

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



'22 AUG 18 P5:05

SENATE
S. No. 1209

RECEIVED BY:

Introduced by SENATOR RAMON BONG REVILLA, JR.

AN ACT
PROVIDING FOR A NATIONAL POLICY IN PREVENTING ADOLESCENT
PREGNANCIES, INSTITUTIONALIZING SOCIAL PROTECTION FOR
ADOLESCENT 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. The data from the Civil Registration and Vital Statistics System of the Philippine Statistics Authority (PSA) reveals that there are 183,967 live births among adolescents aged ten (10) to nineteen (19) years old in 2018. This means that there are 495 live births per day in the said age group. Further, the United Nations Population Fund Philippines stated in their Policy Brief dated January 2020 that "out of all live births within the adolescent age group, only 3% is fathered by men of the same age group, and that such pregnancies may be a result of coercion and unequal power relations between girls and older men."

In response to these alarming statistics and the daily difficulties braved by young mothers and their families in raising their children, Executive Order No. 141

was signed on June 25, 2021, "Adopting as a National Priority the Implementation of Measures to Address the Root Causes of the Rising Number of Teenage Pregnancies, and Mobilizing Government Agencies for the Purpose." Under this issuance, "the State shall mobilize existing coordinative and legal mechanisms related to the prevention of adolescent pregnancies, and to strengthen the adolescents' capacity to make autonomous and informed decisions about their reproductive and sexual health by ensuring access to comprehensive sexuality education and reproductive health and rights services."

The "*Prevention of Adolescent Pregnancy Act of 2022*" will provide a legal framework for this endeavor. Among others, it seeks to provide full and comprehensive information to adolescents that can help them prevent early and unintended pregnancies and their life-long consequences and ensure corresponding interventions that could respond to the socioeconomic, health, and emotional needs of adolescents and youth, especially young women.

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

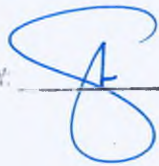

RAMON BONG REVILLA, JR.

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



'22 AUG 18 P5:05

SENATE
S. No. 1209

RECEIVED BY: 

Introduced by Senator Ramon Bong Revilla, Jr.

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

Be it enacted by the Senate and 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 2022*".

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

4 (a) Recognize, promote, and strengthen the role of adolescents and young
5 people in the overall human and social economic development of the
6 country not only in the future but also in the present;

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 affords full protection to people's
13 rights, especially of adolescent girls and boys and their families;

14 (d) promote and protect the human rights of all individuals including
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 that can help
5 them prevent early and unintended pregnancies and their lifelong
6 consequences;

7 (f) Ensure corresponding interventions that could respond to the social
8 economic, 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, counseling 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 repeated pregnancy and to reduce associated mortality and morbidity
18 through comprehensive social protection interventions;

19 (h) Recognize and promote the rights, duties, 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* refers to the population aged 10 to 21 years;

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

1 (c) *Adolescent Sexuality* refers to the reproductive system, gender identity,
2 values or beliefs, emotions, relationships, and sexual behavior of young
3 people as social beings;

4 (d) *Comprehensive Sexuality Education (CSE)* refers to the process of
5 acquiring complete, accurate, relevant, and age-appropriate information
6 and skills on all matters relating to the reproductive system, its functions
7 and processes, and human sexuality and forming attitudes and beliefs
8 about sex, sexual identity, interpersonal relationship, affection, intimacy,
9 and gender roles. It has the purpose of developing the skills of young
10 people for them to make informed decisions such as the capacity to
11 distinguish between facts and myths on sex and sexuality, and critically
12 evaluate and discuss the moral, religious, social, and cultural dimensions
13 of related sensitive issues such as contraception and abortion, and
14 decide and decide to prevent risky behaviors that can undermine the
15 realization of their aspirations and potentials;

16 (e) *Information and Service Delivery Network for Adolescent Health*
17 *Development (ISDN)* refers to the network of facilities, institutions, and
18 providers within the province, district, municipality, citywide health and
19 social system offering information, training, and core packages of health
20 and social care services in an integrated and coordinated manner;

