



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila



EIGHTEENTH CONGRESS
First Regular Session

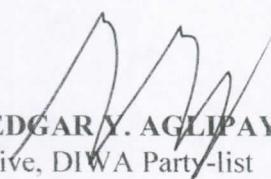
House Bill No. 868

Introduced by **DIWA Party-list Representative Hon. Michael Edgar Y. Aglipay**

Incidents of Teenage pregnancy in the Philippines is increasing. In fact, one in ten young Filipino women age 15-19 has begun childbearing: 8% of which are already mothers and another 2% are pregnant with their first child according to the results of the 2013 National Demographic and Health Survey (NDHS). The survey also reveals that one in five or 19% of young adult Filipino women aged 18 to 24 years had initiated their sexual activity before age 18 and some of them had their first intimate sexual act before marriage.

The issue of teenage pregnancy contributed to the continually increasing the population growth as well as problems on poverty. Hence, there is a need to establish a national policy to prevent teenage pregnancy and institutionalize social protection for teenage parents.

This proposed measure, based on House Bill 4742 introduced by Rep. Sol Aragones during the 17th Congress, aims to ensure the rights of every girl/young woman to proper education, including age-appropriate comprehensive sex education and access to youth friendly reproductive health programs and services.


MICHAEL EDGARY AGLIPAY
Representative, DIWA Party-list



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

EIGHTEENTH CONGRESS
First Regular Session

House Bill No. 868

Introduced by **DIWA Party-list Representative Hon. Michael Edgar Y. Aglipay**

AN ACT

**PROVIDING FOR NATIONAL POLICY IN PREVENTING TEENAGE
PREGNANCIES, INSTITUTIONALIZING SOCIAL PROTECTION FOR TEENAGE
PARENTS, AND PROVIDING FUNDS THEREFOR**

*Be it enacted by the Senate and House of Representatives of the Philippines in
congress assembled:*

SECTION 1. Short Title. – This Act shall be known as the “*Prevention of Adolescent
Pregnancy Act*”.

SECTION 2. Declaration of Policy. – It shall be the policy of the state to:

- (a) Recognize, promote, and strengthen the role of adolescents and young people in the overall human and socio-economic development of the country not only in the future but also in the present;
- (b) Recognize and promote the responsibility of the State to create and sustain an enabling environment for adolescents to enable them to achieve their development aspirations and potentials as well as mobilize them to positively contribute to the development of the nation;
- (c) Pursue sustainable and genuine human development that values the dignity of the total human person and affords full protection to people’s rights, especially of adolescent women and men and their families;
- (d) Promote and protect the human rights of all individuals including the adolescents particularly in their exercise of their rights to sexual and reproductive health, equality and equity before the law, the right to development, the right to education, freedom of expression, the right to participate indecision-making, and the right to choose and make responsible decisions for themselves;
- (e) Provide full and comprehensive information to adolescents that can help them prevent early and unintended pregnancies and their life-long consequences;

- (f) Ensure corresponding interventions that could respond to the socioeconomic, health and emotional needs of adolescents and youth. Especially young women. With due regard for their own creative capabilities, participation in the political process, and access to education, health, counselling and high-quality reproductive health services;
- (g) Encourage adolescent mothers and fathers to continue and finish their education in order to equip them for a better life, to increase their human potential, to help prevent early marriages, high-risk child-bearing and repeated pregnancy and to reduce associated mortality and morbidity through comprehensive social protection interventions;
- (h) Recognize and promote the rights, duties, and responsibilities of parents, teachers, and other persons legally responsible for the growth of adolescents to provide, in a manner consistent with the evolving capacities of the adolescents, appropriate direction and guidance in sexual and reproductive matters.

