



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:

- 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.
- 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 programme levels - between sexual and reproductive health and HIV and AIDS.
- Recognise that more young people are having sex and at an earlier age, often without using 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.
- 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.
- 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.
- Implement a comprehensive rights-based approach to universal access to HIV prevention, treatment, care and support for **sex workers**. This includes addressing the economic, social, and gender-based reasons for entry into sex work, providing health and social services to sex workers, and providing opportunities for sex workers to find alternatives to sex work for those who choose to do so.
- Strengthen efforts to support female **Overseas Filipino Workers (OFWS)** and spouses of OFWS, especially those that may be highly 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.
- 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, morality and spirituality.
- Promote universal access to **antiretroviral therapy**, while also promoting positive prevention. Ensure that girls and young women living with HIV can receive treatment that is free and provided within an environment that not only addresses their HIV status, but recognizes their broader needs relating to their gender, age and social status.
- Recognize 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 campaigns 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.
- 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 and men to take responsibility, for example for having an HIV test.
- Actively facilitate the **participation of girls and young women**, including those that are marginalised or living 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.

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REPORT CARD HIV PREVENTION FOR GIRLS AND YOUNG WOMEN



PHILIPPINES

COUNTRY CONTEXT:

Size of population:	85.3 million ¹
Life expectancy at birth:	70.00 years ²
Percentage of population under 15 years:	35% ³
Population below income poverty line of \$1 per day:	14.6% ⁴
Female youth literacy rate (% ages 15-24):	95.7% ⁵
Youth literacy rate (female rate as % of male rate ages 15-24):	101% ⁶
Median age at first marriage for women (ages 25-49) in 2003:	22 years ⁷
Median age at first sex among females (ages 15-24) in 1993 ⁸ :	22.9 years ⁸
Median age at first sex among males (ages 15-24) in 1993:	No data available ⁹
Health expenditure per capita per year:	\$153 ¹⁰
Contraceptive prevalence rate ¹¹ :	49% ¹¹
Maternal mortality rate per 100,000 live births:	200 ¹²
Main ethnic groups: Tagalog 28.1% Cebuano 13.1% Ilocano 9% Bisaya/Binisaya 7.6% Hiligaynon Ilonggo 7.5% Bikol 6% Waray 3.4% other 25.3% ¹³	
Main religions: Roman Catholic 80.9% Evangelical 2.8% Iglesia ni Kristo 2.3% Aglipayan 2% other Christian 4.5% Muslim 5% other 1.8% unspecified 0.6% none 0.1% ¹⁴	
Main languages: Two official languages – Filipino (based on Tagalog) and English; eight major dialects – Tagalog, Cebuano, Ilocano, Hiligaynon or Ilonggo, Bicol, Waray, Pampango, and Pangasinan ¹⁵	

AIDS CONTEXT:

Adult HIV prevalence rate in 2005:	0.1% ¹⁶
HIV prevalence rate in females (ages 15-24) in 2005:	No data available ¹⁷
HIV prevalence rate in males (ages 15-24) in 2005:	No data available ¹⁸
Number of deaths due to AIDS in 2005:	<100 ¹⁹
Estimated number of orphans (ages 0-17) in 2005:	No data available ²⁰

HIV PREVENTION FOR GIRLS AND YOUNG WOMEN CONTEXT:

Half of the population of the Philippines are 21 years or under.²¹ An increasing number of young people are engaging in premarital sex²² and often have multiple partners, without using any form of protection.²³ A third of women have their first child by 21.²⁴ The many factors that contribute to girls' and young women's vulnerability to HIV include: cultural norms about not discussing sex; religious pressure not to use condoms; sex work being widespread, but illegal; high levels of migratory work; and high rates of sexually transmitted infections, especially among 18-24 year olds.²⁵ Some 60% of young people believe that there is no chance of them becoming infected with HIV.²⁶

INTRODUCTION

THIS REPORT CARD AIMS TO PROVIDE A SUMMARY OF HIV PREVENTION FOR GIRLS AND YOUNG WOMEN IN THE PHILIPPINES.

This Report Card is one in a series produced by the International Planned Parenthood Federation (IPPF), under the umbrella of the Global Coalition on Women and AIDS, and with the support of the United Nations Population Fund (UNFPA) and Young Positives.

The Report Card is an **advocacy tool**. It aims to increase and improve the programmatic, policy and funding actions taken on HIV prevention for girls and young women in the Philippines. Its key audiences are **national, regional and international policy and decision-makers, and service providers**. It builds on global policy commitments, particularly those outlined in the Political Declaration on HIV/AIDS from the 2 June 2006 High-Level Meeting, to follow up on the United Nations General Assembly Special Session on AIDS (UNGASS).

