

Executive Summary

2023 COVID-19 Mobile Phone Surveys

1. Overview

This report summarizes the results from the Philippines COVID-19 Mobile Phone Survey implemented in February 2023. COVID-19 continues to assess the resilience of health and support systems across the Philippines. Rapid data on Filipino attitudes, practices, and human behavior on coping with COVID-19 is necessary to make effective decisions on prevention, management, and control of COVID-19. The current pandemic challenged physical survey data collection as its conduct might incur potential disease transmissions. Hence, to continue the survey data collection and to protect the health of survey conductors, the usage of mobile phone surveys was adapted. Mobile phone surveys offer the opportunity to collect real time data on behavior, exposure, knowledge, perceptions, care management, and treatment to provide the necessary data utilized to inform policies and resource allocation on COVID-19.

In the survey 2,326 individuals subscribed to Globe and Smart mobile phone networks anonymously participated in the survey using short message service (SMS) and/or mobile web modes.

This survey used the infrastructure built to conduct the Bloomberg Philanthropies Data for Health Initiative Non-Communicable Diseases Mobile Phone Survey. The COVID-19 Survey was the culmination of significant work by the Department of Health, including but not limited to the telecommunications approval from the Philippine National Telecommunications Commission, agreements with mobile network aggregators, data hosting, and management at the Epidemiology Bureau (EB), Public Health Services Team (PHST), Disease Prevention and Control Bureau (DPCB), Health Promotion Bureau (HPB), and Communication Office (COM) of the Department of Health (DOH). The first COVID-19 mobile phone survey was conducted in 2021 with the support of the aforementioned institutions.

In the 2021, COVID mobile phone survey, the DOH led the 2023 questionnaire development, sampling, and data collection. The US Centers for Disease Control and Prevention (CDC) and Innovative Support to Emergencies Diseases and Disasters (InSTEDD) provided these technical assistance. Bloomberg Philanthropies Data for Health Initiative provided financial support through the CDC Foundation.

This report is structured as follows:

- Goals (Section 2)
- Design and Implementation (Section 3)
- Results (Section 4)
- Conclusions (Section 5)

The goal of the 2023 Philippines COVID-19 Mobile Phone Survey is to provide nationally representative estimates of knowledge, symptomatology, and access and barriers to COVID-19 testing. These will provide suitable information that can help in improving and enhancing further the COVID-19 pandemic response in the Philippines. The results may be used to help inform the governments' response to the pandemic and indicate whether the current strategies are effective.

3. Design and Implementation

3.1 Design

The design parameters used for the COVID-19 Mobile Phone Survey are shown below in Table 1.

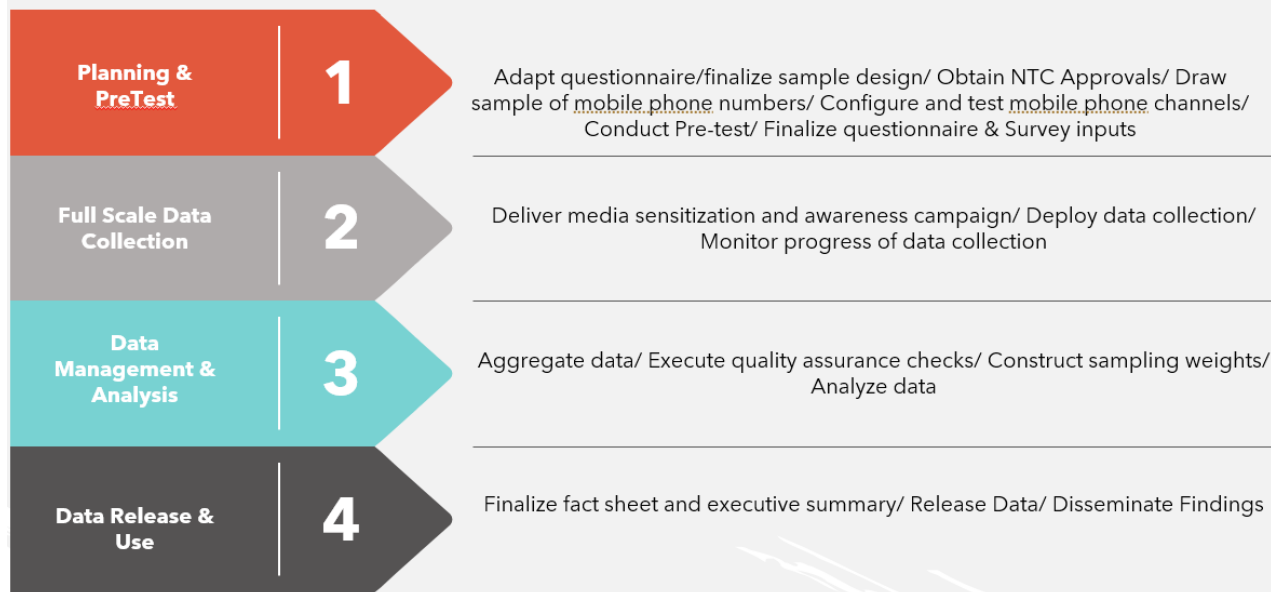
Table 1. Mobile Phone Survey Design	
<i>Component</i>	<i>Design</i>
Mode	SMS and mobile web
Mode Strategy	The initial mode of contact was SMS with mobile web as the fallback. The "fallback" mode initiated if the respondent did not respond or did not complete the survey in the SMS mode.
Sample	A two-phase sample of mobile phone numbers were generated via random digit dialing (RDD), using the mobile phone prefixes for Globe, Smart, and Sun stratified by age and sex in the second phase.
Number of Respondents	2,326 respondents; allocated proportionally across strata to the general population distribution
Strata	Four (4) strata, created by crossing sex (male and female) with age (18-34 and 35+)
Questionnaire	The COVID-19 Mobile Phone Survey questionnaire included 32 questions in two (2) languages (Filipino and English) and covers the following topics: <ul style="list-style-type: none">▪ Demographics▪ Non-communicable disease risk factors▪ Diagnosis, treatment, and testing availability▪ COVID-19 minimum public health standards and practices▪ COVID-19 Vaccination receptivity
Contact times	All 7 days of the week, between 8am and 8pm daily

