

3

Women and Health*

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Strategic Objectives:

- C1: To increase women's access throughout the life cycle to appropriate, affordable and quality health care, information and related services*
- C2: Strengthen preventive programmes that promote women's health*
- C3: Undertake gender-sensitive initiatives that address sexually transmitted diseases, HIV/AIDS, and sexual and reproductive health issues*
- C4: To promote research and disseminate information on women's health*
- C5: To increase resources and monitor follow up for women's health*

The world has witnessed the collective efforts for women's development and empowerment within the two decades since the adoption of the Beijing Platform for Action (BPfA) in 1995. Various interventions and initiatives were undertaken to achieve the strategic objectives set to act on the identified critical areas of concern to advance the goals of equality, development and peace for all women globally.

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Women's health as one of the priority agenda is not only concerned with the state of complete physical, mental and social well-being of every woman but also with their enjoyment and full access to their rights to make decisions about and be in control of their own bodies. Women's survival throughout their full life cycle with the highest attainable standard of health and well-being can be considered a struggle for many women around the world.

In the Philippines, health policies and programs (Department of Health [DOH], 2015a) have evolved based on the priority agenda of every national government administration. The adoption of and actions to attain the strategic objectives of the BPfA and the Millennium Development Goals (MDG) have advanced the continuing struggle of Filipino women for the realization of their health rights and needs.

Before the BPfA adoption and after the passage of the Local Government Code of 1991, healthcare services were devolved to the local government units (LGUs). This made the Department of Health (DOH) the governing agency while the LGUs carry out the operations and maintenance of health facilities and provide health services which include the implementation of programs and projects on primary health care and maternal and child care. The Philippine Health Insurance Corporation (PhilHealth) was established upon the enactment of the National Health Insurance Act of 1995 or *Republic Act 7875* to administer the provision of universal health insurance coverage and ensure affordable, acceptable, available, and accessible health care services for all (Grundy, Healy, Gorgolon & Sandig, 2003. Health Sector Reform Agenda (HSRA) (Herrera, Roman & Aralilla 2010; DOH 2010) and FOURmula ONE for Health (F1) were launched as blueprints of reform implementation.

In 2010, Universal Health Care or Kalusugang Pangkalahatan (KP) was launched under the Aquino Health Agenda (AHA), (DOH, 2010), which aimed to 'ensure equitable access to quality health care' and to make services available in the different levels of the health system. The goals of this program were to: (1) increase financial risk protection; (2) create a responsive health system; and (3) improve health outcomes (DOH, 2010).

Despite these health reforms, health governance and health budget allocation are still a challenge as women and children continue to suffer from poor health care provisions in their local communities. For many years, total health expenditure remains below the World Health Organization (WHO)-recommended benchmark of 5% of the country's gross domestic product.

The passage of landmark health legislations, Responsible Parenthood and Reproductive Health Act of 2012 or *Republic Act 10354*, the expansion of the National Health Insurance Act of 2013 or *Republic Act 10606* as well as the Sin Tax Law or *Republic Act 10351* as part of the Aquino Health Agenda are celebrated gains for health advocates. The Sin Tax Law will provide a substantial portion (around 80%) of the incremental revenues from sin taxes on alcohol and tobacco to increase health care resources.

However, as the Health Cluster of the Alternative Budget Initiative (ABI), a consortium of civil society organizations and opposition legislators engaged in budget lobby efforts, stated in its 2015 Alternative Budget Proposal for Health, “despite the increase in resources for health coverage, equipment, and facilities, our capacity to deliver healthcare has not kept a stride” (Health Cluster of the ABI, 2015). Some of the prevailing issues are high out-of-pocket expenses for medical care, high maternal mortality rate, the rising incidence of teen pregnancy and HIV/AIDS, and the shortage of healthcare workforce as the most pressing issues. The delivery of health services becomes less accessible given the shortage in the healthcare workforce. The ABI Health Cluster also stressed that “what the AHA needs to emphasize is that universal health care is about people caring for people, and not just about equipment, facilities or health coverage” (Social Watch Philippines [SWP], 2015). There are still gaps and challenges in achieving the highest attainable standard of health and well-being for every Filipino and for Filipino women in particular. Improving health governance and every aspect or component of the health care system should be given more attention to achieve universal health care for all.

Strategic Objective C1: *To increase women’s access throughout the life cycle to appropriate, affordable and quality health care, information and related services*

INTEGRATION OF REPRODUCTIVE HEALTH IN THE HEALTH CARE DELIVERY SYSTEM

Responsible Parenthood and Reproductive Health (RP/RH) Law of 2012

The passage of the Responsible Parenthood and Reproductive Health Act of 2012¹ or *Republic Act 10354*, passed after almost two decades of arduous struggle by the women’s movement and the reproductive health community, continues to face many challenges brought about by the conservative stance of the Catholic hierarchy and other legislators who continue to critique its provisions and raise issues regarding its implementation.

