



Philippines

2003 National Demographic and Health Survey

Key Findings



The 2003 Philippines National Demographic and Health Survey (NDHS) is a nationally representative survey of households, women and men that was carried out between June and September 2003. The survey will provide policymakers and program managers with detailed information on fertility, family planning, infant and child mortality, maternal and child health, knowledge and attitudes related to HIV/AIDS, and nutrition.

The 2003 NDHS is the third national sample survey undertaken in the Philippines under the auspices of the Demographic and Health Surveys program and conducted by NSO. The first two were carried out in 1993 and 1998. In 2003, 13,633 women age 15-49 and 4,766 men age 15-54 were interviewed. The sample has been designed to produce estimates of major survey variables at the national level, for urban and rural areas, and for each of the seventeen regions. The National Statistics Office (NSO) carried out the survey. ORC Macro provided technical support and the U.S. Agency for International Development (USAID) provided financial support.

The NDHS is part of the worldwide Demographic and Health Surveys program (MEASURE DHS+), which is designed to collect data on fertility, family planning, and maternal and child health. Additional information about the 2003 NDHS may be obtained from the National Statistics Office (NSO), Solicarel Building, Ramon Magsaysay Boulevard, P.O. Box 779, Santa Mesa, Manila, Philippines (telephone: (632) 713-7081; fax: 713-7074 or 714-1715; email: info@census.gov.ph; internet: <http://www.census.gov.ph>). Additional information about the MEASURE DHS+ project may be obtained by contacting: MEASURE DHS+, ORC Macro, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705 (telephone: 301-572-0200; fax: 301-572-0999; email: reports@orcmacro.com; web: www.measuredhs.com).

Recommended citation:

National Statistics Office (NSO) [Philippines] and ORC Macro. 2004. National Demographic and Health Survey 2003: Key Findings. Calverton, Maryland: NSO and ORC Macro.

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2003 PHILIPPINES NATIONAL DEMOGRAPHIC AND HEALTH SURVEY

KEY FINDINGS

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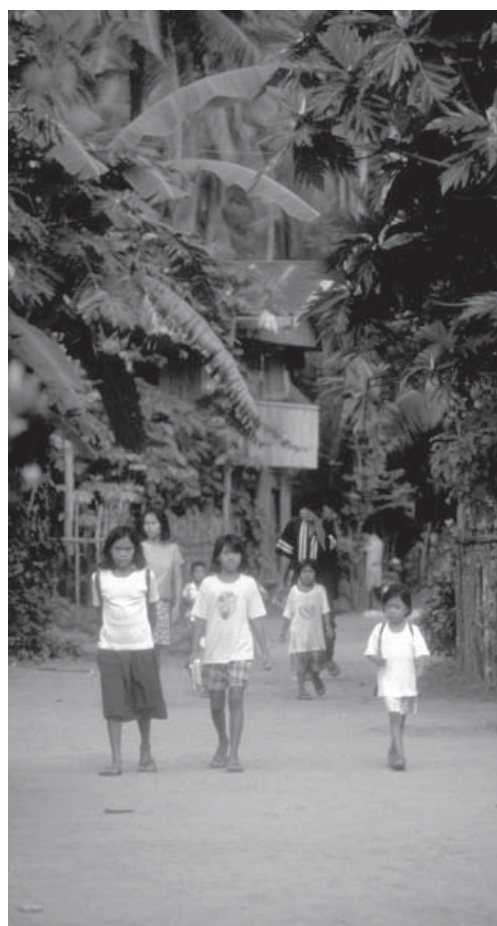
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HOUSEHOLD CHARACTERISTICS

The survey sample

In 2003, 13,633 women age 15-49 and 4,766 men age 15-54 were interviewed. The sample has been designed to produce estimates of major survey variables at the national level, for urban and rural areas, and for each of the seventeen regions.

Education of household population

Most Filipinos have had some formal education. More than four in five children are attending primary school, while only about half of 13- to 16-year-olds are attending secondary school. At both the primary and secondary school levels, girls are more likely to be attending school than boys. Approximately 20 percent of women and 18 percent of men have completed college or higher education.

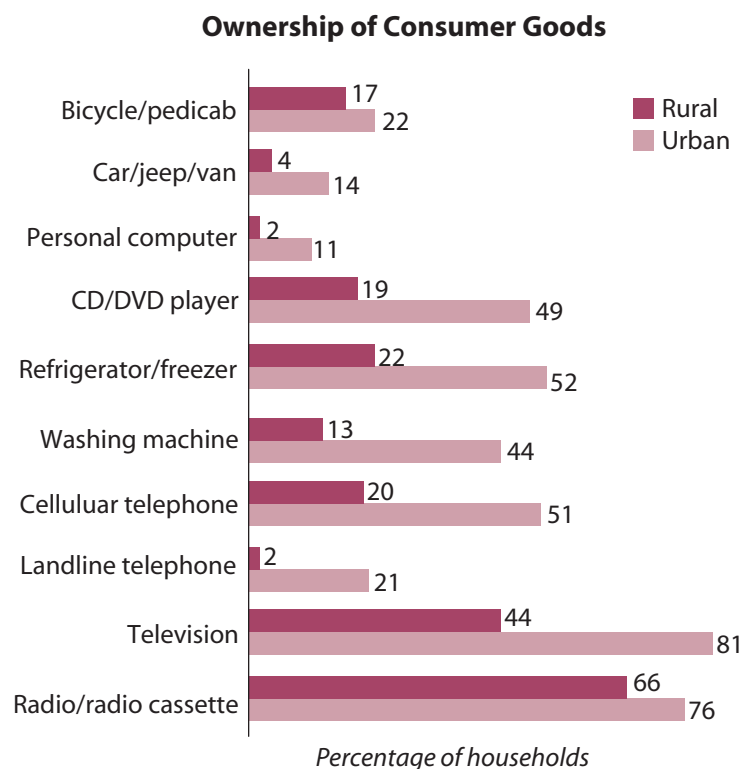
Housing characteristics

Three in four Filipino households have electricity. Almost all homes (92 percent) in urban areas have electricity, compared with 60 percent in rural areas. The majority of households have ready access to safe drinking water, either through water piped into their homes (34 percent), from a protected well (27 percent), or from a public tap (13 percent). Households in rural areas are more likely to use a protected well, while urban residents most commonly have water piped directly into their dwelling. Almost all urban residents and 81 percent of rural residents are less than 15 minutes from their water source. Drinking water is regularly available in 90 percent of households. Approximately 46 percent of households make an effort to make their drinking water safer; 27 percent boil the water, 2 percent use chlorination, and 17 percent use some type of filter.

