



Towards a Better Future for the Youth

A primer on Adolescent
Reproductive Health



PLCPD

Philippine Legislators' Committee
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Foundation, Inc.



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Adolescence is often described as an exciting and challenging phase in one's life. It is at this phase when children traverse adulthood and encounter various changes in their social and physical environment. Consequently, it is also at this phase when the foundations of their childhood would play a significant role in terms of their behavior, attitudes, as well as in decisions that they will have to make every day.

Many challenges that adolescents face are related to their sexuality and reproductive health (RH). Unfortunately, more often than not, when adolescents are confronted with issues on sexuality and reproductive health, they automatically turn to their peers – who oftentimes do not know any better – for answers.

In the Philippines, there is a growing concern on adolescent reproductive health (ARH) especially with the rise in teenage pregnancies and HIV cases among young people. But even without these, adolescent reproductive health should be a continuing concern for parents and government officials so that adolescents can continue to lead healthy lives as they go through this transition period from childhood to adulthood and keep on searching for answers along the way. It is the duty and obligation of parents and the government to give them correct information and proper guidance.

PLCPD believes that it is only through correct and age-appropriate instruction and information that parents and the government can help adolescents in their journey towards adulthood and in ensuring a better quality of life that they deserve. Towards this end, PLCPD has published “Towards a Better Future for the Youth” as a tool of information not only for adolescents but also for other stakeholders including parents, teachers, guardians as well as policymakers.

1. What is adolescence?

Different terms and age-range are being used by various organizations and institutions when it comes to defining adolescence. The United Nations Convention on the Rights of the Child (UNCRC) defines those belonging to age group 0-18 years as children. The United Nations Population Fund (UNFPA), World Health Organization (WHO), and UN Children's Fund (UNICEF) consider those belonging to age group 10-19 years as adolescents. At the same time, UNFPA and UNICEF regard those belonging to age group 10-14 years as very young adolescents. UNFPA, WHO and UNICEF also consider those belonging to age group 15-24 as youth and 10-24 as young people.ⁱ

However they may be categorized based on age group, adolescence is a period when children traverse to adulthood. It is a phase in life when physical, emotional, cognitive, and social changes occur. It is that stage where children start to build their identities, establish their relationships with others, and determine their perspectives—often independent from that of the environment they grew up in. This is so because this is also the stage when children start to establish self-determination, self-reliance and self-worth.

This process involves experiencing situations where adolescents will need to take risks or try out options set before them. This process is inevitable as this will also be the vehicle for adolescents to define what will work for their future and what will not. For this reason, the foundations of their childhood and the continued guidance (or non-guidance) of adults, will contribute in the decision-making that they will have to do in the course of their adolescence.

At one end of the continuum are *very young adolescents* (10 to 14 years of age), who may be physically, cognitively, emotionally and behaviorally closer to children than adults. Very young adolescents are just beginning to form their identities, which are shaped by internal and external influences. Signs of physical maturation begin to appear during this period: pubic and axillary hair appear; girls develop breast buds and may begin to menstruate; in boys, the penis and testicles grow, facial hair develops and the voice deepens. As young adolescents become aware of their sexuality, they may begin to experiment with sex. They also may experiment with substances such as alcohol, tobacco or drugs. Adolescent sexual and reproductive health (ASRH) programs should develop strategies that specifically target very young adolescents, tailoring interventions that are appropriate to their level of maturity, experience and development.

During *middle adolescence* (15-16 years of age), adolescents begin to develop ideals and select role models. Peers are very important to adolescents in this age group and they are strongly influenced by them. Sexual orientation develops progressively and non-heterosexual individuals may begin to experience internal conflict, particularly during middle adolescence.

At the other end of the spectrum are older adolescents (17 to 19 years of age), who may look and act like adults, but who have still not reached cognitive, behavioral and emotional maturity. While older adolescents may make decisions independently – they may be employed, their sexual identities are solidified and they may even marry and start families – they still benefit from the influence of adult role models as well as family and social structures to help them complete the transition into adulthood.

Save the Children and United Nations Population Fund. Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings. September, 2009.

