

FORSAKEN LIVES

The Harmful Impact of the Philippine Criminal Abortion Ban



EXECUTIVE SUMMARY

**CENTER
FOR
REPRODUCTIVE
RIGHTS**

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OUR MISSION

The Center for Reproductive Rights uses the law to advance reproductive freedom as a fundamental human right that all governments are legally obligated to protect, respect, and fulfill.

OUR VISION

Reproductive freedom lies at the heart of the promise of human dignity, self-determination, and equality embodied in both the U.S. Constitution and the Universal Declaration of Human Rights. The Center works toward the time when that promise is enshrined in law in the United States and throughout the world. We envision a world where every woman is free to decide whether and when to have children; where every woman has access to the best reproductive healthcare available; and where every woman can exercise her choices without coercion or discrimination. More simply put, we envision a world where every woman participates with full dignity as an equal member of society.

Background

The **Center for Reproductive Rights** has been working for several years with local partners in the Philippines to challenge unreasonable legal restrictions imposed by the government on women's reproductive health and rights. In addition to working locally, the Center has also engaged extensively with international legal bodies to hold the government accountable for women's rights violations resulting from these restrictions. A review of Filipino reproductive health laws and policies undertaken by the **Center** in 2005 revealed that the criminal prohibition on abortion, which is effectively a total ban on abortion, is not only one of the harshest legal restrictions on women's reproductive rights in the Philippines, but also one of the most severe bans in the world.

This Executive Summary provides an overview of the in-depth fact finding report, *Forsaken Lives: The Harmful Impact of the Philippine Criminal Abortion Ban*, which documents women's experiences under the ban and the many ways the government has violated their rights by criminalizing abortion, an essential component of women's reproductive health care. The full report sheds light on the role of health service providers who are sometimes guilty of perpetrating abuses against women due to abortion stigma generated by the criminal ban and because of their own conflicting personal values. As revealed by the testimonies in this report, health professionals are often faced with difficult challenges and dilemmas, caught as they are between the criminal ban, an unsupportive health system, and their ethical duties towards their patients.

The Executive Summary is intended to promote public awareness of a serious human rights concern and to be a starting point for a broader dialogue on government accountability for human rights violations caused by the criminal abortion ban and the challenges it creates for health service providers in the Philippines. It contains specific recommendations for a range of entities, including government actors, based on State obligations under international law, as well as on insights provided by those interviewed for this report.

MARICEL'S STORY

Globally, nearly 70,000 women and girls die from unsafe abortion each year.

Maricel was eighteen years old and already had a child when she died of a severe infection after self-inducing an abortion using three different methods.

Maricel's mother was employed as a domestic worker abroad and wanted **Maricel** to have the same opportunity. Maricel applied for, and had just been granted, a visa permitting her to work abroad when she found out she was pregnant. She was still breastfeeding her first child and had thought that she was adequately protected from becoming pregnant again. Afraid that the pregnancy would mean she would lose the employment opportunity, Maricel attempted to induce an abortion.

Desperate, Maricel tried several means of abortion. She first attempted to end her pregnancy herself by taking **misoprostol**. After two weeks of not experiencing any bleeding, Maricel went to a **hilot** for an abdominal massage. Three days later, still not experiencing any bleeding, she sought the help of a neighbor, who directed her to a woman who performed “**catheterizations**,” meaning that she inserted catheters into the uterus for women as a method of abortion. By that time, Maricel was in her third month of pregnancy. For two weeks following the catheterization, Maricel was bleeding vaginally and feverish. She delayed going to a hospital because she was scared of what would happen to her since she had illegally induced an abortion, but finally sought medical treatment when her fever and bleeding persisted.

Maricel arrived at Fabella Memorial Hospital pale, bleeding, and running a high grade fever.

The **doctors** tried to treat Maricel with antibiotics and decided to perform a dilation and curettage (D&C) to complete the abortion, but it was too late: **Maricel died on the operating table as a result of the sepsis caused by the unsafe abortion.**

Maricel delayed seeking **lifesaving medical attention** for the complications she experienced because she **feared the law and punishment.**

An unsafe abortion is “a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards, or both.”

(World Health Organization, 1992)

Overview

A Preventable Crisis of Pregnancy-Related Mortality and Human Rights Abuses

If only the procedure would be legalized and the right or safe process would be provided to all women needing it, then there would be lesser incidents of untimely death for women. The government is being hypocritical here. They do not think about the situation of women in need.

— *Nanette, a thirty-seven year old mother of one who self-induced an abortion*

The Philippines is one of the few countries in the world to criminalize abortion in all circumstances with no clear exceptions. As a consequence, women in the Philippines continue to die or suffer grave complications from unsafe abortion procedures, producing a massive and unnecessary public health crisis and violating the fundamental human rights of Filipino women. **Despite the criminal ban, in 2008 alone, an estimated 560,000 induced abortions took place in the Philippines; 90,000 women sought treatment for complications and 1,000 women died.** These tragic and preventable deaths are a direct consequence of the nation’s restrictive abortion law and an indirect consequence of the lack of adequate information about and access to effective modern contraceptives in the Philippines, especially in Manila City.

Statistical information on the harm wrought by the criminalization of abortion is extremely limited. Criminal abortion bans result in an absence of official data on the incidence of unsafe abortion procedures and related complications and fatalities, obscuring the harmful impact of legal restrictions and penalties. Women’s accounts of their experiences are essential to understanding the true impact of this harsh and unjust law.

