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SENATE

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(In substitution of Senate Bill Nos. 372, 651, and 1209 taking into consideration SRN 462)

Submitted by the Committee on Women, Children, Family Relations and Gender Equality joint with the Committees on Social Justice, Welfare and Rural Development; Health and Demography; and Finance with Senators Hontiveros, Marcos, Revilla, Jr., Angara and Go as authors

**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 the House of Representatives of the Philippines in Congress assembled:

1 Sec. 1. *Short Title.* – This Act shall be known as the "*Prevention of*
2 *Adolescent Pregnancy Act of 2023.*"

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 country
6 not only in the future but also in the present;
- 7 b) Recognize and promote the responsibility of the State to create and sustain
8 an enabling environment for adolescents to enable them to achieve their
9 development aspirations and potentials as well as mobilize them to positively
10 contribute to the development of the nation;
- 11 c) Pursue sustainable and genuine human development that values the dignity
12 of the total human person and affords full protection to people's rights,
13 especially of adolescent girls and boys and their families;

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

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

- 27 a) *Adolescents* - refers to the population aged 10 to 19 years.
- 28 b) *Adolescent Sexual and Reproductive Health (ASRH) Care* -refers to the
29 access to a full range of methods, techniques, and services that contribute to
30 the sexual and reproductive health and well-being of young people by
31 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 people
3 as social beings.

4 d) *Adolescent Pregnancy Prevention Council* - hereafter referred to as the
5 Council, is an inter-agency and inter-sectoral council that shall be formed
6 through this Act and serve as its implementing and oversight body.

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

18 f) *Gender-based violence* – refers to harmful acts directed at an individual or a
19 group of individuals based on their gender. It is rooted in gender inequality,
20 the abuse of power and harmful norms. It includes but is not limited to:
21 physical, verbal, sexual, psychological, and socioeconomic violence.

22 g) *Integrated Information and Service Delivery Network for Adolescent Health
23 Development (IISDN)* — refers to the network of facilities, institutions, and
24 providers within the region, province, district, city, municipality, and barangay-
25 wide health and social system offering information, training, and core packages
26 of health and social care services in an Integrated and coordinated manner.

27 h) *Indigenous Cultural Communities/Indigenous Peoples* — refer to a group of
28 people or homogenous societies identified by self-ascription and ascription by
29 others, who have continuously lived as organized community on communally
30 bounded and defined territory, and who have, under claims of ownership since
31 time immemorial, occupied, possessed and utilized such territories, sharing
32 common bonds of language, customs, traditions and other distinctive cultural

1 traits, or who have, through resistance to political, social and cultural inroads
2 of colonization, non-indigenous religions and cultures, became historically
3 differentiated from the majority of Filipinos. ICCs/IPs shall likewise include
4 peoples who are regarded as indigenous on account of their descent from the
5 populations which inhabited the country, at the time of conquest or
6 colonization, or at the time of inroads of non-indigenous religions and cultures,
7 or the establishment of present state boundaries, who retain some or all of
8 their own social, economic, cultural and political institutions, but who may have
9 been displaced from their traditional domains or who may have resettled
10 outside their ancestral domains.

11 i) *Local Youth Development Council (LYDC)* - refers to the local body to be
12 created based on RA No. 10742 (SK Reform Law) which is composed of
13 representatives of youth and youth-serving organizations in the provincial, city,
14 and municipal and barangay level with the primary function of assisting in the
15 planning and execution of projects and programs of the Sangguniang Kabataan,
16 and the Pederasyons in all levels.

17 j) *Local Council for the Protection of Children* – refers to the council organized
18 at the provincial, city, municipal, and barangay levels that serves as the
19 umbrella organization for all children’s concerns.

20 k) *Normal Schools or Teachers Colleges* - refer to the learning institutions
21 training or educating teachers.

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

25 m) *Positive masculinity* – refers to men and boys to becoming gender-sensitive
26 and enabling them to support, promote and respect women and girl's sexual
27 and reproductive health and rights.

