

Reasons Why We Need the RH Law



EnGendeRights, Inc.
Asserting Women's Rights

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About the Author

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After graduating from law school, she has dedicated her life in changing laws, policies, and practices that are discriminatory against women. Her work has brought her to urban poor communities and far-flung barrios in the Philippines at the same time she has raised women’s concerns to the international level especially the United Nations mechanisms. She spearheaded the submission of a collaborative Shadow Report to the August 2006 Review of the Committee on Elimination of Discrimination against Women (CEDAW Committee) on the Philippines and made an oral intervention in said CEDAW Committee Session in New York. She wrote the EnGendeRights submission to the First Universal Periodic Review in November 2007 and made the oral intervention in June 2008 in Geneva. She was a member of the International Women’s Rights Action Watch Asia Pacific (IWRAP-AP) delegation that advocated towards the adoption of the Optional Protocol to the International Covenant on Economic, Social and Cultural Rights (OPICESCR) in December 2008. She spearheaded the submission of a Request for Inquiry under the Optional Protocol to Convention on All Forms of Discrimination against Women (OP CEDAW) in 2008.

She was an International Visiting Legal Fellow at the Center for Reproductive Rights from July 2002 through July 2003. Her previous consultancies include drafting the very first version of the Reproductive Health Care Bill which was filed as HB 4110 in December 2001 (under consultancy with PLCPD), facilitating discussions on gender equality and CEDAW for the justices of the Philippine courts and trainings on sexual harassment for members of the committee on decorum and investigation of the Philippine judiciary (a project under the European Commission), and a comparative study of gender-based violence (GBV) and HIV/AIDS legislation in ASEAN member countries where she developed a model legislation addressing the link between GBV and HIV/AIDS (under consultancy with the Philippine Commission on Women).

She has won two Supreme Court *en banc* (by the full court) cases. In October 1997, she succeeded in the landmark case of *Pioneer Texturizing Corporation vs. National Labor Relations Commission and Lourdes de Jesus* (G.R. 118651) where the Supreme Court overturned its previous doctrine laid down in *Maranaw vs. NLRC* (238 SCRA 190). In the Pioneer case, she successfully argued that illegally dismissed employees should be automatically reinstated at work or in the payroll without need of a writ of execution. In April 2010, she and several other lawyers won their petition for certiorari with the Supreme Court granting the accreditation of a lesbian, gay, bisexual, transgender (LGBT) party-list organization in the case of *Ang Ladlad LGBT Party vs. Commission on Elections Ang Ladlad Party-List* (G.R. No. 190582).

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List of Acronyms

AIDS	- Acquired Immune Deficiency Syndrome
ARMM	- Autonomous Region of Muslim Mindanao
BEmOC	- Basic Emergency Obstetric Care
BFAD	- Bureau of Food and Drugs
CBCP	- Catholic Bishops Conference of the Philippines
CEDAW	- Convention on the Elimination of All Forms of Discrimination against Women
CEDAW Committee	- Committee on the Elimination of Discrimination against Women
CEmOC	- Comprehensive Emergency Obstetric Care
CESCR Committee	- Committee on Economic, Social, and Cultural Rights
CRC Committee	- Committee on the Rights of the Child
EC	- emergency contraception
EO 003	- Manila City Executive Order 003 (Series of 2000)
HIV	- Human Immunodeficiency Virus
HPV	- Human Papilloma Virus
NDHS 2008	- National Demographic and Health Survey 2008
NFP	- natural family planning method
NSO	- National Statistics Office
OFWs	- Overseas Filipino Workers
PEP	- Post Exposure Prophylaxis
RH	- reproductive health
RH Bill	- Reproductive Health Care Bill
SWS	- Social Weather Stations
RTIs	- reproductive tract infections
STIs	- sexually transmitted infections
UNFPA	- United Nations Population Fund
WCPU	- Women and Children Protection Units
WHO	- World Health Organization
YAFS 3	- Young Adult Fertility and Sexuality Study 3

1. To respond to the clamor of the Philippine population who want the Reproductive Health Care Bill passed into law

Filipinos are clamoring for the passage of the Reproductive Health Care Bill (RH bill) into law. The 2008 national and Manila City surveys of the Social Weather Stations (SWS) both confirm that majority of Filipinos want the RH bill passed into law, 71% and 86%, respectively.