Family Planning

In accordance with the country’s commitments made in the International Conference on Population and Development (ICPD) held in 1994 and in the 4th World Conference on Women in 1995, implementation of the Philippines’ Family Planning Program has evolved from a demographic perspective to a health intervention-oriented program following the adoption of Re-

¹ RA 10354 or the Responsible Parenthood and Reproductive Health Law. See <http://www.gov.ph/2012/12/21/republic-act-no-10354/>

productive Health (RH) policy and framework. One of the four major programs of the Commission on Population (POPCOM) is the Responsible Parenthood and Family Planning (RP-FP), which aims to help parents/couples exercise responsible parenting to achieve the desired number of children as well as determine the timing and spacing of childbirth; and is geared to contribute to improving the maternal, neonatal, and child health, and nutrition (MNCHN).

The National Demographic Health Survey 2013 (NDHS) report discussed the steady increase in contraceptive use from 49% of married women in 2003 to 55% in 2013. This, however, included a range of traditional methods (5.5% to 12%) (Philippine Statistics Authority [PSA] & ICF International [ICF I], 2014).

More than half of currently married women of reproductive age (55%) are using a method of contraception, with most women using a modern method (38%). However, 18% of married women have an unmet need for family planning: 7% because they want to delay their next pregnancy and 11% because they want no more children. The three most popular modern methods used by married women are the pill (19%), female sterilization (9%), and injectables and IUD (4% each).

Maternal Mortality

There is evidence that the Philippines failed in reducing maternal mortality as set by the Millennium Development Goals. According to the latest joint report of the WHO, UNICEF, UNFPA, World Bank, and UN Population Division, the Philippines registered a 15% increase in Maternal Mortality Rate (MMR) while the world managed a 45% decline in MMR from the period 1990 to 2013 (World Health Organization [WHO], 2015). The country's failure to achieve a reduction in MMR is due to the lack of skilled personnel (birth attendants) and lack of access to emergency obstetric care (emOc), post abortion care, and proper information on Adolescent Fertility Rate (AFR) and Cohort Fertility Rate (CFR) (Likhaan Center for Women's Health [Likhaan], 2014).

In 2011, the DOH updated its (MNCHN) strategy's manual of operations (MOP) (DOH, 2009) where facility-based births attended by skilled health personnel comprise one of its interventions. The strategy is to reduce the increasing number of maternal and neo-natal deaths because of home births which are unsupervised by skilled professionals or being carried out by traditional health attendants or "hilot." Although DOH stated that there is no ban on home births and it was to advocate and encourage pregnant women to use facility-based deliveries, some Local Government Units (LGUs) imposed local ordinances based on their own interpretation of the DOH-MNCHN MOP.

As one of the government initiatives in improving maternal health, the Pantawid Pamilyang Pilipino Program (4Ps)² of the Department of Social Welfare and Development (DSWD) included in the set of conditions that cash grant beneficiaries who are pregnant women must avail themselves of pre-and post-natal care and be attended to during childbirth by a trained professional. This is a strategy to decrease maternal and child mortality.

There is still a huge gap between the richest (94%) and poorest quintiles (26%) in terms of access to quality deliveries; consequently, the poorest women die from being unable to access life-saving emergency interventions (Likhaan, 2014).

Abortion and Post-Abortion Care

An estimated 610,000 abortions occur in the country despite its being illegal or criminalized by the rule of law (Revised Penal Code of the Philippines). Unsafe abortion occurs when women undergo unsafe and risky methods but are unable to access medical attention. Efforts were made to respond to this problem through the Post-Abortion Care (PAC) package which is part of the Basic Emergency Obstetric Care (BEmOC). However, many government hospitals do not offer PAC even if the Reproductive Health Program of the DOH (1998) included the Prevention and Management of Abortion Complications (PMAC) and the Department had an Administrative Order instructing its regional hospitals to provide PMAC, including “humane and nonjudgmental counselling” (Likhaan, 2014). This aggravates the problem for abortion patients.

Health Personnel

In the past 10 years, the DOH has undertaken health sector reforms focused on improving health facilities and services aimed at improving health infrastructure. The next question however is, *Are there adequate, trained personnel?* A position paper of the Coalition of Primary Care quoted in the ABI Health Cluster report, highlights a healthcare workforce crisis due to a huge shortage and maldistribution of healthcare workers that affect the delivery of services (SWP, 2015). It points out that there are only 2.3 health care workers per 10,000 population which means that the total number of health personnel per population is severely lacking and does not meet the 24/10,000 ratio prescribed by the WHO.

In 2011, the government started deploying nurses and midwives to various localities to augment primary health care providers in local centers or hospitals. However, 12,000 barangays are still left without additional per-

² Pantawid Pamilyang Pilipino Program (4Ps) is a human development program that invests in the health and education of poor households where the identified beneficiaries receive cash grants but has a set of conditions to comply with. See <http://pantawid.dswd.gov.ph/>

sonnel. This crisis in health care human resources is a serious impediment in the implementation of our health programs.

There is also the issue of women's access to appropriate, affordable and quality health care, which requires the presence in communities of *gender-sensitive health workers* who are aware of the patient's right to privacy and confidentiality.

Infant and Child Mortality

Key findings from the National Demographic Health Survey of 2013 showed that infant and under-5 mortality rates for the five-year period preceding the survey is 23 and 31 deaths per 1,000 live births, respectively. Hence, one in every 43 babies dies before its first birthday and one in every 32 babies dies before reaching its fifth birthday (PSA & ICFI, 2014).

