

SPECIAL RELEASE

2022 NDHS Result in Western Visayas: Fertility, Family Planning, Teenage Pregnancy, Motherhood

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The 2022 National Demographic and Health Survey (NDHS) is the 12th in a series of demographic and health surveys conducted in the Philippines every five years since 1968. The survey is designed to provide indicators on fertility, family planning, fertility preferences, childhood mortality, maternal and child health, knowledge and attitudes regarding HIV/AIDS, violence against women, and other health issues. The information gathered in the NDHS series have been used to monitor and evaluate population, health, and nutrition programs and policies.

I. Fertility and Family Planning

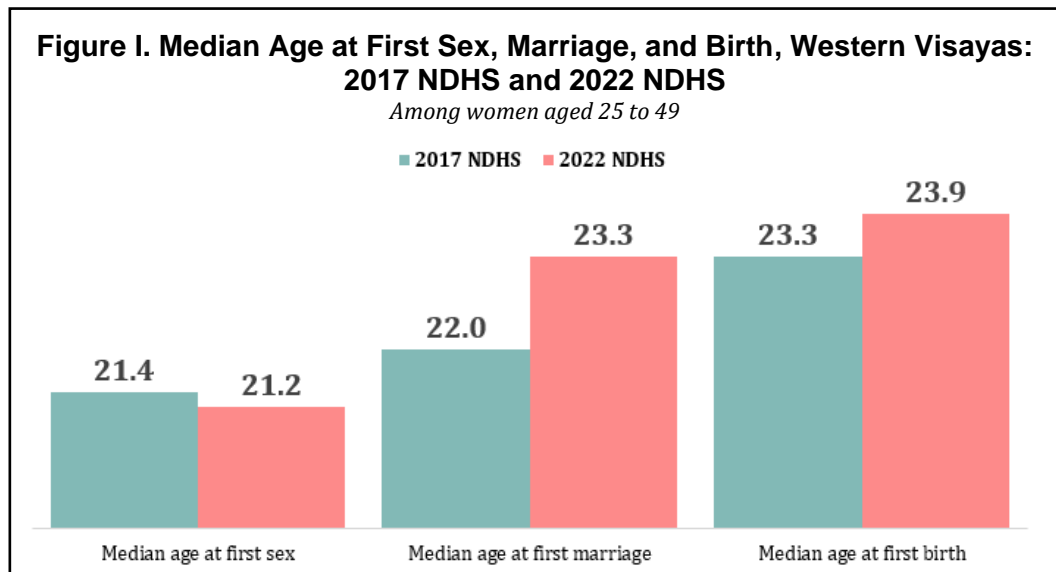
Total Fertility Rate is the average number of children a woman would have by the end of her childbearing years if she bore children at the current age-specific fertility rates.

The 2022 NDHS collected information on the number of son and daughter born among women who have given birth in their lifetime. The information gathered also included data on sex, date of birth, survival status, and age at death of children who died, if there was any. These data were used in the calculation of the total fertility rate (TFR) which derives the average number of children a woman would have by the end of her childbearing years if she bore children at the current age-specific fertility rates.

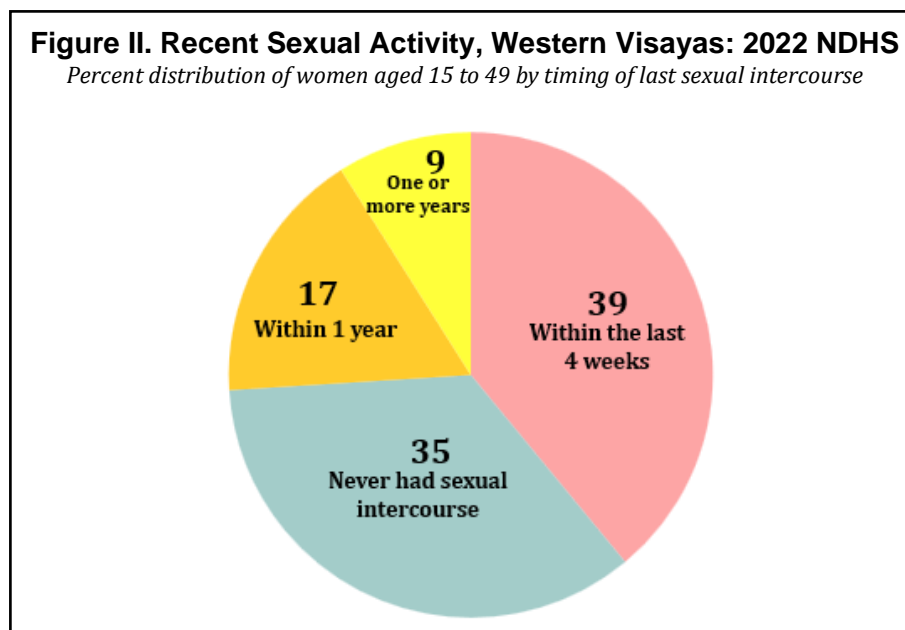
Based on the results of the 2022 NDHS, the total fertility rate in the Philippines is 1.9 children per woman for the 3-year period preceding the survey. For Western Visayas, Fertility Rate is 2.2 children per woman.

