

CHAPTER 13

Reaching for Demographic Dividend across All Regions

The government has passed pertinent policies and strengthened the implementation of programs aimed at accelerating the demographic transition and maximizing the demographic dividend. With the full implementation of the Responsible Parenthood and Reproductive Health (RPRH) Law and strengthened advocacy and programs on family planning (FP), fertility rates have been slowly decreasing in recent years. However, the pandemic may reverse the gains in harnessing the demographic dividend, along with the continuing high incidence of stunting and poor education outcomes especially among children and youth, which will affect the quality of the country's human capital. The importance of demographic and socioeconomic data was also highlighted during the COVID-19 pandemic in light of the need to track vulnerabilities in localities and to provide aid to those in need.

ASSESSMENT

The disruptions caused by the COVID-19 pandemic hindered the accomplishments for the chapter, such as in the delivery of health services (e.g., FP and nutrition programs), education, and employment and livelihood, among others. However, progress in terms of the sub-outcomes of the chapter could not be assessed because of the unavailability of the latest data coming from official sources. These include the National Demographic and Health Survey (NDHS), which will be conducted in 2022, and the 2020 Census of Population and Housing, where age and sex disaggregation will only be available in mid-2022. In lieu of these, NEDA used other data sources, such as administrative data from concerned national government agencies. Results may vary compared to official sources due to differences in data scope or coverage.

ACCELERATING THE DEMOGRAPHIC TRANSITION

The country's population increased but population growth rate slowed down. Amid the pandemic, the government conducted the 2020 Census of Population and Housing following strict protocols and using computer-assisted web-based interviews. For 2020, the country's total population was 109,035,343, which was around 8 million higher than the 2015 level of 100,981,437. This represented a 1.6 percent population growth rate from 2015 to 2020, lower than the 1.7 percent growth from 2010 to 2015. Among the 17 regions in the Philippines, nine recorded faster population growth while the remaining eight posted deceleration. CALABARZON was the most populous region in 2020, where 16.2 million or 14.9 percent of the population was accounted.

There was a slight decrease in the ratio of dependents to working age population. The age-dependency ratio¹ was estimated to decline from 57.4 in 2016 to 55.7 in 2021². This indicates that there were about 56 dependents for every 100 working age population in 2021, which was a slight decrease from 57 dependents in 2016. The same decreasing trend was projected across the different regions in the country. However, 12 regions had higher dependency ratios compared to the national average.

Fertility rates and number of births have been declining, even among adolescents. The slowdown in population growth rate may be attributed to the decreasing fertility rates in the past few years. The latest data from the NDHS showed that fertility has decreased from 3.1 children per woman in 2013 to 2.7 in 2017. Registered live births also fell by 24 percent, from 1,731,289 births in 2016 to 1,528,684 in 2020. This declined further to 1,309,601 in 2021.³ Possible reasons for lower livebirths, particularly during the pandemic, include, country's economic situation affecting household income, financial constraints, perceived risks of childbearing, increased stress and less privacy at home, and change in taste and preference in children, among others.⁴ Moreover, use of modern contraceptives among all women of reproductive age (15-49 years old) slightly improved from 23.5 percent in 2013 to 24.9 percent in 2017. The same trend was also seen among women who are currently married or in union from 37.6 percent to 40.4 percent in the same period. Recent data from the Department of Health's (DOH) Field Health Services Information System (FHSIS) also showed an increasing trend in the use of modern contraceptive among women from 23 percent in 2016 to 27.4 percent in 2019.⁵ However, there was a slight decrease in 2020 to 26.3 percent⁶ which may be due to the difficulties in accessing family planning service and commodities amid mobility restrictions during the pandemic.⁷

The FP programs undertook a paradigm shift to support the reproductive health needs of all women of reproductive age rather than focusing on married women. This means that adolescents and sexually active unmarried women have been included in the FP investments of the government. Moreover, to mitigate the possible impact of the COVID-19 pandemic, the government implemented several programs and policies to ensure unhampered delivery of FP services during the pandemic. These include:

1. issuance of DOH Department Memorandum 2020-0222 on "Guidelines on the continuous provision of FP services during Enhanced Community Quarantine and allotment of funds for the procurement of FP commodities";
2. rollout of the National Family Planning Communication Strategy 2020-2022;

¹ Ratio of persons in "dependent" ages (generally under age 15 and over age 64) to those in "economically productive" ages (15-64 years). It is sometimes divided into the old-age dependency (the ratio of people aged 65 and older to those aged 15-64 years) and the child dependency (ratio of people under 15 to those aged 15-64 years) (<https://psa.gov.ph/content/age-dependency-ratio-1>)

² Based on the 2015 Census of Population projections, as age and sex disaggregation from the 2020 Census of Population and Housing will only be available by June 2022.

³ PSA, Civil Registry and Vital Statistics. (<https://psa.gov.ph/vital-statistics>)

⁴ Lagasca, K. (2022). The Influence of COVID-19 on Filipinos Couples' Decision to Have Babies: Insights Using Rational Choice Theory. Presented during the 2022 Philippine Population Association Virtual Conference 30-31 March 2022.

⁵ Modern Contraceptive Prevalence rate generated by the Field Health Service Information System (FHSIS) is not considered a "true" prevalence but FP service statistics provided by public health facilities only, hence cannot be used as a stand-alone source for mCPR (2020 Responsible Parenthood and Reproductive Health Law Annual Report)

⁶ Based on the Family Planning Estimation Tool (FPET), a statistical modeling tool used by the United Nations Population Fund and was adopted through DOH Department Memorandum 2020-0336 (2020 Responsible Parenthood and Reproductive Health Law Annual Report)

⁷ DOH. 2020 Responsible Parenthood and Reproductive Health Law Accomplishment Report.

3. maximization of social media presence to continue discussion on FP; and
4. conduct of house-to-house visits to deliver FP commodities.

In June 2021, the President issued Executive Order No. 141 on “Adopting as a National Priority the Implementation of Measures to Address the Root Causes of the Rising Number of Teenage Pregnancies, and Mobilizing Government Agencies for the Purpose.” The measure will support initiatives to further decrease the number of births among women 15 to 19 years old. The Department of Education (DEPED), DOH, and the Commission on Population and Development (POPCOM) also launched the Convergence of the CSE and Adolescent Reproductive Health Program in 2021, which is part of the whole-of-government response to address the high level of adolescent pregnancies and other reproductive health issues among young people. Based on the NDHS, adolescent birth rate has decreased from 57.1 births per 1,000 women aged 15-19 years old in 2013 to 47.1 in 2017. More recent data showed that actual live births among the same age group have decreased by 23 percent from 2016 to 2020 (201,182 to 154,947).⁸

In the past few years before the pandemic, mortality rates had been decreasing, but these have since increased when the health crisis struck. Crude Death Rate⁹ (CDR) slightly increased from 5.6 in 2016 to 5.8 in 2019 per 1,000 population. During the pandemic in 2020, preliminary results from the PSA’s Civil Registry and Vital Statistics (CRVS) recorded a decrease in CDR, reverting to the 2016 rate of 5.6. While the number of registered deaths declined from 620,414 in 2019 to 613,936 in 2020, it increased by 39 percent the following year to 853,074 in 2021.¹⁰ Main causes of death for 2021 were ischemic heart disease, cerebrovascular diseases, and COVID-19 virus.¹¹ The number of maternal deaths increased from 1,483 in 2016 to 1,975 deaths in 2020.¹² On the other hand, mortality rates among under five years old decreased from 31,004 in 2016 to 21,833 in 2020.¹³

MAXIMIZING THE GAINS FROM DEMOGRAPHIC DIVIDEND

Accelerating the demographic transition is paired with maximizing the gains from the demographic dividend. As the country is already shifting its age structure, it is also important to look at the accomplishments in improving the quality of human capital, increasing youth and female labor force participation, and integrating population and development (POPDEV) data in development planning and programming.