Forsaken Lives examines, for the first time, the impact of these restrictions upon women and their families from a human rights perspective. It brings into focus the human tragedy caused by the ban, as illustrated by Filipino women’s personal accounts of injustice and abuse. The report also shares the voices of healthcare service providers on the front lines of reproductive health and post-abortion care in the Philippines. Their testimonies confirm many of the trends revealed by women’s experiences and show that they too face challenges in the provision of essential reproductive healthcare due to abortion-related stigma in the health system and the government’s failure to invest adequately in post-abortion care.

Global Incidence of Unsafe Abortion and the Role of the Law

Unsafe abortion is a notable cause of death and disability for women and adolescent girls worldwide. Almost seventy thousand women and girls die due to unsafe abortion each year, and close to five million suffer short-term or permanent disabilities. Unsafe abortion is one of five internationally recognized “obstetric emergencies” that account for most maternal deaths in the world. According to the **World Health Organization (WHO)**, the legality of abortion is a key determinant of unsafe abortion mortality and morbidity.

Key Findings

Criminalization of Abortion Has Not Prevented the Procedure, but Made It Unsafe

Criminalization of abortion has not prevented abortion in the Philippines, but it has made it extremely unsafe, leading directly to the preventable deaths of thousands of women each year. In practical terms, children have needlessly lost their mothers, husbands have lost their wives, and parents have lost their daughters.

Most women who resort to unsafe abortion do so to protect their health; due to poverty; to allow them to care for their existing children; or to address an unwanted pregnancy that is a result of rape, incest, or an inability to control their fertility through contraception. While women’s reasons for abortion may vary, because of the criminal ban any decision to terminate a pregnancy leads in just one frightening direction—toward painful, risky, and potentially fatal methods of pregnancy termination.

The most frequently used unsafe methods include painful abdominal massages by traditional midwives, inserting a catheter into the uterus, medically unsupervised consumption of Cytotec (the local brand name for a drug containing misoprostol) to induce uterine contractions, and ingestion of herbs and other concoctions sold by street vendors. Common physical complications caused by these methods include hemorrhage, sepsis, perforation of the uterus, damage to other internal organs, and death. In some instances, a hysterectomy may be necessary to treat complications, which leads to a permanent loss of childbearing capacity. Most women interviewed for this report had resorted to abortion more than once and they had tried more than one risky method each time.

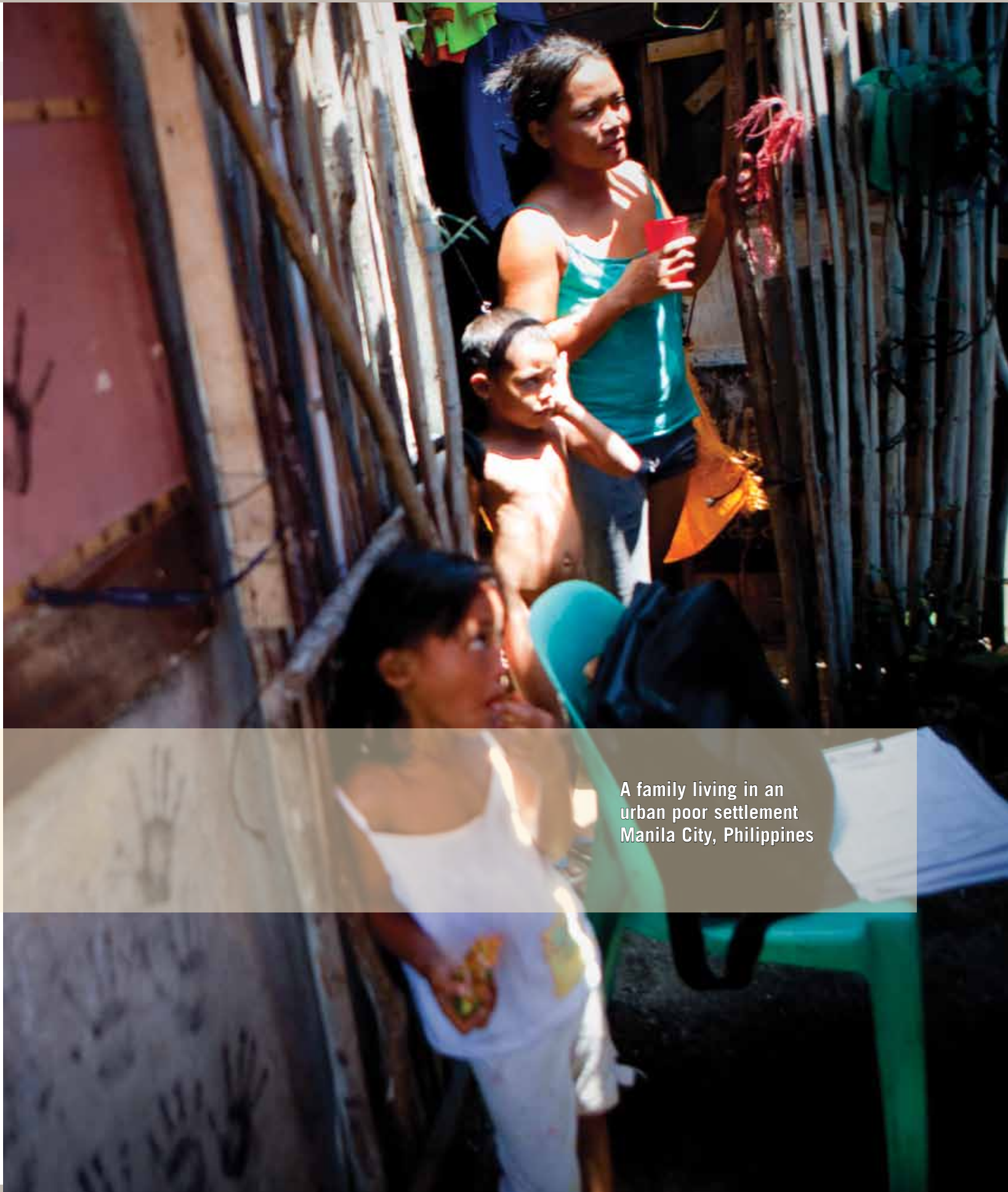
As is the case elsewhere, most women who are forced to resort to unsafe abortion in the Philippines belong to the lower economic rungs of society, although even more affluent women with better access to healthcare services are known to turn to unsafe abortion when confronted with an unwanted pregnancy and suffer similar consequences.

