

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

SENATE



Senate

Office of the Secretary

S. No. 649

'19 JUL 22 P 1 :56

Introduced by SENATOR RAMON BONG REVILLA, JR. 

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

EXPLANATORY NOTE

The 1987 Constitution assures that the State protects and promotes the welfare of the youth and their health. Article II, Section 13 stipulates that, "The State recognizes the vital role of the youth in nation building x x x" while Section 15 states that, "The State shall protect and promote the right to health of the people and instill health consciousness among them."

One of the most pressing health concerns involving the youth for years now is teenage pregnancy. "According to the United Nations Population Fund (UNFPA) State of the World Population Report of 2017, the Philippines has the third highest adolescent birth rate among 11 Southeast Asian nations, trailing Laos and Thailand."¹

In analyzing this concern at the national level, the 2017 National Demographic and Health Survey conducted by the Philippine Statistics Authority (PSA) reports that, "9% of Filipino women age 15-19 have begun childbearing: 7% are already mothers and an additional 2% are pregnant with their first child. x x x The percentage of young women who have begun childbearing is lower in urban areas than in rural areas (7% versus 10%). Young women with some primary education and those from the poorest households are more likely to have begun

¹¹ "Program for Young Parents: Implementing Guidelines", Department of Health, Philippines

childbearing than young women with higher education levels and those from wealthiest households.”

The “Program for Young Parents: Implementing Guidelines” issued by the Department of Health (DOH) further explained that, “the problem of high teen pregnancy rates is compounded by rapid repeat pregnancy, meaning that teen moms tend to have another pregnancy soon after the index pregnancy. About one-fourth of teenage mothers have a second child within 24 months of the first birth.”

Teenage pregnancy affects the various aspects of the life of the young mother, her partner, and her child. In the aspect of health, the health and life of both the mother and the baby is at threat because bearing a child at an early age is qualified as “high risk pregnancy”. In terms of education, the young mother and her partner usually quit school to attend to their child. In terms of employment, the young parents are forced to find work, even at disadvantaged terms, to support their child. With regard to social aspect, the couple, especially the young mother are usually criticized and discriminated in their communities.

The goal of the government is to reduce and ultimately eliminate teenage pregnancy. However, it remains its duty to provide support and services to those who are helplessly in this situation already.

This bill provides for the “Prevention of Adolescent Pregnancy Act of 2019”. It seeks to formulate a National Program on the Prevention on Teenage Pregnancy (NPPTP) that will be a priority program of the Population Commission (POPCOM). It also proposes to create Information and Service Delivery Network for Adolescent Health and Development (ISDN for AHD) in various levels of the government, participated in by private organizations, that will provide health services for adolescents. Further, Comprehensive Sexuality Education (CSE) shall be a compulsory part of education in all levels under the auspices of the Department of Education (DepEd).


To assist the teenage mothers, it proposes various forms of social protection such as health services, residential care, education, training and skills development, and livelihood programs.

In line with the goal to squarely address this concern, the bill seeks to create a National Information System on the Prevention of Teenage Pregnancy to

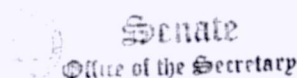
comprehensively assesses, monitor and evaluate the programs implemented under this measure.

This legislative proposal was already approved on Third Reading by this Chamber but remained pending in the House of Representatives.

The immediate passage of this bill is highly recommended.


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PARENTS, AND PROVIDING FUNDS THEREFOR**

Be it enacted by the Senate and House of Representative 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 adolescent and young
5 people in the overall human and socioeconomic development of the
6 country;
- 7 (b) Recognize and promote the responsibility of the State to create and
8 sustain an enabling environment for adolescents to enable them to
9 achieve their development aspirations and potentials as well as mobilize
10 them to positively contribute to the development of the nation;
- 11 (c) Pursue sustainable and genuine human development that values the
12 dignity of the total human person and afford full protection to people's
13 rights, especially of adolescent women and men and their families;
- 14 (d) Promote and protect the human rights of all individuals including the
15 adolescents particularly in their exercise of their rights to sexual and
16 reproductive health, equality and equity before the law, the right to

