



Food and Nutrition Agenda: *Let's Talk!*



EXPANDED NATIONAL NUTRITION SURVEY
NATIONAL DISSEMINATION FORUM

2021 Survey Results
DUSIT THANI MANILA, MAKATI CITY
NOVEMBER 14, 2022

2021 ENNS

Overview and Methodology

LEGAL BASIS

Executive Order 128 Section 22

The FNRI is mandated to undertake research that defines the citizenry's nutritional status, with reference particularly to the malnutrition problem, its causes and effects, and identify alternative solutions to them;

Executive Order 352

The national nutrition survey is a designated statistical activity that will generate critical data for decision-making of the government and the private sector

Designated Statistical Activities

- The **National Nutrition Survey (NNS)** is a comprehensive survey conducted every five years since 1978 and the latest of which is in 2013.
- In-between the five-year period, the **Updating Survey of Nutritional Status of Children and Other Population Groups** is conducted every 2 to 3 years to rapidly assess the nutrition situation of Filipinos.

HISTORICAL BACKGROUND

1978	1982	1987	1990	1993	1995	1998
1 st NNS	2 nd NNS	3 rd NNS	1 st Updating Survey	4 th NNS	2 nd Updating Survey	5 th NNS

2001	2003	2005	2008	2011	2013	2015	2018, 2019, 2021
3 rd Updating Survey	6 th NNS	4 th Updating Survey	7 th NNS	5 th Updating Survey	8 th NNS	6 th Updating Survey	Expanded NNS

What is the Expanded National Nutrition Survey or ENNS ?

Rationale:

- There is a clamor from the local government units (LGUs), Congress, and other stakeholders for a local data estimates to be used for their development plan.
- There is a need to generate Nutrition and Health Data **Annually** at the National Level to collect key health and nutrition indicators that serve as basis for monitoring national programs
- Global commitment on health and nutrition

Rationale:

- In 2018, FNRI initiated a 3-year survey called the rolling survey and termed as ENNS (2018-2020)
- Adopted the 2013 Master Sample (MS) of the Philippine Statistics Authority (PSA) as its sampling design that covers all 117 provinces and HUCs.



PSA Board Resolution No. 06, Series of 2018

Approving and Adopting the Survey Design of the Expanded National Nutrition Survey



Release and Dissemination of Microdata in the Philippine Statistical System, which was issued in 2011.

6. Conduct the ENNS in a schedule harmonized with those of the PSA's to minimize response burden.

Approved this 9th day of May 2018, in Pasig City.


ERNESTO M. PERIA
Secretary of Socioeconomic Planning
National Economic Development Authority
PSA Board Chairperson

Attested by:


LISA GRACE S. BERSALES
Undersecretary
National Statistician and Civil Registrar General
Chairperson, PSA Board Secretariat

PSA Board Resolution No. 06
Series of 2018

APPROVING AND ADOPTING THE SURVEY DESIGN OF THE EXPANDED NATIONAL NUTRITION SURVEY

WHEREAS, in Executive Order (EO) No. 128, "Reorganizing the National Science and Technology Authority" issued on 30 January 1987, the Food and Nutrition Research Institute (FNRI) is mandated to define and update the country's food and nutrition situation, particularly that of children and other nutritionally vulnerable groups;

WHEREAS, FNRI conducts the National Nutrition Survey (NNS) every five years since 1978 and the Updating Survey of the Nutritional Status of the Filipino Children and Other Population Groups in between the conduct of the NNS since 1989 as the country's official sources of data on the citizen's nutritional status; and based on the national and regional menu calculations for poverty estimation, the Philippine Dietary Reference Intakes (PDRI), and the Desirable Dietary Patterns/food production targets, among others;

WHEREAS, the NNS has expanded over the years to include other components relevant to health such as the measurement of lifestyle risk factors for elevated blood pressure and blood sugar, smoking and alcohol intake, physical inactivity, and other disease conditions;

WHEREAS, Executive Order (EO) No. 352, "Designation of Statistical Activities that will Generate Critical Data for Decision Making of the Government and the Private Sector" issued on 31 July 1996, established the System of Designated Statistics (SDS) in the Philippine Statistical System (PSS);

WHEREAS, per EO No. 352, the National Nutrition Survey (NNS) and the Updating Survey of the Nutritional Status of the Filipino Children and Other Population Groups were included in the activities specified as Designated Statistical Activities;

WHEREAS, the latest survey round conducted for the NNS was in 2013 and that for the Updating Survey of the Nutritional Status of the Filipino Children and Other Population Groups was in 2015;

WHEREAS, recognizing the growing demand for provincial estimates officially for targeting households with undernourished children or nutritionally-vulnerable groups, or targeting areas with high levels of malnutrition, or being a trial for delivering nutrition-specific interventions, the FNRI will conduct in 2018 Expanded National Nutrition Survey (ENNS) which adopts a survey design that is able to generate data at the provincial level (Annex BR 06-20180509-01);

WHEREAS, the design for the ENNS entails changes in the schedule and timing of data collection, schedule of release and dissemination of results, and of disaggregation and quality of statistics that can be generated;

WHEREAS, as a designated statistical activity, the change in the design of NNS necessitates the approval of the PSA Board;

WHEREAS, on 13 February 2018, the PSA Board expressed the need to mine thoroughly the ENNS design and its implications to users, hence attaching the PSA Board Subcommittee, which was tasked to review the ENNS in its implications in the quality of statistics generated from the design as well as design's responsiveness to stakeholders' needs;

WHEREAS, the PSA Board Subcommittee recommends the approval and pition of the survey design of the ENNS subject to FNRI's compliance to the pitions listed below;

NOW, THEREFORE, BE IT RESOLVED, that the Board approve for adoption ENNS survey design;

RESOLVED FURTHER, that the FNRI shall:

1. Prepare and submit to the PSA Board a complete documentation of the ENNS methodology preferably before the release of the 2018 ENNS results;
2. Inform data users of the trade-off on the quality of national level estimates and present along with the ENNS results the assumptions and coefficients of variation (CVs);
3. Come up with a methodology to calculate regional estimates from the ENNS for consideration of the Inter-Agency Committee on Health and Nutrition Statistics (ACHNS);
4. Submit to the PSA Board an evaluation report comparing the previous NNS with the ENNS in terms of effectiveness (accuracy and utilization) and cost efficiency after the cycle (3 years) of conduct of survey is completed; and
5. Provide the metadata and public use file (PUF) one year after completion of the three-year data collection pursuant to PSA Board Resolution No. 01-167, "Approving and Adopting the General Policy on the Production,

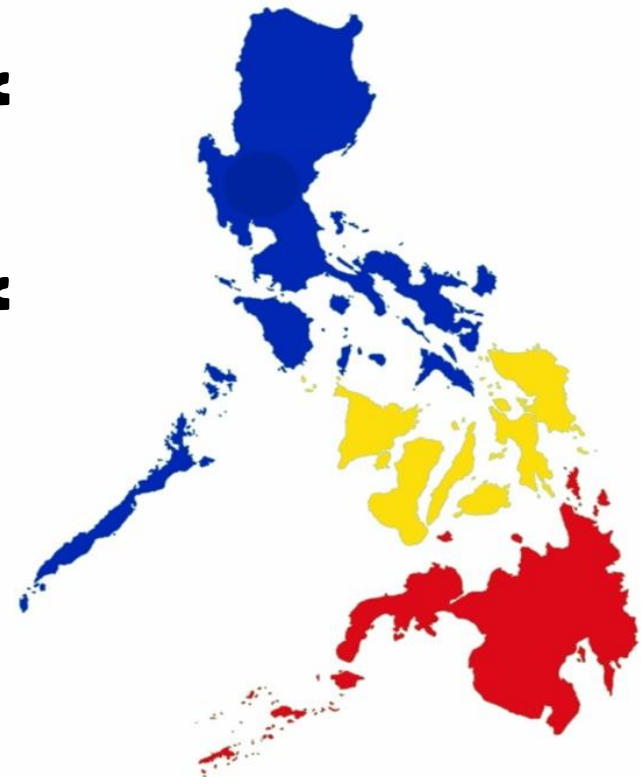
Survey Design of the ENNS

**ROLLING
SURVEY
for
3 YEARS**

**40 Provinces &
HUCs for 2018**

**40 Provinces &
HUCs for 2019**

**37 Provinces &
HUCs for 2020**



Target households (HHs) per domain is average of 1,536 HHs

How did we select the provinces and HUCs to be included in the ENNS?

Replicated Sampling

Grouping of provinces and HUCs with similar characteristics

Formation of Replicates

A replicate has at least 5 provinces or HUCs

Design Validation

Test variables (2010 CPH)

- Number of persons
- Number of birth registered
- Number of OFWs
- Number of WRA
- Number of infants
- Number of children below 5
- Number of members with disability

Total Number of Provinces and HUCs covered in 2018

Survey year	Region	Province	HUC
2018	Region II - Cagayan Valley	3	
	Region III - Central Luzon	2	1
	CALABARZON	1	
	MIMAROPA	1	
	Region V- Bicol	2	
	Region VI - Western Visayas	3	1
	Region VII - Central Visayas	1	1
	Region VIII - Eastern Visayas	3	1

Region	Province	HUC
Region IX - Zamboanga Peninsula	1	1
Region X - Northern Mindanao	1	1
Region XI - Davao	1	1
Region XII - SOCCSKSARGEN	1	
National Capital Region		8
Cordillera Administrative Region	2	1
Autonomous Region in Muslim Mindanao	1	
Caraga		1
Total	23	17

Total Number of Provinces and HUCs covered in 2019

Survey year	Region	Province	HUC
2019	Region I - Ilocos Region	2	
	Region II - Cagayan Valley	1	
	Region III - Central Luzon	2	1
	CALABARZON	2	
	MIMAROPA	2	1
	Region V- Bicol	1	
	Region VI - Western Visayas	2	
	Region VII - Central Visayas	1	1
	Region VIII - Eastern Visayas	2	

Region	Province	HUC
Region IX - Zamboanga Peninsula	2	1
Region X - Northern Mindanao	4	
Region XI - Davao	2	
Region XII - SOCCSKSARGEN	1	
National Capital Region		4
Cordillera Administrative Region	2	
ARMM	2	
Caraga	3	
Total	31	8

Total Number of Provinces and HUCs covered in 2021

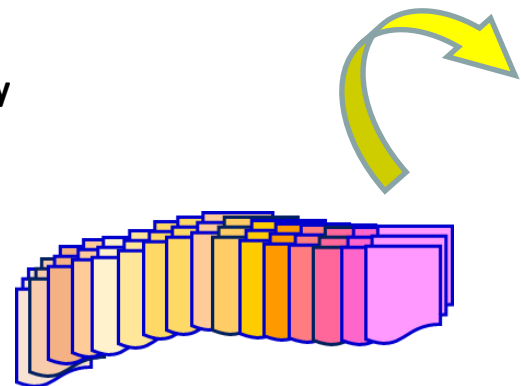
Survey year	Region	Province	HUC
2021	Region I - Ilocos Region	2	
	Region II - Cagayan Valley	1	
	Region III - Central Luzon	3	
	CALABARZON	2	1
	MIMAROPA	2	
	Region V- Bicol	3	
	Region VI - Western Visayas	1	1
	Region VII - Central Visayas	2	1
	Region VIII - Eastern Visayas	1	

Region	Province	HUC
Region IX - Zamboanga Peninsula		
Region X - Northern Mindanao		1
Region XI - Davao	2	
Region XII - SOCCSKSARGEN	3	1
National Capital Region		5
Cordillera Administrative Region	2	
Autonomous Region in Muslim Mindanao	1	
Total	27	10

2013 Master Sample (Sampling Design)

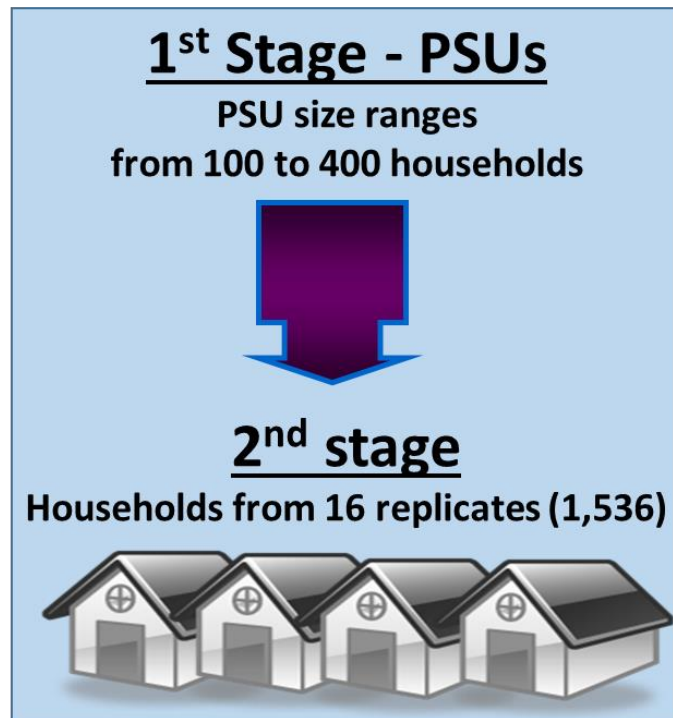
Sampling domains:

81 provinces
33 HUCs
3 other urban areas
Pateros
Isabela City
Cotabato City



16 sample replicates are drawn from each domain

2-Stage Cluster Sampling Design



DEFINITION:

Primary Sampling Units (PSUs)

- Exhaustive and non-overlapping area segments with about 100 to 400 households
- It can be a barangay/ Enumeration Area (EA) or a portion of a large barangay or two or more adjacent small barangays/EAs.

- **100%** of HH for Anthropometry, Socio-economic, Food Security, Government Program Participation, IYCF, Maternal, questionnaires of Clinical on NCDs
- **50%** of HH for Dietary and Biochemical Components/Clinical (Blood Parameters)

General Objective of the ENNS

To provide empirical data on the nutritional and health status of Filipinos for planning nutrition and development programs, and for timely policy decisions at the national and provincial/HUC levels.

Specific Objectives:

1. To assess the physical growth and dimensions of children and other population groups using anthropometric indicators;
2. To assess the nutrition biomarkers of children and other population groups (e.g. hemoglobin, serum retinol, urinary iodine concentration, etc.);

Specific Objectives:

3. To determine the following:

- the prevalence of non-communicable disease risk factors of 10 years old and above (e.g. behavioral and physiologic risk factors)
- energy and nutrient intake at the individual level;
- the magnitude of food insecurity and coping mechanisms among households;

Specific Objectives:

3. To determine the following:

- the participation of households and individuals in selected health and nutrition related programs;
- feeding practices of infants and young children, 0-23 months;
- maternal nutrition and health status among mothers with 0-36 month old children and pregnant women;

Specific Objectives:

3. To determine the following:

- To describe the socio-economic and demographic characteristics of the households and individuals;
- To evaluate association of different risk factors to nutrition and health status.

Specific Objectives:

4. To monitor/ track progress of the achievement of the Sustainable Development Goals (SDGs) such as:
 - SDG 2 (Zero Hunger)
 - SDG 3 (Good Health and Well Being)



SUSTAINABLE DEVELOPMENT GOALS

17 GOALS TO TRANSFORM OUR WORLD

1 NO POVERTY



2 ZERO HUNGER



3 GOOD HEALTH AND WELL-BEING



4 QUALITY EDUCATION



5 GENDER EQUALITY



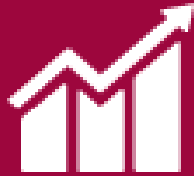
6 CLEAN WATER AND SANITATION



7 AFFORDABLE AND CLEAN ENERGY



8 DECENT WORK AND ECONOMIC GROWTH



9 INDUSTRY, INNOVATION AND INFRASTRUCTURE



10 REDUCED INEQUALITIES



11 SUSTAINABLE CITIES AND COMMUNITIES



12 RESPONSIBLE CONSUMPTION AND PRODUCTION



13 CLIMATE ACTION



14 LIFE BELOW WATER



15 LIFE ON LAND



16 PEACE, JUSTICE AND STRONG INSTITUTIONS



17 PARTNERSHIPS FOR THE GOALS



What and how data
were collected ?

METHOD: Actual data collection

Anthropometry

Measurement of physical growth (weight and height) and body composition (mid upper arm and waist circumferences)



Determine the prevalence of underweight, stunting, wasting, overweight and obesity

METHOD: Actual data collection

Biochemical

Assesses prevalence of vitamin A deficiency, anemia, iodine deficiency, and other micronutrient deficiencies.



Collection of blood and urine samples

METHOD: Actual data collection

Clinical and Health

Assesses the prevalence of elevated blood pressure, high fasting blood glucose and dyslipidemia, as well as behavioral risk factors such as smoking, alcohol consumption, physical inactivity and unhealthy diet.



Measurement of blood pressure, collection of blood and face-to-face interview

METHOD: Actual data collection

Dietary

Determines the quality and quantity of food and nutrient intakes of the individual member of the sample households using the **24-Hour Food Recall method**.



**24-hour food recall (individual)
through phone and face-to-face interview**

METHOD: Actual data collection

Phone and face-to-face interview

Food Security

Assesses food security at the household level as well as coping mechanisms and strategies.

Government Program Participation

Assesses household's and member's participation in selected nutrition and related government programs.

Socio-Economic Characteristics of Households/ Individuals

Includes the education and occupation of the household members, their type of housing unit, type of wall, roof and ownership of different types appliances.



METHOD: Actual data collection

Infant and Young Child Feeding

Updates information on the feeding practices of Filipino Children 0-23 months old and other related factors affecting feeding practices.

Maternal Health and Nutrition

Determines health and nutrition of mothers with children 0-3 years old, their health-seeking behaviors and care giving practices.

Phone and face-to-face interview



Who collects the data ?

Trained professionals:

- Nutritionist-dietitians
- Medical technologist
- Nurses
- Other allied health professionals



What are the uses of the survey results ?

USES OF SURVEY RESULTS

To address nutrition problems by crafting policies and interventions

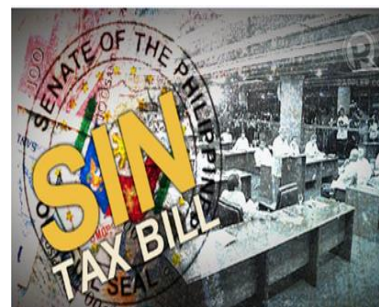
For planning, targeting and implementing nutrition and related intervention programs, goals and commitment

For monitoring and evaluation of impact of nutrition intervention programs

As tool in advocacy for policy development/directions

USES OF SURVEY RESULTS

To address nutrition problems by crafting policies and interventions



PINGGANG PINOY®
Healthy food plate for Filipinos



USES OF SURVEY RESULTS

For planning,
targeting and
implementing
nutrition and
related
intervention
programs,
goals and
commitment



PHILIPPINE
DEVELOPMENT
PLAN

2021 Expanded National Nutrition Survey

Profile of Households and Respondents

Response Rates



	Eligible	Response	Response Rate%
Households	53,147	48,530	91.3%
Dietary Component	28,757	23,265	80.9%
Individuals	200,853	141,189	70.3%
Dietary Component	103,342	68,791	66.6%



Sociodemographic and Socioeconomic Profiles of Households and Individuals

The social standing or class of an individual or group. It is often measured as a combination of **education, income and occupation.**

Adapted from APA's Socioeconomic Status Office publications

OPERATIONAL DEFINITION



HOUSEHOLD

An aggregate of persons, generally but not necessarily bound by ties of kinship, who *sleep in the **same housing unit*** and have a ***common arrangement for the preparation and consumption of food.***

Reference: Philippines Statistics Authority – Technical Notes on the Labor Force Survey

OPERATIONAL DEFINITION



HOUSEHOLD HEAD

Adult person, male or female, who is **responsible** for the **organization** and **care** of the household

Reference: PSA. 2010 Census of Population and Housing (CPH) & 2015 Population Census (POPCEN)

OPERATIONAL DEFINITION

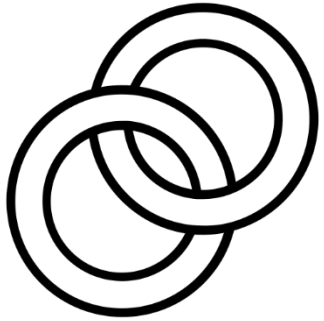


HIGHEST EDUCATIONAL ATTAINMENT

The highest grade/year of formal schooling completed by each member of the household.

Reference: Statcan – Educational attainment of a person

OPERATIONAL DEFINITION



CIVIL STATUS

Status of an individual in relation to marriage, classified as:

1- Single

2- Married

3- Widower/
Widow

4- Separated/
Divorced/
Annulled

5- Common Law/
Live-in

Reference: Philippine Statistics Authority – Demographic and Social Statistics: Marital Status

OPERATIONAL DEFINITION



OCCUPATION

It refers to the type of work a person does to earn his living with work/business only in the past 6 months.

2012 Philippine Standard Occupational Codes (PSOC) is a statistical classification of the different occupational groups of the working population, including the military work force in the country

Reference: PSA - 2012 Philippine Standard Occupational Classification

OPERATIONAL DEFINITION



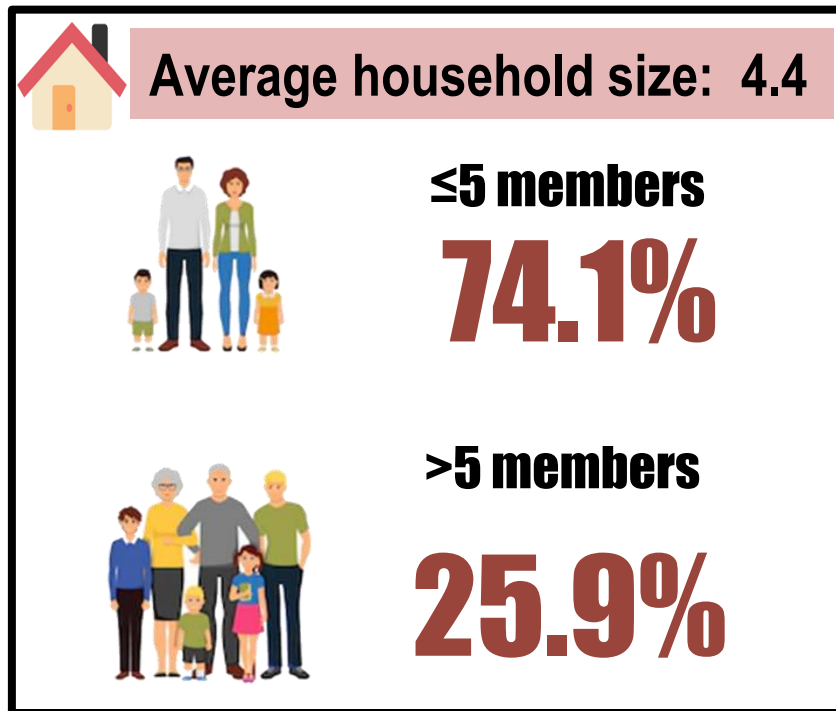
WEALTH INDEX

A composite measure of a household's cumulative living standard. The wealth index is calculated by principal component analysis using data on **household's ownership of selected assets, materials used for housing construction and types of water access and sanitation facilities.**

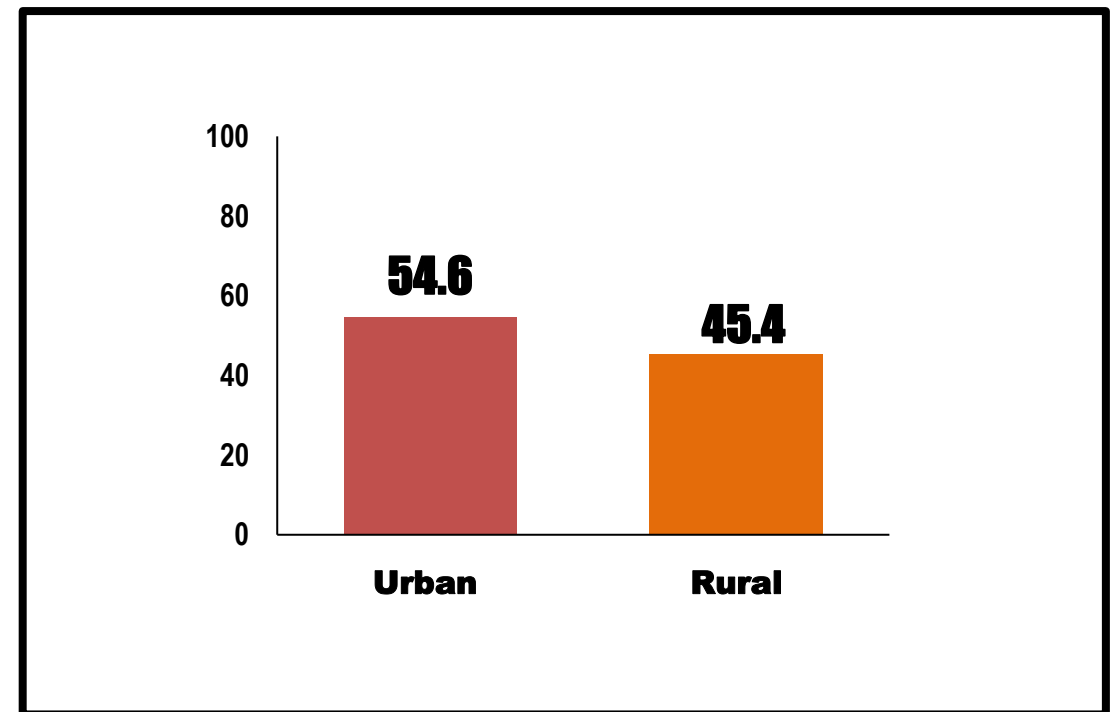
Reference: USAID – The Demographic and Health Survey Program – Wealth Index

PROFILE OF HOUSEHOLDS

HOUSEHOLD SIZE



TYPE OF RESIDENCE



Profile of Household Heads | Sex



76.0%

MALE

24.0%

FEMALE



Profile of Household Heads

Civil Status



6.2%
SINGLE



59.4%
MARRIED



17.1%
WIDOWER/
WIDOW



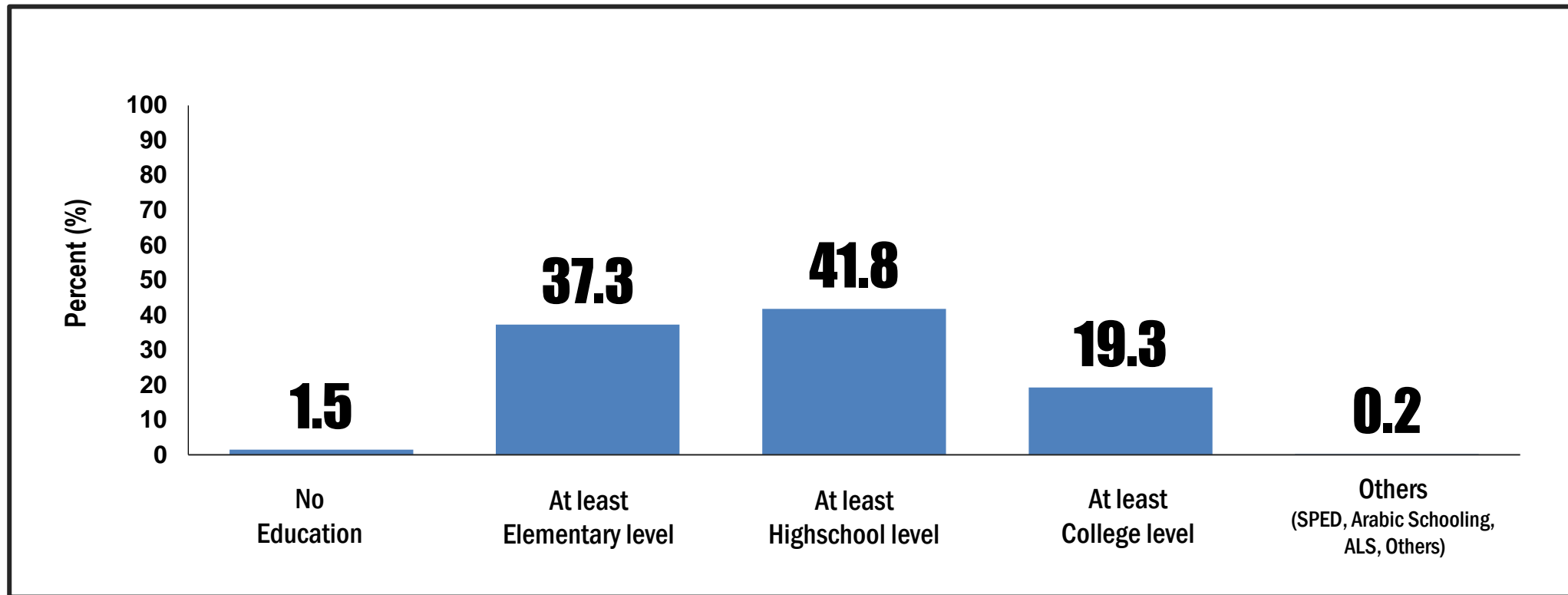
4.6%
SEPARATED/DIVORCED
/ANNULLED



12.7%
COMMON LAW/
LIVE-IN

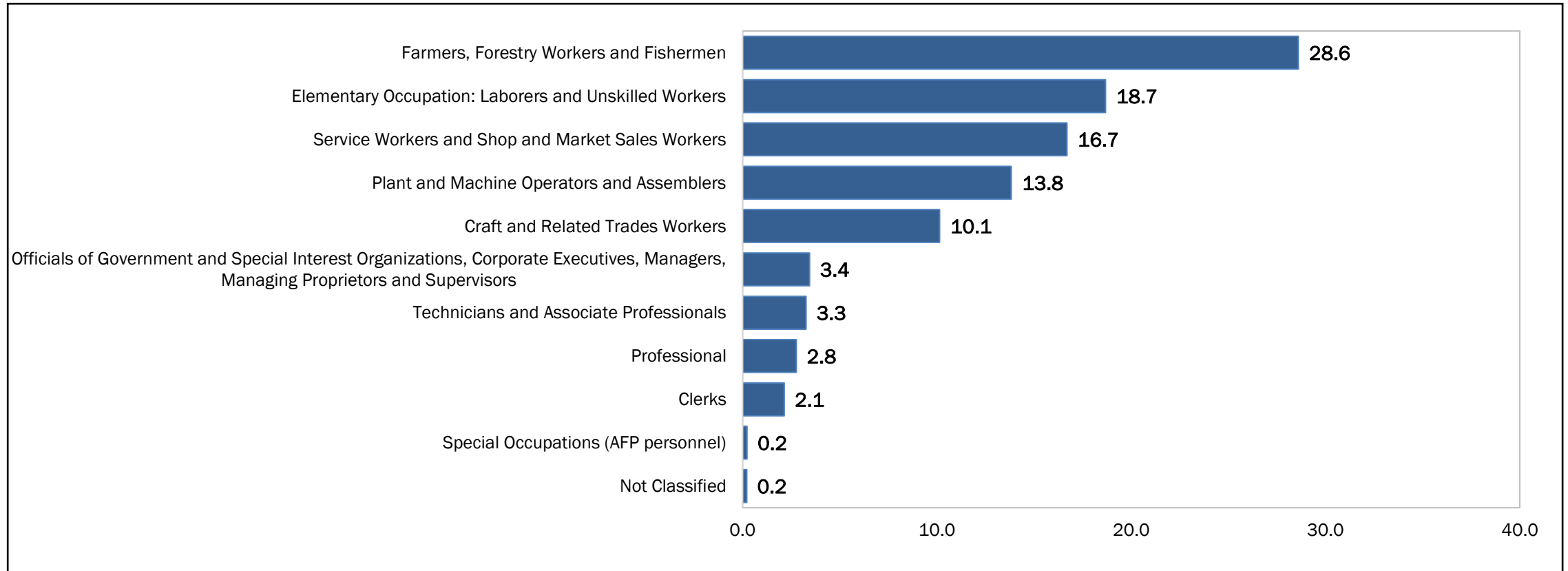
Profile of Household Heads

Highest Educational Attainment



Profile of Household Heads

Occupation



Age Distribution of Household Members

Infant and Young Children

0 TO 23 MONTHS

3.7%



Preschool Children

24 TO 71 MONTHS

9.4%



School-Age Children

72 TO 120 MONTHS

10.2%



Adolescents

>10 TO 19 YEARS

19.5%



Adults

20 TO 59 YEARS

46.6%



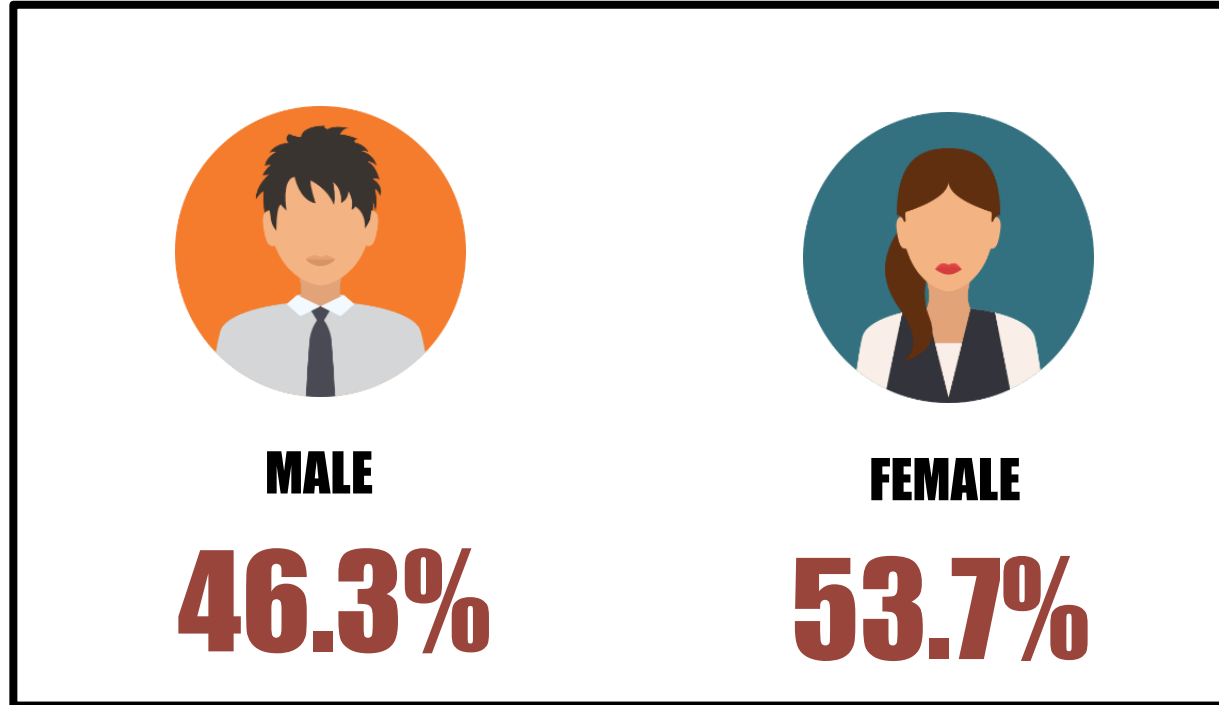
Elderly

60 YEARS AND ABOVE

10.6%



Sex of Household Members



Women of Reproductive Age (WRA) (15 to 49 Years Old)

Pregnant Women

2.4%



15 – 19.9 y
8.6%
20 – 49.9 y
91.4%

Lactating Mothers

7.6%



15 – 19.9 y
5.5%
20 – 49.9 y
94.5%

Non-Pregnant / Non-Lactating Women

90.0%



15 – 19.9 y
19.0%
20 – 49.9 y
81.0%

ETHNICITY



3.7%

Indigenous People





FOOD SECURITY STATUS OF HOUSEHOLDS

July 2021-June 2022

FOOD SECURITY

exists when all people at all times have physical and economic access to sufficient, safe, and nutritious food that meets their dietary needs and food preferences for an active and healthy life

(World Food Summit, 1996)





FOOD INSECURITY

the state in which people are at risk or actually suffering from inadequate consumption to meet nutritional requirements as a result of the physical unavailability of food, their lack of social or economic access to adequate food, and/or inadequate food utilization

(Global Forum on Food Security, FAO)

METHODOLOGY



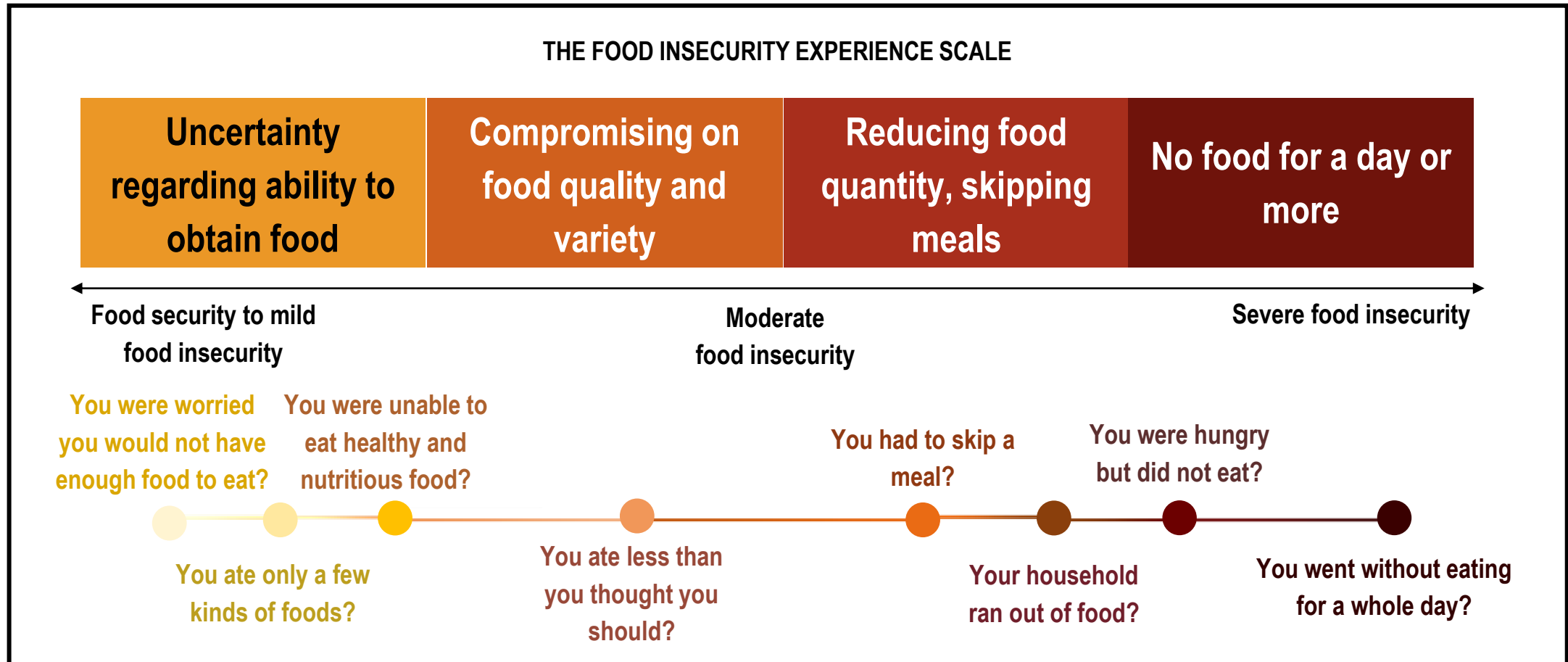
QUESTIONNAIRE

Household Food Security using Food Insecurity Experience Scale (FIES)

- Eight-item questionnaire
- Experiences of the respondent's household
- Based on self-reported food-related behaviors and experiences associated with increasing difficulties in accessing food due to resource constraints
- Past 12 months recall period

Household Food Security using Food Insecurity Experience Scale (FIES)

12-month recall period



Source: <https://www.fao.org/in-action/voices-of-the-hungry/fies/en/>

FIES Measurement

- A reference period of **12 months** ensure comparability of surveys conducted in different months
- Analysis using Item Response Theory and Rasch Model
 - Produces an estimate of the **relative position of raw scores** (number of affirmative responses ranging from 0-8) on the severity scale (mild to severe food insecurity)
 - Raw score-based classifications are not directly and fully comparable across settings, requiring methods to equate measures obtained in different applications by referencing them to a global standard
 - Produces a **probability estimates** for being food insecure at different levels of severity, taking into account measurement error.

PREVALENCE OF **FOOD INSECURITY**

Moderate or Severely Food Insecure

33.4%

(95% CI: 32.4 – 34.3)



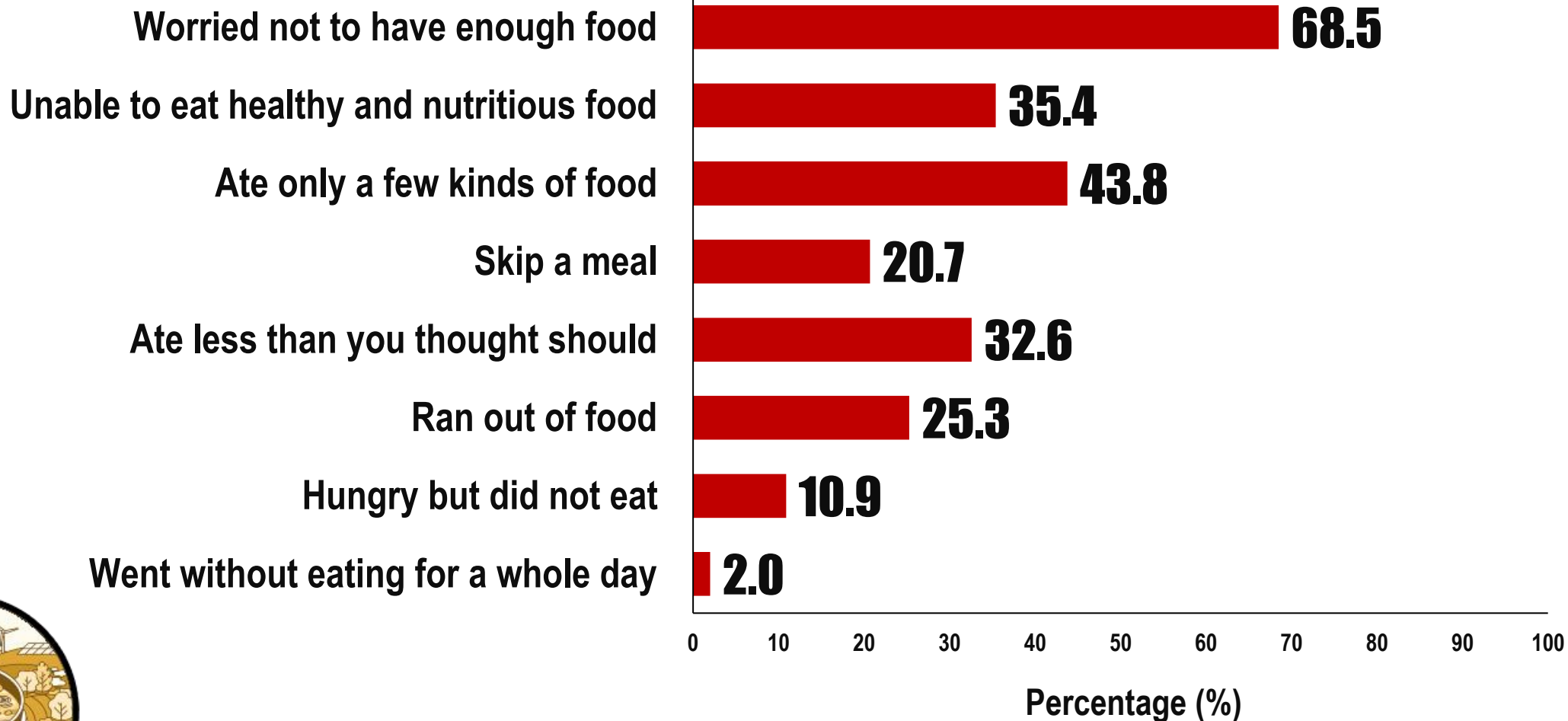
Severely Food Insecure

2.0%

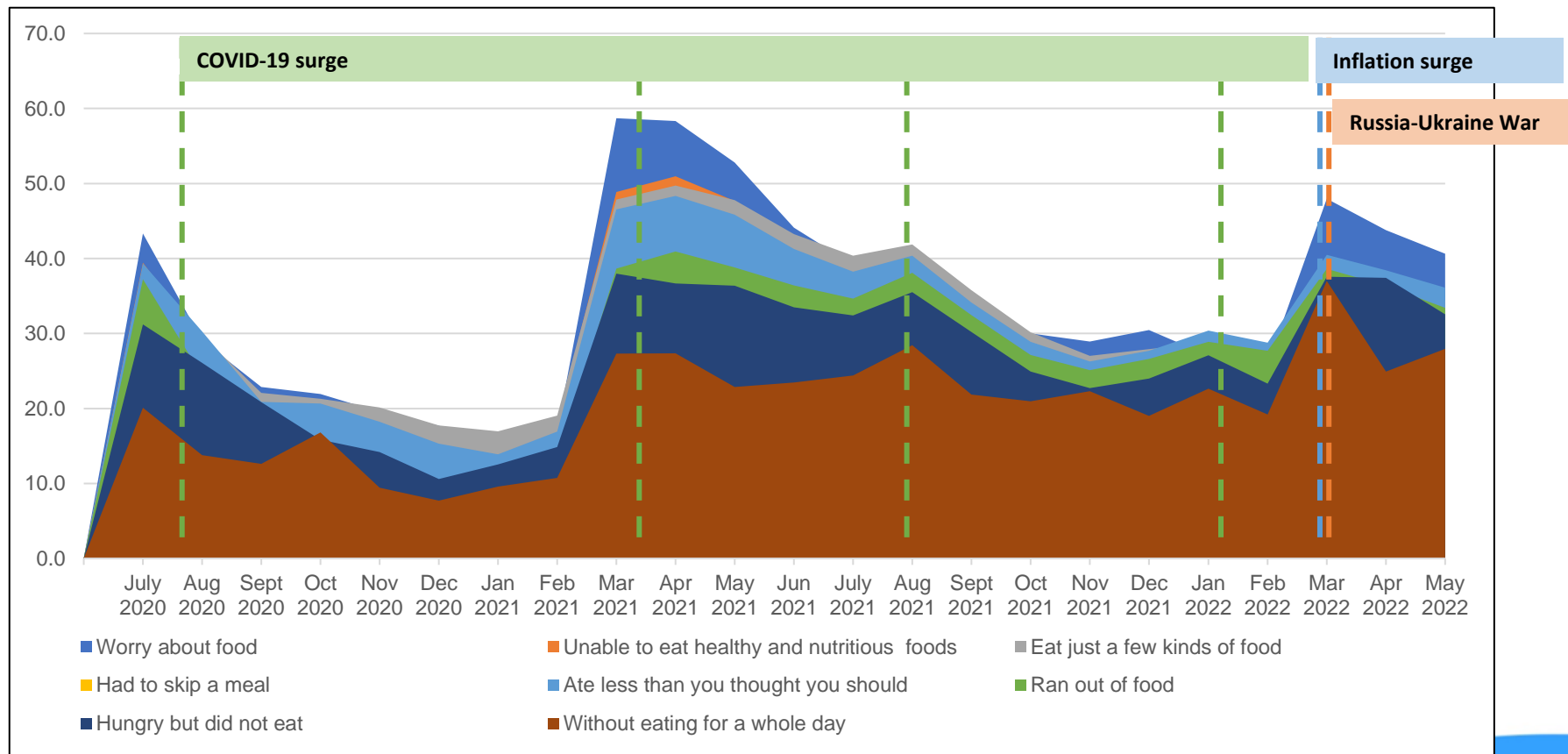
(95% CI: 1.1 – 2.2)

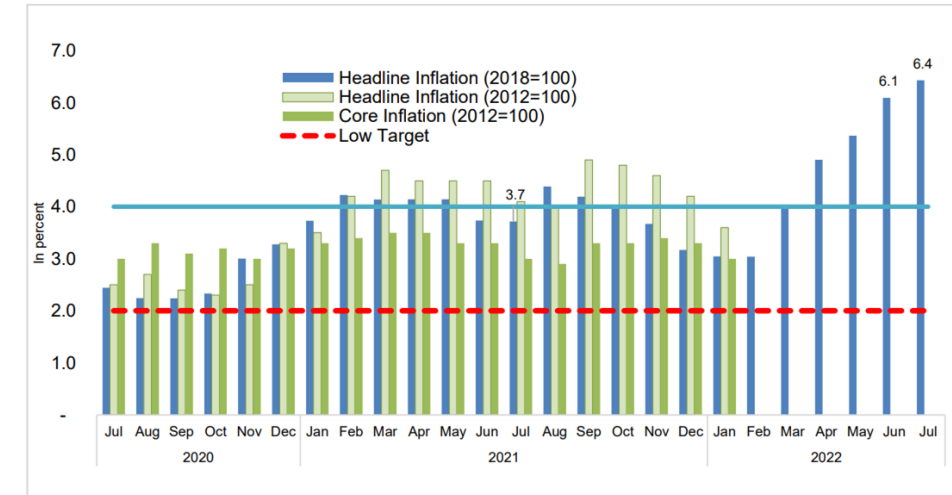
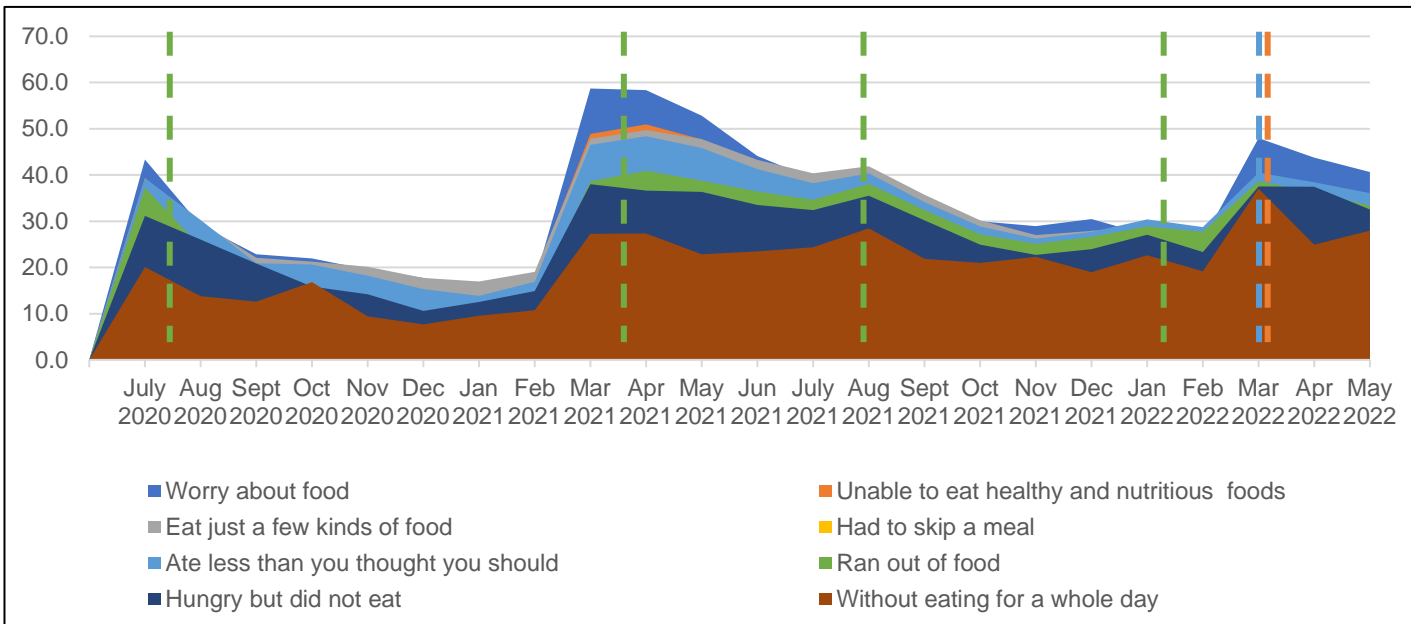


Percentage of Households by Food Insecurity Experience



Percentage of households by food insecurity experience by month





Source: NEDA, Report on Inflation (July 2022)

Daily new confirmed COVID-19 deaths

7-day rolling average. Due to varying protocols and challenges in the attribution of the cause of death, the number of confirmed deaths may not accurately represent the true number of deaths caused by COVID-19.