2. Who are the Filipino adolescents?

As of 2010, Filipino adolescents (aged 10-19) comprise 22% or 20.2 million of the country's total population.ⁱⁱ The 2010 Census also reported that at least 33.4% of the population or 30.7 million Filipinos are under 15 years of age. Of the number, those aged 10-14 years accounted for 11% or some 10.2 million – from the total population of 92.34 million.ⁱⁱⁱ

Compared with previous years, the percent share of the young population in the population base is decreasing. However, with a growing population base, the number of young population, or adolescents for that matter, is still continuously rising. In 2000, the National Statistics Office (NSO) reported that children under 15 years old accounted for 37.1% of the household population in the country. With a population base of 76.51 million, the figure translates to 28.38 million.^{iv}

In 2008, adolescents comprised about 21% of the estimated 90 million population or 18.9 million. On the other hand, young people (aged 10-24) accounted for 30.5% of the population. The proportion of young people is projected to decrease further to 27.0% by 2025 or a total of 32 million.^v

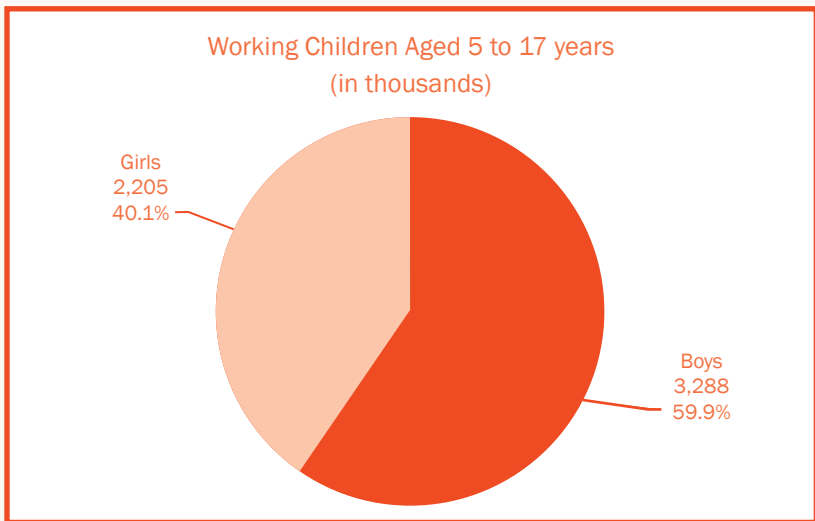
3. What is the state of Filipino adolescents?

Adolescents comprise the majority of the school-age population of the country. At 10 years old, they are expected to be at 5th grade in elementary school. Those aged 12-15, on the other hand, are expected to be in high school. Data from the Department of Education on participation rate reveal that for school year 2010-2011, at least 10% of elementary-aged children (6-11 years old) were not attending school.

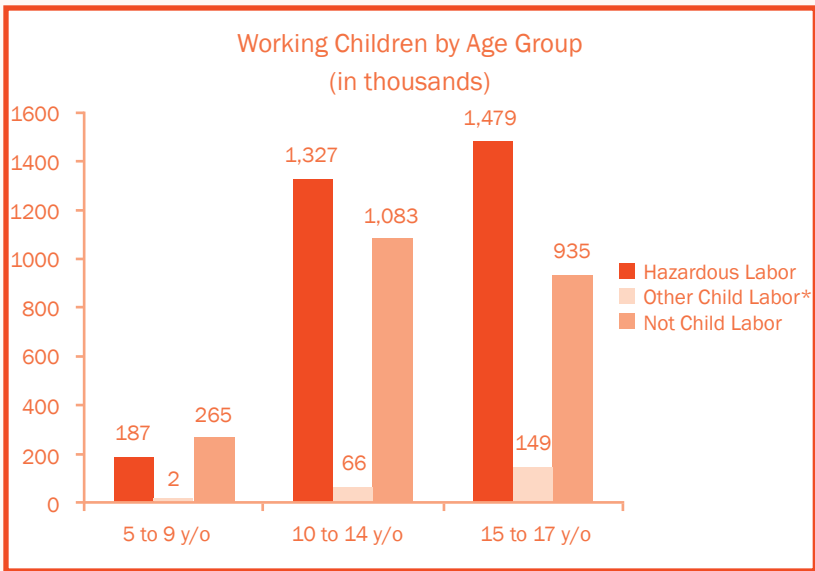
The data for secondary education is even more appalling with 39% of adolescents aged 12-15 being out of school.^{vi}

Drop-out rates for elementary and secondary education were reported at 6.29% and 7.79%, respectively. Data on transition rate, or the percentage of pupils who graduate from one level of education and move on to the next level, show that at least 3% of pupils who graduated from elementary were not able to advance to secondary education.^{vii}

Poverty and economics are among the most common reasons for adolescents' inability to attend school. The 1987 Constitution states that, "(t)he State shall (e)stablish and maintain, a system of free public education in the elementary and high school levels. Without limiting the natural rights of parents to rear their children, elementary education is compulsory for all children of school age."^{viii} Despite that, some parents or families still find it hard to send their kids to school due to insufficient resources, which is also why a number of children and adolescents are already part of the labor force of the country.



