CHAPTER 1

INTRODUCTION

1.1 Background

Demographic surveys are the primary source of data used in monitoring the progress and evaluating the impact of the population program of the country. The Philippine Population Program was officially launched in 1970. Since then, it has undergone many changes in its policy and program directions. In the beginning, the program was centered on fertility reduction and contraceptive distribution, using a clinic-based approach. In the 1970s, the family planning program shifted to a family welfare approach, adopting a combined clinic and community-based delivery approach. In the 1980s, the population policy was re-stated, calling for the broadening of population concerns beyond fertility reduction to cover family formation, the status of women, maternal and child health, morbidity and mortality, population distribution and urbanization, internal and international migration and population structure (POPCOM, 1997: p.1). The Philippine Population Management Program (PPMP) was developed in 1993 to supplant the Philippine Population Program (PNGOC, 1998: p 25.).

The PPMP adopts the population, resources and environment (PRE) framework which defines the connection between population and sustainable development. Its overall goal is the improvement of quality of life by creating a favorable environment for achieving rational growth and distribution of population, defined in relation to resources and environment. In the years 1998 to 2003, the program aims at promoting the reproductive health approach in the implementation of population policies and programs. Specifically, the Philippine Family Planning Program (PFPP) will promote family planning within a comprehensive package of reproductive health services (POPCOM, 1997: p.17). The action agenda includes:

1) reducing unmet need for family planning services,
2) reducing incidence of high-risk pregnancies,
3) making available high-quality family planning services,
4) reducing abortion, and
5) increasing the participation and sharing of responsibility of men in the practice of family planning (POPCOM, 1997: p.19).

The Department of Health (DOH) is the lead agency for the reproductive health and family planning component of the PPMP. The Commission on Population (POPCOM) is the coordinating body of the PPMP (POPCOM, 1997: p. 5-6).

The 1998 National Demographic and Health Survey (NDHS) is the seventh in a series of demographic surveys taken at five-year intervals since 1968. It is a nationwide sample survey designed to collect information on fertility, family planning, and health in the Philippines. The 1998 NDHS was undertaken as part of the worldwide Demographic and Health Survey (DHS) program. It was conducted by the National Statistics Office (NSO), in collaboration with the Department of Health (DOH).
Macro International, Inc., which is based in Calverton, Maryland (USA), provided technical assistance to the project. The University of the Philippine Population Institute (UPPI), The Population Commission (POPCOM), the Food and Nutrition Research Institute (FNRI) and the DOH also provided technical inputs during the preparatory phase of the survey. Financial assistance was provided by the U.S. Agency for International Development (USAID) and the DOH.

This report presents the findings from the 1998 NDHS regarding the principal topics covered in the survey, namely, fertility, family planning, infant and child mortality, infant feeding practices, maternal and child health, as well as general health. The NDHS data can be useful inputs for the implementation of some major program tasks of the government under the Philippine Population Management Program (PPMP). These data can be utilized for research activities aimed at improving program strategies. Together with data from previous demographic surveys, the survey can serve as an instrument to monitor the progress and evaluate the impact of the PPMP.

1.2 Objectives of the Survey

The primary objective of the NDHS is to provide up-to-date information on fertility levels; determinants of fertility; fertility preferences; infant and childhood mortality levels; awareness, approval, and use of family planning methods; breastfeeding practices; and maternal and child health. This information is intended to assist policy makers and program managers in evaluating and designing programs and strategies for improving health and family planning services in the country.

1.3 Sample Design

The 1998 NDHS aims at providing estimates for each of the sixteen regions of the country with an acceptable precision for socio-demographic characteristics like fertility, family planning use, and health and mortality indicators. The NDHS sample design consisted of selecting some 12,500 households in 755 enumeration areas (EAs) which was expected to produce completed interviews with approximately 15,000 women age 15-49. The sample was first allocated to each of the regions. Within each region, a self-weighting sampling scheme was adopted; however, due to the non-proportional allocation of the sample to the regions, the NDHS sample is not self-weighting at the national level and weighting factors have been applied to the data.

The 1998 NDHS sample is a sub-sample of the new master sample of the Integrated Survey of Households (ISH) of the NSO. The expanded sample of ISH consists of 3,416 enumeration areas selected from the 1995 census frame with a sophisticated design that allows for regional estimates with periodic rotation of panels. The ISH expanded sample was drawn by first, selecting barangays systematically with probability proportional to size. In barangays that consist of more than one EA, a subsequent step consisted of selecting the sample EA systematically with probability proportional to size. Because the primary sampling units in the ISH were selected with probability proportional to size, the EAs for the NDHS were sub-selected from the ISH with equal probability to make the NDHS selection equivalent to selection with probability proportional to size. A total of 755 primary sampling units were utilized for the NDHS. Fieldwork in three sample EA was not possible, so a total of 752 EAs were covered.
The list of households based on the household listing operation conducted in all the NDHS sample points in November 1997 served as the frame for the selection of the NDHS sample households. A different scheme for selecting sample households was applied to urban and rural areas. A systematic sampling of households was carried out in urban areas in order to spread the NDHS sample throughout the sampled EA, while compact clustering was employed in rural areas in order to facilitate field operations. This was accomplished by taking a specified number of consecutive households starting with a household selected at random. Detailed discussion of the 1998 NDHS sampling design is presented in Appendix A. Sampling errors can be found in Appendix B.