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

- 1 o) *Quad media* – refers to the four types of media used by society, specifically:
2 print media which includes newspapers and magazines; broadcast media which
3 includes television and radio; internet media which includes social media, online
4 forums, and podcasts, among others; and out of home media which includes
5 advertising media.
- 6 p) *Sexual and Reproductive Health* - refers to state of complete physical, mental
7 and social well-being, and not merely the absence of disease or Infirmity In all
8 matters relating to the reproductive system and to its functions and processes.
- 9 q) *Risky Behaviors* - refer to practices and actions that are potentially
10 detrimental to a person’s health, protection, exposure to abuse or exploitation
11 or general well-being or increase the probability of their mortality or morbidity.
- 12 r) *Sexual Abuse* – refers to actual or threatened physical intrusion of a sexual
13 nature, whether by force or under unequal or coercive conditions.
- 14 s) *Sexual exploitation* - refers to any actual or attempted abuse of position of
15 vulnerability, differential power or trust, for sexual purposes, including, but not
16 limited to, profiting monetarily, socially, or politically from the
17 sexual exploitation of another.
- 18 t) *Social Protection* - constitutes policies and programs that seek to reduce
19 poverty and vulnerability to risks and enhance the social status and rights of
20 the marginalized by promoting and protecting livelihood and employment,
21 protecting against hazards and sudden loss of income, and improving people's
22 capacity to manage risks.
- 23 u) *Task Force on Youth Development (TFYD)* -refers to the local body to be
24 created based on Implementing Rules and Regulations of RA 10656 (Act to
25 Postpone the October 2016 SK Elections) whose members will remain in office
26 until such time that SK officials have been duly elected and qualified. They are
27 mandated to formulate a Youth Development Plan and ensure that the plan's
28 programs and projects are implemented in the barangay and that the SK funds
29 are used solely for youth development.

30 *Sec. 4. Development of the National Program of Action and Investment*
31 *Plan for the Prevention of Adolescent Pregnancy.* - The Council, in
32 collaboration with other relevant national agencies, non-government

1 organizations, civil society organizations, including women and children's
2 organizations and adolescent and young people's organizations shall develop
3 an evidence-based National Program on the Prevention of Adolescent
4 Pregnancy (NPPTP). It shall be funded at all levels and become a priority
5 program of the Philippine Population Management Program of the Population
6 Commission (POPCOM), spearheaded and coordinated by the Adolescent
7 Pregnancy Prevention Council, created under Sec. 23 of this Act.

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

14 In order to ensure the full participation of the stakeholders at all levels of
15 decision making, consultations with children, adolescents, and youth-oriented
16 groups shall be held with the Council's youth representatives. The council
17 must also hold consultations with adolescents from specific at-risk
18 populations, including children and adolescents from indigenous cultural
19 communities, those in situations of armed conflict and humanitarian
20 situations, LGBTQIA children, children with disabilities, and children living in
21 geographically isolated and disadvantaged areas (GIDA). The results of the
22 stakeholders' consultation that will be presented by the youth representatives
23 shall be integrated into the formulation, implementation, operation,
24 measurement, and evaluation of the NPPTP. If necessary, additional
25 consultations with the stakeholders shall be conducted at various levels of the
26 program to guarantee that the NPPTP remain youth focused and oriented.

27 Government agencies like the National Commission on Indigenous
28 Populations (NCIP) and the National Commission on Muslim Filipinos (NCMF),
29 while not part of the Council, shall be included in the development of the
30 NPPTP in order to ensure that it will be inclusive and culturally appropriate.

31 *Sec. 5. Organization and Mobilization of Regional and Local Integrated*
32 *Information and Service Delivery Network for Adolescent Health and*

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

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

13 a) *Availability* - Primary health care should include inclusive, culturally- and
14 gender-sensitive services responsive to the needs of adolescents and young
15 girls, with special attention given to sexual and reproductive health and mental
16 health;

17 b) *Accessibility* - Health facilities, goods, and services should be known and
18 easily accessible (economically, physically, and socially) to all adolescents,
19 without discrimination and without the need for parental consent.
20 Confidentiality should be guaranteed and maintained at all times;

21 c) *Acceptability* - While fully respecting the provisions and principles of the
22 Convention, all health facilities, goods, and services should respect cultural
23 values, be gender sensitive, be respectful of medical ethics, and be acceptable
24 to both adolescents and the communities in which they live; Provided that in
25 all cases the best interest of the child shall prevail.

26 d) *Quality* - Health services and goods should be scientifically and medically
27 appropriate, which requires personnel trained to care for adolescents, adequate
28 facilities, and scientifically accepted methods.

