The Philippines is an archipelago nation comprising 7107 islands divided among three island groups (Luzon, Visayas and Mindanao) located in South-East Asia.\(^1\) With a relatively stable birth and death rate, the population has been increasing at a steady 2% for a decade, one of the highest in Asia.\(^2\) Between 1990 and 2007, the under-5 mortality rate decreased from 62 to 28 per thousand live births.\(^3\) The adult literacy rate is 94%,\(^4\) similar to other South-East Asian countries. In 2010, inward remittance flow amounted to US$ 21.3 billion, making the Philippines the fourth largest remittance recipient, according to a report by the World Bank.\(^5\) Remittances have helped lift households out of poverty in the Philippines.\(^6\)

**GENERAL CAUSES OF MORTALITY**

Accidents and injuries accounted for the largest percentage of deaths among adolescents in the Philippines in 2005. Table 1 shows the mortality rates of the leading causes of death among adolescents aged 10–19 in 2005.\(^7\)

**POPULATION**

In 2008, adolescents made up about 21% of the estimated 90 million people living in the Philippines. Young people (aged 10–24) accounted for 30.5% of the population

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**Table 1: Mortality rates (per 100 000) of the leading causes of death among adolescents, 2005**

<table>
<thead>
<tr>
<th>Causes</th>
<th>10–14 years</th>
<th>15–19 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation accidents</td>
<td>2.7</td>
<td>6.2</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>3.6</td>
<td>4.1</td>
</tr>
<tr>
<td>Accidental drowning</td>
<td>3.4</td>
<td>2.7</td>
</tr>
<tr>
<td>Chronic rheumatic heart disease</td>
<td>2.4</td>
<td>3.4</td>
</tr>
<tr>
<td>Congenital anomalies</td>
<td>3.0</td>
<td>2.2</td>
</tr>
</tbody>
</table>

Source: The 2005 Philippine Health Statistics, Department of Health

(Table 2). While the total number of young people had increased with overall population growth, proportionally, the size of the age group had decreased slightly from 31.3% in the 2000 census\(^8\) to 30.5% in 2008. The proportion of young people is projected to decrease further to 27.0% by 2025 to a total of 32 million.\(^9\)
Table 2: Number and percentage of young people by age and sex in the Philippines, 2008

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>10–14</td>
<td>5 012 300 (5.6)</td>
<td>4 791 000 (5.4)</td>
<td>9 803 300 (11.0)</td>
</tr>
<tr>
<td>15–19</td>
<td>4 759 900 (5.4)</td>
<td>4 593 800 (5.2)</td>
<td>9 353 700 (10.6)</td>
</tr>
<tr>
<td>20–24</td>
<td>4 270 800 (4.8)</td>
<td>4 216 500 (4.8)</td>
<td>8 487 300 (9.6)</td>
</tr>
<tr>
<td>Total</td>
<td>14 043 000 (15.8)</td>
<td>13 601 300 (15.4)</td>
<td>27 644 300 (31.2)</td>
</tr>
</tbody>
</table>


Figure 1: Primary and secondary-school attendance rates, the Philippines, 2008


EDUCATION

Legislation: Under the 1987 constitution, both primary and secondary education in the Philippines is free and six years of primary education is compulsory.

School enrolment and attendance: By 2008, the net enrolment rate in the Philippines was 92% for primary and 61% for secondary-school. Primary school attendance and completion rates were high while secondary rates lagged behind, noticeably among males. (Figure 1) Among the reasons cited for not attending school, employment accounted for 30%, lack of interest accounted for 22% and the high cost of education accounted for 20%. Based on the 2000 census, 18.6% of youth had attained a college-level education.

Gender parity index (GPI): In 2008, the GPI was 0.98 for primary level enrolment, 1.09 for secondary level and 1.24 for tertiary level.

ECONOMICS

Legislation: The official minimum age for employment is 15 in the Philippines. In 1993, an amendment to the child labour law was adopted to permit child employment under 15 years old by parents or a legal guardian under safe and healthy conditions or participation in public entertainment with a permit from the Department of Labour and Employment.

Economically active: In 2008, the labour force participation rate for the population aged 15-19 was 32.2% (40.1% for males and 24.3% for females); for the group aged 20–24, it was 63.7% (77.4% for males and 49.1% for females).