Fertility has decreased substantially since 1993 both for Philippines and Western Visayas. TFR for Western Visayas for the past three decades steadily decreased from 4.2 children per woman in 1993 to 2.2 children per woman in 2022.

The World Health Organization recommends at least 33-month interval between two consecutive live births. In Western Visayas, the median interval between births is 54.8 months, which is higher than the median birth interval reported in 2017.



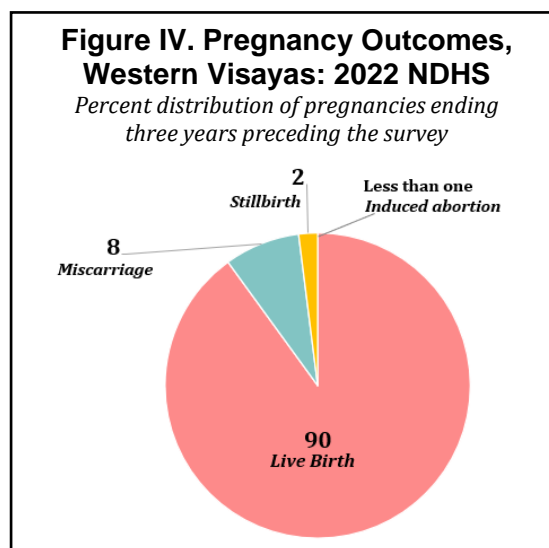
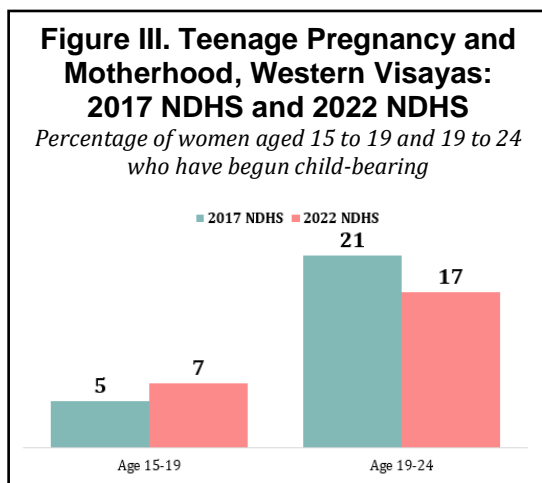
In Western Visayas, the median age at first sex is 21.2 among women aged 25-49. This is lower than what was reported in 2017. The median age at first marriage is 23.3, while median age at first birth is 23.9. Both median age for first marriage and median age at first birth increased when compared to 2017. (Figure I)



Sexual activity exposes women to the risk of pregnancy, particularly in the absence of contraception. Nearly seven out of 10 women aged 15 to 49 in Western Visayas reported ever having sexual intercourse. Out of these seven women, 39% or four had sex within four weeks prior the survey, 17% or two had sex within the past year but not during the four weeks prior the survey, and nine percent or one had not had sexual intercourse within the year before the survey. On the other hand, 35% or three out of 10 women never had sexual intercourse. (Figure II)

