On the Road to Longevity

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*Philippine Studies* vol. 31, no. 4 (1983) 497–500

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Official statistics tell us that in census year 1970, the Philippine mortality rate stood at 6.4 deaths per thousand population. This figure puts the Philippine mortality rate on par with those found in such advanced countries as Japan and the United States, and suggests that, by comparison, all is relatively well with the country’s mortality condition. But these official statistics hide several deficiencies. They are drawn, for example, from death registration records which vary tremendously in quality and completeness from one province to another. They also under-represent the numbers of female and infant deaths, both of which, for various cultural reasons, are not always reported to government agencies. Moreover, the official figures hardly account for errors resulting from the late registration of deaths, the false reporting of death dates, and those associated with the reporting of deaths at the place of death rather than at the place of birth.

As a result, the mortality rates, as officially defined, are inconsistent with existing knowledge of local socioeconomic conditions in regions and provinces. They also fail to give reliable information concerning mortality rates in local areas and assume instead that what holds for the entire country holds, too, for regions and provinces. Such an assumption is not only simplistic, it is also erroneous since the official figures for the entire country are, to begin with, defective. What we need, therefore, are estimates which improve upon official figures using the latest demographic techniques. And this is exactly what the authors of this “fact book” have done. The result: a more reliable set of figures with which to make more precise estimates of Philippine mortality (at least as of 1970), and to draw the implications of these figures for Philippine society as a whole.

The authors, sociologists and demographers at the Office of Population Studies, San Carlos University, adjust the official figures using methods developed by the demographer, William Brass. This method, described in Appendix
B of the book, seeks to apply a "correction factor" to the prevailing statistics so that the extent of underenumeration or overenumeration of deaths is reduced or cancelled out completely. The effect is to provide more reasonable portraits of the mortality of persons, males and females, aged five years old and above. And for the deaths of persons under five years old the authors employ another method of estimation, also described in Appendix B. This method, again developed by William Brass and improved upon by other demographers, allows the authors to estimate infant mortality by converting the information on the proportion of children who have died into estimates of child mortality. The authors carefully follow these estimation procedures, test their results relative to Philippine socioeconomic conditions, and cross-check their figures with other independent estimates of Philippine mortality. These results are then presented in the form of "life tables," which give us more reliable estimates of such mortality conditions as the crude death rate, age-specific death rates, infant mortality rate, and the life expectancy of persons at various ages.

Appendix A features a total of 182 life tables, and these constitute the bulk of the book. There is a life table for the entire Philippines for census years 1960, 1970, and 1975. Within each year is a separate life table for males and females at various five-year age groups. There is also, for census year 1970, a life table for each Philippine region and province, and again, within each table are separate estimates for males and females at five-year age intervals. These tables tell us many things we want to know about the Philippine mortality situation as of 1970, and in the first eighty pages of the book, the authors describe their observations for the country. Here are some results:

Contrary to official statistics, the crude death rate in the Philippines as of 1970 is not 6.4, as official figures claim, but a much higher rate of 10.8 deaths per thousand population. By sex, this rate breaks down to 11.5 for males and 10.2 for females. This national rate puts the Philippine rate at a higher level than those found in advanced countries like Japan and the United States, but curiously lower than the rate found in the Federal Republic of Germany. The lower rate does not mean that the socioeconomic and health conditions in the Philippines are much better than those existing in Germany. Rather, the discrepancy results from the different age patterns found in these countries: the Philippines has a "young" population, and Germany has an "old" one. If the Federal Republic of Germany had the same age structure as that of the Philippines in 1970, its crude death rate would be 4 and not 12, or about seven points lower than the rate found in the Philippines. Similarly, a comparison of infant mortality rates in the two countries show that 76 more babies out of 1,000 die in the Philippines than in Germany. Moreover, the life expectancy of Filipinos is 14 years less than that of the Germans.

