Empowered Mother, Healthy Child: The Role of Women Economic Empowerment in the Achievement of Better Child Health Outcomes in the Philippines

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Abstract

This study contributes to the emerging literature that supports the link between women's economic empowerment and better child health outcomes. Utilizing secondary data from the 2017 Philippine National Demographic and Health Survey, the status of women empowerment as represented by women's education, employment, and intrahousehold bargaining power and the status of child health outcomes in terms of antenatal care, childhood immunization, and under-5 mortality were analyzed in this research. The findings can be connected with the current health crisis being experienced in the Philippines. The recent Pertussis outbreak showed that there is a need for urgent action to improve the health service delivery and utilization in the country, especially in the area of childhood immunization. This is consistent with the findings of this study which showed that out of the three child health outcomes considered, only childhood immunization showed unfavorable results with only 26.30% of the children considered as fully immunized. One possible channel through which child health outcomes could be improved is through women's economic empowerment. In the Philippines, the performance of the country in the areas of education and intrahousehold bargaining power yielded favorable results. Among the women interviewed, 1.65% and 2.6% have no formal education and have low empowerment, respectively. Improvements in these areas, however, should be translated to better access to economic opportunities and improved participation of women in the labor force as this highlights and recognizes the need to optimally develop and utilize women's productive capacities.

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INTRODUCTION

The United Nations Sustainable Development Goals (SDGs) have included achieving gender equality and empowering women as part of the 17 Global Goals that constitute the 2030 Agenda for Sustainable Development. It is argued that not only it is a basic human right but also are catalyst for multiplying development efforts. One of the most cited channels through which women's empowerment influences economic development is through better health outcomes.

In the Philippines, a recent outbreak of pertussis disease, a vaccine-preventable disease, showed the need for urgent action to improve the health service delivery and utilization in the country. As of March 23, 2024, the Department of Health (DOH) has recorded 862 pertussis cases, 49 of which resulted in death since the start of the year. Children below the age of five are considered more vulnerable to the disease, comprising 66% of the total cases (Jaymalin 2024). While pertussis and several other infectious diseases and deaths could have been prevented through the completion of childhood immunization, only 26.30% of children aged 12-23 months are considered fully immunized based on the 2017 National Demographic and Health Survey (NDHS).

In many cultures, including the Philippines, mothers are the primary caregivers of their children. In addition to spending greater time with their children compared to their husbands, empirical evidence is also available to support the claim that there exist differences in preference and expenditure behavior between mothers and fathers. Specifically, mothers were found to devote a more substantial proportion of family resources to child-health expenditures compared to their husbands (OECD 2012).

As such, it is hypothesized that the achievement of better child health outcomes (SDG 3) is influenced by gender equality and women empowerment (SDG 5). When women are empowered, they are more capacitated to make better decisions that will have a direct impact on the health and survival of their children. While there are several

possible indicators of women's economic empowerment (WEE), this study represented WEE through women's education, employment, and intrahousehold bargaining power. Consistent with Salting and Varona (2019), this study limited the areas of decision-making to women's health, major household purchases, mobility, and control over their husband's earnings Finally, it was limited to 3 child health outcomes namely, antenatal care visits, childhood immunization, and under-5 mortality.

Women's Economic Empowerment and its Indicators

The word empower was first used in the 17th century and has meanings like 'authorize', 'delegate', or 'enable' (Mandal 2013). According to Kabeer (2005), empowerment entails a change from being disempowered to being empowered. This necessitates a transition from being denied choices to acquiring such ability and agency. Women are among the numerous disempowered subgroups of society, including the poor and ethnic minorities to cite a few. However, the central locus of women's disempowerment is interfamilial relations which is not true for other disempowered groups (Malhotra, 2003). The source of women's disempowerment is imbedded in gender discrimination in the division of labor between paid and unpaid work, and the inequality in the access to valued resources, services, and opportunities to increase their productivity and income and to ease their burden of household duties (Mallikarjuna & Naik 2014).

According to the report of the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) (1999), economic empowerment is one of the pillars of the overall empowerment of women. The Oxford Committee for Famine Relief or Oxfam America (2017) defined women's economic empowerment (WEE) as a process that paves the way for women to enjoy their rights to control and benefit from income, assets, and resources which enhances their ability to improve their own economic well-being and status.