Employment: In 2008, the total employment rates of people aged 15–19 and 20–24 were 84.4% and 81.3%, respectively. Table 3 shows the employment rates by age group and sex. Youth aged 15–24 were also a part of the overseas

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14 REPUBLIC ACT NO. 7658, Republic of the Philippines, Congress of the Philippines Second Regular Session, 9 November 1993.
workforce, making up 6.7% of the male and 13.5% of the female overseas Filipino workers.\textsuperscript{17}

**Unemployment:** Among adolescents aged 15–19, the unemployment rate was 15.6% (17.2% among females and 14.6% among males). Among those aged 20–24, it was 18.7% (21.0% among females and 17.4% among males).\textsuperscript{18}

**Type of work:** Within the 15–19 and 20–24 age groups, most worked for private establishments (41.0% and 58.5%, respectively) followed by unpaid work for the family (36.8% and 17.9%, respectively).\textsuperscript{19} Of the 2.8 million workers aged 15–19, an estimated 51.7% worked for 40 or more hours a week. Among the 3.78 million workers aged 20–24, 71.1% worked for 40 or more hours.\textsuperscript{20}

**Poverty:** While the employment level among youth was relatively high in the country, poverty was still an issue among the employed. Over 20% of the working youth were considered to be working poor, earning under US$ 1.25 a day. Earnings are related to education level — 35.4% of the young working poor did not have a primary level education compared with 6.2% of the non-poor working youth.\textsuperscript{21}

**Child Domestic Workers (CDW) in the Philippines**

It was estimated that between 400,000 and 1 million domestic workers in the Philippines were between the ages of 10 and 19. Additionally, some adolescents worked as domestic workers in exchange for room and board or the chance to study in urban areas. Many poor households sent children to work in private households to supplement family income or to repay debts. Some children who trafficked for prostitution first were recruited as domestic workers. Paid about US$ 20 a month with indefinite work hours and sometimes bonded to their employers, CDW were very vulnerable to exploitation and abuse. While international and domestic organizations are working to improving the conditions of CDW on the policy and social fronts, implementable legal protection and standardization of working conditions are necessary to address the current issue.\textsuperscript{22, 23}

### Table 3: Number of employed people and employment rate by age group and sex, the Philippines, 2008

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labour force</td>
<td>Employed people</td>
<td>Employment rate (%)</td>
</tr>
<tr>
<td>10–14</td>
<td>-</td>
<td>401,000</td>
</tr>
<tr>
<td>15–19</td>
<td>2,078,000</td>
<td>1,774,000</td>
</tr>
<tr>
<td>20–24</td>
<td>2,904,000</td>
<td>2,400,000</td>
</tr>
</tbody>
</table>

SEXUAL AND REPRODUCTIVE HEALTH

Legislation: (i) Under the Anti-Rape Law of 1997, sex with children under the age of 12 is defined as statutory rape. (ii) Aside from the autonomous region in Muslim Mindanao, where the legal age to marry is 15, the Family Code of 1987 permits any male or female above 18 to under 21 to contract marriage with parental consent. (iii) The revised Penal Code of 1930 states that abortion is illegal in the Philippines unless it is carried out to save the life of a woman.24

Sexual behaviour: According to the 2002 Young Adult Fertility and Sexuality Study (YAFSS 3) of youth aged 15–24, the average age of sexual debut was 18 years.25 The median age of first sexual intercourse among women aged 15–49 in the 2008 National Demographic and Health Survey (NDHS) was 21.5 years. Among women aged 15–19, 2.1% had their first sexual intercourse at age 15.26

The 2008 NDHS reported that among adolescent women aged 15–19, 13.6% have ever had sexual intercourse, of whom 4.7% had used a condom at first sexual intercourse. Among women who had their first sexual intercourse before age 15, 14.7% were forced against their will; for those who had their first sexual intercourse between the ages of 15 and 19, 5.1% were forced against their will. Of the 12.6% who had had sex in the past 12 months, 15.5% had had higher-risk sexual intercourse, of whom 8.7% had used a condom at the last encounter.27

In the 2002 YAFSS 3, the mean number of sexual partners among those aged 15–24 was 4.1 among males and 2.8 among females. In the same study, about 12% of those aged 15–19 and 40% of those aged 20–24 admitted to having had premarital sex.28 Premarital sex among youth increased from 18% to 23% from 1994 to 2002.29 It was estimated that 40% of first sexual encounters and 70% of most recent sexual encounters among youth were without any protection.30

