8	0.0	5.5	5.3	4.0	23.7	1.1	1.5	0.0	8.9	3.0	5.8	0.0	45.1	100.0	700
XIII - CARAGA	57.8	47.8	6.3	0.0	5.8	4.2	5.8	22.9	2.4	0.3	0.1	10.0	3.4	6.6	0.0	42.2	100.0	372
BARMM	35.2	20.5	4.0	0.0	1.2	5.4	3.1	6.0	0.5	0.2	0.0	14.7	0.6	13.7	0.4	64.8	100.0	700
Total	58.3	41.8	8.7	0.1	3.0	5.0	2.8	19.8	2.0	0.4	0.1	16.5	3.0	13.4	0.1	41.7	100.0	15,306

Note: If more than one method is used, only the most effective method is considered in this tabulation. Other modern methods include other methods mentioned by the respondent and also include the patch, emergency contraception, and SDM.
SDM = Standard days method
LAM = Lactational amenorrhea method

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Table 11.3 presents the percent distribution of users of modern contraceptive methods age 15–49 by most recent source of method.

- The public sector (50%) is a slightly more popular source for modern contraception in the Philippines than the private sector (46%) (**Table 11.3**).

- Barangay health stations serve 20% of modern contraceptive users, with government hospitals (19%) and rural or urban health centers and lying-in clinics (10%) also prominent.

- Pharmacies are the most popular private sector source of modern contraception, serving 38% of modern method users.

Table 11.3 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 2022

Source	Female sterilization	Male sterilization	IUD	Injectables	Implants	Pill	Male condom	Total
Public sector	73.0	*	88.3	85.3	90.0	24.1	14.2	50.1
Government hospital	67.7	*	36.6	2.6	21.7	0.5	1.0	18.9
Rural health center/urban health center/lying-in clinic	3.6	*	23.2	26.8	30.3	4.4	2.3	9.8
Barangay health station	1.6	*	27.5	52.4	37.0	17.8	10.1	19.9
Barangay supply/service point officer/BHW	0.0	*	0.9	3.5	0.9	1.5	0.8	1.3
Other public sector	0.0	*	0.0	0.0	0.1	0.0	0.0	0.0
Private medical sector	26.9	*	11.3	14.6	10.0	70.3	72.0	46.3
Private hospital/clinic/ lying-in clinic	26.6	*	10.5	8.7	9.3	0.5	0.0	8.3
Pharmacy	0.0	*	0.1	4.3	0.2	69.6	71.9	37.6
Private doctor	0.3	*	0.6	1.1	0.5	0.1	0.1	0.3
Private nurse/midwife	0.0	*	0.1	0.5	0.0	0.0	0.0	0.1
Other source	0.1	*	0.4	0.1	0.0	5.6	13.8	3.6
Puericulture center	0.0	*	0.0	0.0	0.0	0.0	0.0	0.0
Shop/store	0.0	*	0.0	0.0	0.0	5.2	12.6	3.3
Church	0.0	*	0.0	0.0	0.0	0.1	0.0	0.1
Friend/relative	0.0	*	0.0	0.1	0.0	0.2	0.4	0.2
Other	0.1	*	0.4	0.0	0.0	0.0	0.9	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,389	15	475	779	464	3,107	435	6,676

Note: Total includes 12 other users of modern methods including the patch, emergency contraception, the standard days method, and other modern methods mentioned by the respondent. The total excludes the lactational amenorrhea method (LAM), mucus/Billings/ovulation, basal body temperature, and symptothermal methods. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. BHW = Barangay health worker

Trends: The use of contraceptives among currently married women increased from 40% in 1993 to 58% in 2022 (**Figure 2**). Over this same period, the use of modern contraception increased from 25% to 42%.

Figure 2 **Trends in use of, need for, and demand for family planning**

Percentage of currently married women age 15–49
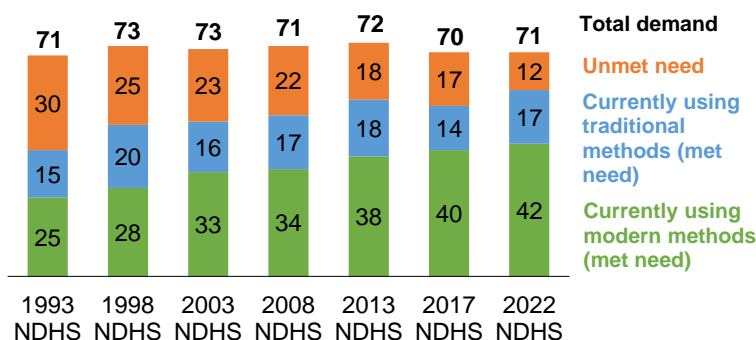
Note: Due to rounding, numbers may not sum to total.

3.11.2 Need and Demand for Family Planning

Table 12 presents data on unmet need, met need, and total demand for family planning among currently married and sexually active unmarried women. These indicators help evaluate the extent to which family planning programs in Philippines are meeting the demand for services.

Unmet need for family planning
Proportion of women who (1) are not pregnant and not postpartum amenorrheic and are considered fecund and want to postpone their next birth for 2 or more years or stop childbearing altogether but are not using a contraceptive method, (2) have a mistimed or unwanted current pregnancy, or (3) are postpartum amenorrheic and their last birth in the last 2 years was mistimed or unwanted.

Met need for family planning
Current contraceptive use (any method).

Sample: Currently married women age 15–49 and sexually active unmarried women age 15–49

Demand for family planning:	Unmet need for family planning + met need (current contraceptive use [any method])

Proportion of demand satisfied:	Current contraceptive use (any method) / Unmet need + current contraceptive use (any method)

Proportion of demand satisfied by modern methods:	Current contraceptive use (any modern method) / Unmet need + current contraceptive use (any method)

- Twelve percent of currently married women have an unmet need for family planning.

- Seven in every 10 currently married women have a demand for family planning; 83% of this demand is satisfied, 59% by modern methods.

- Eighty-four percent of sexually active unmarried women have a demand for family planning, including 42% who have an unmet need for family planning.

- Fifty percent of sexually active unmarried women have their demand for family planning satisfied; 29% have their demand satisfied by modern methods.

Table 12 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 an unmet need for family planning, percentage with a met need for family planning, percentage with a met need for family planning who are using modern methods, percentage with a 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 2022

Background characteristic	Unmet need for family planning	Met need for family planning (currently using)		Total demand for family planning[2]	Number of women	Percentage of demand satisfied[3]	
		All methods	Modern methods[1]			All methods	Modern methods[1]
CURRENTLY MARRIED WOMEN							
Age							
15–19	28.3	46.1	34.5	74.5	307	62.0	46.3
20–24	19.4	56.5	41.6	75.9	1,303	74.4	54.8
25–29	14.7	60.3	44.6	75.0	2,384	80.4	59.4
30–34	12.9	61.3	43.8	74.1	2,935	82.6	59.1
35–39	10.6	65.0	47.6	75.6	2,808	86.0	62.9
40–44	10.5	59.8	42.1	70.2	2,915	85.1	59.9
45–49	8.5	46.9	31.7	55.4	2,654	84.7	57.2
Residence							
Urban	12.5	57.3	39.7	69.8	8,263	82.1	56.9
Rural	12.3	59.5	44.3	71.8	7,043	82.9	61.7
Region							
National Capital Region	11.6	53.9	38.4	65.5	2,058	82.3	58.6
Cordillera Admin. Region	15.9	56.2	42.9	72.2	229	77.9	59.4
I - Ilocos	11.1	64.7	43.4	75.8	820	85.4	57.2
II - Cagayan Valley	7.3	68.0	58.3	75.2	479	90.3	77.5
III - Central Luzon	10.7	60.5	41.2	71.2	1,764	85.0	57.8
IVA - CALABARZON	12.8	56.9	36.9	69.7	2,261	81.6	53.0
MIMAROPA	13.5	59.6	45.1	73.1	402	81.6	61.8
V - Bicol	12.2	64.5	38.8	76.7	730	84.0	50.6
VI - Western Visayas	16.1	60.4	42.9	76.5	994	78.9	56.1
VII - Central Visayas	12.8	61.3	44.9	74.1	1,181	82.8	60.7
VIII - Eastern Visayas	9.7	65.7	42.5	75.4	545	87.2	56.4
IX - Zamboanga Peninsula	14.2	56.0	47.9	70.2	566	79.8	68.2
X - Northern Mindanao	12.9	58.3	49.5	71.2	606	81.9	69.5
XI - Davao	8.9	63.4	49.8	72.3	901	87.7	68.9
XII - SOCCSKSARGEN	11.7	54.9	46.0	66.6	700	82.4	69.1
XIII - CARAGA	13.7	57.8	47.8	71.6	372	80.8	66.9
BARMM	19.8	35.2	20.5	55.0	700	63.9	37.3
Education							
No education	19.6	31.5	27.2	51.2	135	61.6	53.2
Grades 1–6	13.0	56.9	44.5	70.0	2,144	81.4	63.6
Grades 7–10	11.6	60.5	43.9	72.0	7,102	84.0	61.0
Grades 11–12	21.5	51.5	37.5	73.0	371	70.5	51.3
Postsecondary	16.4	53.7	41.6	70.1	439	76.6	59.4
College	12.1	57.5	38.5	69.5	5,114	82.6	55.4
Wealth quintile							
Lowest	13.7	59.8	45.4	73.6	3,071	81.3	61.7
Second	12.4	61.7	46.4	74.1	3,111	83.2	62.7
Middle	12.2	59.4	43.3	71.6	3,139	83.0	60.5
Fourth	12.6	54.3	34.8	66.9	3,016	81.2	52.0
Highest	11.0	56.0	38.8	67.1	2,970	83.5	57.9
Total	12.4	58.3	41.8	70.7	15,306	82.5	59.1
SEXUALLY ACTIVE UNMARRIED WOMEN[4]							
Residence							
Urban	41.8	39.4	23.4	81.1	339	48.5	28.8
Rural	42.8	45.6	24.8	88.4	167	51.6	28.1
Total	42.1	41.4	23.8	83.5	506	49.6	28.6

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

Trends: Total demand for family planning among currently married women has held steady at 70% to 73% since 1993 (as shown in **Figure 2**). Over this same period, unmet need has declined from 30% to 12%.