The quality of future human capital is threatened. The pandemic may have reversed the gains already achieved in improving health and nutrition, and education outcomes. Prevalence of stunting among children remain high. The proportion of learners completing levels of education among Kinder, Grade 6,

⁸ PSA Civil Registry and Vital Statistics (<https://psa.gov.ph/vital-statistics>)

⁹ Crude death rate is the ratio of the number of deaths occurring within one year to the 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 risks of dying at particular ages. (<https://psa.gov.ph/content/crude-death-rate-cdr-2>)

¹⁰ PSA Civil Registry and Vital Statistics (<https://psa.gov.ph/vital-statistics>)

¹¹ PSA Press Release No. 2022-112 (29 March 2022): Causes of Death in the Philippines (Preliminary) January to December 2021. <https://psa.gov.ph/vital-statistics/id/166466>

¹² PSA Civil Registry and Vital Statistics (<https://psa.gov.ph/vital-statistics>)

¹³ Ibid

and Grades 7 to 12 drastically declined from 2018 to 2020 [See [Chapter 10](#)]. Female drop-out rate also increased from 4.4 in 2016 to 4.7 in 2020. Additionally, Technical-Vocational Education and Training (TVET) certification among the youth (15-24 years old) in 2021 was at 91.4 percent, slightly lower than the 92 percent target for that year.¹⁴ The decline in education outcomes is due to limitations in face-to-face interactions, as well as guidelines issued by the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF-EID) restricting the movement of those below 21 years old and seniors 60 years old and above.

Youth not in education, employment or training decreased and female labor force participation improved, indicating that more youth and women were engaging in learning or productive activities. The share of youth not in education, employment, or training declined from 2020 to 2021 (January to October), while the female labor force participation rate notably increased in the same period as a result of more online jobs and entrepreneurship opportunities, and the wide implementation of flexible work arrangements [See [Chapter 10](#)]. Both indicators are expected to remain within target for 2021 given the resumption of classes in September and as COVID-19 restrictions are further eased across the country, prompting more opportunities for employment.

Integration of POPDEV in local development planning. POPCOM conducted several activities to guide some local government units (LGUs) in developing their socioeconomic profiles. The agency helped some LGUs maintain a migration information system using the Registry of Barangay Inhabitants and Migrants (RBIM) to track population movement patterns in their localities. Moreover, POPCOM developed a Demographic Vulnerability Tool (DVT) that uses population density, household size, type of housing unit, and number of the most vulnerable population, particularly the older persons to ascertain communities' vulnerability to COVID-19. The DOH, the Department of the Interior and Local Government (DILG), NEDA and POPCOM also issued Joint Memorandum Circular 2020-01 to encourage local chief executives to use the DVT Tables in planning, implementing, and monitoring pandemic response at the community level. The DVT was cascaded to Regions I (Ilocos Region), II (Cagayan Valley), III (Central Luzon), IV-A (CALABARZON), IV-B (MIMAROPA), V (Bicol Region), VI (Western Visayas), VII (Central Visayas), NCR, and CAR.

¹⁴ Technical Education and Skills Development Authority Planning Office

IN FOCUS: MICA ALVAREZ, TEENAGE MOM-TO-BE AND ASPIRING ONLINE ENTREPRENEUR



Mica Alvarez is a pregnant 15-year-old junior high school student. She is the second of the four children in the Alvarez family. Her father is a tricycle driver, and her mother is a homemaker.

Mica wants access to quality and appropriate healthcare for herself and her child. She also wants to learn about family planning to be able to space possible future pregnancies. To support her child, Mica seeks to continue her education through the Alternative Learning System after giving birth and be an IT professional in the future. In addition, she is also an aspiring online “mompreneur” with a small business to support her baby and her family’s needs.

However, she has several frustrations. For instance, she is not able to visit health facilities for regular prenatal check-ups, which can affect the infant’s health. Mica also wants to return to school, but distance learning is hard, as they do not have enough resources like gadgets and internet connection. She is also helping her mother take care of her other siblings. In addition, they do not have enough savings or capital to start a small business.

