

Among the recommendations of the 1994 International Conference on Population Development (ICPD) in Cairo was the protection and development of adolescents and youth. The ICPD Programme of Action emphasized the need to:

- Promote to the fullest the health, well being, and potential of all children and youth;
- Meet the social, economic, political, educational, health, and other special needs of adolescents and youth, particularly young women; and,
- Encourage them, especially young women, to continue their education, avoid early marriages and high-risk pregnancies, and reduce associated risks of mortality and morbidity (United Nations, 1994).

These objectives were echoed by the action programs of subsequent international gatherings, including the World Program of Action for the Youth in the Year 2000 and Beyond (1995) and the 1998 Lisbon Declaration on Youth Policies and Programs. Other international agreements that strengthen the promotion of youth welfare are the United Nations Convention on the Rights of Children and the Convention on the Elimination of All Forms of Discrimination.

SOCIO-ECONOMIC PROFILE

Demographics. According to the World Health Organization, there are 1.2 billion adolescents worldwide, meaning 1 of every 5 people on the planet is an adolescent. The World Health Organization defines “adolescents” as those in the age group 10 to 19 years, “youth” as those in the age group 15 to 24 years, and, “young people” as those in the age group 10 to 24 years (POPCOM, 2001a). More than 50 percent of the world’s population is below 25 years old, and 85 percent of them live in developing countries. Based on the 1995 census, 38 percent or nearly 22 million of the population of the Philippines are below 15 years old. About 23 percent represent the adolescent group and 20 percent represent the age group 15-24 years old.

The number of Filipinos ages 15-24 stood at 12 million in 1990, up from almost 4 million at mid-century. This number will continue to grow because of slow fertility decline and likely will reach 20 million by mid-2000. The Philippines is in the midst of a “youth bulge,” a transitory but an important demographic expansion (Xenos and Raymundo, 1999).

The country’s population is expected to continue growing rapidly because of the high proportion of the young entering childbearing age. This has important consequences on the social, economic, political, and health conditions of the country.

Education. Education is generally considered a gender-fair socioeconomic variable. In 1994, 75 percent of 15-24 year olds reached at least high school level. This increased to 85 percent in 2002 (Raymundo, 2002). School enrolment rose dramatically during the last half of the last century and this trend continued despite economic downturns in the past decade. Young females have consistently shown better educational attainment than their male counterparts (NYC, 1998).

Based on the Young Adult Fertility and Sexuality Survey II (YAFSS II), 13 percent of college-educated females ages 15-24 were already mothers, in contrast with 32 percent among the elementary-educated (NSO and Macro International, 1994). Education appears to deter early marriage and childbearing probably because it opens other opportunities to women.

Work participation. In general, increased school enrolment is associated with a corresponding decline in work participation. There are about 12 million youth who are either employed or actively looking for employment (NYC, 1998). In 1995, 60 percent of males ages 20-24 were in the labor force, compared with 40 percent among young females. These figures represent an 18 percent decline among males between 1970-1995 and 33 percent increase among the females (Xenos and Raymundo, 1999). The declining trend in youth



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employment has continued into the new millennium as they are the most vulnerable group in the work force.

The role of employment in marriage and family formation was highlighted in a qualitative study conducted by the Health Action Information Network (HAIN), which found that to many low income Filipino youth, marriage occurs soon after they start working no matter how meager their income (Tan, 2001).

Religion. Eighty-seven percent of Filipino youth are Roman Catholics, with 84 percent among them regularly attending religious services. A small but not negligible 6.5 percent of young people have changed their religion at birth, with no gender differences (Xenos and Raymundo, 1999). Religion appears to have varying influences on the sexual behavior of young males and females. Catholic males tend to engage more in premarital sex. Females, on the other hand, say that participation in religious ceremonies serves to protect them from early premarital sex (Raymundo and Lusterio, 1997).

HEALTH SITUATION

Today in the Philippines, females are reaching menarche at increasingly younger ages, and males are attaining sexual maturation much earlier. Menarche usually occurs between ages 10 to 12. Early sexual maturity coupled with delayed age of marriage exposes the young to unplanned sexual activities earlier and over a longer period of time. This entails various conditions of risk from all kinds of potentially adverse consequences from STDs, to HIV/AIDS, to unplanned pregnancies, among others (UNFPA, 1999). In the Philippines, age at menarche has declined from 16.2 years old in the 1950s to 13.2 in the 1990s (Raymundo, 1994).