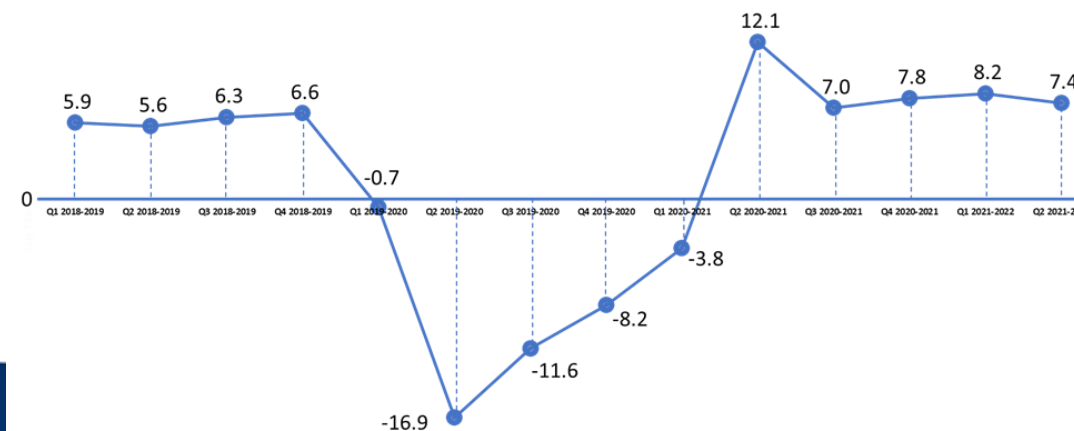


Source: Johns Hopkins University CSSE COVID-19 Data

OurWorld in Data

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Gross Domestic Product (At Constant 2018 Prices) Year-on-Year Growth Rates (in percent) Q1 2018-2019 to Q2 2021-2022

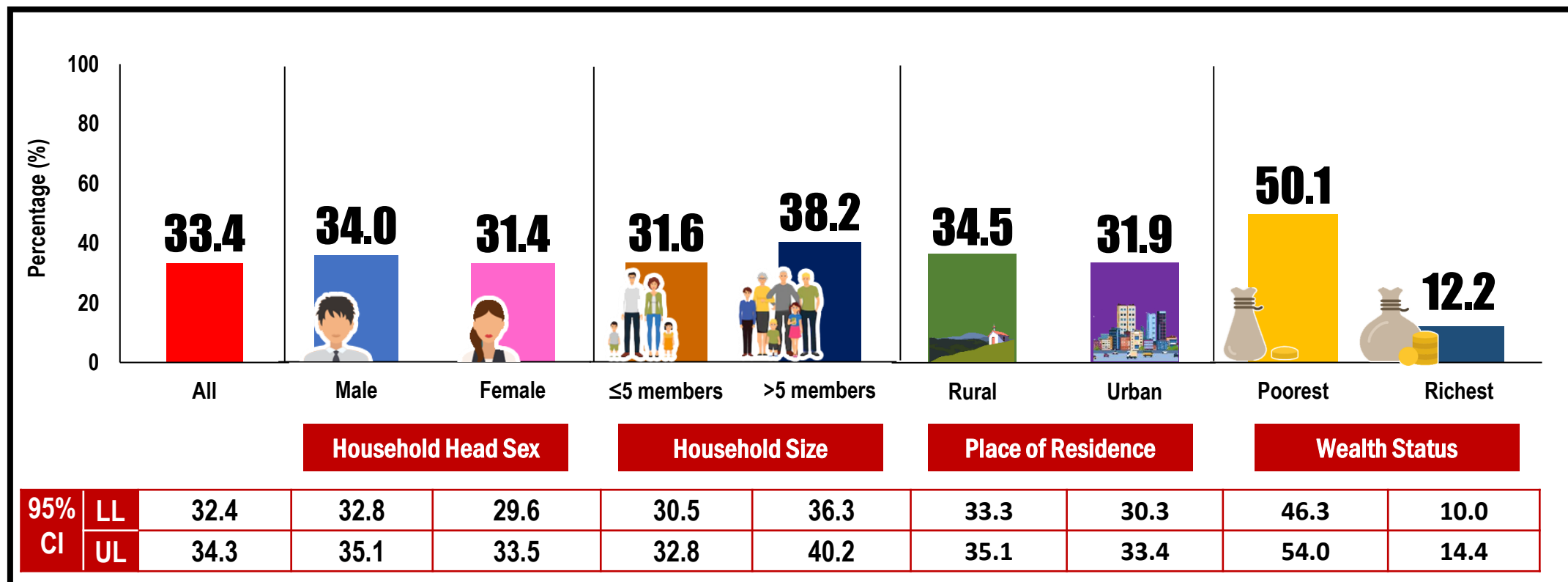


Source: PSA, August 2022

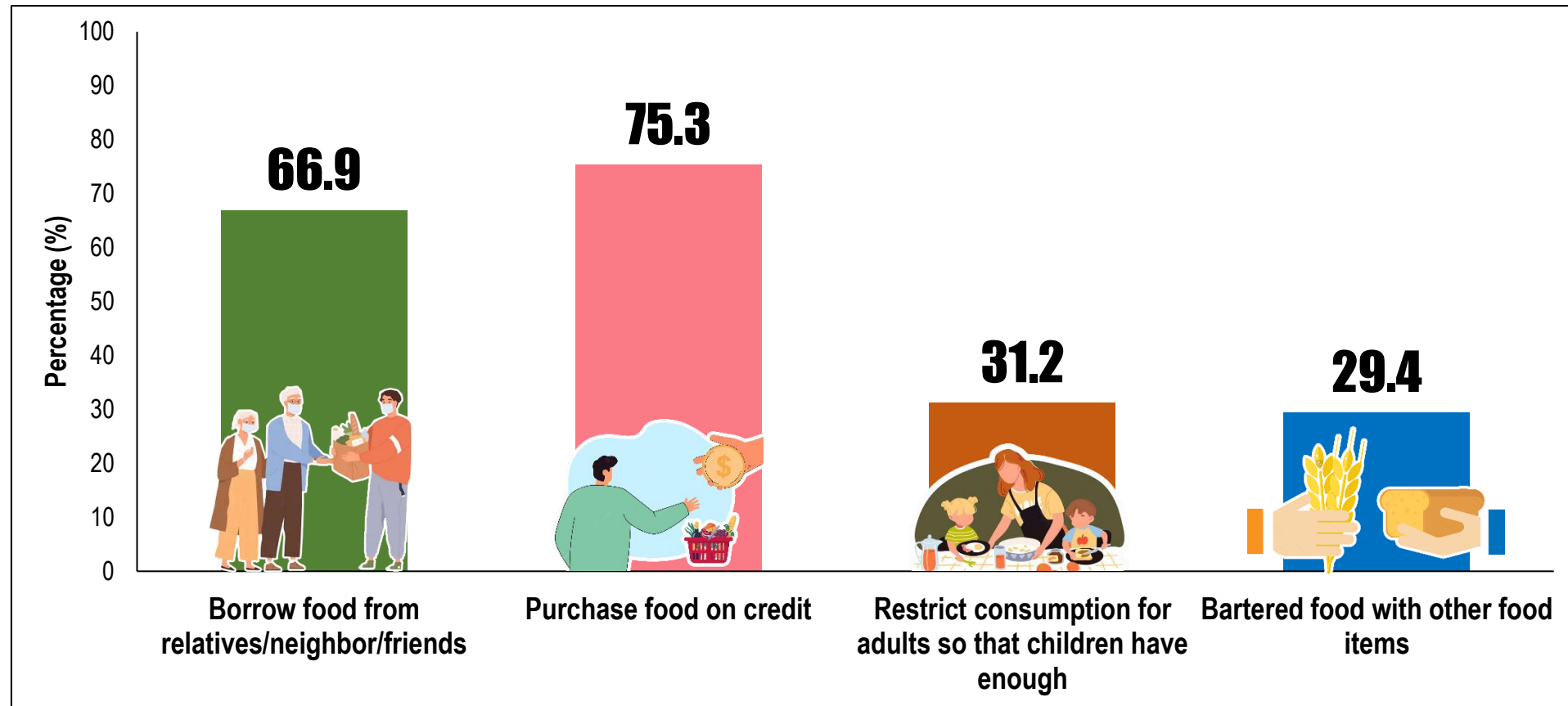


Source: Businessworld Online, May 6, 2022

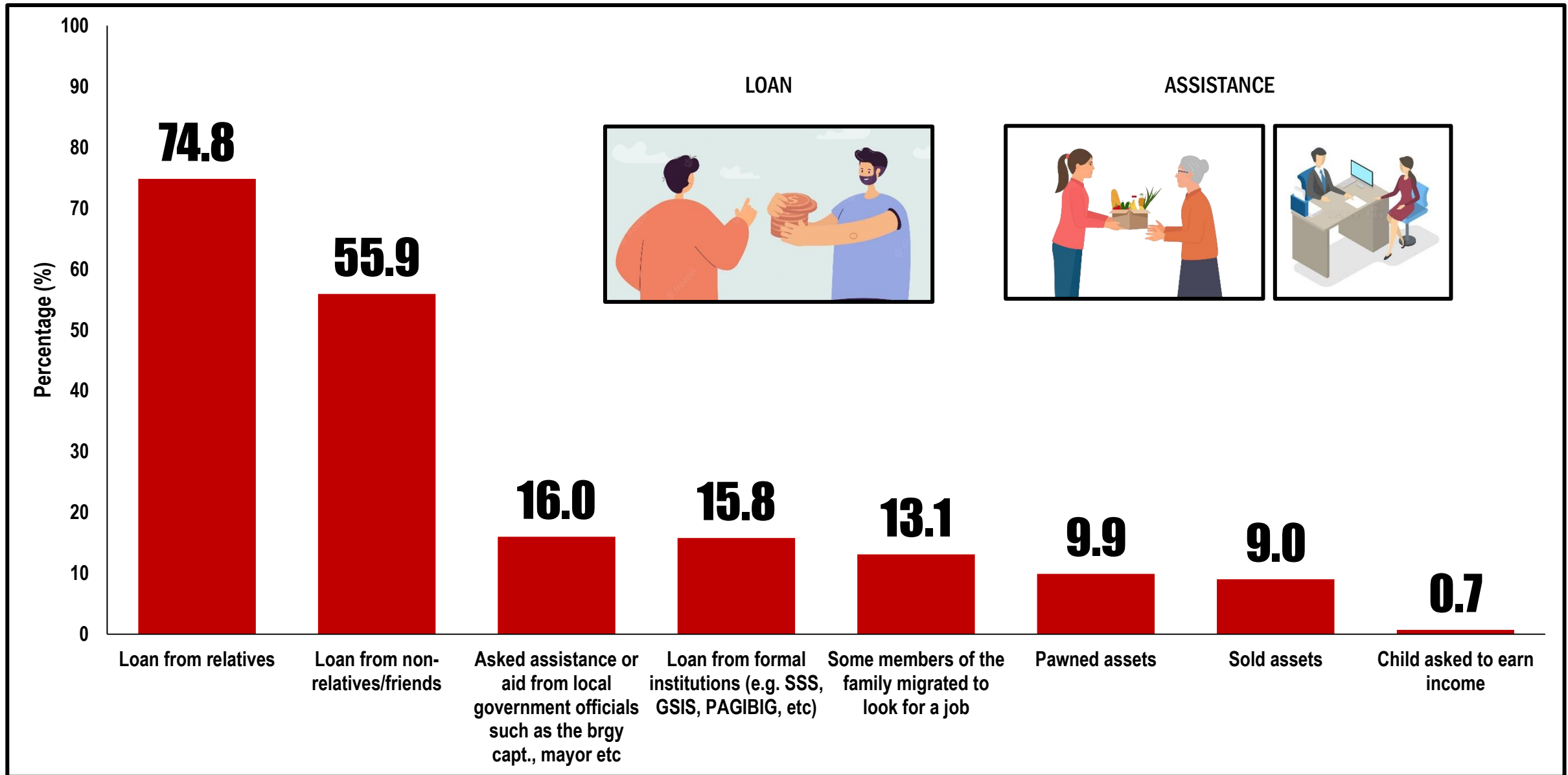
Prevalence of households experiencing moderate to severe food insecurity, by household head sex, household size, place of residence, and wealth status: Philippines, 2021



Food coping strategies of households: Philippines, 2021



Non-food coping strategies of households: Philippines, 2021



Percentage of households participating in government programs: Philippines, 2021

Type of Food Production



Vegetable Gardening

58.1%
(95% CI: 49.7-66.1)



Fruit Gardening

45.7%
(95% CI: 38.7-52.9)



Livestock/Poultry raising/
Aquaculture

52.5%
(95% CI: 43.7-61.2)

Social Protection Programs



Pantawid Pamilyang
Pilipino Program (4Ps)

46.2%
of the poorest households
(95% CI: 41.2-51.2)

SUMMARY



3 out of 10 households experienced **moderate to severe food insecurity**.

Moderate to severe food insecurity was more evident among households with **male household head**, **poor wealth status** and with **more than five members**.



SUMMARY

Purchasing food on credit and **borrowing food** from relative/neighbor/friends were the most common **food coping strategies** of households during the pandemic



Loan from relative and non-relatives were the most common **non-food coping strategies** of households during the pandemic.



SUMMARY



1 in every 2 households had **fruit garden** and/or **raise livestock/poultry/aquaculture**.

6 in every 10 households have **vegetable garden**, majority of which were own initiative.



SUMMARY



4 out of 10 poorest households are members of **Pantawid Pamilyang Pilipino Program or 4P's.**

AWARENESS AND USAGE OF IODIZED SALT IN THE PHILIPPINES:

EXPANDED NATIONAL NUTRITION SURVEY 2021



What is ASIN Law?

REPUBLIC ACT NO. 8172 (July 24, 1995)

- ❖ Promoting salt iodization nationwide and for related purposes.
- ❖ Known as “An Act for Salt Iodization Nationwide (ASIN)”

Purpose of the ASIN Law

- ❖ **Contribute to the elimination of micronutrient malnutrition in the country, particularly iodine deficiency disorders, through the cost-effective preventive measure of salt iodization.**

Purpose of the ASIN Law

- ❖ Require all producers manufacturers of food-grade salt to iodize the salt that they produce, manufacture, import, trade or distribute.
- ❖ Require the DOH to undertake the program and for its BFAD (FDA) to set and enforce standards for food-grade iodized salt.

Global Standard

....on adequately iodized salt

- Salt containing 15 to 40 ppm of iodine at the household level (WHO, 2007)

....on indicator to determine whether fortification program is reaching the target population

- Household access to adequately iodized salt should be >90%

SALT BEING USED BY FILIPINO HOUSEHOLDS:

EXPANDED NATIONAL NUTRITION SURVEY 2021



Type of salt being used by Filipino households



Rock Salt

69.3%



Fine Salt

22.9%



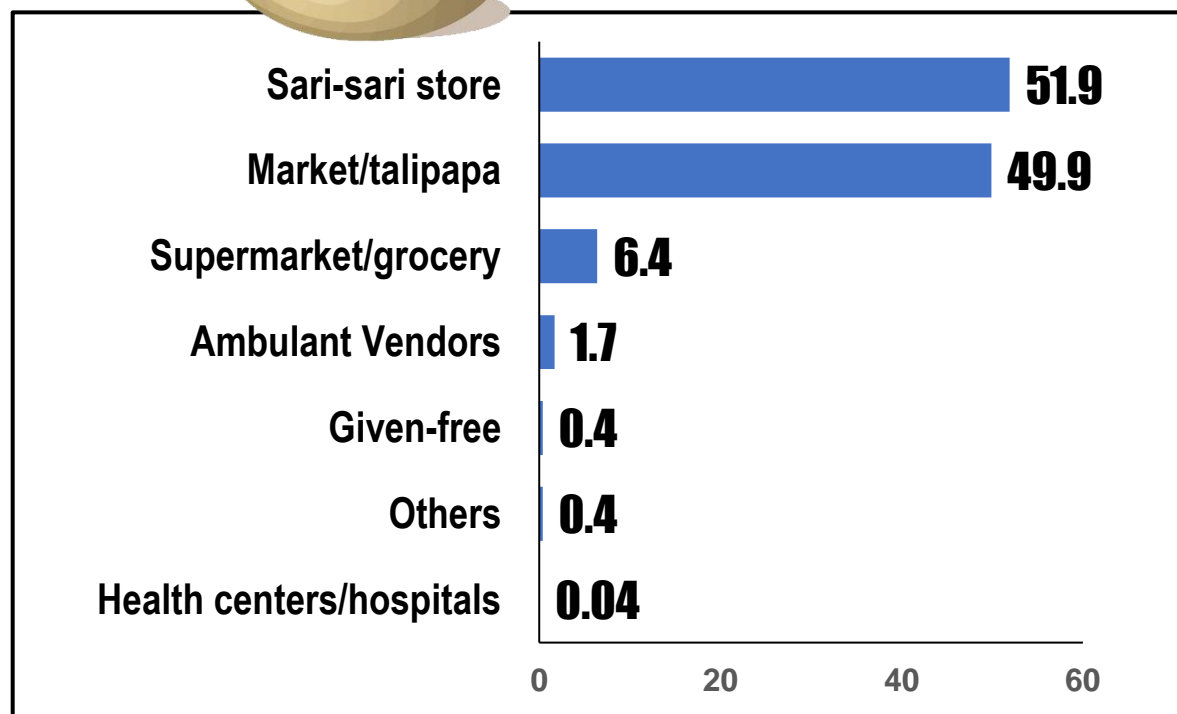
Rock Salt and Fine Salt

7.8%

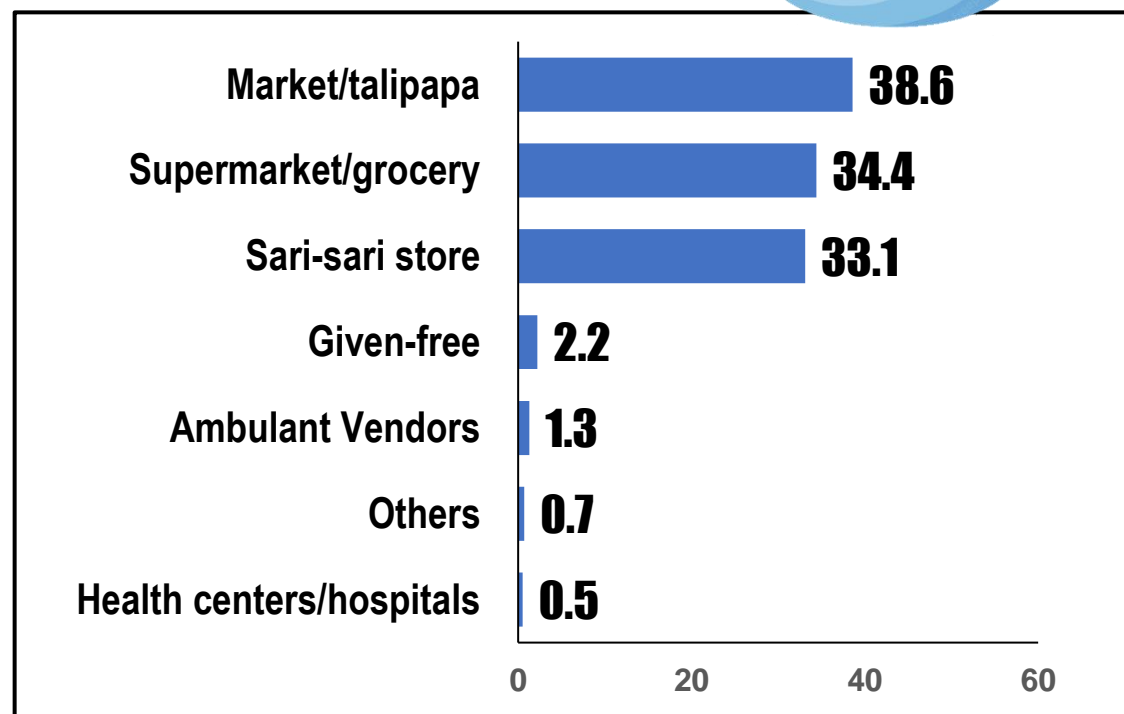
Sources of salt being used by Filipino households



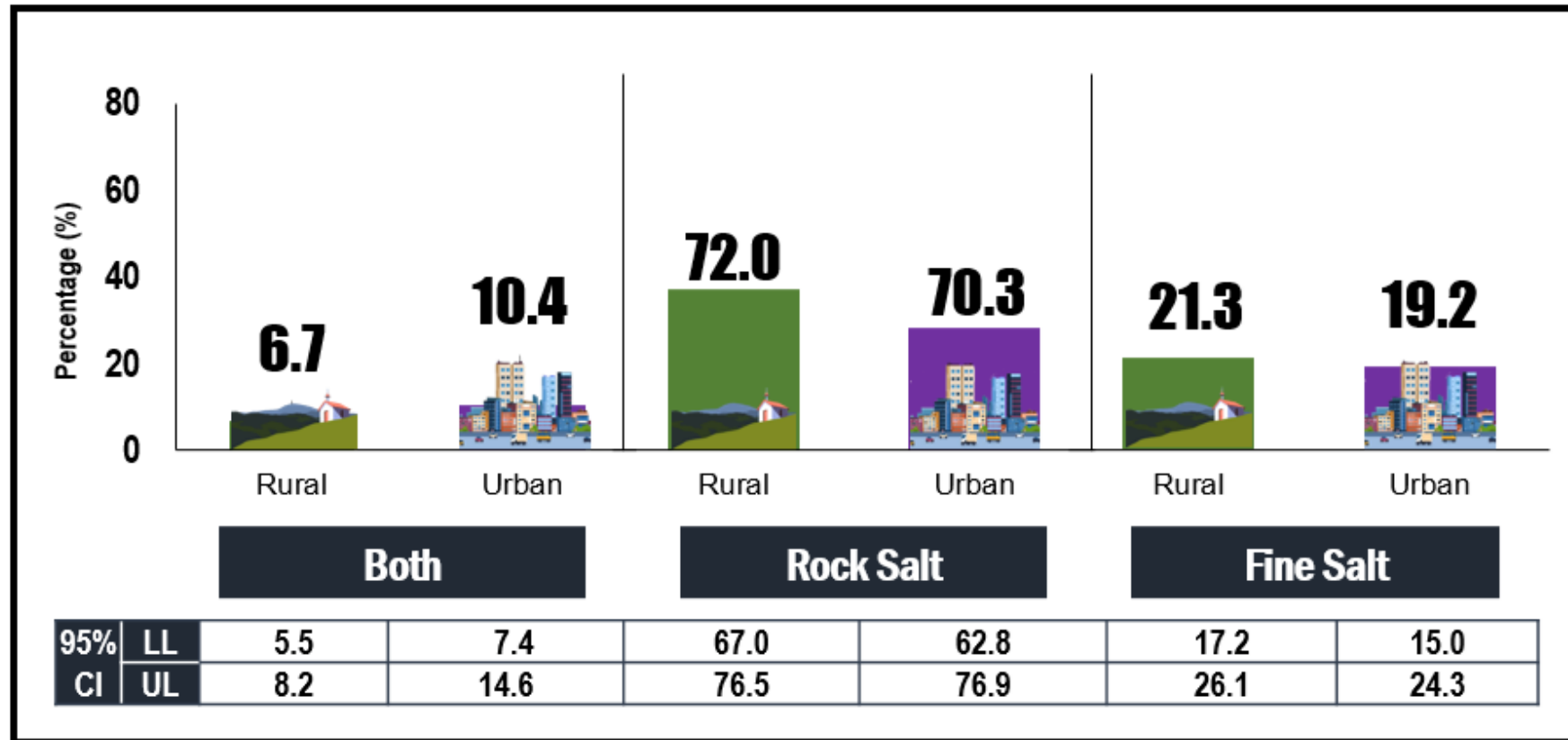
ROCK SALT



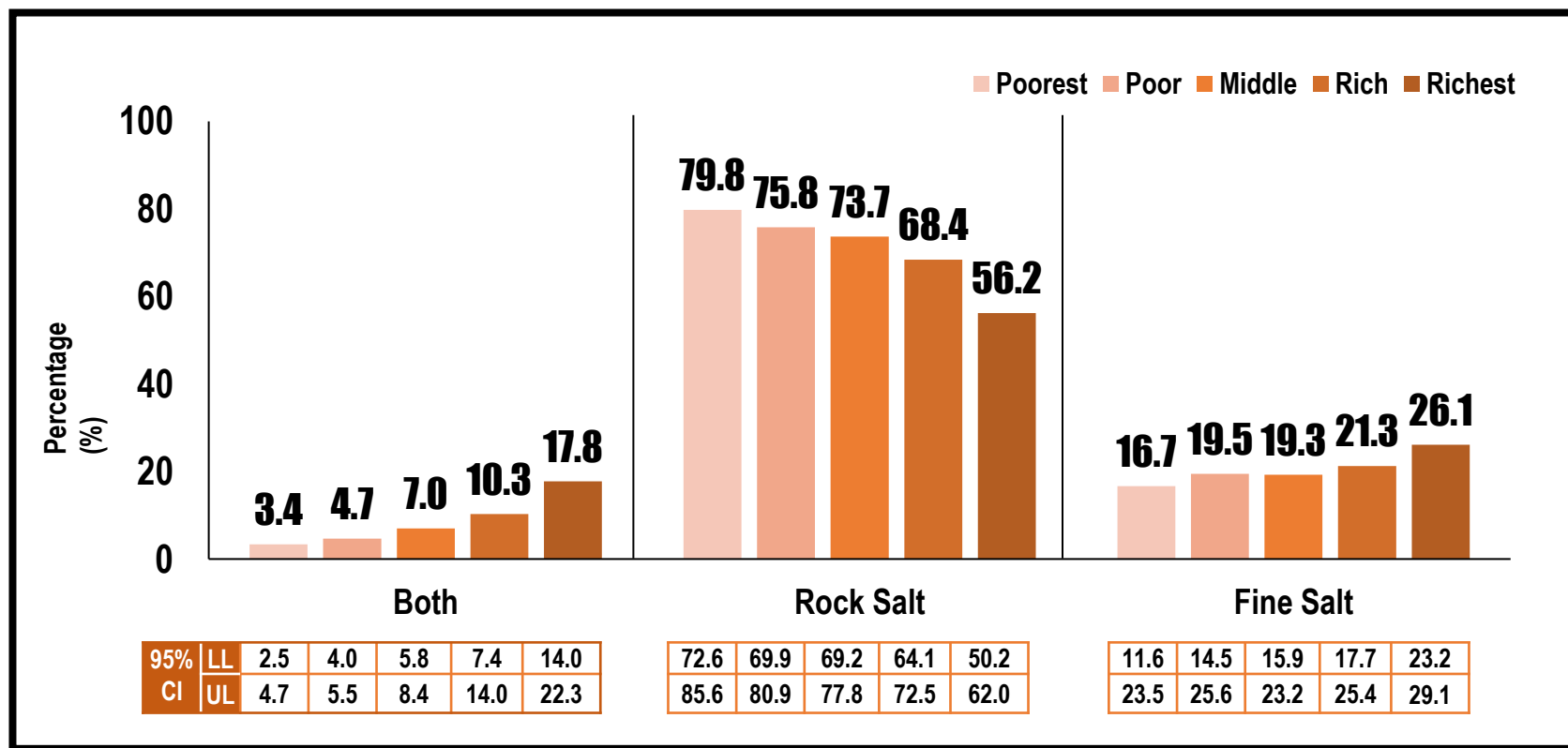
FINE SALT



Type of salt being used by type of residence: Philippines



Type of salt being used, by wealth quintile: Philippines



Are Filipino households aware of iodized salt?

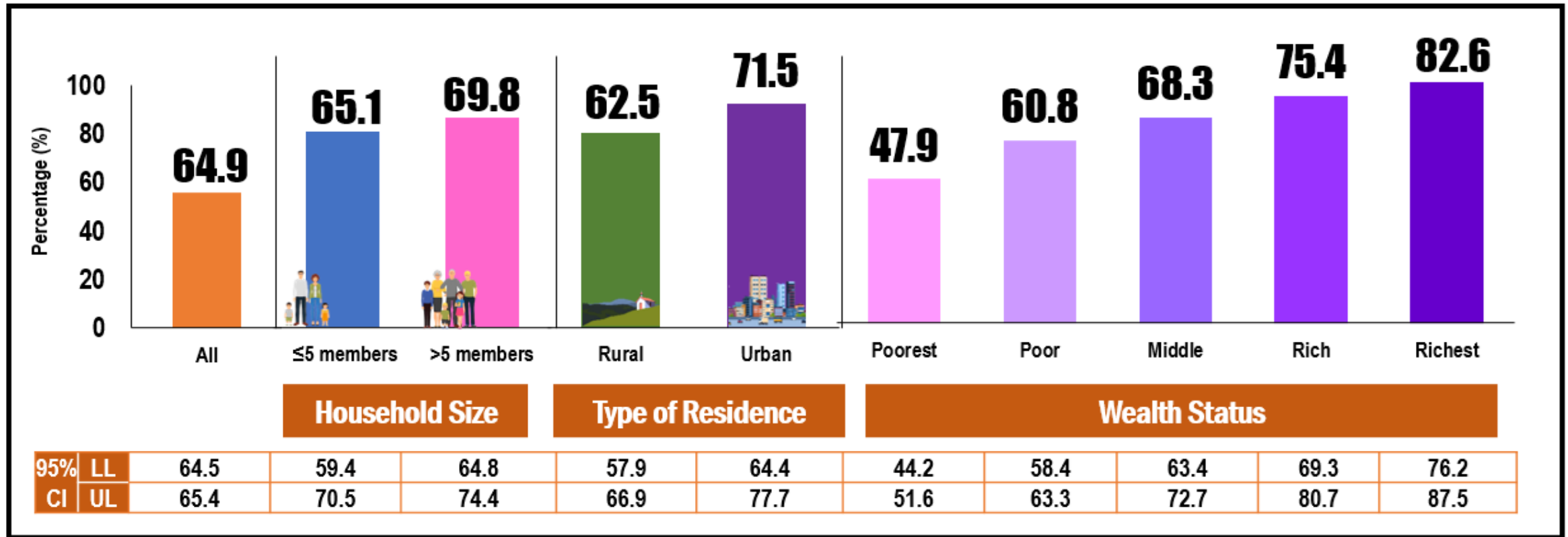


✓ **64.9%**

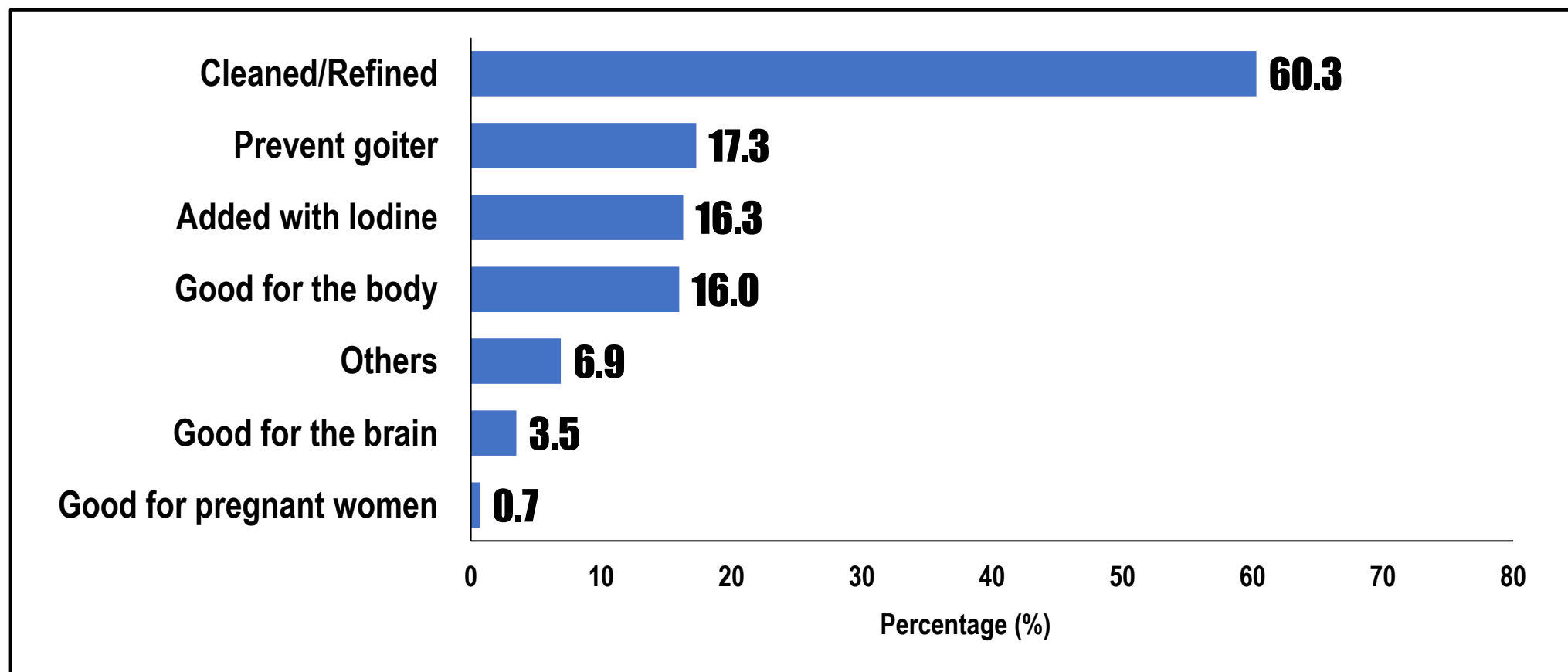


or 6 out of 10 households
are **aware of iodized salt**

Percentage of households who are aware of iodized salt: Philippines



Perception of meal planners on iodized salt: Philippines



Are Filipino households using iodized salt ?

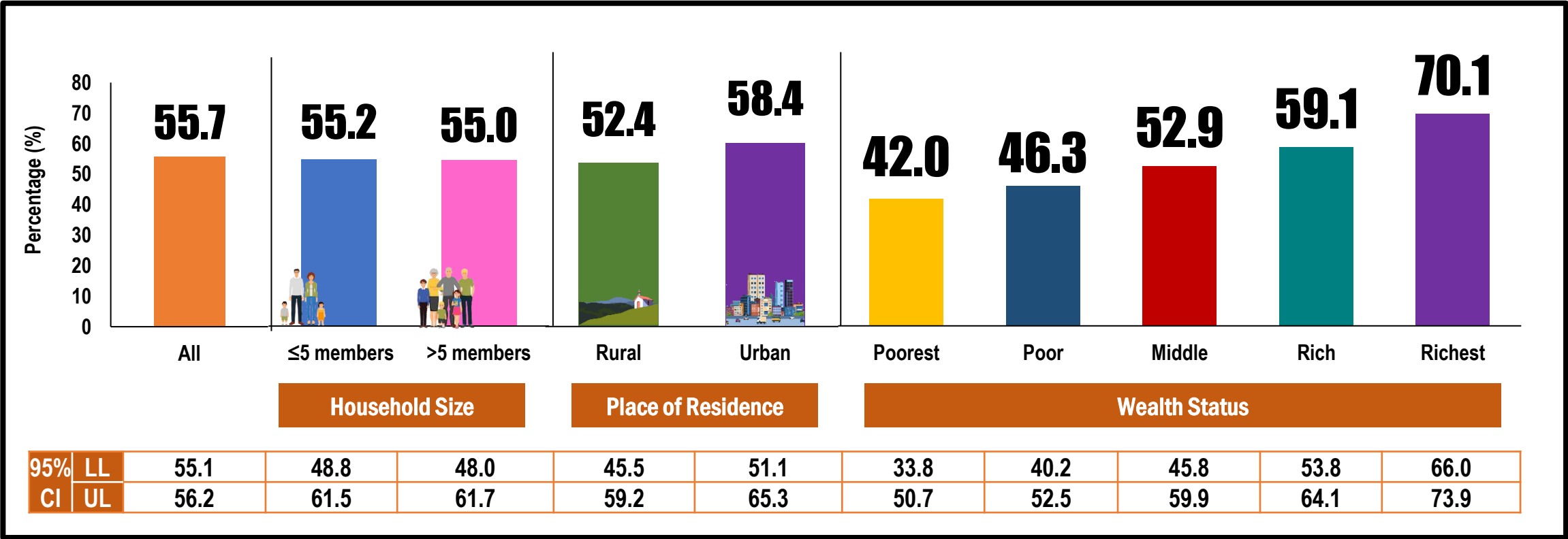


✓ **55.7%**



or 1 out of 2 households
claims using iodized salt

Percentage of households who claimed using iodized salt: Philippines



HOUSEHOLDS USING ADEQUATELY IODIZED SALT BASED ON WYD TEST RESULTS: EXPANDED NATIONAL NUTRITION SURVEY 2021

Are Filipino households using adequately iodized salt ($\geq 15\text{ppm}$)?

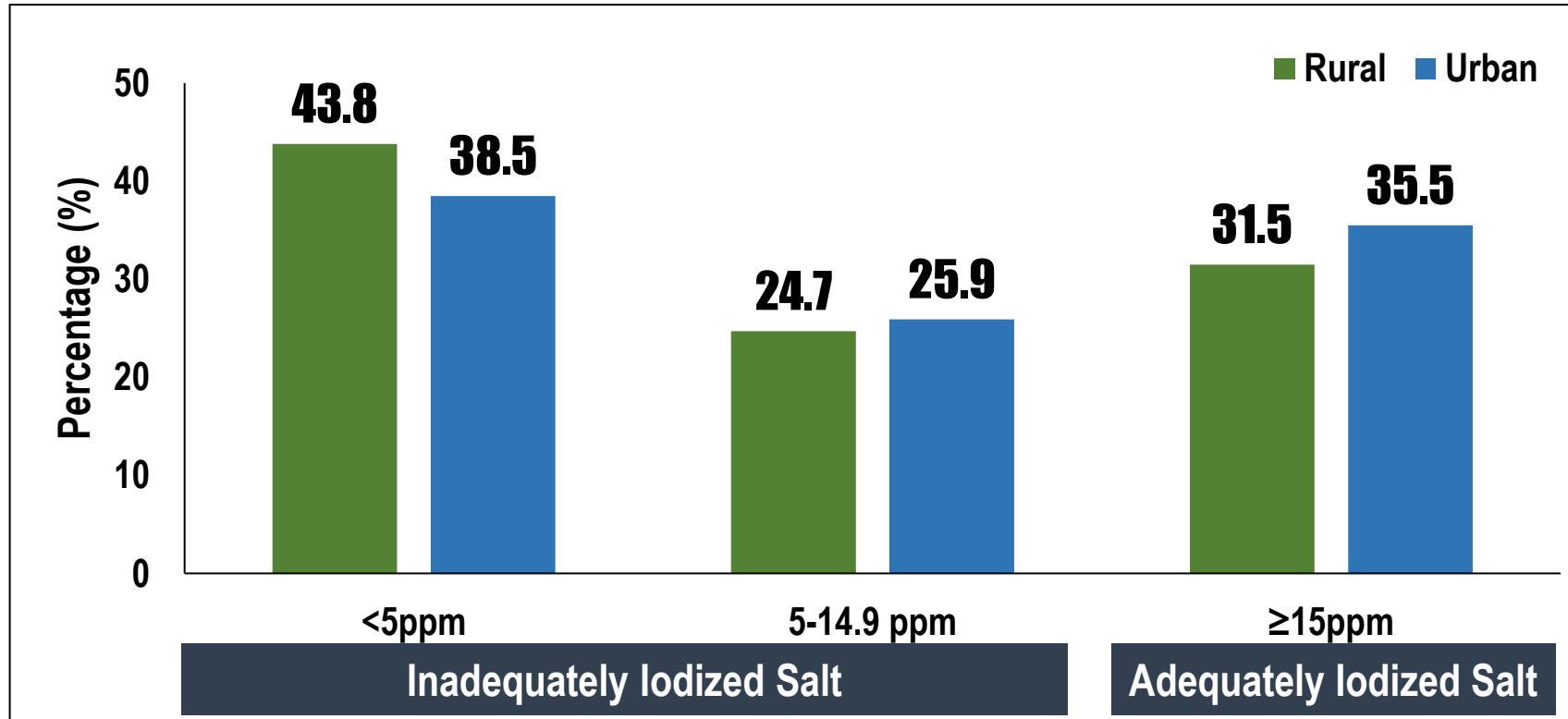


✓ **33.2%**

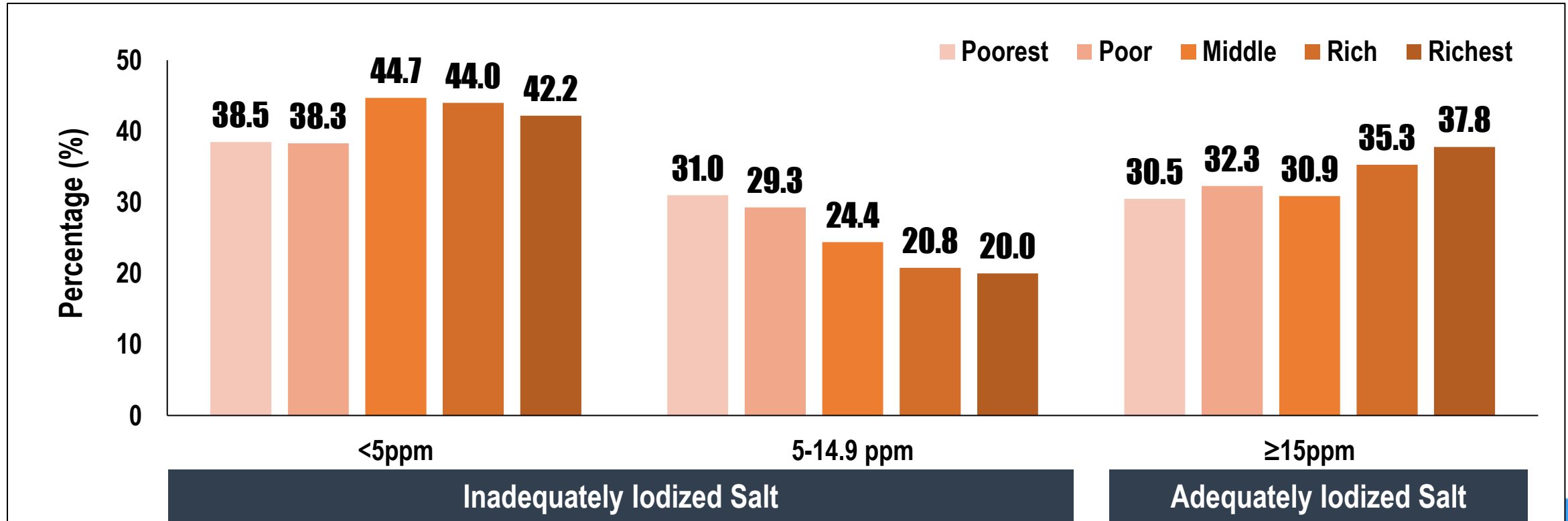


or 1 out of 3 households is using adequately iodized salt

Distribution of households by WYD test results for salt by type of residence: Philippines



Distribution of households by WYD test results for salt by wealth quintile: Philippines



SUMMARY

TYPE OF SALT USED

- ❖ Majority of the households are using rock salt in both rural and urban areas.
- ❖ Rock salt is commonly purchased from *sari-sari* store (51.9%) while fine salt is from market/ *talipapa* (38.6%).
- ❖ Meal planners' perception on iodized salt include: prevents goiter (17.3%), added with iodine (16.3%), and good for the body (16.0%).

SUMMARY

AWARENESS AND USAGE OF IODIZED SALT

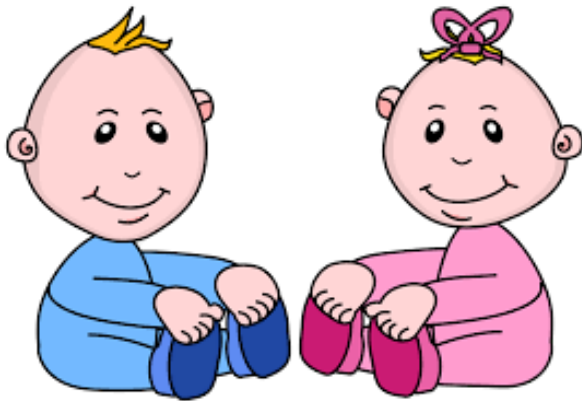
- ❖ Six out of 10 (64.9%) Filipino households are aware of iodized salt.
- ❖ One out of two (55.7%) Filipino households claims using iodized salt.

SUMMARY

HOUSEHOLDS USING ADEQUATELY IODIZED SALT

- ❖ Based on the WYD test results, only 33.2% or 1 in 3 households is using adequately iodized salt ($\geq 15\text{ppm}$).

Nutritional Status of Preschool-Age Children



Infants and Young Children
0 - 23 MONTHS

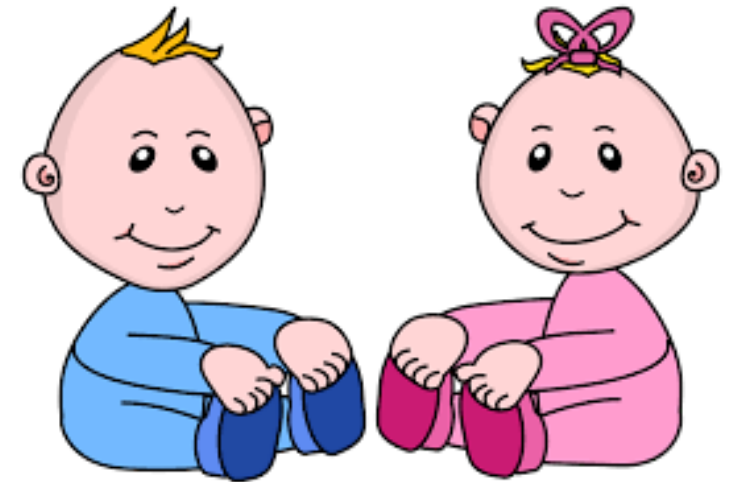


Preschoolers
3 - 5 YEARS OLD



CHILDREN UNDER-FIVE

Infants and Young Children (0-23 months)



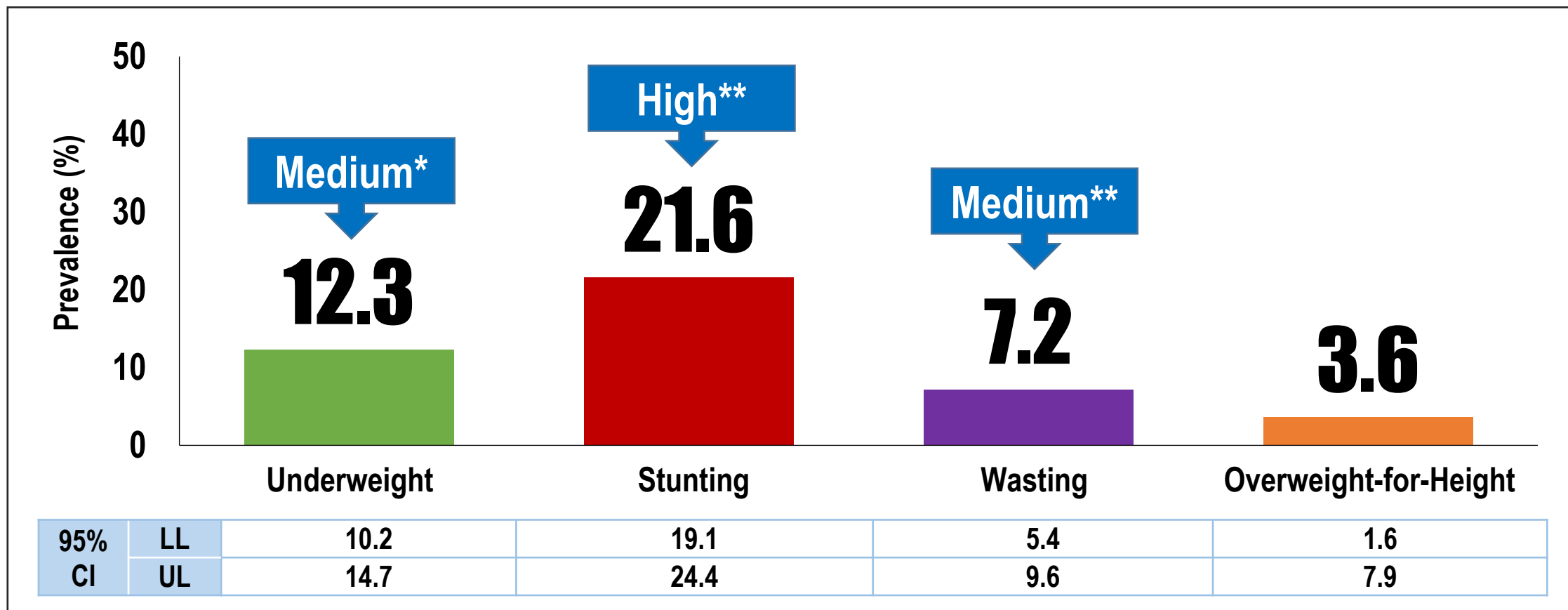
Cut-off points used in determining magnitude and severity of underweight among children, under-five years old (0 to <60 months), as a public health problem (WHO, 1995)

Magnitude and Severity	Prevalence category for Underweight
Low	<10
Medium	10 – 19
High	20 – 29
Very High	≥30

Cut-off points used in determining the public health significance of stunting, wasting, and overweight among children, under-five years old (0 to <60 months) (WHO, 2018)

Category of public health significance	Prevalence of stunting (%)	Prevalence of wasting (%)	Prevalence of overweight (%)
Very Low	<2.5	<2.5	<2.5
Low	2.5 – <10	2.5 – <5	2.5 – <5
Medium	10 – <20	5 – <10	5 – <10
High	20 – <30	10 – <15	10 – <15
Very High	≥30	≥15	≥15

Prevalence of **malnutrition** among infants and young children (0 to 23 months): Philippines, 2021

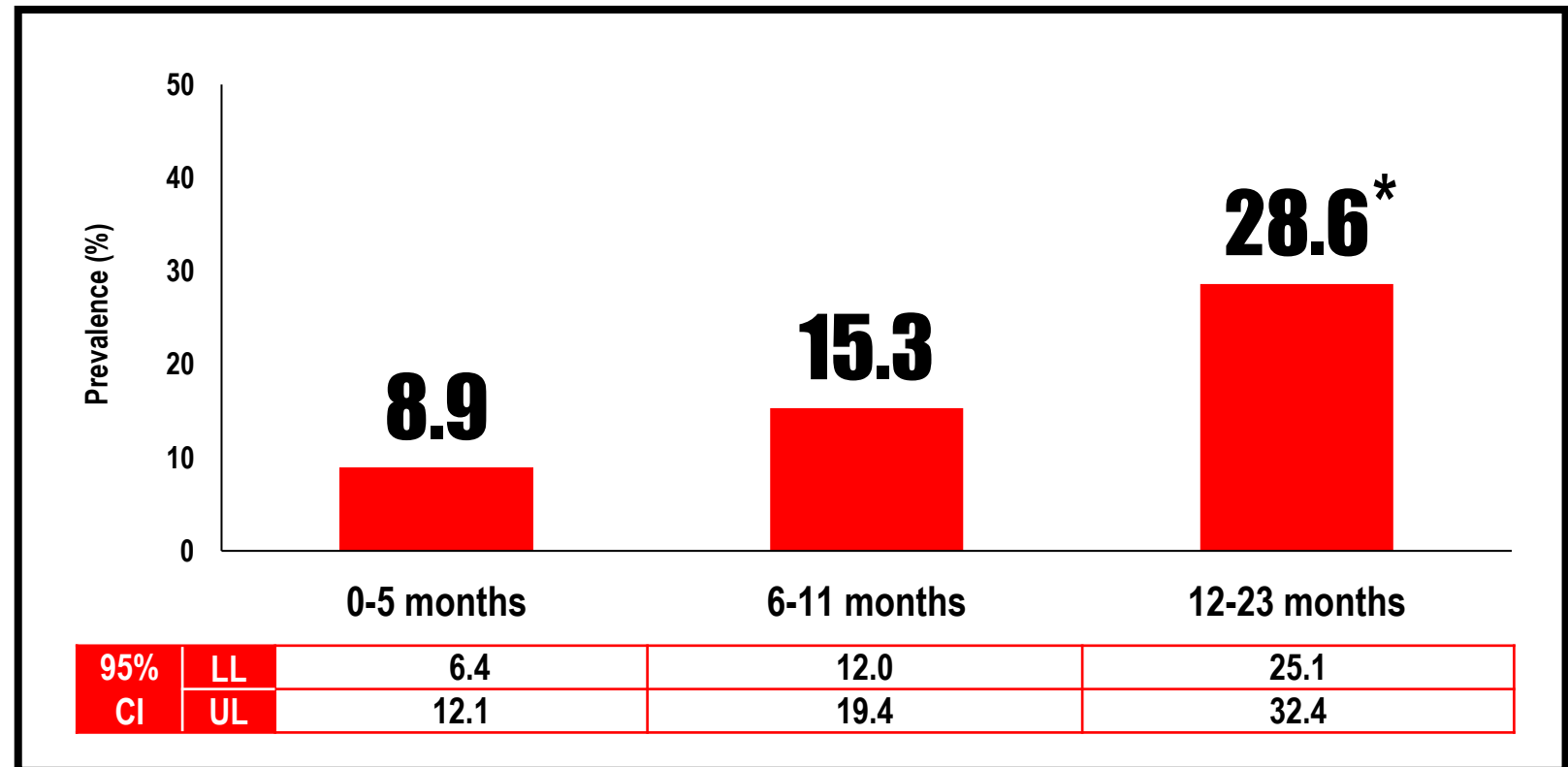


* Magnitude/severity based on WHO, 1995

** Magnitude/severity based on WHO, 2018

Prevalence of **stunting** among Filipino children (0 to 23 months) by **age group**: Philippines, 2021

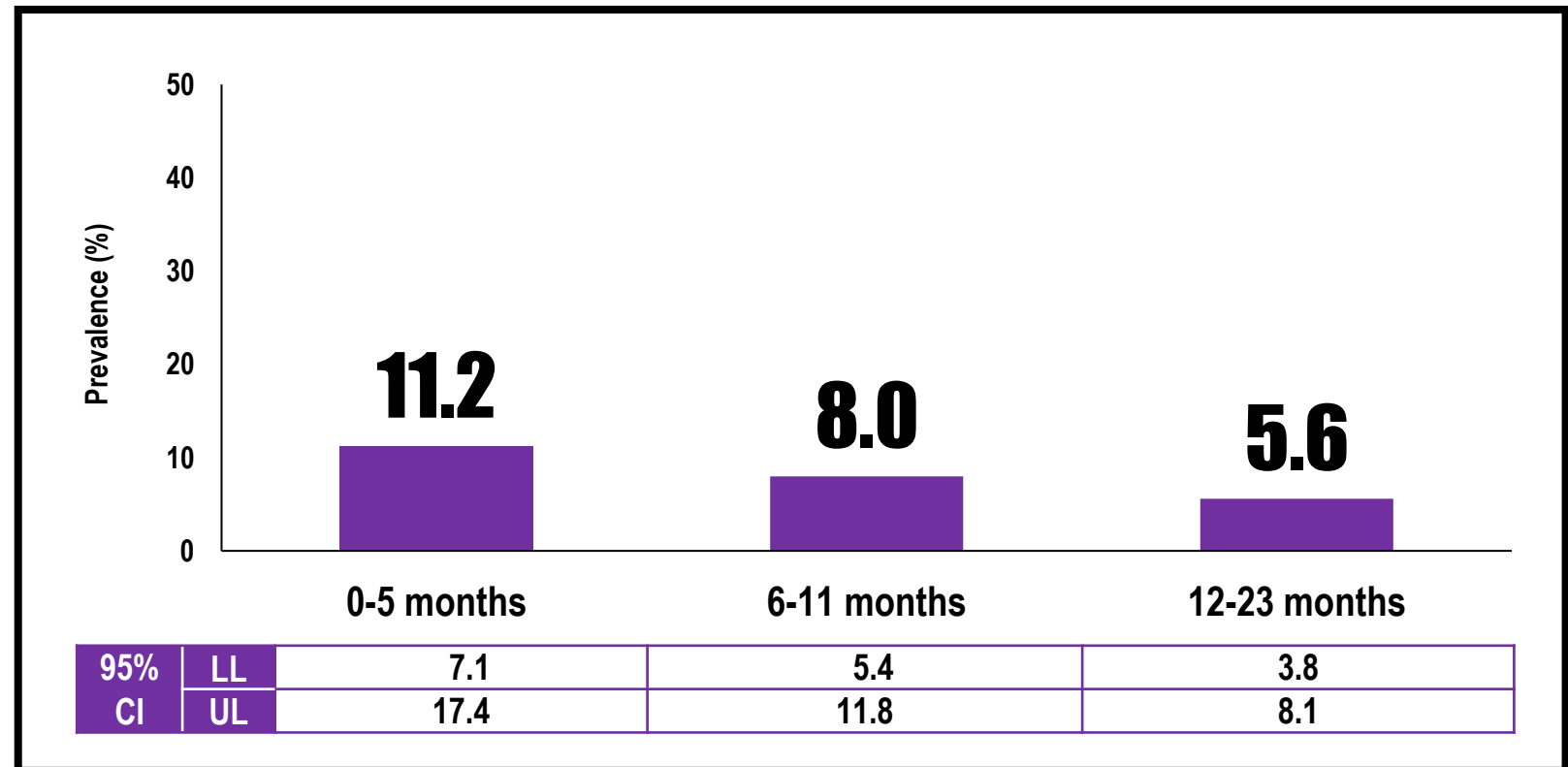
STUNTING
21.6%
(95% CI: 19.1–24.4)



