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Girl-children in vulnerable situations

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*The views expressed in this paper are those of the author and do not necessarily represent those of the United Nations.

I would like to make policy recommendations on issues concerning the girl-child from all over the world. My paper will begin with an overview of the **Strategic Development Framework for the Girl-child** in the Philippines. This will be followed by issues confronting girl-children in my country. A Philippine situationer on girl-children will also be presented, as well as case studies and best practices. I will close with policy recommendations based on my practical knowledge of the plight of girl-children in the Philippines.

I. The Strategic Development Framework for the Girl-child (Philippines)¹

This development framework was developed by the Council of the Welfare of Children's (CWC) Sub-task Force on the Girl-child, of which **Childhope Asia Philippines** has been an active member. The principles that guide the framework for the girl-child is the same as those that guide development frameworks for all children.

The conceptual framework

The Framework for the Girl-child adopts a gender and development perspective which: a) highlights distinct but complementary roles or responsibilities of the two genders; b) addresses issues of inequity or inequality that have negated the development and growth of the girl-child over a long period of neglect; and c) is provided for from the gender perspectives of the CEDAW and the CRC. The Philippines became a State Party to the CEDAW in 1981; to the UN CRC in 1990.

In spite of the existence of these two international instruments, it cannot be denied that major issues continue to confront girl-children. In the Philippines, health, protection, and participation issues impact the lives of girl-children in different ways.

II. Issues facing the girl-child (Philippines)²

Health issues

The following health issues impact on the girl-child's survival:

Traditional practices detrimental to health or development of the girl-child

Susceptibility to certain diseases such as anemia because of her sex and physiological needs

Lack of attention to special nutritional needs essential for her future role as child bearer and care-giver

The girl-child's development rights are hampered by discrimination/ gender stereotyping in schools and by a negative portrayal in mass media, as manifested by:

Drop-out from school due to poverty, teen-age pregnancy, and disability

Sex-role stereotyping/ sexist concepts in school curricula, textbooks, instructional materials

Gender-tracking in choice profession

Protection issues

These urgent concerns reinforce violence against the girl-child:

Violence against the girl-child highlights need for increased protection

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- need for adults to reorient their perceptions about young people's capacity to make meaningful contribution to society
- need for adults to provide support to young people in going through the entire project cycle
- need to ensure that young people's perspectives on participation are articulated, recognized, and integrated into the conceptualization of children's right to participate

III. Situation of girl-children in the Philippines⁵

In CWC's 2006 Situation of Filipino Children, the following data about girl-children were reported:

In 2000, half of the estimated children population are female

Victims of commercial sexual abuse are mostly female, aged 13 – 18, and initiated into the sex trade as early as age 10

Of 1,392 children who have been victims of commercial sexual exploitation, 1,289 are girls

An overwhelming ninety-nine percent (99%) of sexually-abused children are girls, i.e. 22,475 out of 22,742 victims of rape, incest, acts of lasciviousness, from 2000 – 2005

Girl-children are usually victims of child abuse; more affected by HIV/AIDS, STD, and teenage pregnancy; victims of illegal recruitment (esp. girls from rural areas); and victims of gender stereotyping in education, child labor, prostitution, etc.

An over-all picture of girl-children In the Philippines shows the following problems besetting them:

culture-based discrimination within the family and society

increasing rate of teen-age pregnancy

increasing rate of reproductive health problems among adolescent girls

lack of services or facilities for both pre-adolescent and adolescent girls, especially girl street children

gender stereo-typed concepts still existing in textbooks

sensational reporting of cases involving girl-children

negative portrayal of girl-children on TV, radio, advertisements, and magazines

more reported cases of physical, psychological or sexual abuse

more girl-children involved in or victims of commercial sexual exploitation

girl street children are more vulnerable to exploitation and STD-HIV/AIDS

more girl-children live away from home, are hired as domestic helpers or are victims of illegal recruitment, especially those from rural areas

lack of awareness in handling girl-children involved in armed conflict

Case studies of girls assisted by Childhope Asia Philippines and its sister NGOs

Childhope believes in using the integrated approach and the CRC and CEDAW as its ideology and philosophy in working with street children and their families, and other children in

⁵ Girl-children Have Rights Too!, Council for the Welfare of Children and UNICEF-Manila, 2002

his wife who sold cigarettes, soda, and candies in front of a big shopping mall in Caloocan City. She participated enthusiastically in the street education program activities conducted by the street educators – notably the core group of children that was organized to develop the members’ leadership skills. Because of her being smart and articulate, she was elected by the other children as their core group over-all president for four areas in Caloocan. She regularly met with the president of each of the four areas for updates on their group activities and to plan for their future activities, all under the supervision of the street educators.

In the same year, she joined the Junior Health Workers Program of Childhope. She underwent and passed the required training given by Childhope and soon after began performing her role as JHW – administering first-aid in her community, referring children to public health centers, and conducting alternative education sessions on primary health care and the UN CRC. It came as no surprise that she was again chosen to participate in first-aid training and in six months of week-end exposure exercise at the government Philippine General Hospital. All these training helped her to enhance her skills as JHW. She is thankful to Childhope for giving her these opportunities.

Her excellent performance as JHW paved the way for her becoming the youth representative to the First Young Partners Meeting convened by Consuelo Foundation. She helped to plan programs for children and had the opportunity to talk about the Junior Health Workers Program. On top of all these activities, she was able to give time to her studies and to housework.

