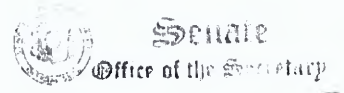
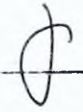


**NINETEENTH CONGRESS OF THE
REPUBLIC OF THE PHILIPPINES
First Regular Session**)
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SENATE
S.B. No. 372

RECEIVED BY: 

INTRODUCED BY SENATOR RISA HONTIVEROS

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

EXPLANATORY NOTE

Last February 2022, the Commission on Population reported that for the year 2020 there had been 56,428 recorded live births among adolescent mothers aged 10-17 years old. Out of the thousands of teen mothers, 51 of them mothers were between the ages of 10-12 when they gave birth¹. This averaged to be one childbirth gone through by children who haven't even reached their teenage years.

Even more alarming, in a UNFPA 2020 policy brief, it was found out that 97% of all live births within the adolescent age group had been fathered by men who are older than them and only 3% had been fathered by teenage boys.² Repeat pregnancies are also a concern among teen mothers. In 2020, almost 8% or 4,375 of the live births among teen moms were repeat pregnancies.

Teen parents are faced with the harrowing challenge of providing sustenance to their children as they navigate their new lives and responsibilities. Most of the time, this new life comes at a very high price: teen mothers are faced with the hard decision of foregoing their education in order to take care of their new families, a decision that cost will cost their whole cohort ₱33 billion in foregone earnings.

In light of this, this bill pushes for the social protection of young mothers by ensuring that teen mothers are getting the healthcare necessary at all stages of their pregnancy, by providing protection for young girls, and for pushing for their right to continue their education despite the barriers presented by their new circumstance.


¹ <https://www.pna.gov.ph/articles/1168169>
² <https://www.pna.gov.ph/articles/1145373>

In view of the foregoing circumstances, there is a need to establish a national policy in preventing adolescent pregnancies and institutionalize social protection for adolescent parents. The passage of this bill is earnestly sought.

Risa Hontiveros
RISA HONTIVEROS
Senator

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

1 Section 1. *Short Title.* – This Act shall be known as the "*Prevention of Adolescent*
2 *Pregnancy Act of 2022.*"

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

- 4 a) Recognize, promote, and strengthen the role of adolescents and young
5 people in the overall human and socio-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
17 development, the right to education, freedom of expression, the right to
18 participate in decision-making, and the right to choose and make
19 responsible decisions for themselves;

- 1 e) Provide full and comprehensive information to adolescents that can help
2 them prevent early and unintended pregnancies and their life-long
3 consequences;
- 4 f) Ensure corresponding interventions that could respond to the
5 socioeconomic, health, and emotional needs of adolescents and youth,
6 especially young women, with due regard for their own creative
7 capabilities, for social, family, and community support, employment
8 opportunities, participation in the political process, and access to
9 education, health, counselling and high-quality reproductive health
10 services;
- 11 g) Encourage adolescent mothers and fathers to continue and finish their
12 education in order to equip them for a better life, to increase their human
13 potential, to help prevent early marriages, high-risk child-bearing, and
14 repeated pregnancy and to reduce associated mortality and morbidity
15 through comprehensive social protection interventions;
- 16 h) Recognize and promote the rights, duties, and responsibilities of parents,
17 teachers, and other persons legally responsible for the growth of
18 adolescents to provide in a manner consistent with the evolving capacities
19 of the adolescent, appropriate direction and guidance in sexual and
20 reproductive matters.

21 Sec. 3. *Definition of Terms.* - For purposes of this Act, the following terms shall be
22 defined as follows:

- 23 a) *Adolescents* - refers to the population aged 10 to 21 years.
- 24 b) *Adolescent Sexual and Reproductive Health (ASRH) Care* – refers to the
25 access to a full range of methods, techniques, and services that contribute
26 to the reproductive health and well-being of young people by preventing
27 and solving reproductive health-related problems.
- 28 c) *Adolescent Sexuality* - refers to the reproductive system, gender identity,
29 values or beliefs, emotions, relationships, and sexual behavior of young
30 people as social beings.
- 31 d) *Comprehensive Sexuality Education (CSE)* - refers to the process of
32 acquiring complete, accurate, relevant, and age-appropriate information
33 and skills on all matters relating to the reproductive system, its functions
34 and processes, and human sexuality and forming attitudes and beliefs
35 about sex, sexual identity, interpersonal relationship, affection, intimacy,
36 and gender roles. It has the purpose of developing the skills of young

1 people for them to make informed decisions such as the capacity to
2 distinguish between facts and myths on sex and sexuality, and critically
3 evaluate and discuss the moral, religious, social, and cultural dimensions
4 of related sensitive issues such as contraception and abortion, and decide
5 to prevent risky behaviors that can undermine the realization of their
6 aspirations and potentials.