In 2008, the DOH implemented the MNCHN strategy to reduce high maternal and child mortality by instituting child survival strategies, delivery service packages, and continuum care across the life cycle. Since interventions for newborn survival are linked to the health of the mother, responding to women's reproductive health requirements should be a pre-requisite to carrying out any interventions aimed at reducing mortality among infants and children.

Newborns', infants' and young children's health is a primary concern of the DOH. Children's Health 2025 is the blueprint for a holistic and integrated approach to promote the health of Filipino children through sector-specific plans of action (PSA & ICFI, 2014).

Persons with Disabilities (PWDs)

Persons with disabilities have needs that should be addressed and mainstreamed in the health care system. These concerns include maintaining general mental well-being, auxiliary service to access, and prohibitive cost of medicines.

Women and girls with disabilities comprise a subsector of Filipino women rarely included or even acknowledged. They experience marginalization and discrimination at the intersecting planes of gender and disability. Thus, the societal barriers that isolate them operate through complex multi-dimensional relationships and social interactions with Filipino men: those of the majority, as well as Filipino men with disabilities (Philippine Coalition on the U.N. Convention on the Rights of Persons with Disabilities and Philippine Alliance of Human Rights Advocates, 2013).

*Republic Act 7277*³ or the Magna Carta for Disabled Persons was enacted in 1992 and was amended in February 2008 by *Republic Act 9442*. According to the provisions of the Magna Carta, the DOH in coordination with the National Commission for the Welfare of Disabled Persons (NCWDP) shall institute a national health program for the prevention of disability, recognition and early diagnosis of disability, and early rehabilitation of the disabled. The DOH is to establish rehabilitation centers in government hospitals. Health services should have an integrated and comprehensive approach and be available to persons with disabilities at affordable cost. The amendment gives provisions for 20% discount on medicines and 20% on medical and dental services for persons with disabilities.

Older Persons

The rising number of older persons in the country has led to the increase in the demand for health care services. Older persons are heavy users of health services provided by health care and traditional care facilities. Laws and policies have provided for the expansion of coverage of benefits and privileges that older persons may acquire, including medically necessary services. Indigent older persons can also avail of free vaccination against the influenza virus and pneumococcal diseases as a provision of Expanded Senior Citizens Act of 2010 or *Republic Act 9994*. Older persons, however, have different needs and would require specialized geriatric care and health services. The new law also provides for community-based health workers to be trained among senior citizens.

By November 2014, older persons or seniors citizens shall all be automatically members of PhilHealth once they reach 60 years as per *Republic Act 10645* or An Act Providing for the Mandatory PhilHealth Coverage for All Senior Citizens.

As per *Republic Act 7432* or the Health Development Program for Older Persons, any qualified senior citizen as determined by the Office for Senior Citizen Affairs (OSCA) may render his/her services to the community. Older women may serve as volunteer health workers in their community.

Medicine

Medicine is the highest item of expenditure in health care. Filipino households carry the burden of spending for their health needs, with private out-of-pocket (OOP) expenditures reaching 57%.

To address the lack of access to medicine and medical services, *Republic Act 8423*, also known as the Traditional and Alternative Medicine Act of

³ RA 7277 or An Act Providing for the Rehabilitation, Self-Development and Self-Reliance of Disabled Persons and Their Integration of 1991. See <http://www.ncda.gov.ph/disability-laws/republic-acts/republic-act-7277/>

1997, was passed to promote the development of traditional and alternative medical systems, and support the development of additional research and standards for the practice of alternative medicine. In 2008, *Republic Act 9502* or *Universally Accessible Cheaper and Quality Medicines Act of 2008* was passed to promote and ensure access to affordable quality drugs and medicines for all.

National Health Insurance Program

Republic Act 7875 or *The National Health Insurance Act of 1995* was amended in 2013 through *Republic Act 10606*, issuing new implementing rules and regulations⁴ that will give full national subsidy to the indigent sector as per the DSWD listing determined through the officially designated National Household Targeting System (NHTS). The identified poor can avail of quality health care at no or very little cost.

PhilHealth shall provide benefits for all maternal deliveries regardless of parity, subject to the provision of qualifying contributions (Philippine Health Insurance Corp. [PhilHealth] Circular 022-2014, 2014). Un-enrolled women who are about to give birth can avail themselves of the PhilHealth coverage as their full annual premium shall be fully borne by the national government and/or LGUs and/or legislative sponsor based on DSWD protocol.

Civil society groups however continue to be vigilant and raise questions on monitoring, appropriate health packages, and community access to information as well as targeting design of programs for indigent beneficiaries. All these are important in taking into account where we stand as we strive to meet the objective of providing financial risk protection to the poorest sectors.

Strategic Objective C2: *Strengthen preventive programmes that promote women's health*

The second objective of the Beijing Platform for Action for women and health is further detailed in the "expected program of action by state parties where 'through public health campaigns...women and men, particularly young people, can acquire knowledge about their health, especially information on sexuality and reproduction.'"