1 development, the right to education, freedom of expression, the right to
2 participate in decision-making, and the right to choose and make
3 responsible decisions for themselves;

4 (e) Provide full and comprehensive information to adolescents to help them
5 prevent early and unintended pregnancies and their life-long
6 consequences;

7 (f) Ensure corresponding interventions that could respond to the
8 socioeconomic, health and emotional needs of adolescents and youth,
9 especially young women, with due regard for their own creative
10 capabilities, for social, family and community support, employment
11 opportunities, participation in the political process, and access to
12 education, health, counselling and high-quality reproductive health
13 services;

14 (g) Encourage adolescent mothers and fathers to continue and finish their
15 education in order to equip them for a better life, to increase their human
16 potential, to help prevent early marriages, high-risk child-bearing and
17 repealed pregnancy, and to reduce associated mortality and morbidity
18 through comprehensive social protection interventions; and,

19 (h) Recognize and promote the rights, duties and responsibilities of parents,
20 teachers and other persons legally responsible for the growth of
21 adolescents to provide in a manner consistent with the evolving
22 capacities of the adolescent, appropriate direction and guidance in
23 sexual and reproductive matters.

24 Sec. 3. *Definition of Terms.* – For purposes of this Act, the following terms
25 shall be defined as follows;

26 (a) *Adolescents* refer to the population aged ten (10) to twenty one (21)
27 years;

28 (b) *Adolescent Sexual and Reproductive Health (ASRH)* refers to the
29 access to a full range of methods, techniques and services that
30 contribute to the reproductive health and well-being of young people
31 by preventing and solving reproductive health-related problems;

- 1 (c) *Adolescent Sexuality* refers to the reproductive system, gender
2 identity, values or beliefs, emotions, relationships and sexual
3 behavior of young people as social beings;
- 4 (d) *Comprehensive Sexuality Education (CSE)* refers to the process of
5 acquiring complete, accurate, relevant and age-appropriate
6 information and skills on all matters relating to the reproductive
7 system, its functions and processes and human sexuality and forming
8 attitudes and beliefs about sex, sexual identity, interpersonal
9 relationship, affection, intimacy, and gender roles. It has the
10 purpose of developing the skills of young people for them to make
11 informed decisions such as the capacity to distinguish between facts
12 and myths on sex and sexuality, and critically evaluate and discuss
13 the moral, religious, social and cultural dimensions of related
14 sensitive issues such as contraception and abortion, and decide to
15 prevent risky behaviors that can undermine the realization of their
16 aspirations and potentials.
- 17 (e) *Information and Service Delivery Network for Adolescent Health*
18 *Development (ISDN for AHD)* refers to the network of facilities,
19 institutions and providers within the province, district, municipality,
20 city-wide health and social system offering information, training, and
21 core packages of health and social care services in an integrated and
22 coordinated manner;
- 23 (f) *Local Youth Development Council (LYDC)* refers to the local body
24 created by Republic Act No. 10742, composed of representatives of
25 youth and youth-serving organizations in the provincial, city, and
26 municipal levels, with the primary function of assisting in the planning
27 and execution of projects and programs of the Sangguniang
28 Kabataan (SK), and the Pederasyon ng Sangguniang Kabataan in all
29 levels;
- 30 (g) *Task Force on Youth Development (TFYD)* refers to the local body to
31 be created based on Implementing Rules and Regulations of Republic
32 Act No. 10632, otherwise known as "An Act to Postpone the October

1 2013 SK Elections”, whose members will remain in office until such
2 time that SK officials have been duly elected and qualified. They are
3 mandated to formulate a Youth Development Plan and ensure that
4 the plan’s programs and projects are implemented in the barangay
5 and that the SK funds are used solely for youth development;