Many studies on women's economic empowerment utilized nationally representative community-based surveys databases like the Demographic and Health Survey (DHS) (Hossain 2015; Alemayehu et al 2015; Stiyaningsih & Wicaksono 2017) for the countries of Bangladesh, Ethiopia, and Indonesia, respectively. These National Demographic and

Health surveys measure women's economic empowerment in terms of its indicators including educational status, employment, control over own earnings, ownership of assets, participation in household decision-making, and women's attitudes toward wife-beating.

The Role of Women's Economic Empowerment on Child Health Outcomes

It is claimed that women's economic empowerment produces two accomplishments (Basu & Koolwal 2005). First is the positive outcomes for women themselves and second is the use of empowerment to achieve positive outcomes for their children, thus, focusing on women's function with respect to their ability and sense of responsibility. As evidence, the World Development Report (2012) compiled evidence from different countries which shows that an increase in the share of household income controlled by women changes spending in ways that benefit children.

Women's Economic Empowerment and Antenatal Care

The first child health outcome considered in this study is antenatal care. Antenatal care (ANC), sometimes called pregnancy or maternity care, is a preventive health service where women receive care from skilled health professionals during their pregnancy. Based on the World Health Organization's (WHO) recommendation, the adequate number of maternity care visits should not be less than four visits. This will ensure that pregnant women will be given enough care for a healthy pregnancy. This includes micronutrient supplementation, immunization against tetanus, and early detection of possible complications such as anemia, hypertension, hemorrhage, eclampsia, and other deadly diseases like malaria and Human Immunodeficiency Virus (HIV). UNICEF (2022) reported that globally, Sub-Saharan Africa and South Asia have the lowest levels of antenatal care.

In a systematic review of studies examining the effects of women's economic empowerment (WEE) interventions on antenatal care outcomes, Suh et al. (2023) compiled empirical evidence proving the potential of gender equality and WEE interventions in improving maternal health outcomes such as antenatal care. Their study adopted Malhotra and Schuler's (2005) framework which is composed of three

empowerment levels starting with the household level, the community level, and the national level.

Strong empirical evidence that supports the positive relationship between WEE and ANC is also provided in the study of Hossain and Hoque (2015). Using the probit and zero-inflated negative binomial regression models, the study concluded that all the four indicators of WEE namely, education, autonomy in movement, decision-making power, and participation in employment activities have shown a positive and significant relationship with women's acquisition and intensity of ANC utilization.

In the Philippines, Salting and Varona (2019) also examined women's empowerment in relation to basic childhood immunization and service utilization including antenatal visits, skilled birth delivery, and treatment seeking for fever. They developed their own Women Empowerment Index (WEI) using the following indicators: education, employment, control over their own and husband's earnings, ownership of bank accounts and assets such as a house, land, and mobile phones, decision-making power, and attitudes towards wife beating. Using the tertiles command from STATA, women's empowerment was categorized into three levels low, moderate, and high empowerment.

In the multivariate logistic models, Salting and Varona (2019) limited their analysis to only 2 child health outcomes which are antenatal care visits and childhood immunization. In the full model containing the women empowerment index and perception of violence, women with a moderate empowerment index were found to have a 36% higher probability of having at least four antenatal visits compared to those who are in the low level. A higher odds ratio of 2.05 was recorded for those in the high empowerment category, thus implying that women with a high empowerment index are twice as likely to have the recommended four and above antenatal visits. Both of these empowerment levels are statistically significant at 0.10 (moderate) and 0.05 (high) levels of significance.

Women's Economic Empowerment and Childhood Immunization

The way women care for themselves during their pregnancy is tied to the way they care for their children. In addition to antenatal care,

utilization of health services should be continued even after giving birth to ensure the survival and good health of the children. As known to many, children are considered the most vulnerable portion of the population, however, various illnesses and diseases that may affect them could be avoided through the completion of childhood immunization (Roy 2010). In terms of cost-effectiveness, immunization is considered one of the cheapest and safest methods to prevent millions of infectious diseases and deaths (Regmi, 2014). Based on the 2017 NDHS, children aged 12 to 23 months are considered fully immunized if they are able to receive all basic vaccinations namely, one dose for Bacille Calmette-Guerin (BCG), measles, and three doses each of DPT (diphtheria, tetanus toxoids and pertussis), and polio vaccine (PSA 2017).

Existing studies have already examined the possible association between women's empowerment and childhood immunization. Lu et al. (2021), for instance, considered the status of health and women empowerment in the Democratic Republic of the Congo. Women's empowerment was measured using the three dimensions of agency, enabling resources, and social independence.

