

FERTILITY DECLINE IN THE PHILIPPINES: CURRENT STATUS, FUTURE PROSPECTS

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Demographers have been closely monitoring the trend in fertility in the Philippines since the 1960s. The first national survey that included detailed measurement of reproductive behaviors and childbearing desires was the 1968 National Demographic Survey). Almost simultaneously, and by no means coincidentally, the reduction of the rate of population growth was articulated as national policy, followed soon thereafter by the provision of family planning services through government outlets beginning in the early 1970s. Successive National Demographic Surveys were conducted at five-year intervals, with the 1968 NDS followed by the 1973 NDS and continuing through the 1998 National Demographic and Health Survey, seven surveys in total. Few countries in any region of the world – developing or developed – have maintained periodic and comprehensive measurement of reproductive behavior and its components over such an extended period of time. The trajectory of fertility decline is better understood, and with more precision, in the Philippines than in most countries.

The plethora of demographic data has by no means quelled the debates surrounding fertility levels and trends in the Philippines. In the early years, the demographic data provided some indications that the Philippines might followed the rapid fertility path of East Asian nations such as Korea and Taiwan: fertility estimates from the 1978 national survey showed that fertility decline had accelerated during the 1970s, in step with the expanded availability of family planning services in the first half of the decade. But later surveys revealed that a rapid pace of decline was not maintained. Instead, brief bursts of rapid decline were followed by longer stretches of languid decline (Zablan, 2000). The overall picture is of a fertility transition that has proceeded far more slowly than most neighboring countries in East and Southeast Asia, and at the beginning of this decade the TFR was approximately 3.5 births per woman, a substantial distance above replacement level. A review of the past three decades shows that, when the government policy has included explicit goals, the amount of fertility decline has consistently fallen short of those goals (Zablan 2000). The related questions that have prompted a two-decades-old debate are: Why has fertility not declined more rapidly in the Philippines? What sets the Philippines' experience apart from neighboring countries such as Indonesia, Malaysia, Thailand, South Korea, and Vietnam?

These questions are retrospective. In this paper, our concern is prospective: Where is fertility heading in the next few decades? When, if ever, is the Philippines likely to attain replacement-level fertility? As a pivoting point for this discussion, we note that the most recent projections by the United Nations Population Division – the 2000 Revision (United Nations, 2001) – show replacement-level fertility (TFR = 2.1) attained in the period 2015-2020, i.e. roughly fifteen years from the present. Our aim in this paper is to evaluate the reasonableness of this projection and, more specifically, to consider what factors (social, economic, cultural, programmatic) might facilitate, or impede, the progression of fertility from its current level in excess of three births per woman to a national average of two births per woman.

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1. Fertility trends

Fertility in the Philippines has experienced continuous decline from the 1950s to the present. This is shown in table 1, which presents TFRs from the United Nations estimates and projections along with the direct estimates provided by the National Demographic Surveys. There is agreement that the TFR exceeded six births per woman in the 1960s, fell below five births per woman in the 1980s, and fell below four births per woman during the 1990s. While the decline in fertility has been monotonic (and relatively steady according to the United Nations, unevenly paced according to the unadjusted survey estimates), except for the mid-1980s it has rarely been rapid, averaging 1-2 per cent per annum during most of the three decades from 1970 to the present. As a result, while the Philippines' TFR was in excess of 3.5 in the mid-1990s, the TFRs at approximately the same time in Malaysia and Indonesia were 3.2 and 2.8 respectively, and in Vietnam, Thailand and Singapore 2.3, 2.0 and 1.7 respectively (United Nations, 2001).

TABLE 1. TOTAL FERTILITY RATES : TRENDS AND ESTIMATES

<i>United Nations (2001)^a</i>			<i>National Demographic Surveys</i>		
<i>Period</i>	<i>TFR</i>	<i>Percentage change</i>	<i>Period</i>	<i>TFR</i>	<i>Percentage change</i>
1950-55	7.29				
1955-60	7.13	-2.2			
1960-65	6.85	-3.9	1958-1962	6.49	-
1965-70	6.50	-5.7	1963-1967	6.34	-2.3
1970-75	6.00	-7.7	1968-1972	5.97	-5.8
1975-80	5.50	-8.3	1973-1977	5.24	-12.2
1980-85	4.95	-10.0	1978-1982	5.08	-3.0
1985-90	4.55	-8.1	1983-1987	4.26	-16.1
1990-95	4.14	-9.0	1990-1992	4.09	-4.0
1995-00	3.64	-12.1	1995-1997	3.73	-8.8
2000-05	3.24	-11.0			
2005-10	2.79	-13.9			
2010-15	2.33	-16.5			
2015-20	2.10	-9.9			
2020-25	2.10	0.0			

Source: United Nations: United Nations, 2001. NDS: de Guzman, 1994; World Bank, 1991; National Statistics Office and Macro International, 1994 and 1999.