21 (f) *Local Youth Development Council (LYDC)* refers to the local body to be
22 created based on RA 10742 (SK Reform Law) which is composed of
23 representatives of youth and youth-serving organizations in the
24 provincial, city, and municipal level with the primary function of assisting
25 in the planning and execution of projects and programs of the
26 Sangguniang Kabataan, and the Pederasyons in all levels;

27 (g) *Task Force on Youth Development (TFYD)* refers to the local body to be
28 created based on Implementing Rules and Regulations of RA 010632 (An
29 Act to Postpone the October 2013 SK Elections) whose members will
30 remain in office until such time that SK officials have been duly elected
31 and qualified. They are mandated to formulate a Youth Development
32 Plan and ensure that the plans programs and projects are implemented

1 in the barangay and that the SK funds are used solely for youth
2 development;

3 (h) *Normal Schools or College Teachers* refer to the learning institutions
4 training or educating teachers;

5 (i) *Public-Private Partnership (PPP)* is a cooperative arrangement between
6 one or more public and private sectors, typically of long-term nature, for
7 various development programs or projects;

8 (j) *Reproductive Health* refers to the state of complete physical, mental,
9 and social well-being, and not merely the absence of disease or infirmity
10 in all matters relating to the reproductive system and to its functions and
11 processes;

12 (k) *Risky Behaviors* refer to ill-advised practices and actions that are
13 potentially detrimental to a person's health or general well-being;

14 (l) *Social Protection* constitutes policies and programs that seek to reduce
15 poverty and vulnerability to risks and enhance the social status and
16 rights of the marginalized by promoting and protecting livelihood and
17 employment, protecting against hazards and sudden loss of income and
18 improving people's capacity to manage risks;

19 (m) *Adolescent Pregnancy Prevention Council* herein referred to as
20 the Council, is an inter-agency and inter-sectoral council that shall be
21 formed through this Act and serve as its implementing body;

22 (n) *Philippine Accreditation System for Basic Education (PASBE)* refers to the
23 accreditation process that looks into the operations of the public and
24 private elementary and secondary schools if they meet the quality
25 standards as established by stakeholders of basic education.

26 **Sec. 4. *Development of National Program of Action and Investment Plan for***
27 ***the Prevention of Adolescent Pregnancy.*** – The Council, in collaboration with other
28 relevant national agencies, non-government organizations, and civil society
29 organizations, shall develop an evidence-based National Medium-Term Plan for the
30 Prevention of Adolescent Pregnancy. The program of action shall serve as the national
31 framework for inter-agency and inter-sectoral collaboration at all levels to address the

1 values of health, cultural, socioeconomic, and institutional determinants of adolescent
2 pregnancy.

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

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

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

21 Government agencies like the National Commission on Indigenous Population
22 and the National Commission on Muslim Filipinos, while not part of the Council, shall
23 be included in the development of the NPPTP in order to ensure that it will be inclusive
24 and culturally-appropriate.

25 *Sec. 5. Organization and Mobilization of Regional and Local Information and*
26 *Service Delivery Network for Adolescent Health and Development (ISDN for AHD). –*
27 All chartered cities and municipalities shall organize and operationalize an ISDN for
28 AHD consisting of different government and non-government organizations,
29 institutions, and facilities catering information and services to adolescents within their
30 locality. In cases of cities and municipalities with existing ISDNs, they shall now
31 harmonize new and existing efforts and programs for AHD. The ISDB It may be
32 organized by district in each municipality or city. An effective collaborative and referral

1 system among the members of the ISDN shall be established and implemented within
2 a catchment area.

