

**UPR Submission on the Right to Sexual and Reproductive Health in the Philippines
13th Session of the Universal Periodic Review - Philippines - June 2012**

Joint Submission by:

**Family Planning Organization of the Philippines (FPOP)
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The Sexual Rights Initiative (SRI)



Joint Submission of the Family Planning Organization of the Philippines¹ (FPOP) and the Sexual Rights Initiative² (SRI) on the Right to Sexual and Reproductive Health in the Philippines

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Introduction

1. The Government of the Republic of the Philippines's failure to provide access to a full range of sexual and reproductive health (SRH) information, supplies and services has resulted in unnecessary and highly preventable maternal deaths, unplanned pregnancies and unsafe abortions.
2. Civil society organizations in collaboration with progressive legislators and government officials have been working for 10 years to have a comprehensive national SRH law aimed at providing a full-range of SRH services and information to those who need it. For the past four Congresses, anti-reproductive health (RH) legislators, with the help of the Roman Catholic hierarchy have been successful in blocking the passage of such a bill. Despite such stubborn resistance from anti-RH groups and advocates, Philippine President Benigno S. Aquino III, however, declared his support for the passage of RH Bill into law.
3. Based on its experience of providing SRH services to men, women and young people in 28 community health clinics across 25 provinces, FPOP sees the urgent need for the passage of a comprehensive RH law and policy to enable:
 - Adequate number of midwives to provide support to pregnant women in every municipality.
 - Full range of family planning methods and services.

¹ Family Planning Organization of the Philippines (FPOP) is a nationwide organization of professional and community-based volunteers providing sexual and reproductive health services, information and education to communities, especially the poor, marginalized, socially excluded and underserved. Currently, we operate 28 Community Health Care Clinics (CHCCs) across 25 provinces to provide a range of reproductive health care services.

²Sexual Rights Initiative (SRI) is a coalition of organizations that has been advocating for the advancement of human rights in relation to gender and sexuality at the UN Human Rights Council since 2006. The SRI partners are: Action Canada for Population and Development (Canada), Creating Resources for Empowerment in Action (India), Egyptian Initiative for Personal Rights (Egypt), Federation for Women and Family Planning (Poland), and Akahata (Argentina)

- Conduct of Maternal Death Review.
 - Procurement and distribution of FP supplies.
 - Mandatory age-appropriate SRH education.
4. In addition, FPOP is very concerned that abortion remains a criminal offense in all circumstances, even when a woman's pregnancy will put her own life at risk or even when the pregnancy resulted from incest or rape. Such laws are incompatible with human rights and contribute to high rates of maternal death in the Philippines.

International Obligations

5. The Philippines is among the states that affixed its signature in international agreements that seek to promote, protect, and fulfill the sexual and reproductive health and rights (SRHR) of its people. These are the Beijing Declaration and Platform of Action, the Programme of Action of the International Conference on Population and Development, the commitment to pursue and achieve the Millennium Development Goals by 2015, the Convention on the Elimination of Discrimination against Women, the Convention on the Rights of the Child, and the International Covenant on Economic, Social, and Cultural Rights.
6. The abovementioned instruments reaffirm and recognize that it is the duty of the Government of the Republic of the Philippines (GRP) to undertake actions to the maximum of its available resources to realize the rights of individuals, especially women and young persons, to life, health, security of persons, protection from all forms of discrimination on the basis of age, sex, race, and creed.
7. While this is a laudable and positive step of the Government of the Republic of the Philippines (GRP) towards fulfilling the people's *right to the highest attainable standard of physical and mental health*, the government's failure to develop national legislations and programmes at the local level is a violation of the human rights of people living in the Philippines. The United Nations Population Fund (UNFPA) and the Philippine National Economic and Development Authority are one in the belief that at the rate the country is going, the Philippines is unlikely to achieve MDG 5 on reducing maternal mortality.
8. The GRP's failure to address its population's SRHR needs has resulted in unnecessary and highly preventable maternal deaths and unplanned pregnancies among women of reproductive age.

On Maternal Health and the Right to Life

9. The biggest SRHR challenge for the Philippines right now is on how to make the country safe for pregnant women. Women's rights to life and to the highest attainable standard of health are in peril. Everyday 11 women die due to preventable pregnancy

related causes. These deaths can be prevented by access to reproductive health services, including family planning, and rights-based policies informed by the best available medical evidence.

10. More than one-third of the Philippine population, approximately 23 million, are women of reproductive age (15-49 years of age). More than 10 million women are at risk of unintended pregnancies³. In 2009, an estimated 1.8 million women experienced an unintended pregnancy⁴. Every year an estimated 4,600 women die and more than 100,000 suffer disability from pregnancy-related causes⁵.
11. High rates of maternal death and disability in the Philippines is exacerbated by low contraceptive use. The National Demographic and Health Survey reports that only 34% of women of reproductive age use modern contraceptive methods. 22% of women in the Philippines want to use contraceptives but do not have access to them, this includes 9% of women who want contraceptives to space the timing of their pregnancies and 13% for limiting births⁶.

