



## **Public Health Concerns and Social Costs of Lack of Access to Safe and Legal Abortion and Post-Abortion Care**

No woman should die from complications from unsafe abortion and lack of access to post-abortion care. Ensuring access to safe and legal abortion and quality post-abortion care will save Filipino women's lives and prevent disabilities from unsafe abortion complications.

### **I. IMPACT OF LACK OF ACCESS TO SAFE AND LEGAL ABORTION AND QUALITY POST-ABORTION CARE**

#### **Women die or are hospitalized due to lack of access to safe and legal abortion and quality post-abortion care**

Abortion is common in the Philippines.

- 3 women die every day from unsafe abortion complications<sup>1</sup>
- 11 women are hospitalized every hour<sup>2</sup>
- 70 women induce abortion every hour<sup>3</sup>

The Philippine penal law on abortion is one of the most restrictive in the world—penalizing the woman who undergoes abortion and the person assisting the woman without providing clear exceptions even when the woman's life or health is in danger, the pregnancy is the result of rape or incest, or fetal impairment.<sup>4</sup> While a liberal interpretation of the law would allow therapeutic abortion to save a woman's life and other justifiable grounds such as rape, incest, and fetal impairment and although Philippine laws allow access to humane, nonjudgmental, compassionate post-abortion care,<sup>5</sup> abortion is highly stigmatized. Hence, hundreds of thousands of Filipino women risk their health and lives by inducing abortion in clandestine and unsafe conditions resulting in deaths and disabilities.

These deaths and disabilities could be prevented through access to sexuality education, modern contraceptives, and the provision of safe and legal induced abortion and quality post-abortion care for abortion complications.<sup>6</sup>

Unsafe abortion has long been recognized globally as one of the causes of maternal mortality and morbidity.

- In 2000, an estimated 12% of maternal deaths in the Philippines were due to unsafe Abortion.<sup>7</sup>

About 8% of all maternal deaths in the world are due to unsafe abortion,<sup>8</sup> hence, the strong movement around the world to provide access to safe and legal abortion.



## **High unintended pregnancies and lack of access to safe and legal abortion lead to high maternal mortality and morbidity due to unsafe abortion complications**

- Nearly three in ten births are either unwanted or mistimed<sup>9</sup>
- One in ten adolescent women aged 15-19 years old are pregnant with their first child or are already mothers<sup>10</sup>
- The number of young mothers aged 15-19 has more than doubled in the last decade<sup>11</sup>

There is still a low number of women who use modern contraceptives with only about four out of every ten women aged 15-49 using modern contraceptives.<sup>12</sup> Owing to lack of access to contraceptive information, services, and supplies, poor, rural, and young<sup>13</sup> women are likely to experience unintended pregnancy and resort to unsafe abortion procedures.<sup>14</sup>

- about one in every ten pregnant women in the National Capital Region<sup>15</sup>
- about one in every 20 pregnant women nationwide induce abortion.<sup>16</sup>

While modern contraceptives can reduce unintended pregnancies and abortion to some extent, it will not eliminate the need for abortion as modern contraceptives still have failure rates--although minimal—and many women and girls do not have access to contraceptive information, supplies, and services while other women and girls become pregnant as a result of rape and incest.

## **Reasons why the common Filipino woman induce abortion**

The women who induce abortion are similar to the majority of the Filipino women—poor,<sup>17</sup> Roman Catholic, married,<sup>18</sup> with at least three children,<sup>19</sup> and have at least a high school education.<sup>20</sup> The following reasons were cited by the women for undergoing abortion:

**Economic:** inability to afford the cost of raising a child or an additional child (cited by three in four women);

**Economic/too soon:** they already have enough children or their pregnancy came too soon after their last birth (cited by more than half of the women);

**Health:** their pregnancy would endanger their health (nearly one-third of women);

**Pregnancy not supported by Partner/Family:** believed their partner or another family member did not want or support the pregnancy (cited by one-third of women);

**Rape:** pregnancy as a result of forced sex (cited by 13% of women)<sup>21</sup>

Poor women comprise two-thirds of those who induce abortion,<sup>22</sup> using riskier abortion methods, thus disproportionately experiencing severe complications.<sup>23</sup>



### **Denying safe and legal abortion for rape victims is torture and clearly discriminates against women**

- A Filipino woman or girl is raped every 58 minutes<sup>24</sup>
- 13% of women who had an abortion were rape victims (2004 national survey on abortion)<sup>25</sup>

One of the glaring consequences of rape is unwanted pregnancy. Some women and girls who became pregnant resulting from rape were forced to resort to clandestine and unsafe abortions to end their unwanted pregnancies while others have tried to commit suicide.<sup>26</sup>

In August 2016, Maria, not her real name, a Filipino 21-year old rape victim with dwarfism condition became pregnant as a result of the rape. Due to her risky childbirth as a consequence of her dwarfism condition, Maria experienced childbirth complications and died a day after giving birth. Her mother lamented that her daughter might be alive today had her daughter been able access to safe and legal abortion.<sup>27</sup>

When one's daughter, sister, wife or mother becomes pregnant as a result of rape, one might start to entertain seeking access to safe and legal abortion, however, even rape victims are not expressly allowed by Philippine law to undergo abortion. A 10-year old girl who became pregnant after being raped by her own father would be forced to carry her pregnancy to term.

