



Philippines

2008 National Demographic and Health Survey Key Findings



The 2008 Philippines National Demographic and Health Survey (NDHS) was carried out by the National Statistics Office (NSO). The United States Agency for International Development (USAID) provided financial assistance for some activities during the preparatory and processing phases of the project, as well as funding for the technical assistance through ICF Macro, an ICF International Company.

Additional information about the survey may be obtained from the National Statistics Office (NSO), Solicare Building, Ramon Magsaysay Boulevard, P.O. Box 779, Santa Mesa, Manila, Philippines; Telephone: (632) 716-9368 or 713-7081; Fax: 713-7074 or 714-1715; Email: info@census.gov.ph; Internet: <http://www.census.gov.ph>.

Information about the DHS program may be obtained from the MEASURE DHS Project, ICF Macro, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, USA; Telephone: 301-572-0200; Fax: 301-572-0999; E-mail: reports@macrointernational.com; Internet: <http://www.measuredhs.com>.

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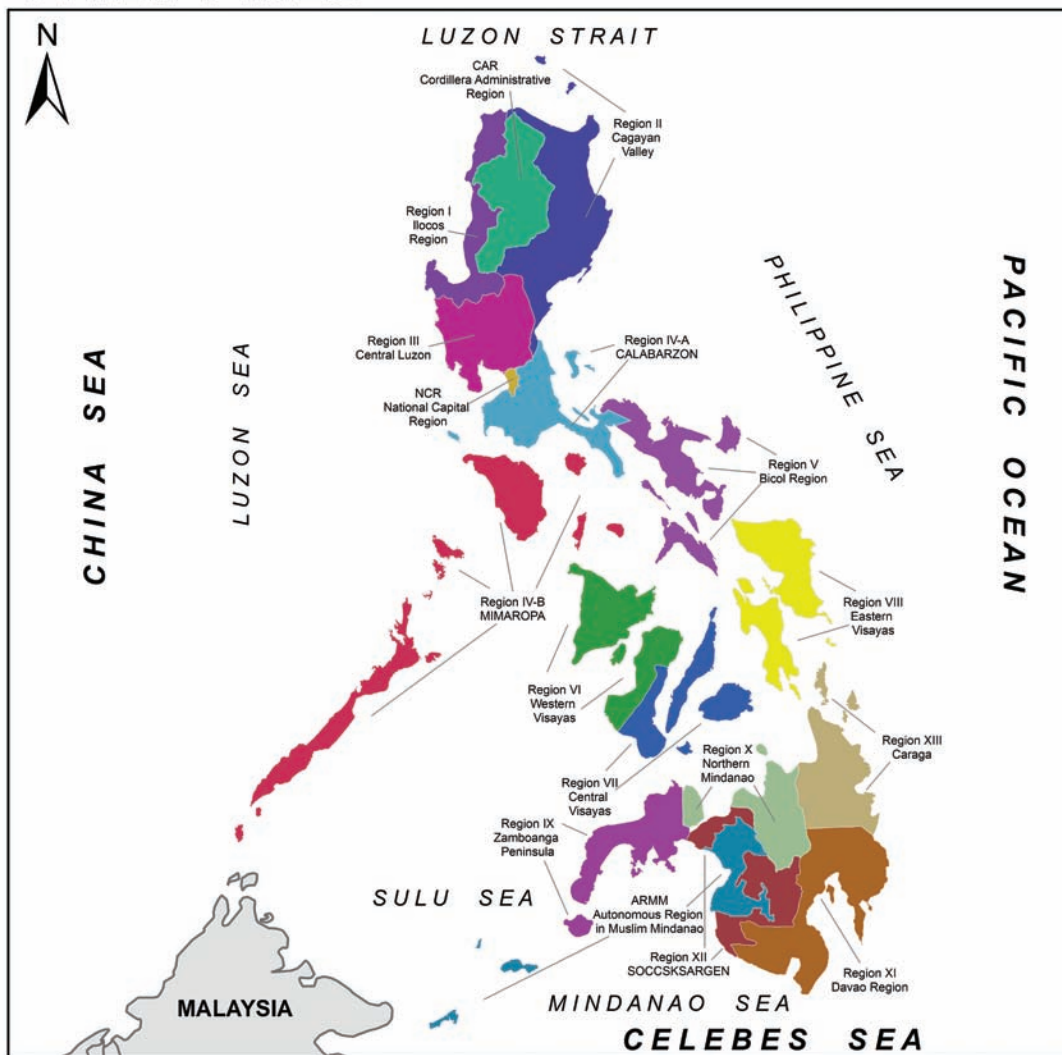
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ABOUT THE 2008 NDHS

The 2008 Philippines National Demographic and Health Survey (NDHS) was designed to provide data for monitoring the population and health situation in the Philippines. The 2008 NDHS is the ninth in a series of national demographic and health surveys conducted in the Philippines every five years since 1968. The objective of the survey was to provide up-to-date information on fertility, family planning, family health, nutrition, childhood mortality, awareness of tuberculosis, HIV-related knowledge, and access to HIV testing services. The survey also included a module to assess the frequency of violence against women.

