



GLOBAL SCHOOL-BASED STUDENT HEALTH SURVEY (GSHS)
Philippines, 2015

Country Report





Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY



MESSAGE

The Department of Health is committed to promoting the health and wellbeing of all Filipinos. Our mission is to make every Filipino a healthy and productive citizen. We believe this can be achieved only when all Filipinos have access to proper healthcare and sufficient facilities, even in the remotest parts of the country.

The Philippine Health Agenda has three main goals. First, to provide financial protection to Filipinos, especially the poor, so that they are protected from the high cost of health care. Second, to help Filipinos attain the best possible health outcomes with no disparity. Third, to ensure that Filipinos feel respected, valued, and empowered in all of their interactions with the health system.

To arrive at our goal of universal health care, the DOH has designed the Philippine Health Agenda with our strategy called **ACHIEVE**:

- A** – Advance primary care and quality
- C** – Cover all Filipinos against financial health risk
- H** – Harness the power of strategic health human resource
- I** – Invest in digital health and data for decision-making
- E** – Enforce standards, accountability and transparency
- V** – Value patients and respect clients
- E** – Elicit multi-sector, multi-stakeholder support for health

Through **ACHIEVE**, we will bring about a health system that is responsive to and respectful of patient needs, while attaining the best possible health outcomes as well as offering financial protection to those who need it most.

Policies and programs must be fitted to the proper contexts in order to be effective. Health surveys such as the 2015 Global School-Based Student Health Survey (GSHS) provide policy-makers the necessary evidence and tools that are necessary in order to create more impactful interventions.

Surveys such as the GSHS provide insight into the overall health of a key demographic of our population. Students are a vulnerable group and it is important that we are able to provide services and support that will guide them on towards healthy and fulfilling lives.

The 2015 Global School-Based Student Health Survey is aligned with our battle cry in the DOH of “**All for Health, towards HEALTH for ALL.**” Together, we can achieve this shared vision.


PAULYN JEAN B. ROSELL-UBIAL, MD, MPH, CESO II
Secretary of Health

ALL FOR HEALTH
TOWARDS
HEALTH FOR ALL

Building 1, San Lazaro Compound, Rizal Avenue, Sta. Cruz, 1003 Manila • Trunk Line 651-7800 local 1113, 1108, 1135
Direct Line: 711-9502; 711-9503 Fax: 743-1829 • URL: <http://www.doh.gov.ph>; e-mail: officeofsoh@doh.gov.ph



TABLE OF CONTENTS

	Page
Message	2
Acknowledgment	4
Introduction	5
GSHS Background	9
Methods	9
Sampling	10
Survey Administration	11
Questionnaire	11
Data Analysis	12
Results	13
Respondents Demographics	13
Alcohol Use	14
BMI and Dietary Behaviors	15
Drug Use	17
Hygiene	19
Mental Health	20
Physical Activity	21
Protective Factors	22
HIV and AIDS Related Knowledge	23
Tobacco use	24
Violence and Unintentional Injuries	25
Discussion	26
GSHS Trends 2003, 2007, 2011 and 2015	49
Conclusion	56
Recommendations	57
References	60
Appendix A. 2015 GSHS Questionnaire	61
Appendix B. List of Officials and Personnel Involved in the 2015 Philippine GSHS	76



ACKNOWLEDGMENTS

WHO - Western Pacific Regional Office-Manila

Ms. Leanne Margaret Riley
Ms. Mina Kashiwabara

Office of the WHO Representative-Philippines

Dr. Gundo Aurel Weiler
Dr. Florante E. Trinidad
Dr. John Juliard L. Go
Dr. Ronaldo R. Quintana

Centers for Disease Control and Prevention

Ms. Laura Kann
Ms. Yoshimi Yamakawa
Ms. Connie Lim
Mr. Timothy McManus

Department of Education, Philippines

Bureau of Secondary Education
Office of the Planning Services - Research and Statistical Division
Regional Directors
Division Superintendents
High School Principals

Department of Health, Manila, Philippines

Secretary Paulyn Jean B. Rosell- Ubial
Undersecretary Gerardo V. Bayugo
Assistant Secretary Enrique A. Tayag
Epidemiology Bureau
Dr. Irma L. Asuncion
Dr. Agnes B. Segarra
Ms. Fe A. Sinson

Disease Prevention and Control Bureau
Health Policy Development and Planning Bureau
Health Promotion and Communication Service
Bureau of International Health Cooperation
Finance Service
Regional Offices

The Philippine Department of Health acknowledges the support of the World Health Organization's Western Pacific Regional Office and the United States Centers for Disease Control and Prevention (CDC) for providing technical assistance. Funding for the 2015 GSHS was provided by the Epidemiology Bureau of the Department of Health.

This report has been prepared through the Epidemiology Bureau – Surveys, Monitoring and Evaluation Division, Department of Health in partnership with the representatives from the different DOH Central and Regional Offices. The report is based on the 2015 Global School-Based Health Survey (GSHS) findings in the Philippines.



Introduction

Non-communicable diseases (NCDs) are considered a major public health concern worldwide. NCDs have been established as a clear threat not only to human health, but also to development and economic growth. NCDs currently cause more deaths than all other causes combined and NCD deaths are projected to increase from 38 million in 2012 to 52 million by 2030.¹

Of the 38 million lives lost to NCDs in 2012, 16 million or 42% were premature and avoidable. A notable increase from 14.6 million deaths in 2000.²

Four major NCDs (cardiovascular diseases, cancer, chronic respiratory diseases and diabetes) are responsible for 82% of NCD deaths. Approximately 42% of all NCD deaths globally occurred before the age of 70 years; 48% of NCD deaths in low- and middle-income countries and 28% in high-income countries.¹

Half of those who die of chronic non-communicable diseases are in the prime of their productive years; and thus, the disability imposed and the lives lost are also endangering industry competitiveness across borders.⁴

The magnitude of NCDs demand urgent attention. Common preventable risk factors underlie most NCDs. These include behavioural risk factors and metabolic risk factors.⁵

The main risk factors for NCDs, which are tobacco use, unhealthy diets, physical inactivity and the harmful use of alcohol are avoidable. However, the prevalence of these risk factors in the Region is high, and in many countries these risk factors are on the rise. There are an estimated 430 million smokers in the Western Pacific Region, or about one third of the world's smokers.³

Thus, NCD interventions that are likely to have targets and indicators in the global monitoring framework and voluntary global targets which focus on four diseases - cancers, cardiovascular diseases, chronic respiratory diseases and diabetes- include the following:

- Reducing mortality from noncommunicable diseases;
- Curbing smoking;
- Cutting alcohol and salt intake;
- Lowering blood pressure;
- Preventing heart attack and stroke;
- Improving rates of cervical cancer screening; and
- Eliminating industrial produced transfat from the food supply

Premature NCD deaths can be significantly reduced by preventing six interrelated categories of behavior that are initiated during youth and fostered by social and political policies and conditions. These include tobacco use, behavior that results in injury and violence, alcohol and substance use, dietary and hygienic practices that cause diseases, sedentary lifestyle, HIV- related knowledge and behavior through government policies and delivering universal health care.



The prevalence of NCD continues to rise in the Philippines and promoting healthy lifestyle is very much needed and relevant as ever. More than half (55%) of total deaths in the country in 2013 were caused by NCDs. Diseases of the heart and vascular system made up more than one-third (35%) of all deaths.⁶

Adolescents (young people between the ages of 10 and 19 years) are often thought of as a healthy group. Nevertheless, many adolescents die prematurely due to accidents, suicide, violence, pregnancy related complications and other illnesses that are either preventable or treatable. Many more suffer chronic ill-health and disability. In addition, many serious diseases in adulthood have their roots in adolescence. For example, tobacco use, sexually transmitted infections including HIV, poor eating and exercise habits lead to illness or premature death later in life.

Most young people are healthy. However, in 2009, more than 2.6 million young people worldwide, aged 10 to 24 die each year, mostly due to preventable causes. A much greater number of young people suffer from illnesses which hinder their ability to grow and develop to their full potential. Further, this age group engages in risky behaviors that jeopardize not only their current state of health, but often their health for years to come.

Nearly two-thirds of premature deaths and one-third of the total disease burden in adults are associated with conditions or behaviors that began in their youth including: tobacco use, lack of physical activities, unprotected sex or exposure to violence, and other risky behaviors.

In addition, the World Health Organization (WHO) published in August 2011 the following key facts on young people's health risks

- About 16 million girls aged 15-19 give birth every year;
- Young people, 15-24 years old, accounted for 40% of all new HIV infections among adults in 2009;
- In any given year, about 20.0% of adolescents will experience a mental health problem, most commonly depression or anxiety;
- An estimated 150 million young people use tobacco;
- Approximately 430 young people aged 10- 24 die every day through interpersonal violence; and
- Road traffic injuries cause an estimated 700 young people to die every day.

In the Philippines, five out of ten leading causes of deaths among youth and young adults aged 10-24 years are non-communicable in nature, and these are mostly attributable to risk behaviors. Accidents are leading cause of death, followed by diseases of the heart, cancer, chronic lower respiratory diseases and vascular system. Collectively, they account for 54.7% (12,909) of total deaths (23,588) in the age group 10-24 in 2013.⁶

The Philippines is one of the countries in the Western Pacific Region with moderate to high burden of tobacco use among youth and adult population. The 2015 Philippines' Global Youth Tobacco Survey (GYTS); a component of the Global Tobacco Surveillance System (GTSS) which systematically monitors youth tobacco use, highlighted the following: ⁷



- 16.0% of students, 22.2% of boys and 10.4% of girls currently used any tobacco products;
- 14.5% of students, 20.5% of boys and 9.1% of girls currently smoked tobacco;
- 12.0% of students, 17.6% of boys and 7.0% of girls currently smoked cigarettes; and
- 2.5% of students, 2.9% of boys, and 2.1% of girls currently used smokeless tobacco.

Further, the result of the Philippines' 2011 Global School-Based Student Health Survey (GSHS); a collaborative surveillance system which is designed to help countries measure and assess the behavioral risk factors and protective factors in 10 key areas among young people aged 13-15 years old revealed the following⁸ :

- 11.0% of students smoked cigarettes on one or more days during the past 30 days preceding the survey. The boys (16.0%) were significantly more likely to smoke than the girls (6.4%);
- Almost 6 in 10 or 56.7% of students had their first drink of alcohol before age 14 , with boys more likely to have drank alcohol before 14 years old than girls;
- 10.7% of students were underweight;
- 6.2% of students went hungry most of the time or always because there was not enough food in their home during the past 30 days;
- 16.3% of students had ever seriously considered attempting suicide during the past 12 months preceding the survey; and
- More than one thirds (37.7%) of respondents age 13-15 years old were involved in a physical fight one or more times during the past 12 months preceding the survey . The boys (44.2 %) were significantly more likely than girls (31.8%) to have been involved in physical fight.

Another primary source of information on sexual and non-sexual risk behaviors and its determinants in the Philippines at the national and regional levels is the Young Adult Fertility and Sexuality (YAFS) Study. It is a series of national surveys on the Filipino youth, conducted since 1982 by the University of the Philippines Population Institute (UPPI) and the Demographic Research and Development Foundation. Gathering data from Filipino youth aged 15-24, YAFS covers a wide range of topics that are relevant to this age group such as education trajectories, labor force participation, relationships and roles in society, values and attitudes, in addition to the risk behaviors. Findings from the YAFS series have been widely used in education and health and had provided the evidence-based for health programs for young people by government and non-government organizations nationwide.

According to the 2013 Young Adult Fertility and Sexuality (YAFS) Study key findings, that, while there is improvement in the non-sexual risk behaviors, the picture on sexual risk behaviors indicate a worsening trend. The prevalence of premarital sexual activity has increased but the use of contraception/protection against STI remains low and unchanging from its 1994 level. The narrowing of the gap in the prevalence of premarital sex activity between young men and women, amidst increasing PMS prevalence in general, is likely a major contributor to the sharp increase in teenage pregnancies⁹



Relatively, in December 2015, there were 650 new HIV Ab seropositive individuals. More than half (55%) belonged to the 25-34 year age group while 28% were youth aged 15-24 years. The age group with the biggest proportion of cases has become younger: from 2000 to 2004, it was 30-39 years; from 2005 to 2009, it was 25-34 years; and from 2010 to 2015, it was 20-29 years. Notably, the proportion of People Living with HIV (PLHIV) in the 15-24 year age group increased from 20% in 2005-2009 to 28% in 2010-2015. Also, in December 2015, there were 11 deaths aged 15-24 years.¹⁰

All levels of the health sectors; national, subnational or at the local government units, are cognizant of the critical effect of promoting healthy practices during adolescence to the future of their constituents' health and social infrastructure and to the prevention of health problems in adulthood; thus, all health authorities are taking steps to better protect young people from health risks.

Nationally, the Department of Health (DOH) created a technical committee for Adolescent and Youth Health Program (AYHP) in 2006, composed of both government and non-government organizations dedicated to uplifting the welfare of adolescents and tasked to revitalize the AYHP: The committee embarked on a Strategic Plan for Accelerated Action on Adolescent Health.

In 2010, the National Center for Disease Prevention and Control (NCDPC) drafted a National Standards and Implementing Guide for Adolescent Friendly Health Facility, an Adolescent Job Aid Manual and a Primer on Legal Bases for the Adolescent Health Services in the Philippines. Due to an increasing health risky behavior among our Filipino adolescents, the DOH has revised policies to address major adolescent health problems, marginalized groups and humanitarian emergency settings through the development of DOH Administrative Order in 2013 on National Policy and Strategic Framework on Adolescent Health and Development.

The Order aims to provide strategic framework for the Adolescent Health Program that is anchored on Universal Health Care and to provide policy direction and guidance for DOH offices, its attached agencies, local government units and development partners in prioritizing interventions for adolescent health.¹¹

On the other hand, the Department of Education (DepEd) helps accelerate the implementation of the School-Based HIV and AIDS Education Program (SBHAEP) nationwide through the Health and Nutrition Center (HNC) by conducting the Orientation and Training Workshops on HIV and AIDS Education among the teaching and non-teaching personnel in identified HIV and AIDS hot spots.¹² Further, DepEd also issued Policy and Guidelines for the Comprehensive Water, Sanitation and Hygiene in Schools (WinS) Program for the promotion of correct hygiene and sanitation practices among school children to enable them develop life-long positive hygiene and sanitation behaviors. The program also aims to have a clean environment in and around schools to keep learners safe and healthy.¹³



GSHS Background

In 2001, the World Health Organization, in collaboration with UNAIDS, UNESCO, and UNICEF, with technical assistance from the US Centers for Disease Control and Prevention (CDC), initiated the development of the Global School-based Student Health Survey (GSHS). Since 2003, Ministries/ Department of Health and Education around the world have been using the GSHS to periodically monitor the prevalence of important health risk behaviors and protective factors among students.

The goal of the GSHS is to obtain systematic information from students to support school health and youth health programs and policies globally.

The purpose of the GSHS is to provide data on health behaviors and protective factors among students to:

- Help countries develop priorities, establish programs, and advocate for resources for school health and youth health programs and policies;
- Allow international agencies, countries, and others to make comparisons across countries and within countries regarding the prevalence of health behaviors and protective factors; and
- Establish trends in the prevalence of health behaviors and protective factors by country for use in evaluating school health and youth health promotion programs.

In the Philippines, the first round of GSHS was conducted in 2003 among 2nd to 4th year high school students from both public and private secondary schools. The survey was then conducted every four years, the second round was in 2007, the third round was in 2011 and the recently conducted survey is the fourth round. However, the succeeding surveys after the first round, already included all high school students from 1st to 4th year in the sample selection, to bring in all 13 year old students from the 1st year classes.

Methods

The GSHS is a school-based survey conducted primarily among students aged 13-17 years old. The survey is conducted every 3 to 4 years and is done simultaneously with another school-based survey, the Global Youth Tobacco Survey (GYTS). The country coordinated GYTS with GSHS to reduce the burden on schools and students and to save resources. Both surveys, use the same and standardized scientific sample selection process and common school-based methodology.

The GSHS uses core questionnaire modules, core-expanded questions and country-specific questions that are combined to form a questionnaire that can be administered during one regular class period.

This report presents findings from the Philippines' 4th round of Global-School Based Student Health Survey covering the school year 2014-2015. The survey was funded by the Epidemiology Bureau of the Department of Health with technical assistance from WHO and US-CDC.



Sampling

The 2015 Philippine GSHS was a school-based survey of students in grades 7-9 and 4th year high school (or grade 10), which are typically attended by students aged 13-17. The sampling and weighting was done separately for the three zones (Luzon, Visayas and Mindanao). The national data set is merged from the data files of these three zones. All schools containing grades 7-9 and 4th year were included in the sampling frame. A two-stage cluster sample design was used to produce a representative sample of students in grades 7-9 and 4th year.

The first-stage sampling frame consisted of all schools containing grades 7-9 and Year 4. Schools were selected systematically with probability proportional to enrollment in grades 7-9 and Year 4 using a random start. For this round of GSHS, the Philippines had sampled a total of 96 schools, 32 schools for each zone.

The second sampling stage consisted of systematic equal probability sampling (with a random start) of classes from each school that participated in the survey. Since, it is coordinated with GYTS, the number of classes sampled were doubled in order to produce two non-overlapping samples of classes and are either assigned to GYTS or GSHS. Among all the classes from middle school grades 7–9 and 4th year in a selected school, half of them were assigned to GYTS and the rest were assigned to GSHS. All students in the selected classes were eligible to participate in the survey.

A weight has been associated with each questionnaire to reflect the likelihood of sampling each student and to reduce bias by compensating for differing patterns of nonresponse. The weight used for estimation is given by:

$$W = W1 * W2 * f1 * f2 * f3$$

W1 = the inverse of the probability of selecting the school

W2 = the inverse of the probability of selecting the class within the school

f1 = a school-level nonresponse adjustment factor calculated by school size category (small, medium, large). The factor was calculated in terms of school enrollment instead of number of schools.

f2 = a student-level nonresponse adjustment factor calculated by class

f3 = a post-stratification adjustment factor calculated by grade

The weighted results can be used to make important inferences about the priority health-risk behaviors and protective factors of all students in grades 7-9 and 4th year high school in the Philippines.



Survey Administration

Survey administration occurred from January to March 2015. Survey procedures were designed to protect students' privacy by allowing for anonymous and voluntary participation. Students completed the self-administered questionnaire during one class period and recorded their responses directly on computer-scannable questionnaire answer sheet. The questionnaire contained 80 multiple-choice questions. Approximately, 40 Survey Administrators were trained to conduct the GSHS nationwide. Before the survey was conducted, local school officials' permission procedures were followed.

Questionnaire

The Philippines developed unique questionnaire for students using the three components: Core Modules, Core Expanded questions and Country Specific questions. The questions were translated into the appropriate language of instruction for the students and pilot tested for comprehension. All questions share common characteristics to enhance the flow of the survey and comprehension by the student. To help protect student privacy, no skip patterns are allowed.

A GSHS Core Management Team from the Epidemiology Bureau of the Department of Health had developed the questionnaire and translated in Filipino. It was then presented for comments to the Survey Administrators who are also the Regional NCD Coordinators. Considering valid comments, corrections to the translation, addendum and pretest results, the questionnaire was then finalized to be the official instrument of the 2015 Philippine's GSHS.

The 10 core questionnaire modules measures behaviors and protective factors related to the leading causes of morbidity and mortality among children and adults worldwide.

- Alcohol use
- BMI and Dietary behaviors
- Drug use
- Hygiene
- Mental health
- Physical activity
- Protective factors
- HIV and AIDS related knowledge
- Tobacco use
- Violence and unintentional injury



Data Analysis

The data set was cleaned and edited for inconsistencies through several data edit procedures such as out of range edits; multiple response edits; logical consistency edits; BMI edits; variable level edits and the record-level edits. Data were checked to ensure that data set met the following:

- Each question has valid data for at least 60% of all students once all other edits have been completed;
- Each student has at least 20 valid responses once all other edits have been completed; and
- There are no cases of too many of the same response in a row.

Core module question variables, core-expanded and country specific questions variables, dichotomous variables, supplemental or calculated variables, underweight, overweight, and obese indicator variables were analyzed. Each core module question, core expanded, and country specific question except demographic question and height and weight have corresponding dichotomized variable.

Age, sex and BMI were used to calculate thinness, overweight, and obese indicators. The WHO Growth Reference Data were used to determine these indicators for each student with a usable BMI.

GSHS survey employed a two-stage cluster sampling design. Therefore, to analyze GSHS data correctly, the software package used was SUDAAN which computes rates, means, or totals and their standard errors from the data collected in a complex multistage sample survey.