29 The IISDN shall perform the following tasks and functions:

30 a) Map and analyze the various factors contributing to pregnancies among
31 adolescents at the regional and local levels;

- 1 b) Identify and implement inter-agency interventions to address the various
2 issues and the underlying causes and drivers related to adolescent pregnancies
3 in the region and at the local level;
- 4 c) Harmonize all existing efforts addressing adolescent pregnancy and
5 coordinate with all the necessary agencies, organizations, and stakeholders to
6 ensure non-duplication of efforts at the local level;
- 7 d) Capacitate IISDN agency-members in collaboration with relevant
8 government agencies and Local Government Units (LGUs) to ensure the
9 provision of quality information and services to adolescents;
- 10 e) Provide, in collaboration with LGUs, needed Information and services for
11 adolescent development;
- 12 f) Generate or share resources in the implementation of the joint strategic plan
13 of the IISDN;
- 14 g) Monitor and evaluate effectiveness of coordination, feedback mechanisms,
15 and referral systems and other interagency interventions jointly implemented
16 by the IISDN;
- 17 h) Coordinate with CSOs to provide information services to adolescents; and
- 18 i) Coordinate with the appropriate government agencies and the private sector
19 to ensure that relevant information is effectively disseminated.

20 The City or Municipal Health Officer shall be the head and point person of the
21 local IISDN in collaboration with the Sangguniang Kabataan (SK) Federation or
22 Task Force on Youth Development (TFYD), Local Youth Development Council
23 (LYDC), and Local Council for the Protection of Children (LCPC) in the concerned
24 localities with technical assistance from the Council and other relevant national
25 government agencies. The City or Municipal Population Officer shall co-lead the
26 local IISDN.

27 *Sec. 6. Age and Development-Appropriate Comprehensive Sexuality*
28 *Education.* - The Department of Education, with assistance from the Council
29 and in collaboration with other relevant agencies, shall develop and promote
30 educational standards, modules, and materials to promote comprehensive
31 sexuality education (CSE) in schools, communities, and other youth institutions.
32 The CSE shall be a compulsory part of education, integrated at all levels with

1 the end goal of normalizing discussions about adolescent sexuality and
2 reproductive health and to remove stigma at all levels. The Council shall ensure
3 that the CSE is medically accurate, culturally sensitive, rights based, and
4 inclusive and non-discriminatory towards LGBTQIA adolescents.

5 The CSE shall include age and development-appropriate topics such as,
6 but not limited to: human sexuality, informed consent, adolescent reproductive
7 health, effective contraceptive use, disease prevention, HIV/AIDS and the more
8 common sexually transmitted infections (STIs), hygiene, health and nutrition,
9 healthy lifestyles and health seeking-behaviors and practices, gender-
10 sensitivity, gender equality and equity, teen dating, gender-based violence,
11 sexual abuse and exploitation, peer pressure, women's and children's rights,
12 digital citizenship and issues like pornography, among others. The purpose of
13 which is to equip them with the knowledge, skills, and values to make informed
14 and responsible choices about their sexual and social relationships.

15 The CSE shall be standardized and implemented in all public and private
16 basic education institutions. CSE delivery shall not be dependent upon the
17 discretion of the school administration or on its teachers. It shall be integrated
18 in the school curriculum, guided by DEPED and international standards. In order
19 to ensure proper compliance, the provision and delivery of CSE in public and
20 private basic education institutions shall be listed as one of the criteria and an
21 accreditation requirement of DEPED's Philippine Accreditation System for Basic
22 Education (PASBE). Schools refusing to implement CSE shall have their
23 accreditation reviewed by the PASBE board.

24 The Council, in consultation with DEPED, shall undertake annual reviews
25 to determine the effectiveness of the curriculum and to make revisions as
26 necessary to enhance implementation of the program. In addition, the Council
27 shall formulate a guide for CSE delivery for schools.

28 *Sec. 7. CSE for Out-of-School Adolescents and those with Special*
29 *Concerns.* —The Council led by the DILG, the local IISDN, and the LGUs shall
30 collaborate to intensify and institutionalize interactive learning methodologies
31 for CSE among out-of-school adolescents in the communities and workplaces.
32 Provided, that the needs of indigenous adolescents in emergency situations and

1 children with special concerns shall be considered in the design and promotion
2 of sexuality education among adolescents.