A nationally representative sample of 13,594 women in 12,469 households were interviewed. Over 9,000 women were interviewed for the Women’s Safety Module. This represents a response rate of 99% for households, 98% for all women, and 99% for women interviewed on women’s safety. This sample provides estimates for the Philippines as a whole, for urban and rural areas, and for the 17 administrative regions.



HOUSEHOLD AND RESPONDENT CHARACTERISTICS

Household composition

Households in the Philippines consist of an average of 4.8 people. More than one-third (36%) of household members are children under age 15. More than 80% of households are headed by men.

Housing conditions

Overall, 89% of households use an improved source of drinking water. More than one-third of urban households use bottled water, and another 60% have another improved source of drinking water (piped water into dwelling/yard/plot, tubewell or borehole, public tap/standpipe, protected spring or protected dug well). Eighty-four percent of households in rural areas have an improved water source. Nationwide, two-thirds of households have access to an improved toilet facility (flush to septic tank, flush to pit latrine, flush to sewer system). Overall, 15% of rural households have no toilet facility. Ninety-four percent of urban households have electricity compared with 73% of rural households.

Ownership of goods

Currently, 7 in 10 households in the Philippines own a television; the same proportion own a cellular phone. Forty percent own a refrigerator. One-quarter of households own a bicycle. Only 10% of households own a car, jeep, or van, but 22% own a motorcycle or tricycle and 24% own a bicycle or trisikad.

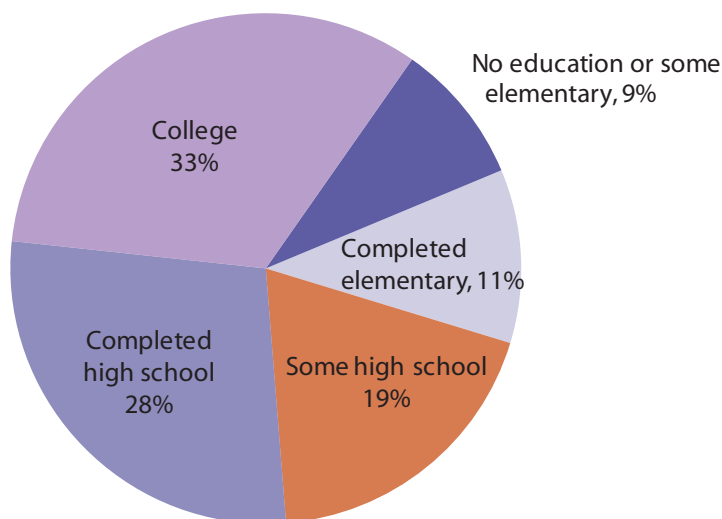
Education of survey respondents

One-third of women age 15–49 have gone to college. More than 90% have completed at least elementary school. Women living in urban areas, especially those in the National Capital Region, are most likely to have attended college. Education among women is increasing over time. More than 40% of women age 20–24 have attended college compared to only 32% of women age 45–49. Almost all (97%) Filipino women are literate.



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Women's Educational Attainment



FERTILITY AND DETERMINANTS

Total Fertility Rate (TFR)

Women in the Philippines have an average of 3.3 children. The average number of children per woman is 2.8 in urban areas and 3.8 in rural areas. Fertility has gradually decreased over the past 20 years from 5.1 children per woman in 1983 to 3.5 in 2003 and to 3.3 in 2008.

Fertility varies with mother's education. Women who have gone to college have an average of 2.3 children, while women with only elementary education have 4.5 children. Similarly, fertility varies with women's economic status as measured by the wealth index*. The poorest women have more than twice as many children as women who live in the wealthiest households (5.2 versus 1.9 children per woman).

Teenage childbearing

Overall, 10% of women age 15–19 are already mothers or are pregnant with their first child. Women with high school and college education are much more likely to delay childbearing than women with only elementary education.