- 6 (h) *Normal Schools or Teachers College* refer to the learning institutions
7 training or educating teachers;
- 8 (i) *Public-Private Partnership (PPP)* is a cooperative arrangement
9 between one or more public and private sectors, typically of a long-
10 term nature, for various development programs or projects;
- 11 (j) *Reproductive Health* refers to the state of complete physical, mental
12 and social well-being, and not merely the absence of disease or
13 infirmity in all matters relating to the reproductive system and to its
14 functions and processes;
- 15 (k) *Risky Behaviors* refer to ill-advised practices and actions that are
16 potentially detrimental to a person’s health or general well-being;
- 17 (l) *Social Protection* consists of policies and programs designed to
18 reduce poverty and vulnerability by promoting efficient labor
19 markets, diminishing people’s exposure to risks, and enhancing their
20 capacity to manage economic and social risks, such as
21 unemployment, exclusion, sickness, disability and old age;
- 22 (m) *Teenage Pregnancy Prevention Council* hereafter referred to as the
23 Council, is an inter-agency and inter-sectoral council that shall be
24 formed through this Act and serve as its implementing body;
- 25 (n) *Philippine Accreditation System for Basic Education (PASBE)* refers to
26 the accreditation process that looks into the operations of the public
27 and private elementary and secondary schools if they meet the
28 quality standards as established by stakeholders of basic education.

29 *Sec. 4. Development of National Program of Action and Investment Plan for*
30 *the Prevention of Teenage Pregnancy.* – The Council, in collaboration with the other
31 relevant national agencies and civil society organizations, shall develop an evidence-
32 based National Medium-Term Plan for the Prevention of Teenage Pregnancy, which

1 shall serve as the national framework for inter-agency and inter-sectoral collaboration
2 at all levels to address the various health, cultural, socioeconomic and institutional
3 determinants of teenage pregnancy.

4 Based on the Medium-Term National Plan, a National Program on the
5 Prevention of Teenage Pregnancy (NPPTP), shall be developed and funded at all levels,
6 and shall become a priority program of the Philippine Population Management Program
7 of the Population Commission (POPCOM), spearheaded and coordinated by the
8 Teenage Pregnancy Prevention Council, created under Section 22 of this Act.

9 The NPPTP shall be based on the inter-agency program of action involving all
10 relevant government agencies and shall be considered as a program that is eligible for
11 multiyear funding and inter-agency obligational authority to ensure the allocation for
12 the key strategies in all concerned government agencies. The NPPTP shall be
13 formulated with clear and prescriptive guidance for better implementation at the local
14 level.

15 In order to ensure the full participation of the stakeholders, consultations with
16 children, adolescents, and youth-oriented groups shall be held with the Council's youth
17 representative. The results of the stakeholders' consultation that will be presented by
18 the youth representatives shall be integrated into the formulation, implementation,
19 operation, measurement, and evaluation of the NPPTP. If necessary, additional
20 consultations with the stakeholders shall be conducted at various levels of the program
21 to guarantee that the NPPTP will remain youth focused and oriented.

22 *Sec. 5. Organization and Mobilization of Regional and Local Information and*
23 *Service Delivery Network for Adolescent Health and Development (ISDN for AHD). –*

24 All provinces and chartered cities shall organize and operationalize an ISDN for AHD
25 consisting of different government and non-government organizations, institutions,
26 and facilities disseminating information and services to adolescents within their
27 locality. In cases of provinces and cities with existing ISDNs, they shall now harmonize
28 new and existing efforts and programs for AHD. The ISDN for AHD may be organized
29 by district in each province or by municipality or city. An effective collaborative and
30 referral system among the members of the ISDN for AHD shall be established and
31 implemented within a catchment area.

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

- 4 (a) Availability – Primary health care should include services sensitive to the
5 needs of adolescents, with special attention given to sexual,
6 reproductive health and mental health;
- 7 (b) Accessibility – Health facilities, goods, and services should be known and
8 easily accessible (economically, physically, and socially) to all
9 adolescents, without discrimination. Confidentiality must be guaranteed
10 and maintained at all times;
- 11 (c) Acceptability – Health facilities, goods, and services should respect
12 cultural values, be gender sensitive, be respectful of medical ethics, and
13 be acceptable to both adolescents and the communities in which they
14 live;
- 15 (d) Quality – Health services and goods should be scientifically and medically
16 appropriate, which requires personnel trained to care for adolescents,
17 and provide adequate facilities and scientifically accepted methods.