YAFSS II data show a fairly high incidence of reproductive health problems and sexual activity among the young, with a low incidence of treatment and utilization of medical and family planning services (Cruz and Berja, 1999). For instance, 50 percent of young people have experienced at least one reproductive health problem but only 5 percent ever utilized related health services. More females are experiencing reproductive health problems (73.6 %) than males (40.6 %) (Cruz and Berja, 1999). However, the reproductive health problems experienced by females are not considered serious (dysmenorrhea, diminished desire for sex, irregular menstruation). In contrast, those experienced by males are serious ones and the most common is painful urination followed by diminished desire for sex and itching in the genital area, which is a sign of bacterial infection. Less than a third have not experienced any reproductive health problem and have not engaged in premarital sex.

One aspect of the problem is the historical lack of

attention to the health needs of this segment of the population. Adolescent medicine is only starting in the Philippines. Another aspect is the poor health-seeking behavior of the adolescents themselves.

ADOLESCENT HEALTH RISK BEHAVIORS

The health of adolescents and the youth is at risk because they generally lack accurate and appropriate information and an incomplete understanding of the many aspects of sexual behavior, reproductive health, and their sexuality. Some of these risky behaviors and practices have resulted in illness, and even death, and include the following:

Early sexual activity. The timing of first sexual intercourse marks the initiation to sexual activities, which when done unprotected can lead to adverse consequences. Sexual activity begins during adolescence in many countries in the Asia-Pacific region. In Thailand, the average age of first sex for males is 16.6 years old, and for females, 17.6 years. In the Philippines, YAFSS II show that, on average, boys and girls have their sexual encounter at the age of 18 and 18.3, respectively. Some 2.5 million or 18 percent of the youth (1.8 million boys and 670,000 girls) already had premarital sex and around 80 percent were not using any method of protection. There were also indications that about 10 percent of girls with sex experience were forced into sexual relations by their partners and that many young people engaged in premarital sex without adequate knowledge about how to avoid pregnancy or STDs. Thirty-seven percent of those who admitted being sexually active are at risk for a variety of reasons, including having multiple partners, engaging in commercial sex, and using intravenous drug users.

There are, however, some factors that tend to delay the first sexual encounter, including the following: being employed (for boys); staying longer in school (both boys and girls); receiving population education in school (both); living with parents (girls); and, having a liberal-minded father (girls) (Raymundo and Lusterio, 1997).

YAFSS II data further reveal that about 48 percent of sexually active youth (38 percent, males and 72 percent females) engage in repeated sexual intercourse with the same partner after the first time. Young males are more likely to have a repeat of sexual activity not only with the same partner but also with others. The pattern observed is that once a young person gets initiated into premarital sex, a "repeat" either with the same partner or with another,

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is likely.

The “buntog” phenomenon, which is a ritual exchange of sex within a youth peer group and seen as either a result of seeking acceptance among peers or in reaction to family breakdown and stress, has led girls in cities like Davao and Cebu into exchanging sex for money, shelter, and food (Varga, 2001; Cabigon, 2002).

Forming union or early marriage. Delayed age at marriage is characteristic of Filipino males and females. In 1995, 80 percent of all youths in the Philippines were single; 20 percent were either married, widowed, or separated/divorced. The percentage of youth who are single has moved upward in the last few decades. Between 1960-1990, for ages 20-24, single males increased from 66 percent to 73 percent, and females from 44 percent to 56 percent (Xenos and Raymundo, 1999). In 1994, 13 percent of young Filipinas were already married by age 18; 43 percent by age 21 and 60 percent by age 24 (Balk and Raymundo, 1999) a level higher than in most other Asian countries.

Among adolescents who have married or formed unions, the rate of dissolution is slightly higher than the adult rate (0.23 percent among married adolescents versus 0.17 percent among adults). More than half of those who married before they were 25 years old said they were forced into marriage by circumstances — usually related to their sexual encounters and family problems — with no significant gender differences.

Early childbearing/teenage pregnancy. The number of teenagers who have begun childbearing is increasing, although still below 10 percent of all women of NDHS (Cabigon, 2002). Teenage childbearing is much higher among rural and low educated females. Fertility among adolescent women declined by about 8 percent in the five years before the 1998 NDHS. More women today delay childbearing past their teen years compared to a generation ago. The reverse is true among less-educated women. Young women today generally want smaller families.