Contact attempts	<ul style="list-style-type: none"> • Contact #1: SMS • Contact #2: SMS, 26 hours after Contact #1 • Contact #3: Mobile Web, 26 hours after Contact #2 • Contact #4: Mobile Web, 26 hours after Contact #3
Cost to Respondents	None. Incoming SMS messages were free. The channels were configured to not invoice any data charges to respondents.
Incentives	Every person who completed the survey was sent a 50-peso phone load.
Tool and Hosting	Surveda, with data hosted at the Philippines Department of Health

3.2 Implementation

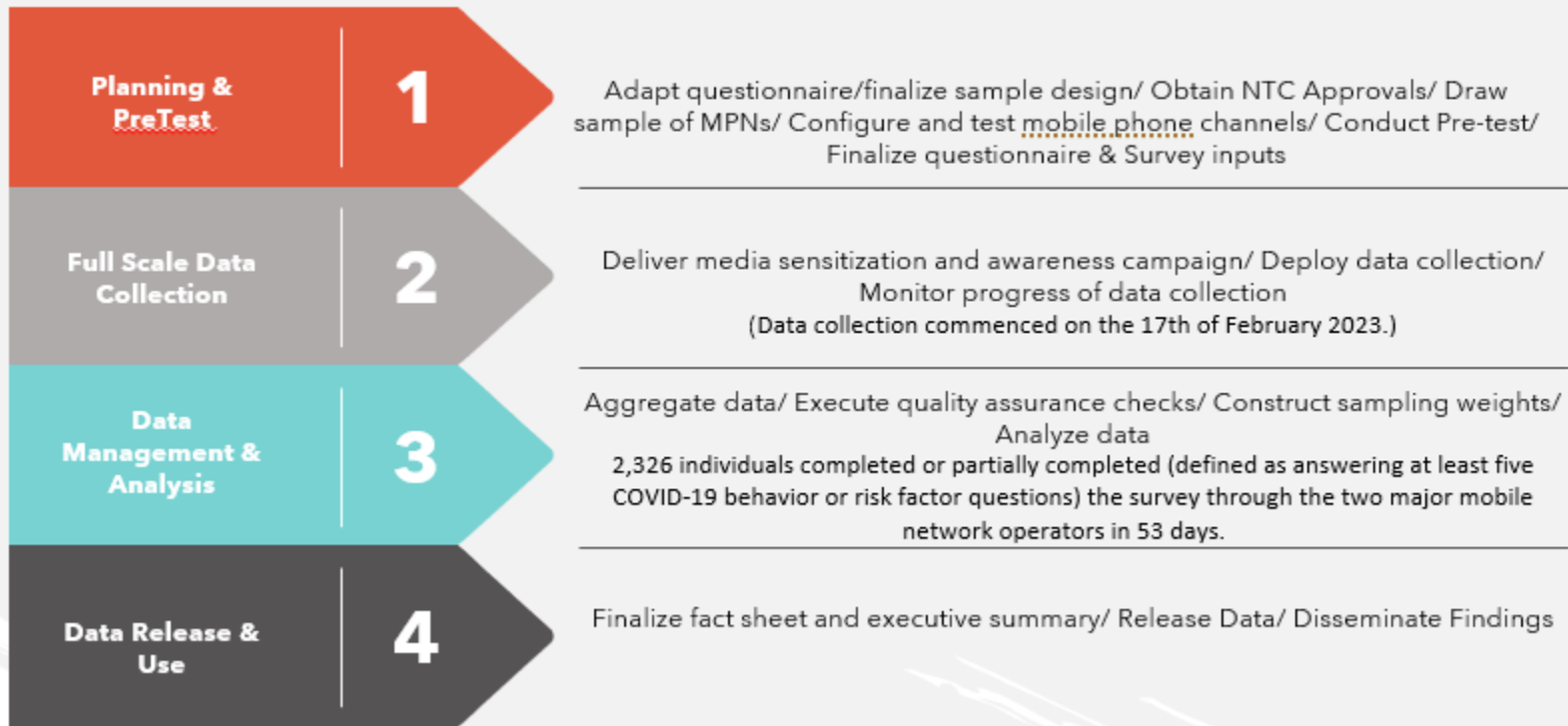
The Philippines COVID-19 Mobile Phone Survey implementation process consisted of four stages: (a) Planning and Pre-Test; (b) Full-scale Data Collection; (c) Data Management and Analysis; and (d) Data Release and Use, as seen in Figure 1.

Figure 1. Non-Communicable Disease Mobile Phone Survey Process



Data collection commenced on the 17th of February 2023. A total of 2,326 individuals completed or partially completed (defined as answering at least five COVID-19 behavior or risk factor questions) the survey through the two major mobile network operators in 53 days.