- 7 e) *Information and Service Delivery Network for Adolescent Health*
8 *Development (ISDN)* – refers to the network of facilities, institutions, and
9 providers within the province, district, municipality, city-wide health and
10 social system offering information, training, and core packages of health
11 and social care services in an integrated and coordinated manner.
- 12 f) *Local Youth Development Council (LYDC)* - refers to the local body to be
13 created based on RA 10742 (SK Reform Law) which is composed of
14 representatives of youth and youth-serving organizations in the provincial,
15 city, and municipal level with the primary function of assisting in the
16 planning and execution of projects and programs of the Sangguniang
17 Kabataan, and the Pederasyons in all levels.
- 18 g) *Task Force on Youth Development (TFYD)* – refers to the local body to be
19 created based on Implementing Rules and Regulations of RA 10632 (Act
20 to Postpone the October 2013 SK Elections) whose members will remain
21 in office until such time that SK officials have been duly elected and
22 qualified. They are mandated to formulate a Youth Development Plan and
23 ensure that the plan's programs and projects are implemented in the
24 barangay and that the SK funds are used solely for youth development.
- 25 h) *Normal Schools or College Teachers* – refer to the learning institutions
26 training or educating teachers.
- 27 i) *Public-Private Partnership (PPP)* - is a cooperative arrangement between
28 one or more public and private sectors, typically of a long-term nature,
29 for various development programs or projects.
- 30 j) *Reproductive Health* - refers to state of complete physical, mental and
31 social well-being, and not merely the absence of disease or infirmity in all
32 matters relating to the reproductive system and to its functions and
33 processes.
- 34 k) *Risky Behaviors* - refer to ill-advised practices and actions that are
35 potentially detrimental to a person's health or general well-being.

- 1 l) *Social Protection* – constitutes policies and programs that seek to reduce
2 poverty and vulnerability to risks and enhance the social status and rights
3 of the marginalized by promoting and protecting livelihood and
4 employment, protecting against hazards and sudden loss of income, and
5 improving people’s capacity to manage risks.
- 6 m) *Adolescent Pregnancy Prevention Council* – hereafter referred to as the
7 Council, is an inter-agency and inter-sectoral council that shall be formed
8 through this Act and serve as its implementing body
- 9 n) *Philippine Accreditation System for Basic Education (PASBE)* – refers to
10 the accreditation process that looks into the operations of the public and
11 private elementary and secondary schools if they meet the quality
12 standards as established by stakeholders of basic education.

13 Sec. 4. *Development of National Program of Action and Investment Plan for the*
14 *Prevention of Adolescent Pregnancy.* – The Council, in collaboration with other relevant
15 national agencies, non-government organizations, and civil society organizations, shall
16 develop an evidence-based *National Program on the Prevention of Adolescent Pregnancy*
17 (NPPTP). It shall be funded at all levels and become a priority program of the Philippine
18 Population Management Program of the Population Commission (POPCOM), spearheaded
19 and coordinated by the Adolescent Pregnancy Prevention Council, created under Sec. 22
20 of this Act.

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

26 In order to ensure the full participation of the stakeholders, consultations with
27 children, adolescents, and youth-oriented groups shall be held with the Council’s youth
28 representatives. The results of the stakeholders’ consultation that will be presented by
29 the youth representatives shall be integrated into the formulation, implementation,
30 operation, measurement, and evaluation of the NPPTP. If necessary, additional
31 consultations with the stakeholders shall be conducted at various levels of the program
32 to guarantee that the NPPTP remain youth focused and oriented.

33 Government agencies like the National Commission on Indigenous Population and
34 the National Commission on Muslim Filipinos, while not part of the Council, shall be
35 included in the development of the NPPTP in order to ensure that it will be inclusive and
36 culturally appropriate.