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

- 19 (a) Map and analyze the various factors contributing to pregnancies
20 among adolescents at the regional and local levels;
- 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 (c) Capacitate ISDN for AHD agency-members in collaboration with
25 relevant regional government agencies to ensure quality information
26 and services to adolescents;
- 27 (d) Provide, in collaboration with concerned LGUs, needed information
28 and services for adolescent development;
- 29 (e) Generate or share resources in the implementation of the joint
30 strategic plan of the ISDN for AHD; and,

1 (f) Monitor and evaluate effectiveness of coordinative and referral
2 systems and other interagency interventions jointly implemented by
3 the ISDN.

4 The local ISDN for AHD shall be coordinated by the Provincial
5 Population Office and co-coordinated by the Provincial Health Office
6 in collaboration with the Sangguniang Kabataan (SK) Federation or
7 Task Force on Youth Development (TFYD) and/or Local Youth
8 Development Council (LYDC) in the concerned localities with
9 technical assistance from the Council and other relevant national
10 government agencies.

11 *Sec. 6. Age and Development-Appropriate Comprehensive Sexuality Education.*

12 – The Department of Education (DepEd), with assistance from the Council and in
13 collaboration with other relevant agencies, shall develop and promote educational
14 standards, modules, and materials to promote comprehensive responsible sexuality
15 education in schools, communities, and other youth institutions. The Comprehensive
16 Sexuality Education (CSE) shall be a compulsory part of education, integrated at all
17 levels with the end goal of normalizing discussions about adolescent sexuality and
18 reproductive health and to remove stigma from all levels. The Council shall ensure
19 that the CSE is medically accurate, rights based, and inclusive and non-discriminatory
20 towards lesbians, gays, bisexuals, transgenders, intersex, or queers (LGBTIQs)
21 adolescents.

22 The CSE shall include age and development-appropriate topics such as, but not
23 limited to: human sexuality, consent, adolescent reproductive health, effective
24 contraceptive use, disease prevention, HIV/AIDS and the more common Sexually
25 Transmitted Infections (STIs), hygiene, health and nutrition, healthy lifestyles, gender
26 sensitivity, gender equality and equity, teen dating, prevention of gender and sexual
27 violence, digital citizenship and issues like pornography and life-skills. The purpose is
28 to equip them with the knowledge, skills, and values to make informed and responsible
29 choices about their sexual and social relationships.

30 The CSE shall be standardized and implemented in all public and private basic
31 institutions. CSE delivery shall not be dependent upon the discretion of the school
32 administration or on its teachers. It shall be integrated in the school curriculum,

1 guided by international standards. In order to ensure proper compliance, the provision
2 and delivery of CSE in public and private basic education institutions shall be listed as
3 one of the criteria and an accreditation requirement of DepEd's Philippine Accreditation
4 System for Basic Education (PASBE). Schools refusing to implement CSE shall have
5 their accreditation reviewed by the PASBE board.

6 The Council shall undertake annual reviews to determine the effectiveness of
7 the curriculum and to make revisions as necessary to enhance implementation of the
8 program. In addition, the Council shall formulate a guide for CSE delivery for schools.

9 *Sec. 7. Training of Teachers, Guidance Counselors, and School Supervisors on*
10 *CSE.* – The Council, with the DepEd and the Commission on Higher Education (CHED),
11 shall ensure that all teachers, guidance counsellors, instructors, and other school
12 officials entrusted with the duty to educate adolescents on CSE shall be properly
13 trained on adolescent health and development and gender sensitivity to effectively
14 educate or guide adolescents in dealing with their sexuality-related concerns. The
15 training activities shall include the legal and human rights instruments applicable to
16 the sexual and reproductive health of adolescents, especially in cases of unintended
17 pregnancies as a result of sexual violence. Funding for the training shall be allotted
18 in the concerned government agencies' annual allocation to be approved by Congress.