Figure 1. Non-Communicable Disease Mobile Phone Survey Process



4. Results

4.1 Demographics and Response Rates

The Philippines Mobile Phone Survey included 2,326 interviews across age by sex groups. Table 2 shows the Mobile Phone Demographic distribution compared to the 2020 Philippines Statistics Authority (PSA) population national statistics for sex and age.

	Mobile Phone Sample	National*
Sex**	2,326	73,443,920
Male	46.6%	50.0%
Female	53.4%	50.0%

Age**		
18-34 years old	42.4%	43.9%
35+ years old	57.6%	56.1%
Island Group***	n	MPS Sample from National Estimates
Luzon	1603	68.9%
Visayas	212	9.1%
Mindanao	243	10.4%

*July 2022 population data provided by Philippines Statistical Authority

**Sample was drawn to provide sex and age stratum specific estimates

***11.6% of Sample did not provide an Island Group location

To achieve the 2,326 interviews, we sent invitations to 335,273 mobile phone numbers.

These, 82 were ineligible as they were less than 18 years of age, and 2,318 respondents of eligible age were rejected due to stratum sample sizes being full. The result was 2,550 eligible respondents, of which 2,326 provided interviews (completed or partial) with known sex and age. Completed interviews were defined as answering all survey questions. Partial interviews were defined as answering at least five COVID-19 questions and not finishing the survey. The interview rate was 91.2% and the overall response rate was 1.2%. The final disposition codes for this sample are shown in Table 3.

Table 3. Final disposition codes for all dialed mobile phone numbers

Disposition	Definition	n	Percent
1. Complete (I)	Answered all survey questions	2,092	0.6%
2. Partial (P)	Answered age and sex questions and at least five COVID-19 questions but did not finish the survey	234	0.1%
3. Breakoff: Eligible (O)	Answered age and sex questions but did not answer any COVID-19 questions	224	0.1%

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16 August 2023

4. Ineligible: Age	Under age 18	82	0.0%
5. Ineligible: Quotas*	Answered age and sex questions but quotas were full	1,832	0.5%
6. Refused	Refused consent	2,318	0.7%
7. Breakoff: unknown eligibility	Answered some questions but stopped before completing eligibility	753	0.2%
8. No answer	No answer, possibly nonworking number	327,738	97.8%
Total		335,273	

*Quotas reflect achieved/full sample size for specific age/sex strata

In this project, the sampling design involved two phases. Each phase had its own response rate. The final response rate was the product of Phase I and Phase II response rates.

$$\text{Phase I Response Rate} = \frac{\text{Number MPNs screened}}{\text{Number MPNs dialed}}$$

Or,

$$\text{Phase I Response Rate} = \frac{4,464}{327,738} = 0.0133$$

$$\text{Phase II Response Rate } RR6_s = \frac{I+P_s}{(I+P_s)+O_s}, \text{ for stratum } s.$$

Where:

I_s = Number of Complete Interviews per stratum s

P_s = Number of Partial Interviews per stratum s

O_s = Number who answered age and sex questions but did not answer any other questions

RR₆ was derived from the 2016 Standard Definitions of the American Association for Public Opinion Research (AAPOR). Phase II stratum-specific response rates (RR #6) are in Table 4:

Table 4. Phase II response rates for stratum s		
Age	Males	Females
18-34	$RR6_1 = \frac{433_1}{433_1 + 45_1} = 0.906 \times 100\% = 90.6\%$	$RR6_2 = \frac{553_2}{553_2 + 51_2} = 0.916 \times 100\% = 91.6\%$
35+	$RR6_3 = \frac{652_3}{652_3 + 64_3} = 0.911 \times 100\% = 91.1\%$	$RR6_4 = \frac{688_4}{688_4 + 64} = 0.915 \times 100\% = 91.5\%$

The overall response rate is the product of Phase I and Phase II response rates, resulting in an overall response rate for the entire COVID-19 Mobile Phone Survey in Philippines:

$$RR6_{overall} = \frac{IP_{overall}}{IP_{overall} + O_{overall}} * RR_{Phase I} = \frac{2,326}{2,326 + 224} * 0.0133 = 0.0121 * 100\% = 1.21\%$$

4.2 NCD Risk Factors and Behavior - Tobacco Use

Overall, one in five adult Filipinos reported either currently smoking tobacco or using an e-cigarette or vaping device in the past month. Men reported smoking tobacco use or using an e-cigarette or vape more than 25.8% of women (30.2% vs. 12.9%).

The prevalence of current tobacco smokers among all adults was 16.6%, with higher rates among men compared to women (24.0% vs 9.2% respectively). Around three in twenty men (14.7%) reported daily tobacco smoking compared to 4.8% of women who did the same.

The prevalence of current e-cigarette or vaping use was 11.5% for all adults; with daily e-cigarette or vaping measured at 6.2%. Men reported higher rates of current e-cigarette or vape use compared to women (15.5% among men vs 7.5% among women). Regarding age, 18- to 34-year-old Filipinos not only used e-cigarettes or vaping devices at higher prevalence rates compared to their older counterparts aged 35 years and older (15.7% vs. 8.2%); they also had higher rates of daily e-cigarette or vaping (8.2% vs. 4.6%). Men also reported higher rates of daily e-cigarette or vaping use compared to women (8.9% vs. 3.6% respectively).