Most households have a private flush toilet (77 percent in urban areas, compared with 54 percent in rural areas). About 15 percent of households in rural areas have no toilet facility, compared with only 4 percent of urban homes.

Ownership of consumer goods

Urban households have many consumer goods, including radios, televisions, phones, refrigerators and washing machines. One in five rural households had none of these consumer products.



FERTILITY AND THE CHILDBEARING EXPERIENCE

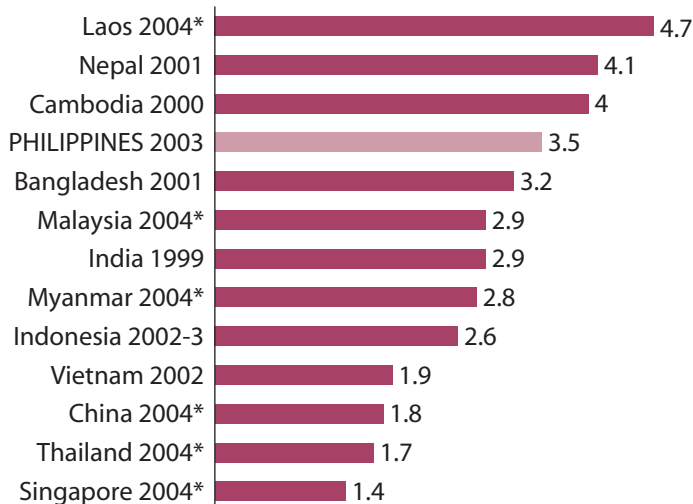
Around 2.1 million children were born in the Philippines during 2003. That is 5,700 births a day.

Childbearing levels

Filipino women have an average of 3.5 children. This is one of the highest fertility levels in Asia. Rural women have at least one more child (4.3) on average than urban women (3.0). Fertility also varies by region with the lowest rate in the National Capital Region (2.8 children per woman) and the highest rates in Eastern Visayas (4.6 children) and MIMAROPA (5.0 children).

Fertility also varies by education level and socioeconomic status. Women with a high school (3.5 children) or higher education (2.7 children) have 2 to 3 children fewer than women with no education (5.3 children). Similarly, women in the most economically advantaged group have only 2 children, compared with 6 children among the poorest women.

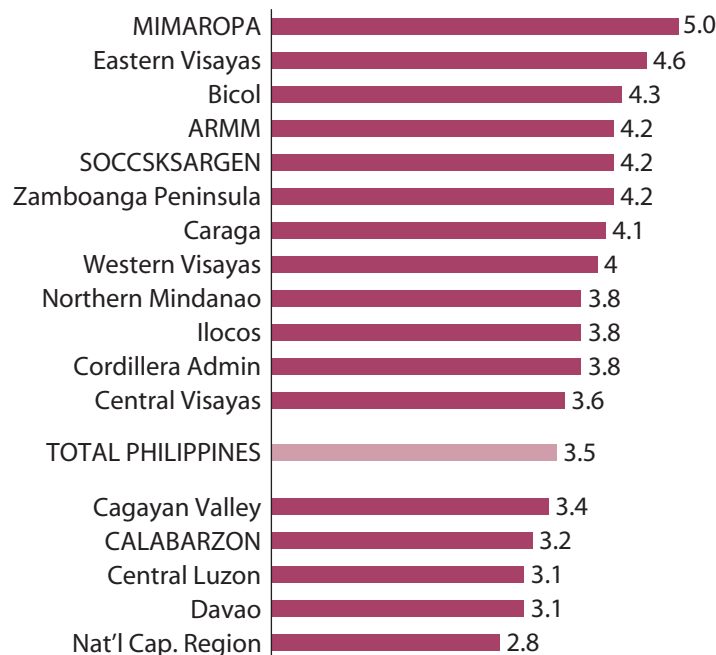
Total Fertility Rates for Select Asian Countries



Number of children per woman

* From the 2004 ESCAP Population Data Sheet. All other data are from the Demographic and Health Surveys.

Total Fertility Rates by Region



Number of children per woman age 15-49

Fertility trends

Filipino women are having fewer children today compared with the 1970s, when the average woman had 6 children. The rate of decline has slowed dramatically since the early 1990s, however.

Childbearing among youth

Filipino women marry at the age of 22, and have their first birth at age 23, on average. However, a significant number of women start childbearing in their teens. In 2003, 24 percent of young women were pregnant or had had a child by age 19. Teenage mothers and their babies have a higher risk of illness and death.

More than 40 percent of poor young women already have a child by age 24, compared with only 11 percent of women from wealthier backgrounds.

Child spacing

Spacing children at least 3 years apart saves lives. NDHS data show that children born less than 24 months after a previous birth are twice as likely to die before age 5 as children born 3 years after a previous birth. Teenage mothers have much shorter birth intervals (19 months) than mothers age 20-29 (25 months) or mothers age 30-39 (34 months). Poor women also experience more difficulties spacing their children. For example, only 17 percent of poor women wait 48 months or more before having another child, compared with 35 percent among the richest women.