3 Delivery of CSE in non-formal education settings shall be ensured by
4 DEPED through their Alternative Learning System. Community youth leaders,
5 through the SK, TFYD, LYDC, or LCPC shall invest in a concentrated effort in
6 reaching these groups and encourage peer to peer education. CSE delivery to
7 children with special concerns including children and adolescents from
8 indigenous cultural communities, those in situations of armed conflict and
9 humanitarian situations, LGBTQIA children, children with disabilities, and
10 children living in geographically isolated and disadvantaged areas (GIDA) shall
11 be ensured by the IISDN. Volunteer groups and interested CSOs and NGOs shall
12 be recognized for supplemental support to the local IISDNs.

13 The local IISDN and LGUs shall also utilize their Barangay Health Workers
14 (BHWs) and enlist their help in delivering CSE to out-of-school adolescents and
15 those with special concerns. DEPED and the NCMF, along with other relevant
16 government agencies shall be tasked to integrate a CSE syllabus that is
17 culturally sensitive into the existing Madrasah curriculum.

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

30 The module for this CSE program shall be developed by the council. The
31 topics shall include but not be limited to: children's rights, positive discipline,
32 responsible parenthood, violence against women and children, gender-based

1 violence, sexual abuse and exploitation and dealing with bullying and the
2 possible stigma of being an adolescent parent.

3 CSE shall be integrated into the Family Development Sessions (FDS) of
4 the DSWD, Parental Effectiveness Services Programs, and PTA meetings but
5 other avenues should also be pursued. The Local Social Welfare Development
6 Officers (LSWDOs) shall endeavor to reach out to parent organizations in
7 schools and communities to promote such programs.

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

21 Schools shall institute policies to support adolescent parents in ensuring that
22 they stay in school and complete their education.

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

27 *Sec. 10. Promoting CSE using the Quad Media.* - The Council shall
28 optimize media and online platforms to reach adolescents with accurate
29 information and messages on adolescent sexual and reproductive health
30 (ASRH) rights and concerns. A web portal for the NPPTP shall be developed
31 and promoted by the council to harmonize and link various websites and
32 online services for ASRH including the networked operationalization of IISDN

1 for AHD. Private broadcast networks shall be encouraged and given access to
2 relevant information and material to do the same.

3 *Sec. 11. Participation of the Private Sector in the Promotion of CSE. -*
4 The government may enter into partnerships with the private sector in the
5 promotion of CSE. An incentive mechanism for the private sector shall be
6 developed and implemented by concerned agencies to recognize private
7 participation in promoting CSEs and adolescent youth health-seeking behavior,
8 positive attitude towards sex, sexual relations and sexuality, etc.

9 The Movie and Television Review and Classification Board (MTRCB) shall
10 review their existing guidelines to ensure that no television programs promote
11 and encourage unsafe sexual activities among adolescents. The Kapisanan ng
12 mga Brodkaster ng Pilipinas in coordination with the National Council for
13 Children’s Television and other relevant government agencies shall, within one
14 year from the effectivity of this Act, formulate its own guidelines to ensure that
15 unsafe adolescent sexual activity is not promoted or encouraged in broadcast
16 media.

17 *Sec. 12. Access to Sexual and Reproductive Health Information and*
18 *Services. -* Adolescents shall be allowed to access SRH information and services.
19 Provided that adolescents below 15 years old shall be required to obtain
20 consent from their parents or legal guardians except when they have engaged
21 or are engaging in sexual activity or are survivors of sexual abuse, Provided
22 further that consent can alternatively be obtained from a licensed social worker
23 or a doctor and in the absence of the two, a medical professional accredited by
24 the DOH, a LSWDO, or in the case of indigenous cultural communities, a trained
25 healthcare representative designated by their respective Indigenous Peoples
26 mandatory representative (IMPR). Provided finally, that in all cases, counseling
27 shall be carried out with the end in view of ensuring optimal health outcomes
28 and adequate protections against possible gender-based violence and sexual
29 abuse and exploitation.

