

# Understanding **GENDER** and **REPRODUCTIVE HEALTH**



AN ELECTORAL PRIMER

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**R**epublic Act No. 10354 or the Responsible Parenthood and Reproductive Health Act (RH Law) was enacted in December 2012. The much-awaited measure affirms the State's responsibility to protect each person's right to reproductive health by providing for programs, mechanisms, and funding to improve access to information and services on family planning, as well as to maternal, newborn and child health care, among others.

After long and heated debates on the RH bill in and outside Congress, the passage of this landmark legislation is a triumph for health, gender, and anti-poverty advocates. With a national policy in place, Filipinos can better plan their families; pregnant mothers and their children can readily access professional health care; adolescents can be properly informed about sexuality; and sexually transmitted infections can readily be detected, treated, and prevented. But these can only be achieved if the RH Law is carried out fully and effectively. The challenge now lies in its implementation.

Policymakers and local government officials must know, commit to, and actually execute their responsibilities under the RH Law. On the other hand, the electorate must be able to scrutinize and choose candidates who will make sure that the implementation of this law will be meaningful and effective, and hold these officials accountable in enforcing the RH mandate. It is thus imperative for Filipinos, voters and candidates for election alike, to understand the central features of the RH Law and the underlying gender and reproductive health concerns it seeks to address.



## WHAT IS REPRODUCTIVE HEALTH?

The RH Law defines reproductive health as “the state of complete, physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.”<sup>1</sup> This is the same definition adopted in the International Conference on Population and Development (ICPD) in 1994.

Reproductive health implies “that people are able to have a responsible, safe, consensual and satisfying sex life, that they have the capability to reproduce and the freedom to decide if, when, and how often to do so.”<sup>2</sup> Reproductive health has a significant gender dimension because it “further implies that men and women attain equal relationships in matters related to sexual relations and reproduction.”<sup>3</sup>



## WHY IS REPRODUCTIVE HEALTH IMPORTANT?

Reproductive health is an integral aspect of a person’s overall health and well-being, which are rights recognized by international human rights instruments<sup>4</sup> and the Philippine Constitution.<sup>5</sup>

## Urgent health issues which call for the need to prioritize Filipinos' reproductive health

- High rate of maternal mortality at 221 deaths per 100,000 live births<sup>6</sup>
- Twelve percent of Filipino women who gave birth had less than four antenatal care visits<sup>7</sup>
- Only half of Filipino women use family planning methods<sup>8</sup>
- More than 19 percent of married Filipino women have an unmet need for family planning, i.e. they are not using any FP method but they do not want anymore children or prefer to space births<sup>9</sup>
- More than half of pregnancies in the country are unintended, and one-third of these end in abortion<sup>10</sup>
- An estimated 1,000 Filipino women died from abortion in 2008<sup>11</sup>
- The rate of teenage pregnancy has steadily been increasing for the past ten years with teenage mothers comprising 12 percent of the total live births in the Philippines in 2010<sup>12</sup>
- Ten percent of maternal deaths and eight percent of fetal deaths in the Philippines concern teenage mothers<sup>13</sup>
- The number of HIV infections as of September 2012 increased to more than 25 percent compared to that of September 2011<sup>14</sup>

Reproductive health is an indispensable component of anti-poverty and development initiatives. The international community acknowledges this in the Millennium Development Goals (MDG) which include vital RH dimensions, such as reduction of maternal mortality and curbing HIV and AIDS, among its eight targets.<sup>15</sup> And rightly so, because access to comprehensive services on reproductive health will save lives, especially of women, and improve the overall health and quality of life of people, especially the poor.<sup>16</sup> Critical aspects of reproductive health such as childbearing, maternal survival, and unplanned pregnancy affect the health and education of individuals<sup>17</sup> as well as the population.

