RECOMMENDATIONS

Based on this Report Card, a number of programmatic, policy and funding actions could be recommended to enhance HIV prevention for girls and young women in the Philippines. These are that key stakeholders – including government, relevant intergovernmental and non-governmental organizations, and donors – should consider:

1. Review and strengthen the Philippines’ action in the light of the aspects of the Political Declaration on HIV/AIDS from the 2 June 2006 High-Level Meeting (to follow up UNGASS) that particularly relate to HIV prevention for girls and young women. These include sections: 7, 8, 11, 15, 21, 22, 26, 27, 29, 30, 31 and 34.

2. Follow through on the many positive measures contained in the Philippines AIDS Prevention and Control Act and Fourth AIDS Medium Term Plan by developing strong and systematic policies and procedures to implement them. Ensure that these provide a comprehensive and integrated approach that ‘bridges the divide’ – at all policy and program levels – between sexual and reproductive health and HIV and AIDS.

3. Recognise that more young people are having sex at an earlier age, often without any form of protection against pregnancy, HIV or STIs. Based on this, develop a comprehensive sexual and reproductive health programme for youth (both married and unmarried) that addresses their needs in an evidence-based and supportive manner.

4. Ensure that such a programme provides clear, national guidance and actively facilitates young people’s access to services. For example, mandate that individual health facilities can not ‘opt out’ of providing contraceptives and that parental consent is not a pre-requisite for using services. Also ensure that health workers receive appropriate training to put youth-friendly, non-judgemental and non-stigmatising services into practice.

5. Strengthen the commitment to women’s health, to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family-planning services. Note that any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process.

6. Implement a comprehensive rights-based approach to universal access to HIV prevention, treatment, care and support for sexual workers. This includes addressing the economic, social, and gender-based reasons for entry into sex work, providing health and social services to women, and providing opportunities for sexual workers to find alternatives to sex work for those who choose to do so.

7. Strengthen efforts to support female Overseas Filipino Workers (OFWs) and spouses of OFWs, especially those that may be only vulnerable (such as domestic or entertainment workers). Ensure that they receive detailed information about HIV before they travel and, if required to do so, understand what an HIV test involves and what its consequences might be.

8. Provide clear, national direction on the incorporation of HIV prevention into the education system, including the national curriculum for schools. Ensure that such efforts are institutionalized and compulsory and that teachers receive adequate training and monitoring to implement relevant modules. Also, ensure that they veer away from bio-medical approaches and respond to the country’s complex dynamics of sexuality, masculinity, and spirituality.

9. Promote universal access to antiretroviral therapy, while also promoting prevention. Ensure that girls and young women living with HIV can receive treatment that is free and provided without discrimination, at all policy and program levels. Encourage the broader needs relating to their gender, age and social status.

10. Recognise the increasing ‘ feminisation’ of the HIV epidemic. While continuing to ensure support for specific groups (such as sex workers and migrants), ensure that at least basic prevention awareness and services reaches all girls and young women and informs them of the risk of HIV infection. Also, strengthen campaign among parents, as well as community and religious leaders. Ensure that such efforts challenge negative socio-cultural norms and clearly articulate why girls and young women are vulnerable and have legitimate needs for services.

11. Promote models of HIV prevention that, in particular:
   - Go beyond abstinence-only and expand young peoples access to a wider range of information and commodities, including male and female condoms.
   - More specifically target girls, young women and boys/young men and also bring the two groups together.
   - Focus on gender relations, including by promoting positive models of masculinity; building understanding among males about their own sexual and reproductive health and role in supporting HIV prevention for females; and encouraging women to take responsibility, for example for having an HIV test.

12. Actively facilitate the participation of girls and young women, including those that are marginalised, and increasing opportunities with HIV in all aspects of national programming and decision making relating to HIV and AIDS. For example, develop relevant models (such as youth advisory panels) and provide capacity building, for example in public speaking.

CONTACT DETAILS

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Young Positives

The views and opinions expressed in this publication are those of the authors and do not necessarily reflect those of UNFPA, the United Nations Population Fund
The minimum legal age for marriage is 18. However, some 10% of 15–19 year old females, especially those who are poor and have little education, have already been married.9

The Constitution does not refer to the sexual and reproductive rights of young people. But there is no law that specifically requires parental consent for them to use relevant services. In practice, youth access is very restricted, even to the extent of being banned from some health clinics for seeking information relating to sex.28

The Philippines AIDS Prevention and Control Act (1998) addresses a comprehensive range of legal issues, including protecting confidentiality and fighting discrimination against all people suspected or known to be HIV positive. As an example, health professionals who contravene the law face imprisonment, a fine or suspension of licence.90

Anyone under 18 years requires parental consent to have an HIV test. The Philippines AIDS Prevention and Control Act prohibits compulsory testing (except in specific instances), while encouraging voluntary testing for those at high risk of infection.91