The Report Card summarises the **current situation of HIV prevention strategies and services for girls and young women ages 15-24 years in the Philippines**. It contains an analysis of five key components that influence HIV prevention, namely:

1. Legal provision
2. Policy provision
3. Availability of services
4. Accessibility of services
5. Participation and rights

It also provides **recommendations** for key stakeholders to enhance action on HIV prevention strategies and services for girls and young women in the Philippines.

The Report Card is the basis of extensive research carried out during 2006 by IPPF, involving both desk research on published data and reports, and in-country research in the Philippines to provide more qualitative information. This research is detailed in full within a 'Research Dossier on HIV Prevention for Girls and Young Women in the Philippines' (available on request from IPPF).



1

PREVENTION COMPONENT 1 LEGAL PROVISION (NATIONAL LAWS, REGULATIONS, ETC)

KEY POINTS:

- 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.²⁷
- 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.²⁹
- 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.³⁰
- 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.³¹
- 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.³²
- **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.³³
- There is no legislation that specifically outlaws **harm reduction** strategies for injecting drug users. However, the issue tends to be treated as a criminal, rather than social or health, challenge.³⁴

QUOTES AND ISSUES:

- “The lack of a **law** ensuring reproductive health services is aggravating the dearth of HIV prevention programmes.” (Interview, Officer, United Nations agency)
- “We already have a lot of laws in place which can help women fare better, but we really lack full **implementation** of many policies.” (Interview, Officer, UN agency)
- “We lack laws which support **rights** and alleviate poverty. This increases people’s vulnerability to HIV and AIDS.” (Interview, Director, HIV and AIDS NGO)
- “The **AIDS Law** needs to be applied locally. It is there, but is not well known even to the politicians.” (Interview, Director, HIV and AIDS NGO)
- “HIV prevention, as enshrined in the AIDS Law, covers prevention for everyone. But certainly, the fact that young women cannot access reproductive health services without **parents’ consent** hinders the effectiveness of prevention campaigns.” (Interview, Trainer, HIV and AIDS NGO)
- “In the [1998 AIDS] Law, it says that while we can talk about the **condom** in the context of HIV education, we cannot mention family planning.” (Interview, Head of Department, national NGO focusing on sexual and reproductive health)
- “When working with women who are **HIV positive**, the same old assignments of blame and stigma are still more pronounced when they get infected outside of marital sex.” (Interview, Staff, NGO supporting migrant workers and network supporting sex workers)
- “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, Trainer, 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)
- “[**Injecting drug users**] are still the most difficult to reach with prevention efforts ... mainly because they are criminalized.” (Interview, Trainer, HIV and AIDS NGO)
- “A comprehensive law on **reproductive health** should be enacted that could put more power on women to decide over reproductive health matters that affect them. This law should include the specific needs of young women and girls.” (Interview, Trainer, HIV and AIDS NGO)



2

PREVENTION COMPONENT 2 POLICY PROVISION (NATIONAL POLICIES, PROTOCOLS, GUIDELINES, ETC)

KEY POINTS:

- The national approach to **sexual and reproductive health services** is conservative and unclear and, often, not integrated with the response to HIV and AIDS. For example, there is no budget allocated for sexual and reproductive health commodities and individual health outlets can decide for themselves on the appropriateness of providing services.³⁵
- The Fourth AIDS Medium Term Plan (2005-2010) addresses the full **continuum** of prevention, care, support and treatment.³⁶
- Among many other positive measures, the Fourth AIDS Medium Term Plan:
 - Commits to **gender-responsive and rights-based approaches**.
 - Emphasises **confidentiality** in services.
 - Emphasises targeting prevention for **marginalised groups**, including sex workers, migrant workers and injecting drug users.
 - Promotes the **rights of people living with HIV**.³⁷
- The Fourth AIDS Medium Term Plan does not specifically commit to providing free **antiretroviral therapy**. It also does not refer to the specific **voluntary counselling and testing** needs of girls and young women.³⁸
- The national **protocol for antenatal care** does not include an optional HIV test, while prevention of mother-to-child transmission services are limited.³⁹
- There have been some initiatives, such as within the Adolescent Youth and Development Program, to promote training in youth-friendly approaches among **health workers**.⁴⁰
- The Philippines AIDS 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.⁴¹

QUOTES AND ISSUES:

