

Independent submission to the
Committee on the Rights of the Child
on the consideration of the combined 5th and 6th periodic reports
of the Government of the Philippines

**SUPPLEMENTARY NGO ALTERNATIVE REPORT
ON THE STATUS OF ADOLESCENTS' REPRODUCTIVE RIGHTS
IN THE PHILIPPINES**

For the adoption of the Concluding Observations in the Committee's 91st session
on September 13-14, 2022

Respectfully submitted on
August 14, 2022

by

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CENTER *for*
REPRODUCTIVE
RIGHTS



EnGendeRights, Inc.
Assorting Gender Equality



FPOP
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ORGANIZATION OF
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Salinlahi
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WOMEN'S
GLOBAL NETWORK
FOR REPRODUCTIVE RIGHTS
W G N R R



YouRHealth
Your reproductive health matters



1. The undersigned coalition of civil society groups submits supplemental information for the adoption of the Concluding Observations for the Republic of the Philippines (state party) by the Committee on the Rights of the Child (the Committee). Specifically, this alternative report aims to serve as a valuable reference for the Committee in reviewing the Philippine government's compliance with the United Nations Convention on the Rights of the Child (UN CRC) in its upcoming 91st session from August 29 - September 23, 2022. This submission presents updates and information on key issues affecting adolescents' reproductive rights in the Philippines from the period of October 2020 - July 2022.
2. As mentioned in previous NGO reports submitted to the Committee in March and October 2020, while the state party has made significant strides in crafting and implementing programs and policies on children's rights and welfare, the full realization of adolescents' sexual and reproductive health and rights (SRHR) is yet to be achieved. At the same time, there have been grave violations resulting from barriers to adolescents' access to sexual and reproductive health services and information, continued restrictions to abortion access, and the failure to curb the high number of adolescent pregnancies, among others. Moreover, the full implementation of sexual and reproductive health laws, policies, programs, and projects have been gravely affected by the global health and economic crisis. Unfortunately, the worst impact of the pandemic was experienced by the most vulnerable population groups, including children and adolescents.

The ailing health care system during the pandemic

3. The world met the ingress of COVID-19 in March 2020 with the World Health Organization's declaration of a global pandemic.¹ In the face of the health crisis, the United Nations reiterated the adoption of human rights as a central guide in response to COVID-19, urging state parties to adopt measures that would ensure the protection of fundamental health rights including those to life and health and ensure access to health services without discrimination.²
4. As the Philippines imposed the longest and strictest lockdown around the globe,³ **its weak health care system has been characterized by strained health resources and personnel making the country one of the top five worst places to be as the ripples of COVID-19 continue.**⁴ Mobility restrictions as well as the shift in focus of the national and local health care systems have further worsened the inaccessibility of essential reproductive health services in the country. The privatized health care system in the country has been inaccessible during the pandemic, affecting even the essential reproductive health services in the country. Not to mention the corruption and mismanagement of funds of the state party amidst the pandemic.⁵ The country's weak healthcare system is not merely attributed to the inept leadership of government officials, but also to the decades of neglect and systematic reorientation towards privatization of the healthcare system at the expense of public health.⁶ Further, as noted by the Commission on Population, **“structural issues during the pandemic have led to young people being confined to their homes – facing logistical hurdles in accessing care, and when pregnant, are affected with service reductions due to community quarantine.** Containment and physical distancing

measures may limit the capacity of the youth to exercise their rights, leading to discrimination and exclusion of young people from decision-making processes.”⁷

5. Despite the lockdowns imposed by the government, COVID-19 transmission continued to increase. The Philippines government used the health and economic crisis as a pretext for borrowing huge foreign loans.⁸ In fact, the administration of President Rodrigo Duterte left an outstanding national debt of 12.9 trillion pesos. However, **the Duterte government spent less budget on health resulting in insufficient public health capacity and inaccessibility in the face of a pandemic.**⁹ Specifically, the full implementation of the Responsible Parenthood and Reproductive Health Act (RPRHA) and the Universal Health Care Act of 2019 have been sidelined, especially during the pandemic. Alarming, **the budget for the RPRHA drastically dropped to P842 million in 2022, from P2.5 billion in its first year of implementation in 2013.**¹⁰