## Studies show a close link between poverty and population

The impact of family size on poverty in the Philippines has been closely observed in various studies, including those conducted in 1992,<sup>18</sup> 2007<sup>19</sup> and 2011.<sup>20</sup> Over time, the conclusion has been consistent - the likelihood of poverty increases when a family has more children to support. The 2011 paper written by professors from the University of the Philippines School of Economics noted that “poverty incidence is less than 4.3% for a family with one child; but it rises steadily with the number of children to 52.3% for a family with nine or more children (FIES<sup>21</sup> 2006). Larger families also make less investments in human capital per child – investments that are crucial in breaking the chain of intergenerational poverty. Average annual spending on education per student falls from P8,212 for a one-child family to P2,474 for a family with nine or more children, and average health spending per capita drops correspondingly from P3,389 to P582 (FIES 2006 and LFS<sup>22</sup> 2007).”<sup>23</sup>

## WHAT IS GENDER?

Gender refers to “the sexually constructed roles, activities, and responsibilities assigned to women and men in a given culture, location, or time.”<sup>24</sup> For example, Filipino women are generally expected to take the lead in child rearing even beyond the breastfeeding years.

Unlike the term “sex” which differentiates women and men based on their biological characteristics, “gender is learned and changes over time.”<sup>25</sup> Thus, male and female as sex categories can be clearly distinguished based on genital organs, but what is masculine or feminine in gender may vary. Following the example above, as gender roles evolve, it is possible especially among mothers who work overseas, to handover child caring duties to the fathers.



## WHY IS GENDER RELEVANT IN REPRODUCTIVE HEALTH?

As a social construct, gender permeates human interactions and societal systems, including those involving reproductive health. Gender cuts across the issue of reproductive health because sexual and reproductive decisions and activities operate within a context where gender expectations, roles, and attributes are defined.<sup>26</sup> For instance, sexual intercourse can be a mutually satisfying activity between two consenting individuals. However, the situation can be traumatic for a wife who initially refuses but later accedes to her husband's sexual desire because she was forced or expected to do so.

The 2008 National Demographic and Health Survey (NDHS) in the Philippines demonstrates how gender relations intersect with reproductive health. The survey revealed that less empowered women or those who have limited participation in household decision-making are less likely to use family planning methods, and are less likely to avail of post-natal care from medical professionals. An appreciation of gender issues is thus essential for RH services to be responsive and effective.



## WHY FOCUS ON WOMEN'S REPRODUCTIVE HEALTH?

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The RH Law subscribes to the principle that “(g)ender equality and women’s empowerment are central elements of reproductive health and population and development.”<sup>27</sup> For one, women (and not men) get pregnant; hence their well being and that of the child they carry deserve special attention in the RH cycle. Pregnancy and childbirth pose a host of risks to a woman’s life, and the trend in this regard has been alarming. The number of maternal deaths per 100,000 live births in the Philippines has significantly increased from 162 in 2006 to 221 in 2011.<sup>28</sup>

But beyond recognizing women’s distinct RH needs, another reason for prioritizing women springs from the reality that they face discrimination and inequality in various spheres of life, including reproductive health.<sup>29</sup> For instance, wives are generally expected to be subservient to the desires of their husbands in sexual intercourse and family planning. Sexual abuse such as rape, acts of lasciviousness and seduction, remains a common form of violence committed against women. In fact, one in ten Filipino women ages 15-24 has experienced sexual violence.<sup>30</sup>

To address this inequality, the Philippine Constitution<sup>31</sup> and various social legislation promote women’s full and equal exercise and enjoyment of their rights. Among the first of these laws is the Women in Development and Nation-Building Act of 1992 (Republic Act No. 7192), which acknowledges women as equal partners of men in contributing to, and benefiting from development. Other gender legislation have been enacted since, the more recent and most comprehensive being the 2008 Magna Carta of Women (Republic Act No. 9710). The Magna Carta of Women condemns discrimination, promotes gender equality, and provides for services and mechanisms to uplift women’s conditions, including “the provision of comprehensive health services and health information



covering all stages of a woman’s life cycle, such as maternal care and responsible, ethical, legal, safe, and effective methods of family planning.”<sup>32</sup> The RH Law upholds the same principle of equality more specifically with regard to a woman’s right to be informed about, and to have access to, reproductive health care services.