⁴ RA 10606 or the National Health Insurance Act of 2013 was approved giving full subsidy to the indigent sector and priority to the health care needs of the underprivileged, the elderly, persons with disability, abandoned and neglected children including those who are not regularly employed in the informal sector. See http://www.philhealth.gov.ph/about_us/IRR_NHIAct_2013.pdf

Sexual and Reproductive Health of Adolescents and Youth

One out of five Filipinos is an adolescent (Varga, 2003), while females account for almost half of the total adolescent population. In the 2015 projection, Filipino adolescents will be around 20% of the country's total population. The University of the Philippines Population Institute (UPPI) conducted the Young Adult Fertility and Sexuality 4 (YAFS4), a study among Filipino youth (15–24 years of age) about their sexuality and fertility, risk behaviors, and their determinants. From 1994 to 2013, the proportion of youth who engaged in premarital sex increased to 14%, with more males (12.5% in 1994 and 19.7% in 2013) than females (4.0% in 1994 and 14.1% in 2013). The percentage of females increased, thus the narrowing gap compared to males. Of the total number of respondents, 16.9% were 15–19 year old males and females (Natividad, 2014).

In the 25–49 age group of women, the percentage of women having their first sexual intercourse increased sharply from age 15 to age 18.

Pregnancy is considered “adolescent or teenage pregnancy” when the pregnant person has not yet reached legal adulthood, which is usually within 13 to 19 years (United Nations Children's Fund [UNICEF], 2008). Based on NSO's 2012 presentation in the first National Summit on Teen Pregnancy, there were 12 girls who were under 15 years old who gave birth to their third baby in 2010. These girls most likely gave birth for the first time at age 12 or even younger. To be more definite, the PSA presented data on increasing births among women aged 13–19 from 2006–2010.

It is a known fact that the percentage of teens with children or are pregnant increased over the past decade. In a span of a decade, the number of girls aged 15 years old and below giving birth to their first child increased two-fold. From 616 in 2000, the figure rose to 1,260 in 2010. On the other hand, among 15–19 year old women, the figures reached 174,075 from 103,724, marking an increase of almost 70% (Ericta, 2012). All in all, in 2010, 24 babies per hour were born to women below 20 years old; this adds up to 569 per day compared to only 14 births per hour from the same age group or 345 babies born daily a decade earlier (Talan-Reolalas, 2014).

This is further emphasized by the fact that in the ASEAN region, the Philippines ranks as one of the countries with the highest rate of early pregnancy, with one out of 10 pregnant women being a child. In this situation, it is critical that reproductive health in terms of commodities, options and services are made accessible to all young people. Their health needs must be addressed by government programs (Philippine Statistics Authority [PSA] & ICF International [ICFI], 2014).

The Supreme Court however upholds the requirement for minors to seek “permission” from their parents before receiving reproductive health services.

Sexuality Education

Comprehensive health care also means access to information and recognition of the sexual and reproductive health and rights (SRHR) of adolescents and their capacity to make personal decisions. Sexuality education, a critical factor in ensuring sexual and reproductive health and well-being of people, especially of adolescents and youth, continues to be a contentious issue primarily owing to the stance of conservative groups led by the Catholic hierarchy. There are, however, ongoing efforts to define what “age-appropriate” sexuality education for students is, in both public and private school systems, as provided by the RP/RH Law.

The Family Planning Organization of the Philippines (FPOP) heads a consortium of non-government organizations that are developing the curriculum content, while Likhaan is focusing on setting the standards for “age-appropriate” sexuality education.

In all these efforts, one must also look into how young boys and girls are also involved in the process of decision-making on RH programs that are created for them.

Rights to Sexual and Reproductive Health of Indigenous Peoples

The National Indigenous Women Gathering held in October 2012 and attended by 42 indigenous women from 14 tribes within the country, came up with a National Indigenous Women Declaration 2012 (Pasimio & Ismael-Villota, 2012). This paper contains their issues with current government programs and policies that discriminate against them since their customary ways and traditions are not considered or recognized. Based on their reproductive rights issues, they call for the following:

- 1) Stop criminalizing the traditional midwives from indigenous communities.
- 2) Allow the traditional birth giving for women who have undergone regular prenatal check-ups.
- 3) Provide training and certification to traditional midwives, and pass local ordinances that recognize them and the right of indigenous women to choose their own method of birth giving and care for themselves.
- 4) Remove the Php1,500 charge for every birth in health centers especially for those who are 4Ps beneficiaries.

Indigenous People-Maternal, Neonatal and Child Health and Nutrition (IP MNCHN), a multi-sectoral partnership initiative was launched in Mindanao in November 2012 for the period 2012–2016. Based on the UNFPA's 2013 report (United Nations Population Fund [UNFPA], 2013), it is supporting the ongoing integration of traditional knowledge and practices associated with sexual and reproductive health of indigenous people into national and local policies. There is gender and cultural sensitization of health service providers, senior staff and policy advisers of the National Commission on

Indigenous People (NCIP). Also provided are reproductive health supplies and outreach health services to ensure availability and access to modern, safe and effective methods of birth spacing, including the provision of culturally-sensitive information on family planning and midwifery scholarships to young indigenous women.

Tobacco

Tobacco use is increasingly becoming a major health issue for women as well as men. Today, it is estimated that out of the 17 million Filipino adults who smoke, half will end up suffering or dying from tobacco related diseases (Health Justice, 2014). The adverse effect of tobacco use on women's health needs to be emphasized. Pregnant women who smoke are at more risk of miscarriage, stillbirth, premature birth, and low birth weight of their children (WHO, 2015).