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

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

24 *Sec. 8. CSE for Out-of-School Adolescents and those with Special Concerns.* –
25 The Council, the Local ISDN for AHD, and the Local Government Units (LGUs) shall
26 collaborate to intensify and institutionalize interactive learning methodologies for CSE
27 among out-of-school adolescents in the communities and workplaces as well as
28 unsuitably housed youth: *Provided,* That the needs of indigenous, working persons-
29 with-disabilities, and adolescents in social institutions are considered in the design and
30 promotion of sexuality education among adolescents.

31 Delivery of CSE in a non-formal education setting should be ensured by DepEd
32 through their Alternative Learning System. Community youth leaders, through the SK,

1 TFYD, or LYDC shall invest in a concentrated effort in reaching these groups and
2 encourage peer to peer counselling. Volunteer groups and interested civil society
3 organizations (CSOs) and non-government organizations (NGOs) shall be recognized
4 for supplemental support to the local ISDNs.

5 DepEd, along with other relevant government agencies, shall be tasked to
6 integrate a CSE syllabus that is culturally-sensitive into the existing Madrasah
7 curriculum.

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

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

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

27 Sec. 10. *Promoting the CSE using the Social Media and other Digital or Online*
28 *Communication Platforms.* – The Council shall optimize the social media and other
29 online platforms to reach adolescent netizens with accurate information and messages
30 on adolescent sexual and reproductive health (ASRH) concerns. A web portal for the
31 NPPTP shall be developed and promoted by the Council to harmonize and link various

1 government website and online services for ASRH including the networked
2 operationalization of ISDN for AHD

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

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

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

21 Sec. 12. *Access to Reproductive Health Services.* – Adolescents who are
22 presently or currently engaged in sexual activities shall be allowed to access modern
23 family planning methods with proper counselling by trained service providers in public
24 and private facilities. The aforementioned counselling is carried out with the end in
25 view of ensuring healthy practices through the promotion of optimal health outcome
26 and protecting minors, especially those in vulnerable circumstances, from possible
27 predatory and sexually exploitative practices. For this purpose, all health service
28 providers in health facilities including school clinics and school-linked health centers
29 shall be trained on providing adolescent-friendly and responsive information and
30 services: *Provided,* That all health facilities shall be enhances to become an
31 adolescent-friendly facility by ensuring confidentiality, exclusive schedule for
32 adolescents, availability of services for adolescents, non-judgmental and gender

1 responsive health service providers: *Provided, furthermore,* That adolescents shall
2 not be denied access to clinical services and modern methods of contraceptives if and
3 when they seek to avail of the aforementioned healthcare services.

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

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

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

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

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

- 26 (a) Maternal health services including pre-natal, ante-natal, and post-natal
27 check-ups and facility-based delivery;
- 28 (b) Post-natal family planning counselling and services for either or both
29 teenage parents;
- 30 (c) Personal PhilHealth coverage, making mandatory enrolment and
31 membership of indigent teenage mothers;

- 1 (d) Training, skills development, and support to livelihood programs for the
2 household of the teenage parents especially for the indigents;
3 (e) Continuing CSE for teenage parents;
4 (f) Workshops on couples counselling, parenting, and positive discipline for
5 the impending parents; and
6 (g) Psycho-social support and mental health services for teen mothers.

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

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

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

20 Health service provides, particularly the BHWs, other primary health care
21 providers, and local population officers shall be given confidentiality and safeguarding
22 guidelines and tools for spotting sexual exploitation and abuse of adolescents. A
23 referral pathway shall be created by the Council to ensure that identified sexual abuse
24 and exploitation survivors are assisted and properly handled.

25 Sec. 15. *Social Protection in Cases of Humanitarian or Emergency Situations.*
26 – The local ISDN shall be bolstered in the events of humanitarian crises or emergency
27 situations. The local ISDN shall ensure swift and efficient delivery of SRH services to
28 vulnerable adolescents and young pregnant girls. Increased vigilance shall be
29 practiced in cases of gender violence, sexual assault, and exploitation in these
30 situations. All incidence of the aforementioned situations shall be immediately
31 addressed by the local ISDN through appropriate channels.

