HEALTH AND DEVELOPMENT IN EARLY CHILDHOOD AND ADOLESCENCE

SITUATION OF CHILDREN IN THE PHILIPPINES REPORT

Publication Date 2023 Reports available at situationofchildren.org/latest-evidence

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Adolescent pregnancy and birth rate are global phenomena with serious health, social and economic consequences.

Adolescent pregnancy poses health risks for both mothers and babies. Adolescent mothers (aged 10–19 years) face higher risks of eclampsia, puerperal endometritis, and systemic infections than women aged 20–24 years, and babies of adolescent mothers face higher risks of low birth weight, preterm birth and severe neonatal condition.

Adolescent pregnancy has also been found to have a detrimental impact on the ability of young women to complete their education to and access employment opportunities later in life.

Adolescent pregnancy poses serious health risks and challenges to education and employment opportunities, despite recent declines in rates and ongoing health concerns.

Adolescent pregnancy and birth rates have gone down significantly in the last ten years. A few years ago, the country was said to have among the highest adolescent birth rates in the Association of Southeast Asian Nations (ASEAN) region.

That may have prompted the declaration of the prevention of teenage pregnancies a national priority in 2021 through Executive Order No. 141 – Adopting as a national priority the implementation of measures to address the root causes of the rising number of teenage pregnancies and mobilizing government agencies for the purpose. The latest data indicates a decline in adolescent pregnancy rate and a sharp decrease in adolescent birth rate.

The probability of dying among adolescents has remained consistent at around 2 per cent between 2014 and 2021. However, behavioural risk factors among adolescents including smoking, alcohol use and physical inactivity have been found to be highly connected with morbidity and mortality.

Child Rights Situation Analysis

Indicators discussed in this subdimension are mostly about adolescents (aged 10-19 years) including prevalence of teenage pregnancy, adolescent birth and death rates per 1000 women, and percentage of adolescents with insufficient physical activity, currently drinking alcohol and currently smoking.

Adolescent (or teenage) pregnancy, among women aged 15-19 years, has declined to 5.4 per cent in 2022, from 8.6 per cent in 2017. On a similar trend, adolescent birth rate, also called age-specific fertility rate, among women aged 15-19 years is down by almost half, from 47 per cent in 2017 to 25 per cent in 2022. Adolescent pregnancy rates are highest in Region X, Region XI, Region III, and Caraga region, and among the poorest. In 2020, there

was a total of 2,113 registered births by girls aged 10-14 years.

These births constitute only 1 per cent of total registered births among adolescents aged 10-19 years but have been increasing until 2019 and may be substantially higher, as not all adolescent births are reported.

Prevalence of smoking and drinking among adolescents aged 10-19 years continues to drop. Smoking prevalence stands at 2.3 per cent in 2021 while the rate of alcohol use is 13.2 per cent, down from 3.7 per cent and 15 per cent, respectively, in 2018-2019.

There was less prevalence of smoking and drinking alcohol among girls. Smoking rates among adolescents do not vary much across wealth categories but drinking rates tend to increase with wealth.

Seven out of ten adolescents aged 10-19 years are insufficiently physically active in 2021. The proportion is higher among girls with 75.2 per cent not sufficiently doing physical activities than boys with 65 per cent.

Prevalence of insufficient physical activity is also higher among adolescents in urban areas and increases with wealth status with the highest rate at 74.7 per cent among those belonging to the richest quintile.

Equity & Risk

EQUITY	
Gender	**While adolescent pregnancy and birth rates have declined, there is need to look more closely at the profile of those who fathered the births of female adolescents.** In 2020, only 24 per cent of registered live births by women aged 15-19 years were fathered by men of the same age group, with 17 per cent of the fathers at least 6 years older. This may suggest that some teenage pregnancies may be a result of coercion and unequal power relations between girls and older men. While female adolescents register lower rates of smoking and alcohol consumption, the higher rates among male adolescents may be reflective of social pressures and norms that which make it more acceptable for boys to engage in risky behaviours than girls.
Disability	This situation analysis has not been able to determine any data which disaggregates by disability under this subdimension.
Subnational	**Teenage pregnancy may have decreased overall but persists in Region X, Region XI, Region III, and Region XIII at 10.9 per cent, 8.2 per cent, 8 per cent, and 7.7 per cent respectively, against the national average of 5.4 per cent**. Pregnancy rate is higher in rural areas at 6.1 per cent than in urban areas at 4.8 per cent. Similarly,

	adolescent birth rate is more prevalent in the rural areas with 28 per cent to the 22 per cent in urban areas.
Others	**Adolescent pregnancy rates tend to be higher among those with lower education levels, and among those from poorer socioeconomic classes.** This follows global trends, which indicates that poverty can limit the choices of adolescent girls and limit their access to family planning services and devices. Adolescents aged 15-19 years who had an education level of Grades 1-6 had a notably higher prevalence of pregnancy than those who had attended Grades 7-10 or college. Similar variations were found by socioeconomic class: poorer women had an adolescent pregnancy rate of 10.3 per cent, while those in the higher socioeconomic classes had a substantially lower rate of 1.8 per cent.