*significantly different at 5% level of significance

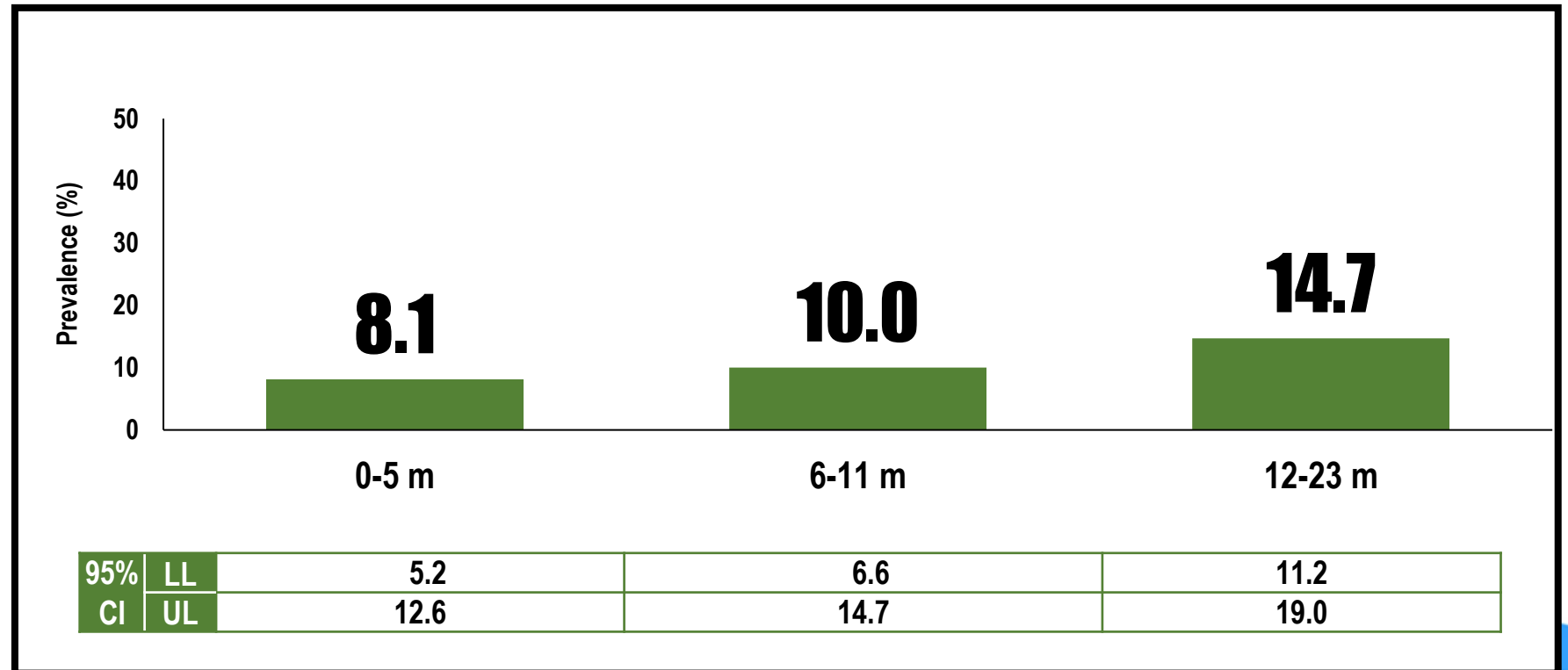
Prevalence of **wasting** among Filipino children (0 to 23 months) by **age group**: Philippines, 2021

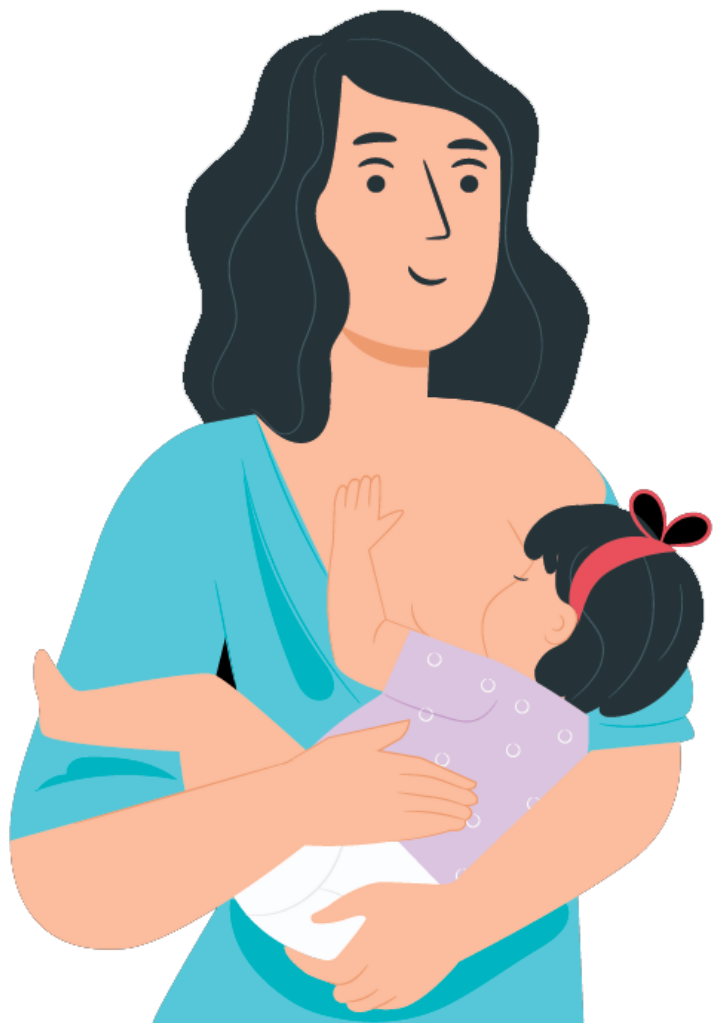
WASTING
7.2%
(95% CI: 5.4–9.6)



Prevalence of **underweight** among infants and young children (0 to 23 months) by **age group**: Philippines, 2021

UNDERWEIGHT
12.3%
(95% CI: 10.2–14.7)





INFANT AND YOUNG CHILD FEEDING (IYCF) PRACTICES (0-23 months)

Breastfeeding Indicators

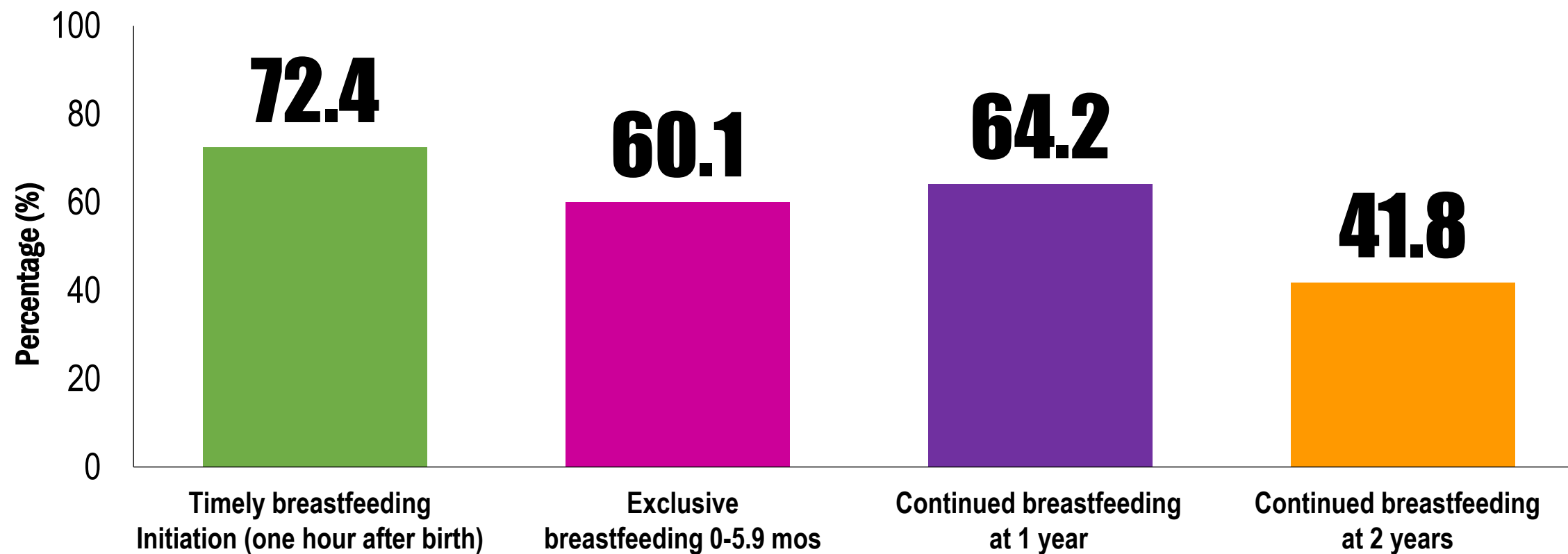


1. Early initiation of breastfeeding within one hour after birth

2. Exclusive breastfeeding from birth until six months

3. Continued breastfeeding up to two years or beyond

Percentage of infants and young children (0 to 23 months old), by **breastfeeding practices**: Philippines, 2021



95% CI	LL	65.1	56.1	53.9	33.9
	UL	78.6	64.0	73.4	50.0



Complementary Feeding Practices

Minimum Dietary Diversity (MDD)

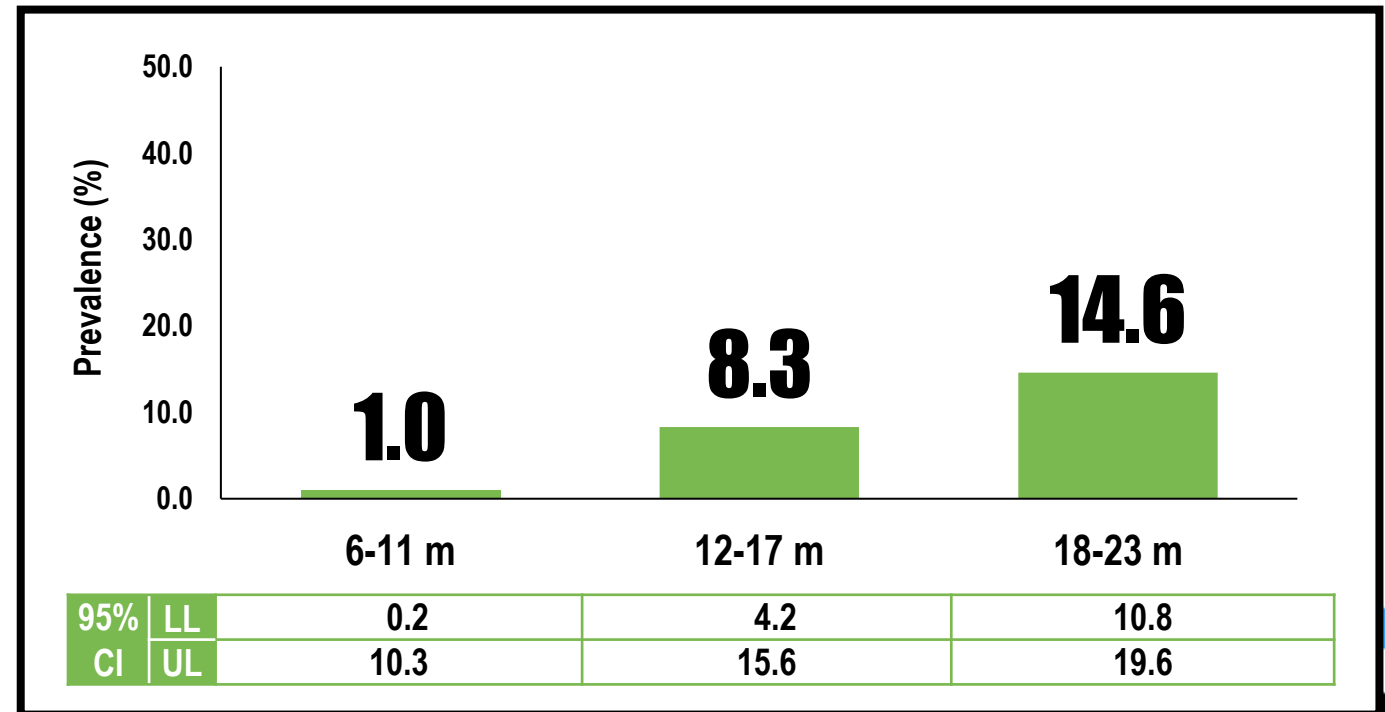
Operational Definition

Proportion of children 6-23 months of age who consumed foods and beverages from at least 5 or more food groups (DDS > 5) of the following 8 food groups:

1. Breastmilk
2. Grains, roots and tubers and plantains
3. Dairy products
4. Legumes and nuts
5. Flesh foods
6. Eggs
7. Vitamin-A rich fruits and vegetables
8. Other fruits and vegetables

13.8%

of children 6-23 months are meeting MDD



Minimum Meal Frequency (MMF)

Operational Definition

Proportion of children 6–23 months of age who consumed solid, semi-solid or soft foods (but also including milk feeds for non-breastfed children) at least the minimum number of times during the previous day

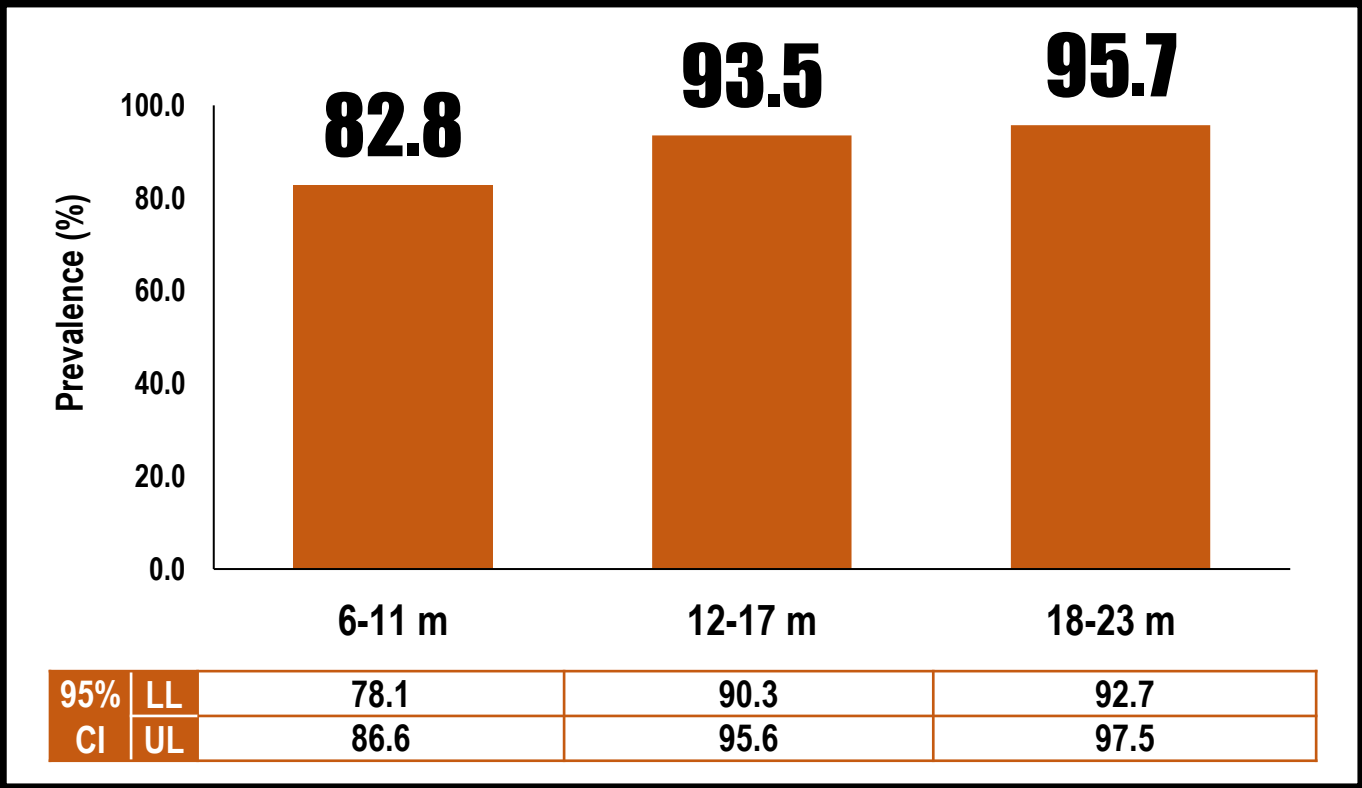
Defined as:

- 2x for breastfed infants 6-8 months old
- 3x for breastfed children 9-23 months old
- 4x for non-breastfed children 6-23 months old



90.9%

of children 6-23 months receives MMF



Reference: 2021 World Health Organization and the United Nations Children’s Fund (UNICEF) - Indicators for Assessing Infant and Young Child Feeding Practices: Definitions and Measurement Methods.

Minimum Acceptable Diet (MAD)

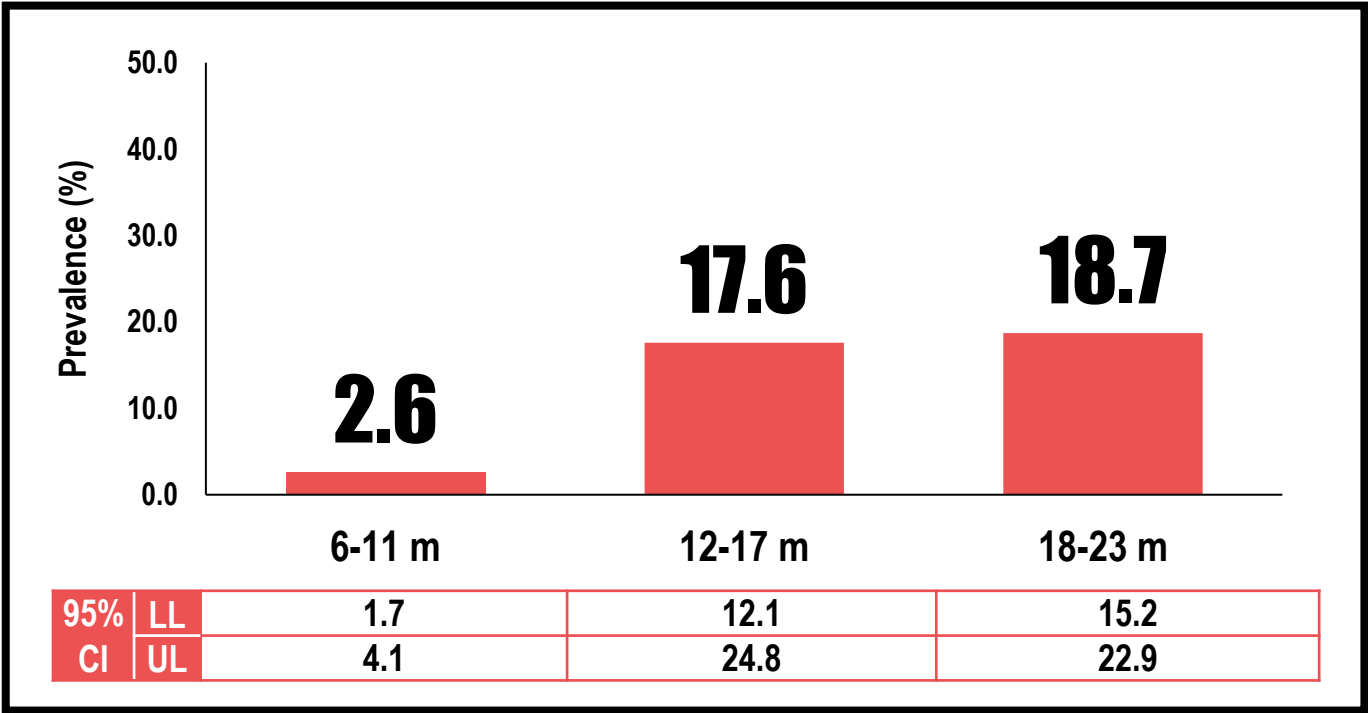
Operational Definition

Proportion of children 6-23 months meeting both the minimum dietary diversity and the minimum meal frequency to ensure both dietary and nutrient adequacy.



13.3%

of children 6-23 months receives MAD



Reference: 2021 World Health Organization and the United Nations Children’s Fund (UNICEF) - Indicators for Assessing Infant and Young Child Feeding Practices: Definitions and Measurement Methods.

SUMMARY

- **Stunting:** High public health significance, affecting 1 in 5 (21.6%) (WHO, 2018).
- **Underweight:** Medium public health problem, affecting 1 in 10 (12.3%) (WHO, 1995).
- **Wasting:** Medium severity, affecting 7.2% of children under two (WHO, 2018).

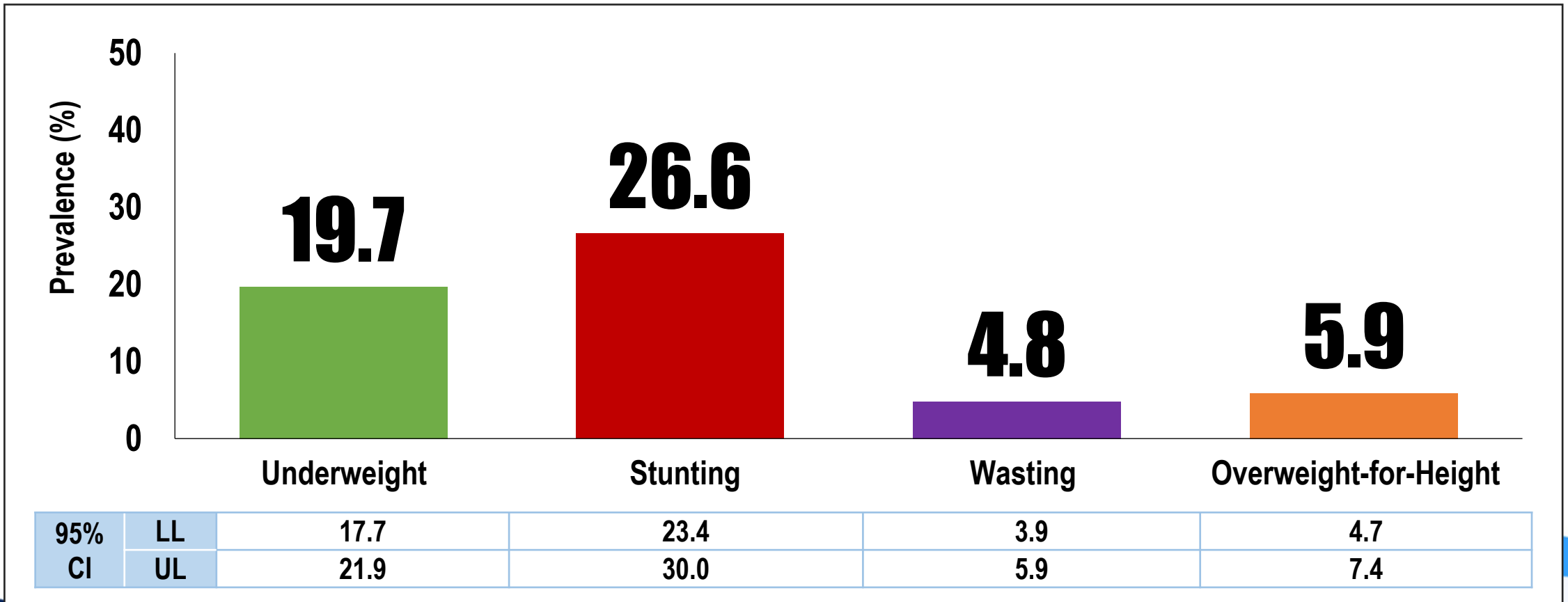
SUMMARY

- Exclusive breastfeeding among infants under 6 months was 60.1%, however, continued breastfeeding at 2 years is only 41.8%.
- Only 13.8% young children 6-23 months received the minimum variety of foods (> 5 food groups), indicating low dietary diversity
- Only 13.3% of young children 6-23 months received the minimum diet.
- Poor feeding practices remains a significant challenge.

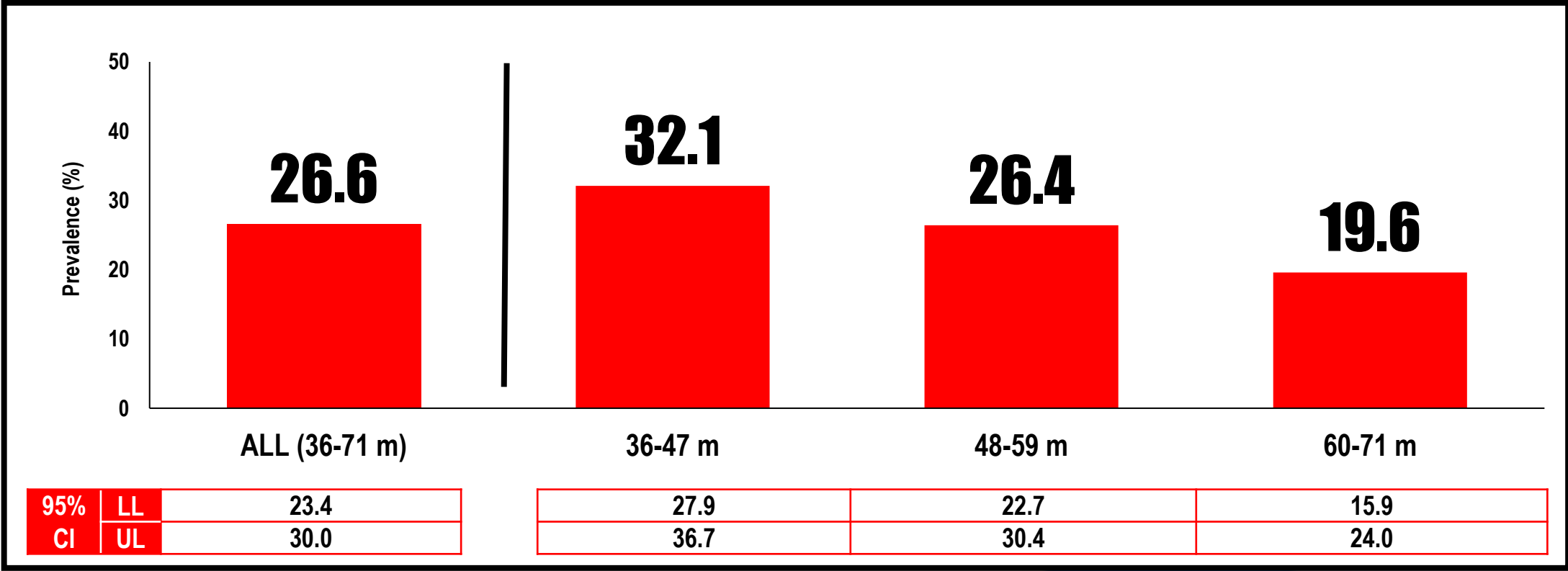
Nutritional Status of Preschoolers (3-5 years old)



Prevalence of **malnutrition** among preschoolers (3 to 5 years old months): Philippines, 2021

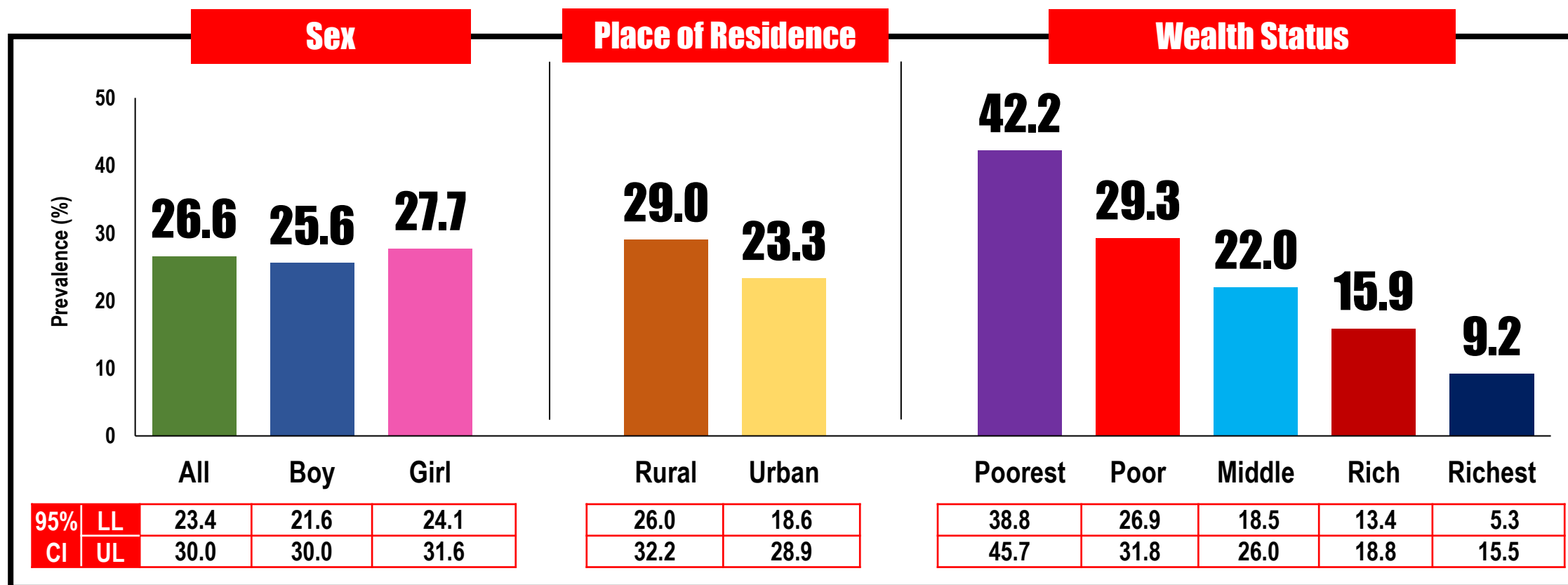


Prevalence of **stunting** among preschoolers (3 to 5 years old) by **age group**: Philippines, 2021



* Magnitude/severity based on WHO, 2018

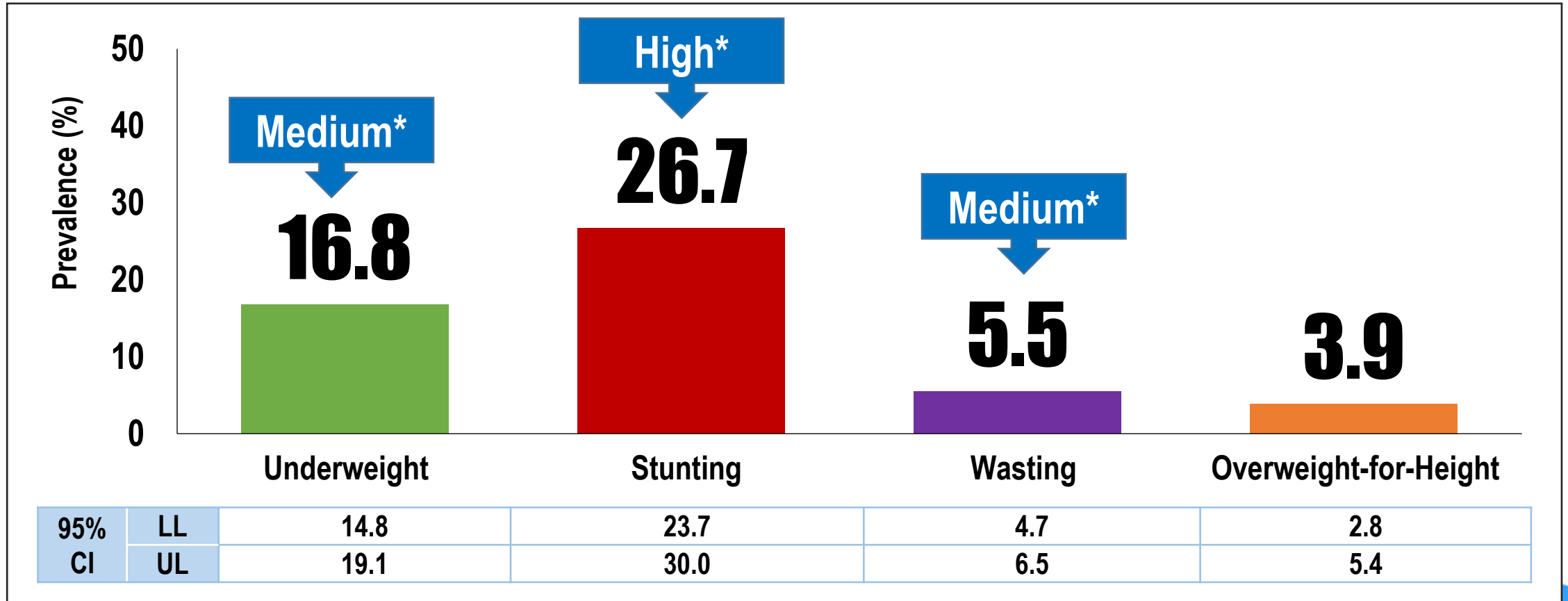
Prevalence of **stunting** among preschoolers (3 to 5 years old): Philippines, 2021



Nutritional Status of Under-five children (0-59 mos old)



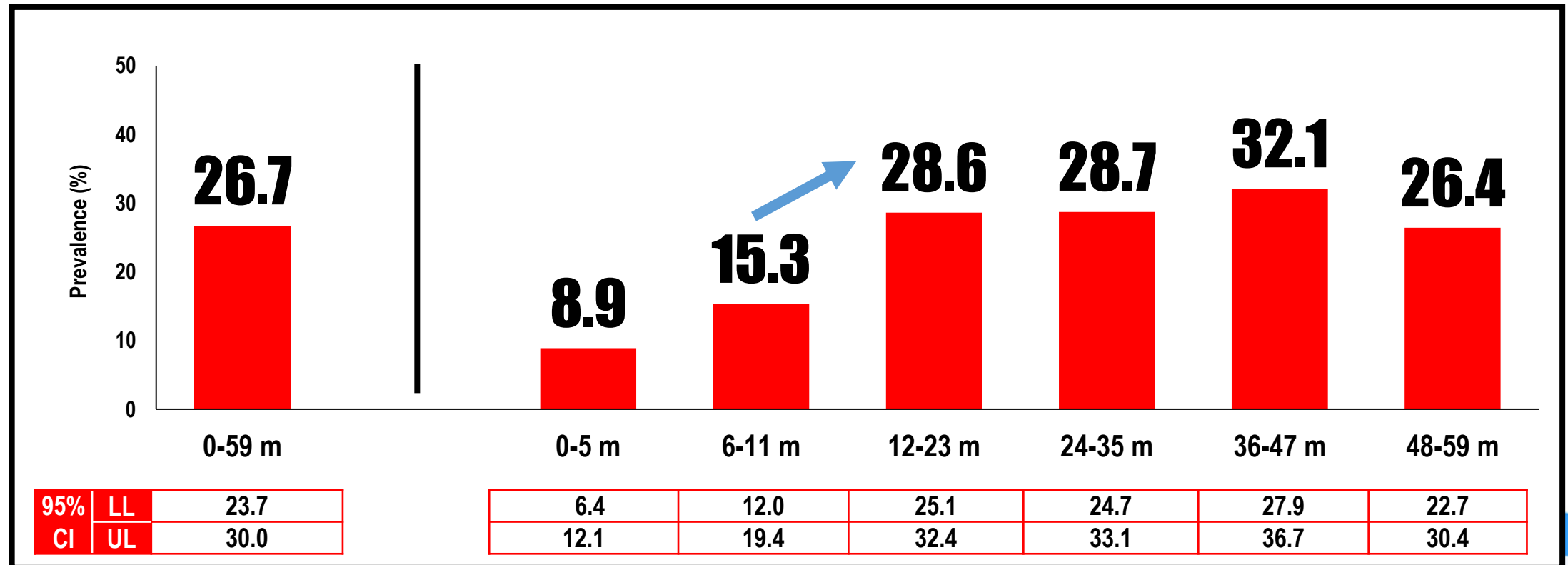
Prevalence of **malnutrition** among children under-five (0 to 59 months): Philippines, 2021



* Magnitude/severity based on WHO, 1995

** Magnitude/severity based on WHO, 2018

Prevalence of **stunting** among children under-five (0 to 59 months) by **age group**: Philippines, 2021



SUMMARY

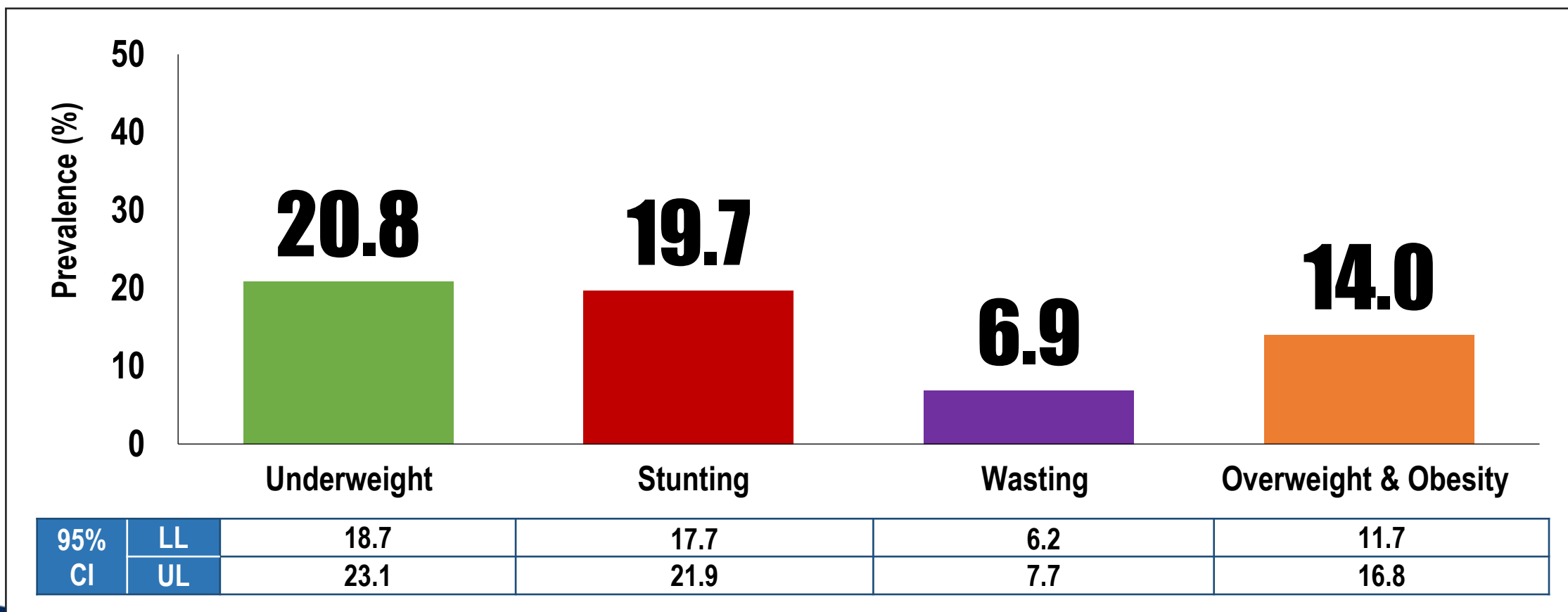
Preschool-age children under five:

- **Stunting:** High public health significance, affecting 1 in 4 (26.7%) (WHO,2018).
- **Underweight:** Medium public health problem, affecting 1 in 10 (12.3%) (WHO, 1995).
- **Wasting:** Medium severity, affecting 5.5% of children under five (WHO, 2018).
- **Overweight:** Low public health problem at 3.9% (WHO, 2018)

Nutritional Status of Filipino School-age Children in the **Philippines**

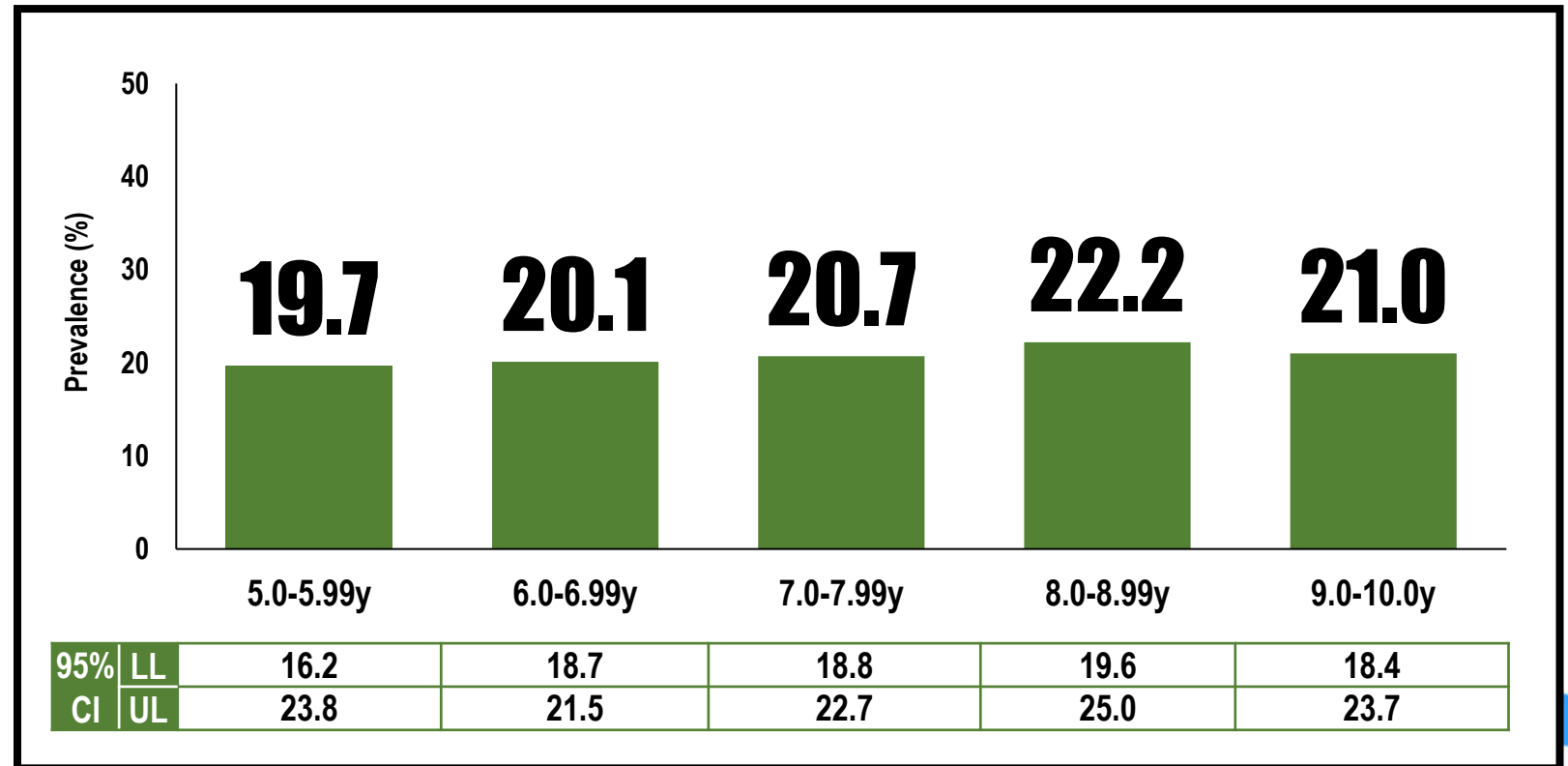


Prevalence of **malnutrition** among school-age children, 5 to 10 years old: Philippines, 2021

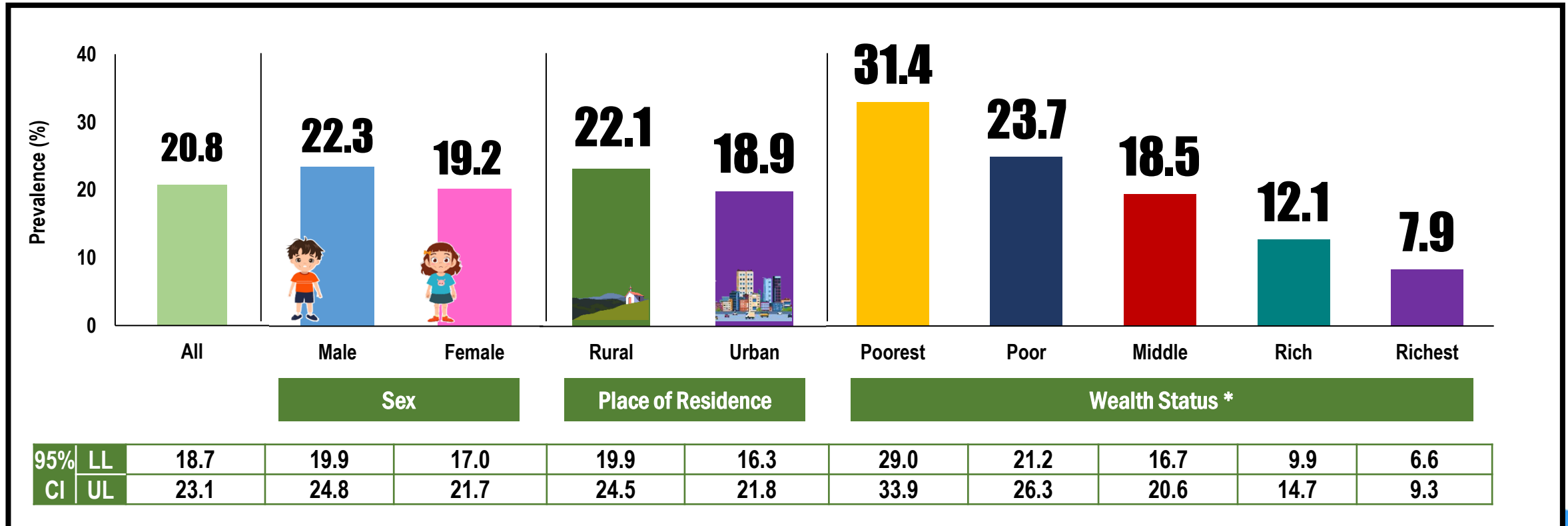


Prevalence of **underweight** among school-age children, 5 to 10 years old, by **age group**: Philippines, 2021

UNDERWEIGHT
20.8%
(95% CI: 18.7–23.1)



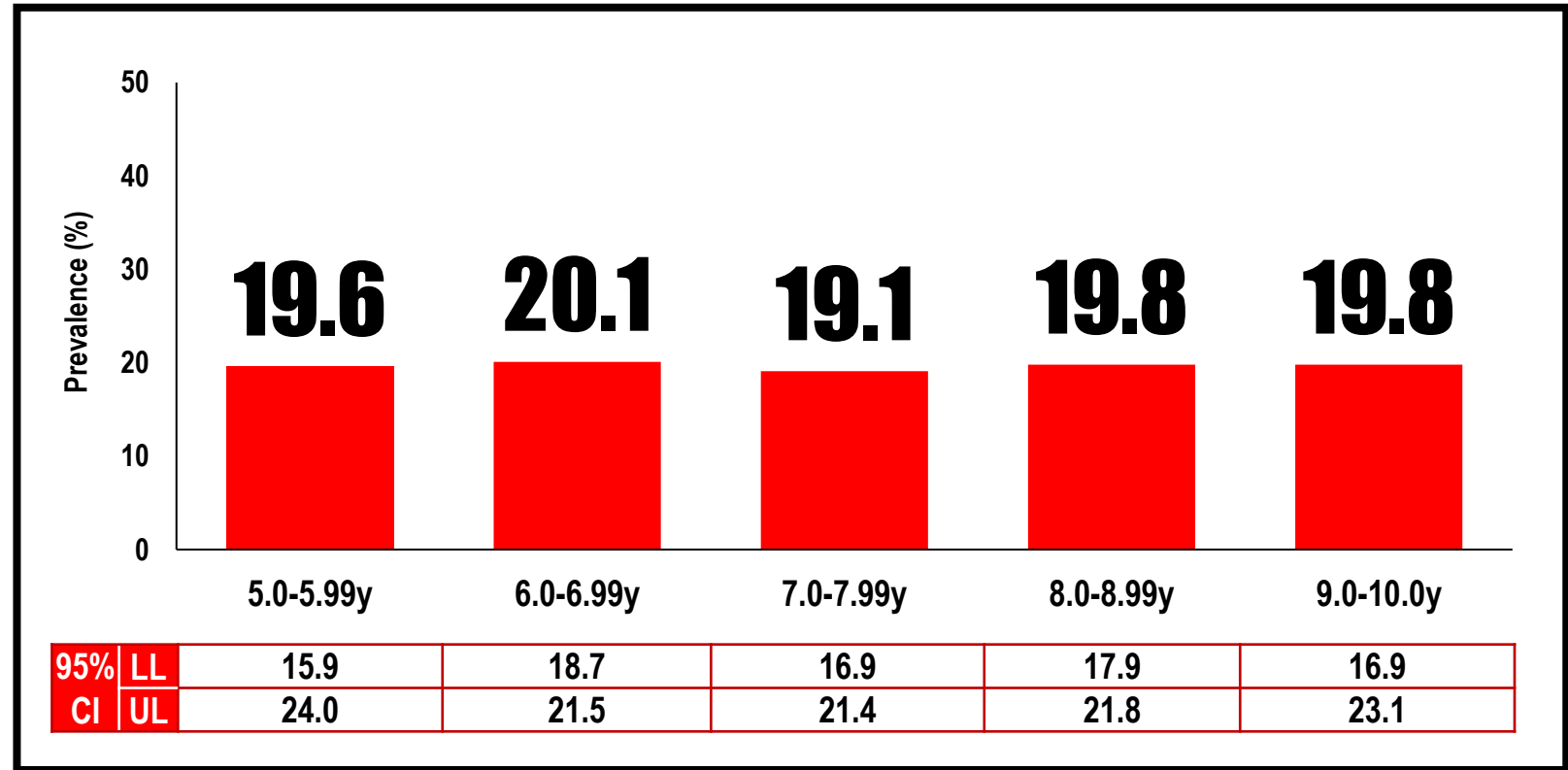
Prevalence of **underweight** among school-age children, 5 to 10 years old, by **sex**, **place of residence**, and **wealth status**: Philippines, 2021



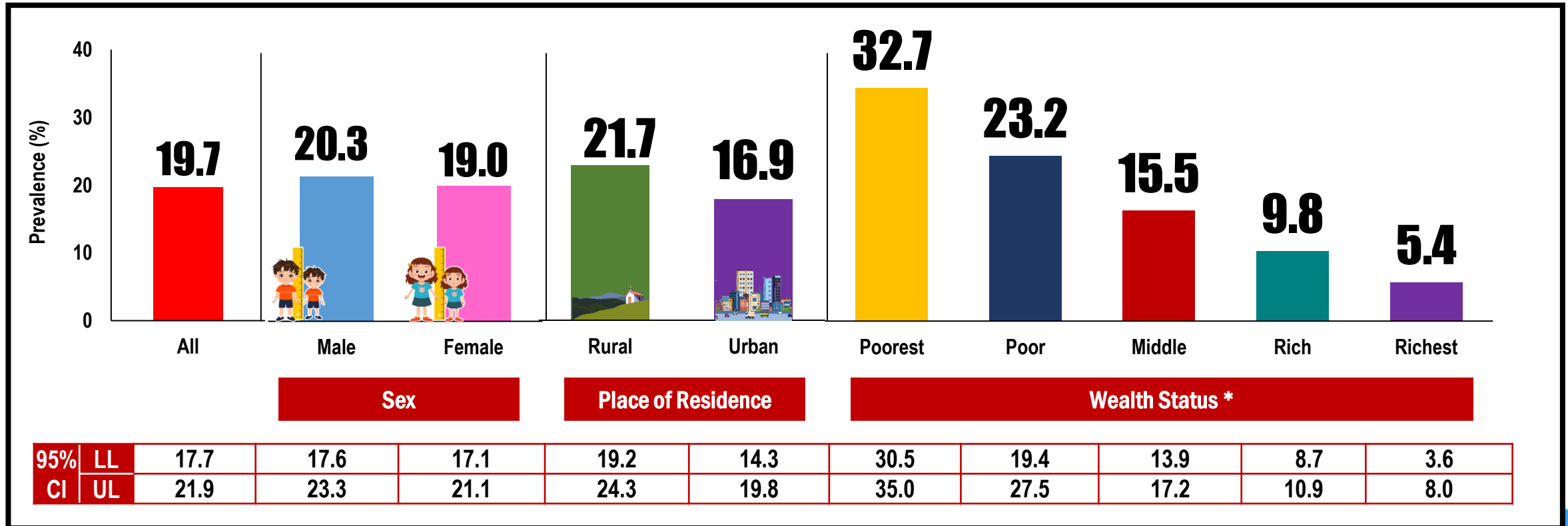
* significantly different at 5% level of significance

