

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

NINETEENTH CONGRESS
First Regular Session

House Bill No. 6964



Introduced by **KABATAAN PARTY-LIST Representative Raoul Dannel A. Manuel**

EXPLANATORY NOTE

The Philippines is experiencing an alarming phenomenon of “younging” among Filipino youth engaging in sexual intercourse. In 2019, the Commission on Population and Development (POPCOM) classified teenage pregnancy as a “national social emergency” due to a decrease in the average ages of adolescents experiencing early childbearing and an increase in the number of families headed by teenagers. Despite a decline in the number of teenage births below 18 years old, the 2022 State of the World Population (SWOP) reports that in every 1000 Filipino girls aged 15 to 19 years old, 36 of them would have already experienced childbearing. In an equally unsettling statistic, data from a policy brief by the Philippine Legislators’ Committee on Population and Development (PLPCD) shows that there are four times as many babies born to teenage mothers as there are to teenage fathers. As such, it is suggested that most children of teenage mothers are sired by older fathers thus fostering an imbalance in power relations between parents and increasing vulnerability to other risks such as sexual and gender-based abuse.

Adolescent or teenage pregnancy is the outcome of a confluence of factors. A study conducted on the correlation of teenage pregnancy and familial factors in 2021 revealed that teenage pregnancy was more likely to occur among young women who resided with neither parent or were members of large families. In the absence of parental guidance, monitoring, or control within proximity of the adolescent’s residence, communication regarding sexual and reproductive concerns decreases. As such, teenage women are more susceptible to experiencing childbearing at an early age.

Educational attainment has also been found to play a role in the significant reduction of risk for teenage pregnancy. However, for many young mothers, attending school is not a viable option due to poverty, ill health, and overall prioritization of family needs. This myriad of factors leads to the discontinuation of education among young women and increases the chances of pregnancy.

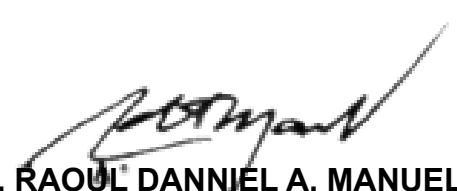
Socioeconomic status has also been linked with the occurrence of teenage pregnancies. In the PLPCD policy brief, it was found that young women with lower

economic status and educational attainment were more likely to experience teenage pregnancy. Although the same cannot be said for adolescent men, the PLPCD reports that most young fathers are those that belong to the highest socioeconomic class.

Flaws in the construction, provision, and accessibility of reproductive health services and laws in the Philippines have also contributed to the prevalence of adolescent pregnancy. Republic Act 10354 known as “The Responsible Parenthood and Reproductive Health Act of 2012” restricts minors from accessing modern methods of family planning unless written consent from their parents or guardian/s is obtained. Thus, sexually active minors would most likely engage in unprotected sexual intercourse thus increasing the risk of pregnancy.

The limited accessibility and availability of material on sex education leave the youth to their own devices. Most teenagers turn to the internet for information on reproductive health and related concerns. As such, most are unaware of the existence and need for contraceptives or other family planning measures. The PLPDC reports only a small percentage of adolescent men and women that know the time frame in which a woman is most likely to get pregnant should she engage in sexual intercourse. Similarly, data from a National Demographic and Health Survey (NDHS) report in 2017 recorded a 13% decrease in the percentage of young Filipino women that correctly identified their fertile period compared to those surveyed in 2008.

As the youth remain susceptible to the risk of teenage pregnancy, the State must direct efforts toward its prevention, and if not, towards its mitigation. The rights of adolescents to reproductive health information and services must be upheld to foster a safe and empowering environment for the youth. When young people are equipped with proper and adequate knowledge of reproductive health and afforded access to its services, they are enabled to make informed decisions that align with their needs and preferences. Furthermore, an integrative approach that invokes the participation of the youth sector and other agencies and organizations concerned is necessary for the fortification of existing prevention programs. Hence, the passage of this bill is earnestly sought.



HON. RAOUL DANNIEL A. MANUEL
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AN ACT
PROVIDING FOR THE PREVENTION OF TEENAGE PREGNANCY
AS A NATIONAL PRIORITY AND CREATING A COMPREHENSIVE POLICY
ENABLING YOUTH AND GOVERNMENT PARTICIPATION

Section 1. *Title.* – This act shall be known as the “Teenage Pregnancy Prevention Act of 2022”.