The RH Law’s focus on women is not intended to single out men, nor deny them rights or benefits. In fact, the law upholds the right to reproductive health of both women and men in the same way that the Philippine Constitution assures equal rights to all. The law’s preferential treatment is in pursuit of gender equality so that women will no longer be marginalized but will enjoy the same opportunities and services available to men.<sup>33</sup> Thus, favoring females through comprehensive maternal health care services,<sup>34</sup> education on anti-violence against women and children,<sup>35</sup> and allowing women to undergo reproductive health procedures without the consent of the spouse<sup>36</sup> form part of gender equity or actions designed to address the disadvantaged position of women in society.<sup>37</sup>

**WHY SHOULD THE GOVERNMENT PROTECT PEOPLE’S REPRODUCTIVE HEALTH?**

The functions and processes of one’s reproductive system are integral to his/her overall well being. RH rights are thus part and parcel of the right to health guaranteed by international instruments and laws to all persons, regardless of age, gender, nationality, race or religion. Because reproductive health is a human right, the State ultimately bears the duty of fulfilling such right. Moreover, as discussed above, RH is an issue that the government must address head on in order to contribute to eliminating poverty and attaining development.

The government’s role finds legal basis in the Philippine Constitution.



Article XIII, Section 11 of the Constitution mandates the State to “adopt an integrated and comprehensive approach to health development which shall make essential goods, health and other social services available to all people at affordable cost.” Article II, Section 15 of the Constitution also provides that “(t)he State shall protect and promote the right to health of the people and instill health consciousness among them.”

As a human right, reproductive health ties into each person’s right to human dignity and improved quality of life, which the Constitution likewise guarantees.<sup>38</sup>

Just like any human right, sexual and reproductive health can only be guaranteed when people have sufficient information about their rights and the mechanisms to enforce them. The government’s responsibility to provide information<sup>39</sup> and educate<sup>40</sup> its people therefore dovetails with its duty to ensure RH. Prior to the enactment of the RH Law, citizens had limited information on and access to family planning, and among the many methods, government only focused on natural family planning. Poor women, in particular, have limited opportunity to know about and employ artificial family planning methods like contraceptives, because they don’t have money to get these from private providers. But with the RH Law, everyone can obtain information about and services on the full range of family planning options from government facilities.<sup>41</sup>

Apart from the Constitution, the Magna Carta of Women and the RH Law also mandate the government at the national and local levels to provide a comprehensive package of RH services.

## CONTRARY TO MYTHS AND FALLACIES...

**The RH Law does not legalize or promote abortion.** Nothing in the law legitimizes abortion or allows the termination of pregnancy. The guiding principles of the RH Law categorically state that “abortion is illegal and punishable by law.”<sup>42</sup> The law is likewise guided by the principle that health care services and supplies, as well as effective natural and modern methods of family planning to be provided, should be “non-abortifacient”<sup>43</sup> as certified by the Food and Drug Authority (FDA). Abortion and access to abortifacients do not fall within the scope of reproductive health rights.<sup>44</sup>

But while the RH Law does not promote abortion, it requires the government to ensure that women who experience complications as a result of abortion will be given adequate medical care.<sup>45</sup> This is consistent with the State’s duty to provide adequate health care for all.

**The RH Law does not favor the life of the mother over the life of the unborn child.** The law adheres to the Constitutional provision to “equally protect the life of the mother and the life of the unborn from conception.”<sup>46</sup> In line with this principle, pregnant women are entitled to maternal care services in order to keep both the mother and the unborn child safe and healthy. Moreover, the law requires that the FDA certify only modern FP methods that are proven safe, effective, and non-abortifacient.<sup>47</sup>

**The RH Law does not encourage promiscuity or teenage pregnancy.** Under the RH Law, age- and development-appropriate reproductive health education for adolescents or persons 10 to 19 years old are part of the RH care services to be provided by government.<sup>48</sup> The Department of Education will formulate a curriculum for this to ensure that the lessons are understandable and suited to the students’ maturity.<sup>49</sup> As such, Grade VI students will use a different module from second year high school students. Children will receive information about “sexual conduct, consequences of risky behavior, the dangers of teenage pregnancy and the avoidance of violence against women”<sup>50</sup> from trained teachers, instead of from peers and other unreliable sources.