I had fears on the legal consequences but people should learn to understand why some women have to undergo abortion. The law did not stop me since I was thinking of providing a better life for my existing children. It would have been easier if you could openly ask a doctor about pregnancy options and the cost would be cheaper or affordable for poor people.

– Ana, a thirty-five year old domestic violence survivor and mother of seven children

Criminalization Has Stigmatized Abortion, Making It Inaccessible Even When a Pregnant Woman’s Life Is at Risk

The Philippine Revised Penal Code (the Penal Code) makes abortion a punishable offense in all cases with no clear exceptions. The result is that access to therapeutic or medically necessary abortions is not guaranteed, even when the life of a pregnant woman is at stake. In addition, women and girls who become pregnant as a result of rape or incest are unable to obtain abortions legally. There is also no legal exception for abortion on the ground of fetal impairment, even in cases where there may be a substantial risk of fetal demise or abnormality.



A family living in an urban poor settlement Manila City, Philippines



According to the WHO, unsafe abortion accounts for up to 20% of maternal deaths in the Philippines.

Before my third abortion, I consulted with a **private doctor** on what drug to take.... She said it is **against their profession** because it is the taking of life. She would never prescribe a drug to induce an abortion. I told her I had this condition [severe hypertension]; I had a reason. She firmly said she would **not give a drug** because she would [be] commit[ting] a sin.

– Haydee, a thirty-two year old mother of one, diagnosed with severe hypertension, a condition that can make pregnancy fatal

While some legal experts believe that criminal liability for abortion may be avoided by invoking general legal exceptions such as “necessity” and “justification” contained in the Penal Code, this theory has not yet been tested. The Philippine Constitution guarantees equal protection for the lives of both the unborn and pregnant women, and expert commentary, including the history of formal deliberations on this provision, suggests that it may allow legal exceptions for abortion in certain circumstances of medical necessity. However, there is nothing definitive in the law, or in any policy, regulation, or case law that confirms the existence of such exceptions. Consequently, there is a lack of clarity regarding the circumstances under which an abortion may be legally performed or be considered legally justifiable.

Government Denial of Access to Contraceptives Forces Women to Turn to Unsafe Abortion

The unavailability of a full range of family planning services and information is a fundamental cause of the high incidence of abortion in the Philippines. **A study reveals that, in 2008, an estimated 1.9 million pregnancies in the Philippines were unplanned; this is higher than a 2006 study revealing that 1.43 million unplanned pregnancies occur each year.**

The previous Philippine government administration, led by **former President Gloria Macapagal-Arroyo**, actively discouraged the use of modern methods of family planning, wreaking havoc on women’s health. Several local governments similarly obstructed access to contraceptives; the most extreme example of denial of access to contraceptives currently is Executive Order (the EO) 003, a measure introduced in Manila City by **former mayor, Jose “Lito” Atienza**, in 2000. It effectively prohibits the provision of modern contraceptives in public health clinics funded by the local government of Manila City and mandates the promotion of natural methods of family planning. Studies reveal a higher incidence of abortion in Manila City than in other parts of the country.

Because of the government’s policy of denying access to reliable family planning information and services, myths and fears about the side effects of contraception abound. Access to modern contraceptives is also restricted by formal barriers instigated by religious extremists who have consistently pressured the government to withdraw its support for modern contraceptives by falsely branding them as abortifacients. For example, using such misleading arguments, religious extremists successfully convinced the government to remove the emergency contraceptive Postinor, a drug used to reduce the risk of unplanned pregnancy for victims of sexual violence, from the approved medicines list.

These restrictions counterproductively lead to much higher rates of abortion. If women had greater control over their fertility through effective methods of family planning and access to unbiased, truthful medical information, there would be far fewer unplanned pregnancies and less women would be compelled to resort to unsafe abortions.

Criminalization of Abortion Has Led to Abuses, Including the Cruel and Degrading Treatment of Women Seeking Post-Abortion Care

I just wish that the doctors would stop threatening women like me who had an abortion. They do not know the whole story, the women’s experience in life that led to abortion.... Some women, instead of going to the hospital to seek medical care, would rather not out of fear of being imprisoned. That is why there are numerous cases of death and infection.

