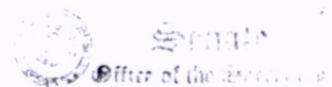


**EIGHTEENTH CONGRESS OF THE  
REPUBLIC OF THE PHILIPPINES  
*First Regular Session***

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**SENATE**

\*19 JUL -2 A11:52

**S. No. 161**

RECEIVED BY: J

**INTRODUCED BY SENATOR RISA HONTIVEROS**

**AN ACT**

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

**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 wellbeing. It shall include in the youth patriotism and nationalism and encourage their involvement in public and civic affairs.

In light of the said provision, it is disheartening to note that in the Philippines the incidence of teenage pregnancies is increasing. In 2014, data from the Philippine Statistics Authority (PSA) revealed that every hour, 24 babies are delivered by teenage mothers. In fact, based on the Certificate of Live Births submitted by the Local Civil Registry Offices from 2011 to 2014, about one in every ten women of child-bearing age was a teenager. According to the 2014 Young Adult Fertility and Sexuality (YAFS) study, around 14 percent of Filipino girls aged 15 to 19 are either pregnant for the first time or are already mothers more than twice the rate recorded in 2002. Among six major economies in the Association of Southeast Asian Nations, the Philippines has the highest rate of teenage pregnancies and is the only country where the rate is increasing, per the United Nations Population Fund.

According to the University of the Philippines Population Institute, young Filipinos have limited access to sex education and adolescent Sexual and reproductive health Services, especially if they are underage and unmarried. The reasons for becoming pregnant among teenagers include unplanned sexual encounters and peer pressure,

lack of information on safe sex, breakdown of family life and lack of good female role models in the family, and absence of accessible, adolescent-friendly institutions.

Teen pregnancy has serious consequences for young women, their children, and communities as a whole. Too-early childbearing increases the likelihood that a young Woman will drop out of school and is less likely to pursue further education or skills training. Thus, teenage pregnancy perpetuates the cycle of poverty and inequality because most pregnant teenagers have no source of income and face greater financial difficulties later in life. Moreover, teenage mothers face critical health risks, including inadequate nutrition during pregnancy due to poor eating habits, dangers associated with the reproductive organs not ready for birth, and maternal death due to higher risk of eclampsia, among others.

The United Nations Population Fund, on the other hand, stressed that teenage pregnancy, among others, undermines girls' rights health, rights and opportunities. UNFPA's State of World Population 2016 report shows that empowering today's 10-year-old girls could yield huge demographic and economic dividends and build better societies. According to JNFPA, teenage pregnancy limits far too many girls' hopes, dreams and aspirations. It also costs the country around P33 billion each year in foregone earnings. According to the report, girls who reach adulthood with an education and their health and rights intact could triple their lifetime incomes, thereby fueling progress for generations and entire nations. By ensuring girls' right to education, including age appropriate comprehensive sexuality education and access to youth friendly sexual and reproductive health Services and advice, the country could improve the lives of hundreds of thousands, reap long term gains, and help ensure the success of 2030 Agenda for Sustainable Development.

In view of the foregoing circumstances, there is a need to establish a national policy in preventing teenage pregnancies and institutionalize social protection for teenage parents.



RISA HONTIVEROS

Senator

SENATE

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

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

1       Section 1. *Short Title. - This Act shall be known as the "Prevention of*  
2 *Adolescent Pregnancy Act of 2019."*

3       Sec. 2. *Declaration of Policy – It shall be the policy of the State to:*

4           a) Recognize, promote, and strengthen the role of adolescents and  
5           young people in the overall human and socio-economic  
6           development of the country;

7           b) Recognize and promote the responsibility of the State to create  
8           and sustain an enabling environment for adolescents to enable  
9           them to achieve their development aspirations and potentials as  
10          well as mobilize them to positively contribute to the development  
11          of the nation;

12          c) Pursue sustainable and genuine human development that values  
13          the dignity of the total human person and afford full protection to  
14          people's rights, especially of adolescent women and men and  
15          their families;

16          d) Promote and protect the human rights of all individuals including  
17          the adolescents particularly in their exercise of their rights to  
18          sexual and reproductive health, equality and equity before the  
19          law, the right to development, the right to education, freedom of  
20          expression, the right to participate in decision-making, and the  
21          right to choose and make responsible decisions for themselves;

- e) Provide full and comprehensive information to adolescents to 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, for social, family and community support, employment opportunities, 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; and
- 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 adolescent, appropriate direction and guidance in sexual and reproductive matters.

Sec. 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 21 years.
- b) *Adolescent 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, relationships and sexual behavior of young people as social beings.
- d) *Comprehensive Sexuality Education (CSE)* - 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 processes and human sexuality and

1 forming attitudes and beliefs about sex, sexual identity,  
2 interpersonal relationship, affection, intimacy and gender roles. It  
3 has the purpose of developing the skills of young people for them  
4 to make informed decisions such as the capacity to distinguish  
5 between facts and myths on sex and sexuality, and critically  
6 evaluate and discuss the moral, religious, social and cultural  
7 dimensions of related sensitive issues such as contraception and  
8 abortion, and decide to prevent risky behaviors that can  
9 undermine the realization of their aspirations and potentials.

- 10 e) *Information and Service Delivery Network for Adolescent Health*  
11 *Development (ISDN)* – refers to the network of facilities,  
12 institutions, and providers within the province, district,  
13 municipality 'city-wide health and social system offering  
14 information, training, and core packages of health and social care  
15 services in an integrated and coordinated manner.
- 16 f) *Local Youth Development Council (LYDC)* - refers to the local  
17 body to be created based on RA 10742 (SK Reform Law) which is  
18 composed of representatives of youth and youth-serving  
19 organizations in the provincial, city, and municipal level with the  
20 primary function of assisting in the planning and execution of  
21 projects and programs of the Sangguniang Kabataan, and the  
22 Pederasyon ng Sangguniang Kabataan in all levels.
- 23 g) *Task Force on Youth Development (TFYD)* – refers to the local  
24 body to be created based on Implementing Rules and Regulations  
25 of RA 10632 (Act to Postpone the October 2013 SK Elections)  
26 whose members will remain in office until such time that SK  
27 officials have been duly elected and qualified. They are mandated  
28 to formulate a Youth Development Plan and ensure that the  
29 plan's programs and projects are implemented in the barangay  
30 and that the SK funds are used solely for youth development.
- 31 h) *Normal Schools or Teachers College* – refer to the learning  
32 institutions training or educating teachers.
- 33 i) *Public-Private Partnership (PPP)* - is a cooperative arrangement  
34 between one or more public and private sectors, typically of a  
35 long-term nature, for various development programs or projects.

- j) *Reproductive Health* - refers to 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 well-being.
- 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
- n) *Philippine Accreditation System for Basic Education (PASBE)* – refers to the accreditation process that looks into the operations of the public and private elementary and secondary schools if they meet the quality standards as established by stakeholders of basic education.

Sec. 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 Medium-Term Plan for the Prevention of Teenage Pregnancy*, which 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 *Medium-Term National Plan*, a *National Program on the Prevention of Teenage Pregnancy* (NPPTP) shall be developed and funded at all levels and

shall become a priority program of the Philippine Population Management Program of the Population Commission (POPCOM), spearheaded and coordinated by the Teenage Pregnancy Prevention Council, created under Sec. 22 of this Act.

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. The

1 NPPTP shall be formulated with clear and prescriptive guidance for better  
2 implementation at the local level.

3 In order to ensure the full participation of the stakeholders, consultations with  
4 children, adolescents, and youth-oriented groups shall be held with the Council's  
5 youth representatives. The results of the stakeholders' consultation that will be  
6 presented by the youth representatives shall be integrated into the formulation,  
7 implementation, operation, measurement, and evaluation of the NPPTP. If  
8 necessary, additional consultations with the stakeholders shall be conducted at  
9 various levels of the program to guarantee that the NPPTP remain youth focused  
10 and oriented.

11       *Sec. 5. Organization and Mobilization of Regional and Local Information*  
12 *and Service Delivery Network for Adolescent Health and Development (ISDN for*  
13 *AHD).* – All provinces and chartered cities shall organize and operationalize an  
14 ISDN for AHD consisting of different government and non-government  
15 organizations, institutions, and facilities disseminating information and services to  
16 adolescents within their locality. In cases of provinces and cities with existing  
17 ISDNs, they shall now harmonize new and existing efforts and programs for  
18 AHD. The ISDN may be organized by district in each province or by  
19 municipality/city. An effective collaborative and referral system among the  
20 members of the ISDN for AHD shall be established and implemented within a  
21 catchment area.

22 The ISDN for AHD will provide health services that are sensitive to the particular  
23 needs and human rights of all adolescents, paying attention to the following  
24 characteristics:

- 25       a) Availability – Primary health care should include services sensitive  
26           to the needs of adolescents, with special attention given to sexual  
27           and reproductive health and mental health;
- 28       b) Accessibility – Health facilities, goods, and services should be  
29           known and easily accessible (economically, physically, and  
30           socially) to all adolescents, without discrimination. Confidentiality  
31           must be guaranteed and maintained at all times;
- 32       c) Acceptability – Health facilities, goods, and services should  
33           respect cultural values, be gender sensitive, be respectful of  
34           medical ethics, and be acceptable to both adolescents and the  
35           communities in which they live;

1                   d) Quality – Health services and goods should be scientifically and  
2                   medically appropriate, which requires personnel trained to care  
3                   for adolescents, and provide adequate facilities, and scientifically  
4                   accepted methods.

5                   The ISDN for AHD shall perform the following tasks and functions:

- 6                   a) Map and analyze the various factors contributing to pregnancies  
7                   among adolescents at the regional and local levels;
- 8                   b) Identify, harmonize, coordinate, and implement inter-agency  
9                   interventions to address the various issues related to teenage  
10                  pregnancies in the region and at the local level;
- 11                  c) Capacitate ISDN for AHD agency-members in collaboration with  
12                  relevant regional government agencies to ensure quality  
13                  information and services to adolescents;
- 14                  d) Provide, in collaboration with concerned LGUs, needed  
15                  information and services for adolescent development;
- 16                  e) Generate or share resources in the implementation of the joint  
17                  strategic plan of the ISDN for AHD; and
- 18                  f) Monitor and evaluate effectiveness of coordinative and referral  
19                  systems and other interagency interventions jointly implemented  
20                  by the ISDN.

21                  The local ISDN shall be coordinated by the Provincial Population Office and co-  
22                  ordinated by the Provincial Health Office in collaboration with the Sangguniang  
23                  Kabataan (SK) Federation or Task Force on Youth Development (TFYD) and/ or  
24                  Local Youth Development Council (LYDC) in the concerned localities with  
25                  technical assistance from the Council and other relevant national government  
26                  agencies.

27                  *Sec. 6. Age and Development-Appropriate Comprehensive Sexuality*  
28                  Education. – The Department of Education, with assistance from the Council and  
29                  in collaboration with other relevant agencies, shall develop and promote  
30                  educational standards, modules, and materials to promote comprehensive  
31                  responsible sexuality education in schools, communities, and other youth  
32                  institutions. The comprehensive sexuality education (CSE) shall be a compulsory  
33                  part of education, integrated at all levels with the end goal of normalizing  
34                  discussions about adolescent sexuality and reproductive health and to remove  
35                  stigma from all levels. The Council shall ensure that the CSE is medically

1 accurate, rights based, and inclusive and non-discriminatory towards lesbians,  
2 gays, bisexuals, transgenders, intersex, or queers (LGBTQs) adolescents.  
3 The CSE shall include age and development-appropriate topics such as, but not  
4 limited to: human sexuality, consent, adolescent reproductive health, effective  
5 contraceptive use, disease prevention, HIV/AIDS and the more common Sexually  
6 Transmitted Infections (STIs), hygiene, health and nutrition, healthy lifestyles,  
7 gender-sensitivity, gender equality and equity, teen dating, prevention of gender  
8 and sexual violence, digital citizenship and issues like pornography, and life-skills.  
9 The purpose is to equip them with the knowledge, skills, and values to make  
10 informed and responsible choices about their sexual and social relationships.  
11 The CSE shall be standardized and implemented in all public and private basic  
12 education institutions. CSE delivery shall not be dependent upon the discretion of  
13 the school administration or on its teachers. It shall be integrated in the school  
14 curriculum, guided by international standards. In order to ensure proper  
15 compliance, the provision and delivery of CSE in public and private basic  
16 education institutions shall be listed as one of the criteria and an accreditation  
17 requirement of DEPED's Philippine Accreditation System for Basic Education  
18 (PASBE). Schools refusing to implement CSE shall have their accreditation  
19 reviewed by the PASBE board.  
20 The Council shall undertake annual reviews to determine the effectiveness of the  
21 curriculum and to make revisions as necessary to enhance implementation of the  
22 program. In addition, the Council shall formulate a guide for CSE delivery for  
23 schools.

24       *Sec. 7. Training of Teachers, Guidance Counselors, and School*  
25 *Supervisors on CSE* – The Council, with the DepED and the Commission on  
26 Higher Education (CHED), shall ensure that all teachers, guidance counselors,  
27 instructors, and other school officials entrusted with the duty to educate  
28 adolescents on CSE shall be properly trained on adolescent health and  
29 development and gender sensitivity to effectively educate or guide adolescents in  
30 dealing with their sexuality-related concerns. The training activities shall include  
31 the legal and human rights instruments applicable to the sexual and reproductive  
32 health of adolescents, especially in cases of unintended pregnancies as a result  
33 of sexual violence. Funding for the training shall be allotted in the concerned  
34 government agencies' annual allocation to be approved by Congress.  
35 As a result of the training, schools shall institute policies to support teenage  
36 mothers in ensuring that they stay in school and complete their education.

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

4           Sec. 8. *CSE for Out-of-School Adolescents and those with Special*  
5       *Concerns.* – The Council, the Local ISDN, and the Local Government Units  
6       (LGUs) shall collaborate to intensify and institutionalize interactive learning  
7       methodologies for CSE among out-of-school adolescents in the communities and  
8       workplaces as well as unsuitably housed youth. Provided, that the needs of  
9       indigenous, working persons-with-disabilities, and adolescents in social  
10      institutions are considered in the design and promotion of sexuality education  
11      among adolescents.

12     Delivery of CSE in a non-formal education setting shall be ensured by DepEd  
13     through their Alternative Learning System. Community youth leaders, through  
14     the SK, TFYD, or LYDC shall invest in a concentrated effort in reaching these  
15     groups and encourage peer to peer counseling. Volunteer groups and interested  
16     civil society organizations (CSOs) and non-government organizations (NGOs)  
17     shall be recognized for supplemental support to the local ISDNs.

18     DEPED, along with other relevant government agencies, shall be tasked to  
19     integrate a CSE syllabus that is culturally sensitive into the existing Madrasah  
20     curriculum.

21           Sec. 9. *CSE for Parents and Guardians with Adolescent Children.* – A  
22       community-based program for education and awareness of parents and  
23       guardians about teen sexuality shall be developed and implemented with the  
24       main objective of capacitating them to effectively guide, counsel, and provide  
25       support to their adolescent children in concerns and decisions related to their  
26       sexual health. The CSE specifically designed for parents and guardians should  
27       include discussions on how to address the familial and societal norms that  
28       encourages risk behaviors and perpetuates ignorance of adolescent sexual and  
29       reproductive health. Furthermore, this parent and guardian oriented CSE shall  
30       capacitate and encourage them to continue their sexual education with their  
31       children and wards in their households.

32     The module for this CSE program shall be developed by the council. The topics  
33     to be included shall include but are not limited to: positive discipline, responsible  
34     parenthood, violence against women and children, and dealing with bullying and  
35     the possible stigma of being a teen parent.

1 These classes shall be conducted by trained Municipal/City Social Welfare and  
2 Development Officers. Several avenues that can be pursued are Family  
3 Development Sessions (FDS) of the DSWD and PTA meetings. The M/CSWDOs  
4 shall endeavor to reach out to parent organizations in schools and communities  
5 to promote such program.

6 *Sec.10. Promoting the CSE using the Social Media and other Digital or*  
7 *Online Communication Platforms.* – The Council shall optimize the social media  
8 and other online platforms to reach adolescent netizens with accurate  
9 information and messages on adolescent sexual and reproductive health (ASRH)  
10 concerns. A web portal for the NPPTP shall be developed and promoted by the  
11 council to harmonize and link various government websites and online services  
12 for ASRH including the networked operationalization of ISDN for AHD.

13 *Sec. 11. Participation of the Private Sector in the Promotion of CSE.* – The  
14 government may enter into public-private partnership agreement in mobilizing  
15 private communication networks and companies in promoting CSE through text  
16 or short message service (SMS) or media messages. An incentive mechanism for  
17 telecommunication companies shall be developed and implemented by concerned  
18 agencies to recognize private participation in promoting CSEs and adolescent  
19 youth health-seeking behavior, positive attitude towards sex, sexual relations  
20 and sexuality, etc.

21 The Movie and Television Review and Classification Board (MTRCB) shall review  
22 their existing guidelines to ensure that no movie and television programs portray,  
23 depict, promote, and encourage unsafe sexual activities among adolescents as a  
24 normative behavior in the society. An incentive scheme for adolescent-friendly  
25 television programs shall likewise be developed and implemented to encourage  
26 movie and television networks to produce materials and programs that promote  
27 responsible sexuality among adolescents.

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

31 *Sec. 12. Access to Reproductive Health Services.* - Adolescents who are  
32 presently or currently engaged in sexual activities shall be allowed to access  
33 modern family planning methods with proper counseling by trained service  
34 providers in public and private facilities. The aforementioned counseling is  
35 carried out with the end in view of ensuring healthy practices through the  
36 promotion of optimal health outcomes and protecting minors, especially those in

1 vulnerable circumstances, from possible predatory and sexually exploitative  
2 practices. For this purpose, all health service providers in health facilities  
3 including school clinics and school-linked health centers shall be trained on  
4 providing adolescent-friendly and responsive information and services *Provided*,  
5 that all health facilities shall be enhanced to become an adolescent-friendly  
6 facility by ensuring confidentiality, exclusive schedule for adolescents, availability  
7 of services for adolescents, non-judgmental and gender responsive health service  
8 providers: *Provided, furthermore*, that adolescents shall not be denied access to  
9 clinical services and modern methods of contraceptives if and when they seek to  
10 avail of the aforementioned healthcare services.

11 The Council shall ensure that ASRH training are integrated in the pre-service  
12 curriculum training of Barangay Health Workers (BHWs), front-line health care  
13 providers, and social workers. The said training shall include topics such as, but  
14 not limited to: consent, adolescent sexual and reproductive health, effective  
15 contraception use, disease prevention, HIV/AIDS and the more common STIs,  
16 hygiene, healthy lifestyles, and prevention of gender and sexual violence.

17 Linkages and referral systems shall be established in educational institutions in  
18 order to bridge gaps in between CSE and access to SRH services for in-school  
19 adolescents. For Out-of-School Youths (OSYs) and other groups, a community  
20 peer educator could be chosen to advocate accessing SRH services and  
21 distribution of commodities.

22 In cases of pregnant adolescents, a wider spectrum of SRH services shall be  
23 made available to them spanning the pre-natal, antenatal, and post-natal stages  
24 of pregnancy and its respective health care requirements.

25 Provision of reproductive health services to adolescents shall be based on the  
26 principles of non-discrimination and confidentiality, the rights of adolescents,  
27 their evolving capacities, and as a life-saving intervention.

28 Sec. 13. *Social Protection for Teenage Mothers or Parents.* – A  
29 comprehensive social protection service shall be provided to adolescents who are  
30 currently pregnant and their partners in order to prevent repeat pregnancies and  
31 to ensure their well-being while assuming the responsibilities of being young  
32 parents. Such services shall include the following:

- 33           a) Maternal health services including pre-natal, ante-natal, and  
34                 post-natal check-ups and facility-based delivery;
- 35           b) Post-natal family planning counseling and services for either or  
36                 both teenage parents;

- 1                   c) Personal PhilHealth coverage, making mandatory enrollment  
2                   and membership of indigent teenage mothers;  
3                   d) Training, skills development, and support to livelihood programs  
4                   for the household of the teenage parents especially for the  
5                   indigents;  
6                   e) Continuing CSE for teenage parents;  
7                   f) Workshops on couples counseling, parenting, and positive  
8                   discipline for the impending parents; and  
9                   g) psycho-social support and mental health services for teen  
10                  mothers.

11 Adolescent mothers and their partners shall be entitled to maternal and paternal  
12 leave, respectively, especially if both are employed. Suspension, forced  
13 resignation and other discriminatory acts in the workplace against pregnant girls  
14 shall be prohibited.

15 The LGUs through the Local Social Welfare and Development (LSWD) and/or the  
16 Population Office shall implement a continuing CSE program for teenage mothers  
17 and fathers with technical assistance from the Council.

18                  *Sec.14. Social Protection in Cases of Sexual Violence* – Strengthened  
19 social protection mechanisms against violence for adolescents, especially for  
20 girls, shall be provided. Expectant and current mothers whose pregnancies were  
21 the result of sexual violence shall be given access and support to legal, medical,  
22 and psycho-social services. Furthermore, the Council shall reinforce the  
23 capacities of health facilities in providing comprehensive care for adolescents in  
24 case of sexual violence.

25 Health service providers, particularly the BHWs, other primary health care  
26 providers, and local population officers shall be given confidentiality and  
27 safeguarding guidelines and tools for spotting sexual exploitation and abuse of  
28 adolescents. A referral pathway shall be created by the Council to ensure that  
29 identified sexual abuse and exploitation survivors are assisted and properly  
30 handled.

31                  *Sec. 15. Social Protection in Cases of Humanitarian or Emergency  
32 Situations* – The local ISDN shall be bolstered in the events of humanitarian  
33 crises or emergency situations. The local ISDN shall ensure swift and efficient  
34 delivery of SRH services to vulnerable adolescents and young pregnant girls.  
35 Increased vigilance shall be practiced in cases of gender violence, sexual assault,  
36 and exploitation in these situations. All incidence of the aforementioned

1 situations shall be immediately addressed by the local ISDN through appropriate  
2 channels.

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

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

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

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

23         *Sec. 17. Encouraging male involvement* – The Council shall develop  
24 programs that will promote male involvement in the prevention of early and  
25 unintended pregnancies. These programs shall include topics such as, but not  
26 limited to: responsible fatherhood, couples counseling, avoiding gender violence,  
27 life-skills, and co-parenting strategies. These programs shall emphasize the roles  
28 and responsibilities of being a father and promote their active involvement.  
29 These programs shall also serve as an avenue to encourage the uptake of SRH  
30 services and information of boys and young men.

31         *Sec. 18. Designating February of Every Year as the Month for Raising  
32 Public Awareness on Preventing Teenage Pregnancy and Conduct of Nationwide  
33 Communication Campaign.* - To raise public consciousness on the issues on  
34 teenage pregnancy and generate support from various stakeholders, the entire  
35 month of February shall be designated as *Month for Preventing Teenage  
36 Pregnancy which shall be observed nationwide*. Schools and other stakeholders

1 shall hold activities with the objective of raising awareness and generate critical  
2 actions to address the issues of increasing teenage pregnancy.

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

6         *Sec. 19. Integration of Local Program for the Prevention of Teenage*  
7 *Pregnancy in SK Programs.* - Strategies and programs which aim to prevent  
8 incidence of teenage pregnancies shall be integrated in the SK programs at the  
9 local and community level using the ten percent (10%) SK funds. In the absence  
10 of the SK, the Task Force on Youth Development (TFYD) shall undertake the  
11 responsibility of integrating teenage pregnancy prevention programs in the  
12 barangay youth council's activities. The Council shall issue guidelines to ensure  
13 the implementation of this provision.

14 The SK/TFYD shall likewise implement programs and activities that aim to  
15 develop the potentials and skills of adolescents to make them more productive  
16 members of the society. The topics of the said programs and activities is  
17 inclusive of, but are not limited to: leadership trainings and life skills seminars  
18 that can be done together by the teens and their families together. The  
19 SK/TFYD shall encourage youth participation in these activities as means of  
20 diverting the focus and potentials of adolescents into more meaningful and  
21 productive endeavors.

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

25         *Sec. 20. Residential Care Facilities for Disadvantaged Women* – The  
26 existing residential care facilities for disadvantaged women of the Department of  
27 Social Welfare and Development (DSWD) shall be capacitated to accommodate  
28 the needs of pregnant girls. The management of the said facilities shall  
29 coordinate with their respective locality's ISDN to provide SRH information and  
30 services to their residents.

31 In order to effectively serve their pregnant teen residents, these centers shall  
32 employ the following personnel: a case worker, an on-call obstetrician-  
33 gynecologist, full-time midwife or nurse, and a psychologist.

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

1           Sec. 21. *Creation of a National Information System on the Prevention of*  
2 *Teenage Pregnancy* – The Council shall endeavor to create a system that will  
3 comprehensively assess and effectively monitor and evaluate the status, success,  
4 and efficacy of the National Program of Action for the Prevention of Teenage  
5 Pregnancy and the NPPTP.

6           The existing Young Adult Fertility and Sexuality Study shall be renamed  
7 Adolescent Health and Development Survey and be carried out every four (4)  
8 years to conduct surveys and collect age- and gender-disaggregated data. Its  
9 topics shall cover a wider range of topics and indicators extending beyond  
10 adolescent sexuality and reproductive health. Its coverage shall include topics  
11 such as, but not limited to: education, adolescent health, and labor.  
12 Existing surveys such as the National Demographic and Health Survey, Family  
13 Health Survey, Family Planning Survey, and Maternal and Child Health Survey  
14 shall begin the collection of data-disaggregated at age 10-14 and include never-  
15 married women in data collection in order to have a more accurate picture.  
16 Research and data collected from the assessment and evaluation shall be stored  
17 in a public database.

18           Sec. 2. *Implementation Structure* – A 'Teenage Pregnancy Prevention  
19 Council' to be integrated as a sub-committee of the National Implementation  
20 Team of the Responsible Parenthood and Reproductive Health (RPRH) Law shall  
21 be established to be composed of the following:

- 22           a) The Department of Health (DOH) Secretary as the Chairperson;
- 23           b) The POPCOM Board of Commissioners Chair as Co-Chairperson;
- 24           c) Senior officials (at least Undersecretary level) of the National  
25           Youth Commission (NYC), DEPED, DSWD, Department of Interior  
26           and Local Government (DILG), CHED, and Technical Education  
27           and Skills Development Authority (TESDA) as ex-officio members;
- 28           d) Five members appointed by the Chairperson who are persons  
29           with knowledge, expertise, accomplishment, and with no less  
30           than five-year experience in the fields of public health, adolescent  
31           rights and social protection, education, psychology, and social  
32           welfare, provided that one qualified member is appointed in each  
33           field; *Provided further*, That majority of these appointed members  
34           are female; and

1                   e) Two representatives of children and youth appointed by the  
2                   Council Chairperson from various nationally represented youth  
3                   organizations, provided that one is male and one is female.

4                   The POPCOM shall serve as the secretariat of the Council.

5                   The appointment of members shall be in accordance with the rules and  
6                   procedures as prescribed by the POPCOM, taking into account the approximate  
7                   proportion between men and women.

8                   The Council shall have the powers and duties as follows:

- 9                   a) To propose legislative and administrative policies on the  
10                   prevention of adolescent pregnancy;
- 11                   b) To develop operational guidelines for government agencies and  
12                   private organizations in the development and implementation of  
13                   comprehensive strategies and programs for prevention of  
14                   adolescent pregnancy, including sexual violence;
- 15                   c) To monitor implementation of the provision of the law;
- 16                   d) To conduct research and generate evidence on the drivers of  
17                   teenage pregnancy to inform programs and policies; and
- 18                   e) To provide relevant agencies and private organizations with  
19                   recommendations and solutions to challenges and gaps in the  
20                   course of implementing the program.

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

24                   a) The Commission on Population shall:

- 25                   a. Develop and coordinate with the relevant agencies the  
26                   NPPTP as part of the national population program;
- 27                   b. Implement a program for the training of parents and  
28                   guardians in effectively guiding adolescents on ASRH  
29                   issues;
- 30                   c. Set-up the National Information System on the Prevention  
31                   of Teenage Pregnancy that shall be used for plan and  
32                   program development and M & E of indicators at all levels;
- 33                   d. Take the lead in the nationwide and community-based  
34                   campaign for the prevention of teenage pregnancy,  
35                   including the development and maintenance of the web  
36                   portal for relevant online information and services; and

1 e. Serve as the secretariat of the Council.

2 b) The DEPED and CHED shall:

3 a. Ensure the development and promotion of CSE standards  
4 and its corresponding learning modules for teachers and  
5 students;

6 b. Ensure the comprehensive training of all teachers,  
7 guidance counselors, and school administrators on CSE;

8 c. Lead the delivery and implementation of CSE in all public  
9 and private basic education and tertiary educational  
10 institutions, as well as in non-formal educational settings;

11 d. Ensure the incorporation of CSE in the module of future  
12 educators; and

13 e. Guarantee quality assurance of educational institutions in  
14 terms of CSE delivery compliance through the PASBE  
15 accreditation.

16 c) The DOH shall:

17 a. Ensure the availability and provision of ASRH information,  
18 services, and commodities in all public and private health  
19 facilities;

20 b. Ensure the training of health service providers in providing  
21 adolescent-friendly and responsive health services; and

22 c. Support and provide technical assistance in the capacity  
23 building of existing ISDNs and establishment of new ISDNs  
24 at the local level.

25 d) The DSWD and shall:

26 a. Take the lead in providing social protection for adolescent  
27 parents, especially in cases of sexual violence, abuse, and  
28 exploitation;

29 b. Ensure the provision of social protection for adolescents in  
30 humanitarian and/or emergency situations;

31 c. Equip their existing Distressed Centers for Disadvantaged  
32 Women with increased capacity to accommodate more  
33 residents; and

34 d. Promote CSE for adolescents with special needs and in  
35 difficult circumstances.

36 e) The NYC shall:

- a. Ensure the integration of ASRH and CSE 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.

f) The DILG shall:

- a. Ensure the compliance of LGUs 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.

g) 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.

h) 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;
- 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 offices shall headline the implementation of the NPPTP at the local level.

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

8        Sec. 23. *Annual Allocations.* – All concerned government agencies  
9 including the LGUs shall include in their annual budget the necessary funds for  
10 strategies and activities within their mandates that are contributory to the  
11 implementation of this Act. Agencies and LGUs may also utilize their Gender and  
12 Development (GAD) budget in implementing programs and activities to carry out  
13 this Act.

14        Sec. 24. *Implementing Rules and Regulations.* – Within one hundred  
15 twenty (120) days upon the effectivity of this Act, the Council shall be organized  
16 to formulate the Implementing Rules and Regulations of this Act.

17        Sec. 25. *Reporting Requirements.* Before the end of April each year, the  
18 Council shall submit to the President of the Philippines and Congress an annual  
19 consolidated report, which shall provide a definitive and comprehensive  
20 assessment of the implementation of its programs and those of other  
21 government agencies in relation to the implementation of this Act and  
22 recommend priorities for executive and legislative actions. The report shall be  
23 printed and distributed to all national agencies, the LGUs, NGOs and private  
24 Sector organizations involved in said programs.

25        Sec. 26. *Separability Clause.* – If any part, section, or provisions of this  
26 Act is held invalid or unconstitutional, other provisions not affected thereby shall  
27 remain in full force and effect.

28        Sec. 27. *Repealing Clause.* – All other statutes, executive orders, and  
29 administrative issuances or rules and regulations contrary to or inconsistent with  
30 the provisions of this Act are hereby repealed, amended or modified accordingly.

31        Sec. 28. *Effectivity Clause.* – This Act shall take effect fifteen (15) days  
32 after its publication in at least two (2) newspapers of general circulation.

Approved,