Parents remain as the primary teachers and should guide their children on matters relating to sex, but a government-approved curriculum will supplement their role, especially since sex is rarely discussed at home<sup>51</sup> and the number of teenage mothers in the country has been increasing.<sup>52</sup> With adequate knowledge about reproductive health, adolescents can make informed and responsible decisions about their actions.

As regards access to modern FP methods, minors can only avail of these services if they have written consent from their parents or guardians. Consent is however not required if the minor is already a parent or has had a miscarriage.<sup>53</sup>

**The RH Law recognizes freedom of religious belief and exercise.** The law upholds “(t)he right of spouses to found a family in accordance with their religious convictions...”<sup>54</sup> It does not impose nor prescribe the use of contraceptives or any specific FP method. It only makes information about the full range of FP options and their consequences, plus RH supplies and services, available to the public. An individual or couple may accept or reject the information or service. Following their own religious convictions, Filipinos remain free to decide whether or not they will have a child; the number and spacing of their children; whether or not they will use FP methods; and what method they will use.<sup>55</sup>

**The RH Law does not limit the number of children per family.** The law does not prescribe a specific number of children for each couple since it is not a tool for controlling population growth.<sup>56</sup> By defining the scope of RH, the law even assures each individual that the decision as to family size is an integral part of a person’s reproductive health right.<sup>57</sup> Such decision belongs to the spouses, and not the State. Hence, the government is bound only to protect and not meddle with the exercise of RH rights.

**The RH Law is not anti-poor.** The RH Law is explicit about “giving preferential access” to marginalized sectors in the provision of reproductive health care services.”<sup>58</sup> This is in no way intended

to control the size of poor families or dictate on their RH choices. On the contrary, the policy is intended to alleviate their situation in response to current realities where underprivileged families have limited access to information and services, and have more children than they want. Even though the poor are given preferential access, they are still “voluntary beneficiaries of reproductive health care, services, and supplies for free.”<sup>59</sup> Just like any other family, they can accept or reject what the government offers.

## WHAT IS RESPONSIBLE PARENTHOOD?

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The RH Law defines responsible parenthood as “the will and ability of a parent to respond to the needs and aspirations of the family and children.”<sup>60</sup> Such will and ability is “a shared responsibility between parents” in the exercise of their RH rights, particularly “to determine and achieve the desired number of children, spacing and timing of their children.” In the exercise of this responsibility, parents take into account their:

- Family life aspirations;
- Psychological preparedness;
- Health status;
- Sociocultural and economic concerns; and
- Religious convictions.<sup>61</sup>

## WHAT IS FAMILY PLANNING?

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Family planning aids parents exercise responsible parenthood. “Family Planning refers to a program which enables couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to do so, and to have access to a full range of safe, affordable, effective, non-abortifacient modern natural and artificial methods of planning pregnancy.”

## Filipinos want to use family planning methods

Half of Filipino women use FP methods and more (73% of married Filipino women) could be using them if all FP options were available.<sup>62</sup> Findings from the February 2010 Pulse Asia Pre-Electoral Survey on family planning reveal that about 90 percent of Filipinos find it important to plan one's family while a huge majority (87%) said it is important for government to allocate funds for modern FP methods. More than half of those surveyed also believe that it is not a sin against God to use modern contraceptives.

