



# PHILIPPINES

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**Statement**

by

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**Commissioner**  
**Commissioner on Population**

to the

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Development**

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Mr. Chairman,

The Philippine delegation extends its warmest congratulations to you and the distinguished members of your Bureau on your well-deserved election. Be assured of our full support to the fruitful and meaningful discussion and resolution of the agenda before us in this 45<sup>th</sup> Session. The Philippines also aligns itself with the statement made by the Group of 77 and China.

We likewise express our deepest appreciation and gratitude for this opportunity of taking part in this important international forum most especially in forging collective actions in line with our thematic concern on adolescents and youth.

Mr. Chairman,

The timeless universal recognition of the role of the youth in nation building has been well entrenched in international as well as national policies and programs affecting the lives of this segment of population. The question is not whether we have been able to translate this recognition into concrete actions or not, but, whether we have done enough. Are we keeping pace with the fast changing needs and environment of the young people in the context of providing the necessary information and services they need for their well-being and exercise of their rights?

In this respect, Mr. Chairman, while our country has made a considerable number of interventions aimed at ensuring the well-being and rights of adolescents and youth, we recognize that a significant gap remains. Filipino adolescents and youth continue to be faced with chronic as well as emerging conditions that constrain their full growth and development most especially in terms of their sexual and reproductive health and rights.

Among these constraining factors is the increasing incidence of adolescent pregnancy. Our latest data in 2002, which obviously requires updating, recorded a 23 percent incidence of pregnancy among young women aged 15-24 years. The data is an increase from its previous figure. Moreover, the *National Demographic and Health Surveys* in the country also indicated an upward trend in incidence of sexual intimacy among young adult females 15-24 years old from 15.7 percent in 2003 to 16.6 percent in 2008. Those who ever had sex among the 15-19 years old increased more rapidly (from 10.4% in 2003 to 13.6% in 2008) than those 20-24 years (from 54.6% in 2003 to 56.3% in 2008) (NSO, 2009).

Pregnancy or childbirths among adolescent women are mostly unintended. As the 2008 NDHS revealed, three in ten (33%) births by adolescent women were unwanted at the time of the conception. Unplanned or unwanted pregnancies could lead to self-induced abortion or availing of the services of an untrained birth attendant which exposes them to serious health risk. Pregnant adolescents especially the unmarried women are likewise exposed to negative social

consequences including their rejection by family, friends, and the community, including in some cases, by school authorities.

Mr. Chairman,

Filipino adolescents and youth are also facing today the greatest threat against their health, that is, the unprecedented increase in HIV/AIDS infections among young people. Based on the Philippine HIV/AIDS Registry, there were already a total of 8,576 cases of HIV infections in the country as of January 2012. Since January 2011 up to January 2012, there were 197 new HIV infections on the average every month. In January 2012 alone, 212 new cases were diagnosed. HIV infection is most prevalent among males with ages 20 to 29 years.

These issues are also compounded by other significant concerns including their poor socio-economic conditions; increasing incidence of patriarchal violence against married young women and their children; lack of availability of and access to age-appropriate sexual and reproductive health (SRH) information and services; lack of opportunities for the meaningful participation of youth in health and other development initiatives; and lack of clear-cut policy on SRH especially for adolescents and youth, among others.

Mr. Chairman,

The incomplete list of issues affecting Filipino adolescents and youth which I have mentioned is but a reflection of the enormous challenge that we have to respond to. These are the same concerns that we have tried to collectively address over the years in collaboration with government, non-government organizations, the civil society, and the private sector. To mention some of the key interventions, let me share to you the following:

- Under plan and program development, the National Youth Commission has laid out the national blueprint for youth development in the **Philippine Youth Development Plan for 2011-2016**. This master plan provides the direction and multi-sectoral strategies for youth participation and development. It is worth noting that this framework has pronounced support for ASRH interventions.
- The Department of Health (DOH) and the Commission on Population (POPCOM) have integrated in their health and population management strategies the program "Adolescent and Youth Health and Development" which provides SRH information and services in public health facilities as well as other accessible outlets and modalities.
- The education and capacity-building of adolescents and youth on ASRH and sexual rights are being continuously pursued with significant contribution from NGOs and civil society groups, including women's rights organizations. Various interventions were undertaken particularly at the community level to raise the awareness on SRHR among adolescents and youth towards empowering them to make informed decisions and responsible choices regarding their sexual and reproductive health and wellbeing, and to enable the young women and men to act on these choices.