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

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

- 12 a) Availability – Primary health care should include services sensitive to the
13 needs of adolescents, with special attention given to sexual and
14 reproductive health and mental health;
- 15 b) Accessibility – Health facilities, goods, and services should be known and
16 easily accessible (economically, physically, and socially) to all adolescents,
17 without discrimination. Confidentiality should be guaranteed and
18 maintained at all times;
- 19 c) Acceptability – While fully respecting the provisions and principles of the
20 Convention, all health facilities, goods, and services should respect
21 cultural values, be gender sensitive, be respectful of medical ethics, and
22 be acceptable to both adolescents and the communities in which they live;
- 23 d) Quality – Health services and goods should be scientifically and medically
24 appropriate, which requires personnel trained to care for adolescents,
25 adequate facilities, and scientifically accepted methods.

26 The ISDN shall perform the following tasks and functions:

- 27 a) Map and analyze the various factors contributing to pregnancies among
28 adolescents at the regional and local levels;
- 29 b) Identify and implement inter-agency interventions to address the various
30 issues related to adolescent pregnancies in the region and at the local
31 level;
- 32 c) Harmonize all existing efforts addressing adolescent pregnancy and
33 coordinate with all the necessary agencies, organizations, and
34 stakeholders to ensure non-duplication of efforts at the local level;

- 1 d) Capacitate ISDN agency-members in collaboration with relevant regional
- 2 government agencies to ensure quality information and services to
- 3 adolescents;
- 4 e) Provide, in collaboration with LGUs, needed information and services for
- 5 adolescent development;
- 6 f) Generate or share resources in the implementation of the joint strategic
- 7 plan of the ISDN; and
- 8 g) Monitor and evaluate effectiveness of coordination and referral systems
- 9 and other interagency interventions jointly implemented by the ISDN.

10 The City or Municipal Health Officer shall be the head and point person of the local
11 ISDN in collaboration with the Sangguniang Kabataan (SK) Federation or Task Force on
12 Youth Development (TFYD) and/ or Local Youth Development Council (LYDC) in the
13 concerned localities with technical assistance from the Council and other relevant national
14 government agencies. The City or Municipal Population Officer shall co-lead the local
15 ISDN.

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

17 The Department of Education, with assistance from the Council and in collaboration with
18 other relevant agencies, shall develop and promote educational standards, modules, and
19 materials to promote comprehensive responsible sexuality education in schools,
20 communities, and other youth institutions. The comprehensive sexuality education (CSE)
21 shall be a compulsory part of education, integrated at all levels with the end goal of
22 normalizing discussions about adolescent sexuality and reproductive health and to
23 remove stigma from all levels. The Council shall ensure that the CSE is medically accurate,
24 rights based, and inclusive and non-discriminatory towards LGBT adolescents.

25 The CSE shall include age and development-appropriate topics such as, but not
26 limited to: human sexuality, consent, adolescent reproductive health, effective
27 contraceptive use, disease prevention, HIV/AIDS and the more common STIs, hygiene,
28 health and nutrition, healthy lifestyles, gender-sensitivity, gender equality and equity,
29 teen dating, prevention of gender and sexual violence, peer pressure, women's and
30 children's rights, digital citizenship and issues like pornography, among others. The
31 purpose of which is to equip them with the knowledge, skills, and values to make informed
32 and responsible choices about their sexual and social relationships.

33 The CSE shall be standardized and implemented in all public and private basic
34 education institutions. CSE delivery shall not be dependent upon the discretion of the
35 school administration or on its teachers. It shall be integrated in the school curriculum,
36 guided by international standards. In order to ensure proper compliance, the provision

1 and delivery of CSE in public and private basic education institutions shall be listed as one
2 of the criteria and an accreditation requirement of DEPED's Philippine Accreditation
3 System for Basic Education (PASBE). Schools refusing to implement CSE shall have their
4 accreditation reviewed by the PASBE board.

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

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

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

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

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

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

35 The module for this CSE program shall be developed by the council. The topics to
36 be included shall include but are not limited to: positive discipline, responsible

1 parenthood, violence against women and children, and dealing with bullying and the
2 possible stigma of being a teen parent.

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

8 *Sec. 9. Training of Teachers, Guidance Counselors, and School Supervisors on CSE*

9 – The Council shall ensure that all teachers, guidance counselors, instructors, and other
10 school officials entrusted with the duty to educate adolescents on CSE shall be properly
11 trained on adolescent health and development and gender sensitivity to effectively
12 educate and guide adolescents in dealing with their sexuality-related concerns. The
13 training activities shall include the legal and human rights instruments applicable to the
14 sexual and reproductive health of adolescents, especially in cases of unintended
15 pregnancies as a result of sexual violence. The training shall be in collaboration with the
16 Council for technical assistance. Funding for the training shall be allotted in the concerned
17 government agencies' annual allocation to be approved by Congress.