## HOW DOES THE RH LAW ENSURE OUR REPRODUCTIVE HEALTH?

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The RH Law provides for a comprehensive package of publicly accessible services on reproductive health, including the following:

- Public information about, supplies for, and services covering the full range of FP methods<sup>63</sup>
- Age- and development-appropriate RH education especially to adolescents<sup>64</sup>
- More professional medical personnel, equipment, supplies and other RH services, especially for maternal and newborn care, in government hospitals and other health facilities<sup>65</sup>
- Improved information and support systems for persons with HIV, AIDS, and other serious RH conditions<sup>66</sup>
- Funds for RH services at the national and local levels<sup>67</sup>
- Imprisonment and/or fine for violators of the RH Law, namely:<sup>68</sup>
  - o Health care providers who (1) withhold or provide incorrect information about family planning methods; (2) refuse to perform legal and medically-safe procedures on the ground of lack of consent of spouses or parents in



special cases; or (3) discriminate in the provision of quality health care

- o Public officers who commit acts that hinder the full implementation of the RH Law, such as: (1) prohibiting or forcing the use of RH services; (2) withholding funds for RH; or (3) refusing to support RH programs
- o Employers who require use of a family planning method as condition for employment
- o Persons who falsify certificates attesting to the completion FP seminars for the issuance of a marriage license
- o Pharmaceutical companies that collude with government officials in the procurement and distribution of RH supplies

## WHAT IS THE ROLE OF THE NATIONAL GOVERNMENT IN IMPLEMENTING THE RH LAW?

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- Lead in the implementation of the RH Law through the Department of Health (DOH).<sup>69</sup>
- Provide additional funding or assistance to local governments in implementing the RH Law,<sup>70</sup> including in the procurement of supplies,<sup>71</sup> and technical assistance on training health workers on RH<sup>72</sup>
- Integrate responsible parenthood and family planning in anti-poverty programs.<sup>73</sup>
- Prioritize full access of RH services by the poor and marginalized, including persons with disabilities.<sup>74</sup>
- Establish Mobile Health Care Services using vans or other forms of transport to increase access to RH care services.<sup>75</sup>
- Increase public awareness on RH promotion and protection.<sup>76</sup>
- Conduct annual Maternal Death Review and Infant Death Review.<sup>77</sup>

- Through the Food and Drug Authority, regulate the use of RH products and supplies such as contraceptives.<sup>78</sup>
- Through the Philippine Health Insurance Corporation (Philhealth), provide maximum benefits to persons with serious and life-threatening RH conditions like HIV and AIDS, breast and reproductive tract cancers, and obstetric complications, and menopausal and post-menopausal-related conditions.<sup>79</sup>
- With the Department of Education as lead, provide age- and development-appropriate RH education to adolescents.<sup>80</sup>
- Through the DOH, facilitate the involvement of NGOs and the private sector in RH care delivery.<sup>81</sup>
- Through the DOH, submit to the President and Congress an annual comprehensive report on implementation of the RH Law.<sup>82</sup>

## WHAT IS THE ROLE OF LOCAL GOVERNMENT UNITS IN IMPLEMENTING THE RH LAW?

- Hire adequate number of nurses, midwives, and other skilled health professionals and skilled birth attendants.<sup>83</sup>
- Establish or upgrade hospitals and facilities with adequate personnel, equipment and supplies, especially for emergency obstetric and newborn care.<sup>84</sup>
- Provide adequate information, services (including medical procedures) and supplies<sup>85</sup> on a full range of modern FP methods,<sup>86</sup> especially to people in remote, highly populated, or depressed areas.<sup>87</sup>
- Establish Mobile Health Care Services using vans or other forms of transport to increase access to RH care services.<sup>88</sup>
- Ensure that local Family Planning Offices provide free and adequate information on responsible parenthood, FP, breastfeeding and infant nutrition as a requirement for the issuance of a marriage license.<sup>89</sup>

- Train Barangay Health Workers' and other barangay volunteers on the promotion of reproductive health.<sup>90</sup>
- Increase public awareness on RH promotion and protection.<sup>91</sup>

## WHY VOTE FOR CANDIDATES WHO SUPPORT GENDER AND REPRODUCTIVE HEALTH RIGHTS?

The candidates we elect will run the government and will be tasked to protect our rights and to implement the provisions of the RH Law. Each of them will be bound to look after our mothers, children, families, and the Filipino population in accordance with the mandate of our laws. Whether as members of the Senate or House of Representatives, as local chief executives or council members, or as barangay officials, the people we put in office will make decisions on our behalf about issues that affect our everyday lives.