Updates on the status of sexual and reproductive health and rights

A. High number of adolescent pregnancies

6. Based on research conducted by the University of the Philippines Population Institute (UPPI) and the United Nations Population Fund (UNFPA), **the pandemic and subsequent lockdowns disrupted access to family planning and increased the number of unintended pregnancies among females ages 15 to 49 years old.**¹¹ These challenges confronted by mainly women and girls in poor households were due to the disruption of health services, disruption in transportation services and difficulty in community, and fear of contracting the virus.
7. According to the Philippine Statistics Authority (PSA), there is a declining trend in live births among adolescents. Specifically, adolescent pregnancy among 15 to 19 years old has lowered by 13.12% in 2020 while live births among 10 to 14 years old have declined by 12% in the same year.¹² However, the sudden drop in 2020 was attributed to the changes in sexual risk behaviors among adolescents due to restrictions in mobility during quarantine and the consequent school closures, and not primarily due to the access of adolescents to essential reproductive health services. Further, despite the low marginal decline in 2020 in the birth rates among adolescents, it is also worth noting that **the birth rates among adolescents aged 10-14 years old have incessantly increased over previous years, including a 7% increase between 2018 and 2019.**¹³ **The increase in live births among young mothers aged 10-14 are presumed to be a result of gender-based violence.**¹⁴ With the ease of quarantine restrictions and with more people getting vaccinated, experts believe that the downward trend in adolescent birth rates will not last. It is clear that despite the developments in the reported number of adolescent pregnancies, there are still barriers to ensuring that all women and girls have equal opportunities in access to accurate and objective information and culturally sensitive services in order to prevent teenage pregnancy in the country. **The Philippines remains as one of the highest adolescent birth rates among the ASEAN member states.**¹⁵ Recent World Bank data shows that the Philippines has 56 births annually per 1,000 women aged 15-19, **higher than the average**

adolescent birth rate of 44 globally and among other ASEAN countries such as Cambodia (52), Indonesia (46), and Thailand (44).¹⁶

8. **Adolescent pregnancy is considered "the most important problem of women today" in the Philippines.**¹⁷ The lack of access to sexual and reproductive health services, aggravated by the pandemic, is a major contributing factor to the rising birthrate among adolescents. In the same UPPI and UNFPA study mentioned above, it revealed that among women 15 to 49 years old, there are about 3,099,000 with unmet needs for family planning exacerbated by COVID-19. While figures show that **there is an initial estimate of 163,00 adolescents with unmet need for family planning, the projected increase is an additional 15,000, or a surge of 9.3%.** Further, a 2.2% decline is projected among women who use any method of modern contraception i.e., 400,000 women will drop out of the country's family planning program.¹⁸ Due to the lack of information on reproductive health, many adolescents are engaging in sexual activity with the options of abstinence and the "pull-out" method - the least effective practices in preventing unplanned pregnancies.¹⁹
9. Early childbearing carries high risks for both mother and the child. It subjects adolescent girls to various health problems such as anemia, sexually transmitted infections, postpartum hemorrhage, or even death. Further, although adolescent partners both experience hardship due to early parenthood, poor **adolescent mother bears multiple burdens than their partner; they are most likely to drop out of school, curtailed self-recreation with friends, blamed for lack of knowledge of sexuality and pregnancy, and provided with fewer opportunities for socio-economic improvement.** Further, if the budget for the family is not enough, adolescent mothers take it upon themselves to look for help and other ways to get by.²⁰
10. Despite the country's persistent problem with adolescent pregnancy, the state party failed to give utmost priority to ensuring the passage of legislative measures to address teenage pregnancy, particularly the Senate Bill (SBN) 161 or the Teenage Pregnancy Prevention Bill which was aimed at providing comprehensive, age-appropriate sex education programs for Filipino youth, social protection for teenage mothers including maternal health services, workshops, and livelihood. It also intended to give medical, legal, and other services to teen moms who had been victims of sexual abuse or violence. **In the 18th Congress of the Philippines, a total of 4 bills were filed before the Senate in relation to the prevention of teenage pregnancy in the country, this includes SBN 161, SBN 414, SBN 649, and SBN 1334, however, all four bills were not enacted into laws.**²¹ Further, SBN 1334, or the Prevention of Adolescent Pregnancy Act of 2020 was deferred for plenary debates following strong objections from catholic schools and several religious groups.²² Meanwhile, in the current 19th Congress, SBN 372, or the Prevention of Adolescent Pregnancy Act of 2022 is currently pending for first reading under the Committee of Women, Children, Family Relations and Gender Equality; Social Justice, Welfare and Rural Development and Finance. Similarly, the bill aims to provide comprehensive sex education programs to Filipino youth and institutionalization of social protection for teenage mothers.²³