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CHILDBEARING PREFERENCES

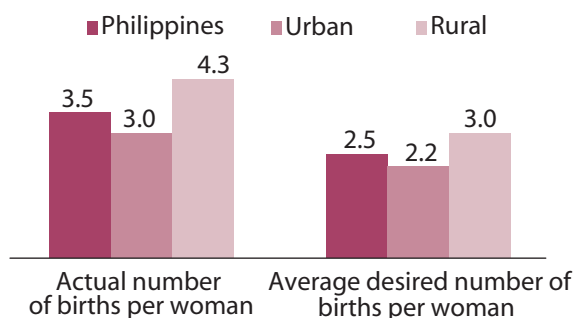
While Filipino women have 3.5 children on average, most want smaller families (about 2.5 children). If women had achieved their desired fertility, there would have been half a million births fewer in 2003 alone.

Desire to delay or prevent childbearing

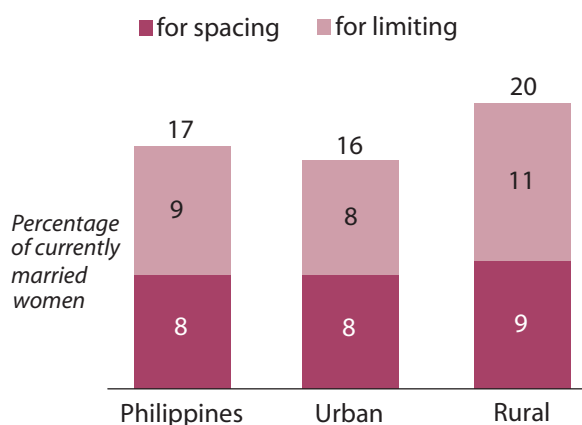
Most women (81 percent) either want to delay or prevent childbearing. Over 62 percent of married women either want no more children or have already been sterilized. Another 18 percent want to wait at least 2 years before having another child.

The difference between women's desired fertility and their actual number of children ranges from a high of 1.7 births in Bicol and Eastern Visayas to a low of 0.5 births in ARMM, where women generally favor larger families. The desire to stop childbearing is highest in Zamboanga Peninsula and Western Visayas (70 percent) and lowest in ARMM (31 percent).

The Gap between Actual and Wanted Childbearing



Unmet Need for Family Planning



Unmet need for family planning

Some of the married Filipino women who want to stop having children or want to delay the next birth are already using family planning. However, 17 percent of these women (2.3 million) are sexually active and not using any contraceptive method. This group of women who are at risk of unwanted pregnancy have an *unmet need* for family planning.

More than one in four poor married women has unmet need for family planning, compared with only 12 percent of women in the highest socioeconomic bracket.

FAMILY PLANNING

Contraceptive prevalence has more than tripled in the last 35 years, from 15 percent in 1968 to 49 percent in 2003. However the rate of increase has dramatically slowed down in the last 5 years. The annual rate of increase for family planning use is now at its lowest since the late 1970s.

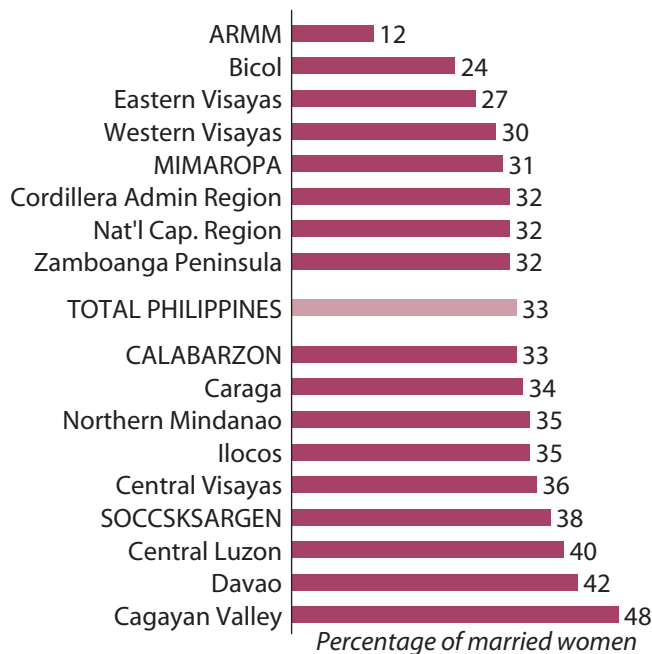
Current use of family planning

Almost half of married women use a contraceptive method. One in three married women relies on a modern method, mostly the pill (13 percent) and female sterilization (11 percent). About 16 percent of women use a traditional method, including periodic abstinence, calendar, and withdrawal. The rate of modern method use is substantially lower than rates in other Asian countries.

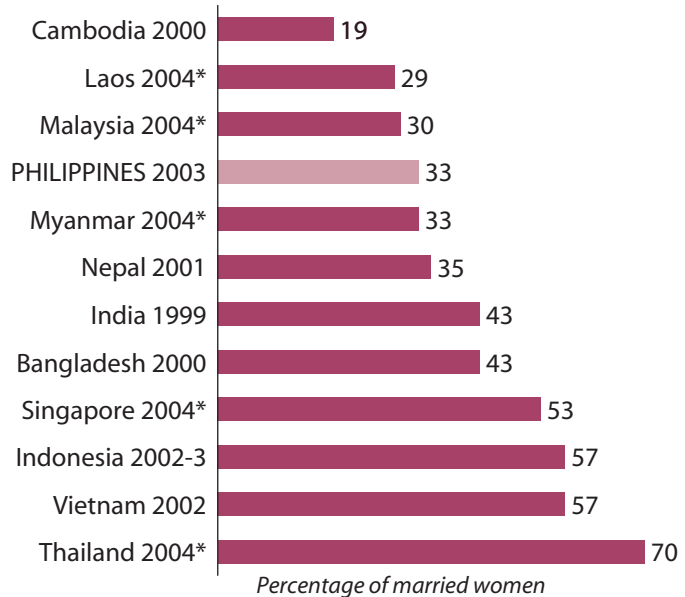
Variations in family planning use

Urban and rural women have similar rates of modern method use. However, regional patterns differ markedly. Married women living in Cagayan Valley (48 percent) are four times more likely to use modern methods than their counterparts in ARMM (12 percent).