- To create outlet for information and services on ASRH, adolescent-friendly, non-discriminatory and gender-sensitive teen-centers and adolescent health-quarters and other structural facilities were established in various communities through the efforts of the NGOs and other concerned government agencies. Likewise continuous IEC activities through public symposiums, forums, dialogues, and other communication strategies were conducted in schools and communities.
- The relevant capacity building strategies aimed to enable parents to communicate and guide adolescents in dealing with ASRH issues and concerns were also conducted using customized modules for parent education.
- Lastly, various stakeholders, particularly the NGOs are advocating for the passage of the comprehensive RH policy at the national level to establish a responsive and comprehensive program on ASRH. Advocacy efforts and initiatives are being undertaken to specifically pass through the legislative chambers the pending Reproductive Health (RH) Bill to ensure sustainable programs and allocation for ASRH at all levels. We are happy to share that such legislation has been marked as priority by no less than our head of state, President Benigno Aquino.

Mr. Chairman,

These interventions have been pursued in keeping with the country's commitment to the ICPD Programme of Action which specifically sought for the implementation of strategies to protect and promote the rights of adolescents to reproductive health education, information and care and to significantly reduce the number of unwanted teenage pregnancies. But, what is clearly before us is that we have at hand a huge challenge to fully provide an enabling environment for adolescents and youth to realize their sexual and reproductive health and rights. We still have to deal with the following specific gaps in program implementation:

- Enacting national and local population management and reproductive health policies that can establish a sustainable program for ASRH at all levels and create a more enabling environment for adolescents to fully demand and exercise their rights and self-choice in marriage, family formation, sexual orientation and reproduction;
- Continuous and more inclusive provision of necessary, age-appropriate information and services on ASRH to adolescents and youth especially among the poor, marginalized, underserved, the geographically-excluded and the socially discriminated because of their sexuality, gender identity or expression;
  - Provision of comprehensive, accessible, and quality ASRH information and services including counseling in adolescent and youth-friendly health facilities;
  - Strengthening of the surveillance system for HIV/AIDS infection and provision of necessary treatment for those infected, including the proposed review of our AIDS law;
  - Improving the socio-economic conditions of adolescents and youth to ensure their full growth and development;
  - Generation of meaningful and useful youth health data through the Young Adult Fertility and Sexuality (YAFS) survey; and

- Creating and implementing mechanisms for the meaningful participation of adolescents and youth in the formulation of policies and programs especially in areas that affect their well-being and development.

Mr. Chairman,

We recognize that the country has still a long way to go to achieve the ICPD especially in terms of fulfilling its commitment in ensuring adolescent sexual and reproductive health and rights. We will continue to consolidate all our efforts to respond to the sexual and reproductive health challenges that continue to derail our development efforts especially for our adolescents and youth. We are proud to note that President Benigno Aquino III of the Philippines is fully committed to respond to this huge challenge by casting his solid support behind the reproductive health bill that has generated robust public debates and discussions in my country. We need all the support that we can have to bring us into a collective and responsive action. As long as there are adolescents and youth who are deprived of the necessary information, services, and opportunities that can fully make them realize their potentials, the government, in partnership with NGOs and the civil society, will not waver in its effort to support the rights of adolescents and youth as our only hope for a socially progressive nation.

Lastly, we continue to call upon more affluent member-states, international donors and other partner countries to realize their commitment to development financing and to continue assisting developing countries that seek external sources of financing and technical assistance, to improve the health and development conditions of our people especially the adolescents and youth. Thank you Mr. Chairman.