B. Barriers to comprehensive sexuality education

11. Despite the efforts of the state party to include sexual and reproductive health and rights in its education system, there are still barriers to increasing the awareness and capacities of children and adolescents about their sexual and reproductive health and rights. At the same time, the coronavirus pandemic has further deepened the pre-existing challenges in the proper and effective implementation of Comprehensive Sexual Education (CSE). According to the state party, CSE topics include gender awareness and sensitivity, abstinence, body image, puberty, and reproduction are incorporated in Family Health for Grade 8.²⁴ Meanwhile, gender and development concepts are incorporated in the curriculum for Social Studies for Grade 10, and personality and career development are taught in Grades 11 and 12. **While CSE integration is required across all subjects under the RPRHA, there have been only five subjects so far where this has been done and partly because Department of Education Order No. 31 which was belatedly issued in 2018 only identified subject areas where it should be included.** However, public-school teachers claimed that they have not been part of any training on integrating age- and development-appropriate RH education.²⁵ Hence, it remains unclear how key concepts of sexual and reproductive health issues including contraception, pregnancy, abortion, birth, and sexually transmitted diseases among others are being integrated and discussed in schools. There were also concerns that because there could be students of different ages in the same class and grade level, age- and development-appropriate education cannot be achieved **using the same information for all.**²⁶
12. On the other hand, as the educational system shifted to distance learning using various modalities, the quality of education during the pandemic was drastically reduced due to the digital divide, lack of preparation and training for school personnel, and insufficient state funding. Moreover, **the pandemic situation resulted in the growing number of out-of-school youth posted from 16.9% in January 2020 to 25.2% in April 2020²⁷,** which consequently led to the increasing number of adolescents who have been deprived of their right to access necessary information relating to sexual education.

C. Continued restrictions on abortion

13. While abortion has been scientifically proven as a safe medical procedure when done according to WHO standards,²⁸ legal restrictions cause many women in the Philippines to suffer life-threatening complications. Because of the severe restrictions on abortion, disaggregated and official data on abortion are extremely limited. However, induced abortion has been reported as one of the leading causes of maternal deaths in the Philippines.²⁹ As mentioned in the March and October 2020 submissions to the Committee, instead of taking steps to address the harms of the current abortion restrictions, the state party adopted measures to further restrict access to this essential health care including the increase in penalties for pharmacists who dispense abortifacients without prescription, the inclusion of “abortion paraphernalia” in the lists of prohibited items in the new customs declaration form, among others. **In 2020, the Food and Drug Administration (FDA) advised against the purchase and use of mifepristone for being an unregistered drug.³⁰ In 2021, a bill was also filed in Congress seeking to impose additional penalties for physicians, midwives, nurses, and other health workers who assist in causing an**

abortion with the use of their scientific knowledge and skills.³¹ Other bills filed before Congress include the proposition of publicly funded national programs and “pregnancy care centers” that “promote childbirth as a viable and positive alternative to abortion”, and “extend support to entities that assist women to choose childbirth and make informed decisions regarding the choice of adoption or parenting”³² On the other hand, the new president-elect of the Philippines has expressed support for conditional pro-abortion legislations prior to his election, specifically for “severe cases” like rape and incest.³³ However, these election campaign promises are yet to be realized. Meanwhile, several women’s groups have called for immediate action on the commitment made and reiterated the prioritization of women’s rights and gender equality in the country.³⁴

14. In its 2016 response to the concerns raised by the Committee on Economic, Social and Cultural Rights, the state party noted that there were ongoing efforts to review the provisions on abortion under the Revised Penal Code by the state party as led by the Commission on Human Rights (CHR) and different civil society groups.³⁵ It also stated that “abortion can be performed in extreme situations when the life of a woman is at risk” as recognized by the Responsible Parenthood and Reproductive Health Act (RPRHA). The state party also recognized legal abortions in these situations in its report to the Human Rights Committee where it noted that “the Revised Penal Code [RPC] (Article 11, paragraph 4) may justify abortion to protect the life and health of pregnant women” and that it has no knowledge of any “report of women having been prosecuted or taken to court because of the commission of abortion.”³⁶ However, despite these statements, the abortion laws remain highly restrictive without any clarity on how legal abortions may be sought and provided without fear of incurring any penalties. This puts women and young girls to resort to unsafe abortion without proper supervision from professional medical practitioners and continuation of high-risk pregnancy. In recent data, about 1,000 die each year from abortion complications in the Philippines. While tens of thousands are hospitalized each year for complications of unsafe abortion.³⁷ **Women below the age 25, who comprised 46% of abortion attempts in a 2004 survey, cited reasons which are related to their age—they wanted to avoid interrupting their schooling, had problems with their partner or considered themselves too young to have a baby.**³⁸

