# SPECIAL RELEASE

## 2017 National Demographic and Health Survey Key Indicators: Child Health and Mortality

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The National Demographic and Health Survey (NDHS) is designed to provide data useful for monitoring the population and health situation in the country. Conducted every 5 years by the Philippine Statistics Authority (PSA), the NDHS aims to provide up-to-date information on fertility, family planning, and maternal and child health. The survey also provides useful inputs to policy formulation and monitoring activities, researches and programs on health.

**Early Childhood Mortality**

- Infant and child mortality rates are basic indicators of a country's health and socioeconomic situation and quality of life [UNDP 2007]. Estimates of child mortality are based on information collected in the pregnancy history section of the Woman's Questionnaire, which includes questions about aggregate childbearing experience (that is, the number of sons and daughters who live with their mother, the number who live elsewhere, the number who have died, and pregnancies that did not end in a live birth).

- Table 1 presents estimates for three successive 5-year periods prior to NDHS 2017. The rates are estimated directly from the information in the pregnancy history on a child's birth date, survivorship status, and age at death for children who died.

- In the country, under-five mortality for the period 0-4 years before the survey was 27 deaths per 1,000 live births. Following the trend, most of the early childhood mortality occurs in the first year of life, that is, infant mortality at 21 deaths per 1,000 live births. While, mortality between the first and fifth birthday was 7 deaths per 1,000 children surviving to 12 months. The neonatal mortality rate was 14 deaths per 1,000 live births and post neonatal mortality rate was 7 deaths per 1,000 live births.

**Table 1. Neonatal Mortality Rate, Post-Neonatal, Infant, Child, and Under-5 Mortality Rates for the Five-Year Periods Preceding the Survey, Philippines: 2017**

| Years preceding the survey | Neonatal mortality | Post-neonatal mortality[1] | Infant mortality | Child mortality | Under-5 mortality |
|---|---|---|---|---|---|
| 0-4 | 14 | 7 | 21 | 7 | 27 |
| 5-9 | 14 | 9 | 23 | 6 | 29 |
| 10-14 | 12 | 8 | 21 | 5 | 26 |

*Note: All rates are expressed per 1,000 live births, except for child mortality, which is expressed per 1,000 children surviving to age 12 months.*
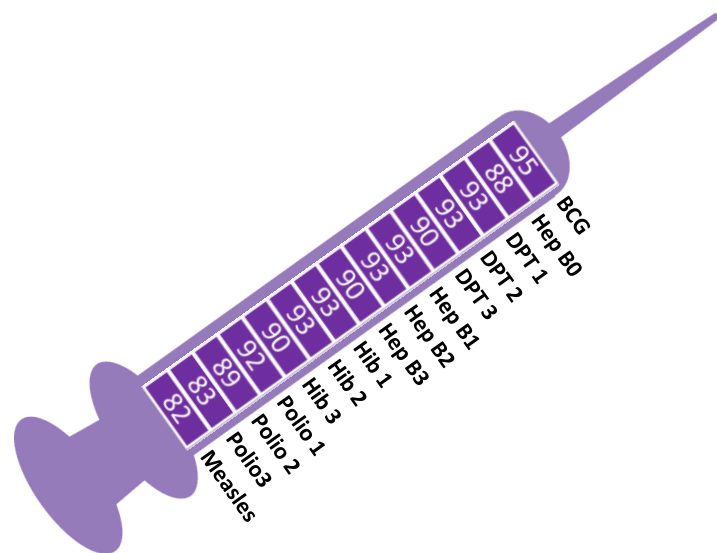*[1]Computed as the difference between the infant and neonatal mortality rates*
*Source: 2017 National Demographic and Health Survey Key Indicators Report, PSA*

**Vaccination of Children**

- Universal immunization of children against common vaccine-preventable diseases is crucial to reducing infant and child mortality.

- In 2017, most of the children aged 12 to 23 months in CAR (95 percent) received the Bacille Calmette-Guerin (BCG).

- Eighty-two percent of children 12 to 23 months old in CAR received the measles vaccine. Cordillera appeared to be the region with the lowest percentage of children who have received the measles vaccine.

- Hepatitis B (HepB0, birth dose) vaccine, Polio 2, Polio 3, and Measles vaccines were received by less than 90 percent of children 12 to 23 months old in the region.

**Figure 1. Percentage of Children 12 to 23 Months Old
who Received Specific Vaccines at any time before the Survey
CAR: 2017**

BCG 95
Hep B0 88
DPT 1 93
DPT 2 93
DPT 3 90
Hep B1 93
Hep B2 93
Hep B3 90
Hib 1 93
Hib 2 90
Hib 3 93
Polio 1 92
Polio 2 89
Polio3 83
Measles 82

*Note:*
*HepB0*
- *For children whose vaccination information is based on the mother's report, children to have reported to have received the birth dose (HepB0) received the vaccine within 24 hours after birth.*

- *For children whose vaccination information is based on the written record of vaccination, children are considered to have received the birth dose (HepB0) if this vaccine is recorded on their card, regardless of when the dose was administered.*

*Source: 2017 National Demographic and Health Survey Key Indicators Report, PSA*

- Among children 12-23 months old in the country, 61.2 percent received all age appropriate vaccines. Davao had the highest percentage with 78.0 percent followed by the National Capital Region with 72.7 percent and CAR with 72.4 percent.