This is injustice and clearly discriminates against women and girls who are victims of rape and incest.

### **Denying safe and legal abortion for therapeutic reasons places women's health and lives at risk**

- One-third of the women who induced abortion cited health reasons for inducing abortion.<sup>28</sup>

There are many reasons why a woman might want to induce abortion as her pregnancy and childbirth itself could lead to her death and disability.

The World Health Organization (WHO) found that 73% of all maternal deaths were due to direct obstetric causes:

- Hemorrhage (27.1%)
- Hypertensive disorders (14%)
- Sepsis (10.7%)
- Unsafe Abortion (7.9%)
- Embolism (3.2%)
- All other direct causes of death (9.6%)

Source: WHO Global causes of maternal death: a WHO systematic analysis, May 2014 citing 2003-2009 global, regional, and sub-regional estimates of causes of maternal death



Other risky pregnancies that can lead to the death or disability of women are due to the following:

- less than 18 or greater than 35 years of age
- less than 4'9" in height
- having a fourth or more child
- one or more of the following: 3 consecutive miscarriages or stillborn baby, post-partum hemorrhage (PPH)
- one or more of the following medical conditions: tuberculosis, heart disease, diabetes, bronchial asthma, goiter<sup>1</sup>

Source: Field Health Service Information System (FHSIS) 2011 and 2014.

A woman may also have other conditions that have been found to have caused maternal death, including in particular HIV,<sup>29</sup> malaria, severe anemia, malnutrition, and violence against women.<sup>30</sup>

Many of the conditions mentioned above are common to Filipino pregnant women and girls (e.g., hypertensive; less than 18 or greater than 35 years old; less than 4'9" in height; having a fourth or more child; with tuberculosis, heart disease, diabetes, bronchial asthma, goiter, HIV, malaria, severe anemia, malnutrition; a victim of violence against women). A woman may also have suffered a previous PPH and may want to induce abortion to avoid risk to her health and life due to PPH.

Moreover, although interventions exist to prevent these maternal deaths and address the pre-existing health concerns of women, the services and information regarding the health services may not be accessible to poor, rural, and young women.

## **II. DENIAL OF ACCESS TO SAFE AND LEGAL ABORTION AND QUALITY POST-ABORTION CARE ARE PUBLIC HEALTH ISSUES**

Denying access to safe and legal abortion and quality post-abortion care are public health issues given the vast numbers of women and their families affected, the health care costs to treat complications from unsafe abortion, and the grave consequences to the health and lives of women and their families.

- More than 80% of women who induced abortion experienced a complication (2004 study)<sup>31</sup>
- More than one-third experienced a severe complication (2004 study)<sup>32</sup>
- Nearly one out of every four of the 2,039 hospitals recorded induced and spontaneous abortion as among the top ten causes for admission in 2000<sup>33</sup>



Treating complications from unsafe abortion is estimated to cost health systems ten times more than induced safe abortion services offered in primary care, burdening the country's limited health system resources.

### **Women's rights are violated when they are denied access to quality post-abortion care**

Women with complications from unsafe abortion are in need of emergency medical care and, if post-abortion care is delayed or not administered, mild complications may become more serious and lead to long-term health problems.<sup>34</sup> Yet, women are frequently denied access to humane, nonjudgmental, compassionate post-abortion care.<sup>35</sup> Women suffering abortion complications often face humiliation and are commonly threatened with arrest and prosecution at health care facilities.<sup>36</sup> Instead of receiving emergency medical treatment, these women are treated as criminals rather than as patients.

Many women suffering complications due to spontaneous abortion, abortion due to trauma from intimate partner violence, and even fetal death have also been denied access to humane, nonjudgmental, compassionate post-abortion care and were threatened with criminal prosecution.<sup>37</sup>

Many women and girls are denied access life-saving post-abortion care despite the clear provisions of the following laws to provide post-abortion care:

- Magna Carta of Women (Republic Act 9710): manage pregnancy-related complications
- Responsible Parenthood and Reproductive Health Law (RH Law or Republic Act 10354): to provide humane, nonjudgmental, and compassionate post-abortion care
- Republic Act 8344: imposing penalties on health care providers, officials, employees of hospitals or clinics for failing to stabilize emergency cases<sup>38</sup>

Providing access to quality and timely post-abortion care will save women's lives and reduce disabilities from unsafe abortion complications.

