

3. Philippines



Statistics

GENERAL

Population

- Total population (millions): 83.1.¹
- Population by sex (thousands): 40,418.2 (female) and 40,990.0 (male).²
- Percentage of population aged 0–14: 36.5.³
- Percentage of population aged 15–24: 20.3.⁴
- Percentage of population in rural areas: 39.⁵

Economy

- Annual percentage growth of gross domestic product (GDP): 3.5.⁶
- Gross national income per capita: USD 1,080.⁷
- Government expenditure on health: 1.5% of GDP.⁸
- Government expenditure on education: 2.9% of GDP.⁹
- Percentage of population below the poverty line: 37.¹⁰

WOMEN'S STATUS

- Life expectancy: 73.1 (female) and 68.8 (male).¹¹
- Average age at marriage: 23.8 (female) and 26.3 (male).¹²
- Labor force participation: 54.8 (female) and 84.3 (male).¹³
- Percentage of employed women in agricultural labor force: Information unavailable.
- Percentage of women among administrative and managerial workers: 58.¹⁴
- Literacy rate among population aged 15 and older: 96% (female) and 96% (male).¹⁵
- Percentage of female-headed households: 11.¹⁶
- Percentage of seats held by women in national government: 18.¹⁷
- Percentage of parliamentary seats occupied by women: 15.¹⁸

CONTRACEPTION

- Total fertility rate: 3.03.¹⁹
- Contraceptive prevalence rate among married women aged 15–49: 49% (any method) and 33% (modern method).²⁰
- Prevalence of sterilization among couples: 10.4% (total); 10.3% (female); 0.1% (male).²¹
- Sterilization as a percentage of overall contraceptive prevalence: 22.4.²²

MATERNAL HEALTH

- Lifetime risk of maternal death: 1 in 90 women.²³
- Maternal mortality ratio per 100,000 live births: 200.²⁴
- Percentage of pregnant women with anemia: 50.²⁵
- Percentage of births monitored by trained attendants: 60.²⁶

ABORTION

- Total number of abortions per year: Information unavailable.
- Annual number of hospitalizations for abortion-related complications: Information unavailable.
- Rate of abortion per 1,000 women aged 15–44: Information unavailable.
- Breakdown by age of women obtaining abortions: 2.0% (under 20); 24.2% (age 20–24); 27.3% (age 25–29); 30.3% (age 30–34); 16.2% (age 35 and older).²⁷
- Percentage of abortions that are obtained by married women: 91.0.²⁸

SEXUALLY TRANSMISSIBLE INFECTIONS (STIS) AND HIV/AIDS

- Number of people living with sexually transmissible infections: Information unavailable.
- Number of people living with HIV/AIDS: 9,000.²⁹
- Percentage of people aged 15–49 living with HIV/AIDS: <0.1 (female) and <0.1 (male).³⁰
- Estimated number of deaths due to AIDS: <500.³¹

CHILDREN AND ADOLESCENTS

- Infant mortality rate per 1,000 live births: 26.³²
- Under five mortality rate per 1,000 live births: 30 (female) and 40 (male).³³
- Gross primary school enrollment ratio: 112% (female) and 113% (male).³⁴
- Primary school completion rate: 80 (female) and 72 (male).³⁵
- Number of births per 1,000 women aged 15–19: 38.³⁶
- Contraceptive prevalence rates among married female adolescents: 11.4% (modern methods); 10.4% (traditional methods); 21.8% (any method).³⁷
- Percentage of abortions that are obtained by women younger than age 20: 2.0.³⁸
- Number of children under the age of 15 living with HIV/AIDS: Information unavailable.

ENDNOTES

1. See UNITED NATIONS POPULATION FUND (UNFPA), *THE STATE OF WORLD POPULATION 2005*, at 112 (estimate for 2005).
2. See UNITED NATIONS POPULATION FUND (UNFPA), *COUNTRY PROFILES FOR POPULATION AND REPRODUCTIVE HEALTH: POLICY DEVELOPMENTS AND INDICATORS 2003* (2003), <http://www.unfpa.org/profile/default.cfm>. [hereinafter UNFPA, *COUNTRY PROFILES*].
3. See THE WORLD BANK, *WORLD DEVELOPMENT INDICATORS 2004*, at 39 (2004), <http://www.worldbank.org/data/> (estimate for 2002). [hereinafter The World Bank].
4. See UNFPA, *COUNTRY PROFILES*, *supra* note 2.
5. See UNFPA, *THE STATE OF WORLD POPULATION 2005*, *supra* note 1, at 112 (estimate for 2003).
6. See THE WORLD BANK, *supra* note 3, at 183. (estimate for 1990–2002).
7. See THE WORLD BANK, *WORLD DEVELOPMENT INDICATORS 2004: DATA QUERY* (2004), <http://devdata.worldbank.org/data-query/> (statistical figure obtained through the Atlas method) (estimate for 2003).
8. See UNFPA, *THE STATE OF WORLD POPULATION 2005*, *supra* note 1, at 112.
9. See UNITED NATIONS CYBERSCHOOLBUS, *INFO NATION: GOVERNMENT EDUCATION EXPENDITURE* (2004), http://www.un.org/Pubs/CyberSchoolBus/infonation/e_infonation.htm (estimate for 1997).
10. See THE WORLD BANK, *COUNTRY AT A GLANCE TABLES FOR PHILIPPINES 2004*, at 1 (2004), <http://www.worldbank.org/data/countrydata/countrydata.html>.
11. See UNFPA, *THE STATE OF WORLD POPULATION 2005*, *supra* note 1, at 108.
12. See UNFPA, *COUNTRY PROFILES*, *supra* note 2.
13. See *Id.*
14. See SOCIAL AND DEMOGRAPHIC STATISTICS BRANCH, UNITED NATIONS STATISTICS DIVISION, *THE WORLD'S WOMEN 2000: TRENDS AND STATISTICS* (2000) (estimate for 2001).
15. See UNFPA, *COUNTRY PROFILES*, *supra* note 2.
16. See SOCIAL AND DEMOGRAPHIC STATISTICS BRANCH, *supra* note 14, at 48. (estimate for 1991–1997).
17. See SAVE THE CHILDREN, *STATE OF WORLD'S MOTHERS 2004*, at 37 (2004), http://www.savethechildren.org/mothers/report_2004/images/pdf/SOWM_2004_final.pdf (estimate for 2004).
18. See UNITED NATIONS STATISTICS DIVISION, *MILLENNIUM INDICATORS DATABASE* (2005), http://unstats.un.org/unsd/mi/mi_series_results.asp?rowId=557 (last updated Mar. 16, 2005) (estimate for 2005).
19. See UNFPA, *THE STATE OF WORLD POPULATION 2005*, *supra* note 1, at 112 (estimate for 2000–2005).
20. See *Id.* at 108.
21. See ENGENDERHEALTH, *CONTRACEPTIVE STERILIZATION: GLOBAL ISSUES AND TRENDS*, tbl. 2.2, at 47 (2002) (estimates for 1998).
22. See *Id.* at tbl. Supp. 2.5, at 56 (estimate for 1998).
23. See WORLD HEALTH ORGANIZATION ET AL., *MATERNAL MORTALITY IN 1995: ESTIMATES DEVELOPED BY WHO, UNITED NATIONS CHILDREN'S FUND (UNICEF), UNITED NATIONS POPULATION FUND (UNFPA) 45* (2000) (estimate for 1995).
24. See UNFPA, *THE STATE OF WORLD POPULATION 2005*, *supra* note 1, at 108.
25. See SAVE THE CHILDREN, *supra* note 17, at 37 (estimate for 1989–2000).
26. See UNFPA, *THE STATE OF WORLD POPULATION 2005*, *supra* note 1, at 112.
27. See Akinrinola Bankole et al., *Characteristics of Women who Obtain Induced Abortion: A Worldwide Review*, 28 INT'L FAM. PLANNING PERSP. 68–77 (1999), <http://www.guttmacher.org/pubs/journals/2506899.html> (statistical figures obtained through ad hoc surveys and hospital records) (estimates for 1993).
28. See *Id.*
29. See JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS) et al., *UNAIDS/WORLD HEALTH ORGANIZATION (WHO) EPIDEMIOLOGICAL FACT SHEETS ON HIV/AIDS AND SEXUALLY TRANSMITTED INFECTIONS – 2004 UPDATE: PHILIPPINES 3* (2004), http://www.who.int/GlobalAtlas/PDFFactory/HIV/EFS_PDFs/EF2004_PH.pdf (estimates for 2003).
30. See UNFPA, *THE STATE OF WORLD POPULATION 2005*, *supra* note 1, at 108.
31. See JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS) et al., *supra* note 29.
32. See UNFPA, *THE STATE OF WORLD POPULATION 2005*, *supra* note 1, at 108.
33. See UNFPA, *COUNTRY PROFILES*, *supra* note 2.
34. See UNFPA, *THE STATE OF WORLD POPULATION 2005*, *supra* note 1, at 108. The ratio may be more than 100 because the figures remain uncorrected for individuals who are older than the level-appropriate age due to late starts, interrupted schooling or grade repetition.
35. See *Id.*
36. See *Id.*
37. See Saroj Pachauri & K.G. Santhya, *Reproductive Choices for Asian Adolescents: A Focus on Contraceptive Behavior*, 28 INT'L FAM. PLANNING PERSP. 186–195 (2002), <http://www.agi-usa.org/pubs/journals/2818602.html> (estimates are for 1998).
38. See Bankole et al., *supra* note 27.

The Republic of the Philippines is an archipelago between the Philippine Sea and the South China Sea, east of Vietnam.¹ The Philippines was colonized by the Spanish in 1521, and their rule lasted for almost four hundred years;² during that time, there was a significant conversion to Roman Catholicism.³ On May 1, 1898, the Americans defeated the Spanish in Manila Bay during the Spanish–American War,⁴ and Filipinos, led by Emilio Aguinaldo, declared independence from Spain shortly after the defeat.⁵ On December 10, 1898, Spain ceded the Philippines to the United States, which began to occupy the country under the Treaty of Paris.⁶ The U.S. occupation continued until May 1942, when the Japanese seized control of the island from U.S. forces. The Japanese occupation lasted until September 1945, when Japanese forces finally surrendered to the United States.⁷ Less than a year later, on July 4, 1946, the Philippines gained its independence from the United States.⁸

After independence, the Philippines received assistance from the United States for postwar reconstruction.⁹ Successive Philippine government administrations focused on strengthening ties to neighboring Asian countries and diversifying the economy.¹⁰ In 1965, President Ferdinand E. Marcos came to power, and by 1972 he had declared martial law, citing communist insurrection as his justification.¹¹ Marcos suppressed democratic institutions and restricted civil liberties, primarily ruling by decree and popular referenda.¹² The corruption in the Marcos regime plunged the country into poverty, transforming it from one of Asia's wealthiest countries into one of its poorest.¹³ The assassination of opposition leader Benigno (Ninoy) Aquino in 1983 led to a chain of events that resulted in a presidential election in February 1986, with Aquino's widow, Corazon Aquino, running as the opposition candidate.¹⁴ Marcos's 21-year rule ended that year when the EDSA¹⁵ Revolution (also known as "People Power") forced him into exile;¹⁶ Corazon Aquino was installed as president on February 25, 1986.¹⁷ Aquino ruled for six years until 1992, when Fidel Ramos was elected president.¹⁸ Ramos declared "national reconciliation" to be his highest priority.¹⁹ He legalized the communist party and granted amnesty for all rebel groups.²⁰

In 1998, Joseph Ejercito Estrada was elected president²¹ with overwhelming popular support for his promise to alleviate poverty and crack down on crime.²² However, allegations of corruption led to impeachment proceedings and a rebellion in the form of the EDSA Revolution II (or "People Power II").²³ In January 2001, the country's Supreme Court declared Estrada unable to rule in light of mass resignations from the government, and administered the oath of office to Vice President Gloria Macapagal–Arroyo as the constitutional

successor.²⁴ Gloria Macapagal–Arroyo was elected to a second term in 2004. Some of the major challenges confronting the Philippine government today include internal security threats from various groups within the country, such as Muslim and communist insurgency groups.²⁵

In 2004, the total population was estimated to be 81.4 million,²⁶ approximately 49.6% of whom are female.²⁷ The national language of the Philippines is the Tagalog dialect of Pilipino; Tagalog and English are the country's two official languages.²⁸ Eight major dialects of Pilipino (out of 87 native languages and dialects) are the first languages of more than 85% of the population.²⁹ The ethnic composition of the Philippines consists of Christian Malay (91.5%), Muslim Malay (4%), Chinese (1.5%), and other (3%).³⁰ Indigenous cultural communities and peoples, which constitute about 16% of the population, live throughout the country but primarily in the regions of Cordillera and Mindanao.³¹ The majority of the Philippine population is Roman Catholic (83%), while the rest is Protestant (9%), Muslim (5%), and Buddhist and other (3%).³²

The Philippines has been a member of the United Nations since 1945.³³ It is also a member of the Association of Southeast Asian Nations,³⁴ Asia–Pacific Economic Cooperation,³⁵ and the Non-Aligned Movement.³⁶

I. Setting the Stage: The Legal and Political Framework of the Philippines

Fundamental rights are rooted in a nation's legal and political framework, as established by its constitution. The principles and goals enshrined in a constitution, along with the processes it prescribes for advancing them, determine the extent to which these basic rights are enjoyed and protected. A constitution that upholds equality, liberty, and social justice can provide a sound basis for the realization of women's human rights, including their reproductive rights. Likewise, a political system committed to democracy and the rule of law is critical to establishing an environment for advancing these rights. The following section outlines important aspects of the Philippines's legal and political framework.

A. THE STRUCTURE OF NATIONAL GOVERNMENT

The Constitution of the Republic of the Philippines was ratified by a national plebiscite on February 2, 1987, and entered into force on February 11, 1987.³⁷ It establishes a democratic and republican state with a sovereign people from whom all

government authority emanates, including the power of the executive, legislative, and judicial branches of government.³⁸ The constitution provides for a presidential system of national government with a bicameral legislature and an independent judiciary.³⁹

Executive branch

The executive branch of the national government is headed by the president, who is chief of state, head of government,⁴⁰ and commander in chief of the armed forces.⁴¹ The president nominates and, with the approval of the Commission on Appointments,⁴² selects the heads of the various executive departments.⁴³ He or she has control over all executive departments, bureaus, and offices.⁴⁴ The president is elected by direct vote of the people for a six-year term without the possibility of reelection.⁴⁵

The constitution also provides for a vice president and a cabinet appointed by the president with the approval of the Commission on Appointments.⁴⁶ The vice president is elected by popular vote for a six-year term for no more than two successive terms.⁴⁷ He or she may be appointed as a member of the cabinet without needing confirmation by the Commission on Appointments.⁴⁸ In case of the president's death, permanent disability, removal from office, or resignation, the vice president shall become president and serve the remaining term.⁴⁹

The president and the vice president may be impeached from office on grounds that include treason, bribery, corruption, or betrayal of the public trust.⁵⁰ A two-thirds vote of all the members of the Senate is necessary for impeachment.⁵¹

Legislative branch

Legislative power in the national government rests with a bicameral Congress consisting of the Senate and the House of Representatives,⁵² and with the people by initiatives and referenda.⁵³ The Senate consists of 24 elected members who serve six-year terms.⁵⁴ One-half of the membership is elected every three years.⁵⁵ The House of Representatives is composed of not more than 250 members, most of whom are elected from the legislative districts in the provinces, cities, and the metropolitan Manila area that are established in proportion to the size of their respective populations.⁵⁶ Twenty percent of the members are elected through a party-list system of registered national, regional, and sectoral parties and organizations.⁵⁷ All representatives serve three-year terms.⁵⁸

Most bills may originate in either house.⁵⁹ Exceptions apply to appropriation bills and revenue or tariff bills; bills authorizing an increase in the public debt; bills of local application; and private bills, which must originate in the House of Representatives.⁶⁰ A bill may be passed into law by either the House of Representatives or the Senate after it has passed

three readings on separate days, and has been approved by the president.⁶¹ If the president takes no action on the bill for 30 days, it is automatically approved and becomes law.⁶² If the president vetoes the bill, it returns to the house that originally passed it and is reconsidered.⁶³ A two-thirds vote to pass the bill by both houses is then required for the bill to become law.⁶⁴

The people can enact laws, or approve or reject laws passed by Congress or local legislative bodies, with a petition signed by at least 10% of all registered voters (of whom at least 3% are represented in every legislative district).⁶⁵

The constitution may be amended or revised upon proposal by a three-fourths vote of all the members of Congress⁶⁶ or by a constitutional convention,⁶⁷ and then ratified by a majority of the votes cast in a plebiscite.⁶⁸ The constitution may also be amended through the initiative of a petition of at least 12% of all registered voters (of whom at least 3% are represented in every legislative district),⁶⁹ and then ratified by a majority of the votes cast in a plebiscite.⁷⁰

Judicial branch

The judiciary has common law powers of equity and tends to recognize judicial precedent.⁷¹ The 1981 Judicial Reorganization Act sets out four main levels of courts and provides for special courts.⁷² At the top is the Supreme Court, below which is the Court of Appeals, then 13 regional trial courts,⁷³ and finally, at the local level, metropolitan trial courts, municipal trial courts, and municipal circuit trial courts.⁷⁴ Special courts include the Court of Tax Appeals and the Sandiganbayan (a high-ranking court that hears cases of government officials charged with graft and corruption).⁷⁵

The Supreme Court, which is headed by a chief justice and consists of 14 associate justices,⁷⁶ is the highest court of appeal in all civil and criminal matters. It has original and appellate jurisdiction in all cases involving questions about the constitutionality of any treaty, law, presidential decree, proclamation, order, or regulation; it also has appellate jurisdiction in cases involving a sentence of life imprisonment.⁷⁷ Members of the Supreme Court and judges of the lower courts are appointed by the president upon recommendation by the Judicial and Bar Council⁷⁸ and serve until 70 years of age.⁷⁹ The Supreme Court has the power to discipline judges of lower courts or order their dismissal.⁸⁰

The Court of Appeals consists of a presiding justice and 50 associate justices who are appointed by the president.⁸¹ It hears appeals from the regional trial courts and quasi-judicial agencies, instrumentalities, boards, and commissions (e.g., the Civil Service Commission and the National Labor Relations Commission).⁸²

The regional trial courts⁸³ hear appeals from the met-

ropolitan trial courts, municipal trial courts, and municipal circuit trial courts,⁸⁴ and have exclusive original jurisdiction over all actions involving marriage, marital relations,⁸⁵ children and family cases under the 1997 Family Courts Act, and other serious offenses.⁸⁶

Metropolitan trial courts, municipal trial courts, and municipal circuit trial courts⁸⁷ have exclusive original jurisdiction over criminal and civil cases of a less serious nature.⁸⁸ Every municipality in the Philippines has its own municipal trial court.⁸⁹

In cases reaching the courts from *barangays* (villages), a prior attempt to amicably settle the dispute is a precondition for formally filing a complaint with a court or government office, with some exceptions.⁹⁰ Failure to comply with this prerequisite may result in the dismissal of the case.⁹¹

The Court of Tax Appeals is a special court with exclusive appellate jurisdiction over appeals from the Commissioner of Internal Revenue and the Commissioner of Customs on certain specific issues.⁹² The Sandiganbayan is another special court with jurisdiction over criminal and civil cases involving graft and corruption by public officers and employees in the performance of their duties.⁹³

In addition to these special courts, the Code of Muslim Personal Laws of the Philippines provides for Sharia district courts and Sharia circuit courts, which exist in the Autonomous Region of Muslim Mindanao (where the Code of Muslim Personal Laws is enforced) and are applicable only to Muslims.⁹⁴ Sharia circuit courts are equivalent in rank to municipal circuit trial courts.⁹⁵ Appeals from the Sharia circuit courts are heard by Sharia district courts, which are equivalent in rank to regional trial courts.⁹⁶ Sharia courts have jurisdiction over the subject matter within the Code of Muslim Personal Laws, which includes matters relating to marriage, divorce, family, and property.⁹⁷

The Autonomous Region in Muslim Mindanao also has a Sharia appellate court, which was created under Republic Act No. 6734 of 1989, entitled Act Providing for an Organic Act for the Autonomous Region in Muslim Mindanao.⁹⁸ The Sharia appellate court has jurisdiction over cases involving personal, family, and property relations, and exercises appellate jurisdiction over all cases tried in Sharia district courts.⁹⁹ It is equivalent to the Court of Appeals, and cases tried in the Sharia appellate court may be appealed to the Supreme Court.¹⁰⁰

Republic Acts Nos. 6734 and 6766 also create systems of tribal courts for the indigenous cultural communities in the Autonomous Region in Muslim Mindanao and the Cordillera Autonomous Region, respectively.¹⁰¹ These courts have jurisdiction over personal, family, and property rights in accordance with the tribal codes of the indigenous cultural

communities within the autonomous region.¹⁰²

The provisions of the Muslim Code of Personal Laws and the tribal codes apply only to Muslims and indigenous communities, respectively.¹⁰³ In cases of conflict between the Muslim or tribal codes and national law, the latter prevails.¹⁰⁴

Alternative forms of dispute resolution

Presidential Decree No. 1508 of 1978, otherwise known as the Katarungagn Pambarangay Law, institutionalized a system of amicable, informal dispute settlement at the *barangay* level without judicial intervention.¹⁰⁵ Lawyers are excluded from the entire process.¹⁰⁶ The vast majority of disputes are subject to proceedings for amicable settlement, with some exceptions.¹⁰⁷ This is the only system that is formally accepted and practiced in all *barangays* in the Philippines.¹⁰⁸

The Punong Barangay (village chief or *barangay* chairman) is an elected official who heads the system.¹⁰⁹ He or she is assisted by the Lupong Tagapamayapa (Peace Seeking Committee), which is composed of ten to twenty persons who are appointed by the Punong Barangay.¹¹⁰ The Punong Barangay serves as the chairperson of the committee.¹¹¹ The parties to the dispute choose, by agreement, a Pangkat Ng Tagapagsunod (conciliators panel) composed of three members from among the Lupong membership.¹¹² If the parties cannot agree on the makeup of the panel, the Punong Barangay selects the conciliators panel by lottery.¹¹³

In addition to this system of dispute settlement, other dispute resolution mechanisms such as mediation are also available.¹¹⁴ In 2004, the government enacted the Alternative Dispute Resolution Act, which aims to “actively promote party autonomy in the resolution of disputes” and “the freedom of the party to make their own arrangements to resolve their disputes.”¹¹⁵ The act establishes procedures for mediation and other alternative dispute mechanisms, including international commercial arbitration.

Indigenous cultural communities and indigenous peoples who are not included in the jurisdictions of the Autonomous Region in Muslim Mindanao and the Cordillera Administrative Region have the right to use their own commonly accepted justice and conflict resolution institutions that are compatible with the national legal system and internationally recognized human rights.¹¹⁶

B. THE STRUCTURE OF LOCAL GOVERNMENTS

The Philippines is divided into 17 regions,¹¹⁷ 79 provinces, 117 chartered cities, approximately 1,500 municipalities, and 42,000 *barangays*.¹¹⁸ With the exception of the Muslim parts of Mindanao, which officially became an autonomous region in 1990, regions are administrative subdivisions, which are composed of provinces¹¹⁹ that are generally grouped on the

basis of similar cultural and ethnological characteristics.¹²⁰ Provinces are the primary political subdivisions.¹²¹ Local governing bodies are established from the provincial level down.¹²² Chartered cities are independent of provinces;¹²³ they do not pay provincial taxes, but have the power to levy taxes.¹²⁴ Municipalities are subordinate to provinces,¹²⁵ and *barangays* and rural villages are at the lowest level.

Provinces have a governor and a vice-governor.¹²⁶ The governor is the chief executive of the province.¹²⁷ Chartered cities are headed by a mayor, who is aided by a vice-mayor.¹²⁸ Municipalities are headed by a municipal mayor, who is aided by a municipal vice-mayor.¹²⁹ *Barangays* are headed by a chairperson, who is aided by seven members, a secretary, and a treasurer.¹³⁰

Provinces, cities, municipalities, and *barangays* have their own legislative bodies.¹³¹ The provincial, city, and municipal legislative bodies consist of their respective vice-governors, vice-mayors, regular members, president of the leagues, president of the federation of youth chairpersons, and sectoral representatives.¹³² The law provides that the membership of these bodies should also include three other sectoral representatives, including one female representative.¹³³

The *barangay* is the primary unit for planning and implementing government policies, programs, plans, and projects within the community.¹³⁴ It also acts as a forum where people can express their collective views, and where disputes can be amicably settled.¹³⁵ There is a Sangguniang Kabataan (youth legislative body) in every *barangay*,¹³⁶ which is headed by the Sangguniang Kabataan Chairperson (Youth Legislative Chairperson) who serves as an ex officio member of the Sangguniang Barangay (the *barangay* legislative body).¹³⁷ *Barangay* officials and members of the Sangguniang Kabataan serve five-year terms and no more than three consecutive terms in the same position.¹³⁸

As at the national level, there are mechanisms of recall, voter initiatives, and referenda for each of the governmental bodies described above.¹³⁹ Each local government unit (LGU) has the power to create its own sources of revenues and to levy taxes, fees, and charges.¹⁴⁰ The constitution mandates the autonomy of local governments,¹⁴¹ but also states that the president exercises general supervision over local governments.¹⁴²

In the Autonomous Region in Muslim Mindanao, regional government powers are exercised through the regional governor, the Regional Assembly, and special courts.¹⁴³ Executive power is vested in a regional governor, who is elected by direct vote by the people in the autonomous region¹⁴⁴ and serves a three-year term for a maximum of two consecutive terms.¹⁴⁵ Subject to confirmation by the Regional Assem-

bly, the regional governor appoints members to a nine-person cabinet, at least four of whom should come from indigenous cultural communities.¹⁴⁶ The regional governor also appoints the cabinet members' deputies, and the heads and members of regional government commissions and bureaus.¹⁴⁷ The regional governor is assisted by a vice-governor, who may be appointed as a member of the regional cabinet without confirmation by the Regional Assembly.¹⁴⁸

The regional governor has control over all regional executive commissions, boards, bureaus, and offices, subject to certain exceptions.¹⁴⁹ He or she also exercises general supervision over the LGUs within the autonomous region.¹⁵⁰ Legislative power is vested in the Regional Assembly, except to the extent reserved for the people by provisions on initiatives and referenda, as provided by law.¹⁵¹ The Regional Assembly is composed of members elected by popular vote, with three members elected from each of the region's congressional districts.¹⁵² The members of the Regional Assembly serve three-year terms for a maximum of three consecutive terms.¹⁵³

Directly or through the regional governor, the Philippine president exercises general supervision over the regional government, including the LGUs therein, to ensure that national and regional laws are faithfully executed.¹⁵⁴ The preservation of peace and order is the responsibility of the local police agencies, while defense and security are the responsibility of the national government.¹⁵⁵

There are indigenous cultural communities and peoples not included in the jurisdictions of the Autonomous Region of Muslim Mindanao and the Cordillera Administrative Region;¹⁵⁶ these encompass many tribal groups that have indigenous political structures such as, *inter alia*, the Council of Elders, the Council of Timuays, Bodong Holder,¹⁵⁷ and tribal *barangays*.¹⁵⁸

C. THE ROLE OF CIVIL SOCIETY AND NONGOVERNMENTAL ORGANIZATIONS (NGOS)

Since 1986, NGOs in the Philippines have flourished.¹⁵⁹ According to some reports, there are as many as 500,000 registered NGOs in the country.¹⁶⁰ The constitution's Declaration of Principles and State Policies provides that the state "shall encourage non-governmental, community-based, or sectoral organizations that promote the welfare of the nation."¹⁶¹ The 1992 Local Government Code requires the inclusion of NGOs in decision-making processes at the local level.¹⁶²

The Philippine Council for NGO Certification provides accreditation to NGOs applying for donee institution status if they meet the minimum standards for certification.¹⁶³ NGOs certified by the council may then receive donee institution status by the Bureau of Internal Revenue.¹⁶⁴

D. SOURCES OF LAW AND POLICY

Domestic sources

The Philippine legal system is based on Spanish and Anglo-American law, and is a mix of the civil and common law tradition.¹⁶⁵ Domestic sources of Philippine law are the constitution, enactments by Congress, presidential decrees, and executive orders. Other forms of legislation, such as circulars, rules, and regulations under legislative or constitutional authority, are also an important source of domestic law.

The 1987 Constitution of the Republic of the Philippines, specifically its Bill of Rights article, draws heavily from the U.S. model.¹⁶⁶ The Bill of Rights guarantees 22 fundamental rights, including equal protection of the laws; freedom of religion; and free access to the judiciary and adequate legal assistance for those in need.¹⁶⁷ The constitution also contains an article on Social Justice and Human Rights, which mandates Congress “[to] give highest priority to the enactment of measures that protect and enhance the right of all people to human dignity, reduce social, economic and political inequalities, and remove cultural inequities by equitably diffusing wealth and political power for the common good.”¹⁶⁸

The article includes specific rights and state mandates in the areas of labor; agrarian and natural resources reform; urban land reform and housing; health; women; the role and rights of people’s organizations; and human rights.¹⁶⁹ The constitution also includes an article on the family, which affords several rights within the family sphere, and an article titled Declaration of Principles and State Policies, which contains 28 principles and policies that provide guidance to the government in performing its functions.¹⁷⁰ The inviolability of the separation of church and state is established as an important principle.¹⁷¹ The constitution also provides that “[the state] shall equally protect the life of the mother and the life of the unborn from conception.”¹⁷² As state policy, the constitution provides that the state recognizes and promotes the rights of indigenous cultural communities within the framework of national unity and development.¹⁷³

The domestic legal framework is also established by several codifications of law, including the 1930 Revised Penal Code, the 1949 Civil Code, the 1974 Labor Code, the 1974 Child and Youth Welfare Code, and the 1987 Family Code.¹⁷⁴

Customary laws are followed by some indigenous groups and by Muslims.¹⁷⁵ While many of these laws remain unwritten, Muslim personal laws were codified into the Code of Muslim Personal Laws by Presidential Decree No. 1083 in 1977. This code contains provisions on, *inter alia*, family relations, the legal capacity of persons to act and restrictions on such capacity,¹⁷⁶ the creation of Sharia courts as part of the judicial system,¹⁷⁷ and penal provisions.¹⁷⁸ In addition, the

rights of indigenous peoples and indigenous cultural communities are enshrined in the 1997 Indigenous Peoples Rights Act, which recognizes, protects, and promotes such individuals’ rights to social justice, self-determination, empowerment, cultural identity, and ancestral domain.¹⁷⁹

Government policies are formulated within the broad framework of the constitution and its Declaration of Principles and State Policies, which include full respect for human rights,¹⁸⁰ adequate social services, an improved quality of life for all,¹⁸¹ and the promotion of social justice.¹⁸² Successive medium-term development plans provide comprehensive national policy frameworks for the country’s socioeconomic and development goals. The Medium-Term Philippine Development Plan 2004–2010 is currently operative.¹⁸³ The plan contains detailed targets and strategies within five broad topic areas: economic growth and job creation; energy; social justice and basic needs; education and youth opportunity; and anticorruption and good governance.¹⁸⁴

International sources

The constitution authorizes the president to sign treaties and international agreements. Such agreements become effective when ratified by at least two-thirds of all the members of the Senate.¹⁸⁵ The constitution’s Declaration of Principles and State Policies notes that the Philippines “adopts the generally accepted principles of international law as part of the law of the land and adheres to the policy of peace, equality, justice, freedom, cooperation, and amity with all nations.”¹⁸⁶

The Philippines has ratified the following international treaties: the Convention on the Elimination of All Forms of Discrimination against Women and its Optional Protocol;¹⁸⁷ the Convention on the Rights of the Child¹⁸⁸ and the Optional Protocols on the involvement of children in armed conflict,¹⁸⁹ and on the sale of children, child prostitution, and child pornography;¹⁹⁰ the International Convention on the Elimination of All Forms of Racial Discrimination;¹⁹¹ the International Covenant on Civil and Political Rights¹⁹² and its Optional Protocol;¹⁹³ the International Covenant on Economic, Social and Cultural Rights;¹⁹⁴ the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment;¹⁹⁵ and the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families.¹⁹⁶

International consensus documents that the government has adopted include the 1993 Vienna Declaration and Programme of Action; the 1994 International Conference on Population and Development (ICPD) Programme of Action; the 1995 Beijing Declaration and Platform for Action; and the 2000 United Nations Millennium Declaration.¹⁹⁷

II. Examining Reproductive Health and Rights

In general, reproductive health matters are addressed through a variety of complementary, and sometimes contradictory, laws and policies. The scope and nature of such laws and policies reflect a government's commitment to advancing the reproductive health status and rights of its citizens. The following sections highlight key legal and policy provisions that together determine the reproductive rights and choices of women and girls in the Philippines.