- “The national government **policy** on adolescent reproductive health is not clear.” (Interview, Director, HIV and AIDS advocacy and services NGO)
- “There isn’t any policy on reproductive health... The **administration** is against it.” (Interview, Staff, NGO supporting migrant workers and network supporting sex workers)
- “It doesn’t follow that, just because service delivery guidelines are supposedly inclusive, young women and girls necessarily have equal **access** to services and information. In fact, discrimination on the programme level is common simply because government services in health do not recognize ‘sexual health needs’ for girls who aren’t supposed to be having sex yet anyway.” (Interview, Head of Department, national NGO focusing on sexual and reproductive health)
- “We have to veer away from what has been a tendency to a purely **bio-medical** approach to HIV and AIDS issues... and start recognizing it as the social, cultural, political and economic problem that it is.” (Interview, Head of Department, national NGO focusing on sexual and reproductive health)
- “There is no institutionalized **sex education** program run by the Department of Education, at least nothing uniformly implemented across all schools. There have been many programs for out-of-school youth through the years. But the content is usually bio-medical and, even then, hardly comprehensive.” (Interview, Staff, NGO supporting migrant workers and network supporting sex workers)
- “In the past, women in **sex work** (and gay men) were singled out in our local programmes, not really with the sole agenda of protecting them, but because they were thought of as the culprits. Studies have proven this wrong - because it is the customer, usually the men, who go back to their spouse or have other sexual relationships where they increase the risk of transmission. Recent data shows many of those testing positive are monogamous women.” (Interview, Staff, NGO supporting migrant workers and network supporting sex workers)
- “We already have a lot in terms of **written policy**. The next step is to go beyond written law and implement it. Linking up at the local levels and getting local governments involved is a good strategy, alongside other partners (such as NGOs) and the Departments of Education, Health and Social Welfare.” (Interview, Head of Department, national NGO focusing on sexual and reproductive health)



KEY POINTS:

- **Sexual and reproductive health services** are not available at all primary health facilities. For example, the city of Manila has banned the provision of contraceptives in its clinics.⁴²
- Some NGOs provide youth-focused strategies and take a broad approach to **HIV prevention**, emphasising life skills and using peer education. But many programmes are very generic and do not address the underlying causes of vulnerability, such as gender inequality. Also, few specifically target girls/young women or boys/young men or bring the two groups together.⁴³
- Social hygiene clinics for **sex workers** are available in some areas, but not all. They tend to focus on 'regulating' the women involved in sex work and do not always ensure privacy.⁴⁴
- As of 2003, **voluntary counselling and testing** was available at 500 sites. But, in practice, there are few supportive and high quality services and only one hospital (in Manila) does confirmatory tests. Meanwhile, in 2004, 56 sites offered services for **prevention of mother-to-child transmission of HIV**.⁴⁵
- There is little **care and support** for adults living with HIV and none that specifically targets children. Despite official commitment to providing respectful and gender-sensitive services, there are reports of discriminatory treatment in hospitals.⁴⁶
- **Antiretroviral** therapy for adults is available at a government hospital in Manila, with an estimated coverage of 5% in 2005. Specific therapy for children is not available. Meanwhile, **positive prevention**^{iv} is addressed by some support groups, alongside attention to positive living and sexual and reproductive health.⁴⁷
- In practice, many girls and young women report receiving no education on sexual and reproductive health or HIV and AIDS in **schools**. Where such efforts do exist, the information is sometimes inaccurate and the teachers lack the confidence and skills to go beyond bio-medical approaches.⁴⁸
- Statistics reveal that over 30% of those living with HIV are **Overseas Filipino Workers** (most of whom are women). Departing migrant workers have little knowledge of HIV and rarely adopt safe sex practices. The information they receive is often only during the HIV tests they have to satisfy entry requirements for a country.⁴⁹
- Male **condoms** are available, but supplies have decreased dramatically. They are the subject of intense social and religious controversy, are not widely used and tend to only be promoted among specific groups, such as sex workers. Meanwhile, female condoms are not easily available.⁵⁰
- There are a variety of NGO initiatives to **raise awareness about HIV** in communities, often using peer education approaches.⁵¹
- **Harm reduction services** for injecting drugs users are only available on a small-scale and in a few locations.⁵²

QUOTES AND ISSUES:

- "With regard to HIV prevention services and programmes for **girls and young women**... don't expect any from government... there are none." (Interview, Head of Department, national NGO focusing on sexual and reproductive health)
- "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)
- "HIV and AIDS only takes up around 45 minutes of the one-day orientation [for **Overseas Filipino Workers**]." (Interview, Trainer, 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)