### **Social cost of unintended pregnancies and maternal mortality due to unsafe abortion**

- There is an estimated nine living children who will lose their mothers every day due to maternal mortality resulting from complications from unsafe abortion.<sup>39</sup>
- Many children who lose their mothers receive less health care<sup>40</sup> and education, are likely to have serious health problems, and are more likely to die.<sup>41</sup>
- About two babies are reported abandoned every day.<sup>42</sup>
- In one orphanage, the house parent said that 98% of the children are not adopted because most children were born as a result of incest rape with the fathers as perpetrators.<sup>43</sup>



Reasons for abandoning babies could include unintended pregnancies resulting from rape, poor women and their families cannot afford to raise another child, and young women who are unprepared to raise a child. Although anti-choice groups say that adoption for unwanted pregnancies is an option, the reality is that most children in orphanages are not adopted.<sup>44</sup>

### **Women in developing countries like the Philippines are at risk from unsafe abortion**

- Ninety-eight percent of unsafe abortions are in developing countries.<sup>45</sup>

In countries like the Philippines where induced abortion is legally restricted and unavailable, safe abortion is frequently the privilege of the rich, while poor women often resort to unsafe providers, causing deaths and morbidities.<sup>46</sup> In comparison, in almost all developed countries, safe and legal abortion is available upon request or under broad social and economic grounds, with services generally accessible and available.<sup>47</sup>

### **III. SPANISH COLONIAL LAW ON ABORTION ENDANGERS WOMEN'S HEALTH AND LIVES**

#### **Restrictive laws do not stop women from having abortions**

The illegality of abortion has not stopped women from making personal decisions to terminate their pregnancies, it merely drives women to resort to clandestine and unsafe abortion methods unnecessarily endangering their health and lives. The restrictive abortion law has also been used by health providers to unlawfully deny post-abortion care to women and to threaten women with prosecution.

Due to the restrictive abortion law and stigma, women suffering abortion complications do not seek medical attention, they delay medical care--sometimes until they are in danger of dying--for fear of being arrested, or they are forced to leave the health facilities without undergoing necessary emergency treatment when they are subjected by certain health care providers to humiliation and threats of arrest and prosecution.<sup>48</sup>

As long as abortion remains illegal, women will be hospitalized and die from unsafe abortion complications. Due to the stigma related to abortion brought about by the continued implementation of an archaic colonial Spanish law and the imposition of religious beliefs on others, women will continue to suffer violations to their rights to health and life.

#### **The Philippine restrictive abortion law is an archaic colonial penal law**

The Philippine criminal law on abortion is an outdated colonial law that violates the rights to health and life of Filipino women.

This Philippine penal provision was directly translated into English from the old Spanish Penal Code of 1870 that used to criminalize abortion—during the time of the Spanish friars and at the



time when the Philippines was under the colonial rule of Spain. Without knowing the full consequences of such a harsh and restrictive law, our congress adopted the criminal provision in our Revised Penal Code of 1930. At the time the law was adopted, Filipino women did not even have the right to vote and the international bill of human rights and core international human rights treaties have not yet been adopted. These international instruments were adopted and took force and effect much later--Universal Declaration of Human Rights (1948), International Covenant on Civil and Political Rights (ICCPR, adopted in 1966, took effect in 1976), the International Covenant on Economic, Social and Cultural Rights (ICESCR, 1966, 1976), Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1979, 1981), Convention Against Torture (CAT, 1984, 1987), and Convention on the Rights of the Child (CRC, 1989, 1990).

Allowing outmoded colonial penal laws on abortion in Philippine law makes us all complicit to the estimated three women who die each day from unsafe abortion complications. Letting such colonial law prevail in our society breeds hatred and hostility towards Filipino women who resort to unsafe abortion methods. Our laws should never countenance such discriminatory laws against women.

### **Recommended Revision of Philippine Abortion Law**

The revision of the Philippine colonial abortion law can be through a specific law removing the penalties for the women inducing abortion and safe abortion providers assisting them or through a law or jurisprudence allowing abortion on broad grounds including upon request of the woman, in cases of rape, risks to the life and health of the woman, serious fetal impairment, and all other cases where women undergo abortion.

### **Conclusion**

Providing access to safe and legal abortion and post-abortion care, *inter alia*, will greatly lower maternal mortality and morbidity related to unsafe abortion and in meeting the country's commitment to the Sustainable Development Goals to decrease the maternal mortality ratio to two-thirds of 2010 levels under Target 3.<sup>49</sup>

Access to safe and legal abortion and to quality post-abortion care are fundamental women's rights. The primary causes of mortality and morbidity from unsafe abortion complications are not blood loss, infection, uterine perforation, and acute renal failure, rather it is the indifference and contempt toward women who bear the brunt of the Philippine colonial law on abortion.