RISKS

Natural hazards	• **Natural hazards and climate events test health systems, government time and resources are reportedly prioritized too heavily for responses and not enough for preparedness.** This significantly impacts access to and provision of services. To mitigate this, plans for continuous delivery of services during natural climate and weather events should be in place. • Reallocation of development and government funding to emergency response is an ongoing risk faced in planning and programming across all child rights fields, likely to be exacerbated by climate change. The impact of this is that programme plans, and delivery are disrupted, evidenced by restrictions to access to health facilities due to emergency responses like community quarantine. To mitigate this risk, it is noted that more capacity-building should be provided on disaster-preparedness and resilience for key actors across this subdimension.
Conflict	• **Conflict risks children's and adolescents' health and development.** It increases the risk of their facing anxiety, loneliness and insecurity; risks their becoming desensitized and emotionally numb; can increase their likelihood of showing aggression and withdrawal in their behavior with family and friends; can lead to psychosomatic symptoms; and can push some into negative coping mechanisms including self-harm. It follows that children living in areas with high conflict incidence, like Mindanao, are more at risk of these developmental challenges. • In the Philippines, male children and adolescents who witness interparental violence are found to demonstrate more psychological aggression.

Health Crisis/Pandemic	• **While the imposition of the quarantine measures serves to contain the spread of the virus, it may also lead to the increase negative consequences on women and girls.** Mandatory home isolation reinforces the conditions that give rise to a host of violations against an individual's sexual and reproductive health and rights. These are compounded by gendered expectations that women should be the primary carers for their families, the sick or for the quarantined in the absence of enough hospital beds and access to critical medical and social services, which increases risk of exposure to the virus and less time to care for their own health. To mitigate these risks, it is essential to include reproductive health commodities in relief packages, ensure uninterrupted access to comprehensive sexual and reproductive health services during quarantine, maintain operational sexual and reproductive health services, and strengthen gender-based violence referral pathways. • The 2009 Magna Carta of Women and the Responsible Parenthood and Reproductive Health Law of 2012 provides for the protection of women and girls and ensures their access to sexual and reproductive health services during times of crises through the implementation of the Minimum Initial Service Package for Sexual and Reproductive Health in Emergencies. • **Changes to personnel and leadership within the DoH affect the delivery of child health services in the Philippines.** Each new senior official or representative appointed or elected may introduce new structures and priorities, which can make it challenging for INGOs and other partners to work effectively as they need to rebuild connections, networks and relationships, particularly for advocacy work. Such changes affect all health services, including contributing to delays in administrative processes. It is noted that an official two-year continuity plan should be readily available to guide key health actors and avoid shifts on structures and priorities due to changes in personnel. • **Local chief executives within LGUs are an essential stakeholder in the Philippines' decentralized health service delivery set up.** The extent to which an LGU's health situation improves or worsens depends a lot on its LCE's individual willingness and interest in pursuing health goals, which leaves LGUs' health outcomes and service delivery at significant risk if an appointed LCE has little such interest or experience.
Other risks	• **At the LGU level, the short, three-year election period means advocacy and programming at the LGU and LCE level generally needs to be reviewed and revised regularly, and new relationships built.** Newly elected LCE's can have new and different priorities, some of which will not be aligned with efforts to make progress on child rights realization.

- **Limited time and resources of INGOs, UN agencies and sector partners to work as effective technical advisers and partners was cited as a risk, given the number of competing priorities and challenges within the Philippines.** This is particularly a risk at LGU level, as agencies tend to prioritize their resources for greater impact at national level, which risks LGUs being unable to effectively conduct their mandates with regard to child rights.

Legislation & Policy Analysis

Health is a basic human right guaranteed by the Philippine Constitution of 1987. Health is provided in the Philippines through a dual health delivery system composed of the public sector and the private sector, financed through a tax-based budgeting system, where health services are delivered by government facilities under the national and local governments.

The introduction of social health insurance administered by the Philippine Health Insurance Corporation (PhilHealth) since 1995 aimed to provide financial risk protection for the Filipino people. The Philippines has made significant advances in universal health coverage (UHC) through the enactment of the Universal Health Care Act (Republic Act No. 11223) in 2019. The legislation aims to ensure that all Filipinos can gain equitable access to quality and affordable health care.

Despite significant reform in devolving health services and advancing UHC, the extent to which UHC is adequately budgeted for in the Philippines is uncertain: per capita health expenditure as of 2020 "amounted only to around USD430 (adjusted for purchasing power parity), highlighting the gap between the resources needed to make UHC work and country's ability to make such investments." Also of relevance is the Early Years Act of 2013 (Republic Act No. 10410) which mandates the health and nutrition sector to provide support in supplementary nutrition and health services for those aged 0-4 years and 5-8 years. These services are critical for the health development of children.

The government has recently developed a Health Sector Strategy for 2023-2028 that defines the country's vision, policy direction, and strategic objectives needed to accelerate the achievement of UHC and to further build the health system's resilience against future pandemics and health emergencies. The framework emphasizes "the importance of addressing health determinants through healthy public policies and setting high-impact improvements on health outcomes." Furthermore, it aims to "shift the health sector's priorities and mindsets to address long-standing gaps in health service delivery, information systems, medicines and equipment, human resources for health, financing, regulation and governance."

Adolescent health and youth development (AHYD) is among the priorities of government. The Department of Health (DOH) Administrative Order (AO) 2013-0013 or the National Policy and Strategic Framework on Adolescent Health and Development Administrative Order, primarily aims to provide

adolescents access to quality healthcare services. This means increased accessibility of adolescent-friendly facilities, programs, and health providers for the Filipino youth.

The Philippine Population Management Program being managed by the Commission on Population includes as one of the major components an adolescent health and youth development program (AHYDP). The AHYDP aims to improve the total well-being of Filipino youth by helping adolescents and youth avoid risky sexual behaviors to reduce incidence of teenage pregnancies, early marriages, sexually transmitted infections (STIs), and other psycho-social concerns.

Bottleneck Analysis

Demand	• **A lack of finances to travel to health care facilities.** This is particularly a bottleneck in more deprived regions and among families affected by issues like unemployment. Social protection schemes go some way to providing safety nets for these families, but the reach of these programmes varies significantly across the Philippines. Furthermore, this is likely to be a bottleneck particularly for families with children with disabilities who may need greater accessibility requirements, or with parents with disabilities who are more likely to have employment challenges. • **Access to, and demand for contraceptives. Access** to and demand for contraceptives are limited in the Philippines. Section 7 of the Reproductive Health Act requires parental or guardian consent for minors wishing to access contraception. As a result of this requirement, teenage adolescents often refrain from using contraception due to societal, cultural and religious norms that produce moral arguments against contraception. • **COVID-19 aftermath.** There is continued fear of COVID-19 when accessing health care facilities. This was reported to be a bottleneck impacting demand for health care services.
Supply	• **Women and girls have limited access to health care facilities due to gendered norms of household responsibilities.** Prevailing gendered norms which view women and girls as the primary duty bearers of household responsibilities are a major bottleneck for the realization of women and girls' access to health care services. For instance, it was reported that women often cannot take the time out to travel to health care facilities due to childcare responsibilities.

- **Adolescent-friendly health services.** There is continued lack of adolescent-friendly health facilities, significantly impacting adolescents' demand for health care services. Even for those in contact with the health system, the assistance received is often inadequate and fails to address their needs.

  For instance, a 2019 study found that teenage girls who were in contact with the health system did not use contraception, or used traditional and other less-effective methods as they did not receive adequate family planning counselling. National government agencies are undertaking work to harmonize adolescent-friendly health service provision through teen centers, adolescent-friendly health facilities and youth hubs.

- **Supply chains for health.** Bottlenecks throughout the health sector supply chain remain an important challenge. These include bottlenecks in the financing, procurement, delivery, and storage of medical supplies. The lack of reporting on supply usage was also reported to be a major issue, which leads to issues of tracking procured commodities for health. Evidence shows that these bottlenecks have led to delays in the delivery of health services, including child immunization and reproductive health services.

- **Limited access to health care facilities due to long travel distances and inadequate transport links, particularly in rural areas. The number and distribution of accessible health care facilities varies greatly by province and municipality.** For instance, a 2019 UNICEF study highlighted that all study participants from San Jorge, a first-class municipality in Region XIII, had a travel time of less than 15 minutes to a health facility, while of those from Dipolog, a third-class municipality in Region IX, a lower 46.2 per cent were this near.

  This bottleneck is particularly important given that poorer families often lack the necessary finances to travel to health care facilities, as identified in the Immediate bottlenecks.

- **A lack of technical capacity among rural populations to carry out social development programmes such as health promotion activities**. These programmes and activities rely heavily on local participation. While this is positive in improving the localization of social development initiatives, it has also been identified as a key bottleneck. Local populations are often engaged in the implementation of programmes without being given the necessary skills and knowledge needed to effectively carry out their responsibilities, which leads to inefficiency.

- **A lack of assistive technology limits access to health care for those with disabilities.** There is a lack of trained, specialist staff and technologies to ensure those with disabilities are effectively included within health care services and facilities. Additionally, public hospitals have stringent processes which mean it is hard for PhilHealth to accredit them under the Z-Benefit

scheme for those with disabilities. To resolve this bottleneck, some actors are seeking to work more closely with private hospitals to supply these skills and staff, as it is easier to accredit these hospitals and their staff tend to have more capacity.

Enabling environment

- **Legal barriers to young people's access to sexual and reproductive health services.** In the Philippines, laws restrict access to contraceptives and family planning services for individuals who are not legally married. These laws and policies "are often intended to restrict access or do so by creating uncertainty and confusion among young people and professionals alike." For instance, while simultaneously stating that no person shall be denied access to family planning services and information, Section 7 of the Reproductive Health Act articulates a parental or guardian consent requirement for minors wishing to access contraception. This is a significant bottleneck which affects both the demand for, and supply of, contraception services and information.

- **Urban planning.** Inadequate urban planning impacts adolescents in particular, due to the landscapes they operate in. For instance, school zones remain improperly established, putting learners at risk of road accidents. Despite the increase in injury-related deaths, highways and schools continue to be built near to each other, which poses safety risks to adolescents.

- **Limited coordination between national and local levels of government. The** provision of health services is devolved in the Philippines, and thus requires robust coordination and coherence between different levels of government. While the introduction of policies and passing of laws happens at the national level, LGUs are the main duty bearers for implementation. Although a range of policies and laws have been introduced, there are major gaps in implementation due to issues of capacity, financing, human resources, and motivation at the LGU level.

  At the root of these issues is the overarching bottleneck of a lack of coordination between national and local levels of government. As reported by one key informant, "there is a major disconnect in what the national government tells LGUs what they should do, versus what they can do." Another key informant, a national government stakeholder, noted that knowledge and capacity-transfer from the national to the subnational needs to be a top-down process with national government agencies leading these efforts. It was, however, also noted that national agencies lack the budgetary requirements to do this widely and therefore rely on LGUs to seek technical assistance as and when needed.

- **Varying LGU capacities and appreciation at subnational level limits LGUs' capacity to implement nutrition and health laws.** LGUs are the main duty bearers for the implementation of national laws and policies on health. However, some LGUs suffer from a lack of capacity in terms of human resources, technical skills, and the necessary budgets for adequate

implementation. A commonly cited bottleneck across KIIs conducted under this situation analysis was that decision-making on focus areas within LGUs relied heavily on the LCEs. As such, LCEs' willingness, motivation, and ability to prioritize health and nutrition issues is a major determinant of the realization of an LGU's prioritization of health service delivery. Additionally, Executive Order 138 on devolution does not define a specific budget allocation or percentage for nutrition at the local level, which also means the extent to which it is prioritized varies.

While it is difficult to ascertain the extent of this bottleneck, it was suggested that LCEs often make decisions on these matters based on political factors rather than population needs. Furthermore, as LGU elections are held every three years, there are regular changes in health staff and leadership. This is reportedly a significant bottleneck, as knowledge and expertise around health at LGU level fluctuates regularly. For partner organizations, this turnover also requires the rebuilding of relationships to carry forward collaborative endeavours.

- **Inadequate progress indicators being measured, and a resultant lack of robust data being collected to inform policymaking.** This is a critical bottleneck, as without the right data, it is difficult to determine where challenges lie and how they should be addressed. Furthermore, there is a lack of child protection-related nutrition data (pertaining, for example, to violence and stunting). Furthermore, it is essential that data be disaggregated in order to inform more targeted policymaking.

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