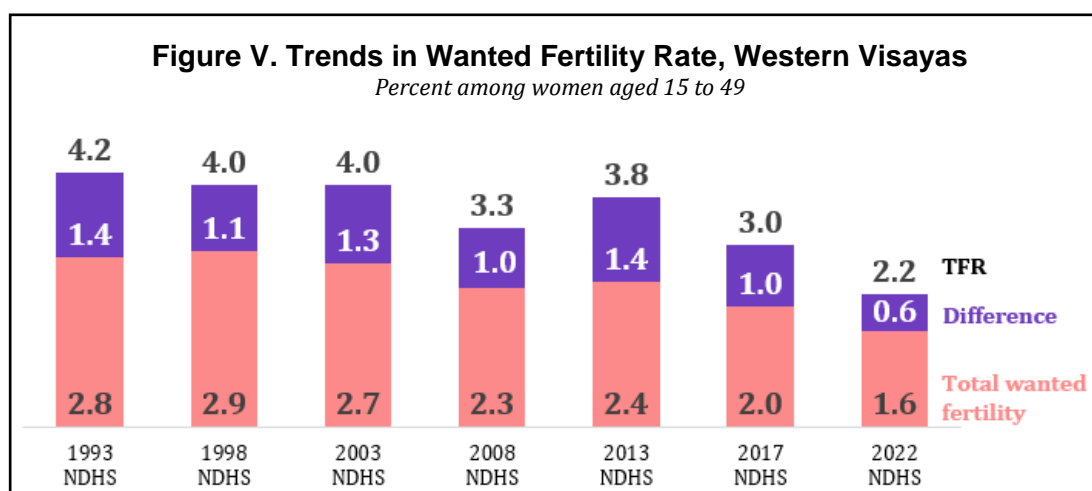
II. Teenage Pregnancy and Motherhood

Teenage pregnancy rate in Western Visayas is at seven percent which is higher than the national rate of five percent.

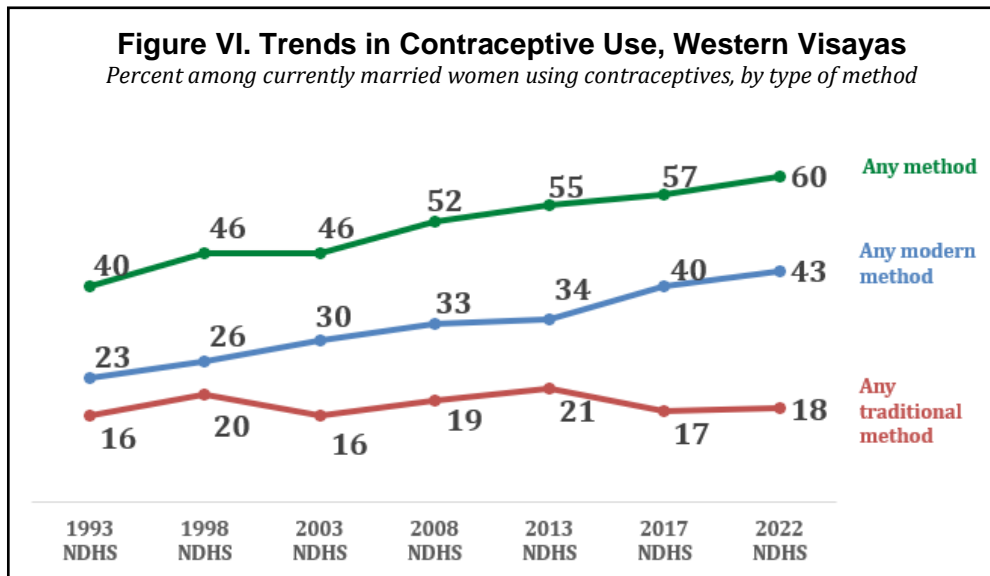


The percentage of women aged 15 to 19 who have begun childbearing (i.e., who have ever had a live birth or who were pregnant at the time of the interview) increased from five percent in 2017 to seven in 2022. Among women aged 19 to 24, 17% have begun childbearing which is lower than the 21% report in 2017. (Figure III)

