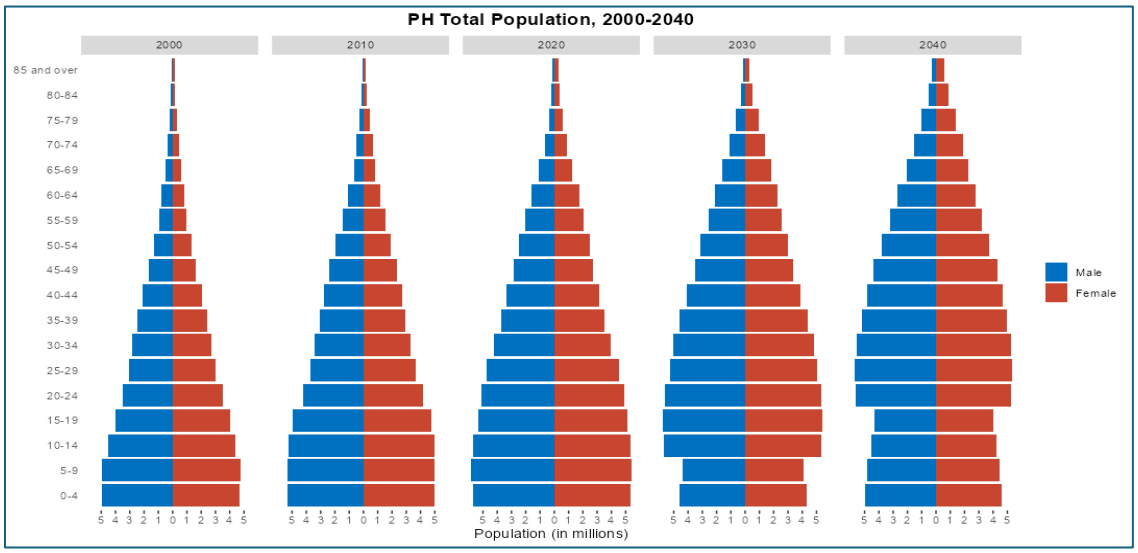
DISPARITIES IN ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH IN THE PHILIPPINES: TOWARDS REALIZING THE DEMOGRAPHIC DIVIDEND

Introduction

The Philippines has been undergoing a demographic transformation over the last few years. From a total fertility rate (TFR) of 4.1 in 1993, this has gone down to sub-replacement fertility level of 1.9 in 2022 (Philippine Statistics Authority, 2022). Coupled with improving life expectancy, the decline in fertility goes hand in hand with changes in the country's age structure. This is most evident in the decline in the youth dependency ratio, or the ratio of the number of children aged 0-14 to the number of working-age adults (Figure 1). The ongoing shift from a high fertility, high mortality regime to a low fertility, low mortality regime points to the maturing of the country's population.

Figure 1. Actual and Projection Population: 2000-2040



Source: Authors' own calculation based on the 2000 and 2010 Census of Population and Housing and the 2020 Census-based Population Projection

This demographic transition has gained increasing attention in local academic and policy circles, which see this transition as opening a "rare window of opportunity" for reaping the so-called demographic dividend (Mapa, 2015; Mason, 2003). As the workforce expands and fewer resources are poured into the shrinking population of young dependents, the demographic transition offers an opportunity for increased savings and economic investments (Mason, 2003). In the AmBisyon Natin 2040, the Philippine government's long-

term development plan, the National Economic Development Authority (NEDA) identifies the realization of demographic dividend as among its goals.

Realizing the demographic dividend is not automatic, however. Among its primary requisites is a careful set of population management and health policies, of which adolescent sexual and reproductive health (ASRH) is a key aspect. Far beyond the government's goal of lowering fertility, ASRH is a multidimensional concept that concerns girls and young women's sexual and reproductive freedom, including their right to govern their bodies and access support services, including comprehensive sexuality education, contraceptive counselling and services, maternal health services and prevention of child marriage, etc. (World Health Organization, 2022). Beyond the individual, ASRH has crucial implications on--as much as it is shaped by--one's social relationships, community, and the society at large (Svanemyr et al., 2014).

A rich body of scholarship links ASRH indicators to various outcomes in young and full adulthood. For instance, several studies find a link between early sexual initiation--especially an unwanted one--on future fertility outcomes, including teen pregnancy (Wiles et al., 2018; Heywood et al., 2015), secondary and tertiary school completion (Parkes et al., 2010; Sunny et al., 2019), and household wealth and the economy more broadly (Canning & Schultz, 2012).

While the Philippines is deemed more "gender-equal" than most countries in Asia based on several gender parity metrics (World Economic Forum, 2024), it has much to do to improve ASRH outcomes compared to its Asia-Pacific neighbors. Most prominently, the Philippines takes exception to Asia-Pacific countries that have experienced decline in adolescent fertility rates in the last two decades (United Nations Population Fund (UNFPA) et al., 2015). It also has among the lowest coverage of contraceptive knowledge, use, and testing among critical populations in the region (UNFPA et al., 2015).

For decades, population policy in the Philippines has been shifting back and forth between the sometimes conflicting objectives of slowing down population growth, upholding reproductive rights, and protecting maternal health (Herrin, 2002). It was only until the historic passing of the much-debated Republic Act No. 10354 or the Reproductive Health Act of 2012 that the government explicitly recognized the right of women to a range of reproductive health services, including "universal access to medically-safe, non-abortifacient, effective, legal, affordable, and quality reproductive health care services, methods, devices, supplies." The law specifically highlights adolescent and youth reproductive health guidance, counseling, and education as among the elements of reproductive health care.