According to YAFSS II, 33 percent of young women between 20-24 years old already gave birth to their first child before reaching their 21st birthday. Of the total 1.8 million young women who already had sex, 94 percent said they were unwilling and unprepared to become parents. Young pregnancies account for 12 percent of

normal deliveries, 6 percent of spontaneous abortions, 3 out of 4 maternal deaths, 10 percent of forced first sexual relations, 30 percent of births to females in reproductive ages, 30 percent of marriages below 20 years old among those aged 15-24, and 74 percent of illegitimate births (JOICFP, 1998). Some 21 percent of these illegitimate births were among the 15-19 age group and 53 percent among the 20-24 age group.

Young pregnancies account for 17 percent of induced abortion cases. Teenagers who have unprotected sex or unwanted pregnancies are more likely to resort to abortion. The largest proportion (28 %) of women who had induced abortion complications belonged to the 20-24 age group (Raymundo et al., 2001). Restricted access to contraceptive supplies and RH services, plus social pressure leading to shame and guilt for seeking related information, supplies and/or services, influence the relatively high rates of abortion among young women (Cabigon, 2002).

Sexually transmitted diseases including HIV/AIDS. The prevalence of HIV/AIDS in the Philippines is still low, although patterns of sexual behavior and several sociocultural conditions could precipitate an AIDS epidemic. As of May 2001, the HIV/AIDS registry of the country confirmed 766 cases of HIV seropositive children and youth – with 6 percent belonging to the 10-19 age group and 90 percent in the 20-29 bracket. The Advocates for Youth place the 1999 HIV prevalence to be a low 0.04 percent among young women and 0.01 percent among young men.

In the Philippines, 95 percent of adolescents and youth have heard about HIV/AIDS, although there is only a fair level of knowledge on the correct transmission mode. About 70 percent of young people believe they are not likely to contract HIV. Among young people, STDs are most frequent in the age group 15 to 24 years. The risk of exposure to STDs is greater for young people who become sexually active early and, therefore, more likely to change sexual partners (UPPI, 1994). Condom use among the young is still very low but intercourse with commercial sex workers is on the rise (Raymundo, 2002).

POLICY AND PROGRAM RESPONSES

Consistent with its commitment to the 1994 ICPD Programme of Action, the Philippine government has taken steps to create an enabling environment to protect adolescent and youth sexual reproductive health and rights.

One population policy objective is to reduce the incidence of teenage pregnancy, early marriage, and other adolescent reproductive health problems. To achieve this objective the Adolescent Health and Youth Development Program (AHYDP) has been adopted as a major component of the Philippine Population Management Program Directional Plan (PPMP-DP) for 2001-2004 to provide for appropriate (scientific and policy-consistent) information, knowledge, education, and services on population and reproductive health for

50 percent of young people have experienced at least one reproductive health problem but only 5 percent ever utilized related health services.

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Asia-Pacific Region Youth Manifesto

We, the youth of the Asia Pacific Region, convened today, February 17, 2001 at the Philippine Trade and Training Center on the Theme, "Quality Reproductive Health on Track with the International Conference on Population and Development (ICPD) Commitment.

Having recognized the importance and role of the youth in promoting reproductive initiatives among adolescents of the Asia Pacific Region,

Having identified the rights of the youth to:

- Make our own decisions free from external pressure, dictates and coercion;
- Accurate information and quality education;
- Accessible, adequate and appropriate gender sensitive health care and health protection;
- Involve and participate at all levels of planning, implementation, monitoring, evaluation of gender sensitive reproductive health initiatives,

Having heard the voices, we the youth of the Asia Pacific Region are responding to the call to take up the challenges of implementing the Reproductive Health programs and services among the youth sector of the Asia Pacific.

Therefore, we recognize the critical collaboration and partnership of the young and the adults, we in turn call upon health professionals, researchers, religious leaders, academicians and the entire civil society to listen to the pronouncements of the youth.

adolescents and the youth.

Similar directions are found in the 1999-2004 Philippine Medium Term National Youth Development Plan (PMTYDP) and in the Compendium of Philippine Youth Programs or the "Youth Doors" of the National Youth Commission (NYC). The NYC serves as the official policy-making and coordinating body of all youth programs and projects of the Philippine government. The PMTYDP provides a clear policy for developing responsible reproductive health behavior among adolescents through an integrated and comprehensive package of preventive and curative health care services for the youth at all levels of health care.

The task of providing RH services to young people belongs to the Department of Health (DOH). The DOH carries out an Adolescent and Youth Health and Development Program (AYHDP), done in close cooperation with local governments. With UNFPA assistance, the DOH is currently developing an adolescent reproductive health framework in consultation with POPCOM and other institutions.

