

Family Planning Organization of the Philippines



**The Family Planning Organization of the
Philippines (FPOP)
at the 41st Session of the
Universal Periodic Review (UPR)**

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FPOP is a member association of IPPF

#298 15th Avenue, Barangay Silangan, Cubao, Quezon City, Metro Manila, Philippines

Website: <https://fpop1969.org>

Telephone: [\(632\) 722 6466](tel:(632)7226466)

Telefax: [\(632\) 721 7101](tel:(632)7217101)

Email: fpop1969@yahoo.com

FPOP as a Provider of Sexual and Reproductive Health Care

1. The Family Planning Organization of the Philippines (FPOP) is a provider of quality sexual and reproductive health (SRH) services to all Filipinos especially the poor and marginalized sectors of the population. We facilitate outreach programs on family planning and reproductive health in partnership with service delivery points and facilities. FPOP provides an integrated package of clinic-based essential services on family planning and reproductive health. We have a network of community-based distributors and volunteers that serves as FPOP's link to the communities. FPOP is a pioneer and a strong advocate of Youth Friendly Services. To reach the more vulnerable or most at-risk population, we utilize peer education amongst young people. We also provide sexual and reproductive health services to women and children in humanitarian emergencies.
2. FPOP envisions a world in which "all Filipinos are enjoying quality of life in the context of sustainable development and are empowered to decide freely on their sexuality and well-being in a society without discrimination." Our mission is to "lead in creating a society where sexual and reproductive health and rights is fulfilled to all especially among the underserved through advocacy, partnership and service delivery".

FPOP engagement in the UPR

3. FPOP has been engaging in the 2nd and 3rd UPR Cycles. We convened various civil society organizations' to capture robust knowledge and evidence and encouraged participation in the UPR processes. The FPOP took the lead in shaping joint UPR reports of the CSOs that advocated access to sexual and reproductive health (SRH).¹ In both UPR cycles, FPOP has raised the following issues:
 - a) Maternal health and women's right to life – the biggest sexual and reproductive health and rights (SRHR) challenge for the country was how to ensure the safety of pregnant women. The high incidences of maternal deaths conflict with the target of reducing maternal mortality in accordance with the Sustainable Development Goals, in particular target 3.1.
 - b) Comprehensive Sexuality Education (CSE) and the right to information – an increasing proportion of young people are sexually active and are unaware that pregnancy may occur after only one intercourse. The lack of age-appropriate CSE among young people predisposes them to early and unwanted pregnancies and unsafe abortions and other SRH complications.
 - c) Criminalization of abortion and the lack of access to services for cases of abortion complications – The Revised Penal Code of 1930 is outdated. It penalizes abortions in all forms in violation of women's human rights. There is no legal protection for women who opt to undergo abortion even if the pregnancy will put their life at risk.
4. In the 3rd UPR Cycle, FPOP actively lobbied with the Philippine government and carried out pre-session one-on-one briefing dialogues with 13 embassy missions in the Philippines. ² In Geneva, during the 27th session of UPR WG, FPOP was the sole CSO from the Philippines painstakingly raising SRHR issues in the pre-session dialogues.³