Without a clear reproductive health care policy, we are at the mercy of national and local government officials who may choose to promote the natural family planning method (NFP) and deny access to the full range of contraceptive methods. In the past, we saw the examples of then Health Secretaries Dayrit and Duque who merely promoted NFP under clear instructions from Gloria Macapagal-Arroyo and the former Manila City Mayor Atienza who effectively banned access to modern contraceptives in Manila City as a result of his EO 003 (Series of 2000).

The poor women, adolescent women, rural and indigenous women are the ones most affected by the lack of a reproductive health care policy. They are the ones who have the most unintended pregnancies and closely-spaced pregnancies. Their births are commonly unattended by trained health professionals.

2. To prevent unintended pregnancies

About half of all pregnancies in the Philippines (approximately 1.43 million a year)¹ are unintended. The Health Department has noted that Filipino women on average have one child more than they want.

According to the recently-launched 2008 National Demographic and Health Survey (2008 NDHS), one in three births is either unwanted or mistimed; over half of married women age 15-49 do not want another child; 82 percent of married women want either to space their births or to limit childbearing altogether. The total unmet need for family planning² is 22 percent with highest unmet need for women age 15-19, lowest quintile of wealth, rural women and women in the Autonomous Region of Muslim Mindanao (ARMM).³ Twenty-six percent of women age 15-24 have already begun child-bearing.⁴ The contraceptive prevalence rate was only 36% using modern methods.⁵

In 2006, the CEDAW Committee recommended to the Philippines to “to strengthen measures aimed at the prevention of unwanted pregnancies, including by making a comprehensive range of contraceptives more widely available and without any restriction and by increasing knowledge and awareness about family planning.”⁶

The Committee on Economic, Social, and Cultural Rights (CESCR Committee) expressed concern in its 2008 Concluding Observations on the Philippines on the “inadequate reproductive health services and information, the low rates of contraceptive use and the difficulties in obtaining access to artificial methods of contraception, which contribute to the high rates of teenage pregnancies and maternal deaths” in the country.⁷ The CESCR Committee urged it to “adopt all appropriate measures to protect the sexual and reproductive rights of women and girls, inter alia,

through measures to reduce maternal and infant mortality and to facilitate access to sexual and reproductive health services, including access to family planning, and information.”⁸

In its 2009 Concluding Observations on the Philippines, the Committee on the Rights of the Child (CRC Committee) expressed serious concern on “the inadequate reproductive health services and information, the low rates of contraceptive use (36 per cent of women relied on modern family planning methods in 2006) and the difficulties in obtaining access to artificial methods of contraception, which contribute to the high rates of teenage pregnancies and maternal deaths.”⁹

3. To prevent maternal deaths related to pregnancy and childbirth

According to the 2008 United Nations Population Fund (UNFPA) State of the World Population report on the Philippines, at least 230 Filipino mothers die for every 100,000 live births, compared to only 11 in US (with modern method contraceptive prevalence rate of 68%), seven in Canada, four in Spain (with modern method contraceptive prevalence rate of 62%), three in Italy, six in Japan, 14 in South Korea, 14 in Singapore (with modern method contraceptive prevalence rate of 53%). Across Europe, with the exception of Albania, Romania, and Estonia, the maternal mortality ratio is below 15.

Daily, there are 11 women dying while giving birth in the Philippines. Not a single death should happen due to pregnancy and childbirth. These preventable deaths could have been avoided if more Filipino women have had access to reproductive health information and health care.

According to the 2008 NDHS, only 44 percent of births occur in health facilities and only 62% of births are assisted by a health professional.¹⁰ Maternal deaths related to childbirth can be reduced further by access to skilled birth attendants which would be addressed by a comprehensive reproductive health care policy.

4. To prevent infant mortality

Adequate birth spacing is important for the health of the woman and the children. Birth spacing of four or more years can increase the survival rate of children less than five years of age. The under-five mortality rate¹¹ for children born less than two years after a previous birth is 54 deaths per 1,000 live births, compared with 25 deaths per 1,000 for children born after an interval of four or more years.

5. To help individuals and couples choose freely and responsibly when to have children

Knowing which medically safe and effective methods of contraception to use will help individuals and couples determine freely and responsibly the number, spacing and timing of their children. This in turn should ensure that all children are wanted and loved and will be properly provided for by their parents.

