



NUTRITION OF CHILDREN AND ADOLESCENTS

SITUATION OF CHILDREN IN THE PHILIPPINES REPORT



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OF
CHILDREN
IN THE PHILIPPINES

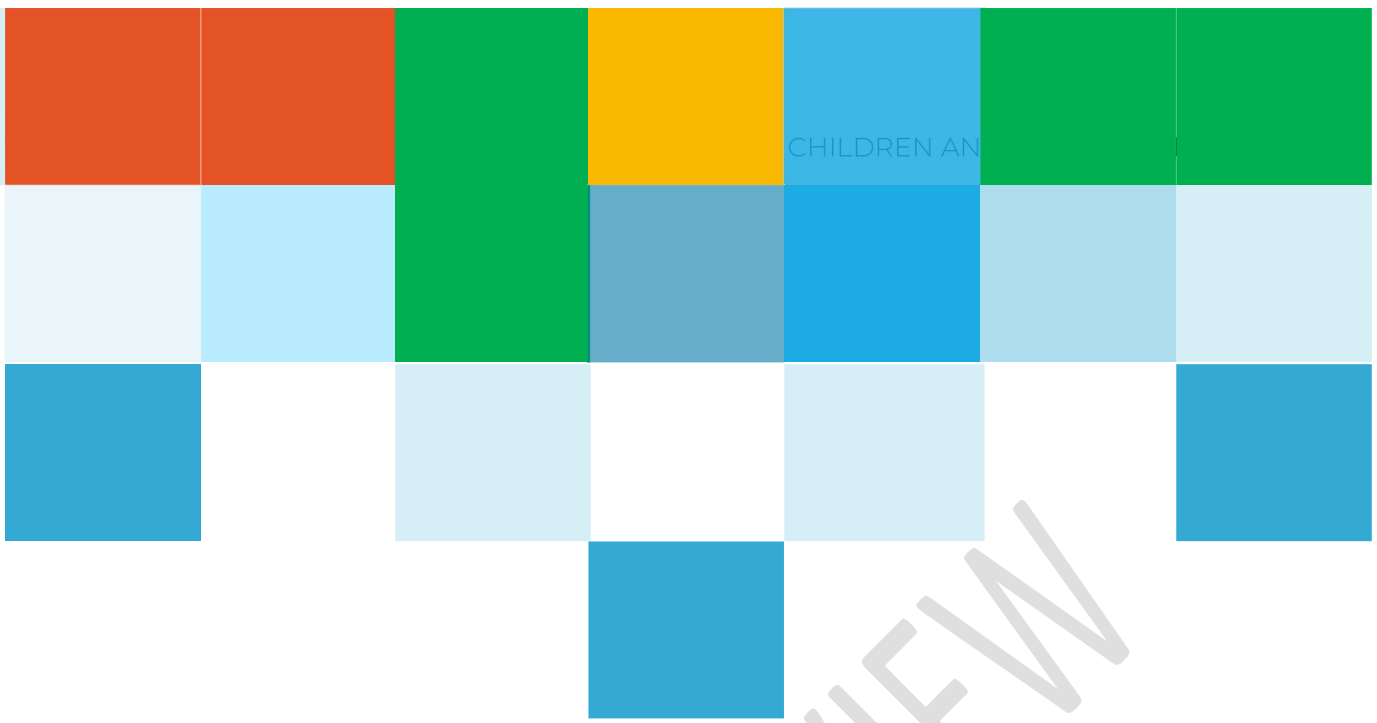


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From 2015-2021, fewer school-aged children experienced stunting and wasting. However, more of them have become overweight and obese.

Prevalence rates of stunting, wasting, and underweight among boys and girls, and among children living in both rural and urban areas and across socioeconomic status have gone down from 2018/2019 to 2021. More boys than girls, and more children in rural areas are undernourished. Cases of stunting and underweight tend to be higher among children of lower socioeconomic classes while overweight cases are higher in urban areas and higher socioeconomic classes.

