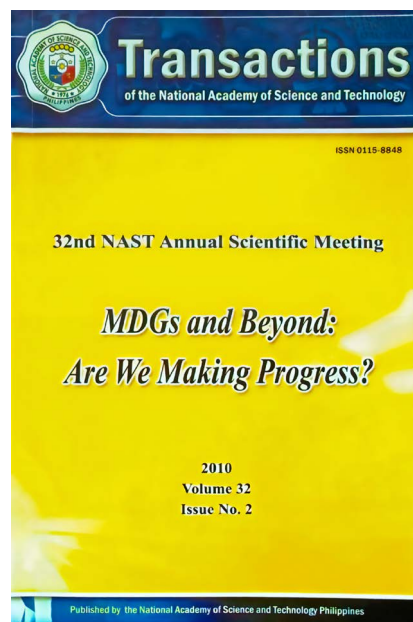


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Population Growth and Its Implications on the Realization of the MDGs

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Citation

Ogena NB. 2010. Population growth and its implications on the realization of the MDGs. Transactions NAST PHL 32(2): 181-195. doi.org/10.57043/transnastphl.2010.3923

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POPULATION GROWTH AND ITS IMPLICATIONS ON THE
REALIZATION OF THE MDGS

Nimfa B. Ogena, Ph.D.

Abstract

This paper argues that the Philippine population is expected to continue to increase due to positive natural increase, the high labor mobility but low net migration rates and population momentum. The implications of this scenario are examined in relation to the prospective achievement of the Millennium Development Goals (MDGs).

The Philippine Population Situation: A Cause for Concern?

Like most developing countries in Asia, the Philippines experienced rapid population growth after the Second World War. From the 1970s onwards, its population growth rate (PGR) leisurely declined but such PGR decline was not comparable to the unprecedented rapid decline in many of its Asian neighbors such as Taiwan, South Korea, Hongkong, Singapore, Thailand, Indonesia, among others. With the PGR of 2.04 percent per annum between 2000 and 2007 (NSO, 2008), the Philippines remains one of the fastest growing populations among ASEAN countries (UN Population Division, 2010).

The country's population is expected to continue to grow through the middle of the 21st century (see Figure 1). From some 89 million in 2007, the official population projections for the Philippines reveal that by 2040 the size of the population could range from 133 million to 147 million depending on when replacement level fertility is reached, i.e., a net reproduction rate (NRR) of 1, assuming the population is closed to migration and that the quinquennial gains in life expectancy based on the UN Working Model apply (NSCB, 2006). The three fertility scenarios are: (1) Low series--rapid pace of fertility decline (NRR=1.0 by year 2030); (2) Medium Series--moderate pace of fertility decline (NRR=1 by 2040); and (3) High Series--slow pace of fertility decline (NRR=1 by 2050).

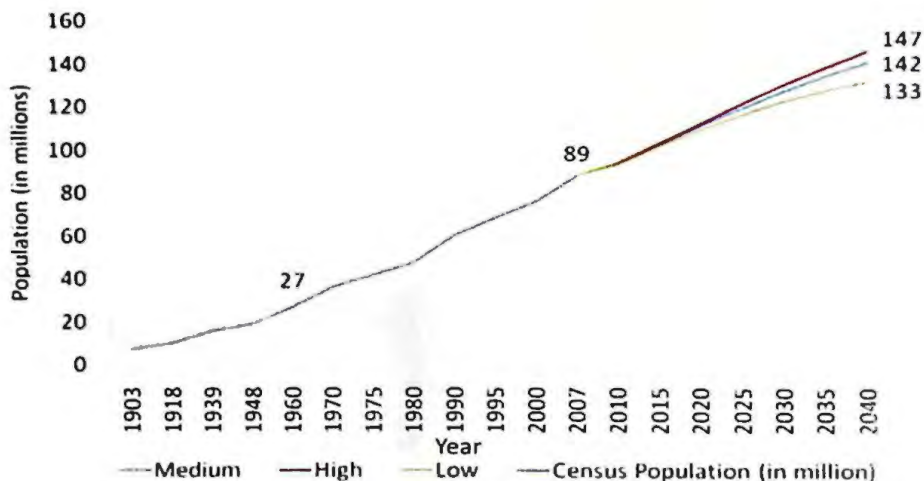


Figure 1. Population of the Philippines, 1903-2040

Source: Census of Population and Housing (CPH) for various years and NSO/NSCB Official Population Projections

