Socioeconomic disparities in adverse birth outcomes in the Philippines

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Kaforau et al. reported the burden of adverse birth outcomes and their risk factors in the Pacific Islands region. Preterm birth prevalence was 13.0%, while low birth weight was 12.0%. Malaria, substance use, obesity, and poor antenatal care were the most significant risk factors associated with adverse birth outcomes.[1] The Philippines, a lower-middle-income country in the Asia Pacific, continues to experience challenges in addressing adverse birth outcomes. We share the status and the socioeconomic disparities in adverse birth outcomes in the Philippines.

The latest health survey in 2017 showed a 3.0% preterm birth rate in the Philippines.[2] Low birth weight (LBW) incidence was 11.9% in 2020.[3] Moreover, in a newborn screening cohort from 2015 to 2016, 13.6% were small-for-gestational age.[4] Increased antenatal care utilization, essential newborn care, and kangaroo mother care have decreased adverse birth outcomes and neonatal mortality.[5,6] However, health inequalities prevail in the Philippines.

Despite no difference in LBW incidence between urban and rural areas, regional disparities exist. The national capital region, Metro Manila, had the lowest LBW rate (9.0%), while two regions in the southern Philippines had the highest LBW rates (Davao at 20.0%, and Zamboanga at 21.0%).[2] Smokers were more likely to have LBW newborns (21.0%) than non-smokers (14.0%), agreeing with Kaforau and colleagues findings. A cohort study examining maternal second-hand smoke (SHS) exposure showed significantly lower birth weight in the SHS-exposed group.[7] Pregnant women exposed to SHS had higher parity, lower educational attainment, and lower monthly household income.

Socioeconomic status and its proxy variables (e.g., educational attainment, household income, and occupation) were shown to affect birth outcomes in the Philippines. LBW incidence decreased with higher maternal educational attainment, with 17.7% of mothers who reached primary school level and 12.5% of mothers who reached college level having LBW newborns. Household wealth was a significant determinant of LBW: mothers in the lowest wealth quintile had higher LBW incidence (16.0%) than mothers in the highest quintile (12.5%).[2]

With increasing socioeconomic inequality exacerbated by the ongoing pandemic, underlying social determinants must be recognized and addressed. We call for more research to investigate the country's social determinants of adverse birth outcomes, which can be used as the basis for evidence-based policies and health services to improve maternal and neonatal outcomes. We also emphasize the need for good governance, gender equality, and equitable access to women's and reproductive health services (antenatal care, basic emergency obstetric and neonatal care, and family planning) to reduce widening disparities in adverse birth outcomes.

Declaration of interests

We declare no competing interests.

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