—*Lisa, a twenty-one year old married mother of three*

The criminalization of abortion has made abortion unsafe and also undermined the ability of women to access lifesaving post-abortion care. Due to its criminal status, abortion is highly stigmatized in the medical community. Despite the fact that post-abortion care is legal, women who seek treatment for complications arising from illegal and unsafe abortions are often viewed as criminals and denied compassionate and lifesaving care.

As the testimonies presented in this report show, women who seek post-abortion care are frequently harassed, intimidated, abused, and threatened with criminal prosecution by health service providers. Many women interviewed for this report described being initially denied post-abortion medical care or threatened with the denial of care because they were suspected of having had an abortion. Several women described how providers deliberately delayed care in their cases in order to “teach them a lesson.”

Although healthcare providers have no legal obligation to report women seeking post-abortion care to the authorities, many women interviewed for this report were told by their doctors that they would be reported to the police or arrested if it was discovered that they had induced an abortion. Doctors we interviewed admitted that women seeking post-abortion care are much more likely to be discriminated against than any other category of patient. The criminal status of abortion has, in practice, rendered the promise of compassionate and humane post-abortion care hollow.

[A woman] who [is] not ready [for] pregnancy will accept everything, even if she is submitted to abuse and all, as long as her pregnancy is terminated.

– *Dr. Alejandro San Pedro, Chair of the Department of Obstetrics and Gynecology, Bulacan Provincial Hospital*

Abusive practices in post-abortion care settings are not reported by women as their first priority is to obtain medical care, at any cost. The absence of formal complaint mechanisms has contributed to the silencing of such abuse. While thousands of women do go to public hospitals for treatment of complications from unsafe abortion each year, despite justifiable fears of abuse and criminal prosecution, many more are too afraid of mistreatment to seek appropriate care when they need it. Women often will face death or suffer needlessly from infections rather than risk abuse and humiliation from healthcare providers.

Criminalization of Abortion Has Marginalized Post-Abortion Care Services in the Health System

Although post-abortion care is legal and the government has issued a policy articulating standards for quality and humane post-abortion care, the government has neglected to ensure its provision. Overall, such care remains at the margins of the healthcare system, resulting in very poor quality of services. Healthcare providers



An estimated 90,000 Filipino women are hospitalized annually due to complications from unsafe abortion.



Anti-choice sign hung on the wall of Quiapo Church Manila City, Philippines

entrusted with administering post-abortion care are not consistently given the training and equipment needed to do so effectively. Many of the providers interviewed for this report pointed to the lack of government investment in post-abortion care services as a major cause of the poor quality of services.

Legal barriers also impede post-abortion care. A ban on misoprostol, a drug that can be used to induce abortions, but also is considered an essential medicine by the WHO for the management of incomplete abortion and miscarriages, deprives health professionals of an important and effective means to treat complications from unsafe abortions.

The providers interviewed for this report also specifically identified abortion stigma within the medical community as a source of pervasive negative attitudes toward women who have had illegal abortions. Many providers admitted that their own attitudes toward women seeking post-abortion care had changed as a result of trainings, conducted by local non-governmental organizations in partnership with international organizations and donors, that focused on the safety and efficacy of post-abortion care or on human rights and ethics, and emphasized the importance of post-abortion care as a critical component of women's reproductive healthcare. Despite the demonstrated positive effects of such training programs, the Philippine government has not made an effort to invest in them, showing its continuing neglect of post-abortion care.

The Philippine Government Has Succumbed to the Catholic Hierarchy's Opposition to Abortion, Despite Clear Harm to Women's Health and Lives

Despite constitutional guarantees of religious freedom and separation of church and state, in practice the Catholic hierarchy, particularly the **Catholic Bishops' Conference of the Philippines (CBCP)**, exerts significant influence over the reproductive rights of Filipino women through its active involvement in legislative and other political processes. When the Philippine Constitution of 1987 was being drafted, religious conservatives associated with the Catholic hierarchy advocated fiercely for constitutional legal protection for the unborn from the "moment" of conception, but their efforts failed; instead, the Constitutional Commission adopted language granting equal protection for the lives of the pregnant woman and the unborn. At that time, the real goal of the religious conservatives was to secure a constitutional ban on abortion and contraception.

Frustrated by this failure, the Catholic hierarchy has since then led several campaigns to restrict women's access to reproductive health services, especially modern contraceptives, by inaccurately branding them as abortifacients. Its operational arm, the CBCP, has been a vocal opponent of both abortion and contraceptives and issues many public statements expressing its opposition in a bid to sway politicians against major reproductive health initiatives on religious grounds. Most recently, the CBCP's opposition to the proposed Reproductive Health Bill, which aimed to improve access to contraception and did not include any measures to legalize abortion, was instrumental in blocking its enactment.

If abortion is a sin, God is merciful ... I have to think and be practical about the welfare of my children.

— Cristina, a forty-eight year old mother of three and domestic violence survivor who tried to induce one abortion

Restrictions on Abortion in the Philippines Violate International Law and Major Political Commitments

International law establishes a broad range of obligations for governments in relation to healthcare. It requires governments to ensure the availability of healthcare services, including those specifically needed by women to maintain their reproductive health. As the in-depth report reveals, the criminal ban in the Philippines has made abortion, a medical procedure necessary to protect the health of women, unavailable to them, even under grievous and life-threatening circumstances. The criminalization of abortion has also had a chilling effect on the provision of post-abortion care by stigmatizing abortion, which has undermined the quality of the care and made women vulnerable to abusive and discriminatory treatment in public health facilities. By allowing pressure from the Catholic hierarchy to deprive women of a full range of reproductive health services, the government of the Philippines has violated its human rights obligation to refrain from allowing ideologically driven laws to violate women’s rights. The government’s failure to ensure legal recourse for such acts of discrimination and abuse has led to impunity in the health system, making it a frightening place for women in need of lifesaving medical care.