Strategic Objective C3: *Undertake gender-sensitive initiatives that address sexually transmitted diseases, HIV/AIDS, and sexual and reproductive health issues*

Multi-sectoral efforts have been undertaken to prevent and manage the cases of HIV/AIDS and other sexually transmitted diseases (STDs) through continuous intervention and advocacy. Still, the incidence of HIV/AIDS in the country is alarming as reports continue to give evidence of rising cases of infections and deaths, not including the unreported cases.

As per DOH's Philippine HIV/AIDS Registry, from January 1984 to October 2014 the total reported cases are 21,526, of which 13.8% or 2,057 are female. Out of 1,971 AIDS cases, 15% or 300 are female. In total, of 1,090 reported deaths among persons with HIV, 132 deaths were among youth (15–24 years old) and 16 reported deaths among children (below 15 years old). Although the number of cases for women is far less than men, women are still victimized through sexual contact and blood transfusion.

Government Initiatives:

- Philippine National AIDS Council (PNAC) was strengthened through the enactment of the AIDS Prevention and Control Act of 1998 or *Republic Act 8504*. The law promulgates policies and prescribes measures for the prevention and control of HIV/AIDS. The Fifth AIDS Medium Term Plan 2011–2016 has been developed.
- As of 2011, the National HIV/Sexually Transmitted Infection (STI) Prevention Program of the DOH was able to achieve major outputs on health policy and program development such as a manual of procedures for ARV Resistance Surveillance among people living with HIV; free voluntary counseling and testing service and training curriculum for HIV counseling and testing; (b) capability

building of local government units (LGUs) and other stakeholders whereby LGUs can provide support to local AIDs councils; (c) the availability of 17 treatment hubs all over the country; and (d) the leveraging services for priority health programs such as provision of baseline laboratory testing, condoms at social hygiene clinics, and program for 100% condom use.

- Quezon City government launched in December 2013 the Service Delivery Network (SDN) for People Living with HIV (PLHIV) for the delivery of a comprehensive package of services (health and related non-health) to PLHIV.

Multi-sectoral Initiatives:

- AIDS Society Philippines (ASP) has prepared and managed over 60 projects supported by international, multilateral and bilateral agencies. They also made outreach effort that promotes STI, HIV and AIDS awareness through different social media emphasizing health information and HIV education, motivating seeking behavior towards accessing voluntary HIV counseling and testing.
- Action for Health Initiatives, Inc. (ACHIEVE) implemented framework-setting programme responses on migration, gender, sexuality and HIV and AIDS issues in the Philippines.

Strategic Objective C4: *To promote research and disseminate information on women's health*

CSO Efforts:

- *Likhaan*⁵ published two country profiles on Universal Access to Sexual and Reproductive Health (SRH) and Sexual and Reproductive Rights (SRR) which discussed current sexual trends and reproductive rights in the Philippines.

Likhaan has three core programs: organizing and capacitating community women and youth leaders, developing women-sensitive primary and secondary health care, and advocating for law and policy reforms at local and national levels. In the context of Likhaan's three core programs, its thrust is to continue advocating for health policies and programs that will respond to the needs and preferences of poor women. These include the implementation of the RP/RH Law. Likhaan is also actively engaged in developing a package of national health reforms towards "Universal Health Care."

These core advocacies are complemented by community organizing and the operation of Women's Clinics. Community organizing develops community leaders' capacity to learn and promote basic health knowledge and skills and engage with local governments to get effective health and social services. The Women's Clinics provide needed services and demonstrate that a Primary Health

⁵ Likhaan Center for Women's Health, Inc. is a collective of grassroots women and men, health advocates and professionals dedicated to promoting and pushing for the health and rights of disadvantaged women and their communities. It was established in 1995.

Care approach that is sensitive to women's needs and rights and that welcomes the participation of community women is both effective and sustainable.

- WomanHealth Philippines⁶ convenes and coordinates the Alternative Budget Initiative (ABI) Health Cluster, a consortium of more than 70 civil society organizations advocating for increased resources for health and stronger people's participation in public health finance. Since 2006, WomanHealth Philippines has pushed for additional resources for health, and in 2010 was part of the broad civil society-led Sin Tax Coalition, which campaigned for the amendment of the Excise Tax on Tobacco and Alcohol Products (RA 10351). The incremental revenue from the sin tax provided an additional Php 44.7 billion for universal health care in 2014, particularly for the expanded coverage of national health insurance, PhilHealth, which benefited 45,230,000 Filipinos.
- WomanHealth's earlier efforts to raise the alarm on maternal mortality resulted in a campaign on "Saving Women's Lives." Part of the campaign highlighted the issue of *batang ina* or teenage pregnancy. However, the rising trend in adolescent maternal deaths directed WomanHealth to organize a forum on "Saving Young Women's Lives," which paved the way for the formation of a Task Force Batang Ina. WomanHealth believes that a key issue of teenage pregnancy is the fulfillment of adolescent sexual and reproductive health and rights that recognizes young women's right to quality health care services and participation in governance. Together with the National Youth Commission and the Department of Health, WomanHealth convened Task Force Batang Ina, a consortium of government and civil society advocates and institutions committed to prevent and address unintended adolescent pregnancy by empowering young people, particularly young women, to make wise decisions about their bodies, and to claim and take responsibility for their sexual and reproductive health and rights. Raising the alarm on rising adolescent pregnancy, Task Force Batang Ina initiated development and implementation of viable solutions such as contributing to the national adolescent sexual and reproductive health and rights framework and policy, and piloting local, high impact and measurable adolescent and youth-centered programs with government. The Task Force has evolved into a locally owned movement led by local stakeholders.