Age at first birth

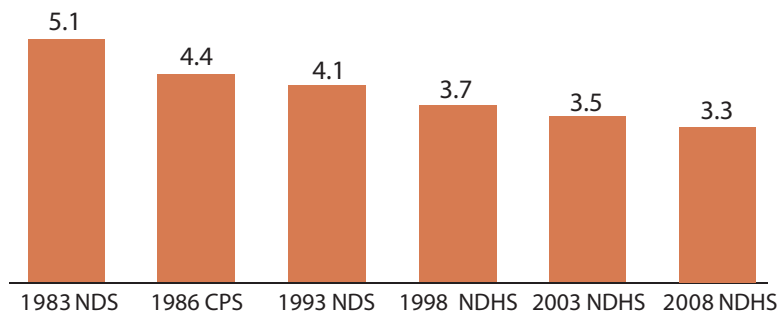
The median age at first birth for all women age 25–49 is 23.2. Women in urban areas have their first birth two years later than women in rural areas (24.2 years versus 22.2 years).

Age at first marriage

Sixteen percent of women in the Philippines are married by age 18. The median age at first marriage is 22.2 for women age 25–49. Women in urban areas marry two years later than women in rural areas (23.2 years versus 21.0 years). Women with more education marry later than those with less education.

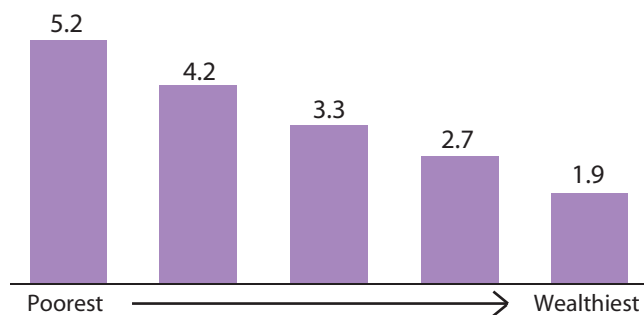
Trends in Fertility

Births per woman



Fertility by Wealth Quintile

Births per woman



Age at first sexual intercourse

The median age at first sexual intercourse for women is 21.5. As with age at first marriage, women with higher levels of education wait longer to begin sexual activity than those with no education.

Desired family size

The mean ideal family size for Filipino women is 2.8 children. Ideal family size varies by region, from a low of 2.6 in CALABARZON and the National Capital Region to a high of 5.1 in ARMM. Women with no education want the most children (5.0), while women with high school or college education want the fewest (2.7).

* Household wealth is calculated through household assets collected from DHS surveys—i.e., type of flooring; source of water; availability of electricity; possession of durable consumer goods. These are combined into a single wealth index. Households are then divided into five groups of equal size, or quintiles, based on each household's relative standing on the wealth index.

FAMILY PLANNING

Knowledge of family planning

Knowledge of family planning is universal among women in the Philippines. The most commonly known methods are the pill, male condom, female sterilization, and injectables.

Current use of family planning

More than half of married Filipino women are using family planning. One-third (34%) of married women currently use a modern method of family planning; an additional 17% are using a traditional method. The pill (16%), withdrawal (10%), and female sterilization (9%) are the most commonly used methods.

Use of modern family planning is fairly consistent in urban and rural areas but varies by region. In ARMM, only 10% of married women use a modern method, while in Cagayan Valley, 46% of women are using a modern method.

Modern contraceptive use increases with women's education. Thirty-six percent of married women with high school or college education use modern methods compared with 9% of women with no education. Use of modern methods is fairly high, even among women from the poorest households (26%).

Trends in family planning use

Use of family planning has increased substantially from the 1970s to the 1990s but has increased only slowly since 1998.

Source of family planning methods

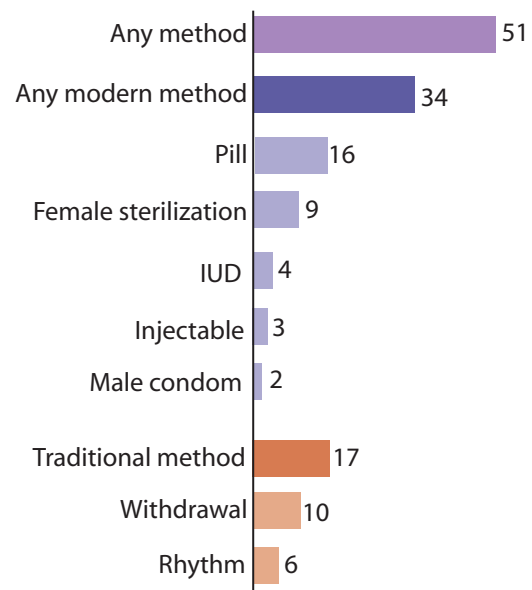
The public and private sector each provide about half of family planning methods. The public sector is most likely to provide female sterilization, IUDs, and injectables, while private sources—mainly pharmacies—provide most pills and male condoms.