The Constitution states that it shall “defend the right of spouses to form a family in accordance with their religious convictions and the demands of responsible parenthood” (Art. 15, Sec. 14). Every person must be free to make sexual and reproductive decisions according to her or his own conscience and religious beliefs free from interference, coercion or constraint.

The CRC Committee expressed concern “at the lack of effective measures to promote the reproductive rights of women and girls and that particular beliefs and religious values are preventing their fulfillment.”¹² According to our obligations under the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which the Philippines ratified on August 3, 1981, the Philippines should ensure women “the same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights.”¹³

6. To reduce abortion rates

Increased access to information and services on modern contraceptive methods will reduce the number of unwanted pregnancies, eliminate the need for abortion, and prevent maternal deaths. It is unfortunate though that the proposed law that could reduce the number of abortions is being opposed by fundamentalist groups.

In the Philippines, there are half a million women who induce abortion procedures every year, 79,000 women who are admitted to hospitals for complications from unsafe abortion and there are 800 women dying from unsafe abortion.¹⁴

One-third of unintended pregnancies end in abortion and twelve percent of maternal deaths are due to unsafe abortion.¹⁵ The latest Philippine statistics on abortion also show the following profile of women who induce abortion: nine in ten women are married or in a consensual union; more than half have at least three children; two-thirds are poor; nearly 90% are Catholic.¹⁶

The Philippine legal restriction on abortion, one of the vestiges of Spanish colonization in the Philippines, was lifted directly from the old Spanish Penal Code of 1870.¹⁷ Recognizing the high rates of deaths of women undergoing clandestine and unsafe abortion procedures due to its illegality, the Spanish government reconsidered its restrictive law and has allowed abortion on certain grounds in 1985, over 25 years now. Last February 24, 2010, Spain approved a new law on abortion that further eases restrictions by allowing the procedure without restrictions up to 14 weeks and gives 16- and 17-year olds the right to have abortions without parental consent. The law is the latest of a series of bold social reforms undertaken by Socialist Prime Minister Jose Luis Rodriguez Zapatero, who first took office in 2004. Spain has also legalized gay marriage and made it easier for Spaniards to divorce under Zapatero’s administration.

Spain has liberalized its laws to allow abortion on broad grounds and yet we are left to contend with our old colonial laws. Other predominantly Catholic countries that allow abortion are Belgium, France, Italy, Poland, and Hungary (whose constitution protects life from conception but permits abortion up to 12 weeks of gestation). Recent abortion liberalizations occurred in

Colombia, Mexico City (legalized abortion in the first trimester without restriction in April 2007) and Portugal (allows abortion up to 10 weeks of pregnancy).

Recognizing that the criminalization of abortion does not lessen the number of women inducing abortion but only makes it dangerous for women who undergo clandestine and unsafe abortion, in 2006, the CEDAW Committee urged the Philippine government to “consider reviewing the laws relating to abortion with a view to removing punitive provisions imposed on women who undergo abortion and provide them with access to quality services for the management of complications arising from unsafe abortions and to reduce women’s maternal mortality rates in line with the Committee’s general recommendation 24 on women and health and the Beijing Platform for Action.”¹⁸

The Philippine law on abortion does not even allow express exceptions based on rape, risks to the life and health of the woman and fetal impairment. Philippine law on abortion must be liberalized to allow it on demand. This change can happen through a specific law removing the penalties for the woman inducing abortion and the safe abortion providers assisting her.

Making abortion safe and legal will save the lives of about 800 Filipino women representing the number of women who die every year from unsafe abortion. The legalization of abortion does not increase the number of women inducing abortion instead it has led to a decrease in number of women dying from unsafe abortion. Where abortion is legal, like in Canada and Turkey, abortion rates did not increase while the Netherlands, with its liberal abortion law and widely accessible contraceptives and free abortion services, has one of the lowest abortion rates in the world.¹⁹ Deaths due to abortion fell 85 percent after legalization in the US.²⁰

7. To give rape victims a better chance to heal from their ordeal

Giving rape victims access to emergency contraception (EC) like levonorgestrel can help them prevent unwanted pregnancies. The availability of Postinor, a brandname for levonorgestrel, has been prey to religious fundamentalist attack. Then Health Secretary Alberto Romualdez, Jr. issued a Position Paper in 1999 allowing its dispensation to rape victims through the hospital-based DOH network of Women and Children Protection Units (WCPU). Subsequently, however, Postinor was delisted by the Bureau of Food and Drugs (BFAD)²¹ and, despite requests for its re-registration,²² it has not been allowed to be registered again by the BFAD.²³