3.12 EARLY CHILDHOOD MORTALITY

Neonatal mortality: The probability of dying within the first month of life.
Postneonatal mortality: The probability of dying between the first month of life and the first birthday (computed as the difference between infant and neonatal mortality).
Infant mortality: The probability of dying between birth and the first birthday.
Child mortality: The probability of dying between the first and the fifth birthday.
Under-5 mortality: The probability of dying between birth and the fifth birthday.

Table 13 presents early childhood mortality estimates for three successive 5-year periods prior to the 2022 NDHS. The rates were estimated directly from the information collected as part of a retrospective pregnancy history in which respondents listed all of the children to whom they have given birth, along with each child's date of birth, survivorship status, and current age or age at death.

- During the 5 years immediately preceding the survey, the neonatal mortality rate was 15 deaths per 1,000 live births.

- The infant mortality rate was 22 deaths per 1,000 live births.

- The child mortality rate was 5 deaths per 1,000 children surviving to age 12 months, while the overall under-5 mortality rate was 26 deaths per 1,000 live births.

Table 13 Early childhood mortality rates

Neonatal, postneonatal, infant, child, and under-5 mortality rates for 5-year periods preceding the survey, Philippines NDHS 2022

Years preceding the survey	Neonatal mortality (NN)	Postneonatal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-5 mortality ($_5q_0$)
0–4	15	7	22	5	26
5–9	8	6	14	6	20
10–14	10	7	17	6	24

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

Trends: As shown in **Figure 3**, the under-5 mortality rate decreased from 54 deaths per 1,000 live births during the 5 years preceding the 1993 survey to 26 deaths per 1,000 live births in the most recent 5-year period. Infant and neonatal mortality rates have generally also shown declines.

3.13 MATERNAL CARE

Proper care during pregnancy and delivery is important for the health of both the mother and the baby. **Table 14** presents key indicators related to maternal care.

Figure 3 **Trends in early childhood mortality rates**

Deaths per 1,000 live births in the 5-year period preceding the survey
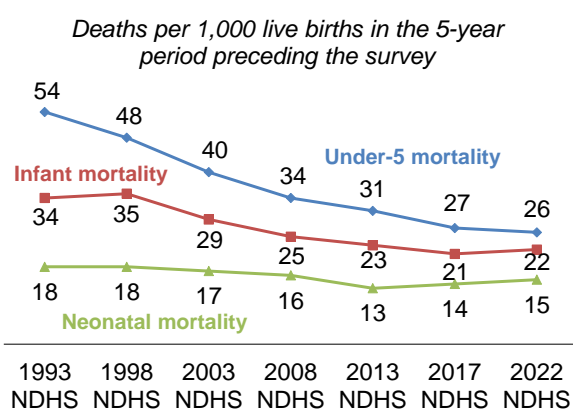
3.13.1 Antenatal Care

> **Antenatal care from a skilled provider**
> Pregnancy care received from skilled providers, such as doctors and nurses/midwives.
> **Sample:** Women age 15–49 who had a live birth or stillbirth in the 2 years before the survey

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.

- Eighty-six percent of women who had a live birth in the 2 years preceding the survey received antenatal care from skilled providers.

- Eighty-three percent of women had four or more ANC visits during their most recent pregnancy resulting in a live birth in the 2 years preceding the survey.

- Most (86%) women who had a live birth in the 2 years preceding the survey took some form of iron supplementation during their pregnancy.

Trends: The percentage of women with a live birth in the 2 years preceding the survey who received antenatal care from a skilled provider increased from 84% in 1993 to 95% in 2013 before decreasing to 93% in 2017 and 86% in 2022.

3.13.2 Tetanus Toxoid

> **Protection against neonatal tetanus**
> The number of tetanus toxoid injections needed to protect a baby from neonatal tetanus depends on the mother's vaccinations. A birth is protected against neonatal tetanus if the mother has received any of the following:
> - Two tetanus toxoid injections during the pregnancy
> - Two or more injections, the last one within 3 years of the birth
> - Three or more injections, the last one within 5 years of the birth
> - Four or more injections, the last one within 10 years of the birth
> - Five or more injections at any time prior to the birth
>
> **Sample:** Women age 15–49 with a live birth in the 2 years before the survey

Tetanus toxoid injections are given during pregnancy to prevent neonatal tetanus, a major cause of early infant death in many countries. Neonatal tetanus is often caused by failure to observe hygienic procedures during delivery.

- About 8 in 10 (78%) women with a live birth in the 2 years before the survey received sufficient tetanus toxoid injections to protect their baby against neonatal tetanus.

Table 14 Maternal care indicators

Among women age 15–49 who had a live birth and/or a stillbirth in the 2 years preceding the survey, percentage who received antenatal care (ANC) from a skilled provider for the most recent live birth or stillbirth, percentage with four or more ANC visits for the most recent live birth or stillbirth, percentage who took any iron-containing supplements during pregnancy, and percentage whose most recent live birth was protected against neonatal tetanus; among all live births and stillbirths in the 2 years before the survey, percentage delivered by a skilled provider, percentage delivered in a health facility, and percentage delivered via cesarean section; and among women age 15–49 with a live birth or stillbirth 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 2022

Background characteristic	Women who had a live birth and/or a stillbirth in the 2 years preceding the survey					Live births and stillbirths in the 2 years preceding the survey				Women who had a live birth and/or a stillbirth in the 2 years preceding the survey	
	Percentage receiving antenatal care from a skilled provider[1]	Percentage with 4+ ANC visits	Percentage who took any iron-containing supplements during pregnancy[2]	Percentage whose most recent live birth was protected against neonatal tetanus[3]	Number of women	Percentage delivered by a skilled provider[1]	Percentage delivered in a health facility	Percentage delivered by cesarean section	Number of births	Percentage with a postnatal check during the first 2 days after birth[4]	Number of women
					LIVE BIRTHS						
Mother's age at birth											
<20	84.3	76.1	85.1	73.3	251	88.9	87.0	14.6	266	67.5	251
20–34	86.0	83.9	86.1	80.4	2,069	90.5	89.4	18.3	2,158	76.7	2,069
35–49	86.6	83.0	87.0	72.8	506	85.8	85.0	26.9	518	73.9	506
Residence											
Urban	86.3	86.0	88.1	79.7	1,413	93.0	91.8	22.4	1,467	76.2	1,413
Rural	85.5	80.0	84.3	77.1	1,414	86.1	85.0	16.6	1,475	74.6	1,414
Region											
National Capital Region	82.2	84.8	83.4	81.6	274	95.9	93.4	22.3	291	68.6	274
Cordillera Admin. Region	89.1	78.6	93.2	64.1	50	98.5	92.9	30.6	52	84.9	50
I - Ilocos	87.7	90.4	87.3	72.8	146	97.9	97.9	22.7	149	62.6	146
II - Cagayan Valley	97.2	81.4	94.5	94.4	101	95.7	94.3	25.1	103	79.9	101
III - Central Luzon	94.9	92.9	87.9	84.5	304	97.8	97.0	35.7	311	67.9	304
IVA - CALABARZON	91.3	92.2	91.2	84.4	415	95.8	93.8	29.4	424	73.0	415
MIMAROPA	89.4	75.9	74.7	82.6	88	79.7	77.0	12.8	91	75.8	88
V - Bicol	86.9	76.1	83.2	78.4	131	92.9	92.0	18.4	139	89.0	131
VI - Western Visayas	96.9	85.6	93.0	78.8	226	93.6	93.3	9.3	233	88.6	226
VII - Central Visayas	86.6	90.1	93.8	68.8	205	93.0	95.4	16.0	216	89.3	205
VIII - Eastern Visayas	98.9	88.5	86.8	94.9	90	92.0	89.9	14.2	98	81.5	90
IX - Zamboanga Peninsula	70.7	84.6	78.9	77.6	129	75.6	76.0	9.5	138	79.0	129
X - Northern Mindanao	87.2	84.4	83.4	75.6	120	93.9	93.3	13.3	127	89.6	120
XI - Davao	87.9	91.3	97.7	84.6	144	90.6	90.6	15.5	150	82.9	144
XII - SOCCSKSARGEN	73.9	73.6	77.3	73.1	150	83.2	81.7	11.6	155	72.0	150
XIII - CARAGA	92.1	91.8	88.7	73.8	76	92.0	90.6	11.7	77	84.8	76
BARMM	47.5	27.9	63.2	52.6	178	42.4	39.1	4.9	188	44.5	178
Mother's education											
No education	(49.7)	(28.9)	(54.5)	(42.4)	27	(52.4)	(51.6)	(4.8)	30	(54.5)	27
Grades 1–6	74.1	64.9	72.8	69.3	319	67.0	66.7	7.3	334	63.4	319
Grades 7–10	84.4	82.3	86.1	80.2	1,267	89.3	87.5	14.7	1,330	74.9	1,267
Grades 11–12	88.9	85.9	85.7	74.5	190	93.7	93.1	12.4	196	80.6	190
Postsecondary	94.5	89.0	76.3	85.8	54	97.9	97.9	51.5	58	75.6	54
College	91.7	90.5	92.4	80.4	969	97.2	96.6	29.9	995	79.5	969

Continued...