Why is the Philippine population still increasing? Three possible explanations among others are: (1) the still positive natural increase; (2) the low net international migration rates; and (3) population momentum, among others. When crude birth rates are higher than crude death rates, natural increase would be positive and population is expected to increase as more people are born than those who die.

Table 1. Crude birth rates and Crude death rates: Philippines, 1950-2015

Year	CBR / 000	CDR / 000
1950-1955	48.2	18.3
1955-1960	45.8	15.3
1960-1965	43.5	12.7
1965-1970	41.5	11.5
1970-1975	39.3	10.4
1975-1980	37.8	9.2
1980-1985	35.7	8.2
1985-1990	34.0	7.2
1990-1995	31.7	6.3
1995-2000	28.9	5.5
2000-2005	26.4	5.0
2005-2010	25.0	4.8
2010-2015	23.1	4.7

Source: United Nations Population Division, Department of Economic and Social Affairs, *World Population Prospects: The 2008 Revision*, <http://esa.un.org/unpp>, Monday, July 12, 2010.

The diminishing but still positive natural increase in the Philippines (see Table 2) is consistent with the deceleration of the total fertility rate (TFR) from one birth per decade (1970-1991) to about half a birth per decade (1991-2006).

Table 2. Total Fertility Rate: Philippines, 1970-2006

Year	1970	1975	1980	1984	1991	1996	2001	2006
TFR	6.0	5.2	5.1	4.4	4.1	3.7	3.5	3.3

Source: 2008 National Demographic and Health Survey. 2009. NSO and ICF Macro.

In addition, substantive fertility declines have been recorded in all age-groups except among teenagers. Women in ages 25-39 recorded the largest declines in age-specific fertility rates (see Figure 2). Nevertheless, actual fertility is still about one child more than wanted fertility. Actual fertility declined from 3.5 to 3.3 children per woman, on average, based on the two recent NDHS rounds while wanted fertility barely changed from 2.5 to 2.4 children (2003 and 2008 NDHS, respectively).

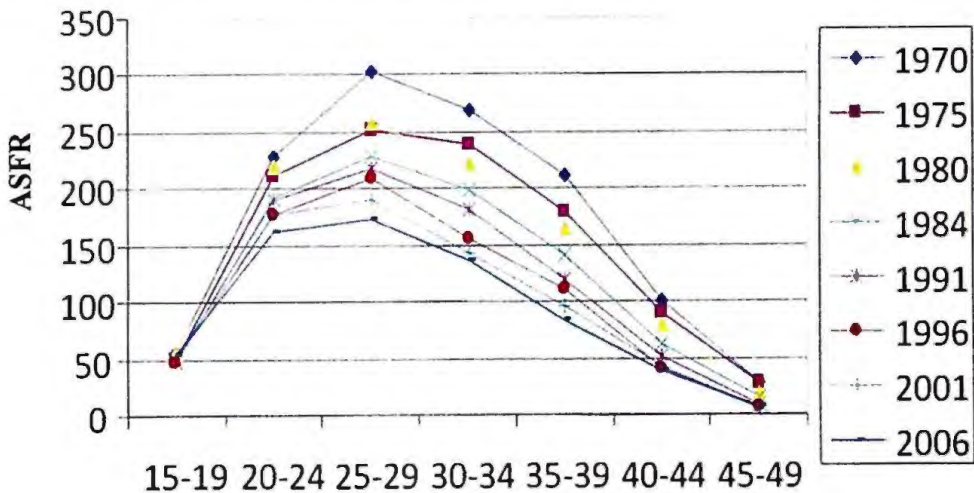


Figure 2. Age-specific Fertility Rates (ASFRs): Philippines, 1970-2006

Source: 2008 National Demographic and Health Survey. 2009 NSO and ICF Macro

Women could attain wanted fertility through use of various contraceptive methods. The 2008 NDHS data revealed that about 51 percent of currently married women of reproductive age used contraceptive methods to space or limit childbearing. About two of every three current users of family planning (FP) availed themselves of modern methods. The most commonly used modern methods were the pill (16%) and female sterilization (9%). Still a large proportion of current FP users opted to use traditional methods (17%), which include periodic abstinence (rhythm) and withdrawal which have lower rates of use-effectiveness than modern methods.