Modern Method Use by Region



Current Modern Method Use in Selected Asian countries



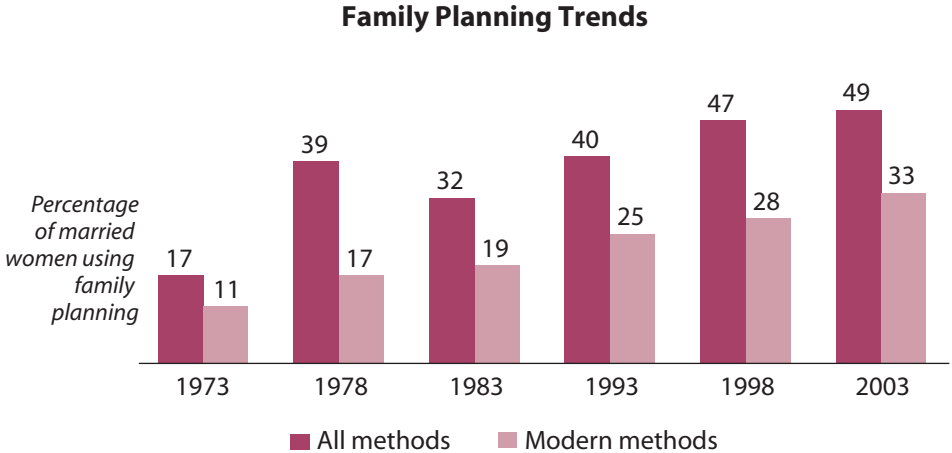
* From the 2004 ESCAP Population Data Sheet. All other data are from the Demographic and Health Surveys.

Contraceptive use increases with a woman's education. Around 36 percent of women with a high school or higher education use a modern family planning method compared with only 12 percent of women with no education. Among the poorest women, only 24 percent use a modern method, compared with about 36 percent of wealthier women. The wealthiest women are four times more likely to adopt sterilization than the poorest women (16 versus 4 percent, respectively).

Contraceptive trends

In the last 30 years, use of family planning has increased markedly. Use of all methods rose from 17 percent in 1973 to 49 percent in 2003, and use of modern methods increased from 11 to 33 percent. However, the rate of increase has recently slowed down dramatically. In the last 5 years, use of all methods increased by only 2 percentage points, from 47 to 49 percent, despite women’s clearly stated desire to limit childbearing.

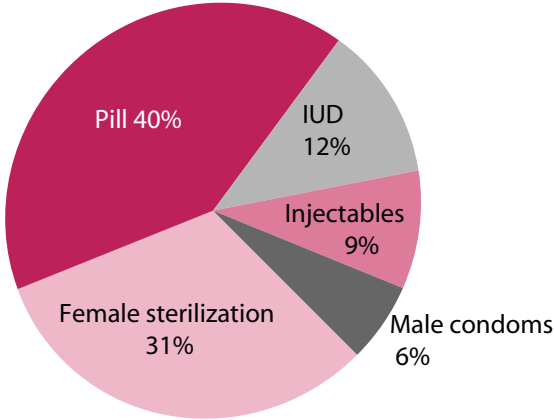
In the last 30 years, use of family planning has increased threefold. However, the rate of increase has slowed down dramatically in the last 5 years.



Method mix

Approximately one-third of married women use a modern method of contraception. The pill is the most commonly used modern method, followed by female sterilization.

Method Mix among Users of Modern Methods



Willingness to pay for contraceptive methods

More than 3 in 4 women not currently using contraception—but who intend to use in the future—say they are willing to pay for their method.

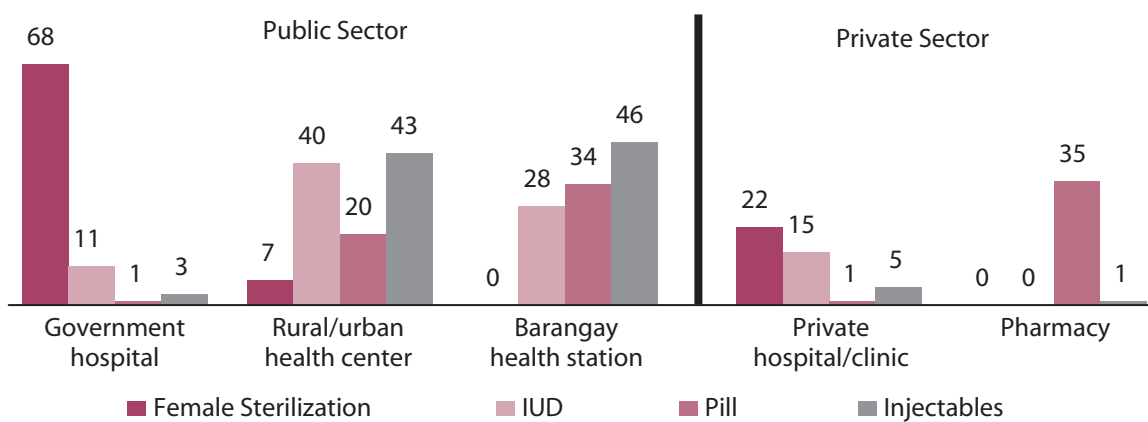
FACTORS AFFECTING FAMILY PLANNING USE

Access to modern family planning methods

Since 1998, use of the private sector for modern family planning services has increased from 26 to 29 percent, while use of the public sector has decreased from 72 to 67 percent. Over two-thirds of female sterilizations are performed in government hospitals.

Insertion of IUDs and injectables are primarily available in rural or urban health centers and in barangay health stations. Main sources for the pill are pharmacies and barangay health stations.

Sources for Family Planning Methods



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Knowledge of the fertile period

Only 27 percent of all women correctly identified the fertile period of the menstrual cycle. The rate is somewhat higher (43 percent) for women using periodic abstinence methods. Not surprisingly, method failure (becoming pregnant) accounts for almost half of discontinuation cases among withdrawal and natural family planning users.

