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## Reaching for the Demographic Dividend



# REACHING FOR THE DEMOGRAPHIC DIVIDEND

The country is still at the first stage of the demographic transition yet the decrease in total fertility and increase in use of contraceptives reveal the country is on the right track. While appropriate policies and programs are already in place (e.g., Executive Order No. 12, s. 2017 or “Zero Unmet Need For Family Planning” and Philippine Population and Management Program), and legal impediments to the full implementation of the Responsible Parenthood and Reproductive Health (RPRH) Law have been addressed, much stronger efforts to meet extant demand for family planning services—with readily available supply—are called for especially at the local level in outlying regions.

There has also been progress made in improving the quality of human capital, particularly in terms of health and education. But stunting among children, poor utilization and limited access to health services, and inadequate preparation of graduates for employment or further studies persist in these sectors.

Hence, to accelerate the transition to reap the demographic dividend, reduction of mortality and fertility remain key priorities. The quality of human capital must likewise be improved and the youth better prepared for the workforce, thereby contributing to higher overall incomes and savings. Which in turn can be translated into investments, higher incomes, savings, and so on as in a virtuous cycle. In this manner, the dividend can become a longer-term demographic-economic payoff.

## Assessment

Many of the target outcomes could not be assessed because of the absence of 2018 data; though the trend could be inferred using the 2017 data, if available. In most instances, the outcomes have improved though mostly short of the target.

*Table 13.1 Accomplishments versus Targets in Reaching for the Demographic Dividend*

INDICATOR	BASELINE		ANNUAL PLAN TARGET			2018 (ACTUAL)
	YEAR	VALUE	2018	2019	2020	
Accelerate demographic transition						
Crude death rate reduced (per 1,000 population)	2014	6.0	N/A	N/A	N/A	6.0 (Latest available data, 2016)
Total fertility rate reduced	2013	3.0	None	None	2.1	2.7 (Latest available data, 2017)
Adolescent birth rate (aged 15-19 years) decreased (number of births per 1,000 women in that age group)	2013	57.1	None	47	None	47.0 (Latest available data, 2017)
Modern contraceptive prevalence rate (%) increased	2013	37.6	None	None	None	40.4 (Latest available data, 2017)

INDICATOR	BASELINE		ANNUAL PLAN TARGET			2018 (ACTUAL)
	YEAR	VALUE	2018	2019	2020	
Maximize gains from the demographic dividend						
Maternal mortality ratio decreased (number of deaths per 100,000 live births) (See Chapter 10)	2011	221 (FHS)	None	100	None	Not available
Under-5 mortality rate decreased (number of deaths per 1,000 live births) (See Chapter 10)	2013	31.0	None	25	None	27.0 (Latest available data, 2017)
Prevalence of stunting among children under 5 decreased (%) (See Chapter 10)	2015	33.4	None	26.7	None	N/A
Mean years of schooling	2014	8.9	N/A	N/A	N/A	9.3 (Latest available data, 2017)
Percentage of youth Not in Education, Employment or Training (NEET) decreased (% cumulative)	2015	22.7	19.5-21.5	18.5-20.5	17.5-19.5	19.9

## Accelerating the demographic transition

**There was a slight increase in the incidence of deaths in the country.** Crude death rate<sup>1</sup> slightly increased from 5.5 per 1,000 population in 2015 to 5.6 in 2016. More deaths occurred among older persons (65 years old and above). Top causes of death are ischemic heart diseases,<sup>2</sup> pneumonia, and assault. Deaths due by ischemic heart disease and pneumonia are predominant among older persons.

**Total fertility and teenage pregnancies slightly declined.** The 2017 National Demographic and Health Survey (NDHS) reported a decline in the total fertility rate from 3.0 births per woman in 2013 to 2.7 in 2017. Fertility is slightly higher in rural areas at 2.9 children per woman compared to urban areas at 2.6 children per woman. Across regions, fertility is highest in Zamboanga Peninsula at 3.6 children per woman and lowest in the National Capital Region at 1.9 births, already below the replacement level<sup>3</sup> of 2.1 births.