^a For 2000 – 2020, medium variant.

Table 1 makes clear what must occur if the Philippines is to conform to the scenario described in the United Nations projections: in percentage terms, the pace of decline must quicken in the next fifteen years. To the contrary, the unadjusted NDS estimates show, if anything, a slackening in the rate of decline in percentage terms during the 1990s as compared to the 1980s; this must be reversed if the United Nations projection is to prove correct. The remainder of the paper will consider whether this is plausible, given what is known about reproductive behavior and its determinants in the Philippines.

A bit more comparative analysis of TFRs underscores the challenge of achieving replacement-level fertility in fifteen years. The 1997 Indonesia DHS shows a TFR in urban areas of 2.4, i.e. not far above replacement. In contrast, the 1998 Philippines NDHS shows an urban TFR of 3.0 – to be sure, a

one-half birth decline from the 1993 estimate, but still almost one birth above replacement. That is, even in the segment of the population that one would expect to be more inclined towards small families, fertility remains substantially above replacement. The comparison of rural TFRs is even starker: 3.0 in the 1997 Indonesia DHS, as against 4.7 in the 1998 Philippines NDHS. Moreover, the rural TFR from the 1998 NDHS is but one-tenth of a birth lower than the rural TFR from the 1993 NDHS; that is, rural fertility in the 1990s appears to be relatively stagnant at a high level. Finally, we note that there are significant differences in fertility levels by region. For example, fertility is more than twice as high in the Eastern Visayas and Bicol Regions (with total fertility rates well over five births per woman) than in Metro Manila (with a rate of 2.5 births per woman); the former two regions have relatively low levels of development.

Before evaluating future prospects, for the purposes of documentation we also present estimates in table 2 of trends in two major proximate determinants of fertility: nuptiality and contraceptive practice. There has been surprisingly little change in the timing of entrance to first marriage. This is yet another respect in which the Philippines' experience in the past four decades differs from most other Asian societies. In the 1960s, average age at first marriage was rather late by Asian standards. However, because it has remained stable over time, age at first marriage is now lower on average in the Philippines than some neighboring Asian societies, especially those to the north (China, Korea), which suggests there is some scope for marriage delay during the next few decades to exert downward pressure on fertility, a point to which we return. Table 2 also shows the trend in contraceptive prevalence among married women ages 15-44 years over the period 1968 to 1998. The most important observation is that there has been a threefold increase in contraceptive prevalence over the span of three decades, most of this due to increased use of modern methods. Without doubt, this has been the primary direct cause of the fertility decline shown in table 1. A noteworthy feature of contraceptive practice in the Philippines is the heavy reliance on traditional methods (both periodic abstinence and withdrawal). In the 1998 NDHS, the total contraceptive prevalence rate is estimated at 46.5 per cent, and roughly 40 per cent of this can be attributed to the use of traditional methods.

TABLE 2. TRENDS IN AGE AT FIRST MARRIAGE AND CONTRACEPTIVE USE, PHILIPPINES, 1968-1998

Survey	Contraceptive Prevalence ^A			
	Nuptiality Average age at first marriage ^b	Modern methods	Traditional methods	Total
1968 NDHS	23.4	2.9	11.5	15.4
1973 NDHS	23.8	10.7	6.7	17.4
1978 RPFS	24.5	17.2	21.3	38.5
1983 NDHS	23.3	18.9	13.1	32.0
1988 NDHS	23.8	21.6	14.5	36.1
1993 NDHS ^c	23.4	24.9	15.1	40.0
1998 NDHS ^c	23.5	28.2	18.3	46.5

Source: World Bank, 1991; National Statistics Office and Macro International, 1994 and 1999.