2011 Survey on Children, Preliminary Results
(NSO and ILO-IPEC)



2011 Survey on Children, Preliminary Results
(NSO and ILO-IPEC)

*Children who have worked for long hours (more than 20 hours a week for those in ages 5 to 14 years and more than 40 years a week for those in ages 15 to 17 years)

According to the preliminary results of the 2011 Survey on Children, at least 5.4 million children aged 5-17 are part of the country's workforce. The survey considered 5-17-year old children who worked for at least one hour during the past 12 months preceding the survey. These working children and adolescents comprise 18.9 percent of the total 5-17 age group population.^{ix}

Consequently, poverty also affects the health of Filipino adolescents. In the 2003-2004 Global School-Based Student Health Survey (GSHS), 7.8% of students surveyed had gone hungry all of the time or most of the time in the last 30 days. In addition, the percentage of underweight adolescents had hovered at about 16% since 1993.^x

Tobacco and alcohol intake is also prevalent among Filipino adolescents. The 2007 Global Youth Tobacco Survey revealed that 39.5% of students aged 13-15 had ever smoked cigarettes and that 17.5% currently smoked.

The 2003-2004 GSHS data, on the other hand, reveal that 18.9% of surveyed students were 13 years old or younger when they had their first drink of alcohol, 23.6% drank alcohol in the past 30 days, and 24.3% had engaged in heavy drinking.³⁷

4. What is adolescent reproductive health?

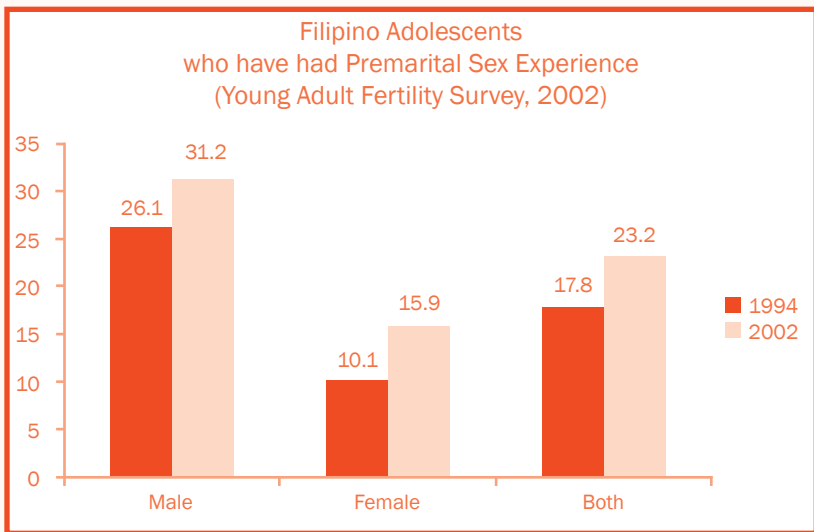
Republic Act 10354 or the Reproductive Health Law defines reproductive health (RH) as “the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.” RA 10354 adds that, “(T)his 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. This further implies that women and men attain equal relationships in matters related to sexual relations and reproduction.”

As it pertains to all matters relating to the reproductive system and its function and processes, reproductive health therefore also concerns adolescents. During their transition from childhood to adulthood, one of the major changes in adolescents is related to their reproductive system. But while they have the same reproductive rights as adults, adolescents normally find it more difficult to access reproductive health information and services simply because of the notion that they are too young to do so.

It is however the duty of the parents, families and the State to afford adolescents reproductive health information and services if only to guide them and veer them away from misconceptions on sexuality and reproductive health, and prevent teenage pregnancies and sexually transmitted diseases and infections including HIV, among others. Fulfilling this duty will consequently help adolescents in discerning which options will guarantee them a better quality of life.

5. What are the country's concerns on adolescent reproductive health?

Just as Filipino adolescents are engaging in risky behavior such as smoking and drinking, so do they engage in risky sexual behavior. While some choose to keep a blind eye on these matters, the data state it very clear that Filipino adolescents engage in premarital sex, are exposed to



pornographic materials, and for female adolescents, go through teenage pregnancy. Mistaken ideas and unsafe sex practice among adolescents also lead to incidents of sexually transmitted diseases.