From their results, it was discovered that intrinsic agency and enabling resources have the most significant effect on childhood immunization. Children of women belonging to the high level of empowerment in intrinsic agency have a 63% higher likelihood of being fully immunized, while high levels of empowerment in enabling resources have an odds ratio of 1.59. Social independence was found to be insignificant. In terms of household wealth status, a higher odds ratio was recorded for women belonging to middle-income households than those considered poor (Lu et al 2021).

Household wealth status was also considered in the comparative study conducted by Ibrahim and Pandey (2014) using the 2008 Nigeria Demographic and Health Survey and India 2005/2006 National Family and Health Survey (NFHS-3). Wealth status, together with education and place of residence were found to have a direct impact on the child's health outcomes. More specifically, women living in urban areas and with higher wealth status and better education (or those who finished secondary and higher education levels) have recorded a greater proportion of their children being fully immunized.

In measuring women's empowerment, Ibrahim and Pandey (2014) considered women's decision-making power and attitudes toward wife beating. Their results revealed that in both Nigeria and India, the probability of children receiving all the basic vaccination is higher if their mother has decision-making autonomy, and lower if their mother justified wife-beating (Nigeria OR=2.637, 0.637; India OR=1.181,0.738). Both measurements of women empowerment were found to be significant at an alpha level of 0.001 (Ibrahim & Pandey, 2014).

Combining the measurements of women empowerment in the two related studies discussed previously, Wirawan et al. (2022) examined the role of women empowerment in terms of enabling resources such as education and wealth, decision-making involvement, and attitude towards wife beating, and its influence in the acquisition of complete immunization in the context of Indonesia. The binomial logistic regression yielded similar results that prove that women's empowerment is a strong determinant of complete immunization.

Women's Economic Empowerment and Under-5 Mortality

In the Philippines, Under-5 Mortality is defined as the probability of dying between birth and the fifth birthday. It combines the following two measures: Infant Mortality and Child Mortality, which are some of the widely used indicators of a country's health status and level of development (Reidpath & Allotey 2003).

Empirical studies now serve as a body of evidence that proves that women's economic empowerment has significant positive implications for the well-being of the family. Hossain (2015), for example, explored the impact of women empowerment on infant mortality in Bangladesh by considering four indicators of women empowerment namely, employment status, intrahousehold bargaining power, autonomy in movements, and level of education. A multivariate survival model was constructed based on the data from the 2011 Bangladesh DHS.

The results indicate that three of the four dimensions of women's empowerment were negatively correlated to infant mortality (Hossain, 2015). Decision-making power and autonomy in mobility are the two most dominating factors that contribute to the reduction of infant deaths. Among the 4 indicators of women empowerment, only employment

showed a positive impact on infant mortality. The regression results revealed that the risk of infant mortality is expected to be 84% higher if mothers are employed compared to their unemployed counterparts (Hossain 2015).

A possible explanation for this positive relationship is that a mother's employment may have repercussions on the amount of time spent in childcare. Working full-time may result in infrequent breastfeeding, which may negatively affect infants' survival. However, it is important to note that this finding should not discourage employment, but should highlight the call for viable childcare alternatives for employed women, policies supporting flexible working arrangements, and the renegotiation of gender roles in domestic and care responsibilities (Buchhave & Belghith 2022).

Focusing on women's education in Ethiopia, Alemayehu et al. (2015) examined the relationship between education and infant mortality and the possible moderating roles of women empowerment and household wealth. The study conducted a secondary serial cross-sectional analysis which utilized data from 2000, 2005, and 2011 Ethiopian Demographic and Health. In the study, it was found that women's empowerment was significantly related to women's educational level and that female education is inversely related to infant mortality. Furthermore, it revealed that the relationship between female education and infant mortality is moderated by women's empowerment but not by wealth. That is, improving household wealth is not sufficient to reduce infant death by itself but rather needs women's decision-making power to translate the additional resources into better child health outcomes (Alemayehu et al. 2015).

Lastly, a study conducted by Griffis (2012) discovered that women's empowerment, particularly their decision-making power, was negatively correlated with both infant and child mortality. This study was based on the data from the 2004 Malawi DHS. She argued that women who do not participate in decisions regarding their travel to family and friends may also have limited control and decision-making power over their infant's health. Also, limited mobility can limit access to resources that may be valuable to children's health (Griffis, 2012).