Commitments of the Philippine Government in the 3rd UPR cycle

5. In the 3rd UPR cycle, the Philippine government only accepted 103 recommendations out of the 257 recommendations they received. Four of the accepted recommendations were related to the advancement of sexual and reproductive health and rights (SRHR) such as increasing access to modern contraceptives (Brazil)⁴ including rural and indigenous communities (Denmark)⁵, universal access to sexual and reproductive health and rights (Sweden)⁶, and implementation of the Responsible Parenthood and Reproductive Health (RPRH) Act (New Zealand)⁷. In fact, the accepted recommendation on access to modern contraceptives is a crucial commitment of the Philippine government. In November 2017, the FDA declared that Implanon, Implanon NXT and 49 other contraceptives do not cause abortion. As a result, the Temporary Restraining Order was lifted. Currently, in public facilities, couples and individuals can access a variety of modern methods of contraception.
6. The yearly increase of modern contraceptive prevalence rate in the country, from 25 percent in 1993 to 40 percent in 2017 – progress which shall be protected and continuously advocated.⁸ During the pandemic, more Filipinos have used modern contraceptives, marking an increase of 6 percent from 2019 to 2020, according to the Commission of Population.⁹ However, the country is still far from fulfilling the SRHR obligations, which puts the lives of Filipinos at risk and violate their human rights. In 2020, the Department of Health (DOH) Annual Report revealed that the dropout rate for FP users or modern contraceptive rate (mCPR) was higher at 28%. The dropouts may be due to pandemic restrictions that limit access to FP services.¹⁰ With the decline of modern contraceptive use, the DOH National Family Planning Program team estimated that from 2020 to 2021 there may be an additional 47,000 to 359,000 unintended pregnancies, 11,000 to 84,000 unsafe abortions, and 30 to 200 additional maternal deaths.¹¹
7. In the 2021 study conducted by the Philippine Institute for Development Studies, it presented that while there are major policies implemented since 2018 that have aimed at fulfilling the commitment to RPRH Law, there is more work to be done. For instance, there remain further mechanisms to be reinforced in the 2018 Department of Education (DepEd) Policy Guidelines on the Implementation of the Comprehensive Sexuality Education (CSE) — which intends to promote a consistent understanding of CSE essential concepts and themes, as well as to ensure clear implementation of CSE protocols. One of the mechanisms shared by the DOH is to include teacher training in schools where the CSE program shall be rapidly scaled up.¹²
8. The recommendation to "*Take immediate steps to permit abortion in cases where a woman's or a girl's life or physical or mental health is in danger, where the pregnancy is a result of rape or incest and in cases of fetal impairment, with a view to decriminalizing abortion in the near future*" (Netherlands)¹³ was one of the 154 "noted" recommendations received by the Philippines, which constitutes a cornerstone of FPOP advocacy and a priority issue for SRHR advocates in the Philippines. In the 4th UPR cycle, FPOP endeavors that the Philippine government will commit to support and ensure the national implementation of recommendations that will address the SRHR urgent challenges that the country faces.

We are at a tipping point: public health crisis, including SRHR and other emergencies in the Philippines

9. In the Philippines, the lack of access to sexual and reproductive health (SRH) is a human rights issue. The latest National Demographic Health Survey (2017) revealed that one of the barriers to SRH information and services is access to health care, which was a concern for 54 percent of women aged 15 to 49 years. The most common barrier was “getting money for treatment” (45 percent). Other barriers mentioned are “distance to a health facility” (22 percent), “not wanting to go alone” (21 percent), and “getting permission to go for treatment” (9 percent).¹⁴ The maternal mortality rate (MMR) has been decreasing over the decades, but it is still high at 90 deaths per 100,000 live births.¹⁵
10. The lack of access to sexual and reproductive health care is exacerbated by multiple crises and emergencies that the country faces such as the public health crisis due to the COVID-19 pandemic, natural disasters such as the recent Typhoon Odette (Rai), climate crisis, and other crises brought by the lack of commitment to and fulfilment of human rights obligations.
11. Women in labor being turned away from hospitals owing to overcrowding is a horrific reality that we are witnessing. More women in need of SRH care have been cut off from essential medical and protection services due to overcrowding of hospitals and other medical facilities owing to COVID-19 patients, health center closures, as well as community quarantines. This puts women and their unborn children in grave peril.¹⁶ Due to the pandemic, the University of the Philippines Population Institute (UPPI) estimated that there may be a decline in the number of women and girls receiving critical sexual and reproductive health care: 9.8% reduction in family planning, 18.5% reduction in antenatal care, 14.3% reduction in childbirth care, and 18.5% reduction in postnatal care.¹⁷
12. The common barrier – lack of financial resources - limiting women’s access to SRH care will worsen as the poverty incidence in the country is ballooning. In 2018, the poverty incidence among Filipinos was 21.1 percent and has increased to 23.7 percent or around 26.14 million people in 2021.¹⁸ With the ongoing crises brought by the pandemic and other emergencies, financial difficulties as a barrier that limits access to SRH will intensify and be a more pressing issue to address. This may result an increase in maternal deaths, unintended pregnancies, unsafe abortions and other SRH complications.
13. Pre-pandemic issues continue to wreak havoc in the lives of women and girls. Independent studies revealed that the country had experienced an increase in unsafe abortions, from 560,000 in 2008 to 610,000 in 2012. ¹⁹ The criminalization of abortion in the country, which is stipulated in the Revised Penal Code of 1930,²⁰ hinders women’s access to safe abortion care in all circumstances, even in cases when her life is in danger or when the pregnancy is a result of rape or incest. As the Committee against Torture (CAT) recognizes, in cases of rape and incest, a woman is constantly exposed to “the violation committed against [her] and [experiences] serious traumatic stress...”.²¹ This reality remains a grave human rights issue in the Philippines.
14. In addition, the prevalence of sexual and gender-based violence is on the rise. The incidence of rape has risen from 3.4 cases per 100,000 population in 2005 to 10 cases per 100,000 population in 2014, growing at an average annual rate of 19.08%.²² This reality, and its impact on women and girls’ health, was certainly not addressed when the Revised

Penal Code was ratified almost a century ago. It is high time to listen to the experiences of the underserved, of the marginalized, of the survivors of violence, and make the law reflect the modern and urgent issues of the day.

