

Health Status of the Filipinos

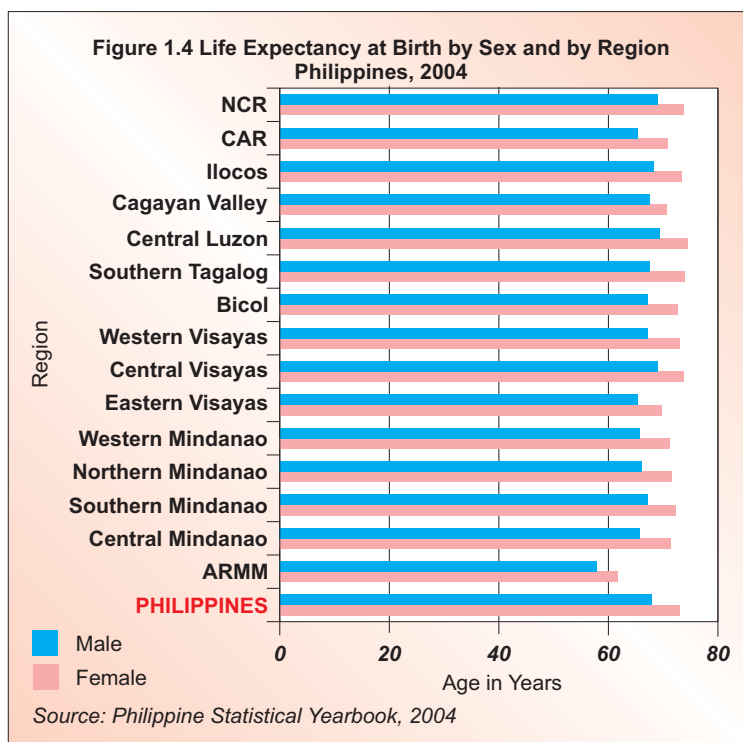
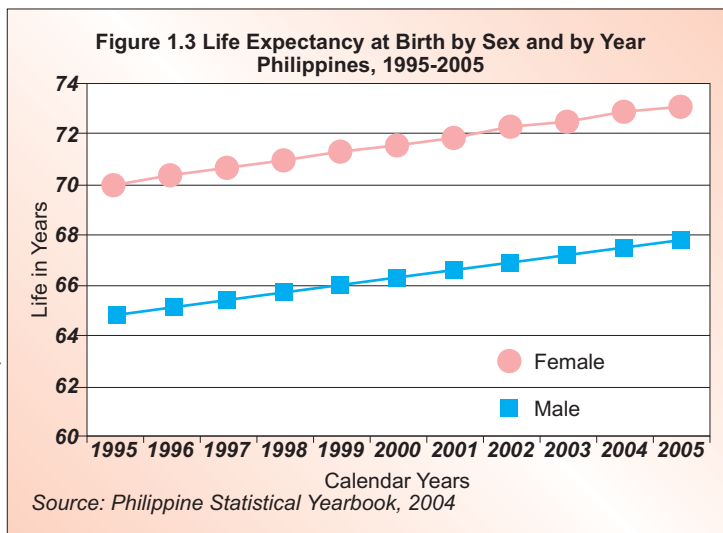
Life Expectancy at Birth

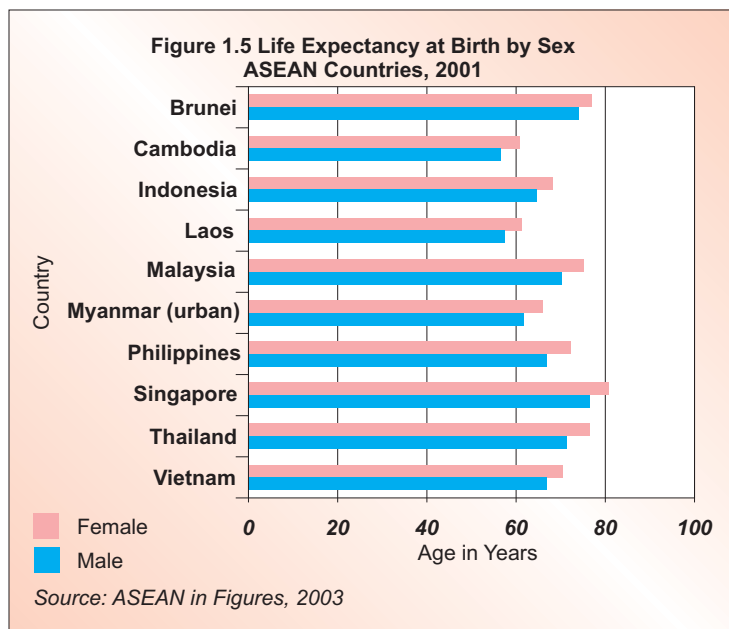
The Filipino's average life expectancy at birth rose from 61.6 years in 1980 to 64.6 years in 1990. Further increase was noted during recent years to an average life expectancy of 69 years in 2000 and projected at 70.5 years in 2005. Life expectancy of females has always been higher than males in the Philippines (72.8 years for females compared to 67.5 years for males in 2004).