^a Currently married women aged 15-44.

^b Singulate Mean Age at Marriage.

^c Currently married women aged 15-49.

The remainder of this paper considers future prospects, and in particular the likelihood of fertility falling to replacement level (i.e. roughly two births per woman on average) during the next few decades. We first discuss likely trends in desired fertility. This is followed by consideration of two factors that might act against the realization of desired levels of fertility: unwanted fertility, which will act to raise fertility above desired levels; and nuptiality changes, which could act to depress or elevate fertility but which seem most likely to depress fertility.

2. *Desired fertility*

It is improbable that fertility in the Philippines would fall to replacement level unless desired fertility also approximated replacement level. In this section, we examine average fertility desires as revealed by the national surveys conducted in the 1990s, and then consider a set of factors that in our judgment are key determinants of future trends in desired fertility.

According to the 1998 NDHS, the wanted fertility rate for the country as a whole was 2.7 children per woman during the mid-1990s, more than one-half child above replacement. Even in the urban areas, where about one-half of the currently married women were using a contraceptive method, the wanted fertility rate was slightly higher (2.3) than replacement but somewhat lower than in 1993 (2.6). The rate for college-educated women was estimated at 2.5 in 1998 and 2.4 in 1993. That is, to date the wanted fertility of neither urban nor college-educated Filipinas has fallen to replacement level. By way of comparison, the 1997 DHS in Indonesia shows a wanted fertility rate of 2.0 in urban areas and 2.2 for secondary or higher educated women. In rural areas in the Philippines, desired fertility remains some distance from replacement: the wanted fertility rate in 1998 was 3.3, exactly the same rate as in 1993.

Despite the persistence through the 1990s of wanted fertility rates well above two births per woman in most segments of the population, the possibility that wanted fertility might fall to replacement level during the next two decades cannot be dismissed out of hand. In our view, there are three sets of factors that bear most critically on trends in fertility desires. Although each merits extended analysis, space only permits brief commentary.

a) *Economy*

The complex relationship between population growth and economic development has been thoughtfully analyzed by other scholars (Orbeta and Pernia, 1999). Undoubtedly the relationship works in both directions, with demographic parameters affecting economic change and economic factors affecting vital rates. Our more focused interest here is the effect of the economy on fertility. In general, economic conditions in the Philippines have compared unfavorably with many other Asian countries since the 1970s. GNP per capita has been subject to low, and at times negative, rates of growth. Income inequality, unemployment and underemployment, urban-rural and regional disparities in economic opportunities, have all led to the persistence of widespread poverty. These economic conditions, in our judgment, help explain the unchanged preference for an average of three children among rural women during the 1990s. One of the most widely accepted hypotheses concerning the relationship between economy and desired fertility is that increasing household income makes children less affordable, leading to a decreasing demand for children as well as an increasing demand for "higher quality" children – a "quality-quantity tradeoff." In major segments of the Philippines population, however, the desire for more than two children is linked to the prevailing cultural expectation of children as a means of financial assistance. Children are valued for their assistance in household chores, their contribution to family income (e.g. working in the farm), and as a source of financial security for parents in old age. Unless the Philippines economy offers substantially more opportunity and security, we expect major segments of the population to desire on average more than two children for some years to come. (In the same vein, Orbeta and Pernia (1999) conclude that further declines in desired family size may require well-targeted

human capital investments along with employment-generating economic growth, especially formal-sector employment for women.)

One specific economic factor that bears particular attention is female labor force participation. Generally labor force participation of women has a depressing effect on desired fertility. In the Philippines, the percentage of women working, whether full-time or part-time, is relatively high (approximately 37 per cent according to the 1998 NDHS). However, a majority of these women work in the informal sector, where childbearing is less incompatible with work. Moreover, low cost or free (e.g. near-kin) domestic help is available to an unusual extent in Filipino society, rendering the opportunity cost of childbearing for women comparatively low. In addition, because a relatively small fraction of women work in the formal sector, labor force participation does not have the empowering effects (with respect to reproductive and related decisions) that one might expect. Hence female labor force participation in the Philippines has not had the overall impact on fertility desires that the relatively high employment rates might lead one to expect.