30 For this purpose, all health service providers in health facilities including
31 school clinics and school-linked health centers shall be trained on providing
32 adolescent-friendly and responsive SRH information and services. Provided,

1 that all health facilities shall be enhanced to become an adolescent-friendly
2 facility by ensuring confidentiality, exclusive schedule for adolescents,
3 availability of services for adolescents, non-judgmental and gender responsive
4 health service providers.

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

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

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

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

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

31 a) Maternal health services including pre-natal and post-natal check-ups and
32 facility-based delivery;

- 1 b) Post-natal family planning counseling and services for both adolescent
- 2 parents;
- 3 c) Home-based or online, in-school, or tech-vocational education for adolescent
- 4 parents;
- 5 d) Personal PhilHealth coverage, making mandatory enrollment and
- 6 membership of indigent adolescent-parents;
- 7 e) Enrolment 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 the
- 12 parents;
- 13 i) Psycho-social support and mental health services for adolescent parents; and
- 14 j) In the case of solo adolescent parents, preferential access to benefits under
- 15 the Expanded Solo Parent Welfare Act.

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

21 Adolescent mothers shall be entitled to maternity leave benefit, and their
22 partners to paternity leave, if applicable. Termination, forced resignation,
23 suspension, diminution of benefits, and other discriminatory acts in the
24 workplace against pregnant girls and adolescent parents shall be prohibited.

25 Sec. 14. *Protective Services in Cases of Sexual Violence.* - Strengthened
26 comprehensive social protection mechanisms for adolescents, especially for
27 girls, shall be provided. Expectant and current mothers whose pregnancies
28 were the result of sexual abuse or exploitation shall be given access and support
29 to legal, medical, and psycho-social services. Furthermore, the Council shall
30 reinforce the capacities of health facilities in providing comprehensive post-
31 trauma care for adolescents in cases of gender-based violence, sexual abuse,
32 sexual exploitation, or sexual harassment. Provided further, that post-trauma

1 care includes but is not limited to services such as purposive family planning
2 and counselling.
3 Health service providers, particularly the Barangay Health Workers (BHWs),
4 other primary health care providers, and local population officers shall be given
5 confidentiality and safeguarding guidelines and tools for spotting and referring
6 cases of gender-based violence, sexual abuse, and exploitation of adolescents.
7 Where the adolescent involved is below 16 years old, a mandatory reporting
8 mechanism shall be instituted by the BHWs or other healthcare workers and
9 the LSWDOs together with the PNP's Women and Children Protection Desks
10 consistent with RA No. 9262 or the Anti-Violence Against Women and Their
11 Children Act of 2004. Where there is no functional referral pathway in existence,
12 a referral pathway shall be created by the Council to ensure that identified
13 sexual abuse and exploitation survivors are assisted and properly handled.

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

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

29 Sec. 16. *Care and Management for First Time Parents* - All pregnant
30 adolescents, especially among the poor and hard-to-reach groups shall have
31 access to skilled care throughout their pregnancy, delivery, and post-natal
32 periods. SRH providers shall strive to provide as many adolescent mothers with

1 their birth plans that details their intended place of childbirth delivery,
2 availability of transport to these health care institutions, and respective costs.
3 Special attention shall be given to younger pregnant mothers during obstetric
4 care.

5 Workshops, classes, and seminars for first time parents shall be provided
6 with pre- and post-natal education. These classes shall include topics such as,
7 but not limited to: breastfeeding, infant feeding and care, positive discipline,
8 responsible parenthood, mental health wellness, and safe sex practices. The
9 classes shall be made available free of charge and at times most convenient for
10 the adolescent parents.

11 Educational institutions shall be encouraged to develop and establish
12 support mechanisms that will encourage the return of adolescent mothers and
13 parents, such as in school day-care and breastfeeding stations. Existing daycare
14 facilities shall give preferential treatment to the children of adolescent parents.

15 *Sec. 17. Encouraging male involvement and Shared Parenthood-* The
16 Council shall develop programs that will promote male involvement in the
17 prevention of early and unintended pregnancies. These programs shall include
18 topics such as, but not limited to: responsible fatherhood, couples counseling,
19 avoiding gender-based violence, shared care work, positive masculinity, and
20 co-parenting strategies. These programs shall emphasize the roles and
21 responsibilities of being a father and promote their active involvement.