KEY POINTS:

- There are multiple **social, political and financial barriers** to girls and young women accessing sexual and reproductive health and HIV prevention services. These 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 relating to sex.
 - 'Norms' that allow males to control females' access to condoms, testing, etc.
 - Religious and cultural pressures, such as to be 'passive' in sexual relations.
 - Costs (for condoms, HIV testing, etc).
 - Stigma linked to HIV and AIDS.⁵³
- 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.⁵⁴
- 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.⁵⁵
- There are particularly significant barriers to accessing **condoms**. Alongside poor supplies, these include religious views that condoms encourage promiscuity and are a sign of sex work. Such factors contribute to some 68% of young women having sex without using any form of protection.⁵⁶
- Treatment for **sexually transmitted infections** is not free at government clinics. Neither is **voluntary counselling and testing**. Data suggests that, despite increasing vulnerability, fewer females access tests than males.⁵⁷
- Services for **sex workers** at social hygiene clinics were free in the past, but some locations have introduced charges.⁵⁸
- **HIV and AIDS treatment** is based in major cities, involving long distances and high travel costs. **antiretrovirals** are not free and cost approximately \$50 per month. Some people living with HIV have to depend on donations or get supplies from illegal markets.⁵⁹

QUOTES AND ISSUES:

- "Access to these services is generally very limited for women and worse among girls and young women. Unless they belong to specific groups (like sex workers or migrants), they might not easily come across this information." (Interview, Trainer, HIV and AIDS NGO)
- "Service providers are surprised when a woman is not married, more so 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, Trainer, 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)
- "Young 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 destination 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)
- "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)



KEY POINTS:

- 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.⁶⁰
- The **Fourth AIDS Medium Term Plan** was developed through a relatively collaborative process involving civil society organizations and people living with HIV.⁶¹
- The National AIDS Council does not include anyone to specifically represent the **interests of girls and young women**. There is also no organisation or coalition that specifically promotes this HIV prevention needs and rights of the group.⁶²
- 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.⁶³
- 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 – and only at conferences and trainings, rather than in public.⁶⁴
- 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.⁶⁵

QUOTES AND ISSUES:

- **"International commitments** are nothing without local action. We need to localize efforts around these, including UNGASS." (Interview, Director, HIV and AIDS NGO)
- *"Even with the attempts to put a **rights-based framework**, or even women's reproductive health and rights, into written national policy at the level of the Department of Health... it just looks good on paper, without anything actually being done in terms of action."* (Interview, Director, HIV and AIDS advocacy and services NGO)
- "There has been a tendency to **compartmentalize** many of these issues, despite the clear links between reproductive health and HIV and AIDS. The link is, of course, sex and sexuality... and our attitudes about these things." (Interview, Director, HIV and AIDS advocacy and services NGO)
- *"Although there is **representation**... it does not necessarily mean that young women's voices are heard in the development of policies."* (Interview, Trainer, HIV & AIDS NGO)
- "Women have commonly referred to sex as 'pag-gamit' [literally, being used by the male partner] and it is so telling of how the sexual **power imbalance** precludes concepts around women and girls deciding about their bodies, their sexual pleasure and, ultimately, their protection against HIV." (Interview, Staff, NGO supporting migrant workers and network supporting sex workers)
- *"Awareness needs to be raised among **boys and young men** on gender and sexuality issues. 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 to be oriented to be more respectful of girls and women's rights."* (Interview, Trainer, HIV and AIDS NGO)
- "Initially girls find it harder to speak out than boys when it is about **sexuality**. Boys seem to know more than girls, but later girls actually take on leadership roles as peer educators." (Focus group discussion with young women, Manila)
- *"We have met **HIV positive people** in the course of our trainings [as peer educators], but have never encountered a case in our community."* (Focus group discussion with young women, Manila)
- "In **peer educator** programmes, we invite speakers from other groups like the Positive Action Foundation Inc. We speak about everything, from abstinence to safe sex, using condoms, masturbation ... and how to be sensitive when doing education, since we wouldn't want to offend others." (Focus group discussion with young women, Manila)
- *"We have rights but we also know we have **responsibilities**."* (Focus group discussion with young women, Manila)


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- The percentage of people ages 15-24 who can, with understanding, both read and write a short, simple statement related to their everyday life.
- The age by which one half of young people ages 15-24 have had penetrative sex (median age).
- The percentage of married women (including women in union) ages 15-49 who are using, or whose partners are using, any form of contraception, whether modern or traditional.
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