Imposing Misery:
The Impact of Manila’s Contraception Ban on Women and Families

executive summary and key testimonies

“If Manila is violating some policies, we are just waiting to be sued. The policy was implemented many years ago. The DOH [Department of Health], the national government has not said anything. We are just waiting to be called to attention. Nobody calls our attention.”
— Official at the Manila Department of Social Welfare

Executive Order No. 003 (“the EO”), issued by former Manila Mayor Jose “Lito” Atienza in 2000, declares that “the City promotes responsible parenthood and upholds natural family planning not just as a method but as a way of self-awareness in promoting the culture of life while discouraging the use of artificial methods of contraception like condoms, pills, intrauterine devices, surgical sterilization, and other.” While the order does not explicitly ban “artificial” contraception, it has in practice resulted in a sweep of these supplies and services from city health centers and hospitals, depriving many women—especially poor women—of their main source of affordable family planning supplies. The EO also has had a chilling effect on the provision of information and services in non-city facilities and venues that technically are not subject to the order. Private clinics and clinics run by nongovernmental organizations (NGOs) that previously provided family planning information and services have been shut down. Health-care workers in such institutions have been harassed and labeled abortionists. Medical missions to offer artificial methods of family planning have ceased. Condoms and pills have gone underground.

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— Executive Order No. 003 (2000)

The EO violates the Philippine government’s obligations under national and international law. The 1987 Philippine Constitution guarantees the rights to liberty, health, equality, information and education for all citizens, as well as the right of spouses to found a family in accordance with their personal religious convictions. These basic principles, reinforced by several pieces of legislation, create the foundation under national law for a right to reproductive health, including access to contraception. In addition, international treaties that the Philippines has ratified and that are part of Philippine law impose clear obligations on the government to ensure access to a full range of family planning services and information. The EO is also more restrictive than the Department of Health’s (DOH) standards on family planning, which prioritize “natural” family planning (NFP) as mandated by the national government, but still permit all legally accepted methods of family planning.¹

¹ Natural family planning: a term used in Executive Order No. 003 and by the national government and others to refer to family planning methods that involve, for example, abstinence during periods of fertility and use of the lactational amenorrhea method.
The EO also oversteps the authority of local government units (LGUs)\(^2\) under the Local Government Code of 1991.\(^3\) That code devolved certain powers and resources relating to health care and other areas from the national government to local governments, but the spirit of the law was “to provide for a more responsive and accountable structure” of government. Indeed, LGUs must still abide by the Constitution and the Philippines' other national and international obligations, and—as stated above—international law is particularly clear about States parties' duties to ensure the right of its citizens to a full range of family planning services and information. Yet city and national government officials interviewed for this report—including those who privately believe the order is harmful and discriminatory—did not think the EO violated any of the Philippines' legal obligations or that there was anything the national government or the DOH could do to compel the Manila City government to change its policy. As one DOH official said, “Regarding FP [family planning], we have a national standard and a national package of services, but the city of Manila said that it will use NFP, and we cannot push them.”

However, where government will not act, ordinary citizens can. Where local chief executives abuse their authority and issue harmful policies that infringe on people’s basic rights, as in the case of Manila, affected individuals are not without recourse. Philippine laws provide for administrative and judicial actions that can nullify such policies and afford relief to the victims. International treaties to which the Philippines is a party, such as the Convention on the Elimination of All Forms of Discrimination against Women and the International Covenant on Civil and Political Rights, provide additional means for individuals to bring complaints and hold governments accountable.

This report sets forth the results of research and interviews that show how the EO has operated in practice over the past seven years, affected women’s lives and health, and denied women their basic rights. It aims to call the attention of the Manila City government and the national government to the violations resulting from the EO, and urge them to nullify it and make a full range of safe and acceptable family planning methods available and accessible to residents of Manila. To this end, this report makes specific recommendations to the Manila City government and the national government on actions they should take. Subsequent sections provide background on the EO as well as the national family planning policy context; present the findings of research and interviews relating to how the EO has been implemented and how it has affected women and reproductive health providers; and provide national and international legal standards that show how the EO violates women’s basic rights.

**Select testimonies from the report**

Tina Montales, 36, has eight children. When she wanted to have a tubal ligation after her fourth pregnancy, she couldn’t because the local hospital no longer offered the service. She worries about feeding her children on an income that’s already barely enough to meet basic needs: “Our daily income is 150 pesos (3.28 USD/2.40 EUR) from scavenging…We make do with soy sauce or salt if we can’t afford to buy ten pesos’ (0.22 USD/0.16 EUR) cooked vegetable for lunch or dried fish for dinner.”