Adolescent pregnancy remains an alarming problem in the country. There are pregnant girls as young as nine (9) years and others may already have multiple births before 24 years old. But recent data show that adolescent pregnancies have been decreasing in the past three (3) years. Specifically, live births among women ages 15-19 years old decreased from 205,844 in 2015 to 109,401 in 2017.<sup>4</sup> Meanwhile, the 2017 NDHS also showed a decrease in adolescent birth rate<sup>5</sup> to 47 births from 57 in 2013. While the number of adolescent pregnancies is decreasing, efforts have been exerted to ensure that the situation will further improve. For instance, the Department of Education (DepEd) issued Department Order (DO) No. 31 s. 2018 that provided the “Policy Guidelines on the Implementation of the Comprehensive Sexuality Education” in all public and private

<sup>1</sup> The ratio of the number of deaths occurring within one year to mid-year population expressed per 1,000 population. It is “crude” in the sense that all ages are represented in the rate and does not take into account the variations in the risk of dying at particular ages. (PSA Board Resolution No 01, Series of 2017 – 122)

<sup>2</sup> Ischemic means that an organ (e.g., the heart) is not getting enough blood and oxygen. Ischemic heart disease, also called coronary heart disease (CHD) or coronary artery disease, is the term given to heart problems caused by narrowed heart (coronary) arteries that supply blood to the heart muscle. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK209964/>

<sup>3</sup> This value represents the average number of children a woman would need to have to reproduce herself by bearing a daughter who survives to childbearing age. If replacement level fertility is sustained over a sufficiently long period, each generation will exactly replace itself without any need for the country to balance the population by international migration. (WHO, Retrieved from [http://www.searo.who.int/entity/health\\_situation\\_trends/data/chi/TFR/en/](http://www.searo.who.int/entity/health_situation_trends/data/chi/TFR/en/))

<sup>4</sup> Civil Registration and Vital Statistics

<sup>5</sup> The number of births to women ages 15–19 per 1,000 women in that age group per year (WHO 2010). This is a subset of Age Specific Fertility Rates. Retrieved from [https://www.measurevaluation.org/prh/rh\\_indicators/womens-health/arh/adolescent-birth-rate](https://www.measurevaluation.org/prh/rh_indicators/womens-health/arh/adolescent-birth-rate)

schools.<sup>6</sup> The basic education curriculum needs to be aligned with the comprehensive sexuality education standards introduced under DO No. 31. Teachers also need to be trained on the implementation of the new curriculum, which is expected to be rolled-out by the next school year (June 2019).

**The increase in the use of modern contraceptive methods led to the decline of unmet need for modern family planning from 17.5 percent of women in reproductive age (15-49 years old) in 2013 to 16.7 percent in 2017.** However, this is still far from the target set in Executive Order (EO) No. 12, s. 2017 on achieving zero unmet need for modern family planning by 2022 especially among the poor.

The proportion of women of reproductive age using modern contraceptives increased to 40.4 percent in 2017 from 37.6 percent in 2013. The most common method used was the pill (20.9%), while female sterilization (7.4%), and injectables (5.0%) recorded fair levels of use. It was also observed that the use of modern contraception is higher in rural areas at 42.2 percent compared to 38.1 percent in urban areas. The higher contraceptive rate among rural areas may be partly attributed to the higher coverage of the *Pantawid Pamilya* Program in these areas.<sup>7</sup> Part of the conditionality for availing of program benefits is attendance to Family Development Sessions (FDS) that integrate modules on responsible parenthood and family planning.<sup>8</sup> The households' attitudes and practices toward reproductive health may have been influenced by the FDS that were attended by *Pantawid* grantees (Bautista and Yap, 2017).<sup>9</sup> Results of a study show that the program encourages women to try modern family planning methods at least once but there is no evidence of sustained use of these methods.