Recommendations

15. Within the context of multiple and intersecting crises that the country faces, including the lack of access to SRHR, the Family Planning Organization of the Philippines, with its 12 chapters nationwide, including youth volunteers and SRH champions, **recommends the following**:
 - a. Fully implement the Responsible Parenthood and Reproductive Health (RPRH) Act and the Implementing Rules and Regulations of the Reproductive Health Law²³ to “grant free care and services to indigents” (Section 7, RPRH Act) especially prioritizing access to SRH information and services such as family planning, contraceptives, maternal health care, among others for all Filipinos.
 - b. Decriminalize abortion by amending the Revised Penal Code and ensure access to safe abortion is permitted, at a minimum, when the pregnancy presents a threat to the health or life of the woman, or when the pregnancy is the result of rape or incest, or when there are fetal malformations; and implement policies and programs for safe abortion and post-abortion care.

¹ In the 2nd UPR Cycle, in 2012, the FPOP submitted a joint UPR Report with Sexual Rights Initiative (SRI).

² The 13 embassy missions in the Philippines that FPOP engaged with are France, New Zealand, Denmark, Brazil, South Korea, Spain, Australia, Netherlands, Canada, Mexico, Switzerland, Argentina, and Czech Republic

³ In Geneva, FPOP engaged with the 17 embassy missions: France, Netherlands, Uruguay, Slovenia, Russia, Mexico, Argentina, New Zealand, Malaysia, Canada, Denmark, Brazil, Sweden, Bulgaria, Czech Republic, Switzerland and Georgia.

⁴ A/HRC/36/12, recommendation, 133.213 (Brazil)

⁵ A/HRC/36/12, recommendation, 133.216 (Denmark)

⁶ A/HRC/36/12, recommendation, 133.214 (Sweden)

⁷ A/HRC/36/12, recommendation, 133.215 (New Zealand)

⁸ PSA and ICF, 2017, 81-82.

⁹ <https://www.rappler.com/nation/population-commission-report-birth-control-use-2020/>

¹⁰ Department of Health and the Commission on Population and Development, *Philippine Responsible Parenthood and Reproductive Health Act of 2012 Annual Report 2020*, 2021, 53.

¹¹ Ibid, 51.

¹² Mary Pauline V. Saquing and Norliza M. Nordan, *Process Evaluation of Selected Programs of the Department of Health (DOH): RPRH Education and Communication*, Philippine Institute for Development Studies, 2021, 6.

¹³ A/HRC/36/12, recommendation, 133.232 (Netherlands)

¹⁴ Philippine Statistics Authority (PSA) and ICF, *Philippines National Demographic and Health Survey*, 2017, 136

¹⁵ Department of Health, *The 2019 Philippine Health Statistics*, 2019, 78.

¹⁶ UNFPA and Department of Health, “[Department of Health and UNFPA Urge Essential MSRH and GBV Service Providers Remain Available During COVID-19 Surge and Typhoon Odette Rehabilitation](#),” *UNFPA News*, January 19, 2022

¹⁷ Maria Paz N. Marquez, Elma P. Laguna, Maria Midea M. Kabamalan and Grace T. Cruz, *Estimating the potential impact of the COVID-19 pandemic on key sexual and reproductive health outcomes in the Philippines*, 2020, 4.

¹⁸ Philippine Statistics Authority, *First Semester 2021 Official Poverty Statistics of the Philippines* 2021, 7.

¹⁹ Center for Reproductive Rights, "[The Center's Work in the Philippines](#)," February 2, 2022.

²⁰ See, Title Eight, Chapter One, Section Two of the [Revised Penal Code](#), 1930.

²¹ CAT Committee, Concluding Observations: Nicaragua, para. 16, U.N. Doc. CAT/C/NIC/CO/1, 2009; CAT Committee, Concluding Observations: Peru, para. 23, U.N. Doc. CAT/C/PER/CO/4, 2006; cited in Center for Reproductive Rights, "[Law and Policy Guide: Rape and Incest Exceptions](#)"

²² See [Philippines - Rape rate](#)

²³ See Section 12.02 [Duties and Responsibilities of Local Government Units](#), 41-42