

# Implications of the NDHS and YAFS Findings

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# Contextually

- The studies allow us to take stock of Philippines' key health indicators one year before the final effort to advance our MD Goals in health
- For the health sector, it is a gauge of how far the Aquino Health Agenda's Kalusugan Pangkalahatan has taken us more than midway in its lifespan

# NDHS

- Marked deceleration of TFR in the last 15 years reflects the impact of policy swings in the health sector
- As a consequence, we now lag behind everyone in the region and it may take us 20 years to catch up with Thailand on TFR (if Thailand were standing still)
- Age-specific fertility of the age group 15-19 has the potential to set back the population and health sector's efforts to achieve replacement rate fertility
- NDHS and YAFS4 findings are consistent and makes the findings more urgent for policymakers

# NDHS (2)

- Decline in rural fertility more marked and has narrowed the gap with urban fertility rates should signal increased efforts in urban Philippines for program managers
- Traditional methods in contraception still make up almost a third of Contraceptive Prevalence and its users need to be converted to more effective methods to affect TFR
- Rapid introduction of newer contraceptive methods like implants will be the biggest contributor to the reduction of unmet need for spacing

# NDHS (3)

- A renewed drive for permanent methods is needed to reduce unmet need for limiting; this time the males need to step forward
- There is also a 20-year gap between Thailand and the Philippines when it comes to Contraceptive Prevalence
- Decline in infant mortality and under five mortality and urban-rural disparities could be improved with the introduction of new vaccines and strengthening of primary level of care (example, only four of the 8 essential health packages are regularly available at the clinic level)

# NDHS (4)

- Inputs into the health service delivery system, particularly in the last 3 years have resulted in better intermediate results in ANC visits, facility-based deliveries and skilled birth attendance
- Underserved rural areas and ARMM have not yet had the same intermediate results
- Inputs need to be accompanied by improved quality of health care to have an impact on infant and maternal mortality

# Batang Ama

- Preference of some of the young males for an early start in family-building may be driving the numbers higher for age specific fertility
- Fertility preferences and desire to have an early start may have an unintended consequence in fertility rates of girls who have an early start as well in childbearing
- Young males have little or to no idea of protecting partners from pregnancy and needs to be addressed programatically

# Batang Ina

- Increased sexual activity for young females could be driving the increase in age specific fertility (15-19)
- Preference for childbearing in mid-20s seems to be more consistent with general behavior
- Lack of information about fertility needs to be improved through Comprehensive Sexuality Education
- Increasing teenage pregnancy in predominantly rural regions (CAR, Cagayan Valley and CARAGA)
- Indications that teen pregnancy is accompanied by lower education achievement and high unmet need could lead to persistent poverty and RPRH law may not be able to help



# Conclusions

- Both studies show that policies in health affecting RH and population have an impact and cut both ways
- We cannot afford to keep at the same level of effort as we have seen in the last 15 years and improved quality may be the key and may require local health system leveling up
- Health, nutrition and population programs need to be both comprehensive and cohesive and targeted geographically (GIDA and ARMM), age-specific (15-24) and sexist (involve the males)

Salamat sa lahat