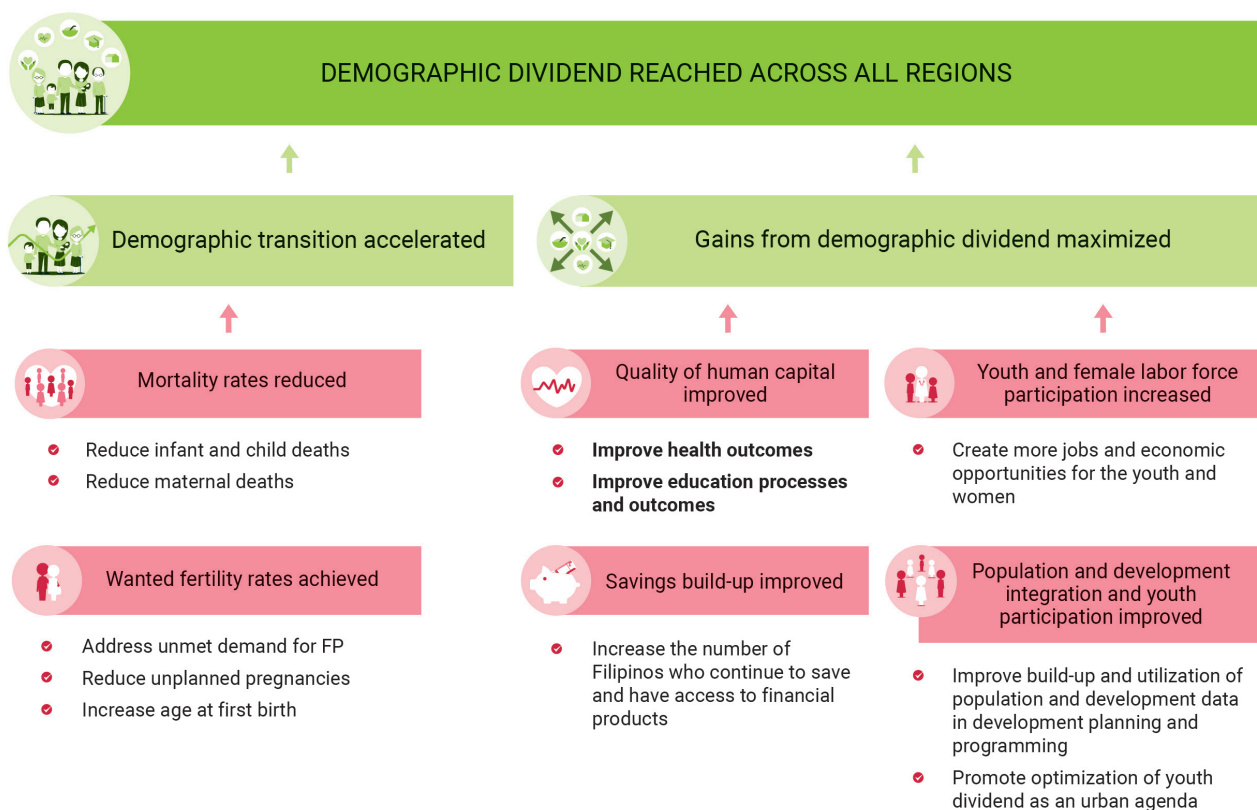
STRATEGIC FRAMEWORK

Early pregnancy puts young girls like Mica in a very disadvantageous situation compromising her opportunity to continue education, find decent employment, and achieve her full potential. Adolescents like her represent the country's future workforce. Thus, it is imperative that the government implement supportive strategies adapted to the new normal to enable them to overcome their situation and contribute to the country's pursuit of reaching the demographic dividend.

The overall goal for the Chapter is to reach the demographic dividend across all regions. This supports the *Patuloy na Pag-unlad* or Increasing Growth Potential pillar of the Philippine Development Plan's (PDP) overall framework.