Prevalence of **stunting** among school-age children, 5 to 10 years old, by **age group**: Philippines, 2021

STUNTING
19.7%
(95% CI: 17.7–21.9)



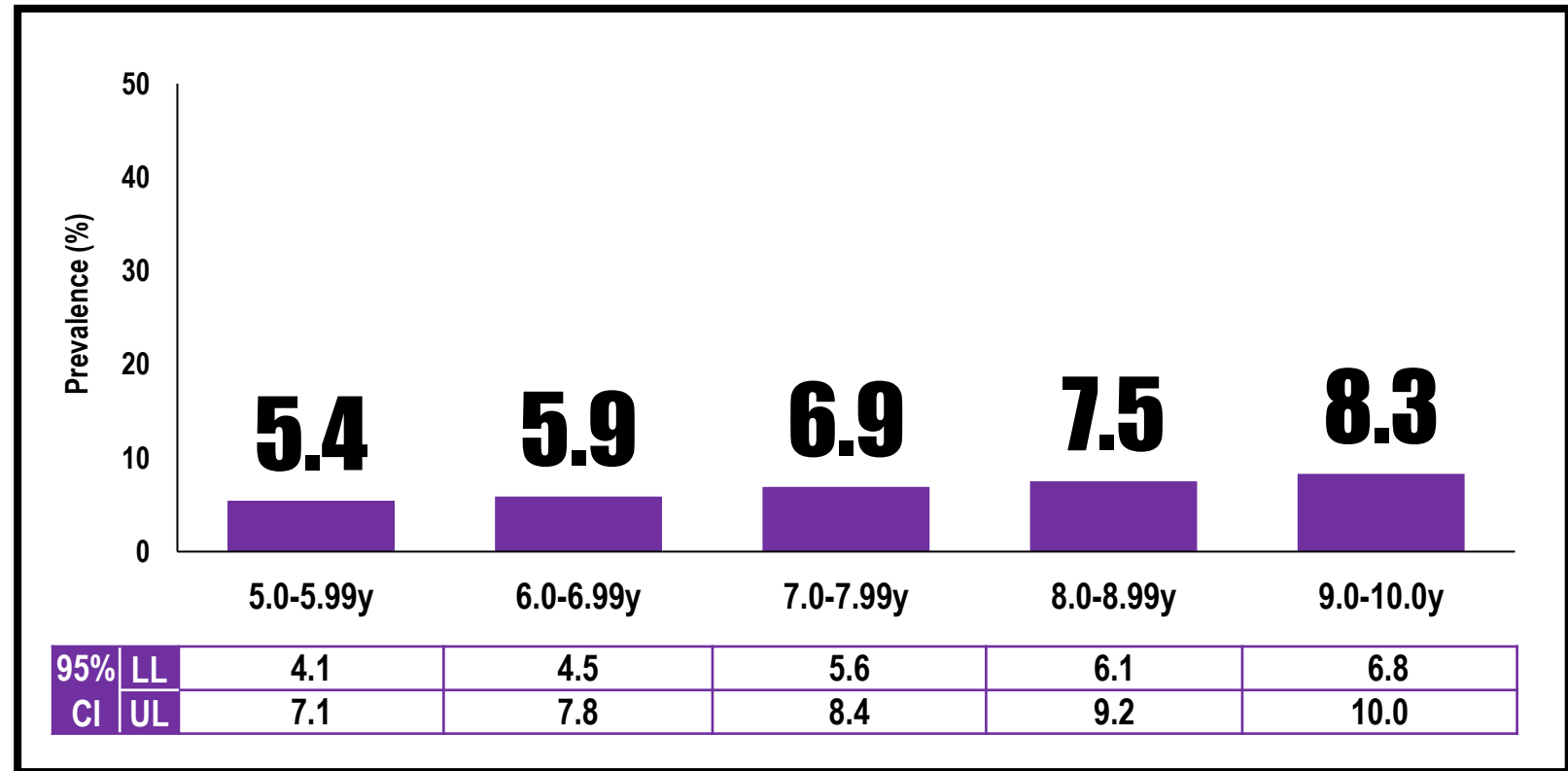
Prevalence of **stunting** among school-age children, 5 to 10 years old, by **sex**, **place of residence**, and **wealth status**: Philippines, 2021



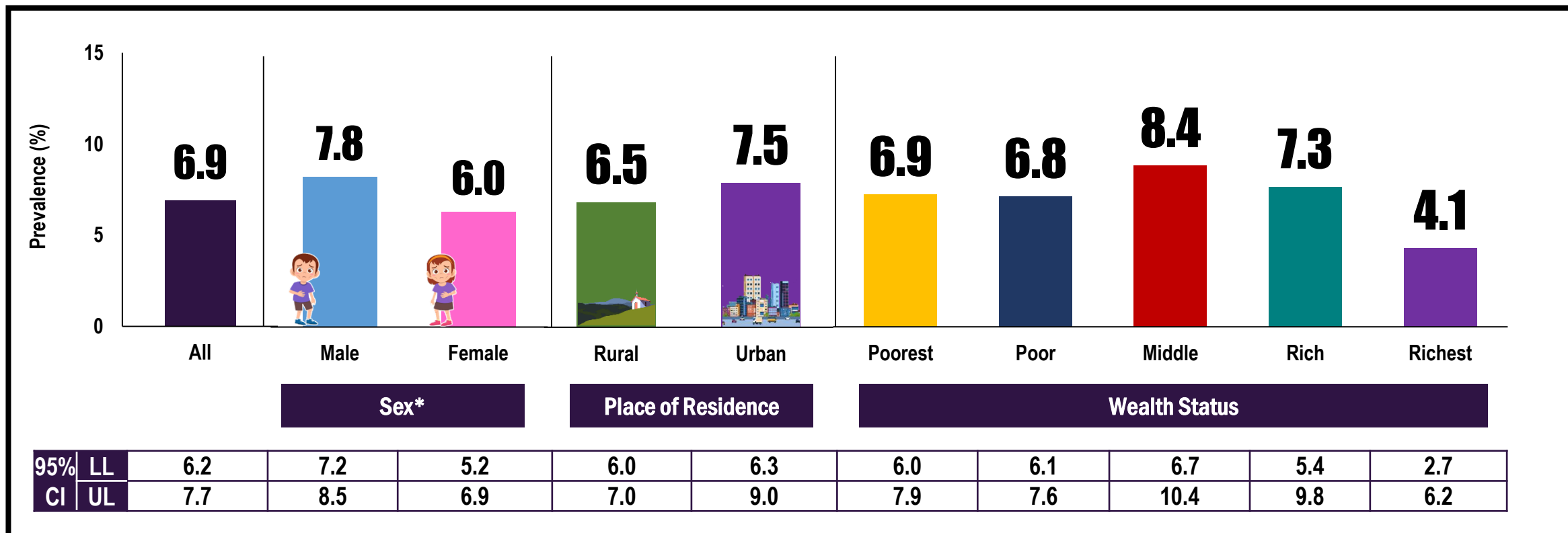
* significantly different at 5% level of significance

Prevalence of **wasting** among school-age children, 5 to 10 years old, by **age group**: Philippines, 2021

WASTING
6.9%
(95% CI: 6.2–7.7)



Prevalence of **wasting** among school-age children, 5 to 10 years old, by **sex**, **place of residence**, and **wealth status**: Philippines, 2021

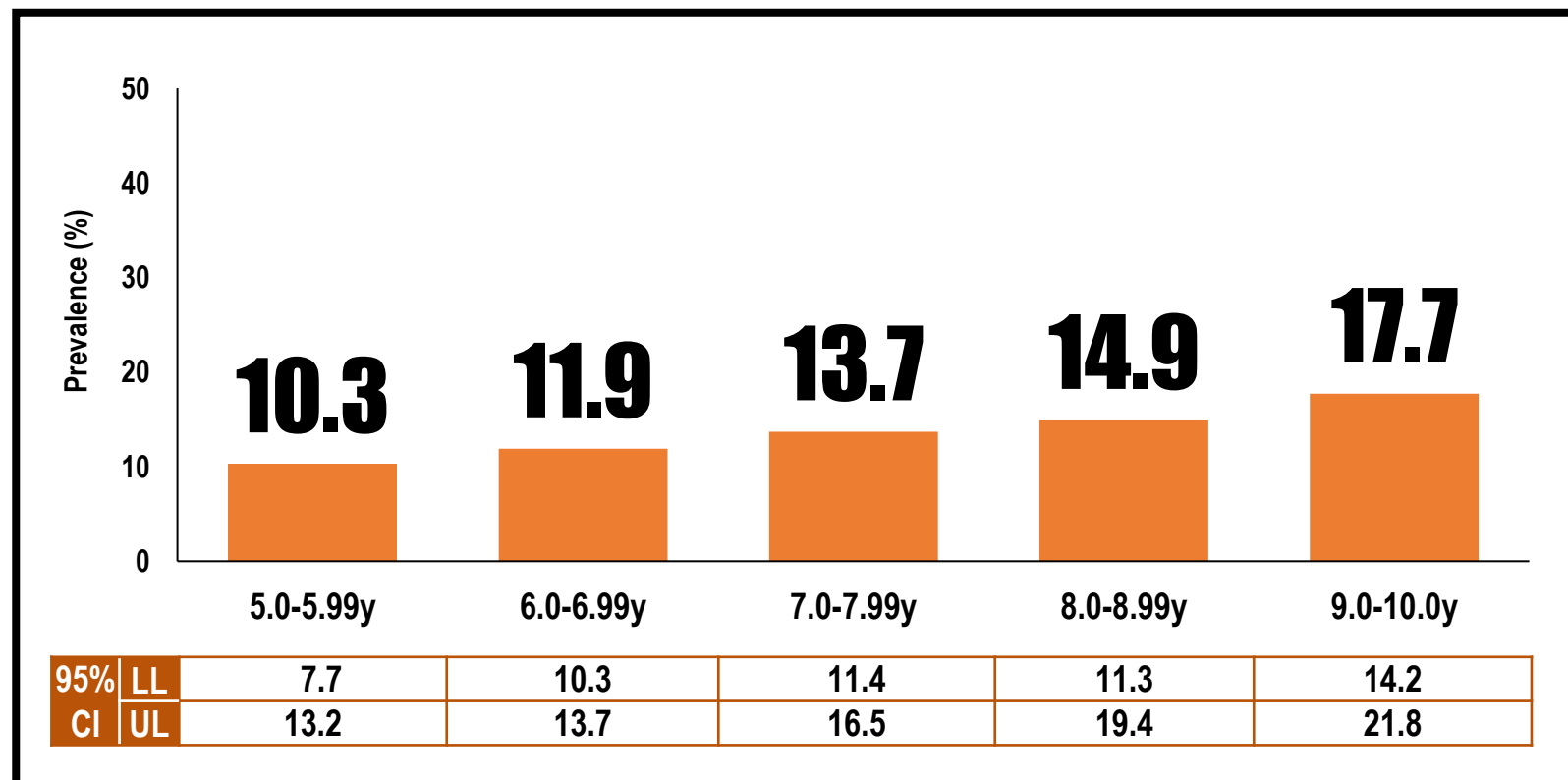


Prevalence of **overweight & obesity** among school-age children, 5 to 10 years old, by **age group**: Philippines, 2021

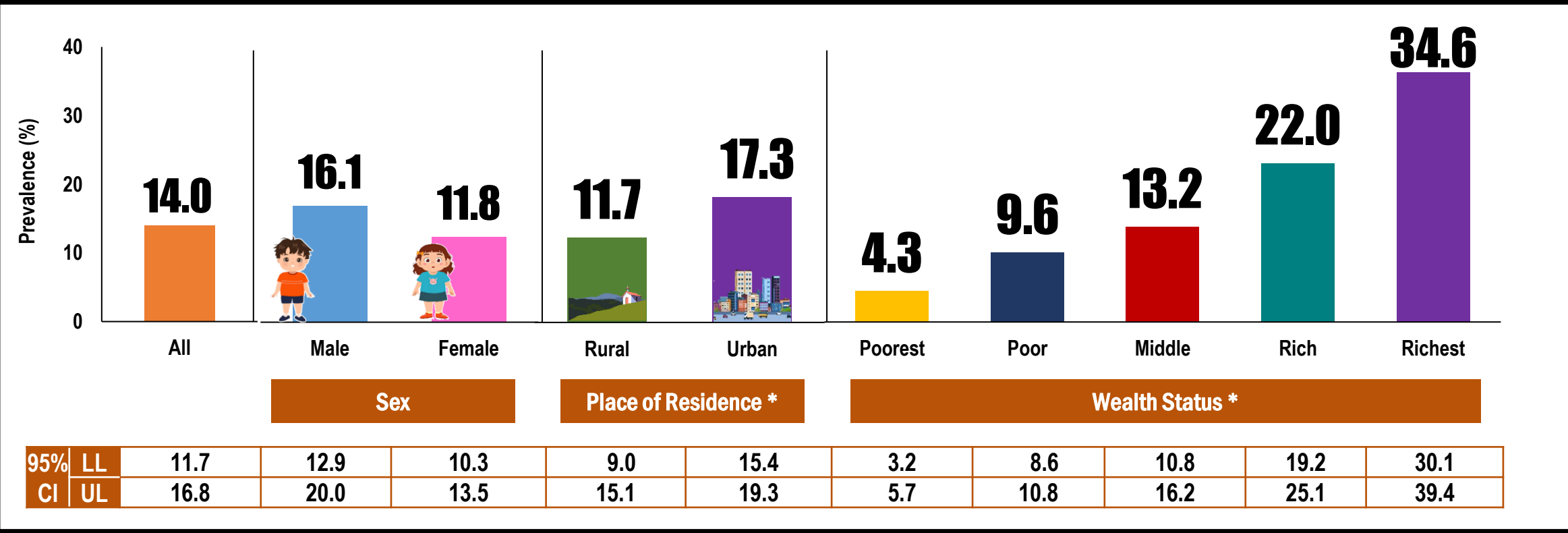
**OVERWEIGHT &
OBESITY**

14.0%

(95% CI: 11.7–16.8)



Prevalence of **overweight & obesity** among school-age children, 5 to 10 years old, by **sex**, **place of residence**, and **wealth status**: Philippines, 2021



* significantly different at 5% level of significance

SUMMARY

- One (1) in every five (5) (20.8%) school-age children is underweight.
- Underweight is higher among males (22.3%) and those residing in rural areas (22.1%) than their counterparts. It is also significantly different across wealth quintile.

SUMMARY

- One (1) in every five (5) (19.7%) school-age children is stunted.
- Stunting is significantly different across wealth quintile and it is significantly highest in the poorest (32.7%) households than its counterparts.

SUMMARY

- One (1) in every 15 (6.9%) school-age children is wasted.
- Wasting is significantly higher among males (7.8%) than females (6.0%)
- It is higher among urban residents, and those from middle-class (8.4%) and rich (7.3%) households than their counterparts.

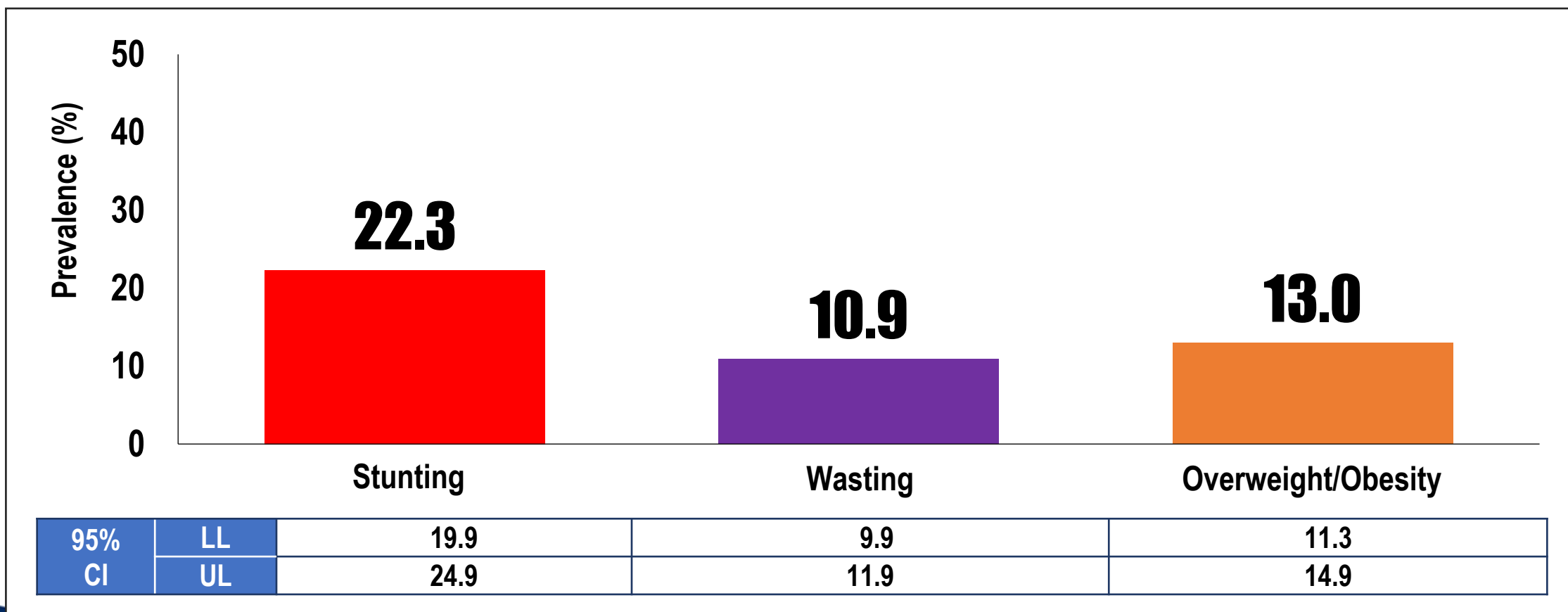
SUMMARY

- One (1) in every 10 (14%) school-age children is overweight.
- Overweight is significantly higher in urban (17.3%) than rural areas (11.7%).
- It is significantly different across wealth quintile.

Nutritional Status of Filipino Adolescents in the **Philippines**

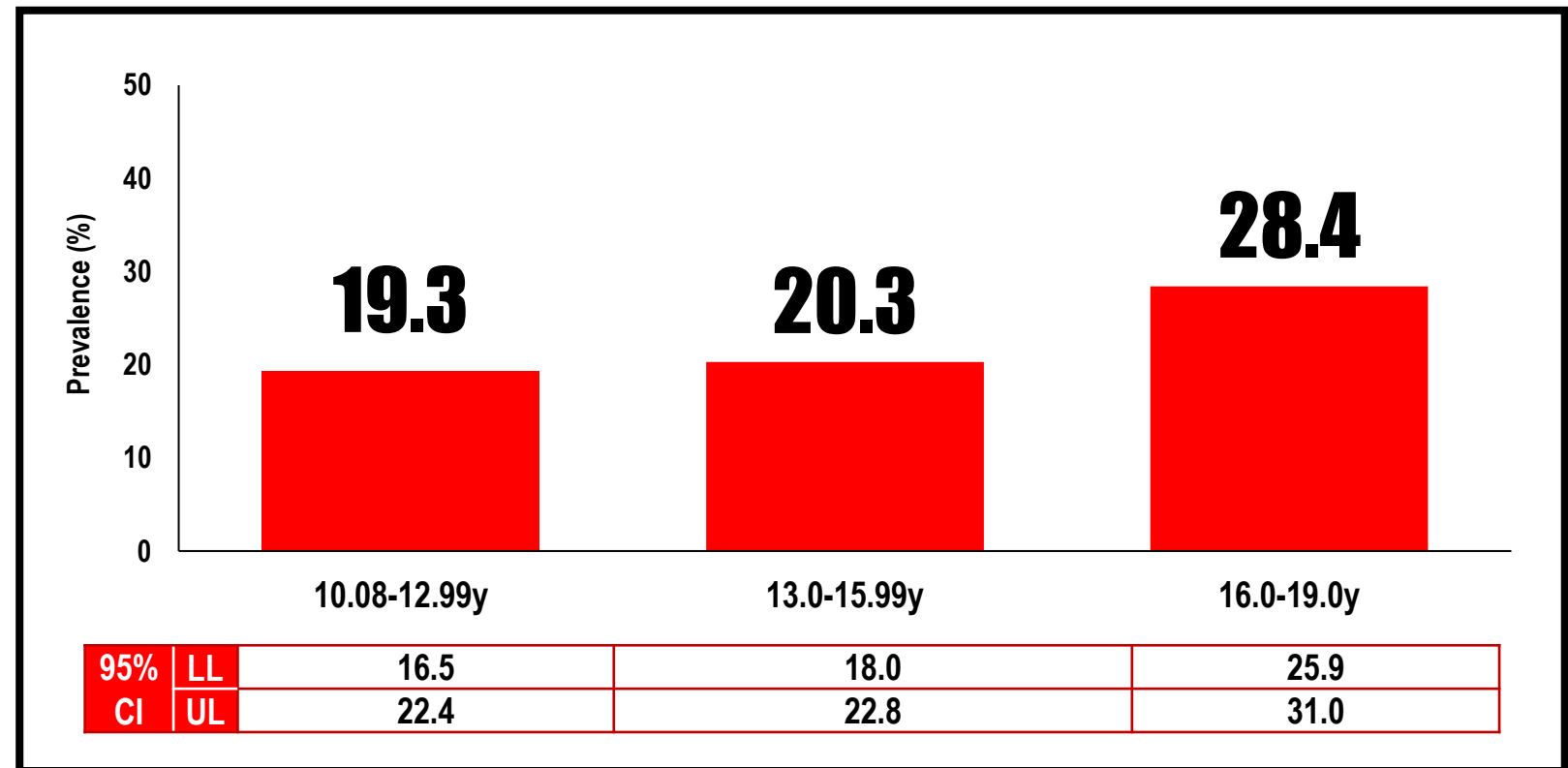


Prevalence of **malnutrition** among adolescents, >10 to 19 years old, in **the Philippines**: ENNS, 2021

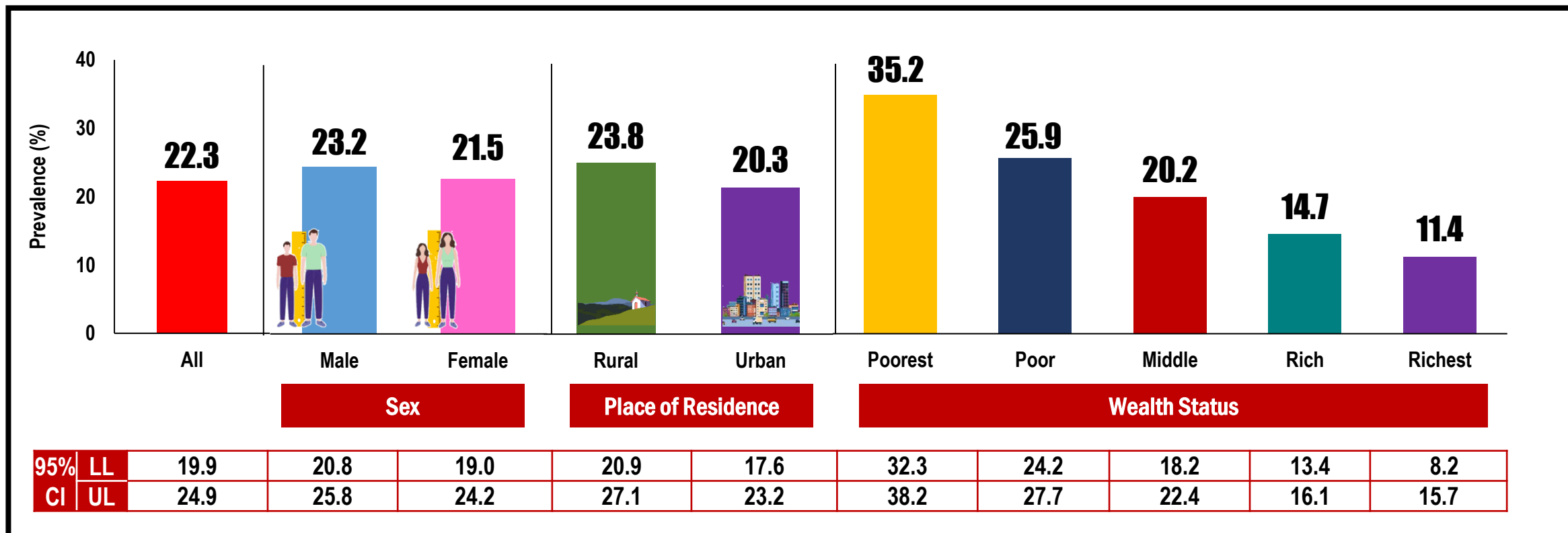


Prevalence of **stunting** among adolescents,
>10 to 19.0 years old, by **age group**: Philippines, 2021

STUNTING
22.3%
(95% CI: 19.9–24.9)



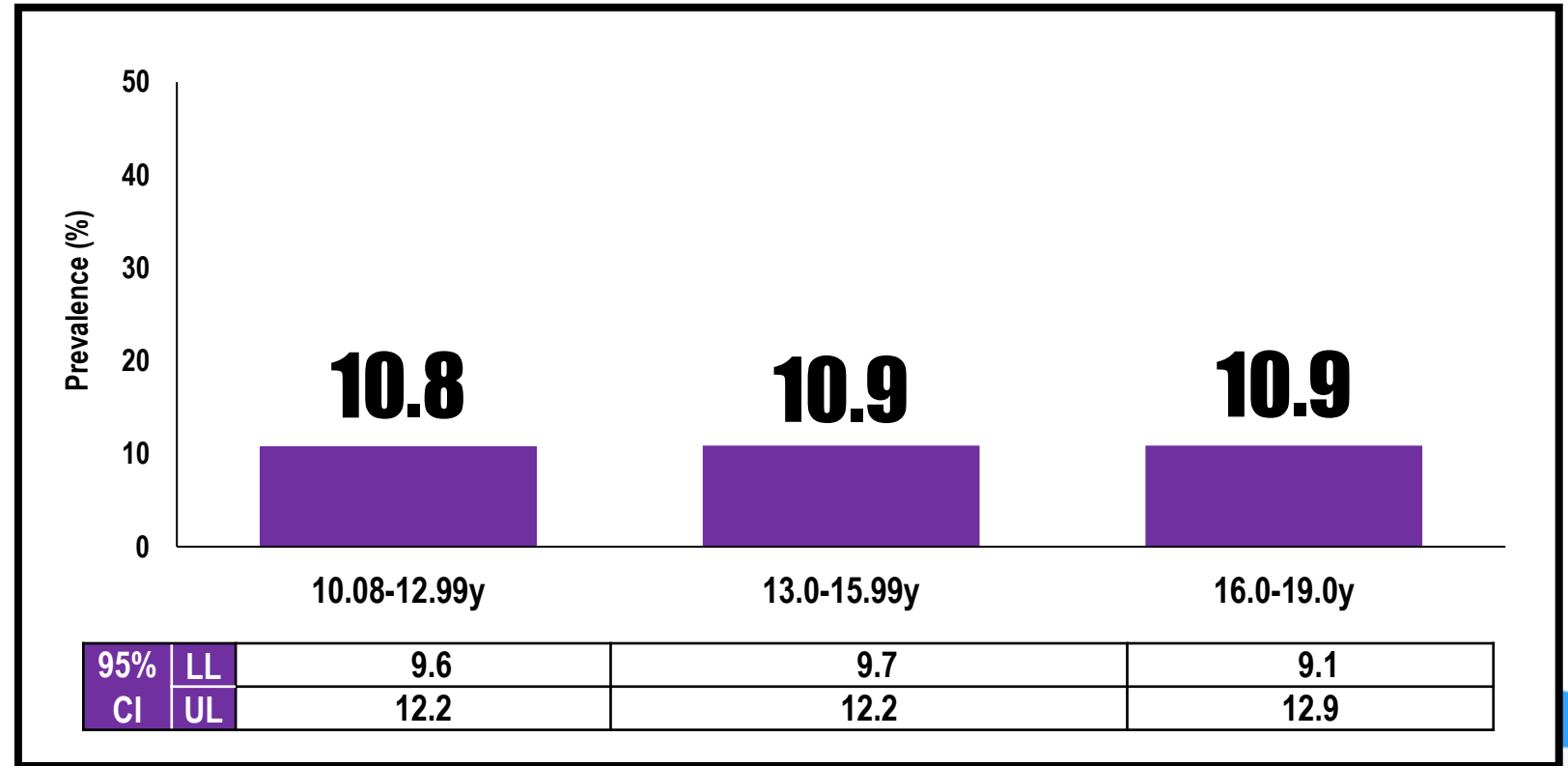
Prevalence of **stunting** among adolescents, >10 to 19.0 years old, by **sex**, **place of residence**, and **wealth status**: Philippines, 2021



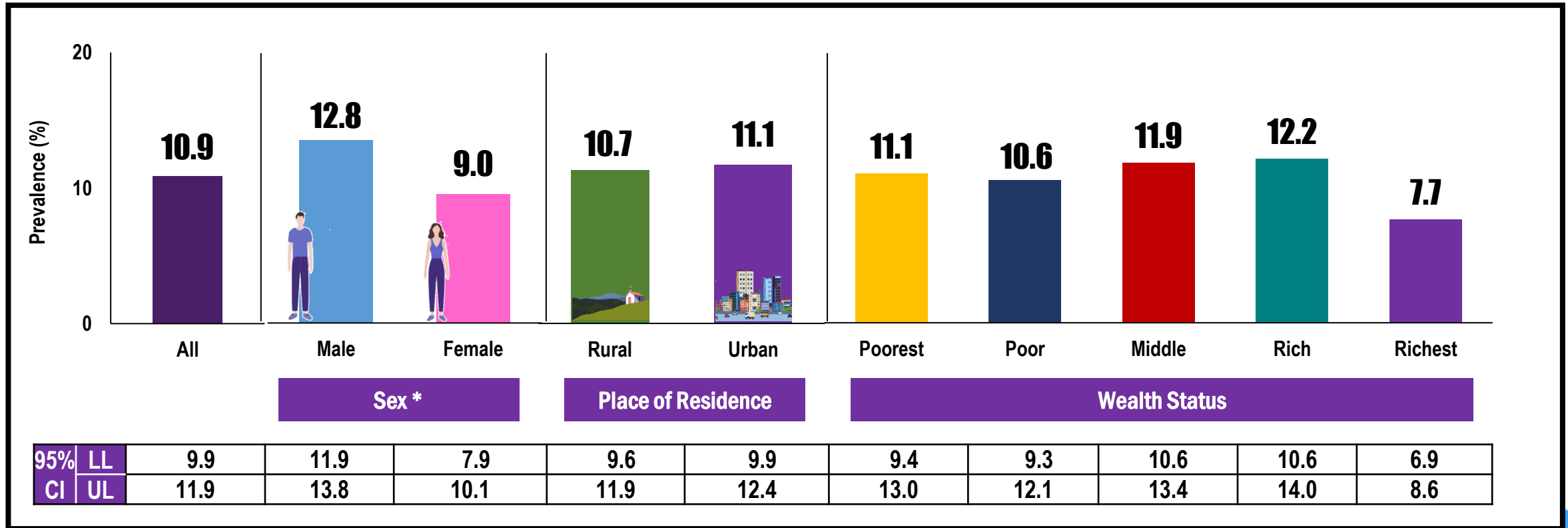
*significantly different at 5% Level of significance

Prevalence of **wasting** among adolescents, >10 to 19.0 years old, by **age group**: Philippines, 2021

WASTING
10.9%
(95% CI: 9.9–11.9)



Prevalence of **wasting** among adolescents, >10 to 19.0 years old, by **sex**, **place of residence**, and **wealth status**: Philippines, 2021



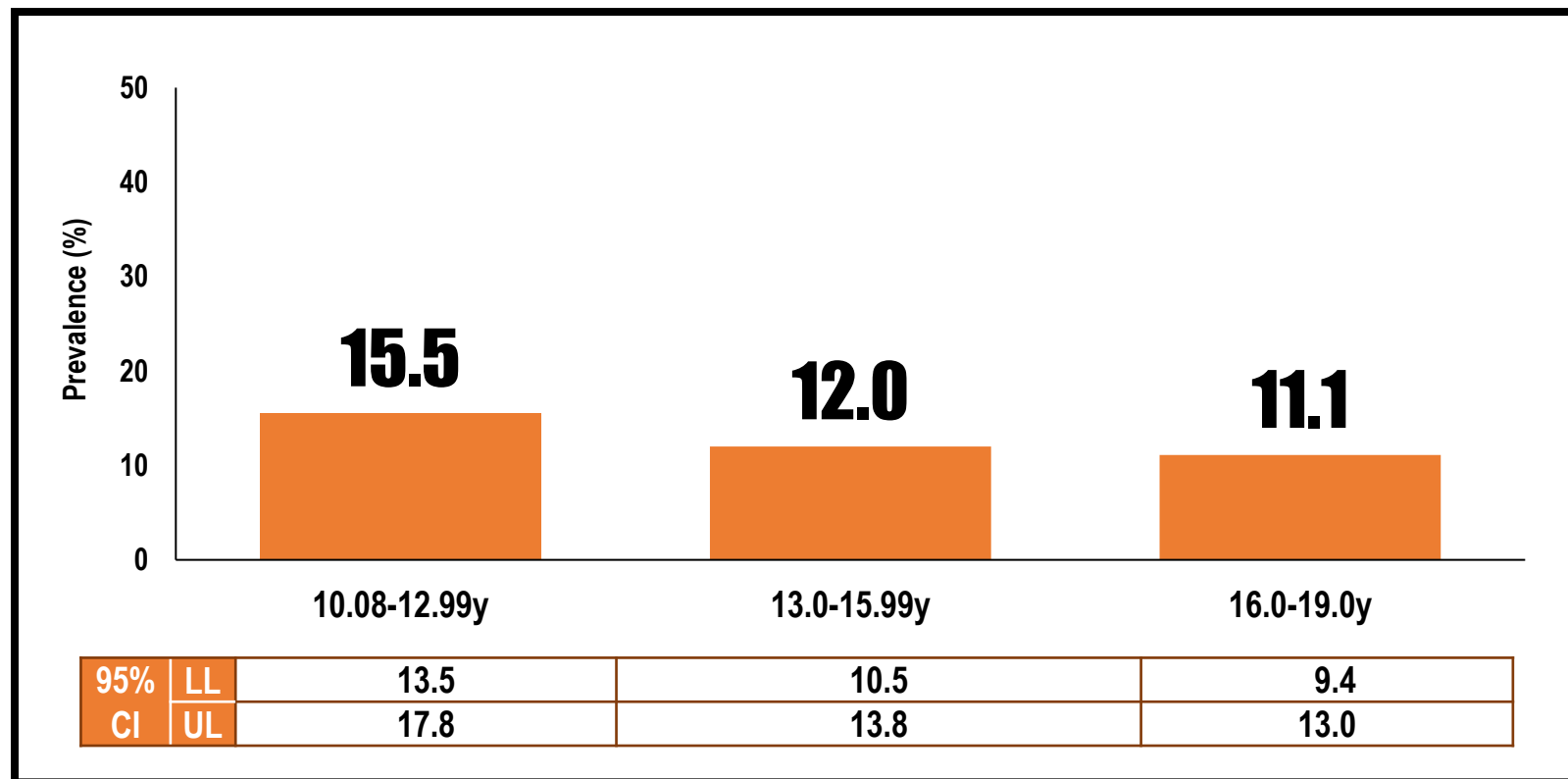
*significantly different at 5% Level of significance

Prevalence of **overweight & obesity** among adolescents,
>10 to 19.0 years old, by **age group**: Philippines, 2021

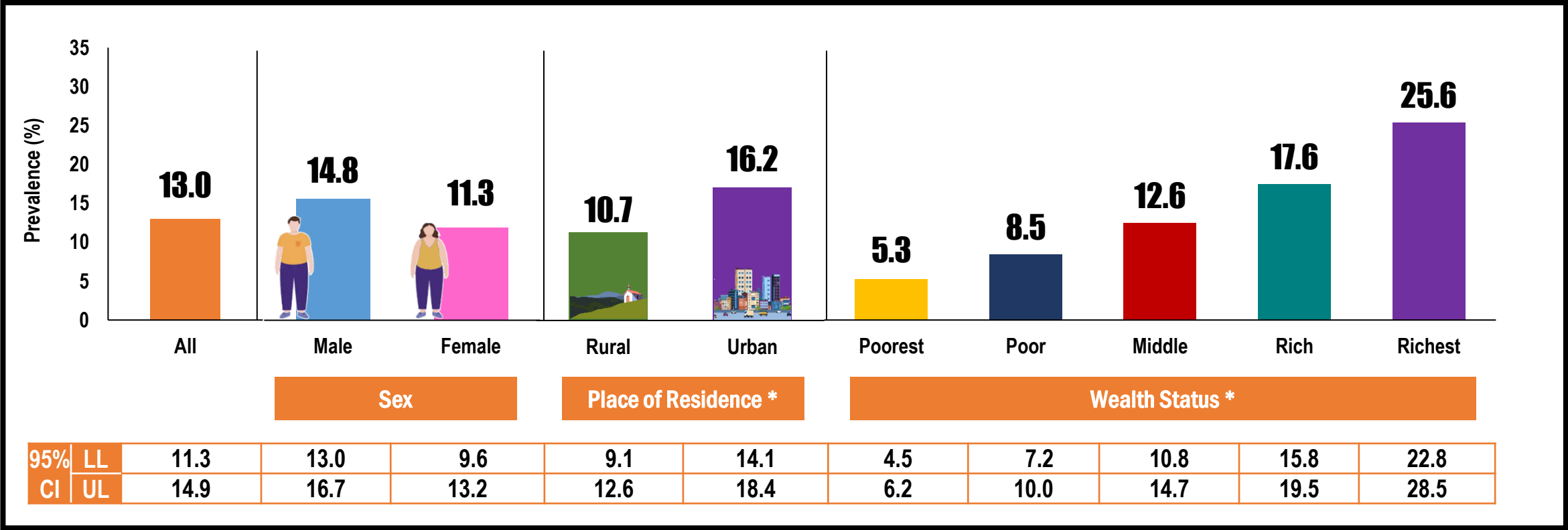
**OVERWEIGHT &
OBESITY**

13.0%

(95% CI: 11.3–14.9)



Prevalence of **overweight & obesity** among adolescents, >10 to 19.0 years old, by **sex**, **place of residence**, and **wealth status**: Philippines, 2021



*significantly different at 5% Level of significance

SUMMARY

- One (1) in every five (22.3%) adolescents is stunted.
- Stunting is higher in households of poor to poorest wealth quintiles than their counterparts.

SUMMARY

- One (1) in every 10 (10.9%) adolescents is wasted.
- Wasting is significantly higher among males (12.8%) than females (9.0%)

SUMMARY

- One (1) in every 10 (13.0%) adolescents is overweight and obese.
- Significant differences in the prevalence are observed by type/place of residence and across wealth quintiles.

SMOKING

Operational
Definition




Current Smokers

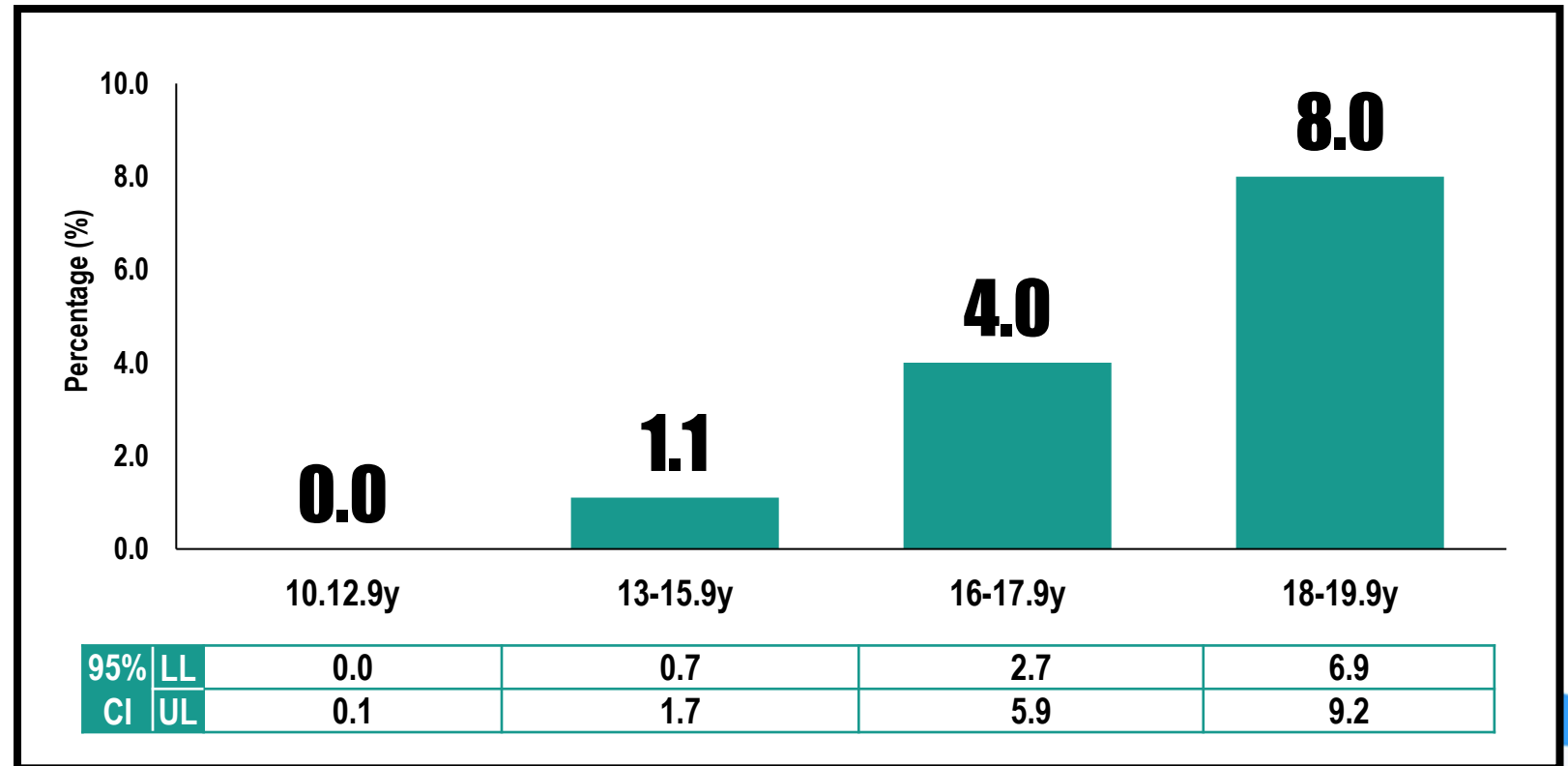
Those who smoked during the survey either on a “daily basis” (at least one cigarette a day) or on a “regular/ occasional basis” (WHO, 2008)

- Occasional smokers are those who do not smoke daily but who smoke at least weekly and
- Those who smoke less than weekly

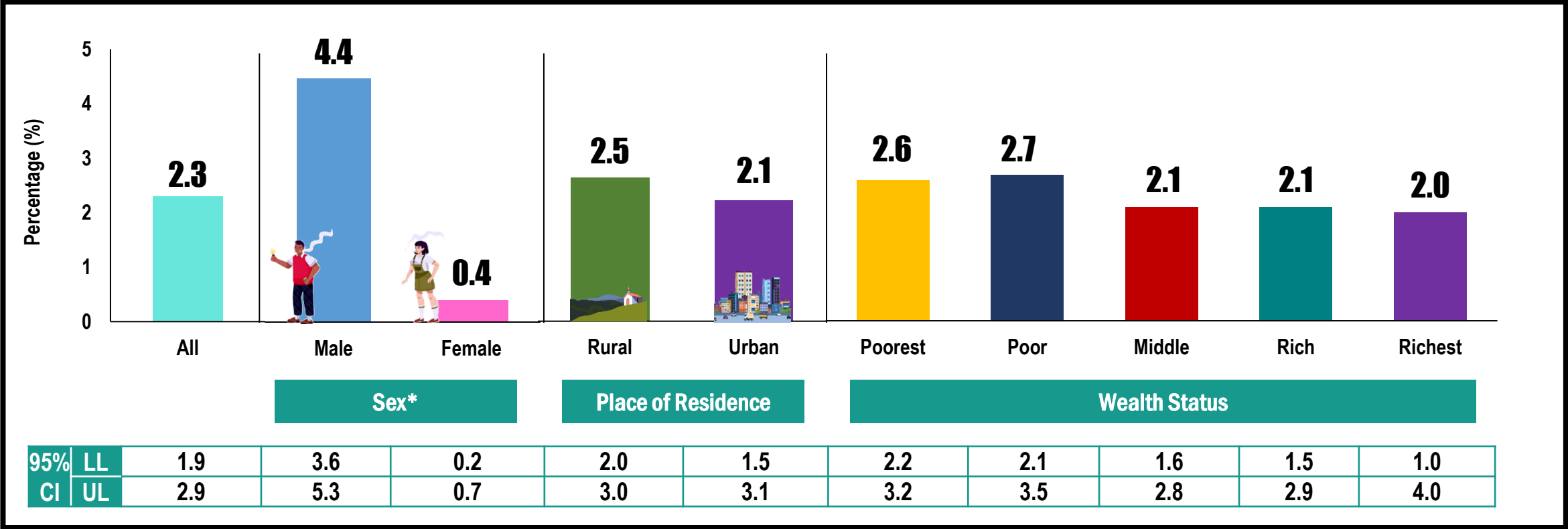
Percentage of **current smokers** adolescents, 10 to 19.9 years old, by **age group**: Philippines, 2021



**CURRENT
SMOKERS**
2.3%
(95% CI: 1.9-2.9)



Percentage of **current smokers** adolescents, 10 to 19.9 years old, by **sex**, **place of residence**, and **wealth status**: Philippines, 2021





CURRENT DRINKER

Operational
Definition

Those who consumed one or more drinks of any type of alcohol in the year preceding the survey (WHO, 2015)

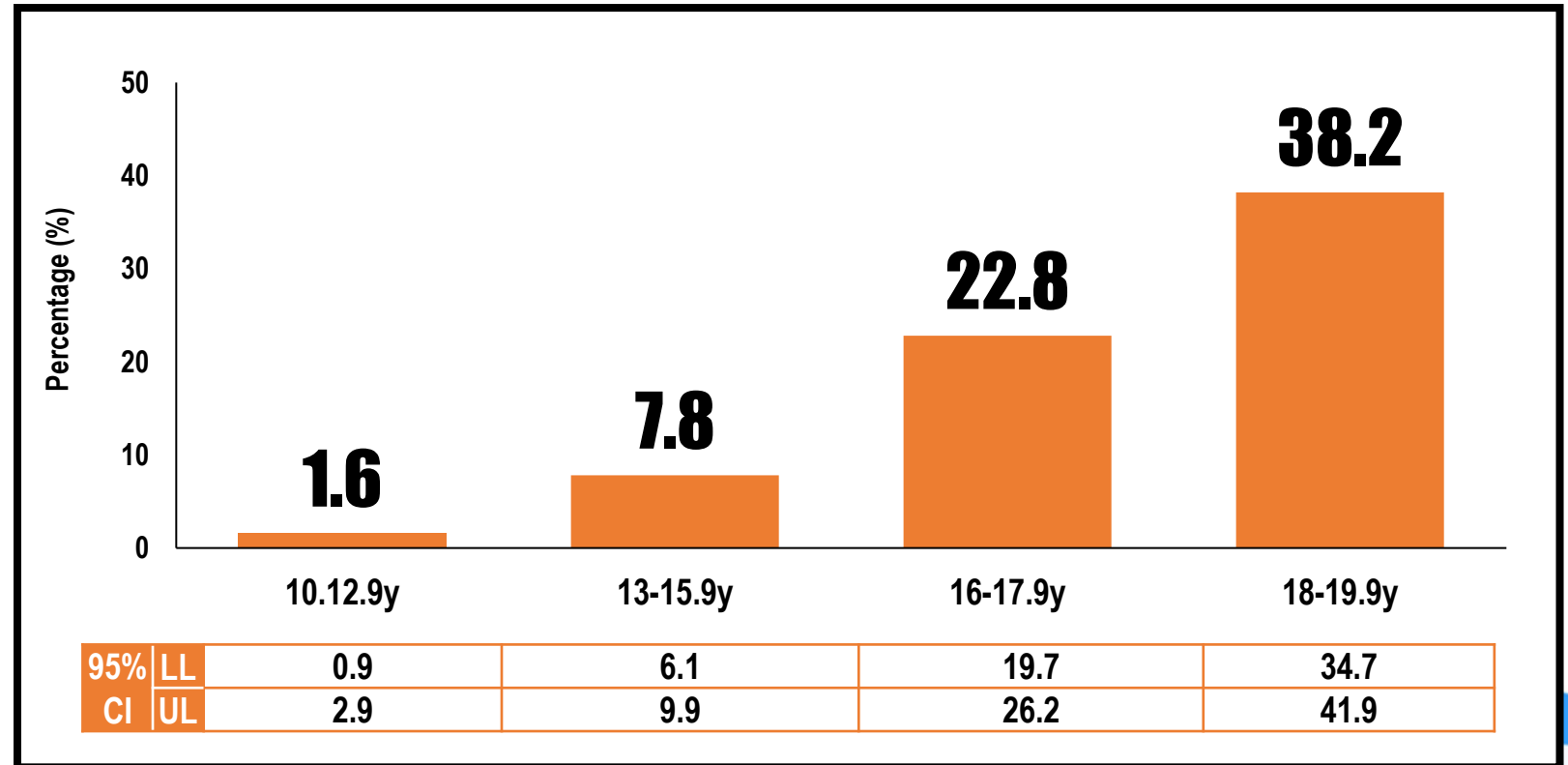
Percentage of **current drinkers** among adolescents, 10 to 19.9 years old, by **age group**: Philippines, 2021



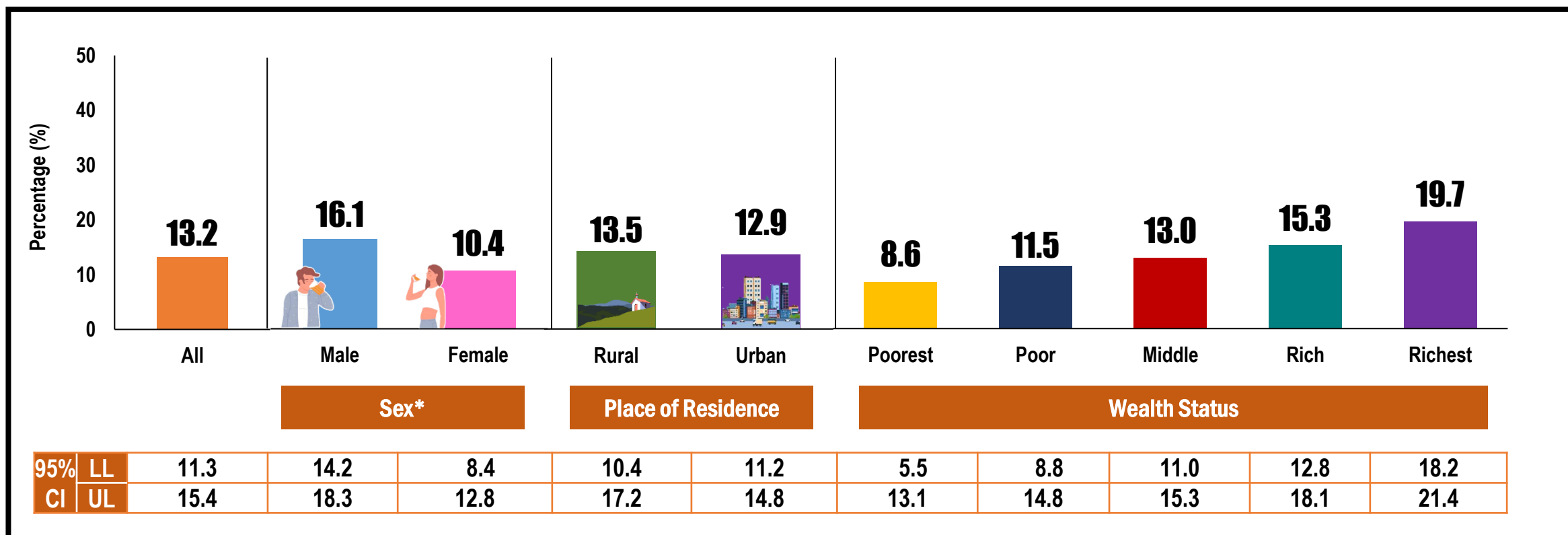
**CURRENT
DRINKERS**

13.2%

(95% CI: 11.3-15.4)



Percentage of **current drinkers** among adolescents, 10 to 19.9 years old, by **sex**, **place of residence**, and **wealth status**: Philippines, 2021



*Significantly different at 5% Level of significance

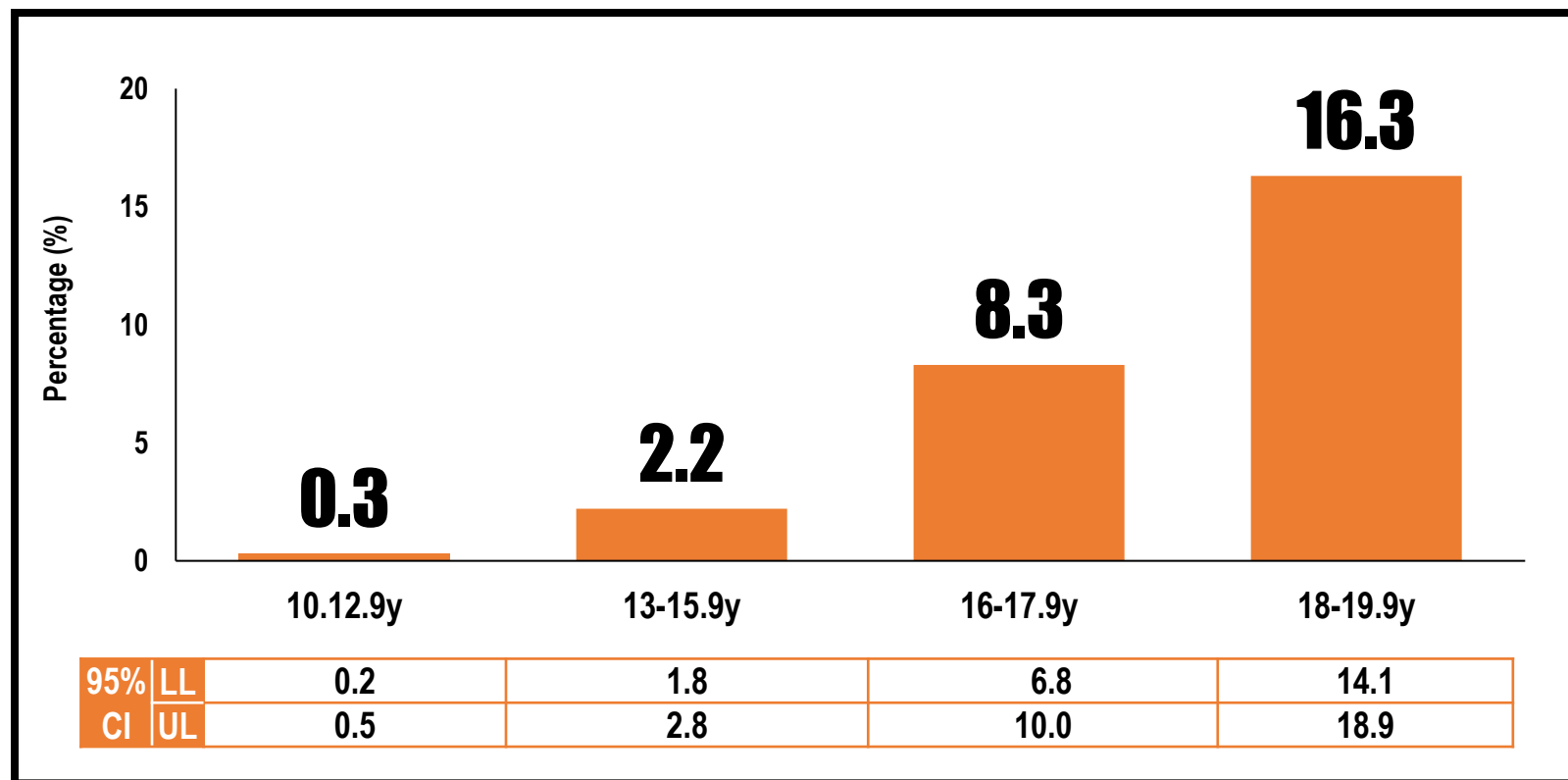
Percentage of **current drinkers in the past 30 days** among adolescents, 10 to 19.9 years old, by **age group**: Philippines, 2021



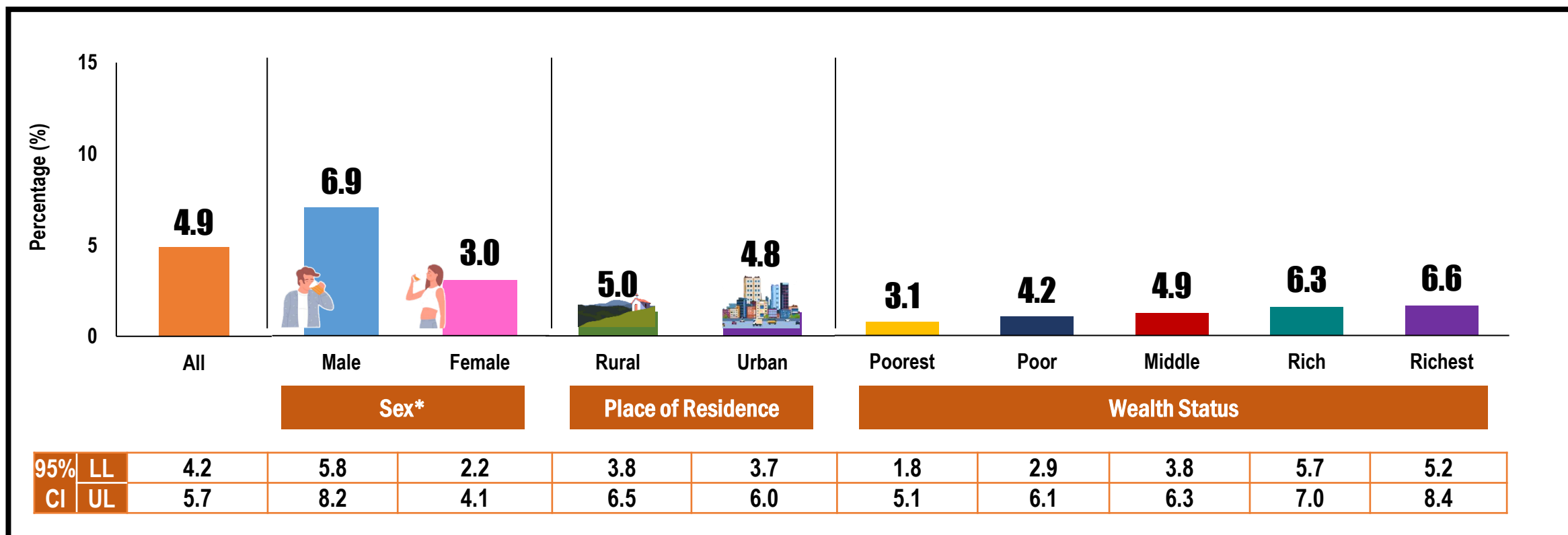
**CURRENT
DRINKERS
(PAST 30 DAYS)**

4.9%

(95% CI: 4.2-5.7)



Percentage of **current drinkers in the past 30 days** among adolescents, by **sex, place of residence, and wealth status**: Philippines, 2021



*Significantly different at 5% Level of significance



BINGE DRINKING

Operational
Definition

The excessive consumption of alcoholic beverages, specifically the intake of four or more (females) or five or more (males) standard drinks in a row (WHO, 2008) by those who reported drinking alcoholic beverages in the past 30 days.