D. Experiences of gender-based violence

15. The pandemic increased the risks and vulnerabilities of children and women to sexual abuse, violence and exploitation. **A 2020 survey showed that the pandemic has a profound impact on the safety and protection of girls and young women aged 13 to 24 years old.** Survey respondents expressed the need to receive guidance on how to protect themselves from harassment and violence, and how to report cases of gender-based violence, among others.³⁹ With the strict implementation of lockdown, many girls and women were trapped in abusive home environments with very little access to social protection and reporting mechanisms.⁴⁰ In the study conducted by Save the Children employing child rights-based analysis of COVID-19-related laws, policies, issuances, and pending bills, it noted that the **issuances from executive agencies, particularly the Joint Memorandum Circular No.1, s. 2020 of the Department of the Interior and Local Government and Council for the Welfare of Children providing guidelines on handling children during the pandemic and the reiteration of protocols on case**

management of child abuse victims and DILG advisory ensuring activation of Barangay Violence Against Women and their children (VAWC) and Barangay Council for the Protection of Children (BCPC), were only concerned with the monitoring of the condition of children, rather than employing protective measures to reduce risks to the disease. It also failed to specify the activities to be undertaken by VAWC and BCPC vis-a-vis the ongoing health crisis. This left gaps in the adjustment of reporting mechanisms during the pandemic⁴¹ with many victims forced to stay in homes together with their abusers.

16. **The health and economic crisis also triggered the increase in the number of adolescents being victimized by online sexual abuse and exploitation.** Even before the pandemic, the country has been identified as a global source of children's sexual abuse and exploitation materials. **As the education system shifted to digital learning, many girls and young women have resorted to selling nude photos and videos in order to raise money for their gadgets and communication allowance.**⁴²
17. The Philippine National Police (PNP) reported 2,341 cases of rape in 2019, an increase of 30.6% compared to the 2018 data. Meanwhile in 2020, reported cases decreased to 1,850 while the country was under community quarantine. Also, PNP reported that there were 14,835 cases or a 25% decrease in all types of violence against women, as compared to the 19,743 cases in 2019.⁴³ The decreasing trend however was attributed to the lockdown restrictions, making it hard for victims to report. With the prevalence of gender-based violence in the country, particularly sexual violence, the state party failed to put an end to violence against women and children, both online and offline, and to ensure the promotion of gender equality.
18. Despite this, **the inaccessibility of emergency contraceptives (EC) to women and adolescents, particularly to victims of sexual violence who suffered unwanted pregnancies due to rape, remains persistent.** The inaccessibility of EC has not only subjected millions of Filipino women and adolescent girls to discrimination but posed grave risks to the health and life of women and girls, particularly those victims of sexual abused suffering from post-traumatic stress disorder or other serious mental health disorders due to unwanted pregnancies resulting from rape. Medical experts say that aside from sex education, employment, and health promotion, making EC a viable option would serve as a preventative measure for unwanted pregnancy.⁴⁴ Currently, there are no alternatives to EC other than the Yuzpe Method. However, the Yuzpe method causes more severe side effects as compared to EC.⁴⁵ Also, recent studies indicate that one in four Filipino women are unaware of emergency contraception options and only 13% are aware of the Yuzpe regimen.⁴⁶ On the other hand, in the survey conducted among young unmarried Filipinas, 73% of the respondents expressed interest in EC. While 68% of medical doctors believe that the Food and Drug Administration should reconsider and review the ban on EC.⁴⁷

E. Incidence of sexually transmitted disease and HIV/AIDS

19. The COVID-19 pandemic presented new challenges and barriers to the access and delivery of essential health services for People living with HIV (PLHIV). The delivery and access to antiretroviral therapy were gravely disrupted, while STI and HIV screening and testing, distribution of the emergency supply of ARVs and other HIV drugs and commodities, and others were also affected due to the strict lockdowns and the overwhelming workload of the medical health practitioners.⁴⁸
20. **The impact of the lockdowns on HIV/AIDS reporting and response mechanism was very evident in the sharp drop in newly diagnosed HIV cases during the first phase of quarantine implementation since patients have found it difficult to access essential health services.** In fact, a total of 8,058 confirmed cases of HIV were reported, or 22 people are diagnosed daily, notably lower compared to the 2019 figure posted at 12, 778 cases or 35 people diagnosed every day.⁴⁹
21. **Twenty-eight percent or 2, 241 cases during the reporting period of January 2020-December 2020, belong to the age bracket of 15-24 years old.** Figures also show that there is an increase in the number of females diagnosed with HIV, posted at 434 cases, which is three times higher compared with the 156 cases reported in 2011. **Females diagnosed with HIV belonging to 15-24 years old are posted at 129 cases, which is 43% higher compared to 2015 figures.**⁵⁰
22. An increase in cases was then observed when restrictions were relatively lax, a total of 12,341 new HIV infections were diagnosed in the country in 2021, which is 54% higher than 8,036 new cases detected in 2020.⁵¹ There are nonetheless limited resources in the access of adolescents to services relating to HIV/AIDS treatment and prevention in the Philippines, even the state party's national report on the RPRHA has not specified the access of adolescents to such services.