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

6 (a) Availability – Primary health care should include services sensitive to the
7 needs of adolescents, with special attention given to sexual and
8 reproductive health and mental health;

9 (b) Accessibility – Health facilities, goods, and services should be known and
10 easily accessible (economically, physically, and socially) to all
11 adolescents, without discrimination. Confidentiality should be
12 guaranteed and maintained at all times;

13 (c) Acceptability – While fully respecting the provisions and principles of the
14 Convention, all health facilities, goods, and services should respect
15 cultural values, be gender sensitive, be respectful of medical ethics, and
16 be acceptable to both adolescents and the communities in which they
17 live;

18 (d) Quality – Health services and goods should be scientifically and medically
19 appropriate, which requires personnel trained to care for adolescents,
20 adequate facilities, and scientifically accepted methods.

21 The ISDN shall perform the following tasks and functions:

22 (a) Map and analyze the various factors contributing to pregnancies among
23 adolescents at the regional and local levels;

24 (b) Identify and implement inter-agency interventions to address the various
25 issues related to adolescent pregnancies in the region and at the local
26 level;

27 (c) Harmonize all existing efforts addressing adolescent pregnancy and
28 coordinate with all the necessary agencies, organizations, and
29 stakeholders to ensure no-duplication of efforts at the local level;

30 (d) Capacitate ISDN agency-members in collaboration with relevant regional
31 government agencies to ensure quality information and services to
32 adolescents;

1 (e) Provide, in collaboration with LGUs, needed information and services for
2 adolescent development;

3 (f) Generate or share resources in the implementation of the joint strategic
4 plan of the ISDN; and,

5 (g) Monitor and evaluate effectiveness of coordination and referral systems
6 and other interagency interventions jointly implemented by the ISDN.

7 The City or Municipal Health Officer shall be the head and point person of the
8 local ISDN in collaboration with the Sangguniang Kabataan (SK) Federation or Task
9 Force on Youth Development (TFYD) and/or Local Youth Development Council and
10 other relevant national agencies. The City or Municipal Population Officer shall co-
11 lead the local ISDN.

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

13 – The Department of Education, with assistance from the Council and in collaboration
14 with other relevant agencies, develops and promotes educational standards, modules,
15 and materials to promote comprehensive responsible sexuality education in schools,
16 communities, and other youth institutions. The comprehensive sexuality education
17 (CSE) shall be a compulsory part of education, integrated at all levels with the end
18 goal of normalizing discussions about adolescent sexuality and reproductive health to
19 remove stigma from all levels. The Council shall ensure that the CSE is medically
20 accurate, rights based, and inclusive and non-discriminatory towards LGBT
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 STIs,
25 hygiene, health and nutrition, healthy lifestyles, gender-sensitivity, gender equality
26 and equity, teen dating, prevention of gender and sexual violence, peer pressure,
27 women’s and children’s rights, digital citizenship and issues like pornography, And life-
28 skills, among others. The purpose of which is to equip them with the knowledge,
29 skills, and values to make informed and responsible choices about their sexual and
30 social relationships.

31 The CSE shall be standardized and implemented in all public and private basic
32 education institutions. CSE delivery shall not be dependent upon the discretion of the

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

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

10 *Sec. 7. CSE for Out-of-School Adolescents and those with Special Concerns. –*

11 The Council, the local ISDN, and the local government units (LGUs) shall collaborate
12 to intensify and institutionalize interactive learning methodologies for CSE among out-
13 of-school adolescents in the communities and workplaces as well as unsuitably housed
14 youth: *Provided*, That the needs of indigenous, working persons with disabilities, and
15 adolescents in social institutions are considered in the design and promotion of
16 sexuality education among adolescents.

17 Delivery of CSE in a non-formal education setting shall be ensured by DepEd
18 through their Alternative Learning System. Community youth leaders, through the SK,
19 TFYD, or LYDC shall invest in a concentrated effort in reaching these groups and
20 encourage peer to peer counseling. Volunteer groups and interested CSOs and NGOs
21 should be recognized for supplemental support to the local ISDNs.

22 The local ISDN and LGUs shall also utilize their Barangay Health Workers
23 (BHWs) and enlist their help in delivering CSE to out-of-school adolescents and those
24 with special concerns.

25 DepEd, along with other relevant government agencies, shall be tasked to
26 integrate a CSE syllabus that is culturally sensitive into the existing Madrasah
27 curriculum.