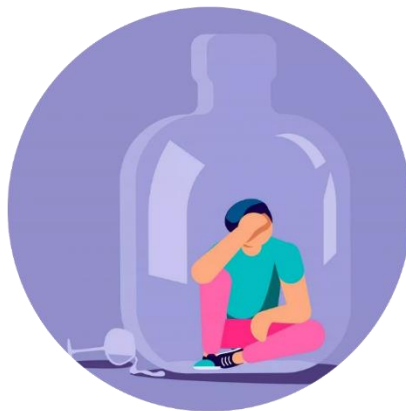
Percentage of **binge drinking** among currently drinking adolescents, 10 to 19.9 years old, by **sex**: Philippines, 2021



**CURRENT
DRINKERS**
(PAST 30 DAYS)

4.9%

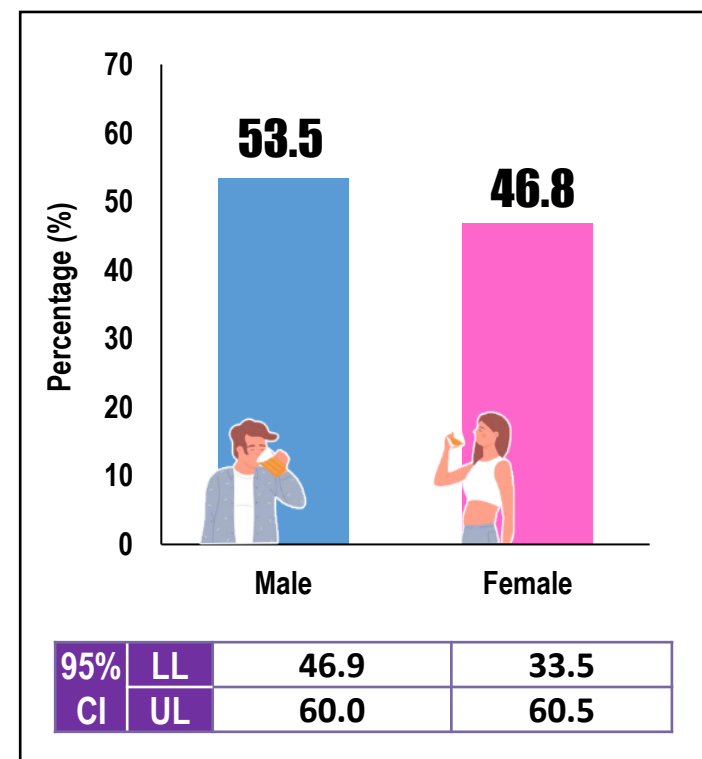
(95% CI: 4.2-5.7)



BINGE DRINKERS

51.4%

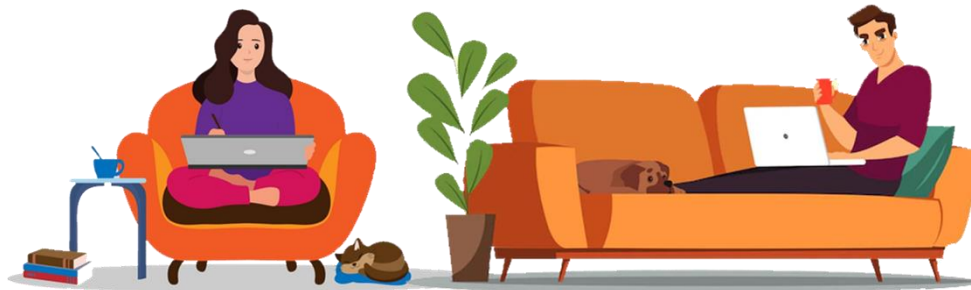
(95% CI: 44.3–58.4)



INSUFFICIENT PHYSICAL ACTIVITY

among 10 to 17.9 years old

Operational
Definition



Doing less than 60 minutes of moderate-to-vigorous-intensity physical activity per day

World Health Organization (2015) Global Reference List of 100 Core Health Indicators. Geneva 27, Switzerland

INSUFFICIENT PHYSICAL ACTIVITY

among adults, 18 years old and above

Operational
Definition

A person not meeting any of the following criteria is considered being physically inactive or insufficiently physically active and therefore at risk of chronic disease:

- » 3 or more days of vigorous-intensity activity of at least 20 minutes per day or
- » 5 or more days of moderate-intensity activity of at least 30 minutes per day or
- » walking of at least 30 minutes per day

Reference: World Health Organization STEPwise Approach to NCD Risk Factor Surveillance



Moderate-intensity
aerobic activity

or



Vigorous-intensity
aerobic activity

or



An equivalent mix of
moderate- and
vigorous-intensity
aerobic activity

and



Muscle-strengthening
activities

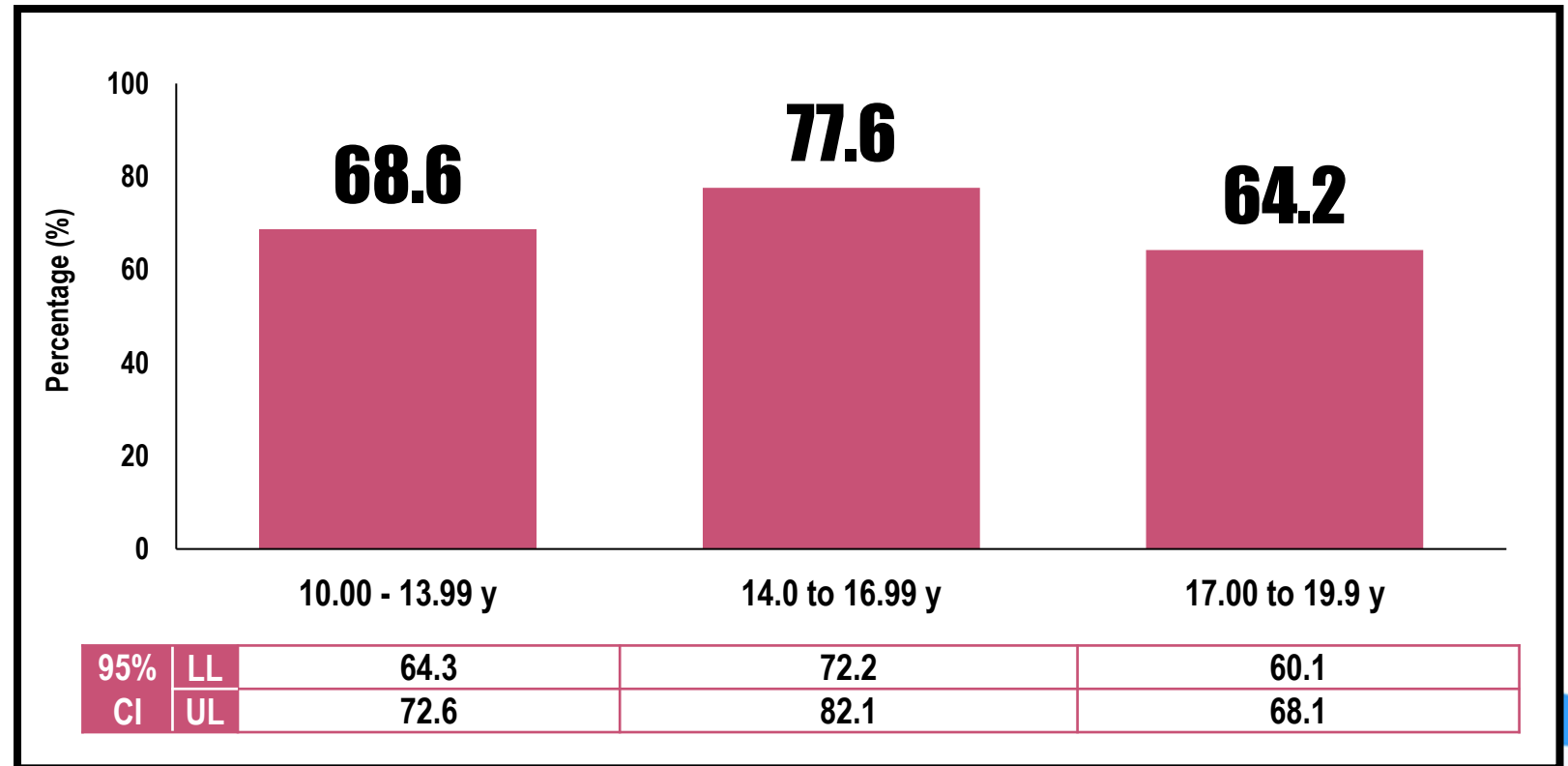
Percentage of **insufficiently physically active** adolescents, 10 to 19.9 years old, by **age group**: Philippines, 2021



**INSUFFICIENTLY
PHYSICALLY ACTIVE**

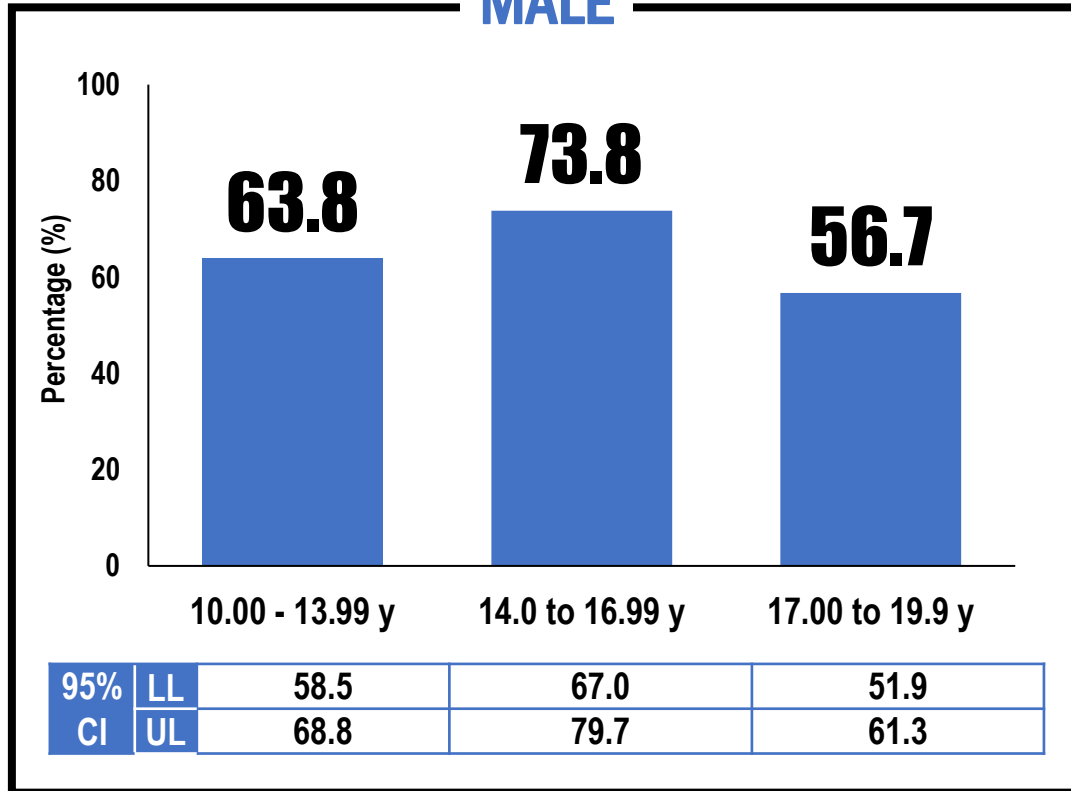
70.2%

(95% CI: 65.9 -74.1)

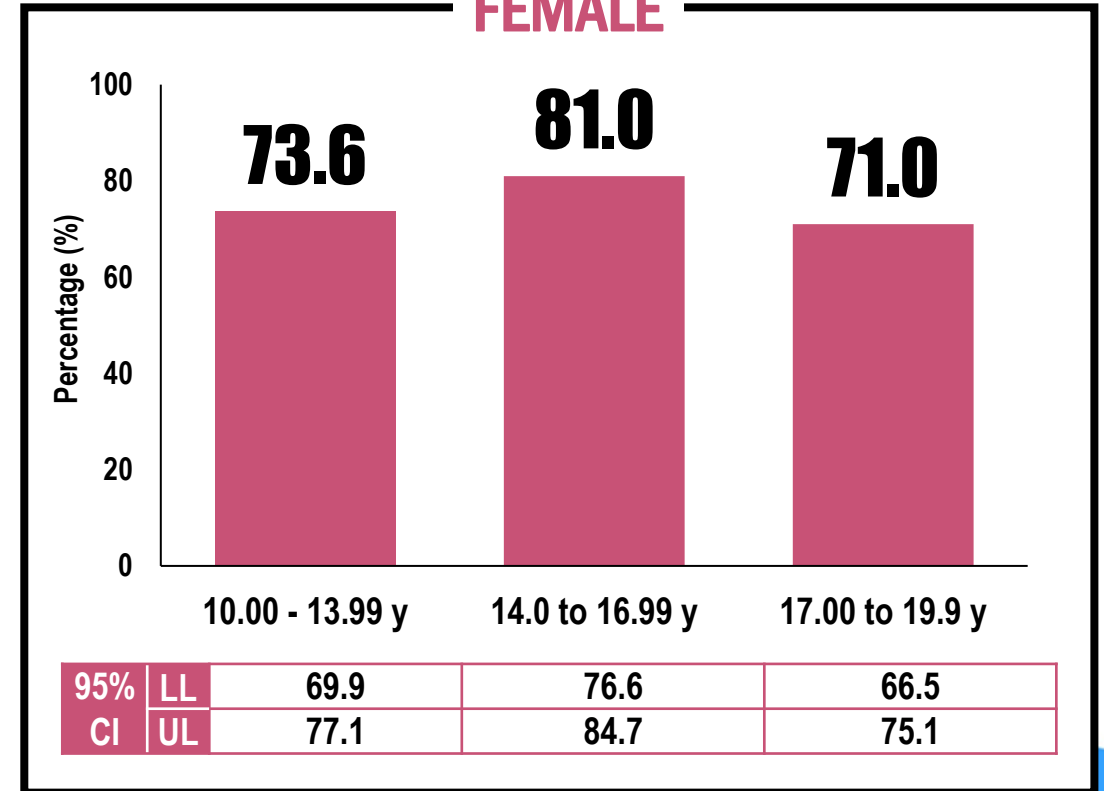


Percentage of **insufficiently physically active** adolescents, 10 to 19.9 years old, by **sex**: Philippines, 2021

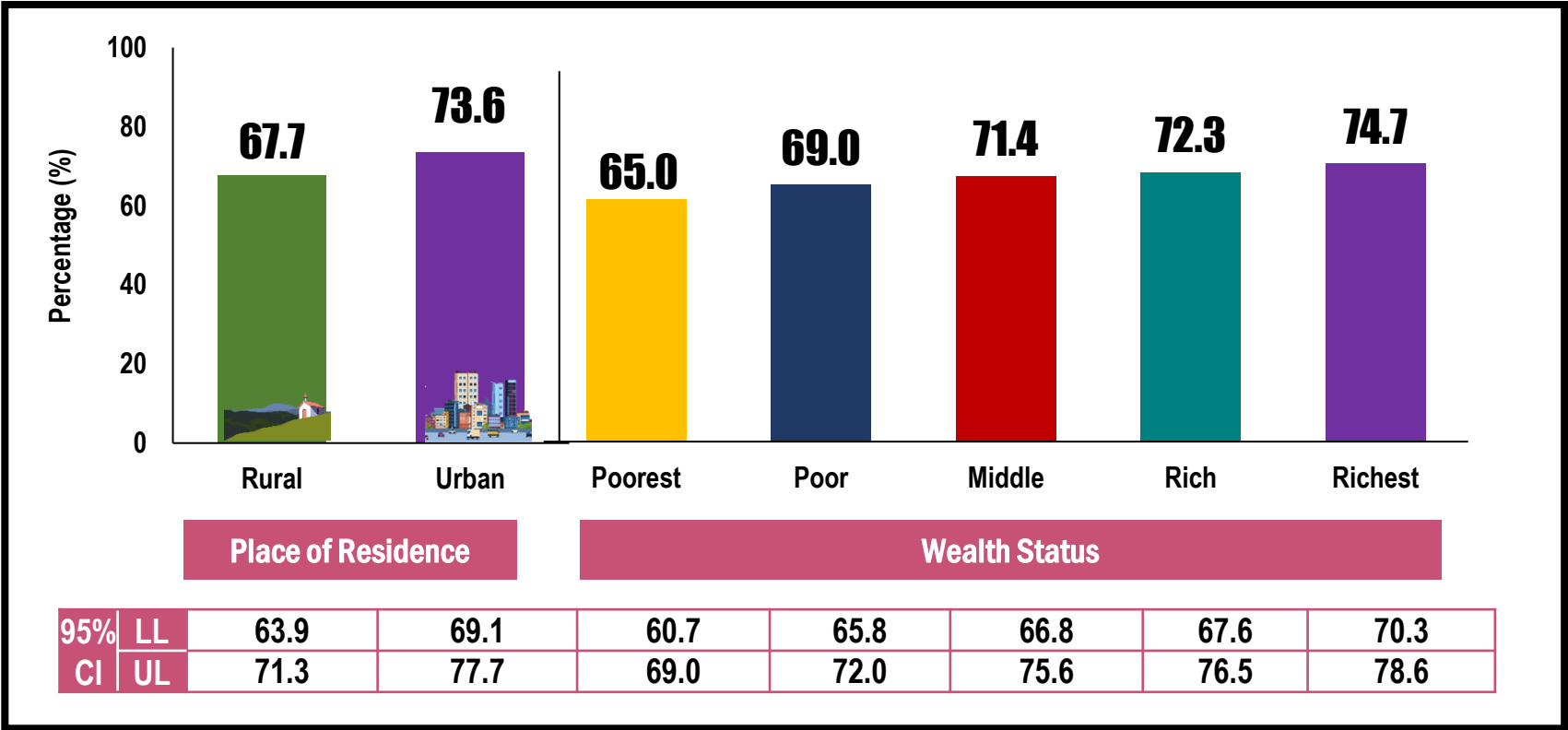
MALE



FEMALE



Percentage of **insufficiently physically active** adolescents, 10 to 19.9 years old, by **place of residence**, and **wealth quintile**: Philippines, 2021



SUMMARY

- The percentage of smokers is 2.3%. Smoking is higher among males (4.4%) than females (0.4%).
- One (1) in every ten (13.2%) adolescents is currently drinking alcohol beverages. This is significantly higher among males (16.1%) than females (10.4%).
- More than half (51.4%) are binge drinkers among the current alcohol drinkers.
- Seven (7) in every ten (70.2%) are insufficiently physically active.
- The percentage of insufficiently physically active is significantly higher among females (75.2%) than males (65.0%)

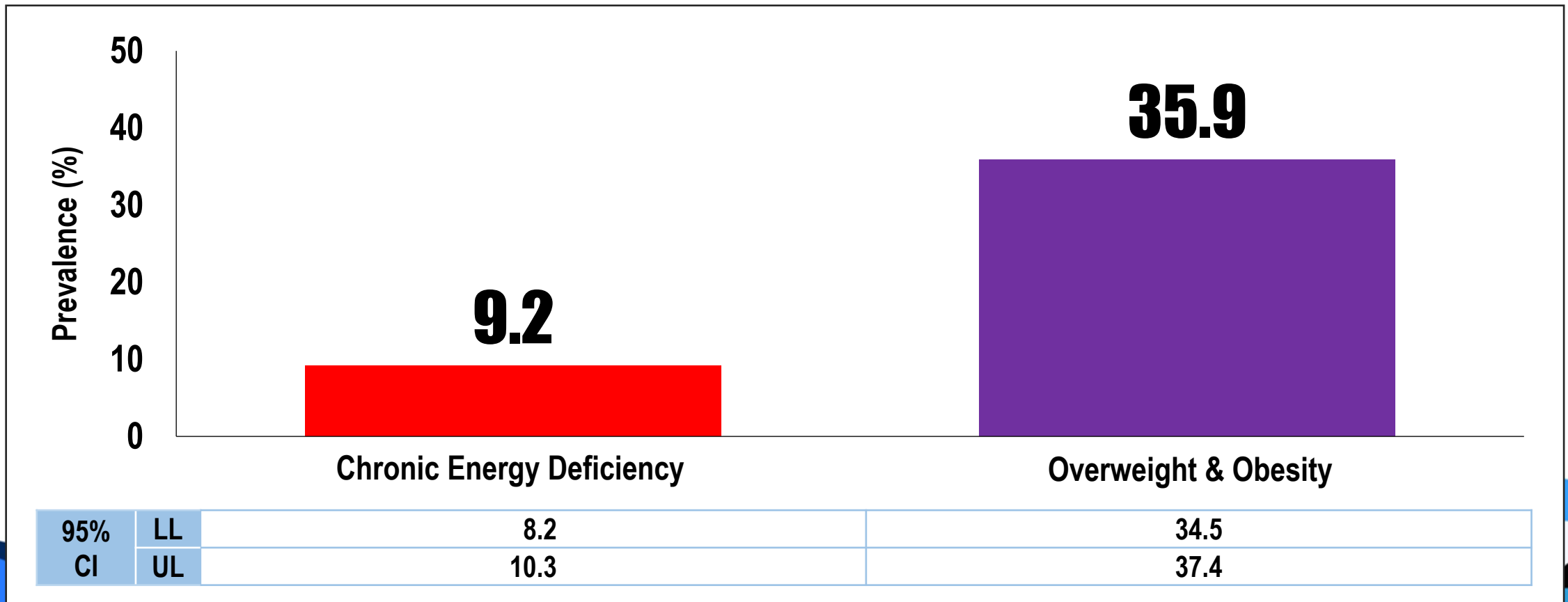
Nutrition Situation of Women of Reproductive Age (WRA) in the Philippines





Non-Pregnant / Non-lactating Women of Reproductive Age

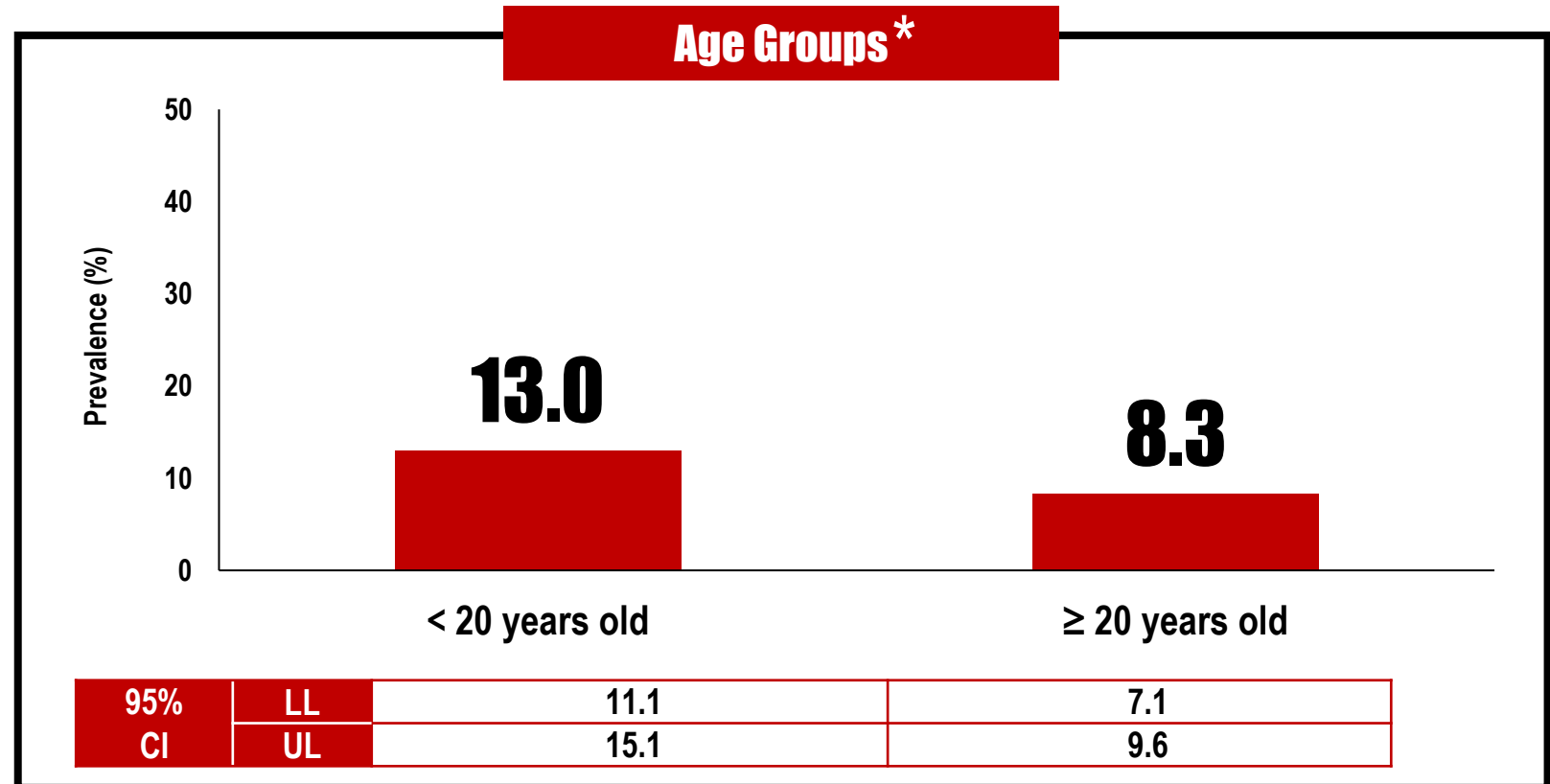
Prevalence of **chronic energy deficiency** and **overweight & obesity** among non-pregnant/non-lactating women of reproductive age, 15 to 49 years old: Philippines, 2021



Prevalence of **chronic energy deficiency (CED)**, among non-pregnant/non-lactating women of reproductive age, 15 to 49 years old: Philippines, 2021

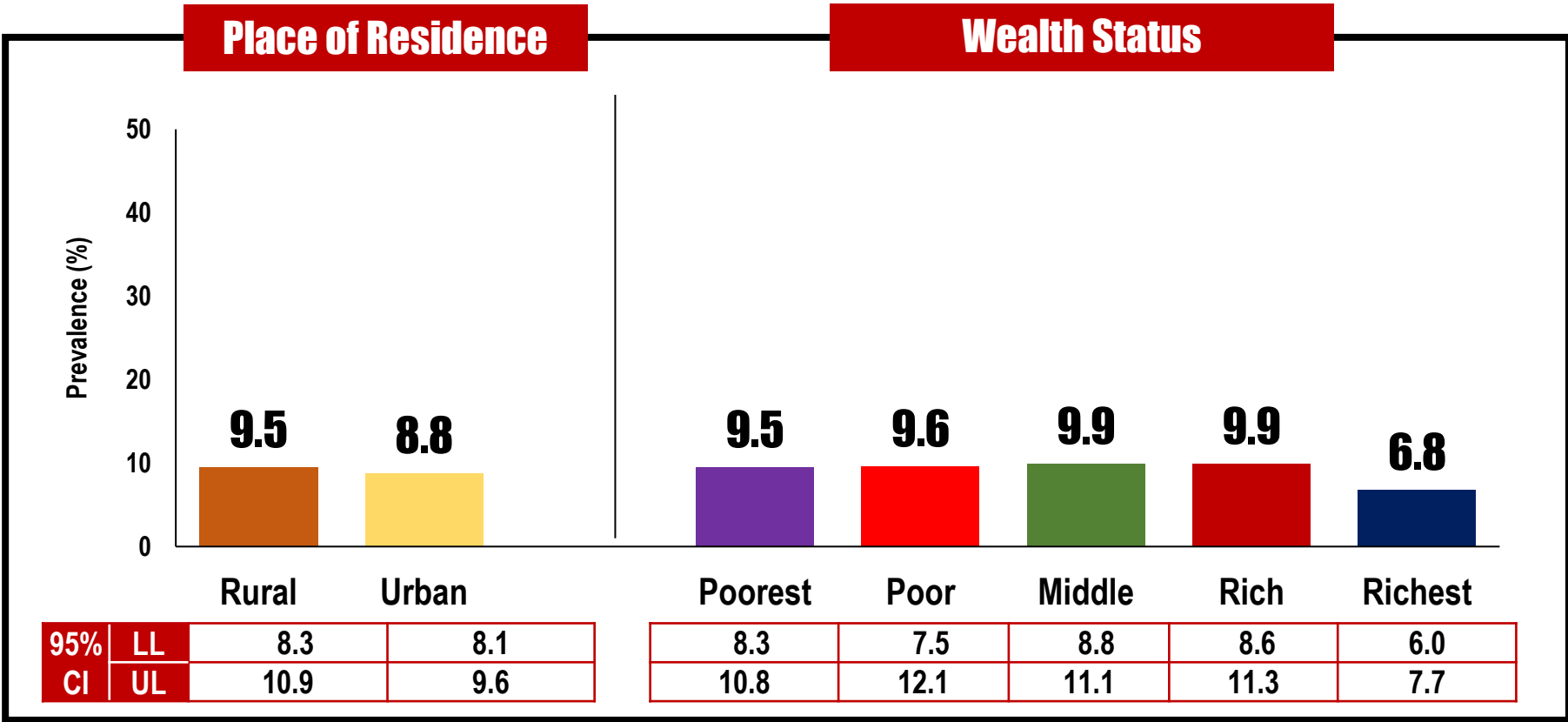


CED
9.2%
(95% CI: 8.2–10.3)



* significantly different at 5% level of significance

Prevalence of **chronic energy deficiency**, among non-pregnant/non-lactating women of reproductive age, 15 to 49 years old: Philippines, 2021



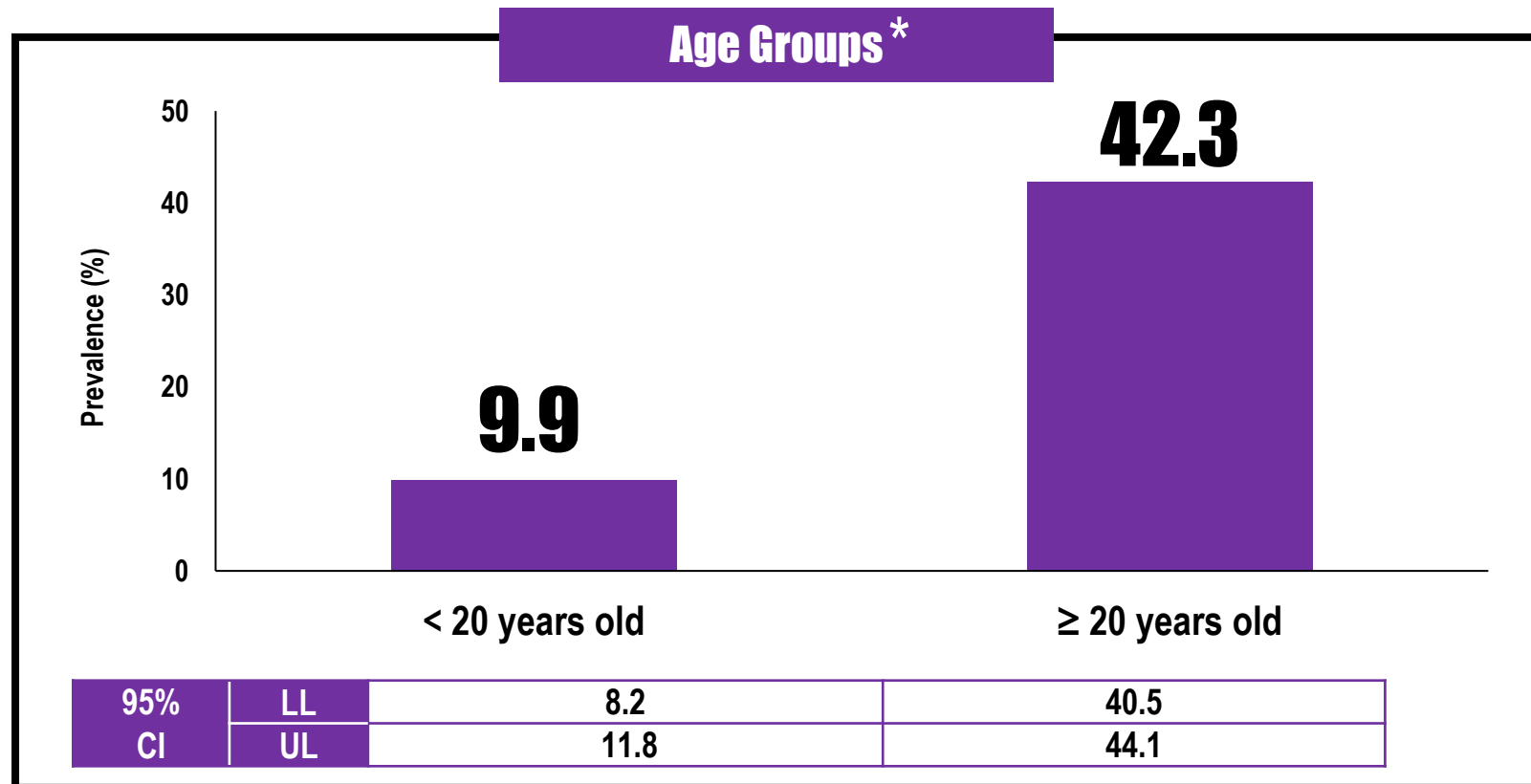
Prevalence of **overweight & obesity**, among non-pregnant/non-lactating women of reproductive age, 15 to 49 years old: Philippines, 2021



**OVERWEIGHT &
OBESITY**

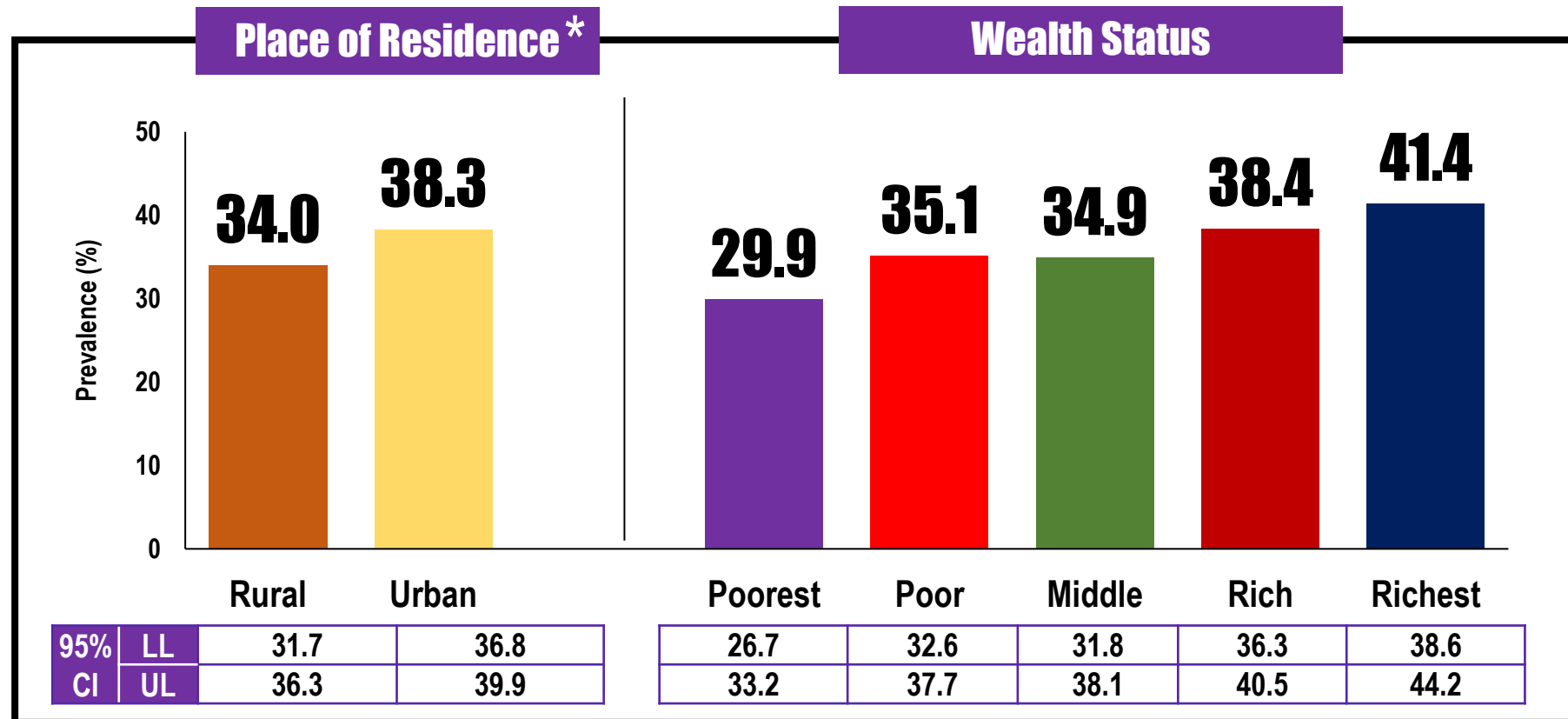
35.9%

(95% CI: 34.5–37.4)



* significantly different at 5% level of significance

Prevalence of **overweight & obesity**, among non-pregnant/non-lactating women of reproductive age, 15 to 49 years old: Philippines, 2021



* significantly different at 5% level of significance

Pregnant Women



Percentage of **nutritionally-at-risk** pregnant women: Philippines, 2021



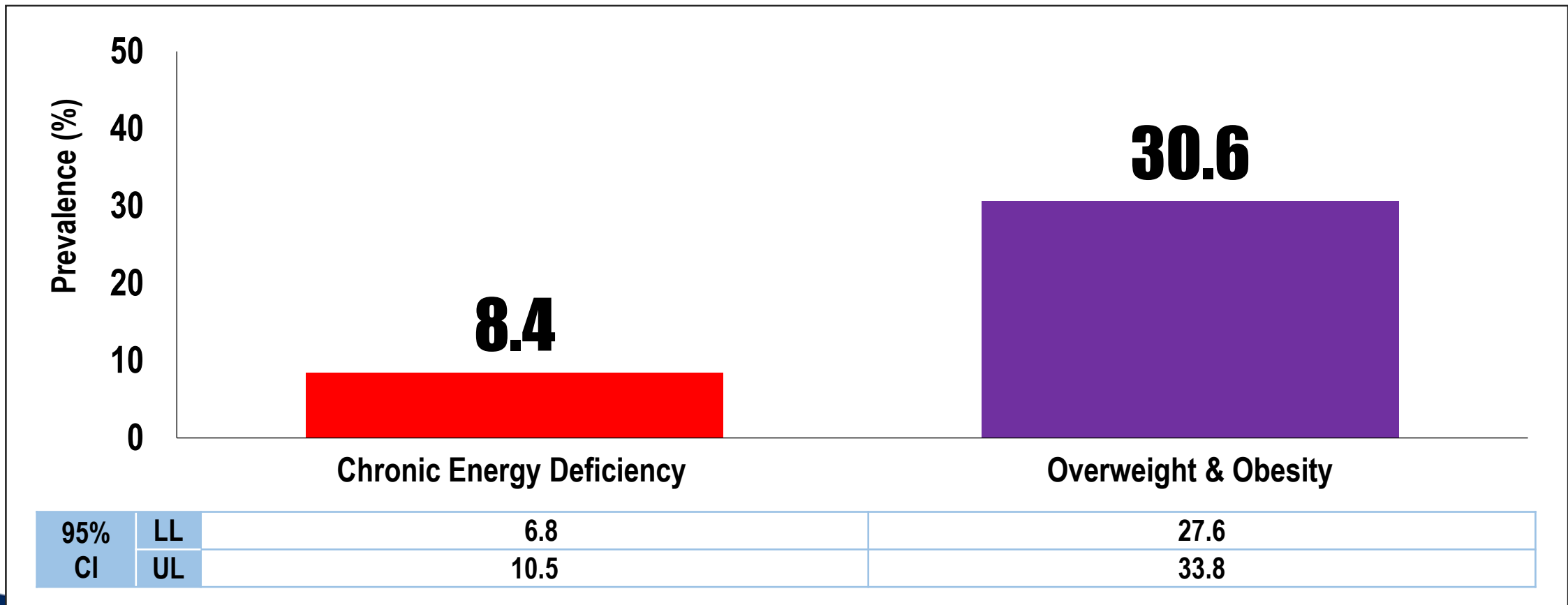
16.4%

(95% CI: 12.3-21.4)

Lactating Mothers



Prevalence of **chronic energy deficiency** and **overweight & obesity** among lactating mothers: Philippines, 2021



SUMMARY

WOMEN OF REPRODUCTIVE AGE (WRA) 15 TO 49 YEARS OLD

- One (1) in every 10 (9.2%) non-pregnant/non-lactating women is chronic energy deficient (CED) and is considered of “low” public health significance.
- Four (4) in every 10 (35.9%) non-pregnant/non-lactating women are overweight/obese. It is significantly higher among urban dwellers than their counterparts.

SUMMARY

Pregnant and lactating mothers

- Two (2) in every 10 (16.4%) pregnant women are nutritionally-at-risk to deliver low birth weight babies.
- One (1) in every 10 (8.4%) lactating mothers is chronic energy deficient and classified as “low” public health significance.
- Three (3) in every 10 (30.6%) lactating mothers are overweight/obese.