A. GENERAL HEALTH LAWS AND POLICIES

The Philippine Constitution declares as state policy that “[t]he State shall protect and promote the right to health of the people and instill health consciousness among them.”¹⁹⁸ It also mandates the state to “provide adequate social services”¹⁹⁹ and “adopt an integrated and comprehensive approach to health development which shall ... make essential goods, health and other social services available to all the people at affordable cost.”²⁰⁰ The government's current objectives and strategies for promoting and improving health are articulated in the Medium-Term Philippine Development Plan 2004–2010; the National Objectives for Health 1999–2004; and the Health Sector Reform Agenda, which was launched in 1999.²⁰¹

Objectives

The Medium-Term Philippine Development Plan 2004–2010 contains the broad policy goal of improving the “accessibility and affordability of essential services,” including health-related services.²⁰² Its specific health objectives include the following:

- improve the accessibility, affordability, and quality of health care;
- reduce costs of medicine by 50%; and
- achieve a health insurance coverage rate of 85% by 2010.²⁰³

The National Objectives for Health 1999–2004 is a specific health-sector policy formulated by the Department of Health in light of the major challenges to health posed by the poor economic status²⁰⁴ of almost half the population,²⁰⁵ limited access to health-care services due to a weak hospital system, insufficient mechanisms for providing public health programs, uneven distribution of health and human resources, and inequitable health-care financing.²⁰⁶

These objectives fall under the two broad categories of disease prevention and control, and health promotion and

protection. The objectives include, among others, the following:

- reducing morbidity, mortality, disability, and complications from tuberculosis, pneumonias, diarrheas, dengue, sexually transmissible infections (STIs), including HIV/AIDS, and reproductive tract infections (RTIs);²⁰⁷
- lowering morbidity and mortality associated with cardiovascular diseases,²⁰⁸ cancer,²⁰⁹ diabetes,²¹⁰ kidney diseases,²¹¹ asthma,²¹² osteoporosis,²¹³ mental disorders,²¹⁴ and diet and nutritional disorders;²¹⁵
- providing an “Essential Health Care Package” throughout the life cycle to ensure the well-being of the family;²¹⁶
- addressing the health issues of “special groups,” including children in need of protection, women in difficult circumstances, migrant workers, persons with disabilities, the rural and urban poor, and indigenous persons;²¹⁷
- determining the health risks of unsanitary conditions and practices in homes, schools, workplaces, and the environment;²¹⁸ and
- promoting healthy attitudes and practices by individuals, families, communities, and business and industry.²¹⁹

(See subsections within “Reproductive Health Laws and Policies” for information on more specific reproductive health-related objectives. Also see “Rape” and “Domestic violence” for objectives related to reducing violence against women.)

The policy's primary strategies for carrying out these objectives include the following:

- increasing financial investments for primary health care;²²⁰
- developing national standards for planning and implementing local health programs;²²¹
- assuring the quality of health care;²²²
- developing functional, local health systems to carry out public health programs and deliver personal health-care services;²²³ and
- supporting health workers by harnessing multisectoral support for a frontline health worker development program in primary health care.²²⁴

(See “Infrastructure of health-care services” for more detailed information on strategies relating to local health systems development.)

The Department of Health also formulated the Health Sector Reform Agenda in 1999, which calls for reforms in the following four areas:

- health service delivery—by integrating public health care into the hospital system, upgrading infrastructure, expanding hospital networks, improving patient referral systems, and transforming health facilities into fiscally autonomous units by instituting fee-for-service systems;
- health operations—by decentralizing and devolving responsibility to local governments, and promoting the development of local health systems;
- health regulatory structure—by assuring quality of services, and strengthening the capacities of health regulatory agencies; and
- health financing—by expanding coverage of the National Health Insurance Program (PhilHealth), decreasing out-of-pocket expenditures, and securing funding for vital public health programs.²²⁵

Infrastructure of health-care services

Government facilities

The Department of Health is the principal government agency that formulates national health policies and programs, and guides the development of local health systems, programs, and services.²²⁶ Since the adoption in 1991 of a policy of devolving health-care responsibilities to LGUs (i.e., governments from the provincial level down) the Department of Health is no longer the sole provider of public health services and is required to “provide assistance” to other national government agencies, LGUs, civil society (e.g., NGOs and people’s organizations), and the private-sector entities that implement health programs, projects, and services.²²⁷ Although the Department of Health’s role has been somewhat curtailed, it still directly operates a few large-scale health programs, such as those relating to HIV/AIDS and tuberculosis;²²⁸ maintains national health facilities; and administrates a limited number of subnational medical facilities that issue referrals to local health agencies.²²⁹ There is a regional Department of Health office in each of the 17 administrative regions of the Philippines.²³⁰

The public health system is made up of approximately 640 hospitals,²³¹ 2,405 rural health units, and 14,416 *barangay* health stations.²³² Municipal governments maintain rural health units and *barangay* health stations, which are primary health-care facilities; provincial governments maintain the provincial and district hospitals.²³³ About 40% of all hospitals are public; these contribute 42,070 beds, or 52% of all bed capacity in the country.²³⁴ There is approximately one doctor per 9,727 people, one nurse per 7,361, and one midwife per 4,503.²³⁵

Pursuant to the devolution framework of 1991, the delivery and management of basic health services was delegated to

LGUs.²³⁶ These units provide public health services in their local jurisdiction in the areas of basic health care, family planning services, maternal and child health care, nutrition, and communicable and noncommunicable disease prevention and control.²³⁷

The devolution of health services to LGUs is one of the most significant developments in the Philippine public health system in the past 20 years.²³⁸ The purpose of the policy was to transform LGUs into “self-reliant communities and active partners in nation-building by giving them more powers, authority and resources and corresponding responsibilities and obligations,” and to empower citizens through participating in “policy and decision-making relative to the quality of health care in their community.”²³⁹

The Department of Health has implemented projects with the support of foreign donor agencies to help offset the impact of decentralization on the quality of services. The Local Government Unit Performance Program (LPP) was a nine-year nationwide project (1994–2003) with the goal of expanding local service delivery coverage and improving the quality of care provided to women and children.²⁴⁰ Two key components of the LPP were the Department of Health’s Matching Grant Program, which required local governments to provide counterpart contributions, and the Sentrong Sigla (Center of Wellness) Program, formerly known as the Quality Assurance Program, which awarded quality certifications to ensure the quality of health services in LGUs.²⁴¹ The program reportedly enhanced the management and performance capacity of LGUs, particularly with respect to programs devoted to family planning, safe motherhood, and child survival.²⁴² The Sentrong Sigla Strategic Plans for 2003–2007, the second phase of the program, are continuing with modifications.²⁴³

Another key project was the Integrated Community Health Services Project, a six-year project (1997–2003) aimed at “upgrading basic health facilities, developing and implementing key health subsystems, providing quality essential drugs, training of health personnel, and mobilizing community participation and support for health.”²⁴⁴

Privately run facilities

The private sector plays a significant role in the delivery of health care, especially within the devolution framework. There are approximately 1,068 private hospitals,²⁴⁵ accounting for about 60% of all hospital facilities in the country and providing almost half of the country’s hospital beds.²⁴⁶ The number of private clinics is estimated to be even larger. There are also close to 200 Well-Family Midwife Clinics nationwide that operate through private-sector investment, donations, and loans.²⁴⁷

Financing and cost of health-care services

Government financing

The national government expenditure on health in 2002 was 16.7 billion Philippine pesos (USD 299 million), and the local government expenditure on health that year was 17.8 billion pesos (USD 319 million); these outlays make up a total government expenditure of almost 34.5 billion pesos (approximately USD 620 million), which represents a decrease of 18.2% from 2001.²⁴⁸ Government health expenditure was 2.7% of the country's GNP in 2002, a proportion that has fallen steadily from 3.5% in 1997.²⁴⁹

Private and international financing

Given the limited government resources allocated to health care, the private sector and the international community play an important role in the financing of health services. According to figures from the Philippine National Health Accounts from 2002, private expenditures on health (out-of-pocket expenses, private insurance costs, Health Maintenance Organization costs, employer-based plans, private school plans, etc.) totaled 68.6 billion pesos (USD 1.2 billion), an increase of 8% from the previous year.²⁵⁰ Private sources constitute the largest share of the Philippines's total health expenditure, comprising 59.5% in 2002.²⁵¹

Funding for a number of Department of Health projects (including the national population program) is provided through foreign assistance.²⁵² In 2001, there were 35 projects financed through funds from international organizations such as the Asian Development Bank (ADB), World Bank, Australian Agency for International Development (AusAID), German Technical Cooperation, United States Agency for International Development (USAID), European Union, and United Nations agencies; in addition, funds were provided by the governments of Japan, Belgium, and Finland.²⁵³ Foreign-assisted projects are implemented by the Department of Health through the Bureau of International Health Cooperation and project management offices, in partnership with LGUs and NGOs.²⁵⁴

Health spending from foreign loans increased by 69.1% from 2001 to 2002, mainly due to the financial support from the Hospital Development Program of Austria; the Rural Water Supply, Sewerage and Sanitation of the ADB; the Early Childhood Development of the ADB, and Social Expenditure Management Project II of the World Bank.²⁵⁵

Cost

A large number of primary health-care facilities and hospitals provide basic health services below cost to patients. Public hospitals have charity wards for indigent patients where services are virtually free.²⁵⁶ Yet, the financial burden of health care falls heavily on individual Filipino families.²⁵⁷ In 2002,

54.8% of health spending was paid out of pocket.²⁵⁸

The National Health Insurance Program or PhilHealth, an expansion of the former Medicare program, was instituted through the enactment of the National Health Insurance Act of 1995.²⁵⁹ The program, which is administered by the Philippine Health Insurance Corporation (PHIC),²⁶⁰ mandates compulsory medical coverage for all citizens of the Philippines.²⁶¹ In the 2003 Philippines National Demographic and Health Survey (NDHS), 30% of households reported having at least one member with PhilHealth membership.²⁶² Employees in the private sector constitute the largest proportion of all PhilHealth members (43%), followed by government employees (27%), individual payers (15%), indigent persons (11%), overseas Filipino workers (2%), and retirees or pension holders (2%).²⁶³

There is a dearth of official data on the differential costs of health services in the public and private sectors. According to one unofficial study, the average private hospital bill is about 4.5 times the average public hospital bill.²⁶⁴ The study also found that public and private hospitals charge charity patients, uninsured patients, and insured patients differently, with insured patients being charged the most.²⁶⁵ A study conducted among a sample of midwife-owned clinics²⁶⁶ revealed a wide range of prices for various family planning and maternal health services. For example, costs for the following services were: 100 to 350 pesos (USD 1.8 to 6.3) for an IUD insertion; 50 to 300 pesos (USD 0.9 to 5.4) for a pap smear; 30 to 275 pesos (USD 0.5 to 4.9) for a pregnancy test; 10 to 150 pesos (USD 0.2 to 2.7) for a prenatal visit; and 450 to 3,800 pesos (USD 8.1 to 68.1) for a delivery.²⁶⁷

Regulation of drugs and medical equipment

Drugs and medical devices and equipment are regulated by the Department of Health through the Bureau of Food and Drugs.²⁶⁸ Before any drug or device is manufactured, imported, exported, sold, or distributed, it must first be registered with the bureau.²⁶⁹ The requirements for licensure include, *inter alia*, proof of safety, efficacy, and good quality based on clinical studies conducted in the Philippines, and a full statement of the composition of the drug or device.²⁷⁰ Banning, recalling, or withdrawing drugs or devices from the market may be ordered if products are proven to be unregistered, unsafe, ineffective, or of doubtful therapeutic value.²⁷¹ The Bureau of Health Devices and Technology under the Department of Health is responsible for regulating health technologies and medical and health-related devices, and for monitoring compliance with regulations.²⁷²

Regulation of health-care providers

The Philippine Constitution mandates the government to "establish and maintain an effective food and drug regulatory

system and undertake appropriate health manpower development and research, responsive to the country's health needs and problems."²⁷³

The Professional Regulation Commission is tasked with administering, implementing, and enforcing the regulatory policies of the government with respect to professionals.²⁷⁴ Individual regulatory boards under this commission cover different medical and allied professions, including the following: medicine; midwifery; nursing; nutrition and dietetics; optometry; pharmacy; and physical and occupational therapy. These boards, among other things, formulate licensure exams²⁷⁵ and each board also has its own Code of Ethics;²⁷⁶ violations of such codes may result in the suspension or revocation of the registration certificate that allows an individual to practice his or her profession. The Board of Medicine considers "gross negligence, ignorance or incompetence ... resulting in an injury or death of the patient" to be sufficient grounds for reprimand, suspension, or revocation of the certificate of registration.²⁷⁷

Once admitted as health services providers, health workers are subject to the provisions of the Code of Conduct and Ethical Standards for Public Officials and Employees, which sets out the standards of conduct for public employees, including health employees.²⁷⁸ Health personnel are also subject to the Rules and Regulations of the Magna Carta of Public Health Workers, which governs the employment conditions and conduct of public-sector health workers.²⁷⁹ The Magna Carta of Public Health Workers requires health workers to discharge their duties humanely, with conscience and dignity; perform their duties with utmost respect for life; and exercise their duties without consideration of a client's race, gender, religion, nationality, party politics, social standing, or ability to pay.²⁸⁰

Traditional practitioners are governed by the Traditional and Alternative Medicine Act of 1997, which led to the establishment of the Philippine Institute of Traditional and Alternative Health Care.²⁸¹

Regulation and licensure of hospitals and health facilities are the responsibility of the Department of Health's Bureau of Health Facilities and Services and PhilHealth.²⁸² All private and public hospitals and health facilities must obtain a license from the bureau before they are allowed to operate. Before a hospital is given a license, it must comply with set standards on service capability, personnel, equipment and instruments, and physical facility environment.²⁸³ The operating license is renewed annually.²⁸⁴ The grounds for revocation or suspension of an operating license include refusing to admit patients who cannot pay or issuing a death certificate as punishment for nonpayment of hospital bills.²⁸⁵ Health-care providers

and facilities must be accredited by the PHIC in order to participate in PhilHealth and provide services to members.²⁸⁶ To receive accreditation, the provider must comply with the qualities, standards, and procedures set forth by PhilHealth regarding qualifications and capacity.²⁸⁷

According to the Senate bill known as the Anti-Medical Malpractice Act of 2004, any medical practitioner who performs any act constituting medical malpractice or the illegal practice of surgery is penalized with imprisonment, revocation of his or her license to practice, and a fine.²⁸⁸ The act defines malpractice as "any personal injury, including death, caused by the negligent or wrongful act or omission of any medical practitioner," and it defines illegal surgery as a "surgery performed to remove healthy human organ/s without the consent of the patient, with intent to gain on the part of the person or persons responsible for such surgery."²⁸⁹ The bill is encountering stiff opposition from medical professionals who contend that the existing criminal code provisions adequately respond to the excesses that might be committed by members of the medical profession.²⁹⁰ Neither the Revised Penal Code nor the Civil Code makes specific reference to medical malpractice, however.²⁹¹

Patients' rights

There is no specific law or policy establishing the rights of patients. However, criminal and civil liability for medical negligence can be enforced through relevant provisions of the Revised Penal Code and the Civil Code.²⁹² In addition, the Magna Carta of Public Health Workers guarantees the right to nondiscrimination on the grounds of race, gender, religion, nationality, party politics, social standing, or ability to pay in receiving health care from public health workers.²⁹³ (See "Regulation of health-care providers" for more information on the Magna Carta of Public Health Workers.)

The right to informed consent is recognized by the Code of Ethics of the Medical Profession (1960) formulated by the Philippine Medical Association.²⁹⁴ The code states that "[t]he physician has the duty to obtain consent from his patient for any treatment or procedure he intends to undertake and to inform him adequately about these matters so that the agreement may be characterized as informed."²⁹⁵

Proposed legislation on medical malpractice and patients' rights is pending before the House of Representatives and the Senate.²⁹⁶ The document, known as the Magna Carta of Patients Rights and Obligations, was introduced in the House and the Senate in 2004.²⁹⁷ It proposes 15 patients' rights, including the rights to the following:

- medical care and humane treatment;
- informed consent;
- privacy and confidentiality;

- disclosure of and access to information;
- refusal of diagnostic and medical treatment;
- religious belief; and
- refusal to participate in medical research.²⁹⁸

Violation of these rights may result in fines and administrative sanctions such as the revocation of the license to practice.

Republic Act No. 8344 of 1996 penalizes personnel of hospitals and medical clinics who refuse to provide appropriate medical support in emergencies or serious cases with imprisonment of 6–28 months, a fine of 20,000–100,000 pesos (USD 359–1,793), or both. If the medical professional was acting in accordance with an established policy or instructions from a superior, the director of the facility is subject to imprisonment of 4–6 years, a fine of 100,000–500,000 pesos (USD 1,793–8,964), or both.²⁹⁹

B. REPRODUCTIVE HEALTH LAWS AND POLICIES

There is no separate national law or policy addressing reproductive health in the Philippines. However, the constitution provides that the state shall defend “[t]he right of spouses to found a family in accordance with their religious convictions and the demands of responsible parenthood.”³⁰⁰ Reproductive health is also peripherally addressed in the Medium-Term Philippine Development Plan 2004–2010. Among various goals relating to “social justice and basic needs,” the plan calls for an “emphas[is] [on] maternal health, women’s health, nutrition, and responsible parenthood.”³⁰¹

Although there is no specific policy on reproductive health, the government created the Philippine Reproductive Health Program in 1998 in an effort to implement the ICPD Programme of Action.³⁰² The national program identifies the following ten priority reproductive health services:

- family planning;
- maternal and child health care and nutrition;
- prevention and management of abortion complications;
- prevention and treatment of STIs, including RTIs and HIV/AIDS;
- an Information, Education, and Communication (IEC) component in counseling on sexuality and sexual health;
- diagnosis and treatment of breast and reproductive tract cancers and other gynecologic conditions;
- men’s reproductive health;
- adolescent reproductive health;
- prevention and management of violence against women; and
- prevention and treatment of infertility.³⁰³

There are efforts in the present Congress to introduce legis-

lation that would strengthen the reproductive health program through the adoption of a comprehensive and formal legal approach to reproductive health. For example, a bill entitled Reproductive Health Care Act of 2002 was introduced in the House of Representatives.³⁰⁴ The proposed bill is based on the principle that all persons must be allowed “to choose and make decisions for themselves in accordance with their religious convictions, culture and the demands of responsible parenthood.”³⁰⁵ The draft bill proposed the establishment of a Reproductive Health Management Council within the Department of Health.³⁰⁶

It also proposed punishments including imprisonment, a fine, or both for the following infractions:³⁰⁷

- restrictions on the dissemination of family planning information;
- third-party consent requirements for voluntary sterilization and other voluntary sexual and reproductive health procedures;
- prohibitions by government agents or agencies on reproductive health care and services;
- refusals to provide quality health services and information based on marital status, gender, sexual orientation, age, religion, and nature of work, although conscientious objection is recognized on the condition that an appropriate referral be immediately provided; and
- provision of limited, incorrect, or inadequate information on reproductive health and sexuality.³⁰⁸

The draft bill also proposed an initial allocation of 50 million pesos (approximately USD 896,000) to support its proposed policies and objectives, as well as unspecified subsequent appropriations by Congress in the Department of Health’s annual budget.³⁰⁹ This bill was consolidated with three other bills into the single Responsible Parenthood and Population Management Act of 2005, which establishes a demographic rationale for a two-child norm policy and repeatedly stresses the illegality of abortion and has not yet been adopted.³¹⁰

As of November 2004, about 17 bills on population and reproductive health were pending in Congress.³¹¹

Regulation of reproductive health technologies

There is currently no law that regulates assisted reproductive technologies in the Philippines although, as noted above, the prevention and treatment of infertility is one of the ten priority reproductive health services of the Philippine Reproductive Health Program. However, a draft of the 2003 Act Prohibiting the Cloning of Humans and Providing Penalties for Violations Thereof was filed in the House of Representatives and is pending review by the Congress and Senate.³¹²

Family planning

General policy framework

The official position of the present government administration is to pursue a policy of natural family planning. The administration has issued an order to mainstream natural family planning on the ground that “NFP [natural family planning] is the only method acceptable to the Catholic Church.”³¹³

The National Family Planning Policy of 2001 and the Philippine Population Management Program (PPMP) Directional Plan (2001–2004) also comprise the national policy framework on family planning. The policy and plan aim to help couples and individuals “achieve their desired family size within the context of responsible parenthood and improve their reproductive health towards the attainment of sustainable development.”³¹⁴ Specific objectives include the following:

- attaining a national total fertility rate (TFR) of 2.1–2.7 lifetime births per woman;
- increasing the contraceptive prevalence rate to 60%;
- increasing the proportion of family planning use that corresponds to modern methods to 32.5%;
- increasing the private-sector share of reproductive health and family planning service delivery to 40%; and
- reducing direct government funding for family planning services to 30% of their total funding.³¹⁵

To operationalize the current family planning policy, the Department of Health utilizes the following strategies and activities:

- strengthening organizational support (e.g., improving policies and legislation) for service delivery;
- improving the accessibility of family planning services and intensifying IEC efforts;
- instituting capacity building and training for family planning service providers;
- decentralizing logistics and financial management to local governments and the private sector;
- improving information technology and statistics management and developing a reproductive health database; and
- strengthening partnerships with NGOs.³¹⁶

Contraception

Contraceptive prevalence rates have increased substantially over the past decades, going from 15.4% of currently married women of reproductive age in the late 1960s, to 17.4% in the early 1970s,³¹⁷ to 48.9% as of 2003, according to the most recent NDHS.³¹⁸ About 33.4% of currently married 15–49-year-old women, and 21.6% of all women in that age-group, use a modern method of contraception.³¹⁹ The method most

commonly used among married women is the pill (13.2%), followed by female sterilization (10.5%), withdrawal (8.2%), rhythm (6.7%), the IUD (4.1%), injectables (3.1%) and the lactational amenorrhea method (LAM, 0.3%). Just 1.9% of women in union rely on the male condom³²⁰ and only 0.1% on vasectomy.³²¹ By age-group, overall contraceptive prevalence is highest among married women aged 35–39 (56.6%) and lowest among those aged 15–19 (25.6%).³²² Regional disparities in contraceptive use are widespread, and among the 17 administrative regions of the Philippines, the Autonomous Region in Muslim Mindanao has the lowest contraceptive prevalence, at 16.2%; the Cordillera Administrative Region, which has a significant indigenous population, has a rate of 48.5%.³²³ About 20% of births nationwide are unwanted,³²⁴ and this percentage increases with the mother’s age (reaching 80% among those aged 45–49).³²⁵ Almost half (45%) of births to Filipino women are reportedly unplanned.³²⁶

Contraception laws and policies

Presidential Decree No. 79 for Revising the Population Act of 1971, enacted in 1972, mandated the Commission on Population (POPCOM) to “make available all acceptable methods of contraception, except abortion, to all Filipino citizens desirous of spacing, limiting or preventing pregnancies.”³²⁷ The act called upon physicians, nurses, and midwives, as well as personnel of clinics and other commercial channels and designated agencies to dispense and administer contraceptives.³²⁸ This legal provision coexists with stricter laws regulating the licensing, sale, and distribution of contraceptives. For example, Republic Act No. 4729 of 1966 mandates that contraceptive drugs and devices must be sold, dispensed, and distributed through a duly licensed drugstore or pharmaceutical company and with the prescription of a qualified medical practitioner.³²⁹ Moreover, according to Republic Act No. 5921 of 1969, drugs, chemical products, and devices that might induce abortion or prevent conception need a proper prescription by a duly licensed physician, and must be made available only in drugstores or hospital pharmacies.³³⁰

In 2001, upon the petition of an antiabortion coalition,³³¹ the Bureau of Food and Drugs of the Department of Health delisted Postinor—the brand name for the emergency contraceptive regimen of 750 mcg levonorgestrel tablets—from its registry of drug products. This decision immediately prohibited the importation, use, sale, and distribution of Postinor, and all existing inventories of the drug were recalled.³³² This move also reversed the 1999 approval of Postinor for use in government-run Women and Child Protection Units for rape survivors to protect them from unwanted pregnancy resulting from rape.

In 1976, Presidential Decree No. 1013 amended the Philippine Medical Care Act of 1969 to recognize sterilization as an acceptable procedure of fertility control.³³³ Sterilization is covered under PhilHealth³³⁴ and the National Family Planning Policy; the method is promoted as the first option for couples who have attained their desired family size.³³⁵ Accredited health facilities may claim reimbursement from the PHIC for voluntary sterilization procedures performed on PhilHealth cardholders.³³⁶ Voluntary surgical sterilization clients are required to give written consent in the presence of a witness after receiving counseling that the method is permanent.³³⁷ Officially, spousal consent is not required for the procedure, but there is anecdotal evidence that some providers ask for the husband's consent.³³⁸

Regulation of information on contraception

Republic Act No. 4729 classifies contraceptive drugs and devices as prescription products.³³⁹ As such, contraceptives are covered by a 1987 Bureau of Food and Drugs regulation stating that no prescription products may be advertised or promoted in any form of mass media.³⁴⁰ (Such products may, however, be advertised in medical journals and other publications or literature intended for the medical and allied professions.³⁴¹) Consequently, since the condom is sold without a prescription, it is the only method of contraception that can be promoted or advertised in the mass media. Nonetheless, some elected officials and government agencies have taken arbitrary actions to restrict condom promotion.³⁴² Recent reports indicate, for example, that the Advertising Board of the Philippines, or AdBoard, which is the umbrella organization of the advertising industry in the Philippines, has used obscenity laws to restrict television public service announcements that promote condoms.³⁴³

The guidelines of the Family Planning Organization of the Philippines³⁴⁴ stipulate that all individuals of reproductive age (specified as ages 15–44) have the right to information, counseling, physical examinations, and contraceptive supplies, specifically condoms or contraceptive pills.³⁴⁵

Government delivery of family planning services

The Philippine government is the major source of family planning services, with seven out of ten users of family planning (70.1%) relying on government facilities.³⁴⁶ The Department of Health is mainly responsible for delivering family planning services to the public. It assumed this role from POPCOM in 1998³⁴⁷ in a transfer of responsibility that represents a policy shift in the rationale for providing family planning from reducing fertility (with women as the primary targets) to improving the general and reproductive health status of all.³⁴⁸

The following methods constitute the official method mix and are available in government health facilities: pills,

condoms, hormonal injectables, IUDs, natural family planning (NFP), LAM, tubal ligation, and vasectomy.³⁴⁹ Some methods and services are provided free of charge.³⁵⁰ Hospital-based voluntary sterilization services are covered under PhilHealth.³⁵¹ The Department of Health has instructed all hospitals under its direct administration to create mobile voluntary surgical sterilization teams to bring such services directly to the communities.³⁵² The Department of Health has also ordered all regional hospitals and medical centers to include in their annual budget funds for mobile voluntary surgical sterilization teams to ensure their operation.³⁵³

The Department of Health has attempted to improve the distribution and storage of contraceptives through the establishment of a Contraceptive Distribution and Logistics Management Information System that aims to facilitate the direct delivery and equitable distribution of contraceptive supplies to governmental and nongovernmental family planning facilities based upon need.³⁵⁴

Since the 1960s and until very recently, up to 80% of all family planning methods that were distributed free by government facilities—such as condoms, pills, and injectables—had been donated by USAID.³⁵⁵ However, the agency began to phase out its contraceptive support to the family planning program in 2003,³⁵⁶ and plans to completely stop donating contraceptives to the Philippines as of 2007.

The policy to decentralize health services has had a significant impact on family planning and reproductive health service delivery ever since the funding, staffing, and administration of these programs were devolved to LGUs.³⁵⁷ The law authorizing devolution mandated that LGUs provide basic services, including family planning services;³⁵⁸ furthermore, a 1996 executive order made the LGUs responsible for ensuring the availability of family planning information and services,³⁵⁹ which has empowered local officials to an unprecedented degree. Local officials, including governors and mayors, have been known to issue administrative orders that prohibit the delivery of modern family planning methods and essentially allow only NFP services.³⁶⁰ For example, policies banning all artificial birth control methods, including condoms, in health clinics operating in Manila City, Laguna, and Puerto Princesa on the island of Palawan were introduced in 2000, 1995, and 2001, respectively.³⁶¹ Although the policies in both Laguna and Puerto Princesa were subsequently overturned by new local government administrations, the Manila City policy still exists.³⁶²

Family planning services provided by NGOs and the private sector

The Health Sector Reform Agenda and the Philippine Reproductive Health Program emphasize the importance of partnerships with NGOs and the private sector in the delivery

of health services.³⁶³ Contraceptive supplies such as pills and condoms are available from pharmacies and some supermarket check-out counters (in the case of condoms).³⁶⁴ Almost 200 Well-Family Midwife Clinics have been established nationwide with financial support from the private sector, USAID, and individual midwives; these clinics provide family planning and maternal and child health-care services, and also undertake commercial contraceptive and marketing activities.³⁶⁵

The Philippine NGO Council on Population, Health and Welfare, Inc., is an umbrella organization that coordinates international and local NGOs engaged in family planning services.³⁶⁶ Together with international and local NGOs, the council sponsors IEC activities to disseminate family planning information and it provides grants and resource management training to ensure the financial viability of family planning operations.³⁶⁷

Despite the availability of services in the private sector, most people reportedly use public-sector services because of factors such as the high market price of contraceptives, the limited range of choices, and a lack of awareness about methods' availability, given the legal restrictions on the advertising of prescription drugs and other contraceptives, except condoms.

Maternal health

According to government studies, two-thirds of the estimated nine million Filipino women of reproductive age who are married or have partners are considered to be at high risk for unsafe pregnancy because they are under 18 years of age; are over 35 years of age; have had four or more pregnancies; have too closely spaced pregnancies; or are concurrently ill.³⁶⁸ Data from national household surveys conducted in 1998 estimated the maternal mortality ratio at 172 maternal deaths per 100,000 live births.³⁶⁹ Based on this ratio, the Department of Health estimates that 3,614 maternal deaths occur annually.³⁷⁰ However, according to the National Statistics Office, there were only 1,579 registered maternal deaths in 1998,³⁷¹ which suggests that many deaths go unreported. The statistics office further notes that three out of ten of these deaths were not medically attended.³⁷² According to the 2003 NDHS, although a high percentage of pregnant women receive prenatal care (88%),³⁷³ the majority of births in the five years preceding the survey still occurred at home (61%),³⁷⁴ with 59.8% of those women receiving delivery assistance from a qualified health professional (doctor, nurse, or midwife),³⁷⁵ and 65.7% receiving postnatal care (defined as within 41 days of delivery).³⁷⁶ Of the 2.4 million women who become pregnant in the Philippines each year, about 360,000 suffer a major obstetric complication.³⁷⁷

Laws and policies

In 2000, the government introduced its Safe Motherhood Policy, which is operational at the national level and aims to

reach all women of reproductive age and identifies indigenous women, women belonging to marginalized groups (i.e., fisher folks, farmers, and the urban poor) and adolescents in particular as needing safe motherhood initiatives.³⁷⁸ The specific objectives of the policy are to reduce maternal and child health indicators to the following levels:

- a maternal mortality ratio of 86 maternal deaths per 100,000 live births, from 172 in 1998;
- a low-birth-weight proportion of 12.0% of all live births, from 16.6% in 1998; and
- a neonatal mortality rate of 3.8 newborn deaths per 1,000 live births, from 7.8 in 1998.³⁷⁹

The guidelines for safe motherhood programming as stated in the Safe Motherhood Policy are anchored in ensuring that quality maternal and newborn health services meet the following conditions:

- that they be as accessible as possible and located near where women live;
- that they be acceptable to women and responsive to preferences for privacy, confidentiality, and being cared for by female health workers;
- that essential supplies and equipment be on hand;
- that continuity of care and follow-up be provided;
- that they be staffed by technically competent health workers who provide respectful and nonjudgmental care; and
- that patients be involved in decision-making.³⁸⁰

The policy also stipulates that pregnant women should make at least four prenatal visits that include advice on nutrition and health care, a physical examination, tetanus toxoid immunization, micronutrient supplementation, information on early detection and management of complications, and treatment for STIs, anemia, toxemia, and other risk conditions.³⁸¹ With regard to delivery assistance, the policy mandates that all deliveries be attended by a skilled attendant (defined as a doctor, nurse, midwife, or traditional birth attendant with training and education or Department of Health accreditation to provide safe deliveries). Deliveries should also occur in a location that is within two hours of a well-equipped hospital that can handle emergency obstetric cases.³⁸² After giving birth, women should make at least two postpartum visits, one month apart, to allow immediate and safe referral of cases needing higher-level care, and to receive follow-up immunizations, family planning services, micronutrient supplementation, and counseling on personal hygiene and infant care.³⁸³

Delivery services and other maternal health services are provided, in part, through a chain of midwife-owned clinics with almost 200 branches throughout the country.³⁸⁴ These

clinics cater to low- and middle-income families and offer services for a fee. (See “Cost” under “Financing and cost of health-care services” for more information on the clinics.)

Furthermore, the specific objectives of the National Family Planning Policy of 2001 and the PPMP Directional Plan (2001–2004) include reducing the maternal mortality ratio to under 100 maternal deaths per 100,000 live births, and lowering infant and perinatal mortality rates to 32 deaths per 1,000 live births and 18 per 1,000, respectively.³⁸⁵ (For more information, refer to “Family planning.”)