Tobacco smokers were asked how the COVID-19 pandemic had influenced their smoking behavior. Among tobacco smokers, half (49.4%) reported that there was no change in their smoking behavior because of the pandemic. Four in ten (42.5%) reported that they smoked less than usual, and less than 1 in 10 (8.1%) smoked more than usual.

Table 5 shows key outcomes from the 2023 COVID-19 Mobile Phone Survey on tobacco use.

Table 5. Tobacco Use Overall and by Sex

Tobacco Use	Overall		Males		Females	
	%	(95% CI)	%	(95% CI)	%	(95% CI)
Tobacco Smokers						
Current tobacco smokers	16.6	(15-18.1)	24.0	(21.4-26.5)	9.2	(7.5-10.8)
Daily tobacco smokers	9.8	(8.6-11)	14.7	(12.6-16.9)	4.8	(3.6-6)
E-cigarette or Vaping Device Users						
Current use e-cigarette or vaping device	11.5	(10.2-12.8)	15.5	(13.3-17.7)	7.5	(6.1-9)
18-34 years old	15.7	(13.3-18)	19.0	(15.3-22.8)	12.2	(9.4-14.9)
35+ years old	8.2	(6.7-9.7)	12.5	(10-15.1)	4.0	(2.5-5.5)
Daily use of e-cigarette or vaping device	6.2	(5.2-7.2)	8.9	(7.1-10.6)	3.6	(2.5-4.6)
18-34 years old	8.2	(6.4-10)	11.0	(8-13.9)	5.3	(3.4-7.2)
35+ years old	4.6	(3.5-5.8)	7.1	(5.1-9.2)	2.2	(1.1-3.4)
Currently smoke tobacco or use an e-cigarette or vaping device	21.6	(19.9-23.2)	30.2	(27.4-33)	12.9	(11.1-14.8)
COVID-19 Influence on tobacco smoking:						
Smoked more than usual	8.1	(5.3-11)	8.3	(4.9-11.7)	7.7	(2.6-12.8)
Smoked less than usual	42.5	(37.3-47.8)	45.3	(39-51.6)	35.0	(25.8-44.2)
No change in smoking behavior	49.4	(44.1-54.7)	46.4	(40.1-52.7)	57.3	(47.7-66.9)

4.3 NCD Risk Factors and Behavior - Alcohol Use

Over one third (38.2%) of adult Filipinos consumed alcohol in the past 30 days, with males reporting higher rates of alcohol consumption than females (48.7% vs. 27.7%, respectively). The 18-34 year old respondents reported higher prevalence of drinking alcohol compared to their older counterparts aged 35 years and older (44.1% vs. 33.5%); younger females reported higher rates of current smoking compared to the 35 years and older females (37.7% vs. 20.2%).

Among current alcohol users, almost half (49.4%) reported that there was no change in their alcohol consumption because of the current pandemic. Two in five (45.1%) of the current alcohol users reported that they drank less than usual during the pandemic, and less than one in twenty (5.5%) drank more than usual during the pandemic.

Table 6 shows reported alcohol use overall and by sex from the COVID-19 2023 Mobile Phone Survey.

Table 6. Alcohol Use overall and by Sex

Alcohol Use	Overall		Males		Females	
	%	(95% CI)	%	(95% CI)	%	(95% CI)
Current alcohol users (past 30 days)	38.2	(36.3-40.2)	48.7	(45.7-51.8)	27.7	(25.3-30.2)
18-34 years old	44.1	(41-47.3)	50.2	(45.5-55)	37.7	(33.6-41.8)
35+ years old	33.5	(31.1-36)	47.4	(43.5-51.4)	20.2	(17.2-23.3)
COVID-19 Influence on alcohol use:						
Drank more than usual	5.5	(3.9-7.1)	5.2	(3.2-7.1)	6.2	(3.5-8.8)
Drank less than usual	45.1	(41.6-48.5)	47.6	(43.2-52.1)	40.5	(35.2-45.9)
No change in alcohol consumption	49.4	(45.9-52.9)	47.2	(42.7-51.6)	53.3	(47.8-58.7)

4.4 NCD Risk Factors and Behavior – Mental Health

The COVID-19 pandemic continues to affect Filipino lives causing persistent thoughts of concern, anxiety, or sadness. The COVID-19 mobile phone survey included questions on mental health and well-being. One out of five (21.0%) adult Filipinos reported that they needed mental health services because of the COVID-19 pandemic. Regarding age, 18-34-year-olds were twice as likely to report that they needed mental health services because of the COVID-19 pandemic compared to the 35 years and older age group (28.26% vs 15.4% respectively). Similar results were obtained for both men and women with younger Filipinos aged 18-34 years old needing mental health services because of the pandemic (26.5% vs 15.8% men and 30.1% vs 14.9% women).

Among those who needed mental health services because of the pandemic, about half of the respondents (47.1%) sought and consulted mental health services, with similar rates among men and women (47.2% vs 47.0%), respectively.

Considering the pandemic's impact on mental health, approximately one in ten (9.6%) Filipinos rated their overall mental health as poor or somewhat poor within the past month. Out of every ten respondents, about 2 (19.8%) rated their overall mental health status as average, and seven (70.7%) assessed their overall mental health as excellent or somewhat good in the past month.

Table 7 presents Mental Health overall and by sex from the COVID-19 2023 Mobile Phone Survey.