Family planning information

In the six months prior to the survey, 64 percent of women saw a message about family planning on television, 59 percent on radio, 40 percent on posters or in newspapers or magazines, and 30 percent in pamphlets.

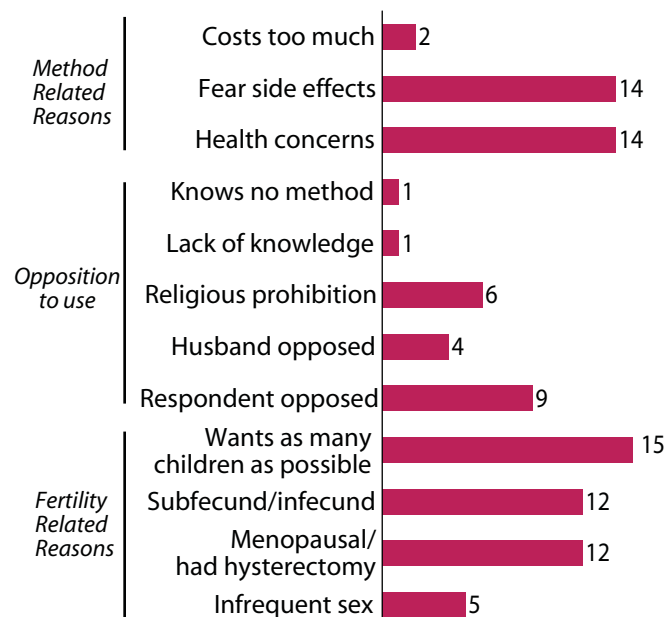
Overall, only about 20 percent of women were never reached by any media sources. Lack of exposure is highest in ARMM (50 percent) and in Zamboanga Peninsula (45 percent).

Most women do not get family planning information during routine visits with health care professionals. For example, only 14 percent of nonusers who visited a clinic or doctor discussed family planning with a staff person. Similarly, only 12 percent of women who were visited at home by a health care worker talked about family planning.



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Reasons for Non-Use of Family Planning



Percent of married women who are not using a family planning method and do not intend to

Future use of family planning

Among the women who are not currently using a method of family planning, 55 percent do not plan on using one in the future.

HEALTH CARE DURING PREGNANCY AND CHILDBIRTH AND AFTER DELIVERY

Good care during pregnancy and childbirth can reduce the risks of illness and death for both mothers and children.

Coverage of antenatal care

The Department of Health (DOH) recommends that all pregnant women have a minimum of four antenatal visits, with at least one visit during each trimester of pregnancy.

Most women received some antenatal care during pregnancy from a trained health professional—38 percent from a doctor and 50 percent from a nurse or midwife. About 6 percent of women received no care at all, and 40 percent did not get care during the first trimester. Three in 10 women do not get at least 4 visits.



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Antenatal care varies among regions. Almost half of all women in ARMM received antenatal care from a traditional birth attendant, compared with 7 percent nationally. More than 10 percent of women in Zamboanga Peninsula and Cordillera Admin Region received no care at all, almost twice the national rate (6 percent).

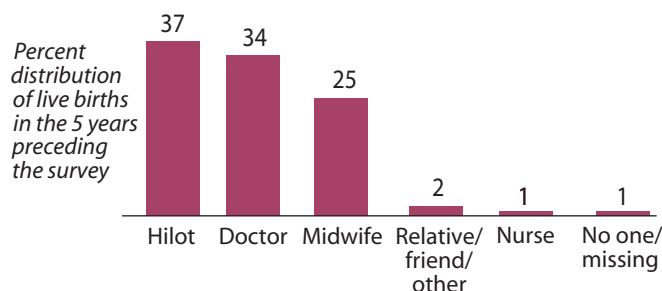
The survey also shows that 77 percent of pregnant women, who are more prone to anemia, received iron tablets or syrup. Iron supplementation ranges from 40 percent of pregnant women in ARMM to 89 percent in Caraga.

Content of antenatal care

Between 80 and 90 percent of women had their blood pressure and weight checked during antenatal care visits, practices recommended by the DOH. Far fewer women reported other recommended practices, such as testing blood (38 percent) and urine (47 percent).

Only half of women were informed of the signs of pregnancy complications, and almost 3 in 5 women (57 percent) were not told where to go in case of pregnancy complications. Women with college or higher education are much more likely to get this information (55 percent), than women with no education (17 percent).

Delivery Assistance

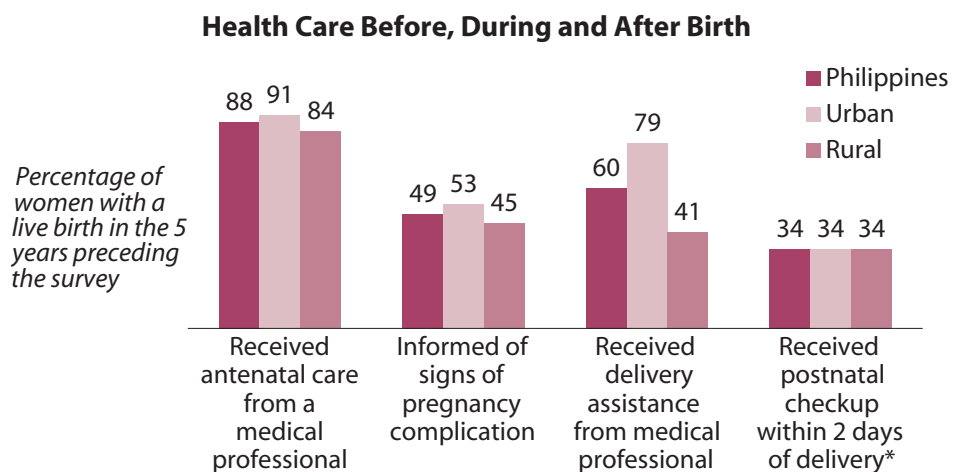


Delivery assistance

Most births are assisted by a health professional: 34 percent by a doctor, 25 percent by a midwife, and 1 percent by a nurse. Less than 2 in 5 births are delivered in a health facility, however. The majority of births (61%) occur at home with the assistance of a hilot.