Access to maternal health services at the local level has also been addressed through legislation at the local level. The 1990 Barangay-Level Total Development and Protection of Children Act provides for the establishment of a referral and support system for pregnant women for prenatal and neonatal care and delivery assistance.³⁸⁶

Nutrition

Protein energy malnutrition and micronutrient deficiencies are leading nutritional problems in the Philippines. The proportion of pregnant women exhibiting vitamin A deficiency has been increasing over the years; 50% of pregnant women and more than 40% of lactating women are affected by iron deficiency anemia. According to one study in 1998, over 10% of mothers were suffering from night blindness.³⁸⁷ Moreover, the prevalence of night blindness was higher among lactating women than among pregnant women.³⁸⁸

There is no law or policy that specifically addresses nutritional deficiencies among pregnant and lactating women. However, in 2000, the government introduced the Philippine Food Fortification Act of 2000,³⁸⁹ which mandates food fortification of food staples by manufacturers, producers, and importers³⁹⁰ based on Department of Health standards.³⁹¹ Fortification involves the addition of micronutrients deficient in the Filipino diet to foods that are widely consumed, especially by vulnerable groups.³⁹² Fines are imposed for noncompliance with food fortification requirements.³⁹³ In addition, while the Philippine Plan of Action for Nutrition does not specifically address maternal nutrition, it does lay out objectives to prevent and eliminate malnutrition and establish food security in general.³⁹⁴

Safe abortion

About 400,000 unsafe abortions occur in the Philippines every year, and complications from induced abortions are the fourth leading cause of maternal deaths.³⁹⁵

Abortion laws and policies

The Philippines has a highly restrictive abortion law. The constitution provides that “[the state] shall equally protect the life of the mother and the life of the unborn from conception.”³⁹⁶ Although there is no explicit constitutional provi-

sion allowing abortion if the life or health of the mother is endangered, an annotation based on the deliberations of the Constitutional Commission that drafted the Philippine Constitution elaborates that “[w]hen necessary to save the life of the mother, the life of the unborn may be sacrificed; but not when the purpose is only to spare the mother from emotional suffering, for which other remedies should be sought, or to spare the child a life of poverty, which can be answered by welfare institutions.”³⁹⁷ Authorization of an abortion to save the life of the woman requires consultation with a panel of professionals.³⁹⁸

The Revised Penal Code from 1930 imposes a range of penalties for women undergoing abortion and for providers of abortion services. Penalties include the following:

- imprisonment of 30 months to 6 years for any woman who causes or consents to her own abortion;³⁹⁹ and
- imprisonment of two to six years for any person who intentionally causes an abortion with the consent of the woman.⁴⁰⁰

Health professionals (e.g., doctors, midwives, or pharmacists) who are caught providing abortion services or dispensing abortive drugs also run the risk of having their license to practice suspended or revoked.⁴⁰¹

The emergency contraceptive Postinor was delisted in 2001 by the government on the alleged ground that it is an abortifacient; subsequently, an executive body established to review complaints that were filed in opposition to the decision to delist Postinor has determined that it is both legal and safe.⁴⁰² (Refer to “Contraception” for more information.)

The Philippine Reproductive Health Program of 1998 identifies the prevention and management of abortion complications as one of ten priority areas of reproductive health services.⁴⁰³ (See “Reproductive Health Laws and Policies” for more information on the Philippine Reproductive Health Program.) In an attempt to address the high level of need for postabortion care, the Department of Health issued a policy in 2000 on the prevention and management of abortion and its complications.⁴⁰⁴ This policy aims to strengthen the capacity of the country’s health-care system in this area, and to improve the accessibility of quality postabortion care services to all women of reproductive age.⁴⁰⁵ The policy provides for the following measures:⁴⁰⁶

- prevention and treatment of abortion complications by prompt referral and transfer of the patient if needed; stabilization of emergency conditions; treatment of complications before, during, and after the procedure; and health education;⁴⁰⁷
- providing counseling on postabortion care, family planning, STI prevention, and other reproductive health issues; and⁴⁰⁸

- linking services for the prevention and management of abortion and its complications to other reproductive health services, which involves, *inter alia*, identifying services that the patient may need, such as treatment for RTIs and STIs, cervical cancer screening, and infertility management.⁴⁰⁹

The policy calls for the establishment of different types of services for the prevention and management of abortion and its complications at each level of the health-care system. Community and rural health units, *barangay* health stations, and private clinics are required to perform physical examinations and diagnose, manage and make any necessary referrals for complications caused by abortion.⁴¹⁰ At municipal and district hospitals, available services should include uterine evacuation in cases of incomplete abortion; diagnosis and referral for severe complications; laparotomy and other indicated surgery if needed; and supplying blood transfusions (with attendant blood cross-typing) if needed.⁴¹¹ At provincial and regional hospitals or medical centers, treatment for severe complications and bleeding and clotting disorders should be made available.⁴¹² In addition, information and education should be offered at each level, as well as follow-up care, including counseling and the provision of appropriate family planning services.⁴¹³

Regulation of information on abortion

Government policy allows public health facilities to provide information and counseling, including referrals, on the prevention and management of abortion complications.⁴¹⁴

Government delivery of abortion services

As noted above, government policy relating to the prevention and management of abortion and its complications calls for services to be available at each level of the public health-care system. (See “Abortion laws and policies” for more information.) However, some hospitals have been known to refuse to provide services for women experiencing abortion complications.⁴¹⁵

Abortion services provided by NGOs and the private sector

Some international NGOs, such as EngenderHealth, have been involved in implementing programs and services for the prevention and management of abortion complications and postabortion care in collaboration with the government.⁴¹⁶

HIV/AIDS and other sexually transmissible infections (STIs)

From January 1984 to February 2005, 2,231 HIV/AIDS cases were reported to the Philippine HIV/AIDS Registry, and 84% of these infections were contracted through heterosexual, homosexual, and bisexual sexual contact.⁴¹⁷ Of these cases, 815 (36.5%) were female.⁴¹⁸ Official national-level

information on the prevalence of STIs could not be found.

Laws and policies

The Philippine AIDS Prevention and Control Act of 1998⁴¹⁹ is a comprehensive law that aims to respond to HIV/AIDS concerns. Through this law, the government declared its policy to undertake the following steps:

- promote public awareness about the causes, modes of transmission, consequences, and means of prevention and control of HIV/AIDS through a nationwide educational and information campaign;⁴²⁰
- extend to every person with or suspected of having HIV/AIDS full protection of his or her human rights and liberties by prohibiting compulsory HIV testing and discrimination in any form and by guaranteeing their right to privacy and access to basic health and social services;⁴²¹
- promote safety precautions in practices and procedures that carry the risk of HIV transmission;⁴²²
- positively address and seek to eradicate conditions that aggravate the spread of HIV infection, such as poverty, gender inequality, prostitution, marginalization, drug abuse, and ignorance;⁴²³ and
- recognize the potential role of affected individuals in propagating vital information and educational messages about HIV/AIDS, and utilize their experiences to warn the public about the disease.⁴²⁴

The act penalizes any person who knowingly or negligently causes the infection of another person through unsafe and unsanitary practices or procedures in the course of practicing his or her profession with 6–12 years’ imprisonment and administrative sanctions, such as fines and the suspension or revocation of the license to practice.⁴²⁵

The act also reconstitutes and strengthens the Philippine National AIDS Council, a body created in 1992 by executive order.⁴²⁶ The AIDS Prevention and Control Act mandated the council to act as the central advisory, planning, and policy-making body for HIV prevention and control.⁴²⁷ Among the council’s functions under the AIDS Prevention and Control Act are the following:

- monitoring the implementation of the act and issuing orders or recommendations to the implementing agencies;⁴²⁸
- developing a comprehensive, long-term national HIV/AIDS prevention and control program and monitoring its implementation;⁴²⁹ and
- evaluating the adequacy of, and advising on the utilization of national resources for HIV prevention and control.⁴³⁰

The council’s 26 members include the heads of selected

government agencies, the heads of the leagues of mayors and governors, the chairpersons of the committee on health of the Senate and the House of Representatives, NGO representatives, and others.⁴³¹

The Rules and Regulations Implementing the Philippine AIDS Prevention and Control Act of 1998 recognize certain rights of people living with HIV/AIDS and prohibit discrimination against them. The regulations require written informed consent before HIV testing,⁴³² and mandate the provision of free pretest and posttest counseling for persons who undergo HIV testing.⁴³³ The rules prohibit compulsory HIV testing as a precondition for employment; admission to an educational institution; housing; entry or continued stay in the country; provision of medical services or any kind of service; and the enjoyment of human rights and civil liberties, including the rights to travel, enter into marriage, and conduct a normal family life.⁴³⁴ The prohibition on compulsory HIV testing may be lifted with a court order when a person is charged with certain crimes under the Revised Penal Code (e.g., the crime of rape); when the determination of HIV status is necessary to resolve relevant issues under the Family Code of the Philippines (e.g., in a claim for annulment on the ground that at the time of marriage, one party was afflicted with a serious and incurable STI); and in cases of organ and blood donation.⁴³⁵

With limited exceptions, the rules guarantee patient confidentiality and protect the right to privacy of an individual who undergoes HIV testing or is diagnosed with HIV.⁴³⁶ However, in the case of minors, HIV test results may be released to the parents of the minor.⁴³⁷ Moreover, HIV-infected persons are obligated to disclose their HIV status and health condition to their spouse or sexual partner at the earliest opportune time.⁴³⁸

Discrimination based on HIV/AIDS status by employers (in hiring, promotions, job assignments, benefits, job opportunities, and other employment issues) or by educational institutions (in admissions, discipline, participation, benefits, and services) is strictly forbidden.⁴³⁹ Regardless of individuals' actual, suspected, or perceived HIV status, their rights to housing, travel, entry into or exit from the Philippines,⁴⁴⁰ and participation in public office may not be abridged.⁴⁴¹ Persons and relatives of people who have HIV/AIDS (or who are suspected or perceived to have it) cannot be denied access to credit and insurance services, medical care, and burial services.⁴⁴² Discriminatory acts and policies may be punishable by six months to four years of imprisonment, and a fine of up to 10,000 pesos (USD 179).⁴⁴³ Schools, hospitals, and other institutions in violation of these provisions may also be stripped of their licenses or permits.⁴⁴⁴

The intentional transmission of an STI, including HIV/AIDS, through rape is deemed a punishable act by the 1997 Anti-Rape Law. The law considers a rapist's knowledge of his infection with HIV/AIDS or another STI as an aggravating circumstance when such infection is transmitted to the victim, and is punishable with death.⁴⁴⁵

The Philippine Reproductive Health Program identifies the prevention and treatment of HIV/AIDS, other STIs, and RTIs as one of the elements of a Reproductive Health Care Package.⁴⁴⁶ The 2000–2004 Medium-Term Plan for Accelerating the Philippine Response to HIV/AIDS, titled *Seizing the Opportunity*, aimed to achieve certain important targets by 2004; these targets include the following:

- establishing an active coordinating mechanism for HIV/AIDS prevention in at least 60% of local government jurisdictions;⁴⁴⁷
- initiating HIV/AIDS education in public and private tertiary and secondary formal education programs,⁴⁴⁸ in programs sponsored by the main organized churches and religions in the country,⁴⁴⁹ and in the mass media;⁴⁵⁰
- developing at least five cost-effective interventions to reduce infection through unprotected sex among high-risk groups and through transfusions with contaminated blood products;⁴⁵¹ and
- introducing universal access to HIV and STI prevention and treatment in at least five high-infection risk zones.⁴⁵²

Strategies adopted to pursue the aforementioned goals are currently being continued.

Several specific Department of Health policies deal with STIs. The Guidelines for the Management of Asymptomatic Women with Reproductive Tract Infections and STIs, formulated in 1997, aim to provide early detection and treatment of RTIs and STIs in asymptomatic women; prevent related complications; and establish standards for risk assessment, training, and referrals for managing asymptomatic women with RTIs or STIs.⁴⁵³ The guidelines provide for routine testing for RTIs and STIs in family planning and maternal health clinics; risk assessment of all women who use the health-care system; routine testing of pregnant women for syphilis; training for health workers on RTI and STI detection; effective and appropriate services for managing RTIs and STIs; assurance of clients' privacy and confidentiality of information; and development of an appropriate referral system.⁴⁵⁴

Regulation of information on HIV/AIDS and other STIs

The Philippine AIDS Prevention and Control Act of 1998 guarantees access to complete HIV/AIDS information at tourist points of entry and in local communities in schools,

health facilities, workplaces, and during seminars for Filipino overseas workers before they leave the country.⁴⁵⁵ However, the act also specifies that HIV/AIDS education in schools should not be used “as an excuse to propagate birth control or the sale or distribution of birth control devices” and should not utilize “sexually explicit materials.”⁴⁵⁶ The act requires all commercially available or donated condoms to include literature on “[their] efficacy against HIV and STD infection, as well as the importance of sexual abstinence and marital fidelity.”⁴⁵⁷

Surveillance

The Philippines uses passive and active surveillance systems to monitor the epidemiology of HIV/AIDS and STIs in the country. The HIV/AIDS Registry, established in 1987, is the passive surveillance system and receives its data from confirmed cases of HIV reported by hospitals, laboratories, blood banks, and clinics.⁴⁵⁸ The National HIV Sentinel Surveillance System, which was established in 1993, consists of two active surveillance systems and aims to provide an early warning of any increase in HIV-seroprevalence.⁴⁵⁹ The first of these two systems, known as HIV Serologic Surveillance, monitors seroprevalence among high-risk groups, including registered female sex workers, freelance female sex workers, men who have sex with men, and intravenous drug users.⁴⁶⁰ The second active system is the Behavioral Sentinel Surveillance, established in 1997, which monitors the level of risk behaviors among high-risk groups.⁴⁶¹ In 2003, a third system, the Sentinel STI Etiologic Surveillance System, became operational. This system tracks STI trends to determine their implications for HIV transmission.⁴⁶²

Medical research

The National Guidelines for Biomedical/Behavioral Research, issued by the Philippine Council for Health Research and Development, specify directives for HIV/AIDS research.⁴⁶³ They provide that in the course of biomedical research involving persons living with HIV/AIDS or testing for HIV/AIDS, a physician or investigator must strictly conform with requirements of medical confidentiality, informed consent, and respect for the dignity of the individual, particularly during pre- and posttesting, counseling, and follow-up.⁴⁶⁴ Researchers must submit HIV/AIDS statistics (all detected or attended cases of HIV) to the Department of Health for public health purposes and to facilitate data collection for situation analyses, planning, and policy formulation.⁴⁶⁵ The physician or investigator should strictly observe the principles of confidentiality and informed consent in these efforts.⁴⁶⁶

Adolescent reproductive health

According to the 2002 Philippine Statistical Yearbook, 21.6% of the total population, or 17.1 million individuals,

are adolescents between the ages of 10 and 19.⁴⁶⁷ The 1998 NDHS showed that an estimated 10.8% of rural girls and 4.7% of urban girls aged 15–19 had already begun childbearing.⁴⁶⁸ In 1998, 6.3% of reported maternal deaths were the deaths of girls aged 15–19.⁴⁶⁹ According to the 2002 Young Adult Fertility and Sexuality Study, a periodic survey of young people’s sexuality and fertility behavior, 31% of young adult males and 15% of young adult females report having engaged in premarital sex.⁴⁷⁰ Approximately 70% of young adult males and 68% of young adult females reported not using any method of protection against pregnancy or STIs the last time they had sex.⁴⁷¹ Misconceptions also abound: for example, 28% of young adults believe that HIV/AIDS is curable, and 73% think that they are immune to HIV.⁴⁷²

There are no official data on the incidence of STIs among adolescents. However, among registered HIV/AIDS cases as of February 2005, 1.5 % of those infected were below age 10, 1.9% were aged 10–19, and 30% were aged 20–29.⁴⁷³ Of those aged 29 and below, 53.9% were female.⁴⁷⁴ Indigenous youth face even greater barriers than others in access to basic social services, including health care, since they generally live in remote areas that have poor infrastructure and often lack facilities. In the southern regions of the Philippines, this limited access to health care, which is aggravated by armed conflict between the government and rebel groups, often leads to a high overall prevalence of communicable diseases, high mortality rates, widespread malnutrition, and poor sanitation.⁴⁷⁵ The inadequacy of data on indigenous youth has been identified by the government as a problem.⁴⁷⁶

Laws and policies

The constitution provides that “[t]he State recognizes the vital role of the youth in nation-building and shall promote and protect their physical, moral, spiritual, intellectual and social well-being.”⁴⁷⁷ It also defends “the right of children to assistance, including proper care and nutrition, and special protection from all forms of neglect, abuse, cruelty, exploitation and other conditions prejudicial to their development.”⁴⁷⁸

The Special Protection of Children against Abuse, Exploitation and Discrimination Act of 1992 also declares as state policy the provision of “special protection to children from all forms of abuse, neglect, cruelty, exploitation and discrimination, and other conditions, prejudicial to their development.”⁴⁷⁹ With respect to indigenous youth, the act entitles children of indigenous cultural communities access to health and nutrition services,⁴⁸⁰ and protection from any form of discrimination.⁴⁸¹ A person found guilty of discriminating against children of indigenous cultural communities is penalized with six months’ imprisonment and a fine.⁴⁸²

In 2000, the Department of Health issued the Adolescent

and Youth Health Policy in recognition of the health needs of young people in the Philippines.⁴⁸³ The policy provides for the creation of the AYH Sub-Program under the Program for Children's Health, Cluster for Family Health, with the objective of instituting "a comprehensive program for the health of adolescents and youth."⁴⁸⁴ The program aims to reduce morbidity and mortality among adolescents and youth; eliminate unwanted pregnancies, abortions, and STIs; eliminate disabilities and accidents caused by drug abuse and destructive behaviors; promote health and development; and provide quality adolescent and youth-friendly health programs and services,⁴⁸⁵ including reproductive health, nutrition, immunization, psychosocial health, oral health, sexual health, and environmental safety.⁴⁸⁶ The guidelines under this policy stipulate that health-care services (including contraception) for young people should be "accessible and available at all times";⁴⁸⁷ the privacy and confidentiality of adolescents should be preserved;⁴⁸⁸ services should be directed toward gender-specific concerns;⁴⁸⁹ and special services, including medical, legal, rehabilitative, and support services, shall be available to youths with disabilities and those who are victims of sexual violence and abuse.⁴⁹⁰

In support of the policy's goals, the Department of Health developed the Adolescent and Youth Health and Development Program (AYHDP). This program specified the following steps for achieving the aforementioned goals by 2004:⁴⁹¹

- reduce the proportion of teenage girls (aged 15–19) who begin childbearing to 3.5%;⁴⁹²
- increase the proportion of adolescents who seek health care to 50%;
- raise the proportion of adolescents with basic knowledge of fertility, sexuality, and sexual health to 80%;
- increase the percentage of facilities providing basic health services for adolescents and youth to 70%;
- establish specialized services in 50% of government hospitals for adolescents who suffer from occupational illnesses and substance abuse, and who are victims of rape and violence;
- integrate gender-sensitivity training and reproductive health education in the secondary school curriculum; and
- establish resource centers or one-stop-shops for adolescents and youth in each province.⁴⁹³

Likewise, the PPMP Directional Plan (2001–2004) set forth several specific goals and targets for improving and promoting the reproductive health of young people, and for reducing the incidence of early marriage, teenage pregnancy, and other reproductive health problems.⁴⁹⁴ The plan also called for the establishment of youth centers; programs of capacity building

for parents, service providers, and adolescents; advocacy and IEC programs; partnerships with NGOs; and an adolescent reproductive health database system.⁴⁹⁵

In 1997, POPCOM, with the assistance of the national and local governments and NGOs, launched "Hearts and Minds," a nationwide IEC campaign that teaches young Filipinos about sexual health, responsible adulthood, and parenthood.⁴⁹⁶

Since the early 1970s, the Department of Education (previously known as the Department of Education, Culture and Sports), has implemented reproductive health and family planning IEC projects for adolescents through the Population Education Program (PopEd) and the Population Awareness and Sex Education Program (PASE).⁴⁹⁷ Introduced in 1972, PopEd covers topics in reproductive health, gender equality, HIV/AIDS, family life, and responsible parenthood.⁴⁹⁸ The Revitalized Home Guidance Program, which was established in secondary schools, has been successful in improving adolescents' relationships with the opposite sex; in increasing young people's knowledge about STIs, HIV/AIDS, courtship, friendship, dating, and adolescent development; and in establishing Teen Health Centers.⁴⁹⁹ The School-Based Women's Health Project promotes reproductive and adolescent health.⁵⁰⁰ The Department of Education also launched the Feminine Hygiene Education Program in 1994, which provides elementary and secondary school students with lectures on physiological and biological changes during puberty, and information on reproductive health.⁵⁰¹ A program sponsored by the European Commission aims to reduce adolescents' risk of STIs, including HIV/AIDS, and other reproductive health problems through peer counseling, community-based education, and the provision of medical services.⁵⁰²

Delivery of adolescent reproductive health services by NGOs

Adolescent reproductive health programs offered by NGOs are restricted primarily to IEC components and referrals to government clinics for contraceptive services because of opposition from religious groups.⁵⁰³ The Family Planning Organization of the Philippines recognizes the right of adolescents to receive reproductive health services—including information and education, counseling, physical examinations, and contraceptive supplies (i.e., condoms or pills)—and thus implemented its Development and Family Life Education for Youth program in 1983.⁵⁰⁴ The program focuses mainly on empowering Filipino youth in addressing their sexual and reproductive health concerns, and it has established Teen Centers that provide a comprehensive package of IEC activities, peer counseling, and reproductive health services.⁵⁰⁵

The Foundation for Adolescent Development offers campus-based educational programs, including SEXTERS, an out-of-classroom program that nurtures the social, emo-

tional, and sexual development of adolescents.⁵⁰⁶ The foundation also provides adolescent reproductive health services through youth-friendly facilities known as Teen HealthQuarters; capacity building for adolescents on health, sexuality, and development in colleges and universities; information and peer counseling on STIs, including HIV/AIDS; and support programs for Filipino youths.⁵⁰⁷

The Philippine NGO Council on Population, Health and Welfare, Inc., produces and implements reproductive health, family planning, population, and adolescent reproductive health learning modules for the Department of Education's nonformal education accreditation and equivalency program.⁵⁰⁸

The Philippine Medical Women's Association provides nationwide IEC and family planning programs for adolescents and youths.⁵⁰⁹ Other NGO projects are the Women's Media Circle's BODYTALK TV series and its multimedia advocacy campaign for young women known as XYZ, and the Remedios AIDS Foundation's Youth Zone.⁵¹⁰

C. POPULATION

The country's annual population growth rate has declined from 3.0% in the 1960s⁵¹¹ to an average annual rate of 2.32% in the 1990s. The rate of growth over the past decade, which the government still considers to be high,⁵¹² is attributed to the slow pace of decline in the country's TFR, from 4.1 lifetime births per woman in 1993 to 3.5 in 2003.⁵¹³

In the early 1970s, the Philippine Population Program (which was at that time called the National Population Program) adopted a clinic-based approach to providing family planning services, but the rural population had poor access to such services because clinics were located mainly in urban areas.⁵¹⁴ This approach was modified by the Total Integrated Development Approach (1975) and the National Population Family Planning Outreach Program (1977), which utilized a community-based approach to integrate family planning services with other development activities in rural areas.⁵¹⁵ In the late 1980s, the Philippine Population Program underwent another notable transformation by adopting a quality-of-life approach, in lieu of a strict population-reduction approach, which included family formation, the status of women, maternal and child health, child survival, and mortality and morbidity as key considerations.⁵¹⁶

Laws and policies

In the 1990s, the Philippine Population Program adopted the Population and Sustainable Development Framework,⁵¹⁷ which recognizes the interconnectedness between population levels, resources, and the environment, and aims to balance them. This approach takes into consideration how fertility,

mortality, and migration affect population size, structure, and distribution, and how population growth affects the government's ability to provide basic services such as education, health, and employment.⁵¹⁸ The PPMP, under the guidance of the Population and Sustainable Development Framework, seeks to fulfill the reproductive health and family planning needs of Filipino citizens in order to facilitate the country's development and improve citizens' quality of life.⁵¹⁹ The PPMP Directional Plan (2001–2004) identifies four major areas of concern: reproductive health and family planning; adolescent health and youth development; population and development integration; and resource generation, programming, and mobilization.⁵²⁰ It enumerates the following important objectives:

- help couples and parents achieve their desired family size within the context of responsible parenthood for sustainable development;
- improve the reproductive health of individuals, and reduce maternal, infant, and under-five mortality; and
- develop policies for sustainable development through balancing population distribution, economic activities, and the environment.⁵²¹

To achieve these objectives, the program utilizes the following strategies:

- providing information and services to assist families in achieving their desired family size through the Responsible Parenthood/Family Planning Program; advocating for reproductive health and family planning issues and gender equity; and designing strategies to increase male responsibility in reproductive health and family planning;
- ensuring the accessibility of reproductive health and population IEC activities and services for adolescents;
- integrating population variables into national, regional, and local development policies, plans, and programs, as well as advocating for their integration; and
- mobilizing budgetary allocations, private-sector partnerships, NGOs, and donor agencies to make the PPMP financially sustainable.⁵²²

Implementing agencies

The main government agency tasked with addressing population concerns is POPCOM, under the Department of Health.⁵²³ POPCOM, founded in 1971 through Republic Act No. 6365, the Population Act of the Philippines, is the primary government body that deals with population issues,⁵²⁴ although subsequent revisions to the act have created a larger role for input from public and private orga-

nizations and individuals with respect to diverse religious beliefs and values.⁵²⁵ POPCOM operates under the leadership of a 14-member Board of Commissioners, which represents both the public and private sectors.⁵²⁶ The central office of POPCOM is headed by the Office of the Executive Director; the technical and support services divisions of this office manage the population program on a national level, while 15 regional POPCOM offices are in charge of regional operations.⁵²⁷

Responsibility for the oversight of POPCOM has changed hands several times over the years. In 1987, the commission was transferred from the Office of the President to the Department of Social Welfare and Development,⁵²⁸ where government funding for family planning services was effectively frozen because of the department's failure to prioritize the family planning program.⁵²⁹ Consequently, in 1988, the Department of Health took over responsibility for implementing family planning services, while POPCOM retained its focus on coordinating population and development issues.⁵³⁰ In June 1990, POPCOM was transferred back under the Office of the President,⁵³¹ and then in 1991, to the National and Economic and Development Authority.⁵³² Finally, in March 2003, it was again transferred to the Office of the President and placed under the control and supervision of the Department of Health.⁵³³ The reason cited for this move was "to facilitate coordination of policies and programs relative to population...."⁵³⁴

Since the health care devolution policy was instituted in 1991, LGUs have assumed a prominent role in the development and implementation of population programs and projects. The LGUs' work includes strengthening local population offices, and identifying, generating, and allocating resources for local population programs.⁵³⁵ An important aspect of POPCOM's current mandate is to ensure "high quality professional development programs for Population, Responsible Parenthood and Reproductive Health, which will enhance the competencies and strengthen the capability of LGUs," thereby "[e]nabling men, women, couples and families to make responsible decisions to meet their expressed needs in timing, spacing and number of children."⁵³⁶ Thus, POPCOM functions as a technical and information resource provider for LGUs (i.e., it identifies, generates, and allocates resources); as an advocate for strategic partnerships and policies for the Philippine Population Program; and as the coordinating, supervising, and evaluating agency for LGUs that implement population programs and projects.⁵³⁷

III. Legal Status of Women and Girls

The health and reproductive rights of women and girls cannot be fully understood without taking into account their legal and social status. Laws relating to their legal status not only reflect societal attitudes that shape the landscape of reproductive rights, they directly impact their ability to exercise these rights. A woman or adolescent girl's marital status, her ability to own property and earn an independent income, her level of education, and her vulnerability to violence affect her ability to make decisions about her reproductive and sexual health and to access appropriate services. The following section describes the legal status of women and girls in the Philippines.

A. RIGHTS TO EQUALITY AND NONDISCRIMINATION

The constitution guarantees that "[n]o person shall be deprived of life, liberty or property without due process of law, nor shall any person be denied equal protection of the laws."⁵³⁸ In its Declaration of Principles and State Policies, the constitution provides that the state "values the dignity of every human person and guarantees full respect for human rights."⁵³⁹ It also "recognizes the role of women in nation-building, and shall ensure the fundamental equality before the law of women and men."⁵⁴⁰

The 1992 Women in Development and Nation Building Act further assures women the "rights and opportunities equal to that of men."⁵⁴¹ To this end, the state is obliged to allocate a "substantial portion" of official development assistance funds for women's programs and activities;⁵⁴² to ensure that women benefit from and participate directly in development programs and projects;⁵⁴³ and to remove gender bias in government agency regulations, directives, and procedures.⁵⁴⁴ The act guarantees women the right to enter into contracts;⁵⁴⁵ to become a member of any club or other public organization;⁵⁴⁶ and to equal opportunities for appointments, admission, training, graduation, and commissioning in all military schools.⁵⁴⁷ In the case of full-time homemakers, the act provides for insurance or social security coverage of up to one-half of the salary and compensation of the working spouse, with the working spouse's consent.⁵⁴⁸

The Indigenous Peoples Rights Act of 1997 provides that women from indigenous communities shall have equal social, economic, political, and cultural rights and opportunities as men in their communities.⁵⁴⁹ It affords "due respect and recognition" for the participation of indigenous women in all levels of decision-making and the development of society.⁵⁵⁰

The act also legally guarantees full access to education, maternal and child health care, health and nutrition, and housing services, as well as vocational, technical, professional, and other forms of training for indigenous women.⁵⁵¹

In addition, several national policies seek to ensure women's equality, particularly within the area of development. The Philippine Plan for Gender-Responsive Development (PPGD) for 1995–2025 is the government's 30-year blueprint formulated to guide policies, programs, and projects for "pursuing full equality and development for women and men."⁵⁵² The plan envisions development that is "equitable, sustainable, and free from violence, respectful of human rights, supportive of self-determination and the actualization of human potentials, and participatory and empowering."⁵⁵³ The PPGD incorporates the goals of the Beijing Platform of Action and seeks to eliminate gender-based discrimination, and focuses on the advancement and empowerment of women as a disadvantaged group.⁵⁵⁴ It sets forth a collaborative strategy between government, NGOs, and the private sector⁵⁵⁵ to achieve its gender-related goals,⁵⁵⁶ which all government agencies and entities at the national, sub-national, and local levels are required to fully implement.⁵⁵⁷

The Framework Plan for Women 2001–2004 is an interim program within the context of the PPGD that sets forth "more specific, doable and results-focused" strategies and interventions than the PPGD.⁵⁵⁸ This plan has focused on the three following priorities:

- the economic empowerment of women (through measures such as enhancing their access to capital, markets, information, and technology; offering women skills training; ensuring equal treatment of women workers; and giving women greater participation in economic decision-making bodies);
- the protection and fulfillment of women's human rights (by strengthening delivery of basic social services; instituting an effective judicial system for survivors of violence against women; and enacting antidiscrimination legislation); and
- gender-responsive governance (through encouraging "active and meaningful" participation of women in decision-making bodies, and the proper utilization of the gender and development budget).⁵⁵⁹

The Implementing Rules and Regulations for the Women in Development and Nation Building Act (1992) directs all government agencies to allocate 5–30% of foreign and domestic official development assistance funds for programs and activities for women.⁵⁶⁰ This was later modified by the 1998 General Appropriations Act, which ordered all government agencies and instrumentalities, including LGUs, to set aside a minimum of 5% of their total appropriations, not just of official development

funds, for gender and development programs and projects.⁵⁶¹

Formal institutions and policies

The National Commission on the Role of Filipino Women (NCRFW), created in 1975 by presidential decree, is the main governmental body focused specifically on women's affairs under the Office of the President.⁵⁶² The NCRFW, in coordination with the National Economic Development Authority, is responsible for monitoring various government agencies' implementation of the PPGD for 1995–2025,⁵⁶³ and conducts periodic assessments and updates to the plan.⁵⁶⁴ Pursuant to its mission, the NCRFW is authorized to issue orders, circulars, or guidelines and to constitute appropriate interagency committees.⁵⁶⁵ In addition to its monitoring functions, the NCRFW is responsible for ensuring the gender-responsiveness of national development plans, as well as for coordinating the preparation, assessment, and updating of the 1989–1992 Philippine Development Plan for Women and ensuring its effective implementation.⁵⁶⁶

The Planning, Monitoring and Evaluation Division of the NCRFW has a specific mandate to monitor and assess national implementation and compliance with international treaties and policy documents on women, such as CEDAW and the Beijing Platform for Action.⁵⁶⁷ It fulfills this obligation by being part of a multiagency mechanism for monitoring and implementing the country's international obligations. The NCRFW is a member of a working group on Economic, Social, and Cultural Rights within the Inter-agency Coordinating Committee on Human Rights, which monitors implementation of CEDAW and other treaties, and prepares government responses to issues involving economic, social, and cultural rights, including those arising from the promotion and protection of women's rights.⁵⁶⁸

The Philippine Commission on Human Rights was created by the 1987 constitution.⁵⁶⁹ The commission performs a number of important functions, which include monitoring the government's compliance with international treaty obligations on human rights.⁵⁷⁰ In collaboration with the Inter-agency Coordinating Committee on Human Rights created in 1997,⁵⁷¹ the commission responds to urgent requests for information about human rights violations allegedly committed in the country and prepares up-to-date and comprehensive reports for timely submission to United Nations human rights treaty monitoring bodies.⁵⁷²

The task of monitoring the progress of the PPGD for 1995–2025 and the status of women generally has been enhanced by a conscious effort in government to generate gender statistics. The Women in Development and Nation Building Act (1992) instituted a sex-disaggregated national data collection system for both monitoring and programming purposes.⁵⁷³ The

National Statistical Coordination Board has also enjoined all agencies to promote gender concerns in the generation of statistics.⁵⁷⁴

Currently pending in Congress is House Bill No. 2051, which aims to “ensure that the rights of persons discriminated against shall be protected and respected” and creates an antidiscrimination board to that end.⁵⁷⁵ The bill further provides that it will be the policy of the state “to work actively for the elimination of all forms of discrimination that offends the equal protection clause of the Bill of Rights and the State obligations under human rights instruments acceded to by the Republic of the Philippines, particularly those discriminatory practices based on sex or sexual orientation.”⁵⁷⁶

Homosexual activity is not an offense under Philippine law. However, there is currently no law explicitly protecting homosexuals from discrimination or recognizing and promoting their particular rights.