Results

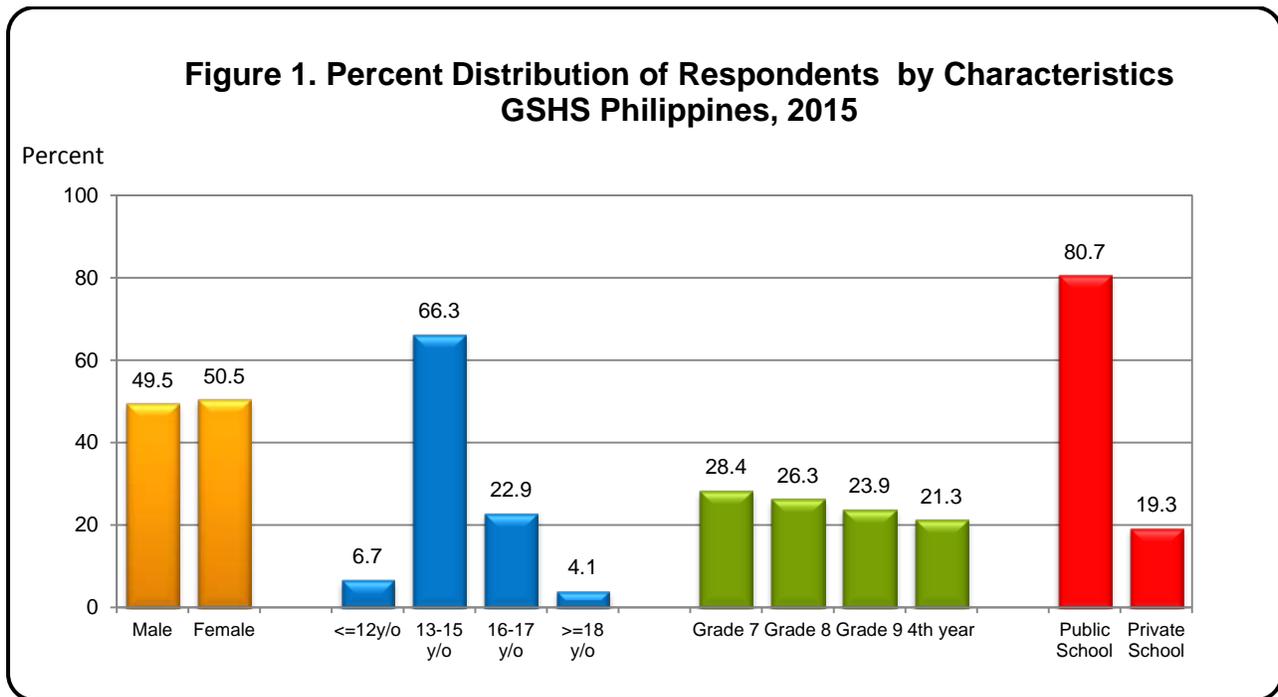
This section presents findings of the 2015 Global-School Based Student Health Survey (GSHS) in the Philippines. The graphs (except the demographic characteristics) and their descriptions focus only on the results among the 13-15 years old respondents.

Respondents Demographics

The respondents' characteristics are related to the health risk behaviors and protective factors assessed by the GSHS. Data describing how health risk behaviors and protective factors vary by demographic characteristics can help guide policy and program planning and implementation.

The 2015 GSHS was completed by 8,761 students out of the 10,361 sampled students from 90 out of 96 schools sampled in the Philippines from January to March of 2015. The school response rate was 94.0%, the student response rate was 85.0% and the overall response rate was 79.0%. The results are representative of all students in grades 7- 9 and 4th year high school in the Philippines.

The figure below shows the distribution of samples by demographic characteristics:



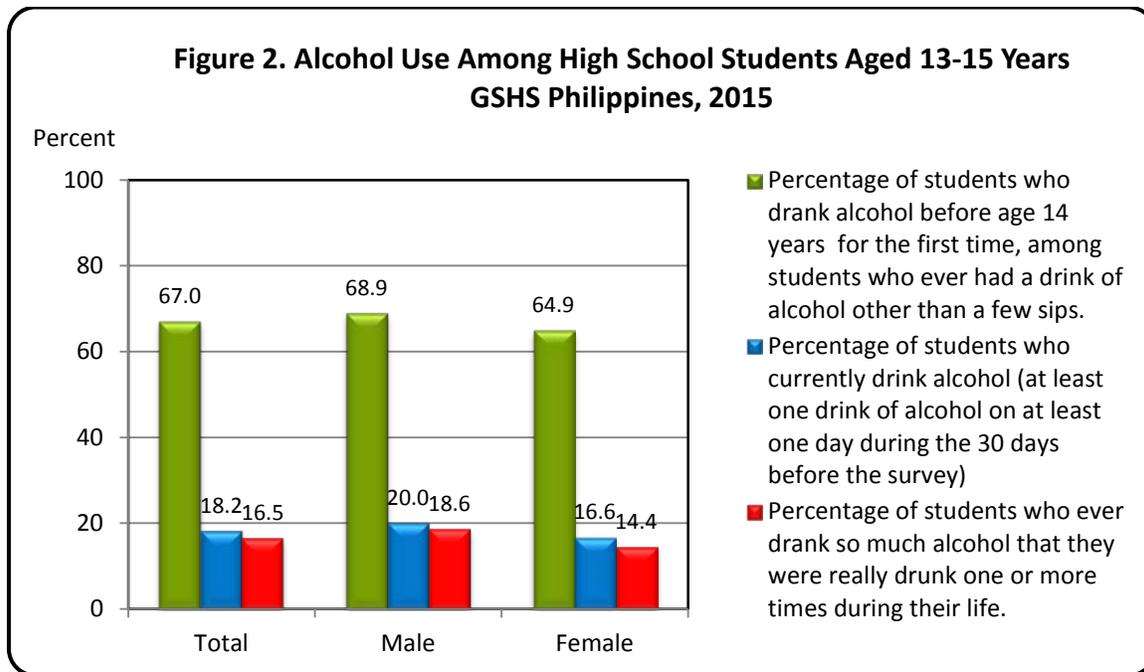
The 8,761 students who completed the survey were almost equally divided as to sex, 49.5% were male and 50.5% were female. Two in every three or 66.3% of the respondents were 13-15 years old and mostly are from grade 7. More than 4 in every 5 (80.7%) of the respondents were enrolled in public school. The highest percentage of the respondents were in grade 7 and grade 8, with a share of 28.4% and 26.3% respectively.



Alcohol Use

The harmful use of alcohol results in the death of 3.3 million people annually. There are 60 different types of diseases where alcohol has a significant causal role. It also poses harm to the well-being, health, and safety of the people around the drinker.¹⁶

While adverse health consequences from long-term chronic alcohol use may not cause death or disability until fairly late in life, acute consequences of alcohol use, including intentional and unintentional injuries, are far more common among youth and young adults. Unintentional injuries are the leading cause of death among 15-25 year-olds and many of these injuries are related to alcohol use. Young people who drink are more likely to use tobacco and other drugs and engage in risky sexual behavior than those who do not drink. Problems with alcohol can impair adolescents' psychological development and influence both the school environment and leisure time negatively.⁸



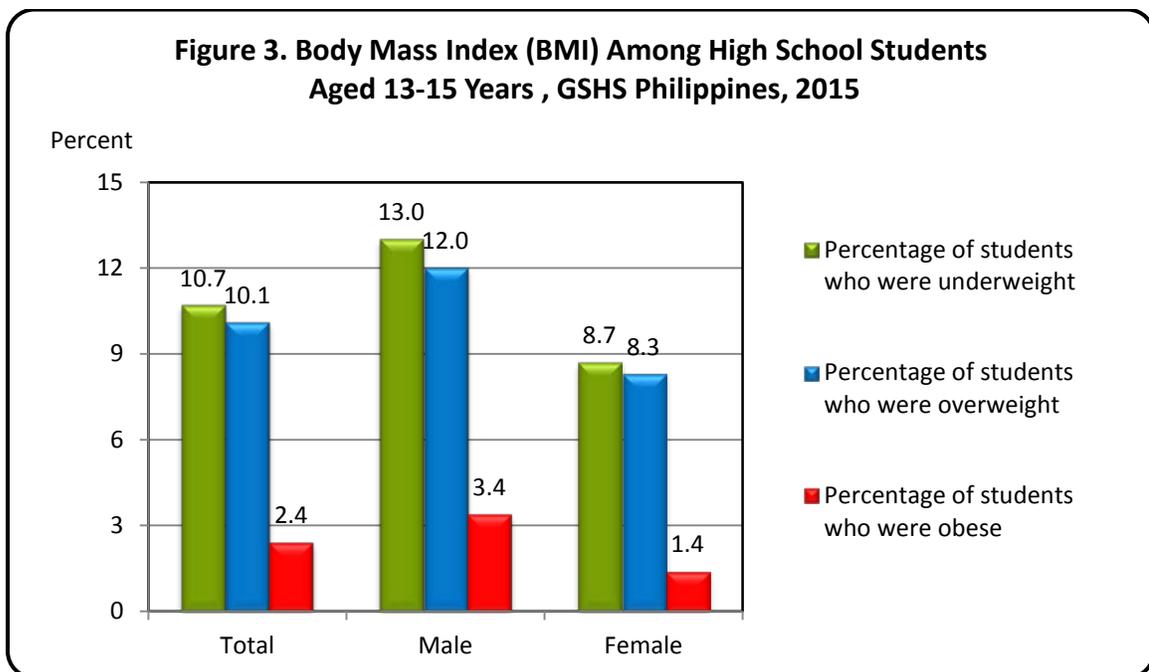
Two out of three 13-15 years old high school students in the country, whoever had a drink of alcohol other than a few sips admitted that they started drinking alcohol before 14 years old. More boys (20.0%) than girls (16.6%) are current alcohol drinkers or had at least one drink of alcohol on at least one day during the 30 days before the survey. Consequently, boys (18.6%), more than girls (14.4%) who ever drank so much alcohol, had experienced to be really drunk, one or more times during their life.



➤ *BMI and Dietary Behavior*

Obesity acquired during childhood or adolescence may persist into adulthood and increase risk later in life for coronary heart disease, diabetes, gallbladder disease, some types of cancer and osteoarthritis of the weight-bearing joints. Obesity may be associated with soft drink consumption and consumption of foods frequently found in fast food restaurants.

In contrary, fruits and vegetables are good sources of complex carbohydrates, vitamins, minerals, and other substances important for good health. Dietary patterns that include higher intakes of fruits and vegetables are associated with several health benefits, including a decreased risk for some types of cancer.

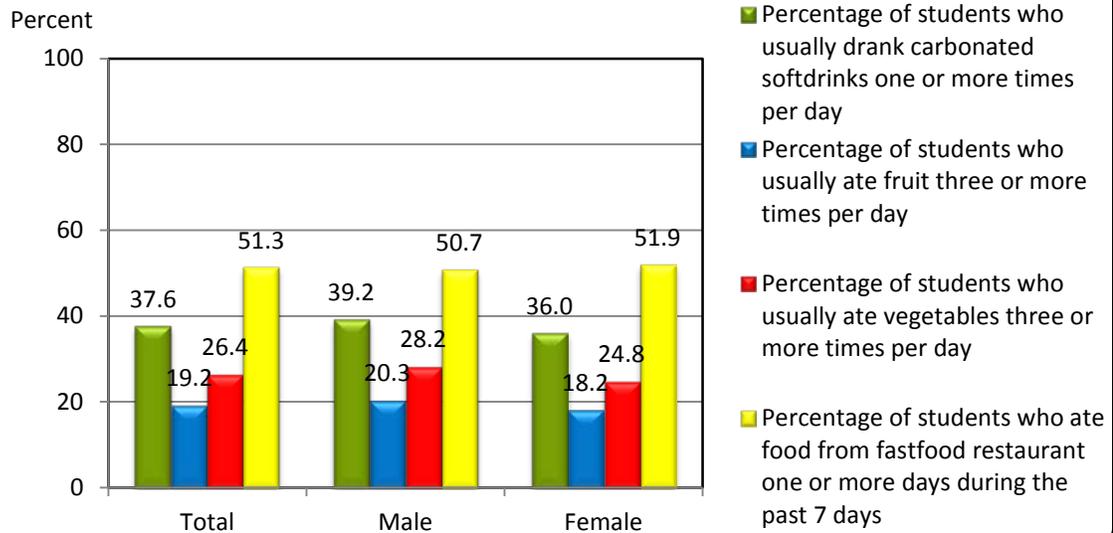


In this study, underweight is defined as $<-2SD$ from median for BMI by age and sex; overweight is $>+1SD$ from median for BMI by age and sex; while, obesity is $>+2SD$ from median for BMI by age and sex. Based on the given definition, overweight and obesity are not mutually exclusive, and thus, overweight includes obesity.

The survey revealed that the prevalence of underweight (10.7%) high school students in the country is a little higher than overweight (10.1%). The proportion of underweight male students (13.0%) is one percent higher than the proportion of overweight male students (12.0%). Meanwhile, the proportion of underweight female students (8.7%) is almost equal to the proportion of overweight female students (8.3%). Obesity is more common to males (3.4%) than females (1.4%).



Figure 4. Dietary Behavior Among High School Students Aged 13-15 Years, GSHS Philippines, 2015



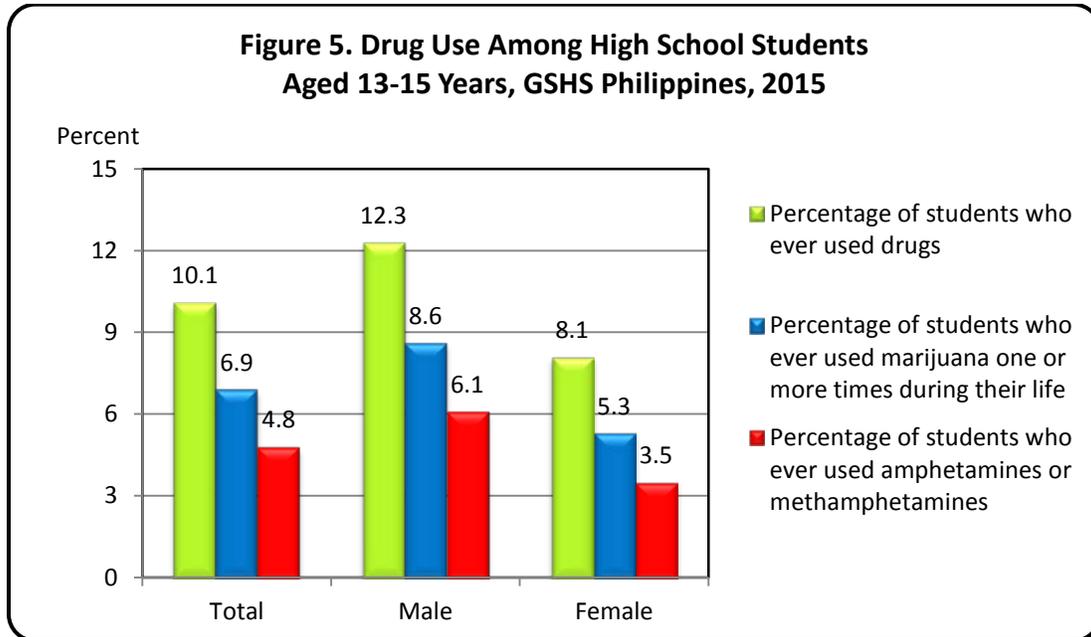
The figure describes the behavior of high school students towards healthy diet. Prevalence of eating vegetables or fruits three or more times per day is quite low. Nearly 2 out of 10 students eat vegetable (26.4%) or eat fruits (19.2%). While, a higher proportion of students reported that they usually drank carbonated soft drinks one or more times per day (37.6%). Males (39.2%) are more likely to drink carbonated drinks than females (36.0%). More than half (51.3%) of 13-15 years old high school students reported that they ate food from fast food restaurants one or more days during the past 7 days before the survey.



Drug Use

The illicit drug trade touches millions of lives in both developed and developing countries. Its most negative impact is concentrated amongst the vulnerable and marginalized.

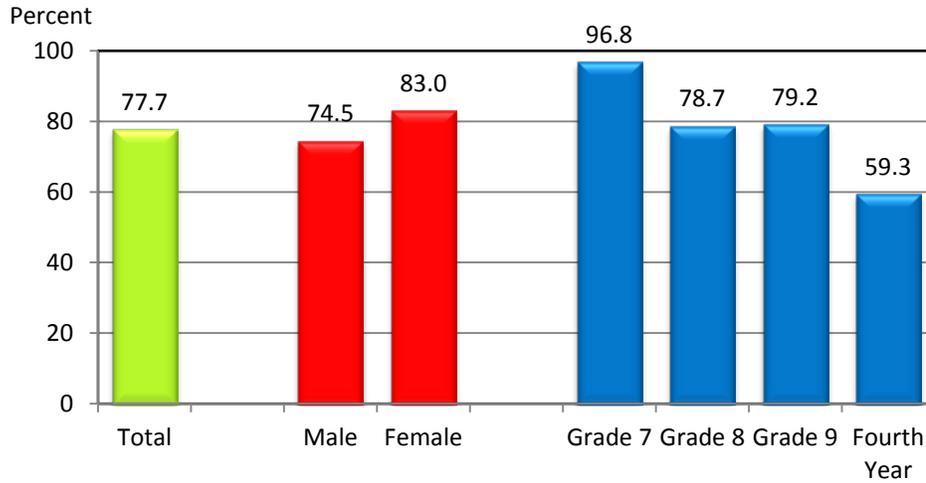
Drug use contributes directly and indirectly to the HIV epidemic, unintentional injuries and violence, and infant morbidity and mortality.



More than one in ten or 10.1% of the 13-15 years old high school students ever used drugs. Males (12.3%), more likely than females (8.1%) to ever use drugs. Similarly, a higher proportion of males than females who ever used marijuana (M=8.6%; F=5.3%) or amphetamines/ methamphetamines (M=6.1%; F=3.5%) one or more times during their life was made evident by the results of the survey.



**Figure 6. Percentage of High School Students Who Used Drug Before Age 14 Years*; By Sex and Grade Level
GSHS Philippines, 2015**



* among students who ever used drugs

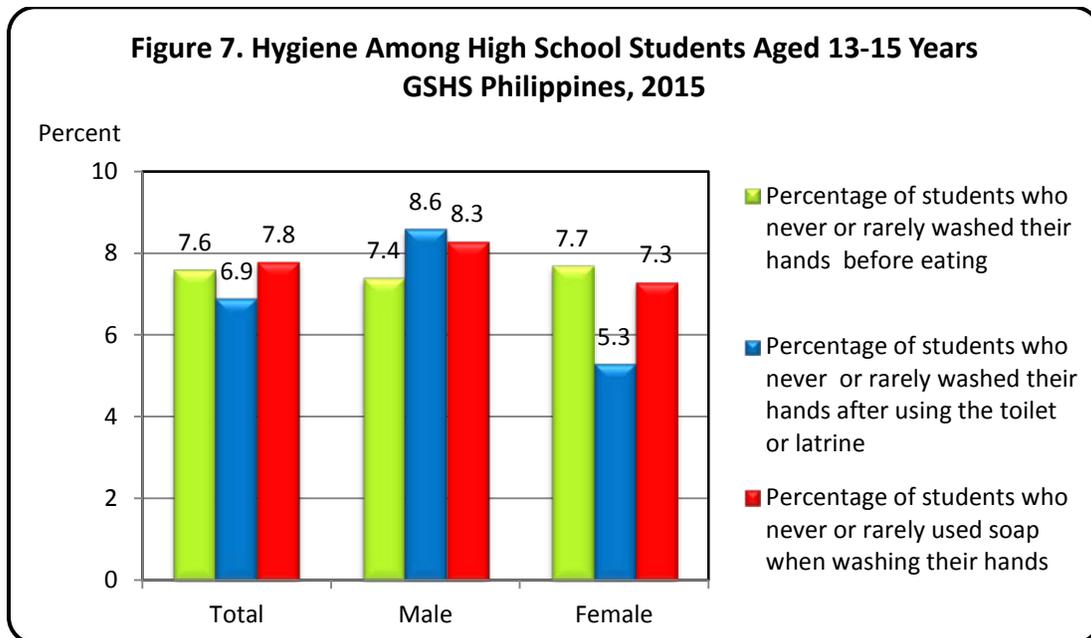
Among students who ever used drugs, a total of 77.7% of high school students reported that their first drug use was before age 14 years. The females (83.0%) are more likely than males (74.5%) to have used drugs for the first time before they turned 14 years old. Almost 6 out of 10 fourth year high school students who ever used drugs, have initiated drug use before 14 years old.



Hygiene

Poor hygiene could lead to poor health. Maintaining personal hygiene is necessary personal, social, health or psychological reasons. Keeping a good standard of hygiene everyday helps prevent the development and spread of infections and certain diseases.