By criminalizing abortion regardless of circumstance, the government of the Philippines has failed to fulfill its international obligation to protect women’s health and human rights. The health consequences are clear, as are the human rights violations committed by the government. The human rights implicated by the criminal ban include the rights to life; health; freedom from cruel, inhuman, and degrading treatment; equality and nondiscrimination; and privacy. All of these rights are guaranteed by major international treaties that have been signed and ratified by the Philippines, including the **International Covenant on Civil and Political Rights (ICCPR)**, the **International Covenant on Economic, Social, and Cultural Rights (ICESCR)**, the **Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)**, the **Convention against Torture (CAT)**, the **Convention on the Rights of the Child (CRC)**, and the **Convention on the Elimination of Racial Discrimination (CERD)**.

The continuing implementation of the restrictive abortion law further signifies the government of the Philippines’ noncompliance with official recommendations of **United Nations treaty monitoring bodies (UN TMBs)**, which repeatedly have urged the government to address the problem of unsafe abortion in the Philippines through law reform.

Further, the high incidence of illegal and unsafe abortion in the Philippines is a direct consequence of the restrictive abortion law and deaths resulting from unsafe abortion constitute a major impediment to achieving the official target of significantly reducing the incidence of maternal mortality in the Philippines by three quarters between 1990 and 2015, as committed to in the **Millennium Development Goals (MDGs)**.

All Governments and relevant intergovernmental and non-governmental organizations are urged to strengthen their commitment to women’s health, to deal with the health impact of unsafe abortion as a major public health concern....In all cases, women should have access to quality services for the management of complications arising from abortion.

– 1994 International Conference on Population and Development Programme of Action

The Abortion Laws in the Philippines Are Inconsistent with Comparative Legal and Ethical Norms, Setting the Philippines Apart from the Rest of the World

Under internationally recognized ethical norms, women have the right to abortion and the healthcare profession has an obligation to provide this service as safely as possible. Further, ethical norms establish that providers



Under the MDGs, the Philippines is committed to reduce the current ratio of 230 maternal deaths per 100,000 live births to 52 maternal deaths per 100,000 live births by 2012.

are entitled to the support and protection necessary for them to perform their professional duties in the most ethical way. Under the abortion law, several doctors interviewed for this report said they are unable to provide abortions even where necessary to preserve a woman’s life or health and often lack the training and supplies to provide post-abortion care. The abortion law leaves the country’s healthcare workers unable to fulfill their ethical obligations to their patients, making them, as one doctor interviewed said, an accessory to women’s suffering.

The lack of reform in the Philippines means that Filipino women continue to be endangered under an anachronistic colonial law, despite the wave of reform sweeping many of the Philippines’ peer nations. Although the Philippines derived its abortion prohibition from Spain during colonial times, Spain as well as many of its former colonies have liberalized their abortion laws since then and are continuing to do so. Similarly, many predominately Catholic nations, such as Italy and Portugal, have experienced a liberalizing trend in their abortion laws. Regionally, the Philippines has one of the most restrictive laws in East and Southeast Asia. The **Asia and Oceania Federation of Obstetricians and Gynecologists (AOFOG)**, the leading regional obstetrics and gynecological society, has recognized unsafe abortion as a major health concern for women in the region and has articulated the obligations of obstetrics and gynecological professional societies as well as individual doctors to take steps to decrease the incidence of unsafe abortion.

Conclusion

There Is an Urgent Need for Legal and Policy Reform and Accountability Measures to Address Unsafe Abortion and Related Abuses of Women’s Human Rights in the Philippines

The wide array of evidence presented in this report amply demonstrates the human rights abuses brought on by the sweeping criminal ban on abortion in the Philippines. The testimonies document and contextualize the experiences of women in the Philippines, establishing that the criminal ban violates a range of women’s human rights and signifies the failure of the Philippine government to comply with its obligations under international law. The report also sheds light on the dilemmas and challenges many healthcare providers face as they are caught between the criminal ban which prescribes penalties for providers of abortion and their professional obligation to treat their patients with compassion and respect.

In failing to address the suffering and abuse experienced by women as a direct consequence of the criminal ban on abortion, the government has forsaken the lives of women who are represented through the testimonies in this report. Society’s lack of outcry has legitimized the government’s inaction and led to complicity in these grave and systemic violations of women’s rights. The government has a binding legal obligation to recognize, protect and promote the rights of women that are being violated by the criminal ban on abortion and it is up to key stakeholders to take the initiative to make the government accountable for doing the same. Government actors and key stakeholders have an obligation to break the silence around the issue of unsafe abortion and enable the voices of women to become a basis for change.

We hope that this report brings national and international attention to the high cost in women’s lives and suffering as a result of the criminal ban on abortion, as well as the many challenges it creates for healthcare providers in their role of securing the health and dignity of women.