Comparing 1994 and 2002 data, the 2002 Young Adult Fertility and Sexuality Study (YAFS3) reveals that there had been an increase in premarital sex activity among male and female adolescents. Among male adolescents, premarital sex experience increased from 26.1% in 1994 to 31.2% in 2002. For female adolescents, premarital sex experience rose from 10.1% in 1994 to 15.9% in 2002.

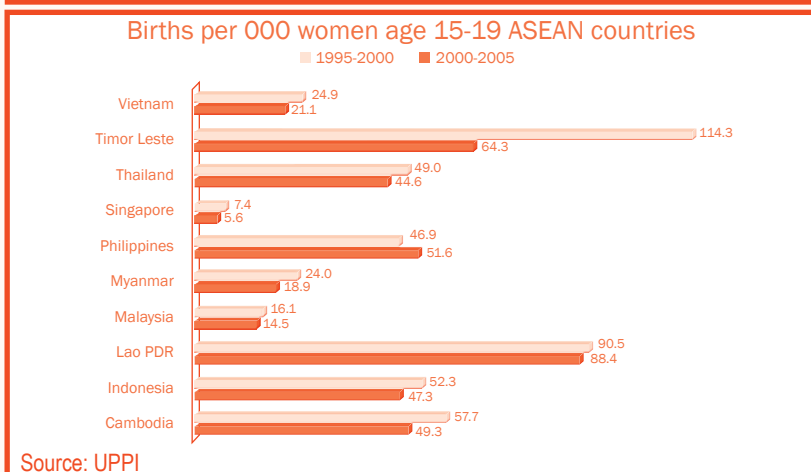
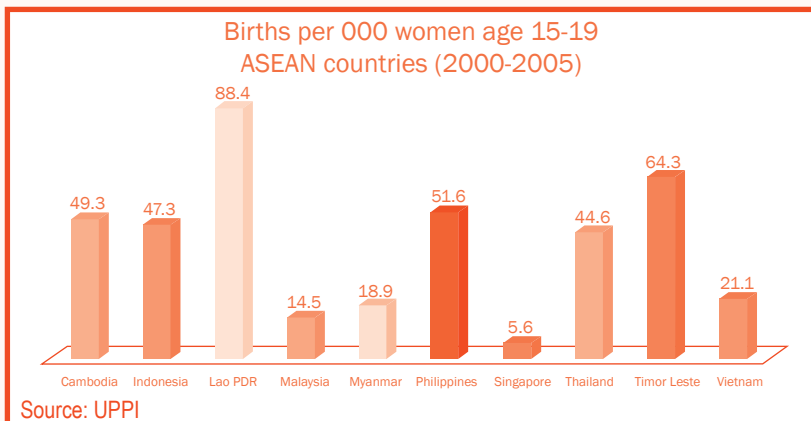
YAFSS 2002 also reveals that at least 50,400 young people had their first experience before the age of 14 – 75% are boys and 25% girls. As to their sexual debut, at least 3.5% had their first sexual activity while in elementary; 20% while in high school; 13% after high school graduation; and 13% while in college.^{xii}

Filipino Adolescents' Exposure to Pornography
(Young Adult Fertility and Sexuality Study, 2002)

	Male	Female	Both
Watched x-rated movies / videos	75.7	36.5	55.2
Read sexually explicit materials	48.5	29.9	38.8
Mean age first exposed to pornographic materials	15	16	16

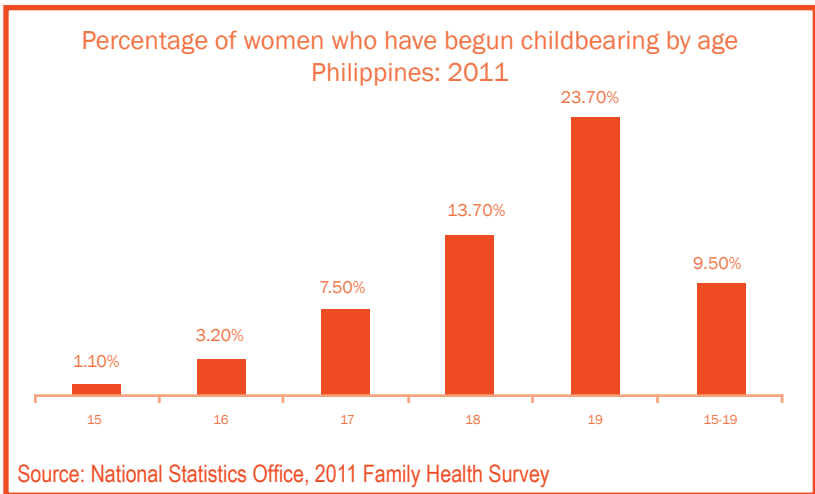
Exposure to pornography is no doubt one of the factors that contribute to the early sexual debut of adolescents. In 2002, Filipino adolescents were exposed to pornography by the age of 16. At least 55.2% had watched x-rated movies or videos and 38.8% had read sexually explicit materials. With the great advancement in communications and technology since 2002, it is most likely that more adolescents are exposed to pornography today.

