

Reproductive health advocacy

Recognizing and respecting women’s reproductive rights and gender equality by ensuring universal access to reproductive health information and services is the starting point for the **Reproductive health advocacy in the Philippines** project.

The Family Planning Organization of the Philippines plays a pivotal role in the changing political climate of the country, against a backdrop of dwindling support for reproductive health programmes, particularly family planning. It works in a context of high unmet needs for family planning, increasing incidence of HIV/AIDS and rising numbers of teenage pregnancies. The objectives of the project are to advocate for a more conducive policy environment for SRH in the Philippines, to increase support for modern contraception and to counter anti-family planning campaigns.

The ultimate goal is to allow women to exercise their right to make free and informed choices about their sexual and reproductive health within the context of the Philippine constitution and international agreements.

Four inter-connecting strategies focus on:

- broadening the base of support for reproductive health by intensive grassroots advocacy using innovative participatory approaches to advocate for legislation and policies at national, regional and local government levels
- conducting high impact advocacy campaigns at the national level
- ensuring sustainability of reproductive health interventions by integrating advocacy into FPOP’s work at national and local chapter (branch) levels and by enhancing advocacy and networking capabilities
- developing better awareness of reproductive health issues among media professionals by emphasizing the multitude of ways in which reproductive health impacts on individuals and families.

The project’s advocacy work tackles the six challenges set out in IPPF’s Vision 2000 strategic plan: to address unmet needs in sexual and reproductive health, to broaden the scope of services provided, to address unsafe abortion, to target young people, to work with women to improve their status and to improve quality of care.

PROJECT TITLE

Reproductive Health Advocacy in the Philippines Project

IMPLEMENTED BY

Family Planning Organization of the Philippines (FPOP). FPOP was set up in 1969. Originally using an urban-based medical service delivery model, it now also focuses on rural areas using a community-based approach.

PROJECT AIM

To advocate for a more conducive policy environment so that SRH becomes an integral part of individual and family well-being.

FUNDING

IPPF Vision 2000 Fund

BUDGET

US\$988,604

DURATION

January 1999 to March 2004



The leading cause of death among women of reproductive age in the Philippines is related to pregnancy and childbearing. One in six pregnancies ends in illegal abortion because it is either unplanned or unwanted: in many cases this leads to complications such as sepsis, and even death.

At least two million married women of reproductive age want to practise family planning, but many are denied adequate information and services. In Metro Manila, for example, access to modern contraceptive methods in government health centres is becoming increasingly limited.

These stark facts form the backdrop for the project.

SRH: SIDELINED BY RELIGIOUS AND POLITICAL FACTIONS

The Catholic Church leadership plays a significant role in the political and cultural landscape of the country, framing the context within which national policy discussions on sexual and reproductive health and rights take place. The Catholic Bishops Conference of the Philippines has campaigned strongly against contraception and has threatened politicians with censure and withdrawal of support if they promote any methods of modern contraception, particularly through legislation.

The President of the Philippines is Roman Catholic, brought to power with the help of the Church. During her presidency, serious political changes have emerged which hamper the provision of SRH services and which have led to a severely polarized situation.

On a general level, people are simply denied the right to access SRH information and services.

On a specific level, a long-standing Bill to safeguard people's right to family planning has not made it to the statute books. This is partly because of the inertia of government officials and their fear of a Catholic backlash, partly because of political upheavals and partly, perhaps, because of the difficulties in co-ordinating strategic support by NGOs and the public. In a more hostile development, the Bureau of Food and Drugs has intensified the controversy surrounding emergency contraception by removing Postinor (levonorgestrel) from its list of approved medicines. As defined by the World Health Organization – in its 1998 publication *Emergency Contraception: A Guide for Service Delivery* – emergency contraceptives do not displace an implanted embryo, and cannot terminate an established pregnancy. However, a vigorous debate is continuing in the Philippines about when life begins and whether the treatment acts as an abortifacient.

Taken together, these factors imply that the government is supporting an anti-choice environment in the country and, with political elections on the horizon in 2004, there is increased effort by church leaders and anti-choice advocates to apply pressure in support of the government's stance.

REPRODUCTIVE RIGHTS ARE HUMAN RIGHTS

Efforts to adapt the earlier Bill have led to the crafting of the Reproductive Health Care Bill. Campaigning for it to become law is at the heart of FPOP's advocacy work.