The increase in years in the lives of the Filipinos may be attributed to the improving health status of the people and other socioeconomic factors.

Large variations in the average life expectancy at birth occur among the different regions of the country. Central Luzon has the highest life expectancy at 71.7 years followed by the NCR at 71.6 years, Central Visayas at 71.2 years, and Ilocos at 70.6 years in 2004. ARMM has the lowest life expectancy at 59.3 years, followed by Eastern Visayas at 67.3 years and CAR at 67.8 years in 2004.

The rising life expectancy implies that more people will reach old age. This means a higher proportion of older persons in the general population is expected in the future. With this trend comes the increase in the occurrence of degenerative diseases and disabilities associated with an aging population. The large differences in life expectancy among the different regions mean that there is a need to prioritize health and other socioeconomic inputs in some regions, particularly those below the national average.





Average life expectancy at birth in the Philippines is comparable with Vietnam. Although it has lagged behind Brunei, Malaysia, Singapore and Thailand, life expectancy in the Philippines is better than Indonesia, Myanmar, Laos and Cambodia.

Crude Birth Rate and Crude Death Rate

In 1950, the crude birth rate (CBR) was a high 31.7 births per 1,000 population. It became constant at approximately the same

level until the end of the decade. The trend decreased in the 1960s and early 1970s, reaching a low rate of 24.8 per 1,000 population in 1972. Rates from 1973 showed an upward trend, soaring to 30.7 per 1,000 population in 1979. From the 1980s to the 1990s there was again a decline in the CBR, eventually decreasing to 23.1 per 1,000 population in 2000 (PHS 2000).

The total live births in 2000 was 1,766,440 of which 918,243 or 52 percent were males and 848,197 or 48 percent were females. As in previous years, there was a higher proportion of males born in 2000 compared to females, resulting in a birth sex ratio of 108 baby boys born for every 100 baby girls born. The daily average of birth occurrence was 4,826, an addition of three babies to the population every minute (NSO 2003).

The Philippines has reduced mortality from 1950 to the present. A sharp decline of the crude death rate (CDR) was noted from the 11.2 deaths per 1,000 population recorded in 1950 to the rate of 7.3 per 1,000 population recorded in 1959. From 1960s until 2000, a slow but steady decline in the CDR was noted, from the rate of 7.8 per 1,000 population in 1960 to 4.8 per 1,000 population in 2000 (PHS 2000).

There were 366,931 deaths reported in 2000. Daily death occurrences were two deaths every three minutes. The mortality rate for males was 5.7 deaths per 1,000 male population while that for females was 3.9 per 1,000 female population. Of the number of deaths, 217,404 or 59.2 percent were males and 149,527 or 40.8 percent were females, a death sex ratio of 145 males per 100 females dying in 2000 (NSO 2004).