Table 14—*Continued*

Background characteristic	Women who had a live birth and/or a stillbirth in the 2 years preceding the survey					Live births and stillbirths in the 2 years preceding the survey				Women who had a live birth and/or a stillbirth in the 2 years preceding the survey	
	Percentage receiving antenatal care from a skilled provider[1]	Percentage with 4+ ANC visits	Percentage who took any iron-containing supplements during pregnancy[2]	Percentage whose most recent live birth was protected against neonatal tetanus[3]	Number of women	Percentage delivered by a skilled provider[1]	Percentage delivered in a health facility	Percentage delivered by cesarean section	Number of births	Percentage with a postnatal check during the first 2 days after birth[4]	Number of women
Wealth quintile											
Lowest	73.5	65.6	77.5	73.1	779	72.7	71.2	5.5	817	69.4	779
Second	83.2	84.6	85.8	76.6	530	91.0	89.9	14.3	558	77.8	530
Middle	90.1	86.2	88.0	84.6	614	96.1	94.8	19.2	640	81.8	614
Fourth	94.3	92.3	91.5	82.3	453	99.0	97.7	26.9	463	76.1	453
Highest	96.5	97.6	94.0	77.3	450	99.1	98.9	43.4	464	73.5	450
Total	85.9	83.0	86.2	78.4	2,826	89.6	88.4	19.5	2,942	75.4	2,826
STILLBIRTHS											
Total	(97.3)	(76.3)	(85.0)	na	39	(91.9)	(91.9)	(23.8)	40	(85.7)	39
LIVE BIRTHS AND STILLBIRTHS[5]											
Total	86.0	82.9	86.2	na	2,859	89.6	88.5	19.5	2,983	75.5	2,859

Note: If more than one source of assistance was mentioned, only the provider with the highest qualifications is considered in this tabulation. Figures in parentheses are based on 25–49 unweighted cases.
na = Not applicable
[1] Skilled provider includes doctor, nurse, and midwife.
[2] Iron tablets and syrup or micronutrient supplements
[3] Includes mothers with two injections during the pregnancy of their 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
[4] Includes women who received a check from a doctor, nurse, midwife, traditional birth attendant/hilot, or barangay health worker
[5] For women who had both a live birth and a stillbirth in the 2 years preceding the survey, data on antenatal care and postnatal checks are tabulated for the most recent birth only.

3.13.3 Delivery Care

> **Institutional deliveries**
> Deliveries that occur in a health facility.
> *Sample:* All live births and/or stillbirths in the 2 years before the survey

> **Skilled assistance during delivery**
> Births delivered with the assistance of doctors and nurses/midwives.
> *Sample:* All live births and/or stillbirths in the 2 years before the survey

Access to proper medical attention and hygienic conditions during delivery can reduce the risk of complications and infections that could lead to death or serious illness for the mother, the baby, or both (Van Lerberghe and De Brouwere 2001; WHO 2006).

- Overall, 90% of live births were assisted during delivery by a skilled provider.

- Eighty-eight percent of live births took place in a health facility.

- Twenty percent of live births were delivered via cesarean section.

- Although the number of cases is low, the delivery care received for stillbirths was similar to that for live births.

Trends: As shown in **Figure 4**, the percentage of live births that were assisted by a skilled provider increased from 54% in 1993 to 90% in 2022.

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.

Figure 4 **Trends in delivery assistance**

Percentage of live births in the 2 years preceding the survey delivered by a skilled provider

1993 NDHS	1998 NDHS	2003 NDHS	2008 NDHS	2013 NDHS	2017 NDHS	2022 NDHS
54	59	62	65	78	88	90

- Among women who had a live birth in the 2 years preceding the survey, 75% had a postnatal check during the first 2 days following the birth. Although the number of cases is low, the percentage of women who reported a postnatal check following a stillbirth was somewhat higher (86%).

- The percentage of women who had a postnatal check during the 2 days following their most recent live birth varies by region, from 45% in BARMM to 90% in Northern Mindanao.

3.14 VACCINATION COVERAGE

Universal immunization of children against common vaccine-preventable diseases is crucial to reducing infant and child morbidity and mortality. In the Philippines, routine childhood vaccines include bacillus Calmette-Guérin (BCG) (tuberculosis), HepB (hepatitis B), oral polio vaccine (OPV) or inactivated polio vaccine (IPV), pentavalent or DPT-HepB-Hib (diphtheria, pertussis, tetanus; hepatitis B; and *Haemophilus influenzae* type b), pneumococcal conjugate vaccine (PCV), and measles, mumps, and rubella (MMR).

Information on vaccination coverage was obtained in two ways in the Philippines NDHS: from written vaccination records, including vaccination or health cards, and from verbal reports from the mother. Overall, 67% of children age 12–23 months and 58% of children age 24–35 months had a vaccination card that was seen during the interview (data not shown). **Tables 15.1** and **15.2** present vaccination coverage among children age 12–23 months and 24–35 months by background characteristics.

3.14.1 Basic Antigen Coverage

> **Fully vaccinated: basic antigens**
> Percentage of children who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report). To have received all basic antigens, a child must receive at least:
> - One dose of BCG vaccine, which protects against tuberculosis
> - Three doses of polio vaccine given as oral polio vaccine (OPV), inactivated polio vaccine (IPV), or a combination of OPV and IPV
> - Three doses of DPT-containing vaccine, which protects against diphtheria, pertussis (whooping cough), and tetanus
> - One dose of measles-containing vaccine given as measles, mumps, and rubella (MMR)
>
> **Sample:** Children age 12–23 months

Historically, an important measure of vaccination coverage has been the proportion of children receiving all "basic" antigens. Children are considered fully vaccinated against all basic antigens if they have received the BCG vaccine, three doses each of polio vaccine (OPV or IPV) and DTP-containing vaccine, and a single dose of measles-containing 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) at approximately age 6, 10, and 14 weeks. When the DPT formulation does not include IPV, three doses of oral polio vaccine are given according to the same schedule as DPT-Hib-HepB. A first dose of measles-containing vaccine should be given at or soon after age 9 months.

- Among children age 12–23 months, overall, 72% are fully vaccinated with basic antigens: 88% received the BCG vaccine, 79% received three doses of DPT-containing vaccine, 78% received the three doses of polio vaccine (either IPV or OPV), and 79% received an MMR vaccination.

- The percentage of children age 12–23 months who are fully vaccinated with basic antigens is highest in Cagayan Valley (90%) and lowest in BARMM (18%).

3.14.2 Vaccination Coverage according to National Schedule

A second measure of vaccination coverage is the percentage of children age 12–23 months and 24–35 months who are fully vaccinated according to the national schedule. In this report, a child age 12–23 months is considered to be fully vaccinated according to the national schedule if the child has received all basic antigens as well as a birth dose of HepB vaccine, a dose of IPV, three doses of HepB and Hib (usually given as part of the DPT-containing vaccine), and three doses of the pneumococcal conjugate vaccine (PCV). Children age 24–35 months are considered fully vaccinated according to the national schedule if they receive a second dose of the MMR vaccine in addition to all of the vaccinations relevant for a child age 12–23 months.

- **Tables 15.1** and **15.2** show that 59% of children age 12–23 months are fully vaccinated according to the national schedule. This includes 82% who received the birth dose of HepB, 79% who received a dose of IPV, and 72% who received three doses of PCV.

- Eleven percent of children age 12–23 months received no vaccinations.

- Among children age 24–35 months, 66% received a second dose of MMR vaccine, and 50% are fully vaccinated according to the national schedule.

Trends: Since 1993, the percentage of children age 12–23 months who received all basic antigens has fluctuated (**Figure 5**), rising from 72% in 1993 to 80% in 2008, and then decreasing to 72% in 2022. The percentage of children age 12–23 months who did not receive any vaccinations increased from 4% in 2013 to 11% in 2022.

Figure 5 **Trends in childhood vaccinations**

Percentage of children age 12–23 months

	72	73	70	80	77	70	72

Fully vaccinated (basic antigens)

No vaccinations

	7	8	7	6	4	9	11

1993 NDHS	1998 NDHS	2003 NDHS	2008 NDHS	2013 NDHS	2017 NDHS	2022 NDHS

Table 15.1 Vaccinations according to 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 fully vaccinated (basic antigens), percentage fully vaccinated according to the national schedule, and percentage who received no vaccinations, according to background characteristics, Philippines NDHS 2022