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

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

23 *Sec. 10. Promoting the CSE using the Social Media and other Digital or Online*

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

30 *Sec. 11. Participation of the Private Sector in the Promotion of CSE.* – The

31 government may enter into public-private partnership agreements in the promotion of
32 CSE. An incentive mechanism for telecommunication companies shall be developed and
33 implemented by concerned agencies to recognize private participation in promoting CSEs
34 and adolescent youth health-seeking behavior, positive attitude towards sex, sexual
35 relations and sexuality, etc.

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

8 Other private companies may be engaged to partner with the government
9 agencies in designing and implementing innovative programs to prevent adolescent
10 pregnancy.

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

18 For this purpose, all health service providers in health facilities including school
19 clinics and school-linked health centers shall be trained on providing adolescent-friendly
20 and responsive information and services. Provided, that all health facilities shall be
21 enhanced to become an adolescent-friendly facility by ensuring confidentiality, exclusive
22 schedule for adolescents, availability of services for adolescents, non-judgmental and
23 gender responsive health service providers. Provided, furthermore, that adolescents shall
24 not be denied access to clinical services and modern methods of contraceptives if and
25 when they seek to avail of the aforementioned healthcare services.

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

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

1 In cases of pregnant adolescents, a wider spectrum of SRH services shall be made
2 available to them spanning the pre-natal until the post-natal stages of pregnancy and its
3 respective health care requirements. For in-school pregnant adolescents, consultations
4 with the school nurse and guidance counselor shall be encouraged.

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

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

- 13 a) Maternal health services including pre-natal and post-natal check-ups
14 and facility-based delivery;
- 15 b) Post-natal family planning counseling and services for either or both
16 adolescent parents;
- 17 c) Home-based, in-school, or tech-vocational education for adolescent
18 mothers and parents;
- 19 d) Personal PhilHealth coverage, making mandatory enrollment and
20 membership of indigent adolescent mothers;
- 21 e) Enrolment to social insurance like the Social Security Services;
- 22 f) Training, skills development, and support to livelihood programs for the
23 household of the adolescent parents especially for the indigents;
- 24 g) Continuing CSE for adolescent parents;
- 25 h) Workshops on couples counseling, parenting, and positive discipline for
26 the impending parents; and
- 27 i) psycho-social support and mental health services for adolescent parents.

28 Discriminatory and exclusionary practices that harms and discourages the
29 education of adolescent parents shall be prohibited. All efforts shall be taken by school
30 administrations to ensure and encourage the continuation of education of all adolescent
31 parents; as such, support mechanisms and school retention programs and policies shall
32 be put in place.

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

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

4 *Sec. 14. Social Protection in Cases of Sexual Violence.* – Strengthened
5 comprehensive social protection mechanisms for adolescents, especially for girls, shall be
6 provided. Expectant and current mothers whose pregnancies were the result of sexual
7 violence shall be given access and support to legal, medical, and psycho-social services.
8 Furthermore, the Council shall reinforce the capacities of health facilities in providing
9 comprehensive post-trauma care for adolescents in cases of sexual violence, sexual
10 exploitation, or sexual harassment. Provided further, that post-trauma care includes but
11 is not limited to services such as purposive family planning and counselling.

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

17 *Sec. 15. Social Protection in Cases of Humanitarian, Conflict or National Emergency*
18 *Situations.* – The local ISDN shall be bolstered in the events of humanitarian and conflict
19 crises or national emergency situations. The local ISDN shall ensure swift and efficient
20 delivery of SRH services to vulnerable adolescents and young pregnant girls. Increased
21 vigilance shall be practiced in cases of gender violence, sexual assault, and exploitation
22 in these situations. All incidence of the aforementioned situations shall be immediately
23 addressed by the local ISDN through appropriate channels.

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

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

35 Workshops, classes, and seminars for first time parents shall be provided with pre-
36 and post-natal education. These classes shall include topics such as, but not limited to:

1 infant feeding and care, positive discipline, responsible parenthood, and safe sex
2 practices. The classes shall be made available free of charge and at times most convenient
3 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, such as in-
6 school day-care and breastfeeding stations.

7 *Sec. 17. Encouraging male involvement*– The Council shall develop programs that
8 will promote male involvement in the prevention of early and unintended pregnancies.
9 These programs shall include topics such as, but not limited to: responsible fatherhood,
10 couples counseling, avoiding gender violence, and co-parenting strategies. These
11 programs shall emphasize the roles and responsibilities of being a father and promote
12 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 adolescent
18 pregnancy and generate support from various stakeholders, the entire month of February
19 shall be designated as *Month for Public Awareness or Preventing Adolescent Pregnancy*
20 *which shall be observed nationwide.* Schools and other stakeholders shall hold activities
21 with the objective of raising awareness and generate critical actions to address the issues
22 of increasing adolescent pregnancy.