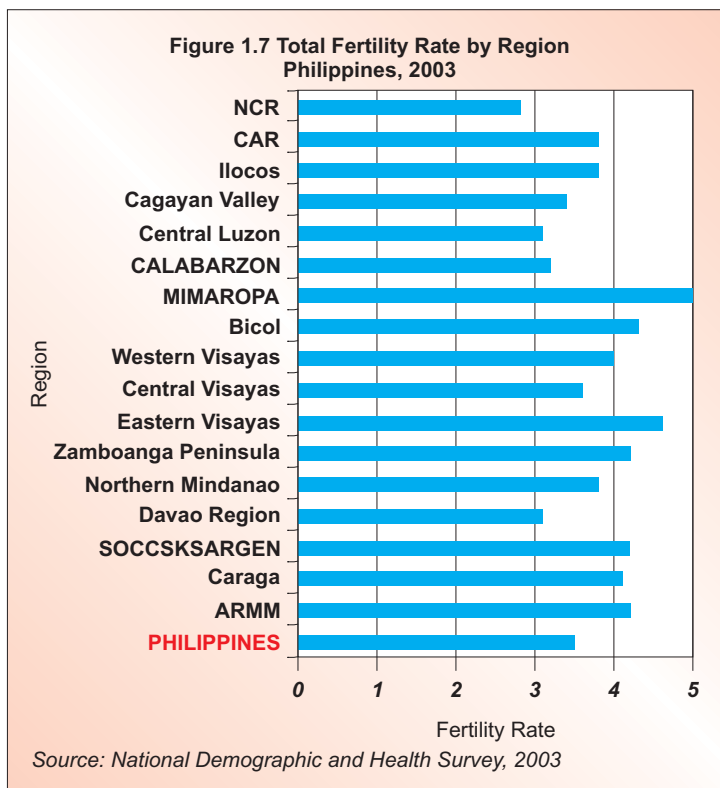
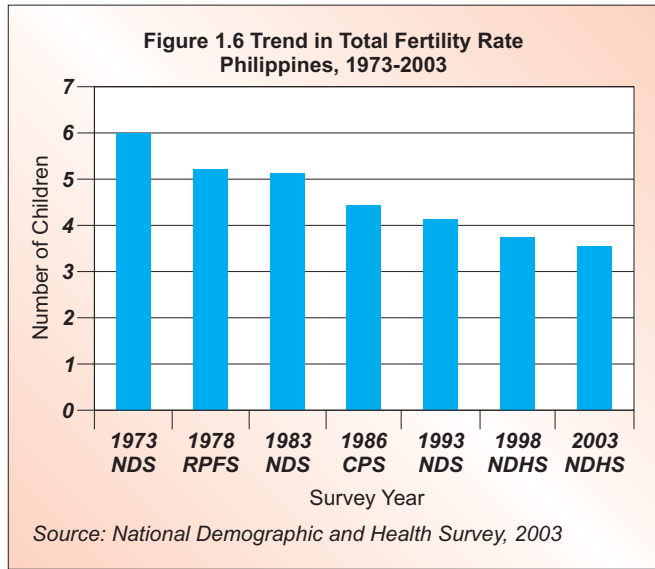
Death rates by age tend to be very high at infancy and early childhood, declining sharply by the age of 10. The rates remain low from this age. They begin to climb at around 40 years and accelerate beyond 50 years and above.

Total Fertility Rate

The total fertility rate (TFR) refers to the average number of births that a woman would have at the end of her reproductive life. The change of the pattern of total fertility rate has important consequences for the health sector. In the short run, greater spacing between births improves the health of mother and child. A reduction in the actual number of births reduces the need for obstetrical care, immunization and other maternal and child health interventions. In the long run, declining fertility redistributes the age distribution of the population away from younger ones and toward middle and older ages.

The TFR is declining in the Philippines, estimated at six births per woman in 1973 to 3.7 in 1998 and 3.5 in 2003. Although TFR is declining in the country, the Philippines still has the highest TFR in Southeast Asia. In 2003, the TFR in Malaysia was 2.9 children per woman, with Indonesia at 2.3, Thailand at 1.9 and Singapore at 1.3 children per woman.

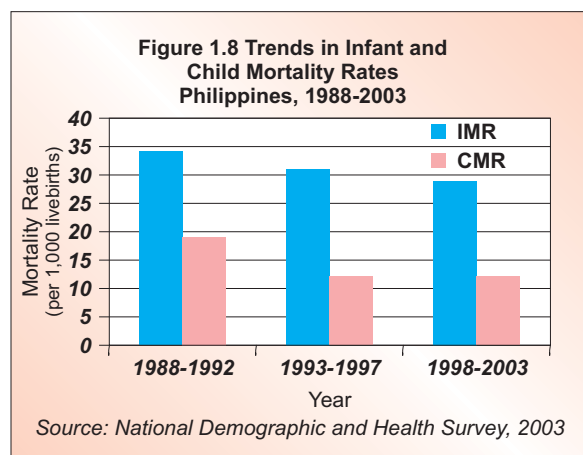
There are regional differences within the country with NCR having the lowest TFR at 2.8 children per woman while MIMAROPA having the highest TFR at five children per woman in 2003. The TFR varies with location and education. The estimated TFR in urban areas is three children per woman. In rural areas it is 4.3 children per woman. Women without education have a TFR of 5.3, almost



similar to the TFR of women with elementary education only (5 children per woman). Among those with high school and college education, the TFR is 3.5 and 2.7 children per woman, respectively (NDHS 2003).