METHODOLOGY AND DATA SOURCE

This study utilized the 2017 Philippines National Demographic and Health Survey (NDHS) to analyze the role of economic empowerment on child health outcomes through descriptive analysis. NDHS is the eleventh in a series of national demographic surveys carried out by the Philippine Statistics Authority (PSA). It is a nationally representative survey designed to provide indicators on fertility preferences, family planning practice, childhood mortality, maternal and child health, knowledge and attitude regarding HIV/AIDS, women's economic empowerment, and violence against women. Fieldwork for the survey was carried out from August 14 to October 27, 2017. Although the initial key indicators report of the 2022 NDHS was already released on February 2023, the metadata for the said survey is still not accessible.

Moreover, the national sample of the 2017 NDHS covered 27,496 households with a response rate of 99 percent from the originally selected 31,791 households, of which 27,855 were occupied. However, this study only focused on the 25,074 married women aged 15-49 who were successfully interviewed for the individual women's questionnaire. Furthermore, the study set common characteristics that the respondents should possess in order to be considered in the sample. These common characteristics are: (a) should be women aged 15-49 and (b) should have given birth in the past five years. After data filtration based on the set criteria, the sample was then limited to the 15, 814 women respondents.

Statistical Treatment of Data

One of the measures of women's economic empowerment is their intrahousehold bargaining power which is measured by their involvement in household decision-making specifically in areas with regard to their healthcare, major household purchases, physical mobility, and control over their husband's earnings.

Empowerment in terms of intrahousehold bargaining power was categorized into three levels of empowerment namely, low, medium, and high empowerment. These levels were based on the scores of women in each decision-making category. Specifically, a woman was assigned with a score of 1 if she has decision-making power in each area of household decisions, and 0 if otherwise. Since there are four areas considered in this study, the maximum score that the woman

could acquire is 4 while the minimum score is 0. A woman gaining a score of 0 in the intrahousehold bargaining power was classified under a low empowerment level. Medium empowerment, on the other hand, refers to those women who garnered a score of 1-3. Finally, women were classified under high empowerment level when they gained a perfect score of 4 in terms of their involvement in household decision-making.

RESULTS AND DISCUSSION

Respondent's Profile

The mean age of the respondents is 34 years old, with the majority residing in the rural area (66.26%). In terms of the respondent's age, the percentage distribution is relatively equal across the other age groups, except the youngest group which was between the ages 15-19 years old comprised only 2.16% of the sample. This is not surprising as teenage pregnancy is considered taboo in the social, cultural, and economic context (Mezmur, Assefa, & Alemayehu 2021).

Table 1
Respondents' Profile

SOCIOECONOMIC VARIABLES	PERCENTAGE
Mean Age (yr)	34.88605
Age	
15-19	2.16
20-24	10.92
25-29	17.17
30-34	17.74
35-39	18.55
40-44	16.81
45-49	16.64
Urban Residence	33.74
Wealth Quintile	
Lowest	27.31
Second	23.19
Middle	19
Fourth	16.75
Highest	13.75

In the majority of countries, including the Philippines, women who are below 18 years of age are considered minors and require adult supervision in many areas of their lives. Social norms and restrictive laws and policies would require consent from their parents/guardians before undertaking decisions such as enrolling in school, participating in extra-curricular activities, acquiring valid identification cards like passports, and when opening bank accounts. In the social context, teenagers, especially those who are considered minors are treated with limited autonomy and agency.

In the economic context, different organizations including the World Health Organization (WHO) closely monitor the rates of teenage or adolescent pregnancies as it is believed to have serious health, social, and economic consequences for the teenagers themselves and the community as a whole. Accordingly, this study revealed that there are 72 minors (aged 15-17) and 268 adult teenagers (aged 18-19) who have already given birth in the past five years. More often than not, teenage pregnancies are unintended pregnancies (Centers for Disease Control and Prevention, 2023). Aside from deviating from the social and cultural norms, it is more important to emphasize that teenage pregnancy produces teenage mothers who are biologically, psychologically, and economically unprepared to bear the heavy responsibilities of childbearing.

Table 1 also presents the distribution of respondents by wealth quintile. Women belonging to the poorest category constitute the highest percentage of the sample (27.31%), while the richest group has the lowest percentage (13.75%). Furthermore, it can be observed that the wealth distribution of the respondents follows a downward trend from the poorest (highest frequency) to the richest (lowest frequency). The findings support the argument raised by Abdullah (2012) as cited by Saeed (2013), a women's rights activist, that 'poverty has a woman's face'. Gender biases and discrimination augment the impact of poverty on women. The institutional and cultural barriers continue to limit women's access to different educational and employment opportunities (Bleiweis, Boesch, & Gaines 2020).