b) Culture, values and ideas

A large majority of the Filipino population professes allegiance to the Roman Catholic faith. There is also a sizeable Muslim minority in the southern Philippines. A common explanation for the slow pace of fertility decline in the Philippines as compared to other Asian countries is the alleged pronatalism of these two religions. Our view is that religion does not exercise a strong direct influence on fertility desires, but that it is a major factor influencing population policy and programs. Church opposition to contraception has been a major factor in preventing the government – both national and local -- from committing funds for population programs. This in turn fosters a social climate that works against coalescence around an explicit two-child norm. Furthermore, in Philippine society there is a norm against having but one child, because most parents believe that it is not healthy to grow up alone without siblings. Newlyweds or couples who are without children are often objects of curiosity and jokes – it is assumed that something must be wrong with the relationship if marriage does not result in childbearing. There is no preference for sons or daughters, rather a strong preference for having both a son and a daughter, an outcome many couples will not achieve if they have just two children. All of these cultural factors work against a decline in wanted fertility and would need to weaken or disappear if a two-child norm is to take hold over the next few decades.

Perhaps more fundamentally, at present there is no widespread conviction that limiting childbearing to two children (or fewer) is a prerequisite for the achievement of a range of household needs (financial and otherwise) and for individual fulfillment. This conviction, which we suspect is essential if fertility desires are to fall to replacement level, can be found among the urban and the best educated, but even in these sub-groups we sense a tenuous commitment to this view. And it is clear that this is not the dominant feeling about childbearing in most major sub-groups of the Philippine population.

c) Institutional factors and policy instruments

The general policy of the Philippine government is that couples should decide responsibly the number and spacing of their children. What do not exist are institutions that would encourage couples to wish to have just two children. At present few disincentives for childbearing exist in the Philippines, and many of these are rather weak and hardly felt by couples. Two that might be mentioned include the increase in the legal age of marriage without parental approval to age 21 and the lack of tax exemptions for children beyond the fourth child. Indeed, policies exist that provide incentives for large families, including maternity and paternity leave benefits for those in the formal sector, free elementary and high school education, and land reform and housing programs. One might also see the absence of a comprehensive national health insurance policy and the lack of social security coverage as pronatalist in

their effects. In short, key features of the current institutional environment do not nurture small-family norms.

This review of selected factors influencing fertility desires makes clear that there are many forces in Philippine society supporting the desire for three (or more) children. While it is hazardous to assert with any assurance that these factors will maintain their effects over the next two decades, we feel that their strength should not be under-estimated, and a decline in desired fertility to replacement level is a larger step than outside observers might assume. Even more difficult would be a decline in desired fertility to sub-replacement levels, but this might well be a prerequisite for the attainment of replacement-level fertility rates if substantial unwanted fertility remains, the subject to which we now turn.

3. *Unwanted fertility*

Survey data on unwanted fertility show that the fraction of births that were unwanted increased during the 1990s, from 15.9 per cent in 1993 to 18.2 per cent in 1998. According to the 1998 NDHS, a further 27 per cent of births in the three years prior to the survey were mistimed (wanted later), resulting in a total of 45 per cent of births unplanned. The key component for this discussion is unwanted fertility. If these were eliminated and other aspects of reproduction were held constant, the TFR would have been about one birth less in the mid 1990s—yet still well above replacement—at 2.7 births per woman. Unless this substantial amount of unwanted fertility is largely eliminated, it is difficult to imagine how fertility in Philippines could fall to replacement-level during the next few decades.

Induced abortion is both illegal and relatively unavailable in the Philippines, and we do not expect this to change in the foreseeable future. Therefore, the principal determinants of unwanted fertility are, first, the contraceptive prevalence among those who wish to avoid pregnancy and, second, the efficacy of that contraceptive use.

Contraceptive prevalence increased from 40.0 per cent in 1993 to 46.5 per cent in 1998 (see table 2), and during the same period unmet need declined from 26.2 per cent to 19.8 per cent. The increase in prevalence occurred in both urban and rural areas, although the increase was larger in urban areas. These figures indicate important progress towards contraceptive protection for those couples who do not want to conceive.