28 *Sec. 8. CSE for Parents and Guardians with Adolescent Children. – A*

29 community-based program for education and awareness of parents and guardians
30 about teen sexuality shall be developed and implemented with the main objective of
31 capacitating them the effectively guide, counsel, and provide support to their
32 adolescent children in concerns and decisions related to their sexual health. The CSE

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

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

10 These classes should be conducted by trained Municipal / City Social Welfare
11 and Development Officers. Several avenues that can be pursued are Family
12 Development Sessions (FDS) of the DSWD and PTA meetings but other avenues
13 should also be pursued. The M/CSWDOs shall endeavor to reach out to parent
14 organizations in schools and communities to promote such programs.

15 *Sec. 9. Training of Teachers, Guidance Counselors, and School Supervisors on*
16 *CSE.* – The Council shall ensure that all teachers, guidance counselors, instructors,
17 and other school officials and trusted with the duty to educate adolescents on CSE
18 shall be properly trained on adolescent health and development and gender sensitivity
19 to effectively educate and guide adolescents in dealing with their sexuality-related
20 concerns. The training activities shall include the legal and human rights instruments
21 applicable to the sexual and reproductive health of adolescents, especially in cases of
22 unintended pregnancies as a result of sexual violence. The training shall be in
23 collaboration with the Council for technical assistance. Funding for the training shall
24 be allotted in the concerned government agencies’ annual allocation to be approved
25 by Congress.

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

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

31 *Sec. 10. Promoting the CSE using the Social Media and other Digital or Online*
32 *Communication Platforms.* – The Council shall optimize social media and other online

1 platforms to reach adolescent netizens with accurate information and messages on
2 adolescent sexual and reproductive health (ASRH) concerns. A web portal for the
3 NPPTP shall be developed and promoted by the Council to harmonize and link various
4 government websites and online services for ASRH including the networked
5 operationalization of ISDN for AHD.

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

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

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

24 *Sec. 12. Access to Reproductive Health Services.* – Adolescents who are
25 presently or currently engaged in sexual activities shall be allowed to access modern
26 family planning methods with proper counseling by trained service providers in public
27 and private facilities. The aforementioned counseling is carried out with the end in
28 view of ensuring healthy practices through the promotion of optimal health outcomes
29 and protecting minors, especially those in vulnerable circumstances, from possible
30 predatory and sexually exploitative practices.

31 For this purpose, all health service providers in health facilities including school
32 clinics and school-linked health centers shall be trained on providing adolescent-

1 friendly and responsive information and services: *Provided,* That all health facilities
2 shall be enhanced to become under adolescent-friendly facility by ensuring
3 confidentiality, exclusive schedule for adolescents, availability of services for
4 adolescents, non-judgmental and gender responsive health service providers:
5 *Provided, further,* That adolescents shall not be denied access to clinical services and
6 modern methods of contraceptives if and when they seek to avail of the
7 aforementioned health care services.

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

14 Linkages and referral systems shall be established in educational institutions in
15 order to bridge gaps in between CSE and access to SRH services for in-school
16 adolescents. For OSYs and other groups, a community peer educator could be chosen
17 to advocate accessing SRH services and distribution of commodities.

18 In cases of pregnant adolescents, a wider spectrum of SRH services shall be
19 made available to them spanning the pre-natal, ante-natal, and post-natal stages of
20 pregnancy and its respective healthcare requirements. For in-school pregnant
21 adolescents, consultations with the school nurse and guidance counselor shall be
22 encouraged.