Hygiene refers to conditions and practices that help to maintain health and prevent the spread of diseases. Medical hygiene therefore includes a specific set of practices associated with this preservation of health, for example environmental cleaning, sterilization of equipment, hand hygiene, water and sanitation and safe disposal of medical waste.¹⁴

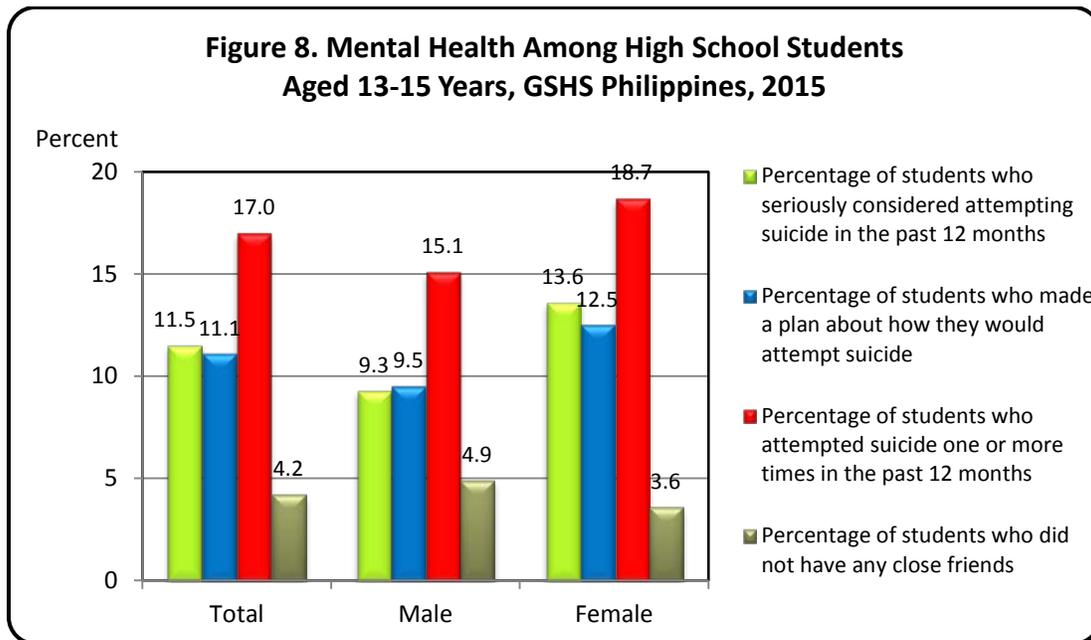


In the Philippines, less than 1 in 10, 13-15 years old high school students never or rarely washed their hands before eating (7.6%), never or rarely washed their hands after using the toilet or latrine (6.9%) or never or rarely used soap when washing their hands (7.8%). Males more than females, never or rarely washed their hands after using the toilet or latrine and never or rarely used soap when washing their hands. However, there were more female students (7.7%) than male students (7.4%) who never or rarely washed their hands before eating.



Mental Health

Anxiety disorders, depression and other mood disorders, and behavioral and cognitive disorders are among the most common mental health problems among adolescents. Every country and culture has children and adolescents struggling with mental health problems. Most of these young people suffer needlessly, unable to access appropriate resources for recognition, support, and treatment. Ignored, this young people are at high risk for abuse and neglect, suicide, alcohol and other drug use, school failure, violent and criminal activities, mental illness in adulthood, and health-jeopardizing impulsive behaviors.



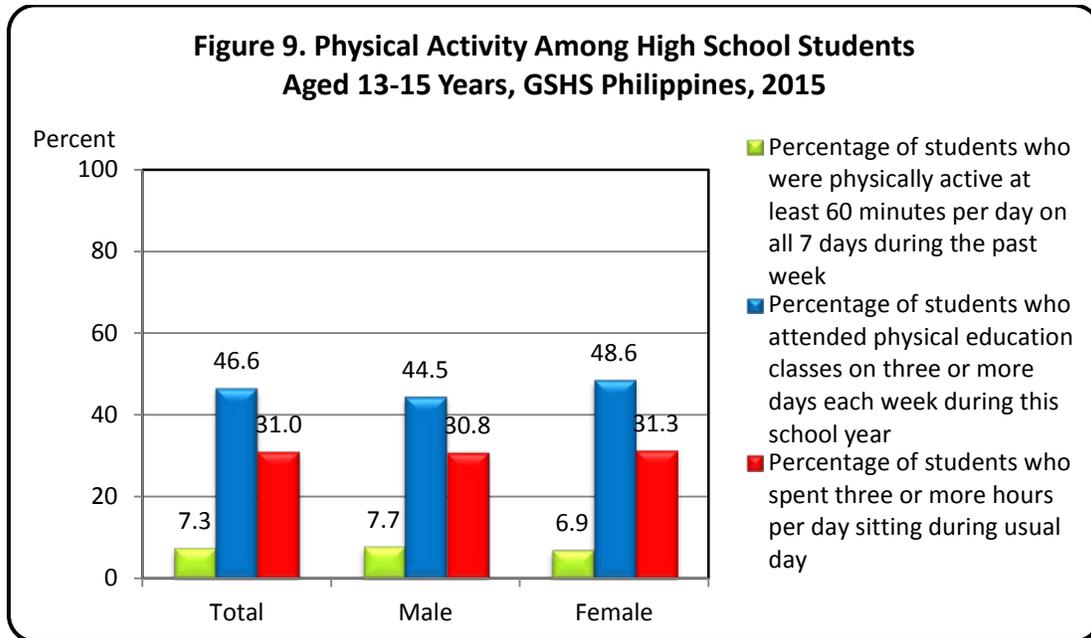
A total of 11.5% of the 13-15 year old students had seriously considered attempting suicide in the past 12 months before the survey. Nearly the same proportion, 11.1% of students made a plan on how they would attempt suicide. However, there was a higher proportion of students who attempted suicide one or more times in the past 12 months (17.0%). From these proportions, a higher percentage were reported for females (13.6%; 12.5%; 18.7%) than males (9.3%; 9.5%; 15.1%).

The proportion of high school students aged 13-15 years old who did not have any close friends is 4.2%. Percentage of students who did not have any close friends is higher for males (4.9%) than females (3.6%).



Physical Activity

Physical activity helps children to stay alert and concentrate better. Students who are physically active are more likely to have higher academic performance and fewer disruptive behaviors. In this study, physical activity is defined as any activity that increases heart rate and makes one get out of breath some of the time. It can be done through sports, playing with friends, or walking to school. Some examples of physical activities are running, fast walking, biking, dancing, or football.

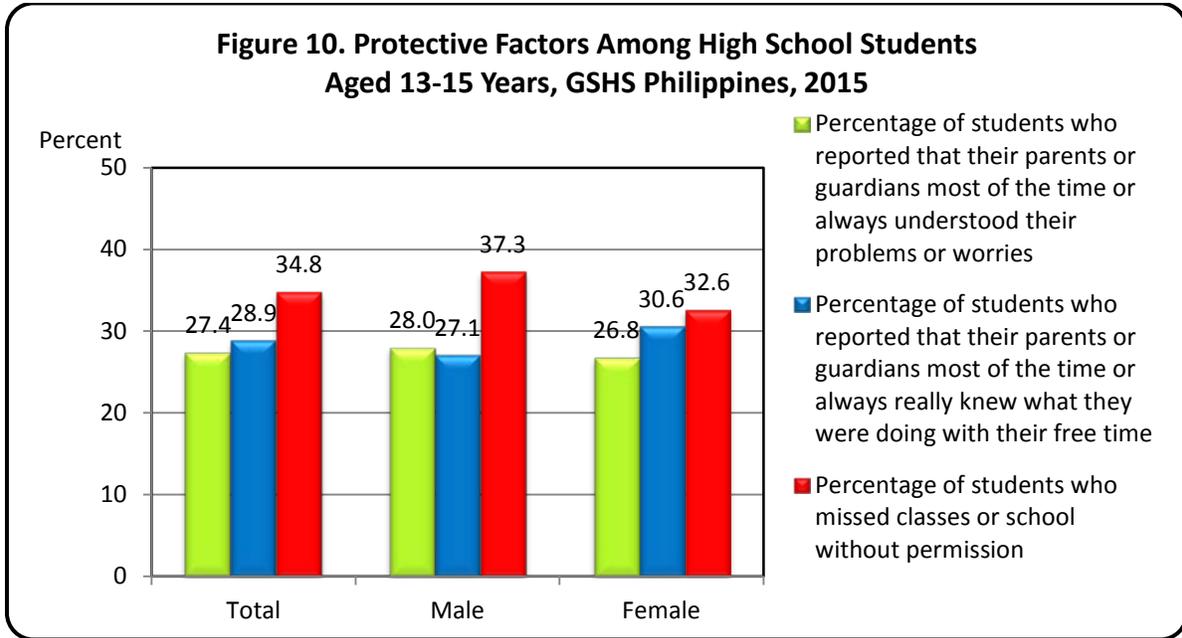


Less than half of the high school students aged 13-15 (46.6%) attended physical education classes on three or more days each week during the school year when the survey was implemented. More than three in ten (31.0%) students spent three or more hours per day sitting during usual day. Further, only one in ten (7.3%) students were physically active at least 60 minutes per day on all 7 days during the 7 days before the survey, more males (7.7%) being active than females (6.9%).



Protective Factors

Being liked and accepted by peers is crucial to young people’s health development. Those who are not socially integrated are far more likely to exhibit difficulties with their physical and emotional health. Isolation from peers in adolescence can lead to feelings of loneliness and psychological symptoms. Interaction with friends tends to improve social skills and strengthen the ability to cope with stressful events.



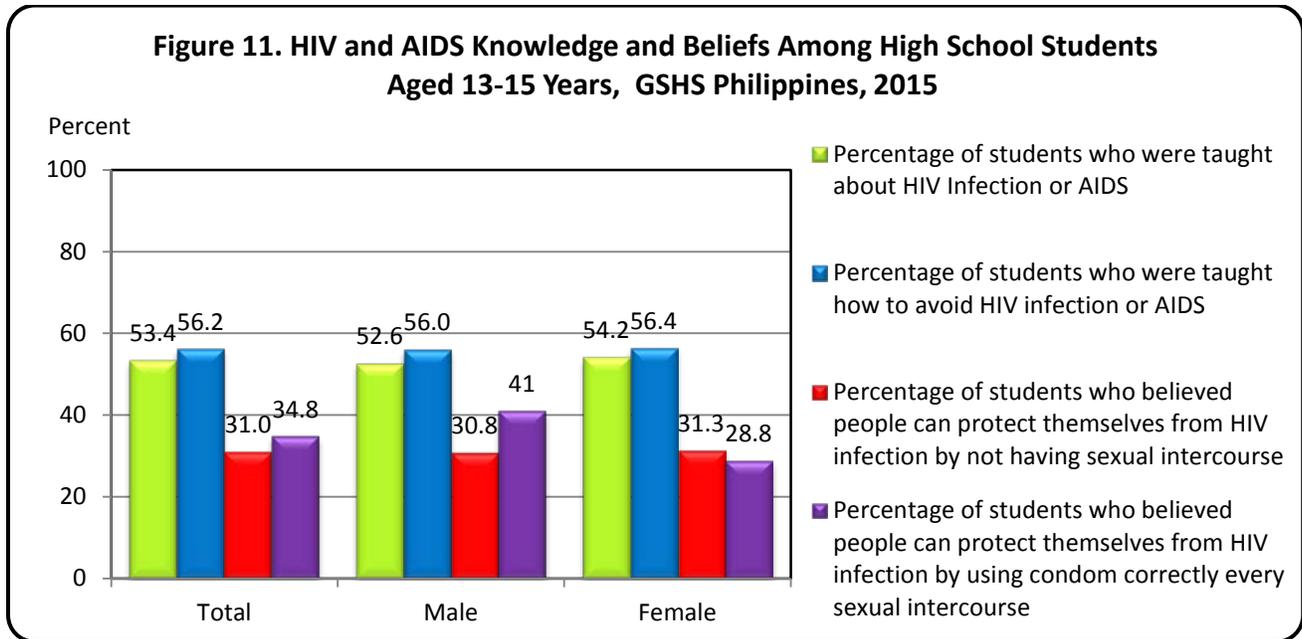
Less than three out of ten 13-15 years old high school students in the country reported that their parents or guardians most of the time or always understood their problems or worries (27.4%) or really knew what they were doing with their free time (28.9%). Moreover, more than three out of ten students also, missed classes or school without permission (34.8%).



HIV and AIDS Related Knowledge

Studies show that adolescents who begin sexual activity early are likely to have sex with more partners and with partners who have been at risk of HIV exposure and are not likely to use condoms.

In many countries, HIV infection and AIDS is reducing average life expectancy, threatening food security and nutrition, dissolving households, overloading the health care system, reducing economic growth and development, and reducing school enrollment and the availability of teachers.



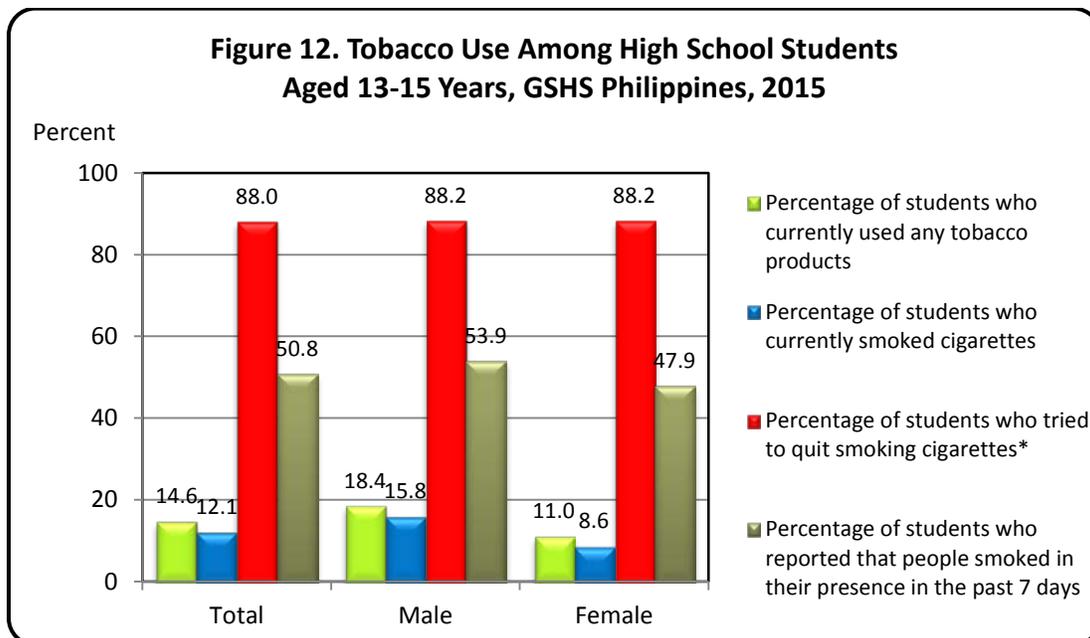
More than half of all high school students aged 13-15 years were taught about HIV infection or AIDS (53.4%) or were taught how to avoid HIV infection or AIDS (56.2%) in their classes during the school year. Almost the same percentage of students (31.0%) believed people can protect themselves from HIV infection by not having sexual intercourse and students believed people can protect themselves from HIV infection by using condom correctly every sexual intercourse (34.8%).



Tobacco use

Tobacco use is one of the world's leading preventable causes of death and contributes significantly to the risks for noncommunicable diseases like cancer, lung and heart disease. Exposure to secondhand tobacco smoke is also harmful to health, causing an estimated 600,000 deaths globally each year. In the Western Pacific Region it is estimated that two people die every minute from tobacco-related disease, and half of all women and children are regularly exposed to secondhand smoke at home and in public places. The most common type of tobacco product used is manufactured cigarettes, but tobacco is also chewed, sucked or snuffed. Tobacco tax as a percentage of retail price is still relatively low in many parts of the region.¹⁷

Tobacco causes over 20 different diseases, many of them fatal or disabling. It is responsible for over 71% of all cases of lung cancer deaths globally, 42% of chronic respiratory disease deaths and nearly 10% of all deaths from cardiovascular disease.¹⁸



* among students who smoked cigarettes during the 12 months before the survey

A total of 14.6% 13-15 years old high school student are current user of any tobacco product. Males (18.4%) are most likely to use any tobacco product than females (11.0%).

About 12.1% of 13-15 years old high school students are current cigarette smokers. Males (15.8%) are almost twice most likely to smoke cigarette than females (8.6%).

Among the students who currently smoked cigarettes, almost 9 out of 10 (88.0%) tried to quit smoking. The same proportion were reported for both males and females (88.2%)

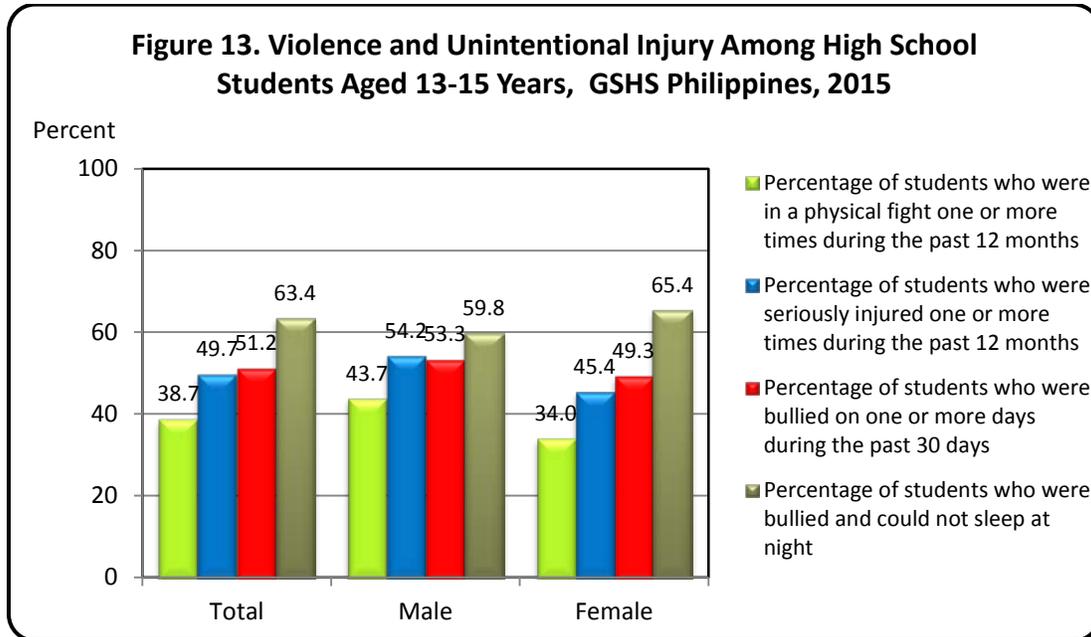
One in every two high school student aged 13-15 is exposed to cigarette smoke. More than half (50.8%) of the students reported that people smoke in their presence in the past seven days before the survey. Males (53.9%) being more exposed to secondhand smoke than female (47.9%).



Violence and Unintentional Injury

Unintentional injuries are a major cause of death and disability among young children. Many unintentional injuries lead to permanent disability and brain damage, depression, substance abuse, suicide attempt, and the adoption of health risk behaviors.

Victims of bullying have increased stress and a reduced ability to concentrate and are at increased risk for substance abuse, aggressive behavior, and suicide attempts.



Nearly four out of ten (38.7%) 13-15 years old high school students were involved in a physical fight in one or more times during the past 12 months before the survey . Males (43.7%) being more involved than females (34.0%)

Almost half (49.7%) of the students were seriously injured one or more times during the past 12 months before the survey. More males (54.2%) than females (45.4%) were seriously injured one or more times during the past 12 months before the survey.

More than half (51.2%) of the 13-15 years old high school students were bullied on one or more days during the 30 days before the survey. Males (53.3%), having been bullied more than the females (49.3%) on one or more days during the 30 days before the survey.

The highest proportions of students were those bullied and could not sleep at night, with a total of 63.4%. Females (65.4%) were more likely than males (59.8%) to experience not sleeping at night when bullied.



Discussion



This section of the report presents the discussion and interpretation of the results of the Philippines' 2015 Global School-Based Student Health Survey (GSHS).

The tables below show the survey results of selected indicators from all respondents of the study disaggregated by sex and by grade levels. The GSHS results were described and presented per core module. The discussions and interpretations were based only on the selected indicators.