1.4 Questionnaires

There were three types of questionnaires used for the 1998 NDHS: the Household Questionnaire (NDHS Form 1), the Individual Questionnaire (NDHS Form 2), and the Health Module (NDHS Form 3). The contents of the first two questionnaires were based on the DHS Model A Questionnaire, which is designed for use in countries with relatively high levels of contraceptive use. These model questionnaires were adapted for use in the Philippines during a series of meetings with representatives from the DOH, UPPI, POPCOM, FNRI, USAID/Philippines, and Macro International Inc. Draft questionnaires were then circulated to other interested groups. These questionnaires were developed in English (see Appendix E) and were translated into six of the most common dialects, namely, Tagalog, Cebuano, Ilocano, Bicol, Hiligaynon, and Waray.

The Household (HH) Questionnaire was used to list all the usual members of the sample household, and visitors who slept in the sample household the night prior to the date of interview and some of their characteristics such as name, age, sex, education, relationship to household head, and usual residence. Information on age and sex from the HH Questionnaire was used to identify eligible women for interview using the Individual Questionnaire. Questions about the dwelling such as the source of drinking water, type of toilet facilities, ownership of various consumer goods and use of iodized were also included in the Household Questionnaire.

The Individual Questionnaire was used to collect information on the following topics:

- Background characteristics (age, education, religion, etc.)
- Reproductive history and fertility preferences
- Knowledge and use of contraception
- Availability of family planning supplies and services
- Breastfeeding and child health
- Maternal mortality

The Health Questionnaire was developed in close collaboration with the DOH in partial substitution for the cancelled National Health Survey. It included questions on health practices of the household, awareness about selected communicable and non-communicable diseases, utilization of and satisfaction with various types of health facilities, knowledge concerning traditional medicines, and health care financing.
1.5 Training and Fieldwork

The NDHS questionnaires were pretested in October 1997. Female interviewers were trained at the NSO central office in Manila, after which they conducted interviews in various locations in the field under the observation of staff from NSO central office. Altogether, approximately 160 Household, Woman’s and Health Questionnaires were completed. Based on observations in the field and suggestions made by the pretest field teams, revisions were made in the wording and translations of the questionnaires.

Training for the main survey took place in two phases. In the first phase, approximately 35 trainers from NSO, DOH, UPPI, and POPCOM gathered for two weeks in late January at a training center near the NSO central office in Manila. They received thorough training in how to fill and edit the questionnaires, how to supervise fieldwork, and how to train field staff in their respective training sites. These trainers then dispersed to the six training sites (Agoo, Malolos, Lucena City, Cebu City, Iloilo City, and Davao City) where they trained some 261 interviewers, 44 supervisors, and 43 field editors for three weeks (February 9-27, 1998). Initially, training consisted of lectures on how to complete the questionnaires, with mock interviews between participants to gain practice in asking questions. Towards the end of the training course, the participants spent several days in practice interviewing in households near the training sites.

Fieldwork for the NDHS was carried out by 44 interviewing teams. Each team, except that which covered Palawan, Lanao del Sur and Maguindanao, consisted of 1 supervisor, 1 field editor, and 3-7 female interviewers, for a total of 348 field staff. Fieldwork commenced on 3 March 1998 and was completed in the first week of May 1998. Periodic field monitoring of the NDHS operations was done by the NSO regional and provincial officials, NDHS regional supervisors and selected NSO central office staff.

1.6 Data Processing

Review and editing of NDHS questionnaires was done by the field editors while they were in the enumeration areas to facilitate the verification of the forms. The editors were expected to review questionnaires of at least 8 households per day. The supervisors of teams with more than four interviewers assisted the editors in reviewing the questionnaires.

Folioing of forms was done by the team supervisors before submission to the Provincial Office. The Provincial Statistics Officers were responsible for the transmittal of these forms to the Central Office.

On March 16, 1998, eighteen hired NDHS data processors started the data processing at the Central Office. Office editing, data entry, key verification (100%), and machine processing were done simultaneously. There were two stages involved in the machine processing. In the first stage, keyed-in data were checked for completeness and were matched with the verification data. In the second stage, inconsistencies in the data were noted and checked. All the data processing activities were completed on June 30, 1998.
1.7 Response Rate

Table 1 shows the response rates for the survey and reasons for non-response. A total of 13,708 households were selected for the sample, of which 12,567 were occupied. Of these households occupied, 99 percent or 12,407 were successfully interviewed. The shortfall is primarily due to dwellings that were vacant or in which the inhabitants had left for an extended period at the time they were visited by the interviewing teams (see Appendix Table A.1 for details.)

In the households interviewed, 14,390 women were identified as eligible for the individual interview (i.e. age 15-49) and interviews were completed for 13,983 or 97 percent of them. The principal reason for non-response among eligible women was the failure to find them at home despite repeated visits to the household. The refusal rate was low.

<table>
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<tr>
<th>Table 1 Sample results</th>
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<tbody>
<tr>
<td>Number of households, number of interviews and response rates, Philippines 1998</td>
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<tr>
<td>Result</td>
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<tr>
<td>-------------------------------------</td>
</tr>
<tr>
<td><strong>Households selected</strong></td>
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<tr>
<td>Households occupied</td>
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<tr>
<td>Households absent for extended period</td>
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<tr>
<td>Dwelling vacant/destroyed</td>
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<tr>
<td><strong>Households occupied</strong></td>
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<td>Households interviewed</td>
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<tr>
<td>Households not interviewed</td>
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<tr>
<td><strong>Eligible women</strong></td>
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<tr>
<td>Women interviewed</td>
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<tr>
<td>Women not interviewed</td>
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Source: NSO, DOH and MI, 1998 NDHS