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Family Planning

Percent of married women age 15–49 who use family planning



NEED FOR FAMILY PLANNING

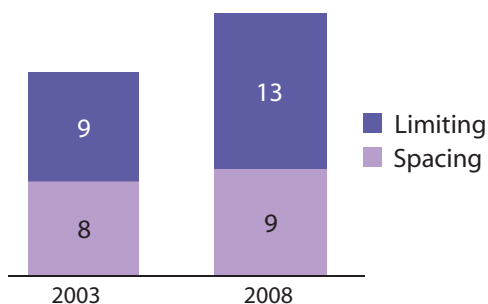
Desire to delay or stop childbearing

More than half of married Filipino women (54%) want no more children. Another 19% want to wait at least two years before their next birth. These women are potential users of family planning. Another 9% are already sterilized.

Unmet need for family planning

Unmet need for family planning is defined as the percentage of married women who want to space their next birth or stop childbearing entirely but are not using contraception. The 2008 NDHS reveals that 22% of married women have an unmet need for family planning—9% for spacing and 13% for limiting. This marks an increase since 2003, when only 17% of women had an unmet need. The increase in unmet need is due mostly to an increase in the desire for limiting births.

Trends in Unmet Need
Percent of married women age 15-49 with an unmet need for family planning



Exposure to family planning messages

More than three-quarters of women age 15-49 saw family planning messages on TV, and almost half heard messages on the radio in the several months before the survey. Women with no education, those living in the poorest households, and those living in ARMM are the least likely to have heard any family planning messages.

Missed opportunities

Among women who are not currently using family planning, only 10% were visited by a fieldworker who discussed family planning, and only 12% of women visited a health facility in the past year where they discussed family planning. Overall, more than 4 in 5 nonusers did not discuss family planning with a fieldworker or at a health facility.

Informed choice

Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and what other methods they could use. About two-thirds of women received each of these pieces of information the last time they began using a modern contraceptive method. Among women who were sterilized, 93% were informed that sterilization is permanent.



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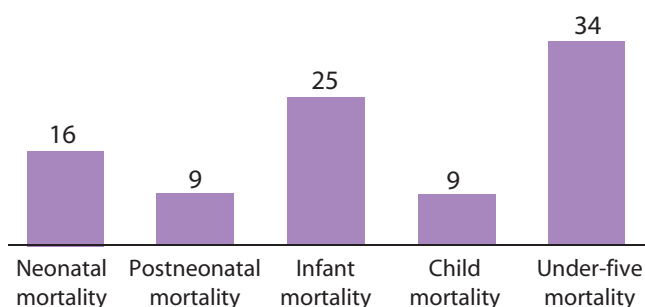
CHILDHOOD MORTALITY

Childhood mortality

Childhood mortality is relatively low in the Philippines. Currently, of every 1,000 live births, 25 children die before their first birthday. Most of these deaths (16 per 1,000) occur during the first month of life. Overall, 34 children per 1,000 live births die before reaching age five. Under-five mortality has declined slightly since the 2003 NDHS.

Childhood Mortality

Deaths per 1,000 live births



Mortality rates differ by residence. The under-five mortality rate for the 10-year period before the survey in urban areas is 28 per 1,000 live births compared to 46 in rural areas. Under-five mortality is highest in ARMM (94 deaths) and Eastern Visayas (64 deaths) and lowest in the National Capital Region (24 deaths).

Childhood mortality decreases with mother's education and household wealth. There are only 17 under-five deaths per 1,000 live births in the wealthiest households compared with 59 deaths per 1,000 live births in the poorest households.

Birth intervals

Spacing children at least 24 months apart reduces risk of infant death. In the Philippines, the median birth interval is 33 months. However, 30% of children are born less than two years after a previous birth. Children born less than two years after a previous birth have particularly high infant mortality rates (35 deaths per 1,000 live births compared with 18 for infants born three years after the previous birth).



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CHILD HEALTH

Vaccination coverage

According to the 2008 NDHS, 80% of Filipino children 12–23 months received all recommended vaccines at any time prior to the survey—one dose each of BCG and measles and three doses each of DPT and polio. This is an increase from 2003 when only 70% had received all vaccinations by age two.

Vaccination coverage is high in both urban and rural areas. Full coverage is above 70% in all regions except for ARMM, where only 31% of children age 12–23 months have received all recommended vaccinations.

Childhood illnesses

In the two weeks before the survey, 5% of children under five had symptoms of an acute respiratory infection (ARI). Half of these children were taken to a health facility or sought treatment from a provider, and 42% received antibiotics.

Almost one-quarter of children (22%) had a fever in the two weeks before the survey, but children with fever are less likely than those with ARI to be taken to a health provider—only 39%. Thirty percent received antibiotic drugs. Treatment with antimalarials is nonexistent.