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

26 *Sec. 19. Residential Care Facilities for Disadvantaged Women* – The existing
27 residential care facilities for disadvantaged women of the Department of Social Welfare
28 and Development shall be capacitated to accommodate the needs of pregnant girls. The
29 management of the said facilities shall coordinate with their respective locality's ISDN to
30 provide SRH information and services to their residents.

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

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

1 *Sec. 20. Integration of Local Program for the Prevention of Adolescent Pregnancy*
2 *in SK Programs.* – Strategies and programs which aim to prevent incidence of adolescent
3 pregnancies shall be integrated in the SK programs at the local and community level using
4 the 10% SK funds. In the absence of the SK, the Task Force on Youth Development
5 (TFYD) shall undertake the responsibility of integrating adolescent pregnancy prevention
6 programs in the barangay youth council’s activities. The Council shall issue guidelines to
7 ensure the implementation of this provision.

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

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

18 *Sec. 21. Creation of a National Information System on the Prevention of Adolescent*
19 *Pregnancy* – The Council shall endeavor to create a system that will comprehensively
20 assess and effectively monitor and evaluate the status, success, and efficacy of the
21 National Program of Action for the Prevention of Adolescent Pregnancy and the NPPTP.

22 The existing Young Adult Fertility and Sexuality Study shall be renamed Adolescent
23 Health and Development Survey and be carried out every four years to conduct surveys
24 and collect age- and gender-disaggregated data. Its topics shall cover a wider range of
25 topics and indicators extending beyond adolescent sexuality and reproductive health. Its
26 coverage shall include topics such as, but not limited to: education, adolescent health,
27 and labor.

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

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

34 *Sec. 22. Implementation Structure* – An ‘Adolescent Pregnancy Prevention Council’
35 to be integrated as a sub-committee of the National Implementation Team of the

1 Responsible Parenthood and Reproductive Health (RPRH) Law shall be established to be
2 composed of the following:

- 3 a) The DOH Secretary as the Chairperson;
- 4 b) The POPCOM Board of Commissioners Chair as Co-Chairperson;
- 5 c) Senior officials (at least Undersecretary level) of the NYC, DEPED, DSWD,
6 DILG, CHED, and TESDA as ex-officio members;
- 7 d) Five members appointed by the Chairperson who are persons with
8 knowledge, expertise, accomplishment, and with no less than five-year
9 experience in the fields of public health, adolescent rights and social
10 protection, education, psychology, and social welfare, provided that one
11 qualified member is appointed in each field; Provided further that majority
12 of these appointed members are female;
- 13 e) Two representatives of children and youth appointed by the Council
14 Chairperson from various nationally represented youth organizations,
15 provided that one is male and one is female; and
- 16 f) The Chairpersons of the League of Cities and League of Municipalities.

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

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

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

- 22 a) To propose legislative and administrative policies on the prevention of
23 adolescent pregnancy;
- 24 b) To develop operational guidelines for government agencies and private
25 organizations in the development and implementation of comprehensive
26 strategies and programs for prevention of adolescent pregnancy, including
27 sexual violence;
- 28 c) To monitor implementation of the provision of the law;
- 29 d) To coordinate with various government councils and technical working
30 groups with the end in view of converging and harmonizing various efforts
31 and programs aimed to prevent adolescent pregnancies;
- 32 e) To conduct research and generate evidence on the drivers of adolescent
33 pregnancy to inform programs and policies; and
- 34 f) To provide relevant agencies and private organizations with
35 recommendations and solutions to challenges and gaps in the course of
36 implementing the program.

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

4 a) The DOH shall:

- 5 a. Ensure the availability and provision of ASRH information, services,
6 and commodities in all public and private health facilities;
- 7 b. Ensure the training of health service providers in providing
8 adolescent-friendly and responsive health services; and
- 9 c. Support and provide technical assistance in the capacity building
10 of existing ISDNs and establishment of new ISDNs at the local
11 level.