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

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

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

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

21 Sec. 17. *Encouraging Male Involvement.* – The Council shall develop programs
22 that will promote male involvement in the prevention of early and unintended
23 pregnancies. These programs shall include topics such as, but not limited to:
24 responsible fatherhood, couples counselling, avoiding gender violence, life skills, and
25 co-parenting strategies. These programs shall emphasize the roles and responsibilities
26 of being a father and promote their active involvement.

27 These programs shall also serve as an avenue to encourage the uptake of SRH
28 services and information of boys and young men.

29 Sec. 18. *Designating February of Every Year as the Month for Raising Public*
30 *Awareness on Preventing Teenage Pregnancy and Conduct of Nationwide*
31 *Communication Campaign.* – To raise public consciousness on the issues on teenage
32 pregnancy and generate support from various stakeholders, the entire month of

1 February shall be designated as Month for Preventing Teenage Pregnancy, which shall
2 be observed nationwide. Schools and other stakeholders shall hold activities with the
3 objective of raising awareness and generate critical actions to address the issues of
4 increasing teenage pregnancy.

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

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

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

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

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

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

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

9 The existing Young Adult Fertility and Sexuality Study shall be renamed
10 Adolescent Health and Development Survey and be carried out every four (4) years to
11 conduct surveys and collect age- and gender-disaggregated data. Its topics shall
12 cover a wider range of topics and indicators extending beyond adolescent sexuality
13 and reproductive health. Its coverage shall include topics such as, but not limited to:
14 education, adolescent health, and labor.

15 Existing surveys such as the National Demographic and Health Survey, Family
16 Health Survey, Family Planning Survey, and Maternal and Child Health Survey shall
17 begin the collection of data-disaggregated at age 10-14 and include never-married
18 women in data collection in order to have a more accurate picture.

19 Research and data collected from the assessment and evaluation shall be stored
20 in a public database.

21 Sec. 22. *Implementation Structure.* – A “Teenage Pregnancy Prevention
22 Council” to be integrated as a sub-committee of the National Implementation Team of
23 the Responsible Parenthood and Reproductive Health (RPRH) Law shall be established
24 to be composed of the following:

- 25 (a) The Department of Health (DOH) Secretary as the Chairperson;
26 (b) The POPCOM Board of Commissioners Chair as Co-Chairperson;
27 (c) Senior officials, at least Undersecretary level of the National Youth
28 Commission (NYC), DepEd, DSWD, Department of Interior and Local
29 Government (DILG), CHED, and Technical Education and Skills
30 Development Authority (TESDA) as ex-officio members;
31 (d) Five members appointed by the Chairperson who are persons with
32 knowledge, expertise, accomplishment, and with no less than five-year

1 experience in the fields of public health, adolescent rights and social
2 protection, education, psychology, and social welfare: *Provided*, That
3 one qualified member is appointed in each field: *Provided further*, That
4 majority of these appointed members are female; and,

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

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

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

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

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

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

- 28 (a) The Commission on Population shall:
- 29 (1) Develop and coordinate with the relevant agencies the NPPTP as
30 part of the national population program;
- 31 (2) Implement a program for the training of parents and guardians
32 in effectively guiding adolescents on ASRH issues;

- 1 (3) Set-up the National Information System on the Prevention of
- 2 Teenage Pregnancy that shall be used for plan and program
- 3 development, and monitoring and evaluation (M&E) of indicators
- 4 at all levels;
- 5 (4) Take the lead in the nationwide and community-based campaign
- 6 for the prevention of teenage pregnancy, including the
- 7 development and maintenance of the web portal for relevant
- 8 online information and services; and,
- 9 (5) Serve as the secretariat of the Council.