Postnatal care

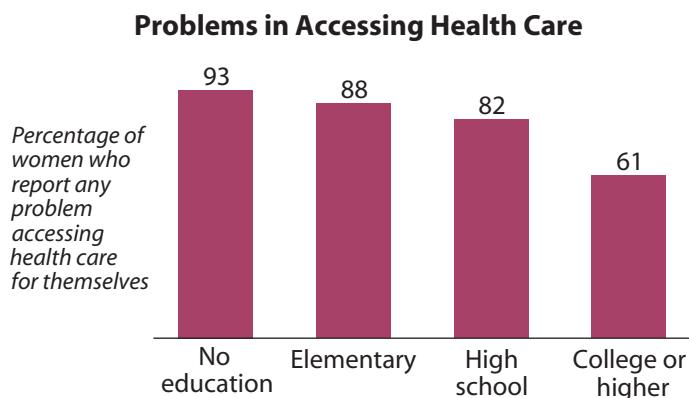
The DOH recommends that women receive a postpartum check-up within two days after delivery. Women delivering in a health facility routinely receive a postpartum check-up. However, only 1 in 3 women giving birth outside a health facility received a postnatal check-up within two days after delivery as recommended.



*Only women who delivered outside a health facility.

Problems in accessing health care

Overall, almost 8 in 10 women report problems getting health care when they are sick. Lack of money is the most common problem. Women in their teens, women with 5 or more children, widowed women, those living in rural areas, those with no education, and poor women are more likely than other women to report problems in accessing health care for themselves.



CHILD SURVIVAL AND CHILDREN'S HEALTH

Mortality levels among young children in the Philippines have declined steadily over the last decade. Nevertheless, one child in 25 dies before reaching age 5. Immunization and diarrhea prevention and care practices have declined since the last survey in 1998.

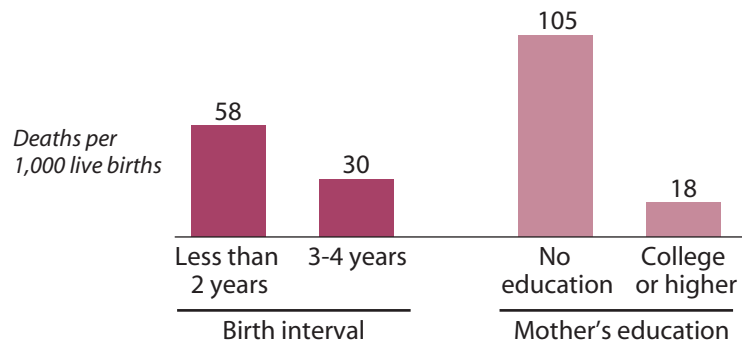
Childhood mortality

Under-five mortality levels declined from 54 deaths per 1,000 live births in 1993 to 40 per 1,000 in 2003. Corresponding results for infant mortality (under 12 months) are 34 and 24 per 1,000. Infant and child deaths are more common in rural areas and among the poorest and least educated families. In rural areas, the under-five mortality rate is 52 deaths per 1,000 live births. This is 70 percent higher than the rate in urban areas (30 deaths per 1,000 live births).

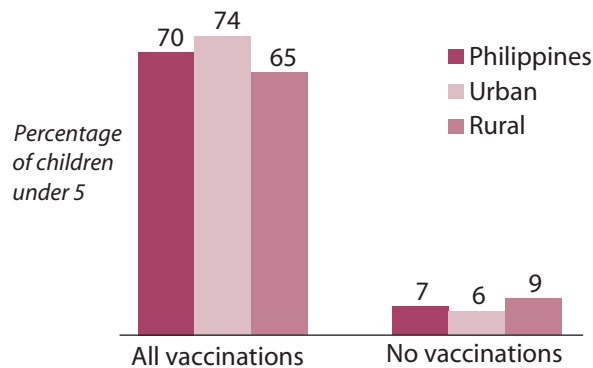
Mortality rates among children born of mothers with no education are six times as high (105 deaths per 1,000 live births) as those of children born to mothers with college or higher education (18 per 1,000).

Closely spaced pregnancies endanger children's lives. Children born less than 2 years apart are almost twice as likely to die before age 5 as children born 3 or 4 years apart.

Factors Affecting Childhood Mortality



Vaccination of Children



Vaccination of children

Almost 3 in 10 children age 12-23 months have not received the recommended vaccinations. Full vaccination coverage has declined from around 73 percent in 1993 and 1998 to 70 percent in 2003. Immunization rates vary by region. Only 44 percent of children in ARMM have been fully vaccinated, compared to 81 percent in Western Visayas.

Nutrition

More than half of children under age 3 consumed foods that were rich in Vitamin A in the week before the survey. More than three-quarters consumed Vitamin A supplements.