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

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

31 (a) maternal health services including pre-natal, ante-natal, and post-natal
32 check-ups and facility based-delivery;

- 1 (b) post-natal family planning counseling and services for either or both
- 2 adolescent parents;
- 3 (c) home-based, in-school, or tech-vocational education for adolescent
- 4 mothers and parents;
- 5 (d) personal PhilHealth coverage, making mandatory enrollment and
- 6 membership of indigent adolescent mothers;
- 7 (e) enrollment to social insurance like the Social Security Services;
- 8 (f) training, skills development, and support to livelihood programs for the
- 9 household of the adolescent parents especially for the indigents;
- 10 (g) Continuing CSE for adolescent parents;
- 11 (h) workshops on couples counseling, parenting, and positive discipline for
- 12 the impending parents; and,
- 13 (i) psychosocial-support and mental health services for adolescent parents.

14 Discriminatory and exclusionary practices that harm and discourage the
15 education of adolescent parents shall be prohibited. All efforts shall be taken by school
16 administrations to ensure and encourage the continuation of education of all
17 adolescent parents; as such, support mechanisms and school retention programs and
18 policies should be put in place.

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

23 The LGUs through the Local Social Welfare and Development (LSWD) and/or
24 the Health Office shall implement a continuing CSE program for adolescent mothers
25 and fathers with technical assistance from the Council.

26 **Sec. 14. *Social Protection in Cases of Sexual Violence.*** – Strengthened
27 comprehensive social protection mechanisms for adolescents, especially for girls, shall
28 be provided.

29 Expectant and current mothers whose pregnancies were the result of sexual
30 violence shall be given access and support to legal, medical, and psycho-social
31 services. Further, the Council shall reinforce the capacities of health facilities in
32 providing comprehensive post-trauma care for adolescents in cases of sexual violence,

1 sexual exploitation, or sexual harassment. Furthermore, the Council shall reinforce
2 the capabilities of health facilities in providing post-trauma care for adolescents in
3 cases of sexual violence, sexual exploitation, or sexual harassment. The post-trauma
4 care includes but is not limited to services such as purposive family planning and
5 counseling.

6 Health service providers, particularly the Barangay Health Workers (BHWs),
7 other primary health care providers, and local population officers shall be given
8 confidentiality and safeguarding guidelines and tools for spotting sexual exploitation
9 and abuse of adolescents. A referral pathway shall be created by the Council to ensure
10 that identified sexual abuse and exploitation survivors are assisted and properly
11 handled.

12 *Sec. 15. Social Protection in Cases of Emergency Situations.* – The local ISDN
13 shall be bolstered in the event of humanitarian and conflict crises or climate-related
14 emergency situations. The local ISDN shall ensure swift and efficient delivery of SRH
15 services to vulnerable adolescents and young pregnant girls. Increased vigilance shall
16 be practiced in cases of gender violence, sexual assault, and exploitation in these
17 situations. All incidences of the aforementioned situations shall be immediately
18 addressed by the local ISDN through appropriate channels.

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

24 *Sec. 16. Care and Management for First Time Parents.* – All pregnant
25 adolescents, especially among the poor and hard-to-reach groups shall have access
26 to skilled care throughout their pregnancy, delivery, and postnatal periods. SRH
27 providers shall strive to provide as many adolescent mothers with their birth plans that
28 details their intended place of childbirth delivery, availability of transport to these
29 health care institutions, breastfeeding support and education, and respective costs.
30 Special attention shall be given to younger pregnant mothers during obstetric care.

31 Workshops, classes, and seminars for the first time parents shall be provided
32 with ante- and post-natal education. These classes shall include topics such as, but

1 not limited to: infant feeding and care, positive discipline, responsible parenthood, and
2 safe sex practices. The classes shall be made available free of charge and at times
3 most convenient for the teen parents.

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

7 *Sec. 17. Encouraging Male Involvement.* – The Council Shall develop programs
8 that will promote male involvement in the prevention of early and unintended
9 pregnancies. These programs shall include topics such as, but not limited to:
10 responsible fatherhood, couples counseling, avoiding gender violence, life-skills, and
11 co-parenting strategies. These programs shall emphasize the roles and responsibilities
12 of being a father and promote their active involvement.