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

24 *SEC. 18. Foster Care or Adoption.* - The DSWD with the National
25 Authority on Childcare shall provide assistance to adolescent mothers who may
26 decide to put their child to foster care or adoption. The consent of the mother
27 and one parent or guardian of the mother shall be needed for the validity of
28 the foster care or adoption, consistent with the provisions of RA No. 11642 or
29 the Domestic Administrative Adoption and Alternative Child Care Act.

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

1 of their action.

2 Sec. 19. *Designating February of Every Year as the Month for Raising*
3 *Public Awareness on Preventing Adolescent Pregnancy and Conduct of*
4 *Nationwide Communication Campaign.* - To raise public consciousness on the
5 issues on adolescent pregnancy and generate support from various
6 stakeholders, the entire month of February shall be designated as *Month for*
7 *Public Awareness or Preventing Adolescent Pregnancy* which shall be observed
8 nationwide. Schools and other stakeholders shall hold activities with the
9 objective of raising awareness and generate critical actions to address the
10 issues of increasing adolescent pregnancy.

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

14 Sec. 20. *Residential Care Facilities for Disadvantaged Women* - The
15 existing residential care facilities for disadvantaged women of the Department
16 of Social Welfare and Development shall be capacitated to accommodate the
17 needs of adolescent mothers and their infants. The management of the said
18 facilities shall coordinate with their respective locality's IISDN to provide ASRH
19 information and services to their residents.

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

23 If there is an identified demand and need for a residential care facility to
24 be built and established, the local IISDN shall prioritize the city or municipality
25 with the highest rate of adolescent pregnancy.

26 Sec. 21. *Integration of Local Program for the Prevention of Adolescent*
27 *Pregnancy in SK Programs and LCPC.* - Strategies and programs which aim to
28 prevent incidence of adolescent pregnancies shall be integrated in the SK and
29 the LCPC programs at the local and community level, with the SKs using 10%
30 of their SK funds. In the absence of the SK, the Task Force on Youth
31 Development (TFYD) shall undertake the responsibility of integrating
32 adolescent pregnancy prevention programs in the barangay youth council's

1 activities. The Council shall issue guidelines to ensure the implementation of
2 this provision.

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

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

15 *Sec. 22. Creation of a National Information System on the Prevention*
16 *of Adolescent Pregnancy* - The Council shall endeavor to create a system that
17 will comprehensively assess and effectively monitor and evaluate the status,
18 success, and efficacy of the National Program of Action for the Prevention of
19 Adolescent Pregnancy and the NPPTP.

20 The existing Young Adult Fertility and Sexuality Study shall be renamed
21 Adolescent Health and Development Survey and be carried out every four
22 years to conduct surveys and collect age- and gender-disaggregated data. Its
23 topics shall cover a wider range of topics and indicators extending beyond
24 adolescent sexuality and reproductive health. Its coverage shall include topics
25 such as, but not limited to: education, adolescent health, and labor. The
26 Philippine Statistics Authority (PSA) shall conduct a dedicated study with the
27 sole focus of collecting ASRH data and information from 10 to 14 year olds,
28 subject to the compliance of globally accepted ethical research standards.

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

31 *Sec. 23. Implementation Structure* -An 'Adolescent Pregnancy Prevention
32 Council' to be integrated as a sub-committee of the National Implementation

1 Team of the Responsible Parenthood and Reproductive Health (RPRH) Law shall
2 be established to be 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,
6 DSWD, DILG, CHED, TESDA, and the CWC 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
12 majority 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;
- 16 f) The Chairpersons of the League of Provinces, League of Cities, and
17 League of Municipalities; and
- 18 g) The POPCOM shall serve as the secretariat of the Council.

19 The appointment of members shall be in accordance with the rules and
20 procedures as prescribed by the POPCOM, taking into account the approximate
21 proportion between men and women. The Council shall have the powers and
22 duties as follows:

- 23 a) To propose legislative and administrative policies on the prevention of
24 adolescent pregnancy;
- 25 b) To develop operational guidelines for government agencies, LGUs,
26 and private organizations in the development and implementation of
27 comprehensive strategies and programs for prevention of adolescent
28 pregnancy, including gender-based violence, sexual abuse, and sexual
29 exploitation;
- 30 c) To monitor implementation of the provision of the law;

- 1 d) To coordinate with various government councils and technical working
- 2 groups with the end in view of converging and harmonizing various
- 3 efforts and programs aimed to prevent adolescent pregnancies;
- 4 e) To conduct research and generate evidence on the drivers of
- 5 adolescent pregnancy to inform programs and policies;
- 6 f) To provide relevant agencies and private organizations with
- 7 recommendations and solutions to challenges and gaps in the course of
- 8 implementing the program; and
- 9 g) To exercise oversight in the program delivery and implementation.