Table 7. Mental Health Overall and by Sex

Mental Health	Overall		Males		Females	
	%	(95% CI)	%	(95% CI)	%	(95% CI)
<i>Needed mental health services because of the COVID-19 pandemic</i>	21.0	(19.3-22.7)	20.6	(18.1-23.1)	21.4	(19.1-23.7)
18-34 years old	28.2	(25.3-31.1)	26.5	(22.2-30.7)	30.1	(26.1-34)
35+ years old	15.4	(13.4-17.4)	15.8	(13-18.7)	14.9	(12.2-17.7)
Among those who needed mental health services, those who consulted mental health services because of COVID-19	47.1	(42.4-51.7)	47.2	(40.3-54)	47.0	(40.8-53.2)
<i>Current mental health assessment influenced by COVID-19 (past 30 days reflection)</i>						
Excellent or somewhat good	70.7	(68.8-72.5)	71.0	(68.2-73.8)	70.3	(67.7-72.8)
Average	19.8	(18.1-21.4)	19.5	(17-21.9)	20.0	(17.8-22.3)
Somewhat poor or Poor	9.6	(8.4-10.8)	9.5	(7.7-11.3)	9.7	(8-11.3)

4.5 COVID-19 Testing & Treatment

The COVID-19 2023 mobile phone survey included questions on COVID-19 diagnosis and whether treatment for COVID-19 was received at a health care center or hospital. Testing accessibility was also measured as it remains an important component of the COVID-19 pandemic response.

Overall, one third of adult Filipinos (33.2%) self-reported that they had been ever diagnosed with COVID-19. About one in ten (8.8%) of all adult Filipinos reported that they ever received treatment for COVID-19 at a health care center or hospital. Men and women reported similar rates for ever being diagnosed with COVID-19 and recipients of treatment for COVID-19 at health care centers or hospitals.

Regarding accessibility to testing, almost three-quarters (73.1%) of the population think that they would be able to get a COVID-19 test if they needed one, with similar rates between males and females.

Table 8 presents the COVID-19 Testing and Treatment overall and by sex from the COVID-19 2023 Mobile Phone Survey.

Table 8. COVID-19 Testing & Treatment Overall and by Sex

COVID-19 Testing & Treatment	Overall		Males		Females	
	%	(95% CI)	%	(95% CI)	%	(95% CI)
Diagnosis for COVID-19 (among population)	33.2	(31.2-35.2)	33.5	(30.6-36.4)	32.9	(30.2-35.5)
18-34 years old	33.8	(30.8-36.9)	33.3	(28.7-37.8)	34.5	(30.4-38.5)
35+ years old	32.7	(30.1-35.3)	33.8	(30.1-37.5)	31.7	(28.2-35.2)
Treatment for COVID-19 (among population)	8.8	(7.6-9.9)	9.4	(7.6-11.2)	8.1	(6.6-9.7)
18-34 years old	8.5	(6.7-10.3)	8.0	(5.4-10.7)	8.9	(6.5-11.4)
35+ years old	9.0	(7.4-10.5)	10.5	(8.1-12.9)	7.5	(5.5-9.6)
Think they would be able to get a COVID-19 test if needed it (among population)	73.1	(71.2-75)	74.5	(71.8-77.2)	71.7	(69.1-74.3)

4.6 Practices

The Philippine COVID-19 minimum public health standards, under the mandate of the Administrative Order 2021-0043 or the Omnibus Guidelines on the Minimum Public Health Standards for the Safely Reopening of Institutions, and its related issuances employed to prevent the spread of COVID-19 have included improving ventilation in enclosed public spaces as well as on public transportation. Recommendations to improve use of and accessibility to public open spaces has also been included to improve public health.

In the last two weeks prior to the survey, more than 4.2% of the respondents reported caring for or having close contact with someone suspected/diagnosed with COVID-19.

Approximately half (49.3%) of adult Filipinos visited an enclosed place two weeks prior to the survey. Among those who visited an enclosed place four out of five (83.4%) reported that the enclosed public place was well-ventilated. Regarding public transportation, less than half (47.6%) used public transportation in the 2 weeks prior to the survey; of which 4 out of 5 (83.4%) reported that the public transportation was well-ventilated.

Six out of ten (60.6%) adult Filipinos reported that they visited a public open space (beach, park, community garden, plaza etc.) in the past 2 weeks before the survey. Among those who visited a public open space approximately 3 in 10 (28.0%) reported that they visited to perform physical activity or exercise, an

additional three in ten (30.3%) visited for self-care and improvement of mental health and well-being, and four in ten (41.6%) visited a public open space within the last two weeks before the survey for another reason.

Regarding open space facilities visited in the past 2 weeks, about seven in ten (69.5%) reported that there were handwashing and sanitation stations available. Nine in ten (91.1%) said that the public open space was inclusive for all persons (children, elderly, persons with disabilities (PWD), all sexes). Two-thirds (63.4%) reported that the space was smoke-free, vape-free, drug-free, and alcohol-free, and eight in ten (85.9%) thought that proper waste management and eco-friendly, non-pollution practices at the space were enforced. More women thought that the public open space was inclusive for all persons compared to men (92.9% vs. 89.6%, respectively). Men and women reported similar rates with regards to the other indicators.

Table 9 shows the rates of Practices overall and by sex from the COVID-19 2023 Mobile Phone Survey.