## Maximizing the gains from the demographic dividend

**The quality of human capital in terms of health and education improved, but may be threatened.** Among health outcomes, maternal and under-five mortalities decreased. Maternal mortality ratio decreased from 98.6 deaths per 100,000 livebirths in 2015 to 85.7 deaths in 2016.<sup>10</sup> Similarly, under-five deaths has decreased in the past years from 31 deaths per 1,000 livebirths in 2013 to 27 deaths in 2017.<sup>11</sup>

For education outcomes, reports show that Filipino students spent more years in schools or training in 2017 (9.3) than in 2014 (8.9) (Human Development Report). However, future quality of human capital may be threatened as stunting among children is high, which, may increase the risk of nutrition-related chronic diseases such as diabetes and hypertension, and diminish mental ability and learning capacity.<sup>12</sup> Moreover, immunization coverage among children under-five years old decreased from 2016 to 2017. This may increase the risk of disease among the age cohort and result to a rise in infant and under-five mortalities. (*Refer to Chapter 10*)

**Proportion of idle youth decreased.** Youth not in education or employment (NEE) decreased from 21.7 percent in 2017 to 19.9 percent in 2018.<sup>13</sup> (*Refer to Chapter 10*)

<sup>6</sup> The policy applies to all elementary, junior, and senior high school learners and students; and those that are under the special education and alternative learning systems and laboratory schools of State and Local Universities and Colleges. It is also integrated in the Indigenous Learning System and Madrasah Education Program.

<sup>7</sup> As of last quarter of 2018, 2.8M rural households enrolled in the *Pantawid Pamilya* Program compared to 1.09M in urban areas.

<sup>8</sup> Centered on the four (4) topics of (a) Starting and Building a Family; (b) Safe Motherhood; (c) Infant and Child Care; and (d) Early Childhood Care and Development

<sup>9</sup> Ginson-Bautista, Maria Cristina Ginson-Bautista, and Maria Eufemia Yap (2017) "A Study on the Enabling Factors and Challenges in the Utilisation of Maternal Health Care and Family Planning Services of *Pantawid Pamilya* Beneficiaries".

<sup>10</sup> Philippine Statistics Authority. (2018). Civil Registry and Vital Statistics. Please note that data may be understated as death registration in the country is not 100 percent.

<sup>11</sup> These mortality rates cover a three-year period, 2017 rates cover 2013 to 2016.

<sup>12</sup> UNICEF. Retrieved from <http://unicef.in/Whatwedo/10/Stunting>

<sup>13</sup> Preliminary data as of October 2018

**The incidence of savings increased.** Almost half (48%) of the total adult population had savings as of 2017.<sup>14</sup> This is higher than the recorded 43 percent in 2015. This was accompanied by an increase in the use of microfinance non-government organizations, group savings and savings at home. The incidence of savings are significantly higher among: a) higher income levels; b) residents of Metro Manila; c) married; d) college graduates; e) working; and d) females.<sup>15</sup>

**The National Plan of Action for Reaching the Demographic Dividend was finalized in 2018 and will be disseminated in 2019.** The Plan highlights specific strategies and interventions to fast-track the country's demographic transition. The Commission on Population (POPCOM) also conducted four (4) regional consultations to identify priority strategies to fast-track the country's demographic transition.

**New migration data collection mechanisms to be used in development planning and programming were implemented.** The Philippine Statistics Authority (PSA) conducted the first National Migration Survey to generate baseline data on internal and international migration.<sup>16</sup> Data is currently being processed and will be publicly disseminated by May 2019.

In addition, POPCOM, through their Local Internal Migration System, gathered data and information on population movement at the barangay level in 30 municipalities and cities. Local chief executives and planners were trained on the collection of data and conduct of censuses that may serve as inputs to policy and program formulation.

**Integration of population and development in national planning and programming was strengthened.** EO No. 71, s. 2018 reverted POPCOM's attachment to the NEDA. This transfer will allow for stronger development and implementation of population-related plans, policies, and programs in pursuit of socioeconomic development reforms and programs.