INITIATIVES AND BEST PRACTICES

The AHYDP of the PPMP is implemented by various agencies at the national and local governments, NGOs and private sector. Following are the projects and initiatives:

National level projects. In 1995, POPCOM worked closely with a network of national government agencies, NGOs and local governments on this program. Participating local governments implemented 18 innovative projects to reach the young. These consisted of media outreach, skills training and enhancement, peer counseling, and support to other programs and projects. The program launched a nationwide IEC campaign called "Hearts and Minds" to reach young Filipinos with

messages about preparing themselves for adulthood and parental responsibilities. Training modules for peer helpers and parents on "Sexuality, Health and Personally Effective Adolescents (SHAPE)" were produced and widely utilized.

POPCOM with funding assistance from UNFPA produced the SPPR 2002 which has ARH as its main theme. SPPR 2002 presents comprehensive account of the trends and issues about the sexuality, health and fertility of Filipino adolescents and youth. It is meant to serve as an instrument for promoting policy dialogue and influencing policy decisions at both national and sub-national levels, with decision-makers as the primary audience.

The DOH developed an AYHD program which aimed to institutionalize the provision of information, counseling and clinical services to adolescents and youth, including reproductive and sexual health issues and concerns. The DOH also developed a training module and facilitator's guide for the Training Programme on Adolescent, for Health and Non-Health Service Providers.

The University of the Philippines Population Institute (UPPI) implements YAFSS III with funding support from The David and Lucile Packard Foundation. YAFSS III is a major effort to update information about the sexuality-related values, knowledge, attitudes, and behavior of adolescents. YAFSS III covers a wider range of sexual, non-sexual, and health risk behaviors of young people. Like its predecessors, YAFSS III is a useful source of policy- and program-relevant information.

School based initiatives. The Population Education Program (POPED) has been implemented by the Department of Education (DepEd) since the 1970s. One in-school initiative is the Strengthening and Revitalizing the Population Education Program implemented by the DepEd. The objective of this program is to enrich POPED in schools by enlisting the Commission on Higher

Education (CHED) at the tertiary level and the Technical Education and Skills Development Authority (TESDA) at the vocational level to participate in the program and adopt the POPEd curriculum. This has resulted in further improving concepts and learning competence. The project evaluates POPEd and constantly introduces improvements in program content. From focusing largely on population and development, family life, and responsible parenthood, the project has introduced new areas of concern such as gender equality, HIV/AIDS, sexuality, and reproductive health.

Along the same lines, the Philippine Center for Population and Development in collaboration with the Bureau of Secondary Education implemented a project to institutionalize a Revitalized Home Guidance in 12 regions of the country. Students gained new skills in becoming more assertive and in improving their relationships with the opposite sex. They also acquired new knowledge on STDs, HIV/AIDS, courtship, friendships, dating, and other aspects of adolescent personal development. IEC materials on value formation of young people toward becoming responsible adults also were developed and produced. The project also set up a Teen Health Center inside an industrial park.

The Foundation for Adolescent Development, an NGO that focuses on young people's health and sexuality needs, carries out SEXTERS, a classroom program to nurture socially, emotionally, and sexually responsible teenagers. This program trains peers to provide information, counseling, and referrals on adolescent health and sexuality. The program assigns a trained peer counselor in campus. School administrators support the program because they recognize that their students can benefit from the information and counsel provided by enlightened peers. The project has produced a Trainers Guide for training potential peer educators. Capability building for youth leaders and organizations in colleges and universities on adolescent health sexuality and

development has also been provided.

In 1994, the DepEd and Kimberly Clarke Philippines, Inc. started a program called Feminine Hygiene Education Program (FHEP) for elementary and secondary school students. Under this program, school nurses of the regions are trained and mobilized to counsel and lecture on the physiological and biological changes experienced by boys and girls, good grooming, personality development, and clarification of myths and fallacies about menstruation and feminine hygiene. The positive impact of the program has been noted in the improved perception of the target group on feminine hygiene. The DepEd is also deeply involved in a School-Based Women's Health Project in partnership with Johnson and Johnson, and the ASEAN Consumer Group of Companies in the promotion of reproductive and adolescent health.

Inter-sectoral and community-based initiatives. A nationwide training program by the Department of Social Welfare and Development (DSWD) for Municipal and City Social Welfare and Development Officers was undertaken to enhance their understanding of and effectiveness in providing technical assistance and capability building to LGU workers and other service providers in the implementation of the Unlad Kabataan Program. This program develops new approaches and strategies to address the emerging needs of the out-of-school (OSY) youth and help them become more actively involved in community activities.