RECOMMENDATIONS TO THE PHILIPPINES BY UNITED NATIONS TREATY MONITORING BODIES CONCERNING ABORTION

The **Committee on Economic Social and Cultural Rights (CESCR)** has expressed concern that abortion is “illegal in all circumstances [in the Philippines], even when the woman’s life or health is in danger or pregnancy is the result of rape or incest, and that complications from unsafe, clandestine abortions are among the principal causes of maternal deaths.” Further, the Committee notes with concern the “difficulties in obtaining access to artificial methods of contraception, which contribute to the high rates of teenage pregnancies and maternal deaths...” The Committee has asked the government of the Philippines to “address, as a matter of priority, the problem of maternal deaths as a result of clandestine abortions, and consider reviewing its legislation criminalizing abortion in all circumstances.”

U.N. Committee on Economic, Social and Cultural Rights (CESCR), Concluding Observations: Philippines, para. 31, E/C.12/PHL/CO/4 (2008).

The **Committee on the Elimination of Discrimination against Women (CEDAW Committee)** has likewise expressed concern about the high incidence of maternal mortality due to induced abortion, barriers limiting women’s access to contraceptives and the poor quality of post-abortion care. The Committee has asked the government to “consider reviewing the laws relating to abortion with a view to removing punitive provisions imposed on women who have abortions and provide them with access to quality services for the management of complications arising from unsafe abortions...”

U.N. Committee on the Elimination of Discrimination against Women (CEDAW Committee), Concluding Comments, Philippines, paras. 27-28, CEDAW/C/PHI/CO/6 (2006).

The **Committee on the Rights of the Child** has expressed concern about the situation of adolescents whose access to reproductive health services, including counseling and “accurate and objective information” about contraceptives, is limited. The Committee has asked the government to “provide all adolescents with accurate and objective information and services in order to prevent teenage pregnancies and related abortions.”

U.N. Committee on the Rights of the Child, Concluding Observation: Philippines, paras. 62-63(b), CRC/C/15/Add.259 (2005).



A patient in the Post-Abortion Care Ward
Fabella Memorial Hospital
Manila City, Philippines

LISA'S STORY

Lisa experienced a range of abuses when she sought medical care, including being physically bound, having her privacy violated, scoldings, and suffering disparities in treatment from women who had given birth.

When **Lisa**, a married mother of three living in Manila City, sought contraceptives in her local public health facility, she was told that family planning was prohibited in the health centers. At nineteen years old, without access to contraceptives, she became pregnant for the third time and attempted to induce an abortion by drinking brandy and **Vino de Quina**, a type of rice wine believed to induce post-partum bleeding. After a week of severe bleeding, excruciating pain, and fever, Lisa was taken to Gat Andreas Bonifacio Memorial Medical Center.

Lisa arrived at the hospital hemorrhaging and scared. **Doctors** and **nurses** repeatedly verbally abused Lisa, saying, “Do you want me to report you to the police? Don’t you know that having an abortion is evil?” Before performing the D&C to complete her abortion, the nurses required Lisa to sign a form consenting to being turned over to the authorities if the doctors found any evidence of an induced abortion. Lisa was pressured to sign the form without any understanding of its contents, which were written in English, a language she does not speak: “I signed the form because I was scared ... I could not refuse. They were stronger than I was because they have the authority; I was only a patient.”

Lisa faced extreme discrimination, including delays and abuse, in receiving post-abortion care. She recalled, “I felt scared. There were many women giving birth in the delivery room that day.... When I looked around the room, all of the mothers were finished with their childbirth while I was still there.... The blood that flowed from me had already dried out and caked onto my body.” After Lisa was given an intravenous anesthetic, the doctor and the nurses tied her hands and feet to the operating table. Lisa remembers, “[m]y legs were spread apart....What was only lacking was to tie me around my neck.” The binds heightened Lisa’s anxiety. She stated, “I did not want to fall asleep out of fear of what they might do to me.”

After the procedure Lisa saw a nurse put a notebook-sized sign on her bed bearing the word “abortion.” This sign was on the bed of all of the women who had undergone D&Cs and was clearly visible to **passersby and fellow patients**, who repeatedly asked Lisa why she had an abortion.

Despite the hospital staff’s clear condemnation of abortion, they failed to provide contraception or family planning counseling that would allow Lisa to break the cycle of unplanned pregnancies and unsafe abortions. Lisa was discharged with no information about how to prevent a future pregnancy, and she became pregnant again just one month later.

Recommendations

The Philippine Congress should:

- Assume the secular responsibility of protecting women's rights and ensure compliance with human rights obligations by amending the Penal Code to lift criminal sanctions on abortion at a minimum in the following circumstances: when the life and health (physical and mental) of the woman are in jeopardy; when the pregnancy is a result of rape or incest; and in cases of fetal impairment.
- Demonstrate a stronger commitment to women's reproductive health and rights by making it a national priority and support the formulation and adoption of laws that permit abortion in certain circumstances. Such laws should be drafted in accordance with the government's international human rights obligations and the fundamental rights of women guaranteed by the Philippine Constitution.
- Ensure that abortion-related laws adopted by Congress, the Senate, and local governing bodies comply with international human rights standards on reproductive rights and relevant ethical norms of practice and are grounded in public health data.
- Authorize increased funding for women's reproductive health programs, especially post-abortion care and contraceptive access.