SECTION 3. *Definition of Terms.* – For purposes of this Act, the following terms shall be defined as follows:

- (a) Adolescents - refers to the population aged 10 to 19 years.
- (b) Adolescents sexual and reproductive health (ASRH) care- refers to the access to a full range of methods, techniques and services that contribute to the reproductive health and well-being of young people by preventing and solving reproductive health-related problems.
- (c) Adolescent sexuality- refers to the reproductive system, gender identity, values or beliefs, emotions, relationship and sexual behavior of young people as social beings.
- (d) Comprehensive sexuality education- refers to the process of acquiring complete, accurate, relevant and age-appropriate information and skills on all matters relating to the reproductive system, its functions and process and human sexuality and forming attitude and beliefs about sex, sexual identity, interpersonal relationship, affection, intimacy and gender roles. It has the purpose of developing the skills of young people for them to make informed decisions such as the capacity to distinguish between facts and myths on sex and sexuality, and critically evaluate and discuss the moral, religious, social and cultural dimensions of related sensitive issues such as contraception and abortion, and decide to prevent risky behaviors that can undermine the realization of their aspirations and potentials.
- (e) Information and services delivery network for adolescents health and development (ISDN)- refers to the network of facilities, institutions, and providers within the province, district municipality/city-wide health and social system offering information, training, and core packages of health and social care services in an integrated and coordinated manner.
- (f) Local youth development council (LYDC)- refers to the local body to be created based on RA 10742 (SK reform Law) which is composed of

representatives of youth and youth-serving organizations in provincials, city, and municipal level with the primary function of assisting in the planning and execution of projects and programs of Sangguniang Kabataan, and the Pederasyons in all levels.

- (g) Normal schools or college teachers – refer to learning institution training or educating teachers.
- (h) Public-private partnership (PPP) – is cooperative arrangement between one or more public and private sectors, typically of a long term nature, for various development programs or projects.
- (i) Reproductive health- refers to state of complete physical, mental and social well-being, and not merely the absence of disease infirmity in all matters relating to the reproductive system and to its functions processes.
- (j) Risky behaviors- refer to ill- advised practices and actions that are potentially detrimental to a person's health or general well-being.
- (k) Social protection – consists of policies and programs designed to reduce poverty and vulnerability by promoting efficient labor markets, diminishing people's exposure to risks, and enhancing their capacity to manage economic and social risks, such as unemployment, exclusions, sickness, disability and old age.

SECTION 4. Development of national program of action and investment plan for the prevention of teenage pregnancy. – The National youth commission (NYC), Department of education (DepEd), Department of Health (DOH), Department of social welfare and development (DSWD), and the commission on population (POPCOM) in collaboration with other relevant national agencies and the civil society organizations shall develop an evidence-based medium-term national program of action for the prevention of teenage pregnancy. The program of action shall serve as the national framework for inter-agency and inter-sectoral collaboration at all levels to address the various health, cultural, socio-economic and institutional determinants of teenage pregnancy.

Based on the Program of Action, a national program on the prevention of teenage pregnancy (NPPTP) which shall form a priority program of the Philippine population management program being spearheaded and coordinated by POPCOM shall be developed and funded at all levels. The NPPTP shall be based on the inter-agency program of action involving all relevant government agencies and shall be considered as a program that is eligible for multiyear funding and inter-agency obligational authority to ensure the allocation for the key strategies in all concerned government agencies.

SECTION 5. Organization and mobilization of regional and local information and service delivery network for adolescent health and development (ISDN for AHD). – All provinces and charted cities shall organize and operationalize, an ISDN for AHD consisting of different government and non-government organizations, institutions, facilities catering

information and services to adolescents within their locality. The ISDN may be organized by district in each province or by municipalities/city. An effective collaborative and referral system among the members of the ISDN shall be established and implemented within a catchment area.

The ISDN shall perform the following tasks and functions:

- (a) Map and analyze the various factors contributing to pregnancies among adolescents at the regional and local levels;
- (b) Identify, harmonize, coordinate, and implement inter-agency interventions to address the various issues related to teenage pregnancies in the region and at the local level;
- (c) Capacitate ISDN agency-members in collaboration with relevant regional government agencies to ensure quality information and services to adolescents;
- (d) Provide, in collaboration with concerned LGU's needed information and services for adolescents development;
- (e) Generate or share resources in the implementation of the joint strategic plan of the ISDN; and
- (f) Monitor and evaluate effectiveness or coordinative and referral system and other interagency interventions jointly implementation by the ISDN.

The local ISDN shall be coordinated by the Provincial/ city population office or, in its absence, the provincial/city health office in collaboration with the Sanggunian Kabataan (SK) Federation or local youth development council (LYDC) in the concerned localities with technical assistance from POPCOM and other relevant national government agencies.