The World Health Organization (WHO) defines EC as a method of preventing pregnancy. According to WHO, EC does not interrupt pregnancy, therefore, it is not considered a method of abortion. Over 140 countries worldwide have registered EC pills such as Postinor and the like²⁴ including 31 predominantly Catholic countries such as Argentina, Austria, Belgium, Bolivia, Brazil, Burundi, Chile, Colombia, Cuba, Dominican Republic, Ecuador, France, Guatemala, Hungary, Ireland, Italy, Lesotho, Lithuania, Luxembourg, Mexico, Nicaragua, Paraguay, Peru, Poland, Portugal, Rwanda, Slovakia, Slovenia, Spain, Uruguay, and Venezuela, Almost all of the ten ASEAN countries including Burma/

Myanmar, Cambodia, Indonesia, Laos, Malaysia, Singapore, Thailand and Vietnam have registered levonorgestrel.

8. To prevent early pregnancy and sexually transmitted diseases especially among adolescents

The Comprehensive Reproductive Health Care Bill (RH bill) recommends that the government provide mandatory reproductive health education starting at Grade 5. According to our obligations under CEDAW, “teenage pregnancies...present a significant obstacle to girls’ educational opportunities and economic empowerment.”²⁵ It is the government’s duty to “give priority attention to the situation of adolescents and that it provide sex education, targeted at girls and boys, with special attention to the prevention of early pregnancies and sexually transmitted diseases.”²⁶

The CRC Committee recommended the urgent adoption of the RH Bill, to “ensure access to reproductive health counse[ling] and provide all adolescents with accurate and objective information and culturally sensitive services in order to prevent teenage pregnancies, including by providing wide access to a broad variety of contraceptives without any restrictions and improving knowledge and conscience on family planning,” and to “strengthen formal and informal sex education, for girls and boys, focusing on the prevention of early pregnancies, STIs and family planning,” among other things.²⁷

Many adolescents are sexually active and are not practicing any contraceptive method. In 2008, there were 47 births for every 1000 women aged 15-19.²⁸ According to the Young Adult Fertility and Sexuality Study 3 (YAFS 3), by age 18, 10 % of young women would have been pregnant and by age 20, 25% would have already been pregnant. Twenty-six percent of women age 15-24 have already began child-bearing.²⁹

The knowledge of many adolescents on reproductive tract infections (RTIs), sexually transmitted Infections (STIs), and HIV/AIDS is at a superficial level. Adolescents should know the risks of early sex such as the different RTIs and the possibility of acquiring STIs and HIV/AIDS through unprotected and unsafe sex.

Risks of transmission during intimate sexual contact include infections to the Human Papilloma Virus (HPV) which causes most cervical cancers.³⁰ At their young age, adolescents are prone to HIV infections to HPV.

Pregnancies of adolescent girls aged 18 years and below are considered high risk pregnancies. Complications due to high blood and maternal mortality are high for adolescent girls giving birth. They also tend to disregard basic pre-natal and post-natal care thereby putting themselves at risk and adding to occurrence of infant mortality.

The social impact of early childbirth for adolescent girls includes disruption of schooling and the resulting lack of career options due to low educational attainment and lack of necessary job skills. Lack of career options in turn result in lack of financial capability.³¹

Philippine law already requires schools to teach HIV and AIDS under the 1998 Philippine AIDS Prevention Act (RA 8504). The ordinances in the provinces of Aurora,³² Ifugao,³³ Mt. Province,³⁴ Sultan Kudarat,³⁵ Sulu³⁶ and Olongapo City³⁷ all require adolescent reproductive health (ARH) education in schools. These laws manifest the need to uphold ARH education.