The Department of Health (DOH) should:

- Issue regulations clarifying the existing legal and medical grounds on which abortion may be permitted. These should include, at a minimum, internationally recognized ethical grounds for abortion: when the life and health of the woman are in jeopardy; when the pregnancy is a result of rape or incest; and in cases of fetal impairment.
- Create a system to gather data on the number of deaths caused by unsafe abortion and its causes with the objective of developing appropriate policies and programs to reduce unsafe abortion mortality and morbidity and to improve the quality of post-abortion care. Abortion-related deaths should be included in maternal death reviews.
- Take immediate action to improve women's access to timely, humane, and quality post-abortion care by prohibiting and penalizing abusive practices against women who seek post-abortion care. Increase awareness of their right to humane post-abortion care through information campaigns and establish patient feedback mechanisms that allow women to file complaints against abuses. These measures should be supported by increased funding for post-abortion care programs, including for medical supplies, equipment, and appropriate training for staff.

[W]omen with unwanted pregnancies should be offered reliable information and compassionate counseling, including information on where and when a pregnancy may be terminated legally.

—Paul Hunt, Former Special Rapporteur on the Right to Health



Teenage pregnancies account for 17% of unsafe abortion cases in the Philippines.

- Implement strategies aimed at reducing unplanned and unwanted pregnancy by ensuring universal access to contraceptive supplies and information. Secure adequate funding for a full range of contraception methods and take steps to lift bans on modern contraceptives such as the Manila City EO. The Food and Drug Administration (FDA) must make the emergency contraceptive Postinor available.
- Address training gaps around abortion and post-abortion care.

The Department of Justice (DOJ) should:

- Issue regulations clarifying the existing legal grounds on which abortion may be permitted. These should include, at a minimum, internationally recognized ethical grounds for abortion: when the life and health of the woman are in jeopardy; when the pregnancy is a result of rape or incest; and in cases of fetal impairment.
- Officially clarify the situations in which the criminal defense of necessity or the legal ground of a justifying circumstance contained in the Penal Code may be invoked in cases of abortion.

National courts should:

- Ensure that women's rights are upheld and protected in the judicial decision-making process in accordance with international human rights norms and obligations of the state as established under international law.
- Enforce the constitutional guarantees of separation between church and state, the fundamental right to freedom of religion, and the right to found a family in accordance with one's conscience in a manner that prevents the promotion of a particular religious ideology through official laws and policies and protects and promotes women's dignity and human rights.

The Commission on Human Rights of the Philippines should:

- Investigate the occurrence of abuses arising from the criminal ban and make appropriate recommendations to the government for abortion law reform and prevention of abuses in the context of post-abortion care. Ensure compliance with key observations and recommendations of UN TMBs

The Philippine Commission on Women (PCW) should:

- Investigate the occurrence of abuses arising from the criminal ban on abortion and in the context of post-abortion care based on the rights guaranteed in CEDAW.
- Take steps to protect women's health and human rights by promoting abortion law reform, taking into account the concluding observations of CEDAW Committee and the Beijing Platform for Action's (BPA) discouragement of a punitive approach to abortion.

Health professional groups and education and training institutions should:

- Adopt codes of conduct and strategies for members of professional associations such as Philippines **Medical Association (PMA)**, **Philippine Obstetrical and Gynecological Society (POGS)**, the **Philippines**

Nurses Association, and associations of midwives to ensure that medical professionals and health workers who provide post-abortion care do not harass, intimidate, or abuse women and that healthcare providers who advocate for safe abortion or better post-abortion care are not harassed or stigmatized.

- In hospitals providing post-abortion care, establish a complaint mechanism to provide women with an official channel for reporting maltreatment and abuse. Establish official rules for confidential and unbiased investigations of violations of patients' rights and disciplinary action against providers who commit such abuse.
- Educators handling the training and education of students in medical, nursing, and midwifery schools should include in their respective curricula information about the medical, public health and human rights aspects of abortion. Training in clinical skills necessary to provide quality post-abortion care should be provided. All students must be informed about their ethical obligations to provide humane, compassionate, and nonjudgmental care to women with post-abortion complications.
- To ensure sustained access to quality post-abortion care, medical schools and teaching hospitals must increase training to doctors, nurses, and midwives individually and as a team, with emphasis on client-centered counseling, use of the **manual vacuum aspiration (MVA)** method, and post-abortion family planning.

Legal experts and academic institutions should:

- Promote a dialogue about the harmful impact of the current punitive approach to abortion. Experts should develop legal strategies to address the violations of women's fundamental rights guaranteed by the constitution and internationally protected human rights that result from the criminal ban.
- Engage with international human rights bodies by submitting shadow reports highlighting the Philippine government's violation of women's reproductive rights through the implementation of the criminal ban. Rely on concluding observations issued by UN TMBs in national advocacy to seek accountability for the harmful impact of the ban and use the same as a basis for legal reform.
- Promote a fair and informed discussion about the propriety of the criminal ban on abortion and its impact on women's human rights. Promote greater intellectual freedom around the topic of abortion and encourage legal academics and other members of the legal community to develop an alternative legal regime for abortion, one based on principles of human rights, science, and public health data.

Women's reproductive health and rights advocates should:

- Work together to break the taboo and stigma on abortion by initiating public discussions about the negative impact of the criminal ban and the harm they cause to women and society across communities.
- Collaborate with healthcare workers to increase their level of compassion toward women who undergo abortion through training and other interactive programs that integrate discussions about ethics and human rights.
- Monitor the government's compliance with its human rights obligations to ensure access to safe and legal abortion and post-abortion care. Expose its failure to do so by highlighting human rights violations resulting from the criminal ban and reporting the same to national and international human rights bodies and institutions.