The Bill seeks to improve health and well-being by upholding the reproductive rights of all Filipinos – and ensuring their right to reproductive health and reproductive self-determination. Reproductive health is recognized in the Bill as a fundamental aspect of women's and girls' well-being.

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The right to reproductive health care is protected under international human rights instruments which protect life and health. Being a signatory to these international instruments, the government of the Philippines is duty bound to protect the right to reproductive health care of its people.

Proponents of the Bill therefore believe that the government has a duty both to ensure the availability of reproductive health services and to remove existing legal barriers to reproductive health care. Such barriers include laws that restrict advertising of contraception, ambiguous policies that have led an increasing number of hospital practitioners to require a spouse's consent to obtain contraception, and the move to criminalize voluntary sterilization.

Comprehensive reproductive health care under the Bill would include measures to promote safe motherhood, care for those living with HIV/AIDS and other STIs, management of complications following unsafe abortion, infertility treatment and a full range of quality contraceptive methods and services.

FPOP developed various information, education and communication materials for advocacy. For example, images from a campaigning poster produced by the Davao chapter are shown here. Active promotion of the IPPF Charter on Sexual and Reproductive Rights is an important component of the project, and is a powerful tool for advocacy. The 12 rights in the Charter, which are based on core international human rights instruments, are:



The right to reproductive self-determination includes the right to plan one's family, the right to freedom from interference in reproductive decision-making, and the right to be free from all forms of violence and coercion that affect a woman's sexual or reproductive life.

NETWORKING AND PARTNERSHIPS ... TO BRING ABOUT POLICY CHANGE

Consistent with its pioneering spirit, FPOP is making its mark as an important NGO, advocating for sexual and reproductive health by playing a central role in developing well co-ordinated advocacy activities and through innovative alliance building and networking. Partnerships and alliances have been forged at national, regional and local levels.

FPOP is at the forefront of advocacy activities and is a key player in mobilizing support. Along with a coalition of like-minded partners, FPOP has contributed to drafting the Reproductive Health Care Bill. Strong NGO networks are now in place to monitor the political situation and the progress of the Bill and to provide technical input.

FPOP undertakes confident and effective lobbying with government ministers and law-makers. Groups reached by the project include national government officials, national legislators, civic organizations, the media, NGOs, local government officials, community leaders, grassroots volunteers, and other influential opinion-leaders and decision-makers.

Networking with other organizations is also important for raising public awareness on sexual and reproductive health and rights, and FPOP has established and nurtured NGO networks at regional and provincial levels. It has set up a systematic response campaign to neutralize and counteract anti-family planning and reproductive health propaganda.

FPOP has also strengthened partnerships and alliances for SRH through its active participation in the Commission on Human Rights, the government agency responsible for the promotion and protection of human rights.

BUILDING BLOCKS: CREATING A FIRM FOUNDATION FOR THE PROJECT

FPOP has developed a sound, systematic and sustainable framework for the project, using a phased step by step approach.

Intensive grassroots advocacy

Grassroots advocacy forms the backbone of the project. Components of this strategy include:

Creating advocacy teams: to build advocacy networks of prospective supporters and allies, and to undertake media work.

Developing IEC materials: important tools for advocacy, some of which have been made available in local dialects.

Organizing and sustaining grassroots advocates: FPOP brings together local networks – such as women's groups, youth groups, barangay (village) officials and traditional birth attendants – to combine their efforts and reach a common agenda to advocate for policies in which sexual and reproductive rights are recognized as an important element of enhancing quality of life. A broad-based approach, which includes issues such as violence against women and children, housing for the poor, and land for the landless results in more allies to pursue SRH advocacy.

Conducting local advocacy campaigns: working and networking with a range of community groups, government agencies and other NGOs. Examples of local campaigns include getting local media support; organizing debates and conferences on topics such as gender inequalities in which speakers are invited to link reproductive health with the cause they are fighting for; letter-writing, e-mail and signature campaigns; and cell phone texting.

High impact national advocacy efforts

National interventions complement local advocacy efforts to drive home the point that reproductive health issues are of national concern because they affect the health and development of individuals and families. Components of this strategy include:

Identifying key national allies: such allies – who have influential positions in legislative and other opinion-forming arenas – will become champions who advocate vocally for the cause in the media and other forums.

Developing key messages: to target specific audiences with tailor-made and consistent messages.