Non-discrimination on the basis of sexual orientation

Since the mid-1990s, a number of legislative efforts have sought to protect the rights of homosexuals. Among recent bills is the Anti-discrimination Act passed by the House of Representatives in 2004, which prohibits discrimination based on sexual orientation in areas such as employment, education, health services, public service (including military service), and commercial and medical establishments.⁵⁷⁷ Also, a bill is pending in the House of Representatives that penalizes the discriminatory acts defined above.⁵⁷⁸

B. CITIZENSHIP

Article IV of the constitution sets out the particulars of citizenship. Philippine citizenship is conferred automatically to those whose fathers or mothers are citizens of the Philippines; in addition, it may be acquired by those born to Filipino mothers before January 17, 1973 who elect to obtain citizenship upon attaining the age of majority.⁵⁷⁹

C. MARRIAGE

The constitution recognizes the family as the foundation of the nation,⁵⁸⁰ and affords state protection to the “inviolable social institution” of marriage, which serves as the foundation of the family.⁵⁸¹ The constitution also mandates the state to defend “the right of spouses to found a family in accordance with their religious convictions and the demands of responsible parenthood.”⁵⁸²

In general, marriages and family relations in the Philippines are governed by the Family Code and the Civil Code. If both parties are Muslims, the Code of Muslim Personal Laws applies.⁵⁸³ If only the male party is a Muslim, the code will apply upon both parties’ agreement.⁵⁸⁴

Provisions in the Family Code and other laws recognize

the customary laws and practices of indigenous peoples. The Indigenous Peoples Rights Act recognizes the rights of indigenous groups to use “their own . . . customary laws and practices within their respective communities and as may be compatible with the national legal system and with internationally recognized human rights.”⁵⁸⁵ The Family Code provides that Muslims and members of ethnic cultural communities may be exempt from the requirement of a marriage license, so long as these marriages are solemnized according to the communities’ customs, rites, or practices.⁵⁸⁶

The Family Code states that “[m]arriage is a special contract of permanent union between a man and a woman entered into in accordance with law for the establishment of conjugal and family life.”⁵⁸⁷ Two essential requisites for marriage are the legal capacity of the contracting parties and voluntary consent before a solemnizing officer.⁵⁸⁸ In addition, the marriage must be solemnized before an authorized official,⁵⁸⁹ with at least two witnesses of legal age, and the parties must obtain a valid marriage license.⁵⁹⁰ The absence of any of these requisites renders the marriage void.⁵⁹¹

Any individual at or above the age of 18 may contract marriage in accordance with the law.⁵⁹² A marriage between individuals aged 18–21 who have never been married requires written parental consent;⁵⁹³ without such consent it may be annulled.⁵⁹⁴ (Individuals aged 21–25 intending to marry are legally obligated to seek parental “advice.”⁵⁹⁵) Both parties involved in a marriage requiring parental consent must undergo marriage counseling.⁵⁹⁶ In the absence of these two prerequisites, the issuance of the marriage license is suspended for three months.⁵⁹⁷ No marriage license is required for the marriage between a man and a woman who have lived together as husband and wife for at least five years, and who have no legal impediment to marry each other.⁵⁹⁸

The Family Code requires that a husband and wife live together; observe mutual love, respect, and fidelity; and render mutual help and support.⁵⁹⁹ The code prescribes an obligation of support between spouses, legitimate ascendants and descendants, parents and their children, and legitimate brothers and sisters.⁶⁰⁰ A spouse who in bad faith refuses to comply with these obligations may be held liable for damages under the Civil Code.⁶⁰¹

Spouses are jointly responsible for deciding the location of the family residence,⁶⁰² supporting their family using their communal property or the income from their separate properties,⁶⁰³ and managing their household.⁶⁰⁴ Either spouse may also engage in a profession without the consent of the other, but either spouse may object to the other’s profession on “valid, serious and moral grounds.”⁶⁰⁵

The Family Code prescribes monogamy, and bigamous

marriages are voidable and illegal; bigamy is punishable with imprisonment of 6–12 years.⁶⁰⁶ In addition, the code prohibits marriages among blood relatives (ascendants, descendants, and siblings), collateral relatives (up to the fourth civil degree), relatives by marriage (affinal relatives within the third degree, stepparents, and stepchildren), and relatives by adoption.⁶⁰⁷

The Revised Penal Code criminalizes certain acts of marital infidelity and prescribes different degrees of punishment for men and women. A married woman is considered guilty of adultery upon engaging in sexual intercourse with a man other than her husband;⁶⁰⁸ she may be punished with two to six years of imprisonment.⁶⁰⁹ A married man is guilty of the crime of concubinage if he keeps his mistress in the conjugal dwelling, has sexual intercourse with a woman who is not his wife under “scandalous circumstances,” or cohabits with the woman in any other place.⁶¹⁰ Men found guilty of concubinage are penalized with imprisonment of six months to four years.⁶¹¹ A bill aiming to correct the disparity between the treatment of husbands and wives in the matter of marital infidelities is currently pending in the House of Representatives.⁶¹²

There is no legal recognition of marriage or partnership between individuals of the same sex.⁶¹³

Marriage between Muslims

Marriages between Muslims are regulated under the Code of Muslim Personal Laws, and the requisites for a valid Muslim marriage are the legal capacity to marry, freely given consent, an offer (*ijab*) and an acceptance (*qabul*), and a stipulation of customary dower (*mahr*).⁶¹⁴ Muslim males age 15 and above and Muslim females who have reached puberty, presumed to be at age 15, may marry.⁶¹⁵ Muslim females who attain puberty between the ages of 12 and 15 may marry upon petition by their guardian (*wali*) to the Sharia district court.⁶¹⁶ Such a marriage, however, is regarded as a betrothal and may be annulled upon the petition of either party within four years after he or she has reached puberty, provided no voluntary cohabitation has taken place and the *wali* who contracted the marriage was anyone other than the girl’s father or paternal grandfather.⁶¹⁷

Echoing the Family Code, the Code of Muslim Personal Laws also provides that husband and wife must live together and observe mutual love, respect, and fidelity, and render mutual help and support.⁶¹⁸ The husband decides the location of the family residence, but the wife is not compelled to live with her husband if her dower is not satisfied as stipulated, or if the conjugal residence does not match her social standing or is unsafe for her family or property.⁶¹⁹ The wife manages household affairs and purchases necessities for the family with her husband’s income,⁶²⁰ and is entitled to support during the marriage.⁶²¹ The wife may engage in a profession or business with the consent of her husband, but only if such profession or

business is in accordance with Islamic modesty and virtue.⁶²²

The code recognizes that men are permitted to have multiple wives under Islamic law, but advises that a man should practice monogamy “unless he can deal with them with equal companionship and just treatment. . . and only in exceptional cases.”⁶²³

The Code of Muslim Personal Laws prohibits marriages among parties of consanguinity (ascendants, descendants, and siblings within the third degree), of affinity (affinal relatives within the third degree, stepparents, and stepchildren), and of fosterage.⁶²⁴

D. DIVORCE

There is no specific divorce law for non-Muslims in the Philippines, but the Family Code outlines provisions for legal separation, marriage annulment, and declaration of nullity.⁶²⁵ Marriages may be declared null and void from the inception where there is bigamy or polygamy,⁶²⁶ incest,⁶²⁷ psychological incapacity to comply with the essential marital obligations,⁶²⁸ or an underage (below 18 years of age) spouse, even when the marriage had the consent of parents or guardians.⁶²⁹ A marriage may be annulled if the following grounds existed at the time of the contract:

- lack of written parental consent for those marrying who are aged 18–21;
- unsoundness of mind of either party;
- consent by either party was obtained through fraud, force, intimidation, or undue influence;⁶³⁰
- physical incapacity to consummate the marriage; or
- affliction with a serious and incurable STI.⁶³¹

The concealment of either partner’s homosexuality or the wife’s pregnancy by a man other than her husband at the time of the marriage constitute fraud⁶³² and may be grounds for the annulment of the marriage.⁶³³ A judicial annulment pronounced by a court enables either party to remarry.⁶³⁴ The Family Code also provides that when a foreigner enters into a valid marriage with a Filipino citizen and subsequently obtains a divorce enabling the foreign spouse to remarry, the Filipino spouse also gains the capacity to remarry under Philippine law.⁶³⁵

The law creates certain restrictions on the ability of women to remarry. A “divorced”⁶³⁶ woman who remarries within 301 days of the annulment or dissolution of her marriage, or before the date of her delivery if she is pregnant by her ex-husband, may be punished with one to six months’ imprisonment and a fine.⁶³⁷ A widow faces the same penalty if she remarries within 301 days of the death of her husband, or before having delivered if she was pregnant at the time of her husband’s death.⁶³⁸ Since December 2004, a bill has been

pending in the House of Representatives bill that seeks to abolish this penalty and allow “divorced” or widowed women to remarry within 40 days of the date of the dissolution or annulment, or the husband’s death.⁶³⁹

The Family Code also provides for legal separation, a petition for which may be filed on a number of grounds, including the following:

- repeated physical violence or gross abuse against the petitioner, or against a common child or a child of the petitioner;
- attempts to connive the petitioner, a common child, or a child of the petitioner to engage in prostitution;
- conviction of the respondent to more than six years’ imprisonment, even if pardoned;
- drug addiction or habitual alcoholism of the respondent;
- lesbianism or homosexuality of the respondent;
- subsequent contract by the respondent in a bigamous marriage, whether in the Philippines or abroad;
- sexual infidelity or perversion;
- attempt by the respondent against the life of the petitioner; or
- unjust abandonment for more than one year.⁶⁴⁰

While legal separation entitles the couple to live separately from each other, the marital bond is not severed and thus neither party is permitted to remarry.⁶⁴¹

During proceedings for legal separation or annulment, the Family Code provides that spouses and their children are supported by the properties of the “absolute community” (all common property between both spouses)⁶⁴² or the conjugal partnership.⁶⁴³ After a final judgment granting the petition for legal separation or annulment of marriage, the obligation of mutual support between the spouses ceases.⁶⁴⁴ The court may order the guilty spouse in the proceedings for legal separation to support the innocent spouse, specifying the terms of such an order.⁶⁴⁵ The amount of support may be adjusted on the basis of the needs of the recipient and the resources of the payer.⁶⁴⁶

Divorce laws governing Muslims

Under the Code of Muslim Personal Laws, Muslims married under its provisions may divorce “only after the exhaustion of all possible means of reconciliation between the spouses.”⁶⁴⁷ A Muslim divorce may be performed in different ways, depending upon the circumstances.⁶⁴⁸

A divorce by *talaq* may be effectuated with a husband’s single verbal or written repudiation of his wife.⁶⁴⁹ The husband has the right to revoke his repudiation within the prescribed waiting period (*idda*)⁶⁵⁰ by resuming cohabitation with his wife, provided that such repudiation occurs only once or twice.⁶⁵¹ Otherwise, the repudiation becomes irrevocable (*talaq bain sugra*).⁶⁵²

In cases of *ila*, the wife may obtain a judicial decree of divorce after due notice and a hearing where the husband has kept a vow to abstain from sexual relations with his wife for a period of at least four months.⁶⁵³

Divorce by *zihar*, or injurious assimilation, occurs when the husband likens his wife to his mother, sister, or any relative within the third degree.⁶⁵⁴ A husband who makes such statements must complete the prescribed expiation, or acts of redemption,⁶⁵⁵ before resuming sexual relations.⁶⁵⁶ The wife may ask the court to order her husband to perform these redeeming acts; alternatively, she may petition for a divorce if the husband refuses to comply, without prejudice to her right to other appropriate remedies.⁶⁵⁷

Divorce by *li’an* may be granted if a husband accuses his wife of adultery in a court and provides witnesses to the adultery, or swears to the truth of his testimony.⁶⁵⁸

In divorce by *khul*, a woman may petition for a judicial decree of divorce after having offered to return or renounce her dower, or pay any other lawful consideration for her release from the marriage bond.⁶⁵⁹

Divorce by *tafwid* is possible if a wife invokes the right to divorce delegated to her by her husband at the time of the marriage ceremony or thereafter.⁶⁶⁰ The wife’s delegated right is equally as effective as her husband’s right.⁶⁶¹

In divorce by *faskh*, a wife may petition the court for a decree of divorce on certain specific grounds, including the following:

- the husband’s neglect or failure to provide support for the family for at least six consecutive months;
- the husband’s impotence; or
- the husband’s insanity or affliction with an incurable disease that would make continuance of the marriage injurious to the family.⁶⁶²

In addition, the court may grant the wife a decree of *faskh* on the ground of unusual cruelty by the husband, which is defined as the following:

- the wife is the habitual object of her husband’s mental or physical cruelty;
- the husband associates with persons of ill repute, leads an infamous life, or attempts to force his wife to live an immoral life;
- the husband compels his wife to dispose of her exclusive property or prevents her from exercising her legal rights over it;
- the husband obstructs his wife’s observance of her religious practices; or
- the husband does not treat his wife “justly and equitably as enjoined by Islamic law.”⁶⁶³

As soon as the divorce is effectuated, the marriage bond

is severed and the spouses may contract another marriage in accordance with the Code of Muslim Personal Laws.⁶⁶⁴ A divorced or widowed woman may generally not remarry unless she has observed a prescribed waiting period of *idda*, counted from the date of divorce or the husband's death, as the case may be.⁶⁶⁵ If a woman is pregnant at the time of divorce or her husband's death, she can remarry only after delivery of the child.⁶⁶⁶ The code fines any widow or divorced woman married under Muslim law who remarries before the expiration of the prescribed *idda* with up to 500 pesos (USD 9).⁶⁶⁷

Under the code, divorcing Muslim women have a right to support throughout the *idda*⁶⁶⁸ and until delivery if the wife is pregnant at the time of the separation.⁶⁶⁹ Any divorced nursing mother who continues to breast-feed her child is entitled to receive support until the time of weaning.⁶⁷⁰ The husband remains obligated to support his wife even if his resources are so reduced that he cannot support her without neglecting his own needs and those of his family.⁶⁷¹ Furthermore, the wife is entitled to her entire dower from her husband if the divorce was effectuated after the marriage was consummated, or to one-half of her dower if the divorce occurred before consummation.⁶⁷²

Parental rights

Parental authority is shared between spouses over their common children, but in cases of disagreement, the husband's decision prevails, unless there is a judicial order to the contrary.⁶⁷³ A similar provision exists in the Code of Muslim Personal Laws.⁶⁷⁴ In case the parents are divorced, parental authority is exercised by the parent who is designated by the court.⁶⁷⁵ If the parents are legally separated and the separation is granted because of an act of bad faith by one spouse, the "innocent" spouse receives custody of the minor children.⁶⁷⁶ Several statutes mandate that children under age seven may not be separated from their mother in the absence of "compelling reasons";⁶⁷⁷ the Supreme Court has held that such reasons include the mother being guilty of or responsible for the following:

- neglect, abandonment,⁶⁷⁸ or maltreatment of the child;⁶⁷⁹
- unemployment or immorality;⁶⁸⁰
- habitual drunkenness⁶⁸¹ or drug addiction;⁶⁸²
- insanity; or
- affliction with a communicable disease.⁶⁸³

Generally, courts give paramount consideration to the welfare and best interests of the child.⁶⁸⁴ Pursuant to the Anti-Violence Against Women and Their Children Act of 2004, a woman who is a victim of domestic violence is entitled to the custody and support of her children.⁶⁸⁵

The Code of Muslim Personal Laws states that mothers

shall be given the care and custody of children under the age of seven in the event of the parents' divorce.⁶⁸⁶ Prepubescent children aged seven and older may choose which parent they wish to reside with.⁶⁸⁷ Unmarried daughters who have reached the age of puberty at the time of the divorce remain with the father, while unmarried sons who have reached puberty remain with the mother.⁶⁸⁸

E. ECONOMIC AND SOCIAL RIGHTS

Ownership of property and inheritance

The constitution provides that "no person shall be deprived of ... property without due process of law."⁶⁸⁹ It enjoins the government to give highest priority to enacting legislation for the protection and enhancement of people's rights, and to remove social, economic, and cultural imbalances by equitably distributing wealth and political power for the common good.⁶⁹⁰ To that end, the constitution requires the state to regulate the acquisition, ownership, use, and disposal of property and income derived from property.⁶⁹¹

The Indigenous Peoples Rights Act of 1997 requires the state to protect the rights of indigenous cultural communities and peoples to their ancestral domains, and to recognize their customary laws in matters of property rights and issues of ownership and the extent of ancestral domain.⁶⁹² It further provides that indigenous peoples are entitled to special measures to improve their economic and social conditions. The act makes special mention of indigenous women, youth, and children as needing particular attention.⁶⁹³

The property rights of married Filipinos are governed in the following order: by prenuptial agreements executed before marriage, by provisions in the Family Code of the Philippines, and by local custom.⁶⁹⁴ In the absence of a prenuptial agreement, or in cases where the arrangement agreed upon is void, the principle of "absolute community property" applies,⁶⁹⁵ and both spouses jointly administer and share ownership over all property that was owned by the spouses at the time of marriage or acquired thereafter (the "community property").⁶⁹⁶

Property rights in marriages contracted prior to the enactment of the Family Code (i.e., before August 4, 1988) are governed under the system of "conjugal property of gains."⁶⁹⁷ Pursuant to this earlier regime, each spouse has exclusive ownership of certain types of property, including property that is:

- brought to the marriage as his or her own;
- acquired during the marriage by gratuitous title;
- acquired by barter or exchanged with property belonging to only one of the spouses; or
- purchased with the exclusive money

of the wife or the husband.⁶⁹⁸

Conjugal partnership property includes property acquired during the marriage that was paid for by the married couple's common funds; property that was obtained from the labor or profession of either or both spouses; the gains received from the couple's common property; and the net gains from the exclusive property of each spouse.⁶⁹⁹

In cases of disagreement over the administration or enjoyment of community or conjugal property, the husband's decision prevails.⁷⁰⁰ However, the wife may contest the decision in court within five years from the date of the contract implementing the husband's decision.⁷⁰¹

The Family Code also provides for property rights in unions outside of marriage.⁷⁰² A woman and man who have the legal capacity to marry and who live exclusively with each other as husband and wife are equal co-owners of the wages, salaries, and property they acquire through their work or industry.⁷⁰³ Unless there is proof otherwise, property acquired during their cohabitation is presumed to be obtained through their joint efforts, and is owned by them in equal shares.⁷⁰⁴ The efforts of one party in the care and maintenance of the family is regarded as equal contribution to the acquisition of property.⁷⁰⁵ In unions between a man and a woman who lack the legal capacity to marry and do not cohabit exclusively with each other, the parties have common ownership only over property acquired by both parties, in proportion to their respective contribution to the acquisition of such property.⁷⁰⁶ In the absence of proof to the contrary, their contributions and corresponding shares are presumed to be equal.⁷⁰⁷

Under the Family Code, a minor can own property, but his or her parents jointly exercise legal guardianship over the property until the minor reaches the age of majority (age 18).⁷⁰⁸

In matters of inheritance, the Civil Code provides that female and male heirs inherit equally.⁷⁰⁹

Laws governing Muslims

The Code of Muslim Personal Laws provides for exclusive property ownership in the absence of any prenuptial agreement stipulating the contrary.⁷¹⁰ Under the code, the wife retains ownership and administration of all properties brought by her to the marriage,⁷¹¹ and may own, possess, administer, enjoy, and dispose of her exclusive estate without the consent of her husband.⁷¹² However, the husband's consent is required in order for the wife to acquire property by gratuitous title, "except from her relatives who are within the prohibited degrees in marriage."⁷¹³

In matters of inheritance, the code provides that a surviving husband has a greater share in the inheritance estate than does a surviving wife,⁷¹⁴ and that sons are entitled to double

the share of daughters.⁷¹⁵ Upon divorce, the spouses lose their mutual rights of inheritance.⁷¹⁶

Rights to agricultural land

The Comprehensive Agrarian Reform Law of 1988 stipulates that qualified rural women have equal rights as men to land ownership, shares in agricultural production, and representation in advisory and decision-making bodies.⁷¹⁷

Labor and employment

The number of women employed in major industries has steadily increased recently, rising to an estimated 11.8 million women in 2001⁷¹⁸ from 9.13 million women in 1995.⁷¹⁹ The vast majority of women are employed in three major industry groups: shop and market sales (including wholesale, retail, and repairs); agriculture (including hunting and forestry); and manufacturing.⁷²⁰ Approximately 1.8 million women (compared with 1.3 million men) are employed as officials of government and special interest organizations, corporate executives, managers, managing proprietors, and supervisors; an additional estimated 1.4 million women (compared with 1.2 million men) are service workers and shop and market sales workers.⁷²¹ The Philippines is the second largest labor exporter in the world.⁷²² Government statistics indicate that as of late 2003, about 3.4 million Filipinos were abroad solely for employment reasons.⁷²³ About 75% of all migrant workers are women,⁷²⁴ comprising 90% of all migrant workers in the service sector and 85% of all migrants in the professional and technical sectors.⁷²⁵

The constitution mandates the state to "afford full protection of labor, local and overseas, organized and unorganized, and promote full employment and equality of employment opportunities for all."⁷²⁶ It guarantees the rights of all workers to "self-organization, collective bargaining and negotiations, and peaceful concerted activities, including the right to strike in accordance with law."⁷²⁷ Workers are further entitled to "security of tenure, humane conditions of work, and a living wage."⁷²⁸ The constitution also enjoins the state to protect working women by "providing safe and healthful working conditions, taking into account their maternal functions, and such facilities and opportunities that will enhance their welfare and enable them to realize their full potential in the service of the nation."⁷²⁹

The Labor Code contains provisions prohibiting discrimination against female employees based on their sex, marital status, or pregnancy.⁷³⁰ Prohibited acts of sex-based discrimination include providing lesser pay or benefits to female employees than male employees for work of equal value,⁷³¹ and favoring male employees over female employees solely on account of their sex in promotions, training opportunities, and study and scholarship grants.⁷³² The code further prohibits

employers from expressly or tacitly stipulating marital status (either single or married) as a condition for hiring or continued employment, and from dismissing female employees or discriminating against them in any way solely on account of their marital⁷³³ or pregnancy status.⁷³⁴

In the 1997 case *Philippine Telegraph and Telephone Corp. v. National Labor Relations Commission*, the Supreme Court held that an employer's policy of disqualifying married women workers from employment "runs afoul of the test of, and the right against, discrimination, afforded all women workers by our labor laws and by no less than the Constitution."⁷³⁵ The court further noted that such policy "assaults good morals and public policy, tending as it does to deprive a woman of the freedom to choose her status, a privilege that by all accounts inheres in the individual as an intangible and inalienable right."⁷³⁶

As a means to protect women, labor laws generally prohibit certain types of work, such as night work for women.⁷³⁷ Exceptions to this rule include work done in response to emergency situations, urgent work required to avoid serious loss to the employer, work in the health and welfare sectors, and work in managerial or technical positions.⁷³⁸

The Social Security Act of 1997 and the Administrative Code of 1987 provide certain benefits and services for working pregnant women and mothers.⁷³⁹ In the private sector, employees are entitled to 60 days of fully paid maternity leave for their first four deliveries.⁷⁴⁰ In cases of cesarean delivery, employees may receive 78 days of fully paid maternity leave.⁷⁴¹ In the government sector, female employees who have rendered an aggregate of at least two years of service are entitled to 60 days of maternity leave, irrespective of the number of their deliveries.⁷⁴² These rules were amended in 2002 to afford all female employees, irrespective of marital status, maternity leave benefits.⁷⁴³ The Paternity Leave Act of 1996 provides that legally married male employees in the private and government sectors may receive seven days of paid paternity leave for each of their wife's first four deliveries.⁷⁴⁴

The Labor Code requires employers to establish appropriate facilities for women in the workplace, such as separate toilets and dressing rooms, and nurseries.⁷⁴⁵ The code further requires employers who are required by law to maintain a clinic to provide free family planning services and counseling to their employees, including counseling regarding the use of contraceptives and IUDs, and to offer "incentive bonus schemes to encourage family planning among female workers..."⁷⁴⁶ The law also mandates that day care centers be established in every *barangay* to provide care for working women's children up to age six.⁷⁴⁷

Access to credit

The Women in Development and Nation Building Act

(1992) states that women and men, regardless of marital status, have equal capacity to enter into contracts.⁷⁴⁸ As such, women can obtain loans and execute security and credit arrangements under the same conditions as men, and they have equal access to programs providing agricultural credit, loans, and nonmaterial resources.⁷⁴⁹ The law also mandates government financing institutions to provide loans to women who are, or wish to be, engaged in micro and cottage businesses.⁷⁵⁰ Any Filipino woman aged 18 and older, regardless of marital status, is eligible to apply for a loan, although existing businesses with assets above a specified amount receive priority.⁷⁵¹ To ensure the availability of these loans, government financing institutions are required to set aside 5% of their loan portfolio for the implementation of this law.⁷⁵²

There are some obstacles to women's legal right to access credit. In practice, banks usually require the husband's consent for large loans requiring property as collateral.⁷⁵³ Women are also sometimes denied credit because they do not have negotiable property, as titles to land are usually in men's names.⁷⁵⁴

Education

Although literacy rates among Filipinos aged ten and older do not vary by gender (i.e., 93.7% among females and 94.0% among males),⁷⁵⁵ enrollment in elementary schools is slightly higher among boys (42.3%) than among girls (39.2%).⁷⁵⁶ The literacy rate is comparatively lower in the Autonomous Region of Muslim Mindanao (e.g., 71.4% among females and 75.6% among males).⁷⁵⁷ Gender differentials are clear in the choice of higher education courses, with a disproportionately high number of female students enrolled in education and teacher training courses; home economics; service trades; medicine and allied sciences; and the trade, craft, and industrial disciplines.⁷⁵⁸ Male students usually enroll in courses on engineering, technology, religion, and theology.⁷⁵⁹

In an article of the constitution devoted specifically to "Education, Science and Technology, Arts, Culture, and Sports," the state is mandated to "protect and promote the right of all citizens to quality education at all levels of education and ... take appropriate steps to make such education accessible to all."⁷⁶⁰ It further requires the state to "[e]stablish and maintain a system of free public education in the elementary and high school levels," and makes elementary education compulsory for all children of school age.⁷⁶¹ In addition, the state is required to take the following measures:

- establish and maintain a system of scholarship grants, student loan programs, subsidies, and other incentives to be made available to students in private and public schools, especially underprivileged students;
- encourage nonformal, and indigenous learning systems, as well as self-learning, independent, and out-

of-school study programs; and

- provide adults, the disabled, and out-of-school youth with training in civics, vocational training, and other skills.⁷⁶²

The 1988 Free Public Secondary Education Act further mandates the government to provide free public secondary education to all qualified Filipino citizens and to promote quality education at all levels.⁷⁶³ The Education Act of 1982 governs formal and nonformal education, and establishes the rights and duties of parents, students, and schools.⁷⁶⁴ That act also reaffirms the government's obligation to contribute to the financial support of educational programs and to adopt measures to broaden access to education through financial assistance and other forms of incentives.⁷⁶⁵

Women are further provided with free technical training in the operation of a micro or cottage business under the provisions of Republic Act No. 7882, titled An Act Providing Assistance to Women Engaging in Micro and Cottage Business Enterprises, and for Other Purposes, which was approved by the president of the Philippines on February 20, 1995.⁷⁶⁶

Since the 1960s, the government has undertaken measures to accelerate the educational advancement of Muslim Filipinos, who, along with indigenous groups, face particular obstacles to higher education.⁷⁶⁷ These measures include offering scholarships, funds, grants, and other privileges to Muslim Filipino students for elementary and higher education, and creating the Commission on National Integration to institute and widen programs that improve the welfare of Muslims.⁷⁶⁸

The Indigenous Peoples Rights Act guarantees the right of indigenous cultural communities and indigenous peoples to education as part of their right to "special measures for the immediate, effective and continuing improvement of their economic and social conditions."⁷⁶⁹ The act calls for particular attention to be given to the rights and needs of indigenous women, elderly, youth, children, and persons with disabilities. Indigenous communities may exercise their right to education within the context of their cultures, customs, traditions, interests, and beliefs.⁷⁷⁰

Sex education

In 1972, the Department of Education, then referred to as the Department of Education, Culture and Sports introduced PopEd in all public and private elementary and secondary schools.⁷⁷¹ In 1996, the program was revitalized to cover a broad range of issues, including reproductive health and human sexuality. Population education is not taught as a single subject, but is integrated into the curriculum of other subjects.⁷⁷² Currently, private elementary and secondary schools are no longer obligated to teach population education.