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

15 *Sec. 18. Designating February of Every Year as the Month for Raising Public*
16 *Awareness on Preventing Adolescent Pregnancy and Conduct of Nationwide*
17 *Communication Campaign.* – To raise public consciousness on the issues on
18 Adolescent pregnancy and general support from various stakeholders, the entire
19 month of February shall be designated as *Month For Public Awareness for Preventing*
20 *Adolescent Pregnancy* which shall be observed nationwide. Schools and other
21 stakeholders shall hold activities with the objective of raising awareness and generate
22 critical actions to address the issues of increasing adolescent pregnancy.

23 Further, the Council, in collaboration with relevant agencies, LGUs, CSOs, and
24 the private sector shall develop, launch, and sustain a nationwide campaign for the
25 prevention of adolescent pregnancy.

26 *Sec. 19. Foster Care or Adoption.* – The DSWD shall provide assistance to
27 adolescent mothers who may decide to put their child into foster care or adoption.
28 The consent of the mother and one (1) parent or guardian of the mother shall be
29 needed for the validity of the foster care or adoption.

30 Social workers and guidance counselors shall provide support and guidance to
31 the adolescent mothers and their guardians in order for them to make an informed
32 choice on the possible, legal and non-legal, consequences of their action.

1 *Sec. 20. Residential Care Facilities for Disadvantaged Women.* – The existing
2 residential care facilities for disadvantaged women of the Department of Social Welfare
3 and Development shall be capacitated to accommodate the needs of pregnant girls.
4 The management of the said facilities shall coordinate with their respective locality's
5 ISDN to provide SRH information and services to their residents.

6 In order to effectively serve their pregnant teen residents, these centers shall
7 employ the following personnel: a caseworker, an on-call obstetrician-gynecologist,
8 full-time midwife or nurse, and a psychologist.

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

12 *Sec. 21. Integration of Local Program for the Prevention of Adolescent*
13 *Pregnancy in SK Programs.* – Strategies and programs which aim to prevent incidence
14 of adolescent pregnancies shall be integrated in the SK programs at the local and
15 community level using the 10% SK funds. In the absence of the SK, the Task Force
16 on Youth Development (TFYD) shall undertake the responsibility of integrating
17 adolescent pregnancy prevention programs in the barangay youth council's activities.
18 The Council shall issue guidelines to ensure the implementation of this provision.

19 The SK/TFYD shall likewise implement programs and activities that aim to
20 develop the potentials and skills of adolescents to make them more productive
21 members of the society. The topics of the said programs and activities are inclusive of
22 but are not limited to: leadership training and life skills seminars that can be done
23 together with the teens and their families. The SK/TFYD shall encourage youth
24 participation in these activities as a means of diverting the focus and potentials of
25 adolescents into more meaningful and productive endeavors.

26 The SK/TFYD shall enlist the support of the local barangay council, the local
27 Council for the Protection of Children, in the barangay Health Center to be able to
28 provide a more complete array of services, activities, and programs.

29 *Sec. 22. Creation of a National Information System on the Prevention of*
30 *Adolescent Pregnancy.* – The Council shall endeavor to create a system that will
31 comprehensively address and effectively monitor and evaluate the status, success,

1 and efficacy of the National Program of Action for the Prevention of Adolescent
2 Pregnancy and the NPPTP.

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

9 Existing surveys such as the National Demographic and Health Survey, Family
10 Health Survey, Family Planning Survey, and Maternal and Child Health Survey shall
11 begin the collection of data-disaggregated at age ten (10) to fourteen (14) years and
12 include never-married women in data collection in order to have a more accurate
13 picture.