The bleak mortality picture of the Philippines comes out clearer when we compare the death rates of Philippine regions and provinces. Let us assume,
as the authors do, that the mortality level of an area is influenced by the area's physical and social development, and that the individual's chances of surviving and dying depend largely on his or her family's living standard. If these are followed, then provinces which are the most disadvantaged — the Mountain Province, Ifugao, Sulu, Lanao del Norte and Lanao del Sur — will have the highest crude death rate, the highest mortality rates and the lowest life expectancies at birth. In contrast, the provinces of Bulacan and Rizal, benefitting from their proximity to Metro Manila, will have more favorable mortality conditions. The authors' analysis support this impression: provinces which have higher levels of socioeconomic development — i.e., a higher proportion of its population having high school or college education, a greater percentage of people living in urban areas, a larger number of manufacturing establishments, more towns with electricity — show lower mortality rates compared to areas with lower levels of socioeconomic development. These associations, we might add, are not eliminated by age, a finding which underscores the importance of development programs in helping to reduce the inequalities of death in Philippine society. But as observed in many societies, differences by sex remain: at any level of regional or provincial development and at most age groups, females live longer than males. The reason for this phenomenon are probably more biological than social.

Several implications emerge from these results. Among these is the relationship between mortality and fertility. Demographers contend, for instance, that a drastic reduction in mortality rates is essential for a lowering of the fertility rate. But this relationship is not as simple as it appears because demographers also observe that an increase in fertility usually occurs at the initial stage of mortality decline. Over time however, with continued decreases in the death rate, fertility levels also tend to fall and rapid population growth becomes less and less of a national problem.

The Philippines has experienced a decline in mortality rates since 1879 when a cholera epidemic in the islands brought about a staggering rate of 106.3 deaths per thousand, an estimate derived from parish records. The 1970 rate of 10.8 deaths per thousand is lower than the 1960 rate of 12.8 and the 1950 rate of 17.3. But variations in death rates across different provinces indicate that the process of mortality decline in the country has been uneven. Metropolitan Manila and nearby provinces have experienced the greatest mortality declines, and have witnessed a reduction in the fertility rate. Many other provinces are only beginning to experience mortality declines, and still have to contend with higher fertility levels. Thus, for population planners interested in reducing population growth, greater attention to Philippine mortality conditions becomes imperative.

Declines in the death rate imply an increase in life expectancies. In 1960, the life expectancy at birth for Filipino males was 51.0 years and for Filipino females, 54.5 years. In 1970, the figures were 54.2 for males and 57.5 for
females; in 1975, the figures rose to 56.9 for males and 61.8 for females. We are, as the title of the book suggests, on the road to longevity. We are also on the road to becoming an “older” population. If this rate keeps up, the Philippines should witness, for the first time in its history, a more sizeable percentage of its population surviving past retirement age. Many of these persons, we know, will be women. Is the country ready for this event? Do we have the resources to absorb older men and women into the economy? Will the country embark on a plan to build more homes for the aged? Will there be enough pension and retirement benefits to pass around? Will a more conservative outlook dominate Philippine social and cultural life?

These questions have been raised before. But this time, we have a better set of estimates with which to anticipate future problems. In this respect, the life tables found in this volume possess lasting value. It improves upon the quality of mortality data which, for a long time, have remained misleading or erroneous, and where attempts at correcting official figures (like the efforts initiated by the Research Institute for Mindanao Culture at Xavier University) have been made only at the local level. It is unfortunate, though, that the reliable estimates we have apply only to the year 1970. The delayed publication of the 1975 census and vital statistics reports prevented the authors to give us more recent estimates. And to think that we are now in the 1980s! Obviously, then, the task of updating mortality estimates periodically needs to be done if we are serious about charting the welfare of the Filipino population.

In the past few years, social scientists have developed better techniques to correct the underestimation or overestimation of deaths in developing countries. Unfortunately, some of these new techniques were unavailable to the authors when they undertook their pioneering work. The application of more recent techniques will certainly improve the reliability of future estimates. Meanwhile, other social scientists can draw on the 1970 estimates to study other aspects of Philippine mortality. For example, an analysis of the mortality of population subgroups – e.g., upland vs. lowland populations, ethnic or religious groups, occupational classes – would sharpen our insights about the forces behind the inequality of death in Philippine society.

There is very little in this book about the causes of death, or another related phenomenon, morbidity (or illness). The authors were wise to avoid these topics since an inspection of the official data on these matters will probably open up another Pandora’s box of reporting problems. This omission, however, suggests another fruitful area for mortality research in the future. It also points out that despite the availability of reliable estimates for 1970, mortality research cannot rest in peace.

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