In 2013, WomanHealth Philippines and the Quezon City Vice Mayor's Office conducted a city-wide Batang Ina Assembly with almost 300 adolescent mothers. This consultation was part of a research partnership that drew out proposals from the young women on how best to create an enabling environment for better decision-making regarding their sexuality and support services needed.

WomanHealth Philippines in cooperation with Philippine Educational Theater Association (PETA) presented a play entitled "Status, It's Complicated" based on the initial findings of a research it conducted on "The Political Economy of Ado-

⁶ WomanHealth Philippines is a national organization that promotes, advances and defends women's rights to health, reproductive self-determination and sexuality towards women's empowerment in society. A critical part of its work is collaborating with women and communities to claim their right to health through appropriate programs and increased resources to reduce infant, child and maternal mortality, and early pregnancy, and ensure access to universal health care for all.

lescent Sexuality, Health and Rights in the Philippines." The study with support from Save the Children aims to conceptualize a framework that determines the evolving capacity of the adolescent youth to make decisions, and how their access to their rights is crucial in preserving their bodily integrity and right to choose.

- *Al-Mujadillah Development Foundation (AMDF): Addressing ASRH via Teen Clubs and RHUB*

AMDF is a small organization which was founded in 1995 by several feminists. They advocate for gender justice in the context of Islam and the Maranao culture. To speak of sexuality is taboo in their culture; the practice of forced and arranged marriage is still observed but gradually changing. Young women are married off by their parents usually to older men, with or without consent of the daughters. While parents also advocate for delay in pregnancy within such marriage knowing that their daughters are still very young to bear children, they force their daughters into marriage when they learn about their daughters' involvement in romantic relationships, but with persons the parents do not approve of.

Thus, AMDF sees its role in advocating for gender justice. Initially, they did researches on ASRH which spun off to services for the youth such as Teen Centers and RHUB. They conduct awareness-raising on the issue, conduct leadership training, then they form teen clubs in high schools and culminate in theater for the youth. Parents, school officials and students are the audience of such plays. These trained youth operate or manage the Teen Centers particularly the RHUB. Today, these youth represent AMDF and have become the leaders of AMDF itself as well as other organizations.

Government Initiatives:

In 2000, the Government developed several strategies for Adolescent Sexual and Reproductive Health. The Adolescent Youth Health and Development (AYHD) Programs under the oversight of the DOH has paved the way for the following strategies:

- a. *Service Delivery: Behavioral Change Communication, Job Fair Manual and Peer Competency; Development of Health Package; Adolescent-friendly RHUs*

TEEN MOM CLINICS

(Philippine Children's Medical Center)

The Teen Mom Clinic in the Philippine Children's Medical Center conducts SRH lectures and other services that address the needs of young mothers. They encourage abstinence and couple counseling on contraception, breastfeeding, and mothers to get pre-natal check-ups.

The Teen Mom Clinic resulted in increased contraceptive use, as well as abstinence. It also uses a gender-sensitive approach which upholds privacy/confidentiality, being accepting and non-judgemental, giving information, asking young women's opinions, respecting them, and allowing them to decide.

- b. *IEC: Peer Education and Harmonized Peer Education Manuals; Harmonized Parenting Modules*
- c. *Training: Summer Camps, Adolescent Sexuality and Reproductive Health (ASRH) Module; Leaders for Health and Health Advocates Training for OSY and IPs; 'Go Teeners' Caravan*
- d. *Research: Young Adult Fertility Survey (YAFS)*
- e. *Information Collection: Consultation on Comprehensive Sexuality Education (CSE), 'Best Initiatives AHDP*
- f. *Monitoring and Evaluation: Adolescent Immunization and Post-immunization Evaluation; Inter-agency Monitoring and Evaluation*
- g. *Teen Head Quarters: Addressing ASRH thru Medical and Educational Services*

The Quezon City LGU put up a Teen Center in Cubao after a research revealed that Quezon City has one of the highest rates of adolescent pregnancy in the country. The Teen Center also was initially funded by the United Nations Population Fund, and was later on annexed to a barangay health center due to lack of funds.

Government and Non-government Partnerships Addressing Adolescent Sexual and Reproductive Health (ASRH):

- *Family Planning Organization of the Philippines (FPOP)⁷ and Iloilo Population Commission (POPCOM): Providing ASRH Information and Services thru Informed Choices*

FPOP Iloilo is located in a coastal city and is catering mostly to urban poor communities. It is open 24/7, and includes a lying in clinic. It supplies FP methods to the poor, free of charge. Its services include FP counseling, MCH, RH, medical and dental consultations, and laboratory tests. Services for the youth include: SRH education, monthly peer education, outreach and monthly and separate FGDs with males and females ages 14–24.