Public officials must uphold secular standards in Philippine law, not religious standards and work towards women's access to safe and legal abortion and quality post-abortion care as a means to achieve women's rights to equality and non-discrimination and uphold women's right to health and life.\*\*\*



<sup>1</sup> Guttmacher, Meeting Women's Contraceptive Needs in the Philippines, 1 In Brief 2 (2009) citing 2008 projections from 2000 statistics on abortion incidence in the Philippines [Guttmacher, Meeting Contraceptive Needs, In Brief, 2009]; The latest available Philippine data on abortion reflects an estimated 610,000 induced abortions, over 100,000 hospitalizations, and 1000 deaths of women due to abortion-related complications each year.

<sup>2</sup> Guttmacher Institute, Unintended Pregnancy and Induced Abortions in the Philippines: Causes and Consequences, In Brief, page 3, 2013, No. 3, available at <https://www.guttmacher.org/sites/default/files/pdfs/pubs/IB-unintended-pregnancy-philippines.pdf> [Guttmacher, Induced Abortions in the Philippines, In Brief, 2013].

<sup>3</sup> *Id.*

<sup>4</sup> REVISED PENAL CODE, arts. 258-59, penalized from 6 months 1 day to 6 years; See, Pacifico Agabin, The Legal Perspective on Abortion, J. OF REPROD. HEALTH, RTS. & ETHICS 2 (1995); The Midwifery Act, Medical Act and Pharmaceutical Act permit the revocation or suspension of the licenses of any practitioner who performs abortions or provides abortifacients.

<sup>5</sup> The Responsible Parenthood and Reproductive Health Law (RPRH Law or Republic Act 10354) and Magna Carta of Women (RA 9710).

<sup>6</sup> World Health Organization (WHO), Safe Abortion: technical and policy guidance for health systems, Second Edition, 2012 [WHO Safe Abortion Guidance, 2012]. The first WHO guidance was released in 2003.

<sup>7</sup> Susheela Singh, et al., Unintended Pregnancy and Induced Abortion in the Philippines: Causes and Consequences, New York: Guttmacher Institute, 2006 *available at* <http://www.guttmacher.org/pubs/2006/08/08/PhilippinesUPIA.pdf> [Singh S et al, 2006].

<sup>8</sup> WHO Global causes of maternal death: a WHO systematic analysis, May 2014 citing 2003-2009 global, regional, and subregional estimates of causes of maternal death with a novel method, updating the previous WHO systematic review.

<sup>9</sup> National Demographic and Health Survey, 2013 [NDHS 2013].

<sup>10</sup> This also translates to 57 per 1000 women aged 15-19 who are already mothers or are pregnant with their first child (NDHS 2013); birth rate is 59 per 1000 women aged 15-19 under the UNFPA 2015 State of the World Population.

<sup>11</sup> 2013 Young Adult Fertility and Sexuality Study (YAFS4). From 6.3% in the 2002 survey to 13.6%.

<sup>12</sup> NDHS 2013. Only 38% of women aged 15-49 using modern contraceptive methods.

<sup>13</sup> Using United Nations definitions to describe different groups of young people: adolescents: 10- to 19-year-olds (early adolescence 10-14; late adolescence 15-19); youth: 15- to 24-year-olds; young people: 10- to 24-year-olds

<sup>14</sup> Guttmacher, Induced Abortions in the Philippines, In Brief, 2013.

<sup>15</sup> According to the 2009 Guttmacher report on the Philippines, over half of all pregnancies are unintended and one-third of these unintended pregnancies end in abortion in NCR (Guttmacher, In Brief, 2009). Nearly three in ten births are either unwanted or mistimed (NDHS 2013). Using the Guttmacher finding of one-third of these unwanted pregnancies result in abortion, there are 11 out of 100 women who induce abortion in NCR (11%) or about one out of every ten women who induce abortion in NCR.

<sup>16</sup> According to the 2009 Guttmacher report on the Philippines, over half of all pregnancies are unintended and 17% of these unintended pregnancies end in abortion nationwide (Guttmacher, Meeting Contraceptive Needs, In Brief, 2009). Nearly three in ten births are either unwanted or mistimed (NDHS 2013). Using the Guttmacher finding of 17% of these unwanted pregnancies result in abortion, there is one out of every 18 women who induce abortion nationwide or about one out of every 20 women nationwide.

<sup>17</sup> NDHS 2013 cites the total of lowest and second to the lowest wealth quintile as composing 21.2% of urban and 57.4% of Philippine households.