9. To address the rising HIV/AIDS cases

The HIV epidemic in the Philippines is steadily growing. At the start of 2010, there are already four new cases being reported every month compared to the two new cases reported monthly in 2009.³⁸ According to the estimates of Dr. Enrique Tayag, Director of the National Epidemiology Center (NEC), there will be an additional 1,500 Filipinos newly-infected by HIV by December 2010 and around 4,000 - 7,000 by 2011.³⁹

The cumulative total cases of HIV from Jan. 1984-Aug. 2009 is 4,082.⁴⁰ The annual newly-reported HIV cases rose from 200 in 2004 to 528 in 2008 and the number nearly tripled in 15-24 year-olds from 41 in 2007 to 110 in 2008.⁴¹

As early as 2007, more and more young people were being infected with HIV, thus, it is important to reach the general youth population.⁴² HIV infected males in the age groups of 20-24 and 25-29 posted an increasing share (4 percent and 6 percent, respectively) for the period 2006-2009, while diminishing proportions are accounted by older age groups.⁴³

A growing number of women are getting HIV at 28%. Of the 821 AIDS cases reported in 2009, more than half of sexual transmissions was through heterosexual contact (30% were women and 70% were men).⁴⁴ An alarming 35% of OFWs with HIV are seafarers with a corresponding increase in the number of wives of seafarers infected with HIV.⁴⁵

Condoms and educational campaigns discussing the modes of HIV transmission, risky sexual behavior, and prevention and treatment of HIV are ways to address the rising incidence of HIV/AIDS in the country. Access to life-saving supplies including condoms, Post Exposure Prophylaxis (PEP) and anti-retrovirals and access to information regarding HIV prevention and treatment will be made available through a comprehensive RH law.

10. To avoid the negative impact of large families on poor families

For many poor families, a large family size results in further poverty and lack of access to education and health services, among others. There are also studies showing that the eldest or second eldest from poor, large families end up in prostitution to meet their families' needs⁴⁶ and many women from large families also end up being trafficked.

11. To free women's bodies from being held hostage by politics and fundamentalism

Groups such as the Catholic Bishops Conference of the Philippines (CBCP) have continuously opposed the passage of the RH bill into law. It even identified in its guidelines for the 2010 elections that voters should not vote for candidates who support the RH bill. The above findings

on the negative impact of the non-passage of the RH bill and the restriction of access to modern contraceptives show that a stance that is against the passage of the RH bill is not responsive to the needs of the Filipinos—Catholics included. Such a stance on the RH bill is detrimental to women’s reproductive rights and to the lives and well-being of Filipinos especially the poor. In fact, the results of the 2010 election prove that many Catholic-backed candidates did not win in the elections.

In the past, the soft stance of some congressional representatives and those in the executive branch of the government was their way of not antagonizing the CBCP into campaigning against them, however, the CBCP should not be involved in politicking since our very constitution guarantees the separation of church and state and the principle of non-establishment of religion.

The guarantee of the separation of church and state is provided under Section 6, Art. II on Declaration of Principles and State Policies of the Philippine Constitution which states that “[t]he separation of [c]hurch and [s]tate shall be inviolable.” The reason for the principle of separation of church and state is to guard against the views of a dominant church from influencing the conduct of government and influencing policies to cater to a specific dominant church.⁴⁷ The separation of church and state guarantees that one will not abuse the other or that one dominant religion or belief will not be used to govern the state and its people. It must likewise be noted that while the 1987 Constitution guarantees freedom of religion, it also guarantees the non-establishment of religion. Section 5, Article III of the Bill of Rights states: “No law shall be made respecting an establishment of religion....” This clause was included in order to ensure that the government may not coerce anyone to support or participate in religion.⁴⁸

The January 2010 SWS survey though would make the congressional representatives and those in the executive branch seriously consider their true stance on the RH bill since the results show that 38% of Filipinos opt to vote for candidates who support the RH bill while a meager 6% opt to vote for those who oppose it. Thirty-five percent did not know what the RH bill was about.⁴⁹ Given the trend on the survey, it would mean that more Filipinos who know about the RH bill would vote for a candidate who clearly supports the RH bill. Politically, it is popular for congressional representatives and those in executive positions to support the RH bill.

The 2008 NDHS also cites health concerns and fear of side effects as the two foremost reasons why women do not use contraceptives while only three percent do not use contraceptives because of religious belief.

Our representatives in government must realize that our very own Constitution states that, “Sovereignty resides in the people and all government authority emanates from them.” Government officials must be reminded that they are mere representatives of the Filipino people and that their obligation is to the Filipino people and not to the Catholic Church and its bishops who are against the passage of the RH bill into law. Government officials must respect plurality in our society. They must uphold access to reproductive health information and health care services and give primary importance to a person’s right to reproductive self-determination. Fundamentalist public officials who restrict access to information and health care services do not deserve any place in governance.