Elena, now 18, is in college on a scholarship for a 2-year technical course in Computer Technology. However, she has expressed preference for working and earning while studying part-time. This is now being further discussed and clarified with her.

Case study 3: “Aida”

Aida is an 18-year old girl whom Childhope’s social workers met through its community mobilization project on the prevention of childmobilizationmo71(unity)1lani Tc6 Tensrand to -18.iTcyTJus TD

Case study 4: “Claire”

Claire, 15 years old, has been a beneficiary of the community-based program of FCED since she was five years old. When she was a little older, she began joining children’s groups organized by FCED’s social workers/ community organizers, specifically the children’s association in their called “ 850”, of which she was elected President when she was 14 years old. She was also active in the ECPSR (Expanding Children’s Participation for Social Reform) project of the Christian Children’s Fund-The Philippine Office, which supports FCED’s programs among children. Her self-confidence and communication/ interpersonal skills were enhanced – prompting her social worker to encourage her to participate in the training for Junior Advocates and Junior Health Workers. As a Junior Advocate, she appeared in community theater presentations that were used as advocacy tools to teach other children/ youth in the communities about the UN CRC, Rights of the Girl-Child, Gender Sensitivity, Adolescent Sexuality, Substance Abuse Prevention, Protective Behavior against Sexual Abuse, etc.

Aside from these activities, she was also elected in June 2003 as president of the Better Young Citizens (BYC) – the coalition of children’s associations that FCED helped to establish. In the same year, she became Chairperson of the National Coalition of Children’s Associations in the Philippines (NaCCAP). She considers education very important and is a consistent honor student. She is now in her 2nd

micro-finance/ livelihood, advocacy and protection, youth, and early childhood care and development (ECCD).

Older street children and urban-poor girls and boys have also been trained, since 1996, as Junior Advocates (JAs) and Junior Health Workers (JHWs). Junior Advocates primarily conduct advocacy sessions on the UN CRC among other children and youth in their communities or on the streets, with supervision of the Street Educator/ Social Worker. They use advocacy and alternative education modules that include such topics as the UN CRC/ CEDAW, Gender Sensitivity, Girl-children's Rights, Adolescent Sexuality, and Reproductive Health. Of the existing Junior Advocates, ninety percent (90%) are girls.

Development and participation rights activities

Junior health workers, on the other hand, focus on health issues when conducting advocacy sessions among other children and youth. Aside from the UN CRC, they also teach about STD-HIV/AIDS prevention, substance abuse prevention education, and primary health care. They also accompany children to public health centers for medical intervention and are trained to accomplish health screening tools and administer simple first aid treatment or home remedies. To date, we have trained fifty-two (52) girls as junior health workers.

These JAs and JHWs are provided educational assistance by Childhope and FCED to motivate them to continue the volunteer work they do. One of our most successful girl-JHWs is Elena, whose case study was presented above.

Street children who desire to return to formal school or to receive accreditation are enrolled in the alternative learning system (ALS) classes conducted by street educators trained as facilitators by the government Department of education, which also provides the modules. These non-formal education classes are conducted on the streets, in parks, parking areas, community learning centers. A child may choose to take the accreditation and equivalency test and, if he passes, receives a certificate signed by the Secretary of the Department of education.

The five (5) Learning strands contained in the ALS curriculum are:

- Communication skills
- Problem-solving and critical thinking
- Sustainable use of resources and productivity
- Development of self and sense of community
- Expanding one's world vision

Among the modules that the children study are:

Even though you are far away (Family values)	How will I be without you? (The five senses)
Tiny piece of cloth, you are important! (Nationalism)	Wherever...whenever (Philippine culture and tradition)
Healthy on the outside but not inside (Health)	Heroes of the past and of the present (History)
Self-learning modules on reading and writing	Symbols of our nation (Social studies)
There is still a way (Health)	We can if we want to (The value of education)
Take care of your health (Health)	Your rights are my rights! (Human rights)
I am me, why is it so? (Values)	I remember it now! (Geography)

These ALS classes are also conducted in the low-income urban-poor communities among out-of-school youth who cannot attend formal education schools.

The same modules are used in basic education classes in the recovery centers for street children who are sexually and/or physically abused.

Protection and recovery rights activities

The ultimate goal of the street education program of Childhope Asia Philippines is to

Before I close, I would like to present the following recommendations, which were among those presented by the Sub-task Force on the Girl-child, of which Childhope is a member.

Prevention

Advocate in grassroots communities, schools, church groups to make them aware of the hazards faced by girls working in tourism, entertainment, and

Child participation	upholding/ protecting children’s rights, welfare, and development. Maximize children’s role in advocacy work. They may be tapped to participate in the design/ implementation of advocacy materials, in the
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For government	Raise the level of awareness of policy-makers, planners, and administrators in all areas of the government on the disadvantaged situation of the girl-child. Require all government/ public-funded research on health, education, labor, and other areas to disaggregate/ analyze data by gender/ age of children.
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In closing, I wish to express my deep hope that the vision and mission of our programs on behalf of the girl-child can become a commitment of governments, all sectors of society, and in particular, grassroots communities, so that every girl-child can realize and enjoy her rights to the full.