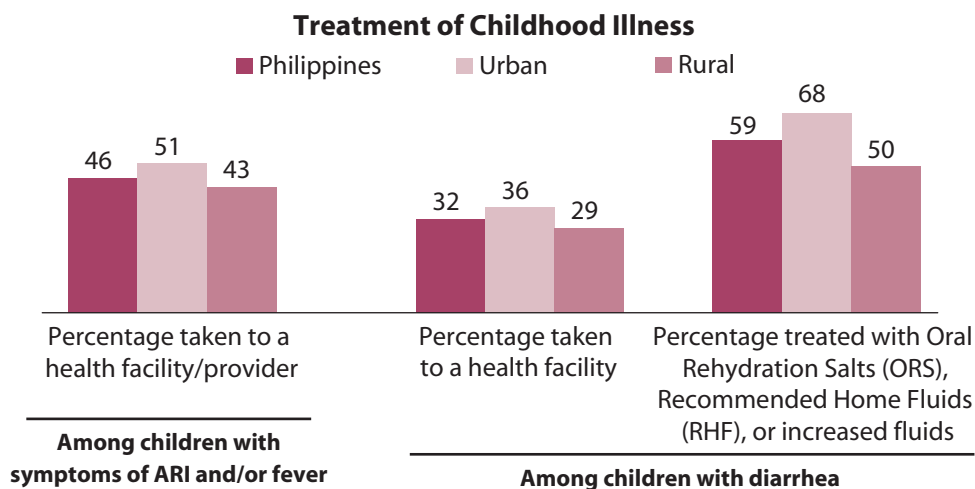
Treatment of Childhood Illnesses

Mothers are not using the recommended treatments for their ill children. More than 1 in 10 children under 5 had diarrhea in the two weeks preceding the survey. Of these sick children, 22 percent received absolutely no treatment. Over 80 percent were given less fluid than usual, a practice that increases the risk of dehydration. While over 90 percent of mothers know about Oral Rehydration Salts (ORS) packets, only 2 in 5 children under 5 with diarrhea were treated with ORS. Three in 5 children received either ORS or a recommended home fluid such as sugar-salt-water solution.

Acute respiratory infections (ARI) are consistently one of the leading causes of death among children in the Philippines. One in 10 children had symptoms of ARI (cough accompanied by short, rapid breathing) in the two weeks before the survey. Another 24 percent of children had fever, which could be a symptom of measles, respiratory infections, typhoid, dengue, or other infectious diseases. Less than half of children with symptoms of ARI and/or fever were taken to a health facility or provider for treatment.



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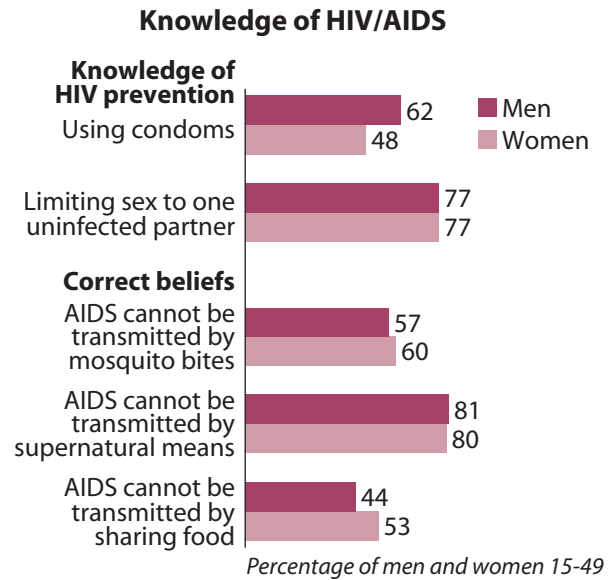
HIV/AIDS

While almost all men and women have heard about AIDS, knowledge of prevention is low, misconceptions are common, and stigma and discrimination are high.

Knowledge and misconceptions related to HIV/AIDS

Over 95 percent of women and men have heard of AIDS. However, only about half know the two major methods for preventing transmission of HIV (using condoms and limiting sex to one uninfected partner). Only 1 in 5 women and men know that a woman can take drugs during pregnancy to reduce the risk of HIV transmission to her baby. In general, young people (age 15-19) are less knowledgeable about HIV/AIDS. Only 36 percent of young women and 48 percent of young men know the two major methods for preventing HIV transmission, compared with 45 percent of women age 15-49 and 56 percent of men age 15-54.

Misconceptions about HIV transmission are still common. More than half of women and men still believe that HIV can be transmitted by mosquito bites or by sharing food with a person who has AIDS.



Premarital sex and use of condoms among youth

Among never-married respondents age 15-24 years, just over half of the men said they had sex in the 12 months preceding the survey, compared with only 2 percent of women. Six percent of young men also report having had sex with two or more partners in the 12 months preceding the survey. Sexual intercourse with more than one partner is more common among men 20-24 (10 percent), men living in urban areas (7 percent), and men with college or higher education (12 percent). Only about half of young men and women age 15-19 know a source for male condoms.

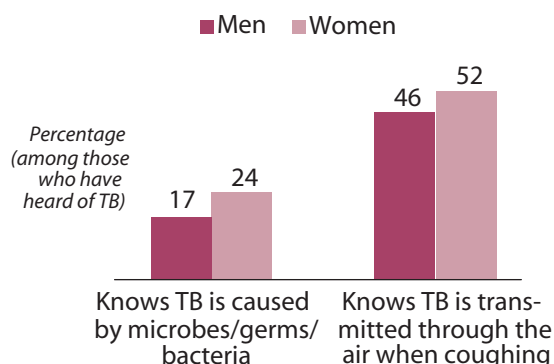
Condom use is alarmingly low among never-married men and women. Overall, only one in six young men has used a condom at the first time they ever had sex. Condom use at first sex increases rapidly with education and wealth. Knowledge of a source of condoms also increases dramatically with education and wealth.

TUBERCULOSIS: KNOWLEDGE, TREATMENT AND DISCRIMINATION

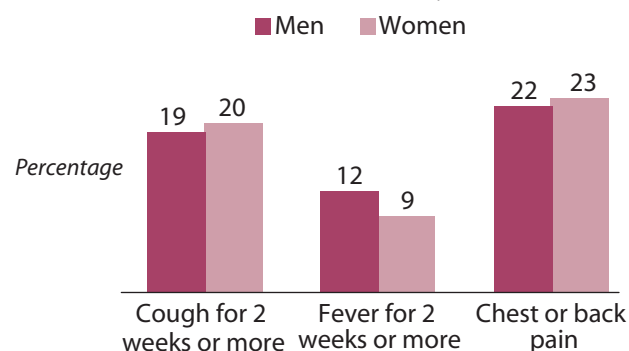
Knowledge of TB

While awareness of tuberculosis (TB) is high, knowledge of its causes and symptoms is less common. Only 1 in 4 women and 1 in 6 men know the causes of TB (microbes, germs or bacteria). Instead, respondents incorrectly said that TB is due to smoking, drinking alcohol, and fatigue. Symptoms associated with TB are better recognized. Over half the respondents cited coughing, 1 in 3 mentioned blood in sputum, and about one in 4 identified coughing with sputum. Women and men equally cited weight loss (42 percent).