True to their being representatives of the people, many public officials have enacted reproductive

health ordinances such as in Luzon (the provinces of Aurora, Ifugao, Mt. Province; cities such as Quezon City, Antipolo City, Olongapo City; the municipalities of Tinoc, Sagada, Lagawe, Asipulo, Bontoc, and Paracelis), in Visayas (the municipalities of Talibon, Ubay and Carmen of Bohol province, and the municipalities of Llorente and Maydolong of Eastern Samar) and in Mindanao (the provinces of Sulu and Lanao Del Sur, General Santos City, and the municipalities of Lebak and Kapatagan).

Government officials should follow the lead of local government officials such as Governor Bellaflor Angara-Castillo of Aurora and Governor Glenn Prudenciano of Ifugao who have spearheaded the enactment of ordinances such as “The Aurora Reproductive Health Care Code of 2005” (Provincial Ordinance No. 125 (2005)) supporting increased reproductive health care services, including mandatory sexuality education, responsible parenthood counseling and “Reproductive Health and Responsible Parenthood Ordinance of Ifugao” (Ordinance 2006-33), respectively.

Despite the CBCP’s campaign against elective officials who advocate for reproductive rights especially those who support the reproductive health care bill, many politicians won in previous elections such as Nereus Acosta, Bellaflor Angara-Castillo, Darlene Antonino-Custodio, Rodolfo Biazon, Juan Flavier, Janette Garin, Risa Hontiveros-Baraquel, Edcel Lagman, Liza Largoza-Maza, Renato Magtubo, Satur Ocampo, Nerissa Corazon Soon Ruiz, and Lorenzo R. Tañada III.

Congressional representatives and those in executive positions should make a clear stand on not just respecting the rights of individuals and couples to informed choice. They must clearly make a stance that they will earmark funds to provide wide access to modern contraceptives and reproductive health care services. It is very easy for middle class and upper class women to pay for their own contraceptives and other reproductive health care services but this is not the case for poor women in the communities, rural areas, and in the ARMM. For poor women, they are unable to buy contraceptives, they cannot afford to pay for anti-biotics to treat their reproductive tract infection for them to be able to have an IUD inserted, they cannot afford to pay for a P2,500 ligation procedure even when they already have four or more children, they are unable to get pre-natal and post-natal check ups because they have to tend to the needs of their several children at home nor they can pay for a simple PAP smear procedure. We need the necessary budgetary allocation to increase access to reproductive health care information and services.

It has been almost nine years since the first RH bill has been filed in Congress in December 2001. The failure to pass the RH bill has been detrimental to the health and lives of Filipinos especially women and children.

Congressional representatives and those in executive positions must make a stand that clearly supports wide access to reproductive health information, supplies, and services. This will spell the difference for many women’s lives!