Strategic Objective C5: To increase resources and monitor follow up for women's health

Presidential Proclamation No. 200 signed in 2002 designated the second week of May as "Safe Motherhood Week." This proclamation seeks to promote and raise public awareness about maternal health and nutrition.

The 2015 DOH Performance Informed Budget is said to have been based on the 2014 results of Improved Access to primary and promotive health service. In the said report, the government claims increased service in family

⁷Family Planning Organization of the Philippines (FPOP) started in 1969. It advocates for sexual and reproductive health and rights (SRHR) and provides SRHR services. FPOP is found in 25 areas nationwide. Its clientele includes adolescents ages 10–24. The organization aims to empower these adolescents by making them aware of their SRHR and make informed and responsible choices.

Helping Women in Crisis Through Feminist Counseling

The Women's Crisis Center (WCC) is the first ever hospital based women and children crisis center (1989). It started to cater to victims of the military but expanded to include all forms of violence against women and children.

The Center's core service is feminist counseling. This is done to help the young woman process her experience particularly feelings of guilt and fear among others; how she may cope with these and in the end, realize the consequences of adolescent pregnancy in her life.

First Batang Ina Assembly

In a gathering of *Batang Ina* in November 2013 in Quezon City, more than 300 teenage mothers (ages 12–19) from the city's six districts participated. This was a joint project of the National Youth Commission (NYC), the Quezon City Vice-Mayor's Office and WomanHealth Philippines.

The assembly became a venue for young mothers to talk about their shared experiences—from how they experience stigma from being impregnated at a young age, the ridicule they get from their family, school, and community, to the insensitive treatment they get from health personnel and their inability to access government services.

health and disease control, nutrition, population management, improved quality on hospital services and health product devices, and social health insurance.

The passage of the Sin Tax Law in 2012 has brought an immense increase of resources in the health sector from Php53 Billion in 2010 to Php83 Billion in 2014 (Likhaan, 2014). The question which remains is how this budget will be allocated to the different components of the health care system and equitably among the population.

ISSUES AND CHALLENGES

Religious Fundamentalism and Patriarchy

Religious fundamentalism remains to be a huge hindrance to the realization of sexual and reproductive health programs. Opposition from the Catholic hierarchy obstructed every step towards the approval of the RP/RH Law and even now in implementation. As a result, there was re-certification of contraceptives in the list of the Health Department as demanded by opposition groups. This meant that all contraceptives, even those long accepted in the government family planning program, had to undergo re-certification that they are not "abortifacients."

There are also cultural traditions among the indigenous peoples and Muslim communities that continue to accept or tolerate the practice of early marriage/child marriage or arranged marriages.

At this time and age, deep-rooted patriarchal values continue to dominate. The recent international campaign, *He For She*, seeks to "invite men" to participate in the discourse on gender equality. This campaign may pose a

threat to and undermine women's agency and decision making by giving men the role of 'standing up for women,' without real understanding of gender inequality and power relations, and of how men benefit from a system of patriarchy. It is no accident that the fight for women's rights has been taken up mainly by women asserting their voice.

There is still impunity with regard to Violence against Women (VAW). Policymakers should underscore the need to address VAW. Women too, continue to be criminalized due to abortion. In the recent National Women's Summit held October 25, 2014, Atty. Claire Padilla of EngendeRights said that "In the last 12 years, we found that patients came for Post Abortion Care and they left without getting treatment. They were threatened and scolded by doctors and nurses for inducing abortion. At first, we thought that it was just self-induced abortion, but we learned that reasons vary, there were self-induced cases, spontaneous, or some resulted from trauma from intimate partner violence, but all of them were just lumped into self-induced."

This scenario reflects how abortion continues to stigmatize and threaten the lives and health of women, yet it is a stark reality for thousands of women, who suffer from punitive law provisions, and discrimination, and denied humane treatment for post-abortion management and care.

Comprehensive sexuality education continues to be questioned by Catholic and other conservative groups.

Access to Justice

Dissatisfaction has been expressed with regard to access to justice. The Philippines is known to have comprehensive laws protecting women's rights, referral mechanisms and policies, and yet women fail to get justice owing to the weak implementation of laws. The Karen Vertido case failed to get conviction of rape in the Philippine courts and was brought to the attention of the UN CEDAW Committee. In response, the Committee sent its view on the KTV Communication in which it indicated that Karen's rights to fair trial were violated and that gender discrimination was manifest in the judicial decisions. The Committee also advised that some form of redress and just compensation be given to Karen which to this day the government with some lame justification continues to ignore.

Rising Incidence of Teenage Pregnancy

The lack of government support to NGO initiatives had curtailed the good practice of CSOs in rendering SRH services. The case studies provided by Women's Crisis Center (WCC), among others, show how the lack of adequate funding has put SRH services on hold. There is need to implement comprehensive sexuality education as part of the government program in ensuring awareness-raising in the community, which requires that all agencies receive the necessary training to be able to deliver this function.

Based on the initial findings of WomanHealth Philippines' research study on Adolescent Sexuality and Pregnancy (WomanHealth Philippines, 2014), the consequences of teenage pregnancy not only harm the health and well-being of girls and children, they also exacerbate the poverty of young parents and their children, increase the population of the poor, and highlight the issues of unwanted and unplanned pregnancy, as well as sexual and reproductive self-determination.