The current population education curriculum is divided

into the following four major components:⁷⁷³

- Family Life and Responsible Parenthood, which encourages delayed marriage, and discusses responsible sexual behavior, the need to plan family size rationally and responsibly, and the different family planning methods and their advantages and disadvantages;⁷⁷⁴
- Gender and Development, which discusses issues such as equal rights for women and men, changing gender roles, and women's empowerment as a tool for self-enhancement and nation building;⁷⁷⁵
- Population and Reproductive Health, which promotes reproductive rights and discusses the importance of reproductive health care and threats to reproductive health;⁷⁷⁶ and
- Population, Resources, Environment and Sustainable Development, which discusses the principles of sustainable development and the relationship between quality of life and sustainable development.⁷⁷⁷

The promotion of sex education is also supported by the PPMP, which specifically calls for the Department of Education to integrate reproductive health concepts and concerns into PopEd.⁷⁷⁸

The government has also introduced nonformal education programs that address the reproductive health of adolescents. Population Awareness and Sex Education is a population and sexuality education program administered by the Department of Social Welfare that specifically targets out-of-school youth.⁷⁷⁹

F. PROTECTIONS AGAINST PHYSICAL AND SEXUAL VIOLENCE

Rape

Under the Anti-Rape Law of 1997, which amended the Revised Penal Code, rape is committed when a man has "carnal knowledge" of a woman under any of the following circumstances:

- through force, threat, or intimidation;
- when the woman is deprived of reason or is otherwise unconscious;
- through fraud or grave abuse of authority;
- when the woman is "demented"; or
- when the woman is under the age of 12.⁷⁸⁰

The Supreme Court has further clarified that minimal vaginal contact is sufficient to constitute carnal knowledge under the crime of rape.⁷⁸¹

Rape is also committed when any person, under any of the aforementioned circumstances, "insert[s] his penis into another person's mouth or anal orifice, or any instrument or object, into the genital or anal orifice of another person."⁷⁸² Prior to

the enactment of the Anti-Rape Law, rape was considered a crime against chastity and its definition was limited.⁷⁸³

Marital rape is considered a crime, but the wife's forgiveness invalidates the criminal action or penalty; however, if the marriage is void *ab initio*, the crime or penalty still stands.⁷⁸⁴ The rapist may be absolved of criminal action or penalty if the victim enters into a legally valid marriage with him.⁷⁸⁵

Rape is penalized with either imprisonment of up to 30 years or death.⁷⁸⁶ The death penalty is imposed in the following circumstances:

- the rape results in homicide;⁷⁸⁷
- the victim is under the custody of the police, military authorities, or any law enforcement or penal institution;
- the rapist knows that he is infected with HIV or any other STI and transmits the virus or infection to the victim;
- the rapist is a member of the Armed Forces of the Philippines or its paramilitary units, the Philippine National Police, or any law enforcement agency or penal institution taking advantage of his position to facilitate the rape;
- the rapist knew of the religious vocation, pregnancy, mental disorder, or physical handicap of the victim at the time the rape was committed;
- the victim is below seven years of age;
- the victim suffers permanent physical mutilation or disability from the rape;⁷⁸⁸ or
- the victim is below the age of 18 and the rapist is a parent, ascendant, stepparent, guardian, relative by consanguinity or affinity within the third degree, or the common-law spouse of the parent of the victim.⁷⁸⁹

The Revised Penal Code also provides criminal sanctions against acts of lasciviousness, which involve sexual assaults other than rape that are committed by any person against another person of either sex under the same circumstances as rape. Such acts are punishable with terms of imprisonment from six months and one day to six years.⁷⁹⁰

Punishments for rape are also prescribed by the Anti-Violence Against Women and Their Children Act of 2004.⁷⁹¹ The penalties for committing rape against a wife, former wife, or women with whom the perpetrator shares or shared a sexual relationship or common child are fines of 100,000–300,000 pesos (USD 1,800–5,399), mandatory psychological or psychiatric treatment, and imprisonment or death.⁷⁹²

In addition, a House of Representatives bill entitled “An Act Strengthening Further the Right of Daughters against Incestuous Rape by Penalizing Mothers Who Refrain From

Proceeding Against the Father-Rapists or Tolerate Its Commission” has been pending with the Committee on Justice since August 2001.⁷⁹³

Domestic violence

The Philippines has no specific national law on domestic violence. However, the Family Courts Act of 1997, which established family courts, defines domestic violence against women as “acts of gender based violence that result, or are likely to result in physical, sexual or psychological harm or suffering to women; and other forms of physical abuse such as battering or threats and coercion which violate a woman's personhood, integrity and freedom of movement.”⁷⁹⁴ When committed against children, domestic violence includes “the commission of all forms of abuse, neglect, cruelty, exploitation, violence, and discrimination and all other conditions prejudicial to their development.”⁷⁹⁵ Family courts have exclusive original jurisdiction over cases of domestic violence⁷⁹⁶ and the authority to issue restraining orders against the abuser in cases of violence among immediate family members living in the same domicile or household.⁷⁹⁷

The Anti-Violence Against Women and Their Children Act of 2004 penalizes a broad range of acts of violence against women and their children committed by current and former spouses or intimate partners.⁷⁹⁸ The act reaffirms the definition of domestic violence in the Family Courts Act of 1997, and recognizes the additional conditions of economic abuse (acts that make or attempt to make a woman financially dependent on the perpetrator), and harassment.⁷⁹⁹ Acts of violence against women and their children include, *inter alia*, the following:

- causing, threatening, or attempting to cause physical harm to the woman or her child;
- placing the woman or her child in fear of imminent physical harm;
- compelling or attempting to compel the woman or her child to engage in conduct they have a right to desist from, or compelling them to desist from conduct they have a right to engage in;
- restricting or attempting to restrict the freedom of movement or conduct of the woman or her child by force or threat of force, such as with physical or other harm or threat of such harm or intimidation (including depriving or threatening to deprive the woman or her child of custodial rights, access to family, financial support legally due, or legal rights), or preventing the woman from engaging in any legitimate profession or activity, or depriving access to her separate or conjugal money or properties;
- inflicting or threatening to inflict physical harm on

oneself for the purpose of controlling the woman's actions or decisions;

- causing or attempting to cause the woman or her child to engage in any sexual activity that does not constitute rape;
- engaging in purposeful, knowing or reckless conduct, personally or through another, that alarms or causes substantial emotional or psychological distress to the woman or her child (including stalking, unlawful trespass, destruction of property, inflicting harm on pets, and any form of harassment or violence); or
- causing mental or emotional anguish, public ridicule, or humiliation to the woman or her child.⁸⁰⁰

The act provides detailed mechanisms for effecting protection orders and other necessary relief for female victims of violence.⁸⁰¹ In addition, victims who are found by the courts to be suffering from “battered woman syndrome” (defined in the act as a “scientifically defined pattern of psychological and behavioral symptoms found in women living in battering relationships as a result of cumulative abuse”) do not incur any criminal and civil liability for acts committed in response to the violence perpetrated on them, even if formal elements of self-defense, as prescribed by the Revised Penal Code, are absent.⁸⁰² A victim suffering from battered woman syndrome is also not disqualified from having custody of her children, and under no circumstance may the custody of children be given to the perpetrator.⁸⁰³

The act also provides female and underage victims of violence the rights to be treated with respect and dignity, receive legal assistance from the Department of Justice or any public legal assistance office, obtain support services, have access to all legal remedies, be given support as provided for under the Family Code, and be informed of the rights and services available to them, including their right to apply for a protection order.⁸⁰⁴ Moreover, the act mandates the Department of Social Welfare and Development, and LGUs to provide victims with temporary shelter, counseling, psychosocial services, recovery and rehabilitation programs, and livelihood assistance; the act further specifies that the Department of Health shall provide medical assistance in these cases.⁸⁰⁵ The Rape Victim Assistance and Protection Act of 1998 established rape crisis centers in every province and city.⁸⁰⁶

In addition to the remedies prescribed under the Family Courts Act of 1997 and the Anti-Violence Against Women and Their Children Act of 2004, female victims may invoke provisions of the Revised Penal Code in cases of domestic violence.⁸⁰⁷ Additional recourse is available under the Family Code, which provides that repeated physical violence or grossly abusive con-

duct may be cited as a ground for legal separation.⁸⁰⁸

Sexual harassment

The Anti-Sexual Harassment Act of 1995 prohibits all forms of sexual harassment in employment, education, and training environments;⁸⁰⁹ sexual harassment is committed when a person in a position of power, influence, or moral authority over another person in such an environment demands, requests, or requires any sexual favor from the other, regardless of whether that favor is accepted.⁸¹⁰ Convicted violators are penalized with a maximum of six months' imprisonment, a fine, or both, depending on the discretion of the court;⁸¹¹ violators may face civil action for damages and other affirmative relief.⁸¹² An employer or the head of an academic or training institution who fails to take immediate action upon being informed by the victim of the sexual harassment may be held liable for damages.⁸¹³

In 2001, the Civil Service Commission issued the Administrative Disciplinary Rules on Sexual Harassment Cases, which outline the definition of such cases and the procedures for investigating and resolving them in the public sector.⁸¹⁴ The rules define the administrative offense of sexual harassment as “any unwelcome sexual advance, request or demand for a sexual favor, or other verbal or physical behavior of a sexual nature, committed by a government employee or official in a work-related, training or education environment.”⁸¹⁵ Under the rules, a head of office who fails to investigate a properly filed complaint of sexual harassment within 15 days may be charged with neglect of duty.⁸¹⁶ Penalties for persons found guilty of sexual harassment range from reprimand to dismissal, depending on the gravity of the offense.⁸¹⁷

Although there have been no Supreme Court cases resulting from the Anti-Sexual Harassment Act, the court has decided labor cases involving sexual harassment.⁸¹⁸ Furthermore, although some cases have been filed in the lower courts under the act, most of these have not resulted in a finding of a violation.⁸¹⁹

Commercial sex work and sex-trafficking

Prostitution is illegal in the Philippines. Imprisonment of 8–12 years may be imposed upon any person who engages in the business of or profits by prostitution, or who enlists the services of any other for the purpose of prostitution.⁸²⁰ Any person who prostitutes his or her current or former wives, intimate partners, or children violates the Anti-Violence Against Women and Their Children Act of 2004, and may be punished by fines, imprisonment, or death.⁸²¹

Several pieces of proposed legislation concerning prostitution are pending in the Philippine Congress, including, among others, a resolution on Laws and Regulations Governing the Fight against Prostitution in All Forms, which was approved

by the House of Representatives in May 2002 and referred to the Committee on Rules;⁸²² and the Anti-Prostitution Act, which is currently before the House of Representatives, and has been pending in the Committee on the Revision of Laws since October 2004.⁸²³ Other House of Representatives bills addressing the definition of the crime of prostitution and penalties were also referred to the committee in 2004.⁸²⁴

Despite the illegality of prostitution in the Philippines, sex work nonetheless reportedly takes place in entertainment establishments as well as in designated neighborhoods.⁸²⁵ Women working as prostitutes in entertainment establishments are required to have a current “clean” health card from local health authorities to demonstrate that they are free of STIs and diseases.⁸²⁶ The lack of updated health cards among employees constitutes grounds for the closure of such establishments.⁸²⁷

The Anti-Trafficking in Persons Act of 2003 criminalizes specific acts such as the “recruitment, transportation, transfer or harboring, or receipt of persons,” for the purpose of exploitation and the promotion of such activities.⁸²⁸ The act prohibits all types of domestic and international trafficking for the purpose of exploitation, including trafficking by “threat or use of force, . . . coercion, abduction, fraud, deception, abuse of power or of position, taking advantage of the vulnerability of the person, . . . [and] the giving or receiving of payments or benefits to achieve the consent of a person having control over another person.”⁸²⁹ Exploitation is defined to include forced prostitution, sexual slavery, and other forms of sexual exploitation.⁸³⁰ The act specifically prohibits any type of trafficking in children or the disabled for the purpose of exploitation.⁸³¹

Persons convicted of trafficking are subject to imprisonment of up to 20 years and a fine of one to two million pesos (USD 17,995–35,991).⁸³² Persons found guilty of promoting trafficking may be sentenced to 15 years’ imprisonment and a fine of 500,000–1,000,000 pesos (USD 8,998–17,995).⁸³³ Trafficked persons are regarded as victims and are not penalized,⁸³⁴ but persons who buy or engage the services of trafficked persons for prostitution are penalized with community service, fines, or imprisonment.⁸³⁵

The act also created the Inter-agency Council against Trafficking,⁸³⁶ and it further directs various government agencies to establish and implement preventive, protective, and rehabilitative programs to provide specific mandatory services to trafficked persons.⁸³⁷

Sexual offenses against minors

The Special Protection of Children against Child Abuse, Exploitation and Discrimination Act (1992) prohibits all forms of child-targeted abuse (i.e., physical, psychological, and sexual), neglect, cruelty, exploitation, and discrimination.⁸³⁸

The act provides that sexual intercourse with a child below 12 years of age constitutes the crime of rape, and carries a penalty of death or imprisonment of 20–40 years.⁸³⁹ Other forms of sexual conduct with a child below the age of 12 are prosecuted under the crime of acts of lasciviousness, and are punishable by imprisonment of 15–18 years.⁸⁴⁰

In addition, the Revised Penal Code criminalizes sexual relations with girls over age 12 and under 18.⁸⁴¹ More specifically, it prescribes punishments for “qualified seduction,” which is defined as a public authority figure or any person entrusted with the custody or the education of the victim inducing a female virgin between 12 and 18 years of age into having sexual intercourse.⁸⁴² The crime is punishable by imprisonment of 6–50 months,⁸⁴³ or by imprisonment of 6–10 years if the victim is below 12 years of age.⁸⁴⁴ The code defines “simple seduction” as sexual intercourse obtained by means of deceit with a “single woman or a widow of good reputation” aged 12–18,⁸⁴⁵ which is punishable with a prison term of one to six months.⁸⁴⁶

The Special Protection of Children against Child Abuse, Exploitation and Discrimination Act (1992) specifically addresses child prostitution, and prescribes prison terms of 15–40 years for individuals who engage in, promote, facilitate, or induce child prostitution;⁸⁴⁷ have sexual intercourse or other sexual conduct with a child exploited in prostitution or subjected to other sexual abuse;⁸⁴⁸ or derive profits or advantages from child prostitution.⁸⁴⁹ Attempted involvement in child prostitution, whether as a procurer or a client,⁸⁵⁰ is subject to imprisonment of 6–12 years.⁸⁵¹ The act prescribes longer terms of imprisonment if the child prostitute is under 12 years of age.⁸⁵²

Child trafficking is specifically prohibited by the Special Protection of Children against Child Abuse, Exploitation and Discrimination Act. Any person who engages in “trading and dealing with children, including . . . buying and selling of a child for money, or for any other consideration, or barter” may be punished by imprisonment of 12–30 years, with the maximum penalty imposed if the victim is below 12 years old.⁸⁵³ Attempted child trafficking is also punishable under the act by six months to six years of imprisonment.⁸⁵⁴ Acts of attempted child trafficking include, *inter alia*, sending a child alone to a foreign country without valid reason or parental consent;⁸⁵⁵ the alteration of birth record data by medical personnel or civil officials for the purpose of aiding child trafficking;⁸⁵⁶ and the recruiting of women, couples, or low-income families to bear and surrender their child for the purpose of child trafficking.⁸⁵⁷

ENDNOTES

1. See CENTRAL INTELLIGENCE AGENCY (CIA), U.S. GOVERNMENT, Philippines, in THE WORLD FACTBOOK (2005), <http://www.cia.gov/cia/publications/factbook/geos/rp.html> (last visited May 4, 2005) [hereinafter CIA WORLD FACTBOOK].
2. U.S. DEPARTMENT OF STATE, BACKGROUND NOTES: PHILIPPINES (2004), <http://www.state.gov/r/pa/ei/bgn/2794.htm> (last visited May 4, 2005) [hereinafter U.S. DEPARTMENT OF STATE BACKGROUND NOTES].
3. *Id.*
4. *Id.*; FEDERAL RESEARCH DIVISION, LIBRARY OF CONGRESS, PHILIPPINES: A COUNTRY STUDY, ch. 1, Spanish-American War and Philippine Resistance, Outbreak of War 1898 (Ronald E. Dolan ed., 1991), <http://lcweb2.loc.gov/frd/cs/phtoc.html> (last visited May 4, 2005) [hereinafter LIBRARY OF CONGRESS COUNTRY STUDIES, PHILIPPINES].
5. U.S. DEP'T OF STATE BACKGROUND NOTES, *supra* note 2. The Malolos Constitution was subsequently promulgated on January 21, 1899 and inaugurated Aguinaldo as its president two days later. LIBRARY OF CONGRESS COUNTRY STUDIES, PHILIPPINES, *supra* note 4, ch. 1, The Malolos Constitution and the Treaty of Paris.
6. U.S. DEP'T OF STATE BACKGROUND NOTES, *supra* note 2. A war of resistance against U.S. rule started the Philippine-American War in 1899 led by Revolutionary President Aguinaldo until it gradually died out upon his capture and oath of allegiance to the United States in 1901. *Id.* The Treaty of Paris included the cession of the Philippines, Guam, and Puerto Rico to the United States while Cuba was granted independence. LIBRARY OF CONGRESS COUNTRY STUDIES, PHILIPPINES, *supra* note 4, ch. 1, The Malolos Constitution and the Treaty of Paris.
7. See U.S. DEP'T OF STATE BACKGROUND NOTES, *supra* note 2.
8. *Id.* The Philippines gained its independence under the Tydings-McDuffie Act. *Id.*
9. *Id.*
10. *Id.*
11. *Id.*
12. *Id.* Marcos used a provision of the 1935 constitution to declare martial law. *Id.* He shut down Congress and most newspapers, jailed his political opponents, assumed dictatorial powers, and ruled by presidential decree. LIBRARY OF CONGRESS COUNTRY STUDIES, PHILIPPINES, *supra* note 4, ch. 1, Proclamation 1081 and Martial Law.
13. See U.S. DEP'T OF STATE BACKGROUND NOTES, *supra* note 2.
14. *Id.* Aquino was shot in the head and killed as he was escorted off an airplane at Manila International Airport by the Aviation Security Command. LIBRARY OF CONGRESS COUNTRY STUDIES, PHILIPPINES, *supra* note 4, ch. 1, From Aquino's Assassination to People's Power.
15. EDSA stands for "Epifanio de los Santos Avenue," a ring road around Manila that was the site of the EDSA Revolution. LIBRARY OF CONGRESS COUNTRY STUDIES, PHILIPPINES, *supra* note 4, Glossary.
16. CIA WORLD FACTBOOK, *supra* note 1.
17. U.S. DEP'T OF STATE BACKGROUND NOTES, *supra* note 2.
18. See *id.*
19. *Id.*
20. *Id.*
21. *Id.*
22. *Id.*
23. *Id.*
24. CIA WORLD FACTBOOK, *supra* note 1.
25. Muslim insurgency groups include the Moro Islamic Liberation Front and the Abu Sayyaf Group. Communist groups include the New People's Army, which is the military arm of the Communist Party of the Philippines. See WIKIPEDIA, THE FREE ENCYCLOPEDIA, MORO ISLAMIC LIBERATION FRONT, <http://en2.wikipedia.org/wiki/Moro> (last visited May 4, 2005); see also Who are the Abu Sayyaf?, BBC NEWS, Dec. 30, 2000, <http://news.bbc.co.uk/2/hi/asia-pacific/719623.stm> (last visited May 4, 2005); LIBRARY OF CONGRESS COUNTRY STUDIES, PHILIPPINES, *supra* note 4, National Security.
26. See UNITED NATIONS POPULATIONS FUND, THE STATE OF WORLD POPULATION 2004 107 (2004). The total population is projected to be 878 million as of July 2005. CIA WORLD FACTBOOK, *supra* note 1. UNFPA estimates that the projected population of the Philippines will be 127 million by 2050. UNITED NATIONS POPULATIONS FUND, *supra*, at 107.
27. THE WORLD BANK, GENDERSTATS, SUMMARY GENDER PROFILE (estimates for 2000), <http://genderstats.worldbank.org> (last visited May 4, 2005).
28. CIA WORLD FACTBOOK, *supra* note 1; U.S. DEP'T OF STATE BACKGROUND NOTES, *supra* note 2.
29. U.S. DEP'T OF STATE BACKGROUND NOTES, *supra* note 2.
30. See CIA WORLD FACTBOOK, *supra* note 1.
31. U.S. DEP'T OF STATE BACKGROUND NOTES, *supra* note 2; BUREAU OF DEMOCRACY, HUMAN RIGHTS, AND LABOR, U.S. DEPARTMENT OF STATE, PHILIPPINES COUNTRY REPORT ON HUMAN RIGHTS PRACTICES 2004, <http://www.state.gov/g/drl/rls/hrrpt/2004/41657.htm> (last visited May 4, 2005).
32. See CIA WORLD FACTBOOK, *supra* note 1.
33. UNITED NATIONS, LIST OF MEMBER STATES, <http://www.un.org/Overview/unmember.html> (last visited May 4, 2005).
34. ASSOCIATION OF SOUTHEAST ASIAN NATIONS, MEMBER COUNTRIES, <http://www.aseansec.org/74.htm> (last visited May 4, 2005).
35. ASIA-PACIFIC ECONOMIC COOPERATION, MEMBER ECONOMIES, http://www.apcec.org.sg/apcec/member_economies.html (last visited May 4, 2005).
36. THE NON-ALIGNED MOVEMENT, MEMBER STATES, <http://www.nam.gov.za/background/members.htm> (last visited May 4, 2005).
37. CIA WORLD FACTBOOK, *supra* note 1; PHIL. CONST. Members of the Constitutional commission were appointed by then President Aquino who stated that the Philippines could not afford the time or expense of an election. Delegates represented a range of political stances, from leftists to nationalists but the majority were moderate conservatives. There were 30 lawyers including two former Supreme Court justices. Representing the interests of the Catholic Church were a nun, a priest, and a bishop. Five seats were members of Marcos's New Society Movement including former Blas Ople with a total of 48. LIBRARY OF CONGRESS COUNTRY STUDIES, PHILIPPINES, *supra* note 4, ch. 4, Constitutional Framework.
38. PHIL. CONST. art. II, § 1.
39. U.S. DEP'T OF STATE BACKGROUND NOTES, *supra* note 2.
40. PHIL. CONST. art. VII, § 1.
41. *Id.* art. VII, § 18.
42. The Commission on Appointments consists of the Senate President, as ex officio Chair, twelve Senators, and twelve Members of the House of Representatives, elected by each House on the basis of proportional representation from the political parties and party-list representatives. *Id.* art. VI, § 18.
43. *Id.* art. VII, § 16.
44. *Id.* art. VII, § 17.
45. *Id.* art. VII, § 4. To qualify as a candidate for President and Vice-President, a person must be a citizen of the Philippines, at least forty years of age, and a resident of the Philippines for at least ten years immediately preceding such election. *Id.* art. VII, §§ 2-3.
46. *Id.* art. VII, § 1. See *id.* §§ 16-17.
47. *Id.* art. VII, § 4.
48. *Id.* art. VII, § 3.
49. *Id.* art. VII, § 8.
50. *Id.* art. XI, § 2.
51. *Id.* art. XI, § 3(6).
52. *Id.* art. VI, § 1.
53. *Id.*
54. *Id.* art. VI, §§ 2, 4. To qualify as a candidate for Senator, a person must be a Philippine citizen, at least thirty-five years old, and a resident of the Philippines for not less than two years immediately preceding the day of the election. *Id.* art. VI, § 3.
55. *Id.* art. XVIII, § 2. Thirteen senators were elected in May 2001. Election watch-Philippines, CNN WORLD, <http://www.cnn.com/WORLD/election.watch/asiapcf/philippines3.html> (last visited May 4, 2005).
56. PHIL. CONST., art. VI, § 5(1).
57. *Id.* art. VI, § 5(2); Party-List System Act, Republic Act No. 7941, §§ 2, 11 (1995).
58. PHIL. CONST., art. VI, § 7. To qualify as a candidate for the House of Representatives, a person must be a Philippine citizen, at least 25 years old, and a registered voter in the district in which he or she shall be elected for a period of at least a year immediately preceding the day of the election. *Id.* art. VI, § 6. This latter requirement does not apply to the 20% of those elected to the House of Representatives through party-list representation. *Id.*
59. See *id.* art. VI, § 24; PHILIPPINES SENATE, LEGISLATIVE PROCESS, PRELIMINARY PROCEDURES, <http://www.senate.gov.ph/about/legpro.htm> (last visited May 4, 2005).
60. PHIL. CONST., art. VI, § 24.
61. *Id.* art. VI, §§ 26(2), 27(1).
62. *Id.* art. VI, § 27(1).
63. *Id.*
64. *Id.*
65. *Id.* art. VI, § 32.
66. *Id.* art. XVII, § 1(1).
67. *Id.* art. XVII, § 1(2).
68. *Id.* art. XVII, § 4.
69. *Id.* art. XVII, § 2.
70. *Id.* art. XVII, § 4.
71. Flores and Reynolds, Foreign Law, Current Sources of Codes and Basic Legislation in Jurisdictions of the World (2000).
72. Judiciary Reorganization Act of 1980, No. 129 (1980) (Phil.).
73. *Id.* § 13.
74. LIBRARY OF CONGRESS COUNTRY STUDIES, PHILIPPINES, *supra* note 4, ch. 4, Judicial Department.
75. CHAN ROBLES VIRTUAL LAW LIBRARY, PHILIPPINE JUDICIAL SYSTEM, SPECIAL COURTS, <http://www.chanrobles.com/> (last visited May 5, 2005); *id.* SANDIGANBAYAN.
76. PHIL. CONST., art. VIII, § 4(1).
77. *Id.* art. VIII, §§ 4(2), 5(2). See *id.* art. VIII, § 5(1). The Supreme Court may review the sufficiency of the factual basis of the proclamation of martial law or the suspension of the privilege of the writ of habeas corpus. *Id.* art. VII, § 18.
78. *Id.* art. VIII, § 9. The Judicial and Bar Council is under the supervision of the Supreme Court, composed of the Chief Justice as ex officio Chair, the Secretary of Justice, and a representative of the Congress as ex officio Members, a representative of the Integrated Bar, a professor of law, a retired Member of the Supreme Court, and a representative of the private sector. *Id.* art. VIII, § 8(1).
79. *Id.* art. VIII, § 11. To qualify for appointment as a Member of the Supreme Court, a person must be a citizen of the Philippines, at least 40 years of age, and must have been a judge of a lower court or engaged in the practice of law in the Philippines for 15 years or more. *Id.* art. VIII, § 71.

80. *Id.* art. VIII, § 11.
81. Judiciary Reorganization Act of 1980, No. 129, § 3 (1980) (Phil).
82. *Id.* § 9; *St. Martin Funeral Home v. National Labor Relations Commission*, et al., G. R. No. 130866 (1998) (Phil). The High Court held that Section 9 of B. P. No. 129 referring to appeals from the NLRC to the Supreme Court is interpreted to refer to petitions for certiorari under Rule 65 and, consequently, all such petitions should be initially filed in the Court of Appeals. The Court of Appeals also has exclusive appellate jurisdiction over the Securities and Exchange Commission, the Social Security Commission, and the Employees Compensation Commission. Judiciary Reorganization Act of 1980 § 9(3).
83. Judiciary Reorganization Act of 1980 § 13.
84. *Id.* § 22.
85. *Id.* § 19(5).
86. Family Courts Act of 1997, Republic Act No. 8369, § 3 (1997) (Phil). The Family Courts have exclusive original jurisdiction of, among others, criminal cases where the accused is below 18 years of age or where the victim is a minor; petitions for guardianship, custody of children, habeas corpus of children; petitions for adoption of children; complaints for annulment of marriage; declaration of nullity of marriage and those relating to marital status and property relations of husband and wife; petitions for support and/or acknowledgment; petitions for declaration of status of children as abandoned, dependent or neglected; petitions for voluntary or involuntary commitment of children; the suspension, termination, or restoration of parental authority; and petitions for the constitution of the family home. Special Protection of Children Against Abuse, Exploitation and Discrimination Act, Republic Act No. 7610 (1992), amended by Republic Act No. 7658, § 5 (1993). The Family Courts also have exclusive original jurisdiction on cases of domestic violence against women and children. Family Courts Act of 1997 § 5(k).
87. Family Courts Act of 1997 § 25.
88. These include all violations of city or municipal ordinances, offenses punishable with imprisonment not exceeding six years, civil actions where the value of the personal property, or amount of the demand does not exceed 100,000 pesos or, in Metro Manila where such personal property, or amount of the demand does not exceed 200,000 pesos. Judiciary Reorganization Act of 1980, No. 129, §§ 32.2, 331 (1980) (Phil).
89. CHAN ROBLES VIRTUAL LAW LIBRARY, PHILIPPINE JUDICIAL SYSTEM, MUNICIPAL TRIAL COURTS, *supra* note 75. It is referred to as such if it covers only one municipality; otherwise, it is called Municipal Circuit Trial Court if it covers two or more municipalities. *Id.*
90. Administrative Circular No. 14-93, § I (1993) (Phil). The exceptions, *inter alia*, are where one party is the government; where one party is a public officer or employee and the dispute involves the performance of his official duties; generally, disputes involving parties who actually reside in barangays of different cities or municipalities; offenses for which the law prescribes a maximum penalty of imprisonment exceeding one year or a fine of over 5,000 pesos; disputes where urgent legal action is necessary to prevent injustice from being committed or further continued; and labor disputes arising from employer-employee relations. *Id.*
91. Administrative Circular No. 14-93 § IV.
92. CHAN ROBLES VIRTUAL LAW LIBRARY, PHILIPPINE JUDICIAL SYSTEM, COURT OF TAX APPEALS, *supra* note 75.
93. See An Act to Strengthen the Functional and Structural Organization of the Sandiganbayan, Amending for that Purpose Presidential Decree No. 1606, as amended, Republic Act No. 7975, § 2 (1995); An Act Further Defining the Jurisdiction of the Sandiganbayan, Amending for the Purpose Presidential Decree No. 1606, as amended, Providing Funds Therefor, and for Other Purposes, Republic Act No. 8249, § 4 (1997) (Phil).
94. Code of Muslim Personal Laws of the Philippines, Presidential Decree No. 1083, art. 137 (1977) (Phil).
95. *Id.* art. 154.
96. *Id.* art. 144; CHAN ROBLES VIRTUAL LAW LIBRARY, PHILIPPINE JUDICIAL SYSTEM, BACKGROUND ON PHILIPPINE JUDICIAL SYSTEM, *supra* note 75. Sharia district courts are presided over by one judge. Code of Muslim Personal Laws of the Philippines art. 138.
97. See Code of Muslim Personal Laws of the Philippines.
98. An Act Providing for an Organic Act for the Autonomous Region in Muslim Mindanao, Republic Act No. 6734, art. IX, §§ 2-12 (1989) (Phil). It might seem confusing that the Sharia Circuit and District Courts are created by one Act – the Code of Muslim Personal Laws, while the Sharia Appellate Court is created under another Act – the Act for the Autonomous Region in Muslim Mindanao. This is because the Sharia Circuit and District Courts were created in 1977, before there ever was an Autonomous Region. The Autonomous Region was created in 1989 and, as a result, a Sharia Appellate Court was also created to add to the already existing Sharia Circuit and District Courts in Muslim Mindanao. *Id.* art. IX, § 2. The Sharia Appellate Court is comprised of one Presiding Justice and two Associate Justices. *Id.* art. IX, § 3.
99. An Act Providing for an Organic Act for the Autonomous Region in Muslim Mindanao art. IX, § 5(2).
100. See *id.* art. IX, § 6.
101. *Id.* art. IX, § 14; An Act Providing for an Organic Act for the Cordillera Autonomous Region, Republic Act No. 6766, art. VII, § 1 (1989) (Phil).
102. An Act Providing for an Organic Act for the Autonomous Region in Muslim Mindanao art. IX, § 14.
103. *Id.* art. IX, § 17(1).
104. *Id.* art. IX, § 17(3).
105. Press Release, Integrated Bar of the Philippines, MOU on Katarungang Pambarangay Law signed (Nov. 2002), <http://www.ibp.org.ph/mainframe/pressrelease/pressrelease.php?id=30> (last visited May 5, 2005); BERNARDO T. PONFERRADA, BARANGAY JUSTICE SYSTEM AND OTHER ALTERNATIVE DISPUTE RESOLUTION MECHANICS (MEDIATION) IN THE PHILIPPINES I, <http://www.moj.go.jp/ENGLISH/RATI/ICD/icd-29.pdf> (last visited May 5, 2005).
106. PONFERRADA, *supra* note 105, at 1.
107. Pursuant to section 2, rule VI of the 1991 Katarungang Pambarangay Implementing Rules. PONFERRADA, *supra* note 105, at 2.
108. PONFERRADA, *supra* note 105, at 1; Local Government Code of 1991, Republic Act No. 7160, bk. III, tit. 1, ch. 7 (1991) (Phil). A Supreme Court – UNDP Issue Paper on Local Autonomy and Administration of Justice conducted by the Ateneo School of Government, indicates that in 1988 alone, a total of 279,115 barangay disputes were recorded nationally. Out of this total, 236,452 cases were settled (84% resolution rate). *Id.* at 2.
109. PONFERRADA, *supra* note 105, at 1.
110. *Id.* at 2.
111. *Id.*
112. *Id.*
113. *Id.*
114. *Id.* at 6. Some Alternative Dispute Resolution mechanisms are unwritten based on one's honor and are effective among the cultural minorities. *Id.* at 1.
115. Alternative Dispute Resolution Act of 2004, Republic Act No. 9285 (2004) (Phil).
116. The Indigenous Peoples Rights Act of 1997, Republic Act No. 8371, § 15 (1997) (Phil).
117. NATIONAL STATISTICAL COORDINATION BOARD, PHILIPPINE STATISTICAL SYSTEM, DATABASES, PHILIPPINE STANDARD GEOGRAPHIC CODES, LIST OF REGIONS, (figures as of June 2005) <http://www.nscb.gov.ph/activestats/psgc/listreg.asp> (last visited Sept. 22, 2005).
118. PHIL. CONST., arts. II, § 25, X, §§ 1-2; Local Government Code of 1991, Republic Act No. 7160, §§ 440-442, 448-453, 459-462 (1991) (Phil); NATIONAL STATISTICAL COORDINATION BOARD, A CITY AND A BARANGAY WERE CREATED (2004) (figures as of Dec. 31, 2004), http://www.nscb.gov.ph/factsheet/pdf05/fs1_05.asp (Jan. 27, 2005). A barangay is made up of a number of sitios (neighborhoods) which are groups of households that form the basic foundations of society above the family level. Each sitio comprises about 15 to 30 households (mostly part of the same family), and most barangays number from 150 to 200 households. Groups of barangays are combined into municipalities. See LIBRARY OF CONGRESS COUNTRY STUDIES, PHILIPPINES, *supra* note 4, ch. 2, Rural Social Patterns.
119. WIKIPEDIA, THE FREE ENCYCLOPEDIA, REGIONS OF THE PHILIPPINES, http://en.wikipedia.org/wiki/Regions_of_the_Philippines (last modified Apr. 6, 2005).
120. *Id.*
121. *Id.*
122. See LIBRARY OF CONGRESS, PHILIPPINES, *supra* note 4, ch. 4 Organization. Congress passed a law creating an Autonomous Region in Cordillera, but a 1990 referendum held in five provinces of the region failed to ratify autonomy. In 1991, the Supreme Court voided the Cordillera Autonomous Region, stating that Congress never intended for a single province to constitute an autonomous region. *Id.* ch. 4, Regional Autonomy.
123. *Id.* ch. 4.
124. *Id.*
125. *Id.*
126. *Id.*
127. Local Government Code of 1991, Republic Act No. 7160, §§ 465-466 (1991) (Phil).
128. *Id.* §§ 455-456.
129. *Id.* §§ 444-445.
130. *Id.* §§ 389(a), 423(a).
131. *Id.* §§ 390, 447, 457, 467.
132. *Id.* §§ 446(a), 457(a), 467(a).
133. *Id.* §§ 446(b), 457(b), 467(b).
134. *Id.* § 384.
135. *Id.* § 384. See Administrative Circular No. 14-93 (1993) (Phil).
136. Local Government Code of 1991 § 423(a).
137. *Id.* § 430.
138. Local Government Code of 1991, Republic Act No. 7160, § 43 (1991) (Phil), amended by Republic Act No. 8524, § 1 (1998) (Phil).
139. PHIL. CONST., art. X, § 3. See Local Government Code of 1991 tit. 9, ch. 2.
140. PHIL. CONST., art. X, § 5. See Local Government Code of 1991 §§ 384-386, 440-442, 448-453, 459-462.
141. PHIL. CONST., art. X, § 2.
142. *Id.* art. X, § 4.
143. An Act Providing for an Organic Act for the Autonomous Region in Muslim Mindanao, Republic Act No. 6734, art. IV, § 2 (1989) (Phil). The first regular elections for regional governor, regional vice-governor and members of the Regional Legislative Assembly of the Autonomous Region in Muslim Mindanao were held in March, 1993. An Act Providing for the Date of Regular Elections for Regional Governor, Regional Vice-governor and Members of the Regional Legislative Assembly of the Autonomous Region in Muslim Mindanao and for other Purposes, Republic Act No. 7647, § 1 (1993) (Phil) amended by Republic Act No. 8746, § 1 (1999) (Phil).
144. An Act Providing for an Organic Act for the Autonomous Region in Muslim Mindanao art. VIII. In case of death, permanent disability, removal from office, or resignation of the Governor, the Vice-Governor shall become Governor to serve the unexpired term. In case of death, permanent disability, removal from office, or the resignation of both the Governor and the Vice-Governor, the Speaker of the Regional Assembly shall act as Governor until the Governor and Vice-Governor are elected and qualified in a special election called for the purpose. *Id.* art. VIII, § 10. The Regional Governor or the