Alcohol Use

Table 1. Alcohol use among high school students, by sex and grade level, GSHS Philippines, 2015

Alcohol Use	Total (95% confidence interval)	Sex		Grade/Year Level			
		Male	Female	Grade 7	Grade 8	Grade 9	Fourth year
Currently drank alcohol (at least one drink of alcohol on at least 1 day during the 30 days before the survey)	21.2 (19.0-23.7)	25.3 (23.3-27.5)	17.2 (14.4-20.5)	13.5 (11.0-16.6)	21.2 (16.7-26.4)	23.0 (18.8-27.8)	29.2 (25.2-33.6)
Drank alcohol before age 14 years (for the first time among students who ever had a drink of alcohol other than a few sips)	54.4 (49.1-59.6)	55.0 (49.8-60.1)	53.6 (47.2-59.9)	84.3 (79.6-88.1)	63.4 (56.3-70.0)	48.9 (40.4-57.5)	33.8 (26.4-42.0)
Usually drank two or more drinks per day (on the days they drank alcohol among students who drank alcohol during the 30 days before the survey)	29.2 (24.3-34.7)	29.9 (25.1-35.3)	28.3 (22.7-34.7)	20.9 (16.1-26.7)	27.5 (21.1-35.1)	28.1 (20.0-37.9)	37.0 (30.2-44.3)
Ever drank so much alcohol that they were really drunk (one or more times during their life)	20.7 (18.3-23.3)	24.5 (21.9-27.3)	16.9 (14.1-20.0)	11.0 (8.5-14.1)	18.5 (14.3-23.5)	22.9 (18.5-28.0)	32.8 (28.8-37.2)



2015 GLOBAL SCHOOL- BASED STUDENT HEALTH SURVEY RESULTS

Were really drunk for the first time before age 14 years (among students who ever drank so much alcohol that they were really drunk)	44.6 (37.3-52.2)	46.2 (39.6-53.0)	42.1 (32.6-52.3)	78.6 (69.8-85.4)	54.8 (45.1-64.1)	39.5 (25.5-55.5)	24.7 (17.0-34.4)
Were at home or someone else's home the first time they had a drink of alcohol (among students who ever had a drink of alcohol)	79.2 (76.3-81.8)	76.3 (72.6-79.6)	82.5 (78.8-85.7)	79.7 (75.8-83.2)	83.7 (78.8-87.6)	75.0 (69.7-79.6)	78.6 (73.3-83.1)
Had someone refuse to sell them alcohol because of their age (during the 30 days before the survey)	55.6 (51.1-59.9)	53.3 (48.7-57.8)	58.6 (52.5-64.5)	63.7 (56.3-70.5)	57.4 (51.1-63.5)	55.4 (47.3-63.1)	47.3 (40.6-54.1)
Usually obtained the alcohol they drank from friends (among students who drank alcohol during the 30 days before the survey)	35.2 (30.0-40.8)	32.2 (27.8-36.9)	39.2 (31.8-47.3)	29.1 (23.0-36.2)	31.6 (23.0-41.7)	36.2 (27.0-46.6)	40.0 (34.4-45.9)
Usually drank alcohol with their friends (among students who drank alcohol)	65.5 (60.8-70.0)	69.6 (63.2-75.3)	60.9 (56.1-65.5)	52.6 (45.5-59.6)	63.0 (54.9-70.5)	66.4 (59.4-72.8)	73.4 (68.2-78.1)
Reported that their parents knew they drank alcohol (among students who drank alcohol)	56.8 (53.9-59.8)	59.9 (56.8-62.8)	53.5 (50.0-57.0)	56.2 (51.6-60.7)	54.0 (48.3-59.7)	58.8 (53.8-63.7)	57.9 (53.4-62.3)
Were allowed to drink alcohol at home (among students who drank alcohol)	36.4 (33.2-39.6)	37.0 (33.4-40.7)	35.7 (32.2-39.3)	35.8 (30.9-41.0)	36.4 (31.2-41.9)	34.6 (29.7-39.9)	38.6 (34.4-42.9)



2015 GLOBAL SCHOOL- BASED STUDENT HEALTH SURVEY RESULTS

Reported that their parents or guardians drank alcohol	68.5 (66.7-70.3)	66.3 (64.3-68.3)	70.6 (68.3-72.9)	64.6 (61.2-67.9)	66.7 (62.9-70.2)	70.7 (67.2-74.0)	72.9 (69.4-76.2)
Ever got into trouble with their family or friends, missed school, or got into fights as a result of drinking alcohol (one or more times during their life)	11.0 (8.4-14.3)	12.9 (10.2-16.2)	9.1 (6.3-13.0)	7.7 (5.3-11.2)	10.7 (7.2-15.8)	13.2 (8.2-20.6)	13.0 (9.5-17.6)
Most of the time or always saw advertisements for alcohol (among students who went to sports events, fairs, concert, community events or social gatherings)	10.0 (8.8-11.3)	11.6 (10.1-13.3)	8.4 (7.2-9.7)	9.3 (7.7-11.1)	9.4 (7.1-12.2)	9.5 (7.5-11.8)	11.8 (9.6-14.4)
Most of the time or always saw actors drinking alcohol (among students who watched television, videos, or movies)	21.2 (19.4-23.1)	21.0 (19.0-23.0)	21.4 (18.9-24.1)	18.9 (16.5-21.5)	19.7 (17.4-22.3)	22.5 (19.4-26.0)	23.7 (20.3-27.4)
Had an alcohol company representative ever offer them a free drink of alcohol	9.0 (8.0-10.2)	11.8 (10.3-13.60)	6.4 (5.1-7.9)	8.4 (6.8-10.2)	9.3 (7.6-11.2)	9.5 (6.7-13.4)	8.9 (7.1-11.2)
Had a t-shirt, Pen, backpack, or other item, with an alcohol brand logo on it	13.0 (11.8-14.2)	15.7 (14.1-17.4)	10.3 (9.3-11.5)	13.6 (12.1-15.2)	13.1 (11.4-15.1)	13.0 (10.4-16.1)	12.1 (10.0-14.5)



Nationwide, the prevalence of students who have drunk at least one drink of alcohol on at least 1 day during the 30 days before the survey is 21.2%. grade 7 (13.5%) students were significantly less likely than grade 8(21.2%), grade 9(23.0%) and fourth year (29.2%) students to have drunk at least one drink of alcohol on at least 1 day during the 30 days before the survey.

More than half (54.4%) of students reported that they drank alcohol before age 14 years for the first time among students who ever had a drink of alcohol other than a few sips. Fourth year (33.8%) students were significantly less likely than grade 7(84.3%), grade 8(63.4%) and grade 9 (48.9%) to have drunk alcohol before age 14 years for the first time among students who ever had a drink of alcohol other than a few sips.

The result of early initiation to alcohol before the age of 14 years old can be due to easy access of alcohol in malls or stores without checking the age of the consumer. This is so, because we have no ordinance or law/s on prohibiting buying of alcohol to minors.

About 29.2% of students reported that they usually drank two or more drinks per day on the days they drank alcohol among students who drank alcohol during the 30 days before the survey. Fourth year (37.0%) students were significantly more likely than grade 7 (20.9%), grade 8 (27.5%) and grade 9 (28.1%) students to have drunk alcohol two or more drinks per day. Evidently, prevalence of drinking alcohol among high school students gets higher as they advance in their studies. This could be a sign of early alcoholism, the longer time they drink, the more frequent they drink alcohol.

More than one-fifth (20.7%) of students reported that they ever drank so much alcohol that they were really drunk one or more times during their life. The males (24.5%) were significantly more likely than females (16.9%) to have ever drunk so much alcohol that they were really drunk one or more times during their life. Further, grade 7(11%) students were significantly less likely than grade 8 (18.5%), grade 9 (22.9%) and fourth year (32.8%) students to have ever drunk so much alcohol that they were really drunk one or more times during their life. The results show that the older they become the more frequent they become drunk.

From the above proportion, about 44.6% of students reported that they experienced to be really drunk for the first time before age 14 years. grade 7 (78.6%) students were significantly more likely than grade 8 (54.8%), grade 9 (39.5%) and fourth year (24.7%) students to have reported that they were really drunk for the first time before age 14 years among students who ever drank so much alcohol that they were really drunk. A higher proportion of being drunk would definitely be reported by grade 7 because most of them are still below 14 years old. Further, maybe because of curiosity and young age, they still do not have control over drinking, thus they experienced to be really drunk for the first time. In addition to being exposed early to alcoholic beverages in various settings, such as at home, in school and public places.

Among students who ever had a drink of alcohol, about 79.2% reported that they were at home or someone else's home the first time they had a drink of alcohol. The females (82.5%) were significantly more likely than males (76.3%) to have reported that they first drink alcohol at home or someone else's home, maybe because girls were more discrete than boys and they may also be affected by the norm that females should be modest and decent by not engaging in any vice such as alcohol drinking.



Further, grade 8 (83.7%) students were significantly more likely than grade 9 (75.0%) and fourth year (78.6%) students to have reported that they were at home or someone else's home the first time they had a drink of alcohol among students who ever had a drink of alcohol. Students from higher years were bold enough to drink alcohol in the open.

More than half (55.6%) of students reported that they had someone refuse to sell them alcohol because of their age during the 30 days before the survey. Fourth year (47.3%) students were significantly less likely than grade 7 (63.7%) and grade 8 (57.4%) students to had someone refused to sell them alcohol because of their age during the 30 days before the survey. There are still some store owners who comply with the law, thus more grade 7 and 8 were refused to sell them alcohol.

About 35.2% of students who drank alcohol during the 30 days before the survey, reported that they usually obtained the alcohol they drank from friends. The females (39.2%) were significantly more likely than males (32.2%); or fourth year (40.0%) students were significantly more likely than grade 7 (29.1%) students to have usually obtained the alcohol they drank from friends.

Moreover, about 65.5% of students reported that they usually drank alcohol with their friends among students who drank alcohol. grade 7(52.6%) students were significantly less likely than grade 8(63.0%), grade 9(66.4%) and fourth year (73.4%) students to have usually drank alcohol with their friends among students who drank alcohol.

Almost three out five students reported that their parents knew they drank alcohol (56.8%) and that their parents or guardians drank alcohol (68.5%). Study revealed that more parents are aware that their children are alcohol drinkers and parents or guardians themselves are also alcohol drinkers. This could be a reflection that parents of adolescents have a favorable attitude towards alcohol drinking and a manifestation of parents' acceptance or tolerance of their children's alcohol drinking.

A total of 11.0% of students, wherein males (12.9%) were significantly more likely than females (9.1%) and fourth year (13.0%) students, also were significantly more likely than grade 7 (7.7%), to have ever been got into trouble with their family or friends, missed school, or got into fights, one or more times during their life, as a result of drinking alcohol.

One in every ten students (10.0%) who went to sports events, fairs, concert, community events or social gatherings, reported that most of the time or always they saw advertisements for alcohol. The males (11.6%) were significantly more likely than females (8.4%) to have seen alcohol advertisements. This could be because male students attend social events, gatherings and activities more often than female students and alcohol advertising may influence these adolescents to be more vulnerable to drinking alcohol.

More than one in five students (21.2%) reported that most of the time or always they saw actors drinking alcohol in television and movie scenes everytime they watch television, videos, or movies. fourth year (23.7%) students were significantly more likely than grade 7 (18.9%) and grade 8 (19.7%) students to have most of the time or always saw actors drinking alcohol in television, videos, or movies.

About 9.0% of students reported that an alcohol company representative ever offer them a free drink of alcohol. The males (11.8%) were significantly more likely than females (6.4%) to have reported that an alcohol company representative ever offer them a free drink of alcohol.



Overall, 13.0% of students reported that they had a t-shirt, pen, backpack, or other item, with an alcohol brand logo on it. The males (15.7%) were significantly more likely than females (10.3%) to have a t-shirt, pen, backpack, or other item, with an alcohol brand logo on it.

The 2015 GSHS data revealed that there is a higher percentage of current alcohol drinkers among males than females. This could be due to the sensation seeking nature and aggressive behavior of adolescents which are more apparent among males. Another reason could be that males attend more social events, give in to peer pressure more easily and socialize with other adolescents or friends more often.

An increasing pattern of adolescent drinking across grade or year level is noticeable which could be due to having bigger social circle of friends, attending social events and activities more often and higher level independence among higher grade or year levels. More than half of the adolescents surveyed (more in male respondents) reported that they usually drank alcohol with their friends. This is probably due to peer pressure, acceptance of drinking by peers and attendance to social events or gatherings.

BMI and Dietary Behavior

Table 2. BMI and dietary behavior among high school students, by sex and grade level, GSHS Philippines, 2015

BMI and Dietary Behavior	Total (95% confidence interval)	Sex		Grade/Year Level			
		Male	Female	Grade 7	Grade 8	Grade 9	Fourth year
Percentage of students who were underweight	10.3 (8.9 -11.9)	13.1 (10.9-15.6)	7.7 (6.3-9.3)	10.9 (9.0-13.1)	10.8 (8.1-14.3)	10.4 (8.1-13.1)	8.7 (6.8-11.0)
Percentage of students who were overweight	9.3 (7.0-12.2)	10.9 (7.6-15.3)	7.7 (6.1-9.7)	11.5 (8.3-15.9)	9.7 (7.6-12.4)	8.6 (5.2-13.8)	6.4 (4.8-8.4)
Percentage of students who were obese	2.4 (1.6-3.6)	3.7 (2.5-5.3)	1.2 (0.7-2.1)	4.0 (2.3-6.9)	2.1 (1.4-3.3)	1.5 (0.9-2.6)	1.6 (1.0-2.6)
Percentage of students who most of the time or always went hungry(because there was not enough food in their home during the 30 days before the survey)	7.5 (6.5-8.7)	8.2 (6.9-9.8)	6.8 (5.7-8.1)	9.0 (7.1-11.4)	7.9 (6.4-9.8)	6.3 (4.8-8.1)	6.5 (5.1-8.3)



2015 GLOBAL SCHOOL- BASED STUDENT HEALTH SURVEY RESULTS

Percentage of students who usually ate fruit one or more times per day (during the 30 days before the survey)	62.8 (60.3-65.3)	62.7 (60.2-65.1)	62.9 (59.4-66.3)	68.6 (64.4-72.5)	64.3 (60.4-68.0)	61.1 (56.8-65.3)	55.6 (52.4-58.7)
Percentage of students who usually ate vegetables one or more times per day (during the 30 days before the survey)	78.7 (75.5-81.7)	78.4 (75.4-81.1)	79.1 (74.9-82.8)	82.0 (78.2-85.4)	78.7 (74.8-82.0)	77.1 (71.1-82.2)	76.6 (70.8-81.6)
Percentage of students who usually drank carbonated soft drinks one or more times per day (during the 30 days before the survey)	37.2 (34.3-40.2)	38.6 (35.7-41.6)	35.8 (32.0-39.9)	38.9 (35.7-42.2)	39.0 (33.8-44.4)	35.8 (31.0-40.9)	33.9 (29.9-38.1)
Percentage of students who ate food from a fast food restaurant one or more days (during the 7 days before the survey)	49.0 (43.7-54.3)	49.1 (43.3-54.9)	48.9 (43.0-54.8)	52.5 (46.5-58.4)	51.9 (46.1-57.7)	46.9 (39.8-54.2)	

Nationwide, the prevalence of underweight/undernutrition is 10.3%. The males (13.1%) were significantly more likely than females (7.7%) to be underweight.

About 9.3% of students were overweight. The males (10.9%) were significantly more likely than females (7.7%) to be overweight. Further, grade 7 (11.5%) students were significantly more likely than grade 9 (8.6%) and fourth year (6.4%) students to be overweight.

About 2.4% of students were obese. The males (3.7%) were significantly more likely than females (1.2%) to be obese. Further, grade 7 (4.0%) students were significantly more likely than grade 9 (1.5%) and fourth year (1.6%) students to be obese.

About 7.5% of students reported that most of the time or always they went hungry because there was not enough food in their home during the 30 days before the survey. grade 7 (9.0%) students were significantly more likely than grade 9 (6.3%) and fourth year (6.5%) students to have most of the time or always went hungry because there was not enough food in their home during the 30 days before the survey.



More than half (62.8%) of students reported that they usually ate fruit one or more times per day during the 30 days before the survey. Fourth year (55.6%) students were significantly less likely than grade 7(68.6%), grade 8 (64.3%) and fourth year(61.1%) students to have usually eaten fruit one or more times per day during the 30 days before the survey.

About 37.2% of students reported that they usually drank carbonated soft drinks one or more times per day during the 30 days before the survey. Fourth year (33.9%) students were significantly less likely than grade 7(38.9%) and grade 8(39.0) students to have usually drank carbonated soft drinks one or more times per day during the 30 days before the survey.

Overall, 49.0% of students reported that they ate food from a fast food restaurant one or more days during the 7 days before the survey. Fourth year (42.7%) students were significantly less likely than grade 7 (52.5%) and grade 8 (51.9%) students to have eaten food from a fast food restaurant one or more days during the 7 days before the survey.

Across grade/year levels, grade 7 students have the highest percentage of students who are overweight and obese. This could probably be due to grade 7 students being less conscious about how they look and paying less attention to their self or body image compared to students in other grade/year levels. Moreover, drinking carbonated drinks and eating at fast food restaurants more frequently could be contributory to the grade 7 students' overweight and obesity as shown by the 2015 GSHS data on BMI and Dietary Behavior in the table above. Grade 7 students also have the highest percentages across all grade/year levels that usually ate fruits and vegetables one or more times per day. This is more likely related to their parents' supervision in terms of food intake. However, there could be lack of awareness among these parents that drinking carbonated drinks and eating at fast food restaurants often are unhealthy and could lead to overweight and obesity. Also, there are higher percentages of male students who are underweight, overweight and obese which is a manifestation of double burden of malnutrition. This is probably due to more variable eating patterns, habits and food intake among males compared to females.

Drug Use

Table 3. Drug use among high school students, by sex and grade level, GSHS Philippines, 2015

Drug Use	Total (95% confidence interval)	Sex		Grade/Year Level			
		Male	Female	Grade 7	Grade 8	Grade 9	Fourth year
Used drugs (one or more times during the 30 days before the survey)	7.9 (5.1-12.1)	9.8 (7.2-13.2)	6.1 (3.0-11.9)	7.0 (4.2-11.4)	8.2 (3.9-16.6)	8.0 (3.8-15.9)	8.9 (4.9-15.6)
Used drugs before age 14 years (for the first time among students who ever used drugs)	77.7 (65.4-86.6)	74.5 (64.4-82.5)	83.0 (65.6-92.6)	96.8 (92.3-98.7)	78.7 (59.8-90.2)	79.2 (59.8-90.6)	59.3 (36.9-78.4)
Reported that someone offered, sold, or gave them a drug (during the 30	16.7 (15.4-18.1)	20.1 (18.7-21.7)	13.4 (11.7-15.3)	16.2 (14.2-18.5)	16.7 (14.4-19.4)	18.6 (15.6-22.1)	15.2 (13.2-17.5)



days before the survey)							
Were taught in any of their classes the problems associated with using drugs (during this school year)	32.7 (30.0-35.5)	31.0 (28.5-33.6)	34.3 (30.6-38.2)	23.7 (21.2-26.4)	30.0 (26.2-34.2)	37.6 (31.7-44.0)	42.6 (38.4-46.8)
Were taught in any of their classes where to get help to stop using drugs (during this school year)	35.2 (33.0-37.6)	33.9 (31.8-36.0)	36.6 (33.4-39.9)	27.5 (25.0-30.2)	32.3 (28.1-36.70)	41.5 (35.9-47.3)	42.8 (38.2-47.5)
Ever used marijuana (one or more times during their life)	7.1 (4.7-10.6)	9.7 (7.3-12.8)	4.6 (2.2-9.5)	5.2 (2.6-10.3)	7.2 (3.4-14.5)	7.8 (3.8-15.0)	9.0 (5.7-13.9)
Currently used marijuana (one or more times during the 30 days before the survey)	5.6 (3.4-9.2)	7.5 (5.1-11.0)	3.7 (1.5-8.8)	4.9 (2.6-9.2)	4.9 (2.0-11.5)	6.4 (2.6-14.6)	6.5 (3.5-12.0)
Ever used amphetamines or methamphetamine (one or more times during their life)	4.8 (2.6-8.7)	6.1 (3.9-9.5)	3.5 (1.3-9.0)	4.3 (1.8-9.7)	4.3 (1.6-11.1)	5.6 (2.0-14.3)	5.4 (2.6-10.7)

Nationwide, 7.9% of students, males (9.8%) were significantly more likely than females (6.1%) to have used drugs one or more times during the 30 days before the survey.

Among students who ever used drugs, about 77.7% of students reported that they first used drugs before age 14 years. The females (83.0%) were significantly more likely than males (74.5%) to have used drugs before age 14 years. While, fourth year (59.3%) students were significantly less likely than grade 7 (96.8%), grade 8 (78.7%) and grade 9 (79.2%) students to have first used drugs before age 14 years.

About 16.7% of students reported that someone offered, sold, or gave them drugs during the 30 days before the survey. The males (20.1%) were significantly more likely than females (13.4%) to have been offered, sold, or given a drug.

About one-third of students were taught in any of their classes the problems associated with using drugs (32.7%) and where to get help to stop using drugs (35.2%) during this school year. In both classes, grade 7 (23.7%; 27.5%) were always significantly less likely than grade 9 (37.6%; 41.5%) and fourth year (42.6%; 42.8%) students to have been taught about these drug use related topics.

Overall, 7.1% of students reported that they ever used marijuana one or more times during their life; 5.6% of students reported that they currently use marijuana and 4.8% of students reported that they ever used amphetamines or methamphetamine one or more times during their life. The males were always significantly more likely than females to have ever used or currently use marijuana and ever used amphetamines or methamphetamines.



Illicit sale of the drugs targets the youth. Marijuana is widely used than methamphetamine. This can be explained on the fact that marijuana can be easily planted and grow in the backyard.

More than three-fourths of the students surveyed reported that they have used drugs before the age of 14 years. This is more likely due to their curiosity, peer pressure or aggressiveness to experiment on new things and desire for new experiences including the use of drugs.

Drug use among the youth could also be due to higher proportion of students (about two-thirds) who did not receive adequate information on problems associated with drug use or due to lack of emphasis or time allotted on these topics in secondary schools. It could also be the lack of interest or apathy on the part of students on topics related to drug use.