Status of Women Economic Empowerment in the Philippines

The status of women's economic empowerment, when evaluated through education, showed favorable results as almost half of the sample

have acquired secondary education and almost one-third (30.83%) have acquired tertiary and higher education.

Table 2
Status of Women Economic Empowerment

WOMEN ECONOMIC EMPOWERMENT INDICATORS	
Education	
No Education	1.65
Primary	20.56
Secondary	46.96
Tertiary	30.83
Employed	52.23
Intrahousehold Bargaining Power	
High	80.66
Medium	16.71
Low	2.63

Education is among the four areas evaluated in the 2022 Global Gender Gap Report of the Women Economic Forum, along with the areas of Health and Safety, Economic Participation and Opportunity, and Political Empowerment. In the 2022 report, the Philippines ranked 19th in the world and maintained its status as the best-performing country in Asia in terms of gender parity. One of the main areas that contributed to this high ranking is the excellent performance of Filipino women in the key education indicators. Girls have an enrollment rate of 96.1% in primary education and 79.9% in the secondary level. In terms of completion rate, girls were found to perform better relative to boys, with rates equal to 87.4% against 81% in primary and 78.5% against 69.7% in secondary, both in favor of girls (San Buenaventura, 2019). Consistently, girls also recorded a lower dropout rate compared to boys both in the primary and secondary levels. Given this trend, the Department of Education (DepEd) now starts to recognize that boys are underperforming in key education indicators compared to girls.

In addition to the education indicators explored by San Buenaventura (2019), the high percentage of women (30.83%) who have acquired tertiary or higher-level education is notable. According to the Commission on Higher Education (CHED), it was found that there are more women enrollees in tertiary education compared to men in

the school year 2021-2022 (2.57 million women against 1.87 million men). This reflects the increasing acknowledgment of the importance of education to improve the quality of life for both men and women. It also challenges the traditional view of women as the lady of the house. However, despite the increase in the number of women enrollees, CHED recognizes that this improvement in education has yet to be reflected in women's participation in the labor force.

Furthermore, Table 2 shows that more than half of the respondents (52.23%) were employed in the past 12 months, while 47.77% were unemployed. The relatively close gap between this distribution reflects the challenges that women still encounter in terms of their access to and participation in economic opportunities. In the Philippines, the female labor force participation rate continues to be low at 44%, where marriage, childbearing, and domestic responsibilities were the commonly cited reasons for the inability of women to participate in the labor force (National Economic and Development Authority 2019).

A cross-tabulation of women's employment status with their age, location of residence, and educational attainment are presented in Table 3 to provide a more in-depth analysis as to why the women respondents face limitations in terms of their access to economic opportunities.

Table 3
Crosstabulation of Employment, Age, Location of Residence, and Education

	EMPLOYMENT STATUS			
	Employed		Unemployed	
	FREQUENCY	PERCENTAGE (%)	FREQUENCY	PERCENTAGE (%)
Age				
15-19	46	13.61	292	86.39
20-24	504	29.37	1212	70.63
25-29	1090	40.28	1616	59.71
30-34	1446	51.68	1352	48.32
35-39	1730	59.13	1196	40.87
40-44	1659	62.58	992	37.42
45-49	1767	67.34	857	32.66

	EMPLOYMENT STATUS			
	Employed		Unemployed	
	FREQUENCY	PERCENTAGE (%)	FREQUENCY	PERCENTAGE (%)
Location of Residence				
Urban	2838	53.43	2474	46.57
Rural	5404	51.70	5048	48.30
Highest Education Attainment				
No Education	128	49.61	130	50.39
Primary	1539	47.47	1703	52.53
Secondary	3536	47.74	3874	52.28
Higher	3038	62.67	1810	37.33

As expected, the percentage of employed women increases as their age increases, which could be a manifestation of the fewer barriers that adult women face compared to the teenagers (aged 15-19) and young adult group (aged 20-24). Similarly, women residing in urban areas, where several economic opportunities can be accessed more easily, recorded a higher percentage of employment compared to their rural counterparts.