During the two weeks before the survey, 9% of Filipino children under five had diarrhea. The rate was highest (16%) among children 12–23 months. Roughly one-third of children with diarrhea were taken to a health facility or sought treatment from a provider. Children with diarrhea should drink more fluids, particularly oral rehydration salts (ORS). The majority of mothers (92%) know about ORS. In the two weeks before the survey, 59% of children with diarrhea were treated with ORS or recommended home fluids, but 17% received less fluids or no fluids at all. Overall, 16% of children with diarrhea received no treatment (from a medical professional or at home).



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MATERNAL HEALTH

Antenatal care

More than 90% of Filipino women receive at least some antenatal care (ANC) from a skilled provider, most commonly from a midwife (51%) or doctor (39%). With the exception of ARMM, more than 85% of women in all regions received some ANC. Only 47% of women in ARMM received ANC.

More than three-quarters of women had the recommended four or more ANC visits, and 54% of women had antenatal care in the first trimester of pregnancy, as recommended. Eighty-two percent of women took iron tablets or syrup during their last pregnancy, and more than two-thirds of women (69%) who received ANC were informed of the signs of pregnancy complications. Three-quarters of Filipino births are protected against neonatal tetanus.

Delivery and postnatal care

Less than half of births in the Philippines (44%) occur in health facilities—27% in the public sector and 18% in private sector facilities. Fifty-six percent of births occur at home. Home births are much more common in rural areas (70%) than urban areas (40%).

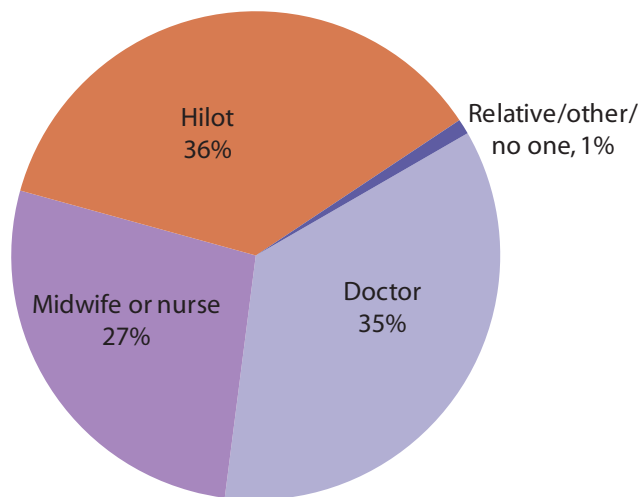
Overall, 62% of births are delivered by a skilled provider (doctor, nurse, or midwife). Another 36% are assisted by a traditional attendant or hilot. 9% of women did not receive any postnatal care within 41 days of delivery.

Postnatal care helps prevent complications after childbirth. More than three-quarters of women received a postnatal checkup within two days of delivery. However, 9% of women did not receive any postnatal care within 41 days of delivery.



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Assistance During Delivery
Percent distribution of births in the 5 years before the survey



FEEDING PRACTICES AND SUPPLEMENTATION

Breastfeeding and complementary foods

Breastfeeding is very common in the Philippines, with 88% of children ever breastfed. On average, children are breastfed until the age of 15 months. WHO recommends that children receive nothing but breast milk (exclusive breastfeeding) for the first six months of life. Only one-third of children under six months are exclusively breastfed in the Philippines. More than half of newborns receive a prelacteal feed. It is generally recommended that infants not be given water, juices, other milks, or complementary foods until six months of age, yet two-thirds of Filipino infants under six months receive complementary liquids or foods.

More than one-third (35%) of the youngest infants (those 0-1 month) are being fed by a bottle. More than half of infants age 12-23 months are bottle fed.

The Infant and Young Child Feeding (IYCF) practices recommend that breastfed children 6-23 months be fed from three or more food groups at least twice a day for children 6-8 months and at least three times a day for children 9-23 months. For nonbreastfed children, it is recommended that they receive milk or milk products and foods from four or more food groups at least four times a day. Overall, 55% of all children age 6-23 months are fed according to all IYCF practices.

Vitamin A and iron supplementation

Micronutrients are essential vitamins and minerals required for good health. Vitamin A helps prevent blindness and infection and is particularly important for children and new mothers. Iron is also important for pregnant women and children who are the most at risk for iron deficiency. A lack of iron (also known as anemia) causes fatigue and decreased resistance to infection.

In the 24 hours before the survey, 89% of children 6-35 months ate fruits and vegetables rich in vitamin A and 78% ate foods rich in iron. Three-quarters (76%) of children 6-59 months received a vitamin A supplement in the six months prior to the survey, and 37% were given iron supplements in the last seven days.

Almost half (46%) of women received a vitamin A supplement postpartum. Pregnant women should take iron tablets or syrup for at least 90 days during pregnancy to prevent anemia and other complications. Only 34% of women took iron tablets or syrup for 90 days or more during their last pregnancy. Adequate iron supplementation during pregnancy was lowest in ARMM, where only 6% of pregnant women took iron tablets for 90+ days.