Hygiene

Table 3. Hygiene among high school students, by sex and grade level, GSHS Philippines, 2015

Hygiene	Total (95% confidence interval)	Sex		Grade/Year Level			
		Male	Female	Grade 7	Grade 8	Grade 9	Fourth year
Percentage of students who usually cleaned or brushed their teeth (one or more times per day during the 30 days before the survey)	94.5 (91.5-96.5)	93.7 (91.3-95.5)	95.3 (91.3-97.5)	95.1 (92.2-96.9)	94.1 (88.7-97.0)	93.9 (87.2-97.2)	94.8 (89.6-97.5)
Percentage of students who never or rarely washed their hands before eating (during the 30 days before the survey)	7.6 (4.9-11.6)	7.4 (5.2-10.5)	7.7 (4.4-13.1)	6.2 (3.5-10.9)	7.8 (4.2-14.0)	7.9 (2.9-19.3)	8.8 (5.4-14.1)
Percentage of students who never or rarely washed their hands after using the toilet or latrine (during the 30 days before the survey)	6.3 (3.9-10.1)	6.8 (4.6-9.9)	5.8 (3.1-10.7)	4.7 (2.6-8.3)	6.8 (3.6-12.6)	7.2 (2.9-16.5)	6.7 (3.4-13.1)
Percentage of students who never or rarely used soap	7.8 (5.3-11.3)	8.3 (6.0-11.2)	7.3 (4.4-11.9)	7.3 (4.4-11.9)	7.4 (4.8-11.3)	8.9 (4.4-17.1)	7.9 (4.7-13.1)



when washing their hands (during the 30 days before the survey)							
---	--	--	--	--	--	--	--

The survey results show that more than 90.0% of male and female students know the importance of good personal hygiene particularly tooth brushing and hand washing. This could be due to their attitude of being more conscious to other’s perception of them particularly with regards to personal hygiene thus, has increased their concern on their self-image and awareness on the importance of good personal hygiene to their health. This could also be the outcome of what the students learned from their health classes.

However, although proper hand washing is one of the programs of the Department of Health (DOH) in partnership with Department of Education (DepEd) which is being promoted every school year; still, statistics show that some males (8.6%) more than females (5.3%) never or rarely washed their hands after using the toilet or latrine ; males (8.3%) more than females (7.3%) never use soap to wash their hands and females (7.7%) more than males (7.4%) never or rarely wash their hands before eating. Thus, there is a need to intensify campaign on proper hygiene among the youth.

Mental Health

Table 4. Mental health among high school students, by sex and grade level, GSHS Philippines, 2015

Mental Health	Total (95% confidence interval)	Sex		Grade/Year Level			
		Male	Female	Grade 7	Grade 8	Grade 9	Fourth year
Most of the time or always felt lonely (during the 12 months before the survey)	16.1 (14.5-17.8)	12.4 (11.0-13.9)	19.7 (17.5-22.1)	15.5 (13.8-17.4)	16.2 (13.3-19.6)	14.9 (12.3-17.8)	17.9 (15.5-20.6)
Most of the time or always were so worried about something that they could not sleep at night(during the 12 months before the survey)	11.0 (9.9-12.2)	9.4 (8.1-11.0)	12.6 (11.2-14.2)	9.9 (8.6-11.4)	11.5 (9.6-13.6)	11.3 (9.3-13.7)	11.6 (9.2-14.4)



Seriously considered attempting suicide(during the 12 months before the survey)	11.3 (9.9-12.8)	9.0 (7.7-10.6)	13.4 (11.2-16.0)	9.4 (7.9-11.1)	12.1 (10.2-14.4)	11.8 (9.2-15.2)	11.8 (9.5-14.7)
Made a plan about how they would attempt suicide (during the 12 months before the survey)	10.6 (9.6-11.8)	9.1 (7.9-10.4)	12.1 (10.6-13.7)	9.3 (7.5-11.4)	11.5 (9.9-13.2)	12.5 (10.3-15.0)	9.3 (7.4-11.6)
Attempted suicide (one or more times during the 12 months before the survey)	16.2 (13.0-20.1)	14.4 (11.4-18.1)	18.0 (14.2-22.4)	13.8 (10.6-17.6)	17.7 (13.3-23.2)	17.9 (12.8-24.6)	15.7 (10.7-22.5)
Did not have any close friends	4.4 (3.2-6.0)	4.7 (3.8-6.0)	4.1 (2.5-6.5)	5.4 (4.1-7.1)	3.1 (2.3-4.1)	4.5 (2.3-8.7)	4.7 (2.9-7.6)

Nationwide, 16.1% of students reported that most of the time or always they felt lonely during the 12 months before the survey. The females (19.7%) were significantly more likely than males (9.4%) to have felt lonely most of the time or always.

About 11.0% of students, the females (12.6%) were significantly more likely than males (9.4%) to have been so worried about something most of the time or always that they could not sleep at night during the 12 months before the survey.

A total of 11.3% of students reported that they seriously considered attempting suicide and 16.2% have attempted suicide one or more times during the 12 months before the survey. The females (13.4%; 18.0%) were significantly more likely than males (9.0%; 14.4%) to have seriously considered attempting suicide during the 12 months before the survey and have attempted suicide one or more times, respectively.

One in ten (10.6%) students reported that they made a plan about how they would attempt suicide during the 12 months before the survey. The females (12.1%) were significantly more likely than males (9.1%). Grade 9 (12.5%) students were also significantly more likely than grade 7 (9.3%) and fourth year (9.3%) students to have made a plan about how they would attempt suicide during the 12 months before the survey. This result suggests that policy makers and implementers should be more vigilant in the implementation of the mental health program considering that the magnitude of the effect of mental health illnesses may not differ across various age group.

Overall, 4.4% of students reported that they did not have any close friends. Grade 7 (5.4%) students were significantly more likely than Grade 8 (3.1%) students to have reported that they did not have any close friends.



Based on the data, there are more female students who most of the time or always felt lonely and worried about something that they could not sleep at night than male students. Similarly, there are more female students than male students who considered attempting suicide, made a plan about how they would attempt suicide and attempted suicide. These findings could probably be due to adolescent girls being more anxious and get depressed more easily especially when they encounter problems in school, at home or with relationships.

Physical Activity

Table 5. Physical activity among high school students, by sex and grade level, GSHS Philippines, 2015

Physical Activity	Total (95% confidence interval)	Sex		Grade/Year Level			
		Male	Female	Grade 7	Grade 8	Grade 9	Fourth year
Physically active (for at least 60 minutes per day on any day during the 7 days before the survey)	44.1 (41.4-46.8)	45.6 (41.6-49.6)	42.7 (39.9-45.5)	49.3 (45.7-52.9)	48.0 (43.4-52.6)	40.7 (35.0-46.6)	35.6 (31.3-40.2)
Did not walk or ride a bicycle to or from school (during the 7 days before the survey)	46.9 (43.9-50.4)	47.1 (43.6-50.6)	46.6 (42.6-50.6)	51.7 (47.3-56.0)	48.2 (42.7-53.8)	44.4 (38.8-50.2)	41.3 (37.0-45.7)
Did not attend physical education classes (each week during this school year)	14.2 (12.5-16.0)	16.3 (14.4-18.4)	12.1 (10.1-14.4)	15.0 (11.9-18.7)	13.9 (12.0-16.0)	11.3 (8.6-14.9)	16.1 (12.9-19.9)
Attended physical education classes on three or more days (each week during this school year)	46.4 (42.6-50.3)	44.3 (40.3-48.4)	48.6 (43.5-53.6)	47.9 (43.3-52.6)	45.9 (40.3-51.6)	47.8 (39.8-55.9)	43.9 (38.6-49.3)
Spent three or more hours per day doing sitting activities (sitting and watching television, playing)	31.2 (27.8-35.0)	30.8 (26.3-35.8)	31.7 (27.9-35.6)	25.4 (22.2-28.8)	30.9 (27.0-35.1)	31.3 (25.4-37.9)	39.5 (34.0-45.2)



computer games, talking with friends when not in school or doing homework during a typical or usual day)							
--	--	--	--	--	--	--	--

Nationwide, 44.1% of students reported that they were physically active for at least 60 minutes per day on any day during the 7days before the survey. Grade 7 (49.3%) and grade 8 (48.0%) were significantly more likely than grade 9 (40.7%) and fourth year (35.6%) students to have been physically active for at least 60 minutes per day on any day during the 7days before the survey.

About 46.9% of students reported that they did not walk or ride a bicycle to or from school during the 7 days before the survey. Fourth year (41.3%) students were significantly less likely than grade 7 (51.7%) and grade 8 (48.2%) students to have not walked or rode a bicycle to or from school during the 7 days before the survey.

About 14.2% of students reported that they did not attend physical education classes each week during this school year. The males (16.3%) were significantly more likely than females (12.1%) to have not attended physical education classes each week during this school year. Fourth year (16.1%) students were significantly more likely than grade 9 (11.3%) students to have not attended physical education classes each week during this school year.

Overall, 31.2% of students reported that they spent three or more hours per day doing sitting activities such as sitting and watching television, playing computer games, talking with friends when not in school or doing homework during a typical or usual day. Grade 7 (25.4%) students were significantly less likely than grade 8 (30.9%), grade 9 (31.3%) and fourth year (39.5%) students to have spent three or more hours per day doing sitting activities such as sitting and watching television, playing computer games, talking with friends when not in school or doing homework during a typical or usual day.

The sedentary lifestyle is not only common among older persons but also among the youth. This can be due to the advent of technology and accessibility of the internet that even schools located in rural areas can avail.

Only less than half of the students surveyed reported to be physically active for at least 60 minutes per day which could be a reflection of sedentary lifestyle of today's adolescents and as proven by survey results that about one-third of the students spent three or more hours per day doing sitting activities.

Further, it is also noted that as the grade/year level progresses, there is diminishing percentages of students who reported to be physically active. This is more likely that students in higher grade/year levels are more engaged in sitting activities. This is shown in the survey results where fourth year students has the highest percentage who reported to have spent three or more hours per day doing sitting activities.It could also be a reflection that students at the higher grade/year levels are more preoccupied with their studies doing homework during a typical or usual day.



With regards to not walking or riding a bicycle to or from school, grade 7 has the highest percentage for this indicator. This could be a reflection of grade 7 students being less independent compared to students in higher grade/year levels and it is more likely that they are being dropped to and fetch from school with their parents or guardians using either public or private means of transportation. It could also be a result of protective instincts and supportive attitude of parents particularly to their young children.

Protective Factor

Table 6. Protective factor among high school students, by sex and grade level, GSHS Philippines, 2015

Protective Factors	Total (95% confidence interval)	Sex		Grade/Year Level			
		Male	Female	Grade 7	Grade 8	Grade 9	Fourth year
Missed classes or school without permission (on one or more days during the 30 days before the survey)	35.5 (32.8-38.4)	37.8 (34.7-40.9)	33.3 (30.2-36.6)	31.5 (27.7-35.5)	36.4 (32.4-40.6)	36.0 (29.0-43.7)	39.0 (34.3-44.0)
Most of the students in their school were most of the time or always kind and helpful (during the 30 days before the survey)	32.4 (29.8-35.0)	32.4 (30.2-34.7)	32.4 (28.7-36.2)	31.1 (28.2-34.1)	30.8 (26.9-35.0)	32.8 (28.4-37.5)	35.6 (30.3-41.1)
Parents or guardians most of the time or always checked to see if their homework was done (during the 30 days before the survey)	23.9 (22.2-25.7)	25.6 (23.5-27.8)	22.3 (20.3-24.4)	30.7 (27.6-34.0)	23.9 (21.6-26.4)	21.1 (17.4-25.4)	17.6 (15.4-20.0)
Parents or guardians most of the time or always understood their problems and worries (during the 30 days before the survey)	28.7 (26.8-30.8)	29.2 (27.4-31.0)	28.4 (25.6-31.3)	30.8 (28.1-33.6)	26.3 (23.6-229.1)	27.2 (23.3-31.5)	30.8 (27.0-34.9)



Parents or guardians most of the time or always really knew what they were doing with their free time (during the 30 days before the survey)	29.5 (27.3-31.8)	27.5 (24.9-30.3)	31.4 (28.7-34.4)	30.8 (27.6-34.3)	26.9 (23.9-30.1)	29.8 (24.5-35.7)	31.1 (26.9-35.7)
Reported that their parents or guardians never or rarely went through their things without their approval (during the 30 days before the survey)	74.1 (72.7-75.5)	73.7 (72.0-75.3)	74.5 (72.6-76.4)	72.9 (70.2-75.5)	75.0 (72.9-77.0)	75.2 (72.0-78.1)	73.9 (71.7-76.0)

Nationwide, more than one-thirds (35.5%) of students reported that they missed classes or school without permission on one or more days during the 30 days before the survey. The males (37.8%) were significantly more likely than females (33.3%). Fourth year (39.0%) students were also significantly more likely than grade 7 (31.5%) students to have missed classes or school without permission on one or more days during the 30 days before the survey.

More than one in five (23.9%) students have parents or guardians who most of the time or always checked to see if their homework was done. The males (25.6%) were significantly more likely than females (22.3%). Grade 7 (30.7%) students were also significantly more likely than grade 8 (23.9%), grade 9 (21.1%) and fourth year (17.6%) students to have parents or guardians who checked on their homework whether its done or not.

About 28.7 of students reported that their parents or guardians most of the time or always understood their problems and worries. Grade 8 (26.3%) students were significantly less likely than grade 7 (30.8%) and fourth year (30.8%) students to have their parents or guardians most of the time or always understood their problems and worries during the 30 days before the survey.

Overall, 29.5% of students reported that their parents or guardians most of the time or always really knew what they were doing with their free time during the 30 days before the survey. The females (31.4%) were significantly more likely than males (27.5%) to have parents or guardians who most of the time or always really knew what they were doing with their free time during the 30 days before the survey.

A higher percentage of fourth year students reported to have missed classes or school without permission compared with students in other grade/year levels, and this is also true among male students compared to female students. This could probably be due to peer pressure and male adolescents giving to peer pressure more easily compared to female adolescents. Also, male students probably missed classes to engage in online gaming at internet cafes which is a popular activity and favorite pastime among adolescents nowadays. Also, female students have a higher percentage who reported having parents or guardians knew what they were doing during free



time. This could be a reflection that parents are really protective of their daughters and they probably want to ensure their safety. This could also be due to the desire of parents that their daughters will focus and finish on their studies and not to spend their time on dating which could eventually lead to date rape or teenage pregnancy.

We can also infer from this survey result that a higher percentage of students have parents or guardians who do not know what they were doing during their free time and with no supervision from their parents.

HIV and AIDS Related Knowledge

Table 7. HIV and AIDS related knowledge among high school students, by sex and grade level, GSHS Philippines, 2015

HIV/AIDS Related Knowledge	Total (95% confidence interval)	Sex		Grade/Year Level			
		Male	Female	Grade 7	Grade 8	Grade 9	Fourth year
Ever heard of HIV infection or AIDS	77.5 (74.8-80.0)	74.5 (71.6-77.3)	80.4 (77.4-83.1)	63.3 (58.4-67.9)	79.2 (75.0-82.8)	84.3 (78.7-88.6)	86.6 (82.8-89.6)
Taught in any of their classes about HIV infection or AIDS (during this school year)	53.4 (49.4-57.4)	52.6 (48.6-56.6)	54.2 (49.4-58.9)	36.8 (32.0-41.8)	57.9 (49.1-66.2)	60.1 (54.4-65.5)	62.2 (56.6-67.5)
Taught in any of their classes how to avoid HIV infection or AIDS (during this school year)	56.2 (51.9-60.4)	56.0 (51.7-60.3)	56.4 (51.5-61.2)	40.0 (35.2-44.9)	61.3 (53.1-68.8)	63.3 (57.2-69.0)	63.5 (58.0-68.7)
Believed people can protect themselves from HIV infection by not having sexual intercourse.	49.8 (46.8-52.7)	49.9 (47.1-52.6)	49.6 (46.0-53.3)	39.8 (36.2-43.6)	51.8 (46.9-56.7)	53.0 (47.4-58.5)	56.4 (51.0-61.7)
Believed people can protect themselves from HIV infection by using a condom correctly every time they have sexual intercourse	34.8 (32.8-36.9)	41.0 (38.7-43.3)	28.8 (26.2-31.6)	29.8 (27.2-32.6)	34.7 (30.9-38.8)	36.8 (33.1-40.7)	39.3 (34.1-44.8)
Ever talked about HIV infection or AIDS with their parents or guardians	34.5 (32.3-36.7)	35.7 (32.6-38.9)	33.3 (31.0-35.6)	29.6 (26.3-33.1)	38.0 (34.1-42.1)	37.7 (33.9-41.7)	32.8 (30.1-35.7)



Overall, 77.5% of students reported that they ever heard of HIV infection and AIDS. The females (80.4%) were significantly more likely than males (74.5%) to have ever heard of HIV infection and AIDS. Further, grade 7 (63.3%) students were significantly less likely than grade 8 (79.2%), grade 9 (84.3%) and fourth year (86.6%) students to have ever heard of HIV infection and AIDS.

About 53.4% of students reported that they were taught in any of their classes about HIV infection or AIDS during this school year. Grade 7(36.8%) students were significantly less likely than Grade 8 (57.9%), Grade 9 (60.1%) and Fourth year (62.2%) students to have been taught in any of their classes about HIV infection or AIDS during this school year.

More than half (56.2%) of students reported that they were taught in any of their classes how to avoid HIV infection and AIDS during this school year. Grade 7 (40.0%) students were significantly less likely than grade 8 (61.3%), grade 9 (63.3%) and fourth year (63.5%) students to have been taught in any of their classes how to avoid HIV infection and AIDS during this school year.

Nearly half 49.8% of students believed that people can protect themselves from HIV infection by not having sexual intercourse. Grade 7 (39.8%) students were significantly less likely than grade 8 (51.8%), grade 9 (53.0%) and fourth year (56.4%) students to have believed that people can protect themselves from HIV infection by not having sexual intercourse.

About (34.8%) of students believed people can protect themselves from HIV infection by using a condom correctly every time they have sexual intercourse. Grade 7 (29.8%) students were significantly less likely than grade 9 (36.8%) and fourth year (39.3%) students to have believed people can protect themselves from HIV infection by using a condom correctly every time they have sexual intercourse.

Overall, 34.5% of students reported that they ever talked about HIV infection and AIDS with their parents or guardians. Grade 7 (29.6%) students were significantly less likely than grade 8 (38.0%) and grade 9 (37.7%) students to have ever talked about HIV infection and AIDS with their parents or guardians.

It is noted that there is an increasing trend across the grade/year level in almost all of the HIV and AIDS related knowledge indicators which could probably be due to the adolescents greater awareness on sexuality and curiosity and also probably due to wider sources of HIV and AIDS information such as schools, internet and media.

There is also a higher difference between males (41.0%) and females (28.8%) on their belief that people can protect themselves from HIV infection by using a condom correctly every time they have sexual intercourse. This finding could be due to having more adolescent male engaging in premarital sex and that males, themselves, are the users of condom.

The 2015 GSHS revealed that there is a low percentage of adolescents who ever talked about HIV infection and AIDS with their parents or guardians (34.5%). This is more likely related to limited or insufficient parent engagement as a protective factor which also has a low percentage as revealed by the survey.



Tobacco Use

Table 8. Tobacco use among high school students, by sex and grade level, GSHS Philippines, 2015

Tobacco use	Total (95% confidence interval)	Sex		Grade/Year Level			
		Male	Female	Grade 7	Grade 8	Grade 9	Fourth year
Tried a cigarette before age 14 years (for the first time among students who ever smoked cigarettes)	66.7 (60.1-72.7)	64.8 (58.5-70.5)	70.4 (60.4-78.8)	87.2 (82.1-91.0)	76.4 (69.1-82.5)	62.5 (50.4-73.3)	50.2 (39.5-60.8)
Currently smoked cigarettes (on at least 1 day during the 30 days before the survey)	13.5 (11.3-16.1)	19.1 (16.7-21.8)	8.0 (5.5-11.7)	9.3 (6.5-13.1)	13.4 (10.5-16.9)	15.0 (10.0-21.9)	17.6 (14.0-22.0)
Currently used any tobacco products other than cigarettes (on at least 1 day during the 30 days before the survey)	7.2 (4.5-11.4)	9.1 (6.4-12.8)	5.4 (2.5-11.1)	6.7 (3.6-12.2)	7.3 (3.5-14.4)	7.5 (3.6-14.8)	7.9 (3.7-15.9)
Tried to quit smoking cigarettes (among students who smoked cigarettes during the 12 months before the survey)	88.0 (85.7-90.0)	89.0 (86.2-91.2)	86.0 (81.6-89.5)	83.5 (75.7-89.2)	86.1 (79.6-90.7)	88.2 (82.4-92.3)	92.8 (89.7-94.9)
Reported that people smoked in their presence (on one or more days during the 7 days before the survey)	52.3 (50.4-54.2)	56.5 (54.5-58.5)	48.2 (45.5-50.8)	44.4 (40.8-48.0)	51.7 (48.2-55.20)	55.6 (51.6-59.5)	59.6 (56.3-62.9)
Had parents or guardians who used any form of tobacco	39.9 (37.4-42.5)	37.8 (35.1-40.6)	42.0 (39.0-45.0)	36.9 (33.2-40.7)	38.9 (34.2-43.8)	43.0 (39.9-46.2)	41.8 (38.1-45.7)

Nationwide, 66.7% of students reported that they tried a cigarette before age 14 years for the first time among students who ever smoked cigarettes. Grade 7 (87.2%) and grade 8 (76.4%) students were significantly more likely than grade 9 (62.5%) and fourth year (50.2%) students to have first tried a cigarette before age 14 years.