FPOP Iloilo reported that from the teenage pregnancy cases they had handled, most the girls commented that if they had learned about adolescent sexuality, early pregnancy, and family planning from their parents, barangay officials, government agencies or even in their schools, they would not have gotten pregnant at an early age. Sexuality education could have made them aware of the consequences of early pregnancy.

Inequity in the Health Care System

Reproductive health, for it to be truly effective, must be integrated in primary health care, the foundation of universal health care. Access to universal health coverage and resources still eludes the majority of the population. Lack of information regarding PhilHealth programs, services, and benefits result in poor availment because people do not know their entitlements.

The devolution of the health system has also led to the fragmentation of services and inconsistency in implementation. Moreover, the heavy burden of health cost is placed on the citizens with 57% borne by out-of-pocket payments, thus putting the poor majority at greater disadvantage.

Inequitable access to health services produces inequitable health outcomes. Life expectancy among the rich is 80 years compared to 60 years among the poor.

Ten infant deaths are recorded among the high income groups whereas 22 are reported mainly among poor women. Women from the richer sectors average two pregnancies while poorer women have six pregnancies (Romualdez, 2012). If the pregnant woman is a PhilHealth member she can avail herself of the maternity care package for every delivery. However, only 4 out of 10 deliveries are covered by the Philhealth package. Furthermore, not all women of reproductive age are members of PhilHealth and not all women know about PhilHealth benefits.

Infant and under-five malnutrition increases threats to children's survival beyond five years. In the 8th National Nutrition Survey conducted by the Food and Nutrition Research Institute (2013), incidences of malnutrition were high among those under the lowest wealth quintile: underweight (29.8%), stunting (44.8%), and wasting (9.5%). Malnutrition poses a serious problem for children, leading to the creation of a stunted generation.

Climate Change

The Philippines is the second most vulnerable country in the world when it comes to disasters. The country is located in the typhoon belt and receives an average of 20 typhoons per year. It also experiences a similar number of earthquakes a year. It has several active volcanoes that form part of the Rim of Fire in the Asia Pacific.

As climate change becomes the new normal, special considerations must be made in mobilizing the communities at risk towards preparedness in the face of disaster. When such calamities occur, structures of protection break down—family, institutions, services. People become vulnerable, women and children especially, to ailments and diseases.

The Philippines experienced the strongest typhoon, Typhoon Haiyan/Yolanda, ever to hit any country. It was then observed that there was a rise in health and reproductive health problems and pregnancies. Dr. Perla Romo, Chair of the OB–Gyne department in the Eastern Visayas Regional Medical Center (EVRMC), reported that compared to 2013 figures, teenage pregnancy increased 20%. Doctors in EVRMC pointed out that trauma and lack of psycho-social services as well as lack of comprehensive sexuality education, compound reproductive health problems. In addition, gender-based violence is not given due attention in humanitarian emergency situations.

Neoliberalism

Neoliberal policies have paved the way for the privatization and deregulation of health services under the new mantra of public-private partnership (PPP). Unless judiciously implemented and unless the government is committed to uphold public health and the public good over profit-oriented private sector initiatives, the PPP could diminish or undermine health services.

RECOMMENDATIONS

On Responsible Parenthood and Reproductive Health

- The national government and its lead agency, the Department of Health, should ensure the full effective implementation of the RP/RH Law. The national health budget should allocate funds for the key RH elements, especially for RP/RH Law awareness raising and skilled health personnel. DOH also needs to develop a strategic approach for adolescent RH services, which is compliant with the Supreme Court decision. All stakeholders should coordinate and collaborate to ensure the effective and efficient implementation of RP/RH Law.
- PhilHealth should develop a women’s health care benefit package to guarantee that all women can avail and benefit from sexual and reproductive health services.
- Civil Society Organizations (CSOs) must advocate for universal access to SRH services as a key aspect of sexual and reproductive rights (SRR).

On Adolescent Pregnancy and Sexuality

- Review laws and policies that discriminate against young people and their rights. Enact new ones that will expand and strengthen young people's sexual and reproductive health and rights.
- Engage the public in discussions about young people's sexual and reproductive rights, and publicly challenge discriminatory gender and sexual norms.
- Develop and implement comprehensive programs that integrate sexual and reproductive rights of young people; and incorporate livelihood, skills training, and the like in adolescent SRHR programs.
- Involve young people in public and policy discussions, as well as in the implementation and evaluation of programs.

On Universal Health Care for All

- Address the lack of sufficient healthcare workers as there is a need for one primary health care team (1 doctor/ 1 nurse/ 1 midwife) per 10,000 population. One team per 4–5 barangays should be retrained to handle both communicable and non-communicable diseases, be retained by giving just salary, benefits and working conditions, be regularized so that supply can be redistributed in areas in need, and undergo periodic reassessment.
- Strengthen good governance by ensuring the safety, efficacy, and quality of medicines
- Strengthen and expand financial risk protection by giving access to information on PhilHealth benefits and processes and developing appropriate and responsive health benefits.
- Facilitate universal realization of sexual and reproductive rights through universal access to sexual and reproductive health using a system-wide approach.
- Develop a comprehensive HIV/AIDS Program.

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