To achieve this, the demographic transition will be accelerated through reducing mortality rates and achieving wanted fertility rates. Moreover, the government will maximize gains from the demographic dividend by improving the quality of our human capital and increasing labor force participation especially among the youth like Mica. Further, savings build-up will be improved, including POPDEV integration in development planning and programming and youth participation. The Updated PDP 2017-2022 has identified the broad strategies to achieve the Chapter's outcome. Additional strategies will be pursued to sustain the gains and recover from the impact of the pandemic.

Figure 13.1 Strategic Framework to Reach for Demographic Dividend across All Regions



Note: Text in bold are revised/new strategies to address the challenges identified in the sector.

STRATEGIES

TO ACCELERATE THE DEMOGRAPHIC TRANSITION ACROSS ALL REGIONS

Achievement of wanted fertility rates

The implementation of the RPRH Law, specifically, the provisions on FP and adolescent health, will be strengthened. This includes the development of a Multi-sectoral Strategic Plan for RPRH.¹⁵ Other specific strategies include the following:

Intensify demand generation and advocacy activities including those for adolescents. Market-segmented demand-generation strategies at the national and subnational levels will be strengthened. These include post-partum FP counseling, comprehensive community engagement, and use of mass and social media campaigns with youth-focused interventions and messages. The DOH, POPCOM, and DEPED will also develop a policy on Comprehensive Sexuality Education and Adolescent Reproductive Health (CSE-ARH).

Strengthen provision of FP services, adolescent sexual and reproductive health (ASRH) commodities and services. The increase in demand for FP and ASRH services will be complemented by expanding FP service delivery through: (a) scaling-up of FP in hospitals, expanding post-partum FP use; (b) scaling-up of FP outreach missions; (c) engaging civil society organizations and private FP/reproductive health (RH) program providers; and (d) integrating FP in other RH programs (e.g., maternal and adolescent health programs).

Create a supportive environment and enable leadership for FP programs. The implementation of FP demand generation and service delivery activities will not be possible without the necessary supportive environment and proper leadership. As such, the DOH, together with partner agencies and other stakeholders, will:

1. fully implement the collaborative framework between DOH and POPCOM on the implementation of the National Program on Population and Family Planning¹⁶;
2. formulate a comprehensive action plan towards the prevention of adolescent pregnancies¹⁷;
3. augment human resources for health to deliver services;
4. institute appropriate monitoring and evaluation mechanisms to measure the progress of program implementation;

¹⁵ As recommended by the PIDS Discussion Paper Series No. 2021-09 (February 2021). An Assessment of National-Level Governance of the Philippines' Responsible Parenthood and Reproductive Health Law: Trends and Ways Forward.

¹⁶ Including strengthening the delineation of roles and complementation in implementing the National Program on Population and Family Planning as identified in the. DOH 2020 Responsible Parenthood and Reproductive Health Law Accomplishment Report. (<https://doh.gov.ph/sites/default/files/publications/7th%20Annual%20Report%20on%20the%20Implementation%20of%20Responsible%20Parenting%20and%20Reproductive%20Health%20Act%20of%202012%20%282020%29%2007052021.pdf>)

¹⁷ Pursuant to Executive Order No. 141 s. 2021 "Adopting as a National Priority the Implementation of Measures to Address the Root Causes of the Rising Number of Teenage Pregnancies, and Mobilizing Government Agencies for the Purpose" <https://www.officialgazette.gov.ph/2021/06/25/executive-order-no-141-s-2021/>

5. build capacity of public and private sector providers (i.e., Family Planning Competency-Based Training); and
6. improve FP commodity security and supply chain management.

As we move towards COVID-19 being endemic to the country, new strategies, such as the adoption of digital platforms, will be implemented. There will be continuous provision of FP/RH services through the issuance of necessary policies (i.e., DOH Department Memorandum 2020-0222),¹⁸ maximization of telemedicine platforms, and expansion of client-centered approach to service delivery through FP on Wheels, FP *Ayuda* Express (e.g., door-to-door/home-based, courier, transport network services)¹⁹. Digital platforms will also be used for information and education campaigns on FP and teenage pregnancy prevention. The use of FP Estimation Tool will also be institutionalized to lessen data biases and challenges with data quality,²⁰ among others.