According to the Philippines Revised Penal Code, abortion is legal only to save the life of the pregnant woman. Penalties are high for those that contravene the law. However, about half of all births are either not wanted at all or not wanted at the time. Indeed, in 2000, an estimated 319,000 induced abortions occurred among adolescents alone, with many requiring hospitalisation for related complications.92

The Anti-Violence Against Women and their Children Act (2004) addresses gender-based violence, however, according to the Police, the number of reported incidents increased six-fold during 1996 to 2005, with nearly a fifth of cases involving rape.93

Sex work is illegal, but common in many locations. There is a government-run system of social hygiene clinics which test for sexually transmitted infections and issue ‘pink cards’ that permit girls and women to work in bars, on the streets, etc.94

There is no legislation that specifically outlaw harm reduction strategies for injecting drug users. However, the issue tends to be treated as a criminal, rather than social or health, challenge.95

“...more than legislation, it is the cultural norms that make married women vulnerable to HIV. For instance, women are expected to have sex with their husbands, but are unable to negotiate or assert safer sex practices.” (Interview, Trained, HIV and AIDS NGO)

“Police arrest us whenever they feel like making a few bucks.” (Focus group discussion with girls and women involved in sex work, Cebu)

“...the Philippines Prevention and Control Act commits to integrating HIV prevention into education at intermediate, secondary and tertiary levels, but also states that such teaching requires parental approval and must not be used to promote contraception. Meanwhile, the Fourth AIDS Medium Term Plan commits to providing both in and out-of-school children and young people with prevention information, life skills and services. In practice, the whole area of sex education is under discussion and subject to controversy, for example with some religious groups demanding that it is left to parents.” (Interview, Trained, HIV and AIDS NGO)
• There are multiple social, political and financial barriers to girls and young women accessing sexual and reproductive health and HIV prevention services. These barriers include:
  - Lack of relevant services, especially ones that are youth-friendly.
  - Conservative attitudes of staff, such as that young people, especially unmarried females, have no right to seek services related to sex.
  - ‘Norns’ that allow males to control females’ access to condoms, testing, etc.
  - Religious and cultural pressures, such as the need to have sex ‘passive’ in sexual relations.
  - Costs (for condoms, HIV testing, etc).
  - Stigma linked to HIV and AIDS.
  - Access to sexual and reproductive health services tends to be based on marital status, rather than age. Married youth are treated as adults (for whom services are ‘acceptable’), while those who are unmarried can be isolated.
  - In particular, judgemental attitudes by health workers are a powerful barrier to both young people and people living with HIV. This is despite commitments in the Fourth AIDS Medium Term Plan to providing guidelines and training for staff to provide youth-friendly services and combat stigma.

KEY POINTS:
• Access to these services is generally very limited for women and worse among girls and young women. Unless they belong to specific groups (such as sex workers or migrants), they might not easily come across this information.” (Interview, Trainers, HIV and AIDS NGO)
• Service providers are surprised when a woman is not married, even if she is somebody young.” (Focus group discussion with young women, Manila)
• ‘Cultural norms pose a barrier - particularly to accessing HIV services - primarily because of the stigma… Another barrier is even more basic: Young women are not aware of their vulnerability and so they do not have the interest to access prevention services.” (Interview, Trainers, HIV and AIDS NGO)
• “Women, men or boys generally have more access to information and even services - usually by sheer reason of less stigma on their part.” (Interview, Director, HIV and AIDS advocacy and services NGO)
• “Many women... rely on their husband to make these decisions and wait for the husband to get tested.” (Interview, Staff, NGO supporting migrant workers and network supporting sex workers)
• “We would like treatment, care and support that is available specifically to young women and girls.” (Focus group discussion with young women, Manila)
• “We encountered resistance from parents... maybe because girls are not expected to talk about sex.” (Interview, Trainer, HIV and AIDS NGO)
• “IV and AIDS only takes up around 45 minutes of the one-day orientation [for Overseas Filipino Workers].” (Interview, Trainers, HIV and AIDS NGO)
• “The whole issue of condoms is an ideological one. We should get over this hang-up because, even when they are available, men don’t use them.” (Interview, Director, HIV and AIDS NGO)

PREVENTION COMPONENT 3
AVAILABILITY OF SERVICES
• “With regard to HIV prevention services and programmes for girls and young women... don’t expect any from specific NGOs.” (Interview, Head of Department, national NGO focusing on sexual and reproductive health)

QUOTES AND ISSUES:
• There are no available services in the community and no information. The only stuff we’ve heard about AIDS is through the media.” (Focus group discussion with young women, Manila)
• “We need more information other than scaring us with the cases of HIV and AIDS.” (Focus group discussion with girls and women involved in sex work, Cebu)

