

CHAPTER V: . Policy environment

In the Philippines, population became government policy when the Population Act of 1971 or R.A. No. 6365 was enacted in 1972. This act established the National Population Policy. The policy's focus was the provision of family planning services and the reduction of population growth. In 1972, the act was amended through Presidential Decree No. 79, known as the Revised Population Act of the Philippines. The revised act re-emphasized the need to address the high rate of population growth and a national FP programme involving the public and private sectors was started. The Commission on Population (POPCOM) was created as an attached agency to the National Economic and Development Authority. The commission was tasked to carry out the purposes and objectives of the Decree and facilitate the coordination of policies and programmes related to population.

The introduction of the population policy generated various reactions and opinions. Some government officials did not approve of the provision to publicly provide Filipinos with contraceptive services. Despite this opposition, major changes have occurred over the years:

- a) growth of

- family planning service delivery; b) the incorporation of population considerations into socio-economic development planning; and c) an increase in women's use of modern contraception from 2.4% in 1968 to 20.9% in 1998 (UNFPA 1999).

Another important policy, The Child and Youth Welfare Code or Presidential Decree No. 603, was enacted in 1974. This policy was in response to the increase in child abuse. It led to the creation of the Council for the Welfare of Children (CWC), an apex agency of the government for children's protection, welfare, and development. Its main responsibility revolves around the coordination and monitoring of the implementation of laws and programmes for children. Further, the decree provided the rules and regulations on the apprehension, investigation, prosecution and rehabilitation of youth offenders. It also imposes criminal liability on parents who cause or encourage the child to lead an immoral or dissolute life.

The 1970s and 1980s were full of political turmoil and martial rule was declared. As a result, little policy was introduced regarding population.

However, during the 1990s, the country saw the enactment and implementation of several policies related to population and health. These policies focused more on children and women.

In 1992, the Special Protection of Children against Child Abuse, Exploitation and Discrimination Act or

R.A. No. 7610 was enacted and implemented through the CWC. The act provided for stronger deterrence and special protection against child abuse, exploitation and discrimination as well as penalties. It covered “persons below 18 years of age or those over but who are unable to fully take care of themselves from abuse, neglect, cruelty, exploitation or discrimination because of a physical or mental disability or condition” (Sec. 3).

Closely related to R.A. No. 7610 is the Act Prohibiting the Employment of Children below 15 Years of Age in Public and Private Undertakings or R.A. No. 7658. This was enacted in November 1994 and has been implemented at the national level by the CWC. This act provided the rules, regulations, guidelines, exceptions and conditions for employing children younger than 15 years old.

After the 1994 International Conference

on Population and Development (ICPD) in Cairo, the youth and adolescents were finally recognized by the government as a priority group that had been underserved.

In 1994, an act creating the National Youth Commission or R.A. No. 8044 was enacted. The act established a comprehensive national programme on youth development and provided for the appropriation of funds.

Also, the Anti-Sexual Harassment Act of 1995 or R.A. No. 7877 was passed. It is a special law that names, defines, declares unlawful and penalizes sexual harassment in the workplace, education or training environment based on the premise that “the state shall value the dignity of every individual, enhance the development of its human resources, guarantee full respect of human rights and uphold the dignity of workers, employees, applicants for employment, students or those undergoing training, instruction or education.”

The emphasis on family planning services was echoed in the 1996 Executive Order No. 307, Implementing Family Planning, to ensure the availability of information and services regarding FP, including natural family planning (NFP), at appropriate levels

adhering to standard of quality care promulgated by the national programme.

In 1997, the Anti-Rape Law or R.A. No. 8353 was enacted. This act was considered by many to be landmark legislation because it classified rape as a crime against a person under Title Eight of Act No. 3815 or the Revised Penal Code. It also recognized marital rape for the first time. Also enacted in 1997 was the Family Courts Act of 1997 or R.A. 8369. It mandated the creation of family courts and assigned to these courts the hearing and resolution of domestic violence cases against women and children including adolescents, as applicable to the laws.

Republic Act 8369 and R.A. No. 8044 focused on adolescents, but it was the Reproductive Health Policy or Administrative Order No. 43 (1998) that really paid attention to the youth and adolescents' reproductive health development. Closely related was the Administrative Order 1-A (1998). The Philippine Reproductive Health Program was created through this Administrative Order in response to the ICPD's Programme of Action, which "emphasizes the link between population and sustainable development and recommends a comprehensive

approach in formulating and implementing RH policies and programs." This adopted the 10 service elements of RH, including RH for adolescents, acknowledging that adolescents must be given attention because they are an underserved group. Through these policies the broadening of population policies and programmes beyond family planning was undertaken and a much closer collaboration among development agencies was pushed to attain the reproductive health objectives.