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

- a. Recognize and promote the responsibility of the State in preventing or reducing the rising number of teenage pregnancies and make this policy a national priority;
- b. Recognize, promote and encourage the role of adolescents and young people in the socio-economic development of the nation and their participation in nation-building promoting their growth and well-being;
- c. Recognize and strengthen the responsibility of the State to create and sustain an enabling environment for adolescents and young people for their holistic growth and well-being;
- d. Pursue a teenage pregnancy prevention and/or mitigation program that is anchored on the empowerment of adolescents and their rights to access sexual and reproductive health services and information based on their needs and preferences to help facilitate informed choices;
- e. Encourage practicable interventions in collaboration with the youth sector, national agencies, and private organizations that will strengthen the capacity of adolescents to make informed decisions on their reproductive health, such as health promotion and increased education and employment opportunities; and

- f. Take measures to safeguard and ensure the right of the youth to reproductive health, education, and information and protect them from discrimination, violence, abuse, and socio-economic vulnerability.

Towards the realization of these ends, the State shall establish the necessary mechanisms to guarantee the prevention of adolescent pregnancies, establish programs on age-appropriate or developmentally-appropriate and responsible parenthood, as well as sexual and reproductive health education and information, and implement measures and programs to protect the rights and welfare of the nation's youth.

Section 3. Definition of Terms. – For purposes of this Act, the following terms shall mean:

- a. **Teenage pregnancy** - refers to pregnancies by females under the age of 20, particularly from age 10-19. This is often caused by a lack of knowledge and misconceptions about where to obtain contraceptive resources and how to utilize them, as well as a lack of access to quality reproductive health services. Teenage pregnancies are also more likely to occur in marginalized communities driven by poverty and lack of education and employment. Childbearing at this age carries numerous risks in health outcomes for both the mother and the child, while socio-economic repercussions include lower educational attainment and employability, which overall contribute to economic losses in the country.
- b. **Comprehensive Sexuality Education (CSE)** - refers to a curriculum-based process designed to educate learners about the cognitive, emotional, physical, and social aspects of sexuality. This also aims to impart age-appropriate and medically-accurate information to equip them with knowledge, skills, attitudes, and values to empower them to make informed choices about their well-being, health, and dignity.
- c. **Contraception** - also referred to as birth control, these are the methods designed to prevent unintended pregnancy. These include contraceptive pills, injectables, implants, patches, condoms, sterilization, withdrawal, and fertility awareness, which have varying mechanisms of action and effectiveness.
- d. **Evidence-based practices** - refer to the process of collecting, translating, and implementing research findings to improve clinical practice and patient care outcomes.
- e. **Informed choice** - refers to a situation wherein a person is provided with options to choose from several diagnostic treatments and tests, given sufficient details about their benefits, risks, and expected outcomes.
- f. **Reproductive health** - refers to the state of complete well-being concerning the sexual and reproductive aspects of one's life.

g. Rights to sexual reproductive health - refers to the reproductive health rights of persons comprising the Right to Life, Right to Liberty and Security of the Person, Right to Equality, and to be free from all Forms of Discrimination, Right to Privacy, Right to Freedom of Thought, Right to Information and Education, Right to Choose Whether or Not to Marry and to Found and Plan a Family, Right to Decide Whether or When to Have Children, Right to Health Care and Health Protection, Right to Freedom of Assembly and Political Participation, Right to be Free from Torture and Ill-Treatment, and the Right to Development.

h. Sexuality - refers to the quality or state of being sexual that comprises one's sexual feelings, thoughts, behaviors, and sexual orientation or preference

Section 4. Coverage. – This Act shall apply to all provinces, cities, and municipalities.

Section 5. Creation of Council on Adolescent Health, Welfare, and Development. – A National Council on Adolescent Health and Development shall be established. This Council is headed by the Department of Health (DOH) in partnership with the Department of Social Welfare and Development (DSWD) and the Department of Education (DepEd). The Council shall be composed of the Secretary of Health as the President and Secretaries of DSWD and DepEd as core members of the same.

The Council shall be responsible for the formulation and implementation of policies and programs concerned with providing a coherent, rational, unified, and confidential response to the youth with health and development concerns primarily on sexual and reproductive health as mandated by this Act.

The Council shall promote and enable a family-oriented, youth-friendly sexual and reproductive health program, specifically on the prevention, counseling, and post-delivery of teenage pregnancy through the development of effective and efficient structures, systems, and mechanisms for legislation and upholding rights.

The National Council shall have a Local Council on Adolescent Health, Welfare, and Development at the provincial, city, or municipal level for policy and program coordination. The governor or mayor of the province, city, or municipality shall automatically be a member of the same.

Section 6. Pregnancy Prevention as Priority Project of the Sangguniang Kabataan. – The Sangguniang Kabataan (SK) is mandated under this Act to make pregnancy prevention a priority concern and project. To meet this purpose, prevention of adolescent pregnancy shall be a priority project under the Annual Barangay Youth Investment Program to strengthen the adolescents' capacity to make informed decisions about their reproductive and sexual health by ensuring access to comprehensive sexuality education and reproductive health and rights services.