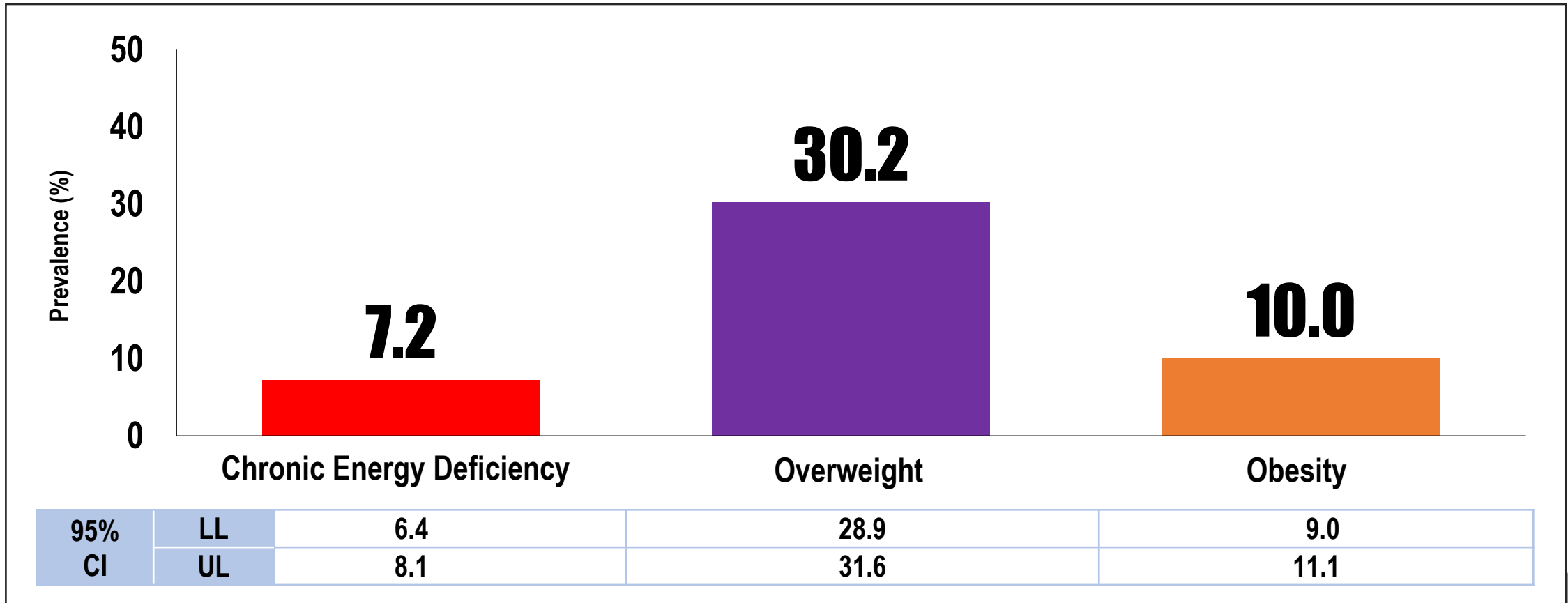
Health and Nutritional Status of Filipino Adults, 20 to 59 years old



Classification and cut-off points of Body Mass Index (BMI)

Classification	WHO	Asia-Pacific
Chronic Energy Deficiency (CED)	< 18.5	< 18.5
Normal	18.5 to 24.9	18.5 to 22.9
Overweight	25.0 to 29.9	23.0 to 24.9
Obese	≥ 30.0	≥ 25.0

Prevalence of chronic energy deficiency, overweight, and obesity among adults, 20 to 59 years old, Philippines: 2021

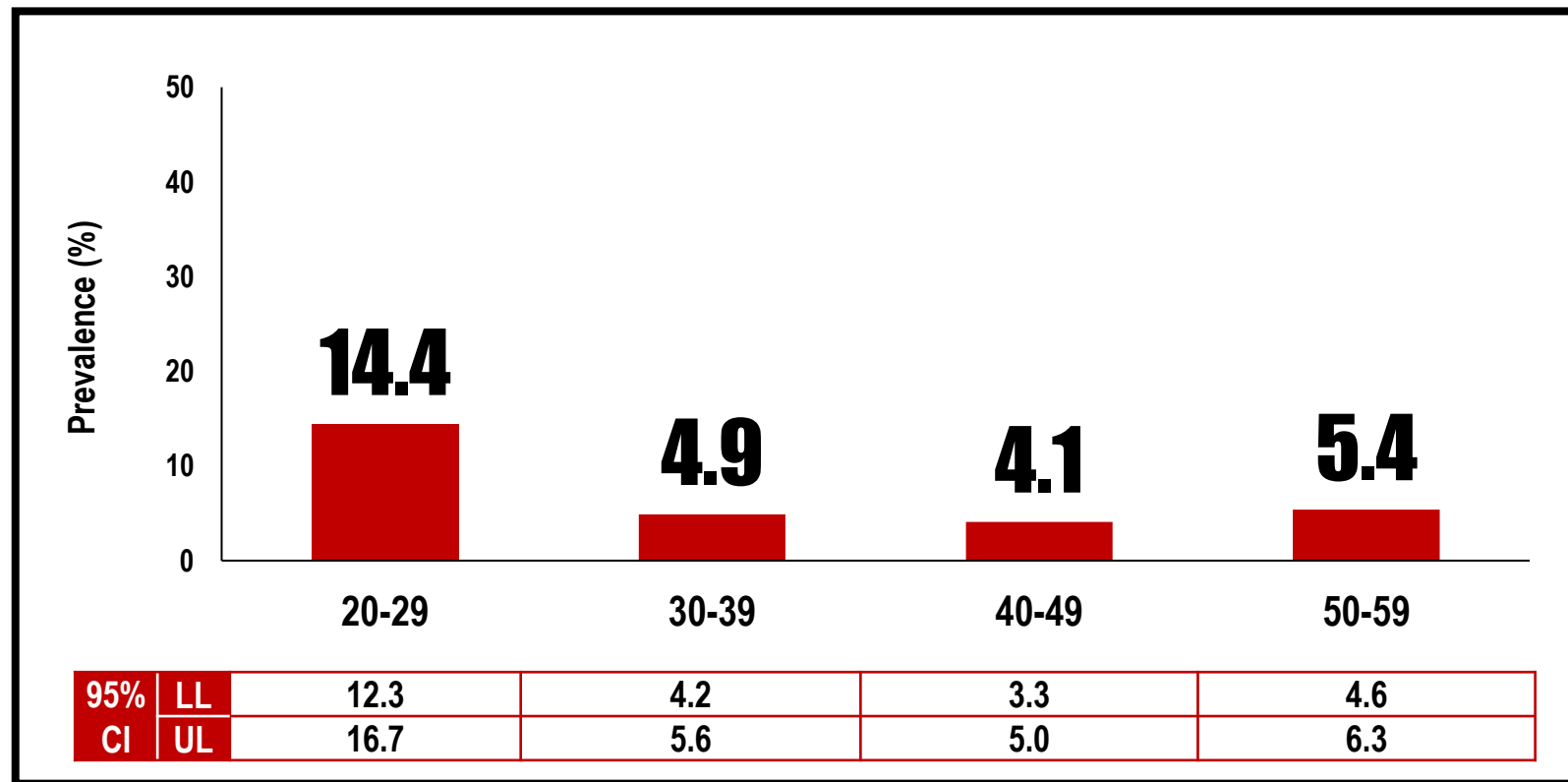


Prevalence of **chronic energy deficiency** among adults, 20 to 59 years old, by **age group: Philippines, 2021**

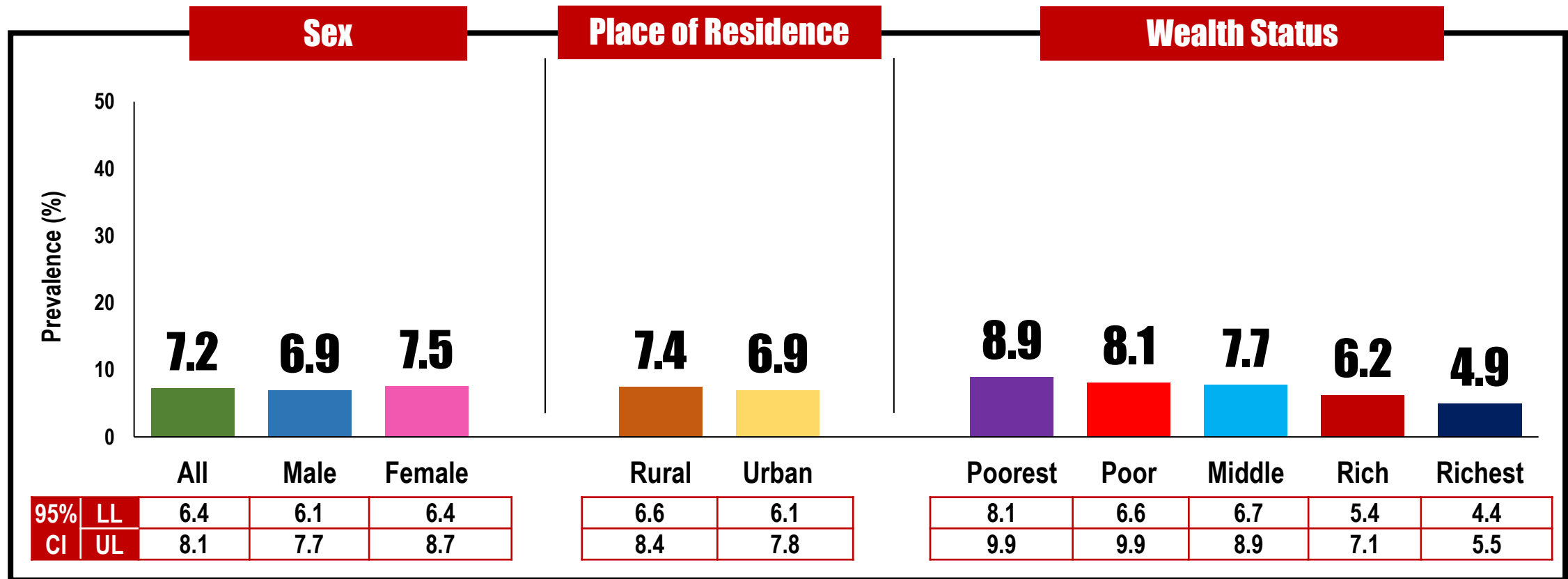
CHRONIC ENERGY DEFICIENCY

7.2%

(95% CI: 6.4–8.1)

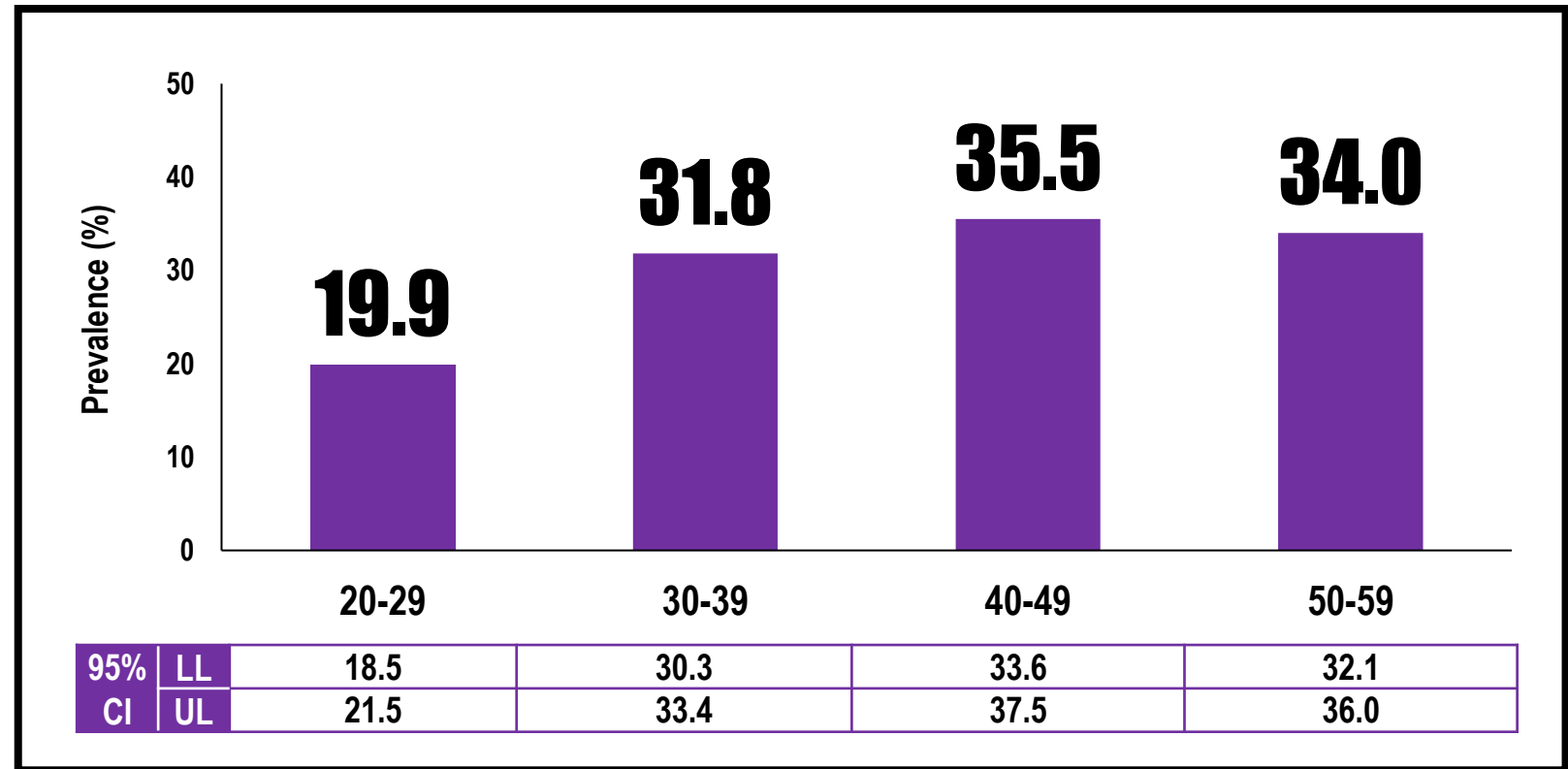


Prevalence of **chronic energy deficiency** among adults, 20 to 59 years old, by **sex, place of residence,** and **wealth quintile: Philippines, 2021**

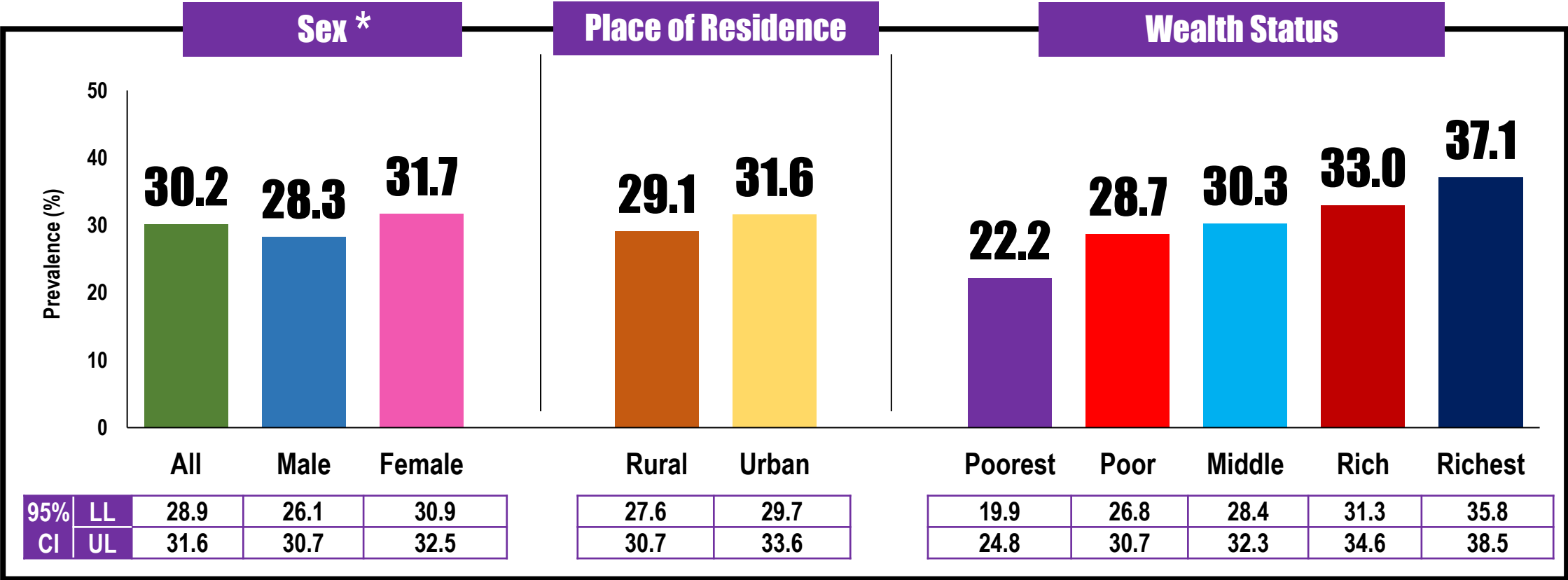


Prevalence of **overweight** among adults, 20 to 59 years old, by **age group**: **Philippines**, 2021

OVERWEIGHT
30.2%
(95% CI: 28.9–31.6)



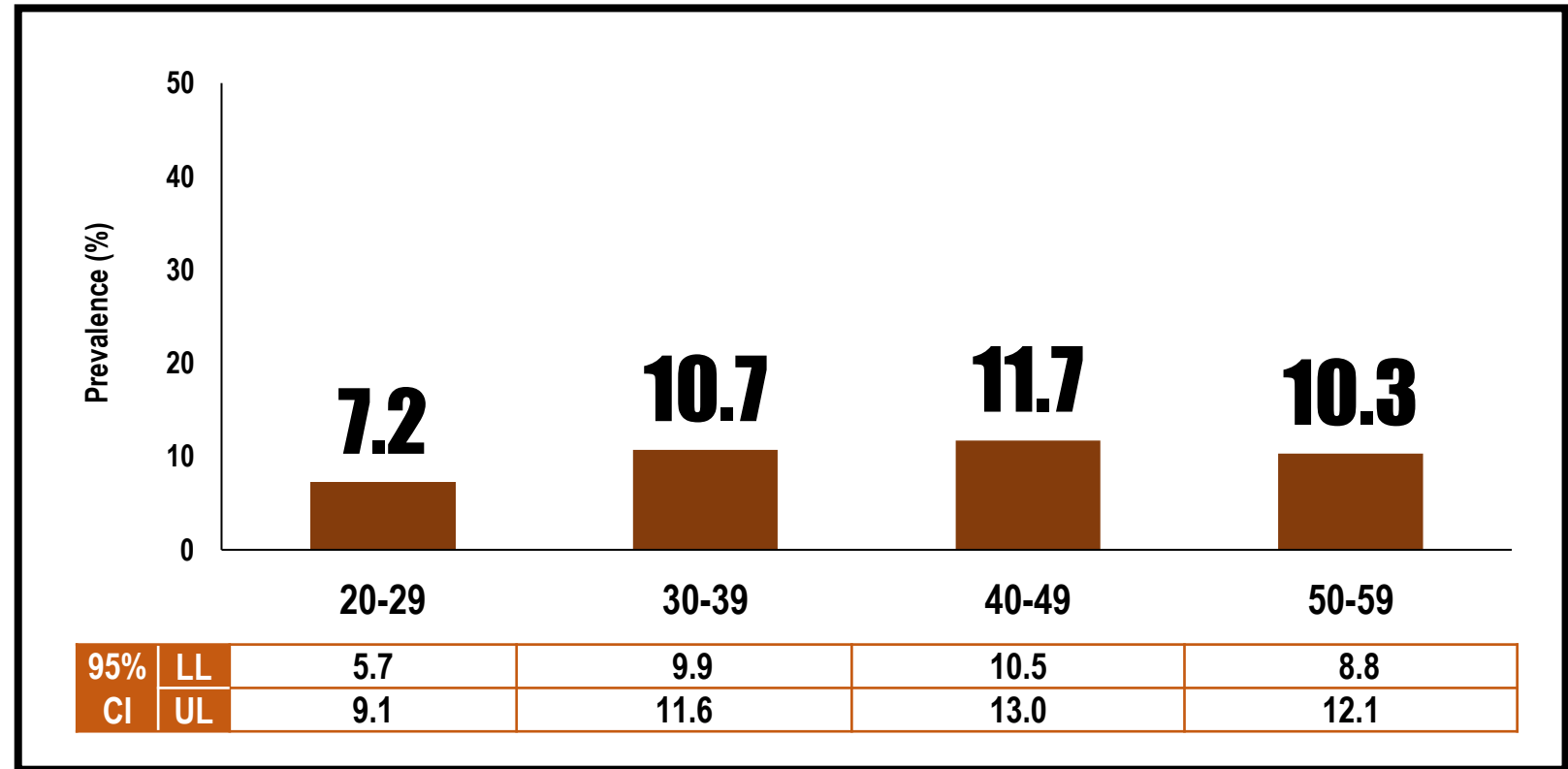
Prevalence of **overweight** among adults, 20 to 59 years old, by **sex**, **place of residence**, and **wealth quintile**: Philippines, 2021



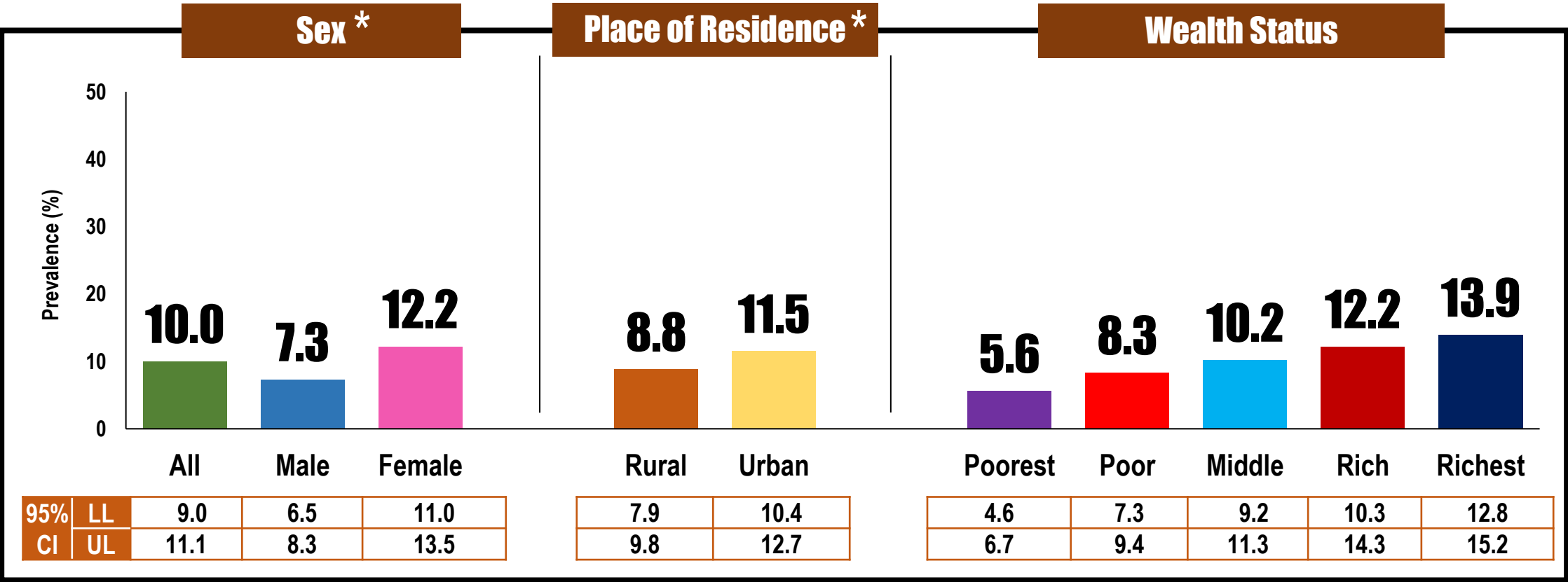
* significantly different at 5% level of significance

Prevalence of **obesity** among adults, 20 to 59 years old, by **age group**: **Philippines**, 2021

OBESITY
10.0%
(95% CI: 9.0–11.1)

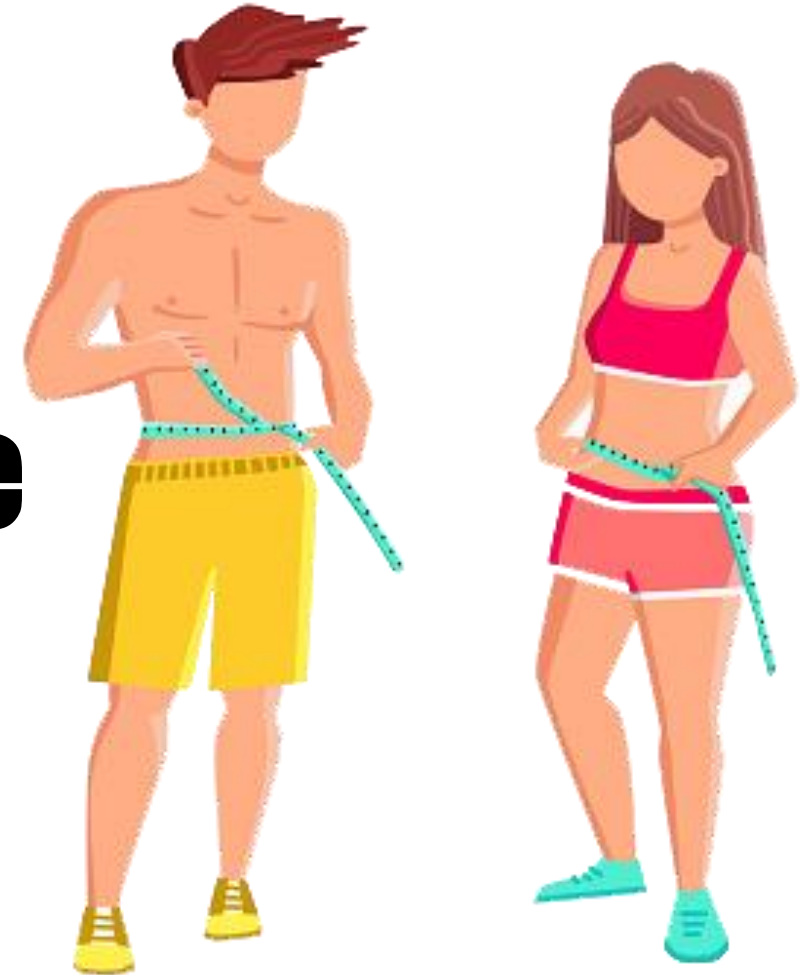


Prevalence of **obesity** among adults, 20 to 59 years old, by **sex**, **place of residence**, and **wealth quintile**: **Philippines**, 2021

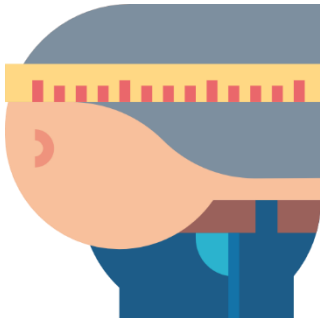


* significantly different at 5% level of significance

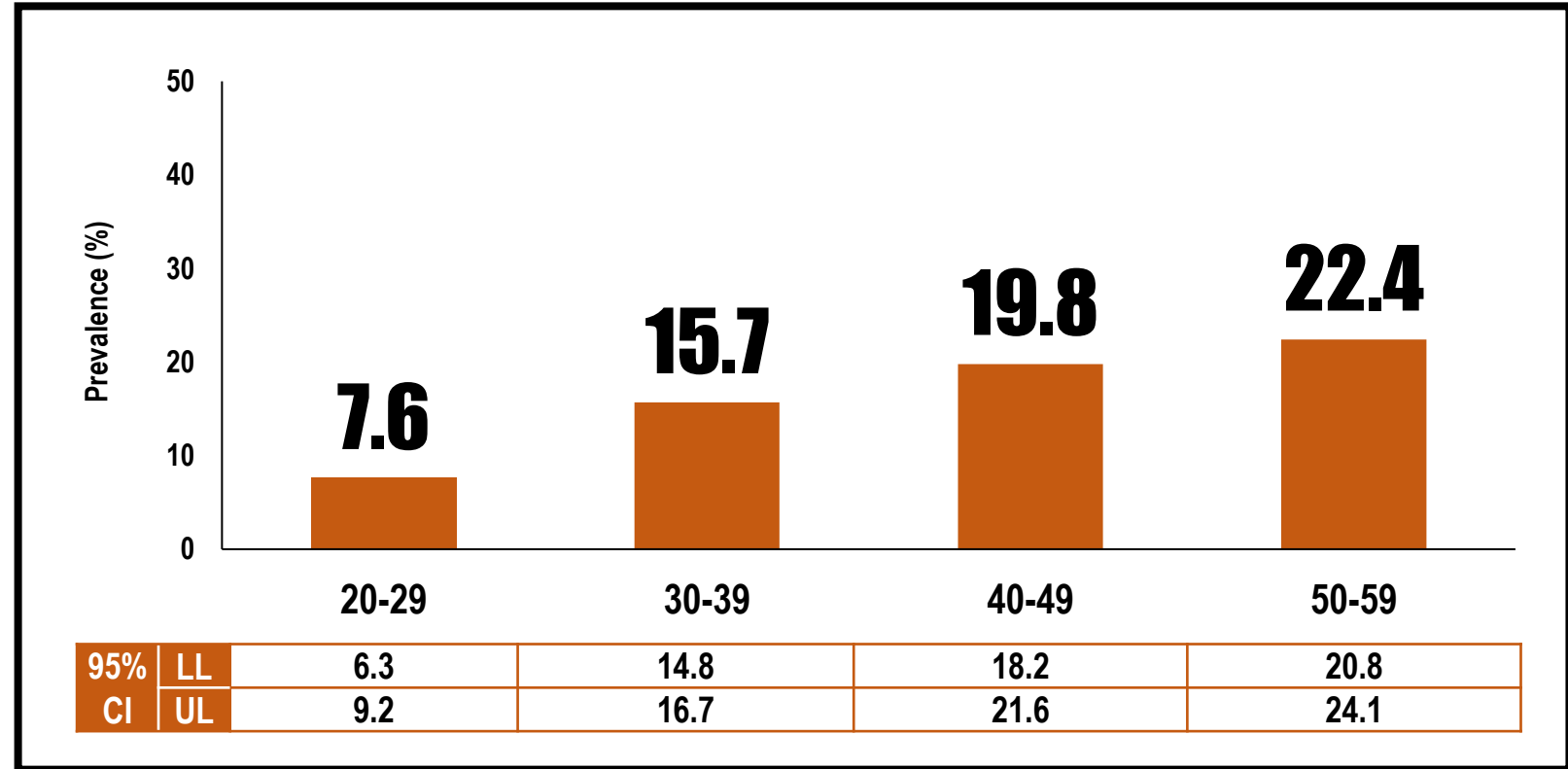
High Waist Circumference



Prevalence of **high waist circumference (WC)** among adults, 20 to 59 years old, by **age group: Philippines, 2021**



HIGH WC
16.2%
(95% CI: 15.3–17.1)

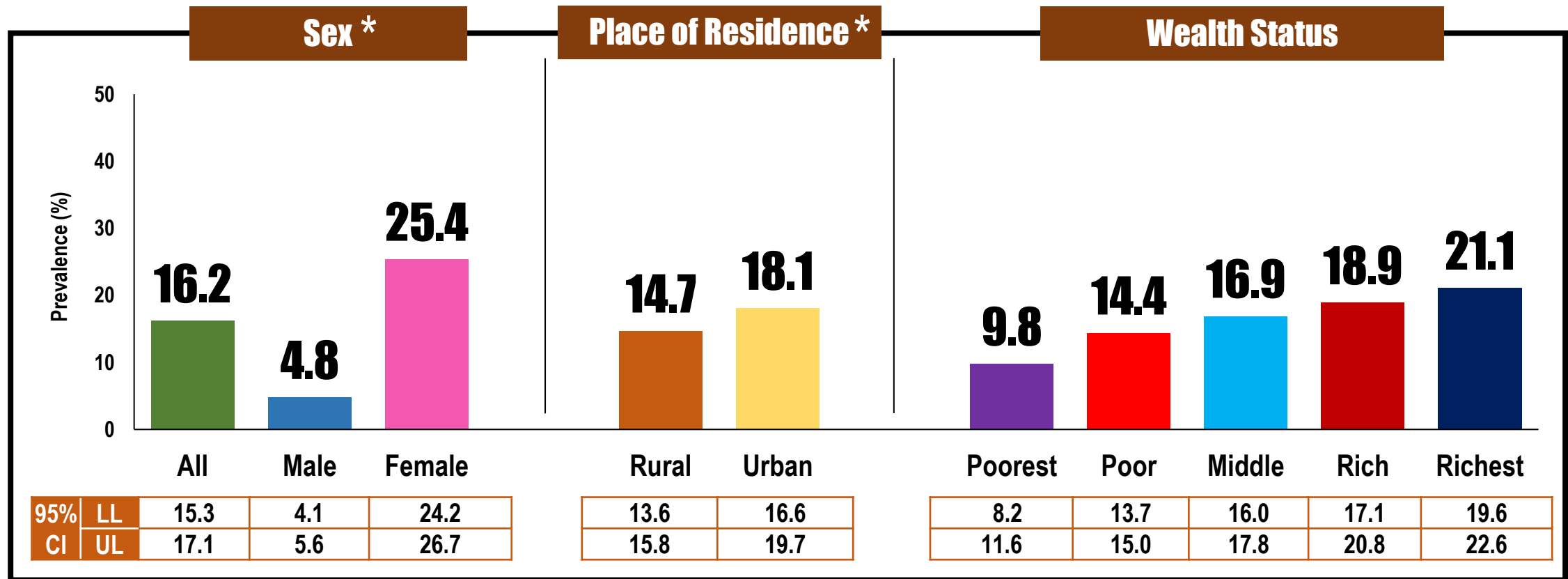


High waist circumference cut-off points (WHO, 2011):

Male: >102 cm

Female: >88 cm

Prevalence of **high waist circumference** among adults, 20 to 59 years old, by **sex**, **place of residence**, and **wealth quintile**: **Philippines, 2021**



* significantly different at 5% level of significance



Elevated Blood Pressure

Classification and cut-off points of Blood Pressure based on JNC VII*

Classification	Systolic Blood Pressure (mmHg)		Diastolic Blood Pressure (mmHg)
Normal	<120	and	<80
Prehypertension	120-139	or	80-89
Hypertension, Stage 1 [°]	140-159	or	90-99
Hypertension, Stage 2 [°]	≥160	or	≥100

* Joint National Committee on Detection and Treatment of High Blood Pressure

[°] Hypertension Stage 1 and Stage 2 levels are considered elevated blood pressure in the survey

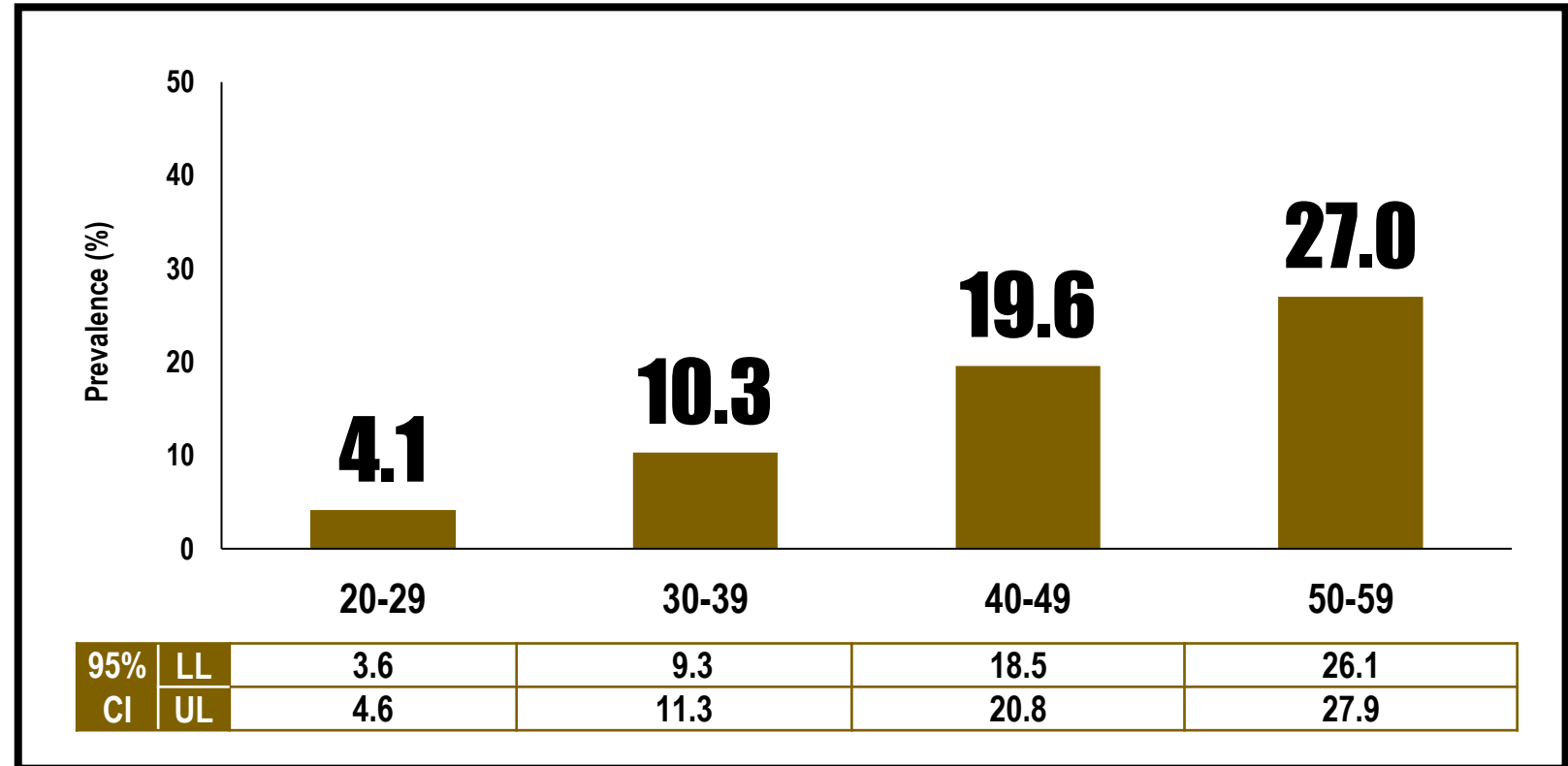
Prevalence of **elevated blood pressure** among adults, 20 to 59 years old, by **age group: Philippines, 2021**



ELEVATED BP

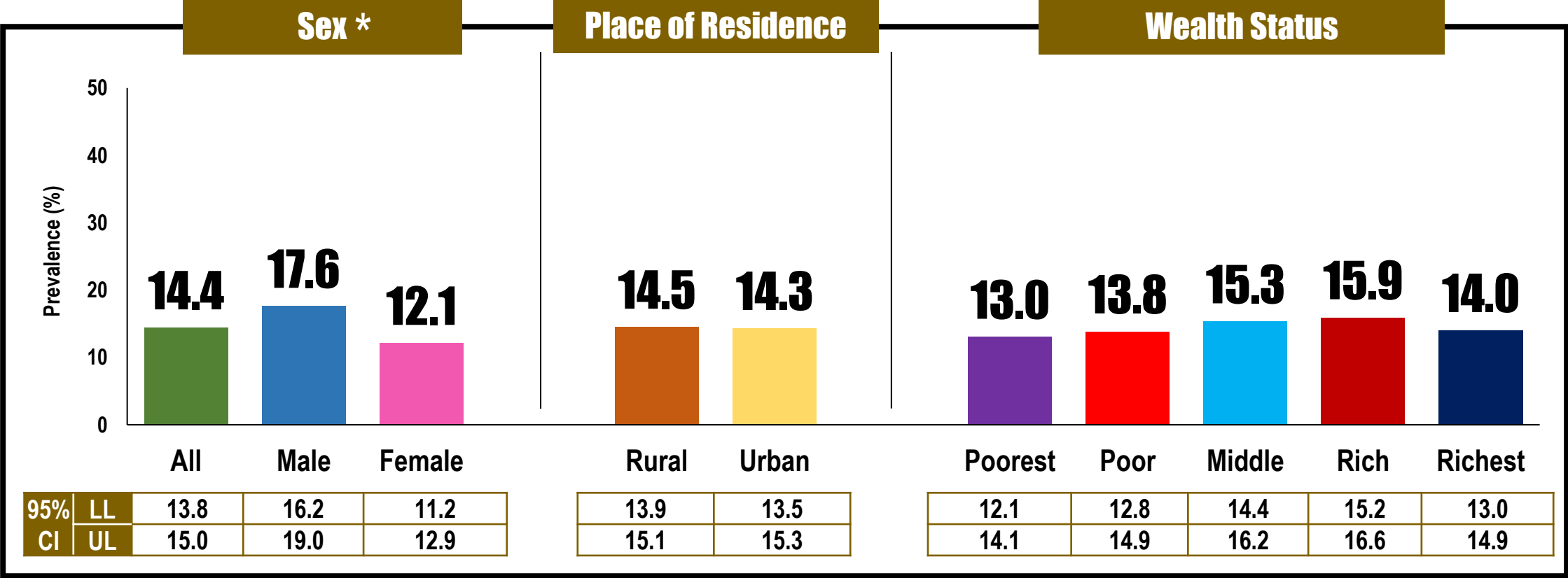
14.4%

(95% CI: 13.8–15.0)



Elevated blood pressure is based on a single-visit BP measurement

Prevalence of elevated blood pressure among adults, 20 to 59 years old, by sex, place of residence, and wealth quintile: Philippines, 2021



* significantly different at 5% level of significance

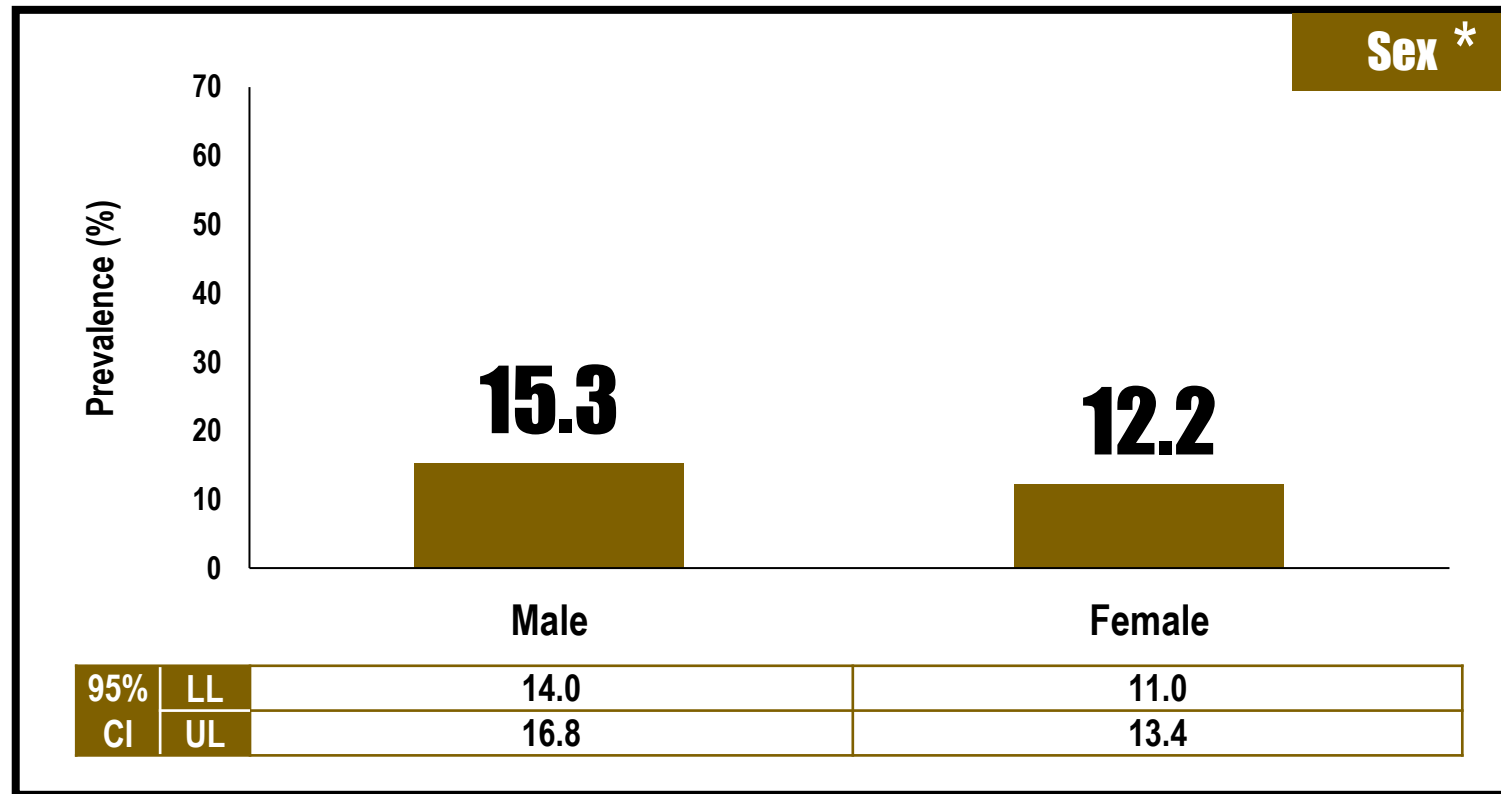
True prevalence of hypertension among adults, 20 to 59 years old, by sex: Philippines, 2021



TRUE PREVALENCE

13.5%

(95% CI: 12.6–14.5)



True prevalence of hypertension – determined using the Marchevsky equation (based on BP measurement, previous history of hypertension, and intake of anti-hypertensive medicines)

* significantly different at 5% level of significance

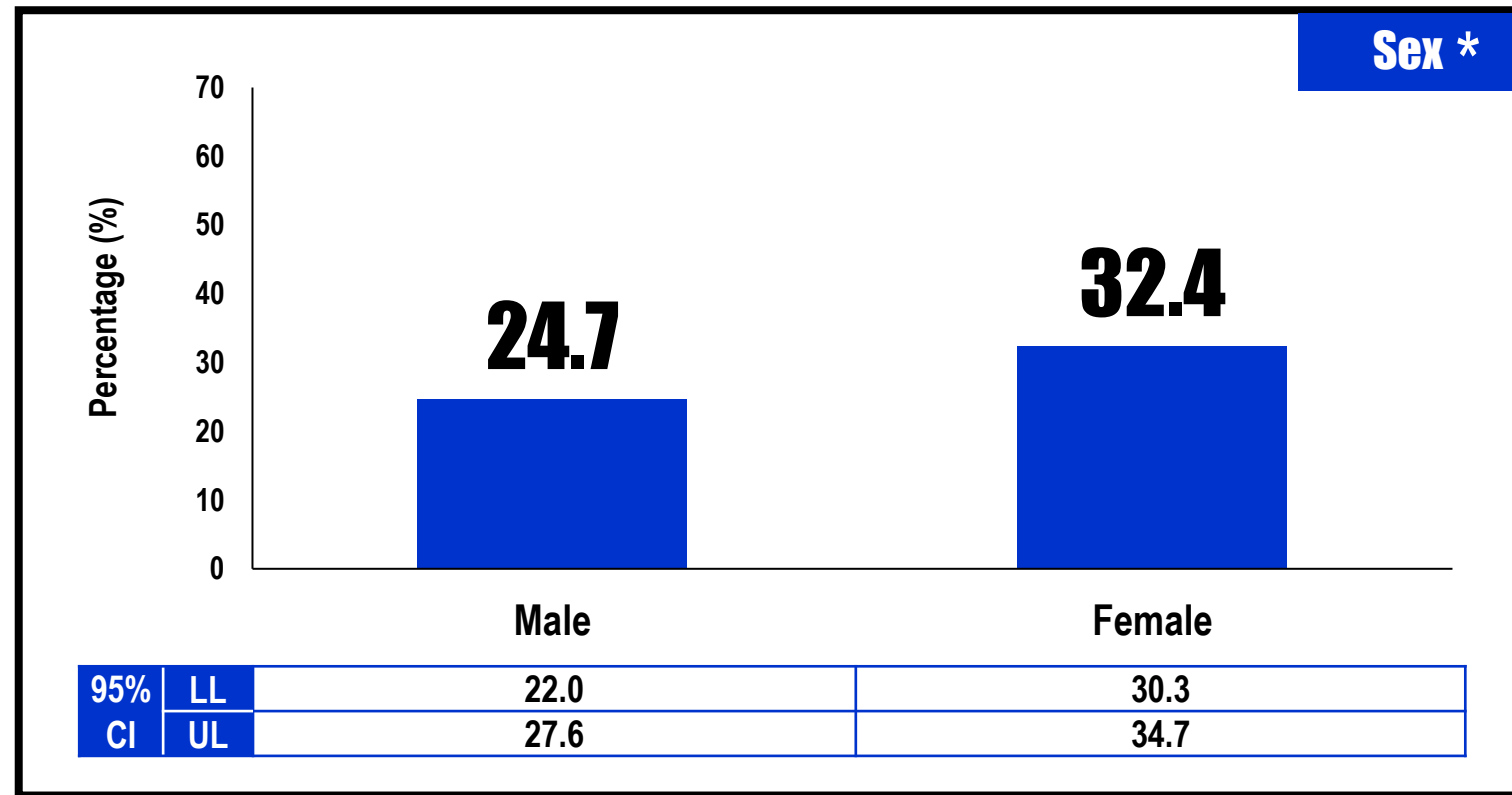
Percentage of adults, 20 to 59 years old, with controlled hypertension, by sex: Philippines, 2021



**CONTROLLED
HYPERTENSION**

29.4%

(95% CI: 27.1–31.8)



* significantly different at 5% level of significance

Controlled hypertension – Systolic BP<140 mmHg and Diastolic BP<90mmHg
in adults diagnosed with hypertension



Smoking

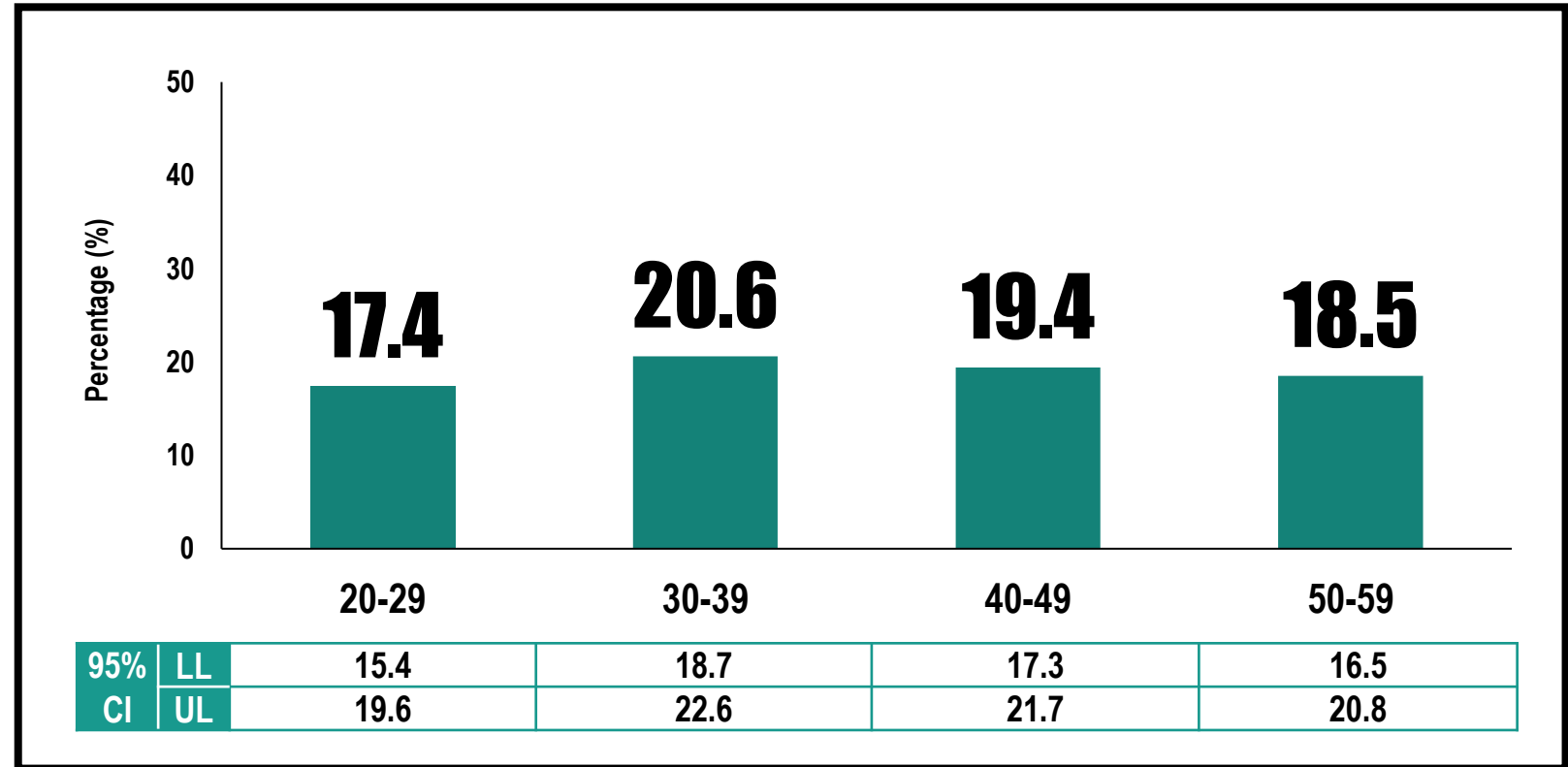
Percentage of **current smokers** among adults, 20 to 59 years old, by **age group**: **Philippines**, 2021



**CURRENT
SMOKERS**

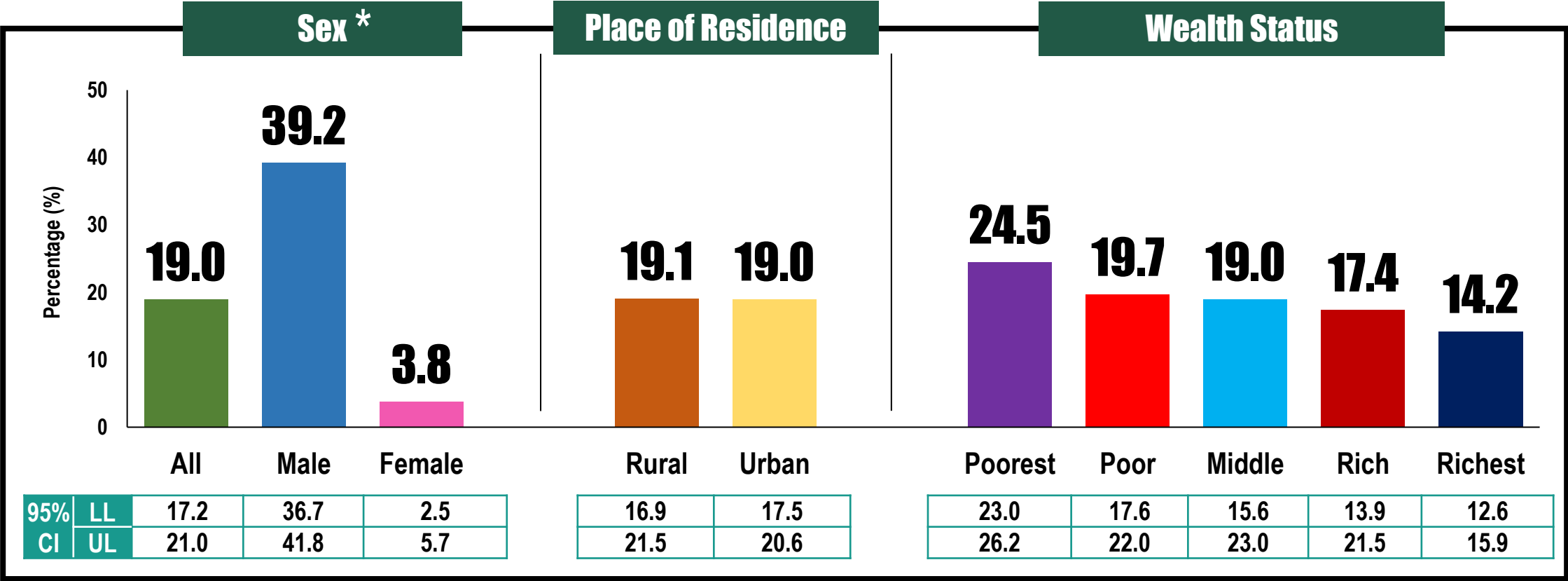
19.0%

(95% CI: 17.2–21.0)



Current Smokers - those who either smoke on a “daily” basis (at least 1 cigarette a day) or on a regular/occasional basis (at least weekly or less often than weekly)

Percentage of current smokers among adults, 20 to 59 years old, by sex, place of residence, and wealth quintile: Philippines, 2021



* significantly different at 5% level of significance



Current Alcohol Drinking

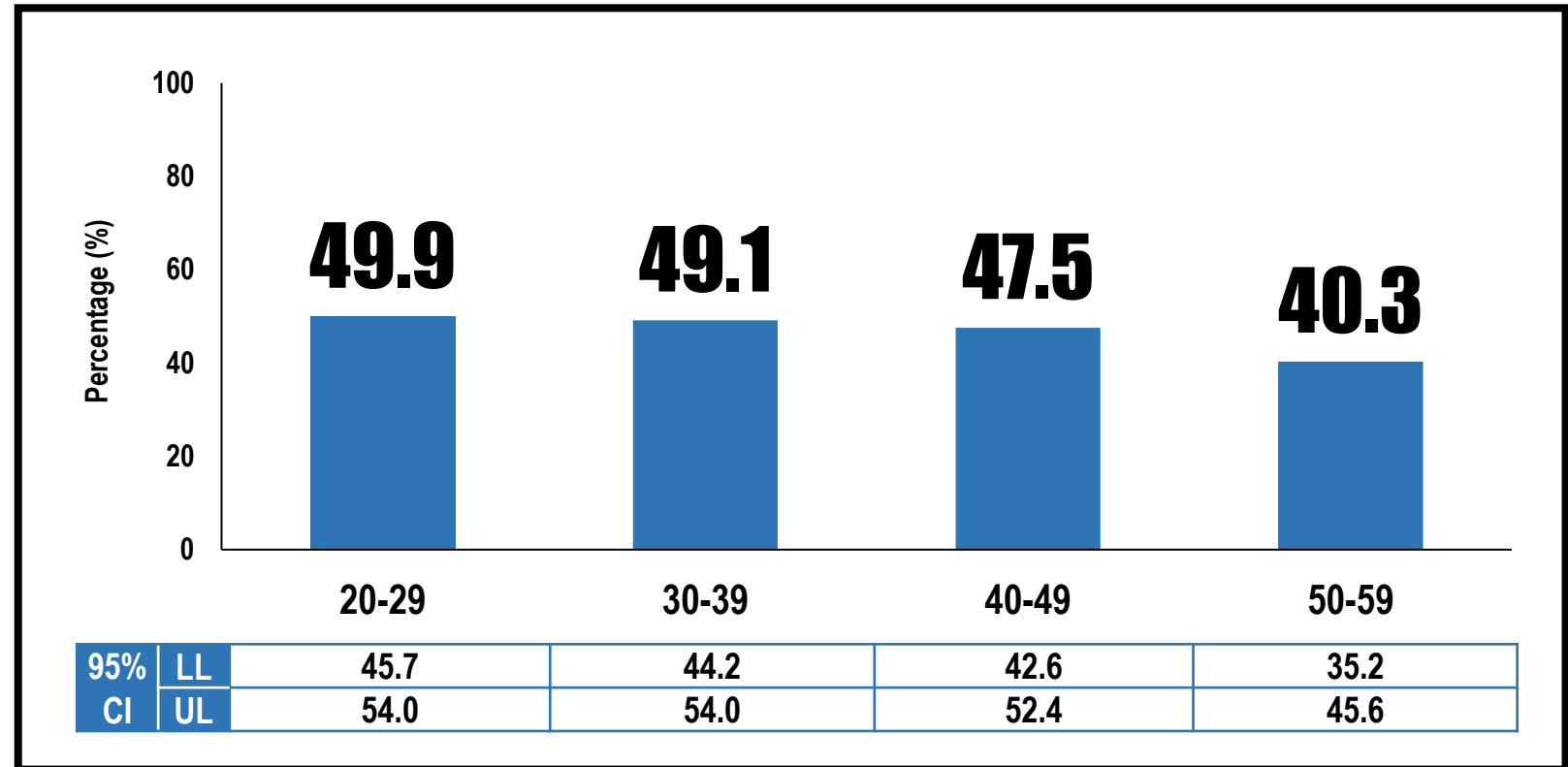
Percentage of **current drinkers** among adults, 20 to 59 years old, by **age group**: **Philippines**, 2021