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

13 a) The DOH shall:

- 14 (i) Ensure the availability and provision of ASRH information, services,
- 15 and commodities in all public and private health facilities;
- 16 (ii) Ensure the training of health service providers in providing
- 17 adolescent-friendly and responsive health services; and
- 18 (iii) Support and provide technical assistance in the capacity building of
- 19 existing IISDNs and establishment of new IISDNs at the local level.

20 b) The Commission on Population shall:

- 21 (i) Develop, in coordination with the relevant agencies, the NPPTP as
- 22 part of the national population program;
- 23 (ii) Implement a program for the training of parents and guardians in
- 24 effectively guiding adolescents on ASRH issues;
- 25 (iii) Set-up the National Information System on the Prevention of
- 26 Adolescent Pregnancy that shall be used for plan and program
- 27 development and monitoring and evaluation of indicators at all levels;
- 28 (iv) Take the lead in the nationwide and community-based campaign for
- 29 the prevention of adolescent pregnancy, including the development and
- 30 maintenance of the web portal for relevant online information and
- 31 services; and
- 32 (v) Serve as the secretariat of the Council.

1 c) The DEPED and CHED shall:

2 (i) Ensure the development and promotion of CSE standards and its
3 corresponding learning modules for teachers and students;

4 (ii) Ensure the comprehensive training of all teachers, guidance
5 counselors, and school administrators on CSE;

6 (iii) Lead the delivery and implementation of CSE in all public and private
7 basic education and higher educational institutions, as well as in non-
8 formal educational settings;

9 (iv) Ensure the incorporation of CSE in the module of future educators;

10 (v) Guarantee quality assurance of educational institutions in terms of
11 CSE delivery compliance through the PASBE accreditation;

12 (vi) Ensure the proper implementation and delivery of CSE in all schools
13 and administer the PASBE review if or when deemed necessary; and

14 (vii) Strengthen existing programs and develop and Implement flexible
15 learning options that will encourage the continuing education of
16 adolescent parents, especially mothers.

17 d) The DSWD and shall:

18 (i) Take the lead in providing social protection for adolescent parents,
19 especially in cases of gender-based violence, sexual abuse, and sexual
20 exploitation;

21 (ii) Ensure the provision of social protection for adolescents and their
22 infants in humanitarian and/or emergency situations;

23 (iii) Equip their existing Distressed Centers for Disadvantaged Women
24 with increased capacity to accommodate more residents; and

25 (iv) Promote CSE for adolescents with special needs and in difficult
26 circumstances.

27 e) The NYC shall;

28 (i) Ensure the Integration of ASRH and CSE promotion in the SK/TFYD
29 and LYDC programs and projects;

30 (ii) Capacitate the SK/TFYD and LYDC in the implementation of this Act
31 at the local level;

32 (iii) Create and organize, together with DEPED, DILG, DOH, the League

1 of Cities and Municipalities, and concerned NGOs and CSOs, programs
2 that will promote peer education at the local level; and
3 (iv) Conduct workshops, classes, and seminars for first time parents, in
4 partnership with DOH, DSWD, and other concerned Council members
5 and relevant agencies.

6 f) The DILG shall:

7 (i) Ensure the compliance of LGUs in the implementation of this Act by
8 including the implementation of ASRH programs as a qualifying
9 requirement of the Seal of Good Local Governance and

10 (ii) Assist the local IISDNs through their League of Provinces, League of
11 Cities, League of Municipalities and League of Barangays.

12 g) The TESDA shall:

13 (i) Provide social protection to adolescent parents by providing skills
14 education and

15 (ii) Encourage enrollment in tech-vocational courses for adolescent
16 parents who are not fully equipped to return to in-school education.