Commercial or transactional sex: The YAFSS 3 also revealed that 6.4% of male youths had ever paid for sex, with 49.6% having used a condom during paid sex.31 More males (3.9%) than females (0.1%) had ever been paid for sex and condom use was 36.2% for paid males.32

Marriage: Based on the 2008 NDHS data, the mean age at first marriage among women remained relatively stable for the past two decades at 22 years. The median age at first marriage was 23.2 in urban areas and 21.0 in rural areas. Women who completed high school also married later than women with no education (21.2 years and 18.4 years, respectively).33

Table 4 shows the marital status of women aged 15–19 and 20–24. Among adolescents aged 15–19, 1.5% were married by age 15. Among 20–24 year-olds, 2.1% were married at age 15, 14.2% at 18 and 30.7% at 20.34

Table 4: Marital status of women aged 15–24, the Philippines, 2008

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Never Married (%)</th>
<th>Married (%)</th>
<th>Living Together (%)</th>
<th>Separated/ Divorced/ Widowed (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15–19</td>
<td>88.8</td>
<td>2.9</td>
<td>7.4</td>
<td>0.9</td>
</tr>
<tr>
<td>20–24</td>
<td>50.9</td>
<td>26.8</td>
<td>19.8</td>
<td>2.6</td>
</tr>
</tbody>
</table>


Contraceptive knowledge and use: The 2008 NDHS found that knowledge of contraceptive methods was high

27 Ibid.
29 2002 Young Adult Fertility and Sexuality Study (YAFSS3), national datasheet. Republic of the Philippines: Population Institute, University of the Philippines. [Cited 14 October 2010.] Available from: http://www.drdf-uppi.net/projYAFS3.htm
31 2002 Young Adult Fertility and Sexuality Study (YAFSS3), national datasheet. Republic of the Philippines: Population Institute, University of the Philippines. [Cited 14 October 2010.] Available from: http://www.drdf-uppi.net/projYAFS3.htm
32 Ibid.
34 Ibid.
among young women, with 96.3% of 15–19 year olds and 99.2% of 20–24 year olds having heard of any modern method of contraception. Among all female adolescents aged 15–19 currently using contraception (3.1% of the total respondents), withdrawal was the most common method (41.9%) followed by the pill, which was the most commonly used modern method (29%). Among currently married female adolescents aged 15–19, withdrawal was also the most commonly used method (9.8%) followed by the pill (8.6%).

Findings from the 2008 NDHS:
Of 2749 female adolescents aged 15–19,
• 3.5% had ever used any modern method (pill, male condom, IUD, injectables, mucus/billings/ovulation, Basal body temperature, lactational amenorrhea method (LAM), emergency contraception)
• 4.1% had ever used any traditional method (withdrawal, rhythm, folk)
• 1.6% were currently using a modern method (pill, male condom, IUD, injectables)
• 1.5% were currently using a traditional method (withdrawal, rhythm)

Of 283 currently married female adolescents aged 15–19,
• 26.3% had ever used any modern method (pill, male condom, IUD, injectables, mucus/billings/ovulation, Basal body temperature, LAM, emergency contraception)
• 29.9% had ever used any traditional method (withdrawal, rhythm, folk)
• 14.3% were currently using a modern method (pill, male condom, IUD, injectables)
• 11.6% were currently using a traditional method (withdrawal, rhythm)

Contraceptive use, especially of modern methods, has increased steadily over the last four decades among currently married women aged 15–19.

The 2002 YAFSS 3 data showed that only a low percentage (27.6% of males and 22.3% of females) used contraception during their last premarital sexual encounter.

Child-bearing: According to the 2008 NDHS, the median age of childbirth was 23 years (22 years for rural women and 24 years for urban women). Among women aged 15–19, fertility in urban areas was lower than in rural areas — urban women had an average of 2.8 children and rural women 3.8. Women aged 15–24 who were more educated and wealthier were less likely to have begun child-bearing than their less educated and poorer counterparts.

Among all adolescent women surveyed aged 15–19, 7.3% had one or more children ever born; 9.9% percent of adolescents aged 15–19 had begun child-bearing (7.3% have had a live birth and 2.6% were pregnant with a first child).