One woman on her eighth pregnancy said her life was put at risk during one delivery. She had a breech pregnancy and her doctor advised her not to get pregnant or she might die. Although her doctor very much wanted her to have a ligation, she was powerless to perform the surgery, despite serious concerns about the woman’s health. Since neither contraception nor sterilization is available to her, she said, “I get nervous with every pregnancy. I think that the moment I give birth will be the time I will die.”

Some women interviewed try to refuse sex with their partners as a way to avoid pregnancy, but many describe how this puts strains on their relationships and in some cases, even leads to sexual violence: “Sometimes when there’s no money to buy condoms and I don’t want to have sex with my husband, he gets angry and forces me. I tell him, ‘Aren’t you ashamed of yourself? You’ve got so many kids already and we don’t have privacy.’ Our house is very small; we sleep together with the kids. Only a thin wall separates us from the neighbors and I don’t want them to hear us arguing so I just give in to what my husband wants.”

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2 Local government unit: a territorial and political subdivision of the Philippines – namely, a province, city, municipality or barangay – that is administered and headed by elected officials.

3 A 1991 act that devolved certain powers, responsibilities and resources from the national government to local government units in the areas of health, social welfare, agriculture, environmental protection and local public works and highways.
The director of a DOH hospital in Manila expressed that the EO, in limiting women’s access to health care, contributes to pregnancy complications and maternal mortality and morbidity: “It definitely will have an impact on maternal mortality, because if you have more mothers who have more children, we know that they can have more complications … that increase. If you talk about abortions, we know that the more babies they have, the more the tendency to have an abortion … that’s also associated with complications. … It will increase maternal morbidity, especially in relation to ob/gyn conditions. I think we should try to convince the authorities that … it has really a negative impact on the medical conditions of women… Personally, for me it’s [the policy] definitely not good, because it limits the availment of the patient to health care. … For me, this is a disservice to women, although it affects the society as a whole. … Women’s health provision is limited because of that policy, and therefore it has a negative impact on women’s health in the city of Manila. So hopefully it will change.

Atienza’s practice, when he was mayor, of giving out monetary rewards to women with large numbers of children in depressed areas demonstrated his discouragement of family planning, even NFP, and shows that he was interested only in encouraging women to have children: “When Atienza attends medical missions … he calls out all of these moms … how many of you have seven and above children? When they raise their hands, he rewards them, sometimes with cash — 1,000 pesos each. … He goes to Baseco — we have so many depressed areas — and sometimes during community assemblies [he does this]. “You don’t really need any FP methods” — this is being condoned and rewarded by the mayor himself. If you have seven children, you get all these benefits, money. This now proves that the mayor isn’t having any NFP methods, any FP at all.”

Despite arguments to the contrary, women are unable to access family planning services and information even from NGOs, as city officials confirmed that NGOs providing family planning are denied permits to operate because of the nature of their services, even if other reasons are given to justify the denial. As a city councilor explained: “All of the NGOs got their licenses revoked — well, not revoked, but they’re not allowed to practice. There is no NGO that works exclusively for family planning. And if they push the family planning issue, then they won’t be able to practice the other causes that they work for as well, because they won’t be able to get venues, and they’ll be driven out of the health centers.”

Similarly, women are unable to access family planning services in DOH hospitals. The former head of a women’s NGO that worked closely with women in the Baseco district of Manila — one of the poorest — explained that going to DOH hospitals is not an option for the women in Baseco: “… Going to a DOH hospital in Manila … would mean an extra amount for fare, and cost in terms of who’s going to take care of their children. And going to a government hospital, you spend hours waiting for service, so they lose half a day just to get one cycle of pills. So I don’t know whose viewpoint this statement is coming from, but I know the women in Baseco and I’m sure any other similar depressed communities would have the same kind of issue because of their extreme, extreme poverty. The problem with that statement is it’s a copout. They can always use it as an excuse. We did a focus-group discussion of women in Baseco in terms of going to hospitals. And going to hospitals to them is already a barrier … One, they don’t get the right treatment in hospitals — they’re treated really, really poorly. They are made to wait a long time, they’re not respected as persons. … you have to look at their ability to access in terms of their own social status. I think we felt that in Baseco.”

Officers at the CHD–Metro Manila expressed strong sentiments against the policy: “We have UN declarations, born out of war. Here, this is not war, but we have local executives who are humiliating our women by denying them the services that they need. We don’t know where to go. If you go to the central office, you will be ostracized. You can’t speak your mind. So where do we go, NGOs? Here we have a local chief executive who for 10 years has continuously been violating every known UN declaration … Our country is a party to all of the UN declarations. This interview is how we can help.”

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4 The Center for Health Development-Metro Manila is the Department of Health’s regional office for the Metro Manila area, which includes the city of Manila.