SECTION 6. Age and development-appropriate comprehensive sexuality education. - All agencies under the education sector in collaboration with other relevant agencies shall develop and promote educational standards, modules, and materials to promote comprehensive responsible sexuality education shall start grade 5 and shall include age appropriate topics such as, but not limited to human sexuality, adolescent reproductive health, health and nutrition, gender-sensitivity, gender equality and equity, and life-skills. The purpose of which is to enable adolescent to be responsible in nurturing their sexuality, prevent sexual abuse, and avoid unintended pregnancy.

SECTION 7. Training of teachers, guidance counselors, and school supervisors on CSE. – The DepEd, Technological education and skills development authority (TESDA) and commission on higher education (CHED) shall ensure that all teachers, guidance counselors, instructors, and other school officials entrusted with the duty to educate effectively educate or guide adolescent in dealing with their sexuality-related concerns. The training shall be in collaboration with DOH, POPCOM and NYC for technical assistance. Funding for the training

shall be allotted in the concerned government agencies' annual allocation to be approved by Congress.

The CHED shall ensure that CSE standards are integrated in the curriculum and across specializations in the professional preparation and training for would-be teachers in normal schools or teacher education institutions in the country.

SECTION 8. CSE for Out-of-School Adolescents and those with special concerns. – The DSWD, DOH, POPCOM, and the local government units (LGUs) shall collaborate to intensify and institutionalize interactive learning methodologies for CSE among out-of-school adolescents in the communities and work places. Provided, that the needs of indigenous, working, persons-with-disabilities, and adolescents in social institutions are considered in the design and promotion of sexuality education among adolescents.

SECTION 9. Promoting the CSE using social media and other digital or online communication platforms. – All concerned government agencies shall optimize the social media and other online platforms to reach adolescents netizens with accurate information and messages on adolescents sexual and reproductive health (ASRH) concerns. A web portal for the NPPTP shall be developed and promoted by POPCOM to harmonize and link various operationalization of ISDN for AHD.

SECTION 10. Mandatory establishment of functional local teen centers for adolescent health and development. – A school- or community- based teen center for AHD shall be established and operationalized in all municipalities and cities in the country. Such teen centers shall serve as facilities where adolescent and youth can access appropriate information and services on ASRH and other concerns relevant to their holistic development, the teen centers shall be the convergence facilities or hubs for the services of the ISDN for AHD members as provided in section 5 of this Act.

The center shall also serve as peer helping, counseling, and treatment center especially for adolescents in crisis or victims of abuse and violence.

The center shall be mainly managed and operated by the LGUs through SK members, youth volunteers and workers and other organized adolescents youth group recognized by the LGU with the assistance of various adult service providers and youth-serving professionals including the civil society organizations (CSOs). The establishment and operationalization of the teen centers shall be funded using the 10% SK fund and other relevant local budget sources.

The POPCOM in collaboration with DepEd, CHED, DOH, DILG, and CSOs shall formulate the guidelines and standards in setting-up of teen centers in schools and communities. National government agencies shall provide assistance to LGUs and schools in setting-up the teen centers

SECTION 11. Participation of the private sector in the promotion of CSE. - The government may enter into public-private partnership agreement in mobilizing private communication networks and companies in promoting CSE through text or short message service (SMS) or media messages. An incentive mechanism for telecommunication companies shall be developed and implemented by concerned agencies to recognize private participation in promoting CSEs and adolescent youth health-seeking behavior, positive attitude towards sex, sexual relations and sexuality, etc.

The movie and television review and classification board (MTRCB) shall review their existing guidelines to ensure that no movie and television programs portray, depict, promote and encourage sexual activities among adolescent as normative behavior in the society. An incentive scheme for adolescent-friendly television programs shall likewise be developed and implemented to encourage movie and television networks to produce materials and programs that promote responsible sexuality among adolescents.

Other private companies may be engaged to partner with the government agencies in designing and implementing innovating programs to prevent adolescent pregnancy.