Among currently married female adolescents aged 15–19, 30.5% had unmet needs for birth spacing and 5.3% had unmet needs for limiting births. The corresponding figures were 19.3% and 5.3% for those aged 20–24.

Adolescent birth rate: Table 5 shows age-specific fertility rates of female respondents in the 2008 NDHS aged 15–19 and 20–24. Among adolescents aged 15-19, the fertility rate was 54 per thousand women. Adolescent pregnancy rates had increased from 8% in 2003 to 10% in 2008. While the fertility rate in all women had decreased over the years, the rate among 15–19 year olds had increased slightly over the last three decades.

Table 5: Fertility rate (per 1000) of women aged 15–24 years, the Philippines, 2008

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Urban</th>
<th>Rural</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15–19</td>
<td>42</td>
<td>71</td>
<td>54</td>
</tr>
<tr>
<td>20–24</td>
<td>134</td>
<td>202</td>
<td>163</td>
</tr>
</tbody>
</table>


Maternal health: In the 2008 NDHS, among mothers under age 20 at birth, 56.6% received antenatal care from a midwife; 32.2% from a doctor; 6.5% from a traditional birth attendant, known locally as “hilot”; 2.1% from a nurse; and 2.6% received no care. Among mothers under 20 with a live birth in the five years preceding the survey,

35 Ibid.
36 Ibid.
37 Ibid.
38 Ibid.
40 Ibid.
41 Ibid.
42 Ibid.
43 Ibid.
44 Ibid.
82.2% took iron tablets or syrup during the pregnancy and 58.0% received two or more tetanus toxoid injections.\textsuperscript{45}

Among mothers under age 20 at birth, 37.6% delivered in a health facility. As far as delivery assistance is concerned 39.9% of the mothers received it from a hilot, 29.0% from a midwife, 28.1% from a doctor, 1.9% from a nurse and 1.1% from a relative/other.\textsuperscript{46} Early childhood mortality rates follow a u-shaped curve as the age of the mother increases. From the 2008 NDHS, for mothers under age 20 at birth, the neonatal mortality rate was 23, the post-neonatal mortality rate was 13, the infant mortality rate was 36, the child mortality rate was 12 and the under-5 mortality rate was 47 per thousand live births.\textsuperscript{47}

**Abortion:** Although abortion is illegal in the Philippines, an estimated 400,000 induced abortions were performed each year and nearly 40% of complications arising from abortions occur among youth.\textsuperscript{48} Very few among youth approve of abortion, although the approval rate has increased from 3.7% in 1994 to 4.9% in 2002.\textsuperscript{49}

**Sexually transmitted infections (STIs):** In a 2002 study of STI prevalence conducted at specific sites, 1.7% of male and 0.7% of female youth surveyed have gonorrhoeae and 9% of male and 7.7% of female youth have chlamydial infections. (The data cited is limited to the study site and cannot be generalized nationally.) The study showed that young people tend not to seek reproductive health services from government facilities and also tend to have more sexual partners. Similarly, the findings showed a moderately high prevalence of risk behaviours such as men having unprotected commercial sex encounters, men selling sex and low condom use among men and women.\textsuperscript{50}

**HIV prevalence and infection:** At the end of 2009, a total of 4424 HIV cases were reported in the Philippines, 90% of which were attributable to unsafe sexual contact, with men having sex with men accounting for a growing proportion of cases.\textsuperscript{51} Homosexual contact among 18–24 year olds accounted for 15.5% of all HIV cases reported in 2010.\textsuperscript{52}

**HIV knowledge:** Based on 2008 UNICEF statistics, 18% of male and 12% of female youths had comprehensive knowledge of HIV -- they were able to identify two major ways of preventing HIV and rejected common local misconceptions about HIV.\textsuperscript{53} According to the 2008 NDHS, among women aged 15–19, 90.6% had heard of AIDS, 50.7% were aware that condoms can reduce the risk of getting HIV and 18.7% had comprehensive knowledge of AIDS. Almost all women with a college or higher education (99%) had heard of AIDS compared with 40% of those with no education.\textsuperscript{54}

**NUTRITIONAL STATUS AND PHYSICAL ACTIVITY**

**Nutritional status:** The percentage of underweight adolescents had hovered at about 16% since 1993. A greater proportion of males were underweight than females.\textsuperscript{55} (Table 6)