Commonly used unsafe methods of abortion, such as mahogany seeds, *makabuhay*, *pampa regla*, and smuggled Cytotec.

The Catholic Bishops' Conference of the Philippines should:

- Demonstrate respect for the nation's constitution, which recognizes religious freedom and the right of individuals to establish their family in accordance with their own religious beliefs and conscience, and establishes the principle of separation of church and state.
- Take positive steps to promote women's survival, health, and economic empowerment by supporting their reproductive health needs and choices.

The Asian Human Rights Commission should:

- Recognize and condemn human rights violations resulting from the criminal ban on abortion in the Philippines and other legal restrictions on women's access to contraceptives that have put the government of the Philippines in violation of international law.

The Asia and Oceania Federation of Obstetrics and Gynecology should:

- Take steps to implement the Tokyo Declaration of 2007 on the prevention of unsafe abortion, which calls upon members of the obstetrics and gynecology societies in the region to advocate for laws that establish women's access to abortion and to ensure that healthcare providers behave ethically and do not impose their personal religious views relating to abortion on patients.

United Nations bodies should:

- UN TMBs should question the government of the Philippines about its failure to implement concluding comments and observations by the CESCR, the CEDAW Committee, and the Committee on the Rights of the Child at the next periodic reporting sessions for these committees.

The international donor community should:

- Demonstrate stronger support for women's reproductive rights by increasing financial and technical support for women's reproductive health programs in the Philippines. Actively promote the integration of human rights standards and targets set out in the MDGs into health programs by promoting the incorporation of such standards and goals in national health policies and programs.
- Support local activists and organizations in developing legal strategies to address human rights violations arising from the implementation of the criminal ban on abortion. Support the efforts of activists to seek clarity on legal exceptions for abortion in certain circumstances in order to reduce the incidence of unsafe abortion.

A criminal law that prohibits abortion in all circumstances extinguishes the woman's fundamental rights, and thereby violates her dignity by reducing her to a mere receptacle for the fetus, without rights or interests of constitutional relevance worthy of protection.

—Constitutional Court of Colombia

- Increase funding for post-abortion care programs, including for training programs. Help the government establish mechanisms for preventing and monitoring abuses in the provision of post-abortion care.
- Promote efforts to reduce the incidence of unsafe abortion by providing contraceptives and other assistance for the establishment of comprehensive family planning programs.

The United States Agency for International Development (USAID) should:

- Renew their commitment to the implementation of the Philippine government's post-abortion care policy and program by increasing funding and providing technical support to improve the accessibility and quality of care and assisting in the prevention and monitoring of abuses against women who seek post-abortion care.
- Support local activists and organizations in developing legal strategies to address human rights violations arising from the implementation of the criminal ban. Support the efforts of activists to seek clarity on legal exceptions for abortion in certain circumstances in order to reduce the incidence of unsafe abortion.
- Restore the provision of contraceptives to the Philippines to help the government immediately address the unmet need for contraception. Contraceptive supplies should be accompanied by technical support for counseling on family planning and other initiatives to deal with misconceptions about family planning methods.

The United States Department of State should:

- Address unsafe abortion mortality as part of the State Department's commitment to the reduction of maternal mortality worldwide. Include violations arising from the criminal ban on abortion and legal restrictions on contraceptives and important drugs such as misoprostol in the State Department's annual report on human rights.

The government of the Philippines must decide whether it will allow women to seek terminations safely without risking death, disability, and discrimination or whether it will continue to unfairly outlaw and penalize a medical procedure that is widely recognized as an essential component of women's healthcare and a human right.



Woman waiting in the Post-Abortion Care Unit Bulacan Provincial Hospital Bulacan, Philippines

“To save lives, prevent needless pain, suffering, and death – what better reasons can there be for urgent law reform.... Forsaken by the fundamentalist religious hierarchy and by the Philippine government is indeed an eloquent adjective to describe the lives of these unfortunate women whose excruciating experiences are detailed in this report.”

– Alfredo F. Tadiar, former judge in the Philippines and first Filipino Chair for the International Development Law Organization

Women in the Philippines live under one of the most restrictive abortion laws in the world. The Philippine criminal ban on abortion contains no clear exceptions, which means that women are unable to terminate a pregnancy even when their life or health is severely threatened. The ban has further created an environment of stigma and fear, resulting in the abuse and discrimination of women who seek medical treatment for post-abortion complications. Despite the sweeping nature of the ban, there has been an overwhelming silence about the need to reform the law.

Forsaken Lives aims to bring forth the stories and voices of women in the Philippines, who have experienced needless death, suffering, and abuse under the ban. The report also documents its impact on healthcare providers, who do not receive adequate support from the government in terms of funding and training for post-abortion care. Relying on the testimonies of women and healthcare providers, ***Forsaken Lives*** illustrates the grave violations of women’s human rights under the criminal ban. Through a human rights analysis, the report aims to highlight how the government has failed to fulfill its obligation to protect women’s rights, and where reform must happen to bring an end to the human rights violations resulting from the ban.

Forsaken Lives is a call to action for the government, key stakeholders, and advocates to break the silence concerning the need for reform. Through recommendations to a wide range of actors, the report hopes to bring to light injustices suffered by women under the criminal ban and promote a broader dialogue about the need for change.

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