Reduction in mortality rates

Fully implement the Universal Health Care (UHC) Act. To maintain the downward trend in mortality rates, including COVID-19 deaths, full implementation of the UHC Act will be pursued. Survival of the youngest segment of the population, neonates, infants, and under-five children, must be ensured through the provision of appropriate nutrition and health services for the first 1,000 days of life. There will be appropriate care for mothers during pregnancy, labor, and childbirth; essential care for the newborn; optimal infant and young childcare and nutrition; immunization; and vitamin supplementation for children, among others. Local health systems will continue to be strengthened, specifically the primary care provider networks.

With the implementation of the Mandanas ruling, there will be adequate local investment to improve access to quality health services and resilience to any threats and health emergencies. Continuous development and implementation of Social and Behavior Change Communication campaigns to increase vaccine acceptance, along with adherence to Minimum Public Health Standards and social distancing measures, will help prevent COVID-19 deaths. The LGUs will also be capacitated to increase COVID-19 vaccination coverage (e.g., vaccination of eligible children and additional shots for eligible population) [See [Chapter 10](#)].

¹⁸ DOH Guidelines on the Continuous Provision of Family Planning Services during the Enhanced Community Quarantine following the COVID-19 Pandemic

¹⁹ Identified as best practice in the DOH 2020 Responsible Parenthood and Reproductive Health Law Accomplishment Report

²⁰ As identified in the DOH 2020 Responsible Parenthood and Reproductive Health Law Accomplishment Report

TO MAXIMIZE GAINS FROM THE DEMOGRAPHIC DIVIDEND

As the demographic transition is not enough to reap the rewards of the dividend, the following strategies that will maximize its gains need to be implemented:

Improvement of the quality of human capital

Intensify implementation of health programs and widen access to education [See *Chapter 10*].

Increase in youth and female labor force participation

Provide supportive mechanisms to decrease economically unproductive youth and increase female participation in the labor force [See *Chapter 10*].

POPDEV integration in development planning and programming

Identify and sustain new methods of collecting POPDEV data and related research. The PSA, through the Philippine Statistical Development Program 2018-2023, identified several new programs and activities.²¹ These include: (a) developing a handbook or manual to guide the operationalization of a unified migration data system to support evidence-based government programs and policy formulations; and (b) studying the establishment of population registers at the LGU level (e.g., Local Migration Information System). Moreover, POPDEV-related studies will be designed, conducted, and disseminated both nationally and regionally to serve as additional resource for planning and programming.

Capacitate national government agencies (NGAs) and LGUs in setting-up, processing, analyzing, and utilizing demographic and socioeconomic database for planning and policy development.²²

Capacity building activities may cover topics such as demographic data appreciation and analysis, and establishment and utilization of Registry of Barangay Inhabitants and Migrants, among others. Additional planning information will also be provided to national and local planners on population projections and the consequent level of social and economic services needed in different areas. This will include early-warning systems on expected dysfunctions following population increases, decreases, or age structure changes²³ due to changes in mortality and fertility patterns or migration. Coordination and collaboration between the LGUs and the NGAs will also be intensified upon implementation of the devolution transition plans of the sector.