Developing information kits: to be used as advocacy tools with opinion-leaders and policy-makers.

A more comprehensive approach to sexual and reproductive health is still in the future. A nurse from a partner NGO running a training session in Camarines Sur during a joint activity with FPOP, talks about family planning with a group of community-based health workers.

“Let us stop and correct the misconceptions about family planning methods. The issue in family planning is not the decrease in the number of children but the safety of the mothers and the children. This is important because we believe that health is wealth.”

(Source: FPOP Progress Report, April–June 2002)



Conducting annual national advocacy campaigns: to build on national and local advocacy activities in support of legislative change, targeting legislators, senators, Department of Health officials, legal and medical professionals, academia, church institutions and the media.

Enhancing FPOP's advocacy and networking capability

Enhancing the skills of staff, volunteers and community-based distribution agents (CBDAs) allows them to take ownership of FPOP's advocacy role as an integral part of the organization. Components of this strategy include:

Conducting training workshops: for FPOP staff, volunteers and CBDAs on gender inequalities, social marketing, community mobilization, participation and advocacy.

Forming local advocacy committees: to guide FPOP chapters in their advocacy work.

Monitoring and evaluation: to be used as a vehicle for learning and for planning future activities.

Documenting advocacy best practices: to share lessons learnt.

Initiatives to enable the media to understand and support SRH issues

Media centres set up in each project region liaise with national, regional and local media, network with NGOs and co-ordinate advocacy work at FPOP chapter level. Streamlining the way the media are used is an efficient and effective way of disseminating messages that have been identified as key issues. It also enables the development of systematic responses to neutralize and counteract propaganda against family planning and reproductive health. Components of this strategy include:

Holding media consultations on gender and reproductive health issues: these activities bring media professionals together to discuss recent developments in reproductive health and gender issues, and how these affect individuals and families. Such consultations are intended to open the eyes and ears of media practitioners to the wide range of human interest stories that can be reported and to counteract 'media fatigue' on the subject.

Developing media guidelines: to offer suggestions on how to make stories on reproductive health and related issues interesting to the media. These guidelines include pointers on how to handle crisis communication (including how to respond to negative stories) as well as possible messages that can be conveyed through the media to ensure consistency in message delivery.

Tracking media output: to identify allies in the media, and to make swift rebuttals to negative publicity. Using the Internet is important for rapid information-gathering and information-sharing.

Developing a media mailing list and sending regular updates: to trigger interest and keep media professionals up to date.

Inviting the media to special events: to speak at, or attend, events to expose them further to the different issues encompassed by reproductive health.

REALITY IS ANOTHER MATTER

At the time of writing, enactment of a legislated policy has yet to succeed. Nevertheless, the project has been successful in bringing together a mix of advocates now perceived as the country's most potent reproductive health advocacy group, and FPOP has shown that it is a leading player in the advocacy field and in consensus building.

The project has mobilized much support for sexual and reproductive rights among all sectors of the population, which will facilitate future efforts to keep the Bill on the political agenda.

In the meantime, contingency strategies are in place for implementation in various scenarios – for example, in the event that the Bill is adopted, fails to be adopted, or is passed, but in a diluted version.

In the words of FPOP Executive Director Atty Rhodora Roy-Raterta: "From the reproductive rights perspective, no woman's life should be put at risk because of pregnancy, and no person's life should be put at risk or endangered by the lack of access to health care services and/or information. We all know that, but the reality is another matter."

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profile

Philippines



The project is located in seven FPOP chapters (branches), with a catchment population of over 18.4 million. Project areas are: Camarines Sur, Cebu, Davao, Iloilo, Isabela, Metro Manila and North Cotabato.

- **Population is 81.6 million, with 32% aged 10–24.**
- **Human Development Index ranking: 85 out of 175 countries.** (Source: UNDP 2003)
- **Average life expectancy at birth is 70 years.**
- **The infant mortality rate is 26 per thousand live births.**
- **The maternal mortality rate is 240 per hundred thousand live births.**
- **The total fertility rate is estimated at 3.5 with only 49% of married women aged 15–49 practising family planning (35% for modern methods).**
- **Only 56% of all births are assisted by trained personnel.**
- **Population living with HIV/AIDS (15–49) is 0.05%.**
- **The literacy rate among adults is high at 95% for women and 96% for men.**

(Source: PRB 2003)

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