More than a decade since the enactment of the RH Act, however, our understanding of the components, drivers, and regional disparities in the state of ASRH, as well as its implications on achieving the demographic dividend, is only unfolding. The study by Del Mundo (2021) identified only three regions, namely, the National Capital Region, CALABARZON, and the Cordillera Administrative Region, as "ready" to achieve the demographic dividend, based on a measure called support ratio.

Against these contexts, we tap into the unique data set from the 2021 Young Adult Fertility and Sexuality Study (YAFS5) to provide a comprehensive understanding of the regional inequalities in ASRH, its drivers, and its implication on reaping the demographic dividend. Our aim is threefold:

1. First, we update the regional support ratio estimates used to examine regional disparities in current prospects of realizing the demographic dividend (Del Mundo, 2021), using latest available data from the National Demographic and Health Survey (2022 NDHS) and the Labor Force Survey (LFS).
2. Second, we examine gaps in various ASRH outcomes between regions deemed "ready" for the demographic dividend, based on the support ratio. Specifically, we construct a ASRH index based on three dimensions, namely: 1) access to ASRH information, 2) access to services, and 3) one's agency. We then analyze regional gaps in the prevalence of specific ASRH indicators and the mean ASRH index scores.
3. Third, we analyze other individual-level information to examine the factors that are associated with each of the three ASRH dimensions, including one's gender, family context and socioeconomic position.

Study framework

The ecological model, originally developed by Bronfenbrenner (1979), serves as a useful framework for understanding the various facets and determinants of ASRH (Svanemyr et al., 2015). This model views ASRH as a product of interpersonal, intrapersonal, sociocultural, and societal factors; that is, ASRH is influenced not only by one's individual, biological, and attitudinal factors; these factors are themselves influenced by strong support networks, positive social norms, and policies and programs promotive of ASRH.

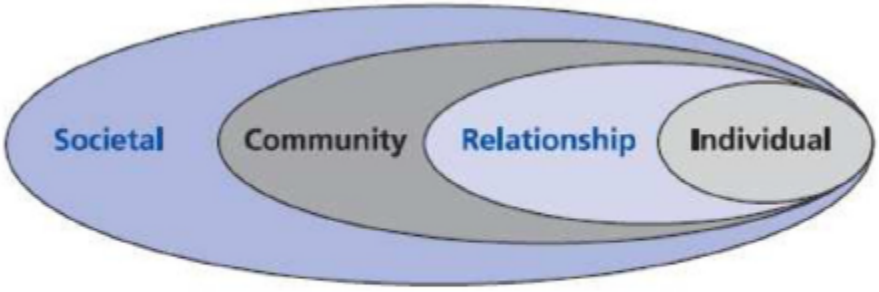
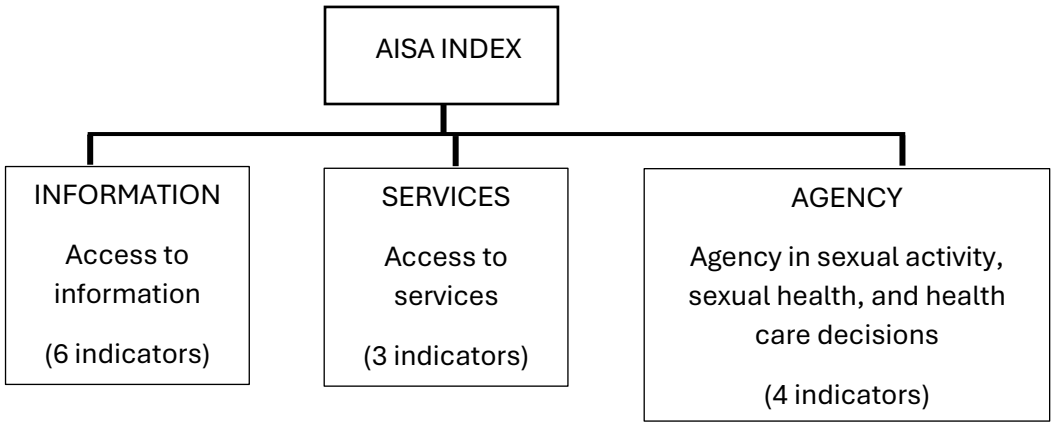


Figure 1. Ecological model for an enabling environment for shaping adolescent sexual and reproductive health [5].

At the operational level, the Access to Information, Services, Agency, and Rights (AISAR) framework developed by Anderson et al. (2014) at the Guttmacher Institute centers the discussion of ASRH around reproductive and sexual health rights. Although the framework was originally conceived for young women, there is an opportunity to expand this framework

to cover all Filipino youth using the rich information that the YAFS5 provides. We adapt this framework, but limited to only three components: information, services and agency. (Figure 3)



Adapted from: Anderson et al. (2014

Data and methods

We use data from the 2021 Young Adult Fertility and Sexuality Study (YAFS5), the fifth in the series of nationally and regionally representative, cross-sectional surveys on Filipino youth. The data consists of 10,949 youth aged 15-24, who were asked about their socio-demographic background, health, sexuality, fertility, and mental health, among others.

To provide an overview of the disparities in ASRH, we present key figures from the YAFS5, including the prevalence of teenage pregnancy, prevalence of condom use during first sex, mean age at sexual initiation, and mean age at first birth, , by status of achievement of demographic dividend.

We then construct an ASRH index based on the indicators in Table 1, Adopting the AISAR framework developed by Anderson et al. (2014) at the Guttmacher Institute.

Preliminary results show young people from regions with high support ratio also exhibit better ASRH indicators, such as higher condom use, delayed age at first sexual initiation, higher knowledge of HIV/AIDS.