Table 9. Behavioral Practices Overall and by Sex

COVID-19 Minimum Public Health Standard Practices	Overall		Males		Females	
<i>In the last 2 weeks:</i>	%	(95% CI)	%	(95% CI)	%	(95% CI)
cared for or had close contact with some suspected of or diagnosed with COVID-19	4.2	(3.4-5.1)	4.7	(3.4-6)	3.7	(2.6-4.8)
Visited enclosed public places	49.3	(47.2-51.4)	51.0	(48-54)	47.5	(44.7-50.4)
visited an enclosed public place and thought the place was well-ventilated	83.4	(81.9-84.9)	84.5	(82.4-86.6)	82.3	(80.1-84.5)
Visited a public open space (beaches, parks, community gardens, plazas etc.)	60.6	(58.6-62.6)	64.8	(61.8-67.7)	56.4	(53.6-59.2)
The MAIN reason why they went to the public open space:	95.4	(94.6-96.3)	95.3	(94-96.5)	95.6	(94.4-96.7)
<i>Physical activity or exercise</i>	28.0	(25.6-30.5)	30.1	(26.6-33.6)	25.6	(22.3-29)
<i>Self-care & improvement of mental health & well-being</i>	30.3	(27.8-32.8)	29.4	(26-32.9)	31.4	(27.8-34.9)
<i>Another reason</i>	41.6	(39-44.3)	40.5	(36.8-44.2)	43.0	(39.2-46.8)
Visited a public open space and there were handwashing and sanitation stations	69.5	(67-72)	70.5	(67.1-74)	68.4	(64.8-71.9)

Visited a public open space that was inclusive for all persons (children, elderly, PWD, all sexes)	91.1	(89.6-92.7)	89.6	(87.3-91.9)	92.9	(90.9-94.9)
Visited a public open space that was smoke-free, vape-free, drug-free, alcohol-free	63.4	(60.8-66)	62.2	(58.5-65.9)	64.8	(61.1-68.5)
Visited a public open space that was enforcing proper waste management & eco-friendly & non-polluting practices	85.9	(83.9-87.8)	85.4	(82.7-88.1)	86.4	(83.7-89.1)
In the last 2 weeks used public transportation		(45.5-49.7)				
	47.6		44.0	(40.9-47)	51.3	(48.4-54.1)
Thought the public transportation used in the last 2 weeks was well-ventilated	83.4	(81.1-85.7)	81.4	(77.8-85.1)	85.1	(82.2-88)

4.7 COVID-19 Vaccine Attitudes

Regarding public attitudes towards getting vaccinated against COVID-19, overall, 94.6% of adult Filipinos reported that they had ever received the COVID-19 vaccine; men and women reported similar rates of vaccination as well ages. Similar vaccination rates were also reported by region.

The most prevalent reasons why they were not vaccinated against COVID-19 include: three in ten (31.0%) reported that vaccination sites are not accessible; one in four (26.8%) do not think the vaccines are safe or effective; two in ten (21.1%) are worried about vaccine side-effects; and one in ten (10.9%) do not believe in vaccination.

About 77.2% of all adult Filipinos have received a COVID-19 booster. For those who have not received a booster, the main reasons reported include, four in ten (42.3%) believe they are sufficiently protected without a booster; one in four (26.5%) recently recovered from COVID-19; one in ten (11.1%) reported that vaccination sites are not accessible, and one in ten think the boosters are not safe or effective (10.8%).

Regarding the preferred COVID-19 vaccine brand, half of adult Filipinos selected Pfizer (49.9%), followed by Moderna (19.5%), AstraZeneca (14.1%), and Sinovac (10.2%). The top three main reasons for selecting their preferred brand were: think that the brand has the least side effects (25.2%), the offers protection from severe disease (21.7%), this was the only available brand in their area (17.6%).

The survey included a question on the most convenient place to receive a vaccination. Of the six choices more than half of adult Filipinos (50.2%) selected malls as their preferred site. Over a quarter selected schools (28.2%) and 15.6% selected offices as the preferred site to receive a vaccination.

Table 10 presents COVID-19 Vaccine Attitudes overall and by sex from the COVID-19 2023 Mobile Phone Survey.

Table 10. COVID-19 Vaccine Attitudes Overall and by Sex

COVID-19 Vaccine Attitudes	Overall		Males		Females	
	%	(95% CI)	%	(95% CI)	%	(95% CI)
Vaccinated against COVID-19	94.6	(93.7-95.6)	94.9	(93.6-96.3)	94.4	(93.1-95.7)
18-34 years old	94.9	(93.5-96.3)	95.0	(92.9-97.1)	94.8	(92.9-96.7)
35+ years old	94.5	(93.2-95.7)	94.9	(93.2-96.6)	94.1	(92.3-95.9)
Vaccinated against COVID-19 by region						
Luzon	95.3	(94.3-96.3)	95.4	(93.9-96.9)	95.2	(93.7-96.7)
Visayas	94.0	(90.7-97.2)	95.1	(90.9-99.3)	92.7	(87.8-97.6)
Mindanao	92.7	(89.4-95.9)	95.1	(90.8-99.3)	90.6	(85.8-95.5)
Among those who have not been vaccinated, MAIN reason why they have not received the vaccine:						
<i>Vaccination sites are not accessible</i>	31.0	(20.5-41.5)	38.1	(21.3-54.9)	24.6	(12-37.3)
<i>Waiting for a specific COVID-19 vaccine brand</i>	7.7	(1.7-13.6)	3.3	(0-9.8)	11.5	(2-20.9)
<i>Does not think the COVID-19 vaccines are safe or effective</i>	26.8	(16.9-36.7)	26.2	(11.3-41.2)	27.3	(14.1-40.5)
<i>Worried about the side effects</i>	21.1	(12.1-30.2)	14.2	(2.5-25.8)	27.3	(14.1-40.5)
<i>Recently recovered from COVID-19</i>	2.5	(0-6)	5.4	(0-12.7)	0.0	(0-0)
<i>Does not believe in vaccination</i>	10.9	(3.7-18)	12.7	(1.1-24.4)	9.3	(0.6-17.9)
Received COVID-19 booster	77.2	(75.5-79)	79.7	(77.3-82.2)	74.7	(72.2-77.1)
Among those who have not received the COVID-19 booster, MAIN reason why they have not been boosted?						

