

## CHAPTER VIII:. Issues and challenges

The following are important issues and challenges to implementing ARH programmes.

- Local officials and barangay officials are often cynical about ARH. They refuse to acknowledge that ARH-related problems exist.

- Some parents, particularly those residing in rural areas, do not allow their children to participate in ARH-related activities.

- The Catholic Church is posing tremendous opposition to ARH-related activities and policies, especially the RH Bill 4110, and exerting various efforts to influence the parents, general public and local officials.

- Sangguniang Kabataan (SK) projects are mostly focused on sports and infrastructure, rarely on ARH.

- It is difficult to coordinate with LGUs because they are mostly understaffed and have limited budgets. The tendency is to be too dependent on the population officer.

- ARH is not a priority among LGUs. Prioritization depends on the needs,

response and readiness of population officers.

- When it comes to ARH, there are usually no takers from NGOs in the provinces. They think that ARH is the concern of the Department of Health and other NGOs.

- Only a few NGOs are implementing direct ARH services.

- Generally, the government gives limited funds to ARH because it is just one of the ten elements of RH. It is still under "Reproductive Health."

- It is very difficult to mainstream ARH in policies and budgets.

- The Department of Health does not have a protocol or guidelines for adolescents' accessing direct clinical services, such as family planning. They have access to counseling services.

- There are adults at service points who are not sensitive to adolescents' needs and feelings. This is a big challenge— how to make adults, particularly service providers, understand adolescents.

- There is no mechanism for evaluation

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of the implementation of the Department of Health's AYHD programme.

- Often, adolescents don't want to be seen by other people going into a teen centre, especially if they are teenage pregnant mothers. Hence, it's hard to convince adolescents to avail of services at the public health facility level.
- Currently, there is no Technical Working Group for adolescent health. It would help to have one, particularly for decision-making, but it would also be hard to maintain one without the commitment of people. People won't get involved unless they are given something in return.
- The government is hesitant to take a stand on ARH because it is concerned about the Catholic Church.
- NGOs tend to work in isolation and the challenge is to bring them together.

There are more than 150 NGO members in Metro Manila, and the majority works with street children.

- There is a need for a national school curriculum that integrates sex and health education and addresses the concerns of young people.
- There is no carefully designed programme of ARH counseling and service delivery or guidelines.
- Services are needed to prevent unwanted consequences of adolescent sexual activities (early marriages, STI and pregnancies).
- The competence of service providers in dealing with adolescents, especially in terms of technical capability and attitude, is insufficient.
- There is a need to address the economic conditions of adolescents which affect their daily survival.