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	IPV	PCV 1	PCV 2	PCV 3	MMR 1	Fully vaccinated (basic antigens)[3]	Fully vaccinated (according to national schedule)[4]	No vaccinations	Number of children	MMR 2	Fully vaccinated (according to national schedule)[5]	Number of children
Sex																										
Male	87.9	83.5	86.8	82.6	80.5	86.3	80.8	78.4	86.8	82.6	80.5	87.2	83.3	79.9	79.3	82.6	78.3	71.2	78.7	73.8	60.0	11.1	718	67.4	50.6	812
Female	87.8	80.8	86.5	83.6	77.2	85.1	81.9	76.2	86.5	83.6	77.2	85.4	81.6	75.8	78.9	81.1	77.8	71.8	79.6	69.7	58.8	11.3	724	65.3	49.2	736
Birth order																										
1	92.1	87.5	90.8	88.5	84.5	89.6	85.1	81.0	90.8	88.5	84.5	90.7	88.0	84.4	85.6	87.4	85.2	79.1	85.1	79.2	68.1	7.5	441	72.6	54.1	496
2–3	89.5	84.7	88.6	85.3	81.3	88.6	85.0	80.8	88.6	85.3	81.3	89.1	84.9	79.5	80.6	84.9	80.4	72.7	81.2	72.5	59.9	9.6	667	67.9	52.4	683
4–5	85.7	76.6	82.4	76.7	71.1	79.7	73.8	70.1	82.4	76.7	71.1	78.7	73.7	69.6	71.0	71.8	67.3	63.5	71.9	65.3	51.3	13.6	238	60.8	44.9	245
6+	61.5	53.6	64.5	59.1	55.6	62.5	57.6	53.9	64.5	59.1	55.6	65.0	61.2	56.8	59.1	59.6	55.0	48.0	55.8	49.0	36.1	33.7	96	44.9	30.0	124
Vaccination card[6]																										
Seen	99.0	91.5	98.9	95.7	94.1	98.4	94.3	92.7	98.9	95.7	94.1	98.8	96.7	94.5	90.3	96.1	93.3	89.2	92.4	89.8	75.6	0.1	959	79.3	65.0	893
Not seen or no longer has	79.8	77.4	76.6	72.2	60.5	74.1	68.8	58.1	76.6	72.2	60.5	74.6	66.5	55.2	69.3	65.5	58.8	44.9	64.9	45.5	34.3	19.1	362	52.9	32.7	519
Never had	22.7	22.3	19.8	16.4	13.2	19.3	16.4	12.6	19.8	16.4	13.2	22.0	16.5	13.0	20.2	17.1	14.3	10.9	16.6	7.8	5.8	76.1	121	33.3	16.9	135
Residence																										
Urban	88.5	84.4	86.6	84.0	79.2	86.7	82.8	77.8	86.6	84.0	79.2	86.8	81.8	76.6	81.7	82.4	79.6	71.9	79.6	71.5	61.7	11.0	712	65.0	49.3	815
Rural	87.2	80.0	86.7	82.3	78.5	84.7	79.9	76.8	86.7	82.3	78.5	85.7	83.1	79.0	76.6	81.2	76.5	71.1	78.8	72.0	57.2	11.4	730	68.1	50.6	733
Mother's education																										
No education	(64.8)	(57.1)	(51.7)	(51.7)	(51.7)	(51.7)	(51.7)	(51.7)	(51.7)	(51.7)	(51.7)	(54.9)	(53.6)	(53.6)	(51.7)	(51.7)	(35.3)	(35.3)	(51.7)	(51.7)	(27.5)	(32.0)	16	*	*	10
Grades 1–6	75.5	63.0	76.7	68.5	59.1	71.8	66.6	59.8	76.7	68.5	59.1	71.8	64.9	59.6	62.9	65.1	57.5	49.3	59.8	48.0	33.6	20.3	176	47.5	35.0	195
Grades 7–10	89.0	82.9	86.9	83.4	80.5	86.7	81.7	78.6	86.9	83.4	80.5	87.3	84.1	79.4	79.7	83.0	78.9	72.1	78.8	73.7	60.3	10.4	630	68.0	52.1	746
Grades 11–12	88.6	83.3	89.0	86.7	76.3	89.6	87.7	76.3	89.0	86.7	76.3	89.6	88.4	71.5	78.0	80.2	73.8	69.6	78.7	61.8	51.2	10.4	73	58.4	35.1	77
Postsecondary	(88.3)	(87.8)	(88.3)	(88.3)	(85.8)	(88.3)	(88.3)	(85.8)	(88.3)	(88.3)	(85.8)	(88.3)	(88.3)	(88.3)	(88.3)	(88.2)	(88.2)	(86.0)	(81.3)	(81.3)	(78.5)	(11.7)	26	(69.0)	(59.5)	52
College	91.2	88.1	90.4	87.9	84.4	89.6	85.7	82.2	90.4	87.9	84.4	90.3	86.0	83.2	84.4	87.0	85.4	78.9	87.0	79.0	68.2	8.5	520	74.0	55.0	469
Wealth quintile																										
Lowest	77.6	67.9	76.5	70.9	65.4	74.5	69.5	65.2	76.5	70.9	65.4	75.2	72.0	66.1	66.0	71.1	65.2	59.7	65.9	58.8	45.0	20.3	432	51.0	37.8	365
Second	90.9	84.0	91.3	86.5	80.6	91.2	84.8	78.0	91.3	86.5	80.6	89.8	84.9	78.7	82.2	82.8	79.9	71.5	83.8	75.7	62.8	7.7	263	69.5	49.5	370
Middle	91.5	86.6	87.5	85.1	80.5	87.2	84.2	79.7	87.5	85.1	80.5	88.5	85.8	80.4	82.3	84.6	80.4	74.7	81.3	74.1	62.8	8.5	298	72.4	57.9	313
Fourth	91.0	89.6	91.1	89.1	86.0	90.7	87.5	84.1	91.1	89.1	86.0	90.9	86.9	84.9	86.1	85.9	84.2	75.2	82.9	75.3	63.7	8.3	202	70.8	55.3	271
Highest	95.4	93.8	94.9	93.6	92.8	93.7	90.1	89.2	94.9	93.6	92.8	95.4	90.4	88.7	89.3	92.8	90.5	85.3	91.9	84.6	73.4	4.6	246	72.7	52.7	228
Total	87.8	82.2	86.7	83.1	78.9	85.7	81.4	77.3	86.7	83.1	78.9	86.3	82.4	77.8	79.1	81.8	78.0	71.5	79.2	71.8	59.4	11.2	1,442	66.4	49.9	1,548

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. 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.
BCG = Bacillus Calmette-Guérin
DPT = Diphtheria-pertussis-tetanus
HepB = Hepatitis B
Hib = *Haemophilus influenzae* type b
OPV = Oral polio vaccine
IPV = Inactivated polio vaccine
PCV = Pneumococcal conjugate vaccine
MMR = Measles, mumps, rubella
[1] Children are considered to have received HepB (birth dose) if it was recorded on their card or reported by their mother, regardless of timing.
[2] Polio = IPV or OPV
[3] BCG, three doses of DPT-containing vaccine, three doses of polio vaccine, and one dose of MMR
[4] BCG, HepB (birth dose), three doses of DPT-containing vaccine, three doses of HepB (excluding birth dose), three doses of Hib, three doses of polio vaccine, one dose of IPV, three doses of PCV, and one dose of MMR
[5] BCG, HepB (birth dose), three doses of DPT-containing vaccine, three doses of HepB (excluding birth dose), three doses of Hib, three doses of polio vaccine, one dose of IPV, three doses of PCV, and two doses of MMR
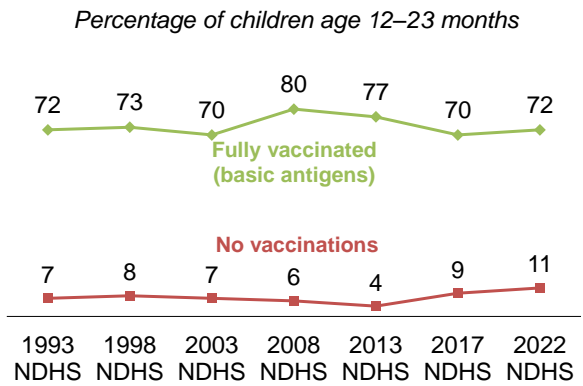[6] Vaccination card, booklet, or other home-based record

Table 15.2 Vaccinations according to 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 fully vaccinated (basic antigens), percentage fully vaccinated according to the national schedule, and percentage who received no vaccinations, according to region, Philippines NDHS 2022

| | | | Children age 12–23 months: | | | | | | | | | | | | | | | | | | | | | | Children age 24–35 months: | | |
| | | | DPT | | | HepB | | | Hib | | | Polio² | | | | PCV | | | | | | | | | | | |
Region	BCG	HepB (birth dose)¹	1	2	3	1	2	3	1	2	3	1	2	3	IPV	1	2	3	MMR 1	Fully vaccinated (basic antigens)³	Fully vaccinated (according to national schedule)⁴	No vacci-nations	Number of children	MMR 2	Fully vaccinated (according to national schedule)⁵	Number of children
National Capital Region	90.8	86.3	88.6	83.9	77.8	87.9	82.0	75.8	88.6	83.9	77.8	87.1	76.5	70.3	80.5	79.9	75.9	66.7	77.8	65.7	57.0	7.3	153	64.2	48.2	147
Cordillera Admin. Region	97.0	93.5	98.0	97.0	94.1	96.9	90.3	88.4	98.0	97.0	94.1	97.8	90.3	87.8	88.7	86.9	84.1	79.9	92.5	83.9	65.7	1.0	24	76.7	59.3	23
I - Ilocos	90.8	89.2	90.1	84.8	79.2	89.2	83.9	77.0	90.1	84.8	79.2	90.4	84.7	83.7	83.2	90.4	85.0	82.0	84.2	75.5	69.7	8.5	65	53.8	43.6	78
II - Cagayan Valley	98.6	90.9	98.7	93.5	90.6	98.7	88.5	85.6	98.7	93.5	90.6	93.6	93.6	92.2	92.2	92.4	92.3	85.4	93.1	90.2	77.7	1.3	54	96.3	83.5	46
III - Central Luzon	96.4	94.8	96.9	94.7	90.8	96.9	94.4	90.6	96.9	94.7	90.8	96.9	92.7	88.4	91.1	89.2	84.1	75.4	85.6	78.4	66.4	2.9	160	66.7	54.0	159
IVA - CALABARZON	94.1	93.3	94.1	94.1	91.4	92.3	92.3	89.6	94.1	94.1	91.4	94.1	94.1	91.4	91.6	94.1	94.1	89.0	90.0	87.4	82.3	5.9	173	79.4	59.1	233
MIMAROPA	88.5	72.8	89.4	86.4	82.3	89.4	86.4	82.3	89.4	86.4	82.3	90.9	88.7	77.2	77.1	77.1	72.4	60.2	81.4	74.3	43.2	8.3	41	75.1	42.5	46
V - Bicol	94.7	94.0	94.0	91.0	88.0	93.2	90.2	87.3	94.0	91.0	88.0	94.0	90.0	89.2	86.3	94.0	94.0	86.1	90.5	80.6	71.7	5.1	71	62.1	46.8	84
VI - Western Visayas	89.5	82.7	88.9	86.1	81.9	89.1	88.9	84.7	88.9	86.1	81.9	89.5	89.2	83.5	79.3	85.3	82.1	77.2	85.2	77.7	62.8	10.5	118	86.1	64.5	85
VII - Central Visayas	90.1	75.7	90.8	86.3	85.2	86.0	76.3	75.2	90.8	86.3	85.2	91.6	87.1	82.7	84.9	87.3	80.9	77.6	88.3	77.6	53.2	8.0	111	57.6	44.8	114
VIII - Eastern Visayas	97.8	83.9	97.1	96.6	96.6	96.8	92.4	92.4	97.1	96.6	96.6	96.6	95.9	94.1	85.4	89.2	84.0	82.6	93.4	89.8	54.7	1.2	50	84.8	65.1	77
IX - Zamboanga Peninsula	84.5	80.4	80.8	76.8	74.3	80.8	79.6	75.0	80.8	76.8	74.3	83.3	79.9	77.5	79.1	77.4	73.6	71.9	72.5	65.8	60.1	11.8	69	56.3	47.7	70
X - Northern Mindanao	90.2	85.9	86.3	86.1	82.5	88.2	85.3	81.7	86.3	86.1	82.5	89.8	88.2	82.9	81.5	86.7	84.3	68.0	83.0	76.8	56.7	9.8	67	72.2	57.8	58
XI - Davao	89.0	77.0	89.0	80.3	68.7	81.0	72.3	68.7	89.0	80.3	68.7	81.0	78.3	68.3	67.4	78.3	69.7	61.9	61.8	59.6	54.1	11.0	77	66.9	41.5	85
XII - SOCCSKSARGEN	81.4	77.0	77.1	71.1	66.7	77.1	71.9	66.7	77.1	71.1	66.7	76.3	67.9	63.5	66.9	69.8	63.3	59.9	72.9	60.8	46.8	18.6	73	58.0	42.5	93
XIII - CARAGA	85.1	79.5	85.3	83.6	72.8	86.4	86.4	74.9	85.3	83.6	72.8	84.0	79.3	70.6	79.9	83.7	79.1	64.1	82.6	64.4	49.6	13.0	39	62.5	46.0	43
BARMM	38.2	31.8	32.8	25.5	20.2	34.2	25.0	19.4	32.8	25.5	20.2	33.2	29.0	23.2	24.8	27.9	24.4	20.8	21.9	18.1	14.9	59.9	98	26.0	14.3	104
Total	87.8	82.2	86.7	83.1	78.9	85.7	81.4	77.3	86.7	83.1	78.9	86.3	82.4	77.8	79.1	81.8	78.0	71.5	79.2	71.8	59.4	11.2	1,442	66.4	49.9	1,548