Nevertheless, there are significant programmatic, social, cultural, and economic barriers to contraceptive use. In the first place, problems of inaccessible services continue to plague the Philippine population program. The shift in the management of the family planning program from the national Department of Health to the local government, as mandated by the Local Government Code of 1991, has created discontinuities in political commitment and localized weaknesses in the financial and technical support for the program. Compounding the management problems created by devolution is the already-noted Catholic Church opposition to contraceptive practice. One consequence of this opposition is a shortfall in the allocation of funds by some local government officials to family planning, compounded by declines in external donor support. For this and other reasons, problems of sustainability and logistics continue to plague the program. There are reports of absence of contraceptive supplies, for example in remote areas of Mindanao. Although programs such as the Philhealth Indigency Program that are designed to improve access to family planning have recently been initiated, these are still in pilot phases in only a few locations in the country. Finally, due to the bias of service providers, contraceptive services are largely unavailable to the young and unmarried.

One expression of these shortcomings in the provision of family planning supplies and services is that contraceptive discontinuation rates remain high, in fact increasing from 1993 to 1998. The major reasons for discontinuation cited in the 1998 NDHS are method failure and fear of side effects. In fact the

fraction of contraceptive discontinuations due to method failure remained constant between 1993 and 1998, and this might be taken as a sign of greater attention to quality of care in the provision of family planning. Among the efforts in this direction is the recent development of the Sentrong Sigla (Centers of Wellness) program of the Department of Health. Nevertheless, method failure remains among the most common causes of discontinuation, and this in turn directs attention to the problem of low contraceptive efficacy. Contraceptive practice in the Philippines is characterized by a method mix of modern and “traditional” (and less effective) methods, with traditional methods constituting a far higher portion of the mix than is found in most countries, on the order of forty percent according to the 1998 NDHS (see table 2). The two main traditional methods are periodic abstinence and withdrawal, both of which have relatively low use-effectiveness. The rising price of contraceptives and the decreased provision of contraceptives free of charge are incentives for continued heavy reliance on these two cost-free methods. A program to introduce the standard days approach for the practice of natural family planning, which might serve to increase its use-effectiveness, has recently been implemented in pilot areas in the country. It is hoped that this new approach enjoys some success. Otherwise, significant reliance on natural family planning without an increase in its effectiveness means either a continued relatively high level of unwanted fertility and/or recourse to clandestine abortion, with the attendant risks to the health and well-being of women.

If desired fertility were indeed to fall to replacement level (or even further), then couples in the Philippines would be subjected to even longer periods of risk of unwanted pregnancies than is the case at present (provided that sexual exposure does not decline). While some unwanted pregnancies in the Philippines are intentionally aborted, this remains an inconvenient and health-threatening option for most women. We believe that it is highly unlikely that induced abortion will become a common means of avoiding unwanted births in the near future. Hence, the prevention of unwanted births depends on the use of effective means of family planning by couples who wish to avoid pregnancies. As briefly reviewed here, there are a variety of barriers – programmatic, social, cultural, economic – to effective contraceptive practice. Most of these barriers, moreover, have been widely-known features of the contraceptive decision-making environment in the Philippines for decades. If unwanted fertility is to fall to a level consistent with the attainment of replacement-level fertility, there will need to be radical changes in contraceptive practice. And these in turn will depend on sharp reduction in the current barriers to effective contraceptive practice.

4. *Changes in marriage patterns*

Changes in nuptiality in the Philippines during the next few decades could place downward pressure on fertility; indeed, if such changes were large enough, conceivably they could result in achieved fertility falling short of desired fertility, as has been observed in many low-fertility societies. We consider three aspects of nuptiality that reduce exposure to childbearing: permanent non-marriage, delayed age at entry to first marriage, and marital dissolution and temporary separation.

a) *Levels of permanent non-marriage*

By Asian standards, a significant fraction of Filipino women remain unmarried, on the order of 6 per cent-8 per cent of women at the end of the reproductive years according to censuses from 1970 to the present. A corresponding relatively high fraction of women remain childless, on the order of 9 per cent-10 per cent (as against a maximum of 3 per cent-4 per cent in other Asian societies). It seems unlikely that permanent celibacy will increase in the next few decades in the Philippines. Census data, in fact, show a slight downward trend in the period since 1970.