## Moving Forward

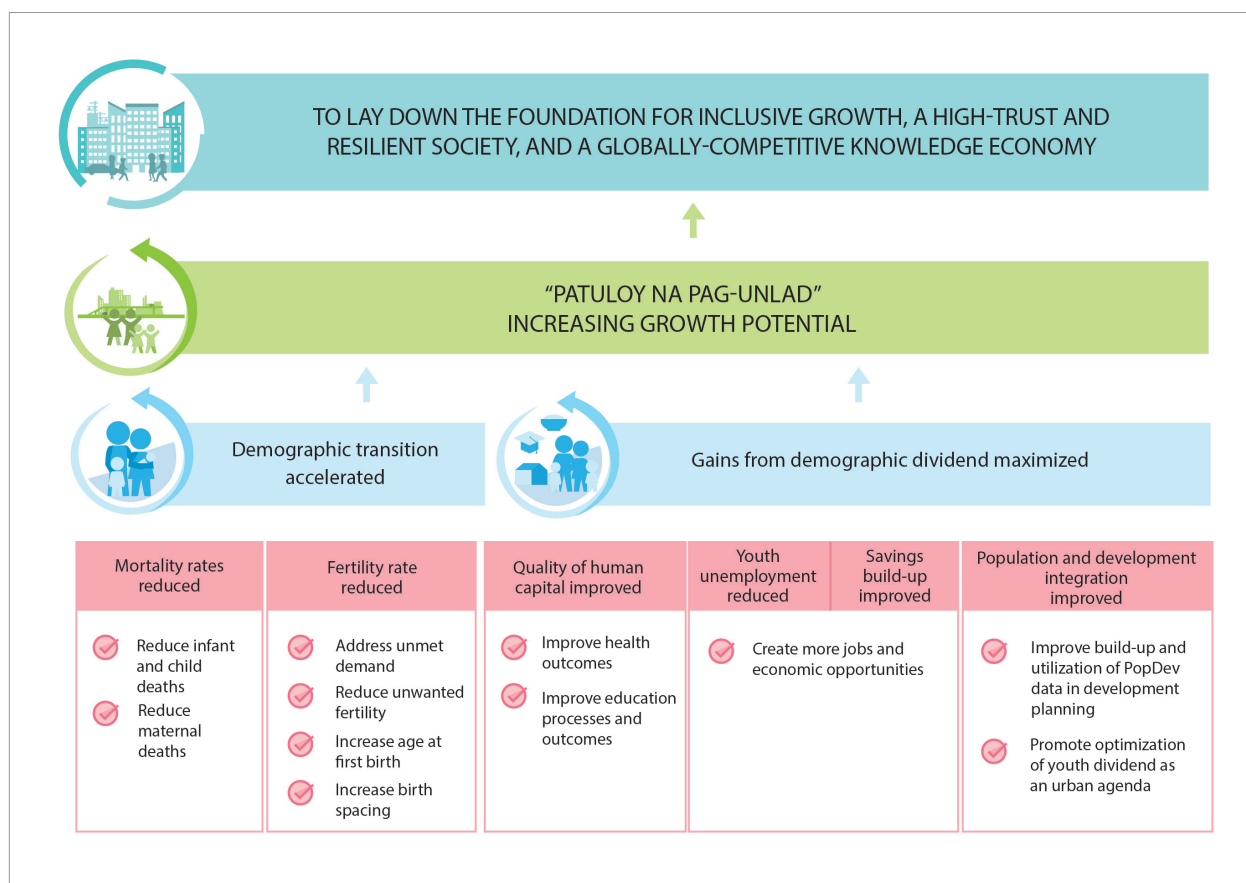
Steady, albeit small, gains have been achieved in reaching for the country's demographic dividend. To sustain these, efforts in implementing existing policies and programs need to be appreciably strengthened. These include the intensified implementation of the RPRH Law, particularly the National Population and Family Planning Program, and strategies for improved health and education outcomes, such as increased capacity and employment of the youth. These initiatives are needed to fast-track the transition towards the demographic dividend.