It took more than a decade of hard work to finally secure the passage of a reproductive health legislation, which represents the government's commitment to promote gender and reproductive health. Choosing leaders who will only disregard the government's obligations will put the efforts of those who staunchly advocated for and defended the RH Law to waste.

We deserve to have free and publicly accessible information, supplies and services on family planning and other RH needs. We deserve a life free from coercion, inequality, government neglect, and poverty. These are our rights as humans and as enshrined in



international instruments, the Constitution and now, the RH Law. We therefore need leaders who can boldly address these issues, leaders who are accountable to their constituents, especially to the poor and marginalized who do not have the means to avail of family planning methods or adequate health care from private hospitals.

We then need to carefully examine and select the candidates we support. What is their track record in championing RH and population issues? Have they wavered on their support for RH policies because of political pressure? Do they promote women's and reproductive health rights? Are they committed to carrying out the provisions of the RH Law to the fullest despite continued opposition from other sectors?

The campaign season is our opportunity to ask political hopefuls these important questions. We should engage our candidates in constructive discussions to know their real intentions and positions on controversial matters like RH, women's rights, population, poverty, and development.

A 2010 Pulse Asia Pre-Electoral Survey on family planning reveal that majority of Filipinos (75%) believe it is important to include family planning in a candidate's program of action, with 64 percent saying that they will vote candidate who publicly promote modern methods of family planning.<sup>92</sup> Let us not forget these aspirations when we cast our votes. We need political leaders who hold a clear and resolute stance on RH, and who have the political will and maturity to implement the RH Law's provisions.

## ENDNOTES

- <sup>1</sup> Sec. 4(p), Rep. Act No. 10354, An Act Providing for a National Policy on Responsible Parenthood and Reproductive Health, December 21, 2012 (hereinafter referred to as “RA 10354”).
- <sup>2</sup> *Ibid.*
- <sup>3</sup> *Ibid.*
- <sup>4</sup> Universal Declaration of Human Rights (UDHR), International Convention on Civil and Political Rights (ICCPR), International Convention on Economic, Social and Cultural Rights (ICESCR), Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
- <sup>5</sup> Art. 13, Sec. 11; Art. II, Sec. 15, The 1987 Philippine Constitution (hereinafter referred to as “Constitution”).
- <sup>6</sup> 2011 Family Health Survey, National Statistics Office cited in “Statistics on Filipino Women and Men’s Health and Family Planning.” Philippine Commission on Women, available at <http://pcw.gov.ph/statistics/201210/statistics-filipino-women-and-mens-health-and-family-planning> (hereinafter referred to as “PCW Family Health Statistics”).
- <sup>7</sup> “Maternal and Child Health” 2011 Family Health Survey, National Statistics Office available at <http://www.scribd.com/doc/98939199/Maternal-and-Child-Health-Family-Health-Survey-for-2011>.
- <sup>8</sup> 2011, PCW Family Health Statistics, *supra*.
- <sup>9</sup> “Unmet need for family planning remains high (Results from the 2011 Family and Health Survey),” National Statistics Office available at <http://www.census.gov.ph/content/unmet-need-family-planning-remains-high-results-2011-family-health-survey>.
- <sup>10</sup> “Meeting Women’s Contraceptive Needs in the Philippines” In Brief. Guttmacher Institute, 2009 Series, No. 1 available at [http://www.guttmacher.org/pubs/2009/04/15/IB\\_MWCNP.pdf](http://www.guttmacher.org/pubs/2009/04/15/IB_MWCNP.pdf). Study was based on 2008 data.
- <sup>11</sup> *Ibid.*
- <sup>12</sup> 2011 Family and Health Survey, National Statistics Office available at <http://xa.yimg.com/kq/groups/22266913/855957053/name/NSO+Teenage+pregnancy+091312.pdf>.
- <sup>13</sup> *Ibid.*
- <sup>14</sup> “AIDS rise imperils MDG targets, warns UN” Philippine Daily Inquirer, December 1, 2012 available at <http://newsinfo.inquirer.net/316053/aids-rise-imperils-mdg-targets-of-ph-warns-un>.
- <sup>15</sup> Greene, Margaret E. and Thomas Merrick. “Poverty Reduction: Does Reproductive Health Matter?” Health and Nutrition Discussion Paper. The World Bank, July 2005 available at <http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1095698140167/GreenePovertyReductionFinal.pdf>.