A total of 13.5% of students reported that they currently smoked cigarettes. The males (19.1%) were significantly more likely than females (8.0%) and fourth year (17.6%) students were also significantly more likely than grade 7 (9.3%) to have currently smoked cigarettes on at least 1 day during the 30 days before the survey.

About 7.2% of students reported that they currently used any tobacco products other than cigarettes on at least 1 day during the 30 days before the survey. The males (9.1%) were significantly more likely than females (5.4%) to have currently used any tobacco products other than cigarettes on at least 1 day during the 30 days before the survey. Further, fourth year (7.9%) students were significantly more likely than grade 7 (6.7%) students to have currently smoked cigarettes on at least 1 day during the 30 days before the survey.

Almost nine out of ten (88.0%) students who smoke cigarette reported that they tried to quit smoking. Fourth year (92.8%) students were significantly more likely than grade 8 (86.1%) students to have tried to quit smoking cigarettes during the 12 months before the survey.

More than half (52.3%) of students reported that people smoked in their presence on one or more days during the 7 days before the survey. Grade 7 (44.4%) students were significantly less likely than grade 8 (51.7%) and grade 9 (55.6%) students to have reported that people smoked in their presence on one or more days during the 7 days before the survey.

In addition, almost two out of five (39.9%) students had parents or guardians who used any form of tobacco. The females (42.0%) were significantly more likely than males (37.8%) to have parents or guardians who used any form of tobacco. Grade 9 (43.0%) students were significantly more likely than grade 7 (36.9%) students to have parents or guardians who used any form of tobacco.

Survey results show a huge portion of those who tried a cigarette before age 14 years for the first time belong to the youngest share of the population (grade 7) at 87.2%. Like in the alcohol and drug use, early exposure and ease of access on these things may seem to be the major contributing factor for such results.

The 2015 GSHS revealed that there are more Filipino adolescent males who are current cigarette and other tobacco products smokers than adolescent females. This finding could be due to the more aggressive behaviour of male students to try new experiences. It could also be due stronger peer pressure and the desire to have a sense of belongingness in the peer group. It is also more likely that male adolescents are more vulnerable and can easily give in to peer pressure.

The percentages of current cigarette and other tobacco products smokers as well as those who reported that people smoked in their presence increase across grade/year level. These findings could be attributed to having social circles of friends that get bigger and more exposure to social gatherings and other social activities.

There are more Filipino adolescent males who reported that people smoked in their presence than adolescent females. This finding could be attributed to the use of cigarettes or any tobacco products of friends or peers as well as parents of the adolescents. About 39.9% of the students have parents or guardians who used any form of tobacco and this exposes them to second-hand smoke at home.



Violence and Unintentional Injury

Table 9. Violence and unintentional injury among high school students, by sex and grade level, GSHS Philippines, 2015

Violence and Unintentional Injury	Total (95% confidence interval)	Sex		Grade/Year Level			
		Male	Female	Grade 7	Grade 8	Grade 9	Fourth year
Were physically attacked (one or more times during the 12 months before the survey)	37.6 (34.9-40.3)	40.4 (37.9-43.0)	34.7 (31.6-38.0)	38.7 (35.2-42.3)	39.9 (36.0-43.9)	35.9 (31.6-40.4)	35.3 (31.0-39.8)
Were in a physical fight (one or more times during the 12 months before the survey)	37.8 (34.5-41.2)	42.5 (39.0-46.1)	33.2 (29.6-37.0)	45.3 (42.1-48.4)	40.8 (37.2-44.6)	32.7 (26.8-39.2)	30.1 (24.4-36.5)
Were seriously injured (one or more times during the 12 months before the survey)	49.3 (46.4-52.2)	54.3 (51.6-57.0)	44.4 (40.7-48.1)	51.2 (48.0-54.3)	53.3 (49.0-57.6)	46.7 (39.2-54.5)	44.9 (40.4-49.5)
Reported that their most serious injury was a broken bone or dislocated joint (among students who were seriously injured during the 12 months before the survey)	30.1 (25.6-35.1)	35.7 (31.8-39.7)	23.3 (17.3-30.7)	24.5 (19.5-30.4)	32.7 (25.3-41.0)	33.5 (23.4-45.4)	31.4 (26.1-37.3)
Reported that their most serious injury was caused by a motor vehicle accident or being hit by a motor vehicle (among	19.4 (14.2-26.0)	20.4 (16.4-25.0)	18.4 (11.0-29.2)	15.0 (10.1-21.6)	18.7 (11.9-28.1)	22.1 (12.0-37.2)	23.6 (16.1-33.2)



students who were seriously injured during the 12 months before the survey)							
Were bullied (on one or more days during the days before the survey)	48.7 (45.2-52.2)	49.8 (46.3-53.2)	47.6 (43.5-51.8)	54.2 (50.2-58.2)	50.8 (46.3-55.3)	47.0 (41.1-52.9)	41.0 (34.6-47.8)
Were bullied* most often being hit, kicked, pushed, shoved around, or locked indoors (among students who were bullied during the 30 days before the survey) *bullied and could not sleep at night Grades 7 to 4 th year	16.0 (12.3-20.7)	17.7 (13.9-22.2)	14.4 (10.0-20.3)	16.8 (13.0-21.5)	17.9 (11.3-27.2)	14.3 (7.5-25.3)	14.5 (9.5-21.5)

Nationwide, 37.6% of students reported that they were physically attacked one or more times during the 12 months before the survey. The males (40.4%) were significantly more likely than females (34.7%) and grade 8 (39.9%) students were also significantly more likely than fourth year (35.3%) students to have been physically attacked one or more times during the 12 months before the survey.

About 37.8% of students reported that they were in a physical fight one or more times during the 12 months before the survey. Grade 7 (45.3%) and grade 8 (40.8%) students were significantly more likely than grade 9 (32.7%) and Fourth year (30.1%) students to have been in a physical fight one or more times during the 12 months before the survey.

Nearly half (49.3%) of students reported that were seriously injured one or more times during the 12 months before the survey. The males (54.3%) were significantly more likely than females (44.4%) to have been seriously injured one or more times during the 12 months before the survey. Further, fourth year (44.9%) students were significantly less likely than grade 7 (51.2%) and grade 8 (53.3%) students to have been seriously injured one or more times during the 12 months before the survey.

Overall, 48.7% of students reported that they were bullied on one or more days during the days before the survey. Fourth year (41.0%) students were significantly less likely than grade 7 (54.2%) and grade 8 (50.8%) students to have been bullied on one or more days during the days before the survey.



It can be deduced that bullying has become a commonplace occurrence among high school students in the Philippines with an alarming proportion of students who were seriously injured. Hence, monitoring and advocacy on violence and injury prevention in school is urgently needed.

Among the different indicators presented in the 2015 results, it is critical to note that those engaged in physical fights and have sustained injuries are grade 7 students. The result suggests an indication to reiterate proper conduct and behaviour among students in school and hence, implies the need for strengthening the integration of values formation in the curriculum.

The data on the proportion of students who were involved in physical attack or fight, students who were seriously injured one or more times during the 12 months before the survey and the respondents who were bullied on one or more days could be attributed to the aggression and sudden outburst of emotions during the period of adolescence. These findings could also be due to the desire of the adolescents to become popular in school or be known as someone who is strong and with power or control over others so that his/her peers will look up to him/her or make him/her the leader of the group. The aggressive behaviour of adolescents towards other adolescents could also be their outlet to express their ill feelings against their parents or siblings or just an outward reaction to their problems either in school or at home. It could also be a product of lack of guidance from parents either due to lack of time or lack of concern. .

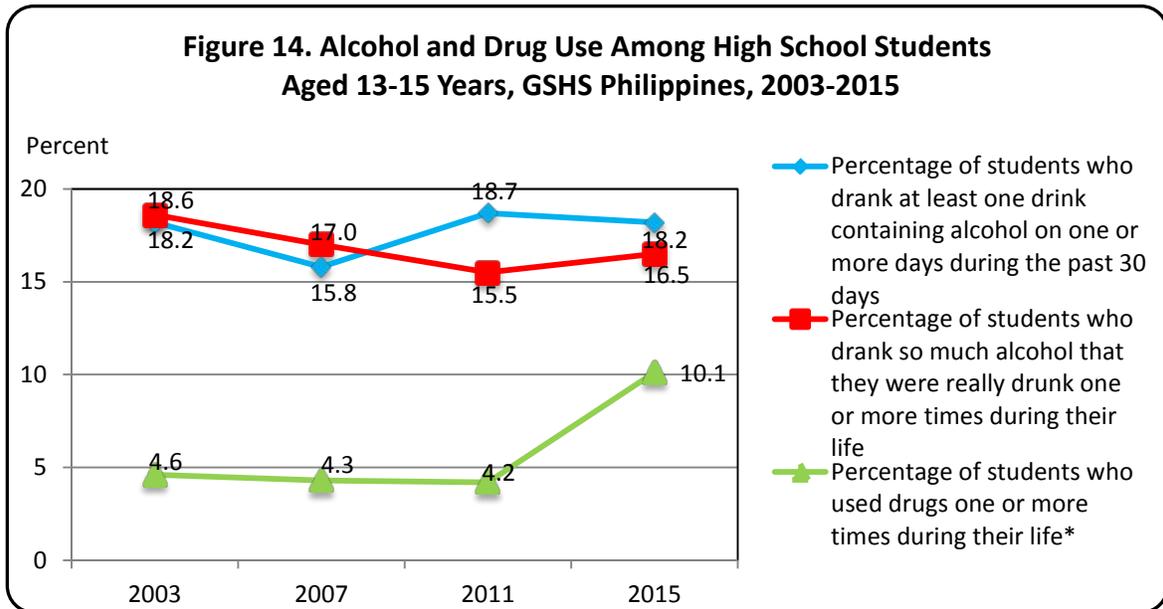
Filipino adolescent males are much more involved in physical attack and fight than adolescent females perhaps due to the perception of the adolescents that aggressiveness creates power over others and it boosts their confidence and self esteem. Results also revealed that there is a decreasing trend in involvement to physical fight across grade/year level which could probably be due to adolescents' development in terms of level of maturity and control of outburst of emotions. This trend could also be due to students becoming busier in school activities and more engaged and spending more time in studying.

Regarding serious injury, higher percentage of adolescent males than adolescent females were seriously injured which could be due to more aggressiveness, and boldness of male adolescents. As for the grade/year level, fourth year students have less serious injuries which is probably due to being less physically active (35.6%) and spending three or more hours per day doing sitting activities (39.5%) compared to students in other grade levels.



GSHS Trends 2003, 2007, 2011, and 2015

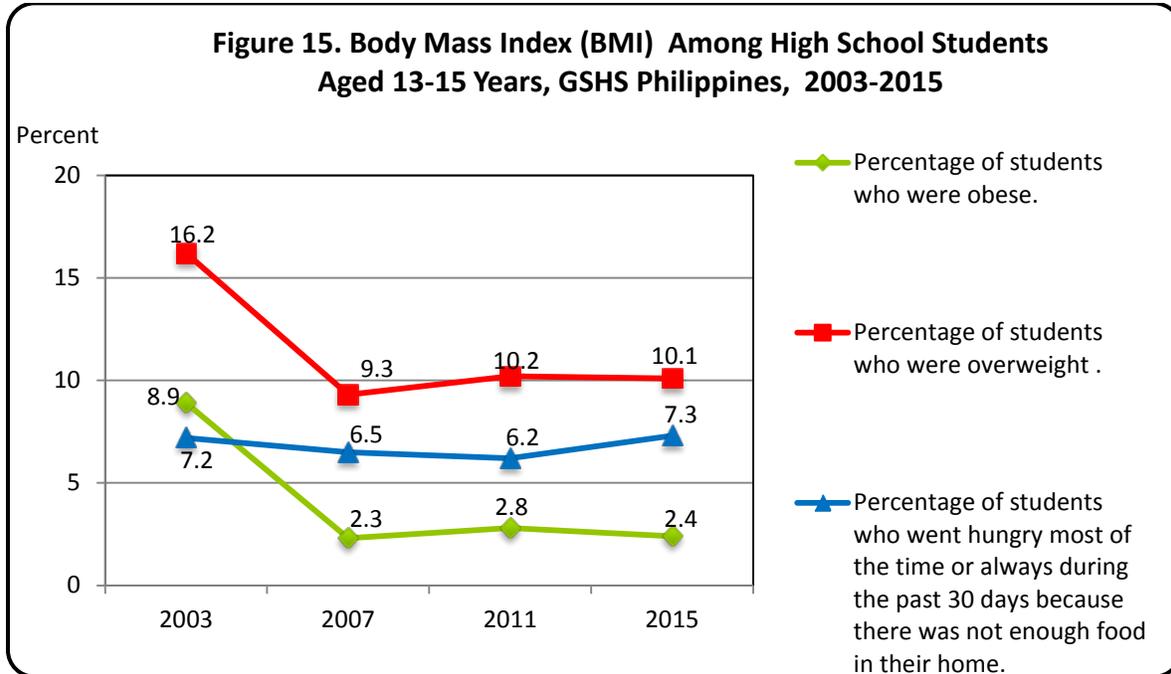
The following figures show the trends of selected indicators in GSHS across four survey rounds from 2003-2015.



*Significant change between 2011 and 2015

There was a sharp increase in the percentage of students who used drugs one or more times during their life. A 140% significant increase was calculated from 4.2% in 2011 to 10.1% in 2015. This could be attributed to several factors and one of which is the ease of access to various drugs.

In contrary, results show a 2.6% non-significant decrease in percentage of students who drank at least one drink containing alcohol on one or more days during the past 30 days from 18.7% in 2011 to 18.2% in 2015. However, more students who drank so much alcohol got really drunk. The 2015 GSHS show a difference of one percentage point from previous survey of 15.5% to 16.5%. Although, the increase is not significant, still, it deviated from the decreasing trend from 2003-2011. The two indicators suggest that lesser students become alcohol drinkers but current alcohol drinkers become heavy drinkers or drink more volume of alcohol which causes them to be really drunk. This maybe due to early exposure to alcoholic beverages of the 13-15 years old high school students.

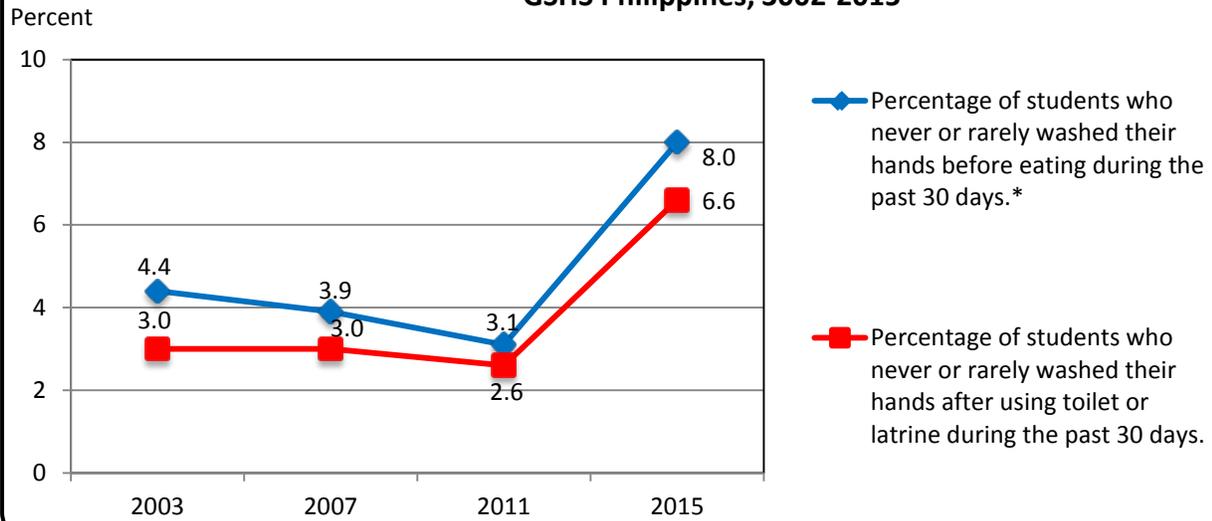


The proportion of students who were obese and overweight in 2011 did not change in 2015. The differences noted in the 2015 survey results were not significant, but is still much lower as compared to 2003 GSHS results.

Similarly, although the proportion of students who went hungry most of the time or always because there was not enough food in their home was highest in 2015 across the four survey rounds, the 17.7% increase was not significant.



Figure 16. Hygiene Among High School Students Aged 13-15 Years
GSHS Philippines, 2002-2015

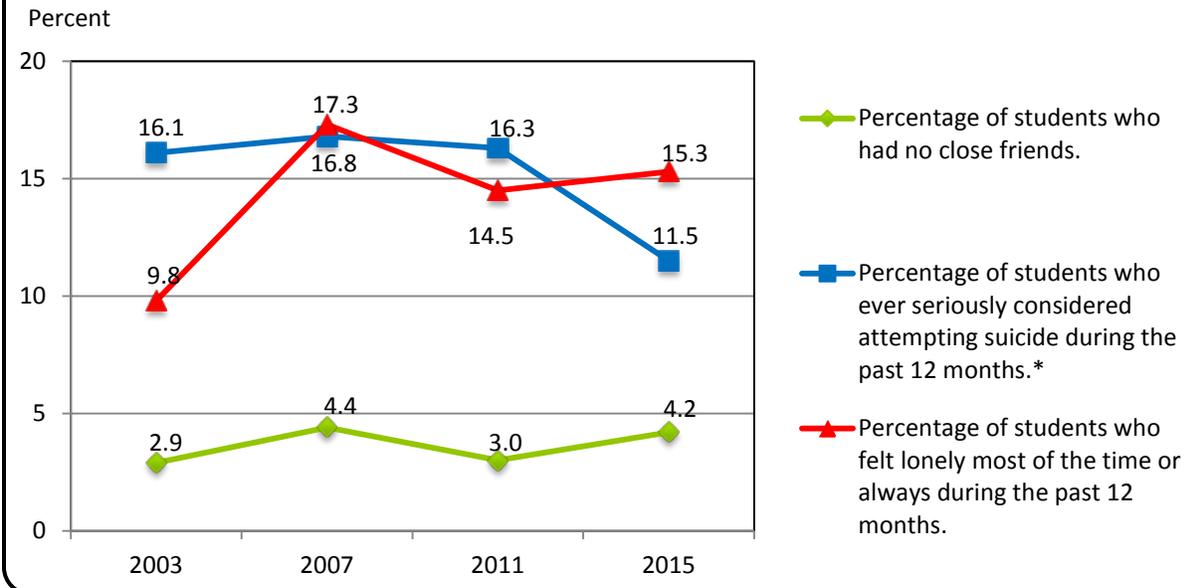


*Significant change between 2011 and 2015

The 2015 GSHS results show a significant increase in the two core indicators for poor hygiene practices among 13-15 years old high school students as compared to the 2011 GSHS; percentage of students who never or rarely washed their hands before eating during the past 30 days (from 3.1% to 8.0%), and percentage of students who never or rarely washed their hands after using toilet or latrine during the past 30 days (from 2.6% to 6.6%). The surge of these indicators were suggested to be influenced by external factors such as availability of physical structure for handwashing, adequate quantity of clean and safe water, and accessibility to soap and other cleansing materials.¹⁹ The importance of good personal hygiene should be instilled to the youth and that its continuous practice would bring positive impact on one's health.



**Figure 17. Mental Health Among High School Students Aged 13-15 Years
GSHS Philippines, 2003-2015**



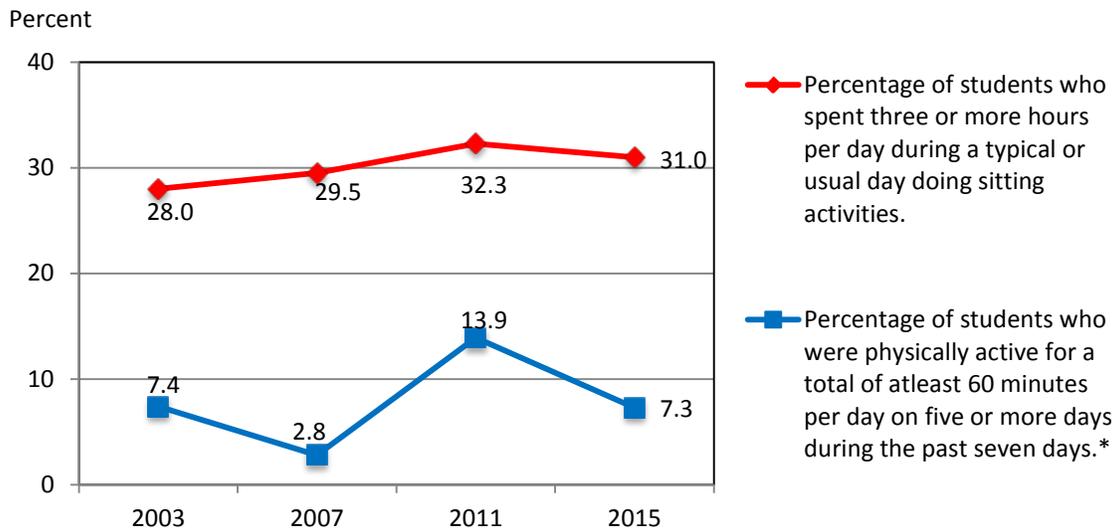
*Significant change between 2011 and 2015

The significant decrease in the percentage of students who ever seriously considered attempting suicide during the past 12 months (from 16.3% to 11.5 %) shows improvement in the mental health status of the country. Such findings may be significantly correlated to the effective implementation of the existing mental health program of the DOH. In addition to this, the current secretary of health prioritizes interventions that address challenges and gaps pertaining to this health outcome; thus, the continuous improvement is expected.²⁰

The percentage of students who had no close friends and percentage of students who are always or most of the time feeling lonely gradually increase insignificantly from 2011 to 2015 but are still lower than the prevalence in 2007.