<sup>18</sup> According to the NDHS 2013, three out of five women aged 15 to 49 are married or living together with a man.

<sup>19</sup> United Nations Population Fund (UNFPA) State of the World Population Report, 2015 cites the total fertility rate from 2010-2015 as 3; Actual total fertility rate is 3 children, NDHS 2013.

<sup>20</sup> Singh S et al, 2006; Two-thirds of those who induce abortion are poor; Guttmacher, Unsafe Abortion, Fact Sheet, 2013; NDHS 2013 cites 48.7 of urban women aged 15-49 had some high school education and completed high school education and cites 49.3 of rural women aged 15-49 had some high school education and completed high school education.

<sup>21</sup> 2004 national survey; Singh S et al, 2006; Guttmacher, Induced Abortions in the Philippines, In Brief, 2013; Florence M. Tadiar, Abortion as a Public Health Issue, powerpoint presentation, August 2016 [Florence M. Tadiar, powerpoint, 2016].

<sup>22</sup> Singh S et al., 2006.

<sup>23</sup> Guttmacher, Unsafe Abortion, Fact Sheet, 2013.



- <sup>24</sup> A total of 9,056 women and girls reported they were raped in 2015 with 2078 women, 6,978 children, Statistics from the Women and Children Protection Center (WCPC), PNP, 2015.
- <sup>25</sup> Singh S et al., 2006.
- <sup>26</sup> Women's Crisis Center, Feminist Action Research on Reproductive Health Needs and Concerns of VAW Survivors.
- <sup>27</sup> Phone calls made in 2015 by the police officer handling the case and the mother of the deceased rape victim to Clara Rita Padilla, Executive Director of EnGendeRights.
- <sup>28</sup> 2004 national survey; Singh S et al., 2006; Guttmacher, Induced Abortions in the Philippines, In Brief, 2013.
- <sup>29</sup> HIV and AIDS are considered to be the first cause of maternal death in South Africa.
- <sup>30</sup> UNFPA report to the Office of the High Commissioner for Human Rights on the topic of Preventable Maternal Morbidity and Mortality and Human Rights for inclusion into the thematic study on the subject requested by the Human Rights Council Resolution 11/8 [UNFPA report to OHCHR].
- <sup>31</sup> Singh S et al., 2006.
- <sup>32</sup> Singh S et al., 2006.
- <sup>33</sup> Juarez F et al., The incidence of induced abortion in the Philippines: current level and recent trends, International Family Planning Perspectives, 2005, 31(3):140-149.
- <sup>34</sup> Guttmacher, Induced Abortions in the Philippines, In Brief, 2013.
- <sup>35</sup> Center for Reproductive Rights, Forsaken Lives: The Harmful Impact of the Philippine Criminal Abortion Ban (2010) [Center for Reproductive Rights, Forsaken Lives, 2010].
- <sup>36</sup> Center for Reproductive Rights, Forsaken Lives, 2010.
- <sup>37</sup> EnGendeRights interviews from Quezon City and Caloocan residents, June 2016; Center for Reproductive Rights and EnGendeRights Focus Group Discussion on Post-Abortion Care, May 27, 2014.
- <sup>38</sup> Penalties under RA 8344 on emergency or serious cases: SEC. 4. Any official, medical practitioner or employee of the hospital or medical clinic who violates the provisions of this Act shall, upon conviction by final judgment, be punished by imprisonment of not less than six (6) months and one (1) day but not more than two (2) years and four (4) months, or a fine of not less than Twenty thousand pesos (P20,000.00), but not more than One hundred thousand pesos (P100,000.00) or both, at the discretion of the court: Provided, however, That if such violation was committed pursuant to an established policy of the hospital or clinic or upon instruction of its management, the director or officer of such hospital or clinic responsible for the formulation and implementation of such policy shall, upon conviction by final judgment, suffer imprisonment of four (4) to six (6) years, or a fine of not less than One hundred thousand pesos (P100,000.00), but not more than Five hundred thousand pesos (P500,000.00) or both, at the discretion of the court.
- <sup>39</sup> Three women die a day from abortion complications and most have at least three children. Also, the actual fertility rate is 3 children.
- <sup>40</sup> Florence M. Tadiar, powerpoint, 2016.
- <sup>41</sup> Family Care International and the Safe Motherhood Inter-Agency Group, Maternal Health: a Vital Social and Economic Investment (1998), *available at* [http://www.safemotherhood.org/facts\\_and\\_figures/good\\_maternal\\_health.htm](http://www.safemotherhood.org/facts_and_figures/good_maternal_health.htm).
- <sup>42</sup> ABS-CBN, 100 kids abandoned every 2 months, *available at* <http://news.abs-cbn.com/nation/09/19/10/100-kids-abandoned-every-2-months>
- <sup>43</sup> An orphanage in the National Capital Region.
- <sup>44</sup> Reports from orphanages.
- <sup>45</sup> Guttmacher, Facts on Induced Abortion Worldwide, In Brief, 2012.
- <sup>46</sup> WHO Safe Abortion Guidance, 2012.
- <sup>47</sup> *Id.*
- <sup>48</sup> EnGendeRights interviews from Quezon City and Caloocan residents, June 2016; Center for Reproductive Rights and EnGendeRights Focus Group Discussion on Post-Abortion Care, May 27, 2014.
- <sup>49</sup> The global commitment is to reduce the maternal mortality ratio to less than 70 per 100,000 births.