<table>
<thead>
<tr>
<th>Weight Status</th>
<th>1993</th>
<th>1998</th>
<th>2003</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight Male (%)</td>
<td>21.6</td>
<td>23.0</td>
<td>20.5</td>
<td>20.5</td>
</tr>
<tr>
<td>Female (%)</td>
<td>9.5</td>
<td>16.4</td>
<td>10.1</td>
<td>11.1</td>
</tr>
<tr>
<td>Total (%)</td>
<td>15.8</td>
<td>19.8</td>
<td>15.5</td>
<td>16.0</td>
</tr>
<tr>
<td>Overweight Male (%)</td>
<td>2.6</td>
<td>1.2</td>
<td>3.4</td>
<td>4.9</td>
</tr>
<tr>
<td>Female (%)</td>
<td>2.2</td>
<td>4.7</td>
<td>3.8</td>
<td>4.8</td>
</tr>
<tr>
<td>Total (%)</td>
<td>2.4</td>
<td>2.9</td>
<td>3.6</td>
<td>4.8</td>
</tr>
</tbody>
</table>


\textsuperscript{45} Ibid.
\textsuperscript{46} Ibid.
\textsuperscript{47} Ibid.
Among students surveyed in the 2003–2004 Global School-based Student Health Survey (GSHS), 7.8% had gone hungry all of the time or most of the time in the last 30 days, 8.2% were overweight and 5.5% were in danger of becoming overweight. Based on a nutrition survey in 2005, 4.8% of adolescents were overweight, up from 2.4% in 1993.

**Diet:** Rice is the largest component of the Filipino diet, accounting for one third of food intake. Between 1993 and 2003, the intake of soft drinks had increased by 150% and fats and oils by 50%, while the intake of roots and tubers had decreased by 50%. The daily household intake of fruits also decreased by 30%, from 77 grams a day in 1993 to 54 in 2003. The trend towards foods higher in sugar and fat underscores the double burden of under- and over-nutrition that is becoming a growing issue in the country.

**Physical activity:** Results from the 2003–2004 GSHS showed that less than a tenth of the students surveyed were physically active for seven days for at least 60 minutes per day during the past week or during a typical week. Nearly 30% of students spent three or more hours per day sitting and doing activities such as watching television, playing computer games or talking to friends. (Table 7)

**MENTAL HEALTH**

Depression, anxiety and mood disorders were found to be common mental health problems among youth. Among the students surveyed in GSHS, 42% had felt sad or hopeless for two weeks or more in the past year, 17.1% had seriously considered committing suicide in the last year and 16.7% had made a plan about how they would commit suicide. (Table 8)

| Table 7: Physical activity status, the Philippines, 2003–2004 |
|---------------------------------|-----------------|-----------------|-----------------|
|                                | Male (%)        | Female (%)      | Total (%)       |
| Physically active all seven days for a total of at least 60 minutes per day during the past seven days | 8.6 | 6.9 | 7.6 |
| Physically active seven days for a total of at least 60 minutes per day during a typical or usual week | 10.0 | 8.4 | 9.0 |
| Spent three or more hours per day doing sitting activities during a typical day | 26.5 | 31.6 | 29.3 |

**Table 8: Mental health issues among students, the Philippines, 2003–2004**

<table>
<thead>
<tr>
<th></th>
<th>Male (%)</th>
<th>Female (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most of the time or always felt lonely in the past 12 months</td>
<td>9.5</td>
<td>11.2</td>
<td>10.5</td>
</tr>
<tr>
<td>Most of the time or always felt so worried about something that they could not sleep at night during the past 12 months</td>
<td>12.8</td>
<td>16.1</td>
<td>14.6</td>
</tr>
<tr>
<td>During the past 12 months, felt so sad or hopeless almost every day for two weeks or more consecutively that they stopped doing their usual activities</td>
<td>39.0</td>
<td>44.3</td>
<td>42.0</td>
</tr>
<tr>
<td>Seriously considered attempting suicide during the past 12 months</td>
<td>18.4</td>
<td>16.2</td>
<td>17.1</td>
</tr>
<tr>
<td>Made a plan about how they would attempt suicide during the past 12 months</td>
<td>16.6</td>
<td>16.8</td>
<td>16.7</td>
</tr>
</tbody>
</table>

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59 Ibid.