Finally, in terms of education, the cross-tabulation showed an interesting result. Although women with tertiary education recorded the highest percentage of employment, there is still a high percentage of employed women from the category of no education. This implies that regardless of whether the women have some formal education or none, there is still a high chance to get accepted for a job. However, this raises the possibility that the type of job that these women with no education have acquired does not pay enough, or does not include career and professional growth. According to the UN Department of Economic and Social Affairs (2020), there is a higher percentage of women involved in the informal labor sector including informal jobs (56%), part-time jobs (95%), and paid domestic jobs (79%) which offers lower wages, less job security, and fewer opportunities for promotion. Thus, employment itself is insufficient to improve the status of women and to economically empower them. The type and quality of jobs that women can access should also be taken into consideration.

Finally, empowerment through intrahousehold bargaining power showed that the majority of women are considered highly empowered which implies that 80.66% of the women are involved in all the decision-making areas. This is important to note as the identified areas of decision-making are regarded as crucial in achieving better outcomes for their children. Although a considerably low percentage was found in the low empowerment level (2.63%), such a number should not be neglected as this represents the 370 women who have no autonomy over their own bodies, health, mobility, and decisions that concern themselves and their families. Among the areas of household decision-making, the highest occurrence of women who are not empowered was found on Major Household Purchases, followed by Control Over their husband's earnings, their mobility, and their health care.

Status of Child Health Outcomes in the Philippines

Table 4
Child Health Outcomes

CHILD HEALTH OUTCOMES	PERCENTAGE
Antenatal Care (ANC)	
4 or more antenatal care visits	84.11
Less than 4 antenatal care visits	15.89
Childhood Immunization	
Have received all basic vaccinations	26.30
Have not received all basic vaccinations	73.70
Under-5 Mortality	
Children under 5 years of age died	2.10
Child is alive	97.90

Table 4 shows the percentage distribution of the selected child health outcomes. The majority of the women (84.11%) have acquired an adequate number of antenatal care visits which is more than 4, as prescribed by the World Health Organization (WHO) in 2017. Only 15.89% of the women have consulted less than four times skilled health professionals during their pregnancy. Antenatal care is a critical component of achieving a healthy pregnancy, both for the mothers and their children. It provides an opportunity for families to screen and detect possible complications and diseases, which can then reduce negative health outcomes such as morbidity and mortality. Because of

its importance, WHO implemented a new ANC model in 2018, which increased the recommended number of ANC visits from four to eight visits.

While the status of ANC visits presents a favorable result, the status of childhood immunization, on the other hand, presents a challenge in the Philippines as a larger percentage of the children of the respondents are not considered fully immunized. Notably, it can be seen that almost three-fourths or 73.70% of the children were not able to receive one or more vaccinations which are considered basic and essential to prevent various diseases like measles and polio which are detrimental to the child's survival and development.

The third and last child health outcome considered in this study is under-5 mortality, or the probability of dying between birth and the fifth birthday (PSA, 2017). It can be observed that 2.10% of the respondents experienced the death of their child before their child reached the age of 5. Although this is a small percentage, the goal is not only to keep it low but to fully eradicate the possibility of mortality among young children caused by limited access to basic health interventions such as vaccination, medical treatment of infectious diseases, and adequate nutrition.

CONCLUSION

Out of the 15,814 mother respondents, there are only 72 minors and 268 adult teenagers which is a manifestation that teenage pregnancy is still considered a taboo in the Philippines. Rates of teenage pregnancy are one of the measures that are strictly being monitored and lowered as it is believed to produce teenage mothers who are biologically, psychologically, and economically unprepared to bear the heavy responsibilities of childbearing and child-rearing. Due to social norms and restrictive laws and policies, teenagers, especially those who are considered minors, are treated with limited autonomy and agency to influence household decision-making and are therefore less empowered compared to the adult age groups. In terms of place of residence, the majority of the women reside in rural areas than in urban area.

An important finding of this study supports the argument that 'poverty has a woman's face'. Based on the distribution, there are more women in the poorest and poorer categories than in the higher wealth categories. The institutional and cultural barriers that continue to limit women's access to different educational and employment opportunities are the main factors why more women are considered poor (Bleiweis, Boesch, & Gaines, 2020).

Women's educational attainment, employment status, and intrahousehold bargaining power were considered as measures of women's economic empowerment. As such no general conclusion can be made about the status of women's economic empowerment in the Philippines, since the performance of the country in the areas of education and intrahousehold bargaining power yielded favorable results, while the area of women's participation in the labor force needs to be improved.