### **About the Author**

Clara Rita “Claire” Padilla is the founder and executive director of EnGendeRights. She is a widely published feminist lawyer and human rights activist.

She has worked in the Philippines and in New York. In New York, she worked as an International Visiting Legal Fellow at the Center for Reproductive Rights from July 2002 through July 2003.

She holds a Juris Doctor degree from the Ateneo de Manila University and has been practicing law for over 23 years working in the fields of gender, gender-based violence, sexual and reproductive health and rights, and sexual orientation, gender identity and expression (SOGIE).

She has extensive experience in training, litigation, research, writing, and policy advocacy. After graduating from law school, she has dedicated her life in changing laws, policies, and practices that are discriminatory against women. As an advocate on reproductive rights, she has been quoted in various articles including the New York Times (Oct. 26, 2009).

She drafted the very first version of the Reproductive Health Care bill in 2001 when it first carried the name “Reproductive Health Care Law”. She has also proposed language for draft bills and ordinances that have been passed into law including the Anti-Sexual Harassment Act; the Expanded Anti-Trafficking Law or RA 10364; the Quezon City Gender-Fair City prohibiting discrimination based on SOGIE and providing affirmative acts passed in 2014; the ordinance creating the Quezon City Protection Center for victim-survivors of gender-based violence and abuse passed in 2012; the first comprehensive anti-discrimination bill prohibiting ethnic, racial or religious profiling to prohibit discrimination based on ethnicity, race, religion or belief, sex, gender, sexual orientation, gender identity, language, disability, or other status which was adopted on third reading by the Senate in December 2011, among others. She was also one of the drafters of the DOH AO 2016-0041 on Prevention and Management of Abortion Complications.

She has won several Supreme Court en banc cases including the 2010 landmark case of *Ang Ladlad vs. COMELEC* (G.R. No. 190582) where she and several other lawyers won their petition for certiorari with the Supreme Court granting the accreditation of the lesbian, gay, bisexual, and transgender (LGBT) party-list organization that was originally denied accreditation by the Commission on Elections (COMELEC). She was the lead counsel and drafter of the Comment-In-Intervention and Memorandum of the intervenors Catholics for RH et al in support of the Reproductive Health Law (RH Law) wherein their contribution was crucial in winning the constitutionality of the RH Law in an en banc decision of the Supreme Court. Another Supreme Court en banc case she won was the landmark case of *Pioneer Texturizing Corporation vs. National Labor Relations Commission and Lourdes de Jesus*. In the Pioneer case, she successfully argued that illegally dismissed employees should be automatically reinstated at work or in the payroll without need of a writ of execution with the Supreme Court overturning its previous doctrine laid down in *Maranaw vs. NLRC*.

She spearheaded the submission of the request for inquiry on Manila EO 003 (Series of 2000) to the CEDAW Committee which was a collaborative effort of the Philippine-based Task Force



CEDAW Inquiry, the New York-based Center for Reproductive Rights, and the Malaysia-based International Women's Rights Action Watch-Asia Pacific (IWRAP-AP) where the Philippines was found to have committed reproductive rights violations. She has made oral interventions before the CEDAW Committee in New York (2006) and in Geneva (2016) and before the Human Rights Council in Geneva (2008).

She advocated for the adoption of the Optional Protocol to the International Covenant on Economic Social Cultural Rights (OP ICESCR) in Geneva which was finally adopted in December 2008. She represented the Women's Caucus on the ASEAN Human Rights Body that advocated for a strong promotion and protection mechanism in the ASEAN Intergovernmental Commission on Human Rights (AICHR) that was eventually launched in October 2009. She was part of the OutRight Action International (OutRight) Advocacy Week team that met with UN officials and diplomats of various embassies in New York (2016).