With the withdrawal of USAID-provided FP commodities and the increase in the demand for family planning, the unmet need for FP increased by more than a third, i.e., from 17 percent to 22 percent based on data from the 2003 NDHS and 2008 NDHS rounds, respectively. Women desiring to limit their fertility accounted for most of the increase in unmet need for FP.

Table 3. Unmet need Family Planning: 2003 NDHS and 2008 NDHS.

YEAR	NDHS 2003	NDHS 2008
Unmet Need	17%	22%
Spacing	8%	9%
Limiting	9%	13%

On the other hand, infant and under-five mortality rates have been declining resulting in increases in life expectancy at birth. Infant mortality rates decreased from 29 to 25 deaths per 1000 live births, based on the 2003 and 2008 NDHS, respectively. Similarly, under-five mortality went down from 40 to 34 deaths per 1000 live births during the 5 years preceding the respective surveys. These declines in mortality levels translate to improvements in life expectancy at birth. Using 2000 data on registered deaths by gender and age groups published annually by the NSO and the data from the 2000 Census of Population and Housing (CPH), Cabigon (2009) estimated life expectancies by gender: 70.33 years for females and 65.05 years for males. Females are expected to live about 5 years longer, on average, than males. Even so, many women continue to die while giving birth. The most recent estimate of maternal mortality ratio from the 2006 Family Planning Survey (FPS) was 162 maternal deaths per 100,000 live births.

Another possible, but to a lesser degree, factor explaining the expected continuing growth of the Philippine population is the low net migration rates. The Philippines has recently deployed an increasing number of workers to foreign destinations at about one million per year (see Figure 3). Census counts of population, however, still account for overseas Filipino workers (OFWs) if they are expected to return within five years. The historically low negative net international migration rates (see Figure 4), however, has little effect on the overall population level. Hence, fertility and mortality changes remain strong in influencing the size of the Philippine population.

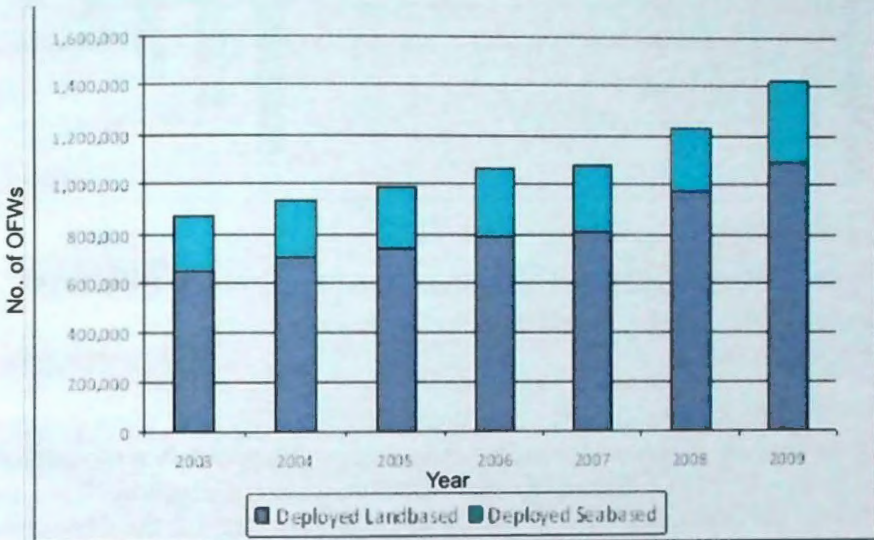


Figure 3. Number of Deployed OFWs by Deployment Type, 2003-2009

Source: POEA. 2009 Overseas Employment Statistics.

