

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City



EIGHTEENTH CONGRESS
First Regular Session

House Bill No. 6528

Introduced by **REP. MARIA LOURDES ACOSTA-ALBA,**
REP. MANUEL ANTONIO ZUBIRI, and **REP. JANETTE GARIN**

EXPLANATORY NOTE

The Constitution. Article II. Section 13 provides that:

The State recognizes the vital role of the youth in nation-building and shall promote and protect their physical, moral, spiritual, intellectual, and social well-being. It shall inculcate in the youth patriotism and nationalism, and encourage their involvement in public and civic affairs.

Maternal mortality and morbidity directly impair a woman's right to life, to be equal in dignity, to education, to her role in nation-building, and to enjoy the highest attainable standard of physical and mental health, including sexual and reproductive health and rights. For adolescent pregnant mothers, these also impair their vital role in nation-building both as women and as young Filipinos.

In 2017, the National Demographic and Health Survey showed that 9% of girls aged 15-19 years old have begun childbearing. The Philippines' Adolescent Birth Rate remains high at 47 per 1,000 births. Pregnancy and childbirth-related mortality and morbidity remain a key challenge to be addressed in the Philippines—especially as other research revealed that in the Asia Pacific, maternal mortality for a 15-year old girl remains high at 1 in 190 in 2017.

One of the health targets under the Sustainable Development Goals calls for the reduction in the global maternal mortality ratio to less than 70 per 100,000 live births. The Philippines already has particularly high maternal mortality ratios based on point prevalence estimates at 114 deaths per 1,000 live births; note that adolescent pregnancies and births pose a high risk of pregnancy complications, higher neonatal mortality, and higher risks of postpartum depression. Thus, there is an urgency to implement corresponding interventions as the risk of maternal mortality is highest for adolescent girls.

The United Nations Convention on the Rights of the Child guarantees the right to education, health, and autonomy. Adolescent pregnancy undermines these rights. For some girls, early pregnancy results in death—an ultimate violation of her right. Upholding these rights help eliminate conditions that contribute to adolescent pregnancy and can help break the cycle of intergenerational poverty, allowing her to contribute meaningfully to her household and her community. But the impact of adolescent pregnancy is not only on her health. Pregnancy can have immediate and lasting consequences on, for example, education and income-earning potential. Thus, adolescent pregnancy is intertwined with issues of human rights. The future of an adolescent pregnant girl changes radically, and rarely for the better. She will be forced to drop out of school, thus denying her the right to an education. This will further limit her job prospects exposing her to vulnerabilities and further intergenerational poverty. Her rights are undermined in many aspects.

Evidence remains clear that building the knowledge and skills of adolescents, as well as providing easy access to comprehensive services that address issues of sexual and reproductive health, allow teenagers to delay sex until they are ready and are able to prevent unplanned pregnancies. When adolescents are empowered with basic information about their own bodies and reproductive health, they are able to make responsible choices—showing a decrease in risky behaviors, a delay in sexual activity until they are ready, or the use of protection if they are sexually active.

As there are many structural barriers and complex drivers that force an adolescent to become pregnant, improvements in maternal health and the well-being of pregnant women including the overall physical, mental, and emotional health during and before pregnancy, are very important. The focus should be on transformative interventions anchored on the empowerment of adolescents and the pursuit of their rights to health and development, thus building and supporting a girl's agency; providing access to comprehensive reproductive health services and information; and removing the stigma on adolescent sex and pregnancy by providing psychosocial and community support, among others.

Given these, there is a need to establish a national policy that addresses adolescents' sexual and reproductive health needs and reducing the adolescent birth rate significantly through institutionalizing social protection programs for teenage parents.

In view of the foregoing, the passage of this bill is earnestly sought.



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Introduced by **REP. MARIA LOURDES ACOSTA-ALBA**,
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**AN ACT PROVIDING FOR A NATIONAL POLICY IN PREVENTING
ADOLESCENT PREGNANCIES, INSTITUTIONALIZING SOCIAL
PROTECTION FOR TEENAGE PARENTS, AND PROVIDING FUNDS
THEREFOR**

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

1 **SECTION 1. Short Title.** - This Act shall be known as "**Adolescent Pregnancy**
2 **Prevention Act.**"
3

4 **SECTION 2. Declaration of Policy.** - It shall be the policy of the State to:
5

- 6 (a) Recognize, promote, and strengthen the role of adolescents and young
7 people in the overall human and socio-economic development of the
8 country;
9
- 10 (b) Recognize and promote the responsibility of the State to create and
11 sustain an enabling environment for adolescents to enable them to
12 achieve their development aspirations and potentials as well as mobilize
13 them to positively contribute to the development of the nation;
14
- 15 (c) Pursue sustainable and genuine human development that values the
16 dignity of the total human person and afford full protection to people's
17 rights, especially of adolescent women and men and their families;
18
- 19 (d) Promote and protect the human rights of all individuals including
20 adolescents particularly in their exercise of their rights to sexual and
21 reproductive health, equality and equity before the law, the right to
22 development, the right to education, freedom of expression, the right to

1 participate in decision-making, and the right to choose and make
2 responsible decisions for themselves;

- 3
- 4 (e) Pursue an adolescent pregnancy reduction strategy that is anchored on
5 the empowerment of adolescents and their rights to health and
6 development; that is cognizant of the structural barriers, including, but
7 not limited to, gender, poverty, age, ethnicity, and disability, that lead
8 to adolescent pregnancy; and that is based on adolescents' needs and
9 preferences;
- 10
- 11 (f) Provide full and comprehensive information to adolescents to help them
12 prevent early and unintended pregnancies and their lifelong
13 consequences;
- 14
- 15 (g) Provide safe, quality, and respectful maternal health care, including
16 antenatal, delivery, and postnatal care, to adolescent women and
17 enable their access to these services;
- 18
- 19 (h) Ensure corresponding interventions that could respond to the
20 socioeconomic, health and emotional needs of adolescents and youth,
21 especially young women, with due regard for their own creative
22 capabilities, for social, family and community support, employment
23 opportunities, participation in the political process, and access to
24 education, health, counseling, and high-quality reproductive health
25 services;
- 26
- 27 (i) Guarantees universal access to medically-safe, legal, and affordable
28 reproductive health care services, methods, devices and information
29 that prioritizes the needs of the underprivileged, especially adolescent
30 girls;
- 31
- 32 (j) Encourage and enable adolescent mothers and fathers to continue and
33 finish their education in order to equip them for a better life, to increase
34 their human potential, to help prevent early marriages, high-risk child-
35 bearing and repealed pregnancy, and to reduce associated mortality
36 and morbidity through comprehensive social protection interventions;
37 and
- 38
- 39 (k) Recognize and promote the rights, duties, and responsibilities of
40 parents, teachers, health professionals, and other persons legally
41 responsible for the growth of adolescents to provide in a manner
42 consistent with the evolving capacities of the adolescent, appropriate
43 direction and guidance in sexual and reproductive matters.
- 44

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

47

- 48 (a) Adolescents – refers to the population between the ages of 10 and
49 19.

- 1 (b) Adolescent Sexual and Reproductive Health (ASRH) Care - refers to
2 the access to a full range of methods, techniques, and services that
3 contribute to reproductive health and well-being of young people by
4 preventing and solving reproductive health-related problems.
5 Following the WHO's definition of sexual health, ASRH is a state of
6 complete physical, mental and social wellbeing, and not merely the
7 absence of disease or infirmity, in all matters relating to the sexual
8 and reproductive system and to its functions and processes, in
9 individuals aged 10 to 19.
- 10
- 11 (c) Adolescent Reproductive Health Curriculum (ARHC) - is a package
12 of teaching and imparting information on cognitive, emotional,
13 physical and social aspects of gender, sexuality and adolescent
14 reproductive health. It aims to equip children and young people with
15 age-appropriate knowledge, skills, attitudes and values that will
16 empower them to realize their health, well-being and dignity; develop
17 respectful social and sexual relationships; consider how their
18 choices affect their own well-being and that of others; and,
19 understand and ensure the protection of their rights throughout
20 their lives.
- 21
- 22 (d) Adolescent Sexuality - adapted from the World Health Organization's
23 definition of sexuality, adolescent sexuality is a central aspect of
24 being human throughout life, which encompasses sex, gender
25 identities and roles, sexual orientation, eroticism, pleasure,
26 intimacy, and reproduction of individuals aged 10 to 19. It is
27 experienced and expressed in thoughts, fantasies, desires, beliefs,
28 attitudes, values, behaviors, practices, roles and relationships; and
29 is influenced by the interaction of biological, psychological, social,
30 economic, political, cultural, legal, historical, religious and spiritual
31 factors. It is a rights-based, gender-focused approach to adolescent
32 health education taught over several years with progressive
33 appropriateness based on age-appropriate information consistent
34 with the evolving capacities of young people and adolescents.
- 35
- 36 (e) Male involvement and participation - refers to the involvement,
37 participation, commitment of and joint responsibility of men with
38 women in all areas of sexual and reproductive health, as well as
39 reproductive health concerns specific to men.
- 40
- 41 (f) Information and Service Delivery Network for Adolescent Health
42 Development (ISDN) - refers to the network of facilities, institutions,
43 and providers within the province, district, municipality 'city-wide
44 health and social system offering information, training, and core
45 packages of health and social care services in an integrated and
46 coordinated manner.
- 47
- 48 (g) Local Youth Development Council (LYDC) - refers to the local body
49 to be created based on RA 10742 (SK Reform Law) which is

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

- (h) Normal Schools or Teachers College - refer to the learning institutions training or educating teachers.
- (i) Public-Private Partnership (PPP) - is a cooperative arrangement between one or more public and private sectors, typically of a long-term nature, for various development programs or projects.
- (j) Reproductive Health - refers to a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its functions and processes.
- (k) Risky Behaviors - refer to ill-advised practices and actions that are potentially detrimental to a person's health or general wellbeing.
- (l) 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, exclusion, sickness, disability and old age.
- (m) Teenage Pregnancy Prevention Council - hereafter referred to as the Council, is an inter-agency and inter-sectoral council that shall be formed through this Act and serve as its implementing body

SECTION 4. *Development of National Program of Action and Investment Plan for the Prevention of Teenage Pregnancy.* - The Council, in collaboration with other relevant national agencies and civil society organizations, shall develop an evidence-based National Program of Action and Investment Plan. This plan 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.

The council shall be coordinated by the Commission on Population (POPCOM) in collaboration with the Department of Health (DOH), Department of Social Welfare and Development (DSWD), Department of Education (DepEd), the National Youth Commission (NYC), and three civil society organizations. The evidence-based 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.

1 SECTION 5. *Information and Service Delivery Network for Adolescent Health*
2 *Development or ISDN for AHD.* - All provinces and chartered cities shall
3 organize and operationalize an ISDN for AHD consisting of different
4 government and non-government organizations, institutions, and facilities
5 disseminating information and services to adolescents within their locality.
6 In cases of provinces and cities with existing ISDNs, they shall now harmonize
7 new and existing efforts and programs for AHD. The ISDN may be organized
8 by the district in each province or by municipality/city according to local
9 government capacity. An effective collaborative and referral system among the
10 members of the ISDN for AHD shall be established and implemented within a
11 catchment area.

12
13 The ISDN for AHD will provide health services that are sensitive to the
14 particular needs and human rights of all adolescents to enable them to deal
15 in a positive and responsible way with their reproductive health and sexuality.
16 The ISDN shall perform the following tasks:

- 17
18 (a) Map and analyze the various factors contributing to pregnancies among
19 adolescents at the regional and local levels;
20
21 (b) Identify, harmonize, coordinate, and implement inter-agency
22 interventions to address the various issues related to teenage
23 pregnancies in the region and at the local level;
24
25 (c) Capacitate ISDN for AHD agency-members in collaboration with
26 relevant regional government agencies to ensure quality information
27 and services to adolescents;
28
29 (d) Provide, in collaboration with concerned LCDs, needed information and
30 services for adolescent development;
31
32 (e) Generate or share resources in the implementation of the joint strategic
33 plan of the ISDN for AHD; and
34
35 (f) Monitor and evaluate effectiveness of coordinative and referral systems
36 and other interagency interventions jointly implemented by the ISDN.
37

38 The local ISDN shall be coordinated by the Provincial Population Office and
39 coordinated by the Provincial Health Office in collaboration with the
40 Sangguniang Kabataan (SK) Federation or Task Force on Youth Development
41 (TFYD) and/ or Local Youth Development Council (LYDC) in the concerned
42 localities with technical assistance from the Council and other relevant
43 national government agencies. The local ISDN must be established within
44 three (3) years upon the effectivity of this Act with respect to this Act's
45 implementing rules and regulations and appropriate local government
46 capacity.

47
48 SECTION 6. *Culturally-Sensitive, Age and Development-Appropriate*
49 *Adolescent Reproductive Health Curriculum* - Agencies from the education

1 sector with support from the Council and in collaboration with relevant
2 national government agencies and civil society organization, shall develop and
3 promote educational standards, modules, and materials that promotes
4 adolescent reproductive health in schools, communities and other youth
5 institutions. The Council must ensure that the materials and modules
6 produced are culturally-sensitive, age and development-appropriate.

7
8 The Adolescent Reproductive Health Curriculum shall be compulsory part of
9 education, integrated at all levels of learning with the end of goal of
10 normalizing the discussions of sex and gender, adolescent sexuality,
11 reproductive health, and to remove stigma on the discussion of these topics.
12 The materials and modules developed must be evidence-based, medically
13 accurate, rights-based, culturally sensitive and non-discriminatory towards
14 adolescents of different sexual orientation, gender identity, and gender
15 expression.

16
17 The current curricula should be regularly reviewed, updated and broadened
18 with a view to ensuring adequate coverage of concerns such as gender
19 sensitivity, reproductive health choices and responsibilities, and sexually
20 transmitted diseases, including HIV/AIDS.

21
22 This curriculum shall be designed to strengthen respect for human rights and
23 fundamental freedoms, including those related to reproductive health,
24 sexuality, population and development. The materials shall be
25 complementary to the Responsible Parenthood and Reproductive Law, and
26 should be based on the need for responsible human sexuality and must reflect
27 the realities of current sexual behavior.

28
29 *SECTION 7. Training of Teachers, Guidance Counselors, School Supervisors*
30 *and School Nurses on ARHC.* - The DepEd, TESDA, CHED, with support from
31 the DOH, POPCOM, NYC for technical assistance, shall ensure that all
32 teachers, guidance counselors, instructors, and school nurses are properly
33 trained on adolescent health and development to effectively educate or guide
34 adolescents in dealing with their sexuality-related concerns. Agencies
35 concerned must allot annual allocation for the program training to be
36 included in their annual appropriations to be approved by Congress.

37
38 CHED shall ensure that ARHC standards are guided by principles of gender
39 equality and women's human rights and must be integrated in the curriculum
40 and across specializations in the professional preparation and training for
41 would-be teachers in normal schools or teacher education institutions in the
42 country.

43
44 The training must introduce and improve the delivery of the current service
45 so as to promote greater responsibility and awareness on the
46 interrelationships between adolescent health issues, including sexual and
47 reproductive health; and gender equity.

1 SECTION 8. *ASRH Training for Policy-makers and Implementers.* - The DOH
2 and POPCOM shall be responsible for disseminating guidelines and providing
3 training programs for policy-makers and implementers in both the executive
4 and legislative branches of government to enable a better understanding of
5 ASRH as well as policies and practices to promote it.

6
7 The guidelines shall be framed from a lens of gender equality and women's
8 human rights and shall be made in consultation with academic institutions
9 and civil society organizations focused on gender and women's human rights.

10
11 SECTION 9. *ARHC for Out-of-School Adolescents and those with Special*
12 *Concerns.* - DSWD, DOH, POPCOM, and the local government units (LGUs)
13 shall collaborate to intensify and institutionalize interactive learning
14 methodologies for ARHC among out-of-school adolescents in the communities
15 and workplaces as well as unsuitably housed youth. Provided that the needs
16 of indigenous, working persons-with-disabilities, and adolescents in social
17 institutions are considered in the design and promotion of sexuality education
18 among adolescents.

19
20 Delivery of ARHC in a non-formal education setting shall be ensured by
21 DepEd through their Alternative Learning System. Community youth leaders,
22 through the SK, TFYD, or LYDC shall invest in a concentrated effort in
23 reaching these groups and encourage peer to peer counseling. Volunteer
24 groups and interested civil society organizations (CSOs) and non-government
25 organizations (NGOs) shall be recognized for supplemental support to the
26 local ISDNs. DEPED, along with other relevant government agencies, shall be
27 tasked to integrate an ARHC syllabus that is culturally sensitive into the
28 existing Madrasah curriculum.

29
30 SECTION 10. *Promoting the ARHC using the Social Media and other Digital or*
31 *Online Communication Platforms.* - The Council shall optimize the social media
32 and other online platforms to reach adolescent netizens with accurate
33 information and messages on adolescent sexual and reproductive health
34 (ASRH) concerns. A web portal for the NPPTP shall be developed and promoted
35 by the council to harmonize and link various government websites and online
36 services for ASRH including the networked operationalization of ISDN for
37 AHD.

38
39 SECTION 11. *Mandatory Establishment of Functional Local Teen Centers for*
40 *Adolescent Health and Development.* - A school or community based center for
41 adolescent health development shall be established and operationalized in all
42 municipalities in the country. These centers shall serve as facilities where
43 adolescents and youth can access appropriate information and services on
44 ASRH and other concerns relevant to their holistic development. The Teen
45 Centers shall be the convergence facilities or hubs for the services of the ISDN
46 for AHD members as provided in this act.

47
48 The Center shall serve as a counselling and treatment center for adolescents
49 in crisis or victims of abuse and violence.

1 The Center shall be mainly managed and operated by the LGUs through SK
2 members, youth volunteers and workers and other organized adolescent
3 youth groups recognized by the LGU with the assistance of various adult
4 service providers and youth-serving professionals including the civil society
5 organizations (CSOs). The establishment and operationalization of the Teen
6 Centers shall be funded using the 10% SK fund and other relevant local
7 budget sources.

8
9 The POPCOM, in collaboration with DepEd, CHED, DOH, DILG, PNP and
10 CSOs, shall formulate the guidelines and standards in setting-up of Teen
11 Centers in schools and communities. National government agencies shall
12 provide assistance to LGUs and schools in setting-up the teen centers.

13
14 *SECTION 12. Public Information and Media in ASRH Promotion and Teenage*
15 *Pregnancy Prevention.* - The Philippine Information Agency (PIA), as the official
16 public information arm of the government, will take the lead in promoting
17 ASRH and in advocating for teenage pregnancy prevention in the media. It will
18 be tasked to provide regular reports on the trend and incidence rates of
19 teenage pregnancies in the country and to provide the public with information
20 on resources and healthy practices for ASRH, among others. Private
21 broadcast networks with news channels or news programs will also be
22 encouraged and given access to relevant information and material to do the
23 same.

24
25 *SECTION 13. Private Sector Participation in ARHC Promotion.* - The government
26 may enter into public-private partnership agreement in mobilizing private
27 communication networks and companies in promoting ARHC through text or
28 short message service (SMS) or media messages. An incentive mechanism for
29 telecommunication companies shall be developed and implemented by
30 concerned agencies to recognize private participation in promoting ARHC and
31 adolescent youth health-seeking behavior, positive attitude towards sex,
32 sexual relations and sexuality, etc.

33
34 The Movie and Television Review and Classification Board (MTRCB) shall
35 review their existing guidelines to ensure that no movie and television
36 programs portray, depict, promote, and encourage unsafe sexual activities
37 among adolescents as a normative behavior in the society. An incentive
38 scheme for adolescent-friendly television programs shall likewise be developed
39 and implemented to encourage movie and television networks to produce
40 materials and programs that promote responsible sexuality among
41 adolescents.

42
43 *SECTION 14. Access to Reproductive Health Services.* - Adolescents who are
44 presently or currently engaged in sexual activities shall be allowed access to
45 modern family planning methods with proper counseling by trained service
46 providers. The aforementioned counseling is carried out with the end in view
47 of ensuring healthy practices through the promotion of optimal health
48 outcomes and protecting minors, especially those in vulnerable
49 circumstances, from possible predatory and sexually exploitative practices.

1 For this purpose, all health service providers in all health facilities shall be
2 trained on providing adolescent-friendly and responsive information and
3 services. It is the duty of health service providers to provide complete and
4 medically-correct information on possible reproductive health services
5 including the right to informed choice and access to legal, medically-safe and
6 effective family planning methods.

7
8 Provided, that all health facilities shall be enhanced to become an adolescent-
9 friendly facility by ensuring confidentiality, exclusive schedule for
10 adolescents, availability of services for adolescents, non-judgmental, stigma-
11 free and gender responsive health service providers: Provided, furthermore,
12 that adolescents shall not be denied access to clinical services and modern
13 methods of contraceptives if and when they seek to avail of the
14 aforementioned healthcare services.

15
16 The Council shall ensure that ASRH training is integrated in the pre-service
17 curriculum training of Barangay Health Workers (BHWs), front-line health
18 care providers, and social workers. The said training shall include topics such
19 as, but not limited to: consent, adolescent sexual and reproductive health,
20 effective contraception use, disease prevention, HIV/AIDS and the more
21 common STIs, hygiene, healthy lifestyles, and prevention of gender and sexual
22 violence. Linkages and referral systems shall be established in educational
23 institutions in order to bridge gaps in between ARHC and access to SRH
24 services for in-school adolescents. For Out-of-School Youths (OSYs) and other
25 groups, a community peer educator could be chosen to advocate accessing
26 SRH services and distribution of commodities.

27
28 In cases of pregnant adolescents, a wider spectrum of SRH services shall be
29 made available to them spanning the pre-natal, antenatal, and post-natal
30 stages of pregnancy and its respective health care requirements. Provision of
31 reproductive health services to adolescents shall be based on the principles
32 of non-discrimination and confidentiality, the rights of adolescents, their
33 evolving capacities, and as a life-saving intervention. Further, it shall be
34 ensured that adolescents are not denied the information and services needed
35 to prevent future unintended adolescent pregnancies and are able to access
36 treatment and care services without fear of stigmatization, discrimination and
37 violence.

38
39 SECTION 15. *Social Protection for Teenage Mothers or Parents.* - A
40 comprehensive social protection service shall be provided to adolescents who
41 are currently pregnant and their partners in order to prevent repeat
42 pregnancies and to ensure their well-being while assuming the
43 responsibilities of being young parents. Such services shall include the
44 following:

- 45
46 (a) Maternal health services including pre-natal, ante-natal, and post-
47 natal check-ups and facility-based delivery;

- 1 (b) Post-natal family planning counseling and services for either or both
2 teenage parents;
3
4 (c) Personal PhilHealth coverage, making mandatory enrollment and
5 membership of indigent teenage mothers;
6
7 (d) Training, skills development, and support to livelihood programs for the
8 household of the teenage parents especially for the indigents;
9
10 (e) Continuing ARHC for teenage parents;
11
12 (f) Workshops on couples counseling, parenting, and positive discipline for
13 the impending parents; and
14
15 (g) Psycho-social support and mental health services for teen mothers.
16 Adolescent mothers and their partners shall be entitled to maternal and
17 paternal leave, respectively, especially if both are employed.
18 Suspension, forced resignation and other discriminatory acts in the
19 workplace against pregnant girls shall be prohibited. The LCDs through
20 the Local Social Welfare and Development (LSWD) and/or the
21 Population Office shall implement a continuing ARHC program for
22 teenage mothers and fathers with technical assistance from the
23 Council.
24

25 The services must safeguard the rights of the adolescents to privacy,
26 confidentiality, respect, and informed consent, respecting cultural values and
27 beliefs.
28

29 The national government shall provide additional and necessary funding and
30 other necessary assistance for the effective implementation of this provision.
31

32 *Sec. 16. Social Protection in Cases of Sexual Violence.* - Strengthened social
33 protection mechanisms against violence for adolescents, especially for girls,
34 shall be provided. Expectant and current mothers whose pregnancies were
35 the result of sexual violence shall be given access and support to legal,
36 medical, and psycho-social services. Furthermore, the Council shall reinforce
37 the capacities of health facilities in providing comprehensive care for
38 adolescents in case of sexual violence.
39

40 Health service providers, particularly the BHWs, other primary health care
41 providers, and local population officers shall be given confidentiality and
42 safeguarding guidelines and tools for spotting sexual exploitation and abuse
43 of adolescents. A referral pathway shall be created by the Council to ensure
44 that identified sexual abuse and exploitation survivors are assisted and
45 properly handled.
46

47 *SECTION 17. Social Protection In Cases of Humanitarian, Armed Conflict and*
48 *Emergency Situations.* - The local ISDN shall be bolstered in the events of
49 humanitarian crises, armed conflict or emergency situations. The local ISDN

1 shall ensure swift and efficient delivery of SRH services to vulnerable
2 adolescents and young pregnant girls. Increased vigilance shall be practiced
3 in cases of gender violence, sexual assault, and exploitation in these
4 situations. All incidence of the aforementioned situations shall be
5 immediately addressed by the local ISDN through appropriate channels.
6

7 Special attention shall be given to young mothers who are at the late stages
8 of pregnancy in case of (premature) labor. In order to ensure delivery of SRH
9 of adolescents and adolescent expectant parents, LGUs shall incorporate
10 adolescent SRH specific content and safeguards in their local Disaster Risk
11 Reduction and Management Plans.
12

13 *SECTION 18. Care and Management for First Time Parents.* - All pregnant
14 teens, especially the poor and hard-to-reach groups shall have access to
15 skilled care throughout their pregnancy, delivery, and post-natal periods.
16 SRH providers shall strive to provide as many teenage mothers with their birth
17 plans that detail their intended place of childbirth delivery, availability of
18 transport to these health care institutions, and respective costs. Special
19 attention shall be given to younger pregnant mothers during obstetric care.
20

21 Workshops, classes, and seminars for first-time parents shall be provided
22 with ante-and post-natal education. These classes shall include topics such
23 as, but not limited to: infant feeding and care, positive discipline, responsible
24 parenthood, and safe sex practices. The classes shall be made available free
25 of charge and at times most convenient for the teen parents.
26

27 Educational institutions shall be encouraged to develop and establish support
28 mechanisms that will encourage the return of teen mothers and parents, for
29 instance: in-school day-care and breastfeeding stations.
30

31 The national government shall provide additional and necessary funding and
32 other necessary assistance for the effective implementation of this provision.
33

34 *SECTION 19. Encouraging Male Involvement.* - The Council shall develop
35 programs that will promote male involvement in the prevention of early and
36 unintended pregnancies. These programs shall include topics such as, but
37 not limited to: responsible fatherhood, couples counseling, avoiding gender
38 violence, life-skills, and co-parenting strategies. These programs shall
39 emphasize the roles and responsibilities of being a father and promote their
40 active involvement. These programs shall also serve as an avenue to
41 encourage the uptake of SRH services and information of boys and young
42 men.
43

44 *SECTION 20. Integration of Local Program for the Prevention of Teenage*
45 *Pregnancy in SK Programs.* - Strategies and programs which aim to prevent
46 the incidence of teenage pregnancies shall be integrated into the SK programs
47 at the local and community level using the ten percent (10%) SK funds. In the
48 absence of the SK, the Task Force on Youth Development (TFYD) shall
49 undertake the responsibility of integrating teenage pregnancy prevention

1 programs in the barangay youth council's activities. The Council shall issue
2 guidelines to ensure the implementation of this provision.

3
4 The SK/TFYD shall likewise implement programs and activities that aim to
5 develop the potentials and skills of adolescents to make them more productive
6 members of society. The topics of the said programs and activities is inclusive
7 of, but are not limited to: leadership training and life skills seminars that can
8 be done together by the teens and their families together. The SK/TFYD shall
9 encourage youth participation in these activities as a means of diverting the
10 focus and potentials of adolescents into more meaningful and productive
11 endeavors.

12
13 The SK/TFYD shall enlist the support of the local barangay council, the local
14 Council for the Protection of Children, and the barangay health center to be
15 able to provide a more complete array of services, activities, and programs.

16
17 *SECTION 21. Residential Care Facilities for Disadvantaged Women* - The
18 existing residential care facilities for disadvantaged women of the Department
19 of Social Welfare and Development (DSWD) shall be capacitated to
20 accommodate the needs of pregnant girls. The management of the said
21 facilities shall coordinate with their respective locality's ISDN to provide SRH
22 information and services to their residents. In order to effectively serve their
23 pregnant teen residents, these centers shall employ the following personnel:
24 a caseworker, an on-call obstetrician-gynecologist, a full-time midwife or
25 nurse, and a psychologist.

26
27 If there is an identified demand and need for a residential care facility to be
28 built and established, the local ISDN shall prioritize the city or municipality
29 with the highest rate of teen pregnancy.

30
31 *SECTION 22. Creation of a National System on the Prevention of Teenage*
32 *Pregnancy* - The Council shall endeavor to create a system that will
33 comprehensively assess and effectively monitor and evaluate the status,
34 success, and efficacy of the National Program of Action for the Prevention of
35 Teenage Pregnancy and the NPPTP.

36
37 The existing Young Adult Fertility and Sexuality Study shall be renamed
38 Adolescent Health and Development Survey and be carried out every four (4)
39 years to conduct surveys and collect age- and gender-disaggregated data. Its
40 topics shall cover a wider range of topics and indicators extending beyond
41 adolescent sexuality and reproductive health. Its coverage shall include topics
42 such as, but not limited to: education, adolescent health, and labor. Existing
43 surveys such as the National Demographic and Health Survey, Family Health
44 Survey, Family Planning Survey, and Maternal and Child Health Survey shall
45 begin the collection of data-disaggregated at age 10-14 and include never
46 married women in data collection in order to have a more accurate picture.
47 Research and data collected from the assessment and evaluation shall be
48 stored in a public database.

1 LGUs are required to conduct safety audits every three (3) years to assess the
2 efficiency and effectiveness of the implementation of this Act within their
3 jurisdiction. Such audits shall be multisectoral and participatory, with
4 consultations undertaken with population officers, social workers, health
5 workers, schools, and civil society organizations.

6
7 SECTION 23. *Implementation Structure* - A Teenage Pregnancy Prevention
8 Council' to be integrated as a sub-committee of the National Implementation
9 Team of the Responsible Parenthood and Reproductive Health (RPRH) Law
10 shall be established to be composed of the following:

- 11
12 (a) The Department of Health (DOH) Secretary as the Chairperson;
- 13
14 (b) The POPCOM Board of Commissioners Chair as Co-Chairperson;
- 15
16 (c) Senior officials (at least Undersecretary level) of the National Youth
17 Commission (NYC), DEPED, DSWD, Department of Interior and Local
18 Government (DILG), CHED, and Technical Education and Skills
19 Development Authority (TESDA) as ex-officio members;
- 20
21 (d) Five members appointed by the Chairperson who are persons with
22 knowledge, expertise, accomplishments, and with no less than five-year
23 experience in the fields of public health, adolescent rights and social
24 protection, education, psychology, and social welfare, provided that one
25 qualified member is appointed in each field; Provided further, That
26 majority of these appointed members are female; and
- 27
28 (e) Two representatives of children and youth appointed by the 2 Council
29 Chairperson from various nationally represented youth 3 organizations,
30 provided that one is male and one is female.

31
32 The POPCOM shall serve as the secretariat of the Council. The appointment
33 of members shall be in accordance with the rules and procedures as
34 prescribed by the POPCOM, taking into account the approximate proportion
35 between men and women.

36
37 The Council shall have the powers and duties as follows:

- 38
39 (a) To propose legislative and administrative policies on the prevention of
40 adolescent pregnancy based on adolescents' needs and preferences; in
41 consideration of structural barriers, including, but not limited to,
42 poverty, gender, age, ethnicity, and disability, that lead to adolescent
43 pregnancy; and with the overarching goal of pursuing adolescents'
44 empowerment and rights to health and development;
- 45
46 (b) To integrate mechanisms and policies in the social development agenda
47 that creates enabling environments for adolescents to make informed
48 choices on their sexual and reproductive health;

- (c) To develop operational guidelines for government agencies and private organizations in the development and implementation of comprehensive strategies and programs for prevention of adolescent pregnancy, including sexual violence;
- (d) To monitor implementation of the provision of the law;
- (e) To conduct research and generate evidence on the drivers of teenage pregnancy to inform programs and policies;
- (f) To provide relevant agencies and private organizations with recommendations and solutions to challenges and gaps in the course of implementing the program; and
- (g) To engage the private sector and the citizenry to ensure active partnership in looking for solutions to address the problem of adolescent pregnancy.

At the National level, the Council agency members shall have the following duties and functions in accordance to their mandates and in relation to the implementation of this Act:

The Commission on Population shall:

- (a) Develop and coordinate with the relevant agencies the NPPTP as part of the national population program;
- (b) Implement a program for the training of parents and guardians in effectively guiding adolescents on ASRH issues;
- (c) Set-up the National Information System on the Prevention of Teenage Pregnancy that shall be used for planning, programming, monitoring and evaluation of indicators in all levels;
- (d) Create an enabling environment for adolescents to make an informed choice on their sexual and reproductive health best suited to their needs;
- (e) Spearhead efforts to harmonize information within the network. The POPCOM may invest on a platform or information portal that would allow linking the data between members of the network;
- (f) Serve as overall coordinator for the nationwide and community-based campaign for the prevention of teenage pregnancy, including the development and maintenance of the web portal for relevant online information and services; and
- (g) Serve as the secretariat of the Council.

1 The DEPED and CHED shall:

- 2
- 3 (a) Ensure the development and promotion of ARHC standards and its
- 4 corresponding learning modules for teachers and students;
- 5
- 6 (b) Ensure the comprehensive training of all teachers, guidance
- 7 counselors, and school administrators on ARHC;
- 8
- 9 (c) Lead the delivery and implementation of ARHC in all public and private
- 10 basic education and tertiary educational institutions, as well as in non-
- 11 formal educational settings;
- 12
- 13 (d) Ensure the incorporation of ARHC in the module of future educators;
- 14 and
- 15
- 16 (e) Guarantee quality assurance of educational institutions in terms of
- 17 ARHC delivery compliance through the PASBE accreditation.
- 18

19 The DOH shall:

- 20
- 21 (a) Ensure the availability and provision of ASRH information, services,
- 22 and commodities in all public and private health facilities;
- 23
- 24 (b) Ensure the training of health service providers in providing adolescent-
- 25 friendly and responsive health services;
- 26
- 27 (c) Establish Teen Mom Clinics in all hospitals to provide adolescent
- 28 mothers with access to post-natal services and counseling, as well as
- 29 reproductive health commodities to avoid successive pregnancies;
- 30
- 31 (d) Coordinate with the POPCOM on the establishment of an M&E system
- 32 to ensure the responsiveness, coverage and delivery of this Act; and
- 33
- 34 (e) Support and provide technical assistance in the capacity building of
- 35 existing ISDNs and establishment of new ISDNs at the local level.
- 36

37 The DSWD and shall:

- 38
- 39 (a) Take the lead in providing social protection for adolescent parents,
- 40 especially in cases of sexual violence, abuse, and exploitation;
- 41
- 42 (b) Ensure the provision of social protection for adolescents in
- 43 humanitarian and/or emergency situations;
- 44
- 45 (c) Equip their existing Distressed Centers for Disadvantaged Women with
- 46 increased capacity to accommodate more residents;
- 47
- 48 (d) Incorporate ASRH and teenage pregnancy modules for both parents and
- 49 teens in existing Family Development Sessions and Youth Development

Sessions under the Pantawid Pamilyang Pilipino Program, with modules for teens emphasizing peer-to-peer discussions; and

- (e) Promote ARHC for adolescents with special needs and in difficult circumstances.

The NYC shall:

- (a) Ensure the integration of ASRH and ARHC promotion in the SK or TFYD and LYDC programs and projects;
- (b) Capacitate the SK or TFYD and LYDC in the implementation of this Act at the local level;
- (c) Conduct workshops, classes, and seminars for first-time parents, in partnership with DOH, DSWD, and other concerned Council members and relevant agencies.

The DILG shall:

- (a) Ensure the compliance of LCDs in the implementation of this Act by including the implementation of ASRH programs as a qualifying requirement of the Seal of Good Local Governance and
- (b) Assist the local ISDNs through their League of Provinces, League of Cities, League of Municipalities and League of Barangays.

The TESDA shall:

- (a) Provide social protection to adolescent parents by providing skills training and livelihood support and
- (b) Encourage enrollment in tech-vocational courses for adolescent parents who are not fully equipped to return to in-school education.

The CWC shall:

- (a) Integrate in its development and strategic frameworks issues and concerns from children-specific to teen pregnancy and ensure the adoption of such frameworks by the LGUs and other stakeholders;
- (b) Vigorously advocate for the awareness and prevention of teen pregnancy; and
- (c) Develop, adopt, and implement, in a manner consistent with adolescents' evolving capacities, legislation, policies, and programs that will promote children and adolescent health and development. At the local level, the Provincial Population Office and the Provincial Health Office shall organize and lead the coordination of local ISDNs. The two

1 offices shall headline the implementation of the NPPTP at the local level.
2 The LGU's City or Municipal Population and Health Officers shall
3 become the local ISDN's point person. With assistance from the
4 provincial coordinators, the local SK/TFYD/LYDC, and the Council,
5 they shall adopt the NPPTP to their localities and be responsible for its
6 implementation, monitoring, and evaluation. The LCDs shall enlist the
7 participation of children, adolescents, and youth-oriented groups as
8 well as CSOs and NGOs as much as possible. Specific strategies shall
9 be designed to reach marginalized and vulnerable adolescent sub-
10 sectors.

11
12 *SECTION 24. Designating February of Every Year as the Month for Raising*
13 *Public Awareness on Preventing Teenage Pregnancy and Conduct of*
14 *Nationwide Communication Campaign.* - To raise public consciousness on the
15 issues on teenage pregnancy and generate support from various stakeholders,
16 the entire month of February shall be designated as Month for Preventing
17 Teenage Pregnancy which shall be observed nationwide. Schools and other
18 stakeholders shall hold activities with the objective of raising awareness and
19 generate critical actions to address the issues of increasing teenage
20 pregnancy. Further, the Council, in collaboration with relevant agencies
21 including the CSOs and private sector shall develop, launch, and sustain a
22 nationwide campaign for the prevention of teenage pregnancy.

23
24 *SECTION 25. Annual Allocations.* - All concerned government agencies
25 including the LGUs shall include in their annual budget the necessary funds
26 for strategies and activities within their mandates that contribute to the
27 implementation of this Act. Agencies and LGUs may also utilize their Gender
28 and Development (GAD) budget in implementing programs and activities to
29 carry out this Act.

30
31 *SECTION 26. Joint Congressional Oversight Committee.* - There is hereby
32 created a Joint Congressional Oversight Committee to monitor the
33 implementation of this Act and to review the implementing rules and
34 regulations promulgated. The Committee shall be composed of five (5)
35 Senators and five (5) Representatives to be appointed by the Senate President
36 and the Speaker of the House of Representatives, respectively. The Oversight
37 Committee shall be co-chaired by the Chairpersons of the Senate Committee
38 on Women, Children, Family Relations and Gender Equality and the House
39 Committee on Population and Family Relations.

40
41 *SECTION 27. Timeline for Adoption, Monitoring and Evaluation of this Act -*
42 *Networks and services included in this Act shall be established within three*
43 *(3) years upon the effectivity of this Act. Periodic monitoring and evaluation*
44 *of coverage and delivery of reproductive health services for pregnant*
45 *adolescents shall also be conducted every three (3) years.*

46
47 *SECTION 28. Implementing Rules and Regulations.* - Within one hundred
48 twenty (120) days upon the effectivity of this Act, the Council, composed, as
49 aforementioned, of the DOH Secretary as Chairperson; the POPCOM Board of

1 Commissioners Chair as Co-Chairperson; senior officials of the NYC, DepEd,
2 DSWD, DILG, CHED, and TESDA as ex-officio members; five appointees of
3 the Chair; and two representatives of children and youth sectors, shall be
4 organized to formulate the Implementing Rules and Regulations of this Act,
5 along with at least three civil society organizations.

6
7 SECTION 29. *Separability Clause*. - If any part, section, or provisions of this
8 Act is held invalid or unconstitutional, other provisions not affected thereby
9 shall remain in full force and effect.

10
11 SECTION 30. *Repealing Clause*. - All other statutes, executive orders, and
12 administrative issuances or rules and regulations contrary to or inconsistent
13 with the provisions of this Act are hereby repealed, amended or modified
14 accordingly.

15
16 SECTION 31. *Effectivity Clause*. - This Act shall take effect fifteen (15) days
17 after its publication in at least two (2) newspapers of general circulation.

Approved,