Comprehensive Sexuality Education and the Right to Information

12. Close to 18 million Filipinos, aged 15-24, joined the estimated 1.2 billion youth around the globe in 2009⁷ implying that many young Filipinos are in search of education & training opportunities, gainful employment, & adequate healthcare, especially SRH⁸. An increasing proportion (23% in 2002) of young people are sexually active⁹. Lack of age-appropriate SRH education and information coupled with inability to access information, services, or supplies necessary for safer sex predisposes Filipino youth to unplanned and unwanted pregnancy.
13. Half of the youth was unaware that pregnancy can occur even after only one (1) intercourse. Eighty percent (80%) of early sex were unprotected. As a result, 25% of women between ages 15-24 have begun child bearing. Fifty-five (55) per 1000 births were from women who are 15-19 years of age¹⁰.
14. Pregnant adolescents are at risk of illness and death and are less likely to seek medical help for problems or complications related to their reproductive health. Children born to adolescent girls are more likely to die before their first birthday and more likely to have low birth weights, which increases the risk for serious illness and death¹¹.

³ *In Brief: Meeting Women's Contraceptive Needs in the Philippines*. Guttmacher Institute, 2009.

⁴ NDHS, 2008.

⁵ *Situation of the Philippine Population and Reproductive Health*, UNFPA. 2009.

⁶ NDHS, 2008.

⁷ Population Reference Bureau, 2009.

⁸ Cabigon, J.V., 2010

⁹ *Situation of the Philippine Population & Reproductive Health*. UNFPA, 2008.

¹⁰ NDHS, 2008.

¹¹ Cabigon, J.V., 2010

15. The Filipino youth is getting information on sexuality from various sources, most notably their peers (who are most likely misinformed), media, and the internet. About 50% of young men believe that there was no chance of them getting HIV and about 25% of them believe that AIDS is curable¹².

Abortion

16. The Revised Penal Code of 1930 criminalizes all forms of abortion. There is no legal protection for women who choose to undergo abortion even if their pregnancy puts their life at risk or if their pregnancy was a result of incest or rape. Of the 3.3 million pregnancies in 2008, 54% were unintended¹³. An estimated 563,000 induced abortions occurred, accounting for 1000 maternal deaths in 2009¹⁴. Because abortion is illegal in the Philippines, there are no facilities where safe abortion procedures can be conducted.

Inconsistent SRHR Policymaking

17. Filipino men and women of reproductive age are on an SRHR rollercoaster. Policies and programs change from one locality to another. For example, Quezon City passed its own RH ordinance which allocates more resources for reproductive health programming on top of the regular health budget, while its neighbor, the City of Manila banned all forms of contraceptives by virtue of Executive Order 003.
18. Access to SRHR information and services is also affected by one's socio-economic and demographic status. Women from poorest section of the population, for instance has 3 more children than those who are at the highest quintile, and 2 more than the national average¹⁵.
19. Knowledge of FP is universal. Knowledge alone, though, is inadequate if we do not provide our population with access to correct information and essential and life-saving FP and RH services. It is the GRP's duty to make high quality information and services free, accessible, available, and acceptable to those who need it, including young people. Without a comprehensive national policy on reproductive health, the people are at the mercy of their local chief executives.

Recommendations

20. The MDG target to reduce maternal mortality to 52/100,000 live births is highly dependent on women having access to a full range of FP and SRH information and

¹² *Young Adult Fertility and Sexuality Survey*. University of the Philippines Population Institute, 2008.

¹³ *In Brief: Meeting Women's Contraceptive Needs in the Philippines*. Guttmacher Institute, 2009.

¹⁴ *ibid.*

¹⁵ National Demographic and Health Survey, 2008.

services. Unless drastic measures are taken and until the GRP has decided to protect, promote, and fulfill women's and young people's right to health and life, it is unlikely that the Philippines will achieve its MDG5 target.

21. In particular, the following has to be done:

- I. Pass the Reproductive Health Bill into law. The bill provides for:
 - a. Adequate number of midwives to provide support to pregnant women in every municipality.
 - b. Full range of family planning methods and services.
 - c. Conduct of Maternal Death Review.
 - d. Procurement and distribution of FP supplies.
 - e. Mandatory age-appropriate SRH education.

- II. Amend the Revised Penal Code of 1930 on Abortion to allow for safe abortion in cases of rape, incest, or when the health and life of the pregnant woman is at risk.