**CURRENT
DRINKERS**

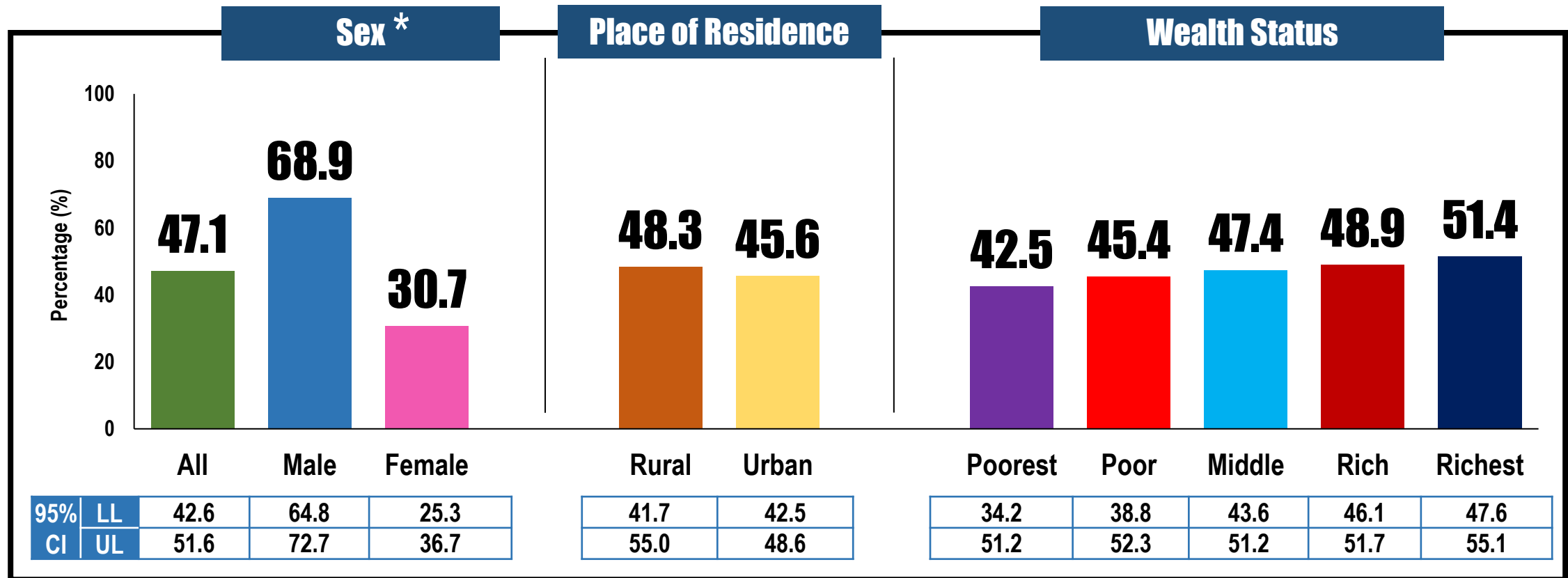
47.1%

(95% CI: 42.6–51.6)



Current Drinkers - those who drunk 1 or more standard drinks of any type of alcohol
in the year preceding the survey (past 12 months)

Percentage of **current drinkers** among adults, 20 to 59 years old, by **sex**, **place of residence**, and **wealth quintile**: **Philippines**, 2021



* significantly different at 5% level of significance



Current Drinkers in the past 30 days and BINGE Drinking

(Harmful use of alcohol)

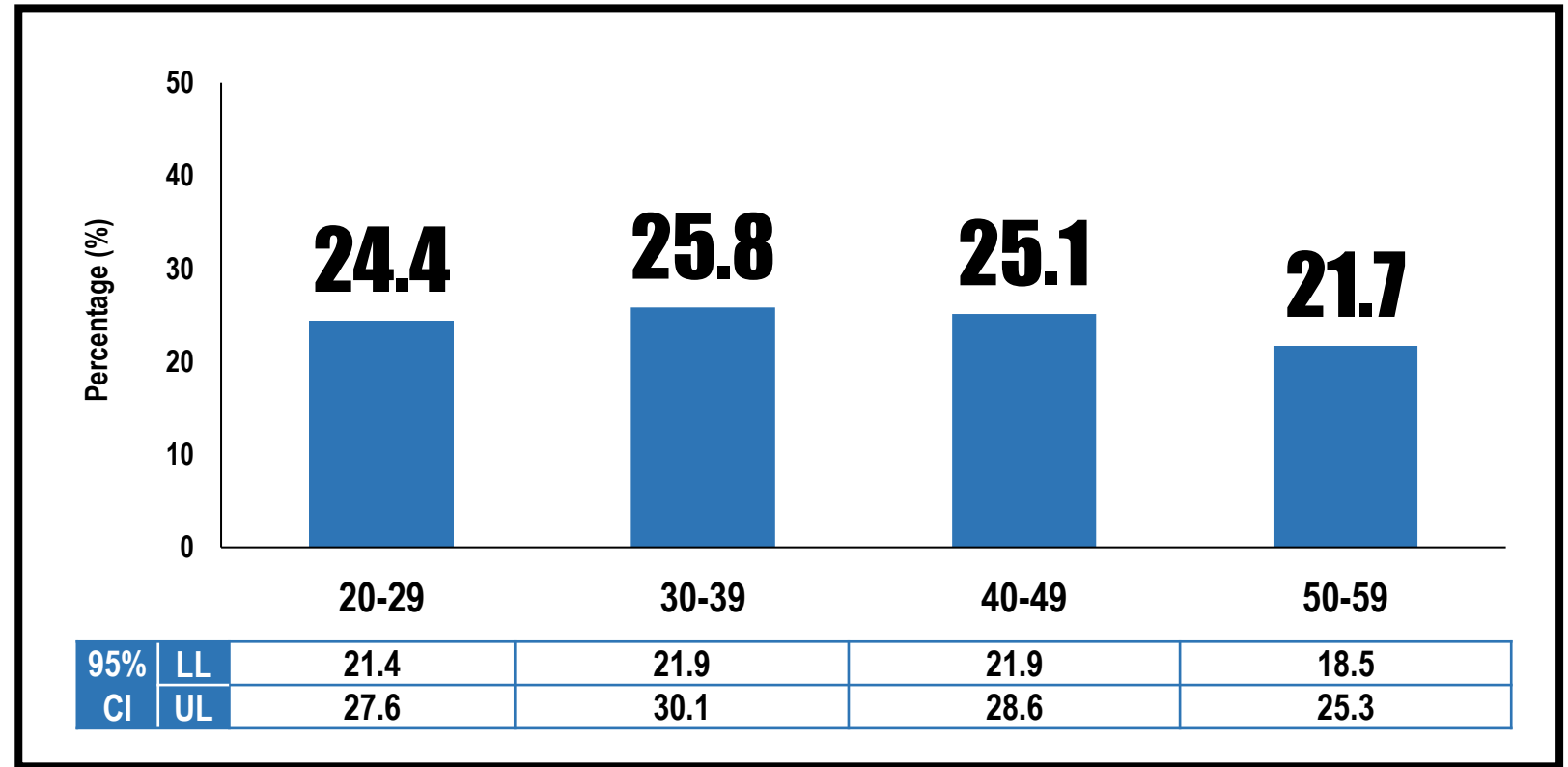
Percentage of currently drinking adults, 20 to 59 years old, in the past 30 days, by age group: Philippines, 2021



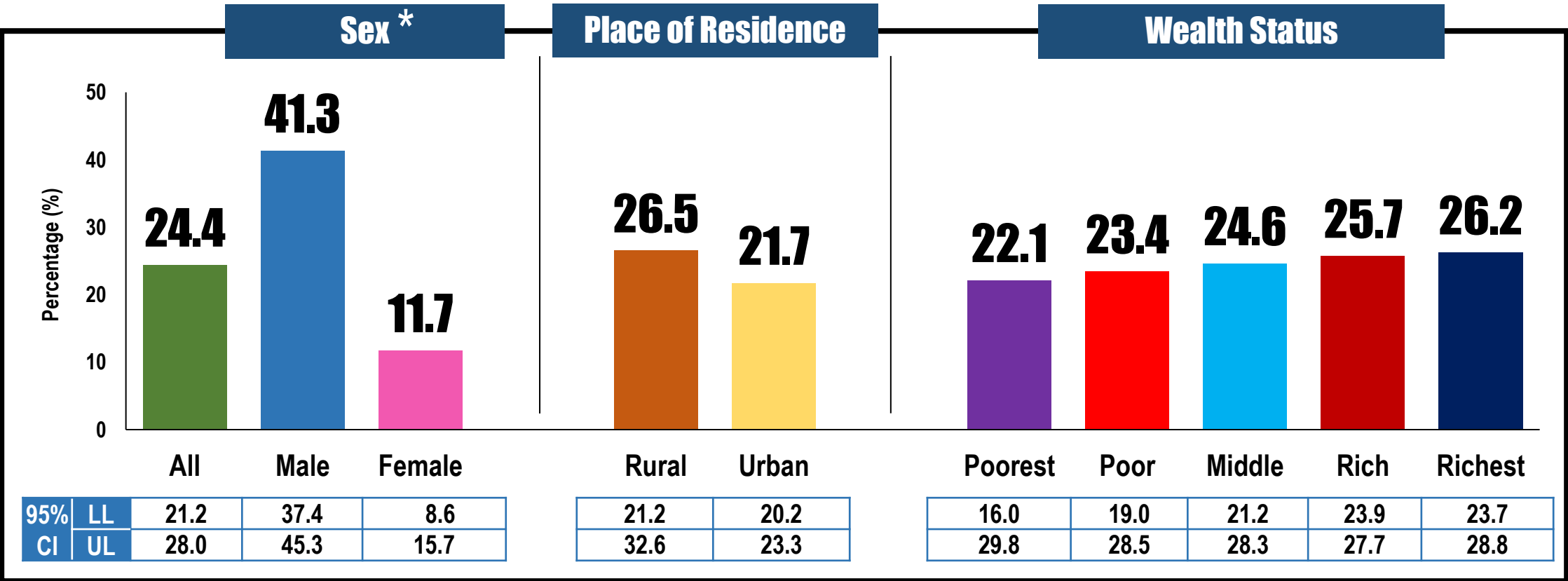
**CURRENT DRINKERS
(PAST 30 DAYS)**

24.4%

(95% CI: 21.2–28.0)



Percentage of currently drinking adults, 20 to 59 years old, in the past 30 days, by sex, place of residence, and wealth quintile: Philippines, 2021



*significantly different at 5% level of significance

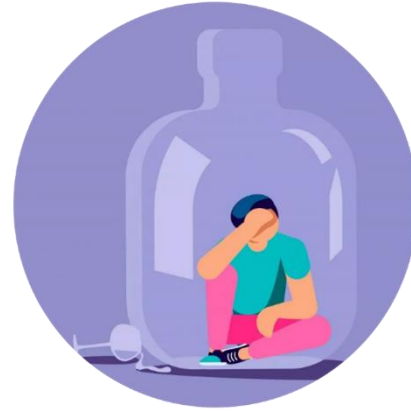
Percentage of **binge drinking** among current drinkers, 20 to 59 years old, by **sex**: **Philippines**, 2021



**CURRENT
DRINKERS
(PAST 30 DAYS)**

24.4%

(95% CI: 21.2–28.0)

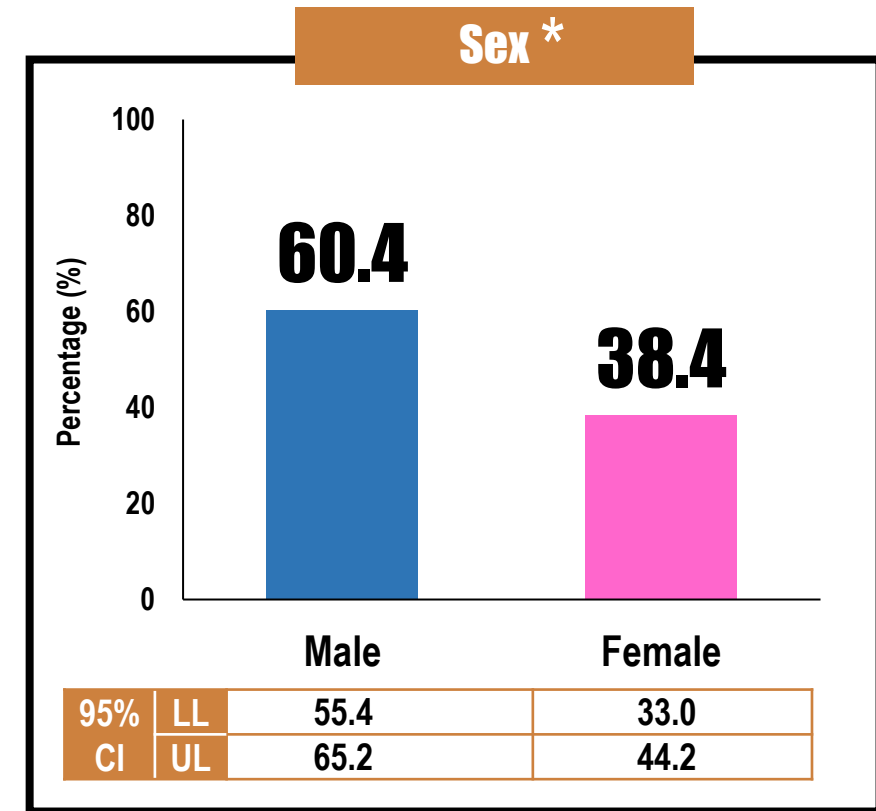


BINGE DRINKERS

54.7%

(95% CI: 49.6–59.7)

Binge drinkers is among those who currently drinks alcoholic beverages or those who reported drinking alcoholic beverages in the past 30 days



* significantly different at 5% level of significance

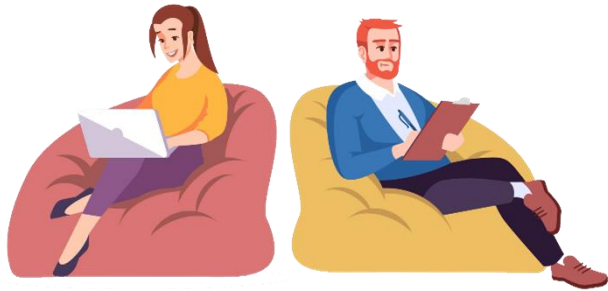


Physical Activity

Department of Science and Technology
FOOD AND NUTRITION RESEARCH INSTITUTE



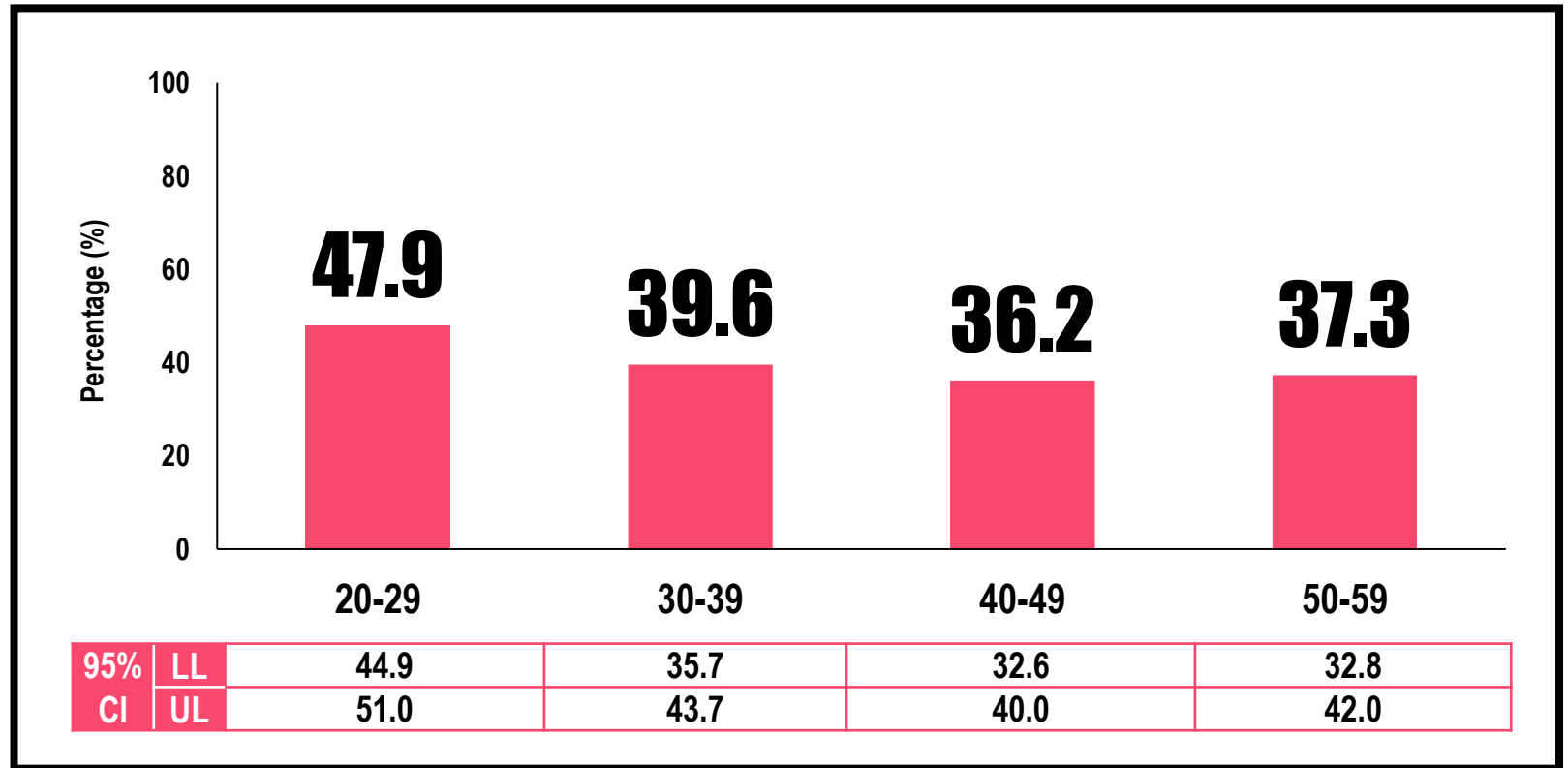
Percentage of **insufficiently physically active adults**, 20 to 59 years old, by **age group**: **Philippines**, 2021



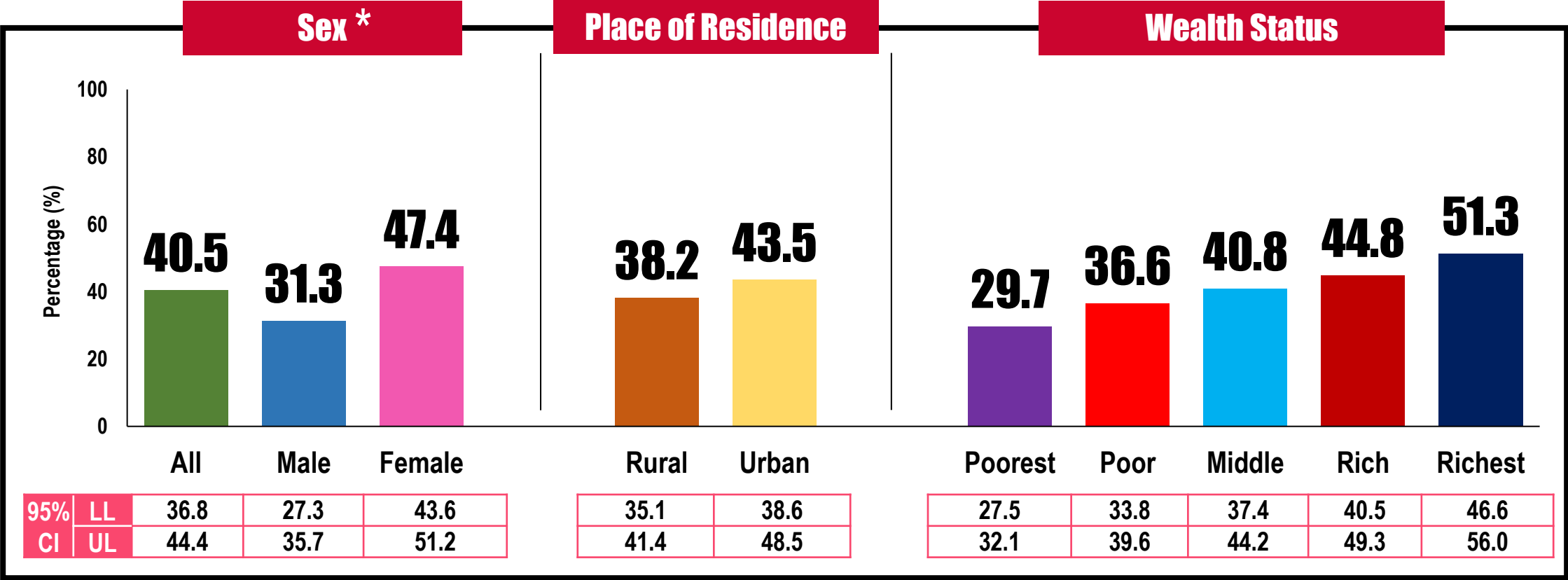
**INSUFFICIENTLY
PHYSICALLY ACTIVE**

40.5%

(95% CI: 36.8–44.4)



Percentage of **insufficiently physically active adults**, 20 to 59 years old,
by **sex**, **place of residence**, and **wealth quintile**: **Philippines**, 2021



* significantly different at 5% level of significance

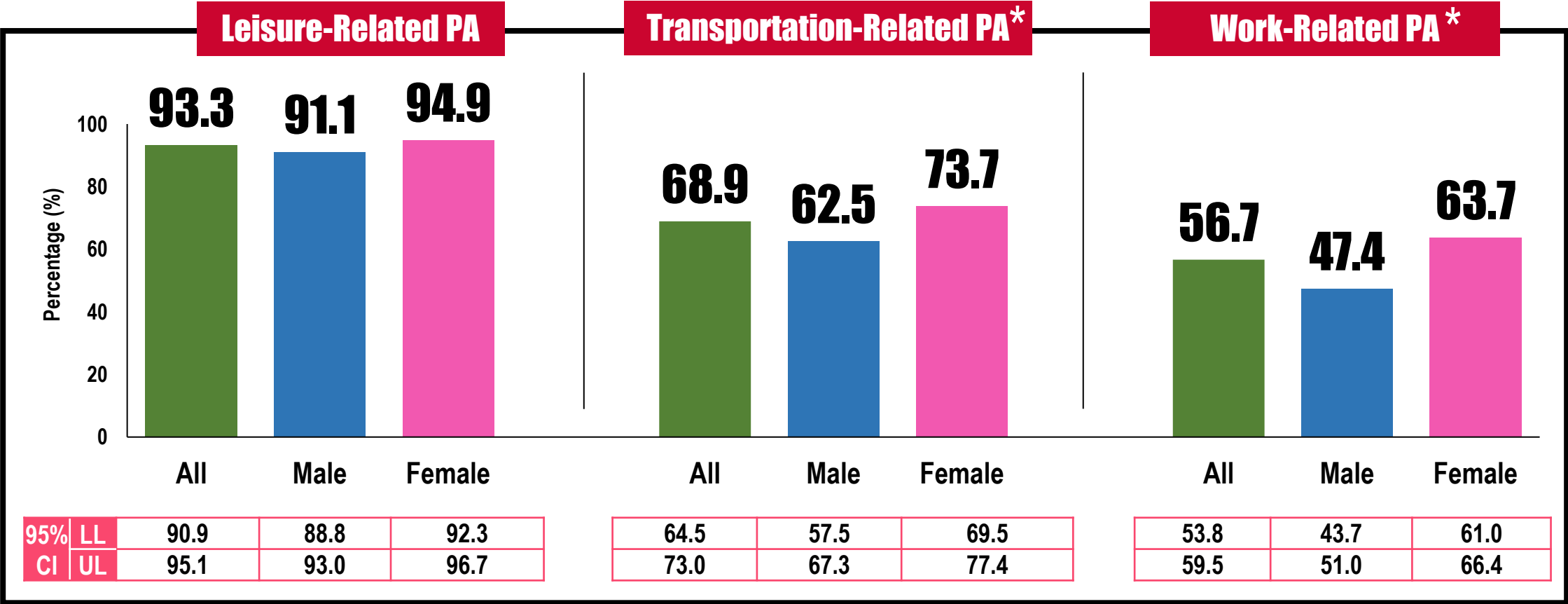
DOMAINS OF PHYSICAL ACTIVITY

Physical activity is also assessed in different domains, which are related to:

- » **leisure** (e.g. recreational activities, exercise and sports)
- » **transportation** (e.g. active commuting, like walking or using bicycle)
- » **occupation or work** (involving manual labor tasks, walking, carrying or lifting objects)



Percentage of low leisure-related, travel-related, and work-related physical activity among adults, 20 to 59 years old, by sex: Philippines, 2021



* significantly different at 5% level of significance

SUMMARY

ANTHROPOMETRY

- Chronic energy deficiency (7.2%) is of “low” public health significance.
- Four out of 10 (40.2%) are overweight or obese, and it is more common among females and those belonging in urban areas.
- High waist circumference (abdominal obesity) is more prevalent among females (25.4%) and those belonging in urban areas (18.1%) than their counterparts.

Summary of NCD risk factors among ADULTS, 20 to 59 years old

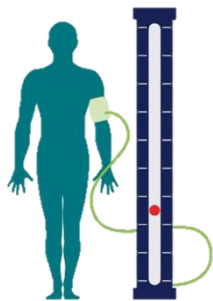
2021 ENNS

Biological Risk Factors:



4 in 10 (40.0%)
adults are
overweight/obese

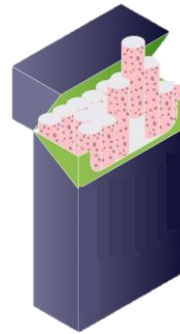
Significantly higher among FEMALES
Evidently higher among URBAN dwellers
and those in UPPER WEALTH quintiles



14.4%
have **elevated BP**

Significantly higher among MALES

Behavioral Risk Factors:



19.0%
are **current**
smokers

Significantly higher among MALES



24.4%
are **current alcohol**
drinkers in the
past 30 days

Significantly higher among MALES



54.7%
are engaged in
binge drinking among
current drinkers in the
past 30 days

Significantly higher among MALES



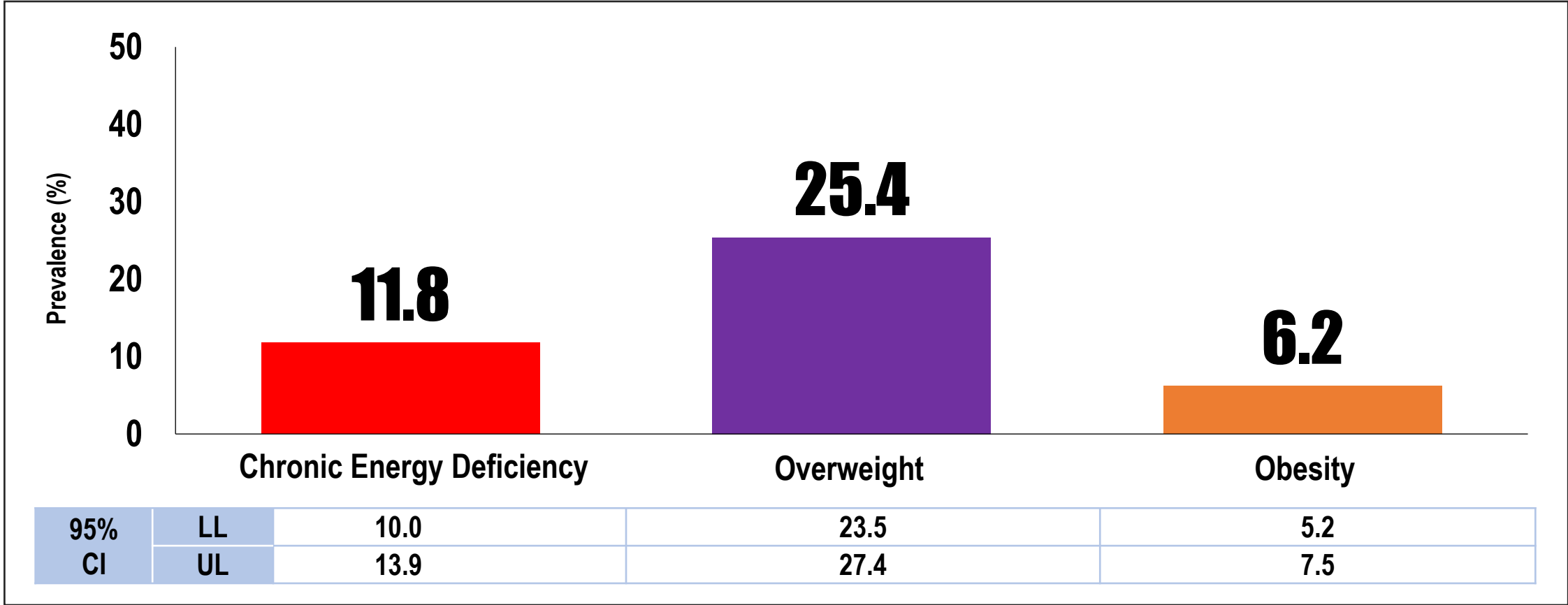
40.5%
are **insufficiently**
physically active

Significantly higher among FEMALES

Health and Nutritional Status of Filipino Elderly, 60 years old and above



Prevalence of chronic energy deficiency, overweight, and obesity among elderly, 60 years old and above, Philippines: 2021

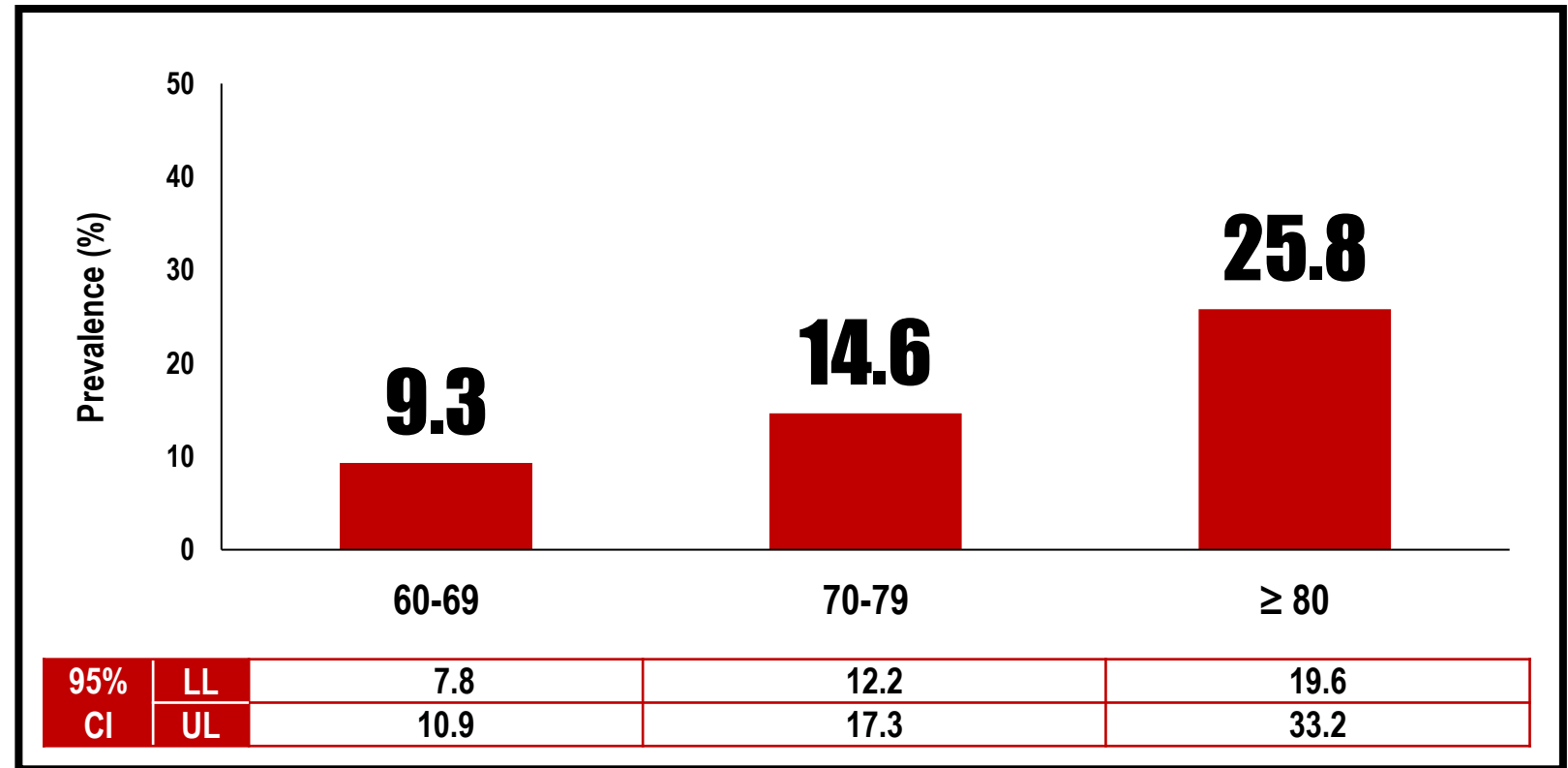


Prevalence of **chronic energy deficiency** among elderly, 60 years old and above, by **age group: Philippines**, 2021

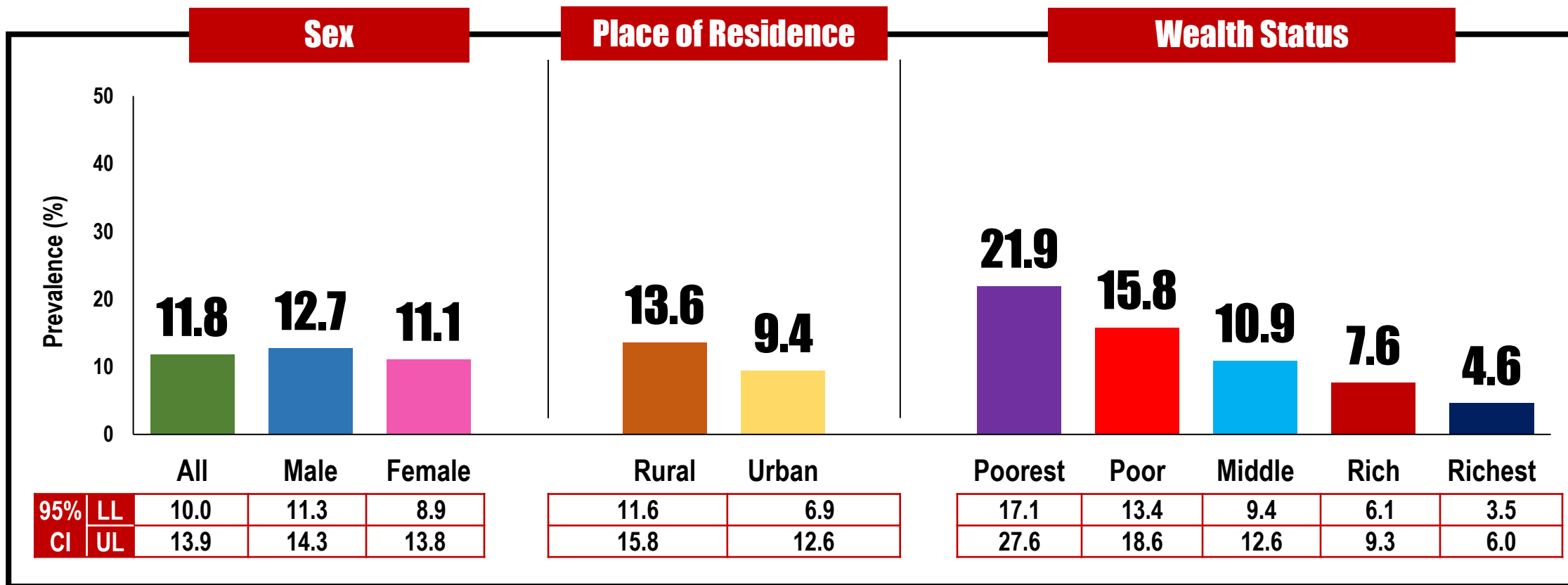
**CHRONIC ENERGY
DEFICIENCY**

11.8%

(95% CI: 10.0–13.9)

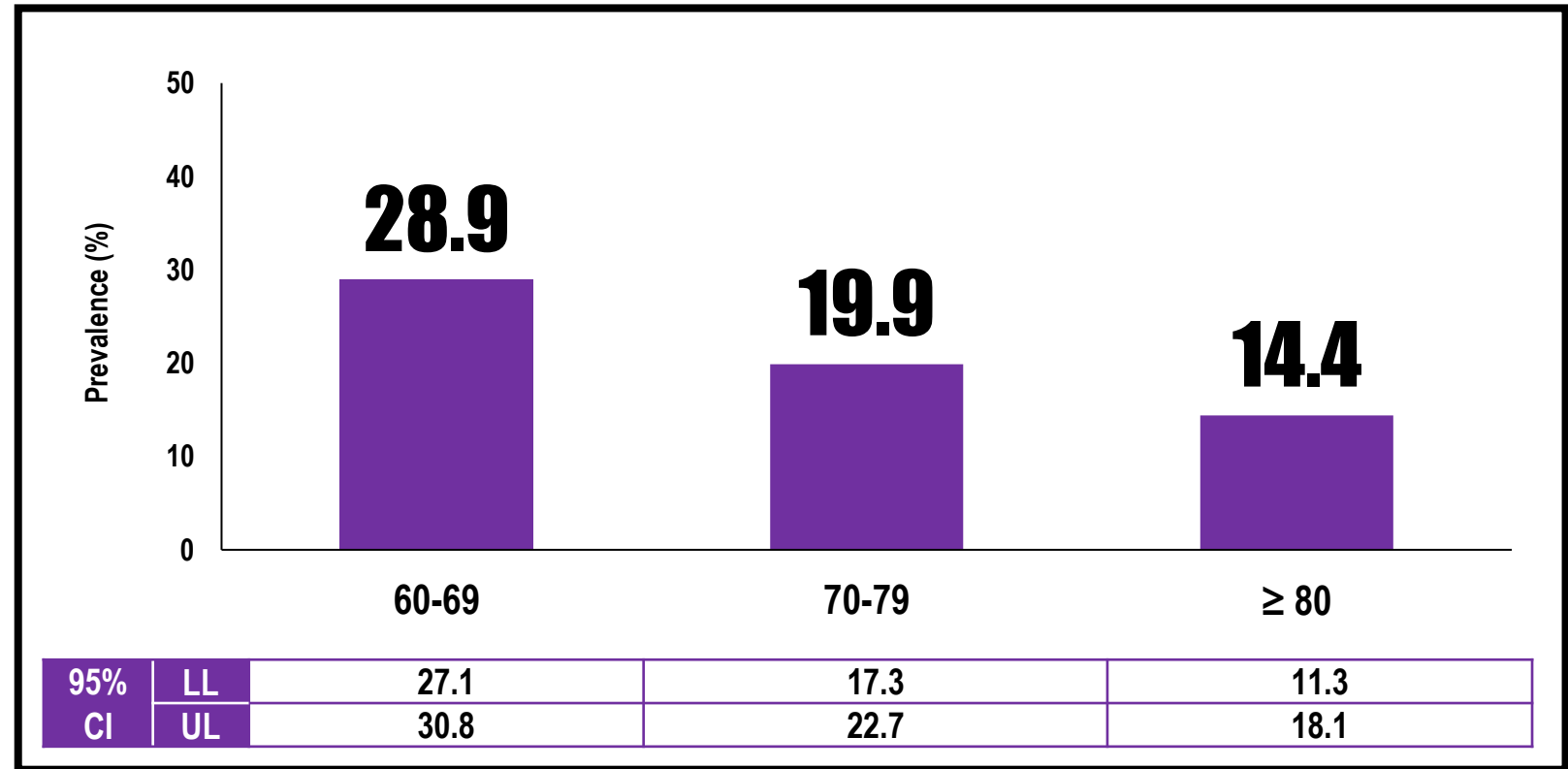


Prevalence of **chronic energy deficiency** among elderly, 60 years old and above, by **sex, place of residence,** and **wealth quintile: Philippines, 2021**

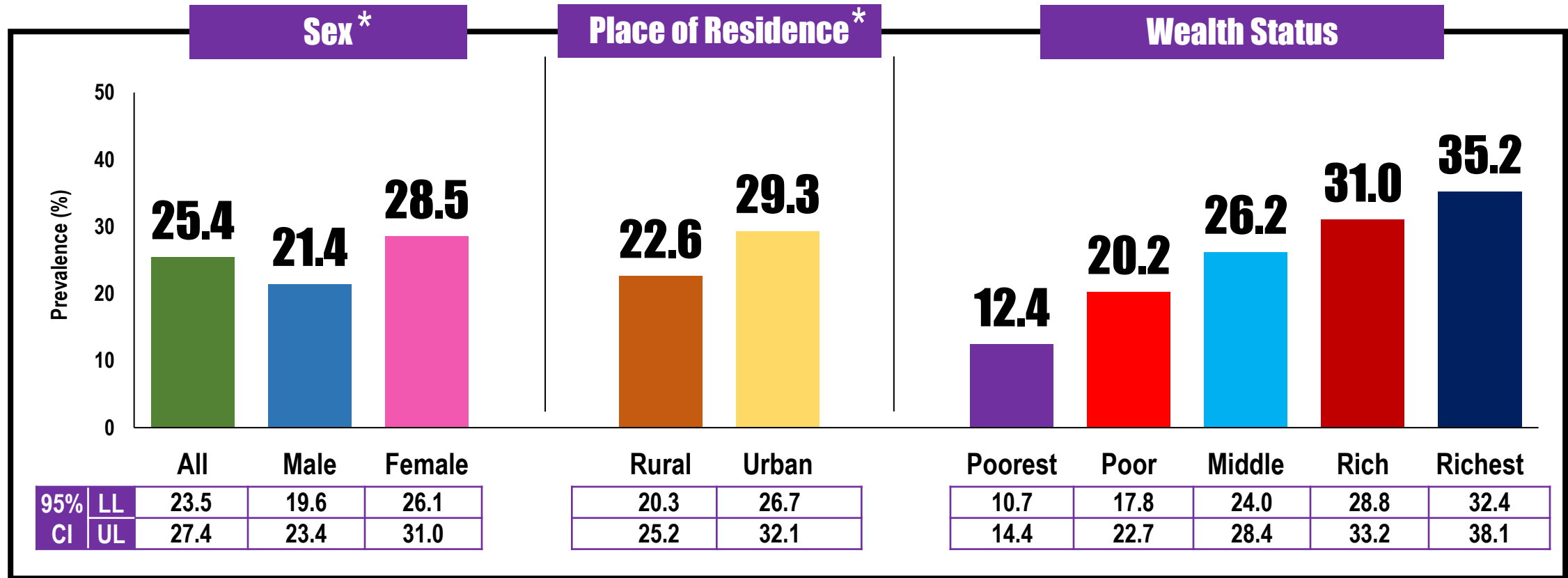


Prevalence of **overweight** among elderly, 60 years old and above, by **age group**: **Philippines**, 2021

OVERWEIGHT
25.4%
(95% CI: 23.5–27.4)



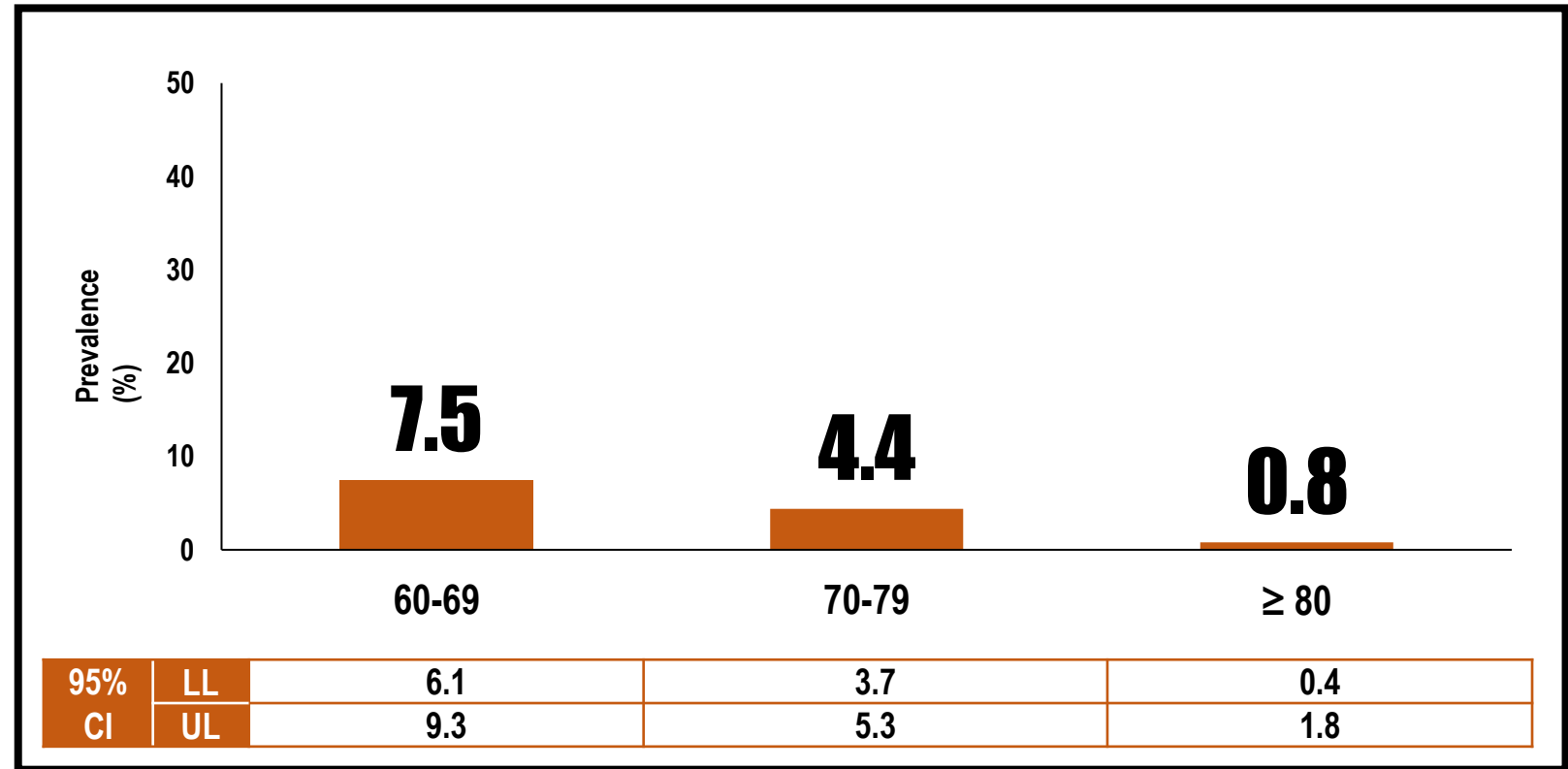
Prevalence of **overweight** among elderly, 60 years old and above, by **sex**, **place of residence**, and **wealth quintile**: Philippines, 2021



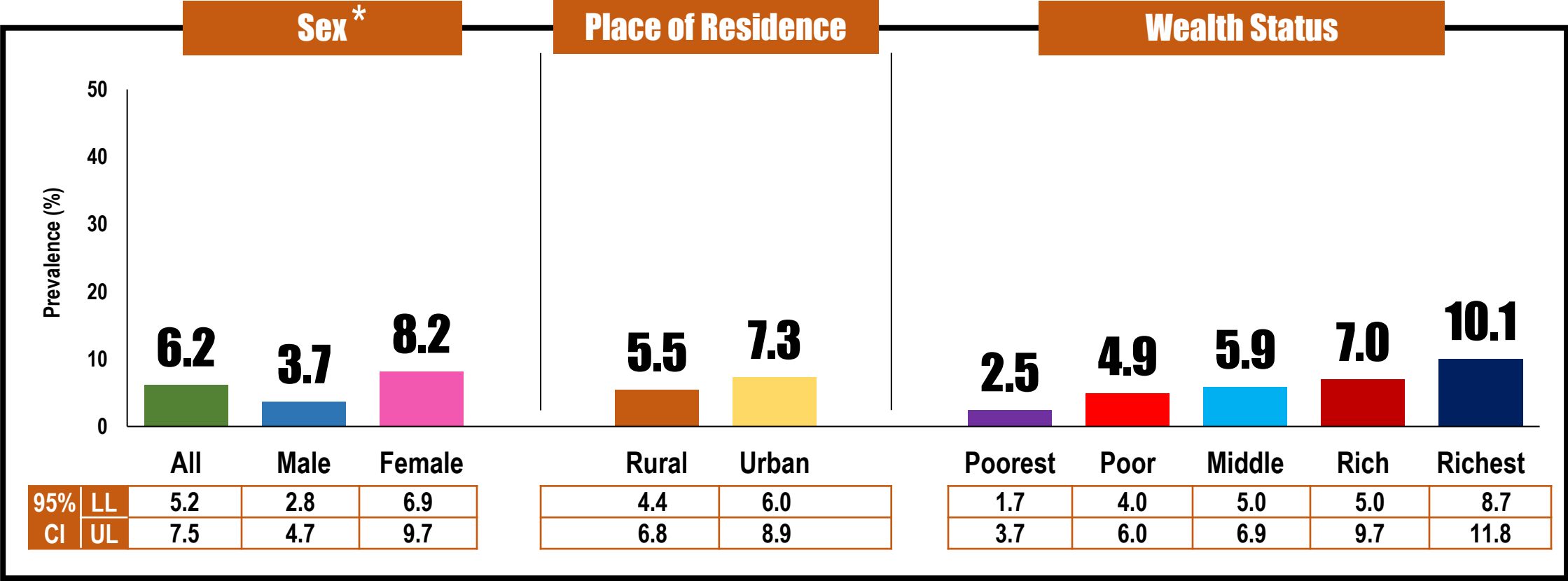
* significantly different at 5% level of significance

Prevalence of **obesity** among elderly, 60 years old and above, by **age group: Philippines, 2021**

OBESITY
6.2%
(95% CI: 5.2–7.5)

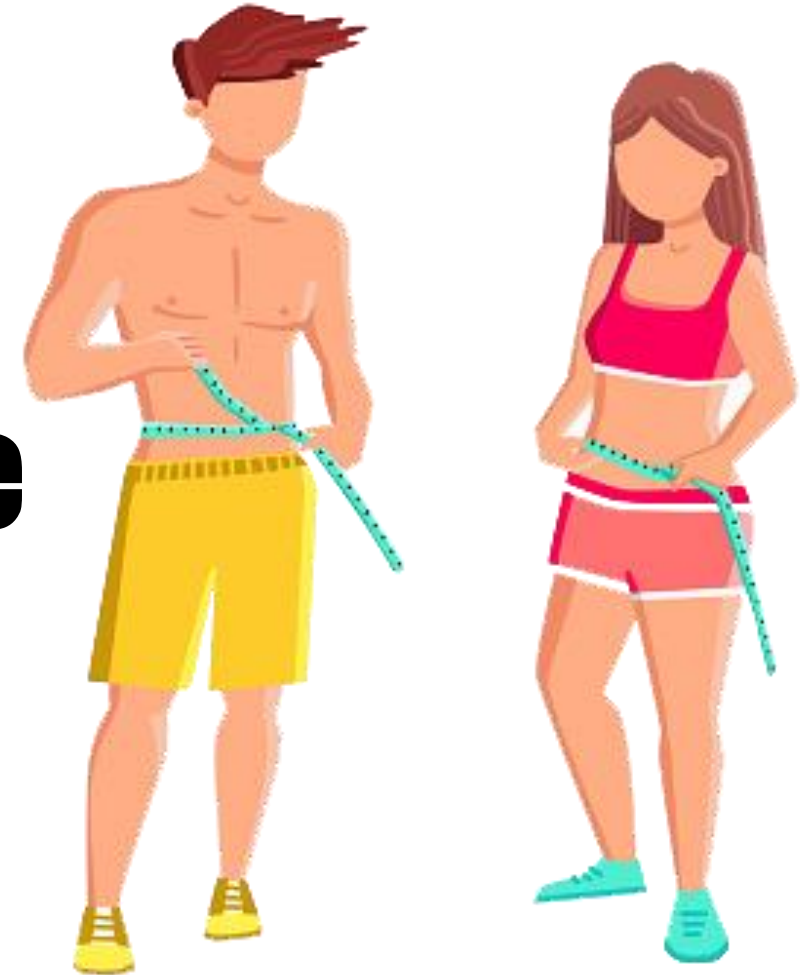


Prevalence of **obesity** among elderly, 60 years old and above,
by **sex**, **place of residence**, and **wealth quintile**: **Philippines**, 2021