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- ¹ Singh S et al., *Unintended Pregnancy and Induced Abortion in the Philippines : Causes and Consequences*, New York : Guttmacher Institute, 2006 [Singh S et al].
- ² Unmet need for family planning is defined as the percentage of currently married women who either do not want any more children or want to wait before having their next birth, but are not using any method of family planning as cited in the 2008 National Demographic and Health Survey [2008 NDHS]
- ³ *Id.*, 2008 NDHS.
- ⁴ *Id.*, 2008 NDHS.
- ⁵ UNFPA State of the World Population 2008.
- ⁶ August 25, 2006 Committee on the Elimination of Discrimination against Women Concluding Comments on the Philippines, para. 28 [2006 CEDAW Committee Concluding Comments].
- ⁷ CESCR, Concluding Observations (2008) para. 31
- ⁸ CESCR, Concluding Observations (2008) para. 31
- ⁹ CRC, Concluding Observations (2009), para. 61.
- ¹⁰ UNFPA says that for every 500,000 people there should be at least 4 facilities offering Basic Emergency Obstetric Care (BEmOC) and for every 500,000 people there should be at least 1 facility offering Comprehensive Emergency Obstetric Care (CEmOC) which should be appropriately distributed.
- ¹¹ Infant mortality is the probability of dying before the first birthday while under-five mortality is the probability of dying between birth and fifth birthday.
- ¹² CRC, Concluding Observations (2009), para. 61.
- ¹³ Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), Article 16.1; Paragraph 7.3 of the International Conference on Population and Development (ICPD) Programme of Action provides "...the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so...the right to attain the highest standard of sexual and reproductive health. X x x [the] right to make decisions concerning reproduction free of discrimination, coercion and violence"; Paragraph 96 of the Beijing Platform for Action states, "The human rights of women include their right to have control over and decide freely and responsibly on matters relating to their sexuality, including their sexual and reproductive health, free of discrimination, coercion and violence."
- ¹⁴ Singh S et al *supra* note 1.
- ¹⁵ *Id.*
- ¹⁶ *Id.*
- ¹⁷ Pacifico Agabin, "The Legal Perspective on Abortion", *The Journal of Reproductive Health, Rights and Ethics*, Vol. II, No. 1 (1995), at 2.
- ¹⁸ 2006 CEDAW Committee Concluding Comments.
- ¹⁹ Center for Reproductive Rights, *Safe Abortion: A Public Health Imperative*.
- ²⁰ *Id.*
- ²¹ Postinor was delisted by the Bureau of Food and Drugs in its Bureau Cir. 18, series 2001 on December 7, 2001.
- ²² In March 2007, EnGenderRights submitted its "Position Paper on Levonorgestrel 1.5 mg as Emergency Contraceptive Pill" to the Bureau of Food and Drugs and the Department of Health specifically the Technical Panel of Obstetrics-Gynecology Specialists.
- ²³ Based on follow ups made with the BFAD in June 2010.
- ²⁴ International Consortium on Emergency Contraception (ICEC) webpage, available at <http://www.cecinfo.org> last visited June 20, 2010; ICEC, *EC Status and Availability*, available at <http://www.cecinfo.org/database/pill/viewAllCountry.php> and <http://www.cecinfo.org/database/pill/viewAll.php> last visited June 20, 2010; See Not-2-LATE.com, *The Emergency Contraception Website*, available at <http://ec.princeton.edu/worldwide>; See International Planned Parenthood Federation, *Directory of Hormonal Contraceptives*, available at [http://contraceptive.ippf.org/\(0jzjzwj2kyllxp5541lljpuj\)/introduction.aspx](http://contraceptive.ippf.org/(0jzjzwj2kyllxp5541lljpuj)/introduction.aspx).
- ²⁵ 2006 CEDAW Committee Concluding Comments.
- ²⁶ 2006 CEDAW Committee Concluding Comments.
- ²⁷ CRC, Concluding Observations (2009), para. 62.