Infant and Child Mortality Rates

The infant mortality rate (IMR) and child mortality rate (CMR) per 1,000 live births in the Philippines have been declining through the years, but the rate of decline has slowed down during the 1980s. After a decade of poor performance, recent estimates suggest



improvements although the decline has not been at par with neighboring countries. The IMR was estimated at 34 infant deaths per 1,000 live births between 1988 and 1992, at 31 per 1,000 live births between 1993 and 1997 and at 29 per 1,000 live births between 1998 and 2003.

Infant mortality varies with socioeconomic and demographic factors. High IMR is noted among infants of mothers with no education, no antenatal and delivery care, and mothers aged below 20 and above 40 years.

IMR is also high among male infants, small or very small infants, birth order number seven and above and past birth interval below two years. The IMR is also lower in urban areas at 24 infant deaths per 1,000 live births compared to 36 per 1,000 live births in rural areas in 2003 (NDHS 2003). The infant death sex ratio is 142.5 male infant deaths for every 100 female infant deaths, indicating a higher risk of dying among male infants (NSO 2004).

Data from the NDHS 2003 show wide regional differences in IMR. IMR is lowest in CAR at 14 infant deaths per 1,000 live births, followed by NCR at 24 per 1,000 live births and Central Luzon and CALABARZON at 25 per 1,000 live births. The three regions with the highest IMR are MIMAROPA at 44 per 1,000 live births followed by ARMM at 41 per 1,000 live births and Western Visayas at 39 per 1,000 live births.

The three most common causes of infant deaths are: pneumonia at 2.0 infant deaths per 1,000 live births, bacterial sepsis at 1.8 per 1,000 live births and disorders related to short gestation and low birth weight at 1.5 per 1,000 live births. Other leading causes of infant deaths are: respiratory distress, congenital malformations of the heart and other perinatal conditions (PHS 2000).

The IMR in the Philippines is high compared with other neighboring Asian countries such as Singapore, Malaysia, Brunei, and Thailand, but it is better

**Table 1.3 Leading Causes of Infant Mortality
Philippines, 2000**

Cause	Number	Rate per 1,000 livebirths	Percent Share from Total Number of Infant Deaths
1. Pneumonia	3,463	2.0	13.8
2. Bacterial sepsis of the newborn	3,174	1.8	12.6
3. Disorders related to short gestation and low birth weight	2,569	1.5	10.2
4. Respiratory distress of the newborn	2,446	1.4	9.7
5. Other perinatal conditions	2,347	1.3	9.3
6. Congenital malformations of the heart	1,596	0.9	6.3
7. Congenital pneumonia	1,359	0.8	5.4
8. Diarrhea and gastroenteritis of presumed infectious origin	1,207	0.7	4.8
9. Other congenital malformations	1,156	0.7	4.6
10. Neonatal aspiration syndrome	1,063	0.6	4.2