- <sup>16</sup> “What every candidate and voter should know” Philippine Legislators’ Committee on Population and Development, 2010 (hereinafter referred to as “PLCPD”).
- <sup>17</sup> Greene, *supra*.
- <sup>18</sup> Greenspan, A. “Poverty in the Philippines: The impact of family size,” Asia Pacific Population Policy, 1992 June; (21):1-4 available at <http://www.ncbi.nlm.nih.gov/pubmed/12317439>.
- <sup>19</sup> *Ibid*.
- <sup>20</sup> Pernia, et al. Population, Poverty, Politics and the Reproductive Health Bill. Discussion Paper 2011-01. University of the Philippines School of Economics Discussion Paper. February 2011, available at <http://www.econ.upd.edu.ph/dp/index.php/dp/article/viewFile/670/132>.
- <sup>21</sup> Family Income and Expenditure Survey.
- <sup>22</sup> Labor Force Survey.
- <sup>23</sup> *Ibid*.
- <sup>24</sup> Lauglo, Marilyn, Gender, Reproductive Health and Reproductive Rights. World Bank Institute, 1999 available at <http://info.worldbank.org/etools/docs/library/48447/m1s5lauglo.pdf>.
- <sup>25</sup> *Ibid*.
- <sup>26</sup> *Ibid*.
- <sup>27</sup> Sec. 3 (m), RA 10354.
- <sup>28</sup> 2011 Family Health Survey, National Statistics Office cited in PCW Family Health Statistics.
- <sup>29</sup> Toward Gender Equality in East Asia and the Pacific, A Companion to the World Development Report. Conference Edition. The World Bank, 2012 available at <http://siteresources.worldbank.org/EASTASIAPACIFICEXT/Resources/226300-1339798342386/eap-gender-full-conference.pdf>.
- <sup>30</sup> “Statistics on violence against Filipino Women.” Philippine Commission on Women, 2012 available at <http://www.pcw.gov.ph/statistics/201210/statistics-violence-against-filipino-women>.
- <sup>31</sup> Art. XIII, Secs. 1 and 11; Art. II Secs. 9, 10, 11, 14 & 15; Art. IV, Sec. 1, Constitution.
- <sup>32</sup> PLCPD, *supra*.
- <sup>33</sup> Sec. 3 (g), RA 10354.
- <sup>34</sup> Secs. 5, 6, 8, 12, 13 & 17, RA 10354.
- <sup>35</sup> Sec. 14, RA 10354.
- <sup>36</sup> Sec. 23 (2) (i), RA 10354.
- <sup>37</sup> Sec. 3 (h), RA 10354 and Sec. 4 (g), Rep. Act No. 9710, The Magna Carta of Women of 2009.
- <sup>38</sup> Art. XIII, Sec 1 and Art. II Sec. 9, Constitution.
- <sup>39</sup> Article III, Sec. 7, Constitution.
- <sup>40</sup> Article IV, Sec. 1 provides that “(t)he State shall protect and promote the right of all citizens to quality education at all levels and shall take appropriate steps to make such education accessible to all.”