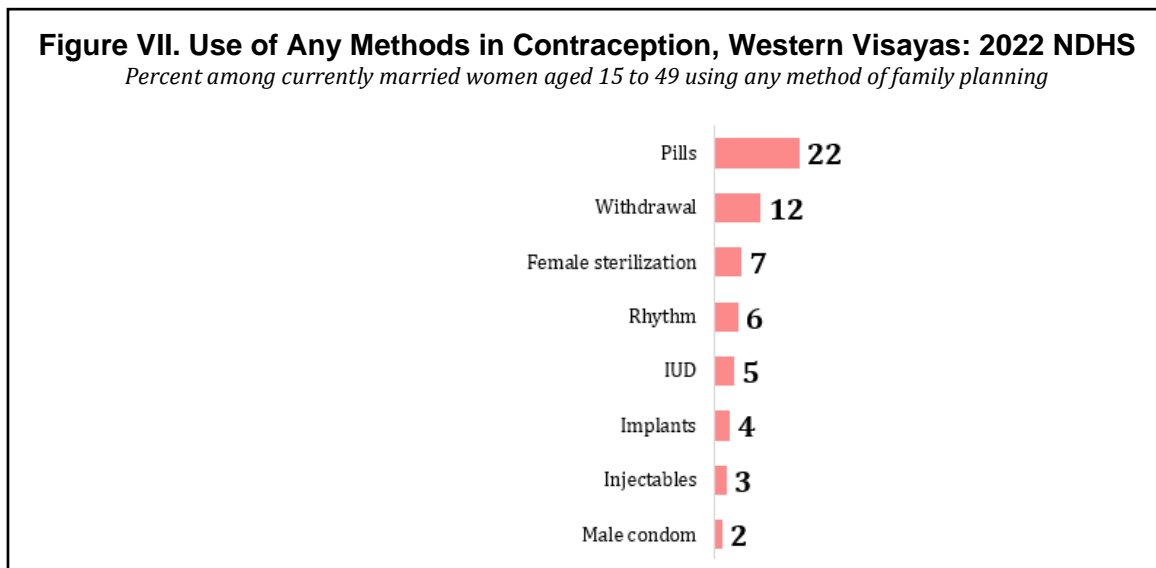
Ninety percent of pregnancies in Western Visayas three years before the survey resulted in live births, while eight percent were miscarriages, two percent were stillbirths, and less than one percent in induced abortion. (Figure IV)



Wanted fertility rates reflect the level of fertility that would result if all unwanted births were prevented. The total wanted fertility rate in Western Visayas is 1.6 children, while the actual total fertility rate is 2.2 children; thus, on average, women are having 0.6 more children than they want. (Figure V)

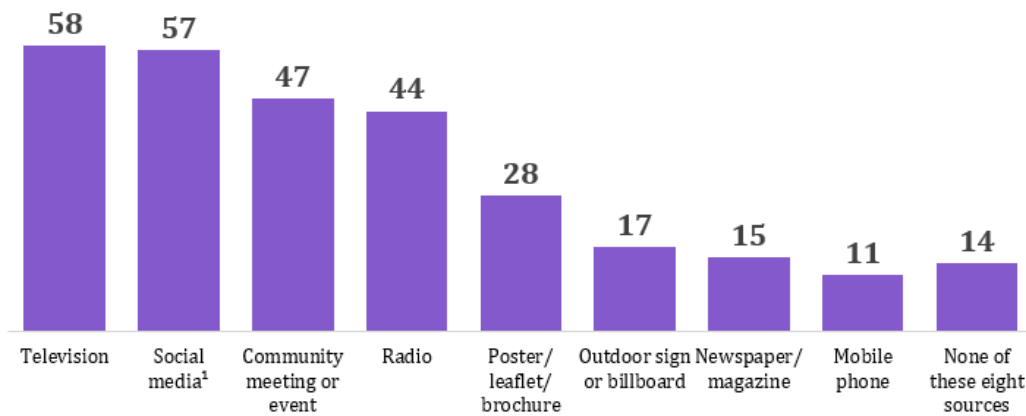


In Western Visayas, married women’s use of modern methods of family planning steadily increased over the last three decades from 23% of married women in 1993 to 43% in 2022. Married women’s use of traditional methods of family planning remained relatively stable at 18% in 2022. Overall, married women’s use of any method kept increasing from 40% in 1993 to 60% in 2022. (Figure VI)