Most school children in the country do not meet their recommended energy and protein intake (2021 National Nutrition Survey [NNS]).

Among school-age children, inadequate food intake and poor diet quality are the immediate causes of malnutrition. Insufficient consumption of essential micronutrients is also prevalent.

More than 90 per cent of adolescents have inadequate calcium, iron, and vitamin C. Eight out of 10 (or 82.7 per cent) adolescents were also insufficiently physically active (FNRI-ENNS 2018-2019).

During the COVID-19 pandemic, access to food worsened—only 11.9 per cent of children aged 0–12 years had access to supplementary feeding. Moreover, limited human and financial resources and lack of local legislation to regulate unhealthy food marketing in and off schools contribute to the problem.

The PPAN sets out the reduction of stunting, wasting, micronutrient deficiencies, and overweight among children and adolescents and across the life cycle as key priorities of the government.

The PPAN is also central to policies and guidelines implemented by the Department of Education (DepEd) on supplementary feeding, healthy food and beverage choices, and iron-folic acid supplementation.

The key nutrition targets for school-age children and adolescents are the reduction in the prevalence of wasted children aged 5-10 years to less than 5 per cent by 2025 (low public health significance) and a halt in the increase of overweight and obese children aged 5-10 years and adolescents from 2010 levels in 2025.

Child Rights Situation Analysis

Undernutrition in children aged 5–10 years and adolescents aged >10–19 years is indicated by the presence of stunting, wasting, overweight and underweight, as provided by the Expanded National Nutrition Survey (ENNS) of the DOST-FNRI.

Overall, stunting was still high across all socioeconomic classes, but poorer children, boys and those living in rural areas suffer more from it. In 2021, stunting was highest among

children aged 5–10 years who belong to the poorest socioeconomic class, at 33 per cent—well above the overall average of 19.7 per cent. In marked contrast, fewer children (5.4 per

cent) from the richest group suffered from stunting. The national average of stunting for adolescents aged >10–19 years, at 22.3 per cent, is considered high from a public health perspective. Those belonging to the poorest quintile (disproportionately higher at 35.2 per cent) suffered most from stunting.

Wasting is notably higher among boys and slightly higher in urban areas than in rural areas. In 2021, wasting was higher in the poorest group (6.9 per cent) than in the richest one (4.1 per cent) for children aged 5–10 years. Wasting rates for adolescents is a moderate public health concern—11.1 per cent from the poorest class experienced wasting, compared to 7.7 per cent among the richest. Wasting is worse among boys as well as among children and adolescents in urban areas for both age groups.

High cases of overweight among children 5–10 years old—at 14 per cent—and among adolescents—at almost 11 per cent—have become urgent public health concerns. More boys and those living in the urban areas are

overweight. Cases of overweight increase as wealth status increases. In the 5–10 age bracket 4.3 per cent of those in the poorest socioeconomic class were overweight compared to 34.6 per cent in the richest wealth quintile were in 2021. A similar trend is observed for those aged >10–19 years. Prevalence for both age groups is higher among boys, particularly those aged 5–10 years at 16.1 per cent, (or 4.3 percentage-points higher than for girls). There are more overweight cases among those in urban areas with a significant gap among adolescents, at 16.2 per cent, compared with 10.7 per cent in rural areas.

More children from poor and the middle socioeconomic classes, boys and those in rural areas are underweight. Underweight prevalence among children 5–10 years old was 20.8 per cent as of 2021. A substantial 31.4 per cent of children in the poorest category were found to be underweight, while only 7.9 per cent in the richest category were found to be so. There is no available data on underweight adolescents as at the time of this analysis.

Equity & Risk

EQUITY

Gender **More boys than girls in the age groups 5–10 and >10–19 are malnourished.** Acute malnutrition is notably higher among boys aged >10–19 years as overweight prevalence is among boys in both age groups.

Disability This situation analysis has not been able to determine disaggregated data by disability for this subdimension.

Subnational **Children living in rural areas are noticeably more stunted**—although this trend does not appear to map to acute malnutrition. Food security for residents, especially in more agriculturally dependent areas becomes more precarious as they are affected by poor harvests.

Climate change is also affecting the quality of food—nutrients are more diminished in some foods due to poorer or unseasonal growing conditions.

Others

Adolescents, who have higher incidences of stunting and wasting, could be more nutrition-deprived than younger children, which is likely to affect their longer-term developmental outcomes. However, the two age groups should not be considered in isolation—chronic malnutrition among children 5-10 years old can affect their developmental outcomes throughout their adolescence and later life and rates of acute malnutrition in this age group could be a risk factor for higher rates of chronic malnutrition among affected groups as they reach adolescence.

The notably higher rates of stunting—23.2 per cent among poorest 5–10-year-olds compared to 5.4 per cent prevalence among the richest of the same age group may be due to lower incomes resulting in poorer diet and more limited access to nutritious foods. This indicates that poverty is a key factor creating inequity in this subdimension. Similar trends are noted in acute malnutrition.

RISKS

Natural hazards

- **Priorities during disasters and emergencies.** In times of disasters and emergencies, longer-term nutrition and food security programmes tend to pause and stop as humanitarian priorities takeover. This is highly disruptive to longer-term nutritional outcomes, including the development and growth of children and adolescents who cannot access the nutrition services they may need. The impact of this is the potential reversal of gains made on matters like stunting and wasting. Reallocation of development and government funding to emergency response is an ongoing risk faced in planning and programming across all child rights fields, likely to be exacerbated by climate change.
- **Economic downturns and food crises.** The Philippines is seeing a rise food prices. In addition, weather-related crises, such as El Niño, are likely to impact agricultural productivity and food prices globally. These risks are highly likely to affect food security, particularly for poorer families and will have knock-on impacts for nutritional outcomes in children, adolescents, and women. Climate change, which has brought increasingly more extreme and unpredictable weather conditions including among other phenomena, more frequent flooding, is affecting not only the production but also the quality of food being made available to households. For example, nutrients are more diminished in some foods due to poorer or unseasonal growing conditions.

Conflict

Internal conflict. This causes particularly violent conflict between state forces and non-state armed actors. Essential services are interrupted, and key child rights areas including nutrition, regress. Areas with higher conflict incidence, like

Mindanao and Masbate, are particularly affected by this risk, which results in worse nutrition outcomes for children.

Health
Crisis/Pandemic

Delivery of services. Characteristic of health emergencies and pandemics, prolonged lockdowns and restrictions as well as constantly changing community quarantine guidelines can significantly affect movement of food supply and delivery of health and nutrition services. While multi-sectoral efforts will tend to focus on increasing accessibility, availability, and affordability of food, it can be easy to overlook the nutritional aspects of food. Nutrition security must be incorporated in food security programmes especially during health emergencies like the COVID-19 pandemic.

Other risks

- **Short, three-year terms of authorities in local government units.** The short, three-year election period at LGUs means advocacy and programming at the LGU and local chief executive (LCE) level generally needs to be reviewed and revised regularly, and new relationships built with stakeholders. Newly elected LCEs can have new and different priorities, some of which will not be aligned with the realization of child rights.
- **Limited time to build partnerships.** Limited time and resources of INGOs, UN agencies and sector partners to work as effective technical advisers and partners are risks, given the number of competing priorities and challenges within the Philippines. This is particularly a risk at LGU level, as international agencies tend to prioritize their resources for greater impact at national level, which risks LGUs being unable to effectively conduct their mandates on child rights.

Legislation & Policy Analysis

The nutrition of children and adolescents has been a long-standing concern of the Philippine government.

Taking a life cycle approach, the 2023-2028 PPAN articulates a clear theory of change or results framework and sets out targets to reduce wasting and overweight for school-age children and adolescents. For children 5-10, the 2028 target for wasting is 2.9 per cent; and for overweight is 5.7 per cent. For adolescents, the 2028 target for overweight is 4.6 per cent.

The PPAN promotes addressing food and diets; strengthening multi-sectoral nutrition interventions; changes in practices and behaviour; and measures to improve the enabling environment (including governance, monitoring and information, capacity-building, and nutrition in emergencies).

Barangay Nutrition Scholar Program. Since 1978, a Barangay Nutrition Scholar (BNS) has been fielded in every barangay through Presidential Decree 1569. As of July 17, 2020, there are 49,779 BNS deployed in 39,942 barangays nationwide. The BNS specifically target children between 0-5 years as well as

pregnant and lactating women. While the BNS Program has been a success, the data indicate a need for renewed focus on malnutrition in older children in the Philippines.

Policies for healthy food and beverages. The Department of Education (DepEd) Order 13 of 2017 provides policies and guidelines for healthy food and beverage choices in schools. Part of the order aims to make healthier food and beverage choices available to learners and stakeholders. This is done by providing limits on food and beverages high in fat, sugar or sodium and stipulating recommended daily intakes of carbohydrates. It proposes the use of a traffic light system style approach to food containing saturated fat, trans-fat, sugar, and sodium thus regulating the provision of unhealthy foods.

Also of relevance are DepEd Order 31 of 2021, which includes guidelines on supplementary feeding in schools; DepEd Order 59 of 2017 on weekly iron-folic acid supplementation; and DepEd Order 28 of 2018 on Oplan Kalusugan, which aims to ensure the health and well-being of learners.

Bottleneck Analysis

Demand

- **Resources to travel to health care facilities.** Poorer families, or those in more deprived areas, including GIDAs and those affected by issues like unemployment have lesser means to access health facilities or services.

Social protection helps provide safety nets for these families, but the reach of these programmes varies significantly across the Philippines. Families of persons with disabilities may need greater accessibility requirements or are more likely to have employment challenges. This affects health-seeking behaviours for the early detection and treatment of malnutrition.

- **Health care facilities for women and girls.** Prevailing gendered norms that view women and girls as the primary duty bearers of household responsibilities prevent the realization of women and girls' access to health care services. For instance, it was reported that women often cannot take the time out to travel to health care facilities due to childcare responsibilities.
- **Household income.** Insufficient income affects children's nutrition rights in the Philippines. Between 2017 and 2020, the cost of a healthy diet per person per day increased from USD3.8 to USD4.1, with nearly 68 per cent of the population being unable to afford a healthy diet as of 2020. A related consequence of financial difficulties is the lack of adequate food storage facilities (such as refrigerators and freezers) in households. As a result, fried foods are preferred as a more viable, cost-effective option because they keep for longer than fresh fruit and vegetables.
- **Knowledge and awareness of the importance of good nutrition.** Households' lack of knowledge around good health and nutritious diets affects the

realization of children’s rights. A 2019 UNICEF study highlighted a widespread perception among the population that stunting is a natural, genetic phenomenon and that being overweight is a marker of a healthy child. However, there is also currently a lack of a national strategy on how to raise households’ awareness around nutritious diets.

- **Food facts.** Communities perceive that the ability to purchase fast foods (and other unhealthy foods) is a marker of success. The issue of a lack of affordability of healthy food is compounded by a widespread perception that the ability to afford fast food is a marker of success. A 2019 UNICEF study found that families choose to consume fast foods because they want to eat the food they see on television or hear about, even though they know it is unhealthy. One participant in the study described fast foods as “the food of the rich people.”