<sup>14</sup> Based on the 2017 Financial Inclusion Survey of the Bangko Sentral ng Pilipinas.

<sup>15</sup> 75 percent for adults in Classes ABC, 56 percent are married, 56 percent are working, and 55 are females

<sup>16</sup> Its specific objectives include: (a) estimate migration stock and flows at the regional level; (b) examine different types of migration (e.g., return migration, seasonal, displaced population due to environmental disasters, and peace and order); (c) collect and analyze factors that determine levels and patterns of migration; and (d) study the migration process (e.g., decision-making, facilitating factors)

**Figure 13.1 Strategic Framework to Reach the Demographic Dividend**



## To accelerate demographic transition

**Institute a comprehensive Adolescent Sexual and Reproductive Health (ASRH) Program and fast-track the implementation of the comprehensive sexuality education in schools to ensure continued decline in teenage pregnancies and unmet need for modern family planning.** An initial review<sup>17</sup> of the ASRH component of the RPRH Law found that even though there are ongoing inter-agency collaborations that implement ASRH programs, these can still get lost in broader strategies that govern wider themes (e.g., education, health, health rights, gender, participation, the right to information). Hence, increasing coherence and collaboration among agencies and other development partners that implement ASRH programs is needed.

<sup>17</sup> Review made by the Philippine Legislators' Committee on Population and Development Foundation, Inc, a non-stock, non-profit foundation dedicated to the formulation of viable public policies requiring legislation on population management and socioeconomic development.

**Strengthen RPRH Regional Implementation Teams and improve reproductive health service delivery, especially at the local level.** There are still gaps in the implementation of the RPRH Law and other related policies and guidelines, especially at the local level as a result of: a) varying interpretations that may lead to inconsistent and uneven implementation; b) lack of capacity of service providers both in the public and private sector; c) lack of community mobilization and education; d) mismanagement in the procurement and distribution of family planning commodities; and e) limited reach to special population groups such as persons with disability.<sup>18</sup> To address these, it is necessary for the Department of Health to extend assistance to local government units (LGUs) in implementing the law; and establish and operationalize family planning Service Delivery Networks at the local level. These may include providing incentive mechanisms and technical assistance to LGUs, particularly in areas with high unmet need for family planning.

The RPRH National Implementation Team should also provide guidance to the Regional Implementation Teams to ensure coordination of actions among regional agencies and monitoring of the implementation of the law across regions.

## To maximize gains from demographic dividend

**Strengthen health promotion campaign on immunization programs and strictly implement nutrition-related programs.** Educating the public on the importance of vaccines through various media is necessary to correct misconceptions and overcome public confusion and fear, especially among parents. Moreover, strategies to address malnutrition should include: a) strengthening school health and nutrition programs; b) improving targeting, coordination, management, and local mobilization of nutrition-related programs; and c) enhancing and streamlining the system for planning, and monitoring and evaluation of the Philippine Plan of Action for Nutrition 2017-2022, including a system for tracking services in the first 1,000 days of a child's life and monitoring of physical and financial commitments of sectors and LGUs, among others. *(Refer to Chapter 10)*

**Develop a comprehensive policy framework to address high youth unemployment rate and modest improvement in youth NEE.** To sustain the decrease in youth NEE, existing programs and interventions need to be reviewed and intensified. *(Refer to Chapter 10)*

**Promote knowledge on the demographic dividend especially among local chief executives.** Recent regional consultations revealed that there is still low level of understanding and appreciation of the demographic dividend among regional planners, especially among local chief executives. POPCOM should take the lead in intensifying the dissemination of demographic concepts and promote LGU appreciation of its significance in attaining development at the national and local levels. A roadmap should also be crafted and technical assistance should be provided for the LGUs to fast-track their demographic transition.

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<sup>18</sup> Findings from the National Brainstorming Workshop on Strategic Action for Key Family Planning Players held last January 2018 from the RPRH Law NIT 60th Regular Meeting Minutes.