Several projects are geared to establishing places where teenagers can interact. These come in the form of teen "healthquarters", youth and drop-in centers, ARH Corners and "Tambayans." Teenagers use these service facilities to get information, counseling, and referrals for health services. There are also projects that provide telephone counseling (e.g., "Dial a Friend" and "Friends in Line"), counseling through the Internet (www.teenfad.ph and "E-Mail a Friend"), and counseling

on air services on adolescent development, sexuality and health issues. The performing arts have been employed effectively in influencing youth values related to sexuality and reproductive health. For example, the Foundation for Adolescent Development has produced Enter-Educate videos that provide youth audiences with behavioral modeling on relevant health and sexuality issues. Likewise, the CAR Dev Theatre in the Cordillera Administrative Region and Zamboanga Zarzuela in Zamboanga City use folk theater performances to deliver RH messages.

Some initiatives provide useful ARH information at the local level and in the workplace. For example, members of the Sorsogon City



Through the Population and Education Program (POPEd) of the Department of Education (DepEd), students learn more about population and development, family life, and responsible parenthood, among others.

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Advocacy for Responsible Team of Youth (SCARTY) composed of Sangguniang Kabataan officers act as lead persons in ARH programs and activities. The province of Leyte has two youth projects. The first is the Movement for Young 'Rurban' Women wherein single young women serve as advocates to other young urban and rural women on their reproductive rights and about access to reproductive health services. They also campaign against illegal recruitment of domestic helpers, the treatment of women as commodities, and acts of violence against women. The other Leyte project is called Youth for Human and Ecological Security (YHES). This trains youth leaders in adolescent and youth development, environmental protection, livelihood, gender awareness, and the theatre arts.

CHALLENGES

The reproductive health needs of adolescents and the youth have been neglected for many years by the public health system. Few services address the specific health concerns of this segment of the population (NYDP, 1994) and most are provided by NGOs. There is a problem of coverage and, therefore, of accessibility and availability. Efforts must continue to mainstream adolescent reproductive health by putting in place culturally sensitive, high quality, accessible, and user-friendly services. Moreover, these services must respect the right of adolescents and the youth to privacy, confidentiality, and informed consent. ARH care providers need to be specially trained and oriented so that they are competent and sympathetic in how they relate to adolescents seeking RH-related preventive and curative care services. While in Southern Tagalog the Responsive, Effective and Active Parenting (REAP) Training is widely implemented to reach out for parents to foster better relationship with their children. In sum, the major challenges confronting ARH are the following:

- Adolescents and the youth have limited access to RH services that meet accepted standards of quality of care and that are user-friendly and culture-sensitive.
- There is low ARH service coverage; there are still too few adolescent and youth centers to adequately fill the need of the sector.
- Most adolescents and the youth are not aware of ex-

isting ARH programs and services.

- There is a lack of clear and sufficient policies and guidelines on the provision of medical reproductive health services for adolescents and the youth.
- Many health service providers are inadequately trained and are suspicious, judgmental, and hostile to adolescents who ask for RH information or medical services.
- There is a continuing need to build the life skills of adolescents and the youth to help them deal more effectively with the demands of everyday life and avoid high-risk behaviors.
- Despite their powerful influence on adolescents and the youth, most parents and guardians still do not fully understand the situation of the young, have inadequate communication skills, and, therefore, are limited in their ability to give meaningful RH counseling.
- Program and service delivery planning is hampered by the absence of a comprehensive ARH database that should include data on the composition, size, behavior, and practices of adolescents and the youth.

FUTURE DIRECTIONS AND PROSPECTS

- Provision of adolescent friendly-clinics in strategic places.
- Strengthening the ARH system to make services more available, acceptable, accessible, and affordable to adolescents and youth.
- Strengthening the skills and reorienting service providers and youth serving professionals.
- Active involvement of parents and other stakeholders on sexuality and other ARH concerns.
- Intensive IEC and advocacy on human sexuality and ARH issues and concerns.
- Inclusion of ARH in the school curriculum and promotion of value education through the media.
- Establishment of a "Youth Development Center" in every municipality.
- Review of existing laws that affect ARH and the formulation of new legislation to close the gaps in adolescent health and development (new laws need to address issues of population and development, adolescent general health and reproductive health, enhancing known protective factors for adolescent RH, reducing the effects of known risk factors for ARH, and so on).