60 Ibid.


62 Ibid.
Among all youth, females were more than twice as likely as males to have had suicidal thoughts. However, males were slightly more likely to carry out a suicidal act than females. (Table 9) It was also likely that youth suicide rates were underreported as associated stigma may deter the mention of the issue.63

**Health implications of adverse childhood experiences**

In Quezon City, a survey was conducted among adults to assess the association among childhood experience, health-related risk behaviours and chronic disease in adult life. The study found that psychological abuse (22.8%), neglect (43.6%) and physical neglect (22.5%) were the most common forms of adverse childhood experiences. The study found a dose-response relationship between the number of adverse childhood experiences and risky health-related behaviours and subsequently poorer health later in life.

### SUBSTANCE USE

**Legislation:** The legal drinking age and the minimum age of purchase of tobacco is 18 in the Philippines.65,66

**Tobacco use:** The 2007 Global Youth Tobacco Survey found that 39.5% of students aged 13–15 had ever smoked cigarettes and 17.5% currently smoked. Exposure to second-hand smoke among 13–15 year old students was high, with 54.5% living in households where they experienced second-hand smoke.67 (Table 10) Also, 49.3% of current smokers usually bought cigarettes from a store and 59.6% of them were not refused purchase because of their age when buying from a store in the past month.68

<table>
<thead>
<tr>
<th>Age</th>
<th>Male (%)</th>
<th>Female (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had suicidal thought</td>
<td>6.4</td>
<td>16.3</td>
<td>17.5</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>22.4</td>
<td>22.4</td>
<td>22.4</td>
</tr>
<tr>
<td></td>
<td>33.3</td>
<td>29.6</td>
<td>31.0</td>
</tr>
</tbody>
</table>

**Table 9: Suicidal thoughts and action among youth aged 15–24 years, 2002**

Source: State of the Philippine Population Report 2nd Ed.

**Table 10: Tobacco use among students aged 13–15 by sex, the Philippines, 2007**

<table>
<thead>
<tr>
<th>Percentage of students who were current cigarette smokers</th>
<th>Male (%)</th>
<th>Female (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>23.4</td>
<td>12.0</td>
<td>17.5</td>
</tr>
</tbody>
</table>

| Percentage of students who were current tobacco product users (other than cigarettes) | 8.2 | 7.2 | 7.7 |

| Percentage of students who smoked who desired to stop | 88.1 |
| Percentage of students who were exposed to smoke from others in their home (among never-smokers) | 54.5 |

Source: Global Youth Tobacco Survey, Philippines Factsheet, 2007

The 2008 NDHS showed that among women aged 15–19, 2.3% smoked in the preceding 24 hours and the figure was 4.9% for women aged 20–24.69

**Alcohol use:** According to 2003 figures, among 18–24 year olds, 7.3% were heavy episodic drinkers (13.6% males and 0.9% females).70 Youth who were out of school accounted for a greater number of drinkers.71

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67 Ibid.
68 Ibid.
Table 11 shows findings from the 2003–2004 GSHS — 18.9% of surveyed students were 13 years old or younger when they had their first drink of alcohol; 23.6% drank alcohol in the past 30 days; and 24.3% had engaged in heavy drinking.\textsuperscript{72}

| Table 11: Alcohol use among students by sex, the Philippines, 2003–2004 |
|-----------------|-----------------|-----------------|-----------------|
|                 | Male (%)        | Female (%)      | Total (%)       |
| Were 13 years old or younger when they had their first drink of alcohol other than a few sips | 24.8          | 14.3          | 18.9          |
| Drank at least one drink containing alcohol on one or more of the past 30 days | 31.6          | 17.9          | 23.6          |
| Drank one or more drinks per day on the days they drank alcohol during the past 30 days | 26.0          | 12.6          | 18.1          |
| Drank so much alcohol they were really drunk one or more times during their life | 32.5          | 18.0          | 24.3          |

Source: Global School-Based Student Health Survey, 2003–2004.