She has been conducting trainings in different parts of the Philippines and around the world such as on the Optional Protocol to CEDAW for Cambodian government officials and UN Country Team in Cambodia (Cambodia, 2011, sponsored by UN Women), NGO-GO dialogues on CEDAW at an ASEAN High-Level Consultation Meeting (Vientiane, Lao PDR, 2008, sponsored by UN Women) and NGOs (East London, South Africa, 2012; Bogor, Indonesia, 2012; Kuala Lumpur, Malaysia, 2008, sponsored by the International Service for Human Rights (ISHR), Forum-Asia, and IWRAP-AP; Jakarta, Indonesia, 2007); on the Human Rights Committee Gender Discrimination Cases (Nepal, 2007); on sexual orientation, gender identity, and expression (SOGIE) (APCRSH, Hyderabad, India, 2007). She has represented Asia in several international panel discussions, *inter alia*, the problem of criminalization of sexual rights (Women Deliver Conference, Copenhagen, Denmark, 2016, panel sponsored by Amnesty International) and at a side event during the Commission on the Status of Women on economic, social, and cultural rights and the Beijing Declaration (New York, 2015, panel sponsored by ESCR-Net). She was also a panelist on domestic and family violence based on SOGIE at the ILGA World Conference (Bangkok, 2016, panel sponsored by OutRight). She has been a guest presenter for meetings of international legal experts (New York, 2005; Nairobi, Kenya, 2001 where the other participants/presenters included Navanethem Pillay, then President of the International Criminal Tribunal for Rwanda and former High Commissioner for Human Rights and Professor Catharine MacKinnon, sponsored by Equality Now). She has also acted as a speaker in the two AICHR ASEAN Maternal Health Conferences (2011, 2014) and participated in various international conferences and meetings on reproductive rights (e.g., Global Roundtable ICPD 10<sup>th</sup> Anniversary, London, 2004; International Consortium on Emergency Contraception (ICEC), New York, 2002) and global trainings of trainers on the Optional Protocol to CEDAW, *inter alia*, sponsored by IWRAP-AP (Warsaw, Poland, 2008).

She has been a speaker in several trainings for the Commission on Human Rights (CHR) staff on CEDAW Committee jurisprudence (September and December 2015; 2016) and continuing challenges on reproductive health (2017 co-sponsored by the Asia Pacific Forum and the CHR).

She was a speaker on sexual and reproductive health and rights for the 11th IBP National Convention in Cagayan de Oro (2007) with about 1200 lawyers, prosecutors, and judges. She was a speaker for the IBP Eastern Visayas with more than 700 lawyers and judges (2006) on the



“Anti-Violence Against Women and Their Children Act of 2004” and “Gender Issues in Legal Ethics”.

She facilitated discussions on gender equality and CEDAW for the justices of the Philippine courts and trainings on sexual harassment for members of the committee on decorum and investigation of the Philippine judiciary in 2008 (a project under the European Commission).

She also drafted the following:

- A comparative study of gender-based violence (GBV) and HIV/AIDS legislation in ASEAN member countries and a model legislation addressing the link between GBV and HIV/AIDS, Philippine Commission on Women, 2009;
- Country Analysis of the AIDS, Gender and Age Situation and Response in the Philippines, Gertrudes Libang, Gladys Malayang, and Clara Rita Padilla, 2010 (co-written), available at [http://www.unicef.org/philippines/Engenderights\\_Final\(1\).pdf](http://www.unicef.org/philippines/Engenderights_Final(1).pdf);
- A Review of the Beijing Platform for Action Accountability Mechanisms, APWLD, November 2014
- Outcome Report and Background Paper, Asia Pacific Roundtable: International and Regional Standard setting to Eliminate Violence against Women, Bali, Indonesia, APWLD, 2013
- 2016 Universal Periodic Review submission of the Sexuality Rights Network
- Review of The Forum et al. consortium project entitled, “Sustained National and Local Advocacy for Reproductive Health in the Philippines” funded by the Bill and Melinda Gates Foundation (October through December 2016)



## About EnGendeRights

EnGendeRights has done groundbreaking work in raising Filipino women's concerns to the international level especially the United Nations mechanisms.