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

16 *Sec. 23. Implementation Structure.* – An Adolescent Pregnancy Prevention
17 Council to be integrated as a sub-committee of the National Implementation Team of
18 the Responsible Parenthood and Reproductive Health (RPRH) Law Shall be established
19 to be composed of the following:

- 20 (a) The DOH Secretary as the Chairperson;
21 (b) The POPCOM Board of Commissioner Chair as Co-Chairperson’
22 (c) Senior officials (at least Undersecretary level) of the NYC, DepEd, DSWD,
23 DILG, CHED, and TESDA as ex-officio members;
24 (d) Five (5) members appointed by the Chairperson who are persons with
25 knowledge, expertise, accomplishment, and with no less than five-year
26 experience in the fields of public health, adolescent rights and social
27 protection, education, psychology, social welfare: *Provided*, That one
28 qualified member is appointed in each field: *Provided, further*, That
29 majority of these appointed members are female;
30 (e) Two (2) representatives of children and youth appointed by the Council
31 chairperson from various nationally represented youth organizations:
32 *Provided*, That one is male and one is female; and,

1 (f) The Chairpersons of the League of Cities and League of Municipalities.

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

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

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

7 (a) The proposed legislative and administrative policies on the prevention of
8 adolescent pregnancy;

9 (b) To develop operational guidelines for government agencies and private
10 organizations in the development and implementation of comprehensive
11 strategies and programs for prevention of adolescent pregnancy,
12 including sexual violence;

13 (c) To monitor implementation of the provision of the law;

14 (d) To coordinate with various government councils and technical working
15 groups with the end in view of converging and harmonizing various
16 efforts and programs aimed to prevent adolescent pregnancies;

17 (e) To conduct research and generate evidence on the drivers of adolescent
18 pregnancy to inform programs and policies; and,

19 (f) To provide relevant agencies and private organizations with
20 recommendations and solutions to the challenges and gaps in the course
21 of implementing the program.

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

25 (a) The DOH shall:

26 i. ensure the availability and provision of ASRH information,
27 services, and commodities in all public and private health
28 facilities;

29 ii. ensure the training of health service providers in providing
30 adolescent-friendly and responsive health services; and,

- 1 iii. support and provide technical assistance in the capacity building
2 of existing ISDNs and establishment of new ISDNs at the local
3 level.

4 (b) The Commission of Population shall:

- 5 i. develop, in coordination with the relevant agencies, the NPPTP as
6 part of the national population program;
7 ii. implement a program for the training of parents and guardians
8 ineffectively guiding adolescents on ASRH issues;
9 iii. set-up the National Information System on the Prevention of
10 Adolescent Pregnancy that shall be used for the plan and program
11 development and monitoring and evaluation of indicators at all
12 levels;
13 iv. take the lead in the nationwide and community-based campaign
14 for the prevention of adolescent pregnancy, including the
15 development and maintenance of the web portal for relevant
16 online information and services; and,
17 v. serve as the secretariat of the Council.

18 (c) The DepEd and CHED shall:

- 19 i. ensure the development and promotion of CSE standards and its
20 corresponding learning modules for teachers and students
21 ii. ensure the comprehensive training of all teachers, guidance
22 counselors, and school administrators on CSE;
23 iii. lead the delivery and implementation of CSE in all public and
24 private basic education and tertiary educational institutions, as
25 well as in non-formal educational settings;
26 iv. ensure the incorporation of CSE in the module of future
27 educators;
28 v. guarantee quality assurance of educational institutions in terms
29 of CSE delivery compliance through the PASBE accreditation;
30 vi. ensure the proper implementation and delivery of CSE in all
31 schools and administer the PASBE review if or when deemed
32 necessary;

- 1 vii. strengthen existing programs and develop and implement flexible
2 learning options that will encourage the continuing education of
3 adolescent parents, especially mothers.

4 (d) The DSWD shall:

- 5 i. take the lead in providing social protection for adolescent parents,
6 especially in cases of sexual violence, abuse, and exploitation;
7 ii. ensure the provision of social protection for a adolescents in
8 humanitarian and/or emergency situations;
9 iii. equip their existing Distressed Centers for Disadvantaged Women
10 with increased capacity to accommodate more residents; and,
11 iv. promote CSE for adolescents with special needs and in difficult
12 circumstances.