SECTION 12. *Regulating access of minors to pornographic material and obscene shows.* – Existing laws penalizing pornography and obscenity in the country shall be strengthened by the following regulatory provisions:

- (a) All business establishment providing computer and internet services shall strictly restrict or prohibit minors from accessing pornographic websites by setting up filters or parental control programs to block or filter-out pornographic internet contents in all their computer units and by posting a signage prohibiting minors from access pornographic materials. Non-compliance to this provision shall cause the cancellation of the business permit of said establishment.
- (b) Selling and distribution of pornographic printed materials and videos in any format to minors shall be prohibited and penalized under existing laws and this Act.
- (c) Persons within the age of majority who shall encourage or exert influence to minors to access pornographic products and contents shall be penalized under this Act.
- (d) Any business establishment that causes the participation and access of minors in obscene shows shall be penalized and shall be ground for the cancellation of the business permit of such establishment

The SK at the barangay and municipal/city level shall organize and mobilize group of youth volunteers in collaboration with barangay officials and peace officers to monitor compliance of computer shops and business establishments selling and distributing videos and printed materials in restricting minors from accessing pornographic products.

SECTION 13. *Access to reproductive health services.* – Sexually active adolescents or those who have already engage in sexual activities shall be allowed to access modern family planning methods with proper counseling by trained service providers in health facilities including school clinics shall be trained on providing adolescent-friendly and responsive information and service. Provided, that all health facilities shall be enhanced to become an adolescent-friendly facilities by ensuring confidentiality, exclusive schedules for adolescents, availability of services for adolescents, and non-judgmental health service providers.

SECTION 14. *Social protection for teen age mothers or parents.* – A comprehensive social protection service shall be provided to teenage mothers or adolescents who are currently

pregnant and their partners to prevent repeat pregnancies and to ensure the wellbeing of adolescents while assuming the responsibilities of being young parents. Such services shall include following:

- (a) Maternal health services including antenatal check-ups and facility-based delivery;
- (b) Post-partum family planning counseling and services for either or both teenage parents;
- (c) Home-based education for teenage mother ;
- (d) Personal PhilHealth coverage, making mandatory enrollment and membership of indigent and indigenous teenage mothers;
- (e) Training and support to livelihood programs for the household of the teenage parents especially for the indigents; and
- (f) Continuing CSE for teenage parents.

The LGUs through the local social welfare and development (LSWD) and/ or the population office shall implement a continuing CSE program for teenage mothers and fathers with technical assistance from POPCOM and DOH.

SECTION 15. CSE for parents and guardians with adolescent children. – A CSE program for parents and guardians with the main objective of capacitating them to effectively guide, counsel, and provide consent to their adolescent children in concern related to their sexual health shall be developed and implemented by POPCOM in collaboration relevant national government agencies. LGUs and CSOs. The POPCOM shall endeavor to reach to parent organizations in schools and communities to promote such program.

SECTION 16. Designating February of every year as the month for raising public awareness on preventing teenage pregnancy and conduct of nationwide communication campaign. – To raise public consciousness on the issue on teenage pregnancy and generate support from various stakeholders, the entire month of February shall be designated as *month for awareness on preventing teenage pregnancy and conduct of nationwide communication campaign* which shall be observed nationwide. Schools and other stakeholders shall hold activities with the objective of raising awareness and generate critical action to address the issues of increasing teenage pregnancy.

Further, the POPCOM in collaboration with relevant agencies including the CSOs and private sector shall develop, launch, and sustain a nationwide campaign for the prevention of teenage pregnancy.

SECTION 17. Integration of local program for the prevention of teenage pregnancy in SK programs. – Strategies and programs which aim to prevent incidence of teenage pregnancies shall be integrated in the SK programs at the local and community lever Using 10% SK funds. The NYC shall issue guidelines to ensure the implementation of this provision.

The SK shall likewise implement programs and activities that aim to develop the potentials and skills of adolescents to make them more productive members of the society. SK

shall encourage youth participation in these activities as means of diverting the focus and potentials of adolescents into more meaningful and productive endeavors.

SECTION 18. *Preventing adolescents involvement in other risky behaviors that are facilitative of engagement in sexual activities.* – All barangays shall implement legal measures to prevent adolescents from engaging in risky behaviors particularly drinking alcoholic beverages, illegal drug use, hanging-out in very late at night doing risky behaviors and other behavior that can lead them to sexual activities or engaging in sexual assault or violence. The barangays shall also strictly prohibit the access of minors to engage in sexual activities or sex-related violence and crimes.