- Shadow Report to the Committee on the Elimination of Discrimination against Women (CEDAW Committee) and Oral Statements
  - August 2006 for the 36th Session done in collaboration with the Center for Reproductive Rights (CRR), Reproductive Rights Resource Group, Philippines (3RG-Phils.), and Health Development and Initiatives Institute (HDII). EnGendeRights executive director Clara Rita Padilla orally presented highlights of the Shadow Report during the CEDAW-NGO dialogue in New York. Recommendations included access to the full range contraceptive methods, access to safe and legal abortion, sexuality education for adolescents, skills and education for women in prostitution, legalization of divorce and repeal of discriminatory Muslim Code provisions.
  - June 2016 for the 64<sup>th</sup> Session:
    - EnGendeRights & OutRight International submission (representing a total of 34 organizations) on Lesbian, Bisexual, Transgender Rights
    - EnGendeRights individual submission on VAW, Marriage, and Family Relations
      - EnGendeRights executive director Clara Rita Padilla made an oral statement before the CEDAW Committee in Geneva
- Request for Inquiry to the CEDAW Committee
  - EnGendeRights as part of the Task Force CEDAW Inquiry together with the CRR and the International Women's Rights Action Watch, Asia Pacific (IWRAW-AP) submitted a Request for Inquiry under the Optional Protocol to CEDAW in 2008 requesting the CEDAW experts to visit the Philippines to investigate grave and systematic reproductive rights violations resulting from the restriction on contraceptives under EO 003 implemented in Manila City since 2000. CEDAW experts Pramila Patten and Violeta Neubauer conducted the on-site investigation in Manila in November 2012 investigating national and local government officials including heads of hospitals and clinics, representatives of the DOH, DILG, Manila City, among others. At that time, it was only the 2nd inquiry that has been conducted by the CEDAW Committee throughout the whole world.

In May 2015, the CEDAW Committee released its report on its inquiry (CEDAW/C/OP.8/PHL/1, paras 49 to 52) finding the government accountable for grave and systematic reproductive rights violations and recommended, *inter alia*, to the Philippine government to:

- provide women access to quality post-abortion care in all public health facilities including by reintroducing misoprostol to reduce maternal mortality and morbidity rates
- ensure that women experiencing abortion-related complications are not reported to law enforcement authorities, threatened with arrest, or subjected to physical or verbal abuse, discrimination, stigma, delays in access to or denial of care



- amend articles 256 to 259 of the Revised Penal Code to “legalize abortion in cases of rape, incest, threats to the life and/or health of the mother, or serious malformation of the foetus and decriminalize all other cases where women undergo abortion, as well as adopt necessary procedural rules to guarantee effective access to legal abortion.”

**EnGendeRights publications include:**

- Access to Safe and Legal Abortion and Post-Abortion Care Can Save Filipino Women’s Lives (Policy Paper & Fact Sheets 2016)
- What You Should Know When Assisting Rape Survivors (2015)
- What You Should Know When Assisting Violence against Women Survivors (2015)
- The Constitutionality of a Reproductive Health Care Law (2012)
- Ensuring Adolescent Right to Reproductive Health through an RH Law (2012)
- Reasons Why We Need the RH Law (2010)
- Primer on the Inquiry Procedure under the OP CEDAW (2010)
- Advancing Reproductive Rights Using the Inquiry Procedure of the OP CEDAW and the UN Special Procedures: The Philippine Experience (2010)
- Stop VAW & Stop Rape flyers, BPO & Temporary and Permanent Protection Order flyers (2010)
- Engendering Women's Rights: A Paralegal Manual" on gender-based violence (2007)

**EnGendeRights press releases and position papers include:**

- EnGendeRights Calls for the Repeal of the Prostitution Law Penalizing Women in Prostitution (March 2012);
- Proposal to Include Misoprostol on the Philippine National Drug Formulary and the FDA Drug Registry for Postpartum Hemorrhage Prevention (July 2011)
- Calls to junk congressional bills restricting access to contraceptives and increasing penalties on abortion (May 2011, December 2006)
- Upholding Women’s Right to Levonorgestrel as Emergency Contraceptive Pill submitted to the Bureau of Food and Drugs (BFAD) (March 2007);
- Marital Infidelity does Not Have a Place in Our Penal Laws (November 2007)
- The right to education of an adolescent who induced abortion (2007)



This publication was supported through funds received by the Philippine Safe Abortion Advocacy Network (PINSAN).



EnGendeRights, Inc.  
Asserting Gender Equality

## **EnGendeRights, Inc. Publication December 2016**

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### **Acknowledgments**

The author gratefully acknowledges inputs and assistance from colleagues at EnGendeRights and PINSAN, particularly Anita Visbal, Program Coordinator of EnGendeRights. This fact sheet is a short version of Parts I-III of the EnGendeRights Policy Brief entitled, “Access to Safe and Legal Abortion and Post-Abortion Care Can Save Filipino Women’s Lives”. The Policy Brief is an expanded version of previous works of Clara Rita Padilla including the article which came out in the Ateneo Law Journal entitled, “A Call for Philippine Implementation of Women’s Rights under CEDAW” (53 ATENEO Law Journal 765-803, 2008), her articles which came out in Rappler in 2015-2016, and the May 2016 Position Paper of EnGendeRights et al. submitted to the Commission on Human Rights which was edited by Dr. Florence M. Tadiar, Princess Nemenzo and other members of PINSAN. The final text including errors or omissions is the sole responsibility of EnGendeRights.



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