13 (e) The NYC shall:

- 14 i. ensure the integration of ASRH and CSE promotion in the SK or
15 TFYD and LYDC programs and projects;
16 ii. capacitate the SK or TFYD and PYDC in the implementation of this
17 Act at the local level;
18 iii. create and organize, together with DepEd, DILG, DOH, the
19 League of Cities and Municipalities, and concerned NGOs and
20 CSOs, programs that will promote peer education at the local
21 level; and,
22 iv. conduct workshops, classes, and seminars for first time parents,
23 in partnership with DOH, DSWD, and other concerned Council
24 members and relevant agencies.

25 (f) The DILG shall:

- 26 i. ensure the compliance of LGUs in the implementation of this Act
27 by including the implementation of ASRH programs as a qualifying
28 requirement for the Seal of Good Local Governance; and,
29 ii. assist the local ISDNs through their League of Provinces, League
30 of Cities, League of Municipalities, and League of Barangays.

31 (g) The TESDA shall:

- 1 i. provide social protection to adolescent parents by providing skills
2 training and livelihood support; and,
- 3 ii. encourage enrollment in technical-vocational courses for
4 adolescent parents who are not fully equipped to return to in-
5 school education.

6 (h) The CWC shall:

- 7 i. integrate in its development and strategic frameworks issues and
8 concerns from children-specific to teen pregnancy and ensure the
9 adoption of such frameworks by the LGUs and other stakeholders;
- 10 ii. vigorously advocate for the awareness and prevention of teen
11 pregnancy; and,
- 12 iii. develop, adopt, and implement, in a manner consistent with
13 adolescents' evolving capacities, legislation, policies, and
14 programs that will promote children and adolescent health and
15 development.

16 (i) The League of Cities and League of Municipalities shall:

- 17 i. help ensure the proper implementation of this Act in LGUs by
18 monitoring the LGUs in their jurisdiction;
- 19 ii. encourage local chief executives in adopting and implementing
20 this Act in their LGUs; and,
- 21 iii. provide additional support to the local ISDNs.

22 At the local level, the City or Municipal Health Office shall organize and lead the
23 coordination of local ISDNs and become its point person. With assistance from the
24 City or Municipal Population Office, the local SK/TFYD/LYDC, and the Council, shall
25 adapt the NPPTP to their localities and be responsible for its implementation,
26 monitoring, and evaluation. The LGUs Shall enlist the participation of children,
27 adolescents, and youth-oriented groups as well as CSOs and NGOs as much as
28 possible. Specific strategies shall be designed to reach marginalized and vulnerable
29 adolescent sub-sectors.

30 *Sec. 24. Annual Allocations.* – All concerned government agencies including
31 the LGUs shall include in their annual budget the necessary funds for strategies and
32 activities within their mandates that are contributory to the implementation of this Act.

1 Agencies and LGUs may also utilize their Gender and Development (GAD) budget in
2 implementing programs and activities to carry out this Act.

3 *Sec. 25. Implementing Rules and Regulations.* – Within one hundred and
4 twenty (120) days upon the effectivity of this Act, the Council should be organized to
5 formulate the Implementing Rules and Regulations of this Act.

6 *Sec. 26. Reporting Requirements.* – Before the end of April each year, the
7 Council shall submit to the President of the Philippines and the Congress an annual
8 consolidated report, we shall provide a definitive and comprehensive assessment of
9 the implementation of its programs and those of other government agencies in relation
10 to the implementation of this Act and recommend priorities for executive and
11 legislative actions. The report shall be printed and distributed to all national agencies,
12 the LGUs, NGOs and private sector organizations involved in said programs.

13 *Sec. 27. Separability Clause.* – If any provision or part hereof is held invalid or
14 unconstitutional, the remainder of the law or the provision or part not otherwise
15 affected shall remain valid and subsisting.

16 *Sec. 28. Repealing Clause.* – Any law, presidential decree or issuance,
17 executive order, letter of instruction, administrative order, rule, or regulation contrary
18 to or inconsistent with the provisions of this Act are hereby repealed, modified, or
19 amended accordingly.

20 *Sec. 29. Effectivity.* – This Act shall take effect fifteen (15) days after its
21 publication in the *Official Gazette* or in a newspaper of general circulation.

Approved,