Yet even with such policies, it was evident that adolescents remained underserved when it came to the legislative arena. Policy-making was still very focused on women and children. Although some of these policies included youth and adolescents, the focus was not on their reproductive health.

A number of local policies were also enacted to complement efforts at the national level as well as ensure that local conditions are acted upon speedily and appropriately. The Women and Development Code of Davao City or Executive Order No. 24 is one example. This was enacted in 1998 to provide for the allocation of 30% from Official Development Assistance funds and 6% from local funds to women and

to gender-sensitive projects and programmes, including ARH.

The Anti-Domestic Violence Ordinance of Cebu City or City Ordinance No. 1933 which was passed into law in June 2002 is another example of local policy. This was considered a landmark legislation since it is the first local measure in the Philippines that penalizes perpetrators of domestic violence and provides protection to victims.

Concerned about the increasing incidences of rape, the government enacted the Rape Victim Assistance and Protection Act or R.A. No. 8505 of 1998. This act declares the “policy of the state to provide necessary assistance and protection for rape victims through coordination with various agencies and NGOs for the establishment and operation of rape crisis centres in every province and city”. The establishment and operation of the crisis centres is spearheaded by the Department of Social Welfare and Development, Department of Health, Department of Interior and Local Government, Department of Justice and leading NGOs.

In recognition of the AIDS problem, the government passed the Philippine AIDS Prevention and Control Act or R.A. No. 8504 (1998), which defines

AIDS and the extent of its gravity. The law emphasizes the need for strong state action, such as promotion of public awareness about the causes, modes of transmission, consequences, means of prevention and control of HIV/AIDS through a comprehensive nationwide educational and information campaign, and extension of support and full protection of human rights and civil liberties to every person suspected or known to be infected with HIV/AIDS.

In 1998, the Anti-trafficking in Filipino Women and Minors Act of 1998 was enacted. This act defines trafficking and “imposes punishment to those who engage in trafficking and ensures that victims are protected.” It also provides for measures for victims to be able to start a new life for themselves through counseling and livelihood programmes, task forces and legal protection.

In 2000, the Adolescent and Youth Health Policy (Administrative Order 34-A) was enacted and implemented by the Department of Health at the national level. It is a response to the identified need to develop a health programme that will specifically address the unique needs of adolescents (10 to 19), youths (15 to 24) and young people (10 to 24), which are considered special population groups. It aims to promote the total health, well-being and

self-esteem of adolescents and youth by promoting a safe and supportive environment, providing information, building skills and providing services.

A new bill is being discussed at the House of Representatives that would provide for a comprehensive programme on reproductive health. This is the Reproductive Health Care Act of 2002 (also known as House Bill 4110 or Senate Bill 2325). This act, which is national in its scope, has reached the second hearing at the Committee on Appropriations, and has already been approved at the Committee on Health. It is a response to certain reproductive health realities: the high rate of maternal and infant mortality; high unmet need for family planning; high incidence of abortion; more cases of VAW; infertility and sexual dysfunction; more cases of RTI, STI, reproductive tract cancers, gynecological conditions, and male RH disorders. It is also in response to the high incidence of RH problems and sexual activity among the young, few of whom receive treatment or use medical and family planning services.

This proposed bill has a specific focus on youth welfare because it aims to decrease teenage pregnancies, to inform and educate the youth on sexuality and RH concerns, to include education on

gender issues and sexual responsibility, and to address young people's RH needs (PLCPD n.d.). This is reflected in Sec.

5.f of the RH Care Act: "Develop and undertake reproductive health programs for adolescents...These shall include education of gender roles and values...access to maternal health care, including pre-natal, peri-natal and post-natal care and services for pregnant adolescents; and services geared towards the special reproductive health needs of adolescents including the marginalized, street children, sexually abused children, the differently-abled persons and out-of-school youth."

It seeks to improve the health and well-being of Filipinos by ensuring their right to RH care and their right to reproductive self-determination. A provision for adolescent RH programmes and services is also included.

The NGOs and RH advocates from the government, particularly legislators at the House of Representatives and Senate, have played an important role in drafting the bill as well as including it in public discussions.

This bill if passed into a law, will contribute greatly to the improvement of RH in the country, particularly ARH because it has special focus on

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adolescents. Unfortunately, there is tremendous opposition from the Catholic Church and the conservative wing of the Philippine society, including legislators. They are lobbying against its passage because they see it as a possible

step toward legalizing abortion. Thus, until this comprehensive bill is passed, the Philippines policy environment will not be conducive to the development of ARH programmes given the socio- cultural and economic context.