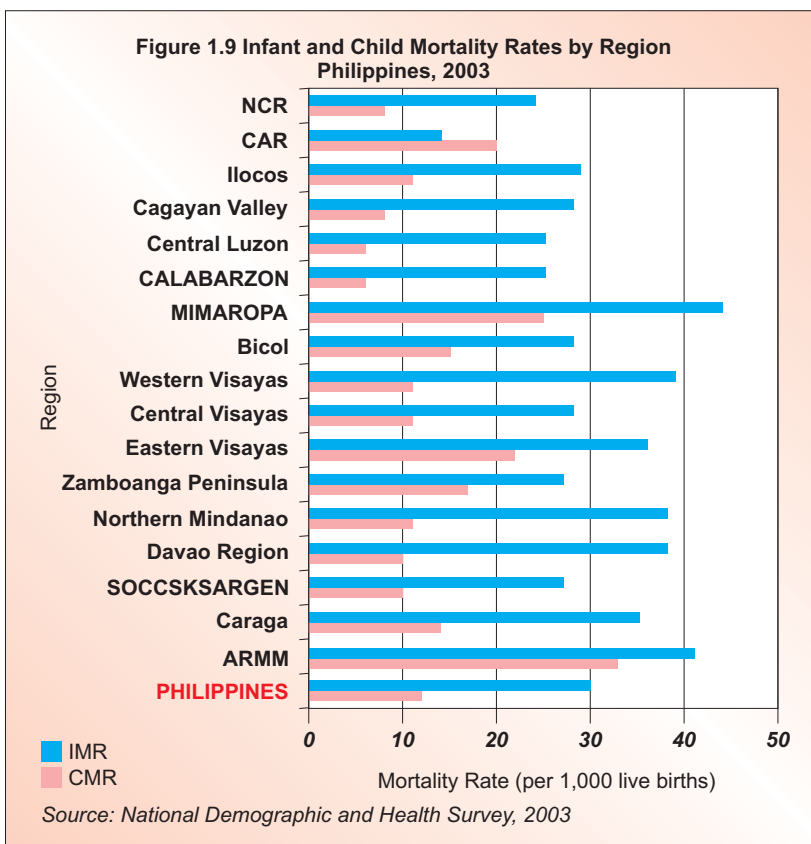
Source: Philippine Health Statistics, 2000

compared to Indonesia, Myanmar, Laos and Cambodia.

The child mortality rate (CMR) per 1,000 live births is also declining in the country. CMR was estimated at 19 deaths per 1,000 live births between 1988 and 1992 and went down to 12 per 1,000 live births between 1993 and 1997 and remained at that level between 1999 and 2003.

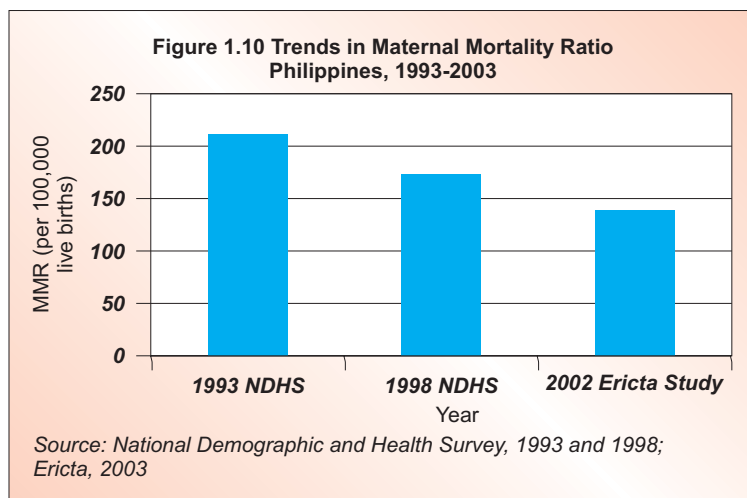
Regional data also show a wide variation among the different regions in the country. Child mortality rate is lowest in Central Luzon and CALABARZON at six per 1,000 live births, followed by Cagayan Valley and NCR at eight per 1,000 live births. It is highest in ARMM at 33 per 1,000 live births, followed by MIMAROPA at 25 per 1,000 live births (NDHS 2003).

The most common causes of child deaths are pneumonia at 37.8 deaths per 100,000 population, accidents at 17.6 per 100,000 population, and diarrheas at 16.1 per 100,000 population (PHS 2000).



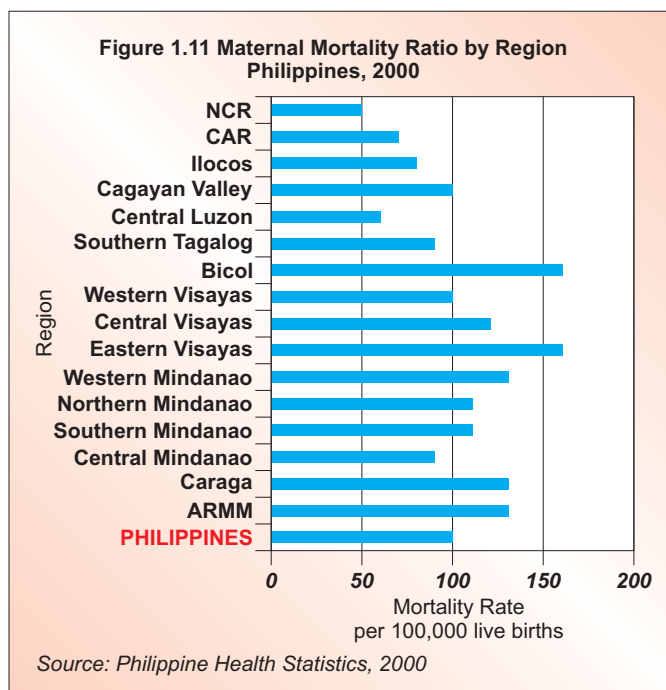
The factors associated with high infant and child mortality point to several areas that need to be addressed. These include not just improving the maternal and child health care programs but uplifting socioeconomic conditions as well.