- Vice-Governor may be removed from office for culpable violation of the Constitution or the Organic Act, treason, bribery, graft and corruption, other high crimes or betrayal of public trust by a three-fourths (3/4) vote of all the Members of the Regional Assembly. *Id.* art. VIII, § 12.
145. *Id.* art. VIII, § 6(1)–(2). To qualify as a governor and vice-governor, one must be a Philippine citizen, a registered voter of the autonomous region, at least 35 years old, and a resident of the autonomous region for at least five years immediately preceding the election. *Id.* art. VIII, §§ 3–4.
146. *Id.* art. VIII, § 2.
147. *Id.* art. VIII, § 17.
148. *Id.* art. VIII, § 4. The Vice-Governor serves for three-year terms for a maximum of two consecutive terms. *Id.* art. VIII, § 6(1)–(2).
149. *Id.* art. VIII, § 18.
150. *Id.*
151. *Id.* art. VII, § 1. The organic act of autonomous regions shall provide for legislative powers over: (1) administrative organization; (2) creation of sources of revenues; (3) ancestral domain and natural resources; (4) personal, family, and property relations; (5) regional urban and rural planning development; (6) economic, social, and tourism development; (7) educational policies; (8) preservation and development of the cultural heritage; and (9) such other matters as may be authorized by law for the promotion of the general welfare of the people of the region. PHIL. CONST., art. X, § 20.
152. An Act Providing for an Organic Act for the Autonomous Region in Muslim Mindanao, Republic Act No. 6734, art. VII, § 4 (1989) (Phil.).
153. *Id.* art. VII, § 5. No person shall be a Member of the Regional Assembly unless he or she is: (1) a natural-born citizen of the Philippines; (2) at least 21 years of age on the day of the election; (3) able to read and write; (4) a registered voter of the district in which he or she shall be elected on the day he or she files the certificate of candidacy; and (5) a resident thereof for a period of not less than five years immediately preceding the day of the election. *Id.* art. VII, § 7.
154. *Id.* art. VI, § 1; PHIL. CONST., art. X, § 16.
155. PHIL. CONST., art. X, § 21.
156. See THE OFFICIAL GOVERNMENT PORTAL OF THE REPUBLIC OF THE PHILIPPINES, ABOUT THE PHILIPPINES, <http://www.gov.ph/aboutphil/general.asp> (last visited May 9, 2005).
157. The Indigenous Peoples Rights Act of 1997, Republic Act No. 8371, § 3(i) (1997) (Phil.).
158. *Id.* § 18.
159. RANDALL A. CHAMBERLAIN, REGULATING CIVIL SOCIETY: THE PHILIPPINE COUNCIL FOR NGO CERTIFICATION (PCNC) 8 (2000), <http://www.pcnc.com.ph/CivilSoc.PDF> (last visited May 6, 2005).
160. PEACE CORPS, AN NGO TRAINING GUIDE FOR PEACE CORPS VOLUNTEERS, MODULE 1: THE ROLE OF NGOS IN A CIVIL SOCIETY 22, http://www.peacecorps.gov/library/pdf/m0070/M0070_mod1.pdf (last visited May 6, 2005).
161. PHIL. CONST., art. II, § 23.
162. CHAMBERLAIN, *supra* note 159, at 8–9.
163. PHILIPPINE COUNCIL FOR NGO CERTIFICATION (PCNC), PCNC: BACKGROUND AND RATIONALE, <http://www.pcnc.com.ph/background-and-rationale.html> (last visited May 6, 2005).
164. *Id.*
165. Flores and Reynolds, *supra* note 71, citing S.M. Santos, Jr., “Common law elements in the Philippine mixed legal system” in 2 Australian Journal of Asian Law 34 (2000) at p. 34. See LIBRARY OF CONGRESS COUNTRY STUDIES, PHILIPPINES, *supra* note 4, ch. 5, Penal Law.
166. See LIBRARY OF CONGRESS COUNTRY STUDIES, PHILIPPINES, *supra* note 4, ch. 4, Constitutional Framework.
167. PHIL. CONST., art. III, §§ 1, 5, 11.
168. *Id.* art. XIII, § 1.
169. *Id.* art. XIII, § 17. Commission on Human Rights is vested with several powers, including the power to investigate human rights violations; provide appropriate legal measures for the protection of human rights; promote human rights through education and research; and monitor the Philippine government’s compliance with international treaty obligations, amongst others. *Id.* art. XIII, §§ 17–18(1), (3), (5), (7).
170. *Id.* arts. II, XV.
171. *Id.* art. II, § 6.
172. *Id.* art. II, § 12.
173. *Id.* art. II, § 22.
174. Civil Code of the Philippines, Republic Act No. 386 (1949); Revised Penal Code of the Philippines, Republic Act No. 3815 (1930); Family Code of the Philippines, Executive Order No. 209 (1987); Labor Code of the Philippines, Presidential Decree No. 442, as amended (1974); Child and Youth Welfare Code of the Philippines, Presidential Decree No. 603 (1974).
175. Flores and Reynolds, *supra* note 71, citing S.M. Santos, Jr., “Common law elements in the Philippine mixed legal system” in 2 Australian Journal of Asian Law 34 (2000) at 34. See The Indigenous Peoples Rights Act of 1997, Republic Act No. 8371 (1997) (Phil.); see also Code of Muslim Personal Laws of the Philippines, Presidential Decree No. 1083 (1977) (Phil.); see also An Act Providing for an Organic Act for the Autonomous Region in Muslim Mindanao, Republic Act No. 6734 (1989) (Phil.). The National Commission on Indigenous Peoples (NCIP) was created to formulate and implement policies and programs protecting and promoting the rights of indigenous peoples. The Indigenous Peoples Rights Act of 1997 § 3(k).
176. Code of Muslim Personal Laws of the Philippines, bk. II, tit. I, arts. 8–9.
177. *Id.* bk. IV, tit. I, art. 137.
178. *Id.* bk. V, tit. V.
179. The Indigenous Peoples Rights Act of 1997.
180. PHIL. CONST., art. II, § 11.
181. *Id.* art. II, § 9.
182. *Id.* art. II, § 10.
183. See NAT’L ECON. & DEV. AUTH., REPUBLIC OF THE PHIL., MEDIUM TERM PHILIPPINE DEVELOPMENT PLAN 2004–2010 (PowerPoint presentation), http://www.neda.gov.ph/econreports_dbs.asp (Jan. 24, 2005) [hereinafter NEDPA PowerPoint presentation]; see also NAT’L ECON. & DEV. AUTH., REPUBLIC OF THE PHIL., MEDIUM TERM PHILIPPINE DEVELOPMENT PLAN 2004–2010 (Press Release), <http://www.news.ops.gov.ph/mtdpdp2004-2010.htm> (last visited May 9, 2005).
184. NATIONAL ECONOMIC AND DEVELOPMENT AUTHORITY, REPUBLIC OF THE PHILIPPINES, MEDIUM TERM PHILIPPINE DEVELOPMENT PLAN 2004–2010 (2004), available at <http://www.neda.gov.ph/.../ads/mtdpdp/MTDPDP2004-2010/20NEDA%20v11-12.pdf> (last visited May 10, 2005) [hereinafter NEDA MEDIUM TERM DEVELOPMENT PLAN].
185. PHIL. CONST., art. VII, § 21.
186. *Id.* art. II, § 2.
187. Convention on the Elimination of All Forms of Discrimination against Women, adopted Dec. 18, 1979, G.A. Res. 34/180, U.N. GAOR, 34th Sess., Supp. No. 46, at 193, U.N. Doc. A/34/46 (1979) (entered into force Sept. 3, 1981) (ratified by the Philippines Sept. 4, 1981); Optional Protocol to the Convention on the Elimination of Discrimination against Women, Oct. 6, 1999, G.A. Res. 54/4, U.N. GAOR, 54th Sess., U.N. Doc A/Res/54/4 (1999) (entered into force Dec. 22, 2000) (ratified by the Philippines Feb. 12, 2004).
188. Convention on the Rights of the Child, adopted Nov. 20, 1989, G.A. Res. 44/25, annex, U.N. GAOR, 44th Sess., Supp. No. 49, at 166, U.N. Doc. A/44/49 (1989) reprinted in 28 I.L.M. 1448 (entered into force Sept. 2, 1990) (ratified by the Philippines Sept. 20, 1990).
189. Optional Protocol to the Convention of the Rights of the Child on the involvement of children in armed conflict, adopted May 25, 2000, G.A. Res. 54/263, U.N. GAOR, 54th Sess., U.N. Doc No. A/RES/54/263 (entered into force Feb. 12, 2002) (ratified by the Philippines Sept. 26, 2003).
190. Optional Protocol to the Convention of the Rights of the Child on the sale of children, child prostitution and child pornography, adopted May 25, 2000, G.A. Res. 54/263, U.N. GAOR, 54th Sess., U.N. Doc A/RES/54/263 (2000) (entered into force Jan. 18, 2002) (ratified by the Philippines June 28, 2002).
191. International Convention on the Elimination of All Forms of Racial Discrimination, 660 U.N.T.S. 195 (entered into force Jan. 4, 1969) (ratified with declaration by the Philippines Jan. 4, 1969).
192. International Covenant on Civil and Political Rights, adopted Dec. 16, 1966, G.A. Res. 2200A (XXI), U.N. GAOR, 21st Sess., Supp. No. 16, U.N. Doc A/6316 (1966), 999 U.N.T.S. 171 (entered into force Mar. 23, 1976) (ratified with declaration by the Philippines Jan. 23, 1987).
193. Optional Protocol to the International Covenant on Civil and Political Rights, G.A. Res. 2200A (XXI), U.N. GAOR, 21st Sess., Supp. No. 16, at 59, U.N. Doc. A/6316, 999 U.N.T.S. 302 (entered into force Mar. 23, 1976) (accession by the Philippines Nov. 22, 1989).
194. International Covenant on Economic, Social and Cultural Rights, G.A. Res. 2200A (XXI), U.N. GAOR, Supp. No. 16, at 49, U.N. Doc A/6316 (1966), 999 U.N.T.S. 3 (entered into force Jan. 3, 1976) (ratified by the Philippines Jan. 3, 1976).
195. Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, adopted Dec. 10, 1984, G.A. Res. 39/46, U.N. GAOR, 39th Sess., Supp. No. 51, at 197, U.N. Doc. A/39/51 (1984), 1465 U.N.T.S. 85 (entered into force June 26, 1987) (accession with declarations by the Philippines June 26, 1987).
196. International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, adopted Dec. 18, 1990, G.A. Res. 45/158, Annex 45, U.N. GAOR, 45th Sess., Supp. No. 49A, at 262, U.N. Doc. A/45/49 (1990) (entered into force July 1, 2003) (ratified by the Philippines July 1, 2003).
197. Vienna Declaration and Programme of Action, World Conference on Human Rights, Vienna, Austria, June 14–25, 1993, U.N. Doc. A/CONF.157/23 (1993); Programme of Action of the International Conference on Population and Development, Cairo, Egypt, Sept. 5–13, 1994, U.N. Doc. A/CONF.171/13/Rev.1 (1995); Beijing Declaration and the Platform for Action, Fourth World Conference on Women, Beijing, China, Sept. 4–15, 1995, U.N. Doc. A/CONF.177/20 (1995); Millennium Declaration, Millennium Assembly, New York, United States, Sept. 6–8, 2000, U.N. GAOR, 55th Sess., U.N. Doc. A/Res/55/2 (2000).
198. PHIL. CONST., art. II, § 15.
199. *Id.* art. II, § 9.
200. *Id.* art. XIII, § 11.
201. NEDA MEDIUM TERM DEVELOPMENT PLAN, *supra* note 184; DEPARTMENT OF HEALTH, REPUBLIC OF THE PHILIPPINES, NATIONAL OBJECTIVES FOR HEALTH, PHILIPPINES 1999–2004, at 17 (1999); DEPARTMENT OF HEALTH, REPUBLIC OF THE PHILIPPINES, HEALTH SECTOR REFORM AGENDA, at iii (1999). See DEPARTMENT OF HEALTH, REPUBLIC OF THE PHILIPPINES, THE PHILIPPINES HEALTH SECTOR REFORM AGENDA, Philippines Chalks Up Modest Health Sector Reform Achievement But Needs to Address Risks, <http://www.doh.gov.ph/h سرا/tsk/index.htm> (last visited May 10, 2005).
202. NEDA MEDIUM TERM DEVELOPMENT PLAN, *supra* note 184, at x.
203. NEDPA PowerPoint presentation, *supra* note 183.
204. See NATIONAL OBJECTIVES FOR HEALTH, PHILIPPINES 1999–2004, *supra* note 201, at i (“...correlation of poor health and lower socioeconomic status... no means of paying ...”).
205. 2002 PHILIPPINE STATISTICAL YEARBOOK, at 2–24 tbl.2.11 (2002). In 2000, 394% of the

- population had an annual per capita income that falls below the annual per capita poverty threshold, which is defined as the annual per capita income required to satisfy nutritional requirements and other basic needs. *Id.*
206. NATIONAL OBJECTIVES FOR HEALTH, PHILIPPINES 1999–2004, *supra* note 201, at i–ii.
207. *Id.* at 25.
208. *Id.* at 83.
209. *Id.* at 88.
210. *Id.* at 90–93.
211. *Id.* at 95.
212. *Id.* at 99.
213. *Id.* at 100–101.
214. *Id.* at 102–105.
215. *Id.* at 106–115.
216. *Id.* at 122–123.
217. *Id.* at 122.
218. *Id.* at 171–172.
219. *Id.* at 189–190.
220. *Id.* at 18.
221. *Id.* at 19.
222. *Id.* at 20.
223. *Id.* at 20.
224. *Id.* at 21.
225. HEALTH SECTOR REFORM AGENDA, *supra* note 201, at iii–iv (1999); COMMISSION ON POPULATION, PHILIPPINE MANAGEMENT PROGRAM DIRECTIONAL PLAN, 2001–2004, at 31–32 (2001).
226. Exec. Order No. 102, Redirecting the Functions and Operations of the Department of Health § 2(a) (1999) (Phil).
227. *Id.* § 1. Assistance refers to technical collaborations, logistical support, grant provisions or allocations, and other partnership mechanisms. *Id.* § 2(j).
228. *Id.* § 2(b).
229. *Id.* §§ 2(g), 3(d).
230. NATIONAL STATISTICAL COORDINATION BOARD, PHILIPPINE STATISTICAL SYSTEM, DATABASES, PHILIPPINE STANDARD GEOGRAPHIC CODES, LIST OF REGIONS, (figures as of June 2005) <http://www.nscb.gov.ph/activestats/psgc/listreg.asp> (last visited Sept. 22, 2005); NATIONAL OBJECTIVES FOR HEALTH, PHILIPPINES 1999–2004, *supra* note 201, at 12 (1999).
231. 2002 PHILIPPINE STATISTICAL YEARBOOK, *supra* note 205, 9–29.
232. *Id.* 9–31 (numbers from 1999 & 1997 respectively).
233. NATIONAL OBJECTIVES FOR HEALTH, PHILIPPINES 1999–2004, *supra* note 201, at 12.
234. *Id.* at 14.
235. *Id.* at 13.
236. Local Government Code of 1991, Republic Act No. 7160, § 17 (1991) (Phil); NATIONAL OBJECTIVES FOR HEALTH, PHILIPPINES 1999–2004, *supra* note 201, at 12.
237. DEPARTMENT OF HEALTH, REPUBLIC OF THE PHILIPPINES & PLARIDEL COMMUNICATIONS COOPERATIVE, PRIMER ON DEVOLUTION OF HEALTH SERVICES 3.
238. Local government units are the political subdivisions of the Philippines, that is, provinces, cities, municipalities, and barangays (villages). During the writing of this report, there were 79 provinces, 114 cities, 1,496 municipalities, and over 40,000 barangays in the Philippines. NATIONAL OBJECTIVES FOR HEALTH, PHILIPPINES 1999–2004, *supra* note 201, at 4; 2002 PHILIPPINE STATISTICAL YEARBOOK, *supra* note 205, 15–16.
239. PRIMER ON DEVOLUTION OF HEALTH SERVICES, *supra* note 237, at 2.
240. U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT, MISSION IN THE PHILIPPINES, LOCAL GOVERNMENT UNIT PERFORMANCE PROGRAM (LPP), http://www.usaid-ph.gov/health%20lpp_usaid.htm (last modified August 2001) [hereinafter USAID LOCAL GOVERNMENT PROGRAM].
241. U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT, MISSION IN THE PHILIPPINES, FINAL ASSESSMENT REPORT: USAID/PHILIPPINES SUPPORT TO LOCAL GOVERNMENTS FOR FAMILY PLANNING AND HEALTH (2002), <http://www.usaid-ph.gov/Documents/MGP%20assessment.doc> (April 20, 2002).
242. USAID LOCAL GOVERNMENT PROGRAM, *supra* note 240.
243. See DEPARTMENT OF HEALTH, REPUBLIC OF THE PHILIPPINES, SENTRONG SIGLA 2003–2007, PHASE II, at 2, <http://www.doh.gov.ph/sigla> (last visited May 27, 2005). Email from Dr. Junice L. Demeterio-Melgar, Likhaan, to Nile Park, Center for Reproductive Rights (May 23, 2005, 04:45:00 EST) (on file with the Center for Reproductive Rights).
244. DEPARTMENT OF HEALTH, REPUBLIC OF THE PHILIPPINES, ICHSP: DOH RESPONSE TO DEVOLUTION, <http://www.doh.gov.ph/ichsp/html/response.htm> (last visited May 10, 2005).
245. 2002 PHILIPPINE STATISTICAL YEARBOOK, *supra* note 205, 9–29.
246. See *id.* (figure extrapolated from the a total of 1708 hospitals).
247. USAID, MISSION IN THE PHILIPPINES, USAID/PHILIPPINES STRATEGY FISCAL YEAR 2005–2009, at 10 (2004), [http://www.usaid-ph.gov/Documents/USAID%20Phils.%20Strategy%20\(Public\)2005-2009.doc](http://www.usaid-ph.gov/Documents/USAID%20Phils.%20Strategy%20(Public)2005-2009.doc) (Mar. 14, 2005).
248. NATIONAL STATISTICAL COORDINATION BOARD, 2002 PHILIPPINE NATIONAL HEALTH ACCOUNTS, SOURCES OF FUNDS FOR HEALTH, <http://www.nscb.gov.ph/stats/pnha/default.asp> (last visited Apr. 8, 2005) [hereinafter NSCB SOURCES OF FUNDS FOR HEALTH].
249. NATIONAL STATISTICAL COORDINATION BOARD, 2002 PHILIPPINE NATIONAL HEALTH ACCOUNTS, EXECUTIVE SUMMARY, <http://www.nscb.gov.ph/stats/pnha/exsum.asp> (posted July 13, 2003).
250. NSCB SOURCES OF FUNDS FOR HEALTH, *supra* note 248.
251. *Id.*
252. PHILIPPINE MANAGEMENT PROGRAM DIRECTIONAL PLAN, 2001–2004, *supra* note 225, at 35.
253. *Id.*
254. DEPARTMENT OF HEALTH, REPUBLIC OF THE PHILIPPINES, ANNUAL REPORT 2001, SETTING THE MOMENTUM FOR HEALTH REFORMS 22 (2001), http://www.doh.gov.ph/library/references/doh_ar_2001.pdf (last visited May 19, 2005).
255. NATIONAL STATISTICAL COORDINATION BOARD, 2002 PHILIPPINE NATIONAL HEALTH ACCOUNTS, GOVERNMENT EXPENDITURES, <http://www.nscb.gov.ph/stats/pnha/government.asp> (posted July 13, 2003).
256. Orville Solon, et. Al. Insurance and Price Discrimination in the Market for Hospital Services in the Philippines, in Health Sector Reform in Asia: Proceedings of the Regional Conference 22–25 May 1995, 138.
257. NATIONAL OBJECTIVES FOR HEALTH, PHILIPPINES 1999–2004, *supra* note 201, at 13.
258. NSCB SOURCES OF FUNDS FOR HEALTH, *supra* note 248.
259. National Health Insurance Act of 1995, Republic Act No. 7875, art. III, § 5 (1995) (Phil).
260. *Id.* art. IV, § 16(a).
261. *Id.* art. I, § 2(b), (l).
262. NATIONAL STATISTICS OFFICE & ORC MARCO, NATIONAL DEMOGRAPHIC AND HEALTH SURVEY 2003, at xxi (2004).
263. *Id.*
264. PAUL GERTLER & ORVILLE SOLON, WHO BENEFITS FROM SOCIAL HEALTH INSURANCE? EVIDENCE FROM THE PHILIPPINES 18 (2002), http://faculty.haas.berkeley.edu/gertler/working_papers/Gertler-Solon%20Philippines%20Hopsital%20Paper%203-1-02.pdf (Mar. 1, 2002).
265. *Id.* at 26. The data was gathered in 1991, before the national insurance program was instituted.
266. In 1997, the John Snow Research and Training Institute, through a program called “Technical Assistance for the Conduct of Integrated Family Planning and Maternal Health Activities by Philippine Non-Governmental Organizations (TANGO),” funded by the United States Agency for International Development, established a network of clinics called Well Family Midwife Clinics (WFMCs). WELL-FAMILY MIDWIFE CLINIC, ABOUT WFMC, <http://www.wfmc.com.ph/wfmc.htm> (last visited May 10, 2005). These WFMCs are owned and operated by licensed midwives and provide family planning, maternal and child health services as well as other services such as basic life support and referrals. *Id.* WFMCs receive subsidies in supplies and administrative and technical assistance from external funding. *Id.* WFMCs cater to low- and middle-income families. *Id.*
267. EMILY CHRISTI A. CABEGIN ET AL., WILLINGNESS TO PAY FOR WELL-FAMILY MIDWIFE SERVICES IN THE PHILIPPINES 12 (2001), http://www.dec.org/pdf_docs/PNACN612.pdf (Dec. 2001).
268. Also known as the food and drug administration. Food, Drug, and Cosmetic Act, Republic Act No. 3720, § 3 (1963) (Phil), amended by Exec. Order No. 175, Further Amending Republic Act No. 3750, § 4 (1987) (Phil).
269. *Id.* §§ 4(e), 11, 21–B, amended by Exec. Order No. 175, Further Amending Republic Act No. 3750, §§ 7–8, 15 (1987) (Phil).
270. *Id.* § 21(b)(1)–(2), amended by Exec. Order No. 175, Further Amending Republic Act No. 3750, § 14 (1987) (Phil).
271. *Id.* § 26(a), amended by Exec. Order No. 175, Further Amending Republic Act No. 3750, § 19 (1987) (Phil).
272. BUREAU OF HEALTH DEVICES AND TECHNOLOGY, DEPARTMENT OF HEALTH, REPUBLIC OF THE PHILIPPINES, BRIEF DESCRIPTION, <http://www.doh.gov.ph/bhdt/overview.htm> (last visited May 11, 2005).
273. PHIL. CONST., art. XIII, § 12.
274. Creating The Professional Regulation Commission and Prescribing Its Powers and Functions, Presidential Decree No. 223, § 5 (1973) (Phil).
275. *Id.* § 6(g). For example, the Board of Medicine requires that an applicant must not have been convicted by a court of any offense involving moral turpitude, must be a holder of the degree of Doctor of Medicine or its equivalent from a government-recognized college of medicine, and twenty-one years of age. The Medical Act of 1959, Republic Act No. 2382, art. 3, § 9 (1959) (Phil). The Board of Nursing requires that an applicant must have a bachelor’s degree in nursing from a duly-recognized institution and must be at least eighteen years old. Philippine Nursing Act of 1991, Republic Act No. 7164, § 13(b), (d) (1991). The Board of Pharmacy requires an applicant to have a bachelor’s degree in pharmacy and to complete an internship program. An Act Regulating the Practice of Pharmacy and Setting Standards of Pharmaceutical Education in the Philippines and for Other Purposes, Republic Act No. 5921, § 18(c)–(d) (1969).
276. For example, the Code of Ethics of the Medical Profession in the Philippines, promulgated as Republic Act No. 4224, outlines different duties of Filipino physicians to their patients, community, colleagues and the profession. Jose Maria Enriquez Ferrer, Code of Ethics of the Medical Profession in the Philippines, PINOY.MD, <http://pinoy.md/modules/news/article.php?storyid=101> (June 13, 2003).
277. The Medical Act of 1959 art. 3, § 24(5).
278. The Code of Conduct and Ethical Standards for Public Officials and Employees, Republic Act No. 6713, §§ 2, 3(b) (1989) (Phil).
279. Magna Carta of Public Health Workers, Republic Act No. 7305, § 1 (1992) (Phil) (corresponds to Magna Carta of Public Health Workers, Republic Act No. 7305, Revised Implementing Rules and Regulations (1999) (Phil)).
280. Magna Carta of Public Health Workers, Republic Act No. 7305, Revised Imple-

- menting Rules and Regulations, R. XIII (1999) (Phil).
281. Traditional and Alternative Medicine Act of 1997, Republic Act No. 8423, § 5 (1997) (Phil).
282. Revised Rules and Regulations Governing the Registration, Licensure and Operation of Hospitals and Other Health Facilities in the Philippines, Administrative Order No. 70-A s. 2002, § 5 (2002) (Phil).
283. *Id.* § 94.
284. *Id.* § 11.
285. *Id.* § 17.
286. PHILIPPINE HEALTH INSURANCE CORPORATION, ACCREDITATION (2000), <http://www.philhealth.gov.ph/accreditation.htm> (last visited May 11, 2005).
287. *Id.*
288. Anti-Medical Malpractice Act of 2004, Senate Bill No. 1720, 13th Cong., 1st Reg. Sess. § 4 (2004) (Phil).
289. *Id.* § 3(2)–(3).
290. Philippine Medical Association, Position Paper of the Philippine Medical Association on S.B. 743– An Act Punishing the Malpractice of Any Medical Practitioner in the Philippines and for Other Purposes, Introduced by Senator Manuel B. Villar 14–15, <http://www.pma.com.ph/PositionPaperOnSenateBill743.doc> (last visited May 19, 2005).
291. See Revised Penal Code, No. 3815 (1930) (Phil); Civil Code of the Philippines, Republic Act No. 386 (1949).
292. See e.g., Revised Penal Code art. 365; Civil Code of the Philippines arts. 1172–1174, 2177–2179.
293. Magna Carta of Public Health Workers, Republic Act No. 7305, § 13(c) (1992) (Phil) (corresponds to Magna Carta of Public Health Workers, Republic Act No. 7305, Revised Implementing Rules and Regulations (1999) (Phil)).
294. PHILIPPINE MEDICAL ASSOCIATION, CODE OF ETHICS OF THE MEDICAL PROFESSION, art. 2, § 4 (1960) (amended 1965 and 1993), http://www.pma.com.ph/01%20PMA_back_6CodeofEthics.asp (May 25, 1993).
295. *Id.*
296. Pending at the House of Representatives are House Bill Number (HBN) 666 (14 patient's rights) and HBN 2524 (13 patient's rights), both titled "An Act Declaring the Rights of Patients and Prescribing Penalties for Violations Thereof." Pending at the Senate are Senate Bill Number (SBN) 2235, SBN 868, and SBN 588, all titled "An Act Declaring the Rights of Patients and Prescribing Penalties for Violations Thereof"; and SBN 1720, "An Act to Protect against medical malpractice, punishing the malpractice of any medical practitioner and requiring them to secure malpractice insurance and for other purposes (Anti-Medical Malpractice Act of 2004)."
297. HBN 2524 was presented at the 12th Congress. At the 13th Congress, the revised version of the bill was presented as SBN 588, with 15 patient's rights. Magna Carta of Patient's Rights, SBN 588; An Act Declaring The Rights And Obligations Of Patients And Establishing a Grievance Mechanism For Violations Thereof And For Other Purposes, House Bill No. 261 (2004) (Phil).
298. Magna Carta of Patient's Rights, HBN 2524; Magna Carta of Patient's Rights, SBN 588.
299. An Act Penalizing the Refusal of Hospitals and Medical Clinics to Administer Appropriate Initial Medical Treatment and Support in Emergency or Serious Cases, Amending for the Purpose Batas Pambansa Bilang 702, Otherwise Known as "An Act Prohibiting the Demand of Deposits or Advance Payments for the Confinement or Treatment of Patients in Hospitals and Medical Clinics in Certain Cases," Republic Act No. 8344, §§ 1, 4 (1996) (Phil).
300. PHIL. CONST. art. VX, § 3(a). Responsible parenthood is defined as the "will and ability to respond to the needs and aspirations of the family and the children" such as "making decisions on the timing, spacing and number of children within the context of gender equity and sensitivity in accordance with their culture and religions beliefs." PHILIPPINE MANAGEMENT PROGRAM DIRECTIONAL PLAN, 2001–2004, *supra* note 225 at 9–10, 30.
301. NEDA MEDIUM TERM DEVELOPMENT PLAN, *supra* note 184, at 161.
302. 3 POPULATION DIVISION, UNITED NATIONS, ABORTION POLICIES: A GLOBAL REVIEW 36 (2002). Administrative Order No. 1-A, January 15, 1998 (as cited in PPMP Directional Plan at 30); UNFPA & INTERNATIONAL PLANNED PARENTHOOD FEDERATION (IPPF), FACE TO FACE: FIELD VISITS, PHILIPPINES: SEXUAL AND REPRODUCTIVE HEALTH (1999), http://www.fieldvisits.org/plc_21.html (June 1999).
303. Department of Health, Office of the Secretary, Administrative Order No. 1-A s. 1998, Creation of a Philippine Reproductive Health Program; UNFPA & INTERNATIONAL PLANNED PARENTHOOD FEDERATION (IPPF), *supra* note 302.
304. The Reproductive Health Care Act of 2002, House Bill No. 4110, 12th Cong., 1st Reg. Sess. (2002) (Phil). The counterpart to this bill, SBN 2325 has been filed by Senator Rodolfo Biazon. Its first reading was on September 5, 2002, and it was then referred to the Committee(s) on Health And Demography and Youth, Women and Family Relations. It was also referred to the Committee on Finance on motion of the Chair.
305. The Reproductive Health Care Act of 2002, HBN 4110 § 2.
306. *Id.* § 6(a).
307. *Id.* § 8.
308. *Id.* § 7(a)–(d).
309. *Id.* § 10.
310. Responsible Parenthood and Population Management Act of 2005, House Bill No. 3773, 13th Cong., 1st Reg. Sess., §§ 3(j)–(k), 4(b), (g)(3), 6(e)(4), 12 (2005) (Phil); Email from Dr. Junice L. Demeterio-Melgar, Likhaan, to Nile Park, Center for Reproductive Rights, *supra* note 243.
311. Email from Clara Rita Padilla, Executive Director, EnGendeRights, to Nile Park, Center for Reproductive Rights (Nov. 3, 2004, 13:50:00 EST) (on file with the Center for Reproductive Rights).
312. UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURAL ORGANIZATION (UNESCO), NATIONAL LEGISLATION CONCERNING HUMAN REPRODUCTIVE AND THERAPEUTIC CLONING 12 (2004), <http://unesdoc.unesco.org/images/0013/001342/134277c.pdf> (June 2004).
313. Department of Health, Office of the Secretary, Administrative Order No. 125 S. 2002 National NFP Strategic Plan Year 2002–2006.
314. National Family Planning Policy, Administrative Order No. 50-A s. 2001, § IV(E)(1)–(2) (2001) (Phil); PHILIPPINE MANAGEMENT PROGRAM DIRECTIONAL PLAN, 2001–2004, *supra* note 225, at 38.
315. PHILIPPINE MANAGEMENT PROGRAM DIRECTIONAL PLAN, 2001–2004, *supra* note 225, at 39.
316. National Family Planning Policy § V, at 5–9; PHILIPPINE MANAGEMENT PROGRAM DIRECTIONAL PLAN, 2001–2004, *supra* note 225, at 39–41 (2001).
317. PHILIPPINES NATIONAL STATISTICS OFFICE, 2002 FAMILY PLANNING SURVEY, FINAL REPORT 14 tbl.4 (2003) [hereinafter 2002 FAMILY PLANNING SURVEY].
318. NATIONAL DEMOGRAPHIC AND HEALTH SURVEY 2003, *supra* note 262, at 58 tbl.5.4 (2004). The survey reports the percentage of currently married women age 15–49 using modern and traditional family planning methods.
319. *Id.*
320. *Id.*
321. *Id.*
322. *Id.*
323. 2002 FAMILY PLANNING SURVEY, *supra* note 317, at 23 tbl.9.
324. NATIONAL DEMOGRAPHIC AND HEALTH SURVEY 2003, *supra* note 262, at 100.
325. *Id.* at 101 tbl.7.10.
326. *Id.* at 101 tbl.7.9.
327. Revised Population Act of the Philippines, Presidential Decree No. 79, § 4(f), (i) (1972).
328. *Id.* § 5(a), (d); Presidential Decree No. 1204, § 1 (1977) (Phil).
329. Republic Act No. 4729, An Act to Regulate the Sale, Dispensation, and/or Distribution of Contraceptive Drugs and Devices (1966).
330. An Act Regulating the Practice of Pharmacy and Setting Standards of Pharmaceutical Education in the Philippines and for other Purposes, Republic Act No. 5921 (1969).
331. Pinky C. Serafica, Government's creeping conservatism in family planning, FILNURSE—ONLINE PHILIPPINE NURSING COMMUNITY, Aug. 12, 2002, <http://www.filnurse.com/greymatter/archives/00000045.shtml> (Aug. 12, 2002).
332. Delisting of Levonorgestrel 750mcg. (Postinor) from Bureau of Food and Drugs Registry of Drug Products, Bureau Circular No. 18 s. 2001 (2001) (Phil).
333. Presidential Decree No. 1013 (1976) (Phil).
334. COMMISSION ON POPULATION, REPUBLIC OF THE PHILIPPINES, PHILIPPINES COUNTRY REPORT, FIFTH ASIAN AND PACIFIC POPULATION CONFERENCE, 11–17 DECEMBER 2002, BANGKOK 42 (2002) [hereinafter PHILIPPINES REPORT TO ASIAN AND PACIFIC POPULATION CONFERENCE 2002].
335. National Family Planning Policy, Administrative Order No. 50-A s. 2001, § V(C)(6), at 7 (2001) (Phil).
336. *Id.*
337. See CODE OF ETHICS OF THE MEDICAL PROFESSION, *supra* note 294, art. 2, § 4.
338. PHILIPPINES REPORT TO ASIAN AND PACIFIC POPULATION CONFERENCE 2002, *supra* note 334, at 21; Working draft of *Women of the World: East and Southeast Asia*, Philippines, sec. II.B. at 20 (peer reviewed by Dr. Junice L. Demeterio-Melgar, Likhaan, rec'd May 10, 2005) (on file with the Center for Reproductive Rights).
339. Working draft of *Women of the World: East and Southeast Asia*, Philippines, sec. II.B. at 18 (peer reviewed by Dr. Junice L. Demeterio-Melgar, Likhaan, rec'd May 10, 2005) (on file with the Center for Reproductive Rights).
340. Guidelines on Advertisement and Promotions of Prescription Pharmaceutical Products, Bureau of Food and Drugs Regulation No. 5 s. 1987, § 3 (1987) (Phil).
341. *Id.*
342. 16 HUMAN RIGHTS WATCH, THE PHILIPPINES—UNPROTECTED: SEX, CONDOMS AND THE HUMAN RIGHT TO HEALTH 34 (2004).
343. *Id.*; "The Advertising Board of the Philippines or Adboard is a governing body composed of representatives of national organizations involved in advertising practice who have banded together to promote the development of the advertising industry through self-regulation, in harmony with industry goals. The Adboard is the umbrella organization of the advertising industry." PHILIPPINE CULTURE AND INFORMATION, OFFICIAL WEBSITE ON PHILIPPINE CULTURE AND INFORMATION, ADVERTISING IN THE PHILIPPINES, <http://www.pia.gov.ph/philinfo/phadv.htm> (last visited Sept. 21, 2005).
344. The Family Planning Organization of the Philippines was created in 1969 upon the merger of the Family Planning Association of the Philippines and Planned Parenthood Movement of the Philippines. FAMILY PLANNING ORGANIZATION OF THE PHILIPPINES, OUR STORY, <http://www.fp.org.ph/fpop/ourstory.htm> (last visited May 12, 2005).
345. CHRISTINE A. VARGA & IMELDA ZOSA-FERANIL, ADOLESCENT REPRODUCTIVE HEALTH IN PHILIPPINES: STATUS, ISSUES, POLICIES, AND PROGRAMS 19 (2003), http://policyproject.com/pubs/countryreports/ARH_Philippines.pdf (Jan. 2003).
346. 2002 FAMILY PLANNING SURVEY, *supra* note 317, at 31; PHILIPPINE MANAGEMENT PROGRAM DIRECTIONAL PLAN, 2001–2004, *supra* note 225, at 5.
347. PHILIPPINE MANAGEMENT PROGRAM DIRECTIONAL PLAN, 2001–2004, *supra* note 225, at 28.

348. *Id.*
349. National Family Planning Policy, Administrative Order No. 50-A s. 2001, at 2 (2001) (Phil).
350. Department of Health, Office of the Secretary, Department Circular No. 43 S. 1993, Sustainability of the Family Planning Program.
351. PHILIPPINE HEALTH INSURANCE CORPORATION, SERVICES AND BENEFITS, <http://www.philhealth.gov.ph/ipp.htm> (last visited May 12, 2005).
352. Implementing Guidelines for the Creation and Operationalization of Outreach/Itinerant Teams for Voluntary Sterilization Services, Administrative Order No. 153 s. 2002, § III(A) (2002) (Phil).
353. *Id.* § IV(B)(a).
354. FAMILY PLANNING SERVICE, DEPARTMENT OF HEALTH, REPUBLIC OF THE PHILIPPINES, CONTRACEPTIVE SUPPLIES: A MANUAL ON HOW TO OBTAIN CONTRACEPTIVES FROM THE PHILIPPINE FAMILY PLANNING PROGRAM 4 (1998).
355. PHILIPPINES REPORT TO ASIAN AND PACIFIC POPULATION CONFERENCE 2002, *supra* note 334, at 39.
356. *Id.*
357. Local Government Code of 1991, Republic Act No. 7160, § 17(b)(2)(iv) (1991) (Phil); PHILIPPINE MANAGEMENT PROGRAM DIRECTIONAL PLAN, 2001–2004, *supra* note 225, at 34.
358. Local Government Code of 1991 § 17(b)(2)(iv).
359. Exec. Order No. 307, Implementing a Family Planning Program at the Local Government Level (1996) (Phil).
360. Clara Rita A. Padilla, Local Policies Deny Women's Rights to Health, 1 RIGHTS NOW! 18, 18–19 (2002); FLORENCE MACAGBA TADIAR, REPRODUCTIVE HEALTH PROGRAMMES UNDER HEALTH REFORM: THE PHILIPPINE CASE, <http://www.icomp.org.my/Country/inno7b.html> (last visited May 13, 2005).
361. 16 HUMAN RIGHTS WATCH, *supra* note 342, at 28–31.
362. Email from Clara Rita Padilla, Executive Director, EnGendeRights, to Nile Park, Center for Reproductive Rights, *supra* note 311.
363. HEALTH SECTOR REFORM AGENDA, *supra* note 201, at iii–iv; PHILIPPINE MANAGEMENT PROGRAM DIRECTIONAL PLAN, 2001–2004, *supra* note 225, at 32.
364. 2002 FAMILY PLANNING SURVEY, *supra* note 317, at 31.
365. USAID, MISSION IN THE PHILIPPINES, USAID/PHILIPPINES STRATEGY FISCAL YEAR 2005–2009, *supra* note 247, at 10 (2004), [http://www.usaid-ph.gov/Documents/USAID%20Phils.%20Strategy%20\(Public\)2005-2009.doc](http://www.usaid-ph.gov/Documents/USAID%20Phils.%20Strategy%20(Public)2005-2009.doc) (Mar. 14, 2005).
366. PHILIPPINE NGO COUNCIL ON POPULATION, HEALTH AND WELFARE, INC. (PNGOC), PROGRAM THRUSTS (2005), http://www.pngoc.com/about_03.htm (last visited May 13, 2005).
367. *Id.*
368. Safe Motherhood Policy, Administrative Order No. 79 s. 2000, § 1 (2000) (Phil).
369. NATIONAL STATISTICS OFFICE & DEPARTMENT OF HEALTH, REPUBLIC OF THE PHILIPPINES, NATIONAL DEMOGRAPHIC AND HEALTH SURVEY 1998, § 8.6, at 128 (1999). The large sampling error associated with these estimates does not provide conclusive evidence that MMR has declined. COMMISSION ON POPULATION & UNFPA, ICDP AT 10: PHILIPPINES COUNTRY REPORT—PUTTING PEOPLE FIRST 24 (2004) [hereinafter COMMISSION ON POPULATION & UNFPA, PUTTING PEOPLE FIRST]. The UNICEF, WHO, and UNFPA evaluated the data in 2000 and made adjustments to account for the well-documented problems of underreporting and misclassification of maternal deaths. The adjusted MMR is 200 per 100,000 live births. UNICEF, AT A GLANCE: PHILIPPINES, http://www.unicef.org/infobycountry/philippines_statistics.html (last visited May 13, 2005).
370. This figure was adjusted to 4100 based on the UNICEF, WHO & UNFPA data analysis. UNICEF, WHO and UNFPA evaluated the data in 2000 and made adjustments to account for the well-documented problems of underreporting and misclassification of maternal deaths. The adjusted MMR is 200 per 100,000 live births. UNICEF, AT A GLANCE: PHILIPPINES, *supra* note 369.
371. NATIONAL STATISTICS OFFICE, VITAL STATISTICS, TIME SERIES DATA, REGISTERED MATERNAL DEATHS BY REGION, PROVINCE, AND CITY OF RESIDENCE: 1990–1998, <http://www.census.gov.ph/data/sectordata/tsmd90s.htm> (last modified Jan. 13, 2005).
372. NATIONAL STATISTICS OFFICE, DEATHS IN THE PHILIPPINES 2000, EXPLANATORY NOTES, <http://www.census.gov.ph/data/sectordata/sr0366tx.html> (last modified Feb. 27, 2004).
373. NATIONAL DEMOGRAPHIC AND HEALTH SURVEY 2003, *supra* note 262, § 9.1.1, at 117–119. However, only 72% of women in poverty receive prenatal care compared with 97% of wealthy women. *Id.* The majority of prenatal care was delivered through health professionals, usually nurses or midwives (49.5%), followed by doctors (38.1%). *Id.*
374. *Id.* § 9.2.1, at 125.
375. *Id.* § 9.2.2, at 126–127. The figure is derived from the sum of doctors (33.6%), nurses (1.1%) and midwives (25.1%) that assist delivery. *Id.* at 122 tbl.8.6.
376. *Id.* at 131 tbl.9.12.
377. GOVERNMENT OF THE PHILIPPINES & UNFPA, COUNTRY PROGRAMME ACTION PLAN BETWEEN THE GOVERNMENT OF THE PHILIPPINES AND UNITED NATIONS POPULATION FUND, 2005–2009, § 18 (2005), [http://www.unfpa.org/ph/6thCPCAP/CountryProgrammeActionPlan%20\(CPAP\).pdf](http://www.unfpa.org/ph/6thCPCAP/CountryProgrammeActionPlan%20(CPAP).pdf) (Mar. 21, 2005).
378. Safe Motherhood Policy, Administrative Order No. 79 s. 2000, § 4 (2000) (Phil).
379. *Id.* § 3.
380. *Id.* § 5(I).
381. *Id.* § 5(I)(A).
382. *Id.* § 5(I)(B).
383. *Id.* § 5(I)(C).
384. USAID, MISSION IN THE PHILIPPINES, USAID/PHILIPPINES STRATEGY FISCAL YEAR 2005–2009, *supra* note 247, at 10 (2004), [http://www.usaid-ph.gov/Documents/USAID%20Phils.%20Strategy%20\(Public\)2005-2009.doc](http://www.usaid-ph.gov/Documents/USAID%20Phils.%20Strategy%20(Public)2005-2009.doc) (Mar. 14, 2005).
385. National Family Planning Policy, Administrative Order No. 50-A s. 2001, § IV(E)(1)–(2), at 3–4 (2001) (Phil); PHILIPPINE MANAGEMENT PROGRAM DIRECTIONAL PLAN, 2001–2004, *supra* note 225, at 38.
386. Barangay-Level Total Development and Protection of Children Act, Republic Act No. 6972, § 3(f) (1990).
387. FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS, NUTRITION COUNTRY PROFILES—PHILIPPINES 19 (2001). This is the 1998 Nutrition Survey conducted by the Food and Nutrition Research Institute of the Department of Science and Technology of Philippines, on 41 UNICEF-assisted provinces and cities.
388. *Id.*
389. Philippine Food Fortification Act of 2000, Republic Act No. 8976 (2000).
390. Foods under mandatory food fortification consist of rice, wheat flour, refined sugar, cooking oil, and other staple foods selected by the National Nutrition Council. Philippine Food Fortification Act of 2000 § 6.
391. *Id.* §§ 4–6, 10.
392. *Id.* § 3(c).
393. *Id.* § 11.
394. FOOD AND NUTRITION RESEARCH INSTITUTE, MEDIUM-TERM PHILIPPINE FOOD AND NUTRITION PLAN, 1999–2004, <http://www.fnri.dost.gov.ph/html/ppan.htm> (last modified May 2005).
395. COUNTRY PROGRAMME ACTION PLAN BETWEEN THE GOVERNMENT OF THE PHILIPPINES AND UNITED NATIONS POPULATION FUND, 2005–2009, *supra* note 377, § 18.
396. PHIL. CONST. art. 2, § 12.
397. Joaquin G. Bernas, S. J., The Constitution of the Republic of the Philippines With Annotations based on Committee Deliberations 8 (1987). Another annotation states that the intent of this provision was to “prevent the State from adopting the doctrine in the US Supreme Court decision of *Roe v. Wade* . . . [t]he understanding is that life begins at conception, although the definition of conception can be a matter for science.”
398. UNITED NATIONS, ABORTION POLICIES: A GLOBAL REVIEW, *supra* note 302, at 34.
399. Revised Penal Code, No. 3815, arts. 76, 258 (1930) (Phil).
400. *Id.* arts. 76, 256(3).
401. The Medical Act of 1959, Republic Act No. 2382, art. III, § 24 (1959) (Phil); The Philippine Midwifery Act of 1992, Republic Act No. 7392, art. III, § 25 (1992) (Phil); An Act Regulating the Practice of Pharmacy and Setting Standards of Pharmaceutical Education in the Philippines and of Other Purposes, Republic Act No. 5921, art. III, § 13 (1969) (Phil).
402. Delisting of Levonorgestrel 750mcg. (Postinor) from Bureau of Food and Drugs Registry of Drug Products, Bureau Circular No. 18 s. 2001 (2001) (Phil); Email from Carolina S. Ruiz Austria, Program Development Consultant, Womenlead Foundation, Inc., to Melissa Upreti, Center for Reproductive Rights (Sept. 16, 2005, 15:30:00 EST) (on file with the Center for Reproductive Rights).
403. *Id.* § I.
404. Prevention and Management of Abortion and its Complications (PMAC) Policy, Administrative Order No. 45–B s. 2000 (2000) (Phil).
405. *Id.* § III.
406. *Id.* § V.
407. *Id.* § V(1).
408. *Id.* § V(2).
409. *Id.* § V(3).
410. *Id.* tbl.1.
411. *Id.*
412. *Id.*
413. *Id.*
414. *Id.*
415. EngenderHealth, Changing Policies and Attitudes: Postabortion Care in the Philippines, COMPASS, 2003, at 1.
416. *Id.* at 1–4; ENGENDER HEALTH, POSTABORTION CARE WITH COMPASSION IN THE PHILIPPINES (2003), <http://www.engenderhealth.org/itf/philippines.html> (last visited May 16, 2005).
417. National Epidemiology Center, Republic of the Philippines, HIV/AIDS REGISTRY—MONTHLY UPDATE, February 2005.
418. *Id.*
419. The Philippine AIDS Prevention and Control Act of 1998, Republic Act No. 8504 (1998).
420. *Id.* § 2(a).
421. *Id.* § 2(b)(1)–(4).
422. *Id.* § 2(c).
423. *Id.* § 2(d).
424. *Id.* § 2(e).
425. *Id.* § 14.
426. *Id.* § 43. The council was created by Executive Order No. 39.
427. *Id.* § 44.
428. *Id.* § 44(b).
429. *Id.* § 44(c).
430. *Id.* § 44(f).
431. *Id.* § 45.
432. Rules and Regulations Implementing the Philippine AIDS Prevention and Control

- Act of 1998, Republic Act No. 8504, resol. 1, R. 4, § 26 (1999).
433. *Id.* R. 4, §§ 31, 43(b).
434. *Id.* R. 4, § 27(a)–(g).
435. *Id.* R. 4, § 28.
436. *Id.* R. 7, § 41.
437. *Id.* R. 7, §§ 43, 47.
438. *Id.* R. 7, § 45.
439. *Id.* R. 8, § 36.
440. *Id.* R. 8, § 47.
441. *Id.* § 48.
442. *Id.* R. 8, §§ 50–52.
443. *Id.* R. 8, § 53.
444. *Id.*
445. The Anti-Rape Law of 1997, Republic Act. No. 8353, § 2 (1997) (Phil.); Revised Penal Code, No. 3815, art. 266-B(6) (1930) (Phil).
446. Working draft of *Women of the World: East and Southeast Asia*, Philippines, sec. II.B. at 36 (peer reviewed by Dr. Junice L. Demeterio-Melgar, Likhaan, rec'vd May 10, 2005) (on file with the Center for Reproductive Rights).
447. PHILIPPINE NATIONAL AIDS COUNCIL, SEIZING THE OPPORTUNITY: THE 2000–2004 MEDIUM TERM PLAN FOR ACCELERATING THE PHILIPPINE RESPONSE TO HIV/AIDS, ch. 3, § A(2) (2000).
448. *Id.* ch. 3, § A(4).
449. *Id.* ch. 3, § A(6).
450. *Id.* ch. 3, § A(5).
451. *Id.* ch. 3, § A(8).
452. *Id.* ch. 3, § A(9).
453. Department of Health, Office of the Secretary, Administrative Order No. 16-A Series 1997 Guidelines for the Management of Asymptomatic Women with RTIs and STD 1.
454. *Id.* at 2–3.
455. The Philippine AIDS Prevention and Control Act of 1998, Republic Act No. 8504, art. 1, §§ 4–9 (1998).
456. *Id.* art. 1, § 4.
457. *Id.* art. 1, § 10.
458. DEPARTMENT OF HEALTH, REPUBLIC OF THE PHILIPPINES, ET AL., THE 2001 TECHNICAL REPORT OF THE NATIONAL HIV/AIDS SENTINEL SURVEILLANCE SYSTEM 3 (2001).
459. *Id.* at 2–3.
460. *Id.* at 3.
461. *Id.* at 9.
462. *Id.* at 2, 4.
463. PHILIPPINE COUNCIL FOR HEALTH RESEARCH AND DEVELOPMENT, DEPARTMENT OF SCIENCE AND TECHNOLOGY, NATIONAL GUIDELINES FOR BIOMEDICAL/BEHAVIORAL RESEARCH 18 (2000), http://www.nus.edu.sg/irb/Articles/PCHRD_DOST_NEC%20Guidelines.pdf (last visited May 17, 2005).
464. *Id.*
465. *Id.*
466. *Id.*
467. 2002 PHILIPPINE STATISTICAL YEARBOOK, *supra* note 205, 1–19. Under WHO guidelines, adolescents are people aged 10–19.
468. NATIONAL DEMOGRAPHIC AND HEALTH SURVEY 1998, *supra* note 369, at 45 tbl.3.10. The 2003 National Demographic and Health Survey shows that among young women aged 15–24, 23.3% in urban areas and 31.3% in rural areas have begun childbearing.
469. NATIONAL DEMOGRAPHIC AND HEALTH SURVEY 2003, *supra* note 262, at 51 tbl.4.9.
470. National Statistics Office, Vital Statistics Report 1998 (2002), page 24. Of the 1,579 reported cases of maternal death in 1998, 99 (6.3%) were girls aged 15–19.
471. Press Release, 2002 Young Adult Fertility and Sexuality Study (YAFS 3), The Youth are Not Alright (Dec. 12, 2002), <http://www.yafs.com/downloads/youth.pdf> (last visited May 17, 2005). The Young Adult Fertility and Sexuality Survey refers to those between 15–24 years old as young adults.
472. Press Release, 2002 Young Adult Fertility and Sexuality Study (YAFS 3), 4.9 million young adults have engaged in premarital sex (Feb. 12, 2003), <http://www.yafs.com/downloads/pms.pdf> (last visited May 17, 2005).
473. Press Release, 2002 Young Adult Fertility and Sexuality Study (YAFS 3), Filipino youth think they have immunity from HIV/AIDS (Nov. 26, 2004), <http://www.yafs.com/downloads/aids.pdf> (last visited May 17, 2005).
474. HIV/AIDS REGISTRY—MONTHLY UPDATE, February 2005, *supra* note 417, 2 fig.2.
475. Figures extrapolated from total HIV infections under age 29 (739) and number of females in that group. *Id.*
476. Working draft of *Women of the World: East and Southeast Asia*, Philippines, sec. II.B. at 39 (peer reviewed by Dr. Junice L. Demeterio-Melgar, Likhaan, rec'vd May 10, 2005) (on file with the Center for Reproductive Rights).
477. Working draft of *Women of the World: East and Southeast Asia*, Philippines, sec. II.B. at 39 (peer reviewed by Dr. Junice L. Demeterio-Melgar, Likhaan, rec'vd May 10, 2005) (on file with the Center for Reproductive Rights).
477. PHIL. CONST., art. II, § 13.
478. *Id.* art. XV, § 3(2).
479. Special Protection of Children Against Abuse, Exploitation and Discrimination Act, Republic Act No. 7610, § 2 (1992) (Phil).
480. *Id.* § 19.
481. *Id.* § 20(1).
482. *Id.* § 20(2); Revised Penal Code, No. 3815, art. 70 (1930) (Phil) (duration of arrest mayor).
483. Adolescent and Youth Health (AYH) Policy, Administrative Order No. 34–A s. 2000, §§ I–II (2000) (Phil). The Department of Health adopts the World Health Organization definitions of adolescent (10–19), youth (15–24), and young people (10–24). *Id.* § III(1).
484. *Id.*
485. *Id.* § II.
486. *Id.* § III(3).
487. *Id.* § III(7).
488. *Id.* § III(10).
489. Amendment to the Sub-sections 2,3,4,5 under Section III Providing for the Specific Guidelines of AO # 34–A s. 2000, Adolescent and Youth Health Policy, Administrative Order No. 138–A s. 2000, No. 4 (2000) (Phil).
490. Adolescent and Youth Health (AYH) Policy, Administrative Order No. 34–A s. 2000, § III(9) (2000) (Phil).
491. DEPARTMENT OF HEALTH, REPUBLIC OF THE PHILIPPINES, A GUIDEBOOK ON ADOLESCENT AND YOUTH HEALTH AND DEVELOPMENT PROGRAM 7; *Id.* Annex X Work Plan 2001–2010, at 86–87.
492. The baseline for this target is 7.2% in 1998, according to the National Demographic Health Survey. No other baselines were established for the remaining targets. *Id.* at 7.
493. *Id.*
494. PHILIPPINE MANAGEMENT PROGRAM DIRECTIONAL PLAN, 2001–2004, *supra* note 225, at 58.
495. *Id.* at 60–62.
496. COMMISSION ON POPULATION & UNFPA, PUTTING PEOPLE FIRST, *supra* note 369, at 37; PHILIPPINE MANAGEMENT PROGRAM DIRECTIONAL PLAN, 2001–2004, *supra* note 225, at 56.
497. Commission on Population & UNFPA, Putting People First, *supra* note 369, at 50; Philippine Management Program Directional Plan, 2001–2004, *supra* note 225, at 53; Republic of the Philippines, Department of Education, Historical Perspective of the Philippine Educational System, http://www.deped.gov.ph/about_deped/history.asp (last visited Sept. 21, 2005).
498. PHILIPPINE MANAGEMENT PROGRAM DIRECTIONAL PLAN, 2001–2004, *supra* note 225, at 53.
499. The project is the collaboration of the Philippine Center for Population and Development and the Bureau of Secondary Education. COMMISSION ON POPULATION & UNFPA, PUTTING PEOPLE FIRST, *supra* note 369, at 50; PHILIPPINE MANAGEMENT PROGRAM DIRECTIONAL PLAN, 2001–2004, *supra* note 225, at 53–54.
500. This program is produced in partnership with Johnson and Johnson and the ASEAN Consumer Group of Companies. COMMISSION ON POPULATION & UNFPA, PUTTING PEOPLE FIRST, *supra* note 369, at 51.
501. This program is implemented through the Department of Education and Kimberly Clarke Philippines. *Id.* at 51.
502. *Id.* at 50.
503. VARGA & ZOSA-FERANIL, *supra* note 345, at 19.
504. INTERNATIONAL COUNCIL ON MANAGEMENT OF POPULATION PROGRAMS, CATALOGUE OF PRACTICES, DEVELOPMENT AND FAMILY LIFE EDUCATION FOR YOUTHS IN DAVAO, <http://www.icomp.org.my/SSouth/Inven/NewInven/Devfledu-Davao.htm> (last visited May 19, 2005). See also FAMILY PLANNING ORGANIZATION OF PHILIPPINES, SERVICES AND PROGRAMS, <http://www.fp.org.ph/fpop/programs.htm> (last visited May 19, 2005).
505. INTERNATIONAL COUNCIL ON MANAGEMENT OF POPULATION PROGRAMS, CATALOGUE OF PRACTICES, DEVELOPMENT AND FAMILY LIFE EDUCATION FOR YOUTHS IN DAVAO, *supra* note 504. See also FAMILY PLANNING ORGANIZATION OF PHILIPPINES, *supra* note 504.
506. FOUNDATION FOR ADOLESCENT DEVELOPMENT, ALL ABOUT FAD, <http://www.teen-fad.ph/about/fadinc/about.htm> (last visited May 19, 2005); COMMISSION ON POPULATION & UNFPA, PUTTING PEOPLE FIRST, *supra* note 369, at 50.
507. FOUNDATION FOR ADOLESCENT DEVELOPMENT, *supra* note 506; COMMISSION ON POPULATION & UNFPA, PUTTING PEOPLE FIRST, *supra* note 369, at 50.
508. COMMISSION ON POPULATION & UNFPA, PUTTING PEOPLE FIRST, *supra* note 369, at 50.
509. PHILIPPINE NGO COUNCIL ON POPULATION, HEALTH AND WELFARE, INC. (PNGOC), PNGOC MEMBERSHIP DIRECTORY, <http://www.pngoc.com/member.htm> (last visited May 19, 2005).
510. COMMISSION ON POPULATION & UNFPA, PUTTING PEOPLE FIRST, *supra* note 369, at 50.
511. PHILIPPINE MANAGEMENT PROGRAM DIRECTIONAL PLAN, 2001–2004, *supra* note 225, at 66 tbl.4.
512. NATIONAL STATISTICS OFFICE, GOVERNMENT OF THE PHILIPPINES, 2000 CENSUS OF POPULATION AND HOUSING, http://www.census.gov.ph/census2000/c2khighlights_final.html (last visited May 19, 2005); PHILIPPINE MANAGEMENT PROGRAM DIRECTIONAL PLAN, 2001–2004, *supra* note 225, at 66 tbl.4.
513. NATIONAL DEMOGRAPHIC AND HEALTH SURVEY 2003, *supra* note 262, at 41 tbl.4.1.
514. PHILIPPINE MANAGEMENT PROGRAM DIRECTIONAL PLAN, 2001–2004, *supra* note 225, at 4.
515. *Id.* at 4–5.
516. *Id.* at 5.
517. *Id.* at 6.
518. *Id.* at 7.
519. COMMISSION ON POPULATION & UNFPA, PUTTING PEOPLE FIRST, *supra* note 369, at 15; PHILIPPINE MANAGEMENT PROGRAM DIRECTIONAL PLAN, 2001–2004, *supra* note 225, at 10.

520. COMMISSION ON POPULATION & UNFPA, PUTTING PEOPLE FIRST, *supra* note 369, at 16; PHILIPPINE MANAGEMENT PROGRAM DIRECTIONAL PLAN, 2001–2004, *supra* note 225, at 10.
521. PHILIPPINE MANAGEMENT PROGRAM DIRECTIONAL PLAN, 2001–2004, *supra* note 225, at 10.
522. *Id.* at 11.
523. Exec. Order No. 188, Transferring the Commission on Population From the National Economic Development Authority to the Office of the President and then Placing it Under the Control and Supervision of the Department of Health (2003) (Phil.).
524. Population Act of the Philippines, Republic Act No. 6365, § 3 (1971).
525. Revised Population Act of the Philippines, Presidential Decree No. 79, § 2 (1972); Amending the Revised Population Act of 1971, Presidential Decree No. 166 (1973); Further Amending Certain Sections of Presidential Decree No. 79 As Amended, Otherwise Known as Revised Population Act of the Philippines, Presidential Decree No. 803, §§ 1–3 (1975); Amending Certain Sections of Presidential Decree No. 79, As Amended, Otherwise Known as the Revised Population Act of the Philippines, Presidential Decree No. 1204, §§ 1–6 (1977).
526. COMMISSION ON POPULATION, REPUBLIC OF THE PHILIPPINES, ORGANIZATIONAL STRUCTURE, http://www.popcom.gov.ph/about_us/org_structure.html (last visited May 19, 2005).
527. *Id.*
528. Exec. Order No. 123, Reorganizing the Ministry of Transportation and Communications Defining its Powers and Functions and for Other Purpose (1987) (Phil.); PHILIPPINE MANAGEMENT PROGRAM DIRECTIONAL PLAN, 2001–2004, *supra* note 225, at 5.
529. The department's leadership was heavily influenced by the Roman Catholic Church and did not believe that family planning was a priority program. Government funding for family planning service delivery was thus effectively frozen from 1986 to 1988. PHILIPPINE MANAGEMENT PROGRAM DIRECTIONAL PLAN, 2001–2004, *supra* note 225, at 5.
530. *Id.* at 5, 28.
531. Exec. Order No. 408, Placing the Commission of Population Under the Control and Supervisions of the Office of the President (1990) (Phil.).
532. Executive Order No. 476, August 14, 1991.
533. Exec. Order No. 188, Transferring the Commission on Population From the National Economic Development Authority to the Office of the President and then Placing it Under the Control and Supervision of the Department of Health § 1 (2003) (Phil.).
534. *Id.*
535. Commission on Population, Board Resolution No. 02 S. 1993 Operational Guidelines for a Decentralized Implementation of the Population Program.
536. COMMISSION ON POPULATION, REPUBLIC OF THE PHILIPPINES, MISSION, VISION & GOALS, http://www.popcom.gov.ph/about_us/mission.html (last visited May 19, 2005).
537. *Id.*
538. PHIL. CONST. art. III, § 1.
539. *Id.* art. II, § 11.
540. *Id.* art. II, § 14.
541. The Women in Development and Nation Building Act, Republic Act No. 7192, § 2 (1992) (Phil.).
542. *Id.* § 2(1).
543. *Id.* § 2(2).
544. *Id.* § 2(3).
545. *Id.* § 5.
546. *Id.* § 6.
547. *Id.* § 7.
548. *Id.* § 8.
549. The act pertains to Indigenous Cultural Communities and Indigenous Peoples. The Indigenous Peoples Rights Act of 1997, Republic Act No. 8371, § 26 (1997) (Phil.).
550. *Id.*
551. *Id.* § 26, para. 2.
552. Creation of Inter-Agency Committee on Gender Statistics, National Statistical Coordination Board Memorandum Order No. 003 s. 2002 (2002), <http://www.nscb.gov.ph/aboutus/board/memoOrders/2002/3.asp> (Jan. 4, 2002).
553. *Id.*
554. COMMISSION ON POPULATION & UNFPA, PUTTING PEOPLE FIRST, *supra* note 369, at 4, 42–43.
555. *Id.* at 42.
556. INTERNATIONAL LABOUR ORGANIZATION, EQUAL EMPLOYMENT OPPORTUNITIES FOR WOMEN AND MEN, NATIONAL GUIDELINES IN PHILIPPINES- PROJECT DEVELOPMENT, <http://www.ilo.org/public/english/employment/gems/eoo/guide/philip/aware.htm> (last modified June 20, 2002).
557. Exec. Order No. 273, Approving and Adopting the Philippine Plan for Gender-Responsive Development, 1995 to 2025, § 1 (1995).
558. NATIONAL COMMISSION ON THE ROLE OF FILIPINO WOMEN, FRAMEWORK PLAN FOR WOMEN 2 (2003) [hereinafter COMMISSION ON THE ROLE OF FILIPINO WOMEN, FRAMEWORK PLAN].
559. *Id.* at iv, 3, 8; Email from Elizabeth Pangalangan, to Nile Park, Center for Reproductive Rights (May 23, 2005, 23:18:00 EST) (on file with the Center for Reproductive Rights).
560. National Economic and Development Authority (NEDA) Board Resolution No. 35 s. 1992, Approving the Implementing Rules and Regulations of R.A. 7192 (Women in Development and Nation Building Act), Rule II, b(2).
561. General Appropriations Act of 1998, Republic Act No. 8522, § 28 (1998) (Phil.).
562. Exec. Order No. 208, Further Defining the Composition, Powers and Functions of the National Commission on the Role of Filipino Women §§ 2–3 (1994) (Phil.); Presidential Decree No. 633.
563. Exec. Order No. 273, Approving and Adopting the Philippine Plan for Gender-Responsive Development, 1995 to 2025, § 2.1 (1995).
564. *Id.* § 2.2.
565. *Id.* § 3.
566. Exec. Order No. 208 § 5.1.
567. AURORA JAVATE-DE DIOS, NATIONAL COMMISSION ON THE ROLE OF FILIPINO WOMEN (NCRFW): MAKING GOVERNMENT WORK FOR GENDER EQUALITY (2003), http://www.moge.gov.kr/board/eng_kwdi_report/data/Philippines%20report.doc (Nov. 12, 2003) (presented at the Regional Meeting of National Machineries for Gender Equality in the Asian and Pacific Region: Towards a Forward Looking Agenda (Nov. 12–14, 2003)).
568. The Coordinating Committee on Human Rights is chaired by the Department of Foreign Affairs and is divided into two working groups: one on Civil and Political Rights and the other on Economic, Social and Cultural Rights.
569. PHIL. CONST. art. XIII; Exec. Order No. 163, Declaring the Effectivity of the Creation of the Commission on Human Rights as Provided for in the 1987 Constitution, Providing Guidelines for the Operation Thereof, and for Other Purposes (1987) (Phil.).
570. PHIL. CONST. art. XIII, § 18(7); Exec. Order No. 163 § 3(7).
571. Creating the Inter-Agency Coordinating Committee on Human Rights, Administrative Order No. 370, § 1 (1997) (Phil.).
572. *Id.* § 2.
573. The Women in Development and Nation Building Act, Republic Act No. 7192, § 4(4) (1992) (Phil.).
574. Enjoining Different Agencies to Promote Gender Concerns in the Generation of Statistics, National Statistical Coordination Board Resolution No. 8 s. 1994 (1994) (Phil.), <http://www.nscb.gov.ph/resolutions/1994/8.asp> (Oct. 12, 1994).
575. House Bill 2051, 12th Congress, 1st Session.
576. *Id.*
577. Anti-Discrimination Act, House Bill No. 6416 (2004) (Phil.).
578. Anti-Discrimination Act, House Bill No. 2784 (2004) (Phil.).
579. There is no similar provision for children of Filipino fathers. PHIL. CONST., art. IV, § 1.
580. *Id.* art. XV, § 1.
581. *Id.* art. XV, § 2.
582. *Id.* art. XV, § 3(1).
583. The Code of Muslim Personal Laws of the Philippines, Presidential Decree No. 1083, art. 13(1) (1977).
584. *Id.* art. 13(1)–(2).
585. The Indigenous Peoples Rights Act of 1997, Republic Act No. 8371, § 15 (1997) (Phil.).
586. Exec. Order No. 209, The Family Code of the Philippines, art. 33 (1987).
587. *Id.* art. 1.
588. *Id.* art. 2.
589. An authorized official refers to members of the judiciary, religious leaders (priest, rabbi, etc), military commanders, and consular officials. *Id.* arts. 7, 10.
590. *Id.* art. 3.
591. *Id.* art. 4.
592. *Id.* art. 5.
593. *Id.* art. 14.
594. *Id.* art. 45(1).
595. *Id.* art. 15.
596. Even if only one party of the intended marriage requires parental consent, both parties must undergo marriage counseling. *Id.* art. 16. The Mandatory Marriage Counseling Act is currently undergoing deliberations at the House of Representatives which would mandate counseling for all couples intending to marry. An Act Amending Article 16 Of Executive Order No. 209 As Amended By Executive Order No. 227, Otherwise Known As The Family Code Of The Philippines, Making It Mandatory For Couples To Undergo Counseling Prior To The Issuance Of A Marriage License, House Bill No. 216 (2004) (Phil.).
597. Exec. Order No. 209, The Family Code of the Philippines, art. 16 (1987).
598. *Id.* art. 34.
599. *Id.* art. 68.
600. *Id.* art. 195. Support comprises everything necessary for sustenance, dwelling, clothing, medical attendance, education, and transportation, keeping with the financial capacity of the family. *Id.* art. 194.
601. The Civil Code of the Philippines, Republic Act No. 386, arts. 19–21 (1949).
602. Exec. Order No. 209, The Family Code of the Philippines, art. 69 (1987).
603. *Id.* art. 70.
604. *Id.* art. 71.
605. *Id.* art. 73.
606. *Id.* art. 35(4). Revised Penal Code, No. 3815, art. 349 (1930) (Phil.).
607. Exec. Order No. 209, arts. 37–38.
608. Revised Penal Code art. 333.
609. *Id.* arts. 76, 333, para. 2.
610. *Id.* art. 334.
611. *Id.* arts. 76, 334.
612. An Act Repealing Articles 333 and 334 and Amending Article 344 Of Act 3815, As Amended, Otherwise Known As The Revised Penal Code, And Defining The Crime

- Of Marital Infidelity, House Bill No. 334 (2004). This bill is currently pending in the House of Representatives which seeks to correct the disparity between treatment of husbands and wives in the matter of marital infidelities.
613. Exec. Order No. 209, The Family Code of the Philippines, arts. 1–2 (1987).
614. The Code of Muslim Personal Laws of the Philippines, Presidential Decree No. 1083, art. 15 (1977).
615. *Id.* art. 16(1).
616. Shari'a District Court is a Court of Muslim Law. *Id.* art. 16(2).
617. *Id.* art. 16(3)(1977).
618. *Id.* art. 34(1).
619. *Id.* art. 35.
620. The wife “may purchase things...and the husband shall be bound to reimburse the expenses, if he has not delivered the proper sum.” *Id.* art. 36(1).
621. *Id.* art. 67(1).
622. *Id.* art. 36.
623. *Id.* art. 27.
624. The prohibition on marriage by reason of fosterage applies to nursemaids and their charges, and persons related by fosterage within the third degree. *Id.* art. 23–26.
625. Pending bill introduces divorce as an option for couples and lists five grounds for divorce. An Act Introducing Divorce in the Philippines, Amending for the Purpose Title II, Articles 55 to 66 Inclusive and Article 26 of Executive Order No. 209, as Amended, Otherwise Known as The Family Code of the Philippines, and Repealing Article 36 of the Same Code, and For Other Purposes, House Bill No. 4016 (2005) (Phil).
626. Exec. Order No. 209, The Family Code of the Philippines, art. 35(3) (1987).
627. *Id.* art. 37.
628. Exec. Order No. 209, The Family Code of the Philippines, art. 36 (1987), amended by Exec. Order No. 227, Amending Executive Order No. 209, Otherwise Known as the “Family Code of the Philippines § 2 (1987) (Phil).
629. Exec. Order No. 209, The Family Code of the Philippines, art. 35(1) (1987).
630. Martial consent through violence, intimidation or fraud is also punishable by imprisonment. Revised Penal Code, No. 3815, arts. 71, 350 (1930) (Phil).
631. Exec. Order No. 209, The Family Code of the Philippines, art. 45 (1987). Grounds for annulment in the Family Code are similar to those in Article 85 of the Civil Code.
632. *Id.* art. 45(3).
633. *Id.* art. 46(4). However, misrepresentation of character, health, rank, fortune or chastity does not constitute fraud for the purpose of annulling a marriage. *Id.* art. 46.
634. *Id.* arts. 52–53. The absolute nullity of a previous marriage may be invoked for purposes of remarriage; proof of the nullity of the prior marriage can only be based on a final judgment declaring the previous marriage void. *Id.* art. 40.
635. Exec. Order No. 209, The Family Code of the Philippines, art. 26 (1987), amended by Exec. Order No. 227, Amending Executive Order No. 209, Otherwise Known as the “Family Code of the Philippines § 1 (1987).
636. Since the Family Code does not provide for divorce, a divorced woman refers to any woman whose marriage has been annulled or dissolved, who is legally separated from her spouse or where one spouse is a foreign citizen, and has obtained a divorce in a foreign court. Revised Penal Code, No. 3815, art. 351 (1930) (Phil).
637. *Id.*
638. *Id.*
639. An Act Abolishing the 301 Days Criminal Prohibition to Remarry and Allowing the Remarriage of a Widow or a Separated Woman Forty Days After the Death of Her Husband or the Annulment or Dissolution of Her Previous Marriage, Amending for the Purpose Article 351 of Act No. 3815, as Amended, Otherwise Known as the “Revised Penal Code,” House Bill No. 3473 (2004) (Phil).
640. Exec. Order No. 209, The Family Code of the Philippines, art. 55 (1987).
641. *Id.* art. 63(1).
642. Absolute community property consists of all property owned by the spouses at the time of marriage and acquired thereafter. *Id.* art. 91. Exclusions to community property include those “acquired during the marriage by gratuitous title...unless expressly provided by the donor...,” “for personal and exclusive use,” individually acquired prior to the marriage, or the fruits or income therefrom. *Id.* art. 92.
643. *Id.* art. 198.
644. *Id.*
645. *Id.*
646. *Id.* arts. 201–202.
647. The Code of Muslim Personal Laws of the Philippines, Presidential Decree No. 1083, art. 45 (1977).
648. *Id.*
649. *Id.* art. 46. The repudiation must be during her non-menstrual period (*tuhr*), during which time he has abstained from any carnal relation with her.
650. *Idda* is the waiting period prescribed for a widowed or divorced woman which will enable her to remarry. *Id.* art. 56. The *Idda* is three months for divorced women, four months and ten days for widowed women and upon delivery if she is pregnant. *Id.* art. 57(1).
651. In such cases, there is no need for a new contract of marriage. *Id.* arts. 46, 56.
652. *Id.* art. 46.
653. *Id.* art. 47.
654. *Id.* art. 48.
655. The acts of redemption, or “prescribed expiation” involve the freeing of a slave, fasting during the daytime of two consecutive lunar months or feedings sixty needy people if he is unable to free a slave or fast. HUSSEIN AL-HUSSEIN, MARITAL RELATIONS IN ISLAM (2001), http://www.stanford.edu/group/ISSU/about_islam/articles_hussein/node21.html#SECTION00021000000000000000 (Nov. 13, 2001); The Code of Muslim Personal Laws of the Philippines, Presidential Decree No. 1083, art. 48 (1977).
656. The Code of Muslim Personal Laws of the Philippines art. 48.
657. *Id.*
658. *Id.* art. 49. The “prescribed acts of imprecation” are procedures husbands and wives must follow in a divorce by *li’an*. It involves vowing four times to the truth of one’s testimony and at the fifth vowing invokes the curse of Allah. HUSSEIN AL-HUSSEIN, *supra* note 655.
659. The Code of Muslim Personal Laws of the Philippines art. 50.
660. *Id.* art. 51.
661. *Id.*
662. *Id.* art. 52.
663. *Id.* art. 53.
664. *Id.* art. 54(a).
665. *Id.* arts. 28–29(1). Where it is indisputable that the marriage was not consummated when the divorce was effectuated, no *idda* is required. *Id.* arts. 29(3), 56–57.
666. *Id.* arts. 28–29(1), 57(1)(c).
667. *Id.* art. 182.
668. *Id.* art. 67.
669. *Id.*
670. *Id.*
671. *Id.* art. 70.
672. *Id.* art. 54.
673. Exec. Order No. 209, The Family Code of the Philippines, art. 221 (1987).
674. The Code of Muslim Personal Laws of the Philippines, Presidential Decree No. 1083, art. 71 (1977).
675. Exec. Order No. 209 art. 213. The law does not specify whether the separation has to be a legal separation and parents who are in fact separated are covered within its provisions. *Neerissa Z. Perez v. The Court of Appeals and Ray C. Perez*, G.R. No. 118870 (1996) (Phil).
676. Exec. Order No. 209 art. 63.
677. The Civil Code of the Philippines, Republic Act No. 386, art. 363 (1949) (Phil) (repealed by the Family Code of 1987); Rules of Court of the Philippines, Special Proceedings, R. 99, § 6 (Phil). Custody of children with disabilities or under the age of 7 is automatically given to the mother, unless there are compelling reasons to do otherwise. Anti-Violence Against Women and Their Children Act of 2004, Republic Act No. 9262, § 28 (2004) (Phil).
678. *Neerissa Z. Perez v. The Court of Appeals and Ray C. Perez*, G.R. No. 118870 (1996) (Phil) (citing *Medina v. Makabali*, G.R. No. L-26953 (1969) (Phil)).
679. *Id.* (citing *Sy v. Funa*, CA G.R. No.122117 (Phil)).
680. *Id.* (citing *Cervantes v. Fajardo*, G.R. No. 79955 (1989) (Phil)).
681. *Id.* (citing I.A. TOLENTINO, COMMENTARIES AND JURISPRUDENCE ON THE CIVIL CODE OF THE PHILIPPINES 609 (1990)).
682. *Id.* (citing *Sy v. Funa*, CA G.R. No.122117 (Phil)).
683. *Id.*
684. *Neerissa Z. Perez v. The Court of Appeals and Ray C. Perez*, G.R. No. 118870 (1996) (Phil).
685. This law covers physical, sexual, psychological violence and economic abuse by any person against his wife, former wife, women with which the accused is in a sexual relationship, or the mother of his child/children. Anti-Violence Against Women and Their Children Act of 2004, Republic Act No. 9262, § 28 (2004) (Phil).
686. In the mother’s absence, custody is awarded to the maternal grandmother, paternal grandmother, sisters and aunts and only in their absence is custody granted to fathers and other paternal relatives. The Code of Muslim Personal Laws of the Philippines, Presidential Decree No. 1083, art. 78(1) (1977).
687. *Id.*
688. *Id.* art. 78(2).
689. PHIL. CONST., art. III, § 1.
690. *Id.* art. XIII, § 1.
691. *Id.* art. XIII, § 1, para. 2.
692. The Indigenous Peoples Rights Act of 1997, Republic Act No. 8371, § 2(b) (1997) (Phil).
693. *Id.* §§ 25–27.
694. Exec. Order No. 209, The Family Code of the Philippines, art. 74 (1987).
695. *Id.* art. 75.
696. *Id.* arts. 75, 91. See art. 92 for property not included as “community property.”
697. *Id.* art. 105.
698. *Id.* art. 109.
699. *Id.* art. 117.
700. *Id.* arts. 96, 124.
701. *Id.* arts. 96, 124.
702. *Id.* art. 147, para. 1.
703. *Id.* art. 147.
704. *Id.*
705. *Id.* art. 147, para. 2.
706. *Id.* art. 147, para. 4.
707. *Id.* art. 148.
708. *Id.* arts. 225–226. Parental authority (including guardianship over the minor’s property) is granted to the mother (or appointed legal guardian). *Id.* art. 176. The Family

- Code provides that the age of majority commences at the age of 18. *Id.* art. 234.
709. The Civil Code of the Philippines, Republic Act No. 386, bk. III, tit. IV (1949) (Phil).
710. The Code of Muslim Personal Laws of the Philippines, Presidential Decree No. 1083, art. 38 (1977).
711. *Id.* arts. 36(4), 40.
712. *Id.* art. 42.
713. *Id.* art. 36(2).
714. *Id.* arts. 111–112. Inheritance includes all properties movable and immovable, ancestral, onerous or acquired through gratuitous title, and all transmittable rights and obligations at the time of death. *Id.* art. 90.
715. *Id.* art. 117(1).
716. Mutual rights of inheritance between divorced husbands and wives remain during the *idda*, while the wife's right of inheritance to her husband's estate extends beyond the *idda* if the husband sought the divorce while suffering from a terminal illness. *Id.* art. 96(1)–(2).
717. Comprehensive Agrarian Reform Law of 1988, Republic Act No. 6657, § 40(5) (1988) (Phil).
718. 2002 PHILIPPINE STATISTICAL YEARBOOK, *supra* note 205, 11–11.
719. *Id.* 11–9.
720. *Id.* 11–11.
721. *Id.* 11–17.
722. MARIA CYNTHIA ROSE BANZON BAUTISTA, MIGRANT WORKERS AND THEIR ENVIRONMENTS: INSIGHTS FROM THE FILIPINO DIASPORA (2002), <http://www.unl.edu/hq/japanese/gs-j/gs2002j/shonan18/Bautista4abstE.pdf> (last visited May 21, 2005).
723. PHILIPPINE OVERSEAS EMPLOYMENT ADMINISTRATION, REPUBLIC OF THE PHILIPPINES, STOCK ESTIMATES OF OVERSEAS FILIPINOS (as of Dec. 2003), <http://www.poea.gov.ph/docs/ofwStock2003.doc> (last visited May 21, 2005).
724. PHILIPPINE OVERSEAS EMPLOYMENT ADMINISTRATION, REPUBLIC OF THE PHILIPPINES, ANNUAL REPORT 2004, at 9 (2005), <http://www.poea.gov.ph/AR2004/AnnualReports/AR2004.pdf> (last visited May 21, 2005).
725. Service sector includes domestic helpers, household workers, caretakers, waiters and bartenders etc. A significant number of females hired in professional/technical positions are health care workers. *Id.* at 9.
726. PHIL. CONST., art. XIII, § 3, para. 1.
727. *Id.* art. XIII, § 3, para. 2.
728. *Id.*
729. *Id.* art. XIII, § 14.
730. The Labor Code of the Philippines, Presidential Decree No. 442, arts. 135–136, 138–139 (1974), amended by An Act Strengthening the Prohibition on Discrimination Against Women with Respect to Terms and Conditions of Employment, Amending for the Purposes Article 135 of the Labor Code, as Amended, Republic Act No. 6725, § 1 (1989) (Phil).
731. *Id.* art. 135(a).
732. *Id.* art. 135(b).
733. The Labor Code of the Philippines, Presidential Decree No. 442, art. 136 (1974).
734. *Id.* art. 137.
735. Philippine Telegraph and Telephone Company v. National Labor Relations Commission and Grace de Guzman, G.R. 118978, § 3 (1997) (Phil).
736. *Id.* § 5.
737. Night work generally refers to work between 10 p.m. and 6 a.m. The Labor Code of the Philippines, Presidential Decree No. 442, art. 130 (1974); Rules to Implement the Labor Code, R. XII, § 5 (1989) (Phil).
738. The Labor Code of the Philippines, Presidential Decree No. 442, art. 131 (1974); Rules to Implement the Labor Code, R. XII, § 5 (1989) (Phil).
739. Social Security Act of 1997, Republic Act No. 8282 (1997) (Phil).
740. *Id.* § 14-A, 14-A(d). The provisions are only valid if the female employee has paid at least three monthly contributions to the social security system within the last year. *Id.* Maternity Leave may be granted for deliveries, miscarriages, and/or complete abortions. Rules to Implement the Labor Code, R. XII, § 7, 10 (1989) (Phil).
741. Social Security Act of 1997 § 14-A. Employers that fail to provide maternity benefits as stipulated in the Social Security Act are subject to criminal investigation initiated by the Social Security Commission, fines of P5000 to P20000, and/or imprisonment of up to 12 years. *Id.* § 28(e), (i).
742. Civil Service Commission, Omnibus Rules Implementing Book V of the Administrative Code of 1987, R. XVI (1992) (Phil).
743. Civil Service Commission, Amendment to the Maternity Leave Rules under Rule XVI of the Omnibus Rules Implementing Book V of the Administrative Code of 1987, Resolution No. 021420, (Executive Order No. 292) (2002) (Phil).
744. Delivery can either mean childbirth or miscarriage. The Paternity Leave Act of 1996, Republic Act No. 8187, § 2 (1996) (Phil). The Act was incorporated into the Omnibus Rules for Civil Service, Rules XVI, sec. 19 and sec. 20 on December 14, 1998. The provisions specifically stated that married male employees with more than one wife are limited to four paternity leaves regardless of whichever wife gives birth. *Id.* § 19.
745. The Labor Code of the Philippines, Presidential Decree No. 442, art. 132 (1974); Rules to Implement the Labor Code, R. XII, § 14 (1989) (Phil).
746. The Labor Code of the Philippines, Presidential Decree No. 442, art. 134 (1974); Rules to Implement the Labor Code, R. XII, § 11.
747. Barangay-Level Total Development and Protection of Children Act, Republic Act No. 6972, § 3 (1990) (Phil).
748. The Women in Development and Nation Building Act, Republic Act No. 7192, § 5 (1992) (Phil).
749. *Id.* § 5(1)–(2).
750. An Act Providing Assistance to Women Engaging in Micro and Cottage Business Enterprises, and for Other Purposes, Republic Act No. 7882, §§ 3–4 (1995) (Phil).
751. Women with an existing business are eligible for loans only if they have a good track record in sales. *Id.* § 2.
752. *Id.* § 7.
753. ASIAN DEVELOPMENT BANK, SOCIOLEGAL STATUS OF WOMEN IN INDONESIA, MALAYSIA, PHILIPPINES, AND THAILAND 75 (2002).
754. NATIONAL COMMISSION ON THE ROLE OF FILIPINO WOMEN, MAKING FINANCING PROJECTS WORK FOR WOMEN 18 (2001).
755. Figures reflect simple literacy rates of the population over 10 years of age in 1994. 2002 PHILIPPINE STATISTICAL YEARBOOK, *supra* note 205, 10–16 tbl.10.11.
756. NATIONAL STATISTICAL COORDINATION BOARD, WOMEN AND MEN FACTSHEET, <http://www.nscb.gov.ph/stats/gender/statwatch03March05.asp> (last modified Mar. 4, 2005).
757. 2002 PHILIPPINE STATISTICAL YEARBOOK, *supra* note 205, 10–16 tbl.10.11; ABDULGANI A. SALAPUDDIN, ENHANCING PARTICIPATION IN PROMOTING ACCESS AND EQUITY TO HIGHER EDUCATION FOR MUSLIM FILIPINOS (on file with the Center for Reproductive Rights).
758. Gender differentials extrapolated from statistics on enrollment by discipline group, sector and gender. Commission on Higher Education, Republic of the Philippines, Higher Education Statistical Bulletin 11 tbl.5 (2002).
759. COMMISSION ON THE ROLE OF FILIPINO WOMEN, FRAMEWORK PLAN, *supra* note 558, at 15 (2003).
760. PHIL. CONST. art. XIV, § 1.
761. *Id.* art. XIV, § 2(2).
762. *Id.* art. XIV, § 2(3)–(5).
763. The Free Public Secondary Education Act of 1988, Republic Act No. 6655, § 2 (1988).
764. Education Act of 1982, No. 232, §§ 2, 6, 8–18 (1982) (Phil).
765. *Id.* §§ 33, 45.
766. An Act Providing Assistance to Women Engaging in Micro and Cottage Business Enterprises, and for Other Purposes, Republic Act No. 7882, § 5 (1995) (Phil).
767. Despite the constitutional guarantee, access to higher education has been particularly difficult for Muslim Filipinos and indigenous peoples, many of whom live in poverty. *See* SALAPUDDIN, *supra* note 757, para. 3.
768. SALAPUDDIN, *supra* note 757. Republic Act No. 1387 provides scholarships and grants to Muslim Filipino students.
769. The Indigenous Peoples Rights Act of 1997, Republic Act No. 8371, § 25 (1997) (Phil).
770. Education Act of 1982, No. 232, § 3 (1982) (Phil).
771. COMMISSION ON POPULATION & UNFPA, PUTTING PEOPLE FIRST, *supra* note 369, at 27, 39. The DECS was formerly known as the Ministry of Education and Culture. PHILIPPINE MANAGEMENT PROGRAM DIRECTIONAL PLAN, 2001–2004, *supra* note 225, at 53.
772. *See* DEPARTMENT OF EDUCATION, REPUBLIC OF THE PHILIPPINES, POPULATION EDUCATION CURRICULUM (1996).
773. *Id.* at 1.
774. *Id.* at 1–14.
775. *Id.* at 15–19.
776. *Id.* at 20–22.
777. PHILIPPINE MANAGEMENT PROGRAM DIRECTIONAL PLAN, 2001–2004, *supra* note 225, 778. *Id.* at 127.
779. The program was authorized under Administrative Order No. 950. PHILIPPINE MANAGEMENT PROGRAM DIRECTIONAL PLAN, 2001–2004, *supra* note 225, at 53. *See also* VARGA & ZOSA-FERANIL, *supra* note 345, at 19.
780. Revised Penal Code, No. 3815, art. 266–A(1) (1930) (Phil), amended by The Anti-Rape Law of 1997, Republic Act No. 8353 (1997).
781. Rape is deemed to have occurred when the penis enters the labia of the vagina, or touches the external genitalia. WOMEN'S LEGAL BUREAU, INC., ADDRESSING RAPE IN THE LEGAL SYSTEM: A MULTIDISCIPLINARY TRAINING MANUAL 108 (2001) (referencing *People v. Quiñanola*, 306 SCRA 710 (1999), *People v. Cabebe*, 290 SCRA 543 (1998), and *People v. De la Peña*, 233 SCRA 753 (1994), as cited in *People vs. Castromero*, 280 SCRA 421 (1997)).
782. Revised Penal Code, No. 3815, art. 266–A(2) (1930) (Phil), amended by The Anti-Rape Law of 1997, Republic Act No. 8353 (1997).
783. Communication with Institute for Social Studies and Action (ISSA), Women of the World Report—Philippines (draft) (May 8, 2003) (on file with the Center for Reproductive Rights).
784. Revised Penal Code, No. 3815, art. 266–C (1930) (Phil), amended by The Anti-Rape Law of 1997, Republic Act No. 8353 (1997).
785. *Id.* art. 266–C.
786. *Id.* arts. 25, 70, 266–B.
787. *Id.* art. 266–B, para. 4.
788. *Id.* art. 266–B(2), (5)–(10).
789. *Id.* art. 266–B(1).
790. Revised Penal Code, No. 3815, art. 336 (1930) (Phil).
791. Anti-Violence Against Women and Their Children Act of 2004, Republic Act No. 9262, § 6(a)–(f) (2004) (Phil).
792. *Id.* § 6. Perpetrators are subject to the death penalty if the act(s) constitute attempt-

- ed, frustrated or consummated parricide, murder or homicide. *Id.* § 6(a). Other penalties, ranging from imprisonment of one month to 12 years, depending on severity of the injury inflicted or the acts committed. *Id.* § 6(a)–(f).
793. An Act Strengthening Further the Right of Daughters Against Incestuous Rape by Penalizing Mothers Who Refrain From Proceeding Against the Father–Rapists or Tolerate Its Commission, House Bill No. 1715 (2001) (Phil).
794. The Family Courts Act of 1997, Republic Act No. 8369, § 5(k)(1) (1997) (Phil).
795. *Id.* § 5(k)(2).
796. *Id.* § 5(k).
797. *Id.* § 7.
798. Intimate partners refer to a person with whom the perpetrator has or had an extended sexual, dating, or romantic relationship. Anti-Violence Against Women and Their Children Act of 2004, Republic Act No. 9262, § 3(a), (c) (2004) (Phil).
799. *Id.* § 3(a).
800. *Id.* § 5(a)–(f). Being under the influence of alcohol, any illicit drug, or any other mind-altering substance is not a defense under the Act. *Id.* § 27.
801. *Id.* §§ 8–23.
802. *Id.* §§ 3, 26.
803. *Id.* § 28.
804. *Id.* § 35(a)–(c).
805. *Id.* § 40.
806. Rape Victim Assistance and Protection Act of 1998, Republic Act No. 8505, § 3 (1998) (Phil).
807. Revised Penal Code, No. 3815, arts. 246–249, 262–266 (1930) (Phil).
808. Exec. Order No. 209, The Family Code of the Philippines, art. 55(1) (1987).
809. The Anti-Sexual Harassment Act of 1995, Republic Act No. 7877, § 2 (1995) (Phil).
810. Sexual harassment is also committed when the demanded sexual favor is a condition for employment, education or training decisions, and where sexual advances create an intimidating, hostile or offensive environment for the victim. *Id.* § 3.
811. *Id.* § 7.
812. *Id.* § 6.
813. *Id.* § 5.
814. Civil Service Commission, Republic of Philippines, Administrative Disciplinary Rules on Sexual Harassment Cases, Resolution No. 01–940 (2001).
815. *Id.* § 3.
816. *Id.* § 54.
817. *Id.* § 56.
818. SALIGAN WOMEN’S UNIT, SEXUAL HARASSMENT 3, <http://www.salidumay.org/discussions/articles/sexual-harassment.doc> (last visited May 21, 2005). See *Floride Dawa v. Judge Armando C. De Asa*, A.M. No. MTJ–98–1144 (1998) (Phil).
819. Most of the cases have resulted in dismissals or downgraded to a lower offense (i.e., a charge under the Revised Penal Code, art. 336 for an act of lasciviousness). SALIGAN WOMEN’S UNIT, *supra* note 818, at 3.
820. Revised Penal Code, No. 3815, arts. 76, 341 (1930) (Phil), amended by An Act Increasing the Penalty for White Slave Trade, Amending for the Purpose Article 341 of the Revised Penal Code, No. 186 (1982) (Phil).
821. Anti-Violence Against Women and Their Children Act of 2004, Republic Act No. 9262, §§ 3(a), (c), 6 (2004) (Phil).
822. Laws and Regulations Governing the Fight Against Prostitution in All Forms, House Resolution No. 00546 (2002) (approved on Second Reading on May 29, 2002 with Committee Report No. 00516 and referred to Committee on Rules).
823. The Anti-Prostitution Act, House Bill No. 03051 (2004) (Phil).
824. The Anti-Prostitution Act of 2004, House Bill No. 02419 (2004) (Phil); The Anti-Prostitution Act, House Bill No. 00520 (2004) (Phil); The Anti-Prostitution Act of 2004, House Bill No. 02857 (2004) (Phil).
825. VARGA & ZOSA-FERANIL, *supra* note 345, at 14.
826. *Id.*
827. *Id.*
828. Anti-Trafficking in Persons Act of 2003, Republic Act No. 9208, §§ 3(a), 4–5 (2003) (Phil).
829. *Id.* § 3(a).
830. *Id.*
831. *Id.* § 3(a), para. 2. “Children” refers to persons below 18 years of age or those over 18 but who are unable to fully take care of or protect themselves from abuse, neglect, cruelty, exploitation or discrimination because of a physical or mental disability or conditions.” *Id.* § 3(b).
832. *Id.* § 10(a).
833. *Id.* § 10(b).
834. *Id.* § 17.
835. The penalty for a first offense is 6 months of community service and a fine of 50,000 pesos while the penalty for second and subsequent offenses is imprisonment of 1 year and a fine of 100,000 pesos. *Id.* § 11(a)–(b).
836. *Id.* § 20.
837. *Id.* §§ 16, 23–24.
838. Special Protection of Children Against Abuse, Exploitation and Discrimination Act, Republic Act No. 7610, §§ 2, 3(b)(1) (1992) (Phil), amended by Republic Act No. 9231, An Act Providing for the Elimination of the Worst Forms of Child Labor and Affording Stronger Protection for the Working Child, Amending for this Purpose Republic Act No. 7610, as Amended, Otherwise Known as the “Special Protection of Children Against Abuse, Exploitation and Discrimination Act” (2003) (Phil). Under the Act, sexual abuse encompasses child prostitution and the action of any adult to coerce, influence, facilitate a child into prostitution and those who profit from such. *Id.* §§ 2, 5(a), (c).
839. Penalty for acts of lasciviousness is greater than the norm when the victim is under 12. Special Protection of Children Against Abuse, Exploitation and Discrimination Act, Republic Act No. 7610, § 5(b) (1992) (Phil); Revised Penal Code, arts. 27, 335 (1930) (Phil).
840. Special Protection of Children against Child Abuse, Exploitation and Discrimination Act, § 5(b) (1992) (Phil); Revised Penal Code, No. 3815, arts. 76, 336 (1930) (Phil).
841. Revised Penal Code, No. 3815, arts. 337–338 (1930) (Phil).
842. *Id.* art. 337.
843. *Id.* arts. 76, 337.
844. Special Protection of Children against Child Abuse, Exploitation and Discrimination Act, § 10(6) (1992) (Phil); Revised Penal Code, No. 3815 (1930) (Phil).
845. Revised Penal Code, No. 3815, art. 338 (1930) (Phil). Deceit is usually interpreted as a promise of marriage, although a promise made after sexual intercourse or one made by a married man whom the victim knows to be married, is not considered deceitful. Rex Editorial Board. The Revised Penal Code of the Philippines, 133 (1986).
846. Revised Penal Code, No. 3815, art. 338 (1930) (Phil).
847. Special Protection of Children Against Abuse, Exploitation and Discrimination Act, Republic Act No. 7610, § 5(a) (1992) (Phil); Revised Penal Code, No. 3815, arts. 27, 76 (1930) (Phil).
848. Special Protection of Children Against Abuse, Exploitation and Discrimination Act, Republic Act No. 7610, § 5(b) (1992) (Phil).
849. *Id.* § 5(c).
850. Attempts to commit child prostitution include an unrelated person found alone with a prostituted child in a room where it is reasonable to infer that the child is about to be prostituted or sexually abused; or where a person is receiving services from a child in a sauna parlor and other similar establishments. *Id.* § 6.
851. “A penalty lower by two (2) degrees than . . . the consummated felony . . . shall be imposed.” *Id.* § 6, para. 2. See also Revised Penal Code, No. 3815, art. 52 (1930) (Phil). According to the Revised Penal Code’s graduated scales, two degrees below reclusion perpetua is prison mayor. *Id.* arts. 61, 71, 76.
852. Special Protection of Children Against Abuse, Exploitation and Discrimination Act, Republic Act No. 7610, § 10(6) (1992) (Phil). See also Revised Penal Code, No. 3815, arts. 340–341 (1930) (Phil).
853. Special Protection of Children Against Abuse, Exploitation and Discrimination Act, Republic Act No. 7610, § 7 (1992) (Phil).
854. Attempts at child trafficking are punishable by penalties 2 degrees less than actual commitment of child trafficking, therefore, the penalty is prison correccional. *Id.* § 8.
855. *Id.* § 8(a).
856. *Id.* § 8(d).
857. *Id.* § 8(c), (e).