Among the women interviewed, only 1.65 percent have no formal education and only 2.63 percent have low empowerment. However, this number should not be neglected as this represents women who are not empowered or have no bargaining power across the different areas of decision-making explored in this study. Not having a voice in decisions that concern themselves, such as their health, their mobility, and major household purchases is outright disrespect to human dignity and human rights and shall be fully eradicated.

The same applies to the Philippines' progress in terms of its attainment of SDG-3 for good health and well-being. In this study, it was seen that the only area where the undesirable health outcome is greater than the desired outcome is that of childhood immunization. The other two child-health outcomes namely, antenatal care and under-5 mortality showed favorable results and progress. However, in terms of health, there should be no room for complacency. The loss of young lives is unjust and unacceptable, especially when many of these deaths are preventable through proper consultations during pregnancy and the acquisition of basic childhood immunization.

REFERENCES

Alemayehu, Y., Theall, K., Lemma, W., Hajito, W. & Toshune, K. (2015). The Role of Empowerment in the Association between a Woman's Educational Status and Infant Mortality in Ethiopia: Secondary Analysis of Demographic and Health Surveys. *Ethiopian Journal of Health Sciences*, 25(4), 353-362. http://dx.doi.org/10.4314/ejhs.v25i4.9

Basu, A., & G. Koolwal (2005). Two Concepts of Female Empowerment: Some Leads from DHS Data on Women□s Status and Reproductive Health. In A focus on gender: Collected papers on gender using Demographic and Health Survey (DHS) data. United States Agency for International Development, Calverton, Maryland, USA: ORC Macro. https://www.dhsprogram.com/pubs/pdf /OD32/3.pdf.

Bleiweis, R., Boesch, D. & Gaines, A. (2020). The Basic Facts About Women in Poverty. Retrieved August 29, 2023 from https://www.americanprogress.org/article/basic-facts-women-poverty/.

Buchhave, H. & Belghith, N. (2022). Overcoming barriers to women's work in the Philippines. Retrieved May 26, 2023 from https://blogs.worldbank.org/eastasiapacific/overcoming-barriers-womens-work-philippines.

Centers for Disease Control and Prevention (2023). Reproductive Health. Retrieved August 24, 2023 from https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/index.htm#:~:text=For%20example%2C%2075%25%20of%20pregnancies,aged%2018%20to%2024%20years.

Griffis, H. (2019). Women's Empowerment and Infant and Child Mortality: Incorporating Social Institutions and Context". *Florida State University Libraries.* 1-118. Retrieved July 6, 2022 https://diginole.lib.fsu.edu/islandora/object/fsu:182892/datastream/PDF/view.

Hossain, B. (2015). Women Empowerment and Infant Mortality in Bangladesh. *Applied Economics*, 47(51), 5534-5547. https://doi.org/10.1080/00036846.2015.1051657

Hossain, B. & Hoque, A. (2015). Women Empowerment and Antenatal Care Utilization in Bangladesh. *The Journal of Developing Areas,* 49(2),109-124. https://www.jstor.org/stable/24241288

Ibrahim, A., & K. Pandey (2014). Women's Empowerment and Child Health Outcomes: A Comparative Study between India and Nigeria. *Journal of Medical Science and Clinical Research*, 2(12), 3277-3292. DOI:10.18535/jmscr/v3i8.01

Jaymalin, M. (2024). DOH Pertussis case continue to rise. Retrieved from https://www.philstar.com/headlines/2024/04/04/2345156/doh-pertussis-cases-continue-rise.

Kabeer, N. (2005). Gender equality and women□s empowerment: a critical analysis of the third Millennium Development Goal. *Gender and Development Journal*, 13(1), 13-26. https://www.amherst.edu/system/files/media/0589/Kabeer%25202005.pdf.

Lu, X., Fu, C., Wang, Q., He. Q., Hee, J., Takesue, R. & Tang, K. (2021). Women's Empowerment and Children's Complete Vaccination in the Democratic Republic of the Congo: A Cross-Sectional Analysis. *National Library of Medicine*, 9(10). doi:10.3390/vaccines9101117

Mallikarjuna & Naik (2014). Indicators of Women Economic Empowerment. *International Journal of Humanities and Social Sciences*, 3(3), 67-73. http://www.iaset.us/downloadnew.php?file=--1398163935-9.%20Humanities%20-%20IJHSS%20-INDICATORS%20OF%20WOMEN%20ECONOMIC%20EMPOWERMENT%20-%20K.G.%20Mallikarjuna %20%281%29.pdf.