Other drug use: Adolescent drug use increased from 6% in 1994 to 11% in 2002. Overall, drug use was higher among young males than females. However, drug use among young females had tripled from 1% in 1994 to 3% in 2002. Peer influence was cited by 74% of those aged 15–24 as the reason for trying drugs. An estimated 18% of working youth were using drugs compared with 7% of youth in school.\textsuperscript{73}

According to the GSHS 6.7% of the total young students surveyed has ever used drugs; marijuana was the most commonly used illicit substance (6.3%) followed by sedatives and tranquilizers such as Valium (5.2%), inhalants or solvents such as rugby (4.0%), methamphetamine or shabu (3.7%) and ecstasy (2.6%). Boys were more likely than girls to have used these substances one or more times during their lives. Fully 4% of surveyed students had shared needles or syringes used to inject any drug into their body on one or more times during their life (7.4% males and 1.3% females).\textsuperscript{74} Table 12 shows the age of first exposure and the percentage among surveyed students who were current users of illicit substances.

| Table 12: First exposure and current drug use among students by sex, the Philippines, 2003–2004 |
|-----------------|-----------------|-----------------|-----------------|
|                 | Male (%)        | Female (%)      | Total (%)       |
| Were 13 years old or younger when they first tried marijuana | 4.6            | 0.9            | 2.4            |
| Were 13 years old or younger when they first tried methamphetamines or shabu | 3.5            | 0.5            | 1.8            |
| Were 13 years old or younger when they first tried ecstasy | 5.5            | 1.4            | 3.1            |
| Were 13 years old or younger when they first tried solvents or inhalants, such as rugby | 7.3            | 2.2            | 4.4            |
| Current marijuana users | 3.6            | 0.9            | 2.1            |
| Current methamphetamine or shabu users | 3.1            | 0.4            | 1.5            |
| Current ecstasy users | 5.0            | 1.3            | 2.9            |
| Current users of solvents or inhalants such as rugby | 5.0            | 1.2            | 2.9            |
| Used tranquilizers or sedatives, such as Valium, without a doctor or nurse telling them to do so, one or more times during the past 30 days | 5.5            | 2.0            | 3.5            |
| Used a needle to inject any drug into their body without a doctor or nurse telling them to do so, one or more times during the past 30 days | 10.8           | 2.1            | 5.8            |

Source: Global School-Based Student Health Survey, 2003–2004.


VIOLENCE AND INJURIES

Violence and injuries: Violence among youth is common. According to the 2003–2004 GSHS, 50% of high school students had engaged in a physical fight more than once in the past year.75 A 2002 report found that males aged 15–19 experienced more violence than young females.76 (Figure 2) Overall, violent behaviour decreased with age. Among high school students, 31.1% experienced an injury (78% of which were accidental) in the past year and 35.7% were bullied on one or more days in the past 30 days preceding the GSHS. High school-age males were more likely than their female counterparts to be injured.77

According to the Baseline Study on National Objectives of Health (BSNOH) in 2000, the self-reported rate of ever experiencing physical abuse among adolescents is 90%, psychological abuse is 60% and sexual abuse is 12%.78

Transportation accidents
Traffic accidents are the second leading cause of death in the Philippines for young people and the general population. Pedestrians and motorcyclists are most at risk. There is no law governing drinking and driving. The motorcycle helmet-wearing rate is at 34% and only 52% of drivers use seatbelts.79, 80

Sexual violence: The 2008 NDHS found that 5.1% of adolescent women aged 15–19 had ever experienced sexual violence. The difference in rates of sexual violence between the BSNOH and NDHS may be due to differences in methodology (self-reported vs. interview) and populations surveyed. Among ever married women aged 15–49, 60.5% reported that their husband was the perpetrator while among never married women, 57.7% reported that their current or former boyfriend was the perpetrator. The most common form of sexual violence among ever married women aged 15–49 was forcing the woman to have sexual intercourse even when she did not want to (6.3%).81

Domestic violence: In the 2008 NDHS, 15.1% of adolescent women aged 15–19 had experienced physical violence. Of those aged 15–19 who had ever been pregnant, 5.8% had experienced physical violence during pregnancy. Among ever married women aged 15–49, 54.7% reported that their husband committed the act of violence. The most common forms of physical violence were slapping (8.5%) followed by being pushed, shaken or having an object thrown at the woman (8.2%).82

Among ever married women aged 15–19, 19.4% reported that they had ever committed physical violence against their husband and 17.0% had done so in the past 12 months.83

ADOLESCENT HEALTH CARE SEEKING BEHAVIOUR

Adolescents and youth tend to seek care less than those who are older and younger, partly because they are no longer

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82 Ibid.