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HIV/AIDS KNOWLEDGE, ATTITUDES, AND BEHAVIOR

Knowledge

According to the 2008 NDHS, almost all women (94%) have heard of AIDS. However, knowledge of HIV prevention methods is lower. Only 53% of women age 15–49 know that HIV can be prevented by using condoms and by limiting sex to one faithful partner. Only 22% of women have comprehensive knowledge of HIV*. Knowledge of prevention increases with increasing education and wealth.

Some Filipinos still have misconceptions about HIV and AIDS. Only two-thirds of women know that a healthy-looking person can have HIV, and only 58% know that a person cannot get infected with HIV by sharing food with an HIV-positive person.

Multiple sexual partners and condom use

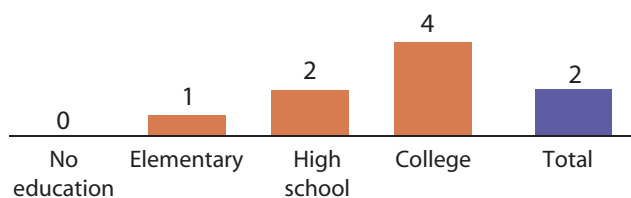
Most Filipino women have only one sexual partner during their lifetime. Among women who had sex in the year before the survey, only 3% had intercourse with someone who was neither their husband or cohabiting partner during that time. Only 11% of these women reported using a condom with that partner.

HIV testing

About half of women know where to get an HIV test, but only 2% have ever been tested and received the results. Women with higher levels of education are most likely to have ever been tested.

HIV Testing

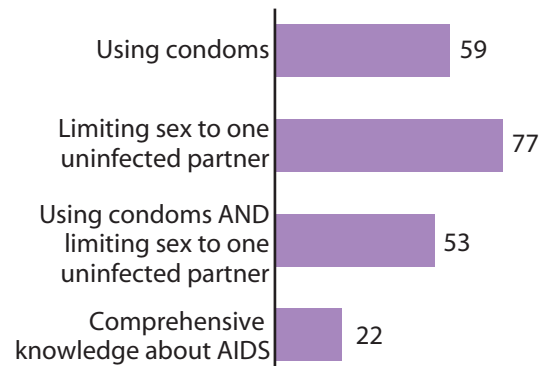
Percent of women who have ever been tested for HIV and received the results by education



* An individual with comprehensive knowledge knows that consistently using condoms during sexual intercourse and having just one uninfected partner reduces the risk of getting HIV, knows that a healthy-looking person can have HIV, and knows that people cannot become infected through mosquito bites or by sharing food with an HIV-infected person.

Knowledge of HIV Prevention

Percent of women age 15–49 who know that the risk of getting HIV can be reduced by:



HIV and youth

Young people are not very knowledgeable about HIV/AIDS. Only 21% of young women age 15–24 have comprehensive knowledge* of HIV. Almost two-thirds of young women know a condom source.

Seventeen percent of young women (age 18–24) had sexual intercourse by age 18. Among young women who have had sex, only 4% used a condom at first sex. The large majority (94%) of never-married Filipino young women have never had sex. Among those who have had sex in the past year, 14% report using a condom at last sex.

TUBERCULOSIS

Knowledge and attitudes

Almost all women have heard of tuberculosis and 94% believe that TB can be cured. The most commonly known symptoms of tuberculosis are coughing, weight loss, blood in sputum, and coughing with sputum. The two most commonly cited causes of tuberculosis are smoking (59%) and drinking alcohol (44%), both of which are associated with tuberculosis but do not cause TB. Twenty-three percent of women correctly cite microbes/germs/bacteria, and 23% incorrectly believe that TB is inherited.

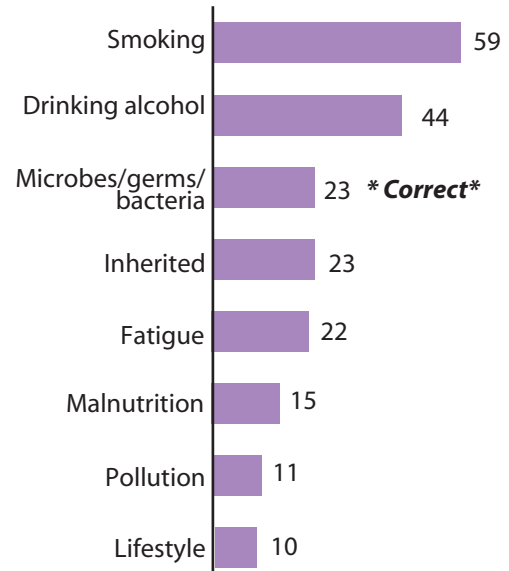
More than three-quarters of women believe that TB can be transmitted by sharing eating utensils. Half believe that TB is spread through the air when coughing.

Sixty percent of women who have heard of TB report that they would be willing to work with someone who has previously been treated for TB.

Experience of TB symptoms

One-third of women report having had at least one symptom of TB. The most commonly reported symptoms are chest or back pain (23%) and cough for two or more weeks (19%). Among those women with TB symptoms, 43% sought consultation or treatment. The majority of those who did not seek treatment treated themselves or believed that their symptoms were harmless.

Knowledge of Tuberculosis Causes
Among those who have heard of TB, percent of women age 15–49 who believe that TB is caused by:



HEALTH CARE UTILIZATION AND FINANCING

Health insurance coverage

About 2 in 5 Filipinos are covered by health insurance. Thirty-eight percent are covered by Phil Health. Phil Health coverage is most common in Northern Mindanao (66%) and lowest in ARMM (17%). More than three-quarters of Phil Health members are paying members; 22% are covered as indigents. Eleven percent of Filipinos have coverage from the Social Security System (SSS), and 2% are covered by the Government Service Insurance System (GSIS).

Health care treatment

Eight percent of household members visited a health facility in the month before the survey; 4% visited a public medical facility, while 3% visited a private facility. RHU/Barangay health centers are the most commonly visited public facilities, while clients going to private facilities are split between private hospitals and clinics. Children under age five are most likely to have gone to a health facility.

The most common reason for seeking health care was illness or injury (68%), followed by medical check-up (28%). It took clients an average of 39 minutes to reach the health facility visited.

Hospital care

Only 4% of Filipinos received in-patient care in a hospital or clinic in the year before the survey. Young children (those under five) and adults age 60 and over were most likely to have been confined to a hospital or clinic. Hospital care was evenly split between public and private facilities. Most patients had hospital stays due to injury or illness (82%); 16% were there to give birth.

Cost of care

Among those who visited a facility in the month before the survey, the average cost of treatment was 1,872 pesos, plus an average of 109 pesos in transportation costs. The average cost for confinement in a hospital or clinic was 16,802. Costs are more than twice as high in private facilities as in public facilities.



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GENDER-BASED VIOLENCE

Experience with violence

In the Philippines, 20% of women age 15–49 have experienced physical violence since age 15; 7% experienced violence in the past 12 months. Four percent of women who have ever been pregnant report having experienced physical violence during pregnancy. Women with higher levels of education and those from wealthier households are less likely to report having experienced physical violence.

These women report that their current or former husband/partner is the person most often committing the violence. Fathers, mothers, and other relatives are also commonly cited as perpetrators of violence.

Nine percent of women have ever experienced sexual violence. Four percent of women who have ever had sex had their first experience of sexual intercourse forced against their will.

Spousal violence

Almost one-fifth (18%) of women who have ever been married have experienced physical or sexual violence by a husband; 10% of women experienced spousal physical or sexual violence in the past 12 months. Pushing, shaking, and slapping are the most commonly reported forms of physical violence. Women from the poorest households are most likely to experience physical or sexual violence by their spouse. College-educated women are least likely to experience spousal violence. Almost half (49%) of women whose husbands get drunk very often report that they are victims of physical or sexual violence.

About one-fifth of women report that they have fought back physically, while 27% have fought back verbally. Eighteen percent have sought help from an outside source such as their own family or a friend/neighbor.

Sixteen percent of women report that they have ever committed physical violence against their husbands when he was not already physically hurting her.

WOMEN'S EMPOWERMENT

Employment

According to the 2008 NDHS, 60% of married women age 15–49 are employed. Eighty-five percent of employed women receive cash only, while 6% are not paid at all. Women generally earn less than their husbands. More than half (54%) of women report that they and their husband jointly make decisions about the wife's earnings, while 42% say that they make decisions about those earnings themselves.

Participation in decisionmaking

In general, Filipino women report that they have power to make household decisions on their own or jointly with their husbands. More than 90% of women report that they make decisions about their own health care on their own or jointly with their husband, and 86% women participate in decisions about major household purchases.

Attitudes towards wife beating

One in seven women agree that a husband is justified in beating his wife for certain reasons. The most common reason for justifying wife beating is neglecting the children (12%).

KEY INDICATORS

Fertility	Total	NCR	CAR	I	II
Total fertility rate (number of children per woman)	3.3	2.3	(3.3)	(3.4)	(4.1)
Median age at first marriage for women age 25–49 (years)	22.2	23.7	21.0	22.7	21.1
Median age at first sexual intercourse for women age 25–49 (years)	21.5	22.6	20.7	22.3	20.9
Median age at first birth for women age 25–49 (years)	23.2	24.8	22.1	23.8	22.3
Married women (age 15–49) wanting no more children (%)	63	62	61	61	67
Family Planning (currently married women, age 15–49)					
Women currently using any modern family planning method (%)	34	32	39	36	46
Women with an unmet need for family planning ¹ (%)	22	21	17	19	20
Maternal Health					
Pregnant women who received antenatal care from a skilled provider ² (%)	91	94	92	90	95
Births assisted by a skilled provider ² (%)	62	87	67	82	59
Births delivered in a health facility (%)	44	69	51	42	29
Childhood Mortality					
Infant mortality (between birth and first birthday) ³	25	22	29	24	38
Under-five mortality (between birth and fifth birthday) ³	34	24	(31)	26	(46)
Children's Health and Nutrition					
Children 12–23 months fully vaccinated ⁴ (%)	80	83	84	76	79
Children ever breastfed (among those born in the last 5 yrs) (%)	88	81	94	91	92
Median duration of exclusive breastfeeding (months)	0.7	0.7	0.5	1.2	2.6
Children age 6–59 mos. who received vitamin A supplements in past 6 months (%)	76	80	70	71	76
HIV/AIDS-related Knowledge and Behavior					
Knows ways to prevent HIV and AIDS:					
Having one sexual partner (women age 15–49) (%)	77	82	71	70	75
Using condoms (women age 15–49) (%)	59	62	57	61	56
Women who have ever been tested for HIV and have received the results (%)	2	3	2	2	3
Violence Against Women					
Women who have ever experienced physical violence since age 15 (%)	20	16	16	19	17
Women who have ever experienced physical or sexual violence by their spouse (%)	18	15	15	19	19

Numbers in parentheses are based on a limited number of cases (500–749 for fertility, 250–499 for mortality). Figures with asterisks are based on too few cases. ¹ Currently married women who do not want any more children or want to wait at least 2 years before their next birth but are not currently using a method of family planning. ² Skilled provider includes doctor, nurse, and midwife. ³ Number of deaths per 1,000 live births; totals are for the five-year period before the survey; all other figures are for the ten-year period before the survey. ⁴ Fully vaccinated includes BCG, measles, and three doses of DPT and polio (excluding polio vaccine given at birth)

Regions*												
III	IVA	IVB	V	VI	VII	VIII	IX	X	XI	XII	XIII	ARMM
3.0	3.0	(4.3)	4.1	3.3	3.2	(4.3)	(3.8)	(3.3)	(3.3)	(3.6)	(4.3)	(4.3)
22.4	22.9	20.3	21.4	22.7	21.9	21.7	21.7	21.6	21.2	20.6	21.0	19.8
21.9	22.5	20.0	21.3	22.1	20.8	21.2	20.9	20.8	20.5	20.0	20.5	19.9
23.5	24.0	21.6	22.6	23.7	22.9	22.6	22.8	22.7	22.1	21.5	22.3	21.5
62	61	63	70	71	67	61	58	64	64	65	67	37
40	32	36	24	33	36	28	29	39	45	41	37	10
18	24	22	32	24	22	28	27	19	15	22	26	33
96	95	85	92	95	97	90	86	92	94	86	97	47
82	75	39	50	60	67	43	38	48	51	36	50	19
56	53	27	32	46	46	34	29	33	42	24	30	15
24	20	37	19	39	31	45	14	19	34	23	21	56
29	28	49	34	43	35	64	31	27	44	34	30	94
78	87	71	71	92	83	80	82	83	84	77	89	31
88	77	91	95	90	91	92	87	94	92	93	89	90
0.5	0.6	0.7	3.2	0.5	0.7	2.3	0.4	4.0	2.8	2.8	0.5	0.7
81	73	72	78	79	82	79	70	75	84	73	81	48
81	84	78	85	70	80	80	75	63	78	65	68	47
62	62	55	66	54	64	59	61	54	59	42	56	35
4	2	2	1	2	1	2	2	2	2	1	4	<1
17	13	27	19	22	28	24	21	28	25	35	27	23
14	11	29	18	18	27	23	17	19	23	26	27	13

* Regional abbreviations: NCR- National Capital Region; CAR- Cordillera Admin Region; I - Ilocos; II- Cagayan Valley; III- Central Luzon; IVA- CALABARZON; IVB- MIMAROPA; V- Bicol, VI- Western Visayas; VII- Central Visayas; VIII - Eastern Visayas; IX- Zamboanga Peninsula; X- Northern Mindanao; XI- Davao; XII- SOCCSKSARGEN; XIII-Caraga; ARMM-Autonomous Region of Muslim Mindanao.