b) Age at entry to first marriage

The average age at first marriage in the Philippines currently falls between that of countries to the north (China, Korea, Japan – average age 25 years or older) and countries to the south (Indonesia, Vietnam – average age 21 years or younger). As shown in table 2, average age at first marriage has been relatively stable in the Philippines for several decades. It is usually assumed that age at first marriage is especially sensitive to changes in school participation rates, but in the Philippines female educational attainment has been relatively high for some time and there seems little room for substantial increase on average. In short, it is difficult to evaluate the prospects for an increase in the age at first marriage – a two- or three-year increase to East Asian patterns is conceivable, but there is at present no evidence of a shift in this direction. Were such marriage postponement to occur, it seems likely that there would be attendant increases in pre-marital conceptions and births that would at least partially offset the fertility-depressing effect of marriage delay.

c) Marital dissolution and temporary spousal separation

Increased marital instability and spousal separation might act to reduce fertility. Data on marital dissolution suggest a slight increase during the 1990s, but the level remains too low to have much bearing on fertility. Far more important in our view is the potential impact of spousal separation, especially that due to the phenomenon of overseas Filipino workers (OFWs). To give a sense of the scale of the phenomenon, official statistics show that in the period from April to September 2000 there were 978,000 OFWs (NSO 2000) out of a total national population of approximately 75 million. While our expectation is that both marital dissolution and temporary spousal separation will increase during the next few decades, we do not foresee increases that would be substantial enough to leave a noticeable imprint on trends in fertility.

5. Concluding comments

Predictions of trends in fertility over a two-decade period – the period during which, according to United Nations projections, the Philippines will achieve replacement-level fertility – are by their very nature hazardous. Rather than making firm predictions, our principal aim in this paper has been to emphasize the large distance between the present reality and the fertility regime implicit in the United Nations projections for 2015-2020. In brief:

- The TFR is presently about 1.5 births above replacement. The pace of decline during the past decade has been slower than United Nations projections for the next fifteen years.
- Desired fertility remains above replacement in all major segments of the population. More fundamentally, we see little evidence of widespread emergence of the conviction that restricting childbearing to two (or fewer) children is essential for household and personal well-being.
- Unwanted fertility is relatively high. Inadequate access to family planning supplies and services remains a problem for much of the population, exacerbated during the past decade by the devolution of responsibility for family planning services to local authorities. Moreover, Filipinos favor contraceptive methods with relatively low use-effectiveness. Finally, it is extremely unlikely that induced abortion will become a readily available option for couples with unwanted pregnancies.

- There is some prospect of nuptiality changes that might have a fertility-depressing impact, in particular postponement in the age at first marriage. Recent data do not indicate that such changes are underway, however.

We are led to the conclusion that a reduction in fertility to replacement levels during the next two decades -- which if anything would entail an acceleration of the fertility decline of the past two decades -- is unlikely. For this to occur, the next two decades must witness two crucial changes in Filipino reproductive attitudes and behaviors: first, the emergence of a firmly-held two-child norm; and second, the implementation of fertility preferences through effective contraceptive practice. In fairness we should acknowledge that other observers find it more plausible that fertility might decline to replacement-level in the Philippines by 2020 (Zablan, 2002).

There is a further feature of fertility in the Philippines that we have noted in passing and that deserves some emphasis when one considers prospects for the next two decades. The Philippines is a highly diverse society, characterized by wide socioeconomic and regional inequalities. This in turn is reflected in substantial sub-national variation in the TFR and other facets of reproduction (fertility desires, contraceptive prevalence, nuptiality) – variation according to region, type of place (urban or rural), schooling, economic class, and so forth. We do not foresee any major sub-groups of the population moving to sub-replacement fertility during the next two decades. From this it necessarily follows that achievement of replacement-level fertility for the population as a whole can only occur if the large differentials currently observed are sharply reduced or eliminated altogether. Of course this development cannot be ruled out, but it will be a very tall order in a period of merely 15-20 years. We have reported, for example, that both actual and desired fertility are relatively high in rural areas, and that both were essentially unchanging during the 1990s. Since then, economic recovery has been sluggish, and very significant social and economic problems continue to beset the country. Compounding the role of social and economic disparities in generating sub-national variation in fertility is the lukewarm support offered by local leaders in many parts of the country for improvements in family planning services. Any assessment of future prospects must take account not only of national averages but also the heterogeneity of reproductive behavior in the Philippines, itself reflecting the highly diverse and sometimes fragmented character of this society.

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