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 = Bacillus 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
PCV = Pneumococcal conjugate vaccine
[1] Children are considered to have received HepB (birth dose) if it was recorded on their card or reported by their mother, regardless of timing.
[2] Polio = IPV or OPV
[3] BCG, three doses of DPT-containing vaccine, three doses of polio vaccine, and one dose of MMR
[4] BCG, HepB (birth dose), three doses of DPT-containing vaccine, three doses of HepB (excluding birth dose), three doses of Hib, three doses of polio vaccine, one dose of IPV, three doses of PCV, and one dose of MMR
[5] BCG, HepB (birth dose), three doses of DPT-containing vaccine, three doses of HepB (excluding birth dose), three doses of Hib, three doses of polio vaccine, one dose of IPV, three doses of PCV, and two doses of MMR

3.15   CARE SEEKING AND TREATMENT OF CHILD ILLNESS

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 symptoms of these illnesses is, therefore, crucial in reducing child deaths. **Table 16** presents information on care seeking for ill children in the Philippines. Overall, less than 1% of children under age 5 showed symptoms of an ARI, 11% exhibited fever, and 6% experienced diarrhea in the 2 weeks preceding the survey (data not shown).

▪ Advice or treatment was sought for three in every four children (72%) with symptoms of ARI in the 2 weeks preceding the survey (**Table 16**).

▪ Advice or treatment was sought for 41% of children with a fever in the 2 weeks preceding the survey.

▪ Advice or treatment was sought for 37% of children with diarrhea in the 2 weeks preceding the survey.

▪ About half (49%) of children with diarrhea received oral rehydration salts (ORS), 27% were given zinc supplements, 19% received ORS and zinc supplements, and 13% were given ORS, zinc supplements, and continued feeding, as recommended.

Among children under age 5 who had symptoms of acute respiratory infection (ARI) or had a fever during 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 prepackaged ORS fluid, percentage given zinc, percentage given ORS and zinc, and percentage given ORS, zinc, and continued feeding, according to background characteristics, Philippines NDHS 2022

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 prepackaged	Percentage given zinc	Percentage given ORS and zinc	Percentage given ORS, zinc, and continued feeding[3]	Number of children
Age in months										
<6	*	3	44.7	58	*	*	*	*	*	20
6–11	*	4	32.5	144	35.1	42.9	27.9	22.2	15.0	61
12–23	*	15	45.6	204	38.9	50.6	28.7	21.4	16.7	152
24–35	*	4	47.8	160	46.3	57.0	19.2	15.1	11.8	84
36–47	*	12	36.0	162	23.9	46.2	33.0	20.5	12.6	102
48–59	*	12	40.5	137	(33.7)	(40.6)	(7.2)	(5.3)	(2.8)	37
Sex										
Male	(56.9)	27	43.3	457	38.8	45.9	32.1	20.4	13.9	249
Female	*	22	38.8	408	33.8	51.9	20.1	17.7	12.4	206
Residence										
Urban	*	24	41.6	436	34.5	49.2	22.8	17.9	10.4	230
Rural	(59.3)	25	40.8	429	38.5	48.0	30.6	20.5	16.1	226
Mother's education										
No education	*	1	*	6	*	*	*	*	*	4
Grades 1–6	*	7	46.2	123	41.1	58.6	20.3	17.7	12.0	66
Grades 7–10	(73.7)	27	38.6	401	31.4	48.0	26.1	19.4	12.8	207
Grades 11–12	*	1	(37.8)	41	(23.3)	(39.4)	(21.6)	(12.8)	(7.2)	32
Postsecondary	*	1	*	25	*	*	*	*	*	5
College	*	12	43.8	270	44.9	47.0	29.8	19.3	14.1	142
Wealth quintile										
Lowest	*	11	37.3	235	32.1	46.9	21.4	18.9	13.3	111
Second	*	16	45.4	205	29.1	45.0	22.6	13.5	9.2	138
Middle	*	4	43.3	155	44.7	54.7	38.7	28.0	16.9	97
Fourth	*	6	39.0	158	41.7	47.4	25.3	19.5	14.4	74
Highest	*	12	41.7	113	(45.6)	(54.1)	(28.8)	(18.0)	(16.4)	37
Total	71.8	50	41.2	866	36.5	48.6	26.7	19.2	13.2	456

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Symptoms of ARI include short, rapid breathing that is chest-related and/or difficult breathing that is chest-related.
[2] Includes advice or treatment from the following sources: public sector, private medical sector, puericulture center, and shops/stores. Excludes advice or treatment from a traditional practitioner, friends/relatives, and church.
[3] Continued feeding includes children who were given more, the same as usual, or somewhat less food during the diarrhea episode.

3.16 INFANT AND YOUNG CHILD FEEDING

Optimal infant and young child feeding (IYCF) practices are critical to the health and survival of young children. Recommended IYCF practices include early initiation of breastfeeding (within the first hour of life), exclusive breastfeeding for the first 6 months of life, and feeding children a diet that meets minimum diversity criteria (WHO and UNICEF 2021).

> **Early initiation of breastfeeding**
> Percentage of children born in the last two years who were put to the breast within 1 hour of birth.
> *Sample:* Number of children born in the last 2 years

> **Exclusive breastfeeding under 6 months**
> Percentage of children age 0–5 months who were fed exclusively with breast milk during the previous day.
> *Sample:* Youngest children age 0–5 months living with their mother

> **Minimum dietary diversity 6–23 months**
> Percentage of children age 6–23 months who were fed a minimum of five out of eight defined food groups during the previous day. The eight food groups are breast milk; grains, roots, and tubers; legumes and nuts; dairy products (milk, yogurt, cheese); flesh foods (meat, fish, poultry, organ meat); eggs; vitamin A–rich fruits and vegetables; and other fruits and vegetables.
> *Sample:* Youngest children age 6–23 months living with their mother

- Over half (55%) of children born in the last 2 years were put to the breast within 1 hour of birth (**Table 17**).

- Two in every five (41%) children under age 6 months were exclusively breastfed.

- About half (47%) of children age 6–23 months met the minimum dietary diversity requirement.

Table 17 Infant and young child feeding (IYCF) indicators

Percentage of children fed according to various IYCF practices, Philippines NDHS 2022

Indicator	Indicator numerator and denominator	Value
Early initiation of breastfeeding	Percentage of children born in the last 2 years who were put to the breast within 1 hour of birth	54.1
	Number of children born in the last 2 years[1]	2,942
Exclusive breastfeeding under 6 months	Percentage of children age 0–5 months who were fed exclusively with breast milk during the previous day	40.9
	Number of youngest children age 0–5 months living with their mother	670
Minimum dietary diversity 6–23 months	Percentage of children age 6–23 months who were fed foods and beverages from at least five out of eight defined food groups during the previous day	47.2
	Number of youngest children age 6–23 months living with their mother	2,061
Sweet beverage consumption 6–23 months	Percentage of children age 6–23 months who were given a sweet beverage during the previous day	34.6
	Number of youngest children age 6–23 months living with their mother	2,061
Unhealthy food consumption 6–23 months	Percentage of children age 6–23 months fed unhealthy foods during the previous day	45.7
	Number of youngest children age 6–23 months living with their mother	2,061

[1] Includes children born in the 2 years preceding the survey regardless of whether the children are living or dead at the time of interview.