17 h) The CWC shall:

18 (i) Integrate in its development and strategic frameworks issues and
19 concerns from children-specific to adolescent pregnancy and ensure the
20 adoption of such frameworks by the LGUs and other stakeholders;

21 (ii) Vigorously advocate for the awareness and prevention of adolescent
22 pregnancy; and

23 (iii) Develop, adopt, and implement, in a manner consistent with
24 adolescents' evolving capacities, legislation, policies, and programs that
25 will promote children and adolescent health and development.

26 i) The League of Provinces, League of Cities, and League of Municipalities shall:

27 (i) Help ensure the proper Implementation of this Act in LGUs by
28 monitoring the LGUs in their jurisdiction;

29 (ii) Encourage Local Chief Executives in adopting and implementing this
30 Act in their LGUs; and

31 (iii) Provide additional support to the local IISDNs.

32 At the local level, the City or Municipal Health Office shall organize and lead the

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

8 Sec. 24. Annual Allocations. - All concerned government agencies
9 including the LGUs shall include in their annual budget the necessary funds for
10 strategies and activities within their mandates that are contributory to the
11 Implementation of this Act. Agencies and LGUs may also utilize their Gender
12 and Development (GAD) budget in implementing programs and activities to
13 carry out this Act.


14 Sec. 25. Implementing Rules and Regulations. - Within 120 days upon
15 the effectivity of this Act, the Council shall be organized to formulate the
16 Implementing Rules and Regulations of this Act.

17 Sec. 26. Reporting Requirements. - Before the end of April each year,
18 the Council shall submit to the President of the Philippines and the Congress an
19 annual consolidated report, which shall provide a definitive and comprehensive
20 assessment of the implementation of its programs and those of other
21 government agencies in relation to the implementation of this Act and
22 recommend priorities for executive and legislative actions. The report shall be
23 printed and distributed to all national agencies, the LGUs, NGOs and private
24 Sector organizations involved in said programs.

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

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

32 Sec. 29. Effectivity Clause. -This Act shall take effect fifteen (15) days

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- 1 after its publication in at least two (2) newspapers of general circulation.
 - 2 Approved,

PREVENTION OF ADOLESCENT PREGNANCY

Salient Points

- A National Program of Action and Investment Plan for the Prevention of Adolescent Pregnancy shall be developed with the inputs of NGOs, CSOs, and relevant NGAs.
- Age and Development-Appropriate Comprehensive Sexual Education shall be standardized and implemented in all public and private basic education institutions. Its delivery shall be listed as a criteria and accreditation for DEPED's Philippine Accreditation System for Basic Education.
- A community-based program aimed to help parents and guardians educate their children on CSE shall be developed and integrated into the Family Development Sessions of the DSWD, Parental Effectiveness Services Programs, and PTA meetings, among others.
- Adolescents 16-18 years of age shall be allowed access to sexual and reproductive health information and services. Adolescents below 15 years old shall require consent from their parents or legal guardians. In their absence, consent may be obtained from a licensed social worker or a doctor, a DOH-accredited medical professional, a Local Social Welfare Development Officer, or a designated Indigenous Peoples mandatory representative (IPMR).
- Adolescent parents are eligible to receive social protection services from their LGUs. These will include but are not limited to: maternal health care services, post-natal family planning, PhilHealth coverage, and enrolment to the SSS.
- Observed and identified cases of sexual violence (especially those involving adolescents 16 years old and below) are mandated to be reported to authorities. A referral pathway for cases shall be created to ensure that reported cases will be handled properly.
- The DSWD and the National Authority on Childcare shall provide assistance to adolescent mothers who decide to put their children to foster care or adoption, consistent with the provision of the Domestic Administrative Adoption and Alternative Child Care Act.
- A National Information System on the Prevention of Adolescent Pregnancy shall be created. The existing Young Adult Fertility and Sexuality Study shall be renamed Adolescent Health and Development Study. It shall be conducted regularly every 4 years. The PSA shall also conduct a dedicated study focused on collecting adolescent sexual and reproductive health data from 10 to 14 year olds.
- An Adolescent Pregnancy prevention Council shall be integrated as a sub-committee of the National Implementation Team of the RPRH Law. It will be composed of: DOH, PopCom, DEPED, DSWD, DILG, NYC, CHED, TESDA, CWC, 5 subject matter experts, 2 children and youth representatives, League of Provinces, League of Cities, and the League of Municipalities.
- The Council shall submit an annual consolidated report before the end of April each year.