Supply

- **Access to health care facilities.** The number and distribution of accessible health care facilities varies greatly by province and municipality. A 2019 UNICEF study highlighted that all study participants from San Jorge, a first-class municipality in Region VIII, had a travel time of less than 15 minutes to a health facility, while of those from Dipolog, a third-class municipality in Region IX, less than half of the participants were this near. This is particularly important given that poorer families often lack the necessary finances to travel to health care facilities. This affects seeking treatment for acute malnutrition in early childhood.
- **Supply chains for health and nutrition.** These include bottlenecks in the financing, procurement, delivery, and storage of medical supplies. The lack of reporting on supply usage was also reported to be a major issue, which leads to issues of tracking procured commodities for health and nutrition.
- **Technical capacity.** The capacity, especially among rural populations, to conduct social development programmes such as health promotion activities, including around topics of nutrition in early childhood is lacking. These programmes and activities rely heavily on local participation. Local populations are often engaged in the implementation of programmes without being given the necessary skills and knowledge needed to effectively carry out their responsibilities, which can lead to inefficiency.
- **Assistive technology.** There is a lack of trained, specialist staff and technologies to ensure those with disabilities are effectively included within health care services and facilities. Additionally, public hospitals have stringent processes which means it is hard for PhilHealth to accredit them under the Z-Benefit scheme for those with disabilities. To resolve this, some actors are seeking to work more closely with private hospitals to supply these skills and staff, as it is easier to accredit these hospitals and their staff tend to have more capacity.

Enabling environment

- **Coordination between national and local levels of government.** The effective implementation of laws, policies and programmes needs strong coordination. In the Philippines, the provision of health and nutrition services is devolved, and thus requires robust coordination and coherence between various levels of government.

While the policies and laws are made at the national level, LGUs are the main implementers. Although a range of policies and laws exist, major gaps in implementation occur due to lack of capacity, financing, human resources, and motivation at LGUs.

National agencies lack the budget and therefore rely on LGUs for technical assistance. The overarching bottleneck though is the weakness in or lack of coordination between national and local governments.

For example, issues of nutrition also rely on coordination among national agencies including DepEd, DoH, DSWD, NEDA and the NNC, among others. There is an existing national level coordination mechanism, but it needs clarity on roles, the needed nutrition-sensitive interventions, and their monitoring. While DepEd is mandated to ensure nutrition in schools, learners at the ECE level are often overlooked as they are outside of the purview of the basic education system. This bottleneck is thought to extend to civil society organizations as well, which reportedly often have overlapping or unclear mandates at local levels.

- **Local government units' capacities.** LGUs implement national laws and policies on health and nutrition. However, some LGUs lack human resource and technical capacities and the necessary budgets for adequate implementation. A commonly cited bottleneck in health and nutrition services delivery was that decision-making on focus areas within LGUs relied heavily on the LCEs who often make decisions on these matters based on political factors rather than population needs. As LGU elections are held every three years, health staff and leadership regularly change which is a challenge for sustained capacity development and partnerships with stakeholders.
- **Progress indicators and robust data.** Without the right data, it is difficult to determine where challenges lie and how they should be addressed. For instance, it was stated that wasting was previously excluded from the DoH indicator list, until advocacy efforts from a range of organizations led to eventual inclusion.
- Furthermore, there is a lack of child protection-related nutrition data (pertaining, for example, to violence and low birth weight). It is also essential that data be disaggregated to inform more targeted policymaking.
- **Regulations on food and beverage advertising.** The prevalence of unhealthy eating habits is a major problem in the Philippines. A significant bottleneck is the lack of regulation on the advertising of unhealthy foods. A 2021 study of

digital food marketing in the Philippines found that almost all the social media posts for marketing from the country's top twenty most popular food and beverage brands were deemed unsafe for children due to having too much sugar, salt, or high levels of trans fats. It is further felt that key actors like schools have not taken on enough responsibility to tackle this issue.

A lack of regulation on advertising has also given way to widespread 'health-washing,' wherein packaging and advertising for unhealthy foods give a false impression of healthy benefits. It is noted that industry reportedly has some influence in policymaking, which may be contributing to this bottleneck.

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