Version 4.0
16 August 2023

<i>Vaccination sites are not accessible</i>	11.1	(7.8-14.4)	14.0	(8.3-19.7)	8.9	(5.1-12.7)
<i>Waiting for a specific COVID-19 vaccine brand</i>	8.4	(5.5-11.3)	8.3	(3.8-12.9)	8.5	(4.7-12.3)
<i>Worried about the side effects</i>	10.8	(7.6-14.1)	12.1	(6.8-17.4)	9.8	(5.8-13.8)
<i>Recently recovered from COVID-19</i>	26.5	(21.9-31.1)	19.8	(13.2-26.4)	31.8	(25.5-38.1)
<i>Believes that they are sufficiently protected without a booster</i>	0.8	(0-1.7)	0.0	(0-0)	1.4	(0-3)
<i>Believes that they are sufficiently protected without a booster</i>	42.3	(37.1-47.5)	45.8	(37.5-54)	39.6	(33-46.2)
Preferred COVID-19 vaccine brand:						
<i>Astra Zeneca</i>	14.1	(12.6-15.7)	15.6	(13.3-17.9)	12.7	(10.7-14.6)
<i>Gamaleya Sputnik V</i>	2.3	(1.6-2.9)	2.0	(1.1-2.9)	2.5	(1.6-3.4)
<i>Gamaleya Sputnik Light</i>	0.4	(0.1-0.6)	0.4	(0-0.9)	0.3	(0-0.6)
<i>Moderna</i>	19.5	(17.8-21.2)	19.9	(17.4-22.4)	19.1	(16.7-21.4)
<i>Pfizer</i>	49.9	(47.8-52.1)	48.0	(44.9-51.2)	51.8	(48.9-54.8)
<i>Sinopharm</i>	0.5	(0.2-0.8)	0.3	(0-0.7)	0.6	(0.2-1.1)
<i>Sinovac</i>	10.2	(8.9-11.5)	10.3	(8.4-12.3)	10.1	(8.4-11.9)
<i>Janssen</i>	3.1	(2.4-3.9)	3.4	(2.2-4.5)	2.9	(1.9-3.9)
Main reason for their preferred vaccine brand:						
<i>Brand is safe for those with comorbidities</i>	16.6	(14.9-18.3)	17.7	(15.2-20.2)	15.5	(13.3-17.7)
<i>It has minimal to no side effects</i>	25.2	(23.3-27.1)	23.7	(20.9-26.5)	26.7	(24-29.4)
<i>The protection from severe COVID-19 disease</i>	21.7	(19.9-23.5)	23.8	(21-26.5)	19.7	(17.3-22.1)
<i>Need to update their protection against COVID-19</i>	8.5	(7.2-9.7)	7.6	(5.9-9.4)	9.3	(7.5-11)

<i>It's the brand that my friends/relatives have received</i>	10.4	(9-11.7)	9.8	(7.9-11.8)	10.9	(9.1-12.8)
<i>It's the only brand available in my area</i>	17.6	(15.9-19.3)	17.3	(14.9-19.8)	17.9	(15.6-20.3)
The most convenient place to get vaccinated:						
<i>Schools</i>	28.2	(26.2-30.2)	26.8	(24-29.7)	29.6	(26.8-32.4)
<i>Markets</i>	2.2	(1.5-2.8)	1.9	(1-2.8)	2.4	(1.5-3.3)
<i>Terminals</i>	1.7	(1.1-2.3)	1.7	(0.9-2.6)	1.7	(0.9-2.5)
<i>Offices</i>	15.6	(14-17.2)	16.6	(14.2-19)	14.6	(12.4-16.7)
<i>Malls</i>	50.2	(48-52.5)	51.1	(47.8-54.3)	49.4	(46.3-52.4)
<i>Places of worship</i>	2.1	(1.4-2.7)	1.8	(1-2.7)	2.3	(1.4-3.3)

5. Conclusions

Conclusions:

Effective and rapid decision-making during this pandemic requires data not only about infections, but also about human behaviors in the Philippines. The data presented in the Philippines COVID-19 Mobile Phone Survey provided timely data supporting the current COVID-19 response strategies as well as information to develop future response strategies.

Some of the key outcomes include:

- Less than one in ten (4.2%) adult Filipinos reported that they had close contact with some suspected of or diagnosed with COVID-19 in the last two weeks before the survey was taken.
- Overall, three out of ten (33.2%) adult Filipinos reported that they had been diagnosed with COVID-19 since the pandemic began.
- One in ten received treatment for COVID-19 at a hospital or treatment center since the pandemic began.
- Seven in ten of all adult Filipinos think they would be able to get a COVID-19 test if they needed one.
- Overall, nine in ten have received a COVID-19 vaccination, and about 75% have received a booster. Half reported that malls were the most convenient place to get vaccinated.