83 Ibid.
affected by childhood diseases and have yet to encounter health problems that plague the older population. Among public and private health facilities, rural health units and barangay health stations were most visited by young people seeking primary care. Based on the 2008 NDHS, the most common reasons for visits to health facilities were illness and injury (67.6%) and medical check-ups (28.1%). Among women aged 15–19, 78.5% cited having at least one problem accessing health care, with lack of money for treatment being the most common reason (56.8%).

**ADOLESCENT-FRIENDLY HEALTH SERVICES**

Save the Children Philippines in partnership with the Department of Health Center for Health Development established the Adolescent Friendly Reproductive Health Services. Adolescents have been trained as peer educators and as health and nutrition advocates. The health centres are also used as school venues for out-of-school youth under the Alternative Learning System.

**LIST OF LEGISLATION WHICH IMPACT ON ADOLESCENT HEALTH AND WELL-BEING**

**Employment**
- REPUBLIC ACT NO. 7658 on regulation of child labour, 1993

**Education**
- Constitution of the Republic of the Philippines Article 14, Section 2-2, free and compulsory education for children ages 6-12, 1987
- REPUBLIC ACT NO. 7796, created the Technical Education and Skills Development Authority (TESDA) to oversee technical and vocational education, 1994
- REPUBLIC ACT NO. 7722, created the Commission on Higher Education (CHED) to oversee higher education, 1994
- REPUBLIC ACT NO. 6655, free secondary education, 1988
- REPUBLIC ACT NO. 9710, Magna Carta of Women, 2008

**Health and Welfare**
- REPUBLIC ACT NO. 9231, Medical and psychosocial services to children, 2004
- REPUBLIC ACT NO. 7305, conduct of health service providers, 1992
- Department of Health Administrative Order 34-As, 2000 (Adolescent and Youth Health Policy)
- PRESIDENTIAL DECREES NO. 603, Child and Youth Welfare Code, 1974
- Code of Ethics of the Medical Profession in the Philippines
- Executive Order No. 209, Family Code of the Philippines, 1987

**HIV/AIDS**
- REPUBLIC ACT NO. 8504, Philippine AIDS Prevention and Control Act, 1998

**Substance Use**
- REPUBLIC ACT NO. 9211, Tobacco Regulation Act, 2003
- REPUBLIC ACT NO. 9165, Comprehensive Dangerous Drugs Act, 2002

**Crimes**
- REPUBLIC ACT NO. 9262, Anti-Violence Against Women and Their Children Act, 2004
- REPUBLIC ACT NO. 9208, Anti-Trafficking Act, 2003
- REPUBLIC ACT NO. 8505, Rape Victim Assistance and Protection Act, 1998
- REPUBLIC ACT NO. 8353, redefines rape and its penalties, 1997
- REPUBLIC ACT NO. 8044, Youth in Nation Building Act, 1995
- REPUBLIC ACT NO. 7610, provides for stronger deterrence and special protection against child abuse, exploitation and discrimination, 1992

**Conventions**
- World Health Organization Framework Convention on Tobacco Control, 2005

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85 Ibid.
86 Ibid.
• ILO Convention No. 138, Minimum Age Convention, 1998
• Convention on the Rights of the Child, 1990
• Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), 1981
• International Covenant on Economic, Social and Cultural Rights, 1974

GOVERNMENT RESPONSES
Note: This is not meant to be a comprehensive list of all relevant government initiatives.

General Adolescent Health and Well-Being
• Medium Term Youth Development Plan
• Adolescent Health and Youth Development Program—Population Management Program
• Conditional Cash Transfer Program
• Philippine National Development Plan for Children (“Child 21”)  
• Beijing Platform for Action

Education
• Balik Paaralan sa Out-of-School Youths and Adults
• Inclusive Education for the Differently-abled Children

Sexual & Reproductive Health
• Maternal, Newborn, Child Health and Nutrition Program
• Responsible Parenthood and Natural Family Planning Program
• Ten-Year Reproductive Health Plan
• Philippine Population Management Program
• International Conference on Population and Development

STIs & HIV/AIDS
• 4th AIDS Medium Term Plan 2005–2010
• Needle and Syringe Program Sites
• 100% Condom Use Program

Nutrition & Physical Activity
• Philippine Plan of Action for Nutrition 2005–2010
• National Supplemental Feeding Program
• Food-for-School Program

Sources: