



Senate
Office of the Secretary

SEVENTEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)

'17 MAY 30 P4:08

SENATE

S. B. No. 1482

RECEIVED BY: _____

Introduced by Senator **Ana Theresia "Risa" Hontiveros - Baraquel**

**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 well-being. 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.


ANA THERESIA "RISA" HONTIVEROS - BARAQUEL

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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 Adolescent
- 2 *Pregnancy Act of 2017."*
- 3
- 4 **Section 2.** *Declaration of Policy* - It shall be the policy of the State to:
- 5 (a) Recognize, promote, and strengthen the role of adolescents and young
- 6 people in the overall human and socio-economic development of the
- 7 country not only in the future but also in the present:
- 8 (b) Recognize and promote the responsibility of the State to create and
- 9 sustain an enabling environment for adolescents to enable them to
- 10 achieve their development aspirations and potentials as well as mobilize
- 11 them to positively contribute to the development of the nation;
- 12 (c) Pursue sustainable and genuine human development that values the
- 13 dignity of the total human person and affords full protection to people's
- 14 rights, especially of adolescent Women and men and their families;
- 15 (d) Promote and protect the human rights of all individuals including the
- 16 adolescents particularly in their exercise of their rights to sexual and
- 17 reproductive health, equality and equity before the law, the right to
- 18 development, the right to education, freedom of expression, the right to
- 19 participate in decision-making, and the right to choose and make
- 20 responsible decisions for themselves
- 21 (e) Provide full and comprehensive information to adolescents that can
- 22 help them prevent early and unintended pregnancies and their life-long
- 23 consequences.
- 24 (f) Ensure corresponding interventions that could respond to the
- 25 socioeconomic, health and emotional needs of adolescents and youth,
- 26 especially young women, with due regard for their own creative
- 27 capabilities, for social, family and community support, employment
- 28 opportunities, participation in the political process, and access to
- 29 education, health, counselling and high-quality reproductive health
- 30 services;
- 31 (g) Encourage adolescent mothers and fathers to continue and finish their
- 32 education in order to equip them for a better life, to increase their human
- 33 potential, to help prevent early marriages, high-risk child-bearing and

1 repealed pregnancy and to reduce associated mortality and morbidity
2 through comprehensive social protection interventions;

3 (h) Recognize and promote the rights, duties and responsibilities of
4 parents, teachers, and other persons legally responsible for the growth of
5 adolescents to provide in a manner consistent with the evolving capacities
6 of the adolescent, appropriate direction and guidance in sexual and
7 reproductive matters.

8
9 **Section 3. Definition of Terms.** - For purposes of this Act, the following terms
10 shall be defined as follows:

11 (a) *Adolescents* - refers to the population aged 10 to 19 years.

12 (b) *Adolescent Sexual and Reproductive Health (ASRH) Care* – refers to
13 the access to a full range of methods, techniques and services that
14 contribute to the reproductive health and well-being of young people by
15 preventing and solving reproductive health-related problems.

16 (c) *Adolescent Sexuality* - refers to the reproductive system, gender
17 identity, values or beliefs, emotions, relationships and sexual behavior of
18 young people as social beings.

19 (d) *Comprehensive Sexuality Education (CSE)* - refers to the process of
20 acquiring complete, accurate, relevant and age-appropriate information
21 and skills on all matters relating to the reproductive system, its functions
22 and processes and human sexuality and forming attitudes and beliefs
23 about sex, sexual identity, interpersonal relationship, affection, intimacy
24 and gender roles. It has the purpose of developing the skills of young
25 people for them to make informed decisions such as the capacity to
26 distinguish between facts and myths on sex and sexuality, and critically
27 evaluate and discuss the moral, religious, social and cultural dimensions
28 of related sensitive issues such as contraception and abortion, and decide
29 to prevent risky behaviors that can undermine the realization of their
30 aspirations and potentials.

31 (e) *Information and Service Delivery Network for Adolescent Health*
32 *Development (ISDN)* – refers to the network of facilities, institutions, and
33 providers within the province, district, municipality 'city-wide health and
34 social system offering information, training, and core packages of health
35 and social care services in an integrated and coordinated manner.

36 (f) *Local Youth Development Council (LYDC)* - refers to the local body to
37 be created based on RA 10742 (SK Reform Law) which is composed of
38 representatives of youth and youth-serving organizations in the provincial,
39 city, and municipal level with the primary function of assisting in the
40 planning and execution of projects and programs of the Sangguniang
41 Kabataan, and the Pederasyons in all levels.

42 (g) *Normal Schools or College Teachers* – refer to the learning institutions
43 training or educating teachers.

44 (h) *Public-Private Partnership (PPP)* - is a cooperative arrangement
45 between one or more public and private sectors, typically of a long term
46 nature, for various development programs or projects.

47 (i) *Reproductive Health* - refers to state of complete physical, mental and
48 social well-being, and not merely the absence of disease or infirmity in all
49 matters relating to the reproductive system and to its functions and
50 processes.

51 (j) *Risky Behaviors* - refer to ill-advised practices and actions that are
52 potentially detrimental to a person's health or general well-being.

(k) *Social Protection* - consists of policies and programs designed to reduce poverty and vulnerability by promoting efficient labor markets, diminishing people's exposure to risks, and enhancing their capacity to manage economic and social risks, such as unemployment, exclusion, sickness, disability and old age.

(l) *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 medium-term *National Program of Action for the Prevention of Teenage Pregnancy*. The program of action shall serve as the national framework for inter-agency and inter-sectoral collaboration at all levels to address the various health, cultural, socio-economic and institutional determinants of teenage pregnancy.

Based on the Program of Action, a *National Program on the Prevention of Teenage Pregnancy* (NPPTP) which shall form a priority program of the Philippine Population Management Program being spearheaded and coordinated by the Council shall be developed and funded at all levels. The NPPTP shall be based on the inter-agency program of action involving all relevant government agencies and shall be considered as a program that is eligible for multiyear funding and inter-agency obligational authority to ensure the allocation for the key strategies in all concerned government agencies.

The Council shall ensure that adolescent and adolescent-oriented groups shall be active participants in the formulation, implementation, operation, measurement, and evaluation of the Program of Action and the NPPTP.

Section 5. *Organization and Mobilization of Regional and Local Information and Service Delivery Network for Adolescent Health and Development (ISDN for AHD).* – All provinces and chartered cities shall organize and operationalize an ISDN for AHD consisting of different government and non-government organizations, institutions, and facilities catering information and services to adolescents within their locality. The ISDN may be organized by district in each province or by municipality/city. An effective collaborative and referral system among the members of the ISDN shall be established and implemented within a catchment area.

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

- (a) *Availability* – Primary health care should include services sensitive to the needs of adolescents, with special attention given to sexual and reproductive health and mental health;
- (b) *Accessibility* – Health facilities, goods, and services should be known and easily accessible (economically, physically, and socially) to all adolescents, without discrimination. Confidentiality should be guaranteed and maintained at all times;
- (c) *Acceptability* – While fully respecting the provisions and principles of the Convention, all health facilities, goods, and services should respect cultural values, be gender sensitive, be respectful of medical

- 1 ethics, and be acceptable to both adolescents and the communities in
2 which they live;
3 (d) Quality – Health services and goods should be scientifically and
4 medically appropriate, which requires personnel trained to care for
5 adolescents, adequate facilities, and scientifically accepted methods.

6

7 The ISDN shall perform the following tasks and functions:

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

22 The local ISDN shall be coordinated by the Provincial City Population
23 Office or in its absence, the Provincial City Health Office in collaboration with the
24 Sangguniang Kabataan (SK) Federation or Local Youth Development Council
25 (LYDC) in the concerned localities with technical assistance from the Council and
26 other relevant national government agencies.

27

28 **Section 6.** *Age and Development-Appropriate Comprehensive Sexuality*
29 *Education.* - All agencies under the education sector in collaboration with other
30 relevant agencies shall develop and promote educational standards, modules,
31 and materials to promote comprehensive responsible sexuality education in
32 schools, communities, and other youth institutions. The comprehensive sexuality
33 education (CSE) shall be 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
36 accurate and inclusive and non-discriminatory towards LGBT adolescents.

37 The CSE shall include age and development-appropriate topics such as,
38 but not limited to: human sexuality, consent, adolescent reproductive health,
39 effective contraceptive use, disease prevention, HIV/AIDS and the more common
40 STIs, hygiene, health and nutrition, healthy lifestyles, gender-sensitivity, gender
41 equality and equity, teen dating, prevention of gender and sexual violence, digital
42 citizenship and issues like pornography, and life-skills. The purpose of which is to
43 equip them with the knowledge, skills, and values to make informed and
44 responsible choices about their sexual and social relationships.

45 Comprehensive sexuality education shall be integrated in the school
46 curriculum, building on international standards. The Council shall undertake
47 annual reviews to determine the effectiveness of the curriculum and to make
48 revisions as necessary to enhance implementation of the program.

49

50 **Section 7.** *Training of Teachers, Guidance Counselors, and School Supervisors*
51 *on CSE* – The Council shall ensure that all teachers, guidance counselors,

1 instructors, and other school officials entrusted with the duty to educate
2 adolescents on CSE shall be properly trained on adolescent health and
3 development to effectively educate or guide adolescents in dealing with their
4 sexuality-related concerns. The training shall include the legal and human rights
5 instruments applicable to the sexual and reproductive health of adolescents,
6 especially in cases of unintended pregnancies as a result of sexual violence. The
7 training shall be in collaboration with the Council for technical assistance.
8 Funding for the training shall be allotted in the concerned government agencies'
9 annual allocation to be approved by Congress.

10 As a result of the training, schools shall institute policies to support
11 teenage mothers in ensuring that they stay in school and complete their
12 education.

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

17
18 **Section 8. *CSE for Out-of-School Adolescents and those with Special Concerns.***

19 – The Council and the Local Government Units (LGUs) shall collaborate to
20 intensify and institutionalize interactive learning methodologies for CSE among
21 out-of-school adolescents in the communities and workplaces. Provided, that the
22 needs of indigenous, working persons-with-disabilities, and adolescents in social
23 institutions are considered in the design and promotion of sexuality education
24 among adolescents.

25
26 **Section 9. *Promoting the CSE using the Social Media and other Digital or Online***
27 **Communication Platforms.** – The Council shall optimize the social media and
28 other online platforms to reach adolescent netizens with accurate information and
29 messages on adolescent sexual and reproductive health (ASRH) concerns. A
30 web portal for the NPPTP shall be developed and promoted by the council to
31 harmonize and link various government websites and online services for ASRH
32 including the networked operationalization of ISDN for AHD.

33
34 **Section 10. *Participation of the Private Sector in the Promotion of CSE.*** – The
35 government may enter into public-private partnership agreement in mobilizing
36 private communication networks and companies in promoting CSE through text
37 or short message service (SMS) or media messages. An incentive mechanism
38 for telecommunication companies shall be developed and implemented by
39 concerned agencies to recognize private participation in promoting CSEs and
40 adolescent youth health-seeking behavior, positive attitude towards sex, sexual
41 relations and sexuality, etc.

42
43 The Movie and Television Review and Classification Board (MTRCB) shall
44 review their existing guidelines to ensure that no movie and television programs
45 portray, depict, promote, and encourage unsafe sexual activities among
46 adolescents as a normative behavior in the society. An incentive scheme for
47 adolescent-friendly television programs shall likewise be developed and
48 implemented to encourage movie and television networks to produce materials
49 and programs that promote responsible sexuality among adolescents.

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

53
54 **Section 11. *Access to Reproductive Health Services.*** - Sexually active
55 adolescents or those who have already engaged in sexual activities shall be

1 allowed to access modern family planning methods with proper counseling by
2 trained service providers in public and private facilities. For this purpose, all
3 health service providers in health facilities including school clinics and school-
4 linked health centers shall be trained on providing adolescent-friendly and
5 responsive information and services. Provided, that all health facilities shall be
6 enhanced to become an adolescent-friendly facility by ensuring confidentiality,
7 exclusive schedule for adolescents, availability of services for adolescents, and
8 non-judgmental health service providers.

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

14 **Section 12. *Social Protection for Teenage Mothers or Parents.*** – A
15 comprehensive social protection service shall be provided to teenage in others or
16 adolescents who are currently pregnant and their partners to prevent repeat
17 pregnancies and to ensure the well-being of adolescents while assuming the
18 responsibilities of being young parents. Such services shall include the following:

- 20 (a) Maternal health services including antenatal check-ups and facility-
21 based delivery;
- 22 (b) Family planning counseling and services for either or both teenage
23 parents;
- 24 (c) Home-based or in-school education for teenage mothers;
- 25 (d) Personal PhilHealth coverage, making mandatory enrollment and
26 membership of indigent teenage mothers;
- 27 (e) Training and support to livelihood programs for the household of the
28 teenage parents especially for the indigents; and
- 29 (f) Continuing CSE for teenage parents.

31 No female student shall be expelled, dismissed, suspended, refused or
32 denied admission, of forced to take a leave of absence in any educational
33 institution solely on grounds of pregnancy outside of marriage during her school
34 term. When needed, students who are pregnant shall be accorded with a special
35 leave of absence from school upon advice of the attending physician, and be
36 given an opportunity to make up for missed classes and examinations.

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

41 **Section 13. *Social Protection in Cases of Sexual Violence*** – Strengthened social
42 protection mechanisms against violence for adolescents, especially for girls, shall
43 be provided. Expectant and current mothers whose pregnancies were the result
44 of sexual violence shall be given access and support to legal, medical, and
45 psycho-social services. Furthermore, the Council shall reinforce the capacities of
46 health facilities in providing comprehensive care for adolescents in case of
47 sexual violence.

49 **Section 14. *CSE for Parents and Guardians with Adolescent Children.*** – A
50 community-based program for education and awareness of parents and
51 guardians about teen sexuality shall be developed and implemented with the
52 main objective of capacitating them to effectively guide, counsel, and provide
53 support to their adolescent children in concerns and decisions related to their

sexual health. The CSE specifically designed for parents and guardians should include discussions on how to address the familial and societal norms that encourages risk behaviors and perpetuates ignorance of adolescent sexual and reproductive health. Furthermore, this parent and guardian oriented CSE shall capacitate and encourage them to continue their sexual education with their children and wards in their households.

The Council shall develop the modules for these classes and train Municipal/City Social Welfare and Development Officers to conduct these classes. The M/CSWDOs shall endeavor to reach out to parent organizations in schools and communities to promote such program.

Section 15. *Designating February of Every Year as the Month for Raising Public Awareness on Preventing Teenage Pregnancy and Conduct of Nationwide Communication Campaign.* - To raise public consciousness on the issues on teenage pregnancy and generate support from various stakeholders, the entire month of February shall be designated as *Month for Public Awareness or Preventing Teenage Pregnancy which shall be observed nationwide*. Schools and other stakeholders shall hold activities with the objective of raising awareness and generate critical actions to address the issues of increasing teenage pregnancy.

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

Section 16. *Integration of Local Program for the Prevention of Teenage Pregnancy in SK Programs.* - Strategies and programs which aim to prevent incidence of teenage pregnancies shall be integrated in the SK programs at the local and community level using the 10% SK funds. The Council shall issue guidelines to ensure the implementation of this provision.

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

Section 17. *Creation of a National Information System on the Prevention of Teenage Pregnancy* – The Council shall endeavor to create a system that will comprehensively assess and effectively monitor and evaluate the status, success, and efficacy of the National Program of Action for the Prevention of Teenage Pregnancy and the NPPTP. Research and data collected from the assessment and evaluation shall be stored in a public database.

Section 18. *Implementation Structure* – The Department of Health, in partnership with the National Youth Commission, shall establish a 'Teenage Pregnancy Prevention Council' composed of the following:

- (a) The DOH Secretary as Council Chairperson;
- (b) The NYC Chairperson as Council Co-Chairperson;
- (c) Senior officials (at least Undersecretary level) of the DEPED, CHED, TESDA, DSWD, and DILG as ex-officio members;
- (d) Five members appointed by the Chairperson who are persons with knowledge, expertise, accomplishment, and with no less than five-year experience in the fields of public health, adolescent rights and

1 social protection, education, psychology, and social welfare,
2 provided that one qualified member is appointed in each field;
3 Provided further that majority of these appointed members are
4 female.

5 (e) Two representatives of children and youth appointed by the Council
6 Chairperson from various nationally-represented youth
7 organizations, provided that one is male and one is female.

8 The POPCOM shall serve as the secretariat of the Council, with the
9 POPCOM Executive Director sitting as ex-officio member.

10 The appointment of members shall be in accordance with the rules and
11 procedures as prescribed by the DOH, taking into account the approximate
12 proportion between men and women.

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

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

26 **Section 19.** Annual Allocations. All concerned government agencies including
27 the LGUs shall include in their annual budget the necessary funds for strategies
28 and activities within their mandates that are contributory to the implementation of
29 this Act.

30 **Section 20.** *Implementing Rules and Regulations.* Within 120 days upon the
31 effectivity of this Act, the Council shall be organized to formulate the
32 Implementing Rules and Regulations of this Act.

33
34 **Section 21.** *Reporting Requirements.* Before the end of April each year, the
35 Council shall submit to the President of the Philippines and Congress an annual
36 consolidated report, which shall provide a definitive and comprehensive
37 assessment of the implementation of its programs and those of other government
38 agencies in relation to the implementation of this Act and recommend priorities
39 for executive and legislative actions. The report shall be printed and distributed to
40 all national agencies, the LGUs, NGOs and private Sector organizations involved
41 in said programs.

42 **Section 22.** *Separability Clause.* If any part, section, or provisions of this Act is
43 held invalid or unconstitutional, other provisions not affected thereby shall remain
44 in full force and effect.

45 **Section 23.** *Repealing Clause.* All other statutes, executive orders, and
46 administrative issuances or rules and regulations contrary to or inconsistent with
47 the provisions of this Act are hereby repealed, amended or modified accordingly.

48 **Section 24.** *Effectivity Clause.* This Act shall take effect fifteen (15) days after its
49 publication in at least two (2) newspapers of general circulation.

50
51 **Approved,**