Unhealthy infant and young child feeding practices should be avoided because they can promote unhealthy weight gain and replace nutritious foods that provide important nutrients for children. For infants and young children, consumption of sweet foods and beverages increases the risk of dental caries and childhood obesity. The indicator definition below for unhealthy food consumption describes sentinel unhealthy foods—foods that are high in sugar, salt, or unhealthy fats—that are commonly consumed by infants and young children (WHO and UNICEF 2021).

> **Sweet beverage consumption 6–23 months**
> Percentage of children age 6–23 months who were given a sweet beverage during the previous day.
> **Unhealthy food consumption 6–23 months**
> Percentage of children age 6–23 months who were fed sentinel unhealthy foods during the previous day.
> *Sample:* Youngest children age 6–23 months living with their mother

- One-third (35%) of children age 6–23 months were fed a sweet beverage.

- Forty-six percent of children age 6–23 months consumed unhealthy foods.

Trends: Exclusive breastfeeding practices in the Philippines have increased modestly over time (**Figure 6**). The last NDHS to capture exclusive breastfeeding was in 2008, at which point 34% of children were exclusively breastfed. Since then, the percentage has increased to 41%.

Figure 6 **Trends in exclusive breastfeeding**

Percentage of children age 0–5 months

1993 NDHS	1998 NDHS	2003 NDHS	2008 NDHS	2022 NDHS
29	38	34	34	41
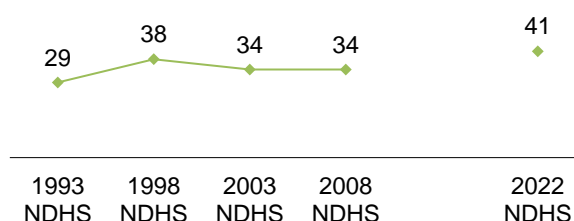
3.17   EARLY CHILDHOOD DEVELOPMENT

> **Early Childhood Development Index**
> Children are considered to be developmentally on track if they have achieved the minimum number of milestones expected for their age group. Each of the three general domains is composed of a set of core subdomains:
> *Health subdomains:* gross motor development, fine motor development, and self-care.
> *Learning subdomains:* expressive language, literacy, numeracy, pre-writing, and executive functioning.
> *Psychosocial well-being subdomains:* emotional skills, social skills, internalizing behavior, and externalizing behavior.

Early childhood development is a multidimensional process that involves an ordered progression of motor, cognitive, language, socioemotional, and regulatory skills and capacities across the first few years of life (UNICEF 2016). While these are distinct domains of early childhood development, they are interconnected. Nurturing and supporting all of these dimensions in a holistic manner is key to ensuring that children have the best chance to reach their full potential. Physical growth, literacy and numeracy

skills, socioemotional development, and learning readiness set the trajectory for lifelong health, learning, and well-being (Shonkoff and Phillips 2000).

The Early Childhood Development Index 2030 (ECDI2030) module, which captures the achievement of key developmental milestones by children between age 24–59 months, was included in the 2022 NDHS.

Mothers were asked 20 questions about one of their randomly selected children age 24–59 months. These questions focused on the way children behave in certain everyday situations and the skills and knowledge they have acquired, reflecting the increasing difficulty of the skills children acquire as they grow. The 20 items are organized according to the three general domains of health, learning, and psychosocial well-being.

The ECDI2030 module is not designed to report on individual domains separately. Rather, it is meant to produce a single summary score that captures the interlinked developmental concepts embedded in the three domains mentioned in SDG 4.2.1.

- The results show that 77% of children age 24–59 months are developmentally on track for their age in terms of health, learning, and psychosocial well-being (**Table 18**).

- Early childhood development increases with increasing household wealth; 66% of children in the lowest wealth quintile are developmentally on track, as compared with 84% of children in the highest wealth quintile.

Table 18 Early Childhood Development Index 2030

Percentage of children age 24–59 months who are developmentally on track in health, learning, and psychosocial well-being, Philippines NDHS 2022

Background characteristic	Early Childhood Development Index 2030	Number of children age 24–59 months
Age in months		
24–35	81.6	1,496
36–47	79.8	1,545
48–59	69.4	1,577
Sex		
Male	74.3	2,436
Female	79.6	2,181
Residence		
Urban	78.1	2,454
Rural	75.4	2,163
Early childhood education attendance		
Attending	80.1	609
Not attending	73.3	2,513
Information not available	81.4	1,495
Mother's education		
No education	47.4	41
Grades 1–6	63.6	655
Grades 7–10	77.0	2,177
Grades 11–12	89.3	131
Postsecondary	77.5	146
College	82.0	1,469
Wealth quintile		
Lowest	66.2	1,174
Second	77.3	1,031
Middle	80.3	909
Fourth	82.0	802
Highest	83.5	701
Total	76.8	4,617

3.18   HIV

3.18.1 Prevention Knowledge among Young People

> **Knowledge about HIV prevention**
> Knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chances of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting two major misconceptions about HIV transmission: HIV can be transmitted by mosquito bites and a person can become infected by sharing food with a person who has HIV.
> **Sample:** Women age 15–24

Knowledge of how HIV is transmitted is crucial to enabling people to avoid HIV infection, and this is especially true for young people, who are often at greater risk because they may have shorter relationships with more partners or engage in other risky behaviors.

- Two-thirds (65%) of women age 15–24 know that consistent condom use is a means to prevent the spread of HIV (**Table 19**).

- Seven in 10 women (69%) know that limiting sexual intercourse to one uninfected partner can reduce the likelihood of contracting HIV.

- Only 26% of women age 15–24 have thorough knowledge of HIV prevention (as defined above).

Table 19 Knowledge about HIV prevention methods among young women

Percentage of young women age 15-24 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, and percentage who correctly identify both ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission, according to background characteristics, Philippines NDHS 2022

Background characteristic	Percentage who say HIV can be prevented by:		Percentage with knowledge about HIV prevention[3]	Number of women
	Using condoms[1]	Limiting sexual intercourse to one uninfected partner[2]		
Age				
15–19	57.5	61.6	19.8	5,531
15–17	52.0	57.2	16.4	3,363
18–19	65.9	68.5	24.9	2,168
20–24	73.9	76.8	33.5	4,677
20–22	72.3	76.1	31.7	3,012
23–24	76.8	77.9	37.0	1,665
Marital status				
Never married	63.9	67.3	26.1	8,524
Ever had sex	76.3	77.2	34.2	783
Never had sex	62.7	66.3	25.3	7,741
Ever married	70.3	74.8	26.0	1,683
Residence				
Urban	68.1	69.3	30.1	5,504
Rural	61.4	67.7	21.3	4,703
Region				
National Capital Region	73.0	70.4	45.0	1,392
Cordillera Admin. Region	66.9	75.8	32.2	165
I - Ilocos	53.2	65.1	14.2	548
II - Cagayan Valley	73.4	78.5	24.9	345
III - Central Luzon	66.2	73.9	26.0	1,178
IVA - CALABARZON	68.0	69.8	28.1	1,536
MIMAROPA	61.7	78.0	25.0	295
V - Bicol	71.4	75.4	20.8	584
VI - Western Visayas	65.8	68.4	17.0	753
VII - Central Visayas	64.4	69.0	24.5	710
VIII - Eastern Visayas	73.9	76.9	32.3	439
IX - Zamboanga Peninsula	59.0	63.6	14.3	361
X - Northern Mindanao	64.9	65.8	25.8	357
XI - Davao	68.8	66.0	22.8	469
XII - SOCCSKSARGEN	60.9	64.2	21.5	425
XIII - CARAGA	54.3	63.7	21.7	228
BARMM	26.5	28.3	12.0	422
Education				
No education	36.6	30.2	11.4	34
Grades 1–6	39.8	47.2	14.4	297
Grades 7–10	56.0	60.7	17.5	4,319
Grades 11–12	69.6	73.1	27.1	2,712
Postsecondary	62.2	58.3	24.9	91
College	77.6	79.6	40.0	2,755
Wealth quintile				
Lowest	51.0	56.7	16.1	1,607
Second	60.8	67.6	19.5	2,027
Middle	66.4	69.2	24.4	2,119
Fourth	70.2	71.4	31.8	2,261
Highest	72.4	74.6	35.1	2,193
Total 15–24	65.0	68.6	26.1	10,208

[1] Using condoms every time they have sexual intercourse
[2] Partner who has no other partners
[3] 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 two common misconceptions about transmission or prevention of HIV: HIV can be transmitted by mosquito bites and a person can become infected by sharing food with a person who has HIV.

3.18.2 Sexual Behavior

Information on sexual behavior is important in designing and monitoring intervention programs to control the spread of HIV.

- Less than 1% of women age 15–49 reported having two or more sexual partners during the 12 months prior to the survey (**Table 20**).

- Among the 4% of women who had a partner in the last 12 months who was neither their husband nor someone they lived with, 23% reported using a condom during their last sexual intercourse.

- Among all women who ever had sexual intercourse, the mean number of lifetime sexual partners is 1.5.