Knowledge of TB Transmission



Experiences of TB Symptoms



Treatment of TB

Roughly 20 percent of women and men have ever had either a cough that lasted at least 2 weeks or chest or back pain. Overall, 35 percent of male and female respondents have had at least one symptom. Of those, almost half sought treatment while over one-third said the symptoms were harmless and therefore decided not to seek treatment. Cost is a major reason for not seeking treatment (around 7 percent of respondents). Overall, 1 percent of women and men have been told by a health professional that they had TB.

TB-related discrimination

More than 6 in 10 men and women report that they are willing to work with someone who has previously been treated for TB. The higher the respondent's level of education and wealth, the more tolerant they are of those with a history of TB.

HEALTH CARE FINANCING

Membership in PhilHealth

Almost one-third of households report that at least one person in the home has a PhilHealth membership. The majority of PhilHealth members are privately employed (43 percent), while 27 percent are government employed, and 15 percent are voluntarily paying for their own membership. Slightly more than 10 percent of PhilHealth members are from the poorest segment of society.

KEY INDICATORS

	National			National Capital Region	Cordillera Admin Region	Ilocos	Cayagan Valley	Central Luzon
	Total	Urban	Rural					
Fertility								
Total fertility rate	3.5	3.0	4.3	2.8	3.8	3.8	3.4	3.1
Mean ideal number of children per woman	3.0	2.8	3.2	2.6	3.4	3.1	3.0	2.8
Median age at first marriage for women age 25–49	22	23	21	24	22	22	21	22
Median birth intervals (months)	31	31	30	28	31	29	35	34
Childhood Mortality and Child Health								
Deaths per 1,000 live births								
<i>(Figures are for the ten years before the survey, except for the national rate, which represents the five years before the survey)</i>								
Infant mortality rate	30	24	36	24	14	29	28	25
Under-five mortality rate	42	30	52	31	34	39	35	31
Children fully vaccinated (%)	70	74	65	78	67	72	77	75
Children (under 3) receiving Vitamin A supplements	76	80	82	81	75	75	65	83
Children with symptoms of ARI (%)	10	8	12	4	17	7	11	8
Among those with ARI, children who sought treatment from a health facility/provider (%)	46	51	43	51	50	55	44	47
Children with diarrhea in 2 weeks before survey (%)	11	11	11	10	20	13	7	10
Among those with diarrhea, percentage taken to a health facility	32	36	29	34	33	47	22	39
Among those with diarrhea, percentage treated with ORS, RHF or increased fluids	59	68	50	61	44	63	22	70
Maternal Health								
Percentage of women with a live birth in the five years before the survey								
No antenatal care	6	5	7	4	11	7	7	4
Received 2+ doses of tetanus toxoid	37	37	38	35	29	37	48	32
Percentage of live births in the five years before the survey								
Delivered in a health facility	38	54	22	70	45	29	26	49
Assisted by a doctor, nurse or midwife at delivery	60	79	41	88	60	74	53	86
Family Planning								
Percentage of currently married women age 15–49								
Currently using any method	49	50	47	49	46	51	52	55
Currently using any modern method	33	34	33	32	32	35	48	40
Unmet need for family planning	17	15	20	15	19	15	14	15
HIV/AIDS and Tuberculosis								
Women who know that AIDS can be prevented by using condoms and limiting sex to one uninfected partner (%)	45	46	43	42	47	51	47	54
Men who know that AIDS can be prevented by using condoms and limiting sex to one uninfected partner (%)	56	57	55	46	61	68	45	64
Women who know that TB is caused by germs/bacteria (%)	24	26	21	27	35	13	21	22
Men who know that TB is caused by germs/bacteria (%)	17	19	15	25	27	12	47	15
Women who have ever experienced symptoms of TB (%)	35	30	42	21	54	38	22	24
Men who have ever experienced symptoms of TB (%)	36	29	43	19	58	48	16	25

Region											
CALA-BARZON	MIMAROPA	Bicol	Western Visayas	Central Visayas	Eastern Visayas	Zambo- anga Peninsula	Northern Mindanao	Davao	SOCCSK- SARGEN	Caraga	ARMM
3.2	5.0	4.3	4.0	3.6	4.6	4.2	3.8	3.1	4.2	4.1	4.2
2.8	3.2	3.1	2.9	2.9	3.2	3.0	3.0	2.9	3.1	3.1	4.7
23	21	21	22	22	21	21	22	21	21	21	20
33	31	29	31	30	28	33	35	33	32	30	25
25	44	28	39	28	36	27	38	38	27	35	41
31	68	43	50	39	57	43	49	47	37	49	72
66	70	65	81	66	70	56	59	73	71	78	44
82	69	71	77	78	76	64	77	72	80	80	51
7	19	10	20	12	16	5	15	16	12	17	5
49	38	38	47	46	52	42	55	41	38	40	49
11	18	11	15	9	10	4	10	10	11	10	12
32	22	26	23	37	44	40	20	29	31	26	42
74	38	56	46	69	72	40	44	70	44	61	68
7	9	5	5	4	3	11	8	3	6	4	5
36	43	29	40	46	35	37	37	49	43	42	23
46	16	22	33	40	21	16	29	41	23	26	11
75	29	48	47	68	36	31	41	48	37	43	22
48	43	47	46	52	44	43	55	59	51	55	19
33	31	24	30	36	27	32	35	42	38	34	12
16	17	24	20	17	28	22	16	12	17	18	27
42	38	45	38	46	40	45	43	58	36	56	30
56	40	67	53	58	61	78	58	65	39	64	41
25	23	23	14	25	20	32	27	18	21	36	30
11	8	14	12	21	23	16	19	10	5	32	6
24	41	28	54	51	30	35	54	70	45	61	30
31	59	20	53	37	49	48	42	63	44	66	8