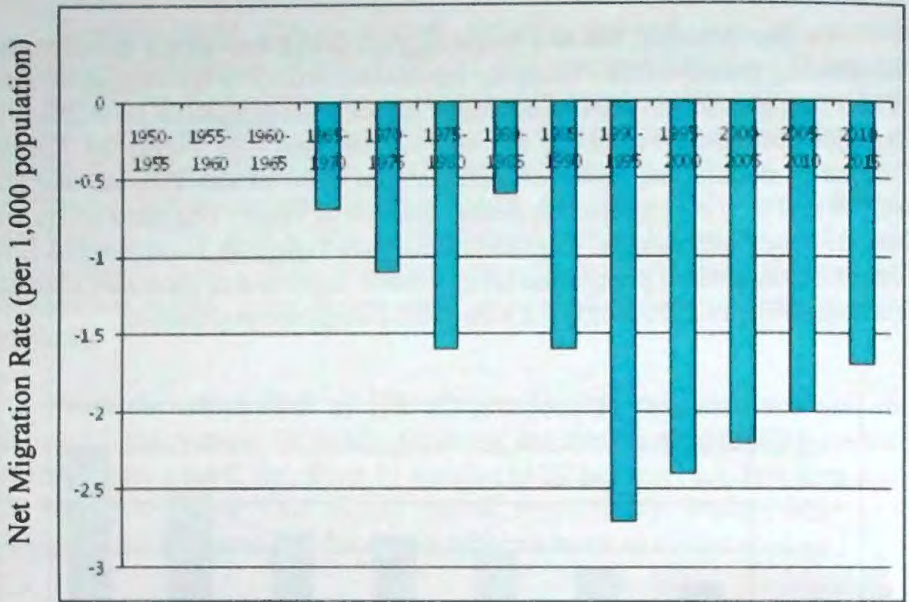


Figure 4. **Net International Migration Rate: Philippines, 1950-2015**

Source: UN. 2009. *World Population Prospects. The 2008 Revision. Population Database*

The third explanation for the expected increasing size of the population of the country is population momentum. The strong population momentum emanates from population age-sex structure changes resulting from the earlier sustained high PGR. While the age-structure of the Philippine population remains quite young with a median age of 21 years based on the 2000 CPH, the youth (age 0-14) comprised 37 percent of the population in 2000. On the other hand, senior citizens (age 60 years and over) accounted for 6 percent while nearly six out of ten persons (57%) were in the productive ages (15-59 years) in 2000.

“With many people already born, the momentum builds into the population because of the relatively high concentration of people in childbearing years. Hence, there is a tendency of the population to continue to grow even after the number of births simply replaces the current population. At the current length of a generation of 29 years in the Philippines, it may therefore take more than two generations for the country to attain a stable population condition since the initial NRR attainment could lead to a further decline in fertility until it bounces back and finally settles at replacement level on a longer term.” (Ogena,

The following paragraphs will highlight the implications of population growth for each of the MDGs.

Implications of Population Growth on MDG 1: Eradicate Extreme Poverty and Hunger

As population size increases, a *status quo* and/or a reduction in the proportion of the poor population may not necessarily translate to a lower number of poor people. While the general tendency is for the synchronous change in the two indicators, the 2003 and 2006 official poverty statistics for women in Region V indicated a 0.5 percent decline in poverty incidence but the magnitude of the poor women in the region increased by 48,631 (NSCB, 2009). Another example from the same NSCB data showed the constant poverty incidence among migrant and formal sector workers in Region IV-B during the same three-year period, but the magnitude of the poor increased by 17,348.

Poverty in the Philippines has also been associated with lower food intake and/or lack of nutrients in food intake not only for children but also for mothers. Using data from the National Nutrition Survey (NNS) over a 25-year period from 1978 to 2003, Barba (2007) showed that food consumption has changed in Philippine households. She also indicated that while there is increasing intake of pork and processed meats (e.g., hotdogs, meatloaf, and sausages), the intake of fruits, both vitamin C-rich and other fruits, hit a low of 54 grams in 2003 from 104 grams in 1978. Hence, the average contribution of fat to the total dietary energy intake increased from 15 to 18 percent.