Unfortunately, sexual exposure and activity among adolescents have lead to numerous greater concerns. Data from the University of the Philippines Population Institute (UPPI) reveal that the country has the third highest number of teenage pregnancies compared among Southeast Asian countries based on 2000-2005 comparative data from the United Nations. LAO PDR tops the list with 88.4%, followed by Timor Leste with 64.3% and the Philippines with 51.6%. But what is more alarming is that it is only in the Philippines that teenage pregnancy is on an increasing trend from 46.9% in 1995-2000 to 51.6% in 2000-2005.^{xiii}



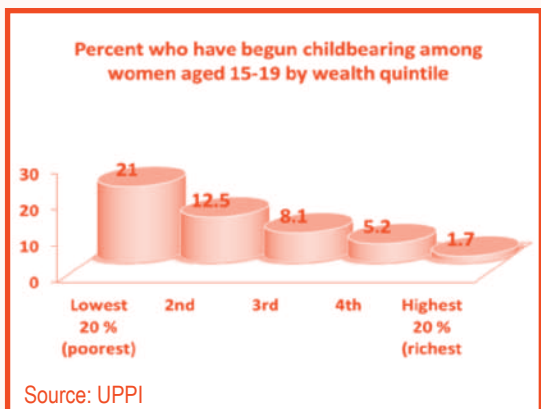
Furthermore, misconceptions on pregnancy are prevalent among adolescents. YAFS3 also reports that: (1) 73% knew that pregnancy is possible only after a girl is physically able to menstruate; (2) 50% are unaware that pregnancy can occur after only one intercourse; and (3) 20% know the relationship between the menstrual cycle and safe and unsafe times to have sex.^{xiv}

The 2011 Family Health Survey reports that at least 1.1% of women aged 15 have already begun childbearing. The data increases slightly for women aged 17 (7.5%) but dramatically for women aged 18 (13.7%) and 19 (23.7%). On the average, 9.5% of women aged 15-19 have already begun childbearing.



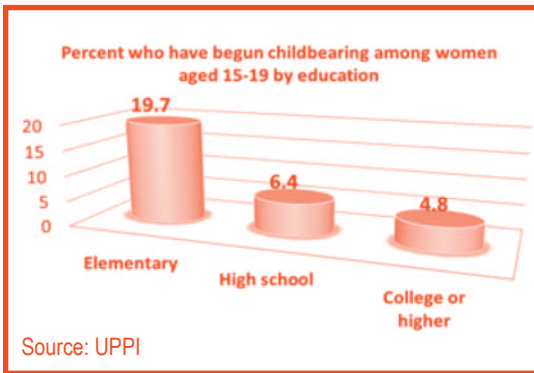
6. How can adolescent sexual risk behaviors be addressed?

An informed citizenry is an empowered citizenry. The same holds true for adolescents. Contrary to others' viewpoint, providing adolescents information on sexuality and reproductive health will not lead to increased sexual activity among adolescents. In fact, the absence of correct and age-appropriate information has led to the state of adolescent reproductive health that we have now—one that is characterized by increasing teenage pregnancies and incidence of HIV. Providing correct and age-appropriate information will eliminate the curiosity



among adolescents and will make them aware of the consequences of sexual activity and help veer them away from such.

The concern really is when sexuality education should start and to whom should it be given. Data from UPPI on teenage pregnancy will show that among women aged 15-19 by wealth quintile, an overwhelming 21% of those in the lowest quintile have already begun childbearing. Among those in the highest quintile, only 1.7% has begun childbearing at age 15-19. On the other hand, aggregated by education, at least 19.7% of those who reached elementary education only have already begun childbearing while only 4.8% of those who reached tertiary education have begun childbearing.^{xxv}



This only shows that correct and age-appropriate information should be provided primarily to the poorest of the poor and should start at the elementary level.