Key programs and policies on sexual and reproductive health and rights

23. After decades of policy advocacy, significant child protection measures have been passed by the state party which could have positive implications for the promotion of adolescents' sexual and reproductive health and rights. During the 18th Congress, the state party enacted **Republic Act 11596, also known as An Act Prohibiting the Practice of Child Marriage** which introduced penalties for those that facilitate, participate, and officiate the marriage of children under the age of 18. More importantly, it called for the development and implementation of policies to ensure access to education, economic support, and other social measures and interventions to discourage the practice.⁵² The state party also passed the **Republic Act 11648** that increased the age for sexual consent from 12 to 16 years old and amended the provisions of the Anti-Rape law in order to provide an exception for consensual, non-abusive, and non-exploitative sexual activity among adolescents with an

age gap of not more than 3 years.⁵³ The exemption does not apply if the victim is under 13 years old. On the other hand, the **Anti-Online Sexual Abuse and Exploitation of Children** (OSAEC) bill lapsed into law in July 2022.⁵⁴ The law increased the responsibilities of social media platforms, electronic service providers, as well as internet and financial intermediaries, requiring these stakeholders to block and preserve OSAEC materials and cooperate with law enforcement agents. It also granted additional tools to our law enforcers when surveilling and investigating OSAEC cases. In June 2021, Executive Order No. 141 (EO 141) was issued by the state party as a response to the alarming rise in adolescent birth rates over the past decade that merited a “national concern”.⁵⁵ EO 141 aims to implement comprehensive sex education, employment opportunities, and reproductive services for adolescents and young people.⁵⁶ Despite various legislations, the state party should work double time in bridging the gaps and resolving the challenges in the implementation of policies and other government programs on sexual and reproductive rights, especially in reaching the grassroots level.⁵⁷

Suggested recommendations

24. Other UN treaty bodies have repeatedly called on the state party to ensure improved women’s and girls’ access to the full range of sexual and reproductive health care including access to contraceptives and emergency contraceptives, abortion, and post-abortion care, and comprehensive sexuality education.⁵⁸ We urge the Committee to issue similar recommendations and urge the state party to respect, protect, and fulfill the sexual and reproductive health and rights of adolescents. Specifically, we request the Committee to call on the state party to:
- a. Ensure the effective implementation of the Responsible Parenthood and Reproductive Health Act (RPRHA) including by increasing public funding support and providing sufficient financial and human resources to guarantee the availability and accessibility of quality and non-discriminatory sexual and reproductive health care to adolescents;
 - b. Repeal discriminatory laws and policies including the (1) RPRHA provisions on parental consent requirements prior to adolescents' access to SRH services, particularly on modern contraception and the prohibition on emergency contraception; (2) restrictive laws on abortion under the Revised Penal Code and other national laws to fully decriminalize abortion and ensure access to safe abortion and post-abortion care including for adolescents;
 - c. Curb the increasing number of HIV cases among adolescents by enhancing adolescent-friendly programs on HIV/AIDS, increasing adolescents’ access to HIV/AIDS education and HIV treatment and prevention services, and providing adequate funding thereof;

- d. Ensure access to comprehensive sexuality education (CSE) including by strengthening Department of Education Order No. 31 (2018), integrating CSE in the school curriculum, providing comprehensive and rights-based CSE training to teachers and other duty bearers, and developing child-friendly materials in relation to sexual and reproductive health rights and services;
- e. Enact the Prevention of Adolescent Pregnancy Bill and address the health, social, and economic consequences of early pregnancy by providing social protection measures for young parents and ensuring access to quality and non-discriminatory health care services in all stages of pregnancy including counseling and providing other support mechanisms necessary in raising their child;
- f. Raise awareness on the enactment of child protection laws and policies and ensure the full and stronger implementation of child protection measures such as those under the Anti-Online Sexual Abuse and Exploitation of Children Law, Anti-Child Marriage Law, and the amendments to the Anti-Rape Law to promote greater understanding and appreciation of the intent of these laws and advance the sexual and reproductive health and rights of children and adolescents;
- g. Strengthen gender-based violence (GBV) monitoring and reporting mechanisms such as through the establishment and full functionality of the Local Council for the Protection of Children (LCPC) and Barangay Council for the Protection of Children (BCPC).

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