Maternal Mortality Ratio



Maternal mortality or deaths of women during pregnancy, at childbirth or in the period after childbirth is another important indicator of the nation's health. Based on reports from NDHS, the country's maternal mortality ratio (MMR) improved. The MMR between 1987 and 1993 was estimated at 209 per 100,000 live births. This improved to 172 per 100,000 live births based on estimates between 1991 and

1997. A recent study based on the maternal causes of deaths in the civil registry estimated the MMR at 138 per 100,000 live births in 2002 (Ericta 2003).



Among Filipino women, the lifetime risk of dying from maternal causes is one in 100. Maternal deaths made up less than one percent of the total deaths in the country, but they contribute 14 percent of all deaths in women aged 15-49 years (NSO 1998).

PHS also showed wide regional variations in MMR. In 2000, the MMR is lowest in NCR at around 50 maternal deaths per 100,000 live births followed by Central Luzon at 60 per 100,000 live births and CAR at 70 per 100,000 live births. It is highest in Bicol and Eastern Visayas at around 160 maternal deaths per 100,000 live births.

Maternal deaths are mainly due to hypertension at around 20 maternal deaths per 100,000 live births, postpartum hemorrhage also at around 20 per 100,000 live births and

complications from abortions at 10 per 100,000 live births (PHS 2000). Most of these can be prevented through quality maternal care.

The MMR in the Philippines is high compared with Brunei, Malaysia, Thailand and Singapore but better than Indonesia, Cambodia, Laos and Myanmar.

Leading Causes of Morbidity and Mortality

As in the past, most of the 10 leading causes of morbidity are communicable diseases.

From 1995 to 2000, these included diarrhea, bronchitis, pneumonia, influenza, tuberculosis, malaria, chickenpox and measles. Leading non-communicable causes of morbidity are hypertension and diseases of the heart.

Unlike the 10 leading causes of morbidity, deaths are mainly due to non-communicable diseases. Diseases of the heart and the vascular system are the two most common causes of deaths. These made up 29.7 percent of the deaths attributed to the 10 leading causes (PHS 2000). Deaths due to communicable diseases, however, have lessened from 645 deaths per 100,000 population in 1950 to 217.9 per 100,000 in 1980 to 102.6 per 100,000 in 2000. Deaths due to accidents and injuries increased from 6.4 per 100,000 population in 1990 to 42.4 per 100,000 in 2000. In the past decade, diabetes mellitus has emerged as one of the leading causes of death. Meanwhile, deaths due to diarrhea, septicemia, measles, avitaminosis and other nutritional disorders are no longer in the top ten leading causes of deaths although these are still of serious concern.

Although progress has been made in the past decades to control communicable diseases as leading causes of deaths in the country, their burden as a cause of morbidity is still high. On the other hand, non-communicable and chronic diseases

have emerged as the major causes of death. The disease burden is gradually shifting to non-communicable diseases as the Philippines industrializes and becomes more

Table 1.4 Ten Leading Causes of Morbidity Philippines, 2000

Cause	Number	Rate per 100,000 population
1. Diarrhea	866,411	1,134.8
2. Bronchitis	700,105	917
3. Pneumonia	632,930	829
4. Influenza	502,718	658.5
5. Hypertension	279,992	366.7
6. TB Respiratory	126,489	165.7
7. Diseases of the Heart	52,957	69.4
8. Malaria	50,869	66.6
9. Chickenpox	35,306	46.2
10. Measles	23,287	30.5