7. Why is addressing ARH complementary to achieving the health MDGs?

Set to be attained by 2015, 189 countries signed the Millennium Declaration which defines targets embodied in the Millennium Development Goals (MDG). Among the eight MDGs, are called the health MDGs including MDG 4 (reduce child mortality), MDG 5 (improve maternal health), and MDG 6 (combat HIV and AIDs, malaria, and other diseases). While the country has been faring well in reducing child mortality, much still has to be done in order to significantly improve maternal health and arrest the alarming rise in new HIV cases in the country. Addressing the country's concern on adolescent reproductive health can be very beneficial in the country's efforts towards achieving the health MDGs.

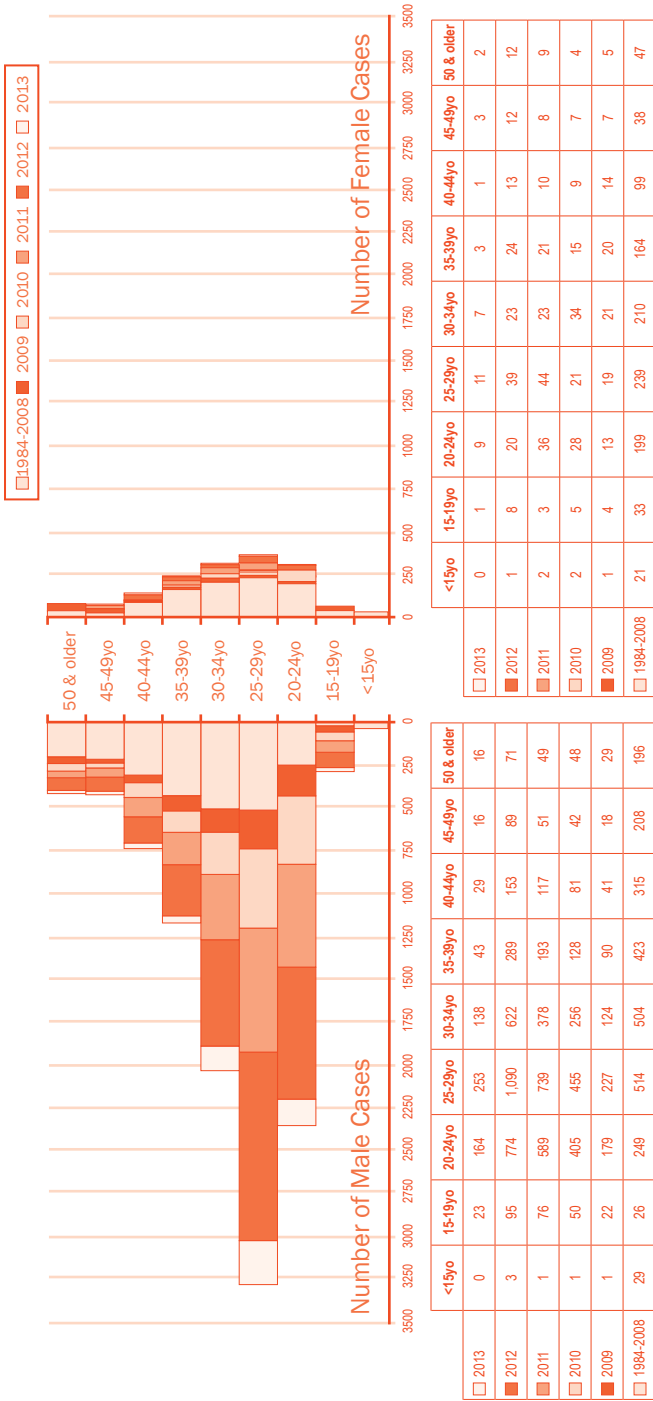
To date, the government admits that achieving MDG 5 is very challenging. In fact, pronouncements have already been made that the target of 75% decrease in maternal mortality cannot be achieved. The country's target by 2015 is to have no more than 52 deaths per 100,000 live births. Instead of registering decrease in maternal mortality, the Department of Health (DOH) reports an alarming increase from 162 per 100,000 live births in 2006 to 221 per 100,000 live births in 2011.^{xvi} Much of these can be attributed to lack of access to family planning and RH services, low or stagnant contraceptive prevalence rate, lack of antenatal and postnatal check-ups, home-based deliveries, and deliveries attended by traditional birth attendants (TBA) or *bilot*.