Section 7. Adolescent Reproductive Health Curriculum. – The Department of Education and the Commission on Higher Education (CHED), in collaboration with the Council and other relevant government and private agencies, shall undertake the responsibility of developing a curriculum that promotes information on gender, sexuality, and adolescent reproductive health in educational and other youth institutions.

The DepEd and CHED must ensure that the educational modules and materials are culturally-sensitive, age-appropriate, evidence-based, medically accurate, and non-discriminatory that will allow open discussions about sex and empower the youth to develop healthy sexual relationships and protect their rights.

The Adolescent Reproductive Health Curriculum shall be a compulsory part of the education system integrated at all levels of learning.

The educational materials developed under this Act shall be reviewed by the Council and regularly evaluated and updated to strengthen the concerns regarding gender sensitivity, reproductive health choices, and sexually transmitted diseases (STDs).

Section 8. Role of DOH and POPCOM in Policy-Making, Programs, and Training on Teenage Pregnancy Prevention. – The Department of Health (DOH) and the Commission on Population (POPCOM) shall collaborate in disseminating guidelines and providing training programs for policy-makers in both the executive and legislative branches of government to enable them to have a better understanding of adolescent sexual and reproductive health and effective evidence-based practices to mitigate, if not eliminate teenage pregnancy.

Section 9. Encouraging Male Involvement. – Programs such as responsible fatherhood, couples counseling, avoiding gender violence, life skills, and co-parenting strategies shall be developed, promoted, and strengthened by the Council. These programs shall give emphasis on the roles and responsibilities of being a father and encourage them to be involved in the prevention of teenage and unplanned pregnancies.

These programs shall also serve as an avenue to encourage boys and young men to use sexual and reproductive health services. The Council shall also develop a program with regard to the topic of contraception and sexually-transmitted infections that will be targeted at young men.

Section 10. Access to Reproductive Health Services. – Acknowledging the reality of the present situation, teenagers who are presently active and engaging in sexual activities shall be allowed to access modern family planning methods with proper counseling by trained service providers without any parent or guardian's written consent.

To ensure healthy practices for teenagers, all health service providers shall be accessible, including school clinics and school-linked health centers. They shall be

trained in providing adolescent-friendly, confidential, non-judgmental, and responsive information and services. Furthermore, teenagers shall not be denied access to health services and modern methods of family planning whenever they wish to avail of the aforementioned healthcare services.

Sexual and reproductive health services shall be made available and accessible to pregnant teenagers. For pregnant teenagers who are still attending school, consultations with the school nurse and guidance counselor shall be encouraged and provided.

Section 11. Protection in cases of Sexual Violence. – Protection mechanisms against violence against adolescents and children, especially girls, shall be provided. The Council shall reinforce the capacities of health service providers in providing comprehensive assistance and care for adolescents whose pregnancies were a result of sexual violence.

All teenagers who have been victim-survivors of sexual violence shall be provided the following:

- a. Clinical and psychosocial support by the provision of psychosocial care, counseling, and administration of psychological/psychiatric tests;
- b. Professional health services;
- c. Legal services;
- d. Referrals for medico-legal examination; and
- e. Clothing and personal items, legal and paralegal assistance, and referral or transfer to any DSWD, LGU, or registered and licensed care facility for temporary shelter or protective custody

These social protection mechanisms shall be applicable to all adolescents free of charge regardless of their sex, ethnic descent, and socio-economic status.

The scope of sexual violence shall include offenses committed through online means and physical contact.

Incidents of sexual violence against teenagers can be reported to the Council either personally or online. The Council shall conduct regular informative seminars across schools and LGUs nationwide to educate adolescents on the identification of sexual violence, utilization of the related reporting system, and other protective services available.

Section 12. Implementing Rules and Regulations. – Within 90 days from the effectivity of this Act, the Council, referred to in Section 5 of this Act, shall issue the necessary rules and regulations for the effective implementation of this act.

Section 13. Appropriation. – All concerned government agencies including LGUs and SKs shall include in their annual budget the necessary funds for programs, activities, and strategies within their mandates that contribute to the implementation of this Act.

Section 14. Repealing Clause. – All laws, decrees, executive orders, proclamations, rules and regulations, and issuances, or parts thereof which are contrary to or inconsistent with the provisions of this Act are hereby repealed, amended, or modified accordingly.

Section 15. Separability Clause. – If any part, section, or provision of this Act is held invalid or unconstitutional, other provisions not affected shall remain in full force and effect.

Section 16. Effectivity Clause. – This Act shall take effect fifteen (15) days after its publication in at least two (2) newspapers of general circulation.

Approved,