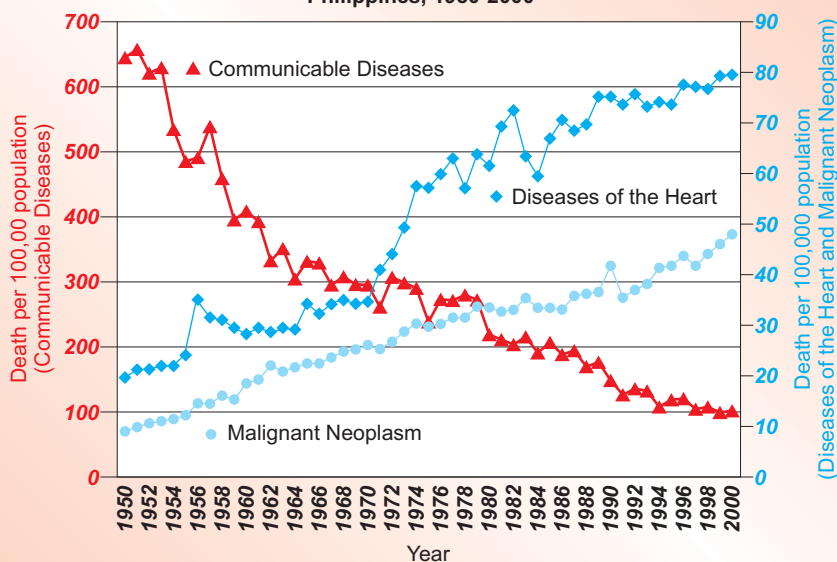
Source: Philippine Health Statistics, 2000

Table 1.5 Ten Leading Causes of Mortality Philippines, 2000

Cause	Number	Rate per 100,000 population
1. Diseases of the Heart	60,417	79.1
2. Diseases of the Vascular System	48,271	63.2
3. Malignant Neoplasm	36,414	47.7
4. Pneumonia	32,637	42.7
5. Accidents	32,355	42.4
6. Tuberculosis, all forms	27,557	36.1
7. Chronic Obstructive Pulmonary Disease and Allied Conditions	15,904	20.8
8. Certain conditions originating in the Perinatal period	15,098	19.8
9. Diabetes Mellitus	10,747	14.1
10. Nephritis, Nephrotic Syndrome and Nephrosis	7,963	10.4

Source: Philippine Health Statistics, 2000

Figure 1.12 Mortality Trends: Communicable Diseases, Diseases of the Heart and Malignant Neoplasm Philippines, 1950-2000



Source: Philippine Health Statistics, 2000

urbanized, as life expectancy increases and as the control of communicable diseases improves. This double burden of disease places a great toll on the health and economy of the people and the nation as a whole. Strategies must be in place to address current and future situations on disease burden.

Table 1.6 Trend of Leading Causes of Mortality Philippines, 1975-2000

Rank	1975	1980	1985	1990	1995	2000
1	Pneumonias	Pneumonias	Pneumonias	Heart Diseases	Heart Diseases	Heart Diseases
2	TB,all forms	Heart Diseases	Heart Diseases	Pneumonias	Diseases of the Vascular System	Diseases of the Vascular System
3	Heart Diseases	TB,all forms	TB,all forms	Diseases of the Vascular System	Pneumonias	Malignant Neoplasm
4	Diseases of the Vascular System	Diseases of the Vascular System	Diseases of the Vascular System	TB,all forms	Malignant Neoplasm	Pneumonias
5	Malignant Neoplasm	Malignant Neoplasm	Malignant Neoplasm	Malignant Neoplasm	TB,all forms	Accidents
6	Gastroenteritis and Colitis	Diarrheas	Diarrheas	Diarrheas	Accidents	TB,all forms
7	Avitaminosis and other Nutritional Deficiencies	Accidents	Accidents	Septicemia	Chronic Obstructive Pulmonary Disease	Chronic Obstructive Pulmonary Disease
8	Accidents	Avitaminosis and other Nutritional Deficiencies	Measles	Nephritis, Nephrotic Syndrome and Nephrosis	Other Diseases of the Respiratory System	Certain Conditions Originating in the Perinatal Period
9	Bronchitis	Measles	Avitaminosis and other Nutritional Deficiencies	Accidents	Diabetes Mellitus	Diabetes Mellitus
10	Tetanus	Nephritis, Nephrotic Syndrome and Nephrosis	Nephritis, Nephrotic Syndrome and Nephrosis	Measles	Diarrheas	Nephritis, Nephrotic Syndrome and Nephrosis

Source: Philippine Health Statistics, 2000