10 (b) The DepEd and CHED shall:

- 11 (1) Ensure the development and promotion of CSE standards and its
- 12 corresponding learning modules for teachers and students;
- 13 (2) Ensure the comprehensive training of all teachers, guidance
- 14 counsellors, and school administrators on CSE;
- 15 (3) Lead the delivery and implementation of CSE in all public and
- 16 private basic education and tertiary educational institutions, as
- 17 well as in non-formal educational settings;
- 18 (4) Ensure the incorporation of CSE in the module of future
- 19 educators; and,
- 20 (5) Guarantee quality assurance of educational institutions in terms
- 21 of CSE delivery compliance through the PASBE accreditation.

22 (c) The DOH shall:

- 23 (1) Ensure the availability and provision of ASRH information,
- 24 services, and commodities in all public and private health
- 25 facilities;
- 26 (2) Ensure the training of health service providers in providing
- 27 adolescent-friendly and responsive health services; and,
- 28 (3) Support and provide technical assistance in the capacity building
- 29 of existing ISDNs and establishment of new ISDNs at the local
- 30 level.

31 (d) The DSWD shall:

- 1 (1) Take the lead in providing social protection for adolescent
2 parents, especially in cases of sexual violence, abuse, and
3 exploitation;
- 4 (2) Ensure the provision of social protection for adolescent in
5 humanitarian and/or emergency situations;
- 6 (3) Equip their existing Distressed Centers for Disadvantages Women
7 with increased capacity to accommodate more residents; and,
- 8 (4) Promote CSE for adolescents with special needs and in difficult
9 circumstances.

10 (e) The NYC shall:

- 11 (1) Ensure the integration of ASRH and CSE promotion in the SK or
12 TFYD and LYDC programs and projects;
- 13 (2) Capacitate the SK or TFYD and LYDC in the implementation of
14 this Act at the local level;
- 15 (3) Conduct workshops, classes, and seminars for first time parents,
16 in partnership with DOH, DSWD, and other concerned Council
17 members and relevant agencies.

18 (f) The DILG shall:

- 19 (1) Ensure the compliance of LGUs in the implementation of this Act
20 by including the implementation of ASRH programs as a qualifying
21 requirement of the Seal of Good Local Governance; and,
- 22 (2) Assist the local ISDNs through their League of Provinces, League
23 of Cities, League of Municipalities and League of Barangays.

24 (g) The TESDA shall:

- 25 (1) Provide social protection to adolescent parents by providing skills
26 training and livelihood support; and,
- 27 (2) Encourage enrolment in technical-vocational courses for
28 adolescent parents who are not fully equipped to return to in-
29 school education.

30 (h) The CWC shall:

- 1 (1) Integrate in its development and strategic frameworks issues and
2 concerns from children-specific to teen pregnancy and ensure the
3 adoption of such frameworks by the LGUs and other stakeholders;
- 4 (2) Vigorously advocate for the awareness and prevention of teen
5 pregnancy;
- 6 (3) Develop, adopt, and implement, in a manner consistent with
7 adolescents' evolving capacities, legislation, policies, and
8 programs that will promote children and adolescent health and
9 development.

10 At the local level, the Provincial Population Office and the Provincial Health
11 Office shall organize and lead the coordination of local ISDNs. The two offices shall
12 headline the implementation of the NPPTP at the local level.

13 The LGU's City or Municipal Population and Health Officers shall become the
14 local ISDN's point person. With assistance from the Council and provincial
15 coordinators, the local SK/TFYD/LYDC, shall adapt the NPPTP to their localities and be
16 responsible for its implementation, monitoring, and evaluation. The LGUs shall enlist
17 the participation of children, adolescents, and youth-oriented groups as well as CSOs
18 and NGOs as much as possible. Specific strategies shall be designated to reach
19 marginalized and vulnerable adolescent sub-sectors.

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

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

28 *Sec. 25. Reporting Requirements.* – Before the end of April each year, the
29 Council shall submit to the President of the Philippines and Congress an annual
30 consolidated report, which shall provide a definitive and comprehensive assessment
31 of the implementation of its programs and those of other government agencies in
32 relation to the implementation of this Act and recommend priorities for executive and

1 legislative actions. The report shall be printed and distributed to all national agencies,
2 the LGUs, NGOs and private sector organizations involved in said programs.

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

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

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

11

12 Approved,