Sadly, adolescents are part of these statistics. According to the 2008 National Demographic and Health Survey (NDHS), 62.4% of mothers aged 19 and below had home deliveries and 39.9% were attended by TBA. While 90.9% had antenatal care from professional health workers (doctor, nurse, midwife), at least 6.5% had antenatal care from TBA and 2.6% had none at all. Also, at least 36.5% sought TBAs for postnatal checkup while some 10.6% had none at all.^{xvii}

Moreover, their undeveloped reproductive system is yet unfit to bear children. Because of this, at least 22.9% of babies born to mothers aged 19 and below weighed less than 2.5 kg.^{xviii} In addition, young as they are, they have less knowledge in terms of child health. According to the 2008 NDHS, at least 32.2% of mothers aged 19 and below had their last birth unprotected against neonatal tetanus and that only 72.8% of mothers aged 19 and below know about Oral Rehydration Salts (ORS) packets or ORS pre-packaged liquids. The latter is crucial in treating diarrhea which is the eighth leading cause of child mortality as of 2009.^{xix}

HIV and AIDs incidence among adolescents is also alarming. DOH data reveal that as of February 2013, at least 408 young people aged 19 and below were reported to be part of the HIV cases in the country. Of

Comparison of the Distribution of Male and Female HIV Cases by Age-Group and Certain Highlighted Years



Source: DOH HIV and AIDS Registry, Feb 2013

the number, 327 are male and 81 female. Alarming, at least 62 cases involved individuals aged 15 and below. While there are different modes of transmission of HIV, DOH data report that in 2013: (1) at least 678 males and 37 females were infected through sexual transmission; and (2) the age range of those infected through sexual transmission was 17-62 years old or a median of 27 years.^{xx}

The resolve to comprehensively address ARH concerns will contribute in achieving the MDG targets. In the same manner, if ARH concerns are left ignored and set aside it is not only the MDG targets that we will be missing. This will also mean that we will go off tangent with the State policy of promoting and protecting the youth's physical, moral, spiritual, intellectual, and social well-being as stated in the 1987 Philippine Constitution.^{xxi}

8. What are the existing laws that can help address ARH?

The 1987 Philippine Constitution provides a handful of State policies and programs that would help ensure the quality of life of children and adolescents. Section 12 of the Constitution states that “(t)he natural and primary right and duty of parents in the rearing of the youth for civic efficiency and the development of moral character shall receive the support of the Government.” On the other hand, Section 13 affirms the role of the Government in youth development stating that, “(t)he State recognizes the vital role of the youth in nation-building and shall promote their physical, moral, spiritual, intellectual and social well-being. It shall inculcate in the youth patriotism and nationalism, and encourage their involvement in public and civic affairs.”

Participation, health, education, and protection of children and youth are also part of the State's priorities. Article VI Section 5(2) states that party-

list representatives shall include the youth sector. Article XIII Section 11, on the other hand, states that the State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all people giving due priority for marginalized sectors including children.

In terms of education, part of the State policies is to establish and maintain a system of free public education in the elementary and high school levels. The 1987 Constitution also states that elementary education is compulsory for all children of school age that which does not deny the natural right of parents to rear their children (Article XIV, Section 2(2)). The Constitution also affirms that the State should also provide out-of-school youth with training in civics vocational efficiency, and other skills (Article XIV Section 2(5)).

Lastly, Article XV Section 3 states that, “(t)he State shall defend (t)he right of children to assistance, including proper care and nutrition, and special protection from all forms of neglect, abuse, cruelty, exploitation and other conditions prejudicial to their development.”

Given this legal framework, the following policies and programs are seen to address ARH:

RA 7610: Special Protection of Children against Abuse, Exploitation and Discrimination Act

RA 7610 was enacted in 1992 to provide stronger deterrence and special protection against

Reclusion perpetua - Any person sentenced to any of the perpetual penalties shall be pardoned after undergoing the penalty for 30 years, unless such person by reason of his conduct or some other serious cause shall be considered by the Chief Executive as unworthy of pardon.

Reclusion temporal - The penalty of *reclusion temporal* runs from 12 years and one day to 20 years.

RA 3815: Revised Penal Code of the Philippines, Chapter 3, Sec. 1, Art. 27

child abuse, exploitation and discrimination. The law defines children as persons below eighteen (18) years of age or those over but are unable to fully take care of themselves or protect themselves from abuse, neglect, cruelty, exploitation or discrimination because of a physical or mental disability or condition (Sec. 3 (a)). Several provisions of this law can help in ensuring adolescent reproductive health particularly stated in Article III Sections 5 and 6, and Article VII Section 11 of this law.