- Nationwide, only 33.4 percent of children aged 24 to 35 months received all age appropriate vaccines. CAR had the highest percentage of children in this older cohort to have received all age appropriate vaccines with 49.1 percent, while ARMM had the lowest percentage with 9.1 percent.

**Table 2. Percentage of Children 12 to 23 Months Old and 24 to 35 months Old who Received all Age Appropriate Vaccines at any time before the Survey by Region, Philippines: 2017**

| Region | 12 to 23 months old All age appropriate vaccinations | 24 to 35 months old All age appropriate vaccinations |
|---|---|---|
| Philippines | 61.2 | 33.4 |
| National Capital Region | 72.7 | 41.2 |
| Cordillera Administrative Region | 72.4 | 49.1 |
| I - Ilocos Region | 69.5 | 47.1 |
| II - Cagayan Valley | 62.9 | 26.8 |
| III – Central Luzon | 64.0 | 20.8 |
| IVA – CALABARZON | 63.1 | 32.5 |
| IVB - MIMAROPA | 48.3 | 34.3 |
| V – Bicol | 56.1 | 33.6 |
| VI – Western Visayas | 61.0 | 34.1 |
| VII – Central Visayas | 60.8 | 47.0 |
| VIII – Eastern Visayas | 68.2 | 43.4 |
| IX – Zamboanga Peninsula | 60.0 | 28.1 |
| X – Northern Mindanao | 61.1 | 32.7 |
| XI - Davao | 78.0 | 40.6 |
| XII – SOCCSKSARGEN | 42.1 | 21.0 |
| XIII – Caraga | 58.6 | 37.2 |
| ARMM | 8.9 | 9.1 |

*Notes:*
- *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.*

## Childhood Acute Respiratory Infection, Fever, and Diarrhea

- Acute respiratory infection (ARI), fever, and dehydration from diarrhea are important contributing causes of childhood morbidity and mortality in developing countries [WHO 2003].

- In the country, treatment was sought for 67.3 percent of children with ARI symptoms, 51.7 percent of those with fever, and 41.7 percent of children with diarrhea.

**Figure 2. Percentage of Children Under Age 5 who had Symptoms of ARI, had Fever or had Diarrhea in the 2 Weeks Preceding the Survey who Sought Advice or Treatment, Philippines: 2017**

| Children with symptoms of ARI[1] | Children with fever | Children with diarrhea |
|---|---|---|
| • 67.3% | • 51.7% | • 41.7% |
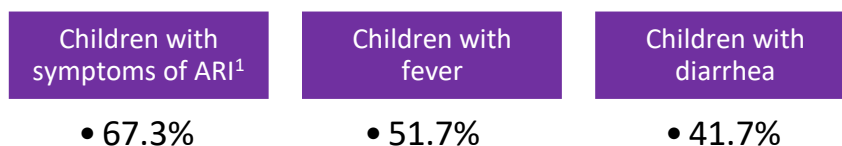
*Note: Advice or treatment excludes those from traditional practitioners/hilot, friends/relatives and church.*
*[1]Symptoms of ARI include short, rapid breathing which was chest-related and/or difficult breathing which was chest related*

*Source: 2017 National Demographic and Health Survey Key Indicators Report*

## Breastfeeding and Bottle Feeding Practices

- Breastfeeding is sufficient and beneficial for infant nutrition in the first 6 months of life. Giving any other food and water (in addition to breast milk) to a child before 6 month old is discouraged because it may inhibit breastfeeding and it will expose the infant to illnesses.

- About 85 percent of infants under age 6 months were breastfeeding.  By age 12-23 months, about 60 percent of children were breastfeeding.

- NDHS 2017 reveals the bottle-feeding practice of the country, which was 36.9 percent of infants under 6 months, used a bottle with a nipple.  As they got older, 56.2 percent of children age 12-23 months were also fed using a bottle with nipple.

**Table 3. Percentage of Youngest Children Under Age 2 who are Living with their Mother and are Currently Breastfeeding, and Percentage of All Children Under Age 2 Using a Bottle with a Nipple, According to Age in Months, Philippines: 2017**

| Age in months | Percentage currently breastfeeding | Percentage using a bottle with a nipple |
|---|---|---|
| 0-3 | 85.9 | 34.2 |
| 0-5 | 84.7 | 36.9 |
| 6-9 | 73.1 | 50.6 |
| 12-15 | 66.0 | 57.7 |
| 12-23 | 59.6 | 56.1 |
| 20-23 | 52.3 | 56.2 |

*Source: 2017 National Demographic and Health Survey Key Indicators Report, PSA*

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# TECHNICAL NOTES

***Neonatal mortality*** is the probability of dying within the first month of life.

***Post-neonatal mortality*** is the probability of dying within the first month of life but before the first birthday (difference between infant and neonatal mortality).

***Infant mortality*** is the probability of dying before the first birthday.

***Child mortality*** is the probability of dying between the first and fifth birthday.

***Under-5 mortality*** is the probability of dying between the birth and the fifth birthday.

***Age appropriate vaccinations*** include Bacille Calmette-Guerin (BCG), Hepatitis B (HepB, birth dose), three doses of Diptheria-Pertussis-Tetanus (DPT), three doses of HepB (excluding birth dose), three doses of Haemophilus Influenza Type B (Hib), three doses of Oral Polio Vaccine (OPV) or Inactivated Polio Vaccine (IPV), and a) **one dose** of measles or Measles Mumps Rubella (MMR) for ***12 to 23 months old*** b) **two doses** of measles or Measles Mumps Rubella (MMR) for ***24 to 35 months old***.