- <sup>41</sup> Hilbay, Florin T. "Constitutional Law Issues" in Primer on Legal Issues in Reproductive Health, UP Law Complex, 2011.
- <sup>42</sup> Sec. 3 (j), RA 10354.
- <sup>43</sup> Sec. 3 (d) and (e), RA 10354.
- <sup>44</sup> Sec 3 (s), RA 10354.
- <sup>45</sup> Sec. 3 (j), RA 10354.
- <sup>46</sup> Sec. 2, RA 10354 referring to Article II, Sec. 12 of the 1987 Philippine Constitution.
- <sup>47</sup> Secs. 4 (l) and 18 (c), RA 10354.
- <sup>48</sup> Secs. 4 (q) and 14, RA 10354.
- <sup>49</sup> Sec. 14, RA 10354.
- <sup>50</sup> Aguilung-Pangalangan, E. "Family Law Issues" in Primer on Legal Issues in Reproductive Rights, UP Law Complex, 2011.
- <sup>51</sup> Aguilung-Pangalangan (supra, citing Cruz, Laguna and Raymundo, "Family Influences on the Lifestyle of the Filipino Youth", The East West Center Working Papers: Population Series No. 108-8, October 2001) notes that the Young Adult Fertility and Sexuality Survey 'indicate a low level of sex education at home.' Only about 14.8 percent of adolescents admitted they ever-discussed sex at home."
- <sup>52</sup> The United Nations Population Fund 2011 annual report noted that in the Philippines, "the number of teenage pregnancies rose 70 percent, from 114,205 in 1999 to 195,662 in 2009." The Philippines has the highest teenage pregnancy rate among the six major ASEAN economies. ("Teenage pregnancies in Philippines rise 70-percent over 10 years - UNFPA", *supra*)
- <sup>53</sup> Sec. 7, RA 10354.
- <sup>54</sup> Sec. 2 (a), RA 10354.
- <sup>55</sup> Hilbay, *supra*.
- <sup>56</sup> Sec. 3 (l), RA 10354.
- <sup>57</sup> Secs. 2 (a) and 4 (k), RA 10354.
- <sup>58</sup> Sec. 2, RA 10354.
- <sup>59</sup> *Ibid*.
- <sup>60</sup> Sec. 4 (v), RA 10354.
- <sup>61</sup> *Ibid*.
- <sup>62</sup> National Statistics Office (2009), 2008 National Demographic and Health Survey, Preliminary Report in PLCPD, *supra*.
- <sup>63</sup> Sec. 7, RA 10354.
- <sup>64</sup> Sec. 14, RA 10354.
- <sup>65</sup> Sec. 6, RA 10354.
- <sup>66</sup> Sec. 12, RA 10354.
- <sup>67</sup> Sec. 25, RA 10354.
- <sup>68</sup> Sec. 23 (a), RA 10354.
- <sup>69</sup> Sec. 19, RA 10354.
- <sup>70</sup> Secs. 5 and 6, RA 10354.

<sup>71</sup> Secs. 10 and 16, RA 10354.

<sup>72</sup> Sec. 16, RA 10354.

<sup>73</sup> Secs. 11 and 18, RA 10354.

<sup>74</sup> Secs. 11 and 18, RA 10354.

<sup>75</sup> Sec. 13, RA 10354.

<sup>76</sup> Sec. 20, RA 10354.

<sup>77</sup> Sec. 8, RA 10354.

<sup>78</sup> Sec. 9, RA 10354.

<sup>79</sup> Sec. 12, RA 10354.

<sup>80</sup> Sec. 14, RA 10354.

<sup>81</sup> Sec. 19, RA 10354.

<sup>82</sup> Sec. 21, RA 10354.

<sup>83</sup> Sec. 5, RA 10354.

<sup>84</sup> Sec. 6, RA 10354.

<sup>85</sup> Sec. 10, RA 10354.

<sup>86</sup> Sec. 7, RA 10354.

<sup>87</sup> Secs. 5 and 6, RA 10354.

<sup>88</sup> Sec. 13, RA 10354.

<sup>89</sup> Sec. 15, RA 10354.

<sup>90</sup> Sec. 16, RA 10354.

<sup>91</sup> Sec. 20, RA 10354.

<sup>92</sup> PLCPD, *supra*.