²¹ <https://psa.gov.ph/philippine-statistical-system/psdp>

²² As included in the Commission on Population and Development's, Devolution Transition Plan 2022-2024

²³ Commission on Population and Development, Devolution Transition Plan 2022-2024, 2021. Matrix on the Unbundling of PPAs of the NGAs to Different Levels of Government

RESULTS MATRIX

Table 13.1 Results Matrix

INDICATOR	BASELINE (YEAR)	TARGETS			ACTUAL			
		2020	2021	2022	LATEST AVAILABLE DATA (Year)	2019	2020	2021
Chapter Outcome: Demographic dividend across all regions reached								
Age-dependency ratio decreased	57.4 (2016)	Decreasing	Decreasing	Decreasing	-	56.4	-	55.7
Sub-chapter Outcome 1: Demographic transition accelerated								
Crude death rate decreased (per 1,000 population)	5.6 (2016)	Decreasing	Decreasing	Decreasing	-	5.8	5.6	-
Maternal mortality ratio (per 100,000 live births) decreased [See Chapter 10]*	95 (2016)	None	None	108	-	-	105	-
Under-five mortality rate (per 1,000 live births) decreased [See Chapter 10]*	31.0 (2013)	None	None	22.0	27.0 (2017)	-	-	-
Adolescent birth rate (aged 15-19 years) (per 1,000 women in that age group) decreased	57.1 (2013)	None	None	37.0	47.0 (2017)	-	-	-
Proportion of women who are using modern contraceptive methods increased (%) [See Chapter 10]*								
a) All women of reproductive age (15-49 years old)	23.5 (2013)	28.0	29.0	30.0	25.0 (2017)	-	-	-
b) All women of reproductive age (15-49 years old) who are currently married or in union	37.6 (2013)	None	62.0	65.0	40.4 (2017)	-	-	-
Proportion of currently married women of reproductive age (15-49 years old) who have unmet need for modern FP (%) decreased	35.0 (2013)	None	None	5.0	30.6 (2017)	-	-	-
Sub-chapter Outcome 2: Gains from the demographic dividend maximized								
Life expectancy at birth increased (years) [See Chapter 10]*								
Male	69.6 (2015-2022)	None	None	71.3	-	-	69.6	69.6
Female	75.9 (2015-2022)	None	None	77.5	-	-	75.9	75.9

INDICATOR	BASELINE (YEAR)	TARGETS			ACTUAL			
		2020	2021	2022	LATEST AVAILABLE DATA (Year)	2019	2020	2021
Prevalence of stunting among children under 5 decreased (%) [See Chapter 10]*	33.4 (2015)	None	29.8	28.8	-	29.6 (2018-2019)	-	-
Mean years of schooling [See Chapter 10]*	10.0 (2018)	None	None	11.3	-	-	9.9	9.9 (Q1)
Proportion of learners achieving at least nearly proficient level in National Achievement Test increased (%) [See Chapter 10]*								
Grade 6	16.0 (2018)	26.0	34.0	44.0	-	-	-	-
Grade 10	34.0 (2018)	43.0	52.0	61.0	-	-	-	-
Grade 12	14.0 (2018)	13.0	19.0	28.0	-	-	-	-
Proportion of learners completing levels of education (completion rate) increased (%) [See Chapter 10]*								
Kinder to Grade 6	97.0 (2019)	97.0	97.0	98.0	-	97.0	79.0	-
Grade 7 to 12	77.0 (2019)	82.0	83.0	84.0	-	77.0	69.0	-
Female drop-out rate (school leaver) (%)								
Junior High	4.43 (2016)	Decreasing	Decreasing	Decreasing	-	-	4.7	-
Senior High	2.89 (2018)	Decreasing	Decreasing	Decreasing	-	-	-	-
Certification rate of TVET (ages 15-24)	91.3 (2017)	92.0	92.0	92.0	-	92.8	91.3	-
Percentage of youth not in employment or education (%) decreased [See Chapter 10]*	23.0 (2015)	17.5-19.5	18.0 – 20.0	17.0 – 19.0	-	18.6	18.5	16.8 (Jan-Oct)
Labor force participation rate of women increased (%) [See Chapter 10]*	50.1 (2015)	50.5	48.0 – 50.5	48.0 – 50.5	-	47.6	45.8	51.3

Note: 2020 targets were set prior to the onset of the COVID-19 pandemic and retained in the midterm update. 2021, 2022, and end-of-plan targets were adjusted to take into consideration the effects of the COVID-19 pandemic.