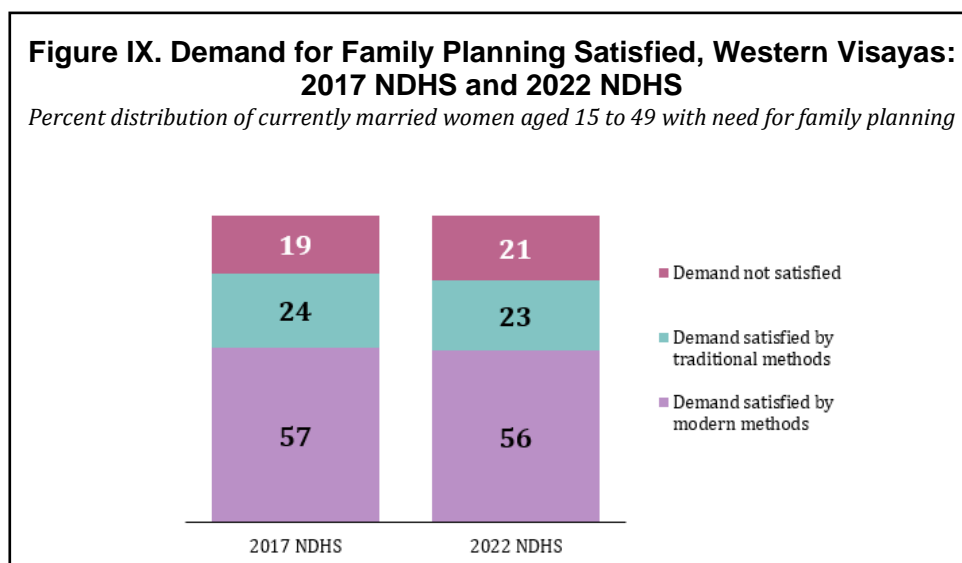
The most popular methods among currently married women are pills, withdrawal, and female sterilization.

Figure VIII. Exposure to Family Planning Messages, Western Visayas: 2022 NDHS
Percentage of women aged 15 to 49 who heard or saw specific family planning messages in the last 12 months

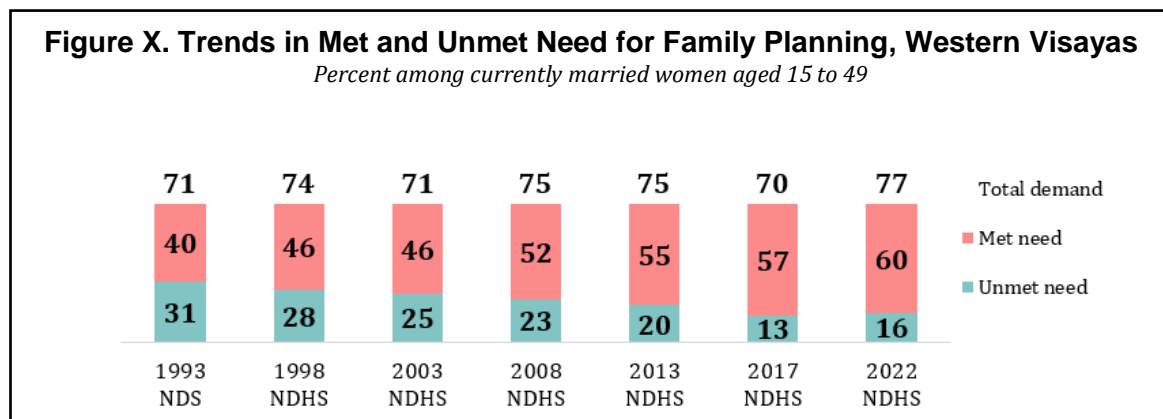


In Western Visayas, 58% of women reported having seen a family planning message on television, 57% at social media (includes platforms such as Facebook, Twitter, or Instagram), 47% at a community meeting or event, and 44% from the radio. Fourteen percent said that they had no exposure to family planning messages through any of the eight specified sources in the past 12 months. (Figure VIII)


Figure IX. Demand for Family Planning Satisfied, Western Visayas: 2017 NDHS and 2022 NDHS
Percent distribution of currently married women aged 15 to 49 with need for family planning



In the 2022 NDHS, 56% of married women have their demand for family planning satisfied by modern methods in 2022, and 23% have their demand satisfied by traditional methods. On the other hand, 21% of married women’s demand for family planning is not satisfied. In comparison with the result of the 2017 NDHS, a slight decrease on the demand satisfied by modern methods, and demand satisfied by traditional methods can be observed, while there was an increase in demand not satisfied. (Figure IX)



In Western Visayas, the unmet need for family planning among currently married women has increased from 13% in 2017 to 16% in 2022. The total demand for family planning also increased from 70% in 2017 to 77% in 2022. (Figure X)


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