**Figure 18. Physical Activity Among High School Students Aged 13-15 Years
GSHS,Philippines , 2003-2015**



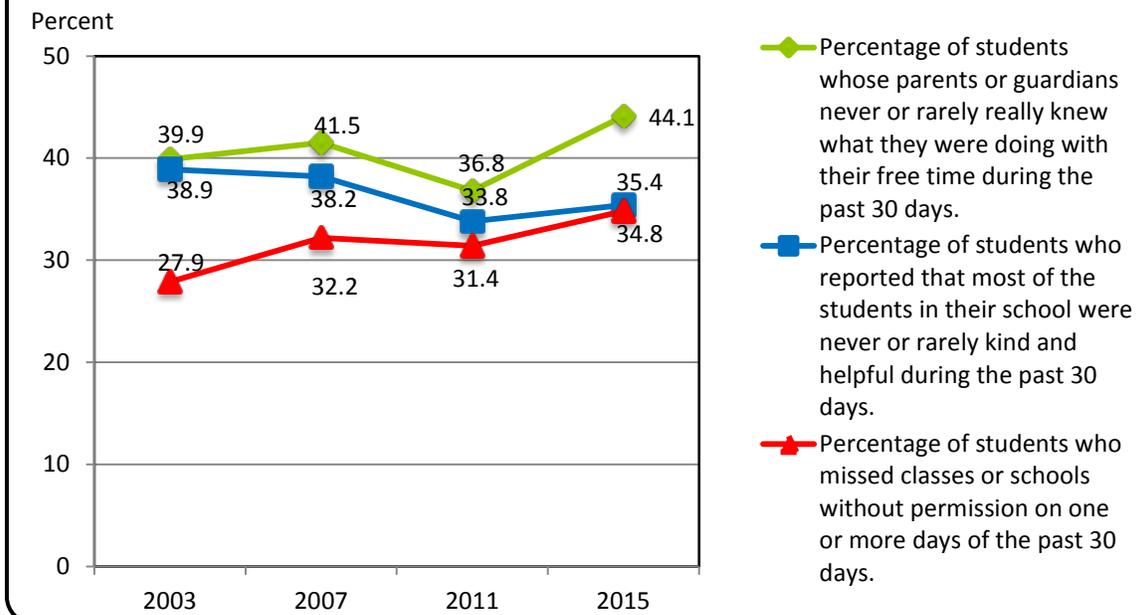
*Significant change between 2011 and 2015

The results of the 2015 GSHS as compared to the 2011 GSHS, showed a 47.4% decrease in the percentage of students who were physically active for a total of at least 60 minutes per day on five or more days from 13.9% in 2011 to 7.3% in 2015. This significant increase may have contributed for having a no significant change in the proportion of students who are obese and overweight. The decreased level in physical activity may have a correlation with the increase in dietary intake, thus, making it difficult for the students to obtain their ideal weight. As per study conducted by Dr. Florentino (2011), the decreased in the physical activity may have a relationship with the increase in dietary intake.²¹

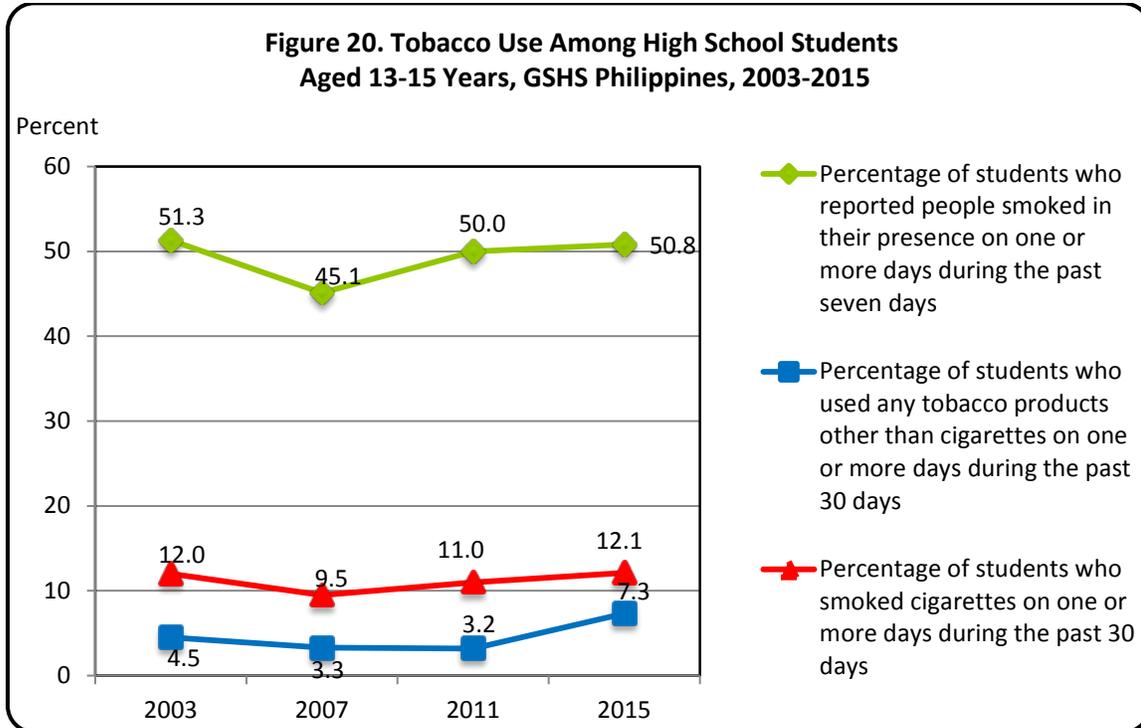
On the contrary, the percentage of students who spent three or more hours per day during a typical or usual day doing sitting activities such as watching tv, playing computer games , talking with friends etc. had diverged from an increasing pattern. A minimal decrease in proportion was reported from 32.3% in 2011 to 31.0% in 2015.



Figure 19. Protective Factors Among High School Students Aged 13-15 Years, GSHS Philippines, 2003-2015



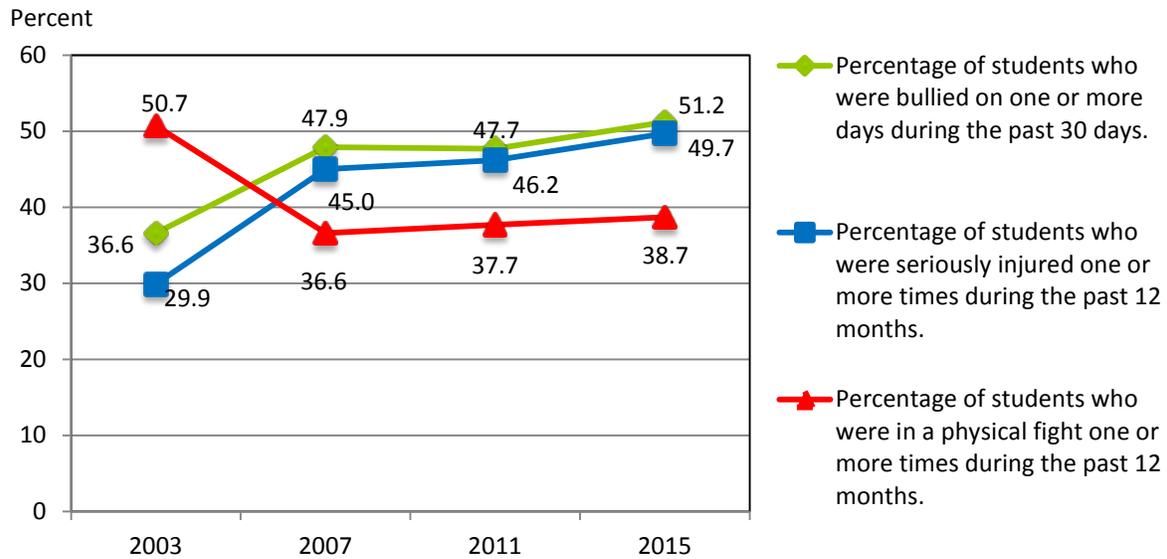
The proportion of indicators on protective factors have all increased in the 2015 GSHS as compared to the 2011 GSHS. The percentage of students whose parents or guardians never or rarely really knew what they were doing with their free time increased by 19.8%. While the percentages of students who reported that most of their schoolmates were never or rarely kind and helpful or those students who missed classes without permission also increased by 4.7% and 10.8% respectively. It is important to note that the indicators are negatively stated; thus, the increases in percentages would reflect an undesirable perception of the youth towards their parents or guardians and their schoolmates. Consequently, this perception maybe attributable to other factors such as effects of bullying or peer pressure.



The graph shows an increase in prevalence for the three indicators on tobacco use among 13-15 years old high school students. However, the differences were not significant. The highest increase reported was on students who used any tobacco products other than cigarettes from 3.2% in 2011 to 7.3% in 2015. This shift in other tobacco products may be attributed to the increasing price of cigarette or awareness of students in other forms of tobacco not only cigarettes.



Figure 21. Violence and Unintentional Injury Among High School Students Aged 13-15 Years, GSHS Philippines, 2003-2015



The percentage of students who were bullied on one or more days during the past 30 days preceding the survey and the percentage of students who were seriously injured one or more times during the past 12 months were both higher in 2015 with 51.2% and 49.7% than in 2011 with 47.7% and 46.2% only, respectively. Both indicators show an increasing trend across the four rounds of GSHS.

Similarly, the percentage of students who were in physical fight one or more times during the past 12 months also increased from 37.7% in 2011 to 38.7% in 2015.

However, all the changes in prevalence were not significant; thus, we consider no change in the prevalence.

Conclusion



The 2015 Philippines Global School-Based Student Health Survey (GSHS) is a component of the Global School-Based Student Health Surveillance System, is the fourth survey conducted among youth in schools.

The results of this survey can guide the Department of Health in modifying strategies towards effective program interventions. This survey may also provide evidences that move forward approaches that can reduce the morbidity and mortality caused by chronic diseases especially among the youth. Further, the results can also be the bases of the Department of Education in setting health education and health promotion goals, support curricula or program modifications, support legislation that promotes health.



Recommendations



The following were the recommendations based on the results and discussions. Recommendations were presented by core module.

➤ *Alcohol Use*

- To sustain the strict enforcement of liquor ban for minors in local government units and implement this nationwide;
- To strengthen advocacy for compliance to the liquor ban and access restrictions for alcohol products;
- To promote advocacy against harmful use of alcohol specially in schools through health related IEC materials;
- To integrate values formation and parenting skills training in the primary education curriculum so that the youth will be empowered to say no to alcohol;
- To develop policies at the national or subnational levels that would address harmful use of alcohol and shall promote public education on the consequences of excessive alcohol drinking; and
- For DOH to initiate development of advocacy tools and materials for schools, on harmful use of alcohol integrated, as appropriate, with other risky behavior for youth such as tobacco and drug use.

➤ *Dietary Behavior*

- To strengthen the implementation and monitoring of school policies on restricting sale and availability of junk foods including sugary beverages within school premises and even outside school premises; and
- To lobby and collaborate with the Department of Education the integration of health promotion materials specifically advocating the intake of fruit and vegetable in the curriculum. Further, to provide awareness of sugar, fats and salt content of foods among the youth.

➤ *Drug Use*

- To promote advocacy against drug use in schools through health related IEC materials;
- To review and monitor implementation of policies on substance use and abuse at the national and subnational levels and identify gaps in implementation;
- To integrate values formation and parenting skills training in the primary education curriculum so that the youth will be empowered to say no to drugs;
- To strengthen multi-sectoral collaboration to address drug use especially at the barangay level; and
- For DOH to develop advocacy tools and materials to be used in schools and communities against drug use, integrated, as appropriate, with other risky behavior for youth such as tobacco and alcohol use.



Hygiene

- For schools to make sure there is adequate water supply and provide accessible washing areas/sinks in strategic places;
- To sustain advocacy on the importance of personal hygiene;
- To increase the knowledge of students on the importance of proper handwashing and dental hygiene;
- To innovate in teaching students on how to perform proper handwashing and dental hygiene; and
- To integrate values formation in the primary education curriculum for youth to develop the habit of personal hygiene.

Mental Health

- To capacitate school guidance counselors and teacher-designates in identifying students at risk of suicide and in preventing suicide among students;
- To integrate prevention of suicide in advocacy initiatives targeting adolescents;
- To integrate values formation in the primary education curriculum so that the youth will be equipped to manage stress constructively; and
- To orient or re-orient teachers and parents on the stages of adolescents to better understand them and decrease tension at home and in school.

Physical Activity

- For local government units to promote physical activity and sports development by providing safe and appropriate venues;
- For schools to provide more recreational areas for physical activities, sports and exercise like basketball court, open spaces for walking etc; and
- To review existing health policies on physical activities and ensure active participation of schools in its implementation.

Protective Factors

- To strengthen parent-teachers associations and ensure closer collaboration of teachers and parents for joint guidance and supervision of the health and well-being of adolescents;
- To request for more local authorities (ex. Barangay Tanod) visibility as deterrent to missing classes;
- To develop and strengthen implementation of policy at the subnational level to prevent entry of students in places of entertainment, among others, during school hours; and
- To integrate values formation in the primary education curriculum so that the youth will inculcate values.



➤ HIV and AIDS Related Knowledge

- To sustain advocacy on HIV and AIDS prevention;
- To continue implementing the program on adolescent health and intensify youth forum;
- To develop culturally-sensitive IEC materials for adolescents that would broaden their knowledge on HIV and AIDS and their prevention; and
- To utilize relevant available data as basis for policy development, advocacy and health education.

➤ Tobacco Use

- To strengthen advocacy on effects of smoking and exposure to secondhand smoke through tri-media and social media campaign;
- To promote advocacy against tobacco use in schools through health related IEC materials;
- To review and monitor implementation of policies on tobacco use at the national and subnational levels and identify gaps in implementation;
- To integrate values formation and parenting skills in the primary education curriculum so that the youth will be empowered to say no to tobacco;
- Lobby with relevant officials on promotion and implementation of anti-smoking in public places, government offices, schools and workplaces; and
- For DOH to develop advocacy tools and materials against smoking, integrated, as appropriate, with other risky behavior for youth such as alcohol and drug use.

➤ Violence and Unintentional Injury

- To collaborate with Land Transportation Office (LTO) to strictly enforce the requirements for the issuance of driver's permits and licenses;
- To advocate for strict enforcement and heighten public awareness on road safety legislations;
- To sustain advocacy against bullying, violence and unintentional injuries among youth, in different settings;
- To forge partnership with relevant sectors and strengthen multi-sectoral collaboration to address violence and unintentional injury; and
- To ensure implementation of the RA 10627 (Anti-bullying Act of 2013) in schools.



References



1. Global Status Report on Noncommunicable Diseases 2014 : WHO
2. <http://www.who.int/mediacentre/news/releases/2015/noncommunicable-diseases/en/>
3. WPR Action Plan for the Prevention and Control of NCD – 2014-2020
4. The Global Economic Burden of Noncommunicable Diseases. Geneva: World Economic Forum. (2011) www.weforum.org/EconomicsOfNCD
5. <http://www.ncbi.nlm.nih.gov/pubmed/23229208>
6. 2013 Philippine Health Statistics ; EB-DOH
7. 2015 Global Youth Tobacco Survey Results - Philippines
8. 2011 Global School-based Student Health Survey Results-Philippines
9. The 2013 Young Adult Fertility and Sexuality (YAFS) Study in the Philippines: Key Findings
10. HIV and ART Registry of the Philippines, December 2015, EB-DOH
11. Administrative Order No. 2013-0013, DOH
12. DO 47, s. 2012 - Implementation of the School-Based HIV and AIDS Education Program (SBHAEP) of the Department Of Education
13. DO 10, s. 2016 - Policy and Guidelines for the Comprehensive Water, Sanitation and Hygiene in Schools (WinS) Program; Department of Education
14. <http://www.who.int/topics/hygiene/en/>
15. Part 12: 2009 Core Module Rationale: 2009 Manual for Conducting the Global School-based Student Health Survey
16. <http://www.who.int/gho/alcohol/en/>
17. <http://www.wpro.who.int/topics/tobacco/en/>
18. http://www.wpro.who.int/mediacentre/factsheets/fs_201203_tobacco/en/#
19. McCay, L. (2015). Handwashing Research Summary: What we learned about hand washing in the first quarter of 2015. Retrieved last July 19, 2016 from <http://globalhandwashing.org/wp-content/uploads/2015/08/PPPHW-Handwashing-Research-Summary-Q1-2015.pdf>
20. <http://cnnphilippines.com/videos/2016/07/11/DOH-to-prioritize-mental-health.html>
21. http://obesity.org.ph/v4/wp-content/uploads/2013/08/Obesity_Research_Philippines_1981-2011.pdf



Appendices



A. 2015 GSHS Questionnaire

Global School-based Student Health Survey (GSHS)

**2015 Philippines
GSHS Questionnaire**

For more information:
www.cdc.gov/gshs or
www.who.int/chp/gshs/en/





2015 PHILIPPINES GLOBAL SCHOOL-BASED STUDENT HEALTH SURVEY

This survey is about your health and the things you do that may affect your health. Students like you all over your country are doing this survey. Students in many other countries around the world also are doing this survey. The information you give will be used to develop better health programs for young people like yourself.

DO NOT write your name on this survey or the answer sheet. The answers you give will be kept private. No one will know how you answer. Answer the questions based on what you really know or do. There are no right or wrong answers.

Completing the survey is voluntary. Your grade or mark in this class will not be affected whether or not you answer the questions. If you do not want to answer a question, just leave it blank.

Make sure to read every question. Fill in the circles on your answer sheet that match your answer. Use only the pencil you are given. When you are done, do what the person who is giving you the survey says to do.

Here is an example of how to fill in the circles:

Fill in the circles like this
(Punuan ang bilog nang ganito) 

Not like this  or 
Hindi ganito

Survey Example

1. Do fish live in water?
A. Yes
B. No

Answer sheet/ *Papel ng mga Kasagutan*

1.  (B) (C) (D) (E) (F) (G) (H)

Thank you very much for your help.



1. How old are you?
 - A. 11 years old or younger
 - B. 12 years old
 - C. 13 years old
 - D. 14 years old
 - E. 15 years old
 - F. 16 years old
 - G. 17 years old
 - H. 18 years old or older

2. What is your sex?
 - A. Male
 - B. Female

3. In what year are you?
 - A. Grade 7
 - B. Grade 8
 - C. Grade 9
 - D. Fourth Year

4. Are you going to a public or private school now?
 - A. Public school
 - B. Private school

The next 3 questions ask about your height, weight, and going hungry.

5. How tall are you without your shoes on?
ON THE ANSWER SHEET, WRITE YOUR HEIGHT IN THE SHADED BOXES AT THE TOP OF THE GRID. THEN FILL IN THE OVAL BELOW EACH NUMBER.

Example

Height (cm)		
1	5	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input checked="" type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input checked="" type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	I do not know <i>Hindi ko alam</i>	



6. How much do you weigh without your shoes on?
ON THE ANSWER SHEET, WRITE YOUR WEIGHT IN THE SHADED BOXES AT THE TOP OF THE GRID. THEN FILL IN THE OVAL BELOW EACH NUMBER.

Example

Weight (kg)		
0	5	2
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input checked="" type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	I do not know Hindi ko alam	

7. During the past 30 days, how often did you go hungry because there was not enough food in your home?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

The next 4 questions ask about what you might eat and drink.

8. During the past 30 days, how many times per day did you usually eat fruit, such as bananas, mangoes, or papaya?
- A. I did not eat fruit during the past 30 days
 - B. Less than one time per day
 - C. 1 time per day
 - D. 2 times per day
 - E. 3 times per day
 - F. 4 times per day
 - G. 5 or more times per day
9. During the past 30 days, how many times per day did you usually eat vegetables, such as tomatoes, kangkong, cabbage, or stringbeans?
- A. I did not eat vegetables during the past 30 days.
 - B. Less than one time per day
 - C. 1 time per day
 - D. 2 times per day
 - E. 3 times per day
 - F. 4 times per day
 - G. 5 or more times per day
10. During the past 30 days, how many times per day did you usually drink carbonated soft drinks, such as Coke or Pepsi? (Do not include diet soft drinks.)
- A. I did not drink carbonated soft drinks during the past 30 days
 - B. Less than one time per day
 - C. 1 time per day
 - D. 2 times per day
 - E. 3 times per day
 - F. 4 times per day
 - G. 5 or more times per day



11. During the past 7 days, on how many days did you eat at a fast food restaurant, such as McDonalds, Jollibee, or Pizza Restaurants?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

The next 4 questions ask about cleaning you teeth and washing your hands.