• “We encounter resistance from parents... maybe because girls are not expected to talk about sex.” (Interview, Director, HIV and AIDS NGO)
• “IV and AIDS only takes up around 45 minutes of the one-day orientation [for Overseas Filipino Workers].” (Interview, Trainers, HIV and AIDS NGO)
• “The whole issue of condoms is an ideological one. We should get over this hang-up because, even when they are available, men don’t use them.” (Interview, Director, HIV and AIDS NGO)
• “There is very little sexual and reproductive health education in schools because the proposed curriculum is not being effectively implemented.” (Interview, Trainer, HIV and AIDS NGO)
• “The issue here is whether people, especially young women, know that voluntary counselling and testing is available. Chances are they are not aware.” (Interview, Trainer, HIV and AIDS NGO)
• “We would like treatment, care and support that is available specifically to young women and girls.” (Focus group discussion with young women, Manila)
• “Even in a context where some information is available, young women and girls may not have the skills to ask for it.” (Interview, Director, HIV and AIDS advocacy and service NGO)

• “We want to use condoms, but, when the men refuse, what do we do?” (Focus group discussion with girls and women involved in sex work, Cebu)
• “Affordable Antiretroviral drugs are very limited in the Philippines.” (Interview, Trainer, HIV and AIDS NGO)
• “Even in treatment among spouses who test positive, it is notable how men are prioritized over women.” (Interview, Staff, NGO supporting migrant workers and network supporting sex workers)

• “Access to these services is generally very limited for women and worse among girls and young women. Unless they belong to specific groups (such as sex workers or migrants), they might not easily come across this information.” (Interview, Trainers, HIV and AIDS NGO)
• “Service providers are surprised when a woman is not married, even if she is somebody young.” (Focus group discussion with young women, Manila)
• “Cultural norms pose a barrier - particularly to accessing HIV services - primarily because of the stigma… Another barrier is even more basic: Young women are not aware of their vulnerability and so they do not have the interest to access prevention services.” (Interview, Trainers, HIV and AIDS NGO)
• “Recent data shows many of those testing positive are monogamous women, infected by their husbands or partners.” (Interview, Staff, NGO supporting migrant workers and network supporting sex workers)
• “Youth, men or boys generally have more access to information and even services - usually by sheer reason of less stigma on their part.” (Interview, Director, HIV and AIDS advocacy and services NGO)
• “Many women... rely on their husband to make these decisions and wait for the husband to get tested.” (Interview, Staff, NGO supporting migrant workers and network supporting sex workers)
• “We took an HIV test once. We waited one month for the results because they sent them to Manila.” (Focus group discussion with girls and women involved in sex work, Cebu)
• “All working girls get access to testing.” (Focus group discussion with girls and women involved in sex work, Cebu)
• “Health seeking behaviour... remains low and problematic. For instance, part of the reason that detection is high among Overseas Filipino Workers is because the detection countries require it before arrival.” (Interview, Director, HIV AIDS advocacy and services NGO)
• “We want to use condoms, but, when the men refuse, what do we do?” (Focus group discussion with girls and women involved in sex work, Cebu)
• “Affordable Antiretroviral drugs are very limited in the Philippines.” (Interview, Trainer, HIV and AIDS NGO)
The Philippines signed the Conventions on the Rights of the Child and the Elimination of All Forms of Discrimination against Women in 1990 and 1980 respectively.

The Fourth AIDS Medium Term Plan was developed through a relatively collaborative process involving civil society organizations and people living with HIV.

The National AIDS Council does not include anyone to specifically represent the interests of girls and young women. There is also no organization or coalition that specifically promotes this HIV prevention need and rights of the group.

The National AIDS Council includes representation of people living with HIV and the Fourth AIDS Medium Term Plan commits to ensuring their participation and empowerment. Meanwhile support groups (Pinoy Plus, Positive Action Foundation and Babae Plus) help people living with HIV to increase their capacity to participate, for example by building skills in advocacy and networking.

The main network of people living with HIV is open to everyone, while Babae Plus is developing as a group that is specifically by and for HIV positive women.

However, only a few girls or young women who are HIV positive speak openly about their status – only at the level of their communities within the government.

Participation in HIV and AIDS initiatives can be hampered by the tensions and confrontation that the subject evokes among different sectors, such as the government, NGOs, religious institutions and groups of people living with HIV.

"Women have commonly referred to sex as 'gang-gamit' [literally being used by the male partner] and it is so telling of how the sexual power imbalance prejudices concepts around women and girls deciding about their bodies, their sexual pleasure and, ultimately, their reproduction rights. As a result of this view, Staff, NGO supporting migrant workers and network supporting sex workers (pp. 19-20) (Policy Project (2003) Population-Philippines: Gov't Hands Tied by Conservatives."

"Women need to be raised among boys and young men on gender and sexuality. The problem is cultural, so there needs to be a re-shaping of their notion of being a boy or a young man. Their attitudes about their sexuality need to be changed and be oriented to be more respectful of girls and women's rights. (Interview, Trainer, HIV & AIDS NGO)"

"There has been a tendency to compartmentalize many of these issues, despite the clear links between agency, accessibility to AIDS. The links are, of course, sex and sexuality... and our attitudes about these things. (Interview, Director, HIV & AIDS advocacy and services NGO"

"Although there is representation... it does not necessarily mean that there are voices that are heard in the development of policies. (Interview, Trainer, HIV & AIDS NGO"

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