Section 5 of RA 7610 provides the penalty of *reclusion temporal* in its medium period to *reclusion perpetua* to those who engage in or promote, facilitate or induce child prostitution [Art. III, Sec. 5 (a)], those who derive profit or advantage therefrom [Art. III, Sec. 5 (c)], and those who commit the act of sexual intercourse of lascivious conduct with a child exploited in prostitution or subject to other sexual abuse provided that when the victim is under 12 years of age, the perpetrators shall be prosecuted under the Article 335 of the Revised Penal Code for rape and Article 336 for acts of lasciviousness, and that the penalty for lascivious conduct when the victim is under 12 years of age shall be *reclusion temporal* in its medium period [Art. III, Sec. 5 (b)] Under the same article, RA 7610 makes clear that an attempt to commit child prostitution shall be penalized by 2 degrees lower than that prescribed for child prostitution (Art. III, Sec. 6). Article VII, on the other hand, provides sanctions to establishments or enterprises which promote, facilitate, or conduct activities constituting child prostitution and other sexual abuse, child trafficking, obscene publications and indecent shows and other acts of abuse. Establishments or enterprises committing this violation shall be immediately closed and their authority or license to operate will be cancelled without prejudice to the owner or manager being prosecuted under this law and the Revised Penal Code (Art. VII, Sec. 11).

RA 10354: Reproductive Health Law

The recently enacted Reproductive Health Law (RA 10354) or the Responsible Parenthood and Reproductive Health Act is perhaps

the most responsive policy in the country in terms of addressing adolescent reproductive health. In its section on Guiding Principles for Implementation, RA 10354 includes among its principles to “(r)espect for protection and fulfillment of reproductive health and rights and welfare of every person particularly couple, adult individuals, women and adolescents” [Sec. 3 (b)].

RA 10354’s provisions ensuring adolescent reproductive health are in the forms of providing information, family planning supplies, and penalizing those who refuse to provide reproductive health services and information to adolescents on the basis of age.

Foremost of the programs of RA10354 for adolescent reproductive health is the provision of age- and development-appropriate reproductive health education to adolescents which shall be taught by adequately trained teachers in formal and nonformal educational system and integrated in relevant subjects. The curriculum shall include topics on values formation, knowledge and skills in self-protection against discrimination, sexual abuse and violence against women and other forms of gender-based violence and teen pregnancy, physical, social and emotional changes in adolescents, women’s rights and children’s rights, responsible teenage behavior, gender and development, and responsible parenthood. (*Sec. 14, RA 10354*) Age- and development-appropriate reproductive health education shall be provided to public schools following a curriculum that shall be formulated by the Department of Education (DepEd). The same may be adopted by private schools. (*Sec. 14, RA 10354*)

But as RA 10354 went through a tough battle in the legislative mill given the nature and dynamics of the legislative process several provisions of the law eventually posed limitations in providing comprehensive information and services to every Filipino adolescent. For one, DepEd’s prescribed curricula for sexuality education shall be utilized only in

public and private schools. Private sectarian schools, on the other hand, were given liberty to craft their own curricula which will still have to be approved by DepEd.

In contrast, while the law states that no minors will be given access to RH services, these services only refer to services that are given by the public health sector. Private facilities may still offer RH services to minors.

DOH's Adolescent and Youth Health Program^{xxii}

Even before the enactment of RA 10354, the DOH has been implementing a health program for adolescents and youth. Since its inception in 2001, the Adolescents Youth and Health Development Programs of DOH has provided comprehensive implementation guidelines for youth-friendly comprehensive health care and service on multiple levels (i.e. national, regional, provincial, city and municipal). The program is anchored on the various international instruments as well as national policies and programs that seek to protect the youth.

Recognizing the various health risk behaviors and low health-seeking behavior among adolescents, the program targets youth ages 10-24. The program employs strategies to ensure integration of the program into the health care system including building a supportive policy environment, intensifying IEC and advocacy particularly among teachers, families, and peers, building the technical capacity of health care providers, as well as improving accessibility and availability of quality health service.

The program has operated within the facets of adolescent and youth health including disability, mental and environmental health, reproductive health and sexuality, and violence and injury prevention, among others. The program adopts gender-sensitive approaches particularly for sexual and reproductive health issues.

Endnotes

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