12. During the past 30 days, how many times per day did you **usually** clean or brush your teeth?

- A. I did not clean or brush my teeth during the past 30 days
- B. Less than one time per day
- C. 1 time per day
- D. 2 times per day
- E. 3 times per day
- F. 4 or more times per day

13. During the past 30 days, how often did you wash your hands before eating?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

14. During the past 30 days, how often did you wash your hands after using the toilet or latrine?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

15. During the past 30 days, how often did you use soap when washing your hands?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

The next question asks about physical attacks.

A physical attack occurs when one or more people hit or strike someone, or when one or more people hurt another person with a weapon (such as a stick, knife, or gun). It is not a physical attack when two students of about the same strength or power choose to fight each other.

16. During the past 12 months, how many times were you physically attacked?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or 7 times
- F. 8 or 9 times
- G. 10 or 11 times
- H. 12 or more times

The next question asks about physical fights. A physical fight occurs when two students of about the same strength or power choose to fight each other.

17. During the past 12 months, how many times were you in a physical fight?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or 7 times
- F. 8 or 9 times
- G. 10 or 11 times
- H. 12 or more times



6. How much do you weigh without your shoes on?
ON THE ANSWER SHEET, WRITE YOUR WEIGHT IN THE SHADED BOXES AT THE TOP OF THE GRID. THEN FILL IN THE OVAL BELOW EACH NUMBER.

Example

Weight (kg)		
0	5	2
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input checked="" type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	I do not know Hindi ko alam	

7. During the past 30 days, how often did you go hungry because there was not enough food in your home?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

The next 4 questions ask about what you might eat and drink.

8. During the past 30 days, how many times per day did you usually eat fruit, such as bananas, mangoes, or papaya?
- A. I did not eat fruit during the past 30 days
 - B. Less than one time per day
 - C. 1 time per day
 - D. 2 times per day
 - E. 3 times per day
 - F. 4 times per day
 - G. 5 or more times per day
9. During the past 30 days, how many times per day did you usually eat vegetables, such as tomatoes, kangkong, cabbage, or stringbeans?
- A. I did not eat vegetables during the past 30 days.
 - B. Less than one time per day
 - C. 1 time per day
 - D. 2 times per day
 - E. 3 times per day
 - F. 4 times per day
 - G. 5 or more times per day
10. During the past 30 days, how many times per day did you usually drink carbonated soft drinks, such as Coke or Pepsi? (Do not include diet soft drinks.)
- A. I did not drink carbonated soft drinks during the past 30 days
 - B. Less than one time per day
 - C. 1 time per day
 - D. 2 times per day
 - E. 3 times per day
 - F. 4 times per day
 - G. 5 or more times per day



The next 3 questions ask about **the most serious injuries** that happened to you. An injury is serious when it makes you miss at least one full day of usual activities (such as school, sports, or a job) or requires treatment by a doctor or nurse.

18. During the past 12 months, how many times were you seriously injured?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or 7 times
- F. 8 or 9 times
- G. 10 or 11 times
- H. 12 or more times

19. During the past 12 months, what was the most serious injury that happened to you?

- A. I was not seriously injured during the past 12 months
- B. I had a broken bone or a dislocated joint
- C. I had a cut or stab wound
- D. I had a concussion or other head or neck injury, was knocked out, or could not breathe
- E. I had a gunshot wound
- F. I had a bad burn
- G. I was poisoned or took too much of a drug
- H. Something else happened to me

20. During the past 12 months, what was the major cause of the most serious injury that happened to you?

- A. I was not seriously injured during the past 12 months
- B. I was in a motor vehicle accident or hit by a motor vehicle
- C. I fell
- D. Something fell on me or hit me
- E. I was attacked or abused or was fighting with someone
- F. I was in a fire or too near a flame or something hot
- G. I inhaled or swallowed something bad for me
- H. Something else caused my

The next 2 questions ask about bullying. Bullying occurs when a student or group of students say or do bad and unpleasant things to another student. It is also bullying when a student is teased a lot in an unpleasant way or when a student is left out of things on purpose. It is not bullying when two students of about the same strength or power argue or fight or when teasing is done in a friendly and fun way.

21. During the past 30 days, on how many days were you bullied?

- A. 0 days
- B. 1 to 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days



22. During the past 30 days, how were you bullied **most often**?
- A. I was not bullied during the past 30 days
 - B. I was hit, kicked, pushed, shoved around, or locked indoors
 - C. I was made fun of because of my race, nationality or color
 - D. I was made fun of because of my religion
 - E. I was made fun of with sexual jokes, comments, or gestures
 - F. I was left out of activities on purpose or completely ignored
 - G. I was made fun of because of how my body or face looks
 - H. I was bullied in some other way

The next 6 questions ask about your feelings and friendships.

23. During the past 12 months, how often have you felt lonely?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
24. During the past 12 months, how often have you been so worried about something that you could not sleep at night?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
25. During the past 12 months, did you ever **seriously** consider attempting suicide?
- A. Yes
 - B. No

26. During the past 12 months, did you make a plan about how you would attempt suicide?

- A. Yes
- B. No

27. During the past 12 months, how many times did you actually attempt suicide?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or more times

28. How many close friends do you have?

- A. 0
- B. 1
- C. 2
- D. 3 or more

The next 6 questions ask about cigarette and other tobacco use.

29. How old were you when you first tried a cigarette?

- A. I have never smoked cigarettes
- B. 7 years old or younger
- C. 8 or 9 years old
- D. 10 or 11 years old
- E. 12 or 13 years old
- F. 14 or 15 years old
- G. 16 or 17 years old
- H. 18 years old or older



30. During the past 30 days, on how many days did you smoke cigarettes?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

31. During the past 30 days, on how many days did you use any tobacco products other than cigarettes, such as chewing tobacco leaves?

- A. 0 days
- B. 1 to 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

32. During the past 12 months, have you ever tried to stop smoking cigarettes?

- A. I have never smoked cigarettes
- B. I did not smoke cigarettes during the past 12 months
- C. Yes
- D. No

33. During the past 7 days, on how many days have people smoked in your presence?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 4 days
- D. 5 to 6 days
- E. All 7 days

34. Which of your parents or guardians use any form of tobacco?

- A. Neither
- B. My father or male guardian
- C. My mother or female guardian
- D. Both
- E. I do not know

The next 14 questions ask about drinking alcohol. This includes drinking beer, gin, or coconut wine. Drinking alcohol does not include drinking a few sips of wine for religious purposes. A “drink” is a glass of wine, a bottle of beer, a small glass of liquor, or a mixed drink.

35. How old were you when you had your first drink of alcohol other than a few sips?

- A. I have never had a drink of alcohol other than a few sips
- B. 7 years or younger
- C. 8 or 9 years old
- D. 10 or 11 years old
- E. 12 or 13 years old
- F. 14 or 15 years old
- G. 16 or 17 years old
- H. 18 years old or older

36. Where were you the first time you had a drink of alcohol?

- A. I have never had a drink of alcohol
- B. At home
- C. At someone else's home
- D. At school
- E. Out on the street, in a park, or in some other open area
- F. At a bar, pub, or disco
- G. In a restaurant
- H. Some other place



37. During the past 30 days, on how many days did you have at least one drink containing alcohol?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
38. During the past 30 days, on the days you drank alcohol, how many drinks did you **usually** drink per day?
- A. I did not drink alcohol during the past 30 days
 - B. Less than one drink
 - C. 1 drink
 - D. 2 drinks
 - E. 3 drinks
 - F. 4 drinks
 - G. 5 or more drinks
39. During the past 30 days, how did you **usually** get the alcohol you drank? SELECT ONLY ONE RESPONSE.
- A. I did not drink alcohol during the past 30 days
 - B. I bought it in a store, shop, or from a street vendor
 - C. I gave someone else money to buy it for me
 - D. I got it from my friends
 - E. I got it from my family
 - F. I stole it or got it without permission
 - G. I got it some other way
40. During the past 30 days, did anyone refuse to sell you alcohol because of your age?
- A. I did not try to buy alcohol during the past 30 days
 - B. Yes, someone refused to sell me alcohol because of my age
 - C. No, my age did not keep me from buying alcohol
41. Where were you the **last time** you had a drink of alcohol?
- A. I have never had a drink of alcohol
 - B. At home
 - C. At someone else's home
 - D. At school
 - E. Out on the street, in a park, or in some other open area
 - F. At a bar, pub, or disco
 - G. In a restaurant
 - H. Some other place
42. With whom do you **usually** drink alcohol?
- A. I do not drink alcohol
 - B. With my friends
 - C. With my family
 - D. With persons I have just met
 - E. I usually drink alone
 - F. With someone else not listed above
43. Do your parents or guardians know that you drink alcohol?
- A. I do not drink alcohol
 - B. Yes
 - C. No
 - D. I do not know
44. Are you allowed to drink alcohol at home?
- A. I do not drink alcohol
 - B. Yes
 - C. No



45. Which of your parents or guardians drink alcohol?

- A. Neither
- B. My father or male guardian
- C. My mother or female guardian
- D. Both
- E. I do not know

Staggering when walking, not being able to speak right, and throwing up are some signs of being really drunk.

46. During your life, how many times did you drink so much alcohol that you were really drunk?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 or more times

47. How old were you the **first time** you drank so much alcohol that you were really drunk?

- A. I have never drank so much alcohol that I was really drunk
- B. 7 years old or younger
- C. 8 or 9 years old
- D. 10 or 11 years old
- E. 12 or 13 years old
- F. 14 or 15 years old
- G. 16 or 17 years old
- H. 18 years old or older

48. During your life, how many times have you got into trouble with your family or friends, missed school, or got into fights, as a result of drinking alcohol?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 or more times

The next 8 questions ask about media and advertising.

49. When you go to sports events, fairs, concerts, community events, or social gatherings how often do you see advertisements for alcohol?

- A. I do not go to sports events, fairs, concerts, community events, or social gatherings
- B. Never
- C. Rarely
- D. Sometimes
- E. Most of the time
- F. Always

50. When you watch television, videos, or movies, how often do you see actors drinking alcohol?

- A. I do not watch television, videos, or movies
- B. Never
- C. Rarely
- D. Sometimes
- E. Most of the time
- F. Always

51. During the past 30 days, how many advertisements for alcohol have you seen when you watched television?

- A. I have not watched television during the past 30 days
- B. A lot
- C. A few
- D. None

52. During the past 30 days, how many advertisements for alcohol have you seen on the internet?

- A. I have not used the internet during the past 30 days
- B. A lot
- C. A few
- D. None



53. During the past 30 days, how many advertisements for alcohol have you seen on billboards?
- A. I have not seen a billboard during the past 30 days
 - B. A lot
 - C. A few
 - D. None
54. During the past 30 days, how many advertisements for alcohol have you seen in newspapers or magazines?
- A. I have not seen a newspaper or magazine during the past 30 days
 - B. A lot
 - C. A few
 - D. None
55. Has an alcohol company representative ever offered you a free drink of alcohol?
- A. Yes
 - B. No
56. Do you have something such as a t-shirt, pen, backpack, or other item with an alcohol brand logo on it?
- A. Yes
 - B. No

The next 8 questions ask about drug use. This includes using marijuana, amphetamines, cocaine, and inhalants.

57. How old were you when you first used drugs?
- A. I have never used drugs
 - B. 7 years old or younger
 - C. 8 or 9 years old
 - D. 10 or 11 years old
 - E. 12 or 13 years old
 - F. 14 or 15 years old
 - G. 16 or 17 years old
 - H. 18 years old or older
58. During your life, how many times have you used marijuana?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 or more times
59. During the past 30 days, how many times have you used marijuana?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 or more times
60. During your life, how many times have you used amphetamines or methamphetamines, also called shabu?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 or more times



61. During the past 30 days, how many times have you used marijuana, shabu, ecstasy, or rugby?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times)
- D. 10 or more times

62. During the past 30 days, has anyone offered, sold, or given you a drug, such as marijuana, shabu, ecstasy, or rugby?

- A. Yes
- B. No

63. During this school year, were you taught in any of your classes the problems associated with using drugs such as marijuana, shabu, ecstasy, or rugby?

- A. Yes
- B. No
- C. I do not know

64. During this school year, were you taught in any of your classes where to get help to stop using drugs such as marijuana, shabu, ecstasy, or rugby?

- A. Yes
- B. No
- c. I do not know

The next 3 questions ask about physical activity. Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, playing with friends, or walking to school. Some examples of physical activity are running, fast walking, biking, dancing, or football.

65. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? ADD UP ALL THE TIME YOU SPEND IN ANY KIND OF PHYSICAL ACTIVITY EACH DAY.

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

66. During the past 7 days, on how many days did you walk or ride a bicycle to or from school?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

67. During this school year, on how many days did you go to physical education (PE) class each week?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 or more days



The next question asks about the time you spend mostly sitting when you are not in school or doing homework.

68. How much time do you spend during a typical or usual day sitting and watching television, playing computer games, talking with friends, or playing cards?

- A. Less than 1 hour per day
- B. 1 to 2 hours per day
- C. 3 to 4 hours per day
- D. 5 to 6 hours per day
- E. 7 to 8 hours per day
- F. More than 8 hours per day

The next 6 questions ask about your experiences at school and at home.

69. During the past 30 days, on how many days did you miss classes or school without permission?

- A. 0 days
- B. 1 to 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 or more days

70. During the past 30 days, how often were most of the students in your school kind and helpful?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

71. During the past 30 days, how often did your parents or guardians check to see if your homework was done?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

72. During the past 30 days, how often did your parents or guardians understand your problems and worries?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

73. During the past 30 days, how often did your parents or guardians really know what you were doing with your free time?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

74. During the past 30 days, how often did your parents or guardians go through your things without your approval?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always



The next 6 questions ask about HIV or the disease called AIDS.

75. Have you ever heard of HIV infection or the disease called AIDS?

- A. Yes
- B. No

76. During this school year, were you taught in any of your classes about HIV infection or AIDS?

- A. Yes
- B. No
- C. I do not know

77. During this school year, were you taught in any of your classes how to avoid HIV infection or AIDS?

- A. Yes
- B. No
- C. I do not know

78. Can people protect themselves from HIV infection by not having sexual intercourse?

- A. Yes
- B. No
- C. I do not know

79. Can people protect themselves from HIV infection by using a condom correctly every time they have sexual intercourse?

- A. Yes
- B. No
- C. I do not know

80. Have you ever talked about HIV infection or AIDS with your parents or guardians?

- A. Yes
- B. No

END OF SURVEY. THANK YOU VERY MUCH!

2015 GSHS Philippines Questionnaire
Last updated: October 27, 2015



B. LIST OF OFFICIALS AND PERSONNEL INVOLVED IN THE 2015 PHILS. GSHS

GSHS Country Coordinating Office - Epidemiology Bureau - DOH

2015 GSHS Country Coordinators/Core Management Team

Dr. Agnes Benegas- Segarra
 Ms. Fe A. Sinson
 Ms. Theresa D. Timbang
 Ms. Lea Mylene R. Rebanal

2015 GSHS Regional Coordinators

ZONE 1 - LUZON AREA

Ms. Maria Delia C. Kho	NCR - Metro Manila
Ms. Ellen Ramirez	NCR - Metro Manila
Mr. Gerard Basaca	NCR – Metro Manila
Mr. Francisco De Vera	RO 1 –Ilocos
Dr. Alethea R. De Guzman	RO 2 – Cagayan Valley
Mr. Allan J. Sibal	RO 2 – Cagayan Valley
Ms. Sheena Marie Mayo	RO 2 – Cagayan Valley
Dr. Maila S. Rostrata	RO 3 – Central Luzon
Mr. Romanico Usman	RO 3 – Central Luzon
Dr. Gilbert G. Par	RO 4A – Calabarzon
Ms. Ma. Theresa Y. Malubag	RO 4A – Calabarzon
Dr. Evy R. Sarmiento	RO 5 – Bicol
Ms. Windalyn G. Baluis	RO 5 – Bicol

ZONE 2 - VISAYAS AREA

Dr. Joji G. Jimenez	RO 6 – Western Visayas
Mr. John Richard L. Lapascua	RO 6 – Western Visayas
Ms. Darlene Antonette dela Peña	RO 6 – Western Visayas
Dr. Judita T. Tawatao	RO 7 – Central Visayas
Ms. Ligaya I. Moneva	RO 7 – Central Visayas
Ms. Josette Z. Navarro	RO 7 – Central Visayas
Dr. Ma. Sol Villones	RO 8 – Eastern Visayas
Ms. Ma. Rosario A. Juntilla	RO 8 – Eastern Visayas
Ms. Winnie C. Dorego	RO 8 – Eastern Visayas



ZONE 3 – MINDANAO AREA

Dr. Ma. Agnes Z. Mabolo
Ms. Teresita T. Dela Cruz

RO 9 – Zamboanga Peninsula
RO 9 – Zamboanga Peninsula

Dr. Andresa G. Beñas
Mr. Kid Taguba
Ms. Gemma A. Simene

RO 10 – Northern Mindanao
RO 10 – Northern Mindanao
RO 10 – Northern Mindanao

Ms. Rosemarie J. Basañes
Ms. Belle Hyacinth V. Bata

RO 11 – Davao
RO 11 – Davao

Ms. Jenelyn Ellie P. Ventura
Ms. Ma. Estela E. Ilagan

RO 12 – SOCCSKSARGEN
RO 12 – SOCCSKSARGEN

Ms. Sunshine A. Alipayo
Ms. Delma O. Legaspi
Ms. Sharon S. Coja

RO Caraga
RO Caraga
RO Caraga

Dr. Sadaila K. Raki-In
Ms. Joery D. Amad

DOH - ARMM
DOH - ARMM

2015 GSHS Survey Administrators

ZONE 1 - LUZON AREA

NCR – Metro Manila

Ms. Maria Delia C. Kho
Ms. Ellen Ramirez
Mr. Gerard Basaca

RO 1 –Ilocos

Mr. Francisco De Vera

RO 2 – Cagayan Valley

Dr. Alethea R. De Guzman
Mr. Allan J. Sibal
Ms. Sheena Marie Mayo

RO 3 – Central Luzon

Mr. Romanico Usman

RO 4A – CALABARZON

Dr. Gilbert G. Par
Ms. Ma. Theresa Y. Malubag
Dr. Felices Emerita Perez
Mr. Archie Elchico
Ms. Geneva Calanog
Mr. Noah Dabbay



RO 5 – Bicol

Dr. Evy R. Sarmiento
Ms. Windalyn G. Baluis

ZONE 2 - VISAYAS AREA

RO 6 – Western Visayas

Dr. Joji G. Jimenez
Mr. John Richard L. Lapascua
Ms. Darlene Antonette Dela Peña

RO 7 – Central Visayas

Ms. Ligaya I. Moneva
Ms. Josette Z. Navarro

RO 8 – Eastern Visayas

Dr. Ma. Sol Villones
Ms. Ma. Rosario A. Juntilla
Ms. Winnie C. Dorego

ZONE 3 – MINDANAO AREA

RO 9 – Zamboanga Peninsula

Dr. Ma. Agnes Z. Mabolo
Ms. Teresita T. Dela Cruz

RO 10 – Northern Mindanao

Dr. Andresa G. Beñas
Mr. Kid Taguba
Ms. Gemma A. Simene

RO 11 – Davao

Ms. Rosemarie Basañes
Ms. Belle Hyacinth Bata

RO 12 - SOCCSKSARGEN

Ms. Jenelyn Ellie P. Ventura
Ms. Ma. Estela E. Ilagan
Ma. Visitacion B. Ditanungon

RO CARAGA

Ms. Sunshine A. Alipayo
Ms. Delma O. Legaspi
Ms. Sharon S. Coja
Ms. Nancita O. Urbiztondo
Ms. Johanna Estose
Ms. Prima J. Pagalan
Mr. Dinnes Karl N. Gracia
Ms. Catrina Rose Sibi



2015 GSHS Country Report Contributors

Epidemiology Bureau - DOH

Dr. Agnes B. Segarra
Ms. Fe A. Sinson
Ms. Theresa D. Timbang
Ms. Lea Mylene R. Rebanal
Ms. Krizzell E. Wangiwang

Disease Prevention and Control Bureau - DOH

Dr. Ma. Cristina R. Galang

Health Policy Development and Planning Bureau- DOH

Mr. Pio Justin V. Asuncion

DOH Regional Offices

Dr. Ma. Agnes Z. Mabolo
Dr. Adimelca C. Gangoso
Ms. Windalyn G. Baluis
Ms. Alma Estember

WHO Country Office

Dr. Florante E. Trinidad
Dr. John Juliard L. Go
Dr. Ronaldo R. Quintana