Table 20 Multiple sexual partners and higher-risk sexual intercourse in the last 12 months

Among all women age 15–49, percentage who had sexual intercourse with more than one sexual partner in the last 12 months and percentage who had intercourse in the last 12 months with a person who neither was their husband nor lived with them; among women age 15–49 who had sexual intercourse in the last 12 months with a person who neither was their husband nor lived with them, percentage who used a condom during last sexual intercourse with such a partner; and among women who ever had sexual intercourse, mean number of sexual partners during their lifetime, according to background characteristics, Philippines NDHS 2022

Background characteristic	All women			Women who had intercourse in the last 12 months with a person who neither was their husband nor lived with them		Women who ever had sexual intercourse[1]	
	Percentage who had 2+ partners in the last 12 months	Percentage who had inter-course in the last 12 months with a person who neither was their husband nor lived with them	Number of women	Percentage who reported using a condom during last sexual intercourse with such a partner	Number of women	Mean number of sexual partners in lifetime	Number of women
Age							
15–24	0.2	5.4	10,208	22.3	551	1.5	2,461
15–19	0.1	2.5	5,531	22.9	136	2.0	523
20–24	0.3	8.9	4,677	22.1	415	1.4	1,938
25–29	0.8	8.1	3,904	20.5	316	1.4	3,014
30–39	0.4	3.1	7,147	10.8	223	1.5	6,544
40–49	0.2	1.6	6,562	1.2	102	1.4	6,342
Marital status							
Never married	0.3	8.7	11,596	19.2	1,004	1.8	2,155
Married/living together	0.3	0.5	15,306	20.2	71	1.4	15,289
Divorced/separated/widowed	1.4	12.8	919	4.9	118	1.6	917
Residence							
Urban	0.4	5.3	15,579	19.8	825	1.5	10,276
Rural	0.2	3.0	12,242	13.6	368	1.4	8,085
Region							
National Capital Region	0.2	6.0	4,280	22.4	255	1.5	2,719
Cordillera Admin. Region	0.0	3.7	438	17.0	16	1.4	274
I - Ilocos	0.2	5.3	1,473	12.3	78	1.4	988
II - Cagayan Valley	0.3	2.8	833	(9.6)	23	1.2	534
III - Central Luzon	0.3	3.5	3,100	12.1	107	1.5	2,071
IVA - CALABARZON	0.5	4.4	4,215	26.1	184	1.9	2,738
MIMAROPA	0.4	3.1	715	(14.9)	22	1.4	466
V - Bicol	0.1	3.5	1,405	(28.9)	49	1.3	860
VI - Western Visayas	0.2	4.2	1,831	12.1	76	1.4	1,185
VII - Central Visayas	0.6	5.6	2,023	11.7	114	1.5	1,423
VIII - Eastern Visayas	0.5	3.1	1,062	21.1	33	1.4	642
IX - Zamboanga Peninsula	0.6	3.8	970	(5.6)	37	1.3	665
X - Northern Mindanao	0.3	3.7	1,035	12.9	38	1.6	728
XI - Davao	0.1	5.6	1,474	23.9	83	1.5	1,077
XII - SOCCSKSARGEN	0.2	3.8	1,175	(9.5)	44	1.3	811
XIII - CARAGA	0.4	5.0	636	7.4	32	1.5	443
BARMM	0.1	0.1	1,156	*	1	1.1	740

Continued…

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Table 20—Continued

Background characteristic	All women			Women who had intercourse in the last 12 months with a person who neither was their husband nor lived with them		Women who ever had sexual intercourse[1]	
	Percentage who had 2+ partners in the last 12 months	Percentage who had intercourse in the last 12 months with a person who neither was their husband nor lived with them	Number of women	Percentage who reported using a condom during last sexual intercourse with such a partner	Number of women	Mean number of sexual partners in lifetime	Number of women
Education							
No education	0.0	2.4	197	*	5	1.3	154
Grades 1–6	0.3	0.8	2,538	*	20	1.4	2,312
Grades 7–10	0.3	2.9	11,954	17.3	349	1.5	8,187
Grades 11–12	0.3	5.3	2,751	18.0	146	2.0	634
Postsecondary	0.3	5.1	625	(0.5)	32	1.4	505
College	0.3	6.6	9,755	19.1	642	1.4	6,568
Wealth quintile							
Lowest	0.3	2.1	4,595	13.3	97	1.3	3,383
Second	0.5	3.6	5,219	16.9	189	1.5	3,613
Middle	0.3	4.7	5,666	15.6	266	1.6	3,818
Fourth	0.2	5.4	6,048	17.3	325	1.5	3,775
Highest	0.3	5.0	6,292	22.3	316	1.5	3,772
Total	0.3	4.3	27,821	17.9	1,193	1.5	18,361

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Means are calculated excluding respondents who gave non-numeric responses.

3.18.3 Prior HIV Testing

HIV testing programs diagnose people living with HIV so that they can be linked to care and access antiretroviral therapy (ART). Knowledge of HIV status helps HIV-negative individuals reduce risk and remain negative.

- Only 9% of women age 15–49 have ever been tested for HIV and received the results; less than 1% have ever been tested and did not receive the results (**Table 21**).

- The percentage of women who were ever tested and received results was greatest among those age 25–29 (17%), which coincides with women with the highest fertility rates.

Table 21 Coverage of prior HIV testing

Percent distribution of women age 15–49 by HIV 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 last 12 months and received the results of the last test, according to background characteristics, Philippines NDHS 2022

Background characteristic	Percent distribution of women by testing status and by whether they received the results of the last test				Percentage ever tested	Number of women
	Ever tested and received results	Ever tested, did not receive results	Never tested[1]	Total		
Age						
15–24	4.1	0.3	95.5	100.0	4.5	10,208
15–19	1.1	0.2	98.7	100.0	1.3	5,531
20–24	7.7	0.5	91.8	100.0	8.2	4,677
25–29	17.4	0.6	82.0	100.0	18.0	3,904
30–39	15.2	0.8	84.0	100.0	16.0	7,147
40–49	6.6	0.6	92.8	100.0	7.2	6,562
Marital status						
Never married	3.1	0.2	96.8	100.0	3.2	11,596
Ever had sex	11.3	0.5	88.3	100.0	11.7	2,166
Never had sex	1.2	0.1	98.7	100.0	1.3	9,431
Married or living together	13.9	0.9	85.2	100.0	14.8	15,306
Divorced/separated/widowed	13.8	0.6	85.6	100.0	14.4	919
Residence						
Urban	12.3	0.7	87.0	100.0	13.0	15,579
Rural	5.7	0.4	93.9	100.0	6.1	12,242
Region						
National Capital Region	16.6	0.5	82.9	100.0	17.1	4,280
Cordillera Admin. Region	6.9	0.7	92.4	100.0	7.6	438
I - Ilocos	4.2	0.5	95.3	100.0	4.7	1,473
II - Cagayan Valley	6.3	0.9	92.8	100.0	7.2	833
III - Central Luzon	12.7	1.3	86.0	100.0	14.0	3,100
IVA - CALABARZON	12.4	0.3	87.3	100.0	12.7	4,215
MIMAROPA	6.6	0.8	92.6	100.0	7.4	715
V - Bicol	5.9	0.5	93.6	100.0	6.4	1,405
VI - Western Visayas	7.7	0.8	91.5	100.0	8.5	1,831
VII - Central Visayas	11.9	0.6	87.4	100.0	12.6	2,023
VIII - Eastern Visayas	7.6	0.8	91.6	100.0	8.4	1,062
IX - Zamboanga Peninsula	3.9	0.1	96.0	100.0	4.0	970
X - Northern Mindanao	2.3	0.3	97.4	100.0	2.6	1,035
XI - Davao	7.0	0.4	92.7	100.0	7.3	1,474
XII - SOCCSKSARGEN	3.7	0.1	96.2	100.0	3.8	1,175
XIII - CARAGA	6.6	0.5	92.9	100.0	7.1	636
BARMM	0.4	0.1	99.5	100.0	0.5	1,156
Education						
No education	2.8	0.0	97.2	100.0	2.8	197
Grades 1–6	4.3	0.2	95.5	100.0	4.5	2,538
Grades 7–10	8.4	0.8	90.8	100.0	9.2	11,954
Grades 11–12	3.9	0.2	95.8	100.0	4.2	2,751
Postsecondary	14.1	0.6	85.4	100.0	14.6	625
College	13.3	0.5	86.2	100.0	13.8	9,755
Wealth quintile						
Lowest	3.8	0.4	95.8	100.0	4.2	4,595
Second	7.1	0.7	92.1	100.0	7.9	5,219
Middle	11.0	0.6	88.4	100.0	11.6	5,666
Fourth	10.9	0.5	88.6	100.0	11.4	6,048
Highest	12.6	0.6	86.9	100.0	13.1	6,292
Total	9.4	0.6	90.0	100.0	10.0	27,821

[1] Includes respondents who have not heard of HIV or who refused to answer questions on testing

3.19 VIOLENCE AGAINST WOMEN

Intimate Partner Violence by Background Characteristics

In the 2022 NDHS, information was obtained from women age 15–49 who ever had a husband or intimate partner and who have experienced emotional, physical, or sexual violence committed by their current or most recent husband/intimate partner. The term husband includes a partner with whom a woman is living as if married. Husband/intimate partner refers to the current husband for currently married women; the most recent husband for divorced, separated, or widowed women; the current intimate partner for never-married women who currently have an intimate partner; and the most recent intimate partner for never-married women who do not currently have an intimate partner but had one in the past.

> **Physical violence:** push you, shake you, or throw something at you; slap you; twist your arm or pull your hair; punch you with his fist or with something that could hurt you; kick you, drag you, or beat you up; try to choke you or burn you on purpose; or threaten or attack you with a knife, gun, or any other weapon.
>
> Percentage of women who have ever experienced any physical violence (committed by a husband or intimate partner).
>
> *Sample:* Women age 15–49 who ever had a husband/intimate partner

> **Sexual violence:** physically force you to have sexual intercourse with him even when you did not want to, physically force you to perform any other sexual acts you did not want to, or force you with threats or in any other way to perform sexual acts you did not want to.
>
> Percentage of women who have ever experienced any sexual violence (committed by a husband or intimate partner).
>
> *Sample:* Women age 15–49 who ever had a husband/intimate partner

> **Emotional violence:** say or do something to humiliate you in front of others; threaten to hurt or harm you or someone close to you; insult you or make you feel bad about yourself; not allow you to engage in any legitimate work or practice your profession; control your own money or property or force you to work; destroy your personal property, pets, or belongings or threaten or actually harm your pets; or have other intimate relationships.
>
> Percentage of women who have ever experienced any emotional violence (committed by a husband or intimate partner).
>
> *Sample:* Women age 15–49 who ever had a husband/intimate partner

- Eighteen percent of women have ever experienced any form of physical, sexual, or emotional violence by their current or most recent husband/intimate partner (**Table 22**).