SECTION 19. *Duties and functions.* – In accordance to their existing mandates the following national and local government agencies shall perform the following duties and functions in relation to the implementation of this Act:

- (a) The DepEd, CHED, and TESDA shall:
 - 1) Ensure the development and promotion of CSE standards and its corresponding learning modules for teachers and students;
 - 2) Ensure the comprehensive training of all teacher in CSE;
 - 3) Support the development of school-based teen centers; and
 - 4) Conduct other extra-curricular activities for ASHR.
- (b) The department of health:
 - 1) Ensure the availability and provision of ASRH services for adolescents in all public health facilities ;
 - 2) Ensure the training of health service providers in providing adolescent-friendly and responsive health services using the enhanced adolescent job aid; and
 - 3) Promote CSE for adolescents with special needs and in difficult circumstances.
- (c) The department of health :
 - 1) Take the lead in providing social protection for teenage parents;
 - 2) Ensure the integration of social protection services in teen centers; and
 - 3) Promote CSE for adolescents with special needs and in difficult circumstances.
- (d) The national youth commission (NYC):

- 1) Ensure the integration of ASRH and CSE promotion in the SK programs and projects; and
- 2) Capacitate the SK in the implementation of this Act at the local level;

(e) The commission on population (POPCOM):

- 1) Develop and coordinate with relevant agencies the national program for the prevention of teenage pregnancy as part of the national population management program;
- 2) Implement a program for the training of parents and guardians in effectively guiding adolescents on ASRH issues;
- 3) Set-up national data base for adolescent pregnancy that shall be used for plan and program development and M&E of indicators at all levels; and
- 4) Take the lead in the nationwide and community- based campaign for the prevention of teenage pregnancy including the development and maintenance of web portal for relevant online information and services.

(f) The commission on welfare of children (CWC) shall develop and implement CSE strategies for adolescent aged 10-14.

(g) The MTRCB to review its guidelines to discourage television networks and movie producers to portray sexual activities involving adolescent as a normative behavior

(h) The LGUs:

- 1) Ensure the development of local strategies for the prevention of teenage pregnancy in their localities;
- 2) Ensure the promotion of CSE in schools and communities;
- 3) Mobilize the SK for key strategies in the prevention of teenage pregnancy in locality;
- 4) Facilitate the organization and mobilization of ISDN for AHD;
- 5) Ensure the availability and provision of appropriate health and social services for adolescents;
- 6) Set up database on teenage pregnancy for programming and planning;

7) Implement a program for the training of parents and guardians in effectively guiding adolescents on ASRH issues; and

8) Allocate funds necessary for the strategies in preventing teenage pregnancy

(i) The civil society organization (CSOs) shall as partners of the national and local government units in the implementation of the provisions of this Act.

SECTION 20. Annual allocations. All concerned government agencies including the LGUs shall include in their annual budget the necessary funds for strategies and activities within mandates that are contributory to the implementation of this Act.

SECTION 21. Implementing rules and regulation. Within 120 days u[on the effectivity of this act, an inter-agency technical working group (TWG) consisting NYC, DSWD, DOH, CWC, TESDA, CHED, DILG, POPCOM as secretariat, and 4 representative from CSOs shall be organized to formulate the implementing rules and regulation of this Act.

SECTION 22 Reporting requirements. Before the end of April each year, the POPCOM shall submit to the president of the Philippines and congress an annual consolidated report, which shall provide a definitive and comprehensive assessment of the implementation of its programs and those of other government agencies in relation to the implementation of this act and recommend priorities for executive and legislative actions. The report shall be printed and distributed to all national agencies the LGUs, NGOs, and private sector organizations involved in said programs.

SECTION 23 Separability clause, if any part, section, or provisions of this act is held invalid or unconstitutional, other provisions not affected thereby shall remain full force and effect.

SECTION 24 repealing clause all other statutes, executive orders, and administrative issuance or rules and regulations contrary to or inconsistent with the provisions of this act are hereby repealed, amended or modified accordingly.

SECTION 25 effectivity clause this act shall take effect fifteen (15) days after publication in at least two (2) newspapers of general circulation

Approved,