- ²⁸ UNFPA State of World Population, 2008.
- ²⁹ 2008 NDHS.
- ³⁰ Cervical cancer is the second leading cause of cancer deaths to women. 2005 Philippine Cancer Facts and Estimate, p. 12.
- ³¹ See CEDAW General Recommendation No. 21 Equality in marriage and family relations, i.e., Comment No. 36 and 37 on Art. 16 (2) of the CEDAW Convention.
- ³² Aurora Ordinance 125 Series of 2005, Sec. 9
- ³³ Ifugao 2006-033, Sec. 9
- ³⁴ Mt. Province Ordinance 76, Sec. 9
- ³⁵ Sultan Kudarat Ordinance 07-09, Sec. 9
- ³⁶ Sulu 01-2008, Sec. 5.
- ³⁷ Olongapo City Reproductive Health Care Code of 2007.
- ³⁸ Philippine National AIDS Council, Country Report of the Philippines, January 2008 to December 2009.
- ³⁹ *Tayag, Tracking HIV*, Proceedings 1st HIV Summit: Call for Action and Broad-Based Responses to AIDS by Leaders, 2010.
- ⁴⁰ Aug. 2009 HIV/AIDS Registry.
- ⁴¹ Department of Health-Philippines, “HIV and AIDS Monthly Report”, 16 September 2009, available at <http://www.doh.gov.ph/node/2145>.
- ⁴² Proceedings of the National Dissemination Forum, 2008.
- ⁴³ Cabigen, Emily Christi A., Health Sector Response to HIV/AIDS Prevention and Control: The Philippines Country Report 2008.
- ⁴⁴ National Epidemiology Center, August 2009 Monthly Update, Philippine HIV & AIDS Registry, 2009, http://www.doh.gov.ph/files/NEC_HIV_Aug-AIDSreg2009%20.pdf
- ⁴⁵ National Epidemiology Center, April 2006 Monthly Update, HIV/AIDS Registry, 2006, http://www.doh.gov.ph/NEC/hiv/april_2006.pdf (stating that out of the total cases of HIV, 17% are domestic helpers, 7% are entertainers and 6% are health workers).
- ⁴⁶ Preliminary results of the NSO study on children engaged in commercial sex exploitation in Cebu City presented in January 2010.
- ⁴⁷ See *Board of Education v. Everson*, 330 U.S. 1, 15-16 (1946) where the Court stated that “[n]either a State nor the Federal Government can set up a church...[or] pass laws which aid one religion, aid all religions, or prefer one religion over another...Neither..., openly or secretly, participate in the affairs of any religious organizations or groups and vice versa. In the words of Jefferson, the clause against establishment of religion by law was intended to erect ‘a wall of separation between Church and State.’”
- ⁴⁸ See *Lee v. Weisman*, 505 U.S. 577, 587 (1992). In *Lee*, the U.S. Supreme Court invalidated the performance of a nonsectarian prayer by clergy at a public school’s graduation ceremony; see also *Santa Fe*, 530 U.S. at 310-312 where the court invalidated student-initiated and student-led prayers at football games because they coerce students to participate in religious observances; In *Kerr v. Farrey*, 95 F.3d 472 (7th Cir. 1996), the Seventh Circuit followed *Lee* in striking down prison programs where inmates’ sentences were affected by participation in substance abuse programs that stressed religion. It was held that the program runs “afoul of the prohibition against the state’s favoring religion in general over non-religion.”; see Center for Reproductive Rights (CRR), Petition for Certiorari in the U.S. Supreme Court case of *Greenville Women’s Clinic v. Comm’r, S.C. Dep’t of Health & Envtl. Control*).
- ⁴⁹ The Jan. 21-24, 2010, SWS survey was commissioned by The Forum for Family Planning and Development; Results of the Feb. 21-25, 2010 Pulse Asia survey show more than 6 out of 10 (or 64 percent) of respondents said they would vote for candidates who promote the use of contraceptives. Meanwhile, 75 percent of the voters among the respondents deem it important that family planning be included in a candidate’s program of action while a mere 6 percent said they will not support candidates backing modern family planning; 30 percent are undecided.



About EnGendeRights

EnGendeRights has done groundbreaking work in raising Filipino women's concerns to the international level especially the United Nations mechanisms. EnGendeRights spearheaded the drafting of a collaborative Shadow Report that was submitted to the Committee on the Elimination of Discrimination against Women (CEDAW Committee) during its 36th Session in August 2006, New York. This submission was done in collaboration with the Center for Reproductive Rights (CRR), Reproductive Rights Resource Group, Philippines (3RG-Phils.), and Health Development and Initiatives Institute (HDII). EnGendeRights, through its executive director Clara Rita Padilla, orally presented highlights of the Shadow Report during the CEDAW-NGO dialogue and actively lobbied with the CEDAW experts leading to the successful adoption of strong sexual and reproductive health and rights language in the CEDAW Committee's Concluding Comments on six of the areas of concern stated in their Shadow Report (i.e., access to the full range contraceptive methods including emergency contraception, access to safe and legal abortion, sexuality education for adolescents, skills and education for women in prostitution, legalization of divorce and repeal of discriminatory Muslim Code provisions). These recommendations are very useful in legislative, judicial, and executive advocacy towards eliminating discriminatory laws, policies, and practices on women.

In its continued work on sexual and reproductive rights and raising awareness on the mechanisms under CEDAW, EnGendeRights also spearheaded the submission of a collaborative Request for Inquiry under the Optional Protocol to CEDAW. The submissions were made in 2008 and 2009 requesting the CEDAW experts to visit the Philippines to investigate the grave and systematic reproductive rights violations resulting from the ban on contraceptives under EO 003 implemented in Manila City since 2000. These submissions were done in collaboration with the Task Force CEDAW Inquiry, CRR and the International Women's Rights Action Watch, Asia Pacific (IWRAP-AP). EnGendeRights also collaborated in the submission of a joint request for an urgent appeal to the UN Special Rapporteurs on Health, Education, VAW, Freedom of Religion or Belief, and Human Rights Defenders and the Independent Expert on Extreme Poverty on the reproductive rights violations related to Manila EO 003. This was submitted in March 2009 and was done also in collaboration with the Task Force CEDAW Inquiry, CRR and IWRAP-AP.