On the nutritional status of population sub-groups, there was a 7.6 percentage point reduction in the proportion of underweight 0–5 year-old children, specifically underweight and stunting, i.e., from 34.5 percent to 26.9 percent from 1989/90 to 2003, respectively (Barba, 2007). On the other hand, overweight-for-age, although affecting a smaller proportion among the children, has been increasing significantly. The average annual percentage point reduction of 0.58 percent in the proportion of underweight for-age of children under five years old will not be sufficient to meet the MDG target of 17.25 percent by 2015, particularly at the current rate of children born per year.

While there is the need to double the efforts in reducing under nutrition among children, malnutrition among Filipino adults is increasing. Undernutrition (i.e., body mass index or BMI less than 18.5), affected 12.3 percent of adults in 2003, which is nearly thrice the WHO cut-off of 3-5

percent BMI below 18.5 for a healthy adult population (WHO, 1995). The 2003 NNS also revealed that about one in four adults are overweight or obese, with more females affected (27.2%) than males (20.9%).

As reported in countries like China, Brazil, Russia and the United States (Doak et al., 2000, 2002 and 2005), the double burden of underweight children and overweight adults in the same household also is observed in the Philippines. The 2003 NNS data also indicated that in one out of five households with an underweight child, there is a co-residing overweight adult. Therefore, the need for advocacy through various media is crucial for the provision of adequate nutrition education for mothers/caregivers of underweight and overweight individuals.

The Medium-Term Philippine Plan of Action for Nutrition (MTPPAN), which is formulated every five to six years by the National Nutrition Council (NNC), has identified the following programs: (1) home, school and community food production; (2) nutrition education; (3) food fortification; (4) micronutrient supplementation; and (5) food assistance to address these health and nutritional needs of the Philippine population. The success of these programs would have a direct impact on the quality of future human resources in the country.

As shown earlier, the working-age population (ages 15-59 years) is the fastest growing segment of the Philippine population. The majority are also in their reproductive years. This implies increasing demand for employment over the next decades. Hence, a strong collaboration between public and private sectors to generate enough employment for those who are able and willing to work is crucial for the country to reap the benefits of a “demographic bonus”. Building public-private partnerships in the provision of lifelong human resource capability would ensure adaptation of the labor force to changing technologies in work places and to continue to make Filipinos highly competitive in the international labor market. Population projections and relevant statistics and indicators should be useful for such joint public-private employment generation initiatives in the short- and long-term for Filipinos in productive ages who are willing and able to work.

Implications of Population Growth on MDG 2: Achieve Universal Primary Education

As the country's master plan for basic education, the **Philippine Education for All (EFA) 2015 National Action Plan** focuses on early childhood care and education (ECCE); universal primary/basic education; life skills and lifelong learning; adult literacy; gender equality; and quality.

The Basic Education Sector Reform Agenda or BESRA was drafted in 2006 to “create a basic education sector that is capable of attaining the country's Education for All Objectives by the year 2015.” These initiatives are aligned with Goal 2 of the MDG which aims to Achieve Universal Primary Education through Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling, and Goal 3: Promote Gender Equality and Empower Women through Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015. Table 4 shows that with only five years remaining to the MDG reckoning of achievements, it appears that the Philippines will have a difficult time attaining the MDG goals in view of the uneven trend in net enrolment rates and the slowly increasing trends in cohort survival and completion rates for both elementary (except for 2008-2009) and secondary levels.

Table 4. MDG 2 Indicators, Education: Philippines, 2004-2009

Education Indicators	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
P E R C E N T					
ELEMENTARY					
Net Enrolment Rate	87	84	83	85	85
Cohort Survival Rate	81	70	73	75	75
Completion Rate	69	68	72	73	43
SECONDARY					
Net Enrolment Rate	60	59	59	60	61
Cohort Survival Rate	78	57	77	80	80
Completion Rate	72	62	72	75	75

Source: Department of Education. 2010. Fact Sheet, Basic Education Statistics

While the Philippines is committed to achieving the objectives of the World Declaration on Education for All (EFA) and the second goal of the Millennium Development Goals (MDG) by 2015, its increasing population has not moved in consonance with such political commitments. At the current still high level of fertility in the Philippines, an increasing number of children will be entering school to avail themselves of their right to education. While the government could easily estimate the expected increasing number of children who were born about 6 years ago, the public expenditure on education as percent of GDP has been declining from 3.8

percent in 1997 (NSCB n.d. cited from UN, Statistical Yearbook, Forty-fifth issue) to 3.5 percent in 2000 and further down to 2.5 percent in 2005 (UNESCO Institute for Statistics, 2010). In relation to this, per capita health expenditure (at constant 1985 prices) has barely changed from Php556 in 2005 to Php581 in 2007 (NSCB, 2010). If quality education for healthy children is to be achieved, reversal of these trends and application of the internationally recommended proportion of the GDP in estimating the per capita expenditure for education and health are imperative.

Implications of Population Growth on MDG 3 : Promote Gender Equality and Empower Women

Gender equality in its truest sense may be difficult to attain. However, elimination of gender disparities in some aspects of daily living may be more easily attainable. Based on education statistics, women have fared better than men but in other sectors like health and work there may be a need for improvement of conditions to ensure a more equitable condition for both sexes.

A simple way to measure gender disparity is with the use of the sex ratio (males/100 females). A sex ratio higher than 100 indicates that there are more males than females while a measure below 100 means that there are more females than males. For example, regular monitoring of the sex ratio for primary, secondary and tertiary enrollment and completion could help detect gender imbalances in education. Sex ratios higher than 105 or lower than 95 males per 100 females may be used as alarm signals for schools to attend to tendencies for a specific gender to dominate the other. Gender-specific measures of education as well as labor and employment indicators could also help detect possible gender inequities.

Critical life stage transitions where women empowerment is vital are during menarche, onset of sexual relations, pregnancy and menopause, among others. Age-relevant and accurate sexuality and reproductive health information, not only in schools but also in alternative learning modes, must be provided in aid of making responsible sexuality- and reproductive health-related decisions.

Implications of Population Growth on MDG 4 : Reduce Child Mortality

As population increases further, the declining trend of infant and child mortality may stall especially if health care services are not available for the

poor who have higher fertility. Hence, mechanisms must be creatively devised to make health care available to all Filipinos, regardless of age, gender, marital status, religion, among others.

The 1987 Philippine Constitution guarantees couples the right to decide how many children to have in accord with their religious beliefs and the demands of responsible parenthood for sustainable development. However, couples must be provided appropriate information and services to assist them in attaining their desired fertility, particularly women with unmet need for family planning. To aid in the implementation of measures to ensure that adequate and accurate information are provided and relevant services are given for making such critical decisions, several versions of the RH bill have been proposed in Congress and in the Senate to serve as legal basis for facilitating the implementation of such programs.

Provision of a favorable policy environment for couples with reproductive and family planning service demands ensures the availability, accessibility and adequacy of FP supplies and commodities, particularly for couples who have an unmet need for family planning services, to help them attain their desired fertility so every child born will be wanted and cared for. In particular, expansion of PhilHealth must accelerate to widen the number of its beneficiaries and deepen its list of supported services.

Implications of Population Growth on MDG 5: Improve Maternal Health

The MDG 5 targets the maternal mortality ratio (MMR) in the country to be reduced from 209 per 100,000 live births in 1990 to 52 per 100,000 live births in 2015. The 2006 Family Planning Survey estimates the MMR at 162 per 100,000 live births but with a large sampling error implying the possibility of no significant change in MMR over the past decade. More accurate recording of maternal deaths, estimation of rates and reporting of relevant indicators on maternal health are needed to better understand the general health conditions of mothers in the Philippines.

Maternal health improvements may be brought about by increasing access of mothers to prenatal, delivery and postnatal care by health professionals. The proportion of births occurring in a health facility increased from 38 percent in 2003 to 44 percent in 2008 while the percentage of births delivered at home declined from 61 percent in 2003 to 56 percent in 2008 (NSO and ORC Macro, 2004). The same data revealed that women are more likely to deliver in a health facility if they are having their first child (60%), if they have had at least four Ante-natal care (ANC) visits (54%), if

they have attended college (73%), if they belong to the highest wealth quintile (84%) and if they live in urban areas (59%).

With the expected increase in the reproductive age population in the coming years, the DOH shift from the **risk approach**, which identifies high-risk pregnancies for referral during the prenatal period, to the Emergency Obstetric and Newborn Care (EmONC) approach, which considers all pregnant women to be at risk of complications at childbirth, would involve increasing the number of health human resources to ensure that all births are delivered safely in health facilities. Zablan (2010) argued that ensuring full efficiency and effectivity of Basic Emergency Obstetric Care (BEmOCs) and Comprehensive Emergency Obstetric Care (CEmOCs) to lower the MMR, requires sufficient health human resources to fulfill the growing health needs of Filipino mothers through higher government investments on the health human resource, e.g., appropriate training/education and internationally comparable salaries that would prevent the out-migration of medical personnel.

Implications Population Growth on MDG 6: Combat HIV/AIDS, Malaria and Other Diseases

Under *Formula One for Health (F1)* of the DOH, public health threats are addressed through intensified disease prevention and control strategies for TB, HIV/AIDS and other communicable diseases as well as campaigns to eliminate diseases such as malaria, filaria, schistosomiasis, rabies, leprosy and vaccine-preventable diseases as well as health promotion and disease surveillance.

As the Philippine population changes in size, composition and distribution, the population at risk becomes more complex. Hence, intensified localized health promotion on how to prevent the spread of specific diseases could ensure program ownership by identified vulnerable and at-risk groups. For example, involving men having sex with men (MSMs) and injecting drug users (IDUs) in program planning to implementation could facilitate initiatives to combat the spread of HIV infection. Sustainable funds are needed to support monitoring of data systems and health/medical care provision for the prevention and control of these diseases.

Implications of Population Growth on MDG 7: Promote Gender Quality Ensure Environmental Sustainability

The environment is often vulnerable to exploitative behavior of people. Some noteworthy exploitative effects of human beings on the coastal and marine areas are the heavily exploited near shore waters, declining fish catch, threatened aquatic species with extinction, declining fish biodiversity, diminishing sea grass cover, native species in aquaculture being replaced by new species, among others. The population pressure on the coastal zone is further manifested in increasing solid waste generation, water pollution, and demand for fish and fishery products, which in turn results in the declining condition of coral reefs and coastal erosion. Hence, the need for conservation and/or more efficient use of water, energy, forests to sustain their quality and supply.

With humans as the “ultimate resource” having an innate capacity to invent and adapt, for Simon (1981) the pay offs are the preservation and protection of threatened species, the availability and access to safe water through small-scale, low-cost water supply technologies and improved sanitation facilities, development of alternative energy sources and efficient systems/products; increased agricultural and aquatic resources productivity to ensure enough supply of food for the increasing number of people; increase in government investments in irrigation, farm-to-market roads, entrepreneurial development, and research and extension, among others

Implications of Population Growth on MDG 8: Develop A Global Partnership For Development

Given the low domestic opportunities for employment, Filipinos have expanded their job search beyond national borders. New technologies have bridged the distance between overseas Filipinos and their families left behind in the Philippines. Despite the relatively high level of poverty in the country, penetration rates of internet and mobile phones are quite high. The Philippine mobile penetration rate or users' density increased from 75 percent in 2008 to 80 percent in 2009 (Vea, 2010). As the population increases and users' density increases, the challenge is how to direct the use of these new technologies beyond social and cultural utility. Financial connections have started to permeate traditional Filipino ways of business transactions. With the expected expansion of the share of the working age population, overseas Filipinos are likely to increase and continue to pump dollars into the economy through their remittances. By increasing government ICT investments, financial inflows could help increase productivity and personal welfare through connectivity with the rest of the world.

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