12 b) The Commission on Population shall:

- 13 a. Develop, in coordination with the relevant agencies, the NPPTP as
14 part of the national population program;
- 15 b. Implement a program for the training of parents and guardians in
16 effectively guiding adolescents on ASRH issues;
- 17 c. Set-up the National Information System on the Prevention of
18 Adolescent Pregnancy that shall be used for plan and program
19 development and M & E of indicators at all levels;
- 20 d. Take the lead in the nationwide and community-based campaign
21 for the prevention of adolescent pregnancy, including the
22 development and maintenance of the web portal for relevant online
23 information and services; and
- 24 e. Serve as the secretariat of the Council.

25 c) The DEPED and CHED shall:

- 26 a. Ensure the development and promotion of CSE standards and its
27 corresponding learning modules for teachers and students;
- 28 b. Ensure the comprehensive training of all teachers, guidance
29 counselors, and school administrators on CSE;
- 30 c. Lead the delivery and implementation of CSE in all public and
31 private basic education and tertiary educational institutions, as well
32 as in non-formal educational settings;
- 33 d. Ensure the incorporation of CSE in the module of future educators;
- 34 e. Guarantee quality assurance of educational institutions in terms of
35 CSE delivery compliance through the PASBE accreditation;

- 1 f. Ensure the proper implementation and delivery of CSE in all schools
2 and administer the PASBE review if or when deemed necessary;
3 and
4 g. Strengthen existing programs and develop and implement flexible
5 learning options that will encourage the continuing education of
6 adolescent parents, especially mothers.
- 7 d) The DSWD and shall:
- 8 a. Take the lead in providing social protection for adolescent parents,
9 especially in cases of sexual violence, abuse, and exploitation;
10 b. Ensure the provision of social protection for adolescents in
11 humanitarian and/or emergency situations;
12 c. Equip their existing Distressed Centers for Disadvantaged Women
13 with increased capacity to accommodate more residents; and
14 d. Promote CSE for adolescents with special needs and in difficult
15 circumstances.
- 16 e) The NYC shall:
- 17 a. Ensure the integration of ASRH and CSE promotion in the SK or
18 TFYD and LYDC programs and projects;
19 b. Capacitate the SK or TFYD and LYDC in the implementation of this
20 Act at the local level;
21 c. Create and organize, together with DEPED, DILG, DOH, the League
22 of Cities and Municipalities, and concerned NGOs and CSOs,
23 programs that will promote peer education at the local level; and
24 d. Conduct workshops, classes, and seminars for first time parents, in
25 partnership with DOH, DSWD, and other concerned Council
26 members and relevant agencies.
- 27 f) The DILG shall:
- 28 a. Ensure the compliance of LGUs in the implementation of this Act
29 by including the implementation of ASRH programs as a qualifying
30 requirement of the Seal of Good Local Governance and
31 b. Assist the local ISDNs through their League of Provinces, League
32 of Cities, League of Municipalities and League of Barangays.
- 33 g) The TESDA shall:
- 34 a. Provide social protection to adolescent parents by providing skills
35 training and livelihood support and

1 b. Encourage enrollment in tech-vocational courses for adolescent
2 parents who are not fully equipped to return to in-school education.

3 h) The CWC shall:

4 a. Integrate in its development and strategic frameworks issues and
5 concerns from children-specific to teen pregnancy and ensure the
6 adoption of such frameworks by the LGUs and other stakeholders;

7 b. Vigorously advocate for the awareness and prevention of teen
8 pregnancy; and

9 c. Develop, adopt, and implement, in a manner consistent with
10 adolescents' evolving capacities, legislation, policies, and programs
11 that will promote children and adolescent health and development.

12 i) The League of Cities and League of Municipalities shall:

13 a. Help ensure the proper implementation of this Act in LGUs by
14 monitoring the LGUs in their jurisdiction;

15 b. Encourage Local Chief Executives in adopting and implementing
16 this Act in their LGUs; and

17 c. Provide additional support to the local ISDNs.

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

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

30 *Sec. 24. Implementing Rules and Regulations.* – Within 120 days upon the
31 effectivity of this Act, the Council shall be organized to formulate the Implementing Rules
32 and Regulations of this Act.

33 *Sec. 25. Reporting Requirements.* – Before the end of April each year, the Council
34 shall submit to the President of the Philippines and the Congress an annual consolidated
35 report, which shall provide a definitive and comprehensive assessment of the
36 implementation of its programs and those of other government agencies in relation to

1 the implementation of this Act and recommend priorities for executive and legislative
2 actions. The report shall be printed and distributed to all national agencies, the LGUs,
3 NGOs and private Sector organizations involved in said programs.

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

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

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

Approved,