- The ramifications of the pandemic in relation to NCD risk factor behaviors include, one out of five adult Filipinos needing mental health services because of the pandemic. Among those who reported that they needed mental health services, almost 50% consulted mental health services because of the COVID-19 pandemic.
- One out of four men reported currently smoking compared to 9% of women. 16% of men reported current use of e-cigarettes or vaping devices compared to 4% of women. Almost 50% of men reported current use of alcohol compared to 28% women. With regards to the impact of COVID-19 on smoking and drinking habits, two out of five smokers reported less than usual smoking habits, likewise two out of five current alcohol users reported less than usual alcoholic consumption.
- Regarding public health issuances to prevent the spread of COVID-19, namely improving ventilation in public spaces as well as transportation, 8 in ten (83.4%) Filipinos who visited an enclosed public space two weeks prior to the survey reported that the enclosed public place was well-ventilated.
- Among those who visited open public spaces 7 in 10 adults reported that handwashing and sanitation stations were available; 9 in 10 reported that the open space was accessible for all persons, two thirds (63.4%) noted that the open space was smoke, vape, drug, and alcohol free, and 8 in ten thought that proper waste management and eco-friendly non-pollution practices at the space were enforced.
- Eight in 10 (83.4%) who used public transportation in the two weeks prior to the survey reported that the transportation was well-ventilated.

Six out of ten (60.6%) adult Filipinos reported that they visited a public open space (beach, park, community garden, plaza etc.) in the past 2 weeks before the survey. Among those who visited a public open space approximately 3 in 10 (28.0%) reported that they visited to perform physical activity or exercise, an additional three in ten (30.3%) visited for self-care and improvement of mental health and well-being, and four in ten (41.6%) visited a public open space within the last two weeks before the survey for another reason.

Regarding open space facilities visited in the past 2 weeks, about seven in ten (69.5%) reported that there were handwashing and sanitation stations available. Nine in ten (91.1%) said that the public open space was inclusive for all persons (children, elderly, persons with disabilities (PWD), all sexes). Two-thirds (63.4%) reported that the space was smoke-free, vape-free, drug-free, and alcohol-free, and eight in ten (85.9%) thought that proper waste management and eco-friendly,

The findings from the 2023 Philippines COVID-19 Mobile Phone Survey will help provide or augment results that may be used to shape the government's response to the pandemic. These results will help inform the Department of Health as they further improve and enhance the COVID-19 response efforts.

Limitations:

Version 4.0

16 August 2023

The main limitation of any mobile phone survey includes the population's access to a mobile phone. Therefore, the members of the population who do not have access to mobile phones were not represented in this survey. The results of the mobile phone survey were based on self-reports and may be influenced by recall bias or social desirability bias.

Appendix A: PHILIPPINES COVID-19 2022 P-values for Sex Differences

Risk Factors & Behaviors	Male		Female		P-value
	n	Wgt'd %	n	Wgt'd %	
Currently smoke tobacco	1058	24.0	1209	9.2	<.0001
Currently smoke tobacco daily	1058	14.7	1209	4.8	<.0001
Currently use e-cigarette or vaping device	1050	15.5	1214	7.5	<.0001
Currently use e-cigarette or vaping device daily	1050	8.9	1214	3.6	<.0001
Currently smoke tobacco or used an e-cigarette or vaping device	1065	30.2	1217	12.9	<.0001
Currently drink alcohol	1048	48.7	1198	27.7	<.0001
Needed mental health services because of the COVID-19 pandemic	1031	20.6	1179	21.4	0.632

Among those who needed mental health services, those who consulted mental health services because of COVID-19.	205	47.2	251	47.0	0.9696
	Male		Female		
COVID-19 Testing & Treatment	n	Wgt'd %	n	Wgt'd %	P-value
Diagnosis for COVID-19 (among POP)	1043	33.5	1197	32.9	0.7401
Treatment for COVID-19 (among POP)	1039	9.4	1190	8.1	0.2884
Think they would be able to get a test (among POP)	1019	74.5	1173	71.7	0.1353
	Male		Female		
Practices	n	Wgt'd %	n	Wgt'd %	P-value
<i>In the last 2 weeks prior to the survey,:</i>					
... cared for or had close contact with some suspected of or diagnosed with COVID-19	1056	4.7	1203	3.7	0.2469
... visited enclosed public places	1055	51.0	1188	47.5	0.1019
visited an enclosed public place, and thought the place was well-ventilated	534	83.6	561	83.1	0.8046
... visited a public open space (beaches, parks, community gardens, plazas etc.)	1041	64.8	1190	56.4	<.0001
<i>Visited a public open space in the last 2 weeks prior to the survey and,</i>					
... said that there were handwashing and sanitation stations	666	70.5	654	68.4	0.3922
... said that the space was inclusive for all persons (children, elderly, PWD, all sexes).	670	89.6	650	92.9	0.0343
... said that the space was smoke-free, vape-free, drug-free, alcohol-free.	663	62.2	636	64.8	0.3326
... said that the space was enforcing proper waste management & eco-friendly & non-polluting practices	658	85.4	630	86.4	0.6224
... used public transportation	1025	44.0	1161	51.3	0.0006
... among those who used public transportation, thought it was well-ventilated	441	81.4	587	85.1	0.1174
	Male		Female		
COVID-19 Vaccine Attitudes	n	Wgt'd %	n	Wgt'd %	P-value

Version 4.0
16 August 2023

Vaccinated against COVID-19	1046	94.9	1209	94.4	<i>0.5136</i>
Received COVID-19 booster	1032	79.7	1175	74.7	<i>0.0045</i>