Sexual and Reproductive Health of Young Women in the Philippines: 2013 Data Update

• Approximately five million adolescent women (aged 15–19) currently live in the Philippines; they account for nearly one-fifth (19%) of all women of reproductive age (15–49).

• As of 2013, adolescent women in the Philippines had completed a median of 9.0 years of schooling, which represents steady improvement from medians of 8.6 years in 2003 and 8.8 years in 2008.

• A slight majority of adolescent women reported at least weekly exposure to radio (55%) and more than four-fifths, to television (83%); 29% read newspapers at least once a week. A sizable proportion (43%) said they go online at least once a week, but Internet exposure was higher than average in urban areas (56%) and lower than average in rural areas (28%).

SEXUAL ACTIVITY AND MARRIAGE
• Some 15% of adolescent Filipino women in 2013 reported ever having had sex.

• Among women aged 18–24, 19% said they had had sex before age 18. This proportion was far higher than average among the poorest women (36%) and slightly higher than average among those living in rural areas (22%).

• One in 10 adolescent Filipino women reported ever marrying or entering into consensual union. Teenage unions were more than four times as common among women living in the poorest households (17%) as among those in the wealthiest (4%).

USE OF REPRODUCTIVE HEALTH CARE
• As of 2013, 37% of married adolescent women used some method of contraception. This level of overall use represents an encouraging 11 percentage-point increase from the 2003 and 2008 surveys.

• However, married adolescents in the Philippines relied on traditional methods almost as much as they did on modern methods (17% and 19%, respectively). Adolescents were far more likely than all women of reproductive age to be using such methods, which have far higher failure rates than most modern methods.

• Twenty-nine percent of married adolescents had an unmet need for contraception, meaning that they wanted to avoid pregnancy but were not using any contraceptive method; this proportion is much higher than that among married women of any other age-group (15–22%).

• Although adolescents’ level of unmet need appears to have declined slightly since 2003 (when it was at 34%), it has fluctuated within a narrow range.

PREGNANCY AND CHILDBEARING
• High levels of unmet need for contraception can lead to high levels of unplanned births (those that are wanted later or not at all). As of 2013, 32% of recent births to women younger than 20 were unplanned. This proportion was higher in urban areas than in rural areas (36% vs. 27%).

• Although still uncommon, teenage motherhood has slowly risen over time: Some 6.1% of Filipino women aged 15–19 were mothers in 2003, compared with 7.3% in 2008 and 7.7% in 2013.

• The birthrate among all adolescent women has changed little, going from 53 to 57 births per 1,000 women aged 15–19 between 2003 and 2013. This slight increase masks diverging trends by area of residence, however: The rate declined from 74 to 63 in rural areas, but rose from 40 to 52 in urban areas.

• Giving birth in a medical facility is becoming more common in the Philippines: As of 2013, 70% of adolescent mothers had their most recent delivery at a health facility, compared with only 38% in 2008.

SEXUAL AND REPRODUCTIVE HEALTH KNOWLEDGE
• In 2013, adolescent Filipino women had heard of an average of 4.5 modern contraceptive methods.

• Two-thirds of women aged 15–24 in 2013 reported knowing where to get a condom, while slightly more than one-third (35%) reported that they could obtain a condom on their own.
POLICY AND PROGRAM IMPLICATIONS

• The recent increase in the rate of adolescent childbearing in urban areas suggests that greater efforts are needed to ensure access to youth-friendly contraceptive services that are affordable, confidential and nonjudgmental.
• Encouragingly, unmet need for contraception among married women is declining for all age-groups. However, it is far higher among adolescents than among older women, which suggests that married adolescents who want to postpone motherhood are still encountering cultural and logistic barriers.
• Given adolescents’ high levels of unmet need, many are at risk for unintended pregnancy. The complete prohibition of abortion means that some will resort to illegal abortion, which can severely jeopardize their health.
• The many married adolescent women who rely on traditional methods may also be at high risk for unintended pregnancy, given these methods’ relatively high failure rates. Policies and programs should emphasize improving the availability—and cultural acceptability—of a range of modern contraceptives, including long-acting and reversible methods.
• The reproductive health act is an important tool for advocating for reproductive rights, but additional efforts are needed to change its acceptance of the status quo in denying minors access to needed services unless they have parental consent. Concerted education campaigns need to address stigma toward nonmarital sexual activity and lack of agency among young women.

POLICY ENVIRONMENT

• Abortion is illegal in the Philippines in all circumstances, even when continuing a pregnancy endangers the pregnant woman’s life.
• The Philippines’ 2013 National Policy and Strategic Framework on Adolescent Health and Development provides strong rights-based guidance for ensuring that young people have access to sexual and reproductive health services and supports the use of an age- and development-appropriate Reproductive Health and Sexuality Education Curriculum.
• The Philippines Supreme Court lifted a ban on the Responsible Parenthood and Reproductive Health Act in April 2014. Implementation of this act, which guarantees universal access to family planning, had been stalled for nearly a decade.
• However, while upholding most of this act, the Court struck down the sole exception that enabled minors to obtain reproductive health services without parental approval (i.e., cases in which minors had already had a child or a miscarriage).

GENDER INEQUALITY AND SOCIAL NORMS

• One in seven adolescent Filipino women in 2013 agreed with at least one of five reasons offered for why a husband would be justified in hitting his wife.
• Eighteen percent of adolescent women reported having experienced physical or sexual violence.
• The vast majority (88%) of married adolescent women said that they make health care decisions by themselves or jointly with their husband. This indicates that the remaining 12% do not participate in decisions about their own health care.

• Although knowledge of when in the menstrual cycle a woman is most likely to conceive is important to successfully use an array of contraceptive methods, fewer than one-quarter (23%) of adolescent women correctly identified a woman’s fertile period.

For references, please go to: http://www.guttmacher.org/pubs/FB-DD-Philippines.html

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