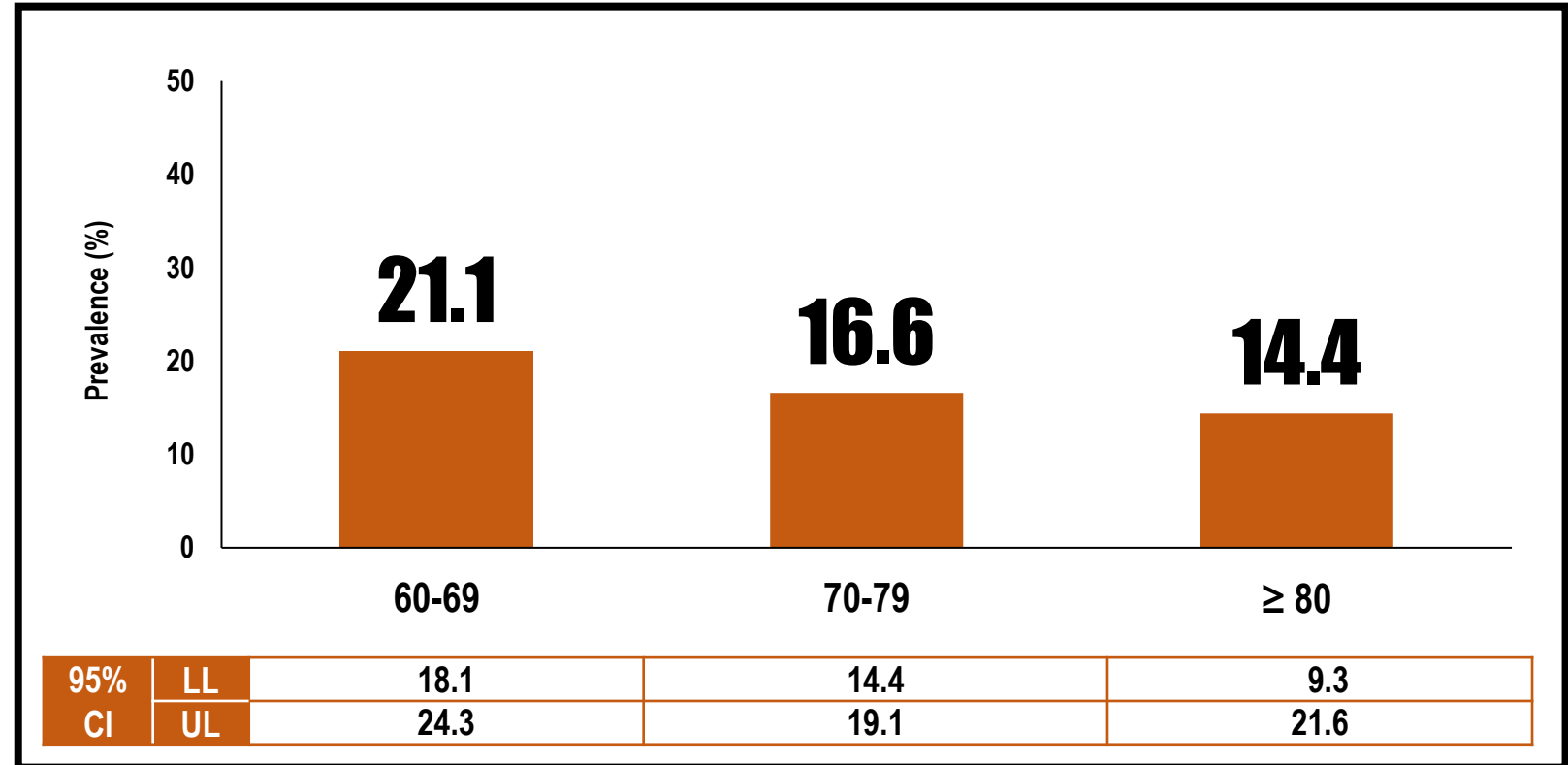


* significantly different at 5% level of significance

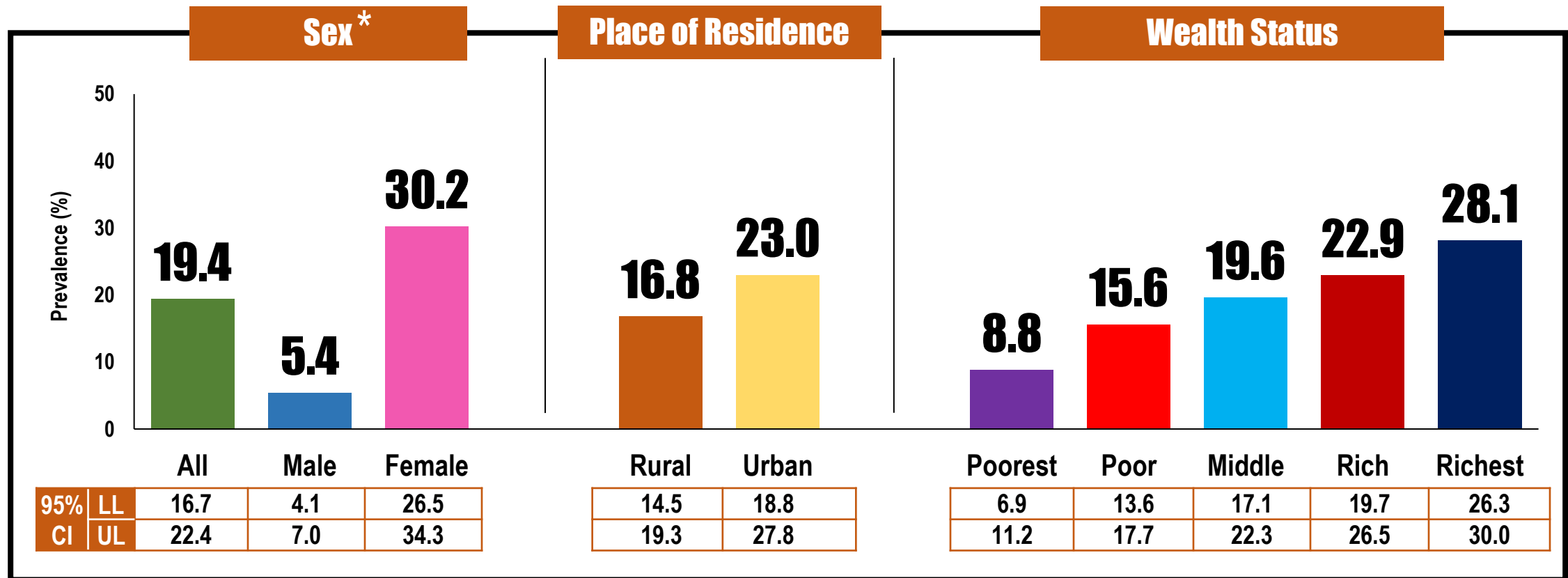
High Waist Circumference



Prevalence of **high waist circumference (WC)** among elderly, 60 years old and above, by **age group: Philippines, 2021**



Prevalence of **high waist circumference** among elderly, 60 years old and above, by **sex**, **place of residence**, and **wealth quintile**: Philippines, 2021



* significantly different at 5% level of significance



Elevated Blood Pressure

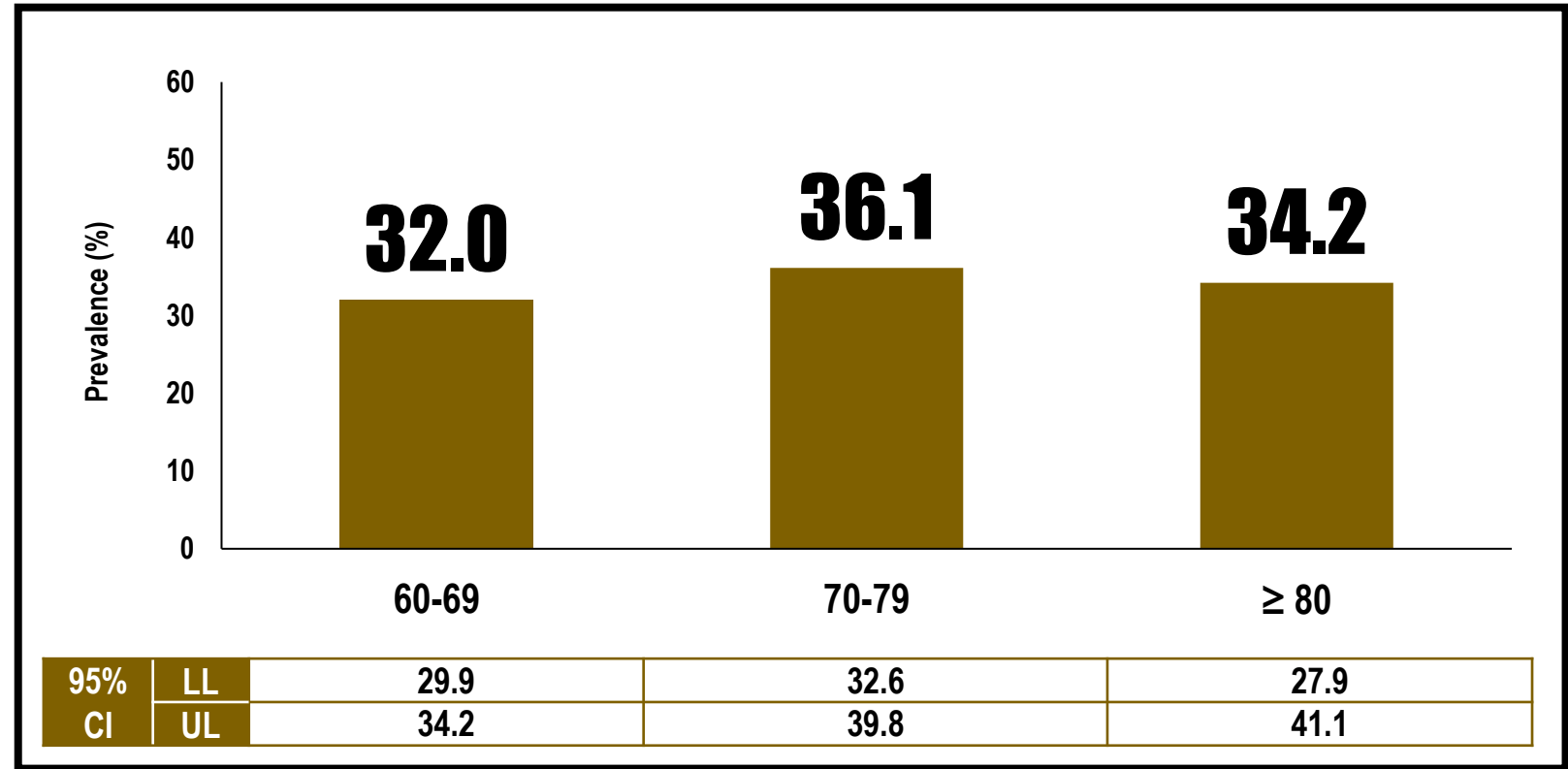
Prevalence of **elevated blood pressure** among elderly, 60 years old and above, by **age group: Philippines, 2021**



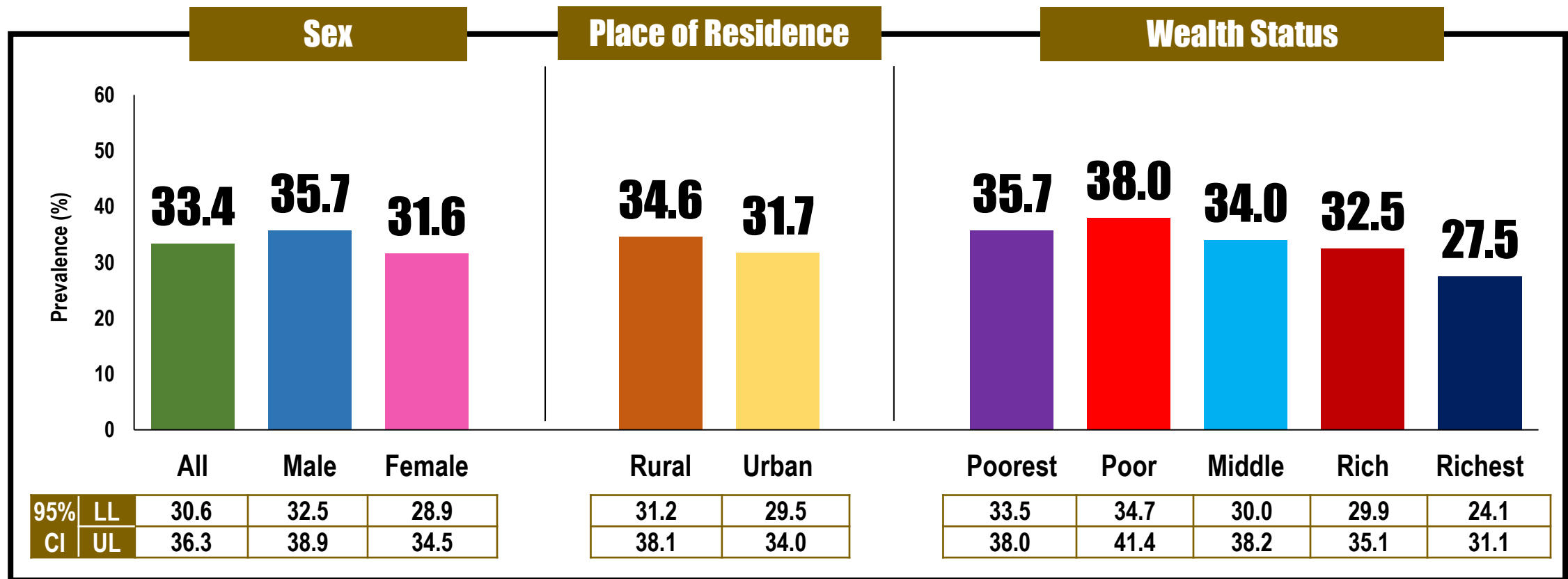
ELEVATED BP

33.4%

(95% CI: 30.6–36.3)



Prevalence of **elevated blood pressure** among elderly, 60 years old and above, by **sex**, **place of residence**, and **wealth quintile**: **Philippines**, 2021



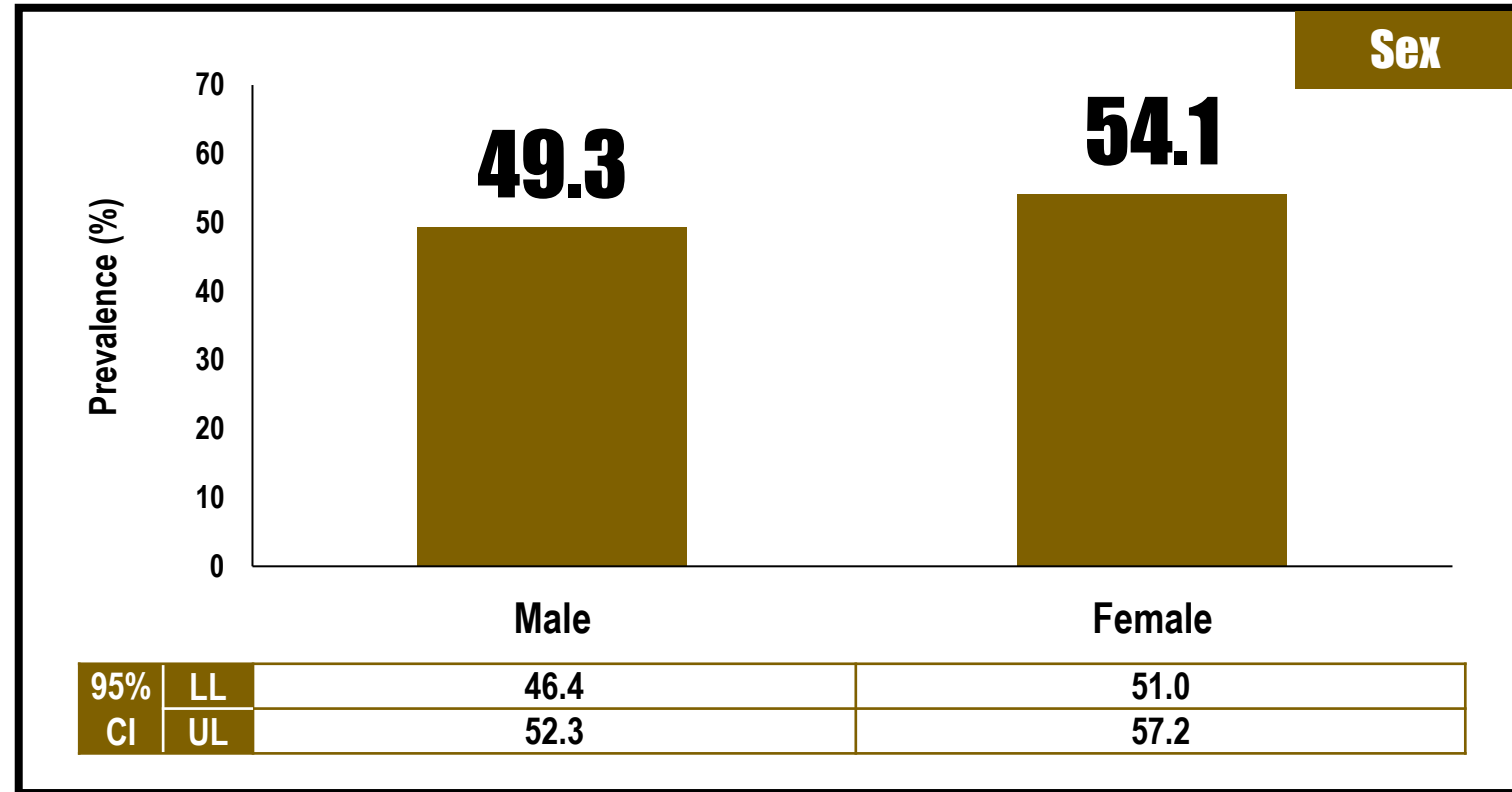
True prevalence of hypertension among elderly, 60 years old and above, by sex: Philippines, 2021



TRUE PREVALENCE

52.0%

(95% CI: 49.3–54.7)



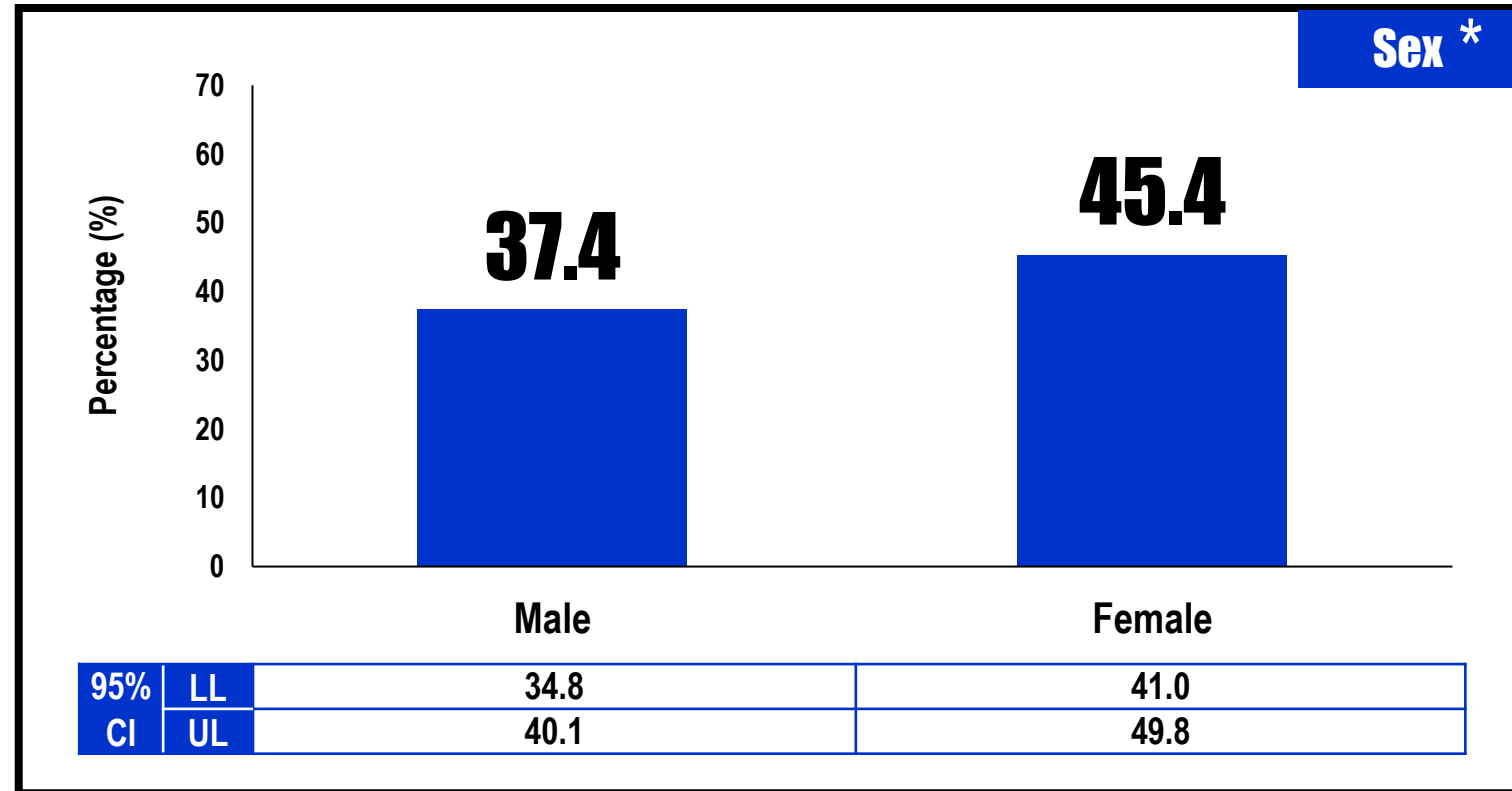
Percentage of elderly, 60 years old and above, with controlled hypertension, by sex: Philippines, 2021



**CONTROLLED
HYPERTENSION**

42.4%

(95% CI: 38.8–46.0)



* significantly different at 5% level of significance



Smoking

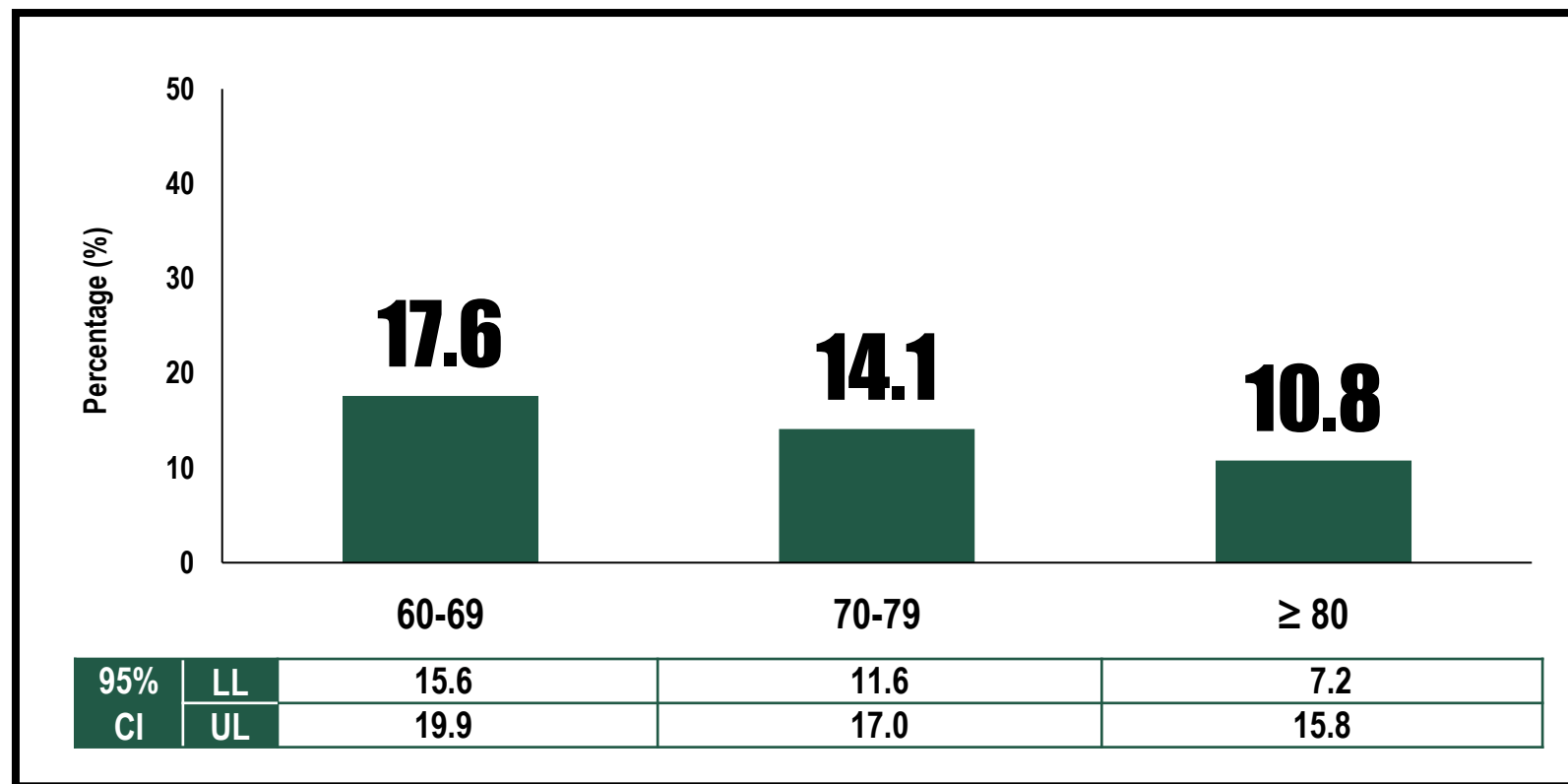
Percentage of **current smokers** among elderly, 60 years old and above, by **age group**: **Philippines**, 2021



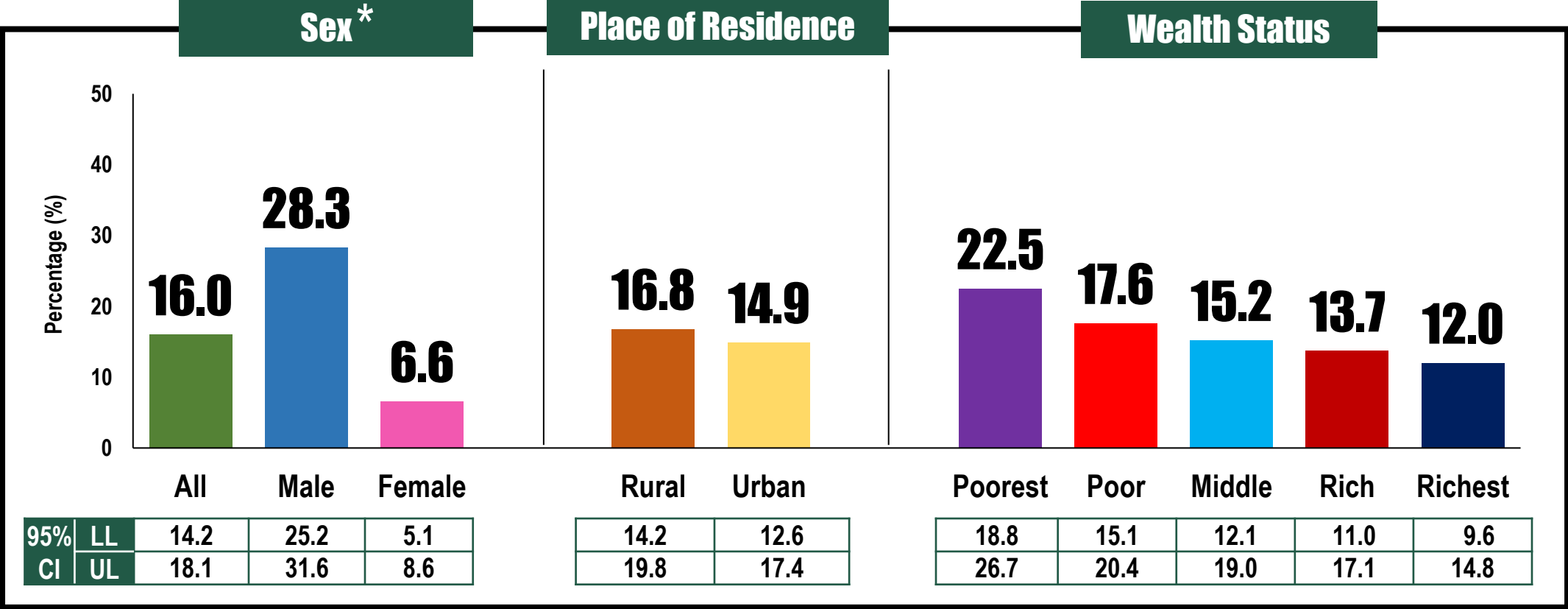
**CURRENT
SMOKERS**

16.0%

(95% CI: 14.2–18.1)



Percentage of current smokers among elderly, 60 years old and above, by sex, place of residence, and wealth quintile: Philippines, 2021



* significantly different at 5% level of significance



Current Alcohol Drinking

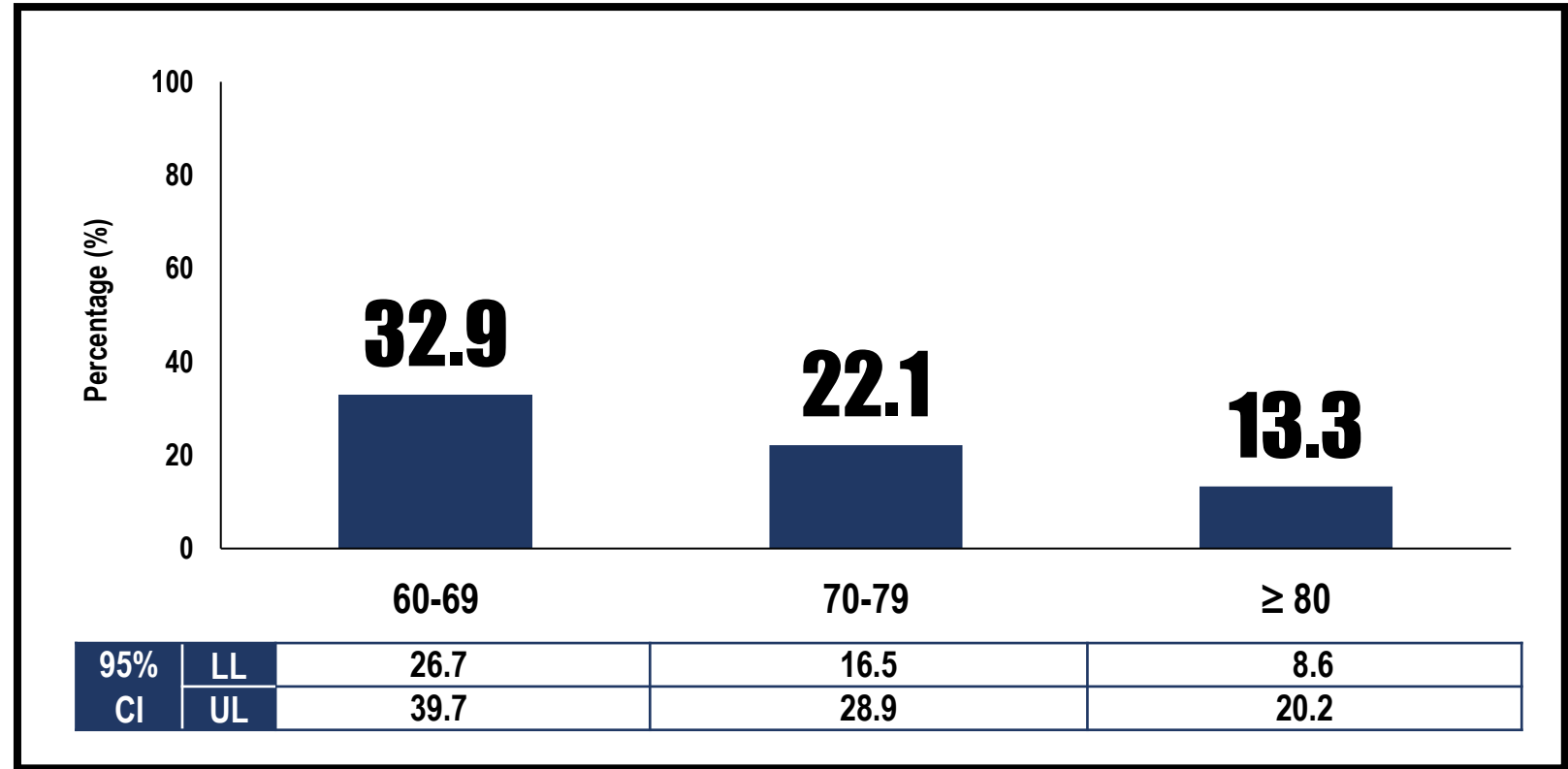
Percentage of **current drinkers** among elderly, 60 years old and above, by **age group**: **Philippines**, 2021



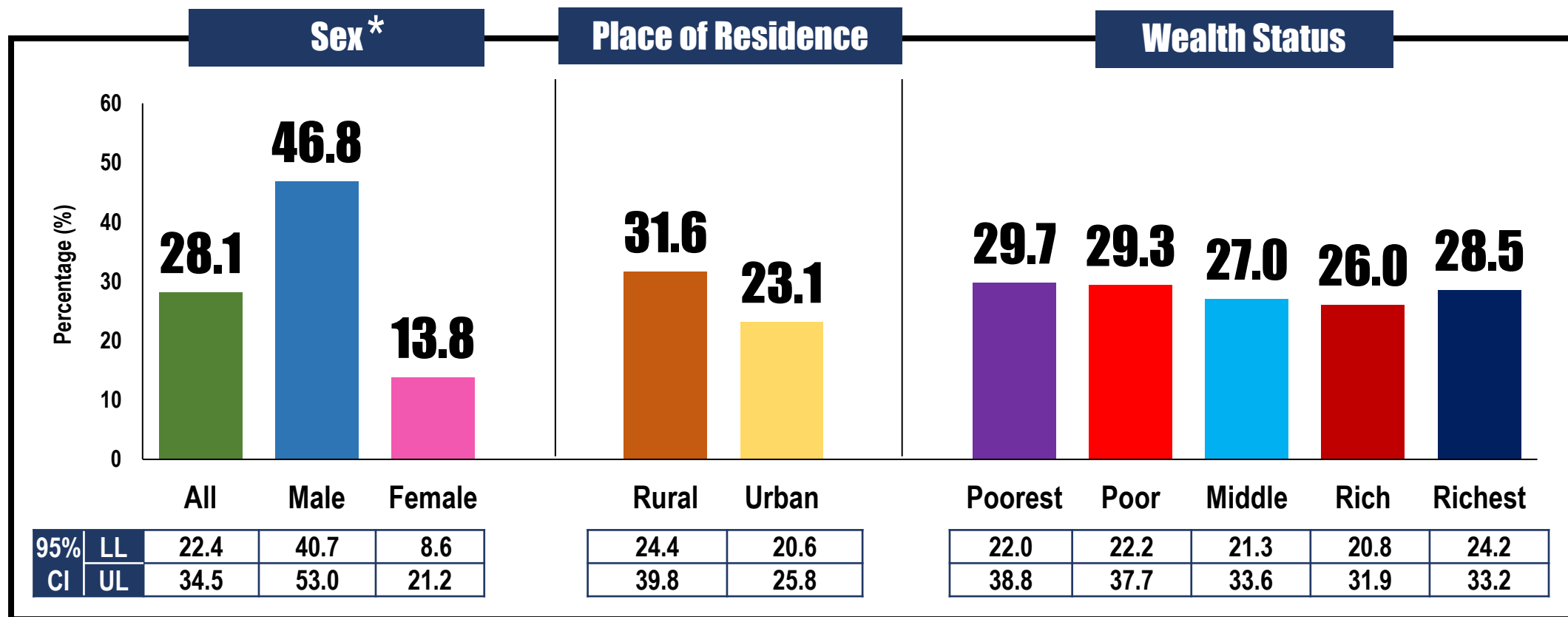
**CURRENT
DRINKERS**

28.1%

(95% CI: 22.4-34.5)



Percentage of **current drinkers** among elderly, 60 years old and above, by **sex, place of residence, and wealth quintile: Philippines, 2021**



* significantly different at 5% level of significance



Current Drinkers in the past 30 days and BINGE Drinking

(Harmful use of alcohol)

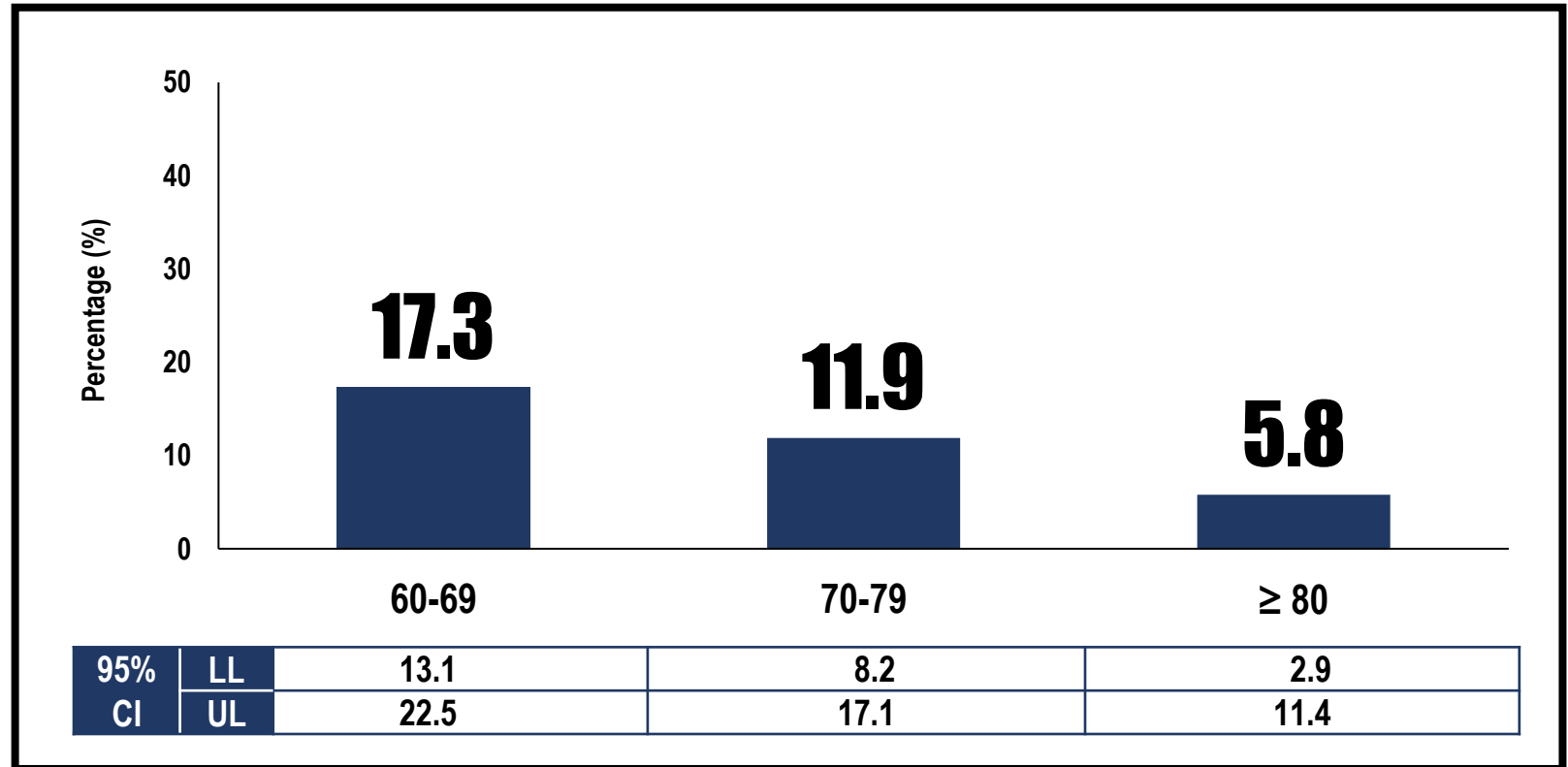
Percentage of currently drinking elderly in the past 30 days, by age group: Philippines, 2021



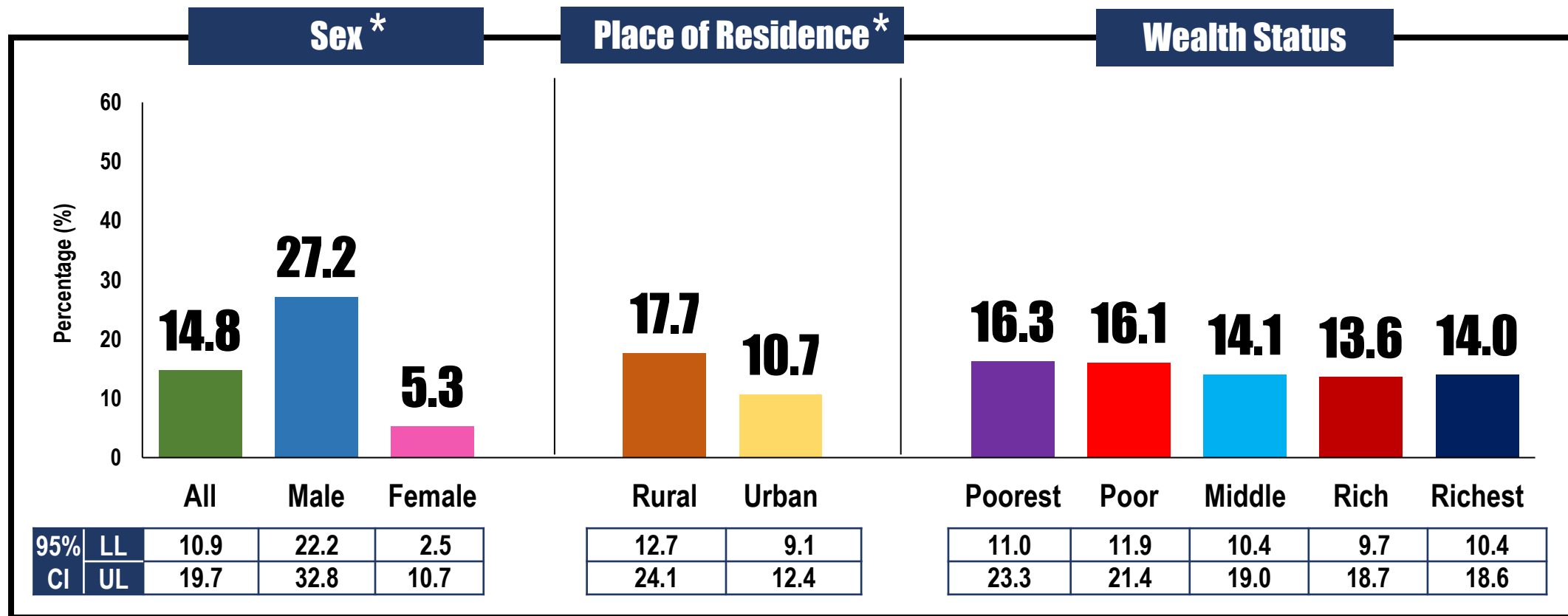
**CURRENT DRINKERS
(PAST 30 DAYS)**

14.8%

(95% CI: 10.9-19.7)



Percentage of currently drinking elderly in the past 30 days, by sex, place of residence, and wealth quintile: Philippines, 2021



* significantly different at 5% level of significance

Percentage of **binge drinking** among current drinkers, 60 years old and above, by **sex**: **Philippines**, 2021



**CURRENT
DRINKERS
(PAST 30 DAYS)**

14.8%

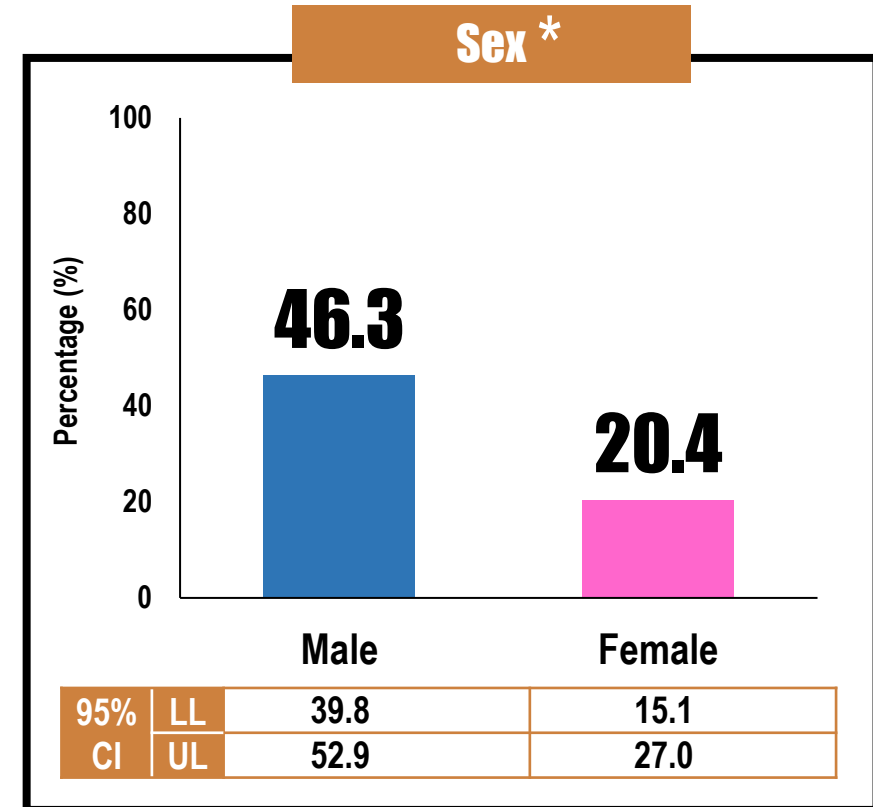
(95% CI: 10.9–19.7)



BINGE DRINKERS

42.2%

(95% CI: 35.8–48.8)



* significantly different at 5% level of significance



Physical Activity

Department of Science and Technology
FOOD AND NUTRITION RESEARCH INSTITUTE



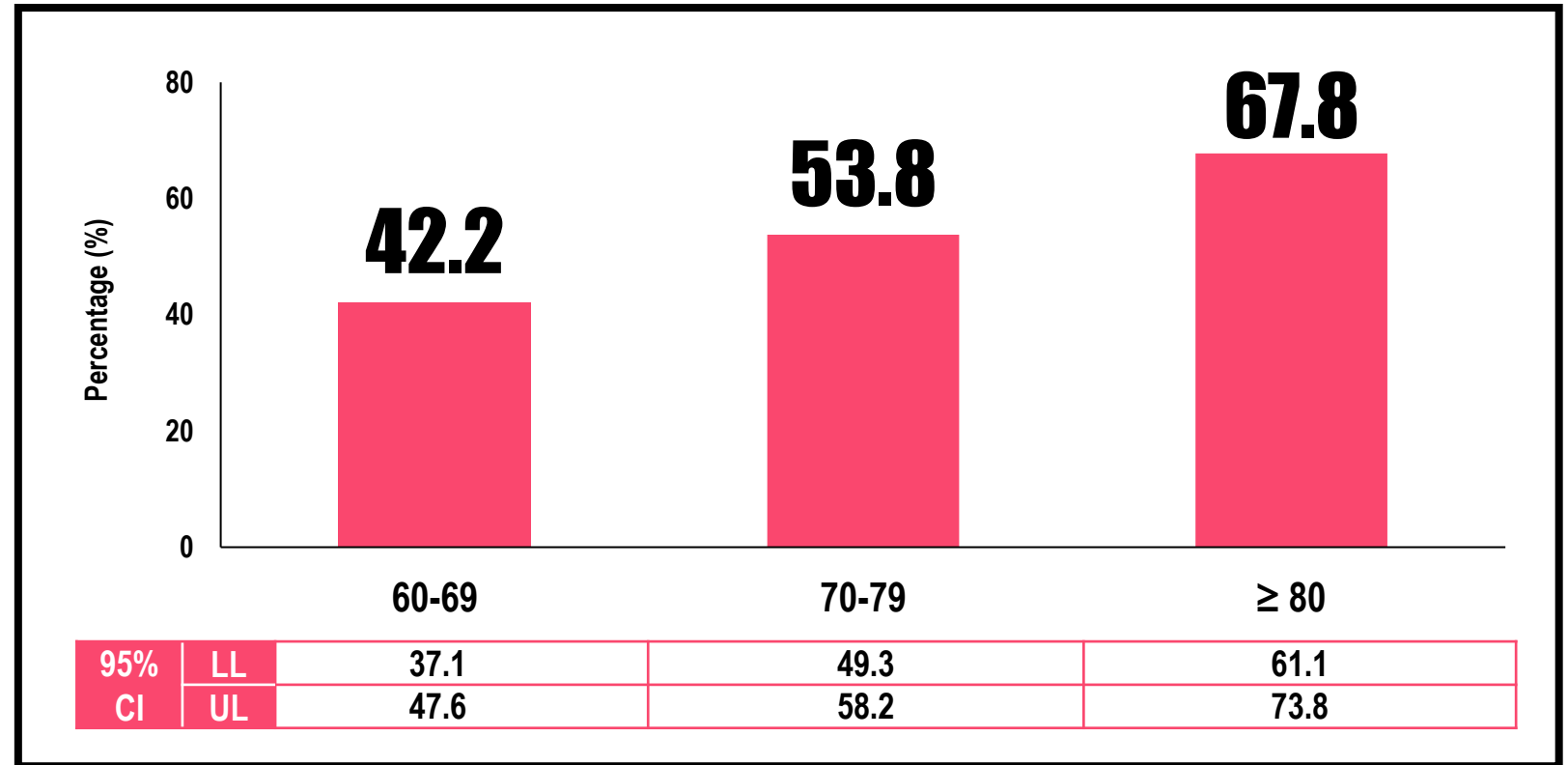
Percentage of **insufficiently physically active** elderly, 60 years old and above, by **age group**: **Philippines**, 2021



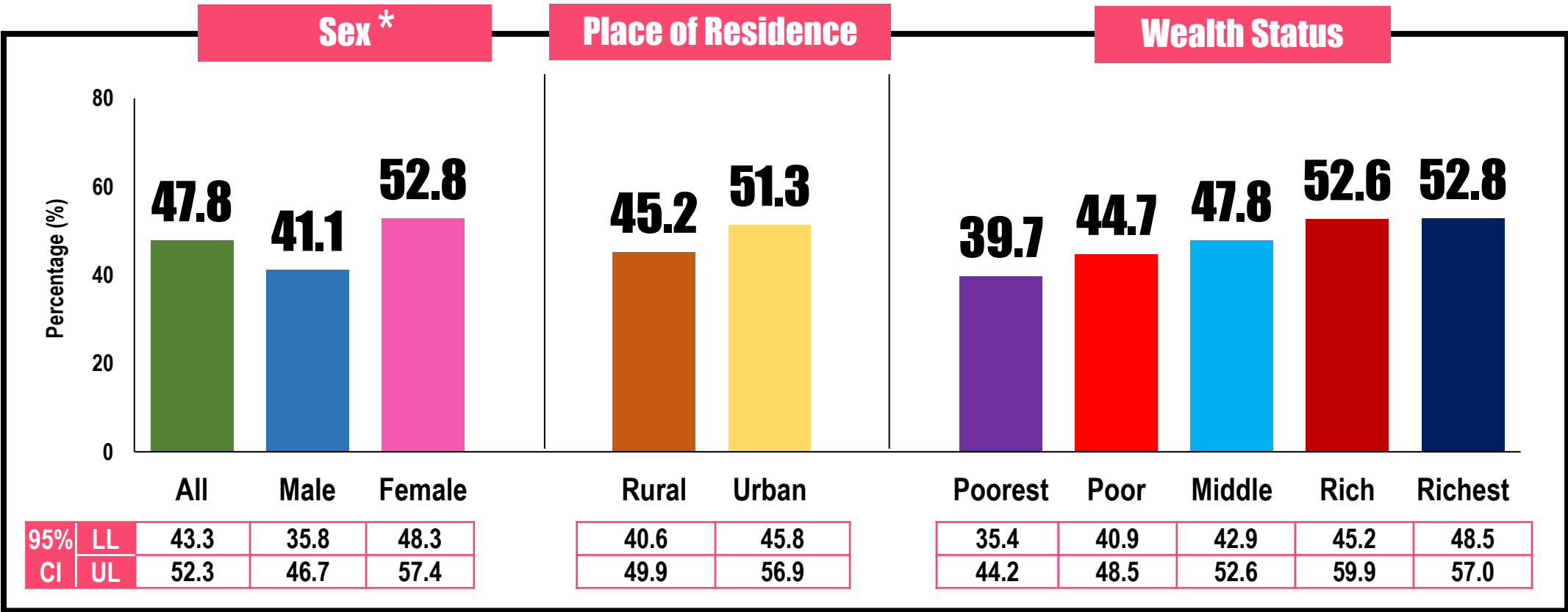
**INSUFFICIENTLY
PHYSICALLY ACTIVE**

47.8%

(95% CI: 43.3-52.3)



Percentage of **insufficiently physically active** elderly, 60 years old and above, by **sex, place of residence, and wealth quintile: Philippines, 2021**



* significantly different at 5% level of significance

SUMMARY

ANTHROPOMETRY

- Chronic energy deficiency (11.8%) is classified as a “medium” public health problem.
- Three out of 10 (31.6%) elderly are overweight or obese, and it is more common among females and those belonging in urban areas.
- High waist circumference is significantly higher among elderly females (30.2%) than males (5.4%).

Summary of NCD risk factors among ELDERLY, 60 years old and above

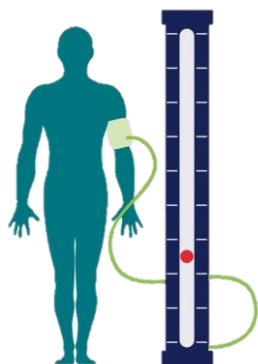
2021 ENNS

Biological Risk Factors:



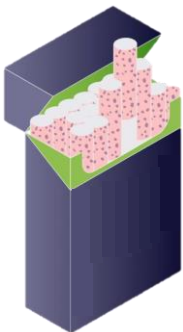
3 in 10 (31.6%)
elderly are
overweight/obese

Significantly higher among FEMALES
Evidently higher among URBAN dwellers
and those in UPPER WEALTH quintiles



33.4%
have **elevated BP**

Behavioral Risk Factors:



16.0%
are **current**
smokers

Significantly higher among MALES



14.8%
are **current alcohol**
drinkers in the
past 30 days

Significantly higher among MALES
and RURAL dwellers



42.2%
are engaged in
binge drinking among
current drinkers in the
past 30 days

Significantly higher among MALES



47.8%
are **insufficiently**
physically active

Significantly higher among FEMALES

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