Mandal, K. (2013). Concept and Types of Women Empowerment. *International Forum of Teaching and Studies*, 9(2), 17-30. http://scholarspress.us/journals/IFST/pdf/IFOTS-2-2013/IFOTS_v9_n2_art3.pdf.

Mezmur, H., Assefa, N. & Alemayehu, T. (2021). Teenage Pregnancy and Its Associated Factors in Eastern Ethiopia: A Community-Based Study. *International Journal of Women's Health*, 13: 267-278. doi:10.2147/IJWH.S287715.

Oxford Committee for Famine Relief (2017). Oxfam's Conceptual Framework on Women's Economic Empowerment. Oxfam GB, Cowley, Oxford, United Kingdom. Retrieved May 21, 2022 from http://www.wocan.org/sites/default/files/gt-framework-womens-economic-empowerment-230517-en.pdf.

Philippine Commission on Women (2023). Education Sector. Retrieved May 25, 2023 from https://pcw.gov.ph/education/

Philippine Commission on Women (2022). PCW: PH ranking in Gender Gap Report must spark renewed commitment towards pursuing equality. Retrieved April 20, 2023 from https://pcw.gov.ph/pcw-ph-ranking-in-gender-gap-report-must-spark-renewed-commitment-towards-pursuing-equality/?fbclid=IwAR2fUwfbezlhkIWRKoUTD29C9GT3nsttjrkgX2fa3Xi6hSjURsbJBmlRkj8.

Philippine Statistics Authority. (2017). *Philippines National Demographic and Health Survey 2017*. Retrieved May 21,2022, from https://psa.gov.ph/sites/default/files/PHILIPPINE%20NATIONAL%20DEMOGRAPHIC%20AND%20HEALTH%20SURVEY%202017_new.pdf.

Regmi, J. (2014). Socio-Cultural Influences on Vaccination-Vaccinators Perspective, Study from Nepal. Retrieved June 11, 2022 from https://erepo.uef.fi/bitstream/handle/123456789/13514/urn_nbn_fi_uef-20140607.pdf?sequence=1&isAllowed=y.

Roy S. (2010). Risk Factors for Childhood Immunization Incompletion in Ethiopia, Public Health Theses Paper 90. Retrieved June 11, 2022 from https://www.researchgate.net/publication/265870997_Risk_Factors_for_Childhood_Immunization_Incompletion_in_Ethiopia.

Saeed, H. (2013). Poverty has a woman's Face. Retrieved from https://www.dawn.com/news/802325/poverty-has-a-womans-face.

Salting, P. & Varona, D. (2019). Women Empowerment and Correlates: Evidences from the 2017 National Demographic and Health Survey. Presented at the *14th National Convention on Statistics*, Quezon City, Philippines. Retrieved June 11, 2022 from https://psa.gov.ph/sites/default/files/5.3.3%20Women%20Empowerment%20and%20Correlates-%20Evidences%20from%20the%202017%20National%20Demographic%20and%20Health%20Survey_0.pdf

San Buenaventura, P. (2019). Education Equality in the Philippines. International Workshop on Data Disaggregation for the Sustainable Development Goals. *Philippine Statistics Authority.* https://unstats.un.org/sdgs/files/meetings/sdg-inter-workshop-jan-2019/Session%2011.b.3_PhilippinesEducation%20Equality

Stiyaningsih, H. and Wicaksono, F. (2017). Impact of Women's Empowerment on Infant Mortality in Indonesia. *Kesman: National Public Health Journal*, 11(4), 185-191. DOI:10.21109/kesmas.v11i4.1259

Suh H, Kalai S, Trivedi N, et al. (2023). Effects of women's economic empowerment interventions on antenatal care outcomes: a systematic review. *BMJ Open*, 13, 061693. doi:10.1136/bmjopen-2022-061693

United Nations Department of Economic and Social Affairs (2020). Economic Empowerment. Retrieved June 3, 2023 from https://worlds-women-2020-data-undesa.hub.arcgis.com/pages/economic-empowerment

Wirawan, G. et al (2022). Women's Empowerment Facilitates Complete Immunization in Indonesian Children: A Cross-sectional Study. *Journal of Preventive Medicine & Public Health*. 55(2), 193-204. https://doi.org/10.3961/jpmph.21.592

World Economic Forum (2022). Global Gender Gap Report 2022. Retrieved April 21, 2023, from https://www3.weforum.org/docs/WEF_GGGR_2022.pdf

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