- Overall, women are more likely to have experienced emotional violence (15%) than physical violence (6%) or sexual violence (2%).

- Marital status is linked to whether a woman has ever experienced violence. Eleven percent of never-married women have ever experienced any violence, as compared with 19% of ever-married women. Forty-five percent of women who are currently divorced, separated, or widowed have experienced violence, compared with 17% of currently married women.

Table 22 Intimate partner violence by background characteristics

Percentage of women age 15–49 who have ever had a husband or intimate partner and who have ever experienced emotional, physical, or sexual violence committed by their current or most recent husband/intimate partner, according to background characteristics, Philippines NDHS 2022

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 women who ever had a husband/ intimate partner
Age								
15–19	13.8	2.8	1.6	0.7	0.7	3.8	15.5	767
20–24	14.1	5.8	2.7	1.8	1.5	6.7	16.3	1,635
25–29	13.3	6.0	1.7	1.1	1.0	6.7	15.1	2,087
30–39	15.7	6.9	2.4	1.4	1.3	7.9	18.2	4,528
40–49	16.2	7.0	2.4	1.7	1.5	7.7	18.7	4,346
Religion								
Roman Catholic	15.8	6.7	2.3	1.5	1.3	7.5	18.1	10,203
Protestant	16.9	8.0	3.0	1.9	1.7	9.2	19.8	1,272
Iglesia ni Cristo	14.2	5.5	2.3	1.5	1.0	6.3	16.6	400
Aglipay	15.7	7.2	5.9	2.7	2.3	10.4	19.0	197
Islam	7.7	2.0	0.6	0.0	0.0	2.6	9.0	848
Other Christian	10.6	5.3	2.0	1.3	1.3	5.9	11.3	307
Other	13.6	5.2	0.5	0.5	0.5	5.2	16.0	123
No religion	*	*	*	*	*	*	*	12
Ethnic group								
Tagalog	12.4	5.4	1.6	1.3	1.2	5.7	14.0	3,459
Cebuano	17.5	6.7	2.6	2.0	1.8	7.4	19.7	3,127
Ilokano	15.9	8.2	3.5	1.4	1.2	10.3	19.0	1,109
Hiligaynon/Ilonggo	14.6	6.2	2.6	1.5	1.2	7.4	17.6	1,139
Bikolano	19.4	9.4	3.1	1.9	1.6	10.5	21.9	969
Kapampangan	9.9	2.8	0.6	0.6	0.0	2.8	11.8	444
Maranao	11.4	2.1	0.5	0.2	0.2	2.4	11.9	196
Tausog	6.3	5.5	0.1	0.0	0.0	5.6	9.8	185
Waray	18.7	6.9	2.7	1.1	0.9	8.6	21.3	480
Aeta	(26.4)	(10.9)	(0.0)	(0.0)	(0.0)	(10.9)	(26.4)	16
Badjao	(10.8)	(4.0)	(0.0)	(0.0)	(0.0)	(4.0)	(14.8)	14
Other	15.7	6.6	2.4	1.2	1.1	7.8	18.5	2,226
Residence								
Urban	13.4	5.8	2.1	1.4	1.2	6.6	15.6	7,354
Rural	17.4	7.1	2.5	1.5	1.3	8.1	19.9	6,008
Region								
National Capital Region	11.0	5.8	2.9	1.5	1.4	7.1	13.4	1,846
Cordillera Admin. Region	18.0	5.1	2.7	1.3	0.8	6.5	19.8	215
I - Ilocos	22.3	9.7	3.8	1.9	1.9	11.6	25.0	748
II - Cagayan Valley	14.4	8.0	1.9	1.0	1.0	8.9	17.5	401
III - Central Luzon	15.3	5.8	2.0	1.8	1.6	6.1	17.0	1,552
IVA - CALABARZON	12.1	5.8	1.2	0.8	0.7	6.2	13.9	1,912
MIMAROPA	20.5	8.6	3.2	2.4	2.1	9.4	23.7	354
V - Bicol	23.4	10.0	4.3	2.5	2.2	11.8	26.5	713
VI - Western Visayas	15.5	7.1	2.4	1.4	1.2	8.0	18.7	909
VII - Central Visayas	17.5	5.5	2.3	2.0	1.8	5.8	18.6	1,015
VIII - Eastern Visayas	21.3	6.3	2.4	1.2	0.9	7.5	22.9	489
IX - Zamboanga Peninsula	17.1	8.5	1.6	0.9	0.9	9.2	20.7	525
X - Northern Mindanao	14.2	3.9	2.5	1.0	1.0	5.4	15.3	552
XI - Davao	16.6	8.3	2.5	1.9	1.7	8.9	20.7	729
XII - SOCCSKSARGEN	12.0	4.6	1.4	0.6	0.5	5.4	14.5	572
XIII - CARAGA	17.0	6.7	2.8	1.6	1.6	7.9	20.2	299
BARMM	4.9	1.4	0.2	0.0	0.0	1.7	5.6	530
Marital status								
Never married	9.1	2.1	1.3	0.7	0.6	2.7	10.5	2,006
Currently has intimate partner	5.3	1.4	0.6	0.2	0.2	1.8	6.7	1,359
Had intimate partner	17.2	3.6	2.9	1.8	1.7	4.6	18.6	647
Ever married	16.3	7.2	2.5	1.6	1.4	8.1	18.7	11,356
Married/living together	14.8	6.4	2.0	1.2	1.0	7.2	17.2	10,731
Divorced/separated/ widowed	42.0	21.3	9.5	8.4	7.8	22.4	44.6	625
Employment								
Employed for cash	15.1	7.4	2.6	1.7	1.6	8.3	17.5	6,639
Employed not for cash	19.6	6.4	2.2	1.4	1.2	7.1	22.1	1,413
Not employed	14.1	5.2	1.9	1.1	0.9	6.0	16.3	5,310

Continued…

Table 22—Continued

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 women who ever had a husband/intimate partner
Education								
No education	9.6	2.8	0.7	0.0	0.0	3.5	10.7	102
Grades 1–6	20.4	9.4	3.3	2.4	2.1	10.3	24.0	1,558
Grades 7–10	16.6	7.0	2.3	1.3	1.2	8.0	19.2	5,951
Grades 11–12	15.4	4.1	2.1	1.3	1.2	4.9	16.7	670
Postsecondary	12.4	4.9	1.5	0.9	0.8	5.5	13.6	329
College	12.0	5.2	2.0	1.3	1.2	5.9	13.8	4,752
Wealth quintile								
Lowest	17.2	7.9	2.6	1.5	1.3	9.0	20.1	2,464
Second	18.0	7.4	2.4	1.3	1.2	8.5	20.5	2,626
Middle	16.0	7.4	2.8	2.0	1.7	8.3	18.9	2,827
Fourth	14.0	5.2	2.0	1.2	1.1	6.0	15.9	2,741
Highest	11.0	4.3	1.7	1.2	1.1	4.8	12.4	2,704
Total	15.2	6.4	2.3	1.4	1.3	7.3	17.5	13,362

Notes: The term husband includes a partner with whom a woman is living as if married. Husband/intimate partner refers to the current husband for currently married women; the most recent husband for divorced, separated, or widowed women, the current intimate partner for never-married women who currently have an intimate partner; and the most recent intimate partner for never-married women who do not currently have an intimate partner but had one in the past. 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.

REFERENCES

Bradley, S. E. K., T. N. Croft, J. D. Fishel, and C. F. Westoff. 2012. *Revising Unmet Need for Family Planning*. DHS Analytical Studies No. 25. Calverton, Maryland, USA: ICF International. https://dhsprogram.com/pubs/pdf/AS25/AS25%5B12June2012%5D.pdf.

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

National Statistics Office (NSO) [Philippines] and Macro International Inc. (MI). 1994. *National Demographic Survey 1993*. Calverton, Maryland, USA: NSO and MI.

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

National Statistics Office (NSO) [Philippines], Department of Health (DOH) [Philippines], and Macro International Inc. (MI). 1999. *National Demographic and Health Survey 1998*. Manila, the Philippines: NSO and MI.

Philippine Statistics Authority (PSA) and ICF International. 2014. *Philippines National Demographic and Health Survey 2013*. Manila, the Philippines, and Rockville, Maryland, USA: PSA and ICF International.

Shonkoff, J., and D. Phillips. 2000. *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, D.C.: National Academy Press.

United Nations Children's Fund (UNICEF). 2016 *Advancing Early Childhood Development: From Science to Scale. Executive Summary*. https://www.thelancet.com/pb-assets/Lancet/stories/series/ecd/Lancet_ECD_Executive_Summary.pdf

Van Lerberghe, W., and V. De Brouwere. 2001. "Of Blind Alleys and Things That Have Worked: History's Lessons on Reducing Maternal Mortality." In *Safe Motherhood Strategies: A Recent Review of the Evidence*, edited by V. De Brouwere and W. Van Lerberghe, 7–33. Antwerp: ITG Press.

World Health Organization (WHO) and United Nations Children's Fund (UNICEF). Joint Monitoring Programme for Water Supply, Sanitation and Hygiene. *Core Questions on Drinking Water, Sanitation and Hygiene for Household Surveys: 2018 Update*. 2018. New York: United Nations Children's Fund (UNICEF) and World Health Organization (WHO).

World Health Organization (WHO) and United Nations Children's Fund (UNICEF). 2021. *Indicators for Assessing Infant and Young Child Feeding Practices: Definitions and Measurement Methods*. Geneva: WHO. https://www.who.int/publications/i/item/9789240018389.

World Health Organization (WHO). 2003. *World Health Report 2003*. Geneva: WHO. https://apps.who.int/iris/handle/10665/42789.

World Health Organization (WHO). 2006. *Standards for Maternal and Neonatal Care*. Geneva: WHO. https://www.who.int/publications/i/item/9789241511216.